



Non-admitted patient care 2017-18: Australian hospital statistics

Web report | Last updated: 26 Jun 2019 | Topic: [Hospitals](#) | [Media release](#)

About

Non-admitted patient care 2017-18: Australian hospital statistics includes information on consultations with specialist medical practitioners, provision of diagnostic or other procedures, and care provided by allied health or clinical nurse specialists between 1 July 2017 and 30 June 2018.

Cat. no: HSE 234

- [Non-admitted care service events](#)
- [Non-admitted patient clinics](#)
- [Data](#)

Findings from this report:

- 601 public hospitals and 29 other services provided non-admitted patient care for public patients in 2017-18.
 - 38.9 million non-admitted patient care service events were provided for public patients.
 - 46% of service events were in allied health and/or clinical nurse specialist intervention clinics
 - 55% of service events were for females.
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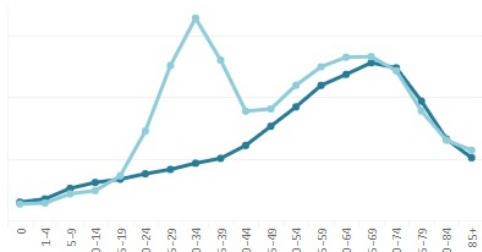
At a glance

Age and sex

People aged 60+ account for

40%

of all service events



For women aged between 15-44

44%

of service events are for
midwifery, obstetrics and fetal medicine

Socioeconomic status

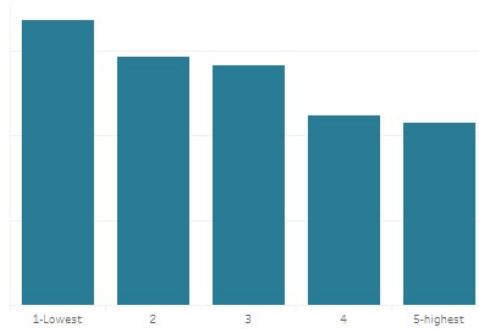
Of all service events

24%

were provided to those who lived in areas
classified as the lowest socioeconomic status

15%

were provided to those who lived in areas
classified as the highest socioeconomic status



Summary

This report presents information about non-admitted patient care provided to public patients in public hospital outpatient clinics between 1 July 2017 and 30 June 2018.

In 2017-18, 38.9 million non-admitted patient care service events were reported by 601 public hospitals and 29 other services.

Services provided

In 2017-18:

- 46% of service events (17.8 million) were in allied health and/or clinical nurse specialist intervention clinics—including 2.3 million service events for *Midwifery and maternity* and 2.2 million for *Primary health care* clinics.
- 31% (12.2 million) were in medical consultation clinics—including 1.4 million service events for *General practice and primary care* and 1.1 million for *Orthopaedics*.
- 15% (5.8 million) were for diagnostic services—including 3.2 million service events for *Pathology (microbiology, haematology, biochemistry)* and 1.7 million for *General imaging*.
- 8% (3.1 million) were in procedural clinics—including 1.1 million service events for *Dental* clinics.

Users of services

In 2017-18, it is estimated that:

- over half (55%) of service events were for females, which represented 70% of events for people aged 15-44 (the age range that includes the most services for *Obstetrics* and *Midwifery and maternity*)
- 33% of service events were for people aged 65 and over
- 5% of service events were for Indigenous Australians.

Funding of services

In 2017-18, 86% of non-admitted patient service events were funded by 'Other sources' (including the jurisdiction's health service budget) and 13% were funded by the Medicare Benefits Scheme. The remainder were funded through compensation schemes and the Department of Veterans' Affairs.

Introduction

Non-admitted patient care 2017-18: Australian hospital statistics focuses on information about services provided for non-admitted patients by Australia's public hospitals. It continues the Australian Institute of Health and Welfare's (AIHW) Australian hospital statistics series of reports describing the characteristics and activity of Australia's hospitals.

Australia's public hospitals provide a range of services for:

- non-admitted patients, including:
 - outpatient clinics—38.9 million service events reported in 2017-18, (this report)
 - emergency department services—8.0 million presentations in 2017-18 (AIHW 2018)
 - dispensing of medicines
 - district nursing
 - community health services.
- admitted patients—including maternity services, and medical and surgical services—6.7 million separations in 2017-18 (AIHW 2019).

This report describes non-admitted patient care provided in 2017-18 in public hospital outpatient clinics—at which patients consult specialist medical practitioners, or have diagnostic or other procedures, or are provided with allied health or specialist nursing care, without being admitted to hospital.

Information about admitted patient care and non-admitted patient care provided in emergency departments, the dispensing of medicines to patients not admitted to the hospital, and district nursing and community health services is not included in this report.

Data sources

This report draws on the following AIHW data sources:

- National Non-admitted Patient Care Database (NNAPC(agg)D)— based on data provided for the Non-admitted patient care National Minimum Data Set (NAPC NMDS) and for the Non-admitted patient care local hospital network aggregate National Best Endeavours Data Set (NAPCLHN NBEDS).
- National Non-admitted Patient (episode-level) Database NNAP(el)D)— based on data provided for the Non-admitted patient National Best Endeavours Data Set (NAP NBEDS).

For 2017-18, episode-level data (NNAP(el)D) were provided for 72% of total activity reported for the NNAPC(agg)D (see Table 1 below).

Terms relevant to non-admitted patient care data are summarised in the [Glossary](#), with additional information in [Appendix B](#).

Data limitations

Changes to the collection of non-admitted patient care over time mean that these data are not comparable over time. For information on these changes, data quality information relevant to the two data sources used in this report, and other limitations on the data, see [Appendix A](#).

Where to go for more information

More detailed information on coverage of the episode-level data by funding designation of the hospital is in Table S1.1, available to download in the [Data section](#).

Data visualisation of table 1

Table 1: Non-admitted patient service events reported to the NNAP(episode-level)D and the NNAPC(aggregate)D and estimated proportion of service events reported at the episode-level by states and territories and IPHA funding designation, 2017–18

IHPA Funding Designation		NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Grand Total
Activity-based funded hospitals	Aggregate Events	16,557,865	5,483,794	5,678,813	2,401,047	1,772,946	521,862	805,261	585,684	33,807,272
	Episode level events	11,228,589	4,701,016	4,254,690	2,354,217	1,446,926	519,343	805,261	578,180	25,888,222
	Proportion of events as episode level	68%	86%	75%	98%	82%	100%	100%	99%	77%
Block-funded hospitals	Aggregate Events	2,800,788	38,136	377,942	122,215	77,836			5,985	3,422,902
	Episode level events	1,080,144	20,327	283,832	121,977	0			5,985	1,512,265
	Proportion of events as episode level	39%	53%	75%	100%	0%			100%	44%
Funding not designated hospitals	Aggregate Events	585,367	170,446	450,201	261,536	197,568	41,943			1,707,061
	Episode level events	130,886	149,231	237,629	258,836	0	41,943			818,525
	Proportion of events as episode level	22%	88%	53%	99%	0%	100%			48%
Total	Aggregate Events	19,944,020	5,692,376	6,506,956	2,784,798	2,048,350	563,805	805,261	591,669	38,937,235
	Episode level events	12,439,619	4,870,574	4,776,151	2,735,030	1,446,926	561,286	805,261	584,165	28,219,012
	Proportion of events as episode level	62%	86%	73%	98%	71%	100%	100%	99%	72%

Source: AIHW

See Table S1.1 for caveat information relevant to these data. Available to download in the [data section](#).

