

2 Overview: 2005–06 to 2009–10

This chapter presents an overview of hospital resources and hospital activity between 2005–06 and 2009–10.

What data were reported?

Data on hospital resources

Data on hospital resources include the number of public and private hospitals, the number of public and private hospital beds, public hospital expenditure, public hospital revenue and public hospital staffing.

Information on public hospital resources was sourced from the National Public Hospital Establishments Database (NPHEd) (see *Appendix 1*). Some information on private hospital resources was sourced from the Australian Bureau of Statistics' (ABS) Private Health Establishments Collection (PHEC) for 2008–09. For 2009–10, information on the number of private hospitals and private hospital beds was mainly provided by states and territories. The Department of Health and Ageing provided data on the number of *Private free standing day hospital facilities* and beds for jurisdictions where data were not available from states and territories (see *Appendix 1*). Private hospital expenditure and revenue information for 2009–10 was not available at the time of publication.

Data on hospital activity

Data on hospital activity include summary information on non-admitted and admitted patient activity in public and private hospitals.

Information on non-admitted patient services in public hospitals was sourced from the NPHEd. Information on non-admitted patient services in private hospitals was sourced from the *Private hospitals Australia* reports published by the ABS (ABS 2010, 2008). Information on admitted patient services was derived from the National Hospital Morbidity Database (NHMD) for both public and private hospitals.

Box 2.1: What are the limitations of the data?

Data coverage, administrative and reporting arrangements

Data on hospital resources and activity are affected by changes in coverage and administrative and reporting arrangements (see *Appendix 2*). Readers should note:

- Reporting arrangements may vary between jurisdictions for hospitals that are privately or publicly owned and/or operated and predominantly provide public hospital services. Most of these are reported as public hospitals, but some are reported as private hospitals (see *Appendix 1*).
- Coverage for the NHMD is essentially complete. For 2009–10, all public hospitals were included except for a small mothercraft hospital in the Australian Capital Territory. Private hospital data were not for private freestanding day facilities in the Australian Capital Territory and the Northern Territory (see *Appendix 2*).
- From 2009–10, the data for the Albury Base Hospital (in New South Wales) was reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. The Albury Wodonga Health Service was formed by the integration of Wodonga Regional Health Service in Victoria and acute services at the Albury Base Hospital. Data for Albury Base Hospital are therefore now included in statistics for Victoria whereas they were formerly reported by, and included in statistics for, New South Wales.
- There have been changes in reporting arrangements for the Mersey Community Hospital in Tasmania, which was reported as a Tasmanian public hospital before being taken over by the Australian Government in November 2007 (see *appendixes 1 and 2*).
- In 2008–09, Western Australia did not provide data for approximately 3,000 admitted patient separations. Approximately 2,700 of those separations were from public hospitals. In 2009–10, Western Australia did not provide data for approximately 13,000 admitted patient separations. Approximately 2,400 of those separations were from public hospitals, and 10,600 separations were for one private hospital.
- In 2006–07, there were two new public hospitals created in Western Australia, which covered contracted public hospital services previously provided by two private hospitals.

Other data considerations

Hospitals

The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses (see *Appendix 2*).

Hospital beds

Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix), with, for example, different proportions of beds being available for special and more general purposes. Public and private hospital bed numbers presented in this chapter are based on different definitions (see *Appendix 1*). Bed numbers may differ from those reported in previous editions of *Australian hospital statistics* due to revision of historic bed counts.

(continued)

Box 2.1 (continued)

Before July 2009, the number of available beds for admitted patients that were reported to NPHED included beds used for same-day admitted patients and overnight admitted patients. This meant that the count of available beds did not distinguish between the number of beds available in overnight wards and the number of 'chairs' used for day procedures. The collection of *Average available beds for overnight-stay patients* and *Average available beds for same-day patients* was mandated for national reporting, commencing 1 July 2009. See *Appendix 1* for the data reported for 2009–10.

Financial data

- Changes in accounting practices can affect the comparability of financial data over time. For example, in 2007–08 South Australia changed from cash accounting to accrual accounting and Tasmania changed their accrual accounting policy. Tasmania includes corporate overheads in expenditure, which may or may not be fully included by other states or territories.
- Capital expenditure is not reported in this publication. Not all jurisdictions were able to report using the *National health data dictionary version 14* (HDSC 2008) categories and the comparability of the data may not be adequate for reporting.

Variation in reporting non-admitted patient activity

- Reporting arrangements for non-admitted patient activity varied significantly across years. States and territories may also differ in the extent to which outpatient and other non-admitted services are provided in non-hospital settings (such as community health centres), which are beyond the scope of the AIHW hospital databases.
- For 2009–10, Tasmania was not able to provide data for one hospital that reported about 280,000 occasions of service to the NPHED and 140,000 to the National Outpatient Care Database.

Variation in admission practices

- Admission practices varied between public and private sectors, states and territories, and over time (see *Appendix 1*). For example, there was variation in admission practices for some services, such as chemotherapy and endoscopy. As a result, people receiving the same type of service may be counted as same-day admitted patients in some hospitals and as non-admitted patients in other hospitals.
- Statistics on separations for admitted patients may be affected by variations in statistical admission and statistical separation practices across states and territories, and the way in which hospital stays for *Newborns* were reported (see *Appendix 1*).

