

## 2 Overview: 2008–09 to 2012–13

This chapter presents an overview of hospital resources and activity between 2008–09 and 2012–13.

### What data are reported?

#### Resources

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

Information on public hospital resources was sourced from the NPHEd (see Appendix A). Information on health expenditure for 2011–12 was sourced from *Health expenditure Australia 2011–12* (AIHW 2013f) and the Health Expenditure Database (HED). Information on private hospital resources was sourced from the Australian Bureau of Statistics' (ABS) Private Health Establishments Collection (PHEC) for 2011–12 (*Private hospitals Australia 2011–12*, ABS 2013a). Health expenditure information and private hospital information on available beds, staff, occasions of service, expenditure and revenue for 2012–13 were not available at the time of publication.

#### 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, 2011a, 2012, 2013a).

Information on admitted patient services was derived from the NHMD for both public and private hospitals.

More time series data for the years 2008–09 to 2012–13, for states and territories are included in:

- Chapter 5 for non-admitted patient care
- Chapter 6 for admitted patients in public and private hospitals
- Chapter 7 for same-day acute care in public and private hospitals
- Chapter 8 for overnight acute care in public and private hospitals
- Chapter 9 for admissions involving surgery in public and private hospitals and for public hospital elective surgery waiting times
- Chapter 10 for subacute and non-acute care in public and private hospitals.

### **Box 2.1: What are the limitations of the data?**

The comparability of data on hospitals resources and activity over time may be affected by changes in coverage and in administrative and reporting arrangements.

#### **Variation in data on hospital services**

Although there are national standards for data on hospital services, there are some variations in how hospital services are defined and counted, between public and private hospitals, among the states and territories, and over time.

For example, there is 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.

In addition, some services are provided by hospitals in some jurisdictions, and by non-hospital health services in other jurisdictions. The national data on hospital care does not include care provided by non-hospital providers, such as community health centres.

See Appendix A for more information.

### **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 in this chapter show average annual changes from 2008–09 to 2012–13 (or the latest available year of data), and annual change between 2011–12 and 2012–13 (or the change between the two latest available years of data if the 2012–13 data are unavailable). Annual change rates are not adjusted for any changes in data coverage and/or re-categorisation of the hospital as public or private, except where noted in the text.
- Expenditure and revenue are shown 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 and 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. For *Newborn* care, patient days that were not qualified are excluded from the counts of patient days.
- 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.

**Box 2.2 (continued): What methods were used?**

- Average cost weight comparisons are based on the latest available public and/or private cost weights and the relevant AR-DRG versions applying to each year.
- The relative stay index (RSI) is calculated as the actual number of patient days for separations in selected AR-DRGs (version 6.0x) divided by the expected number of patient days (based on national figures for the years 2008–09 to 2012–13 combined) and standardised for casemix.

See Appendix B for more information.

## Hospital resources 2008–09 to 2012–13

### How many hospitals?

In 2012–13, there were 746 public hospitals compared with 756 in 2008–09. There were 592 private hospitals in 2011–12, compared with 564 in 2008–09 (Table 2.1).

Between 2011–12 and 2012–13, the decrease in the number of *Public acute hospitals* was due to the amalgamation of 5 small public hospitals within parent campuses in Western Australia and the closure of 2 small outpatient hospitals in Victoria.

More information on the types of hospitals, and their distribution by state and territory in 2012–13 is in Chapter 4.

**Table 2.1: Public and private hospitals<sup>(a)</sup>, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
<b>Public hospitals</b>							
Public acute hospitals	737	736	735	736	729	–0.3	–1.0
Public psychiatric hospitals	19	17	17	17	17	–2.7	0.0
<i>Total</i>	756	753	752	753	746	–0.3	–0.9
						<b>Average since 2008–09</b>	<b>Since 2010–11</b>
<b>Private hospitals</b>							
Private free-standing day hospital facilities	285	302	314	311	n.a.	0.7	–1.0
Other private hospitals	279	279	279	281	n.a.	0.2	0.7
<i>Total</i>	564	581	593	592	n.a.	0.5	–0.2
<b>Total</b>	<b>1,320</b>	<b>1,334</b>	<b>1,345</b>	<b>1,345</b>	<b>n.a.</b>	<b>0.2</b>	<b>0.0</b>

(a) Private hospital information was sourced from the Australian Bureau of Statistics' *Private hospitals Australia* reports (ABS 2010, 2011a, 2012, 2013).

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

## How many beds?

Between 2008–09 and 2012–13, public hospital bed numbers rose overall (an average of 0.8% per year), and beds per 1,000 population decreased (an average of 0.7% per year).

From 2009–10, the number of available beds was reported separately as the number of same-day and overnight admitted patient beds. Same-day beds/chairs accounted for about 12% of available public hospital beds in 2012–13. For state and territory data, see Table 4.5 in Chapter 4.

Data on the number of private hospital beds was not available at the time of this report for 2012–13. Between 2008–09 and 2011–12, private hospital bed numbers rose by an average of 1.1% per year.

