
10 Public hospitals

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Attachment tables

Attachment tables are identified in references throughout this chapter by a '10A' suffix (for example, table 10A.3). A full list of attachment tables is provided at the end of this chapter, and the attachment tables are available from the Review website at www.pc.gov.au/gsp.

Public hospitals are important providers of government funded health services in Australia. This chapter reports on the performance of State and Territory public hospitals, focusing on acute care services. It also reports separately on a significant component of the services provided by public hospitals — maternity services.

Major improvements in reporting on public hospitals this year include:

- inclusion of the following measures to align this Report with National Healthcare Agreement (NHA) and National Indigenous Reform Agreement (NIRA) indicators:
 - ‘unplanned/unexpected readmissions within 28 days of selected surgical admissions’ has replaced the ‘unplanned readmission rates’ indicator
 - ‘healthcare associated *Staphylococcus aureus* bacteraemia in acute care hospitals’ has replaced the ‘surgical site infection rates’ indicator
 - an indicator for ‘falls resulting in patient harm in hospitals’ has been included
 - an indicator for ‘intentional self harm in hospitals’ has been included.
- the ‘patient satisfaction’ indicator now includes information previously reported on responsiveness under the output indicator ‘patient satisfaction surveys’
- revisions to the definitions of two sentinel event categories to align with national definitions endorsed by Health Ministers in 2009, improving data comparability across states and territories
- better quality data for reporting on the indicator ‘vaginal birth following a previous caesarean’, with full coverage of births according to national definitions
- inclusion of some ‘data quality information’ (DQI) documentation.

10.1 Profile of public hospitals

Definition

A key objective of government is to provide public hospital services to ensure the population has access to cost-effective health services, based on clinical need and within clinically appropriate times, regardless of geographic location. Public hospitals provide a range of services, including:

- acute care services to admitted patients
- subacute and non-acute services to admitted patients (for example, rehabilitation, palliative care, and long stay maintenance care)
- emergency, outpatient and other services to non-admitted patients
- mental health services, including services provided to admitted patients by designated psychiatric/psychogeriatric units
- public health services

-
- teaching and research activities.

This chapter focuses on services provided to admitted patients and emergency services provided to non-admitted patients in public hospitals. These services comprise the bulk of public hospital activity and, in the case of services to admitted patients, have the most reliable data available. Data in the chapter include subacute and non-acute care services.

In some instances, stand-alone psychiatric hospitals are included in this chapter, although their role is diminishing in accordance with the National Mental Health Strategy. Under the strategy, the provision of psychiatric treatment is shifting away from specialised psychiatric hospitals to mainstream public hospitals and the community sector. The performance of psychiatric hospitals and psychiatric units of public hospitals is examined more closely in the mental health section of the ‘Health management’ chapter (reported in chapter 12).

Some common health terms relating to hospitals are defined in box 10.1. Other terms and definitions are included in section 10.8.

Box 10.1 Some common terms relating to hospitals

Patients

admitted patient: a patient who has undergone a formal admission process in a public hospital to begin an episode of care. Admitted patients can receive acute, subacute or non-acute care services.

non-admitted patient: a patient who has not undergone a formal admission process, but who may receive care through an emergency department, outpatient or other non-admitted service.

Types of care

Classification of care depends on the principal clinical intent of the care received.

acute care: clinical services provided to admitted or non-admitted patients, including managing childbirth, curing illness or treating injury, performing surgery, relieving symptoms and/or reducing the severity of illness or injury, and performing diagnostic and therapeutic procedures. Most episodes involve a relatively short hospital stay.

subacute care: interdisciplinary clinical care in which the need for care depends primarily on the patient's functional status and quality of life rather than the underlying medical diagnosis or the patient's prospects of recovery from illness. Subacute care includes rehabilitation, palliative care and some mental health care, as well as geriatric evaluation and management and psychogeriatric care. Common to all is the patient no longer meets criteria for classification as 'acute', but still requires therapeutic, clinically-intense and goal-directed care.

non-acute care: includes maintenance care and newborn care.

Hospital outputs

separation: an episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). Admitted patients who receive same day procedures (for example, renal dialysis) are included in separation statistics.

casemix-adjusted separations: the number of separations adjusted to account for differences across hospitals in the complexity of their episodes of care. Casemix adjustment is an important step to achieving comparable measures of efficiency across hospitals and jurisdictions.

(Continued on next page)

Box 10.1 (Continued)

non-admitted occasion of service: an occasion of examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service establishment. Services can include emergency department visits, outpatient services (such as pathology, radiology and imaging, and allied health services, including speech therapy and family planning) and other services to non-admitted patients. Hospital non-admitted occasions of service are not yet recorded consistently across states and territories, and relative differences in the complexity of services provided are not yet documented.

Other common health terms

AR-DRG (Australian refined diagnosis related group): a patient classification system that hospitals use to match their patient services (hospital procedures and diagnoses) with their resource needs. AR-DRG version 5.1 is based on the ICD-10-AM classification.

ICD-10-AM (the Australian modification of the International Standard Classification of Diseases and Related Health Problems): the current classification of diagnoses and procedures.

Source: AIHW (2006, 2008); NCCH (2008).

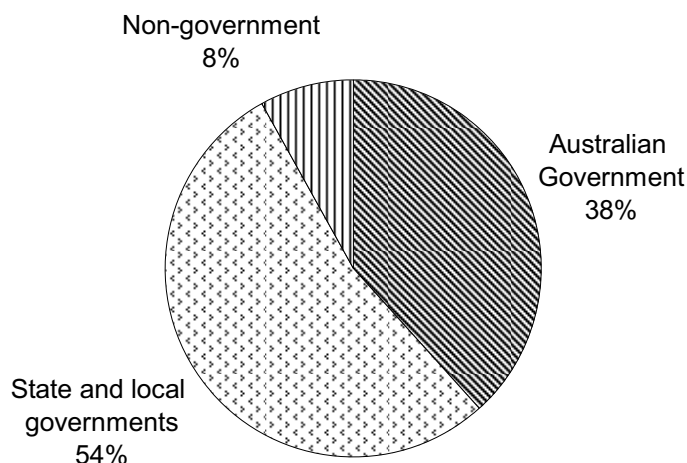
Funding

Total recurrent expenditure on public hospitals (excluding depreciation) was \$31.3 billion in 2008-09 (table 10A.1).

The majority of total public hospital recurrent expenditure is spent on admitted patients. Non-admitted patients account for a much smaller share. For selected public hospitals, in 2008-09, the proportion of total public hospital recurrent expenditure that related to the care of admitted patients (based on the admitted patient cost proportion) ranged from 68.0 per cent to 80.0 per cent across jurisdictions (AIHW 2010a).

Funding for public hospitals comes from a number of sources. The Australian, State and Territory governments, health insurance funds, individuals, and workers compensation and compulsory motor vehicle third party insurance contribute to expenditure on public hospitals. Governments contributed about 92.1 per cent of funding for public hospitals in 2008-09 (figure 10.1). Public hospitals accounted for 40.9 per cent of government recurrent expenditure on health services in 2008-09 (AIHW 2010b).

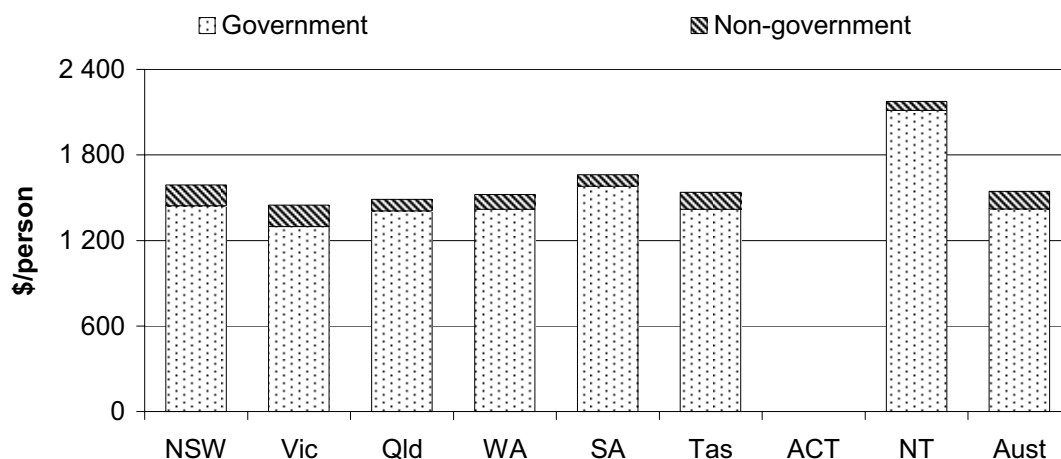
Figure 10.1 Recurrent expenditure, public hospitals, by source of funds, 2008-09



Source: AIHW (unpublished), Health expenditure database.

In 2008-09, public hospitals received \$2.6 billion from non-government sources (which equates to \$122.30 dollars per person) — an amount that accounted for 7.9 per cent of all recurrent expenditure (figure 10.2 and table 10A.2). Non-government expenditure in each jurisdiction comprised revenue from health insurance funds, individuals and workers' compensation and compulsory third-party motor vehicle insurers as well as other sources. The proportion of hospital revenue per person funded from non-government sources varied across jurisdictions in 2008-09 (figure 10.2).

Figure 10.2 **Source of public hospital recurrent expenditure, 2008-09^{a, b, c}**



^a Government expenditure excludes depreciation. Non-government expenditure on depreciation is included in recurrent expenditure. ^b Non-government expenditure includes expenditure by health insurance funds, individuals, workers' compensation, compulsory third-party motor vehicle insurers and other sources. ^c ACT per person figures are not calculated, as the expenditure numbers for the ACT include substantial expenditures for NSW residents. Thus the ACT population is not the appropriate denominator.

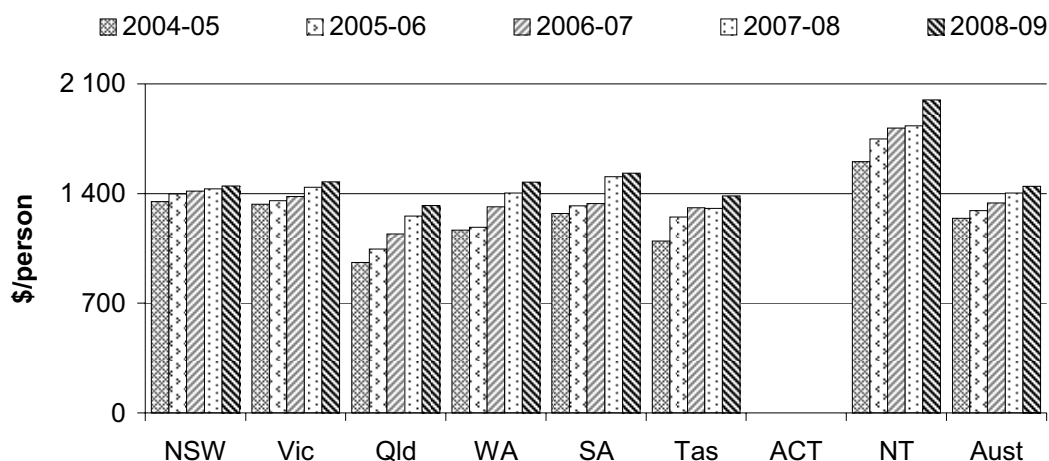
Source: AIHW (unpublished), Health expenditure database; ABS (unpublished), Australian Demographic Statistics, December Quarter 2009, Cat. no. 3101.0; table 10A.2.

Expenditure data in figures 10.1 and 10.2 are from *Health Expenditure Australia 2008-09* (AIHW 2010b) and are not directly comparable with other expenditure data used in this chapter, which are drawn from *Australian Hospital Statistics 2008-09* (AIHW 2010a). The data in *Health Expenditure Australia* have a broader scope than the data in *Australian Hospital Statistics* and include some additional expenditures (such as those relating to blood transfusion services) (AIHW unpublished).

In 2008-09, government real recurrent expenditure on public hospitals was \$1446 per person for Australia, up from \$1242 in 2004-05 (in 2008-09 dollars) (figure 10.3). It is difficult to make comparisons between jurisdictions based on these recurrent expenditure data due to differences in the coverage of the data. Some of the differences are:

- the inclusion, by some jurisdictions, of expenditure on community health services as well as public hospital services
- the exclusion, by some jurisdictions, of expenditure on privately owned or privately operated hospitals that have been contracted to provide public hospital services.

Figure 10.3 Real recurrent expenditure per person, public hospitals (including psychiatric) (2008-09 dollars)^{a, b, c, d, e, f, g}



^a Expenditure data exclude depreciation and interest payments. ^b Recurrent expenditure on purchase of public hospital services at the State, or area health service level, from privately owned and/or operated hospitals is excluded. ^c Expenditure data are deflated using the hospital/nursing home care price index from AIHW (2010b). ^d Queensland pathology services were purchased from a Statewide pathology service rather than being provided by hospital employees. ^e Data for WA from 2006-07 include expenditure for public patients at Joondalup and Peel Health Campuses. Expenditures for these patients are not included in previous years. ^f For Tasmanian hospitals for 2004-05 and 2005-06, data for one hospital are not included. ^g ACT per person figures are not calculated, as the expenditure numbers for the ACT include substantial expenditures for NSW residents. Thus the ACT population is not the appropriate denominator.

Source: AIHW (various years), *Australian hospital statistics*, Health Services Series, Cat. nos HSE 41, 50, 55, 71 and 84; AIHW (2010), *Health expenditure Australia 2008-09*, Health and Welfare Expenditure Series No. 42, Cat. no. HWE 51. Canberra, AIHW; ABS (unpublished), *Australian Demographic Statistics*, December Quarter 2007, Cat. no. 3101.0; table 10A.3.

Size and scope of sector

There are several ways to measure the size and scope of Australia's public hospital sector. This chapter reports on: the number and size of hospitals; the number and location of public hospital beds; the number and type of public hospital separations; the proportion of separations by age group of the patient; the number of separations and incidence of treatment, by procedure and Indigenous status of the patient; the number of hospital staff; and types of public hospital activity.

Hospitals

In 2008-09, Australia had 756 public hospitals (table 10A.4) (including 19 psychiatric hospitals) (AIHW 2010a). Although 71.2 per cent of hospitals had 50 or fewer beds, these smaller hospitals represented only 16.1 per cent of total available beds (figure 10.4 and table 10A.4).

Figure 10.4 Public hospitals, by size, 2008-09^{a, b, c, d, e}



^a The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of hospital buildings or campuses. ^b Size is based on the average number of available beds. ^c The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same day admitted services and other specialised services. ^d The count of hospitals in Victoria is a count of the campuses that report data separately to the National Hospital Morbidity Database. ^e Tasmania and the ACT did not have hospitals with more than 50 to 100 beds. The NT did not have hospitals with 10 or fewer beds.

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; table 10A.4.

Beds

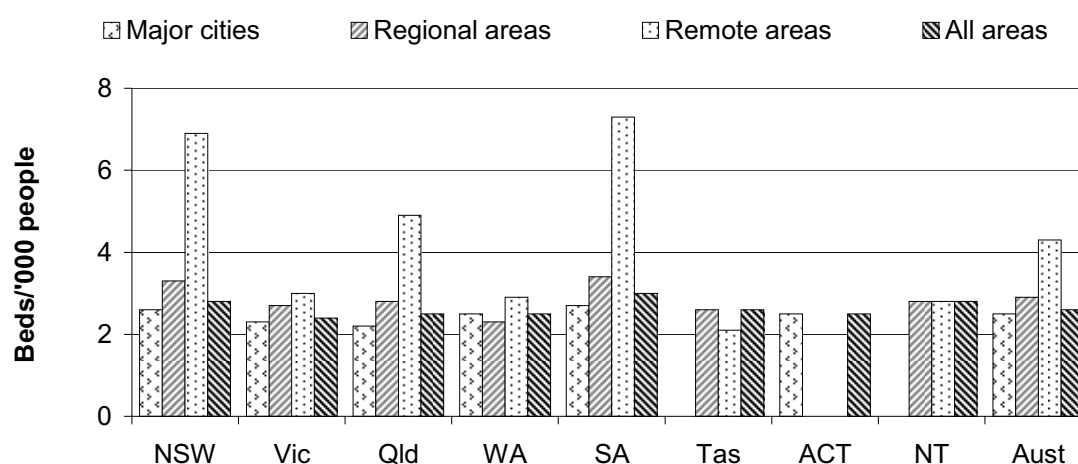
There were 56 478 available beds for admitted patients in public hospitals in 2008-09 (table 10A.4). The concept of an available bed is becoming less important in the overall context of hospital activity, particularly in respect of increasing same day hospitalisations and the provision of hospital-in-the-home care (AIHW 2010a). Admission practices vary across states and territories and change over time which can cause differences in whether patients are treated as admitted or non-admitted.

The comparability of bed numbers can be affected by the casemix of hospitals, including the extent to which hospitals provide same day admitted services and other specialised services. There are also differences in how available beds are counted, both across jurisdictions and over time.

Nationally, more beds were available per 1000 people in remote areas (figure 10.5). The patterns of bed availability can reflect a number of factors including patterns of availability of other healthcare services, patterns of disease and injury and the relatively poor health of Indigenous people, who have higher population concentrations in remote areas (AIHW 2006). These data also need to be viewed in

the context of the age and sex structure (reported in appendix A) and the morbidity and mortality (reported in ‘Health preface’) of the population in each State and Territory.

Figure 10.5 Available beds, public hospitals, by location, 2008-09^{a, b, c, d}



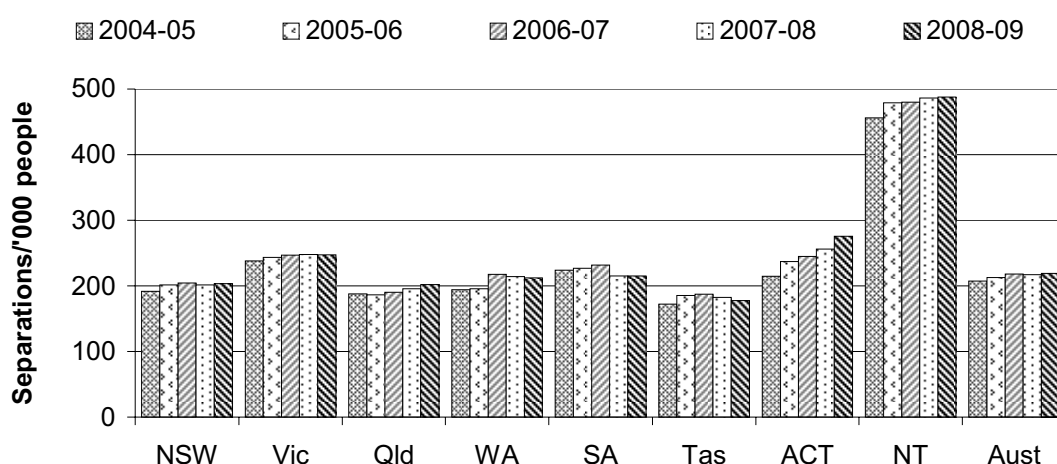
^a An ‘available bed’ is one that is immediately available to be used by an admitted patient. A bed is immediately available for use if it is located in a suitable place for care, with nursing and auxiliary staff available within a reasonable period. Both occupied and unoccupied beds are included. Surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency stretchers/beds not normally authorised or funded, and beds designated for same day non-admitted patient care are excluded. Beds in wards that were closed for any reason (except weekend closures for beds/wards staffed and available on weekends only) are also excluded (HDSC 2008). ^b Analysis by remoteness area is of less relevance to geographically smaller jurisdictions and those jurisdictions with small populations residing in remote areas (such as Victoria) (AIHW 2010a). ^c Tasmania and the NT do not have major cities and the ACT does not have remote areas. ^d There were no available beds in regional areas in the ACT.

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; table 10A.5.

Total separation rates

There were approximately 4.9 million separations from public (non-psychiatric) hospitals in 2008-09 (table 10A.6). Nationally, this translates into 218.8 separations per 1000 people (figure 10.6).

Figure 10.6 Separation rates in public (non-psychiatric) hospitals^{a, b, c}



^a Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders and posthumous organ procurement. ^b Rates are directly age standardised to the Australian population at 30 June 2001. ^c Data for WA from 2006-07 include separations for public patients at Joondalup and Peel Health Campuses. Separations for these patients are not included in previous years.

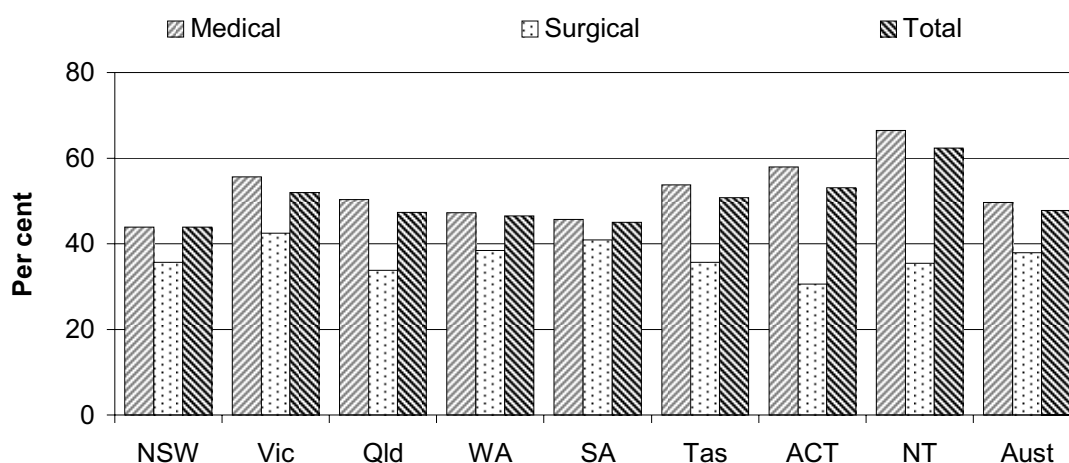
Source: AIHW (various years), *Australian Hospital Statistics*, Health Services Series, Cat. nos HSE 41, 50, 55, 71 and 84; table 10A.7.

Same day separations in public (non-psychiatric) hospitals increased by 4.2 per cent between 2007-08 and 2008-09, although same day separations as a proportion of total separations remained relatively constant over this period. Overnight separations in public (non-psychiatric) hospitals increased by 2.2 per cent between 2007-08 and 2008-09 (table 10A.7).

Differences across jurisdictions in separation rates reflect variations in the health profiles of the people living in each State and Territory, the decisions made by medical staff about the type of care required and people's access to services other than public hospitals (for example, primary care and private hospitals).

Variations in admission rates can reflect different practices in classifying patients as either admitted same day patients or outpatients. The extent of differences in classification practices can be inferred from the variation in the proportion of same day separations across jurisdictions for certain conditions or treatments. This is particularly true of medical separations. Significant variation across jurisdictions in the proportion of same day medical separations was evident in 2008-09 (figure 10.7). Lower jurisdictional variation is likely in admission practices for surgical procedures, as reflected by the lower variability in the proportion of same day surgical separations.

Figure 10.7 Proportion of medical, surgical and total separations that were same day, public (non-psychiatric) hospitals, 2008-09^a



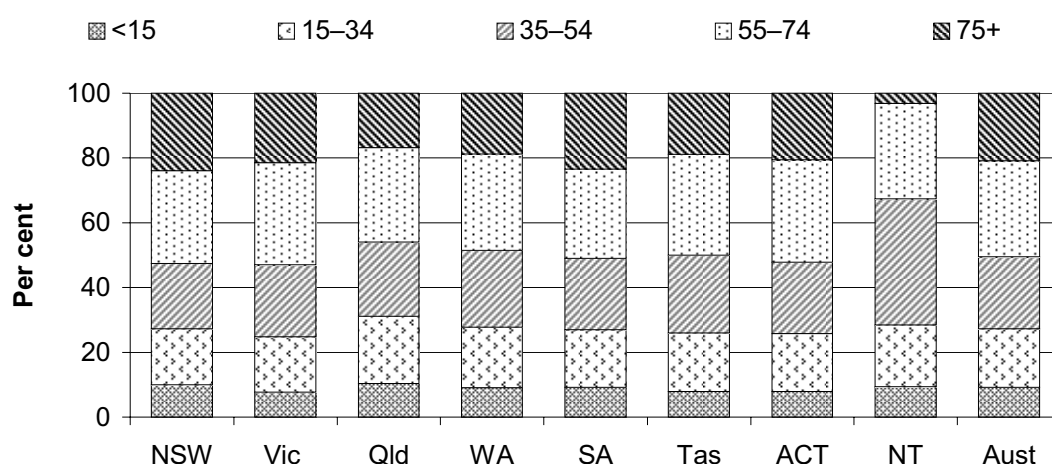
^a 'Total' includes medical, surgical, chemotherapy, radiotherapy and 'other' separations based on AR-DRG version 5.1 categories.

Source: AIHW (unpublished), National Hospital Morbidity Database; table 10A.8.

Separations by age group

Persons aged 55 years and over accounted for half of the separations in public hospitals (50.5 per cent) in 2008-09, even though they accounted for only 24.6 per cent of the estimated resident population at 31 December 2008 (figure 10.8 and AIHW 2010a). The proportion of hospital separations for this and other age groups varies across states and territories (figure 10.8). This variation largely reflects differences in the age profiles of jurisdictions (table AA.1).

Figure 10.8 Separations by age group, public hospitals, 2008-09^a



^a Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders and posthumous organ procurement.

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; table 10A.9.

Separation rates for Indigenous patients

The completeness of Indigenous identification in hospital admitted patient data varies across states and territories. The AIHW (2005) report *Improving the Quality of Indigenous Identification in Hospital Separations Data* found that Indigenous patient data was of acceptable quality for analytical purposes only for hospitals in Queensland, WA, SA, and public hospitals in the NT. Following new assessments of the quality of Indigenous identification in 2007, the National E Health Information Principal Committee (NEHIPC) has approved NSW and Victorian Indigenous patient data as acceptable in quality for analytical purposes, from the 2004-05 reference year. More recently, the National Health Information Standards and Statistics Committee (a standing committee of NEHIPC) approved reporting of data for Tasmania and the ACT by Indigenous status at the state and territory level for COAG reporting purposes. However, pending further examination of the quality of Indigenous identification for these jurisdictions, these data will not be included in national totals. This decision was taken too late to include most data for Tasmania and the ACT in this chapter for the 2011 Report. Efforts to improve Indigenous identification across states and territories are ongoing.

The available data are not necessarily representative of other jurisdictions. Also because of improvements in data quality over time, caution should be used in time series analysis of the data.

In 2008-09, separations for Indigenous people accounted for around 3.6 per cent of total separations and 5.6 per cent of separations in public hospitals in NSW, Victoria, Queensland, WA, SA and the NT combined (table 10.1). Indigenous people made up only around 2.4 per cent of the population in these jurisdictions (tables AA.2 and AA.7). Most separations involving Indigenous patients (92.3 per cent) in these jurisdictions occurred in public hospitals (table 10.1).

Table 10.1 Separations, by Indigenous status of patient and hospital sector, 2008-09^{a, b}

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^c
Public hospital separations ('000)									
Indigenous	56.8	12.7	68.7	41.0	18.5	2.5	2.0	66.2	263.8
Non-Indigenous	1 434.8	1 357.1	797.7	426.5	339.6	90.0	86.2	29.2	4 384.8
Not reported	14.4	9.9	16.9	–	16.5	2.4	1.6	–	57.7
Total	1 506.0	1 379.6	883.3	467.4	374.5	94.9	89.9	95.4	4 706.3
Private hospital separations ('000)									
Indigenous	1.5	0.7	4.4	14.4	1.0	np	np	np	22.1
Non-Indigenous	886.0	800.2	733.2	347.7	240.3	np	np	np	3 007.3
Not reported	19.8	10.1	76.3	–	14.2	np	np	np	120.5
Total	907.2	811.0	813.9	362.2	255.5	np	np	np	3 149.8
Indigenous separations as proportion of total separations (%)									
Public hospitals	3.8	0.9	7.8	8.8	4.9	2.6	2.2	69.4	5.6
Private hospitals	0.2	0.1	0.5	4.0	0.4	np	np	np	0.7
All hospitals	2.4	0.6	4.3	6.7	3.1	np	np	np	3.6
Separations in public hospitals as a proportion of separations in all hospitals (%)									
Indigenous	97.5	94.7	93.9	73.9	94.8	np	np	np	92.3
Non-Indigenous	61.8	62.9	52.1	55.1	58.6	np	np	np	59.3

^a Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders and posthumous organ procurement. ^b Identification of Indigenous patients is not considered complete and completeness varies across jurisdictions. The AIHW advised that only data for NSW, Victoria, Queensland, WA, SA and the NT are considered to be acceptable for the purpose of analysis. Nevertheless, data for these jurisdictions should be interpreted with caution as there are jurisdictional differences in data quality. In addition, these jurisdictions are not necessarily representative of the excluded jurisdictions. ^c The total includes data only for NSW, Victoria, Queensland, WA and SA for private hospitals and all hospitals. – Nil or rounded to zero. **np** Not published.

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; table 10A.10.

In 2008-09, on an age standardised basis, 763.3 public hospital separations (including same day separations) for Indigenous patients were reported per 1000 Indigenous people in NSW, Victoria, Queensland, WA, SA and the NT combined (table 10.2). This rate was markedly higher than the corresponding rate of 221.3 per 1000 for these jurisdictions' combined total population (table 10.2). Incomplete identification of Indigenous people limits the validity of comparisons over time, as well as across jurisdictions.

Table 10.2 Estimates of public hospital separations per 1000 people, by Indigenous status of patient^{a, b}

	NSW ^c	Vic ^c	Qld ^c	WA ^{c, d}	SA ^c	Tas	ACT	NT ^c	Total ^e
2004-05									
Indigenous people	np	np	733.6	821.5	822.2	np	np	1 441.0	907.0
Total population	193.3	238.3	188.1	195.2	225.3	np	np	456.2	208.1
2005-06									
Indigenous people	495.6	np	745.4	845.2	875.0	np	np	1 548.0	792.1
Total population	203.2	243.4	186.2	196.4	228.4	np	np	479.1	213.6
2006-07									
Indigenous people	528.0	624.3	756.7	876.5	929.3	np	np	1 584.8	787.5
Total population	206.0	246.7	190.2	218.4	232.6	np	np	480.1	218.8
2007-08									
Indigenous people	550.5	629.8	785.7	869.4	908.9	np	np	1 670.7	807.7
Total population	202.8	247.8	195.7	215.1	216.4	np	np	486.4	217.6
2008-09									
Indigenous people	511.5	535.8	732.5	817.3	950.5	np	np	1 656.0	763.3
Total population	205.6	249.5	204.4	215.8	217.7	np	np	495.5	221.3

^a The rates are directly age standardised to the Australian population at 30 June 2001. ^b Identification of Indigenous patients is not considered complete and completeness varies across jurisdictions and time.

^c AIHW advice on data of acceptable quality limits reporting across jurisdictions for various years. Data for these jurisdictions should be interpreted with caution as there are jurisdictional differences in data quality and changes in hospitalisation rates for Indigenous people over time that can be partly due to improved identification. In addition, these jurisdictions are not necessarily representative of the excluded jurisdictions. ^d Data for WA from 2006-07 include separations for public patients at Joondalup and Peel Health Campuses. Separations for these patients are not included in previous years. ^e Total rates include data for Queensland, WA, SA, and the NT for all years, and from 2005-06 include NSW and from 2006-07 include Victoria. Total rates before 2005-06 are not comparable with the 2005-06 total and total rates before 2006-07 are not comparable with the 2006-07 total. **np** Not published.

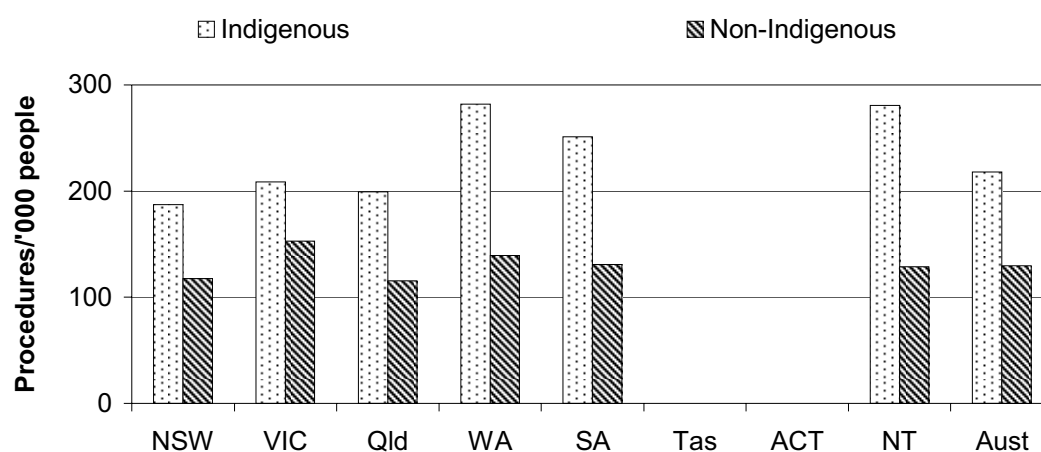
Source: AIHW (unpublished), National Hospital Morbidity Database; table 10A.11.

Separations with a procedure recorded for Indigenous patients

Hospitalisations with a procedure reported both by jurisdiction and by remoteness are presented in figures 10.9 and 10.10, and include data for all patients treated in public hospitals and public patients treated in private hospitals. Private hospital data are not published for the NT, but the extent to which public patients are treated in private hospitals in that jurisdiction is limited. In the period July 2008–June 2009, excluding hospitalisations for care involving dialysis, Indigenous people had higher rates of hospitalisations with a procedure reported for all states and territories and for each remoteness category (figures 10.9 and 10.10).