References

AIHW (Australian Institute of Health and Welfare) 2018. *Emergency department care 2017-18: Australian hospital statistics*. Health services series no. 89. Cat. no. HSE 216. Canberra: AIHW.

AIHW 2019. *Admitted patient care 2017-18: Australian hospital statistics*. Health services series no. 90. Cat. no. HSE 225. Canberra: AIHW.





Non-admitted care service events

This section presents an overview of care provided in 2017-18 to non-admitted patients using 2 different sources of non-admitted patient data:

- Clinic-level service events data from the NNAPC(agg)D are used to describe overall non-admitted patient care reported in 2017-18.
 - Episode-level data for the 72% of non-admitted patient service events that were also reported for the NNAP(el)D are used to provide more detailed information, including who used these services, how the services were delivered and the type of care provided. The information presented in this report based on the NNAP(el)D may not be representative of the non-admitted patient care activity provided by hospitals (or other services) for which data were not reported to the NNAP(el)D.
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Non-admitted care service events

Clinic-level service events

In 2017-18, 38.9 million non-admitted patient service events were reported at the clinic level to the NNAPC(agg)D by 601 public hospitals and 29 other services (including local hospital networks (LHNs) and private hospitals that provide public hospital services) (Table 2).

Principal referral and women's and children's hospitals provided 44% of non-admitted patient service events and *Public acute group A hospitals* accounted for a further 26%.

Other services accounted for another 1.7 million service events (4%).

Episode-level service events

In 2017-18, 28.2 million non-admitted patient service events were reported at the episode level to the NNAP(el)D by 511 public hospitals and 10 other services (Table 2). These accounted for 72% of total activity reported for the NNAPC(Agg)D.

Principal referral and women's and children's hospitals reported 46% of episode-level non-admitted patient service events and *Public acute group A hospitals* accounted for a further 28%.

Data visualisation of table 2

Table 2: Non-admitted patient service events by State and territory, data source and public hospital peer group or other service provider, 2017-18

Peer Group Name		NSW	QLD	VIC	WA	SA	TAS	NT	ACT	Grand Total
Public acute group A hospitals	Aggregate Events	5,030,644	2,107,651	1,419,588	482,394	548,185	249,854	147,155	80,767	10,066,238
	Episode level events	3,617,242	1,451,957	1,393,614	482,394	450,861	249,281	148,111	80,767	7,874,227
	Proportion of events as epi..	72%	69%	98%	100%	82%	100%	101%	100%	78%
Principal referral and women's and children's hospital	Aggregate Events	8,434,623	2,825,366	1,914,795	1,418,574	986,652	272,008	393,069	724,494	16,969,581
	Episode level events	5,469,454	2,288,702	1,701,177	1,372,417	790,348	270,062	384,610	724,494	13,001,264
	Proportion of events as epi..	65%	81%	89%	97%	80%	99%	98%	100%	77%
Public acute group B hospitals	Aggregate Events	1,652,341	604,641	541,572	228,786	133,722	41,943			3,203,005
	Episode level events	954,829	415,746	476,665	228,278	118,398	41,943			2,235,859
	Proportion of events as epi..	58%	69%	88%	100%	89%	100%			70%
Other public hospitals	Aggregate Events	4,241,045	519,097	1,645,975	393,508	182,223		51,445		7,033,293
	Episode level events	2,267,208	382,117	1,149,887	393,105	87,319		51,444		4,331,080
	Proportion of events as epi..	53%	74%	70%	100%	48%		100%		62%
Other services	Aggregate Events	585,367	450,201	170,446	261,536	197,568				1,665,118
	Episode level events	130,886	237,629	149,231	258,836	0				776,582
	Proportion of events as epi..	22%	53%	88%	99%	0%				47%
Total	Aggregate Events	19,944,020	6,506,956	5,692,376	2,784,798	2,048,350	563,805	591,669	805,261	38,937,235
	Episode level events	12,439,619	4,776,151	4,870,574	2,735,030	1,446,926	561,286	584,165	805,261	28,219,012
	Proportion of events as epi..	62%	73%	86%	98%	71%	100%	99%	100%	72%

Source: AIHW

See Table 2.1 for caveat information related to these data. Available to download from the [Data section](#).

Where to go for more information

Information on the proportion of non-admitted patient service events reported at the episode-level by state and territory is in tables S2.1 and S2.2. Available for download in the [data section](#) of this report.

Additional information on non-admitted patient service events by Tier 2 clinic classes and by state and territory is available in [Non-admitted patient clinics](#).

Information on data limitations and methods is available in [Appendix A](#) and [Appendix B](#).



Non-admitted care service events

The type of care delivered during a non-admitted patient service event can be classified as:

- Subacute:
 - rehabilitation care
 - palliative care
 - geriatric evaluation and management
 - psychogeriatric care.
- Mental health care.
- Other (any care provided that does not fall within the categories above, for example, maintenance care and acute care).

In 2017-18, the majority (92%) of non-admitted patient service events provided for the NNAP(e)D were for *Other care* (Table 3), 5% were for *Rehabilitation care* and *Palliative care* accounted for 2% of service events.

There was variation in the ability of jurisdictions to provide information on the type of care and therefore, comparison between states and territories should be interpreted with caution. See [Appendix A](#) for more information.

Data visualisation of table 3

Table 3: Number of non-admitted patient service events, by type of care, 2017-18

Care Type	Group service event	Individual service event	Total
Rehabilitation care	270,129	1,101,688	1,371,817
Palliative care	3,235	568,124	571,359
Mental health care	8,163	258,106	266,269
Geriatric evaluation and ..	12,841	113,193	126,034
Psychogeriatric care	54	4,536	4,590
Other care	764,825	25,111,665	25,876,490
Total	1,059,262	27,159,750	28,219,012

Source: NNAP(e)D

See Table 2.2 for caveat information related to these data. Available to download from the [Data section](#).

Non-admitted care service events

The 28.2 million non-admitted patient service events provided for the NNAP(el)D contain information on the patient's age, sex, Indigenous status, and the remoteness area and socioeconomic status of their usual residence.

Age and sex of patient

In 2017-18, there were 15.6 million non-admitted patient service events for females, compared with 12.5 million for males (Figure 1 below). Women accounted for 70% of service events for people aged 15-44 (the age range that includes most services for *Obstetrics* and *Midwifery and maternity*).

Boys accounted for 55% of service events for children aged 0-14.

People aged 65 and over (who make up 15% of the population) accounted for 33% of service events in 2017-18.

Aboriginal and Torres Strait Islander people

In 2017-18, 5.3% of service events (1.5 million) were for Aboriginal and Torres Strait Islander people (Table 4 below).

