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AIHW

Non-admitted patient care

2016–17

Australian
hospital statistics





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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ASGS	Australian Statistical Geography Standard
DSS	Data Set Specification
GP	general practitioner
IHPA	Independent Hospital Pricing Authority
LHN	local hospital network
MBS	Medicare Benefits Scheme
METeOR	Metadata Online Registry
NBEDS	National Best Endeavours Data Set
NMDS	National Minimum Data Set
NNAPC(agg)D	National Non-admitted Patient Care (aggregate) Database
NNAP(e)D	National Non-admitted Patient (episode-level) Database
NPHEd	National Public Hospital Establishments Database
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
SA1	Statistical Area Level 1
SA2	Statistical Area Level 2
SEIFA	Socio-Economic Indexes for Areas
SES	socioeconomic status
SLA	Statistical Local Area
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

..	not applicable
n.a.	not available
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data

Summary

Non-admitted patient care provided by public hospital services includes care provided in 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. This report summarises this type of hospital care for 2016–17.

Non-admitted patient care can also include care provided in emergency departments; the dispensing of medicines; and district nursing and community health services provided by hospitals. Information about these activities is not included in this report.

How much non-admitted patient activity was reported?

In 2016–17, there were 36.7 million non-admitted patient care service events reported for 602 public hospitals and 31 other services that provided non-admitted patient care for public patients (including local hospital networks and some private hospitals in Western Australia).

What types of services were provided?

In 2016–17:

- 45% of service events (16.2 million) were in allied health and/or clinical nurse specialist intervention clinics—the most commonly reported clinics were *Midwifery and maternity* and *Primary health care* (2.2 million and 2.0 million service events, respectively)
- 32% (11.7 million) were in medical consultation clinics—the most commonly reported clinics were *General practice and primary care* and *Orthopaedics* (1.4 million and 1.1 million service events, respectively)
- 15% (5.5 million) were for diagnostic services—the most commonly reported services were *Pathology (microbiology, haematology, biochemistry)* and *General imaging* (2.9 million and 1.7 million, respectively)
- 8% (3.0 million) were in procedural clinics—the most commonly reported clinics were *Dental* and *Radiation therapy - treatment* (1.1 million and 839,000 service events, respectively).

Who used these services?

For 71% of non-admitted patient service events (25.9 million), information on the characteristics of the patient was available. In 2016–17:

- 56% of service events were for females, who accounted for 72% 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.

How were services funded?

In 2016–17, most non-admitted patient service events (86%) in public hospitals were funded by the jurisdiction's health service budget. The *Medicare Benefits Scheme* (MBS) funded an additional 13%, and smaller numbers were funded through compensation schemes and the Department of Veterans' Affairs.

1 Introduction

Non-admitted patient care 2016–17: 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—36.7 million service events reported in 2016–17, (this report)
 - emergency department services—7.8 million presentations in 2016–17 (AIHW 2017b)
 - dispensing of medicines
 - district nursing
 - community health services.
- admitted patients—including maternity services, and medical and surgical services—6.6 million separations in 2016–17 (AIHW 2018a).

The information presented in this report describes non-admitted patient care provided in 2016–17 by 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, 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.

The AIHW previously published non-admitted patient care information as part of comprehensive reports about hospitals for the financial years 1993–94 to 2012–13 (in AIHW 2014 and earlier reports), and as a stand-alone report on non-admitted patient care for the 2013–14, 2014–15 and 2015–16 financial years (AIHW 2015d, 2016, 2017d).

More detailed reports on some aspects of Australia’s hospitals for 2016–17 have already been published:

- *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a)
- *Elective surgery waiting times 2016–17: Australian hospital statistics* (AIHW 2017a)
- *Emergency department care 2016–17: Australian hospital statistics* (AIHW 2017b)
- *Staphylococcus aureus bacteraemia in Australian hospitals 2016–17: Australian hospital statistics* (AIHW 2017d).

Two further reports on hospitals data and updates to the *MyHospitals* website accompany this release, including:

- *Hospital resources 2016–17: Australian hospital statistics* (AIHW 2018c)
- *Australia’s hospitals 2016–17, at a glance* (AIHW 2018b), a shorter companion report that presents key findings from the Australian hospital statistics reports in an accessible format
- hospital profile information at <www.myhospitals.gov.au>.

1.1 What's in this report?

Structure of this report

This introduction covers:

- 'What data are reported?'—including information on differences between the data sources that affect the interpretation of the data presented.
- 'What are the limitations of the data?'—including caveat information that should be considered when interpreting the data presented.
- 'What data could not be reported?'—including changes over time in data sources, definitions, scope and counting rules that preclude the reporting of time series information.
- 'Where to go for more information'.

Chapters 2 to 6 include:

- 'Chapter 2 Overview—non-admitted care service events'—presents overall information on non-admitted patient service events, including information about the people who received non-admitted patient care
- 'Chapter 3 Procedural clinics'—presents information on non-admitted patient care in clinics where procedures are provided by a surgeon or other medical specialist
- 'Chapter 4 Medical consultation clinics'—presents information on non-admitted patient care in clinics where medical consultations are provided by a medical or nurse practitioner
- 'Chapter 5 Diagnostic services'—presents information on non-admitted patient care in clinics where diagnostic services are provided within a specific field of medicine or condition
- 'Chapter 6 Allied health and/or clinical nurse specialist intervention clinics'—presents information on non-admitted patient care in clinics where services are provided by an allied health professional or clinical nurse specialist.

Appendix A provides summary information on the quality of the databases used in preparing this report and issues affecting the quality or comparability of the data.

Appendix B includes notes on definitions and classifications, the presentation of data and analysis methods.

The Glossary provides definitions for many of the terms commonly used in this report.

1.2 What data are reported?

This section presents information on the data sources used in this report, including information on the definitions used to report non-admitted patient services.

National Non-admitted Patient Care (aggregate) Database

For 2016–17, aggregate clinic-level information on non-admitted patient care was provided for the National Non-admitted Patient Care Database (NNAPC(agg)D).

The NNAPC(agg)D is 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 2016–17 (NAPCLHN NBEDS).

The NAPC NMDS and the NAPCLHN NBEDS are defined in the *National health data dictionary*, versions 16, 16.1 and 16.2 (AIHW 2012, 2015b, 2015c) and in the AIHW's Metadata Online Registry (METeOR)—METeOR identifiers: 612278 and 612291, respectively.

Non-admitted patient care NMDS

For 2016–17, the scope of the NAPC NMDS was non-admitted patient service events provided by public hospitals—including service events in both activity-based funded hospitals, block-funded hospitals and other public hospital services that were funded through the jurisdictional health authority or Local Hospital Network.

For 2016–17, 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 counts of service events for *Diagnostic services* are not comparable among jurisdictions.

It should also be noted that, for the purposes of activity-based funding, diagnostic service events are not counted as non-admitted patient service events. Therefore, counts of diagnostic service events presented here may not be comparable with counts of diagnostic service events provided for funding purposes.

Due to changes in the scope and coverage of the NNAPC(agg)D between 2013–14 and 2016–17, time series are not presented. For more information, see 'Section 1.3 What data could not be reported?' and Appendix A.

Non-admitted patient care Local Hospital Network aggregate NBEDS 2016–17

For 2016–17, the scope of the NAPCLHN NBEDS (METeOR identifier: 612291) is non-admitted patient service events provided by:

- local hospital networks (LHNs)—a legal entity established by the state/territory government in order to devolve operational management for public hospitals, and accountability for local service delivery, to the local level
LHNs directly manage single or small groups of public hospital services and their budgets, and are directly responsible for hospital performance under the Performance and Accountability Framework outlined in Schedule D of the National Health Reform Agreement 2012 (COAG 2011) (METeOR identifier: 491016)
- 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 (2011)*.

National Non-admitted Patient (episode-level) Database

The NNAP(e)D is based on data provided for the Non-admitted Patient National Best Endeavours Data Set (NAP NBEDS, previously a Data Set Specification [DSS]), as defined in the *National health data dictionary*, versions 16, 16.1 and 16.2 (AIHW 2012, 2015c, 2015d) and in the AIHW's METeOR (METeOR identifier: 612297).

Non-admitted patient Data Set Specification

Before 2015–16, the scope of the NAP DSS/NBEDS was defined as non-admitted patient service events in activity-based funded hospitals only.

In 2016–17, 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*, developed under the National Health Reform Agreement (2011).

For 2016–17, it is estimated that approximately 74% of non-admitted patient service events in activity-based funded hospitals, 38% in block-funded hospitals and 53% in Local Hospital Networks (or other public hospital services) were reported to the NNAP(e)D at the episode level (Table 1.1). Overall, episode-level data were provided for 71% of total activity.

For the first time, for 2016–17, all jurisdictions provided episode-level non-admitted patient data for the NAP NBEDS.

For activity-based funded hospitals, all non-admitted patient service events reported to the NNAPC(agg)D were also reported to the NNAP(e)D at the episode-level for the Australian Capital Territory and the Northern Territory, and almost all non-admitted patient service events for Tasmania (99%) and Western Australia (98%) were also reported at the episode-level (Table 1.1). The remaining jurisdictions provided episode-level data for at least 68% of non-admitted patient service events in activity-based funded hospitals—New South Wales provided 68%, Victoria (78%), Queensland (69%) and South Australia (81%).

Due to changes in the scope and coverage of the NAP DSS/NBEDS between 2013–14 and 2016–17, time series are not presented. For more information, see ‘Section 1.3 What data could not be reported?’ and Appendix A.

Definitions and categorisation of service events

A **non-admitted patient service event** is defined as an interaction between one or more health-care provider(s) and one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient’s medical record.

A service event can be an individual service event or a group service event. Tables in this report that present numbers of non-admitted patient service events, include both individual and group service events.

Apart from some home delivered non-admitted patient services (see Box 1.1); one service event is recorded for each interaction, regardless of the number of health-care providers present. 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.

A **group service event** is a non-admitted service event for a patient attending a group session. A group service event is counted as a non-admitted patient service event, providing that the session included the provision of therapeutic/clinical advice for each patient and that this was recorded using a dated entry in each patient’s medical record.

The non-admitted patient care data provided include information for 140 clinic types at which the service events were provided. They are categorised into 4 major classes:

- Procedural clinics
- Medical consultation clinics
- Diagnostic services

- Allied health and/or clinical nurse specialist intervention clinics.

More information on the 140 clinic types is available in Tier 2 Non-admitted services definitions manual 2016–17 Version 4.1 October 2015 (IHPA 2015).

The term **Other services** has been used in this report to refer to LHNs 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 NAPC NMDS, the NAP NBEDS or the NAPCLHN NBEDS for 2016–17.

What are the limitations of the data?

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. See Box 1.1 and Appendix A for more information.

Differences in scope and coverage of the non-admitted patient care database between 2013–14 and 2016–17

Non-admitted patient care NMDS

The scope of the NAPC NMDS changed between 2013–14 and 2014–15.

For 2013–14, the scope of the NAPC NMDS was non-admitted patient service events in activity-based funded public hospitals—that is, non-admitted patient services provided by block-funded hospitals were not required to be reported for the 2013–14 financial year.

For 2014–15 to 2016–17, the scope of the NAPC NMDS was non-admitted patient service events in all public hospitals—including service events in both activity-based funded hospitals and block-funded hospitals.

Between 2013–14 and 2016–17, non-admitted patient service events were reported:

- for 350 public hospitals and 8 other services in 2013–14
- for 610 public hospitals and 41 other services in 2014–15
- for 604 public hospitals and 19 other services in 2015–16
- for 602 public hospitals and 31 other services in 2016–17.

Non-admitted patient care Local Hospital Network aggregate DSS/NBEDS

In 2013–14, 12 LHNs or other services provided aggregate data for the NAPCLHN DSS. This increased to 43 in 2014–15, decreased to 19 in 2015–16 and increased to 31 in 2016–17.

Non-admitted patient DSS/NBEDS

Coverage of the NAP DSS/NBEDS changed between 2013–14 and 2016–17, and the proportion of service events reported at the episode-level (for the NAP DSS/NBEDS) changed between 2013–14 and 2016–17:

- in 2013–14, 10.2 million episode-level service events were reported—accounting for 39% of total activity. The data were provided by 5 jurisdictions (excludes Victoria, Queensland and South Australia).