Care involving dialysis accounts for the greatest number of Indigenous separations, with end-stage renal disease requiring frequent dialysis treatments, often several times per week. The alternative to dialysis is a kidney transplant. Indigenous people have very high levels of end-stage renal disease as a consequence of high rates of diabetes, hypertension and related illnesses. In addition, few Indigenous people receive kidney transplants (AHMAC 2006). Without the exclusion of dialysis the result would overestimate the numbers of Indigenous people being treated by procedure for other conditions.

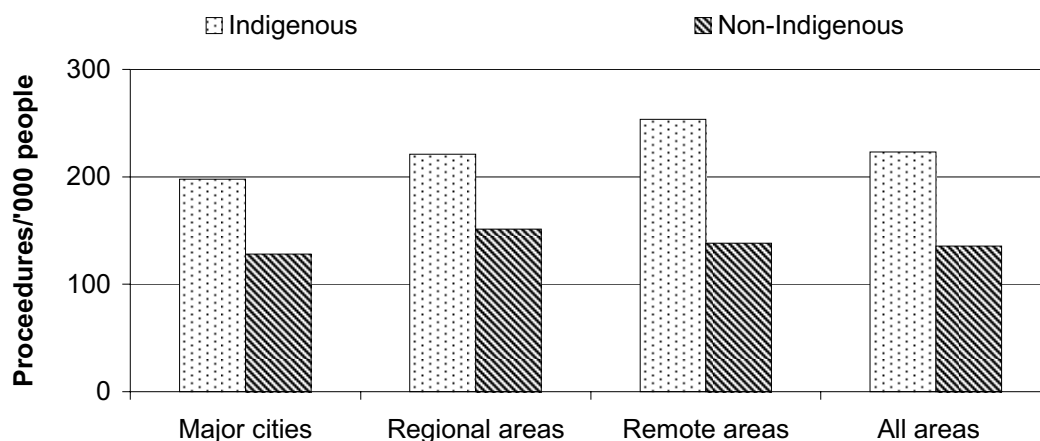
Figure 10.9 Hospitalisations with a procedure reported, public hospitals, July 2008–June 2009^{a, b, c}



^a Includes all patients treated in public hospitals and public patients treated in private hospitals. Private hospital data for NT were not available therefore results for NT include public hospital data only. ^b The AIHW advised that only data for NSW, Victoria, Queensland, WA, SA and the NT are considered to be acceptable for the purpose of analysis. Nevertheless, data for these jurisdictions should be interpreted with caution as there are jurisdictional differences in data quality. In addition, these jurisdictions are not necessarily representative of the excluded jurisdictions. ^c 'All diagnoses' excludes care involving dialysis.

Source: AIHW (unpublished), National Hospital Morbidity Database, table 10A.13.

Figure 10.10 Hospitalisations with a procedure reported, public hospitals, July 2008–June 2009^{a, b}

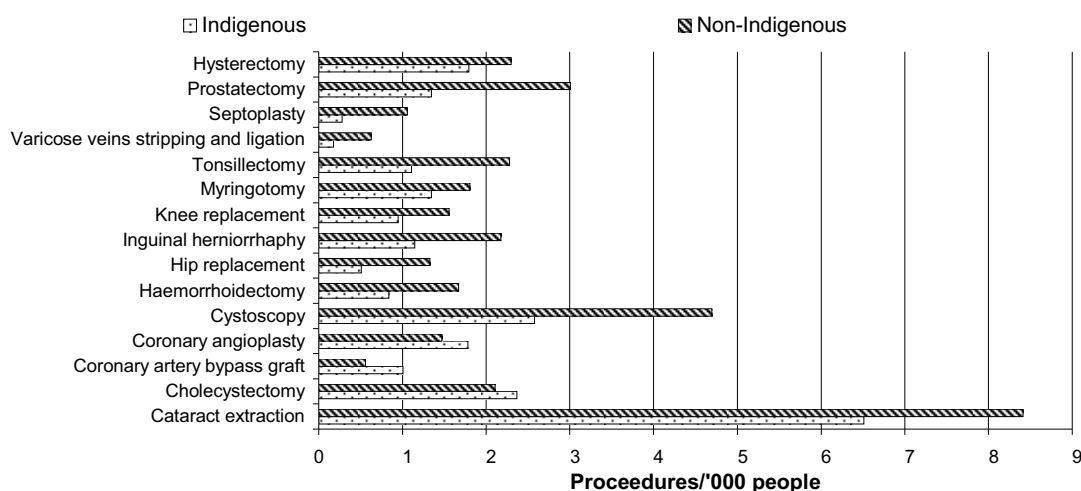


^a Includes all patients treated in public hospitals and public patients treated in private hospitals in NSW, Victoria, Queensland, WA, SA and NT. Private hospital data for NT were not available therefore results for NT include public hospital data only. ^b 'All diagnoses' excludes care involving dialysis.

Source: AIHW (unpublished), National Hospital Morbidity Database, table 10A.14.

Data for NSW, Victoria, Queensland, WA, SA and NT public hospitals for selected procedures are presented in figure 10.11. In the period July 2008–June 2009, Indigenous people had lower rates of hospital procedures for a number of selected procedures (figure 10.11).

Figure 10.11 Selected hospital procedures, public hospitals, July 2008–June 2009^a



^a Includes patients treated in public hospitals and public patients treated in private hospitals in NSW, Victoria, Queensland, WA, SA and NT.

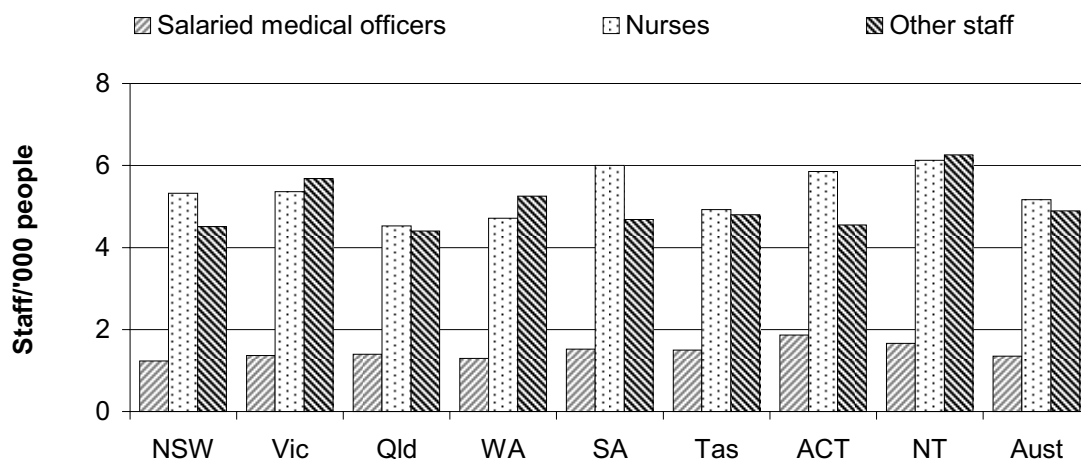
Source: AIHW (unpublished), National Hospital Morbidity Database, table 10A.12.

While Indigenous people have higher rates of separations and hospitalisations with a procedure recorded per 1000 of the population than non-Indigenous people, Indigenous people are actually less likely to undergo procedures while in hospital than non-Indigenous people. The underlying reasons for this are not well understood and are likely to reflect a range of factors, including, for example, clinical judgements about the appropriateness of treatment, patient preferences and concerns, and distance from appropriate facilities (AHMAC 2006). Other factors are also likely to affect the data, including those relating to variations in casemix, comorbidities and stage at presentation.

Staff

In 2008-09, nurses comprised the single largest group of full time equivalent (FTE) staff employed in public hospitals (5.2 per 1000 people in Australia) (figure 10.12). Comparing data on FTE staff across jurisdictions needs to be undertaken with care because these data are affected by differences across jurisdictions in the recording and classifying of staff. The outsourcing of services with a large labour related component (for example, food services and domestic services) can have a large impact on hospital staffing figures and can explain some of the differences in FTE staff in some staffing categories and across jurisdictions (AIHW 2010a).

Figure 10.12 **Average FTE staff per 1000 people, public hospitals, 2008-09**^{a, b, c, d, e}



^a 'Other staff' include diagnostic and allied health professionals, other personal care staff, administrative and clerical staff, and domestic and other staff. ^b Staff per 1000 people are calculated from ABS population data at 31 December 2008 (table AA.2). ^c For Victoria, FTEs can be slightly understated. ^d Queensland pathology services staff employed by the State pathology service are not included. ^e Data for two small Tasmanian hospitals are not included.

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; ABS (unpublished), *Australian Demographic Statistics*, December Quarter 2007, Cat. no. 3101.0; tables 10A.15 and AA.2.

Activity — admitted patient care

There were around 5.0 million acute, subacute and non-acute separations in public hospitals in 2008-09. Of these, acute separations accounted for 95.9 per cent, newborns with some qualified days accounted for 1.2 per cent and rehabilitation care accounted for 1.6 per cent (table 10A.16). Palliative care, non-acute care and other care made up the remainder. Public psychiatric hospitals accounted for around 0.2 per cent of total separations in public hospitals in 2008-09. Of the total number of separations in public (non-psychiatric) hospitals, 50.4 per cent were for same day patients (table 10A.6).

Table 10.3 shows the 10 AR-DRGs with the highest number of overnight acute separations in public hospitals for 2008-09. These 10 AR-DRGs accounted for 17.5 per cent of all overnight acute separations.

Table 10.3 Ten AR-DRGs (version 5.2) with the most overnight acute separations, public hospitals, 2008-09^{a, b}

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Separations for AR-DRGs as a proportion of all overnight acute separations (%)									
Vaginal Delivery W/O Catastrophic or Severe CC	4.4	4.8	4.6	4.4	3.3	3.9	5.0	3.6	4.4
Chest Pain	2.2	2.0	2.7	1.7	2.5	1.7	1.4	1.8	2.2
Caesarean Delivery W/O Catastrophic or Severe CC	1.8	1.9	2.2	1.9	1.6	1.8	1.8	1.6	1.9
Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/	2.0	1.7	1.9	1.8	2.0	1.7	1.5	1.2	1.9
Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	1.4	1.3	1.9	1.9	1.3	1.2	1.3	4.6	1.6
Antenatal and Other Obstetric Admission	1.3	1.1	1.6	1.6	1.1	1.4	1.5	2.6	1.4
Abdominal Pain or Mesenteric Adenitis W/O CC	1.1	1.2	1.0	1.1	1.0	1.0	0.8	0.7	1.1
Vaginal Delivery Single Uncomplicated W/O Other Condition	1.1	0.6	1.6	1.0	0.8	1.1	1.1	1.4	1.1
Respiratory Infections/Inflammations W/O CC	1.1	0.9	1.1	1.1	0.9	1.1	0.9	1.7	1.0
Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	1.1	0.8	1.1	1.0	1.1	1.4	0.7	1.3	1.0
Total overnight separations accounted for by top 10 AR-DRGs (%)	17.6	16.2	19.7	17.5	15.6	16.3	16.1	20.6	17.5
Total overnight acute separations ('000)^c	806	558	419	214	198	43	36	35	2 309

Cat = catastrophic. CC = complications and comorbidities. Sev = severe. W/O = without. W = with. ^a Includes separations for which the care type was reported as 'acute' or 'newborn with qualified days', or was not reported. ^b Excludes same day separations and separations where patients stayed over 365 days. ^c Total is for all overnight separations (not just the 10 listed in the table).

Source: AIHW (unpublished), National Hospital Morbidity Database; table 10A.17.

Table 10.4 lists the 10 AR-DRGs that accounted for the most patient days (17.8 per cent of all patient days recorded) in 2008-09. Schizophrenic disorders associated with mental health legal status accounted for the largest number of patient days, followed Tracheostomy or Ventilation greater than 95 hours (table 10.4 and table 10A.18).

Table 10.4 Ten AR-DRGs (version 5.2) with the most patient days, public hospitals, 2008-09^{a, b}

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Patient days for AR-DRGs as a proportion of patient days (%)									
Schizophrenia Disorders W Mental Health Legal Status	3.0	3.2	4.2	3.6	3.1	2.1	2.5	2.5	3.3
Tracheostomy or Ventilation >95 hours	2.3	2.5	2.4	2.0	2.6	2.7	2.0	2.0	2.4
Vaginal Delivery W/O Catastrophic or Severe CC	2.2	2.4	2.3	2.4	1.7	1.8	2.5	2.2	2.2
Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	2.0	1.9	1.9	2.6	2.6	2.1	2.9	1.0	2.1
Schizophrenia Disorders W/O Mental Health Legal Status	2.1	1.6	1.0	1.7	1.5	4.0	1.1	0.5	1.7
Caesarean Delivery W/O Catastrophic or Severe CC	1.4	1.5	1.6	1.5	1.3	1.2	1.4	1.5	1.4
Chronic Obstructive Airways Disease W Catastrophic or Severe CC	1.3	1.3	1.4	0.8	1.4	1.0	0.7	1.3	1.3
Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	1.1	1.1	1.4	1.6	1.1	0.9	1.1	3.1	1.2
Dementia and Other Chronic Disturbances of Cerebral Function	1.0	1.2	0.7	1.0	1.4	3.6	0.4	0.6	1.1
Respiratory Infections/Inflammations W Catastrophic CC	1.1	1.4	0.8	0.7	1.1	0.8	0.8	1.1	1.1
Ten AR-DRGs with the most patient days (%)	17.6	18.1	17.8	17.9	17.8	20.2	15.4	15.9	17.8
Total patient days ('000)^c	4 468	2 920	2 045	1 111	1 068	264	176	193	12 246

Cat = catastrophic. CC = complications and comorbidities. Sev = severe. W/O = without. W = with. ^a Includes separations for which the care type was reported as 'acute' or 'newborn with qualified days', or was not reported. ^b Excludes same day separations and separations where patients stayed over 365 days. ^c Total is for all overnight separations (not just the 10 listed in table).

Source: AIHW (unpublished), National Hospital Morbidity Database; table 10A.18.

Activity — non-admitted patient services

There is no agreed classification system for services to non-admitted patients, so activity is difficult to measure consistently and cannot be compared across jurisdictions. As well as differences in the way data are collected, differing admission practices lead to variation in the services reported across jurisdictions. In addition, states and territories can differ in the extent to which these types of service are provided in non-hospital settings (such as community health centres) (AIHW 2006). Services to non-admitted patients are measured in terms of occasions

of service. Differences in the complexity of the occasion of service are not taken into account — for example, a simple urine glucose test is treated equally with a complete biochemical analysis of all body fluids (AIHW 2001).

A total of 49.2 million individual occasions of service were provided to non-admitted patients in public acute hospitals in 2008-09 (table 10.5). In addition, public hospitals also delivered 340 889 group sessions during this time (a group session is defined as a service provided to two or more patients, excluding services provided to two or more family members) (table 10A.19). In public acute hospitals in 2008-09, accident and emergency services comprised 14.6 per cent of all individual occasions of service to non-admitted patients. 'Other medical, surgical and obstetric services' (24.2 per cent), 'pathology services' (17.6 per cent) and 'pharmacy' (10.2 per cent) were the most common types of non-admitted patient care (table 10.5).

Table 10.5 Non-admitted patient occasions of service, by type of non-admitted patient care, public acute hospitals, 2008-09^a

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT ^b	Aust
Occasions of service for the most common types of non-admitted patient care as a proportion of all occasions of service for non-admitted patients (%)									
Accident and emergency	10.9	20.3	14.2	17.3	25.2	13.9	16.9	27.8	14.6
Pathology	14.6	9.5	35.7	10.3	..	23.4	6.1	21.1	17.6
Radiology and organ imaging	4.1	8.3	9.1	9.9	10.9	8.4	13.3	14.6	7.0
Pharmacy ^c	16.2	6.1	5.7	4.4	..	11.0	0.2	8.2	10.2
Other medical/surgical/obstetric	23.7	21.7	23.7	16.7	43.6	34.6	52.1	26.2	24.2
Mental health	3.4	9.0	0.9	1.4	0.9	0.2	0.3	..	3.3
Dental	2.2	3.4	..	0.3	0.4	0.2	..	..	1.6
Allied health	3.4	13.8	5.9	22.3	8.6	8.2	4.4	2.1	7.6
Other non-admitted services									
Community health	7.0	4.5	1.6	11.3	0.3	0.1	2.9	..	5.3
District nursing ^d	6.7	3.0	1.1	3.6	0.3	—	..	..	4.1
Most common types of non-admitted patient care (%)	92.4	99.6	97.9	97.5	90.3	99.8	96.2	100.0	95.4
Total occasions of service for non-admitted patients ('000)	22 103	7 559	10 739	4 528	2 107	1 055	604	465	49 161

^a Individual non-admitted patient care services. Excludes group sessions. Reporting arrangements vary significantly across jurisdictions. ^b Radiology figures for the NT are underestimated and pathology figures relate to only three of the five hospitals. ^c Justice Health (formerly known as Corrections Health) in NSW reported a large number of occasions of service that may not be typical of pharmacy. ^d Justice Health (formerly known as Corrections Health) in NSW reported a large number of occasions of service that may not be typical of district nursing. — Nil or rounded to zero. .. Not applicable.

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; table 10A.19.

10.2 Framework of performance indicators for public hospitals

The performance indicator framework is based on the shared government objectives for public hospitals (box 10.2). The performance indicator framework shows which data are comparable in the 2011 Report (figure 10.13). For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report-wide perspective. The ‘Health preface’ explains the performance indicator framework for health services as a whole, including the subdimensions of quality and sustainability that have been added to the standard Review framework.

COAG has agreed six National Agreements (NAs) to enhance accountability to the public for the outcomes achieved or outputs delivered by a range of government services (see chapter 1 for more detail on reforms to federal financial relations). The NHA covers the area of health, and health indicators in the NIRA establish specific outcomes for reducing the level of disadvantage experienced by Indigenous Australians. The agreements include performance indicators, for which the Steering Committee collates annual performance information for analysis by the COAG Reform Council (CRC). Revisions have been made to the performance indicators reported in this chapter to align with the performance indicators in the NAs.

Box 10.2 Objectives for public hospitals

The common government objectives for public hospitals are to provide acute and specialist services that are:

- safe and of high quality
- appropriate and responsive to individual needs
- affordable, timely and accessible
- equitably and efficiently delivered.

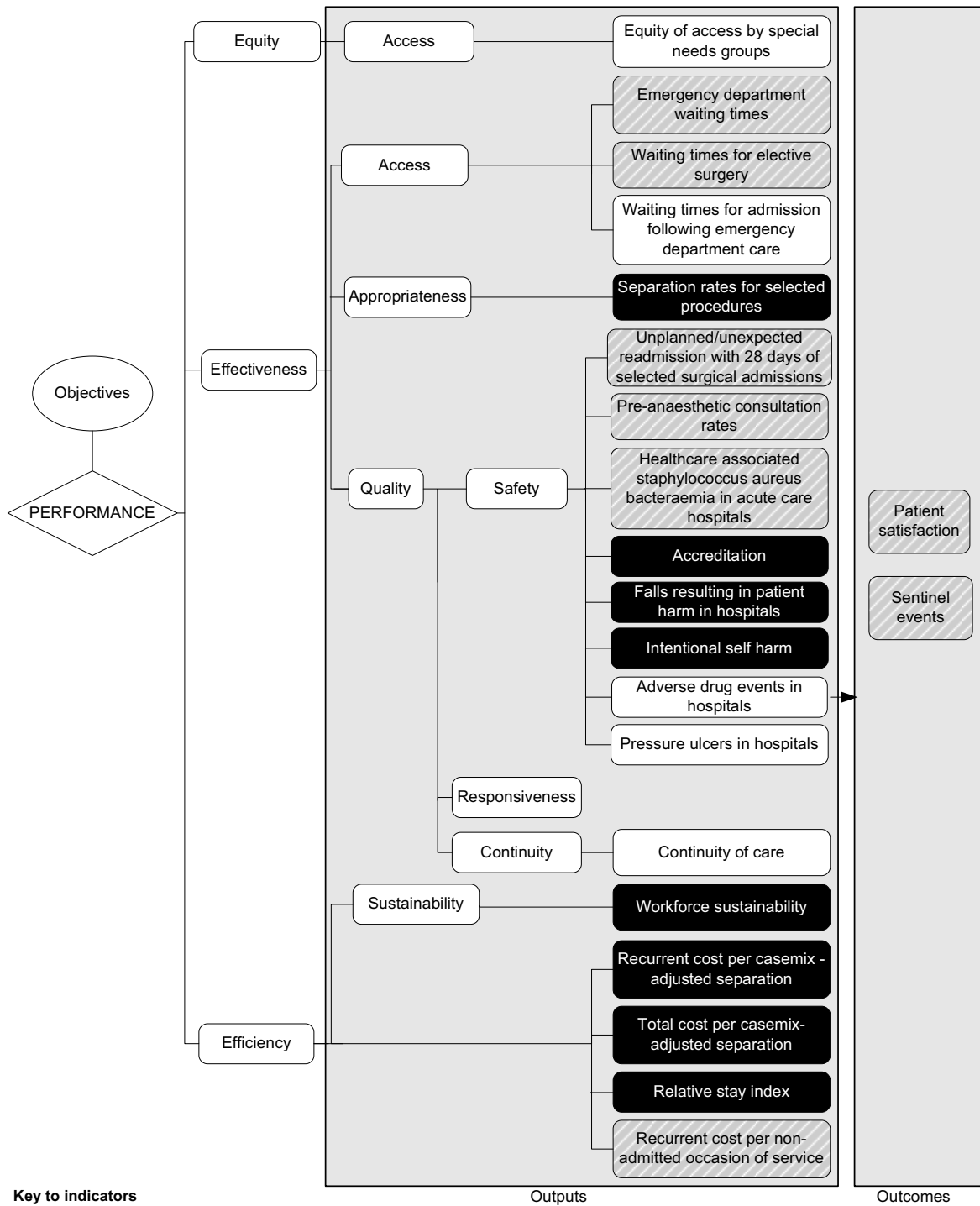
The framework has been revised to either add or replace some indicators:

- unplanned/unexpected readmissions within 28 days of selected surgical admissions has replaced the unplanned readmission rates indicator
- healthcare associated *Staphylococcus aureus* bacteraemia in acute care hospitals has replaced the surgical site infection rates indicator
- falls resulting in patient harm in hospitals and intentional self harm in hospitals have been added

-
- waiting times for admission following emergency department care, adverse drug events in hospitals, and pressure ulcers in hospitals have been added but data are not included in this Report
 - the ‘Patient satisfaction’ indicator now includes responsiveness information previously reported on under the indicator ‘Patient satisfaction surveys’, which has been removed from the framework.

The Report’s statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

Figure 10.13 Performance indicators for public hospitals



Key to indicators

Text Data for these indicators comparable, subject to caveats to each chart or table

Text Data for these indicators not complete or not directly comparable

Text These indicators yet to be developed or data not collected for this Report

10.3 Key performance indicator results for public hospitals

Different delivery contexts, locations and types of client can affect the equity, effectiveness and efficiency of health services.

As discussed in section 10.1, public hospitals provide a range of services to admitted patients, including some non-acute services such as rehabilitation and palliative care. The extent to which these non-acute treatments can be identified and excluded from some data differs across jurisdictions. Similarly, psychiatric treatments are provided in public (non-psychiatric) hospitals at different rates across jurisdictions.

Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (see chapter 1, section 1.5).

Equity — access

Equity indicators measure how well a service is meeting the needs of certain groups in society (see chapter 1). Public hospitals have a significant influence on the equity of the overall healthcare system. While access to public hospital services is important to the community in general, it is particularly important for people of low socioeconomic status (and others) who can have difficulty in accessing alternative services, such as those provided by private hospitals.

Equity of access by special needs groups

‘Equity of access by special needs groups’ is an indicator of governments’ objective to provide accessible services (box 10.3).

Box 10.3 **Equity of access by special needs groups**

‘Equity of access by special needs groups’ measures the performance of agencies providing services for three identified special needs groups: Indigenous people; people living in communities outside the capital cities (that is, people living in other metropolitan areas, or rural and remote communities); and people from a non-English speaking background.

‘Equity of access by special needs groups’ has been identified as a key area for development in future Reports.

Effectiveness — access

Emergency department waiting times

‘Emergency department waiting times’ is an indicator of governments’ objective to provide accessible services (box 10.4).

Box 10.4 **Emergency department waiting times**

‘Emergency department waiting times’ measures the proportion of patients seen within the benchmarks set by the Australasian Triage Scale. The Australasian Triage Scale is a scale for rating clinical urgency, designed for use in hospital-based emergency services throughout Australia and New Zealand.

The nationally agreed method of calculation for waiting times is to subtract the time at which the patient presents at the emergency department (that is, the time at which the patient is clerically registered or triaged, whichever occurs earlier) from the time of commencement of service by a treating medical officer or nurse. Patients who do not wait for care after being triaged or clerically registered are excluded from the data.

The benchmarks, set according to triage category, are as follows:

- triage category 1: need for resuscitation — patients seen immediately
- triage category 2: emergency — patients seen within 10 minutes
- triage category 3: urgent — patients seen within 30 minutes
- triage category 4: semi-urgent — patients seen within 60 minutes
- triage category 5: non-urgent — patients seen within 120 minutes (HDSC 2008).

(Continued next page)

Box 10.4 (Continued)

It is desirable that a high proportion of patients are seen within the benchmarks set for each triage category. Non-urgent patients who wait longer are likely to suffer discomfort and inconvenience, and more urgent patients can experience poor health outcomes as a result of extended waits.

Data reported for this indicator are not directly comparable.

Data quality information for this indicator is under development.

The comparability of emergency department waiting times data across jurisdictions can be influenced by differences in data coverage (table 10.6) and clinical practices — in particular, the allocation of cases to urgency categories. The proportion of patients in each triage category who were subsequently admitted can indicate the comparability of triage categorisations across jurisdictions and thus the comparability of the waiting times data (table 10A.20).

Nationally, in 2008-09, 100 per cent of patients in triage category 1 were seen within the clinically appropriate timeframe, and 77 per cent of patients in triage category 2 were seen within the clinically appropriate timeframe. For all triage categories combined, 70 per cent of patients were seen within triage category timeframes (table 10.6).

Emergency department waiting times are reported for peer group A and B hospitals in the attachment for 2008-09 (table 10A.21). Waiting times are also reported by Indigenous status and remoteness for peer group A and B hospitals for 2008-09. Nationally, there was little difference between Indigenous and non-Indigenous people in the percentages of patients treated within national benchmarks across the triage categories, although there were variations across states and territories for some triage categories (table 10A.22). At the national level, there was variation in waiting times across triage categories by remoteness, although there was less variation for the most serious category of resuscitation (table 10A.23).

Table 10.6 Emergency department patients seen within triage category timeframes, public hospitals, 2008-09 (per cent)^a

<i>Triage category</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
1 — Resuscitation ^b	100	100	99	99	100	99	100	100	100
2 — Emergency	80	82	72	69	75	76	85	62	77
3 — Urgent	68	74	59	53	59	54	53	48	64
4 — Semi-urgent	73	68	65	62	62	61	53	49	67
5 — Non-urgent	90	86	88	89	83	87	78	89	88
Total	75	73	66	62	64	62	60	54	70
Data coverage ^c	83	88	72	72	67	89	100	100	80

^a Values are derived from all hospitals that reported to the non-admitted patient emergency department care database, including all principal referral and specialist women's and children's hospitals, large hospitals and public hospitals that were classified to other peer groups.^b Resuscitation patients whose waiting time for treatment was less than or equal to two minutes are considered to have been seen on time. ^c Data coverage is estimated as the number of occasions of service with waiting times data divided by the number of emergency department occasions of service. This can underestimate coverage because some occasions of service are for other than emergency presentations. For some jurisdictions, the number of emergency department occasions of service reported to the Non-admitted Patient Emergency Department Care Database exceeded the number of accident and emergency occasions of service reported to the National Public Hospital Establishments Database. For these jurisdictions the coverage has been estimated as 100 per cent.

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; table 10A.20.

Waiting times for admission following emergency department care

'Waiting times for admission following emergency department care' is an indicator of governments' objective to provide accessible services (box 10.5).

Box 10.5 Waiting times for admission following emergency department care

Waiting times for admission following emergency department is currently expected to measure the percentage of patients who present to a public hospital emergency department and are admitted to the same hospital, whose time in the emergency department is less than 8 hours.

Waiting times for admission following emergency department care has been identified as a key area for development in future Reports. This indicator is being developed as part of the NHA reporting process.

Waiting times for elective surgery

'Waiting times for elective surgery' is an indicator of governments' objective to provide accessible services (box 10.6).

Box 10.6 **Waiting times for elective surgery**

Two measures are reported for 'Waiting times for elective surgery':

- 'Overall elective surgery waiting times' are calculated by comparing the date on which patients are added to a waiting list with the date on which they are admitted. Days on which the patient was not ready for care are excluded. 'Overall waiting times' are presented as the number of days within which 50 per cent of patients are admitted and the number of days within which 90 per cent of patients are admitted. The proportion of patients who waited more than one year is also shown.
- 'Elective surgery waiting times by clinical urgency category' reports the proportion of patients who were admitted from waiting lists after an extended wait. The three generally accepted clinical urgency categories for elective surgery are:
 - category 1 — admission is desirable within 30 days
 - category 2 — admission is desirable within 90 days
 - category 3 — admission at some time in the future is acceptable.

There is no specified or agreed desirable wait for category 3 patients, but the term 'extended wait' is used for patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting more than the agreed desirable waiting times of 30 days and 90 days respectively.

For 'Overall elective surgery waiting times' fewer days waited at the 50th and 90th percentile and a smaller proportion of people waiting more than 365 days are desirable. For 'Elective surgery waiting times by clinical urgency category' a smaller proportion of patients who have experienced extended waits at admission is desirable. However, variation in the way patients are classified to urgency categories should be taken into account. Rather than comparing jurisdictions, the results for individual jurisdictions should be viewed in the context of the proportions of patients assigned to each of the three urgency categories (table 10.8).

Data reported for this indicator are not directly comparable.

Data quality information for this indicator is under development.

The elective surgery waiting times data are provided for waiting lists managed by public acute hospitals. The data collection covers most public hospitals that undertake elective surgery. In 2008-09, the elective surgery waiting times data covered 91 per cent of separations for elective surgery in public acute hospitals (table 10.7).

Patients on waiting lists who were not subsequently admitted to hospital are excluded from both measures. Patients can be removed from waiting lists because they are admitted as emergency patients for the relevant procedure, no longer need the surgery, die, are treated at another location, decline to have the surgery, or cannot be contacted by the hospital (AIHW 2010a). In 2008-09, 14.0 per cent of

patients who were removed from waiting lists were removed for reasons other than elective admission (AIHW 2010a).

Comparisons between jurisdictions should be made with caution due to differences in clinical practices and classification of patients across Australia. The two measures are affected by variations across jurisdictions in the method used to calculate waiting times for patients who transferred from a waiting list managed by one hospital to a waiting list managed by a different hospital. For patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is included in the waiting time reported for some but not all states and territories (AIHW 2009a). NSW, Victoria, Queensland, WA, SA and the ACT reported the total time waited on all waiting lists. This approach can have the effect of increasing the apparent waiting times for admissions in these jurisdictions compared with other jurisdictions. Queensland has indicated that patients rarely switch between waiting lists managed by different hospitals in their jurisdiction (AIHW 2009a).

Nationally, in 2008-09, 90 per cent of patients were admitted within 220 days and 50 per cent were admitted within 34 days (table 10.7). The proportion of patients who waited more than a year was 2.9 per cent. Nationally, waiting times at the 50th percentile increased by six days between 2004-05 and 2008-09, from 29 to 34 days. However, there were different trends in different jurisdictions and for different sized hospitals over that period (figure 10.14 and table 10A.24).

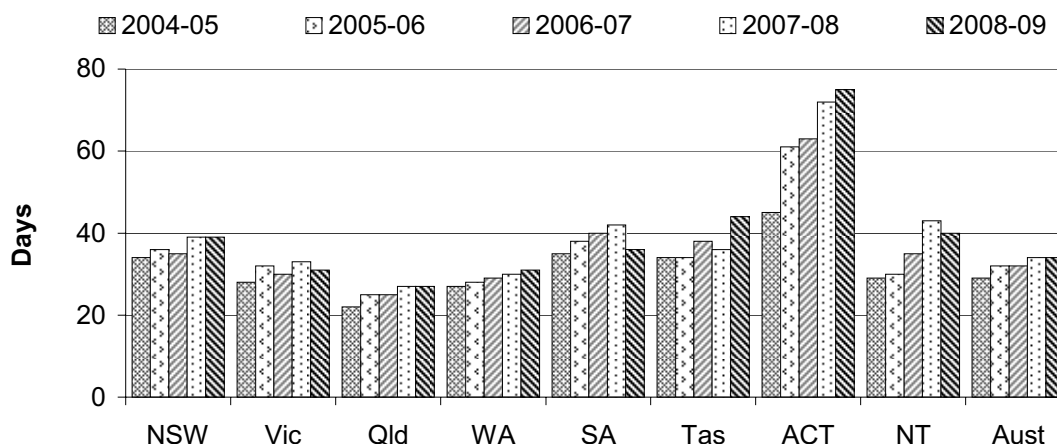
Table 10.7 Elective surgery waiting times, public hospitals, 2008-09

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Number of days waited at:										
50th percentile	no.	39	31	27	31	36	44	75	40	34
90th percentile	no.	283	194	133	174	207	448	378	256	220
Proportion who waited more than 365 days	%	2.5	2.9	1.8	2.0	2.7	13.1	10.6	5.6	2.9
Estimated coverage of elective surgery separations ^a	%	100.0	78.0	98.0	85.0	70.0	100.0	100.0	100.0	91.0

^a The number of separations with urgency of admission reported as 'elective' and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with urgency of admission of 'elective' and a surgical procedure for all public hospitals.