**Table 2.2: Public and private hospital beds and beds per 1,000 population, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
<b>Public hospitals</b>							
<i>Public acute hospitals</i> <sup>(a)</sup>	54,408	54,824	55,855	56,707	56,539	1.0	–0.3
Same-day beds/chairs	n.a.	6,235	6,582	7,023	7,195	n.a.	2.5
Overnight beds	n.a.	48,577	49,207	49,559	49,343	n.a.	–0.4
Public psychiatric hospitals	2,140	2,088	1,983	1,838	1,772	–4.6	–3.6
<i>Total</i>	56,548	56,912	57,838	58,545	58,311	0.8	–0.4
Beds per 1,000 population <sup>(b)</sup>	2.66	2.62	2.63	2.62	2.57	–0.9	–2.1
						Average since 2008–09	Since 2010–11
<b>Private hospitals</b> <sup>(c)</sup>							
Private free-standing day hospital facilities	2,495	2,822	2,957	2,973	n.a.	1.3	0.5
Other private hospitals	24,685	24,926	25,394	26,031	n.a.	1.1	2.5
<i>Total</i>	27,180	27,748	28,351	29,004	n.a.	1.1	2.3
Beds per 1,000 population <sup>(b)</sup>	1.26	1.25	1.26	1.29	n.a.	0.5	0.9
<b>All hospitals</b>	<b>83,728</b>	<b>84,660</b>	<b>86,189</b>	<b>87,549</b>	<b>n.a.</b>	<b>0.8</b>	<b>1.6</b>
<b>Beds per 1,000 population</b> <sup>(b)</sup>	<b>3.94</b>	<b>3.91</b>	<b>3.89</b>	<b>3.89</b>	<b>n.a.</b>	<b>–0.1</b>	<b>0.1</b>

(a) The total may not equal the sum of *Overnight beds* and *Same-day beds/chairs* as some beds were not identified as same-day or overnight.

(b) Beds per 1,000 population is a crude rate based on the Australian population as at the beginning of the period (30 June).

(c) Private hospital information was sourced from the Australian Bureau of Statistics' *Private hospitals Australia* reports (ABS 2010, 2011a, 2012, 2013).

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

## How were hospitals funded?

A summary measure of the significance of Australia's hospitals is the amount that is spent on them – an estimated \$53.5 billion in 2011–12, about 3.6% of Australia's gross domestic product, or about \$2,377 per person (*Health expenditure Australia 2011–12*, AIHW 2013f).

The financial data presented in Table 2.3 are sourced from the AIHW's HED. Financial data reported from the HED are not directly comparable with data reported from the NPHEd.

Hospital expenditure reported for the purpose of the HED collection may cover activity that is not covered by the NPHEd. The HED financial data include trust fund expenditure, whereas the NPHEd does not.

Funding for public hospitals has grown in real terms – adjusted for inflation, it increased by 5.3% each year, on average, between 2007–08 and 2011–12.

The sources of funding for public hospitals are the Australian Government, state and territory governments and non-government sources (including private health insurance and self-funded patients). Between 2007–08 and 2011–12, after adjusting for inflation, public hospital funding from non-government sources increased by 9.7% on average each year (Table 2.3).

Between 2007–08 and 2011–12, spending on private hospitals increased by 7.4% on average each year. About 66% of private hospital funding was non-government and about 30% was provided by the Australian Government.

**Table 2.3: Funding sources for public and private hospitals, constant prices (\$ million), 2007–08 to 2011–12**

	2007–08	2008–09	2009–10	2010–11	2011–12	Change (%)	
						Average since 2007–08	Since 2010–11
<b>Public hospitals</b>							
Australian Government	13,389	15,148	14,404	15,811	16,072	4.7	1.7
State/territory government	18,299	18,003	20,263	20,748	22,411	5.2	8.0
Non-government	2,453	2,872	2,937	3,350	3,552	9.7	6.0
<b>Total</b>	<b>34,141</b>	<b>36,023</b>	<b>37,604</b>	<b>39,910</b>	<b>42,034</b>	<b>5.3</b>	<b>5.3</b>
<b>Private hospitals</b>							
Australian Government	3,115	3,116	3,440	3,559	3,464	2.7	-2.7
State/territory government	305	386	395	460	494	12.8	7.4
Non-government	5,198	6,407	6,597	7,003	7,517	9.7	7.3
<b>Total</b>	<b>8,618</b>	<b>9,909</b>	<b>10,432</b>	<b>11,021</b>	<b>11,475</b>	<b>7.4</b>	<b>4.1</b>

Source: Health expenditure Australia 2011–12 (AIHW 2013f).

## How did hospital expenditure and revenue change?

The financial data presented in table 2.4 and 2.5 are sourced from the NPHEd.

Recurrent expenditure by public hospitals in 2012–13 was almost \$42 billion (Table 2.4). In constant price terms (adjusted for inflation), the average annual increase in recurrent expenditure by public hospitals was 4.7% between 2008–09 and 2012–13.

For 2012–13, expenditure data were not available for 3 public hospitals in Queensland, which reported about \$560 million expenditure in 2011–12. After adjusting for the missing expenditure data, the average annual increase in recurrent expenditure for public hospitals was about 5.1% between 2008–09 and 2012–13 (adjusted for inflation).