For 5% of service events reported at the episode-level, the Indigenous status of the patient was not reported. See [Appendix A](#) for more information on the quality of the data reported for Indigenous status.

Remoteness

In 2017-18, about 64% of service events were provided to people who lived in *Major cities*, 19% in *Inner regional* areas, 9% in *Outer regional* areas and 4% in *Remote and Very remote* areas combined (Table 5 below). The area of usual residence was not known for about 4% of service events.

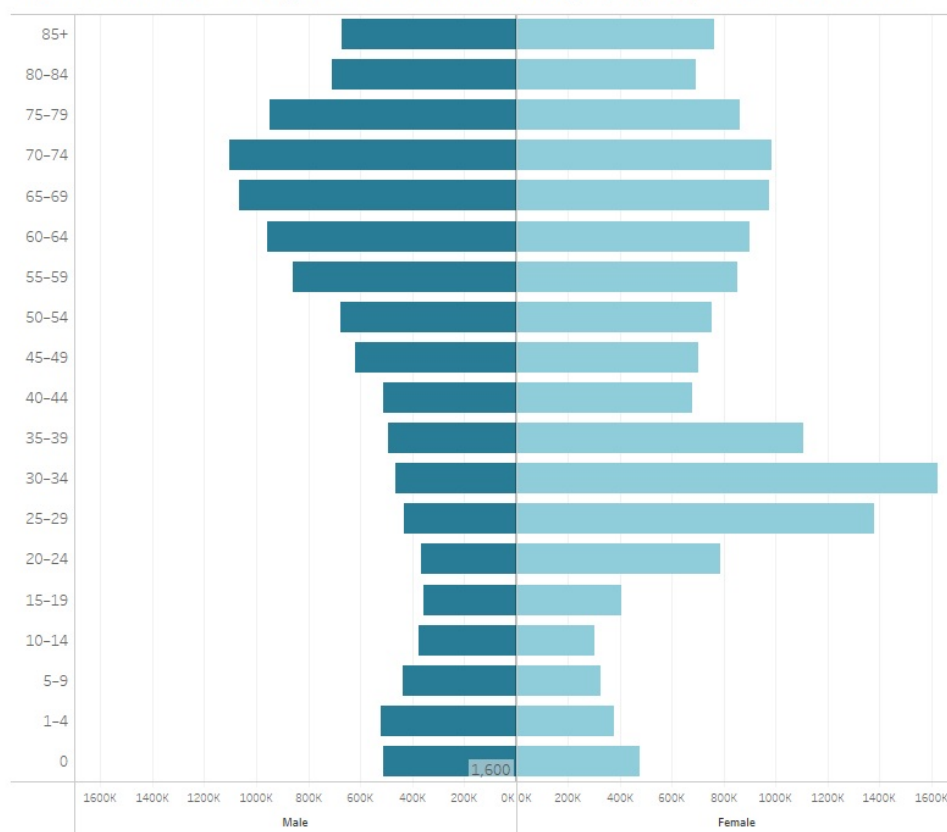
A relatively higher proportion of non-admitted patient service events occurred in *Remote and Very remote* areas, compared with the populations in each remoteness area.

Socioeconomic status

In 2017-18, about 24% of service events were provided to people who lived in areas classified as being in the lowest (most disadvantaged) socioeconomic status (SES) group compared with 15% in the highest (least disadvantaged) SES group (Table 6 below).

Data visualisation of figure 1

Figure 1: Non-admitted patient service events, by age group and sex, 2017–18



Sum of #Male and sum of #Female for each Age Group1. Color shows details about Sex. The data is filtered on Type, which keeps EPI.

Source: NNAP(e)D

See Figure 2.1 for caveat information related to these data. Available to download in the [Data section](#).

Data visualisation of table 4

Table 4: Non-admitted patient service events by Indigenous status, 2017–18

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
Aboriginal but not Torres S..	580,274	45,681	279,055	120,327	33,183	22,384	19,797	261,393	1,362,094
Both Aboriginal and Torres ..	34,548	6,194	27,485	3,167	901	1,611	996	4,388	79,290
Torres Strait Islander but n..	9,558	2,609	25,628	1,325	371	867	377	1,649	42,384
Neither Aboriginal nor Torr..	11,009,102	4,672,508	4,358,394	2,486,066	1,227,552	519,022	752,285	314,874	25,339,803
Not stated/inadequately d..	806,137	143,582	85,589	124,145	184,919	17,402	31,806	1,861	1,395,441
Total	12,439,619	4,870,574	4,776,151	2,735,030	1,446,926	561,286	805,261	584,165	28,219,012

Source: NNAP(e)D

See Table 2.3 for caveat information related to these data. Available to download in the [Data section](#).

Data visualisation of table 5

Table 5: Non-admitted patient service events, by remoteness of area of usual residence, 2017–18

Remotness	Group service event	Individual service event	Total
Major City	649,099	17,449,989	18,099,088
Inner regional	256,737	5,103,696	5,360,433
Outer regional	117,176	2,556,647	2,673,823
Remote	7,491	473,494	480,985
Very remote	1,719	473,296	475,015
Not Reported	27,040	1,102,626	1,129,666
Total	1,059,262	27,159,748	28,219,010

Source: NNAP(e)D

See Table S2.5 for caveat information related to these data. Available to download in the [Data section](#).

Data visualisation of table 6

Table 6: Non-admitted patient service events, by socioeconomic status of area of usual residence, 2017–18

Socioeconomic Status	Group service event	Individual service event	Total
1-Lowest	231,585	6,510,039	6,741,624
2	258,814	5,608,480	5,867,294
3	204,729	5,475,377	5,680,106
4	156,261	4,328,391	4,484,652
5-highest	179,247	4,121,357	4,300,604
Not Reported	28,626	1,116,106	1,144,732
Total	1,059,262	27,159,750	28,219,012

Source: NNAP(ei)D

See Table S2.6 for caveat information related to these data. Available to download in the [Data section](#).

Where to go for more information

Additional information on the age, sex, Indigenous status and remoteness of area of usual residence of the patient is in tables S2.3 to S2.6 and Figure 2.1, available for download in the [Data section](#) of this report.

Non-admitted care service events

Non-admitted patient care usually involves a request for service being made. The service may be provided:

- at the hospital or another location
- face to face (in person) or by another method
- by one or more health-care providers.

Service requests

A non-admitted patient service can be requested by other areas within the hospital (for example, from the emergency department) or from elsewhere (for example, from the patient's general practitioner, specialist or an organisation).

Service requests include both referrals (for example, from a general practitioner [GP]), and informal requests for service (for example, self-referral for an unplanned 'walk-in' service). Some requests for service may occur between different outpatient clinics. For example, a patient may be referred by their GP to an aged-care clinic, and after assessment at the aged-care clinic, the patient is referred to an allied health clinic.

For individual non-admitted patient service events (for which the service request source was reported), 40% of service requests were from within the same hospital, 38% were from either the patient's GP or specialist, and 8% were self-requested (by the patient).

The service request source was not reported for 55% of individual service events and 67% of group service events.