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; table 10A.24.

Figure 10.14 Days waited for elective surgery by the 50th percentile, public hospitals



Source: AIHW (various years), *Australian Hospital Statistics*, Health Services Series, Cat nos. HSE 41, 50, 55, 71 and 84; table 10A.24.

Attachment 10A includes data on ‘elective surgery waiting times’ by hospital peer group, specialty of surgeon and indicator procedure. It also includes waiting times by Indigenous status and by remoteness for 2008-09 (tables 10A.24–10A.28). Nationally, Indigenous people had longer waiting times for elective surgery than non-Indigenous people at the 50th and 90th percentiles for many of the procedures reported (table 10A.26). Those living in very remote areas also had longer waiting times than those in major cities at the 50th and 90th percentiles at the national level (table 10A.27).

‘Elective surgery waiting times by urgency category’ data not only provide an indication of the extent to which patients are seen within a clinically desirable time, but also draw attention to the variation in the way in which patients are classified across jurisdictions. Jurisdictional differences in the classification of patients by urgency category in 2008-09 are shown in table 10.8. The states and territories with lower proportions of patients in category 1 tended to have smaller proportions of patients in this category who were ‘not seen on time’. NSW, Victoria and the ACT, for example, had the lowest proportions of patients in category 1 and also had low proportions of patients in category 1 who had extended waits (tables 10.8, 10A.29, 10A.31 and 10A.41).

The system of urgency categorisation for elective surgery in public hospitals is important to ensure that priority is given to patients according to their needs. While elective surgery waiting times by urgency category are not comparable across jurisdictions, this measure has the advantage over other measures in that it provides

an indication of the extent to which patients are seen within a clinically desirable time period according to the urgency category to which they have been assigned.

Under the National Health and Hospitals Network — National Partnership Agreement on Improving Public Hospital Services, a review will be conducted of the elective surgery categories, focusing on safety issues and practical impediments to achieving the targets that have been set under this agreement from 2014 onwards. The review will be auspiced by Health Ministers and involve senior clinical input.

Table 10.8 Classification of elective surgery patients, by clinical urgency category, 2008-09 (per cent)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>
Patients on waiting lists								
Category 1	3.4	3.3	8.6	8.5	5.1	7.5	2.3	12.6
Category 2	17.7	47.3	46.1	35.5	23.3	54.5	54.0	47.2
Category 3	78.9	49.4	45.3	56.0	71.6	38.0	43.7	40.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Patients admitted from waiting lists								
Category 1	28.3	27.6	39.6	30.6	33.2	36.6	28.3	45.6
Category 2	32.4	46.3	44.0	34.0	31.6	35.9	50.1	36.6
Category 3	39.3	26.1	16.4	35.4	35.1	27.5	21.6	17.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: State and Territory governments (unpublished).

Reporting of ‘elective surgery waiting times by clinical urgency category’ includes the proportions of patients with extended waits at admission across jurisdictions. The proportions of patients on waiting lists who had already had an extended wait at the date of the census are reported in tables 10A.29, 10A.31, 10A.33, 10A.35, 10A.37, 10A.39, 10A.41 and 10A.43. Census data do not represent the completed waiting time of patients (unlike patients with extended waits at admission).

Of patients admitted from waiting lists in NSW in 2008-09, the percentage of patients classified to each category and the percentage with an extended wait were:

- 28.3 per cent were classified to category 1, of whom 7.2 per cent had an extended wait
- 32.4 per cent were classified to category 2, of whom 14.5 per cent had an extended wait
- 39.3 per cent were classified to category 3, of whom 6.4 per cent had an extended wait.

Overall in NSW, 9.2 per cent of all patients experienced extended waits (table 10.8 and table 10A.29).

Of patients admitted from waiting lists in Victoria in 2008-09, the percentage of patients classified to each category and the percentage with an extended wait were:

- 27.6 per cent were classified to category 1, of whom zero per cent had an extended wait
- 46.3 per cent were classified to category 2, of whom 27.0 per cent had an extended wait
- 26.1 per cent were classified to category 3, of whom 7.9 per cent had an extended wait.

Overall in Victoria, 14.6 per cent of all patients experienced extended waits (table 10.8 and table 10A.31).

Of patients admitted from waiting lists in Queensland in 2008-09, the percentage of patients classified to each category and the percentage with an extended wait were:

- 39.6 per cent were classified to category 1, of whom 13.0 per cent had an extended wait
- 44.0 per cent were classified to category 2, of whom 18.4 per cent had an extended wait
- 16.4 per cent were classified to category 3, of whom 8.7 per cent had an extended wait.

Overall in Queensland, 14.7 per cent of all patients experienced extended waits (table 10.8 and table 10A.33).

Of patients admitted from waiting lists in WA in 2008-09, the percentage of patients classified to each category and the percentage with an extended wait were:

- 30.6 per cent were classified to category 1, of whom 14.1 per cent had an extended wait
- 34.0 per cent were classified to category 2, of whom 24.7 per cent had an extended wait
- 35.4 per cent were classified to category 3, of whom 4.5 per cent had an extended wait.

Overall in WA, 14.3 per cent of all patients experienced extended waits (table 10.8 and table 10A.35).

Of patients admitted from waiting lists in SA in 2008-09, the percentage of patients classified to each category and the percentage with an extended wait were:

-
- 33.2 per cent were classified to category 1, of whom 17.4 per cent had an extended wait
 - 31.6 per cent were classified to category 2, of whom 15.6 per cent had an extended wait
 - 35.1 per cent were classified to category 3, of whom 7.2 per cent had an extended wait.

Overall in SA, 13.2 per cent of all patients experienced extended waits (table 10.8 and table 10A.37).

Of patients admitted from waiting lists in Tasmania in 2008-09, the percentage of patients classified to each category and the percentage with an extended wait were:

- 36.6 per cent were classified to category 1, of whom 27.1 per cent had an extended wait
- 35.9 per cent were classified to category 2, of whom 48.2 per cent had an extended wait
- 27.5 per cent were classified to category 3, of whom 28.5 per cent had an extended wait.

Overall in Tasmania, 35.1 per cent of all patients experienced extended waits (table 10.8 and table 10A.39).

Of patients admitted from waiting lists in the ACT in 2008-09, the percentage of patients classified to each category and the percentage with an extended wait were:

- 28.3 per cent were classified to category 1, of whom 5.9 per cent had an extended wait
- 50.1 per cent were classified to category 2, of whom 54.9 per cent had an extended wait
- 21.6 per cent were classified to category 3, of whom 24.8 per cent had an extended wait.

Overall in the ACT, 34.5 per cent of all patients experienced extended waits (table 10.8 and table 10A.41).

Of patients admitted from waiting lists in NT in 2008-09, the percentage of patients classified to each category and the percentage with an extended wait were:

- 45.6 per cent were classified to category 1, of whom 24.3 per cent had an extended wait

-
- 36.6 per cent were classified to category 2, of whom 41.6 per cent had an extended wait
 - 17.8 per cent were classified to category 3, of whom 19.7 per cent had an extended wait.

Overall in the NT, 29.8 per cent of all patients experienced extended waits (table 10.8 and table 10A.43).

All jurisdictions also provided data on urgency category waiting times by clinical specialty (tables 10A.30, 10A.32, 10A.34, 10A.36, 10A.38, 10A.40, 10A.42 and 10A.44).

Effectiveness — appropriateness

Separation rates for selected procedures

‘Separation rates for selected procedures’ is an indicator of the appropriateness of public hospital services (box 10.7).

Box 10.7 Separation rates for selected procedures

‘Separation rates for selected procedures’ is defined as separations per 1000 people for certain procedures, and for caesarean section separations per 100 in-hospital births. The procedures are selected for their frequency, for being elective and discretionary, and because alternative treatments are sometimes available.

Higher/lower rates are not necessarily associated with inappropriate care. However, large jurisdictional variations in rates for particular procedures can require investigation to determine whether service levels are appropriate.

Care needs to be taken when interpreting the differences in the separation rates for the selected procedures. Variations in rates can be attributable to variations in the prevalence of the conditions being treated, or to differences in clinical practice across states and territories. Higher rates can be acceptable for certain conditions and not for others. Higher rates of angioplasties and lens insertions, for example, can represent appropriate levels of care, whereas higher rates of hysterectomies or tonsillectomies can represent an over-reliance on procedures. No clear inference can be drawn from higher rates of arthroscopies or endoscopies. Some of the selected procedures, such as angioplasty and coronary artery bypass graft, are alternative treatment options for people diagnosed with similar conditions.

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

The 'separation rates for selected procedures' reported here include all hospitals and reflect the activities of both public and private health systems. The most common procedures of those reported in 2008-09 were caesarean sections, prostatectomies and hysterectomies (table 10.9).

For all procedures, separation rates varied across jurisdictions. Statistically significant and material differences in the separation rates for these procedures can highlight variations in treatment methods across jurisdictions. Table 10A.45 presents standardised separation rate ratios — comparing the separation rate in each jurisdiction with the national rate — along with confidence intervals for each ratio.

Table 10.9 Separations for selected procedures or diagnoses per 1000 people, all hospitals, by patient's usual residence, 2008-09^{a, b, c}

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^d
<i>Procedure/diagnosis</i>									
Coronary artery bypass	0.58	0.62	0.71	0.35	0.65	0.41	0.67	..	0.59
Coronary angioplasty	1.51	1.62	1.43	1.53	1.48	1.43	2.89	..	1.53
Caesarean section:									
separation rate	8.40	8.40	9.90	9.80	9.20	9.00	8.90	8.70	8.90
separations per 100 in-hospital births ^e	29.80	31.20	33.50	33.70	33.30	29.90	28.70	28.60	31.50
Cholecystectomy	2.12	2.19	2.31	2.03	2.31	1.85	2.32	1.66	2.17
Hip replacement	1.25	1.43	1.20	1.49	1.54	1.48	2.37	0.77	1.35
Hysterectomy ^f	2.25	2.20	2.67	2.39	2.84	2.62	2.85	1.74	2.39
Tonsillectomy	2.16	2.13	2.37	2.68	2.82	1.38	3.20	0.93	2.28
Myringotomy	1.50	1.84	1.74	2.27	3.16	1.16	2.67	1.10	1.83
Knee replacement	1.66	1.37	1.72	1.75	1.85	1.17	2.60	0.91	1.62
Prostatectomy	3.01	3.44	2.71	2.60	2.91	2.38	4.29	1.71	3.00

^a Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders and posthumous organ procurement. Excludes multiple procedures/diagnoses for the same separation within the same group. ^b The procedures and diagnoses are defined using ICD-10-AM codes. ^c Rates per 1000 people were directly age standardised to the Australian population at 30 June 2001.

^d Includes other territories. Excludes non-residents and unknown state or territory of residence. ^e Caesarean sections divided by separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by caesarean section because births out of hospital are not included.

^f Includes hysterectomies for females aged 15–69 years only. Rate is determined using total population for state or territory. .. Not applicable.

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; table 10A.45.

Effectiveness — quality

There is no single definition of quality in healthcare, but the Australian Commission on Safety and Quality in Health Care (ACSQHC) has defined quality as ‘the extent to which the properties of a service or product produces a desired outcome’ (Runciman 2006). No single indicator can measure quality across all providers. An alternative approach is to identify and report on aspects of quality of care. The aspects of quality recognised in the performance indicator framework are safety, responsiveness and continuity. Data are reported against safety but not responsiveness or continuity.

There has been considerable debate and research to develop suitable indicators of the quality of healthcare both in Australia and overseas. All Australian health ministers agreed to the establishment of the Australian Council for Safety and Quality in Health Care in January 2000, with a view to taking a systematic approach to assessing and improving the quality of healthcare. The Australian Council for Safety and Quality in Health Care was replaced in January 2006 by the ACSQHC. A key objective of the ACSQHC is to achieve safe, effective and responsive care for consumers. The ACSQHC has maintained the Council’s focus on improving the safety of hospitals and sought to improve the quality of primary healthcare and the private health sector.

Various states and territories publicly report performance indicators for public hospital quality. Some have adopted the same indicators reported in this chapter. For example:

- In NSW reporting of Australian Council on Health Care Standards (ACHS) ‘surgical site infection rates’ is mandatory for public hospitals.
- Victorian hospitals are required to publish annual quality care reports that include safety and quality indicators for infection control, medication errors, falls monitoring and prevention, pressure wound monitoring and prevention, patient satisfaction and consumer participation in health care decision making.
- Queensland Health publishes the Queensland Health Annual report, which includes clinical indicator results for the largest 58 public hospitals spanning the medical, surgical, obstetrics, gynaecology and mental health areas. Queensland Health also publishes the Quarterly public hospitals performance report which amongst other measures includes patient satisfaction results.
- Both the WA and Tasmanian health departments’ annual reports include information on ‘unplanned re-admission rates’ and WA also includes a section on patient satisfaction.

-
- SA Health publishes an annual report on patient safety which provides a summary of the types of incidents that occurred in public hospitals, actions taken on coronial findings and progress against priority areas in The South Australian Patient Safety Framework and Strategy 2007-2011.
 - ACT Health publishes quarterly reports that include data on unplanned readmissions, unplanned returns to operating theatre and hospital acquired infection rates.

Safety

Improving patient safety is an important issue for all hospitals. Studies on medical errors have indicated that adverse healthcare related events occur in public hospitals in Australia and internationally, and that their incidence is potentially high (for example, Thomas et al. 2000; Runciman and Moller 2001, Runciman et al. 2000 and Davis et al. 2001). These adverse events can result in serious consequences for individual patients, and the associated costs can be considerable (Kohn et al. 1999).

Safety — unplanned/unexpected readmissions within 28 days of selected surgical admissions

‘Unplanned/unexpected readmissions within 28 days of selected surgical admissions’ is an indicator of governments’ objective to provide public hospital services that are safe and of high quality (box 10.8). This indicator has been included in the report for the first time this year and replaces the previously reported ‘unplanned readmission rates indicator’.

Box 10.8 Unplanned/unexpected readmissions within 28 days of selected surgical admissions

Unplanned/unexpected readmissions within 28 days of selected surgical admissions show the rate at which patients unexpectedly return to hospital within 28 days for further treatment of the same condition.

The indicator is calculated as the number of separations that were unplanned or unexpected readmissions to the same hospital following a separation in which a selected surgical procedure was performed and occurred within 28 days of the previous date of separation divided by number of public hospital separations in which one of the selected surgical procedures was performed expressed per 1000 separations.

Selected surgical procedures are knee replacement, hip replacement, tonsillectomy and adenoidectomy, hysterectomy, prostatectomy, cataract surgery and appendectomy.

'Unexpected/unplanned' readmissions are those having a principal diagnosis of a post-operative adverse event for which a specified ICD-10-AM diagnosis code has been assigned.

Patients might be re-admitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, if post discharge planning was inadequate, or for other reasons outside the control of the hospital (for example poor post-discharge care). High rates for this indicator suggest the quality of care provided by hospitals, or post-discharge care or planning, should be examined, because there may be scope for improvement.

There are some difficulties in identifying re-admissions that were unplanned. The unplanned and/or unexpected readmissions are limited to those having a principal diagnosis of a post-operative adverse event. This does not include all possible unplanned/unexpected readmissions, so the indicator is likely to be an under-estimate.

This indicator identifies only those patients re-admitted to the same hospital, so there is some under-reporting (for example, where patients go to another hospital). Unplanned re-admission rates are not adjusted for casemix or patient risk factors, which can vary across hospitals and across jurisdictions.

Data reported for this indicator are not complete or directly comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2011.

Unplanned/unexpected readmissions within 28 days of selected surgical admissions in public hospitals in 2008-09 are reported in table 10.10. Unplanned/unexpected readmissions are reported by Indigenous status and remoteness in table 10A.47. The measure reported for this indicator is significantly different from that reported previously in this Report. Both the method of calculating the indicator and the data source have changed. The new measure uses the same specifications and data as the

corresponding NHA measure. The quality of this measure is improved from that included in previous reports and data are not comparable with previous reports.

Table 10.10 Unplanned/unexpected readmissions within 28 days of selected surgical admissions in public hospitals, per 1000 separations, 2008-09^a

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<i>Surgical procedure prior to separation</i>									
Knee replacement	25.0	27.7	42.5	15.9	15.1	np	np	np	27.7
Hip replacement	18.7	21.7	33.5	14.2	16.8	21.3	np	np	21.8
Tonsillectomy and Adenoidectomy	24.1	29.7	29.8	30.2	40.4	50.1	np	np	29.5
Hysterectomy	34.9	36.7	36.9	32.1	38.1	44.9	np	np	36.9
Prostatectomy	39.1	25.7	43.6	33.8	33.4	23.8	np	np	33.8
Cataract surgery	3.6	4.7	4.1	3.2	5.6	np	np	28.9	4.5
Appendicectomy	28.0	20.6	25.5	28.0	37.2	36.8	28.1	29.5	26.4

^a Total rates for Australia do not include WA. **np** Not published.

Source: AIHW (unpublished) Admitted Patient Care National Minimum Data Set; table 10A.46.

Safety — pre-anaesthetic consultation rates

‘Pre-anaesthetic consultation rates’ is an indicator of governments’ objective to provide public hospital services that are safe and of high quality (box 10.9).

Box 10.9 Pre-anaesthetic consultation rates

'Pre-anaesthetic consultation rate' is the number of procedures where there is documented evidence that the patient has seen an anaesthetist before entering the operating theatre suite, anaesthetic room, or procedure room, as a percentage of the total number of procedures with an anaesthetist in attendance.

Consultation by an anaesthetist is essential for the medical assessment of a patient before anaesthesia for surgery (or another procedure), to ensure that the patient is in an optimal state for anaesthesia and surgery. Low rates for this indicator suggest the quality of pre-anaesthetic care provided by hospitals should be examined because there can be scope for improvement.

This indicator identifies only pre-anaesthetic consultations for which there is documented evidence, so there can be some under-reporting due to some consultations not being documented. In addition, the data include some pre-anaesthetic consultations not conducted by the attending anaesthetist but by one of the medical members of the same anaesthetic department or group. Consultations by the attending anaesthetist are preferable.

Data reported for this indicator are not complete or directly comparable.

Data quality information for this indicator is under development.

Data for the 'safety' indicators come from the ACHS Comparative Report Service (Clinical Indicators). The ACHS data are collected for internal clinical review by individual hospitals. They are predominantly used to demonstrate the potential for improvement across Australian hospitals, if all hospitals could achieve the same outcomes as the hospitals that achieve the best outcomes for patients. When interpreting results of these indicators, emphasis needs to be given to the potential for improvement. Statewide conclusions cannot be drawn because participation by public hospitals in the Comparative Report Service (Clinical Indicators) is generally voluntary, so the data are not necessarily drawn from representative samples of hospitals (box 10.10).

Box 10.10 Reporting of ACHS clinical indicators

Data for the clinical indicators of 'unplanned re-admissions to hospital', 'pre-anaesthetic consultation rates' and 'surgical site infection rates' come from the ACHS. The ACHS's method for reporting clinical indicators is explained in *Determining the Potential to Improve Quality of Care* (ACHS 2007). The ACHS reports the average (that is, mean) rate of occurrence of an event and the performance of hospitals at the 20th and 80th centiles. Where a lower rate implies better quality, national performance at the 20th centile represents the rate at, or below which, the best performing 20 per cent of ACHS reporting hospitals performed. Where a higher rate implies better quality, national performance at the 80th centile represents the rate at, or above which, the best performing 20 per cent of ACHS reporting hospitals performed. This method is designed to allow hospitals to determine whether their performance is above or below average, and what scope exists for improvement.

Particular attention is paid to systematic variation between hospitals and between different categories of hospital (including different jurisdictions), and to individual hospitals that vary significantly from the average for all hospitals (that is, outliers).

The ACHS calculates the average occurrence of an event for all hospitals and uses the shrinkage estimation method to estimate shrunken rates for individual hospitals. From these shrunken rates, the performance of hospitals at the 20th and 80th centiles is calculated. The potential gains from shifting 'mean' hospitals to the 20th/80th centile are obtained by calculating the change in the occurrence of the event measured if the mean were equal to performance at the 20th/80th centile.

Shrunken rates are used rather than actual rates because actual rates of zero per cent and 100 per cent can be obtained for individual hospitals based on random variation where there are low denominators. Shrinkage estimators adjust each hospital's observed rate using the hospital's numerator and denominator, together with the mean and standard deviations of other hospitals to obtain corrected rates. The smaller the denominator for an individual hospital, the larger is the shift to the overall mean.

Using the shrunken rates, mean rates are calculated for individual categories of hospital (including jurisdictions) to determine stratum rates. If the stratum explains more than 10 per cent of the variation in rates, this is reported as a possible explanatory variable. The potential gains of each category shifting performance to the stratum with the lowest mean are also calculated.

Finally, using the shrunken rates for individual hospitals, the observed occurrence of the event measured is compared to the expected occurrence of the event, to measure difference from the mean. To avoid responding to random variation, three standard deviations are plotted, and values outside the three standard deviations are assumed to be systematically different from the average rate. The potential gains from shifting the performance of these outliers to the performance of mean hospitals are calculated (outlier gains).

Source: ACHS (unpublished, 2003).

Following a redevelopment of the ACHS's anaesthetic indicators between their 2004 and 2005 data collections, there has been a reduction in the number of hospitals providing data for this indicator. Pre-anaesthetic consultation rate estimates should be viewed in the context of the statistical (standard) errors. High standard errors signal that data are potentially unreliable. The statistical terms used to describe this indicator are explained in box 10.11.

Box 10.11 Definition of terms for ACHS clinical indicators

centile: any of the 99 numbered points that divide an ordered set of scores into 100 parts, each of which contains one 100th of the total. Where a lower rate implies better quality, national performance at the 20th centile represents the rate at, or below which, the best performing 20 per cent of ACHS reporting hospitals performed. Where a higher rate implies better quality, national performance at the 80th centile represents the rate at, or above which, the best performing 20 per cent of ACHS reporting hospitals performed.

centile gains: the potential gains from shifting mean (average) hospitals to the performance at the 20th/80th centile (depending on whether a high or low rate is desirable), is obtained by calculating the change in the occurrence of an event if the mean were equal to performance at the 20th/80th centile.

denominator: the term of a fraction or equation showing the number of parts into which the numerator is being divided (usually written below the line). For the unplanned re-admissions indicator, for example, the denominator is the total number of admissions in the participating hospital.

mean: the sum of a set of numbers divided by the amount of numbers in the set, often referred to as an average.

numerator: the term of a fraction or equation showing how many parts of the fraction are taken (usually written above the line). For the unplanned re-admissions indicator, the numerator is the total number of unplanned re-admissions in the participating hospital; for the infections indicators, the numerator is the number of infections for the selected procedure in the participating hospital.

outlier gains: the potential gains from moving the performance of outlier hospitals to the performance of mean (average) hospitals, obtained by calculating the change in the occurrence of an event if the outlier performance were equal to performance at the mean.

(Continued next page)

Box 10.11 (Continued)

rate: the sum of the numerators divided by the sum of the denominators, which is also the weighted mean of the individual rates of the ACHS reporting hospitals. This weighted mean may not be the same as the unweighted mean of the rates, especially if a few ACHS reporting hospitals with large denominators have different rates (extremely high or low) from the other ACHS reporting hospitals.

stratum gains: the potential gains from a particular category of hospitals moving to the performance of the stratum with the lowest mean.

stratum rate: mean rates for a particular jurisdiction.

Source: ACHS (2001).

Nationally, among all public hospitals participating in the ACHS Comparative Report Service in 2008, the mean rate of ‘pre-anaesthetic consultations’ was 72.1 per 100 procedures (table 10.11). The ACHS estimated that if the performance of all ACHS reporting public hospitals in Australia matched national performance at the 80th centile, there would be 27.9 per cent (or 6970) more pre-anaesthetic consultations in these public hospitals (ACHS unpublished). National performance at the 80th centile shows the rate at, or above which, the best performing 20 per cent of ACHS reporting hospitals performed.

These national results are based on approximately 1.7 per cent of total public acute hospital anaesthetic procedures. The number of ACHS reporting hospital procedures used to derive this indicator was 24 998 in 2008 (ACHS unpublished). The estimated total number of anaesthetic procedures in 2007-08 was 1.5 million (AIHW unpublished).

NSW was the only jurisdiction with five or more hospitals reporting ‘pre-anaesthetic consultations’ to the ACHS Comparative Report Service in 2008 (table 10.11). Data for 2008 for other jurisdictions are not reported separately because fewer than five hospitals reported ‘pre-anaesthetic consultations’ in each of those jurisdictions. Data for 2006 are reported for Victoria in table 10A.49.

Table 10.11 Pre-anaesthetic consultation rates, ACHS reporting public hospitals, 2008^a

	<i>Unit</i>	<i>Results</i>
National rate (per 100 separations)	%	72.1
National performance at 80th centile (rate)	(%)	100.0
National performance at 20th centile (rate)	(%)	31.7
<i>New South Wales</i>		
Numerator (pre anaesthetic consultations)	no.	7 800
Denominator (procedures)	no.	10 833
Rate (per 100 separations)	%	72
Standard error (±)		17
ACHS reporting hospitals	no.	6.0

^a The ACHS data are not designed to measure the performance of states and territories, but are for internal clinical review by individual hospitals. In addition, health organisations contribute data voluntarily to the ACHS, so the samples are not necessarily representative of all hospitals in each jurisdiction. As a result, statewide comparisons and conclusions regarding the performance of individual states cannot be drawn.

Source: ACHS (unpublished); table 10A.48.

*Safety — healthcare associated *Staphylococcus aureus* bacteraemia in acute care hospitals*

‘Healthcare associated *Staphylococcus aureus* (including Methicillin-resistant *Staphylococcus aureus* [MRSA]) bacteraemia (SAB) in acute care hospitals’ is an indicator of governments’ objective to provide public hospital services that are safe and of high quality (box 10.12). This indicator replaces the ‘Surgical site infection rates’ indicator reported previously.

Box 10.12 Healthcare associated *Staphylococcus aureus* bacteraemia in acute care hospitals

'Healthcare associated SAB in acute care hospitals' is the number of SAB patient episodes associated with acute care public hospitals divided by the number of patient days for public acute care hospitals reporting for the SAB indicator expressed as a rate per 10 000 patient days.

A patient episode of SAB is defined as a positive blood culture for SAB. Only the first isolate per patient is counted, unless at least 14 days has passed without a positive blood culture, after which an additional episode is recorded.

SAB is considered to be healthcare-associated if the first positive blood culture is collected more than 48 hours after hospital admission or less than 48 hours after discharge, or if the first positive blood culture is collected 48 hours or less after admission and one or more of the following key clinical criteria was met for the patient-episode of SAB:

- SAB is a complication of the presence of an indwelling medical device
- SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site
- an invasive instrumentation or incision related to the SAB was performed within 48 hours
- SAB is associated with neutropenia ($<1 \times 10^9/L$) contributed to by cytotoxic therapy.

Cases where a known previous blood culture has been obtained within the last 14 days are excluded.

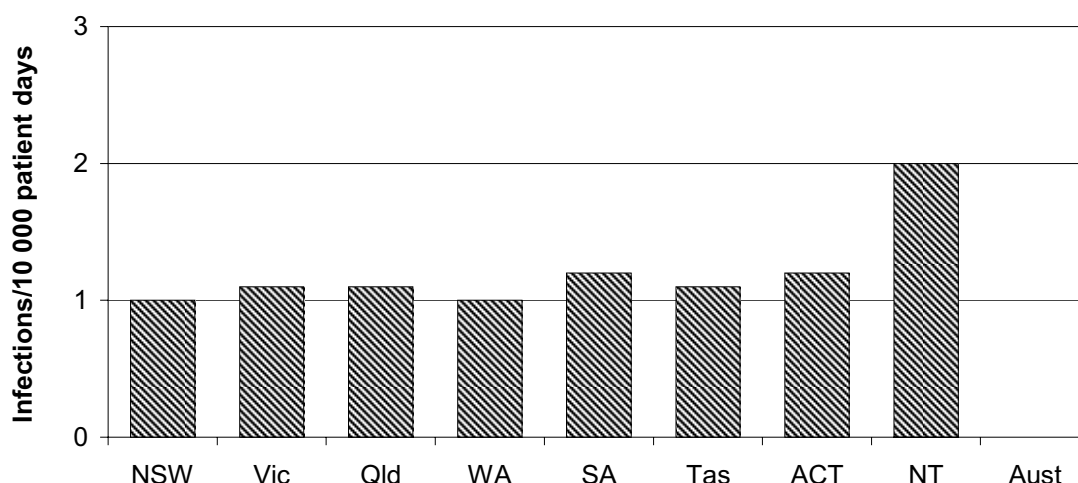
Healthcare associated SAB episodes can result in serious consequences for individual patients, place a significant burden on the health system and are influenced by the safety of hospital practices and procedures. Low 'Healthcare associated SAB in acute care hospitals' rates are consistent with the quality standards required in the public hospital sector.

Data reported for this indicator are not complete or directly comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2011.

Healthcare associated SAB in acute care hospitals per 10 000 patient days is reported in figure 10.15.

Figure 10.15 Healthcare associated SAB in public acute care hospitals, 2009-10^{a, b, c}



^a Comprises both Methicillin resistant *Staphylococcus aureus* and Methicillin sensitive staphylococcus aureus. ^b The calculation of an Australian total is not appropriate as NSW data are not comparable with other jurisdictions. ^c The SAB patient episodes were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). No denominator is available to describe the total admitted and non-admitted patient activity of public hospitals. However, the number of patient days for admitted patient activity is used as the denominator to take into account the large differences between the sizes of the public hospital sectors among the jurisdictions. The comparability of the SAB rates among jurisdictions and over time is limited because the count of patient days reflects the amount of admitted patient activity, but does not necessarily reflect the amount of non-admitted patient activity. The amount of hospital activity that patient days reflect varies among jurisdictions and over time because of variation in admission practices.

Source: AIHW unpublished; table 10A.50.

Safety — hospital accreditation

‘Accreditation’ is an indicator of governments’ objective to provide public hospital services that are of high quality (box 10.13). Data for this indicator are shown in figure 10.16.

Box 10.13 Accreditation

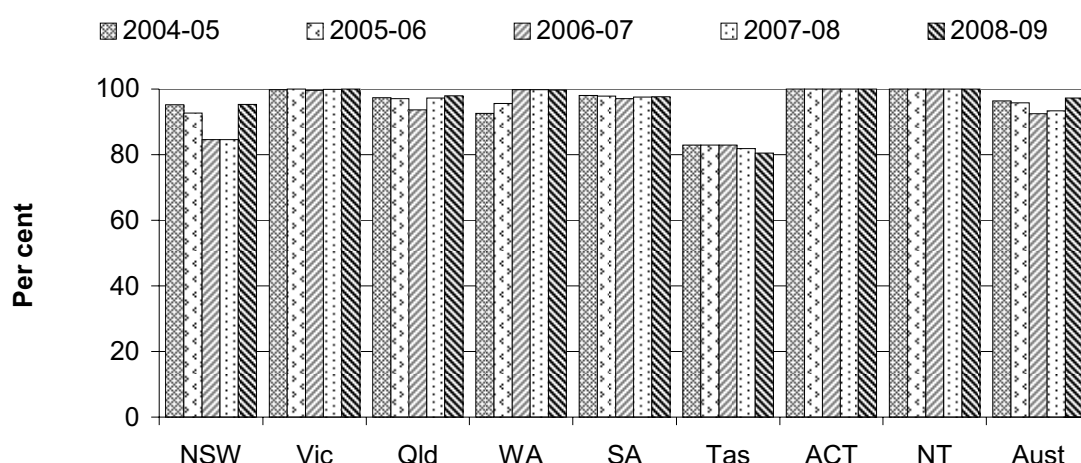
'Accreditation' is defined as the ratio of accredited beds to all beds in public hospitals. The number of beds indicates the level of hospital capacity or activity. 'Accreditation' signifies professional and national recognition awarded to hospitals and other healthcare facilities that meet defined industry standards. Public hospitals can seek accreditation through the ACHS Evaluation and Quality Improvement Program, Business Excellence Australia (previously known as the Australian Quality Council), the Quality Improvement Council, and through certification as compliant with the International Organisation for Standardization's (ISO) 9000 quality family or other equivalent programs. Jurisdictions apply specific criteria to determine which accreditation programs are suitable. Quality programs require hospitals to demonstrate continual adherence to quality improvement standards to gain and retain accreditation.

It is not possible to draw conclusions about the quality of care in those hospitals that do not have 'accreditation'. Public hospital accreditation is voluntary in all jurisdictions except Victoria, where it is mandatory for all public hospitals (excluding those that provide only dental or mothercraft services). The costs of preparing a hospital for accreditation are significant, and a low level of accreditation can reflect cost constraints rather than poor quality. Also, the cost of accreditation may not rise proportionally with hospital size. This would be consistent with larger hospitals being more active in seeking accreditation (because it is relatively less costly for them).

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Figure 10.16 Proportion of accredited beds, public hospitals^{a, b}



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

^b Includes psychiatric hospitals.

Source: AIHW (various years), *Australian Hospital Statistics*, Health Services Series, Cat nos. HSE 41, 50, 55, 71 and 84; table 10A.51.

Safety — falls resulting in patient harm in hospitals

‘Falls resulting in patient harm in hospitals’ is an indicator of governments’ objective to provide public hospital services that are safe and of high quality (box 10.14). This indicator has been included for the first time in this Report.

Box 10.14 Falls resulting in patient harm in hospitals

Falls occurring in health care settings and resulting in patient harm treated in hospital is defined as the number of separations with an external cause code for fall and a place of occurrence of health service area divided by the total number of hospital separations and is expressed as a rate per 1000 separations.