- in 2014–15, 19.3 million episode-level service events were reported for activity-based funded hospitals—accounting for 63% of events in activity-based funded hospitals and 55% of total activity. The data were provided by 7 jurisdictions (excludes Victoria).
- in 2015–16, 15.3 million episode-level service events were reported—accounting for 46% of total activity. The data were provided by 5 jurisdictions (excludes Victoria, Queensland and the Australian Capital Territory).
- in 2016–17, 25.9 million episode-level service events were reported—accounting for 71% of total activity. The data were provided by all jurisdictions.

Differences in definitions of non-admitted patient care

For the NAPC NMDS, the NAPCLHN DSS and the NAP DSS, a non-admitted patient service event (see ‘Definitions and categorisation of service events’) 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 reports sourced from the NPHEd for the 2012–13 year and earlier, non-admitted patient occasions of service counted 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 and 2016–17.

Differences in counting rules for non-admitted patient care

In 2013–14 and 2014–15, for the NAPC NMDS, the NAPCLHN DSS and the NAP DSS, 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.

From 2015–16, 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 2015).

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

- 10.15 *Renal dialysis–haemodialysis–home delivered* (190,000 service events were reported in 2014–15 compared with 14,000 in 2015–16)
- 10.16 *Renal dialysis–peritoneal dialysis–home delivered* (803,000 in 2014–15 compared with 33,000 in 2015–16)
- 10.17 *Total parenteral nutrition–home delivered* (57,000 in 2014–15 compared with 2,000 in 2015–16)
- 10.18 *Enteral nutrition–home delivered* (1.1 million in 2014–15 compared with 83,000 in 2015–16)
- 10.19 *Ventilation–home delivered* (39,000 in 2014–15 compared with 9,000 in 2015–16).

1.3 What data could not be reported?

Changes over time that affect 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. See 'Information no longer collected'.

Time series information is not presented due to changes between 2013–14 and 2016–17 that affect the interpretation of these data, including:

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

For more information on these changes, see Section 1.2 'Differences in scope and coverage of the non-admitted patient care database between 2013–14 and 2016–17' and Appendix A 'Other factors affecting the interpretation of non-admitted patient care data'.

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(e)D. From 2014–15 onwards, information is no longer available for:

- *Emergency occasions of service* provided by hospitals that do not have a designated emergency department, as these data are not reported to the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD)
- *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
- most occasions of service for *Community health services*—although some community health services are in scope for the NNAPC(agg)D and NNAP(e)D.

Box 1.1: Limitations of the data

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

The comparability of data on non-admitted patient care over time may be affected by changes in coverage and in administrative and reporting arrangements (see Section 1.3 and Appendix A).

States and territories may differ in the extent to which non-admitted patient services provided in non-hospital settings (such as community health services, dental clinics or drug and alcohol services) are reported for the NNAPC(agg)D and the NNAP(e)D.

In addition, there is variation among the states and territories in the funding arrangements for some non-admitted patient activity that may result in the activity being included for some jurisdictions but not for others.

Differing admission practices between the states and territories also lead to variation in the reporting of some services as 'admitted patient' activity in some jurisdictions, and as 'non admitted patient' activity in others (for example, for dialysis, chemotherapy and endoscopies). More information on variation in admission practices is available in *Variation in hospital admission policies and practices: Australian hospital statistics (AIHW 2017e)*.

Where possible, variations in admission practices have been noted in the text. Comparisons between states and territories and reporting years should be made with reference to the accompanying notes in the chapters, footnotes to tables, and in the appendixes. The AIHW takes active steps to improve the consistency of these data over time.

For 2016–17:

- 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).
- In Queensland, patients receiving non-admitted patient services provided by private practitioners and funded by the Medicare Benefits Scheme (MBS) are not included as they are not considered by Queensland to be patients of the hospital.
- Western Australia did not report specialist mental health service events for the 2016–17 NAPC NMDS and the NAP NBEDS, as these were reported elsewhere. Western Australia was also not able to provide data for selected *Diagnostic services*.
- The Northern Territory did provide group service events for patients, but they were not reported to the AIHW.

See appendixes A and B for more information.

Table 1.1: 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, states and territories, 2016–17

	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT	NT	Total
Activity-based funded hospitals									
Non-admitted patient service events provided for the NNAP(e)D	10,755,055	4,155,092	3,701,067	2,227,789	1,402,429	515,374	740,042	536,621	24,033,469
Non-admitted patient service events provided for the NNAPC(agg)D	15,871,769	5,317,273	5,349,017	2,274,802	1,731,240	520,014	740,039	531,956	32,336,110
Proportion of service events provided as episode-level (%)	68	78	69	98	81	99	100	100	74
Block-funded hospitals									
Non-admitted patient service events provided for the NNAP(e)D	702,555	17,365	248,049	136,205	0	0	0	5,451	1,109,625
Non-admitted patient service events provided for the NNAPC(agg)D	2,284,219	41,106	341,946	136,375	74,957	0	0	5,448	2,884,051
Proportion of service events provided as episode-level (%)	31	42	73	100	0	0	0	100	38
Funding not designated^(b)									
Non-admitted patient service events provided for the NNAP(e)D	127,049	123,896	224,620	267,120	0	32,660	0	0	775,345
Non-admitted patient service events provided for the NNAPC(agg)D	355,940	163,949	399,783	269,820	229,700	32,660	0	0	1,451,852
Proportion of service events provided as episode-level (%)	36	76	56	99	0	100	0	0	53
Total									
Non-admitted patient service events provided for the NNAP(e)D	11,584,659	4,296,353	4,173,736	2,631,114	1,402,429	548,034	740,042	542,072	25,918,439
Non-admitted patient service events provided for the NNAPC(agg)D	18,511,928	5,522,328	6,090,746	2,680,997	2,035,897	552,674	740,039	537,404	36,672,013
Proportion of service events provided as episode-level (%)	63	78	69	98	69	99	100	100	71

(a) For Tasmania, the Mersey Community Hospital's funding is not designated as this hospital is owned and funded by the Australian Government.

(b) Includes hospitals for which the funding designation was not assigned and other services (for example, services provided at LHN-level, at state-wide level and public hospital services provided by private hospitals).

Sources: The NNAPC(agg)D and the NNAP(e)D.

1.4 Where to go for more information

This report is available on the AIHW website at <www.aihw.gov.au/reports-statistics/health-welfare-services/hospitals/overview> in PDF format and all tables are available as downloadable Excel spreadsheets.

More information on variation in the reporting of non-admitted patient service events both among states and territories and over time, is included in appendixes A and B.

MyHospitals website

Selected information about services provided by individual public hospitals is available on the AIHW's *MyHospitals* website at <www.myhospitals.gov.au/>.

Updates

Online tables will be updated if revisions are required after publication.

2 Overview—non-admitted care service events

This chapter presents an overview of outpatient care provided to non-admitted patients in 2016–17. It includes summary information on non-admitted patient service events provided in procedural clinics; medical consultation clinics; diagnostic services; and allied health professional or clinical nurse specialist intervention clinics.

The information in this chapter has been compiled using 2 different sources of non-admitted patient data.

1. Clinic-level service events data from the NNAPC(agg)D are used to describe overall non-admitted patient care reported for all public hospital services in 2016–17.
2. Episode-level data for the 71% of non-admitted patient service events that were also reported for the NNAP(e)D are used to provide more detailed information, including who used these services, how the services were delivered and the type of care provided.

2.1 How many non-admitted patient service events occurred in 2016–17?

This section presents information on the number of non-admitted patient service events in 2016–17 provided by public hospital services, by public hospital peer group or other type of service (see Appendix B for information about peer groups). It includes information based on data provided to the NNAPC(agg)D and the NNAP(e)D.

How many service events were reported in 2016–17?

Table 2.1 presents the number of hospitals, or other services, in each jurisdiction that reported non-admitted patient care activity to the NNAPC(agg)D in 2016–17.

In 2016–17, there were 36.7 million non-admitted patient service events provided by 602 public hospitals and 31 other services (including local hospital networks and 2 private hospitals in Western Australia) (Table 2.1). Reporting by public hospitals included 260 activity-based funded hospitals, 342 block-funded hospitals and 1 hospital for which funding was not designated (see Appendix A).

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 27%.

Other services, which includes LHNs and other public hospital services (including some private hospitals in Western Australia), accounted for another 1.4 million (4%) service events.

How many service events were reported at the episode-level in 2016–17?

In 2016–17, 25.9 million episode-level non-admitted patient service events were reported to the NNAP(e)D by 492 public hospitals and 18 other services (including local hospital networks and 2 private hospitals in Western Australia) (Table 2.2). This accounted for 71% of total activity reported for the NNAPC(Agg)D.

Principal referral and women's and children's hospitals reported 47% of episode-level non-admitted patient service events and *Public acute group A* hospitals accounted for a further 29%.

Where to go for more information

More information on the types of services provided by Australia's public hospitals is available in:

- *Australian hospital peer groups* (AIHW 2015a)
- *Elective surgery waiting times 2016–17: Australian hospital statistics* (AIHW 2017a)
- *Emergency department care 2016–17: Australian hospital statistics* (AIHW 2017b)
- *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a).

Information on data limitations and methods is in appendixes A and B.

Table 2.1: Non-admitted patient service events (aggregate data)^(a) by public hospital peer group or other service provider, states and territories, 2016–17

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals									
Non-admitted patient service events	8,123,675	1,899,547	2,471,127	1,348,142	955,453	264,117	680,263	372,158	16,114,482
Number of public hospitals	14	10	8	5	3	1	1	1	43
Public acute group A hospitals									
Non-admitted patient service events	4,797,994	1,374,511	2,180,074	469,707	568,815	255,897	59,776	115,424	9,822,198
Number of public hospitals	22	16	12	5	4	2	1	1	63
Public acute group B hospitals									
Non-admitted patient service events	1,703,575	512,531	562,192	220,490	104,960	32,660	..	..	3,136,408
Number of public hospitals	17	9	8	5	4	1	..	..	44
Other public hospitals									
Non-admitted patient service events	3,530,744	1,571,790	477,570	372,838	176,969	0	0	49,822	6,179,733
Number of public hospitals	160	67	91	71	60	0	0	3	452
Total public hospitals									
<i>Non-admitted patient service events</i>	<i>18,155,988</i>	<i>5,358,379</i>	<i>5,690,963</i>	<i>2,411,177</i>	<i>1,806,197</i>	<i>552,674</i>	<i>740,039</i>	<i>537,404</i>	<i>35,252,821</i>
<i>Number of public hospitals</i>	<i>213</i>	<i>102</i>	<i>119</i>	<i>86</i>	<i>71</i>	<i>4</i>	<i>2</i>	<i>5</i>	<i>602</i>
Other services^(b)									
Non-admitted patient service events	355,940	163,949	399,783	269,820	229,700	0	0	0	1,419,192
Number of reporting units	19	1	1	4	6	0	0	0	31
Total									
Non-admitted patient service events	18,511,928	5,522,328	6,090,746	2,680,997	2,035,897	552,674	740,039	537,404	36,672,013
Number of reporting units	232	103	120	90	77	4	2	5	633

(a) The NNAPC(agg)D includes data provided for the Non-admitted patient care National minimum data set and for the Non-admitted patient care Local Hospital Network aggregate National Best Endeavours Data Set.