Service delivery setting

The service delivery setting identifies whether the service was provided on campus (at the hospital), or off campus (at another location).

Off campus locations can include:

- community health or day centres, or other community facilities
- general practice surgeries or clinics
- residential aged care facilities
- private residences (including the patient's residence)
- other hospitals.

In 2017-18, 81% of service events were provided on the hospital campus (Table 7 below).

About 4.8 million service events were provided off campus. The majority (91%) of these were for *Allied health and/or clinical nurse specialist intervention clinics*, and accounted for 28% of service events reported for these clinics.

Renal dialysis—home delivered (haemodialysis or peritoneal dialysis) and *Enteral nutrition—home delivered* (tube feeding) are examples of *Procedural clinic* service events that can be provided off campus.

Service delivery mode

In 2017-18, 88% of individual service events were delivered in person and 11% were delivered by telephone (Table 8). Almost all group service events were delivered in person.

Service events involving multiple health care providers

The multiple health-care provider indicator identifies whether a single non-admitted patient service event involved three or more health-care providers, either individually or jointly. The health-care providers may be of the same profession (medical, nursing or allied health), but each must have a different speciality. For example, a service event at a rehabilitation clinic could involve a physiotherapist, an occupational therapist and a nurse, all individually.

In 2017-18, 1% of individual service events and 5% of group service events were reported as involving multiple health-care providers. Data visualisation of table 7

Table 7: Number of non-admitted patient service events, by Tier 2 Clinic class and service delivery setting, 2017-18

Clinic Type Group	Off the hospital campus of the healthcare provid..	On the hospital campus of the healthcare provid..	Not reported	Total
Procedural clinics	102,964	1,599,127	1,567	1,703,658
Medical consultation clinics	321,514	9,989,826	33,927	10,345,267
Diagnostic clinics	21,191	541,139	2,427	564,757
Allied health and/or clinical nu..	4,301,702	10,691,001	581,166	15,573,869
Not reported	2,892	25,691	2,878	31,461
Total	4,750,263	22,846,784	621,965	28,219,012

See Table 2.4 and S2.8 for caveat information related to these data. Available to download in the [Data section](#).
Data visualisation of table 8

Table 8: Individual and group service events (episode-level), by service delivery mode, 2017–18

Service Delivery Mode	Group service event	Individual service event	Total
In person	1,051,809	23,842,032	24,893,841
Telephone	4,042	2,994,011	2,998,053
Electronic mail	60	89,238	89,298
Postal/courier service	4	14,785	14,789
Videoconference	3,178	108,345	111,523
Other	169	108,064	108,233
Not reported	0	3,275	3,275
Total	1,059,262	27,159,750	28,219,012

Source: NNAP(ei)D

See Table 2.5 for caveat information related to these data. Available to download in the [Data section](#).

Where to go for more information

- Additional information on service delivery setting is in Table S2.8.
- Additional information on service events involving multiple health care providers is in Table S2.9.
- Additional information on service request source is in Table S2.7.
- Available for download in the [data section](#).

Non-admitted patient clinics

This section presents information based on the clinic-level service events data from the NNAPC(agg)D for 2017-18. The NNAPC(agg)D data include information for 140 type of clinics, that are defined through the type of clinician who provided the service, and the nature of the service provided (IHPA 2016).

The clinics are categorised into 4 major classes:

- Procedural clinics—which provide minor surgical and non-surgical procedures (that do not require the patient to be admitted)—by a surgeon or other medical specialist.
- Medical consultation clinics—typically provided by a medical or nurse practitioner. There may also be input from allied health personnel and/or clinical nurse specialists.
- Diagnostic service clinics—which provide diagnostic services within a specific field of medicine or condition. These services include imaging, screening, clinical measurement and pathology.
- Allied health and/or clinical nurse specialist intervention clinics—which provide services by an allied health professional or clinical nurse specialist.

A clinic may provide a range of health services that fall into different Tier 2 clinic classes, and when this occurs the clinic is classified based on its predominant activity.

References

IHPA (Independent Hospital Pricing Authority) 2016. [Tier 2 Non-admitted services definitions manual 2016-17](#), October 2015 V4.1. Sydney: IHPA. Viewed 16 April 2019.

Non-admitted patient clinics

In 2017-18:

- *Procedural* clinics accounted for 8% of service events (3.1 million) (Table 9). Most major hospitals—*Principal referral and women's and children's hospitals*, *Public acute group A hospitals* and *Public acute group B hospitals*—reported service events for at least one of these clinics
- *Medical consultation* clinics accounted for 31% of service events (12.2 million). All major hospitals reported service events for at least one of these clinics
- *Diagnostic services* accounted for 15% of service events (5.8 million). Victoria did not report information for *Diagnostic services* (see Appendix A for more information)
- *Allied health and/or clinical nurse specialist intervention* clinics accounted for 46% of service events (17.8 million). All major hospitals reported service events for at least one of these clinics. About 22% of these service events were provided by smaller hospitals.

The majority of group service events (95%) occurred in *Allied health and/or clinical nurse specialist intervention* clinics.

The proportion of service events that occurred in different types of hospitals varied across jurisdictions.

Data visualisation of table 9

Table 9: Number of non-admitted Hospitals (Aggregate data) by state and territory, for allied health and/or clinical nurse specialist clinics data, 2017-18

Data source

Aggregate

Clinic Type

Allied health and/or clinical nurse specialist clinics

Measure

Hospitals

	NSW	QLD	VIC	WA	SA	NT	TAS	ACT	Grand Total
Principal referral and women's and children's hospital	14	8	10	6	3	1	1	1	44
Public acute group A hospitals	22	12	16	5	4	1	2	1	63
Other public hospitals	155	90	66	70	50	3			434
Public acute group B hospitals	17	8	9	5	4		1		44
Other services	7	1	1	3	5				17
Grand Total	215	119	102	89	66	5	4	2	602

Source: NNAP(Agg)D

See Tables 3.1 to 3.6 and Tables S3.1 to S3.9 for caveat information related to these data. Available to download from the [Data section](#).

Non-admitted patient clinics

For *Procedural* clinics:

- the most common clinic was *Dental clinics* (36%, 1.1 million service events), with 86% of these reported by New South Wales (Table 10)
- There were more than 1.2 million oncology-related service events in *Radiation therapy—treatment* and *Chemotherapy treatment clinics* combined.

For *Medical consultation* clinics, the 3 most common clinics were:

- General practice and primary care* (1.4 million service events, 95% were in New South Wales)
- Orthopaedics* (1.1 million)
- Medical oncology* (consultation) (700,000).
- There were also 1.4 million service events in clinics dealing with obstetrics or gynaecology.

For *Diagnostic services*, the most common service was *Pathology (microbiology, haematology, biochemistry)* (3.2 million service events)—with almost all of these reported by New South Wales.

For *Allied health and/or clinical nurse specialist intervention clinics*, the most common clinics were:

- Midwifery and maternity* (2.3 million or 13% of service events)
- Primary health care* (2.2 million service events).