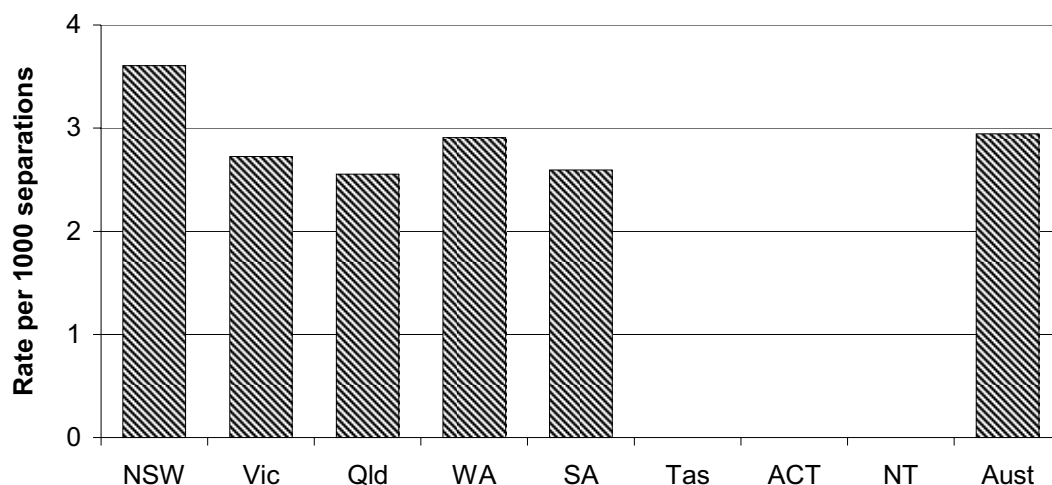
A high number of falls resulting in patient harm in hospitals can indicate hospital system and process deficiencies that compromise the quality and safety of public hospitals. Falls resulting in patient harm in hospitals can result in serious consequences for individual patients and place a significant burden on the health system.

Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2011.

The indicator defines a fall in hospital as a fall for which the place of occurrence is coded as health service area. The health service area as a place of occurrence is broader in scope than hospitals as it includes other health care settings such as day surgery centres or hospices. Data could therefore be an overestimate as they include falls in health care settings other than hospitals. Falls resulting in patient harm in public health care settings varied across states and territories in 2008-09 with a national rate of 2.9 falls per 1000 separations (figure 10.17).

Figure 10.17 **Falls resulting in patient harm in public health care settings, 2008-09^{a, b, c}**



^a Around 25 per cent of the records of separations involving falls did not have a code assigned for the place of occurrence. Consequently, the recorded number of falls occurring in hospitals may be an under-estimate. ^b If there is more than one external cause reported, there is uncertainty about whether the place of occurrence 'health service area' relates to the fall, or to the other external cause. As a consequence, there may be some over-counting in the calculation of the data reported. ^c Data for Tasmania, the ACT and the NT are not published.

Source: AIHW unpublished; table 10A.52.

Safety — intentional self harm in hospitals

'Intentional self harm in hospitals' is an indicator of governments' objective to provide public hospital services that are safe and of high quality (box 10.15). This indicator has been included for the first time in this Report.

Box 10.15 Intentional self harm in hospitals

Intentional self harm in hospitals is defined as the number of hospital separations with an external cause code for intentional self harm and a place of occurrence of health service divided by the total number of hospital separations and is expressed as a rate per 1000 separations.

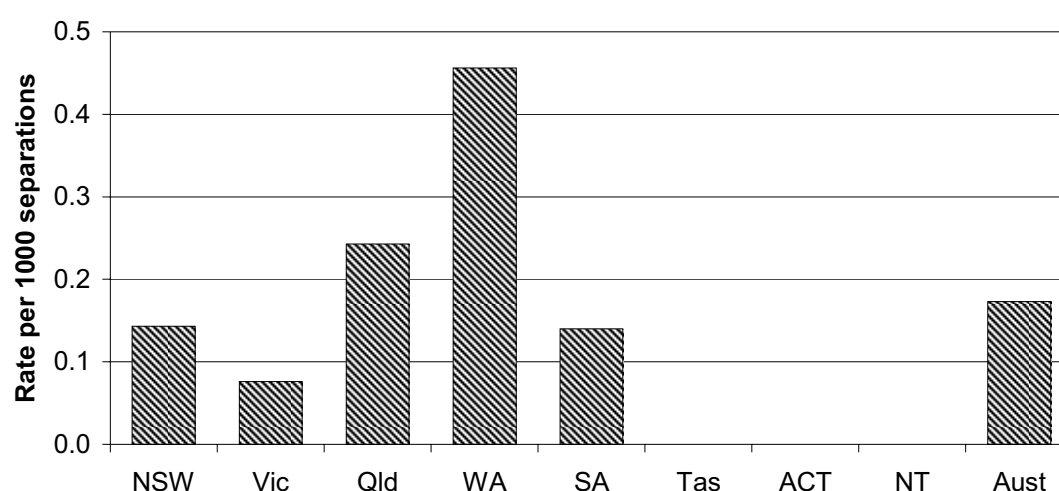
Self harm in hospitals can result in serious consequences for individual patients. A high rate of self harm can indicate hospital system and process deficiencies that compromise the quality and safety of public hospitals.

Data reported for this indicator are complete and directly comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2011.

The indicator defines intentional self harm in hospital as being one for which the place of occurrence is coded as health service area. The health service area as a place of occurrence is broader in scope than hospitals as it includes other health care settings such as day surgery centres or hospices. Data could therefore be an overestimate as they include intentional self harm in health care settings other than hospitals. Nationally in 2008-09 occurrences of intentional self harm in public health care settings was around 0.2 per 1000 separations (figure 10.18).

Figure 10.18 Intentional self harm in public health care settings, 2008-09^{a, b, c, d}



^a Around 30 per cent of all separations involving intentional self harm did not have a code assigned for the place of occurrence. Consequently, the recorded number of intentional self harm incidents occurring in hospitals may be an under-estimate. ^b If there is more than one external cause reported, there is uncertainty about whether the place of occurrence 'health service area' relates to intentional self harm, or to the other external cause. As a consequence there may be some over-counting in the calculation of the data reported. ^c Separations with a principal diagnosis of an injury or poisoning have been excluded on the assumption that the self-harm occurred prior to admission to hospital. However, it is possible that some of these separations would have involved self-harm that occurred in hospital. ^d Data for Tasmania, the ACT and the NT are not published.

Source: AIHW unpublished; table 10A.53.

Safety — adverse drug events in hospitals

'Adverse drug events in hospitals' is an indicator of governments' objective to provide public hospital services that are safe and of high quality (box 10.16).

Box 10.16 Adverse drug events in hospitals

Adverse drug events in hospitals is currently expected to measure the number of separations with an adverse drug event occurring in hospital divided by total separations from hospital expressed as a rate.

Adverse drug events in hospitals has been identified as a key area for development in future Reports. This indicator is being developed as part of the NHA reporting process.

Safety — pressure ulcers in hospitals

‘Pressure ulcers in hospitals’ is an indicator of governments’ objective to provide public hospital services that are safe and of high quality (box 10.17).

Box 10.17 Pressure ulcers in hospitals

Pressure ulcers in hospitals is currently expected to measure separations with a pressure ulcer in acute and subacute care settings recorded as arising during an episode of care.

Pressure ulcers in hospitals has been identified as a key area for development in future Reports. This indicator is being developed as part of the NHA reporting process.

Responsiveness

The Steering Committee has identified the responsiveness of public hospitals as an area for development in future Reports.

Continuity — continuity of care

‘Continuity of care’ is an indicator of governments’ objective to provide public hospital services that are of high quality (box 10.18).

Box 10.18 Continuity of care

‘Continuity of care’ measures the provision of uninterrupted, timely, coordinated healthcare, interventions and actions across programs, practitioners and organisations.

Continuity of care has been identified as a key area for development in future Reports.

Sustainability

Workforce sustainability

‘Workforce sustainability’ is an indicator of governments’ objective to provide sustainable public hospital services (box 10.19).

Box 10.19 Workforce sustainability

‘Workforce sustainability’ reports age profiles for nurse and medical practitioner workforces. It shows the proportions of registered nurses and medical practitioners in ten year age brackets, both by jurisdiction and by region.

The ‘workforce sustainability’ indicator helps determine whether sustainability problems might arise in the delivery of current/future public hospitals’ services. Labour is the most significant and costly resource used in providing public hospital services (figure 10.25). Nurses and medical practitioners are the most significant groups of skilled professionals employed in public hospitals (figure 10.12). The sustainability of the ‘public hospital’ workforce is affected by a number of factors, in particular, whether the number of new entrants are sufficient to maintain the existing workforce, and the proportion of the workforce who are close to retirement.

The smaller the proportion of the workforce who are new entrants and/or the larger the proportion of the workforce who are close to retirement, the more likely sustainability problems are to arise in the coming decade as the older age group starts to retire.

All registered nurses and medical practitioners are included in these measures as crude indicators of the potential respective workforces for public hospitals.

These measures are not a substitute for a full workforce analysis that allows for migration, trends in full-time work and expected demand increases. They can, however, indicate that further attention should be given to workforce sustainability for public hospitals.

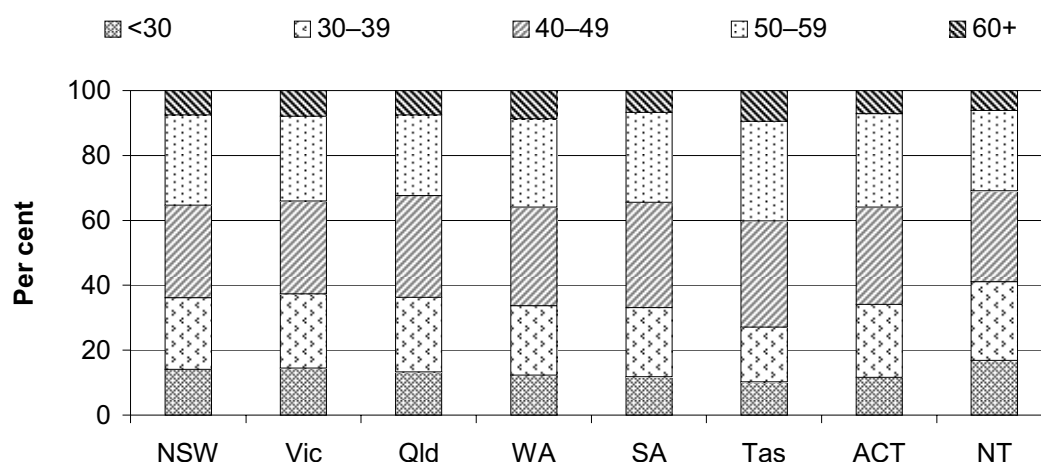
Data reported for this indicator are comparable.

Data quality information for this indicator is at www.pc.gov.au/gsp/reports/rogs/2011.

Source: National Health Performance Committee (2004).

The age profile of the nursing workforce for 2008 (which includes midwives) for each jurisdiction is shown in figure 10.19. Nursing workforce data by remoteness area for 2008 are shown in figure 10.20.

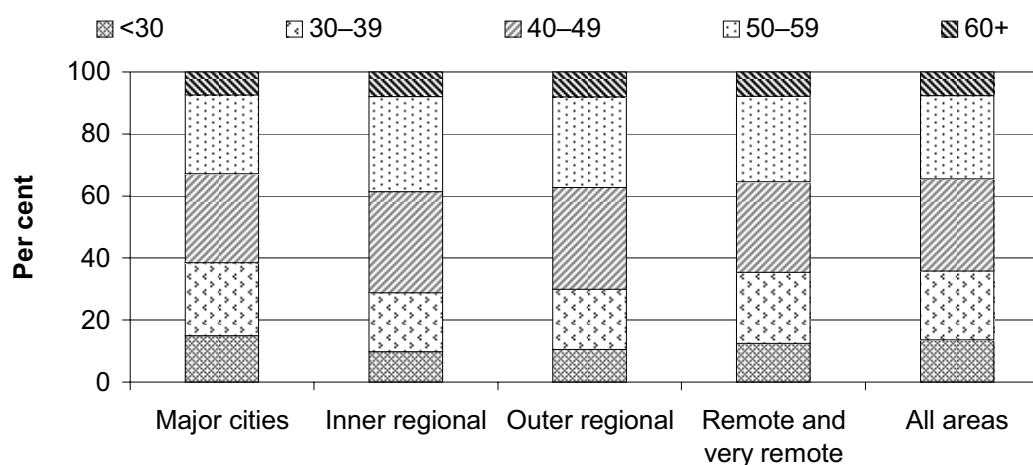
Figure 10.19 Nursing workforce, by age group, 2008^a



^a Includes registered and enrolled nurses (including midwives) who are employed in nursing, on extended leave and looking for work in nursing.

Source: AIHW (unpublished) *Nursing and Midwifery Labour Force Survey*; table 10A.55.

Figure 10.20 Nursing workforce, by age group and remoteness area, 2008^a

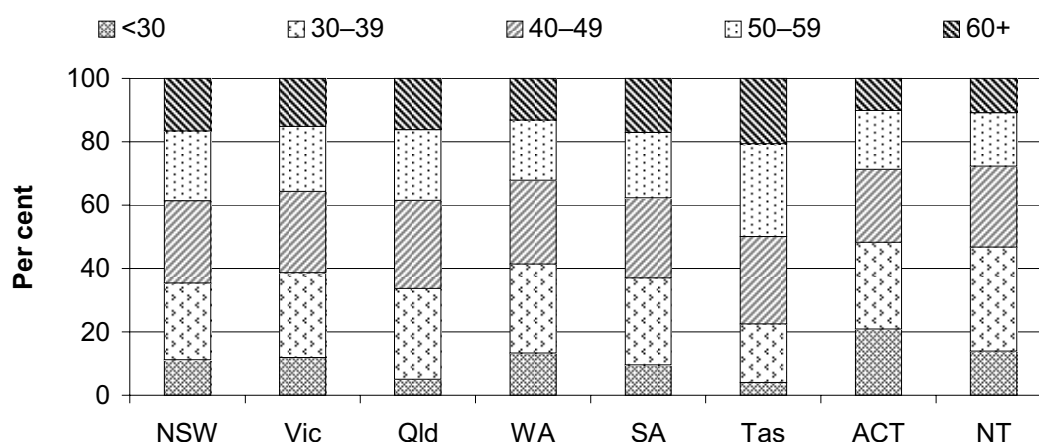


^a Includes registered and enrolled nurses (including midwives) who are employed in nursing, on extended leave and looking for work in nursing.

Source: AIHW (unpublished) *Nursing and Midwifery Labour Force Survey*; table 10A.54.

The age profile of the medical practitioner workforce in 2008 for each jurisdiction is shown in figure 10.21. Medical practitioner workforce data for 2008 by remoteness area are shown in figure 10.22.

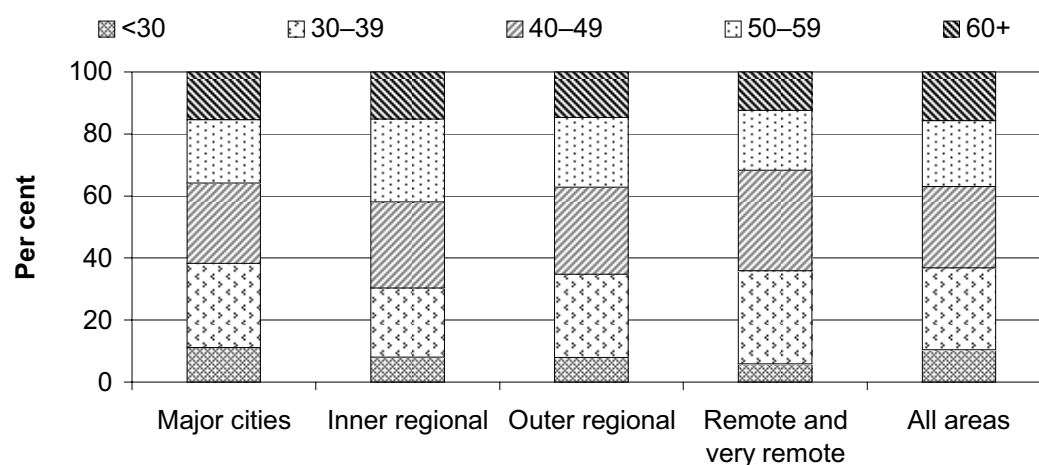
Figure 10.21 Medical practitioner workforce, by age group, 2008^a



^a Includes employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine.

Source: AIHW (unpublished) *Medical Labour Force Survey*; table 10A.57.

Figure 10.22 Medical practitioner workforce, by age group and remoteness area, 2008^a



^a Includes employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine.

Source: AIHW (unpublished) *Medical Labour Force Survey*; table 10A.56.

Efficiency

Two approaches to measuring the efficiency of public hospital services are used in this Report: the 'cost per casemix-adjusted unit of output' (the unit cost) and the

‘casemix-adjusted relative length of stay index’. The latter is used because costs are correlated with the length of stay at aggregate levels of reporting.

The Steering Committee’s approach is to report the full costs of a service where they are available. Where the full costs of a service cannot be accurately measured, the Steering Committee seeks to report estimated costs that are comparable. Where differences in comparability remain, the differences are documented. The Steering Committee has identified financial reporting issues that have affected the accuracy and comparability of unit costs for acute care services. These include the treatment of payroll tax, superannuation, depreciation and the user cost of capital associated with buildings and equipment. A number of issues remain to further improve the quality of these estimates.

Costs associated with non-current physical assets (such as depreciation and the user cost of capital) are potentially important components of the total costs of many services delivered by government agencies. Differences in the techniques for measuring non-current physical assets (such as valuation methods) can reduce the comparability of cost estimates across jurisdictions. In response to concerns regarding data comparability, the Steering Committee initiated a study, reported in *Asset Measurement in the Costing of Government Services* (SCRCSSP 2001). The study examined the extent to which differences in asset measurement techniques applied by participating agencies can affect the comparability of reported unit costs.

The results reported in the study for public hospitals indicate that different methods of asset measurement could lead to quite large variations in reported capital costs. However, considered in the context of total unit costs, the differences created by these asset measurement effects were relatively small, because capital costs represent a small proportion of total cost (although the differences can affect cost rankings across jurisdictions). A key message from the study was that the adoption of nationally uniform accounting standards across all service areas would be a desirable outcome. The results are discussed in more detail in chapter 2.

Care needs to be taken, therefore, in comparing unit costs across jurisdictions. Differences in counting rules, the treatment of various expenditure items (for example, superannuation) and the allocation of overhead costs have the potential to affect such comparisons. In addition, differences in the use of salary packaging can allow hospitals to lower their wage bills (and thus State or Territory government expenditure) while maintaining the after-tax income of their staff. No data were available for reporting on the effect of salary packaging and any variation in its use across jurisdictions.

Differences in the scope of services being delivered by public hospitals can also reduce the comparability of efficiency measures. Some jurisdictions admit patients who can be treated as non-admitted patients in other jurisdictions (AIHW 2000).

Recurrent cost per casemix-adjusted separation

‘Recurrent cost per casemix-adjusted separation’ is an indicator of governments’ objective to deliver services in a cost effective manner (box 10.20). ‘Recurrent cost per casemix-adjusted separation’ data are presented in figure 10.23.

Box 10.20 Recurrent cost per casemix-adjusted separation

‘Recurrent cost per casemix-adjusted separation’ measures the average cost of providing care for an admitted patient (overnight stay or same day) adjusted with AR-DRG cost weights for the relative complexity of the patient’s clinical condition and of the hospital services provided (AIHW 2000).

This measure includes overnight stays, same day separations, private patient separations in public hospitals and private patient recurrent costs. It excludes non-acute hospitals, mothercraft hospitals, multipurpose hospitals, multipurpose services, hospices, rehabilitation hospitals, psychiatric hospitals and hospitals in the ‘unpeered and other’ peer groups. The data exclude expenditure on non-admitted patient care, the user cost of capital and depreciation, and research costs.

All admitted patient separations and their costs are included, and most separations are for acute care. Cost weights are not available for admitted patients who received non-acute care (4.1 per cent of total separations in 2008-09 (table 10A.16)), so the same cost weights for acute care are applied to non-acute separations. The admitted patient cost proportion is an estimate only.

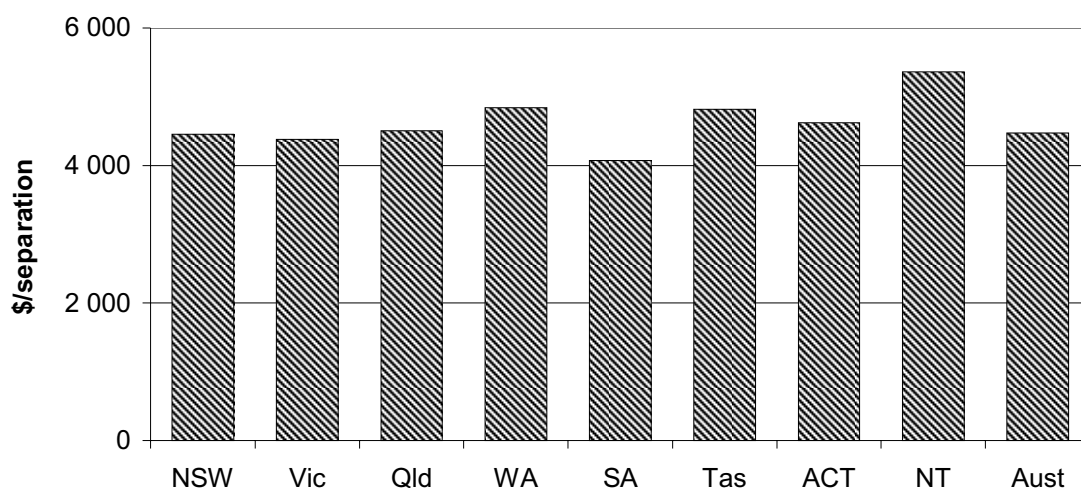
Some jurisdictions have developed experimental cost estimates for non-psychiatric acute patients which are also reported here. Separations for non-acute patients and psychiatric acute care patients are excluded from these estimates because AR-DRG cost weights are a poor predictor of these separations.

Lower ‘recurrent cost per casemix-adjusted separation’ can reflect more efficient service delivery in public hospitals. However, this indicator needs to be viewed in the context of the set of performance indicators as a whole, as cost is not necessarily related to quality and efficiency.

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Figure 10.23 **Recurrent cost per casemix-adjusted separation, 2008-09^a**
b, c, d, e, f, g

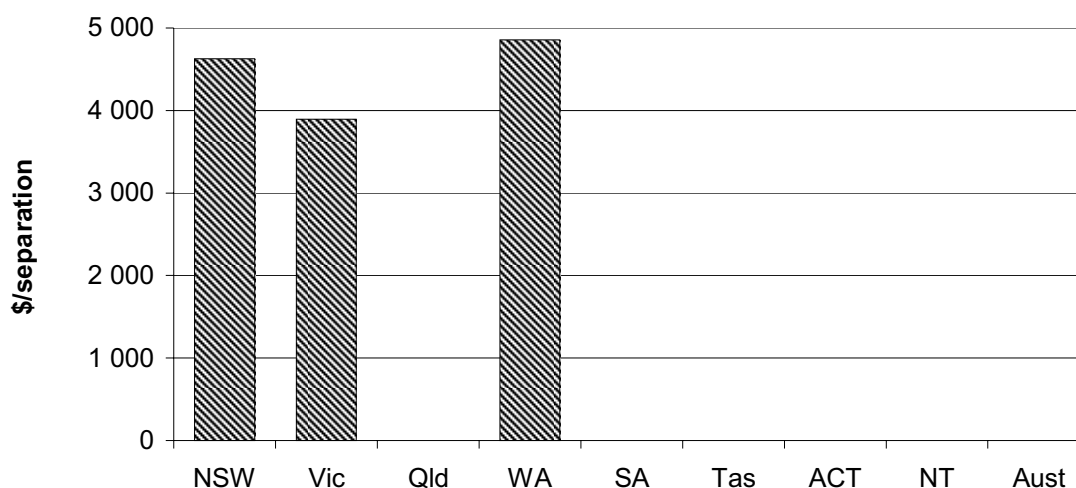


^a Excludes depreciation and the user cost of capital, spending on non-admitted patient care and research costs. ^b Casemix-adjusted separations are the product of total separations and average cost weight. Average cost weights are from the National Hospital Cost Data Collection, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 2006-07 AR-DRG v 5.1 cost weights (DoHA 2006). ^c Excludes separations for which the care type was reported as 'newborn with no qualified days', and records for hospital boarders and posthumous organ procurement. ^d Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute hospitals and multi-purpose services are excluded from these data. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. ^e Of the selected hospitals, three small hospitals had their admitted patient cost proportion estimated by the Health and Allied Services Advisory Council ratio. Admitted patient cost proportion was previously called the inpatient fraction. ^f Hospital recurrent expenditures on Indigenous and non-Indigenous people can differ. These differences can influence jurisdictional variation in unit costs. ^g NT data need to be interpreted in conjunction with the cost disabilities associated with hospital service delivery in the NT.

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; table 10A.58.

Experimental estimates of 'recurrent cost per casemix-adjusted separation' for acute non-psychiatric patients are reported for NSW, Victoria and WA (figure 10.24). (These estimates relate to a subset of the selected public hospitals reported in figure 10.23 and are not available for other jurisdictions.) The experimental estimates aim to overcome the need to apply cost weights for acute care to non-acute care separations (box 10.20). The effect of restricting the analysis to acute non-psychiatric admitted patients was to increase the estimated recurrent cost per casemix-adjusted separation for the subset of hospitals by 3.9 per cent for NSW and 0.3 per cent for WA, and to decrease this cost by 11.1 per cent for Victoria (AIHW 2010a).

Figure 10.24 Recurrent cost per acute non-psychiatric casemix-adjusted separation, subset of hospitals, 2008-09^{a, b, c, d}



^a Excludes psychiatric hospitals, subacute, non-acute and unpeered hospitals. This subset excludes hospitals where the inpatient fraction was equal to the acute inpatient fraction and more than 1000 non-acute patient days were recorded. Also excludes hospitals where the apparent cost of non-acute patients exceeded \$1000 per day and more than \$1 million of apparent expenditure on non-acute patients days was reported.

^b Separations are those where the care type is acute, newborn with qualified days, or not reported. Psychiatric separations are those with psychiatric care days. ^c Average cost weight from the National Hospital Cost Data Collection, based on acute, newborn with at least one qualified day, or not reported, using the 2006-07 AR-DRG version 5.1 cost weights (DoHA 2006). ^d These estimates are not available for Queensland, SA, Tasmania, the ACT or the NT.

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; table 10A.58.

‘Recurrent cost per casemix-adjusted separation’ is affected by differences in the mix of admitted patient services produced by hospitals in each jurisdiction. Hospitals have been categorised by ‘peer groups’ to enable those with similar activities to be compared. The public hospital peer groups include ‘Principal referral and Specialist women’s and children’s hospitals’, ‘Large hospitals’, ‘Medium hospitals’ and ‘Small acute hospitals’.

The dominant peer classification is the ‘Principal referral and Specialist women’s and children’s’ category. The 85 hospitals representing this group had an average of 41 493 separations each at a cost of \$4501 (table 10A.59 and table 10.12). Data for each of the hospital peer groups are presented in table 10.12. Detailed data for all peer groups are presented in table 10A.59.

Table 10.12 Recurrent cost per casemix-adjusted separation, by hospital peer group, 2008-09^{a, b, c}

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Hospital peer group									
Principal referral and Specialist women's and children's	4 465	4 426	4 579	4 852	4 124	4 713	4 624	5 287	4 501
Large	4 283	3 946	3 693	4 248	3 903	np	..	..	4 156
Medium	4 434	4 098	4 003	5 138	3 696	..	..	..	4 315
Small acute	4 991	5 277	4 883	5 784	4 531	4 355	..	5 912	5 162
All hospitals^d	4 454	4 380	4 507	4 842	4 074	4 817	4 624	5 361	4 471

^a Data exclude depreciation and the user cost of capital, spending on non-admitted patient care and research costs. ^b The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. ^c Separations for which the care type was reported as newborn with no qualified days, and records for hospital boarders and posthumous organ procurement have been excluded. ^d Includes all hospitals in this cost per casemix-adjusted analysis. .. Not applicable. np Not published

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; table 10A.59.

Total cost per casemix-adjusted separation

‘Total cost per casemix-adjusted separation’ is an indicator of governments’ objective to deliver services in a cost effective manner (box 10.21).

Box 10.21 Total cost per casemix-adjusted separation

‘Total cost per casemix-adjusted separation’ is defined as the recurrent cost per casemix-adjusted separation plus the capital costs per casemix-adjusted separation. Recurrent costs include labour and material costs, and capital costs include depreciation and the user cost of capital for buildings and equipment. The indicator is included because it allows the full cost of hospital services to be considered in a single measure. The hospitals included in this measure are the same as for recurrent cost per casemix-adjusted separation (box 10.20).

Depreciation is defined as the cost of consuming an asset’s services. It is measured by the reduction in value of an asset over the financial year. The user cost of capital is the opportunity cost of the capital invested in an asset, and is equivalent to the return foregone from not using the funds to deliver other government services or to retire debt. Interest payments represent a user cost of capital, so are deducted from capital costs in all jurisdictions to avoid double counting.

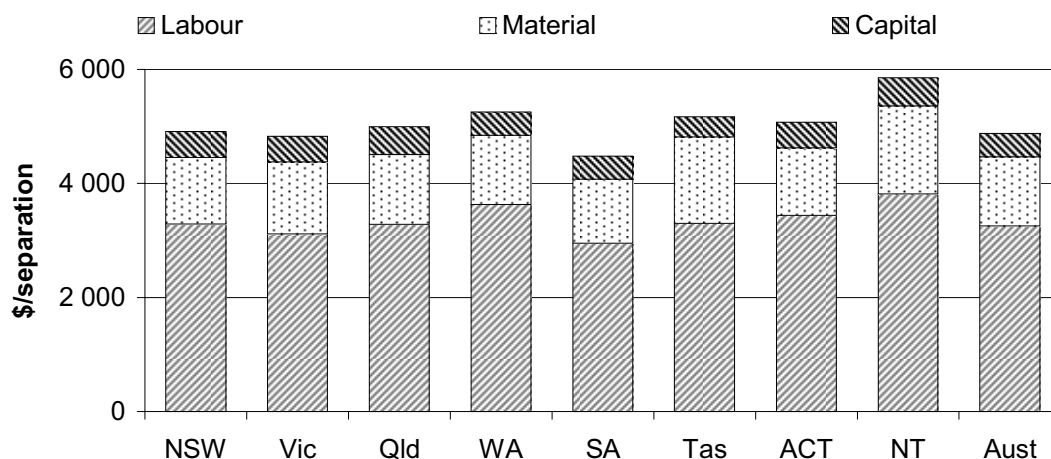
A lower ‘total cost per casemix-adjusted separation’ can reflect more efficient service delivery in public hospitals. However, this indicator needs to be viewed in the context of the set of performance indicators as a whole, as cost is not necessarily related to quality and efficiency.

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Total cost includes both the recurrent costs (as discussed above) and the capital costs associated with hospital services. Results for this indicator in 2008-09 are reported in figure 10.25. Labour costs accounted for the majority of costs in all jurisdictions.

Figure 10.25 **Total cost per casemix-adjusted separation, public hospitals, 2008-09^{a, b, c}**



^a Labour includes medical and non-medical labour costs. Material includes other non-labour recurrent costs, such as repairs and maintenance (table 10A.58). ^b Capital cost includes depreciation and the user cost of capital for buildings and equipment that is associated with the delivery of admitted patient services in the public hospitals as described in the data for recurrent cost per casemix-adjusted separation. Capital cost excludes the user cost of capital associated with land (reported in table 10A.60). ^c Variation across jurisdictions in the collection of capital related data suggests the data are only indicative. The capital cost per casemix-adjusted separation is equal to the capital cost adjusted by the inpatient fraction, divided by the number of casemix-adjusted separations.

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; State and Territory governments (unpublished); tables 10A.58 and 10A.60.

Relative stay index

‘Relative stay index’ is an indicator of governments’ objective to deliver services efficiently (box 10.22).

Box 10.22 **Relative stay index**

'Relative stay index' is defined as the actual number of acute care patient days divided by the expected number of acute care patient days adjusted for casemix. Casemix adjustment allows comparisons to take account of variation in types of service provided but not other influences on length of stay, such as the Indigenous status of the patient. Acute care separations only are included. Section 10.8 contains a more detailed definition outlining exclusions from the analysis.

'Relative stay index' for Australia for all hospitals (public and private) is one. A 'relative stay index' greater than one indicates that average length of patient stay is higher than expected given the jurisdiction's casemix distribution. A 'relative stay index' of less than one indicates that the number of bed days used was less than expected. A low 'relative stay index' is desirable if it is not associated with poorer health outcomes or significant extra costs outside the hospital systems (for example, in-home care).

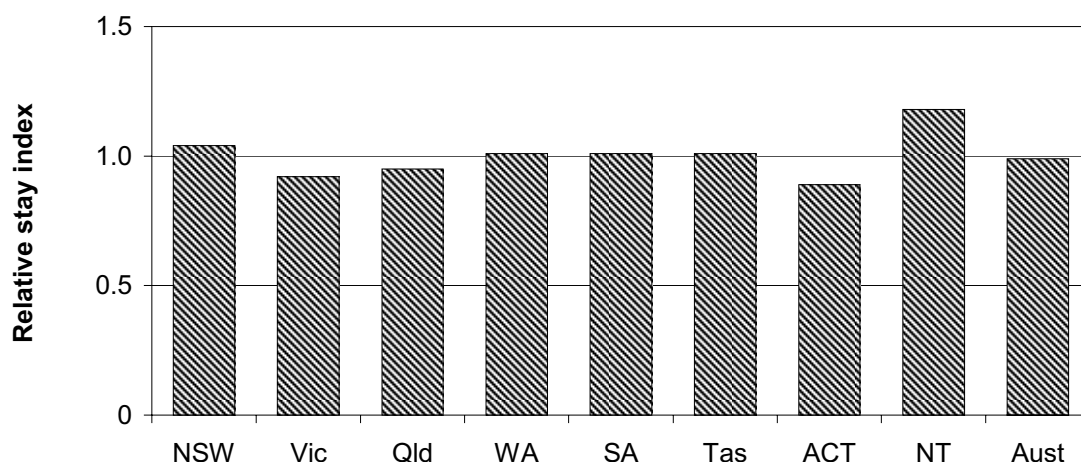
States and territories vary in their thresholds for classifying patients as either same day admitted patients or outpatients. These variations affect the 'relative stay index'.