Total revenue for public hospitals grew in real terms (constant prices) by an average of 15.0% per year between 2008–09 and 2012–13.

Recurrent expenditure for private hospitals in 2011–12 was more than \$10 billion. In constant price terms (adjusted for inflation) the average annual increase in recurrent expenditure for private hospitals was 12.2% between 2008–09 and 2011–12. Total revenue for private hospitals has grown in real terms by 5.5% in the same period.

**Table 2.4: Recurrent expenditure<sup>(a)</sup> and revenue (\$ million), public and private hospitals, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13 <sup>(b)</sup>	Change (%)	
						Average since 2008–09	Since 2011–12
<b>Public hospitals</b>							
Total recurrent expenditure <sup>(a)</sup>							
Constant prices <sup>(c)</sup>	34,715	35,994	38,982	41,567	41,741	4.7	0.4
Current prices	31,322	33,706	36,985	40,384	41,741	7.4	3.4
Total revenue							
Constant prices <sup>(c)</sup>	3,297	3,652	4,137	4,752	5,769	15.0	21.4
Current prices	2,975	3,420	3,925	4,617	5,769	18.0	25.0
						Average since 2008–09	Since 2010–11
<b>Private hospitals<sup>(d)(e)</sup></b>							
Total recurrent expenditure <sup>(a)</sup>							
Constant prices <sup>(c)</sup>	7,486	8,517	9,418	10,043	n.a.	12.2	6.6
Current prices	8,137	8,946	9,610	10,043	n.a.	8.7	4.5
Total revenue							
Constant prices <sup>(c)</sup>	9,763	10,283	10,867	11,228	n.a.	5.5	3.3
Current prices	8,982	9,790	10,650	11,228	n.a.	8.9	5.4
<b>All hospitals<sup>(d)(e)</sup></b>							
Total recurrent expenditure <sup>(a)</sup>							
Constant prices <sup>(c)</sup>	42,201	44,512	48,400	51,611	n.a.	7.1	6.6
Current prices	39,460	42,653	46,595	50,428	n.a.	8.7	8.2
Total revenue							
Constant prices <sup>(c)</sup>	13,060	13,935	15,004	15,980	n.a.	7.2	6.5
Current prices	11,957	13,210	14,575	15,845	n.a.	10.4	8.7

(a) Excludes depreciation.

(b) For 2012–13, expenditure data were missing for 3 public hospitals in Queensland, which reported about \$560 million of recurrent expenditure in 2011–12.

(c) The ABS Government Final Consumption Expenditure, State and Local – Hospitals & Nursing Homes deflator was used for public hospitals, expressed in terms of prices in the reference year 2012–13. The ABS Household Final Consumption Expenditure deflator was used for private hospitals, expressed in terms of prices in the reference year 2011–12.

(d) Private hospital information was sourced from the Australian Bureau of Statistics' *Private hospitals Australia* reports (ABS 2010, 2011a, 2012, 2013a).

(e) Average yearly increases for private hospitals and for all hospitals are calculated for the period 2008–09 to 2011–12 and latest year increases are calculated for the period 2010–11 to 2011–12.

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

Source: National Public Hospital Establishments Database.

## How many people were employed in public hospitals?

Between 2008–09 and 2012–13, the numbers of full-time equivalent staff employed in public hospitals in Australia increased by an average of 2.7% each year. There was variation in the relative size and direction of change across staff categories during this period (Table 2.5), with the greatest rise for the *Salaried medical officers* category (4.8%).

For 2012–13, staffing data were not available for 3 public hospitals in Queensland, which reported about 3,800 full-time equivalent staff in 2011–12. After adjusting for the missing staffing data, the average annual increase in full-time equivalent staff for Australian public hospitals was about 3.1% between 2008–09 and 2012–13.

**Table 2.5: Full-time equivalent staff, public hospitals, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13 <sup>(a)</sup>	Change (%)	
						Average since 2008–09	Since 2011–12
Salaried medical officers	29,166	30,576	32,514	34,293	35,124	4.8	2.4
Total nurses	111,870	113,938	119,126	123,368	124,584	2.7	1.0
Diagnostic and allied health professionals	35,506	35,456	36,993	37,175	38,753	2.2	4.2
Administrative and clerical staff	37,640	38,158	41,073	42,339	42,839	3.3	1.2
Other personal care staff, domestic and other staff	32,714	33,289	33,921	33,675	33,403	0.5	–0.8
<b>Total staff</b>	<b>246,895</b>	<b>251,417</b>	<b>263,626</b>	<b>270,851</b>	<b>274,703</b>	<b>2.7</b>	<b>1.4</b>

(a) For 2012–13, staffing data were missing for 3 public hospitals in Queensland, which reported about 3,800 full-time equivalent staff in 2011–12.

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

## Hospital activity 2008–09 to 2012–13

### How much non-admitted patient activity?

Hospitals provide services to non-admitted patients through emergency departments, outpatient clinics and a range of other services. For outpatient clinic data, these data should be treated with caution due to changes in reporting practices between 2009–10 and 2012–13. For more information, see Chapter 5.

