

4 Australia's hospital resources

This chapter presents an overview of public hospitals in 2012–13 and private hospitals in 2011–12, covering the number and types of hospitals and availability of beds. It also describes public hospitals in terms of expenditure and revenue, the number of full-time equivalent staff employed and specialised services provided.

What data are reported?

The hospital types reported in this chapter are:

- public hospitals (acute and psychiatric hospitals)
- private free-standing day hospital facilities and other private hospitals (acute and psychiatric hospitals).

Information on public hospital resources was derived from the NPHEd.

The financial data presented in this chapter for 2011–12 are sourced from the AIHW's Health Expenditure Database (HED). The financial data for 2012–13 are sourced from the NPHEd.

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.

Private hospital information for the period 2011–12 on the numbers of hospitals, beds, expenditure and revenue was sourced from the ABS' Private Health Establishments Collection (ABS PHEC). Caution should be used in comparing the data for private hospitals and public hospitals as there are variations in the data definitions used between the NPHEd and the PHEC.

Box 4.1: What are the limitations of the data?

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 B).

Hospital beds

- Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix). For example, hospitals may have different proportions of beds available for special and more general purposes, or for use as same-day care only or as overnight beds. Public and private hospital bed numbers presented in this chapter are based on different definitions.
- The number of average available beds presented in this report may differ from the counts published elsewhere. For example, counts based on a specified date, such as 30 June, may differ from the average available beds for the reporting period.
- Due to changes in definitions, the numbers of beds reported before 1 July 2009 may not be comparable to the numbers of beds reported after 1 July 2009.

(continued)

Box 4.1 (continued): What are the limitations of the data?

- From 1 July 2009, average available beds for same-day patients are the number of beds, chairs or trolleys exclusively or predominantly available to provide accommodation for same-day patients, averaged over the counting period.
- From 1 July 2009, average available beds for overnight-stay patients are the number of beds exclusively or predominantly available to provide overnight accommodation for patients (other than neonatal cots (non-special-care) and beds occupied by hospital-in-the-home (HITH) patients), averaged over the counting period.
- Before 1 July 2009, average available beds were the average number of beds which were immediately available for use by an admitted patient within the establishment. Surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency stretchers/beds not normally authorised or funded and beds designated for same-day non-admitted patient care were excluded. Beds in wards that were closed for any reason were also excluded.
- In 2012–13, a large number of South Australian state-funded aged care beds in country hospitals were converted into Commonwealth multi-purpose service places. This has resulted in an apparent decrease in the numbers of available beds between 2011–12 and 2012–13.

Public hospital financial data

- A small number of establishments in 2012–13 did not report any financial data, or reported incomplete financial data.

Public hospital expenditure

- Capital expenditure is not reported in this publication. Not all jurisdictions were able to report using the *National health data dictionary 2012 version 16* (AIHW 2012b) categories and the comparability of the data may not be adequate for reporting.
- Recurrent expenditure reported in this chapter was largely expenditure by hospitals and may not necessarily include all expenditure spent on hospital services by each state or territory government. For example, recurrent expenditure on purchase of public hospital services at the state or at the Local hospital network level from privately owned and/or operated hospitals may not be included.

Public hospital revenue

- Revenue reported in this chapter was largely revenue received by individual hospitals, and may not necessarily include all revenue received by each state or territory government for the provision of public hospital services.

Public hospital staffing

- The collection of data by staffing category was not consistent among states and territories – for some jurisdictions, best estimates were reported for some staffing categories. There was variation in the reporting of *Other personal care staff* and *Domestic and other staff*.
- Variation between the states and territories in the outsourcing of services may explain some of the differences in full-time equivalent staff in some staffing categories and in average salaries reported.
- Information was not available on numbers of visiting medical officers (VMOs) who were contracted by hospitals to provide services to public patients and paid on a sessional or fee-for-service basis in public hospitals.

Box 4.2: What methods were used?

- The **remoteness area** of hospital as presented in this chapter is based on the ABS' 2011 Australian Statistical Geography Standard (ASGS) (ABS 2011b, see Appendix B). Beds per 1,000 population by remoteness areas are reported as crude rates based on the 30 June 2012 population in the remoteness area in question.
- Expenditure totals are reported including and excluding depreciation to ensure comparable figures are available across jurisdictions.

How have hospital numbers changed over time?

Public hospitals

In 2012–13, there were 746 public hospitals reported, compared with 756 in 2008–09 (Table 4.1). Changes in the numbers of hospitals over time can reflect the opening of new hospitals, the closure of older hospitals or the amalgamation of existing hospitals.

Between 2011–12 and 2012–13, the decrease in the number of public acute hospitals from 753 to 746 was due to:

- the amalgamation of 5 small public hospitals within parent campuses in Western Australia
- the closure of 2 small outpatient hospitals in Victoria.

From 2012–13, the Robina Hospital in Queensland will report data as a separate facility. Previously, Robina Hospital was reported as a campus of the Gold Coast Hospital and the information for Robina (including admitted patient, emergency department and outpatient data) was reported under the Gold Coast Hospital.

From 2009–10, the data for the Albury Base Hospital (in New South Wales) have been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. Data for Albury Base Hospital are therefore included in statistics for Victoria from 2009–10 whereas they were formerly reported by and included in statistics for New South Wales.

For Tasmania, the Statewide Mental Health Services has been reported as 1 entity since 2009–10, when it included 3 separate public psychiatric hospitals. From 2010–11, it also included a drug and alcohol treatment facility. Therefore, the number of reporting units changed between 2008–09 and 2010–11, but the number of public psychiatric hospital campuses remained the same. The decrease in the number of available beds for Tasmania between 2009–10 and 2010–11 was mainly due to a classification change of 76 beds from 'acute mental health beds' to 'residential care beds', and the result of an audit of beds in acute care facilities.

Table 4.1: Number of hospitals and average available beds^(a), public hospitals, states and territories, 2008–09 to 2012–13

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
New South Wales							
Public hospitals	227	226	226	225	225	–0.2	0.0
Average available beds	19,805	19,608	19,931	20,073	20,181	0.5	0.5
Available beds per 1,000 population	2.9	2.8	2.8	2.8	2.8	–0.8	–0.7
Victoria^(b)							
Public hospitals	149	150	151	151	150	0.2	–0.7
Average available beds	12,896	13,198	13,474	13,495	13,449	1.1	–0.3
Available beds per 1,000 population	2.4	2.5	2.5	2.4	2.4	–0.6	–1.1
Queensland							
Public hospitals	170	170	170	170	170	0.0	0.0
Average available beds	10,805	10,911	11,117	11,245	11,273	1.1	0.2
Available beds per 1,000 population	2.6	2.5	2.5	2.5	2.5	–0.9	–1.8
Western Australia							
Public hospitals ^(c)	94	95	94	96	90	–1.1	–6.3
Average available beds	5,369	5,376	5,492	5,677	5,648	1.3	–0.5
Available beds per 1,000 population	2.5	2.4	2.4	2.4	2.3	–1.6	–3.9
South Australia							
Public hospitals	80	80	80	80	80	0.0	0.0
Average available beds ^(d)	4,874	4,859	5,040	5,232	4,922	0.2	–5.9
Available beds per 1,000 population	3.1	3.0	3.1	3.2	3.0	–0.8	–6.9
Tasmania							
Public hospitals ^(e)	28	24	23	23	23	–4.8	0.0
Average available beds ^(e)	1,275	1,359	1,196	1,188	1,188	–1.8	0.0
Available beds per 1,000 population	2.6	2.7	2.4	2.3	2.3	–2.4	–0.1
Australian Capital Territory							
Public hospitals	3	3	3	3	3	0.0	0.0
Average available beds	875	907	926	939	986	3.0	5.0
Available beds per 1,000 population	2.5	2.6	2.6	2.6	2.6	1.1	3.0
Northern Territory							
Public hospitals	5	5	5	5	5	0.0	0.0
Average available beds	650	694	662	696	664	0.5	–4.6
Available beds per 1,000 population	3.0	3.1	2.9	3.0	2.8	–1.1	–6.2
Total							
Public hospitals	756	753	752	753	746	–0.3	–0.9
Average available beds	56,548	56,912	57,838	58,545	58,311	0.8	–0.4
Available beds per 1,000 population	2.7	2.6	2.6	2.6	2.6	–0.9	–2.1

(a) Due to changes in the definitions of available beds, the numbers of beds reported before 1 July 2009 may not be comparable with the numbers of beds reported after 1 July 2009.

