

10 Subacute and non-acute admitted patient care

This chapter presents an overview of subacute and non-acute admitted patient care provided by public and private hospitals in Australia, based on data for more than 450,000 separations sourced from the NHMD.

What data are reported?

Subacute admitted patient care includes the following categories:

- *Rehabilitation care* – care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. It is usually evidenced by a multi-disciplinary rehabilitation plan comprising negotiated goals and indicative time frames which are evaluated by a periodic assessment using a recognised functional assessment measure.
- *Palliative care* – care in which the clinical intent or treatment goal is primarily quality of life for a patient with an active, progressive disease with little or no prospect of cure. It is usually evidenced by an interdisciplinary assessment and/or management of the physical, psychological, emotional and spiritual needs of the patient; and a grief and bereavement support service for the patient and their carers/family.
- *Geriatric evaluation and management* – care in which the clinical intent or treatment goal is to maximise health status and/or optimise the living arrangements for a patient with multi-dimensional medical conditions associated with disabilities and psychosocial problems, who is usually (but not always) an older patient.
- *Psychogeriatric care* – care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance.

Non-acute care is:

- *Maintenance care* – care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment. The patient may require care over an indefinite period. This care includes that provided to a patient who would normally receive care in another setting, for example at home, or in a residential aged care service, by a relative or carer, that is unavailable in the short term.

Box 10.1: What are the limitations of the data?

As these data are sourced from the NHMD, the data limitations presented in Chapter 6 and Appendix A should be taken into consideration when interpreting the data.

Some subacute and non-acute activity may occur during an acute episode of admitted patient care, or may be delivered as a non-admitted patient service. Therefore, the information presented in this chapter is likely to underestimate this activity.

There is some apparent variation among jurisdictions in the use of statistical discharges and associated assignment of care types which may affect the comparability of the data.

See boxes 6.1, 6.2 and 6.3 for notes on definitions, data limitations and methods.

Box 10.2: What methods were used?

In this chapter, separations are reported for the care types: *Rehabilitation care*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care* or *Maintenance care*.

In some tables in this chapter, the category **Other subacute and non-acute care** has been used. It includes the care types: *Geriatric evaluation and management*, *Psychogeriatric care* and *Maintenance care*.

For details of other methods used in this chapter, see Chapter 6 and Appendix B.

How has activity changed over time?

Between 2008–09 and 2012–13, the number of separations for subacute and non-acute care rose from about 295,000 to about 451,000, an average increase of 11.2% per year (Table 10.1).

Over this period, the average rate of increase was higher in private hospitals (13.9%) than in public hospitals (8.2%).

Between 2008–09 and 2012–13, *Rehabilitation care* consistently accounted for the majority (more than 73%) of subacute and non-acute separations. It accounted for just over half of subacute and non-acute separations for public hospitals and over 90% for private hospitals. Over the five-year period, *Rehabilitation care* in private hospitals increased by an average of 14.9% per year.

Separations for *Geriatric evaluation and management* in public hospitals increased by an average of 16.1% per year between 2008–09 and 2012–13.

Table 10.1: Subacute and non-acute separations by care type, public and private hospitals, 2008–09 to 2012–13

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%) ^(a)	
						Average since 2008–09	Since 2011–12
Public hospitals							
Rehabilitation care	77,875	82,675	86,426	95,562	103,220	7.3	8.0
Palliative care	24,262	26,633	28,255	31,260	33,272	8.2	6.4
Geriatric evaluation and management	18,307	21,310	26,484	30,451	33,284	16.1	9.3
Psychogeriatric care	2,393	2,336	2,445	2,382	2,485	0.9	4.3
Maintenance care	19,763	19,624	20,889	22,271	23,062	3.9	3.6
<i>Total public hospitals</i>	<i>142,600</i>	<i>152,578</i>	<i>164,499</i>	<i>181,926</i>	<i>195,323</i>	<i>8.2</i>	<i>7.4</i>
Private hospitals							
Rehabilitation care	137,946	168,972	200,808	226,887	240,519	14.9	6.0
Palliative care	5,281	5,016	5,507	5,877	6,007	3.3	2.2
Geriatric evaluation and management ^(b)	113	88	77	124	204	n.p.	n.p.
Psychogeriatric care	6,579	8,102	6,336	6,204	6,321	–1.0	1.9
Maintenance care	2,004	2,283	2,665	2,698	2,300	3.5	–14.8
<i>Total private hospitals</i>	<i>151,923</i>	<i>184,461</i>	<i>215,393</i>	<i>241,790</i>	<i>255,351</i>	<i>13.9</i>	<i>5.6</i>
Total	294,523	337,039	379,892	423,716	450,674	11.2	6.4

(a) Annual average change, not adjusted for changes in coverage and re-categorisation of hospitals as public or private.

(b) The average change per year is not shown due to low numbers.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

States and territories

Between 2008–09 and 2012–13, the average rate of increase for subacute and non-acute care separations in public hospitals was highest in Queensland (12.1%) (Table 10.2). For the Australian Capital Territory and the Northern Territory, the rate of subacute and non-acute separations in public hospitals decreased between 2008–09 and 2012–13 (decreases of 6.8% and 7.8% on average per year, respectively).

Over the same period, the average rate of increase for subacute and non-acute separations in private hospitals varied among jurisdictions. It was highest for New South Wales (15.7% on average per year), South Australia (15.0%) and Western Australia (14.3%).

Table 10.2: Subacute and non-acute separations, public and private hospitals, states and territories, 2008–09 to 2012–13

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%) ^(a)	
						Average since 2008–09	Since 2011–12
New South Wales							
Public hospitals	45,153	50,960	56,102	59,740	65,558	9.8	9.7
Private hospitals	82,567	100,130	123,045	141,708	148,143	15.7	4.5
<i>All hospitals</i>	<i>127,720</i>	<i>151,090</i>	<i>179,147</i>	<i>201,448</i>	<i>213,701</i>	<i>13.7</i>	<i>6.1</i>
Victoria							
Public hospitals	32,651	35,065	37,349	39,661	40,996	5.9	3.4
Private hospitals	20,538	24,022	23,447	25,329	26,322	6.4	3.9
<i>All hospitals</i>	<i>53,189</i>	<i>59,087</i>	<i>60,796</i>	<i>64,990</i>	<i>67,318</i>	<i>6.1</i>	<i>3.6</i>
Queensland							
Public hospitals	30,439	32,104	34,615	42,444	47,988	12.1	13.1
Private hospitals	28,805	33,487	34,990	38,514	42,207	10.0	9.6
<i>All hospitals</i>	<i>59,244</i>	<i>65,591</i>	<i>69,605</i>	<i>80,958</i>	<i>90,195</i>	<i>11.1</i>	<i>11.4</i>
Western Australia							
Public hospitals	13,487	12,601	13,648	16,664	17,250	6.3	3.5
Private hospitals	4,043	4,867	5,678	6,146	6,905	14.3	12.3
<i>All hospitals</i>	<i>17,530</i>	<i>17,468</i>	<i>19,326</i>	<i>22,810</i>	<i>24,155</i>	<i>8.3</i>	<i>5.9</i>
South Australia							
Public hospitals	11,614	12,518	14,134	15,586	15,517	7.5	–0.4
Private hospitals	12,763	18,052	22,510	22,056	22,343	15.0	1.3
<i>All hospitals</i>	<i>24,377</i>	<i>30,570</i>	<i>36,644</i>	<i>37,642</i>	<i>37,860</i>	<i>11.6</i>	<i>0.6</i>
Tasmania							
Public hospitals	2,145	2,230	1,910	2,148	2,710	6.0	26.2
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
Australian Capital Territory							
Public hospitals	5,956	5,749	5,645	4,877	4,469	–6.9	–8.4
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
Northern Territory							
Public hospitals	1,155	1,351	1,096	806	835	–7.8	3.6
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>
Total							
Public hospitals	142,600	152,578	164,499	181,926	195,323	8.2	7.4
Private hospitals	151,923	184,461	215,393	241,790	255,351	13.9	5.6
All hospitals	294,523	337,039	379,892	423,716	450,674	11.2	6.4

(a) Annual average change, not adjusted for changes in coverage and re-categorisation of hospitals as public or private.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

How much activity was there in 2012–13?