Data visualisation of table 10

Table 10: Non-admitted patient service events by clinic type for allied health and/or clinical nurse specialist clinics data, 2017–18

Choose Clinic Type

- ☒ Allied health and/or clinical nurse specialist clinics
☐ Diagnostic clinics
☐ Medical consultation clinics
☐ Procedural clinics

Clinic Type	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
40.28 Midwifery and maternity	810,182	428,527	518,251	220,039	124,610	37,401	81,775	31,446	2,252,231
40.08 Primary health care	1,953,579		142,244	4,303	56	2,348	138,361	267	2,241,158
40.09 Physiotherapy	342,152	234,041	354,027	140,260	80,038	79,095	35,128	8,769	1,273,510
40.30 Alcohol and other drugs	1,045,199	1,273	69,788			594	9,723	3,619	1,130,196
40.12 Rehabilitation	243,944	641,568	44,718	71,825	30,720	2,761	11,549	1,462	1,048,547
40.59 Post acute care	351,285	272,513	107,305	92,883	2,169			418	826,573
40.13 Wound management	640,988	17,024	69,251	43,848	9,968	1,098	25,475	651	808,303
40.58 Hospital avoidance programs	150,573	238,585	74,203	103,253	70,788	3,083	3,968	17,539	661,992
40.35 Palliative care	173,165	195,508	67,620	105,869	100,281	1,429	9,817	6,440	660,129
40.07 Pre-admission and pre-anae..	200,780	77,313	156,116	78,616	32,710	15,752	3,958	7,326	572,571
40.06 Occupational therapy	132,504	103,880	129,409	75,850	19,353	11,229	13,485	6,555	492,265
40.34 Specialist mental health	355,592		8,333		59		507	28,639	393,130
40.46 Endocrinology	118,094	58,334	83,748	40,519	28,984	12,962	13,635	4,294	360,570
40.23 Nutrition/dietetics	93,420	73,048	103,491	28,073	16,186	10,316	8,192	3,742	336,468
40.52 Oncology	167,893	45,685	65,844	29,114	12,266	4,496	65	7,735	333,098
40.18 Speech pathology	160,847	51,843	57,889	18,426	12,024	8,500	2,856	1,098	313,483
40.10 Sexual health	256,451	2,603	4,958	8,528	9,171		18,317	2,875	302,903
40.53 General medicine	24,921	11,227	21,026	101,783	5,021	16,943	30,079	75,415	286,415
40.11 Social work	95,091	31,391	62,090	32,351	13,320	9,531	17,737	11,281	272,792
40.55 Paediatrics	213,921	2,454	39,109	1,494	4,501	4,224	3,608	1,940	271,251
40.21 Cardiac rehabilitation	125,528	4,682	64,133	31,028	9,618	10,930	6,944	301	253,164
40.25 Podiatry	89,097	31,199	42,907	21,155	18,920	14,036	10,314	3,112	230,740
40.44 Orthopaedics	113,722	591	37,078	30,816	2,326	15	687	2,473	187,708
40.05 Hydrotherapy	100,050	21,600	9,338	17,488	10,851	427	1,182		160,936
40.40 Respiratory	53,125	4,848	32,220	14,527	28,348	1,386	6,920	1,426	142,800
40.17 Audioloov	42,521	32,236	37,777	9,512	6,526	5,707	3,394	3,004	140,676

Sum of Service event total broken down by State vs. Clinic Type. Details are shown for #Title Clinic. The data is filtered on Clinic Type Group Parameter and Type. The Clinic Type Group Parameter filter keeps True. The Type filter keeps AGG.

Source: NNAPC(agg)D

See Table S3.10 and S3.13 for caveat information related to these data. Available to download from the [Data section](#).

Where to go for more information

Additional information on non-admitted patient service events provided in all non-admitted patient clinics, by Tier 2 clinic class and state and territory is in tables S3.1 to S3.13. Available for download in the [data section](#).

Information on data limitations and methods is available in [Appendix A](#) and [Appendix B](#).



Non-admitted patient clinics

Non-admitted patient services are funded through a range of channels. For the clinic-level data provided for the NNAPC(agg)D, 4 funding sources could be assigned:

- Medicare Benefits Scheme
- Department of Veterans' Affairs
- Compensable—which includes:
 - worker's compensation
 - motor vehicle third party personal claim
 - other compensation.
- Other—which includes:
 - health service budget (including Reciprocal Health Care Agreements, or where no charge was raised due to hospital decision). This category includes both state/territory and Australian Government contributions
 - other hospital or public authority (contracted care)
 - department of Defence
 - correctional facilities
 - private health insurance
 - self-funded
 - other funding source
 - not known.

For 2017-18, the *Other* category was reported for 86% of non-admitted patient service events, *Medicare Benefits Scheme* (MBS) funded 13% of service events, and fewer than 1% were funded by either the *Department of Veterans' Affairs* or *Compensable sources* (Table 11).

For Queensland, MBS-funded non-admitted patient activity for doctors practising right of private practice were not included in the data provided to the NNAPC(agg)D as these patients are not considered by Queensland to be patients of the hospital.

Funding source varied across the clinic types, and among states and territories. For example, the proportion of service events funded by the MBS:

- in *Procedural clinics* ranged from 18% in New South Wales to 82% in the Australian Capital Territory
- in *Medical consultation clinics* ranged from 4% in Western Australia to 41% in Victoria
- in *Diagnostic services* ranged from 3% in the Northern Territory to 52% in Tasmania
- in *Allied health and/or clinical nurse specialist intervention clinics* ranged from 0.1% in the Northern Territory to 4.7% in Tasmania.

Data visualisation of table 11

Table 11: Non-admitted patient service events, by Tier 2 clinic class and funding source, 2017-18

Funding Source	Allied health and/or clinical nurse speci..	Diagnostic clinics	Medical consultation clinics	Procedural clinics	Total
Medicare Benefits Scheme	138,554	1,196,299	2,799,246	841,666	4,975,765
Department of Veterans' ..	83,942	14,515	29,359	11,865	139,681
Compensable	72,535	14,701	73,740	3,661	164,637
Other	17,509,758	4,579,708	9,293,134	2,274,547	33,657,152
Grand Total	17,804,789	5,805,223	12,195,479	3,131,739	38,937,235

Source: NNAPC(agg)D

See Tables 4.1, 4.2 and S4.1 to S4.5 for caveat information related to these data. Available to download in the [Data section](#).

Where to go for more information

Additional information on the funding sources reported for non-admitted patient service events by state and territory and by Tier 2 clinic class is in tables S4.1 to S4.5, available for download in the [data section](#).

Information on data limitations and methods is available in [Appendix A](#) and [Appendix B](#).

Appendixes

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Appendixes

This appendix includes data quality summaries and additional detailed information relevant to interpretation of the information in this report.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data, checking for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. Except as noted the AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Complete data quality statements for the National Non-admitted Patient Care (aggregate) Database (NNAPC(agg)D) and the National Non-admitted Patient (episode-level) Database (NNAP(el)D) are available online in the AIHW's online metadata registry [METEOR](#).