(b) For Victoria for 2008–09 to 2011–12, the numbers of available beds have been adjusted to correct reporting anomalies and to include Secure Extended Care Unit beds. These beds meet the definition of an available bed but were incorrectly excluded from the submissions of some health services to the NPHEd. Comparisons of bed numbers published in previous reports are not valid for Victoria.

(c) Between 2011–12 and 2012–13, the apparent decrease in the number of public hospitals for Western Australia was mainly due to the amalgamation of 5 small public hospitals within parent campuses.

(d) In 2012–13, a large number of South Australian state-funded aged care beds in country hospitals were converted into Commonwealth multi-purpose service places. This resulted in an apparent decrease in the numbers of available beds between 2011–12 and 2012–13.

(e) From 2009–10, Tasmania's Statewide Mental Health Services has reported data for 4 separate psychiatric and drug and alcohol treatment facilities that previously reported separately. Therefore, the number of reporting units changed between 2008–09 and 2010–11, but the number of public hospital campuses remained the same. In 2010–11, Tasmania reclassified 76 beds from 'acute mental health beds' to 'residential care beds', decreasing the number of beds reported for public psychiatric hospitals in Tasmania.

While average available bed numbers increased between 2008–09 and 2012–13, the increase did not keep pace with the growth in population. The overall number of available beds per 1,000 population fell gradually (from 2.7 per 1,000 to 2.6 per 1,000). This decrease would have been affected, however, by changes such as the relatively large number of South Australian state-funded aged care beds in country hospitals that were converted into Commonwealth multi-purpose service places between 2011–12 and 2012–13 that resulted in an apparent decrease in the numbers of available beds.

Between 2008–09 and 2012–13, the numbers of available beds per 1,000 population were relatively stable or decreased in all jurisdictions.

Private hospitals

In 2011–12, there were 592 private hospitals, compared with 564 in 2008–09. New South Wales and Victoria accounted for most of the increase in private hospital numbers over this period.

Between 2008–09 and 2011–12, the number of average available beds in private hospitals increased by an average of 2.2% per year. Available beds per 1,000 population were relatively stable over the same period (Table 4.2).

Table 4.2: Number of hospitals and average available beds, private hospitals, states and territories, 2007–08 to 2011–12

	2007–08 ^(a)	2008–09	2009–10	2010–11	2011–12	Change (%)	
						Average since 2008–09	Since 2010–11
New South Wales	n.a.	176	179	183	185	1.7	1.1
Victoria	n.a.	152	161	167	164	2.6	–1.8
Queensland	n.a.	106	106	107	105	–0.3	–1.9
Western Australia	n.a.	54	55	56	57	1.8	1.8
South Australia	n.a.	50	57	56	54	2.6	–3.6
Australian Capital Territory, Northern Territory and Tasmania ^(b)	n.a.	26	23	24	25	–1.3	4.2
Total private hospitals	n.a.	564	581	593	592	1.6	–0.2
Average available beds^(c)	n.a.	27,180	27,748	28,351	29,004	2.2	2.3
Available beds per 1,000 population^(d)	n.a.	1.3	1.3	1.3	1.3	0.5	0.9

(a) Data for the 2007–08 reference year are not available.

(b) The Australian Capital Territory, the Northern Territory and Tasmania are aggregated by the ABS to protect the confidentiality of the small number of hospitals in these states/territories.

(c) Available beds/chairs (average for the year).

(d) Average available beds per 1,000 population is the crude rate based on the estimated resident population as at 30 June for the relevant period.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Source: *Private hospitals Australia* (ABS 2013a).

How many Local hospital networks and hospitals were there in 2012–13?

Local hospital networks

Local hospital networks (LHNs) form a new layer of the health sector architecture in Australia and are provided for under the National Health Reform Agreement signed in 2011 (NHRA 2011). Each LHN consists of small groups of local hospitals, or an individual hospital, linking services within a region or through specialist networks across a state or territory (DoH 2014).

The LHNs vary greatly in location, size and in the types of hospitals that they contain. Table 4.3 shows the number of LHNs in each state and territory, and includes a count of networks according to the type of 'major hospital' in each LHN. This table groups the hospitals by public hospital peer groups. The 'major hospital' was identified as the hospital with either the largest amount of admitted patient activity or with the greatest range of services. For more information on the peer group classification, see Appendix C.

There are 137 LHNs, with 87 LHNs located in Victoria, and 1 LHN in the Australian Capital Territory. In most jurisdictions, the metropolitan areas contain 1 or more LHNs.

Many LHNs, particularly in Victoria, consist of a single hospital. Other networks consist of a *Principal referral* or *Large acute* hospital accompanied by a range of smaller and/or more specialised hospitals.

Table 4.3: Local hospital networks, states and territories, 2012–13

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total Local hospital networks	18	87	17	4	5	3	1	2	137
Major hospital in network									
Principal referral hospital	9	6	4	1	2	1	1	1	25
Women's and children's	1	2	1	0	1	0	0	0	5
Large acute	5	12	7	1	1	2	0	1	29
Medium acute	2	4	1	1	1	0	0	0	9
Small acute	0	48	4	1	0	0	0	0	53
Very small	0	10	0	0	0	0	0	0	10
Other	1	8	0	0	0	0	0	0	9
LHNs that consist of a single hospital	1	58	0	0	1	0	0	0	60
Number of public hospitals	225	150	170	90	80	23	3	5	746

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

How many hospitals?

Table 4.4 presents the number of public and private hospitals by state and territory for 2012–13.

Where available, the numbers of private hospitals in 2012–13 were sourced from the states and territories. For the remaining states and/or territories, numbers of private hospitals in 2011–12 were sourced the ABS's PHEC. The 3 largest states together accounted for almost three-quarters of all reported hospitals.

Table 4.4: Public and private hospitals^(a), states and territories, 2012–13

	NSW	Vic ^(b)	Qld ^(a)	WA	SA	Tas	ACT	NT	Total ^(c)
Public hospitals									
Public acute hospitals	218	149	166	88	78	22	3	5	729
Public psychiatric hospitals	7	1	4	2	2	1	0	0	17
Private hospitals									
Private free-standing day hospital facilities	96	85	52	35	26	n.a.	n.a.	n.a.	311
Other private hospitals	89	79	53	22	28	n.a.	n.a.	n.a.	281
Total	410	314	275	147	134	n.a.	n.p.	n.p.	1,338

(a) For Queensland, the numbers of private hospitals were provided for 2012–13. For other states and territories, the numbers of private hospitals were sourced from the ABS's Private Health Establishments Collection for 2011–12.

(b) The number of public hospitals in Victoria is reported as a count of the campuses that reported data separately to the National Hospital Morbidity Database in 2012–13.

(c) The total combines counts of public hospitals provided by jurisdictions for 2012–13, with counts of private hospitals sourced either from the jurisdiction for 2012–13, or from the ABS's Private Health Establishments Collection for 2011–12.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Hospital accreditation

Accreditation is provided by a number of bodies, including the Australian Council on Healthcare Standards' Evaluation and Quality Improvement Program, Business Excellence Australia, and the Quality Improvement Council. Hospitals can also be certified as compliant with the International Organization for Standardization's (ISO) 9000 quality family.