Overall, 4.8% of separations in 2012–13 were for subacute and non-acute separations (Table 10.3). The proportion of separations that were for subacute and non-acute care varied among states and territories, ranging from 2.3% of all separations in Western Australia to 7.6% in New South Wales.

Table 10.3: Subacute and non-acute separations by care type, public and private hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Rehabilitation care	35,533	15,264	27,012	11,564	10,069	911	2,608	259	103,220
Palliative care	13,129	7,342	8,404	1,518	1,411	553	600	315	33,272
Geriatric evaluation and management	6,497	17,920	4,606	1,964	1,479	266	456	96	33,284
Psychogeriatric care	809	0	472	792	268	114	28	2	2,485
Maintenance care	9,590	470	7,494	1,412	2,290	866	777	163	23,062
<i>Public hospital total</i>	<i>65,558</i>	<i>40,996</i>	<i>47,988</i>	<i>17,250</i>	<i>15,517</i>	<i>2,710</i>	<i>4,469</i>	<i>835</i>	<i>195,323</i>
Private hospitals									
Rehabilitation care	147,723	20,119	38,128	3,270	22,040	n.p.	n.p.	n.p.	240,519
Palliative care	318	693	1,946	2,683	229	n.p.	n.p.	n.p.	6,007
Geriatric evaluation and management	0	0	130	0	60	n.p.	n.p.	n.p.	204
Psychogeriatric care	0	5,466	6	849	0	n.p.	n.p.	n.p.	6,321
Maintenance care	102	44	1,997	103	14	n.p.	n.p.	n.p.	2,300
<i>Private hospital total</i>	<i>148,143</i>	<i>26,322</i>	<i>42,207</i>	<i>6,905</i>	<i>22,343</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>255,351</i>
All hospitals	213,701	67,318	90,195	24,155	37,860	n.p.	n.p.	n.p.	450,674
Proportion of all separations	7.6	2.8	4.6	2.3	5.3	n.p.	n.p.	n.p.	4.8

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Overall in 2012–13, there were 17.6 subacute and non-acute separations per 1,000 population. There was large variation among states and territories, ranging from 9.9 per 1,000 in Western Australia to 24.9 per 1,000 for New South Wales (Table 10.4).

In Table 10.4, the data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only. However, separations for private hospitals for all jurisdictions are included in the Australian total.

The number of overnight separations is considered to be more comparable among the states and territories, and between the public and private sectors, than the total number of separations. This is due to variations in admission practices which lead to variation, in particular, in the number of same-day admissions.

In 2012–13 overall, there were 9.0 overnight subacute and non-acute separations per 1,000 population, with some variation between states and territories, ranging from 6.5 per 1,000 for South Australia to 9.9 per 1,000 for Queensland.

There was notable variation between states and territories in the rates for same-day separations for subacute and non-acute care, ranging from 0.4 per 1,000 for Western Australia to 16.1 per 1,000 for New South Wales.

Table 10.4: Subacute and non-acute separations per 1,000 population by same-day/overnight status, states and territories, all hospitals, 2012–13

	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(a)	NT ^(a)	Total ^(b)
Same-day separations per 1,000 population									
Rehabilitation care	15.9	<0.1	8.7	0.1	11.7	<0.1	2.1	<0.1	8.2
Palliative care	0.2	<0.1	0.2	0.3	<0.1	<0.1	0.1	0.1	0.1
Geriatric evaluation and management	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Psychogeriatric care	<0.1	0.6	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	0.2
Maintenance care	<0.1	<0.1	0.2	<0.1	<0.1	<0.1	<0.1	<0.1	0.1
<i>Same-day total</i>	<i>16.1</i>	<i>0.7</i>	<i>9.1</i>	<i>0.4</i>	<i>11.7</i>	<i>0.1</i>	<i>2.2</i>	<i>0.2</i>	<i>8.6</i>
Overnight separations per 1,000 population									
Rehabilitation care	5.6	5.5	5.1	6.0	4.0	1.5	5.4	1.5	5.3
Palliative care	1.4	1.2	1.9	1.4	0.8	0.8	1.7	2.3	1.4
Geriatric evaluation and management	0.7	2.6	1.0	0.8	0.6	0.4	1.4	1.1	1.2
Psychogeriatric care	0.1	0.2	0.1	0.6	0.1	0.2	0.1	..	0.2
Maintenance care	1.0	0.1	1.8	0.6	1.0	1.5	2.2	1.3	0.9
<i>Overnight total</i>	<i>8.8</i>	<i>9.6</i>	<i>9.9</i>	<i>9.5</i>	<i>6.5</i>	<i>4.3</i>	<i>10.8</i>	<i>6.2</i>	<i>9.0</i>
Total	24.9	10.3	18.9	9.9	18.2	4.4	13.0	6.5	17.6

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the *Total* column.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Overnight separations for subacute and non-acute care

There was a large difference in the overall separation rates of overnight subacute and non-acute care between public and private hospitals (6.3 per 1,000 population and 2.7 per 1,000, respectively) (Table 10.5).

The separation rate for overnight subacute and non-acute for Indigenous Australians was about 34% higher than the rate for other Australians (12.7 per 1,000 and 9.5 per 1,000, respectively).

There were also variations by remoteness of area of residence, with persons residing in *Remote* areas having the lowest rate of overnight subacute and non-acute separations and persons residing in *Major cities* having the highest rate.

Nationally, there was very little variation in the rates of overnight subacute and non-acute care by SES of area of residence.

Table 10.5: Separations per 1,000 population for overnight subacute and non-acute care by hospital sector, Indigenous status, remoteness area and socioeconomic status of area of residence, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hospital sector									
Public	6.1	6.2	7.2	7.0	4.3	4.3	10.8	6.2	6.3
Private	2.6	3.4	2.6	2.6	2.2	n.p.	n.p.	n.p.	2.7
Indigenous status^(a)									
Indigenous	11.9	12.8	16.3	14.6	8.8	n.p.	n.p.	n.p.	12.7
Other Australians	9.3	10.2	10.0	9.9	7.0	n.p.	n.p.	n.p.	9.5
Remoteness area of residence									
Major cities	9.1	9.9	10.2	9.6	7.1	..	9.3	..	9.4
Inner regional	7.9	9.1	9.7	7.7	4.4	5.3	n.p.	..	8.4
Outer regional	8.9	7.8	8.3	10.1	4.8	2.5	..	6.7	7.7
Remote	7.1	6.7	6.7	9.6	5.1	3.0	..	4.7	6.8
Very remote	6.3	..	10.3	9.1	4.7	2.1	..	5.9	8.4
Socioeconomic status of area of residence									
1—Lowest	8.1	10.0	12.3	11.0	6.4	5.0	n.p.	6.0	9.2
2	7.2	9.6	10.0	10.3	6.6	3.9	n.p.	6.3	8.5
3	9.3	9.0	8.8	9.7	6.0	2.9	31.2	7.8	8.9
4	10.1	10.1	9.1	9.2	6.8	4.7	11.0	6.2	9.5
5—Highest	9.2	9.3	8.8	8.5	5.9	2.9	8.1	4.7	8.9
Total	8.8	9.6	9.9	9.5	6.5	n.p.	n.p.	n.p.	9.0

(a) The populations used for calculating age standardised separation rates by Indigenous status use different age groups compared with the populations used to calculate other age standardised separation rates presented in this table. Therefore, the separation rates by Indigenous status are not directly comparable with the rates by hospital sector, remoteness of residence or socioeconomic status.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Who used these services?