Box 2.2: What methods were used?

- The hospital types reported in this chapter are *Public acute hospitals*, *Public psychiatric hospitals*, *Private free standing day hospital facilities* and *Other private hospitals*.
- Time series data are presented in this chapter showing average annual changes from 2005–06 to 2009–10 (or the latest available year of data), and annual change between 2008–09 and 2009–10 (or the change between the two latest available years of data if the 2009–10 data are unavailable). Annual change rates are not adjusted for any changes in data coverage and/or recategorisation of the hospital as public or private, except where noted in the text.
- *Expenditure* and *Revenue* are presented in both current price and constant price terms. Current prices refer to amounts as reported, unadjusted for inflation. Current price amounts are less comparable between years than constant price amounts. Constant price values are adjusted for inflation and are expressed in terms of prices in the reference year. The ABS Government Final Consumption Expenditure, State and Local – Hospitals & Nursing Homes deflator was used for public hospitals. The ABS Household Final Consumption Expenditure Hospital Services deflator was used for private hospitals.
- Separations for which the care type was reported as *Newborn* without qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded from statistics on separations.
- *Separations per 1,000 population* and *Patient days per 1,000 population* are reported as directly age-standardised rates based on the Australian population as at 30 June of the year of interest. The Australian population as at 30 June 2001 was used as the reference population. Age-standardisation of rates enables valid comparison across years and/or jurisdictions without being affected by the differences in age distributions. Further information about age-standardisation is presented in *Appendix 1*.
- Average cost weight comparisons are based on the latest available public and private cost weights and the relevant AR-DRG versions applying to each year. In one analysis in this chapter, public sector cost weights have been used for private hospitals to enable comparison with public hospitals. Further information about the AR-DRG classification and cost weights is included in *Appendix 1*.
- The relative stay index (RSI) is calculated as the actual number of patient days for separations in selected AR-DRGs (version 5.2) divided by the expected number of patient days (based on national figures for the years 2005–06 to 2009–10 combined) and standardised for casemix. Further information on the calculation of the RSI is presented in *Appendix 1*.
- For reasons of confidentiality, data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory have not been published.

Hospital resources 2005–06 to 2009–10

How many hospitals?

In 2009–10, there were 753 public hospitals and 573 private hospitals, compared with 755 public hospitals and 547 private hospitals in 2005–06 (Table 2.1). For 2009–10, Tasmania reported 3 public psychiatric hospitals as one statewide mental health service while maintaining the same number of campuses. Therefore, the apparent decrease in the number of public psychiatric hospitals between 2008–09 and 2009–10 does not reflect an actual decrease in hospital sites.

More information on the types of hospitals, and their distribution by state and territory in 2009–10 is provided in *Chapter 4*.

Table 2.1: Public and private hospitals^(a), 2005–06 to 2009–10

	2005–06	2006–07 ^(b)	2007–08	2008–09	2009–10 ^(c)	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Public hospitals							
Public acute hospitals	736	739	742	737	736	0.0	–0.1
Public psychiatric hospitals	19	19	20	19	17	–2.7	–10.5
<i>Total</i>	<i>755</i>	<i>758</i>	<i>762</i>	<i>756</i>	<i>753</i>	<i>–0.1</i>	<i>–0.4</i>
Private hospitals							
Private free standing day hospital facilities	256	268	272	285	293	3.4	2.8
Other private hospitals	291	289	280	276	280	–1.0	1.4
<i>Total</i>	<i>547</i>	<i>557</i>	<i>552</i>	<i>561</i>	<i>573</i>	<i>1.2</i>	<i>2.1</i>
All hospitals	1,302	1,315	1,314	1,317	1,326	0.5	0.7

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses (see *Appendix 1*).

(b) In 2006–07, there were two new public hospitals created in Western Australia, which covered contracted public hospital services previously provided by two private hospitals.

(c) In 2009–10, there were fewer reporting units for Tasmania. Tasmania's Statewide Mental Health Services, which was previously reported as three separate public psychiatric hospitals, was reported as one entity in 2009–10. Therefore the number of reporting units changed, but the number of public psychiatric hospital campuses remained the same.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviation: Ave—average.

How many beds?

Between 2005–06 and 2009–10, hospital bed numbers rose overall, but there was variation in the size and direction of the changes in bed numbers for public and private hospitals (Table 2.2). For 2009–10, the number of available beds was reported separately as the number of same-day and overnight admitted patient beds (see *Appendix 1*).

