

11 Sub- and non-acute admitted patient care

This chapter presents information on sub- and non-acute admitted patient care provided by public and private hospitals in Australia, sourced from the AIHW's National Hospital Morbidity Database (NHMD).

What data are reported?

Sub- and non-acute admitted patient care includes the following categories:

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

The term 'non-acute' is used throughout the text to refer to both sub-acute and non-acute care.

Box 11.1: What are the limitations of the data?

As these data are sourced from the NHMD, the data limitations presented in *Chapter 7* and *Appendix 1* should be taken into consideration when interpreting the data.

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

In addition, it should be noted that there is some apparent variation among jurisdictions in the use of statistical discharges and associated assignment of care types which may affect the comparability of the data.

Box 11.2: What methods were used?

Readers should note the following:

- (a) In this chapter, separations are included if the care type was reported as *Rehabilitation, Palliative, Geriatric evaluation and management, Psychogeriatric* or *Maintenance* care.
- (b) In some tables in this chapter, the category *Other non-acute care* includes the care types: *Geriatric evaluation and management, Psychogeriatric* and *Maintenance* care.
- (c) The overall quality of the data provided for Indigenous status in 2009–10 is considered to be in need of some improvement, being considered acceptable for analysis purposes for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory (see *Appendix 1*).

For details of other methods used in this chapter, see *Chapter 7*.

How has activity changed over time?

Between 2005–06 and 2009–10, the number of separations for non-acute care in all hospitals increased by 10.1% per year. Over this period, the average rate of increase was higher in private hospitals (15.6%) than in public hospitals (4.8%). In particular, *Rehabilitation* care in private hospitals doubled, increasing by an average of 19.1% per year between 2005–06 and 2009–10 (Table 11.1).

Table 11.1: Non-acute separations^(a) by care type, public and private hospitals, 2005–06 to 2009–10

	2005–06	2006–07	2007–08	2008–09	2009–10	Change (per cent)	
						Ave since 2005–06	Since 2008–09
Public hospitals							
Rehabilitation	67,685	70,822	75,446	77,875	82,692	5.1	6.2
Palliative care	20,342	21,785	21,598	24,262	26,633	7.0	9.8
Geriatric evaluation and management	13,915	14,670	14,813	18,307	21,310	11.2	16.4
Psychogeriatric care	4,583	4,695	4,494	2,393	2,336	-15.5	-2.4
Maintenance care	19,750	19,093	19,211	19,763	19,624	-0.2	-0.7
<i>Total</i>	<i>126,275</i>	<i>131,065</i>	<i>135,562</i>	<i>142,600</i>	<i>152,595</i>	<i>4.8</i>	<i>7.0</i>
Private hospitals							
Rehabilitation	83,842	96,401	115,659	137,946	168,972	19.1	22.5
Palliative care	5,399	6,488	5,766	5,281	5,016	-1.8	-5.0
Geriatric evaluation and management	766	780	87	113	88	-41.8	-22.1
Psychogeriatric care	10,831	6,138	6,857	6,579	8,102	-7.0	23.1
Maintenance care	2,305	1,636	1,699	2,004	2,283	-0.2	13.9
<i>Total</i>	<i>103,143</i>	<i>111,443</i>	<i>130,068</i>	<i>151,923</i>	<i>184,461</i>	<i>15.6</i>	<i>21.4</i>
Total	229,418	242,508	265,630	294,523	337,056	10.1	14.4

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods. Similar information by hospital type is available online at <www.aihw.gov.au/hospitals>.

Abbreviation: Ave—average.

How much activity was there in 2009–10?

Overall, 3.9% of separations in 2009–10 were non-acute separations (Table 11.2). However, there was some variation between states and territories in the proportion of separations that were for non-acute care, ranging from 1.2 per 1,000 population in Northern Territory to 7.0 per 1,000 in the Australian Capital Territory.

Table 11.2: Non-acute separations, by care type, all hospitals, states and territories, 2009–10

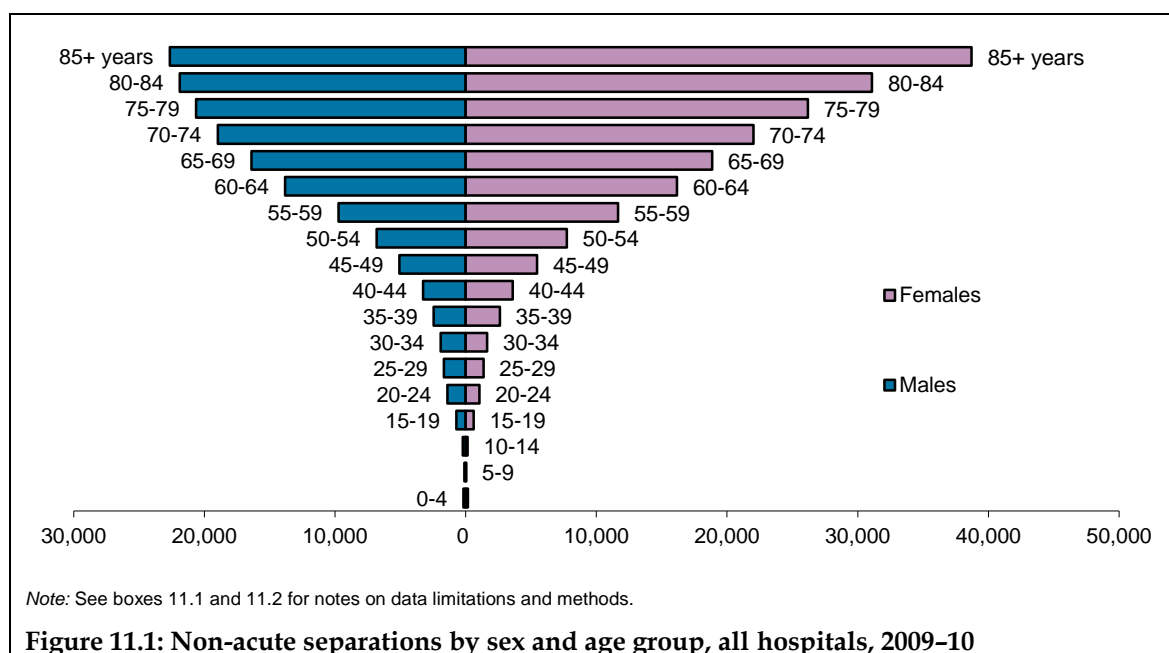
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Rehabilitation	128,891	30,985	48,679	10,268	24,286	2,177	5,764	614	251,664
Palliative care	10,698	6,802	7,649	3,282	1,847	399	651	321	31,649
Geriatric evaluation and management	3,689	13,250	1,716	672	1,361	35	644	31	21,398
Psychogeriatric care	744	7,177	566	1,610	260	48	32	1	10,438
Maintenance care	7,085	873	6,981	1,636	2,816	492	1,640	384	21,907
All hospitals	151,107	59,087	65,591	17,468	30,570	3,151	8,731	1,351	337,056
Non-acute as a proportion of all hospital separations	6.0	2.6	3.7	2.0	4.7	1.8	7.0	1.2	3.9

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Who used these services?