Across Australia, 696 public hospitals were accredited by 1 or more providers at 30 June 2013, with 57,047 accredited public hospital beds (93% of public hospitals and 98% of public hospital beds) (Table 4.5).

For Tasmania, the 4 largest hospitals were accredited and these accounted for 87% of available beds and 95% of separations.

From January 2013, public and private hospital accreditation has included assessment against the National Safety and Quality Health Service Standards (NSQHS Standards) (ACSQHC 2013). More information on the NSQHS Standards and accreditation is available from the ACSQHC web site < <http://www.safetyandquality.gov.au>>.

Table 4.5: Selected accreditation statistics by state and territory, public hospitals 2012–13, private hospitals 2010–11

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
<i>Total hospitals</i>	225	150	170	90	80	23	3	5	746
Accredited hospitals	208	150	157	90	79	4	3	5	696
Accredited (%)	92	100	92	100	99	17	100	100	93
<i>Total beds^(a)</i>	20,181	13,449	11,273	5,648	4,922	1,188	986	664	58,311
Accredited beds	19,639	13,449	10,713	5,648	4,918	1,030	986	664	57,047
Accredited (%)	97	100	95	100	100	87	100	100	98
Separations in accredited hospitals (%)	99	100	95	100	100	95	100	100	99
Patient days in accredited hospitals (%)	98	100	96	100	100	86	100	100	98
Private hospitals^(b)									
<i>Total 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>	<i>n.p.</i>	593
Accredited hospitals	<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>	<i>n.p.</i>	567
Accredited (%)	<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>	<i>n.p.</i>	96
<i>Total beds^(a)</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>	<i>n.p.</i>	28,351
Accredited beds	<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>	<i>n.p.</i>	27,825
Accredited (%)	<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>	<i>n.p.</i>	98

(a) The number of average available beds presented here may differ from the counts published elsewhere. For example, counts based on bed numbers at a specified data such as 30 June may differ from the average available beds over the reporting period.

(b) Accreditation statistics for private hospitals were sourced from the Australian Bureau of Statistics (ABS unpublished).

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

How many hospital beds?

In 2012–13, there were about 87,300 average available beds, with 67% (58,311) in public hospitals (Table 4.6).

In 2012–13, the total number of available beds per 1,000 population, in public and private hospitals, was 3.8 per 1,000. The number of available beds in *Public acute hospitals* ranged from 2.3 per 1,000 population in Tasmania, to 3.0 per 1,000 in South Australia and the Northern Territory.

Nationally, about 88% of beds in public acute hospitals were available for overnight-stay patients (Table 4.6). The proportion of beds in *Public acute hospitals* that were available for same-day patients ranged from 5.1% in the Northern Territory to 17.0% in Queensland. For *Public psychiatric hospitals*, states and territories did not report any available beds for same-day patients.

The comparability of bed numbers can be affected by the casemix of hospitals, including the extent to which hospitals provide same-day admitted patient services and other specialised services.

How do hospitals differ by size?

Grouping hospitals by number of available beds showed that the majority of hospitals were very small (Table 4.7). This was particularly the case in jurisdictions that covered large geographical areas. The majority of beds were in larger hospitals and in more densely populated areas. The largest hospital had over 1,000 available beds and was located in Brisbane. More than 71% of hospitals had 50 or fewer beds.

Table 4.6: Public and private hospital average available beds^(a) and number of average available beds per 1,000 population^(b), states and territories, 2012–13

	NSW	Vic	Qld	WA	SA ^(c)	Tas	ACT	NT	Total
Average available beds^(a)									
Public hospitals	20,181	13,449	11,273	5,648	4,922	1,188	986	664	58,311
<i>Public acute hospitals</i>	19,347	13,297	10,856	5,438	4,773	1,178	986	664	56,539
Same-day beds/chairs	1,638	2,132	1,869	638	564	169	152	34	7,195
Overnight beds	17,709	11,165	8,987	4,800	4,209	1,009	834	630	49,343
<i>Public psychiatric hospitals</i>	834	152	417	210	149	10	..	..	1,772
Private hospitals (2011–12) ^(d)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	29,004
Private free-standing day hospital facilities	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,973
Other private hospitals	6,995	6,841	6,017	3,284	n.a.	n.a.	n.a.	n.a.	26,031
Total beds^(a)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	87,315
Available or licensed beds per 1,000 population^(b)									
<i>Public hospitals</i>	2.8	2.4	2.5	2.3	3.0	2.3	2.6	2.8	2.6
Public acute hospitals	2.6	2.4	2.4	2.2	2.9	2.3	2.6	2.8	2.5
Public psychiatric hospitals	0.1	0.0	0.1	0.1	0.1	0.0	..	..	0.1
<i>Private hospitals^(d)</i>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1.3
Private free-standing day hospital facilities	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	0.1
Other private hospitals	1.0	1.2	1.3	1.3	n.a.	n.a.	n.a.	n.a.	1.1
Total beds per 1,000 population^(b)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3.9

(a) The number of average available beds presented here may differ from the counts published elsewhere. For example counts based on bed numbers at a specified date such as 30 June may differ from the average available beds over the reporting period. The count of beds in Queensland was based on data as at 30 June 2013.

(b) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June 2012.

(c) In 2012–13, a large number of South Australian state-funded aged care beds in country hospitals were converted into Commonwealth multi-purpose service places. This has resulted in an apparent decrease in the numbers of available beds between 2011–12 and 2012–13.

(d) Australian Bureau of Statistics' *Private hospitals Australia 2011–12* (ABS 2013a).

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

The proportion of hospital beds in different size hospitals varied by jurisdiction. The Northern Territory did not have any public hospitals with either more than 500 beds or 10 beds or fewer. For Victoria, a higher proportion of hospital beds were in hospitals with more than 200 to 500 beds (35%) than in hospitals with more than 500 beds (23%) (Table 4.19).

How does Australia compare?

In 2012–13, Australia had 3.8 beds per 1,000 population, compared to an average of 5.0 beds per 1,000 population for other OECD countries (Table 4.8).

Among the OECD countries, the density of hospital beds per 1,000 population ranged from fewer than 1.0 per 1,000 in Indonesia to more than 13.6 per 1,000 in Japan. Compared with Australia, there were fewer beds per 1,000 population in New Zealand (2.8), the United Kingdom (3.0), the United States (3.1) and Canada (2.8), there were more beds per 1,000 in Germany (8.3), France (6.4) and Greece (4.9) (OECD 2013).

Table 4.7: Number of public acute and psychiatric hospitals and average available beds, by hospital size, 2012–13

Hospital size	Hospitals	Proportion of total public hospitals (%)	Total average available beds	Proportion of total public hospital beds (%)
10 or fewer beds	225	30.2	1,029	1.8
More than 10 to 50 beds	306	41.0	7,569	13.0
More than 50 to 100 beds	70	9.4	5,218	8.9
More than 100 to 200 beds	62	8.3	9,295	15.9
More than 200 to 500 beds	59	7.9	18,804	32.2
More than 500 beds	24	3.2	16,396	28.1
Total	746	100.0	58,311	100.0

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.20 at the end of this chapter.

Table 4.8: Hospital beds, density per 1,000 population, states and territories 2012–13, OECD average (2011)^(a)

	Hospital beds (per 1,000 population)		
	Public hospitals	Private hospitals (excludes same day facilities)	Total
New South Wales	2.8	1.0	3.8
Victoria	2.4	1.2	3.6
Queensland	2.3	1.3	3.8
Western Australia	2.4	1.3	3.6
South Australia	3.0	n.a.	n.a.
Tasmania	2.3	n.a.	n.a.
Australian Capital Territory	2.6	n.a.	n.a.
Northern Territory	2.8	n.a.	n.a.
Australia	2.6	1.1	3.8
OECD average	..	..	5.0
OECD interquartile range ^(b)			2.8–6.1
Number of OECD countries			25

(a) For some OECD countries, the data relate to a year other than 2011.