Sex and age group

Females accounted for more than half (56%) of subacute and non-acute separations (Table 10.6) and there were more separations for females than for males in the age groups 50 years and above. Persons aged 65 and over accounted for around 72% of all subacute and non-acute separations.

Table 10.6: Subacute and non-acute separations, by age group and sex, all hospitals, 2012–13

Age group (years)	Males	Females	Persons
0–4	93	94	187
5–9	125	73	198
10–14	274	221	495
15–19	1,249	752	2,001
20–24	1,712	1,087	2,799
25–19	1,939	1,318	3,257
30–34	2,543	2,049	4,592
35–39	3,044	2,842	5,886
40–44	4,865	4,216	9,081
45–49	6,330	5,674	12,004
50–54	8,234	10,661	18,895
55–59	13,159	14,702	27,861
60–64	18,515	22,060	40,575
65–69	25,604	30,073	55,677
70–74	26,807	32,116	58,923
75–79	26,897	33,835	60,732
80–84	26,168	37,204	63,372
85+	32,386	51,753	84,139
Total	199,944	250,730	450,674

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Aboriginal and Torres Strait Islander people

Separations for Aboriginal and Torres Strait Islander people are likely to be under-enumerated. The quality of the data provided for Indigenous status in 2012–13 for admitted patient care varied by jurisdiction. See Chapter 6 and Appendix A for more information on the quality of Indigenous data in the NHMD.

In 2012–13, there were more than 4,100 subacute and non-acute separations for which the Indigenous status was reported as *Aboriginal and/or Torres Strait Islander*, accounting for less than 1% of all subacute and non-acute separations (Table 10.7). For all separations (acute, subacute and non-acute), Indigenous persons comprised about 4.3% of separations. The proportion of separations for subacute and non-acute care that were for Indigenous Australians varied among the states and territories.

In 2012–13, there were 16 subacute and non-acute separations per 1,000 population for Indigenous Australians, about 85% of the rate for other Australians (18 per 1,000). Indigenous Australians had lower separation rates for *Rehabilitation care* than other Australians (9 per 1,000 and 14 per 1,000, respectively). Indigenous Australians had higher separation rates for *Palliative care* than other Australians.

Table 10.7: Subacute and non-acute separations, by Indigenous status, all hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(a)	NT ^(a)	Total ^(b)	Per 1,000 population
Indigenous Australians										
Rehabilitation care	785	135	899	316	143	25	60	120	2,501	8.9
Palliative care	198	29	230	82	20	18	6	61	645	2.7
Other subacute and non-acute care	232	44	415	154	26	19	14	118	1,022	4.1
<i>Total Indigenous Australians</i>	<i>1,215</i>	<i>208</i>	<i>1,544</i>	<i>552</i>	<i>189</i>	<i>62</i>	<i>80</i>	<i>299</i>	<i>4,168</i>	<i>15.6</i>
Proportion of all hospital separations (%)	1.5	1.1	1.6	0.7	0.8	0.2	1.4	2.6	1.1	
Other Australians										
Rehabilitation care	182,471	35,248	64,241	14,518	31,966	886	2,548	139	341,238	14.1
Palliative care	13,249	8,006	10,120	4,119	1,620	535	594	254	38,634	1.6
Other subacute and non-acute care	16,766	23,856	14,290	4,966	4,085	1,227	1,247	143	66,634	2.7
<i>Total other Australians</i>	<i>212,486</i>	<i>67,110</i>	<i>88,651</i>	<i>23,603</i>	<i>37,671</i>	<i>2,648</i>	<i>4,389</i>	<i>536</i>	<i>446,506</i>	<i>18.4</i>
Proportion of all hospital separations (%)	7.8	2.9	4.7	2.4	5.5	1.2	19.8	5.0	5.0	
Total	213,701	67,318	90,195	24,155	37,860	2,710	4,469	835	450,674	18.4

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the *Total* column.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Remoteness area

Overall, people usually resident in *Major cities* had much higher rates for *Rehabilitation care* than other areas (17 separations per 1,000 population, compared with 14 per 1,000 nationwide) (Table 10.8).

The SRRs indicate notable differences in the separation rates for *Rehabilitation care* across remoteness areas for both public and private hospitals.

For public hospitals, the rate of *Rehabilitation care* varied from 2.8 per 1,000 population for people residing in *Remote* areas to 4.4 per 1,000 for people residing in *Major cities* (Table 10.8). There were more marked variations for private hospitals, with the rate of *Rehabilitation care* ranging from 1.7 per 1,000 in *Remote* areas to 12.1 per 1,000 in *Major cities*.

Socioeconomic status

The separation rates varied from 24 per 1,000 population for patients living in areas classified as being the highest SES group to 14 per 1,000 for the lowest and second lowest SES groups (Table 10.9).

The SRRs indicate notable differences in the separation rates across SES groups for some care types, and for both public and private hospitals.

For public hospitals, the rate of *Rehabilitation care* was broadly similar across all SES groups. For private hospitals, the rate varied from 5.5 per 1,000 population for persons living in areas

classified as the second lowest SES group to 17.4 per 1,000 for persons living in areas classified as the highest SES group.

Table 10.8: Subacute and non-acute separation statistics, by remoteness area of usual residence, public and private hospitals, 2012–13

	Remoteness area of residence					Total ^(a)
	Major cities	Inner regional	Outer regional	Remote	Very remote	
Public hospitals						
Rehabilitation care						
Separations	75,897	18,096	7,353	793	484	103,220
Separations per 1,000 population	4.4	3.5	3.1	2.8	3.2	4.1
Separation rate ratio	1.08	0.85	0.76	0.67	0.77	
Palliative care						
Separations	21,410	7,469	3,834	339	149	33,272
Separations per 1,000 population	1.2	1.4	1.5	1.2	1.2	1.3
Separation rate ratio	0.96	1.05	1.19	0.93	0.92	
Geriatric evaluation and management						
Separations	25,289	6,064	1,786	50	28	33,284
Separations per 1,000 population	1.4	1.1	0.7	n.p.	n.p.	1.2
Separation rate ratio	1.11	0.86	0.58	n.p.	n.p.	
Psychogeriatric care						
Separations	1,949	366	146	7	2	2,485
Separations per 1,000 population	0.1	0.1	0.1	n.p.	n.p.	0.1
Separation rate ratio	1.18	0.67	0.59	n.p.	n.p.	
Maintenance care						
Separations	13,178	5,640	3,096	592	426	23,062
Separations per 1,000 population	0.7	1.1	1.3	2.3	4.0	0.9
Separation rate ratio	0.83	1.22	1.45	2.63	4.50	
Total						
Separations	137,723	37,635	16,215	1,781	1,089	195,323
Separations per 1,000 population	7.9	7.0	6.7	6.5	8.6	7.6
Separation rate ratio	1.04	0.93	0.88	0.85	1.13	
Private hospitals						
Rehabilitation care						
Separations	206,586	28,251	4,674	426	199	240,519
Separations per 1,000 population	12.1	5.3	2.0	1.7	2.0	9.5
Separation rate ratio	1.27	0.56	0.21	0.18	0.21	
Palliative care						
Separations	3,879	1,697	391	24	15	6,007
Separations per 1,000 population	0.2	0.3	0.2	n.p.	n.p.	0.2
Separation rate ratio	0.95	1.36	0.68	n.p.	n.p.	
Other subacute and non-acute care						
Separations	7,782	815	200	18	7	8,825
Separations per 1,000 population	0.4	0.2	0.1	n.p.	n.p.	0.3
Separation rate ratio	1.31	0.49	0.34	n.p.	n.p.	
Total						
Separations	218,247	30,763	5,265	468	221	255,351
Separations per 1,000 population	12.7	5.8	2.2	1.9	2.2	10.0
Separation rate ratio	1.27	0.58	0.22	0.19	0.22	