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Data for this indicator are reported in figure 10.26. The 'relative stay index' is reported by patient election status and by medical, surgical and other AR-DRGs in tables 10A.61 and 10A.62 respectively.

Figure 10.26 **Relative stay index, public hospitals, 2008-09^{a, b}**



a Separations exclude newborn with unqualified days, organ procurement posthumous and hospital boarders.

b The relative stay index is based on all hospitals and is estimated using the indirect standardisation method and AR-DRG version 5.1. The indirectly standardised relative stay index is not strictly comparable between jurisdictions but is a comparison of the jurisdiction with the national average based on the casemix of the jurisdiction.

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; table 10A.61.

Recurrent cost per non-admitted occasion of service

‘Recurrent cost per non-admitted occasion of service’ is an indicator of governments’ objective to deliver services in a cost effective manner (box 10.23).

Box 10.23 Recurrent cost per non-admitted occasion of service

'Recurrent cost per non-admitted occasion of service' is the proportion of recurrent expenditure allocated to patients who were not admitted, divided by the total number of non-admitted patient occasions of service in public hospitals. Occasions of service include examinations, consultations, treatments or other services provided to patients in each functional unit of a hospital.

Non-admitted occasions of service (including emergency department presentations and outpatient services) account for a significant proportion of hospital expenditure.

Lower recurrent cost per non-admitted occasion of service can reflect more efficient service delivery in public hospitals. However, this indicator needs to be viewed in the context of the set of performance indicators as a whole, as cost is not necessarily related to quality and efficiency. This indicator does not adjust for the complexity of service — for example, a simple urine glucose test is treated equally with a complete biochemical analysis of all body fluids (AIHW 2000).

Data reported for this indicator are not complete or directly comparable.

Data quality information for this indicator is under development.

These data are not comparable across jurisdictions. Reporting categories vary across jurisdictions, and further inconsistencies arise as a result of differences in outsourcing practices. In some cases, for example, outsourced occasions of service can be included in expenditure on non-admitted services, but not in the count of occasions of service. Jurisdictions able to supply 2008-09 data for this indicator reported the following results for non-admitted patient services:

- In NSW, the emergency department cost per occasion of service was \$175 for 2.3 million occasions, the outpatient cost per occasion of service was \$99 for 16.0 million occasions and the overall cost per occasion of service (emergency plus outpatient plus other) was \$107 for 21.2 million occasions (table 10A.63).
- In WA, the emergency department cost per occasion of service was not available. The outpatient cost per occasion of service was \$203 for 3.0 million occasions and the overall cost per occasion of service (emergency plus outpatient plus other) was \$213 for 3.7 million occasions (table 10A.65).
- In SA, the emergency department cost per occasion of service was \$365 for 511 000 occasions, the outpatient cost per occasion of service was \$291 for 1.4 million occasions and the overall cost per occasion of service (emergency plus outpatient) was \$310 for 1.9 million occasions (table 10A.66).
- In Tasmania, the emergency department cost per occasion of service was \$451 for 142 000 occasions. The outpatient cost per occasion of service was \$206 for

486 000 occasions. An overall cost per occasion of service was not available (table 10A.67).

- In the ACT, the emergency department cost per occasion of service was \$637 for 102 000 occasions, the outpatient cost per occasion of service was \$268 for 288 000 occasions and the overall cost per occasion of service (emergency plus outpatient) was \$368 for 390 000 occasions (table 10A.68).

Victoria collects data on the basis of cost per non-admitted patient encounter. An encounter includes the clinic visit and all ancillary services provided within a 30 day period either side of the clinic visit. The average cost per encounter was \$167 for 1.3 million encounters in 2008-09 (table 10A.64).

Given the lack of a nationally consistent non-admitted patient classification system, this Report includes national data from the Australian Government Department of Health and Ageing's National Hospital Cost Data Collection (NHCDC). The NHCDC collects data across a sample of hospitals that is expanding over time. The sample for each jurisdiction is not necessarily representative because hospitals contribute data on a voluntary basis. The NHCDC data are affected by differences in costing and admission practices across jurisdictions and hospitals. Therefore, an estimation process has been carried out to create representative national activity figures from the sample data. In addition, the purpose of the NHCDC is to calculate between-DRG cost weights, not to compare the efficiency of hospitals.

Outpatient data were contributed by 205 public hospitals for all types of public hospital outpatient clinics (tier 0). These data suggest that 'cost per non-admitted clinic occasions of service' for the public hospitals sector in 2008-09 was \$269 for 11.9 million occasions (table 10A.69). 'Cost per non-admitted clinic occasions of service' data are also shown for seven categories of outpatient clinics (tier 1) (table 10.13). These tier 1 outpatient clinics data were provided by 177 public hospitals. Emergency department data, provided by 159 public hospitals, show the 'cost per occasion of service for emergency departments' by triage class (table 10.14).

Table 10.13 Non-admitted clinic occasions of service for tier 1 clinics, sample results, public sector, 2008-09^{a, b, c, d, e}

	<i>Occasions of service</i>	<i>Average cost</i>
	no.	\$/occasion of service
Allied health and/or clinical nurse specialist	1 757 643	162
Dental	34 378	300
Medical	4 064 037	386
Obstetrics and gynaecology	1 925 889	168
Paediatric	368 498	312
Psychiatric	142 267	616
Surgical	2 988 560	220
Total	11 281 272	270

^a Not all hospitals that submit data to the NHCDC submit emergency department data. The emergency department national database contains only acute hospitals with emergency department cost and activity.

^b Costing and admission practices vary across jurisdictions and hospitals. ^c Includes depreciation costs. ^d Based on 177 public sector hospitals. ^e Excludes Victorian outpatient data.

Source: DoHA (2010), *National Hospital Cost Data Collection Cost Report, Round 13 (2008-09)*; table 10A.71.

Table 10.14 Emergency department average cost per occasion of service, public hospitals, by triage class, 2008-09 (dollars)^{a, b, c, d, e}

<i>Triage category</i>	<i>Population estimated — average cost per occasion of service^f</i>	<i>Actual — average cost per occasion of service</i>
Admitted triage 1	1 535	1 545
Admitted triage 2	851	861
Admitted triage 3	702	713
Admitted triage 4	585	589
Admitted triage 5	422	420
Non-admitted triage 1	815	847
Non-admitted triage 2	561	565
Non-admitted triage 3	462	472
Non-admitted triage 4	343	349
Non-admitted triage 5	221	217
Did not wait ^g	41	42
Total	438	451

^a Not all hospitals that submit data to the NHCDC submit emergency department data. The emergency department national database contains only acute hospitals with emergency department cost and activity.

^b Based on data from 159 public sector hospitals. ^c Victorian emergency department data are not included.

^d Costing and admission practices vary across jurisdictions and hospitals. ^e Depreciation costs are included.

^f Estimated population costs are obtained by weighting the sample results according to the known characteristics of the population. ^g 'Did not wait' means those presentations to an emergency department who were triaged but did not wait until the completion of their treatment, at which time they would have been either admitted to hospital or discharged home.

Source: DoHA (2010), *National Hospital Cost Data Collection Cost Report, Round 13 (2008-09)*; table 10A.70.

Outcomes

Outcomes are the impact of services on the status of an individual or group (while outputs are the services delivered) (see chapter 1, section 1.5).

Patient satisfaction

‘Patient satisfaction’ provides a proxy measure of governments’ objective to deliver services that are high quality and responsive to individual patient needs (box 10.24). The ‘Patient satisfaction’ indicator now includes information previously reported on responsiveness under the output indicator ‘Patient satisfaction surveys’.

Box 10.24 Patient satisfaction

‘Patient satisfaction’ reports satisfaction ratings taken from each jurisdiction’s patient surveys. Results are expressed in percentage terms or as scale scores. Patient satisfaction surveys are different from other sources of hospital quality data, because they provide information on hospital quality from the patient’s perspective. Surveys can be useful for obtaining information on patient views of both clinical and non-clinical hospital care (such as whether patients feel they were treated with respect and provided with appropriate information regarding their treatment).

A higher proportion of patients who were satisfied (or a higher score) is desirable, because it suggests the hospital care received was of high quality and better met the expectations and needs of patients.

Given that ‘patient satisfaction surveys’ differ in content, timing and scope across jurisdictions, it is not possible to compare these results nationally. This indicator will be further developed over time as data become more comparable.

This indicator also provides information on how jurisdictions used patient satisfaction surveys to improve public hospital quality in recent years. If public hospitals respond to patient views and modify services, service quality can be improved to better meet patients’ needs. The more public hospitals use patient satisfaction surveys the greater the potential for increasing the quality of public hospital services to better meet patients’ needs.

Data reported for this indicator are not directly comparable.

Data quality information for this indicator is under development.

In 2005, the Steering Committee engaged Health Policy Analysis Pty Ltd to undertake a study reviewing patient satisfaction and responsiveness surveys. The study examined patient satisfaction surveys conducted by State and Territory governments that are relevant to measuring ‘public hospital quality’. A major objective of the study was to identify points of commonality and difference between

patient satisfaction surveys and their potential for concordance and/or for forming the basis of a minimum national data set on public hospital ‘patient satisfaction’ or ‘patient experience’.

The study found that, although there is some potential for harmonising approaches (as most surveys assess similar aspects of patient experience and satisfaction), different survey methodologies posed significant impediments to achieving comparable information. It suggested that a starting point for harmonising approaches would be to identify an auspicing body and create a forum through which jurisdictions can exchange ideas and develop joint approaches (Pearse 2005). A copy of this study can be found on the Review web page (www.pc.gov.au/gsp).

Jurisdictions reported the following results and improvements to services arising from patient satisfaction surveys:

- In NSW, a mailout survey was conducted in each of February 2007, 2008, and 2009 of overnight admitted patients, day only patients, paediatric admitted patients, outpatients, non-admitted emergency patients, community health patients and adult rehabilitation admitted patients in public health services. The 2009 sample size was 216 000 and the response rate was 38.4 per cent. In 2009, 91 per cent of patients rated their care positively (good, very good or excellent) when asked how they would rate their overall care. In 2009, 66 per cent reported they would definitely recommend the service to others. Both measures have increased from 2007 when 88 per cent rated overall care as good, very good or excellent and 62 per cent reported they would recommend the service to others. In 2010 the survey was conducted on a monthly basis throughout the year for the admitted patient and emergency department categories, and provided for internet, mail and telephone responses to the survey questionnaire.
 - Service quality is improved by NSW Area Health Services producing an annual action plan in response to the survey and using data to inform Statewide service improvement programs. Key performance indicator results from the survey are included in area health service performance agreements (table 10A.72).
- In Victoria, surveying of adult in-patients in public acute hospitals began in 2000 and in sub-acute hospitals in 2005. Surveys are distributed each month and results are reported to health services on a six monthly basis using the Victorian Patient Satisfaction Monitor. The survey conducted between July and December 2009, using a mailout questionnaire and online surveying, had a sample size of 36 038 and a response rate of 38.7 per cent. The overall care index was 78.4 out of a possible range of 20–100, which is a rating of ‘good to very good’. The overall care index is derived from 25 questions across six sub-indices of care. These indices comprise access and admission, general patient information,

treatment information, complaints management, physical environment and discharge and follow-up. The consumer participation indicator score (willingness of staff to listen, opportunity to ask questions and the way staff involved you in decisions about your care) was 79.7.

- Service quality is improved by Victorian hospitals developing quality improvement strategies targeting the three ‘priority to improve’ areas from their survey results. These are based on items that most closely relate to overall satisfaction and if addressed are most likely to improve the overall care index score.
- Each health service is required to report to their community on their overall care index and the consumer participation indicator in their annual quality of care report. In addition, an annual report on the Victorian Patient Satisfaction Monitor is available to the public on the web site www.health.vic.gov.au/patsat (table 10A.73).
- In Queensland, the ‘Having a baby in Queensland pilot survey’ was conducted in November 2009 by inviting participants to complete a survey booklet, online, or by telephone with trained telephone interviewers. The sample size was 2384 and the response rate was 29 per cent. Respondents were asked about a number of aspects of the quality of their care during pregnancy, labour, birth and postnatal care. Between 83 and 96 per cent of respondents were satisfied with each of these aspects of care.
 - Individual facility survey reports will be provided to district CEOs to assist in the planning and identification of service improvement initiatives. The process to take place will be as follows:
 - ... survey results are provided to hospitals
 - ... hospitals review their results in detail and determine areas for improvement
 - ... hospitals develop management action plans to address areas for improvement
 - ... hospitals implement management action plans
 - ... governance units at a district or state level monitor the implementation of action plans (table 10A.74).
- In WA, a computer assisted telephone interview survey was conducted from July 2009 to June 2010 for admitted patients and emergency department patients. The sample size was 6347 admitted patients and 2585 emergency patients, and the response rate was 92 per cent for both admitted and emergency patients. For the 2009-10 Admitted Patient Survey, the overall score of satisfaction was 78.6, an improvement from 77.8 in 2008-09. For emergency patients in 2009-10, the

overall satisfaction score was 77.0, improving from the 2007-08 result of 75.7. Results from 2008-09 cannot be used in comparison with 2009-10 for the emergency patient survey as only tertiary hospital emergency departments were surveyed that year, which is not a comparable group to that surveyed in 2009-10.

- Service quality is improved in WA by each participating hospital receiving detailed information from the survey, which is used to inform service improvement. Hospitals can also request a workshop to assist in the interpretation of the survey results. Many hospitals use patient satisfaction as a performance indicator and as part of their accreditation process. Some examples of how hospitals have used the survey to improve public hospital quality include: a process to record and cross reference for food allergies; improved communication with patients on rights and services available; employment of a customer liaison officer to increase patient involvement; improved access to patient care plans; improved discharge coordination procedures; and the introduction of brochures to inform patients on how the emergency department works (table 10A.75).
- In SA, a computer assisted telephone interview survey was conducted between August 2008 and November 2008 of adult patients aged over 16 years who received between 1 to 34 nights of care in the SA public hospital system in June (metropolitan hospitals) and between May and July (country hospitals). The sample size was 4785 and the response rate was 73.2 per cent. The overall satisfaction score was 88.0 (scored from 0 to 100, being least to most satisfied).
 - Service quality is improved in SA by identifying sub-groups of patients who are either less or more satisfied with hospital care which in turn highlight gaps in services that affect SA hospital patients and assist hospital administrators to set priorities for allocation of resources (table 10A.76).
- Tasmania is reviewing its approach to conducting consumer satisfaction surveys and therefore has not conducted a Statewide survey for this reporting period. While a Statewide system is under development local surveys are being conducted by individual services, however, data and information from these surveys are not available at time of reporting (table 10A.77).
- In the ACT a number of surveys have been conducted in the past year with the two most recent being between October and December 2009 and between January and June 2010 using mailout questionnaires of consenting patients who are discharged from the hospital during the reporting period. The sample size of the 2009 surveys, for example, in one hospital were 186 patients with a 27 per cent response rate and 298 patients with a 30 per cent response rate. In another hospital the sample size was 644 patients with a response rate ranging between 27 and 57 per cent in five different areas. Sample size and response information from the 2010 survey are not yet available. Patients of the 2009 survey, for

example, in one hospital returned a mean satisfaction score of 4.04 (where 1 = very dissatisfied and 5 = very satisfied) when asked to consider their satisfaction with all aspects of their experience with the health service. Results from the 2010 survey are not yet available.

- Data from the 2009 survey has been used to identify and make improvements in service provision to consumers and provide an opportunity for quality improvement by benchmarking against similar services in Australia (table 10A.78).
- In the NT, surveys of admitted patients in public acute hospitals and some clinic patients were conducted at various times of the year in 2010 using various methods. Sample sizes and response rates varied. Some results were as follows:
 - 91 per cent were told why they were in hospital
 - 89 per cent said medical explanations were provided when necessary
 - 68 per cent were told about services that were available to them
 - 51 per cent were told about their rights and responsibilities
 - 0.4 per cent were advised of how to complain.
 - Service quality is improved in the NT from survey results. Aboriginal liaison officers now have a private area for patients to be able to meet with them. Additional DVD players have been purchased to play DVDs created to show patients what to expect in hospital and patient care assistants and Aboriginal liaison officers have been trained in their use. Ward pamphlets have been created and there is increased distribution of brochures outlining patient rights and how patients can make complaints (table 10A.79).

Sentinel events

‘Sentinel events’ is an indicator of governments’ objective to deliver public hospital services that are safe and of high quality (box 10.25).

Box 10.25 Sentinel events

'Sentinel events' is defined as the number of reported adverse events that occur because of hospital system and process deficiencies and which result in the death of, or serious harm to, a patient. Sentinel events occur relatively infrequently and are independent of a patient's condition (DHS 2004). Sentinel events have the potential to seriously undermine public confidence in the healthcare system.

Australian health ministers have agreed on a national core set of sentinel events for which all public hospitals are required to provide data. The eight nationally agreed core sentinel events are:

1. Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.
2. Suicide of a patient in an inpatient unit.
3. Retained instruments or other material after surgery requiring re-operation or further surgical procedure.
4. Intravascular gas embolism resulting in death or neurological damage.
5. Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.
6. Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.
7. Maternal death or serious morbidity associated with labour or delivery.
8. Infant discharged to the wrong family.

A high number of sentinel events can indicate hospital system and process deficiencies that compromise the quality and safety of public hospitals.

Over time an increase in the number of sentinel events reported might reflect improvements in incident reporting mechanisms at a health service level and organisational cultural change, rather than an increase in the frequency of such events. However, trends need to be monitored to establish whether this is the underlying reason (DHS 2004).

Data reported for this indicator are not complete or directly comparable.

Data quality information for this indicator is under development.

Source: DHS (2004); NSW Department of Health (2005).

Sentinel event programs have been implemented by all State and Territory governments. The purpose of these programs is to facilitate a safe environment for patients by reducing the frequency of these events (DHS 2004). The programs are not punitive, and are designed to facilitate self reporting of errors so that the underlying causes of the events can be examined, and action taken to reduce the risk of these events re-occurring.

In 2007 the AIHW, in conjunction with the ACSQHC, published a report that included national sentinel event data for 2004-05 (AIHW and ACSQHC 2007). The report notes that reporting practices differ between jurisdictions and as a result the data are not considered comparable across jurisdictions.

Numbers of sentinel events for 2008-09 are reported below. As larger states and territories will tend to have more sentinel events than smaller ones, the numbers of separations and individual occasions of service are also presented below to provide context to the reported sentinel events in terms of numbers of patients treated.

- In NSW there were 6 procedures involving the wrong patient or body part, 2 suicides of patients in inpatient units, 16 cases of retained instruments or other material after surgery requiring re-operation or further surgical procedure, 2 intravascular gas embolisms resulting in death or neurological damage, 1 haemolytic blood transfusion reaction resulting from ABO incompatibility and 1 medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs. Sentinel events in all other categories were reported as zero (table 10A.80). In NSW in 2008-09 there were around 1.5 million separations (table 10A.6) and around 22.1 million individual occasions of service (table 10A.19).
- In Victoria there were 7 suicides of patients in inpatient units, 3 retained instruments or other material after surgery requiring re-operation or further surgical procedure, 1 haemolytic blood transfusion reaction resulting from ABO incompatibility, 1 medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs and 3 maternal deaths or cases of serious morbidity associated with labour or delivery. Sentinel events in all other categories were reported as zero (table 10A.81). In Victoria in 2008-09 there were around 1.4 million separations (table 10A.6) and around 7.6 million individual occasions of service (table 10A.19).
- In Queensland there were 2 procedures involving the wrong patient or body part, 2 suicides of patients in inpatient units, 1 retained instrument or other material after surgery requiring re-operation or further surgical procedure, 6 medication errors leading to the death of a patient reasonably believed to be due to incorrect administration of drugs and 2 maternal deaths or cases of serious morbidity associated with labour or delivery. Sentinel events in all other categories were reported as zero (table 10A.82). In Queensland in 2008-09 there were around 883 000 separations (table 10A.6) and around 10.7 million individual occasions of service (table 10A.19).
- In WA there were 3 suicides of patients in inpatient units, 3 retained instruments or other material after surgery requiring re-operation or further surgical procedure, 2 haemolytic blood transfusion reactions resulting from ABO

incompatibility, 2 medication errors leading to the death of a patient reasonably believed to be due to incorrect administration of drugs and 1 maternal death or serious morbidity associated with labour or delivery. Sentinel events in all other categories were reported as zero (table 10A.83). In WA in 2008-09 there were around 467 000 separations (table 10A.6) and around 4.5 million individual occasions of service (table 10A.19).

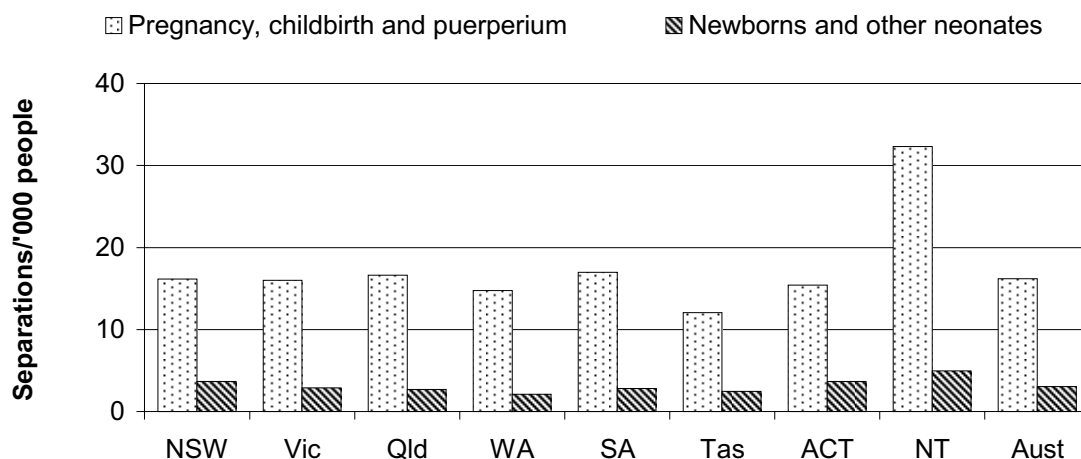
- In SA there were 6 suicides of patients in inpatient units, 7 retained instruments or other material after surgery requiring re-operation or further surgical procedure and 2 maternal deaths or serious morbidity associated with labour or delivery. There were no events reported in the other categories (table 10A.84). In SA in 2008-09 there were around 375 000 separations (table 10A.6) and around 2.1 million individual occasions of service (table 10A.19).
- In Tasmania sentinel events in all categories were reported as zero (table 10A.85). In Tasmania in 2008-09 there were around 95 000 separations (table 10A.6) and around 1.1 million individual occasions of service (table 10A.19).
- In the ACT sentinel events in all categories were reported as zero (table 10A.86). In the ACT in 2008-09 there were around 90 000 separations (table 10A.6) and around 604 000 individual occasions of service (table 10A.19).
- In the NT sentinel events in all categories were reported as zero (table 10A.87). In the NT in 2008-09 there were around 95 000 separations (table 10A.6) and around 465 000 individual occasions of service (table 10A.19).

Data for 2007-08 are reported in tables 10A.80–10A.88. Australian totals are in table 10A.88.

10.4 Profile of maternity services

Maternity services (defined as AR-DRGs relating to pregnancy, childbirth and the puerperium, and newborns and other neonates) accounted for 8.8 per cent of total acute separations in public hospitals (table 10A.90) and around 10.6 per cent of the total cost of all acute separations in public hospitals in 2008-09 (table 10A.89). Figure 10.27 shows the rate of acute separations per 1000 people for maternity services across jurisdictions in 2008-09.

Figure 10.27 **Separation rates for maternity services, public hospitals, 2008-09^{a, b}**



^a The puerperium refers to the period of confinement immediately after labour (around six weeks).

^b Newborns and other neonates include babies aged less than 28 days or babies aged less than one year with admission weight of less than 2500 grams.

Source: AIHW (2010), *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84; ABS (unpublished), *Australian Demographic Statistics*, December Quarter 2009, Cat. no. 3101.0; tables AA.2 and 10A.90.

In Australian public hospitals in 2008-09, vaginal deliveries without complicating diagnosis accounted for a substantial proportion of the separations for pregnancy, childbirth and the puerperium (30.0 per cent) (tables 10A.90 and 10A.91). In the context of all AR-DRGs in public hospitals, vaginal deliveries without complicating diagnosis comprised the largest number of overnight acute separations (4.4 per cent of all separations) (table 10.3) and the third highest cost of all separation categories (\$452.8 million) (table 10A.91).

The complexity of cases across jurisdictions for maternity services is partly related to the mother's age at the time of giving birth. The mean age of mothers giving birth varied across jurisdictions in 2007, 2008 and 2009 (table 10.15).

Table 10.15 Mean age of mothers at time of giving birth, public hospitals

	NSW	Vic ^a	Qld ^b	WA	SAC ^c	Tas	ACT ^d	NT
2007								
First birth	28.1	27.8	25.6	26.0	26.9	26.0	27.7	24.1
Second birth	30.2	30.0	28.0	28.5	29.4	28.5	30.2	26.4
Third birth	31.4	31.5	29.7	30.0	31.1	29.9	31.4	27.8
All births	29.1	29.6	27.9	28.1	29.0	28.1	29.6	26.6
2008								
First birth	27.9	27.7	25.5	26.0	26.9	27.0	28.0	24.5
Second birth	30.2	30.0	28.1	28.6	29.5	29.6	30.2	26.4
Third birth	31.5	31.5	29.7	32.0	31.0	31.7	31.9	28.5
All births	29.8	29.6	27.9	28.2	29.1	29.2	29.8	26.8
2009								
First birth	27.9	27.7	25.6	26.2	27.0	na	27.8	24.1
Second birth	30.4	30.0	28.3	28.6	29.6	na	30.2	26.8
Third birth	31.6	31.5	29.9	32.0	31.1	na	31.1	28.6
All births	29.9	29.6	28.0	28.3	29.1	na	29.5	26.9

^a Data for Victoria for 2009 are preliminary. ^b The 2006 data exclude mothers whose age was 'not stated'. ^c Age is based on exact age (years) to 4 decimal places. ^d ACT 2009 data are preliminary. Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT. **na** Not available.

Source: State and Territory governments (unpublished).

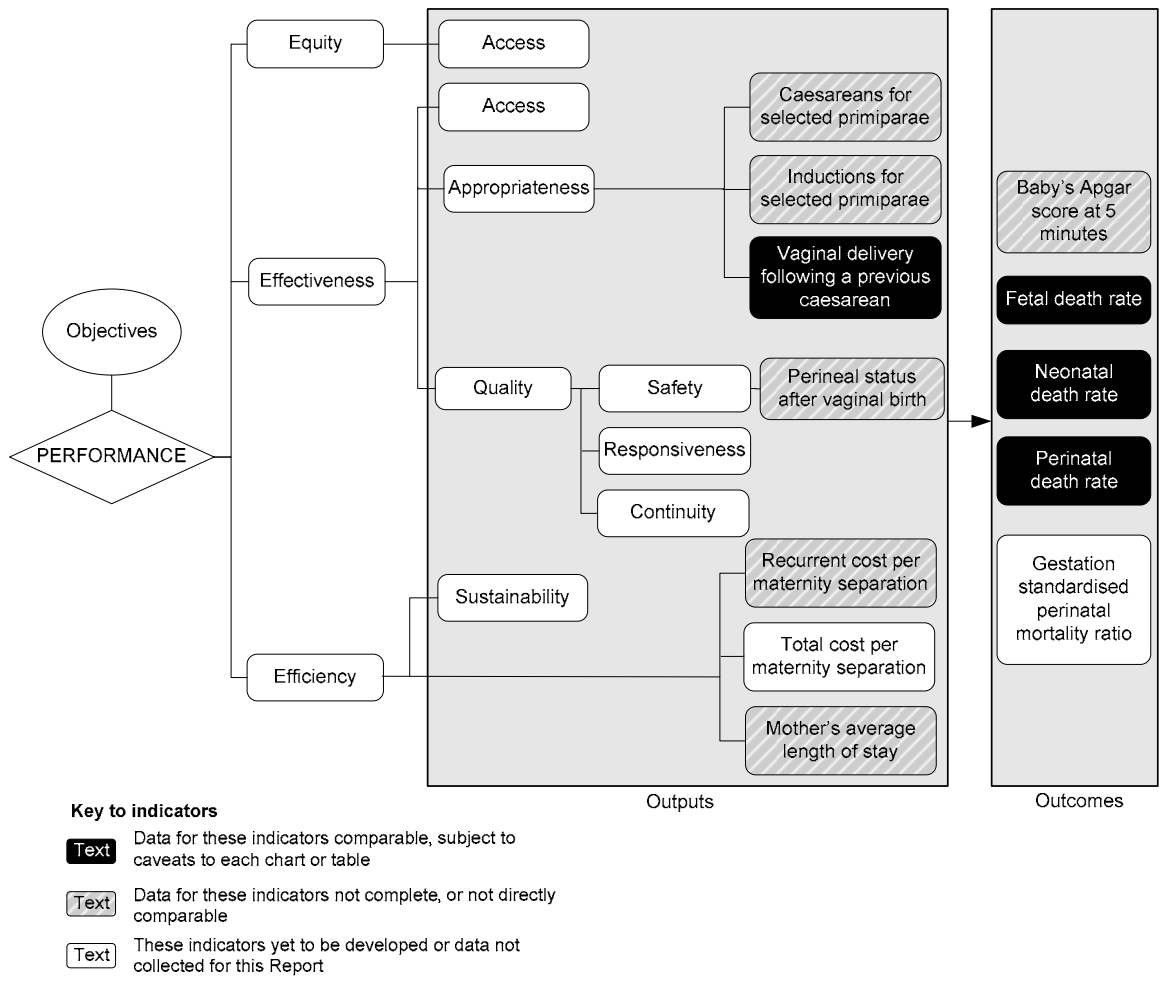
10.5 Framework of performance indicators for maternity services

The performance framework for maternity services is outlined in figure 10.28, and is based on the same objectives as those for public hospitals in general. The framework is under development by the Steering Committee and, as with all the performance indicator frameworks, will be subject to regular review. The performance indicator framework shows which data are comparable in the 2011 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report-wide perspective (see section 1.6). The 'Health preface' explains the performance indicator framework for health services as a whole, including the subdimensions for quality and sustainability that have been added to the standard Review framework for health services.

The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic

distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

Figure 10.28 Performance indicators for maternity services



10.6 Key performance indicator results for maternity services

Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (see chapter 1, section 1.5).

Equity — access

The Steering Committee has identified equity of access as an area for development in future Reports. Equity of access indicators will measure access to maternity services by special needs groups such as Indigenous people or people in rural and remote areas.

Effectiveness — access

The Steering Committee has identified the effectiveness of access to maternity services as an area for development in future Reports. Effectiveness of access indicators will measure access to appropriate services for the population as a whole, particularly in terms of affordability and/or timeliness.

Effectiveness — appropriateness

Caesareans and inductions for selected primiparae

‘Caesareans for selected primiparae’ and ‘Inductions for selected primiparae’ are indicators of the appropriateness of maternity services in public hospitals (box 10.26).

Box 10.26 Caesareans and inductions for selected primiparae

‘Caesareans and inductions for selected primiparae’ are reported for women aged between 25 and 29 years who have had no previous deliveries, with a vertex presentation (that is, the crown of the baby’s head is at the lower segment of the mother’s uterus) and a gestation length of 37 to 41 weeks. This group is considered to be low risk parturients^a, so caesarean or induction rates should be low in their population.

These indicators are defined as the number of inductions or caesareans for the selected primiparae divided respectively by the number of the selected primiparae who give birth. High intervention rates can indicate a need for investigation, although labour inductions and birth by caesarean section are interventions that are appropriate in some circumstances, depending on the health and wellbeing of mothers and babies.

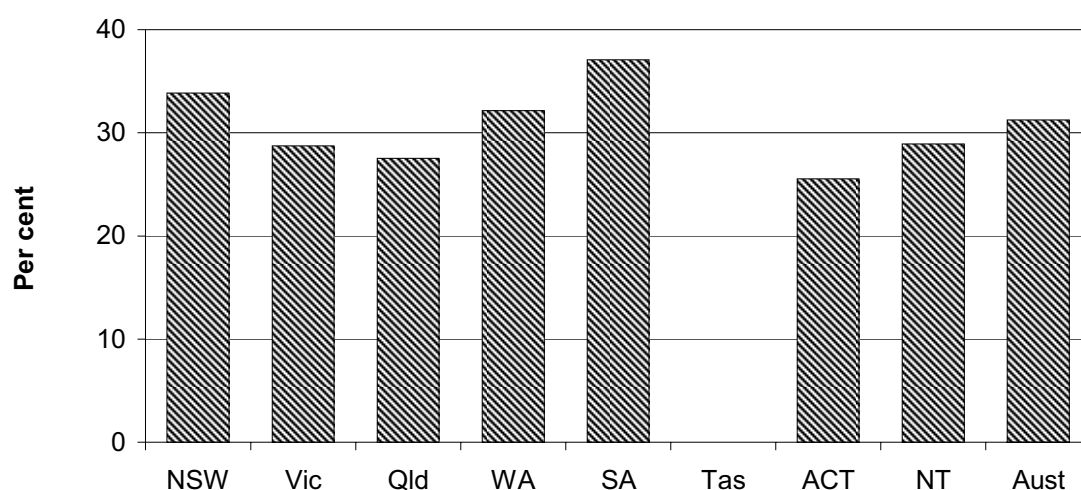
Data reported for this indicator are not complete or directly comparable.