Sex and age group

Females accounted for more than half (56.1%) of non-acute separations (Figure 11.1). There were more non-acute separations for males than females in the age groups from 0 to 34 years. However, females accounted for more separations than males in all other age groups. Persons aged 60 years and over accounted for more than three-quarters of all non-acute separations.



Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Figure 11.1: Non-acute separations by sex and age group, all hospitals, 2009–10

Performance indicator: People aged 65 years or over receiving sub-acute services

This National Healthcare Agreement indicator is related to the outcome area of aged care. It is denoted as an interim indicator, as the available data do not completely match the intent of the indicator. This indicator is intended to report the number of people aged 65 years or over receiving sub-acute services. However, the data are based on the number of separations for sub-acute services, and a person may have more than one occasion in hospital during the year. Therefore the data presented here are not an estimate the number of persons aged 65 years or over receiving sub-acute services. These data do not include separations for *Maintenance* care.

There was some variation between states and territories in the rate of sub-acute separations for persons aged 65 years or over. For public hospitals, the separation rate ranged from 16 per 1,000 persons in Tasmania to 73 per 1,000 persons in the Australian Capital Territory (Table 11.3).

Comparison of rates for states and territories should take into consideration cross border flows, particularly in the Australian Capital Territory. There may also be differences between states and territories in the delivery of sub-acute care which should be considered when interpreting these data.

Table 11.3: Separations for persons^(a) aged 65 years or over receiving sub-acute^(b) services, public and private hospitals, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Separations	33,390	27,394	16,243	8,540	6,792	1,228	2,596	270	96,453
Separations per 1,000 population	32.4	35.5	30.1	31.6	25.8	15.8	72.9	26.4	32.1
Private hospitals									
Separations	66,310	20,297	18,169	3,924	11,967	n.p	n.p	n.p	123,409
Separations per 1,000 population	66.3	26.8	33.2	14.4	46.7	n.p	n.p	n.p	41.8
Total									
Separations	99,700	47,691	34,412	12,464	18,759	n.p	n.p	n.p	219,862
Separations per 1,000 population	98.6	62.3	63.3	46.0	72.4	n.p	n.p	n.p	73.9

(a) Data are based on separations, not persons, therefore these rates are likely to overestimate the number of people receiving sub-acute care.

(b) Separations for *Maintenance* care are excluded.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Additional information on the number of separations for persons aged 65 years or over receiving sub-acute services by Indigenous status, remoteness area of residence and socioeconomic status is included in additional tables accompanying this report online at <www.aihw.gov.au/hospitals>.

Aboriginal and Torres Strait Islander people

Box 11.3: Quality of Indigenous status data

The quality of the data provided for Indigenous status in 2009–10 for admitted patient care varied by jurisdiction. See *Chapter 7* and *Appendix 1* for more information on the quality of Indigenous data in the NHMD.

Separations for Aboriginal and Torres Strait Islander people are likely to be under-enumerated. It should also be noted that data presented for the six jurisdictions with data of acceptable quality for analysis purposes are not necessarily representative of the jurisdictions excluded.

Nationally, 0.9% of all non-acute separations reported an Indigenous status of *Aboriginal and/or Torres Strait Islander*. The proportion of separations that were for *Indigenous Australians* varied across the states and territories (Table 11.4).

In 2009–10, there were 12 non-acute separations per 1,000 population for *Indigenous Australians*, about 84% of the rate for *Other Australians* (15 per 1,000). *Indigenous Australians* had lower separation rates for *Rehabilitation* care than *Other Australians* (6 per 1,000 and 11 per 1,000, respectively). *Indigenous Australians* had higher separation rates for *Palliative* care and *Maintenance* care than *Other Australians*.

Table 11.4: Non-acute separations, by Indigenous status, all hospitals, selected states and territories^(a), 2009–10

	NSW	Vic	Qld	WA	SA	NT	Total	Separations per 1,000 population
Indigenous Australians								
Rehabilitation	383	112	646	236	102	199	1,678	6.4
Palliative care	124	22	145	109	15	47	462	1.9
Geriatric evaluation and management	25	27	31	5	3	25	116	0.6
Psychogeriatric care	5	2	4	8	1	1	21	0.1
Maintenance care	84	10	275	132	23	214	738	3.2
<i>Total</i>	621	173	1,101	490	144	486	3,015	12.2
Other Australians^(b)								
Rehabilitation	128,508	30,873	48,033	10,032	24,184	415	242,045	10.9
Palliative care	10,574	6,780	7,504	3,173	1,832	274	30,137	1.3
Geriatric evaluation and management	3,664	13,223	1,685	667	1,358	6	20,603	0.9
Psychogeriatric care	739	7,175	562	1,602	259	0	10,337	0.5
Maintenance care	7,001	863	6,706	1,504	2,793	170	19,037	0.9
<i>Total</i>	150,486	58,914	64,490	16,978	30,426	865	322,159	14.4
Total	151,107	59,087	65,591	17,468	30,570	1,351	325,174	14.5

(a) Excludes data for Tasmania, the Australian Capital Territory and private hospitals in the Northern Territory.

(b) *Other Australians* includes separations for which Indigenous status was *Not reported*.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Remoteness area

There was marked variation in the separation rates for non-acute admitted patient care by remoteness area of usual residence. Overall, people usually resident in *Major cities* had much higher rates for *Rehabilitation* care than other areas (13 separations per 1,000 population, compared with 11 per 1,000 nationwide) (Tables 11.5 and 11.6). The separation rate ratios (SRR) indicate notable differences in the separation rates for *Rehabilitation* care across remoteness areas for both public and private hospitals.

For public hospitals, the rate of *Rehabilitation* care varied from 2.3 per 1,000 population for people residing in *Remote* areas to 3.9 per 1,000 for people residing in *Major cities* (Table 11.5). There were more marked variations for private hospitals, with the rate of *Rehabilitation* care ranging from 1.0 per 1,000 in *Very remote* areas to 9.3 per 1,000 in *Major cities* (Table 11.6).

Table 11.5: Selected non-acute separation statistics, by remoteness area of usual residence, public hospitals, 2009–10

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(a)
Rehabilitation						
Separations	62,095	13,905	5,377	650	309	82,692
Separation rate	3.9	2.7	2.4	2.3	2.4	3.5
SRR	1.12	0.78	0.68	0.65	0.68	
Palliative care						
Separations	18,140	5,361	2,697	227	160	26,633
Separation rate	1.2	1.0	1.2	0.8	1.3	1.1
SRR	1.03	0.90	1.03	0.71	1.12	
Geriatric evaluation and management						
Separations	17,186	3,273	750	44	21	21,310
Separation rate	1.0	0.6	0.3	0.2	0.2	0.9
SRR	1.20	0.70	0.38	0.22	0.22	
Psychogeriatric care						
Separations	1,934	286	85	11	3	2,336
Separation rate	0.1	0.1	0.0	0.0	0.0	0.1
SRR	1.26	0.55	0.38	0.41	0.34	
Maintenance care						
Separations	10,711	4,615	3,245	525	442	19,624
Separation rate	0.6	0.9	1.4	2.1	4.3	0.8
SRR	0.80	1.09	1.79	2.61	5.38	
Total						
Separations	110,066	27,440	12,154	1,457	935	152,595
Separation rate	6.9	5.3	5.4	5.4	8.2	6.4
SRR	1.08	0.83	0.84	0.85	1.29	

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Abbreviation: SRR—Separation rate ratio.