(a) Total includes separations for which the remoteness area was not able to be categorised.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Table 10.9: Subacute and non-acute separation statistics, by socioeconomic status of area of residence, all hospitals, 2012–13

	Socioeconomic status of area of residence					Total ^(a)
	1—Lowest	2	3	4	5—Highest	
Public hospitals						
Rehabilitation care						
Separations	21,883	21,201	21,334	20,144	17,390	103,220
Separations per 1,000 population	4.1	4.0	4.2	4.3	3.7	4.1
Separation rate ratio	1.00	0.96	1.03	1.06	0.90	
Palliative care						
Separations	9,000	7,568	6,444	5,502	4,353	33,272
Separations per 1,000 population	1.6	1.4	1.3	1.2	0.9	1.3
Separation rate ratio	1.26	1.05	0.97	0.91	0.70	
Geriatric evaluation and management						
Separations	7,808	6,813	6,419	7,050	4,867	33,284
Separations per 1,000 population	1.3	1.2	1.2	1.5	1.0	1.2
Separation rate ratio	1.07	0.93	0.97	1.18	0.79	
Psychogeriatric care						
Separations	594	530	564	421	344	2,485
Separations per 1,000 population	0.1	0.1	0.1	0.1	0.1	0.1
Separation rate ratio	1.09	0.97	1.13	0.96	0.76	
Maintenance care						
Separations	7,040	5,465	4,160	3,355	2,774	23,062
Separations per 1,000 population	1.3	1.0	0.8	0.7	0.6	0.9
Separation rate ratio	1.44	1.09	0.90	0.80	0.64	
Total						
Separations	46,325	41,577	38,921	36,472	29,728	195,323
Separations per 1,000 population	8.4	7.5	7.6	7.8	6.2	7.6
Separation rate ratio	1.11	0.99	1.00	1.02	0.82	
Private hospitals						
Rehabilitation care						
Separations	29,786	32,327	44,945	48,668	81,885	240,519
Separations per 1,000 population	5.5	6.0	8.8	10.5	17.4	9.5
Separation rate ratio	0.58	0.63	0.93	1.11	1.84	
Palliative care						
Separations	751	1,443	1,169	1,220	1,421	6,007
Separations per 1,000 population	0.1	0.3	0.2	0.3	0.3	0.2
Separation rate ratio	0.58	1.11	0.95	1.11	1.26	
Other subacute and non-acute care						
Separations	786	827	1,744	2,973	2,490	8,825
Separations per 1,000 population	0.1	0.2	0.3	0.7	0.5	0.3
Separation rate ratio	0.42	0.44	0.96	1.90	1.54	
Total						
Separations	31,323	34,597	47,858	52,861	85,796	255,351
Separations per 1,000 population	5.8	6.4	9.4	11.4	18.2	10.0
Separation rate ratio	0.58	0.64	0.93	1.14	1.82	

(a) Total includes separations for which the socioeconomic status group was not able to be categorised.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

How did people access these services?

The **mode of admission** records the mechanism by which an admitted patient begins an episode of care.

Over half of all subacute and non-acute separations had a mode of admission of *Other*, the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 10.10).

Statistical admission: care type change was the most common admission mode for subacute and non-acute separations in public hospitals, accounting for 46% of subacute and non-acute separations. This indicates that the clinical intent of the patient's care had changed (for example, from *Acute* care to *Rehabilitation care*) within the one hospital. Public hospitals also recorded a higher proportion (27%) of *Admitted patient transferred from another hospital* than private hospitals (17%).

Table 10.10: Subacute and non-acute separations, by mode of admission, public and private hospitals, 2012-13

Mode of admission	Public hospitals	Private hospitals	Total
Admitted patient transferred from another hospital	53,856	44,308	98,164
Statistical admission: care type change	88,974	17,944	106,918
Other	52,375	192,805	245,180
Not reported	118	294	412
Total	195,323	255,351	450,674

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Why did people receive the care?

The reason that a patient received admitted patient care can usually be described in terms of the principal diagnosis.

Overall, 4 out of 5 subacute and non-acute separations had a principal diagnosis from the ICD-10-AM chapter *Factors influencing health status and contact with health services*. A principal diagnosis within this chapter was reported for 95% of subacute and non-acute separations in private hospitals and 65% in public hospitals (Table 10.11).

Table 10.11: Subacute and non-acute separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	1,434	49	1,483
C00–D48	Neoplasms	22,287	4,555	26,842
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	535	51	586
E00–E89	Endocrine, nutritional and metabolic diseases	1,132	78	1,210
F00–F99	Mental and behavioural disorders	6,366	5,354	11,720
G00–G99	Diseases of the nervous system	3,404	823	4,227
I00–I99	Diseases of the circulatory system	7,112	573	7,685
J00–J99	Diseases of the respiratory system	5,603	547	6,150
K00–K93	Diseases of the digestive system	2,515	184	2,699
L00–L99	Diseases of the skin and subcutaneous tissue	794	36	830
M00–M99	Diseases of the musculoskeletal system and connective tissue	2,483	179	2,662
N00–N99	Diseases of the genitourinary system	2,332	244	2,576
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	4,016	171	4,187
S00–T98	Injury, poisoning and certain other consequences of external causes	7,173	239	7,412
Z00–Z99	Factors influencing health status and contact with health services	127,779	242,223	370,002
	Other ICD-10-AM chapters	192	8	200
	Not reported	166	37	203
Total subacute and non-acute separations		195,323	255,351	450,674

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods. Additional information for states and territories is in tables 10.26 and 10.27 at the end of this chapter.

Most common principal diagnoses

Care involving use of rehabilitation procedures accounted for 76% of principal diagnoses reported for subacute and non-acute separations (at the 3-character level). This diagnosis is required to be reported as the principal diagnosis for *Rehabilitation care* and lies within the chapter *Factors influencing health status and contact with health services*.

The second most common principal diagnosis chapter reported for subacute and non-acute separations was *Neoplasms*, which includes both benign and malignant tumours, and was particularly associated with separations for *Palliative care*.

For *Palliative care*, neoplasm-related principal diagnoses accounted for 64% of principal diagnoses for *Palliative care* separations. The 5 most common neoplasm-related principal diagnoses are presented in Table 10.12, as are the top 5 non-neoplasm-related principal diagnoses for *Palliative care*, which included heart failure and respiratory disorders.