Data quality information for this indicator is under development.

^a Parturient means ‘about to give birth’. Primiparae refers to pregnant women who have had no previous pregnancy resulting in a live birth or stillbirth (Laws and Hilder 2008).

Induction rates for selected primiparae in public hospitals are reported in figure 10.29. Induction rates for private hospitals are shown in table 10A.92 for comparison. They are higher than the rate for public hospitals in all jurisdictions for which data are available. Data for all jurisdictions for earlier years are included in tables 10A.93–10A.100.

Figure 10.29 Inductions for selected primiparae, public hospitals, 2009^{a, b, c, d}

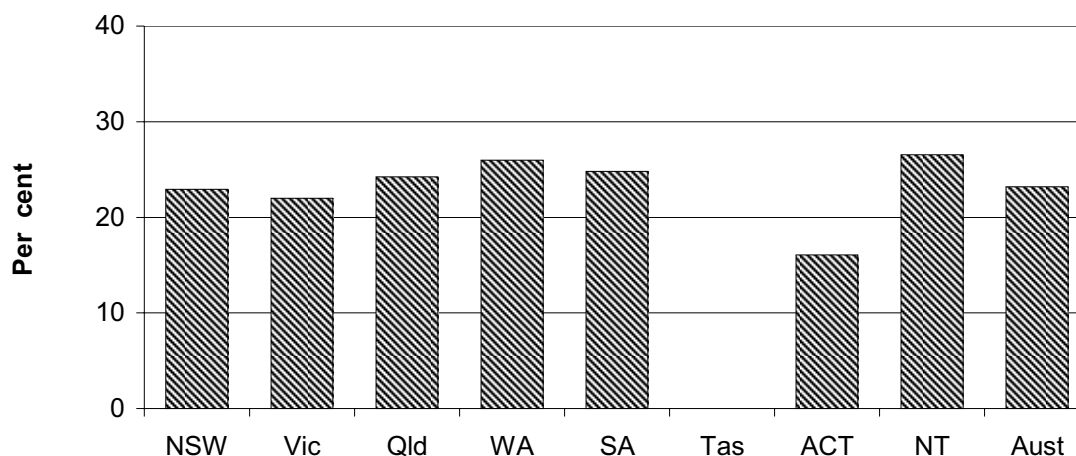


^a Data for Victoria are preliminary. ^b Data for Tasmania are not available. ^c ACT data are preliminary. Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT. ^d Rate for Australia includes only jurisdictions for which data are available.

Source: State and Territory governments (unpublished); table 10A.92.

Caesarean rates for selected primiparae in public hospitals are reported in figure 10.30. Caesarean rates for private hospitals are shown in table 10A.92 for comparison. They are higher than the rate for public hospitals in all jurisdictions for which data are available. Data for all jurisdictions for earlier years are included in tables 10A.93–10A.100.

Figure 10.30 **Caesareans for selected primiparae, public hospitals, 2009^{a, b, c, d}**



^a Data for Victoria are preliminary. ^b Data for Tasmania are not available. ^c ACT data are preliminary. Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT. ^d Rate for Australia includes only jurisdictions for which data are available.

Source: State and Territory governments (unpublished); table 10A.92.

Vaginal birth following previous caesarean

‘Vaginal birth following a previous caesarean’ is an indicator of the appropriateness of maternity services in public hospitals (box 10.27).

Box 10.27 Vaginal birth following a previous caesarean

‘Vaginal delivery following a previous caesarean’ is defined as the percentage of multiparous^a mothers who have had a previous caesarean, whose current method of birth was either an instrumental or non-instrumental vaginal delivery.

Interpretation of this indicator is ambiguous. There is ongoing debate about the relative risk to both mother and baby of a repeat caesarean section compared with a vaginal birth following a previous caesarean. Low rates of vaginal birth following a previous caesarean may warrant investigation, or on the other hand, they can indicate appropriate clinical caution. When interpreting this indicator, emphasis needs to be given to the potential for improvement.

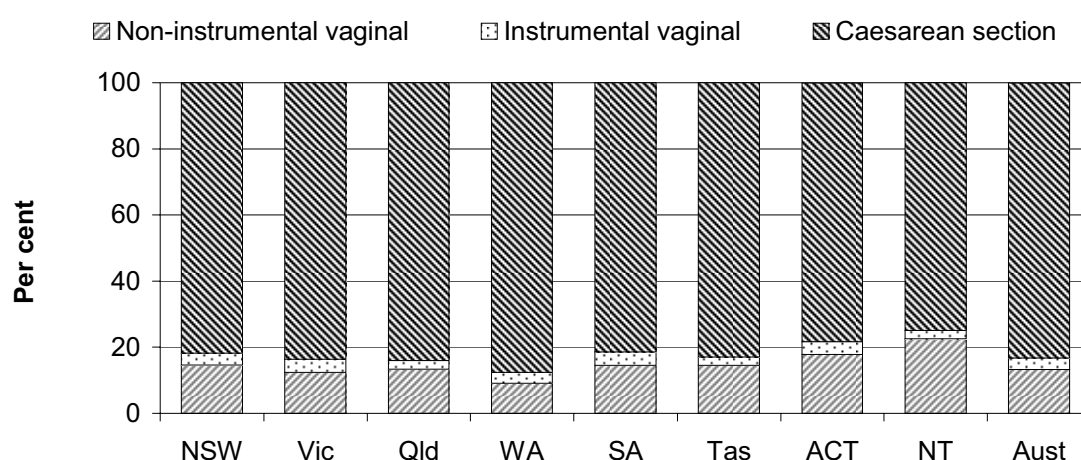
Data reported for this indicator are comparable subject to caveats.

Data quality information for this indicator is under development.

^a Multiparous means a pregnant woman who had at least one previous pregnancy resulting in a live birth or stillbirth.

The measure reported for this indicator is significantly different from that reported previously in this Report. Both the method of calculating the indicator and the data source have changed. The quality of this measure is greatly improved with full coverage of births according to national definitions. Data are not comparable with previous Reports. Nationally, of women that had a previous caesarean section, 16.7 per cent had either an instrument or non-instrument vaginal delivery as their current method of birth, while 83.2 per cent had another caesarean section (figure 10.31).

Figure 10.31 Multiparous mothers who have had a previous caesarean section by current method of birth, 2008^{a, b, c, d}



^a For multiple births, the method of birth of the first born baby was used. ^b Data present method of birth for multiparous women who have had a previous caesarean, not only women who had a previous caesarean section. ^c For NSW, Victoria, WA and the NT non-instrumental vaginal includes all women who had a vaginal breech birth, whether or not instruments were used. For the remaining jurisdictions, vaginal breech births are only included where instruments were not used. ^d Instrumental vaginal birth includes forceps and vacuum extraction.

Source: Laws P.J., Li Z., Sullivan E.A., (2010), *Australia's Mothers and Babies 2008*, AIHW Cat. No. PER 50, AIHW National Perinatal Statistics Unit (Perinatal Statistics Series No. 24), Sydney; table 10A.101.

Effectiveness — quality

The performance indicator framework for maternity services identifies three subdimensions of quality for health services: safety; responsiveness and continuity. For maternity services in this Report, data are reported against the subdimension of safety only. Other subdimensions of quality have been identified by the Steering Committee for future development.

Safety — perineal status after vaginal birth

‘Perineal status after vaginal birth’ is an indicator of governments’ objective to provide safe and high quality services (box 10.28).

Box 10.28 Perineal status after vaginal birth

‘Perineal status after vaginal birth’ is the state of the perineum following a vaginal birth (HDSC 2008). A third or fourth degree laceration is a perineal laceration or rupture (or tear following episiotomy) extending to, or beyond, the anal sphincter (see section 10.8 for definitions) (NCCH 2008).

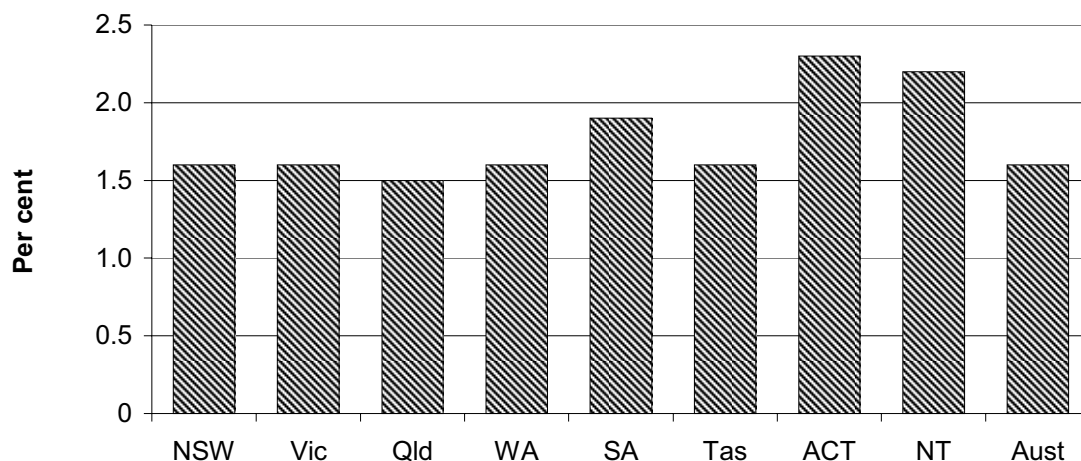
Perineal lacerations caused by childbirth are painful, take time to heal and can result in ongoing discomfort and debilitating conditions such as faecal incontinence. Maternity services staff aim to minimise lacerations, particularly more severe lacerations (third and fourth degree), through labour management practices. Severe lacerations (third and fourth degree laceration) of the perineum are not avoidable in all cases and so safe labour management is associated with a low (rather than zero) proportion of third or fourth degree lacerations.

Data reported for this indicator are not directly comparable.

Data quality information for this indicator is under development.

The proportion of mothers with third or fourth degree lacerations to their perineum following vaginal births is shown in figure 10.32. More information on ‘perineal status after vaginal birth’ (including the proportion of mothers with intact perineum following vaginal births) is contained in attachment table 10A.102.

Figure 10.32 **Perineal status — mothers with third or fourth degree lacerations after vaginal births, 2008^{a, b}**



^a For multiple births, the perineal status after birth of the first child was used. ^b Data include all women who gave birth vaginally, including births in public hospitals, private hospitals and outside of hospital, such as homebirths.

Source: Laws P.J., Li Z., Sullivan E.A., (2010), *Australia's Mothers and Babies 2008*, AIHW Cat. No. PER 50, AIHW National Perinatal Statistics Unit (Perinatal Statistics Series No. 24), Sydney; table 10A.102.

Responsiveness, continuity

The Steering Committee has identified the responsiveness and continuity of care of maternity services as an area for development in future Reports.

Efficiency — sustainability

The Steering Committee has identified the sustainability of maternity services as an area for development in future Reports.

Efficiency

Recurrent cost per maternity separation

‘Recurrent cost per maternity separation’ is an indicator of governments’ objective to deliver cost effective services (box 10.29).

Box 10.29 Recurrent cost per maternity separation

‘Recurrent cost per maternity separation’ is presented for the two AR-DRGs that account for the largest number of maternity patient days: caesarean delivery without catastrophic or severe complications and comorbidities; and vaginal delivery without catastrophic or severe complications and comorbidities.

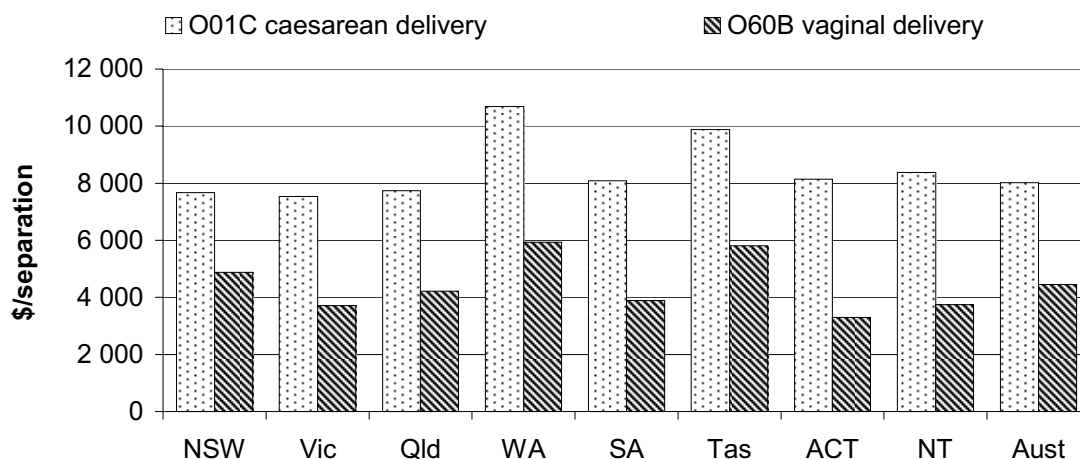
Lower ‘recurrent costs per maternity separation’ can reflect higher efficiency in providing maternity services to admitted patients. However, this is only likely to be the case where the low cost maternity services are provided at equal or superior effectiveness.

Data reported for this indicator are not directly comparable.

Data quality information for this indicator is under development.

Data are reported for the two most common maternity AR-DRGs: caesarean delivery without catastrophic or severe complications and comorbidities; and vaginal delivery without catastrophic or severe complications and comorbidities (figure 10.33). Data for a number of other maternity related AR-DRGs are shown in table 10A.103. Data are sourced from the NHCDC. The NHCDC is a voluntary annual collection, the purpose of which is to calculate DRG cost weights. The samples are not necessarily representative of the set of hospitals in each jurisdiction. An estimation process has been carried out to create representative national activity figures from the sample data.

Figure 10.33 **Estimated average cost per separation for selected maternity related AR-DRGs, public hospitals, 2008-09^{a, b}**



^a Includes AR-DRG O01C caesarean delivery without catastrophic or severe complications and comorbidities and AR-DRG O60B vaginal delivery without catastrophic or severe complications and comorbidities.

^b Average cost is affected by a number of factors including admission practices, sample size, remoteness and the types of hospital contributing to the collection. Direct comparisons between jurisdictions are difficult because there are differences in hospital costing systems.

Source: DoHA (2010), *National Hospital Cost Data Collection Cost Report, Round 13 (2008-09)*; table 10A.103.

Total cost per maternity separation

‘Total cost per maternity separation’ (recurrent cost plus capital cost) is an indicator of governments’ objective to deliver cost effective services (box 10.30).

Box 10.30 Total cost per maternity separation

‘Total cost per maternity separation’ as a measure of the efficiency of public hospital maternity services.

Total cost per maternity separation has been identified as a key area for development in future Reports.

Mother’s average length of stay

‘Mother’s average length of stay’ is an indicator of governments’ objective to deliver services efficiently (box 10.31).

Box 10.31 Mother's average length of stay

'Mother's average length of stay' is defined as the total number of patient days for the selected maternity AR-DRG, divided by the number of separations for that AR-DRG.

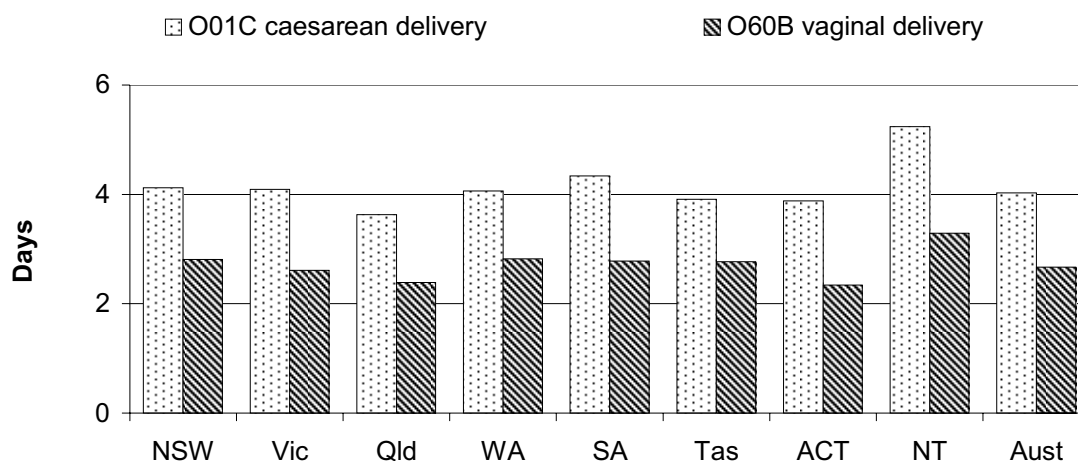
Shorter stays for mothers reduce hospital costs but whether they represent genuine efficiency improvements depends on a number of factors. Shorter stays can, for example, have an adverse effect on the health of some mothers and result in additional costs for in-home care. The indicator is not adjusted for multiple births born vaginally and without complications but requiring a longer stay to manage breastfeeding.

Data reported for this indicator are not directly comparable.

Data quality information for this indicator is under development.

Data are reported for the two most common maternity AR-DRGs: caesarean delivery without catastrophic or severe complications and comorbidities; and vaginal delivery without catastrophic or severe complications and comorbidities (figure 10.34).

Figure 10.34 **Average length of stay for selected maternity-related AR-DRGs, public hospitals, 2008-09^a**



^a Includes AR-DRG O01C caesarean delivery without catastrophic or severe complications and comorbidities and AR-DRG O60B vaginal delivery without catastrophic or severe complications and comorbidities.

Source: DoHA (2010), *National Hospital Cost Data Collection Cost Report, Round 13 (2008-09)*; table 10A.103.

Outcomes

Outcomes are the impact of services on the status of an individual or group (while outputs are the services delivered) (see chapter 1, section 1.5).

Apgar score

‘Apgar score at five minutes’ is an indicator of governments’ objective to deliver maternity services that are safe and of high quality (box 10.32).

Box 10.32 Apgar score at five minutes

The Apgar score is a numerical score that indicates a baby’s condition shortly after birth. Apgar scores are based on an assessment of the baby’s heart rate, breathing, colour, muscle tone and reflex irritability. Between 0 and 2 points are given for each of these five characteristics and the total score is between 0 and 10. The Apgar score is routinely assessed at one and five minutes after birth, and subsequently at five minute intervals if it is still low at five minutes (Day et al. 1999). The future health of babies with lower Apgar scores is often poorer than those with higher scores.

This indicator is defined as the number of live births with an Apgar score of 3 or less, at five minutes post-delivery, as a proportion of the total number of live births by specified birthweight categories.

Low Apgar scores (defined as less than 4) are strongly associated with babies’ birthweights being low. The management of labour in hospitals does not usually affect birthweights, but can affect the prevalence of low Apgar scores for babies with similar birthweights. Within birthweight categories therefore, Apgar scores can indicate relative performance.

Factors other than hospital maternity services can influence Apgar scores within birthweight categories — for example antenatal care, multiple births and socioeconomic factors.

Data reported for this indicator are not complete or directly comparable.

‘Low’ Apgar scores for babies by birthweight category are contained in table 10.16. The range of Apgar scores for 2005 to 2009 are reported in table 10A.104.

Table 10.16 Live births with an Apgar score of 3 or lower, 5 minutes post-delivery, public hospitals, 2009

<i>Birthweight (grams)</i>	<i>Unit</i>	<i>NSW</i>	<i>Vic^a</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT^b</i>	<i>NT</i>
Less than 1500	no.	829	628	530	319	222	na	55	52
Low Apgar	%	19.1	16.5	16.2	9.1	9.5	na	9.1	23.1
1500-1999	no.	933	628	616	321	260	na	57	61
Low Apgar	%	1.2	16.5	0.8	1.9	1.5	na	5.3	1.6
2000-2499	no.	2 847	1 985	1 837	825	669	na	161	204
Low Apgar	%	0.6	0.5	0.8	0.4	0.1	na	1.2	–
2500 and over	no.	67 545	46 453	39 738	16 311	13 345	na	3 261	2 749
Low Apgar	%	0.2	0.2	0.2	0.1	0.1	na	0.2	0.1

^a Data for Victoria are preliminary. ^b ACT data are preliminary. Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT. **na** Not available. – Nil or rounded to zero.

Source: State and Territory governments (unpublished); table 10A.104.

Fetal death rate

‘Fetal death rate’ is an indicator of governments’ objective to deliver maternity services that are safe and of high quality (box 10.33).

Box 10.33 Fetal death rate

Fetal death (stillbirth) is the birth of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Fetal deaths by definition include only infants weighing at least 400 grams or of a gestational age of at least 20 weeks.

‘Fetal death rate’ is reported as an indicator because maternity services for admitted patients have some potential to reduce the likelihood of fetal deaths. However, this potential is limited and other factors (such as the health of mothers and the progress of pregnancy before hospital admission) are also important.

The ‘fetal death rate’ is calculated as the number of fetal deaths divided by the total number of births (live births and fetal deaths combined), by State or Territory of usual residence of the mother. The rate of fetal deaths is expressed per 1000 total births. This indicator is also reported by the Indigenous status of the mother.

Low fetal death rates can indicate high quality maternity services. In jurisdictions where the number of fetal deaths is low, small annual fluctuations in the number affect the annual rate of fetal deaths.

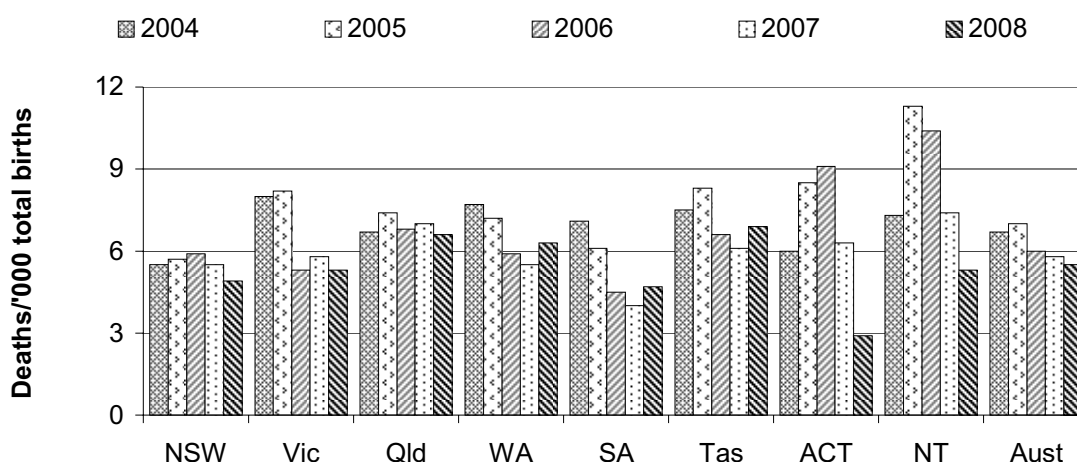
Differences in the ‘fetal death rate’ between jurisdictions are likely to be due to factors outside the control of maternity services for admitted patients. To the extent that the health system influences fetal death rates, the health services that can have an influence include outpatient services, general practice services and maternity services.

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Fetal death rates are reported in figure 10.35. Nationally, fetal death rates have declined slightly over the period 2004–2008. National time series for fetal death rates for the period 1996 to 2008 are included in table 10A.107. Fetal deaths rates by the Indigenous status of the mother are shown in figure 10.38.

Figure 10.35 **Fetal death rate**^{a, b}



^a Annual rates fluctuate (in particular, for smaller jurisdictions) as a result of a low incidence of fetal deaths and small populations. ^b The ACT and Australian total may exclude stillbirth data which were not received or processed by the ABS in time for the finalisation of the 2008 reference year. According to scope rules, these 2008 data will be included in the 2010 reference year.

Source: ABS (unpublished) *Perinatal deaths, Australia*, Cat. no. 3304.0; table 10A.105.

Neonatal death rate

‘Neonatal death rate’ is an indicator of governments’ objective to deliver maternity services that are safe and of high quality (box 10.34).

Box 10.34 Neonatal death rate

Neonatal death is the death of a live born infant within 28 days of birth (see section 10.8 for a definition of a live birth). As for fetal deaths, a range of factors contribute to neonatal deaths. However, the influence of maternity services for admitted patients is greater for neonatal deaths than for fetal deaths, through the management of labour and the care of sick and premature babies.

The ‘neonatal death rate’ is calculated as the number of neonatal deaths divided by the number of live births registered. The rate of neonatal deaths is expressed per 1000 live births, by state or territory of usual residence of the mother. This indicator is also reported by the Indigenous status of the mother.

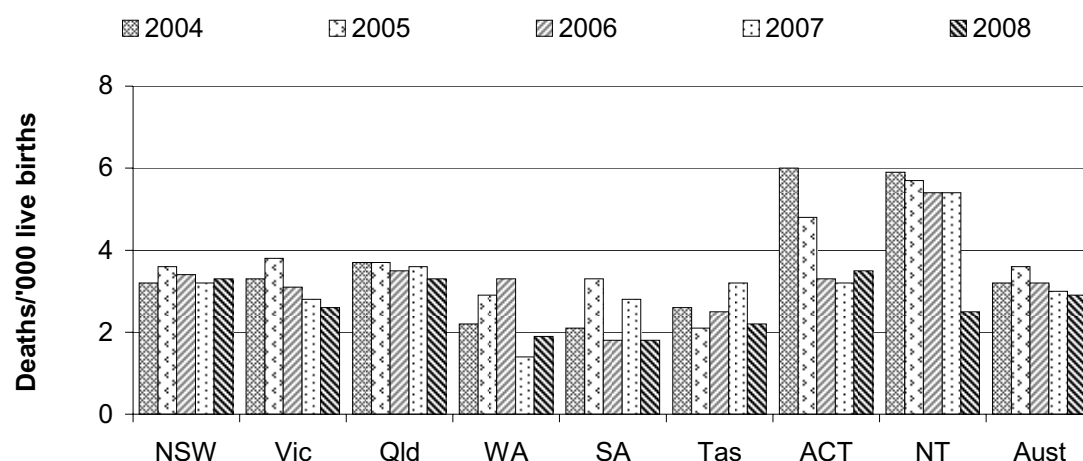
Low ‘neonatal death rates’ can indicate high quality maternity services. The rate tends to be higher among premature babies, so a lower neonatal death rate can also indicate a lower percentage of pre-term births.

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Neonatal death rates are reported in figure 10.36. Nationally, neonatal death rates have declined slightly over the period 2004–2008. National time series for neonatal death rates for the period 1996 to 2008 are included in table 10A.107. Neonatal death rates by the Indigenous status of the mother are shown in figure 10.38.

Figure 10.36 **Neonatal death rate^a**



^a Annual rates fluctuate (in particular, for smaller jurisdictions) as a result of a low incidence of neonatal deaths and small populations.

Source: ABS (unpublished) *Perinatal deaths, Australia*, Cat. no. 3304.0; table 10A.106.

Perinatal death rate

‘Perinatal death rate’ is an indicator of governments’ objective to deliver maternity services that are safe and of high quality (box 10.35).

Box 10.35 Perinatal death rate

A perinatal death is a fetal or neonatal death (boxes 10.33 and 10.34).

The ‘perinatal death rate’ is calculated as the number of perinatal deaths divided by the total number of births (live births registered and fetal deaths combined) in each jurisdiction. It is expressed per 1000 total births. This indicator is also reported by the Indigenous status of the mother.

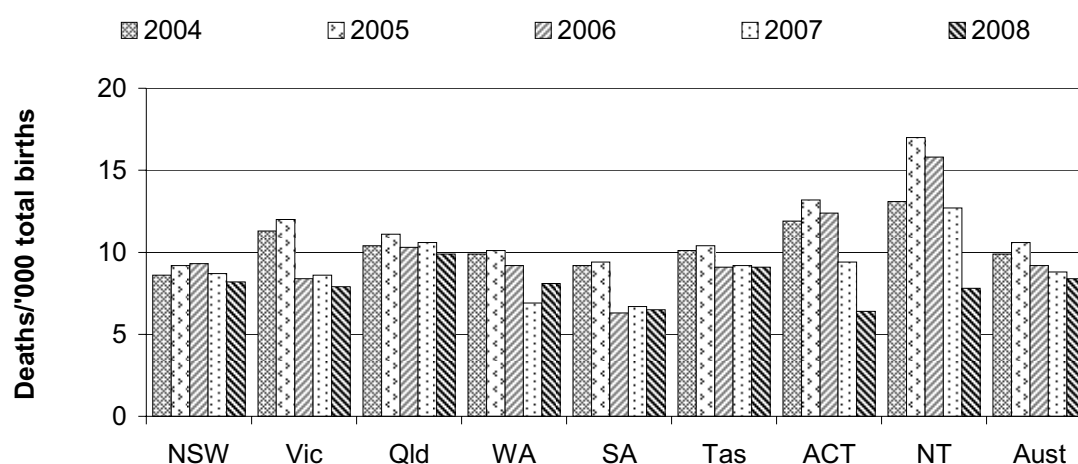
The caveats that apply to fetal and neonatal death rates also apply to perinatal death rates.

Data reported for this indicator are comparable.

Data quality information for this indicator is under development.

Perinatal death rates are shown in figure 10.37. Perinatal death rates by the Indigenous status of the mother are shown in figure 10.38. National time series for perinatal death rates for the period 1996 to 2008 are included in table 10A.107.

Figure 10.37 Perinatal death rate^{a, b}



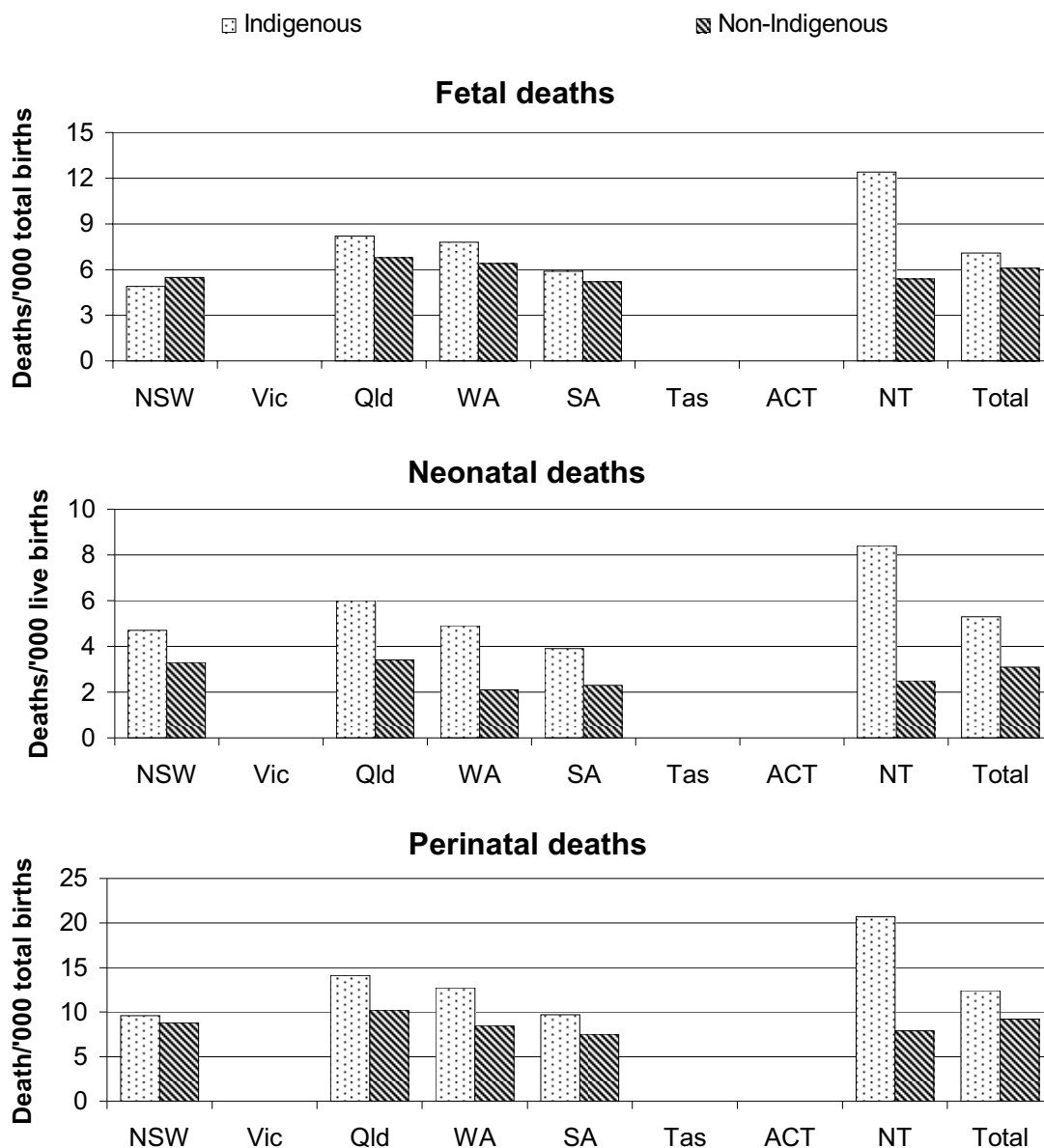
^a Annual rates fluctuate (in particular, for smaller jurisdictions) as a result of a low incidence of perinatal deaths. ^b The ACT and Australian total may exclude stillbirth data which were not received or processed by the ABS in time for the finalisation of the 2008 reference year. According to scope rules, these 2008 data will be included in the 2010 reference year.

Source: ABS (unpublished) *Perinatal deaths, Australia*, Cat. no. 3304.0; table 10A.108.