Table 11.6: Selected non-acute separation statistics, by remoteness area of usual residence, private hospitals, 2009–10

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(a)
Rehabilitation						
Separations	145,534	19,475	3,408	360	56	168,972
Separation rate	9.3	3.8	1.6	1.8	1.0	7.2
SRR	1.29	0.52	0.22	0.25	0.14	
Palliative care						
Separations	3,248	1,362	377	20	4	5,016
Separation rate	0.2	0.3	0.2	0.1	0.0	0.2
SRR	0.97	1.21	0.80	0.42	0.19	
Other non-acute care						
Separations	9,272	1,010	175	12	1	10,473
Separation rate	0.6	0.2	0.1	0.1	0.0	0.4
SRR	1.34	0.47	0.19	0.12	0.02	
Total						
Separations	158,054	21,847	3,960	392	61	184,461
Separation rate	10.1	4.2	1.8	1.9	1.1	7.8
SRR	1.28	0.54	0.23	0.24	0.14	

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Abbreviation: SRR—separation rate ratio.

Socioeconomic status

Socioeconomic status (SES) groups in this report are based on the Index of Relative Socio-Economic Disadvantage (from SEIFA 2006) for the area of usual residence (SLA) of the patient. See *Appendix 1* for details.

Each socioeconomic status group accounted for between 16.5% and 28.8% of total non-acute separations. The separation rates varied from 20.8 per 1,000 population for patients living in areas classified as being the highest SES group to 11.0 per 1,000 for the second lowest SES group (Table 11.7). The separation rate ratios (SRR) indicate notable differences in the separation rates across socioeconomic status groups for some categories.

Table 11.7: Selected non-acute separation statistics, by socioeconomic status, all hospitals, 2009–10

	Socioeconomic status group					Total ^(a)
	1— Lowest	2	3	4	5— Highest	
Rehabilitation						
Separations	37,774	40,691	47,284	46,267	79,146	251,664
Separation rate	7.7	8.0	10.3	10.7	17.0	10.6
SRR	0.73	0.75	0.97	1.01	1.60	
Palliative care						
Separations	7,674	5,903	6,595	5,573	5,849	31,649
Separation rate	1.5	1.1	1.4	1.3	1.2	1.3
SRR	1.16	0.86	1.08	0.97	0.93	
Geriatric evaluation and management						
Separations	3,814	4,106	4,772	4,284	4,386	21,398
Separation rate	0.7	0.8	1.0	1.0	0.9	0.9
SRR	0.85	0.88	1.16	1.12	1.02	
Psychogeriatric care						
Separations	792	993	1,562	2,532	4,542	10,438
Separation rate	0.2	0.2	0.3	0.6	1.0	0.4
SRR	0.36	0.43	0.77	1.38	2.29	
Maintenance care						
Separations	5,469	5,155	4,140	3,795	3,255	21,907
Separation rate	1.1	1.0	0.9	0.9	0.7	0.9
SRR	1.21	1.09	0.98	0.95	0.73	
Total						
Separations	55,523	56,848	64,353	62,451	97,178	337,056
Separation rate	11.2	11.0	14.0	14.4	20.8	14.2
SRR	0.79	0.78	0.99	1.02	1.47	

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Abbreviation: SRR—separation rate ratio.

How did people access these services?

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

Over half of all non-acute separations had a mode of admission of *Other*, the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 11.8). *Statistical admission: care type change* was the most common admission mode for non-acute separations in public hospitals. This indicates that the clinical intent of the patient's care had changed (for example, from *Acute* care to *Rehabilitation* care), within the one hospital. Public hospitals also recorded higher proportions of *Admitted patient transferred from another hospital* than private hospitals.

Table 11.8: Non-acute separations, by mode of admission, public and private hospitals, 2009–10

	Public hospitals	Private hospitals	Total
Admitted patient transferred from another hospital	46,675	39,333	86,008
Statistical admission: care type change	62,474	12,227	74,701
Other	43,313	132,890	176,203
Not reported	133	11	144
Total	152,595	184,461	337,056

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Why did people receive the care?

The reason that a patient received admitted patient care can be described in terms of the principal diagnosis. The **principal diagnosis** is the diagnosis established after study to be chiefly responsible for occasioning the episode of admitted patient care.

Principal diagnosis

Overall, four out of five non-acute separations had a principal diagnosis from the ICD-10-AM chapter *Factors influencing health status and contact with health services*. A principal diagnosis within this chapter was reported for 93% of non-acute separations in private hospitals and 68% in public hospitals (Table 11.9).

Care involving use of rehabilitation procedures accounted for 73% of principal diagnoses reported for non-acute separations (at the 3-character level). This diagnosis is required to be reported as the principal diagnosis for *Rehabilitation care* and lies within the chapter *Factors influencing health status and contact with health services*.

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

Table 11.9: Non-acute separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2009–10

Principal diagnosis chapter		Public hospitals	Private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	873	40	913
C00–D48	Neoplasms	19,716	3,906	23,622
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	246	17	263
E00–E90	Endocrine, nutritional and metabolic diseases	984	112	1,096
F00–F99	Mental and behavioural disorders	4,517	6,449	10,966
G00–G99	Diseases of the nervous system	2,329	1,291	3,620
H00–H59	Diseases of the eye and adnexa	21	4	25
H60–H95	Diseases of the ear and mastoid process	43	1	44
I00–I99	Diseases of the circulatory system	4,526	527	5,053
J00–J99	Diseases of the respiratory system	3,098	434	3,532
K00–K93	Diseases of the digestive system	1,650	194	1,844
L00–L99	Diseases of the skin and subcutaneous tissue	491	35	526
M00–M99	Diseases of the musculoskeletal system and connective tissue	1,643	138	1,781
N00–N99	Diseases of the genitourinary system	1,304	114	1,418
O00–O99	Pregnancy, childbirth and the puerperium	73	2	75
P00–P96	Certain conditions originating in the perinatal period	86	0	86
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	17	0	17
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	2,300	252	2,552
S00–T98	Injury, poisoning and certain other consequences of external causes	4,269	189	4,458
Z00–Z99	Factors influencing health status and contact with health services	104,344	170,699	275,043
	Not reported	65	57	122
Total non-acute separations		152,595	184,461	337,056

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

For *Palliative care*, 9 of the top 10 principal diagnoses were for malignant neoplasms, and these accounted for 46% of principal diagnoses for *Palliative care* separations (Table 11.10). The top 5 neoplasm-related principal diagnoses are presented, as are the top 5 non-neoplasm related principal diagnoses for *Palliative care*.