Table 2.2: Public and private hospital beds and beds per 1,000 population^(a), 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Public hospitals							
Public acute hospitals	52,236	53,563	54,137	54,382	54,812	1.2	0.8
Public psychiatric hospitals	2,366	2,341	2,330	2,140	2,088	-3.1	-2.4
<i>Total</i>	<i>54,601</i>	<i>55,904</i>	<i>56,467</i>	<i>56,522</i>	<i>56,900</i>	<i>1.0</i>	<i>0.7</i>
<i>Beds per 1,000 population^(b)</i>	<i>2.66</i>	<i>2.68</i>	<i>2.66</i>	<i>2.61</i>	<i>2.57</i>	<i>-1.2</i>	<i>-3.5</i>
Private hospitals^(c)							
Private free standing day hospital facilities	2,114	2,251	2,151	2,168	2,260	1.7	4.2
Other private hospitals	24,113	24,427	25,617	25,298	25,778	1.7	1.9
<i>Total</i>	<i>26,227</i>	<i>26,678</i>	<i>27,768</i>	<i>27,466</i>	<i>28,038</i>	<i>1.7</i>	<i>2.1</i>
<i>Beds per 1,000 population^(b)</i>	<i>1.28</i>	<i>1.28</i>	<i>1.31</i>	<i>1.27</i>	<i>1.27</i>	<i>0.4</i>	<i>2.1</i>
All hospitals	80,828	82,582	84,235	83,988	84,938	1.2	1.1
Beds per 1,000 population^(b)	3.93	3.96	3.97	3.88	3.83	-0.6	-1.2

(a) Beds per 1,000 population is a crude rate based on Australian population as at the 31 December of the year in question.

(b) In 2007–08, Victorian private hospitals changed the counting basis for beds from average available beds to licensed (registered) beds. This resulted in an increase of 783 beds in 2007–08 compared to 2006–07 for Victorian private hospitals.

(c) In 2009–10, the number of available beds for public hospitals was reported separately as the number of same-day and overnight admitted patient beds. See *Appendix 1* for more information.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviation: Ave—average.

Did hospital expenditure and revenue change?

Recurrent expenditure for public hospitals in 2009–10 was \$33.7 billion in current price terms (unadjusted for inflation), an increase of 7.6% from 2008–09 (Table 2.3). In constant price terms (adjusted for inflation) the increase in recurrent expenditure for public hospitals was 5.2% between 2005–06 and 2009–10 (Table 2.3). Total revenue for public hospitals increased in constant price terms by an average of 8.4% per year between 2005–06 and 2009–10 (Table 2.3).

Table 2.3: Recurrent expenditure^(a) and revenue (\$ million), public and private hospitals, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Total recurrent expenditure^(a), constant prices^(b)							
Public hospitals	26,509	27,938	29,833	31,322	32,473	5.2	3.7
Private hospitals	7,148	7,182	n.a.	8,137	n.a.	n.a.	n.a.
All hospitals	33,658	35,120	n.a.	39,460	n.a.	n.a.	n.a.
Total recurrent expenditure^(a), current prices							
Public hospitals	23,964	26,290	28,908	31,322	33,706	8.9	7.6
Private hospitals	6,498	6,967	n.a.	8,137	n.a.	n.a.	n.a.
All hospitals	30,462	33,256	n.a.	39,460	n.a.	n.a.	n.a.
Total revenue, constant prices^(b)							
Public hospitals	2,387	2,567	2,778	2,975	3,295	8.4	10.1
Private hospitals	7,702	7,773	n.a.	8,982	n.a.	n.a.	n.a.
All hospitals	10,089	10,339	n.a.	11,957	n.a.	n.a.	n.a.
Total revenue, current prices							
Public hospitals	2,158	2,415	2,691	2,975	3,420	12.2	15.0
Private hospitals	7,001	7,539	n.a.	8,982	n.a.	n.a.	n.a.
All hospitals	9,159	9,955	n.a.	11,957	n.a.	n.a.	n.a.

(a) Excludes depreciation.

(b) Expressed in terms of prices in the reference year 2008-09. The ABS Government Final Consumption Expenditure, State and Local – Hospitals & Nursing Homes deflator was used for public hospitals. The ABS Household Final Consumption Expenditure Hospital Services deflator was used for private hospitals.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviations: Ave—average; n.a.—not available.

How many people were employed in public hospitals?

Between 2005–06 and 2009–10, the numbers of full-time equivalent staff employed in public hospitals in Australia increased by an average of 3.2% annually. There was variation in the relative size and direction of change across staff categories during this period (Table 2.4), with the greatest percentage increase occurring in the *Salaried medical officers* category (7.5%). The number of *Salaried medical officers* also had the greatest percentage increase between 2008–10 and 2009–10 (4.8%).

Table 2.4: Full-time equivalent staff, public hospitals, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Salaried medical officers	22,859	24,439	26,996	29,166	30,576	7.5	4.8
Total nurses	99,009	103,967	107,089	111,870	113,938	3.6	1.8
Diagnostic and allied health professionals	32,231	34,240	36,013	35,506	35,456	2.4	–0.1
Administrative and clerical staff	33,702	36,844	36,909	37,640	38,158	3.2	1.4
Other personal care staff, domestic and other staff	33,577	35,139	33,341	32,714	33,289	–0.2	1.8
Total staff	221,379	234,630	240,344	246,895	251,416	3.2	1.8

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviations: Ave—average; n.a.—not available.

Hospital activity 2005–06 to 2009–10

How much non-admitted patient activity?