Overall, the number of non-admitted patient occasions of service reported for *Public acute hospitals* increased by 2.5% per year between 2008–09 and 2012–13 (Table 2.6). For private hospitals, the number of non-admitted patient occasions of service increased by 0.4% per year between 2008–09 and 2011–12.

### 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 2008–09 and 2012–13, the overall number of hospital separations rose from 8.1 million to 9.4 million (Table 2.7). Over this period, the rate of growth in separations was higher for private hospitals (4.2%) than for public hospitals (3.1%).

Between 2011–12 and 2012–13, there was a change in Victoria’s emergency department admission policy, which resulted in a decrease in admissions, particularly for same-day separations. After adjusting for this change (as detailed in Chapter 6), public hospital separations were estimated to have increased by an average of about 3.8% per year between 2008–09 and 2012–13.

**Table 2.6: Non-admitted patient occasions of service ('000), public acute and private hospitals<sup>(a)</sup>, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
<b>Public acute hospitals</b>							
<i>Individual occasions of service</i>	49,161	49,471	50,177	53,124	54,115	2.4	1.9
Emergency	7,172	7,390	7,651	7,809	7,924	2.5	1.5
Outpatient-related <sup>(a)</sup>	16,516	16,789	16,682	16,868	18,088	2.3	7.2
Diagnostic <sup>(b)</sup>	17,065	16,815	17,197	19,349	17,678	0.9	–8.6
Other <sup>(c)</sup>	8,407	8,476	8,646	9,098	10,425	5.5	14.6
Group occasions of service	341	328	318	303	516	10.9	70.4
<i>Total</i>	49,501	49,799	50,494	53,427	54,631	2.5	2.3
						Average since 2008–09	Since 2010–11
<b>Private hospitals<sup>(d)(e)</sup></b>							
Accident and emergency	501	527	516	531	n.a.	2.0	2.8
Other outpatient <sup>(f)</sup>	1,525	1,550	1,646	1,569	n.a.	1.0	–4.7
<i>Total<sup>(d)(e)</sup></i>	2,026	2,077	2,162	2,100	n.a.	1.0	–2.9
<b>All hospitals<sup>(e)</sup></b>	<b>51,527</b>	<b>51,876</b>	<b>52,657</b>	<b>55,527</b>	<b>n.a.</b>	<b>2.5</b>	<b>5.5</b>

(a) Includes *Allied health services, Dental, Dialysis, Endoscopy and Other medical/surgical/obstetric services.*

(b) Includes *Radiology and organ imaging, Pathology and Pharmacy services.*

(c) Includes *Psychiatric, Alcohol and drug, Community health services, District nursing and Outreach services.*

(d) Does not include data for *Private free-standing day hospital facilities.*

(e) Average yearly increases for private hospitals and for all hospitals are calculated for the period 2008–09 to 2011–12 and latest year increases are calculated for the period 2010–11 to 2011–12.

(f) Includes *Dialysis, Radiology and organ imaging, Endoscopy, Pathology, Other medical/surgical/diagnostic, Psychiatric, Alcohol and drug, Dental, Pharmacy and Allied health services, Community health services, District nursing services and Non-medical and social services.*

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

Private hospitals consistently accounted for about 40% of separations between 2008–09 and 2012–13 (Table 2.7). 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.



Between 2008–09 and 2012–13, the number of separations per 1,000 population rose by an average of 1.4% per year, with growth observed in all types of hospitals except *Public psychiatric hospitals* (Table 2.8). The highest growth in separation rate was observed in *Other private hospitals* (2.1% on average per year) and overnight separation rates increased for both public and private hospitals.

**Table 2.7: Separations ('000), public and private hospitals, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
<b>Public hospitals</b>							
Public acute hospitals	4,880	5,058	5,269	5,502	5,520	3.1	0.3
Public psychiatric hospitals	11	11	10	10	10	-2.0	4.9
<i>Total</i>	<i>4,891</i>	<i>5,069</i>	<i>5,279</i>	<i>5,511</i>	<i>5,530</i>	<i>3.1</i>	<i>0.3</i>
<b>Private hospitals</b>							
Private free-standing day hospital facilities	729	783	809	844	855	4.1	1.3
Other private hospitals	2,528	2,678	2,764	2,901	2,989	4.3	3.0
<i>Total</i>	<i>3,257</i>	<i>3,462</i>	<i>3,573</i>	<i>3,745</i>	<i>3,843</i>	<i>4.2</i>	<i>2.6</i>
<b>All hospitals</b>	<b>8,148</b>	<b>8,531</b>	<b>8,853</b>	<b>9,256</b>	<b>9,374</b>	<b>3.6</b>	<b>1.3</b>