For *Geriatric evaluation and management*, the top 10 principal diagnoses made up 39% of all separations within this care type. They included *Care involving use of rehabilitation procedures*, acute conditions (such as pneumonia and fractures of the hip and spine) and chronic conditions (such as heart failure and chronic obstructive pulmonary disease) (Table 11.11).

Table 11.10: Separations for the top 5 neoplasm related and other principal diagnoses in 3-character ICD-10-AM groupings for Palliative care separations, public and private hospitals, 2009–10

Principal diagnosis		Public hospitals	Private hospitals	Total
Neoplasm-related				
C34	Malignant neoplasm of bronchus and lung	3,449	590	4,039
C79	Secondary malignant neoplasm of other sites	2,083	540	2,623
C78	Secondary malignant neoplasm of respiratory and digestive organs	1,492	473	1,965
C61	Malignant neoplasm of prostate	1,038	221	1,259
C25	Malignant neoplasm of pancreas	985	198	1,183
Other				
I50	Heart failure	540	90	630
J44	Other chronic obstructive pulmonary disease	460	72	532
J18	Pneumonia, organism unspecified	376	38	414
G12	Spinal muscular atrophy and related syndromes	257	102	359
I63	Cerebral infarction	302	23	325
Other (includes neoplasm-related not listed above)		15,651	2,669	18,320
Total Palliative care separations		26,633	5,016	31,649

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.11: Separations for the top 10 principal diagnoses in 3-character ICD-10-AM groupings for Geriatric evaluation and management separations, public and private hospitals, 2009–10

Principal diagnosis		Public hospitals	Private hospitals	Total
Z50	Care involving use of rehabilitation procedures	2,916	0	2,916
S72	Fracture of femur	1,039	0	1,039
I50	Heart failure	641	4	645
F05	Delirium, not induced by alcohol and other psychoactive substances	615	0	615
Z75	Problems related to medical facilities and other health care	561	0	561
J18	Pneumonia, organism unspecified	557	1	558
S32	Fracture of lumbar spine and pelvis	515	0	515
J44	Other chronic obstructive pulmonary disease	507	0	507
N39	Other disorders of urinary system	503	1	504
R29	Other symptoms and signs involving the nervous and musculoskeletal systems	458	0	458
Other		12,998	82	13,080
Total Geriatric evaluation and management separations		21,310	88	21,398

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

For *Psychogeriatric* care, the top 10 principal diagnoses made up 80% of all separations within this care type. They included depressive disorders, Alzheimer's disease and dementia (Table 11.12).

Table 11.12: Separations for the top 10 principal diagnoses in 3-character ICD-10-AM groupings for Psychogeriatric care separations, public and private hospitals, 2009–10

Principal diagnosis		Public hospitals	Private hospitals	Total
F33	Recurrent depressive disorder	147	1,916	2,063
F32	Depressive episode	466	1,438	1,904
G30	Alzheimer's disease	291	1,095	1,386
F10	Mental and behavioural disorders due to use of alcohol	31	661	692
F31	Bipolar affective disorder	202	453	655
F41	Other anxiety disorders	40	568	608
F20	Schizophrenia	211	128	339
F43	Reaction to severe stress, and adjustment disorders	53	195	248
F25	Schizoaffective disorders	85	129	214
F03	Unspecified dementia	186	20	206
	Other	624	1,499	2,123
Total Psychogeriatric care separations		2,336	8,102	10,438

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

For *Maintenance* care, the top 10 principal diagnoses made up over 92% of all separations within this care type, with *Problems related to medical facilities and other health care* being the most common principal diagnosis (Table 11.13).

Table 11.13: Separations for the top 10 principal diagnoses in 3-character ICD-10-AM groupings for Maintenance care separations, public and private hospitals, 2009–10

Principal diagnosis		Public hospitals	Private hospitals	Total
Z75	Problems related to medical facilities and other health care	15,097	1,036	16,133
Z54	Convalescence	1,079	581	1,660
Z74	Problems related to care-provider dependency	1,326	17	1,343
F33	Recurrent depressive disorder	4	399	403
F20	Schizophrenia	189	0	189
Z51	Other medical care	81	6	87
I50	Heart failure	65	2	67
F03	Unspecified dementia	65	0	65
Z48	Other surgical follow-up care	52	3	55
J44	Other chronic obstructive pulmonary disease	47	4	51
	Other	1,619	235	1,854
Total Maintenance care separations		19,624	2,283	21,907

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Additional diagnoses

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

The 10 most common first additional diagnoses reported for *Rehabilitation* care separations included musculoskeletal conditions and injuries (Table 11.14). Over half of rehabilitation separations in private hospitals and about one quarter of rehabilitation separations in public hospitals reported these 10 first additional diagnoses. These figures may indicate that public hospitals provided rehabilitation care for a greater variety of conditions than private hospitals.

Table 11.14: Separations for the top 10 first additional diagnoses in 3-character ICD-10-AM groupings for *Rehabilitation* care separations, public and private hospitals, 2009–10

First additional diagnosis	Public hospitals	Private hospitals	Total
M17 Gonarthrosis [arthrosis of knee]	2,467	34,340	36,807
M16 Coxarthrosis [arthrosis of hip]	1,560	15,942	17,502
S72 Fracture of femur	7,121	7,875	14,996
I63 Cerebral infarction	5,701	4,399	10,100
Z96 Presence of other functional implants	763	5,428	6,191
M54 Dorsalgia	637	5,184	5,821
M25 Other joint disorders, not elsewhere classified	378	5,398	5,776
S32 Fracture of lumbar spine and pelvis	2,088	3,444	5,532
M48 Other spondylopathies	456	4,372	4,828
S82 Fracture of lower leg, including ankle	1,658	2,484	4,142
Other	59,863	80,106	139,969
Total Rehabilitation separations	82,692	168,972	251,664

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

How urgent was the care?

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

In 2009–10, 66% of non-acute admitted patients were reported as *Elective* admissions (treatment could be delayed by at least 24 hours). The proportion of *Elective* admissions varied between public and private hospitals, accounting for 88% of non-acute separations in private hospitals and 25% in public hospitals. Just fewer than 30% of non-acute separations had a *Not assigned* urgency of admission (Table 11.15).

Table 11.15: Non-acute separations, by urgency of admission and care type, public and private hospitals, 2009–10

	Rehabilitation	Palliative	Geriatric evaluation and management	Psychogeriatric	Maintenance	Total
Public hospitals						
Emergency	4,189	5,662	1,427	656	836	12,770
Elective	34,814	9,935	9,155	561	1,823	56,288
Not assigned	43,629	10,797	10,725	1,119	16,933	83,203
<i>Total</i>	<i>82,692</i>	<i>26,633</i>	<i>21,310</i>	<i>2,336</i>	<i>19,624</i>	<i>152,595</i>
Private hospitals						
Emergency	343	695	8	630	18	1,694
Elective	153,659	3,432	80	7,449	1,559	166,179
Not assigned	14,970	889	0	23	706	16,588
<i>Total</i>	<i>168,972</i>	<i>5,016</i>	<i>88</i>	<i>8,102</i>	<i>2,283</i>	<i>184,461</i>
Total	251,664	31,649	21,398	10,438	21,907	337,056

(a) The total includes separations for which the urgency of admission was *Not reported*.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

What care was provided?

