

Australian hospital statistics 2000–01

The Australian Institute of Health and Welfare is Australia's national health and welfare statistics and information agency. The Institute's mission is to improve the health and wellbeing of Australians by informing community discussion and decision making through national leadership in developing and providing health and welfare statistics and information.

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Foreword

The Institute is pleased to be able to present this report on Australia's hospitals in 2000–01. As for previous reports in this series, it is largely built from data in the Institute's National Hospital Morbidity Database and the National Public Hospital Establishments Database, compiled each year with the assistance of the State and Territory health authorities.

For the first time, data are also included from the Institute's National Elective Surgery Waiting Times Data Collection, and on waiting times for emergency department care, additionally provided by the States and Territories.

The inclusion of the waiting times data has contributed to a revised presentation of hospital performance indicator information in this report. The National Health Performance Committee's performance indicator framework has been used to present the waiting times data with performance indicator information as previously included, and new indicators that have been used by the National Health Performance Committee in their recent national performance indicator report. This has enabled the range of performance indicators to be presented together, in recognition that the performance of the hospital system should ideally be assessed using indicators covering the framework's multiple dimensions.

A summary overview of Australia's public and private hospitals is presented as Chapter 2, and illustrates some of the major changes in activity patterns over the last few years. Following chapters provide more detailed information on public hospitals including their resources, expenditure and revenue. Also described are the characteristics and hospital care of the six million people admitted to public and private hospitals in 2000–01, including their age, sex, diagnoses and the procedures they underwent.

Accompanying the report on the Institute's Internet site is a growing collection of related statistical information that is not included in the hard copy form of the publication. Also available on the Internet site are interactive cubes of data from the National Hospital Morbidity Database that allow users to specify their own tables relating to the principal diagnoses and Diagnosis Related Groups for admitted patients. This resource is being expanded and will encompass other admitted patient data over coming months.

This report is the Institute's eighth annual hospital statistics report, it once again reflects a huge effort by Institute staff and by data providers, both in the State and Territory health authorities, and in individual public and private hospitals to collate the data and produce the report within 12 months of the end of the year to which it relates.

The Institute will continue to work with the data providers and the Australian Hospital Statistics Advisory Committee to maintain timeliness, and to improve the quality and usefulness of this report. Comments from readers are always welcome.

Richard Madden
Director
June 2002

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List of abbreviations

ABS	Australian Bureau of Statistics	ACHS	Australian Council on Healthcare Standards
ACT	Australian Capital Territory	AGPS	Australian Government Publishing Service
AHSAC	Australian Hospital Statistics Advisory Committee	AIHW	Australian Institute of Health and Welfare
ALOS	Average length of stay	AR-DRG	Australian Refined Diagnosis Related Group
ASCCSS	Australian Standard Classification of Countries for Social Statistics	ASGC	Australian Standard Geographical Classification
Ave.	Average	CC	Complications and comorbidities
CDE	Common bile duct exploration	CHASP	Community Health Accreditation and Standards Program
DHAC	Commonwealth Department of Health and Aged Care	Dis.	Diseases
DPIE	Department of Primary Industry and Energy	DRG	Diagnosis Related Group
DVA	Department of Veterans' Affairs	ECMO	Extracorporeal membrane oxygenation
Exp.	Exposure to	FTE	Full-time equivalent
HASAC	Health and Allied Services Advisory Council	ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification	IFRAC	Admitted patient fraction
ISO	International Standards Organisation	mal.	Malignant
MDC	Major Diagnostic Category	MPS	Multi-purpose service
NHPC	National Health Performance Committee	n.a.	Not available
NCCH	National Centre for Classification in Health	NHCDC	National Hospital Cost Data Collection
NHMBWG	National Health Ministers' Benchmarking Working Group	n.p.	Not published
NSW	New South Wales	NT	Northern Territory
OECD	Organisation for Economic Co-operation and Development	Op.	Operation
Procs	Procedures	Qld	Queensland
Re.	Related to	RMOs	Resident medical officers
RRMA	Rural, Remote and Metropolitan Area	RSI	Relative stay index
SA	South Australia	SACC	Standard Australian Classification of Countries
SCRCSPP	Steering Committee for the Review of Commonwealth/State Service Provision	SLA	Statistical Local Area
Tas	Tasmania	Vic	Victoria
VMO	Visiting medical officer	W	With
WA	Western Australia	W/O	Without
..	Not applicable		

Highlights

Australian Hospital Statistics 2000–01 is the eighth of the Australian Institute of Health and Welfare's annual summary reports describing the characteristics and activity of Australia's hospitals.

Hospitals and beds

- There were 726 public acute hospitals and 23 public psychiatric hospitals in Australia in 2000–01. In 1999–00, there were 509 private hospitals, 207 free-standing day hospital facilities and 302 other private hospitals (Table 2.1).
- Public acute hospitals had 50,113 beds in 2000–01, about the same as in 1999–00 (50,188). Private hospitals had 25,246 beds in 1999–00, about the same as in 1998–99 (25,206).

Patient numbers and lengths of stay

- The number of admissions to hospitals in Australia continues to increase from year to year. There was a total of 6.14 million separations in 2000–01, an increase of 4.1% compared to 1999–00 (Table 2.3).
- Between 1999–00 and 2000–01, separations from public acute hospitals decreased by 0.1% to 3.85 million, and from private hospitals increased by 12.1% to 2.27 million. The private hospitals' share of overall patient separations was 37.0% in 2000–01.
- The number of separations per 1,000 population fell by 1.8% (to 194 per 1,000) for public hospitals, and rose by 9.9% (to 112 per 1,000) for private hospitals.
- Numbers of patient days in public acute hospitals decreased by 0.5% compared with 1999–00, to 15.01 million. Private hospital patient days increased by 5.9%, to 6.74 million and were 30.0% of all patient days.
- The number of patient days per 1,000 population fell by 5.2% (to 759 per 1,000) for public hospitals, and rose by 3.8% (to 320 per 1,000) for private hospitals.
- The average length of stay in hospitals decreased in 2000–01, to 3.7 days from 3.8 days in 1999–00, following the overall pattern of decline shown in previous years. Private hospital stays averaged 3.0 days compared with 3.9 days in public acute hospitals. For patients staying at least one night, average lengths of stay were 6.4 days in public acute hospitals and 5.7 days in private hospitals.
- The proportion of separations that were same day was 50.8% overall (compared with 49.2% in 1999–00 and 44.7% in 1996–97), 46.2% in public acute hospitals and 58.5% in private hospitals.

Public hospital staff and expenditure

- The 82,476 nurses made up 45.1% of total full time equivalent staff of public hospitals. Salaried medical officers comprised 9.5% of the staff, diagnostic and allied health professionals comprised 13.0%, and 15.2% were administrative and clerical staff (Table 3.4).

- Total recurrent expenditure of public hospitals in Australia in 2000–01, excluding depreciation, was \$15,545 million, or about \$806 per person. Salaries and wages totalled \$9,722 million, 62.5% of the total (Table 3.5).

Hospital performance indicators

- Nationally, the cost per casemix-adjusted separation in public hospitals was \$2,834. This performance indicator is a measure of the average cost of providing care for an admitted patient, adjusted for the relative complexity of the patient's condition and hospital services provided. Nursing salaries (\$752) and medical labour (\$525) were large components of the cost (Table 4.1).
- Queensland reported the lowest cost per casemix-adjusted separation (\$2,675) and the Australian Capital Territory reported the highest (\$3,397).
- The cost per casemix-adjusted separation varied by the peer group of the hospital. *Large metropolitan* hospitals had a cost of \$2,667, for example, and *Remote acute* hospitals had a cost of \$3,168 (Table 4.2).
- Nationally, 76% of public hospitals were accredited in 2000–01, and 91% of all public hospital beds were in accredited public hospitals (Table 4.5). In the private sector, 72% of hospitals were accredited in 1999–00, and 92% of all private hospital beds were in accredited private hospitals.
- The median waiting time for elective surgery in public hospitals in 2000–01 was 27 days, and 90% of patients had been admitted for their surgery within 202 days (Table 5.1). Patients who waited over 365 days made up 4.4% of the total.
- Median waiting times ranged from 11 days for cardio-thoracic surgery to 52 days for ophthalmological surgery (Table 5.3), and from 16 days for coronary artery bypass graft to 114 days for total knee replacement (Table 5.6).

Public and private patients

- Public patients accounted for 3.45 million separations in 2000–01 (56.2% of the total), a decrease of 0.4% compared to 1999–00. Most were in public hospitals, but 2.9% were in private hospitals, compared with 2.3% in 1999–00 (Table 6.5).
- Private patients (other than Department of Veterans' Affairs and compensable patients) accounted for 2.19 million separations in 2000–01 (35.6% of the total), an increase of 9.6% compared to 1999–00. The proportion of these in public hospitals was 14.8%, compared with 14.9% in 1999–00.

Age, sex and Aboriginal and Torres Strait Islander status

- Australians aged over 65 years, comprising 12.3% of the total population, accounted for 33.1% of total hospital separations and 48.0% of patient days. The average length of stay for these patients was 5.3 days, compared with 3.7 days for all patients (Tables 7.1 and 7.4).
- Females accounted for 53.6% of separations in 2000–01 although they comprised 50.2% of the population. There were more separations for females than males in all age groups from 15 to 54 years (which include child-bearing ages for women) and in the 75 years and over age groups, in which women outnumber men in the population.

- Aboriginal and Torres Strait Islander peoples had twice as many separations per 1,000 population of other persons, after allowing for age structure. This is likely to be an underestimate because the identification of Aboriginal and Torres Strait Islanders as patients is incomplete.

Principal diagnoses

- The highest numbers of separations in the public sector were for *Diseases of the digestive system*, followed by *Injury and poisoning and certain other consequences of external causes* and *Pregnancy, childbirth and the puerperium*. The highest numbers of patient days were reported for *Mental and behavioural disorders* and *Diseases of the circulatory system* (Figures 8.2 and 8.3).
- In the private sector, *Diseases of the digestive system* had the largest number of separations, followed by *Neoplasms* and *Diseases of the musculoskeletal system and connective tissue*. *Neoplasms*, *Diseases of the digestive system*, *Diseases of the musculoskeletal system and connective tissue* and *Diseases of the circulatory system* accounted for the highest numbers of patient days.

Procedures

- For 4.8 million separations (78.8% of the total), there was an operation or other procedure reported. In public hospitals, 72.6% of separations were reported with a procedure, as were 89.2% of private sector separations (Tables 9.1 and 9.2).
- In public hospitals, procedures on the urinary system (including haemodialysis) and the digestive system were the most common. In private hospitals, procedures on the digestive system were the most common, followed by procedures on the musculoskeletal system (Figure 9.2).

External causes of injury and poisoning

- External causes of injury and poisoning included falls. They were reported for 129,125 public sector separations and 33,322 private sector separations, and most commonly for patients in the 5 to 14 years age group and the over 65 years age group (Figure 10.1).

AR-DRGs

- In public hospitals, *Admit for renal dialysis* was the most common AR-DRG, with 13.0% of acute separations (487,350, Table 11.5), 20,700 more than in 1999–00 (Table 11.17). Other leading AR-DRGs included *Chemotherapy* with 3.0% (112,218 separations, 4,411 fewer than in 1999–00), *Vaginal delivery without complicating diagnosis* with 2.8% (104,857 separations, 6,254 fewer than in 1999–00) and *Other colonoscopy, same day*, with 1.6% (61,610 separations, 483 more than in 1999–00).
- The corresponding top AR-DRGs in the private sector were *Other colonoscopy, sameday* with 7.3% of separations (160,569, 24,668 more than in 1999–00), *Chemotherapy* with 5.1% (111,807 separations, 21,295 more than in 1999–00) *Other gastroscopy for non-major digestive disease, sameday* with 4.9% (108,063 separations, 12,965 more than in 1999–00), and *Admit for renal dialysis*, with 3.8% (84,553 separations, 22,099 more than in 1999–00) (Tables 11.6 and 11.17).

1 Introduction

Australian Hospital Statistics 2000–01 continues the Australian Institute of Health and Welfare's series of summary reports describing the characteristics and activity of Australia's hospitals. This report follows previous annual information for the years 1993–94 to 1999–00 (AIHW 1997a, 1997b, 1998, 1999a, 2000a and 2001a).

This series of reports has been based on data for the financial years 1993–94 to 2000–01 supplied to the Institute by the State and Territory health authorities. Hospital-level data are provided for the Institute's National Public Hospital Establishments Database, and cover resources, expenditure and revenue for public hospitals, and a summary of the services they provided to non-admitted patients. Patient-level data are provided for the Institute's National Hospital Morbidity Database for both public and private hospitals. Included are data on the diagnoses and other characteristics of admitted patients, and on the hospital care they receive. Patient-level data are also provided for the National Elective Surgery Waiting Times Data Collection for public hospitals and jurisdiction-level data have been provided on public hospital emergency department waiting times.

The collection and reporting of the data in this report were undertaken by the Institute under the auspices of the Australian Health Ministers' Advisory Council through the National Health Information Agreement. Most of the data collected were as specified in the National Minimum Data Sets for Admitted Patient Care, Public Hospital Establishments, Elective Surgery Waiting Times and Emergency Department Waiting Times. The data element definitions were as specified for 2000–01 in the *National Health Data Dictionary* version 9.0 (NHDC 2000).

This report

This chapter describes the National Public Hospital Establishments Database, the National Hospital Morbidity Database and the National Elective Surgery Waiting Times Data Collection and briefly discusses their overall limitations.

Chapter 2 uses the National Public Hospital Establishments Database and the National Hospital Morbidity Database and data from the Australian Bureau of Statistics' Private Health Establishments Collection to provide an overview of hospitals and hospital activity in Australia. It presents a summary of number of hospitals and beds, separations, length of stay and other statistics for admitted patients, based on the establishment characteristics of sector, hospital type and State or Territory.

Chapter 3 presents further data on public hospitals from the National Public Hospital Establishments Database. Data are presented on the number and type of hospitals, available beds, staff employed, specialised services, expenditure and revenue.

Chapter 4 presents hospital performance indicator data, drawn from the National Public Hospital Establishments Database, National Hospital Morbidity Database and other sources. The indicators have been presented as they relate to the National Health Performance Committee Framework (NHPC 2001). Information on emergency department waiting times is also included.

Chapter 5 presents summary data on elective surgery waiting times reported to the National Elective Surgery Waiting Times Data Collection. These data have been included in this report for the first time. They have previously been published separately, most recently as *Waiting Times for Elective Surgery in Australia 1999–00* (AIHW 2002a).

Chapter 6 presents patient-based administrative data from the National Hospital Morbidity Database involving Medicare eligibility and funding source, area of usual residence, type of care received, urgency of admission and modes of admission and separation.

Chapter 7 presents patient-level demographic information from the National Hospital Morbidity Database, including tables of number of separations and patient days by age group, sex, Indigenous status and country of birth.

Chapters 8 to 11 present a range of patient-based information from the National Hospital Morbidity Database, including information on the principal diagnoses of the patients (Chapter 8), the procedures they underwent (Chapter 9), external causes of injury and poisoning (Chapter 10) and the Australian Refined Diagnosis Related Groups for the hospital separations (Chapter 11).

In all chapters, unless otherwise specified:

- public acute hospitals and public psychiatric hospitals are included in the public hospital (public sector) category.
- all public hospitals other than public psychiatric hospitals are included in the public acute hospital category.
- private psychiatric hospitals, private free-standing day hospital facilities and other private hospitals are included in the private hospital (private sector) category.
- all private hospitals other than private free-standing day hospital facilities are included in the other private hospitals category.

The appendixes provide more detailed technical notes on the data and analyses than are included in the chapters. In particular, Appendix 3 includes notes on the presentation of data in the tables and Appendix 6 includes the population estimates used for population rate calculations.

Summary information from the Department of Health and Ageing's 1999–00 National Hospital Cost Data Collection is provided in Appendix 8. This collection is the source of Australian Refined Diagnosis Related Group (AR-DRG) cost weight and average cost information used in Chapters 2, 4, 6 and 11.

The National Public Hospital Establishments Database

The National Public Hospital Establishments Database holds a record for each public hospital in Australia. It is collated from the routine administrative collections of public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all States and Territories.

The collection only covers hospitals within the jurisdiction of the State and Territory health authorities. Hence, public hospitals not administered by the State and Territory health authorities (for example, some hospitals run by correctional authorities in some jurisdictions and those in offshore territories) are not included. Further information about the hospitals

included in the database for 2000–01 (including a list of the hospitals) is provided in Appendix 5.

Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure, non-appropriation revenue and services to admitted and non-admitted patients. Data on capital expenditure and depreciation are also collected. The collection is based on the activity, resource and system-level data elements of the National Minimum Data Set for Public Hospital Establishments.

Validation processes for 2000–01 data involved detailed consultation by the Institute with data providers in each State and Territory, to ensure data quality. Nevertheless, the collection does have some limitations and missing values.

The National Hospital Morbidity Database

The National Hospital Morbidity Database is a compilation of electronic summary records from admitted patient morbidity data collection systems in Australian hospitals. Data relating to admitted patients in almost all hospitals are included: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities.

Essentially all other public hospitals were included for 2000–01. The great majority of private hospitals were also included, although there were a few not included, mainly free-standing day hospital facilities. Further information about the public and private hospitals included for 2000–01 and previous years is included in Appendix 5, including lists of all the hospitals in the database for 2000–01.

The data supplied for the National Hospital Morbidity Database were based on the National Minimum Data Set for Admitted Patient Care. They include demographic, administrative and length of stay data, and data on the diagnoses of the patients, the procedures they underwent in hospital and external causes of injury and poisoning. Information on the quality of the diagnosis, procedure and external cause data, coded using the second edition of the *International Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification*, (ICD-10-AM) (NCCH 2000), is included in Appendix 3.

Records for 2000–01 are for hospital separations (discharges, transfers, deaths or changes in care type) in the period 1 July 2000 to 30 June 2001. Data on patients who were admitted on any date before 1 July 2000 are included, provided that they also separated between 1 July 2000 and 30 June 2001. A record is included for each separation, not for each patient, so patients who separated more than once in the year have more than one record in the database.

Most data providers were able to supply records for separations of patients aged 9 days or less on admission (*Newborn care type*) with no ‘qualified days’ (see Glossary). These patients do not meet admission criteria for all purposes, so they have been excluded from this report, except as specified in Chapter 6. Records for *Hospital boarders* were excluded, as they are not admitted patients. Posthumous organ procurement activity can also be recorded by hospitals and included with other hospital morbidity data. These records are also excluded from this report, except as specified in Chapter 6.

A process of validation of the morbidity database was jointly undertaken by the Institute and the data providers to ensure data quality. When data were supplied using non-standard definitions or classifications, the Institute mapped them to the *National Health Data Dictionary* definitions, where possible, in collaboration with the data providers. Further

information on the data quality and comparability is presented in Appendix 3, which also includes a description of variation among the States and Territories in the reporting of hospital in the home care.

The National Elective Surgery Waiting Times Data Collection

The State and Territory health authorities have provided patient-level data on elective surgery waiting times to the Institute's National Elective Surgery Waiting Times Data Collection, based on the National Minimum Data Set for Elective Surgery Waiting Times. Earlier data on elective surgery waiting times have been reported for January to June 1995 (AIHW: Moon 1996), for the two years 1995–96 and 1996–97 (AIHW 2000b) and annually for 1997–98 to 1999–00 (AIHW 2000c, 2001b, 2002a).

The waiting times data presented in this report are for patients admitted for their elective surgery between July 2000 and June 2001.

The National Elective Surgery Waiting Times Data Collection relates to public acute care hospitals. Private hospitals are not included, except for two hospitals in New South Wales that were funded by the New South Wales Health Department to provide services for public patients. Some public patients treated under contract in private hospitals in Victoria and Tasmania were also included. In the Northern Territory all public acute care hospitals were included in the data collection. In other States all public hospitals that undertake elective surgery were generally included, although data were not collected for some smaller public hospitals. A list of hospitals included in the data collection for 2000–01 is included in Appendix 5.

The Institute works with the States and Territories to validate the data. Detailed checking of the data is undertaken, including ensuring that the data provided are internally consistent. Any apparently anomalous data are queried with the providing State or Territory and are not considered final until all anomalies are resolved.

Emergency department waiting times data

State and Territory health authorities have provided jurisdiction-level data to the Institute on emergency department waiting times for the period July 2000 to June 2001. The data are based on the National Minimum Data Set for Emergency Department Waiting Times, described in the *National Health Data Dictionary*.

Limitations of the data

The major variations from the *National Health Data Dictionary* definitions, substantial differences in scope, the effects of different populations and other major impacts on data quality have been noted within appropriate sections of this report. These general notes should also be used to guide interpretation of the data.

- Although the *National Health Data Dictionary* definitions form the basis of the databases, the actual definitions used may have varied among the data providers and from one year to another. In addition, admission practices and the detail of the scope of the data collections may vary among the jurisdictions and from year to year. Comparisons

between the States and Territories, reporting years and hospital sectors should therefore be made with reference to the accompanying notes.

- Not all private hospital separations are included in the National Hospital Morbidity Database, so the counts of private hospital separations presented in this report are likely to be underestimates of the actual counts. In 1999–00, the National Hospital Morbidity Database reported approximately 122,154 (5.7%) fewer separations than the Australian Bureau of Statistics' Private Health Establishments Collection (ABS 2001), which has wider coverage (see Appendix 3). At the time of publication of this report, the Australian Bureau of Statistics' Private Health Establishments Collection data for 2000–01 were not available. When they become available shortly after the publication of this report, an estimate will be made of under-enumeration of separations in the National Hospital Morbidity Database for 2000–01, by comparing it with the 2000–01 Private Health Establishments Collection data. This estimate will be included with *Australian Hospital Statistics 2000–01* on the Internet. See Appendix 5 for further information.
- Each State and Territory has a demographic structure and other features that differ from other jurisdictions, and factors such as age, geographical distribution and Aboriginal and Torres Strait Islander status can have an effect on the nature of health care delivery and thus on the statistics presented in this report.
- Although data on separations from the National Hospital Morbidity Database can reflect an aspect of the burden of disease in the community, they do not usually provide measures of the incidence or prevalence of conditions. This is because not all persons with a type or degree of illness are treated in hospital and the number and pattern of hospitalisations can be affected by differing admission practices, differing levels and patterns of service provision, and multiple admissions for some chronic conditions, in addition to the differing patterns of morbidity in the population.

This report and additional data on the Internet

This report is available on the Internet at

<http://www.aihw.gov.au/publications/hse/ahs00-01/index.html>

The text of the report is presented in PDF format and the tables as downloadable Excel spreadsheets. Tables using 10-year age groups in this report are presented using 5-year age groups in the Internet version.

This site also includes lists of hospitals that contributed to the databases for 2000–01 (see Appendix 5) and additional data from the National Hospital Morbidity Database, in Excel spreadsheets. The spreadsheets provide tables that present further detail on diagnoses, procedures and AR-DRGs for admitted patients.

A couple of months after this report is published, the Internet site will also include updates for the tables in Chapters 2, 4, 6 and 11 that use AR-DRG cost weight and average cost information. At the time of publication, 2000–01 cost weights and average costs were not available, so 1999–00 data were used in this report instead. Updates will also be provided for the tables in Chapters 2 and 4 and in Appendix 5, which use data on private hospitals, collated in the Australian Bureau of Statistics' Private Health Establishments Collection. These data were also not available at the time of publication of this report.

More information about the Internet tables is in Chapters 7, 8, 9 and 11 and in Appendixes 1 and 5.

Interactive data cubes

Also included on the site are interactive cubes of data from the National Hospital Morbidity Database (<http://www.aihw.gov.au/hospitaldata/datacubes/index.html>) which allow users to specify tables and graphs as required. There are four data cubes currently available:

- Principal diagnoses for 1993-94 to 1997-98 (using ICD-9-CM to classify diagnoses)
- Principal diagnoses for 1998-99 to 2000-01 (using ICD-10-AM to classify diagnoses)
- Australian Refined Diagnosis Related Groups version 4.1 for 1997-98 to 2000-01
- Principal diagnoses for separations that include specialised psychiatric care for 1998-99 to 1999-00 (using ICD-10-AM to classify diagnoses)

Later in 2002, data cubes covering procedure and external cause information will be added and the cube relating to specialised psychiatric care will be updated to include 2000-01 data.

Each cube includes information on the number of separations (same day and overnight), patient days and average length of stay, by age group and sex and year of separation, for each diagnosis or AR-DRG. The cube on specialised psychiatric care also includes data on the mental health legal status of the patient for each separation.

2 Overview of Australian hospitals

Introduction

This chapter describes the public and private hospital sectors in terms of the number of hospitals and the availability of hospital beds. Summary statistics for admitted and non-admitted patients are also presented for each sector. Information is included on the number of separations for patients and their aggregated and average length of stay, presented on the basis of the sector of the hospital and the type of hospital within the sector. Later chapters present information on the basis of characteristics of admitted patients and their hospital stays (Chapters 6 to 11).

The summary information on public and private hospitals is derived from the National Public Hospital Establishments Database and the Australian Bureau of Statistics' Private Health Establishments Collection (ABS 2001, and unpublished data). National statistics are presented for the years 1996–97 to 2000–01 and State and Territory detail is presented for 2000–01 for public hospitals and for 1999–00 for private hospitals. Information for private hospitals was not available for 2000–01 at the time of publication of this report.

Summary separation, patient day, average length of stay and average cost weight information are derived from the National Hospital Morbidity Database. National statistics for the years 1996–97 to 2000–01 and State and Territory statistics for 2000–01 are presented.

The hospital sectors and types reported in this chapter are public acute hospitals, public psychiatric hospitals, private free-standing day hospital facilities and other private hospitals. Data are also presented for all public hospitals combined, all acute hospitals (that is, excluding public psychiatric hospitals), all private hospitals and all hospitals. For confidentiality reasons, private free-standing day hospital facilities were not separately identified for Tasmania. Therefore, totals for Australia for private free-standing day hospital facilities and other private hospitals do not include Tasmania. Further information on these types of hospitals is provided in Appendix 5.

As detailed in Chapter 1, there is some variation in the scope of the National Hospital Morbidity Database among the States and Territories. There is also some variation in the way in which separations with *Newborn* care were reported and in the inclusion of periods of hospital in the home care, as described in Appendix 3. These variations should be considered when comparing States and Territories, the public and private sectors and reporting years.

Data on occasions of service for non-admitted patients in public hospitals, derived from the National Public Hospital Establishments Database, are also presented and similar data for private hospitals are provided from the Australian Bureau of Statistics' Private Health Establishments Collection.

Hospitals and hospital beds

A range of data on hospitals, available beds, expenditure and revenue are presented in Table 2.1. Over the four-year period a number of jurisdictions changed from accounting on a

cash basis to accrual accounting. A number of other changes to reporting arrangements have occurred over the period, and therefore comparisons across years must be made with care.

There were 749 public hospitals in 2000–01 compared with 748 in 1999–00. Changes in the numbers of hospitals can be due to changes in administrative or reporting arrangements and not necessarily to changes in the number of hospital campuses or buildings (see Appendix 5). Therefore, changes in the number of available beds over years is a more reliable indicator of shifts in the availability of hospital services. Nationally, bed numbers were about the same in 1999–00 and 2000–01, at about 53,000.

Recurrent expenditure increased 6.1% from 1999–00 to 2000–01 (in current price terms) for public hospitals. In constant prices (referenced to 1999–00), national expenditure was \$15,038 million in 2000–01, and represents a real increase in expenditure of 2.7% over 1999–00. (See Chapter 3 for more detail.) Data on recurrent expenditure for public hospitals for 1998–99 and earlier years in Table 2.1 is not comparable with data for 1999–00 and 2000–01 because New South Wales only included expenditure through community health program funding administered by hospitals in 1999–00 and 2000–01. Revenue for public hospitals increased by 29.1% between 1999–00 and 2000–01.

Information on the number of hospitals and hospital beds available by State and Territory is provided in Table 2.2. Data in this table are provided for both public hospitals (using 2000–01 data) and private hospitals (using 1999–00 data). Nationally, there were 1,258 hospitals. Public hospitals provided 52,591 beds (67.6% of the national total), compared with 25,246 beds provided in private hospitals (32.4% of beds nationally). New South Wales had the highest number of hospitals (391) and the Northern Territory has the lowest (5). Similarly the number of available beds in public hospitals was highest in New South Wales (17,534) and lowest in the Northern Territory (560). Nationally, there were 2.7 beds per 1,000 population, ranging from 2.2 beds per 1,000 population in the Australian Capital Territory to 3.4 beds per 1,000 population in South Australia (Table 3.2).

Box 2.1: Hospitals: 1993–94 to 2000–01

- *The number of public acute hospitals increased by 3.4%, from 702 to 726, and the number of public psychiatric hospitals decreased by 37.8%, from 37 to 23.*
- *From 1993–94 and 1999–00 the number of private hospitals increased by 15.7%, from 440 to 509. The biggest increase was for private free-standing day hospital facilities which almost doubled in number since 1993–94, from 111 to 207. The number of other private hospitals decreased from 329 to 302 (8.2%) over this period.*
- *There was a 14.2% reduction in available beds in public hospitals, resulting in a decrease from 3.4 to 2.7 beds per 1,000 population. Available beds in public acute hospitals decreased by 10.7% over this period and in public psychiatric hospitals, they decreased by 53.8%.*
- *From 1993–94 to 1999–00, the number of beds/chairs in private free-standing day hospital facilities increased by 72.4% and the number of beds in other private hospitals increased by 11.4%.*
- *In current price terms, 1993–94 to 2000–01 expenditure increased by 46.8% in the public sector (5.6% per year on average), and between 1993–94 and 1999–00, private hospital expenditure grew by 73.0% (9.6% per year on average). Revenue for the public sector increased by 45.7% (5.5% per year, on average), while private hospital revenue grew by a total of 63.7% (8.6% on average per year).*

Admitted patients by sector and hospital type

Separations

There were 6,138,398 separations reported from public and private acute and psychiatric hospitals in 2000–01 (Table 2.4), an increase of 239,594 (4.1%), compared with 1999–00 (Table 2.3). Public hospital separations decreased by 0.1% (5,208), compared with 1999–00 and there was a 12.1% (244,802) increase in the private sector.

This relatively large increase in private hospital separations is likely partly to reflect recent increases in the level of private health insurance coverage. At the end of the first three quarters in 1999–00, coverage was about 30%, but it had increased to 43% at the measurement point on 30 June 2000. This reflected the introduction of the Commonwealth Government's 'lifetime' health cover incentives from 1 July 2000. During 2000–01, coverage was measured at about 45% at each quarterly measurement point (PHIAC 2002).

The increase in private sector separations may also partly reflect increased coverage of the National Hospital Morbidity Database for 2000–01. Compared with 1999–00, coverage of the private sector increased for Victoria and Tasmania and for South Australian private free-standing day hospital facilities. For hospitals in New South Wales, Queensland, Western

Box 2.2: Admitted patients, 1993–94 to 2000–01

- Hospital separations increased by 33.2%: 17.4% in public acute hospitals and 72.9% in private hospitals.
- The increase for private hospitals between 1999–00 and 2000–01 was marked, at 12.1% compared with an average of 7.5% over the previous 6 years.
- The number of separations in public psychiatric hospitals decreased by 27.0% between 1995–96 and 2000–01.
- The number of patient days increased by 6.9%, from 21,023,901 days to 22,468,953 days. In public acute hospitals, the number of patient days decreased by 5.7%, while in private hospitals they increased markedly (31.7%).
- The number of patient days reported for public psychiatric hospitals decreased 5.2% per year on average between 1995–96 and 2000–01.
- There has been a shift from the use of public acute hospitals to private hospitals. The proportion of separations that were from public acute hospitals fell from 71.5% in 1993–94 to 62.7% in 2000–01. Similarly, in 1993–94, 75.7% of patient days were in public acute hospitals compared with 66.8% in 2000–01.
- The average length of stay decreased by 19.6%, from 4.6 days to 3.7 days. It decreased by 18.8% in public acute hospitals and by 23.9% in private hospitals.
- In 2000–01 the proportion of same day separations was 50.8% compared with 36.8% in 1993–94, an increase of 38.0%. The number of same day separations increased by 83.7% (1,420,888 separations), 58.5% in public hospitals and 133.8% in private hospitals.
- Overnight separations increased by 3.7%. There was a decrease of 4.1% for public hospitals and a marked increase, of 26.4%, for private hospitals.
- In the period 1996–97 to 1999–00 (for which information for private free-standing day hospital facilities is available separately), the number of same day separations from private hospitals other than private free-standing day hospital facilities accounted for 79.1% of the increase in same day separations in the private sector, despite the number of private free-standing day hospital facilities increasing markedly over this period, from 153 to 207.

Australia and the Australian Capital Territory there was no change in coverage, and records for two months for one non-day hospital were not included for 2000–01 for South Australia, whereas all records for those hospitals had been included for 1999–00. Excluding Victoria, Tasmania, and the South Australian private free-standing day hospital facilities (28.6% of private hospital separations for 1999–00), there was an increase of 11.6% in separations in 2000–01 compared with 1999–00. This follows increases reported from the ABS's Private Health Establishments Collection of 7.0% between 1997–98 and 1998–99 and 8.1% between 1998–99 and 1999–00 (ABS 2001).

Information on the 30 AR-DRGs with the largest changes in the number of separations in either the public or private sectors (or both) between 1999–00 and 2000–01 is included in Table 11.17. The increase in separations for private hospitals described above was reflected in increases in a range of AR-DRGs for the private sector. The AR-DRG with the greatest increase was G44C *Other colonoscopy, same day*, for which an increase of 24,668 separations was reported, 10.1% of the total increase in private sector separations. Other AR-DRGs for which relatively large increases were reported for the private sector were L61Z *Admit for renal dialysis* (an increase of 22,099 separations, or 9.0% of the total increase) and R63Z *Chemotherapy* (an increase of 21,295 separations, or 8.7% of the total increase).

The number of separations reported for public psychiatric hospitals (18,132) increased by 182 compared with 1999–00, an increase of 1.0%.

The private sector accounted for 37.0% of the 6.14 million separations (2,270,791), compared with 34.3% (2,025,989) in 1999–00. Excluding Tasmania (for which data were not available for 2000–01), private free-standing day hospital facilities accounted for 332,448 or 15.1% of private sector separations in 2000–01, compared with 278,803 or 14.1% in 1999–00.

Same day and overnight separations

The year 2000–01 saw a continuation of the recent annual increases in the proportions of admitted patients being treated on a same day basis, that is, admitted and separated on the same date.

Same day separations have been distinguished from other separations in this report to illustrate the proportions of total separations which they represent, and also to demonstrate the effect on average lengths of stay when patients receiving this type of hospital care are classified as admitted. In most countries of the Organisation for Economic Co-operation and Development (OECD), same day patients are not counted as admitted patients, and reported average lengths of stay are therefore greater than those calculated for Australia (OECD 2000).

In Australia in 2000–01, 3,117,751 separations were on a same day basis, an increase of 7.4%, compared with 1999–00, 1.3% in public hospitals and 16.8% in private hospitals. These separations comprised 50.8% of separations overall (compared with 49.2% (2,903,966) in 1999–00) and there were increases in the proportions of same day patients in both public acute hospitals (from 45.6% to 46.2%) and private hospitals (from 56.1% to 58.5%).

In contrast with the increases in same day separations, overnight separations increased by 0.9% between 1999–00 and 2000–01, from 2,994,838 to 3,020,647. Overnight separations decreased by 1.3% in public hospitals (from 2,106,309 to 2,078,876), but increased by 6.0% in the private sector (from 888,529 to 941,771). Overnight separations for private free-standing day hospital facilities were mainly from sleep centres (mainly AR-DRG E63Z *Sleep apnoea*).

There was some variation among the States and Territories in the proportion of separations that were same day separations. For public acute hospitals, New South Wales had a lower

proportion than the national average (41.0%), whereas the Australian Capital Territory (52.7%), Victoria (51.4%) and the Northern Territory (51.0%) had markedly higher proportions. In the private sector, New South Wales (61.3%) and Queensland (60.3%) reported higher proportions than average. The Australian Capital Territory (47.9%) reported lower proportions, perhaps reflecting the incomplete coverage of private free-standing day hospital facilities for this jurisdiction.

Separation rates

The age-standardised separation rate per 1,000 population decreased by 1.8% between 1999–00 and 2000–01 for public acute hospitals and increased by 9.9% for private hospitals, not adjusted for changes in coverage (Table 2.3, Figure 2.1).

Among the States and Territories, the Northern Territory reported the highest age-standardised public acute hospital separation rate in 2000–01 (360.3 per 1,000 population; Table 2.4) and Tasmania reported the lowest (144.9 per 1,000 population). Private hospital separation rates ranged from 83.1 per 1,000 population in the Australian Capital Territory (for which separations from same day facilities were not included in the database) to 139.9 per 1,000 population in Queensland. For all hospitals combined, the Northern Territory reported the highest age-standardised separation rate (360.3 per 1,000 population), despite its private hospital not being included in the database.

These rates are likely to have been affected by whether or not separate episodes of care (see Glossary) within a hospital stay were counted as individual separations, the way in which hospital stays for patients aged 9 days or less on admission (*Newborn* episodes) were counted, and the reporting of hospital in the home care (see Appendix 3 for details). The private sector in the Australian Capital Territory and Tasmania had not implemented separate episodes of care in 2000–01 and this would have had the effect of reducing the number of separations and increasing the average length of stay for these hospitals in comparison with the others. In addition, there were changes in the coverage of private hospitals, as described above, that would affect comparisons between reporting years.

The age-standardised separation rate for public psychiatric hospitals varied widely, from 0.1 per 1,000 population in Victoria, to 2.2 per 1,000 population in South Australia. This variation reflects differences in the extent to which public psychiatric services have been provided in public acute hospitals and non-hospital facilities.

Average cost weight of separations

In Table 2.4, average cost weights are presented for 2000–01 based on version 4.2 Australian Refined Diagnosis Related Group (AR-DRG) into which each separation was classified on the basis of demographic and clinical characteristics of the patient. Separations were only included where the care type was reported as *Acute*, or was not reported, or where the care type was *Newborn* and the separation had at least one qualified day. Thus separations for *Rehabilitation*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care*, *Other admitted patient care*, and *Newborn care* with no qualified days were excluded.

The average cost weight information provides a guide to the relative complexity and resource use of admissions within hospitals, with a value of 1.00 representing the theoretical average for all separations. Cost weights for 1999–00 (AR-DRG version 4.1) were used, as 2000–01 cost weights were not available at the time of publication of this report. Public sector cost weights were used for both public and private hospitals to enable comparison

between the sectors on the same basis. Data are also presented for private hospitals using private sector cost weights. (Separate private and public sector cost weights were used as they reflect the differing cost structures of the two sectors.) Further information about the AR-DRG classification and cost weights is included in Chapter 11 and Appendix 8.

Table 2.4 indicates that, within the public sector, most States and Territories had average cost weights close to the national average for public acute hospitals. The Northern Territory was the only exception, with an average cost weight of 0.78. This reflects the high proportion (32.0%) of separations in the Northern Territory that were for *Admit for renal dialysis* (AR-DRG L61Z), an AR-DRG with a relatively low cost weight (see Chapter 11).

The validity of comparisons of average cost weights is limited by differences in the extent to which each jurisdiction's acute care psychiatric services are integrated into its public hospital system. For example, in Victoria, almost all public psychiatric hospitals are now mainstreamed, and are therefore included in the public acute hospital data. Cost weights are of little use as a measure of resource requirements for these services because the relevant AR-DRGs are much less homogeneous than for other acute services.

The average cost weight for private free-standing day hospital facilities was markedly lower (0.49) than for other private hospitals (0.97), reflecting the lesser complexity and day-only nature of most admissions in these hospitals. The average cost weights for the other private hospitals ranged from 0.90 in Western Australia to 1.05 in the Australian Capital Territory.

Nationally, the average cost weight for private hospitals using private sector cost weights was 0.87 compared with 0.90 using public cost weights.

Patient days

Patient days represent the number of full or partial days stay for patients who separated from hospital during the reporting period, and represent the aggregated length of stay for all patients (see Glossary). A total of 22,468,953 patient days was reported for 2000–01, 70.0% in the public sector and 30.0% in the private sector.

There was a decrease in patient days reported for public acute hospitals (81,331 0.5%) in 2000–01, compared with 1999–00, and there was an increase reported for private hospitals (376,342, 5.9%). Patient days for public acute and private hospitals combined increased by 1.4% (295,011) and for all hospitals combined, they decreased by 0.6% (135,161).

Public psychiatric hospital patient days decreased dramatically, from 1,156,250 in 1999–00 to 726,078 in 2000–01 (37.2%). This reduction in patient days was marked for Queensland and was largely the result of the statistical discharge and readmission of long stay patients on 30 June 2000 in this State. This was done to cater for the change in the *National Health Data Dictionary* care type definition, that was effective from 1 July 2000, and would have had the effect of inflating the number of patient days reported in 1999–00 (for which those separations were reported to the National Hospital Morbidity Database) and of reducing the number of patient days reported for 2000–01. Some of this reduction in patient days overall is also likely partly to be due to the increasing practice of providing community based accommodation to former patients of public psychiatric hospitals.

The number of age-standardised patient days per 1,000 population in 2000–00 fell by 0.7% for public acute and private hospitals combined, compared with 1999–00. Public acute hospital patient days per 1,000 fell by 2.6%, with those for private hospitals increasing by 3.8%. Age standardised, patient days per 1,000 population for public psychiatric hospitals fell by 38.1%, compared with 1999–00, and patient days per 1,000 population for all hospitals combined fell by 2.7%.

Of the States and Territories, the Northern Territory reported the highest number of patient days per 1,000 population for public acute hospitals in 2000–01 (1,252.3 per 1,000 population) and Queensland reported the lowest (628.6 per 1,000 population). The highest age-standardised population rate for patient days in private hospitals was reported by Queensland (411.8 per 1,000 population). The lowest age-standardised rate for public psychiatric hospitals for 2000–01 was 4.5 patient days per 1,000 population in Victoria and the highest was 62.6 per 1,000 population in South Australia.

Age standardised, the highest rate for all hospitals combined was reported by the Northern Territory (1,252.3 per 1,000 population) and the lowest by the Australian Capital Territory (1,043.9 per 1,000 population).

Average length of stay

The average length of stay for public acute and private hospitals combined was unchanged between 1999–00 and 2000–01 (3.6 days) (Figure 2.2). For public acute hospitals, there was also no change between 1999–00 and 2000–01 (3.9 days). For private hospitals, the average length of stay was 3.0 days in 2000–01, a reduction from 3.1 days in the previous year. The average length of stay for public psychiatric hospitals decreased markedly from 64.4 days in 1999–00 to 40.0 days in 2000–01. This is consistent with the large decrease in the number of patient days reported for public psychiatric hospitals as described above. Tasmania reported the longest average length of stay for public acute hospitals (5.1 days) and the Northern Territory reported the shortest (3.3 days). For private hospitals other than free-standing day hospital facilities, Queensland reported the greatest average length of stay (3.5 days) and Western Australia reported the shortest (3.1 days). With same day separations excluded (as is the practice in most OECD countries), average lengths of stay have not reduced markedly over the last few years (Table 2.3, Figure 2.2). The average length of stay in 2000–01 was unchanged compared to 1999–00 for public acute hospitals (6.4 days respectively). For private hospitals, the average length of stay decreased from 5.9 days in 1999–00 to 5.7 days in 2000–01. The average lengths of stay are within the range of those reported for 1997 and 1998 average lengths of stay for acute care for other OECD countries (OECD 2000).

Non-admitted patients

Information on non-admitted patient occasions of service and group sessions provided by public acute and psychiatric hospitals for 2000–01 is provided in Table 2.5. Similar information from the ABS's Private Health Establishments Collection is presented for private hospitals for 1999–00 in Table 2.6 (Data for private hospitals for 2000–01 were not available at the time of publication of this report.)

Over 40 million non-admitted patient occasions of service were delivered to individuals through public acute hospitals in 2000–01 (Table 2.5). The largest group of these was *Other medical/surgical/obstetric encounters* (28.7% of the total), followed by *Pathology* (14.1%) and *Accident and emergency services* (13.5%). *Allied health* and *Community health* were also frequently provided services, together accounting for 15.6% of non-admitted patient services. These categories include services such as: physiotherapy, speech therapy, dietary advice, baby clinics, aged care assessment teams and immunisation clinics.

In addition to the services provided to individuals, 594,323 group sessions were delivered through public acute hospitals. These services include group activities conducted in the same areas against which individual non-admitted patient services are recorded.

Users of these data should note that there is considerable variation among States and Territories and between reporting years, for the way in which non-admitted patient occasions of service data are collected. For example, Victoria, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory reported that emergency department presentations that go on to be admitted are included in the counts reported to the National Public Hospitals Establishments Database. These patients are not included in the counts of non-admitted patient occasions of service reported to the National Public Hospitals Establishments Database for New South Wales and Western Australia.

Differing admission practices between the States and Territories will also lead to variation among jurisdictions in the services reported in Table 2.5. Connected with that, States and Territories may also differ in the extent to which these types of services are provided in non-hospital settings (such as community health centres), which are beyond the scope of this data collection.

Data on the number of non-admitted patient occasions of service provided through public psychiatric hospitals are also presented. A total of 365,041 services was provided in New South Wales and Queensland, the only States or Territories for which these data were supplied (Table 2.5). These services include emergency and outpatient care and outreach/community care provided to individuals or groups.

In 1999-00, private hospitals reported 1,819,600 occasions of service, ranging from 56,200 for South Australia and the Northern Territory combined, to 775,300 for Victoria. Nationally, there were 486,100 occasions of service reported for *Accident and emergency* (Table 2.6).

Table 2.1: Summary of hospitals, Australia, 1996-97 to 2000-01

	1996-97	1997-98	1998-99	1999-00	2000-01	% change ^(a)	
						Ave since 1996-97	Latest two years
Hospitals^(b)							
Public hospitals	729	760	749	748	749	0.7	0.1
Public acute hospitals	706	736	728	726	726	0.7	0.0
Public psychiatric hospitals	23	24	21	22	23	0.0	4.5
Private hospitals	472	492	502	509	n.a.	2.5	1.4
Private free-standing day hospital facilities	153	175	190	207	n.a.	10.6	8.9
Other private hospitals	319	317	312	302	n.a.	-1.8	-3.2
Public acute and private hospitals	1,178	1,228	1,230	1,235	n.a.	1.6	0.4
Total	1,201	1,252	1,251	1,257	n.a.	1.5	0.5
Available beds							
Public hospitals	56,836	55,737	53,885	52,947	52,591	-1.9	-0.7
Public acute hospitals	53,410	52,625	50,942	50,188	50,113	-1.6	-0.1
Public psychiatric hospitals	3,426	3,112	2,943	2,759	2,478	-7.8	-10.2
Private hospitals	24,129	24,439	25,206	25,246	n.a.	1.5	0.2
Private free-standing day hospital facilities	1,163	1,348	1,460	1,581	n.a.	10.8	8.3
Other private hospitals	22,966	23,091	23,746	23,665	n.a.	1.0	-0.3
Public acute and private hospitals	77,539	77,064	76,148	75,434	n.a.	-0.9	-0.9
Total	80,965	80,176	79,091	78,193	n.a.	-1.2	-1.1
Beds per 1,000 population							
Public hospitals	3.08	2.99	2.86	2.78	2.73	-3.0	-1.8
Public acute hospitals	2.90	2.83	2.70	2.63	2.60	-2.7	-1.3
Public psychiatric hospitals	0.19	0.17	0.16	0.14	0.13	-8.8	-11.2
Private hospitals	1.31	1.31	1.34	1.33	n.a.	0.4	-0.9
Private free-standing day hospital facilities	0.06	0.07	0.08	0.08	n.a.	9.5	7.1
Other private hospitals	1.25	1.24	1.26	1.24	n.a.	-0.1	-1.4
Public acute and private hospitals	4.21	4.14	4.04	3.96	n.a.	-2.0	-2.0
Total	4.39	4.31	4.20	4.10	n.a.	-2.3	-2.2
Non-admitted occasions of service^(c) ('000)							
Public acute hospitals	32,031	32,605	34,251	34,759	40,099	5.8	15.4
Other private hospitals	1,623	1,670	1,712	1,820	n.a.	3.9	6.3
Total	33,654	34,276	35,963	36,578	n.a.	2.8	1.7
Total recurrent expenditure (\$million)^(d)							
Public hospitals	12,161	13,026	13,677	14,647	15,545	6.3	6.1
Private hospitals	3,183	3,354	3,751	3,957	n.a.	7.5	5.5
Private free-standing day hospital facilities	95	122	137	163	n.a.	19.5	18.4
Other private hospitals	3,088	3,232	3,614	3,794	n.a.	7.1	5.0
Total	18,527	19,733	21,180	22,561	n.a.	6.8	6.5
Total revenue (\$million)^(d)							
Public hospitals	1,010	1,069	1,176	1,223	1,579	0.1	29.1
Private hospitals	3,493	3,662	3,959	4,204	n.a.	6.4	6.2
Private free-standing day hospital facilities	119	145	161	192	n.a.	17.1	18.7
Other private hospitals	3,374	3,517	3,798	4,012	n.a.	5.9	5.6
Total	4,503	4,731	5,135	5,427	n.a.	6.4	5.7

(a) Expenditure changes in current prices not real prices. The average since 1996-97 is the average annual change between 1996-97 and the latest available year of data: 1999-00 for private hospitals and totals, 2000-01 for public hospitals. The latest two year change is the change between the two latest available years of data: 1998-99 to 1999-00 for private hospitals and totals, 1999-00 to 2000-01 for public hospitals.

(b) Some data amended since previously reported. Apparent differences in the number of hospitals reported are, in many instances, caused by changes in administrative or reporting arrangements rather than by actual differences in the number of buildings. See Appendix 5 for further information.

(c) Excludes public psychiatric hospitals. Reporting arrangements have varied significantly across years.

(d) Current prices. For 1999-00 and 2000-01 only, New South Wales included community health program expenditure administered by hospitals. This causes discontinuity between 1998-99 and 1999-00.

Note: Source for the private hospital data is ABS 2001 and earlier editions of *Private Hospitals Australia*.

Table 2.2: Number of hospitals^(a) and available beds, by hospital sector and type, States and Territories, 1999-00 (private hospitals) and 2000-01 (public hospitals)

	NSW ^(b)	Vic ^(c)	Qld	WA	SA ^(d)	Tas	ACT ^(b)	NT ^(d)	Total
Hospitals									
Public acute hospitals	210	144	177	88	79	20	3	5	726
Public psychiatric hospitals	9	1	6	2	1	4	0	0	23
Total public hospitals	219	145	183	90	80	24	3	5	749
Private free-standing day hospital facilities ^(e)	83	50	33	13	18	4	6	0	207
Other private hospitals ^{(e)(f)}	89	86	56	28	33	10	n.p.	n.p.	302
Total private hospitals^(e)	172	136	89	41	51	14	6	0	509
Total hospitals	391	281	272	131	131	38	9	5	1,258
Available beds									
Public acute hospitals	16,488	12,137	9,418	5,163	4,600	1,063	684	560	50,113
Public psychiatric hospitals	1,046	95	549	273	488	27	..	..	2,478
Total beds available in public hospitals	17,534	12,232	9,967	5,436	5,088	1,090	684	560	52,591
Private free-standing day hospital facilities ^(e)	672	330	331	128	102	18	n.p.	0	1,581
Other private hospitals ^{(e)(f)}	6,557	6,179	5,253	2,807	2,125	744	n.p.	n.p.	23,665
Total beds available in private hospitals^(e)	7,229	6,509	5,584	2,935	2,227	762	n.p.	n.p.	25,246
Total available beds	24,763	18,741	15,551	8,371	7,315	1,852	684	560	77,837

(e) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. See Appendix 5 for more detail.

(b) The numbers of private hospitals and available beds in *Other private hospitals* for the Australian Capital Territory are included with New South Wales.

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

(d) The numbers of private hospitals and available beds in *Other private hospitals* for the Northern Territory are included with South Australia.

(e) Private hospital data are for 1999-00. Updated data will be available from the ABS or from updated tables on the Internet version of this publication.

(f) Includes private acute and private psychiatric hospitals.

.. not applicable.

n.a. not available.

Note: Source for the private hospital data is ABS 2001.

Table 2.3: Summary of separation, patient day and average length of stay statistics, by hospital type, Australia, 1996-97 to 2000-01^(a)

	1996-97	1997-98	1998-99	1999-00	2000-01	% change ^(b)	
						Ave since 1996-97	Since 1999-00
Separations ('000)							
Public hospitals ^(c)	3,642	3,770	3,860	3,873	3,868	1.5	-0.1
Public acute hospitals	3,622	3,748	3,839	3,855	3,849	1.5	-0.1
Public psychiatric hospitals ^{(d)(i)}	20	23	20	18	19	-2.9	1.0
Private hospitals	1,685	1,793	1,875	2,026	2,271	7.7	12.1
Private free-standing day hospital facilities	221	248	261	280	332 ^(g)	9.7	18.7
Other private hospitals	1,464	1,545	1,614	1,746	1,873 ^(g)	3.8	7.3
Public acute & private hospitals ^(e)	5,307	5,541	5,715	5,881	6,120	3.6	4.1
Total	5,327	5,563	5,735	5,899	6,138	3.6	4.1
Overnight separations ('000)							
Public hospitals ^(c)	2,121	2,145	2,141	2,106	2,079	-0.5	-1.3
Public acute hospitals	2,101	2,125	2,123	2,091	2,064	-0.4	-1.3
Public psychiatric hospitals ^{(d)(i)}	20	20	18	16	15	-6.5	-4.0
Private hospitals	826	840	847	889	942	3.3	6.0
Private free-standing day hospital facilities ^(f)	2	0	2	2	3 ^(g)	10.1	15.6
Other private hospitals	824	840	845	886	907 ^(g)	-0.2	2.4
Public acute & private hospitals ^(e)	2,927	2,965	2,970	2,979	3,006	0.7	0.9
Total	2,947	2,985	2,988	2,995	3,021	0.6	0.9
Same day separations ('000)							
Public hospitals ^(c)	1,521	1,625	1,719	1,767	1,789	4.1	1.3
Public acute hospitals	1,520	1,622	1,716	1,764	1,786	4.1	1.2
Public psychiatric hospitals ^{(d)(i)}	1	2	2	2	3	41.3	33.9
Private hospitals	859	953	1,028	1,137	1,329	11.5	16.8
Private free-standing day hospital facilities	220	248	260	278	330 ^(g)	9.7	18.7
Other private hospitals	640	705	769	860	966 ^(g)	8.4	12.3
Public acute & private hospitals ^(e)	2,379	2,575	2,745	2,902	3,115	7.0	7.3
Total	2,380	2,578	2,747	2,904	3,118	7.0	7.4
Same day separations as a % of total							
Public hospitals ^(c)	41.8	43.1	44.5	45.6	46.2	2.6	1.4
Public acute hospitals	42.0	43.3	44.7	45.8	46.4	2.5	1.4
Public psychiatric hospitals ^{(d)(i)}	3.9	10.6	11.3	13.3	17.6	45.5	32.6
Private hospitals	51.0	53.1	54.8	56.1	58.5	3.5	4.2
Private free-standing day hospital facilities	99.2	100.0	99.4	99.2	99.2 ^(g)	0.0	0.0
Other private hospitals	43.7	45.6	47.6	49.2	51.6 ^(g)	4.4	4.7
Public acute & private hospitals ^(e)	44.8	46.5	48.0	49.3	50.9	3.2	3.1
Total	44.7	46.3	47.9	49.2	50.8	3.3	3.2
Separations per 1,000 population^(h)							
Public hospitals ^(c)	194.2	198.2	199.8	197.4	193.9	0.0	-1.8
Public acute hospitals	193.1	197.0	198.7	196.5	193.0	0.0	-1.8
Public psychiatric hospitals ^{(d)(i)}	1.1	1.2	1.1	1.0	1.0	-3.5	0.1
Private hospitals	89.2	93.2	95.6	101.4	111.5	5.7	9.9
Private free-standing day hospital facilities	11.8	13.0	13.4	14.1	16.9 ^(g)	10.7	19.4
Other private hospitals	77.5	80.2	82.2	87.3	94.3 ^(g)	4.9	8.0
Public acute & private hospitals ^(e)	281.6	289.4	293.5	297.1	303.6	1.9	2.2
Total	282.7	290.6	294.6	298.0	304.5	1.9	2.2

(continued)

Table 2.3 (continued): Summary of separation, patient day and average length of stay statistics, by hospital type, Australia, 1996-97 to 2000-01^(a)

	1996-97	1997-98	1998-99	1999-00	2000-01	% change ^(b)	
						Ave since 1996-97	Since 1999-00
Patient days ('000)							
Public hospitals ^(c)	16,532	16,560	16,274	16,243	15,732	-1.2	-3.1
Public acute hospitals	15,181	15,152	14,989	15,087	15,006	-0.3	-0.5
Public psychiatric hospitals ^{(d)(f)}	1,350	1,409	1,285	1,156	726	-14.4	-37.2
Private hospitals	5,834	5,995	6,045	6,361	6,737	3.7	5.9
Private free-standing day hospital facilities	222	248	261	280	332 ^(g)	9.6	18.7
Other private hospitals	5,613	5,747	5,784	6,081	6,192 ^(g)	0.0	1.8
Public acute & private hospitals ^(e)	21,015	21,146	21,034	21,448	21,743	0.9	1.4
Total	22,366	22,555	22,319	22,604	22,469	0.1	-0.6
Patient days per 1,000 population^(g)							
Public hospitals ^(c)	861.7	848.8	818.2	800.3	758.5	-3.1	-5.2
Public acute hospitals	789.4	774.1	751.6	741.0	721.8	-2.2	-2.6
Public psychiatric hospitals ^{(d)(f)}	72.3	74.7	66.6	59.3	36.7	-16.5	-38.1
Private hospitals	302.0	303.8	299.5	308.0	319.8	1.4	3.8
Private free-standing day hospital facilities	11.9	13.0	13.4	14.1	16.9 ^(g)	10.7	19.4
Other private hospitals	290.2	290.9	286.1	294.0	301 ^(g)	0.8	2.4
Public acute & private hospitals ^(e)	1,089.4	1,075.9	1,049.1	1,047.0	1,039.4	-1.2	-0.7
Total	1,161.7	1,150.6	1,115.7	1,106.3	1,076.1	-1.9	-2.7
Average length of stay (days)							
Public hospitals ^(c)	4.5	4.4	4.2	4.2	4.1	-2.7	-3.0
Public acute hospitals	4.2	4.0	3.9	3.9	3.9	-1.8	-0.4
Public psychiatric hospitals ^{(d)(f)}	66.3	62.4	63.4	64.4	40.0	-11.9	-37.8
Private hospitals	3.5	3.3	3.2	3.1	3.0	-3.8	-5.5
Private free-standing day hospital facilities	1.0	1.0	1.0	1.0	1.0 ^(g)	0.0	0.0
Other private hospitals	3.8	3.7	3.6	3.5	3.3 ^(g)	-3.7	-5.1
Public acute & private hospitals ^(e)	4.0	3.8	3.7	3.6	3.6	-2.7	-2.6
Total	4.2	4.1	3.9	3.8	3.7	-3.4	-4.5
Average length of stay, excluding same day separations (days)							
Public hospitals ^(c)	7.1	7.0	6.8	6.9	6.7	-1.3	-2.4
Public acute hospitals	6.5	6.4	6.3	6.4	6.4	-0.4	0.5
Public psychiatric hospitals ^{(d)(f)}	69.0	69.7	71.4	74.1	48.4	-8.5	-34.7
Private hospitals	6.0	6.0	5.9	5.9	5.7	-1.2	-2.3
Private free-standing day hospital facilities	1.1	1.0	1.0	1.0	1.0 ^(g)	-1.5	0.0
Other private hospitals	6.0	6.0	5.9	5.9	5.8 ^(g)	-1.1	-2.2
Public acute & private hospitals ^(e)	6.4	6.3	6.2	6.2	6.2	-0.7	-0.4
Total	6.8	6.7	6.6	6.6	6.4	-1.4	-2.6

(a) For 1996-97 to 2000-01 data on separations and patient days for public patients, private patients and other categories of patients in the public and private sector are presented in Table 6.5.

(b) Annual average per cent change.

(c) Includes the Department of Veterans' Affairs hospitals.

(d) Victoria was not able to provide patient days data for public psychiatric hospital data for 407 separations in 1996-97, as leave days could not be identified.

(e) Excludes public psychiatric hospitals.

(f) Overnight separations for private free-standing day hospital facilities were mainly from sleep centres (mainly AR-DRG E63Z *Sleep apnoea*).

(g) Excludes Tasmania.

(h) Figures are rates per 1,000 directly age-standardised to the Australian population at 30 June 1991. For private hospitals, rates were derived using populations of the reporting States and Territories only, without adjustment for incomplete reporting.

(i) Caution should be used with average length of stay for public psychiatric hospitals. The figures include a small percentage of long stay patients who affect the average markedly. The median length of stay in 2000-01 was 6 days and the median length of stay excluding same day separations was 9 days.

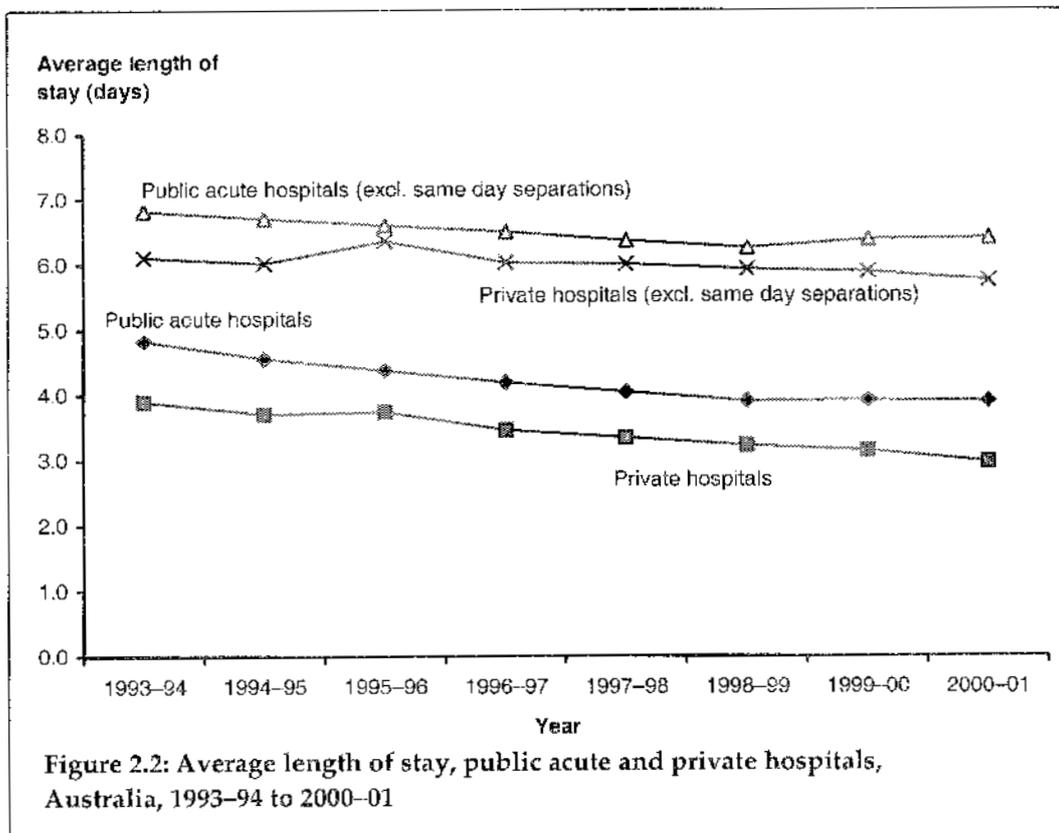
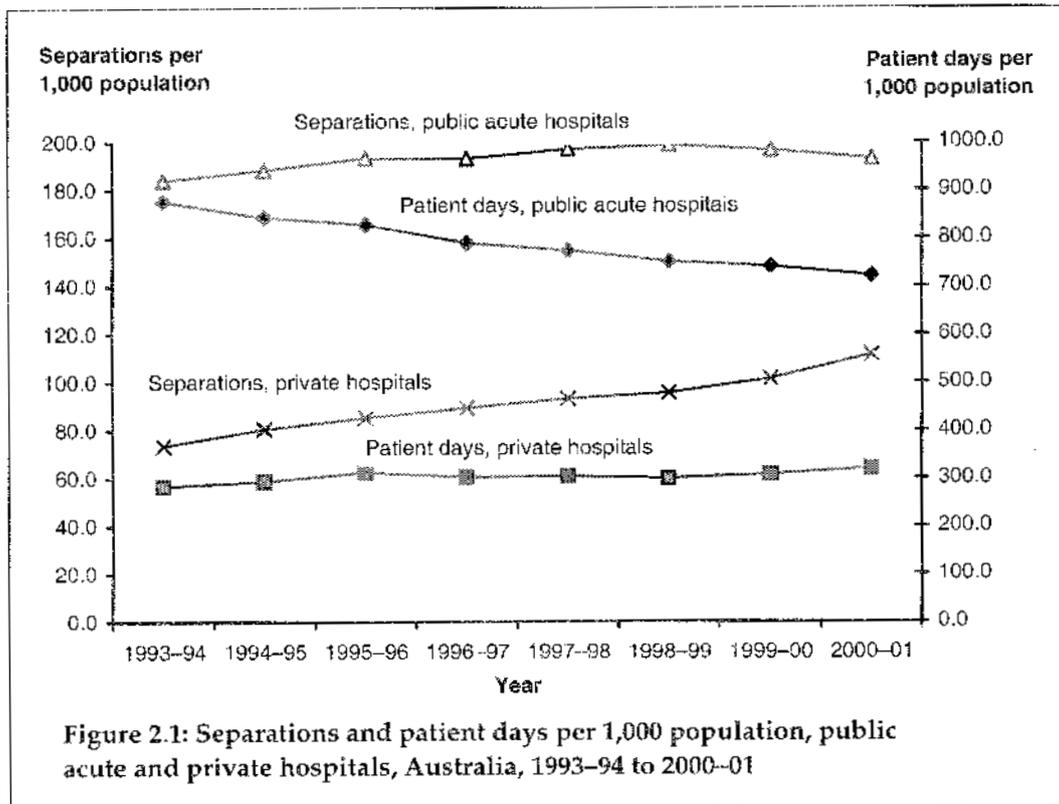


Table 2.4: Summary of separation, average cost weight, patient day and average length of stay statistics, by hospital type, States and Territories, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations									
Public hospitals	1,238,444	1,028,636	688,647	362,645	357,059	71,895	61,308	58,973	3,867,607
Public acute hospitals	1,227,593	1,026,295	687,952	359,962	353,868	71,524	61,308	58,973	3,849,475
Public psychiatric hospitals	10,851	341	695	2,683	3,191	371	..	..	18,132
Private hospitals ^(a)	639,762	580,420	526,313	250,129	184,305	65,256	24,606	n.a.	2,270,791
Private free-standing day hospital facilities	139,737	60,037	101,266	19,068	12,340	n.a.	n.a.	..	332,448 ^(b)
Other private hospitals	500,025	520,383	425,047	231,061	171,965	n.a.	24,606	n.a.	1,973,087 ^(b)
Public acute & private hospitals ^(b)	1,867,355	1,608,715	1,214,265	610,091	538,173	136,780	85,914	58,973	6,120,266
Total	1,876,206	1,609,056	1,214,960	612,774	541,364	137,151	85,914	58,973	6,138,398
Overnight separations									
Public hospitals	732,549	499,751	369,716	192,218	185,863	40,878	29,003	28,898	2,078,876
Public acute hospitals	724,565	499,414	369,031	189,597	182,908	40,514	29,003	28,898	2,063,930
Public psychiatric hospitals	7,984	337	685	2,621	2,955	364	..	..	14,946
Private hospitals ^(a)	247,633	239,376	209,083	112,263	88,956	31,651	12,809	n.a.	941,771
Private free-standing day hospital facilities ^(c)	2,727	0	3	0	0	n.a.	n.a.	..	2,730 ^(b)
Other private hospitals	244,906	239,376	209,080	112,263	88,956	n.a.	12,809	n.a.	907,390 ^(b)
Public acute & private hospitals ^(b)	972,198	738,790	578,114	301,860	271,864	72,165	41,812	28,898	3,005,701
Total	980,182	739,127	578,799	304,481	274,819	72,529	41,812	28,898	3,020,647
Same day separations									
Public hospitals	505,895	528,885	318,931	170,427	171,196	31,017	32,305	30,075	1,788,731
Public acute hospitals	503,028	528,881	318,921	170,365	170,960	31,010	32,305	30,075	1,785,545
Public psychiatric hospitals	2,867	4	10	62	236	7	..	..	3,186
Private hospitals ^(c)	392,129	341,044	317,230	137,866	95,349	33,605	11,797	n.a.	1,329,020
Private free-standing day hospital facilities	137,010	60,037	101,263	19,068	12,340	n.a.	n.a.	..	329,718 ^(b)
Other private hospitals	255,119	281,007	215,967	118,798	83,009	n.a.	11,797	n.a.	995,697 ^(b)
Public acute & private hospitals ^(b)	895,157	869,925	636,151	308,231	266,309	64,615	44,102	30,075	3,114,565
Total	898,024	869,929	636,161	308,293	266,545	64,622	44,102	30,075	3,117,751
Same day separations as a % of total									
Public hospitals	40.8	51.4	46.3	47.0	47.9	43.1	52.7	51.0	46.2
Public acute hospitals	41.0	51.4	46.4	47.3	48.3	43.4	52.7	51.0	46.4
Public psychiatric hospitals	26.4	1.2	1.4	2.3	7.4	1.9	..	..	17.6
Private hospitals ^(a)	61.3	58.8	60.3	55.1	51.7	51.5	47.9	n.a.	58.5
Private free-standing day hospital facilities	98.0	100.0	100.0	100.0	100.0	n.a.	n.a.	..	99.2 ^(b)
Other private hospitals	51.0	54.0	50.8	51.4	48.3	n.a.	47.9	n.a.	51.6 ^(b)
Public acute & private hospitals ^(b)	47.9	54.1	52.4	50.5	49.5	47.2	51.3	51.0	50.9
Total	47.8	54.1	52.4	50.3	49.2	47.1	51.3	51.0	50.8

(continued)

Table 2.4 (continued): Summary of separation, average cost weight, patient day and average length of stay statistics, by hospital type, States and Territories, 2000–01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations per 1,000 population^(a)									
Public hospitals	181.7	204.5	189.4	191.4	223.1	145.7	209.4	360.3	193.9
Public acute hospitals	180.0	204.4	189.2	190.0	220.9	144.9	209.4	360.3	193.0
Public psychiatric hospitals	1.7	0.1	0.2	1.4	2.2	0.8	..	..	1.0
Private hospitals ^(a)	91.6	112.1	139.9	130.1	108.0	127.7	83.1	n.a.	111.5
Private free-standing day hospital facilities	20.2	11.6	26.9	10.0	7.0	n.a.	n.a.	..	15.9 ^(b)
Other private hospitals	71.5	100.5	113.0	120.2	101.0	n.a.	83.1	n.a.	94.3 ^(b)
Public acute & private hospitals ^(b)	271.6	316.5	329.1	320.2	328.9	272.6	292.5	360.3	303.6
Total	273.3	316.5	329.3	321.6	331.1	273.4	292.5	360.3	304.5
Average public cost weight of separations^(c)									
Public hospitals	1.06	0.96	0.97	0.93	0.99	1.11	0.96	0.78	0.99
Public acute hospitals	1.06	0.96	0.97	0.93	0.99	1.11	0.96	0.78	0.99
Public psychiatric hospitals	1.34	2.21	2.12	1.79	2.01	1.76	..	..	1.55
Private hospitals ^(a)	0.89	0.89	0.89	0.87	0.99	0.99	1.05	n.a.	0.90
Private free-standing day hospital facilities	0.51	0.42	0.49	0.46	0.71	n.a.	n.a.	..	0.49 ^(b)
Other private hospitals	1.01	0.95	0.98	0.90	1.01	n.a.	1.05	n.a.	0.97 ^(b)
Public acute & private hospitals ^(b)	1.00	0.93	0.93	0.90	0.99	1.05	0.99	0.78	0.96
Total	1.00	0.93	0.93	0.91	0.99	1.06	0.99	0.78	0.96
Average private cost weight of separations^(c)									
Private hospitals ^(a)	0.85	0.86	0.85	0.84	0.95	0.97	1.02	n.a.	0.87
Private free-standing day hospital facilities	0.89	0.91	0.88	0.87	0.83	n.a.	n.a.	..	0.89 ^(b)
Other private hospitals	0.96	0.96	0.97	0.97	0.96	n.a.	0.97	n.a.	0.97 ^(b)
Patient days									
Public hospitals	5,725,713	3,893,297	2,442,114	1,393,500	1,468,366	378,117	216,270	194,235	15,731,612
Public acute hospitals	5,320,274	3,872,218	2,332,524	1,311,121	1,393,179	365,713	216,270	194,235	15,005,534
Public psychiatric hospitals	405,439	21,079	109,590	82,379	95,187	12,404	..	..	726,078
Private hospitals ^(a)	1,788,457	1,763,463	1,581,625	724,634	585,746	213,180	80,236	n.a.	6,737,341
Private free-standing day hospital facilities	139,737	60,037	101,266	19,068	12,340	n.a.	n.a.	..	332,448 ^(b)
Other private hospitals	1,648,720	1,703,426	1,480,359	705,566	573,406	n.a.	80,236	n.a.	6,191,713 ^(b)
Public acute & private hospitals ^(b)	7,105,751	5,635,681	3,914,149	2,035,755	1,978,925	578,893	296,506	194,235	21,742,875
Total	7,514,170	5,656,760	4,023,739	2,118,134	2,074,112	591,297	296,506	194,235	22,468,953

(continued)

Table 2.4 (continued): Summary of separation, average cost weight, patient day and average length of stay statistics, by hospital type, States and Territories, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Patient days per 1,000 population^(a)									
Public hospitals	801.0	738.5	658.4	725.6	854.3	704.6	760.0	1,252.3	758.5
Public acute hospitals	740.6	734.0	628.6	683.3	791.7	679.3	760.0	1,252.3	721.8
Public psychiatric hospitals	60.4	4.5	29.9	42.4	62.6	25.3	..	..	36.7
Private hospitals ^(a)	247.7	327.5	411.8	374.7	320.7	398.3	283.9	n.a.	319.8
Private free-standing day hospital facilities	20.2	11.6	26.9	10.0	7.0	n.a.	n.a.	..	16.9 ^(b)
Other private hospitals	227.6	315.9	384.9	364.8	313.7	n.a.	283.9	n.a.	301.0 ^(b)
Public acute & private hospitals ^(b)	988.3	1,061.6	1,040.3	1,058.0	1,112.4	1,077.6	1,043.9	1,252.3	1,039.4
Total	1,048.7	1,066.1	1,070.2	1,100.3	1,174.9	1,102.9	1,043.9	1,252.3	1,076.1
Average length of stay (days)									
Public hospitals	4.6	3.8	3.5	3.8	4.2	5.3	3.5	3.3	4.1
Public acute hospitals	4.3	3.8	3.4	3.6	3.9	5.1	3.5	3.3	3.9
Public psychiatric hospitals ^(c)	37.4	61.8	157.7	30.7	29.8	33.4	..	..	40.0
Private hospitals ^(a)	2.8	3.0	3.0	2.9	3.2	3.3	3.3	n.a.	3.0
Private free-standing day hospital facilities	1.0	1.0	1.0	1.0	1.0	n.a.	n.a.	..	1.0 ^(d)
Other private hospitals	3.3	3.3	3.5	3.1	3.3	n.a.	3.3	n.a.	3.3 ^(e)
Public acute & private hospitals ^(b)	3.8	3.5	3.2	3.3	3.7	4.2	3.5	3.3	3.6
Total	4.0	3.5	3.3	3.5	3.8	4.3	3.5	3.3	3.7
Average length of stay, excluding same day separations (days)									
Public hospitals	7.1	6.7	5.7	6.4	7.1	8.5	6.3	5.7	6.7
Public acute hospitals	6.6	6.7	5.5	6.0	6.7	8.3	6.3	5.7	6.4
Public psychiatric hospitals ^(b)	50.4	62.5	160.0	31.4	32.1	34.1	..	..	48.4
Private hospitals ^(a)	5.6	5.9	6.0	5.2	5.5	5.7	5.3	n.a.	5.7
Private free-standing day hospital facilities	1.0	..	1.0	..	..	n.a.	n.a.	..	1.0 ^(d)
Other private hospitals	5.7	5.9	6.0	5.2	5.5	n.a.	5.3	n.a.	5.8 ^(e)
Public acute & private hospitals ^(b)	6.4	6.5	5.7	5.7	6.3	7.1	6.0	5.7	6.2
Total	6.7	6.5	5.9	5.9	6.6	7.3	6.0	5.7	6.4

(a) Includes private psychiatric hospitals. Coverage of private hospitals is incomplete for some States and Territories. See Chapter 1 for details.

(b) Excludes public psychiatric hospitals.

(c) Overnight separations for private free-standing day hospital facilities were mainly from sleep centres (mainly AR-DRG E63Z Sleep apnoea).

(d) Excludes Tasmania.

(e) Figures are directly age-standardised to the Australian population at 30 June 1991. In the Total column, the rates for private hospitals were derived using populations of the reporting States and Territories only, without adjustment for incomplete reporting. The numerator of the rate for ACT includes a substantial proportion (around 25%) of non-ACT residents, therefore the population rates for ACT are overstated.

(f) Separations for which the care type was reported as acute, or as newborn with qualified patient days, or was not reported. For further details, see Chapter 11. Public national cost weights were used for all rows under Average public cost weight of separations. Private national cost weights were used for all rows in Average private cost weight of separations.

(g) Caution should be used with average length of stay for public psychiatric hospitals. The figures include a small percentage of long stay patients who affect the average markedly. The median length of stay for Australia was 6 days and the median length of stay excluding same day separations for Australia was 9 days.

.. not applicable.

n.a. not available.

Table 2.5: Non-admitted patient occasions of service, by type of non-admitted patient care, public acute and psychiatric hospitals, States and Territories, 2000-01

Type of non-admitted patient care	NSW	Vic	Qld	WA ^(a)	SA	Tas	ACT	NT	Total ^(b)
Public acute hospitals									
Occasions of service									
Accident & emergency ^(c)	1,771,345	1,144,487	1,167,772	566,107	475,609	92,301	92,775	96,966	5,407,362
Dialysis	..	..	2,592	..	..	..	..	..	2,592
Pathology	1,949,298	696,480	2,204,664	540,715	..	184,884	30,624	55,494	5,672,159
Radiology & organ imaging	833,951	498,110	660,794	315,510	233,089	66,089	61,772	75,563	2,764,879
Endoscopy & related procedures	..	..	1,734	..	..	..	..	..	1,734
Other medical/surgical/obstetric	6,078,819	1,383,118	2,219,309	493,688	877,271	202,590	176,082	83,125	11,514,012
Mental health	933,335	824,972	86,352	137,628	16,343	1,474	5,472	..	2,005,576
Alcohol & drug	912,238	38,355	32,926	..	..	..	..	..	983,519
Dental	427,056	177,083	419,881	7,933	8,555	1,806	..	..	1,042,314
Pharmacy	675,048	344,515	748,618	178,468	..	68,760	342	6,060	2,021,811
Allied health	..	997,721	613,787	852,752	255,734	100,473	9,042	11,608	2,841,117
Community health	1,920,359	517,192	179,915	783,729	..	..	..	..	3,401,196
District nursing	98,970	338,585	58,349	146,510	..	..	..	..	642,414
Other outreach	1,109,798	4,440	121,017	97,914	419,701	30,407	15,534	..	1,798,811
Total occasions of service	16,710,217	6,965,058	8,537,710	4,120,954	2,286,302	748,784	391,653	338,816	40,099,494
Group sessions									
Other medical/surgical/obstetric	69,782	n.a.	5,039	18	5,095	n.a.	1,768	..	81,702
Mental health	29,291	n.a.	1,734	27,288	967	n.a.	2,379	..	61,659
Alcohol & drug	3,026	n.a.	..	..	0	n.a.	..	..	3,026
Allied health	..	n.a.	12,534	14,443	7,209	n.a.	1,136	..	35,322
Community health	204,078	n.a.	3,349	15,984	0	n.a.	..	..	223,411
District nursing	..	n.a.	197	1,138	0	n.a.	..	..	1,335
Other outreach	..	n.a.	8,603	747	134,450	n.a.	121	..	143,921
Total group sessions	306,177	43,938	31,456	59,627	147,721	n.a.	5,404	..	594,323
Public psychiatric hospitals									
Emergency & outpatient individual sessions	38,867	n.a.	11,000	n.a.	n.a.	n.a.	..	..	49,867
Emergency & outpatient group sessions	1,946	n.a.	1,523	n.a.	n.a.	n.a.	..	..	3,469
Outreach/community individual sessions	258,967	n.a.	42,153	n.a.	n.a.	n.a.	..	..	301,120
Outreach/community group sessions	7,105	n.a.	3,480	n.a.	n.a.	n.a.	..	..	10,585
Total services	306,885	n.a.	58,156	n.a.	n.a.	n.a.	..	..	365,041

(a) WA data for Group sessions occasions of service include H services in categories not reported here (e.g. Accident and emergency).

(b) For public psychiatric hospitals, includes only those States and Territories for which data are available

(c) Includes Accident and emergency patients that are subsequently admitted in Victoria, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory

n.a. not available.

.. not applicable.

Table 2.6: Non-admitted patient occasions of service ('000), by type of non-admitted patient care, private hospitals, States and Territories, 1999-00

Type of non-admitted patient care	NSW & ACT	Vic	QLD	SA & NT	WA	Tas	Total
Accident and emergency ^(a)	79.5	117.9	115.8	39.0	87.5	46.4	486.1
Outpatient services ^(b)	262.5	571.2	174.5	n.p.	54.3	n.p.	1,118.6
Other non-admitted services ^(c)	n.p.	n.p.	n.p.	n.p.	4.3	n.p.	105.1
Other	n.p.	n.p.	n.p.	1.7	10.7	0.0	139.8
Total	451.0	775.3	292.1	56.2	156.8	88.2	1,819.6

(a) including hospitals which do not have a formal accident and emergency unit but which treated accident and emergency patients during the year
 (b) includes *Dialysis, Radiology and organ imaging, Endoscopy, Pathology, Other Medical/Surgical/Diagnostic, Psychiatric, Alcohol and drug, Dental, Pharmacy and Allied health services*.
 (c) includes *Community health services, District nursing services and Non-medical and social services*.

n.p. not available for publication but included in totals where applicable.

Source: Australian Bureau of Statistics: Private Health Establishments Collection, unpublished data.

3 Public hospital establishments

Introduction

This chapter describes the public hospital sector in terms of the number of hospitals, availability of hospital beds, staff employed and specialised services provided. This chapter also provides information on public hospital expenditure and revenue. The main source of data is the National Public Hospital Establishments Database. Data on specialised services, expenditure, staffing and revenue for some small hospitals in Tasmania were incomplete.

Hospital size

Table 3.1 presents information on the distribution of hospitals by their size, which has been determined by the number of available beds. There were more small sized hospitals, particularly in those jurisdictions that cover large geographic areas. The majority of beds were in larger hospitals and in more densely populated areas. Although 71% of hospitals had fewer than 50 beds, these small hospitals had only 19% of available beds. The largest hospital had 832 beds and the median hospital size was 26 beds.

Further detail about the characteristics and numbers of public hospitals is included in Appendix 5 and, by public hospital peer group, in Tables 4.2 and 4.3.

Regional distribution of beds

The Rural, Remote and Metropolitan Area (RRMA) classification is used in Table 3.2 to present the regional distribution of public hospitals and beds. Information on the number of available beds per 1,000 population is also provided as a comparative measure across States and Territories. This table does not, however, provide data on the distribution and availability of private hospital beds.

The availability of beds ranged from 2.5 beds per 1,000 population nationally in metropolitan areas, to 3.3 beds per 1,000 population in rural areas and 4.9 beds per 1,000 population in remote areas. However, there is not an exact geographic fit between population distribution and the distribution of hospital services. Hospitals based in central locations may also serve patients who reside in rural and remote areas of a State or Territory or in other jurisdictions.

There were higher numbers of public hospital beds per 1,000 population in rural and remote areas than in metropolitan areas. In contrast, there were fewer private hospital beds in rural and remote areas (AIHW: Strong et al. 1998). The higher rates of beds in non-metropolitan areas also reflect other factors such as the lower numbers of medical practitioners per 1,000 population in rural and remote areas (AIHW 2002b). This difference in the supply of beds is reflected by utilisation rates for each hospital sector (see Figures 7.8 and 7.9 and Tables 4.9 and 7.12).

Specialised services

Data relating to the availability of specialised services (such as obstetric/maternity services, intensive care units, cancer treatment centres and organ transplant services) for all States and Territories are presented in Table 3.3. By far, the most common specialised services offered by hospitals were domiciliary care services and services provided by obstetric/maternity and nursing home care units. By contrast, acute spinal cord injury units and pancreas, heart and liver transplant services were provided by only a few hospitals, reflecting the highly specialised nature of those services.

Data on specialised services were not available for a few hospitals so the services may be under-enumerated.

Staffing

Information on the number of staff employed in public hospitals by State and Territory is presented in Table 3.4. Data on full-time equivalent staff are reported here as the average available staff for the year. The collection of data by staffing category is not consistent among States and Territories – for some jurisdictions, best estimates are reported for some staffing categories. New South Wales, Western Australia and Tasmania were unable to provide information for each nurse category, although data on total nurse numbers are provided.

Nationally, 182,995 full-time equivalent staff were employed in the public hospital sector in 2000–01. Nurses constituted 45% (82,476) of public hospital staff; registered nurses were the largest group in those States and Territories that reported a breakdown of the nursing categories.

There were 17,310 salaried medical officers employed in public hospitals throughout Australia, representing 9% of the public hospital labour force. Information on numbers of visiting medical officers (VMOs), who are contracted by hospitals to provide services to public patients and paid on a sessional or fee-for-service basis in public hospitals, is not available due to problems in the collection of systematic data on the hours, sessions and/or services provided by VMOs in many hospitals. (See Table 3.5 for data on payments to VMOs.)

Variation in some staffing categories (in particular, *Other personal care staff* and *Domestic and other staff*) is most likely due to different reporting practices within the States. Queensland, in particular, has noted that there is little difference between these categories, and that an employee may perform different functions within these two categories on different days. South Australia and New South Wales did not provide data on *Other personal care staff* and these staff are included in the *Diagnostic and allied health* and *Domestic* staffing categories.

There has been an increase in the outsourcing of services with a large labour-related component (e.g. food services and domestic services). Increased outsourcing explains some of the decline in full-time equivalent staff in some staffing categories and also some of the differences between the States and Territories.

Recurrent expenditure

Commonwealth and State government expenditure on public hospitals, including public psychiatric hospitals, accounted for 37.2% of total health services expenditure by

governments in 1998–99 (\$13,160 million of \$35,420 million), the latest year for which this information is available (AIHW 2002b).

Nationally, recurrent expenditure on public acute and psychiatric hospitals was \$15,545 million in 2000–01. Information on gross recurrent expenditure, categorised into salary and non-salary expenditure, is presented in Table 3.5.

The data for New South Wales presented in this report includes for the first time since 1995–96 expenditure through community health program funding administered by hospitals, so New South Wales data are not comparable with data for previous years. However, New South Wales has provided preliminary revised data for total recurrent expenditure (excluding depreciation) for 1999–00 of \$5,357 million. On the basis of these data (and a preliminary revised national total for 1999–00 of \$14,647 million), there was an increase in expenditure of 6.1% (\$898 million) in current prices. In constant prices (referenced to 1999–00), national expenditure was \$15,038 million in 2000–01, and represents a real increase in expenditure of 2.7% over 1999–00.

The largest contributor to these increases was an increase in recurrent expenditure of \$533 million (current prices) by Victoria, including \$360 million for salaries and wages expenditure (\$141 million for nurses), and \$173 million for other recurrent expenditure.

The largest share of expenditure for 2000–01 was for salary payments. Even when payments to VMOs and payments for outsourced services, which include large labour components, are excluded, salary payments accounted for 62% of the \$15.5 billion spent within the public hospital system. Salary payments include salaries and wages, payments to staff on paid leave, workers' compensation leave and salaries paid to contract staff where the contract was for the supply of labour and where full-time equivalent staffing data are available.

Medical and surgical supplies (which include consumable supplies only and not equipment purchases), administrative expenses and drug supplies were the major non-salary expenses for public hospitals nationally. Queensland has included payments for pathology provided by the statewide pathology services.

Depreciation has also been reported in Table 3.5, and the data show that there is variation between States and Territories in reporting, ranging from 6.8% of total expenditure in Queensland to 3.8% in Western Australia. It is anticipated that comparable data on depreciation will become increasingly available. Depreciation data effectively provide a smoothed out annual report on capital expenditure (how capital is expended or used up).

Data reported to the National Public Hospital Establishments Database are not comparable with data reported in the Institute's annual *Health Expenditure Bulletin* (AIHW 2001c). For the latter, trust fund expenditure is included (whereas it is not generally included in the data here), and hospital expenditure may be defined to cover activity not covered by this data collection.

Revenue

Public hospital revenue from patients and other sources (excluding general revenue payments received from State or Territory governments) is reported in Table 3.6. In this table, States and Territories have reported revenue against three categories: *Patient revenue*, *Recoveries* (income from the use of hospital facilities by salaried medical officers or private practitioners exercising their rights of private practice, and other recoveries), and *Other revenues* (such as from charities). In data reported for Queensland, *Patient revenue* includes

revenue for items such as pharmacy and ambulance, which could be considered as *Recoveries*.

There is some inconsistency in the treatment of income from asset sales. Western Australia netted out asset sales in their capital expenditure accounts, and South Australia netted out land sales in their capital expenditure accounts and reported sales from other surplus goods in the revenue figures. Both the Australian Capital Territory and the Northern Territory reported revenue from asset disposal as part of *Other revenue*. Victoria and Queensland account for asset sales in their capital expenditure accounts. The income from asset disposal (apart from major assets such as land, buildings and some motor vehicles) is usually not very significant as capital assets are generally retained until they are either worn out or obsolete, making their residual value comparatively small. Sometimes there is even a net cost incurred in disposing of an asset.

Australian public hospitals received \$1.6 billion in revenue in 2000–01. This was equivalent to 10% of total recurrent expenditure (excluding depreciation). Revenue as a proportion of total expenditure was, however, variable across States and Territories. Public hospital revenue in New South Wales represented 14% of expenditure, whereas public hospital revenues in Queensland and South Australia were less than 5% of expenditure.

Patient revenue, the largest revenue category, accounted for 50% of all revenue, and was equivalent to 5% of total expenditure.

The total revenue increased between 1999–00 and 2000–01 by 29%, with the largest increase being a doubling of *Other revenue*. The difference between years ranged from a 45% increase in total revenue in New South Wales to a drop of 15% in the Australian Capital Territory.

Quality of financial data

Capital expenditure is not reported in this publication. Not all jurisdictions were able to report using the *National Health Data Dictionary (NHDD)* (NHDC 2000) categories.

There remains more developmental work to be carried out in the area of capital and expenditure reporting in the capacity of the States to report as specified in the *NHDD*.

It should also be noted that, because some States and Territories have not fully implemented accrual accounting procedures and systems, expenditure and revenue presented in the current report are mixtures of expenditure/payments and revenue/receipts, respectively. Depreciation represents a significant portion of expenditure and has been excluded from expenditure totals to ensure comparability across jurisdictions. As noted above, moves toward accrual accounting will improve the quality of financial data.

Table 3.1: Number of public acute and psychiatric hospitals^(a) and available beds, by hospital size, States and Territories, 2000-01

Hospital size ^(b)	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
10 or less beds	13	41	67	14	7	15	0	0	157
11 to 50 beds	130	45	78	55	55	6	1	2	372
51 to 100 beds	28	24	12	7	8	0	0	1	80
101 to 200 beds	27	13	12	5	4	1	1	1	64
201 to 500 beds	15	21	11	7	5	2	0	1	52
More than 500 beds	6	1	3	2	1	0	1	0	14
Total	219	145	183	90	80	24	3	5	749
Available beds									
10 or less beds	71	251	206	102	45	77	0	..	752
11 to 50 beds	3,418	1,189	1,887	1,256	1,471	118	18	50	9,407
51 to 100 beds	2,026	1,808	926	497	527	..	..	60	5,844
101 to 200 beds	3,861	1,899	1,677	638	607	131	162	153	9,128
201 to 500 beds	4,615	6,434	3,149	1,764	1,797	784	..	297	18,820
More than 500 beds	3,543	650	2,122	1,179	641	..	504	..	8,639
Total	17,534	12,231	9,967	5,436	5,088	1,090	684	560	52,590

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. See Appendix 5 for more detail.

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

(c) The count of hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database. .. not applicable.

Table 3.2: Number of hospitals^(a) and available beds per 1,000 population, by metropolitan, rural and remote region, public acute and psychiatric hospitals, States and Territories, 2000-01

Region	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Hospitals									
Capital cities	52	48	24	16	15	6	3	1	155
Other metropolitan centres	19	2	5	..	..	..	..	..	26
<i>Total metropolitan</i>	71	50	29	16	15	6	3	1	191
Large rural centres	12	6	8	..	1	2	..	..	29
Small rural centres	23	10	6	3	5	1	..	..	48
Other rural areas	97	77	53	33	47	14	0	0	321
<i>Total rural</i>	132	93	67	36	53	17	0	0	398
Remote centres	..	..	16	9	..	..	..	2	27
Other remote areas	16	2	71	29	12	1	..	2	133
<i>Total remote</i>	16	2	87	38	12	1	..	4	160
Total all regions	219	145	183	90	80	24	3	5	749
Available beds per 1,000 population									
Capital cities	2.4	2.3	2.7	2.5	2.9	2.6	2.2	3.3	2.5
Other metropolitan centres	2.6	3.1	2.0	..	..	..	..	..	2.5
<i>Total metropolitan</i>	2.4	2.3	2.5	2.5	2.9	2.6	2.2	3.3	2.5
Large rural centres	4.1	4.3	3.3	..	3.3	3.5	..	..	3.7
Small rural centres	2.9	4.1	2.2	2.3	4.5	2.4	..	..	3.1
Other rural areas	3.6	2.6	2.5	4.1	4.9	1.1	0.0	0.0	3.1
<i>Total rural</i>	3.5	3.3	2.8	3.4	4.7	2.1	0.0	0.0	3.3
Remote centres	..	..	4.1	4.2	..	..	..	6.0	233.8
Other remote areas	5.9	2.0	7.2	5.5	6.5	1.1	..	0.9	5.3
<i>Total remote</i>	5.9	2.0	5.7	4.8	6.5	1.1	..	3.0	4.9
Total all regions	2.7	2.6	2.8	2.9	3.4	2.3	2.2	2.9	2.7

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses. See Appendix 5 for more detail.

(b) The count of hospitals in Victoria is a count of the campuses which report data separately to the National Hospital Morbidity Database. .. not applicable.

Table 3.3: Number of public acute hospitals^(a) with specialised services, States and Territories, 2000-01

Specialised services	NSW ^(b)	Vic ^(c)	Qld	WA	SA ^(c)	Tas ^(b)	ACT	NT	Total ^(d)
Acute renal dialysis unit	14	14	11	4	4	2	1	1	51
Acute spinal cord injury unit	2	1	1	1	1	0	0	0	6
AIDS unit	8	4	4	1	1	0	1	1	20
Alcohol and drug unit	36	18	9	3	2	0	0	1	69
Burns unit (level III)	4	2	2	2	2	1	0	0	13
Cardiac surgery unit	11	9	4	4	2	1	1	0	32
Clinical genetics unit	10	6	2	3	2	1	1	0	25
Coronary care unit	49	30	23	5	11	3	2	2	125
Diabetes unit	22	15	8	5	9	3	1	1	64
Domiciliary care service	127	92	32	55	54	0	0	3	363
Geriatric assessment unit	45	35	12	15	16	3	1	0	127
Hospice care unit	31	28	10	21	21	1	0	0	112
Infectious diseases unit	9	13	7	3	6	1	1	1	41
Intensive care unit (level III)	39	21	12	5	5	3	1	2	88
In-vitro fertilisation unit	3	4	0	1	2	0	0	0	10
Maintenance renal dialysis centre	33	53	14	11	8	2	1	3	125
Major plastic/reconstructive surgery unit	10	11	4	2	5	2	1	0	35
Neonatal intensive care unit (level III)	12	6	3	2	2	1	1	1	28
Neurosurgical unit	11	10	6	3	4	1	1	0	36
Nursing home care unit	62	79	9	27	45	9	0	0	231
Obstetric/maternity service	87	69	62	36	31	5	3	5	298
Oncology unit	34	32	8	6	7	3	1	0	91
Psychiatric unit/ward	35	35	16	10	8	3	2	2	111
Refractory epilepsy unit	5	6	0	1	2	1	0	0	15
Rehabilitation unit	48	26	13	12	17	3	1	2	122
Sleep centre	10	8	5	2	4	0	0	0	29
Specialist paediatric service	46	27	34	11	8	3	2	3	134
Transplantation unit—bone marrow	9	6	6	2	3	1	1	0	28
Transplantation unit—heart (including heart/lung)	1	2	1	1	0	0	0	0	5
Transplantation unit—liver	2	2	2	1	1	0	0	0	8
Transplantation unit—pancreas	1	2	0	0	0	0	0	0	3
Transplantation unit—renal	9	7	1	2	1	0	0	0	20

(a) Excludes psychiatric hospitals.

(b) These data were not available for a small number of hospitals, so the number of services is therefore slightly under-enumerated.

(c) May be a slight underestimate as some small multi-campus rural services reported at network rather than campus level. Consequently if two campuses within the group had a specialised type of service, they were counted as one.

Table 3.4: Average full-time equivalent staff, (a) public acute and psychiatric hospitals, States and Territories, 2000-01

Staffing category	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA ^(e)	SA ^(b)	Tas ^(f)	ACT	NT	Total
Full-time equivalent staff numbers									
Salaried medical officers	6,104	3,912	3,114	1,625	1,685	346	285	239	17,310
Registered nurses	n.a.	16,468	11,792	6,758	5,855	1,625	1,139	806	n.a.
Enrolled nurses	n.a.	2,890	2,250	786	1,512	189	180	154	n.a.
Total nurses	30,072	19,358	14,042	7,544	7,367	1,814	1,319	960	82,476
Other personal care staff	n.a.	711	454	159	n.a.	n.a.	122	88	1,534
Diagnostic & allied health professionals	8,996	7,116	2,944	2,147	1,819	362	269	150	23,603
Administrative & clerical staff	9,736	6,946	4,381	2,911	2,611	549	445	314	27,693
Domestic & other staff	11,682	4,892	6,463	3,151	2,064	1,050	163	504	29,979
Total staff	66,600	42,935	31,398	17,537	15,546	4,121	2,603	2,255	182,995

(a) Where average full-time equivalent (FTE) staff numbers were not available, staff numbers at 30 June 2000 were used. Staff contracted to provide products (rather than labour) are not included.

(b) Other personal care staff are included in Diagnostic & allied health professionals and Domestic & other staff.

(c) For Victoria, FTEs may be slightly understated.

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

(e) Other personal care staff for Western Australia excludes staff on retention who do not work regular hours. Many hospitals were unable to provide a split between nurse categories and these have been coded as Registered nurses.

(f) Data for 3 small Tasmanian hospitals not supplied. Tasmanian Other personal care staff are included in Domestic & other staff.

n.a. not available.

Table 3.5: Recurrent expenditure (\$'000), public acute and psychiatric hospitals, States and Territories, 2000-01

Recurrent expenditure category	NSW ^(a)	Vic	Qld ^(b)	WA	SA ^(c)	Tas ^(d)	ACT	NT ^(e)	Total
Salaried medical officers	599,102	490,953	298,549	169,051	137,617	36,233	30,372	29,573	1,791,450
Registered nurses	n.a.	1,010,478	642,416	359,599	291,520	84,543	59,101	48,725	n.a.
Enrolled nurses	n.a.	123,686	88,633	29,052	59,518	7,495	6,625	6,825	n.a.
Total nurses	1,520,087	1,134,164	731,049	388,651	351,038	92,738	65,726	55,550	4,338,403
Other personal care staff	n.a.	19,265	16,179	4,980	n.a.	n.a.	4,273	3,309	48,006
Diagnostic & allied health professionals	446,422	459,503	156,464	104,460	87,094	19,607	14,915	10,222	1,298,687
Administrative & clerical staff	419,668	314,509	169,824	114,039	95,109	20,584	20,400	13,627	1,167,750
Domestic & other staff	408,705	185,236	222,364	112,519	62,569	0	5,537	22,309	1,019,239
Not allocatable to a salary expenditure category	..	11,758	..	..	..	46,758	..	..	58,516
Total salary & wages expenditure	3,393,974	2,615,388	1,594,429	893,700	733,427	215,320	141,223	134,590	9,722,951
Payments to visiting medical officers	289,139	100,271	59,203	60,634	64,810	4,354	18,650	1,897	598,958
Superannuation payments	296,594	194,487	143,635	81,695	66,459	12,852	15,843	3,373	814,338
Drug supplies	271,002	185,382	143,791	80,877	62,134	18,099	8,752	10,255	780,292
Medical & surgical supplies	436,812	301,793	219,329	92,741	73,505	32,003	24,246	11,973	1,192,401
Food supplies	71,343	51,098	23,187	12,054	9,525	3,885	3,283	1,979	176,354
Domestic services	131,889	95,896	77,112	86,163	35,525	14,753	11,286	9,869	462,493
Repairs & maintenance	133,957	85,200	50,609	48,122	42,434	11,101	5,272	5,352	382,047
Patient transport	37,125	17,841	15,085	12,510	8,958	2,011	589	4,608	98,727
Administrative expenses	345,063	255,124	118,889	85,151	89,002	10,030	15,162	9,551	927,972
Interest payments	588	289	12	17,287	1,736	n.a.	111	n.a.	20,023
Depreciation	263,691	n.a.	178,803	58,247	216	0	12,293	n.a.	n.a.
Other recurrent expenditure	111,939	131,569	15,188	7,959	51,522	12,460	18,601	5,390	354,628
Not allocatable to a non-salary expenditure category	..	5,901	..	..	..	8,260	..	..	14,161
Total non-salary expenditure excluding depreciation	2,125,451	1,424,851	866,040	585,193	505,610	129,808	121,794	64,247	5,822,994
Total expenditure excluding depreciation	5,519,425	4,040,239	2,460,469	1,478,893	1,239,037	345,128	263,017	198,837	15,545,045

(a) New South Wales hospital expenditure recorded against special purposes and trust funds is excluded. Other personal care staff are included in *Diagnostic & allied health professionals* and *Domestic & other staff*.

(b) Pathology services are purchased from a statewide pathology service rather than being provided by each hospital's employees.

(c) South Australian *Other personal care staff* are included in *Diagnostic & allied health professionals* and *Domestic & other staff*. *Interest payments* are included in *Administrative expenses*. *Termination payments* are included in *Other recurrent expenditure*. *Depreciation* only reported for small subset of hospitals.

(d) Data for 6 small Tasmanian hospitals incomplete. *Other personal care staff* are reported as part of *Domestic & other staff*.

(e) Superannuation payments for 4 of the 5 Northern Territory hospitals are included under *Superannuation payments*. For the other hospital, they are included with the salary and wages expenditure categories. *Interest payments* are not reported.

n.a. not available.

.. not applicable.

Table 3.6: Revenue (\$'000), public acute and psychiatric hospitals, States and Territories, 2000-01

Revenue source	NSW	Vic	Qld ^(a)	WA	SA	Tas ^(c)	ACT	NT	Total
Patient revenue	372,362	214,744	53,911	55,520	42,441	24,276	16,185	9,860	789,299
Recoveries	126,779	54,587	17,553	20,073	47	9,334	4,328	3,477	236,178
Other revenue ^(b)	293,468	177,649	39,393	16,247	7,597	8,972	2,917	7,166	553,408
Total revenue	792,609	446,980	110,857	91,840	50,085	42,582	23,430	20,503	1,578,886

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

(b) Includes investment income, income from charities, bequests and accommodation provided to visitors.

(c) Data for 6 hospitals not supplied.

4 Hospital performance indicators

Introduction

This chapter presents information on performance indicators that relate to the provision of hospital services, and some that use hospital data in assessment of the provision of other health care services. Performance indicators are defined as statistics or other units of information which reflect, directly or indirectly, the extent to which an anticipated outcome is achieved or the quality of the processes leading to that outcome (NHPC 2001).

Previous *Australian Hospital Statistics* reports have included hospital performance indicator information reported using the framework developed by the National Health Ministers' Benchmarking Working Group (NHMBWG 1999). Over the last couple of years, the National Health Performance Committee has worked to develop a new framework to report performance of the Australian health system which has been adopted by Health Ministers (NHPC 2001). This edition of *Australian Hospital Statistics* therefore uses this National Health Performance Framework to present performance indicator information.

This chapter presents summary information on the National Health Performance Framework, and then describes the performance indicators presented in this chapter and elsewhere in this report, as they relate to the framework. A substantial proportion of the performance indicator information in this report is included in this chapter; however, some is included elsewhere, for example for elective surgery waiting times (Chapter 5).

The performance indicators presented in this chapter relate to costs per casemix-adjusted separation, average salary expenditure, hospital accreditation, separation rates for selected diagnoses and procedures, average lengths of stay for the top 10 overnight-stay AR-DRGs, relative stay indexes and emergency department waiting times.

The National Health Performance Framework

The National Health Performance Framework developed by the NHPC is presented in Table 4.A (NHPC 2001).