(b) The interquartile range is a measure of statistical dispersion, being equal to the difference between the upper and lower quartiles.

Source: OECD 2013.

Where are public hospitals located?

The remoteness area classification is used in Table 4.9 to present information on the geographical distribution of public hospitals and available beds, and on the number of available beds per 1,000 population. The highest number of hospitals was reported for *Outer regional* areas (227) and over two-thirds of beds were reported for *Major cities* (39,478 beds).

In 2012–13, there were 2.6 public hospital beds per 1,000 population (see also Table 4.1). The number of public hospital beds per 1,000 population varied across remoteness areas. The ratio of available beds to the population does not necessarily indicate the accessibility of hospital services.

A hospital can provide services for patients who usually live in other areas of the state or territory, or in other jurisdictions. The patterns of bed availability across regions may also

reflect a number of factors including the availability of other health-care services and patterns of disease and injury.

Table 4.9: Number of hospitals, average available beds and number of average available beds per 1,000 population^(a), by remoteness area, public acute and psychiatric hospitals, 2012–13

Remoteness area	Hospitals	Average available beds	Available beds per 1,000 population resident in area ^(a)
Major cities	176	39,478	2.5
<i>Total regional</i>	<i>415</i>	<i>17,026</i>	<i>2.7</i>
Inner regional	188	10,589	2.5
Outer regional	227	6,437	3.1
<i>Total remote</i>	<i>154</i>	<i>1,788</i>	<i>3.4</i>
Remote	71	1,176	3.7
Very Remote	83	612	3.0
Total	746	58,311	2.6

(a) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June 2012.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.21 at the end of this chapter.

How diverse are public hospitals?

The diversity of public hospitals is presented in Table 4.10 by hospital peer groups. Other statistics are presented about peer groups in Chapter 5. Detailed information on the public hospital peer group classification is in Appendix C.

The 746 public hospitals are very diverse in size and type of services they provide for admitted and non-admitted patients. The diversity of admitted patient services that each type provides can be gauged by the average number of AR-DRGs reported.

In 2012–13, there were:

- 29 *Principal referral hospitals* – mainly in *Major cities*, with at least 1 in each state and territory. They provided a wide range of services, including emergency department, outpatient and admitted patient services (including 5 or more separations for 538 AR-DRGs on average) (Table 4.10). These hospitals accounted for a total of 1.9 million separations, or 36% of the total for public hospitals, and for 6.6 million days, or 35% of the total for public hospitals.
- 12 *Women’s and children’s hospitals* – in Sydney, Melbourne, Brisbane, Perth and Adelaide. They delivered an average of 21,570 separations per hospital, specialising in maternity and other specialist services for women, and/or specialist paediatric services.
- 62 *Large acute hospitals* – 33 in *Major cities*, 29 in *Regional and remote* areas. They provided emergency department, outpatient and admitted patient services, generally with a range of activities less than for the *Principal referral* hospitals (5 or more separations for 365 AR-DRGs), with an average of 29,532 separations per hospital.
- 45 *Medium acute hospitals* – 24 in *Major cities* and 21 in *Regional and Remote* areas. They provided emergency department, outpatient and admitted patient services with an average of 15,350 separations per hospital (with a narrower range of services than the *Large acute* hospitals).

- 334 *Small acute hospitals* – mostly in *Regional* and *Remote* areas. They delivered mainly acute care for admitted patients, with an average of 1,827 separations per hospital in the year, with a relatively narrow range of services. Most provided emergency services (rather than formal emergency departments) and some provided elective surgery.
- 135 *Very small hospitals* in *Regional* and *Remote* areas delivering 60.9% non-acute patient days with 93 average annual separations for a very narrow range of services (5 or more separations for an average of 3 AR-DRGs).
- 20 *Psychiatric hospitals* – specialising in the treatment and care of people with mental health problems. They were located in Sydney, Melbourne, Brisbane, Perth, Adelaide and Hobart, with 3 in regional Queensland centres.
- 39 *Non-acute hospitals*, some specialising in rehabilitation care.
- 43 *Outpatient hospitals* – in *Regional* and *Remote* areas. Most provided emergency services.
- 27 *Other hospitals*, mainly small or specialist hospitals.

Table 4.10: The diversity of public hospitals, 2012–13

Hospital type	Number of hospitals													
	Location				Services provided					Average available beds	Separations (average)	Average length of stay (days)	Non-acute care — patient days (%)	AR-DRGs (5+) ^(e)
	Major cities	Regional	Remote	Total	Emergency departments ^(a)	Other emergency services ^(b)	Outpatient clinics ^(c)	Elective surgery ^(d)						
Principal referral	26	3	0	29	29	0	29	29	639	67,192	3.4	8.9	538	
Women's and children's	12	0	0	12	10	0	12	12	209	21,570	3.1	0.6	220	
Large acute	33	28	1	62	60	0	60	58	257	29,532	3.1	11.6	365	
Medium acute	24	20	1	45	45	0	26	43	131	15,350	2.7	17.5	234	
Small acute	15	249	70	334	52	270	8	99	27	1,827	3.2	28.5	56	
Very small	0	86	49	135	6	113	0	0	7	93	12.0	60.9	3	
Psychiatric	15	5	0	20	0	0	0	0	108	712	48.4	53.3	8	
Non-acute	28	11	0	39	0	3	0	0	69	1,562	14.0	91.2	23	
Outpatients	0	10	33	43	1	30	0	0	0	3	n.p.	..	..
Other	23	3	0	27	1	1	3	5	29	3,670	2.3	12.6	22	
Total	176	415	154	746	204	417	138	246	78	7,408	3.4	18.1	97	

(a) This is the number of hospitals reporting episode-level emergency department presentations data to the National Non-admitted Patient Emergency Department Care Database.

(b) This is the number of hospitals reporting establishment-level emergency occasions of service data to the National Public Hospital Establishments Database.

(c) This is the number of hospitals reporting outpatient clinic-level non-admitted patient data to the National Outpatient Care Database.

(d) This is the number of hospitals reporting data to the National Elective Surgery Waiting Times Data Collection.

(e) This is the average number of AR-DRGs for which there were at least 5 separations.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in tables accompanying this report online.

States and territories

A summary of public hospitals by state and territory is presented in Table 4.11. The distribution of hospitals across remoteness areas varies between jurisdictions. The average available beds per hospital varies between jurisdictions, ranging from 329 in the Australian Capital Territory to 52 in Tasmania.

More information on hospital peer groups by state and territory is in the tables that accompany this report online at <www.aihw.gov.au/hospitals/>.

Table 4.11: The diversity of public hospitals, states and territories, 2012–13

	Number of hospitals										
	Location				Services provided						
	Major cities	Regional	Remote	Total	Emergency departments ^(a)	Other emergency services ^(b)	Outpatient clinics ^(c)	Elective surgery ^(d)	Average available beds	Separations (average)	AR-DRGs (5+) ^(e)
New South Wales	68	139	18	225	95	90	44	96	90	7,611	109
Victoria	51	96	2	150	40	67	36	32	90	9,533	110
Queensland	20	79	71	170	27	129	23	33	66	6,141	82
Western Australia	19	37	34	90	17	63	19	35	63	6,742	80
South Australia	15	44	21	80	14	56	8	39	62	5,172	80
Tasmania	..	19	4	23	4	12	4	4	52	4,624	73
Australian Capital Territory	3	0	..	3	2	0	2	2	329	31,571	304
Northern Territory	..	1	4	5	5	0	2	5	133	23,661	230
Total	176	415	154	746	204	417	138	246	78	7,408	97

(a) This is the number of hospitals reporting episode-level emergency department presentations data to the National Non-admitted Patient Emergency Department Care Database.