Fetal, neonatal and perinatal deaths for Indigenous people

Fetal, neonatal and perinatal deaths data by the Indigenous status of the mother are available for NSW, Queensland, WA, SA and the NT only. Data for other jurisdictions are not included due to small numbers or poor coverage rates (ABS 2004). In those jurisdictions for which data are available, the fetal, neonatal and perinatal death rates for Indigenous people are higher than those for non-Indigenous people (figure 10.38).

Figure 10.38 **Fetal, neonatal and perinatal deaths, by Indigenous status of mother 2004–2008^a**



^a The total relates to those jurisdictions for which data are published. Data are not available for other jurisdictions.

Source: ABS (unpublished) *Perinatal deaths, Australia*, Cat. no. 3304.0; table 10A.109.

Gestation standardised perinatal mortality ratio

The Steering Committee has identified Gestation standardised perinatal mortality ratio as an indicator of the outcomes of maternity services (box 10.36).

Box 10.36 Gestation standardised perinatal mortality ratio

This measure of perinatal mortality (box 10.35) is standardised according to gestational age. It excludes infants less than 20 weeks gestation or where gestation is unknown, weighing less than 400 grams, terminations of pregnancy and deaths due to congenital malformations (DHS 2007).

This indicator has been identified for development and reporting in the future.

Data were not available for the 2011 Report.

10.7 Future directions in performance reporting

Priorities for future reporting on public hospitals and maternity services include the following:

- Improving the comprehensiveness of reporting by filling in gaps in the performance indicator frameworks. Important gaps in reporting for public hospitals include indicators of equity of access to services for special needs groups (particularly Indigenous people), and indicators of continuity of care. Gaps in the maternity services framework include equity of access, effectiveness of access, two aspects of quality — responsiveness and continuity — and the efficiency subdimension of sustainability.
- Improving currently reported indicators for public hospitals and maternity services where data are not complete or not directly comparable. There is scope to improve reporting of the quality and access dimensions of the public hospitals framework, and the output indicators for maternity services.
- Improving the reporting of elective surgery waiting times by urgency category in order to achieve greater comparability across jurisdictions in assessing the extent to which patients are seen within a clinically desirable period and improving timeliness of the data.
- Improving the reporting of quality and safety indicators in both the public hospitals and maternity services frameworks.
- Improving the quality of Indigenous data, particularly completeness and Indigenous identification. Indigenous hospitalisation data for the ACT and Tasmania will be included in future reports. Work on improving Indigenous identification in hospital admitted patient data across states and territories is ongoing, with the inclusion of data for Tasmania and the ACT in national totals a priority.

Report on Government Services alignment with National Agreement reporting

Further alignment between the Report and NA indicators might occur in future reports as a result of developments in NA reporting.

Outcomes from review of Report on Government Services

COAG endorsed recommendations of a review of the Report on Government Services in December 2009. Those recommendations implemented during 2010 are reflected in this Report.

Further recommendations will be reflected in future Reports, including implementation of Independent Reference Group and Steering Committee recommendations arising from the 'Review of the general performance indicator framework' and the 'Review of the performance indicators and their associated measures'. The 2012 Report and later editions will continue:

- lengthening time series data in attachment tables
- developing data quality information documents for performance indicators
- developing mini-case studies.

10.8 Definitions of key terms and indicators

Accreditation	Professional recognition awarded to hospitals and other healthcare facilities that meet defined industry standards. Public hospitals can seek accreditation through the ACHS Evaluation and Quality Improvement Program, the Australian Quality Council (now known as Business Excellence Australia), the Quality Improvement Council, the International Organisation for Standardization 9000 Quality Management System or other equivalent programs.
Acute care	Clinical services provided to admitted or non-admitted patients, including managing labour, curing illness or treating injury, performing surgery, relieving symptoms and/or reducing the severity of illness or injury, and performing diagnostic and therapeutic procedures. Most episodes involve a relatively short hospital stay.
Admitted patient	A patient who has undergone a formal admission process in a public hospital to begin an episode of care. Admitted patients can receive acute, subacute or non-acute care services.
Admitted patient cost proportion	The ratio of admitted patient costs to total hospital costs, also known as the inpatient fraction.
Allied health (non-admitted)	Occasions of service to non-admitted patients at units/clinics providing treatment/counselling to patients. These include units providing physiotherapy, speech therapy, family planning, dietary advice, optometry and occupational therapy.
Apgar score	Numerical score used to evaluate a baby's condition after birth. The definition of the reported indicator is the number of babies born with an Apgar score of 3 or lower at 5 minutes post delivery, as a proportion of the total number of babies born. Excludes fetal deaths in utero before commencement of labour.
AR-DRG	Australian Refined Diagnosis Related Group - a patient classification system that hospitals use to match their patient services (hospital procedures and diagnoses) with their resource needs. AR-DRG version 5.1 is based on the ICD-10-AM classification.
Average length of stay	The mean length of stay for all patient episodes, calculated by dividing total occupied bed days by total episodes of care.
Caesarean section	Operative birth through an abdominal incision.
Casemix adjusted	Adjustment of data on cases treated to account for the number and type of cases. Cases are sorted by AR-DRG into categories of patients with similar clinical conditions and requiring similar hospital services. Casemix adjustment is an important step to achieving comparable measures of efficiency across hospitals and jurisdictions.
Casemix adjusted separations	The number of separations adjusted to account for differences across hospitals in the complexity of episodes of care.
Catastrophic	An acute or prolonged illness usually considered to be life threatening or with the threat of serious residual disability. Treatment can be radical and is frequently costly.
Community health services	Health services for individuals and groups delivered in a community setting, rather than via hospitals or private facilities.
Cost of capital	The return foregone on the next best investment, estimated at a rate of 8 per cent of the depreciated replacement value of buildings,

	equipment and land. Also called the 'opportunity cost' of capital.
Cost per casemix adjusted separation	Recurrent expenditure multiplied by the inpatient fraction and divided by the total number of casemix-adjusted separations plus estimated private patient medical costs.
Cost per non-admitted occasion of service	Recurrent expenditure divided by the inpatient fraction and divided by the total number of non-admitted occasions of service.
Elective surgery waiting times	The time elapsed for a patient on the elective surgery waiting list, from the date on which he or she was added to the waiting list for a procedure to admission or a designated census date.
Emergency department waiting times to service delivery	The time elapsed for each patient from presentation to the emergency department (that is, the time at which the patient is clerically registered or triaged, whichever occurs earlier) to the commencement of service by a treating medical officer or nurse.
Emergency department waiting times to admission	The time elapsed for each patient from presentation to the emergency department to admission to hospital.
Episiotomy	An obstetrics procedure. A surgical incision into the perineum and vagina to prevent traumatic tearing during delivery.
Fetal death	Delivery of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Excludes infants that weigh less than 400 grams or that are of a gestational age of less than 20 weeks.
Fetal death rate	The number of fetal deaths divided by the total number of births (that is, by live births registered and fetal deaths combined).
General practice	The organisational structure with one or more GPs and other staff such as practice nurses. A general practice provides and supervises healthcare for a 'population' of patients and can include services for specific populations, such as women's health or Indigenous health.
ICD-10-AM	The Australian modification of the International Standard Classification of Diseases and Related Health Problems. This is the current classification of diagnoses and procedures in Australia.
Inpatient fraction	The ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion.
Labour cost per casemix-adjusted separation	Salary and wages plus visiting medical officer payments, multiplied by the inpatient fraction, divided by the number of casemix-adjusted separations.
Length of stay	The period from admission to separation less any days spent away from the hospital (leave days).
Live birth	Birth of a child who, after delivery, breathes or shows any other evidence of life, such as a heartbeat. Includes all registered live births regardless of birthweight.
Medicare	Australian Government funding of private medical and optometrical services (under the Medicare Benefits Schedule). Sometimes defined to include other forms of Australian Government funding such as subsidisation of selected pharmaceuticals (under the Pharmaceutical Benefits Scheme) and public hospital funding (under the Australian Health Care Agreements), which provides public hospital services free of charge to public patients.

Mortality rate	The number of deaths per 100 000 people.
Neonatal death	Death of a live born infant within 28 days of birth. Defined in Australia as the death of an infant that weighs at least 400 grams or that is of a gestational age of at least 20 weeks.
Neonatal death rate	Neonatal deaths divided by the number of live births registered.
Nursing workforce	Registered and enrolled nurses who are employed in nursing, on extended leave or looking for work in nursing.
Medical practitioner workforce	Registered medical practitioners who are employed as medical practitioners, on extended leave or looking for work as a medical practitioner.
Multiparous	A pregnant women who had at least one previous pregnancy resulting in a live birth or stillbirth
Non-acute care	Includes maintenance care and newborn care.
Non-admitted occasions of service	Occasion of examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service establishment. Services can include emergency department visits, outpatient services (such as pathology, radiology and imaging, and allied health services, including speech therapy and family planning) and other services to non-admitted patients. Hospital non-admitted occasions of service are not yet recorded consistently across states and territories, and relative differences in the complexity of services provided are not yet documented.
Non-admitted patient	A patient who has not undergone a formal admission process, but who may receive care through an emergency department, outpatient or other non-admitted service.
Perinatal death	Fetal death or neonatal death of an infant that weighs at least 400 grams or that is of a gestational age of at least 20 weeks.
Perinatal death rate	Perinatal deaths divided by the total number of births (that is, live births registered and fetal deaths combined).
Perineal laceration (third or fourth degree)	A 'third degree' laceration or rupture during birth (or a tear following episiotomy) involves the anal sphincter, rectovaginal septum and sphincter NOS. A 'fourth degree' laceration, rupture or tear also involves the anal mucosa and rectal mucosa (NCCH 2008).
Perineal status	The state of the perineum following a birth.
Pre-anaesthetic consultation rate	The number of procedures where there is documented evidence that the patient has seen an anaesthetist before entering the operating theatre suite, anaesthetic room, or procedure room as a percentage of the total number of procedures with an anaesthetist in attendance (ACHS 2004).
Primary care	Essential healthcare based on practical, scientifically sound and socially acceptable methods made universally accessible to individuals and families in the community.
Primipara	Pregnant woman who has had no previous pregnancy resulting in a live birth or a still birth.
Public hospital	A hospital that provides free treatment and accommodation to eligible admitted persons who elect to be treated as public patients. It also provides free services to eligible non-admitted patients and can provide (and charge for) treatment and accommodation services to private patients. Charges to non-admitted patients and

	admitted patients on discharge can be levied in accordance with the Australian Health Care Agreements (for example, aids and appliances).
Puerperium	The period or state of confinement after labour.
Real expenditure	Actual expenditure adjusted for changes in prices.
Relative stay index	The actual number of patient days for acute care separations in selected AR-DRGs divided by the expected number of patient days adjusted for casemix. Includes acute care separations only. Excludes: patients who died or were transferred within 2 days of admission, or separations with length of stay greater than 120 days, AR-DRGs which are for 'rehabilitation', AR-DRGs which are predominantly same day (such as R63Z chemotherapy and L61Z admit for renal dialysis), AR DRGs which have a length of stay component in the definition, and error AR-DRGs.
Same day patients	A patient whose admission date is the same as the separation date.
Sentinel events	Adverse events that cause serious harm to patients and that have the potential to undermine public confidence in the healthcare system.
Separation	A total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change in the type of care for an admitted patient (for example, from acute to rehabilitation). Includes admitted patients who receive same day procedures (for example, renal dialysis).
Separation rate	Hospital separations per 1000 people or 100 000 people.
Selected primiparae	Primiparae with no previous deliveries, aged 25–29 years, singleton, vertex presentation and gestation of 37–41 weeks (inclusive).
Subacute care	Interdisciplinary therapeutic clinically-intense and goal-directed care in which the need for care depends primarily on the patient's functional status and quality of life rather than the underlying medical diagnosis or the patient's prospects of recovery from illness. Subacute care includes rehabilitation, palliative care and some mental health care, as well as geriatric evaluation and management and psychogeriatric care. Common to all is the patient no longer meets criteria for classification as 'acute', but still requires therapeutic, clinically-intense and goal-directed care.
Surgical site infection rate for selected surgical procedures	<p>The number of surgical site infections for a selected procedure (hip and knee prosthesis, lower segment caesarean section or abdominal hysterectomy) performed during the surveillance period divided by the total number of the selected procedures performed during the surveillance period.</p> <p>Since 2003, the ACHS surgical site infection indicators have been collected in pairs, one for each of superficial and deep/organ space surgical site infections. An indirectly standardised rate was derived for each pair. The rate for each combined pair was estimated as the sum of the two rates (deep and superficial). The indirectly standardised rate for each Jurisdiction was calculated as:</p> <p>Jurisdiction rate = (sum of observed infections in Jurisdiction /sum of expected infections for Jurisdiction)*rate for indicator pair</p> <p>Where</p>

	Rate of indicator pair = rate of superficial infection + rate of deep/organ infection.
Triage category	<p>The urgency of the patient's need for medical and nursing care:</p> <p>category 1 — resuscitation (immediate within seconds)</p> <p>category 2 — emergency (within 10 minutes)</p> <p>category 3 — urgent (within 30 minutes)</p> <p>category 4 — semi-urgent (within 60 minutes)</p> <p>category 5 — non-urgent (within 120 minutes).</p>
Unplanned hospital re-admission	An unexpected hospital admission for treatment of: the same condition for which the patient was previously hospitalised; a condition related to one for which the patient was previously hospitalised; or a complication of the condition for which the patient was previously hospitalised.
Unplanned hospital re-admission rate	The number of unplanned re-admissions to the same hospital within 28 days of separation, during the time period under study, divided by the total number of separations (excluding deaths) for the same time period, including day stay patients.
Urgency category for elective surgery	<p>Category 1 patients — admission is desirable within 30 days for a condition that has the potential to deteriorate quickly to the point that it can become an emergency.</p> <p>Category 2 patients — admission is desirable within 90 days for a condition that is causing some pain, dysfunction or disability, but that is not likely to deteriorate quickly or become an emergency.</p> <p>Category 3 patients — admission at some time in the future is acceptable for a condition causing minimal or no pain, dysfunction or disability, that is unlikely to deteriorate quickly and that does not have the potential to become an emergency.</p>

10.9 List of attachment tables

Attachment tables are identified in references throughout this chapter by an ‘10A’ suffix (for example, table 10A.3). Attachment tables are provided on the Review website (www.pc.gov.au/gsp). Users without access to the website can contact the Secretariat to obtain the attachment tables (see contact details on the inside front cover of the Report).

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Table 10A.21	Patients treated within national benchmarks for emergency department waiting time, 2008-09
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Table 10A.32	Victorian elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09
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Table 10A.35	WA elective surgery waiting times, by clinical urgency category, public hospitals (per cent)
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10.10 References

- ABS (Australian Bureau of Statistics) 2004, *Deaths, Australia 2003*, Cat. no. 3302.0, Canberra.
- ACHS (Australian Council for Healthcare Standards) 2001, *Determining the Potential to Improve the Quality of Care in Australian Health Care Organisations: Results from the ACHS Clinical Indicator Data 1998-2000*, Ultimo, NSW.
- 2002, *Clinical Indicator Users' Manual 2002*, Ultimo, NSW.
- 2004, *ACHS Clinical Indicator Users' Manual 2005*, Sydney, NSW.
- 2007, *Clinical Indicator Report for Australia and New Zealand 1998-2005: Determining the Potential to Improve Quality of Care 7th Edition*, Ultimo, NSW.
- AHMAC (Australian Health Ministers' Advisory Council) 2006, *Aboriginal and Torres Strait Islander Health Performance Framework Report 2006*, AHMAC, Canberra.
- AIHW (Australian Institute of Health and Welfare) 2000, 2001, 2006, 2009a, 2010a *Australian Hospital Statistics*, Cat. nos HSE 11, 14, 41, 71 and 84, AIHW, Canberra.
- 2005, *Improving the Quality of Indigenous Identification in Hospital Separations Data*, AIHW Cat. no. HSE 101, Canberra.
- 2008 METeOR AIHW Metadata Online Registry <http://meteor.aihw.gov.au/content/index.phtml/itemId/181162> (accessed 12 November 2008).
- 2009b, *Health expenditure Australia 2007–08*, AIHW Cat. no. HWE 37, Health and Welfare Expenditure Series No.30, Canberra.
- 2010b, *Health expenditure Australia 2008–09*, Health and Welfare Expenditure Series No. 42, Cat. no. HWE 51. Canberra, AIHW.
- AIHW (Australian Institute of Health and Welfare) and ACSQHC (Australian Commission on Safety and Quality in Health Care) 2007, *Sentinel events in Australian public hospitals 2004–05*, Cat. no. HSE. 51 Canberra: AIHW.
- Davis, P., Lay-Yee, R. and Briant, R. 2001, *Adverse Events in New Zealand Public Hospitals: Principal Findings from a National Survey*, NZ Ministry of Health, Wellington.
- Day, P., Sullivan, E.A., Ford, J. and Lancaster, P. 1999, *Australia's Mothers and Babies 1997*, AIHW Cat. no. PER 12, AIHW NPSU, Sydney.

-
- DoHA (Department of Health and Ageing) 2006, *National Hospital Cost Data Collection Cost Report, Round 9 (2004-05)*, Australian Government, Canberra.
- 2010, *National Hospital Cost Data Collection Cost Report, Round 13 (2008-09)*, Australian Government, Canberra.
- DHS (Department of Human Services) 2004, *Sentinel events program: Annual Report 2003-04*, Victorian Government, Melbourne.
- 2007, *Victorian Maternity Services Performance Indicators: Complete Set 2005-06*, Victorian Government, Melbourne.
- HDSC (Health Data Standards Committee) 2008, *National health data dictionary. Version 14*. Cat. no. HWI 101. AIHW, Canberra.
- Kohn, L.T., Corrigan, J.M., and Donaldson, M.S. (eds) 1999, *To Err Is Human: Building a Safer Health System*, Committee on Quality of Health Care in America, Institute of Medicine, National Academy Press, Washington DC.
- Laws P.J., Li Z., Sullivan E.A., 2010, *Australia's Mothers and Babies 2008*, AIHW Cat. No. PER 50, AIHW National Perinatal Statistics Unit (Perinatal Statistics Series No. 24), Sydney.
- National Health Performance Committee 2004, *National Report On Health Sector Performance Indicators 2003*, AIHW Cat. no. HWI 78, Australian Institute of Health and Welfare: Canberra.
- NCCH (National Centre for Classification in Health) 2008, *The International Statistical Classification of Diseases and Related Health Problems, 10th Revision*, Australian Modification, 6th edition (ICD-10-AM), Sydney.
- NSW Department of Health 2005, *Patient Safety and Clinical Quality Program, First Report on Incident Management in the NSW Public Health System 2003-2004*, North Sydney.
- Pearse 2005, *Review of patient satisfaction and experience surveys conducted for public hospitals in Australia*, A Research Paper for the Steering Committee for the Review of Government Service Provision, prepared by Jim Pearse, Health Policy Analysis Pty Ltd.
- Runciman, W., Webb, R., Helps, S., Thomas, E., Sexton, E., Studdert, D., and Brennan, T. 2000, 'A comparison of iatrogenic injury studies in Australia and the USA. II: reviewer behaviour and quality of care', *International Journal for Quality Health Care*; vol. 12, pp.379–88.
- Runciman W. and Moller J. 2001, *Iatrogenic Injury in Australia*, A report prepared by the Australian Patient Safety Foundation. Australian Patient for the National Health Priorities and Quality Branch of the Department of Health and Aged Care

of the Commonwealth Government of Australia,
http://www.apsf.net.au/dbfiles/Iatrogenic_Injury.pdf (accessed 20 April 2006).

Runciman W. 2006, The Safety and Quality of Health Care: Where Are We Now?, *Medical Journal of Australia*; vol. 184, no. 10: S41-S43.

SCRCSSP (Steering Committee for the Review of Commonwealth/State Service Provision) 2001, *Asset Measurement in the Costing of Government Services*, Productivity Commission, Canberra.

Thomas, E.J., Studdert, D.M. and Burstin, H.R. 2000, 'Incidence and types of adverse events and negligent care in Utah and Colorado', *Medical Care*, vol. 38. pp. 261–71.

10A Public hospitals — attachment

Definitions for the indicators and descriptors in this attachment are in section 10.8 of the chapter. Data in this Report are examined by the Health Working Group, but have not been formally audited by the Secretariat. Unsourced information was obtained from the Australian, State and Territory governments.

This file is available in Adobe PDF format on the Review web page (www.pc.gov.au/gsp). Users without Internet access can contact the Secretariat to obtain these tables (details on the inside front cover of the Report).

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Table 10A.1

Table 10A.1 **Recurrent expenditure, public hospitals (including psychiatric hospitals), current prices, (\$ million) (a), (b)**

	NSW (c)	Vic	Qld (d)	WA (e)	SA	Tas (f)	ACT	NT (g)	Aust
2004-05									
Salary and wages	4 777	3 657	1 994	1 299	1 020	271	228	181	13 428
Non-salary	3 073	2 117	1 279	730	680	188	161	101	8 329
Total	7 850	5 774	3 274	2 029	1 701	459	389	282	21 758
2005-06									
Salary and wages	5 294	3 884	2 378	1 410	1 134	317	254	216	14 888
Non-salary	3 284	2 340	1 449	782	731	236	169	113	9 103
Total	8 578	6 224	3 827	2 192	1 865	552	423	329	23 991
2006-07									
Salary and wages	5 602	4 234	2 832	1 654	1 232	349	271	237	16 410
Non-salary	3 530	2 482	1 607	931	752	257	194	126	9 879
Total	9 133	6 716	4 439	2 585	1 984	606	464	363	26 290
2007-08									
Salary and wages	5 817	4 636	3 317	1 879	1 376	348	311	251	17 935
Non-salary	3 863	2 684	1 827	1 024	950	279	211	135	10 973
Total	9 680	7 319	5 144	2 903	2 326	627	522	387	28 908
2008-09									
Salary and wages	6 253	5 013	3 736	2 134	1 507	407	355	288	19 695
Non-salary	3 956	2 899	2 018	1 124	960	286	231	154	11 628
Total	10 209	7 912	5 755	3 258	2 467	693	586	443	31 323

(a) Expenditure data exclude depreciation.

(b) Recurrent expenditure on the purchase of public hospitals services at the State, or area health service-level, from privately owned and/or operated hospitals is excluded.

(c) NSW hospital expenditure recorded against special purposes and trust funds is excluded.

(d) Queensland pathology services were purchased from a statewide pathology service rather than being provided by hospital employees.

(e) In WA, expenditure on public patients at Joondalup and Peel Health Campuses is included from 2006-07 figures but not in those for previous years.

(f) For both 2004-05 and 2005-06 data for one hospital are not included.

(g) Interest payments for the NT were not reported

Source: AIHW various years, *Australian hospital statistics*, Health Services Series, AIHW Cat. nos HSE 41, 50, 55, 71 and 84, Canberra.

Table 10A.2

Table 10A.2 **Recurrent expenditure, public hospitals, by source of funding, 2008-09 (a), (b)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Total expenditure										
Government	\$'000	10 161 889	6 957 685	6 121 375	3 129 403	2 548 648	709 553	678 331	468 474	30 775 359
Non-government	\$'000	1 032 320	815 288	353 386	226 085	130 336	60 264	15 753	13 576	2 647 010
Expenditure per person										
Government	\$ per person	1 443.2	1 296.9	1 407.4	1 419.8	1 581.0	1 418.3	na	2 113.3	1 421.9
Non-government	\$ per person	146.6	152.0	81.2	102.6	80.9	120.5	na	61.2	122.3

(a) Government expenditure excludes depreciation. Non-government expenditure on depreciation is incorporated in recurrent expenditure.

(b) Non-government expenditure includes expenditure by health insurance funds, individuals, workers' compensation and compulsory third-party motor vehicle insurers as well as other sources.

(c) ACT per person figures are not calculated, as the expenditure numbers for the ACT include substantial expenditures for NSW residents. Thus the ACT population is not the appropriate denominator.

na Not available.

Source: AIHW unpublished, Health expenditure database; table AA.2.

Table 10A.3

Table 10A.3 **Recurrent expenditure per person, public hospitals (including psychiatric) (2008-09 dollars) (a), (b)**

	NSW	Vic	Qld (c)	WA (d)	SA	Tas (e)	ACT (f)	NT	Aust
2004-05	1 349.2	1 332.3	959.8	1 167.2	1 272.0	1 096.3	na	1 603.3	1 242.0
2005-06	1 397.1	1 353.8	1 046.8	1 184.0	1 321.4	1 250.6	na	1 748.2	1 290.6
2006-07	1 415.0	1 381.9	1 141.8	1 315.4	1 336.6	1 310.0	na	1 817.4	1 339.1
2007-08	1 429.2	1 439.9	1 255.5	1 402.4	1 508.1	1 305.2	na	1 833.4	1 403.8
2008-09	1 448.7	1 474.9	1 323.1	1 473.6	1 530.3	1 385.5	na	1 997.4	1 446.3

(a) Expenditure data exclude depreciation and interest payments.

(b) Recurrent expenditure on the purchase of public hospitals services at the State, or area health service-level, from privately owned and/or operated hospitals is not included.

(c) Queensland pathology services were purchased from a statewide pathology service rather than being provided by hospital employees.

(d) In WA, recurrent expenditure per person from 2006-07 includes expenditure on public patients at Joondalup and Peel Health Campuses. Expenditure for these patients is not included in previous years.

(e) In Tasmania, for 2004-05 and 2005-06, data for one hospital are not included.

(f) ACT per person figures are not calculated, as the expenditure numbers for the ACT include substantial expenditures for NSW residents. Thus the ACT population is not the appropriate denominator.

na Not available.

Source: AIHW various years, *Australian hospital statistics*, Health Services Series, AIHW Cat. nos HSE 37, 41, 50, 55 and 71, Canberra; AIHW (2010), *Health expenditure Australia 2008-09*, Health and Welfare Expenditure Series No. 42, Cat. no. HWE 51. Canberra, AIHW; *ABS (unpublished)*, *Australian Demographic Statistics, December Quarter 2007*, Cat. no. 3101.0; table AA.2.

Table 10A.4

Table 10A.4 Public hospitals (including psychiatric hospitals) by hospital size, 2008-09 (a), (b), (c)

	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
No. of hospitals									
10 or fewer beds	27	41	72	42	7	18	1	–	208
more than 10 to 50 beds	122	46	64	31	58	7	–	2	330
more than 50 to 100 beds	28	24	10	5	6	–	–	1	74
more than 100 to 200 beds	23	19	10	9	2	1	–	1	65
more than 200 to 500 beds	19	15	9	5	5	1	1	1	56
more than 500 beds	8	4	5	2	2	1	1	–	23
Total	227	149	170	94	80	28	3	5	756
Proportion of total hospitals (%)									
10 or fewer beds	11.9	27.5	42.4	44.7	8.8	64.3	33.3	–	27.5
more than 10 to 50 beds	53.7	30.9	37.6	33.0	72.5	25.0	–	40.0	43.7
more than 50 to 100 beds	12.3	16.1	5.9	5.3	7.5	–	–	20.0	9.8
more than 100 beds	22.0	25.5	14.1	17.0	11.3	10.7	66.7	40.0	19.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of available beds									
10 or fewer beds	99	197	270	235	41	99	10	..	951
more than 10 to 50 beds	3 186	1 071	1 466	738	1 468	150	..	40	8 119
more than 50 to 100 beds	2 023	1 724	690	330	460	..	..	60	5 288
more than 100 to 200 beds	3 464	2 795	1 634	1 345	316	130	..	171	9 855
more than 200 to 500 beds	5 752	4 727	2 688	1 435	1 387	330	223	335	16 876
more than 500 beds	5 281	2 354	4 057	1 286	1 201	566	642	..	15 388
Total	19 805	12 869	10 805	5 369	4 874	1 275	875	606	56 478
Proportion of total beds (%)									
10 or fewer beds	0.5	1.5	2.5	4.4	0.8	7.8	1.1	..	1.7
more than 10 to 50 beds	16.1	8.3	13.6	13.7	30.1	11.8	..	6.6	14.4
more than 50 to 100 beds	10.2	13.4	6.4	6.1	9.4	..	..	9.9	9.4
more than 100 beds	73.2	76.7	77.5	75.7	59.6	80.5	98.9	83.5	74.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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

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

(c) The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same day admitted services and other specialised services.

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

.. Not applicable. – Nil or rounded to zero.

Source: AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.5

Table 10A.5 Available beds per 1000 people, by region, public hospitals (including psychiatric) (number) (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (d)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2004-05									
Metropolitan	2.9	2.3	2.4	2.5	2.9	..	2.1	..	2.6
Rural	3.6	2.7	2.5	2.5	3.7	2.7	–	2.7	3.0
Remote	7.3	2.4	6.3	4.5	7.7	2.6	..	3.0	5.3
Total	3.1	2.4	2.6	2.6	3.3	2.7	2.1	2.9	2.8
2005-06									
Major cities	2.7	2.4	2.4	2.4	2.8	..	2.2	..	2.5
Regional	3.3	2.6	2.5	2.4	3.6	2.7	–	2.7	2.8
Remote	6.5	2.4	5.7	3.9	7.6	2.5	..	2.9	4.9
Total	2.9	2.4	2.5	2.5	3.2	2.7	2.2	2.8	2.7
2006-07									
Major cities	2.7	2.3	2.1	2.5	2.7	..	2.4	..	2.5
Regional	3.4	2.7	2.9	2.9	3.6	2.8	–	2.8	3.0
Remote	7.5	2.1	5.6	3.8	7.8	3.0	..	2.9	4.9
Total	2.9	2.4	2.5	2.7	3.1	2.8	2.3	2.8	2.7
2007-08									
Major cities	2.7	2.4	2.3	2.6	2.8	..	2.6	..	2.5
Regional	3.4	2.7	2.9	2.5	3.7	2.6	–	2.9	3.0
Remote	7.7	2.9	4.9	3.2	7.7	3.0	..	2.9	4.5
Total	2.9	2.5	2.6	2.6	3.2	2.6	2.5	2.9	2.7
2008-09									
Major cities	2.6	2.3	2.2	2.5	2.7	..	2.5	..	2.5
Regional	3.3	2.7	2.8	2.3	3.4	2.6	..	2.8	2.9
Remote	6.9	3.0	4.9	2.9	7.3	2.1	..	2.8	4.3
Total	2.8	2.4	2.5	2.5	3.0	2.6	2.5	2.8	2.6

(a) Population calculated based on a crude rate. Data need to be viewed in the context of the age and sex structure and morbidity and mortality of the population in each jurisdiction. The age and sex structure of the population in each jurisdiction is provided in the 'Statistical appendix' and mortality rates in the 'Health preface'.

(b) An 'available bed' is one that is immediately available to be used by an admitted patient. A bed is immediately available for use if it is located in a suitable place for care, with nursing and auxiliary staff available within a reasonable period. Both occupied and unoccupied beds are included. Surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency stretchers/beds not normally authorised or funded, and beds designated for same day non-admitted patient care are excluded. Beds in wards that were closed for any reason (except weekend closures for beds/wards staffed and available on weekends only) are also excluded (National Health Data Dictionary, Version 14).

(c) The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same day admitted services and other specialised services.

(d) In WA, beds available for public patients at Joondalup and Peel Health Campuses are included from 2006-07 figures but not in those for previous years.

.. Not applicable. – Nil or rounded to zero.

Table 10A.5 **Available beds per 1000 people, by region, public hospitals (including psychiatric) (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (d)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Source:	AIHW various years, <i>Australian hospital statistics</i> , Health Services Series, AIHW Cat. nos HSE 41, 50, 55, 71 and 84, Canberra.								

Table 10A.6

Table 10A.6 Summary of separations, public hospitals 2008-09 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Separations										
Public hospitals	no.	1 505 969	1 379 624	883 340	467 433	374 540	94 892	89 869	95 356	4 891 023
Public acute hospitals	no.	1 500 020	1 379 132	882 933	465 971	372 401	94 226	89 869	95 356	4 879 908
Public psychiatric hospitals	no.	5 949	492	407	1 462	2 139	666	..	..	11 115
Overnight separations										
Public hospitals	no.	844 105	590 087	440 246	227 217	206 420	45 360	41 176	35 533	2 430 144
Public acute hospitals	no.	838 343	589 596	439 839	225 833	204 644	44 700	41 176	35 533	2 419 664
Public psychiatric hospitals	no.	5 762	491	407	1 384	1 776	660	..	..	10 480
Same day separations										
Public hospitals	no.	661 864	789 537	443 094	240 216	168 120	49 532	48 693	59 823	2 460 879
Public acute hospitals	no.	661 677	789 536	443 094	240 138	167 757	49 526	48 693	59 823	2 460 244
Public psychiatric hospitals	no.	187	1	–	78	363	6	..	..	635
Same day separations (per cent of total)										
Public hospitals	%	43.9	57.2	50.2	51.4	44.9	52.2	54.2	62.7	50.3
Public acute hospitals	%	44.1	57.2	50.2	51.5	45.0	52.6	54.2	62.7	50.4
Public psychiatric hospitals	%	3.1	0.2	0.0	5.3	17.0	0.9	..	..	5.7
Separations per 1000 population (b)										
Public hospitals	no.	204.2	247.3	202.1	212.6	216.3	179.0	275.4	487.9	219.3
Public acute hospitals	no.	203.4	247.2	202.0	212.0	215.1	177.7	275.4	487.9	218.8
Public psychiatric hospitals	no.	0.9	0.1	0.1	0.7	1.3	1.3	..	..	0.5

(a) Separations for which the care type was reported as newborn with no qualified days, and records for hospital boarders and posthumous organ procurement have been excluded.

(b) Figures are directly age-standardised to the June 2001 Australian population.

.. Not applicable. – Nil or rounded to zero.