(b) Includes services provided at LHN-level, at state-wide level and public hospital services provided by private hospitals.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 2.2: Non-admitted patient service events (episode-level)^(a), by public hospital peer group, states and territories, 2016–17

Public hospital peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals									
Number of service events episode-level data	5,333,940	1,609,063	1,973,177	1,301,799	750,910	263,334	680,266	375,805	12,288,294
Number of public hospitals	14	10	8	5	3	1	1	1	43
Public acute group A hospitals									
Number of service events episode-level data	3,446,925	1,225,727	1,367,012	469,704	466,124	252,040	59,776	116,444	7,403,752
Number of public hospitals	22	16	12	5	4	2	1	1	63
Public acute group B hospitals									
Number of service events episode-level data	981,426	456,939	269,281	219,973	98,827	32,660	..	..	2,059,106
Number of public hospitals	17	9	7	5	4	1	..	..	43
Other public hospitals									
Number of service events episode-level data	1,695,319	880,728	339,646	372,518	86,568	0	0	49,823	3,424,602
Number of public hospitals	152	42	67	71	8	0	0	3	343
Total public hospitals									
<i>Number of service events episode-level data</i>	<i>11,457,610</i>	<i>4,172,457</i>	<i>3,949,116</i>	<i>2,363,994</i>	<i>1,402,429</i>	<i>548,034</i>	<i>740,042</i>	<i>542,072</i>	<i>25,175,754</i>
<i>Number of public hospitals</i>	<i>205</i>	<i>77</i>	<i>94</i>	<i>86</i>	<i>19</i>	<i>4</i>	<i>2</i>	<i>5</i>	<i>492</i>
Other services^(b)									
Non-admitted patient service events	127,049	123,896	224,620	267,120	0	0	0	0	742,685
Number of reporting units	13	1	1	3	0	0	0	0	18
Total									
Number of service events episode-level data	11,584,659	4,296,353	4,173,736	2,631,114	1,402,429	548,034	740,042	542,072	25,918,439
Number of services	218	78	95	89	19	4	2	5	510

(a) Episode-level data were provided for 71% of non-admitted patient service events provided for the NNAPC(agg)D.

(b) Includes services provided at LHN-level, at state-wide level and public hospital services provided by private hospitals.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

2.2 What type of care was provided?

This section presents information on the types of non-admitted patient care provided by public hospitals and other services in 2016–17. It includes information by Tier 2 clinic categories and the type of care provided (mental health care, rehabilitation, palliative care, psychogeriatric care, geriatric evaluation and management, or other).

Type of non-admitted patient clinic

Non-admitted patient service events are classified according to the type of clinic in which they were provided. The clinics, in turn, are defined through the type of clinician who provided the service, and the nature of the service provided (IHPA 2015). 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. There are 4 classes of clinic types that provide non-admitted patient services:

- *Procedural clinics*—provided by a surgeon or other medical specialist
- *Medical consultation clinics*—provided by a medical or nurse practitioner
- *Diagnostic services*—provide diagnostic services within a specific field of medicine or condition
- *Allied health and/or clinical nurse specialist intervention clinics*—provided by an allied health professional or clinical nurse specialist.

In 2016–17, non-admitted patient service events were provided in the following clinic classes:

- 16.2 million (45% of service events for which a valid Tier 2 clinic category was reported) in *Allied health and/or clinical nurse specialist intervention clinics* (Table 2.3)
- 11.7 million (32%) in *Medical consultation clinics*
- 5.5 million (15%) for *Diagnostic services*—New South Wales accounted for 70% of all service events reported
- 3.0 million (8%) in *Procedural clinics*.

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

There were some gaps in reporting by Tier 2 clinic categories among jurisdictions, which should be considered when interpreting these data. For example:

- for 2016–17, 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)
- Western Australia did not provide data for the clinics: 30.03 *Computerised tomography (CT)*, 30.07 *Mammography screening*, 30.02 *Magnetic resonance imaging (MRI)*, and 30.06 *Positron emission tomography (PET)*. Western Australia also did not provide data for specialist mental health clinics such as 20.45 *Psychiatry*, 20.50 *Psychogeriatric*, 40.34 *Specialist mental health* and 40.37 *Psychogeriatric*
- Queensland did not report any non-admitted patient service events with a funding source of Medicare Benefits Scheme, as these are not considered by Queensland to be patients of the hospital
- 285,000 service events did not have a valid Tier 2 clinic category.

Table 2.3: Individual and group service events (aggregate data), by Tier 2 clinic classes, states and territories, 2016–17

	NSW	Vic ^(a)	Qld	WA ^(b)	SA	Tas	ACT	NT ^(c)	Total
Individual service events									
Procedural clinics	2,057,437	271,141	245,297	164,794	167,040	70,508	30,088	9,833	3,016,138
Medical consultation	4,766,003	2,523,109	1,838,005	978,089	933,728	202,465	201,886	205,670	11,648,955
Diagnostic services	3,830,639	n.a.	1,290,172	39,886	171,206	7,567	28,442	92,512	5,460,424
Allied health and/or clinical nurse specialist intervention	6,878,684	2,533,776	2,548,122	1,435,582	714,306	247,624	475,483	229,389	15,062,965
Not reported	278,768	0	0	0	0	0	0	0	278,768
Total	17,811,531	5,328,026	5,921,596	2,618,351	1,986,280	528,164	735,899	537,403	35,467,250
Group service events									
Procedural clinics	2,437	0	57	0	116	0	0	n.a.	2,610
Medical consultation	38,666	4,040	8,257	1,837	1,935	0	185	n.a.	54,920
Diagnostic services	282	n.a.	0	1	43	0	0	n.a.	326
Allied health and/or clinical nurse specialist intervention	652,367	190,262	160,836	60,808	47,523	24,510	3,955	n.a.	1,140,261
Not reported	6,645	0	0	0	0	0	0	n.a.	6,645
Total	700,397	194,302	169,150	62,646	49,617	24,510	4,140	n.a.	1,204,762
Total service events									
Procedural clinics	2,059,874	271,141	245,354	164,794	167,156	70,508	30,088	9,833	3,018,748
Medical consultation	4,804,669	2,527,149	1,846,262	979,926	935,663	202,465	202,071	205,670	11,703,875
Diagnostic services	3,830,921	n.a.	1,290,172	39,887	171,249	7,567	28,442	92,512	5,460,750
Allied health and/or clinical nurse specialist intervention	7,531,051	2,724,038	2,708,958	1,496,390	761,829	272,134	479,438	229,390	16,203,227
Not reported	285,413	0	0	0	0	0	0	0	285,413
Total	18,511,928	5,522,328	6,090,746	2,680,997	2,035,897	552,674	740,039	537,404	36,672,013

(a) For 2016–17, 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).

(b) Western Australia was not able to provide data for the diagnostic services: 30.03 *Computerised tomography* (CT), 30.07 *Mammography screening*, 30.02 *Magnetic resonance imaging* (MRI), and 30.06 *Positron emission tomography* (PET). In addition, Western Australia did not provide data for specialist mental health clinics 20.45 *Psychiatry*, 20.50 *Psychogeriatric*, 40.34 *Specialist mental health* and 40.37 *Psychogeriatric*.

(c) The Northern Territory did provide group service events for patients, but they were not reported to the AIHW.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Type of care

The care type describes the overall nature of care delivered during a non-admitted patient episode of care (METeOR identifier: 584081).

The non-admitted patient care type 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 2016–17, the majority (90%) of non-admitted patient service events provided for the NNAP(e)D were for *Other* care (Table 2.4), 8% 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:

- Tasmania and the Northern Territory were not able to assign type of care for the patient, and so all records had a type of care of *Other*.
- Western Australia did not report specialist mental health service events for the 2016–17 NAPC NMDS and the NAP NBEDS, and therefore the numbers of non-admitted patient service events for *Mental health care*, *Geriatric evaluation and management* and *Psychogeriatric care* are underestimated. The majority of Western Australia's non-admitted patient mental health care was reported elsewhere.
- South Australia assigned the type of care for a service event according to the main activity of the clinic. For example, all service events in a rehabilitation clinic (20.47 *Rehabilitation*, 40.12 *Rehabilitation*, 40.21 *Cardiac rehabilitation* and 40.60 *Pulmonary rehabilitation*), were assigned a type of care of *Rehabilitation*, while in a clinic such as 20.29 *Orthopaedics* (where some events may involve rehabilitation), all records were assigned an *Other* type of care.

Therefore, comparison between states and territories should be interpreted with caution.

Where to go for more information

Additional information on non-admitted patient service events by Tier 2 clinic classes and by state and territory is available in:

- 'Chapter 3 Procedural clinics'
- 'Chapter 4 Medical consultation clinics'
- 'Chapter 5 Diagnostic services'
- 'Chapter 6 Allied health and/or clinical nurse specialist intervention clinics'.

Information on data limitations and methods is available in appendixes A and B.

Table 2.4: Number of non-admitted patient service events (episode-level)^(a), by type of care, public hospitals, 2016–17

Type of care	Individual service events	Group service events	Total
Rehabilitation care	1,741,451	261,816	2,003,267
Palliative care	467,202	3,907	471,109
Geriatric evaluation and management	100,919	11,651	112,570
Psychogeriatric care	4,580	25	4,605
Mental health care ^(b)	11,328	0	11,328
Other care ^(c)	22,579,221	727,934	23,307,155
Total	24,912,853	1,005,586	25,918,439

(a) Episode-level data were provided for 71% of non-admitted patient service events provided for the NNAPC(agg)D.

(b) The number of service events with a type of care of *Mental health care* is likely to be underestimated as Western Australia did not report this activity for the NAP NMDS and NAP NBEDS in 2016–17.

(c) *Other care* includes any care provided that does not fall within the categories above, for example, maintenance care and acute care.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

2.3 Who used these services?

This section presents information about the people who received non-admitted patient care based on the 25.9 million non-admitted patient service events provided for the NNAP(e)D.

It includes the age, sex and Indigenous status of patients and the remoteness area and socioeconomic status of their usual residence.

It should be noted that the information presented here 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(e)D.

A number of data quality issues should be noted when interpreting these data:

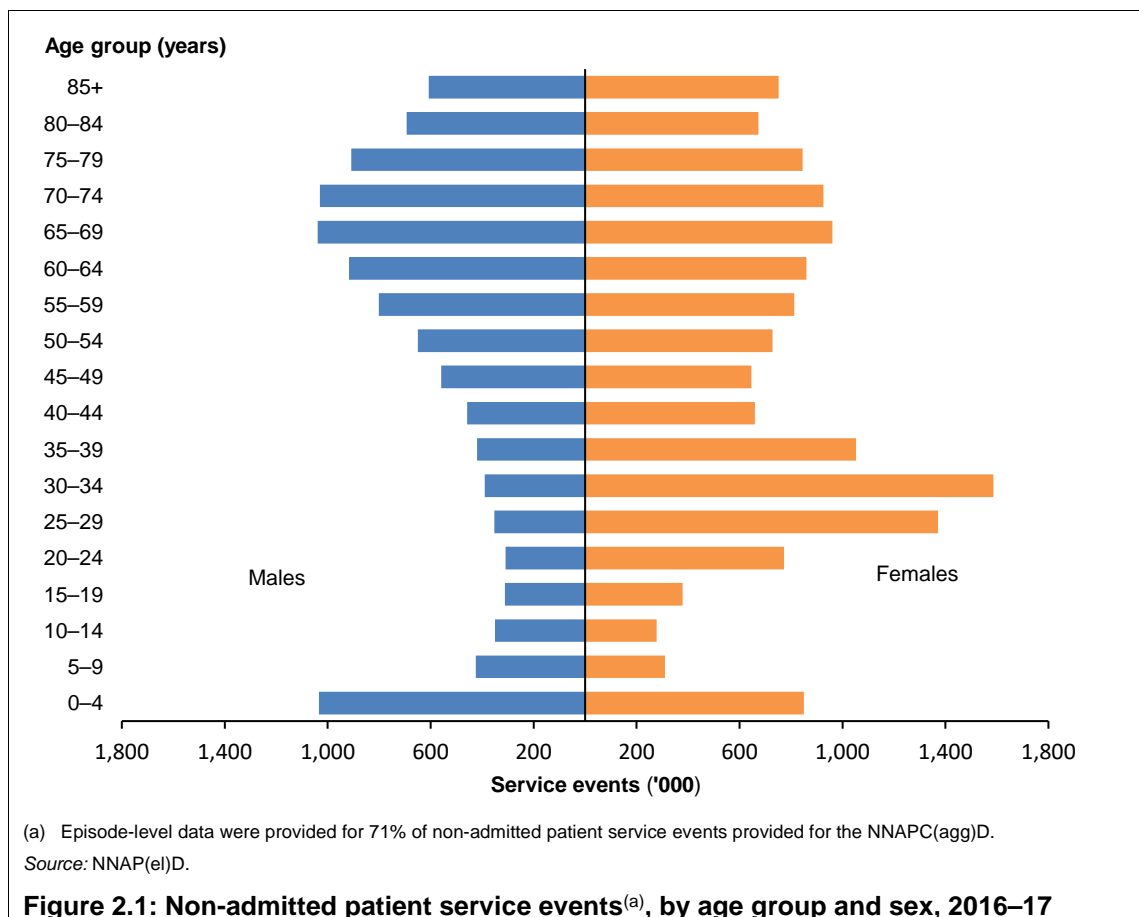
- the sex of the patient was not reported for 1% of service event (197,000) records
- the patient's date of birth was not reported for 175,000 service events (1%) and therefore the age of the patient could not be determined
- the Indigenous status of the patient was not reported for 4% of service events (1.1 million)
- 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.