(b) This is the number of hospitals reporting establishment-level emergency occasions of service data to the National Public Hospital Establishments Database.

(c) This is the number of hospitals reporting outpatient clinic-level non-admitted patient data to the National Outpatient Care Database.

(d) This is the number of hospitals reporting data to the National Elective Surgery Waiting Times Data Collection.

(e) This is the average number of AR-DRGs for which there were at least 5 separations.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in table accompanying this report online.

How much expenditure and revenue?

Public hospital recurrent expenditure

Public hospital recurrent expenditure can be categorised into salary and non-salary expenditure:

- **Salary expenditure** includes salaries and wages, payments to staff on paid leave, workers compensation leave and salaries paid to contract staff where the contract was for the supply of labour and where full-time equivalent staffing data were available.
- **Non-salary expenditure** includes items such as payments to *Visiting medical officers*, superannuation payments, drug supplies, medical and surgical supplies (which includes consumable supplies only and not equipment purchases), food supplies, domestic

services, repairs and maintenance, patient transport, administrative expenses, interest payments, depreciation and other recurrent expenditure.

Between 2008–09 and 2012–13, public hospital recurrent expenditure rose by an average of 4.7% per year in constant price terms (adjusted for inflation) (Table 4.12). The average annual increase in public hospital recurrent expenditure was highest for the Australian Capital Territory (10.9%).

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).

Over the same period, public hospital revenue increased by an average of 15.0% per year (adjusted for inflation), ranging from an average increase of 1.8% per year for Tasmania to an average increase of 18.5% per year for New South Wales.

Nationally, total recurrent expenditure by public hospitals, including depreciation, was over \$43 billion in 2012–13 (Table 4.13).

Excluding payments to *Visiting medical officers* and payments for outsourced services, salary payments accounted for 62% of the \$42 billion (excluding depreciation) spent within the public hospital system (Table 4.22).

Expenditure totals are reported including and excluding depreciation to ensure comparable figures are available across jurisdictions. In 2012–13, depreciation ranged from 0.7% of total expenditure in the Northern Territory to about 6% in Victoria (see also Table 4.22).

Public hospital revenue

Revenue is reported against 3 categories: *Patient revenue*, *Recoveries*, and *Other revenue*.

Recoveries are income from the use of hospital facilities by salaried medical officers or private practitioners exercising their rights of private practice, and other recoveries. *Other revenue* includes investment income, income from charities, bequests and accommodation provided to visitors.

Australian public hospitals received \$5.8 billion in revenue in 2012–13 (Table 4.14). This was equivalent to 14% of total recurrent expenditure (excluding depreciation). Revenue as a proportion of total expenditure varied among the states and territories, ranging from 6% in the Northern Territory to 18% in New South Wales.

Table 4.12: Recurrent expenditure^(a) and revenue (\$ million, constant prices^(b)), public hospitals, states and territories, 2008–09 to 2012–13

	2008–09	2009–10	2010–11	2011–12	2012–13	Change (%)	
						Average since 2008–09	Since 2011–12
Total recurrent expenditure, constant prices (\$ million)							
New South Wales ^(c)	11,232	11,332	12,178	13,297	13,454	4.6	1.2
Victoria	8,642	9,013	9,612	9,986	10,093	4.0	1.1
Queensland ^(d)	6,519	6,986	7,683	7,946	7,656	4.1	–3.6
Western Australia	3,694	3,829	4,215	4,545	4,790	6.7	5.4
South Australia ^(e)	2,731	2,811	3,099	3,324	3,194	4.0	–3.9
Tasmania	762	874	925	941	957	5.9	1.7
Australian Capital Territory	652	677	741	968	988	10.9	2.1
Northern Territory	486	502	543	583	608	5.8	4.3
Total expenditure	34,715	35,994	38,982	41,567	41,741	4.7	0.4
Total revenue, constant prices (\$ million)							
New South Wales	1,219	1,420	1,802	1,990	2,408	18.5	21.0
Victoria	965	1,041	1,138	1,329	1,518	12.0	14.3
Queensland ^(d)	562	639	568	728	1,034	16.5	42.1
Western Australia	222	223	256	309	325	10.1	5.1
South Australia	164	185	225	238	293	15.7	23.3
Tasmania	79	61	60	68	85	1.8	24.4
Australian Capital Territory	60	56	57	62	70	3.9	12.0
Northern Territory	21	24	26	29	37	15.3	28.6
Total revenue	3,297	3,652	4,137	4,752	5,769	15.0	21.4

(a) Recurrent expenditure does not include the purchase of public hospital services at the state or Local Health Networks from privately owned and/or operated hospitals.

(b) Expressed in terms of prices in the reference year 2012–13. The ABS Government Final Consumption Expenditure, State and Local – Hospitals and Nursing Homes deflator was used for public hospitals.

(c) New South Wales hospital expenditure recorded against special purposes and trust funds was not included. Professional Indemnity expense was included for the first time in 2011–12.

(d) For 2012–13, expenditure and revenue data were missing for 3 public hospitals in Queensland, which reported about \$560 million of recurrent expenditure in 2011–12. For all years, pathology services were purchased from a state-wide pathology service rather than being provided by hospital employees in Queensland.

(e) For South Australia, in 2011–12, there were significant once-off revaluations of other employee related expenses. In time series data this may result in 2012–13 appearing to have an artificial reduction in expenditure, including for salaries and wages expenditure components.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.22 at the end of this chapter.

Source: National Public Hospital Establishments Database.

Table 4.13: Recurrent expenditure^(a) (\$ million), public acute and psychiatric hospitals, states and territories, 2012–13

Recurrent expenditure	NSW ^(b)	Vic	Qld ^{(c)(d)}	WA	SA	Tas	ACT	NT	Total
(\$ million)									
Recurrent expenditure including depreciation									
Public acute hospitals	13,705	10,680	7,805	4,859	3,240	957	1,015	613	42,874
Public psychiatric hospitals	254	51	127	83	81	21	..	..	618
Total	13,960	10,731	7,931	4,942	3,322	978	1,015	613	43,492
Recurrent expenditure excluding depreciation									
Public acute hospitals	13,208	10,044	7,534	4,709	3,117	936	988	608	41,144
Public psychiatric hospitals	246	49	123	81	77	21	..	..	597
Total	13,454	10,093	7,656	4,790	3,194	957	988	608	41,741

(a) Recurrent expenditure does not include the purchase of public hospital services at the state or LHN level from privately owned and/or operated hospitals.

(b) New South Wales hospital expenditure recorded against special purposes and trust funds was not included. Professional Indemnity expense was included for the first time in 2011–12.

(c) Pathology services were purchased from a state-wide pathology service rather than being provided by hospital employees in Queensland.

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

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.22 at the end of this chapter.

Source: National Public Hospital Establishments Database.

Table 4.14: Revenue (\$ million), public acute and psychiatric hospitals, states and territories, 2012–13

	NSW	Vic	Qld ^(a)	WA	SA ^(b)	Tas	ACT	NT	Total
(\$ million)									
Patient revenue	1,190	432	306	192	243	60	43	21	2,487
Recoveries	577	157	104	101	..	12	17	16	984
Other revenue	641	929	624	32	51	12	10	0	2,299
Total revenue	2,408	1,518	1,034	325	293	85	70	37	5,769
Public acute hospitals	2,394	1,517	1,026	325	292	84	70	37	5,744
Public psychiatric hospitals	14	1	8	1	1	1	..	..	25

(a) Patient revenue in Queensland includes revenue for items such as pharmacy and ambulance, which may be considered to be *Recoveries*.

(b) South Australia did not identify any *Recoveries* due to a change in data recording practices.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Source: National Public Hospital Establishments Database.

How are hospitals funded?