The care that a patient received can be described in a variety of ways. This section presents information on sub- and non-acute separations describing care by:

- care type – describes the overall nature of a clinical service provided to an admitted patient during an episode of care.
- the type of surgical or other procedure undertaken.

Medical, surgical or other care

Acute care activity can be classified as *Medical*, *Surgical* and *Other* care, based on the *Medical*, *Surgical* and *Other* partitions of the AR-DRG classifications (see Box 7.1).

As the AR-DRG classification relates to *Acute* care, the *Medical/Surgical/Other* categories have not been applied to non-acute care.

Care type

For public and private sectors combined, about 75% of non-acute separations were for *Rehabilitation* care (see Table 11.1); therefore, most of the data in this chapter relates to *Rehabilitation* care.

Although almost 32,000 separations were recorded with a care type of *Palliative* care, there were over 54,000 separations identified as providing some form of palliative care regardless of the care type specified (Table 11.16). These separations are identified by either the assignment of the ICD-10-AM code Z51.5 *Palliative* care as an additional diagnosis, or by the assignment of the *Palliative* care type. The exact nature of the care provided for the separations that were not assigned the palliative care type, but were assigned an additional diagnosis code of Z51.5, is unknown.

Table 11.16: Palliative care separations as identified by care type and/or additional diagnosis of Z51.5, all hospitals, states and territories, 2009–10

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Number of separations									
Care type	10,698	6,802	7,649	3,209	1,847	399	651	321	31,576
Diagnosis	19,956	16,640	7,649	3,210	3,952	1,493	745	674	54,319
Care type and/or diagnosis	20,769	16,724	7,649	3,210	4,534	1,563	764	702	55,915

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Procedures and other interventions

A **procedure** is defined as a clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training, and/or requires special facilities or equipment available only in an acute care setting (HDSC 2008).

Procedures classified to the ACHI procedure chapter *Non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 99.5% of non-acute separations for which a procedure was reported (Table 11.17). This chapter includes anaesthesia, allied health interventions (which includes physiotherapy and other rehabilitation-related procedures), dialysis and chemotherapy.

In public hospitals, about 19% of non-acute separations did not report a procedure, while in private hospitals about 8% did not report a procedure.

The 10 most frequently reported procedures for each of the non-acute care types are presented in tables 11.18 to 11.22.

In 2009–10, allied health interventions (which lie within the chapter *Non-invasive, cognitive and other interventions, not elsewhere classified*) were the most frequently reported procedures for *Rehabilitation* care separations (Table 11.18). Allied health interventions reported included physiotherapy, occupational therapy, social work and other rehabilitation procedures or interventions.

For *Palliative* care, 9 of the top 10 reported procedures were allied health interventions and included physiotherapy and pastoral care (Table 11.19). About 16% of *Palliative* care separations had no procedures reported.

For *Geriatric evaluation and management*, 9 of the top 10 reported procedures were allied health interventions and included physiotherapy, occupational therapy and social work (Table 11.20).

For *Psychogeriatric* care, about 43% had no procedures reported. The top 10 reported procedures included social work, occupational therapy, general anaesthesia and electroconvulsive therapy (Table 11.21).

For *Maintenance* care, about 22% had no procedures reported. The top 10 reported procedures included physiotherapy, social work, occupational therapy and ageing assessment (Table 11.22).

Table 11.17: Non-acute separations^(a), by procedure in ACHI chapters, public and private hospitals, 2009–10

Procedure chapter		Public hospitals	Private hospitals	Total
1–86	Procedures on nervous system	316	229	545
110–129	Procedures on endocrine system	13	2	15
160–256	Procedures on eye and adnexa	44	12	56
300–333	Procedures on ear and mastoid process	106	15	121
370–422	Procedures on nose, mouth and pharynx	62	12	74
450–490	Dental services	174	13	187
520–569	Procedures on respiratory system	690	141	831
600–767	Procedures on cardiovascular system	723	223	946
800–817	Procedures on blood and blood-forming organs	68	26	94
850–1011	Procedures on digestive system	1,169	366	1,535
1040–1129	Procedures on urinary system	2,342	441	2,783
1160–1203	Procedures on male genital organs	11	5	16
1240–1299	Gynaecological procedures	15	20	35
1330–1347	Obstetric procedures	15	2	17
1360–1579	Procedures on musculoskeletal system	835	317	1,152
1600–1718	Dermatological and plastic procedures	1,340	221	1,561
1740–1759	Procedures on breast	20	4	24
1786–1799	Radiation oncology procedures	495	27	522
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	122,457	169,414	291,871
1940–2016	Imaging services	12,007	2,586	14,593
	Total procedures	142,902	174,076	316,978
	No procedure or not reported	29,003	14,806	43,809
Total non-acute separations		152,595	184,461	337,056

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.18: Procedure statistics for the top 10 ACHI procedures for *Rehabilitation* care separations^(a), public and private hospitals, 2009–10

Procedure code and description		Public hospitals	Private hospitals	Total
95550-03	Allied health intervention, physiotherapy	64,144	149,601	213,745
95550-02	Allied health intervention, occupational therapy	50,223	76,764	126,987
95550-01	Allied health intervention, social work	34,276	18,349	52,625
96153-00	Hydrotherapy	966	50,165	51,131
95550-00	Allied health intervention, dietetics	21,709	10,707	32,416
95550-05	Allied health intervention, speech pathology	15,819	10,524	26,343
95550-11	Allied health intervention, other	2,608	17,820	20,428
95550-09	Allied health intervention, pharmacy	5,690	4,637	10,327
96129-00	Exercise therapy, total body	0	9,955	9,955
95550-10	Allied health intervention, psychology	4,689	4,327	9,016
	Separations with no procedure reported	12,231	6,589	18,820
Total procedures		231,959	369,000	600,959

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.19: Procedure statistics for the top 10 ACHI procedures for *Palliative* care separations^(a), public and private hospitals, 2009–10

Procedure code and description		Public hospitals	Private hospitals	Total
95550-03	Allied health intervention, physiotherapy	9,784	1,174	10,958
95550-01	Allied health intervention, social work	9,946	740	10,686
95550-12	Allied health intervention, pastoral care	5,285	995	6,280
95550-02	Allied health intervention, occupational therapy	5,519	340	5,859
95550-00	Allied health intervention, dietetics	4,356	527	4,883
95550-05	Allied health intervention, speech pathology	2,924	193	3,117
95550-11	Allied health intervention, other	1,973	79	2,052
13706-02	Administration of packed cells	1,146	346	1,492
95550-13	Allied health intervention, music therapy	792	192	984
95550-09	Allied health intervention, pharmacy	791	86	877
	Separations with no procedure reported	7,271	1,948	9,219
Total procedures		51,795	7,114	58,909