National Non-admitted Patient Care (aggregate) Database

The NNAPC(agg)D is based on data provided for the:

- Non-admitted patient care National Minimum Data Set (NAPC NMDS, METeOR identifier [649281](#))
- Non-admitted patient care local hospital network National Best Endeavours Data Set (NAPCLHN NBEDS, METeOR identifier [649576](#)).

It holds aggregated clinic-level data on the type of outpatient clinic, counts of individual and group service events, the funding source for the service events, and whether the service involved care from multiple health care providers.

The reference period for this data set is 2017-18. The data set includes records for non-admitted patient service events provided between 1 July 2017 and 30 June 2018.

Non-admitted patient care NMDS

For 2017-18, the scope of the NAPC NMDS was non-admitted patient service events provided by public hospitals. It also included public hospital services that were funded through the jurisdictional health authority or Local Hospital Network.

Non-admitted patient care Local Hospital Network aggregate NBEDS

For 2017-18, the scope of the NAPCLHN NBEDS (METeOR identifier [649576](#)) is non-admitted patient service events provided by:

- local hospital networks (LHNs)
- other public hospital services that are managed by a state or territory health authority and are included in the General list of in-scope public hospital services, developed under the National Health Reform Agreement (COAG 2011).

Summary of key issues

- For 2017-18, the NNAPC(agg)D included data for most public hospitals that provided non-admitted patient care in Australia. In addition, non-admitted patient care information based on data provided for the NAPCLHN NBEDS was reported for:
 - the state health authority, 15 LHNs and 2 other services in New South Wales
 - the state health authorities in Victoria and Queensland
 - the state health authority and 5 LHNs in Western Australia
 - the state health authority and 4 LHNs in South Australia.
- The NNAPC(agg)D data have limitations. For example, there is variation in admission practices (AIHW 2017) between states and territories and there is variation in the types of services provided for non-admitted patients in a hospital setting.
- Due to changes between 2013-14 and 2017-18 in the scope, definitions and counting rules, time series information has not been included in this report and these data are not comparable with data presented in earlier reports.
- Victoria did not collect information for *Diagnostic services* that could not be linked to services provided at another clinic. All diagnostic services for non-admitted patients that could be linked to a service provided at another clinic were reported as part of the service event provided in that clinic (medical consultation, procedural or allied health and/or clinical nurse specialist intervention clinic). Therefore, the national counts of service events for *Diagnostic services* are likely to be underestimated.
- Queensland did not report any non-admitted patient service events with a funding source of Medicare Benefits Scheme. MBS-funded non-admitted patient activity for doctors practising right of private practice were not included in the data provided to the NNAPC(agg)D, as these patients are not considered by Queensland to be patients of the hospital.
- Western Australia did not report specialist mental health service events for the 2017-18 NAPC NMDS and the NAPCLHN NBEDS for the clinics: *20.45 Psychiatry*, *20.50 Psychogeriatric*, *40.34 Specialist mental health* and *40.37 Psychogeriatric*. Western Australia was also not able to provide data for the clinics: *30.02 Magnetic resonance imaging*, *30.03 Computerised tomography (CT)*, *30.06 Positron emission tomography* and *30.07 Mammography screening*. Therefore, national counts of service events for these clinics are likely to be underestimated.

Differences in scope between 2013-14 and 2017-18

Between 2013-14 and 2014-15, the scope of the NAPC NMDS changed - from a focus on activity-based funded hospitals to all public hospitals, resulting in increases in the number of hospitals and other services reporting for the NNAPC(agg)D between 2013-14 and 2014-15. Table A1, available to download in the [Data section](#) illustrates the changes in coverage for the data provided for the NNAP(agg)D between 2013-14 and 2017-18.

For 2014-15 to 2017-18, information was also provided for non-admitted patient service events at the LHN-level, at state/territory health authority-level, for other public hospital services and by some private hospitals providing public patient non-admitted patient services under contract.

National Non-admitted Patient (episode-level) Database

The NNAP(el)D is based on the Non-admitted patient National Best Endeavours Data Set (NAP NBEDS, METeOR identifier [650086](#)).

It holds episode-level data including selected patient characteristics; the type of outpatient clinic; whether the episode was an individual or a group service event; the source of the request for service; the service delivery setting; the service delivery mode, the type of care provided, whether the service involved care from multiple health-care providers and the funding source for the service event.

The reference period for this data set is 2017-18. The data set includes records for non-admitted patient service events provided between 1 July 2017 and 30 June 2018.

In 2017-18, the scope of the NAP NBEDS was defined as non-admitted patient service events in:

- public hospitals
- Local Hospital Networks
- other public hospital services that are managed by a state or territory health authority and are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (COAG 2011).

For the NNAP(el)D, a record is included for each service event, not for each patient, so patients who receive more than one non-admitted patient service event in the year have more than one record in the NNAP(el)D.

Summary of key issues

- For 2017-18, episode-level non-admitted patient service events data reported to the NNAP(el)D was estimated as 72% of the non-admitted patient service events provided for the NNAPC(agg)D. The proportion varied among jurisdictions, ranging from 62% for New South Wales to 100% for the Australian Capital Territory
- For Victoria, episode-level non-admitted patient service events are underreported due to data collection issues, and are not comparable over time.
- The NNAP(el)D data have limitations. For example, there is variation among states and territories in admission practices (AIHW 2017) and also in the types of services provided for non-admitted patients in a hospital setting.
- The sex of the patient was not reported for 144,000 service events (0.5% of records).
- The patient's date of birth was not reported for 8,000 service events (0.03% of records) and therefore the age of the patient could not be determined.
- The Indigenous status of the patient was not reported for 1.4 million service events (5% of records). In addition, the quality of the data reported for Indigenous status in non-admitted patient settings has not been formally assessed, so caution should be used when interpreting these data.
- The patient's area of usual residence was not reported for 4% of service events, and therefore, the patient's remoteness area and socioeconomic status group could not be determined for those records.
- Service request source was not reported for 15.7 million service events.

Fluctuating coverage between 2013-14 and 2017-18

Before 2015-16, the scope of the NAP NBEDS was defined as non-admitted patient service events in activity-based funded hospitals only. Between 2014-15 and 2015-16, the scope of the NAP NBEDS changed to include public hospitals and other services that were not activity-based funded. Therefore, changes in the numbers of service events reported between 2013-14 and 2017-18 should be treated with caution.

Table A2, available to download in the [Data section](#), illustrates the changes in coverage for the data provided for the NNAP(el)D between 2013-14 and 2017-18.

Other factors affecting the interpretation of non-admitted patient care data

Changes to the collection of non-admitted patient care over time mean that these data are not comparable over time.

Before 2013-14, information on non-admitted patient care was reported using different clinic categories and counting units.

Time series information between 2013-14 and 2017-18 is not presented due to changes that affect the interpretation of these data, including:

- the scope of the NAPC NMDS
- the scope of the NAP NBEDS
- the coverage the NAPCLHN NBEDS and the NAP NBEDS
- the definitions and counting rules for non-admitted patient care.