Public and private hospitals are funded from a range of different sources, reflecting the types of patients they treat and the services they provide. Governments mainly fund emergency department and outpatient services, whereas both private (non-government) and government sources commonly fund admitted patient services.

The data presented in Table 4.15 are sourced from the HED and are not directly comparable with data reported from the NPHEd (see page 48).

The original sources of funds are reported here rather than immediate sources. Hence, the Australian Government is regarded as the source of funds for the contributions that it made for public hospitals via intergovernmental agreements and for the contributions it made to private hospitals via the private health insurance premium rebates.

In 2011–12, the state and territory governments and the Australian Government provided most of the funds for public hospitals. Private health insurance and out-of-pocket payments by patients mainly fund private hospitals (AIHW 2013f; Table 4.15). Between 2007–08 and 2011–12, after adjusting for inflation, public hospital funding from the Australian Government increased by 4.7% on average each year and funding from state/territory governments increased by 5.2% on average each year (Chapter 2, Table 2.3).

Table 4.15: Expenditure on public and private hospitals, by source of funds (\$ million), 2011–12

	Public hospitals		Private hospitals	
	\$ million	% of total	\$ million	% of total
<i>Australian Government</i>	16,072	38.2	3,464	30.3
Rebates of health insurance premiums	337	0.8	2,293	20.0
Department of Veterans' Affairs	853	2.0	924	8.1
Other	14,883	35.4	247	2.2
<i>State/territory government</i>	22,411	53.3	494	4.3
Health insurance funds	805	1.9	5,483	47.8
Individuals	1,117	2.7	1,334	11.6
Other	1,630	3.9	701	6.1
Total	42,034	100.0	11,475	100.0

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

How many staff in public hospitals?

Nationally, more than 274,700 full-time equivalent staff were employed in the public hospital sector in 2012–13. *Nurses* accounted for 45% of public hospital staff and there were more than 35,000 *Salaried medical officers*, representing about 13% of the public hospital labour force (Table 4.16). 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.

The average salary for full-time equivalent *Nurses* in 2012–13 was about \$90,000 nationally (Table 4.16), which was an increase of 1.1% compared with the average salary of \$89,000 in 2011–12 (AIHW 2013a). In 2012–13, the average salary for full-time equivalent *Salaried medical officers* was about \$183,000 which was a 0.4% increase over the previous year. Similar information for states and territories is in Table 4.23.

The collection of data by staffing category was not consistent among states and territories and may explain some of the variation in average salaries reported.

Different reporting practices and use of outsourcing services with a large labour-related component (such as food services, domestic services and information technology) can have a substantial impact on staffing figures and may also explain some of the variation in average salaries reported between jurisdictions. The degree of outsourcing of higher paid versus lower paid staffing functions affects the comparison of averages. For example, outsourcing the provision of domestic services but retaining domestic service managers to oversee the

activities of the contractors tends to result in higher average salaries for the domestic service staff.

For medical officers, for example, this may be reflected in the variation in the proportion of total expenditure that was reported as being for VMOs who were contracted by hospitals to provide services to public patients and paid on a sessional or fee-for-service basis (Table 4.22). Variations in the outsourcing arrangements may also be reflected in variations in other recurrent expenditure categories reported in tables 4.13 and 4.22.

Table 4.16: Average full-time equivalent staff^(a) and average salaries, public acute and psychiatric hospitals, 2012–13

	Full-time equivalent staff numbers ^(b)	Average salaries (\$)
Salaried medical officers	35,124	182,609
Total nurses ^(c)	124,584	89,971
Other personal care staff	2,213	60,441
Diagnostic and allied health professionals	38,753	79,961
Administrative and clerical staff ^(d)	42,839	68,122
Domestic and other staff	31,190	63,405
Total staff	274,703	93,762

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2012 were used. Staff contracted to provide products (rather than labour) are not included.

(b) 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.

(c) *Total nurses* comprises registered nurses, enrolled nurses, student nurses and trainee nurses.

(d) *Administrative and clerical staff* may include staff working to support clinicians, such as ward clerks.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.23 at the end of this chapter.

What specialised services were provided?

Specialised service units

In 2012–13, the most common specialised services offered by hospitals were *Domiciliary care service*, followed by *Nursing home care units* and *Obstetric/maternity service* (Table 4.17).

The existence of a specialised unit does not necessarily imply the delivery of large numbers of services in that unit. For example, in 2012–13, 117 smaller hospitals reported an *Obstetric/maternity service* unit and had less than 1 delivery a week on average. There were also 2 hospitals that did not report having an obstetric unit but each reported more than 14 deliveries a day.

Data on specialised services by state and territory are presented in Table 4.18. Data were not available for a few hospitals so the services may be undercounted.

Table 4.17: Number of public acute hospitals with selected specialised services by remoteness area of hospital, 2012–13

Specialised service unit	Remoteness area of hospital			Total ^(a)
	Major cities	Regional	Remote	
Domiciliary care service	79	261	59	413
Nursing home care unit	12	183	44	254
Obstetric/maternity service	65	133	21	230
Maintenance renal dialysis centre	74	77	10	173
Rehabilitation unit	89	64	1	159
Oncology unit	69	54	3	132
Intensive care unit (level III)	53	24	2	79
Major plastic/reconstructive surgery unit	41	3	0	44
Neonatal intensive care unit (level III)	23	7	0	30
In-vitro fertilisation unit	7	0	0	7

(a) The total includes specialised services reported for hospital networks in Victoria, for which the remoteness was not specified.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in Table 4.18.

Service Related Groups

The Service Related Group (SRG) classification is based on aggregations of AR-DRGs, and categorises admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist in planning services, analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services.

The method to assign records to SRGs largely involves aggregations of AR-DRG information. However, the assignment of some separations to SRGs is based on other information, such as procedures, diagnoses and care types. Separations may also be assigned to certain specialist SRGs depending on whether or not the hospital had a specialist neurosurgery, perinatology (neonatal intensive care unit) or cardiothoracic unit, as appropriate, as reported to the NPHED. For more information on the method used to allocate admitted patient records to SRGs, see Appendix D.

Table 4.19 presents the number of public hospitals reporting more than 360 patient days for selected SRGs by remoteness area of the hospital. This has been included as an indicative measure of the number of specialty unit.

Table 4.18: Number of public acute hospitals^(a) with specialised services, states and territories, 2012–13

Specialised service unit	NSW ^(b)	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Acute renal dialysis unit	27	15	18	4	5	2	1	2	74
Acute spinal cord injury unit	4	2	1	2	1	0	0	0	10
AIDS unit	8	1	2	1	2	0	1	0	15
Alcohol and drug unit	79	13	10	3	3	0	1	1	110
Burns unit (level III)	3	2	2	2	2	1	0	0	12
Cardiac surgery unit	11	8	5	4	2	1	1	0	32
Clinical genetics unit	15	11	2	3	2	1	1	0	35
Coronary care unit	45	24	18	5	7	3	2	2	106
Diabetes unit	23	21	11	6	6	3	1	1	72
Domiciliary care service	165	89	46	58	54	0	0	1	413
Geriatric assessment unit	58	40	7	22	14	3	2	0	146
Hospice care unit	43	26	13	32	12	1	1	1	129
Infectious diseases unit	17	15	9	4	4	1	1	0	51
Intensive care unit (level III)	40	17	7	4	5	3	1	2	79
In-vitro fertilisation unit	2	1	1	1	2	0	0	0	7
Maintenance renal dialysis centre	50	64	19	15	18	2	1	4	173
Major plastic/reconstructive surgery unit	14	13	6	5	4	1	1	0	44
Neonatal intensive care unit (level III)	15	4	3	3	2	1	1	1	30
Neurosurgical unit	13	8	6	3	3	1	1	0	35
Nursing home care unit	73	73	7	48	43	10	0	0	254
Obstetric/maternity service	75	53	37	27	28	3	2	5	230
Oncology unit	44	38	18	15	12	3	2	0	132
Psychiatric unit/ward	44	29	18	17	8	3	2	2	123
Refractory epilepsy unit	7	5	1	3	3	0	0	0	19
Rehabilitation unit	66	40	16	18	12	3	2	2	159
Sleep centre	12	12	6	3	5	2	0	0	40
Specialist paediatric service	43	28	20	11	9	4	2	2	119
Transplantation unit—bone marrow	12	7	3	3	1	1	1	0	28
Transplantation unit—heart (including heart/lung)	1	2	1	2	0	0	0	0	6
Transplantation unit—liver	2	2	2	2	1	0	0	0	9
Transplantation unit—pancreas	1	2	0	1	0	0	0	0	4
Transplantation unit—renal	6	6	1	3	1	0	0	0	17

(a) Excludes psychiatric hospitals.