The NHPC describes the framework as a structure to guide the understanding and evaluation of the health system, facilitating consideration of how well the health system or program is performing. It has three tiers: 'Health status and outcomes', 'Determinants of health' and 'Health system performance'. Questions are posed for each tier and a number of dimensions have been identified within each. The dimensions can guide the development and selection of performance indicators such that the indicators can be used together to answer each tier's questions. Sometimes, single indicators can provide information in several dimensions of the framework.

The first and second tiers of the framework relate only indirectly to the provision of hospital services, and hospital data will not often be used as indicators for them. However, the third tier is more directly relevant to assessment of the provision of hospital and other health care services. It has been grouped into nine dimensions: effective, appropriate, efficient, responsive, accessible, safe, continuous, capable and sustainable. The questions asked for

this tier are: 'How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?' The latter question underlines the focus throughout the framework on equity.

Unlike the NHMBWG framework for indicators, the National Health Performance Framework does not include a dimension identified as 'quality'. Instead, quality has been considered by the NHPC as an integral and overarching part of the health system performance tier of the framework. It notes that the dimensions considered in determining the quality of the system are very similar to those measuring health system performance, and that the overall performance of the system cannot be assessed through a single

Table 4.A: The National Health Performance Framework

Health status and outcomes				
<i>How healthy are Australians? Is it the same for everyone? Where is the most opportunity for improvement?</i>				
<i>Health Conditions</i>	<i>Human Function</i>	<i>Life Expectancy and Wellbeing</i>		<i>Deaths</i>
Prevalence of disease, disorder, injury or trauma or other health-related states.	Alterations to body, structure or function (impairment), activities (activity limitation) and participation (restrictions in participation).	Broad measures of physical, mental, and social wellbeing of individuals and other derived indicators such as Disability Adjusted Life Expectancy (DALE).		Age- and/or condition-specific mortality rates.
Determinants of health				
<i>Are the factors determining health changing for the better? Is it the same for everyone? Where and for whom are they changing?</i>				
<i>Environmental Factors</i>	<i>Socioeconomic Factors</i>	<i>Community Capacity</i>	<i>Health Behaviours</i>	<i>Person-related Factors</i>
Physical, chemical and biological factors such as air, water, food and soil quality resulting from chemical pollution and waste disposal.	Socioeconomic factors such as education, employment, per capita expenditure on health, and average weekly earnings.	Characteristics of communities and families such as population density, age distribution, health, literacy, housing, community support services and transport.	Attitudes, beliefs knowledge and behaviours e.g. patterns of eating, physical activity, excess alcohol consumption and smoking.	Genetic-related susceptibility to disease and other factors such as blood pressure, cholesterol levels and body weight.
Health system performance				
<i>How well is the health system performing in delivering quality health actions to improve the health of all Australians? Is it the same for everyone?</i>				
<i>Effective</i>		<i>Appropriate</i>		<i>Efficient</i>
Care, intervention or action achieves desired outcome.		Care/intervention/action provided is relevant to the client's needs and based on established standards.		Achieving desired results with most cost-effective use of resources.
<i>Responsive</i>		<i>Accessible</i>		<i>Safe</i>
Service provides respect for persons and is client orientated and includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.		Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.		The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.
<i>Continuous</i>		<i>Capable</i>		<i>Sustainable</i>
Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.		An individual's or service's capacity to provide a health service based on skills and knowledge.		System or organisation's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).

Source: NHPC 2001.

dimension. Thus, a system that is performing well could be defined as delivering interventions of a high quality, assessed using indicators relating to each of the third tier dimensions.

The health system performance tier can be used for reporting not only on the performance of hospitals, but also for a range of service delivery types within the health care system, and at different organisational levels. The NHPC describes four major sectors that form a continuum within this range: population health, primary care, acute care (the major role of hospitals), and continuing care. While some indicators can measure the effects of interventions within one sector, some may measure the effect of interventions in more than one sector.

Performance indicators in this report

Table 4.B presents performance indicator information that is in this report (both in this chapter and elsewhere), for each of the National Health Performance Framework dimensions. Further information relevant to the interpretation of these performance indicator data is in the text and footnotes accompanying the tables.

Effective

There are no indicators available for effectiveness of the acute care sector. However, Tables 4.6 and 4.7 present data on separation rates for asthma and type 2 diabetes, considered to be indicators of the performance of the primary care sector in managing these conditions.

Appropriate

Indicators of appropriateness include data on separation rates in Tables 2.4, 6.2, 7.7, 7.8, 7.11 and 7.12, presented for a range of different categories (such as Indigenous status, and area of usual residence) that relate to equity. These indicators should be interpreted taking into consideration the fact that separation rates are influenced not only by hospital system performance, but also by variation in underlying needs for hospitalisation, variation in admission and data recording practices (as noted elsewhere in this report) and variation in the availability of non-hospital services.

The separation rates for selected procedures in Tables 4.6 and 4.7 are also indicators of appropriateness (as noted by the NHMBWG for most of them). However, separation rates for some of the procedures may also be indicators of accessibility or of one or more dimensions relating to primary care. For example, separation rates for lens insertion, angioplasty, coronary artery bypass graft, knee replacement and hip replacement may also be indicators of appropriateness, and the NHPC describes separation rates for myringotomy and tonsillectomy as indicators of the performance of the primary care sector. For all of these, statistics are presented by the State or Territory and the rural/remote/metropolitan (RRMA) status of the area of usual residence of the patient, for equity considerations.

Data presented in Tables 7.11 and 7.12 on the State or Territory and the RRMA status of the area of usual residence of the patient may also be indicators of accessibility of services, for example for the public and private sectors.

Efficient

The cost per casemix-adjusted separation statistics in Tables 4.1, 4.2 and 4.3 are indicators of efficiency, as are the statistics on average salaries (Table 4.4), average lengths of stay for the top 10 overnight-stay AR-DRGs and relative stay indexes. However, variation in length of stay, for example, may be a reflection of different types of service provision, such as between the public and private sectors, and thus not only an indicator of efficiency.

Table 4.B: Performance indicator information in this report, by National Health Performance Framework dimension

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity
Effective			
4.6, 4.7	Separation rates for asthma	Primary care	Presented by State/Territory of usual residence of the patient (Table 4.6) and by RRMA of usual residence (Table 4.7)
4.6, 4.7	Separation rates for type 2 diabetes	Primary care	Presented by State/Territory of usual residence of the patient (Table 4.6) and by RRMA of usual residence (Table 4.7)
No indicators available for acute care			
Appropriate			
2.4	Separation rates	Acute care	Presented by State and Territory of hospitalisation, and for the public and private sectors
6.2	Separation rates	Acute care	Presented by State and Territory of hospitalisation, by Medicare eligibility status and funding source and for the public and private sectors
7.7, 7.8	Separation rates	Acute care	Presented by State and Territory of hospital, hospital sector and Aboriginal and Torres Strait Islander status
7.11, 7.12	Separation rates	Acute care	Presented by State/Territory of usual residence of the patient (Table 7.11) and by RRMA of usual residence (Table 7.12) and for the public and private sectors
4.6, 4.7	Separation rates for: Myringotomy Tonsillectomy Caesarean section Angioplasty Coronary artery bypass graft Hip replacement Revision of hip replacement Knee replacement Lens insertion Hysterectomy Cholecystectomy Prostatectomy Appendectomy Arthroscopy Endoscopy	Acute care	Presented by State/Territory of usual residence of the patient (Table 4.6) and by RRMA of usual residence (Table 4.7)
Efficient			
4.1, 4.2, 4.3	Cost per casemix-adjusted separation	Acute care	Presented by State and Territory of hospital (Table 4.1), and by hospital peer group (Tables 4.2 and 4.3)
4.4	Average salary by staffing category	Acute care	Presented by State and Territory of hospital
4.8	Average length of stay for top 10 overnight DRGs	Acute care	Presented by State and Territory of hospital, and for the public and private sectors
4.1, 4.2, 4.3, 4.9, 4.10, 11.1, 11.2	Relative stay index	Acute care	Presented by State and Territory of hospital (Table 4.1), by public hospital peer group (Tables 4.2 and 4.3) and, for the public and private sectors, by Medicare eligibility status and funding source (Tables 4.9, 4.10), and by MDC (Tables 11.1, 11.2)

(continued)

Table 4.B (continued): Performance indicator information in this report, by National Health Performance Framework dimension

Table(s)	Indicator	Level(s) of care to which it relates	Presentation that relates to equity
Responsive			
4.11	Emergency department waiting times (proportions waiting longer than clinically desirable)	Acute care	Presented by State and Territory of hospital
Accessible			
5.1, 5.3, 5.6	Waiting times for elective surgery (times waited at the 50th and 90th percentiles)	Acute care	Presented by State and Territory of hospital, and by hospital peer group (Table 5.1), by surgical speciality (Table 5.3), by indicator procedure (Table 5.6)
Safe			
10.1	Separations with adverse events	Acute care	Presented for the public and private sectors
Continuous			
6.14	Separation for patients aged over 70 years, by care type and mode of separation	Continuing care	Nil
No indicators available for acute care			
Capable			
4.5	Accreditation of hospitals and beds	Acute care	Presented by State and Territory of hospital, and for the public and private sectors
Sustainable			
No indicators available for acute care			

Responsive

Statistics on the proportions of patients waiting longer than is clinically desirable for emergency department waiting times (Table 4.11) are indicators of responsiveness, although they can also be regarded as indicators of accessibility. State and Territory data can be used to consider equity.

Accessible

Times waited by patients at the 50th and 90th percentiles are presented as indicators of accessibility (Chapter 5). Data by surgical specialty, indicator procedure and State and Territory can be used in consideration of equity.

Safe

The number of separations with external causes for adverse events (Table 10.1) is an indicator of safety. However, this indicator is under development, so should be interpreted with care. It has not been adjusted for risk in any way so, although the data are presented separately for the public and private sectors, comparisons between the sectors may not be valid.

Continuous

There are no indicators available relevant to the provision of continuous care that are specific for the acute care sector. However, this dimension will probably usually be used in assessments of how the sectors of the health care system work together, rather than individually. The separation count for patients aged over 70 years by care type and mode of separation (Table 6.14) has been identified as an indicator of continuous care relevant to the continuing care sector. It may also provide information relevant to the integration of the acute care and continuing care sectors.

Capable

Accreditation status of hospitals and beds (Table 4.5) has been identified as an indicator of capability, defined by the NHPC as the capacity to provide a health service based on skills and knowledge. Accreditation of hospitals can be achieved through several different mechanisms that may measure different processes and outcomes relating to hospital service delivery. Different types of accreditation could therefore relate to different groups of dimensions of the framework.

Sustainable

There are no indicators available for sustainability, defined by the NHPC as capacity to provide infrastructure, such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring).

Cost per casemix-adjusted separation

The cost per casemix-adjusted separation is an indicator of the efficiency of the acute care sector. It has been published in *Australian Hospital Statistics* since the 1996–97 reference years, and included within frameworks of indicators by the NHMBWG (NHMBWG 1999), the Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP 2002) and the NHPC (NHPC 2002). It is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the relative complexity of the patient's clinical condition and for the hospital services provided. Details of the methods used in this analysis are presented in Appendix 4 of this report, and in *Australian Hospital Statistics 1999–00* (AIHW 2001a).

The calculation of these figures is sensitive to a number of deficiencies in available data. In particular:

- the proportion of recurrent expenditure that relates to admitted patients (the numerator) is estimated in different ways in different hospitals, and so is not always comparable;
- capital costs (including depreciation where available) are not included in numerators (see Table 3.5 for available data on depreciation, and Appendix 4 for SCRCSSP estimates of cost per casemix-adjusted separation including capital costs);
- only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3% that were not acute. (Appendix 4 includes details of the separations in this analysis, by care type, and also separate data for acute care separations only for Victoria and Tasmania.);

- the proportion of patients other than public patients can vary, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error; and
- the 2000–01 AR-DRG version 4.2 cost weights were not available for this report, so the 1999–00 AR-DRG version 4.1 cost weights were used (DHAC 2001).

The scope of the analysis is hospitals that mainly provide acute care. These are the hospitals in the public hospital peer groups of *Principal referral and specialist women's and children's*, *Large hospitals*, *Medium hospitals* and *Small acute hospitals* (see Appendix 5). Excluded are small non-acute hospitals, multi-purpose services, hospices, rehabilitation hospitals, mothercraft hospitals, other non-acute hospitals, psychiatric hospitals, and hospitals in the *Unpeered and other* peer group. Also excluded are hospitals that cannot be classified due to atypical events such as being opened or closed mid-year. This scope restriction improves the comparability of data among the jurisdictions and increases the accuracy of the analysis. The included hospitals accounted for 95.5% of separations in public acute and psychiatric hospitals in 2000–01 (Table 4.2), and 91.9% of recurrent expenditure.

The scope for 2000–01 is the same (defined in terms of peer groups) as for 1999–00 and 1998–99 but different from the scopes used for 1996–97 and 1997–98 (AIHW 1998, 1999a, 2000a, 2001a). However, a small number of hospitals can be classified to peer groups included in the analysis in some years, but to other peer groups excluded from the analysis in other years; this mainly applies to the *Small hospitals* and non-acute peer groups.

Table 4.1 shows the cost per casemix-adjusted separation for the States and Territories for 2000–01. At the national level, the cost per casemix-adjusted separation was \$2,834, an increase of 4.9% over the estimated cost of \$2,701 for 1999–00. Large portions of the 2000–01 costs were attributed to non-medical salaries and medical labour costs; nationally these costs were \$1,522 and \$525, respectively, per casemix-adjusted separation. Compared with 1999–00, these represent increases of 5.8% (over \$1,438) for non-medical salaries and 5.4% (over \$498) for medical labour costs.

The cost per casemix-adjusted separation data should be interpreted taking into consideration other factors, such as costs incurred that are beyond the control of a jurisdiction. For example, the Northern Territory has high staffing and transport costs, and treats a greater proportion of Aboriginal and Torres Strait Islander patients than other jurisdictions. Because of factors such as these, cost disabilities associated with providing the same level and standard of hospital services available elsewhere in Australia are recognised by the Commonwealth Grants Commission.

Public hospital peer groups

Public hospital peer groups have been developed for presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow. The peer groups were therefore designed to explain variability in the average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activities, and their geographical location. Further detail on the derivation of the groups is in Appendix 5.

For 2000–01, the dominant hospital peer group category was the *Principal referral and Specialist women's and children's group*. They accounted for 67.2% of public acute and psychiatric hospital expenditure and 65.1% of separations (Table 4.2). The cost per casemix-adjusted separation for this group was \$2,867 which is 1.2% higher than the overall average

cost (\$2,834) for the hospitals in scope for this analysis. It was \$2,733 for medium hospitals, 3.6% less than the overall national average.

Table 4.2 also presents a range of other statistics about the peer groups, such as the number of hospitals in each, average length of stay, relative stay index (see below and in Appendix 4), and the cost per casemix-adjusted separation at the 25th and 75th percentile. The average number of AR-DRGs (with either any or 5 or more acute separations) reported for each hospital is also presented; it provides information on the breadth of activity of each type of hospital, as measured using AR-DRGs.

Table 4.3 presents cost per casemix-separation data and other statistics by peer group for each State and Territory. The cost per casemix-adjusted separation varied among the jurisdictions, for example, from \$2,765 for *Principal referral* hospitals in Queensland, to \$2,945 in the New South Wales.

Average salary expenditure

Average salaries paid to public hospital full-time equivalent staff by States and Territories are presented in Table 4.4. They were originally identified as indicators of efficiency by the NHMBWG. A number of jurisdictions do not report staffing numbers and salaries separately for registered nurses and enrolled nurses, so average salaries are presented for nurses as a single group.

The average salary for full-time equivalent *Nurses* in 2000–01 was \$52,602 nationally, an increase of 3.6% on the average salary in 1999–00. The average salary for full-time equivalent *Salaried medical officers* was \$103,487, an increase of 6.4% over the previous year.

There was some variation in the average salaries among the jurisdictions. Average salaries for nurses ranged from \$47,652 in South Australia to \$58,589 in Victoria. For salaried medical officers, they ranged from \$81,656 in South Australia to \$125,505 in Victoria. However, the relatively high average salaries for Victoria may partly be the result of under-reporting of FTE staff (see Chapter 3).

Some States and Territories were not able to provide data separately for *Diagnostic and allied health professionals*, *Other personal care staff* and *Domestic and other staff*. Thus, some of the variation in average salaries reported for these categories is likely to be a result of different reporting practices. The variations in the averages are also affected by different practices in 'outsourcing' services, for example for domestic and catering functions. The degree of outsourcing of higher-paid versus lower-paid staffing functions will be a factor that affects the comparison of averages. For example, outsourcing the provision of domestic services but retaining domestic service managers to oversee the activities of the contractors would tend to result in higher average salaries for the domestic service staff.

Hospital accreditation

Hospital accreditation was included as a process indicator of quality within the NHMBWG framework, and has been identified as an indicator of capability within the National Health Performance Framework. The indicator originally related to accreditation under the Australian Council on Healthcare Standards (ACHS) Equip program, partly because data on ACHS accreditation were the only relevant data available nationally. However, other organisations also undertake hospital accreditation, including the Australian Quality Council (AQC) and the Quality Improvement Council (QIC), and hospitals can also be

certified as compliant with quality standards such as ISO 9000 quality family. The data presented in Table 4.5 therefore include accreditation through ACHS Equip and other types of accreditation for public hospitals. For private hospitals, the data have been sourced from the ABS's Private Health Establishments Collection for 1999–00 and relate only to ACHS Equip accreditation. Accreditation at any point in time does not assume a fixed or continuing status as accredited.

For Australia as a whole, 566 public hospitals and 47,976 public hospital beds (91% of the total) were known to be accredited in 2000–01. 368 private hospitals and 23,268 private hospital beds (92% of the total) were accredited in 1999–00. The proportion of accredited beds varied by jurisdiction, from 100% in the Australian Capital Territory to 53% in the Northern Territory for public hospitals, and from 89% in Western Australia to 98% in Tasmania for private hospitals.

The comparability of the public hospital accreditation data among the States and Territories is limited because of the voluntary nature of participation in the award schemes for hospitals in some jurisdictions.

Separation rates for selected procedures and diagnoses

Separation rates for 'selected' procedures and diagnoses have been identified as indicators of appropriateness. However, as noted above, several may also be indicators of accessibility or of the performance of the primary care sector.

Most of the procedures were originally selected as indicators of appropriateness by the NHMBWG because of the frequency with which they are undertaken, because they are often elective and discretionary, and there are sometimes treatment alternatives available (NHMBWG 1998). Revision of hip replacement has been included for the first time in *Australian Hospital Statistics* this year as rates for this procedure may provide information on the performance of the original hip replacements. Separation rates for asthma and type 2 diabetes (as principal diagnoses) have been included, as they have been identified by the NHPC as indicators of effectiveness of the primary care sector. Separation rates for type 2 diabetes as any diagnosis (principal or additional) have also been included, as 89.3% of separations with diagnoses of diabetes have the diagnosis recorded as an additional diagnosis (263,749), rather than as the principal diagnosis (31,452). ICD-10-AM codes used to define the diagnoses and procedures are listed in Appendix 3.

As for other separation rates, these data should be interpreted with caution, as they would reflect not only hospital system performance, but also variation in underlying needs for hospitalisation, variation in admission and data recording practices, and variation in the availability of non-hospital services. In addition, the National Hospital Morbidity Database does not include data for some private hospitals (in particular the private hospital in the Northern Territory and other hospitals as noted in Appendix 5). This may result in under estimation of separation rates for some of the diagnoses and procedures, particularly those more common for private hospitals. The separation rates are age-standardised, however, to take into account the different age structures of the populations of the States and Territories.

Table 4.6 presents age-standardised separation rates for each diagnosis and procedure for the State or Territory of usual residence of the patient, accompanied by the age-standardised rate for all other jurisdictions excluding the reference State or Territory. For example, the rate for *Hip replacement* for residents of Tasmania was 1.35 separations per 1,000 population.

The rate for the other States and Territories combined was 1.07 per 1,000 population. Thus, the rate for Tasmanian residents was 25.5% higher than the rate for all the other jurisdictions combined. This difference was statistically significant (that is, there is a less than 1% probability that the difference between Tasmania and the other jurisdictions occurred by chance).

Table 4.7 presents similar statistics by the rural/remote/metropolitan (RRMA) status of the area of usual residence of the patient. For example, the rate for *Angioplasty* for residents of capital cities was 1.12 separations per 1,000 population. The rate for the other areas combined was 0.94 per 1,000 population. Thus, the rate for metropolitan residents was 19% higher than the rate for all the other areas combined. This difference was statistically significant (that is, there is a less than 1% probability that the difference between metropolitan areas and the other RRMA areas occurred by chance).

Caesarean section rates were highest for residents of 'Small rural centres' and Queensland, and lowest for residents of other metropolitan centres and the Australian Capital Territory. The number of caesarean sections is dependent on the birth rate as well as the population. The number of in-hospital births has therefore been included in the tables, and the number of caesarean sections reported for separations for which in-hospital birth was reported. Comparability is, however, still complicated by potential under-identification of in-hospital births in this analysis, variation in numbers of non-hospital births, and in the age at which the mothers are giving birth. Residents of capital cities (25.2 caesarean sections per 100 births) and Western Australia (26.8 per 100 births) had the highest rate on this basis.

Separation rates for *Asthma* were highest for residents of 'Other remote areas' (4.18 per 1,000 population) and South Australia (3.98 per 1,000 population). For *Diabetes* as a principal diagnosis, the highest rates were reported for residents of the Northern Territory (5.14) and remote centres (3.36); the national rate was 1.48. For *Diabetes (any diagnosis)*, the highest rates were for residents of the Northern Territory (27.03) and remote centres (37.72), and the national rate was 13.7 per 1,000 population.

Average lengths of stay for the top 10 AR-DRGs

The average length of stay for the most commonly reported AR-DRGs for overnight separations has been identified as an indicator of efficiency. Table 4.8 presents data on the average length of stay for separations (excluding same day separations) for the 10 AR-DRGs for which the highest number of overnight separations were reported for 2000–01. These data are not equivalent to the data presented in the tables in Chapter 11 as same day separations and separations with lengths of stay over 365 days are excluded.

The top volume AR-DRG was O60D *Vaginal delivery without complicating diagnosis*, with 134,388 separations. There were between 28,154 and 39,457 separations each for the other top 10 AR-DRGs.

The table illustrates variation in the average length of stay for some AR-DRGs across the States and Territories and between the sectors. Of the top 10, AR-DRG F62B *Heart failure and shock without catastrophic complications and comorbidities* had the longest average length of stay of 6.7 days nationally, with considerable variation between sectors and across jurisdictions, ranging from 5.2 days in the public sector in the Northern Territory, to 10.1 days in the private sector in Australian Capital Territory. Compared with 1999–00, national average lengths of stay were shorter for AR-DRGs such as O01D *Caesarean delivery without complicating diagnosis* (5.5 days in 1999–00 and 5.3 days in 2000–01) and AR-DRG F62B *Heart*

failure and shock without catastrophic complications and comorbidities (6.9 days in 1999–00 and 6.7 days in 2000–01).

For all of these top 10 DRGs, the average length of stay was longer in the private hospitals than the public hospitals. For example, the average length of stay for AR-DRG F74Z *Chest pain* was 2.2 days: 2.1 days in the public sector and 2.6 days in the private sector.

Relative stay index

Relative stay indexes (RSIs) have been identified as indicators of efficiency. They are calculated as the actual number of patient days for separations in selected AR-DRGs, divided by the number of patient days expected (based on national figures) adjusted for casemix. The adjustment for casemix (based on the AR-DRG and age of the patient for each separation) allows comparisons to be made that take into account variation in types of services provided, but does not take into account other influences on length of stay, such as Indigenous status (AIHW 2001d).

An RSI index greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix for the group of separations of interest. An RSI of less than 1 indicates that the length of stay was less than would have been expected. Further detail on the method used to calculate the RSIs is in Appendix 4.

Tables 4.9 and 4.10 present RSI information using public and private sector data together to calculate expected lengths of stay. Overall, the RSI for private hospitals (1.04) was higher than for public hospitals (0.98), and RSI for all hospitals varied from 0.98 for hospitals in Victoria, Queensland and South Australia, to 1.21 for hospitals in the Northern Territory. RSI also varied by Medicare eligibility and funding source, with national figures ranging from 0.98 for public patients to 1.09 for not Medicare eligible patients and 1.15 for patients whose funding source was not reported.

Table 4.10 presents RSI information for the medical, surgical and other categories of AR-DRGs (DHAC 1998, 2000a, 2000b). In the public sector, RSI for medical AR-DRGs (0.96) was lower than for surgical AR-DRGs (1.02). In the private sector, the opposite was the case, with an RSI of 1.13 for medical AR-DRGs and an RSI of 0.98 for surgical AR-DRGs. There were similar patterns for most States and Territories.

Tables 4.1, 4.2 and 4.3 present RSI information for public hospitals, using public hospital data to calculate expected lengths of stay. For the hospitals included in the cost per casemix-adjusted separation analysis, the RSI was 0.99 overall, and ranged from 1.22 in the Northern Territory to 0.95 in Queensland (Table 4.1). These jurisdictions also reported the highest and lowest cost per casemix-adjusted separation, respectively. Table 4.2 presents RSIs for each of the public hospital peer groups. Large hospitals (0.96) and medium hospitals (0.98) had RSIs lower than expected, and a number of non-acute hospitals had RSIs higher than expected (for example, 1.14 for small non-acute hospitals). RSIs for the major peer group for each State and Territory are presented in Table 4.3. For example, the RSI for large hospitals ranged from 0.91 in Queensland to 0.97 in New South Wales. The States with the lowest RSIs for these hospitals (Queensland and Victoria) also had the lowest cost per casemix-adjusted separation (\$2,359 and \$2,762, respectively).

Emergency department waiting times

Emergency department waiting times are regarded as indicators of responsiveness of the acute care sector (NHPC 2002). The indicator presented here is the proportion of patients presenting to public hospital emergency departments who waited longer for care than was clinically appropriate, by triage category.

The triage category indicates the urgency of the patient's need for medical and nursing care (NHDC 2000). It is usually assigned by triage nurses to patients at, or shortly after, the time of presentation to the emergency department, in response to the question 'This patient should wait for medical care no longer than...?'. The National Triage Scale has five categories that incorporate the time by which the patient should receive care:

- Resuscitation: immediate (within seconds)
- Emergency: within 10 minutes
- Urgent: within 30 minutes
- Semi-urgent: within 60 minutes
- Non-urgent: within 120 minutes.

The *National Health Data Dictionary* standard for measuring the waiting time is to subtract the time at which the patient presents at the emergency department from the time of commencement of service by a treating medical officer or nurse. The time at which the patient presents is the time at which they are registered clerically, or the time at which they are triaged, whichever occurs earlier. Patients who do not wait for care after having been registered and/or triaged are excluded from the data.

Overall, the proportion of patients receiving emergency department care within the required time was 65%, varying from 49% in South Australia to 78% in the Australian Capital Territory (Table 4.11). The proportion receiving care on time varied by triage category, from 98% for resuscitation patients to 60% for semi-urgent patients.

There is some variation among the jurisdictions on how the waiting times are calculated, and this may slightly affect the comparability of the data. Queensland, Victoria, Western Australia and the Australian Capital Territory use the national standard method. The Northern Territory, New South Wales, Tasmania and South Australia use the time of triage. In South Australia, patients are always triaged prior to being clerically registered.

The comparability of the data may also be influenced by variation in the coverage of the emergency department waiting times data. Information provided by the States and Territories indicates that coverage ranged from 100% in Tasmania, the Australian Capital Territory and Northern Territory to 54% in Victoria (Table 4.11).

The comparability of the data may also be influenced by the comparability of the triage categories among the States and Territories. Although the triage category is not a measure of the need for admission to hospital, the proportions of patients in each category that were admitted can be used as an indication of the comparability of the triage categorisation. The proportion of patients admitted varied from State to State, particularly for the resuscitation and emergency triage categories, but less for the semi-urgent and non-urgent categories (Table 4.11). This may indicate that the data for the former two categories are less comparable than data for the latter two categories.

Table 4.1: Cost^(a) per casemix-adjusted separation and selected other statistics, selected public acute hospitals, ^(b) States and Territories, 2000-01

Variable	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(c)	Total
Total separations ('000) ^(d)	1,169	1,003	661	340	333	68	61	59	3,693
Acute separations ('000) ^(d)	1,144	973	634	334	325	67	60	58	3,595
Proportion of separations not acute (%)	2.1	3.0	4.1	1.8	2.2	1.9	1.1	1.5	2.7
Average cost weight ^(e)	1.06	0.96	0.98	0.93	1.00	1.11	0.96	0.78	1.00
Casemix-adjusted separations ('000) ^(d)	1,239	961	646	317	332	76	59	46	3,677
Total admitted patient days ('000) ^(a)	4,455	3,690	2,216	1,216	1,188	290	211	194	13,434
Admitted patient days for acute patients ('000) ^(d)	4,099	3,054	1,967	1,057	1,055	258	199	184	11,872
Proportion of bed days not acute (%)	8.0	17.2	11.0	13.1	9.7	11.1	5.8	5.3	11.6
Total recurrent expenditure (\$m)	4,972	3,863	2,258	1,326	1,095	303	262	199	14,277
Inpatient fraction ^(b)	0.69	0.68	0.75	0.69	0.81	0.71	0.74	0.76	0.71
Total admitted patient recurrent expenditure (\$m)	3,419	2,633	1,701	921	888	216	193	152	10,123
Public patient day proportion ^(b)	0.79	0.87	0.91	0.88	0.84	0.79	0.84	0.94	0.84
Newborn episodes with no qualified days ('000)	54.0	37.0	29.4	13.0	10.1	2.3	3.1	2.2	151.0
Relative stay index	1.02	0.97	0.95	1.02	0.96	0.99	1.08	1.22	0.99
Data for excluded hospitals									
Separations for excluded hospitals ('000) ^{(b)(e)}	63	26	28	23	24	3	2	0	169
Per cent of all separations (%)	5.1	2.5	4.1	6.4	6.8	3.9	2.5	..	4.4
Expenditure for excluded hospitals (\$m)	547	178	203	156	144	30	1	..	1,258
Inpatient fraction for excluded hospitals	0.77	0.54	0.72	0.80	0.91	0.81	1.00	..	0.75
Unadjusted cost per separation	6,670	3,695	5,246	5,429	5,400	8,634	878	..	5,595
Average cost data for selected hospitals									
Non-medical labour costs per casemix-adjusted separation (\$)									
Nursing	735	776	765	728	711	749	815	924	752
Diagnostic/ally health ^(j)	223	313	167	217	192	178	187	170	233
Administrative	211	213	187	226	213	182	254	227	209
Other staff	193	134	238	208	117	353	121	426	184
Superannuation ^(j)	147	133	153	161	142	102	198	56	143
Total non-medical labour costs	1,509	1,568	1,510	1,540	1,374	1,563	1,575	1,803	1,522

(continued)

Table 4.1 (continued): Cost^(a) per casemix-adjusted separation and selected other statistics, selected public acute hospitals, ^(b) States and Territories, 2000-01

Variable	NSW	Vic	Qld	WA	SA	Tas ^(c)	ACT	NT ^(e)	Total
Other recurrent costs per casemix-adjusted separation (\$)									
Domestic services	65	64	81	173	75	131	140	164	81
Repairs/maintenance	67	59	53	91	87	92	66	89	67
Medical supplies ^(f)	232	211	251	199	174	297	304	199	224
Drug supplies	145	130	161	170	145	166	110	171	146
Food supplies	33	35	23	20	17	29	41	33	29
Administration	166	172	124	165	193	80	189	159	161
Other	75	85	25	73	144	114	242	166	79
<i>Total other recurrent costs</i>	<i>781</i>	<i>755</i>	<i>719</i>	<i>690</i>	<i>835</i>	<i>909</i>	<i>1,092</i>	<i>981</i>	<i>787</i>
Total excluding medical labour costs	2,290	2,324	2,229	2,430	2,209	2,472	2,667	2,784	2,309
Medical labour costs per casemix-adjusted separation (\$)									
Public patients									
Salaried/sessional staff	317	346	337	352	322	334	381	492	335
VMO payments	152	69	67	120	143	33	233	32	109
Private patients (estimated) ^(h)	128	62	42	67	90	96	116	32	82
<i>Total medical labour costs</i>	<i>596</i>	<i>477</i>	<i>446</i>	<i>539</i>	<i>555</i>	<i>463</i>	<i>731</i>	<i>556</i>	<i>525</i>
Total cost per casemix-adjusted separation^(a)	2,886	2,801	2,675	2,969	2,763	2,935	3,397	3,339	2,834

(a) Excludes depreciation.

(b) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other, hospices, rehabilitation facilities, small non-acute hospitals and multi-purpose services are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 5 for further information.

(c) These figures should be interpreted in conjunction with the consideration of cost disabilities associated with hospital service delivery in the Northern Territory (see text).

(d) From the National Hospital Morbidity Database, including same day separations and newborns with qualified days.

(e) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 1998-00 AR-DRG v 4.1 cost weights (DHAC 2001). Updated versions of this table based on 2000-01 AR-DRG v 4.2 cost weights will be posted on www.aihw.gov.au when available.

(f) Casemix-adjusted separations is the product of Total separations and Average cost weight.

(g) Of the selected hospitals, one small remote hospital in South Australia and one Small rural acute and one Medium group 2 hospitals in Western Australia have had their IFRAC estimated by the HASAC ratio.

(h) Eligible public patient days as a proportion of total patient days, excluding newborns with no qualified days.

(i) Superannuation payments for 4 of the 5 Northern Territory hospitals are included under Superannuation payments. For the other hospital, they are included with the salary and wages expenditure categories.

(j) Queensland pathology services are purchased from the statewide pathology service rather than being provided by each hospital's employees, resulting in higher medical supplies costs and lower diagnostic staff costs.

(k) Estimated private patient medical costs calculated as the sum of salary/sessional and VMO payments divided by the number of public patient days multiplied by the number of private patient days. This is a national estimate of the medical costs for all non-public patients, including private, compensable and ineligible.

... net applicable.

Table 4.2: Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group, Australia, ^{(a)(b)} 2000-01

	Number of hospitals	Separations		Average length of stay	Average cost weight	Recurrent expenditure (\$'000,000)	Percent of total	Relative Stay Index (public based)	Number of Any acute separations	Number of AR-DRGs acute seps. 5 or more	Cost per casemix-adjusted separation (\$)		
		('000)	Percent of total								Average	Q3	Q1
Principal referral	56	2,301.9	59.5	1.04	3.8	9,431.0	60.7	1.00	576.3	469.2	2,948	2,968	2,652
Specialist women's & children's	10	214.2	5.5	1.09	3.1	1,012.5	6.5	1.00	360.0	238.9	3,068	3,256	2,965
Total Principal referral and Women's & children's	66	2,516.0	65.1	1.04	3.7	10,443.5	67.2	1.00	543.5	434.3	2,867	3,056	2,709
Large metropolitan	20	270.8	7.0	1.01	3.6	988.8	6.4	0.94	442.3	280.9	2,667	3,169	2,243
Large rural & remote	21	263.4	6.8	0.89	3.3	867.5	5.6	0.98	486.8	297.3	2,798	3,036	2,576
Total Large hospitals	41	534.3	13.8	0.95	3.5	1,856.3	11.9	0.96	465.1	289.3	2,727	3,103	2,430
Medium metro & rural group 1	32	248.9	6.4	0.88	3.5	821.8	5.3	0.98	402.5	212.9	2,840	3,145	2,480
Medium metro & rural group 2	70	237.8	6.1	0.84	3.4	668.4	4.3	0.99	313.7	137.9	2,608	2,882	2,297
Total Medium hospitals	102	486.6	12.6	0.86	3.4	1,490.1	9.6	0.98	341.6	161.4	2,733	2,998	2,368
Small rural acute	90	93.0	2.4	0.83	3.9	262.1	1.7	1.03	187.8	56.3	2,723	3,290	2,385
Remote acute	54	62.9	1.6	0.76	3.0	225.2	1.4	1.03	171.4	53.9	3,168	4,419	2,192
Total Small acute hospitals	144	155.9	4.0	0.80	3.5	487.3	3.1	1.03	181.7	55.4	2,897	3,562	2,357
Total hospitals in cost per casemix-adjusted separation analysis (see Table 4.1)	353	3,692.8	95.5	1.00	3.6	14,277.3	91.8	0.99	328.4	184.0	2,834	3,147	2,430
Small non-acute	99	63.0	1.8	0.86	9.8	281.0	1.6	1.13	145.9	35.3	n.a.	n.a.	n.a.
Multi-purpose service	66	30.4	0.8	0.78	8.1	146.1	0.9	1.07	114.2	22.8	n.a.	n.a.	n.a.
Hospice	3	2.9	0.1	2.31	15.2	36.1	0.2	1.57	0.3	0.0	n.a.	n.a.	n.a.
Rehabilitation	6	3.1	0.1	1.54	29.9	83.7	0.5	2.30	0.3	0.0	n.a.	n.a.	n.a.
Mothercraft	8	15.4	0.4	0.73	3.3	19.5	0.1	1.07	19.0	10.4	n.a.	n.a.	n.a.
Other non-acute	15	11.6	0.3	1.50	19.5	114.5	0.7	1.31	39.8	9.5	n.a.	n.a.	n.a.
Total Non-acute Psychiatric^(c)	197	132.4	3.4	0.84	10.1	680.9	4.4	1.12	115.9	26.6	n.a.	n.a.	n.a.
Unpeered and other acute	108	16.6	0.4	0.76	7.8	180.9	1.2	1.32	17.3	8.8	n.a.	n.a.	n.a.
Total peer grouped hospitals (excluding psychiatric)	676	3,859.8	99.8	0.99	4.0	15,535.3	99.94	1.00	220.8	109.4	n.a.	n.a.	n.a.
Teaching hospitals	56	2,182.8	56.4	1.05	3.8	9,379.2	60.34	1.00	514.0	413.5	2,922	3,237	2,725

(a) Expenditure data exclude depreciation.

(b) The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 5 for further information.

(c) Psychiatric hospitals consist of a mix of short-term acute, long term, psychogeriatric and forensic psychiatric hospitals.

Note: See Appendix 5 for the definitions of the public hospital peer groups.

n.a. Not applicable.

Table 4.3: Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group^(a), States and Territories, 2000-01

	NSW	Vic	QLD	WA	SA	Tas	ACT	NT	Total
Principal referral: metropolitan (>20,000 acute weighted separations) & rural (>16,000 acute weighted separations)									
Number of hospitals	20	14	12	3	3	2	1	1	56
Average beds per hospital	392	585	402	598	474	382	504	297	458
Separations per hospital	34,261	51,680	34,488	58,221	55,117	29,175	49,712	31,187	41,105
AR-DRGs (5+) per hospital ^(b)	466	478	428	522	532	484	553	430	469
Total expenditure (\$'000) ^(c)	3,168,686	2,908,156	1,487,301	n.p.	n.p.	248,700	n.p.	n.p.	9,431,030
Average cost weight ^(d)	1.12	0.99	1.03	1.00	1.06	1.11	0.93	0.83	1.04
Relative stay index ^(e)	1.03	0.97	0.96	n.p.	n.p.	0.99	n.p.	n.p.	1.00
Cost per separation	3,134	2,708	2,806	n.p.	n.p.	2,994	n.p.	n.p.	2,878
Cost per patient day	803	694	798	n.p.	n.p.	703	n.p.	n.p.	761
Cost per casemix-adjusted sep.	2,945	2,802	2,765	n.p.	n.p.	2,794	n.p.	n.p.	2,848
Specialist women's & children's >10,000 acute weighted separations									
Number of hospitals	3	1	4	1	1	0	0	0	10
Average beds per hospital	166	536	155	493	300	..	..	..	245
Separations per hospital	16,448	52,105	11,639	35,965	30,191	..	..	..	21,416
AR-DRGs (5+) per hospital ^(b)	223	417	153	368	322	..	..	..	239
Total expenditure (\$'000) ^(c)	259,370	n.p.	209,995	n.p.	n.p.	..	..	..	1,012,489
Average cost weight ^(d)	1.15	1.09	1.11	1.06	1.01	..	..	..	1.09
Relative stay index ^(e)	1.08	n.p.	0.92	n.p.	n.p.	..	..	..	1.00
Cost per separation	3,296	n.p.	3,490	n.p.	n.p.	..	..	..	3,223
Cost per patient day	1,010	n.p.	1,177	n.p.	n.p.	..	..	..	1,034
Cost per casemix-adjusted sep.	3,083	n.p.	3,196	n.p.	n.p.	..	..	..	3,068
Total Principal referral and specialist women's & children's									
Number of hospitals	23	15	16	4	4	2	1	1	66
Average beds per hospital	362	582	340	572	430	382	504	297	425
Separations per hospital	31,938	51,709	28,775	52,657	48,886	29,175	49,712	31,187	38,122
AR-DRGs (5+) per hospital ^(b)	435	474	359	484	480	484	553	430	434
Total expenditure (\$'000) ^(c)	3,428,056	3,153,668	1,697,296	900,104	696,911	248,700	n.p.	n.p.	10,443,519
Average cost weight ^(d)	1.12	0.99	1.04	1.01	1.05	1.11	0.93	0.83	1.04
Relative stay index ^(e)	1.03	0.97	0.96	1.03	0.98	0.99	n.p.	n.p.	1.00
Cost per separation	3,145	2,733	2,875	2,778	2,870	2,994	n.p.	n.p.	2,907
Cost per patient day	814	713	831	763	830	703	n.p.	n.p.	780
Cost per casemix-adjusted sep.	2,953	2,812	2,811	2,828	2,793	2,794	n.p.	n.p.	2,867
Large metropolitan (>10,000 acute weighted separations)									
Number of hospitals	12	2	2	0	3	0	1	0	20
Average beds per hospital	143	81	151	..	203	..	162	..	148
Separations per hospital	12,852	12,626	13,363	..	17,795	..	11,255	..	13,542
AR-DRGs (5+) per hospital ^(b)	297	104	269	..	342	..	281	..	281
Total expenditure (\$'000) ^(c)	550,715	115,681	77,738	..	190,636	..	n.p.	..	988,775
Average cost weight ^(d)	1.02	0.93	1.02	..	1.03	..	1.11	..	1.01
Relative stay index ^(e)	0.96	0.84	0.83	..	0.93	..	n.p.	..	0.94
Cost per separation	2,519	2,508	2,169	..	2,853	..	n.p.	..	2,590
Cost per patient day	659	1,117	711	..	704	..	n.p.	..	711
Cost per casemix-adjusted sep.	2,573	2,893	2,147	..	2,964	..	n.p.	..	2,667
Large rural (>8,000 acute weighted separations) & remote (>5,000 acute weighted separations)									
Number of hospitals	6	7	4	2	0	1	0	1	21
Average beds per hospital	140	141	156	111	..	131	..	153	141
Separations per hospital	12,347	11,753	14,508	10,681	..	8,202	..	19,498	12,545
AR-DRGs (5+) per hospital ^(b)	328	273	300	281	..	282	..	323	297
Total expenditure (\$'000) ^(c)	269,844	262,258	160,645	72,776	..	n.p.	..	n.p.	867,538
Average cost weight ^(d)	1.01	0.89	0.78	0.87	..	1.18	..	0.71	0.89
Relative stay index ^(e)	1.00	0.95	0.96	0.96	..	n.p.	..	n.p.	0.98
Cost per separation	2,755	2,375	1,907	2,572	..	n.p.	..	n.p.	2,444
Cost per patient day	760	715	668	904	..	n.p.	..	n.p.	749
Cost per casemix-adjusted sep.	2,833	2,738	2,465	3,021	..	n.p.	..	n.p.	2,798
Total Large hospitals									
Number of hospitals	18	9	6	2	3	1	1	1	41
Average beds per hospital	142	128	154	111	203	131	162	153	144
Separations per hospital	12,684	11,947	14,126	10,681	17,795	8,202	11,255	19,498	13,031
AR-DRGs (5+) per hospital ^(b)	307	235	290	281	342	282	281	323	289
Total expenditure (\$'000) ^(c)	820,559	377,939	238,383	72,776	190,636	n.p.	n.p.	n.p.	1,856,313
Average cost weight ^(d)	1.02	0.90	0.85	0.87	1.03	1.18	1.11	0.71	0.95
Relative stay index ^(e)	0.97	0.92	0.91	0.96	0.93	n.p.	n.p.	n.p.	0.96
Cost per separation	2,596	2,406	1,989	2,572	2,853	n.p.	n.p.	n.p.	2,518
Cost per patient day	691	784	682	904	704	n.p.	n.p.	n.p.	729
Cost per casemix-adjusted sep.	2,657	2,762	2,359	3,021	2,964	n.p.	n.p.	n.p.	2,727

(continued)

Table 4.3 (continued): Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group, States and Territories, 2000-01

	NSW	Vic	QLD	WA	SA	Tas	ACT	NT	Total
Medium (metropolitan 5,000 to 10,000 and rural 5,000 to 8,000 acute weighted separations)									
Number of hospitals	11	5	5	7	4	0	0	0	32
Average beds per hospital	84	79	95	145	77	..	..	..	97
Separations per hospital	6,909	7,701	7,373	9,398	7,929	..	..	..	7,777
AR-DRGs (5+) per hospital ^(b)	216	223	200	206	219	..	..	..	213
Total expenditure (\$'000) ^(c)	307,981	110,449	107,327	204,858	91,102	..	..	..	821,758
Average cost weight ^(d)	0.98	0.82	0.94	0.80	0.82	..	..	..	0.88
Relative stay index ^(e)	1.00	0.93	0.88	1.05	0.97	..	..	..	0.98
Cost per separation	2,860	2,105	1,948	2,508	2,311	..	..	..	2,445
Cost per patient day	775	725	629	629	806	..	..	..	708
Cost per casemix-adjusted sep.	3,034	2,633	2,109	3,172	2,861	..	..	..	2,840
Medium (metropolitan and rural 2,000 acute or acute weighted to 5,000 acute weighted separations)									
Number of hospitals	29	17	10	4	10	0	0	0	70
Average beds per hospital	43	48	55	52	50	..	..	..	48
Separations per hospital	3,242	3,555	3,466	3,355	3,522	..	..	..	3,397
AR-DRGs (5+) per hospital ^(b)	138	133	136	124	153	..	..	..	138
Total expenditure (\$'000) ^(c)	306,802	162,857	79,896	39,632	79,186	..	..	..	668,374
Average cost weight ^(d)	0.88	0.78	0.80	0.81	0.88	..	..	..	0.84
Relative stay index ^(e)	1.03	1.00	0.92	0.98	0.93	..	..	..	0.99
Cost per separation	2,337	2,050	1,544	2,551	1,954	..	..	..	2,104
Cost per patient day	652	652	488	821	551	..	..	..	623
Cost per casemix-adjusted sep.	2,781	2,704	1,995	3,253	2,310	..	..	..	2,608
Total Medium hospitals									
Number of hospitals	40	22	15	11	14	0	0	0	102
Average beds per hospital	55	55	68	111	58	..	..	..	63
Separations per hospital	4,251	4,497	4,769	7,200	4,781	..	..	..	4,771
AR-DRGs (5+) per hospital ^(b)	160	154	157	176	171	..	..	..	161
Total expenditure (\$'000) ^(c)	614,784	273,308	187,223	244,530	170,288	..	..	..	1,490,132
Average cost weight ^(d)	0.92	0.80	0.87	0.80	0.85	..	..	..	0.86
Relative stay index ^(e)	1.02	0.97	0.90	1.04	0.95	..	..	..	0.98
Cost per separation	2,570	2,072	1,752	2,515	2,123	..	..	..	2,278
Cost per patient day	708	679	559	656	658	..	..	..	667
Cost per casemix-adjusted sep.	2,903	2,677	2,069	3,183	2,565	..	..	..	2,733
Small rural acute (<2,000 acute and acute weighted separations less than 40% not acute or outlier patient days)									
Number of hospitals	26	19	21	7	14	3	0	0	90
Average beds per hospital	22	21	22	25	28	16	..	..	23
Separations per hospital	1,145	1,088	941	731	1,134	594	..	..	1,033
AR-DRGs (5+) per hospital ^(b)	62	57	52	40	66	32	..	..	56
Total expenditure (\$'000) ^(c)	91,002	57,755	54,098	17,742	33,208	8,296	..	..	262,102
Average cost weight ^(d)	0.85	0.82	0.81	0.78	0.85	0.83	..	..	0.83
Relative stay index ^(e)	1.04	1.10	0.95	1.11	0.96	1.11	..	..	1.03
Cost per separation	2,225	2,370	1,952	2,839	1,855	2,909	..	..	2,183
Cost per patient day	543	574	545	723	518	690	..	..	560
Cost per casemix-adjusted sep.	2,722	2,991	2,466	3,730	2,307	3,588	..	..	2,723
Remote acute (<5,000 acute weighted separations)									
Number of hospitals	4	0	30	15	2	0	0	3	54
Average beds per hospital	26	..	20	25	14	..	..	37	23
Separations per hospital	1,500	..	810	1,554	520	..	..	2,763	1,165
AR-DRGs (5+) per hospital ^(b)	68	..	41	70	32	..	..	104	54
Total expenditure (\$'000) ^(c)	18,067	..	80,755	90,741	3,686	..	..	31,938	225,187
Average cost weight ^(d)	0.7	..	0.8	0.8	0.8	..	..	0.7	0.8
Relative stay index ^(e)	1.2	..	1.0	1.0	0.8	..	..	1.2	1.0
Cost per separation	2,031	..	1,857	2,876	2,588	..	..	2,780	2,385
Cost per patient day	608	..	606	1,037	965	..	..	889	799
Cost per casemix-adjusted sep.	3,027	..	2,484	3,678	3,118	..	..	3,758	3,168
Total Small acute hospitals									
Number of hospitals	30	19	51	22	16	3	0	3	144
Average beds per hospital	23	21	21	25	27	16	..	37	23
Separations per hospital	1,192	1,088	864	1,292	1,058	594	..	2,763	1,083
AR-DRGs (5+) per hospital ^(b)	62	57	45	60	32	32	..	104	55
Total expenditure (\$'000) ^(c)	109,069	57,755	134,853	108,484	36,895	8,296	..	31,938	487,289
Average cost weight ^(d)	0.82	0.82	0.79	0.79	0.85	0.83	..	0.74	0.80
Relative stay index ^(e)	1.07	1.10	0.97	1.00	0.96	1.11	..	1.23	1.03
Cost per separation	2,193	2,370	1,900	2,869	1,900	2,909	..	2,780	2,265
Cost per patient day	553	574	577	962	539	690	..	889	641
Cost per casemix-adjusted sep.	2,763	2,991	2,477	3,692	2,354	3,588	..	3,758	2,897

(continued)

Table 4.3 (continued): Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group, States and Territories, 2000-01

	NSW	Vic	QLD	WA	SA	Tas	ACT	NT	Total
Total hospitals in cost per casemix-adjusted separation analysis (Table 4.1)									
Number of hospitals	111	65	88	39	37	6	2	5	363
Average beds per hospital	124	177	96	110	96	157	333	112	124
Separations per hospital	10,529	15,427	7,508	8,706	8,994	11,369	30,484	11,795	10,461
AR-DRGs (5+) per hospital ^(b)	214	211	138	148	171	224	417	213	184
Total expenditure (\$'000) ^(a)	4,972,469	3,862,668	2,257,755	1,325,894	1,094,730	303,253	261,648	198,837	14,277,253
Average cost weight ^(c)	1.06	0.96	0.98	0.93	1.00	1.11	0.96	0.78	1.00
Relative stay index ^(c)	1.02	0.97	0.95	1.02	0.96	0.99	1.08	1.22	0.99
Cost per separation	2,925	2,625	2,575	2,711	2,668	3,161	3,164	2,577	2,741
Cost per patient day	767	714	770	757	760	744	914	782	753
Cost per casemix-adjusted sep.	2,886	2,801	2,675	2,969	2,763	2,935	3,397	3,339	2,834
Small non-acute (<2,000 acute and acute weighted separations more than 40% not acute or outlier patient days)									
Number of hospitals	40	9	20	7	20	3	0	0	99
Average beds per hospital	27	32	26	38	32	21	..	..	29
Separations per hospital	666	846	750	990	559	558	..	..	687
Total expenditure (\$'000)	116,818	32,715	49,168	33,352	41,568	7,364	..	..	280,985
Average length of stay	11.5	10.4	4.9	5.9	12.2	22.7	..	..	9.8
Multi-purpose service									
Number of hospitals	15	7	9	29	4	2	0	0	66
Average beds per hospital	20	13	22	17	35	5	..	..	19
Separations per hospital	314	856	683	349	776	141	..	..	460
Total expenditure (\$'000)	32,229	24,822	19,433	53,620	12,302	3,728	..	..	146,134
Average length of stay	24.2	3.3	3.7	3.8	9.2	79.1	..	..	8.1
Hospice									
Number of hospitals	3	0	0	0	0	0	0	0	4,563
Average beds per hospital	55	..	..	..	..	..	..	..	3
Separations per hospital	965	..	..	..	..	..	..	..	55
Total expenditure (\$'000)	36,056	..	..	..	..	..	..	..	0
Average length of stay	15.2	..	..	..	..	..	..	..	15.2
Rehabilitation									
Number of hospitals	5	0	0	0	1	0	0	0	6
Average beds per hospital	39	..	..	..	123	..	..	..	53
Separations per hospital	441	..	..	..	850	..	..	..	509
Total expenditure (\$'000)	67,544	..	..	..	n.p.	..	..	..	83,667
Average length of stay	27.1	..	..	..	n.p.	..	..	..	29.9
Mothercraft									
Number of hospitals	2	3	1	0	1	0	1	0	8
Average beds per hospital	34	28	40	..	12	..	18	..	28
Separations per hospital	1,849	2,945	2,030	..	882	..	..	..	1,930
Total expenditure (\$'000)	6,647	7,972	n.p.	..	n.p.	..	n.p.	..	19,487
Average length of stay	4.9	2.6	n.p.	..	n.p.	..	n.p.	..	3.3
Other non-acute									
Number of hospitals	13	2	0	0	0	0	0	0	15
Average beds per hospital	40	71	..	..	..	..	..	..	44
Separations per hospital	738	991	..	..	..	..	..	..	772
Total expenditure (\$'000)	90,199	24,344	..	..	..	..	..	..	114,543
Average length of stay	18.3	25.2	..	..	..	..	..	..	19.4
Total Non-acute									
Number of hospitals	78	21	30	36	26	5	1	0	197
Average beds per hospital	30	29	25	21	35	14	18	..	28
Separations per hospital	638	1,163	772	474	616	391	n.a.	..	672
Total expenditure (\$'000)	349,493	89,853	71,482	86,973	70,610	11,092	n.p.	..	680,872
Average length of stay	14.5	7.0	4.5	4.6	12.5	30.8	n.p.	..	10.1

(continued)

Table 4.3 (continued): Cost per casemix-adjusted separation and selected other statistics, by public hospital peer group, States and Territories, 2000–01

	NSW	Vic	QLD	WA	SA	Tas	ACT	NT	Total
Psychiatric^(f)									
Number of hospitals	9	1	4	1	1	2	0	0	18
Average beds per hospital	116	95	137	273	488	0	..	..	136
Separations per hospital	1,206	341	174	2,683	3,191	125	..	..	1,001
Total expenditure (\$'000)	173,087	n.p.	86,636	n.p.	n.p.	10,010	..	..	396,249
Average length of stay	37.4	n.p.	157.8	n.p.	n.p.	30.2	..	..	40.1
Unpeered and other acute (includes hospitals with fewer than 200 separations)									
Number of hospitals	16	7	59	10	11	5	0	0	108
Average beds per hospital	13	7	3	16	12	6	..	..	7
Separations per hospital	158	159	69	328	457	113	..	..	153
Total expenditure (\$'000)	24,377	70,060	44,596	21,194	12,194	8,470	..	..	180,891
Cost per separation	7,424	6,890	2,077	4,486	1,561	10,654	..	..	3,828
Cost per patient day	380	688	430	953	343	583	..	..	493
Total									
Number of hospitals	214	94	181	86	75	18	3	5	676
Average beds per hospital	81	130	55	64	68	58	228	112	78
Hospital numbers reported in	219	145	183	90	80	24	3	5	749
Separations per hospital	5,756	10,943	3,805	4,217	4,760	3,950	20,322	11,795	5,710
Total expenditure (\$'000)	5,519,425	4,040,239	2,460,469	1,481,418	1,239,035	332,825	263,017	198,837	15,535,264
Cost per separation	3,117	2,652	2,683	2,884	2,853	3,374	3,164	2,577	2,867
Cost per patient day	682	701	757	751	686	652	914	782	709
Teaching hospitals (excluding psychiatric)									
Number of hospitals	17	14	10	5	4	3	2	1	56
Average beds per hospital	400	573	351	512	430	298	333	153	434
Separations per hospital	35,565	52,400	28,871	42,662	48,886	22,184	30,484	19,498	38,976
AR-DRGs (5+) per hospital ^(b)	440	437	327	391	480	416	417	323	414
Total expenditure (\$'000)	2,941,666	2,980,329	1,200,479	947,462	696,911	294,957	261,648	55,758	9,379,210
Average cost weight ^(c)	1.14	0.99	1.09	1.02	1.05	1.12	0.96	0.71	1.05
Relative stay index ^(c)	1.05	0.96	0.98	1.05	0.98	0.98	1.08	1.15	1.00
Cost per separation	3,232	2,722	3,262	2,955	2,870	3,167	3,164	2,186	2,992
Cost per patient day	839	727	912	742	830	746	914	756	798
Cost per casemix-adjusted sep.	2,989	2,800	3,043	2,971	2,793	2,922	3,397	3,103	2,922

- (a) The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 4 and Appendix 5 for further information.
- (b) The number of different AR-DRGs provided by a hospital for which there were at least 5 acute separations.
- (c) Expenditure data exclude depreciation.
- (d) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 1999–00 AR-DRG v 4.1 cost weights (DHAC 2001). Updated versions of this table based on 2000–01 AR-DRG v 4.2 cost weights will be posted on www.aihw.gov.au when available.
- (e) Based on public hospitals only. See Appendix 4 for details on the methodology.
- (f) Psychiatric hospitals consist of a mix of short term acute, long term, psychogeriatric and forensic psychiatric hospitals.
- n.p. not published.
- .. not applicable.

Table 4.4: Average salary (\$) of full-time equivalent staff,^(a) public acute and psychiatric hospitals, States and Territories, 2000-01 (\$)

Staffing category	NSW ^(b)	Vic ^(c)	Qld	WA	SA ^(b)	Tas ^(d)	ACT	NT	Total ^(e)
Salaried medical officers	98,152	125,505	95,858	104,031	81,656	104,610	106,667	123,628	103,487
Nurses	50,548	58,589	52,061	51,517	47,652	50,792	49,851	57,868	52,602
Other personal care staff	n.a.	27,085	35,647	31,342	n.a.	n.a.	34,998	37,727	31,298
Diagnostic & allied health professionals	49,626	64,576	53,146	45,665	47,891	54,185	55,498	68,288	54,565
Administrative & clerical staff	43,106	45,279	38,764	39,182	36,428	37,489	45,847	43,382	41,867
Domestic & other staff	34,956	37,866	34,406	35,712	30,318	44,536	33,922	44,231	35,558
Total staff	50,961	60,916	50,780	50,965	47,180	52,247	54,271	58,804	53,118

(a) Where average full-time equivalent (FTE) staff numbers were not available, staff numbers at 30 June 2000 were used.

(b) Other personal care staff are included in Diagnostic & allied health professionals and Domestic & other staff.

(c) FTEs may be slightly under-enumerated with a corresponding overstatement of average salaries.

(d) Data for three small hospitals not supplied. Other personal care staff are included in Domestic & other staff.

(e) The totals for Other personal care staff, Diagnostic & health professionals and Domestic & other staff are affected by reporting arrangements noted above. n.a. not available.

Table 4.5: Number of hospitals and available beds^(a) by accreditation status, States and Territories, 1999-00 (private hospitals) and 2000-01 (public hospitals)

	NSW ^(b)	Vic ^(c)	Qld ^(d)	WA ^(e)	SA ^(f)	Tas	ACT ^(g)	NT ^(h)	Total
Public hospitals									
ACHS accredited hospitals	138	125	77	50	59	3	2	1	455
Other accredited hospitals	50	6	40	0	14	n.a.	1	0	111
Total accredited hospitals	188	131	117	50	73	3	3	1	566
Non-accredited hospitals	31	14	66	40	7	21	0	4	183
Hospitals accredited (%)	86	90	64	56	91	13	100	20	76
Total public hospitals	219	145	183	90	80	24	3	5	749
ACHS accredited beds	14,147	11,572	8,244	4,129	4,516	835	668	297	44,466
Other accredited beds	2,010	144	904	0	434	n.a.	18	0	3,510
Total accredited beds	16,157	11,716	9,148	4,129	4,950	895	684	297	47,976
Non-accredited beds	1,377	516	819	1,307	138	195	0	263	4,615
Beds accredited (%)	92	96	92	76	97	82	100	53	91
Total available beds for admitted patients	17,534	12,232	9,967	5,436	5,088	1,090	684	560	52,591
Private hospitals⁽ⁱ⁾									
Accredited hospitals	138	89	70	23	37	11	n.p.	n.p.	368
Non-accredited hospitals	40	47	19	18	14	3	n.p.	n.p.	141
Hospitals accredited (%)	78	65	79	56	73	79	n.p.	n.p.	72
Total private hospitals	178	136	89	41	51	14	n.p.	n.p.	509
Accredited beds ^(h)	6,781	5,906	5,165	2,601	2,069	746	n.p.	n.p.	23,268
Non-accredited beds ^(h)	448	603	419	334	158	16	n.p.	n.p.	1,978
Beds accredited (%)	94	91	92	89	93	98	n.p.	n.p.	92
Total available beds for admitted patients	7,229	6,509	5,584	2,935	2,227	762	n.p.	n.p.	25,246
Total									
Accredited hospitals	326	220	187	73	110	14	3	1	934
Non-accredited hospitals	71	61	85	58	21	24	0	4	324
Hospitals accredited (%)	82	78	69	56	84	37	100	20	74
Total hospitals	397	281	272	131	131	38	3	5	1,258
Accredited beds	22,938	17,622	14,313	6,730	7,019	1,641	684	297	71,244
Non-accredited beds	1,825	1,119	1,238	1,641	296	211	0	263	6,593
Beds accredited (%)	93	94	92	80	96	89	100	53	92
Total available beds for admitted patients	24,763	18,741	15,551	8,371	7,315	1,852	684	560	77,837

(a) Where average available beds for the year were not available, bed numbers at 30 June 2000 were used.

(b) Of the 'other accredited hospitals', 48 were accredited by AQC and 2 were certified ISO9000 family compliant.

(c) Of the 'other accredited' hospitals, 2 were accredited using QIC and 4 were certified ISO9000 family compliant.

(d) All of the 40 'other accredited' hospitals were accredited using QIC.

(e) Of the 40 hospitals accredited by ACHS, 3 were also certified ISO9000 family compliant and one was also accredited by AQC.

(f) One of the ACHS accredited hospitals was also accredited with AQC. Of the 'other accredited' hospitals 1 was accredited using QIC, and 13 were certified ISO9000 family compliant.

(g) One establishment was accredited by QIC. Private hospital data for Australian Capital Territory included with New South Wales.

(h) Private hospital data for the Northern Territory included with South Australia.

n.p. not published

Note: Private hospital data are provided from the Australian Bureau of Statistics' Private Health Establishments Collection and ACHS accreditation data are provided by the Australian Council on Healthcare Standards. Updated private hospital data will be available from the ABS or from updated tables on the internet version of this publication.

Table 4.6: Separation statistics, ^(a) for selected procedures and diagnoses, by State or Territory of usual residence, all hospitals, ^(b) 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Appendicectomy									
Separations ^(d)	8,139	6,715	5,352	3,229	1,956	724	441	216	26,779
Separations within State of residence (%)	97	99	99	99	98	99	95	95	
Separation rate ^(e)	1.32	1.45	1.52	1.73	1.37	1.62	1.40	1.08	1.44
Separation rate ^(e) for other States	1.50	1.43	1.42	1.40	1.44	1.43	1.44	1.44	
Difference, State/Territory & other States (%)	-12.3	1.4	6.8	23.1	-4.7	13.0	-2.8	-25.2	
Significance of difference	**	—	**	**	*	**	—	**	
Coronary artery bypass graft									
Separations ^(d)	6,308	4,266	3,105	1,055	1,239	394	126	75	16,567
Separations within State of residence (%)	93	99	99	99	99	96	87	0	
Separation rate ^(e)	0.87	0.80	0.83	0.55	0.69	0.71	0.48	0.65	0.79
Separation rate ^(e) for other States	0.75	0.79	0.78	0.81	0.80	0.79	0.79	0.79	
Difference, State/Territory & other States (%)	16.4	1.3	6.1	-30.9	-14.4	-10.3	-39.3	-18.4	
Significance of difference	**	—	**	**	**	*	**	—	
Angioplasty									
Separations ^(d)	7,493	6,368	3,187	2,022	1,817	621	337	105	21,951
Separations within State of residence (%)	91	98	99	100	99	98	93	0	
Separation rate ^(e)	1.03	1.19	0.84	1.05	1.01	1.12	1.22	0.75	1.04
Separation rate ^(e) for other States	1.04	0.99	1.08	1.04	1.04	1.04	1.04	1.04	
Difference, State/Territory & other States (%)	-1.1	20.8	-22.9	0.8	-3.4	7.8	17.2	-30.2	
Significance of difference	—	**	**	—	—	—	**	**	
Caesarean section									
Separations ^(d)	19,141	14,338	12,851	6,533	4,488	1,327	845	592	60,122
Separations within State of residence (%)	97	100	99	100	100	100	99	97	
Separation rate ^(e)	3.15	3.13	3.86	3.63	3.41	3.40	2.71	2.72	3.34
Separation rate ^(e) for other States	3.43	3.41	3.22	3.30	3.33	3.34	3.35	3.35	
Difference, State/Territory & other States (%)	-6.0	-8.1	20.0	9.8	2.5	1.9	-19.0	-18.6	
Significance of difference	**	**	**	**	—	—	**	**	
In-hospital birth separations	82,387	58,862	48,404	24,367	17,185	5,837	3,923	2,926	243,920
In-hospital birth separation rate ^(e)	13.7	12.9	14.6	13.6	13.2	15.1	12.5	13.6	13.6
Separations per 100 in-hospital birth separations ^(f)	22.8	24.3	26.4	26.8	26.1	22.7	20.1	21.3	24.4
Cholecystectomy									
Separations ^(d)	15,234	11,482	9,076	4,291	3,926	1,129	626	192	45,964
Separations within State of residence (%)	97	99	99	100	100	99	96	90	
Separation rate ^(e)	2.19	2.24	2.43	2.21	2.38	2.26	2.00	1.23	2.25
Separation rate ^(e) for other States	2.28	2.26	2.21	2.26	2.24	2.25	2.25	2.26	
Difference, State/Territory & other States (%)	-4.2	-0.7	9.7	-2.1	6.2	0.3	-11.1	-45.8	
Significance of difference	**	—	**	—	**	—	**	**	

(continued)

Table 4.6 (continued): Separation statistics, ^(a) for selected procedures and diagnoses, by State or Territory of usual residence, all hospitals, ^(b) 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Diagnostic gastrointestinal endoscopy									
Separations ^(d)	177,301	144,988	115,348	52,936	41,028	10,912	3,567	1,837	547,960
Separations within State of residence (%)	98	99	99	100	100	99	95	89	
Separation rate ^(e)	24.88	27.71	30.28	27.02	23.63	20.40	12.05	12.09	26.29
Separation rate ^(e) for other States	27.01	25.81	25.39	26.21	26.53	26.44	26.50	26.39	
Difference, State/Territory & other States (%)	-7.9	7.4	19.3	3.1	-10.9	-22.8	-54.5	-54.2	
Significance of difference	**	**	**	**	**	**	**	**	
Hip replacement									
Separations ^(d)	7,756	6,398	3,497	2,362	2,375	779	350	66	23,588
Separations within State of residence (%)	94	98	98	100	100	98	94	55	
Separation rate ^(e)	1.03	1.15	0.90	1.23	1.21	1.35	1.35	0.67	1.08
Separation rate ^(e) for other States	1.11	1.08	1.12	1.07	1.07	1.07	1.08	1.08	
Difference, State/Territory & other States (%)	-7.4	8.6	-19.2	15.5	13.4	25.5	24.9	-37.9	
Significance of difference	**	**	**	**	**	**	**	**	
Revision of hip replacement									
Separations ^(d)	971	816	445	297	279	110	57	9	2,986
Separations within State of residence (%)	92	98	98	100	100	97	93	33	
Separation rate ^(e)	0.13	0.15	0.12	0.15	0.14	0.20	0.23	0.09	0.14
Proportion of Hip replacements	0.13	0.13	0.13	0.13	0.12	0.14	0.16	0.14	0.13
Separation rate ^(e) for other States	0.14	0.13	0.14	0.14	0.14	0.14	0.14	0.14	
Difference, State/Territory & other States (%)	-9.0	10.3	-17.6	13.0	2.5	42.5	67.9	-34.5	
Significance of difference	*	*	**	*	*	**	**	*	
Hysterectomy									
Separations ^(d)	10,666	8,090	6,435	3,960	3,143	1,042	628	125	34,091
Separations within State of residence (%)	96	99	99	100	100	99	96	90	
Separation rate ^(e)	1.50	1.54	1.66	1.94	1.87	2.06	1.88	0.82	1.62
Separation rate ^(e) for other States	1.69	1.65	1.61	1.59	1.60	1.91	1.62	1.63	
Difference, State/Territory & other States (%)	-11.1	-7.0	2.9	22.3	16.5	27.6	16.1	-62.0	
Significance of difference	**	**	*	**	**	**	**	**	
Lens insertion									
Separations ^(d)	46,792	31,856	25,389	12,310	10,806	3,560	1,032	470	132,333
Separations within State of residence (%)	97	99	98	100	100	99	94	88	
Separation rate ^(e)	6.07	5.62	6.59	6.49	5.32	5.91	4.07	5.59	5.99
Separation rate ^(e) for other States	5.95	6.12	5.86	5.95	6.06	5.99	6.01	5.99	
Difference, State/Territory & other States (%)	2.1	-8.1	12.4	9.2	-12.2	-1.4	-32.4	-6.7	
Significance of difference	**	**	**	**	**	*	**	*	

(continued)

Table 4.6 (continued): Separation statistics, ^(a) for selected procedures and diagnoses, by State or Territory of usual residence, all hospitals, ^(b) 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Myringotomy									
Separations ^(d)	8,998	9,896	5,671	4,101	4,419	530	438	146	34,202
Separations within State of residence (%)	95	99	99	100	100	99	98	91	
Separation rate ^(e)	1.48	2.28	1.67	2.32	3.36	1.20	1.49	0.63	1.92
Separation rate ^(e) for other States	2.14	1.80	1.97	1.87	1.80	1.93	1.92	1.93	
Difference, State/Territory & other States (%)	-30.6	26.5	-15.3	23.9	86.1	-37.7	-22.4	-67.4	
Significance of difference	**	**	**	**	**	**	**	**	
Knee replacement									
Separations ^(d)	8,305	4,264	3,421	2,030	2,118	483	279	62	20,364
Separations within State of residence (%)	95	98	98	100	100	98	94	40	
Separation rate ^(e)	1.13	0.79	0.93	1.09	1.13	0.86	1.09	0.63	1.00
Separation rate ^(e) for other States	0.92	1.07	1.01	0.99	0.98	1.00	0.99	1.00	
Difference, State/Territory & other States (%)	23.1	-25.6	-8.4	10.8	15.4	-14.3	9.1	-37.1	
Significance of difference	**	**	**	**	**	**	---	**	
Prostatectomy									
Separations ^(d)	7,850	7,207	3,657	1,811	2,195	746	281	55	23,818
Separations within State of residence (%)	94	99	99	100	99	99	93	76	
Separation rate ^(e)	1.06	1.32	0.98	0.97	1.16	1.31	1.09	0.68	1.12
Separation rate ^(e) for other States	1.15	1.05	1.15	1.13	1.12	1.12	1.12	1.12	
Difference, State/Territory & other States (%)	-7.5	25.6	-15.1	-14.3	4.3	17.4	-2.5	-39.0	
Significance of difference	**	**	**	**	---	**	---	**	
Arthroscopic procedures (includes arthroscopies)									
Separations ^(d)	31,958	29,629	16,352	14,034	12,806	2,384	1,521	712	109,406
Separations within State of residence (%)	96	98	99	100	100	96	91	48	
Separation rate ^(e)	4.74	5.96	4.42	7.20	8.18	4.95	4.78	3.71	5.49
Separation rate ^(e) for other States	5.87	5.33	5.73	5.31	5.26	5.51	5.50	5.51	
Difference, State/Territory & other States (%)	-19.3	11.8	-22.9	35.7	55.4	-10.1	-13.2	-32.7	
Significance of difference	**	**	**	**	**	**	**	**	
Tonsillectomy									
Separations ^(d)	9,212	7,750	5,874	3,389	2,880	516	350	96	30,069
Separations within State of residence (%)	97	99	99	100	100	98	97	90	
Separation rate ^(e)	1.54	1.77	1.73	1.88	2.18	1.19	1.15	0.43	1.69
Separation rate ^(e) for other States	1.76	1.66	1.68	1.67	1.65	1.70	1.70	1.70	
Difference, State/Territory & other States (%)	-12.3	5.9	2.9	13.0	32.2	-29.8	-32.0	-74.7	
Significance of difference	**	**	---	**	**	**	**	**	

(continued)

Table 4.6 (continued): Separation statistics, (c) for selected procedures and diagnoses, by State or Territory of usual residence, all hospitals, (b)
2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(c)
Asthma (principal diagnosis)									
Separations ^(b)	17,005	10,865	8,687	4,957	5,533	627	534	485	48,696
Separations within State of residence (%)	98	98	98	99	99	98	94	95	
Separation rate ^(e)	2.73	2.38	2.49	2.71	3.98	1.39	1.80	2.33	2.64
Separation rate ^(e) for other States	2.59	2.72	2.67	2.63	2.53	2.67	2.65	2.64	
Difference, State/Territory & other States (%)	5.4	-12.5	-6.9	3.3	57.6	-48.0	-31.9	-11.8	
Significance of difference	**	**	**	*	**	**	**	**	
Type 2 diabetes (principal diagnosis)									
Separations ^(b)	7,896	9,835	4,643	3,748	3,558	852	320	598	31,452
Separations within State of residence (%)	95	99	99	100	99	69	96	37	
Separation rate ^(e)	1.06	1.79	1.21	1.98	1.92	1.47	1.22	5.14	1.46
Separation rate ^(e) for other States	1.68	1.35	1.52	1.41	1.42	1.46	1.47	1.44	
Difference, State/Territory & other States (%)	-37.1	32.7	-20.3	39.9	35.2	0.7	-16.8	256.9	
Significance of difference	**	**	**	**	**	—	**	**	
Type 2 diabetes (principal or additional diagnosis)									
Separations ^(b)	89,450	80,084	54,431	30,471	27,611	7,211	2,518	3,400	295,201
Separations within State of residence (%)	96	99	99	100	99	99	95	90	
Separation rate ^(e)	11.96	14.58	14.19	15.78	14.56	12.62	9.46	27.03	13.70
Separation rate ^(e) for other States	14.62	13.39	13.59	13.48	13.62	13.73	13.76	13.60	
Difference, State/Territory & other States (%)	-18.2	8.9	4.4	16.9	6.9	-8.1	-31.2	98.7	
Significance of difference	**	**	**	**	**	**	**	**	

(a) The procedures and diagnoses are defined using ICD-10-AM codes in Appendix 3.

(b) Some private hospitals are not included. See Appendix 5 for details.

(c) Excludes non-residents and unknown State of residence.

(d) Excludes multiple procedures/diagnosis for the same separation within the same group.

(e) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 1991 using December 2000 population estimates as divisors.

(f) Caesarian sections reported for separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by Caesarian section, as not all in-hospital births may have been identified and births out of hospital are not included.

— not significant, * significant at 5%, ** significant at 1%.

Table 4.7: Separation statistics,^(a) for selected procedures and diagnoses, by RRMA of usual residence, all hospitals,^(b) Australia, 2000-01

	Capital cities	Other metropolitan centres	Large rural centres	Small rural centres	Other rural areas	Remote centres	Other remote areas	Australia ^(c)
Appendicectomy								
Separations ^(d)	16,202	1,903	1,930	2,058	3,912	349	406	26,779
Separation rate ^(e)	1.36	1.34	1.72	1.78	1.70	1.54	1.25	1.45
Separation rate ^(e) for other RRMAs	1.61	1.45	1.43	1.42	1.41	1.44	1.45	
Difference, RRMA & other areas rate (%)	-15.6	-7.4	20.6	25.2	20.4	7.1	-13.7	
Significance of difference	**	**	**	**	**	—	**	
Coronary artery bypass graft								
Separations ^(d)	10,415	1,512	957	1,301	2,087	110	180	16,567
Separation rate ^(e)	0.81	0.88	0.77	0.84	0.69	0.75	0.63	0.80
Separation rate ^(e) for other RRMAs	0.77	0.79	0.80	0.79	0.82	0.80	0.80	
Difference, RRMA & other areas rate (%)	5.4	11.2	-3.1	5.8	-15.7	-5.9	-21.0	
Significance of difference	**	**	—	—	**	—	**	
Angioplasty								
Separations ^(d)	14,499	1,846	1,135	1,405	2,671	140	245	21,951
Separation rate ^(e)	1.12	1.08	0.92	0.93	0.88	0.81	0.81	1.05
Separation rate ^(e) for other RRMAs	0.94	1.05	1.06	1.06	1.08	1.05	1.05	
Difference, RRMA & other areas rate (%)	19.2	3.6	-12.7	-12.7	-18.4	-23.1	-23.2	
Significance of difference	**	—	**	**	**	**	**	
Caesarean section								
Separations ^(d)	39,443	4,385	3,528	3,625	7,042	820	1,258	60,122
Separation rate ^(e)	3.26	3.28	3.47	3.72	3.79	3.39	3.91	3.35
Separation rate ^(e) for other RRMAs	3.57	3.35	3.34	3.33	3.31	3.35	3.34	
Difference, RRMA & other areas rate (%)	-8.6	-2.1	3.9	11.8	14.5	1.2	16.9	
Significance of difference	**	—	*	**	**	—	**	
In-hospital birth separations	155,064	18,605	15,698	15,458	29,451	3,934	5,645	243,920
In-hospital birth separation rate ^(e)	12.9	14.0	15.4	16.0	16.3	16.6	17.8	13.7
Separations per 100 in-hospital birth separations ^(f)	25.2	23.4	22.3	23.1	23.7	20.6	22.1	24.4
Cholecystectomy								
Separations ^(d)	27,954	3,961	3,170	3,328	6,508	413	620	45,964
Separation rate ^(e)	2.17	2.50	2.69	2.51	2.43	2.05	1.96	2.27
Separation rate ^(e) for other RRMAs	2.46	2.25	2.24	2.26	2.25	2.27	2.28	
Difference, RRMA & other areas rate (%)	-12.0	10.9	20.0	11.1	8.1	-9.6	-14.0	
Significance of difference	**	**	**	**	**	*	**	

(continued)

Table 4.7 (continued): Separation statistics,^(a) for selected procedures and diagnoses, by RRMA of usual residence, all hospitals,^(b) Australia,

	Capital cities	Other metropolitan centres	Large rural centres	Small rural centres	Other rural areas	Remote centres	Other remote areas	Australia ^(c)
Diagnostic gastrointestinal endoscopy								
Separations ^(d)	359,143	41,102	35,009	36,412	65,553	4,453	6,162	547,960
Separation rate ^(e)	27.62	24.86	28.74	25.56	22.90	23.58	19.85	26.53
Separation rate ^(e) for other RRMAs	24.63	26.67	26.39	26.60	27.11	26.55	26.63	26.63
Difference, RRMA & other areas rate (%)	12.1	-6.8	8.9	-3.9	-15.5	-11.2	-25.5	
Significance of difference	**	**	**	**	**	**	**	
Hip replacement								
Separations ^(d)	13,957	1,845	1,521	2,042	3,875	122	214	23,588
Separation rate ^(e)	1.04	1.03	1.15	1.27	1.26	0.91	0.79	1.09
Separation rate ^(e) for other RRMAs	1.17	1.10	1.09	1.08	1.06	1.05	1.10	1.10
Difference, RRMA & other areas rate (%)	-11.1	-6.6	6.2	17.6	18.1	-16.2	-28.0	
Significance of difference	**	**	*	**	**	*	**	
Revision of hip replacement								
Separations ^(d)	1,717	260	202	263	485	25	30	2,986
Separation rate ^(e)	0.13	0.15	0.16	0.16	0.16	0.21	0.11	0.14
Separation rate ^(e) for other RRMAs	0.16	0.14	0.14	0.14	0.14	0.14	0.14	0.14
Difference, RRMA & other areas rate (%)	-16.7	6.4	13.0	18.5	16.0	49.0	-19.6	
Significance of difference	**	—	—	*	**	—	—	
Hysterectomy								
Separations ^(d)	20,356	2,692	2,213	2,782	5,237	348	457	34,091
Separation rate ^(e)	1.53	1.71	1.84	2.12	1.89	1.49	1.36	1.64
Separation rate ^(e) for other RRMAs	1.84	1.63	1.62	1.61	1.60	1.64	1.64	1.64
Difference, RRMA & other areas rate (%)	-17.1	4.6	13.6	31.9	17.8	-8.8	-17.3	
Significance of difference	**	*	**	**	**	—	**	
Lens insertion								
Separations ^(d)	79,653	11,493	8,758	11,676	18,236	971	1,509	132,333
Separation rate ^(e)	5.92	6.23	6.52	6.89	5.82	8.00	5.78	6.06
Separation rate ^(e) for other RRMAs	6.27	6.04	6.03	5.99	6.10	6.04	6.06	6.06
Difference, RRMA & other areas rate (%)	-5.5	3.1	8.1	15.1	-4.6	32.4	-4.6	
Significance of difference	**	**	**	**	**	**	**	

(continued)

Table 4.7 (continued): Separation statistics, ^(a) for selected procedures and diagnoses, by RRMA of usual residence, all hospitals, ^(b) Australia,

	Capital cities	Other metropolitan centres	Large rural centres	Small rural centres	Other rural areas	Remote centres	Other remote areas	Australia ^(c)
Myringotomy								
Separations ^(d)	22,587	2,357	2,055	2,065	4,332	358	438	34,202
Separation rate ^(e)	2.04	1.75	1.87	1.72	1.75	1.37	1.10	1.92
Separation rate ^(e) for other RRMAs	1.71	1.93	1.92	1.93	1.94	1.93	1.94	1.94
Difference, RRMA & other areas rate (%)	19.3	-9.5	-2.8	-11.0	-9.8	-29.1	-43.0	-43.0
Significance of difference	**	**	—	**	**	**	**	**
Knee replacement								
Separations ^(d)	11,801	1,988	1,433	1,925	3,447	122	234	20,964
Separation rate ^(e)	0.92	1.14	1.14	1.20	1.13	0.98	0.89	1.01
Separation rate ^(e) for other RRMAs	1.14	0.99	1.00	0.99	0.98	1.00	1.01	1.01
Difference, RRMA & other areas rate (%)	-19.0	14.7	14.9	21.5	15.0	-2.6	-11.7	-11.7
Significance of difference	**	**	—	**	**	**	**	**
Prostatectomy								
Separations ^(d)	14,310	1,847	1,490	1,917	3,863	114	273	23,818
Separation rate ^(e)	1.11	1.04	1.16	1.18	1.26	0.93	1.05	1.13
Separation rate ^(e) for other RRMAs	1.17	1.14	1.13	1.13	1.11	1.13	1.13	1.13
Difference, RRMA & other areas rate (%)	-4.8	-8.9	2.3	4.5	12.1	-17.6	-7.5	-7.5
Significance of difference	**	**	—	—	**	*	—	—
Arthroscopic procedures (includes arthroscopies)								
Separations ^(d)	67,276	8,071	7,144	8,176	15,783	1,309	1,613	109,406
Separation rate ^(e)	5.29	5.28	6.22	6.53	6.29	5.88	4.96	5.53
Separation rate ^(e) for other RRMAs	6.01	5.55	5.49	5.47	5.44	5.53	5.54	5.54
Difference, RRMA & other areas rate (%)	-12.0	-4.9	13.3	19.3	15.7	6.4	-10.4	-10.4
Significance of difference	**	**	**	**	**	*	**	**
Tonsillectomy								
Separations ^(d)	18,242	2,149	2,259	2,212	4,386	348	468	30,069
Separation rate ^(e)	1.63	1.60	2.06	1.92	1.88	1.43	1.29	1.69
Separation rate ^(e) for other RRMAs	1.81	1.70	1.67	1.68	1.67	1.70	1.70	1.70
Difference, RRMA & other areas rate (%)	-9.9	-5.6	23.2	14.7	12.7	-15.9	-23.9	-23.9
Significance of difference	**	**	**	**	**	**	**	**

(continued)

Table 4.7 (continued): Separation statistics, ^(a) for selected procedures and diagnoses, by RRMA of usual residence, all hospitals, ^(b) Australia,

	Capital cities	Other metropolitan centres	Large rural centres	Small rural centres	Other rural areas	Remote centres	Other remote areas	Australia ^(c)
Asthma (principal diagnosis)								
Separations ^(d)	28,812	2,855	2,797	3,934	7,858	946	1,478	48,696
Separation rate ^(e)	2.49	2.04	2.51	3.27	3.19	4.07	4.18	2.64
Separation rate ^(e) for other RRMAs	2.92	2.69	2.65	2.60	2.57	2.63	2.62	
Difference, RRMA & other areas rate (%)	-14.6	-24.2	-5.5	25.8	24.4	54.8	59.8	
Significance of difference	**	**	**	**	**	**	**	
Type 2 diabetes (principal diagnosis)								
Separations ^(d)	18,781	2,102	1,825	2,365	4,764	569	1,035	31,452
Separation rate ^(e)	1.43	1.18	1.41	1.49	1.55	3.33	3.36	1.48
Separation rate ^(e) for other RRMAs	1.56	1.50	1.48	1.48	1.47	1.46	1.45	
Difference, RRMA & other areas rate (%)	-8.5	-21.7	-4.7	0.8	6.0	128.4	132.6	
Significance of difference	**	**	*	—	**	**	**	
Type 2 diabetes (principal or additional diagnosis)								
Separations ^(d)	173,271	22,007	19,171	24,931	41,301	6,751	7,690	295,201
Separation rate ^(e)	13.15	12.42	14.92	15.82	13.42	37.72	25.21	13.84
Separation rate ^(e) for other RRMAs	15.06	13.96	13.77	13.69	13.92	13.61	13.65	
Difference, RRMA & other areas rate (%)	-12.7	-11.0	6.3	15.5	-3.6	177.2	84.7	
Significance of difference	**	**	**	**	**	**	**	

(a) The procedures and separations are defined using ICD-10-AM codes in Appendix 3.

(b) Some private hospitals are not included. See Appendix 5 for details.

(c) Includes Unknown RRMA. Excludes non-residents.

(d) Excludes multiple procedures or diagnosis in the same separation within the same group.

(e) Rate per 1,000 population was directly age standardised to the Australian population at 30 June 1991 using June 2000 population estimates as divisors. Hence totals will not match other totals presented elsewhere in this publication that use December 2000 population divisors.

(f) Caesarian sections reported for separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by Caesarian section, as not all in-hospital births may have been identified and births out of hospital are not included.

— not significant, * significant at 5%, ** significant at 1%.

Table 4.8: Average length of stay (days) for the 10 AR-DRGs (version 4.2) with the highest number of separations,^(a) excluding same day separations, by hospital sector, States and Territories, 2000-01

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
O60D Vaginal Delivery W/O Complicating Diagnosis ALOS (days)	Public	3.03	2.99	2.65	3.26	3.06	3.77	2.90	3.56	2.98
	Private	4.53	4.75	4.63	4.74	4.85	n.p.	n.p.	n.a.	4.66
	Total	3.37	3.45	3.13	3.79	3.47	n.p.	n.p.	3.56	3.40
Separations	Public	35,819	24,739	20,038	8,045	6,908	1,911	1,733	1,588	100,781
	Private	10,564	8,691	6,534	4,526	2,071	n.p.	n.p.	n.a.	33,607
	Total	46,383	33,430	26,572	12,573	8,979	n.p.	n.p.	1,588	134,388
G67B Cerebrovascular, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC ALOS (days)	Public	2.70	2.61	2.47	2.60	2.58	3.34	2.82	2.81	2.63
	Private	4.24	4.08	3.44	3.38	3.52	3.23	3.73	n.a.	3.72
	Total	2.88	2.94	2.78	2.82	2.79	3.31	3.12	2.81	2.87
Separations	Public	11,501	8,623	6,023	3,039	2,733	487	213	258	30,877
	Private	1,467	1,944	2,866	1,189	790	220	104	n.a.	8,580
	Total	12,968	8,567	8,889	4,228	3,523	707	317	258	39,457
O01D Caesarean Delivery W/O Complicating Diagnosis ALOS (days)	Public	4.90	4.78	4.14	4.89	4.98	4.94	4.74	5.91	4.72
	Private	6.22	6.24	5.75	6.80	6.61	n.p.	n.p.	n.a.	6.22
	Total	5.36	5.33	4.83	5.85	5.58	n.p.	n.p.	5.91	5.31
Separations	Public	7,844	5,613	5,006	2,067	1,712	452	401	333	23,428
	Private	4,263	3,410	3,707	2,103	997	n.p.	n.p.	n.a.	14,921
	Total	12,107	9,023	8,713	4,170	2,709	n.p.	n.p.	333	38,349
F74Z Chest Pain ALOS (days)	Public	2.25	1.85	2.02	2.07	2.13	2.37	1.86	2.36	2.08
	Private	2.78	2.59	2.69	2.33	2.11	2.43	2.76	2.55	2.55
	Total	2.29	2.01	2.17	2.14	2.12	2.39	1.92	2.36	2.17
Separations	Public	11,321	7,014	6,758	2,167	2,751	314	327	475	31,122
	Private	924	1,902	1,980	833	897	153	25	n.a.	6,714
	Total	12,245	8,916	8,733	3,000	3,648	467	352	475	37,836
H04B Cholecystectomy W/O Closed CDE W/O Catastrophic or Severe CC ALOS (days)	Public	2.43	2.37	1.95	2.66	2.12	2.48	1.96	3.13	2.32
	Private	2.31	2.71	2.27	2.49	2.65	2.24	2.16	n.a.	2.44
	Total	2.37	2.51	2.11	2.56	2.35	2.37	2.07	3.13	2.37
Separations	Public	6,390	5,446	3,504	1,539	1,716	364	283	119	19,361
	Private	5,417	3,944	3,687	1,900	1,299	272	313	n.a.	16,832
	Total	11,807	9,390	7,191	3,439	3,015	636	596	119	36,193

(continued)

Table 4.8 (continued): Average length of stay (days) for the 10 AR-DRGs (version 4.2) with the highest number of separations,^(a) excluding same day separations, by hospital sector, States and Territories, 2000-01

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
E69C Bronchitis and Asthma Age<50 W/O CC	Public	2.04	1.86	1.98	2.19	2.00	2.24	2.12	2.33	2.01
	Private	2.42	2.60	2.23	2.27	3.11	2.04	2.65	n.a.	2.42
	Total	2.06	1.92	2.02	2.20	2.07	2.21	2.15	2.33	2.04
Separations	Public	10,612	6,144	4,673	3,141	3,390	321	372	334	28,987
	Private	419	489	851	514	230	52	23	n.a.	2,578
	Total	11,031	6,633	5,524	3,655	3,620	373	395	334	31,565
G09Z Inguinal and Femoral Hernia Procedures Age>0	Public	1.91	1.70	1.49	1.60	1.85	1.82	1.72	1.81	1.76
	Private	1.90	1.91	1.54	1.92	2.11	2.49	1.57	n.a.	1.85
	Total	1.91	1.81	1.52	1.87	1.99	2.16	1.62	1.81	1.81
Separations	Public	4,027	3,385	2,127	1,140	1,304	170	163	72	12,388
	Private	6,080	4,355	3,649	1,898	1,549	174	356	n.a.	18,061
	Total	10,107	7,740	5,776	3,038	2,853	344	519	72	30,449
N04Z Hysterectomy for Non-Malignancy	Public	4.43	4.34	3.89	4.53	4.44	3.89	4.68	4.24	4.32
	Private	4.95	5.50	4.56	5.27	5.31	n.p.	n.p.	n.a.	5.07
	Total	4.69	4.86	4.26	4.94	4.87	n.p.	n.p.	4.24	4.70
Separations	Public	4,683	4,093	2,576	1,651	1,456	348	260	109	15,176
	Private	4,632	3,244	3,255	2,016	1,440	n.p.	n.p.	n.a.	15,267
	Total	9,315	7,337	5,831	3,667	2,896	n.p.	n.p.	109	30,443
J64B Cellulitis (Age>59 W/O Catastrophic or Severe CC) or Age<60	Public	4.32	5.03	3.77	3.78	3.76	4.54	4.60	4.07	4.25
	Private	5.34	5.98	5.62	4.15	4.87	4.27	5.00	n.a.	5.36
	Total	4.43	5.22	4.11	3.85	4.02	4.46	4.65	4.07	4.43
Separations	Public	8,460	5,252	5,383	2,838	1,638	344	274	1,194	25,383
	Private	1,080	1,289	1,217	567	504	141	41	n.a.	4,839
	Total	9,540	6,541	6,600	3,405	2,142	485	315	1,194	30,222
F62B Heart Failure and Shock W/O Catastrophic CC	Public	6.49	5.80	5.92	6.03	6.11	7.94	6.60	5.21	6.17
	Private	9.29	8.26	8.21	7.25	7.09	8.23	10.14	n.a.	8.23
	Total	6.86	6.53	6.64	6.33	6.39	8.03	7.23	5.21	6.66
Separations	Public	8,125	5,081	3,644	1,868	1,888	426	231	238	21,501
	Private	1,239	2,133	1,667	622	741	201	50	n.a.	6,653
	Total	9,364	7,214	5,311	2,490	2,629	627	281	238	28,154

(a) Separations for which the type of episode of care was reported as acute, or was not reported. Excludes separations where the length of stay was greater than 365 days and same day separations.

n.a. not available.

n.p. not published.

Main abbreviations: ALOS — average length of stay, CC — complications and comorbidities, CDE — common bile duct exploration, W/O — without, W — with.

Table 4.9: Relative stay index, ^(a) by sector, Medicare eligibility status and funding source, States and Territories, 2000-01

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals	1.01	0.95	0.93	1.02	0.96	1.00	1.06	1.21	0.98
Medicare eligible	1.01	0.95	0.93	1.02	0.96	1.00	1.06	1.22	0.98
Public	1.00	0.95	0.93	1.02	0.95	1.01	1.07	1.22	0.98
Private	1.02	0.97	0.94	1.03	1.00	0.98	1.06	1.17	1.00
Compensable	1.19	1.01	1.12	1.13	1.23	1.11	1.31	1.51	1.12
Department of Veterans' Affairs	0.97	0.86	0.97	1.01	0.99	0.91	1.06	0.89	0.97
Other private	1.03	0.96	0.91	1.03	0.97	0.99	1.04	0.88	1.00
Not Medicare eligible	1.15	0.90	1.02	0.95	1.16	1.38	1.02	1.22	1.11
Not reported	2.31	2.12	..	1.22	4.10	..	0.42	0.99	1.94
Private hospitals	1.05	1.03	1.05	1.05	1.02	1.06	1.13	n.a.	1.04
Medicare eligible	1.05	1.03	1.05	1.05	1.02	1.06	1.08	n.a.	1.04
Public	1.08	0.84	0.95	0.89	1.02	0.97	..	n.a.	0.96
Private	1.05	1.03	1.05	1.08	1.02	1.10	1.08	n.a.	1.05
Compensable	1.04	1.13	0.97	0.93	0.88	1.10	0.97	n.a.	1.01
Department of Veterans' Affairs	1.10	1.04	1.16	1.22	1.02	1.14	1.00	n.a.	1.11
Other private	1.04	1.03	1.03	1.06	1.03	1.09	1.09	n.a.	1.04
Not Medicare eligible	1.16	0.99	0.98	0.92	0.94	..	0.83	n.a.	1.04
Not reported	0.80	..	1.05	0.84	..	..	1.15	n.a.	1.10
All hospitals	1.02	0.98	0.98	1.03	0.98	1.02	1.08	1.21	1.00
Medicare eligible	1.02	0.98	0.97	1.03	0.98	1.02	1.07	1.22	1.00
Public	1.01	0.95	0.93	1.01	0.95	1.00	1.07	1.22	0.98
Private	1.04	1.02	1.03	1.07	1.02	1.05	1.07	1.17	1.03
Compensable	1.13	1.07	0.99	1.02	1.02	1.11	1.23	1.51	1.06
Department of Veterans' Affairs	1.02	1.00	1.12	1.15	1.00	1.01	1.06	0.89	1.05
Other private	1.04	1.02	1.02	1.06	1.02	1.06	1.06	0.88	1.03
Not Medicare eligible	1.15	0.90	1.00	0.94	1.09	1.38	1.00	1.22	1.09
Not reported	2.31	2.12	1.05	0.99	4.10	..	1.15	0.99	1.15

(a) Relative stay index based on all hospitals.

.. not applicable.

n.a. not available.

Table 4.10: Relative stay index,^(a) by sector, and medical/surgical/other type of AR-DRG, States and Territories, 2000-01

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals	1.01	0.95	0.93	1.02	0.96	1.00	1.06	1.21	0.98
Medical	0.99	0.93	0.92	1.03	0.94	0.99	1.06	1.18	0.96
Surgical	1.05	1.00	0.96	1.00	1.00	1.03	1.08	1.34	1.02
Other	1.05	1.00	0.96	1.00	1.00	1.03	1.08	1.34	1.02
Private hospitals	1.05	1.03	1.05	1.05	1.02	1.06	1.13	n.a.	1.04
Medical	1.23	1.08	1.13	1.08	1.09	1.12	1.34	n.a.	1.13
Surgical	0.96	1.00	0.97	1.04	0.97	0.98	1.00	n.a.	0.98
Other	0.90	0.95	0.96	0.93	0.95	1.00	0.94	n.a.	0.93
All hospitals	1.02	0.98	0.98	1.03	0.98	1.02	1.08	1.21	1.00
Medical	1.02	0.97	0.98	1.04	0.98	1.02	1.12	1.18	1.00
Surgical	1.01	1.00	0.96	1.02	0.98	1.02	1.05	1.34	1.00
Other	1.04	0.98	0.99	0.97	0.98	1.04	0.94	1.10	1.00

(a) Relative stay index based on all hospitals.
n.a. not available.

Table 4.11: Emergency department waiting times^(a) by triage category, public hospitals, States and Territories, 2000-01

Triage category	NSW	Vic	Qld	WA ^(b)	SA	Tas ^(c)	ACT	NT	Total
Proportion of patients seen on time									
1 - Resuscitation	100	100	98	98	94	89	96	100	96
2 - Emergency	74	78	70	78	64	55	85	69	73
3 - Urgent	59	69	59	64	51	57	82	71	61
4 - Semi-urgent	63	56	65	59	46	64	71	54	60
5 - Non-urgent	87	82	86	75	51	90	83	88	83
Total	67	65	66	65	49	65	78	68	65
Estimated proportion of patients who were admitted									
1 - Resuscitation	86	65	83	82	79	83	74	63	79
2 - Emergency	71	47	68	63	63	61	51	60	63
3 - Urgent	50	34	38	49	42	33	37	39	43
4 - Semi-urgent	22	16	14	26	14	14	16	14	18
5 - Non-urgent	7	6	4	8	4	4	4	3	6
Total	32	24	24	36	25	24	18	24	28
Data coverage									
Hospitals (number)	52	12	20	6	13	4	2	2	111
Estimated proportion of emergency visits (%)	80	54	80	82	77	100	100	100	...

(a) Care needs to be taken in interpreting these data. Nationally agreed definitions exist but there may be differences in how data are collected. Data may vary across jurisdictions as a result of differences in clinical practices.

(b) Estimated proportion of patients who were admitted is based on 4 hospitals.

(c) Estimated proportion of patients who were admitted is based on 3 hospitals.

... not applicable.

5 Waiting times for elective surgery

Introduction

This chapter presents summary data on elective surgery waiting times for patients admitted for their elective surgery during 2000–01. The data cover public hospitals only, except as noted below in the description of the scope of the data collection.

The waiting times data presented here are generally used as the main summary measure of elective surgery waiting times, although they provide measures of waiting times only for patients who complete their wait and are admitted. Most patients are admitted after waiting; however, 10% to 20% of patients are removed from waiting lists for other reasons, for example, they were admitted as an emergency patient for the awaited procedure; or they could not be contacted, had died, had been treated elsewhere or had declined the surgery.

This chapter presents a State and Territory overview of elective surgery waiting times, including information on the number of days waited at the 50th and 90th percentiles by patients admitted from waiting lists for elective surgery, presented by hospital peer group (Appendix 5).

The 50th percentile (the median or the middle value in a group of data arranged from lowest to highest) represents the number of days within which 50% of patients were admitted; half the waiting times will have been shorter, and half the waiting times longer, than the median. The 90th percentile data represent the number of days within which 90% of patients were admitted. The 50th and 90th percentiles were calculated using SAS version 8 and rounded to the nearest number of days.

Information on the coverage of the National Elective Surgery Waiting Times Data Collection is presented, including the number of hospitals in each peer group compared to the number of hospitals reporting to the collection in each peer group. Estimates of the coverage based on the proportions of elective surgery admissions that were covered by the collection are also included.

The number of admissions from waiting lists reported to the National Elective Surgery Waiting Times Data Collection and the proportion of patients who waited more than 12 months for admission are presented.

Data are also presented on the number of patients added to waiting lists and the number of patients removed from waiting lists for admission or another reason. This provides information about the movement of patients onto and off waiting lists. Data on the reasons for removal (elective admission or another reason) are also presented.

Information is also included by the specialty of the surgeon who was to perform the elective surgery and by indicator procedure. Finally, information is presented on the number of admissions from elective surgery waiting lists in 2000–01.

National Health Data Dictionary definitions (NHDC 2000) are the basis of the National Elective Surgery Waiting Times Data Collection and are summarised in the Glossary. However, some of the definitions used varied slightly among the States and Territories in 2000–01 and in comparison with previous reporting periods. Comparisons between

jurisdictions and between 2000–01 and previous reporting periods should therefore be made with reference to the notes on the definitions used.

Variation in methods to calculate waiting times

Waiting times are generally calculated by comparing the date on which a patient was added to a waiting list with the date that they were admitted. Days on which the patient was 'not ready for care' are excluded.

There was some variation in the method the States and Territories used to calculate waiting times for patients who changed clinical urgency category while they were on the waiting list, and for patients who were transferred from a waiting list managed by one hospital to that managed by another.

Changed clinical urgency category

For patients who changed clinical urgency category, three methods were used:

- (a) counting the time waited in the most recent urgency category plus any time waited in more urgent categories, e.g. time waited in category 2, plus time spent previously in category 1 (this is the agreed national standard for counting);
- (b) counting the time waited in all urgency categories;
- (c) counting the time waited in the most recent urgency category only.

New South Wales, Queensland, Western Australia, Tasmania and the Australian Capital Territory counted the time waited in the most recent urgency category plus the time waited in previous urgency categories if the previous urgency categories were of higher urgency (a). South Australia and the Northern Territory counted total waiting time in all urgency categories (b). Victoria counted only the time waited in the most recent urgency category (c). Victoria has used the nationally agreed standard since 1 July 2001.

It should be noted that methods (a) and (c) are equivalent for patients in urgency category 1 (the most urgent category), who cannot have spent time in a more urgent category. Method (b) would have had the effect of increasing the apparent waiting time (and thus the proportion of patients with extended waits) for category 1 patients admitted in South Australia and the Northern Territory compared with other jurisdictions.

For urgency categories 2 and 3, the variation in counting method could have the effect of increasing the reported waiting times for admissions in South Australia and the Northern Territory compared with all other jurisdictions and in New South Wales, Queensland, Western Australia, Tasmania and the Australian Capital Territory compared with Victoria.

Transfers between waiting lists

For patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not generally included in the waiting time reported to the National Elective Surgery Waiting Times Data Collection. Therefore, the number of days waited reflects the waiting time on the list managed by the reporting hospital only. This would have the effect of shortening the reported waiting time compared with the time actually waited for these patients.

Victoria and Western Australia were able to report the total time waited on all waiting lists. This could have the effect of increasing the reported waiting time for admissions in Victoria and Western Australia compared with other jurisdictions. South Australia has indicated that it is uncommon for patients to be transferred from a waiting list managed by one public hospital to that managed by another in that jurisdiction.

State and Territory overview

Coverage

The National Elective Surgery Waiting Times Data Collection covers public acute hospitals only. Private hospitals are not included, except for two hospitals in New South Wales that were funded by the New South Wales Health Department to provide services for public patients. Some public patients treated under contract in private hospitals in Victoria and Tasmania are also included.

All public hospitals that undertake elective surgery are generally included, however, some are not. Table 5.1 shows that coverage of the collection (as indicated by the proportion of hospitals included) was highest for the *Principal referral and specialist women's and children's* peer group. Data for one Queensland hospital in this peer group was not reported to the collection. For the *Large hospital* peer group, data for 7 hospitals in Victoria and 2 hospitals in Western Australia were not reported to the collection. Data for 60 out of 112 hospitals in the *Medium hospital* peer group were reported to the collection, with New South Wales the only State for which waiting times for all hospitals in this peer group were reported. Hospitals that were not included may not actually undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with reporting hospitals.