Hospitals provide services to non-admitted patients through emergency departments, outpatient clinics and a range of other services. Overall, the number of non-admitted patient occasions of service provided by *Public acute hospitals* increased by 2.5% per year between 2005–06 and 2009–10 (Table 2.5). After adjusting for an undercount of non-admitted patient occasions of service for Tasmania for 2009–10, it is estimated that the average increase was about 2.7% per year.

Table 2.5: Non-admitted patient occasions of service ('000)^(a), public and private hospitals^(b), 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Public acute hospitals ^(c)	44,750	46,141	48,355	49,161	49,471	2.5	0.6
Other private hospitals	1,734	1,743	n.a.	2,026	n.a.	n.a.	n.a.
Total	46,484	47,884	n.a.	51,186	n.a.	n.a.	n.a.

(a) Excludes group occasions of service.

(b) Excludes Public psychiatric hospitals and Private free standing day hospital facilities.

(c) The total for 2009–10 is underestimated by about 280,000 occasions of service that were not able to be reported for one hospital in Tasmania.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviations: Ave—average; n.a.—not available.

How much admitted patient activity?

Admission to hospital is a formal process, and follows a decision made by a medical officer that a patient needs to be admitted for appropriate management or treatment of their condition, or for appropriate care or assessment of needs.

Separation is the term used to refer to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation). Separation also means the process by which an admitted patient completes an episode of care by being discharged, dying, being transferred to another hospital or by a change of care type.

Between 2005–06 and 2009–10, the overall number of hospital separations rose from 7.3 million to 8.5 million separations. The rate of growth in separations was higher for private hospitals than for public hospitals. In 2009–10, private hospitals accounted for 40.4% of separations, compared to 38.9% in 2005–06 (Table 2.6). Over the same period, there was a fall in separations from *Public psychiatric hospitals*. In part, this reflects a change of service delivery arrangements including shifts from *Public psychiatric hospitals* to *Public acute hospitals* or to residential care.

Table 2.6: Separations ('000), public and private hospitals, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Public hospitals							
Public acute hospitals	4,451	4,646	4,729	4,880	5,062	3.3	3.7
Public psychiatric hospitals	16	15	15	11	11	–7.9	0.9
<i>Total</i>	<i>4,466</i>	<i>4,661</i>	<i>4,744</i>	<i>4,891</i>	<i>5,073</i>	<i>3.2</i>	<i>3.7</i>
Private hospitals							
Private free standing day hospital facilities	547	570	668	729	783	9.4	7.4
Other private hospitals	2,298	2,371	2,462	2,528	2,678	3.9	5.9
<i>Total</i>	<i>2,846</i>	<i>2,942</i>	<i>3,130</i>	<i>3,257</i>	<i>3,462</i>	<i>5.0</i>	<i>6.3</i>
All hospitals	7,312	7,603	7,874	8,148	8,535	3.9	4.7

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviation: Ave—average.

Between 2005–06 and 2009–10, the number of separations per 1,000 population rose by an average of 1.6% per year overall, with growth observed in all types of hospitals apart from *Public psychiatric hospitals* (Table 2.7). For *Public psychiatric hospitals*, the separation rate decreased by 33.6% between 2005–06 and 2009–10 with an average decrease of 9.7% per year. The highest growth in separation rate was observed in *Private free standing day hospital facilities* (6.9% on average per year) (Table 2.7). Over the same period, overnight separation rates increased less (0.3% per year) than the overall separation rate.

Table 2.7: Separations per 1,000 population^(a), public and private hospitals, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Public hospitals							
Public acute hospitals	212.9	217.8	216.9	218.8	221.1	1.0	1.0
Public psychiatric hospitals	0.8	0.7	0.7	0.5	0.5	–9.7	–1.4
<i>Total</i>	213.6	218.5	217.6	219.3	221.6	0.9	1.0
Overnight separations	108.8	110.5	110.4	110.0	110.3	0.4	0.3
Private hospitals							
Private free standing day hospital facilities	26.0	26.5	30.3	32.4	33.9	6.9	4.7
Other private hospitals	108.6	109.6	111.4	111.9	115.5	1.6	3.2
<i>Total</i>	134.6	136.2	141.7	144.3	149.5	2.7	3.6
Overnight separations	48.6	48.3	48.6	47.9	48.7	0.1	1.6
All hospitals	348.2	354.7	359.3	363.6	371.0	1.6	2.0
Overnight separations	157.4	158.8	159.0	158.0	159.1	0.3	0.7

(a) Rates are directly age-standardised to the Australian population as at 30 June of each year. The Australian population as at 30 June 2001 is used as the reference population.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviation: Ave—average.

Time series data for the years 2005–06 to 2009–10 on separations for public patients, private patients and other categories of patients in the public and private sectors are presented in Table 7.1 in *Chapter 7*.

How many same-day and overnight separations?

A **same-day separation** occurs when a patient is admitted and separated from hospital on the same date.

An **overnight separation** occurs when a patient is admitted and separated from hospital on different dates.

Between 2005–06 and 2009–10, the number of same-day separations rose at a greater rate than that for all separations (Table 2.8), with the rate of increase being higher in the private sector. In 2009–10, same-day separations accounted for 57.6% of separations, compared with 55.3% of separations in 2005–06. For more information on same-day acute admitted patient care, see *Chapter 8*.