Age and sex of patient

In 2016–17, there were 14.5 million non-admitted patient service events for females, compared with 11.3 million for males (Figure 2.1, and Table S2.1—accompanying this report online). Women accounted for 72% of service events for people aged 15–44 (the age range that includes most services for *Obstetrics and Midwifery and maternity*).

Boys accounted for 56% 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 2016–17.



Aboriginal and Torres Strait Islander people

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.

In 2016–17, there were 1.4 million non-admitted patient service events reported for Aboriginal and Torres Strait Islander people (Table 2.5). Non-admitted patient service events for Indigenous Australians accounted for 5.2% of service events reported to the NNAP(e)D.

The Northern Territory, the jurisdiction with the highest proportion of Indigenous residents (30%) (ABS 2011) had the highest proportion of service events that were for Indigenous Australians (47%).

About 92% of non-admitted patient service events for people reported as Indigenous Australians were for people of *Aboriginal but not Torres Strait Islander origin*, more than 3% were for people of *Torres Strait Islander but not Aboriginal origin* and 6% were for people of *Aboriginal and Torres Strait Islander origin*.

For 4% of service events reported at the episode level, the Indigenous status of the patient was not reported.

Remoteness

Remoteness categories divide Australia into areas depending on distances from population centres, using the Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS). The patient's area of usual residence can be used to derive the remoteness category.

In 2016–17, about 67% of service events (for which remoteness could be assigned) were provided for people who lived in *Major cities*, 19% in *Inner regional areas*, 10% in *Outer regional areas* and 4% in *Remote* and *Very remote* areas combined (Table 2.6).

The proportions of the population in each remoteness area are 70% in *Major cities*; 18% in *Inner regional areas*; 9% in *Outer regional areas* and 2% in *Remote* and *Very remote* areas combined.

When compared with the proportions of the population in each remoteness area, a relatively higher proportion of non-admitted patient service events occurred in *Remote* and *Very remote* areas, and a relatively lower proportion occurred in *Major cities*.

Socioeconomic status

In 2016–17, about 26% of service events (for which socioeconomic status could be assigned) 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 2.7).

For *Procedural clinics*, about 28% of service events were provided to people who lived in areas classified as being in the lowest SES group.

Table 2.5: Non-admitted patient service events (episode-level)^(a) by Indigenous status, states and territories, 2016–17

Indigenous status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal but not Torres Strait Islander origin	521,839	37,567	253,364	113,816	29,454	20,169	16,131	247,792	1,240,132
Torres Strait Islander but not Aboriginal origin	8,192	2,149	23,036	1,164	403	630	217	1,775	37,566
Aboriginal and Torres Strait Islander origin	33,663	5,732	25,407	2,935	527	1,839	874	3,675	74,652
<i>Indigenous people</i>	<i>563,694</i>	<i>45,448</i>	<i>301,807</i>	<i>117,915</i>	<i>30,384</i>	<i>22,638</i>	<i>17,222</i>	<i>253,242</i>	<i>1,352,350</i>
Neither Aboriginal nor Torres Strait Islander origin	10,505,043	4,125,404	3,788,633	2,391,037	1,179,596	508,437	667,170	286,232	23,451,552
Not reported	515,922	125,501	83,296	122,162	192,449	16,959	55,650	2,598	1,114,537
Total	11,584,659	4,296,353	4,173,736	2,631,114	1,402,429	548,034	740,042	542,072	25,918,439

(a) Episode-level data were provided for 71% of non-admitted patient service events provided for the NNAPC(agg)D.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

Table 2.6: Non-admitted patient service events (episode-level)^(a), by remoteness of area of usual residence, 2016–17

Tier 2 clinic class	Remoteness of area of usual residence						Total
	Major cities	Inner regional	Outer regional	Remote	Very remote	Not reported	
Procedural clinics	969,348	341,894	146,045	17,854	9,832	79,375	1,564,348
Medical consultation	6,682,219	1,478,517	781,710	168,213	152,149	393,068	9,655,876
Diagnostic services	314,575	60,564	73,624	23,946	29,258	17,318	519,285
Allied health and/or clinical nurse specialist intervention	8,640,429	2,877,669	1,511,140	243,716	232,305	621,695	14,126,955
Not reported	27,467	10,242	6,428	3,392	2,354	2,092	51,975
Total	16,634,038	4,768,886	2,518,947	457,121	425,898	1,113,548	25,918,439
Proportion of total (%)	64	18	10	2	2	4	100

(a) Episode-level data were provided for 71% of non-admitted patient service events provided for the NNAPC(agg)D.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

Table 2.7: Non-admitted patient service events (episode-level)^(a), by socioeconomic status of area of usual residence, 2016–17

Tier 2 clinic class	Socioeconomic status of area of usual residence					Not reported	Total
	1—Lowest	2	3	4	5—Highest		
Procedural clinics	412,139	366,067	296,883	217,738	191,902	79,619	1,564,348
Medical consultation	2,331,817	1,952,375	1,917,320	1,715,359	1,341,819	397,186	9,655,876
Diagnostic services	124,034	87,168	92,238	88,966	109,417	17,462	519,285
Allied health and/or clinical nurse specialist intervention	3,479,197	3,146,667	2,621,603	2,215,645	2,033,005	630,838	14,126,955
Not reported	12,438	11,601	12,448	5,579	7,816	2,093	51,975
Total	6,359,625	5,563,878	4,940,492	4,243,287	3,683,959	1,127,198	25,918,439
Proportion of total (%)	25	21	19	16	14	4	100

(a) Episode-level data were provided for 71% of non-admitted patient service events provided for the NNAPC(agg)D.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

2.4 Who requested the service?

This section presents information on whether the request for the non-admitted patient service came from within the hospital (for example, from the emergency department) or from elsewhere (for example, from the patient's general practitioner), based on the 25.9 million non-admitted patient service events provided for the NNAP(e)D.

Usually, an outpatient clinic will receive a service request for non-admitted patient care from a health practitioner or organisation that is external to the outpatient clinic.

Service requests include both referrals (for example, a written referral 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, 39% of service requests were from within the same hospital, 38% were from either the patient's GP or a specialist, and 8% were self-requested (by the patient).

For 2016–17, the service request source was not reported for 14.0 million individual service events (56%) and for 686,000 group service events (68%) that were reported at the episode level (Table 2.8).

Table 2.8: Individual and group service events (episode-level)^(a), by service request source, 2016–17

Service request source	Individual service events	Group service events	Total
This hospital			
Other outpatient clinic	1,660,268	35,034	1,695,302
Emergency department	476,466	1,193	477,659
Elsewhere in this hospital	2,082,910	100,935	2,183,845
<i>Total this hospital</i>	<i>4,219,644</i>	<i>137,162</i>	<i>4,356,806</i>
Other			
Other hospital	676,017	32,737	708,754
General practice	3,753,763	62,741	3,816,504
Specialist practice	423,828	11,170	434,998
Other non-hospital	951,708	60,433	1,012,141
Self	844,888	15,768	860,656
Not reported	14,043,005	685,575	14,728,580
Total	24,912,853	1,005,586	25,918,439

(a) Episode-level data were provided for 71% of non-admitted patient service events provided for the NNAPC(agg)D.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

2.5 How were the services provided?

This section presents information on whether the non-admitted patient care was provided at the hospital or another location, whether the service was provided face-to-face (in person) or by another method, and whether the service involved care from multiple health-care providers.

This information is based on the 25.9 million non-admitted patient service events provided for the NNAP(el)D.

Where were the services provided?

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 2016–17, 83% of individual service events and 87% of group service events were provided on the hospital campus (Table 2.9).

About 4.2 million service events were provided off campus. The majority (89%) of these were for *Allied health and/or clinical nurse specialist intervention clinics*, and accounted for 24% of service events reported for these clinics (Table 2.10).

Procedural clinics included non-admitted patient services provided at the patient's home. *Renal dialysis—home delivered* (haemodialysis or peritoneal dialysis) and *Enteral nutrition—home delivered* (tube feeding) are examples of service events that are provided off the hospital campus.

Table 2.9: Individual and group service events (episode-level)^(a), by service delivery setting, 2016–17

Service delivery setting	Individual service events	Group service events	Total
On the hospital campus of the healthcare provider	20,608,825	879,162	21,487,987
Off the hospital campus of the healthcare provider	4,086,512	122,920	4,209,432
Not reported	217,516	3,504	221,020
Total	24,912,853	1,005,586	25,918,439

(a) Episode-level data were provided for 71% of non-admitted patient service events provided for the NNAPC(agg)D.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(el)D.

Table 2.10: Number of non-admitted patient service events (episode-level)^(a), by Tier 2 Clinic class and service delivery setting, public hospitals, 2016–17

Tier 2 clinic class	On the hospital campus	Off the hospital campus	Not reported	Total
Procedural clinics	1,471,893	91,579	876	1,564,348
Medical consultation	9,385,001	257,139	13,736	9,655,876
Diagnostic services	497,792	20,031	1,462	519,285
Allied health and/or clinical nurse specialist interventions clinic	10,089,163	3,833,661	204,131	14,126,955
Not reported	44,138	7,022	815	51,975
Total	21,487,987	4,209,432	221,020	25,918,439

(a) Episode-level data were provided for 71% of non-admitted patient service events provided for the NNAPC(agg)D.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

How were the services delivered?

The method of communication between the patient and the health-care provider during a non-admitted patient service event is described by the service delivery mode. It identifies whether the non-admitted patient service event was provided in person or by another method, such as by telephone or by videoconference.

In 2016–17, 88% of individual service events and 98% of group service events were delivered in person (Table 2.11); 10% of individual service events were delivered by telephone.

Table 2.11: Individual and group service events (episode-level)^(a), by service delivery mode, 2016–17

Service delivery mode	Individual service events	Group service events	Total
In person	22,035,488	982,406	23,017,894
Telephone	2,599,116	11,886	2,611,002
Videoconference	76,422	3,381	79,803
Electronic mail	80,962	36	80,998
Postal/courier service	13,863	32	13,895
Other	105,280	7,845	113,125
Not reported	1,722	0	1,722
Total	24,912,853	1,005,586	25,918,439

(a) Episode-level data were provided for 71% of non-admitted patient service events provided for the NNAPC(agg)D.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

How many service events involved multiple health care providers?

The multiple health-care provider indicator identifies whether the service event involved care provided by multiple health-care providers.

For the purpose of activity-based funding, non-admitted patient care provided by multiple health-care providers means three or more health-care providers delivered care, either individually or jointly, within a single non-admitted patient service event. 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 2016–17, 1% of individual service events and 4% of group service events were reported as involving multiple health-care providers (Table 2.12).

The multiple health-care provider indicator was *Not reported* for 14% of individual service events and for 7% of group service events.

Table 2.12: Individual and group service events (episode-level)^(a), by multiple health-care provider indicator, 2016–17

Multiple health-care provider indicator	Individual service events	Group service events	Total
Yes ^(b)	266,373	44,643	311,016
No	21,148,429	889,448	22,037,877
Not stated	3,498,051	71,495	3,569,546
Total	24,912,853	1,005,586	25,918,439

(a) Episode-level data were provided for 71% of non-admitted patient service events provided for the NNAPC(agg)D.

(b) The service event involved 3 or more health-care providers.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

2.6 How were service events funded?

Non-admitted patient services are funded through a range of channels including the health service budget (including both state/territory and Australian Government contributions), the *Medicare Benefits Scheme* (MBS), compensation arrangements (for example, worker's compensation or motor vehicle third party personal claim) and by the *Department of Veterans' Affairs*.

This information is based on the 36.7 million non-admitted patient service events provided for the NNAPC(agg)D.

