



Australian Government
Department of Health and Ageing

The state of our public hospitals

June 2009 report



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- › the State and Territory health departments and public and private hospital personnel who collected and provided the data used to produce this report;
- › the Australian Institute of Health and Welfare for its assistance; and
- › the images used for this publication are from a current collection of photographs, including those taken for the *Healthy for Life* Program. The Department of Health and Ageing acknowledges and thanks the many people who participated in photo shoots and gave permission for the images to be used.

Foreword



The state of our public hospitals is published annually as a requirement under the 2003-2008 Australian Health Care Agreements and provides an overview of Australian hospital activity and performance in 2007-08.

This report comes at a time when major reforms are being delivered by the Commonwealth Government. This reform agenda has resulted in the Australian, state and territory governments agreeing to move towards a more comprehensive framework for the new health agreement, including increased investment.

The Government's National Partnership Agreement on Hospital and Health Workforce Reform seeks to improve health outcomes for patients requiring sub-acute care, relieve pressure on public hospital emergency departments and improve national consistency in patient classification and costing approaches by moving to nationally consistent activity based funding.

This year, four feature chapters focus on important issues:

- › *Turning our public hospitals around* provides a summary of the progress that is being made on the reform of our hospital system;
- › *Indigenous Australians in hospital* highlights the differences between Indigenous and non-Indigenous Australians use of hospitals and highlights the need to pursue the priority of closing the life expectancy gap;
- › *Our maternity services* provides information on obstetric services in Australian hospitals, an area that we are committed to improving; and
- › Finally, the *State and Territory public hospital performance reporting* chapter details the States and Territories own hospital performance reporting on their websites.

The Commonwealth Government is committed to working with the states and territories to improve health outcomes for all Australians through increased investment and strong public reporting of performance.

A handwritten signature in black ink, appearing to read 'Nicola Roxon'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Nicola Roxon MP

Minister for Health and Ageing

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The state of our public hospitals June 2009 report

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Introduction

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Introduction to the report and its structure

The report shows public hospital information at state, territory and national levels. By providing a picture of the nation's public hospitals, the Australian Government aims to:

- › increase community understanding about hospital sector performance;
- › show how this performance, and the sector itself, is changing; and
- › stimulate improvement in health outcomes for patients.

Under the *Australian Health Care Agreements* (AHCAs), State and Territory Governments provide public hospital services, free of charge, to public patients and are responsible for the day to day operations of public hospitals.

The primary objective of the *Australian Health Care Agreements* is to secure access for the Australian community to public hospital services, based on three principles:

1. Eligible persons are given the choice to receive, free of charge, as public patients, health and emergency services of a kind or kinds that are currently, or were (on 1 July 1998) provided by hospitals.
2. Access to such services by public patients, free of charge, is to be on the basis of clinical need and within a clinically appropriate period.
3. Arrangements are to be in place to ensure equitable access to such services for all eligible persons, regardless of their geographical location.

Full details of the *Australian Health Care Agreements* are available at <http://www.health.gov.au/ahca>.

Publishing the information in this report is an annual responsibility under the 2003–08 *Australian Health Care Agreements*.

The *Australian Health Care Agreements* do not cover private hospitals but the activity in these hospitals is important and this year's report includes information, where nationally available, on private hospitals.

This report has nine parts.

Our hospitals describes the number and types of public and private hospitals, their size and where they are.

Our patients details the number of patient admissions, why patients were admitted and the average length of stay in our hospitals.

Our surgery includes information on how many people had elective surgery, waiting times for surgery and what surgical specialties were in high demand.

Our emergency departments notes the number of presentations to emergency departments, how long patients waited to be seen and where they went from the emergency department.

Our outpatients provides information on outpatient services provided by public hospitals.

Turning our public hospitals around includes information about national hospital reform.

Indigenous Australians in hospitals includes information regarding hospital admissions, availability of hospital services, elective surgery admissions, emergency department presentations and why Indigenous Australians were admitted to hospitals.

Our maternity services provides information on the number and type of maternity services provided by hospitals and the associated costs.

State and Territory public hospital performance reporting includes information about hospital reporting by the states and territories.

Introduction

Comparisons with Australian hospital statistics 2007-08

Some of the information in this report may differ slightly from that published in June 2009 by the Australian Institute of Health and Welfare (AIHW) in *Australian hospital statistics 2007-08*.

Both reports draw on the same data collections provided by the states and territories. The AIHW and the Department of Health and Ageing worked in collaboration to manage corrections and updates to these collections, up to the time of publication of *Australian hospital statistics 2007-08*. However, each report contains minor differences in the way statistics are calculated.

Both reports count all patients receiving care in public or private hospitals and distinguish public patients similarly, but differ in their definition of private patients, with a narrower definition used in this report.

This report defines private patients as those who are self-funded or whose care is funded by private health insurance. It excludes patients whose care is funded by other sources such as the Department of Veterans' Affairs. In this report, those patients are incorporated within an "Other" category. Further information about the definitions can be found in the glossary at the end of this report.

Population based statistics also differ, with this report applying the *Australian Health Care Agreements'* weighted population, while *Australian hospital statistics 2007-08* uses estimated residential populations, directly age standardised where possible.



A note about the data

This report uses five data collections provided to the Australian Government Department of Health and Ageing by the states and territories under the *Australian Health Care Agreements*. These are:

- › Admitted patient care
- › Public hospital establishments
- › Emergency departments
- › Outpatient care
- › Elective surgery waiting times

The collections were provided to the Department and the AIHW by 31 December 2008. Amendments and corrections to the data were accepted up to mid May 2009.

Some figures represent the performance indicators agreed by the Australian, State and Territory Governments whilst other figures have been derived through further analysis of these data collections by both the Department and the AIHW. Some of this information has also been published by the AIHW in the *Australian hospital statistics 2007-08*.

Private hospitals provide numbers of beds and admitted patient care data to states and territories and where available, this information has been included in this report. Private hospital establishment data is usually collected by the ABS annually. However this data was not collected in 2007–08 and cannot be reflected in this report.

Where data has not been derived from the *Australian Health Care Agreement* data collections, the data source has been identified in the relevant figures and tables in this report.

For consistency, the tables and figures in this report list the states and territories by population size, from New South Wales to the Northern Territory.

Introduction

National summary – Hospitals in Australia (2007-08)

Budget

- › An estimated \$94 billion was spent on health services in Australia in 2006-07, the latest year for which this figure is available
- › Of this, \$27 billion was spent on public hospital services and \$7.1 billion on private hospital services
- › The Australian Government funded approximately 40 per cent of public hospital expenditure (\$10.8 billion)
- › State, territory and local governments contributed 53 per cent of public hospital funding
- › The remaining 7 per cent consists of non-government funding, for example out-of-pocket payments by individuals

Overview

- › 762 public hospitals in Australia with 56,467 available beds
- › 2.5 public hospital beds per 1,000 weighted population
- › 552 private hospitals (including day surgery facilities) in Australia
- › 1.3 private hospital beds per 1,000 weighted population

Hospital activity

- › There were 4.7 million admissions to public hospitals and 3.1 million admissions to private hospitals
- › 50 per cent of patients admitted to public hospitals and 66 per cent of patients admitted to private hospitals were discharged on the same day
- › Of all public patients admitted, 67 per cent received acute medical care, 18 per cent surgery, 6 per cent medical procedures, 6 per cent maternity and 3 per cent sub-acute services
- › Of all private patients admitted, 34 per cent received acute medical care, 38 per cent surgery, 20 per cent medical procedures, 3 per cent maternity and 4 per cent sub-acute services
- › 565,501 patients underwent some form of elective surgery as public patients, with a median waiting time of 34 days. Of these, 84 per cent were seen within the time recommended

Outpatients

- › There were more than 41 million non-admitted services provided, which consisted of nearly 25 million ancillary and community setting services and over 16 million outpatient clinic services

Emergency Departments

- › There were over 7.1 million presentations to emergency departments in all Australian public hospitals, over 5.4 million of which presented to larger hospitals
- › In larger hospitals where triage data is reported, 1 per cent of patients presenting required resuscitation, 9 per cent were emergencies, 32 per cent were urgent, 46 per cent were semi-urgent and 12 per cent were non-urgent
- › 69 per cent of people were seen within the time recommended for their triage category. Half of all patients were seen within 24 minutes
- › 28 per cent of people who presented to an emergency department were admitted to hospital or referred for treatment



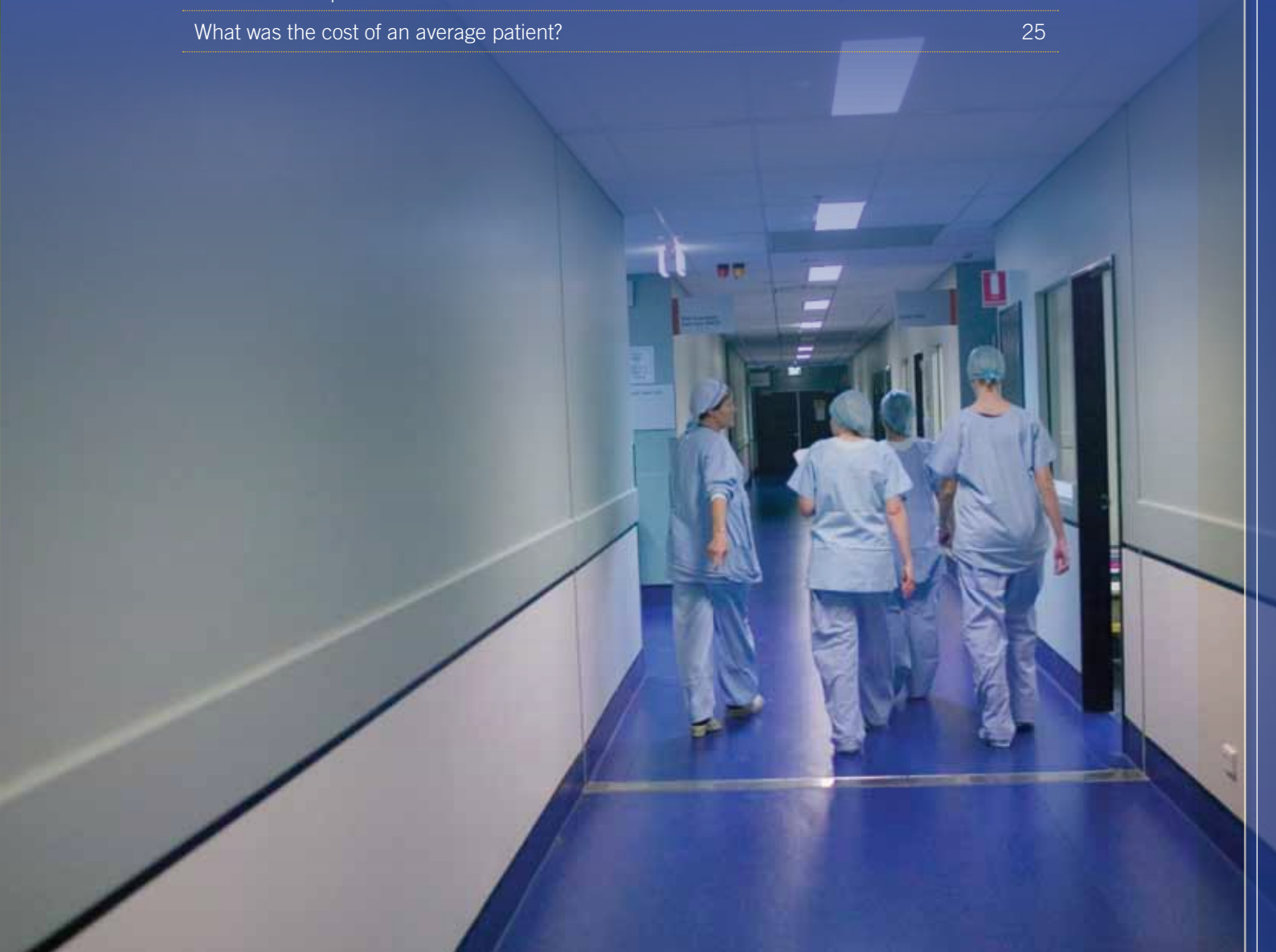
Introduction

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Part 1 Our hospitals

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How many hospitals were there?

Hospitals provide life-saving treatments (such as those provided to accident victims or heart attack patients), booked or elective surgery and outpatient clinic services. Many people are treated in Australia's hospitals each year for medical conditions or illnesses and some patients are admitted after initial treatment in an emergency department. While some patients are admitted to hospital overnight or for several days, other patients may be admitted and discharged on the same day.

All Australians are eligible for free treatment as public patients in public hospitals. Patients are free to elect to be treated as a public or private patient in a public hospital.

At June 2008, Australia had 1,314 hospitals, of which 58 per cent (762) were public.¹

There were 742 public acute hospitals in Australia, ranging from small remote hospitals with a few beds providing a narrow range of services, to large metropolitan hospitals providing a wide range of specialist services.

There were 20 public psychiatric hospitals providing specialised mental health treatments. Specialist mental health services are also provided by some public acute hospitals which have dedicated psychiatric units and beds.



There were 280 private hospitals. Private hospitals range in size from large hospitals providing a wide range of services to small facilities with limited services. These include a mixture of for profit and not for profit hospitals.

There were 272 private day surgery facilities. Day surgery facilities differ from private hospitals by providing only same-day specialised treatments such as gastroscopies and some lens procedures.

¹ In November 2007, the Commonwealth assumed ownership of the Mersey Community Hospital from the Tasmanian Government. For the purposes of this report, Mersey Community Hospital in Tasmania is considered a public hospital until November 2007 and a private hospital thereafter, however the patients are treated as public patients (unless they were admitted specifically as privately insured patients). All tables in this report are affected by this change.

TABLE 1.1 ALL HOSPITALS — type of hospital, states and territories, 2007–08

	Public acute hospitals	Public psychiatric hospitals	Total public hospitals	Private day surgeries	Private hospitals	Total private hospitals	Total hospitals
New South Wales	219	9	228	88	84	172	400
Victoria	147	1	148	73	75	148	296
Queensland	173	4	177	51	55	106	283
Western Australia	93	1	94	28	24	52	146
South Australia	78	2	80	24	31	55	135
Tasmania	24	3	27	2	7	9	36
Australian Capital Territory	3	0	3	6	3	9	12
Northern Territory	5	0	5	0	1	1	6
Australia	742	20	762	272	280	552	1314

Note: The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of physical hospital buildings or campuses.



How many beds were there?

The number of available beds indicates the availability of hospital services. An available bed is defined as a bed which is immediately available for use by a patient and may include same-day beds, neonatal cots, hospital-in-the-home and overnight beds.

In 2007–08, the total number of available beds nationally was 84,235.

In 2007–08, the number of available public hospital beds was 56,467 (67 per cent). This means there were around 2.5 beds per 1,000 people.

The number of available private hospital beds was 27,768 or about 1.3 beds per 1,000 people.

TABLE 1.2 ALL HOSPITALS — average available beds per 1,000 weighted population, states and territories, 2007–08

	Public hospitals	Private hospitals
New South Wales	2.7	0.9
Victoria	2.3	1.3
Queensland	2.5	1.5
Western Australia	2.5	1.7
South Australia	2.8	1.1
Tasmania	2.3	1.9
Australian Capital Territory	2.6	1.2
Northern Territory	3.6	0.6
Australia	2.5	1.3

Were all public hospitals the same?

Hospitals provide different services depending on where they are, their size and the way in which they are funded.

Nationally there are seven broad groups of public hospitals: principal referral and specialist hospitals; large hospitals; medium hospitals; small acute hospitals; small non-acute hospitals and multi-purpose services; psychiatric hospitals; and other hospitals. Hospitals are grouped into these categories depending on their patient throughput and location.

Principal referral and specialist hospitals treat more than 20,000 patients in a major city and 16,000 patients in a regional area each year, and while they account for 11 per cent of all public hospitals they had more than half of all available beds (56 per cent).

The 45 large and 93 medium hospitals together held 21 per cent of available hospital beds.

Small acute, small non-acute and multi-purpose services, psychiatric and other hospitals made up 71 per cent of all hospitals in Australia in 2007–08 but only 22 per cent (12,523) of hospital beds.