Table 5.1 also presents estimates of the proportions of elective surgery admissions that were covered by the National Elective Surgery Waiting Times Data Collection. The Institute derived these estimates from data provided by the States and Territories for the National Hospital Morbidity Database. The estimates were derived as:

- the number of separations with a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with a surgical procedure for all public hospitals.

Separations for cosmetic surgery were excluded. The definition of 'surgical procedure' used for these estimates is detailed in the Glossary and based on the procedures used to define surgical Australian Refined Diagnosis Related Groups version 4.2 (DHAC 1998, 2000a, 2000b). It should be noted that, since these estimates are based on all admissions, rather than on elective admissions only, they provide an indication of coverage, but are not actual measures of coverage.

Based in this measure, overall coverage of the National Elective Surgery Waiting Times Data Collection was about 85%, and ranged from 100% in the New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory, to about 67% in South Australia (Table 5.1). Coverage was highest for the *Principal referral and specialist women's and children's* peer group hospitals at about 99%, and progressively lower for the *Large hospitals* and *Medium hospitals* groups.

Distribution of days waited

Overall, the median waiting time for patients who were admitted from waiting lists was 27 days, ranging from 22 days in Queensland to 44 days in the Australian Capital Territory (Table 5.1). Ninety per cent of patients were admitted within 202 days, ranging from 132 days in Queensland to 294 days in Tasmania.

The shortest median waiting time was for patients admitted from waiting lists in hospitals in the *Principal referral and specialist women's and children's* peer group (26 days). In the *Large hospitals* and *Medium hospitals* peer groups, it was 30 days.

Proportion waiting more than 12 months

Overall, the proportion of patients admitted after waiting more than 12 months was 4.4%. This proportion varied among the States and Territories, ranging from 2.3% in the Northern Territory to 7.6% in Tasmania.

In the *Principal referral and specialist women's and children's* peer group, 4.2% of patients were admitted after waiting more than 365 days, as were 4.6% of patients in the *Large hospitals* peer group, and 4.4% of patients in the *Medium hospitals* peer group.

Admissions from waiting lists

Hospitals in the *Principal referral and specialist women's and children's* peer group accounted for 65.5% of admissions from elective surgery waiting lists. Another 19.3% were reported for hospitals in the *Large hospitals* peer group and 13.4% of admissions from waiting lists were reported for hospitals in the *Medium hospitals* peer group. Overall, the number of admissions from waiting lists ranged from 5,516 in the Northern Territory to 192,867 in New South Wales.

There were 26.4 admissions reported for elective surgery per 1,000 population (crude rate) for Australia overall.

Additions and removals from waiting lists

Table 5.2 shows the movement of patients on and off waiting lists in 2000–01. Patients are removed from waiting lists either when they are admitted on an elective basis for the procedure for which they were waiting or for a range of other reasons such as admission as an emergency patient for the procedure for which they were waiting; the surgery not being required; or the patient not being able to be contacted by the hospital, having died, having the surgery elsewhere or declining the surgery (see the Glossary for a full description of the categories). For the Australian Capital Territory, there were a small number of cases with invalid reason for removal data, so these were coded as 'not reported'.

Of total removals (elective admissions and other), elective admissions accounted for the greatest proportion overall (84.7%), ranging from 59.0% in the Northern Territory to 88.8% in South Australia.

Information on the reason for removal other than elective admission for the awaited procedure was not available for Queensland. For the other States and Territories, surgery not required or declined was the reason for removal with the greatest proportion of removals (16.2%, 35,922 patients) following admissions as elective patients. A further 1.2% of patients (2,695) were admitted as emergency patients, 3.4% (7,617) could not be contacted

and 6.9% (15,298) were treated elsewhere. The reason for removal was not reported for 1.9% (11,514) of patients who were removed from waiting lists.

Specialty of surgeon

Distribution of waiting times

Table 5.3 shows the distribution of days waited by patients admitted from waiting lists, by the specialty of the surgeon who was to perform the surgery and by State and Territory.

Ophthalmology and orthopaedic surgery were the surgical specialties with the longest median waiting times (52 and 44 days respectively). All other surgical specialties except ear, nose and throat surgery had median waiting times of less than 30 days; cardio-thoracic surgery had the shortest median waiting time (11 days).

The median waiting time varied markedly among the States and Territories for orthopaedic surgery, with 50% of patients being admitted within 24 days in Queensland and within 129 days in Tasmania. For general surgery, variation in the median waiting time was less marked, ranging from 22 days in New South Wales to 37 days in the Northern Territory.

The length of time by which 90% of patients had been admitted also varied by surgical specialty, from 74 days for cardio-thoracic surgery to 370 days for ophthalmology.

Proportion waiting more than 12 months

Table 5.4 shows the proportion of patients admitted from waiting lists who waited more than 12 months, by the specialty of the surgeon who was to perform the surgery and by State and Territory.

Ophthalmology and ear, nose and throat surgery were the specialties with the highest proportion of patients who waited more than a year to be admitted (10.3% and 8.7% respectively). Cardio-thoracic surgery had the lowest proportion of patients who waited more than a year (0.1%), followed by neurosurgery (1.0%) and gynaecology (1.2%).

There was marked variation among the States and Territories in the proportion of patients who waited more than a year to be admitted for some surgical specialties. For example, 3.5% of patients admitted for orthopaedic surgery waited more than a year in Queensland, compared with 21.1% of patients in Tasmania. For ophthalmology, 2.4% of patients waited more than a year to be admitted in the Northern Territory, compared with 25.3% of patients in Tasmania.

Admissions from waiting lists

Table 5.5 presents State and Territory information on the total number of patients admitted for elective surgery from waiting lists in 2000–01. Nationally, admissions from waiting lists were highest for general surgery (137,633) and lowest for neurosurgery (8,202). Admissions from waiting lists were highest for general surgery for all jurisdictions except the Northern Territory, and the Australian Capital Territory where the highest number of admissions was for gynaecology and orthopaedic surgery, respectively. Neurosurgery had the lowest number of admissions for all States and Territories where it is undertaken, except for the Australian Capital Territory where the lowest number of admissions was for cardio-thoracic surgery.

Indicator procedures

Distribution of days waited

Table 5.6 shows State and Territory data on the distribution of days waited by patients admitted from waiting lists, by indicator procedure. Nationally, the indicator procedure with the lowest median waiting time was coronary artery bypass graft (16 days) and the indicator procedure with the highest median waiting time was total knee replacement (114 days).

There was marked variation among the States and Territories in the median waiting time for septoplasty, ranging from 55 days in Western Australia to 143 days in the Northern Territory and 389 days in Tasmania.

The length of time by which 90% of patients had been admitted also varied by indicator procedure, from 89 days for coronary artery bypass graft to 584 days for septoplasty.

Proportion waiting more than 12 months

State and Territory information on the proportion of patients who waited more than 12 months to be admitted from waiting lists for elective surgery is shown by indicator procedure in Table 5.7. The indicator procedure with the highest proportion of patients waiting more than a year was septoplasty (20.5%), followed by total knee replacement (19.0%). The lowest proportion of patients waiting more than a year were waiting for a coronary artery bypass graft (0.2%).

The proportion of patients admitted from waiting lists who waited more than a year varied among the States and Territories. For example, 3.0% of patients waited more than a year for admission for cataract extraction in the Northern Territory, compared with 43.2% in Tasmania. For total hip replacement, the proportion ranged from 5.5% in Queensland to 27.7% in Tasmania.

Admissions from waiting lists

Table 5.8 provides information on the number of patients admitted from waiting lists for elective surgery in 2000–01, by indicator procedure and State and Territory. Overall, 30.7% of patients admitted for elective surgery were waiting for one of the indicator procedures. There was some variation among the States and Territories: Victoria had the highest proportion of admissions for the indicator procedures (33.0%) and the Australian Capital Territory had the lowest proportion (17.0%).

Cataract extraction was the highest volume indicator procedure for all jurisdictions except Queensland, Tasmania and the Australian Capital Territory, where cystoscopy was the highest. Myringoplasty was the lowest volume indicator procedure for all States and Territories except Tasmania, where prostatectomy was the lowest, and the Northern Territory, where haemorrhoidectomy and hysterectomy were the lowest. Coronary artery bypass grafts are not done in the Northern Territory.

Table 5.1: Waiting time statistics for patients admitted from waiting lists, by public hospital peer group, States and Territories, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral & women's & children's hospitals									
Number of hospitals in peer group	23	17	15	5	4	2	1	1	58
Number of reporting hospitals ^(a)	23	17	14	5	4	2	1	1	57
Estimated coverage of surgical separations (%) ^(c)	100	100	97	100	100	100	100	100	99
Number of admissions ^(d)	108,603	82,104	76,017	21,809	25,741	10,461	5,245	3,633	333,013
Days waited at 50th percentile	24	28	21	23	29	36	n.p.	n.p.	26
Days waited at 90th percentile	201	221	133	217	167	292	n.p.	n.p.	194
% waited more than 365 days	4.6	4.5	3.3	4.5	2.8	7.6	n.p.	n.p.	4.2
Large hospitals									
Number of hospitals in peer group	18	13	7	2	3	1	1	1	46
Number of reporting hospitals ^(a)	18	6	7	0	3	1	1	1	37
Estimated coverage of surgical separations (%) ^(c)	100	54	100	0	100	100	100	100	79
Number of admissions ^(d)	38,558	24,151	19,443	..	10,421	2,534	1,946	1,262	98,315
Days waited at 50th percentile	33	29	23	..	41	n.p.	n.p.	n.p.	30
Days waited at 90th percentile	272	161	131	..	235	n.p.	n.p.	n.p.	207
% waited more than 365 days	6.5	2.3	4.0	..	4.3	n.p.	n.p.	n.p.	4.6
Medium hospitals									
Number of hospitals in peer group	41	30	15	12	14	..	..	..	112
Number of reporting hospitals ^(a)	41	2	11	6	0	..	..	..	60
Estimated coverage of surgical separations (%) ^(c)	100	13	91	74	0	..	..	..	56
Number of admissions ^(d)	37,833	4,133	8,722	17,629	..	..	..	..	68,317
Days waited at 50th percentile	31	23	28	31	..	..	..	..	30
Days waited at 90th percentile	251	210	127	214	..	..	..	..	221
% waited more than 365 days	5.5	4.3	1.4	3.4	..	..	..	..	4.4

(continued)

Table 5.1 (continued): Waiting time statistics for patients admitted from waiting lists, by public hospital peer group, States and Territories, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total^(a)									
Total number of hospitals	219	145	155	90	79	24	2	5	719
Number of reporting hospitals ^(b)	109	25	33	11	7	3	2	5	195
Estimated coverage of surgical separations (%) ^(c)	100	70	94	75	67	100	100	100	85
Number of admissions ^(d)	192,867	110,388	104,688	39,438	35,562	12,995	6,836	5,516	508,290
Admissions per 1,000 population ^(e)	29.7	23.0	29.1	20.8	23.7	27.6	21.9	28.1	26.4
Days waited at 50th percentile	28	28	22	27	34	37	44	23	27
Days waited at 90th percentile	229	205	132	215	199	294	266	198	202
% waited more than 365 days	5.2	4.0	3.3	4.0	3.6	7.6	5.3	2.3	4.4

(a) Includes data for hospitals not included in the specified hospital peer groups and some private hospitals contracted to do elective surgery.

(b) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection. See Appendix 5 for further information.

(c) The number of separations with a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with a surgical procedure for all public hospitals.

(d) Number of admissions for elective surgery reported to the National Elective Surgery Waiting Times Data Collection.

(e) Crude rate.

... not applicable.

n.p. not published because there was only one hospital in the peer group.

Table 5.2: Number of additions to and removals from waiting lists, States and Territories, 2000–01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Additions	218,477	129,156	123,854	44,251	38,109	15,361	7,264	7,630	584,102
Removals^(a)									
Admitted as an elective patient ^(b)	192,867	110,388	104,688	39,438	35,562	12,995	6,836	5,516	508,290
Admitted as an emergency admission	1,578	628	n.a.	292	187	n.a.	3	7	2,695
Could not be contacted/died	3,670	1,740	n.a.	790	442	731	244	n.a.	7,617
Treated elsewhere	8,196	4,005	n.a.	1,283	916	584	314	n.a.	15,298
Surgery not required or declined	14,890	9,714	n.a.	6,816	1,850	1,085	1,567	n.a.	35,922
Not reported ^(c)	.	3,842	18,916	1,218	1,076	.	1,558	3,820	30,430
Total removals	221,201	130,317	123,604	49,837	40,033	15,395	10,522	9,343	600,252

(a) See Glossary for a full description of these categories.

(b) For Tasmania and the Northern Territory, small numbers of emergency admissions were included with the elective admissions.

(c) For the Australian Capital Territory, includes a small number of cases with invalid reason for removal codes.
n.a. not available.

. . . not applicable.

Table 5.3: Days waited by patients admitted from waiting lists, by specialty of surgeon, States and Territories, percentiles, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cardio-thoracic									
Days waited at 50th percentile	13	9	12	11	9	13	12	..	11
Days waited at 90th percentile	78	58	72	47	98	101	43	..	73
Ear, nose & throat surgery									
Days waited at 50th percentile	53	33	31	56	48	42	64	32	41
Days waited at 90th percentile	373	315	252	313	314	379	358	223	331
General surgery									
Days waited at 50th percentile	22	24	23	23	31	36	27	37	24
Days waited at 90th percentile	147	174	117	152	160	248	171	184	148
Gynaecology									
Days waited at 50th percentile	23	34	23	19	25	33	48	6	24
Days waited at 90th percentile	119	199	89	70	139	140	223	55	119
Neurosurgery									
Days waited at 50th percentile	14	16	9	15	16	37	28	..	15
Days waited at 90th percentile	66	112	98	119	91	473	119	..	92
Ophthalmology									
Days waited at 50th percentile	81	38	27	83	40	98	50	93	52
Days waited at 90th percentile	451	183	419	295	253	817	501	217	371
Orthopaedic surgery									
Days waited at 50th percentile	52	51	24	70	64	129	75	41	44
Days waited at 90th percentile	371	316	165	437	328	547	301	283	324
Plastic surgery									
Days waited at 50th percentile	24	22	23	24	28	35	53	21	24
Days waited at 90th percentile	106	161	132	195	176	211	276	121	143
Urology									
Days waited at 50th percentile	25	27	24	17	39	36	48	47	26
Days waited at 90th percentile	132	174	110	80	199	309	168	71	142
Vascular surgery									
Days waited at 50th percentile	12	15	15	15	11	29	22	..	14
Days waited at 90th percentile	72	134	123	136	52	206	396	..	101
Other									
Days waited at 50th percentile	6	21	13	10	3	4	43	20	12
Days waited at 90th percentile	58	124	99	40	32	21	156	80	91
Total									
Days waited at 50th percentile	28	28	22	27	34	37	44	23	27
Days waited at 90th percentile	229	205	132	215	199	294	266	198	202

.. not applicable.

Table 5-4: Proportion of patients admitted from waiting lists who waited more than 12 months, by speciality of surgeon, States and Territories, 2000-01

Surgical speciality	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cardio-thoracic	0.1	0.3	0.1	0.0	0.2	0.0	0.0	..	0.1
Ear, nose & throat surgery	10.4	8.4	6.9	7.2	7.7	10.7	9.6	4.5	9.7
General surgery	2.5	3.5	2.4	2.4	1.9	6.0	2.7	2.4	2.7
Gynaecology	1.4	1.9	0.9	0.3	0.6	0.5	4.9	0.3	1.2
Neurosurgery	0.3	0.9	1.7	1.6	0.4	16.4	0.0	..	1.0
Ophthalmology	17.4	2.5	12.3	4.6	4.5	25.3	16.6	2.4	10.3
Orthopaedic surgery	10.3	7.7	3.5	13.9	8.3	21.1	4.5	6.6	8.2
Plastic surgery	1.7	3.1	2.7	3.9	3.5	4.5	5.0	1.6	2.9
Urology	2.0	3.2	1.8	1.1	4.5	8.5	0.7	0.0	2.6
Vascular surgery	1.6	3.0	4.6	2.8	0.2	5.6	13.3	..	2.8
Other	0.2	1.7	1.1	0.0	0.0	0.0	5.3	2.7	1.1
Total	5.2	4.0	3.3	4.0	3.6	7.6	5.3	2.3	4.4

.. not applicable.

Table 5.5: Admissions from waiting lists, by speciality of surgeon, States and Territories, 2000-01

Surgical speciality	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cardio-thoracic	4,446	3,518	3,790	929	817	470	145	..	14,115
Ear, nose & throat surgery	15,239	12,016	8,481	3,882	3,686	814	920	511	45,349
General surgery	58,665	24,629	29,904	9,543	9,064	3,246	960	1,652	137,663
Gynaecology	35,251	13,464	16,652	6,578	5,167	2,587	1,140	1,823	82,662
Neurosurgery	3,296	2,139	1,270	640	711	146	296	..	8,498
Ophthalmology	18,549	13,380	6,920	4,550	3,545	506	344	548	48,342
Orthopaedic surgery	25,721	15,488	18,342	4,833	4,338	1,479	1,146	619	71,966
Plastic surgery	7,180	8,795	7,205	2,908	3,316	1,239	300	124	31,067
Urology	16,623	11,187	7,995	4,266	3,882	1,896	756	55	46,660
Vascular surgery	4,161	2,344	2,217	818	963	197	264	..	10,964
Other	3,736	3,428	1,912	691	73	415	565	113	10,933
Total	192,867	110,388	104,688	39,438	35,562	12,995	6,836	5,516	508,290

.. not applicable.

Table 5.6: Days waited by patients admitted from the waiting lists, by indicator procedure and States and Territories, percentiles, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cataract extraction									
Days waited at 50th percentile	135	53	36	105	49	279	48	107	80
Days waited at 90th percentile	487	206	515	297	301	864	571	224	420
Cholecystectomy									
Days waited at 50th percentile	43	45	36	37	44	70	54	51	42
Days waited at 90th percentile	266	201	146	156	171	329	288	187	211
Coronary artery bypass graft									
Days waited at 50th percentile	20	14	17	13	13	27	31	..	16
Days waited at 90th percentile	93	80	81	53	117	108	44	..	89
Cystoscopy									
Days waited at 50th percentile	25	28	27	21	45	45	65	47	27
Days waited at 90th percentile	119	154	120	92	230	270	170	148	138
Haemorrhoidectomy									
Days waited at 50th percentile	34	76	42	44	76	132	95	66	44
Days waited at 90th percentile	211	326	333	181	231	315	325	209	262
Hysterectomy									
Days waited at 50th percentile	39	40	29	35	49	56	115	31	38
Days waited at 90th percentile	188	239	107	107	178	206	349	199	180
Inguinal herniorrhaphy									
Days waited at 50th percentile	36	36	34	37	57	84	56	58	38
Days waited at 90th percentile	236	259	139	172	224	385	420	206	222
Myringoplasty									
Days waited at 50th percentile	117	81	60	163	69	162	474	180	96
Days waited at 90th percentile	502	472	752	494	355	1,662	575	563	547
Myringotomy									
Days waited at 50th percentile	24	24	34	46	38	27	98	26	29
Days waited at 90th percentile	202	98	138	198	98	54	239	91	129
Prostatectomy									
Days waited at 50th percentile	28	35	24	17	38	33	30	53	28
Days waited at 90th percentile	154	224	106	76	446	77	100	495	165

(continued)

Table 5.6 (continued): Days waited by patients admitted from waiting lists, by indicator procedure, States and Territories, percentiles, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Septoplasty									
Days waited at 50th percentile	105	96	58	55	162	389	168	143	95
Days waited at 90th percentile	529	621	1,037	434	405	1,034	453	354	584
Tonsillectomy									
Days waited at 50th percentile	106	43	55	87	82	130	113	54	66
Days waited at 90th percentile	458	320	294	324	498	640	400	189	399
Total hip replacement									
Days waited at 50th percentile	113	108	55	77	120	221	70	49	95
Days waited at 90th percentile	467	339	217	411	472	537	188	286	405
Total knee replacement									
Days waited at 50th percentile	160	111	68	84	111	402	90	110	114
Days waited at 90th percentile	563	375	344	463	448	756	273	449	512
Varicose veins stripping & ligation									
Days waited at 50th percentile	55	119	64	61	104	245	321	134	72
Days waited at 90th percentile	347	727	749	484	422	942	523	524	497
Other elective surgery									
Days waited at 50th percentile	21	23	20	21	27	31	40	19	22
Days waited at 90th percentile	145	184	110	186	154	241	231	132	152
Total									
Days waited at 50th percentile	28	28	22	20	34	37	44	25	27
Days waited at 90th percentile	229	205	132	215	199	294	266	168	202

... not applicable.

Table 5.7: Proportion of patients admitted from waiting lists who waited more than 12 months, by indicator procedure, States and Territories, 2000-01

Indicator procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cataract extraction	22.0	3.2	17.4	4.4	6.5	43.2	19.3	3.0	13.6
Cholecystectomy	5.8	3.1	2.1	2.2	1.3	9.2	6.2	3.7	4.1
Coronary artery bypass graft	0.1	0.6	0.0	0.0	0.2	0.0	0.0	..	0.2
Cystoscopy	1.5	2.2	1.8	1.7	5.3	3.9	0.4	2.3	2.0
Haemorrhoidectomy	4.4	8.1	9.3	5.5	2.2	7.7	10.0	0.0	5.8
Hysterectomy	2.5	2.4	1.0	0.5	0.6	1.1	7.1	0.0	1.9
Inguinal herniorrhaphy	4.4	6.4	3.7	3.1	2.7	10.8	12.4	3.5	4.6
Myringoplasty	19.1	16.9	17.8	19.4	8.8	34.3	62.5	24.2	18.2
Myringotomy	2.5	0.5	2.1	2.6	0.5	1.2	0.0	0.0	1.3
Prostatectomy	2.9	5.8	3.0	0.9	12.7	0.0	0.0	13.6	4.3
Septoplasty	20.1	22.8	22.1	14.2	13.7	52.4	25.0	10.0	20.5
Tonsillectomy	17.8	7.8	7.2	6.5	17.9	23.3	22.2	2.9	11.9
Total hip replacement	16.3	8.2	5.5	12.6	15.3	27.7	0.0	5.0	12.3
Total knee replacement	26.3	10.5	9.2	14.8	16.0	52.5	3.9	15.8	19.0
Varicose veins stripping & ligation	8.9	25.7	23.4	17.0	13.3	38.2	28.2	23.7	16.6
Other elective surgery	2.6	3.4	2.1	3.8	2.3	5.9	4.4	0.0	2.9
Total	5.2	4.0	3.3	4.0	3.6	7.6	5.3	2.3	4.4

.. not applicable.

Table 5.8: Admissions from waiting lists, by indicator procedure, States and Territories, 2000-01

Indicator procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cataract extraction	13,785	8,687	4,116	3,124	2,235	264	202	405	32,818
Cholecystectomy	6,972	2,981	3,411	908	922	433	113	107	15,747
Coronary artery bypass graft	1,924	1,515	1,553	251	440	336	25	..	6,044
Cystoscopy	10,476	6,510	4,769	1,782	1,553	612	242	176	26,120
Haemorrhoidectomy	1,487	484	517	255	223	65	10	18	3,059
Hysterectomy	5,060	1,744	2,291	1,010	700	370	113	13	11,306
Inguinal herniorrhaphy	5,798	2,556	2,788	915	825	287	89	115	13,383
Myringoplasty	350	332	326	160	114	35	8	33	1,358
Myringotomy	690	2,742	1,942	731	659	84	64	54	6,966
Prostatectomy	2,375	1,147	737	340	440	14	12	22	5,087
Septoplasty	1,260	1,375	488	459	241	42	16	20	3,901
Tonsillectomy	4,296	3,080	2,578	891	761	60	63	105	11,834
Total hip replacement	2,187	1,384	922	342	476	155	50	20	5,536
Total knee replacement	2,683	1,113	1,145	297	570	118	76	19	6,221
Varicose veins stripping & ligation	1,860	814	837	305	415	51	78	38	4,398
Other elective surgery	131,564	73,924	76,268	27,688	24,988	10,059	5,675	4,366	354,512
% indicator procedures	31.8	33.0	27.1	29.8	29.7	22.6	17.0	20.8	30.3
Total	192,867	110,388	104,688	39,438	35,562	12,995	6,836	5,516	508,290

.. not applicable.

6 Administrative data for admitted patients

Introduction

This chapter presents a summary of patient-level administrative information, including admitted patient election status, Medicare eligibility status, funding source, cross border flows, care type, urgency of admission, mode of admission, mode of separation and inter-hospital contracted patient status. The data are derived from the Institute's National Hospital Morbidity Database, a compilation of patient-level data for separations from public and private hospitals in Australia. The tables in this chapter present separation, patient day, average cost weight and average length of stay statistics for these administrative elements. Separations were included for all care types except *Hospital boarders*, *Organ procurement – posthumous* and *Newborn* episodes that did not include qualified days. Tables 6.10 and 6.11 also include *Newborn* episodes without qualified days and records provided optionally by the States and Territories for episodes of *Organ procurement – posthumous*.

For *Australian Hospital Statistics 1999–00* (AIHW 2001a) the first five tables were based on the data element 'Patient accommodation eligibility status'. This data element has been replaced by three different data elements for version 9 of the *National Health Data Dictionary* (NHDC 2000). The new data elements are 'Admitted patient election status', 'Department of Veterans' Affairs patient' and 'Medicare eligibility status'. These data are as supplied by the States and Territories and, in the case of Department of Veterans' Affairs (DVA) patients, their eligibility to receive hospital treatment as a DVA patient may not necessarily have been confirmed by DVA.

States and Territories also supplied data on the 'Compensable status' of each patient. A compensable patient is defined as any person who is entitled to receive a compensation payment with respect to an injury or disease for which he or she is receiving care and treatment (i.e. compensation payment for claims for damages under Motor Vehicle Third Party Insurance, worker's compensation, or under public liability or common law damages).

A new data element, 'Funding source for hospital patient' was included in version 10 of the *National Health Data Dictionary* (NHDC 2001) and was implemented from July 2001. This data element is designed to provide information about the principal source of funds for an admitted patient episode or non-admitted patient service event. To provide some continuity between this and subsequent publications, the information in Tables 6.1 to 6.5 has been presented to reflect the structure of the *National Health Data Dictionary* version 10 data element 'Funding source for hospital patients', using the *National Health Data Dictionary* version 9 data elements; 'Admitted patient election status', 'Department of Veterans' Affairs patient', 'Medicare eligibility status' and 'Compensable status'. Thus:

- separations are first categorised as Medicare eligible or otherwise (using 'Medicare eligibility status');
- Medicare eligible separations were categorised as public (Medicare) patients or private patients (using 'Admitted patient election status');

- private patients were categorised as compensable, DVA or other (using ‘Department of Veterans’ Affairs patient’ and ‘Compensable status’).

‘Other private patient’ in this structure therefore refers to patients whose ‘Admitted patient election status’ is private and who were not DVA or compensable patients. These patients would include those who paid for hospital treatment themselves or used private hospital insurance

For cross-border flow information, the State or Territory of usual residence is reported as one of the six States, the Australian Capital Territory, the Northern Territory, other Australian territories (including Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory) or other (including resident overseas, at sea, no fixed address) (see Tables 6.6 to 6.8). More detailed information on the area of usual residence of the patient is stored in the National Hospital Morbidity Database as the Statistical Local Area of residence and has been used to generate the maps in Chapter 7 (Figures 7.8 and 7.9).

Care type was reported for most separations, but was not available for almost half of the private hospital separations in Tasmania. The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care. Definitions of each care type are contained in the *National Health Data Dictionary* version 9 and are summarised in the Glossary. They are:

- acute care
- rehabilitation care – delivered in a designated unit
- rehabilitation care – according to a designated program
- rehabilitation care – principal clinical intent
- palliative care – delivered in a designated unit
- palliative care – according to a designated program
- palliative care – principal clinical intent
- geriatric evaluation and management
- psychogeriatric care
- maintenance care
- newborn care
- other admitted patient care.

Not all States and Territories supplied information to this level of detail for rehabilitation and palliative care. For rehabilitation, a category of *Rehabilitation, not further specified* was used by some States and Territories and is included in the tables in this chapter. Due to the small number of separations reported in the palliative care categories, only *Palliative care, not further specified* has been used in Tables 6.10 and 6.11. Victoria also did not use the *Psychogeriatric care* or *Maintenance care* categories.

The *Newborn care* type is used for all patients aged 9 days or less at admission. *Newborn* episodes of care comprise separations with qualified days only, separations with a mixture of qualified and unqualified days and separations with unqualified days only. Most States and Territories have implemented this *Newborn* definition; however, Tasmania reported all *Newborns* as *Newborns* with unqualified days and the Northern Territory only reported *Newborns* with qualified days and *Newborns* with unqualified days (see the Glossary and Appendix 3 for more information). Therefore a new episode of care would have been reported for each change in qualification status for these records. The care type *Organ*

procurement – posthumous is not regarded as the care or treatment of an admitted patient, but this activity is registered by the hospital.

The mode of admission element records the mechanism by which a patient begins an episode of care (transferred from another hospital, statistical admission – care type change, other planned and unplanned admissions), as shown in Table 6.12.

The mode of separation records the status of the patient (discharged, transferred, care type change, died) at the time of separation and for some categories the place to which the person was discharged or transferred, as shown in Table 6.13.

Table 6.15 reports on the element 'Inter-hospital contracted patient'. Data on inter-hospital contracted patient status were provided by six jurisdictions. An inter-hospital contracted patient is defined in the *National Health Data Dictionary* version 9 as an episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care and a provider of an admitted service and for which the activity is recorded by both hospitals. Separations can be reported as *Inter-hospital contracted patient from public sector*, *Inter-hospital contracted patient from private sector*, *Not contracted* or *Not reported*. Some States supplied this element as *Inter-hospital contracted patient from unspecified sector*, *Other* or *Not reported*. This data element provides information on whether the contracted care episodes were purchased by public or private hospitals and indicates the extent to which double counting occurs for contracted patients.

A table (Table 6.16) has been included on 'Insurance status' for private patients who were not reported as compensable or Department of Veterans' Affairs patients (i.e. '*Other private patient*'). Data on insurance status indicates whether a patient has hospital insurance; that is, insurance providing benefits related to charges for hospital accommodation and services. Individuals can elect to be admitted in public hospitals as public or private patients irrespective of their insurance status, and may or may not have used their insurance to fund the reported episodes of care.

Table 6.17 reports on the new data element 'Urgency of admission'. It shows whether the admission was assigned an urgency status, and if so, whether the admission occurred on an emergency or an elective basis.

Medicare eligibility and funding source

Medicare eligible patients accounted for 99.0% of all separations from all hospitals in Australia, with 0.4% recorded as not eligible for Medicare; eligibility status was not reported for the remaining 0.6% (Table 6.1).

For the Medicare eligible separations, 56.8% elected to be treated as public patients and 43.2% elected to be treated as private patients. Medicare eligible public patients accounted for 86.7% of separations from public hospitals (3,353,250), compared with 12.9% for private patients (497,113). The two major categories were reversed in private hospitals, with Medicare eligible public patients making up 4.5% (101,612) and private patients 93.7% (2,127,023) of all separations. Department of Veterans' Affairs patients (classified as private patients, see above) made up 5.1% of all separations. 26.9% of private patients attending public sector hospitals were Department of Veterans' Affairs patients as were 8.6% of private patients attending private sector hospitals.

Overall, around 2% of patients (122,252) were compensable in 2000–01. In the public sector, 1.1% of patients (40,719) fell into this category, while in the private sector 3.6% of patients (81,533) were compensable.

For both sectors combined there were 174.2 separations per 1,000 population (age-standardised) for Medicare eligible public patients, compared with 127.4 for Medicare eligible private patients (Table 6.2). The latter figure is underestimated because separations were not available for the Northern Territory private hospital, nor for a number of private hospitals and/or private free-standing day hospital facilities in Victoria, the Australian Capital Territory and South Australia (see Appendix 5 for further details). The Northern Territory recorded the highest Medicare eligible public patient separation rate (340.6 per 1,000). The separation rates for Medicare eligible public patients in private hospitals in Western Australia (23.8 per 1,000) and Tasmania (26.1 per 1,000) were markedly higher than those recorded for other States and Territories. The private sector in the Australian Capital Territory and Tasmania had not implemented separate episodes of care in 2000–01 and this would have had the effect of reducing the number of separations and the separation rates for these hospitals in comparison with the others.

Table 6.3 presents the average cost weight of separations in each State and Territory by hospital sector, Medicare eligibility and funding source. The table has been restricted to separations with a care type of *Acute, Newborn* (with at least one qualified patient day) or *Not reported*. In all States and Territories, the average cost weights for Medicare eligible private patients were higher than that for Medicare eligible public patients in public hospitals. In the public sector, compensable patients had average cost weights markedly higher than these hospitals' main patient groups of eligible public and eligible private patients respectively. More detail about the AR-DRG classification and cost weights is included in Chapter 11 and, in reference to the effects of the integration of public psychiatric services into public hospital systems, in Chapter 2.

Table 6.4 shows the number of patient days reported for each funding source category, by State or Territory and hospital sector. Medicare eligible *public* patients accounted for 59.9% of total patient days, *compensable* patients 2.0%, *Department of Veterans' Affairs* patients 7.8%, and '*other private*' patients 28.7% of patient days. Of the Medicare eligible patients, 60.8% of patient days recorded were for public patients and 39.2% were for private patients.

Between 1996–97 and 2000–01, the number of separations for private patients increased each year, as did the number of separations for private patients who were not compensable or DVA patients (Table 6.5). Separations for public patients increased each year until 1999–00, and then declined by 0.4%. The decline in the numbers of separations recorded by Medicare eligible private patients in public hospitals was also reversed for the latest year, when an increase of 6.6% was recorded. The number of separations and patient days attributable to Medicare eligible public patients in private hospitals increased each year, to account for 4.5% and 4.7%, respectively, of private hospital activity in 2000–01. Private hospitals also showed steady growth in DVA patients treated, increasing from 10.3% of patient days in 1996–97 to 13.8% in 2000–01.

During this period, the Department of Veterans' Affairs either integrated its repatriation hospitals into State public systems or sold them to private companies. Many veterans continue to access former repatriation hospitals, including the two privatised hospitals in Western Australia and Queensland. In addition, as each repatriation hospital was integrated or sold, the Repatriation Private Patient Scheme was introduced in that State. The Repatriation Private Patient Scheme allows veterans easier access to the private sector if public hospital services are not available. The rising numbers of people entitled to treatment at Department of Veterans' Affairs expense, in conjunction with easier access to the private system, have also contributed to more veterans being treated in the private sector.

Cross-border flows

Table 6.6 shows how many separations in each State and Territory were for patients who were interstate residents. Overall, 97.7% (5,995,353) of separations were for patients who resided in the State or Territory where they were treated (Table 6.8). However, in the Australian Capital Territory only about 76.8% were for Australian Capital Territory residents (65,991), with the majority of the remainder resident in New South Wales. This is mainly because the Australian Capital Territory acts as a referral centre for the surrounding districts, which are part of New South Wales.

Age-standardised separation rates per 1,000 population for each State and Territory, by hospital sector and State or Territory of usual residence, are presented in Table 6.7. The cross-border flow rate was highest for Northern Territory residents attending South Australian hospitals and was also high for Australian Capital Territory residents attending New South Wales hospitals.

The average cost weight of separations in each State and Territory by each hospital sector and State or Territory of usual residence is presented in Table 6.9. As for Table 6.3, this table has been restricted to separations with a care type of *Acute*, *Newborn* (with at least one qualified day) or *Not reported* (for more detail see Chapter 2 and Chapter 11). Public hospitals generally had average cost weights that were higher for interstate patients than for patients from their own state. Separations for Northern Territory residents had higher average cost weights for the public sector in most States (except the Australian Capital Territory) than in the Northern Territory, consistent with a tendency for movement of Territory residents with more complex treatment requirements to hospitals in other States. Tasmanian residents also had higher average cost weights provided by the private sector in most other States and Territories than in their own State. The high average cost weight for Other Australian territories residents in Queensland public hospitals was caused by the small number of separations (12) in this category, two of which were classified into very high cost weight Diagnosis Related Groups (DRGs) (see Chapter 11 for more information on DRGs).

Care type

Table 6.10 presents separations by care type. For public and private sectors together, 92.6% of separations were classified as episodes of *Acute care*, 3.9% as *Newborn* and 1.8% as *Rehabilitation care*. There was some variation among the States and Territories and between the public and private sectors. For example, the proportion of public hospital separations that was for *Rehabilitation care* ranged from 0.6% (374) in the Northern Territory to 2.8% in Queensland (20,097). Almost half of all private hospital separations for Tasmania had a care type of *Not reported*.

Newborn separations with all unqualified days (see Appendix 3 for more information) have only been included in Tables 6.10 and 6.11 in this report and, as such, will cause total separations in Table 6.10 to differ from those of other tables. They accounted for an additional 194,406 separations, the majority (154,984 or 79.7%) in the public sector. Victoria did not provide data for *Newborn* separations with unqualified days only in the private sector, which means that the total number of newborn episodes is incomplete in this State. The same is true for South Australia, for which the such *Newborn* separations are significantly unreported.

Average length of stay for episodes of *Acute care* in private hospitals (2.7 days) was shorter than in public hospitals (3.4 days) (Table 6.11). The average length of stay for *Newborn* episodes with a mixture of qualified and unqualified days has been presented split into the average number of qualified days and the average number of unqualified days. In the public sector, the average length of stay overall for these 'mixed' separations was 3.0 qualified days and 2.5 unqualified days, compared with 10.3 days for newborns with qualified days only and 2.9 days for newborns with no qualified days. In the private sector, the average length of stay overall for these 'mixed' separations was 5.4 qualified days and 4.2 unqualified days, compared with 6.9 days for qualified newborns and 4.7 days for unqualified newborns.

Mode of admission

In both public and private hospitals (Table 6.12), most separations had a mode of admission of *Other* (95.5%, 5,861,976), the term used to refer to all planned and unplanned admissions, except transfers from other hospitals and statistical admissions. Public hospitals recorded higher proportions of both *Admitted patient transferred from another hospital* (4.1%, 158,582) and *Statistical admission: type change* (1.1%, 44,449) than were reported for private hospitals (2.7%, 61,424 and 0.3%, 6,027, respectively). New South Wales had the highest proportion (4.4%) of *Admitted patient transferred from another hospital*.

Mode of separation

The majority of patients (5,648,010, 92.0%) were included in the *Other* category, suggesting that most patients go home after separation from hospital. This was particularly the case in the private sector, where 95.4% of separations (2,166,784) were categorised as *Other*; in the public sector, this figure was 90.0% (3,481,226) (Table 6.13). The main difference between the sectors was that more patients were transferred to other hospitals in the public sector (5.2%) than in the private sector (1.8%). There were also greater proportions of separations in the public sector for *Died* and the *Left against medical advice/discharge at own risk* category. Tasmania recorded a very high proportion of private hospital patients with a mode of separation of *Statistical discharge: type change* (29.4%) and also for *Discharge/transfer to other health care accommodation* (13.3%).

There is a discrepancy between the number of patients reporting a mode of separation of *Discharged/transferred to an(other) hospital* (acute and psychiatric) (241,315) and the number of patients who recorded a mode of admission of *Admitted patient transferred from another hospital* (220,006) (Tables 6.12, 6.13). This may indicate that not all patients who are transferred from one hospital to another are having this recorded as their mode of admission.

Data on patients aged over 70 years may provide information that is useful to assess continuity of care. Table 6.14 presents information by care type and mode of separation for patients aged over 70 years. For most care types, the mode of separation with the highest number of separations reported was *Other*, which includes discharge to usual residence/own accommodation/welfare institution (84.5%). For separations where care type was *Palliative care*, the most frequent mode of separation was *Died* (7,156, 55.8%). Of the patients whose mode of separation was *Discharge/transfer to a residential aged care service*,

73.1% (31,546) had an acute care type, 7.4% (3,210) had a care type of rehabilitation, 1.0% (413) had a palliative care type and 18.5% (7,967) were for other care.

Inter-hospital contracted patient status

Table 6.15 presents information on separations by inter-hospital contracted patient status and hospital sector for each State and Territory and also provides information on whether the contracted care episodes were purchased by public or private hospitals. This data element was previously reported only for same day patients and should now be reported for all separations.

A number of States and Territories did not employ the *National Health Data Dictionary* version 9 definition of 'Inter-hospital contracted patient', while Tasmania and the Australian Capital Territory did not provide the data. Queensland expressed concern over the quality of their data for this data element. The national data should be interpreted with these caveats in mind.

For the six States and Territories which reported these data, 0.8% of all separations were for contracted care. The number of inter-hospital contracted patients was higher for private hospitals (42,620) than for public hospitals (5,609).

Four States and Territories specified the sector of the hospital purchasing the contracted care. For these States and Territories, 29.5% (633 separations) of contracted care provided by public hospitals was purchased by the private sector and 93.3% (8,153 separations) of contracted care provided by private hospitals was purchased by the public sector.

As inter-hospital contracted patients are admitted patients of both the contracting and contracted hospital, these separations represent double counting of hospital activity in the National Hospital Morbidity Database.

Insurance status for private patients

Data on insurance status determines whether a patient has hospital insurance – that is, insurance providing benefits related to charges for hospital accommodation and services. These codes are assigned: *Hospital insurance* (if they have hospital insurance with either a registered health insurance fund or a general insurance company), *No hospital insurance*, or *Not reported*. These data do not necessarily indicate the funding source for the patient's episode of care. Individuals can elect to be admitted in public hospitals as public or private patients irrespective of their insurance status, and private patients may use their insurance or other sources to pay for care as a private patient. The data reported on insurance status is likely to be more accurate for private patients other than compensable and DVA patients (that is, for patients who could use their insurance to meet the hospital charges for the episode of care), so the data in Table 6.16 is restricted to separations for those patients. These patients could also have met the hospital charges as out-of-pocket expenses, or they could have been met by family, friends or other benefactors.

Approximately 84.2% (1,840,651) of 'other private' patients were recorded as having hospital insurance. The proportion of 'other private' patients with hospital insurance was higher for private hospitals (85.3%, 1,589,540 separations) than for public hospitals (77.8%, 251,111 separations). For the States and Territories for which these data were comprehensively reported, Western Australia reported the highest percentage of separations for patients with hospital insurance (92.6%, 189,485 separations).

Urgency of admission

Table 6.17 reports on the new data element 'Urgency of admission'. This element shows whether the admission was assigned an urgency status, and if so, whether the admission occurred on an emergency or an elective basis. Separations may be coded as *Emergency*, *Elective*, *Not assigned* or *Not reported*. For 2000–01 the Northern Territory did not report on this data element (but will report next year) while the Australian Capital Territory did not report this data for private hospitals. Tasmania reported a large proportion of private hospital separations as *Not reported* and South Australia did not use the code *Not assigned*, which would be expected to be applied to statistical admissions, scheduled readmissions for treatment, admissions for normal deliveries, or admissions that include the birth of the patient.

Six States and Territories (New South Wales, Victoria, Queensland, Western Australia, Tasmania and the Australian Capital Territory) reported separations for all three categories of urgency of admission (in Tasmania and the Australian Capital Territory, only for public hospitals). For both the private and public sectors combined, these States and Territories reported that 28.9% (1,601,257) of all separations were assigned an *Emergency* status, 59.7% of all separations (3,305,893) were assigned an *Elective* status and the *Not assigned* status was recorded for 10.5% of all separations. In the public hospital sector 41.5% of separations (1,431,099) were assigned an *Emergency* status and 45.6% (1,574,367 separations) were assigned an *Elective* status. In the private sector (excludes Tasmania and the Australian Capital Territory) only 8.5% of separations (170,158 separations) were assigned an *Emergency* status, while 84.7% of separations (1,692,079) were assigned an *Elective* status.

Figure 6.1 illustrates urgency of admission by month of the year for the public sector for New South Wales, Victoria, Queensland, Western Australia, Tasmania and the Australian Capital Territory. The fewest separations for the public sector was recorded for January 2001 (257,267) while the highest number of separations was for August 2000 (310,819) – a difference of 53,552 separations. *Elective* admissions represented 76.9% of this difference (41,202 additional separations) and *Emergency* admissions represented 20.5% (10,969 additional separations). The monthly separations for *Elective* admissions in the public sector showed greater variance (ranging from 103,749 to 144,951) than for *Emergency* admissions (ranging from 109,709 to 127,734) and contributed most to the variation in total monthly separations.

Figure 6.2 illustrates urgency of admission by month of the year for the private sector for New South Wales, Victoria, Queensland and Western Australia. The fewest separations for the private sector was recorded in January 2001 (143,565) while the highest number of separations was for May 2001 (184,452) – a difference of 40,887 separations. As *Elective* admissions represent 84.7% of total separations for the private sector, variations in this category are the major cause of this difference (92.9% or an additional 37,998 separations in May 2001 compared with January 2001). The monthly separations for *Elective* admissions in the private sector ranged from 118,984 to 156,982, while *Emergency* admissions ranged from 13,046 to 15,017.

Table 6.1: Separations, by Medicare eligibility status, funding source and hospital sector, States and Territories, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Medicare eligible	1,227,539	1,027,623	686,547	361,442	356,267	71,804	60,805	58,336	3,850,363
Public	1,014,656	911,043	624,320	325,798	308,778	58,918	53,543	56,194	3,353,250
Private	212,883	116,580	62,227	35,644	47,489	12,886	7,262	2,142	497,113
Compensable	13,358	14,109	3,973	3,457	3,516	1,065	453	788	40,719
Department of Veterans' Affairs	56,138	33,485	14,564	8,722	14,590	4,080	1,526	412	133,517
Other private	143,387	68,986	43,690	23,465	29,383	7,741	5,283	942	322,877
Not Medicare eligible	9,331	672	2,098	1,000	685	91	497	341	14,715
Not reported	1,574	341	2	203	107	0	6	296	2,529
Total:	1,238,444	1,028,636	688,647	362,645	357,059	71,895	61,308	58,973	3,867,607
Private hospitals									
Medicare eligible	636,583	580,353	505,773	249,376	183,754	65,256	7,540	n.a.	2,228,635
Public	20,291	5,798	17,442	45,073	283	12,725	0	n.a.	101,612
Private	616,292	574,555	488,331	204,303	183,471	52,531	7,540	n.a.	2,127,023
Compensable	15,390	20,813	28,159	7,326	7,218	2,389	238	n.a.	81,533
Department of Veterans' Affairs	49,320	46,878	58,674	15,821	7,958	3,611	3	n.a.	182,265
Other private	551,582	506,864	401,498	181,156	166,295	46,531	7,298	n.a.	1,863,225
Not Medicare eligible	3,174	67	3,300	609	551	0	51	n.a.	7,752
Not reported	5	0	17,240	144	0	0	17,015	n.a.	34,404
Total:	639,762	580,420	526,313	250,129	184,305	65,256	24,606	n.a.	2,270,791
All hospitals									
Medicare eligible	1,864,122	1,607,976	1,192,320	610,818	540,021	137,060	68,345	58,336	6,078,998
Public	1,034,947	916,841	641,752	370,871	309,061	71,543	53,543	56,194	3,454,862
Private	829,175	691,135	550,568	239,947	230,960	65,417	14,802	2,142	2,624,136
Compensable	28,748	34,922	32,132	10,783	10,734	3,454	691	788	122,252
Department of Veterans' Affairs	105,458	80,363	73,238	24,543	22,548	7,691	1,529	412	315,782
Other private	694,969	575,850	445,188	204,621	197,678	54,272	12,582	942	2,186,102
Not Medicare eligible	12,505	739	5,398	1,609	1,236	91	548	341	22,467
Not reported	1,579	341	17,242	347	107	0	17,021	296	36,933
Total separations	1,878,206	1,609,066	1,214,960	612,774	541,364	137,151	85,914	58,973	6,138,398

n.a. not available.

Note: Public refers to those patients who are funded under Australian Health Care Agreement arrangements (Medicare patients)

Table 6.2: Separation rates^(a) per 1,000 population by Medicare eligibility status, funding source and hospital sector, States and Territories, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT ^(b)	NT	Total
Public hospitals									
Medicare eligible	180.0	204.2	188.8	190.8	222.6	145.5	207.8	356.5	193.0
Public	150.4	181.9	172.2	172.1	195.3	121.0	182.2	340.6	169.1
Private	29.6	22.4	16.6	18.7	27.3	24.5	25.5	15.9	23.9
Compensable	2.1	2.9	1.1	1.8	2.4	2.4	1.4	3.9	2.1
Department of Veterans' Affairs	6.8	5.6	3.6	4.5	6.6	6.6	6.0	6.4	5.7
Other private	20.7	13.8	11.8	12.3	18.2	15.5	18.2	5.5	16.0
Not Medicare eligible	1.5	0.1	0.6	0.5	0.5	0.2	1.6	1.8	0.8
Not reported	0.2	0.1	0.0	0.1	0.1	0.0	0.0	1.9	0.1
Total	181.7	204.5	189.4	191.4	223.1	145.7	209.4	360.3	193.9
Private hospitals									
Medicare eligible	91.1	112.1	134.5	129.7	107.6	127.7	25.6	n.a.	109.4
Public	3.0	1.1	4.7	23.8	0.2	26.1	0.0	n.a.	5.1
Private	88.2	111.0	129.8	106.0	107.4	101.6	25.6	n.a.	104.3
Compensable	2.3	4.1	7.6	3.7	4.5	4.8	0.7	n.a.	4.1
Department of Veterans' Affairs	8.5	11.1	20.3	11.5	5.2	8.1	0.0	n.a.	11.0
Other private	79.8	99.0	107.5	94.2	99.2	91.0	24.9	n.a.	92.3
Not Medicare eligible	0.5	0.0	1.0	0.3	0.4	0.0	1.7	n.a.	0.4
Not reported	0.0	0.0	4.5	0.1	0.0	0.0	55.3	n.a.	1.7
Total	91.6	112.1	139.9	130.1	108.0	127.7	83.1	n.a.	111.5
All hospitals									
Medicare eligible	271.2	316.4	323.3	320.5	330.2	273.2	233.3	356.5	301.6
Public	153.4	183.0	176.9	195.9	195.4	147.1	182.2	340.6	174.2
Private	117.8	133.4	146.4	124.7	134.8	126.1	51.1	15.9	127.4
Compensable	4.3	7.1	8.7	5.5	6.9	7.2	2.1	3.9	6.2
Department of Veterans' Affairs	12.9	13.4	18.3	12.6	10.3	12.4	6.0	6.4	13.6
Other private	100.6	112.9	119.3	106.5	117.5	106.5	43.0	5.5	107.6
Not Medicare eligible	2.0	0.2	1.5	0.9	0.8	0.2	1.8	1.8	1.2
Not reported	0.2	0.1	4.5	0.2	0.1	0.0	57.4	1.9	1.8
Total separations	273.3	316.6	329.3	321.6	331.1	273.4	292.5	360.3	304.5

(a) The rates were directly age-standardised to the Australian population at 30 June 1991. For details see Appendix 3.

(b) The numerator of the rate for Australian Capital Territory includes a substantial proportion of non-ACT residents (see Table 6.8), therefore the population rates for Australian Capital Territory are overstated. n.a. not available.

Note: Public refers to those patients who are funded under Australian Health Care Agreement arrangements (Medicare patients).

Table 6.3: Average cost weight of separations^(a) by Medicare eligibility status, funding source and hospital sector, States and Territories, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Public acute hospitals								
Medicare eligible	1.06	0.96	0.97	0.93	0.99	1.11	0.97	0.78	0.99
Public	1.03	0.93	0.96	0.90	0.97	1.10	0.92	0.76	0.97
Private	1.18	1.14	1.05	1.20	1.12	1.15	1.29	1.30	1.15
Compensable	1.44	1.67	1.76	1.78	1.68	1.72	1.95	1.95	1.58
Department of Veterans' Affairs	1.22	1.10	1.12	1.25	1.24	1.05	1.35	0.91	1.18
Other private	1.14	1.06	0.97	1.11	1.00	1.12	1.22	0.95	1.08
Not Medicare eligible	1.17	1.52	1.25	1.35	1.04	1.41	0.70	1.07	1.29
Not reported	1.68	2.21	..	1.09	0.99	..	1.52	0.97	1.53
Total	1.06	0.96	0.97	0.93	0.99	1.11	0.96	0.78	0.99
	Private hospitals								
Medicare eligible	0.85	0.86	0.85	0.84	0.95	0.97	0.97	n.a.	0.86
Public	1.09	0.41	0.56	0.69	0.92	0.93	..	n.a.	0.76
Private	0.84	0.86	0.86	0.87	0.95	0.98	0.97	n.a.	0.87
Compensable	0.90	0.90	1.13	0.85	0.99	0.78	1.13	n.a.	0.99
Department of Veterans' Affairs	1.15	1.22	1.08	1.27	1.33	1.26	0.43	n.a.	1.17
Other private	0.82	0.83	0.91	0.84	0.93	0.96	0.97	n.a.	0.83
Not Medicare eligible	0.90	1.68	0.84	0.95	0.87	..	0.83	n.a.	0.88
Not reported	0.43	..	0.93	3.67	..	..	1.04	n.a.	1.00
Total	0.85	0.86	0.85	0.84	0.95	0.97	1.02	n.a.	0.87

(a) Separations for which the care type was reported as acute, or as newborn with qualified patient days, or was not reported. For further details see Chapter 11.
n.a. not available.

Note: Public refers to those patients who are funded under Australian Health Care Agreement arrangements (Medicare patients).

Table 6.4: Patient days, by Medicare eligibility status, funding source and hospital sector, States and Territories, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Medicare eligible	5,568,639	3,869,926	2,434,374	1,389,070	1,482,219	377,660	215,004	191,987	15,528,879
Public	4,504,639	3,350,620	2,208,371	1,224,928	1,234,905	260,486	180,516	182,954	13,147,419
Private	1,064,000	519,306	226,003	164,142	247,314	117,174	34,488	9,033	2,381,460
Compensable	67,262	61,346	20,285	21,199	20,629	5,345	2,853	5,220	204,139
Department of Veterans' Affairs	376,017	202,210	75,285	49,879	93,658	19,373	8,693	1,599	826,714
Other private	620,721	255,750	130,433	93,064	133,027	92,456	22,942	2,214	1,350,607
Not Medicare eligible	39,482	2,292	7,704	3,536	2,848	457	1,237	1,300	58,956
Not reported	117,592	21,079	36	794	3,299	0	29	948	143,777
Total	5,725,713	3,893,297	2,442,114	1,393,500	1,488,366	378,117	216,270	194,235	15,731,612
Private hospitals									
Medicare eligible	1,780,483	1,763,202	1,515,105	722,482	584,937	213,180	22,009	n.a.	6,601,398
Public	73,692	7,773	77,325	115,211	1,865	40,949	0	n.a.	316,815
Private	1,706,791	1,755,429	1,437,780	607,271	583,072	172,231	22,009	n.a.	6,284,583
Compensable	37,077	99,457	77,085	14,545	17,805	4,332	584	n.a.	250,865
Department of Veterans' Affairs	238,870	235,007	295,983	99,720	39,535	21,042	3	n.a.	930,160
Other private	1,430,844	1,420,965	1,064,712	493,006	525,732	146,857	21,422	n.a.	5,103,538
Not Medicare eligible	7,969	261	7,980	1,459	809	0	92	n.a.	18,570
Not reported	5	0	58,540	693	0	0	58,135	n.a.	117,373
Total	1,788,457	1,763,463	1,581,625	724,634	585,746	213,180	80,236	n.a.	5,737,341
All hospitals									
Medicare eligible	7,349,122	5,633,128	3,949,479	2,111,552	2,067,156	590,840	237,013	191,987	22,130,277
Public	4,578,331	3,358,393	2,285,696	1,340,139	1,236,770	301,435	180,516	182,954	13,484,234
Private	2,770,791	2,274,735	1,663,783	771,413	830,386	289,405	56,497	9,033	8,666,043
Compensable	104,339	160,803	97,370	35,744	38,434	9,677	3,437	5,220	455,024
Department of Veterans' Affairs	614,887	437,217	371,268	149,599	133,193	40,415	8,696	1,599	1,756,874
Other private	2,051,565	1,676,715	1,195,145	586,070	688,759	239,313	44,364	2,214	6,454,145
Not Medicare eligible	47,451	2,553	15,684	5,095	3,657	457	1,329	1,300	77,525
Not reported	117,597	21,079	58,576	1,487	3,299	0	58,164	948	261,150
Total patient days	7,514,170	5,656,760	4,023,739	2,118,134	2,074,112	591,297	296,506	194,235	22,468,953

n.a. not available.

Note: Public refers to those patients who are funded under Australian Health Care Agreement arrangements (Medicare patients).

Table 6.5: Separations and patient days, by Medicare eligibility status, funding source, hospital sector and year, Australia, 1996-97 to 2000-01

	1996-97		1997-98		1998-99		1999-00		2000-01	
	Separations	Patient days	Separations	Patient days	Separations	Patient days	Separations	Patient days	Separations	Patient days
Public hospitals										
Medicare eligible	3,627,346	16,352,980	3,746,443	15,975,004	3,839,380	15,997,754	3,854,035	16,077,822	3,850,363	15,528,879
Public	3,075,874	13,542,776	3,241,001	13,405,151	3,363,784	13,543,735	3,387,768	13,809,906	3,353,250	13,147,419
Private	551,472	2,810,204	505,442	2,569,853	475,596	2,454,019	466,267	2,267,916	497,113	2,381,460
Compensable	40,416	219,104	40,355	215,877	41,178	202,597	40,891	207,678	40,719	204,139
Department of Veterans' Affairs	114,428	765,986	108,597	675,436	114,713	697,872	127,408	783,240	133,517	826,714
Other private	396,628	1,825,104	356,480	1,678,540	319,705	1,553,750	297,968	1,276,998	322,877	1,350,607
Not Medicare eligible	12,033	54,610	13,062	53,504	13,936	55,029	16,760	102,639	14,715	58,956
Not reported	2,588	124,137	10,593	531,921	6,375	221,445	2,020	62,654	2,529	143,777
Total	3,641,967	16,531,727	3,770,098	16,560,429	3,859,691	16,274,228	3,872,815	16,243,115	3,867,607	15,731,612
Private hospitals										
Medicare eligible	1,663,606	5,797,441	1,766,426	5,938,951	1,843,174	5,981,128	2,010,768	6,310,300	2,228,635	6,601,396
Public	39,603	169,578	43,563	175,263	54,389	202,405	80,914	272,534	101,612	316,915
Private	1,624,003	5,627,863	1,722,863	5,763,688	1,788,785	5,778,722	1,929,854	6,037,666	2,127,023	6,284,583
Compensable	67,557	239,428	73,886	245,234	70,698	210,739	65,382	186,723	81,533	290,885
Department of Veterans' Affairs	109,231	600,227	134,622	714,365	158,278	794,251	167,408	866,286	182,265	930,160
Other private	1,447,215	4,788,208	1,514,355	4,804,089	1,559,809	4,773,732	1,637,064	4,964,657	1,853,225	5,103,536
Not Medicare eligible	2,690	7,169	4,886	13,048	5,517	14,090	5,887	13,233	7,752	18,570
Not reported	18,652	29,488	21,664	42,702	26,667	49,595	9,334	37,466	34,404	117,373
Total	1,684,948	5,834,098	1,792,976	5,994,701	1,875,358	6,044,813	2,025,989	6,360,999	2,270,791	6,737,341
All hospitals										
Medicare eligible	5,290,952	22,150,421	5,512,869	21,913,955	5,682,554	21,978,882	5,864,803	22,388,122	6,078,998	22,130,277
Public	3,115,477	13,712,354	3,284,564	13,580,414	3,418,173	13,748,141	3,468,682	14,082,540	3,454,862	13,484,234
Private	2,175,475	8,438,067	2,228,305	8,333,541	2,264,381	8,232,741	2,396,121	8,305,582	2,624,136	8,666,043
Compensable	107,973	458,532	114,251	461,111	111,876	413,336	106,273	394,401	122,252	455,024
Department of Veterans' Affairs	223,659	1,366,223	243,219	1,389,801	272,991	1,491,923	294,816	1,649,526	315,782	1,756,874
Other private	1,843,843	6,613,312	1,870,835	6,482,628	1,879,514	6,327,482	1,995,032	6,261,655	2,186,102	6,454,145
Not Medicare eligible	14,723	61,779	17,948	66,552	19,453	69,119	22,647	115,872	22,467	77,526
Not reported	21,240	153,625	32,257	574,623	33,042	271,040	11,354	100,120	36,933	261,150
Total separations/patient days	5,326,915	22,365,825	5,563,074	22,555,130	5,735,049	22,319,041	5,898,804	22,604,114	6,138,398	22,468,953

Note: . Public refers to those patients who are funded under Australian Health Care Agreement arrangements (Medicare patients).

Table 6.6: Separations, by State or Territory of usual residence and hospital sector, States and Territories, 2000-01

State or Territory of usual residence	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
New South Wales	1,214,082	16,208	9,038	466	1,583	111	14,337	274	1,256,099
Victoria	6,622	1,005,378	1,419	422	2,308	197	139	203	1,016,688
Queensland	7,199	751	673,398	209	233	66	107	248	682,211
Western Australia	459	372	284	359,842	221	55	37	890	361,960
South Australia	556	1,155	381	197	350,056	36	37	1,252	353,670
Tasmania	247	1,145	173	45	59	71,335	20	37	73,061
Australian Capital Territory	2,074	155	159	29	39	17	46,555	20	49,048
Northern Territory	240	159	275	243	1,794	57	4	56,038	58,810
Other Australian territories ^(a)	91	419	12	108	0	0	7	0	637
Not elsewhere classified ^(b)	0	2,022	3,062	1,284	766	21	0	11	7,166
Not reported	9,874	872	446	0	0	0	65	0	8,257
Total	1,238,444	1,028,636	688,647	362,645	357,059	71,895	61,303	58,973	3,867,607
Private hospitals									
New South Wales	627,660	5,341	18,458	168	1,272	92	4,994	n.a.	657,985
Victoria	5,889	573,002	1,179	102	1,020	79	29	n.a.	581,300
Queensland	3,342	460	504,308	81	164	41	34	n.a.	508,430
Western Australia	222	179	161	249,275	91	16	3	n.a.	249,947
South Australia	176	358	256	31	180,281	16	10	n.a.	181,128
Tasmania	161	596	163	31	47	64,907	2	n.a.	65,907
Australian Capital Territory	1,251	134	89	15	33	9	19,436	n.a.	20,967
Northern Territory	142	139	377	80	902	11	4	n.a.	1,655
Other Australian territories ^(a)	24	2	77	30	0	0	0	n.a.	133
Not elsewhere classified ^(b)	395	193	1,180	316	495	85	0	n.a.	3,164
Not reported	0	16	65	0	0	0	94	n.a.	176
Total	639,762	580,420	526,313	250,129	184,305	65,256	24,606	n.a.	2,270,791

(a) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.

(b) Includes resident overseas, at sea, no fixed address, n.e. not available.

Table 6.7: Separation rates^(a) per 1,000 population, by State or Territory of usual residence and hospital sector, States and Territories, 2000-01

State or Territory of usual residence	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Public hospitals								
New South Wales	178.0	2.4	1.4	0.1	0.2	0.0	2.1	0.0	184.2
Victoria	1.3	199.8	0.3	0.1	0.5	0.0	0.0	0.0	202.1
Queensland	2.0	0.2	185.1	0.1	0.1	0.0	0.0	0.1	187.6
Western Australia	0.2	0.2	0.1	189.9	0.1	0.0	0.0	0.5	191.1
South Australia	0.4	0.8	0.2	0.1	218.6	0.0	0.0	0.8	220.6
Tasmania	0.5	2.5	0.3	0.1	0.1	144.5	0.0	0.1	148.2
Australian Capital Territory	6.8	0.5	0.5	0.1	0.1	0.1	158.4	0.1	166.6
Northern Territory	1.7	0.8	1.5	1.3	11.1	0.4	0.0	340.3	357.0
Other Australian territories ^(b)	37.6	153.8	7.1	36.0	0.0	0.0	2.3	0.0	236.7
Private hospitals									
New South Wales	89.9	0.8	2.6	0.0	0.2	0.0	0.7	n.a.	94.1
Victoria	1.2	110.7	0.2	0.0	0.2	0.0	0.0	n.a.	112.3
Queensland	0.9	0.1	134.0	0.0	0.0	0.0	0.0	n.a.	135.2
Western Australia	0.1	0.1	0.1	129.7	0.0	0.0	0.0	n.a.	130.1
South Australia	0.1	0.2	0.1	0.0	105.6	0.0	0.0	n.a.	106.1
Tasmania	0.3	1.2	0.3	0.1	0.1	127.0	0.0	n.a.	129.0
Australian Capital Territory	4.1	0.4	0.3	0.0	0.1	0.0	65.2	n.a.	70.2
Northern Territory	0.9	0.8	2.3	0.4	5.5	0.1	0.0	n.a.	10.1
Other Australian territories ^(b)	7.8	0.5	59.6	8.1	0.0	0.0	0.0	n.a.	76.0
All hospitals									
New South Wales	267.9	3.2	3.9	0.1	0.4	0.0	2.8	0.0	278.3
Victoria	2.5	310.5	0.5	0.1	0.7	0.1	0.0	0.0	314.4
Queensland	2.9	0.3	319.2	0.1	0.1	0.0	0.0	0.1	322.7
Western Australia	0.4	0.3	0.2	319.6	0.2	0.0	0.0	0.5	321.1
South Australia	0.5	1.0	0.4	0.1	324.1	0.0	0.0	0.8	327.0
Tasmania	0.8	3.6	0.6	0.2	0.2	271.6	0.0	0.1	277.2
Australian Capital Territory	10.9	0.9	0.8	0.1	0.2	0.1	223.6	0.1	236.8
Northern Territory	2.6	1.6	3.7	1.7	16.6	0.5	0.0	340.3	367.1
Other Australian territories ^(b)	45.4	154.2	66.7	44.1	0.0	0.0	2.3	0.0	312.7

(a) The rates were directly age-standardised to the Australian population at 30 June 1991. For details see Appendix 3.

(b) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.
n.a. not available.

Table 6.8: Per cent of separations, by State or Territory of usual residence and hospital sector, States and Territories, 2000-01

State or Territory of usual residence	NSW							Total	
	NSW	Vic	Qld	WA	SA	Tas	ACT		NT
Public hospitals									
New South Wales	98.0	1.6	1.3	0.1	0.4	0.2	23.4	0.5	32.5
Victoria	0.5	97.7	0.2	0.1	0.6	0.3	0.2	0.3	26.3
Queensland	0.6	0.1	97.8	0.1	0.1	0.1	0.2	0.4	17.6
Western Australia	<0.1	<0.1	<0.1	98.2	0.1	0.1	0.1	1.5	9.4
South Australia	<0.1	0.1	0.1	0.1	98.0	0.1	0.1	2.1	9.1
Tasmania	<0.1	0.1	<0.1	<0.1	<0.1	99.2	<0.1	0.1	1.9
Australian Capital Territory	0.2	<0.1	<0.1	<0.1	<0.1	<0.1	75.9	<0.1	1.3
Northern Territory	<0.1	<0.1	<0.1	0.1	0.5	0.1	<0.1	95.0	1.5
Other Australian territories ^(a)	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Not elsewhere classified ^(b)	<0.1	0.2	0.4	0.4	0.2	<0.1	<0.1	<0.1	0.2
Not reported	0.6	0.1	0.1	<0.1	<0.1	<0.1	0.1	<0.1	0.2
Total	99.9	99.9	99.9	99.9	100.0	99.9	99.9	99.9	100.0
Private hospitals									
New South Wales	98.1	0.9	3.5	0.1	0.7	0.1	20.3	n.a.	29.0
Victoria	0.9	98.7	0.2	<0.1	0.6	0.1	0.1	n.a.	25.6
Queensland	0.5	0.1	95.8	<0.1	0.1	0.1	0.1	n.a.	22.4
Western Australia	<0.1	<0.1	<0.1	99.7	<0.1	<0.1	<0.1	n.a.	11.0
South Australia	<0.1	0.1	<0.1	<0.1	97.8	<0.1	<0.1	n.a.	8.0
Tasmania	<0.1	0.1	<0.1	<0.1	<0.1	99.5	<0.1	n.a.	2.9
Australian Capital Territory	0.2	<0.1	<0.1	<0.1	<0.1	<0.1	79.0	n.a.	0.9
Northern Territory	<0.1	<0.1	0.1	<0.1	0.5	<0.1	<0.1	n.a.	0.1
Other Australian territories ^(a)	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	n.a.	<0.1
Not elsewhere classified ^(b)	0.1	<0.1	0.2	0.1	0.3	0.1	<0.1	n.a.	0.1
Not reported	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	0.4	n.a.	<0.1
Total	99.9	100.0	99.8	99.9	99.9	100.0	99.9	n.a.	100.0

(a) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.

(b) Includes resident overseas, at sea, no fixed address.
n.a. not available.

Table 6.9: Average cost weight of separations,^(a) by State or Territory of usual residence and hospital sector, States and Territories, 2000-01

State or Territory of usual residence	Public hospitals							Total	
	NSW	Vic	Qld	WA	SA	Tas	ACT		NT
New South Wales	1.05	0.98	1.45	1.04	1.80	1.16	1.19	1.25	1.05
Victoria	1.15	0.95	1.00	1.17	1.34	1.12	1.46	0.94	0.95
Queensland	1.14	1.19	0.86	0.93	1.14	1.04	1.04	1.03	0.96
Western Australia	1.15	1.60	1.08	0.93	1.48	0.70	0.74	0.91	0.93
South Australia	1.17	1.64	0.88	1.16	0.98	1.61	1.19	0.80	0.98
Tasmania	1.26	2.17	1.07	1.03	1.03	1.11	1.12	0.95	1.13
Australian Capital Territory	1.61	1.39	0.97	0.99	0.99	0.93	0.89	1.00	0.92
Northern Territory	1.26	2.36	1.34	1.37	2.48	1.71	0.57	0.77	0.84
Other Australian territories ^(b)	0.92	0.95	3.00	1.19	..	..	2.03	..	1.04
Not elsewhere classified ^(c)	..	1.08	1.32	1.32	1.44	2.75	..	0.73	1.27
Not reported	1.34	1.23	1.20	..	..	..	1.23	..	1.32
Total	1.06	0.96	0.97	0.93	0.99	1.11	0.96	0.78	0.99
	Private hospitals								
New South Wales	0.85	1.02	0.95	0.85	1.21	1.03	1.18	n.a.	0.96
Victoria	0.79	0.86	0.91	0.97	0.99	1.19	1.13	n.a.	0.86
Queensland	0.69	1.11	0.85	1.00	1.18	0.94	0.97	n.a.	0.85
Western Australia	1.14	1.15	0.94	0.84	1.04	0.99	1.36	n.a.	0.84
South Australia	0.91	0.97	0.96	0.96	0.94	1.07	1.12	n.a.	0.64
Tasmania	1.28	1.39	0.94	1.86	1.42	0.97	0.33	n.a.	0.98
Australian Capital Territory	1.27	1.04	1.04	1.88	0.83	1.29	0.98	n.a.	0.99
Northern Territory	1.14	0.86	0.96	1.30	1.39	1.22	0.68	n.a.	1.23
Other Australian territories ^(b)	0.51	1.21	1.19	0.81	..	..	1.40	n.a.	0.99
Not elsewhere classified ^(c)	1.56	1.33	0.95	1.00	1.11	0.85	..	n.a.	1.18
Not reported	..	0.73	1.10	..	..	..	0.72	n.a.	0.83
Total	0.85	0.86	0.85	0.84	0.95	0.97	1.02	n.a.	0.87

(a) Separations for which the care type was reported as acute, or as newborn with qualified patient days, or was not reported. For further details see Chapter 11.

(b) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.

(c) Includes resident overseas, at sea, no fixed address.

n.a. not available.

.. not applicable.

Table 6.10: Separations, by care type and hospital sector, States and Territories, 2000-01

Care type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	1,180,798	985,112	652,548	353,080	343,692	68,584	59,778	56,851	3,700,443
Rehabilitation care—not further specified	22,380	17,338	0	3,740	3,633	676	477	374	48,618
Rehabilitation care—delivered in a designated unit	0	0	15,897	0	0	0	0	0	15,897
Rehabilitation care—according to a designated program	0	0	2,625	0	0	0	0	0	2,625
Rehabilitation care—principal clinical intent	0	0	1,575	0	0	0	0	0	1,575
<i>Rehabilitation total</i>	22,380	17,338	20,097	3,740	3,633	676	477	374	68,715
Palliative care, not further specified	7,775	4,255	3,214	873	1,308	372	419	23	18,239
Geriatric evaluation and management	1,012	9,499	317	0	26	64	7	0	10,925
Psychogeriatric care	905	0	248	691	57	6	1	0	1,908
Maintenance care	7,076	0	4,385	1,762	1,111	619	65	453	15,471
Newborn—qualified days only	10,866	8,682	5,603	2,104	2,251	1,552	460	1,210	32,728
Newborn—qualified and unqualified days	5,023	2,041	2,002	395	1,290	0	66	0	10,817
Newborn—unqualified days only	54,411	37,276	30,275	14,746	10,696	2,350	3,055	2,175	154,984
<i>Newborn total</i>	70,300	47,999	37,880	17,245	14,237	3,902	3,581	3,385	196,529
Other admitted patient care	2,083	1,709	233	0	3,691	0	35	12	7,763
Organ procurement—posthumous	1	0	26	17	0	0	0	3	47
Not reported	526	0	0	0	0	22	0	50	596
Total	1,292,856	1,065,912	718,948	377,408	367,755	74,245	64,363	61,151	4,022,638
Private hospitals									
Acute care	610,768	568,355	505,114	244,844	182,454	28,973	24,536	n.a.	2,165,044
Rehabilitation care—not further specified	16,468	8,727	0	1,364	1,111	0	0	n.a.	27,690
Rehabilitation care—delivered in a designated unit	0	0	3,273	0	0	0	0	n.a.	3,273
Rehabilitation care—according to a designated program	0	0	3,380	0	0	0	0	n.a.	3,380
Rehabilitation care—principal clinical intent	0	0	7,940	0	0	0	0	n.a.	7,940
<i>Rehabilitation total</i>	16,468	8,727	14,593	1,364	1,111	0	0	n.a.	42,283
Palliative care, not further specified	596	341	2,064	1,845	182	0	0	n.a.	5,028
Geriatric evaluation and management	2	12	2	0	2	6	9	n.a.	33
Psychogeriatric care	0	0	79	0	4	5,851	0	n.a.	5,934
Maintenance care	530	0	838	427	25	415	0	n.a.	2,235
Newborn—qualified days only	2,399	2,875	1,044	897	519	516	53	n.a.	8,303
Newborn—qualified and unqualified days	465	0	645	752	0	0	0	n.a.	1,862
Newborn—unqualified days only ^(a)	17,703	0	11,519	7,640	37	1,239	1,284	n.a.	39,422
<i>Newborn total</i>	20,567	2,875	13,208	9,289	556	1,755	1,337	n.a.	49,587
Other admitted patient care	8,514	110	1,934	0	8	0	8	n.a.	10,574
Organ procurement—posthumous	0	0	1	0	0	0	0	n.a.	1
Not reported	0	0	0	0	0	29,495	0	n.a.	29,495
Total	657,465	560,420	537,833	257,769	184,342	66,495	25,890	n.a.	2,310,214

(a) Victorian and South Australian private hospitals did not report a large majority of Newborns—unqualified days only, therefore the number of these separations is understated. n.a. not available.

Table 6.11: Average length of stay (days), by care type and hospital sector, States and Territories, 2000-01

Care type	Public hospitals						Total
	NSW	Vic	Qld	WA	SA	Tas	
Acute care	3.8	3.1	3.1	3.3	3.3	4.1	3.4
Rehabilitation care—not further specified	19.5	17.3	..	26.8	29.2	25.9	20.2
Rehabilitation care—delivered in a designated unit	..	..	6.0	..	..	..	6.0
Rehabilitation care—according to a designated program	..	..	5.0	..	..	..	5.0
Rehabilitation care—principal clinical intent	..	..	14.6	..	..	..	14.6
Rehabilitation total	19.5	17.3	6.6	26.8	29.2	25.9	16.7
Palliative care, not further specified	11.7	16.7	9.4	8.6	11.7	15.0	12.4
Geriatric evaluation and management	20.5	29.4	22.4	..	21.0	16.4	28.3
Psychogeriatric care	56.5	..	30.1	60.9	206.7	30.8	59.0
Maintenance care	62.5	..	33.9	32.3	146.5	91.3	56.6
Newborn—qualified days only	9.3	10.3	10.6	13.4	13.3	7.4	10.3
Newborn—qualified and unqualified days (qualified days)	3.4	3.0	2.3	5.3	1.9	..	3.0
Newborn—qualified and unqualified days (unqualified days)	2.5	2.5	2.3	2.8	3.0	..	2.5
Newborn total	2.9	3.0	2.5	3.3	3.0	3.5	2.9
Other admitted patient care	4.1	4.5	3.8	4.7	4.8	5.0	4.3
Organ procurement—posthumous	26.3	48.2	71.8	..	5.7	..	22.6
Not reported	2.7	..	1.0	1.0	..	..	1.4
Total ^(a)	4.6	3.8	3.5	3.8	4.2	5.3	4.1
Private hospitals							
Acute care	2.5	2.8	2.8	2.7	3.1	3.2	2.7
Rehabilitation care—not further specified	9.1	16.9	..	21.9	16.7	..	12.5
Rehabilitation care—delivered in a designated unit	..	..	11.2	..	..	..	11.2
Rehabilitation care—according to a designated program	..	..	4.2	..	..	..	4.2
Rehabilitation care—principal clinical intent	..	..	2.5	..	..	..	2.5
Rehabilitation total	9.1	16.9	4.8	21.9	16.7	..	9.9
Palliative care, not further specified	14.3	13.3	10.6	11.9	14.1	..	11.8
Geriatric evaluation and management	4.0	7.5	9.5	..	10.0	11.0	7.8
Psychogeriatric care	..	..	37.5	..	48.8	2.6	3.1
Maintenance care	13.6	..	41.4	22.7	148.1	5.9	25.8
Newborn—qualified days only	5.7	5.5	13.2	7.6	6.4	6.5	6.9
Newborn—qualified and unqualified days (qualified days)	12.0	..	3.2	3.2	..	..	5.4
Newborn—qualified and unqualified days (unqualified days)	4.3	..	3.9	4.4	..	..	4.2
Newborn total ^(b)	4.6	..	4.7	4.8	4.4	3.8	4.7
Other admitted patient care	5.0	5.5	5.5	5.3	6.3	4.6	5.2
Organ procurement—posthumous	6.7	157.8	3.7	..	5.5	..	7.7
Not reported	..	..	1.0	..	..	..	1.0
Total ^(a)	2.8	3.0	3.0	2.9	3.2	3.3	3.0

(a) Excluding Newborn episodes with unqualified days only and Organ procurement—posthumous.

(b) Victorian and South Australian private hospitals did not report a large majority of Newborns—unqualified days only, therefore the average length of stay for Newborn separations for these states does not include those with unqualified days only.

.. not available.
.. not applicable.

Table 6.12: Separations, by mode of admission and hospital sector, States and Territories, 2000-01

Mode of admission	Public hospitals							Total	
	NSW	Vic	Qld	WA	SA	Tas	ACT		NT
Admitted patient transferred from another hospital	62,598	36,430	21,286	20,701	13,660	1,953	1,479	475	158,582
Statistical admission: type change	14,159	9,781	8,742	2,089	7,710	1,146	430	392	44,449
Other ^(a)	1,161,687	982,425	658,619	339,855	329,863	68,796	59,399	58,076	3,658,740
Not reported	0	0	0	0	5,806	0	0	30	5,836
Total	1,238,444	1,028,636	688,647	362,645	357,059	71,895	61,308	58,973	3,867,607
	Private hospitals								
Admitted patient transferred from another hospital	20,820	20,696	7,496	4,675	4,990	2,159	588	n.a.	61,424
Statistical admission: type change	1,828	814	1,621	1,068	76	402	18	n.a.	6,027
Other ^(a)	617,114	558,910	516,996	244,386	179,146	62,695	23,989	n.a.	2,203,236
Not reported	0	0	0	0	93	0	11	n.a.	104
Total	639,762	580,420	526,313	250,129	184,305	65,256	24,606	n.a.	2,270,791
	All hospitals								
Admitted patient transferred from another hospital	83,418	57,126	28,782	25,376	18,650	4,112	2,067	475	220,006
Statistical admission: type change	15,987	10,595	10,563	3,157	7,786	1,548	448	392	50,476
Other ^(a)	1,778,801	1,541,335	1,175,615	584,241	509,029	131,491	83,388	58,076	5,851,976
Not reported	0	0	0	0	5,899	0	11	30	5,940
Total	1,878,206	1,609,056	1,214,960	612,774	541,364	137,151	85,914	58,973	6,138,398

(a) Other refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.
n.a. not available.

Table 6.13: Separations, by mode of separation and hospital sector, States and Territories, 2000-01

Mode of separation	NSW		Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Public hospitals	Private hospitals								
Discharge/transfer to an(other) acute hospital	73,410	29,939	55,251	14,950	15,339	2,542	1,673	1,689	194,803	
Discharge/transfer to residential aged care service ^(a)	15,083	5,048	10,284	2,024	6,606	781	451	147	40,424	
Discharge/transfer to an(other) psychiatric hospital	2,343	259	0	1,273	1,267	0	19	4	5,155	
Discharge/transfer to other health care accommodation ^(b)	2,771	1,985	279	1,239	1,003	841	306	1,439	9,963	
Statistical discharge: type change	14,924	9,251	10,309	2,343	5,093	1,647	439	390	44,396	
Left against medical advice/discharge at own risk	12,194	4,485	5,528	3,388	2,043	253	143	1,572	29,516	
Statistical discharge from leave	4,736	588	13	1,798	171	0	61	0	7,368	
Died	21,874	8,195	13,748	3,343	4,796	1,324	726	325	54,331	
Other ^(c)	1,091,199	627,854	934,267	332,286	320,267	64,507	57,490	53,356	3,481,226	
Not reported	0	0	0	0	484	0	0	0	41	525
Total	1,238,444	1,028,636	1,028,636	362,645	357,059	71,895	61,308	58,973	3,887,607	
Private hospitals										
Discharge/transfer to an(other) acute hospital	11,554	7,941	13,427	3,207	4,550	55	258	n.a.	40,992	
Discharge/transfer to residential aged care service ^(a)	1,409	1,917	2,336	562	2,148	74	22	n.a.	8,468	
Discharge/transfer to an(other) psychiatric hospital	110	15	0	118	119	0	3	n.a.	365	
Discharge/transfer to other health care accommodation ^(b)	583	484	3	341	86	8,672	32	n.a.	10,201	
Statistical discharge: type change	1,571	1,872	912	1,170	108	19,159	0	n.a.	24,792	
Left against medical advice/discharge at own risk	715	418	168	241	31	105	1	n.a.	1,679	
Statistical discharge from leave	134	25	0	42	3	0	0	n.a.	204	
Died	2,603	4,188	3,978	1,911	1,588	204	100	n.a.	14,572	
Other ^(c)	621,083	509,453	559,596	242,537	172,938	36,987	24,190	n.a.	2,166,784	
Not reported	0	0	0	0	2,734	0	0	n.a.	2,734	
Total	639,762	526,313	580,420	250,129	184,305	65,256	24,606	n.a.	2,270,791	

(a) Unless this is the usual place of residence.

(b) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(c) Includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services), n.a. not available.

Table 6.14: Separations for patients over 70 years, by care type and mode of separation, all hospitals, Australia, 2000-01

Care type	Discharge/transfer to acute hospital		Discharge/transfer to residential aged care service ^(a)		Discharge/transfer to psychiatric hospital		Discharge/transfer to other health care accommodation ^(b)		Statistical discharge type change at own risk		Left against medical advice/discharge from leave		Died		Other ^(c)		Not reported		Total
	Discharge/transfer to acute hospital	Discharge/transfer to residential aged care service ^(a)	Discharge/transfer to psychiatric hospital	Discharge/transfer to other health care accommodation ^(b)	Statistical discharge type change at own risk	Statistical discharge type change at own risk	Statistical discharge type change at own risk	Statistical discharge type change at own risk	Statistical discharge type change at own risk	Statistical discharge type change at own risk	Statistical discharge type change at own risk	Statistical discharge type change at own risk	Statistical discharge type change at own risk	Statistical discharge type change at own risk	Statistical discharge type change at own risk	Statistical discharge type change at own risk	Statistical discharge type change at own risk	Statistical discharge type change at own risk	
Acute care	93,887	31,546	620	6,059	28,329	2,208	634	38,780	1,279,652	440	1,482,155								
Rehabilitation care—not further specified	3,550	2,849	15	654	3,108	151	339	502	36,032	7	47,207								
Rehabilitation care—delivered in a designated unit	107	246	0	33	775	9	3	47	7,863	0	9,103								
Rehabilitation care—acc. to a designated program	24	40	0	3	61	0	0	5	1,478	0	1,611								
Rehabilitation care—principal clinical intent	155	75	0	13	293	3	0	22	1,277	0	1,838								
Rehabilitation total	3,836	3,210	15	703	4,237	163	342	576	46,670	7	59,759								
Palliative care—not further specified	417	317	3	45	184	11	80	5,849	3,188	0	10,094								
Palliative care—delivered in a designated unit	28	59	0	18	68	1	0	766	682	0	1,622								
Palliative care—acc. to a designated program	23	10	0	1	18	0	0	147	233	0	432								
Palliative care—principal clinical intent	47	27	0	8	41	1	0	394	157	0	675								
Palliative care total	515	413	3	72	311	13	80	7,156	4,260	0	12,823								
Geriatric evaluation and management	967	2,362	0	22	909	45	11	585	4,580	1	9,502								
Psychogeriatric care	140	357	17	78	143	2	122	48	1,564	0	2,471								
Maintenance care	1,217	4,340	10	330	1,269	16	54	1,231	5,025	1	13,493								
Other admitted patient care	227	888	0	5	174	3	1	193	2,223	1	3,715								
Not reported	28	15	0	0	6,269	64	53	48	3,140	1	9,618								
Total	100,817	43,151	665	7,269	41,641	2,514	1,297	48,617	1,347,114	451	1,593,536								

(a) Unless this is the usual place of residence.

(b) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(c) Includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).
Note: acc. = according

Table 6.15: Separations, by inter-hospital contracted patient status and hospital sector, States and Territories, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Inter-hospital contracted patient status									
Public hospitals									
Inter-hospital contracted patient from public sector	n.a.	n.a.	143	660	700	n.a.	n.a.	10	1,513
Inter-hospital contracted patient from private sector	n.a.	n.a.	0	92	7	n.a.	n.a.	534	633
Inter-hospital contracted patient from unspecified sector	1,293	2,170	0	0	0	n.a.	n.a.	0	3,463
Not contracted	1,236,647	1,026,125	0	361,893	350,546	n.a.	n.a.	58,429	3,033,640
Not reported	504	341	688,504	0	5,806	71,895	61,308	0	828,356
Total	1,238,444	1,028,636	688,647	362,645	357,059	71,895	61,308	58,973	3,867,607
Private hospitals									
Inter-hospital contracted patient from public sector	n.a.	n.a.	797	7,152	204	n.a.	n.a.	n.a.	8,153
Inter-hospital contracted patient from private sector	n.a.	n.a.	582	3	0	n.a.	n.a.	n.a.	585
Inter-hospital contracted patient from unspecified sector	27,680	6,202	0	0	0	n.a.	n.a.	n.a.	33,882
Not contracted	612,082	574,213	1,097	242,974	184,008	n.a.	n.a.	n.a.	1,614,379
Not reported	0	0	523,837	0	93	65,256	24,606	n.a.	613,792
Total	639,762	580,420	526,313	250,129	184,305	65,256	24,606	n.a.	2,270,791
All hospitals									
Inter-hospital contracted patient from public sector	n.a.	n.a.	940	7,812	904	n.a.	n.a.	10	9,666
Inter-hospital contracted patient from private sector	n.a.	n.a.	582	95	7	n.a.	n.a.	534	1,216
Inter-hospital contracted patient from unspecified sector	28,973	8,372	0	0	0	n.a.	n.a.	0	37,345
Not contracted	1,848,729	1,600,343	1,097	604,867	534,554	n.a.	n.a.	58,429	4,648,019
Not reported	504	341	1,212,341	0	5,899	137,151	85,914	0	1,442,150
Total separations	1,878,206	1,609,056	1,214,960	612,774	541,364	137,151	85,914	58,973	6,138,398

n.a. not available

Table 6.16: Insurance status for Medicare eligible private patients,^(a) by hospital sector, States and Territories, 2000-01

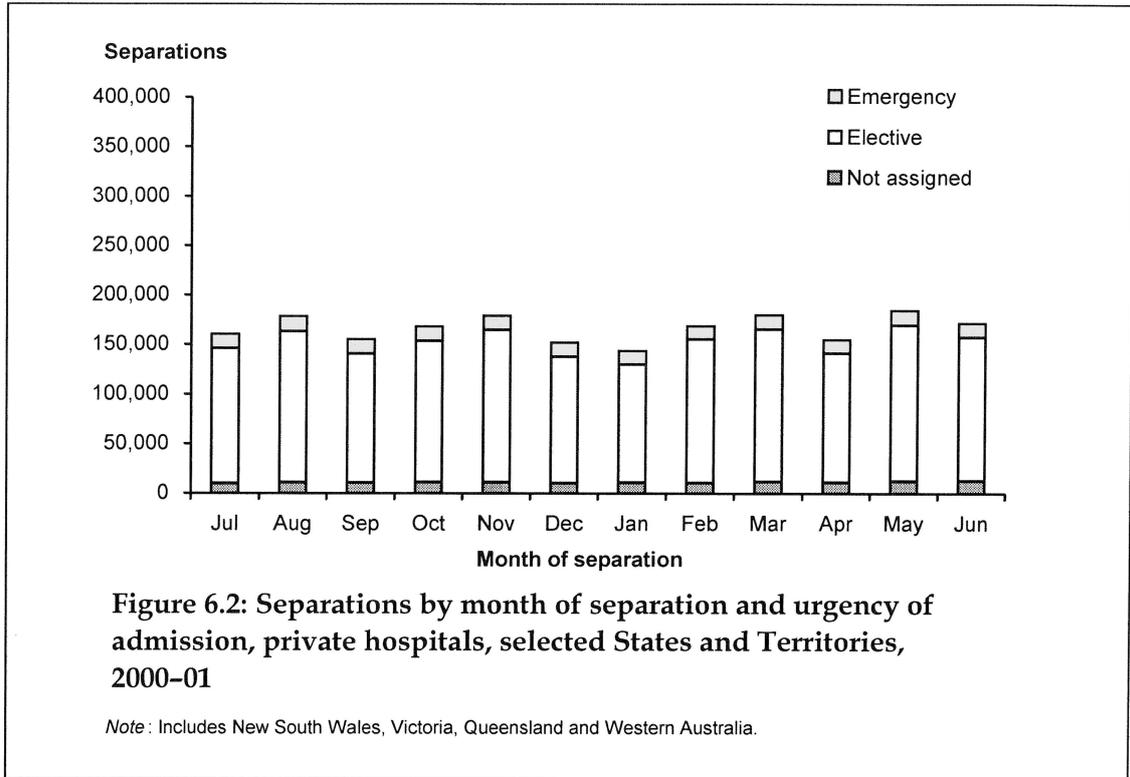
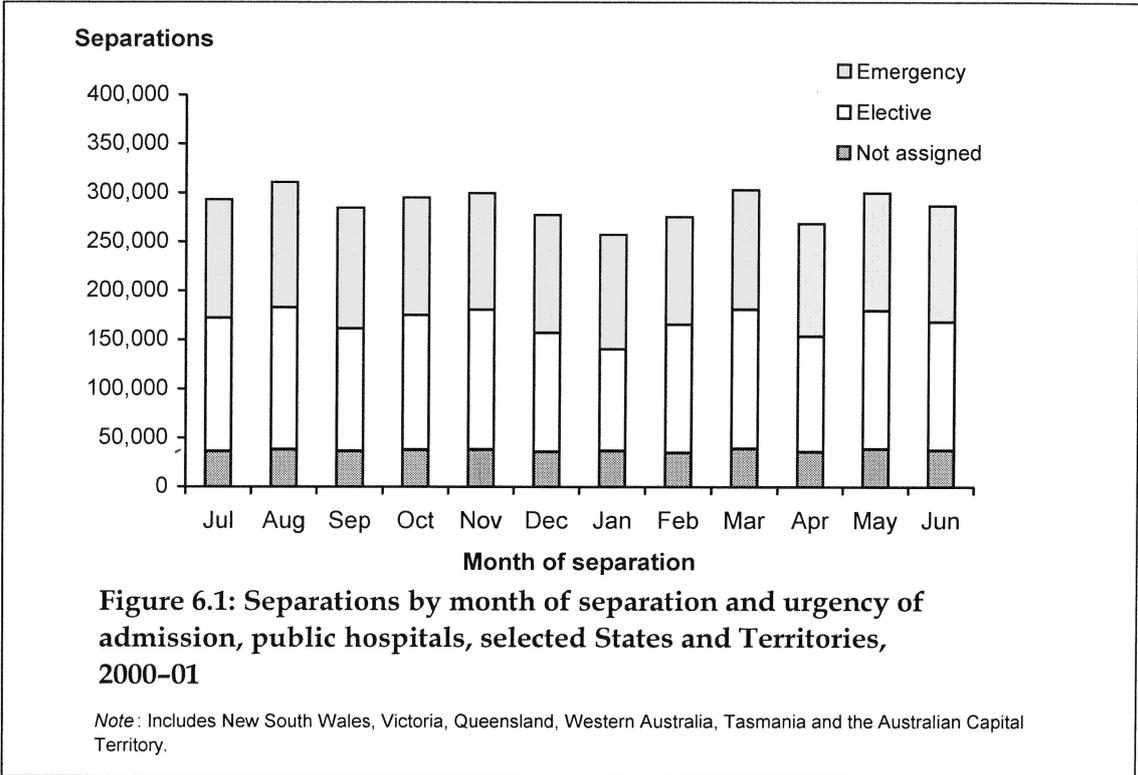
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Hospital insurance status									
Hospital insurance	125,276	52,937	24,805	21,640	22,896	n.a.	2,881	676	251,111
No hospital insurance	8,809	16,045	17,670	1,825	4,492	n.a.	2,258	224	51,323
Not reported	9,302	4	1,215	0	1,995	7,741	144	42	20,443
Total	143,387	68,986	43,690	23,465	29,383	7,741	5,283	942	322,877
Private hospitals									
Hospital insurance	457,430	431,474	355,244	167,845	152,712	18,030	6,805	n.a.	1,589,540
No hospital insurance	91,408	75,390	44,834	13,311	11,228	465	494	n.a.	237,130
Not reported	2,744	0	1,420	0	4,355	28,036	0	n.a.	36,555
Total	551,582	506,864	401,498	181,156	168,295	46,531	7,299	n.a.	1,863,225
All hospitals									
Hospital insurance	582,706	484,411	380,049	189,465	175,608	18,030	9,686	676	1,840,651
No hospital insurance	100,217	91,435	62,504	15,136	15,720	465	2,752	224	286,453
Not reported	12,046	4	2,635	0	5,350	35,777	144	42	56,998
Total separations	694,969	575,850	445,188	204,621	197,678	54,272	12,582	942	2,186,102

(a) Other than compensable and DVA patients.
n.a. not available.

Table 6.17: Separations, by urgency of admission and hospital sector, States and Territories, 2000-01

	NSW	Vic	Qld	WA	Tas	ACT	Total ^(a)
Urgency of admission							
	Public hospitals						
Emergency	565,035	349,232	307,607	159,739	30,081	19,405	1,431,089
Elective	567,222	598,519	223,431	132,344	30,265	22,586	1,574,367
Not assigned	105,673	80,544	157,609	70,470	11,549	19,316	445,161
Not reported	514	341	0	92	0	1	948
Total	1,238,444	1,028,636	688,647	362,645	71,895	61,308	3,451,575
	Private hospitals						
Emergency	40,233	30,287	71,272	28,366	0	0	170,158
Elective	581,223	534,783	385,135	190,938	39,447	0	1,731,526
Not assigned	18,306	15,350	69,906	30,825	0	0	134,387
Not reported	0	0	0	0	25,809	21,606	47,415
Total	639,762	580,420	526,313	250,129	65,256	21,606	2,083,486
	All hospitals						
Emergency	605,268	379,519	378,879	188,105	30,081	19,405	1,601,257
Elective	1,148,445	1,133,302	608,566	323,282	69,712	22,586	3,305,893
Not assigned	123,979	95,894	227,515	101,295	11,549	19,316	579,548
Not reported	514	341	0	92	25,809	21,607	48,363
Total separations	1,878,206	1,609,056	1,214,960	612,774	137,151	82,914	5,535,061

(a) Total figure excludes South Australia and the Northern Territory. South Australia did not use the 'Not assigned' category for urgency of admission status. Northern Territory did not report urgency of admission status.



7 Demographic profile for admitted patients

Introduction

This chapter presents a demographic profile of admitted patients who separated from hospital during 2000–01.

Data on the sex of each patient was reported to the National Hospital Morbidity Database as male, female, indeterminate or not stated/inadequately described. The 72 separations for patients who were not reported as male or female are included in totals for persons in the tables in this chapter.

All States and Territories except Victoria supplied the date of birth of the patient for the database, in which case the Institute calculated the age of the patient by subtracting the date of birth from the date of admission. Victoria supplied the age in years or days for each patient. The three separations for which the age of the patient was not reported are included in the totals in tables including age group.

The data on Aboriginal and Torres Strait Islander status were supplied by data providers, categorised as:

- Aboriginal but not Torres Strait Islander origin
- Torres Strait Islander but not Aboriginal origin
- Aboriginal and Torres Strait Islander origin
- not Aboriginal or Torres Strait Islander origin
- not reported.

New South Wales, South Australia, the Australian Capital Territory and the Northern Territory supplied country of birth details coded to the Australian Bureau of Statistics' Standard Australian Classification of Countries (SACC) as requested by the Institute. The remaining four jurisdictions provided data for country of birth according to the Australian Bureau of Statistics' Australian Standard Classification of Countries for Social Statistics (ASCCSS). The Institute mapped the data provided by Victoria, Queensland, Western Australia and Tasmania from ASCCSS to SACC.

Not all States and Territories were able to provide information on the area of usual residence for every separation. The *National Health Data Dictionary* specifies that data on the usual residence of patients should be provided as the State or Territory and the Statistical Local Area (SLA) of usual residence. SLAs can be aggregated to Statistical Divisions and Rural, Remote and Metropolitan Areas (RRMA) for reporting. Although most separations included data on the State or Territory of usual residence, not all States and Territories were able to provide information on the area of usual residence in the form of an SLA code, using the 2000 edition of the Australian Standard Geographical Classification as requested by the Institute. Details of the data provided by States and Territories and the mapping process conducted by the Institute to assign 2000 SLA codes to separations is described in Appendix 3.

The age-standardised rates in this chapter were derived using 30 June 2000 population estimates for Aboriginal and Torres Strait Islander peoples and other Australians (Table 7.7 and 7.8), country of birth groups (Table 7.10) and RRMA groups (Table 7.12), because 31 December (mid-year) estimates were not available for these population groups. Thus, there will be small discrepancies between the age-standardised rates reported in these tables and the standardised rates reported for State or Territory of usual residence (Table 7.11) and Statistical Division of usual residence (Figures 7.8 and 7.9), and in Chapters 2, 4 and 6, which were based on 31 December 2000 estimates (see Appendix 3). The age-specific rates presented in Figures 7.1 to 7.4 were also based on 31 December 2000 estimates.

Sex

There were more separations for females than for males in all age groups from 15 to 54 years (which include child-bearing ages for women), and also in the 75 years and over age groups (Table 7.1). Females accounted for higher proportions of separations than males, 52.8% of total separations in public hospitals (2,043,224) (Table 7.2) and 55.0% in private hospitals (1,249,886) (Table 7.3). Separations per 1,000 population were higher for females than for males in age groups from 15 to 49 years in public hospitals and from 15 to 59 years in private hospitals (Figures 7.1 and 7.2). Females also accounted for more patient days (12,251,903) than males (10,216,744) (Table 7.4). In public hospitals, they accounted for 53.1% (8,351,763) of patient days, and for more patient days than males in the age groups, 15 to 44 years and 75 years and over (Table 7.5). In private hospitals, females accounted for 57.9% (3,900,140) of patient days, and for more patient days than males in the 15 years and over age groups (Table 7.6). Patient days per 1,000 population were higher for females than for males in age groups from 15 to 44 years in public hospitals and from 15 to 64 years in private hospitals (Figures 7.3 and 7.4).

Age group

In public hospitals, separations peaked in two age groups. The first was in the 65 to 74 years age group, which was most commonly reported for male patients, and the second was in the 25 to 34 years age group, which was most commonly reported for female patients (Table 7.2). The number of separations per 1,000 population was highest for patients in the 85 years and over age group (Figure 7.1). The highest number of patient days for females was reported in the 75 to 84 years age group and for males in the age group 65 to 74 years (Table 7.5). Average length of stay was highest for patients aged 85 years and over (Figure 7.5).

In private hospitals, separations peaked in the 65 to 74 years age group for male patients and in the 45 to 54 years age group for female patients (Table 7.3). Patients in the 75 to 84 years age group accounted for the most patient days (Table 7.6), and had the highest number of separations per 1,000 population (Figure 7.2). As for public hospitals, the average length of stay was longest for patients aged 85 years and over (Figure 7.6).

In both sectors combined, the population group 65 years and over accounted for a high proportion of admitted patient activity. This population (2,377,504), which comprised 12.3% of the total Australian population, accounted for 2.0 million separations (33.1%) and 10.8 million patient days (48.0%). There were 855.0 separations per 1,000 population for this age group, compared with a crude rate of 318.4 per 1,000 for the total population. The average length of stay for these patients was 5.3 days, compared with 3.7 days for all patients.

Aboriginal and Torres Strait Islander status

Table 7.7 and Table 7.8 present Aboriginal and Torres Strait Islander status data by hospital sector and State and Territory. For Aboriginal and Torres Strait Islander patients, the age-standardised rates were calculated using the Australian Bureau of Statistics experimental projections of the Aboriginal and Torres Strait Islander population for June 2000 (Appendix Table A6.2). These rates are subject to variability in relatively small populations of Aboriginals and Torres Strait Islanders, such as in the Australian Capital Territory. Differentials in the separation rates between patients identified as Aboriginal and Torres Strait Islander and the separation rates for patients not identified as Aboriginal and Torres Strait Islander are expressed in terms of rate ratios. The age-standardised rate for patients identified as Aboriginal and Torres Strait Islander is divided by the age-standardised rate for patients not identified as Aboriginal and Torres Strait Islander. A ratio of 1.0 indicates there is no difference between the rates of the two population groups, while a ratio greater than 1.0 indicates an excess of separations for Aboriginal and Torres Strait Islander patients in comparison to non-Aboriginal and Torres Strait Islander patients.

There were 177,417 separations for patients reported as Aboriginal or Torres Strait Islander, mainly in New South Wales, Queensland, Western Australia and the Northern Territory (Table 7.7). Overall, on an age-standardised basis, there were 620.2 separations for Aboriginal and Torres Strait Islander patients reported per 1,000 Aboriginal and Torres Strait Islander population for Australia, compared to the rate for the overall population of 306.9 per 1,000. The separation rate for Aboriginal and Torres Strait Islander patients was over twice the rate for non-Aboriginal and Torres Strait Islander patients.

The Northern Territory reported the highest number of separations for Aboriginal and Torres Strait Islander patients per 1,000 Aboriginal and Torres Strait Islander population (952.1 per 1,000). Western Australia and the Australian Capital Territory reported the next highest rates (852.9 and 786.1 per 1,000, respectively), ahead of South Australia and Queensland (744.8 and 666.8 per 1,000 population, respectively). The separation rate for Aboriginal and Torres Strait Islander patients in the Northern Territory was almost five times the rate for non-Aboriginal and Torres Strait Islander patients, with a rate ratio of 4.6. These rates are influenced by the quality of the data on Aboriginal and Torres Strait Islander status, which varied among the States and Territories, as described below. They can also be influenced by variation among the jurisdictions in the health status of Aboriginals and Torres Strait Islanders and in their access to hospital services.

Just over 53% of separations for patients reported as Aboriginal or Torres Strait Islander were for overnight stays (94,764), compared with 49.2% for all patients (3,020,647) (Table 7.8). Overall, on an age-standardised basis, there were 292.4 overnight separations for Aboriginal and Torres Strait Islander patients reported per 1,000 Aboriginal and Torres Strait Islander population for Australia, compared to the rate for the overall population of 151.5 per 1,000. The overnight separation rate for Aboriginal and Torres Strait Islander patients was twice the rate for non-Aboriginal and Torres Strait Islander patients.

Western Australia reported the highest number of overnight separations for Aboriginal and Torres Strait Islander patients per 1,000 Aboriginal and Torres Strait Islander population (443.6 per 1,000). South Australia and Queensland reported the next highest overnight separation rates (356.5 and 309.9 per 1,000, respectively), ahead of the Northern Territory and New South Wales (309.2 and 235.8 per 1,000 population, respectively). The overnight separation rate for Aboriginal and Torres Strait Islander patients in Western Australia was almost three times the rate of non-Aboriginal and Torres Strait Islander patients, with a rate ratio of 2.9.

Table 7.9 and Figure 7.7 present data for separations and separation rates per 1,000 population by Aboriginal and Torres Strait Islander status and age group and sex. Aboriginal and Torres Strait Islander status categories included as 'Aboriginal or Torres Strait Islander' were Aboriginal but not Torres Strait Islander origin, Torres Strait Islander but not Aboriginal origin and Aboriginal and Torres Strait Islander origin.