There was an increase in overnight separations between 2005–06 and 2009–10 (Table 2.8), with the rate of increase being higher for public hospitals than private hospitals. In 2009–10, overnight separations made up 49.3% of separations in public hospitals and 32.3% of separations in private hospitals. For more information on overnight acute admitted patient care, see *Chapter 9*.

Table 2.8: Same-day and overnight separations ('000), public and private hospitals, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Same-day separations							
	('000s)						
Public hospitals							
Public acute hospitals	2,214	2,331	2,362	2,460	2,573	3.8	4.6
Public psychiatric hospitals	2	2	2	1	1	-21.9	10.6
<i>Total</i>	2,216	2,333	2,364	2,461	2,574	3.8	4.6
<i>Proportion of total separations (%)</i>	49.6	50.0	49.8	50.3	50.7	0.6	0.8
Private hospitals							
Private free standing day hospital facilities	545	568	666	728	782	9.4	7.4
Other private hospitals	1,282	1,341	1,399	1,456	1,562	5.0	7.3
<i>Total</i>	1,827	1,909	2,065	2,184	2,344	6.4	7.3
<i>Proportion of total separations (%)</i>	64.2	64.9	66.0	67.0	67.7	1.3	1.0
All hospitals	4,043	4,242	4,429	4,645	4,918	5.0	5.9
Proportion of total separations (%)	55.3	55.8	56.2	57.0	57.6	1.0	1.1
Overnight separations							
Public hospitals							
Public acute hospitals	2,237	2,315	2,368	2,420	2,489	2.7	2.9
Public psychiatric hospitals	14	13	13	10	11	-6.4	0.3
<i>Total</i>	2,250	2,328	2,380	2,430	2,499	2.7	2.8
Private hospitals							
Private free standing day hospital facilities	2	2	2	1	1	-15.2	1.0
Other private hospitals	1,016	1,031	1,062	1,073	1,117	2.4	4.1
<i>Total</i>	1,018	1,033	1,065	1,074	1,118	2.4	4.1
All hospitals	3,269	3,361	3,445	3,504	3,617	2.6	3.2

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviation: Ave—average.

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). This section classifies separations as *Emergency* or *Non-emergency* (which includes elective and other planned care).

Tables 2.9 and 2.10 present information on the *Urgency of admission* by same-day/overnight status and the broad category of admitted patient service (*Childbirth, Specialist mental health, Surgical, Medical* and *Other* Diagnosis related groups (DRGs)). See the section *What care was provided?* for more information on these broad categories of service.

Between 2005–06 and 2009–10, same-day separations with an urgency of admission of *Emergency* increased by 3.0% per year for public hospitals and decreased by 7.4% for private

hospitals (Table 2.9). For *Non-emergency* admissions, same-day separations increased for both public and private hospitals (4.1% and 6.5% per year, respectively).

Table 2.9: Same-day separations by broad category of service, public and private hospitals, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Public hospitals							
Childbirth	4,870	5,455	5,919	6,436	6,939	9.3	7.8
Specialist mental health ^(a)	15,270	12,821	10,644	16,268	11,153	-7.6	-31.4
<i>Emergency</i>	443,321	471,784	474,074	490,598	499,002	3.0	1.7
Surgical	18,916	20,002	19,933	20,361	19,879	1.2	-2.4
Medical	420,113	447,202	449,855	465,923	474,711	3.1	1.9
Other	4,292	4,580	4,286	4,314	4,412	0.7	2.3
<i>Non-emergency</i>	1,752,285	1,842,748	1,872,963	1,947,577	2,057,070	4.1	5.6
Surgical	323,236	326,170	329,666	339,840	345,631	1.7	1.7
Medical	1,218,277	1,295,292	1,329,912	1,385,183	1,475,431	4.9	6.5
Other	210,772	221,286	213,385	222,554	236,008	2.9	6.0
<i>Total</i>	2,215,746	2,332,808	2,363,600	2,460,879	2,574,164	3.8	4.6
Private hospitals							
Childbirth	177	155	162	148	151	-3.9	2.0
Specialist mental health	88,901	89,740	88,905	103,897	114,838	6.6	10.5
<i>Emergency</i>	17,891	27,313	17,709	12,404	13,178	-7.4	6.2
Surgical	5,122	8,363	5,850	2,621	2,749	-14.4	4.9
Medical	10,647	12,971	8,833	8,263	8,576	-5.3	3.8
Other	2,122	5,979	3,026	1,520	1,853	-3.3	21.9
<i>Non-emergency</i>	1,720,465	1,791,493	1,958,325	2,067,217	2,215,398	6.5	7.2
Surgical	596,056	619,305	670,816	702,309	740,835	5.6	5.5
Medical	604,467	628,806	707,317	771,272	846,955	8.8	9.8
Other	519,942	543,382	580,192	593,636	627,608	4.8	5.7
<i>Total</i>	1,827,434	1,908,701	2,065,101	2,183,666	2,343,565	6.4	7.3
Total same-day separations	4,043,180	4,241,509	4,428,701	4,644,545	4,917,729	5.0	5.9

(a) For 2009–10, Tasmania was unable to fully identify specialised psychiatric care days in public acute hospitals due to the implementation of a new information system. Tasmanian public acute hospitals accounted for about 200 same-day separations with specialised mental health care in 2008–09.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviation: Ave—average.