(b) Data for a small number of hospitals in New South Wales were not available, so the number of services is slightly undercounted.

(c) Data for Victoria may underestimate the number of specialised services as some small multi-campus rural services were reported at a local hospital network level rather than campus level. Consequently, if 2 campuses within the network had a specialised type of service, then only one service was counted.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Table 4.19: Number of public hospitals reporting more than 360 patient days for the 20 most common Service Related Groups, by remoteness area of hospital, 2012–13

Service Related Group	Remoteness area of hospital			Total ^(a)
	Major cities	Regional	Remote	
Non subspecialty—medicine	113	223	25	362
Respiratory medicine	96	189	17	303
Cardiology	94	142	10	247
Maintenance	71	139	30	241
Rehabilitation	107	120	3	230
Orthopaedics	105	111	8	225
Gastroenterology	100	115	9	224
Non subspecialty—surgery	104	94	9	208
Neurology	97	88	6	192
Obstetrics	64	106	12	182
Psychiatry—acute	104	54	4	163
Renal dialysis	69	81	6	157
Diagnostic gastrointestinal endoscopy	87	65	2	154
Urology	90	45	1	136
Neurosurgery	89	45	1	135
Gynaecology	78	53	4	135
Upper gastrointestinal surgery	84	47	3	134
Colorectal surgery	85	45	1	131
Palliative care	67	62	1	130
Oncology	77	49	2	128

(a) The total includes services reported for hospital networks in Victoria, for which the remoteness was not specified.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Additional information

More information on service related groups is in Appendix D and by state and territory for both public and private hospitals in Tables D.S1 to D.S5 accompanying this report online at <www.aihw.gov.au/hospitals/>.

Additional table online:

Table S4.1: The diversity of public hospitals, states and territories, 2012–13

Table 4.20: Number of public acute and psychiatric hospitals and average available beds, by hospital size, states and territories, 2012–13

	NSW	Vic ^(a)	Qld ^(b)	WA	SA	Tas	ACT	NT	Total
Hospital size^(c)									
10 or fewer beds	31	39	76	42	22	14	1	0	225
More than 10 to 50 beds	119	50	61	28	41	5	0	2	306
More than 50 to 100 beds	26	23	8	3	8	1	0	1	70
More than 100 to 200 beds	21	18	8	10	3	1	0	1	62
More than 200 to 500 beds	19	15	12	5	4	2	1	1	59
More than 500 beds	9	5	5	2	2	0	1	0	24
Total hospitals	225	150	170	90	80	23	3	5	746
Available beds									
10 or fewer beds	103	226	244	233	137	76	10	0	1,029
More than 10 to 50 beds	3,045	1,199	1,448	723	1,018	82	0	54	7,569
More than 50 to 100 beds	1,944	1,699	621	226	580	89	0	60	5,218
More than 100 to 200 beds	3,123	2,589	1,294	1,547	444	115	0	183	9,295
More than 200 to 500 beds	5,964	4,663	3,880	1,590	1,280	826	235	367	18,804
More than 500 beds	6,003	3,073	3,786	1,330	1,464	0	741	0	16,396
Total available beds	20,181	13,449	11,273	5,648	4,922	1,188	986	664	58,311

(a) The count of hospitals in Victoria is a count of the campuses that report data separately to the National Hospital Morbidity Database.

(b) The count of beds in Queensland was based on data as at 30 June 2013.

(c) Size is based on the average number of available beds.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Table 4.21: Number of hospitals, average available beds and number of average available beds per 1,000 population resident in area^(a), by remoteness area, public acute and psychiatric hospitals, states and territories, 2012–13

Remoteness area	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Major cities	68	51	20	19	15	..	3	..	176
<i>Total regional</i>	<i>139</i>	<i>96</i>	<i>79</i>	<i>37</i>	<i>44</i>	<i>19</i>	<i>0</i>	<i>1</i>	<i>415</i>
Inner regional	75	58	25	11	14	5	0	..	188
Outer regional	64	38	54	26	30	14	..	1	227
<i>Total remote</i>	<i>18</i>	<i>2</i>	<i>71</i>	<i>34</i>	<i>21</i>	<i>4</i>	<i>..</i>	<i>4</i>	<i>154</i>
Remote	10	2	23	20	12	2	..	2	71
Very remote	8	..	48	14	9	2	..	2	83
Total all remoteness areas	225	150	170	90	80	23	3	5	746
Available beds									
Major cities	14,293	9,789	6,706	4,293	3,411	..	986	..	39,478
<i>Total regional</i>	<i>5,682</i>	<i>3,632</i>	<i>4,019</i>	<i>936</i>	<i>1,224</i>	<i>1,166</i>	<i>0</i>	<i>367</i>	<i>17,026</i>
Inner regional	4,161	2,893	1,960	358	365	852	0	..	10,589
Outer regional	1,521	739	2,059	578	859	314	..	367	6,437
<i>Total remote</i>	<i>207</i>	<i>11</i>	<i>548</i>	<i>419</i>	<i>285</i>	<i>22</i>	<i>..</i>	<i>297</i>	<i>1,788</i>
Remote	159	11	245	298	209	12	..	243	1,176
Very remote	48	..	303	121	76	10	..	54	612
Total all remoteness areas	20,181	13,449	11,273	5,648	4,922	1,188	986	664	58,311
Number of available beds per 1,000 population resident in area^(a)									
Major cities	2.6	2.3	2.4	2.3	2.8	..	2.6	..	2.5
<i>Total regional</i>	<i>3.1</i>	<i>2.7</i>	<i>2.5</i>	<i>2.3</i>	<i>3.2</i>	<i>2.3</i>	<i>0.0</i>	<i>2.8</i>	<i>2.7</i>
Inner regional	2.9	2.7	2.1	1.6	2.0	2.5	0.0	..	2.5
Outer regional	3.4	3.0	3.1	3.1	4.2	1.9	..	2.8	3.1
<i>Total remote</i>	<i>5.3</i>	<i>2.2</i>	<i>4.0</i>	<i>2.5</i>	<i>4.7</i>	<i>2.0</i>	<i>..</i>	<i>2.9</i>	<i>3.4</i>
Remote	5.2	2.2	3.1	2.9	4.6	1.4	..	4.9	3.7
Very remote	5.7	..	5.2	1.9	5.1	4.2	..	1.0	3.0
Total all remoteness areas	2.8	2.4	2.5	2.3	3.0	2.3	2.6	2.8	2.6

(a) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June 2012. The remoteness area of hospital was based on the ABS 2011 remoteness area classification.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Table 4.22: Recurrent expenditure (\$'000)^(a), public acute and psychiatric hospitals, states and territories, 2012–13