Part 1 Our hospitals

TABLE 1.3 PUBLIC HOSPITALS — hospital types by number and percentage of hospitals and beds, Australia, 2007–08

Hospital Type	Definition	Hospitals	Total Hospitals (%)	Beds	Total Beds (%)
Principal referral and specialist women's and children's hospitals	Principal referral hospitals are major city hospitals with more than 20,000, and regional hospitals with more than 16,000, acute (casemix-adjusted) admissions per year. Specialist hospitals are specialised acute and children's hospitals with more than 10,000 (casemix-adjusted) admissions per year.	83	11	31,850	56
Large hospitals	Large hospitals include major city acute hospitals with more than 10,000, regional acute hospitals with more than 8,000, and remote acute hospitals with more than 5,000 casemix-adjusted admissions per year.	45	6	6,405	11
Medium hospitals	Medium acute hospitals in regional and major city areas treat 2,000 to 10,000 acute casemix-adjusted admissions per year. Medium acute hospitals in regional and major city areas treat 2,000 to 5,000 acute casemix-adjusted admissions per year, and acute hospitals treat fewer than 2,000 casemix-adjusted admissions per year yet with more than 2,000 admissions per year in total.	93	12	5,690	10
Small acute hospitals	Small regional acute hospitals (mainly small country town hospitals) treat fewer than 2,000 admissions per year, have less than 40 per cent non-acute and outlier patient days of total patient days. Small remote hospitals treat fewer than 5,000 acute casemix-adjusted admissions which are not multi-purpose and not small non-acute. Most have fewer than 2,000 admissions per year.	151	20	3,280	6
Small non-acute hospitals and multi-purpose services	Small non-acute hospitals, treat fewer than 2,000 admissions per year and with more than 40 per cent non-acute and outlier patient days of total patient days.	185	24	4,428	8
Psychiatric hospitals	Typically provide services to treat a range of psychiatric disorders and other psychosocial issues such as depression, post-traumatic stress, grief, anxiety, post-natal conditions, alcohol and drug issues and eating disorders.	20	3	2,330	4
Other hospitals	Other hospitals are prison medical services, special circumstance hospitals, major city hospitals with fewer than 2,000 acute casemix-adjusted admissions, hospitals with fewer than 200 admissions.	185	24	2,485	4
TOTAL		762	100	56,467	100

Note: Total may not equal 100% due to rounding.

Where were public hospitals?

Public hospitals are spread throughout Australian city, regional, and remote areas.

In 2007–08, more than half of all public hospitals were in regional areas. Almost one quarter were in major cities and a similar number were spread throughout remote areas.

Major cities include most capital cities, as well as major urban areas such as Newcastle, Geelong and the Gold Coast.

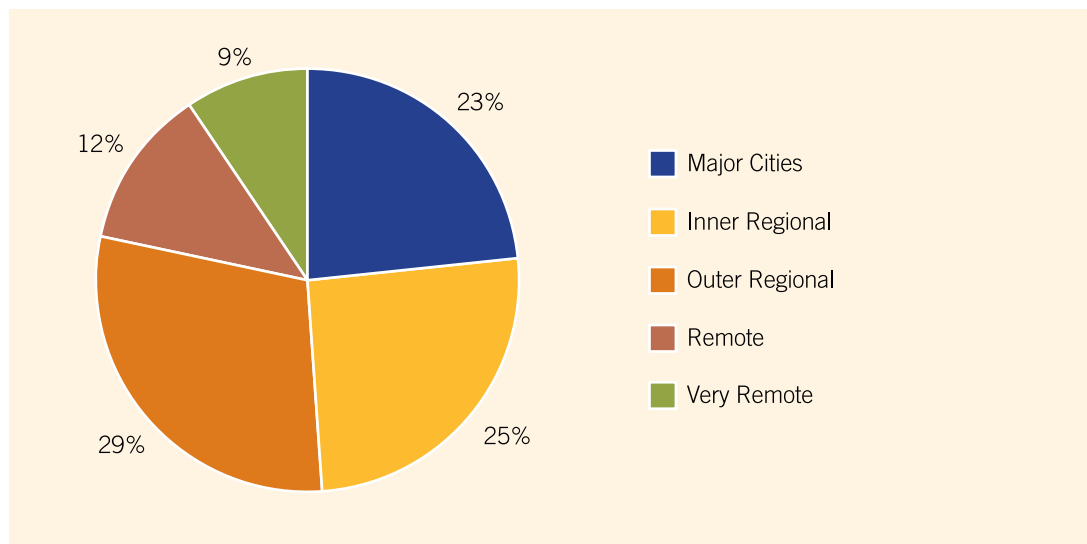
Inner regional includes cities such as Hobart, Launceston, Noosa and Tamworth.

Outer regional includes towns and cities such as Darwin, Whyalla, Cairns and Gunnedah.

Remote includes towns such as Alice Springs, Mt Isa and Esperance.

Very remote includes much of central and western Australia and includes towns such as Tennant Creek, Longreach and Coober Pedy.

FIGURE 1.1 PUBLIC HOSPITALS — distribution of public hospitals, Australia, 2007–08



Note: Total may not equal 100% due to rounding.

What services did public hospitals provide?

Hospitals are an important part of the Australian health system. Hospitals provide health services such as medical, surgical, maternity, diagnostic and emergency services. The mix of services offered by an individual hospital is affected by both the size of the local population and the services offered by other hospitals in the region.

Hospital services vary depending on the care a patient needs and may include:

- › patients admitted to hospital who stay overnight for surgery or medical treatment;
- › same-day patients admitted and discharged on the same day;
- › outpatients who receive specialist services without being admitted to hospital such as diagnostic testing, palliative care, dentistry and rehabilitation services; and
- › accident and emergency services provided as urgent care to patients.

Public hospitals may have specialist units to provide particular types of care to patients. The ten most commonly found units are:

Domiciliary Care units provide services to people with reduced ability to care for themselves, assisting them to remain in their own homes.

Obstetric/maternity facilities provide care for obstetric/maternity patients including antenatal and postnatal care and birthing suites.

Nursing home care units provide care for older people with multiple medical problems and/or chronic disabilities.

Maintenance renal dialysis centres treat patients with chronic kidney failure. These centres are different from acute or intensive care dialysis units as they deal with ongoing, long-term health maintenance procedures.

Geriatric Assessment units work with elderly patients to determine their best care options, such as rehabilitation, community care or residential care (including nursing homes).

Rehabilitation units provide multidisciplinary support, such as physiotherapy and occupational therapy, for people suffering from short or long term health impacts following traumatic brain injury, stroke or other neurological and medical effects.

Psychiatric units provide treatment for admitted patients with psychiatric or behavioural disorders.

Hospice Care units provide specialist palliative care to patients with life threatening conditions who no longer need acute care. Hospice care can include end stage care, symptom relief (including radiotherapy) and respite.

Specialist Paediatric units/wards provide services for children ranging from emergency medical and surgical conditions to adolescent mood disorders.

Oncology units provide multidisciplinary care for patients with cancer.

Other specialist service units include coronary care, infectious diseases, intensive care, major plastic/reconstructive surgery, sleep centres and organ/tissue transplantation units.

Not all specialist services are available at all hospitals or in all states and territories.

TABLE 1.4 PUBLIC ACUTE HOSPITALS — number and type of ten most common specialist service units, states and territories, 2007–08

	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	Total
Domiciliary care service	158	96	39	58	47	0	0	1	399
Obstetric/maternity facility	78	58	40	32	31	2	2	5	248
Nursing home care unit	73	77	13	39	43	0	0	0	245
Maintenance renal dialysis centre	56	59	23	12	14	2	1	4	171
Geriatric assessment unit	71	35	10	22	12	3	2	0	155
Rehabilitation unit	58	32	18	19	9	3	2	2	143
Psychiatric unit/ward	45	35	18	18	9	3	2	3	133
Hospice care unit	45	24	9	29	16	1	1	1	126
Specialist paediatric unit	46	30	18	9	8	3	2	2	118
Oncology unit	43	36	11	10	8	3	2	0	113

Why were people admitted to hospital?

In 2007–08, people were admitted to hospitals for acute medical care and procedures, surgery, pregnancy care and childbirth and non-acute services. In Australia:

- › **Acute patients receiving medical care** are those patients with severe medical conditions, such as kidney failure, a heart attack or cancer, which do not require immediate surgery. These patients are often treated with drugs, or other care under specialist guidance. More than two-thirds (67 per cent) of patients admitted to public hospitals in 2007–08 received acute medical care. In contrast 34 per cent of patients admitted to private hospitals received acute medical care.
- › **Acute patients undergoing medical procedures** typically receive treatment with specialised equipment, usually without a general anaesthetic and normally requires the patient to be in hospital for less than a day. Around 6 per cent of public hospital admissions in 2007–08 were for these kinds of procedures, compared with 20 per cent of private hospital admissions. Examples include colonoscopy and haemodialysis.
- › **Acute patients requiring surgery** accounted for 18 per cent of public hospital admissions during 2007–08 and 38 per cent of all private hospital admissions. These are patients who require the use of an operating theatre and often need a general anaesthetic, for example appendectomy and hip or knee replacement.
- › **Maternity patients requiring pregnancy or childbirth services** made up 6 per cent of public hospital and 3 per cent of private hospital admissions in 2007–08.
- › **Sub-acute patients** may require rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care, maintenance care or non-acute admissions for surgery. In total, sub-acute service admissions accounted for 3 per cent of all public hospital admissions in 2007–08 and 4 per cent of all admissions in private hospitals.



Figure 1.2a PUBLIC HOSPITALS – proportion of patients admitted by service type, Australia, 2007–08

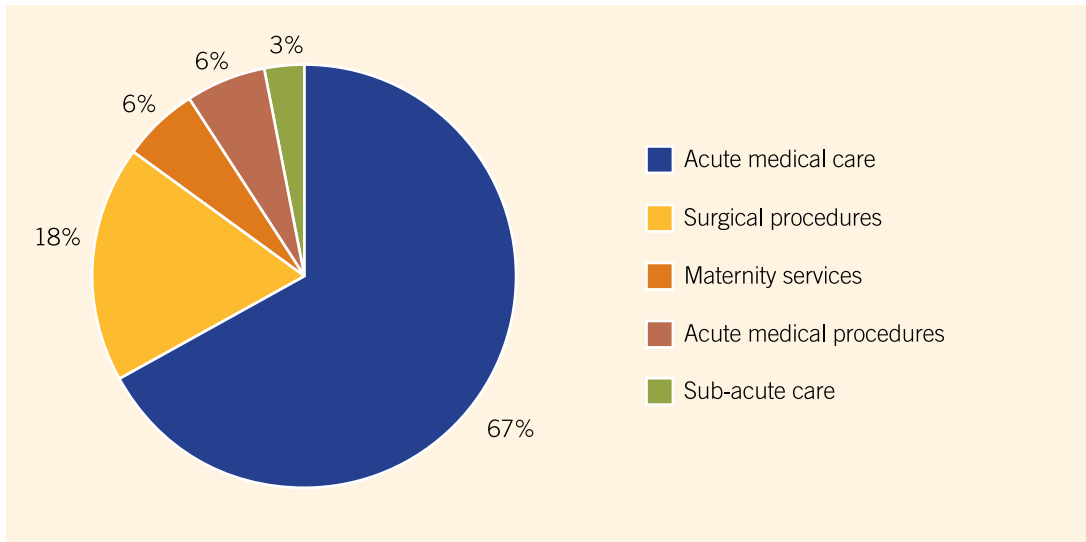
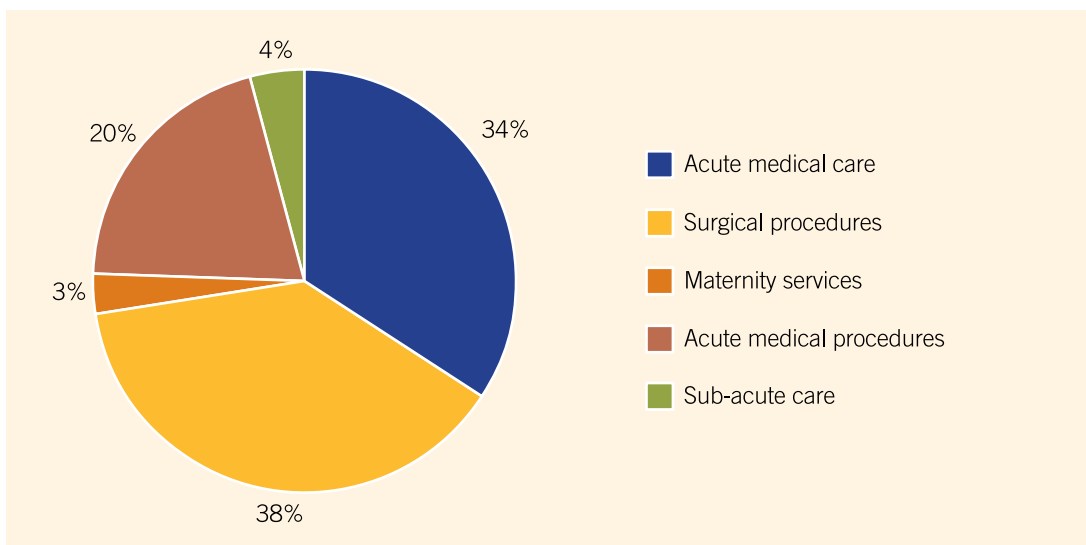


Figure 1.2b PRIVATE HOSPITALS – proportion of patients admitted by service type, Australia, 2007–08



Note: Total may not equal 100% due to rounding.

A day in the life of a hospital

Demand for our hospital services is high, and varies depending on factors like the time of the year, the day of the week and the weather. To get an idea of what happens in public hospitals across Australia, a weekday and a weekend in autumn 2008 are compared below.

Overall, in public hospitals on a typical weekday compared to a typical day on a weekend:

- › almost double the number of patients are admitted;
- › more patients treated in emergency departments are admitted;
- › the number of patients staying overnight is similar;
- › emergency surgery numbers are similar;
- › less elective surgery is performed on the weekend;
- › more fractures are dealt with on the weekend; and
- › a greater number of people present to emergency departments on the weekend.

On average, an estimated 132,000 outpatient services are provided each day in public hospitals. Weekday and weekend comparisons for these services are not currently nationally reported.

Our private hospitals are different and on a typical weekday compared to a typical weekend day:



- › nearly five times as many patients are admitted;
- › more patients stay overnight;
- › emergency surgery numbers are greater;
- › less elective surgery is performed on the weekend; and
- › fewer fractures are dealt with on the weekend compared to a weekday.

In all hospitals across the country:

TABLE 1.5 ALL HOSPITALS — admitted patients, Australia

	Public hospitals		Private hospitals	
	Saturday 12 April 2008	Wednesday 16 April 2008	Saturday 12 April 2008	Wednesday 16 April 2008
Patients admitted	8,573	16,347	2,484	12,330
Babies born	436	630	105	173
<i>Of those admitted on this day:</i>				
Patients who had emergency surgery	566	586	75	110
Patients who had elective surgery	107	2,642	472	4,597
Patients who died	125	171	14	38
Patients with acute heart problem	660	1,006	155	414
Patients for renal dialysis	2,195	2,805	473	561
Patients for hip or knee replacement	16	100	9	182
Patients with principal diagnosis of asthma	80	112	6	9
Patients with chronic obstructive pulmonary disease	104	115	14	30
Patients with principal diagnosis for arthritis/osteoarthritis	17	138	10	264
Patients with influenza or pneumonia	126	135	20	17
Patients with fractures	480	392	47	99
Patients with cataracts	0	193	20	444
Patients with diabetes (mellitus)	67	190	15	108
Patients who were discharged same-day	3,791	8,518	1,317	8,336
<i>Of those already admitted:</i>				
Patients remaining in the hospital overnight	39,192	41,101	14,811	17,521
Total number of patients who were discharged	9,257	16,413	1,551	12,176

TABLE 1.6 PUBLIC HOSPITALS — emergency department patients, Australia

	Public hospitals	
	Saturday 12 April 2008	Wednesday 16 April 2008
Number of emergency department presentations	15,258	14,067
Patients requiring resuscitation	126	90
Patients who arrived by ambulance	3,533	3,318
Patients who died in the emergency department	4	4
Patients who were dead on arrival	12	15
Patients subsequently admitted to hospital	3,767	3,976

Who works in public hospitals?