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.20: Procedure statistics for the top 10 ACHI procedures for *Geriatric evaluation and management separations*^(a), public and private hospitals, 2009–10

Procedure code and description		Public hospitals	Private hospitals	Total
95550-03	Allied health intervention, physiotherapy	17,122	22	17,144
95550-02	Allied health intervention, occupational therapy	14,244	6	14,250
95550-01	Allied health intervention, social work	13,360	1	13,361
95550-00	Allied health intervention, dietetics	9,079	4	9,083
95550-05	Allied health intervention, speech pathology	5,394	0	5,394
95550-09	Allied health intervention, pharmacy	3,151	1	3,152
95550-04	Allied health intervention, podiatry	2,400	0	2,400
56001-00	Computerised tomography of brain	1,219	1	1,220
95550-12	Allied health intervention, pastoral care	1,046	1	1,047
95550-10	Allied health intervention, psychology	820	0	820
	Separations with no procedure reported	2,279	4	2,283
Total procedures		75,542	207	75,749

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.21: Procedure statistics for the top 10 ACHI procedures for *Psychogeriatric care separations*^(a), public and private hospitals, 2009–10

Procedure code and description		Public hospitals	Private hospitals	Total
95550-01	Allied health intervention, social work	1,140	505	1,645
95550-02	Allied health intervention, occupational therapy	866	706	1,572
92514-99	General anaesthesia, ASA 99	476	968	1,444
95550-03	Allied health intervention, physiotherapy	751	644	1,395
92514-39	General anaesthesia, ASA 39	251	476	727
93341-01	Electroconvulsive therapy [ECT], 1 treatment	79	449	528
95550-00	Allied health intervention, dietetics	398	99	497
95550-09	Allied health intervention, pharmacy	341	122	463
95550-10	Allied health intervention, psychology	272	184	456
95550-05	Allied health intervention, speech pathology	307	97	404
	Separations with no procedure reported	419	5,486	5,905
Total procedures		6,538	7,227	13,765

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.22: Procedure statistics for the top 10 ACHI procedures for *Maintenance* care separations^(a), public and private hospitals, 2009–10

Procedure code and description		Public hospitals	Private hospitals	Total
95550-03	Allied health intervention, physiotherapy	7,718	687	8,405
95550-01	Allied health intervention, social work	7,545	477	8,022
95550-02	Allied health intervention, occupational therapy	4,172	149	4,321
95550-00	Allied health intervention, dietetics	3,620	156	3,776
95550-05	Allied health intervention, speech pathology	2,389	90	2,479
95550-09	Allied health intervention, pharmacy	861	21	882
95550-11	Allied health intervention, other	534	27	561
95550-04	Allied health intervention, podiatry	405	122	527
96023-00	Ageing assessment	403	12	415
56001-00	Computerised tomography of brain	384	10	394
	Separations with no procedure reported	6,814	779	7,593
Total procedures		32,086	2,704	34,790

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

How long did patients stay?

Non-acute separations may involve same-day or overnight episodes. Overall, the average length of stay for non-acute care was much higher than the average length of stay for acute care, and was higher in public hospitals than in private hospitals (Table 11.23). For example, the average length of stay for *Rehabilitation* care was 18.3 days in public hospitals, compared to 5.2 days in private hospitals.

Table 11.23: Patient days and average length of stay for non-acute separations, by care type, public and private hospitals, 2009–10

Care type	Public hospitals		Private hospitals		Total	
	Patient days	Average length of stay	Patient days	Average length of stay	Patient days	Average length of stay
Rehabilitation	1,517,048	18.3	872,470	5.2	2,389,518	9.5
Palliative care	300,762	11.3	59,785	11.9	360,547	11.4
Geriatric evaluation and management	431,005	20.2	397	4.5	431,402	20.2
Psychogeriatric care	143,220	61.3	56,709	7.0	199,929	19.2
Maintenance care	704,561	35.9	47,155	20.7	751,716	34.3
Total	3,096,596	20.3	1,036,516	5.6	4,133,112	12.3

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Who paid for the care?

Almost 77% of non-acute separations from public hospitals were for *Public patients*, with just over 78% of non-acute separations from private hospitals funded by *Private health insurance* (Table 11.24). The *Department of Veterans' Affairs* funded over 7% of non-acute separations in public hospitals and just under 13% in private hospitals.

There was some variation by type of non-acute care. For private hospitals, about 39% of *Palliative* care and 20% of *Maintenance* care were *Public patients*.

Table 11.24: Non-acute separations, by principal source of funds and type of non-acute care, public and private hospitals, 2009–10

Funding source	Rehabilitation	Palliative	Geriatric evaluation and management	Psycho-geriatric	Maintenance	Total
Public hospitals						
Public patients ^(a)	63,677	20,369	15,778	2,060	15,344	117,228
Private health insurance	12,181	4,437	3,375	142	2,171	22,306
Self-funded ^(b)	640	146	82	6	64	938
Workers compensation	510	40	5	0	31	586
Motor vehicle third party personal claim	1,071	4	59	0	81	1,215
Department of Veterans' Affairs	4,278	1,591	1,971	125	1,884	9,849
Other ^(c)	335	46	40	3	49	473
<i>Total</i>	<i>82,692</i>	<i>26,633</i>	<i>21,310</i>	<i>2,336</i>	<i>19,624</i>	<i>152,595</i>
Private hospitals						
Public patients ^(a)	1,027	1,969	0	70	453	3,519
Private health insurance	133,991	2,267	64	6,598	1,043	143,963
Self-funded ^(b)	6,222	16	4	125	22	6,389
Workers compensation	4,764	2	2	25	19	4,812
Motor vehicle third party personal claim	1,272	74	0	1	1	1,348
Department of Veterans' Affairs	21,070	534	18	1,280	736	23,638
Other ^(c)	626	154	0	3	9	792
<i>Total</i>	<i>168,972</i>	<i>5,016</i>	<i>88</i>	<i>8,102</i>	<i>2,283</i>	<i>184,461</i>
Total	251,664	31,649	21,398	10,438	21,907	337,056

(a) *Public patients* includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of *Reciprocal health care agreements*, *Other hospital or public authority* (with a public patient election status) and *No charge raised* (in public hospitals). The majority of separations with a funding source of *No charge raised* in public hospitals were in Western Australia, reflecting that some public patient services were funded through the Medicare Benefit Schedule.

(b) Tasmania was unable to identify all patients whose funding source may have been *Self-funded*, therefore the number of separations in this category may be underestimated and others may be overestimated.

(c) *Other* includes separations with a funding source of *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority* (without a *Public patient* election status), *Other*, *No charge raised* (in private hospitals) and *Not reported*.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

How was the care completed?

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

In 2009–10, the most common mode of separation for non-acute separations was *Other* (77%), which includes discharge to usual residence/own accommodation/welfare institution. Over 5% of separations ended with *Discharged or transferred to a residential aged care service* (Table 11.25).