Table 10.12: Separations for the 5 most common neoplasm-related and the 5 most common other principal diagnoses in 3-character ICD-10-AM groupings for Palliative care separations, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private hospitals	Total
Neoplasm-related				
C34	Malignant neoplasm of bronchus and lung	3,836	676	4,512
C79	Secondary malignant neoplasm of other and unspecified sites	2,240	506	2,746
C78	Secondary malignant neoplasm of respiratory and digestive organs	1,556	361	1,917
C25	Malignant neoplasm of pancreas	1,120	322	1,442
C61	Malignant neoplasm of prostate	1,084	264	1,348
	Other neoplasm-related principal diagnosis	10,851	2,282	13,133
Other				
I50	Heart failure	815	134	949
J44	Other chronic obstructive pulmonary disease	756	70	826
J18	Pneumonia, organism unspecified	729	62	791
J69	Pneumonitis due to solids and liquids	517	32	549
I63	Cerebral infarction	512	29	541
	Other (excludes neoplasm-related principal diagnoses)	9,256	1,269	10,525
Total Palliative care separations		33,272	6,007	39,279

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

For *Geriatric evaluation and management*, the 5 most common principal diagnoses made up 25% of all separations within this care type. They included *Care involving use of rehabilitation procedures*, *Fracture of the femur (hip)* and *Delirium* (Table 10.13).

For *Psychogeriatric care*, the 5 most common principal diagnoses made up 66% of all separations within this care type. The 5 most common principal diagnoses were from the ICD-10-AM chapter *Mental and behavioural disorders* (Table 10.13).

For *Maintenance care*, the 5 most common principal diagnoses made up almost 89% of all separations within this care type, with *Problems related to medical facilities and other health care* reported as the principal diagnosis for 73% of *Maintenance care* separations (Table 10.13).

In some cases, patients may have extended stays in hospital while waiting for admission to another health care facility, such as a residential aged care service.

Table 10.13: Separations for the 5 most common principal diagnoses in 3-character ICD-10-AM groupings for other subacute and non-acute care separations, public and private hospitals, 2012–13

Principal diagnosis		Public hospitals	Private hospitals	Total
Geriatric evaluation and management				
Z50	Care involving use of rehabilitation procedures	3,386	0	3,386
S72	Fracture of femur	1,687	n.p.	n.p.
F05	Delirium, not induced by alcohol and other psychoactive substances	1,282	n.p.	n.p.
I50	Heart failure	1,095	n.p.	n.p.
S32	Fracture of lumbar spine and pelvis	978	n.p.	n.p.
	Other	24,856	182	25,038
<i>Total Geriatric evaluation and management separations</i>		<i>33,284</i>	<i>204</i>	<i>33,488</i>
Psychogeriatric care				
F33	Recurrent depressive disorder	234	1,862	2,096
F32	Depressive episode	462	948	1,410
G30	Alzheimer's disease	275	621	896
F31	Bipolar affective disorder	199	569	768
F41	Other anxiety disorders	60	613	673
	Other	1,255	1,708	2,963
<i>Total Psychogeriatric care separations</i>		<i>2,485</i>	<i>6,321</i>	<i>8,806</i>
Maintenance care				
Z75	Problems related to medical facilities and other health care	17,632	972	18,604
Z54	Convalescence	935	594	1,529
Z74	Problems related to care-provider dependency	1,380	9	1,389
F99	Mental disorder, not otherwise specified	531	0	531
F33	Recurrent depressive disorder	12	456	468
	Other	2,572	269	2,841
<i>Total Maintenance care separations</i>		<i>23,062</i>	<i>2,300</i>	<i>25,362</i>

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Additional diagnoses

For *Rehabilitation care*, the principal diagnosis is required to be reported as *Care involving use of rehabilitation procedures*, and the first additional diagnosis is usually the reason for that care.

The 10 most common first additional diagnoses reported for *Rehabilitation care* separations included 7 musculoskeletal conditions or injuries (Table 10.14). Over half of rehabilitation separations in private hospitals and over one-quarter of rehabilitation separations in public hospitals reported these 10 first additional diagnoses.

Table 10.14: Separations for the 10 most common first additional diagnoses in 3-character ICD-10-AM groupings for *Rehabilitation care* separations, public and private hospitals, 2012–13

First additional diagnosis		Public hospitals	Private hospitals	Total
M17	Gonarthrosis [arthrosis of knee]	3,893	57,238	61,131
M16	Coxarthrosis [arthrosis of hip]	1,990	23,250	25,240
S72	Fracture of femur	8,166	7,818	15,984
I63	Cerebral infarction	6,613	4,638	11,251
Z96	Presence of other functional implants	2,072	8,563	10,635
M54	Dorsalgia	1,195	8,220	9,415
M25	Other joint disorders, not elsewhere classified	603	6,572	7,175
S32	Fracture of lumbar spine and pelvis	2,742	4,029	6,771
M48	Other spondylopathies	730	5,217	5,947
T84	Complications of internal orthopaedic prosthetic devices, implants and grafts	990	4,931	5,921
	Other	74,226	110,043	184,269
Total <i>Rehabilitation care</i> separations		103,220	240,519	343,739

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Performance indicator: number of hospital patient days used by those eligible and waiting for residential aged care

This indicator is related to the NHA outcome area of *Older Australians receive appropriate high quality and affordable health and aged services*. The indicator is specified under the NHA as a ‘proxy’ measure as it requires data development to ensure that the analysis is better suited to the intent of the indicator.

This indicator is intended to report the number of hospital patient days taken up by Australians waiting for a residential aged care place. However, the current data collected do not identify whether an aged care assessment has been made and there may also be variations in the use of the care type *Maintenance* between jurisdictions.

Table 10.15 presents the number of hospital patient days (per 1,000 patient days) for overnight separations with a care type of *Maintenance* and a diagnosis of *Person awaiting admission to residential aged care service*.

There were large variations in the rates between states and territories. There was also variation in the rates according to remoteness area of the patient and SES, with the highest rates of patient days reported for persons residing in *Remote* areas, and those in the two lowest SES.

Table 10.15: Hospital patient days per 1,000 patient days, used by those eligible and waiting for residential aged care^(a), 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous status									
Indigenous	2.8	0.2	15.7	2.7	22.2	n.p.	n.p.	n.p.	8.5
Other Australians	7.1	1.2	20.6	14.0	24.1	n.p.	n.p.	n.p.	10.5
Remoteness area of residence^(b)									
Major cities	6.0	<0.1	13.9	3.7	19.4	..	18.0	..	6.8
Inner regional	9.6	2.5	19.2	23.8	2.9	5.9	n.p.	..	9.9
Outer regional	11.1	10.9	45.2	77.7	28.2	9.9	..	18.1	29.4
Remote	0.6	4.4	57.8	37.5	132.4	4.4	..	24.6	53.3
Very remote	<0.1	..	25.8	11.7	77.0	22.3	..	8.5	18.9
Socioeconomic status of area of residence									
1—Lowest	10.6	1.1	28.5	6.3	10.0	8.5	1.4	7.7	12.4
2	7.4	2.6	27.5	30.0	36.4	4.7	8.1	30.5	16.2
3	6.4	1.8	13.4	18.6	44.6	8.4	8.0	28.7	10.7
4	5.9	0.3	13.5	4.1	13.2	4.9	21.7	14.6	6.5
5—Highest	3.6	..	14.3	4.0	12.2	3.4	15.5	16.6	5.3
Total	6.9	1.2	20.4	13.3	24.0	7.1	15.4	15.7	10.4

(a) Includes patient days for overnight separations with a care type of *Maintenance*, for which the separation mode was not *Other* (was not discharged to their place of usual residence) and had a diagnosis of Z75.11 *Person awaiting admission to residential aged care service*.