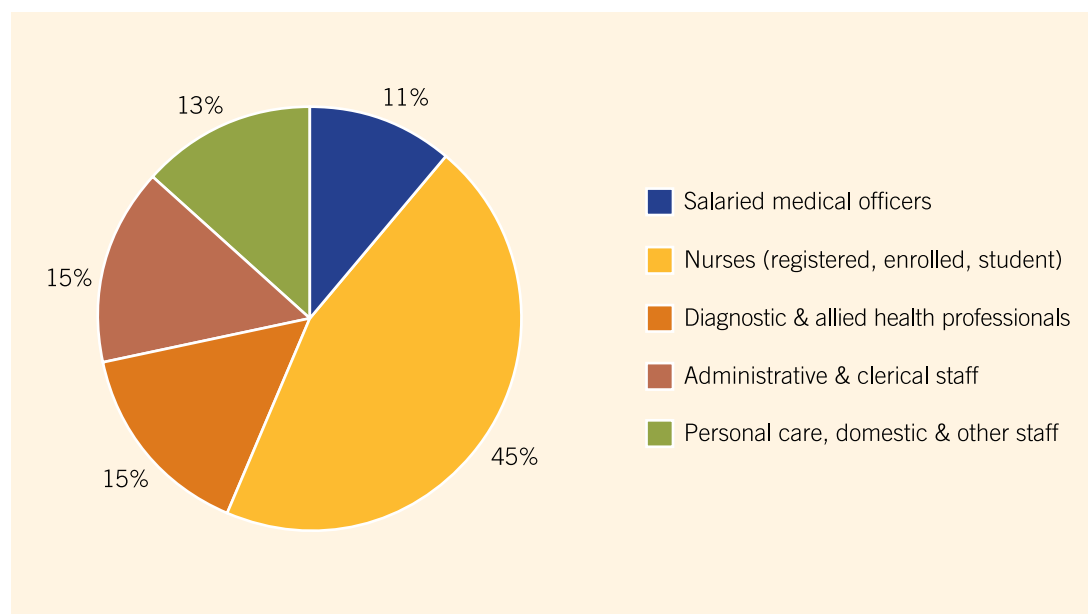
In 2007–08, the equivalent of 240,344 full-time staff worked in all public hospitals.

Nurses are either registered, enrolled or student nurses and represent 45 per cent (107,089) of the employed workforce in public hospitals.

In 2007–08, 15 per cent (36,013) of staff were radiographers, laboratory technicians, allied health professionals (such as physiotherapists, occupational therapists or psychologists), pharmacists, diagnosticians and other health professionals who provide additional support during a patient's admission. An equivalent number were full-time administrative and clerical staff, and around 13 per cent were personal carers, domestic and other staff.

Salaried medical officers made up 11 per cent of the employed workforce in the public hospital sector. Visiting Medical Officers (VMOs) paid on a sessional or fee-for-service basis also work in hospitals but are not included in the breakdown below.

FIGURE 1.3 PUBLIC HOSPITALS — percentage of (full-time equivalent) staff by category, Australia, 2007–08



Note: Total may not equal 100% due to rounding.

How many hospitals were accredited?

To ensure safety and quality in public hospitals, some states and territories require their hospitals to undergo regular hospital accreditation. Accreditation is a formal process by which a recognised body such as the Australian Council on Healthcare Standards (ACHS) or the International Organization for Standardization (ISO) assess whether an individual hospital meets a set of agreed healthcare standards.

Accreditation provides assurance to patients that hospital services provided are safe and of a high quality. Regular accreditation also drives systematic improvement of services provided within hospitals. As at 30 June 2008, 86 per cent of public hospitals were accredited representing 93 per cent of available beds.

TABLE 1.7 PUBLIC HOSPITALS — number and percentage of hospitals and beds accredited, states and territories, 2007–08

	Hospitals		Beds	
	Number	Percentage (%)	Number	Percentage (%)
New South Wales	193	85	16,915	85
Victoria	146	99	12,668	100
Queensland	134	76	10,364	97
Western Australia	92	98	5,392	100
South Australia	74	93	4,858	98
Tasmania	5	19	1,044	82
Australian Capital Territory	3	100	851	100
Northern Territory	5	100	616	100
Australia	652	86	52,708	93

Who funds hospitals?

Australia spent an estimated \$94 billion on all health care in 2006–07 (the latest year for which this figure is available). More than a quarter (\$27 billion) was spent on public hospital services. Almost 8 per cent (\$7.1 billion) was spent on private hospitals.

The Australian Government funded around 40 per cent of public hospital services expenditure (\$10.8 billion) through public hospital funding, rebates for private health insurance, hospital services for veterans and direct expenditure such as payments for blood products, specialised drugs and grants for diagnostic equipment.

State, Territory and Local Governments contributed 53 per cent (\$14.3 billion) of public hospital services funding. Private sources contributed 7 per cent (\$1.9 billion), these included private health insurance benefits and out-of-pocket payments from patients.

In comparison, more than 70 per cent (nearly \$5 billion) of private hospital expenditure came via private health insurers. Of this, over 23 per cent (nearly \$1.7 billion) was provided by the Australian Government through health insurance premium rebates and 47 per cent (\$3.3 billion) came from premiums paid by contributors and other revenue to insurers. These figures do not include funding provided by the Australian Government through the Medicare Benefits and Pharmaceutical Benefits Schedules or for blood and blood products for patients in private hospitals.²



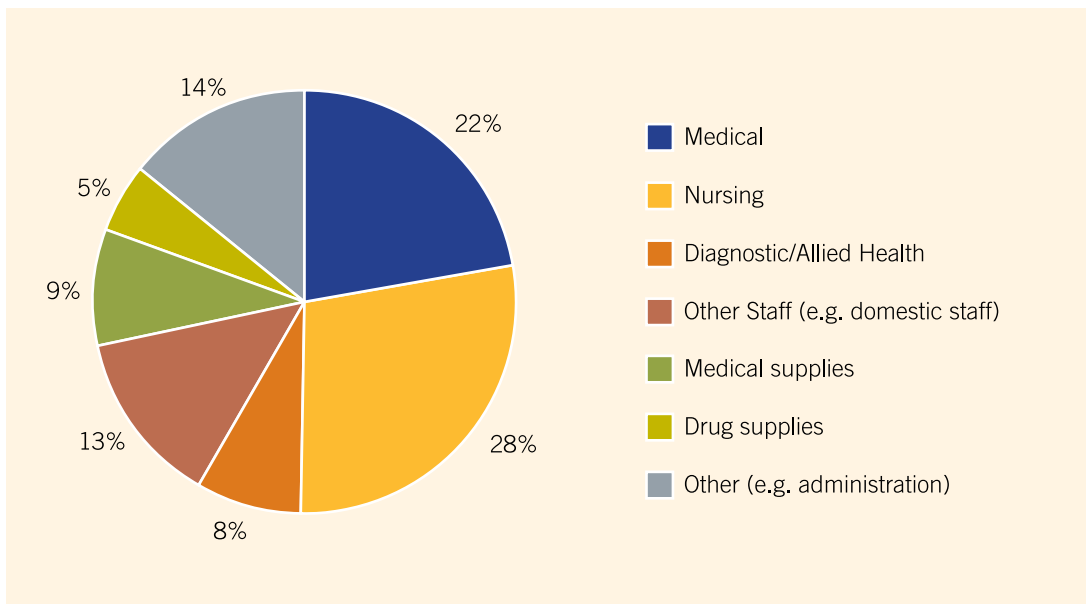
² Health expenditure Australia 2006–07, Australian Institute of Health and Welfare.

What was the cost of an average patient?

The average cost of a patient treated in a public hospital in 2007–08 was \$4,232 (excluding depreciation). This cost covers nursing and medical staff, supplies such as surgical dressings and support services such as meals, cleaning and security.

Salaries for medical and nursing staff represent 50 per cent of admitted patient costs.

FIGURE 1.4 PUBLIC HOSPITALS — distribution of costs for an average admitted patient (\$4,232), Australia, 2007–08



Note: Total may not equal 100% due to rounding.

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Part 2 Our patients

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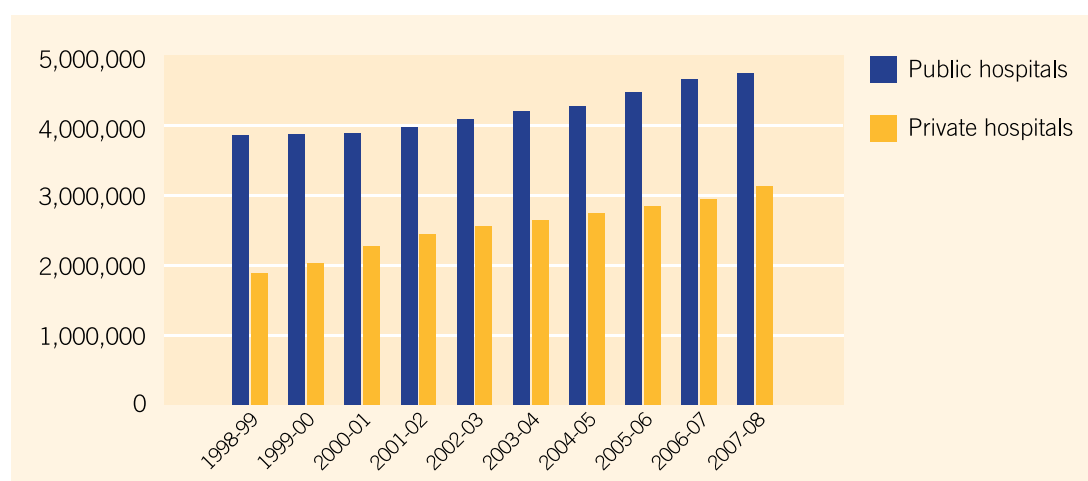


Part 2 Our patients

How many patients were admitted to all Australian hospitals?

In 2007–08, there were around 7.9 million patients admitted to Australian hospitals, around 271,000 (3.6 per cent) more than in 2006–07. Of these, over 4.7 million patients were admitted to public hospitals and more than 3.1 million patients admitted to private hospitals. This represents an increase of 1.8 per cent and 6.4 per cent respectively since 2006–07. Overall there has been a significant growth in the number of hospital admissions from 1998–99.

FIGURE 2.1 ALL HOSPITALS — number of patients admitted, public and private hospitals, Australia, 1998–99 to 2007–08



Public patients

- › In public hospitals patients receive all medical, allied health and pharmaceutical care free of charge. Of the 4.7 million Australians admitted to a public hospital in 2007–08, 86 per cent were public patients.
- › Around 2 per cent of patients treated in private hospitals were publicly funded patients. Services for these patients were provided under a contract between the relevant state and territory and the private hospital.

Private patients

- › Patients who choose to be treated privately are charged for their care by the hospital and treating doctor in a public or private hospital. Private patients in public hospitals are able to choose their own doctor and may request a separate room. Some of the costs may be claimed through private health insurance or patients may choose to pay.
- › Around 89 per cent of patients admitted to private hospitals were private patients, and 10 per cent of patients admitted to public hospitals were seen as private patients.

Other patients

- › Patient care may be funded through a range of sources including Australian Government agencies (such as the Department of Veterans' Affairs and the Department of Defence) or workers' compensation, third-party motor vehicle claims or other compensation arrangements. Reciprocal health care agreements with some overseas countries allow patients from these countries to be treated in Australian hospitals. Patients from countries without these agreements are treated as private patients.
- › Patients may have received treatment in either public (4 per cent) or private (9 per cent) hospitals.

TABLE 2.1 ALL HOSPITALS — percentage of admissions by hospital and patient type, Australia, 2007–08

	Public patients (%)	Private patients (%)	Other patients (%)
Public hospital admissions	86	10	4
Private hospital admissions	2	89	9

In 2007–08, there were 187 public patient hospital admissions per 1,000 people (weighted to represent the Australian population); 184 to public hospitals and 3 to private hospitals.

There were 148 private patient hospital admissions per 1,000 population, 126 in private hospitals and 22 in public hospitals.

TABLE 2.2 ALL HOSPITALS — admissions per 1,000 weighted population, by patient and hospital type, states and territories, 2007–08

	Public patients		Private patients	
	Public hospitals	Private hospitals	Public hospitals	Private hospitals
New South Wales	159	<1	31	107
Victoria	213	<1	21	135
Queensland	178	5	11	156
Western Australia	189	19	20	122
South Australia	180	2	18	124
Tasmania	145	n.p.	22	n.p.
Australian Capital Territory	220	n.p.	16	n.p.
Northern Territory	510	n.p.	15	n.p.
Australia	184	3	22	126

n.p. – not published.

Part 2 Our patients

Which public hospitals had the most admissions?

Public hospitals across Australia treat many people throughout the year. The busiest hospitals in each state and territory in 2007–08 are listed below.

TABLE 2.3 PUBLIC HOSPITALS — the busiest hospitals in each state and territory, 2007–08

Hospital	Location	Number of admissions
Royal Melbourne Hospital	Melbourne, Victoria	103,868
Sir Charles Gardiner Hospital	Perth, Western Australia	76,304
Royal Brisbane & Women's Hospital	Brisbane, Queensland	75,615
Westmead Hospital	Sydney, New South Wales	69,675
Royal Adelaide Hospital	Adelaide, South Australia	69,133
Canberra Hospital	Canberra, Australian Capital Territory	62,527
Royal Hobart Hospital	Hobart, Tasmania	44,609
Royal Darwin Hospital	Darwin, Northern Territory	44,108



How long did patients stay in hospital?

Same-day admissions include treatments such as renal dialysis, lens surgery and endoscopy. Of all hospital admissions in 2007–08, more than half (56 per cent) were admitted and discharged on the same day. Nationally, the percentage of same-day admissions is higher in the private sector (66 per cent) than the public sector (50 per cent).

TABLE 2.4 ALL HOSPITALS — percentage of same-day admissions, states and territories, 2007–08

	Public hospitals (%)	Private hospitals (%)	All hospitals (%)
New South Wales	44	69	53
Victoria	57	65	60
Queensland	49	67	58
Western Australia	51	65	57
South Australia	45	62	52
Tasmania	53	n.p.	n.p.
Australian Capital Territory	54	n.p.	n.p.
Northern Territory	62	n.p.	n.p.
Australia	50	66	56

n.p. – not published.

The average length of stay for overnight patients in public and private hospitals was 6.5 days and 5.4 days respectively.

TABLE 2.5 ALL HOSPITALS — average length of stay (days) for overnight admitted patients, states and territories, 2007–08

	Public hospitals	Private hospitals	All hospitals
New South Wales	6.8	5.5	6.4
Victoria	6.3	5.6	6.1
Queensland	6.1	5.5	5.9
Western Australia	6.3	5.0	5.8
South Australia	7.1	5.0	6.4
Tasmania	7.3	n.p.	n.p.
Australian Capital Territory	6.3	n.p.	n.p.
Northern Territory	6.0	n.p.	n.p.
Australia	6.5	5.4	6.2

n.p. – not published.

Part 2 Our patients

What were the ten most common procedures in hospitals?

Patients admitted to a hospital can receive a wide range of treatments and different types of care as part of their stay. In 2007-08, public hospital patients received over 900,000 allied health interventions as part of their hospital stay. Comparatively 356,000 private hospital patients received allied health treatment. Allied health interventions can include treatment by a podiatrist, physiotherapist or an occupational therapist.

Cerebral anaesthesia was the second most common procedure performed in public hospitals and is a necessary service when undergoing surgery. Around 600,000 patients received cerebral anaesthesia in public hospitals and 567,000 in private hospitals. More than 156,000 patients received computerised tomography of the brain (CT scan) in public hospitals compared with around 20,000 in private hospitals.

TABLE 2.6 ALL HOSPITALS — the ten most common public hospital services for overnight patients, Australia, 2007–08

Services	Public hospitals	Private hospitals	All hospitals
Generalised allied health interventions	906,214	355,969	1,262,183
Cerebral anaesthesia	604,534	566,962	1,171,496
Computerised tomography of brain	156,730	19,831	176,561
Transfusion of blood and gamma globulin	122,761	56,855	179,616
Conduction anaesthesia	111,716	114,417	226,133
Administration of pharmacotherapy	74,972	25,988	100,960
Computerised tomography of abdomen and pelvis	72,225	15,495	87,720
Postpartum suture	61,408	23,230	84,638
Post-procedural analgesia	59,609	53,901	113,510
Caesarean section	55,221	33,776	88,997

Same-day procedures in public and private hospitals differ. Haemodialysis was the most frequently performed procedure in public hospitals (around 818,000), whilst cerebral anaesthesia (over 1.1 million) was the most frequently performed procedure in private hospitals.