Table 11.25: Non-acute separations, by mode of separation, public and private hospitals, 2009–10

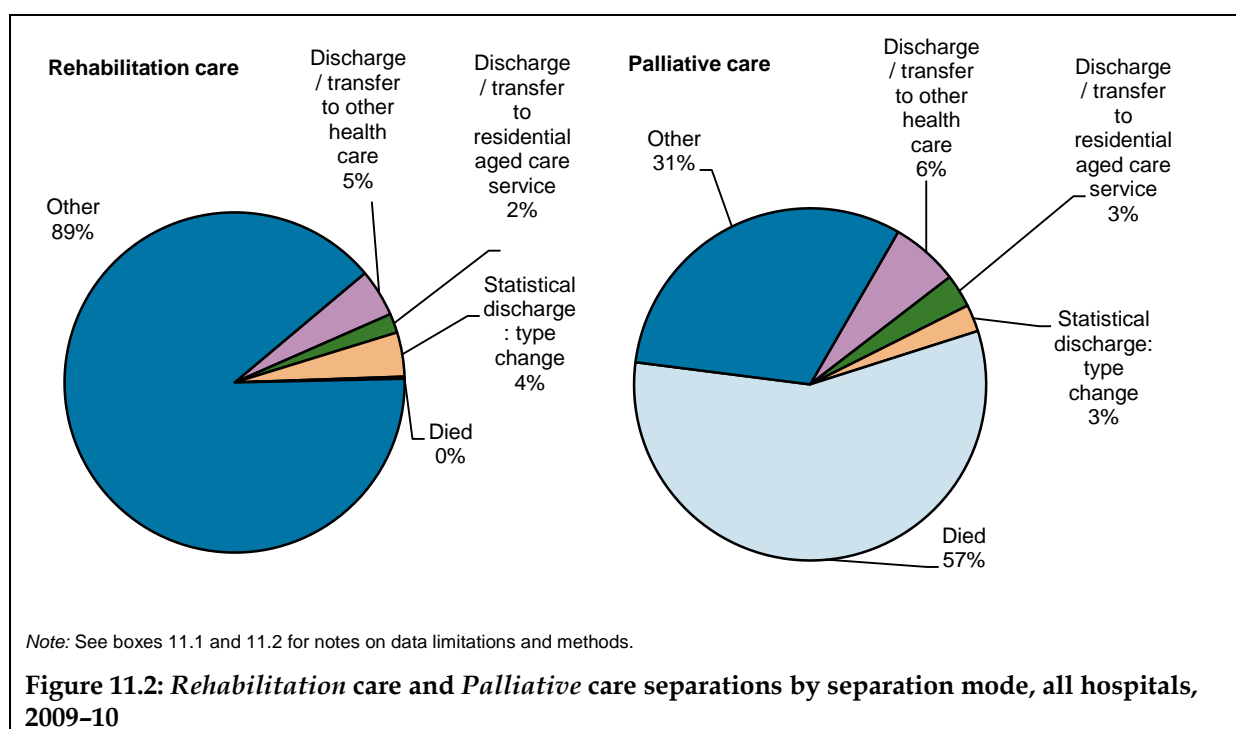
Separations mode	Public hospitals	Private hospitals	Total
Discharge/transfer to an(other) acute hospital	13,626	3,069	16,695
Discharge/transfer to residential aged care service ^(a)	15,132	1,757	16,889
Discharge/transfer to an(other) psychiatric hospital	171	16	187
Discharge/transfer to other health-care accommodation	3,040	324	3,364
Statistical discharge: type change	15,046	2,227	17,273
Left against medical advice/discharge at own risk	1,022	168	1,190
Statistical discharge from leave	1,115	13	1,128
Died	16,917	3,285	20,202
Other ^(b)	86,520	173,601	260,121
Not reported	6	1	7
Total	152,595	184,461	337,056

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

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

There was some variation in the mode of separation by type of non-acute care. For example, for *Rehabilitation* care, 89% of separations reported a mode of separation of *Other*, compared with 31% of separations for *Palliative* care. Nearly 57% of *Palliative* care separations had a mode of separation of *Died* (Figure 11.2).



Supplementary tables

The following supplementary tables provide more information on principal diagnoses and procedures, by state and territory.

Box 11.4: Notes for Chapter 11 supplementary tables

Tables S11.3 to S11.4

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

Table S11.1: Non-acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2009-10

Principal diagnosis chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00-B99	Certain infectious and parasitic diseases	251	343	132	50	44	4	36	13	873
C00-D48	Neoplasms	7,879	4,814	4,191	746	1,171	227	497	191	19,716
D50-D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	75	80	44	15	21	2	9	0	246
E00-E90	Endocrine, nutritional and metabolic diseases	216	417	145	60	68	4	63	11	984
F00-F99	Mental and behavioural disorders	1,727	971	861	553	325	19	54	7	4,517
G00-G99	Diseases of the nervous system	407	1,062	350	232	192	20	57	9	2,329
H00-H59	Diseases of the eye and adnexa	8	4	2	1	2	0	3	1	21
H60-H95	Diseases of the ear and mastoid process	8	11	2	4	12	0	4	2	43
I00-I99	Diseases of the circulatory system	1,131	1,894	750	293	218	37	185	18	4,526
J00-J99	Diseases of the respiratory system	782	1,236	522	187	197	17	125	32	3,098
K00-K93	Diseases of the digestive system	463	606	287	104	89	19	63	19	1,650
L00-L99	Diseases of the skin and subcutaneous tissue	119	201	75	19	35	6	34	2	491
M00-M99	Diseases of the musculoskeletal system and connective tissue	391	809	124	57	186	7	60	9	1,643
N00-N99	Diseases of the genitourinary system	367	534	195	51	76	10	66	5	1,304
O00-O99	Pregnancy, childbirth and the puerperium	22	0	4	1	1	6	38	1	73
P00-P96	Certain conditions originating in the perinatal period	1	0	0	42	0	0	43	0	86
Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities	3	6	5	1	0	0	2	0	17
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	463	1,090	297	80	231	30	102	7	2,300
S00-T98	Injury, poisoning and certain other consequences of external causes	1,052	2,309	356	166	177	27	169	13	4,269
Z00-Z99	Factors influencing health status and contact with health services	35,547	18,678	23,762	9,939	9,473	1,795	4,139	1,011	104,344
	Not reported	65	0	0	0	0	0	0	0	65
Total non-acute separations		50,977	35,065	32,104	12,601	12,518	2,230	5,749	1,351	152,595

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table S11.2: Non-acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2009–10