There are 4 funding sources that can be assigned for the aggregated non-admitted patient service events data reported for the NNAPC(agg)D:

- *Medicare Benefits Scheme*
- *Department of Veterans' Affairs*
- *Compensable* which includes service events for which the episode-level funding source was reported as:
 - *Worker's compensation*
 - *Motor vehicle third party personal claim*
 - *Other compensation*
- *Other* which includes service events for which the episode-level funding source was reported as:
 - *Health service budget* (including where there is eligibility under a *Reciprocal Health Care Agreement*, or where no charge was raised due to hospital decision)
 - *Other hospital or public authority* (contracted care)
 - *Department of Defence*
 - *Correctional facilities*
 - *Private health insurance*
 - *Self-funded*
 - *Other funding source.*
 - *Not known.*

For 2016–17, the MBS funded 13% of individual service events and fewer than 1% were funded by either the *Department of Veterans' Affairs* or *Compensable* sources (Table 2.13). The *Other* funding category was reported for 86% of non-admitted patient individual service events.

Where to go for more information

Additional information on principal source of funding for non-admitted patient service events by Tier 2 clinic classes by state and territory is available in:

- 'Chapter 3 Procedural clinics'
- 'Chapter 4 Medical consultation clinics'
- 'Chapter 5 Diagnostic services'
- 'Chapter 6 Allied health and/or clinical nurse specialist intervention clinics'

Information on data limitations and methods is available in appendixes A and B.

Table 2.13: Individual and group service events (aggregate data), by funding source, public hospitals, states and territories, 2016–17

Funding source	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT ^(b)	Total
Individual service events									
Medicare Benefits Scheme	2,647,904	1,205,679	.	139,561	391,707	104,529	101,430	30,562	4,621,372
Compensable ^(c)	51,507	80,758	21,501	15,844	3,486	3,112	697	1,747	178,652
Department of Veterans' Affairs	74,811	15,193	17,292	5,267	8,366	1,917	1,419	395	124,660
Other ^(d)	15,037,309	4,026,396	5,882,803	2,457,679	1,582,721	418,606	632,353	504,700	30,542,567
<i>Total</i>	<i>17,811,531</i>	<i>5,328,026</i>	<i>5,921,596</i>	<i>2,618,351</i>	<i>1,986,280</i>	<i>528,164</i>	<i>735,899</i>	<i>537,403</i>	<i>35,467,250</i>
Group service events									
Medicare Benefits Scheme	1,518	222	.	0	232	0	24	n.a.	1,996
Compensable ^(c)	1,412	2,141	215	18	29	0	2	n.a.	3,817
Department of Veterans' Affairs	3,813	16,920	664	57	5,813	167	0	n.a.	27,434
Other ^(d)	693,654	175,019	168,271	62,571	43,543	24,343	4,114	n.a.	1,171,515
<i>Total</i>	<i>700,397</i>	<i>194,302</i>	<i>169,150</i>	<i>62,646</i>	<i>49,617</i>	<i>24,510</i>	<i>4,140</i>	<i>n.a.</i>	<i>1,204,762</i>
All service events									
Medicare Benefits Scheme	2,649,422	1,205,901	.	139,561	391,939	104,529	101,454	30,562	4,623,368
Compensable ^(c)	52,919	82,899	21,716	15,862	3,515	3,112	699	1,747	182,469
Department of Veterans' Affairs	78,624	32,113	17,956	5,324	14,179	2,084	1,419	395	152,094
Other ^(d)	15,730,963	4,201,415	6,051,074	2,520,250	1,626,264	442,949	636,467	504,700	31,714,082
Total	18,511,928	5,522,328	6,090,746	2,680,997	2,035,897	552,674	740,039	537,404	36,672,013

(a) For Queensland, Medicare Benefits Scheme-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.

(b) The Northern Territory did provide group service events for patients, but they were not reported to the AIHW.

(c) The category *Compensable* was used for service events for which the original funding source was reported as *Worker's compensation*, *Motor vehicle third party personal claim* or *Other compensation*.

(d) The category *Other* was used for service events for which the funding source was reported as *Health service budget* (including where there is eligibility under a Reciprocal Health Care Agreement, or where no charge was raised due to hospital decision), *Other hospital or public authority* (contracted care), *Department of Defence*, *Correctional facilities*, *Private health insurance*, *Self-funded*, *Other funding source*, or *Not known*.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

3 Procedural clinics

The Tier 2 clinic class *Procedural clinics* is used for clinics where minor surgical and non-surgical procedures—that do not require the patient to be admitted—are provided by a surgeon or other medical specialist. Some public hospitals do not have non-admitted patient procedural clinics.

This chapter presents an overview of non-admitted patient service events that occurred in procedural clinics in public hospitals for 2016–17. It includes information sourced from the NNAPC(agg)D on:

- the numbers of public hospitals and other services that provided non-admitted patient services in procedural clinics
- the numbers of procedural clinic service events by public hospital peer group (see Appendix B) and by state and territory
- the numbers of service events for the 10 most common Tier 2 procedural clinic categories
- the funding source reported for procedural clinic service events.

See Box 1.1 for more information.

3.1 How many hospitals provided non-admitted patient services in procedural clinics?

In 2016–17, data for non-admitted patient service events in procedural clinics were provided by 352 public hospitals and 7 other services, including:

- 42 of the 43 *Principal referral and women’s and children’s* hospitals (Table 3.1). Together they accounted for 42% of such events (1.3 million) (Table 3.2)
- 62 of the 63 *Public acute group A* hospitals reported procedural clinic service events. They accounted for 30% of such events (894,000)
- 38 of the 44 *Public acute group B* hospitals, which provided 6% of these events
- 210 of the 545 *Other public* hospitals, which provided 15% of these events
- 7 other services, which provided 7% of procedural clinic service events.

Table 3.1: Number of public hospitals and other services reporting non-admitted patient service events in procedural clinics, states and territories, 2016–17

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women’s and children’s hospitals	14	9	8	5	3	1	1	1	42
Public acute group A hospitals	22	16	12	4	4	2	1	1	62
Public acute group B hospitals	17	6	6	4	4	1	..	..	38
Other public hospitals	71	25	30	26	56	0	0	2	210
<i>Total public hospitals</i>	<i>124</i>	<i>56</i>	<i>56</i>	<i>39</i>	<i>67</i>	<i>4</i>	<i>2</i>	<i>4</i>	<i>352</i>
Other services	5	0	1	1	0	0	0	0	7
Total	129	56	57	40	67	4	2	4	359

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

3.2 How many service events occurred in 2016–17?

In 2016–17, 3.0 million non-admitted patient service events in procedural clinics were reported (Table 3.2). New South Wales reported 2.1 million service events in procedural clinics, or 68% of the national total.

Nationally, 42% of service events in procedural clinics were in *Principal referral and women's and children's* hospitals.

3.3 What types of clinics provided services?

In 2016–17, the Tier 2 procedural clinic with the most service events was *Dental* clinics (37%, 1.1 million service events), for which 87% of service events were reported by New South Wales (Table 3.3).

There were more than 1.2 million oncology-related service events in *Radiation therapy - treatment* and *Chemotherapy treatment* clinics combined (839,000 and 384,000 service events, respectively).

3.4 How were service events funded?

About 72% of procedural clinic service events were funded by *Other* funding sources—which includes the jurisdictional health service budget (see Section 2.6). The majority of the remainder (27%) were funded by the MBS (Table 3.4).

There were variations among jurisdictions in the proportions of procedural clinic service events that were reported as funded by the MBS (excluding Queensland); ranging from 19% in New South Wales to 72% in Victoria. In Victoria, 1.0% of procedural clinic service events were funded by the *Department of Veterans' Affairs*, compared with 0.4% nationally.

Where to go for more information

Additional information on non-admitted patient service events provided in all procedural clinics, by state and territory, is available in Table S3.1, accompanying this report online.

Information on data limitations and methods is available in appendixes A and B.

Table 3.2: Non-admitted patient service events in procedural clinics, by type of service provider, states and territories, 2016–17

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	672,389	120,137	174,434	135,183	88,182	35,454	29,761	8,905	1,264,445
Public acute group A hospitals	742,213	15,064	61,614	4,867	35,790	32,429	327	799	893,103
Public acute group B hospitals	143,494	3,656	5,520	17,875	8,310	2,625	..	..	181,480
Other public hospitals	277,687	132,284	3,190	6,731	34,874	0	..	129	454,895
<i>Total public hospitals</i>	<i>1,835,783</i>	<i>271,141</i>	<i>244,758</i>	<i>164,656</i>	<i>167,156</i>	<i>70,508</i>	<i>30,088</i>	<i>9,833</i>	<i>2,793,923</i>
Other services	224,091	0	596	138	0	0	0	0	224,825
Total	2,059,874	271,141	245,354	164,794	167,156	70,508	30,088	9,833	3,018,748

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC (agg)D.

Table 3.3: Non-admitted patient service events for the 10 most common Tier 2 procedural clinic categories, states and territories, 2016–17

Tier 2 outpatient clinic type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
10.04 Dental	984,674	8,522	97,786	12,482	7,774	98	0	11	1,111,347
10.12 Radiation therapy - treatment	425,656	170,254	54,275	97,539	31,041	35,706	22,410	2,040	838,921
10.11 Chemotherapy treatment	315,995	5,023	5,023	2,347	38,554	12,646	327	4,021	383,936
10.13 Minor medical procedures	98,180	6,053	17,169	16,551	14,013	3,646	208	539	156,359
10.06 Endoscopy - gastrointestinal	74,794	2,988	15,493	568	25,866	4,613	4,005	51	128,378
10.18 Enteral nutrition - home delivered	20,970	23,448	21,511	16,602	9,388	1,149	0	1,318	94,386
10.20 Radiation therapy - simulation and planning	28,132	21,942	3,802	3,216	2,114	2	2,146	0	61,354
10.03 Minor surgical	7,013	6,700	6,617	2,845	27,503	483	0	383	51,544
10.07 Endoscopy - urological/gynaecological	14,217	5,318	4,124	5,126	2,582	2,641	565	0	34,573
10.16 Renal dialysis - peritoneal dialysis - home delivered	11,749	8,253	5,606	2,710	1,519	627	0	294	30,758
<i>Total for 10 most common clinics</i>	<i>1,981,380</i>	<i>258,501</i>	<i>231,406</i>	<i>159,986</i>	<i>160,354</i>	<i>61,611</i>	<i>29,661</i>	<i>8,657</i>	<i>2,891,556</i>
Other clinics	78,494	12,640	13,948	4,808	6,802	8,897	427	1,176	127,192
Total	2,059,874	271,141	245,354	164,794	167,156	70,508	30,088	9,833	3,018,748

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 3.4: Non-admitted patient service events in procedural clinics, by funding source, states and territories, 2016–17

Funding source	NSW	Vic	Qld^(a)	WA	SA	Tas	ACT	NT	Total
Medicare Benefits Scheme	383,878	195,649	..	91,758	93,073	21,310	26,641	2,414	814,723
Compensable ^(b)	3,133	1,811	77	109	84	4	1	0	5,219
Department of Veterans' Affairs	5,058	2,667	1,020	1,482	373	3	532	14	11,149
Other ^(c)	1,667,805	71,014	244,257	71,445	73,626	49,191	2,914	7,405	2,187,657
Total	2,059,874	271,141	245,354	164,794	167,156	70,508	30,088	9,833	3,018,748

(a) For Queensland, Medicare Benefits Scheme-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.

(b) The category *Compensable* was used for service events for which the original funding source was reported as *Worker's compensation*, *Motor vehicle third party personal claim* or *Other compensation*.

(c) The category *Other* was used for service events for which the funding source was reported as *Health service budget* (including where there is eligibility under a Reciprocal Health Care Agreement, or where no charge was raised due to hospital decision), *Other hospital or public authority* (contracted care), *Department of Defence*, *Correctional facilities*, *Private health insurance*, *Self-funded*, *Other funding source*, or *Not known*.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

4 Medical consultation clinics

The Tier 2 clinic class *Medical consultation clinic* is used for clinics where medical consultations are typically provided by a medical or nurse practitioner. There may also be input from allied health personnel and/or clinical nurse specialists (IHPA 2015). Some public hospitals do not have non-admitted patient medical consultation clinics.