TABLE 2.7 PUBLIC HOSPITALS — ten most common types of services for same-day patients, Australia, 2007–08

	Services
Haemodialysis	818,069
Cerebral anaesthesia	569,217
Administration of pharmacotherapy	156,423
Transfusion of blood and gamma globulin	65,263
Fibreoptic colonoscopy	60,282
Panendoscopy with excision	59,284
Conduction anaesthesia	55,050
Fibreoptic colonoscopy with excision	52,153
Extracapsular crystalline lens extraction by phacoemulsification	50,835
Excision of lesion of skin and subcutaneous tissue	44,842

TABLE 2.8 PRIVATE HOSPITALS — ten most common types of services for same-day patients, Australia, 2007–08

	Services
Cerebral anaesthesia	1,189,441
Fibreoptic colonoscopy	193,609
Panendoscopy with excision	186,374
Fibreoptic colonoscopy with excision	178,039
Haemodialysis	164,476
Administration of pharmacotherapy	157,449
Extracapsular crystalline lens extraction by phacoemulsification	119,633
Conduction anaesthesia	90,795
Generalised allied health interventions	90,711
Excision of lesion of skin and subcutaneous tissue	86,627

Part 2 Our patients

What was the cost of treating a patient in a public hospital?

The average cost of treating a patient depends on the medical and nursing staff involved, the complexity of the treatment provided, the anaesthetics and drugs used and the level of care and time required in hospital.

Caring for patients with severe full-thickness burns continues to be the most expensive admission in public hospitals at an average cost of more than \$150,000 per admission. The total cost of caring for the 137 public patients with severe burns Australia-wide in 2007–08 was over \$21 million.³

In contrast, the average cost of providing renal dialysis to a same-day admitted patient in a public hospital was around \$500 per treatment. However, patients may require renal dialysis several times a week, resulting in more than 818,000 admissions for renal dialysis in 2007–08, at an overall cost of more than \$422 million. Patients may also receive dialysis services on a non-admitted basis, however, the cost of these services is not included here. Information regarding these patients is available in *Part 5, Our Outpatients*.

TABLE 2.9 PUBLIC HOSPITALS — selected reasons for admission, average cost, Australia, 2006–07

	Average cost (\$)
Birth (no complications)	4,205
Bronchitis and asthma	1,876
Caesarean (no complications)	7,085
Heart failure and shock	4,206
Poisoning/toxic effect of drugs and other substances	1,446
Removal of appendix	5,075
Same-day chemotherapy	1,087
Same-day lens procedures	2,358
Same-day renal dialysis	517
Severe burns	154,442

Source: National hospital cost data collection, Round 11 (2006-07).

³ Note: That number of admissions is from 2007-08 data, however the average cost is based on 2006-07 cost data.

How many patients used public psychiatric hospital services?

In 2007–08, nearly 15,000 patients were treated in public psychiatric hospitals. These patients represented a small proportion of the 7.9 million patients treated in all public and private hospitals (less than 0.2 per cent).

There are twenty public psychiatric hospitals across Australia dedicated to providing psychiatric care. Whilst the number of admissions in each state and territory may be related to the number and size of each psychiatric hospital, it is important to note that treatment for psychiatric patients also occurs in other hospitals.

Key diagnoses in these hospitals included schizophrenia, alcohol and drug related illnesses, other mental disorders (such as manic episodes, depression, and mood disorders) and behavioural issues.

The majority of patients (88 per cent) stayed overnight and were admitted for an average of 48 days.

TABLE 2.10 PUBLIC PSYCHIATRIC HOSPITALS — number of admissions and average length of stay, states and territories, 2007–08

	Number of admissions	Average length of stay (days)
New South Wales	9,606	35.6
Victoria	404	77.4
Queensland	417	312.5
Western Australia	1,563	39.3
South Australia	2,106	56.0
Tasmania	654	46.7
Australian Capital Territory	—	—
Northern Territory	—	—
Australia	14,750	48.4

Note: Definitional and collection practices vary across states and territories.

‘—’ not applicable.

Part 2 Our patients

How many patients received hospital-in-the-home or rehabilitation services?

Hospital-in-the-home

Some public hospitals arrange for part of a patient's care to be provided in the patient's own home. Patients may choose this option if it is clinically appropriate and there is adequate support at home.

A wide range of conditions can be treated in this way, examples include medication, wound management or home-based rehabilitation and personal care.

Hospital-in-the-home patients are considered to be admitted patients and represent just over 1 per cent of all public hospital admissions across Australia.

In 2007–08 there were nearly 55,000 public admissions for hospital-in-the-home.

TABLE 2.11 PUBLIC HOSPITALS — number and percentage of hospital-in-the-home admissions, states and territories, 2007–08

	Admissions	Percentage (%)
New South Wales	n.a.	n.a.
Victoria	38,448	2.8
Queensland	2,043	0.2
Western Australia	6,084	1.3
South Australia	6,419	1.7
Tasmania	n.a.	n.a.
Australian Capital Territory	974	1.2
Northern Territory	561	0.6
Australia	54,529	1.1

n.a. – not available.

Rehabilitation

Rehabilitation care in a hospital may include treatment provided as part of an acute episode of treatment, such as gaining or obtaining movement after a hip replacement or ongoing rehabilitation after an acute episode, such as attending cardiac health classes after a cardiac acute episode.

In 2007–08, there were over 80,500 rehabilitation admissions to public hospitals (excluding public psychiatric hospitals) of which the average length of stay was 16 days.

TABLE 2.12 PUBLIC HOSPITALS — rehabilitation care, number of admissions and average length of stay (days), states and territories, 2007–08

	Admissions	Average length of stay (days)
New South Wales	27,156	16
Victoria	14,948	21
Queensland	17,661	13
Western Australia	9,348	18
South Australia	7,218	13
Tasmania	1,263	24
Australian Capital Territory	2,360	13
Northern Territory	595	12
Australia	80,549	16



Part 2 Our patients

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Part 3 Our surgery

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Part 3 Our surgery

Surgery in our hospitals

In 2007–08, there were almost 2.2 million surgical procedures performed in Australian hospitals of which around 920,000 were carried out in public hospitals.

Emergency Surgery

Emergency surgery occurs in the most urgent or critical cases and generally needs to be performed within 24 hours. The majority of emergency surgery is carried out in public hospitals (87 per cent) with nearly 223,000 procedures provided on an emergency basis in 2007-08.

Other Surgery

This includes surgical procedures such as a caesarean birth or a newborn baby requiring surgery. In 2007-08, approximately 61,000 patients underwent other surgery in public hospitals.

Elective Surgery

Elective surgery is surgery that can typically be delayed for at least 24 hours. Public hospital patients are placed on a waiting list with doctors assigning patients to one of three categories based on their clinical judgment about the urgency of the patient's need for surgery. The three clinical urgency categories used in public hospitals are:

Clinical urgency category 1	Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.
Clinical urgency category 2	Admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency.
Clinical urgency category 3	Admission within 365 days for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.

In 2007-08, 565,501 elective surgery procedures were provided in public hospitals where clinical urgency category information is collected. A further 72,000 public hospital surgical admissions were provided but not included in public hospital waiting list reporting.

Private hospitals do not report nationally using the clinical urgency category system or collect data that is used to report on elective surgery. As a result, information in this chapter only relates to public hospitals in Australia.⁴

⁴ Public patient services provided by private hospitals, such as the Mersey Community Hospital in Tasmania, that are also required to contribute to national data collections are included in this chapter.

How many patients had elective surgery?

In 2007–08, the 565,501 patients admitted from waiting lists who received elective surgery in public hospitals had a median wait of 34 days. While more than 89,000 patients had an extended wait, more than 84 per cent of all admissions were seen within the recommended time for their clinical urgency category.

TABLE 3.1 ELECTIVE SURGERY — number of admissions, median waiting time (days), number of overdue/extended wait patients, per cent seen within the recommended time, per cent waiting more than 365 days, public hospitals, states and territories, 2007–08

	Admissions (number)	Median wait (days)	Overdue/extended wait (number)	Seen within recommended time (%)	Waiting more than 365 days (%)
New South Wales	199,578	39	24,419	88	1.8
Victoria	130,306	33	21,507	83	3.6
Queensland	107,623	27	16,430	85	2.3
Western Australia	57,122	30	9,330	84	3.0
South Australia	41,046	42	7,891	81	3.9
Tasmania	14,149	36	4,865	66	10.1
Australian Capital Territory	9,577	72	3,255	66	10.3
Northern Territory	6,100	43	1,916	69	8.6
Australia	565,501	34	89,613	84	3.0



Part 3 Our surgery

Not all patients waiting for elective surgery receive it. In 2007–08, 14.5 per cent (95,774) of patients were removed from a waiting list without receiving surgery. The most common reasons were either the surgery was no longer required or the patient decided not to undergo surgery.

TABLE 3.2 ELECTIVE SURGERY — number and percentage of patients removed from waiting list, by reason for removal, public hospitals, Australia, 2007–08

	Public hospitals
Emergency admissions	5,650 (0.9%)
Not contactable/died	9,514 (1.4%)
Treated elsewhere	22,520 (3.4%)
Surgery not required or declined	47,175 (7.1%)
Transferred to another hospital's waiting list	5,988 (0.9%)
Not reported	4,927 (0.7%)
Total	95,774 (14.5%)



How long did patients wait for elective surgery in public hospitals?

The length of time a patient waits for elective surgery is determined by the treating physician based on clinical urgency. The treating physician assigns patients into one of three elective surgery categories. This helps hospitals set priorities for surgery and can be used to measure patient access to timely surgery.

Nationally, in 2007–08, clinicians assigned 31 per cent of public patients waiting for elective surgery to clinical urgency category 1; 39 per cent to clinical urgency category 2; and 30 per cent to clinical urgency category 3.

TABLE 3.3 ELECTIVE SURGERY — percentage of patients in each clinical urgency category, public hospitals, states and territories, 2007–08

	Clinical urgency category 1 (%)	Clinical urgency category 2 (%)	Clinical urgency category 3 (%)
New South Wales	29	34	38
Victoria	26	46	28
Queensland	37	45	19
Western Australia	32	33	35
South Australia	36	30	35
Tasmania	44	36	20
Australian Capital Territory	29	50	22
Northern Territory	43	40	17
Australia	31	39	30

Note: Total may not equal 100% due to rounding.



Part 3 Our surgery

In 2007–08, nationally 84 per cent of public patients on elective surgery waiting lists were seen within the recommended time across all three categories.

TABLE 3.4 ELECTIVE SURGERY — percentage of patients seen within the recommended time, in each clinical urgency category, public hospitals, states and territories, 2007–08

	Clinical urgency category 1 (%)	Clinical urgency category 2 (%)	Clinical urgency category 3 (%)	All clinical urgency categories (%)
New South Wales	92	75	96	88
Victoria	100	70	90	83
Queensland	84	83	89	85
Western Australia	87	70	94	84
South Australia	79	73	89	81
Tasmania	77	49	71	66
Australian Capital Territory	96	47	71	66
Northern Territory	77	59	69	69
Australia	89	74	92	84



How long did patients wait for particular surgery?

Different procedures tend to be associated with different waiting times. A selection of high volume procedures, termed indicator procedures, provides a snapshot of key hospital surgical activity.

TABLE 3.5 ELECTIVE SURGERY — number of admissions, percentage of admissions waiting more than one year and median waiting time (days), by indicator procedure, public hospitals, Australia, 2007–08

	Admissions	Percentage of admissions waiting longer than one year (%)	Median wait (days)
Cataract extraction	47,914	4.3	87
Cholecystectomy (removal of the gall bladder)	16,980	1.4	47
Coronary artery bypass graft	4,150	0.2	14
Cystoscopy (examination of the bladder and urethra)	37,289	1.8	26
Haemorrhoidectomy (surgery for haemorrhoids)	3,732	2.8	50
Hysterectomy	10,208	1.4	49
Inguinal Herniorrhaphy	13,676	2.2	50
Myringoplasty (repair of perforated eardrum)	1,729	14.5	104
Myringotomy (eardrum surgery)	5,911	2.4	48
Prostatectomy (removal of the prostate gland)	7,275	3.0	36
Septoplasty (nasal surgery)	4,305	13.1	141
Tonsillectomy (removal of the tonsils)	14,306	7.1	88
Total hip replacement	7,688	8.9	107
Total knee replacement	10,947	13.6	160
Varicose veins stripping & ligation	4,202	13.8	91
Not applicable/not stated	375,189	2.3	27
Total	565,501	3.0	34

Part 3 Our surgery

What surgical specialties were in the highest demand?

An alternative to examining indicator procedures is to compare surgical specialties.

The most common surgical specialties that people are placed on a waiting list to see are general (24 per cent), orthopaedic (15 per cent) and gynaecological (13 per cent). General surgery includes cholecystectomy (removal of the gall bladder) and inguinal herniorrhaphy (surgical repair of an inguinal hernia).

Some patients may wait for longer than a year for elective surgery, for example 6.2 per cent of patients waiting for ear, nose and throat surgery. This is compared with less than 0.1 per cent waiting more than a year for cardio-thoracic surgery.

In 2007–08, the longest median wait was for ophthalmology, where half of all patients were still waiting for surgery after 68 days. The shortest median waiting time was for cardio-thoracic surgery, where half of all patients were seen within 12 days.

TABLE 3.6 ELECTIVE SURGERY — number of admissions by surgical specialty, percentage of patients that waited longer than one year and median waiting time (days), public hospitals, Australia, 2007–08

	Admissions	Patients waiting longer than one year (%)	Median wait (days)
Cardio-thoracic	11,494	0.1	12
Ear, nose & throat	47,933	6.2	57
General	138,086	1.7	29
Gynaecology	74,059	1.1	31
Neurosurgery	9,444	1.9	25
Ophthalmology	65,339	3.8	68
Orthopaedic	85,266	5.8	54
Plastic	40,223	3.2	26
Urology	63,162	2.1	27
Vascular	12,144	3.8	21
Other	18,351	1.4	19
Total	565,501	3.0	34

Part 4 Our emergency departments

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Part 4 Our emergency departments

How many patients attended emergency departments?

Emergency departments are generally found in the larger public hospitals around Australia and have specialised facilities and staff dedicated to delivering emergency care. Emergency services may also be provided in smaller public hospitals.

There were over 7.1 million accident and emergency presentations in all Australian public hospitals that provided emergency services in 2007–08. Over 5.4 million of all presentations were provided by emergency departments in larger public hospitals for which waiting times and triage categories were recorded. The information provided in this chapter relates to these presentations in our larger public hospitals.

There were nearly 321 emergency department presentations in public hospitals for every thousand people in Australia.

TABLE 4.1 ACCIDENT AND EMERGENCY DEPARTMENTS — number of presentations, per 1,000 weighted population, all hospitals, states and territories, 2007–08

	Presentations	Per 1,000 weighted population
New South Wales	2,417,721	328.2
Victoria	1,522,573	274.6
Queensland	1,471,377	343.7
Western Australia	778,119	364.3
South Australia	544,439	305.8
Tasmania	142,633	261.8
Australian Capital Territory	98,441	304.2
Northern Territory	125,315	742.3
Australia	7,100,618	320.6

Note: Includes data for all accident & emergency services, not just bona fide emergency departments.