For overnight separations between 2005–06 and 2009–10, the number of separations with an urgency of admission of *Emergency* increased by 2.5% per year for public hospitals and decreased by 1.8% per year for private hospitals (Table 2.10). For *Non-emergency* admissions, overnight separations increased for both public and private hospitals (3.3% per year and 3.2% per year, respectively).

Table 2.10: Overnight separations by broad category of service, public and private hospitals, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Public hospitals							
Childbirth	186,419	197,506	200,476	201,727	204,162	2.3	1.2
Specialist mental health ^(a)	82,998	86,172	86,125	86,950	85,675	0.8	–1.5
<i>Emergency</i>	<i>1,340,545</i>	<i>1,376,590</i>	<i>1,418,342</i>	<i>1,449,896</i>	<i>1,480,397</i>	<i>2.5</i>	<i>2.1</i>
Surgical	183,363	190,379	197,785	205,662	209,499	3.4	1.9
Medical	1,114,112	1,141,381	1,175,086	1,194,220	1,219,802	2.3	2.1
Other	43,070	44,830	45,471	50,014	51,096	4.4	2.2
<i>Non-emergency</i>	<i>640,368</i>	<i>668,204</i>	<i>675,517</i>	<i>691,571</i>	<i>729,033</i>	<i>3.3</i>	<i>5.4</i>
Surgical	302,126	311,314	311,767	320,068	329,371	2.2	2.9
Medical	316,482	333,427	340,135	349,600	377,057	4.5	7.9
Other	21,760	23,463	23,615	21,903	22,605	1.0	3.2
<i>Total</i>	<i>2,250,330</i>	<i>2,328,472</i>	<i>2,380,460</i>	<i>2,430,144</i>	<i>2,499,267</i>	<i>2.7</i>	<i>2.8</i>
Private hospitals							
Childbirth	77,857	79,479	80,925	81,242	84,169	2.0	3.6
Specialist mental health	24,766	25,703	26,921	27,481	30,805	5.6	12.1
<i>Emergency</i>	<i>177,756</i>	<i>170,886</i>	<i>159,252</i>	<i>153,314</i>	<i>165,540</i>	<i>–1.8</i>	<i>8.0</i>
Surgical	32,771	31,931	27,798	27,683	30,062	–2.1	8.6
Medical	135,417	129,021	122,245	116,374	125,349	–1.9	7.7
Other	9,568	9,934	9,209	9,257	10,129	1.4	9.4
<i>Non-emergency</i>	<i>738,094</i>	<i>756,868</i>	<i>797,686</i>	<i>811,722</i>	<i>837,636</i>	<i>3.2</i>	<i>3.2</i>
Surgical	456,743	468,885	492,575	504,314	522,542	3.4	3.6
Medical	244,381	249,692	267,187	269,033	276,143	3.1	2.6
Other	36,970	38,291	37,924	38,375	38,951	1.3	1.5
<i>Total</i>	<i>1,018,473</i>	<i>1,032,936</i>	<i>1,064,784</i>	<i>1,073,759</i>	<i>1,118,150</i>	<i>2.4</i>	<i>4.1</i>
Total overnight separations	3,268,803	3,361,408	3,445,244	3,503,903	3,617,417	2.6	3.2

(b) For 2009–10, Tasmania was unable to fully identify specialised psychiatric care days in public acute hospitals due to the implementation of a new information system. Tasmanian public acute hospitals accounted for about 1,900 overnight separations with specialised mental health care in 2008–09.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviation: Ave—average.

What care was provided?

The care that the patient received can be described in a variety of ways. This section presents information describing care by the following broad categories of service:

- *Childbirth* includes separations for which the Australian Refined Diagnosis Related Group (AR-DRG) was associated with childbirth (does not include newborn care).
- *Specialist mental health* includes separations for which specialised psychiatric care days were reported.

- *Surgical* includes separations for which the AR-DRG belonged to the *Surgical* partition. Excludes separations for *Childbirth* and *Specialist mental health*.
- *Medical* includes separations for which the AR-DRG belonged to the *Medical* partition. Excludes separations for *Childbirth* and *Specialist mental health*.
- *Other* includes separations for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions. Excludes separations for *Childbirth* and *Specialist mental health*.

Between 2005–06 and 2009–10, the number of same-day separations for *Specialist mental health* care in private hospitals increased by about 6.6% per year; it varied for public hospitals. Private hospitals provided an increasing share of *Specialist mental health* same-day separations, accounting for about 85% in 2005–06 and about 91% in 2009–10 (Table 2.9).

Private hospitals also accounted for an increasing proportion of overnight separations for *Specialist mental health* care (Table 2.10). For 2009–10, Tasmania was unable to fully identify specialised psychiatric care days in public acute hospitals which accounted for about 1,900 overnight separations with specialised mental health care in 2008–09. After adjusting for the shortfall for Tasmania, there was an average annual increase of 0.8% each year for *Specialist mental health* care between 2005–06 and 2009–10.