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

**Table 2.8: Separations per 1,000 population, public and private hospitals, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
<b>Public hospitals</b>							
Public acute hospitals	221.8	224.8	229.8	236.0	231.6	1.1	-1.8
Public psychiatric hospitals	0.5	0.5	0.5	0.4	0.5	-3.3	3.2
<i>Total</i>	<i>222.3</i>	<i>225.4</i>	<i>230.3</i>	<i>236.4</i>	<i>232.1</i>	<i>1.1</i>	<i>-1.8</i>
Overnight separations	102.6	105.3	109.2	113.8	115.4	3.0	1.4
<b>Private hospitals</b>							
Private free-standing day hospital facilities	32.8	34.5	34.9	35.7	35.3	1.8	-1.2
Other private hospitals	113.4	117.6	118.9	122.4	123.4	2.1	0.8
<i>Total</i>	<i>146.2</i>	<i>152.1</i>	<i>153.8</i>	<i>158.2</i>	<i>158.7</i>	<i>2.1</i>	<i>0.3</i>
Overnight separations	44.5	46.3	47.0	48.3	49.3	2.6	2.0
<b>All hospitals</b>	<b>368.5</b>	<b>377.4</b>	<b>384.0</b>	<b>394.6</b>	<b>390.8</b>	<b>1.4</b>	<b>-1.0</b>
<b>Overnight separations</b>	<b>147.2</b>	<b>151.6</b>	<b>156.2</b>	<b>162.1</b>	<b>164.7</b>	<b>2.8</b>	<b>1.6</b>

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

## 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 2008–09 and 2012–13, the number of same-day separations increased at a greater rate than overnight separations (4.0% and 3.0% average per year, respectively) (Table 2.9), with the rate of increase for same-day separations being higher in private hospitals (4.9%) than in public hospitals (3.1%).

In 2012–13, same-day separations accounted for 58% of separations, and this proportion was fairly stable over the five-year period. For more information on same-day acute admitted patient care, see Chapter 7.

There was an increase in overnight separations between 2008–09 and 2012–13, with the rate of increase being higher for public hospitals (3.1%) than for private hospitals (2.7%).

In 2012–13, overnight separations made up almost 50% of separations in public hospitals and 31% in private hospitals. For more information on overnight acute admitted patient care, see Chapter 8.

**Table 2.9: Same-day and overnight separations ('000), public and private hospitals, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
<b>Same-day separations</b>							
Public hospitals							
Public acute hospitals	2,460	2,573	2,685	2,806	2,783	3.1	–0.8
Public psychiatric hospitals <sup>(a)</sup>	1	1	1	1	1	n.p.	n.p.
<i>Total</i>	<i>2,461</i>	<i>2,574</i>	<i>2,685</i>	<i>2,807</i>	<i>2,784</i>	<i>3.1</i>	<i>–0.8</i>
Proportion of total public separations (%)	50.3	50.8	50.9	50.9	50.3	0.0	–1.2
Private hospitals							
Private free-standing day hospital facilities	728	782	808	843	853	4.1	1.3
Other private hospitals	1,456	1,562	1,627	1,729	1,794	5.4	3.7
<i>Total</i>	<i>2,184</i>	<i>2,344</i>	<i>2,435</i>	<i>2,572</i>	<i>2,647</i>	<i>4.9</i>	<i>2.9</i>
Proportion of total private separations (%)	67.0	67.7	68.1	68.7	68.9	0.7	0.3
<b>All hospitals</b>	<b>4,645</b>	<b>4,918</b>	<b>5,120</b>	<b>5,379</b>	<b>5,431</b>	<b>4.0</b>	<b>1.0</b>
<b>Proportion of total separations (%)</b>	<b>57.0</b>	<b>57.6</b>	<b>57.8</b>	<b>58.1</b>	<b>57.9</b>	<b>0.4</b>	<b>–0.3</b>
<b>Overnight separations</b>							
Public hospitals							
Public acute hospitals	2,420	2,485	2,585	2,696	2,737	3.1	1.5
Public psychiatric hospitals <sup>(b)</sup>	10	11	9	9	10	–1.9	6.4
<i>Total</i>	<i>2,430</i>	<i>2,495</i>	<i>2,594</i>	<i>2,705</i>	<i>2,747</i>	<i>3.1</i>	<i>1.5</i>
Private hospitals							
Private free-standing day hospital facilities <sup>(a)</sup>	1	1	1	1	1	n.p.	n.p.
Other private hospitals	1,073	1,117	1,137	1,171	1,195	2.7	2.0
<i>Total</i>	<i>1,074</i>	<i>1,118</i>	<i>1,138</i>	<i>1,173</i>	<i>1,196</i>	<i>2.7</i>	<i>2.0</i>
<b>All hospitals</b>	<b>3,504</b>	<b>3,613</b>	<b>3,732</b>	<b>3,877</b>	<b>3,943</b>	<b>3.0</b>	<b>1.7</b>

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

(b) Due to the low and variable numbers of separations for public psychiatric hospitals, caution should be used in interpreting the average rates of change.

Note: See boxes 2.1 and 2.2 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). This section classifies separations as *Emergency* or *Non-emergency* (which includes elective and other planned care).

Between 2008–09 and 2012–13, separations with an urgency of admission of *Emergency* increased for both public and private hospitals (3.1% and 5.2% per year, respectively) (Table 2.10). For *Non-emergency* admissions, separations increased for both public and private hospitals (3.2% and 4.4% per year, respectively). For private hospitals, *Non-emergency medical* care increased by 6.4% each year. Table 2.10 also presents information on the broad category of admitted patient service. See 'What care was provided?' for more information.