Females accounted for a higher proportion of separations than males, 57.0% of total separations (101,213), and this proportion was higher than the proportion of separations for females overall (53.6%) (Table 7.9). Aboriginal and Torres Strait Islander separations peaked over two 5-year age groups. The first was in the 35 to 44 years age group (31,873), which was most commonly reported for male patients (14,448), and the second was in the 25 to 34 years age group (30,925), which was most commonly reported for female patients (19,607).

The separation rates for both Aboriginal and Torres Strait Islander males and females were higher than those for non-Aboriginal and Torres Strait Islander patients in all age groups, and markedly so for patients aged over 34 years (Figure 7.7). Separation rates for Aboriginals and Torres Strait Islanders for older age groups are subject to variability due to the relatively small populations in these age groups.

Quality of Aboriginal and Torres Strait Islander status data

The variation in the number of Aboriginal and Torres Strait Islander separations per 1,000 Aboriginal and Torres Strait Islander population among the States and Territories suggests that there was variation in the proportion of Aboriginal and Torres Strait Islander persons who were identified as such in the hospital morbidity data collections and/or in the total population.

The quality of the data provided for Aboriginal and Torres Strait Islander status in 2000–01, although better than previous years due to the use of the *National Health Data Dictionary* definitions by all jurisdictions, is still in need of improvement, being considered acceptable for only South Australia and the Northern Territory. Data on Aboriginal and Torres Strait Islander status in this chapter should therefore be interpreted cautiously.

For 2000–01, the New South Wales Health Department reports that its data were in need of improvement. To address this issue, the department continues to be very active in the implementation of initiatives aimed at improving the quality of Aboriginal and Torres Strait Islander origin information in hospital separations data. Departmental publications and circulars continue to be used to encourage a uniform approach to the identification of Aboriginal and Torres Strait Islander patients in addition to providing a framework for continuous improvement in this data collection. To complement these strategies the Aboriginal Health Information Strategy Unit has developed and implemented a training program and conducted a pilot study in relation to improving Indigenous origin information. The training program has been conducted across the State in most Area Health Services and is currently being reviewed and improved to support further training. Resources specific to New South Wales have been developed, including training manuals, videos and fact sheets. A report of a pilot study, *Improving Aboriginal and Torres Strait Islander Origin Information in NSW* showed that data quality and consistency problems were affecting a number of patient registration details in addition to Aboriginal and Torres Strait Islander origin information (NSW Health Department 2000).

The Victorian Department of Human Services reports that, despite data quality improvement in recent years, Aboriginal and Torres Strait Islander status data for 2000–01 should be treated with some caution. Studies in Victoria have shown that data are more accurate if the hospital employs a Koori Hospital Liaison Officer (KHLO), particularly in

regional hospitals, where the KHLOs are located in the main Koori communities. Aboriginal and Torres Strait Islander status data are considered less reliable in some tertiary hospitals drawing Indigenous patients from outside their local communities, and in private hospitals. Victoria is currently undertaking an Aboriginal and Torres Strait Islander Hospital Services Accreditation Project ultimately intended to lead to improved patient identification and the provision of more culturally appropriate services.

For 2000–01 data, Queensland Health notes that Aboriginal and Torres Strait Islander status was recorded as ‘not stated’ in about 2.5% of admitted patient records for public hospitals, and in 20% of admitted patient records for private hospitals, with the overall ‘not stated’ percentage being around 10%. It is not known whether these ‘not stated’ records reflect similar proportions of Indigenous/non-Indigenous separations as the ‘stated’ records. In general the available evidence suggests that the number of Aboriginal and Torres Strait Islander separations is still significantly understated, and that this under-counting occurs through mis-reporting as well as the non-reporting mentioned above. The department continues to work on improving overall Aboriginal and Torres Strait Islander identification in all mainstream administrative data collections.

The Western Australian Department of Health regards its 2000–01 Aboriginal and Torres Strait Islander status data as being in need of improvement. Results of surveys conducted in Western Australian hospitals suggest that about 85% of Indigenous and 99% of non-Indigenous people are identified correctly. However, it appears that the category ‘Aboriginal and Torres Strait Islander origin’ is sometimes interpreted as ‘Aboriginal and/or Torres Strait Islander origin’, resulting in higher counts than expected in this category.

The South Australian Department of Human Services regards its 2000–01 Aboriginal and Torres Strait Islander status data as being of acceptable quality. The department conducts training courses in data collection every year and the courses in 2000–01 included training on how to ask and record the Indigenous Status question, based on a training package produced by the Australian Bureau of Statistics. A 30% loading for casemix payments is applied to Aboriginal and Torres Strait Islander separations in South Australia, and this acts as an incentive for improved identification.

The Tasmanian Department of Health & Human Services reports that the quality of this data has continued to improve in 2000–01. A ‘whole of agency’ strategy has been developed to highlight the importance of these data across all data collections. The Australian Bureau of Statistics is assisting in this project.

The Australian Capital Territory Department of Health and Community Care considers that its 2000–01 data were much improved since 1999–00. During 2000, the department conducted training for both the Canberra Hospital and Calvary Hospital admission staff, and Aboriginal and Torres Strait Islander status is a funding component in contracts with the hospitals.

The Northern Territory’s Department of Health and Community Services reports that the quality of its 2000–01 Aboriginal and Torres Strait Islander status data is considered to be acceptable. The department retains historical reporting of Indigenous status and individual client systems receive a report of individuals who have reported their Indigenous status as Aboriginal on one occasion and as Torres Strait Islander on another. System owners will follow up on these clients. All management and statistical reporting, however, is based on a person’s currently reported Indigenous status.

Country of birth

Australian-born patients accounted for 73.6% (4,518,326) of total separations, 72.3% in the public sector and 75.8% in the private sector (Table 7.10). There was some variation in the proportions of separations in the public and private sectors by country of birth. For Australian-born persons, 61.9% were in the public sector, as were 78.3% for persons born in Greece, 73.7% for persons born in the Middle East and North Africa, 49.0% for persons born in Japan and 47.7% for persons born in the United States of America. The age-standardised separation rate for Australian-born patients was higher (314.2 per 1,000) than that for the overseas-born population (245.9 per 1,000).

Area of usual residence

The area of usual residence of a patient can be expressed in many ways, such as the State or Territory of usual residence, the Rural, Remote and Metropolitan Area (RRMA) of usual residence and the Statistical Division of usual residence. Data for these measures have been aggregated from Statistical Local Areas and postcodes provided by States and Territories. For information on this process and further information on the RRMA classification see Appendix 3.

Tables 7.11 and 7.12 present selected separation statistics by hospital sector, same day status and State or Territory of usual residence or RRMA of usual residence. Figures 7.8 and 7.9 present, as maps, separation rates per 1,000 population by Statistical Division of usual residence for both public and private hospitals. The age-standardised separation rates that are presented in these tables and figures take account of the different age populations of the States and Territories, rural, remote and metropolitan areas and Statistical Divisions.

State or Territory of usual residence

In Table 7.11 the standardised rate for each State and Territory is accompanied by the standardised rate for all other jurisdictions excluding the reference State or Territory. For example, the rate for total separations for patients usually resident in Queensland was 322.8 separations per 1,000 population. The standardised rate for patients usually resident in the other States and Territories combined was 299.2 per 1,000 population. Thus, patients usually resident in Queensland had a total separation rate that was 7.9% higher than the rate for patients usually resident in all the other jurisdictions combined. This difference was statistically significant (that is, there is a less than 1% probability that the difference between Queensland and the other jurisdictions occurred by chance).

The separation rates for New South Wales, Tasmania and the Australian Capital Territory tended to be lower for residents of these jurisdictions than for residents outside these jurisdictions, especially for same day separations.

Residents of the Australian Capital Territory and the Northern Territory generally had lower proportions of separations within their own State or Territory than residents of the remaining jurisdictions. For example, only 93% of residents of the Northern Territory were actually hospitalised in the Northern Territory, compared with 99% of residents in Victoria, Queensland and South Australia and almost 100% of residents in Western Australia.

Rural, remote and metropolitan areas

In Table 7.12 the standardised rate for each RRMA is accompanied by the standardised rate for all other RRMA's excluding the reference RRMA. For example, the rate for total separations for patients usually resident in remote centres was 407.7 separations per 1,000 population. The standardised rate for patients usually resident in the other RRMA's combined was 304.7 per 1,000 population. Thus, patients usually resident in remote centres had a total separation rate that was 33.8% higher than the rate for patients usually resident in all the other areas combined.

Generally the separation rates were lower for patients usually resident in capital cities or other metropolitan centres than for patients usually resident in other RRMA's. The highest same day separation rate was observed in remote centres (187.7 per 1,000 population) and the highest overnight separation rate in other remote areas (245.4 per 1,000 population). The separation rate for public hospitals was highest in remote centres (352.5 per 1,000 population) and other remote areas (329.3 per 1,000 population), while the separation rate for private hospitals tended to be highest in other metropolitan centres (124.8 per 1,000 population) and large rural centres (123.7 per 1,000 population).

Statistical Divisions

Separation rates per 1,000 population varied by Statistical Division of the usual residence of the patient for both public and private hospitals (Figures 7.8 and 7.9). In the public sector, the highest rates were reported for residents of the Statistical Divisions of Kimberley in Western Australia and Pilbara in State/Territory. In the private sector, the highest rates were reported for Moreton in Queensland and Greater Hobart in Tasmania. The data for these maps were derived from data provided on the area of usual residence of the patients, aggregated to Statistical Divisions as described in Appendix 3.

Additional data

The accompanying tables on the Internet at <http://www.aihw.gov.au/publications/hse/ahs00-01.html> provide information on the number of separations and patient days by five-year age group, sex and State and Territory for all hospitals, public hospitals and private hospitals.

Table 7.1: Separations, by age group and sex, all hospitals, States and Territories, 2000-01

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(a)	Total
Females	Under 1	18,949	15,609	10,238	5,484	4,371	1,427	724	1,403	58,205
	1-4	24,191	15,006	14,731	7,869	6,428	1,119	1,001	1,342	71,689
	5-14	30,543	21,289	19,705	10,865	8,104	2,061	1,341	1,109	95,017
	15-24	89,340	68,911	57,317	31,825	26,194	6,985	3,681	4,727	288,980
	25-34	163,945	142,141	100,442	53,870	42,826	11,709	7,468	6,048	528,449
	35-44	125,207	115,763	84,676	45,929	36,048	9,470	6,306	5,277	428,675
	45-54	113,388	110,056	86,921	44,428	36,960	9,595	6,706	6,080	414,134
	55-64	115,994	101,218	80,006	39,656	34,743	8,614	5,929	3,961	390,121
	65-74	137,984	121,725	86,382	39,174	40,479	9,667	5,684	1,700	442,795
	75-84	137,034	110,364	74,318	34,015	40,383	10,858	4,046	777	411,795
	85 and over	54,872	45,436	27,053	14,801	16,029	3,707	1,203	147	163,248
	Total^(b)	1,011,447	867,520	641,789	327,916	292,565	75,213	44,089	32,571	3,253,110
	Males	Under 1	26,849	21,483	13,603	7,724	6,123	1,925	941	1,705	80,353
1-4		35,058	22,519	20,768	11,776	9,125	1,813	1,539	1,689	104,287
5-14		42,880	29,136	26,697	14,226	10,442	2,538	1,883	1,443	129,245
15-24		54,476	43,636	37,639	19,795	15,637	3,798	2,374	1,666	179,021
25-34		88,077	58,340	46,908	26,713	20,050	4,703	3,547	3,331	231,669
35-44		67,075	76,828	58,960	33,237	25,522	6,449	4,080	4,381	296,532
45-54		110,679	95,627	79,703	39,555	34,596	8,556	6,726	5,267	380,708
55-64		125,613	112,696	91,861	42,181	36,127	8,973	7,687	3,377	428,515
65-74		153,218	143,781	99,229	46,554	43,699	11,399	7,398	2,673	507,951
75-84		132,103	111,333	80,422	34,555	37,666	9,552	4,825	738	411,394
85 and over		30,708	26,139	17,381	8,542	9,613	2,214	825	117	95,539
Total^(b)		866,736	741,578	573,171	284,858	248,799	61,921	41,825	26,383	2,845,216
Persons ^(b)		Under 1	45,801	37,110	23,841	13,208	10,494	3,354	1,665	3,108
	1-4	59,251	37,527	35,499	19,645	15,553	2,932	2,540	3,031	175,978
	5-14	73,423	50,425	46,402	25,091	18,546	4,600	3,224	2,552	224,263
	15-24	143,817	112,547	94,956	51,620	41,831	10,786	6,055	6,396	468,008
	25-34	232,026	200,481	147,350	80,583	62,876	16,414	11,015	9,382	760,127
	35-44	212,284	192,591	143,636	79,166	61,570	15,920	10,386	9,664	725,217
	45-54	224,069	205,683	166,624	83,983	71,555	18,154	13,432	11,348	794,848
	55-64	241,612	213,914	171,867	81,837	70,870	17,589	13,616	7,339	816,644
	65-74	291,206	265,506	185,611	85,728	84,178	21,066	13,082	4,373	950,750
	75-84	269,137	221,697	154,740	68,570	78,249	20,413	8,871	1,515	823,192
	85 and over	85,580	71,575	44,434	23,343	25,642	5,921	2,028	264	258,787
	Total separations	1,878,206	1,609,056	1,214,960	612,774	541,364	137,151	85,914	58,973	5,138,398

(a) Only public hospitals in the Northern Territory.

(b) Includes separations for which sex and/or age group were not reported.

Table 7.2: Separations, by age group and sex, public hospitals, States and Territories, 2000-01

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Females	Under 1	17,032	12,997	8,549	3,885	3,982	1,125	668	1,403	49,561	
	1-4	20,800	12,708	11,623	5,955	5,361	819	845	1,342	59,453	
	5-14	24,168	16,221	14,443	7,675	6,370	1,271	1,063	1,109	72,320	
	15-24	64,316	49,191	42,243	19,983	20,871	4,161	2,783	4,727	208,275	
	25-34	111,768	94,462	63,626	31,737	32,237	5,952	5,222	6,048	351,052	
	35-44	73,805	67,889	45,807	25,144	23,490	4,158	3,972	5,277	249,542	
	45-54	59,449	58,954	41,390	22,255	20,140	4,089	3,980	6,080	216,337	
	55-64	67,594	58,338	39,098	21,307	19,857	3,999	4,068	3,961	218,322	
	65-74	88,566	74,758	43,351	22,765	24,974	4,759	4,161	1,700	265,034	
	75-84	91,057	65,817	35,552	20,192	23,764	5,227	2,680	777	245,066	
	85 and over	41,941	29,309	14,688	10,101	9,326	1,863	867	147	108,262	
	Total^(a)		660,596	540,644	360,370	190,919	190,372	37,443	30,309	32,571	2,043,224
	Males	Under 1	23,566	17,657	11,165	5,185	5,614	1,404	829	1,705	67,125
1-4		29,674	18,864	16,034	8,851	7,574	1,267	1,240	1,689	85,193	
5-14		35,134	23,028	20,320	10,289	8,430	1,661	1,524	1,443	101,819	
15-24		39,124	28,592	26,027	11,563	10,688	2,407	1,625	1,666	121,692	
25-34		48,012	40,847	32,241	17,704	14,447	2,883	2,913	3,331	162,378	
35-44		56,644	50,119	35,970	20,058	17,206	3,597	3,045	4,381	191,020	
45-54		64,857	57,995	40,990	21,607	20,986	4,537	4,955	5,267	221,174	
55-64		74,843	71,818	48,969	23,189	22,619	4,668	5,856	3,377	255,339	
65-74		101,831	97,306	55,223	28,736	28,091	6,361	5,485	2,673	325,706	
75-84		82,239	65,087	32,673	19,283	24,531	4,398	3,014	738	231,963	
85 and over		22,101	16,670	8,665	5,261	6,501	1,076	533	117	60,924	
Total^(a)			577,825	487,983	328,277	171,726	166,687	34,449	30,999	26,388	1,824,334
Persons ^(a)		Under 1	40,601	30,663	19,714	8,990	9,596	2,531	1,497	3,108	116,700
	1-4	50,476	31,572	27,657	14,806	12,935	2,086	2,085	3,031	144,648	
	5-14	59,302	39,249	34,763	17,964	14,900	2,922	2,587	2,552	174,139	
	15-24	103,441	77,783	68,270	31,546	31,559	5,566	4,408	6,396	329,971	
	25-34	159,784	135,309	95,867	49,441	46,684	8,835	8,135	9,382	513,437	
	35-44	130,451	118,008	81,777	45,202	40,696	7,756	7,017	9,664	440,571	
	45-54	124,308	116,949	82,380	43,862	41,126	8,626	8,915	11,348	437,514	
	55-64	142,342	130,156	88,067	44,496	42,476	8,867	9,924	7,339	473,667	
	65-74	190,401	172,064	98,574	51,501	53,065	11,120	9,646	4,373	590,744	
	75-84	173,296	130,904	68,225	39,475	48,295	9,625	5,694	1,515	477,029	
	85 and over	64,042	45,979	23,353	15,362	15,827	2,959	1,400	264	169,166	
	Total separations		1,238,444	1,028,636	688,647	362,645	367,059	71,895	61,308	58,973	3,867,607

(a) Includes separations for which sex and/or age group were not reported.

Table 7.3: Separations, by age group and sex, private hospitals, States and Territories, 2000-01

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Females	Under 1	1,917	2,612	1,689	1,679	369	302	56	n.a.	8,644
	1-4	3,391	2,300	3,108	1,914	1,067	300	156	n.a.	12,236
	5-14	6,375	5,068	5,262	3,190	1,734	790	278	n.a.	22,697
	15-24	25,024	19,720	15,074	11,842	5,323	2,824	898	n.a.	80,705
	25-34	52,177	47,679	36,816	22,133	10,589	5,757	2,246	n.a.	177,397
	35-44	51,402	47,874	38,869	20,785	12,558	5,312	2,334	n.a.	179,134
	45-54	53,939	51,102	45,531	22,173	16,820	5,506	2,726	n.a.	197,797
	55-64	48,300	42,880	40,908	18,349	14,886	4,615	1,861	n.a.	171,799
	65-74	49,418	46,967	43,031	16,409	15,505	4,908	1,523	n.a.	177,761
	75-84	45,977	44,547	38,766	13,823	16,619	5,631	1,366	n.a.	166,729
	85 and over	12,931	16,127	12,365	4,700	6,703	1,824	336	n.a.	54,966
	Total^(a)	350,851	326,876	281,419	136,997	102,193	37,770	13,780	n.a.	1,248,866
	Males	Under 1	3,283	3,826	2,438	2,539	509	521	112	n.a.
1-4		5,384	3,655	4,734	2,925	1,551	546	299	n.a.	19,094
5-14		7,746	5,108	6,377	3,937	2,012	887	359	n.a.	27,426
15-24		15,352	15,044	11,612	8,232	4,949	1,391	749	n.a.	57,329
25-34		20,065	17,493	14,667	9,009	5,603	1,820	634	n.a.	69,291
35-44		30,431	26,709	22,990	13,179	8,316	2,852	1,035	n.a.	105,512
45-54		45,822	37,632	38,713	17,948	13,909	4,019	1,791	n.a.	159,534
55-64		50,970	40,878	42,892	18,992	13,506	4,105	1,831	n.a.	173,178
65-74		51,387	46,475	44,006	17,818	15,606	5,038	1,913	n.a.	182,245
75-84		49,864	46,246	47,749	15,272	13,335	5,154	1,811	n.a.	179,431
85 and over		8,607	9,469	8,716	3,281	3,112	1,138	292	n.a.	34,615
Total^(a)		288,911	253,535	244,894	113,132	82,112	27,472	10,826	n.a.	1,020,882
Persons ^(a)		Under 1	5,200	6,447	4,127	4,218	898	823	168	n.a.	21,881
	1-4	8,775	5,955	7,842	4,839	2,618	846	455	n.a.	31,330
	5-14	14,121	11,176	11,639	7,127	3,746	1,678	637	n.a.	50,124
	15-24	40,376	34,764	26,886	20,074	10,272	4,218	1,647	n.a.	138,037
	25-34	72,242	65,172	51,483	31,142	16,192	7,579	2,860	n.a.	248,690
	35-44	81,833	74,583	61,859	33,964	20,874	8,164	3,369	n.a.	284,846
	45-54	99,761	88,734	84,244	40,121	30,429	9,528	4,517	n.a.	357,334
	55-64	99,270	83,758	83,800	37,341	28,394	6,722	3,692	n.a.	344,977
	65-74	100,805	93,442	87,037	34,227	31,113	9,946	3,436	n.a.	360,006
	75-84	95,841	90,793	86,515	29,096	29,964	10,788	3,177	n.a.	346,153
	85 and over	21,539	25,596	21,081	7,981	9,815	2,962	628	n.a.	89,601
	Total separations	639,762	580,420	526,313	250,129	184,305	68,256	24,606	n.a.	2,270,791

(a) Includes separations for which sex and/or age group were not reported.

n.a. not available.

Table 7.4: Patient days, by age group and sex, all hospitals, States and Territories, 2000-01

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^(a)	Total
Females	Under 1	99,683	81,906	61,451	30,360	25,191	8,406	5,215	9,587	321,799
	1-4	49,083	25,961	25,496	14,589	10,923	1,784	1,706	6,117	135,661
	5-14	65,048	42,630	38,564	21,443	16,187	3,932	2,783	4,472	195,059
	15-24	233,142	164,803	138,717	83,548	64,272	19,358	10,832	14,268	728,940
	25-34	488,046	380,310	266,057	160,680	121,487	36,133	25,203	18,591	1,496,507
	35-44	370,960	292,569	209,408	127,011	100,752	27,927	19,613	14,339	1,162,579
	45-54	323,610	277,334	210,934	123,101	100,542	29,161	19,055	12,940	1,096,677
	55-64	389,463	289,163	221,726	109,186	101,584	30,164	17,600	9,395	1,168,285
	65-74	579,460	465,399	300,298	148,739	159,808	52,859	21,817	5,478	1,733,858
	75-84	906,445	675,732	404,663	208,449	269,107	79,832	25,748	3,776	2,573,752
85 and over	562,718	439,090	243,732	149,400	176,374	54,582	11,295	1,588	1,638,779	
	Total^(b)	4,067,658	3,134,897	2,121,048	1,176,506	1,146,227	344,145	160,867	100,555	12,251,903
Males	Under 1	128,358	98,522	71,601	35,496	29,615	10,958	6,510	10,827	391,887
	1-4	62,985	38,355	34,234	21,174	14,415	3,024	2,411	6,409	183,007
	5-14	83,832	52,441	48,400	27,161	18,875	4,925	3,435	4,968	244,037
	15-24	175,657	120,852	107,045	54,723	48,143	12,542	6,956	6,255	532,073
	25-34	264,384	161,818	143,930	80,943	64,624	13,864	9,553	11,179	750,295
	35-44	292,170	199,686	152,920	84,501	73,631	18,935	10,471	13,020	845,334
	45-54	360,110	248,410	222,209	100,047	95,214	25,550	17,343	13,993	1,082,876
	55-64	457,152	324,111	258,558	120,468	113,653	31,927	22,028	12,145	1,340,042
	65-74	638,038	509,455	343,751	163,803	174,933	50,327	27,046	9,580	1,916,933
	75-84	724,013	545,628	389,679	183,443	207,326	55,988	23,585	4,258	2,133,920
85 and over	259,681	222,468	130,364	69,869	87,456	19,091	6,401	1,006	796,336	
	Total^(b)	3,446,380	2,521,746	1,902,691	941,628	927,885	247,132	135,639	93,643	10,216,744
Persons ^(b)	Under 1	228,048	180,545	133,052	65,856	54,806	19,367	11,725	20,414	713,813
	1-4	112,070	64,316	59,732	35,763	25,338	4,808	4,117	12,526	318,670
	5-14	148,880	95,071	86,964	48,604	35,062	8,858	5,218	9,440	439,097
	15-24	408,800	285,655	246,762	138,271	112,415	31,903	17,688	20,533	1,261,027
	25-34	752,451	542,128	409,987	241,623	186,111	49,999	34,756	29,778	2,246,833
	35-44	663,137	492,255	362,328	211,512	174,383	46,863	30,084	27,373	2,007,935
	45-54	683,727	525,744	433,143	223,148	196,756	54,716	36,398	26,937	2,179,569
	55-64	846,692	613,274	480,284	229,654	215,237	62,093	39,628	21,545	2,508,407
	65-74	1,217,508	974,854	644,049	312,542	334,741	103,186	48,863	15,058	3,650,801
	75-84	1,630,458	1,221,360	794,342	391,982	476,433	135,823	49,333	8,034	4,707,675
85 and over	822,399	581,558	374,096	219,269	263,830	73,673	17,696	2,594	2,435,115	
	Total patient days	7,514,170	5,656,760	4,023,739	2,118,134	2,074,112	591,297	296,506	194,235	22,468,953

(a) Only public hospitals in the Northern Territory.

(b) Includes patient days for which sex and/or age group were not reported.

Table 7.5: Patient days, by age group and sex, public hospitals, States and Territories, 2000-01

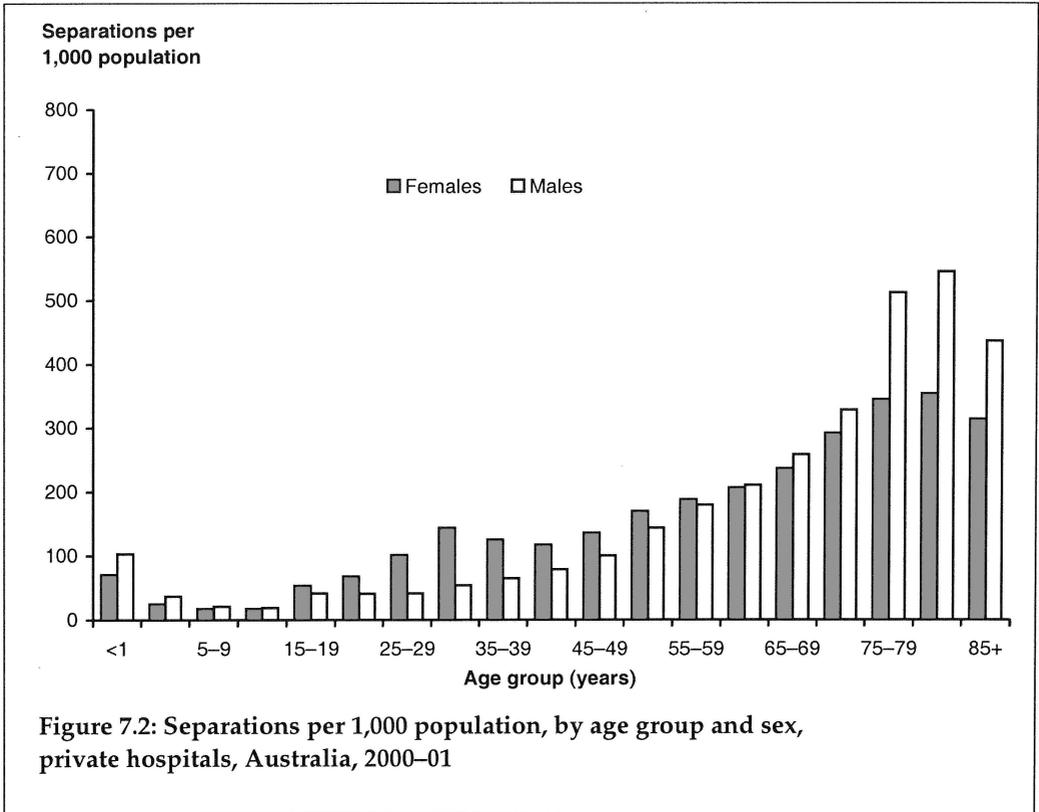
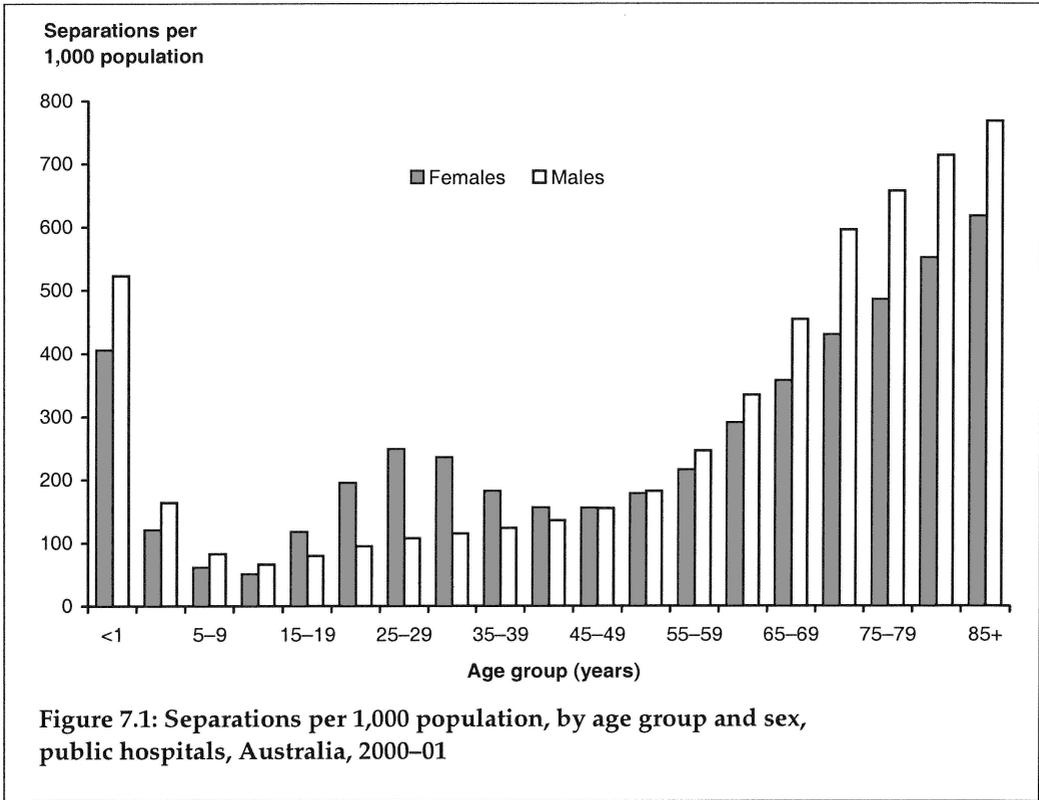
Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Females	Under 1	88,096	68,958	51,816	24,157	23,074	6,463	4,822	9,587	276,973	
	1-4	44,609	23,200	21,157	11,917	9,783	1,431	1,517	6,117	119,731	
	5-14	54,229	36,020	30,377	17,266	14,067	2,838	2,442	4,472	161,711	
	15-24	186,941	127,160	105,488	60,160	52,335	13,497	8,895	14,268	568,754	
	25-34	347,816	251,905	164,991	95,737	89,276	19,446	16,913	18,591	1,004,675	
	35-44	252,586	179,175	121,100	72,972	67,087	13,889	12,867	14,339	734,005	
	45-54	206,566	163,063	113,332	72,586	56,157	15,120	12,406	12,940	654,172	
	55-64	272,714	180,586	127,855	64,417	52,729	17,667	12,420	7,399	747,787	
	65-74	426,915	312,136	155,682	94,202	108,530	33,115	15,234	5,478	1,161,293	
	75-84	694,845	450,413	206,381	133,445	184,704	50,399	17,253	3,776	1,741,216	
	85 and over	461,169	306,843	133,925	105,916	121,826	41,822	8,357	1,568	1,181,446	
	Total^(a)	3,036,489	2,099,459	1,242,114	752,775	791,568	215,687	113,116	100,555	100,555	8,351,763
	Males	Under 1	113,982	83,439	59,259	27,193	27,564	8,313	6,064	10,827	336,841
1-4		56,064	34,143	27,917	17,354	12,762	2,395	2,062	6,409	159,126	
5-14		71,163	44,412	38,603	22,099	16,605	3,754	3,034	4,968	204,718	
15-24		147,993	91,461	83,196	40,951	39,233	9,800	5,713	6,255	424,602	
25-34		228,032	125,999	117,661	65,851	53,974	10,232	8,302	11,179	621,030	
35-44		237,453	141,604	112,045	61,889	57,951	13,341	8,472	13,020	645,775	
45-54		267,521	171,662	140,586	65,011	54,377	16,417	12,954	13,993	752,521	
55-64		340,743	226,179	158,284	78,390	79,516	21,548	16,940	12,145	933,745	
65-74		493,932	367,892	215,969	109,956	127,736	33,518	20,311	9,560	1,378,894	
75-84		525,534	350,230	176,527	107,075	150,917	30,646	15,199	4,258	1,360,386	
85 and over		206,655	156,780	69,373	45,156	66,163	12,462	4,103	1,006	562,198	
Total^(a)		2,689,092	1,793,801	1,200,600	640,725	696,798	162,426	103,154	93,643	93,643	7,379,639
Persons ^(a)		Under 1	202,065	152,434	111,075	51,350	50,638	14,779	10,886	20,414	613,661
	1-4	100,695	57,343	49,074	29,271	22,545	3,826	3,579	12,526	278,859	
	5-14	125,392	80,432	69,060	39,365	30,672	6,592	5,476	9,440	366,429	
	15-24	334,935	218,621	188,694	101,111	91,568	23,297	14,608	20,533	993,367	
	25-34	575,869	377,904	282,652	161,398	143,250	29,678	25,215	29,778	1,625,734	
	35-44	490,046	320,179	233,145	134,861	125,038	27,231	25,215	21,329	1,378,802	
	45-54	474,096	334,725	253,918	137,597	122,534	31,537	25,360	26,937	1,406,704	
	55-64	613,534	406,765	286,139	142,907	142,245	39,215	29,360	21,545	1,661,610	
	65-74	920,858	580,028	381,651	204,158	236,266	66,633	35,545	15,058	2,540,197	
	75-84	1,220,379	800,643	382,908	240,520	335,621	81,045	32,452	8,034	3,101,602	
	85 and over	667,824	463,623	203,798	151,072	187,989	54,284	12,460	2,594	1,743,644	
	Total patient days	6,725,713	3,893,297	2,442,114	1,393,500	1,488,366	378,117	216,270	194,235	194,235	15,731,612

(a) Includes patient days for which sex and/or age group were not reported.

Table 7.6: Patient days, by age group and sex, private hospitals, States and Territories, 2000-01

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
Females	Under 1	11,587	12,948	9,635	6,203	2,117	1,943	393	n.a.	44,826	
	1-4	4,474	2,761	4,341	2,572	1,140	353	189	n.a.	15,930	
	5-14	10,819	6,610	8,187	4,177	2,120	1,094	341	n.a.	33,348	
	15-24	46,201	37,643	33,219	23,388	11,937	5,861	1,937	n.a.	160,186	
	25-34	140,230	128,405	101,066	64,943	32,211	15,667	8,290	n.a.	491,832	
	35-44	118,374	113,394	88,308	54,039	33,665	14,038	6,756	n.a.	428,574	
	45-54	117,042	114,271	97,602	50,515	42,385	14,041	6,649	n.a.	442,505	
	55-64	116,749	108,577	93,871	44,769	38,855	12,497	5,180	n.a.	420,498	
	65-74	152,544	153,263	134,616	54,537	51,278	19,744	6,583	n.a.	572,585	
	75-84	211,600	225,319	198,282	75,004	84,403	29,433	8,495	n.a.	832,586	
	85 and over	101,549	132,247	109,807	43,484	54,548	12,760	2,938	n.a.	457,333	
	Total^(a)	1,031,769	1,035,438	878,934	423,731	354,659	128,458	47,751	3,900,140	n.a.	3,900,140
	Males	Under 1	14,376	15,083	12,342	9,303	2,051	2,645	446	n.a.	55,246
1-4		6,901	4,212	6,317	3,820	1,653	629	349	n.a.	23,881	
5-14		12,669	8,029	9,717	5,062	2,270	1,171	401	n.a.	39,319	
15-24		27,684	29,391	23,849	13,772	8,910	2,742	1,143	n.a.	107,471	
25-34		36,352	35,819	26,269	15,292	10,650	3,632	1,251	n.a.	129,265	
35-44		54,717	58,082	40,875	22,512	15,680	5,894	1,999	n.a.	199,559	
45-54		92,589	76,748	81,623	36,036	30,837	9,133	4,389	n.a.	330,355	
55-64		116,409	97,932	100,274	42,078	34,137	10,379	5,088	n.a.	406,297	
65-74		144,106	141,563	127,782	53,847	47,197	16,809	6,735	n.a.	538,039	
75-84		198,479	195,398	213,152	76,368	56,409	25,342	8,386	n.a.	773,534	
85 and over		53,026	65,688	60,491	24,713	21,293	6,629	2,298	n.a.	234,138	
Total^(a)		757,288	727,945	702,691	300,903	231,087	84,706	32,485	2,837,105	n.a.	2,837,105
Persons ^(a)		Under 1	25,963	28,111	21,977	14,506	4,168	4,588	839	n.a.	100,152
	1-4	11,375	6,973	10,658	6,492	2,793	982	538	n.a.	39,811	
	5-14	23,488	14,639	17,904	9,239	4,390	2,266	742	n.a.	72,668	
	15-24	73,865	67,034	57,068	37,160	20,847	8,606	3,060	n.a.	267,660	
	25-34	176,582	164,224	127,335	80,235	42,861	20,321	9,541	n.a.	621,099	
	35-44	173,091	171,476	129,183	76,651	49,345	19,632	8,755	n.a.	628,133	
	45-54	209,631	191,019	179,225	85,551	73,222	23,179	11,038	n.a.	772,865	
	55-64	233,158	206,509	194,145	86,847	72,992	22,878	10,268	n.a.	826,797	
	65-74	296,650	294,826	262,398	108,384	98,475	36,553	13,318	n.a.	1,110,604	
	75-84	410,079	420,717	411,434	151,372	140,812	54,778	16,881	n.a.	1,606,073	
	85 and over	154,575	197,935	170,298	68,197	75,841	19,369	5,236	n.a.	681,471	
	Total patient days	1,788,457	1,763,463	1,581,625	724,634	585,746	213,180	30,236	6,737,341	n.a.	6,737,341

(a) Includes patient days for which sex and/or age group were not reported.
n.a. not available.



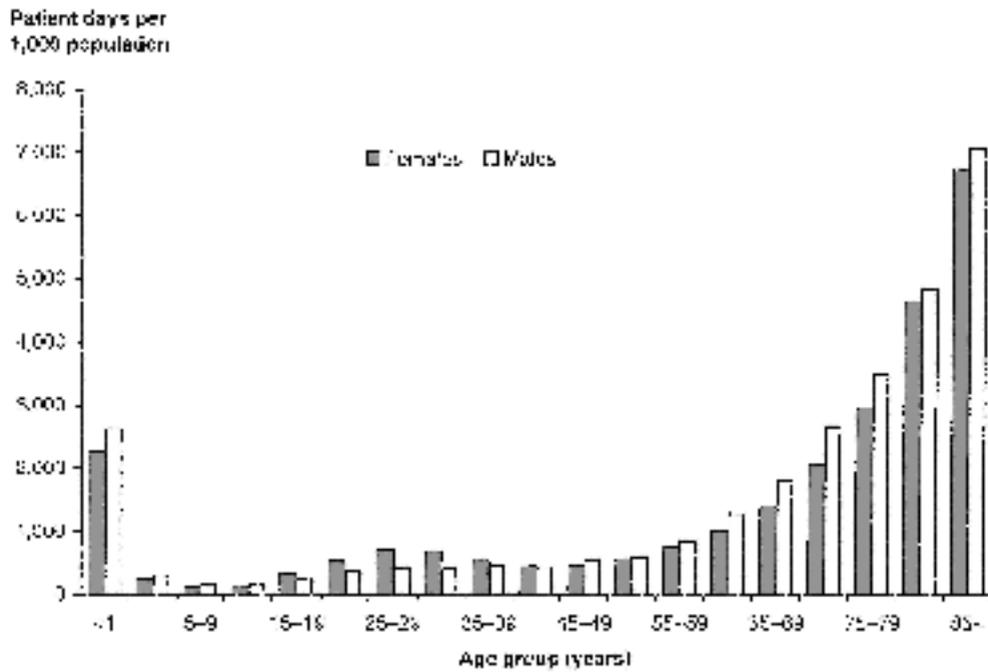


Figure 7.3: Patient days per 1,000 population, by age group and sex, public hospitals, Australia, 2000-01

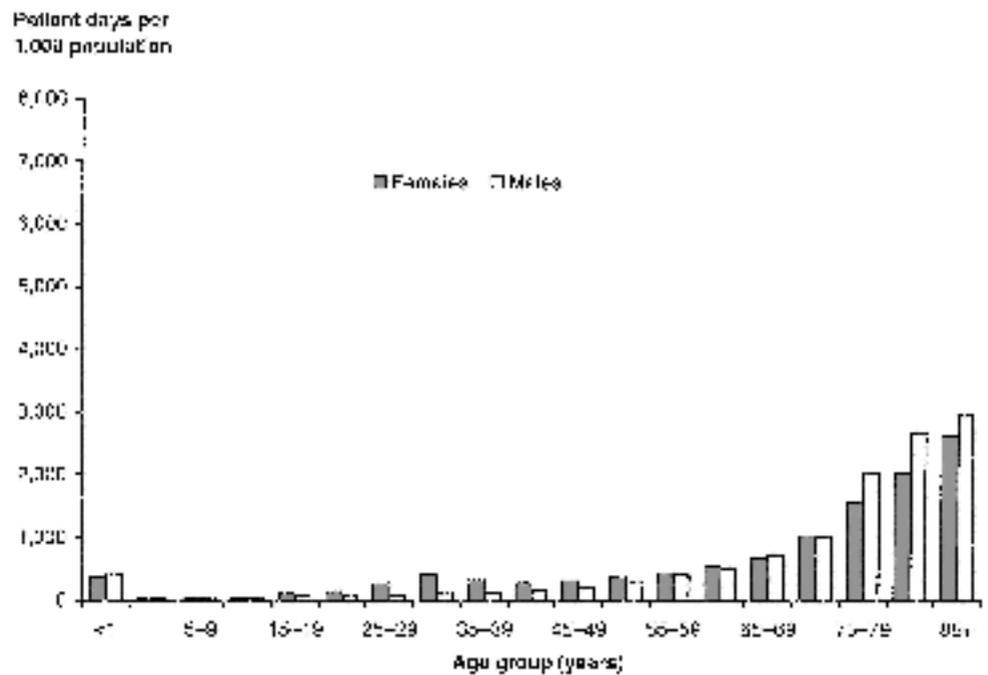


Figure 7.4: Patient days per 1,000 population, by age group and sex, private hospitals, Australia, 2000-01

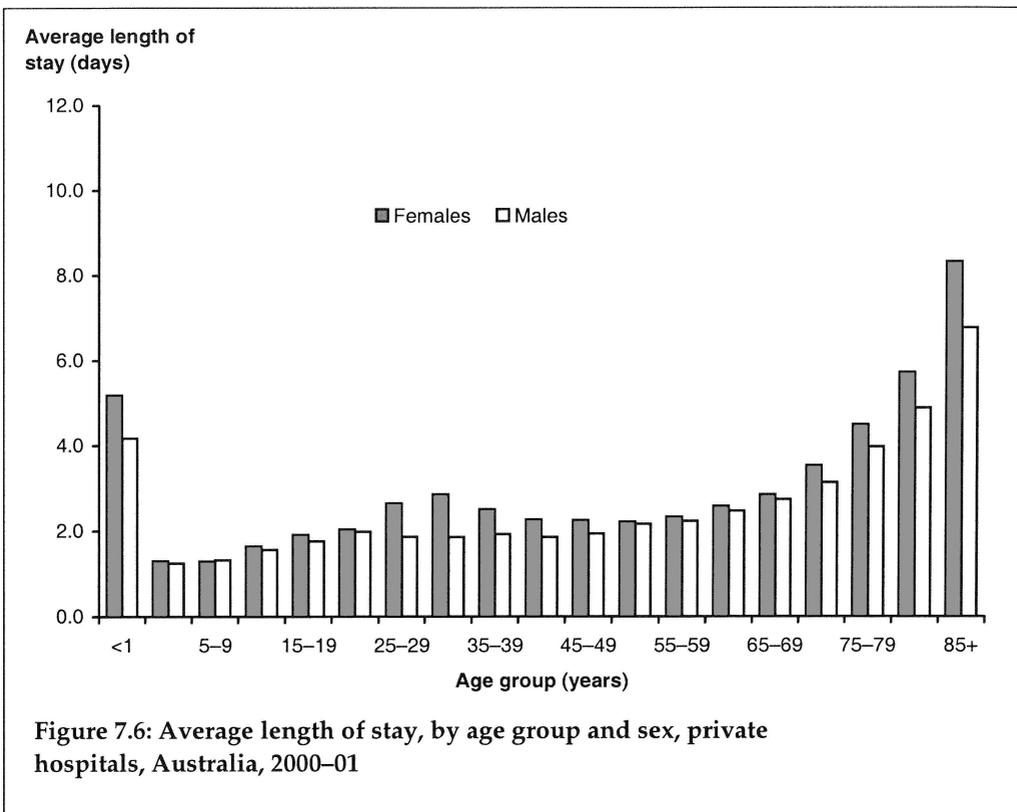
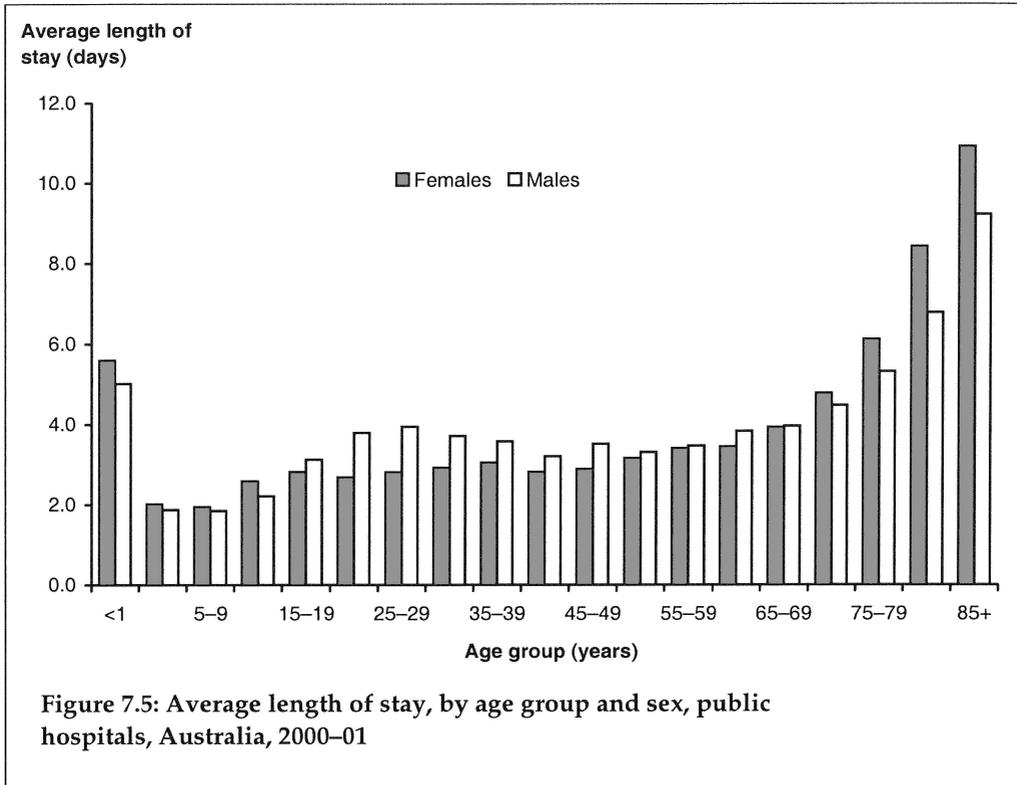


Table 7.7: Separations, by Aboriginal and Torres Strait Islander status^(a) and hospital sector, States and Territories, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal and Torres Strait Islander status									
Aboriginal but not Torres Strait Islander origin	32,134	7,013	39,191	34,413	11,953	1,026	1,079	34,402	161,211
Torres Strait Islander but not Aboriginal origin	505	78	7,828	52	73	n.p.	n.p.	100	8,721
Aboriginal and Torres Strait Islander origin	346	304	1,597	266	55	n.p.	n.p.	476	3,111
Not Aboriginal or Torres Strait Islander origin	1,203,208	1,021,241	621,647	327,914	335,850	66,553	58,561	23,783	3,668,757
Not reported	2,251	0	18,384	0	9,128	4,206	1,626	212	35,807
Total	1,238,444	1,028,636	688,647	362,645	357,659	71,895	61,308	58,973	3,867,607
Public hospitals									
Aboriginal but not Torres Strait Islander origin	285	83	1,117	1,795	169	145	14	n.a.	3,628
Torres Strait Islander but not Aboriginal origin	102	37	150	73	4	n.p.	n.p.	n.a.	370
Aboriginal and Torres Strait Islander origin	20	140	145	42	16	n.p.	n.p.	n.a.	376
Not Aboriginal or Torres Strait Islander origin	637,965	580,160	417,736	248,219	177,113	25,080	24,295	n.a.	2,110,568
Not reported	1,390	0	107,165	0	6,993	40,016	295	n.a.	155,849
Total	639,762	580,420	526,373	256,129	184,305	65,256	24,606	n.a.	2,270,791
Private hospitals									
Aboriginal but not Torres Strait Islander origin	32,419	7,056	40,308	36,206	12,142	1,171	1,093	34,402	164,839
Torres Strait Islander but not Aboriginal origin	607	115	7,978	125	77	72	17	100	9,091
Aboriginal and Torres Strait Islander origin	366	444	1,742	308	71	53	27	476	3,487
Not Aboriginal or Torres Strait Islander origin	1,841,173	1,601,401	1,039,383	576,133	512,963	91,633	82,856	23,783	5,769,325
Not reported	3,641	0	125,549	0	16,111	44,222	1,921	212	191,655
Total	1,878,206	1,609,056	1,214,960	612,774	541,364	137,151	85,914	58,973	6,138,398
Separation rate ^(c) for Aboriginals and/or Torres Strait Islanders per 1,000	391.1	441.9	665.8	852.9	744.8	120.5	785.1	952.1	620.2
Separation rate ^(c) for non-Aboriginals and/or Torres Strait Islanders per 1,000	273.3	318.7	291.3	312.9	318.0	185.2	287.4	209.1	292.9
Separation rate ^(c) for all per 1,000	275.3	319.1	332.8	324.9	332.2	273.8	295.6	364.7	306.9
Rate ratio ^(d)	1.4	1.4	2.3	2.7	2.3	0.6	2.7	4.6	2.1

(a) Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Chapter 7 for further detail.

(b) Only public hospitals in the Northern Territory.

(c) The rates were directly age-standardised to the Australian population at 30 June 1991. For details, see Appendix 3. Aboriginal and Torres Strait Islander population data are included in Appendix 6.

(d) The rate ratio is equal to the separation rate for Aboriginals and/or Torres Strait Islanders divided by the separation rate for non-Aboriginals and/or Torres Strait Islanders, excluding Not reported.

n.a. not available.

n.p. not published.

Table 7.8: Overnight separations, by Aboriginal and Torres Strait Islander status^(a) and hospital sector, States and Territories, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal and Torres Strait Islander status									
Aboriginal but not Torres Strait Islander origin	20,370	3,494	21,345	20,545	6,406	605	355	15,024	88,144
Torres Strait Islander but not Aboriginal origin	252	56	3,260	40	38	n.p.	n.p.	76	3,790
Aboriginal and Torres Strait Islander origin	221	211	810	147	42	n.p.	n.p.	222	1,693
Not Aboriginal or Torres Strait Islander origin	710,515	465,990	335,735	171,486	175,766	37,018	27,997	13,414	1,967,821
Not reported	1,191	0	8,566	0	3,611	3,179	719	182	17,428
<i>Total</i>	732,549	499,751	369,716	192,218	185,663	40,878	29,003	28,898	2,076,876
Private hospitals									
Aboriginal but not Torres Strait Islander origin	80	43	360	199	104	50	12	n.a.	848
Torres Strait Islander but not Aboriginal origin	37	20	49	3	1	n.p.	n.p.	n.a.	112
Aboriginal and Torres Strait Islander origin	7	44	77	29	9	n.p.	n.p.	n.a.	177
Not Aboriginal or Torres Strait Islander origin	247,437	239,269	164,615	112,032	85,662	13,629	12,606	n.a.	875,270
Not reported	72	0	43,982	0	3,160	17,961	189	n.a.	65,364
<i>Total</i>	247,633	239,376	209,083	112,263	88,956	31,651	12,809	n.a.	947,771
All hospitals^(b)									
Aboriginal but not Torres Strait Islander origin	20,450	3,537	21,705	20,744	6,510	655	367	15,024	88,992
Torres Strait Islander but not Aboriginal origin	289	76	3,309	43	39	57	13	76	3,902
Aboriginal and Torres Strait Islander origin	228	255	887	176	51	30	21	222	1,870
Not Aboriginal or Torres Strait Islander origin	957,952	735,259	500,350	283,518	261,448	50,647	40,503	13,414	2,843,091
Not reported	1,263	0	52,548	0	6,771	21,140	908	182	82,792
Total	980,182	739,127	578,799	304,481	274,819	72,529	41,812	28,898	3,020,647
Separation rate ^(c) for Aboriginals and/or Torres Strait Islanders per 1,000	235.8	193.1	309.9	443.6	356.5	66.0	229.1	309.2	292.4
Separation rate ^(c) for non-Aboriginals and/or Torres Strait Islanders per 1,000	142.7	146.0	141.2	154.9	161.2	105.3	141.8	117.1	144.7
Separation rate ^(c) for all per 1,000	144.2	146.3	159.5	162.4	167.9	146.1	145.1	167.4	151.5
Rate ratio ^(d)	1.7	1.3	2.2	2.9	2.2	0.6	1.6	2.8	2.0

(a) Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among the jurisdictions. See the text of Chapter 7 for further detail.

(b) Only public hospitals in the Northern Territory.

(c) The rates were directly age-standardised to the Australian population at 30 June 1991. For details, see Appendix 3. Aboriginal and Torres Strait Islander population data are included in Appendix 6.

(d) The rate ratio is equal to the separation rate for Aboriginals and/or Torres Strait Islanders divided by the separation rate for non-Aboriginals and/or Torres Strait Islanders, excluding Not reported.

n.p. not published.

Table 7.9: Separations, by Aboriginal and Torres Strait Islander status, age group and sex, Australia, 2000-01

Age group	Aboriginal and Torres Strait Islander			Not Aboriginal or Torres Strait Islander			Not reported			Total ^(a)		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Under 1	5,306	4,232	9,538	73,195	52,645	125,862	1,852	1,328	3,181	80,353	58,205	138,581
1-4	5,720	4,698	10,420	96,419	65,492	161,911	2,148	1,499	3,647	104,287	71,689	175,978
5-14	5,514	4,544	10,058	120,195	87,913	208,108	3,536	2,560	6,097	129,245	95,017	224,263
15-24	5,692	15,404	21,096	167,933	265,770	433,707	5,396	7,806	13,205	179,021	288,990	468,008
25-34	11,316	19,607	30,925	213,712	492,017	705,734	6,641	16,925	23,468	231,669	528,449	760,127
35-44	14,448	17,424	31,873	272,643	395,072	667,723	9,441	16,180	25,621	296,532	428,676	725,217
45-54	14,296	15,608	29,906	353,176	381,817	734,993	13,236	16,709	29,949	380,708	414,134	794,848
55-64	8,108	11,296	19,408	406,446	365,009	771,456	13,961	13,816	27,780	428,515	390,121	818,644
65-74	4,338	5,845	10,183	489,232	423,452	912,686	14,381	13,498	27,881	507,951	442,795	950,750
75 and over	1,454	2,555	4,009	491,117	556,028	1,047,145	14,362	16,460	30,825	506,933	575,043	1,081,979
Total^(a)	76,193	101,213	177,417	2,684,068	3,085,215	5,769,325	84,955	106,682	191,656	2,845,216	3,293,110	6,138,398

(a) Includes separations for which sex and/or age group were not reported.

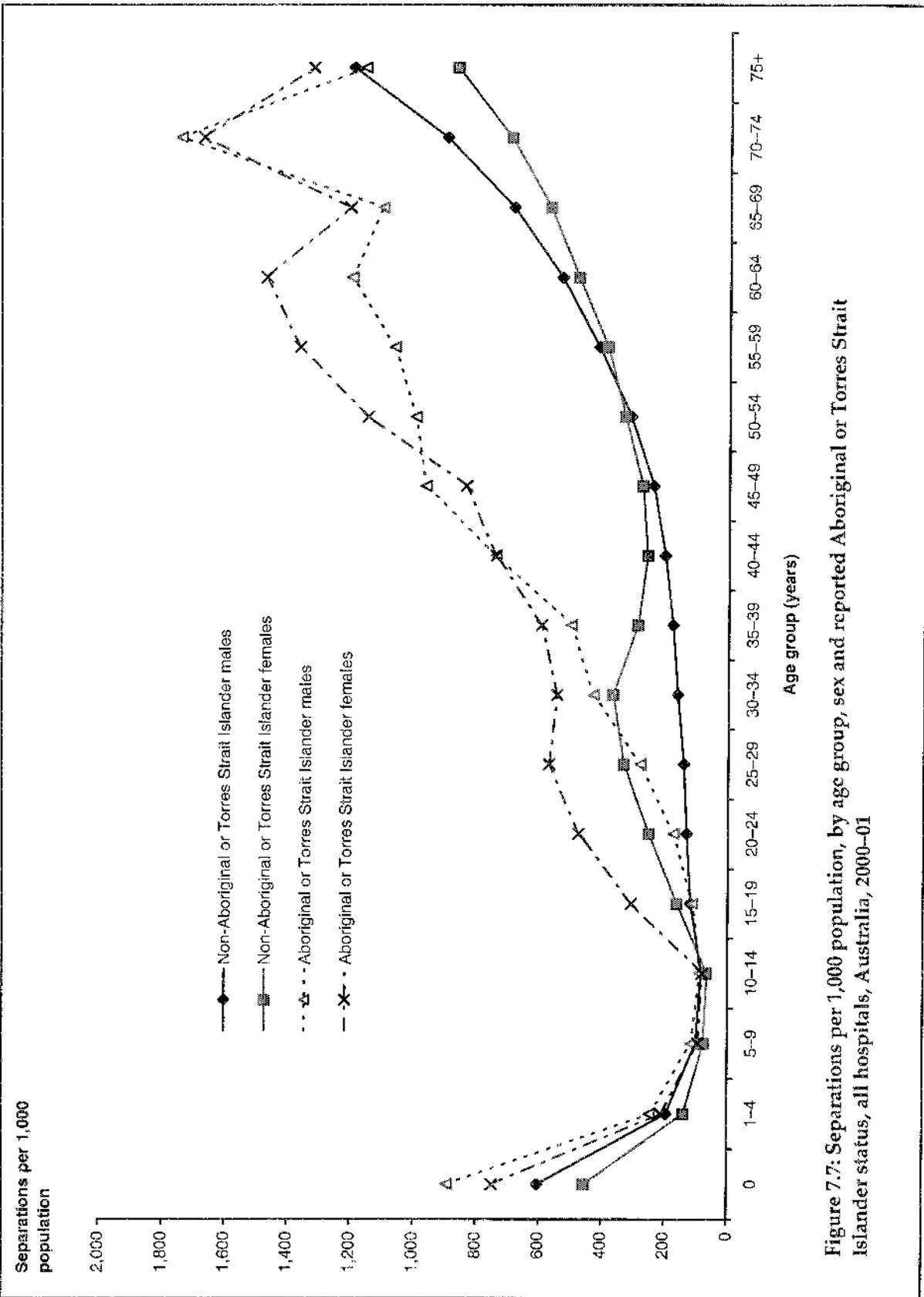


Figure 7.7: Separations per 1,000 population, by age group, sex and reported Aboriginal or Torres Strait Islander status, all hospitals, Australia, 2000-01

Table 7.10: Separations, by selected country/region of birth and hospital sector, Australia, 2000-01

Country/region	Separations			Separations per 1,000 population ^(a)		
	Public hospitals		All sectors	Public hospitals		All sectors
	Public hospitals	Private hospitals	All sectors	Public hospitals	Private hospitals	All sectors
Australia	2,798,016	1,720,310	4,518,326	193.8	120.4	314.2
New Zealand	60,708	29,661	90,369	171.7	79.7	251.4
Papua New Guinea	4,690	3,009	7,699	223.5	153.6	377.1
Fiji	10,628	3,514	14,142	328.5	102.4	430.9
Oceania (other)	12,551	4,799	17,350	391.5	140.0	531.5
<i>Oceania (total)</i>	2,886,593	1,761,293	4,647,886	193.9	119.4	313.3
United Kingdom and Ireland	257,474	160,085	417,559	152.0	88.4	240.4
Greece	50,937	14,092	65,029	194.1	63.6	257.7
Italy	84,936	44,971	129,907	190.7	94.7	285.4
Malta	16,257	6,092	22,349	177.9	79.2	257.1
Former Yugoslavia	46,432	13,243	59,675	164.8	44.5	209.3
Former USSR and Baltic States	20,709	6,974	27,683	187.2	71.2	258.4
Hungary	8,372	5,743	14,115	136.6	92.7	229.2
Poland	19,706	9,552	29,258	149.5	72.9	222.3
Romania	2,989	1,343	4,332	171.9	68.8	240.6
Austria	5,113	4,538	9,651	211.9	300.4	512.2
France	3,930	2,333	6,263	170.8	99.3	270.1
Germany	27,525	17,376	44,901	153.9	88.2	242.1
Netherlands	24,153	12,882	37,035	164.5	81.0	245.5
Europe and the former USSR (other)	32,280	14,750	47,030	205.7	88.2	293.9
<i>Europe and the former USSR (total)</i>	600,813	313,974	914,787	165.1	83.9	249.0
Lebanon	23,916	5,098	29,014	290.8	52.9	343.7
Turkey	8,972	1,746	10,718	281.0	49.0	329.9
Iran	3,424	1,353	4,777	191.4	57.8	249.2
Egypt	11,279	5,642	16,921	217.3	87.7	304.9
Middle East and North Africa (other)	12,598	4,488	17,086	227.5	80.1	307.6
<i>Middle East and North Africa (total)</i>	60,189	18,327	78,516	250.3	69.4	319.7

(continued)

Table 7.10 (continued): Separations, by selected country/region of birth and hospital sector, Australia, 2000-01

Country/region	Separations			Separations per 1,000 population ^(a)		
	Public hospitals	Private hospitals	All sectors	Public hospitals	Private hospitals	All sectors
Myanmar	2,302	1,250	3,552	123.3	63.6	186.8
Indonesia	6,411	3,849	10,260	127.5	79.0	206.5
Cambodia	4,747	902	5,649	218.1	35.2	253.3
Malaysia	8,297	7,473	15,770	127.7	99.9	227.6
Philippines	18,599	4,907	23,506	167.3	39.7	207.0
Singapore	3,196	2,941	6,137	243.3	200.4	443.7
Vietnam	26,098	6,114	32,212	157.2	31.3	188.5
Thailand	2,776	901	3,677	202.5	60.2	262.7
China	23,210	9,635	32,845	116.5	45.4	161.8
Hong Kong and Macau	5,402	5,100	10,502	197.4	190.9	388.3
Japan	2,468	2,573	5,041	146.6	186.4	333.0
Korea	4,121	1,541	5,662	114.7	40.5	155.2
India	15,560	9,600	25,160	124.1	72.2	196.2
Sri Lanka	10,246	5,101	15,347	175.9	78.1	254.0
Asia (other)	9,698	3,442	13,140	226.3	71.1	297.4
<i>Asia (total)</i>	143,131	65,329	208,460	143.5	62.4	205.9
Canada	65	36	101	2.3	1.3	3.6
United States of America	6,863	7,512	14,375	127.9	123.2	251.0
North America (other)	3,987	3,741	7,728	10,465.5	8,474.1	18,939.6
<i>North America (total)</i>	10,915	11,289	22,204	135.7	125.9	261.5
Argentina	1,950	974	2,924	151.3	62.6	213.9
Chile	5,454	1,763	7,217	231.9	59.6	291.5
The Caribbean	1,100	966	2,066	348.7	257.0	605.7
Other	7,723	2,970	10,693	193.4	63.8	257.2
<i>South America, Central America and The Caribbean (total)</i>	16,227	6,673	22,900	204.8	71.4	276.1
Mauritius	3,672	1,979	5,651	277.1	93.5	370.6
South Africa	9,243	9,029	18,272	123.3	110.5	233.8
Africa excluding North Africa (other)	8,266	4,536	12,802	187.9	100.6	288.5
<i>Africa excluding North Africa (total)</i>	21,181	15,544	36,725	149.8	103.0	252.8
Overseas (total)	941,033	472,119	1,413,152	168.4	77.5	245.9
Not stated or inadequately described	128,558	78,362	206,920	..	..	..
Total	3,867,607	2,270,791	6,138,398	195.3	111.5	306.9

(a) The rates were directly age-standardised to the Australian population at 30 June 1991. For details, see Appendix 3. Population data by country of birth are included in Appendix 6. .. not applicable.

Table 7.11: Selected separation statistics, by same day status, hospital sector^(a) and State or Territory of usual residence, 2000-01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Separations									
Separations within State of residence (%)	1,914,084	1,597,988	1,190,641	511,907	534,798	138,968	70,015	60,465	6,119,636
Separation rate ^(c)	96	99	99	100	99	98	94	93	
Separation rate ^(c) for other States	278.3	314.4	322.7	321.1	327.0	277.2	236.8	367.1	303.6
Difference, State/Territory & other States (%)	316.5	299.8	299.2	301.5	301.6	304.3	304.6	303.0	
Significance of difference	-12.1 **	4.9 **	7.9 **	6.5 **	8.4 **	-8.9 **	-22.2 **	21.2 **	
Overnight separations									
Separations	994,645	734,133	567,068	303,470	270,416	73,647	34,472	30,170	3,008,515
Separations within State of residence (%)	96	99	99	99	99	98	93	90	
Separation rate ^(c)	144.8	143.6	154.3	159.7	164.2	148.0	117.3	173.4	149.3
Separation rate ^(c) for other States	151.6	151.2	148.2	148.2	148.0	149.4	149.8	149.0	
Difference, State/Territory & other States (%)	-4.5 **	-5.0 **	4.2 **	7.8 **	10.9 **	-0.9 **	-21.7 **	16.4 **	
Significance of difference									
Same day separations									
Separations	919,439	863,855	623,573	308,437	264,382	65,321	35,543	30,295	3,111,121
Separations within State of residence (%)	96	99	99	100	99	99	96	95	
Separation rate ^(c)	133.5	170.8	168.4	161.4	162.8	129.2	119.5	193.7	154.3
Separation rate ^(c) for other States	164.9	148.7	151.1	153.5	153.6	154.9	154.8	154.0	
Difference, State/Territory & other States (%)	-19.0 **	14.9 **	11.5 **	5.2 **	6.0 **	-16.6 **	-22.8 **	25.8 **	
Significance of difference									
Public hospitals									
Separations	1,256,099	1,016,688	662,211	361,960	353,670	73,061	49,048	58,810	1,256,099
Separations within State of residence (%)	97	99	99	99	99	98	95	95	
Separation rate ^(c)	184.2	202.1	187.6	191.1	220.9	148.2	166.6	357.0	193.2
Separation rate ^(c) for other States	197.6	190.1	194.3	193.4	190.8	194.3	193.6	191.8	
Difference, State/Territory & other States (%)	-6.8 **	6.3 **	-3.4 **	-1.2 **	15.8 **	-23.7 **	-13.9 **	86.2 **	
Significance of difference									
Private hospitals									
Separations	657,985	581,300	508,430	249,947	181,128	65,907	20,967	1,655	2,267,452
Separations within State of residence (%)	95	99	99	100	100	98	93	0	
Separation rate ^(c)	94.1	112.3	135.2	130.1	106.1	129.0	70.2	10.1	110.4
Separation rate ^(c) for other States	118.9	109.8	105.0	108.3	110.8	110.0	111.0	111.2	
Difference, State/Territory & other States (%)	-20.8 **	2.3 **	28.8 **	20.1 **	-4.3 **	17.3 **	-36.8 **	-90.9 **	
Significance of difference									

(a) Some private hospitals are not included. See Chapter 1 for details.

(b) Includes Other Territories. Excludes non-residents and unknown State of residence.

(c) Rate per 1,000 population was directly age-standardised to the Australian population at 30 June 1991.

-- not significant, * significant at 5%, ** significant at 1%.

Table 7.12: Selected separation statistics by same day status, hospital sector^(a) and RRMA of usual residence, all hospitals, Australia, 2000-01

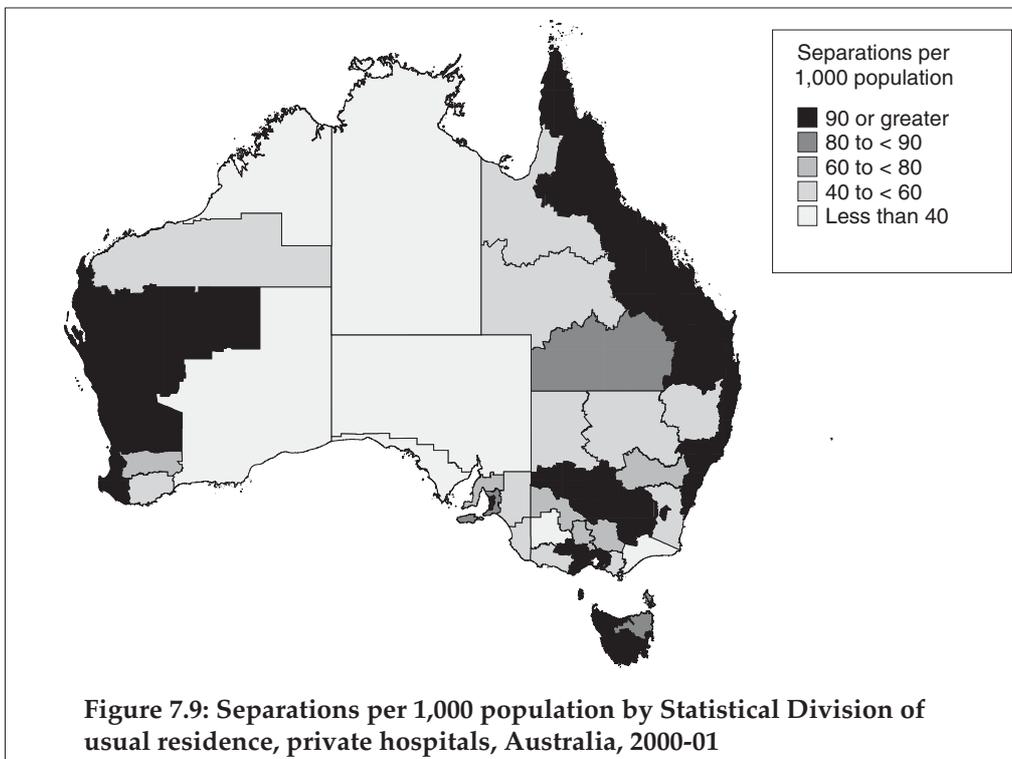
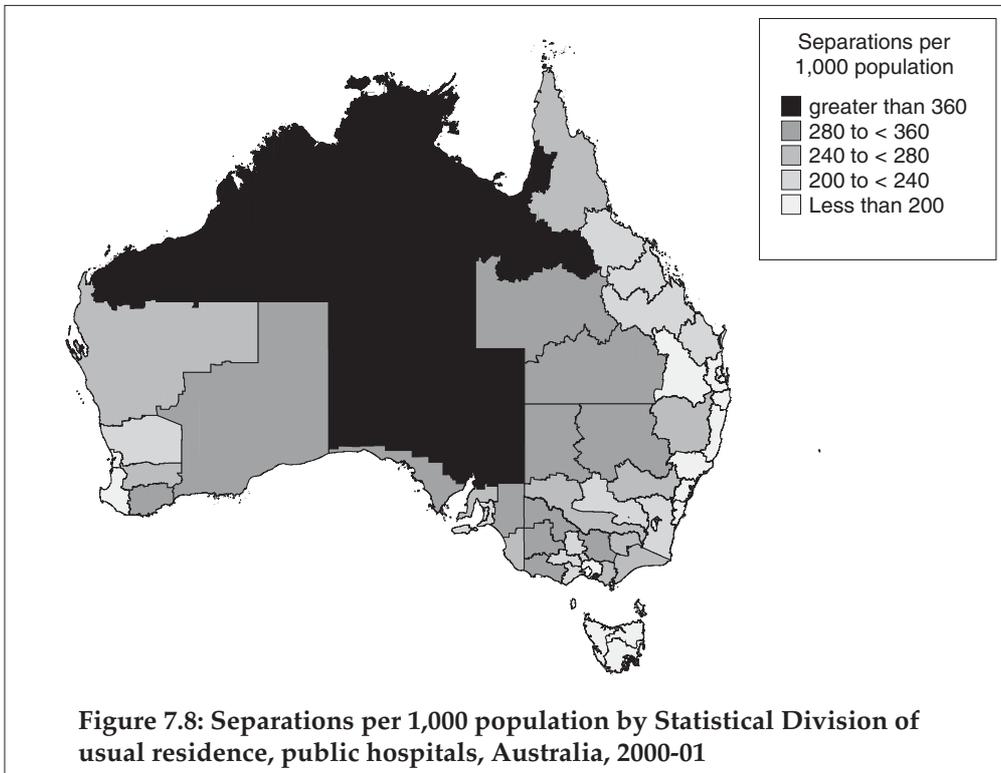
	Capital cities	Other metropolitan centres	Large rural centres	Small rural centres	Other rural areas	Remote centres	Other remote areas	Australia ^(b)
Separations								
Separations	3,810,180	471,571	386,446	427,496	819,369	80,276	122,167	6,119,636
Separation rate ^(c)	300.2	297.0	325.7	319.5	311.3	407.7	381.6	305.9
Separation rate ^(c) for other RRMA's	317.4	306.5	304.6	305.0	305.8	304.7	304.4	
Difference, RRMA & other areas rate (%)	-5.4	-3.1	6.9	4.7	1.8	33.8	25.4	
Significance of difference	**	**	**	**	**	**	**	
Overnight separations								
Separations	1,747,025	227,460	197,930	234,681	477,898	43,739	78,442	3,008,515
Separation rate ^(c)	137.3	144.3	166.3	176.3	182.3	220.1	245.4	150.5
Separation rate ^(c) for other RRMA's	174.2	150.9	149.4	148.7	145.9	149.6	148.7	
Difference, RRMA & other areas rate (%)	-21.2	-4.4	11.3	18.6	25.0	47.1	65.0	
Significance of difference	**	**	**	**	**	**	**	
Same day separations								
Separations	2,063,155	244,111	188,516	192,815	341,471	36,537	43,725	3,111,121
Separation rate ^(c)	162.9	152.8	159.4	143.2	129.0	187.7	136.2	155.5
Separation rate ^(c) for other RRMA's	143.3	155.6	155.2	156.4	159.9	155.1	155.7	
Difference, RRMA & other areas rate (%)	13.7	-1.8	2.7	-8.4	-19.4	21.0	-12.5	
Significance of difference	**	**	**	**	**	**	**	
Public hospitals								
Separations	2,263,162	269,157	235,637	298,957	607,794	69,955	105,856	3,852,184
Separation rate ^(c)	180.0	172.3	202.0	227.8	234.4	352.5	329.3	194.5
Separation rate ^(c) for other RRMA's	221.6	195.3	194.0	192.3	189.0	192.8	192.1	
Difference, RRMA & other areas rate (%)	-18.8	-12.3	4.1	18.5	24.0	82.8	71.4	
Significance of difference	**	**	**	**	**	**	**	
Private hospitals								
Separations	1,547,018	202,414	150,809	128,539	211,575	10,320	16,311	2,267,452
Separation rate ^(c)	120.2	124.8	123.7	91.7	76.9	55.2	52.3	111.4
Separation rate ^(c) for other RRMA's	95.9	110.2	110.6	112.8	116.8	111.9	112.3	
Difference, RRMA & other areas rate (%)	25.3	13.2	11.9	-18.6	-34.2	-50.6	-53.4	
Significance of difference	**	**	**	**	**	**	**	

(a) Some private hospitals are not included. See Chapter 1 for details.

(b) Includes *Unknown* RRMA. Excludes *non-residents* and *unknown* State of residence.

(c) Rate per 1,000 population was directly age standardised to the Australian population at 30 June 1991 using June 2000 population estimates as divisors. Hence totals will not match other totals presented elsewhere in this publication that use December 2000 population divisors.

— not significant, * significant at 5%, ** significant at 1%.



8 Principal diagnoses for admitted patients

Introduction

The principal diagnosis is defined as the diagnosis established, after study, to be chiefly responsible for occasioning the admitted patient's episode of care in hospital. Data on principal diagnoses provide information on the diseases and conditions for which hospitalisations occur and can provide an indirect measure of community morbidity.

The principal diagnosis is usually a disease, injury or poisoning, but can also be the limited care or service provided for a current condition (for example, dialysis for renal disease), or other reasons for hospitalisation.

Principal diagnoses for 2000–01 were classified, coded and reported to the National Hospital Morbidity Database by all States and Territories using the second edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM)* (NCCH 2000). Appendix 3 presents information about the quality of the ICD-10-AM coded data.

The ICD-10-AM disease classification is hierarchical, with a small number of summary disease chapters that are divided into a large number of more specific disease groupings (represented by 3-character codes) which, in turn, can mostly be divided into an even larger number of very specific disease categories represented by 4- and 5-character codes. The tables and figures in this chapter use the codes and abbreviated descriptions of the ICD-10-AM disease classification. Full descriptions of the categories are available in the ICD-10-AM publication.

Most of the information is presented using three methods of grouping records based on the ICD-10-AM disease classification:

- ICD-10-AM disease chapters – these 20 groups provide information aggregated at the ICD-10-AM chapter level (Figures 8.2 and 8.3);
- ICD-10-AM disease groupings – these 73 groups were chosen to provide more detailed information than ICD-10-AM chapters, but still cover the entire disease classification at a manageable level (Tables 8.1 to 8.4); and
- 3-character ICD-10-AM groupings – 1,664 categories describe the diseases at a quite specific level. Detailed information is presented for the 30 of these groups with the highest number of separations (Tables 8.6 to 8.8 and Tables 8.10 to 8.15) and summary information is provided for all of the groups (for which separations were reported) on the Internet at <http://www.aihw.gov.au/publications/health/ahs00-01.html> (Tables S8.1 and S8.2).

In addition:

- Table 8.9 uses a mixture of ICD-10-AM chapters, 3- and 4-character categories and other groupings to present information on diagnoses reported for public psychiatric hospitals.

Tables are presented with summary separation, patient day and length of stay statistics for public and private hospitals, nationally and by State and Territory. National information on age group and sex distributions is also presented.

Table 8.5 presents information on the number of diagnoses reported by each State and Territory. These include the principal diagnosis and any additional diagnoses (conditions or complaints either co-existing with the principal diagnosis, or arising during the episode of care).

Although a principal diagnosis is expected to be reported for every separation, in practice it is missing for a small number of records (indicated as *Not reported* in the tables). The majority of records without a principal diagnosis were reported by New South Wales (mainly for public hospitals).

Some data for private hospitals in Tasmania and the Australian Capital Territory have not been included in Tables 8.4, 8.11 and 8.13. These data were supplied but are not published, for confidentiality reasons.

Principal diagnosis and other data elements reported for separations

The information on principal diagnosis reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 8.1 demonstrates this using the example of the principal diagnosis C18 *Malignant neoplasm of colon*. There were 15,185 separations with this principal diagnosis, with an average length of stay of 8.7 days. Almost 52% of separations with this principal diagnosis were in the public sector. The majority of patients (92.3%) had acute care and 6.2% had palliative care. Over 54% of separations were for private patients in comparison to 42.7% overall (Table 6.1). A large proportion of patients (81.8%) with this diagnosis had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital. However, for 9.0% of patients the separation mode was *Died*, in comparison to 1.1% in hospitals overall (Table 6.13). The most common diagnosis in addition to a principal diagnosis of *Malignant neoplasm of colon* was *Secondary and unspecified malignant neoplasm of the intra-abdominal lymph nodes (C77.2)*, while the most common procedure performed was *General anaesthesia (Block 1910)*. The most commonly reported AR-DRG was *Major small and large bowel procedures without catastrophic complication or comorbidity (AR-DRG G02B)*.

ICD-10-AM chapters

Figures 8.2 and 8.3 provide a summary of the separations and patient days reported for each of the ICD-10-AM disease chapters.

Ignoring the diverse categories that make up the *Factors influencing health status and contact with health services group*, the chapter with the highest number of separations in the public sector was *Diseases of the digestive system*, followed by *Injury and poisoning and certain other consequences of external causes* and *Pregnancy, childbirth and the puerperium*. In the private sector, *Diseases of the digestive system* had the largest number of separations, followed by *Neoplasms* and *Diseases of the musculoskeletal system and connective tissue*. The highest numbers of patient days for the public sector were reported for the *Mental and behavioural disorders* and *Diseases of the circulatory system* chapters. *Neoplasms*, *Diseases of the digestive system*,

Diseases of the musculoskeletal system and connective tissue and *Diseases of the circulatory system* chapters accounted for the highest numbers of patient days in the private sector.

For the public and private sectors combined, the two chapters with the most separations were *Diseases of the digestive system* and *Neoplasms*. The largest numbers of patient days were reported for the *Mental and behavioural disorders* and *Diseases of the circulatory system* chapters.

Broad disease groupings

Sector

Tables 8.1 and 8.2 summarise the principal diagnosis data. *Encounter with health service for specific procedure (Z40–Z54)* stands out as a high volume group (386.9 separations per 10,000 population), for its high use of beds (990.1 patient days per 10,000 population) although the average length of stay is low (2.6 days). This could be attributed to the large number of same day separations for *Care involving dialysis (Z49)* and *Other medical care (Z51)* which includes chemotherapy (Table 8.6). *Mental and behavioural disorders (F00–F99)* is another high volume group (82.5 separations per 10,000 population) and has a high use of beds (976.3 patient days per 10,000 population) and has long average length of stay (11.8 days).

In the private sector (Table 8.2), *Encounter with health service for specific procedure (Z40–Z54)* also recorded the highest number of separations (292,658). High numbers of separations were also reported for *Diseases of musculoskeletal and connective tissue (M00–M99)* (197,776) and *Diseases of the oesophagus, stomach and duodenum (K20–K31)* (120,009). *Encounter with health service for specific procedures (Z40–Z54)* (745,158), *Diseases of musculoskeletal and connective tissue (M00–M99)* (672,869), and *Mental and behavioural disorders (F00–F99)* (580,366) recorded the highest numbers of patient days.

The groups with the highest proportions of separations in the public sector (rather than in the private sector) were *Poisonings and toxic effects (T36–T65)* (94.4%, 36,277) and *HIV disease (B20–B24)* (93.5% in the public sector, 274) (derived from Tables 8.1 and 8.2). The groups with the highest proportions of separations in the private sector (rather than in the public sector) were *Encounter relating to personal and family history (Z80–Z99)* (72.9% in the private sector, 21,770), *Diseases of the oral cavity, salivary glands and jaws (K00–K14)* (70.2%, 72,493) and *Diseases of the eye and adnexa (H00–H59)* (66.4%, 111,647).

Almost 87% of patients in public hospitals were public patients, in contrast to just 4.5% in private hospitals. The highest proportion of public patients in public hospitals was for *HIV (B20–B24, 95.3%)*, while the lowest was for *Injuries to thorax, abdomen, back, spine and pelvis (S20–S39, 69.4%)*. The highest proportion of public patients in private hospitals was for *Poisoning and toxic effects (T36–T65, 35.4%)*, followed by *Encounter with health service in other circumstances (Z55–Z76, 25.2%)*.

States and Territories

Tables 8.3 and 8.4 contain detail on the pattern of hospital use in the States and Territories for the diagnosis groups, in both the public and private sectors. These tables enable State by State comparisons of overall hospital use for the different diagnosis groups, and the share of separations between the private and public sectors. For example, the proportions of separations for *Intestinal infectious diseases (A00–A09)* in public hospitals (rather than private

hospitals) was higher in New South Wales (91.8%, 12,049) than in Queensland (71.5%, 5,162).

Number of diagnosis codes

The National Hospital Morbidity Database contains data on principal diagnosis and additional diagnoses. Additional diagnoses include comorbidities (co-existing conditions) and/or complications which may contribute to longer lengths of stay, more intensive treatment or the use of greater resources. Ideally, the number of additional diagnoses recorded for a patient should be related to the person's clinical condition, and not be restricted by administrative or technical limitations. The Institute requested that the States and Territories report a maximum of 31 diagnosis codes.

Table 8.5 presents information on the number of diagnosis codes (principal and additional) reported to the National Hospital Morbidity Database. There were marked differences between the States and Territories in the maximum number of diagnoses reported; for example, in the public sector, 20 diagnoses for New South Wales and 31 for Queensland and Western Australia. However, the average number of diagnosis codes per separation varied little among the jurisdictions, for both the public and private sectors.

Overall, the average number of codes reported for the public sector was slightly higher than for the private sector. In the public sector 16.7% of records had five or more diagnosis codes (646,837), but in the private sector only 9.5% of records fell into this category (214,979). This may have occurred if more complicated cases were being treated in public hospitals.

High volume diagnoses

Sector

Tables 8.6 to 8.8 and 8.10 to 8.15 present information on the 30 most common principal diagnoses at the 3-character level of the ICD-10-AM classification.

Tables 8.6 to 8.8 contain summary separation, patient day and average length of stay statistics for the 30 diagnoses with the most separations in public, private and private free-standing day hospitals.

In the public sector, the most common principal diagnosis groups were *Care involving dialysis* (Z49) (494,153) and *Other medical care* (Z51, 94.1% of which, 114,404, were for chemotherapy, Z51.1 and Z51.2). For both of these, the proportion of separations that were same day separations was over 98% (99.6% and 98.5%, respectively) and the average length of stay was relatively short. The highest numbers of patient days were reported for *Care involving use of rehabilitation procedures* (Z50) (1,069,743) and for *Schizophrenia* (F20) (618,141), for which the average length of stay was 15.4 and 27.4 days, respectively.

In the private sector, the most frequently reported principal diagnosis was *Other medical care* (Z51, 97.3% of which, 112,486, were for chemotherapy), with the second most frequent being *Care involving dialysis* (Z49) (84,943). The principal diagnosis with the highest number of patient days, *Care involving use of rehabilitation procedures* (Z50) (411,881), also had the longest average length of stay (9.9 days).

The most common principal diagnosis groups in private free-standing day hospitals were *Other medical care* (Z51, 24,835) and *Senile cataract* (H25, 20,589).

The highest proportion of public patients in public hospitals was for *Schizophrenia* (F20, 98.4%), while the lowest was for *Fracture of femur* (S72, 75.5%). The highest proportion of public patients in private hospitals was for *Care involving dialysis* (Z51, 26.6%). The proportion of public patient separations in private free-standing day hospital facilities was highest for *Care involving dialysis* (51.8%) and *Chronic ischaemic heart disease* (49.7%), with less than 10% for the remaining disease groups.

Table 8.9 presents information on public psychiatric hospitals. Over 97% of separations in public psychiatric hospitals were for public patients and most diagnoses were in the *Mental and behavioural disorders* chapter (F00–F99, 88.8%). *Schizophrenia* (F20) was the most common diagnosis reported (3,472), the next most common being *Neurotic, stress-related and somatoform disorders* (F40–F48, 2,070). *Schizophrenia* (F20) accounted for more patient days than any other group (313,402), with the next highest being *Other schizotypal, delusional disorders* (F21–F29, 50,591). The average length of stay was high for most of the disease groups and only 17.6% of separations (3,186) were same day separations, compared with 46.2% in public hospitals overall (Table 8.1). The average length of stay for *Schizophrenia* in public psychiatric hospitals (90.3 days) was markedly higher than that in public hospitals overall (Table 8.6: 27.4 days).

Separations in public psychiatric hospitals include some with very long lengths of stay, up to several years. Hence the average length of stay data should be interpreted with caution, taking into consideration the inclusion of some very long stay and non-acute separations.

States and Territories

There was some variation between the States and Territories in the relative number of separations for the most common diagnoses (Tables 8.10 and 8.11). For example, in the public sector, while there were large numbers of separations for *Care involving use of rehabilitation procedures* (Z50) in New South Wales, Victoria and Queensland, the numbers were relatively low for the remaining jurisdictions. Similarly, in the private sector, there were large numbers of separations for *Other medical care* (Z51) and *Care involving dialysis* (Z49) for most jurisdictions.

There was also some variation between the States and Territories in the average length of stay for separations for the most common diagnosis (Tables 8.12 and 8.13). For example, in the public sector, the average length of stay for *Care involving use of rehabilitation procedures* (Z50) ranged from 6.4 days in Queensland to 31.4 days in South Australia. In contrast, the average length of stay in the private sector for *Care involving use of rehabilitation procedures* (Z50) ranged from 4.6 days in Queensland to 21.9 days in Western Australia.

Age group and sex

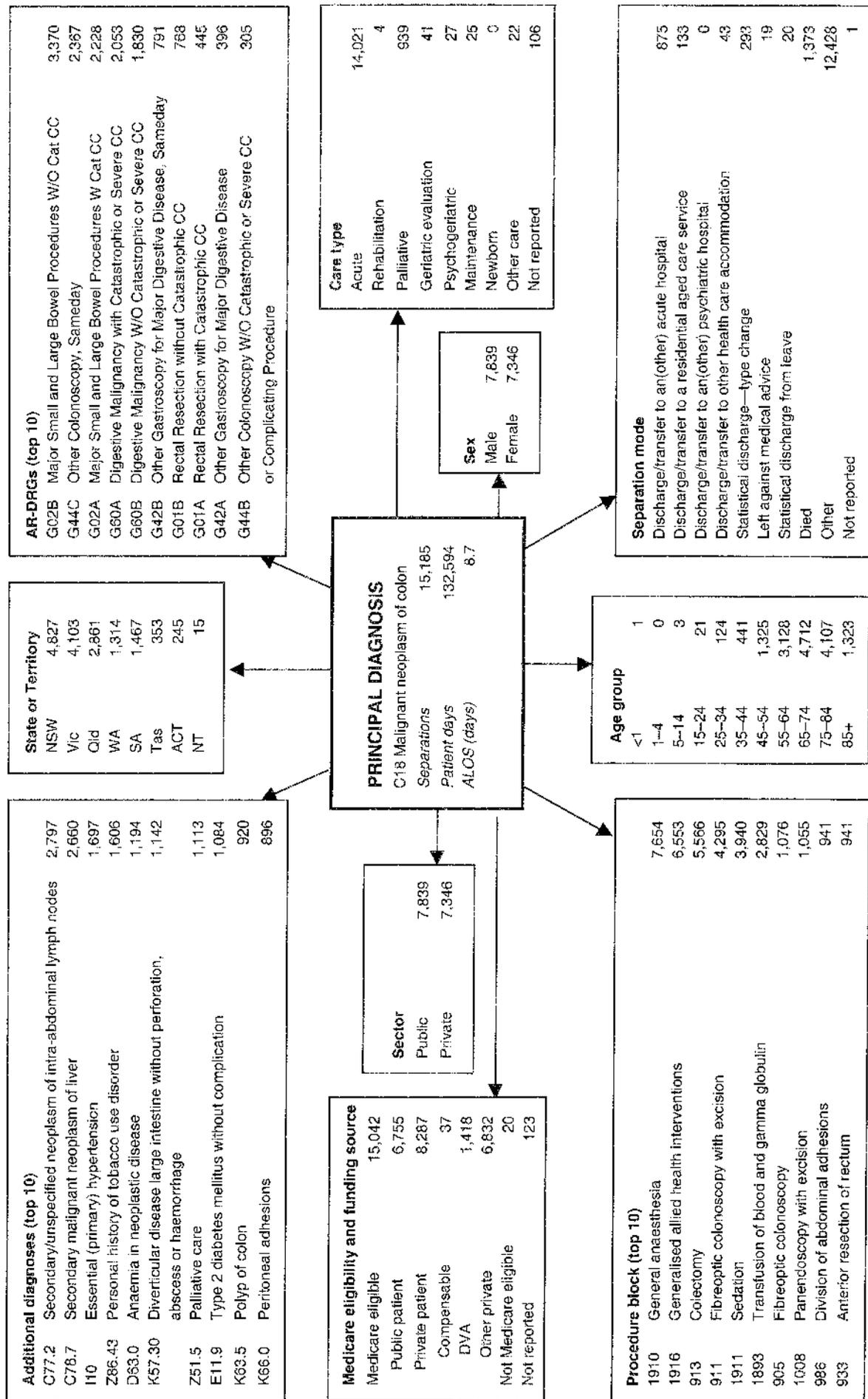
In Tables 8.14 and 8.15, information is presented on the number of separations by age group by the 30 most common principal diagnoses at the 3-character level of the ICD-10-AM classification for males and females. These tables show a number of different patterns in the age distributions of separations for the various groups. For example, patients admitted for *Angina pectoris* (I20) were mostly in the older age groups, while the opposite was the case for *Asthma* (J45). Other groups of diseases had a peak in the middle age groups, for example

Single spontaneous delivery (O80) for females, and *Internal derangement of knee* (M23) for males and *Embedded and impacted teeth* (K01) for both females and males.

These tables also indicate the relative importance of the disease groups as causes of hospitalisation for each sex and age group. For example, in the group of males over 75 years, common diagnoses were *Care involving dialysis* (Z49), *Other cataract* (H26) and *Other medical care* (Z51). For females in the 1–4 years age group, *Asthma* (J45), *Pneumonia, organism unspecified* (J18) and *Other medical care* (Z51) were commonly reported.

Additional data

The accompanying tables on the Internet at <http://www.aihw.gov.au/publications/hse/ahs00-01.html> provide national summary statistics for public and private hospitals for each 3-character ICD-10-AM disease code (as presented for the top 30 principal diagnosis codes in Tables 8.6 and 8.7). For confidentiality reasons, the statistics for some codes in the private sector have been suppressed. The information was suppressed if there were fewer than 50 private hospital separations reported for the code and fewer than three reporting units (hospitals, or States where the hospitals were not individually identified), or if there were three reporting units and one contributed more than 85% of the total separations, or two contributed more than 90% of the separations for the code.



Note: Main abbreviations: ALOS—average length of stay, W—with, W/O—without, Cat—catastrophic, CC—complication or comorbidity.

Figure 8.1: Interrelationships of a principal diagnosis (C18 Malignant neoplasm of colon) with other data elements, all hospitals, Australia, 2000-01

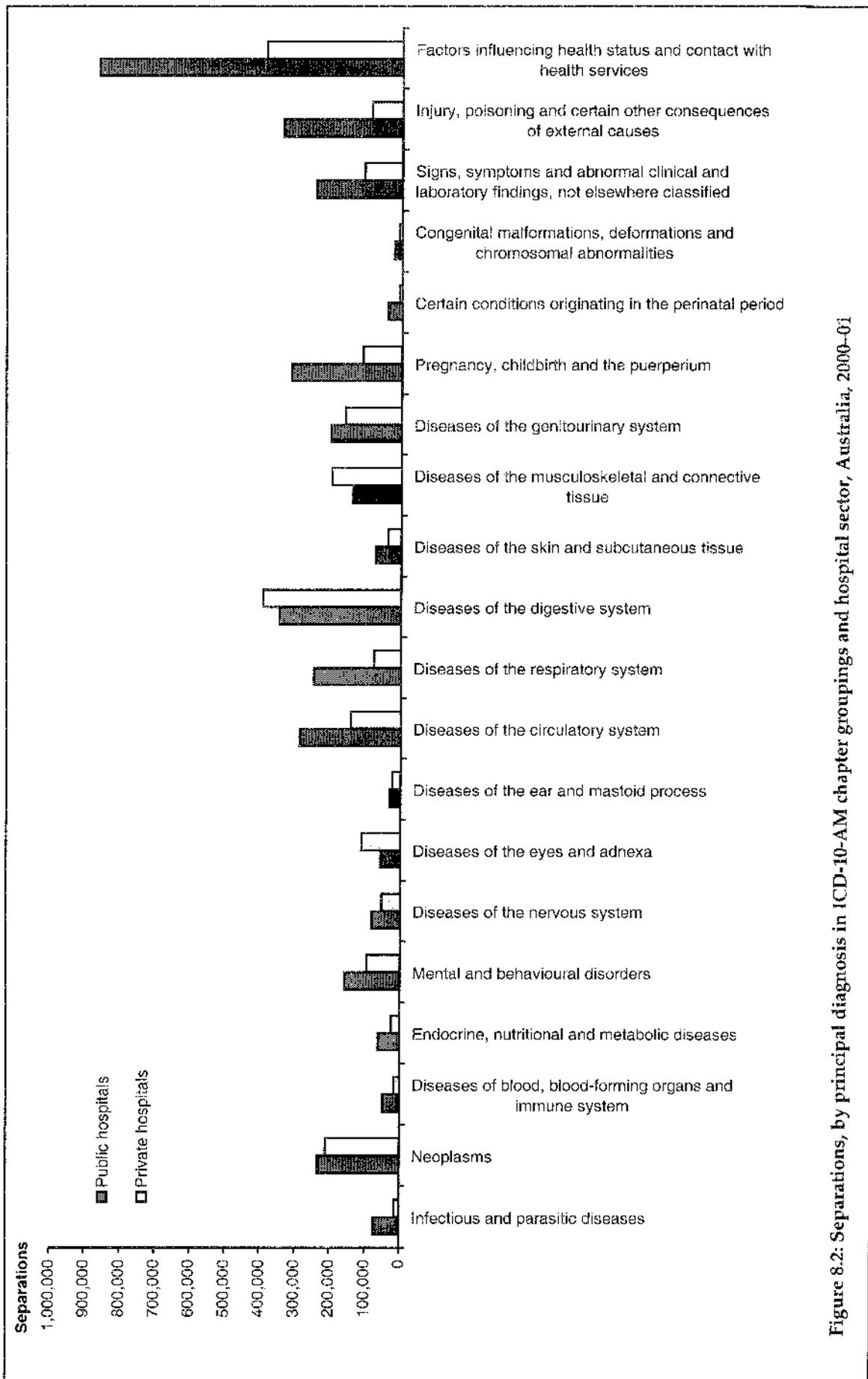


Figure 8.2: Separations, by principal diagnosis in ICD-10-AM chapter groupings and hospital sector, Australia, 2000-01

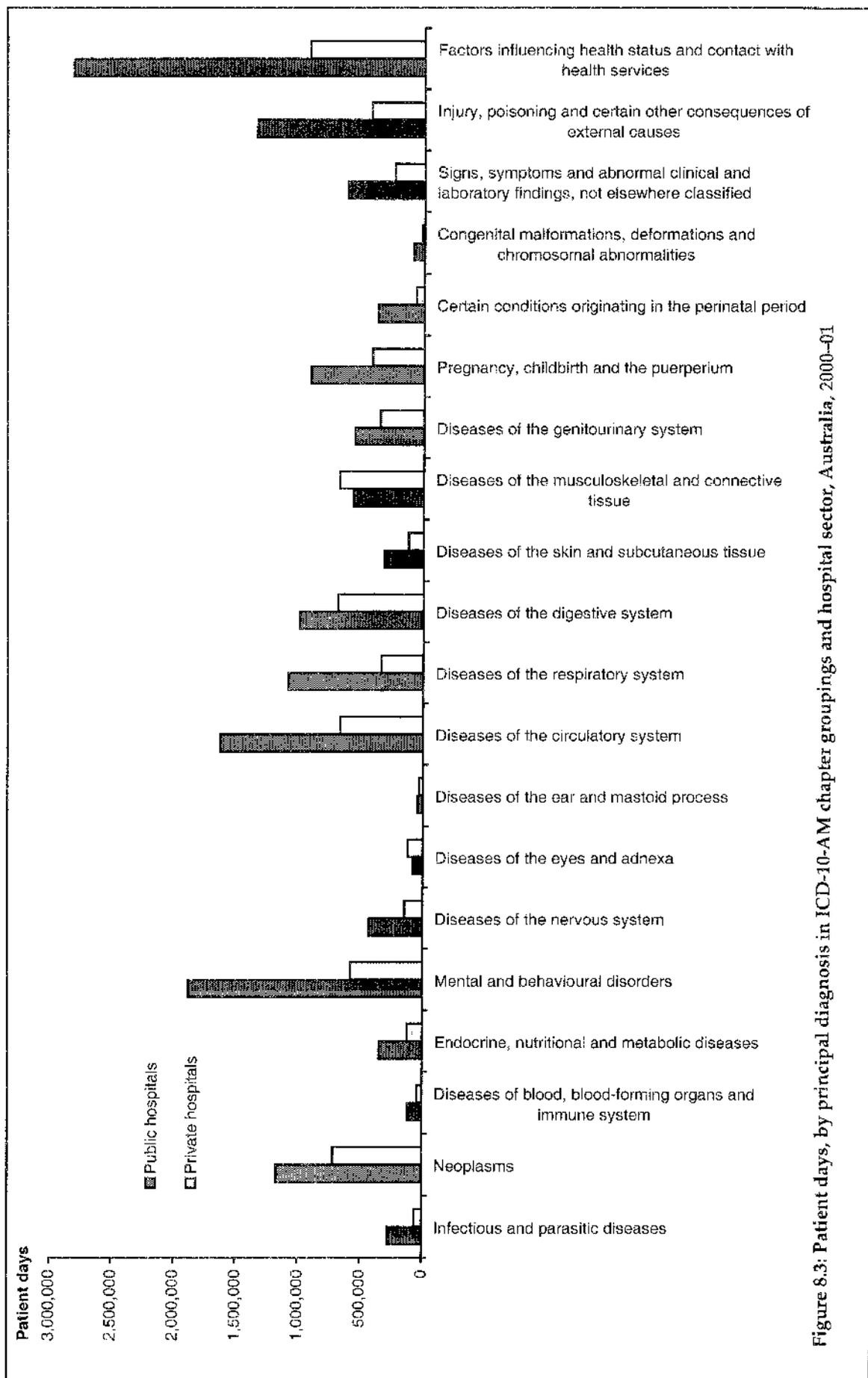


Figure 8.3: Patient days, by principal diagnosis in ICD-10-AM chapter groupings and hospital sector, Australia, 2000-01

Table 8.1: Selected separation statistics, by principal diagnosis in ICD-10-AM groupings, public hospitals, Australia, 2000-01

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Fatients per 10,000 population	ALOS (days)	ALOS (days) excluding same day
A00-A09 Intestinal infectious diseases	29,639	5,103	26,549	15.4	67,210	34.9	2.3	2.5
A15-A19 Tuberculosis	831	176	669	0.4	10,898	5.7	13.1	16.4
A20-A49 Zoonotic and other bacterial diseases	11,794	1,120	9,814	6.1	104,188	54.0	8.8	9.7
A50-A64 Predominantly sexually transmitted diseases	1,319	834	1,228	0.7	3,490	1.8	2.6	5.5
A65-B19 Other spirochaetal, chlamydial, rickettsial and viral diseases	10,546	3,879	9,433	5.5	36,868	19.1	3.5	4.9
B20-B24 HIV disease	274	93	261	0.1	2,956	1.5	10.8	15.8
B25-B99 Other and unspecified infectious and parasitic diseases	19,594	4,744	17,571	10.2	51,070	26.5	2.6	3.1
C00-C14 Mal. neoplasm of lip, oral cavity and pharynx	3,993	961	3,462	2.1	31,826	16.5	8.0	10.2
C15-C26 Mal. neoplasm of digestive system	25,001	5,622	20,738	13.0	224,777	116.6	9.0	11.3
C30-C39 Mal. neoplasm of respiratory and intrathoracic organs	14,233	3,070	12,023	7.4	109,859	57.0	7.7	9.6
C40-C50 Mal. neoplasm of bone, connective tissue and breast	41,272	23,355	35,311	21.4	125,845	65.3	3.0	5.7
C51-C68 Mal. neoplasm of genitourinary organs	23,914	7,102	20,013	12.4	131,399	68.2	5.5	7.4
C69-C80 Other and unspecified malignant neoplasms	31,300	7,071	25,743	16.2	240,998	125.0	7.7	9.7
C81-C97 Mal. neoplasms of lymphoid and haematopoietic tissue	32,515	17,514	26,746	16.9	154,586	85.4	5.1	9.8
D00-D09 Neoplasms in situ	9,237	7,063	8,186	4.8	15,810	8.2	1.7	4.0
D10-D36 Benign neoplasms	39,919	24,576	34,470	20.7	95,658	49.6	2.4	4.6
D37-D48 Neoplasms of unknown or uncertain behaviour	12,832	6,553	10,622	6.7	32,921	17.1	2.8	5.7
D50-D89 Dis. of blood and blood-forming organs and immune mechanism	47,692	30,342	40,597	24.7	119,792	62.1	2.5	5.2
E00-E90 Endocrine, nutritional and metabolic diseases	62,058	19,804	54,232	32.2	347,896	180.5	5.6	7.8
F00-F99 Mental and behavioural disorders	158,990	39,773	148,669	82.5	1,882,076	976.3	11.8	15.5
G00-G99 Diseases of the nervous system	82,181	30,610	71,712	42.6	431,181	223.7	5.2	7.8
H00-H59 Diseases of the eye and adnexa	56,494	43,675	43,588	29.3	79,042	41.0	1.4	2.8
H60-H95 Diseases of ear and mastoid process	30,885	18,989	26,609	16.0	47,222	24.5	1.5	2.4
I00-I09 Rheumatic heart disease	1,401	265	1,228	0.7	10,903	5.7	7.8	9.4
I10-I15 Hypertensive heart disease	5,581	946	4,636	2.9	21,290	11.0	3.8	4.4
I20-I25 Ischaemic heart disease	109,223	15,598	90,018	56.7	484,993	251.6	4.4	5.1
I26-I28 Pulmonary heart disease	6,443	488	5,184	3.3	47,639	24.7	7.4	7.9
I30-I52 Other forms of heart disease	79,251	14,842	64,179	41.1	444,542	230.6	5.6	6.7
I60-I69 Cerebrovascular disease	31,450	3,182	25,063	16.3	356,579	185.0	11.3	12.5
I70-I99 Other diseases of the circulatory system	55,014	18,016	46,931	28.5	260,865	135.3	4.7	6.6
J00-J06 Acute upper respiratory infections	27,004	6,675	24,772	14.0	50,189	26.0	1.9	2.1
J10-J18 Influenza and pneumonia	49,856	3,356	42,087	25.9	313,042	162.4	6.3	6.7
J20-J22 Acute lower respiratory infections	27,004	2,814	23,853	14.0	100,201	52.0	3.7	4.0
J30-J39 Other diseases of upper respiratory tract	33,936	7,251	29,310	17.6	46,926	24.3	1.4	1.5
J40-J70 Chronic lower respiratory dis. and lung dis. due to external agents	92,977	11,861	80,687	48.2	456,923	237.0	4.9	5.5
J80-J99 Other respiratory diseases	17,119	3,291	14,336	8.9	114,279	59.3	6.7	8.0
K00-K14 Diseases of oral cavity, salivary glands and jaws	30,712	24,955	24,181	15.9	42,038	21.8	1.4	3.0
K20-K31 Diseases of oesophagus, stomach and duodenum	79,576	58,767	69,711	41.3	155,799	80.8	2.0	4.7

(continued)

Table 8.1 (continued): Selected separation statistics, by principal diagnosis in ICD-10-AM groupings, public hospitals, Australia, 2000-01

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
K35-K38 Appendicitis	17,645	1,038	15,166	9.2	56,810	29.5	3.2	3.4
K40-K46 Hernias	36,146	12,465	31,397	18.8	74,327	38.7	2.1	2.6
K50-K52 Non-infective enteritis and colitis	26,891	12,189	23,720	13.9	79,655	41.3	3.0	4.6
K55-K67 Other diseases of intestines	71,648	32,107	61,031	37.2	254,799	132.2	3.6	5.6
K70-K87 Diseases of liver, gallbladder and pancreas	60,624	9,362	53,531	31.4	256,986	133.3	4.2	4.8
K90-K93 Other diseases of digestive system	23,287	12,319	20,031	12.1	69,655	36.1	3.0	5.2
L00-L99 Diseases of skin and subcutaneous tissue	72,538	27,119	63,855	37.6	317,174	164.5	4.4	6.4
M00-M99 Diseases of musculoskeletal and connective tissue	138,593	56,423	118,371	71.9	566,282	293.8	4.1	6.2
N00-N39 Diseases of the urinary system	84,265	27,568	73,556	43.7	322,476	167.3	3.8	5.2
N40-N51 Diseases of the male genital organs	22,346	8,912	19,514	11.6	57,779	30.0	2.6	3.6
N60-N64 Diseases of the breast	5,956	3,658	5,311	3.1	9,351	4.9	1.6	2.5
N70-N98 Diseases of the female pelvic organs and genital tract	85,663	55,675	73,852	44.4	153,554	79.7	1.8	3.3
N99 Other disorders of the genitourinary system	2,657	601	2,284	1.4	9,547	5.0	3.6	4.4
O60-O69 Pregnancy with abortive outcome	43,604	29,973	38,432	22.6	52,000	27.0	1.2	1.6
O70-O79 Complications relating to pregnancy	42,624	12,148	39,953	22.1	118,974	61.7	2.8	3.5
O80-O82 Complications relating to labour and delivery	201,582	21,847	186,498	104.6	672,039	348.6	3.3	3.6
O85-O99 Complications relating to the puerperium	25,069	7,707	23,794	13.0	61,931	32.1	2.5	3.1
P00-P96 Conditions originating in the perinatal period	39,802	4,007	36,010	20.6	370,895	192.4	9.3	10.3
Q00-Q99 Congenital abnormalities	23,310	10,934	18,960	12.1	88,301	45.8	3.8	6.3
R00-R99 Signs, symptoms and abnormal findings	244,156	100,106	214,177	126.7	617,207	320.2	2.5	3.6
S00-S19 Injuries to head and neck	63,224	27,348	51,274	32.8	178,050	92.4	2.8	4.2
S20-S39 Injuries to thorax, abdomen, back, spine and pelvis	27,972	5,722	19,423	14.5	170,544	88.5	6.1	7.4
S40-S99 Injuries to upper and lower limbs	145,024	42,672	114,527	75.2	574,706	298.1	4.0	5.2
T00-T19 Injuries to multi- or unspecified region; foreign body effects	7,400	3,769	6,364	3.8	13,466	7.0	1.8	2.7
T20-T35 Burns and frostbite	6,580	1,734	5,517	3.4	59,982	29.7	6.1	7.9
T36-T65 Poisoning and toxic effects	36,277	12,678	34,329	18.8	71,892	37.3	2.0	2.5
T66-T79 Other and unspecified effects of external causes	6,922	2,728	5,941	3.6	15,920	9.3	2.3	3.1
T80-T88 Complications of medical and surgical care	43,621	8,928	36,862	22.6	270,107	140.1	6.2	7.5
T89-T98 Other trauma complications; external cause sequelae	264	65	227	0.1	5,449	2.8	20.5	27.1
Z00-Z13 Encounter for examination and investigation	40,366	35,225	35,767	20.9	47,085	24.4	1.2	2.3
Z20-Z29 Encounter relating to communicable diseases	3,835	3,624	3,398	2.0	4,452	2.3	1.2	3.9
Z30-Z39 Encounter for services relating to reproduction	34,990	23,792	30,326	18.2	56,509	29.3	1.6	2.9
Z40-Z54 Encounter with health service for specific procedures	745,877	679,013	658,616	386.9	1,908,578	990.1	2.6	18.4
Z55-Z76 Encounter with health service in other circumstances	27,248	3,162	22,293	14.1	785,202	407.3	28.8	32.5
Z80-Z99 Encounter relating to personal and family history	8,106	7,747	7,133	4.2	9,326	4.8	1.2	4.4
Not reported	8,433	5,058	7,408	4.4	106,626	55.3	12.6	30.1
Total	3,867,607	1,788,731	3,353,250	2,006.3	15,731,812	8,160.7	4.1	6.7

Note: Abbreviations: ALOS—average length of stay, mal.—malignant, dis.—diseases.