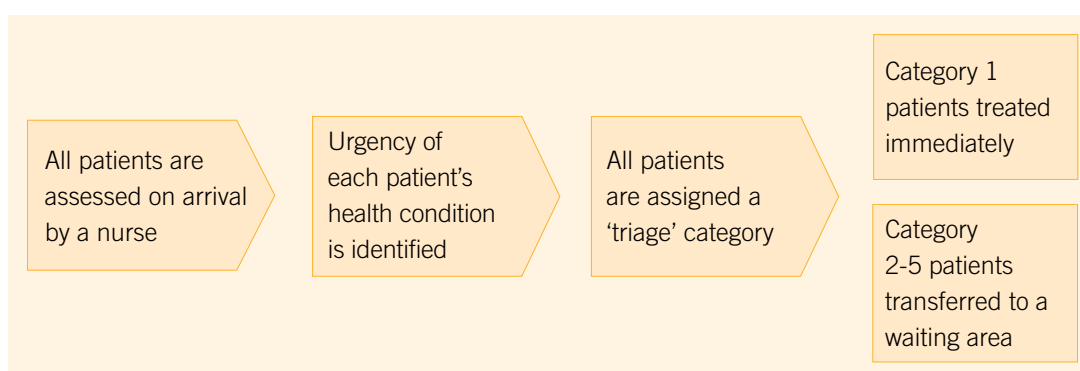
Accident and emergency services may also be provided in private hospitals. Private hospitals do not contribute to national collection of triage data.⁵

⁵ Public patient services provided by private hospitals, such as the Mersey Community Hospital in Tasmania, that are also required to contribute to national data collections are included in this chapter.

What happens when patients arrive at emergency departments?

The emergency department is sometimes termed the emergency room (ER), emergency ward (EW), accident & emergency (A&E) department or casualty department. Emergency departments can operate 24 hours a day to provide the community with necessary health care for the acutely ill and injured.

Upon arrival in the emergency department, a nurse will assess the patients' medical condition and assign them a triage category as shown below:



There are five triage categories defined by the Australasian College of Emergency Medicine, these range from patients who require resuscitation (triage category 1) to patients whose medical needs are not urgent (triage category 5). The Australasian College of Emergency Medicine has also identified for each triage category the maximum time patients should wait until they are seen by a nurse or a doctor for treatment, once categorised.

Triage category 1, Resuscitation: patients need to be seen immediately. Patients in this category are critically ill and require immediate attention. Most arrive at the emergency department by ambulance and may already be receiving emergency life support. This category includes patients whose blood pressure may be dangerously low, who have serious breathing difficulties or who may be unresponsive following a head injury or drug overdose.

Triage category 2, Emergency: patients need to be seen within 10 minutes. Patients in this category may be suffering from a critical illness or very severe pain. This category includes patients who are suffering from serious chest pain likely to be related to a heart attack, who have difficulty breathing or may have severe fractures.

Triage category 3, Urgent: patients need to be seen within 30 minutes. Patients in this category could be suffering from severe illness, head injuries, major bleeding from cuts, major fractures, persistent vomiting or dehydration.

Triage category 4, Semi-urgent: patients need to be seen within 60 minutes. Patients in this category usually have less severe symptoms or injuries, although their condition may be serious. This category includes patients with mild bleeding, a foreign body in the eye, possible bone fractures, abdominal pain, migraine or earache.

Part 4 Our emergency departments

Triage category 5, Non-urgent: patients need to be seen within 120 minutes. Patients in this category usually have minor illnesses or symptoms that may have been present for some time. Also included in this category are patients with stable chronic conditions such as asthma or diabetes, who are experiencing minor complicating symptoms.

To provide a nationally consistent approach to the educational preparation of emergency clinicians for the triage role and to promote the consistent application of the Australian Triage Scale (ATS) an Emergency Triage Education Kit (ETEK) was developed. This publication is available on the internet for downloading.⁶

In Australia, all publicly funded emergency departments use the ATS to assess the clinical urgency of presentations.

The overall objective of the education kits is to ensure that people attending emergency departments receive timely and consistent assessment and intervention, based on their level of clinical urgency. Accurate triage scoring results in nationally consistent data for the measurement of emergency waiting times.



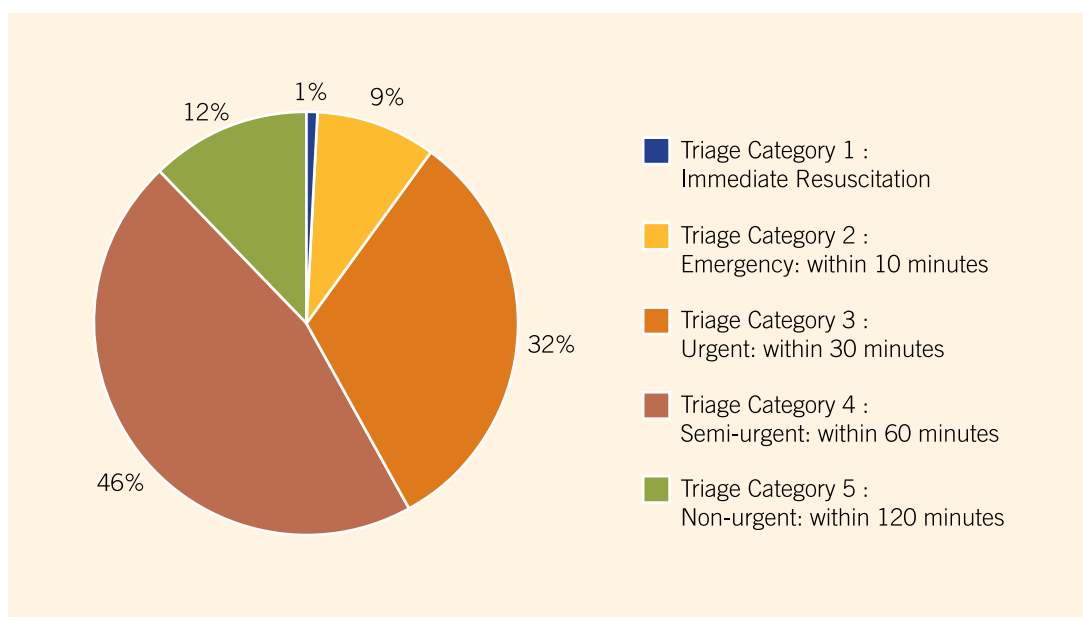
⁶ The Emergency Triage Education Kit is available at:
<http://www.health.gov.au/internet/main/publishing.nsf/Content/casemix-ED-Triage+Review+Fact+Sheet>

How urgently did patients who attended emergency departments need to be seen?

In 2007–08, 46 per cent of patients who attended emergency departments were classified as semi-urgent (triage category 4). Triage category 3 patients made up 32 per cent of emergency department services and needed to be seen in 30 minutes.

There were 9 per cent of patients classified as emergency patients (triage category 2) requiring treatment within 10 minutes, and 1 per cent required resuscitation, were critically ill or required immediate attention (triage category 1).

FIGURE 4.1 EMERGENCY DEPARTMENTS — presentations by triage category, public hospitals, Australia, 2007–08



Part 4 Our emergency departments

How long did patients wait?

There were 5.4 million presentations to specialised emergency departments in larger hospitals where data for both waiting times and triage categories were recorded.

Of these presentations, half of all patients were seen within 24 minutes in 2007–08, and 69 per cent of patients were seen within triage category recommended times.

TABLE 4.2 EMERGENCY DEPARTMENTS — median waiting time (minutes) and patients seen within recommended time, public hospitals, states and territories, 2007–08

	Median waiting time (minutes)	Seen within clinically recommended time (%)
New South Wales	20	76
Victoria	23	71
Queensland	28	63
Western Australia	30	61
South Australia	29	61
Tasmania	32	60
Australian Capital Territory	40	58
Northern Territory	43	52
Australia	24	69



Where did patients go after the emergency department?

Once the emergency department has treated patients they may be admitted to the hospital, referred for treatment or deemed not to need further treatment.

Twenty eight per cent (1.5 million) of patients treated in emergency departments were either admitted to the hospital for further treatment or referred for follow-up treatment and 66 per cent (3.6 million) were not admitted.

A small percentage of patients (7%) decided not to wait, left at their own risk or were not reported.

TABLE 4.3 EMERGENCY DEPARTMENTS — percentage of patients by departure status, public hospitals, states and territories, 2007–08

	Admitted or referred (%)	Not admitted (%)	Did not wait, left at own risk or were not reported (%)
New South Wales	27	66	7
Victoria	33	61	6
Queensland	24	67	9
Western Australia	23	73	4
South Australia	32	63	6
Tasmania	25	69	6
Australian Capital Territory	26	64	10
Northern Territory	24	66	10
Australia	28	66	7

Note: Total may not equal 100% due to rounding.



Part 4 Our emergency departments

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Part 5 Our outpatients

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Part 5 Our outpatients

What types of outpatient clinics were provided in public hospitals?

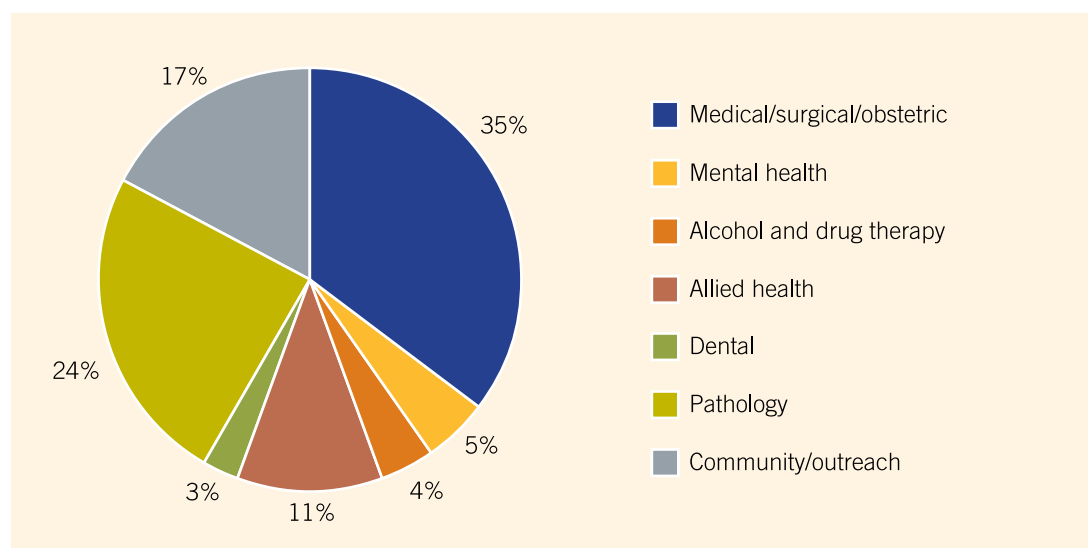
Public hospitals provide a range of outpatient clinics, including clinics for medical and surgical procedures, obstetric services, mental health, alcohol and drug therapy and dental services.⁷

In 2007–08, medical, surgical and obstetric clinics accounted for around 35 per cent of total public hospital outpatient services.

Clinics providing pathology services provided 24 per cent of total outpatient services. Allied health clinics, including occupational therapy, physiotherapy, cardiac rehabilitation and nutritional counselling, provided 11 per cent of all outpatient clinic services.

Clinics providing community/outreach services accounted for 17 per cent of outpatient services.

FIGURE 5.1 OUTPATIENT SERVICES — types of services, excluding diagnostic imaging and pharmacy, public hospitals, Australia, 2007–08



Note: Total may not equal 100% due to rounding.

⁷ Public patient services provided by private hospitals, such as the Mersey Community Hospital in Tasmania, that are also required to contribute to national data collections are included in this chapter.

How many outpatient services did public hospitals provide?

In 2007–08, all public hospitals provided over 41 million non-admitted services (excluding emergency) across Australia. Of these, around 16 million were outpatient clinic services and approximately 25 million were ancillary and community health services. Ancillary services include pharmacy, pathology, radiology and imaging services; and community based services include mental health, alcohol, drug and community health services.

TABLE 5.1 OUTPATIENTS — total number of ancillary and community setting services, outpatient clinic services and non-admitted services, public hospitals, states and territories, 2007–08

	Ancillary and community setting services	Outpatient clinic services	Non-admitted services (excluding accident and emergency)
New South Wales	12,414,382	6,400,364	18,814,746
Victoria	3,115,414	2,864,208	5,979,622
Queensland	5,867,454	3,324,742	9,192,196
Western Australia	2,287,313	1,697,777	3,985,090
South Australia	456,785	1,203,133	1,659,918
Tasmania	399,480	459,539	859,019
Australian Capital Territory	150,878	296,259	447,137
Northern Territory	194,087	122,694	316,781
Australia	24,885,793	16,368,716	41,254,509

Note: Definitional and collection practices vary across states and territories.

Of the 16 million outpatient clinic services, almost 12 million were provided by larger public hospitals for which clinic type information is available.

Currently there is considerable variation in the way outpatient services are counted. The Australian Government and the states and territories are working to improve outpatient care information.



Part 5 Our outpatients

TABLE 5.2 OUTPATIENT SERVICES — individual/group occasions of service by service types, larger public hospitals, states and territories, 2007–08

Individual occasions of service	NSW	Vic.	Qld.	WA	SA	Tas.	ACT	NT	Australia
Allied health	634,691	791,509	466,872	286,245	161,163	88,035	18,286	8,929	2,455,730
Cardiology	86,282	22,332	82,467	12,021	25,361	18,815	11,363	1,619	260,260
Chemotherapy	69,742	0	9,077	0	19,135	18,578	5,101	419	122,052
Dental	238,302	95,210	129,438	1,643	9,095	1,636	0	0	475,324
Dialysis	24,339	0	0	616	0	0	0	3,399	28,354
Ear, nose and throat	31,656	43,839	47,530	8,627	19,244	922	1,469	3,540	156,827
Endocrinology	170,601	51,744	73,307	15,743	30,791	25,305	7,269	991	375,751
Endoscopy	12,331	0	12,400	6	12,994	1,705	2,196	642	42,274
Gastroenterology	25,898	21,171	27,120	6,034	17,645	1,296	5,192	0	104,356
General practice/primary care	253,134	0	19,941	349	0	0	0	0	273,424
Gynaecology	56,061	46,420	66,179	7,316	35,082	10,252	4,527	5,045	230,882
Medical	1,085,825	194,820	313,096	103,415	107,986	72,698	26,599	18,704	1,923,143
Obstetrics	741,350	309,826	353,292	36,676	96,176	47,862	43,036	16,607	1,644,825
Oncology	291,677	110,900	91,400	22,814	26,277	45,990	13,369	2,135	604,562
Ophthalmology	141,636	0	70,235	22,775	58,082	7,378	1,655	12,126	313,887
Orthopaedic	260,498	168,625	254,517	29,653	57,012	17,770	10,747	11,319	810,141
Paediatric	99,215	13,730	45,494	3,807	16,212	18,658	6,539	5,195	208,850
Paediatric surgery	7,412	10,020	8,565	159	3,405	0	1,472	414	31,447
Plastic surgery	33,743	81,674	26,900	15,125	23,990	3,696	4,602	1,731	191,461
Pre-admission/pre-anaesthesia	167,922	93,297	145,733	5,200	38,843	17,300	7,333	7,076	482,704
Renal medical	91,408	0	48,186	0	18,523	3,198	5,075	0	166,390
Respiratory	140,083	16,735	59,937	7,054	30,736	4,729	4,235	1,016	264,525
Surgery	84,887	138,830	138,590	16,101	72,263	44,054	6,898	13,367	514,990
Urology	28,184	40,857	44,220	5,499	16,645	1,759	1,002	335	138,501
Total	4,776,877	2,251,539	2,534,496	606,878	896,660	451,636	187,965	114,609	11,820,660
Group occasions of service									
Allied health	22,960	20,576	6,885	14,143	5,479	—	484	—	70,527
Dental	25	—	0	—	—	—	—	—	25
Other clinic types	121,130	2,420	5,520	—	6,963	—	1,175	300	137,508
Total	144,115	22,996	12,405	14,143	12,442	—	1,659	300	208,060

Note: Individual occasions of service were obtained from the Outpatient Care National Minimum Data Set. Group occasions of service were obtained from the Public Hospital Establishments National Minimum Data Set.

‘—’ not applicable.

Part 6 Turning our public hospitals around

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Part 6 Turning our public hospitals around

Turning our public hospitals around

The existing terms of the Australian Health Care Agreements, under which this report is produced, were extended in June 2008 for a further 12 months. This extension gave all governments time to work together on reforms that benefit the health system as a whole, are targeted at areas where existing pressures are greatest and where work could progress collaboratively with the Commonwealth as a partner in implementation of change.