This chapter presents an overview of non-admitted patient service events that occurred in medical consultation clinics in public hospitals for 2016–17. It includes information sourced from the NNAPC(agg)D on:

- the numbers of public hospitals and other services that provided non-admitted patient service events in medical consultation clinics
- the numbers of medical consultation clinic service events, by public hospital peer group (see Appendix B)/other service and by state and territory
- the numbers of service events for the 10 most common Tier 2 medical consultation clinic categories
- the funding source reported for medical consultation clinic service events.

It should be noted that:

- Western Australia did not report specialist mental health service events for the 2016–17 NAPC NMDS and the NAP NBEDS—the majority were reported elsewhere. Therefore, counts of service events for the clinics 20.45 *Psychiatry* and 20.50 *Psychogeriatric* are likely to be underestimated.

4.1 How many hospitals provided non-admitted patient services in medical consultation clinics?

In 2016–17, data for non-admitted patient service events in medical consultation clinics were provided by 459 public hospitals and 24 other services, including:

- all 43 *Principal referral and women's and children's* hospitals (Table 4.1). They accounted for 5.7 million service events in medical consultation clinics (49%) (Table 4.2)
- all 63 reporting *Public acute group A* hospitals reported medical consultation clinic service events. They accounted for 24% of these events (2.9 million)
- all 44 *Public acute group B* hospitals, which provided 7% of these events
- 309 of the 545 *Other public* hospitals, which provided 19% of these events
- 24 other services, which accounted for 1% of medical consultation clinic service events.

Table 4.1: Number of public hospitals and other services reporting non-admitted patient service events in medical consultation clinics, states and territories, 2016–17

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	14	10	8	5	3	1	1	1	43
Public acute group A hospitals	22	16	12	5	4	2	1	1	63
Public acute group B hospitals	17	9	8	5	4	1	..	..	44
Other public hospitals	87	38	77	47	57	0	0	3	309
<i>Total public hospitals</i>	<i>140</i>	<i>73</i>	<i>105</i>	<i>62</i>	<i>68</i>	<i>4</i>	<i>2</i>	<i>5</i>	<i>459</i>
Other services	18	1	1	3	1	0	0	0	24
Total	158	74	106	65	69	4	2	5	483

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

4.2 How many service events occurred in 2016–17?

In 2016–17, 11.7 million non-admitted patient service events were reported for medical consultation clinics (Table 4.3).

Nationally, 49% of service events in medical consultation clinics were in *Principal referral and women's and children's* hospitals, but the proportion of these events that occurred in different types of hospitals varied across jurisdictions.

For Tasmania, 41% of these events occurred in *Public acute group A* hospitals.

4.3 What types of clinics provided services?

In 2016–17, the 3 most common Tier 2 medical consultation clinic categories were *General practice and primary care* (1.4 million service events), *Orthopaedics* (1.1 million) and *Medical oncology (consultation)* (679,000) (Table 4.3).

There were also 1.3 million service events in *Obstetrics–management of complex pregnancy*, *Obstetrics–management of pregnancy without complications* and *Gynaecology* clinics combined (507,000, 502,000 and 325,000 service events, respectively).

In 2016–17, New South Wales public hospital services reported 4.8 million medical consultation clinic service events or 41% of the national total.

There were notable variations in proportions of service events by Tier 2 clinic categories among jurisdictions. For example, New South Wales provided 95% of service events reported for *General practice and primary care* and 50% of service events reported for *Medical oncology (consultation)* clinics, while Victoria provided a relatively large proportion of service events for *Gastroenterology* and *General surgery* clinics (32% and 31%, respectively).

4.4 How were service events funded?

About 76% of medical consultation clinic service events were funded by *Other* sources—which includes the jurisdictional health service budget (see Section 2.6). The MBS funded an additional 23% of these events (Table 4.4).

There were variations among jurisdictions in the proportions of medical consultation clinic service events that were reported as funded by the MBS (excluding Queensland); ranging from 4% in Western Australia to 38% in Victoria.

Table 4.2: Non-admitted patient service events in medical consultation clinics, by type of service provider, states and territories, 2016–17

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	2,116,910	1,128,889	908,234	669,180	520,133	101,657	188,631	136,228	5,769,862
Public acute group A hospitals	801,471	760,301	659,172	173,663	292,116	83,780	13,440	49,479	2,833,422
Public acute group B hospitals	337,034	191,148	147,204	53,078	56,071	17,028	..	..	801,563
Other public hospitals	1,487,233	437,772	86,676	81,770	66,586	0	0	19,963	2,180,000
<i>Total public hospitals</i>	<i>4,742,648</i>	<i>2,518,110</i>	<i>1,801,286</i>	<i>977,691</i>	<i>934,906</i>	<i>202,465</i>	<i>202,071</i>	<i>205,670</i>	<i>11,584,847</i>
Other services	62,021	9,039	44,976	2,235	757	0	0	0	119,028
Total	4,804,669	2,527,149	1,846,262	979,926	935,663	202,465	202,071	205,670	11,703,875

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 4.3: Non-admitted patient service events for the 10 most common Tier 2 medical consultation clinic categories, states and territories, 2016–17

Tier 2 outpatient clinic type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
20.06 General practice and primary care	1,284,287	1,159	62,477	1,106	0	0	450	4,209	1,353,688
20.29 Orthopaedics	273,762	227,671	323,379	115,243	71,982	29,474	16,563	16,701	1,074,775
20.42 Medical oncology (consultation)	339,180	154,400	61,823	47,208	38,212	4,728	19,024	14,637	679,212
20.17 Ophthalmology	152,742	111,838	109,906	56,606	69,885	9,871	11,864	14,673	537,385
20.53 Obstetrics - management of complex pregnancy	223,078	163,974	24,993	54,846	19,808	3,096	2,064	14,966	506,825
20.40 Obstetrics - management of pregnancy without complications	149,844	141,996	93,406	59,119	40,794	8,758	5,464	2,221	501,602
20.34 Endocrinology	182,189	118,174	44,864	25,475	24,417	8,741	10,532	3,314	417,706
20.07 General surgery	47,967	129,335	125,066	40,515	40,512	13,656	7,673	11,222	415,946
20.38 Gynaecology	93,885	71,299	73,766	27,051	38,055	9,629	4,080	7,290	325,055
20.25 Gastroenterology	100,216	97,106	40,330	22,755	35,031	5,575	4,243	2,506	307,762
<i>Total for 10 most common clinics</i>	<i>2,847,150</i>	<i>1,216,952</i>	<i>960,010</i>	<i>449,924</i>	<i>378,696</i>	<i>93,528</i>	<i>81,957</i>	<i>91,739</i>	<i>6,119,956</i>
Other clinics	1,957,519	1,310,197	886,252	530,002	556,967	108,937	120,114	113,931	5,583,919
Total medical consultations	4,804,669	2,527,149	1,846,262	979,926	935,663	202,465	202,071	205,670	11,703,875

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 4.4: Non-admitted patient service events in medical consultation clinics, by funding source, states and territories, 2016–17

Funding source	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Medicare Benefits Scheme	1,238,903	971,390	..	37,873	232,852	69,402	65,526	26,772	2,642,718
Compensable ^(b)	27,251	37,429	9,727	9,097	1,622	1,992	611	1,304	89,033
Department of Veterans' Affairs	10,556	2,653	5,962	1,687	5,325	707	635	199	27,724
Other ^(c)	3,527,959	1,515,677	1,830,573	931,269	695,864	130,364	135,299	177,395	8,944,400
Total	4,804,669	2,527,149	1,846,262	979,926	935,663	202,465	202,071	205,670	11,703,875

(a) For Queensland, Medicare Benefits Scheme-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.

(b) The category *Compensable* was used for service events for which the original funding source was reported as *Worker's compensation, Motor vehicle third party personal claim* or *Other compensation*.

(c) The category *Other* was used for service events for which the funding source was reported as *Health service budget* (including where there is eligibility under a Reciprocal Health Care Agreement, or where no charge was raised due to hospital decision), *Other hospital or public authority* (contracted care), *Department of Defence, Correctional facilities, Private health insurance, Self-funded, Other funding source, or Not known*.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Where to go for more information

Additional information on non-admitted patient service events in all medical consultation clinics, by state and territory, is available in Table S4.1 accompanying this report online.

Information on data limitations and methods is available in appendixes A and B.

5 Diagnostic services

The Tier 2 clinic class *Diagnostic services* is used where diagnostic services are provided within a specific field of medicine or condition. These services include imaging, screening, clinical measurement and pathology. Some public hospitals do not have diagnostic services for non-admitted patients.

For activity-based funding purposes, diagnostic services are considered as inputs to non-admitted patient service events (for example, to inform a medical consultation or procedural service) and therefore (for the purposes of activity-based funding), are not counted or reported as non-admitted patient service events (IHPA 2015).

This chapter presents an overview of diagnostic service events provided to non-admitted patients in public hospitals for 2016–17. It includes information sourced from the NNAPC(agg)D on:

- the numbers of public hospitals and other services that provided diagnostic services for non-admitted patients
- the numbers of service events by public hospital peer group/other service, and by state and territory
- the numbers of service events by Tier 2 clinic categories
- the funding source reported for diagnostic service events.

It should be noted that:

- 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)
- Western Australia did not provide data for the clinics: 30.03 *Computerised tomography (CT)*, 30.07 *Mammography screening*, 30.02 *Magnetic resonance imaging (MRI)*, and 30.06 *Positron emission tomography (PET)*.

Therefore, the counts of service events for *Diagnostic services* are likely to be underestimated.

5.1 How many hospitals provided diagnostic services for non-admitted patients?

In 2016–17, data for non-admitted patient service events for diagnostic services were provided for 316 public hospitals and 3 other services, including:

- 31 of the 43 *Principal referral and women's and children's* hospitals (Table 5.1). Together they accounted for 52% of such events (2.8 million) (Table 5.2)
- 42 of the 63 *Public acute group A* hospitals accounted for 1.6 million of these events (29%)
- 29 of the 44 *Public acute group B* hospitals, which provided 13% of these events
- 214 of the 545 *Other public* hospitals, which provided 6% of these events
- 3 other services, which accounted for 1% of diagnostic service events.

Table 5.1: Number of public hospitals and other services reporting non-admitted patient service events for diagnostic services, states and territories, 2016–17

Public hospital peer group/other service	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	14	n.a.	8	4	2	1	1	1	31
Public acute group A hospitals	20	n.a.	12	2	4	2	1	1	42
Public acute group B hospitals	16	n.a.	8	0	4	1	..	..	29
Other public hospitals	83	n.a.	82	5	41	0	0	3	214
<i>Total public hospitals</i>	<i>133</i>	<i>n.a.</i>	<i>110</i>	<i>11</i>	<i>51</i>	<i>4</i>	<i>2</i>	<i>5</i>	<i>316</i>
Other services	2	n.a.	1	0	0	0	0	0	3
Total	135	n.a.	111	11	51	4	2	5	319

(a) For 2016–17, 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).

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

5.2 How many service events occurred in 2016–17?

In 2016–17, there were 5.5 million non-admitted patient diagnostic services reported (Table 5.2).

New South Wales public hospitals reported 3.8 million service events for diagnostic services, or 70% of the national total.

Nationally, 52% of diagnostic service events were in *Principal referral and women's and children's* hospitals.

5.3 What types of services were provided?

In 2016–17, the most common Tier 2 diagnostic service was *Pathology (microbiology, haematology, biochemistry)* (2.9 million service events), with almost all of these reported by New South Wales (more than 99%) (Table 5.3).

For Western Australia and Tasmania, the majority of diagnostic service events were for *Clinical measurement* (90% and 95%, respectively).

For Queensland, South Australia and the Northern Territory, the most common services were *General imaging* (74%, 44% and 80%, respectively). For the Australian Capital Territory, the majority of diagnostic service events were for *Mammography screening* (60%).

5.4 How were service events funded?

About 81% of diagnostic service events were funded by *Other* sources—which includes the jurisdictional health service budget (see Section 2.6)—and 19% were funded by the MBS (Table 5.4).

There were variations among jurisdictions in the proportions of diagnostic service events that were reported as funded by the MBS (excluding Queensland); ranging from 16% in Western Australia to 55% in Tasmania.