(b) Not all remoteness areas are represented in each state or territory. However, interstate visitors residing in these remoteness areas may be treated in those states and territories.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

How urgent was the care?

Admissions to hospital can be categorised as *Emergency* (required within 24 hours) or *Elective* (required at some stage beyond 24 hours). Emergency/elective status is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis).

In 2012–13, 65% of subacute and non-acute admitted patients were reported as *Elective* admissions (treatment could be delayed by at least 24 hours). The proportion of *Elective* admissions varied between public and private hospitals, accounting for 89% of subacute and non-acute separations in private hospitals and 34% in public hospitals. About 32% of subacute and non-acute separations had a *Not assigned* urgency of admission (Table 10.16).

Table 10.16: Subacute and non-acute separations, by urgency of admission and care type, public and private hospitals, 2012–13

	Care type					Total
	Rehabilitation	Palliative	Geriatric evaluation and management	Psycho-geriatric	Maintenance	
Public hospitals						
Emergency	3,399	6,361	790	653	998	12,201
Elective	41,922	10,129	11,137	627	1,701	65,516
Not assigned	57,813	16,751	21,314	1,203	19,834	116,915
<i>Total</i> ^(a)	103,220	33,272	33,284	2,485	23,062	195,323
Private hospitals						
Emergency	582	817	11	644	34	2,088
Elective	215,888	4,171	137	5,655	1,584	227,435
Not assigned	24,048	1,019	56	22	644	25,789
<i>Total</i> ^(a)	240,519	6,007	204	6,321	2,300	255,351
Total ^(a)	343,739	39,279	33,488	8,806	25,362	450,674

(a) The totals include separations for which the urgency of admission was not reported.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

What care was provided?

The care that a patient received can be described in a variety of ways. This section presents information on subacute and non-acute separations describing care by the type of procedure undertaken.

The type of care is also described by the care type that is used throughout this chapter to categorise the subacute and non-acute separations.

Palliative care

Although over 39,000 separations were recorded with a care type of *Palliative care*, there were more than 61,000 separations identified as providing some form of palliative care regardless of the care type specified (Table 10.17). These separations are identified by either the assignment of the ICD-10-AM code Z51.5 *Palliative care* as an additional diagnosis, or by the assignment of the *Palliative care* type. The exact nature of the care provided for the separations that were not assigned the *Palliative care* type, but were assigned an additional diagnosis code of Z51.5, is unknown.

Table 10.17: Palliative care separations as identified by care type and/or additional diagnosis of Z51.5, all hospitals, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(a)	NT ^(a)	Total ^(b)
Care type	13,447	8,035	10,350	4,201	1,640	553	600	315	39,279
Diagnosis	17,839	20,108	10,350	4,201	4,198	1,655	700	666	60,375
Care type and/or diagnosis	18,699	20,114	10,350	4,201	4,383	1,693	728	746	61,596

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the Total column.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Procedures and other interventions

In public hospitals, about 17% of subacute and non-acute separations did not report a procedure, for private hospitals about 4% did not report a procedure (Table 10.18).

About 90% of procedures reported for subacute and non-acute separations, belonged to the ACHI procedure chapter *Non-invasive, cognitive and other interventions, not elsewhere classified*. This chapter includes anaesthesia, allied health interventions (which includes physiotherapy and other rehabilitation-related procedures), dialysis and chemotherapy.

Table 10.18: Procedures^(a) reported for subacute and non-acute separations, by ACHI chapter, public and private hospitals, 2012–13

Procedure chapter		Public hospitals	Private hospitals	Total
1–86	Procedures on nervous system	367	263	630
300–333	Procedures on ear and mastoid process	184	18	202
370–422	Procedures on nose, mouth and pharynx	74	11	85
450–490	Dental services	111	3	114
520–570	Procedures on respiratory system	1,010	136	1,146
600–777	Procedures on cardiovascular system	218	72	290
800–817	Procedures on blood and blood-forming organs	73	14	87
850–1011	Procedures on digestive system	1,246	267	1,513
1040–1129	Procedures on urinary system	1,338	233	1,571
1360–1579	Procedures on musculoskeletal system	912	383	1,295
1600–1718	Dermatological and plastic procedures	2,151	319	2,470
1786–1799	Radiation oncology procedures	588	46	634
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	162,019	244,038	406,057
1940–2016	Imaging services	310	67	377
	Other ACHI chapters	176	35	211
	No procedure or not reported	32,747	11,236	43,983
Total subacute and non-acute separations		195,323	255,351	450,674

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods. Additional information for states and territories is in tables 10.28 and 10.29 at the end of this chapter.

Most common procedures

The most frequently reported procedures for each of the subacute and non-acute care types are presented in tables 10.19 to 10.21.

In 2012–13, allied health interventions (which lie within the chapter *Non-invasive, cognitive and other interventions, not elsewhere classified*) were the most frequently reported procedures for *Rehabilitation care* separations (Table 10.19). The 10 most common allied health interventions reported accounted for 91% of procedures reported. They included physiotherapy, occupational therapy and social work. Some procedures were predominantly performed in private hospitals, such as hydrotherapy and exercise therapy.

Table 10.19: Procedures^(a) reported for the 10 most common ACHI procedures for *Rehabilitation care*, public and private hospitals, 2012–13

Procedure code		Public hospitals	Private hospitals	Total
95550-03	Allied health intervention, physiotherapy	82,280	214,938	297,218
95550-02	Allied health intervention, occupational therapy	61,463	111,690	173,153
96153-00	Hydrotherapy	5,319	74,463	79,782
95550-01	Allied health intervention, social work	41,293	18,074	59,367
95550-00	Allied health intervention, dietetics	28,006	13,646	41,652
96129-00	Exercise therapy, total body	109	36,842	36,951
95550-05	Allied health intervention, speech pathology	20,305	11,595	31,900
95550-11	Allied health intervention, other	4,142	16,296	20,438
95550-09	Allied health intervention, pharmacy	10,780	5,770	16,550
95550-10	Allied health intervention, psychology	6,639	5,945	12,584
	Other	28,885	43,527	72,412
	No procedure or not reported	13,714	4,666	18,380
Total procedures		289,221	552,786	842,007

ACHI—Australian Classification of Health Interventions.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

For *Palliative care*, 9 of the 10 most common reported procedures were allied health interventions and included social work, physiotherapy and pastoral care (Table 10.20). About 15% of *Palliative care* separations had no procedures reported.

Table 10.20: Procedures^(a) reported for the 10 most common ACHI procedures for *Palliative care*, public and private hospitals, 2012–13

Procedure code		Public hospitals	Private hospitals	Total
95550-01	Allied health intervention, social work	13,572	1,214	14,786
95550-03	Allied health intervention, physiotherapy	12,592	1,523	14,115
95550-02	Allied health intervention, occupational therapy	8,245	438	8,683
95550-00	Allied health intervention, dietetics	6,575	740	7,315
95550-12	Allied health intervention, pastoral care	5,938	865	6,803
95550-05	Allied health intervention, speech pathology	4,779	254	5,033
95550-09	Allied health intervention, pharmacy	2,623	186	2,809
13706-02	Administration of packed cells	1,209	361	1,570
95550-11	Allied health intervention, other	1,188	82	1,270
96187-00	Pastoral ministry	89	1,015	1,104
	Other	9,131	2,345	11,476
	No procedure or not reported	8,948	2,243	11,191
Total procedures		65,941	9,023	74,964

ACHI—Australian Classification of Health Interventions.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

For *Geriatric evaluation and management*, the 5 most common procedures were allied health interventions and accounted for about 80% of reported procedures. These included physiotherapy, occupational therapy and social work (Table 10.21).