Significant and important reforms take time to develop and collaboration is the key to ensuring our public hospitals can provide care to those who need it. The Commonwealth, in partnership with the states and territories, has worked over many months to ensure that our public hospitals are funded appropriately and that reforms are properly targeted to areas of need.

A number of agreements and strategies are now in place and collaborative implementation involving all governments is now underway:

- › The Elective Surgery Waiting List Reduction Plan Stage 1 is now complete;
- › The National Healthcare Agreement under the Intergovernmental Agreement on Federal Financial Relations outlines priority areas for reform;
- › The Hospitals and Health Workforce Reform National Partnership Agreement seeks to make improvements:
 - › to health workforce capacity;
 - › to help support emergency departments;
 - › to access to sub-acute care; and
 - › by introducing nationally consistent activity based funding.



Improvements in hospital services take time to flow through and collaborative work continues with all Australian governments committed to ensuring that the agreed reforms are implemented.

Reducing waiting times for elective surgery

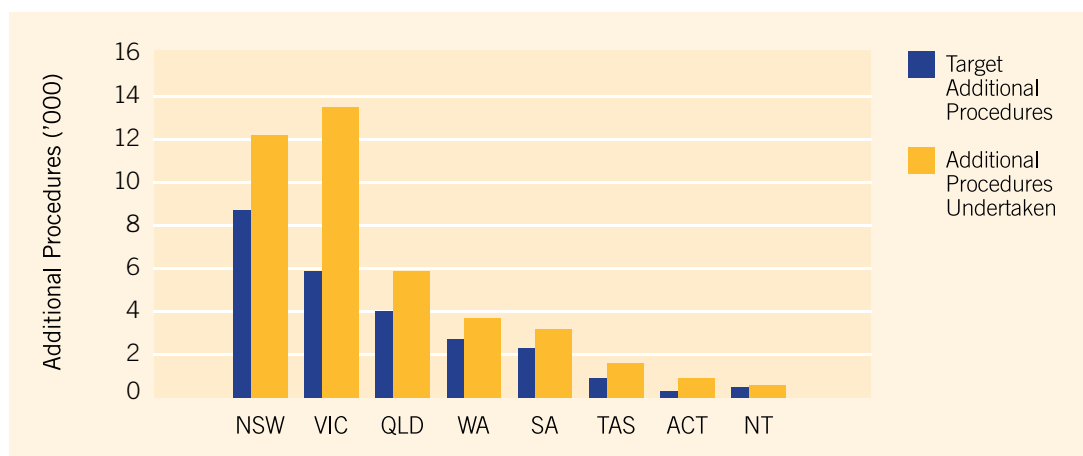
The \$600 million Elective Surgery Waiting List Reduction Plan involves three stages designed to improve elective surgery capacity and reduce the numbers of patients waiting longer than clinically recommended.

Stage one

Stage one provided \$150 million for a national blitz on elective surgery in 2008, targeting patients waiting longer than clinically recommended and included a public reporting regime.

A target of 25,278 additional procedures was agreed with states and territories for this first stage of the plan. By the end of 2008, 41,584 additional procedures were provided, 64 per cent more than planned. Quarterly reports on progress were also published online nationally and by hospital for each jurisdiction.

Figure 6.1 ALL HOSPITALS — number of target additional procedures and number undertaken, Elective Surgery Waiting List Reduction Plan Stage 1, January-December 2008



Stage two

Stage two provided \$150 million for system improvements and capital enhancements to improve the management of elective surgery in the long term.

Stage three

Stage three of the Plan will provide \$300 million as a reward to those states and territories that meet reduction targets in the numbers of patients waiting and increase the volume of surgery undertaken.

Part 6 Turning our public hospitals around

The National Healthcare Agreement

During 2008, the Council of Australian Governments (COAG) developed and agreed to a new Intergovernmental Agreement on Federal Financial Relations that includes the National Healthcare Agreement. This begins from 1 July 2009. As part of national financial relations reform, this agreement is one of several that streamline a myriad of payments to the states into priority areas including health and seeks to provide a solid basis for all governments to work together in areas of national importance.

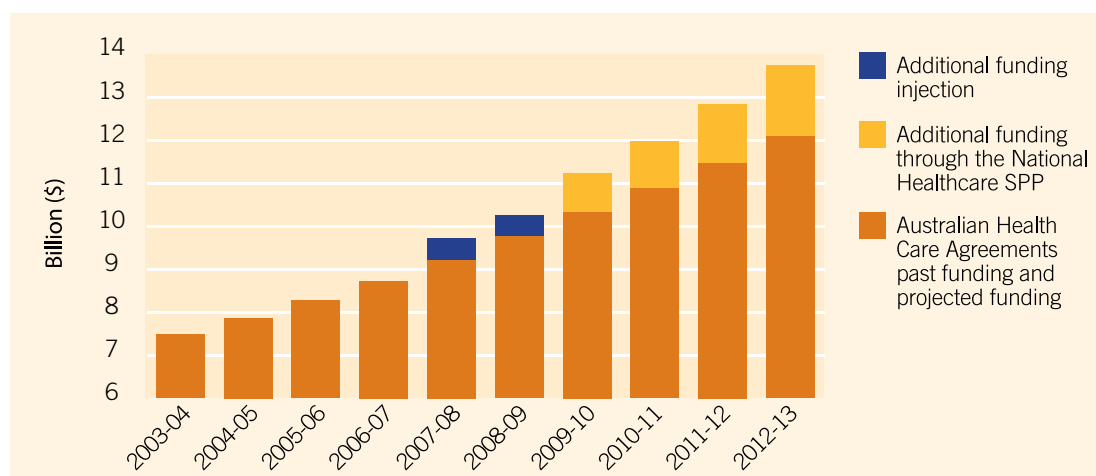
The scope of the National Healthcare Agreement is much broader than the previous Australian Health Care Agreements and includes objectives and accountability measures for prevention, primary and community health, hospital and related care, and aged care, as well as cross cutting themes of patient experience of the health system, social inclusion and Indigenous health and sustainability.

As a result, the states and territories will receive more than \$60 billion. As part of this reform, there is a stronger focus on achieving and monitoring outcomes and with less compliance burden upon the states and territories.

Funding under the new agreement will now be administered by the Commonwealth Treasury and includes a significant increase in funding to states and territories. This increase is a result of both an increase in base funding and a more generous indexation rate.

An increase to funding in 2007-08 and 2008-09 of \$500 million in each year was paid to the states and territories. The arrangements also increase funding from 2009-10 over and above that of the previous agreements. This allows public hospitals to provide more services than would have been possible if funding levels had continued on from the current agreements.

Figure 6.2 FUNDING — Australian Health Care Agreements & National Healthcare SPP, 2003-04 to 2012-13



Note: The amounts for 2003-04 to 2007-08 exclude Pathways Home payments (nearly \$253m total) made to achieve specific goals in relation to rehabilitation and step down facilities.

Better hospital performance

The new Agreement sets a new policy framework for our public hospitals that seeks to improve the ability of our hospitals to cope with increasing demand.

The broader scope of the agreement also strongly recognises that hospitals have an important role within the wider health system. There are important linkages and interfaces between primary care and hospitals in the way that patients are referred to and discharged from hospital.

The Agreement also includes priority and reform directions for public hospitals.

Outcome	Policy Directions	Priority reform
<p>Australians receive high quality hospital and hospital related care that is appropriate and timely.</p>	<p>Reduce waiting times for elective surgery and treatment in emergency departments.</p> <p>Increase the technical efficiency of public hospital services.</p> <p>Improve safety and quality of care and make service performance information available to patients.</p> <p>Provide more effective assessment and support of patients before admission and on discharge from acute care settings.</p>	<p>Move to a nationally consistent approach to activity based funding for services provided at public hospitals.</p> <p>Implement improvements in hospital quality and safety, building on the priorities of the Australian Commission on Safety and Quality in Healthcare.</p> <p>Increase the proportion of elective surgery patients treated within clinically recommended waiting times.</p> <p>Improve access to rehabilitation, post-acute and transition care services.</p> <p>Improve assessment of relative performance of public and private hospitals.</p> <p>Improve quality of data on non-admitted patient services.</p> <p>Improve levels of informed financial consent for private patients in public and private hospitals.</p>

Part 6 Turning our public hospitals around

This commitment also supports increased accountability to the community for progress against agreed outcomes. For hospital care, all governments have agreed that Australians should receive high quality hospital and hospital related care that is appropriate and timely. Progress will be measured against:

Outcome	Progress Measure	Output
Australians receive high quality hospital and hospital related care that is appropriate and timely.	<p>Waiting times for services.</p> <p>Selected adverse events in acute and sub-acute care settings.</p> <p>Unplanned/unexpected readmissions within 28 days of selected surgical admissions.</p> <p>Survival of people diagnosed with cancer (5 year relative rate).</p>	Rates of services provided by public and private hospitals per 1,000 weighted population by patient type.

In addition, all governments have agreed on these public hospital specific performance benchmarks for hospital and related care and are working together to progress change in these areas:

- › Administration: Within five years implement a nationally consistent approach to activity based funding for public hospital services, which also reflects the Community Service Obligations for small and regional hospital services.
- › Emergency Departments: By 2012-13, 80 per cent of emergency department presentations are seen within clinically recommended triage times as recommended by the Australasian College of Emergency Medicine.
- › Quality and Safety: The rate of Staphylococcus aureus (including Methicillin-resistant Staphylococcus aureus) bacteraemia is no more than 2.0 per 10,000 occupied bed days for acute care public hospitals by 2011-12 in each state and territory.

These measures and benchmarks will be developed by, and provide a basis for, regular public reporting by the independent COAG Reform Council as part of overall national reporting. Reporting is designed to assist the public in assessing governments' progress against performance benchmarks.

Supporting this accountability framework is admitted patient care, elective surgery waiting times, emergency department care, outpatient and public hospital establishment data to support public hospital reporting and transparency.

The Hospitals and Health Workforce Reform National Partnership Agreement

As well as the broad National Healthcare Agreement, all governments have committed to addressing immediate pressures in health including those on public hospitals through the Hospitals and Health Workforce Reform National Partnership Agreement with total funding of around \$3 billion.

To ease the pressure on our emergency departments, \$750 million has been provided to the states and territories to improve the numbers of patients treated within clinically recommended times and decrease the numbers of patients experiencing difficulties in accessing hospital wards when needed.

The importance of sub-acute care is recognised through the provision of \$500 million to improve care in rehabilitation, palliative care, geriatric evaluation and management and psychogeriatric care within both hospital and community settings. A 5 per cent per annum service increase target is set and reforms will also seek to improve the availability of services in regional areas.

An additional \$153 million is committed to introduce nationally consistent activity based funding for public hospital services. After development, this will enhance accountability in the delivery of hospital services across all jurisdictions to drive efficiency and permit direct comparison of the costs of delivering services between hospitals and states and eventually across the public and private hospital sectors.

A further major challenge for health care is in ensuring health workforce capacity, efficiency and productivity can meet future need with funding of \$1.6 billion over four years.

These initiatives are also supported by a reporting regime to ensure progress against implementation and also to ensure objectives are being met. Annual reporting under the partnership is required.



Part 6 Turning our public hospitals around

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Part 7 Indigenous Australians in hospital

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Part 7 Indigenous Australians in hospital

How did hospital care differ for Indigenous Australians?

Overall, Indigenous Australians experienced significantly poorer health than non-Indigenous Australians. The disparities in health include a much higher occurrence of a wide range of illnesses and chronic diseases, higher prevalence of many stressors impacting on social and emotional well-being, as well as higher death rates among Indigenous Australians. The major cause of early death among Indigenous Australians is chronic disease, much of which is caused by behavioural factors such as smoking and obesity. Evidence shows that chronic diseases (including the impact of some risk factors) are responsible for 70 per cent of the health gap: cardiovascular disease, diabetes, mental disorders, and chronic lung disease are major concerns.

The term “Indigenous” is used to include people who identify as Aboriginal, those who identify as Torres Strait Islander and those who identify as both Aboriginal and Torres Strait Islander. The term “non-Indigenous” or “other” includes those who are not classified as Indigenous, as well as those for whom Indigenous status is not recorded.

The Australian Bureau of Statistics estimated the resident Aboriginal and Torres Strait Islander population of Australia at 517,043 as of 30 June 2006, representing 2.5 per cent of Australia’s total population.

The quality of data provided for the Indigenous status of hospital patients continues to improve. However, data does remain limited by the accuracy with which Indigenous patients are identified in hospital records. Therefore, the number of hospital admissions recorded as Indigenous is likely to be an underestimation of all hospitalisations. Data on Indigenous status in this chapter should therefore be interpreted with some caution.



How many Indigenous Australians were admitted to Australian hospitals?

There were over 276,000 admissions to hospitals by Indigenous identified patients, of which nearly 93 per cent were admissions to public hospitals. Just over 20,000 Indigenous patients were admitted to private hospitals.

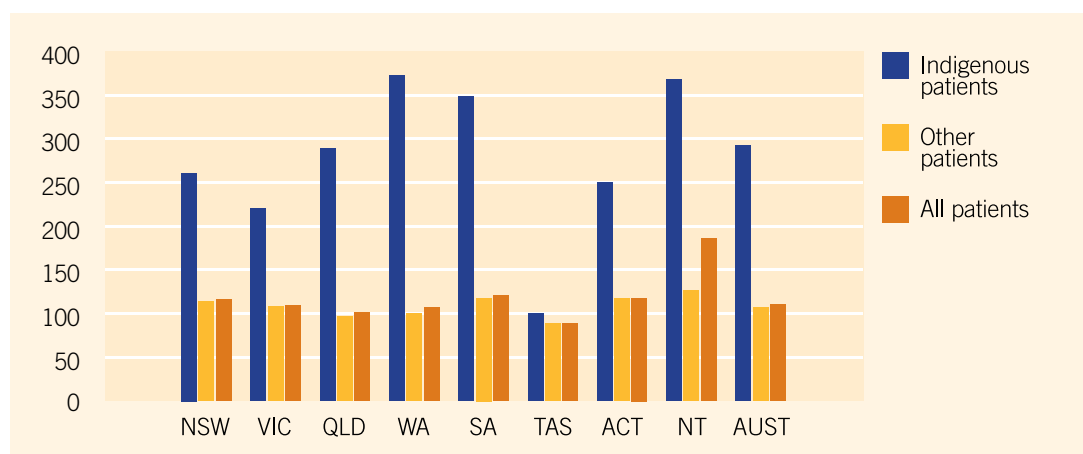
TABLE 7.1 INDIGENOUS PATIENTS — number of patients admitted, all hospitals, states and territories 2007–08

	Public hospitals	Private hospitals	Total
New South Wales	53,136	1,053	54,189
Victoria	12,351	619	12,970
Queensland	64,885	4,420	69,305
Western Australia	42,686	12,131	54,817
South Australia	17,332	1,114	18,446
Tasmania	2,611	n.p.	n.p.
Australian Capital Territory	1,861	n.p.	n.p.
Northern Territory	61,563	n.p.	n.p.
Australia	256,425	20,015	276,440

n.p. – not published.

Indigenous Australians were admitted as overnight patients at a rate of 293 per 1,000 Indigenous Australian population. This is more than twice the rate for all Australians (111 per 1,000 total Australian population).

FIGURE 7.1 INDIGENOUS PATIENTS — overnight admissions per 1,000 population by Indigenous status, public hospitals, states and territories, 2007–08



Part 7 Indigenous Australians in hospital

The average length of stay for Indigenous patients admitted to a public hospital overnight was 5.6 days compared with 6.5 for non-Indigenous patients. In private hospitals, the average length of stay for Indigenous patients admitted overnight was 5.2 days, compared with 5.4 days for non-Indigenous patients.