Recurrent expenditure category	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA	SA ^(e)	Tas ^(f)	ACT	NT	Total
Salary and wages expenditure									
Salaried medical officers	1,668,182	1,561,799	1,360,543	888,764	495,686	155,234	166,004	117,738	6,413,950
Registered nurses	n.a.	2,681,822	1,814,578	1,181,263	786,310	218,538	288,507	173,454	7,144,472
Enrolled nurses	n.a.	n.a.	191,771	n.a.	136,599	22,781	28,277	9,120	388,550
Student nurses	..	..	2,702	..	2,885	..	..	..	5,587
<i>Total nurses</i>	<i>3,670,294</i>	<i>2,681,822</i>	<i>2,009,077</i>	<i>1,181,263</i>	<i>925,794</i>	<i>241,319</i>	<i>316,784</i>	<i>182,575</i>	<i>11,208,928</i>
Other personal care staff	n.a.	..	73,441	..	38,810	..	21,066	428	133,744
Diagnostic and allied health professionals	1,010,027	940,770	516,657	298,575	170,307	54,678	69,738	38,034	3,098,786
Administrative and clerical staff ^(g)	967,739	689,073	497,982	390,256	192,735	72,369	69,553	38,562	2,918,270
Domestic and other staff	477,403	564,821	464,130	298,220	65,962	61,491	4,241	41,332	1,977,601
Total salary and wages expenditure	7,793,646	6,438,284	4,921,831	3,057,078	1,889,292	585,092	647,387	418,669	25,751,279
Non-salary expenditure									
Payments to visiting medical officers	642,225	154,234	85,138	145,222	118,912	947	45,078	9,837	1,201,593
Superannuation payments	693,466	553,747	424,397	257,212	167,565	75,561	63,106	0	2,235,055
Drug supplies	591,626	516,112	336,404	226,791	153,026	49,569	22,412	24,142	1,920,082
Medical and surgical supplies	1,436,646	856,000	815,324	300,485	216,149	100,729	73,870	46,900	3,846,102
Food supplies	282,318	99,829	47,653	31,792	22,455	9,643	6,144	5,162	504,998
Domestic services	330,227	244,430	175,337	132,421	66,595	21,440	32,124	17,260	1,019,832
Repairs and maintenance	322,639	192,633	158,763	174,683	56,954	10,843	9,942	16,612	943,069
Patient transport	117,849	61,725	56,031	41,792	24,140	9,782	1,496	25,061	337,875
Administrative expenses	901,094	656,538	627,217	206,823	90,343	42,052	65,213	19,684	2,608,965
Interest payments	47,458	0	0	2,153	1,849	0	154	0	51,614
Depreciation	505,716	638,227	275,034	151,865	127,959	21,207	26,920	4,497	1,751,425
Other recurrent expenditure	294,965	319,533	8,290	213,706	386,412	51,363	21,138	24,726	1,320,134
Total non-salary expenditure, excluding depreciation	5,660,516	3,654,781	2,734,554	1,733,080	1,304,399	371,929	340,677	189,384	15,989,320
Total non-salary expenditure, including depreciation	6,166,232	4,293,008	3,009,588	1,884,945	1,432,358	393,136	367,597	193,882	17,740,745

(continued)

Table 4.22 (continued): Recurrent expenditure (\$'000)^(a), public acute and psychiatric hospitals, states and territories, 2012–13

Recurrent expenditure category	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA	SA ^(e)	Tas ^(f)	ACT	NT	Total
Total expenditure, excluding depreciation	13,454,162	10,093,066	7,656,385	4,790,158	3,193,691	957,020	988,064	608,054	41,740,600
Public acute hospitals	13,208,113	10,044,020	7,533,564	4,709,218	3,116,873	935,993	988,064	608,054	41,143,899
Psychiatric hospitals	246,049	49,046	122,820	80,941	76,818	21,027	..	..	596,701
Total expenditure, including depreciation	13,959,878	10,731,292	7,931,419	4,942,023	3,321,651	978,227	1,014,984	612,551	43,492,024
Public acute hospitals	13,705,490	10,680,435	7,804,621	4,858,757	3,240,327	957,195	1,014,984	612,551	42,874,360
Psychiatric hospitals	254,388	50,857	126,798	83,266	81,324	21,032	..	..	617,665

(a) Recurrent expenditure does not include the purchase of public hospital services at the state or local hospital network level from privately owned and/or operated hospitals.

(b) New South Wales hospital expenditure recorded against special purposes and trust funds is not included. Professional Indemnity expense was included for the first time in 2011–12. *Other personal care staff* are included in *Diagnostic and allied health professionals* and *Domestic and other staff*. New South Wales was unable to provide information for each nurse category, although data on *Total nurses* were provided.

(c) Victorian *Other personal care staff* are included in *Domestic and other staff*. Victoria was unable to provide information for each nurse category, although data on *Total nurses* were provided.

(d) For 2012–13, expenditure data were missing for 3 public hospitals in Queensland, which reported about \$560 million of recurrent expenditure in 2011–12. Pathology services were purchased from a state-wide pathology service rather than being provided by hospital employees in Queensland.

(e) South Australian *Interest payments* are included in *Administrative expenses*. Termination payments are included in *Other recurrent expenditure*. In 2011–12, there were significant once-off revaluations of other employee related expenses. In time series data this may result in 2012–13 appearing to have an artificial reduction in expenditure, including for salaries and wages expenditure components.

(f) For Tasmania, data for *Other personal care staff* were not supplied separately and are included in other staffing categories. Data for 2 small hospitals in Tasmania were not supplied.

(g) *Administrative and clerical staff* may include staff working to support clinicians, such as ward clerks.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Table 4.23: Average full-time equivalent staff^(a) and average salaries, public acute and psychiatric hospitals, states and territories, 2012–13

	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA	SA	Tas ^(e)	ACT	NT	Total
Full-time equivalent staff numbers									
Salaried medical officers	10,598	8,658	7,237	3,663	2,895	771	810	491	35,124
Total nurses	40,999	31,575	21,729	12,362	10,862	2,634	2,733	1,689	124,584
Other personal care staff	n.a	0	1,066	0	855	n.a	286	6	2,213
Diagnostic and allied health professionals	12,112	14,424	5,103	3,231	1,824	610	1,053	396	38,753
Administrative and clerical staff ^(f)	12,803	12,124	6,959	5,278	3,267	1,120	792	496	42,839
Domestic and other staff	8,344	7,117	7,745	4,629	1,565	1,089	67	634	31,190
Total staff	84,855	73,897	49,840	29,164	21,268	6,225	5,742	3,712	274,703
Average salaries (\$)									
Salaried medical officers	157,404	180,389	187,986	242,613	171,209	201,237	205,067	239,753	182,609
Total nurses	89,522	84,936	92,460	95,553	85,229	91,611	115,894	108,084	89,971
Other personal care staff	n.a	..	68,872	..	45,402	n.a	73,654	n.p.	60,441
Diagnostic and allied health professionals	83,390	65,225	101,248	92,400	93,360	89,570	66,225	96,069	79,961
Administrative and clerical staff ^(f)	75,589	56,836	71,561	73,945	59,002	64,595	87,770	77,681	68,122
Domestic and other staff	57,217	79,363	59,927	64,418	42,154	56,485	63,117	65,172	63,405
Average salary (\$)	91,907	87,125	98,753	104,823	88,839	94,005	112,754	112,774	93,762

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2012 were used. Staff contracted to provide products (rather than labour) are not included.

(b) In New South Wales, *Other personal care staff* were included in *Diagnostic and allied health professionals*, *Domestic and other staff* and *Total nurses*.

(c) For Victoria, *Other personal care staff* were included in *Domestic and other staff*.

(d) 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. Queensland pathology services provided by staff employed by the state pathology service were not reported here.

(e) For Tasmania, data for *Other personal care staff* were not supplied separately and are included in other staffing categories. Data for 2 small hospitals in Tasmania were not supplied.

(f) *Administrative and clerical staff* may include staff working to support clinicians, such as ward clerks.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.