For *Psychogeriatric care*, about 28% of separations had no procedures reported. The 5 most common procedures included general anaesthesia, physiotherapy, social work and occupational therapy (Table 10.21).

For *Maintenance care*, about 18% of separations had no procedures reported. The 5 most common procedures included physiotherapy, social work and occupational therapy (Table 10.21).

Table 10.21: Procedures^(a) reported for the 5 most common ACHI procedures for other subacute and non-acute care, public and private hospitals, 2012–13

Procedure code		Public hospitals	Private hospitals	Total
Geriatric evaluation and management				
95550-03	Allied health intervention, physiotherapy	27,425	140	27,565
95550-02	Allied health intervention, occupational therapy	24,140	88	24,228
95550-01	Allied health intervention, social work	20,524	65	20,589
95550-00	Allied health intervention, dietetics	14,568	34	14,602
95550-05	Allied health intervention, speech pathology	8,468	15	8,483
	Other	24,176	179	24,355
	Separations with no procedure reported	2,586	14	2,600
<i>Total procedures for Geriatric evaluation and management</i>		<i>119,301</i>	<i>521</i>	<i>119,822</i>
Psychogeriatric care				
92514-99	General anaesthesia, ASA 99	491	1,663	2,154
95550-03	Allied health intervention, physiotherapy	1,081	674	1,755
95550-01	Allied health intervention, social work	1,194	460	1,654
95550-02	Allied health intervention, occupational therapy	1,041	561	1,602
92514-39	General anaesthesia, ASA 39	202	496	698
	Other	2,903	3,991	6,894
	Separations with no procedure reported	544	3,547	4,091
<i>Total procedures for Psychogeriatric care</i>		<i>6,912</i>	<i>7,845</i>	<i>14,757</i>
Maintenance care				
95550-03	Allied health intervention, physiotherapy	10,345	750	11,095
95550-01	Allied health intervention, social work	9,462	497	9,959
95550-02	Allied health intervention, occupational therapy	6,117	228	6,345
95550-00	Allied health intervention, dietetics	4,625	188	4,813
95550-05	Allied health intervention, speech pathology	2,914	115	3,029
	Other	7,746	858	8,604
	Separations with no procedure reported	6,957	766	7,723
<i>Total procedures for Maintenance care</i>		<i>41,209</i>	<i>2,636</i>	<i>43,845</i>

ACHI—Australian Classification of Health Interventions; ASA—American Society of Anesthesiologists Physical Status Classification.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals may not equal the sum of counts in the rows.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

How long did patients stay?

Subacute and non-acute separations may involve same-day or overnight episodes. Overall, the average length of stay for subacute and non-acute care was much higher than the average length of stay for acute care (Table 6.21), and was higher in public hospitals than in private hospitals (Table 10.22). For example, the average length of stay for *Rehabilitation care* was 16.2 days in public hospitals, compared to 4.5 days in private hospitals.

Table 10.22: Patient days and average length of stay for subacute and non-acute separations, by care type, public and private hospitals, 2012–13

Care type	Public hospitals		Private hospitals		Total	
	Patient days	Average length of stay	Patient days	Average length of stay	Patient days	Average length of stay
Rehabilitation care	1,676,928	16.2	1,088,903	4.5	2,765,831	8.0
Palliative care	340,744	10.2	68,483	11.4	409,227	10.4
Geriatric evaluation and management	570,700	17.1	3,013	14.8	573,713	17.1
Psychogeriatric care	115,022	46.3	44,349	7.0	159,371	18.1
Maintenance care	700,337	30.4	44,002	19.1	744,339	29.3
Total	3,403,731	17.4	1,248,750	4.9	4,652,481	10.3

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Who paid for the care?

About 75% of subacute and non-acute separations from public hospitals were for *Public patients*, and *Private health insurance* funded 82% of subacute and non-acute separations from private hospitals (Table 10.23). The *Department of Veterans' Affairs* funded 5% of subacute and non-acute separations in public hospitals and 10% in private hospitals. For private hospitals, about 38% of *Palliative care* separations were *Public patients*.

How was the care completed?

The mode of separation records the status of the patient at the time of separation and, for some categories, the place to which the person was discharged or transferred.

In 2012–13, the most common mode of separation for subacute and non-acute separations was *Other* (76%), which includes discharge to usual residence/own accommodation/welfare institution (Table 10.24). Over 5% were transferred to another hospital and a further 4% of separations ended with *Discharged or transferred to a residential aged care service*.

Other was reported as the separation mode for 90% of private hospital separations for subacute and non-acute care, compared with 57% for subacute and non-acute care in public hospitals.

For public hospitals, about 10% of subacute and non-acute separations ended with a *Discharge/transfer to an (other) acute hospital* and a further 11% ended with a *Statistical discharge: type change* (indicating that the patient remained in hospital but the intent of care had changed).

There was some variation in the mode of separation by type of subacute and non-acute care. For example, for *Rehabilitation care*, 86% of separations reported a mode of separation of *Other*, compared with 27% for *Palliative care* and 51% for *Other subacute and non-acute care* types. Around 19% of patients in *Other subacute and non-acute care* types had a mode of separation of *Discharge/transfer to residential aged care service*. Over half (58%) of *Palliative care* separations had a mode of separation of *Died* (Table 10.25).

Table 10.23: Subacute and non-acute separations, by principal source of funds and care type, public and private hospitals, 2012–13

Principal source of funds	Care type			Total
	Rehabilitation	Palliative	Other subacute and non-acute care	
Public hospitals				
Public patients ^(a)	77,133	24,590	44,373	146,096
Private health insurance	19,302	6,660	10,030	35,992
Self-funded	312	111	134	557
Workers compensation	514	38	16	568
Motor vehicle third party personal claim	1,503	5	221	1,729
Department of Veterans' Affairs	4,020	1,721	3,935	9,676
Other ^(b)	436	147	122	705
<i>Total public hospitals</i>	<i>103,220</i>	<i>33,272</i>	<i>58,831</i>	<i>195,323</i>
Private hospitals				
Public patients ^(a)	1,171	2,250	597	4,018
Private health insurance	199,863	2,971	6,276	209,110
Self-funded	5,676	19	124	5,819
Workers compensation	7,185	5	22	7,212
Motor vehicle third party personal claim	1,222	52	1	1,275
Department of Veterans' Affairs	24,370	484	1,777	26,631
Other ^(b)	1,032	226	28	1,286
<i>Total private hospitals</i>	<i>240,519</i>	<i>6,007</i>	<i>8,825</i>	<i>255,351</i>
Total	343,739	39,279	67,656	450,674

(a) Public patients includes separations with a funding source of *Health service budget, Other hospital or public authority* (with a *Public patient election status*), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) Other includes separations with a funding source of *Other compensation, Department of Defence, Correctional facilities, Other hospital or public authority* (without a *Public patient election status*), *Other, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Table 10.24: Subacute and non-acute separations, by mode of separation, public and private hospitals, 2012–13

Mode of separation	Public hospitals	Private hospitals	Total
Discharge/transfer to an (other) acute hospital	19,491	3,891	23,382
Discharge/transfer to residential aged care service ^(a)	16,553	1,901	18,454
Discharge/transfer to an (other) psychiatric hospital	257	11	268
Discharge/transfer to other health-care accommodation	3,924	13,072	16,996
Statistical discharge: type change	20,458	2,860	23,318
Left against medical advice/discharge at own risk	1,316	230	1,546
Statistical discharge from leave	1,028	35	1,063
Died	21,369	3,662	25,031
Other ^(b)	110,815	229,685	340,500
Total^(c)	195,323	255,351	450,674

(a) The separation mode *Discharge/transfer to residential aged care service* excludes where this was the usual place of residence.