Table 8.2: Selected separation statistics, by principal diagnosis in ICD-10-AM groupings, private hospitals, Australia, 2000-01

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient per 10,000 population	ALOS (days)	ALOS (days) excluding same day
A00-A09	5,155	1,077	510	2.7	14,203	7.4	2.8	3.2
A15-A19	113	20	4	0.1	1,085	0.6	9.8	11.5
A20-A49	2,365	149	148	1.2	22,194	11.6	9.4	9.9
A50-A64	609	522	36	0.3	995	0.5	1.5	4.3
A65-B19	2,870	1,362	195	1.5	10,477	5.5	3.7	6.0
B20-B24	19	5	0	<0.1	227	0.1	11.9	15.9
B25-B99	4,190	1,361	361	2.2	12,255	6.4	2.9	3.9
C00-C14	1,295	374	73	0.7	7,682	4.0	5.9	7.9
C15-C26	18,418	6,326	781	9.7	134,668	70.6	7.3	10.6
C30-C39	5,169	1,032	392	2.7	40,627	21.3	7.9	9.8
C40-C50	57,545	38,915	1,113	30.2	123,308	64.6	2.1	4.5
C51-C68	21,140	6,883	735	11.1	94,710	49.6	4.5	6.2
C69-C80	15,722	3,481	849	8.2	115,233	60.4	7.3	9.1
C81-C97	15,019	8,367	316	7.9	54,670	28.7	3.6	7.0
D00-D09	8,976	6,496	255	4.7	15,593	8.2	1.7	3.7
D10-D36	59,679	43,751	1,888	31.3	111,612	58.5	1.9	4.3
D37-D48	8,318	5,314	226	4.4	18,790	9.8	2.3	4.5
D50-D89	16,969	10,646	957	8.9	40,722	21.3	2.4	4.8
E00-E90	24,801	8,133	968	13.0	121,263	63.6	4.9	6.8
F00-F99	95,462	63,412	2,003	50.0	580,366	304.2	6.1	16.1
G00-G99	53,241	17,134	1,707	27.9	144,550	75.8	2.7	3.5
H00-H59	111,647	91,789	2,542	58.5	119,250	62.5	1.1	1.4
H60-H99	24,261	18,047	665	12.7	31,106	16.3	1.3	2.1
I00-I09	656	173	39	0.3	4,926	2.6	7.5	9.8
I10-I15	1,905	121	84	1.0	10,344	5.4	5.4	5.7
I20-I25	48,675	10,388	3,051	25.5	206,610	108.3	4.2	5.1
I26-I28	1,920	40	89	1.0	16,067	8.4	8.4	8.5
I30-I52	30,443	5,383	1,485	16.0	174,775	91.6	5.7	6.8
I60-I69	9,036	378	451	4.7	100,151	52.5	11.1	11.5
I70-I99	50,286	22,672	1,536	26.3	155,009	81.2	3.1	4.8
J00-J06	3,306	415	457	1.7	8,934	4.7	2.7	2.9
J10-J18	11,179	264	619	5.9	89,745	47.0	8.0	8.2
J20-J22	4,252	125	484	2.2	27,377	14.3	6.4	6.6
J30-J39	36,076	7,651	887	18.9	44,652	23.4	1.2	1.3
J40-J70	16,655	1,042	1,732	8.7	131,313	68.8	7.9	8.3
J80-J99	4,825	701	225	2.5	34,787	18.2	7.2	8.3
K00-K14	72,493	63,693	1,188	38.0	77,962	40.9	1.1	1.6
K20-K31	120,009	112,245	2,999	62.9	149,908	78.6	1.2	4.9

(continued)

Table 8.2 (continued): Selected separation statistics, by principal diagnosis in ICD-10-AM groupings, private hospitals, Australia, 2000-01

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
K35-K38 Appendicitis	6,002	85	466	3.1	19,571	10.3	3.3	3.3
K40-K46 Hernias	11,527	13,657	1,330	21.8	79,181	41.5	1.9	2.4
K50-K52 Non-infective enteritis and colitis	18,969	13,988	584	9.9	44,135	23.1	2.3	6.0
K55-K67 Other diseases of intestines	87,950	67,877	2,387	46.1	177,974	93.3	2.0	5.5
K70-K87 Diseases of liver, gallbladder and pancreas	27,610	1,750	1,703	14.5	99,015	51.9	3.6	3.8
K90-K93 Other diseases of digestive system	18,911	15,065	488	9.9	35,964	18.8	1.9	5.4
L00-L99 Diseases of skin and subcutaneous tissue	37,708	23,851	1,525	19.8	120,026	62.9	3.2	6.9
M00-M99 Diseases of musculoskeletal and connective tissue	197,776	82,326	5,369	133.7	672,869	352.6	3.4	5.1
N00-N39 Diseases of the urinary system	45,364	20,564	1,791	23.8	126,861	66.5	2.8	4.3
N40-N51 Diseases of the male genital organs	21,221	9,026	886	11.1	53,193	27.9	2.5	3.6
N60-N64 Diseases of the breast	7,692	4,207	246	4.0	11,342	5.9	1.5	2.0
N70-N98 Diseases of the female pelvic organs and genital tract	83,824	58,450	3,311	43.9	154,397	80.9	1.8	3.8
N99 Other disorders of the genitourinary system:								
O00-O09 Pregnancy with abortive outcome	1,806	289	112	0.9	6,620	3.5	3.7	4.2
O10-O29 Complications relating to pregnancy	30,578	27,968	940	16.0	31,906	16.7	1.0	1.5
O30-O82 Complications relating to labour and delivery	8,639	747	803	4.5	36,185	19.0	4.2	4.5
O85-O99 Complications relating to the puerperium	65,038	2,994	4,224	34.1	325,620	170.7	5.0	5.2
P00-P96 Conditions originating in the perinatal period	6,636	1,948	479	3.5	20,173	10.6	3.0	3.9
Q00-Q99 Congenital abnormalities	8,640	438	559	4.5	66,178	34.7	7.7	8.1
R00-R99 Signs, symptoms and abnormal findings	9,665	5,198	295	5.1	20,960	11.0	2.2	3.5
S00-S19 Injuries to head and neck	107,661	62,618	4,599	56.4	238,395	124.9	2.2	3.9
S20-S39 Injuries to thorax, abdomen, back, spine and pelvis	7,783	3,555	714	4.1	22,874	12.0	2.9	4.6
S40-S99 Injuries to upper and lower limbs	5,398	291	376	2.8	51,636	27.1	9.6	10.1
T00-T19 Injuries to multi- or unspecified region; foreign body effects	46,183	12,821	2,167	24.2	197,561	103.5	4.3	5.5
T20-T35 Burns and frostbite	1,547	835	77	0.8	3,820	2.0	2.5	4.2
T36-T65 Poisoning and toxic effects	518	95	47	0.3	2,727	1.4	5.3	6.2
T66-T79 Other and unspecified effects of external causes	2,133	473	756	1.1	7,583	4.0	3.6	4.3
T80-T88 Complications of medical and surgical care	738	184	71	0.4	2,915	1.5	4.0	4.9
T89-T98 Other trauma complications; external cause sequelae	22,149	4,069	675	11.6	137,309	72.0	5.2	7.4
Z00-Z13 Encounter for examination and investigation	30	12	1	<0.1	90	<0.1	3.0	4.3
Z20-Z29 Encounter relating to communicable diseases	36,749	36,433	902	20.3	40,798	21.4	1.1	1.9
Z30-Z39 Encounter for services relating to reproduction	687	657	80	0.4	722	0.4	1.1	2.2
Z40-Z54 Encounter with health service for specific procedures	29,226	24,565	1,172	15.3	42,933	22.5	1.5	3.9
Z55-Z76 Encounter with health service in other circumstances	292,658	249,290	29,401	153.4	745,158	390.5	2.5	11.4
Z80-Z99 Encounter relating to personal and family history	2,489	498	626	1.3	63,664	33.4	25.8	31.7
Not reported	21,770	21,589	441	11.4	21,951	11.5	1.0	2.0
	838	709	67	0.4	6,988	3.7	8.3	48.7
Total	2,270,791	1,329,020	101,612	1,190.1	6,737,341	3,530.9	3.0	5.7

Note: Abbreviations: ALOS—average length of stay, mal.—malignant, dis.—diseases.

Table 8.3: Separations, by principal diagnosis in ICD-10-AM groupings, public hospitals, States and Territories, 2000-01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00-A09 Intestinal infectious diseases	12,049	5,328	5,162	2,773	2,429	289	502	1,107	29,639
A15-A19 Tuberculosis	338	226	129	60	41	6	9	22	831
A20-A49 Zoonotic and other bacterial diseases	4,479	2,875	2,002	985	825	230	201	297	11,794
A50-A64 Predominantly sexually transmitted diseases	374	309	256	161	98	24	13	84	1,319
A65-B19 Other spirochaetal, chlamydial, rickettsial and viral diseases	3,661	2,618	1,940	1,088	873	136	107	123	10,546
B20-B24 HIV disease	102	42	26	12	85	4	2	1	274
B25-B99 Other and unspecified infectious and parasitic diseases	7,157	4,302	3,588	2,325	1,383	250	223	366	19,594
C00-C14 Mal. neoplasm of lip, oral cavity and pharynx	1,271	1,096	822	280	331	93	71	29	3,993
C15-C26 Mal. neoplasm of digestive system	9,075	6,502	3,948	1,913	2,487	530	466	80	25,001
C30-C39 Mal. neoplasm of respiratory and intrathoracic organs	4,744	3,647	2,730	995	1,526	321	204	66	14,233
C40-C50 Mal. neoplasm of bone, connective tissue and breast	11,610	9,693	9,611	3,535	5,314	776	555	178	41,272
C51-C68 Mal. neoplasm of genitourinary organs	7,977	6,553	3,898	1,749	2,766	535	366	70	23,914
C69-C80 Other and unspecified mal. neoplasms	9,849	10,401	5,295	2,155	2,529	690	489	92	31,300
C81-C97 Mal. neoplasms of lymphoid and haematopoietic tissue	8,736	10,362	6,327	2,939	3,013	456	612	70	32,515
D00-D09 Neoplasms in situ	2,546	2,007	2,383	667	1,125	262	117	130	9,237
D10-D36 Benign neoplasms	13,152	10,021	6,664	4,372	4,082	682	686	250	39,919
D37-D48 Neoplasms of unknown or uncertain behaviour	4,354	3,169	2,260	1,235	1,224	209	352	29	12,832
D50-D89 Dis. of blood and blood-forming organs and immune mechanism	13,537	14,351	7,831	4,912	5,113	612	833	303	47,692
E00-E90 Endocrine, nutritional and metabolic diseases	17,003	17,904	9,462	5,726	7,163	1,752	1,916	1,132	62,058
F00-F99 Mental and behavioural disorders	54,635	35,478	28,758	18,958	14,712	3,905	1,532	1,012	158,990
G00-G99 Diseases of the nervous system	25,333	25,650	13,182	6,964	8,058	1,552	901	541	82,181
H00-H59 Diseases of the eye and adnexa	19,098	15,850	7,676	5,821	6,509	371	437	632	56,494
H60-H99 Diseases of ear and mastoid process	8,390	8,359	6,362	3,231	3,377	361	480	325	30,885
I00-I09 Rheumatic heart disease	321	285	350	194	117	29	21	84	1,401
I10-I15 Hypertensive heart disease	2,251	1,151	987	541	474	91	44	42	5,581
I20-I25 Ischaemic heart disease	38,503	26,013	20,858	8,444	9,973	2,626	1,962	744	109,223
I26-I28 Pulmonary heart disease	3,182	1,256	839	426	506	106	93	35	6,443
I30-I52 Other heart disease	29,687	19,673	13,395	6,291	6,833	1,654	1,129	589	79,251
I60-I69 Cerebrovascular disease	12,166	8,426	4,762	2,294	2,566	650	399	187	31,450
I70-I99 Other diseases of the circulatory system	18,410	14,348	8,696	5,159	5,990	1,002	1,075	334	55,014
J00-J06 Acute upper respiratory infections	10,280	5,243	5,324	2,850	2,172	415	310	410	27,004
J10-J18 Influenza and pneumonia	18,584	12,235	7,497	4,206	4,400	782	614	1,538	49,856
J20-J22 Acute lower respiratory infections	10,195	5,193	4,653	3,410	2,250	367	244	692	27,004
J30-J39 Other diseases of upper respiratory tract	9,581	10,818	5,211	3,178	3,970	415	516	247	33,936
J40-J70 Chronic lower respiratory diseases	35,480	21,441	15,228	8,088	9,254	1,403	945	1,138	92,977
J80-J99 Other respiratory diseases	6,512	3,637	2,927	1,407	1,698	346	225	147	17,119
K00-K14 Diseases of oral cavity, salivary glands and jaws	7,649	7,419	7,259	3,091	3,616	810	415	453	30,712
K20-K31 Diseases of oesophagus, stomach and duodenum	25,924	19,123	13,448	9,677	8,227	1,106	1,300	771	79,576

(continued)

Table 8.3 (continued): Separations, by principal diagnosis in ICD-10-AM groupings, public hospitals, States and Territories, 2000-01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
K35-K38 Appendicitis	6,229	4,390	3,009	1,833	1,252	364	369	199	17,645
K40-K46 Hernias	12,266	9,510	6,574	3,174	3,368	518	463	253	36,146
K50-K52 Non-infective enteritis and colitis	8,849	7,295	5,037	2,493	2,287	435	345	150	26,891
K55-K67 Other diseases of intestines	25,203	17,318	12,353	7,668	6,456	1,300	854	496	71,648
K70-K87 Diseases of liver, gallbladder and pancreas	21,542	15,142	10,937	4,829	5,282	1,271	1,058	563	60,624
K90-K93 Other diseases of digestive system	7,850	6,142	4,123	2,120	2,126	403	298	225	23,287
L00-L99 Diseases of skin and subcutaneous tissue	22,123	15,132	14,428	6,691	9,740	1,911	679	1,834	72,538
M00-M99 Diseases of musculoskeletal and connective tissue	43,492	36,107	22,803	14,015	15,154	3,768	2,128	1,126	138,593
N00-N39 Diseases of the urinary system	30,067	21,476	14,525	7,791	6,932	1,605	995	874	84,265
N40-N51 Diseases of the male genital organs	7,469	6,226	3,384	2,207	1,984	516	354	206	22,346
N60-N64 Diseases of the breast	1,591	1,810	892	655	702	142	71	95	5,958
N70-N98 Diseases of the female pelvic organs and genital tract	26,050	24,837	15,508	7,226	8,673	1,301	1,159	909	85,663
N99 Other disorders of the genitourinary system	934	714	379	224	291	69	33	13	2,657
O00-C09 Pregnancy with abortive outcome	12,000	12,095	5,550	3,641	7,541	896	473	1,408	43,904
O10-O29 Complications relating to pregnancy	15,523	10,981	7,965	2,893	3,464	600	485	713	42,624
O30-O82 Complications relating to labour and delivery	69,678	48,088	40,215	17,159	15,657	3,888	3,320	3,577	201,582
O85-O99 Complications relating to the puerperium	7,701	6,455	4,325	2,039	3,177	421	269	682	26,069
P00-P96 Conditions originating in the perinatal period	12,561	11,649	6,939	2,523	3,255	1,425	540	910	39,802
Q00-Q99 Congenital abnormalities	7,779	6,524	3,959	2,144	1,882	483	342	197	23,310
R00-R99 Signs, symptoms and abnormal findings	83,807	71,852	40,577	19,500	19,997	3,518	2,415	2,490	244,156
S00-S19 Injuries to head and neck	21,106	14,665	14,209	6,066	4,704	995	480	999	63,224
S20-S39 Injuries to thorax, abdomen, back, spine and pelvis	9,992	7,079	5,191	2,563	1,901	482	317	447	27,972
S40-S99 Injuries to upper and lower limbs	51,976	34,118	29,372	12,436	10,060	2,575	2,216	2,371	145,024
T00-T19 Injuries to multi- or unspecified region; foreign body effects	2,518	1,576	1,886	556	552	118	98	96	7,400
T20-T35 Burns and frostbite	2,173	1,143	1,514	815	591	116	62	166	6,580
T36-T65 Poisoning and toxic effects	11,543	9,083	7,728	3,469	3,084	738	350	282	36,277
T66-T79 Other and unspecified effects of external causes	2,120	1,155	1,688	915	754	145	51	94	6,922
T80-T88 Complications of medical and surgical care	14,286	10,854	8,017	4,631	3,599	1,019	731	485	43,621
T89-T98 Other trauma complications; external cause sequelae	140	0	70	40	0	3	6	5	264
Z00-Z13 Encounter for examination and investigation	12,099	9,438	7,794	4,477	4,945	619	704	290	40,366
Z20-Z29 Encounter relating to communicable diseases	871	1,295	988	533	51	52	18	27	3,835
Z30-Z39 Encounter for services relating to reproduction	10,864	9,738	4,434	3,344	4,817	525	254	1,014	34,990
Z40-Z54 Encounter with health service for specific procedures	186,757	232,972	134,324	77,018	62,504	12,911	18,724	20,667	745,877
Z55-Z76 Encounter with health service in other circumstances	10,346	6,415	5,110	1,749	2,368	597	102	561	27,248
Z80-Z99 Encounter relating to personal and family history	2,737	2,257	1,094	1,196	481	97	179	66	8,106
Not reported	8,207	81	0	0	0	11	0	134	8,433
Total	1,238,444	1,028,636	688,647	362,645	357,059	71,895	61,308	58,973	3,867,607

Note: Abbreviations: mal.—malignant; dis.—diseases.

Table 8.4: Separations, by principal diagnosis in ICD-10-AM groupings, private hospitals, States and Territories, 2000-01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00-A09 Intestinal infectious diseases	1,077	879	2,053	657	254	n.p.	n.p.	n.a.	5,155
A15-A19 Tuberculosis	26	33	23	26	4	1	0	n.a.	113
A20-A49 Zoonotic and other bacterial diseases	378	698	690	233	255	78	33	n.a.	2,365
A50-A64 Predominantly sexually transmitted diseases	225	117	131	56	44	n.p.	n.p.	n.a.	609
A65-B19 Other spirochaetal, chlamydial, rickettsial and viral diseases	767	503	744	373	237	n.p.	n.p.	n.a.	2,870
B20-B24 HIV disease	1	6	6	2	3	n.p.	n.p.	n.a.	19
B25-B99 Other and unspecified infectious and parasitic diseases	936	768	1,407	568	349	132	30	n.a.	4,190
C00-C14 Mal. neoplasm of lip, oral cavity and pharynx	552	257	363	156	99	n.p.	n.p.	n.a.	1,295
C15-C26 Mal. neoplasm of digestive system	4,698	5,289	4,065	1,847	1,800	453	266	n.a.	18,418
C30-C39 Mal. neoplasm of respiratory and intrathoracic organs	987	1,575	1,276	622	543	121	45	n.a.	5,169
C40-C50 Mal. neoplasm of bone, connective tissue and breast	16,163	12,567	15,336	4,601	6,262	1,540	1,076	n.a.	57,545
C51-C68 Mal. neoplasm of genitourinary organs	6,388	5,853	4,201	1,988	1,665	n.p.	n.p.	n.a.	21,140
C69-C80 Other and unspecified mal. neoplasms	2,959	5,198	4,088	1,746	1,210	408	113	n.a.	15,722
C81-C97 Mal. neoplasms of lymphoid and haematopoietic tissue	1,542	5,265	5,822	1,101	935	262	92	n.a.	15,019
D00-D09 Neoplasms in situ	2,566	1,614	2,311	714	1,179	442	150	n.a.	8,976
D10-D36 Benign neoplasms	19,930	13,010	13,467	6,495	4,532	1,634	611	n.a.	59,679
D37-D48 Neoplasms of unknown or uncertain behaviour	2,083	2,149	2,508	727	537	187	127	n.a.	8,318
D50-D89 Dis. of blood and blood-forming organs and immune mechanism	3,870	4,458	4,954	1,728	1,372	484	103	n.a.	16,969
E00-E90 Endocrine, nutritional and metabolic diseases	5,837	6,864	5,599	2,921	2,505	821	254	n.a.	24,801
F00-F99 Mental and behavioural disorders	24,750	30,074	22,881	10,884	3,496	n.p.	n.p.	n.a.	95,462
G00-G99 Diseases of the nervous system	15,643	13,953	11,749	5,118	4,451	1,902	425	n.a.	53,241
H00-H59 Diseases of the eye and adnexa	39,097	23,289	26,278	8,766	8,090	n.p.	n.p.	n.a.	111,647
H60-H99 Diseases of ear and mastoid process	6,523	5,367	4,728	2,922	3,295	n.p.	n.p.	n.a.	24,261
I00-I09 Rheumatic heart disease	238	159	171	47	21	n.p.	n.p.	n.a.	656
I10-I15 Hypertensive heart disease	309	382	791	125	167	102	29	n.a.	1,905
I20-I25 Ischaemic heart disease	14,724	12,701	11,150	4,522	3,602	n.p.	n.p.	n.a.	48,675
I26-I28 Pulmonary heart disease	498	489	467	191	185	50	40	n.a.	1,920
I30-I52 Other heart disease	7,184	8,657	7,523	2,890	2,871	1,086	252	n.a.	30,443
I60-I69 Cerebrovascular disease	1,679	2,584	2,494	811	1,062	347	58	n.a.	9,035
I70-I99 Other diseases of the circulatory system	15,435	13,249	10,266	5,396	3,890	1,430	600	n.a.	50,266
J00-J06 Acute upper respiratory infections	752	529	1,031	572	251	136	35	n.a.	3,306
J10-J18 Influenza and pneumonia	1,942	3,453	2,987	1,111	1,136	432	118	n.a.	11,176
J20-J22 Acute lower respiratory infections	849	1,008	1,293	566	369	138	29	n.a.	4,252
J30-J39 Other diseases of upper respiratory tract	11,725	7,797	7,086	4,137	4,055	n.p.	n.p.	n.a.	36,076
J40-J70 Chronic lower respiratory diseases	2,894	4,043	4,894	2,215	1,638	786	185	n.a.	16,655
J80-J99 Other respiratory diseases	1,075	1,302	1,221	484	484	191	68	n.a.	4,825
K00-K14 Diseases of oral cavity, salivary glands and jaws	19,491	19,709	14,415	10,494	5,779	1,762	843	n.a.	72,493
K20-K31 Diseases of oesophagus, stomach and duodenum	36,130	33,054	29,444	10,376	8,173	2,606	226	n.a.	120,009
K35-K38 Appendicitis	1,214	1,397	1,639	974	460	257	61	n.a.	6,002

(continued)

Table 8.4 (continued): Separations, by principal diagnosis in ICD-10-AM groupings, private hospitals, States and Territories, 2000-01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
K40-K46 Hernias	13,411	11,199	8,716	3,816	2,780	1,029	576	n.a.	41,527
K50-K52 Non-infective enteritis and colitis	5,175	4,789	4,733	1,987	1,530	674	81	n.a.	18,969
K55-K67 Other diseases of intestines	25,899	22,166	23,428	7,599	8,432	2,085	341	n.a.	87,950
K70-K87 Diseases of liver, gallbladder and pancreas	7,749	6,473	6,428	3,070	2,464	958	458	n.a.	27,610
K90-K93 Other diseases of digestive system	4,948	5,198	4,825	1,941	1,357	554	88	n.a.	18,911
L00-L99 Diseases of skin and subcutaneous tissue	10,431	8,834	7,639	3,891	3,697	2,743	473	n.a.	37,708
M00-M99 Diseases of musculoskeletal and connective tissue	57,264	50,441	31,863	28,749	20,190	6,566	2,703	n.a.	197,776
N00-N39 Diseases of the urinary system	13,839	10,057	11,067	4,687	3,773	1,340	301	n.a.	45,364
N40-N51 Diseases of the male genital organs	6,960	5,429	3,857	2,389	1,402	n.p.	n.p.	n.a.	21,221
N60-N64 Diseases of the breast	2,255	2,232	1,234	906	696	253	116	n.a.	7,692
N70-N98 Diseases of the female pelvic organs and genital tract	27,336	20,674	17,328	8,802	5,512	n.p.	n.p.	n.a.	93,824
N99 Other disorders of the genitourinary system	543	379	381	221	129	n.p.	n.p.	n.a.	1,805
O00-O09 Pregnancy with abortive outcome	15,155	7,236	2,473	4,144	872	n.p.	n.p.	n.a.	30,578
O10-O29 Complications relating to pregnancy	2,422	1,885	1,785	1,513	443	n.p.	n.p.	n.a.	8,639
O30-O82 Complications relating to labour and delivery	19,082	15,797	13,355	9,108	4,017	n.p.	n.p.	n.a.	55,038
O85-O99 Complications relating to the puerperium	1,313	2,408	1,170	942	323	n.p.	n.p.	n.a.	6,636
P00-P96 Conditions originating in the perinatal period	1,660	2,743	1,556	1,440	501	n.p.	n.p.	n.a.	8,640
Q00-Q99 Congenital abnormalities	3,422	2,055	1,869	1,101	787	291	140	n.a.	9,665
F00-F99 Signs, symptoms and abnormal findings	23,596	31,713	26,530	13,408	8,248	3,398	768	n.a.	107,661
S00-S19 Injuries to head and neck	1,566	1,838	2,072	1,050	744	n.p.	n.p.	n.a.	7,783
S20-S39 Injuries to thorax, abdomen, back, spine and pelvis	1,056	1,340	1,539	631	480	301	51	n.a.	5,398
S40-S99 Injuries to upper and lower limbs	11,428	11,684	10,378	5,428	5,241	1,593	431	n.a.	46,183
T00-T19 Injuries to multi- or unspecified region; foreign body effects	382	295	500	160	130	n.p.	n.p.	n.a.	1,547
T20-T35 Burns and frostbite	98	105	141	69	81	20	4	n.a.	518
T36-T65 Poisoning and toxic effects	250	357	628	615	140	131	12	n.a.	2,133
T66-T79 Other and unspecified effects of external causes	146	127	220	104	97	38	8	n.a.	738
T80-T88 Complications of medical and surgical care	5,922	5,482	4,940	2,643	2,082	725	355	n.a.	22,149
T89-T98 Other trauma complications; external cause sequelae	12	0	9	7	0	2	0	n.a.	30
Z00-Z13 Encounter for examination and investigation	14,932	8,605	8,392	3,245	2,459	956	160	n.a.	38,749
Z20-Z29 Encounter relating to communicable diseases	42	179	336	9	3	n.p.	n.p.	n.a.	687
Z30-Z39 Encounter for services relating to reproduction	10,405	8,255	4,749	2,504	1,409	n.p.	n.p.	n.a.	29,226
Z40-Z54 Encounter with health service for specific procedures	68,522	73,937	85,463	31,092	27,684	n.p.	n.p.	n.a.	292,658
Z55-Z76 Encounter with health service in other circumstances	442	383	1,011	428	123	96	6	n.a.	2,489
Z80-Z99 Encounter relating to personal and family history	8,952	4,731	4,146	2,268	1,129	n.p.	n.p.	n.a.	21,770
Not reported	10	495	0	0	0	333	0	n.a.	838
Total	639,762	580,420	526,313	250,129	184,305	65,256	24,606	n.a.	2,270,791

Note: Abbreviations: mal.—malignant, dis.—diseases.
n.a. not available.
n.p. not published.

Table 8.6: Selected separation statistics for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, Australia, 2000-01

Principal diagnosis	Separations		Same day separations	Public patient separations		Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
	Separations	Public patient separations		Public patient separations	separations					
Z49 Care involving dialysis	494,153	439,936	492,356	439,936	256.3	497,098	257.9	1.0	2.6	
Z51 Other medical care	121,521	107,718	119,682	107,718	63.0	134,896	70.0	1.1	8.3	
Z50 Care involving use of rehabilitation procedure	69,266	58,707	27,314	58,707	35.9	1,069,743	554.9	15.4	24.8	
I20 Angina pectoris	63,095	52,037	10,618	52,037	32.7	233,475	121.1	3.7	4.2	
R10 Abdominal and pelvic pain	55,889	50,517	27,142	50,517	29.0	99,076	51.4	1.8	2.5	
R07 Pain in throat and chest	52,349	46,032	18,857	46,032	27.2	91,806	47.6	1.8	2.2	
J18 Pneumonia organism unspecified	41,732	35,202	2,864	35,202	21.6	256,610	133.1	6.1	6.5	
J44 Other chronic obstructive pulmonary disease	40,002	32,821	3,062	32,821	20.8	283,947	147.3	7.1	7.6	
O70 Perineal laceration during delivery	37,577	34,412	1,050	34,412	19.5	113,815	60.6	3.1	3.2	
K80 Cholelithiasis	34,964	31,081	4,770	31,081	18.1	109,350	56.7	3.1	3.5	
J45 Asthma	33,995	31,420	6,369	31,420	17.6	77,924	40.4	2.3	2.6	
I50 Heart failure	31,960	25,636	2,461	25,636	16.6	247,340	128.3	7.7	8.3	
H26 Other cataract	31,243	23,853	27,768	23,853	16.2	93,053	17.1	1.1	1.5	
I21 Acute myocardial infarction	30,233	24,714	3,094	24,714	15.7	185,956	96.5	6.2	6.7	
O80 Single spontaneous delivery	28,464	26,839	1,674	26,839	14.8	70,406	36.5	2.5	2.6	
S62 Fracture of forearm	26,394	21,789	7,745	21,789	13.7	52,044	27.0	2.0	2.4	
K21 Gastro-oesophageal reflux disease	25,568	22,591	20,541	22,591	13.3	38,205	19.8	1.5	3.5	
N39 Other disorders of urinary system	25,248	21,792	5,102	21,792	13.1	120,805	62.7	4.8	5.7	
F32 Depressive episode	24,039	21,905	8,443	21,905	12.5	191,502	99.3	8.0	11.7	
C44 Other malignant neoplasms of skin	24,019	20,588	17,913	20,588	12.5	48,442	25.1	2.0	5.0	
L03 Cellulitis	23,921	20,749	1,762	20,749	12.4	130,394	67.6	5.5	5.8	
I48 Atrial fibrillation and flutter	23,013	18,601	6,768	18,601	11.9	72,168	37.4	3.1	4.0	
F20 Schizophrenia	22,578	22,208	2,831	22,208	11.7	618,141	320.7	27.4	31.2	
K29 Gastritis and duodenitis	22,157	19,851	16,644	19,851	11.5	35,020	18.2	1.6	3.3	
E11 Type 2 diabetes mellitus	21,980	19,074	6,731	19,074	11.4	152,273	79.0	6.9	9.5	
K40 Inguinal hernia	20,131	17,225	5,510	17,225	10.4	33,261	17.3	1.7	1.9	
K52 Other noninfective gastroenteritis & colitis	19,759	17,380	8,445	17,380	10.2	49,575	25.7	2.5	3.6	
S72 Fracture of femur	19,648	14,835	1,879	14,835	10.2	219,866	114.1	11.2	12.3	
T81 Complications of procedures, not elsewhere classified	19,345	16,452	3,118	16,452	10.0	108,841	56.5	5.6	6.5	
M54 Dorsalgia	18,611	15,316	7,962	15,316	9.7	53,051	30.1	3.1	4.7	
Other	2,356,320	2,034,561	913,178	2,034,561	1,222.3	10,188,901	5,285.5	4.3	6.4	
Not reported	8,433	7,408	5,058	7,408	4.4	106,626	55.3	12.6	30.1	
Total	3,867,607	3,353,250	1,788,731	3,353,250	2,006.3	15,731,612	8,160.7	4.1	6.7	

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the Internet at <http://www.aihw.gov.au/publications/hse/ahs00-01.html>.

Table 8.7: Selected separation statistics for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, Australia, 2000-01

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
Z51 Other medical care	115,655	114,928	4,336	60.6	119,541	62.6	1.0	6.3
Z49 Care involving dialysis	84,943	84,671	22,568	44.5	85,521	44.8	1.0	3.1
H26 Other cataract	57,869	45,739	1,755	30.3	59,855	31.4	1.0	1.2
K01 Embedded and impacted teeth	43,001	38,981	646	22.5	43,178	22.6	1.0	1.0
K21 Gastro-oesophageal reflux disease	42,582	40,027	1,057	22.3	50,252	26.3	1.2	4.0
Z50 Care involving use of rehabilitation procedures	41,657	20,055	1,062	21.8	411,881	215.9	9.9	18.1
C44 Other malignant neoplasms of skin	41,599	33,484	661	21.8	62,994	33.0	1.5	3.6
M23 Internal derangement of knee	37,560	26,713	619	19.7	44,024	23.1	1.2	1.6
R10 Abdominal and pelvic pain	36,092	26,831	1,320	18.9	56,029	29.4	1.6	3.2
K29 Gastritis and duodenitis	31,500	29,973	923	16.5	35,661	18.7	1.1	3.7
H25 Senile cataract	28,677	26,544	298	15.0	29,110	15.3	1.0	1.2
K57 Diverticular disease of intestine	28,181	23,277	620	14.8	51,685	27.1	1.8	5.8
I20 Angina pectoris	25,361	3,345	955	13.3	107,936	56.6	4.3	4.8
D12 Benign neoplasm colon, rectus, anus and anal canal	24,722	22,709	570	13.0	31,851	16.7	1.3	4.5
M17 Gonarthrosis (arthrosis of knee)	23,211	7,427	589	12.2	127,748	67.0	5.5	7.5
I84 Haemorrhoids	22,807	17,998	675	12.0	31,447	16.5	1.4	2.8
K40 Inguinal hernia	22,538	2,993	788	11.8	40,748	21.4	1.8	1.9
G47 Sleep disorders	22,324	1,611	296	11.7	27,152	14.2	1.2	1.2
Z80 Family history of malignant neoplasm	20,521	20,375	427	10.8	20,626	10.8	1.0	1.7
O04 Medical abortion	19,528	19,216	286	10.2	19,689	10.3	1.0	1.5
M54 Dorsalgia	19,453	11,020	853	10.2	61,314	32.1	3.2	6.0
F32 Depressive episode	19,237	12,991	308	10.1	123,930	64.9	6.4	17.8
K80 Cholelithiasis	18,930	756	1,230	9.9	56,932	29.8	3.0	3.1
K63 Other diseases of intestine	17,586	16,634	315	9.2	21,085	11.1	1.2	4.7
Z08 Follow-up examination after treatment for malignant neoplasms	17,308	16,141	481	9.1	17,950	9.4	1.0	1.6
N97 Female infertility	16,662	16,024	205	8.7	16,903	8.9	1.0	1.4
Z09 Follow-up examination after treatment for conditions other than malignant neoplasm	15,961	15,419	322	8.4	16,321	8.6	1.0	1.7
I25 Chronic ischaemic heart disease	15,731	6,505	1,544	8.2	48,766	25.6	3.1	4.6
R07 Pain in throat and chest	15,679	5,325	989	8.2	30,372	15.9	1.9	2.4
K92 Other diseases of digestive system	15,455	13,085	390	8.1	23,932	12.5	1.5	4.6
Other	1,327,623	607,514	54,457	695.8	4,855,920	2,544.9	3.7	5.9
Not reported	838	709	67	0.4	6,988	3.7	8.3	48.7
Total	2,270,791	1,328,020	101,612	1,190.1	6,737,341	3,530.9	3.0	5.7

Note: A similar listing of all principal diagnoses in 3-character ICD-10-AM groupings is provided on the internet at <http://www.aihw.gov.au/publications/hse/ahs00-01.html>.

Table 8.8: Selected separation statistics for the 30 principal diagnoses in 3-character CD-10-AM groupings with the highest number of separations, private free-standing day hospitals, Australia, (a) 2000-01

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population
Z51 Other medical care	24,835	24,835	429	13.4
H25 Senile cataract	20,589	20,589	4	11.1
O04 Medical abortion	14,634	14,634	10	7.9
H26 Other cataract	14,486	14,486	148	7.8
C44 Other malignant neoplasms of skin	13,501	13,501	0	7.3
K21 Gastro-oesophageal reflux disease	13,461	13,460	252	7.3
K29 Gastritis and duodenitis	12,909	12,909	249	7.0
R10 Abdominal and pelvic pain	10,946	10,946	45	5.9
Z49 Care involving dialysis	9,473	9,473	4,868	5.1
K57 Diverticular disease of intestine	8,478	8,478	59	4.6
D12 Benign neoplasm colon, rectum, anus and anal canal	8,353	8,353	93	4.5
I84 Haemorrhoids	7,062	7,062	56	3.8
Z80 Family history of malignant neoplasm	6,597	6,597	18	3.6
K63 Other diseases of intestine	6,356	6,356	28	3.4
N97 Female infertility	6,057	6,057	0	3.3
K01 Embedded and impacted teeth	5,909	5,909	507	3.2
K20 Oesophagitis	5,467	5,467	73	3.0
K22 Other diseases of oesophagus	4,498	4,498	27	2.4
K44 Diaphragmatic hernia	4,275	4,275	6	2.3
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	3,879	3,879	25	2.1
K59 Other functional intestinal disorders	3,855	3,855	25	2.1
K30 Dyspepsia	3,544	3,544	66	1.9
K62 Other diseases of anus and rectum	3,280	3,280	38	1.8
K92 Other diseases of digestive system	3,274	3,274	19	1.8
R19 Other symptoms & signs involving the digest system & abdomen	3,197	3,197	68	1.7
Z31 Procreative management	3,137	3,137	0	1.7
I25 Chronic ischaemic heart disease	2,955	2,955	1,470	1.6
K02 Dental caries	2,887	2,887	1	1.6
H02 Other disorders of eyelid	2,885	2,885	0	1.6
D22 Melanocytic naevi	2,838	2,838	0	1.5
Other	98,659	95,930	1,131	53.3
Not reported	172	172	65	0.1
Total	332,448	329,718	9,780	179.8

(a) Excludes separations from private free-standing day hospitals in Tasmania.

Table 8.9: Selected separation statistics, by principal diagnosis in ICD-10-AM groupings, public psychiatric hospitals, Australia, 2000-01

Principal diagnosis	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
A00-B99	4	0	4	<0.1	342	0.2	85.5	85.5
C00-D48	0	0	0	<0.1	0	<0.1	0	0
D50-D89	0	0	0	<0.1	0	<0.1	0	0
E00-E90	1	0	1	<0.1	12	<0.1	12.0	12.0
F00-F03	306	3	292	0.2	45,506	23.6	148.7	150.2
F04-F09	204	9	201	0.1	17,393	9.0	85.3	89.1
F10	800	84	794	0.4	34,615	18.0	43.3	48.2
F11-F19	1,394	61	1,380	0.7	11,105	5.8	8.0	8.3
F20	3,472	78	3,252	1.8	313,402	162.6	90.3	92.3
F21-F29	1,722	133	1,698	0.9	50,591	26.2	29.4	31.5
F30	132	3	130	0.1	3,126	1.6	23.7	24.2
F31	1,486	89	1,418	0.8	41,902	21.7	28.2	29.9
F32-F33	1,909	592	1,876	1.0	28,964	15.0	15.2	21.5
F34-F39	244	43	242	0.1	2,497	1.3	10.2	12.2
F40-F48	2,070	313	2,030	1.1	13,739	7.1	6.6	7.6
F50	23	0	23	<0.1	569	0.3	24.7	24.7
F51-F59	22	1	22	<0.1	347	0.2	15.8	16.5
F60-F69	951	51	929	0.5	11,103	5.8	11.7	12.3
F70-F79	87	4	87	<0.1	9,260	4.8	106.4	111.5
F80-F89	130	101	129	0.1	973	0.5	7.5	30.1
F90-F98	1,142	1,019	1,141	0.6	2,173	1.1	1.9	9.4
F99	3	2	3	<0.1	5	<0.1	1.7	3.0
G00-G99	151	0	142	0.1	20,591	10.7	136.4	136.4
H00-H95	0	0	0	<0.1	0	<0.1	0	0
I00-I99	4	0	4	<0.1	282	0.1	70.5	70.5
J00-J99	1	0	1	<0.1	0	<0.1	0	0
M00-M99	1	0	1	<0.1	19	<0.1	19.0	19.0
N00-N99	1	0	1	<0.1	35	<0.1	35.0	35.0
O00-O99	3	1	3	<0.1	6	<0.1	2.0	2.5
P00-P96	1	0	1	<0.1	304	0.2	304.0	304.0
Q00-Q99	2	0	2	<0.1	3,072	1.6	1,536.0	1,536.0
R00-R99	22	8	22	<0.1	1,039	0.5	47.2	73.6
S00-T98	2	0	2	<0.1	8	<0.1	4.0	4.0
Z03.2, Z81, Z86.5	1	0	1	<0.1	1	<0.1	1.0	1.0
Z00-Z99(a)	1,366	561	1,364	0.7	63,494	32.9	46.5	76.2
Not reported	476	30	447	0.2	49,603	25.7	104.2	111.2
Total	18,132	3,186	17,637	9.4	726,078	376.7	40.0	48.4

Note: Abbreviations: dis.—diseases, behav.—behavioural.

(a) Excluding Z03.2, Z81 and Z86.5.

Table 8.10: Separations for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, States and Territories, 2000-01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z49 Care involving dialysis	136,457	155,679	74,087	51,736	35,269	9,997	11,979	18,949	494,153
Z51 Other medical care	10,986	41,330	28,406	16,318	17,415	970	5,278	818	121,521
Z50 Care involving use of rehabilitation procedure	21,816	19,052	19,882	3,740	3,276	676	482	342	69,286
I20 Angina pectoris	22,464	16,136	11,275	5,403	4,905	1,380	1,054	478	63,095
R10 Abdominal and pelvic pain	18,854	16,695	9,460	4,891	4,075	933	603	478	55,859
R07 Pain in throat and chest	18,606	13,982	9,689	3,644	4,763	573	487	605	52,349
J18 Pneumonia organism unspecified	15,549	10,557	6,201	3,281	3,686	661	541	1,256	41,732
J44 Other chronic obstructive pulmonary disease	15,658	9,729	6,604	3,083	3,301	790	345	492	40,002
O70 Perineal laceration during delivery	15,346	7,675	6,856	2,984	3,076	604	537	499	37,577
K80 Cholelithiasis	12,154	8,993	6,230	2,857	3,101	743	623	263	34,984
J45 Asthma	12,445	9,057	5,838	3,376	1,914	442	464	459	33,995
I50 Heart failure	11,931	8,374	5,024	2,616	2,851	556	316	292	31,980
I26 Other cataract	10,642	9,394	4,416	2,962	3,107	115	247	360	31,243
I21 Acute myocardial infarction	11,150	7,576	5,260	2,274	2,657	702	392	222	30,233
O80 Single spontaneous delivery	10,643	5,029	7,253	2,098	1,909	398	512	622	28,464
S52 Fracture of forearm	10,093	5,827	5,107	2,163	1,807	418	530	449	26,394
K21 Gastro-oesophageal reflux disease	7,234	5,767	4,227	3,500	3,625	423	586	206	25,568
N39 Other disorders of urinary system	8,974	6,285	4,518	2,545	1,933	483	284	216	25,248
F32 Depressive episode	6,881	6,062	3,894	3,690	2,406	736	248	122	24,039
C44 Other malignant neoplasms of skin	6,204	4,855	6,474	2,147	3,472	431	326	109	24,019
L03 Cellulitis	8,574	5,710	4,730	2,214	1,623	312	243	515	23,921
I48 Atrial fibrillation and flutter	8,833	5,470	3,805	2,028	1,731	576	428	142	23,013
F20 Schizophrenia	6,240	6,066	5,138	2,021	1,969	752	219	173	22,578
K29 Gastritis and duodenitis	8,250	4,886	4,233	2,553	1,491	169	268	317	22,157
E11 Type 2 diabetes mellitus	5,307	7,253	2,974	2,338	2,672	523	370	543	21,980
K40 inguinal hernia	6,755	5,337	3,537	1,722	2,002	328	312	138	20,131
K52 Other noninfective gastroenteritis & colitis	6,546	5,346	3,844	1,840	1,633	267	169	114	19,759
S72 Fracture of femur	7,641	4,768	3,152	1,664	1,575	392	318	138	19,548
T81 Complications of procedures, not elsewhere classified	6,250	4,855	3,741	2,019	1,528	496	246	210	19,345
M54 Dorsalgia	6,238	4,902	2,853	2,143	1,755	515	120	95	18,611
Other	775,516	605,907	419,939	216,795	230,532	45,633	32,771	29,227	2,356,320
Not reported	8,207	81	0	0	0	11	0	134	8,433
Total	1,238,444	1,028,636	688,647	362,645	357,059	71,895	61,302	58,973	3,867,607

Table 8.11: Separations for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, States and Territories, 2000-01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51 Other medical care	22,652	31,617	35,169	11,206	11,461	n.p.	n.p.	n.a.	115,655
Z49 Care involving dialysis	15,608	17,975	26,635	13,291	11,423	n.p.	n.p.	n.a.	84,943
H26 Other cataract	22,993	11,703	10,644	6,048	3,255	n.p.	n.p.	n.a.	57,689
K01 Embedded and impacted teeth	11,674	11,894	8,634	5,956	3,260	n.p.	n.p.	n.a.	43,001
K21 Gastro-oesophageal reflux disease	11,753	8,811	12,808	4,089	3,904	1,124	93	n.a.	42,552
Z50 Care involving use of rehabilitation procedures	16,074	8,909	13,911	1,364	1,185	n.p.	n.p.	n.a.	41,657
C44 Other malignant neoplasms of skin	11,947	8,018	11,644	3,346	4,738	n.p.	n.p.	n.a.	41,559
M23 Internal derangement of knee	11,921	9,729	5,640	4,970	3,772	939	589	n.a.	37,560
R10 Abdominal and pelvic pain	7,597	11,560	9,509	4,210	2,078	1,002	136	n.a.	36,092
K29 Gastritis and duodenitis	11,010	9,417	6,632	2,404	1,492	497	48	n.a.	31,500
H25 Senile cataract	7,996	6,647	9,336	1,116	2,763	n.p.	n.p.	n.a.	28,677
K57 Diverticular disease of intestine	7,826	7,105	8,661	2,057	1,771	676	85	n.a.	28,181
I20 Angina pectoris	6,409	7,783	5,587	2,919	1,592	n.p.	n.p.	n.a.	25,361
D12 Benign neoplasm colon, rectum, anus and anal canal	8,786	4,836	6,300	2,723	1,610	420	47	n.a.	24,722
M17 Gonarthrosis (arthrosis of knee)	8,100	5,292	3,630	2,720	2,530	n.p.	n.p.	n.a.	23,211
I84 Haemorrhoids	8,541	5,045	4,553	2,443	1,518	566	142	n.a.	22,807
K40 Inguinal hernia	7,423	5,221	4,736	2,378	1,699	647	434	n.a.	22,536
G47 Sleep disorders	7,787	6,161	4,408	1,509	1,630	n.p.	n.p.	n.a.	22,324
Z80 Family history of malignant neoplasm	8,057	4,635	3,998	2,192	1,110	n.p.	n.p.	n.a.	20,521
O04 Medical abortion	10,945	4,817	353	2,912	267	n.p.	n.p.	n.a.	19,528
M54 Dorsalgia	4,405	4,691	2,918	3,346	1,981	1,473	39	n.a.	19,453
F32 Depressive episode	4,390	5,474	5,244	2,930	449	n.p.	n.p.	n.a.	19,237
K80 Cholelithiasis	5,528	4,140	4,319	2,279	1,657	629	378	n.a.	18,930
K63 Other diseases of intestine	6,074	4,161	4,527	1,422	1,109	265	28	n.a.	17,586
Z08 Follow-up examination after treatment for malignant neoplasms	6,392	4,274	3,574	1,327	1,076	529	136	n.a.	17,308
N97 Female infertility	6,479	3,791	3,561	1,575	956	n.p.	n.p.	n.a.	16,662
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	6,340	3,210	3,482	1,598	931	n.p.	n.p.	n.a.	15,961
I25 Chronic ischaemic heart disease	6,735	2,628	3,687	821	1,268	n.p.	n.p.	n.a.	15,731
R07 Pain in throat and chest	2,933	4,831	3,737	1,945	1,686	470	77	n.a.	15,679
K92 Other diseases of digestive system	4,003	4,419	3,830	1,643	1,099	419	42	n.a.	15,455
Other	361,374	351,131	294,646	150,790	109,335	44,214	16,133	n.a.	1,327,623
Not reported	10	495	0	0	0	333	0	n.a.	838
Total	639,762	580,420	526,313	250,129	184,305	65,256	24,606	n.a.	2,270,791

n.a. not available.

n.p. not published.

Table 8.12: Average length of stay (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, public hospitals, States and Territories, 2000-01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z49 Care involving dialysis	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Z51 Other medical care	1.7	1.1	1.0	1.0	1.0	1.0	1.0	1.0	1.1
Z50 Care involving use of rehabilitation procedure	17.0	17.8	6.4	26.8	31.4	25.9	19.6	9.5	15.4
I20 Angina pectoris	4.0	3.8	3.4	3.5	3.4	4.1	3.3	3.7	3.7
R10 Abdominal and pelvic pain	1.9	1.6	1.7	1.9	1.9	2.0	1.8	2.1	1.8
R07 Pain in throat and chest	1.9	1.5	1.8	1.6	1.8	1.9	1.7	2.2	1.8
J18 Pneumonia organism unspecified	6.6	6.3	5.1	5.5	6.4	6.8	5.3	5.0	6.1
J44 Other chronic obstructive pulmonary disease	7.2	7.0	6.7	7.6	6.7	9.3	7.6	7.1	7.1
O70 Perineal laceration during delivery	3.2	3.0	2.9	3.3	3.2	3.9	2.6	3.9	3.1
K80 Cholelithiasis	3.4	3.1	2.7	3.3	2.8	3.2	2.8	4.1	3.1
J45 Asthma	2.3	2.2	2.2	2.4	2.5	2.6	2.5	2.7	2.3
I50 Heart failure	9.3	7.4	7.1	7.8	7.4	9.2	9.1	5.7	7.7
H26 Other cataract	1.0	1.1	1.1	1.1	1.1	1.0	1.0	1.1	1.1
I21 Acute myocardial infarction	6.3	6.1	5.8	5.7	6.8	6.0	5.8	6.7	6.2
O80 Single spontaneous delivery	2.5	2.5	2.2	2.8	2.5	3.8	2.3	2.9	2.5
S62 Fracture of forearm	1.9	2.0	1.7	2.3	2.3	2.1	1.8	3.6	2.0
K21 Gastro-oesophageal reflux disease	1.6	1.4	1.5	1.4	1.5	2.0	1.2	1.4	1.5
N39 Other disorders of urinary system	4.9	4.8	4.5	4.8	5.1	4.1	4.4	4.8	4.8
F32 Depressive episode	8.1	8.3	8.0	6.2	9.6	5.7	12.4	6.4	8.0
C44 Other malignant neoplasms of skin	2.6	2.1	1.6	1.9	1.8	1.8	1.6	2.1	2.0
L03 Cellulitis	5.6	6.2	4.7	4.7	5.4	5.7	5.5	4.5	5.5
I48 Atrial fibrillation and flutter	3.3	3.2	3.0	2.6	3.1	2.9	2.2	3.1	3.1
F20 Schizophrenia	46.1	18.4	22.8	24.8	15.4	21.2	15.1	10.5	27.4
K29 Gastritis and duodenitis	1.7	1.5	1.5	1.5	1.5	2.0	1.7	1.8	1.6
E11 Type 2 diabetes mellitus	8.0	6.6	8.0	6.3	5.2	6.4	6.7	7.0	6.9
K40 Inguinal hernia	1.8	1.6	1.4	1.6	1.8	1.8	1.5	1.8	1.7
K52 Other noninfective gastroenteritis & colitis	2.6	2.6	2.2	2.5	2.5	3.0	2.4	2.8	2.5
S72 Fracture of femur	10.6	12.9	10.0	9.9	11.1	12.8	16.0	15.1	11.2
T81 Complications of procedures, not elsewhere classified	5.8	6.2	4.9	5.1	5.7	5.5	6.6	5.7	5.6
M54 Dorsalgia	3.4	2.9	3.2	2.8	3.2	2.9	4.2	4.1	3.1
Other	4.7	4.0	3.8	4.2	4.5	5.9	4.4	4.4	4.3
Total^(a)	4.6	3.8	3.5	3.8	4.2	5.3	3.5	3.3	4.1

(a) For all separations.

Table 8.13: Average length of stay (days) for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, private hospitals, States and Territories, 2000-01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Z51 Other medical care	1.1	1.0	1.0	1.0	1.1	n.p	n.p	n.a	1.0
Z49 Care involving dialysis	1.0	1.0	1.0	1.0	1.0	n.p	n.p	n.a	1.0
H26 Other cataract	1.0	1.0	1.0	1.1	1.0	n.p	n.p	n.a	1.0
K01 Embedded and impacted teeth	1.0	1.0	1.0	1.0	1.0	n.p	n.p	n.a	1.0
K21 Gastro-oesophageal reflux disease	1.1	1.3	1.2	1.2	1.2	1.1	2.4	n.a	1.2
Z50 Care involving use of rehabilitation procedures	9.1	16.4	4.6	21.9	17.4	n.p	n.p	n.a	9.9
C44 Other malignant neoplasms of skin	1.6	1.6	1.4	1.7	1.3	n.p	n.p	n.a	1.5
M23 Internal derangement of knee	1.1	1.2	1.1	1.2	1.2	1.2	1.1	n.a	1.2
R10 Abdominal and pelvic pain	1.5	1.5	1.6	1.6	1.9	2.0	3.2	n.a	1.6
K29 Gastritis and duodenitis	1.1	1.1	1.2	1.2	1.2	1.2	3.8	n.a	1.1
H25 Senile cataract	1.0	1.0	1.0	1.1	1.0	n.p	n.p	n.a	1.0
K57 Diverticular disease of intestine	1.6	1.8	1.8	2.4	2.1	2.1	4.6	n.a	1.8
I20 Angina pectoris	4.6	4.2	4.7	3.1	4.4	n.p	n.p	n.a	4.3
D12 Benign neoplasm of colon, rectum, anus and anal canal	1.2	1.4	1.2	1.3	1.5	1.2	3.6	n.a	1.3
M17 Gonarthrosis (arthrosis of knee)	5.3	5.2	6.2	6.4	4.6	n.p	n.p	n.a	5.5
I84 Haemorrhoids	1.2	1.4	1.4	1.6	1.6	1.4	2.0	n.a	1.4
K40 Inguinal hernia	1.9	1.9	1.6	1.8	2.1	2.0	1.5	n.a	1.8
G47 Sleep disorders	1.1	1.5	1.1	1.6	1.1	n.p	n.p	n.a	1.2
Z80 Family history of malignant neoplasm	1.0	1.0	1.0	1.0	1.0	n.p	n.p	n.a	1.0
O04 Medical abortion	1.0	1.0	1.1	1.0	1.1	n.p	n.p	n.a	1.0
M54 Dorsalgia	3.0	3.9	4.0	2.3	2.7	2.4	7.3	n.a	3.2
F32 Depressive episode	7.8	5.1	7.1	4.4	14.7	n.p	n.p	n.a	6.4
K80 Cholelithiasis	2.8	3.2	2.9	3.0	3.1	3.2	2.7	n.a	3.0
K53 Other diseases of intestine	1.1	1.2	1.2	1.2	1.4	1.5	1.8	n.a	1.2
Z08 Follow-up examination after treatment for malignant neoplasms	1.0	1.0	1.1	1.0	1.0	1.0	1.0	n.a	1.0
N97 Female infertility	1.0	1.0	1.0	1.1	1.0	n.p	n.p	n.a	1.0
Z09 Follow-up examination after treatment for conditions other than malignant neoplasms	1.0	1.0	1.0	1.1	1.0	n.p	n.p	n.a	1.0
I25 Chronic ischaemic heart disease	2.5	3.5	3.8	1.8	4.8	n.p	n.p	n.a	3.1
R07 Pain in throat and chest	1.8	1.9	2.1	1.7	1.9	2.2	1.6	n.a	1.9
K92 Other diseases of digestive system	1.4	1.6	1.6	1.4	1.8	2.0	2.9	n.a	1.5
Other	3.4	3.6	4.0	3.6	4.1	3.9	4.0	n.a	3.7
Total^(a)	2.8	3.0	3.0	2.9	3.2	3.3	3.3	n.a	3.0

(a) For all separations.

n.a. not available.

n.p. not published.

Table 8.14: Separations for males for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, by age group, all hospitals, Australia, 2000-01

Principal diagnosis	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(a)
Z49 Care involving dialysis	6	260	647	6,979	23,822	39,106	54,427	61,528	88,889	56,818	1,720	334,152
Z51 Other medical care	91	1,369	1,918	2,104	3,415	6,642	16,341	30,445	34,407	16,252	1,273	114,257
I20 Angina pectoris	1	0	2	8	240	2,413	8,601	13,699	16,234	11,567	2,348	55,113
Z50 Care involving use of rehabilitation procedures	7	23	130	2,301	3,393	4,190	6,028	7,413	10,423	12,608	4,525	51,041
C44 Other malignant neoplasms of skin	2	3	10	56	495	1,723	4,597	6,929	9,971	11,874	3,394	39,054
K40 Inguinal hernia	1,613	1,425	1,135	1,802	2,920	4,375	6,519	7,028	6,675	4,379	819	38,690
H26 Other cataract	8	29	67	61	154	495	1,684	4,158	10,531	15,566	3,438	36,191
R07 Pain in throat and chest	1	8	125	610	2,175	5,588	8,417	7,649	5,967	3,792	777	35,109
K21 Gastro-oesophageal reflux disease	853	314	419	1,371	3,805	5,911	7,461	6,283	4,629	2,479	372	33,897
M23 Internal derangement of knee	1	2	274	4,678	6,717	7,068	6,401	4,287	2,096	689	59	32,272
R10 Abdominal and pelvic pain	172	437	2,453	2,879	4,115	4,917	5,008	4,191	3,485	2,437	558	30,653
J44 Other chronic obstructive pulmonary disease	7	66	121	41	47	231	1,254	4,148	9,547	10,510	2,511	28,483
J18 Pneumonia organism unspecified	851	3,094	1,381	803	1,197	1,607	1,829	2,577	4,578	6,156	3,114	27,187
I21 Acute myocardial infarction	2	0	1	32	222	1,609	4,332	5,515	6,045	5,113	1,624	24,495
K29 Gastritis and duodenitis	44	144	269	1,101	2,351	3,672	4,440	4,409	4,235	2,697	423	23,785
G47 Sleep disorders	3,124	1,611	778	287	1,248	3,198	5,311	4,368	2,421	1,183	62	23,592
I25 Chronic ischaemic heart disease	0	0	5	6	75	879	3,657	6,530	7,052	5,738	345	22,287
Z06 Follow-up examination after treatment for malignant neoplasms	3	74	35	69	204	649	1,903	4,319	7,496	6,015	975	21,742
N40 Hyperplasia of prostate	19	8	15	37	111	317	793	2,133	5,097	7,923	3,719	20,172
I50 Heart failure	0	0	1	1	32	182	1,318	4,794	7,931	5,932	1,190	21,381
K01 Embedded and impacted teeth	0	18	1,388	11,030	4,531	1,483	561	247	124	52	6	19,440
D12 Benign neoplasm colon, rectum, anus and anal canal	0	1	21	66	252	1,144	3,371	5,317	5,670	3,222	331	19,395
I84 Haemorrhoids	0	10	8	391	2,031	4,259	5,391	3,801	2,248	995	145	19,279
K57 Diverticular disease of intestine	1	0	1	13	281	1,316	3,227	4,421	5,143	3,950	610	18,963
N20 Calculus of kidney and ureter	1	12	53	331	1,519	3,235	5,088	4,194	2,794	1,048	96	18,369
I48 Atrial fibrillation and flutter	1	0	8	145	554	1,119	2,330	3,881	5,319	4,052	849	18,258
J45 Asthma	592	6,888	4,893	1,518	1,076	812	769	644	506	367	88	18,153
M17 Gonarthrosis (arthrosis of knee)	0	0	7	153	609	1,573	2,812	3,936	4,786	3,073	294	17,245
E11 Type 2 diabetes mellitus	0	4	6	53	242	721	1,993	3,444	5,343	4,455	891	17,153
F32 Depressive episode	0	1	339	2,038	2,611	3,766	3,201	1,910	1,177	1,702	344	17,089
Other	72,884	88,440	112,669	137,715	160,584	181,769	200,976	203,460	226,133	200,377	58,486	1,643,493
Not reported	69	46	66	342	641	562	668	857	1,047	375	153	4,826
Total	80,353	104,287	129,245	179,021	231,669	296,532	380,708	428,515	507,951	411,394	95,539	2,845,216

(a) Includes separations for which age was not reported.

Table 8.15: Separations for females for the 30 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of separations, by age group, all hospitals, Australia, 2000-01

Principal diagnosis	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(a)
Z49 Care involving dialysis	0	0	299	4,380	14,905	26,625	37,209	50,809	72,380	96,830	1,507	244,944
Z51 Other medical care	140	1,084	1,706	1,507	4,024	13,662	29,116	30,551	27,245	12,641	1,233	122,919
R10 Abdominal and pelvic pain	117	292	2,948	9,364	10,947	10,659	9,795	7,007	5,312	3,700	1,185	61,326
Z50 Care involving use of rehabilitation procedures	6	12	70	1,100	2,532	3,475	5,067	5,892	11,378	19,331	11,018	59,881
H26 Other cataract	6	23	46	43	94	339	1,434	4,579	15,186	24,370	6,799	52,919
O70 Perineal laceration during delivery	0	0	25	10,151	32,575	7,979	30	0	0	0	0	50,760
K80 Cholelithiasis	1	6	96	2,897	6,498	6,614	7,119	6,035	4,689	3,176	1,101	38,232
O04 Medical abortion	0	0	126	15,115	14,347	6,208	145	0	0	0	0	35,941
C80 Single spontaneous delivery	0	0	12	9,563	21,136	4,475	23	0	0	0	0	35,209
K21 Gastro-oesophageal reflux disease	683	225	361	1,032	2,434	4,768	7,879	7,485	5,523	3,221	642	34,253
I20 Angina pectoris	0	0	0	7	88	862	3,279	5,645	9,475	10,109	3,878	33,343
R07 Pain in throat and chest	1	10	107	678	1,601	3,672	7,057	7,041	6,212	4,857	1,862	32,918
K01 Embedded and impacted teeth	1	13	2,128	19,170	6,572	1,809	669	221	121	39	13	30,756
K29 Gastritis and duodenitis	29	134	277	1,384	2,549	4,205	6,044	5,676	5,164	3,592	816	29,870
N39 Other disorders of urinary system	834	981	825	1,247	1,404	2,392	3,771	3,493	3,791	4,929	3,580	27,247
C44 Other malignant neoplasms of skin	1	4	17	86	522	1,879	3,692	4,238	5,561	7,079	3,484	26,563
F32 Depressive episode	0	0	341	3,586	4,963	5,363	5,127	2,387	1,839	2,042	539	26,187
K57 Diverticular disease of intestine	0	0	2	16	122	361	3,610	5,857	7,225	5,783	1,568	25,144
J18 Pneumonia organism unspecified	597	2,519	1,141	724	1,213	1,486	1,600	2,236	3,284	5,005	4,075	23,890
N92 Excessive, frequent and irregular menstruation	0	0	20	742	3,589	10,075	8,245	304	7	2	0	22,984
O47 False labour	0	0	29	718	11,572	2,448	17	0	0	0	0	21,252
N97 Female infertility	0	0	0	688	10,682	9,618	309	3	0	0	0	21,200
M54 Dorsalgia	1	16	102	706	1,883	3,571	4,392	3,273	2,936	3,007	1,144	21,031
I50 Heart failure	20	11	12	25	72	170	436	1,131	3,467	8,209	7,217	20,770
J44 Other chronic obstructive pulmonary disease	2	44	125	60	66	287	1,250	3,462	6,625	6,768	2,019	20,706
H25 Senile cataract	1	1	1	2	11	74	438	1,528	6,374	9,490	2,483	20,403
C50 Malignant neoplasm of breast	0	0	0	26	435	2,570	5,590	5,108	3,803	2,277	573	20,382
O99 Other maternal disease classifiable elsewhere but complicating pregnancy, childbirth & the puerperium	0	0	12	6,251	11,080	2,422	24	0	0	0	0	19,789
J45 Asthma	221	3,686	3,199	2,377	2,005	1,872	1,861	1,519	1,245	1,007	366	19,358
K52 Oth noninfective gastroenteritis & colitis	76	136	128	2,022	2,878	2,388	2,455	2,523	2,508	2,521	1,172	18,805
Other	55,400	62,435	80,814	186,589	355,118	285,301	255,831	221,563	230,473	231,218	104,956	2,069,699
Not reported	68	47	48	256	634	447	620	555	982	592	198	4,427
Total	58,205	71,689	95,017	288,980	528,449	428,676	414,134	390,121	442,795	411,795	163,248	3,293,110

(a) includes separations for which age was not reported.

9 Procedures for admitted patients

Introduction

The *National Health Data Dictionary* version 9.0 (NHDC 2000) defines a procedure as a clinical intervention that is surgical in nature; carries a procedural risk; carries an anaesthetic risk; requires specialised training; and/or requires special facilities or equipment only available in an acute care setting. Procedures therefore encompass surgical procedures and also non-surgical investigative and therapeutic procedures such as X-rays and chemotherapy.

Procedures for 2000–01 were classified, coded and reported to the National Hospital Morbidity Database by all States and Territories using the second edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2000). Information about the quality of the ICD-10-AM coded data is presented in Appendix 3.

One or more procedures can be reported for each separation in the National Hospital Morbidity Database, but procedures are not undertaken during all hospital admissions, so only a proportion of the separation records includes procedure data. For example, procedures were reported for only 38.0% of separations with a principal diagnosis within the *Certain infectious and parasitic diseases* chapter.

There are two types of data on procedures presented in this chapter:

- data on the separations for which there was one or more procedures reported within the group of procedures (an ICD-10-AM procedure block, group of blocks or chapter) being considered. Because more than one procedure can be reported for each separation, the counts for these data are not additive, so totals in the tables will not usually equal the sum of counts in the rows; and
- data on the total number of procedures reported. For these data, all procedures within a group of procedures being considered are counted, even if there is more than one reported for a separation.

The procedure classification is divided into chapters by anatomical site and within each chapter by a 'superior' to 'inferior' (head to toe) approach. These groups are divided into more specific procedure groupings, beginning with the least invasive procedure through to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure codes. The tables and figures in this chapter use the groups of blocks, blocks and abbreviated descriptions. Full descriptions of the categories are available in the ICD-10-AM publication.

Most of the information is presented using three methods of grouping procedures based on the ICD-10-AM procedure classification:

- ICD-10-AM procedure chapters – these 20 groups provide information aggregated at the ICD-10-AM chapter level (Figures 9.2 and 9.3);
- ICD-10-AM procedure block groupings – these 65 groups were chosen to provide more detailed information than ICD-10-AM chapters, but still cover the entire procedure

classification at a manageable level (Tables 9.1 to 9.4). Tables 9.6 and 9.7 present counts of all procedures using these groupings; and

- ICD-10-AM blocks – these 1,594 categories describe procedures at a quite specific level. Detailed information is presented for the 30 of these groups with the highest number of separations (Tables 9.8 to 9.16) and summary information is provided for all of the groups (for which separations were reported) on the Internet at <http://www.aihw.gov.au/publications/hse/ahs00-01/index.html> (Tables S9.1 and S9.2).

In addition, Table 9.5 presents information on the number of procedures reported.

Tables are presented with summary separation, patient day and average length of stay statistics for public and private hospitals and for public patients, nationally and by State and Territory. National information on age group and sex distributions for the 30 ICD-10-AM procedure blocks with the highest number of separations is also presented.

Some data for private hospitals in Tasmania and the Australian Capital Territory have not been included in Tables 9.4, 9.7, 9.12 and 9.14. The data were supplied but were not published for confidentiality reasons. Victoria was not able to supply data on procedures for their public psychiatric hospitals, while Western Australia and Tasmania supplied data on procedures for only a proportion of the separations in their public psychiatric hospitals.

Overall, there were 4.8 million separations for which a procedure was reported, 78.8% of total separations. Eighteen million patient days were reported for separations with a procedure, 78.4% of the total.

Procedures and other data elements reported for separations

The information on procedures reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 9.1 demonstrates this using the example of a procedure (Block 913 *Colectomy*) and other data elements in the National Hospital Morbidity Database. There were 10,737 separations for which colectomy was reported, with an average length of stay of 14.7 days. Over 57% of separations with this procedure were in the public sector and 50% of separations were for public patients. A large proportion of patients (84.0%) with this procedure had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital. However, for 4.8% of patients the separation mode was *Died*, in comparison to 1.1% in hospitals overall (Table 6.13). The principal diagnosis mostly associated with this procedure was C18.0 *Malignant neoplasm of caecum* (1,361 separations) and the most commonly reported AR-DRG was G02B *Major small and large bowel procedures without catastrophic complications and comorbidities* (6,005 separations). Fifty-three per cent of separations were females and for 88.2% of separations, the patients were aged 45 years or over.

ICD-10-AM chapters

Figures 9.2 and 9.3 provide a summary of the number of separations and patient days by sector, reported for each of the ICD-10-AM procedure chapter groupings.

The highest number of separations in the public sector was for *Procedures on the urinary system*, followed by *Procedures on the digestive system*. In the private sector, *Procedures on the*

digestive system had the largest number of separations, followed by *Procedures on the musculoskeletal system*.

The highest number of patient days in the public sector was reported for *Imaging services*, followed by *Non-invasive, cognitive and interventions, not elsewhere classified*. In the private sector the highest number of patient days was reported for *Non-invasive, cognitive and interventions, not elsewhere classified*, followed by *Procedures on the digestive system*.

For both sectors combined, the two chapters with the highest number of separations for procedures were *Procedures on the digestive system*, followed by *Procedures on the urinary system*. The two chapters with the largest numbers of patient days were *Non-invasive, cognitive and interventions, not elsewhere classified* and *Imaging services*.

Procedures were reported for varying proportions of separations in the ICD-10-AM principal diagnoses groups. High proportions of separations for *Diseases of the eye and adnexa* (97.8%, 164,374), *Neoplasms* (94.6%, 421,241), *Diseases of the blood and blood-forming organs* (92.9%, 60,041), *Diseases of the musculoskeletal system and connective tissue* (90.0%, 302,582) and *Diseases of the digestive system* (88.7%, 656,220) had procedures reported. In contrast, procedures were reported for smaller proportions of separations with principal diagnoses in the *Certain infectious and parasitic diseases* (38.0%, 33,946) and *Mental and behavioural disorders* (38.2%, 97,249) chapters.

Broad procedure groupings

Sector

Public hospitals accounted for 58.1% of the separations for which a procedure was reported, although they accounted for 63.0% of the separations overall (Tables 9.1 and 9.2). Similarly, although 70.0% of overall patient days were in public hospitals, only 67.5% of patient days associated with procedures were in public hospitals. In public hospitals, 72.6% of total separations involved a procedure (2,809,141), and these separations were associated with 75.6% of total patient days (11,892,210) (Table 9.1). In contrast, 89.2% of total separations in private hospitals involved a procedure (2,026,419), and these separations were associated with 85.0% of total patient days (5,729,283) (Table 9.2). About 86% of separations with a procedure in public hospitals were for public patients, in contrast to just 4.2% in private hospitals.

The private sector reported a higher proportion of separations for 'same day procedures' than the public sector. About 52% (1,460,688) of separations for which a procedure was reported were same day in public hospitals, compared with 61.9% (1,253,650) in private hospitals (Tables 9.1 and 9.2).

Excluding *Administrative/clinical/client support interventions* (Blocks 1909–1915) (1,011,079) and *Generalised allied health interventions* (Block 1916) (668,511), the group of procedures that accounted for the largest number of separations in public hospitals was *Procedures on kidney* (Blocks 1040–1063), which includes haemodialysis. There were 517,046 separations for which procedures in this group were reported, accounting for 724,248 patient days. This group of procedures also accounted for a large number of same day separations (495,429) and public patient separations (459,426).

After *Administrative/clinical/client support interventions* (Blocks 1909–1915) (1,132,767), *Other procedures on abdomen, peritoneum and hernia* (Blocks 983–1011), which includes panendoscopy was the group of procedures that accounted for the largest number of

separations in private hospitals. There were 267,925 separations for which procedures in this group were reported, accounting for 585,022 patient days. This group of procedures also accounted for a large number of same day separations (199,930). Other groups of procedures that accounted for a large number of separations in private hospitals were *Procedures on large intestine* (Blocks 904–925) (251,933) and *Generalised allied health interventions* (Block 1916) (246,693).

States and Territories

Tables 9.3 and 9.4 contain detail on the pattern of hospital use in the States and Territories by procedure grouping, in both the public and private sector. These tables enable State by State comparisons of overall hospital use for the different procedure groupings, and the share of separations between the private and public sector. For example, the proportion of total separations for *Procedures on skull, brain and meninges* (Blocks 1–28) performed in public hospitals in comparison to private hospitals was higher in New South Wales (80.5%, 2,958) than in Queensland (63.1%, 1,206). In contrast, the proportion of total separations for *Procedures on lens* (Blocks 193–203) performed in private hospitals in comparison to public hospitals was higher in Queensland (81.1%, 21,528) than in South Australia (59.0%, 6,589).

Number of procedure codes

Table 9.5 presents information on the number of procedure codes reported to the National Hospital Morbidity Database. There were marked differences between the States and Territories in the maximum number of procedures reported (for example, 31 procedures for Queensland and Western Australia and 20 for New South Wales); however, with the exception of the Northern Territory, the average number of procedure codes per separation varied little among the jurisdictions, for both the public and private sectors. The Institute requested a maximum of 31 codes, so this may have restricted the number of codes reported by Queensland and Western Australia.

In the public sector 5.7% of records had five or more procedure codes, but in the private sector 5.1% of records fell into this category. This may have been due to more complicated cases being treated in public hospitals, or differences in coding practices between the sectors.

Total procedures

Tables 9.6 and 9.7 provide counts of all the procedures reported for 2000–01, by State and Territory for the public and private sectors. The totals are the total number of procedures, rather than the total number of separations or separations for which a procedure was reported. In total there were 10.8 million procedures reported, 6.2 million in the public sector and 4.6 million in the private sector. The most commonly reported procedure group in public hospitals and private hospitals combined was *Administrative/clinical/client support interventions* (Blocks 1909–1915) (2,244,626). A block which accounted for many of these was *General anaesthesia* (Block 1910), 67.8% of the group overall (1,522,350). This was followed by *Generalised allied health interventions* (Block 1916) (1,524,619) and *Therapeutic interventions* (Blocks 1867–1908) (642,929), with *Transfusion of blood and gamma globulin* (Block 1893) accounting for 31.8% of the group overall (204,578).

After *Administrative/clinical/client support interventions* (Blocks 1909–1915) and *Generalised allied health interventions* (Block 1916), the most commonly reported procedure group in public hospitals was *Procedures on kidney* (Blocks 1040–1063) (519,078), while in private hospitals it was *Other procedures on abdomen, peritoneum and hernia* (Blocks 983–1011) (276,456).

High volume procedures

Sector

Tables 9.8 to 9.14 present information on the most common procedures (at the block level of the ICD-10-AM classification).

Tables 9.8 and 9.9 contain summary separation, patient day and average length of stay statistics for the 30 blocks with the most separations in public and private hospitals. While Table 9.10 contains summary separation, patient day and average length of stay statistics for the 30 blocks with the most separations in private free-standing day hospitals only.

In the public sector, the most common procedure blocks were *General anaesthesia* (Block 1910) (744,210) and *Generalised allied health interventions* (Block 1916) (668,511) (Table 9.8). Separations for which *General anaesthesia* (Block 1910) was reported as a procedure had an average length of stay of 4.0 days and the proportion of separations that were same day separations was 40.5% (301,148), while the average length of stay for *Generalised allied health interventions* (Block 1916) was 11.4 days. The highest number of patient days was reported for separations with procedures within the *Generalised allied health interventions* (Block 1916) group (7,641,889), followed by separations with *General anaesthesia* (Block 1910) (2,968,850) reported as a procedure. The longest average length of stay among the 30 blocks with the most separations in public hospitals was for *Continuous ventilatory support* (20.6 days).

The most frequently reported procedure group in the private sector was also *General anaesthesia* (Block 1910) (723,847), with the second most frequent being *Sedation* (Block 1911) (401,629) (Table 9.9). The procedure group reported in association with the highest number of patient days (2,503,761), *Generalised allied health interventions* (Block 1916), also had the longest average length of stay (10.1 days).

Sedation (Block 1911) was the most frequently reported procedure group in private free-standing day hospitals (99,958), followed by *Panendoscopy with excision* (Block 1008) (51,260) (Table 9.10). Over half of the separations for *Haemodialysis* (Block 1059) in private free-standing day hospitals were for public patients (4,865).

States and Territories

There was some variation between the States and Territories in the relative number of separations for the most common procedure blocks (Tables 9.11 and 9.12). For example, in the public sector, Western Australia had relatively low numbers of separations with *Evacuation of uterus* (Block 1267) (2,871) in comparison to other States and Territories, while the proportion of total separations for which *Haemodialysis* (Block 1059) was reported was greatest for the Northern Territory (33.1%, 19,536). In the private sector, Victoria had relatively high numbers of separations with *Panendoscopy* (Block 1005) (22,387), while the number of separations with *Fibreoptic colonoscopy with excision* (Block 911) was relatively low in South Australia (5,675) in comparison to other States and Territories.

There was also some variation between the States and Territories in the average length of stay for separations reported with the most common procedure blocks (Tables 9.13 and 9.14). For example, in the public sector, the average length of stay for separations with *Panendoscopy* (Block 1005) ranged from 4.1 days in South Australia to 8.1 days in the Australian Capital Territory. Similarly, the average length of stay for separations with *Caesarean section* (Block 1340) ranged from 4.8 days in Queensland to 7.1 days in the Northern Territory. In the private sector, the average length of stay for separations with *Generalised allied health interventions* (Block 1916) ranged from 8.5 days in South Australia to 12.7 days in Western Australia, while the average length of stay for separations with *Examination procedures on bladder* (Block 1088) ranged from 1.7 days in New South Wales to 2.5 days in Western Australia.

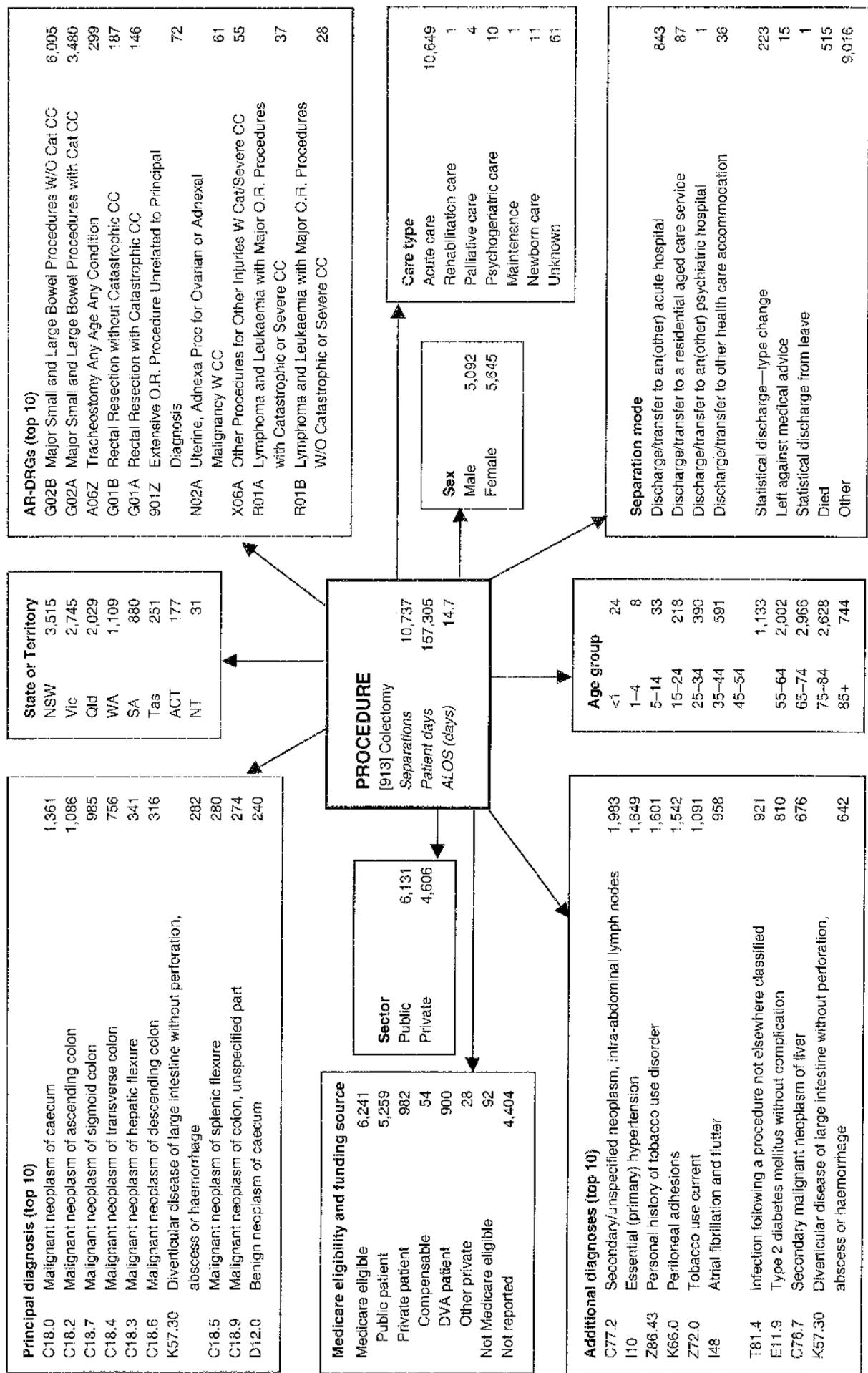
Age group and sex

There was little difference between males and females in the proportion of separations with procedures, with males reporting 79.3% (2,255,007) and females reporting 78.4% (2,580,515) (Tables 9.15 and 9.16). Eightteen of the top 30 procedures were common to both sexes, while some others were more sex-specific, for example, *Medical or surgical induction of labour* (Block 1334). For both males and females, the group of procedures with the most separations was *General anaesthesia* (Block 1910), with the most separations for this group of procedures in the 35 to 44 years age group.

For males, the highest number of separations with procedures was reported for the 65 to 74 years age group (435,638, 85.8%) (Table 9.15). However, there was a great variation in the age distribution for the different blocks. For example, *Myringotomy* (Block 309) was most commonly reported as a procedure for males aged from 1 to 4 years and was the second most commonly reported procedure block for this age group (10,726). In contrast, *Haemodialysis* (Block 1059) was most commonly reported for males aged 65 to 74 years and was also the most commonly reported procedure block for this age group (89,778). For females, the age group with the highest number of separations with procedures was the 25 to 34 years age group (387,405, 73.3%) (Table 9.16). Common procedure groups among females aged 25 to 34 years were in relation to labour and delivery, for example *Postpartum suture* (Block 1344) (46,897) and *Medical or surgical induction of labour* (Block 1334) (42,072). Procedure groups such as *Generalised allied health interventions* (Block 1916), *Extracapsular crystalline lens extraction by phacoemulsification* (Block 197) and *Transfusion of blood and gamma globulin* (Block 1893) were more common among older females.

Additional data

The accompanying tables on the Internet at <http://www.aihw.gov.au/publications/hse/ahs00-01.html> provide information on the number of separations by five-year age group and ICD-10-AM procedure grouping for males and females, as well as national summary statistics for public and private hospitals for each procedure block (as presented for the top 30 procedure blocks in Tables 9.8 and 9.9). For confidentiality, the statistics for some blocks in the private sector have been suppressed. The information was suppressed if there were fewer than 50 private hospital separations reported for the block and there were fewer than three reporting units (hospitals, or States or Territories where the hospitals were not individually identified), or there were three reporting units and one contributed more than 85% of the total separations, or two contributed more than 90% of the separations for the block.



Note: Main abbreviations: ALOS—average length of stay, W—with, W/O—without, Cat—catastrophic, CC—complication or comorbidity, O.R.—operating room.
Figure 9.1: Interrelationships of a procedure (Block 913 Colectomy) with other data elements, all hospitals, Australia, 2000–01

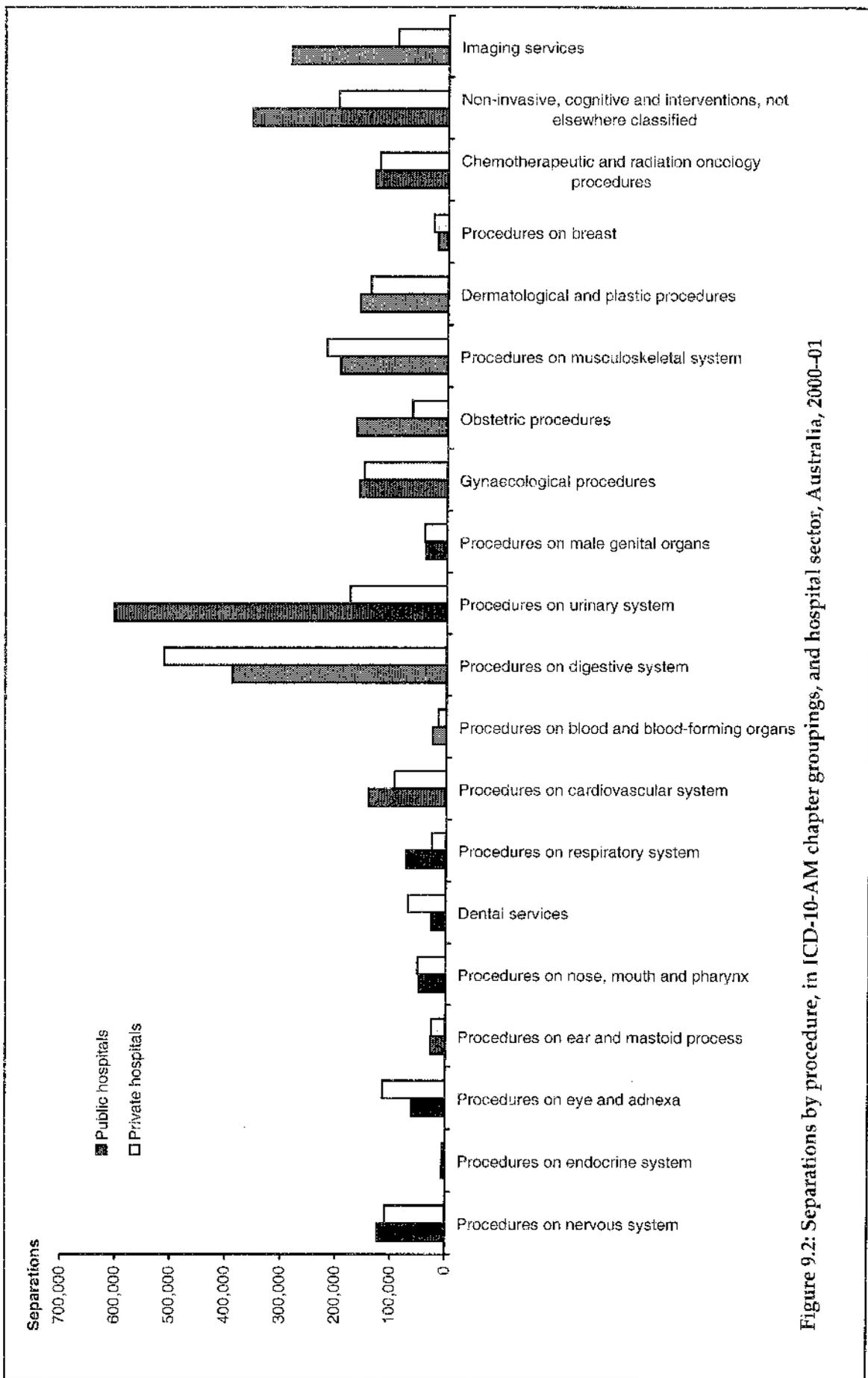


Figure 9.2: Separations by procedure, in ICD-10-AM chapter groupings, and hospital sector, Australia, 2000-01

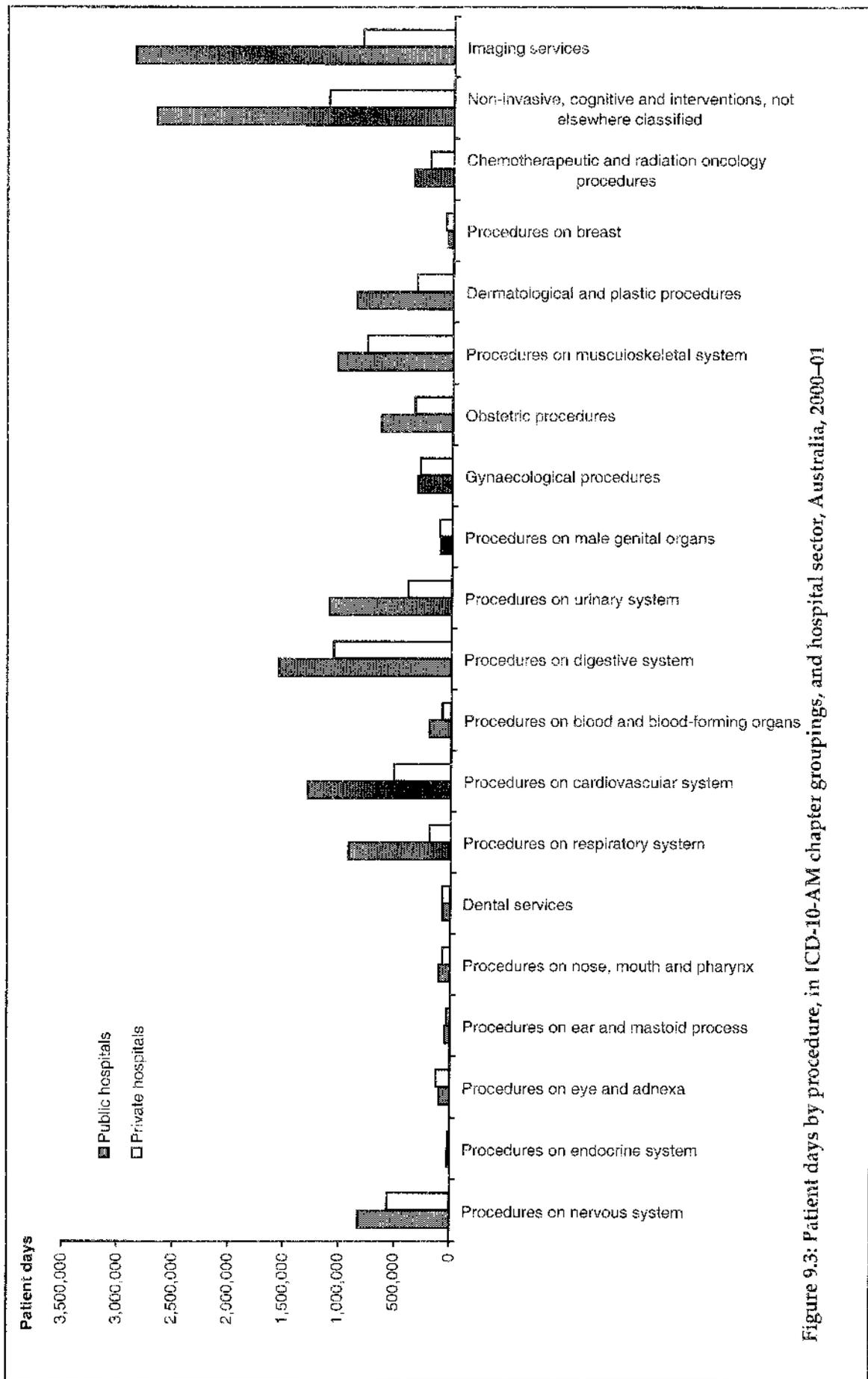


Figure 9.3: Patient days by procedure, in ICD-10-AM chapter groupings, and hospital sector, Australia, 2000-01

Table 9.1: Separation and procedure statistics, by procedure in ICD-10-AM groupings, public hospitals, Australia, 2000-01

Procedure blocks	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS (days) excluding same day
1-28	8,483	136	6,282	4.4	129,930	67.4	15.3	15.5
29-59	92,135	12,234	79,697	47.8	651,420	337.9	7.1	8.0
60-86	23,239	15,084	19,457	12.1	68,902	33.1	2.7	6.0
110-129	5,501	164	4,744	2.9	27,111	14.1	4.9	5.0
160-192	7,871	4,858	5,931	4.1	18,895	9.8	2.4	4.7
193-203	41,243	35,663	32,102	21.4	47,682	24.7	1.2	2.2
204-256	16,109	9,114	11,768	8.4	39,057	20.3	2.4	4.3
300-306	3,218	1,567	2,789	1.7	8,168	4.2	2.5	4.0
307-333	25,157	17,342	21,301	13.1	40,569	21.0	1.6	3.0
370-389	21,465	6,773	18,364	11.1	43,202	22.4	2.0	2.5
390-399	4,124	1,899	3,428	2.1	13,672	7.1	3.3	5.3
400-408	4,930	2,344	4,068	2.6	15,717	8.2	3.2	5.2
409-422	22,662	4,197	19,070	11.8	36,952	19.2	1.6	1.8
450-490	26,404	21,936	20,283	13.7	71,868	37.3	2.7	11.2
520-542	9,602	2,970	7,810	5.0	194,376	100.8	20.2	28.9
543-558	21,583	8,607	17,630	11.2	206,843	107.3	9.6	15.3
559-567	15,987	1,272	12,959	8.3	209,371	108.6	13.1	14.1
568-569	37,209	3,073	30,211	19.3	654,276	339.4	17.6	19.1
600-638	34,449	11,002	27,780	17.9	191,094	98.1	5.5	7.7
639-666	23,162	2,380	18,969	12.0	217,215	112.7	9.4	10.3
667-693	52,688	12,789	43,325	27.3	295,486	153.3	5.6	7.1
694-767	78,425	17,261	65,856	40.7	974,604	505.6	12.4	15.7
800-817	24,382	8,224	20,498	12.6	200,397	104.0	8.2	11.9
850-869	11,273	6,221	9,467	5.8	56,804	29.5	5.0	10.0
870-890	12,936	2,693	10,816	6.7	211,579	109.8	16.4	20.4
891-903	6,918	154	5,747	3.6	129,394	67.1	18.7	19.1
904-925	125,449	94,092	109,743	65.1	417,888	216.8	3.3	10.3
926-927	19,308	131	16,595	10.0	78,954	41.0	4.1	4.1
928-950	28,462	12,397	25,204	14.8	119,163	61.8	4.2	6.6
951-992	43,133	7,560	37,361	22.4	217,957	113.1	5.1	5.9
993-1011	203,955	115,297	176,405	105.8	866,261	449.4	4.2	6.5
1040-1063	517,046	495,429	459,426	268.2	724,248	375.7	1.4	10.6
1064-1128	87,092	42,032	75,568	45.2	400,376	207.7	4.6	8.0
1150-1170	11,424	1,114	9,848	5.9	62,759	32.6	5.5	6.0

(continued)

Table 9.1 (continued): Separation and procedure statistics, by procedure in ICD-10-AM groupings, public hospitals, Australia, 2000-01

Procedure blocks	Separations		Same day separations		Public patient separations		Separations per 10,000 population		Patient days	Patient days per 10,000 population		ALOS (days)	
	Separations	Separations	separations	separations	separations	separations	per 10,000 population	per 10,000 population		ALOS (days)	ALOS (days)	excluding same day	same day
1177-1176	2,558	699	2,128	1.3	5,640	2.9	2.2	2.7					
1177-1189	14,352	9,999	12,241	7.4	21,551	11.2	1.5	2.7					
1190-1203	11,605	9,551	10,080	6.0	16,796	8.7	1.4	3.5					
1240-1258	33,575	17,401	29,254	17.4	80,457	41.7	2.4	3.9					
1259-1273	108,246	75,445	93,372	56.2	191,596	99.4	1.8	3.5					
1274-1276	20,703	18,483	18,274	10.7	26,340	13.7	1.3	3.5					
1276-1288	22,330	11,827	20,005	11.6	55,538	28.8	2.5	4.2					
1289-1299	16,525	11,550	11,320	8.6	31,601	16.4	1.9	4.0					
1330-1335	99,034	3,600	90,787	51.4	373,572	193.8	3.8	3.9					
1336-1339	35,527	710	32,697	18.4	134,149	69.6	3.8	3.8					
1340	39,548	106	35,341	20.5	224,528	116.5	5.7	5.7					
1341-1347	88,423	5,261	80,833	45.9	309,173	160.4	3.5	3.7					
1360-1372	6,868	2,751	5,793	3.6	21,331	11.1	3.1	4.5					
1373-1380	598	54	510	0.3	11,841	6.1	19.8	21.7					
1381-1393	2,367	78	1,718	1.2	38,061	19.7	16.1	16.6					
1394-1407	8,135	1,858	7,028	4.2	23,853	12.4	2.9	3.5					
1408-1438	29,704	5,920	23,933	15.4	87,998	45.6	3.0	3.5					
1439-1475	26,908	12,171	22,032	14.0	54,337	28.2	2.0	2.9					
1476-1494	27,234	344	21,380	14.1	343,350	178.1	12.6	12.8					
1495-1525	41,322	17,956	35,009	21.4	214,153	111.1	5.2	8.4					
1526-1549	20,073	3,030	16,334	10.4	125,188	64.9	6.2	7.2					
1550-1579	49,345	17,207	39,909	25.6	337,752	175.2	6.8	10.0					
1600-1660	150,907	74,158	128,004	78.3	630,156	430.6	5.5	9.9					
1661-1718	10,844	3,194	8,714	5.6	62,555	32.5	5.8	7.3					
1740-1759	17,996	7,925	15,912	9.3	52,197	27.1	2.9	4.4					
1780-1799	133,273	107,734	116,403	69.1	352,070	182.6	2.6	9.6					
1820-1866	47,472	12,657	41,375	24.6	477,253	247.6	10.1	13.3					
1867-1908	337,904	129,926	285,657	175.3	2,541,073	1,318.2	7.5	11.6					
1909-1915	1,011,079	495,323	857,224	524.5	3,723,107	1,931.4	3.7	6.3					
1916	668,511	31,622	560,472	346.8	7,641,889	3,964.2	11.4	11.9					
1940-2016	285,394	39,837	232,713	148.0	2,859,614	1,483.4	10.0	11.5					
	1,058,466	328,043	936,540	549.1	3,839,402	1,991.7	3.6	4.8					
Total^(a)	3,867,607	1,788,731	3,353,250	2,006.3	15,731,612	8,160.7	4.1	6.7					

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: ALOS—average length of stay.