**Table 2.10: Separations by broad category of service, public and private hospitals, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
<b>Public hospitals</b>							
Childbirth	208,196	211,134	213,454	218,903	223,814	1.8	2.2
Specialist mental health	103,185	96,793	101,173	109,410	113,705	2.5	3.9
<i>Emergency</i>							
Surgical	226,586	229,783	243,841	256,880	260,880	3.6	1.6
Medical	1,659,662	1,693,780	1,812,229	1,902,150	1,869,786	3.0	-1.7
Other	54,246	55,189	57,451	59,964	63,431	4.0	5.8
<i>Total emergency</i>	<i>1,940,494</i>	<i>1,978,752</i>	<i>2,113,521</i>	<i>2,218,994</i>	<i>2,194,097</i>	<i>3.1</i>	<i>-1.1</i>
<i>Non-emergency</i>							
Surgical	660,738	676,874	687,115	695,239	698,500	1.4	0.5
Medical	1,718,910	1,832,704	1,882,496	1,991,141	2,024,868	4.2	1.7
Other	259,500	273,031	281,373	277,805	275,211	1.5	-0.9
<i>Total non-emergency</i>	<i>2,639,148</i>	<i>2,782,609</i>	<i>2,850,984</i>	<i>2,964,185</i>	<i>2,998,579</i>	<i>3.2</i>	<i>1.2</i>
<i>Total</i>	<i>4,891,023</i>	<i>5,069,288</i>	<i>5,279,132</i>	<i>5,511,492</i>	<i>5,530,195</i>	<i>3.1</i>	<i>0.3</i>
<b>Private hospitals</b>							
Childbirth	81,390	84,320	80,006	80,782	81,872	0.1	1.3
Specialist mental health	131,378	145,643	130,090	140,091	143,745	2.3	2.6
<i>Emergency</i>							
Surgical	30,596	33,131	36,617	38,678	39,432	6.5	1.9
Medical	123,919	133,212	144,549	146,399	147,663	4.5	0.9
Other	11,203	12,375	13,967	15,692	15,835	9.0	0.9
<i>Total emergency</i>	<i>165,718</i>	<i>178,718</i>	<i>195,133</i>	<i>200,769</i>	<i>202,930</i>	<i>5.2</i>	<i>1.1</i>
<i>Non-emergency</i>							
Surgical	1,206,830	1,265,071	1,291,089	1,349,008	1,371,995	3.3	1.7
Medical	1,006,337	1,084,585	1,147,340	1,227,888	1,289,030	6.4	5.0
Other	665,772	703,378	729,760	746,139	753,759	3.2	1.0
<i>Total non-emergency</i>	<i>2,878,939</i>	<i>3,053,034</i>	<i>3,168,189</i>	<i>3,323,035</i>	<i>3,414,784</i>	<i>4.4</i>	<i>2.8</i>
<i>Total</i>	<i>3,257,425</i>	<i>3,461,715</i>	<i>3,573,418</i>	<i>3,744,677</i>	<i>3,843,331</i>	<i>4.2</i>	<i>2.6</i>
<b>All hospitals</b>	<b>8,148,448</b>	<b>8,531,003</b>	<b>8,852,550</b>	<b>9,256,169</b>	<b>9,373,526</b>	<b>3.6</b>	<b>1.3</b>

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

## 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*: separations for which the Australian Refined Diagnosis Related Group (AR-DRG) was associated with childbirth (does not include newborn care).
- *Specialist mental health*: separations for which specialised psychiatric care days were reported. Excludes separations associated with childbirth.
- *Surgical*: separations for which the AR-DRG belonged to the *Surgical* partition (involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- *Medical*: separations for which the AR-DRG belonged to the *Medical* partition (not involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- *Other*: separations for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions (involving a non-operating room procedure, such as endoscopy), excluding separations for *Childbirth* and *Specialist mental health*.

Between 2008–09 and 2012–13, private hospitals accounted for the majority of *Non-emergency surgical* separations (about 65% each year) and the majority of *Specialist mental health* separations (56% in 2012–13) (Table 2.10).

Public hospitals consistently accounted for over 70% of *Childbirth* separations between 2008–09 and 2012–13.

## 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 (based on the year of the NHCCD cost weights).

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. See Appendix E for more information.

In 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 were similar for *Other private hospitals* and for *Public acute hospitals* between 2008–09 and 2012–13 (Table 2.11). Average cost weights were lowest for *Private free-standing day hospital facilities*.

Using private hospital cost weights for separations for private hospitals, the average cost weight for private hospitals increased by about 1.3% on average between 2008–09 and 2012–13. It increased by about 1.5% each year for *Private free standing day hospital facilities*.