Differences in definitions of non-admitted patient care

For the NAPC NMDS, the NAPCLHN NBEDS and the NAP NBEDS, a non-admitted patient service event that involves multiple health professionals (and related diagnostic services) within the same clinic is counted as one service event. If a patient attends more than one clinic on the same day, then each attendance is counted as a separate service event.

In AIHW reports for the 2012-13 financial year and earlier, non-admitted patient occasions of service were counted as the number of services provided to a patient in each functional unit of a health service establishment. Each diagnostic test or simultaneous set of related diagnostic tests for a patient were counted as a separate occasion of service.

Therefore, the data presented for non-admitted patient service events in this report are not comparable with data reported for non-admitted patient occasions of service in reports for the 2012-13 reference year and earlier periods.

In addition, the activity of the clinic *40.01 Aboriginal and Torres Strait Islander people's health clinic* (which was in-scope for 2013-14 and 2014-15) was out-of-scope for 2015-16 to 2017-18.

Differences in counting rules for non-admitted patient care

In 2013-14 and 2014-15, for the NAPC NMDS, the NAPCLHN NBEDS and the NAP DSS/NBEDS, each session of renal dialysis, total parenteral and enteral nutrition, and ventilation performed by the patient in their own home was counted as a non-admitted patient service event.

For 2015-16 to 2017-18, the counting rules for some home-delivered non-admitted patient services changed to 'temporal care bundling'. Temporal care bundling means that all non-admitted patient sessions performed per month are 'bundled' and counted as one non-admitted patient service event per patient per calendar month regardless of the number of sessions (IHPA 2016).

This resulted in a marked decrease in reporting of non-admitted patient services events in total, and for Procedural clinics, and for the following Tier 2 clinics:

- 10.15 Renal dialysis - haemodialysis - home delivered
- 10.16 Renal dialysis - peritoneal dialysis - home delivered
- 10.17 Total parenteral nutrition - home delivered
- 10.18 Enteral nutrition - home delivered
- 10.19 Ventilation - home delivered.

Information no longer collected

Between 1993-94 and 2013-14, the AIHW reported aggregated non-admitted patient occasions of service data from the National Public Hospital Establishments Database (NPHEd), which covered a wider range of non-admitted patient care than is collected for the NNAPC(agg)D and NNAP(el)D. From 2014-15 onwards, information has not been available for:

- Emergency occasions of service provided by hospitals that do not have a designated emergency department.
- Information on emergency presentations provided by hospitals that have a designated emergency department were reported in *Emergency department care 2017-18: Australian hospital statistics*
- Pharmacy occasions of service
- most Pathology and Radiology and organ imaging services occasions of service - as these are considered 'related diagnostic services' connected with other service events and are not reported separately for the NNAPC(agg)D and NNAP(el)D
- most occasions of service for Community health services - although some community health services are in scope for the NNAPC(agg)D and NNAP(el)D.

References

AIHW 2017. *Variation in hospital admission policies and practices: Australian hospital statistics*. Health services series no. 79. Cat. no. HSE 193. Canberra: AIHW.

COAG (Council of Australian Governments) 2011. National Health Reform Agreement. Viewed 5 June 2017.

IHPA (Independent Hospital Pricing Authority) 2016. *Tier 2 Non-admitted services definitions manual 2016-17*, October 2015 V4.1. Sydney: IHPA. Viewed 16 April 2019.

Appendixes

This appendix covers definitions and classifications used, and the presentation of data in this report.

Definitions and classifications

If not otherwise indicated, data elements were defined according to the definitions available online for the following collections.

- [Non-admitted patient care hospital aggregate NMDS 2017-18](#)
- [Non-admitted patient care Local Hospital Network aggregate NBEDS 2017-18](#)
- [Non-admitted patient NBEDS 2017-18](#)

Hospital peer groups

In some tables, hospitals have been presented using the AIHW's hospital peer group classification:

- *Principal referral hospitals* provide a very broad range of services and have very large patient volumes. Most include an intensive care unit, a cardiac surgery unit, a neurosurgery unit, an infectious diseases unit and a 24-hour emergency department
- *Women's and children's hospitals* provide specialised treatment for women and/or children
- *Public acute group A hospitals* provide a wide range of services (but narrower than the *Principal referral* group) to a large number of patients and are usually situated in metropolitan centres or inner regional areas. Most have an intensive care unit and a 24 hour emergency department and a range of specialist units.
- *Public acute group B hospitals* provide a narrower range of services than the *Principal referral* and *Public acute group A hospitals*. They have a range of specialist units, potentially including obstetrics, paediatrics, psychiatric and oncology units
- Other public hospitals include a range of different types of hospitals that are generally smaller than the *Public acute group B hospitals*. This group may include small and very small hospitals providing acute care, hospitals specialising in subacute and non-acute care, psychiatric hospitals and outpatient hospitals.

For more information about public hospital peer groups, see the AIHW publication [Australian hospital peer groups](#).

Geographical classifications

Data on geographical location are collected on the area of usual residence of patients in the NNAP(e)D. These data are specified in the NBEDS as state or territory of residence and by Statistical Area Level 2 (SA2), which is a small area unit within the Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS).

Remoteness areas

The patient's area of usual residence can be used to derive its remoteness category.

Remoteness categories divide Australia into areas depending on distances from population centres, using the Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS) Remoteness Structure 2016 (ABS 2016).

The ABS's ASGS Remoteness Structure 2016 categorises geographical areas in Australia into remoteness areas.

The classification is as follows:

- Major cities—for example, Sydney, Melbourne, Brisbane, Adelaide, Perth, Canberra and Newcastle
- Inner regional—for example, Hobart, Launceston, Wagga Wagga, Bendigo and Murray Bridge
- Outer regional—for example, Darwin, Moree, Mildura, Cairns, Charters Towers, Whyalla and Albany
- Remote—for example, Port Lincoln, Esperance, Queenstown and Alice Springs
- Very remote—for example, Mount Isa, Cobar, Coober Pedy, Port Hedland and Tennant Creek.

Reporting data on area of usual residence of the patient

Area of usual residence was provided as SA1 or SA2 for the NNAP(e)D.

The AIHW mapped the provided SA2 codes to remoteness area categories based on the ABS's ASGS Remoteness Structure 2016. These mappings were undertaken on a probabilistic basis as necessary, using ABS correspondence information describing the distribution of the population by remoteness areas and SA2s. Because of the probabilistic nature of this mapping, the SA2 and remoteness area data for individual records may not be accurate; however, the overall distribution of records by geographical areas is considered useful.

Socioeconomic status

Data on socioeconomic status groups are defined using the ABS's Socio-Economic Indexes for Areas 2016 (SEIFA 2016).

The SEIFA 2016 data are generated by the ABS using a combination of 2016 Census data, including income; education; health problems/disability; access to internet; occupation/unemployment; wealth and living conditions; dwellings without motor vehicles; rent paid; mortgage repayments; and dwelling size. Composite scores are averaged across all people living in areas and defined for areas based

on the Census collection districts.