Table 9.2: Separation and procedure statistics, by procedure in ICD-10-AM groupings, private hospitals, Australia, 2000-01

Procedure blocks	Separations		Same day separations		Public patient separations		Separations per 10,000 population		Patient days	Patient days per 10,000 population		ALOS (days)	
	Separations	Separations	Separations	Separations	Separations	Separations	per 10,000 population	per 10,000 population		ALOS (days)	ALOS (days) excluding same day		
1-28		2,784	56	5	1.5	31,137	16.3	11.2	11.4				
29-59	Procedures on skull, meninges and brain	74,615	12,579	2,857	39.1	477,753	250.4	6.4	7.5				
60-86	Procedures on spinal canal and spinal cord structures	34,810	24,529	1,321	18.2	56,174	34.7	1.9	4.1				
110-129	Procedures on peripheral nervous system	4,572	85	74	2.4	16,787	8.8	3.7	3.7				
160-192	Procedures on parathyroid and thyroid glands	11,083	9,298	216	5.8	12,744	6.7	1.1	1.9				
193-203	Procedures on eyelid, cornea, sclera, iris and ciliary body	93,544	77,291	2,288	49.0	98,628	51.7	1.1	1.3				
204-256	Procedures on lens	16,980	12,642	417	8.9	21,714	11.4	1.3	2.1				
300-306	Procedures on retina, conjunctiva and other areas of eye	1,985	758	70	1.0	2,680	1.4	1.4	1.6				
307-333	Procedures on external ear	24,579	18,229	559	12.9	29,433	15.4	1.2	1.8				
370-389	Procedures on eardrum, middle and inner ear and mastoid	27,429	7,816	541	14.4	36,755	19.3	1.3	1.5				
390-399	Procedures on nose and sinuses	3,118	1,385	116	1.6	6,771	3.5	2.2	3.1				
400-408	Procedures on tongue, salivary gland and ducts	6,279	3,904	102	3.3	8,818	4.6	1.4	2.1				
409-422	Procedures on mouth, palate or uvula	19,695	4,665	632	10.3	24,498	12.8	1.2	1.3				
450-490	Procedures on tonsils, adenoids and pharynx	69,137	61,791	859	36.2	74,432	39.0	1.1	1.7				
520-542	Dental and orthodontic procedures	4,487	2,717	163	2.4	32,022	16.8	7.1	16.6				
543-558	Procedures on larynx and trachea	8,091	3,070	166	4.2	64,783	34.0	8.0	12.3				
559-567	Procedures on bronchus, lung and pleura	5,252	327	188	2.8	60,116	31.5	11.4	12.1				
568-569	Procedures on chest wall, mediastinum and diaphragm	11,455	170	433	6.0	95,247	49.9	9.3	8.4				
600-638	Airway management, continuous ventilatory support	38,543	12,198	1,697	20.2	145,334	76.2	3.8	5.1				
639-666	Other procedures on atrium, ventricle, septum and valves	15,318	1,105	335	8.0	127,453	66.8	8.3	8.9				
667-693	Procedures on heart, myocardium and pericardium	50,005	13,781	2,135	26.2	199,948	104.8	4.0	5.1				
694-767	Procedures on coronary arteries and aorta	38,198	7,183	1,047	20.0	295,664	155.0	7.7	9.3				
800-817	Procedures on arteries and veins	14,403	4,317	279	7.5	79,858	41.9	5.5	7.5				
850-869	Procedures on blood and blood-forming organs	10,431	8,307	194	5.5	26,132	13.7	2.5	8.4				
870-890	Procedures on oesophagus	6,717	636	118	3.5	65,710	34.4	9.8	11.0				
891-903	Procedures on stomach	4,051	190	88	2.1	58,265	30.5	14.4	15.0				
904-925	Procedures on small intestine	251,933	225,890	5,348	132.0	412,888	216.4	1.6	7.2				
926-927	Procedures on large intestine	7,674	42	523	4.0	32,531	17.0	4.2	4.3				
928-950	Procedures on appendix	32,121	17,389	966	16.8	103,810	54.4	3.2	5.9				
951-982	Procedures on rectum and anus	26,667	1,984	1,257	14.0	108,247	56.7	4.1	4.3				
983-1011	Procedures on liver, gallbladder, biliary tract and pancreas	267,925	199,930	6,924	140.4	585,022	306.6	2.2	5.7				
1040-1063	Other procedures on abdomen, peritoneum and hernia	89,821	85,147	22,675	47.1	129,069	67.6	1.4	9.4				
1064-1128	Procedures on kidney	87,598	47,630	2,666	45.9	270,549	141.8	3.1	5.8				
1160-1170	Procedures on bladder, ureter and urethra	18,119	3,500	426	9.5	81,920	42.9	4.5	5.4				
	Procedures on prostate and seminal vesicle												

(continued)

Table 9.2 (continued): Separation and procedure statistics, by procedure in ICD-10-AM groupings, private hospitals, Australia, 2000-01

Procedure blocks	Separations		Same day separations		Public patient separations		Separations per 10,000 population		Patient days	Patient per 10,000 population	ALOS (days)	ALOS (days) excluding same day
	Separations	Public patient separations	Separations	Public patient separations	Separations per 10,000 population	Patient days	Separations per 10,000 population					
1171-1176 Procedures on scrotum and tunical vaginalis	1,134	504	62	0.6	2,196	1.2	1.9	2.7				
1177-1189 Procedures on testis, vas deferens, epididymis, spermatic cord	14,683	10,363	493	7.7	20,730	10.9	1.4	2.4				
1190-1203 Procedures on penis and other male genital organs	6,941	5,240	350	3.6	11,347	5.9	1.6	3.6				
1240-1258 Procedures on ovaries and fallopian tubes	23,822	12,677	1,169	12.5	52,983	27.8	2.2	3.7				
1259-1273 Procedures on uterus	100,827	73,703	3,682	52.8	186,164	97.6	1.8	4.1				
1274-1278 Procedures on cervix	12,400	11,032	718	6.5	15,499	8.1	1.2	3.3				
1279-1288 Procedures on vagina and pelvic floor	17,025	4,738	850	8.9	64,508	33.8	3.8	4.9				
1289-1299 Procedures on other female genital organs	36,598	32,088	723	19.2	47,719	25.0	1.3	3.5				
1330-1335 Induction and augmentation of labour	37,755	237	2,228	19.8	196,558	103.0	5.2	5.2				
1336-1339 Spontaneous vertex, or forceps, vacuum or breech delivery	16,426	70	1,652	8.6	85,210	44.7	5.2	5.2				
1340 Caesarean delivery	20,635	23	855	10.8	138,639	72.7	6.7	6.7				
1341-1347 Other obstetric and postpartum procedures	34,003	1,537	1,522	17.8	164,035	86.0	4.8	5.0				
1360-1372 Procedures on head, facial bones and joints	4,038	2,669	40	2.1	5,724	3.0	1.4	2.2				
1373-1380 Procedures on neck, thorax and ribs	347	25	3	0.2	5,448	2.9	15.7	16.8				
1381-1393 Procedures on spinal cord and vertebrae	3,622	249	14	1.9	33,288	17.4	9.2	9.8				
1394-1407 Procedures on shoulder, scapula and clavicle	21,758	1,828	371	11.4	49,090	25.7	2.3	2.4				
1408-1438 Procedures on humerus, elbow and forearm	10,751	2,768	599	5.6	27,808	14.6	2.6	3.1				
1439-1475 Procedures on hand, wrist and phalanges	24,672	14,432	667	12.9	33,145	17.4	1.3	1.8				
1476-1494 Procedures on hip, pelvis and femur	18,018	383	546	9.4	209,302	109.7	11.6	11.8				
1495-1525 Procedures on knee, patella, tibia and fibula	84,709	44,812	1,642	44.4	257,125	134.8	3.0	5.3				
1526-1549 Procedures on ankle, foot and toes	21,514	5,282	528	11.3	69,828	36.6	3.2	4.0				
1550-1579 Other procedures for musculoskeletal system	55,583	23,547	1,392	29.1	194,795	102.1	3.5	5.3				
1600-1660 Procedures on skin and subcutaneous tissue	119,029	85,316	3,090	62.4	282,608	148.1	2.4	5.9				
1661-1718 Plastic, cosmetic and corrective procedures	26,168	11,366	309	13.7	57,053	29.9	2.2	3.1				
1740-1759 Procedures on breast	25,870	10,244	611	13.6	52,107	32.5	2.4	3.3				
1780-1799 Chemotherapeutic and radiation oncology procedures	124,484	111,345	4,781	65.2	207,106	108.5	1.7	7.3				
1820-1866 Diagnostic interventions	30,488	5,521	1,042	16.0	115,262	60.4	3.8	4.4				
1867-1908 Therapeutic interventions	182,221	92,293	6,710	95.5	1,125,243	589.7	6.2	11.5				
1909-1915 Administrative/clinical/client support interventions	1,132,767	584,857	30,496	593.7	2,674,537	1,401.7	2.4	4.4				
1916 Generalised allied health interventions	246,693	23,147	10,136	129.3	2,503,761	1,312.2	10.1	11.1				
1940-2016 Imaging services	91,694	15,044	4,308	48.1	816,387	427.9	8.9	10.5				
No procedure or not reported	244,372	75,370	17,358	128.1	1,008,058	528.3	4.1	5.5				
Total^(a)	2,270,791	1,329,020	101,612	1,190.1	6,737,341	3,530.9	3.0	5.7				

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: ALOS—average length of stay.

Table 9.3: Separations, by procedure in ICD-10-AM groupings, public hospitals, States and Territories, 2000-01

Procedure blocks	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1-28 Procedures on skull, meninges and brain	2,958	2,384	1,206	860	630	214	167	64	8,483
29-59 Procedures on spinal canal and spinal cord structures	25,274	29,324	16,923	8,573	6,978	2,438	1,449	1,176	92,135
60-86 Procedures on peripheral nervous system	6,707	6,055	3,492	3,311	2,548	530	378	218	23,239
110-129 Procedures on parathyroid and thyroid glands	2,003	1,443	966	358	493	121	84	33	5,501
160-192 Procedures on eyeball, cornea, sclera, iris and ciliary body	2,466	2,056	1,402	943	746	81	57	120	7,871
193-203 Procedures on lens	13,756	12,472	5,014	4,475	4,588	130	377	431	41,243
204-256 Procedures on retina, conjunctiva and other areas of eye	4,998	4,699	2,388	1,731	1,841	190	102	160	16,109
300-306 Procedures on external ear	865	782	785	352	250	74	49	60	3,218
307-333 Procedures on eardrum, middle and inner ear and mastoid	5,815	7,323	5,382	2,753	2,902	246	480	256	25,157
370-389 Procedures on nose and sinuses	5,288	6,682	3,601	2,173	3,069	235	286	131	21,465
390-399 Procedures on tongue, salivary gland and ducts	1,525	1,062	718	336	325	59	61	38	4,124
400-408 Procedures on mouth, palate or uvula	1,204	1,554	1,030	486	434	118	59	45	4,930
409-422 Procedures on tonsils, adenoids and pharynx	6,273	6,782	4,386	2,077	2,297	312	370	165	22,662
450-490 Dental and orthodontic procedures	6,582	6,496	6,472	2,591	2,909	582	366	406	26,404
520-542 Procedures on larynx and trachea	3,261	2,640	1,839	715	720	157	167	103	9,602
543-558 Procedures on bronchus, lung and pleura	6,782	5,695	4,276	1,893	1,888	602	269	178	21,583
559-567 Procedures on chest wall, mediastinum and diaphragm	5,338	4,021	2,994	1,532	1,295	327	298	182	15,987
600-638 Airway management, continuous ventilatory support	12,271	10,472	6,233	3,169	2,967	789	759	549	37,209
639-666 Procedures on atrium, ventricle, septum and valves	12,016	7,054	5,744	4,346	3,518	479	1,270	20	34,449
667-693 Other procedures on heart, myocardium and pericardium	8,078	6,502	3,728	1,868	1,930	577	447	32	23,162
694-767 Procedures on coronary arteries and aorta	18,212	11,942	8,048	5,582	5,642	1,539	1,679	44	52,688
800-817 Procedures on arteries and veins	24,616	20,124	14,307	6,756	6,796	2,046	2,989	791	78,425
850-869 Procedures on blood and blood-forming organs	7,024	6,922	4,835	2,513	1,977	398	586	127	24,382
870-890 Procedures on oesophagus	3,720	2,515	2,170	916	1,294	332	231	95	11,273
891-903 Procedures on stomach	3,946	3,814	2,272	1,152	1,252	212	206	82	12,936
904-925 Procedures on small intestine	2,368	1,813	1,131	683	605	159	126	33	6,918
926-927 Procedures on large intestine	44,426	28,848	19,218	16,492	11,692	1,667	2,161	945	125,449
928-950 Procedures on appendix	6,598	4,979	3,290	2,045	1,337	414	424	221	19,308
951-982 Procedures on rectum and anus	11,108	6,963	3,986	2,552	2,658	523	341	231	28,462
983-1011 Procedures on liver, gallbladder, biliary tract and pancreas	14,679	11,438	7,185	3,804	3,870	973	877	307	43,133
1040-1063 Other procedures on abdomen, peritoneum and hernia	66,148	54,962	34,027	22,308	18,472	2,914	3,335	1,790	203,956
1064-1128 Procedures on kidney	143,744	161,575	77,819	54,272	36,953	10,340	12,642	19,701	517,046
1160-1170 Procedures on bladder, ureter and urethra	28,886	22,446	14,525	9,139	6,289	1,997	1,258	552	87,092
Procedures on prostate and seminal vesicle	3,508	3,690	1,525	787	1,234	332	193	55	11,424

(continued)

Table 9.3 (continued): Separations, by procedure in ICD-10-AM groupings, public hospitals, States and Territories, 2000-01

Procedure blocks	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1171-1176 Procedures on scrotum and tunic vaginalis	865	668	404	278	200	57	52	34	2,558
1177-1189 Procedures on testis, vas deferens, epididymis, spermatic cord	4,484	4,265	1,748	1,683	1,725	209	127	111	14,352
1190-1203 Procedures on penis and other male genital organs	4,382	3,592	1,104	1,042	1,090	118	81	196	11,605
1240-1258 Procedures on ovaries and other female genital organs	9,836	10,056	5,258	4,169	2,694	622	433	507	33,575
1259-1273 Procedures on uterus	32,021	33,723	14,356	9,862	13,382	1,730	1,371	1,801	108,246
1274-1278 Procedures on cervix	5,557	5,665	5,022	1,206	2,402	354	194	303	20,703
1279-1288 Procedures on vagina and pelvic floor	5,530	4,897	5,418	1,961	4,042	259	167	56	22,330
1289-1299 Procedures on other female genital organs	5,480	5,592	1,762	1,442	1,684	183	132	150	16,525
1300-1335 Induction and augmentation of labour	33,749	24,733	18,749	8,913	7,883	1,863	1,805	1,339	99,034
1336-1339 Spontaneous vertex, or forceps, vacuum or breech delivery	7,098	5,472	8,409	11,639	1,892	412	393	212	35,527
1340 Caesarean delivery	13,130	9,769	7,915	3,608	3,115	741	676	594	39,548
1341-1347 Other obstetric and postpartum procedures	29,816	20,960	18,684	7,638	7,315	1,523	1,416	1,071	88,423
1360-1372 Procedures on head, facial bones and joints	2,028	1,643	1,443	653	611	193	127	170	6,868
1373-1380 Procedures on neck, thorax and ribs	197	165	85	59	65	16	6	4	598
1381-1393 Procedures on spinal cord and vertebrae	719	598	544	261	179	30	34	2	2,367
1394-1407 Procedures on shoulder, scapula and clavicle	2,390	1,931	1,731	864	838	111	176	94	8,135
1408-1438 Procedures on humerus, elbow and forearm	11,011	6,756	5,310	2,673	2,163	576	702	513	29,704
1439-1475 Procedures on hand, wrist and phalanges	8,386	7,007	4,879	2,731	2,401	593	489	422	26,908
1476-1494 Procedures on hip, pelvis and femur	9,773	7,001	4,218	2,446	2,351	664	598	193	27,234
1495-1525 Procedures on knee, patella, tibia and fibula	12,051	11,166	7,194	3,926	4,714	757	965	549	41,322
1526-1549 Procedures on ankle, foot and toes	6,393	5,382	3,439	1,935	1,738	459	444	283	20,073
1550-1579 Other procedures for musculoskeletal system	14,792	13,571	8,840	5,380	4,004	1,059	878	821	49,345
1600-1660 Procedures on skin and subcutaneous tissue	41,118	33,992	35,778	14,766	18,584	2,670	1,694	2,305	150,907
1661-1718 Plastic, cosmetic and corrective procedures	2,695	3,602	1,767	983	1,375	179	169	74	10,844
1740-1759 Procedures on breast	5,341	5,277	2,720	1,939	1,893	358	317	151	17,996
1780-1799 Chemotherapeutic and radiation oncology procedures	16,247	46,840	29,868	17,336	15,943	1,519	4,710	810	133,273
1820-1866 Diagnostic interventions	13,576	6,052	13,320	3,940	9,693	561	262	68	47,472
1867-1908 Therapeutic interventions	107,748	80,420	59,664	36,976	34,697	9,918	6,013	2,468	337,904
1909-1915 Administrative/clinical/client support interventions	341,139	273,892	162,834	100,671	86,704	18,867	16,022	10,960	1,011,079
1916 Generalised allied health interventions	234,626	172,475	111,935	63,327	56,129	12,675	11,300	6,044	666,511
1940-2016 Imaging services	111,022	74,522	43,061	22,576	21,274	5,710	4,869	2,360	285,394
No procedure or not reported	383,912	257,871	203,966	80,224	89,315	18,025	8,563	16,590	1,058,466
Total^(a)	1,238,444	1,028,636	688,647	362,645	357,059	71,895	61,308	58,973	3,867,607

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 9.4: Separations, by procedure in ICD-10-AM groupings, private hospitals, States and Territories, 2000-01

Procedure blocks	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1-28	716	818	706	221	208	n.p.	n.p.	n.a.	2,784
Procedures on skull, meninges and brain									
29-60	17,732	20,649	15,780	10,511	6,115	3,079	749	n.a.	74,615
Procedures on spinal canal and spinal cord structures									
61-86	8,966	7,693	6,579	6,019	3,821	n.p.	n.p.	n.a.	34,810
Procedures on peripheral nervous system									
110-129	1,553	1,080	1,006	397	340	n.p.	n.p.	n.a.	4,572
Procedures on parathyroid and thyroid glands									
160-192	3,615	1,771	3,148	1,014	1,106	n.p.	n.p.	n.a.	11,083
Procedures on eyeball, cornea, sclera, iris and ciliary body									
193-203	33,237	19,862	21,528	8,018	6,589	n.p.	n.p.	n.a.	93,544
Procedures on lens									
204-256	5,052	3,336	4,719	2,048	997	n.p.	n.p.	n.a.	16,980
Procedures on retina, conjunctiva and other areas of eye									
300-306	681	361	357	287	211	n.p.	n.p.	n.a.	1,985
Procedures on external ear									
307-333	6,940	5,724	4,750	3,001	3,316	n.p.	n.p.	n.a.	24,579
Procedures on eardrum, middle and inner ear and mastoid									
370-389	8,728	5,932	5,255	3,058	3,586	n.p.	n.p.	n.a.	27,429
Procedures on nose and sinuses									
390-399	972	679	608	416	304	86	53	n.a.	3,118
Procedures on tongue, salivary gland and ducts									
400-408	1,621	1,310	1,265	1,041	840	n.p.	n.p.	n.a.	6,279
Procedures on mouth, palate or uvula									
409-422	6,397	3,750	4,620	2,362	1,813	n.p.	n.p.	n.a.	19,695
Procedures on tonsils, adenoids and pharynx									
450-490	18,638	18,751	13,639	10,120	5,525	1,544	820	n.a.	69,137
Dental and orthodontic procedures									
520-542	1,252	1,040	998	563	466	n.p.	n.p.	n.a.	4,487
Procedures on larynx and trachea									
543-558	1,596	2,121	2,473	713	823	293	72	n.a.	8,091
Procedures on bronchus, lung and pleura									
559-567	1,017	1,567	1,372	609	467	141	79	n.a.	5,252
Procedures on chest wall, mediastinum and diaphragm									
568-569	3,602	3,061	2,891	546	973	n.p.	n.p.	n.a.	11,455
Airway management, continuous ventilatory support									
600-638	12,638	9,597	8,856	3,572	3,032	n.p.	n.p.	n.a.	38,543
Procedures on atrium, ventricle, septum and valves									
639-666	5,432	4,207	3,352	681	1,459	n.p.	n.p.	n.a.	15,318
Other procedures on heart, myocardium and pericardium									
667-693	16,515	13,526	10,264	4,342	3,680	n.p.	n.p.	n.a.	50,005
Procedures on coronary arteries and aorta									
694-767	8,921	11,366	9,432	3,425	3,154	n.p.	n.p.	n.a.	38,198
Procedures on arteries and veins									
800-817	3,268	3,450	4,572	1,210	1,209	389	302	n.a.	14,403
Procedures on blood and blood-forming organs									
850-869	2,895	2,139	2,965	528	1,418	433	53	n.a.	10,451
Procedures on oesophagus									
870-890	1,148	2,049	1,863	610	773	215	59	n.a.	6,717
Procedures on stomach									
891-903	1,055	1,095	895	412	418	n.p.	n.p.	n.a.	4,051
Procedures on small intestine									
904-925	85,492	60,193	59,956	23,808	16,444	n.p.	n.p.	n.a.	251,933
Procedures on large intestine									
926-927	1,501	1,791	2,173	1,198	612	314	85	n.a.	7,674
Procedures on appendix									
928-950	12,671	6,329	6,824	2,976	2,227	639	255	n.a.	32,121
Procedures on rectum and anus									
951-982	7,707	6,393	6,062	2,950	2,380	761	414	n.a.	26,667
Procedures on liver, gallbladder, biliary tract and pancreas									
983-1011	82,695	71,787	64,288	24,010	17,500	5,991	1,654	n.a.	267,925
Other procedures on abdomen, peritoneum and hernia									
1040-1063	16,920	19,227	27,955	13,685	11,808	n.p.	n.p.	n.a.	89,821
Procedures on kidney									
1064-1128	28,275	18,431	19,480	9,452	7,723	2,822	1,615	n.a.	87,598
Procedures on bladder, ureter and urethra									
1160-1170	5,769	5,374	3,222	1,428	1,281	n.p.	n.p.	n.a.	18,119
Procedures on prostate and seminal vesicle									

(continued)

Table 9.4 (continued): Separations, by procedure in ICD-10-AM groupings, private hospitals, States and Territories, 2000-01

Procedure blocks	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1171-1175 Procedures on scrotum and tunical vaginalis	397	213	238	150	79	28	29	n.a.	1,134
1177-1189 Procedures on testis, vas deferens, epididymis, spermatic cord	4,832	3,596	2,469	1,673	1,365	n.p.	n.p.	n.a.	14,683
1190-1203 Procedures on penis and other male genital organs	2,733	1,471	1,100	889	395	n.p.	n.p.	n.a.	6,941
1240-1258 Procedures on ovaries and fallopian tubes	6,998	6,442	4,533	2,910	1,673	n.p.	n.p.	n.a.	23,822
1259-1273 Procedures on uterus	37,744	26,180	15,489	11,352	5,975	n.p.	n.p.	n.a.	100,827
1274-1278 Procedures on cervix	4,290	3,093	2,987	1,062	563	n.p.	n.p.	n.a.	12,400
1279-1288 Procedures on vagina and pelvic floor	5,462	3,691	3,527	2,118	1,276	698	255	n.a.	17,029
1289-1299 Procedures on other female genital organs	12,925	9,526	8,258	2,877	1,297	n.p.	n.p.	n.a.	36,598
1330-1335 Induction and augmentation of labour	11,384	9,015	7,309	5,550	2,634	n.p.	n.p.	n.a.	37,755
1336-1339 Spontaneous vertex, or forceps, vacuum or breech delivery	3,202	2,873	3,302	5,767	763	n.p.	n.p.	n.a.	16,426
1340 Caesarean delivery	5,649	4,775	4,956	2,919	1,366	n.p.	n.p.	n.a.	20,635
1341-1347 Other obstetric and postpartum procedures	9,884	9,070	6,963	4,395	2,142	n.p.	n.p.	n.a.	34,003
1360-1372 Procedures on head, facial bones and joints	1,140	911	927	427	456	n.p.	n.p.	n.a.	4,038
1373-1380 Procedures on neck, thorax and ribs	113	93	73	23	30	n.p.	n.p.	n.a.	347
1381-1383 Procedures on spinal cord and vertebrae	950	974	773	343	428	n.p.	n.p.	n.a.	3,622
1394-1407 Procedures on shoulder, scapula and clavicle	6,373	5,339	3,402	3,586	2,323	385	350	n.a.	21,758
1408-1438 Procedures on humerus, elbow and forearm	2,613	2,702	2,457	1,408	1,091	361	119	n.a.	10,751
1439-1475 Procedures on hand, wrist and phalanges	6,756	6,378	4,965	2,982	2,548	n.p.	n.p.	n.a.	24,672
1476-1494 Procedures on hip, pelvis and femur	4,614	5,286	3,458	1,872	1,834	n.p.	n.p.	n.a.	18,018
1495-1525 Procedures on knee, patella, tibia and fibula	26,676	21,787	13,108	10,169	9,413	2,155	1,401	n.a.	84,709
1526-1549 Procedures on ankle, foot and toes	6,032	6,085	3,365	2,871	2,184	639	338	n.a.	21,514
1550-1579 Other procedures for musculoskeletal system	17,536	15,173	8,912	6,619	5,029	1,556	758	n.a.	55,583
1600-1660 Procedures on skin and subcutaneous tissue	33,871	26,230	28,135	12,317	12,625	n.p.	n.p.	n.a.	119,029
1661-1718 Plastic, cosmetic and corrective procedures	7,457	6,651	5,237	2,913	2,586	662	491	n.a.	26,168
1740-1759 Procedures on breast	7,457	6,651	5,237	2,913	2,586	662	491	n.a.	26,168
1780-1799 Chemotherapeutic and radiation oncology procedures	23,577	38,405	35,159	12,384	11,321	n.p.	n.p.	n.a.	124,484
1820-1866 Diagnostic interventions	10,113	6,094	8,537	1,701	2,649	1,286	108	n.a.	30,488
1867-1908 Therapeutic interventions	46,600	39,011	60,898	17,511	12,737	3,652	1,912	n.a.	182,221
1909-1915 Administrative/clinical/client support interventions	364,712	266,156	253,166	119,349	84,323	32,263	12,798	n.a.	1,132,767
1916 Generalised allied health interventions	75,621	69,824	49,130	16,690	25,864	6,521	2,743	n.a.	246,693
1940-2016 Imaging services	21,431	24,589	23,126	10,627	7,714	3,363	844	n.a.	91,694
No procedure or not reported	44,392	69,243	64,853	32,337	19,097	12,608	1,842	n.a.	244,372
Total^(a)	639,762	580,420	526,313	250,129	184,305	65,256	24,606	n.a.	2,270,791

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

n.a. not available.

n.p. not published.

Table 9.5: Separations, by number of procedures reported and hospital sector, States and Territories, 2000-01

Hospital sector	Number										Total	
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT				
Public hospitals												
Separations ^(a)	1,238,444	1,028,636	688,647	362,645	367,059	71,895	61,308	58,973	3,867,607			
No procedure reported	383,912	257,871	203,986	80,224	89,315	18,025	8,563	16,590	1,058,466			
One procedure code only	326,227	341,442	218,112	125,116	127,862	24,235	26,511	26,491	1,215,996			
Two procedure codes only	261,404	224,358	140,405	81,537	76,333	14,888	13,389	9,201	821,515			
Three procedure codes only	128,629	97,286	62,048	37,339	33,852	7,036	5,960	3,443	375,613			
Four procedure codes only	60,657	48,934	27,860	17,760	14,260	3,394	2,855	1,493	177,213			
Five or more procedure codes	77,615	58,745	36,256	20,669	15,437	4,317	4,010	1,755	218,804			
Mean procedure codes per separation ^(b)	2.4	2.2	2.2	2.2	2.0	2.2	2.1	1.8	2.2			
Maximum number of procedure codes	20	25	31	31	25	30	25	30	..			
Private hospitals												
Separations ^(a)	639,762	580,420	525,313	250,129	184,305	65,256	24,606	n.a.	2,270,791			
No procedure reported	44,392	69,243	64,853	32,337	19,097	12,608	1,842	n.a.	244,372			
One procedure code only	135,080	156,110	118,681	57,532	50,753	12,274	6,096	n.a.	536,526			
Two procedure codes only	265,100	215,390	205,818	97,723	61,965	25,343	8,680	n.a.	880,019			
Three procedure codes only	120,457	80,663	81,154	36,634	28,575	9,401	4,423	n.a.	361,307			
Four procedure codes only	42,075	31,929	27,438	14,430	12,211	3,153	2,116	n.a.	133,352			
Five or more procedure codes	32,658	27,085	28,389	11,473	11,704	2,507	1,449	n.a.	115,245			
Mean procedure codes per separation ^(b)	2.3	2.2	2.3	2.3	2.3	2.3	2.4	n.a.	2.3			
Maximum number of procedure codes	20	25	31	31	25	30	20	n.a.	..			
	Per cent											
Public hospitals												
No procedure reported	31.0	25.1	29.6	22.1	25.0	25.1	14.0	28.1	27.4			
One procedure code only	26.3	33.2	31.7	34.5	35.8	33.7	43.2	44.9	31.4			
Two procedure codes only	21.1	21.8	20.4	22.5	21.4	20.7	21.8	15.6	21.2			
Three procedure codes only	10.4	9.5	9.0	10.3	9.5	9.8	9.8	5.8	9.7			
Four procedure codes only	4.9	4.8	4.0	4.9	4.0	4.7	4.7	2.5	4.6			
Five or more procedure codes	6.3	5.7	5.3	5.7	4.3	6.0	6.5	3.0	5.7			
Private hospitals												
No procedure reported	6.9	11.9	12.3	12.9	10.4	19.3	7.5	n.a.	10.8			
One procedure code only	21.1	26.9	22.5	23.0	27.5	18.8	24.8	n.a.	23.6			
Two procedure codes only	41.4	37.1	39.1	39.1	33.6	38.8	35.3	n.a.	38.8			
Three procedure codes only	18.8	13.9	15.4	14.6	15.5	14.4	18.0	n.a.	15.9			
Four procedure codes only	6.6	5.5	5.2	5.8	6.6	4.8	8.6	n.a.	5.9			
Five or more procedure codes	5.1	4.7	5.4	4.6	6.4	3.8	5.9	n.a.	5.1			

(a) Includes separations for which no procedure codes were reported.

(b) Means are for separations with one or more procedures

.. not applicable.

n.a. not available.

Note: The Institute requested up to 31 procedure codes to be reported

Table 9.6: Procedures in ICD-10-AM groupings, public hospitals, States and Territories, 2000-01

Procedure block number	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1-28 Procedures on skull, meninges and brain	4,491	3,639	1,854	1,393	816	383	259	91	12,926
29-59 Procedures on spinal canal and spinal cord structures	26,459	31,217	19,430	9,529	7,341	2,648	1,535	1,211	99,370
60-86 Procedures on peripheral nervous system	7,164	6,417	3,813	3,568	2,693	585	408	231	24,879
110-129 Procedures on parathyroid and thyroid glands	2,153	1,545	1,082	468	524	130	114	36	6,052
160-192 Procedures on eyeball, cornea, sclera, iris and ciliary body	2,961	2,246	1,633	1,061	607	92	66	127	6,992
193-203 Procedures on lens	13,820	12,631	5,076	4,504	4,615	130	380	436	41,492
204-266 Procedures on retina, conjunctiva and other areas of eye	6,087	5,683	2,784	2,017	2,110	214	115	176	19,166
300-306 Procedures on external ear	901	803	810	368	267	78	49	68	3,344
307-333 Procedures on eardrum, middle and inner ear and mastoid	6,733	7,911	5,788	2,949	3,213	278	600	284	27,756
370-389 Procedures on nose and sinuses	8,871	11,839	5,130	3,935	5,225	361	515	200	36,076
390-399 Procedures on tongue, salivary gland and ducts	1,577	1,113	738	352	335	63	66	42	4,266
400-408 Procedures on mouth, palate or uvula	1,226	1,591	1,051	503	445	122	66	47	5,051
409-422 Procedures on tonsils, adenoids and pharynx	6,354	6,879	4,456	2,138	2,337	321	374	169	23,028
450-490 Dental and orthodontic procedures	16,215	16,150	18,159	10,495	7,642	1,353	845	872	71,731
520-542 Procedures on larynx and trachea	3,565	2,965	2,055	828	808	170	194	106	10,792
543-558 Procedures on bronchus, lung and pleura	7,786	5,657	4,807	2,168	2,096	664	328	193	24,699
559-567 Procedures on chest wall, mediastinum and diaphragm	6,078	4,950	3,574	1,868	1,489	361	346	216	18,582
568-569 Airway management, continuous ventilatory support	22,711	19,734	11,904	5,820	5,713	1,427	1,518	1,193	70,020
600-638 Procedures on atrium, ventricle, septum and valves	12,598	7,826	6,200	4,515	3,562	497	1,288	20	36,506
639-666 Other procedures on heart, myocardium and pericardium	11,760	9,963	5,383	2,951	2,810	770	683	38	35,378
667-683 Procedures on coronary arteries and aorta	25,140	16,876	11,055	7,552	6,827	2,301	2,035	44	71,830
694-767 Procedures on arteries and veins	31,367	25,377	18,750	8,442	8,668	2,706	3,506	999	99,815
800-817 Procedures on blood and blood-forming organs	7,531	7,297	5,216	2,784	2,240	427	614	132	26,243
850-869 Procedures on oesophagus	3,936	2,679	2,287	1,007	1,398	347	251	107	12,012
870-890 Procedures on stomach	4,254	4,158	2,448	1,290	1,340	228	229	95	14,042
891-903 Procedures on small intestine	2,636	2,087	1,292	800	686	177	155	43	7,876
904-925 Procedures on large intestine	46,028	29,803	19,850	17,034	12,091	1,755	2,224	982	129,767
926-927 Procedures on appendix	6,614	4,985	3,296	2,047	1,352	414	425	222	19,357
928-950 Procedures on rectum and anus	12,913	8,177	4,539	3,314	2,993	596	380	260	33,172
951-982 Procedures on liver, gallbladder, biliary tract and pancreas	23,715	16,036	11,409	5,903	6,039	1,329	1,321	478	66,230
983-1011 Other procedures on abdomen, peritoneum and hernia	70,293	57,840	36,105	23,559	19,643	3,100	3,533	1,901	215,974
1040-1063 Procedures on kidney	144,996	162,515	78,412	55,123	37,190	10,381	12,722	19,739	521,075
1064-1126 Procedures on bladder, ureter and urethra	38,198	26,954	17,966	11,601	10,312	2,574	1,752	718	110,075
1160-1170 Procedures on prostate and seminal vesicle	3,788	3,751	1,562	800	1,259	349	215	57	11,782

(continued)

Table 9.6 (continued): Procedures in ICD-10-AM groupings, public hospitals, States and Territories, 2000-01

Procedure block number	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1171-1176 Procedures on scrotum and tunicular vaginalis	878	682	411	286	203	61	54	37	2,612
1177-1189 Procedures on testis, vas deferens, epididymis, spermatic cord	4,720	4,460	1,833	1,800	1,821	231	139	118	15,122
1190-1203 Procedures on penis and other male genital organs	4,559	3,698	1,175	1,116	1,127	132	89	201	12,097
1240-1258 Procedures on ovaries and fallopian tubes	10,575	10,916	5,730	4,600	2,962	660	473	553	36,469
1259-1273 Procedures on uterus	42,531	44,441	20,230	12,535	16,639	2,039	1,928	2,084	142,488
1274-1278 Procedures on cervix	6,723	6,447	5,637	1,388	2,558	394	249	320	23,716
1279-1288 Procedures on vagina and pelvic floor	6,227	5,538	5,789	2,225	4,297	292	191	62	24,521
1289-1299 Procedures on other female genital organs	5,630	6,020	1,829	1,492	1,719	187	137	153	17,167
1330-1335 Induction and augmentation of labour	42,937	32,100	23,986	12,169	11,514	2,501	2,420	1,558	129,285
1336-1339 Spontaneous vertex, or forceps, vacuum or breech delivery	7,649	6,013	8,618	12,168	2,053	465	430	234	37,630
1340 Caesarean delivery	13,143	9,771	7,924	3,612	3,117	741	676	594	39,573
1341-1347 Other obstetric and postpartum procedures	32,616	24,293	23,118	8,583	8,241	1,676	1,339	1,193	101,259
1360-1372 Procedures on head, facial bones and joints	2,296	1,808	1,619	789	725	220	141	241	7,839
1373-1380 Procedures on neck, thorax and ribs	258	200	99	86	80	22	6	4	755
1381-1393 Procedures on spinal cord and vertebrae	1,056	858	803	331	257	37	41	2	3,385
1394-1407 Procedures on shoulder, scapula and clavicle	2,543	2,155	1,885	1,013	942	118	192	117	8,968
1408-1438 Procedures on humerus, elbow and forearm	12,929	8,123	6,374	3,294	2,559	689	851	657	35,476
1439-1475 Procedures on hand, wrist and phalanges	9,709	8,496	5,754	3,417	2,912	693	580	553	32,124
1476-1494 Procedures on hip, pelvis and femur	10,383	7,602	4,534	2,668	2,479	707	637	227	29,237
1495-1525 Procedures on knee, patella, tibia and fibula	13,464	12,696	8,076	4,569	5,292	859	1,142	703	46,801
1526-1549 Procedures on ankle, foot and toes	7,639	6,818	4,130	2,489	2,207	537	568	356	24,744
1550-1579 Other procedures for musculoskeletal system	16,805	16,440	10,335	6,449	4,523	1,215	1,035	1,070	57,872
1600-1660 Procedures on skin and subcutaneous tissue	56,793	47,030	49,336	21,103	25,393	3,642	2,418	3,284	209,001
1661-1718 Plastic, cosmetic and corrective procedures	3,303	4,314	2,153	1,224	1,710	205	213	80	13,202
1740-1759 Procedures on breast	6,552	6,394	3,364	2,595	2,160	488	344	174	22,071
1780-1799 Chemotherapeutic and radiation oncology procedures	17,384	49,532	31,410	17,939	17,993	1,590	4,756	822	141,426
1820-1866 Diagnostic interventions	17,218	7,284	14,111	4,380	9,961	577	262	68	53,861
1867-1908 Therapeutic interventions	142,684	96,506	74,390	44,452	40,501	11,191	7,314	3,379	420,417
1909-1915 Administrative/clinical/client support interventions	365,706	287,575	173,949	107,195	91,503	20,975	16,845	11,776	1,075,524
1916 Generalised allied health interventions	414,207	345,104	179,031	99,198	82,627	21,079	19,442	9,337	1,170,025
1940-2016 Imaging services	151,366	98,194	55,638	29,521	26,951	7,449	6,541	2,761	378,541
Total procedures	2,021,522	1,691,405	1,054,202	617,372	543,912	119,063	110,865	74,371	6,232,712

Table 9.7: Procedures in ICD-10-AM groupings, private hospitals, States and Territories, 2000-01

Procedure block number	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1-28 Procedures on skull, meninges and brain	1,331	1,291	1,194	294	311	n.p.	n.p.	n.a.	4,615
29-59 Procedures on spinal canal and spinal cord structures	20,503	23,182	17,928	12,298	7,479	3,252	874	n.a.	85,516
60-86 Procedures on peripheral nervous system	10,098	8,436	8,932	6,521	4,130	n.p.	n.p.	n.a.	40,008
110-129 Procedures on parathyroid and thyroid glands	1,729	1,167	1,125	459	367	n.p.	n.p.	n.a.	5,055
160-192 Procedures on eyeball, cornea, sclera, iris and ciliary body	4,061	1,833	3,513	1,078	1,585	n.p.	n.p.	n.a.	12,518
193-203 Procedures on lens	33,309	21,895	21,632	8,033	6,609	n.p.	n.p.	n.a.	95,789
204-256 Procedures on retina, conjunctiva and other areas of eye	6,589	4,254	6,838	2,416	1,239	n.p.	n.p.	n.a.	22,397
300-306 Procedures on external ear	741	374	402	294	225	n.p.	n.p.	n.a.	2,133
307-333 Procedures on ear drum, middle and inner ear and mastoid	7,614	6,035	5,157	3,197	3,633	n.p.	n.p.	n.a.	26,545
370-389 Procedures on nose and sinuses	19,296	10,984	11,879	5,911	8,722	n.p.	n.p.	n.a.	58,704
390-399 Procedures on tongue, salivary gland and ducts	1,018	698	634	433	314	91	56	n.a.	3,244
400-406 Procedures on mouth, palate or uvula	1,709	1,358	1,356	1,073	1,017	n.p.	n.p.	n.a.	6,725
409-422 Procedures on tonsils, adenoids and pharynx	6,483	3,791	4,665	2,415	1,835	n.p.	n.p.	n.a.	19,940
450-490 Dental and orthodontic procedures	47,707	41,241	30,286	24,742	12,661	4,282	2,070	n.a.	162,989
520-542 Procedures on larynx and trachea	1,336	1,169	1,076	590	505	n.p.	n.p.	n.a.	4,856
543-558 Procedures on bronchus, lung and pleura	1,992	2,635	2,965	799	1,009	316	94	n.a.	9,810
559-567 Procedures on chest wall, mediastinum and diaphragm	1,163	1,830	1,651	704	530	160	94	n.a.	6,122
568-569 Airway management, continuous ventilatory support	4,662	3,885	4,081	865	1,409	n.p.	n.p.	n.a.	15,462
600-638 Procedures on atrium, ventricle, septum and valves	13,031	10,075	9,258	3,604	3,100	n.p.	n.p.	n.a.	39,922
639-666 Other procedures on heart, myocardium and pericardium	8,043	6,676	4,980	1,020	2,180	n.p.	n.p.	n.a.	23,229
667-693 Procedures on coronary arteries and aorta	25,666	18,076	14,653	5,205	5,071	n.p.	n.p.	n.a.	70,757
694-767 Procedures on arteries and veins	12,455	15,486	12,832	4,634	4,311	n.p.	n.p.	n.a.	52,255
800-817 Procedures on blood and blood-forming organs	3,430	3,565	4,713	1,271	1,284	408	334	n.a.	15,005
850-869 Procedures on oesophagus	2,963	2,211	3,031	551	1,469	442	54	n.a.	10,711
870-890 Procedures on stomach	1,217	2,282	2,198	679	878	230	71	n.a.	7,555
891-903 Procedures on small intestine	1,192	1,234	1,015	453	481	n.p.	n.p.	n.a.	4,590
904-925 Procedures on large intestine	86,813	60,873	61,203	24,202	16,751	5,549	628	n.a.	256,019
926-927 Procedures on appendix	1,503	1,797	2,185	1,198	615	315	85	n.a.	7,698
928-950 Procedures on rectum and anus	14,942	7,241	8,078	3,602	2,503	964	308	n.a.	37,638
951-982 Procedures on liver, gallbladder, biliary tract and pancreas	13,488	9,555	10,336	4,935	3,962	993	757	n.a.	44,026
983-1011 Other procedures on abdomen, peritoneum and hernia	84,953	73,645	66,959	24,821	18,187	6,152	1,741	n.a.	276,456
1040-1063 Procedures on kidney	17,087	19,376	28,105	13,758	11,912	n.p.	n.p.	n.a.	90,498
1064-1128 Procedures on bladder, ureter and urethra	39,479	23,600	24,935	13,018	10,269	3,673	2,243	n.a.	117,217
1160-1170 Procedures on prostate and seminal vesicle	5,989	5,493	3,314	1,455	1,329	n.p.	n.p.	n.a.	18,687

(continued)

Table 9.7 (continued): Procedures in ICD-10-AM groupings, private hospitals, States and Territories, 2000–01

Procedure block number	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1171–1176 Procedures on scrotum and tunical vaginalis	412	218	242	160	80	28	30	n.a.	1,170
1177–1189 Procedures on testis, vas deferens, epididymis, spermatic cord	5,176	3,786	2,620	1,796	1,435	n.p.	n.p.	n.a.	15,623
1190–1203 Procedures on penis and other male genital organs	2,938	1,552	1,163	987	424	n.p.	n.p.	n.a.	7,437
1240–1258 Procedures on ovaries and fallopian tubes	7,776	7,015	4,999	3,217	1,828	n.p.	n.p.	n.a.	26,210
1259–1273 Procedures on uterus	49,147	37,033	21,331	14,882	8,383	n.p.	n.p.	n.a.	136,362
1274–1278 Procedures on cervix	5,081	3,528	2,903	1,139	624	n.p.	n.p.	n.a.	14,130
1279–1288 Procedures on vagina and pelvic floor	6,530	4,411	4,139	2,410	1,602	794	280	n.a.	20,166
1289–1299 Procedures on other female genital organs	13,167	9,681	8,729	3,222	1,337	n.p.	n.p.	n.a.	37,869
1330–1335 Induction and augmentation of labour	16,187	12,472	10,528	8,724	4,326	n.p.	n.p.	n.a.	54,638
1336–1339 Spontaneous vertex, or forceps, vacuum or breech delivery	3,478	3,125	3,422	5,893	797	n.p.	n.p.	n.a.	17,267
1340 Caesarean delivery	5,651	4,775	4,972	2,920	1,386	n.p.	n.p.	n.a.	20,654
1341–1347 Other obstetric and postpartum procedures	10,561	10,006	7,816	4,919	2,317	n.p.	n.p.	n.a.	37,278
1360–1372 Procedures on head, facial bones and joints	1,287	972	1,041	457	499	n.p.	n.p.	n.a.	4,445
1373–1380 Procedures on neck, thorax and ribs	144	112	91	26	37	n.p.	n.p.	n.a.	426
1381–1393 Procedures on spinal cord and vertebrae	1,585	1,467	1,264	542	714	n.p.	n.p.	n.a.	5,817
1394–1407 Procedures on shoulder, scapula and clavicle	7,484	6,900	4,012	4,017	3,399	434	411	n.a.	26,557
1408–1436 Procedures on humerus, elbow and forearm	3,090	3,276	2,874	1,647	1,417	403	148	n.a.	12,855
1438–1475 Procedures on hand, wrist and phalanges	8,617	8,656	6,423	3,854	3,501	n.p.	n.p.	n.a.	32,476
1476–1494 Procedures on hip, pelvis and femur	5,028	5,679	3,697	1,973	2,012	n.p.	n.p.	n.a.	19,408
1495–1525 Procedures on knee, patella, tibia and fibula	30,807	25,325	14,817	11,854	11,818	2,414	1,654	n.a.	98,689
1526–1549 Procedures on ankle, foot and toes	9,142	8,971	4,358	4,152	3,597	842	488	n.a.	31,450
1550–1579 Other procedures for musculoskeletal system	20,058	17,812	10,157	7,840	5,861	1,794	878	n.a.	64,200
1600–1660 Procedures on skin and subcutaneous tissue	59,307	42,868	52,252	19,175	22,935	n.p.	n.p.	n.a.	202,832
1661–1718 Plastic, cosmetic and corrective procedures	11,152	8,903	7,456	4,331	3,435	n.p.	n.p.	n.a.	36,738
1740–1759 Procedures on breast	9,396	8,186	7,104	3,682	2,668	839	580	n.a.	32,455
1780–1799 Chemotherapeutic and radiation oncology procedures	23,893	39,112	35,628	12,484	12,023	n.p.	n.p.	n.a.	126,800
1820–1866 Diagnostic interventions	10,283	6,247	9,263	1,720	2,666	1,306	108	n.a.	31,593
1867–1908 Therapeutic interventions	52,744	42,569	82,440	24,315	14,488	4,023	1,933	n.a.	222,512
1909–1915 Administrative/clinical/client support interventions	374,718	272,733	264,500	121,757	88,988	33,316	13,090	n.a.	1,169,102
1916 Generalised allied health interventions	114,378	100,919	69,718	26,744	30,550	8,868	3,417	n.a.	354,594
1940–2016 Imaging services	26,680	31,326	30,591	13,232	9,299	4,159	1,001	n.a.	116,288
Total procedures	1,396,460	1,126,676	1,063,659	490,399	382,328	119,346	53,864	n.a.	4,632,732

n.a. not available.

n.p. not published.

Table 9.8: Separation and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of separations, public hospitals, Australia, 2000-01

Procedure block	Separations	Same day separations	Public patient separations	Patient days	ALOS (days)	ALOS (days) excluding same day	Total procedures reported
1910 General anaesthesia	744,210	301,148	632,223	2,968,850	4.0	6.0	782,534
1916 Generalised allied health interventions	668,511	31,622	560,472	7,641,889	11.4	11.9	1,170,025
1059 Haemodialysis	499,335	488,391	444,155	628,992	1.3	12.8	499,651
1911 Sedation	268,872	190,959	226,399	960,250	3.6	9.9	276,718
1893 Transfusion of blood and gamma globulin	125,520	34,247	103,256	1,297,691	10.3	13.8	142,439
1780 Chemotherapy administration	121,571	102,905	107,165	266,963	2.2	8.8	124,572
1895 Injection or infusion of therapeutic or prophylactic substance	116,194	54,125	98,973	826,266	7.1	12.4	133,532
1952 Computerised tomography of brain	103,640	14,022	84,358	1,140,222	11.0	12.6	106,104
1008 Panendoscopy with excision	81,430	62,480	70,883	254,784	3.1	10.1	81,850
905 Fiberoptic colonoscopy	68,419	55,540	59,791	168,748	2.5	8.8	68,778
1344 Postpartum suture	53,947	1,226	49,411	186,327	3.5	3.5	54,346
1334 Medical or surgical induction of labour	47,044	1,717	42,995	192,496	4.1	4.2	48,302
1285 Curettage of uterus	46,970	41,015	40,581	57,084	1.2	2.7	47,004
911 Fiberoptic colonoscopy with excision	46,207	37,181	40,744	126,551	2.7	9.9	47,328
1335 Medical or surgical augmentation of labour	43,502	988	40,233	149,102	3.4	3.5	43,563
1005 Panendoscopy	41,444	26,498	35,905	221,604	5.3	13.1	42,083
1340 Caesarean section	39,548	106	35,341	224,528	5.7	5.7	39,578
668 Coronary angiography	36,971	12,395	30,003	180,213	4.9	6.8	37,236
197 Extracapsular crystalline lens extraction by phacoemulsification	36,111	31,889	28,437	40,023	1.1	1.9	36,127
1267 Evacuation of uterus	35,400	27,608	30,825	38,636	1.1	1.4	36,339
1333 Epidural injection during labour	34,881	239	31,340	155,319	4.5	4.5	35,505
738 Venous catheterisation	34,799	2,856	28,676	691,184	19.9	21.5	38,992
1259 Examination procedures on uterus	31,004	27,806	26,380	36,181	1.2	2.6	31,040
36 Spinal injection	30,441	1,759	26,658	207,590	6.8	7.2	32,053
607 Examination procedures on ventricle	30,245	10,971	24,387	138,622	4.6	6.6	30,298
1088 Examination procedures on bladder	29,966	22,605	26,374	81,141	2.7	8.0	30,017
1963 Computerised tomography of abdomen and pelvis	28,834	1,993	23,142	340,839	11.8	12.6	29,436
1635 Repair of wound of skin and subcutaneous tissue	27,024	10,673	21,657	117,587	4.4	6.5	28,814
1962 Computerised tomography of abdomen	26,142	2,174	21,565	281,993	10.8	11.7	26,611
563 Continuous ventilatory support	25,614	1,710	20,441	526,391	20.6	21.9	49,219
Other	1,994,568	623,125	1,669,615	14,065,449	7.1	9.8	2,062,589
No procedure or not reported	1,058,466	328,043	936,540	3,839,402	3.6	4.8	..
Total^(a)	3,867,607	1,798,731	3,353,250	15,731,612	4.1	6.7	6,232,713

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.
 Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the Internet at <http://www.aihw.gov.au/publications/hse/ans00-01.html>.
 .. not applicable.

Table 9.9: Separation and procedure statistics for the 39 ICD-10-AM procedure blocks with the highest number of separations, private hospitals, Australia, 2000-01

Procedure block	Separations	Same day separations	Public patient separations	Patient days	ALOS (days)	ALOS (days) excluding same day	Total procedures reported
1910 General anaesthesia	723,847	337,318	20,577	2,057,295	2.8	4.4	739,786
1911 Sedation	401,629	339,827	9,915	679,725	1.7	5.5	405,129
1916 Generalised allied health interventions	246,693	23,147	10,136	2,503,761	10.1	11.1	354,594
1008 Panendoscopy with excision	145,352	133,999	3,085	226,322	1.6	8.1	146,166
905 Fibreoptic colonoscopy	143,834	132,167	2,955	200,111	1.4	5.8	144,169
1780 Chemotherapy administration	120,032	109,170	4,639	178,961	1.5	6.4	121,125
911 Fibreoptic colonoscopy with excision	101,272	92,808	2,180	146,517	1.4	6.3	103,011
1059 Haemodialysis	85,970	84,745	22,581	102,532	1.2	14.5	86,025
197 Extracapsular crystalline lens extraction by phacoemulsification	85,125	70,120	2,214	89,344	1.0	1.3	85,170
487 Anaesthesia and sedation for dental procedure	59,296	53,181	295	81,590	1.0	1.4	59,727
1893 Transfusion of blood and gamma globulin	56,634	11,498	1,774	543,787	9.6	11.8	62,139
458 Surgical removal of tooth	55,881	49,630	699	59,235	1.1	1.5	65,288
1005 Panendoscopy	54,322	47,381	1,176	118,421	2.2	10.2	54,559
1885 Injection or infusion of therapeutic or prophylactic substance	51,847	36,548	2,626	169,815	3.7	10.0	59,083
1265 Curettage of uterus	42,691	36,650	1,809	49,529	1.2	2.1	42,746
668 Coronary angiography	41,385	13,673	2,099	138,641	3.4	4.5	44,208
1622 Excision of basal cell or squamous cell carcinoma of skin	36,579	28,654	515	63,200	1.7	4.4	46,906
607 Examination procedures on ventricle	36,375	12,114	1,661	120,672	3.3	4.5	36,555
1088 Examination procedures on bladder	35,187	26,170	1,010	71,160	2.0	5.0	35,255
1620 Excision of benign lesion of skin and subcutaneous tissue	34,451	28,971	814	46,794	1.4	3.3	42,423
1259 Examination procedures on uterus	32,537	28,615	1,043	35,964	1.1	1.9	32,567
1267 Evacuation of uterus	29,153	27,494	813	29,710	1.0	1.3	29,312
1517 Arthroscopic meniscectomy of knee with repair	26,562	20,159	348	30,641	1.2	1.6	27,215
1297 Procedures for reproductive medicine	24,093	23,770	302	24,254	1.0	1.5	24,846
36 Spinal injection	23,019	1,413	922	158,052	6.9	7.2	23,283
990 Repair of inguinal hernia	22,544	3,190	786	42,779	1.9	2.0	22,606
965 Cholecystectomy	20,709	134	1,076	73,371	3.5	3.6	20,767
1340 Caesarean section	20,635	23	855	138,639	6.7	6.7	20,654
1333 Epidural injection during labour	20,446	29	747	113,546	5.6	5.6	20,576
1334 Medical or surgical induction of labour	19,788	152	1,144	104,841	5.3	5.3	20,229
Other	1,573,654	584,257	48,422	7,229,638	4.6	6.7	1,656,686
No procedure or not reported	244,372	75,370	17,358	1,008,058	4.1	5.5	...
Total^(a)	2,270,791	1,329,020	101,612	6,737,341	3.0	5.7	4,632,785

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Note: A similar listing of all procedures in ICD-10-AM blocks is provided on the internet at <http://www.aihw.gov.au/publications/hse/ahs00-01.html>. ... not applicable.

Table 9.10: Separation and procedure statistics for the 30 ICD-10-AM procedure blocks with the highest number of separations, private free-standing day hospitals, Australia, (a) 2000-01

Procedure block	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Total procedures reported
1911 Sedation	99,958	99,967	828	54.0	100,147
1008 Panendoscopy with excision	51,260	51,260	582	27.7	51,558
905 Fiberoptic colonoscopy	48,837	48,837	281	26.4	48,917
1910 General anaesthesia	44,792	44,792	410	24.2	44,829
197 Extracapsular crystalline lens extraction by phacoemulsification	34,281	34,281	156	18.5	34,296
911 Fibreoptic colonoscopy with excision	30,754	30,754	379	16.6	31,363
1780 Chemotherapy administration	23,782	23,782	431	12.9	23,916
1005 Panendoscopy	22,670	22,670	204	12.3	22,684
1267 Evacuation of uterus	16,092	16,092	10	8.7	16,115
1885 Injection or infusion of therapeutic or prophylactic substance	15,178	15,178	10	8.2	18,984
1622 Excision of basal cell or squamous cell carcinoma of skin	11,215	11,215	0	6.1	13,522
1620 Excision of benign lesion of skin and subcutaneous tissue	10,437	10,437	0	5.6	13,068
1059 Haemodialysis	9,471	9,471	4,865	5.1	9,471
1890 Therapeutic interventions on cardiovascular system	9,365	9,365	0	5.1	9,365
1297 Procedures for reproductive medicine	8,518	8,518	0	4.6	8,836
487 Anaesthesia and sedation for dental procedure	8,416	8,416	5	4.6	8,816
458 Surgical removal of tooth	7,905	7,905	501	4.3	10,828
1909 Regional anaesthesia	7,294	7,294	0	3.9	7,585
1651 Local skin flap, simple and small, single stage	5,974	5,974	0	3.2	6,424
1265 Curettage of uterus	4,173	4,173	1	2.3	4,184
1625 Excision of lesion of skin and subcutaneous tissue, not elsewhere classified	3,948	3,948	0	2.1	4,550
949 Procedures for haemorrhoids	3,686	3,686	13	2.0	3,909
668 Coronary angiography	3,681	3,681	1,703	2.0	6,068
1893 Transfusion of blood and gamma globulin	3,627	3,627	9	2.0	3,826
1649 Other full thickness skin graft	3,260	3,260	0	1.8	3,369
607 Examination procedures on ventricle	2,829	2,829	1,300	1.5	2,835
1259 Examination procedures on uterus	2,811	2,811	0	1.5	2,815
195 Intracapsular crystalline lens extraction	2,232	2,232	0	1.2	2,232
1867 Counselling or education relating to personal care and other activities of daily/independent living	2,222	2,222	0	1.2	2,223
1828 Sleep study	2,136	32	0	1.2	2,141
Other	98,145	97,349	1,708	53.1	105,671
No procedure or not reported	817	808	73	0.4	...
Total^(b)	332,448	329,718	9,780	179.8	624,547

(a) Excludes separations from private free-standing hospitals in Tasmania.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table. ... not applicable.

Table 9.11: Separations for the 30 ICD-10-AM procedure blocks with the highest number of separations, public hospitals, States and Territories, 2000-01

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 General anaesthesia	269,549	200,182	119,234	70,435	59,217	14,208	12,114	9,271	744,210
1916 Generalised allied health interventions	234,626	172,475	111,935	63,927	56,128	12,675	11,300	6,044	668,511
1059 Haemodialysis	137,973	157,254	73,878	52,752	35,784	10,157	12,021	19,536	499,335
1911 Sedation	81,248	75,645	44,305	30,682	27,705	3,604	3,964	1,719	268,872
1893 Transfusion of blood and gamma globulin	42,515	35,745	17,628	12,415	11,373	2,665	2,177	902	125,520
1780 Chemotherapy administration	12,526	43,404	28,144	16,285	14,763	1,143	4,524	782	121,571
1885 Injection or infusion of therapeutic or prophylactic substance	35,843	27,300	22,840	9,986	14,037	3,128	2,383	677	116,194
1952 Computerised tomography of brain	37,280	30,537	15,744	8,176	7,234	2,168	1,554	947	103,640
1008 Panendoscopy with excision	28,837	20,200	12,933	10,110	5,724	937	1,791	898	81,430
905 Fibreoptic colonoscopy	24,093	15,208	10,849	8,214	6,698	828	1,056	473	68,419
1344 Postpartum suture	21,639	12,444	9,034	4,163	3,813	999	1,115	740	53,947
1334 Medical or surgical induction of labour	14,715	12,706	9,088	4,486	3,740	950	738	621	47,044
1265 Curettage of uterus	14,981	16,069	6,702	4,549	3,179	457	693	340	46,970
911 Fibreoptic colonoscopy with excision	16,681	9,972	6,578	7,362	3,678	615	947	375	46,297
1335 Medical or surgical augmentation of labour	15,609	10,294	8,568	3,390	3,288	745	962	646	43,502
1005 Panendoscopy	11,286	11,865	7,068	4,528	5,557	624	344	172	41,444
1340 Caesarean section	13,130	9,769	7,915	3,608	3,115	741	676	594	39,548
668 Coronary angiography	13,591	7,015	5,495	4,443	4,093	994	1,296	44	36,971
197 Extracapsular crystalline lens extraction by phacoemulsification	12,268	10,737	4,339	3,966	3,992	116	363	330	36,111
1267 Evacuation of uterus	9,227	10,306	3,732	2,871	6,921	758	326	1,259	35,400
1333 Epidural injection during labour	11,642	7,896	5,843	3,996	3,755	706	679	364	34,891
738 Venous catheterisation	11,927	7,783	7,376	2,856	2,500	982	906	469	34,799
1259 Examination procedures on uterus	9,377	9,761	5,224	2,221	3,282	353	470	316	31,004
36 Spinal injection	5,994	12,944	5,953	1,321	2,855	562	347	365	30,441
607 Examination procedures on ventricle	10,791	5,859	4,757	3,971	3,238	389	1,222	18	30,245
1088 Examination procedures on bladder	8,048	9,140	4,271	3,710	3,370	780	505	142	29,966
1963 Computerised tomography of abdomen and pelvis	12,613	9,095	3,053	1,221	1,344	670	540	298	28,834
1635 Repair of wound of skin and subcutaneous tissue	6,181	6,300	9,362	2,858	1,498	365	221	239	27,024
1962 Computerised tomography of abdomen	9,485	5,848	5,234	2,401	2,293	287	588	206	26,142
569 Continuous ventilatory support	8,630	6,840	4,434	1,954	2,119	639	511	487	25,614
Other	638,604	496,651	364,283	206,788	193,798	42,704	32,998	18,742	1,994,568
No procedure or not reported	363,912	257,671	203,966	80,224	89,315	18,025	8,563	16,590	1,058,466
Total^(a)	1,238,444	1,028,636	688,647	362,645	357,059	71,895	61,308	58,973	3,867,607

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 9.12: Separations for the 30 ICD-10-AM procedure blocks with the highest number of separations, private hospitals, States and Territories, 2000-01

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 General anaesthesia	254,421	167,887	137,245	30,611	52,518	20,128	11,037	n.a.	723,847
1911 Sedation	107,148	98,058	113,009	38,796	30,739	12,096	1,783	n.a.	401,629
1915 Generalised allied health interventions	75,621	69,824	49,130	16,690	25,864	6,821	2,743	n.a.	246,693
1008 Panendoscopy with excision	51,423	32,383	38,407	13,084	7,113	n.p.	n.p.	n.a.	145,352
905 Fiberoptic colonoscopy	49,523	35,670	34,643	10,376	9,973	n.p.	n.p.	n.a.	143,834
1780 Chemotherapy administration	22,768	36,690	33,946	12,039	11,070	n.p.	n.p.	n.a.	120,032
811 Fiberoptic colonoscopy with excision	34,185	22,897	23,854	12,615	5,675	n.p.	n.p.	n.a.	101,272
1059 Haemodialysis	15,931	18,209	27,008	13,273	11,521	n.p.	n.p.	n.a.	85,970
197 Extracapsular crystalline lens extraction by phacoemulsification	31,621	17,339	19,107	7,045	6,226	n.p.	n.p.	n.a.	85,125
487 Anaesthesia and sedation for dental procedure	16,165	15,880	11,977	8,819	4,286	n.p.	n.p.	n.a.	59,296
1893 Anaesthesia and sedation for dental procedure	12,663	16,263	14,865	4,881	5,587	n.p.	824	n.a.	56,634
458 Surgical removal of tooth	15,266	15,190	11,803	7,637	4,188	n.p.	n.p.	n.a.	55,881
1005 Panendoscopy	11,063	22,387	10,770	3,397	5,223	n.p.	n.p.	n.a.	54,322
1885 Injection or infusion of therapeutic or prophylactic substance	14,535	12,822	6,638	4,168	2,634	n.p.	n.p.	n.a.	51,847
1255 Curettage of uterus	6,524	9,871	25,464	5,128	3,431	n.p.	n.p.	n.a.	42,891
668 Coronary angiography	14,057	10,204	8,943	3,656	3,011	n.p.	n.p.	n.a.	41,385
1622 Excision of basal cell or squamous cell carcinoma of skin	10,006	7,416	10,462	3,207	3,853	n.p.	n.p.	n.a.	36,579
607 Examination procedures on ventricle	11,919	8,990	8,301	3,459	2,873	n.p.	n.p.	n.a.	36,375
1098 Examination procedures on bladder	11,035	8,089	7,722	3,686	2,753	n.p.	745	n.a.	35,187
1620 Excision of benign lesion of skin and subcutaneous tissue	10,023	7,984	7,549	3,783	3,172	n.p.	n.p.	n.a.	34,451
1259 Examination procedures on uterus	10,128	9,765	5,804	2,963	2,459	n.p.	n.p.	n.a.	32,537
1267 Evacuation of uterus	14,670	6,930	2,138	3,988	813	n.p.	n.p.	n.a.	28,163
1517 Arthroscopic meniscectomy of knee with repair	8,129	6,820	3,708	2,962	3,942	600	401	n.a.	26,562
1297 Procedures for reproductive medicine	8,851	6,129	5,625	1,782	483	n.p.	n.p.	n.a.	24,093
36 Spinal injection	5,064	8,129	5,415	999	1,985	n.p.	n.p.	n.a.	23,019
990 Repair of inguinal hernia	7,375	5,139	4,751	2,477	1,707	642	453	n.a.	22,544
965 Cholecystectomy	6,408	4,705	4,660	2,310	1,627	623	376	n.a.	20,709
1340 Caesarean section	5,649	4,775	4,956	2,919	1,386	n.p.	n.p.	n.a.	20,635
1333 Epidural injection during labour	5,993	4,529	3,701	3,641	1,984	n.p.	n.p.	n.a.	20,446
1334 Medical or surgical induction of labour	5,459	4,956	4,028	3,018	1,333	n.p.	n.p.	n.a.	19,788
Other	460,007	370,657	354,595	179,312	144,355	43,725	21,003	n.a.	1,573,664
No procedure or not reported	44,392	69,243	64,853	32,337	19,097	12,608	1,842	n.a.	244,372
Total^(a)	639,762	580,420	526,313	250,129	184,305	65,256	24,606	n.a.	2,270,791

(a) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

n.a. not available.

n.p. not published.

Table 9.13: Average length of stay (days) for the 30 ICD-10-AM procedure blocks with the highest number of separations, public hospitals, States and Territories, 2000-01

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 General anaesthesia	4.2	3.7	3.9	3.8	4.0	4.4	4.6	4.4	4.0
1916 Generalised allied health interventions	11.6	12.2	9.7	11.7	11.5	11.7	10.8	11.0	11.4
1059 Haemodialysis	1.3	1.2	1.3	1.3	1.3	1.2	1.2	1.3	1.3
1911 Sedation	3.9	3.5	3.4	3.3	3.2	4.4	3.4	3.8	3.6
1893 Transfusion of blood and gamma globulin	11.1	9.9	10.0	10.1	8.8	12.0	11.6	12.5	10.3
1780 Chemotherapy administration	4.9	1.9	1.9	1.8	2.0	3.8	1.7	1.4	2.2
1885 Injection or infusion of therapeutic or prophylactic substance	7.5	7.4	7.0	7.8	5.4	6.3	6.4	12.8	7.1
1952 Computerised tomography of brain	10.6	10.0	10.1	14.5	14.6	12.2	14.0	10.9	11.0
1008 Panendoscopy with excision	3.4	2.9	2.9	2.8	3.5	4.5	3.0	3.3	3.1
905 Fibreoptic colonoscopy	2.6	2.5	2.2	2.4	2.6	3.0	2.2	2.4	2.5
1344 Postpartum suture	3.5	3.3	3.1	3.8	3.5	3.9	3.4	4.2	3.5
1334 Medical or surgical induction of labour	4.3	3.9	3.7	4.3	4.5	4.8	4.6	5.1	4.1
1265 Curettage of uterus	1.3	1.1	1.2	1.2	1.2	1.3	1.2	1.5	1.2
911 Fibreoptic colonoscopy with excision	3.0	2.7	2.5	2.4	2.9	3.7	2.2	2.0	2.7
1335 Medical or surgical augmentation of labour	3.4	3.4	3.0	3.8	3.7	4.2	3.5	4.5	3.4
1005 Panendoscopy	6.2	5.3	5.0	5.1	4.1	6.7	8.1	7.2	5.3
1340 Caesarean section	5.9	5.8	4.8	6.0	6.2	5.7	5.9	7.1	5.7
688 Coronary angiography	5.8	5.3	4.2	4.1	3.5	4.5	3.0	7.5	4.9
197 Extracapsular crystalline lens extraction by phacoemulsification	1.1	1.1	1.1	1.1	1.1	1.2	1.5	1.5	1.1
1267 Evacuation of uterus	1.1	1.1	1.2	1.1	1.0	1.1	1.2	1.1	1.1
1333 Epidural injection during labour	4.6	4.4	3.9	4.7	4.4	5.0	4.7	5.3	4.5
738 Venous catheterisation	19.9	21.5	17.6	20.1	21.5	17.0	21.1	21.4	19.9
1259 Examination procedures on uterus	1.2	1.1	1.1	1.1	1.3	1.2	1.3	1.2	1.2
36 Spinal injection	6.7	7.1	5.7	9.3	6.6	7.3	8.7	8.4	6.8
507 Examination procedures on ventricle	5.5	5.0	3.9	3.8	3.3	4.5	3.0	7.9	4.6
1098 Examination procedures on bladder	3.3	2.5	2.2	2.9	2.2	3.1	2.9	4.3	2.7
1963 Computerised tomography of abdomen and pelvis	12.2	11.5	10.4	11.9	13.8	12.2	10.5	12.8	11.8
1635 Repair of wound of skin and subcutaneous tissue	4.6	4.7	3.3	5.8	5.0	4.8	6.9	8.4	4.4
1962 Computerised tomography of abdomen	10.9	9.3	10.5	11.9	12.7	12.3	12.2	11.1	10.8
569 Continuous ventilatory support	20.0	20.7	19.0	22.4	24.1	18.4	22.2	19.4	20.6
Total^(a)	4.6	3.8	3.5	3.8	4.2	5.3	3.5	3.3	4.1

(a) For all separations.

Table 9.14: Average length of stay (days) for the 30 ICD-10-AM procedure blocks with the highest number of separations, private hospitals, States and Territories, 2000-01

Procedure block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1910 General anaesthesia	2.5	3.0	3.1	2.8	3.2	3.1	2.9	n.a.	2.8
1911 Sedation	1.4	1.7	1.9	1.8	1.7	1.9	2.8	n.a.	1.7
1916 Generalised allied health interventions	9.3	10.5	10.8	12.7	8.5	11.3	11.2	n.a.	10.1
1008 Panendoscopy with excision	1.3	1.6	1.7	1.8	1.7	n.p.	n.p.	n.a.	1.5
905 Fiberoptic colonoscopy	1.3	1.4	1.5	1.6	1.6	n.p.	n.p.	n.a.	1.4
1780 Chemotherapy administration	1.3	1.6	1.5	1.4	1.4	n.p.	n.p.	n.a.	1.5
911 Fiberoptic colonoscopy with excision	1.3	1.5	1.5	1.5	1.7	n.p.	n.p.	n.a.	1.4
1059 Haemodialysis	1.2	1.2	1.2	1.0	1.2	n.p.	n.p.	n.a.	1.2
197 Extracapsular crystalline lens extraction by phacoemulsification	1.0	1.0	1.1	1.2	1.0	n.p.	n.p.	n.a.	1.0
487 Anaesthesia and sedation for dental procedure	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.a.	1.0
1893 Transfusion of blood and gamma globulin	10.1	9.5	8.5	11.0	9.6	10.8	11.5	n.a.	9.6
458 Surgical removal of tooth	1.1	1.1	1.1	1.0	1.1	n.p.	n.p.	n.a.	1.1
1005 Panendoscopy	2.1	1.8	2.8	3.0	2.3	n.p.	n.p.	n.a.	2.2
1885 Injection or infusion of therapeutic or prophylactic substance	4.9	3.8	3.0	4.2	4.4	n.p.	n.p.	n.a.	3.7
1265 Curettage of uterus	1.1	1.1	1.2	1.2	1.3	n.p.	n.p.	n.a.	1.2
568 Coronary angiography	2.7	3.6	4.0	2.6	4.3	n.p.	n.p.	n.a.	3.4
1622 Excision of basal cell or squamous cell carcinoma of skin	1.7	1.9	1.7	2.0	1.4	n.p.	n.p.	n.a.	1.7
607 Examination procedures on ventricle	2.8	3.5	4.0	2.4	4.3	n.p.	n.p.	n.a.	3.3
1088 Examination procedures on bladder	1.7	2.1	2.1	2.5	2.1	2.5	2.2	n.a.	2.0
1620 Excision of benign lesion of skin and subcutaneous tissue	1.3	1.4	1.4	1.4	1.3	n.p.	n.p.	n.a.	1.4
1259 Examination procedures on uterus	1.1	1.1	1.2	1.1	1.1	n.p.	n.p.	n.a.	1.1
1267 Evacuation of uterus	1.0	1.0	1.0	1.0	1.1	n.p.	n.p.	n.a.	1.0
1517 Arthroscopic meniscectomy of knee with repair	1.0	1.0	1.0	1.1	1.0	1.1	1.2	n.a.	1.2
1297 Procedures for reproductive medicine	6.3	7.3	6.9	5.6	7.6	n.p.	n.p.	n.a.	1.0
36 Spinal injection	1.9	1.9	1.8	1.9	2.2	2.0	1.7	n.a.	1.9
990 Repair of inguinal hernia	3.2	3.8	3.6	3.5	4.1	3.1	2.8	n.a.	3.5
965 Cholecystectomy	6.6	6.8	6.3	7.5	7.0	n.p.	n.p.	n.a.	6.7
1340 Caesarean section	5.5	5.5	5.3	5.8	5.6	n.p.	n.p.	n.a.	5.6
1333 Epidural injection during labour	5.3	5.3	5.1	5.5	5.6	n.p.	n.p.	n.a.	5.3
1334 Medical or surgical induction of labour	2.8	3.0	3.0	2.9	3.2	3.3	3.3	n.a.	3.0
Total^(a)									

(a) For all separations.

n.a. not available.

n.p. not published.

Table 9.15: Separations for males for the 30 ICD-10-AM procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2000-01

Procedure block	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(a)
1910 General anaesthesia	10,062	37,870	59,273	62,632	68,435	81,671	90,629	91,573	88,559	57,665	9,914	658,483
1916 Generalised allied health interventions	8,091	7,039	11,077	23,351	27,940	32,528	42,650	56,677	82,327	88,799	33,070	413,549
1059 Haemodialysis	14	138	647	7,046	24,016	39,566	54,839	62,175	89,778	57,788	1,761	337,768
1911 Sedation	380	1,063	1,897	8,429	18,797	33,973	52,562	59,897	68,504	57,738	11,367	314,406
1780 Chemotherapy administration	83	1,643	2,372	2,565	3,551	6,974	16,886	31,561	34,829	15,416	932	116,912
1008 Panendoscopy with excision	258	625	1,370	3,766	8,532	14,303	20,171	20,290	19,349	12,970	2,261	103,895
1893 Transfusion of blood and gamma globulin	1,696	1,440	2,701	2,940	3,524	4,667	8,704	14,163	22,046	23,243	7,375	92,499
905 Fiberoptic colonoscopy	5	30	132	1,338	5,244	12,894	20,403	20,304	18,351	11,947	1,834	92,462
1865 Injection or infusion of therapeutic or prophylactic substance	10,619	3,288	4,823	3,081	4,007	5,772	8,749	11,502	13,108	9,580	1,802	76,331
911 Fiberoptic colonoscopy with excision	16	88	367	1,679	3,867	7,851	14,172	17,434	17,216	9,748	1,321	73,759
1952 Computerised tomography of brain	868	1,551	2,290	5,187	5,461	5,397	5,942	7,377	11,231	13,728	5,358	64,450
668 Coronary angiography	30	30	43	99	427	2,990	9,589	14,586	15,311	8,462	569	52,136
197 Extracapsular crystalline lens extraction by phacoemulsification	1	4	17	67	149	575	2,129	5,537	14,989	21,410	4,461	49,340
1005 Panendoscopy	34	111	196	1,484	3,435	5,623	7,714	8,028	8,834	7,297	1,628	44,384
607 Examination procedures on ventricle	93	70	76	92	340	2,512	8,216	12,479	12,884	7,018	436	44,216
1068 Examination procedures on bladder	110	231	382	610	1,160	2,293	4,255	6,885	10,521	9,778	2,205	38,430
890 Repair of inguinal hernia	1,623	2,136	1,414	1,721	2,774	4,211	6,302	6,828	6,365	4,068	685	38,127
487 Anaesthesia and sedation for dental procedure	13	4,252	6,333	11,643	5,690	2,805	1,815	1,136	668	365	84	34,805
1622 Excision of basal cell or squamous cell carcinoma of skin	1	1	3	43	384	1,403	3,939	5,977	8,631	10,597	3,026	34,005
458 Surgical removal of tooth	3	599	2,812	12,819	5,968	2,578	1,584	969	603	417	94	28,446
1620 Excision of benign lesion of skin and subcutaneous tissue	168	619	1,486	1,706	2,455	3,729	4,681	4,200	3,789	3,068	647	26,558
736 Venous catheterisation	2,252	419	623	1,073	1,346	1,707	2,891	4,042	5,039	3,759	686	23,837
36 Spinal injection	50	4	10	244	422	796	1,470	3,501	6,861	6,998	1,900	22,256
309 Myringotomy	793	10,726	7,315	288	204	314	361	363	294	186	31	20,861
1890 Therapeutic interventions on cardiovascular system	77	182	254	533	697	1,255	3,218	5,398	5,760	3,056	385	20,815
1165 Transurethral prostatectomy	0	0	0	1	4	38	633	3,552	7,582	7,088	1,610	20,508
1635 Repair of wound of skin and subcutaneous tissue	75	1,163	2,144	4,575	3,979	2,809	1,838	1,296	1,028	832	508	20,187
1517 Arthroscopic meniscectomy of knee with repair	1	1	50	1,181	2,465	3,959	5,021	3,964	2,078	770	51	19,561
1963 Computerised tomography of abdomen and pelvis	12	86	271	1,154	1,586	2,132	2,570	3,009	3,883	3,579	1,005	19,287
1554 Other application, insertion or removal procedures on other musculoskeletal sites	53	315	1,898	4,379	4,096	3,205	2,229	1,427	857	463	139	19,061
Other	54,533	54,435	89,422	110,891	133,784	169,355	210,171	234,041	262,001	206,830	45,292	1,570,755
No procedure or not reported	39,064	45,560	39,031	50,195	59,444	61,147	65,111	62,630	72,313	71,229	24,484	590,209
Total^(b)	80,353	104,287	129,245	179,021	231,669	296,532	380,708	428,515	507,951	411,394	95,539	2,845,216

(a) Includes separations for which age was not reported.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

Table 9.16: Separations for females for the 30 ICD-10-AM procedure blocks with the highest number of separations, by age group, all hospitals, Australia, 2000-01

Procedure block	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(a)
1910 General anaesthesia	4,801	22,389	40,445	73,557	130,931	144,239	133,242	99,007	84,593	60,294	16,070	809,568
1916 Generalised allied health interventions	6,437	5,265	9,082	30,111	60,128	43,754	41,818	49,261	77,429	111,498	65,863	501,647
1911 Sedation	265	739	1,326	11,729	24,582	41,574	60,029	62,270	69,831	65,398	18,345	356,088
1059 Haemodialysis	3	4	331	4,425	15,079	27,029	37,526	51,029	73,151	37,324	1,567	247,537
1780 Chemotherapy administration	120	1,222	2,146	1,781	4,299	13,809	29,556	31,029	27,292	12,474	963	124,691
1008 Panendoscopy with excision	154	451	1,324	5,434	9,642	16,804	25,040	23,408	21,187	15,462	3,979	122,885
905 Fiberoptic colonoscopy	4	21	100	2,287	6,730	16,597	27,647	25,809	22,723	14,805	3,046	119,769
1885 Injection or infusion of therapeutic or prophylactic substance	8,094	2,800	3,870	4,455	8,202	9,515	13,717	13,328	14,146	10,684	2,998	91,709
1265 Curettage of uterus	1	0	37	6,470	20,289	25,241	22,303	9,293	4,214	1,555	257	89,660
1893 Transfusion of blood and gamma globulin	1,221	816	2,040	3,441	5,666	6,126	7,993	10,634	17,656	22,358	11,704	89,655
911 Fiberoptic colonoscopy with excision	13	56	295	2,538	5,026	8,825	14,151	16,157	14,894	9,804	1,860	73,719
1344 Postpartum suture	0	0	37	14,482	46,897	11,699	54	0	0	0	0	73,179
197 Extracapsular crystalline lens extraction by phacoemulsification	1	2	17	41	100	423	1,827	6,073	21,430	33,099	8,883	71,866
1334 Medical or surgical induction of labour	0	0	26	13,602	42,072	11,060	72	0	0	0	0	66,832
1267 Evacuation of uterus	0	0	138	20,069	29,132	14,805	411	4	2	2	0	64,563
1259 Examination procedures on uterus	0	1	25	3,643	13,462	17,327	17,329	7,146	3,222	1,184	202	63,541
1340 Caesarean section	0	0	14	8,261	37,728	14,039	141	0	0	0	0	60,183
1952 Computerised tomography of brain	658	956	1,358	2,896	3,530	3,994	4,745	5,164	8,860	15,527	9,624	57,302
1335 Medical or surgical augmentation of labour	0	0	35	14,130	35,241	7,746	35	0	0	0	0	57,187
1333 Epidural injection during labour	0	0	25	10,841	35,801	8,611	48	0	1	0	0	55,327
1005 Panendoscopy	38	78	185	1,701	3,388	6,135	9,263	9,626	9,564	8,493	2,890	51,381
487 Anaesthesia and sedation for dental procedure	10	3,453	6,725	19,733	7,868	3,615	2,323	1,190	651	404	125	46,097
458 Surgical removal of tooth	4	458	3,379	21,379	8,110	3,034	1,776	885	529	376	140	40,070
1343 Other procedures associated with delivery	0	0	24	6,908	23,219	5,457	30	0	0	0	0	35,638
965 Cholecystectomy	5	7	88	2,156	5,407	6,035	6,667	5,658	4,120	2,264	444	32,851
36 Spinal injection	19	6	22	2,308	11,091	4,922	1,362	1,984	3,211	4,046	2,233	31,204
964 Laparoscopy	26	20	188	5,279	10,551	8,404	3,634	1,275	726	375	75	30,553
1620 Excision of benign lesion of skin and subcutaneous tissue	150	535	1,645	2,249	3,554	5,107	5,650	4,256	3,203	2,553	793	29,695
1297 Procedures for reproductive medicine	0	0	3	395	12,795	14,311	464	4	0	0	0	27,972
1088 Examination procedures on bladder	56	183	330	554	1,494	3,314	5,084	5,076	5,413	4,210	999	26,723
Other	38,743	44,339	72,484	129,992	263,251	256,596	262,479	233,890	248,701	223,871	74,250	1,848,597
No procedure or not reported	31,790	34,139	28,577	92,388	141,044	82,534	63,190	52,772	61,746	78,759	45,656	712,595
Total^(b)	58,205	71,689	95,017	288,980	528,449	428,676	414,134	390,121	442,795	411,795	163,248	3,293,110

(a) Includes separations for which age was not reported.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of the rows of the table.

10 External causes for admitted patients

Introduction

An external cause is defined in the *National Health Data Dictionary* version 9 (NHDC 2000) as the event, circumstance or condition associated with the occurrence of injury, poisoning or violence. Whenever a patient has a principal or additional diagnosis of an injury or poisoning, an external cause code should be recorded. A place of occurrence code is also usually recorded and a code recording the activity of the person at the time of the event.

External causes for 2000–01 were classified, coded and reported to the National Hospital Morbidity Database by all States and Territories using the second edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2000).

As indicated above, one or more external causes of injury or poisoning can be reported for each separation in the National Hospital Morbidity Database. External causes can be reported for principal diagnoses other than those in the ICD-10-AM injury and poisoning chapter, and for additional diagnoses in the injury and poisoning chapter and elsewhere. Hence, data on external causes for this report are presented in two different ways:

- data on the separations for which there was one or more external causes reported within the group of external causes (an ICD-10-AM block or chapter) being considered. Because more than one external cause can be reported for each separation, the counts for these data are not additive, so totals in the tables will not usually equal the sum of counts in the rows; and
- data on the total number of external causes reported. For these data, all external causes within a group of external causes being considered are counted, even if there are more than one reported for a separation.

The external cause classification (chapter XX of ICD-10-AM) is hierarchical, consisting of 374 3-character categories. The information in this chapter is presented by grouping the ICD-10-AM external cause codes into 16 groups to provide an overview of the reported external causes. The tables and figures in this chapter use the codes and abbreviated descriptions of the ICD-10-AM external cause classification. Full descriptions of the categories are available in the ICD-10-AM publication. Tables are presented with summary national separations, patient day and average length of stay statistics for public and private hospitals and for public patients. Also provided are summary separation data by State and Territory, national information on age group and sex distributions, and summary information on the reported places of occurrence of the external cause, and on the reported activity of the patient while injured.

External cause and other data elements reported for separations

The information on the external cause reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 10.1 demonstrates this using the example of the external cause W00–W19 *Falls*. There were 162,444 separations with this external cause, with an average length of stay of 8.3 days. Almost 80% of separations with this external cause were in the public sector (129,125), and 66.9% of separations were for public patients (108,652). A large proportion of patients with this external cause had a separation mode of *Other*, suggesting that these patients went home after separation from the hospital (118,739, 73.1%), while 13.5% of patients were discharged or transferred to another acute hospital. The most common principal diagnosis associated with *Falls* (W00–W19) was *Care involving the use of rehabilitation procedure, unspecified* (Z50.9, 7,825) and the most common injury was *Fracture of subcapital section of femur* (S72.03, 5,212). The most common place of occurrence was *Home* (37,682, 23.2%), while *Resting, sleeping, eating, other vital activities* (10,850, 6.7%) was the most common activity performed at the time the event occurred (excluding other, and unspecified activities). Falls were also commonly sustained during sports activities (6,558), such as Rugby (16.1%) and Australian football (16.0%). The most commonly reported AR-DRG was *I74C Injury to forearm, wrist, hand or foot age <75 without complications or comorbidities* (13,375).

Sector

There were 698,105 separations in 2000–01 with an external cause and these separations accounted for 4,755,729 patient days (Table 10.1). This represented 11.4% of all separations and 21.2% of all patient days. The majority of separations (530,187, 75.9%) and patient days (3,529,087, 74.2%) were reported for the public sector. Overall, the average length of stay was similar in the public sector (6.7 days) and the private sector (7.3 days).

The most frequently reported external cause group in both the public sector and the private sector was *Complications of medical and surgical care* (Y40–Y84), with a total of 256,329 separations (4.2% of total separations). These figures are slightly lower than the counts of separations with these external causes reported in *Australian Hospital Statistics 1999–00* (AIHW 2001a) (271,978 separations or 4.6% of total separations).

The second most frequently reported type of external cause of injury and poisoning in both sectors was *Falls* (W00–W19, 162,447). The next most frequently reported external cause group in the public sector was *Exposure to mechanical forces* (W20–W64, 62,328) and in the private sector *Other external causes of accidental injury* (X50–X59, 26,599).

Transport accidents (V01–V99) accounted for a further 9.8% of external cause separations from public hospitals (51,936), but only 4.1% from private hospitals (6,874). *Intentional self-harm* (X60–X84) and *Assault* (X85–Y09) each accounted for 28,518 separations or 5.4% and 23,462 separations or 4.4%, respectively, of external cause separations from public hospitals but less than 1.0% of external cause separations from private hospitals (1,612 and 942 respectively).

Average length of stay was highest for *Other accidental threats to breathing* (W75–W84) in both the public sector (11.2 days) and the private sector (12.7 days).

States and Territories

External causes were reported for between 9.0 and 12.4% of separations for all States and Territories. In the past, the capacity to report more than one external cause has varied among the jurisdictions. For 2000–01, States and Territories each reported a maximum of between six and ten external cause codes, indicating that capacity to report may not have markedly affected data comparability. However, other differences in coding and data recording practices among the jurisdictions and between the public and private sectors may have affected the comparability of the reported external cause data.

The distributions of separations among the external cause groups were generally similar across the States and Territories (Table 10.2), with *Complications of medical and surgical care* (Y40–Y84), *Falls* (W00–W19), *Exposure to mechanical forces* (W20–W64) and *Transport accidents* (V01–V99) being among the most common in nearly every State.

Age group and sex

For females, 9.7% of separations overall had an external cause (318,038) compared with 13.4% of separations for males (380,060).

The numbers of separations with an external cause varied by age group and sex (Tables 10.3 and 10.4). The most common external cause group for females was *Complications of medical and surgical care* (Y40–Y84) (40.2% of the total for females, 127,991), followed by *Falls* (W01–W19) (27.4%, 87,113). For males, *Complications of medical and surgical care* (Y40–Y84, 33.8% of the total for males, 128,337) and *Falls* (W01–W19) were also the most commonly reported groups (19.8% 75,333). *Transport accidents* (V01–V99) accounted for 9.9% of male external cause separations (37,616) and 6.7% of female separations (21,193).

For females, the highest number of separations for external causes was in the 75 to 84 years age group (17.9%), whereas for males highest numbers were reported in the 15 to 24 (14.7%) and 25 to 34 (13.7%) years age groups.

In the age groups under 14 years, *Falls* (W01–W19) were the most commonly reported external causes for both males and females, followed by *Complications of medical and surgical care* and *Exposure to mechanical forces* (W20–W64). *Complications of medical and surgical care* (Y40–Y84) were the most commonly reported external causes for females of all other age groups except those over 85 years, and for males aged 35 to 84 years. *Exposure to mechanical forces* (W20–W64) was the most commonly reported external cause for males aged 15 to 34 years. In the 15 to 24 years age group, *Transport accidents* (V01–V99) were also a common external cause for both sexes, and *Intentional self-harm* (X60–X84) was common for females, particularly those aged 15 to 44 years. *Falls* (W01–W19) were most common for males and females aged 75 years and over.

Place of occurrence

In ICD-10-AM, the place of occurrence of the external cause is required to be reported for external causes codes V01–Y89; that is, *Accidents* (V01–X59), *Intentional self-harm* (X60–X84), *Assault* (X85–Y09), *Events of undetermined intent* (Y10–Y34), *Legal intervention and operations of war* (Y35–Y36), *Complications of medical and surgical care* (Y40–Y84) and *Sequelae of external causes of morbidity and mortality* (Y85–Y89). Place of occurrence was, however, reported for some separations for which it was not required

School, other public area accounted for the majority of separations with an external cause (155,089), with 86.3% of separations with this place of occurrence having an external cause of *Complication of medical and surgical care* (Y40–Y84). *Home* was the next most commonly reported specified place of occurrence (87,129), and the most frequently reported place of occurrence for *Falls* (W00–W19, 37,682), *Accidental drowning and submersion* (W65–W74, 159), *Exposure to smoke, fire, flames, hot substances* (X00–X19, 2,595), *Accidental poisoning* (X40–X49, 5,128) and *Intentional self-harm* (X60–X84, 11,278). *Street and highway* was most frequently reported for *Transport accidents* (V00–V01, 23,409).

Falls (W00–W19) was the most common external cause group in the *Home* category, accounting for 43.2% of these separations (37,682), and in the *Residential institution* category (6,441, 75.3% of these separations).

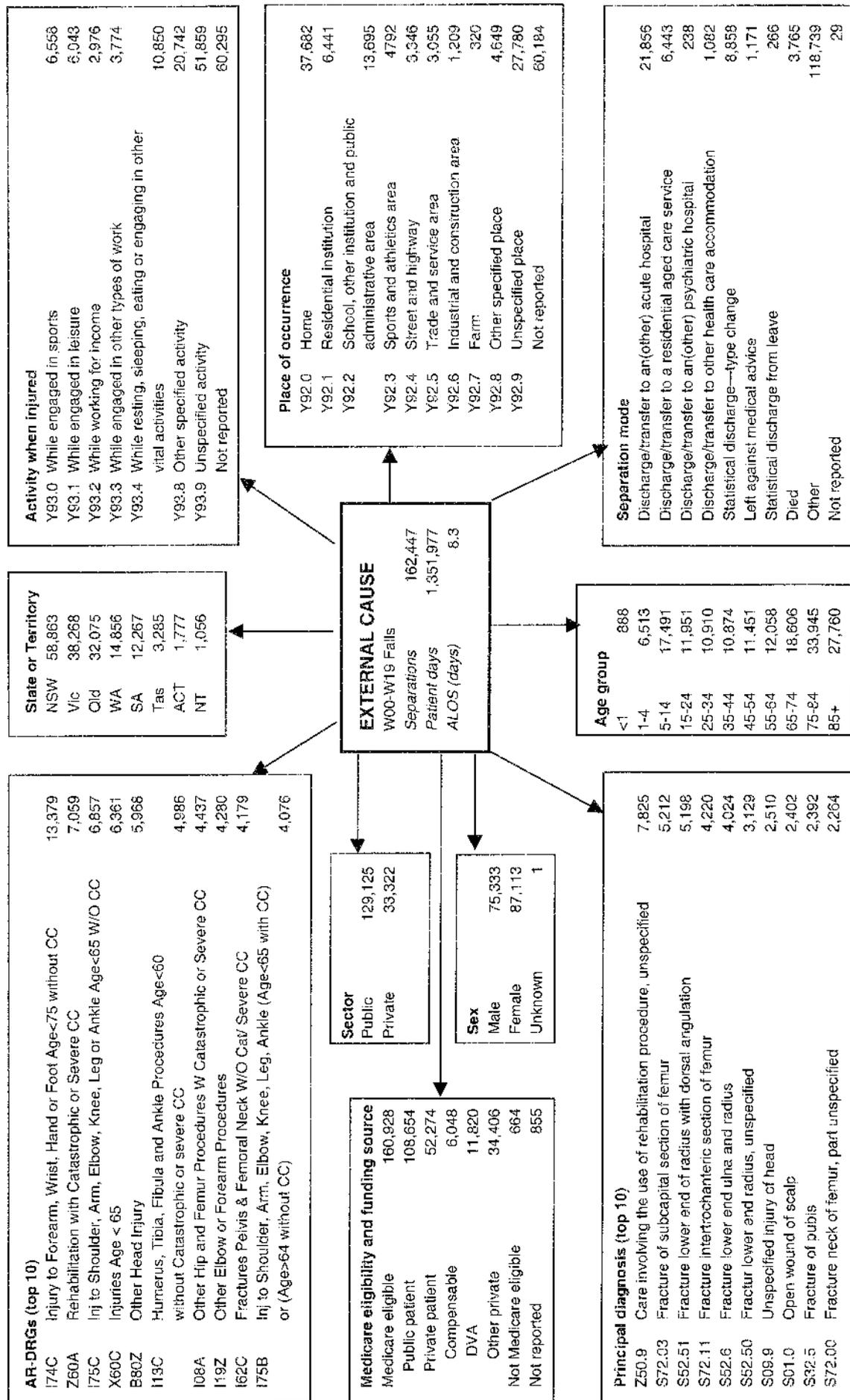
Activity when injured

The activity of the injured person at the time of occurrence of the external cause is required to be reported for external causes codes V01–Y34; that is, *Accidents* (V01–X59), *Intentional self-harm* (X60–X84), *Assault* (X85–Y09) and *Events of undetermined intent* (Y10–Y34). Activity was, however, reported for some separations for which it was not required. The two categories that were most commonly reported for activity were *Other specified* and *Unspecified*, accounting for 34.8% (243,199) of separations for which an external cause was reported (Table 10.6), and activity codes were not reported for 56.6% of separations. Ignoring these categories, the most commonly reported activity at the time of injury was *Working for income*, accounting for 2.8% (19,609) of all external cause separations, followed by *Sports activity* (19,378, 2.8%), and *Resting, sleeping, eating and other vital activities* (17,757, 2.5%).

Principal diagnosis

Table 10.7 presents data showing the first reported external cause for separations with an injury or poisoning as the principal diagnosis. Although data reported on external causes and data reported on diagnoses cannot generally be unequivocally linked, it is likely that the first reported external cause would be related to the principal diagnosis when the latter is an injury or poisoning. In contrast, if the principal diagnosis is not an injury or poisoning, the first reported external cause is relatively less likely to relate to it, and relatively more likely to relate to an additional diagnosis.

Injuries to upper and lower limbs (S40–S99) (189,455, 45.3%) and *Injuries to head and neck* (S00–S19) (70,275, 16.8%) were the most common types of injuries associated with external causes. The most common causes of these injuries were *Falls* (W00–W19) and *Exposure to mechanical forces* (W20–W64). The most common injuries resulting from *Falls* (W00–W19) were *Injuries to upper and lower limbs* (S40–S99) (74,127, 63.9%) and *Injuries to head and neck* (S00–S19) (20,926, 18.0%). These were also the most common injuries associated with *Exposure to mechanical forces* (W20–W64) and *Transport accidents* (V01–V99). The most common injuries caused by *Assault* (X85–Y09) were *Injuries to head and neck* (S00–S19) (11,382, 56.7%), while the most common injuries caused by *Intentional self-harm* (X60–X84) were *Poisoning and toxic effects* (T36–T65) (15,832, 69.5%).



Note: Main abbreviations: CC—complications and comorbidities, W/O—without, Inj—injury, W—with, Cat—catastrophic, ALOS—average length of stay.
Figure 10.1: Interrelationships of external cause (W00-W19 Falls) with other data elements, all hospitals, Australia, 2000-01

Table 10.2: Separations, by external cause in ICD-10-AM groupings and hospital sector, States and Territories, 2000-01

External cause	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
V01-V99	17,612	12,102	11,093	4,767	3,972	1,009	611	770	51,936
W00-W19	51,106	30,631	22,437	11,433	8,805	2,058	1,599	1,056	129,125
W20-W64	19,959	13,763	15,681	5,698	4,128	1,130	754	1,215	52,328
W65-W74	218	56	189	72	22	8	5	10	560
W75-W84	274	618	291	116	172	14	16	18	1,519
W85-W99	352	175	507	257	121	54	7	18	1,491
X00-X19	2,677	1,215	1,810	846	728	113	58	172	7,619
X20-X39	1,530	788	1,479	585	644	79	10	75	5,190
X40-X49	4,714	3,398	2,993	1,408	1,302	209	110	78	14,212
X50-X59	8,703	6,744	4,912	2,685	1,836	460	325	314	25,979
X60-X84	10,295	6,003	5,779	2,827	2,347	642	376	249	28,518
X85-Y09	7,299	4,362	5,472	2,857	1,655	356	130	1,311	23,482
Y10-Y34	678	1,416	296	514	118	28	27	63	3,138
Y35-Y36	232	33	12	10	3	0	1	1	292
Y40-Y84	54,801	48,013	31,069	17,794	17,605	5,222	2,785	1,306	178,595
Y85-Y98	5,378	2,856	4,804	1,762	1,279	684	212	454	17,429
Total^(a)	176,437	128,278	105,627	51,337	43,371	11,613	6,825	6,699	530,187
Private hospitals									
V01-V99	1,769	1,539	1,857	880	488	n.p.	n.p.	n.a.	6,874
W00-W19	7,757	7,637	9,638	3,423	3,462	n.p.	n.p.	n.a.	33,322
W20-W64	2,510	2,629	4,850	1,769	1,150	n.p.	n.p.	n.a.	13,456
W65-W74	41	1	14	6	2	1	0	n.a.	65
W75-W84	40	80	63	85	56	5	0	n.a.	329
W85-W99	28	29	76	20	15	6	0	n.a.	174
X00-X19	113	143	180	72	74	25	0	n.a.	607
X20-X39	51	64	132	73	61	n.p.	n.p.	n.a.	402
X40-X49	144	163	323	120	100	n.p.	n.p.	n.a.	916
X50-X59	7,809	6,522	6,436	2,576	2,734	n.p.	n.p.	n.a.	26,559
X60-X84	193	216	395	623	99	n.p.	n.p.	n.a.	1,612
X85-Y09	183	105	207	327	48	n.p.	n.p.	n.a.	942
Y10-Y34	108	102	131	84	20	n.p.	n.p.	n.a.	462
Y35-Y36	1	2	2	5	0	0	0	n.a.	10
Y40-Y84	20,185	18,293	19,628	9,186	7,808	n.p.	n.p.	n.a.	77,734
Y85-Y98	2,556	1,762	1,940	589	854	n.p.	n.p.	n.a.	8,153
Total^(a)	42,773	38,563	44,676	19,354	16,500	5,136	916	n.a.	167,918

(a) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: exp.—exposure to.

n.a. not available.

Table 10.3: Separations for males, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2000-01

External cause	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(a)
V01-V99 Transport accidents	122	987	4,943	9,542	7,165	5,204	3,476	2,167	1,912	1,566	540	37,616
W00-W19 Falls	493	3,806	11,114	8,495	7,108	6,467	6,246	5,838	7,969	11,015	6,882	75,333
W20-W64 Exposure to mechanical forces	263	2,780	5,944	10,778	9,891	7,689	5,734	3,954	2,740	1,874	666	52,313
W65-W74 Accidental drowning and submersion	22	135	57	48	45	41	28	11	18	8	7	420
W75-W84 Other accidental threats to breathing	71	65	64	74	46	80	90	105	152	240	124	1,111
W85-W99 Exp. electricity, radiation, extreme temperature/pressure	2	23	54	225	286	203	126	82	73	43	10	1,127
X00-X19 Exp. smoke, fire, flames, hot substances	196	1,073	752	773	647	502	380	227	214	222	89	5,075
X20-X39 Exp. venomous plants, animals, forces of nature	21	144	430	438	559	485	440	288	229	202	91	3,387
X40-X49 Accidental poisoning	129	1,359	491	1,331	1,366	1,088	728	499	476	422	174	8,063
X50-X59 Other external causes of accidental injury	141	801	2,507	6,900	6,301	5,006	3,755	2,338	1,706	1,741	733	31,929
X60-X84 Intentional self-harm	22	170	473	2,788	3,398	2,725	1,643	815	714	559	247	13,554
X85-Y09 Assault	113	204	598	4,986	4,444	2,825	1,488	668	439	356	153	16,274
Y10-Y34 Events of undetermined intent	9	26	66	437	476	330	186	89	68	52	37	1,776
Y35-Y36 Legal intervention and operations of war	5	2	20	35	40	14	12	10	18	15	5	177
Y40-Y84 Complications of medical and surgical care	1,118	2,595	4,767	7,889	9,151	10,724	14,174	19,839	27,253	24,427	8,400	128,337
Y85-Y98 Sequelae and supplementary factors	62	276	738	2,564	2,967	2,999	2,442	1,624	1,223	967	280	16,142
Total^(b)	2,748	14,298	32,687	55,833	52,055	44,581	39,599	37,452	43,617	41,742	15,448	380,060

(a) Includes separations for which age was not reported.

(b) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: exp.—exposure to.

Table 10.4: Separations for females, by external cause in ICD-10-AM groupings and age group, all hospitals, Australia, 2000-01

External cause	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(a)
V01-V99 Transport accidents	85	633	2,364	4,001	2,998	2,521	2,091	1,554	1,660	2,186	1,100	21,193
W00-W19 Falls	395	2,707	6,377	3,456	3,802	4,406	5,205	6,220	10,737	22,930	20,878	87,113
W20-W64 Exposure to mechanical forces	210	2,126	2,937	2,732	2,689	2,649	2,347	1,792	1,839	2,437	1,712	23,470
W65-W74 Accidental drowning and submersion	17	70	23	20	17	10	14	14	15	15	10	225
W75-W84 Other accidental threats to breathing	54	47	29	26	42	37	46	60	94	184	118	737
W85-W99 Exp. electricity, radiation, extreme temperature/pressure	1	17	17	97	125	62	53	18	52	68	28	538
X00-X19 Exp. smoke, fire, flames, hot substances	139	671	390	262	272	271	243	177	213	302	211	3,151
X20-X39 Exp. venomous plants, animals, forces of nature	15	113	235	264	261	283	228	210	147	256	193	2,205
X40-X49 Accidental poisoning	107	1,079	305	1,087	1,005	891	656	465	470	644	356	7,065
X50-X59 Other external causes of accidental injury	116	525	1,364	2,080	2,350	2,522	2,374	1,863	2,083	3,126	2,241	20,649
X60-X84 Intentional self-harm	33	120	535	3,883	3,657	3,575	1,990	767	921	843	552	16,576
X85-Y09 Assault	91	161	299	1,578	2,191	1,462	716	362	387	552	329	8,128
Y10-Y34 Events of undetermined intent	7	25	50	463	402	370	203	85	80	81	58	1,824
Y35-Y36 Legal intervention and operations of war	6	2	10	11	17	13	13	8	26	15	4	125
Y40-Y64 Complications of medical and surgical care	785	1,722	3,201	6,116	9,866	14,023	16,751	16,712	22,298	25,343	11,174	127,991
Y85-Y98 Sequelae and supplementary factors	30	192	450	913	1,502	1,606	1,464	1,007	838	956	481	9,439
Total^(b)	2,071	10,107	18,379	26,023	30,090	33,581	33,461	30,473	40,119	56,842	36,892	318,038

(a) Includes separations for which age was not reported.

(b) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: exp.—exposure to.