**Table 2.11: Average cost weight of separations, public and private hospitals, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
<b>Average public cost weight of separations<sup>(a)</sup></b>							
Public hospitals							
Public acute hospitals	1.01	1.01	0.99	1.00	1.02	0.3	2.3
Public psychiatric hospitals	2.34	2.36	2.32	2.28	2.31	–0.3	1.6
<i>Total</i>	<i>1.01</i>	<i>1.01</i>	<i>1.00</i>	<i>1.00</i>	<i>1.02</i>	<i>0.3</i>	<i>2.3</i>
Private hospitals							
Private free-standing day hospital facilities	0.46	0.46	0.46	0.47	0.47	0.9	1.7
Other private hospitals	1.02	1.02	1.02	1.01	1.02	–0.2	0.3
<i>Total</i>	<i>0.89</i>	<i>0.89</i>	<i>0.88</i>	<i>0.88</i>	<i>0.89</i>	<i>–0.1</i>	<i>0.6</i>
<b>All hospitals</b>	<b>0.96</b>	<b>0.96</b>	<b>0.95</b>	<b>0.95</b>	<b>0.97</b>	<b>0.1</b>	<b>1.6</b>
<b>Average private cost weight of separations<sup>(b)</sup></b>							
Private hospitals							
Private free-standing day hospital facilities	0.33	0.33	0.33	0.34	0.35	1.5	1.5
Other private hospitals	0.90	0.90	0.90	0.95	0.95	1.3	0.4
<i>Total</i>	<i>0.77</i>	<i>0.76</i>	<i>0.77</i>	<i>0.80</i>	<i>0.81</i>	<i>1.3</i>	<i>0.7</i>

(a) AR-DRG version 6.0x public cost weights 2010–11 were used for both public and private hospitals.

(b) AR-DRG version 6.0x private cost weights 2011–12.

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

## How long did people stay in hospital?

In 2012–13, 68% of patient days were in public hospitals (Table 2.12).

Between 2008–09 and 2012–13, the average lengths of stay for public acute and private hospitals fell slightly.

For overnight separations, the average length of stay in all hospitals combined fell from 6.0 days to 5.6 days between 2008–09 and 2012–13, an average annual decrease of 1.6%. The average length of stay excluding same-day separations is comparable with the length of stays reported for other member countries by the Organisation for Economic Co-operation and Development (OECD) (OECD 2013) (which also do not include same-day activity). See Chapter 8 for more information on OECD comparisons.

Between 2008–09 and 2012–13, overall patient days per 1,000 population fluctuated for *Public acute hospitals* and *Other private hospitals*. Over the same period, patient days per 1,000 population increased by about 1.9% per year for *Private free-standing day hospitals* (Table 2.13).

Patient days for *Public psychiatric hospitals* fluctuated between 2008–09 and 2012–13. In part, this may reflect changes in service delivery arrangements, such as the shifts from *Public psychiatric hospitals* to *Public acute hospitals* and residential care. However, separation records from public psychiatric hospitals include some with very long individual lengths of stay, including some as long as several years. The pattern of these separations from public psychiatric hospitals can vary over time and patient day counts can therefore fluctuate markedly for these hospitals.

**Table 2.12: Patient days and average length of stay, public and private hospitals, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
<b>Patient days ('000')</b>							
Public hospitals							
Public acute hospitals	17,302	17,440	17,894	18,313	18,242	1.3	–0.4
Public psychiatric hospitals <sup>(a)</sup>	587	663	593	678	581	–0.3	–14.3
<i>Total</i>	<i>17,889</i>	<i>18,103</i>	<i>18,487</i>	<i>18,991</i>	<i>18,823</i>	<i>1.3</i>	<i>–0.9</i>
Private hospitals							
Private free-standing day hospital facilities	729	783	809	844	855	4.1	1.3
Other private hospitals	7,164	7,479	7,598	7,901	8,018	2.9	1.5
<i>Total</i>	<i>7,893</i>	<i>8,262</i>	<i>8,408</i>	<i>8,745</i>	<i>8,873</i>	<i>3.0</i>	<i>1.5</i>
<b>All hospitals</b>	<b>25,782</b>	<b>26,365</b>	<b>26,895</b>	<b>27,736</b>	<b>27,696</b>	<b>1.8</b>	<b>–0.1</b>
<b>Average length of stay (days)</b>							
Public hospitals							
Public acute hospitals	3.5	3.4	3.4	3.3	3.3	–1.7	–0.7
Public psychiatric hospitals <sup>(a)</sup>	52.8	59.1	58.6	69.3	56.6	1.8	–18.3
<i>Total</i>	<i>3.7</i>	<i>3.6</i>	<i>3.5</i>	<i>3.4</i>	<i>3.4</i>	<i>–1.8</i>	<i>–1.2</i>
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	2.8	2.8	2.7	2.7	2.7	–1.4	–1.5
<i>Total</i>	<i>2.4</i>	<i>2.4</i>	<i>2.4</i>	<i>2.3</i>	<i>2.3</i>	<i>–1.2</i>	<i>–1.1</i>
<b>All hospitals</b>	<b>3.2</b>	<b>3.1</b>	<b>3.0</b>	<b>3.0</b>	<b>3.0</b>	<b>–1.7</b>	<b>–1.4</b>
<b>Average length of stay, excluding same-day separations (days)</b>							
Public hospitals							
Public acute hospitals	6.1	6.0	5.9	5.8	5.6	–2.0	–1.8
Public psychiatric hospitals <sup>(a)</sup>	56.0	63.0	62.5	74.2	59.7	1.6	–19.5
<i>Total</i>	<i>6.3</i>	<i>6.2</i>	<i>6.1</i>	<i>6.0</i>	<i>5.8</i>	<i>–2.1</i>	<i>–2.4</i>
Private hospitals <sup>(a)</sup>							
Private free-standing day hospital facilities <sup>(b)</sup>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other private hospitals	5.3	5.3	5.3	5.3	5.2	–0.5	–1.1
<i>Total</i>	<i>5.3</i>	<i>5.3</i>	<i>5.2</i>	<i>5.3</i>	<i>5.2</i>	<i>–0.5</i>	<i>–1.1</i>
<b>All hospitals</b>	<b>6.0</b>	<b>5.9</b>	<b>5.8</b>	<b>5.8</b>	<b>5.6</b>	<b>–1.6</b>	<b>–2.1</b>