Table 5.2: Non-admitted patient service events for diagnostic services by type of service provider, states and territories, 2016–17

Public hospital peer group/other service	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	2,167,827	n.a.	449,393	38,431	115,552	7,253	21,055	60,436	2,859,947
Public acute group A hospitals	906,666	n.a.	566,033	672	48,619	313	7,387	24,399	1,554,089
Public acute group B hospitals	500,655	n.a.	188,720	0	4,525	1	..	..	693,901
Other public hospitals	205,062	n.a.	84,917	784	2,553	0	0	7,677	300,993
<i>Total public hospitals</i>	<i>3,780,210</i>	<i>n.a.</i>	<i>1,289,063</i>	<i>39,887</i>	<i>171,249</i>	<i>7,567</i>	<i>28,442</i>	<i>92,512</i>	<i>5,408,930</i>
Other services	50,711	n.a.	1,109	0	0	0	0	0	51,820
Total	3,830,921	n.a.	1,290,172	39,887	171,249	7,567	28,442	92,512	5,460,750

(a) For 2016–17, 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).

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 5.3: Non-admitted patient service events for diagnostic services, by Tier 2 categories, states and territories, 2016–17

Tier 2 outpatient clinic type	NSW	Vic ^(a)	Qld	WA ^(b)	SA	Tas	ACT	NT	Total
30.05 Pathology (microbiology, haematology, biochemistry)	2,903,676	n.a.	0	212	1,664	223	0	0	2,905,775
30.01 General imaging	585,365	n.a.	954,451	2,934	74,982	1	6,959	73,804	1,698,496
30.08 Clinical measurement	143,737	n.a.	98,717	36,015	72,629	7,226	4,307	4,664	367,295
30.03 Computerised tomography (CT)	36,086	n.a.	191,221	n.a.	12,426	11	0	13,508	253,252
30.07 Mammography screening	122,026	n.a.	1,627	n.a.	0	0	17,176	69	140,898
30.02 Magnetic resonance imaging (MRI)	12,827	n.a.	33,401	n.a.	6,568	104	0	289	53,189
30.04 Nuclear medicine	16,867	n.a.	7,171	726	2,980	0	0	151	27,895
30.06 Positron emission tomography (PET)	10,337	n.a.	3,584	n.a.	0	2	0	27	13,950
Total	3,830,921	n.a.	1,290,172	39,887	171,249	7,567	28,442	92,512	5,460,750

(a) For 2016–17, 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).

(b) Western Australia did not report data for the clinics: 30.03 *Computerised tomography (CT)*, 30.07 *Mammography screening*, 30.02 *Magnetic resonance imaging (MRI)*, and 30.06 *Positron emission tomography (PET)*.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 5.4: Non-admitted patient service events for diagnostic services, by funding source, states and territories, 2016–17

Funding source	NSW	Vic ^(a)	Qld ^(b)	WA	SA	Tas	ACT	NT	Total
Medicare Benefits Scheme	952,178	n.a.	.	6,332	39,760	4,182	7,454	1,149	1,011,055
Compensable ^(c)	6,508	n.a.	5,387	56	15	8	12	4	11,990
Department of Veterans' Affairs	12,413	n.a.	3,512	49	217	51	148	9	16,399
Other ^(d)	2,859,822	n.a.	1,281,273	33,450	131,257	3,326	20,828	91,350	4,421,306
Total	3,830,921	n.a.	1,290,172	39,887	171,249	7,567	28,442	92,512	5,460,750

(a) For 2016–17, 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).

(b) For Queensland, Medicare Benefits Scheme-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.

(c) The category *Compensable* was used for service events for which the original funding source was reported as *Worker's compensation, Motor vehicle third party personal claim or Other compensation*.

(d) The category *Other* was used for service events for which the funding source was reported as *Health service budget* (including where there is eligibility under a Reciprocal Health Care Agreement, or where no charge was raised due to hospital decision), *Other hospital or public authority* (contracted care), *Department of Defence, Correctional facilities, Private health insurance, Self-funded, Other funding source, or Not known*.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Where to go for more information

Information on data limitations and methods is available in appendixes A and B.

6 Allied health and/or clinical nurse specialist intervention clinics

The Tier 2 clinic class *Allied health and/or clinical nurse specialist intervention clinics* is used for clinics where services are provided by an allied health professional or clinical nurse specialist. Some public hospitals do not have allied health and/or clinical nurse specialist intervention clinics for non-admitted patients.

This chapter presents an overview of non-admitted patient service events that occurred in allied health and/or clinical nurse specialist intervention clinics in public hospitals for 2016–17. It includes information sourced from the NNAPC(agg)D on:

- the numbers of public hospitals and other services that provided service events in allied health and/or clinical nurse specialist intervention clinics
- the numbers of allied health and/or clinical nurse specialist intervention clinic service events, by public hospital peer group (see Appendix B)/other service and by state and territory
- the numbers of non-admitted patient service events in allied health and/or clinical nurse specialist intervention clinics, by Tier 2 clinic categories
- the funding source reported for allied health and/or clinical nurse specialist intervention clinic service events.

It should also be noted that:

- Western Australia did not report specialist mental health service events for the 2016–17 NAPC NMDS and the NAP NBEDS, the majority of these were reported elsewhere. Therefore, national counts of service events for the clinics 40.34 *Specialist mental health* and 40.37 *Psychogeriatric* are likely to be underestimated.

6.1 How many hospitals provided allied health and/or clinical nurse specialist intervention clinics?

In 2016–17, data for non-admitted patient service events in allied health and/or clinical nurse specialist intervention clinics (aggregate data) were provided by 584 public hospitals and 21 other services, including:

- all 43 *Principal referral and women's and children's* hospitals (Table 6.1). Together they accounted for 37% (6.0 million) of allied health and/or clinical nurse specialist intervention clinic service events (Table 6.2)
- all 63 *Public acute group A* hospitals; they accounted for 4.5 million of these events (28%)
- all 44 *Public acute group B* hospitals, which provided 9% of these events
- 434 of the 545 *Other public* hospitals, which provided 20% of these events
- 21 other services, which accounted for 6% of service events.

Table 6.1: Number of public hospitals and other services reporting non-admitted patient service events in allied health and/or clinical nurse specialist intervention clinics, states and territories, 2016–17

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	14	10	8	5	3	1	1	1	43
Public acute group A hospitals	22	16	12	5	4	2	1	1	63
Public acute group B hospitals	17	9	8	5	4	1	..	..	44
Other public hospitals	153	66	90	71	51	0	0	3	434
<i>Total public hospitals</i>	<i>206</i>	<i>101</i>	<i>118</i>	<i>86</i>	<i>62</i>	<i>4</i>	<i>2</i>	<i>5</i>	<i>584</i>
Other services	9	1	1	4	6	0	0	0	21
Total	215	102	119	90	68	4	2	5	605

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

6.2 How many service events occurred in 2016–17?

In 2016–17, there were 16.2 million allied health and/or clinical nurse specialist intervention clinic service events reported (Table 6.2).

Nationally, 37% of these events were in *Principal referral and women's and children's* hospitals, but the proportion of service events that occurred in different types of hospitals varied across jurisdictions. For Queensland, Western Australia and South Australia, relatively large proportions of these service events (13%, 18% and 30%, respectively) were reported by *Other services*, indicating that they were provided either by private hospitals, or by LHNs, or at state/territory health authority level.

For Victoria, 37% of allied health and/or clinical nurse specialist intervention clinic service events occurred in *Other public* hospitals.

6.3 What types of clinics provided services?

In 2016–17, 13% of allied health and/or clinical nurse specialist intervention clinic service events occurred in *Midwifery and maternity* clinics (2.2 million service events), followed by *Primary health care* clinics (2.0 million service events) (Table 6.3).

Other common clinic types were *Physiotherapy* (1.3 million service events), *Rehabilitation* (900,000), *Alcohol and other drugs* (870,000), *Post-acute care* (805,000) and *Wound management* clinics (802,000).

In 2016–17, New South Wales hospitals reported 7.5 million of these service events, or 46% of the national total.

6.4 How were service events funded?

In 2016–17, the majority (98%) of allied health and/or clinical nurse specialist intervention clinic service events were funded by *Other* sources—which includes the jurisdiction's health service budget; private health insurance; self-funded; the Department of Defence; correctional facilities; Reciprocal Health Care Agreements; other funding source and not known (see Section 2.6) (Table 6.4).

The MBS funded 1.0% of service events in allied health and/or clinical nurse specialist intervention clinics and a further 0.6% was funded by the *Department of Veterans' Affairs*.

Table 6.2: Non-admitted patient service events in allied health and/or clinical nurse specialist intervention clinics, by type of service provider, states and territories, 2016–17

Public hospital peer group/other service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals	2,957,955	650,521	939,066	505,348	231,586	119,753	440,816	166,589	6,011,634
Public acute group A hospitals	2,305,354	599,146	893,255	290,505	192,290	139,375	38,622	40,747	4,499,294
Public acute group B hospitals	715,951	317,727	220,748	149,537	36,054	13,006	..	..	1,453,023
Other public hospitals	1,532,674	1,001,734	302,787	283,553	72,956	0	0	22,053	3,215,757
<i>Total public hospitals</i>	<i>7,511,934</i>	<i>2,569,128</i>	<i>2,355,856</i>	<i>1,228,943</i>	<i>532,886</i>	<i>272,134</i>	<i>479,438</i>	<i>229,389</i>	<i>15,179,708</i>
Other services	19,117	154,910	353,102	267,447	228,943	0	0	0	1,023,519
Total	7,531,051	2,724,038	2,708,958	1,496,390	761,829	272,134	479,438	229,389	16,203,227

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 6.3: Non-admitted patient service events for the 10 most common Tier 2 allied health and/or clinical nurse specialist intervention clinic categories, states and territories, 2016–17

Tier 2 outpatient clinic type	NSW	Vic	Qld	WA^(a)	SA	Tas	ACT	NT	Total
40.28 Midwifery and maternity	778,325	414,045	501,018	223,952	118,675	35,075	76,661	35,861	2,183,612
40.08 Primary health care	1,717,274	0	122,693	4,688	790	1,650	201,504	476	2,049,075
40.09 Physiotherapy	329,460	232,433	363,949	162,670	86,495	81,518	20,933	8,641	1,286,099
40.12 Rehabilitation	125,878	639,075	36,455	59,047	29,801	2,459	6,094	1,439	900,248
40.30 Alcohol and other drugs	777,195	254	61,857	3	0	409	9,879	20,653	870,250
40.59 Post acute care	328,091	272,713	100,925	99,289	3,322	225	0	432	804,997
40.13 Wound management	670,134	17,160	64,294	36,661	11,638	1,273	400	522	802,082
40.58 Hospital avoidance programs	127,233	238,331	62,199	102,490	55,477	25	1,981	9,422	597,158
40.35 Palliative care	119,613	184,552	56,633	99,362	127,683	1,638	13	4,398	593,892
40.07 Pre-admission and pre-anaesthesia	212,779	66,683	149,812	79,621	30,223	15,876	0	0	554,994
<i>Total for 10 most common clinics</i>	<i>5,185,982</i>	<i>2,065,246</i>	<i>1,519,835</i>	<i>867,783</i>	<i>464,104</i>	<i>140,148</i>	<i>317,465</i>	<i>81,844</i>	<i>10,642,407</i>
Other clinics	2,345,069	658,792	1,189,123	628,607	297,725	131,986	161,973	147,545	5,560,820
Total	7,531,051	2,724,038	2,708,958	1,496,390	761,829	272,134	479,438	229,389	16,203,227

(a) Western Australia did not report specialist mental health service events for the 2016–17 NAPC NMDS and the NAP NBEDS. Therefore, national counts of service events for some allied health and/or clinical nurse specialist intervention clinics are likely to be underestimated.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Table 6.4: Non-admitted patient service events in allied health and/or clinical nurse specialist intervention clinics, by funding source, states and territories, 2016–17

Funding source	NSW	Vic	Qld ^(a)	WA	SA	Tas	ACT	NT	Total
Medicare Benefits Scheme	74,463	38,862	.	3,598	26,254	9,635	1,833	227	154,872
Compensable ^(b)	15,188	43,659	6,525	6,600	1,794	1,108	75	439	75,388
Department of Veterans' Affairs	45,474	26,793	7,462	2,106	8,264	1,323	104	173	91,699
Other ^(c)	7,395,926	2,614,724	2,694,971	1,484,086	725,517	260,068	477,426	228,550	15,881,268
Total	7,531,051	2,724,038	2,708,958	1,496,390	761,829	272,134	479,438	229,389	16,203,227

(a) For Queensland, Medicare Benefits Scheme-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.