TABLE 7.2 INDIGENOUS PATIENTS — average length of stay (days) for overnight admitted patients by Indigenous status, all hospitals, states and territories, 2007–08

	Public hospitals		Private hospitals	
	Indigenous	Other	Indigenous	Other
New South Wales	5.3	6.8	8.3	5.5
Victoria	5.5	6.3	7.0	5.6
Queensland	5.9	6.1	4.9	5.5
Western Australia	5.3	6.4	4.4	5.0
South Australia	5.7	7.2	4.7	5.0
Tasmania	5.4	7.4	n.p.	n.p.
Australian Capital Territory	6.6	6.3	n.p.	n.p.
Northern Territory	6.1	5.8	n.p.	n.p.
Australia	5.6	6.5	5.2	5.4

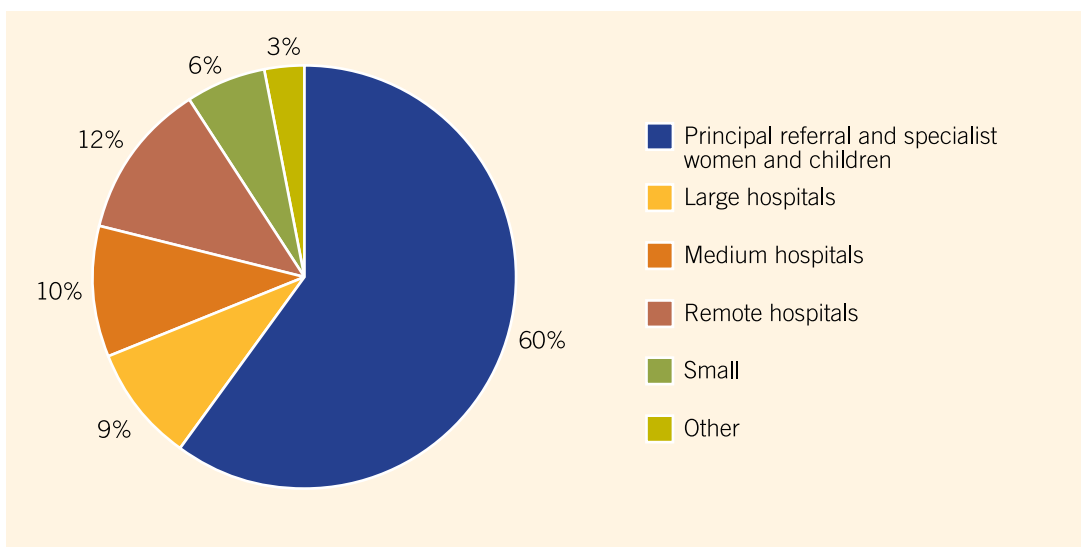
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What types of hospitals were Indigenous Australians admitted to?

Approximately 60 per cent of Indigenous admissions were to principal referral hospitals and specialist women and children's hospitals.

FIGURE 7.2 INDIGENOUS PATIENTS — percentage of admissions by public hospital type, Australia, 2007–08



Part 7 Indigenous Australians in hospital

Why were Indigenous Australians admitted to hospitals?

Indigenous Australians are admitted to hospitals at a higher rate than other Australians. While Indigenous Australians represent 2.5 per cent of the total population, they comprise 6 per cent of total public hospital admissions.

Around 42 per cent of all Indigenous hospitalisations relate to care involving dialysis, around six times more than the next most frequent admission type.

TABLE 7.3 INDIGENOUS PATIENTS — main reason for admission, all hospitals, Australia, 2007–08

Main reason for admission	Indigenous	Total Indigenous admissions (%)
Care involving dialysis	115,279	42.5
Injury, poisonings and certain other consequences of external causes	19,919	7.3
Pregnancy, childbirth and the puerperium	19,333	7.1
Diseases of the respiratory system	16,601	6.1
Diseases of the digestive system	14,325	5.3
Symptoms, signs and abnormal clinical laboratory findings, not elsewhere classified.	11,875	4.4
Mental and behavioural disorders	11,283	4.2
Factors influencing health status and contact with health services (without care involving dialysis)	10,050	3.7
Diseases of the circulatory system	8,552	3.2
Other	44,073	16.2
Total	271,290	100

Note: Excludes data from the Australian Capital Territory and Tasmania hospitals and the Northern Territory private hospital.

Indigenous Australians and elective surgery

There were around 11,500 Indigenous patient admissions to hospitals in 2007-08 for elective surgery.⁸

The most common elective surgery procedure in public hospitals for Indigenous Australians in 2007-08 was removal of cataracts, followed by tonsillectomy and cholecystectomy (gall bladder removal).

TABLE 7.4 INDIGENOUS PATIENTS — number of admissions by indicator procedure, public hospitals, Australia, 2007-08

Surgical treatment type	Admissions
Cataract extraction	673
Tonsillectomy	515
Cholecystectomy	478
Cystoscopy	376
Myringotomy	301
Hysterectomy	218
Myringoplasty	194
Inguinal herniorrhaphy	189
Coronary artery bypass graft	133
Total knee replacement	74
Haemorrhoidectomy	51
Septoplasty	43
Prostatectomy	41
Varicose veins strip & ligation	36
Total hip replacement	35
Not applicable/not stated	8,066
Total	11,423

The median waiting time for elective surgery for Indigenous Australians in 2007-08 was 37 days compared with 34 days for non-Indigenous Australians.

TABLE 7.5 INDIGENOUS PATIENTS — median waiting time (days), all elective surgery procedures by Indigenous status, public hospitals, Australia, 2007-08

	Median wait (days)
Indigenous	37
Other	34

⁸ Public patient services provided by private hospitals, such as the Mersey Community Hospital in Tasmania, that are also required to contribute to national data collections are included in this chapter.

Part 7 Indigenous Australians in hospital

Indigenous Australians and public hospital emergency departments

There were over 242,000 emergency department presentations by Indigenous Australians in 2007–08, representing almost 4.4 per cent of all patients presenting to an emergency department.

TABLE 7.6 INDIGENOUS PATIENTS — number and proportion of Indigenous presentations to emergency departments, public hospitals, states and territories, 2007–08

	Indigenous presentations	All presentations	Indigenous presentations of total Australian presentations (%)
New South Wales	60,475	1,962,496	3.1
Victoria	16,290	1,352,129	1.2
Queensland	54,870	948,921	5.8
Western Australia	43,991	560,688	7.8
South Australia	7,432	364,549	2.0
Tasmania	4,342	124,853	3.5
Australian Capital Territory	1,706	98,441	1.7
Northern Territory	53,324	125,119	42.6
Australia	242,430	5,537,196	4.4

Note: The total number of presentations shown above includes 5.4 million (emergency type visits) presentations plus other non-emergency visits such as patients in transit, planned admissions and pre-arranged admissions.

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What type of maternity services did Australian hospitals provide?

Public and private hospitals in Australia provide a variety of maternity services. Maternity services may also be referred to as obstetric services and include births, antenatal and postnatal hospital services and childbirth education.

In Australia, you can choose to have your baby in a public hospital (as a public or private patient) or as a private patient in a private hospital.

In a public hospital, patients are normally attended to by hospital midwives during uncomplicated labour and postnatal care. Other specialists and general practitioner obstetricians may be called upon when obstetric interventions are deemed necessary.

In a private hospital, private patients are normally attended to during labour and postnatal care by the same obstetrician who looked after them during the pregnancy.

Most women give birth in hospitals in a conventional labour ward setting. In 2006, 97.3 per cent of women who gave birth, gave birth in hospitals. Public hospitals deliver a significant proportion of antenatal care (55 per cent), as do private obstetricians (30 per cent), while GPs deliver 15 per cent of such care. Australian women also use other models of care such as hospital birthing centres and antenatal and postnatal care in community settings.^{9, 10}



A newborn baby is accommodated in hospital with the mother and is not considered to be a patient of the hospital unless the baby requires treatment in a neonatal special care unit, is the second (or subsequent) baby in the case of a multiple birth, or is more than nine days old.

Special care units monitor and care for babies who are suffering from an illness or disability, or who are at serious risk of illness that requires specialist medical care, nursing attention and hospital treatment.

9 Australian Institute of Health and Welfare, Australia's mothers and babies, 2006.

10 Commonwealth of Australia (2009) Improving Maternity Services in Australia: The Report of the Maternity Services Review, Commonwealth of Australia, Canberra.

What types of obstetric services were available and how many were performed?

Babies are born through either vaginal or caesarean delivery. A caesarean may be required as determined by the treating obstetrician or as a result of an emergency occurring during labour. Over 86,000 caesareans were conducted Australia wide, with 64 per cent in public hospitals.

TABLE 8.1 DELIVERIES — number of caesarean and vaginal deliveries performed by hospital type, Australia, 2007–08

	Public Hospitals	Private Hospitals	All Hospitals
Caesarean deliveries	55,173	31,377	86,550
Vaginal deliveries	150,718	43,240	193,958
Total deliveries	205,891	74,617	280,508

In 2007-08 public hospitals in Australia provided over 1.6 million obstetric outpatient services.¹¹ These services included antenatal and postnatal hospital services and childbirth education.

TABLE 8.2 MATERNITY SERVICES — number of individual obstetrics outpatient services in larger public hospitals, states and territories, 2007–08

	Occasions of service
New South Wales	741,350
Victoria	309,826
Queensland	353,292
Western Australia	36,676
South Australia	96,176
Tasmania	47,862
Australian Capital Territory	43,036
Northern Territory	16,607
Australia	1,644,825

¹¹ Public patient services provided by private hospitals, such as the Mersey Community Hospital in Tasmania, that are also required to contribute to national data collections are included in this chapter.

Part 8 Our maternity services

How long did most women remain in hospital?

Overall, the average length of stay for woman admitted to give birth in Australia was 3.7 days. The average length of stay in private hospitals was 4.8 days, 1.5 days longer than in public hospitals (3.3 days).

TABLE 8.3 MATERNITY SERVICES — average length of stay (days) of mothers who gave birth, by hospital type, states and territories, 2007–08

	Public hospitals	Private hospitals	All hospitals
New South Wales	3.5	5.0	3.7
Victoria	3.3	4.8	3.8
Queensland	2.9	4.5	3.4
Western Australia	3.5	5.4	4.1
South Australia	3.7	5.0	4.0
Tasmania	3.3	4.3	3.7
Australian Capital Territory	3.0	4.8	3.7
Northern Territory	4.5	4.8	4.5
Australia	3.3	4.8	3.7



How much did it cost to deliver a baby?

The average cost of delivering a baby in Australian public hospitals ranged from \$13,326 for a caesarean delivery with catastrophic complications to \$3,462 for a single, uncomplicated vaginal delivery in 2006-07, the latest year for which this data is available.

Direct comparisons of total patient costs cannot currently be made between private and public hospitals. Private hospital treatment may include medical, pharmacy and pathology costs that are not included in existing private hospital cost information. These costs are included in public hospital cost information.

In Australian private hospitals, hospital costs range from \$7,353 for a caesarean delivery with catastrophic complications to \$3,658 for a single, uncomplicated vaginal delivery. Other costs may be incurred but cannot be reported here.

TABLE 8.4 MATERNITY SERVICES — average cost, by hospital type, 2006–07

	Public Hospitals (\$)	Private Hospitals (\$)
Caesarean delivery with catastrophic complications	13,326	7,353
Caesarean delivery with severe complications	8,805	5,610
Caesarean delivery without catastrophic or severe complications	7,085	5,097
Vaginal delivery with OR procedures and catastrophic complications	7,200	5,027
Vaginal delivery with OR procedures and without catastrophic complications	5,350	4,532
Vaginal delivery with catastrophic complications	5,995	4,535
Vaginal delivery without catastrophic complications	4,205	4,090
Vaginal delivery single uncomplicated	3,462	3,658
Antenatal and other obstetric admissions	2,220	1,436
Antenatal and other obstetric admissions, same-day	580	242

Source: National hospital cost data collection, Round 11 (2006-07).

Note: Private hospital average costs do not include costs not incurred by the hospital. For example, medical, pharmacy and prostheses costs.



Part 8 Our maternity services

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Part 9 State and Territory public hospital performance reporting

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State and Territory public hospital performance reporting

Most states and territories report information on their individual public hospitals in annual or quarterly reports that are published on State and Territory Government Health Department websites. In addition to these, some states and territories also provide websites that allow individuals to access comparative data, for example on elective surgery waiting times for common procedures across hospitals.

This chapter provides a summary of the reports states and territories publish online.



New South Wales



NSW Health provides a series of reports on a monthly and quarterly basis detailing the activity and performance of its public hospitals and health services. These reports can be found at:

<http://www.health.nsw.gov.au/reports/index.asp>

The reports cover a broad range of measures for services provided for patients admitted to hospital, patients presenting to an emergency department and patients on the elective surgery waiting list, as well as services provided by the NSW Ambulance Service.

Emergency Departments

NSW Health collects and reports on emergency department patient activity from 86 hospitals throughout NSW, which represents over 80 per cent of all emergency department activity in the state and covers all the metropolitan and larger rural hospitals. Information is provided monthly at both the hospitals and summary level on triage activity and emergency admissions to hospital.

Elective Surgery-Waiting Times

The monthly reports on elective surgery waiting times cover all patients booked on the NSW public hospital waiting list for planned surgery/clinical care. The reports provide detail for the 99 hospitals providing booked surgery in NSW and accounts for 100 per cent of this activity. The reports provide detail by hospital and by clinical specialty on activity and performance for booked surgery and other booked clinical procedures.

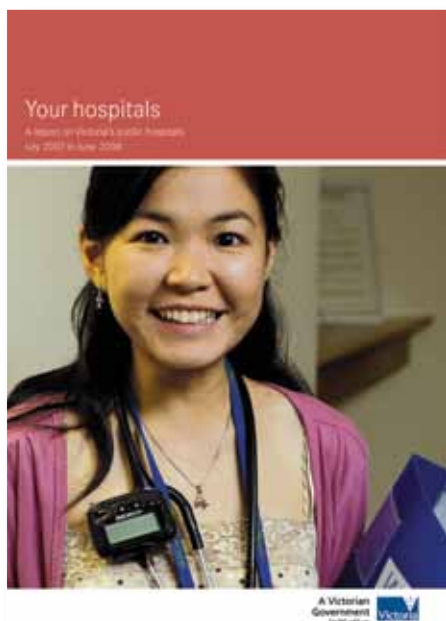
Ambulance Activity

Monthly reports on the activity and performance of the NSW Ambulance Service are provided at a summary and detailed hospital level, showing the number of patients being transported and the ambulance response times.

Hospital Activity and Performance

Detail on admitted patients at both a summary level and at a detailed level for the 41 largest hospitals in the state, are provided on a quarterly basis in the *NSW Health Quarterly Hospital Performance Report*. This report details activity on births and patients admitted to NSW public hospitals, as well as detail on emergency department care and waiting list activity on a quarterly basis and covers two years of data.

Victoria



Your Hospitals Report

Public hospital performance in Victoria is published in *Your Hospitals* report. The report aims to provide Victorians with an insight into public hospital performance, by focusing on key areas of service delivery and explaining their achievements and challenges. The report provides individual hospital data for the number of admissions, emergency department presentations and the number of patients on elective surgery waiting lists. The report also includes information on patient satisfaction and is designed to inform the public on achievements and challenges in the provision of public health services.

The report is available on the Victorian Department of Human Services website at:

<http://www.health.vic.gov.au/yourhospitals/index.htm>

Elective surgery

The *Your Hospitals* report provides statewide performance data on a range of elective surgery measures. To complement this information, the website provides more detailed information about treatment times for elective surgery at individual hospitals.

Elective surgery information can be found at:

<http://www.health.vic.gov.au/yourhospitals/elective/index.htm>

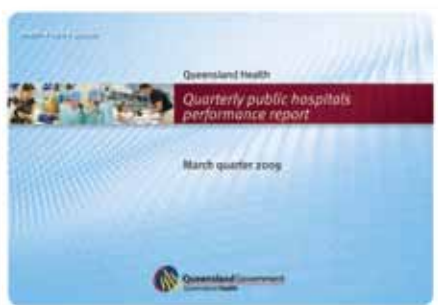
Your Health Report

The *Your Health* report provides information on the health of Victorians. The report from Victoria's Chief Health Officer, aims to inform the community, including health planners, researchers, policy analysts and students, about the health of Victorians.

The *Your Health* report can be found at:

http://www.health.vic.gov.au/healthstatus/your_health/index.htm

Queensland



Queensland Health publishes performance information on its website at:

<http://www.health.qld.gov.au/performance/default.asp>

Quarterly Public Hospitals Performance Report

The *Quarterly Public Hospitals Performance Report* provides a summary of public hospital activity and performance, with comparative information across public hospitals regarding emergency departments, emergency admissions, hospital activity, elective surgery and staffing. The report highlights to the public areas of high demand and performance improvements, as well as a rotating 'Special Focus' topic.