(a) Due to the low and variable numbers of separations, which can include some very long stay patients for whom relatively large numbers of patient days are reported, caution should be used in interpreting the average rates of change and average length of stay.

(b) Average overnight length of stay for *Private free-standing day hospital facilities* is not shown as it is based on a small number of records.

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

**Table 2.13: Patient days per 1,000 population, public and private hospitals, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
<b>Public hospitals</b>							
Public acute hospitals	774.2	763.2	767.3	770.6	750.8	–0.8	–2.6
Public psychiatric hospitals	27.2	30.2	26.7	30.4	25.5	–1.7	–16.3
<i>Total</i>	801.4	793.4	794.0	801.0	776.2	–0.8	–3.1
<b>Private hospitals</b>							
Private free-standing day hospital facilities	32.8	34.5	34.9	35.7	35.3	1.9	–1.2
Other private hospitals	316.8	323.6	321.3	327.3	324.4	0.6	–0.9
<i>Total</i>	349.6	358.1	356.2	363.1	359.7	0.7	–0.9
<b>All hospitals</b>	<b>1,151.0</b>	<b>1,151.5</b>	<b>1,150.2</b>	<b>1,164.1</b>	<b>1,135.9</b>	<b>–0.3</b>	<b>–2.4</b>

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

## Relative stay index

A relative stay index (RSI) greater than 1 indicates that the average episode's length of stay is higher than would be expected given the casemix for the category of interest (for example, by 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 in Chapter 3. Details of the methods used are in Appendix B.

The directly standardised RSI is comparable between cells. Therefore, when comparing between groups and over time, it is more appropriate to use the directly standardised RSI. The directly standardised RSI for public hospitals was consistently lower than that for private hospitals between 2008–09 and 2012–13 (Table 2.14).

The indirectly standardised RSI 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. Changes over time are not shown in Table 2.14 for the indirectly standardised RSI as it uses different weights to calculate the expected length of stay depending on the casemix for each year.

When interpreting RSI information, it should be noted that patient day counts can fluctuate markedly for public psychiatric hospitals.

**Table 2.14: Relative stay index, public and private hospitals, 2008–09 to 2012–13**

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
<b>Indirectly standardised relative stay index<sup>(a)</sup></b>							
Public hospitals							
Public acute hospitals	1.02	1.00	0.99	0.96	0.92	..	..
Public psychiatric hospitals	1.30	1.30	1.33	1.34	1.34	..	..
<i>Total</i>	1.03	1.00	0.99	0.96	0.93	..	..
Private hospitals							
Private free-standing day hospital facilities	0.81	0.80	0.80	0.80	0.81	..	..
Other private hospitals	1.09	1.08	1.07	1.06	1.04	..	..
<i>Total</i>	1.07	1.05	1.05	1.04	1.02	..	..
<b>All hospitals</b>	<b>1.04</b>	<b>1.02</b>	<b>1.01</b>	<b>0.98</b>	<b>0.95</b>	..	..
<b>Directly standardised relative stay index<sup>(b)</sup></b>							
Public hospitals							
Public acute hospitals	1.04	1.02	1.01	0.98	0.94	-2.5	-4.1
Public psychiatric hospitals	3.02	3.79	1.83	2.60	5.17	14.4	98.8
<i>Total</i>	1.05	1.02	1.01	0.98	0.94	-2.7	-4.1
Private hospitals							
Private free-standing day hospital facilities	0.50	0.45	0.44	0.43	0.42	-4.3	-2.3
Other private hospitals	1.16	1.14	1.14	1.13	1.11	-1.1	-1.8
<i>Total</i>	1.14	1.13	1.12	1.12	1.09	-1.1	-2.7
<b>All hospitals</b>	<b>1.04</b>	<b>1.02</b>	<b>1.01</b>	<b>0.99</b>	<b>0.96</b>	<b>-2.0</b>	<b>-3.0</b>

(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.

(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.

*Note:* See boxes 2.1 and 2.2 for notes on data limitations and methods. See Appendix B for details on the methodology.