Principal diagnosis chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	4	4	14	16	2	n.p.	n.p.	n.p.	40
C00–D48	Neoplasms	309	471	1,293	1,579	194	n.p.	n.p.	n.p.	3,906
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	3	3	3	5	1	n.p.	n.p.	n.p.	17
E00–E90	Endocrine, nutritional and metabolic diseases	3	8	26	71	3	n.p.	n.p.	n.p.	112
F00–F99	Mental and behavioural disorders	0	5,942	442	63	0	n.p.	n.p.	n.p.	6,449
G00–G99	Diseases of the nervous system	14	1,089	59	111	7	n.p.	n.p.	n.p.	1,291
H00–H59	Diseases of the eye and adnexa	1	0	0	0	3	n.p.	n.p.	n.p.	4
H60–H95	Diseases of the ear and mastoid process	0	0	0	0	0	n.p.	n.p.	n.p.	1
I00–I99	Diseases of the circulatory system	18	21	112	362	11	n.p.	n.p.	n.p.	527
J00–J99	Diseases of the respiratory system	16	22	74	304	8	n.p.	n.p.	n.p.	434
K00–K93	Diseases of the digestive system	36	20	69	59	9	n.p.	n.p.	n.p.	194
L00–L99	Diseases of the skin and subcutaneous tissue	3	2	7	19	2	n.p.	n.p.	n.p.	35
M00–M99	Diseases of the musculoskeletal system and connective tissue	13	7	15	95	6	n.p.	n.p.	n.p.	138
N00–N99	Diseases of the genitourinary system	14	12	32	43	10	n.p.	n.p.	n.p.	114
O00–O99	Pregnancy, childbirth and the puerperium	1	0	0	0	1	n.p.	n.p.	n.p.	2
P00–P96	Certain conditions originating in the perinatal period	0	0	0	0	0	n.p.	n.p.	n.p.	0
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	0	0	0	0	0	n.p.	n.p.	n.p.	0
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	51	146	21	29	2	n.p.	n.p.	n.p.	252
S00–T98	Injury, poisoning and certain other consequences of external causes	11	6	28	139	2	n.p.	n.p.	n.p.	189
Z00–Z99	Factors influencing health status and contact with health services	99,633	16,212	31,292	1,972	17,791	n.p.	n.p.	n.p.	170,699
	Not reported	0	57	0	0	0	n.p.	n.p.	n.p.	57
Total non-acute separations		100,130	24,022	33,487	4,867	18,052	n.p.	n.p.	n.p.	184,461

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Table S11.3: Non-acute separations, by procedure in ACHI chapters, public hospitals, states and territories, 2009–10

Procedure chapter	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86 Procedures on nervous system	79	63	45	42	36	6	40	5	316
110–129 Procedures on endocrine system	2	2	2	5	1	0	1	0	13
160–256 Procedures on eye and adnexa	26	6	2	4	1	0	0	5	44
300–333 Procedures on ear and mastoid process	30	16	39	8	8	1	3	1	106
370–422 Procedures on nose, mouth and pharynx	25	10	13	7	4	1	2	0	62
450–490 Dental services	37	15	109	3	7	0	1	2	174
520–570 Procedures on respiratory system	210	125	134	98	63	6	47	7	690
600–777 Procedures on cardiovascular system	267	109	134	78	53	3	73	6	723
800–817 Procedures on blood and blood-forming organs	21	16	14	8	3	0	6	0	68
850–1011 Procedures on digestive system	419	160	253	118	131	8	66	14	1,169
1040–1129 Procedures on urinary system	790	508	370	306	160	78	103	27	2,342
1160–1203 Procedures on male genital organs	8	1	0	1	1	0	0	0	11
1240–1299 Gynaecological procedures	10	0	2	2	0	0	1	0	15
1330–1347 Obstetric procedures	5	0	2	1	1	1	5	0	15
1360–1579 Procedures on musculoskeletal system	222	205	113	166	71	16	30	12	835
1600–1718 Dermatological and plastic procedures	211	652	244	117	74	12	23	7	1,340
1740–1759 Procedures on breast	6	4	3	4	1	0	2	0	20
1786–1799 Radiation oncology procedures	196	119	84	25	8	6	51	6	495
1820–1922 Non-invasive, cognitive and other interventions, n.e.c.	44,899	29,511	19,775	10,815	10,277	1,623	4,896	661	122,457
1940–2016 Imaging services	4,502	2,513	1,922	1,038	1,069	173	720	70	12,007
Total procedures	51,965	34,035	23,260	12,846	11,969	1,934	6,070	823	142,902
Separations with no procedure reported	5,619	5,433	12,120	1,686	2,153	540	780	672	29,003
Total non-acute separations	50,977	35,065	32,104	12,601	12,518	2,230	5,749	1,351	152,595

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods. See Box 11.4 for footnotes specific to this table

Table S11.4: Non-acute separations, by procedure in ACHI chapters, private hospitals, states and territories, 2009–10

Procedure chapter	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86 Procedures on nervous system	67	43	56	47	11	n.p.	n.p.	n.p.	229
110–129 Procedures on endocrine system	1	0	1	0	0	n.p.	n.p.	n.p.	2
160–256 Procedures on eye and adnexa	3	0	1	1	5	n.p.	n.p.	n.p.	12
300–333 Procedures on ear and mastoid process	7	3	2	3	0	n.p.	n.p.	n.p.	15
370–422 Procedures on nose, mouth and pharynx	2	2	3	5	0	n.p.	n.p.	n.p.	12
450–490 Dental services	4	3	2	2	1	n.p.	n.p.	n.p.	13
520–570 Procedures on respiratory system	19	17	41	45	13	n.p.	n.p.	n.p.	141
600–777 Procedures on cardiovascular system	28	30	49	96	12	n.p.	n.p.	n.p.	223
800–817 Procedures on blood and blood-forming organs	4	3	7	12	0	n.p.	n.p.	n.p.	26
850–1011 Procedures on digestive system	74	50	103	98	24	n.p.	n.p.	n.p.	366
1040–1129 Procedures on urinary system	77	46	131	144	19	n.p.	n.p.	n.p.	441
1160–1203 Procedures on male genital organs	3	0	0	2	0	n.p.	n.p.	n.p.	5
1240–1299 Gynaecological procedures	3	1	2	11	3	n.p.	n.p.	n.p.	20
1330–1347 Obstetric procedures	1	0	0	0	1	n.p.	n.p.	n.p.	2
1360–1579 Procedures on musculoskeletal system	75	56	52	100	20	n.p.	n.p.	n.p.	317
1600–1718 Dermatological and plastic procedures	62	17	32	86	16	n.p.	n.p.	n.p.	221
1740–1759 Procedures on breast	0	2	0	1	1	n.p.	n.p.	n.p.	4
1786–1799 Radiation oncology procedures	2	6	18	1	0	n.p.	n.p.	n.p.	27
1820–1922 Non-invasive, cognitive and other interventions, n.e.c.	97,420	18,303	28,059	3,830	17,957	n.p.	n.p.	n.p.	169,414
1940–2016 Imaging services	516	356	777	632	178	n.p.	n.p.	n.p.	2,586
Total procedures	98,368	18,938	29,336	5,116	18,261	n.p.	n.p.	n.p.	174,076
Separations with no procedure reported	2,674	5,677	5,358	959	82	n.p.	n.p.	n.p.	14,806
Total non-acute separations	100,130	24,022	33,487	4,867	18,052	n.p.	n.p.	n.p.	184,461

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods. See Box 11.4 for footnotes specific to this table.

Abbreviation: n.p.—not published.