(b) The separation mode *Other* includes *Discharge to usual residence/own accommodation/welfare institution* (including prisons, hostels and group homes providing primarily welfare services).

(c) *Total* includes records where the mode of separation was not reported.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Table 10.25: Subacute and non-acute separations, by mode of separation and care type, all hospitals, 2012–13

Mode of separation	Care type			Total
	Rehabilitation	Palliative	Other subacute and non-acute care	
Discharge/transfer to an (other) acute hospital	13,242	2,577	7,563	23,382
Discharge/transfer to residential aged care service ^(a)	4,504	1,214	12,736	18,454
Discharge/transfer to an (other) psychiatric hospital	100	7	161	268
Discharge/transfer to other health-care accommodation	14,312	408	2,276	16,996
Statistical discharge type change	13,936	1,187	8,195	23,318
Left against medical advice	1,095	88	363	1,546
Statistical discharge from leave	699	200	164	1,063
Died	469	22,891	1,671	25,031
Other ^(b)	295,337	10,663	34,500	340,500
Total^(c)	343,739	39,279	67,656	450,674

(a) The separation mode *Discharge/transfer to residential aged care service* excludes where this was the usual place of residence.

(b) The separation mode *Other* includes *Discharge to usual residence/own accommodation/welfare institution* (including prisons, hostels and group homes providing primarily welfare services).

(c) *Total* includes records where the mode of separation was not reported.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Table 10.26: Subacute and non-acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2012-13

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	483	460	296	77	44	26	35	13	1,434
C00–D48	Neoplasms	8,864	5,255	5,472	903	929	337	377	150	22,287
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	171	176	113	21	35	9	6	4	535
E00–E89	Endocrine, nutritional and metabolic diseases	287	455	260	49	47	6	19	9	1,132
F00–F99	Mental and behavioural disorders	1,842	1,345	1,256	698	383	728	92	22	6,366
G00–G99	Diseases of the nervous system	732	1,386	639	300	224	67	51	5	3,404
I00–I99	Diseases of the circulatory system	1,961	2,665	1,560	516	201	75	110	24	7,112
J00–J99	Diseases of the respiratory system	1,609	2,005	1,160	321	253	69	146	40	5,603
K00–K93	Diseases of the digestive system	737	819	576	196	87	32	42	26	2,515
L00–L99	Diseases of the skin and subcutaneous tissue	235	293	147	51	32	5	26	5	794
M00–M99	Diseases of the musculoskeletal system and connective tissue	541	1,135	321	193	222	25	33	13	2,483
N00–N99	Diseases of the genitourinary system	669	858	487	153	84	19	51	11	2,332
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	962	1,837	563	238	318	19	59	20	4,016
S00–T98	Injury, poisoning and certain other consequences of external causes	1,871	3,263	1,181	518	195	62	58	25	7,173
Z00–Z99	Factors influencing health status and contact with health services	44,377	18,977	33,925	12,989	12,455	1,230	3,361	465	127,779
	Other ICD-10-AM chapters/not reported	217	67	32	27	8	1	3	3	358
Total subacute and non-acute separations		65,558	40,996	47,988	17,250	15,517	2,710	4,469	835	195,323

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Table 10.27: Subacute and non-acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2012-13

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
C00–D48	Neoplasms	220	564	1,418	2,087	176	n.p.	n.p.	n.p.	4,555
F00–F99	Mental and behavioural disorders	0	4,808	484	56	1	n.p.	n.p.	n.p.	5,354
G00–G99	Diseases of the nervous system	5	656	47	45	16	n.p.	n.p.	n.p.	823
I00–I99	Diseases of the circulatory system	23	28	121	367	16	n.p.	n.p.	n.p.	573
J00–J99	Diseases of the respiratory system	20	27	103	370	19	n.p.	n.p.	n.p.	547
Z00–Z99	Factors influencing health status and contact with health services	147,791	20,110	39,674	3,378	22,043	n.p.	n.p.	n.p.	242,223
	Other ICD-10-AM chapters/not reported	84	129	360	602	72	n.p.	n.p.	n.p.	1,276
Total subacute and non-acute separations		148,143	26,322	42,207	6,905	22,343	n.p.	n.p.	n.p.	255,351

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Table 10.28: Procedures^(a) reported for subacute and non-acute separations, by ACHI chapter, public hospitals, states and territories, 2012–13

Procedure chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	118	67	46	59	49	6	17	5	367
520–570	Procedures on respiratory system	317	198	285	114	43	11	31	11	1,010
850–1011	Procedures on digestive system	443	218	266	133	110	12	40	24	1,246
1040–1129	Procedures on urinary system	572	256	199	163	60	8	49	31	1,338
1360–1579	Procedures on musculoskeletal system	286	223	110	159	84	24	18	8	912
1600–1718	Dermatological and plastic procedures	294	1,356	247	111	83	14	29	17	2,151
1786–1799	Radiation oncology procedures	271	161	61	17	4	11	38	25	588
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	58,023	35,728	32,970	15,506	13,410	1,560	4,188	634	162,019
1940–2016	Imaging services	239	27	20	11	3	3	6	1	310
	Other ACHI chapters	279	111	259	102	47	6	23	9	836
	Separations with procedures	58,250	35,780	33,125	15,561	13,447	1,564	4,198	651	162,576
	No procedure or not reported	7,308	5,216	14,863	1,689	2,070	1,146	271	184	32,747
Total subacute and non-acute separations		65,558	40,996	47,988	17,250	15,517	2,710	4,469	835	195,323

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows. For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation. These are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore, the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.

Table 10.29: Procedures^(a) reported for subacute and non-acute separations, by ACHI chapter, private hospitals, states and territories, 2012–13

Procedure chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1360–1579	Procedures on musculoskeletal system	88	77	81	96	26	n.p.	n.p.	n.p.	383
1600–1718	Dermatological and plastic procedures	108	22	74	87	16	n.p.	n.p.	n.p.	319
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	144,045	22,723	40,040	5,606	22,252	n.p.	n.p.	n.p.	244,038
	Other ACHI chapters	219	155	359	285	98	n.p.	n.p.	n.p.	1,165
	Separations with procedures	144,049	22,727	40,069	5,640	22,254	n.p.	n.p.	n.p.	244,115
	No procedure or not reported	4,094	3,595	2,138	1,265	89	n.p.	n.p.	n.p.	11,236
Total subacute and non-acute separations		148,143	26,322	42,207	6,905	22,343	n.p.	n.p.	n.p.	255,351

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

- (a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the table may not equal the sum of counts in the rows. For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation. These are counts of ACHI procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore, the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Note: See boxes 6.1, 6.2, 6.3, 10.1 and 10.2 for notes on data limitations and methods.