The SEIFA Index of Relative Disadvantage (IRD) is one of the ABS's SEIFA indexes. The relative disadvantage scores indicate the collective socioeconomic status of the people living in an area, with reference to the situation and standards applying in the wider community at a given point in time. A relatively disadvantaged area is likely to have a high proportion of relatively disadvantaged people. However, such an area is also likely to contain people who are not disadvantaged, as well as people who are relatively advantaged.

Counts of non-admitted patient service events by socioeconomic status were generated by the AIHW using the IRD scores for the SA2 of usual residence of the patient reported for each service event. The '1—Lowest' group represents the areas containing the 20% of the national population with the most disadvantage, and the '5—Highest' group represents the areas containing the 20% of the national population with the least disadvantage. These SES groups do not necessarily represent 20% of the population in each jurisdiction.

Presentation of data

Tables in this report that present numbers of non-admitted patient service events, include both individual and group service events.

Data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient. The exceptions to this occur in the presentation of data by remoteness area and socioeconomic status of area of usual residence—which present data at a national level based on the place of usual residence of the patient. The totals in tables include data only for those states and territories for which data were available, as indicated in the tables.

Throughout the publication, percentages may not add up to 100.0 because of rounding. Percentages printed as 0.0 or 0 generally indicate a zero. The symbol '<0.1' denotes less than 0.05 but greater than 0.

Suppression of data

The AIHW operates under a strict privacy regime which has its basis in Section 29 of the Australian Institute of Health and Welfare Act 1987 (AIHW Act). Section 29 requires that confidentiality of data relating to persons (living and deceased) and organisations be maintained. [The Privacy Act 1988](#) governs confidentiality of information about living individuals.

The AIHW is committed to reporting that maximises the value of information released for users while being statistically reliable and meeting legislative requirements described above.

The abbreviation 'n.p.' is used in tables to denote the suppression of data. Data (cells) in tables may be suppressed to maintain the privacy or confidentiality of a person or organisation, or because a proportion or other measure is related to a small number of events and may therefore not be reliable.

Data may also be suppressed to avoid attribute disclosure. Where necessary, other cells in the table may also be suppressed to prevent calculation of the confidential information. Unless otherwise noted, the totals in these tables include the suppressed information.

References

ABS (Australian Bureau of Statistics) 2016. Australian Statistical Geography Standard (ASGS): Volume 1—Main Structure and Greater Capital City Statistical Areas. ABS cat. no. 1270.0.55.001. Canberra: ABS. [Available on the ABS website](#).

ABS 2018. Census of population and housing: Socio-economic Indexes for Areas (SEIFA), Australia, 2016. ABS cat. no. 2033.0. Canberra: ABS. [Available on the ABS website](#)

AIHW 2015. Australian hospital peer groups. Health services series no. 66. Cat. no. HSE 170. Canberra: AIHW. [Available on the AIHW website](#).

Glossary

Most definitions in this glossary contain an identification number from the AIHW's Metadata Online Registry (METeOR). It provides definitions for data for health and community services-related topics and specifications for related national minimum data sets (NMDs). Visit [METeOR](#).

activity-based funding: A method of funding health services based on the amount and type of activity. METeOR identifier: 651815.

allied health and/or clinical nurse specialist clinic: A clinic in which services are provided by an allied health professional or clinical nurse specialist (IHPA 2016).

block-funding: A method of funding health services for which activity-based funding is not applicable due to low volumes, the absence of 'economies of scale' or the inability to satisfy the technical requirements of activity-based funding (IHPA 2017).

care type: The overall nature of care delivered during a non-admitted patient service event, derived from other service characteristics. Can be assigned as rehabilitation care, palliative care, geriatric evaluation and management, psychogeriatric care, mental health care and other care (which includes any care provided that does not fall within the preceding categories, for example, maintenance care and acute care). METeOR identifier: 652569.

clinic type: The type of service through which an establishment provides health care to a non-admitted patient in a non-admitted setting. METeOR identifier: 649490.

compensable: An event for which compensation was used as the funding source. Compensation sources include Motor vehicle third party personal claim, Worker's compensation and other compensation. METeOR identifier: 327420.

diagnostic services clinic: A clinic in which diagnostic services are provided, within a specific field of medicine or condition (IHPA 2016).

funding source: The source of funds for an admitted patient episode or non-admitted patient service event. METeOR identifier: 649391.

group session status: An indicator of whether a non-admitted patient service event was delivered in a group. A group must have two or more persons attending in the capacity of patients in their own right. One service event is recorded for each patient who attends a group session. METeOR identifier: 650414.

hospital: A health-care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients. METeOR identifier: 268971.

Independent Hospital Pricing Authority funding designation: The designation given to an establishment by the Independent Hospital Pricing Authority relating to the type of funding the establishment receives. METeOR identifier: 548713. See activity-based funding and block-funding.

Index of Relative Disadvantage (IRD): One of the set of Socio-Economic Indexes for Areas for ranking the average socioeconomic conditions of the population in an area. It summarises attributes of the population such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations.

Indigenous status: A measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. METeOR identifier: 602543. This is in accord with the first 2 of 3 components of the Commonwealth definition below:

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.

local hospital network: Local hospital networks directly manage single or small groups of public hospital services and their budgets, and are directly responsible for hospital performance. METeOR identifier: 491016.

medical consultation clinic: A clinic in which services are provided by a general physician or medical specialist (IHPA 2016).

Medicare Benefits Scheme: The funding source reported for Medicare eligible non-admitted patients presenting at a public hospital outpatient department for whom services are billed to Medicare. Includes both bulk-billed patients and patients with out-of-pocket expenses.

non-admitted patient: A patient who does not undergo a hospital's formal admission process. METeOR identifier: 268973.

other services: local hospital networks and other public hospital services (for example, private hospitals that provided public hospital services for non-admitted patient patients), for which data were reported to the NAPCLHN NBEDS for 2017-18.

peer group: Groupings of hospitals into broadly similar groups in terms of characteristics.

procedural clinic: A clinic in which services are provided by a surgeon or other medical specialist (IHPA 2016).

public hospital: A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients.

remoteness area: A classification of the remoteness of a location using the ASGS Remoteness Structure (ABS 2016), based on the Accessibility/Remoteness Index of Australia which measures the remoteness of a point based on the physical road distance to the nearest urban centre.

service delivery mode: The method of communication between a non-admitted patient and a health-care provider during a service event. METeOR identifier: 652467.

service delivery setting: The setting in which a service is provided to a non-admitted patient during a service event. METeOR identifier: 652087. Service events can occur in an outpatient clinic within the hospital campus or other setting, and can include service events delivered in the patient's home, by telephone or by video link.

service event: An interaction between one or more health-care provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record. METeOR identifier: 583996. Apart from some home delivered non-admitted patient services, one service event is recorded for each interaction, regardless of the number of health-care providers present.

Tier 2: The Tier 2 non-admitted services classification is a hierarchical classification comprising 2 levels, namely the clinic classes (4 broad categories) and clinic types (the most detailed level of the classification) (IHPA 2016).

References

IHPA 2017. [National Efficient Cost Determination 2017-18](#), March 2017. Sydney: IHPA. Viewed 16 April 2019.





Data



Notes

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