(b) The category *Compensable* was used for service events for which the original funding source was reported as *Worker's compensation, Motor vehicle third party personal claim* or *Other compensation*.

(c) The category *Other* was used for service events for which the funding source was reported as *Health service budget* (including where there is eligibility under a Reciprocal Health Care Agreement, or where no charge was raised due to hospital decision), *Other hospital or public authority* (contracted care), *Department of Defence, Correctional facilities, Private health insurance, Self-funded, Other funding source, or Not known*.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC(agg)D.

Where to go for more information

Additional information on all allied health and/or clinical nurse specialist intervention clinics provided for non-admitted patients, by state and territory, is available in Table S6.1 accompanying this report online.

Information on data limitations and methods is available in appendixes A and B.

Appendix A: Data Quality Statement summaries

This appendix includes data quality summaries and additional detailed information relevant to interpretation of the information on non-admitted patient care activity provided for the:

- National Non-admitted Patient Care (aggregate) Database (NNAPC(agg)D)
- National Non-admitted Patient (episode-level) Database (NNAP(e)D).

Complete data quality statements for the NNAPC(agg)D and the NNAP(e)D are available online at <meteor.aihw.gov.au>.

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) and the Non-admitted patient care local hospital network National Best Endeavours Data Set (NAPCLHN NBEDS).

It holds clinic-level data on the type of outpatient clinic, counts of individual and group service events and group sessions and the funding source for the service events.

The reference period for this data set is 2016–17. The data set includes records for non-admitted patient service events provided between 1 July 2016 and 30 June 2017.

Summary of key issues

- For 2016–17, 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:
 - 7 LHNs in New South Wales and Western Australia
 - the state health authorities in Victoria and Queensland
 - 2 private hospitals in Western Australia that provide non-admitted patient services for public patients
 - 8 other public health facilities in New South Wales and South Australia.
- Although the NNAPC(agg)D is a valuable source of information on services provided to non-admitted patients, the data have limitations. For example, there is variation in admission practices between states and territories and there is variation in the types of services provided for non-admitted patients in a hospital setting.
- 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 2016–17 NAPC NMDS and the NAP 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: 30.07 *Mammography screening*, 30.02 *Magnetic resonance imaging*, and 30.06 *Positron emission tomography*. Therefore, national counts of service events for these clinics are likely to be underestimated.

Differences in scope between 2013–14 and 2016–17

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. This change in scope resulted in increases in the number of hospitals and other services reporting for the NNAPC(agg)D between 2013–14 and 2014–15.

For 2014–15 to 2016–17, 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.

Table A1 illustrates the changes in coverage for the data provided for the NNAPC(agg)D between 2013–14 and 2016–17.

Due to changes between 2013–14 and 2016–17 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.

Table A1: Number of hospitals and other services reporting service events (aggregate data), 2013–14 to 2016–17

	2013–14	2014–15	2015–16 ^(a)	2016–17
Non-admitted patient service events	26,710,182	34,911,563	33,439,723	36,672,013
Public hospitals reporting ^(b)	350	610	604	602
Other services reporting ^(b)	8	41	19	31

(a) The Australian Capital Territory did not provide data for 2015–16.

(b) This is the count of reporting units at LHN-level, state/territory health authority level, other public hospital services and private hospitals providing non-admitted services for public patients.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAPC (agg)D.

National Non-admitted Patient (episode-level) Database

The NNAP(e)D is based on the Non-admitted patient National Best Endeavours Data Set (NAP NBEDS).

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.

In 2016–17, 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 (2011) (Table A3).

The reference period for this data set is 2016–17. The data set includes records for non-admitted patient service events provided between 1 July 2016 and 30 June 2017.

For the NNAP(e)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(e)D.

Summary of key issues

- For the first time in 2016–17, these data were provided to the AIHW on a ‘best-efforts’ basis by all states and territories.
- For 2016–17, episode-level non-admitted patient service events data reported to the NNAP(e)D was estimated as 71% of the non-admitted patient service events provided for the NNAPC(agg)D. The proportion varied among jurisdictions, ranging from 63% for New South Wales to 100% for the Australian Capital Territory and the Northern Territory.
- The NNAP(e)D is a valuable source of information on services provided to non-admitted patients. However, it should be noted that there is variation among states and territories in admission practices and in the types of services provided for non-admitted patients in a hospital setting.
- The sex of the patient was not reported for 197,000 records.
- The date of birth was missing for 175,000 records, and so the age of the patient could not be calculated.
- Indigenous status was not reported for 4% of service events (1.1 million). 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.
- For the NNAP(e)D, 91% of records included data on the area of usual residence in the form of a Statistical Area Level 2 (SA2) (or postcode, New South Wales only). The patient’s remoteness area and socioeconomic status of the area of usual residence could not be determined for 1.1 million records.
- Service request source was not reported for 14.7 million service events.

Changes in scope and coverage between 2013–14 and 2016–17

The scope of the NAP DSS/NBEDS changed between 2014–15 and 2015–16, to include public hospitals and other services that were not activity-based funded.

Table A2 illustrates the changes in coverage for the data provided for the NNAP(e)D between 2013–14 and 2016–17. For this reason, changes in the numbers of service events reported between 2013–14 and 2016–17 should be treated with caution.

Table A2: Number of public hospitals and other services reporting non-admitted patient service events (episode-level data), 2013–14 to 2016–17

	2013–14 ^(a)	2014–15 ^(b)	2015–16 ^(c)	2016–17
Non-admitted patient service events	11,790,224	19,916,492	15,285,999	25,918,439
Public hospitals reporting	183	316	293	492
Other services reporting ^(d)	1	6	1	18
Proportion of service events reported at episode-level (%)	39	55	46	71

(a) Victoria, Queensland and South Australia did not report data for the NNAP(e)D in 2013–14.

(b) Victoria did not report data for the NNAP(e)D in 2014–15.

(c) Victoria, Queensland and the Australian Capital Territory did not report data for the NNAP(e)D in 2015–16.

(d) This is the count of reporting units at LHN-level, state/territory health authority level, other public hospital services and private hospitals providing non-admitted services for public patients.

Note: See Box 1.1 and appendixes A and B for notes on data limitations and methods.

Source: NNAP(e)D.

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

Changes in definitions of non-admitted patient care

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 due to changes in the definitions used for the counting unit. For more information, see Section 1.2 'Differences in definitions of non-admitted patient care'.

Changes in counting rules for non-admitted patient care

Between 2014–15 and 2015–16, a change in the counting rules for some home-delivered non-admitted patient services resulted in a marked decrease in reporting of non-admitted patient services events in total and for *Procedural clinics*. For more information, see Section 1.2 'Differences in counting rules for non-admitted patient care'.

Appendix B: Technical information

This appendix covers:

- definitions and classifications used
- presentation of data in this report.

Definitions and classifications

If not otherwise indicated, data elements were defined according to the definitions in the *National health data dictionary* (versions 16, 16.1 and 16.2) (AIHW 2012, 2015b and 2015c) (summarised in the Glossary).

Data element definitions for each National Minimum Data Set (NMDS) and National Best Endeavours Data Set (NBEDS) are also available online for the:

- Non-admitted patient care hospital aggregate NMDS 2016–17 at meteor.aihw.gov.au/content/index.phtml/itemId/612278
- Non-admitted patient care Local Hospital Network aggregate NBEDS 2016–17 at meteor.aihw.gov.au/content/index.phtml/itemId/612291
- Non-admitted patient NBEDS 2016–17 at meteor.aihw.gov.au/content/index.phtml/itemId/612297.

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 *Australian hospital peer groups* (AIHW 2015a).

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

Data on remoteness area of usual residence are defined using the ABS's ASGS Remoteness Structure 2011 (ABS 2011).

The ABS's ASGS Remoteness Structure 2011 categorises geographical areas in Australia into remoteness areas, described in detail on the ABS website <www.abs.gov.au>. 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

In 2016–17, New South Wales provided postcodes for area of usual residence. All other states and territories that provided data for the NNAP(e)D provided SA1 or SA2 codes both for patients usually resident in the jurisdiction and for patients not usually resident in the jurisdiction.

For New South Wales, the AIHW mapped the provided postcodes to SA2 and subsequently to remoteness area categories based on the ABS's ASGS Remoteness Structure 2011. 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.

A relatively large number of service events (863,000 service events) could not be mapped to a remoteness area.

Socioeconomic status

Data on socioeconomic status groups are defined using the ABS's Socio-Economic Indexes for Areas 2011 (SEIFA 2011) (ABS 2013).

The SEIFA 2011 data are generated by the ABS using a combination of 2011 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 SEIFAs are described in detail on the ABS website <www.abs.gov.au>.

The SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) 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 IRSD 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 (Table B1). These SES groups do not necessarily represent 20% of the population in each jurisdiction.

Table B1: Labels used for socioeconomic groups in this report

Label	Socioeconomic status group
1—Lowest	Most disadvantaged
2	Second most disadvantaged
3	Middle
4	Second least disadvantaged
5—Highest	Least disadvantaged

Presentation of data

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 in Tables 2.6 and 2.7 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 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.

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 (NMDSs). METeOR can be viewed on the AIHW website at <meteor.aihw.gov.au>.

activity-based funding: A method of funding health services based on the amount and type of activity. METeOR identifier: 496325.

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 2015).

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 2015).

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: 584081.

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: 614374.

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 clinic: A clinic in which diagnostic services are provided, within a specific field of medicine or condition (IHPA 2015).

funding source: The source of funds for an admitted patient episode or non-admitted patient service event. METeOR identifier: 553314.

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: 584085.

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 Socio-Economic Disadvantage (IRSD): 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 2015).

Medicare Benefits Schedule: 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.

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 2015).

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 2011), 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: 584098.

service delivery setting: The setting in which a service is provided to a non-admitted patient during a service event. METeOR identifier: 584105.

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 dated entry in the patient's medical record. METeOR identifier: 583996.

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 2015).

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- AIHW 2017b. Emergency department care 2016–17: Australian hospital statistics. Health services series no. 80. Cat. no. HSE 194. Canberra: AIHW.
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- AIHW 2018a. Admitted patient care 2016–17: Australian hospital statistics. Health services series no. 84. Cat. no. HSE 201. Canberra: AIHW.
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Related publications


This report, *Non-admitted patient care 2016–17*, is part of the *Australian hospital statistics* annual series. AIHW has previously published comprehensive reports for the financial years 1993–94 to 2012–13 (AIHW 2014 and earlier). For data since the 2013–14 financial year, smaller focussed reports were produced. The earlier editions and any published subsequently can be downloaded free from the AIHW website, <www.aihw.gov.au/reports-statistics/health-welfare-services/hospitals/overview>. The website also includes information on ordering printed copies.

The following AIHW publications relating to hospitals, hospital service utilisation and hospital resources might also be of interest:

- AIHW (Australian Institute of Health and Welfare) 2015. Australian hospital peer groups. Health services series no. 66. Cat. no. HSE 170. Canberra: AIHW.
- AIHW 2017. Elective surgery waiting times 2016–17: Australian hospital statistics. Health services series no. 82. Cat. no. HSE 197. Canberra: AIHW.
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- AIHW 2018. Australia's hospitals 2016–17: at a glance. Health services series no. 85. Cat. no. HSE 204. Canberra: AIHW.
- AIHW 2018. Hospital resources 2016–17: Australian hospital statistics. Health services series no. 86. Cat. no. HSE 205. Canberra: AIHW.

In addition, selected hospitals-related information for individual hospitals is available at <www.myhospitals.gov.au>.

Please see <www.aihw.gov.au/reports-statistics> to access AIHW publications relating to Australia's health and welfare.



In 2016–17, public hospital services provided about 36.7 million non-admitted patient service events, including:

- 16.2 million service events in allied health and/or clinical nurse specialists clinics
- 11.7 million service events in medical consultation clinics
- 3.0 million service events in procedural clinics.

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better decisions,
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