Table 10.5: Separations, by external cause in ICD-10-AM groupings and place of occurrence, all hospitals, Australia, 2000-01

External cause	Residential institution		School, other public area		Sports & athletics area		Street & highway area		Trade & service area		Industrial & construction area		Other specified places		Unspecified place		Not reported		Total
	Home	institution	area	area	area	area	area	area	area	area	area	area	area	area	area	area	area	area	
V01-V69 Transport accidents	1,149	26	92	1,005	23,409	315	186	1,030	3,388	8,677	19,657	58,810							
W0C-W19 Falls	37,682	6,441	13,695	4,792	3,346	3,055	1,209	320	4,649	27,780	60,184	162,447							
W20-W64 Exposure to mechanical forces	11,588	318	2,097	3,950	423	1,977	4,880	1,343	3,266	23,120	22,917	75,794							
W65-W74 Accidental drowning and submersion	159	2	3	47	0	4	1	3	139	25	263	645							
W75-W84 Other accidental threats to breathing	403	46	554	4	9	14	2	1	18	373	427	1,648							
W85-W99 Exp. electricity, radiation, extreme temperature/pressure	202	5	168	1	9	35	75	13	553	204	400	1,965							
X00-X19 Exp. smoke, fire, flames, hot substances	2,595	36	257	21	50	116	209	50	398	1,619	2,905	8,226							
X20-X39 Exp. venomous plants, animals, forces of nature	1,091	32	82	54	88	28	51	106	660	1,750	1,657	5,592							
X40-X49 Accidental poisoning	5,128	141	562	14	102	264	231	39	273	3,420	5,770	15,128							
X50-X59 Other external causes of accidental injury	2,998	290	1,680	4,157	249	706	1,058	136	1,058	23,387	16,901	52,578							
X60-X84 Intentional self-harm:	11,278	281	1,043	20	254	233	35	6	580	6,014	13,589	30,130							
X85-Y09 Assault	3,167	184	406	122	1,079	1,502	57	6	1,185	9,093	7,744	24,404							
Y10-Y34 Events of undetermined intent	1,018	27	135	9	40	53	10	6	113	1,358	1,321	3,600							
Y35-Y36 Legal intervention and operations of war	16	5	7	0	4	6	0	0	5	21	238	302							
Y40-Y84 Complications of medical and surgical care	8,160	683	133,884	37	84	99	54	5	938	34,539	85,686	256,329							
Y85-Y98 Sequelae and supplementary factors	962	62	1,589	507	2,740	232	693	90	724	8,842	9,237	25,582							
Total^(a)	87,129	8,549	155,089	14,716	31,783	8,593	8,664	3,142	17,795	149,435	241,927	698,105							

(a) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.

Note: Abbreviation: exp.—exposure to.

Table 10.6: Separations, by external cause in ICD-10-AM groupings and activity when injured, all hospitals, Australia, 2000-01

External cause	Sports activity	Leisure activity	Working for income	Other types of work	Resting, sleeping, eating, other vital activities	Other specified activities	Unspecified activity	Not reported	Total
V01-V99 Transport accidents	2,378	3,158	1,705	253	370	14,146	17,295	19,630	58,810
W00-W19 Falls	6,558	6,043	2,976	3,774	10,850	20,742	51,859	60,295	162,447
W20-W64 Exposure to mechanical forces	4,721	2,098	9,749	3,766	2,436	9,506	20,676	22,926	75,784
W65-W74 Accidental drowning and submersion	42	117	3	0	33	85	103	263	645
W75-W84 Other accidental threats to breathing	4	17	5	4	550	235	602	434	1,848
W85-W99 Exp. electricity, radiation, extreme temperature/pressure	107	243	294	103	74	218	226	400	1,365
X00-X19 Exp. smoke, fire, flames, hot substances	8	191	400	367	638	1,415	2,324	2,914	8,226
X20-X39 Exp. venomous plants, animals, forces of nature	72	281	238	217	145	660	2,330	1,655	5,592
X40-X49 Accidental poisoning	13	325	405	139	745	3,712	4,826	5,786	15,128
X50-X59 Other external causes of accidental injury	5,310	711	3,275	703	1,032	2,382	22,251	16,952	52,578
X60-X84 Intentional self-harm	1	104	12	17	111	14,621	4,811	13,616	30,130
X85-Y09 Assault	51	1,045	311	40	177	4,621	10,564	7,733	24,404
Y10-Y34 Events of undetermined intent	13	23	31	20	29	1,313	1,335	1,331	3,600
Y35-Y36 Legal interventions and operations of war	0	0	1	0	0	15	3	283	302
Y40-Y84 Complications of medical and surgical care	16	20	30	195	583	18,180	11,575	226,489	256,329
Y85-Y98 Sequelae and supplementary factors	104	53	289	30	37	747	1,775	22,552	25,582
Total^(a)	19,378	14,374	19,609	9,604	17,757	91,499	151,700	395,057	698,105

(a) As more than one external cause can be reported for each separation, the totals are not the sums of the rows of the table.
 Note: Abbreviation: exp.—exposure to.

Table 10.7: Separations, by first-reported external cause and principal diagnosis in ICD-10-AM groupings, all hospitals, Australia, 2000-01

External cause	Injuries to			Injuries to multi			Poisoning & toxic effects (T36-T65)	Other & unspecified effects of external causes (T66-T79)	Complications of medical & surgical care (T80-T88)	Other trauma & complications; external cause sequelae (T89-T98)	Total
	Injuries to head & neck (S00-S19)	Injuries to thorax, abdomen, back, spine & pelvis (S20-S39)	Injuries to upper & lower limbs (S40-S99)	Injuries to upper or lower region; foreign body effects (T00-T19)	Burns & frostbite (T20-T35)						
V01-V99 Transport accidents	13,707	8,815	22,611	619	327	792	341	1,106	22	48,340	
W00-W19 Falls	20,926	12,952	74,127	1,131	550	2,346	694	3,223	51	116,000	
W20-W64 Exposure to mechanical forces	10,638	2,975	38,572	4,785	501	965	605	1,484	102	60,627	
W65-W74 Accidental drowning and submersion	53	13	71	6	3	12	351	12	0	521	
W75-W84 Other accidental threats to breathing	36	13	72	463	3	9	38	33	0	667	
W85-W99 Exp. electricity, radiation, extremes ^(a)	44	25	101	4	179	23	858	27	1	1,262	
X00-X19 Exp. smoke, fire, flames, hot substances	378	100	743	52	3,938	285	85	184	4	5,769	
X20-X39 Exp. venomous plants, animals ^(b)	239	96	594	42	36	2,528	588	107	1	4,231	
X40-X49 Accidental poisoning	585	223	1,203	80	390	8,517	276	281	3	11,558	
X50-X59 Other external causes of accidental injury	5,514	2,400	27,422	526	138	442	1,573	751	23	38,789	
X60-X84 Intentional self-harm	1,319	761	3,647	178	180	15,832	339	527	9	22,792	
X85-Y09 Assault	11,382	1,879	5,101	227	126	505	381	463	21	20,985	
Y10-Y34 Events of undetermined intent	163	79	488	22	26	1,976	34	48	0	2,837	
Y35-Y36 Legal intervention and operations of war	25	8	41	0	1	8	1	3	0	87	
Y40-Y84 Complications of medical and surgical care	4,664	2,449	13,139	646	598	2,784	1,341	56,059	37	81,717	
Y85-Y98 Sequelae and supplementary factors	602	233	1,522	69	57	207	87	530	13	3,320	
Total	70,275	33,021	189,455	8,850	7,053	37,231	7,582	64,838	287	418,602	

(a) Extreme temperature/pressure.

(b) Or forces of nature.

Note: Abbreviation. exp.—exposure to.

11 Australian Refined Diagnosis Related Groups for admitted patients

Introduction

Australian Refined Diagnosis Related Groups (AR-DRGs) is an Australian admitted patient classification system which provides a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. The classification categorises acute admitted patient episodes of care into groups with similar conditions and similar usage of hospital resources, using information in the hospital morbidity record such as the diagnoses, procedures and demographic characteristics of the patient. This report uses AR-DRG version 4.2 (DHAC 1998, 2000a, 2000b).

The AR-DRG classification is partly hierarchical, with 23 Major Diagnostic Categories (MDCs) into which the 661 AR-DRGs can be grouped. The MDCs are mostly defined by body system or disease type, and correspond with particular medical specialities.

In general, episodes are assigned to MDCs on the basis of the principal diagnosis. Some episodes involving procedures that are particularly resource intensive can also be assigned to the Pre-MDC category (AR-DRGs A01Z–A41Z), irrespective of the MDC assigned on the basis of principal diagnosis. Records for these episodes have been categorised separately in tables and figures based on MDCs in this chapter. Episodes with Error DRGs (AR-DRGs 901Z–903Z, 961Z–963Z and 960Z, see Glossary) have been similarly categorised separately, even if they were assigned to an MDC.

Episodes are assigned to AR-DRGs within MDCs, primarily on the basis of the procedure codes (in the surgical partition) or the diagnosis codes (in the medical partition). When more than one AR-DRG is associated with a cluster of closely-related procedures or diagnoses, other variables, such as the patient's age, complicating diagnoses/procedures and/or patient clinical complexity level, and the mode of separation, are used for AR-DRG assignment.

The data were regrouped by the Institute, in consultation with the States and Territories, and the AR-DRGs that resulted from this regrouping are reported here. They may differ from AR-DRGs derived at the State or Territory level because of differences in coding and mapping conventions.

The information in this chapter is presented using both levels of the AR-DRG classification:

- MDCs – these 23 groups are used to provide information aggregated at a high level (Figures 11.2 and 11.3, Tables 11.1 to 11.4);
- AR-DRGs – detailed information is presented for the 30 of the 661 AR-DRGs with the highest number of separations (Tables 11.5 to 11.14).

All tables in this chapter include separations for which the care type was reported as *Acute*, *Newborn* (for separations with at least one qualified day) or was not reported. That is,

separations for care types *Rehabilitation, Palliative care, Geriatric evaluation and management, Maintenance care, Organ procurement – posthumous, Other admitted patient care* and *Newborn* (for separations with unqualified days only) are excluded where they were able to be identified (see Table 6.10). Of the separations for which the care type was reported, 93.1% were reported as *Acute* (92.0%, 3,700,443 of 4,022,638 in the public sector and 93.7%, 2,165,044 of 2,310,214 in the private sector). For public psychiatric hospitals, 91.5% of separations for which the care type was reported were *Acute*.

Tables are presented with summary separation, patient day and average length of stay statistics for public and private hospitals, nationally and by State and Territory. National information on age group and sex distributions is also presented.

The average length of stay figures were calculated using all separations. That is, the data were not trimmed of separations with unusually long or short lengths of stay. A relative stay index (RSI) is also included in Tables 11.1 and 11.2 to provide a more accurate measure of the relative length of stay for each Major Diagnostic Category between the public and private sectors. The 'relative stay index' is defined as the actual number of patient days for acute care separations in selected AR-DRGs divided by the expected number of patient days adjusted for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix distribution. An RSI of less than 1 indicates that the number of bed days used was less than would have been expected (see Appendix 4 for more details).

Some data for private hospitals in Tasmania and the Australian Capital Territory have not been included in Tables 11.4, 11.10, 11.12, 11.15 and 11.16. These data were supplied but are not published, for confidentiality reasons.

Cost weights and costs by volume

For each AR-DRG, 1999–00 cost weights were used for the public and private sectors. These had been estimated by the Department of Health and Aged Care, through the National Hospital Cost Data Collection (DHAC 2001). Cost weights for 2000–01 were not available at the time of printing.

The cost weights represent the costliness of an AR-DRG relative to all other AR-DRGs, such that the average cost weight for all separations is 1.00. The data collection also provided estimates of average costs for each separation for an AR-DRG with a cost weight of 1.00: \$2,547 in the public sector and \$2,091 in the private sector (both including depreciation). Separate cost weights are estimated for the public and private sectors because of the differences in the range of costs recorded in public and private hospitals.

The *Cost by volume* figures in this chapter were derived for each AR-DRG by multiplying the estimated average cost for the AR-DRG by the number of separations for the AR-DRG. For MDCs, the cost estimates for all the AR-DRGs within the MDC were then summed to produce an estimated cost for the MDC.

The *Cost by volume* figures in this chapter are estimates only, intended for use as a guide to the approximate relative costs of hospital services during 2000–01. They should be used with caution in any comparisons of the States and Territories or the public and private sectors. They are not derived from, or comparable with, the expenditure and cost per casemix-adjusted separation information presented in Chapters 3 and 4.

Information based on the average cost weights of separations is also included in Chapters 2, 4 and 6. Updated information will be included on the Internet at <http://www.aihw.gov.au/publications/hse/ahs00-01/index.html>, once 2000–01 cost weights become available.

Appendix 9 includes further information on the National Hospital Cost Data Collection.

AR-DRGs and other data elements reported for separations

The information on AR-DRG reported in this chapter is compiled in the National Hospital Morbidity Database with a range of other data. Figure 11.1 demonstrates this using the example of the AR-DRG G02B *Major small and large bowel procedures without catastrophic or severe complication or comorbidity*.

There were 9,693 separations with an AR-DRG of G02B, with an average length of stay of 9.1 days. The majority of separations were in the public sector (55.4%), and 50.8% of separations were for private patients (in comparison to 42.7% overall, Table 6.1). About 55% of patients were females and the most common age group reported was 65 to 74 years (2,298, 23.7%). The majority of patients (8,984, 92.7%) had a separation mode of *Other*, suggesting that most of these persons went home after separation from hospital. The most common principal diagnosis reported in conjunction with an AR-DRG of G02B was *Rectal prolapse* (K62.3), while the most common additional diagnosis was *Peritoneal adhesions* (K66.0). The most common procedure performed was *General anaesthesia* (Block 1910), followed by *Colectomy* (Block 913).

Major Diagnostic Categories

Sector

Figures 11.2 and 11.3 provide a summary of the numbers of separations and patient days reported for each of the MDCs by sector.

The MDC with the highest number of separations in the public sector was *Diseases and disorders of the kidney and urinary tract* (MDC 11), followed by *Diseases and disorders of the digestive system* (MDC 06). In the private sector, *Diseases and disorders of the digestive system* (MDC 06) had the largest number of separations, followed by *Diseases and disorders of the musculoskeletal system and connective tissue* (MDC 08). For the public sector, the highest number of patient days were reported for the *Diseases and disorders of the circulatory system* (MDC 05) and *Mental diseases and disorders* (MDC 19) MDCs. The *Diseases and disorders of the musculoskeletal system and connective tissue* (MDC 08) and *Diseases and disorders of the digestive system* (MDC 06) MDCs accounted for the highest numbers of patient days in the private sector. For the public and private sectors combined, the two MDCs with the most separations were *Diseases and disorders of the digestive system* (MDC 06) and *Diseases and disorders of the kidney and urinary tract* (MDC 11). The largest numbers of patient days were reported for the *Diseases and disorders of the musculoskeletal system and connective tissue* (MDC 08) and *Diseases and disorders of the circulatory system* (MDC 05) MDCs.

The average lengths of stay varied by MDC and hospital sector (Tables 11.1 and 11.2). In the public sector, they ranged from 29.3 days for the *Pre-MDC* group to 1.4 days for *Diseases and disorders of the eye* (MDC 02). In the private sector, the longest average length of stay was 28.5 days for the *Pre-MDC* group, and the shortest was 1.1 days, for *Diseases and disorders of the eye* (MDC 02).

Notable differences between hospital sectors were for *Pregnancy, childbirth and puerperium* (MDC 14), where the average length of stay was higher for private hospitals (3.7 days) than for public hospitals (2.9 days); *Newborns and other neonates* (MDC 15), where the average length of stay was higher in public hospitals (8.1 days) than in private hospitals (6.4 days); *Infectious and parasitic diseases* (MDC 18), where the average length of stay was higher for private hospitals (5.8 days) than for public hospitals (4.8 days); *Mental diseases and disorders* (MDC 19), where the average length of stay was higher for public hospitals (10.3 days) than for private hospitals (5.6 days); and *Alcohol/drug use and alcohol/drug induced organic mental disorders* (MDC 20), where the average length of stay was higher for private hospitals (5.8 days) than for public hospitals (4.4 days). A variety of factors could be responsible for such discrepancies, for example different patient populations (and numbers of separations for AR-DRGs within the MDCs), patterns of service provision, facilities available, treatment regimes and reporting practices.

The RSI data provides length of stay comparisons adjusted for the AR-DRG patterns within the MDCs and patient age. Differences between the sectors were recorded for MDCs such as *Diseases and disorders of the respiratory system* (MDC 04), with an RSI of 0.97 in the public sector and 1.12 in the private sector.

About 87% of patients in public hospitals were public patients, in contrast to just 4.2% in private hospitals. The highest proportion of public patients in public hospitals was for *Alcohol/drug use and alcohol/drug induced organic mental disorders* (MDC 20, 96.9%), while the lowest was for *Diseases and disorders of the eye* (MDC 02, 78.0%). The highest proportion of public patients in private hospitals was for *Diseases and disorders of the kidney and urinary tract* (MDC 11, 16.3%), followed by *Burns* (MDC 22, 9.6%).

The cost by volume data for MDCs in Tables 11.1 and 11.2 show that the costliest MDC in the public sector was estimated to be *Diseases and disorders of the circulatory system* (MDC 05). In the private sector it was *Diseases and disorders of the musculoskeletal system and connective tissue* (MDC 08).

Almost 70% of separations in the public sector were for *Medical DRGs* (2,619,182), compared with 36.3% in the private sector (799,423). In contrast, there was a larger proportion of separations for *Surgical DRGs* (40.3%, 889,268) in the private sector than in the public sector (21.5%, 805,166).

States and Territories

Tables 11.3 to 11.4 contain detail on the number of separations by MDC in the States and Territories. These tables enable State by State comparisons of overall hospital use for the different MDCs, and the share of separations between the public and private sectors. For example, the proportion of total separations for *Diseases and disorders of the digestive system* (MDC 06) in private hospitals (rather than public hospitals) was higher in Queensland (60.0%, 104,853) than in the other jurisdictions, for example South Australia (44.0%, 28,968). In contrast, the proportion of total separations for *Diseases and disorders of the nervous system* (MDC 01) in public hospitals (rather than private hospitals) was higher in New South Wales (82.4%, 63,916) than in the other jurisdictions, for example Western Australia (70.7%, 16,481).

The distributions of separations by MDC within the States and Territories were broadly consistent with those at the national level. Notable exceptions in the public sector included *Neoplastic disorders* (MDC 17) in the Northern Territory (1.6% of separations, 905, compared with a national average of 4.2%, 157,228), reflecting referrals interstate of Northern Territory patients with cancer (22.5%, 13,545, compared with 16.4%, 615,305). In the private sector,

South Australia and Western Australia reported fewer separations for *Diseases and disorders of the digestive system* (MDC 06) (15.8% of separations, 28,968, and 16.4% of separations, 40,405, compared with 19.0%, 419,179, nationally).

Australian Refined Diagnosis Related Groups

Sector

Tables 11.5 to 11.14 present information on the most commonly reported AR-DRGs. Tables 11.5 and 11.6 contain summary separation, patient day and average length of stay statistics for the 30 AR-DRGs with the most separations in public and private hospitals.

In the public sector in 2000–01, *Admit for renal dialysis* (AR-DRG L61Z) was the most common AR-DRG, accounting for 13.0% (487,350) of total separations (Table 11.5). Other leading AR-DRGs included *Chemotherapy* (AR-DRG R63Z) with 3.0% (112,218), and *Vaginal delivery without complicating diagnosis* (AR-DRG O60D) with 2.8% (104,857), of total public sector separations. The corresponding top three AR-DRGs in the private sector were *Other colonoscopy, same day* (AR-DRG G44C) with 7.3% (160,569) of total separations, *Chemotherapy* (AR-DRG R63Z) with 5.1% (111,807) and *Other gastroscopy for non-major digestive disease, same day* (AR-DRG G45B) with 4.9% (108,063) (Table 11.6).

Of the 10 AR-DRGs with the most separations for the public sector, four were not included in the top 30 for the private sector, namely *Chest pain* (AR-DRG F74Z), *Oesophagitis, gastroenteritis and miscellaneous digestive system disorders age>9 without catastrophic severe complication or comorbidity* (AR-DRG G67B), *Other antenatal admission with moderate or no complicating disorder* (AR-DRG O65B) and *Bronchitis and asthma age<50 without complication or comorbidity* (E69C). On the other hand, only two of the leading 10 AR-DRGs in the private sector was missing from the top 30 for the public sector, namely *Dental extraction and restorations* (AR-DRG D40Z) and *Knee procedures* (AR-DRG I18Z).

Within the top 30, average lengths of stay ranged from 5.7 days for *Heart failure and shock without catastrophic complication or comorbidity* (AR-DRG F62B) to 1 day for seven different AR-DRGs in the public sector and from 6.2 days for *Caesarean delivery without complicating diagnosis* (AR-DRG O01D) to 1 day for twelve different AR-DRGs in the private sector.

The highest proportion of public patients in public hospitals was for *Poisoning/toxic effects of drugs and other substances, age<60 without complication or comorbidity* (AR-DRG X62B, 95.4%), while the lowest was for *Major lens procedures* (AR-DRG C08Z, 78.7%). The highest proportion of public patients in private hospitals was for *Admit for renal dialysis* (AR-DRG L61Z, 26.7%), with less than 10% for each of the remaining AR-DRGs.

The highest costs in public hospitals were estimated to be for *Vaginal delivery without complicating diagnosis* (AR-DRG O60D), followed by *Admit for renal dialysis* (AR-DRG L61Z). In the private sector, the costliest AR-DRGs in the top 30 were estimated to be *Major lens procedures* (AR-DRG C08Z) and *Other colonoscopy, same day* (AR-DRG G44C).

Private free-standing day hospitals

Table 11.7 contains summary separation, public patient separation and patient day statistics for the 30 AR-DRGs with the most separations in private free-standing day hospitals. *Other colonoscopy, same day* (AR-DRG G44C) was the most common AR-DRG, accounting for 18.1% (59,905) of total separations. Other leading AR-DRGs included *Other gastroscopy for non-*

major digestive disease, same day (AR-DRG G45B) with 13.9% (45,942), and *Major lens procedures* (AR-DRG C08Z) with 10.1% (33,471) of total separations. The proportion of public patient separations was highest for *Admit for renal dialysis* (AR-DRG L61Z, 51.4%), followed by *Circulatory disorders without acute myocardial infarction with invasive cardiac investigative procedure and without complex diagnosis or procedure* (AR-DRG F42B, 47.9%).

Public psychiatric hospitals

In public psychiatric hospitals, most of the separations had AR-DRGs reported that were within the mental diseases and disorders, and alcohol/drug use and alcohol/drug induced organic mental disorders MDCs (AR-DRGs beginning with U or V, respectively) (Table 11.8). *Schizophrenia disorders with mental health legal status* (AR-DRG U61A) accounted for the most separations (2,634, 15.9%) and also accounted for the most patient days (163,507, 33.1%). *Personality disorders and acute reactions* (AR-DRG U67Z) ranked second for separations (2,499, 15.1%), and *Schizophrenia disorders without mental health legal status* (AR-DRG U61B) for patient days (70,451, 14.3%).

The average length of stay was long for most of these AR-DRGs and only 18.0% (2,986) of separations were same day separations, compared with 46.9% in public hospitals overall. The average length of stay for *Schizophrenia disorders with mental health legal status* (AR-DRG U61A) in public psychiatric hospitals was 62.1 days and the average length of stay for *Personality disorders and acute reactions* (AR-DRG U67Z) was 8.1 days.

Separations in public psychiatric hospitals include some with very long lengths of stay, up to several years. Hence the average lengths of stay should be interpreted taking into consideration the inclusion of some very long stay separations. The median lengths of stay were markedly shorter than the average lengths of stay for *Schizophrenia disorders with mental health legal status* (AR-DRG U61A) (19 days, compared with the average length of stay of 62.1 days), *Major affective disorders age <70 without catastrophic or severe comorbidity or complication* (AR-DRG U63B) (13 days, compared with the average length of stay of 19.2 days) and *Dementia and other chronic disturbances of cerebral function* (AR-DRG B63Z) (35 days, compared with the average length of stay of 151.6 days). (By definition, half the separations have a shorter length of stay and half have a longer length of stay than the median.)

States and Territories

There was some variation between the States and Territories in the relative number of separations for the most common AR-DRGs (Tables 11.9 and 11.10). For example, in the public sector in the Northern Territory and the Australian Capital Territory, *Admit for renal dialysis* (AR-DRG L61Z) accounted for a markedly greater proportion of separations than the national average (32.5%, 18,874, and 19.3%, 11,667, respectively, compared with 13.0%, 487,350).

In the private sector, examples of differences include separations in Western Australia for *Non-surgical neck and back conditions with pain management procedure/myelogram* (AR-DRG I68C), which accounted for 2.0% of separations (4,908), compared with the national average of 0.7% (16,000).

The average lengths of stay were mainly similar among the States and Territories (Tables 11.11 and 11.12). However, there was some variation. In the public sector, *Other factors influencing health status age <80 without complication or comorbidity* (AR-DRG Z64B) ranged from 10.7 days in Tasmania to 1.4 days in Western Australia and the Australian Capital

Territory, and *Heart failure and shock without catastrophic complication and comorbidity* (AR-DRG F62B) ranged from 5.0 days in Victoria and the Northern Territory to 7.5 days in Tasmania. In the private sector, variation in lengths of stay was evident for AR-DRGs such as *Vaginal delivery without complicating diagnosis* (AR-DRG O60D), *Non-surgical neck and back conditions with pain management procedure/myelogram* (AR-DRG I68C), *Other skin graft and/or debridement procedures* (AR-DRG J08B) and *Caesarean delivery without complicating diagnosis* (AR-DRG O01D).

Age group and sex

Tables 11.13 and 11.14 summarise separations by age group and sex for the 30 leading AR-DRGs. Fifteen of the top 30 AR-DRGs were common to both sexes, while some others were more sex-specific (for example, *Vaginal delivery without complicating diagnosis* (AR-DRG O60D). *Admit for renal dialysis* (AR-DRG L61Z) was the most commonly reported AR-DRG for both sexes, with the most separations in the 65 to 74 years age group.

The age distributions varied by AR-DRG. For example, *Dental extraction and restorations* (AR-DRG D40Z) was most commonly reported for males and females in the 15 to 24 years age group. *Knee procedures* (AR-DRG I18Z) was most commonly reported for males in the 35 to 44 years age group and for females in the 45 to 54 years age group, and 55.9% of separations (65,820) for *Major lens procedure* (AR-DRG C08Z) were for persons over the age of 75 years.

Additional data

The accompanying tables on the Internet at <http://www.aihw.gov.au/publications/hse/ahs00-01/index.html> provide national and State and Territory summary statistics for public and private hospitals for each AR-DRG (as presented for the top 30 AR-DRGs in Tables 11.5 and 11.6). For confidentiality, data for some AR-DRGs in the private sector have been suppressed. The information was suppressed if there were fewer than 50 private hospital separations reported for the AR-DRG and fewer than three reporting units (hospitals, or States or Territories where the hospitals were not individually identified), or there were three reporting units and one contributed more than 85% of the total separations, or two contributed more than 90% of the separations for the AR-DRG.

Error DRGs

Error DRGs are the groups to which records containing clinically inconsistent or invalid information are assigned. Group 1 Error DRGs (901Z, 902Z and 903Z) are assigned when all the operating room procedures are unrelated to the MDC of the patient's principal diagnosis. Group 2 Error DRGs (961Z, 962Z and 963Z) are assigned when a principal diagnosis is coded which will not allow the patient to be assigned to a clinically coherent DRG. Group 3 Error DRG (960Z) is assigned when the principal diagnosis is invalid, or when other necessary information is incorrect or missing (DHAC 1998).

Table 11.15 provides information on Group 1 Error DRGs for the 10 procedures with the highest number of separations, by hospital sector and State and Territory. Table 11.16 provides information on Group 2 Error DRGs, for the 10 principal diagnoses with the highest number of separations, by hospital sector and State and Territory. A higher number of separations was assigned to Group 1 Error DRGs for public hospitals (54.8%, 6,298) than

for private hospitals (45.2%, 5,199), while a lower number was assigned to Group 2 Error DRGs for public hospitals (36.3%, 926) than for private hospitals (63.7% 1,624).

Variation in the assignment of separations to Error DRGs is evident between the States and Territories. In public hospitals, the number of Group 1 Error DRGs ranged from 2,246 in New South Wales to 60 in Tasmania. In private hospitals, the number of Group 1 Error DRGs ranged from 1,492 in New South Wales to 68 in the Australian Capital Territory. The number of Group 2 Error DRGs in public hospitals ranged from 8 in the Australian Capital Territory to 742 in New South Wales, while in private hospitals, the number of Group 2 Error DRGs ranged from 2 in South Australia to 1,581 in New South Wales.

Figure 11.4 shows Error DRGs as a percentage of all separations, by State and Territory. Group 2 Error DRGs accounted for the lowest proportion of separations assigned to Error DRGs, while Group 1 Error DRGs accounted for the highest proportion.

Changes 1999–00 to 2000–01

Table 11.17 presents the 30 AR-DRGs with the largest changes in the numbers of separations in either public or private hospitals (or both) between 1999–00 and 2000–01. The net increase in separations for these AR-DRGs was 162,138 for private hospitals (66.2% of the total increase of 244,802 separations for private hospitals) and 18,380 for public hospitals. The AR-DRG with the largest change in the number of separations was *Admit for renal dialysis (L61Z)*, with increases of 22,099 separations and 20,700 separations in private and public hospitals respectively.

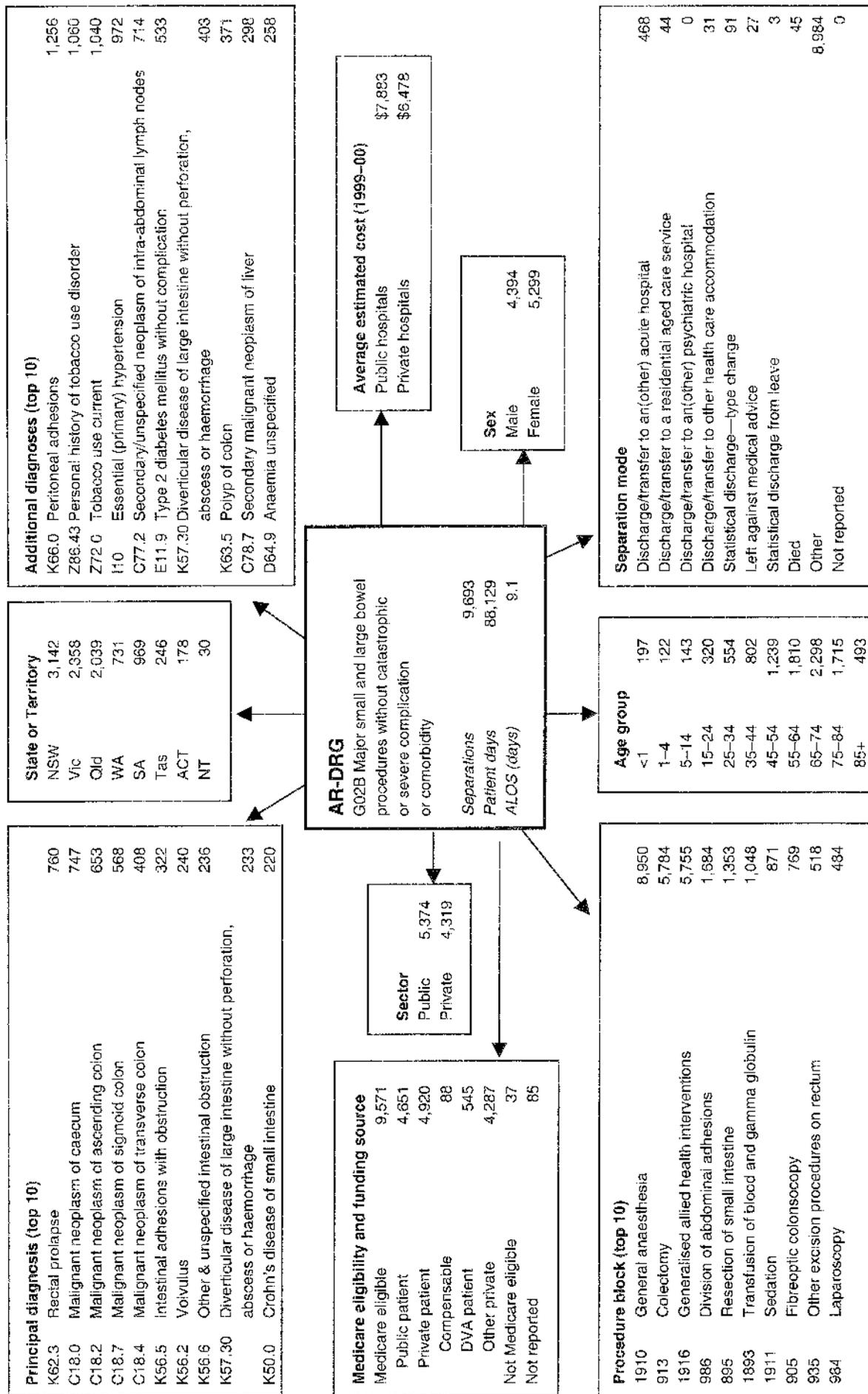
The AR-DRGs in Table 11.17 either recorded increases for both sectors, an increase for one sector and a decrease for the other sector, or decreases for both sectors.

The number of separations increased in both the public and private sectors for 13 of the AR-DRGs, with increases generally greater in private hospitals. For example, the number of separations for *Other colonoscopy, same day (AR-DRG G44C)*, increased by 24,668 in private hospitals, from 135,901 in 1999–00 to 160,569 in 2000–01, compared with an increase of 483 separations in public hospitals. Similarly, the number of separations for *Major lens procedures (AR-DRG C08Z)* increased by 10,802 separations in private hospitals between 1999–00 and 2000–01, compared with an increase of 1,881 separations in public hospitals.

There was an increase in the number of separations in the private sector and a decrease in the number of separations in the public sector for 13 of the AR-DRGs presented in Table 11.17. For example, there were 90,512 separations for *Chemotherapy (AR-DRG R63Z)* in private hospitals in 1999–00 compared to 111,807 separations in 2000–01, an increase of 21,295 separations. The number of separations for this AR-DRG in public hospitals decreased from 116,629 in 1999–00 to 112,218 in 2000–01, a decrease of 4,411 separations.

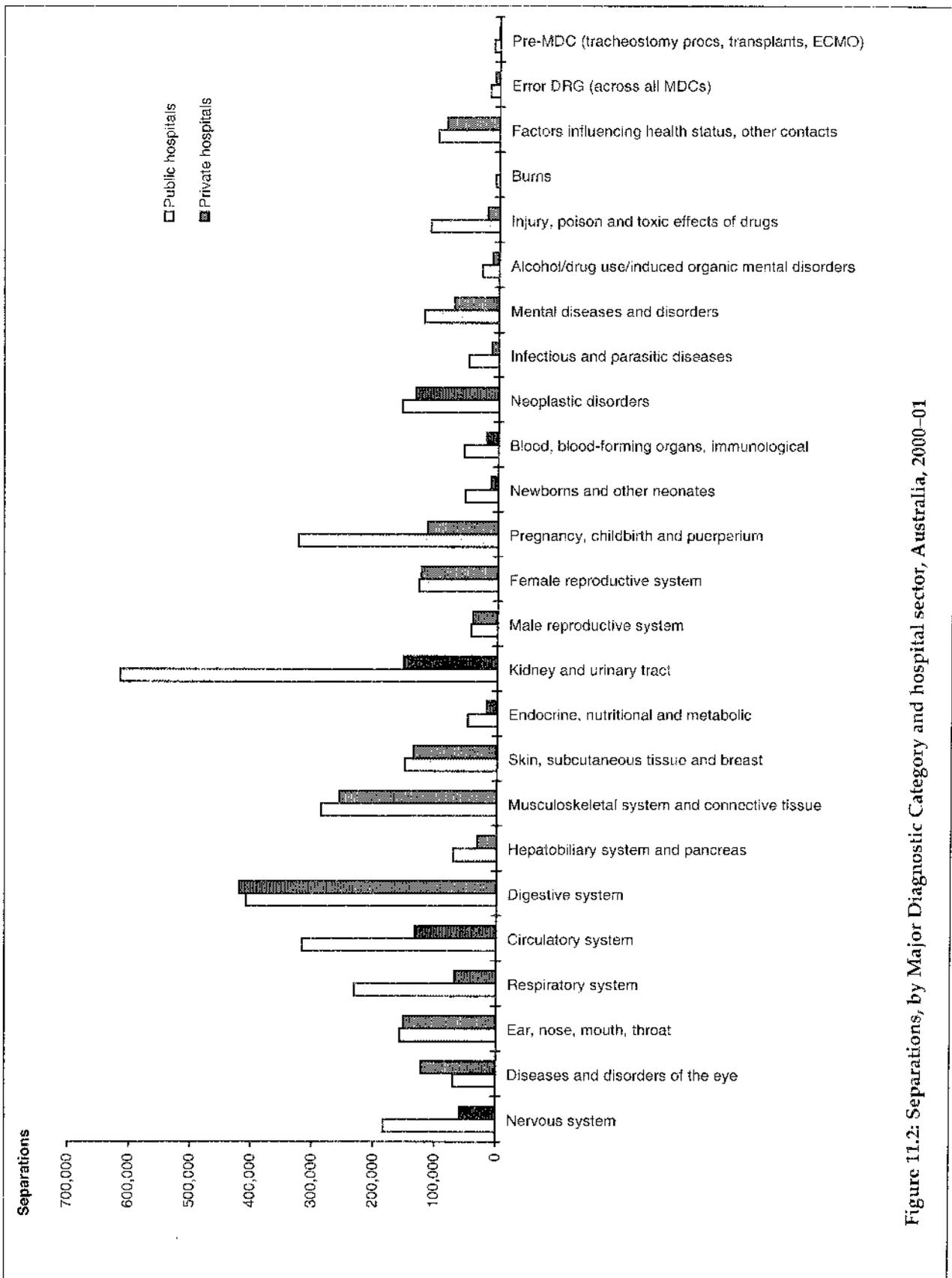
For AR-DRGs *Minor skin disorders without complications or comorbidities (J67B)*, *Other lens procedures (C09Z)* and *Tonsillectomy and adenoidectomy (D11Z)*, the number of separations decreased in both public and private hospitals between 1999–00 and 2000–01. *Neonate, admission weight > 2,499g without significant operating room procedure, without problems (AR-DRG P67D)* was the only AR-DRG presented in Table 11.17 for which the number of separations increased in public hospitals and decreased in private hospitals between 1999–00 and 2000–01.

Some of these changes in the private sector may reflect changes in the scope of the National Hospital Morbidity Database, as described in Chapter 2.



Note: Main abbreviations: ALOS—Average length of stay

Figure 11.1: Interrelationships of an AR-DRG (G02B Major small and large bowel procedures without catastrophic or severe complication or comorbidity) with other data elements, all hospitals, Australia, 2000-01



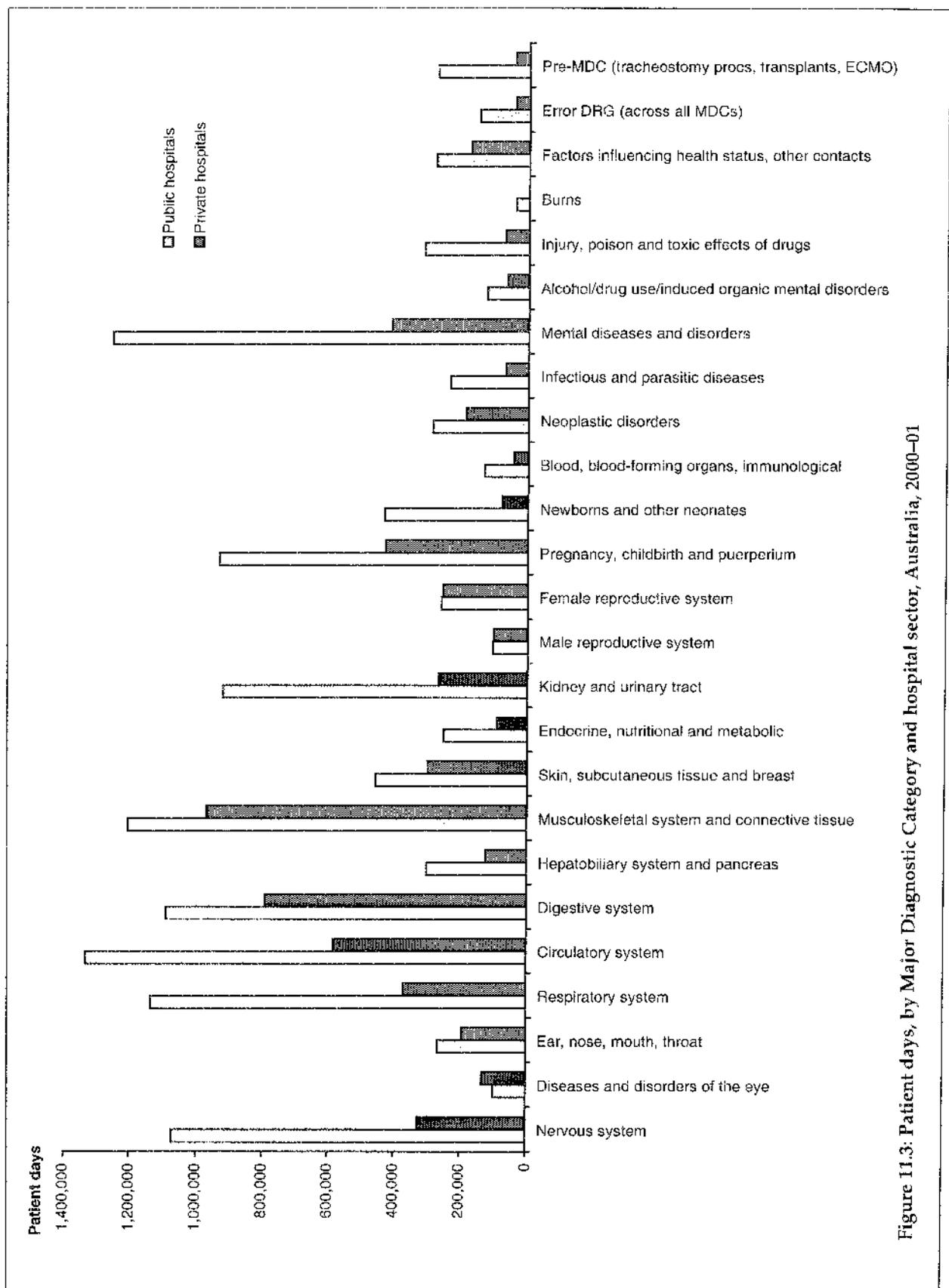


Table 11.1: Selected separation and cost statistics, by Major Diagnostic Category and medical/surgical/other partition, public hospitals, (a) Australia, 2000-01

Major Diagnostic Category	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	ALOS		Cost by volume (\$'000)	Relative stay index
								separations	excluding same day		
PR Pre-MDC (tracheostomies, transplants, ECMO)	9,301	278	7551.0	4.8	272,095	141.1	29.3	30.1	440,103	1.00	
01 Diseases and disorders of the nervous system	184,404	58,266	155,490	95.7	1,072,383	556.3	5.8	8.0	653,788	0.88	
02 Diseases and disorders of the eye	70,197	52,559	54,770	36.4	100,290	52.0	1.4	2.7	133,873	1.06	
03 Diseases and disorders of the ear, nose, mouth and throat	157,841	72,612	135,231	81.9	267,296	138.7	1.7	2.3	255,378	1.02	
04 Diseases and disorders of the respiratory system	231,545	53,725	197,753	120.1	1,134,371	588.5	4.9	5.6	728,831	0.97	
05 Diseases and disorders of the circulatory system	316,904	71,879	263,580	164.4	1,332,914	691.4	4.2	5.1	1,192,792	0.99	
06 Diseases and disorders of the digestive system	408,519	195,358	356,899	211.9	1,089,956	565.4	2.7	4.2	850,460	0.99	
07 Diseases and disorders of the hepatobiliary system and pancreas	70,988	12,996	62,249	36.8	300,754	156.0	4.2	5.0	258,941	1.00	
08 Diseases and disorders of the musculoskeletal system and connective tissue	286,047	101,337	235,607	148.4	1,204,302	624.7	4.2	6.0	1,073,892	0.98	
09 Diseases and disorders of the skin, subcutaneous tissue and breast	150,615	76,224	130,681	78.1	454,816	235.9	3.0	5.1	318,967	1.00	
10 Endocrine, nutritional and metabolic diseases and disorders	48,031	10,867	41,895	24.9	250,743	130.1	5.2	6.5	171,407	0.98	
11 Diseases and disorders of the kidney and urinary tract	615,305	539,658	545,692	319.2	918,851	476.7	1.5	5.0	526,867	1.00	
12 Diseases and disorders of the male reproductive system	43,469	23,623	37,270	22.5	104,253	54.1	2.4	4.1	86,303	1.03	
13 Diseases and disorders of the female reproductive system	129,180	80,663	110,298	67.0	258,256	134.0	2.0	3.7	242,790	0.89	
14 Pregnancy, childbirth and puerperium	324,989	76,642	300,249	168.6	931,703	483.3	2.9	3.4	711,033	0.93	
15 Newborns and other neonates	53,534	5,808	48,558	27.8	431,091	223.6	8.1	8.9	313,328	0.95	
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	55,607	36,439	47,800	28.8	131,668	68.3	2.4	5.0	93,232	1.00	
17 Neoplastic disorders (haematological and solid neoplasms)	157,228	138,097	136,707	81.6	287,069	148.9	1.8	7.8	202,400	1.04	
18 Infectious and parasitic diseases	49,143	9,167	42,819	25.5	233,763	121.3	4.8	5.6	162,487	1.00	
19 Mental diseases and disorders	121,169	32,850	113,903	62.9	1,250,844	648.9	10.3	13.8	434,660	0.94	
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	28,010	6,441	27,146	14.5	123,601	64.1	4.4	5.4	53,596	0.85	
21 Injuries, poisoning and toxic effects of drugs	111,974	42,494	94,293	58.1	312,357	162.0	2.6	3.9	273,021	0.98	
22 Burns	6,147	1,622	5,179	3.2	37,667	19.5	6.1	8.0	40,998	1.02	
23 Factors influencing health status and other contacts with health services	99,175	69,532	86,415	51.4	277,348	143.9	2.8	7.0	148,906	1.05	
ED Error DRGs	15,264	6,844	13,089	7.9	148,258	76.9	9.7	16.8	96,245	1.19	
Surgical DRG	805,166	307,014	678,559	417.7	3,389,314	1,758.2	4.2	6.2	3,813,272	0.96	
Medical DRG	2,619,182	1,195,733	2,297,061	1,358.7	8,973,683	4,655.1	3.4	5.5	5,169,170	1.02	
Other DRG	320,238	253,234	275,504	166.1	563,652	282.4	1.8	4.6	481,869	1.06	
Total	3,744,586	1,755,981	3,251,124	1,942.5	12,926,649	6,705.7	3.5	5.6	9,464,312	0.98	

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.
 Note: Abbreviations: ALOS—average length of stay, MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

Table 11.2: Selected separation and cost statistics, by Major Diagnostic Category and medical/surgical/other partition, private hospitals, (a) Australia, 2000-01

Major Diagnostic Category	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient per 10,000 population	ALOS		Cost by volume (\$'000)	Relative stay index
							(days)	excluding same day		
PR Pre-MDC (tracheostomies, transplants, ECMO)	1,460	62	67.0	0.8	41,616	21.8	28.5	50,457	0.99	
01 Diseases and disorders of the nervous system	59,130	21,543	2,827	30.7	327,029	171.4	5.5	170,283	1.04	
02 Diseases and disorders of the eye	122,351	99,991	2,710	63.5	132,825	59.6	1.1	163,948	0.96	
03 Diseases and disorders of the ear, nose, mouth and throat	151,693	96,427	3,151	78.7	192,495	100.9	1.3	161,287	0.98	
04 Diseases and disorders of the respiratory system	68,305	5,247	3,873	36.4	371,596	194.7	5.4	170,313	1.12	
05 Diseases and disorders of the circulatory system	133,617	26,961	6,723	69.3	583,490	305.8	4.4	495,261	1.03	
06 Diseases and disorders of the digestive system	419,179	313,319	11,689	217.4	791,783	415.0	1.9	496,350	1.01	
07 Diseases and disorders of the hepatobiliary system and pancreas	31,797	2,834	1,721	16.5	123,806	64.9	3.9	92,221	1.01	
08 Diseases and disorders of the musculoskeletal system and connective tissue	256,962	100,387	7,164	133.3	966,729	506.6	3.8	809,900	1.02	
09 Diseases and disorders of the skin, subcutaneous tissue and breast	136,142	89,529	3,381	70.6	299,119	156.8	2.2	210,443	0.99	
10 Endocrine, nutritional and metabolic diseases and disorders	17,714	3,897	630	9.2	90,115	47.2	5.1	51,535	1.06	
11 Diseases and disorders of the kidney and urinary tract	152,656	119,253	24,861	79.2	265,900	139.4	1.7	133,726	1.01	
12 Diseases and disorders of the male reproductive system	40,371	21,243	1,261	20.9	101,805	53.4	2.5	64,254	0.97	
13 Diseases and disorders of the female reproductive system	124,769	82,911	4,307	64.7	252,868	132.5	2.0	185,834	1.01	
14 Pregnancy, childbirth and puerperium	114,379	34,942	6,270	59.3	427,704	224.2	3.7	240,933	1.19	
15 Newborns and other neonates	12,000	1,594	626	6.2	77,391	40.6	6.4	46,829	1.11	
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	19,074	12,299	899	9.9	43,604	22.9	2.3	23,817	1.00	
17 Neoplastic disorders (haematological and solid neoplasms)	134,484	123,930	4,727	69.8	187,346	98.2	1.4	84,479	0.92	
18 Infectious and parasitic diseases	11,588	1,420	766	6.0	57,712	35.5	5.8	32,861	1.00	
19 Mental diseases and disorders	73,318	50,037	1,237	38.0	410,989	215.4	5.6	121,050	1.24	
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	10,809	5,976	336	5.6	62,798	32.9	5.8	17,032	1.45	
21 Injuries, poisoning and toxic effects of drugs	19,127	5,771	1,650	9.9	69,559	36.5	3.6	37,278	1.07	
22 Burns	469	74	45	0.2	2,536	1.3	5.4	1,427	0.81	
23 Factors influencing health status and other contacts with health services	85,630	72,163	2,151	44.4	171,773	90.0	2.0	97,313	0.93	
ED Error DRGs	7,670	4,351	193	4.0	40,094	21.0	5.2	29,866	0.77	
Surgical DRG	889,268	429,307	22,079	461.3	2,512,573	1,316.8	2.8	2,281,359	1.13	
Medical DRG	799,423	402,910	59,838	414.7	2,970,322	1,556.7	3.7	1,270,135	0.98	
Other DRG	516,013	463,944	11,338	267.7	619,787	324.8	1.2	439,282	0.93	
Total	2,204,704	1,296,161	93,255	1,155.5	6,102,682	3,198.3	2.8	3,990,777	1.04	

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.

Note: Abbreviations: ALOS—average length of stay, MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

Table 11.3: Separations, by Major Diagnostic Category and medical/surgical/other partition, public hospitals, (a) States and Territories, 2000-01

Major Diagnostic Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR Pre-MDC (tracheostomies, transplants, ECMO)	3,209	2,525	1,547	708	843	172	166	131	9,301
01 Diseases and disorders of the nervous system	63,916	48,802	30,834	16,461	16,528	3,763	2,390	1,690	184,404
02 Diseases and disorders of the eye	23,025	19,974	10,048	7,296	7,975	493	585	801	70,197
03 Diseases and disorders of the ear, nose, mouth and throat	47,229	41,199	30,893	15,669	16,095	2,698	2,140	1,918	157,841
04 Diseases and disorders of the respiratory system	85,425	54,513	38,776	20,067	22,632	3,785	2,489	3,848	231,545
05 Diseases and disorders of the circulatory system	113,131	80,617	56,448	24,642	28,375	6,297	4,907	2,487	316,904
06 Diseases and disorders of the digestive system	141,545	101,812	70,014	42,091	36,860	6,272	5,874	4,051	408,519
07 Diseases and disorders of the hepatobiliary system and pancreas	24,965	17,956	12,734	5,819	6,227	1,492	1,151	644	70,988
08 Diseases and disorders of the musculoskeletal system and connective tissue	96,276	71,716	50,559	27,158	25,815	6,703	4,677	3,143	286,047
09 Diseases and disorders of the skin, subcutaneous tissue and breast	45,275	34,635	30,594	14,117	18,652	3,259	1,523	2,415	150,615
10 Endocrine, nutritional and metabolic diseases and disorders	14,396	13,075	8,588	4,293	4,987	1,224	606	872	48,031
11 Diseases and disorders of the kidney and urinary tract	178,221	187,724	94,516	62,959	45,877	12,209	13,545	20,250	615,305
12 Diseases and disorders of the male reproductive system	14,818	12,622	5,717	4,084	4,412	831	544	441	43,489
13 Diseases and disorders of the female reproductive system	38,685	37,650	22,665	11,696	13,243	2,233	1,649	1,359	129,180
14 Pregnancy, childbirth and puerperium	108,573	80,807	59,811	26,427	31,890	6,031	4,631	6,879	324,989
15 Newborns and other neonates	18,814	14,276	9,054	3,229	4,403	1,747	662	1,349	53,534
16 Diseases and disorders of the blood and blood-forming organs, and immunological disorders	15,065	16,724	9,050	5,531	5,867	1,077	1,883	390	55,607
17 Neoplastic disorders (haematological and solid neoplasms)	21,362	53,109	35,340	19,775	19,219	1,576	5,942	905	157,228
18 Infectious and parasitic diseases	17,657	11,706	9,089	5,016	3,410	805	606	854	49,143
19 Mental diseases and disorders	36,236	31,436	21,841	14,253	12,082	3,331	1,328	742	121,169
20 Alcohol/drug use and alcohol/drug induced organic mental disorders	12,280	4,469	5,459	3,322	1,781	336	130	233	28,010
21 Injuries, poisoning and toxic effects of drugs	35,846	27,537	25,671	9,986	8,266	2,050	1,067	1,561	111,374
22 Burns	2,051	1,046	1,418	763	542	112	59	156	6,147
23 Factors influencing health status and other contacts with health services	28,415	28,167	18,647	9,339	10,715	1,579	1,559	754	99,175
ED Error DRGs	10,788	1,738	846	656	607	83	36	258	15,264
Surgical DRG	253,549	222,533	137,383	75,983	79,429	14,821	13,287	8,181	905,166
Medical DRG	845,726	689,752	470,584	243,231	232,620	49,559	41,165	46,605	2,619,182
Other DRG	97,938	83,550	52,186	36,365	35,184	5,778	5,912	3,325	320,238
Total	1,197,213	996,835	660,153	355,579	347,233	70,158	60,304	58,111	3,744,585

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.

Note: Abbreviations: MDC---Major Diagnostic Category, DRG---Diagnosis Related Group, ECMO---extracorporeal membrane oxygenation.

Table 11.4: Separations, by Major Diagnostic Category and medical/surgical/other partition, private hospitals, (e) States and Territories, 2000-01

Major Diagnostic Category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR Pre-MDC (tracheostomies, transplants, ECMO)	322	316	460	1113	183	n.p.	n.p.	n.a.	1,460
01 Diseases and disorders of the nervous system	13,648	15,175	15,199	5,836	5,673	1,993	606	n.a.	59,130
02 Diseases and disorders of the eye	42,230	25,664	29,007	11,001	9,043	n.p.	n.p.	n.a.	122,351
03 Diseases and disorders of the ear, nose, mouth and throat	42,850	37,846	30,736	20,127	15,100	3,074	1,960	n.a.	151,693
04 Diseases and disorders of the respiratory system	16,783	18,298	17,707	6,019	6,408	2,540	550	n.a.	68,305
05 Diseases and disorders of the circulatory system	34,578	37,593	30,946	13,164	11,692	4,069	1,475	n.a.	133,617
06 Diseases and disorders of the digestive system	122,798	111,209	104,853	40,405	28,968	8,916	2,030	n.a.	419,179
07 Diseases and disorders of the hepatobiliary system and pancreas	8,696	7,782	7,493	3,469	2,904	935	518	n.a.	31,797
08 Diseases and disorders of the musculoskeletal system and connective tissue	73,024	66,004	45,049	35,347	26,051	7,993	3,494	n.a.	256,962
09 Diseases and disorders of the skin, subcutaneous tissue and breast	38,186	31,449	31,995	13,051	13,713	5,514	2,234	n.a.	136,142
10 Endocrine, nutritional and metabolic diseases and disorders	4,215	4,652	4,467	1,861	1,802	596	121	n.a.	17,714
11 Diseases and disorders of the kidney and urinary tract	36,452	33,874	41,761	20,399	17,058	1,921	1,191	n.a.	152,656
12 Diseases and disorders of the male reproductive system	13,554	10,603	7,039	4,290	2,980	n.p.	n.p.	n.a.	40,371
13 Diseases and disorders of the female reproductive system	40,251	31,389	26,569	12,840	7,989	n.p.	n.p.	n.a.	124,789
14 Pregnancy, childbirth and puerperium	38,413	29,143	19,817	15,953	5,723	n.p.	n.p.	n.a.	114,379
15 Newborns and other neonates	3,565	3,276	2,070	1,906	564	n.p.	n.p.	n.a.	12,000
16 Diseases and disorders of the blood and blood-forming organs, Neoplastic disorders (haematological and solid neoplasms)	4,260	5,282	5,554	1,864	1,466	492	156	n.a.	19,074
17 Infectious and parasitic diseases	25,291	38,875	40,682	12,833	12,723	n.p.	n.p.	n.a.	134,484
18 Mental diseases and disorders	2,587	2,765	3,340	1,482	950	348	126	n.a.	11,698
19 Alcohol/drug use and alcohol/drug induced organic mental disorders	13,987	27,286	16,013	10,304	2,790	n.p.	n.p.	n.a.	73,318
20 Injuries, poisoning and toxic effects of drugs	2,470	3,290	3,118	1,074	475	n.p.	n.p.	n.a.	10,809
21 Burns	3,938	4,635	4,651	3,018	1,901	771	213	n.a.	19,127
22 Factors influencing health status and other contacts with health services	96	96	127	62	69	n.p.	n.p.	n.a.	489
ED Error DRGs	28,355	22,816	17,134	8,427	6,180	2,159	559	n.a.	85,630
Surgical DRG	3,083	1,812	1,016	648	568	474	69	n.a.	7,670
Medical DRG	275,845	214,347	186,203	96,433	79,178	23,678	13,584	n.a.	889,268
Other DRG	172,004	219,809	205,175	98,193	70,592	25,238	8,412	n.a.	799,423
Total	165,783	137,074	115,425	51,867	33,203	10,068	2,593	n.a.	516,013
Total	613,632	571,230	506,803	246,483	182,973	58,984	24,589	n.a.	2,204,704

(e) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.

Note: Abbreviations: MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

n.a. not available.

n.p. not published.

Table 11.5: Selected separation and cost statistics for the 30 AR-DRGs version 4.2 with the highest number of separations, public hospitals, (a) Australia, 2000-01

AR-DRG	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	Cost by volume (\$'000)
L61Z Admit for Renal Dialysis	487,350	487,072	433,962	252.8	488,071	253.2	1.0	207,611
R63Z Chemotherapy	112,218	112,030	99,616	58.2	112,415	58.3	1.0	59,700
O60D Vaginal Delivery W/O Complicating Diagnosis	104,857	3,952	97,215	54.4	305,573	156.5	2.9	246,309
G44C Other Colonoscopy, Sameday	61,610	61,610	54,409	32.0	81,610	32.0	1.0	54,463
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	57,097	57,097	50,529	29.6	57,097	29.6	1.0	40,482
F74Z Chest Pain	47,859	16,736	42,348	24.8	81,958	42.5	1.7	66,164
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders (Age>9 W/O Cat/Sev CC)	45,792	14,913	40,357	23.8	96,059	49.8	2.1	56,095
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	37,161	32,799	32,860	19.3	47,687	24.7	1.3	46,766
O65B Other Antenatal Admission W Moderate or No Complicating Diagnosis	36,258	16,421	34,435	18.8	60,932	31.6	1.7	34,228
E69C Bronchitis and Asthma (Age<50 W/O CC)	35,602	6,614	33,114	18.5	64,951	33.7	1.8	47,564
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	34,892	27,414	30,340	18.1	37,233	19.3	1.1	34,648
C08Z Major Lens Procedures	34,832	31,084	27,410	18.1	36,331	18.8	1.0	65,763
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	33,656	12,580	30,562	17.5	54,011	28.0	1.6	35,541
Z40Z Follow Up After Completed Treatment W Endoscopy	32,420	31,536	28,815	16.8	32,903	17.1	1.0	25,547
X60C Injuries (Age<65)	30,388	17,288	25,190	15.8	42,778	22.2	1.4	30,236
Z64B Other Factors Influencing Health Status (Age<80)	30,252	19,339	26,610	15.7	84,315	43.7	2.8	37,815
J64B Cellulitis (Age>59 W/O Catastrophic or Severe CC) or (Age<60)	28,675	3,291	25,694	14.9	111,101	57.6	3.9	66,125
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	27,757	21,509	24,481	14.4	40,524	21.0	1.5	28,312
X62B Poisoning/Toxic Effects of Drugs & Other Substances (Age<60 W/O CC)	26,280	10,706	25,062	13.6	36,139	18.7	1.4	27,226
U60Z Mental Health Treatment, Sameday, W/O ECT	25,989	25,989	23,071	13.5	25,989	13.5	1.0	10,863
F72B Unstable Angina W/O Catastrophic or Severe CC	25,454	3,607	20,902	13.2	74,324	38.6	2.9	55,872
E62C Respiratory Infection/Inflamations W/O CC	24,066	2,309	20,877	12.5	89,846	46.6	3.7	55,520
F62B Heart Failure and Shock W/O Catastrophic CC	23,826	2,323	19,052	12.4	135,952	70.5	5.7	78,292
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	23,600	7,886	19,201	12.2	54,129	28.1	2.3	39,365
O01D Caesarean Delivery W/O Complicating Diagnosis	23,486	55	21,054	12.2	110,772	57.5	4.7	100,473
D63B Otitis Media and Uri W/O CC	23,215	6,050	21,285	12.0	41,493	21.5	1.8	28,137
O65A Other Antenatal Admission W Severe Complicating Diagnosis	22,852	9,987	21,534	11.9	50,761	26.3	2.2	26,623
I74C Injury to Forearm, Wrist, Hand or Foot (Age<75 W/O CC)	22,787	10,432	19,456	11.8	26,636	13.9	1.2	26,410
N09Z Conisation, Vagina, Cervix and Vulva Procedures	22,489	19,366	19,681	11.7	27,418	14.2	1.2	23,366
E65B Chronic Obstructive Airway Disease W/O Catastrophic or Severe CC	22,074	2,436	18,272	11.5	115,343	59.8	5.2	63,286
Other	2,179,792	681,550	1,863,730	1,130.8	10,322,116	5,354.6	4.7	7,746,471
Total	3,744,586	1,755,981	3,251,124	1,942.5	12,926,549	6,705.7	3.5	9,464,312

(a). Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.

Notes: 1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities.

2. Similar tables for all AR-DRGs are provided on the internet at <http://www.aihw.gov.au/publications/hse/ahs00-01.html> for Australia and each State and Territory.

Table 11.6: Selected separation and cost statistics for the 30 AR-DRGs version 4.2 with the highest number of separations, private hospitals, (a)
Australia, 2000-01

AR-DRG	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	Cost by volume (\$'000)
G44C Other Colonoscopy, Sameday	160,569	160,569	3,065	83.3	160,569	84.2	1.0	103,728
R63Z Chemotherapy	111,807	111,531	4,276	56.0	112,124	58.8	1.0	46,735
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	108,063	108,063	2,428	56.1	108,063	56.8	1.0	64,946
L61Z Admit for Renal Dialysis	84,553	84,541	22,539	43.9	84,756	44.4	1.0	32,722
C08Z Major Lens Procedures	82,915	63,670	2,030	43.0	85,064	44.6	1.0	109,862
D40Z Dental Extraction and Restorations	61,477	56,066	673	31.9	62,135	32.6	1.0	54,592
I18Z Knee Procedures	60,791	40,848	820	31.5	75,376	39.5	1.2	79,636
Z40Z Follow Up After Completed Treatment W Endoscopy	52,615	51,220	1,096	27.3	53,206	27.9	1.0	36,567
U60Z Mental Health Treatment, Sameday, W/O ECT	48,411	48,411	124	25.1	48,411	25.4	1.0	12,296
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	45,114	41,006	1,120	23.4	50,463	26.4	1.1	43,851
C60D Vaginal Delivery W/O Complicating Diagnosis	34,547	140	2,411	17.9	159,830	83.8	4.6	85,504
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	33,928	28,026	656	17.6	40,275	21.1	1.2	39,187
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	27,787	26,258	683	14.4	28,117	14.7	1.0	19,368
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	24,568	11,159	1,517	12.7	37,191	19.5	1.5	46,753
L41Z Cystourethroscopy W/O CC	21,327	17,303	930	11.1	25,374	13.3	1.2	16,891
G09Z Inguinal and Femoral Hernia Procedures (Age>0)	20,950	2,622	675	10.9	36,564	19.2	1.7	35,322
I16Z Other Shoulder Procedures	18,960	1,523	282	9.8	37,770	19.8	2.0	36,308
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	18,805	10,906	584	9.8	30,190	15.8	1.6	20,963
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	18,598	17,432	605	9.6	19,294	10.1	1.0	13,539
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	18,358	12,786	195	9.5	23,770	12.5	1.3	27,445
G42B Other Gastroscopy for Major Digestive Disease, Sameday	18,329	18,329	272	9.5	18,329	9.6	1.0	11,254
E63Z Sleep Apnoea	18,295	112	243	9.5	18,987	10.0	1.0	9,971
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	17,837	13,378	147	9.3	24,955	13.1	1.4	25,079
H04B Cholecystectomy W/O Closed CDE W/O Catastrophic or Severe CC	17,157	116	902	8.9	41,652	21.6	2.4	44,334
D11Z Tonsillectomy or Adenoidectomy	17,154	4,094	428	8.9	18,899	9.9	1.1	16,108
I26Z Other Wrist and Hand Procedures	16,353	10,877	432	8.5	18,766	9.8	1.1	20,098
I68C Non-surgical Neck & Back Conditions W Pain Management Proc/Myelogram	16,000	12,143	1,153	8.3	29,196	15.3	1.8	16,128
N04Z Hysterectomy for Non-Malignancy	15,544	35	647	8.1	78,694	41.2	5.1	50,005
C01D Caesarean Delivery W/O Complicating Diagnosis	15,167	11	633	7.9	94,239	49.4	6.2	58,561
Z64B Other Factors Influencing Health Status (Age<80)	15,111	12,738	614	7.8	27,657	14.5	1.8	16,652
Other	983,594	325,248	41,375	510.2	4,452,764	2,333.6	4.5	2,796,368
Total	2,204,704	1,296,151	93,255	1,155.5	6,102,682	3,198.3	2.8	3,990,777

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.

Notes: 1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities.

2. Similar tables for all AR-DRGs are provided on the internet at <http://www.aihw.gov.au/publications/hse/atrs00-01.html> for Australia and each State and Territory.

Table 11.7: Selected separation and cost statistics for the 30 AR-DRGs version 4.2 with the highest number of separations, private free-standing day hospitals, (a) Australia, (b) 2000-01

AR-DRG	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	Cost by volume (\$'000)
G44C	59,905	59,905	566	32.4	59,905	32.4	1.0	38,699
G45B	45,942	45,942	618	24.8	45,942	24.8	1.0	27,611
C08Z	33,471	33,471	153	18.1	33,471	18.1	1.0	44,349
R63Z	23,763	23,763	429	12.8	23,763	12.8	1.0	9,933
O40Z	15,027	15,027	10	8.1	15,027	8.1	1.0	10,474
J11Z	14,490	14,490	0	7.8	14,490	7.8	1.0	14,084
Z40Z	13,453	13,453	55	7.3	13,453	7.3	1.0	9,350
L51Z	9,471	9,471	4,867	5.1	9,471	5.1	1.0	3,665
D40Z	9,468	9,468	475	5.1	9,468	5.1	1.0	8,408
G42B	7,559	7,559	37	4.1	7,559	4.1	1.0	4,641
J08B	6,333	6,333	0	3.4	6,333	3.4	1.0	8,904
N07Z	6,205	6,205	0	3.4	6,205	3.4	1.0	7,167
J10Z	5,025	5,025	0	2.7	5,025	2.7	1.0	7,512
N11B	4,091	4,091	0	2.2	4,091	2.2	1.0	3,526
C11Z	3,277	3,277	0	1.8	3,277	1.8	1.0	4,204
R61C	3,132	3,132	15	1.7	3,132	1.7	1.0	1,353
I18Z	2,975	2,975	0	1.6	2,975	1.6	1.0	2,897
C14Z	2,955	2,955	1	1.6	2,955	1.6	1.0	2,515
F42B	2,702	2,702	1,295	1.5	2,702	1.5	1.0	5,142
G11B	2,627	2,627	13	1.4	2,627	1.4	1.0	2,929
E63Z	2,626	37	0	1.4	2,626	1.4	1.0	1,431
Q61C	2,477	2,477	20	1.3	2,477	1.3	1.0	2,214
C09Z	2,361	2,361	0	1.3	2,361	1.3	1.0	3,690
C12Z	1,981	1,981	0	1.1	1,981	1.1	1.0	1,922
Z64B	1,688	1,688	18	0.9	1,688	0.9	1.0	1,860
C04Z	1,663	1,663	0	0.9	1,663	0.9	1.0	3,153
N10Z	1,589	1,589	1	0.9	1,589	0.9	1.0	1,157
N09Z	1,504	1,504	0	0.8	1,504	0.8	1.0	1,186
961Z	1,477	1,476	1	0.8	1,477	0.8	1.0	1,186
J06B	1,474	1,474	0	0.8	1,474	0.8	1.0	3,031
Other	40,855	40,715	1,206	22.1	40,855	22.1	1.0	63,479
Total	331,566	328,836	9,780	179.3	331,566	179.3	1.0	302,673

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.

(b) Excludes separations from private free-standing day hospitals in Tasmania.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

Table 11.8: Selected separation and cost statistics for the 30 AR-DRGs version 4.2 with the highest number of separations, public psychiatric hospitals, (a) Australia, 2000-01

AR-DRG	Separations	Same day separations	Public patient separations	Separations per 10,000 population	Patient days	Patient days per 10,000 population	ALOS (days)	Cost by volume (\$'000)
U61A	2,634	0	2,506	1.4	163,507	84.3	62.1	19,502
U67Z	2,499	0	2,447	1.3	20,145	10.5	8.1	7,072
U60Z	2,355	2,355	2,310	1.2	2,355	1.2	1.0	984
U63B	2,237	0	2,192	1.2	42,982	22.3	19.2	11,896
U61B	1,204	0	1,130	0.6	70,451	36.5	58.5	5,381
Z64B	754	391	754	0.4	1,901	1.0	2.5	943
U62A	585	0	575	0.3	12,384	6.4	21.2	3,159
V61B	533	12	522	0.3	4,881	2.5	9.2	1,189
960Z	467	30	438	0.2	48,081	24.9	103.0	2,589
U64Z	428	0	416	0.2	5,448	2.8	12.7	1,336
V60Z	418	67	414	0.2	14,849	7.7	35.5	573
V63Z	408	31	408	0.2	1,496	0.8	3.7	750
B63Z	373	4	357	0.2	56,529	29.3	151.6	2,373
V62A	315	0	313	0.2	3,098	1.5	9.8	832
V64Z	309	17	306	0.2	1,871	1.0	6.1	710
U63A	281	0	278	0.1	19,188	10.0	66.3	2,676
U62B	150	0	149	0.1	2,121	1.1	14.1	577
U65Z	128	0	124	0.1	1,477	0.8	11.5	302
V61A	106	0	106	0.1	1,154	0.6	10.9	344
B64Z	78	6	77	<0.1	3,716	1.9	47.6	363
B81B	67	4	66	<0.1	8,141	4.2	121.5	144
U40Z	49	49	49	<0.1	49	<0.1	1.0	35
U68Z	47	0	46	<0.1	763	0.4	16.2	180
U66Z	43	0	43	<0.1	817	0.4	19.0	399
O61Z	21	1	21	<0.1	239	0.1	11.4	26
V62B	16	16	16	<0.1	16	<0.1	1.0	7
961Z	12	0	12	<0.1	105	0.1	8.6	17
B67B	12	0	11	<0.1	2,302	1.2	191.8	34
B76B	11	0	11	<0.1	402	0.2	36.5	15
B50B	8	1	8	<0.1	87	<0.1	10.9	42
Other	37	2	37	<0.1	3,104	1.6	83.9	224
Total	16,585	2,986	16,142	8.6	493,659	258.1	29.8	65,674

(a). Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported. Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

Table 11.9: Separations for the 30 AR-DRGs version 4.2 with the highest number of separations, (b) public hospitals, States and Territories, 2000-01

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L61Z Admit for Renal Dialysis	134,612	153,961	72,123	51,326	34,890	9,897	11,667	18,874	487,350
R63Z Chemotherapy	8,742	39,106	26,932	15,687	15,078	907	4,978	788	112,218
O60D Vaginal Delivery W/O Complicating Diagnosis	37,807	25,274	20,829	8,316	7,127	2,041	1,833	1,630	104,857
G44C Other Colonoscopy, Same-day	21,166	13,611	9,838	8,947	5,726	570	1,180	472	61,610
G45B Other Gastroscopy for Non-Major Digestive Disease, Same-day	16,183	15,527	10,209	7,337	5,613	691	1,024	513	57,097
F74Z Chest Pain	17,222	13,133	9,045	2,946	4,036	482	401	593	47,859
G67B Esophagitis, Gastroent & Misc Digestive System Disorders (Age>9 W/O Cat/Sev CC)	16,741	11,003	8,530	3,866	4,370	704	266	312	45,792
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	9,099	8,403	9,559	3,371	5,306	729	467	227	37,161
O65B Other Antenatal Admission W Moderate or No Complicating Diagnosis	11,665	9,051	7,157	2,406	3,933	638	361	1,047	36,258
E69C Bronchitis and Asthma (Age<50 W/O CC)	13,316	7,753	5,874	3,509	3,977	376	422	375	35,602
O40Z Abortion W D&C, Aspiration Curettage or Hysterectomy	9,042	10,170	3,672	2,829	6,868	745	324	1,242	34,892
C08Z Major Lens Procedures	11,786	10,374	4,203	3,841	3,865	113	335	315	34,832
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	12,614	9,779	5,431	2,553	2,208	530	313	228	33,656
Z40Z Follow Up After Completed Treatment W Endoscopy	9,354	8,652	5,897	3,860	3,637	468	547	165	32,420
X60C Injuries (Age<65)	9,200	6,866	9,636	2,068	1,424	359	160	676	30,386
Z64B Other Factors Influencing Health Status (Age<60)	7,425	9,075	6,588	2,694	3,002	498	621	349	30,252
J64B Cellulitis (Age>59 W/O Catastrophic or Severe CC) or (Age<60)	9,621	5,934	6,288	3,059	1,861	392	281	1,239	28,675
G61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	7,007	9,588	3,907	2,452	2,695	567	1,390	151	27,757
X62B Poisoning/Toxic Effects of Drugs & Other Substances (Age<60 W/O CC)	8,184	6,708	5,881	2,645	1,910	477	255	220	26,260
U60Z Mental Health Treatment, Same-day, W/O ECT	10,289	5,305	3,630	4,446	2,012	167	77	63	25,989
F72B Unstable Angina W/O Catastrophic or Severe CC	9,061	6,765	5,535	1,402	1,616	544	251	280	25,454
E62C Respiratory Infection/Inflammations W/O CC	8,925	5,532	4,123	2,274	1,732	362	356	762	24,066
F62B Heart Failure and Shock W/O Catastrophic CC	8,870	6,132	3,936	1,946	2,004	453	237	248	23,826
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	8,978	5,681	4,233	1,987	1,606	557	398	160	23,600
O01D Caesarean Delivery W/O Complicating Diagnosis	7,872	5,621	5,017	2,068	1,718	453	401	336	23,486
D63B Otitis Media and Uri W/O CC	8,754	4,310	4,650	2,427	2,183	310	275	306	23,215
O65A Other Antenatal Admission W Severe Complicating Diagnosis	8,066	5,822	3,824	1,615	2,639	245	209	432	22,852
I74C Injury to Forearm, Wrist, Hand or Foot (Age<75 W/O CC)	8,497	5,016	5,369	1,635	1,264	322	359	325	22,787
N09Z Conisation, Vagina, Cervix and Vulva Procedures	6,107	6,161	5,316	1,406	2,545	404	221	329	22,489
E65B Chronic Obstructive Airway Disease W/O Catastrophic or Severe CC	8,865	5,119	3,789	1,690	1,670	454	198	289	22,074
Other	732,143	560,403	379,332	198,981	208,668	44,603	30,487	25,165	2,179,792
Total	1,197,213	995,835	660,153	355,579	347,233	70,168	60,304	58,111	3,744,586

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.
 Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

Table 11.10: Separations for the 30 AR-DRGs version 4.2 with the highest number of separations, (a) private hospitals, States and Territories, 2000-01

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
G44C Other Colonoscopy, Same day	52,248	40,413	39,890	15,065	10,100	n.p.	n.p.	n.a.	160,569
R83Z Chemotherapy	22,126	31,348	32,440	11,163	11,251	n.p.	n.p.	n.a.	111,807
G45B Other Gastroscopy for Non-Major Digestive Disease, Same day	30,045	33,880	26,710	8,353	6,776	n.p.	n.p.	n.a.	108,063
L61Z Admit for Renal Dialysis	15,525	17,881	26,502	13,238	11,407	0	0	n.a.	84,553
C08Z Major Lens Procedures	30,515	16,995	18,721	6,912	6,148	n.p.	n.p.	n.a.	82,915
D40Z Dental Extraction and Restorations	16,768	17,408	11,537	9,033	4,662	n.p.	n.p.	n.a.	61,477
I18Z Knee Procedures	18,888	15,997	8,940	7,437	7,262	1,307	960	n.a.	60,791
Z40Z Follow Up After Completed Treatment W Endoscopy	20,471	11,753	11,071	4,998	3,030	1,145	147	n.a.	52,615
U60Z Mental Health Treatment, Same day, W/O ECT	9,748	20,390	9,486	7,138	36	n.p.	n.p.	n.a.	48,411
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	12,872	9,806	10,575	5,127	4,034	n.p.	n.p.	n.a.	45,114
O60D Vaginal Delivery W/O Complicating Diagnosis	10,503	8,711	6,558	4,572	2,073	n.p.	n.p.	n.a.	34,547
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	11,142	9,211	7,514	3,070	1,666	n.p.	n.p.	n.a.	33,928
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	13,555	6,873	2,112	3,953	796	343	155	n.a.	27,787
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	8,723	5,915	4,958	2,355	1,841	n.p.	n.p.	n.a.	24,568
L41Z Cystourethroscopy W/O CC	7,471	4,986	3,778	2,427	1,617	n.p.	n.p.	n.a.	21,327
G09Z Inguinal and Femoral Hernia Procedures (Age>0)	6,900	4,895	4,307	2,275	1,608	552	413	n.a.	20,950
I16Z Other Shoulder Procedures	5,557	4,578	2,920	3,256	2,059	278	312	n.a.	18,960
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	7,345	3,818	3,944	1,833	1,296	407	162	n.a.	18,805
N10Z Diagnostic Curettage or Diagnostic Hysterotomy	5,950	5,184	3,387	1,755	1,551	n.p.	n.p.	n.a.	18,598
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	5,009	3,972	5,222	1,674	1,763	n.p.	n.p.	n.a.	18,358
G42B Other Gastroscopy for Major Digestive Disease, Same day	6,353	5,001	4,087	1,544	1,113	n.p.	n.p.	n.a.	18,329
E63Z Sleep Apnoea	7,324	4,520	3,997	346	1,428	n.p.	n.p.	n.a.	16,295
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	5,750	3,317	4,424	930	2,881	n.p.	n.p.	n.a.	17,837
H04B Cholecystectomy W/O Closed CDE W/O Catastrophic or Severe CC	5,446	3,953	3,738	1,918	1,302	487	313	n.a.	17,157
D11Z Tonsillectomy or Adenoidectomy	5,725	3,295	3,909	2,151	1,555	n.p.	n.p.	n.a.	17,154
I26Z Other Wrist and Hand Procedures	4,429	4,266	3,367	1,921	1,674	n.p.	n.p.	n.a.	16,353
I68C Non-surgical Neck & Back Conditions W Pain Management Proc/Myelogram	3,337	3,631	1,472	4,908	1,592	n.p.	n.p.	n.a.	16,000
N04Z Hysterotomy for Non-Malignancy	4,651	3,252	3,259	2,020	1,440	n.p.	n.p.	n.a.	15,544
O01D Caesarean Delivery W/O Complicating Diagnosis	4,266	3,411	3,708	2,105	1,000	n.p.	n.p.	n.a.	15,187
Z64B Other Factors Influencing Health Status (Age<80)	2,358	6,854	2,812	1,337	1,340	n.p.	n.p.	n.a.	15,111
Other	252,432	255,696	231,478	111,679	86,672	33,512	12,125	n.a.	963,594
Total	613,632	571,230	506,803	246,493	182,973	58,984	24,589	n.a.	2,204,704

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

n.a. not available.

n.p. not published.

Table 11.11: Average length of stay (days) for the 30 AR-DRGs version 4.2 with the highest number of separations, public hospitals, (6) States and Territories, 2000-01

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
L61Z Admit for Renal Dialysis	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
R63Z Chemotherapy	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
O60D Vaginal Delivery W/O Complicating Diagnosis	2.9	2.9	2.6	3.2	3.0	3.6	2.8	3.5	2.9
G44C Other Colonoscopy, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
F74Z Chest Pain	1.8	1.5	1.8	1.8	1.8	1.9	1.7	2.1	1.7
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders (Age>9 W/O Cat/Sev CC)	2.2	2.0	2.0	2.3	2.0	2.6	2.5	2.5	2.1
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	1.5	1.2	1.2	1.2	1.1	1.2	1.1	2.0	1.3
O65B Other Antenatal Admission W Moderate or No Complicating Diagnosis	1.8	1.6	1.6	1.9	1.5	1.8	3.0	1.5	1.7
E69C Bronchitis and Asthma (Age<50 W/O CC)	1.8	1.7	1.8	2.1	1.9	2.1	2.0	2.2	1.8
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	1.1	1.0	1.1	1.1	1.0	1.1	1.2	1.1	1.1
C08Z Major Lens Procedures	1.0	1.1	1.0	1.0	1.0	1.0	1.0	1.1	1.0
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	1.6	1.4	1.6	1.8	1.7	1.8	1.7	2.2	1.6
Z40Z Follow Up After Completed Treatment W Endoscopy	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
X60C injuries (Age<65)	1.5	1.3	1.3	1.6	1.6	1.6	2.2	2.2	1.4
Z64B Other Factors Influencing Health Status (Age<80)	3.8	2.5	2.2	1.4	2.7	10.7	1.4	4.0	2.8
J64B Cellulitis (Age>59 W/O Catastrophic or Severe CC) or (Age<80)	3.9	4.6	3.4	3.6	3.4	4.1	4.5	4.0	3.9
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	1.8	1.3	1.4	1.4	1.4	1.7	1.2	2.2	1.5
X62B Poisoning/Toxic Effects of Drugs & Other Substances (Age<60 W/O CC)	1.4	1.3	1.4	1.2	1.5	1.8	2.3	1.8	1.4
U60Z Mental Health Treatment, Sameday, W/O ECT	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
F72B Unstable Angina W/O Catastrophic or Severe CC	3.2	2.6	3.0	2.5	3.0	3.2	3.2	3.0	2.9
E62C Respiratory Infectn/Inflamations W/O CC	4.0	3.6	3.4	3.5	3.5	4.4	3.8	4.1	3.7
F62B Heart Failure and Shock W/O Catastrophic CC	6.1	5.0	5.6	5.8	5.8	7.5	6.5	5.0	5.7
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	2.5	2.2	2.4	1.9	2.1	2.3	1.7	2.2	2.3
O01D Caesarean Delivery W/O Complicating Diagnosis	4.9	4.8	4.1	4.9	5.0	4.9	4.7	5.9	4.7
D63B Otitis Media and Urt W/O CC	1.9	1.8	1.6	1.9	1.7	1.8	2.1	2.2	1.8
O65A Other Antenatal Admission W Severe Complicating Diagnosis	2.3	2.1	2.0	2.5	2.0	2.8	4.4	3.2	2.2
I74C Injury to Forearm, Wrist, Hand or Foot (Age<75 W/O CC)	1.2	1.1	1.1	1.2	1.3	1.2	1.2	1.9	1.2
N09Z Conisation, Vagina, Cervix and Vulva Procedures	1.3	1.2	1.1	1.3	1.2	1.4	1.4	1.2	1.2
E65B Chronic Obstructive Airway Disease W/O Catastrophic or Severe CC	5.6	4.5	5.0	5.5	5.1	7.7	6.1	5.5	5.2
Other	5.1	4.4	4.3	4.7	4.6	5.5	5.1	5.1	4.7
Total	3.9	3.2	3.2	3.3	3.4	4.2	3.3	3.2	3.5

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.
 Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

Table 11.12: Average length of stay (days) for the 30 AR-DRGs version 4.2 with the highest number of separations, private hospitals, States and Territories, 2000-01

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
G44C Other Colonoscopy, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.a.	1.0
R63Z Chemotherapy	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.a.	1.0
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.a.	1.0
L61Z Admit for Renal Dialysis	1.0	1.0	1.0	1.0	1.0	0.0	0.0	n.a.	1.0
C08Z Major Lens Procedures	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	n.a.	1.0
D40Z Dental Extraction and Restorations	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.a.	1.0
I18Z Knee Procedures	1.2	1.3	1.2	1.3	1.3	1.2	1.1	n.a.	1.2
Z40Z Follow Up After Completed Treatment W Endoscopy	1.0	1.0	1.0	1.0	1.0	1.0	1.0	n.a.	1.0
U60Z Mental Health Treatment, Sameday, W/O ECT	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.a.	1.0
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	1.1	1.1	1.1	1.1	1.1	n.p.	n.p.	n.a.	1.1
C60D Vaginal Delivery W/O Complicating Diagnosis	4.5	4.7	4.6	4.7	4.8	n.p.	n.p.	n.a.	4.6
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	1.2	1.2	1.1	1.3	1.3	n.p.	n.p.	n.a.	1.2
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	1.0	1.0	1.0	1.0	1.1	1.0	1.0	n.a.	1.0
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	1.3	1.7	1.7	1.3	1.6	n.p.	n.p.	n.a.	1.5
L41Z Cystourethroscopy W/O CC	1.1	1.2	1.2	1.2	1.2	n.p.	n.p.	n.a.	1.2
G09Z Inguinal and Femoral Hernia Procedures (Age>0)	1.8	1.8	1.5	1.8	2.1	2.0	1.5	n.a.	1.7
I16Z Other Shoulder Procedures	2.0	2.0	2.1	1.8	2.0	2.4	1.9	n.a.	2.0
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	1.4	1.7	1.7	2.0	2.0	1.8	1.9	n.a.	1.6
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	1.0	1.0	1.1	1.0	1.0	n.p.	n.p.	n.a.	1.0
J10Z Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	1.3	1.4	1.2	1.5	1.3	n.p.	n.p.	n.a.	1.3
G42B Other Gastroscopy for Major Digestive Disease, Sameday	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.a.	1.0
E63Z Sleep Apnoea	1.0	1.0	1.0	1.1	1.0	n.p.	n.p.	n.a.	1.0
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	1.4	1.6	1.3	1.9	1.2	n.p.	n.p.	n.a.	1.4
H04B Cholecystectomy W/O Closed CDE W/O Catastrophic or Severe CC	2.3	2.7	2.3	2.5	2.6	2.3	2.2	n.a.	2.4
D11Z Tonsillectomy or Adenoidectomy	1.1	1.2	1.0	1.1	1.1	n.p.	n.p.	n.a.	1.1
I26Z Other Wrist and Hand Procedures	1.1	1.2	1.1	1.2	1.1	n.p.	n.p.	n.a.	1.1
I68C Non-surgical Neck & Back Conditions W Pain Management Proc/Myelogram	1.9	2.3	2.1	1.5	1.5	n.p.	n.p.	n.a.	1.8
N04Z Hysterectomy for Non-Malignancy	4.9	5.5	4.6	5.3	5.3	n.p.	n.p.	n.a.	5.1
O01D Caesarean Delivery W/O Complicating Diagnosis	6.2	6.2	5.7	6.8	6.6	n.p.	n.p.	n.a.	6.2
Z64B Other Factors Influencing Health Status (Age<80)	1.8	1.3	2.0	1.6	4.4	n.p.	n.p.	n.a.	1.6
Other	4.3	4.6	4.7	4.2	4.9	4.7	4.9	n.a.	4.5
Total	2.6	2.8	2.8	2.7	3.1	3.3	3.3	n.a.	2.8

(a) Separations for which the case type was reported as acute, or newborn with qualified patient days, or was not reported.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

... not applicable.

n.a. not available.

n.p. not published.

Table 11.13: Separations for males for the 30 AR-DRGs version 4.2 with the highest number of separations, by age group, all hospitals, Australia, 2000-01

AR-DRG	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(b)
L61Z Admit for Renal Dialysis	6	123	628	6,895	23,573	38,778	53,666	60,721	87,873	56,297	1,694	330,254
R63Z Chemotherapy	27	1,096	1,582	1,873	3,046	5,847	14,986	28,961	33,208	15,505	1,070	107,199
G44C Other Colonoscopy, Sameday	10	43	251	2,120	6,305	13,061	21,812	23,998	21,560	11,575	1,138	101,873
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	202	538	1,076	3,397	7,822	12,082	14,780	13,723	12,171	7,281	1,001	74,073
I18Z Knee Procedures	3	9	557	7,376	9,840	10,531	9,699	6,696	3,531	1,273	106	48,621
C08Z Major Lens Procedures	1	2	16	58	138	551	2,046	5,371	14,560	20,710	4,323	47,776
Z40Z Follow Up After Completed Treatment W Endoscopy	13	40	65	228	1,152	4,331	8,227	9,881	11,231	7,345	1,021	43,534
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	185	717	1,847	2,023	2,890	4,592	6,480	6,903	7,637	7,055	1,681	42,010
D40Z Dental Extraction and Restorations	7	4,519	6,478	12,343	5,859	2,675	1,543	940	566	382	88	35,400
G09Z Inguinal and Femoral Hernia Procedures (Age>0)	0	1,277	1,063	1,675	2,740	4,059	5,972	6,441	5,983	3,843	640	33,693
U60Z Mental Health Treatment, Sameday, W/O ECT	1,453	380	2,518	4,363	4,481	4,868	6,676	3,528	861	2,709	244	32,282
F74Z Chest Pain	1	6	120	573	2,003	4,890	6,997	6,268	5,089	3,420	758	30,125
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	5	14	44	148	342	1,549	4,817	7,458	7,536	3,836	219	25,968
L41Z Cystourethroscopy W/O CC	127	204	297	526	1,275	2,544	4,131	4,441	4,976	3,878	795	23,194
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	0	0	1,382	2,690	3,425	3,043	2,830	2,711	2,958	2,904	952	22,895
I26Z Other Wrist and Hand Procedures	50	408	878	4,989	4,398	3,113	2,844	2,609	2,189	1,104	119	22,701
X60C Injuries (Age<65)	68	1,288	2,583	5,346	5,025	3,658	2,365	1,511	0	0	0	21,844
E69C Bronchitis and Asthma (Age<50 W/O CC)	823	8,817	6,315	1,838	1,313	944	488	0	0	0	0	20,538
Z64B Other Factors influencing Health Status (Age<80)	567	842	1,148	1,033	1,564	1,974	3,087	4,426	3,868	1,630	0	20,139
G11B Anal and Stomal Procedures W/O Catastrophic or Severe CC	177	57	138	690	2,455	4,569	5,155	3,670	2,183	856	115	20,065
J64B Cellulitis (Age>9 W/O Catastrophic or Severe CC) or (Age<60)	274	1,092	1,515	2,823	3,156	2,911	2,804	1,953	1,514	1,218	360	19,620
Q61C Red Blood Cell Disorders W/O Catastrophic or Severe CC	90	292	831	1,154	1,521	1,600	2,352	2,445	3,141	3,297	1,079	17,802
F71B Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic or Severe CC	26	9	61	218	623	1,160	2,336	3,686	4,903	3,582	760	17,364
E63Z Sleep Apnoea	76	213	203	222	1,078	2,894	5,012	4,166	2,305	1,134	57	17,360
F72B Unstable Angina W/O Catastrophic or Severe CC	0	0	1	1	98	923	2,840	4,027	4,667	3,733	945	17,235
D11Z Tonsillectomy or Adenoidectomy	34	5,743	7,577	2,108	948	445	173	90	41	11	2	17,172
R61C Lymphoma and Non-Acute Leukaemia, Sameday	0	60	73	181	393	894	2,253	3,492	4,359	4,253	908	16,866
I74C Injury to Forearm, Wrist, Hand or Foot (Age<75 W/O CC)	14	979	8,550	2,905	1,602	1,027	729	400	265	0	0	16,471
L64Z Urinary Stones and Obstruction	17	15	40	441	1,861	3,405	4,330	3,205	2,127	753	125	16,319
M02B Transurethral Prostatectomy W/O Catastrophic or Severe CC	0	0	0	0	4	34	559	3,104	6,170	5,147	946	15,964
Other	75,937	75,257	80,057	105,478	125,922	147,213	168,284	189,591	232,641	214,546	65,282	1,480,210
Total	80,193	104,040	127,894	175,715	226,852	290,165	370,473	416,417	490,111	399,277	86,428	2,757,567

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.

(b) Includes separations for which age was not reported.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

**Table 11.14: Separations for females for the 30 AR-DRGs version 4.2 with the highest number of separations, by age group, all hospitals, (a)
Australia, 2000-01**

AR-DRG	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total ^(b)
L61Z Admit for Renal Dialysis	0	0	284	4,264	14,696	26,320	36,681	50,024	71,457	36,424	1,499	241,649
C60D Vaginal Delivery W/O Complicating Diagnosis	0	0	61	31,224	67,755	20,278	66	0	0	0	0	139,404
G44C Other Colonoscopy, Same-day	8	34	209	3,652	6,399	16,101	26,518	27,651	23,520	12,714	1,498	120,304
R63Z Chemotherapy	62	841	1,501	1,303	3,718	12,948	28,028	29,223	26,227	11,991	984	116,826
G45B Other Gastroscopy for Non-Major Digestive Disease, Same-day	101	350	1,016	4,471	8,188	13,504	19,006	17,943	15,096	9,472	1,898	91,085
C08Z Major Lens Procedures	1	1	17	36	95	409	1,800	5,921	20,904	32,187	8,600	69,971
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	0	0	132	19,418	28,364	14,421	354	0	0	0	0	62,679
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	3	3	136	4,293	17,584	19,583	7,590	2,756	1,158	380	57	53,945
D40Z Dental Extraction and Restorations	7	3,707	6,919	21,112	8,348	3,530	2,036	1,006	558	391	139	47,755
C65B Other Antenatal Admission W Moderate or No Complicating Diagnosis	1,191	176	946	7,187	8,822	8,401	8,725	3,692	1,731	1,032	214	42,663
U60Z Mental Health Treatment, Same-day, W/O ECT	2	26	60	635	1,819	5,448	9,433	9,462	8,770	5,089	755	41,500
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	197	761	2,074	2,842	3,903	5,783	6,985	5,838	5,226	4,796	1,858	40,263
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy	0	1	16	1,168	4,889	9,390	13,554	6,029	2,753	1,034	195	39,029
O01D Caesarean Delivery W/O Complicating Diagnosis	0	0	10	5,018	24,769	8,810	66	0	0	0	0	38,673
N09Z Conisation, Vagina, Cervix and Vulva Procedures	18	118	199	6,332	10,629	7,759	5,704	2,732	1,485	723	164	35,643
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders (Age>9 W/O Cat/Sev CC)	0	0	1,272	3,931	4,641	3,695	4,042	3,922	4,356	4,746	2,434	33,041
I18Z Knee Procedures	0	4	528	3,534	3,880	5,194	6,650	5,686	4,132	1,880	191	31,679
N06Z Endoscopic Procedures for Female Reproductive System	2	0	62	3,917	12,718	11,604	2,210	401	136	46	4	31,102
N04Z Hysterectomy for Non-Malignancy	0	0	3	52	2,231	10,444	11,439	3,256	2,110	1,078	141	30,754
F74Z Chest Pain	0	8	104	630	1,495	3,269	5,691	5,334	4,924	4,375	1,634	27,464
H04B Cholecystectomy W/O Closed CDE W/O Catastrophic or Severe CC	1	4	73	1,900	4,819	5,364	5,818	4,743	3,129	1,412	195	27,458
O65A Other Antenatal Admission W Severe Complicating Diagnosis	0	0	14	6,332	15,289	4,623	43	0	0	0	0	26,301
O60B Vaginal Delivery W Severe Complicating Diagnosis	0	0	13	6,213	15,437	4,476	31	0	0	0	0	26,170
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	86	290	2,559	5,218	4,984	3,990	2,965	1,956	1,620	1,401	560	25,629
Z64B Other Factors Influencing Health Status (Age<80)	506	712	720	1,856	4,768	3,476	4,050	4,112	3,451	1,572	0	25,223
O61Z Postpartum and Post Abortion W/O O.R. Procedure	2	0	8	4,144	14,056	4,125	49	2	0	0	0	22,386
Q61C Red Blood Cell Disorders W/C Catastrophic or Severe CC	53	192	618	1,227	1,821	2,714	3,456	2,370	3,503	4,021	1,680	21,655
O64Z False Labour	0	0	29	7,165	11,568	2,444	17	0	0	0	0	21,243
D11Z Tonsillectomy or Adenoidectomy	16	3,765	7,923	4,647	1,388	470	158	81	28	16	1	18,513
Other	55,901	60,475	66,907	109,838	168,819	177,955	191,581	186,112	218,835	245,128	119,178	1,599,730
Total	58,157	71,628	94,456	286,181	523,526	421,852	404,810	380,262	425,091	381,910	143,880	3,191,654

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.

(b) Includes separations for which age was not reported.

Note: Main abbreviations: W—with, W/O—without, CC—complications and comorbidities.

Table 11.15: Separations for Group 1 Error DRGs for the 10 procedures with the highest number of separations, ^(a) by hospital sector, States and Territories, 2000-01

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
92502-02 Intravenous and inhalational general anaesthesia	1,170	777	294	345	248	14	39	49	2,936
95550-03 Allied health intervention, physiotherapy	611	517	231	185	185	25	27	31	1,812
92503-00 Intravenous sedation, anaesthetist controlled	370	290	123	120	90	11	8	8	1,020
95550-01 Allied health intervention, social work	336	321	106	104	84	8	22	14	995
95550-00 Allied health intervention, dietetics	320	302	123	85	55	11	20	20	936
95550-02 Allied health intervention, occupational therapy	269	238	83	89	51	12	11	7	760
13706-02 Transfusion of packed cells	227	169	72	64	43	8	10	13	606
56001-00 Computerised tomography of brain	153	118	53	60	32	5	5	10	436
92502-01 Inhalational general anaesthesia	123	61	83	88	31	2	0	15	403
95550-05 Allied health intervention, speech pathology	101	98	64	28	30	8	6	5	340
Other procedures	428	292	188	206	110	13	17	12	1,266
Total^(b)	2,246	1,641	782	830	560	60	78	101	6,298
	Private hospitals								
92502-02 Intravenous and inhalational general anaesthesia	762	676	472	353	234	n.p.	n.p.	n.a.	2,591
92503-00 Intravenous sedation, anaesthetist controlled	153	253	231	82	106	27	6	n.a.	858
95550-03 Allied health intervention, physiotherapy	135	284	206	63	54	n.p.	n.p.	n.a.	763
95550-00 Allied health intervention, dietetics	34	117	73	24	13	n.p.	n.p.	n.a.	267
13706-02 Transfusion of packed cells	45	96	67	26	21	n.p.	n.p.	n.a.	261
92502-00 Intravenous general anaesthesia	85	38	30	43	8	12	0	n.a.	216
95550-01 Allied health intervention, social work	75	58	28	36	2	8	0	n.a.	207
35309-06 Percutaneous transluminal balloon angioplasty with stenting, single stent	65	52	17	11	37	2	0	n.a.	184
35640-00 Dilatation & curettage of uterus [D&C]	71	46	17	14	6	n.p.	n.p.	n.a.	158
41892-00 Bronchoscopy with biopsy	26	39	52	17	14	3	0	n.a.	151
Other procedures	393	237	205	142	175	20	17	n.a.	1,189
Total^(b)	1,492	1,324	1,003	641	560	111	68	n.a.	5,199

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.