Public hospitals consistently accounted for about 71% of overnight *Childbirth* separations between 2005–06 and 2009–10.

Average cost weight

Average cost weight information provides a guide to the expected resource use for separations, with a value of 1.00 representing the theoretical average for all separations. The validity of comparisons of average cost weights across jurisdictions is limited by differences in the extent to which each jurisdiction's acute care psychiatric services are integrated into its public hospital system. Cost weights are of less use as a measure of resource requirements for acute psychiatric services because the relevant AR-DRGs are less homogenous than for other acute services.

In the first part of Table 2.11, public sector cost weights were used for both public and private hospitals to enable comparison between sectors because public and private sector cost weights are not comparable.

Using public cost weights for both public and private hospitals, average cost weights for public and private hospitals declined slightly overall between 2005–06 and 2009–10 (Table 2.11). Over that period there was an increase in the average cost weight for *Public psychiatric hospitals*.

Applying private hospital cost weights to separations for private hospitals shows that the overall average cost weight for private hospitals declined slightly between 2005–06 and 2009–10, while cost weights for *Other private hospitals* increased slightly between 2006–07 and 2007–08.

Table 2.11: Average cost weight of separations, public and private hospitals, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Average public cost weight of separations^(a)							
Public hospitals							
Public acute hospitals	1.02	1.02	1.02	1.01	1.01	–0.4	–0.6
Public psychiatric hospitals	2.67	2.63	2.69	2.97	2.98	2.8	0.4
<i>Total</i>	<i>1.02</i>	<i>1.02</i>	<i>1.02</i>	<i>1.01</i>	<i>1.01</i>	<i>–0.4</i>	<i>–0.6</i>
Private hospitals							
Private free standing day hospital facilities	0.48	0.49	0.47	0.47	0.48	–0.1	1.8
Other private hospitals	1.03	1.04	1.05	1.04	1.04	0.2	–0.2
<i>Total</i>	<i>0.92</i>	<i>0.93</i>	<i>0.92</i>	<i>0.91</i>	<i>0.91</i>	<i>–0.4</i>	<i>–0.2</i>
All hospitals	0.99	0.99	0.98	0.97	0.97	–0.5	–0.5
Average private cost weight of separations^(b)							
Private hospitals							
Private free standing day hospital facilities	0.35	0.35	0.34	0.34	0.34	–0.2	1.3
Other private hospitals	0.96	0.96	0.98	0.97	0.97	0.2	–0.4
<i>Total</i>	<i>0.84</i>	<i>0.84</i>	<i>0.84</i>	<i>0.82</i>	<i>0.82</i>	<i>–0.6</i>	<i>–0.5</i>

(a) AR-DRG version 5.2 public cost weights 2008–09 were used for all rows in Average public cost weight of separations.

(b) AR-DRG version 5.2 private cost weights 2008–09 were used for all rows in Average private cost weight of separations.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviation: Ave—average.

How long did people stay in hospital?

Between 2005–06 and 2009–10, total patient days rose for both public and private hospitals. In 2009–10, 69% of patient days were in public hospitals (Table 2.12). Patient days for *Public psychiatric hospitals* declined between 2005–06 and 2009–10. In part, this reflects a change in service delivery arrangements, such as the shifts from *Public psychiatric hospitals* to *Public acute hospitals* and residential care.

Between 2005–06 and 2009–10, the average length of stay for public acute and private hospitals fell slightly, but rose for *Public psychiatric hospitals*.

The length of stay for overnight separations is comparable with the length of stays reported by the Organisation for Economic Co-operation and Development (OECD 2009) for other OECD countries (which do not include same-day activity). With same-day separations excluded, average lengths of stay in all hospitals combined decreased by 1.1% between 2005–06 and 2009–10 (Table 2.12).

Between 2005–06 and 2009–10, overall patient days per 1,000 population declined slightly for *Public hospitals* and for *Other private hospitals* (Table 2.13). Over the same period, patient days per 1,000 population increased by about 6.9% per year for *Private free standing day hospital facilities*.

