8.7 Overview of public and private hospitals

Australia’s hospital services are provided by public and private hospitals in all states and territories. This snapshot provides an overview of public and private hospitals and the services they provide. For more information on private hospitals, see Chapter 8 ‘The rise of private hospitals’, and for information on hospital funding and spending, see Chapter 2 ‘How much does Australia spend on health care?’.

Hospitals and beds

- Public hospitals are mainly owned and managed by state and territory governments. Eleven private hospitals that are contracted by governments to provide public hospital services are included here as public hospitals.
- In 2011–12, there were 753 public and 592 private hospitals in Australia.
- There were 56,582 beds in public acute hospitals, 1,838 beds in public psychiatric hospitals, 24,326 beds in private acute hospitals and 1,705 beds in private psychiatric hospitals. Acute hospitals are those focused on curing a condition, alleviating symptoms or managing childbirth.
- The number of beds in public hospitals rose by 3.9% between 2007–08 and 2011–12, but the number of beds per 1,000 population fell from 2.7 to 2.6.
- The number of beds for public psychiatric hospitals fell by 21% over this period, reflecting the continuing change towards provision of specialist psychiatric services through public acute care hospitals and community-based mental health services.

How diverse are public hospitals?

Australian public hospitals range from very large principal referral hospitals found predominantly in metropolitan areas to small hospitals typically located in regional and remote areas. The numbers of beds varies markedly—principal referral hospitals, the largest hospitals, had on average 417 beds; however, more than 70% of hospitals had 50 or fewer beds. Some hospitals perform a specialised role, such as psychiatric and rehabilitation hospitals, and have longer average lengths of stay than others, reflecting a greater focus on longer-stay sub-acute and non-acute care (see Chapter 8 ‘Sub-acute and non-acute care’) than the predominantly shorter-stay acute care provided by larger hospitals (Table 8.2).

Specialised services

In 2011–12, the most common specialised services offered in public hospitals were domiciliary care (403 hospitals), services provided by nursing home care units (265) and obstetric/maternity services (231). These services are mainly located in smaller regional and large metropolitan hospitals. Principal referral and large hospitals typically operate 24-hour emergency departments and intensive care units, though these facilities are also provided in some other larger hospitals. Principal referral hospitals also typically have specialised service units for cardiac surgery, neurosurgery, infectious diseases and organ transplantation.

In 2011–12, there were 396 private hospitals with operating theatres. These hospitals contained a total of 1,372 operating theatres (ABS 2013). For more information on specialised services provided by private hospitals, see Chapter 8 ‘The rise of private hospitals’.
### Table 8.2: The diversity of public hospitals, 2011–12

<table>
<thead>
<tr>
<th>Hospital type</th>
<th>Number of hospitals</th>
<th>Beds (average)</th>
<th>Hospitalisations (average)</th>
<th>Average length of stay (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Major cities</td>
<td>Regional</td>
<td>Remote</td>
<td>Total</td>
</tr>
<tr>
<td>Principal referral</td>
<td>53</td>
<td>26</td>
<td>1</td>
<td>80</td>
</tr>
<tr>
<td>Specialist women’s and children’s</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Large</td>
<td>23</td>
<td>16</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Medium</td>
<td>20</td>
<td>63</td>
<td>0</td>
<td>83</td>
</tr>
<tr>
<td>Small acute</td>
<td>0</td>
<td>114</td>
<td>41</td>
<td>155</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>11</td>
<td>6</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Mothercraft</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Small non-acute</td>
<td>14</td>
<td>50</td>
<td>11</td>
<td>75</td>
</tr>
<tr>
<td>Multipurpose services</td>
<td>0</td>
<td>45</td>
<td>33</td>
<td>78</td>
</tr>
<tr>
<td>Other</td>
<td>34</td>
<td>95</td>
<td>69</td>
<td>198</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>417</td>
<td>156</td>
<td>753</td>
</tr>
</tbody>
</table>

Source: Australian hospital statistics 2011–12.

### Public and private hospital services

Australia’s hospitals provide a range of services for admitted and non-admitted patients. These services vary, depending on the patients, the reasons for the hospital care and the type of care provided. Admitted patient services are provided either on the same day or involve an overnight stay of 1 or more nights in hospital. Services for non-admitted patients include those provided by emergency departments (see Chapter 8 ‘Emergency departments: at the front line’) and outpatient clinics.

Public and private hospitals provide somewhat different services. In 2011–12, public hospitals provided most emergency department (94%) and outpatient (97%) services, while private hospitals accounted for 2 out of 3 hospitalisations involving elective surgery.
How much activity was there in 2011–12? Has this changed over time?

- Of the 9.3 million hospitalisations in 2011–12, 60% were in public hospitals (5.5 million) and 40% in private hospitals (3.7 million).
- A total of 27.7 million days of patient care were provided, with about 68% in public hospitals (19 million).
- Most hospitalisations (95%) were for acute care, rather than for sub-acute or non-acute care such as rehabilitation (see Chapter 8 ‘Sub-acute and non-acute care’).
- Between 2007–08 and 2011–12, the average annual rate of growth in hospitalisations was higher for private hospitals (4.6%) than for public hospitals (3.8%).
- Growth was higher for hospitalisations that did not involve an operating room procedure (termed Medical hospitalisations, 4.9%) than those that did involve an operating room procedure (Surgical, 3.3%). Sub-acute and non-acute care (12.4%) grew faster than acute care (3.8%) (see Chapter 8 ‘Sub-acute and non-acute hospital care’).

Overnight acute care

- In 2011–12, 40% of hospitalisations (3.7 million) were for overnight acute care (2.6 million in public hospitals and 1.1 million in private hospitals).
- In 2011–12, more than half (54%) of overnight acute separations were reported as Medical, almost a third (31%) were Surgical and about 4% were Other care (involved a non-operating room procedure, such as endoscopy) (Figure 8.12).
- The average length of stay in 2011–12 was 5.0 days for public hospitals and 4.6 days for private hospitals, less than the 6.5 days and 5.4 days respectively in 2007–08.

Same-day acute care

- In 2011–12, 56% of hospitalisations (5.2 million) were for same-day acute care (2.8 million in public hospitals and 2.4 million in private hospitals).
- On average, the number of same-day hospitalisations rose by 4.3% per year for public hospitals and 4.9% for private hospitals between 2007–08 and 2011–12.
- The most common principal diagnosis categories were care involving dialysis (more than 1.2 million hospitalisations), other medical care (about 376,000; includes chemotherapy), other cataract (about 173,000) and abdominal and pelvic pain (about 92,000).

What is missing from the picture?

Although well-developed hospitalisation data are available, there are variations in how hospital services are defined and counted. The data are based on each admission, and it is not possible to link records for a single patient’s care—for example, to analyse care patterns in patients hospitalised several times or to count the number of individual patients. Similarly, it is not possible to analyse patterns of care across admitted and non-admitted patient settings (including non-hospital settings such as primary care).
Data on hospital services for outpatients and other non-admitted patients are less well-developed, with current data collections mainly consisting of basic service counts and some demographic information about the patients. National work is currently under way to collect more detailed information on the type of care received in these settings.

Where do I go for more information?

Reference