(b) As more than one procedure can be reported for each separation, the totals are not the sums of rows of the table.

n.a. not available.

n.p. not published

Table 11.16: Separations for Group 2 Error DRGs for the 10 principal diagnoses with the highest number of separations,^(a) by hospital sector, States and Territories, 2000-01

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Public hospitals								
Z91.5 Personal history of self-harm	170	0	0	0	0	0	0	2	172
Z87.12 Personal history of colonic polyps	69	0	0	0	0	0	0	0	69
Z51.5 Palliative care	36	21	0	0	0	0	4	0	61
P07.3 Other preterm infants	27	1	4	7	8	2	1	9	59
O80 Single spontaneous delivery	28	2	0	0	8	2	0	4	44
S61.81 Open wound (of any part of wrist and hand) communicating with a fracture	22	0	15	3	0	0	2	1	43
Z85.0 Personal history of malignant neoplasm of digestive organs	42	0	0	0	0	0	0	0	42
P07.2 Extreme immaturity	24	0	0	3	1	2	1	1	32
Z85.5 Personal history of malignant neoplasm of urinary tract	21	0	0	0	0	0	0	0	21
Z64.0 Problems related to unwanted pregnancy	19	0	0	0	0	0	0	0	19
Other	284	3	44	14	7	4	0	8	364
Total	742	27	63	27	24	10	8	25	926
Private hospitals									
O09.1 Duration of pregnancy 5-13 completed weeks	1004	0	0	0	0	0	0	n.a.	1004
Z87.12 Personal history of colonic polyps	180	0	0	0	0	0	0	n.a.	180
Z85.0 Personal history of malignant neoplasm of digestive organs	71	0	0	0	0	0	0	n.a.	71
O09.2 Duration of pregnancy 14-19 completed weeks	44	0	0	0	0	0	0	n.a.	44
P07.3 Other preterm infants	38	2	1	0	0	n.p.	n.p.	n.a.	43
Z32.1 Pregnancy confirmed	37	0	0	0	0	0	0	n.a.	37
Z51.5 Palliative care	24	7	0	0	0	n.p.	n.p.	n.a.	33
Z87.11 Personal history of peptic ulcer disease	32	0	0	0	0	0	0	n.a.	32
Z87.18 Personal history of other digestive system disease	28	0	0	0	0	0	0	n.a.	28
Z64.0 Problems related to unwanted pregnancy	24	0	0	0	0	0	0	n.a.	24
Other	95	2	12	7	2	6	0	n.a.	128
Total	1,581	11	13	7	2	n.p.	n.p.	n.a.	1,624

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.

n.a. not available.

n.p. not published

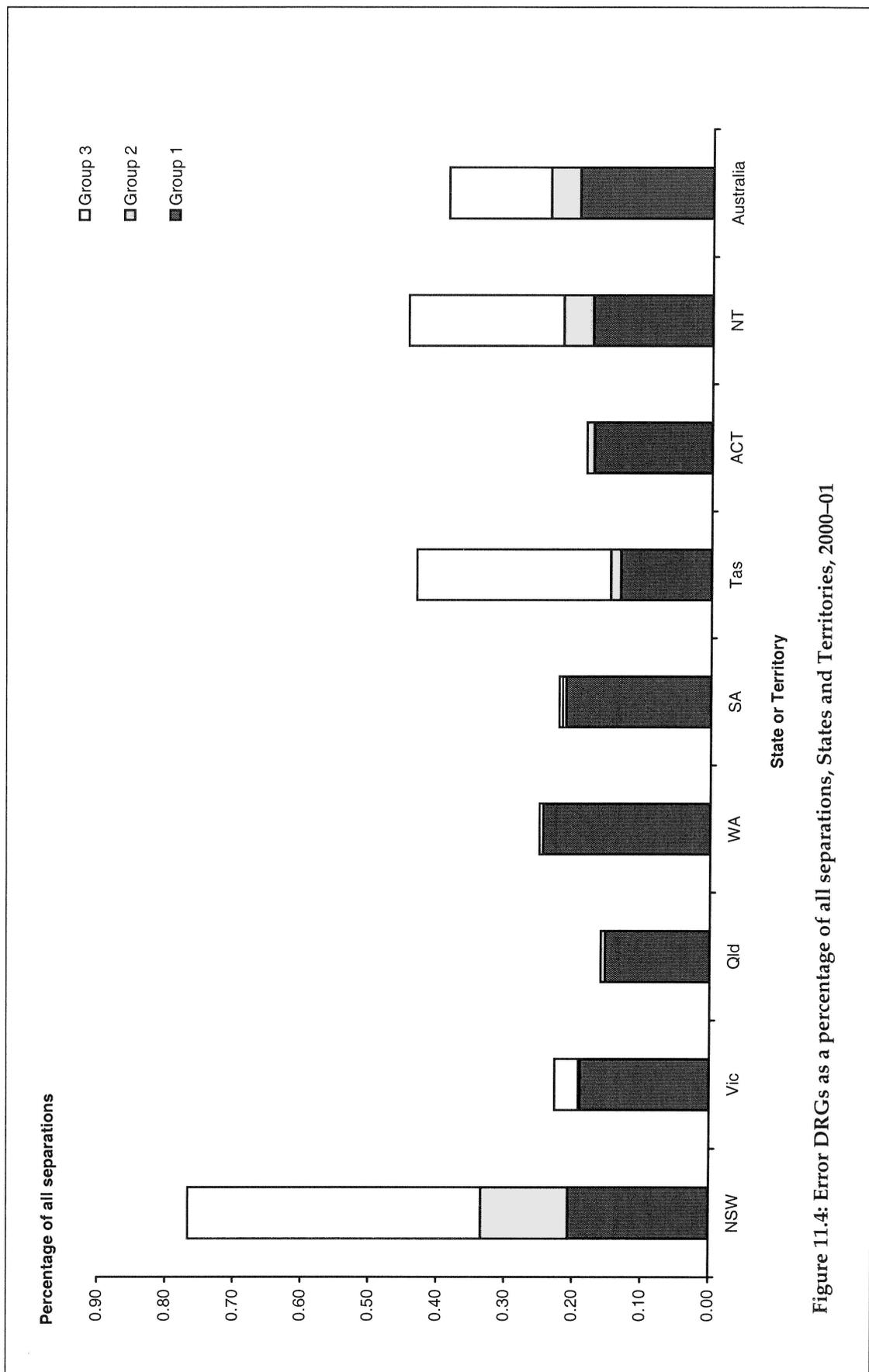


Figure 11.4: Error DRGs as a percentage of all separations, States and Territories, 2000-01

Table 11.17: Separations for the 30 AR-DRGs with the largest changes in the total numbers of separations, (a) 1999-00 to 2000-01

AR-DRG	Private hospitals			Public hospitals		
	1999-00	2000-01	Change	1999-00	2000-01	Change
L61Z Admit for Renal Dialysis	62,454	84,553	22,099	466,650	487,350	20,700
R63Z Chemotherapy	90,512	111,807	21,295	116,629	112,218	-4,411
G44C Other Colonoscopy, Sameday	135,901	160,569	24,668	61,127	61,610	483
G45B Other Gastroscopy for Non-Major Digestive Disease, Sameday	95,098	108,063	12,965	59,897	57,097	-2,800
C08Z Major Lens Procedures	72,113	82,915	10,802	32,951	34,832	1,881
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures	34,436	45,114	10,678	37,441	37,161	-280
Z40Z Follow Up After Completed Treatment W/ Endoscopy	43,845	52,615	8,770	31,144	32,420	1,276
U60Z Mental Health Treatment, Sameday, W/O ECT	41,319	48,411	7,092	26,180	25,989	-2,191
O61Z Postpartum and Post Abortion W/O O.R. Procedure	3,715	6,690	2,975	10,125	15,666	5,571
D40Z Dental Extraction and Restorations	55,971	61,477	5,506	23,959	21,682	-2,277
O60D Vaginal Delivery W/O Complicating Diagnosis	33,241	34,547	1,306	111,111	104,657	-6,254
F74Z Chest Pain	8,284	9,731	1,447	42,726	47,859	5,133
I18Z Knee Procedures	57,107	60,791	3,684	22,678	20,509	-2,169
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders (Age>9 W/O Cat/Sev CC)	9,048	10,145	1,097	41,506	45,792	4,286
Z64B Other Factors Influencing Health Status (Age<80)	10,043	15,111	5,068	30,346	30,252	-94
L41Z Cystourethroscopy W/O CC	16,987	21,327	4,440	17,524	18,057	533
G44B Other Colonoscopy W/O Catastrophic or Severe CC or Complicating Procedure	4,252	6,700	2,448	3,475	5,817	2,342
P67D Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W/O Problem	7,558	5,412	-2,146	17,602	20,153	2,551
J67B Minor Skin Disorders W/O CC	8,006	5,865	-2,121	14,533	11,968	-2,565
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	5,652	6,903	1,251	30,335	33,656	3,321
O40Z Abortion W D&C, Aspiration Curettage or Hysterotomy	24,858	27,787	2,929	36,468	34,892	-1,576
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy	29,716	33,928	4,212	19,395	19,617	222
Z61Z Signs and Symptoms	2,394	3,583	1,189	6,297	9,408	3,111
F42B Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Complex DX/Pr	22,356	24,568	2,212	18,682	16,715	-1,967
E63Z Sleep Apnoea	14,283	18,295	4,012	4,362	4,345	-17
C09Z Other Lens Procedures	10,659	7,584	-3,075	5,291	4,474	-817
N04Z Hysterectomy for Non-Malignancy	13,506	15,544	2,038	16,873	15,210	-1,663
H04B Cholecystectomy W/O Closed CDE W/O Catastrophic or Severe CC	14,628	17,157	2,529	20,785	19,585	-1,100
D11Z Tonsillectomy or Adenoidectomy	17,583	17,154	-429	21,722	18,531	-3,191
J08B Other Skin Graft and/or Debridement Procedures W/O Catastrophic or Severe CC	14,640	17,837	3,197	6,413	6,755	342

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported. AR-DRGs have been ordered by the sum of the absolute value of the changes in the public and private sectors.

- Notes: 1. Main abbreviations: ALOS—average length of stay, W—with, W/O—without, CC—complications and comorbidities.
 2. AR-DRG 960Z Ungroupable not included.

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Appendix 3: Technical notes

Definitions

If not otherwise indicated, data elements were defined according to the 2000-01 definitions in the *National Health Data Dictionary* version 9.0 (summarised in the Glossary).

Data presented by State or Territory refer to the State or Territory of the hospital, not to the State or Territory of the usual residence of the patient. The exceptions are Tables 6.6, 6.7, 6.8 and 6.9, in which the State or Territory of usual residence of the patient is reported against the State or Territory of hospitalisation. Data presented in Tables 4.7 and 7.11 are presented by State or Territory of usual residence. The maps in Chapter 7 are also based on data on the State or Territory and Statistical Division of usual residence of the patient (see below).

Data presentation

Except as noted, where totals are provided in the tables, they include data only for those States and Territories for which data were available, as indicated in the tables. The exceptions relate to tables in which data for some jurisdictions were not published, for confidentiality reasons. The abbreviation 'n.p.' has been used in these tables to denote this.

Throughout the publication, percentages may not add up to 100.0 due to rounding. Percentages and population rates printed as 0.0 or 0 may denote less than 0.05 or 0.5, respectively.

Population rates

Population rates presented in Chapters 2, 4, 6 and 7 are age-standardised, calculated using the direct standardisation method and 5-year age groups. The total Australian population for 30 June 1991 was used as the population for which expected rates were calculated. The Australian Bureau of Statistics' population estimates for 31 December 2000 (Appendix 6) were used for the observed rates. The exceptions were Tables 7.7, 7.8, 7.9, 7.10 and 7.12, for which the population estimates for the Aboriginal and Torres Strait Islander population (and the remainder of the population), the population for selected countries of birth, and the population for Rural, Remote and Metropolitan Area, for 30 June 2000, were used for the observed rates (Appendix 6).

Crude population rates in Chapters 8, 9 and 11 were calculated using ABS population estimates for 31 December 2000 (Appendix 6). For Figure 7.7, 30 June 2000 estimates for the Aboriginal and Torres Strait Islander population and for the remainder of the population were used for age group-specific rates for the Aboriginal and Torres Strait Islander population and others.

Newborn episodes of care and the reporting of separations for patients aged less than 10 days

The *Newborn* type of episode of care was introduced in 1998–99 to report a single episode of care for all patients aged 9 days or less at admission, regardless of their qualification status and whether they changed qualification status during their hospital stay. Thus these episodes can include qualified days only, a mixture of qualified days and unqualified days, or only unqualified days. Qualified days are considered to be the equivalent of acute care days and *Newborn* episodes with qualified days only are considered to be equivalent to *Acute care* episodes. *Newborn* episodes with no qualified days are considered to be equivalent to the previous category, *Unqualified neonate*. In this report, *Newborn* episodes with at least one qualified day have been included in all the tables reporting separations.

Two jurisdictions did not implement this *Newborn* definition in 1998–99, 1999–00 or 2000–01; therefore, for these States and Territories, there are no *Newborn* separations with a mixture of qualified and unqualified days reported (see Table 6.10). New South Wales, Queensland and public hospitals in South Australia and Victoria implemented the new definition in 1998–99, the Australian Capital Territory in 1999–00, and Western Australia in 2000–01. For the remaining jurisdictions, separations reported as *Acute care* for patients aged less than 10 days are included in the National Hospital Morbidity Database and in this report as *Newborn* episodes with qualified days only. Separations reported to the Database as *Unqualified neonates* are included as *Newborn* episodes with no qualified days.

Prior to 1998–99, New South Wales, Queensland and South Australia (public hospitals) had counted separate episodes of care within a hospital stay as individual separations. With the implementation of the *Newborn* definition, they began to count each hospitalisation of a patient admitted under the age of 10 days as one separation. This change is likely to have resulted in a slight reduction in the number of separations for these States in 1998–99, 1999–00 and 2000–01, compared with 1997–98, and a slight increase in their average lengths of stay. Victoria had been reporting separations for these patients according to the *Newborn* definition (that is, using a single episode for these patients) prior to 1998–99, so this implementation is not likely to have markedly affected recent Victorian separation or average length of stay data.

In 1998–99 and 1999–00 Western Australia counted separations for patients aged 10 days or less on admission as qualified (*Acute care*) if at least one day was qualified. For 2000–01 the implementation of the new definition may have resulted in a slight reduction in the number of separations reported with qualified days only and a reduction in the average length of stay for these separations. Tasmania and the Northern Territory continued to report a new episode of care for patients aged less than 10 days at admission with each change in qualification status. The reporting method used in Tasmania and the Northern Territory may mean that there were more separations for patients under the age of 10 days for these jurisdictions, relative to others, and that they had a lower average length of stay.

Hospital in the home care

Most States and Territories have hospital in the home programs in which admitted patients are provided with hospital care in their (permanent or temporary) place of residence as a substitute for hospital accommodation. This care has been defined in the *National Health Data Dictionary* version 10 (NHDC 2001) as occurring within an episode of care for an

admitted patient, and days of hospital in the home care for each separation will be reported to the National Hospital Morbidity Database in 2001–02 data.

In 2000–01, there were no national definitions relating to hospital in the home care, and there was variation in the way in which States and Territories reported it. In Victoria, Queensland (public hospitals), Tasmania, the Australian Capital Territory and the Northern Territory, hospital in the home care was provided in 2000–01 as defined above, and separations including this care were included in the National Hospital Morbidity Database. Queensland reported that hospital in the home care programs are currently very small, with a total of only a few hundred separations during the year, and that private hospitals in Queensland do not provide hospital in the home care. In New South Wales, hospital in the home care data were collected on an inconsistent basis for 2000–01. Western Australia did not operate hospital in the home programs in 2000–01, except to a limited extent in public hospitals. In South Australia, hospital in the home care was defined as separate episodes of care, and reported as having *Other care* as the care type (see Chapter 6). This variation may have had the effect of slightly increasing the relative numbers of separations and reducing the average lengths of stay reported by South Australia compared with other States and Territories.

ICD-10-AM coded data

Diagnosis, procedure and external cause data for 2000–01 were reported to the National Hospital Morbidity Database by all States and Territories using the second edition of the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification* (ICD-10-AM) (NCCH 2000).

Quality of ICD-10-AM coded data

The quality of coded diagnosis, procedure and external cause data can be assessed using coding audits in which, in general terms, selected records are independently recoded, and the resulting codes compared with the codes originally assigned for the separation. There are no national standards for this auditing, so it is not possible to use information on coding audits to make quantitative assessments of data quality on a national basis. The following information has, however, been provided by the States and Territories to provide some insight into the quality of the coded data in the National Hospital Morbidity Database. Several States and Territories indicated that formal audits were planned for 2001–02.

There was no formal state-wide audit of ICD-10-AM coded data in New South Wales for 2000–01. However, there were no major quality issues in coded data detected in routine input processing and output editing of data. There are plans to introduce formal state-wide audits of coded data quality for the year 2001–02. New South Wales has also obtained a state-wide license for the NCCH's coding benchmark and quality tool products, namely the Performance Indicators for Coding Quality (PICQ) and the Australian Coding Benchmark Audit (ACBA).

Previous audits of ICD-10-AM coded data in Victoria have indicated that the data were of high quality. The results from the 2000–01 audit indicate further improvement.

During 2000–01 Queensland conducted a coding audit on the admitted patient data from thirteen Queensland public hospitals, with the audit report to be finalised in July 2002. Random samples of admitted patient records were selected from particular Diagnosis Related Groups to check the coded data quality. One of the main purposes of the audit was

to identify the cause of coding errors so that these problems can be addressed by education and training programs.

For the year 2000–01 the Western Australian Department of Health performed audits on a random sample of general records from teaching hospitals and a targeted sample of exceptional cases from both teaching and metropolitan non-teaching hospitals. The review was aimed at checking the ICD-10-AM coding (particularly for those cases with the greatest likelihood of error) and to check compliance with other recording requirements.

While no audits were conducted in 2000–01 in South Australia, overall standards for coding are considered to be sound. An assessment of coding quality will be undertaken during 2001–02 using the PICQ software.

There was no formal statewide audit of ICD-10-AM data quality in Tasmania for 2000–01. Individual sites conducted in-house audits using the ACBA tool.

The Australian Capital Territory has continued to undertake quality improvements in admitted patient care data. An external coding audit of data is planned for the second half of 2002 and will include coder education to address coding matters.

The Northern Territory Coders' Forum commenced monthly mini-audits late in the 2000–01 financial year, in which each hospital coder codes the same specific case and the answers are reviewed by forum members. In addition to the mini-audits, the hospitals regularly run reports on DRGs and review of these reports can result in coding being checked and revised.

Patient days as an activity measure

Patient day statistics can be used to provide information on hospital activity that, unlike separation statistics, accounts for differences in length of stay. Patient days provide information on the length of stay of patients and are calculated as the difference between the separation date and the admission date, less any leave days. Same day patients are allocated a length of stay of one day.

As the National Hospital Morbidity Database contains records for patients separating from hospital during the year, this definition means that not all patient days reported will have occurred in the reporting period (1 July 2000 to 30 June 2001) and, therefore, cannot be used to calculate accurate financial year-based activity estimates. It is expected, however, that in acute hospitals, patient days for patients who separated in 2000–01, but who were admitted before 1 July 2000, would be counterbalanced by the patient days for patients in hospital on 30 June 2001 who will separate in future reporting periods.

Because of the more variable lengths of stay in long-stay establishments (such as public psychiatric hospitals), the numbers of separations and patient days can be a less accurate measure of the activity of these establishments.

Codes used for selected diagnoses and procedures

Tables 4.8 and 4.9 present separation rates for selected diagnoses and procedures. The selected procedures were originally specified using ICD-9-CM codes. With the introduction of ICD-10-AM, they were respecified using ICD-10-AM first edition codes, as described in Appendix 6 of *Australian Hospital Statistics 1998–99* (AIHW 2000a). For this report, the codes have been specified using ICD-10-AM second edition (Table A3.1). Three new diagnoses

and procedures have been included for this report: *Asthma, Type 2 diabetes* and *Revision of hip replacement*.

Table A3.1: ICD-10-AM codes for the selected procedures and diagnoses in Tables 4.8 and 4.9

Selected separation category	ICD-10-AM codes
Procedures	
Appendicectomy	Block [926]
Coronary artery bypass graft	Blocks [672]–[679]
Angioplasty	Blocks [669], [671], codes 35304-00, 35305-00
Caesarean section	Block [1340]
Cholecystectomy	Block [965]
Diagnostic gastrointestinal endoscopies	Codes 30473-03, 41822-00, 30473-04, 30473-00, 30473-05, 30473-01, 32090-0, 132084-01 Blocks [894], [905], [1005]–[1008] (without 30473-02)
Hip replacement	Block [1492], codes 4752200, 4931500, 4931800, 4931900
Revision of hip replacement	Block [1492] (Note: a subset of Hip replacements)
Hysterectomy	Blocks [1268], [1269], codes 90450-00 and 90450-01
Lens insertion	Codes 42701-01, 42702-00 to 42702-11, 42703-00, 42710-00, 42707-00, 42701-00
Myringotomy	Codes 41632-00, 41632-01
Knee replacement	Blocks [1518], [1519], [1523], code 49527-00
Prostatectomy	Blocks [1165], [1167], codes 37200-06, 37207-00, 37207-01, 90407-00, 36839-01, 36839-03
Arthroscopic procedures	Codes 50100-00, 49118-00, 49218-00, 49360-00, 49557-00, 49700-00, 53215-00, 48945-00, 53218-02, 53218-00, 53218-01, 48954-00, 48948-01, 90600-00, 48945-01, 48948-00, 48948-02, 48951-00, 48957-00, 48960-00, 49121-00, 49121-01, 49121-04, 49118-01, 49109-00, 49121-02, 49121-03, 49221-00, 49221-01, 49221-02, 49218-01, 49224-00, 49224-01, 49224-02, 49227-00, 49366-01, 49366-00, 49363-00, 49560-00, 49560-02, 49557-01, 49557-02, 49558-00, 49560-01, 49560-03, 49566-00, 49561-02, 49562-02, 49561-00, 49562-00, 49561-01, 49562-01, 49558-01, 49558-02, 49559-00, 49563-00, 49539-00, 49542-00, 49703-00, 49703-02, 49700-01, 49703-01, 49703-04, 49703-03, 50100-01, 50102-00, 49703-05
Tonsillectomy	Codes 41789-00, 41789-01, 41787-01, 41786-01
Diagnoses	
Asthma	J45, J46 (principal diagnosis)
Type 2 diabetes	E11 (principal diagnosis and any diagnosis)
In-hospital births	Z37 (any diagnosis)

Data on geographical location of hospital

Information on the Rural, Remote and Metropolitan Area (RRMA) of hospital is derived from data supplied by the States and Territories for the National Public Hospital Establishments Database on the geographical location of the establishment. The *National Health Data Dictionary* specifies that these data should be provided as the State or Territory and the Statistical Local Area (SLA) of the establishment. SLAs are small units within the Australian Bureau of Statistics' Australian Standard Geographical Classification (ASGC). The Rural, Remote and Metropolitan Areas Classification allocates each SLA to a category based primarily on population numbers and an index of remoteness. The classification is as follows:

- Capital cities: capital city statistical divisions
- Other metropolitan centres: urban centres with a population greater than or equal to 100,000
- Large rural centres (index of remoteness <10.5): urban centres with a population between 25,000 and 99,000
- Small rural centres (index of remoteness <10.5): urban centres with a population between 10,000 and 24,999
- Other rural areas (index of remoteness <10.5): urban centres with a population less than 10,000
- Remote centres (index of remoteness >10.5): urban centres with a population greater than 4,999
- Other remote areas (index of remoteness >10.5): urban centres with a population less than 5,000.

For more information see *Rural, Remote and Metropolitan Areas Classification, 1991 Census Edition* (DPIE & DSHS 1994).

Data on geographical location of usual residence

Data on the Statistical Division of usual residence of admitted patients are presented in maps in Chapter 7 (Figures 7.8 and 7.9). Data on the Rural, Remote and Metropolitan Area (RRMA, see above) of usual residence of admitted patients are presented in Table 7.12. The data used for the maps and Table 7.12 were derived from data supplied for each separation by the States and Territories for the National Hospital Morbidity Database on the area of usual residence of the patients. The *National Health Data Dictionary* specifies that these data should be provided as the State or Territory and the SLAs of usual residence. SLAs can be aggregated to Statistical Divisions for reporting, as in the maps in this publication, or to Rural Remote and Metropolitan Areas, as in Table 7.12. The data on the State or Territory of usual residence are reported in Chapter 6 (Tables 6.6, 6.7, 6.8 and 6.9).

Although most separations included data on the State or Territory of usual residence, not all States and Territories were able to provide information on the area of usual residence in the form of an SLA code, using the 2000 edition of the ASGC. If SLA information was unavailable for a patient then postcode was requested. The Institute mapped the supplied data to 2000 and 1996 SLAs, as far as possible. SLAs were derived from postcodes based on the probabilities that persons for whom a postcode was reported were resident in each SLA. Similarly, 2000 and 1996 SLA codes were derived from SLA codes from earlier and later editions of the ASGC on a probabilistic basis. The standardised 1996 SLA data were then aggregated to Statistical Division data for presentation in maps. Standardised 1996 SLA data were used for the maps because the MapInfo program used to generate them is based on 1996 Census data. The standardised 2000 SLA data were aggregated to RRMA categories for Table 7.12.

New South Wales, Victoria, Tasmania, the Australian Capital Territory and the Northern Territory were able to provide SLA codes for both patients usually resident in the jurisdiction and patients not usually resident in the jurisdiction. Queensland and South Australia provided SLA codes for patients usually resident in the jurisdiction and postcodes for patients usually resident elsewhere. Western Australia provided postcodes for both patients usually resident in the jurisdiction and patients not usually resident in the

jurisdiction. The mapping process identified missing, invalid and superseded codes, but resulted in 99.7% of records being assigned SLA codes. Data for the two Statistical Divisions in the Australian Capital Territory were combined for mapping purposes because of the very small population of one of the Statistical Divisions.

Appendix 4: Methods for the cost per casemix-adjusted separation and relative stay index analyses

Cost per casemix-adjusted separation

The cost per casemix-adjusted separation is an indicator of the efficiency of the acute care sector. It is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the relative complexity of the patient's clinical condition and for the hospital services provided. Details of the methods used in this analysis are presented below, and in *Australian Hospital Statistics 1999-00* (AIHW 2001a).

Scope

The scope of the analysis is hospitals that mainly provide acute care, as agreed with the States and Territories. These are the hospitals in the public hospital peer groups of *Principal referral and Specialist Women's and Childrens'*, *Large hospitals*, *Medium hospitals* and *Small acute hospitals* (see Appendix 5). Excluded are small non-acute hospitals, multi-purpose services, hospices, rehabilitation hospitals, mothercraft hospitals, other non-acute hospitals, psychiatric hospitals, and hospitals in the *Unpeered and other* peer group. Also excluded are hospitals that cannot be classified due to atypical events such as being opened or closed mid-year.

Definition

The formula used to calculate the cost per casemix-adjusted separation is:

$$\frac{\text{Recurrent expenditure} \times \text{IFRAC}}{\text{Total separations} \times \text{Average cost weight}}$$

where

- Recurrent expenditure is as defined by the recurrent expenditure data elements in the *National Health Data Dictionary* (with depreciation excluded)
- IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital expenditure that related to admitted patients
- Total separations includes all care types, including those other than acute. It excludes Newborns with no qualified days, as defined in the Glossary, and records that do not relate to admitted patients (boarders and post-humous organ procurement).
- Average cost weight is a single number representing the relative costliness of the separations.

Further detail about each of these components is presented below, with discussion of the limitations of the data.

Recurrent expenditure

For the medical labour cost category, data are available only for public patients, as private patients are charged directly by their doctor for medical services, and these charges are not included in the recurrent expenditure figures. The proportion of patients other than public patients can vary so, to take this into account, medical costs for these patients are estimated, and expenditure is therefore adjusted to resemble what it would be if all patients had been public patients.

The cost of private medical care is estimated by assuming that a patient day of care by a medical practitioner costs the same, whether the patient is public or not. The private patient medical costs are then estimated by dividing the sum of salary/sessional and VMO payments by the number of public patient days and multiplying by the total patient days (including those for private patients). The underlying assumption ignores factors such as whether junior or senior staff provided the care to private patients.

Admitted patient cost proportion

To determine the costs associated with admitted patients, an admitted patient cost proportion (or inpatient fraction, IFRAC) is used. The IFRAC is the proportion of total hospital expenditure that related to the provision of care for admitted patients, provided to the Institute for most hospitals by the States and Territories. The IFRAC is generally estimated at a hospital level from the results of patient costing data, or from surveys of each department. Because they are estimated in different ways in different hospitals, they are not always comparable. Teaching and research costs should not be included in admitted patient costs, but parts of these costs may be.

For hospitals where the IFRAC was not available or clearly inconsistent with the data, the admitted patient costs were estimated using the Health and Allied Services Advisory Council (HASAC) ratio (see AIHW: Cooper-Stanbury et al. 1994). The HASAC IFRAC is calculated using the following formula:

$$\text{IFRAC}_H = \frac{\text{Patient days}}{\text{Patient days} + \left(\frac{\text{NAPOOS}}{\text{Ratio}} \right)}$$

Where NAPOOS = Non-admitted patient occasions of service;

IFRAC_H = the IFRAC calculated; and

Ratio = the ratio of non-admitted patient cost to admitted patient cost per service.

The ratio equates the cost of 5.753 non-admitted patient services to the cost of one admitted patient day. The HASAC method is used in this report to estimate IFRACs for a small number of small hospitals only.

Ideally, different IFRACs would be used for different cost categories (so estimates could be made of the cost of each component per casemix-adjusted separation). Categories such as food and pharmaceuticals (almost exclusively for admitted patients) would have relatively high IFRACs, for example. In the absence of comprehensive sets of IFRACs, the single hospital-wide IFRACs were applied to all cost categories.

Total separations

The method includes all admitted patient separations and their associated costs. It is appropriate to include the acute care separations, which comprise 97% of the total for the hospitals included in the analysis (Table A4.1), as cost weights are available for them.

However, the 3% of separations that are not acute care are also included and, as there are no cost weights for these separations, the average cost weight for the acute separations for each hospital is used. This means, however, that the estimates of cost-weighted separations (see below) are affected for each State and Territory, and the extent to which they are affected depends on the proportion of non-acute separations in that State or Territory. The non-acute admitted patients (including rehabilitation care patients) will generally have higher costs per separation than acute care patients because, although their daily costs are lower, these patients typically have longer lengths of stay. (See below for examples relating to selected hospitals in Victoria and Tasmania for 2000–01.)

Comparisons between the States and Territories should therefore take into consideration the uncertainty introduced by these episodes for which the cost weights were unavailable. Table A4.1 shows that there is significant variation in the number and length of stay for these separations between jurisdictions.

There is also some variation between States and Territories in the ways in which periods of hospitalisation are split into episodes of care (see Appendix 3 in relation to *Newborn* care, for example), and in the assignment of care type. In States or Territories where there is a clear delineation in funding arrangements between acute and non-acute services, the split between acute and other types of patients may be different from where there is no such funding delineation.

To refine the method to remove this anomaly would require estimates of expenditure for acute care admitted patients (acute care IFRACs) to be made by each State and Territory. For 2000–01, such estimates were available for 2 jurisdictions, as presented below.

Average cost weights

As explained in Chapter 11, hospitals collect data that allow admitted patient episodes to be classified using the Australian National Diagnosis Related Groups (AR-DRG) version 4 casemix classification system. This system groups episodes of similar clinical condition and resource use into 661 categories or AR-DRGs. The National Hospital Cost Data Collection collects data to produce a cost weight for each AR-DRG (see Appendix 8). The set of cost weights is a relative value scale for all AR-DRGs, calculated so that the average cost weight across all episodes used to produce the set of weights is 1.00.

For the cost per casemix-adjusted separation analysis, the average cost weight for the separations of each group of hospitals (within a peer group or State or Territory) is calculated as follows:

$$\text{Average cost weight} = \frac{\sum_{i=1}^n (CW_i \times \text{separations}_i)}{\text{Total no. of acute separations}}$$

where i represents each of the 661 AR-DRGs and CW_i is the cost weight for the i th AR-DRG.

Hospital morbidity data provided to the National Hospital Morbidity Database were used to estimate average cost weights for the groups of hospitals reported in this analysis. The 1999–00 version 4.1 cost weights were applied to 2000–01 data as the National Hospital Cost Data Collection 2000–01 weights were not available at the time of publication.

As noted above, because cost weights are only available for acute care separations, the cost per casemix-adjusted separation analysis applies these cost weights to all separations.

The average cost weight for a hospital or group of hospitals (Table 4.2, for example) is calculated as the number of casemix-adjusted separations divided by the number of

separations. It represents in a single number the overall complexity of cases treated by a hospital. For example, a hospital with an average cost weight of 1.08 has an 8% more costly casemix than the national average (by design equal to 1.00).

The average cost weight for a group of hospitals is multiplied by the total number of separations for that group to produce the number of casemix-adjusted separations (the denominator for the cost per casemix-adjusted separation analysis). The term 'cost per casemix-adjusted separation' derives from this use of the number of separations adjusted by relative costliness.

The validity of comparisons of average cost weights is limited by differences in the extent to which each jurisdiction's psychiatric services are integrated into its public hospital system as service delivery changes under the National Mental Health Strategy. For example, in Victoria, almost all public psychiatric hospitals are now mainstreamed into acute hospital services and psychiatric patient data are therefore included in the acute hospital reports. Cost weights are not as useful as measures of resource requirements for acute psychiatric services because the relevant AR-DRGs are less homogeneous than for other acute services.

The complexity of cases treated as admitted patients can also differ regionally. Some jurisdictions admit patients who might be treated as non-admitted patients in other jurisdictions.

Cost per acute care casemix-adjusted separation

Because cost weights are only available for acute care separations, the cost per casemix-adjusted separation analysis applies these cost weights to all separations. Thus, the methodology would be refined if cost weights became available for other care types, or if the analysis were to be restricted to acute care activity and expenditure. Restriction to acute care activity require estimates to be made by the States and Territories of expenditure on acute care admitted patients, and for separations relating to other patients to be excluded from the analysis.

This methodology is still under development, and issues to be resolved include the consistency of counting separations that are not acute. Because the available cost weights may not be as accurate for psychiatric separations, refinement of the method could also encompass exclusion of psychiatric activity and expenditure, however, details of the methods by which psychiatric activity is excluded, for example, are similarly under development. Data on expenditure for acute care non-psychiatric admitted patients were only available for one jurisdiction for 2000-01, so they have not been used for this analysis.

Victoria and Tasmania provided the Institute with estimates of expenditure on acute care admitted patients, so estimates of the cost per casemix-adjusted acute care separation are presented for these jurisdictions (Table A4.2). Separations were excluded if they did not have an acute care type.

For Tasmania, acute care IFRACs were available for the two principal referral hospitals and the one large rural hospital. They were not available for the 3 small rural acute hospitals, so they were not included in the analysis. For Victoria, reported acute care IFRACs were the same as the IFRACs for all care types combined for some hospitals that nevertheless reported non-acute admitted patient care activity. The hospitals that reported the same figures for both IFRACs, but reported more than 1,500 patient days for non-acute separations were therefore excluded from the analysis. This meant that 9 hospitals were excluded from the analysis: 4 principal referral hospitals, 1 specialist women's and children's hospital, 1 large hospital, 2 medium hospitals and 1 small rural acute hospital.

This severely limits the value of the comparison because it means that 30% of the admitted patient expenditure for Victoria was excluded, compared with only 2% for Tasmania.

The estimated cost per acute care casemix-adjusted separation for the selected hospitals in Victoria was \$2,855 and it was \$2,808 for Tasmania. The cost per casemix-adjusted separation for all separations in these hospitals was \$3,053 and \$2,922, respectively, so the effect of restricting the analysis to acute care admitted patients was to decrease the estimated cost by 6.5% and 3.9%, respectively. The estimated cost for non-acute separations for these selected hospitals was \$8,664 for Victoria and \$8,831 for Tasmania.

These analyses would be much improved if all jurisdictions increased their capacity to separate costs for psychiatric services, other acute services, sub-acute services (e.g. rehabilitation) and non-acute services.

Total cost per casemix-adjusted separation

The cost per casemix-adjusted separation analysis includes only recurrent expenditure, and does not include capital expenditure of any type. There are concerns about the quality and comparability of available capital expenditure data, and they are not provided to the Institute by all States and Territories. The concerns about the comparability of the data include variation among the jurisdictions in the type of expenditure that is defined as recurrent and capital, respectively.

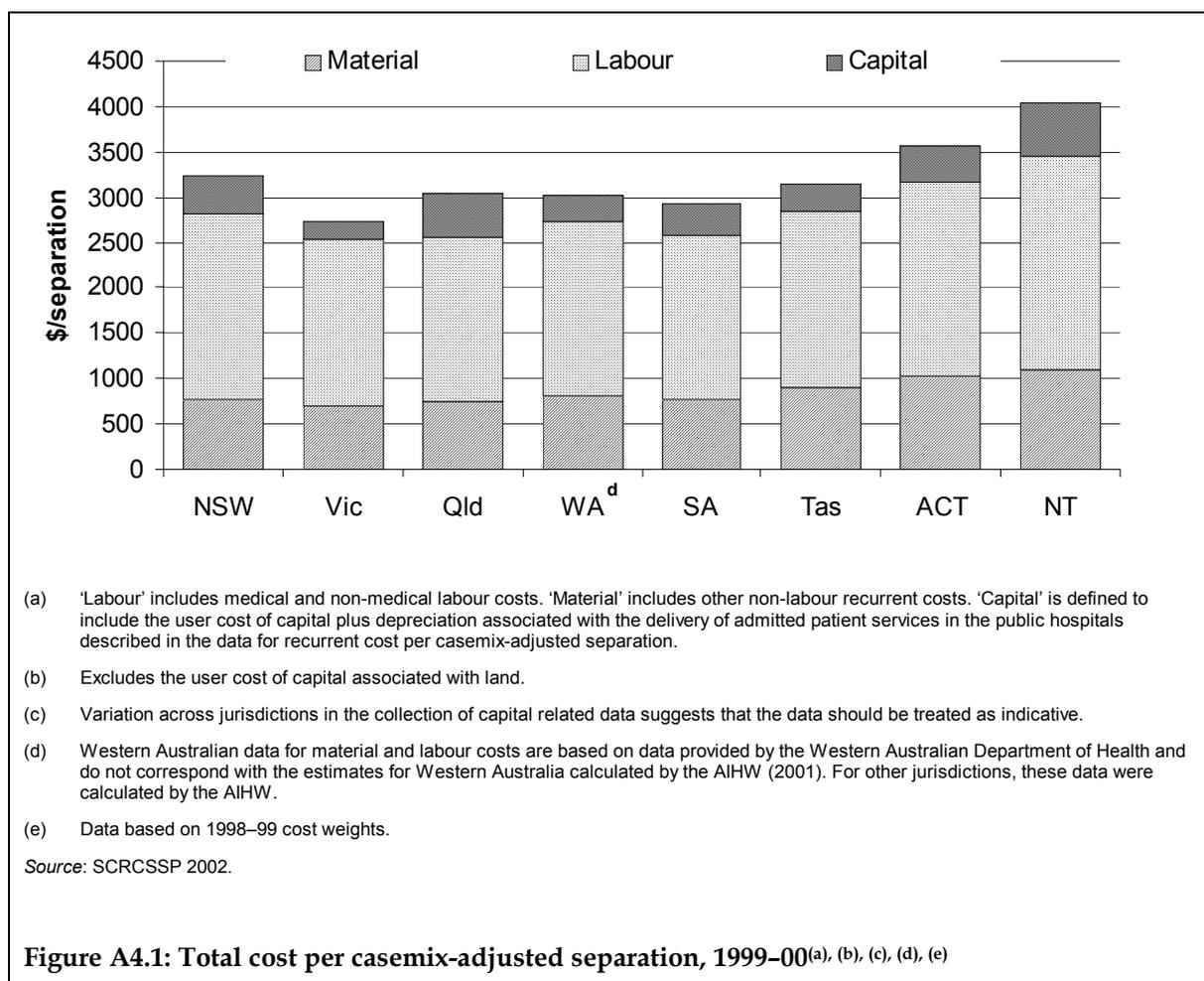
The SCRCSSP reported total costs per casemix-adjusted separation by State and Territory for 1999–00 (SCRCSSP 2002). It was defined as the recurrent cost per casemix-adjusted separation plus the capital costs (depreciation and the user cost of capital of buildings and equipment) per casemix-adjusted separation.

The SCRCSSP notes that ‘depreciation is defined as the cost of consuming an asset’s services, and is measured by the reduction in value of an asset over the financial year. The user cost of capital is the opportunity cost of the capital and is equivalent to the return forgone from not using the funds to deliver other government services or to retire debt. Interest payments represent a user cost of capital and so should be excluded from recurrent expenditure where user costs of capital are calculated separately and added to recurrent costs. Interest payments were not separately identified in the data for the select group of hospitals included in this indicator. For all public hospitals in 1999–00, however, reported interest expenses were effectively zero for all jurisdictions except Western Australia (where interest expenses were 1.6 per cent of recurrent expenditure) and the Northern Territory (where they were not reported) (AIHW 2001a). Interest expenses were therefore deducted directly from capital costs in Western Australia to avoid double counting.’

Total cost per casemix-adjusted separation by jurisdiction (including capital costs), as published by SCRCSSP for 1999–00, is presented in Figure A4.1. The data for material and labour costs were based on the recurrent cost per casemix-adjusted separation data calculated by the Institute for *Australian Hospital Statistics 1999–00*, except for Western Australia (for which data were provided to the SCRCSSP by the Western Australian Department of Health).

Capital cost (excluding land) ranged from \$206 per casemix-adjusted separation in Victoria to \$603 in the Northern Territory (SCRCSSP 2002).

Further details about the SCRCSSP calculation of total cost per casemix-adjusted separation are available in the Report on Government Services 2002 (SCRCSSP 2002).



Relative stay index

Relative stay indexes (RSIs) are calculated as the actual number of patient days for separations in selected AR-DRGs, divided by the number of patient days expected (based on national figures) adjusted for casemix. The adjustment for casemix allows comparisons to be made that take into account variation in types of services provided, but does not take into account other influences on length of stay, such as Indigenous status (AIHW 2001d).

An RSI index greater than 1 indicates that an average patient's length of stay is higher than would be expected given the casemix for the group of separations of interest. An RSI of less than 1 indicates that the length of stay was less than would have been expected.

A simple relative stay index (RSI) developed by the AIHW using data from the National Hospital Morbidity Database has been included by the Steering Committee for the Review of Commonwealth and State Service Provision (SCRCSSP) in their recent reports of government services (SCRCSSP 2001, 2002). These RSI statistics were based on a model that included separations from public acute hospitals only, excluded separations that were not for acute care, separations for dialysis and chemotherapy, and separations with a length of stay of more than 200 days.

In consultation with the Australian Hospital Statistics Advisory Committee, the Institute has refined the method used to calculate RSIs as presented in this report. The method used is:

Model on the basis of:

- AR-DRG and
- Age as a cubic regression within each AR-DRG.

Included and excluded separations:

- include only acute care type
- exclude AR-DRGs which are overwhelmingly sameday: R63Z Chemotherapy and L61Z Admit for renal dialysis
- exclude AR-DRGs with a length of stay component in the definition
- exclude 'rehabilitation' AR-DRGs
- exclude error AR-DRGs 960Z, 961Z, 962Z and 963Z
- exclude separations for patients who died or were transferred within two days of admission
- exclude episodes with length of stay greater than 120 days.

In summary, the AR-DRGs excluded are:

Overwhelmingly same day	
R63Z	Chemotherapy
L61Z	Admit for Renal Dialysis
Defined as same day	
G41B	Complex Therapeutic Gastroscopy for Non-Major Digestive Diseases, Same day
G42B	Other Gastroscopy for Major Digestive Disease, Same day
G44C	Other Colonoscopy, Same day
G45B	Other Gastroscopy for Non-Major Digestive Disease, Same day
R61C	Lymphoma and Non-Acute Leukaemia, Sameday
S60Z	HIV, Same day
U40Z	Mental Health Treatment, Same day, W ECT
U60Z	Mental Health Treatment, Same day, W/O ECT
V62B	Alcohol Use Disorder and Dependence, Same day
Other length of stay as a component of the definition	
B70D	Stroke, Died or Transferred < 5 days
P01Z	Neonate, Died or Transf <5 Days of Admission W Significant O.R. Procedure
P60A	Neonate Died or Transf <5 Days of Adm, W/O Significant O.R. Proc, Born Here
P60B	Neonate Died/Transf <5 Days of Adm, W/O Significant O.R. Proc, Not Born Here
W60Z	Multiple Trauma, Died or Transf to Another Acute Care Facility, LOS<5 Days
Y60Z	Burns, Transferred to Another Acute Care Facility < 5 Days
'Rehabilitation' AR-DRGs	
Z60A	Rehabilitation W Catastrophic or Severe CC
Z60B	Rehabilitation W/O Catastrophic or Severe CC
Z60C	Rehabilitation, Sameday
Error AR-DRGs	
960Z	Ungroupable
961Z	Unacceptable Principal Diagnosis
962Z	Unacceptable Obstetric Diagnosis Combination
963Z	Neonatal Diagnosis Not Consistent W Age/Weight

These inclusions and exclusions are further explained below. More detailed information on the development of the modelling method will be published elsewhere, and is available from the Institute on request.

The method does not standardise for the mix of activity within groups of hospitals, for example, taking into account AR-DRGs for which no separations are reported for some hospitals. This is a topic for further development, and means that comparability of relative stay index statistics may be limited in some circumstances.

Modelling using AR-DRGs and age

As noted above, AR-DRGs are designed to categorise separations into groups that are similar clinically, and have similar resource usage. The resource usage is reflected in length of stay so, theoretically, average lengths of stay for groups of separations with the same distribution of AR-DRGs should be approximately the same.

In practice, the average length of stay within AR-DRGs tends to vary with age, with generally relatively shorter lengths of stay for young patients, and longer lengths of stay for older patients (and very young patients). Thus, including age in the modelling helps to account for differences in the age distributions of patients.

In testing the model, it was determined that including age as a variable to help explain length of stay was useful, however, the way in which it was included (as 5-year age groups, or as a cubic regression with a continuous variable, for example) did not markedly affect the modelling. The cubic regression on age as a continuous variable explained a typical amount of the length of stay, so it was therefore chosen to be part of the model.

Acute care separations

The modelling was restricted to acute care separations as the AR-DRGs are designed to apply to acute care only. Greater variation in length of stay would be expected if separations other than acute care separations had been included.

AR-DRGs that are overwhelmingly same day

R63Z Chemotherapy and L61Z Admit for renal dialysis are DRGs that, although not defined as same day AR-DRGs are overwhelmingly same day. In 2000–00, 99.9% of the 571,903 separations for L61Z Admit for renal dialysis and 99.8% of 224,025 separations for R63Z Chemotherapy were same day. If these separations had been included in the model, the effect would have been to add a large number of separations for which the actual and expected length of stay was the same, and the sensitivity of the analysis would have been reduced. Hence, these AR-DRGs were excluded from the analysis.

AR-DRGs with length of stay as part of their definition

As listed above, there are 9 AR-DRGs that are defined as being same day, and a further 6 AR-DRGs that have other length of stay restrictions as components of their definitions. Hence, the variation in length of stay that is possible with these AR-DRGs is restricted is a result of the way in which they are defined, and will not reflect other influences on length of stay that the RSI statistics can be used to illustrate.

‘Rehabilitation’ AR-DRGs

For a small number of separations reported with acute care, a ‘rehabilitation’ AR-DRG is assigned, for example because they have a principal diagnosis of Z50 (Care involving use of rehabilitation procedure). If these separations had had a care type of rehabilitation, as could have been expected, they would have been excluded from the model on that basis. Thus, for the model, it has been assumed that these separations are equivalent to separations with rehabilitation as the care type, and they have been excluded.

Error AR-DRGs

The error AR-DRGs are by definition applied to separations which are in some way out of the ordinary, so there is less expectation that they would have uniformity in length of stay. However, AR-DRGs 901Z, 902Z and 903Z (which are defined as procedures unrelated to the principal diagnosis) can be considered to be ‘edit’ AR-DRGs rather than error DRGs, and may include some valid (though unusual) cases. AR-DRGs 960Z, 961Z, 962Z and 963Z are defined as error AR-DRGs on the basis of diagnosis information, and are more likely to be a mixture of types of separations, with varying lengths of stay. Hence, the former group was included in the RSI model but the latter group was excluded.

Death or transfer within 2 days of admission

Separations for patients who died or transferred out of the hospital within 2 days of admission are excluded because the length of stay that would have been usual for the AR-DRGs are likely to have been shortened by the transfer or death. Often, for example, patients who are transferred are maintained or stabilised in the transferring hospital, rather than being treated by them.

There is also scope for the length of stay to be affected by the availability of transfer sources and destinations. Hence, exclusion of transfers may allow the RSIs to be more comparable between jurisdictions with differing availability of transfer points.

Separations with length of stay of over 120 days

Small numbers of separations with very long lengths of stay can distort length of stay statistics, so they are sometimes excluded from comparative statistics (Table 4.8, for example). For the RSI statistics, separations with a length of stay of 120 days or more were excluded. With 1999–00 data, this trimming excluded about 0.02% of separations but these accounted for about 2.7% of the patient days, with an average length of stay of about 370 days.

Table A4.1: Summary of separations in public acute hospitals selected for the cost per casemix-adjusted separation analysis^(a) States and Territories, 2000-01

Variable	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total separations ('000)	1,169	1,003	661	340	333	68	61	59	3,693
Total patient days ('000)	4,455	3,690	2,210	1,216	1,168	290	211	194	13,434
Acute separations^(b)									
Separations ('000)	1,144	973	634	334	325	67	60	58	3,595
Proportion of all separations	98%	97%	96%	98%	98%	98%	99%	99%	97%
Patient days ('000)	4,099	3,054	1,967	1,057	1,055	258	199	184	11,872
Proportion of all patient days	92%	83%	89%	87%	90%	89%	94%	95%	88%
Acute care psychiatric separations^(c)									
Separations ('000)	21	19	21	9	6	2	1	1	80
Proportion of all separations	2%	2%	3%	3%	2%	3%	2%	1%	2%
Average cost weight ^(d)	1.38	1.85	1.47	1.06	1.56	1.49	1.62	1.53	1.50
Patient days ('000)	213	270	198	75	67	26	16	6	871
Proportion of all patient days	4.8%	7.3%	9.0%	6.1%	5.7%	9.0%	7.6%	3.3%	6.5%
Acute care non-psychiatric separations									
Separations ('000)	1,123	954	613	324	320	65	59	57	3,515
Proportion of all separations	96%	95%	93%	95%	96%	95%	96%	97%	95%
Patient days ('000)	3,886	2,784	1,769	982	988	232	183	177	11,002
Proportion of all patient days	87%	75%	80%	81%	85%	80%	87%	91%	82%
Separations other than acute									
Rehabilitation separations ('000)	15.1	18.5	19.9	3.7	1.8	0.6	0.5	0.4	60.5
Proportion of all separations	1.3%	1.8%	3.0%	1.1%	0.6%	0.9%	0.8%	0.6%	1.6%
Patient days ('000)	210	325	124	97	29	16	10	4	815
Proportion of all patient days	4.7%	8.8%	5.6%	7.9%	2.5%	5.7%	4.5%	2.1%	6.1%
Palliative care separations ('000)	3.4	3.0	3.1	0.7	1.2	0.1	0.1	0.0	11.7
Proportion of all separations	0.3%	0.3%	0.5%	0.2%	0.4%	0.2%	0.1%	0.0%	0.3%
Patient days ('000)	32.7	42.4	27.9	5.1	13.9	1.3	0.6	0.3	124.3
Proportion of all patient days	0.7%	1.1%	1.3%	0.4%	1.2%	0.4%	0.3%	0.2%	0.9%
Geriatric evaluation and management separations ('000)	0.6	7.0	0.3	..	0.0	0.0	0.0	..	8.0
Proportion of all separations	0.0%	0.7%	0.0%	..	0.0%	0.1%	0.0%	..	0.2%
Patient days ('000)	10	215	7	..	0.451	0.377	0.041	..	232.579
Proportion of all patient days	0.2%	5.8%	0.3%	..	0.0%	0.1%	0.0%	..	1.7%
Psychogeriatric separations	0.3	..	0.2	0.6	0.1	0.0	0.0	..	1.1
Proportion of all separations	0.0%	..	0.0%	0.2%	0.0%	0.0%	0.0%	..	0.0%
Patient days ('000)	9	..	7	27	12	0	0	..	55
Proportion of all patient days	0.2%	..	0.3%	2.2%	1.0%	0.1%	0.0%	..	0.4%
Maintenance separations ('000)	3.8	..	3.1	1.1	0.6	0.4	0.1	0.5	9.6
Proportion of all separations	0.3%	..	0.5%	0.3%	0.2%	0.6%	0.1%	0.8%	0.3%
Patient days ('000)	86	..	75	31	40	14	2	6	254
Proportion of all patient days	1.9%	..	3.4%	2.5%	3.4%	4.8%	0.9%	3.0%	1.9%
Other separations ('000)	1.8	1.4	0.2	..	3.5	..	0.0	0.0	7.0
Proportion of all separations	0.2%	0.1%	0.0%	..	1.1%	..	0.1%	0.0%	0.2%
Patient days ('000)	7.0	53.8	1.4	..	18.5	..	0.1	0.0	80.8
Proportion of all patient days	0.2%	1.5%	0.1%	..	1.6%	..	0.1%	0.0%	0.6%
Total separations other than acute									
Separations ('000)	25.0	29.9	26.9	6.1	7.3	1.2	0.7	0.9	97.8
Proportion of all separations	2.1%	3.0%	4.1%	1.8%	2.2%	1.8%	1.1%	1.5%	2.6%
Patient days	355.7	635.6	242.6	159.5	113.6	32.3	12.3	10.3	1,561.9
Proportion of all patient days	8.0%	17.2%	11.0%	13.1%	9.7%	11.1%	5.8%	5.3%	11.6%
Psychiatric separations^(c)									
Separations ('000)	22	19	21	10	6	2	1	1	82
Proportion of all separations	2%	2%	3%	3%	2%	3%	2%	1%	2%
Patient days ('000)	219	270	207	110	82	25	17	7	935
Proportion of all patient days	5%	7%	9%	9%	7%	9%	8%	3%	7%

(a) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute and multi-purpose services are excluded from this table, as are some small hospitals with incomplete expenditure information. See Appendix 5 for further information.

(b) Includes same day separations, acute and unspecified care type separations and episodes of newborn care with qualified days.

(c) Separations with total days of psychiatric care equal to the total length of stay.

(d) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and episodes of newborn care with qualified days, using the 1999-00 AR-DRG v 4.1 cost weights (DHAC 2001). Updated versions of this table based on 2000-01 AR-DRG v 4.2 cost weights will be posted on www.aihw.gov.au when available.

Table A4.2: Cost per acute care casemix-adjusted separation, subset of selected public acute hospitals,^(a) Victoria and Tasmania, 2000-01

Variable	Vic	Tas
Total separations ('000)	677	67
Total patient days ('000)	2,518	283
Acute separations ('000) ^(b)	658	65
Acute patient days ('000) ^(b)	2,027	251
Proportion of separations acute	97.2%	98.2%
Proportion of patient days acute	80.5%	88.8%
Total recurrent expenditure (\$m)		
Subset hospitals	2,541	295
Hospitals in Table 4.1	3,863	303
Proportion	66%	97%
Total admitted patient expenditure (\$m)		
Subset hospitals	1,851	211
Hospitals in Table 4.1	2,633	216
Proportion	70.3%	97.6%
Total separations ('000)		
Subset hospitals	677	67
Hospitals in Table 4.1	1,003	68
Proportion	67.5%	97.4%
Costs relating to acute care separations		
Average cost weight ^(e)	0.919	1.121
Casemix-adjusted acute separations ('000)	605	73
Acute IFRAC ^(d)	0.663	0.679
Total acute patient recurrent expenditure (\$m)	1,685	200
Cost per casemix-adjusted acute separation^(f)	2,855	2,808
Cost per total casemix-adjusted separation (from Table 4.1)	2,801	2,935
Cost per total casemix-adjusted separation on subset of hospitals	3,053	2,922
Percentage this exceeds cost per acute separation for subset hospitals	6.5%	3.9%
Cost of not acute separations in subset (\$m)		
Per separation (\$)	166	11
Per patient day (\$)	8664	8831
Per patient day (\$)	454	336

- (a) Excludes psychiatric, mothercraft, hospices, small non-acute, un-peered and other hospitals, rehabilitation facilities, and multi-purpose services. This subset excludes Victorian hospitals where the IFRAC was equal to the acute IFRAC and more than 1,500 not acute patient days was recorded. Only includes the three largest hospitals in Tasmania
- (b) From the National Hospital Morbidity Database. Details of acute separations and patient days and non-acute separations and patient are presented in Table A4.1.
- (c) Acute separations are separations where the care type is acute, newborn with qualified days, or unspecified.
- (d) The acute IFRAC is that portion of recurrent costs which are for acute admitted patients.
- (e) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and episodes of newborn care with qualified days, using the 1999-00 AR-DRG version 4.1 cost weights (DHAC 2001).
- (f) Includes adjustment for private patient medical costs: \$67 for Victoria \$72 for Tasmania.

Appendix 5: Hospitals contributing to this report and public hospital peer groups

Introduction

This appendix includes information on the public and private hospitals contributing to the National Hospital Morbidity Database, the National Public Hospital Establishments Database and the National Elective Surgery Waiting Times Data Collection. Also included is information on the coverage of private hospitals in the National Hospital Morbidity Database that can assist interpretation of the data on private hospital activity.

The entities that are reported as hospitals in the databases and in this report vary, depending on the type of information being reported. Explanatory information is therefore included on this variation, with a summary table on the counts of public hospitals presented for different analyses.

Information on the public hospital peer group classification used in Chapters 4 and 5 is also included.

Throughout this report, unless otherwise specified:

- public acute hospitals and public psychiatric hospitals are included in the public hospital (public sector) category.
- all public hospitals other than public psychiatric hospitals are included in the public acute hospital category.
- private psychiatric hospitals, private free-standing day hospital facilities and other private hospitals are included in the private hospital (private sector) category.
- all private hospitals other than private free-standing day hospital facilities are included in the other private hospitals category.

The National Hospital Morbidity Database

The National Hospital Morbidity Database includes data relating to admitted patients from almost all hospitals: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities.

Public sector hospitals that are not included are those not within the jurisdiction of a State or Territory health authority (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in offshore territories). In addition, for 2000–01, data were not supplied for one small ‘outpatient clinic’ in Queensland, a small rural hospital and a forensic hospital in Tasmania and a mothercraft hospital in the Australian Capital Territory.

Within the private sector, data were not provided for 2000-01 for 11 free-standing day hospital facilities in Victoria, all private free-standing day hospital facilities in the Australian Capital Territory, and the one private hospital in the Northern Territory. For South Australia, data were not available for one private free-standing day hospital facility and were missing for January to June 2001 for another, and for May to June 2001 for one private hospital (non-day only). Data have only been provided for the periods from August 2000 to June 2001, January 2001 to June 2001 and April 2001 to June 2001 respectively for three other South Australian private free-standing day hospital facilities.

Table A5.1 summarises this coverage information by State and Territory and by hospital sector, and tables accompanying this report on the Internet at <http://www.aihw.gov.au/publications/health/hse/ahs00-01.html> list the public and private hospitals that contributed to the National Hospital Morbidity Database for 2000-01 (Tables A5.2 and A5.3). For public hospitals, also included in the Internet tables is information on their average available bed numbers, their peer group (see below) and the Statistical Local Area and RRMA category of their location. With the list of private hospitals in information on whether each was a private free-standing day hospital facility.

Table A5.1: Coverage of hospitals in the National Hospital Morbidity Database, by hospital sector, States and Territories, 2000-01

	Public acute hospitals	Public psychiatric hospitals	Private free-standing day hospital facilities	Other private hospitals
NSW	Complete	Complete	Complete	Complete
Vic	Complete	Complete	Incomplete	Complete
Qld	Incomplete	Complete	Complete	Complete
WA	Complete	Complete	Complete	Complete
SA	Complete	Complete	Incomplete	Incomplete
Tas	Incomplete	Complete	Complete	Incomplete
ACT	Incomplete	Not applicable	Not included	Complete
NT	Complete	Not applicable	Not applicable	Not included

Note: Complete—all facilities in this sector reported data to the National Hospital Morbidity Database. Incomplete—some facilities in this sector for this State or Territory did not provide data to the National Hospital Morbidity Database. See text for more details. Not included—there are facilities in this sector for this State or Territory, however, no data were provided. Not applicable—there are no facilities in this sector for this State or Territory.

Coverage estimates for private hospital separations

As not all private hospital separations are included in the National Hospital Morbidity Database, the counts of private hospital separations presented in this report are likely to be underestimates of the actual counts. Over recent years, there have been slightly fewer separations reported to the National Hospital Morbidity Database (particularly for private free-standing day hospital facilities) than to the Australian Bureau of Statistics' Private Health Establishments Collection (Table A5.3). The latter collection includes all private acute and psychiatric hospitals licensed by State and Territory health authorities and all private free-standing day hospital facilities approved by the Commonwealth Department of Health and Ageing. In 1999-00, the difference was 122,154 separations (5.7%).

Table A5.4: Differences between private hospital separations reported to the National Hospital Morbidity Database and the ABS' Private Health Establishments Collection, 1993–94 to 1999–00

Year	Private free-standing day hospital facilities		Other private hospitals		Total	
	Separations	Per cent	Separations	Per cent	Separations	Per cent
1993–94	n.a.	n.a.	n.a.	n.a.	119,554	8.3
1994–95	n.a.	n.a.	n.a.	n.a.	76,274	5.0
1995–96	n.a.	n.a.	n.a.	n.a.	83,619	5.0
1996–97	4,868	2.2	75,850	4.9	80,718	4.6
1997–98	23,662	8.7	40,369	2.5	64,031	3.4
1998–99	40,980	13.6	69,961	4.2	110,941	5.6
1999–00	68,907	19.7	53,247	3.0	122,154	5.7

Source for private hospital data: ABS, unpublished Private Health Establishments Collection data.

These discrepancies may have been due to the use of differing definitions or different interpretations of definitions, or differences in the quality of the data provided for different purposes. It is also likely to reflect the omission of some private hospitals from the National Hospital Morbidity Database and also some separations for some private hospitals that were otherwise included in the database.

At the time of publication of this report, Private Health Establishments Collection data for 2000–01 were not available. When they become available, an estimate will be made of under-enumeration of separations in the National Hospital Morbidity Database for 2000–01, by comparing it with the 2000–01 Private Health Establishments Collection data. This estimate will be included with *Australian Hospital Statistics 2000–01* on the Internet.

The National Public Hospital Establishments Database

The National Public Hospital Establishments Database holds establishment-level data for each public hospital in Australia, including public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all States and Territories. The collection only covers hospitals within the jurisdiction of the State and Territory health authorities. Hence, public hospitals not administered by the State and Territory health authorities (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in offshore territories) are not included.

For 2000–01, data were additionally not available for one small hospice in the Australian Capital Territory.

Public hospitals are categorised by the Institute into peer groups, as described below.

Table A5.2 accompanying this report on the Internet at <http://www.aihw.gov.au/publications/health/hse/ahs00-01.html> lists the public hospitals that contributed to the National Public Hospital Establishments Database for 2000–01. Also included is information on their average available bed numbers, their peer group and the Statistical Local Area and RRMA category of their location.

The National Elective Surgery Waiting Times Data Collection

The National Elective Surgery Waiting Times Data Collection holds patient-level data on elective surgery waiting times provided by the States and Territories. The collection covers public acute hospitals only. Private hospitals are not included, except for two hospitals in New South Wales that were funded by the New South Wales Health Department to provide services for public patients. Some public patients treated under contract in private hospitals in Victoria and Tasmania are also included.

In the Northern Territory, all public acute hospitals were included in the data collection. In the other States and the Australian Capital Territory, all public hospitals that undertake elective surgery were generally included, although data were not collected for some smaller hospitals.

Table 5.1 provides further information on the coverage by public hospital peer group. The list of public hospitals that contributed to the National Public Hospital Establishments Database (Table A5.2 accompanying this report on the Internet at <http://www.aihw.gov.au/publications/health/hse/ahs00-01.html>) includes information on which hospitals were also included in the National Elective Surgery Waiting Times Data Collection for 2000–01.

Counting public hospitals

Different counts of hospitals are used this report, depending on the type of information being presented and the way in which the hospitals were reported to the National Hospital Morbidity Database, the National Public Hospital Establishments Database and the National Elective Surgery Waiting Times Data Collection. In summary, three counts of hospitals are used:

- In Chapter 2 and Chapter 3, hospitals are counted generally as they were reported to the National Public Hospital Establishments Database. These entities are generally ‘physical hospitals’ (buildings or campuses) but can include some outposted locations such as dialysis units. Conversely, however, hospitals on the one ‘campus’ can be reported as separate entities to this Database if, for example, they are managed separately and have separate purposes, such as specialist women’s services, and specialist children’s services. Although most of the hospitals counted in this way report separations to the National Hospital Morbidity Database, some small hospitals do not have separations every year.
- In the cost per casemix-adjusted separation analysis (Tables 4.2 and 4.3), entities for which there was expenditure information were reported as hospitals. The small numbers of hospitals in the National Public Hospital Establishments Database with incomplete expenditure information were omitted. In some jurisdictions, hospitals exist in networks, and expenditure data were only available for these networks, so the networks are the entities counted as hospitals for those jurisdictions for these tables.
- In Chapter 5 (on elective surgery waiting times), hospitals are counted generally if they report as separate entities to the National Elective Surgery Waiting Times Data Collection and/or the National Hospital Morbidity Database. Almost all public hospitals are reported in the same way to these two databases and, since the coverage estimates are based on data from the National Hospital Morbidity Database, some minor

adjustment is made to ensure that the counts of hospitals align completely. In these databases, reporting entities are more likely than in the National Public Hospital Establishments Database to represent physical campuses (with, for example, outposted units reported as separate hospitals). Hospitals are not included if they did not report separations for 2000–01.

A summary of the counts of public hospitals reported in this publication is presented in Table A5.5.

Data on numbers of hospitals should therefore be interpreted taking these notes into consideration. Reflecting these notes, changes in the numbers of hospitals over time can be due to changes in administrative or reporting arrangements and not necessarily to changes in the number of hospital campuses or buildings.

Table A5.5: Numbers of public hospitals reported in this publication, States and Territories, 2000–01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Chapter 2 and Chapter 3	219	145	183	90	80	24	3	5	749
Tables 4.2 and 4.3 (with expenditure data)	214	94	181	86	75	18	3	5	676
Table 5.1 (reporting hospital morbidity/elective surgery waiting times data)	219	145	155	90	79	24	2	5	719

Counts of private hospitals can also vary, depending on the source of the information. Thus, there may be discrepancies between counts of private hospitals from the Australian Bureau of Statistics' Private Health Establishments Collection presented in Chapter 2 and the lists of private hospitals contributing to the National Hospital Morbidity Database. The States and Territories provided the latter information, which may not correspond with the way in which private hospitals report to the Private Health Establishments Collection.

Public hospital peer groups

When making comparisons it is useful if the units being compared have been grouped into categories so that variation in the variable of interest is explained by the attributes defining the group (Hindle 1999).

The Australian Institute of Health and Welfare worked with the National Health Ministers' Benchmarking Working Group (NHMBWG) and the National Health Performance Committee (NHPC) to develop a national public hospital peer group classification for use in presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow.

The peer groups were therefore designed to explain variability in the average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activities, and their geographical location, with the peer groups allocated names that are broadly descriptive of the types of hospitals included in each category.

The peer group classification is summarised in Table A5.6, and the method used to assign the categories is summarised in Figure A5.1. Details of the derivation of the peer groups are in Appendix 11 of *Australian Hospital Statistics 1998–99* (AIHW 2000a). As some of the

categories are defined in terms of numbers of separations and numbers of acute care separations, the classification is not strictly mutually exclusive.

The flow chart is used for assignment of peer groups for almost all hospitals. However, a very small number are assigned without using this logic, usually in special circumstances such as the opening or closing of a hospital during the year. These 'manual' assignments of peer groups for 2000–01 are noted in Table A5.2.

Table A5.6: Public hospital peer group classification^(a)

Peer group	Sub-group	Definition
Principal referral and specialist women's & children's	Principal referral	Metropolitan hospitals with >20,000 acute casemix-adjusted separations and rural hospitals with >16,000 acute casemix-adjusted separations per annum.
	Specialist women's and children's	Specialised acute women's and children's hospitals with >10,000 acute casemix-adjusted separations per annum.
Large hospitals	Metropolitan	Metropolitan acute hospitals treating more than 10,000 acute casemix-adjusted separations per annum.
	Rural and remote	Rural acute hospitals treating >8,000 acute casemix-adjusted separations per annum, and remote hospitals with >5,000 acute casemix-weighted separations.
Medium hospitals	Group 1	Acute hospitals in metropolitan areas treating between 5,000 and 10,000 acute casemix-adjusted separations per annum, and in rural areas treating between 5,000 and 8,000 acute casemix-adjusted separations per annum.
	Group 2	Acute hospitals in rural and metropolitan areas treating between 2,000 and 5,000 acute casemix-adjusted separations per annum, and acute hospitals treating <2,000 casemix-adjusted separations per annum but with >2,000 separations per annum.
Small acute hospitals	Rural	Small rural acute hospitals (mainly small country town hospitals), acute hospitals treating <2,000 separations per annum, and with less than 40% non-acute and outlier patient days of total patient days.
	Remote	Small remote hospitals (<5,000 acute casemix-weighted separations but not 'MPS' and not 'community non-acute'). Most are <2,000 separations.
Sub-acute and non-acute hospitals	Small non-acute	Small non-acute hospitals, treating <2,000 separations per annum, and with more than 40% non-acute and outlier patient days of total patient days.
	Multi-purpose services	
	Hospices	
	Rehabilitation	
	Mothercraft	
	Other non-acute	For example, geriatric treatment centres combining rehabilitation and palliative care with a small number of acute patients
Un-peered and other hospitals		Prison medical services, special circumstance hospitals, metropolitan hospitals with <2,000 acute casemix-adjusted separations, hospitals with <200 separations, etc.
Psychiatric hospitals		

(a) Peer groups above the dashed line are included in the cost per casemix-adjusted separation analyses presented in Chapter 4; those below it are not.

Selected characteristics of the hospitals assigned to each peer group for 2000–01 are presented in Table 4.2 (at a national level) and in Table 4.3 (for each State and Territory).

Although not specifically designed for purposes other than the cost per casemix-adjusted separation analysis, the peer group classification is becoming recognised as a useful way to categorise hospitals for other purposes, including the presentation of other types of statistics. For example, the classification has been used to present data from the National Hospital Cost Data Collection (see Appendix 8) (DHAC 2001) and elective surgery waiting times data in this report (Chapter 5), and for 1999–00 (AIHW 2002a).

The peer group to which each public hospital was assigned for 2000–01 is included in the list of public hospitals contributing to this report (Table A5.2). As noted above, in some cases, the establishments defined as hospitals for the cost per casemix-adjusted separation analysis differ from those defined as hospitals for the elective surgery waiting times data (and they may also differ from establishments defined for counts of hospitals presented in Chapters 2 and 3). In these cases, their peer groups may also differ, and these differences are indicated in Table A5.2.

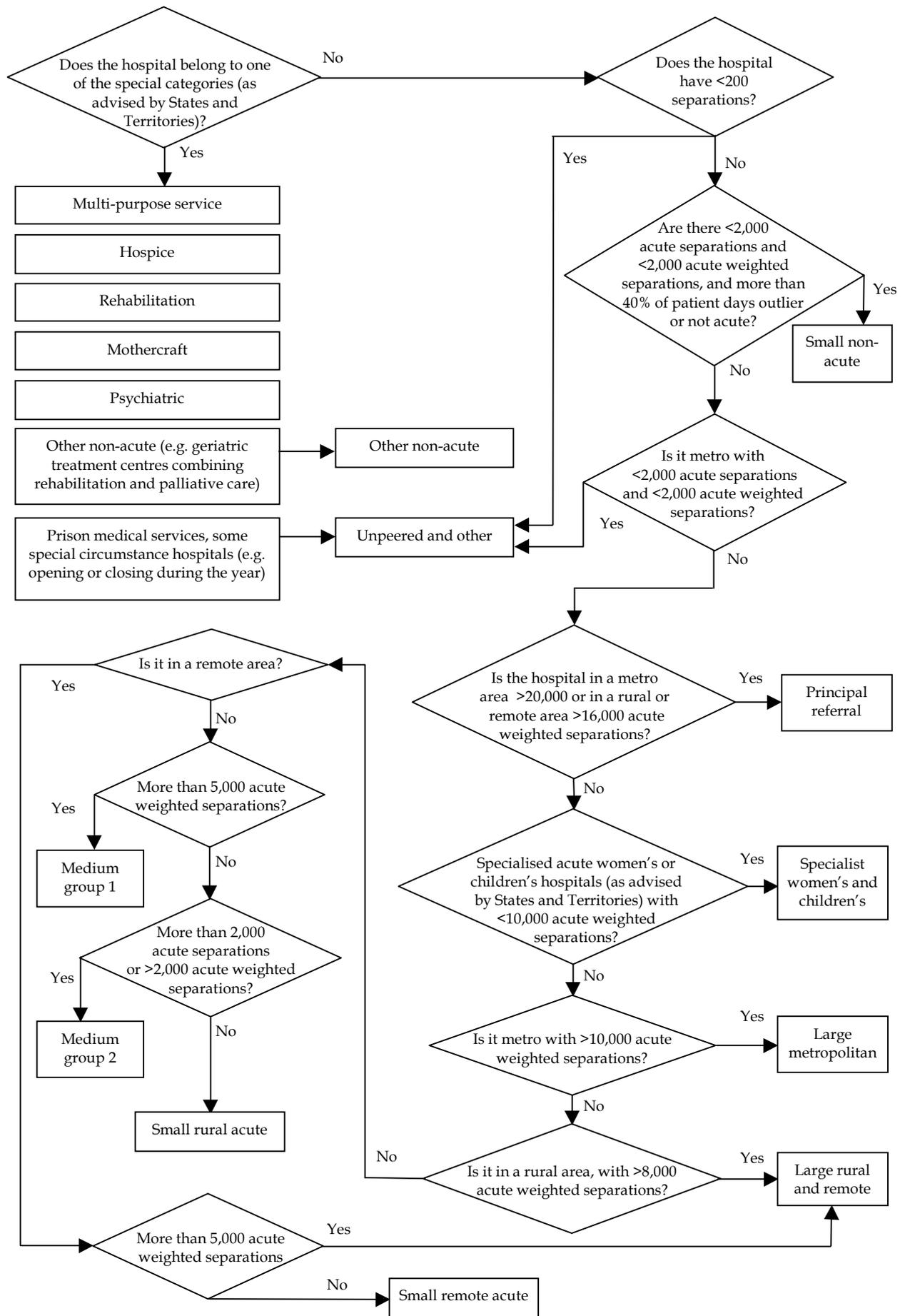


Figure A5.1: Flow chart for assignment of public hospital peer groups

Appendix 6: Population estimates

Table A6.1: Estimated resident population, by age group and sex, States and Territories, 31 December 2000

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia ^(a)
Females	0	42,997	29,296	22,736	12,112	8,606	2,752	2,054	1,671	122,245
	1-4	167,884	118,550	94,679	49,196	36,161	11,904	8,325	6,780	493,358
	5-14	432,160	314,897	250,977	131,945	96,591	32,988	21,167	16,070	1,297,151
	15-24	438,854	331,372	254,605	136,798	98,082	31,540	24,722	14,799	1,330,876
	25-34	491,151	370,813	268,476	141,916	103,345	31,527	25,251	18,283	1,451,000
	35-44	494,597	368,150	275,671	147,315	114,267	35,963	24,778	15,259	1,476,314
	45-54	432,211	324,182	243,362	129,394	105,296	32,822	23,045	11,273	1,301,771
	55-64	298,660	220,190	161,513	81,110	73,216	23,137	12,837	5,119	875,860
	65-74	236,832	175,086	116,304	58,692	60,032	18,212	7,802	2,151	675,133
	75-84	170,199	124,181	81,338	38,500	45,745	13,140	5,235	902	479,246
	85 and over	61,203	45,960	29,294	15,238	17,014	4,846	1,623	313	175,496
	Total	3,256,748	2,422,677	1,798,955	942,216	758,355	238,837	156,859	92,620	9,678,762
	Males	0	45,304	30,720	23,893	12,549	8,993	2,912	2,140	1,788
1-4		176,527	125,722	99,367	52,040	37,793	12,497	8,481	7,198	519,711
5-14		454,344	330,935	264,541	139,492	101,811	34,706	21,988	17,352	1,365,501
15-24		458,115	345,084	265,853	143,827	102,803	32,527	27,169	16,410	1,392,023
25-34		490,635	371,786	268,513	147,260	106,812	29,853	25,069	20,026	1,460,249
35-44		499,660	363,379	271,744	149,281	113,027	34,635	23,695	17,028	1,472,746
45-54		440,794	320,183	249,012	133,976	103,891	32,774	22,525	13,320	1,316,764
55-64		304,716	220,447	169,377	85,578	72,015	23,213	12,985	6,958	895,404
65-74		217,443	159,554	111,409	55,567	54,918	16,878	7,262	2,601	625,666
75-84		120,670	86,954	60,756	28,430	32,218	9,110	3,640	793	342,583
85 and over		26,703	20,865	14,240	6,883	7,615	2,134	725	208	79,378
Total		3,234,911	2,375,629	1,798,705	954,883	741,896	231,239	155,679	103,682	9,598,445
Persons		0	88,301	60,016	46,629	24,761	17,599	5,664	4,194	3,459	250,665
	1-4	344,411	244,272	194,046	101,236	73,954	24,401	16,806	13,978	1,013,279
	5-14	886,504	645,832	515,518	271,437	198,402	67,694	43,175	33,422	2,662,652
	15-24	896,969	676,456	520,458	280,625	200,885	64,067	51,891	31,208	2,722,989
	25-34	981,786	742,599	536,989	289,176	210,157	61,380	50,320	38,309	2,911,249
	35-44	994,257	731,529	547,415	296,596	227,294	70,598	49,473	32,287	2,949,060
	45-54	873,005	644,365	492,374	263,370	209,187	65,596	45,570	24,593	2,618,535
	55-64	603,376	440,637	330,890	166,688	145,231	46,350	25,622	12,077	1,771,264
	65-74	454,275	334,640	227,713	114,259	114,950	35,090	15,064	4,762	1,300,799
	75-84	290,869	211,135	142,094	66,930	77,963	22,250	8,875	1,635	821,829
	85 and over	87,906	66,825	43,534	22,121	24,629	6,980	2,348	521	254,876
	Total	6,501,659	4,798,306	3,597,660	1,897,199	1,500,251	470,070	312,538	196,302	19,277,207

(a) includes Other territories.

Source: Australian Bureau of Statistics unpublished data.

Table A6.2: Projected Aboriginal and Torres Strait Islander population by age group and sex, States and Territories, 30 June 2000

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia ^(a)
Females	0	1,666	324	1,627	769	311	222	47	688	5,609
	1-4	6,526	1,307	6,419	2,996	1,242	863	174	2,688	22,191
	5-14	15,048	2,920	14,740	7,651	2,960	1,925	412	6,301	50,935
	15-24	11,029	2,120	11,116	5,804	2,389	1,764	363	5,592	39,365
	25-34	9,634	1,990	9,760	5,141	2,144	1,240	340	4,902	34,738
	35-44	7,529	1,661	7,034	3,933	1,524	1,094	273	3,361	25,671
	45-54	4,713	896	4,463	2,234	888	652	121	2,150	15,418
	55-64	2,424	448	2,146	1,076	461	287	32	1,145	7,837
	65-74	1,191	287	1,120	638	240	128	14	576	4,097
	75 and over	522	146	537	296	107	77	7	240	1,951
	Total	60,282	12,099	58,962	30,540	12,266	8,242	1,783	27,643	207,812
Males	0	1,751	344	1,708	812	322	233	52	728	5,951
	1-4	6,762	1,395	6,632	3,201	1,218	893	214	2,930	23,249
	5-14	15,526	3,011	15,106	7,857	3,124	2,107	383	6,990	54,121
	15-24	11,578	2,258	11,325	5,891	2,218	1,686	379	5,634	41,010
	25-34	8,572	1,990	8,896	4,821	1,825	1,070	311	5,027	32,522
	35-44	6,516	1,458	6,404	3,592	1,372	993	238	3,129	23,715
	45-54	4,390	900	3,838	2,047	822	709	89	1,813	14,623
	55-64	2,249	453	1,803	992	445	282	18	996	7,246
	65-74	961	201	883	481	168	123	12	408	3,239
	75 and over	308	86	362	206	77	35	1	182	1,257
	Total	58,613	12,096	56,957	29,901	11,591	8,131	1,697	27,837	206,933
Persons	0	3,417	668	3,335	1,581	633	455	99	1,416	11,560
	1-4	13,288	2,702	13,051	6,199	2,460	1,756	388	5,618	45,440
	5-14	30,574	5,931	29,846	15,508	6,084	4,032	795	13,291	105,056
	15-24	22,607	4,368	22,441	11,695	4,607	3,450	742	11,226	80,375
	25-34	18,206	3,970	18,656	9,962	3,969	2,310	651	9,929	67,260
	35-44	14,045	3,119	13,438	7,525	2,896	2,077	511	6,490	49,386
	45-54	9,103	1,796	8,301	4,281	1,710	1,361	210	3,963	30,041
	55-64	4,673	901	3,949	2,069	906	569	50	2,141	15,083
	65-74	2,152	488	2,003	1,119	408	251	26	984	7,336
	75 and over	830	232	899	502	184	112	8	422	3,208
	Total	118,895	24,195	115,919	60,441	23,857	16,373	3,480	55,480	414,745

(a) Includes Other territories.

Source: ABS 1996a

Table A6.3: Estimated resident population, by country/region of birth, Australia, 30 June 2000

Country/region of birth	Population	Country/region of birth	Population
Australia	14,639,770	Myanmar	13,192
New Zealand	374,892	Indonesia	67,553
Papua New Guinea	27,380	Cambodia	23,766
Fiji	40,312	Malaysia & Brunei	97,632
Oceania (other)	39,520	Philippines	123,035
Oceania (total)	15,121,874	Singapore	30,713
		Vietnam	174,449
United Kingdom & Ireland	1,215,863	Thailand	23,680
Greece	141,238	China	168,071
Italy	241,749	Hong Kong & Macau	56,283
Malta	54,937	Japan	28,359
Former Yugoslavia	209,855	Korea	41,357
Former USSR & Baltic States	54,920	India	110,190
Hungary	26,004	Sri Lanka	56,048
Poland	68,306	Asia (other)	63,462
Romania	14,246	Asia (total)	1,077,790
Austria	20,666		
France	19,769	Canada	28,969
Germany	120,176	United States of America	65,034
Netherlands	90,632	North America (other)	470
Europe (other)	123,018	North America (total)	94,473
Europe & the former USSR (total)	2,403,679		
		Argentina	12,166
Lebanon	79,851	Chile	25,352
Turkey	31,569	The Caribbean	3,708
Iran	20,469	Central & South America (other)	40,952
Egypt	37,730	South America, Central America & The Caribbean (total)	82,188
Middle East & North Africa (other)	60,191		
Middle East & North Africa (total)	229,910	Mauritius	18,574
		South Africa	80,074
		Africa excluding North Africa (other)	48,575
		Africa excluding North Africa (total)	147,223
		Overseas (total)	4,517,267
		Total	19,157,037

Source: ABS 1698b.

Table A6.4: Estimated resident population by metropolitan, rural and remote region, States and Territories, 30 June 2000

Region	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia ^(a)
Capital cities	4,085,578	3,466,025	1,626,865	1,381,127	1,096,102	194,228	310,521	90,011	12,250,457
Other metropolitan centres	822,252	157,930	489,962	..	..	..	..	..	1,470,144
Large rural centres	313,591	233,244	483,913	..	23,217	85,343	..	..	1,139,308
Small rural centres	476,157	271,032	215,532	135,684	81,670	55,624	..	..	1,235,699
Other rural areas	710,727	624,917	555,425	187,125	268,964	132,462	318	16,925	2,496,863
Remote centres	..	..	92,231	97,146	..	..	..	35,535	224,912
Other remote areas	55,150	12,708	102,429	82,778	27,681	2,719	..	52,992	336,457
Total	6,463,455	4,765,856	3,566,357	1,883,860	1,497,634	470,376	310,839	195,463	19,153,840

(a) includes Other territories.

.. not applicable.

Source: AIHW Population Database, based on SLA resident estimates compiled by ABS.

Appendix 7: Further information

Australian Hospital Statistics 2000–01 is complemented by other recent national publications related to hospital statistics:

- Previous years' data in the National Hospital Morbidity Database and the National Public Hospital Establishments Database were summarised in *Australian Hospital Statistics 1999–00* (AIHW 2001a), *Australian Hospital Statistics 1998–99* (AIHW 2000a), *Australian Hospital Statistics 1997–98* (AIHW 1999a), *Australian Hospital Statistics 1996–97* (AIHW 1998), *Australian Hospital Statistics 1995–96* (AIHW 1997b) and *Australian Hospital Statistics 1993–95: An Overview* (AIHW 1997a).
- Summary information on public hospital elective surgery waiting times for previous years was published in *Waiting Times for Elective Surgery in Australia 1999–00* (AIHW 2002c), *Waiting Times for Elective Surgery in Australia 1998–99* (AIHW 2000a) and *Waiting Times for Elective Surgery in Australia 1997–98* (AIHW 2000c).
- Establishment-level data on the resources and activities of private hospitals are compiled and published annually by the Australian Bureau of Statistics. Data for 1999–00 are presented in *Private Hospitals, Australia 1999–00* (ABS 2001).
- Information on patterns of health and illness, use of health services and health services costs and performance was published in *Australia's Health 2002* (AIHW 2002b).
- *The Burden of Disease and Injury in Australia* provides a comprehensive assessment of the health status of Australians which measured mortality, disability, impairment, illness and injury arising from 176 diseases and injuries, and 10 risk factors using a common metric, the disability-adjusted life year or DALY (AIHW: Mathers et al. 1999).
- *Health Expenditure Bulletin No. 17* (AIHW 2001c) provides estimates of total expenditure on health services in Australia for 1989–90 to 1999–00. Expenditure estimates are presented at the aggregate level, as a proportion of gross domestic product (GDP), on a per person basis and by source of funding – Commonwealth, other government and non-government. Detailed national and State data on particular areas of expenditure are also included. The State data cover the years 1996–97 to 1998–99 and the national data, the period from 1989–90 to 1998–99.
- *Mental Health Services in Australia 1999–00* describes the characteristics and activity of Australia's mental health care services, including ambulatory and residential mental health-related care provided by hospitals, community-based services, general practitioners, private psychiatrists and some disability support services. Detailed statistics show hospital care of patients admitted with a mental health-related diagnosis, the services, beds, staffing and expenditure in psychiatric hospitals and community-based services, and mental health-related medications prescribed by general practitioners and private psychiatrists (AIHW 2002c).
- The first, second and third national reports on health sector performance indicators reported a range of indicators of hospital performance (NHMBWG 1996, 1998, 1999). *The Fourth National Report on Health Sector Performance Indicators* provides information on the performance of the health sector and also promotes performance measurement activities in Australia (NHPC 2000).

- The *National Health Performance Framework Report* (NHPC 2001) describes the National Health Performance Framework and illustrates its potential uses. The *National Report on Health Sector Performance Indicators 2001* (NHPC 2002) uses the framework to present a range of performance indicator information.
- Hospital performance indicators have also been published in the *Report on Government Services* for 1999 to 2002 (SCRCSSP 1999, 2000, 2001, 2002).
- Further information on the derivation of AR-DRG cost weights and average costs was published in *National Hospital Cost Data Collection Cost report round 4 (1999–2000)* (DHAC 2001) and in the supplementary volume summarising changes to AR-DRG version 4.2, *Australian Refined Diagnosis Related Groups Version 4.2* (DHAC 2000b).
- The Department of Health and Ageing's Internet site includes tables of data from the department's National Hospital Morbidity (Casemix) Database at <http://www.health.gov.au>. The scope of the department's tables may differ from the scope of the tables presented in this report, so data in the department's tables may not correspond exactly to data in this report.
- The National Public Hospital Establishments Database and the National Hospital Morbidity Database include data additional to those published in this report. These data can be made available to interested readers. The Institute can provide further information on data availability.

Appendix 8: The National Hospital Cost Data Collection

The National Hospital Cost Data Collection (NHCDC) was established to produce annual updates of Diagnosis Related Groups (DRG) cost weights and estimated average costs, as incorporated into tables in Chapters 2, 4, 6 and 11. It is a voluntary collection of hospital cost and activity data covering the financial year prior to the collection period, undertaken by the Department of Health and Ageing. Both public and private hospital data are included, with the results being separately reported for the two sectors. The latest data available at the time of publication of this report were for the 1999–00 financial year (Round 4) (DHAC 2001).

In the 1999–00 collection, cost data were obtained for products other than acute admitted patients, such as outpatient care, emergency department care, admitted patient rehabilitation care, admitted patient palliative care, outreach/community, teaching and research. However, this report uses the cost data for acute admitted patients only, that is, for Australian Refined Diagnosis Related Groups (AR-DRG) version 4.1. (Cost weight data for 2000–01 for AR-DRGs version 4.2 were not available at the time of publication.)

The NHCDC involves arrangements whereby the hospital data are collected by the individual hospitals, and checked and validated by State/Territory/private sector coordinators before being passed onto the Department. The production and publication of the final cost weights and associated tables follows extensive quality assurance procedures undertaken by the Department, and endorsement of the results by the States and Territories.

The number of public hospitals included in the collection in 1999–00 was 184. Whilst the coverage of public hospitals was approximately 36% of total hospitals, the total number of separations was approximately 75% of the estimated total population of separations, because of the significant number of large teaching hospitals in the sample. A total of 62 private hospitals contributed to the collection, representing about 30% of all private hospitals and 39% of private hospital separations.

The participating hospitals include both patient costing and cost modelling sites. Cost modelling generally refers to a process where estimates of costs are produced at the level of each DRG. The approach is 'top down' where costs from the hospitals' general ledgers are allocated down to acute admitted patients using a series of allocation statistics. Patient costing or clinical costing is a 'bottom up' approach where the costs of each service provided to an individual patient are measured or estimated so that the total cost of treating individual patients is obtained. The majority of participating hospitals are cost modelled sites.

The average cost per separation for 1999–00 was estimated at \$2,547 for public hospitals and \$2,091 for private hospitals. Both these estimates included estimates for depreciation.

Further information is provided in the NHCDC report for 1999–00 (Department of Health and Aged Care 2001). Cost weights and associated tables for the this round and the previous three rounds can be obtained from the Costing and Ambulatory Section, Acute and Co-ordinated Care Branch, Commonwealth Department of Health and Ageing (Phone 02 6289 8272) or on the Casemix website, www.health.gov.au/casemix/.

Glossary

For further information on the terms used in this report, refer to the definitions in use in the *National Health Data Dictionary* version 9.0 (NHDC 2000). Each definition contains an identification number (ID) from the Knowledgebase or Australia's Health and Community Services Data Registry. The Knowledgebase is an electronic storage site for Australian health, community services, housing and related data definitions and standards. It provides definitions for data for health- and community services-related topics, and specifications for related National Minimum Data Sets (NMDSs), such as the NMDS, which form the basis of this report. The Knowledgebase can be viewed on the Internet at

<http://www.aihw.gov.au/knowledgebase/index.html>

<i>Aboriginal or Torres Strait Islander status</i>	<p>Aboriginal or Torres Strait Islander status of the person according to the following definition:</p> <p>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 with which he or she lives.</p> <p>Knowledgebase ID: 000001</p>
<i>Activity when injured</i>	<p>The type of activity being undertaken by the person when injured.</p> <p>Knowledgebase ID: 000002</p>
<i>Acute</i>	<p>Having a short and relatively severe course.</p>
<i>Acute care</i>	<p>See <i>Care type</i>.</p>
<i>Acute care hospitals</i>	<p>See <i>Establishment type</i>.</p>
<i>Additional diagnosis</i>	<p>Conditions or complaints either co-existing with the principal diagnosis or arising during the episode of care. Additional diagnoses give information on factors that result in increased length of stay, more intensive treatment or the use of greater resources.</p> <p>Knowledgebase ID: 000005</p>
<i>Administrative and clerical staff</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Administrative expenditure</i>	<p>All expenditure incurred by establishments (but not central administrations) of a management expense/administrative support nature, such as any rates and taxes, printing, telephone, stationery and insurance expenses (including workers' compensation).</p> <p>Knowledgebase ID: 000244</p>
<i>Admitted patient</i>	<p>A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital in the home patients).</p> <p>Knowledgebase ID: 000011</p>
<i>Admitted patient cost proportion</i>	<p>The ratio of admitted patient costs to total hospital costs, also known as the in-patient fraction or IFRAC.</p>
<i>Alcohol and drug treatment centre</i>	<p>See <i>Establishment type</i>.</p>

<i>Australian Refined Diagnosis Related Groups (AR-DRGs)</i>	An Australian system of Diagnosis Related Groups (DRGs). DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.
<i>Available beds</i>	Beds immediately available for use by admitted patients as required. Knowledgebase ID: 000255
<i>Average length of stay</i>	The average number of patient days for admitted patient episodes. Patients admitted and separated on the same day are allocated a length of stay of one day. Knowledgebase ID: 000119
<i>Care type</i>	The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care). Knowledgebase ID: 000168 <i>Admitted patient care</i> <i>Acute care</i> is care in which the clinical intent or treatment goal is to manage labour (obstetric); cure illness or provide definitive treatment of injury; perform surgery; relieve symptoms of illness or injury (excluding palliative care); reduce severity of an illness or injury; protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function; and/or perform diagnostic or therapeutic procedures. <i>Rehabilitation care</i> occurs when a person with a disability is participating in a multidisciplinary program aimed at an improvement in functional capacity, retraining in lost skills and/or change in psychosocial adaptation. <i>Palliative care</i> occurs when a person's condition has progressed beyond the stage where curative treatment is effective and attainable, or where the person chooses not to pursue curative treatment. Palliation provides relief of suffering and enhancement of quality of life for such a person. Interventions such as radiotherapy, chemotherapy and surgery are considered to be part of the palliative episode if they are undertaken specifically to provide symptomatic relief. <i>Geriatric evaluation and management</i> is care in which the clinical intent or treatment goal is to maximise health status and/or optimise the living arrangements for a patient with multi-dimensional medical conditions associated with disabilities and psychosocial problems, who is usually (but not always) an older patient. <i>Psychogeriatric care</i> is care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance. <i>Maintenance care</i> is care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment.

<i>Care type (continued)</i>	<p><i>Newborn care</i> is initiated when the patient is 9 days old or less at the time of admission. Newborn episodes of care comprise qualified days only, separations with a mixture of qualified and unqualified days and separations with unqualified days only. Separations comprising only qualified days are considered to be the equivalent of episodes of acute care.</p> <p><i>Other care</i></p> <p><i>Other care</i> is where the principal clinical intent does not meet the criteria for any of the above. Other care can be one of the following:</p> <p><i>Organ procurement – posthumous</i> is the procurement of human tissue for the purpose of transplantation from a donor who has been declared brain dead.</p> <p><i>Hospital boarder</i> is a person who is receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care.</p>
<i>Clinical urgency</i>	<p>A clinical assessment of the urgency with which a patient requires elective hospital care.</p> <p>Knowledgebase ID: 000025</p>
<i>Compensable patients</i>	<p>A compensable patient is an individual who is entitled to receive or has received a compensation payment with respect to an injury or disease.</p> <p>Knowledgebase ID: 000026</p>
<i>Cost weights</i>	<p>Cost weights represent the costliness of an AR-DRG relative to all other AR-DRGs such that the average cost weight for all separations is 1.00. A separation for an AR-DRG with a cost weight of 5.0 therefore, on average, costs 10 times as much as a separation with a cost weight of 0.5. There are separate cost weights for AR-DRGs in the public and private sectors, reflecting the differences in the range of costs in the different sectors. The cost weights used in this report are 1999–00 national public and private cost weights for AR-DRGs v. 4.1.</p>
<i>Department of Veterans' Affairs patient</i>	<p>A person whose charges for the hospital admission are met by the Department of Veterans' Affairs. These data are as supplied by the States and Territories and the eligibility to receive hospital treatment as a DVA patient may not necessarily have been confirmed by the department.</p> <p>Knowledgebase ID: 000421</p>
<i>Diagnostic and allied health professionals</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Domestic and other staff</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Domestic services expenditure</i>	<p>The costs of all domestic services, including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses, but not including salaries and wages, food costs or equipment replacement and repair costs.</p> <p>Knowledgebase ID: 000241</p>
<i>Drug supplies expenditure</i>	<p>The cost of all drugs, including the cost of containers.</p> <p>Knowledgebase ID: 000238</p>
<i>Elective care</i>	<p>Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours.</p> <p>Knowledgebase ID: 000348</p>

<i>Elective surgery</i>	<p>Elective care in which the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians and some procedures for which the associated waiting time is strongly influenced by factors other than the supply of services. The procedures that are excluded are:</p> <ul style="list-style-type: none"> • organ or tissue transplant procedures; • procedures associated with obstetrics (for example, elective caesarean section, cervical suture); • cosmetic surgery (defined as the relevant procedures that do not attract a Medicare rebate); • biopsy of kidney (needle only); • biopsy of lung (needle only); • bronchoscopy (including fibre-optic bronchoscopy); • colonoscopy; • dental procedures; • endoscopic retrograde cholangio-pancreatography; • endoscopy of biliary tract, oesophagus, small intestine or stomach; • endovascular interventional procedures; • gastroscopy; • miscellaneous cardiac procedures; • oesophagoscopy; • panendoscopy (except when involving the bladder); • proctosigmoidoscopy; • sigmoidoscopy. <p>Knowledgebase ID: 000046</p>
<i>Emergency department waiting time to service delivery</i>	<p>The time elapsed for each patient from presentation to the emergency department to commencement of service by a treating medical officer or nurse.</p> <p>Knowledgebase ID: 000347</p>
<i>Enrolled nurses</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Episode of care</i>	<p>The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type (see <i>Care type</i> and <i>Separation</i>).</p> <p>Knowledgebase ID: 000168</p>
<i>Error DRGs</i>	<p>Seven AR-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.</p>
<i>Establishment type</i>	<p>Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment.</p> <p>Knowledgebase ID: 000327</p> <p>Establishment types include:</p> <p><i>Acute care hospitals</i> – Establishments which provide at least minimal medical, surgical or obstetric services for admitted patient treatment and/or care, and which provide round-the-clock comprehensive qualified nursing service as well as other necessary professional services. They must be licensed by the State or Territory health department, or controlled by government departments. Most of</p>

<i>Establishment type (continued)</i>	<p>the patients have acute conditions or temporary ailments and the average stay per admission is relatively short. Public acute care hospitals are funded and controlled by the State or Territory health authority. Private acute care hospitals are not controlled by the State or Territory health authority.</p> <p>Knowledgebase ID: 000327 (R1)<i>Psychiatric hospitals</i>— Establishments which provide treatment and care for patients with psychiatric, mental or behavioural disorders. Public psychiatric hospitals are funded and controlled by the State or Territory health authority. Private psychiatric hospitals are not controlled by the State or Territory health authority.</p> <p>Knowledgebase ID: 000327 (R2)</p> <p><i>Alcohol and drug treatment centres</i>— Free-standing centres for the treatment of drug dependence on an admitted patient basis.</p> <p>Knowledgebase ID: 000327 (R4)</p> <p><i>Hospices</i>— Establishments providing palliative care to terminally ill patients.</p> <p>Knowledgebase ID: 000327 (R6)</p> <p><i>Multi-purpose services</i>— Based on a legal definition rather than an operational one. The hospitals in this category are classified as such because they are part of a multi-purpose service health program. As a result some of the hospitals are whole MPSs, some are only the hospital part of an MPS and some are hospitals that are part of networks that are MPSs. This leads to some inconsistencies across jurisdictions.</p> <p><i>Public acute and psychiatric hospitals, or Public hospitals</i>— This category includes public acute hospitals, public psychiatric hospitals, public alcohol and drug treatment centres, public hospices and public multi-purpose services.</p>
<i>External cause</i>	<p>The environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect.</p> <p>Knowledgebase ID: 000053</p>
<i>Full-time equivalent staff</i>	<p>Full-time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement for the staff member (or contract employee occupation where applicable).</p> <p>Knowledgebase ID: 000252</p> <p>Staffing categories include:</p> <p><i>Salaried medical officers</i>— Medical officers engaged by the hospital on a full-time or part-time salaried basis.</p> <p>Knowledgebase ID: 000252 (C1.1)</p> <p><i>Registered nurses</i>— Nurses with at least a 3-year training certificate and nurses holding postgraduate qualifications. Registered nurses must be registered with a State or Territory registration board.</p> <p>Knowledgebase ID: 000252 (C1.2)</p> <p><i>Enrolled nurses</i>— Second-level nurses who are enrolled in all States and Territories, except Victoria where they are registered by the State registration board, to practise in this capacity. Includes general enrolled nurses and specialist enrolled nurses (e.g. mothercraft nurses in some States and Territories).</p> <p>Knowledgebase ID: 000252 (C1.3)</p>

<i>Full-time equivalent staff (continued)</i>	<p><i>Other personal care staff</i>—This category includes attendants, assistants or home assistants, home companions, family aides, ward helpers, wards persons, orderlies, ward assistants and nursing assistants, engaged primarily in the provision of personal care to patients or residents, who are not formally qualified or undergoing training in nursing or allied health professions.</p> <p>Knowledgebase ID: 000252 (C1.6)</p> <p><i>Diagnostic and allied health professionals</i>—Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians but excludes civil engineers and computing staff.</p> <p>Knowledgebase ID: 000252 (C1.7)</p> <p><i>Administrative and clerical staff</i>—Staff engaged in administrative and clerical duties. Civil engineers and computing staff are included in this category. Medical staff and nursing staff, diagnostic and health professionals, and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded.</p> <p>Knowledgebase ID: 000252 (C1.8)</p> <p><i>Domestic and other staff</i>—Staff engaged in the provision of food and cleaning services. They include domestic staff, such as food services managers, primarily engaged in administrative duties. This category also includes all staff not elsewhere included (primarily maintenance staff, trades-persons and gardening staff).</p> <p>Knowledgebase ID: 000252 (C1.9)</p>
<i>Group session</i>	A group service is defined as a service provided to two or more patients, but excludes services provided to two or more family members, which are treated as services provided to an individual
<i>HASAC</i>	For hospitals where the IFRAC was not available or was clearly inconsistent with the data, the admitted patient costs are estimated by the Health and Allied Services Advisory Council (HASAC) ratio (see Appendix 4).
<i>Hospice</i>	See <i>Establishment type</i> .
<i>Hospital boarder</i>	A person who is receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care. A boarder is not admitted to the hospital, although a hospital may register a boarder.
	Knowledgebase ID: 000065
<i>IFRAC</i>	The ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion.
<i>Indicator procedure</i>	An indicator procedure is a procedure which is of high volume, and is often associated with long waiting periods.
	Knowledgebase ID:000073
<i>Interest payments</i>	Payments made by or on behalf of the establishment in respect of borrowings (e.g. interest on bank overdraft), provided the establishment is permitted to borrow.
	Knowledgebase ID: 000245
<i>Inter-hospital contracted care</i>	An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a hospital purchaser (contracting hospital) and a provider of an admitted service (contracted hospital), and for which the activity is recorded by both hospitals.
	Knowledgebase ID: 000079

<i>Length of stay</i>	The length of stay of an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting the day the patient went on leave. A same day patient is allocated a length of stay of one day. Knowledgebase ID: 000119
<i>Major Diagnostic Categories (MDCs)</i>	A high level of groupings of patients used in the AR-DRG classification. Knowledgebase ID: 000088
<i>Medical and surgical supplies expenditure</i>	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs. Knowledgebase ID: 000239
<i>Multi-purpose service</i>	See <i>Establishment type</i> .
<i>Newborn care</i>	See <i>Care type</i> .
<i>Non-admitted patient occasion of service</i>	Occurs when a patient attends a functional unit of the hospital for the purpose of receiving some form of service, but is not admitted. A visit for administrative purposes is not an occasion of service. Knowledgebase ID: 000209
<i>Non-admitted patients</i>	Patients who receive care from a recognised non-admitted patient service/ clinic of a hospital. Knowledgebase ID: 000104
<i>Not published (n.p.)</i>	Not available for separate publication but included in the totals where applicable.
<i>Other personal care staff</i>	See <i>Full-time equivalent staff</i> .
<i>Other recurrent expenditure</i>	Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories. Knowledgebase ID: 000247
<i>Other revenue</i>	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from State or Territory Governments). This would include revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors. Knowledgebase ID: 000323
<i>Palliative care</i>	See <i>Care type</i> .
<i>Patient days</i>	The total number of days for patients who were admitted for an episode of care and who separated during a specified reference period. A patient who is admitted and separated on the same day is allocated one patient day. Further information on patient days is included in Appendix 3. Knowledgebase ID: 000206
<i>Patient presentation to Emergency Department</i>	The presentation of a patient at an Emergency Department occurs following the arrival of the patient at the Emergency Department and is the earliest occasion of being: - registered clerically; or - triaged. Knowledgebase ID: 000349
<i>Patient revenue</i>	Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. Knowledgebase ID: 000296
<i>Patient transport</i>	The direct cost of transporting patients, excluding salaries and wages of transport staff. Knowledgebase ID: 000243

<i>Payments to visiting medical officers</i>	All payments made to visiting medical officers for medical services provided to hospital (public patients) on a sessionally paid or fee-for-service basis. Knowledgebase ID: 000236
<i>Place of occurrence of external cause</i>	The place where the external cause of injury, poisoning or violence occurred. Knowledgebase ID: 000384
<i>Pre-MDC</i>	Eight AR-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involved procedures that are particularly resource intensive (transplants, tracheostomies or extra-corporeal membrane oxygenation without cardiac surgery).
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital. Knowledgebase ID: 000136
<i>Private hospital</i>	A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute care and psychiatric hospitals are included, as are private free-standing day hospital facilities. See <i>Establishment type</i> .
<i>Procedure</i>	A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment only available in the acute care setting. Knowledgebase ID: 000137
<i>Psychiatric hospitals</i>	See <i>Establishment type</i> .
<i>Qualified days</i>	Days within <i>Newborn</i> episodes of care are either qualified or unqualified. Days are qualified if the patient is the second or subsequent live-born infant of a multiple birth, whose mother is an admitted patient; is admitted to an intensive care facility in a hospital; or is admitted to, or remains in hospital without its mother.
<i>Recoveries</i>	All revenue received that is in the nature of a recovery of expenditure incurred. This would include: <ul style="list-style-type: none"> • income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital; and • other recoveries such as those relating to inter-hospital services where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost. Knowledgebase ID: 000295
<i>Recurrent expenditure</i>	Expenditure which is not capital expenditure. Includes salaries and wages expenditure and non-salary expenditure such as payments to visiting medical officers. Knowledgebase ID: 000533
<i>Registered nurses</i>	See <i>Full-time equivalent staff</i> .
<i>Rehabilitation care</i>	See <i>Care type</i> .
<i>Relative stay index</i>	The actual number of patient days for acute care separations in selected AR-DRGs divided by the expected number of patient days adjusted for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the jurisdiction's casemix distribution. An RSI of less than 1 indicates that the number of patient days used was less than would have been expected. See Appendix 4 for further information.

<i>Removal from waiting list</i>	<p>A patient may be removed from a waiting list for a number of reasons. These are classified as:</p> <ul style="list-style-type: none"> • admission as an elective patient for awaited procedure at this hospital • admission as an emergency patient for awaited procedure at this hospital • could not be contacted (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment) • treated elsewhere for awaited, declining the surgery or the surgery not being required, death or being unable to be contacted. <p>Knowledgebase ID: 000142</p>
<i>Repairs and maintenance expenditure</i>	<p>The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating building and minor additional works.</p> <p>Knowledgebase ID: 000242</p>
<i>Salaried medical officers</i>	<p>See <i>Full-time equivalent staff</i>.</p>
<i>Same day patients</i>	<p>Same day patients are admitted patients who are admitted and separate on the same date.</p> <p>Knowledgebase ID: 000146</p>
<i>Separation</i>	<p>The term used to refer to the episode of care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.</p> <p>Knowledgebase ID: 000205</p>
<i>Separation rate ratio</i>	<p>The separation rate for one population divided by the separation rate of another.</p>
<i>Specialised service</i>	<p>A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics.</p> <p>Knowledgebase ID: 000321</p>
<i>Statistical Division</i>	<p>A general purpose spatial unit, it is the largest and most stable unit within the Australian Standard Geographical Classification (ASGC). This classification has been developed by the Australian Bureau of Statistics and covers all of Australia without gaps or overlaps or crossing of State or Territory boundaries.</p> <p>Knowledgebase ID: 000260</p>
<i>Superannuation employer contributions</i>	<p>Contributions paid or (for an emerging cost scheme) that should be paid (as determined by an actuary) on behalf of establishment employees either by the establishment or a central administration such as a State or Territory health authority, to a superannuation fund providing retirement and related benefits to establishment employees.</p> <p>Knowledgebase ID: 000237</p>
<i>Surgical procedure</i>	<p>A procedure used to define surgical Australian Refined Diagnosis Related Groups version 4.1 (Commonwealth of Australia 1998). This definition of surgical procedure is used for the purpose of estimating coverage of the National Elective Surgery Waiting Times Data Collection in this report.</p>
<i>Surgical specialty</i>	<p>The area of clinical expertise held by the doctor who will perform the elective surgery.</p> <p>Knowledgebase ID: 000161</p>

<i>Triage category</i>	The urgency of the patient's need for medical and nursing care in an Emergency department. Knowledgebase ID: 000355
<i>Type of non-admitted patient occasion of service</i>	A broad classification of services provided to non-admitted patients. See data element 000231 in the <i>National Health Data Dictionary</i> Version 9.0 for further details.
<i>Visiting medical officer</i>	A medical practitioner appointed by the hospital to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis. Knowledgebase ID: 000236
<i>Waiting time at admission</i>	The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were admitted to hospital for the procedure. Knowledgebase ID: 000413

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