Table 2.12: Patient days and average length of stay, public and private hospitals, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Patient days ('000)							
Public hospitals							
Public acute hospitals	16,332	16,781	17,122	17,302	17,476	1.7	1.0
Public psychiatric hospitals	661	658	714	587	663	0.1	12.9
<i>Total</i>	16,993	17,439	17,836	17,889	18,139	1.6	1.4
Private hospitals							
Private free standing day hospital facilities	548	570	668	729	783	9.4	7.4
Other private hospitals	6,790	6,915	7,139	7,164	7,479	2.4	4.4
<i>Total</i>	7,338	7,485	7,807	7,893	8,262	3.0	4.7
All hospitals	24,331	24,925	25,643	25,782	26,401	2.1	2.4
Average length of stay (days)							
Public hospitals							
Public acute hospitals	3.7	3.6	3.6	3.5	3.5	-1.5	-2.6
Public psychiatric hospitals	42.5	43.3	48.4	52.8	59.1	8.6	11.9
<i>Total</i>	3.8	3.7	3.8	3.7	3.6	-1.5	-2.2
Private hospitals							
Private free standing day hospital facilities	1.0	1.0	1.0	1.0	1.0	-0.0	-0.0
Other private hospitals	3.0	2.9	2.9	2.8	2.8	-1.4	-1.5
<i>Total</i>	2.6	2.5	2.5	2.4	2.4	-1.9	-1.5
All hospitals	3.3	3.3	3.3	3.2	3.1	-1.8	-2.2
Average length of stay, excluding same-day separations (days)							
Public hospitals							
Public acute hospitals	6.3	6.2	6.2	6.1	6.0	-1.3	-2.4
Public psychiatric hospitals	48.2	50.3	55.0	56.0	63.0	7.0	12.6
<i>Total</i>	6.6	6.5	6.5	6.3	6.2	-1.3	-1.9
Private hospitals							
Private free standing day hospital facilities	1.0	1.0	1.0	1.0	1.0	-1.1	-4.7
Other private hospitals	5.4	5.4	5.4	5.3	5.3	-0.6	-0.5
<i>Total</i>	5.4	5.4	5.4	5.3	5.3	-0.5	-0.4
All hospitals	6.2	6.2	6.2	6.0	5.9	-1.1	-1.6

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviations: Ave—average.

Table 2.13: Patient days per 1,000 population^(a), public and private hospitals, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Public hospitals							
Public acute hospitals	772.0	775.7	772.6	762.4	750.0	–0.7	–1.6
Public psychiatric hospitals	32.0	31.5	33.2	27.0	29.7	–1.9	10.2
<i>Total</i>	804.0	807.2	805.8	789.3	779.7	–0.8	–1.2
Private hospitals							
Private free standing day hospital facilities	26.0	26.5	30.3	32.4	33.9	6.9	4.7
Other private hospitals	317.7	315.9	318.3	311.9	317.3	–0.0	1.7
<i>Total</i>	343.6	342.5	348.6	344.3	351.2	0.5	2.0
All hospitals	1,147.6	1,149.7	1,154.4	1,133.7	1,130.9	–0.4	–0.2

(a) Rates are directly age-standardised to the Australian population as at 30 June of the year of interest. The Australian population as at 30 June 2001 is used as the reference population.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviation: Ave—average.

Relative stay index

A relative stay index (RSI) greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix for the category of interest (for example, hospital sector or jurisdiction). An RSI of less than 1 indicates that the length of stay was less than would have been expected. More information on RSIs by *Medical*, *Surgical* and *Other* categories of AR-DRGs and by funding source is provided in *Chapter 3*. Details of the methods used are included in *Appendix 1*.

Table 2.14 presents RSI information for 2005–06 to 2009–10. Over that period there was some variation between hospital sectors in the RSI. The directly standardised RSI for public hospitals was consistently lower than that for private hospitals between 2005–06 and 2009–10.

Table 2.14: Relative stay index, public and private hospitals, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Indirectly standardised relative stay index^(a)							
Public hospitals							
Public acute hospitals	1.00	0.99	0.99	0.98	0.96	..	..
Public psychiatric hospitals	1.23	1.21	1.21	1.25	1.25	..	..
<i>Total</i>	<i>1.01</i>	<i>1.00</i>	<i>0.99</i>	<i>0.98</i>	<i>0.96</i>	..	..
Private hospitals							
Private free standing day hospital facilities	0.77	0.77	0.75	0.77	0.76	..	..
Other private hospitals	1.07	1.06	1.05	1.04	1.02	..	..
<i>Total</i>	<i>1.06</i>	<i>1.04</i>	<i>1.03</i>	<i>1.02</i>	<i>1.00</i>	..	..
All hospitals	1.02	1.01	1.00	0.99	0.97	..	..
Directly standardised relative stay index^(b)							
Public hospitals							
Public acute hospitals	1.02	1.01	1.00	0.99	0.97	–1.1	–1.9
Public psychiatric hospitals	1.98	2.38	2.94	2.52	3.58	16.0	42.2
<i>Total</i>	<i>1.02</i>	<i>1.01</i>	<i>1.00</i>	<i>0.99</i>	<i>0.97</i>	–1.1	–1.9
Private hospitals							
Private free standing day hospital facilities	0.45	0.40	0.40	0.44	0.41	–2.3	–7.7
Other private hospitals	1.11	1.11	1.10	1.11	1.08	–0.6	–2.1
<i>Total</i>	<i>1.10</i>	<i>1.10</i>	<i>1.08</i>	<i>1.09</i>	<i>1.07</i>	–0.7	–2.3
All hospitals	1.02	1.01	1.00	0.99	0.98	–1.1	–1.8

(a) Relative stay index based on all hospitals combined for the 5-year period using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the 5-year average based on the casemix of that group. See *Appendix 1* for details on the methodology.

(b) Relative stay index based on all hospitals combined for the 5-year period using the direct method. The directly standardised relative stay index is comparable between cells. See *Appendix 1* for details on the methodology.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviation . .—not applicable; Ave—average.