This report is important in terms of public accountability, transparency and openness and is also used within Queensland Health to identify areas where performance can improve.

Elective Surgery

The *Elective Surgery Waiting List Reduction Plan Report* is published quarterly to provide information on elective surgery performance additional to that within the *Quarterly Public Hospital Performance Report*. It is designed to assist patients to make informed choices about their healthcare options.

Emergency Departments

The *Emergency Department Status Report* provides an indication of how busy the major emergency departments are at 10am each day by reporting the bypass status for each hospital. The report also includes current strategies hospitals have put in place to accommodate patients requiring access to emergency department care.

13HEALTH Performance Report

The *13HEALTH Performance Report* is published monthly to describe the service's activity and performance. 13HEALTH is designed to give easy access to health advice, information, referral and triage services for Queenslanders for the cost of a local call.

Hospital Activity

Summary counts are provided by month for the current financial year and the previous three financial years for admitted patient episodes of care, non-admitted patient occasions of service and unqualified newborns for all Queensland public hospitals combined, Queensland Health Districts and each of the top 28 public acute hospitals.

Detailed data for the last three years is available at:

http://www.health.qld.gov.au/hic/QHID/Hospital_Activity/default.asp

Western Australia



The WA Public Hospital Activity Website

The *WA Public Hospital Activity Website*, launched on 12 February 2009, provides accessible up-to-date information on hospital activity in Perth metropolitan emergency departments, as well as information about public hospital beds in Perth and the country. The website includes information on emergency department locations, health care services and links to publications and reports. The website is a significant

step in improving the transparency and accountability of the WA health system.

<http://www.health.wa.gov.au/EmergencyActivity/home/index.cfm>

Emergency Departments

Summary data is provided on emergency department (ED) daily and weekly activity including ED attendances and admissions and ambulance diversions. Current activity in metropolitan EDs is also provided. Updated every six minutes, it includes whether an ED is on ambulance diversion, the average waiting times and the number of patients waiting to be seen.

Hospital Beds

Beds data are updated on a weekly basis for metropolitan hospitals and on a monthly basis for country hospitals. Figures are provided on the number of both same-day and overnight beds available and the number of these that are ready for, or are already, in use.

<http://www.health.wa.gov.au/EmergencyActivity/beds/index.cfm>

Elective Surgery

The monthly reports contain information about the number of persons on Elective Surgery Wait Lists (ESWLs) that are maintained by public hospitals in Western Australia. These reports provide information about the number of cases registered on wait lists, the length of time people have been on these lists, the category of severity and the number of admissions to hospitals for surgery from the ESWLs.

<http://www.health.wa.gov.au/ElectiveSurgery/waitinglist/>

WA Health Performance Quarterly Report

The *WA Health Performance Quarterly Report* provides comparative quarterly summary statistics on the health performance of WA public hospitals covering separations, elective surgery wait list activity, emergency department attendances and admissions, mental health admissions/outpatient attendances, available beds and occupancy, ambulatory surgery initiative cases, dental clinic visits and GP after hours clinic attendances.

<http://www.health.wa.gov.au/publications>

South Australia



Elective surgery

Extensive data on elective surgery are published on the Department's website. The *Elective Surgery Website Report* provides a quarterly performance snapshot for the state and includes data on timely admissions, median waiting times and patients waiting more than 12 months. The website includes detailed data by hospital and procedure, which is aimed at helping general practitioners and members of the public to select hospitals with the shortest waiting times for elective surgery.

The elective surgery website can be viewed at:

<http://www.health.sa.gov.au/electivesurgery/>

The *Elective Surgery Website Report* can be viewed at:

<http://www.health.sa.gov.au/ELECTIVESURGERY/Default.aspx?tabid=66>

Public hospital activity statistics

The Department publishes hospital activity data on its website, including total separations, total patient days, average length of stay and emergency department presentations. Data are updated quarterly in a series of tables that identify individual hospitals. The website provides a basic information service on public hospital activity to members of the public. This data can be viewed at:

<http://www.health.sa.gov.au/Default.aspx?tabid=416>

There are plans to make the website more valuable over the coming months. Firstly, the range of indicators is to be expanded with an emphasis on publishing indicators of hospital performance (eg, emergency department waiting times). Secondly, the frequency of reporting is to increase from quarterly to monthly.

Annual reports

Regions within SA Health publish varying levels of hospital statistics in their annual reports. For example the *Annual Report of the Southern Adelaide Health Service* includes performance and activity based data for individual hospitals, while a performance snapshot and detailed activity data are included in the annual report of the *Children, Youth and Women's Health Service*.

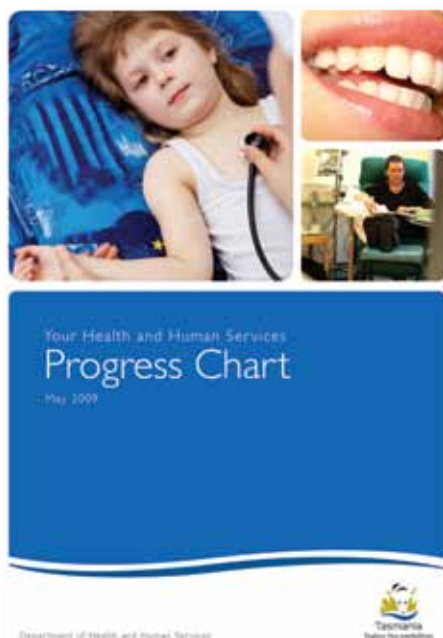
The *Southern Adelaide Health Service Annual Report* can be found at:

<http://www.southernhealth.sa.gov.au/aboutus/pages/news/6836/>

The *Children, Youth and Women's Health Service Annual Report* can be found at:

<http://www.cywhs.sa.gov.au/Content.aspx?p=476>

Tasmania



Your Health and Human Services Progress Chart

The Tasmanian *Your Health and Human Services Progress Chart* is produced quarterly by the Department of Health and Human Services to provide performance information to the community for individual hospitals and is available online. The chart provides performance information for individual hospitals on inpatient activity; outpatient clinic numbers; emergency department activity and performance; readmission rates; elective surgery activity, performance and waiting times; and ambulance activity and response times.

The progress chart can be viewed at:

http://www.dhhs.tas.gov.au/news_and_media

Elective Surgery

Your Health and Human Services Progress Chart contains some information on elective surgery performance. More detailed information on Tasmania's progress against the National Waiting List Reduction Plan is contained on the Department of Health and Ageing website at the link below.

<http://health.gov.au/internet/main/publishing.nsf/Content/elective-surgery>

Tasmania is developing its own website to publish elective surgery data and basic information and will be developed to include surgeon level data.

Tasmania's elective surgery improvement plan can be found here:

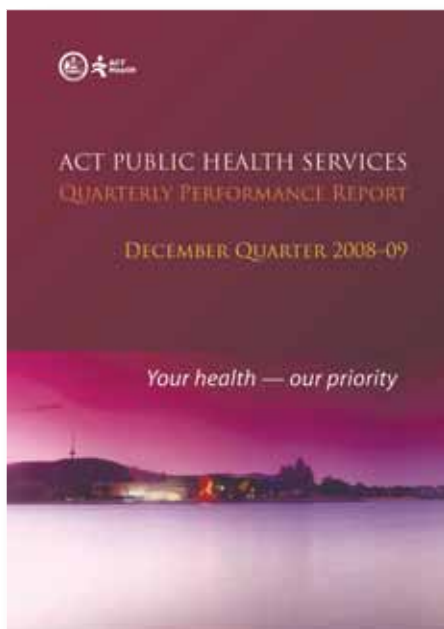
http://www.dhhs.tas.gov.au/news_and_media/?a=36104

Annual Report

Some additional performance information is contained within the *Department of Health and Human Services Annual Report*.

http://www.dhhs.tas.gov.au/about_the_department/publications/annual_reports

Australian Capital Territory



ACT Public Health Services Quarterly Performance Report

The *ACT Public Health Services Quarterly Performance Report* is a consolidated quarterly activity report on the performance of ACT Health services. The report focuses on the major strategic priorities as well as showing levels of activity. The report provides the people of the ACT with a single information source to measure success of ACT Health's provision of high quality, accessible public health services. This report can be found at:

<http://health.act.gov.au/c/health?a=da&did=10011741&pid=1139962687>

Elective Surgery

The report gives an overview of ACT Health's participation in the Commonwealth funded Elective Surgery Waiting List Reduction Plan. The report provides some elective surgery statistics and indicators identified as relevant to this initiative.

<http://health.act.gov.au/c/health?a=da&did=10011741&pid=1212366531>

Surgeon Waiting Times Operating Sessions

The following website provides ACT residents with the most complete and up to date waiting list information at hospital level by specialty and by surgeon.

<http://health.act.gov.au/c/health?a=&did=10079901>

The following are other reports that provide health related information and statistics specific to the ACT.

ACT Health Annual Report 2007-08

<http://health.act.gov.au/c/health?a=da&did=10009129&pid=1222755144>

ACT Chief Health Officer's Report

<http://www.health.act.gov.au/c/health?a=da&did=10062776&pid=1219973488>

Northern Territory



Annual Report

The Northern Territory's Department of Health's *Annual Report* is the best source for individual hospital reporting in the Northern Territory.

Produced annually, the report provides information on the average length of stay as well as weighted separations by Indigenous status, and major diagnostic categories. The most recent version available online is 2007-2008.

This report can be found at:

http://www.health.nt.gov.au/Publications/Corporate_Publications/Annual_Report_2007-2008/index.aspx

Northern Territory Department of Health hospital performance reporting

Other hospital performance information for the Northern Territory is available in publications produced by the Australian Institute of Health and Welfare and National Hospital Cost Data Collection.

Elective Surgery

Wait list reduction plan quarterly reporting is available at:

http://www.health.nt.gov.au/Elective_Surgery/Australian_Government_waiting_list_reduction_plan/index.aspx

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Appendix

Published sources used in this report

Australian Government Department of Health and Ageing (2007), National Hospital Cost Data Collection–Cost Report–Round 11 (2006–07), Department of Health and Ageing, Canberra

Australian Institute of Health and Welfare (2009), Australian hospital statistics 2007–08, AIHW, Canberra

Australian Institute of Health and Welfare (2008), Australia’s mother’s and babies, 2006

Australian Institute of Health and Welfare (2008), Health expenditure Australia 2006–07, AIHW, Canberra

Commonwealth of Australia (2009) Improving Maternity Services in Australia: The Report of the Maternity Services Review, Commonwealth of Australia, Canberra.

National Health Information Standards and Statistics Committee (2007), National Health Data Dictionary (Version 14), Australian Institute of Health and Welfare, Canberra

Useful websites

Australian Government

The Department of Health and Ageing <http://www.health.gov.au>

Australian Institute of Health and Welfare <http://www.aihw.gov.au>
<http://www.aihw.gov.au/hospitals/index.cfm>

The Australian Bureau of Statistics <http://www.abs.gov.au>

HealthInsite- quality information about human health <http://www.healthinsite.gov.au>

National Health Data Dictionary <http://www.aihw.gov.au/publications/index.cfm/title/10608>

State and Territory Governments

See Chapter 9 of this report for details of links to specific State and Territory Government information.

Other sources of information

Australian Commission on Safety and Quality in Health Care <http://www.safetyandquality.gov.au/>

Cochrane Consumer Network <http://www.cochrane.org/consumers/about.htm>

Glossary

This glossary provides a 'plain English' explanation of terms used in this report. Readers seeking more robust technical definitions should refer to the *National health data dictionary*.

Accreditation is a process to verify that a hospital meets specified quality-related processes and clinical performance requirements.

Admission refers to a completed episode of hospital care which begins when a patient is admitted to a hospital. It ends when the patient is discharged from the hospital, is transferred to another hospital, changes type of care, or dies. In this report, the term has the same meaning as the term separation used in other statistical reports. Admissions may be same day or overnight admissions. Newborn babies requiring only routine care, episodes of posthumous organ procurement and hospital boarders (such as family members staying with sick relatives) are excluded from counts of admissions in this report.

Average length of stay is the total number of days for all admissions divided by the number of admissions.

Care type defines the type of service provided to an admitted patient during an episode of care. The main types are:

1. acute care, comprising surgical and acute medical services
2. rehabilitation
3. palliative care
4. geriatric evaluation and management
5. psychogeriatric care
6. maintenance care
7. newborn care
8. other admitted patient care (care which does not meet any of the above categories)
9. posthumous organ procurement
10. hospital boarders (generally well family members staying overnight with an admitted patient).

Where a patient's care type changes (for example, from acute care to rehabilitation), this is generally counted as a new admission, although the patient may not physically move from the hospital.

Elective surgery is any form of surgery that a patient's doctor or health professional believes to be necessary but which can be delayed by at least 24 hours.

Elective surgery waiting time is the time from the date a patient was added to the waiting list to the date the patient was admitted for the same procedure, less any time the patient was not ready for care.

Appendix

Emergency department waiting time is the time from when a patient presents to the emergency department to the time treatment begins.

Emergency surgery occurs in the most urgent or critical cases and generally needs to be performed within 24 hours.

If an admission meets the definition of an emergency, it is categorised as emergency, regardless of whether the admission occurred within 24 hours of such a categorisation being made, or after 24 hours or more.

Free-standing day surgery is a hospital facility providing investigation and treatment for acute conditions on a same-day basis only.

Hospital-in-the-home is the provision of care to admitted patients at their homes as a substitute for hospital accommodation.

Indicator Procedure is a procedure which is of high volume, and is often associated with long waiting periods.

Inpatient is a patient who is treated while staying in a hospital.

National Triage Scale was introduced into Australian Emergency Departments in January 1994, as a recommended means of categorising patients into urgency groups. The Scale aims to improve the waiting times of patients in the emergency department through early intervention and a more efficient use of resources and funding.

Occasion of service is a measure of service activity for outpatient facilities. Each discrete service activity, for example, each test or set of related tests, each consultation, or each treatment, counts as one occasion of service.

Patient type: Three categories of patient type are used in this report. The choice of category is determined primarily by the source of funding for the patient's care and secondarily by reference to the patient's recorded election status (public or private):

1. **Public** patients are those who are eligible for Medicare and elect to receive hospital services as a public patient in accordance with the *Australian Health Care Agreements*. A small proportion of public patients are treated in private hospitals (for example, under contractual arrangements managed by State and Territory Governments). Public services are generally free of charge.
2. **Private** patients are those who pay for their hospital expenses using private health insurance and/or their own funds. Private patients may be treated in public or private hospitals.
3. **Other** patients are those who do not meet the definition of either public or private patients. This category includes patients whose hospital expenses are paid for by the Department of Veterans' Affairs, the Department of Defence or compensation arrangements. This category also includes patients from correctional facilities. Any patient admission record with unknown funding source will be included here unless the patient's election status is clearly identified as public or private. Patients in this category may be treated in public or private hospitals.

Presentation (emergency department) refers to a non-admitted completed episode of care provided in a dedicated emergency department (in practice this excludes all patients who receive emergency style services at smaller hospitals). A presentation commences when a person is assigned a triage category and may then involve a waiting period before the person is seen by an emergency clinician. It ends when the person leaves the emergency department (for example, to home or transferred to another facility or is admitted to hospital), or if the person dies.



Principal diagnosis is the diagnosis established after study, to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment.

Private hospitals are privately owned and operated institutions. They include acute care and psychiatric hospitals and free-standing day surgeries.

Public hospitals are hospitals controlled by a state or territory health authority. They include acute care and psychiatric hospitals.

Recurrent expenditure is expenditure on goods and services that are ongoing, for example, expenditure on wages and salaries, medical and pharmaceutical supplies, and domestic services.

Specialist service units are located in a number of public hospitals and provide particular procedures to patients.

Surgical specialty describes an area of clinical expertise in surgery.

Triage category is used to indicate the urgency of a patient's need for medical and nursing care in an emergency department. An experienced nurse or medical practitioner assesses each patient arriving at an emergency department and rates each in one of five categories of descending urgency using the National Triage Scale.

Weighted population is a measure of the population of a state, territory or Australia adjusted to account for demographic differences in age and sex. This weighting enables fairer comparisons between jurisdictions, or over time, where variation in demographic differences may affect those comparisons.

Appendix

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