Source: AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.7

Table 10A.7 Separations, public (non-psychiatric) hospitals (a)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (b)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total separations (no.)										
2004-05	'000	1 333	1 223	733	382	363	86	64	76	4 261
2005-06	'000	1 409	1 272	750	393	376	94	72	83	4 451
2006-07	'000	1 451	1 314	784	449	389	97	76	86	4 646
2007-08	'000	1 457	1 351	832	457	366	96	81	90	4 729
2008-09	'000	1 500	1 379	883	466	372	94	90	95	4 880
Overnight separations (no.)										
2004-05	'000	756	545	377	188	191	45	30	31	2 164
2005-06	'000	792	561	383	194	192	48	33	34	2 237
2006-07	'000	814	577	398	213	197	48	35	34	2 315
2007-08	'000	819	584	424	221	203	45	37	34	2 368
2008-09	'000	838	590	440	226	205	45	41	36	2 420
Same day separations (no.)										
2004-05	'000	577	678	356	193	172	42	34	45	2 097
2005-06	'000	617	711	367	200	184	46	39	50	2 214
2006-07	'000	637	737	386	236	192	49	41	52	2 331
2007-08	'000	638	767	408	235	163	51	44	56	2 362
2008-09	'000	662	790	443	240	168	50	49	60	2 460
Same day separations										
2004-05	%	43.3	55.4	48.6	50.6	47.4	48.3	53.1	59.2	49.2
2005-06	%	43.8	55.9	48.9	50.8	48.9	49.0	54.7	59.6	49.7
2006-07	%	43.9	56.1	49.2	52.6	49.4	50.5	54.4	60.6	50.2
2007-08	%	43.8	56.8	49.0	51.5	44.6	52.8	54.0	62.0	49.9
2008-09	%	44.1	57.2	50.2	51.5	45.0	52.6	54.2	62.7	50.4
Total separations (rate per 1000) (c)										
2004-05	no.	191.6	238.2	187.9	194.4	224.0	172.2	214.4	456.2	207.3
2005-06	no.	201.5	243.4	186.1	195.7	227.1	185.2	237.3	479.1	212.8
2006-07	no.	204.4	246.6	190.1	217.7	231.5	187.5	244.8	480.1	218.0
2007-08	no.	201.4	247.7	195.6	214.3	215.1	182.7	256.1	486.4	216.9
2008-09	no.	203.4	247.2	202.0	212.0	215.1	177.7	275.4	487.9	218.8

(a) Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders and posthumous organ procurement.

(b) In WA, separations for public patients at Joondalup and Peel Health Campuses are included from 2006-07 figures but not in those for previous years.

(c) Rates per 1000 people are directly age standardised to the Australian population at June 2007.

Source: AIHW various years, *Australian hospital statistics*, Health Services Series, AIHW Cat. nos HSE 41, 50, 55, 71 and 84, Canberra.

Table 10A.8

Table 10A.8 Separations, public (non-psychiatric) hospitals, 2008-09 (a)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total separations (no.)										
Medical (b)	'000	1 114	942	650	304	269	68	68	81	3 496
Surgical (c)	'000	292	267	159	97	87	19	17	11	948
Chemotherapy and radiotherapy (d)	'000	3	73	25	24	–	2	1	–	128
Other (e)	'000	91	97	49	42	16	6	4	3	308
Total	'000	1 500	1 379	883	466	372	94	90	95	4 880
Overnight separations (no.)										
Medical (b)	'000	625	418	323	160	146	31	29	27	1 759
Surgical (c)	'000	188	154	105	60	51	12	12	7	588
Chemotherapy and radiotherapy (d)	'000	np	np	np	np	np	np	np	np	np
Other (e)	'000	25	18	12	6	7	1	1	1	72
Total	'000	838	590	440	226	205	45	41	36	2 420
Same day separations (no.)										
Medical (b)	'000	489	524	327	144	123	36	39	54	1 736
Surgical (c)	'000	104	114	54	37	36	7	5	4	360
Chemotherapy and radiotherapy (d)	'000	np	np	np	np	np	np	np	np	np
Other (e)	'000	66	79	37	36	9	5	3	2	236
Total	'000	659	717	418	217	168	48	48	59	2 333
Same day separations (% of total separations)										
Medical (b)	%	43.9	55.7	50.3	47.3	45.7	53.8	58.0	66.5	49.7
Surgical (c)	%	35.7	42.5	33.8	38.4	40.9	35.7	30.6	35.4	37.9
Chemotherapy and radiotherapy (d)	%	..	..	..	..	..	..	..	..	..
Other (e)	%	72.4	81.3	76.0	85.5	57.1	76.8	74.9	56.4	76.7
Total	%	43.9	52.0	47.3	46.5	45.0	50.8	53.1	62.4	47.8

(a) Separations for which care type was reported as Newborn with no qualified days and records for Hospital boarder or Posthumous organ procurement have been excluded. Results derived using AR-DRG version 5.1.

(b) Separations where the second character of the AR-DRG was equal to 6, 7 or 8.

(c) Separations where the second character of the AR-DRG was equal to 0, 1, 2 or 3.

(d) Separations where the first three characters of the AR-DRG was equal to R63 or R64. The breakdowns of overnight and same day chemotherapy and radiotherapy separations have been included in the medical separations categories as applicable.

(e) Separations where the second character of the AR-DRG was equal to 4.

– Nil or rounded to zero. .. Not applicable. **np** Not published.

Source: AIHW (unpublished), National Hospital Morbidity Database.

Table 10A.9

Table 10A.9 Separations in public hospitals, by age group, 2008-09 (a)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Age group										
Under 1	'000	47.4	29.4	23.5	10.3	9.2	2.1	2.2	2.5	126.5
1 to 4	'000	46.3	32.7	29.1	13.6	12.1	2.0	2.0	3.1	141.0
5 to 9	'000	29.7	23.5	20.5	9.8	7.0	1.7	1.5	1.9	95.5
10 to 14	'000	27.6	21.3	18.9	8.8	6.3	1.6	1.5	1.4	87.3
Under 15	'000	151.0	106.9	92.0	42.4	34.5	7.5	7.1	8.9	450.3
15 to 19	'000	43.8	38.8	32.8	15.3	12.5	3.3	2.7	3.0	152.2
20 to 24	'000	61.3	54.6	47.9	22.4	16.5	4.4	3.7	4.7	215.5
25 to 29	'000	76.5	69.2	53.0	23.7	18.4	4.9	4.7	5.1	255.6
30 to 34	'000	77.8	73.1	49.4	25.9	19.2	4.5	4.9	5.4	260.4
15 to 34	'000	259.3	235.8	183.2	87.3	66.6	17.1	16.1	18.2	883.7
35 to 39	'000	77.3	75.3	49.9	25.7	20.2	5.3	4.7	7.3	265.6
40 to 44	'000	66.9	69.6	44.3	26.1	19.9	4.7	5.4	9.1	246.1
45 to 49	'000	76.1	76.5	54.4	29.1	20.1	5.9	4.6	9.1	275.7
50 to 54	'000	83.1	85.3	53.8	30.2	22.3	7.0	5.0	11.7	298.4
35 to 54	'000	303.4	306.6	202.5	111.0	82.5	22.9	19.8	37.1	1 085.8
55 to 59	'000	88.6	93.5	61.4	33.5	22.8	6.2	6.6	11.1	323.8
60 to 64	'000	105.6	109.9	67.1	34.5	25.7	8.1	7.9	7.5	366.3
65 to 69	'000	110.2	109.2	65.4	34.0	25.1	7.6	6.8	6.2	364.7
70 to 74	'000	127.7	121.9	63.4	37.1	29.7	7.5	7.1	3.3	397.7
55 to 74	'000	432.2	434.5	257.2	139.1	103.3	29.5	28.5	28.1	1 452.4
75 to 79	'000	134.5	123.9	63.3	33.4	33.2	7.6	7.7	1.6	405.2
80 to 84	'000	118.1	95.4	45.8	30.5	29.0	5.3	5.7	0.9	330.6
85 and over	'000	107.4	76.5	39.4	23.7	25.4	5.1	5.0	0.5	283.0
75 and over	'000	360.0	295.8	148.5	87.6	87.6	17.9	18.5	3.0	1 018.9
Not reported	'000	na	na	na	na	na	na	na	na	na
Total (b)	'000	1 506.0	1 379.6	883.3	467.4	374.5	94.9	89.9	95.4	4 891.0
Proportion of total separations										
Under 15	%	10.0	7.7	10.4	9.1	9.2	7.9	7.9	9.3	9.2
15 to 34	%	17.2	17.1	20.7	18.7	17.8	18.1	17.9	19.1	18.1
35 to 54	%	20.1	22.2	22.9	23.7	22.0	24.1	22.0	38.9	22.2
55 to 74	%	28.7	31.5	29.1	29.7	27.6	31.1	31.7	29.5	29.7
75 and over	%	23.9	21.4	16.8	18.7	23.4	18.9	20.5	3.1	20.8

(a) Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders and posthumous organ procurement.

(b) Includes separations for which age group was not reported.

na Not available.

Source: AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.10

Table 10A.10 Separations by hospital sector and Indigenous status of patient, 2008-09 (a), (b)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (c)
Public hospitals										
Indigenous people	no.	56 753	12 680	68 708	40 978	18 453	2 452	1 987	66 189	263 761
Non-Indigenous people	no.	1 434 823	1 357 081	797 701	426 455	339 592	89 994	86 244	29 165	4 384 817
Not reported	no.	14 393	9 863	16 931	–	16 495	2 446	1 638	2	57 684
Total	no.	1 505 969	1 379 624	883 340	467 433	374 540	94 892	89 869	95 356	4 706 262
Private hospitals										
Indigenous people	no.	1 459	710	4 426	14 443	1 018	np	np	np	22 056
Non-Indigenous people	no.	885 960	800 180	733 180	347 719	240 286	np	np	np	3 007 325
Not reported	no.	19 795	10 130	76 335	–	14 196	np	np	np	120 456
Total	no.	907 214	811 020	813 941	362 162	255 500	np	np	np	3 149 837
Indigenous separations (% of total separations)										
Public hospitals	%	3.8	0.9	7.8	8.8	4.9	2.6	2.2	69.4	5.6
Private hospitals	%	0.2	0.1	0.5	4.0	0.4	np	np	np	0.7
All hospitals	%	2.4	0.6	4.3	6.7	3.1	np	np	np	3.6
Separations in public hospitals (% of total separations)										
Indigenous people	%	97.5	94.7	93.9	73.9	94.8	np	np	np	92.3
Non-Indigenous people	%	61.8	62.9	52.1	55.1	58.6	np	np	np	59.3

(a) Separations for which the care type was reported as newborn with no qualified days, and records for hospital boarders and posthumous organ procurement have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions.

(c) Total includes data only for NSW, Victoria, Queensland, WA, SA and the NT (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. In addition, these jurisdictions are not necessarily representative of the excluded jurisdictions.

– Nil or rounded to zero. np Not published.

Source: AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.11

Table 10A.11 Separations per 1000 people, by Indigenous status of patient (number) (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (d)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Total (e)</i>
2004-05									
Public hospitals									
Indigenous people	np	np	733.6	821.5	822.2	np	np	1 441.0	907.0
Total population	193.3	238.3	188.1	195.2	225.3	np	np	456.2	208.1
Private Hospitals (f)									
Indigenous people	np	np	np	np	np	np	np	np	np
Total population	106.6	136.1	172.4	155.7	126.5	np	np	np	133.9
2005-06									
Public hospitals									
Indigenous people	495.6	np	745.4	845.2	875.0	np	np	1 548.0	792.1
Total population	203.2	243.4	186.2	196.4	228.4	np	np	479.1	213.6
Private Hospitals (f)									
Indigenous people	np	np	np	np	np	np	np	np	np
Total population	108.6	136.4	175.2	157.2	129.2	np	np	np	139.6
2006-07									
Public hospitals									
Indigenous people	528.0	624.3	756.7	876.5	929.3	np	np	1 584.8	787.5
Total population	206.0	246.7	190.2	218.4	232.6	np	np	480.1	218.8
Private Hospitals (f)									
Indigenous people	np	np	np	np	np	np	np	np	np
Total population	112.9	141.3	177.9	138.4	132.5	np	np	np	141.4
2007-08									
Public hospitals									
Indigenous people	550.5	629.8	785.7	869.4	908.9	np	np	1 670.7	807.7
Total population	202.8	247.8	195.7	215.1	216.4	np	np	486.4	217.6
Private Hospitals									
Indigenous people	15.0	53.7	82.0	315.3	91.3	np	np	np	95.1
Total population	117.6	145.5	181.5	150.9	138.3	np	np	np	147.0
2008-09									
Public hospitals									
Indigenous people	511.5	535.8	732.5	817.3	950.5	np	np	1 656.0	763.3
Total population	205.6	249.5	204.4	215.8	217.7	np	np	495.5	221.3
Private Hospitals									
Indigenous people	17.3	44.1	64.6	373.1	67.4	np	np	np	81.7
Total population	122.9	145.3	186.6	165.3	143.4	np	np	np	145.6

(a) Directly age standardised to the Australian population at 30 June 2001.

(b) Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among jurisdictions.

Table 10A.11 Separations per 1000 people, by Indigenous status of patient (number) (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (d)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Total (e)</i>
(c)	The AIHW has advised that data for for NSW, Victoria, Queensland, SA, WA and the NT are of acceptable quality in 2006-07 and 2007-08. Nevertheless data for these jurisdictions should be interpreted with caution as there are jurisdictional differences in data quality and changes in hospitalisation rates for Indigenous people over time may include a component due to improved identification. Indigenous status should therefore be interpreted cautiously.								
(d)	In WA, separations for public patients at Joondalup and Peel Health Campuses are included from 2006-07 public hospitals figures but not in those for previous years.								
(e)	The totals include data only for NSW, Victoria, Queensland, WA, SA and the NT (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality								
(f)	Data quality of Indigenous status in the private sector is considered to be unacceptable and therefore data have been suppressed for the private sector.								

np Not published.

Source: AIHW (unpublished), National Hospital Morbidity Database.

Table 10A.12

Table 10A.12 Selected hospital procedures, public hospitals, per 1000 population, July 2008 – June 2009 (a), (b), (c)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (d)	Total (e)
Procedures for Indigenous patients									
Cataract extraction	5.5	5.1	8.3	7.7	5.4	np	np	5.8	6.5
Cholecystectomy	2.4	2.7	2.3	2.3	2.5	np	np	2.2	2.4
Coronary artery bypass graft	1.0	0.5	1.4	0.9	2.5	np	np	–	1.0
Coronary angioplasty	2.1	2.0	1.5	1.8	4.6	np	np	–	1.8
Cystoscopy	1.7	3.0	2.8	3.2	4.7	np	np	2.0	2.6
Haemorrhoidectomy	1.3	1.6	0.6	0.5	0.6	np	np	0.4	0.8
Hip replacement	0.4	0.7	0.4	0.6	0.5	np	np	0.5	0.5
Inguinal herniorrhaphy	1.3	1.0	1.5	0.8	1.2	np	np	0.4	1.1
Knee replacement	1.3	0.5	1.3	0.5	0.6	np	np	0.3	0.9
Myringotomy	1.2	1.6	1.3	1.8	1.6	np	np	1.4	1.3
Tonsillectomy	1.2	1.6	1.1	1.1	1.6	np	np	0.3	1.1
Varicose veins stripping and ligation	0.1	0.3	0.1	0.1	0.6	np	np	0.1	0.2
Septoplasty	0.2	0.4	0.3	0.3	0.4	np	np	0.2	0.3
Prostatectomy	1.5	1.8	1.1	1.2	1.4	np	np	1.0	1.3
Hysterectomy	2.1	2.1	1.8	1.3	2.1	np	np	1.5	1.8
Procedures for all other patients (f)									
Cataract extraction	8.3	8.0	9.3	10.3	7.0	np	np	2.7	8.4
Cholecystectomy	2.1	2.1	2.2	2.6	1.7	np	np	0.7	2.1
Coronary artery bypass graft	0.5	0.6	0.7	0.4	0.5	np	np	–	0.6
Coronary angioplasty	1.5	1.6	1.4	1.7	1.2	np	np	–	1.5
Cystoscopy	3.9	4.8	4.9	7.3	4.5	np	np	1.2	4.7
Haemorrhoidectomy	2.4	1.4	1.3	1.4	1.0	np	np	1.2	1.7
Hip replacement	1.2	1.4	1.2	1.7	1.4	np	np	0.2	1.3
Inguinal herniorrhaphy	2.1	2.2	2.3	2.9	1.7	np	np	1.0	2.2
Knee replacement	1.6	1.3	1.6	1.9	1.6	np	np	0.3	1.6
Myringotomy	1.5	1.8	1.7	3.4	2.1	np	np	0.6	1.8
Tonsillectomy	2.1	2.1	2.4	4.2	1.9	np	np	0.8	2.3
Varicose veins stripping and ligation	0.5	0.8	0.5	0.7	0.5	np	np	0.3	0.6
Septoplasty	1.0	1.3	0.9	1.2	1.0	np	np	0.3	1.1
Prostatectomy	3.0	3.4	2.7	2.6	2.9	np	np	1.7	3.0
Hysterectomy	2.2	2.1	2.6	2.3	2.7	np	np	1.8	2.3

(a) Includes all patients treated in public hospitals and public patients treated in private hospitals.

(b) Proportions are indirectly age standardised using the age and cause specific rates of other Australians as the standard.

(c) Excludes separations with a care type of Newborn without qualified days and records for Hospital Boarders and Posthumous organ procurement.

(d) Excludes private hospital data for NT.

(e) Includes data for NSW, Victoria, Queensland, WA, SA and NT only.

(f) Includes non-Indigenous patients and those for whom Indigenous status was not stated.

– Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished), National Hospital Morbidity Database.

Table 10A.13 Hospitalisations with a procedure recorded, excluding hospitalisations for care involving dialysis, per 1000 population, 2008 – June 2009 (per cent) (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (c)</i>	<i>Aust</i>
Public hospitals and public patients (d)									
Indigenous hospitalisations with procedure reported	187	209	199	282	251	np	np	281	218
Hospitalisations with procedure reported for all other patients (e)	118	153	115	139	131	np	np	129	130
Total patients (f)									
Indigenous hospitalisations with procedure reported	199	234	232	290	297	np	np	281	237
Hospitalisations with procedure reported for all other patients (e)	234	280	276	274	258	np	np	215	259

- (a) Proportions are indirectly age standardised using the age and cause specific rates of other Australians as the standard.
- (b) Excludes hospitalisations with a principal diagnosis of care involving dialysis. Excludes separations with a care type of Newborn without qualified days and records for Hospital Boarders and Posthumous organ procurement.
- (c) Excludes private hospital data for NT.
- (d) Includes all patients treated in public hospitals and public patients treated in private hospitals.
- (e) Includes non-Indigenous patients and those for whom Indigenous status was not stated.
- (f) Includes all patients in public and private hospitals.

np Not published.

Source: AIHW (unpublished), National Hospital Morbidity Database.

Table 10A.14 Hospitalisations with a procedure reported, excluding hospitalisations for care involving dialysis, per 1000 population, July 2008 – June 2009 (per cent) (a), (b)

	<i>Major cities</i>	<i>Regional areas</i>	<i>Remote areas</i>	<i>All areas (c)</i>
Public hospitals and public patients (d)				
Indigenous hospitalisations with procedure reported	198	221	253	223
Hospitalisations with procedure reported for all other patients (e)	128	151	138	136
Total patients (f)				
Indigenous hospitalisations with procedure reported	231	243	256	243
Hospitalisations with procedure reported for all other patients (e)	277	257	215	270

- (a) Proportions are indirectly age standardised using the age and cause specific rates of other Australians as the standard.
- (b) Excludes hospitalisations with a principal diagnosis of care involving dialysis. Excludes separations with a care type of Newborn without qualified days and records for Hospital Boarders and Posthumous organ procurement.
- (c) Includes data for NSW, Victoria, Queensland, WA, SA and NT only. Excludes private hospital data for NT.
- (d) Includes all patients treated in public hospitals and public patients treated in private hospitals.
- (e) Includes non-Indigenous patients and those for whom Indigenous status was not stated.
- (f) Includes all patients in public and private hospitals.

Source: AIHW (unpublished), National Hospital Morbidity Database.

Table 10A.15

Table 10A.15 Average full time equivalent (FTE) staff per 1000 persons, public hospitals (including psychiatric hospitals) (a)

	<i>NSW (b)</i>	<i>Vic (c)</i>	<i>Qld (d)</i>	<i>WA (e)</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2006-07									
Salaried medical officers	1.1	1.2	1.2	1.2	1.3	1.1	1.3	1.6	1.2
Nurses	5.3	5.1	4.2	4.6	5.6	4.6	5.2	5.7	5.0
Registered nurses	na	na	3.6	4.4	4.4	4.1	4.4	5.0	na
Other nurses	na	na	0.6	0.2	1.2	0.5	0.9	0.7	na
Other personal care staff	na	na	0.2	–	0.5	0.2	0.5	0.1	na
Diagnostic and allied health	1.7	2.4	1.1	1.3	1.2	0.9	1.4	1.4	1.6
Administrative and clerical	1.8	1.9	1.3	1.9	2.0	1.5	1.8	2.1	1.8
Domestic and other staff	1.7	1.3	1.7	2.0	1.3	2.0	0.5	2.5	1.6
Total staff	11.6	11.9	9.8	11.0	11.9	10.2	10.6	13.4	11.3
2007-08									
Salaried medical officers	1.2	1.3	1.3	1.3	1.4	1.0	1.5	1.6	1.3
Nurses	5.3	5.2	4.5	4.5	5.7	4.5	5.7	5.6	5.1
Registered nurses	na	na	4.0	4.3	4.5	4.0	4.7	4.9	na
Other nurses	na	na	0.6	0.2	1.2	0.5	1.0	0.6	na
Other personal care staff	na	na	0.2	na	0.5	na	0.5	0.1	na
Diagnostic and allied health	1.8	2.4	1.1	1.4	1.3	1.1	1.4	1.5	1.7
Administrative and clerical	1.6	2.1	1.5	1.9	1.9	1.3	1.8	2.0	1.7
Domestic and other staff	1.4	1.3	1.8	2.0	1.2	2.0	0.5	2.6	1.5
Total staff	11.3	12.1	10.5	11.0	12.0	9.9	11.5	13.2	11.3
2008-09									
Salaried medical officers	1.2	1.4	1.4	1.3	1.5	1.5	1.9	1.7	1.3
Nurses	5.3	5.4	4.5	4.7	6.0	4.9	5.9	6.1	5.2
Registered nurses	na	na	na	na	na	na	na	na	na
Other nurses	na	na	na	na	na	na	na	na	na
Other personal care staff	na	na	0.2	na	0.5	na	0.5	0.1	na
Diagnostic and allied health	1.6	2.4	1.1	1.4	1.1	1.0	1.5	1.5	1.6
Administrative and clerical	1.6	2.0	1.4	1.9	1.9	1.6	2.0	2.1	1.7
Domestic and other staff	1.3	1.2	1.7	1.9	1.2	2.2	0.5	2.6	1.4
Total staff	11.1	12.4	10.3	11.3	12.2	11.2	12.3	14.0	11.4

(a) Where average FTE staff numbers are not available for a financial year, staff numbers on the last day of the financial year are used (for example, 30 June 2009, for 2008-09). Staff contracted to provide products (rather than labour) are not included. Numbers per 1000 people are calculated from population estimates for each financial year (table AA.2).

(b) For NSW, 'other personal care staff' are included in 'diagnostic and allied health' and 'domestic and other staff'.

(c) For Victoria, FTEs may be slightly understated. 'Other personal care staff' are included in 'domestic and other staff'.

(d) Queensland pathology services staff employed by the state pathology service are not included.

(e) Many WA hospitals were unable to provide a split between nurse categories and these have been reported as registered nurses.

Table 10A.15 Average full time equivalent (FTE) staff per 1000 persons, public hospitals (including psychiatric hospitals) (a)

	<i>NSW (b)</i>	<i>Vic (c)</i>	<i>Qld (d)</i>	<i>WA (e)</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
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(f) In Tasmania in 2006-07 data for two small hospitals are not included. Tasmanian 'other personal care' staff are included in 'domestic and other staff'.

na Not available. – Nil or rounded to zero.

Source: AIHW various years, *Australian hospital statistics*, Health Services Series, AIHW Cat. nos HSE 41, 50, 55, 71 and 84, Canberra; ABS (unpublished), Australian Demographic Statistics, December Quarter 2009, Cat. no. 3101.0; table AA.2.

Table 10A.16

Table 10A.16 Separations, by type of episode of care, public hospitals (including psychiatric), 2008-09 (a)

	Unit	NSW	Vic (b)	Qld	WA	SA	Tas	ACT	NT	Aust
Number of separations										
Acute care	no.	1 437 796	1 332 252	842 765	450 300	359 088	91 658	82 785	93 271	4 689 915
Rehabilitation care	no.	26 400	13 821	17 574	8 923	6 907	1 168	2 681	401	77 875
Palliative care	no.	9 345	5 652	5 457	1 245	1 298	304	609	352	24 262
Geriatric evaluation										
and management	no.	2 348	12 250	1 336	708	377	44	1 244	–	18 307
Psychogeriatric care	no.	669	2 001	525	716	265	165	53	–	4 394
Maintenance care	no.	6 391	802	5 547	1 895	2 767	464	1 369	402	19 637
Newborn total	no.	77 150	54 476	45 160	22 143	15 450	3 934	4 136	3 478	225 927
Newborn — unqualified										
days only	no.	54 139	41 630	35 353	18 497	11 612	2 845	3 009	2 566	169 651
Other admitted care	no.	–	–	329	–	–	–	1	18	348
Not reported	no.	9	–	–	–	–	–	–	–	9
Total (c)	no.	1 560 108	1 421 254	918 693	485 930	386 152	97 737	92 878	97 922	5 060 674
Total (d)	no.	1 505 969	1 379 624	883 340	467 433	374 540	94 892	89 869	95 356	4 891 023
Proportion of total separations										
Acute care	%	95.5	96.6	95.4	96.3	95.9	96.6	92.1	97.8	95.9
Rehabilitation care	%	1.8	1.0	2.0	1.9	1.8	1.2	3.0	0.4	1.6
Palliative care	%	0.6	0.4	0.6	0.3	0.3	0.3	0.7	0.4	0.5
Geriatric evaluation										
and management	%	0.2	0.9	0.2	0.2	0.1	–	1.4	–	0.4
Psychogeriatric care	%	–	0.1	0.1	0.2	0.1	0.2	0.1	–	0.1
Maintenance care	%	0.4	0.1	0.6	0.4	0.7	0.5	1.5	0.4	0.4
Newborn excluding unqualified days	%	1.5	0.9	1.1	0.8	1.0	1.1	1.3	1.0	1.2

Table 10A.16

Table 10A.16 Separations, by type of episode of care, public hospitals (including psychiatric), 2008-09 (a)

	Unit	NSW	Vic (b)	Qld	WA	SA	Tas	ACT	NT	Aust
Other admitted care	%	–	–	–	–	–	–	–	–	–
Not reported	%	–	–	–	–	–	–	–	–	–
Total (d)	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Excludes records for hospital boarders or posthumous organ procurement.

(b) The reporting of newborns with unqualified days only is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.

(c) Total separations include 'newborn unqualified days only', which are not normally included as admitted patient care.

(d) Total separations exclude 'newborn unqualified days only', which are not normally included as admitted patient care.

– Nil or rounded to zero.

Source: AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.17

Table 10A.17 Australian refined diagnosis related groups (AR-DRGs) version 5.2 with the highest number of overnight acute separations, public hospitals, 2008-09 (a), (b), (c)

Separations (no.)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
O60B Vaginal Delivery W/O Catastrophic or Severe CC	35 134	26 608	19 150	9 381	6 535	1 704	1 800	1 252	101 564
F74Z Chest Pain	17 989	11 239	11 454	3 724	5 045	731	516	637	51 335
O01C Caesarean Delivery W/O Catastrophic or Severe CC	14 775	10 578	9 076	4 016	3 177	802	651	544	43 619
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/	16 075	9 687	7 834	3 893	3 970	719	541	399	43 118
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	11 432	7 068	8 052	4 158	2 522	540	453	1 610	35 835
O66A Antenatal and Other Obstetric Admission	10 820	5 937	6 745	3 502	2 171	599	532	897	31 203
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	8 533	6 441	4 384	2 265	1 957	423	279	251	24 533
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	9 019	3 583	6 618	2 133	1 562	457	395	495	24 262
E62C Respiratory Infections/Inflammations W/O CC	9 118	4 763	4 524	2 315	1 733	477	327	583	23 840
E65B Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	9 101	4 352	4 545	2 041	2 240	620	245	461	23 605
Total acute separations (excluding same day)	806 428	557 680	418 948	214 024	198 178	43 396	35 664	34 634	2 308 952
Separations (per cent)									
O60B Vaginal Delivery W/O Catastrophic or Severe CC	4.4	4.8	4.6	4.4	3.3	3.9	5.0	3.6	4.4
F74Z Chest Pain	2.2	2.0	2.7	1.7	2.5	1.7	1.4	1.8	2.2

Table 10A.17

Table 10A.17 Australian refined diagnosis related groups (AR-DRGs) version 5.2 with the highest number of overnight acute separations, public hospitals, 2008-09 (a), (b), (c)

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
O01C	Caesarean Delivery W/O Catastrophic or Severe CC	1.8	1.9	2.2	1.9	1.6	1.8	1.8	1.6	1.9
G67B	Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/	2.0	1.7	1.9	1.8	2.0	1.7	1.5	1.2	1.9
J64B	Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	1.4	1.3	1.9	1.9	1.3	1.2	1.3	4.6	1.6
O66A	Antenatal and Other Obstetric Admission	1.3	1.1	1.6	1.6	1.1	1.4	1.5	2.6	1.4
G66B	Abdominal Pain or Mesenteric Adenitis W/O CC	1.1	1.2	1.0	1.1	1.0	1.0	0.8	0.7	1.1
O60C	Vaginal Delivery Single Uncomplicated W/O Other Condition	1.1	0.6	1.6	1.0	0.8	1.1	1.1	1.4	1.1
E62C	Respiratory Infections/Inflammations W/O CC	1.1	0.9	1.1	1.1	0.9	1.1	0.9	1.7	1.0
E65B	Chronic Obstructive Airways Disease W/O Catastrophic or Severe CC	1.1	0.8	1.1	1.0	1.1	1.4	0.7	1.3	1.0
10 AR-DRGs with most acute separations		17.6	16.2	19.7	17.5	15.6	16.3	16.1	20.6	17.5

(a) Includes separations for which the care type was reported as 'acute' or 'newborn with qualified days', or was not reported.

(b) Totals may not add as a result of rounding.

(c) Excludes same day separations and separations where patients stayed over 365 days.

CC=complications and comorbidities, CD=complicating diagnosis, W/O=without, W=with.

Source: AIHW (unpublished), National Hospital Morbidity Database.

Table 10A.18

Table 10A.18 Top 10 AR-DRGs (version 5.2) with the most patient days, excluding same day separations, public hospitals, 2008-09 (a), (b)

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Patient days (no.)									
U61A Schizophrenia Disorders W Mental Health Legal Status	135 133	94 157	84 938	40 327	32 839	5 504	4 348	4 802	402 048
A06Z Tracheostomy or Ventilation >95 hours	102 473	72 096	49 533	21 924	27 463	7 112	3 442	3 912	287 955
O60B Vaginal Delivery W/O Catastrophic or Severe CC	100 496	69 267	47 365	26 530	18 408	4 785	4 441	4 223	275 515
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	89 872	56 537	39 703	29 169	27 361	5 636	5 165	1 855	255 298
U61B Schizophrenia Disorders W/O Mental Health Legal Status	96 017	46 482	20 623	18 747	16 502	10 592	1 899	987	211 849
O01C Caesarean Delivery W/O Catastrophic or Severe CC	60 919	43 140	33 328	16 340	13 889	3 087	2 529	2 858	176 090
E65A Chronic Obstructive Airways Disease W Catastrophic or Severe CC	59 169	37 448	28 799	9 232	14 981	2 717	1 287	2 571	156 204
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	48 357	32 794	29 415	17 387	11 816	2 299	1 967	6 060	150 095
B63Z Dementia and Other Chronic Disturbances of Cerebral Function	45 758	35 070	13 858	11 311	15 310	9 468	785	1 203	132 763
E62A Respiratory Infections/Inflammations W Catastrophic CC	47 314	40 331	17 381	8 332	11 850	2 162	1 334	2 187	130 891
Total (days)	4 468 011	2 919 636	2 044 968	1 111 374	1 068 021	264 376	176 035	193 094	12 245 515
Patient days (per cent)									
U61A Schizophrenia Disorders W Mental Health Legal Status	3.0	3.2	4.2	3.6	3.1	2.1	2.5	2.5	3.3

Table 10A.18

Table 10A.18 Top 10 AR-DRGs (version 5.2) with the most patient days, excluding same day separations, public hospitals, 2008-09 (a), (b)

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
A06Z	2.3	2.5	2.4	2.0	2.6	2.7	2.0	2.0	2.4
O60B	2.2	2.4	2.3	2.4	1.7	1.8	2.5	2.2	2.2
U63B	2.0	1.9	1.9	2.6	2.6	2.1	2.9	1.0	2.1
U61B	2.1	1.6	1.0	1.7	1.5	4.0	1.1	0.5	1.7
O01C	1.4	1.5	1.6	1.5	1.3	1.2	1.4	1.5	1.4
E65A	1.3	1.3	1.4	0.8	1.4	1.0	0.7	1.3	1.3
J64B	1.1	1.1	1.4	1.6	1.1	0.9	1.1	3.1	1.2
B63Z	1.0	1.2	0.7	1.0	1.4	3.6	0.4	0.6	1.1
E62A	1.1	1.4	0.8	0.7	1.1	0.8	0.8	1.1	1.1
Per cent of patient days accounted for by ten AR-DRGs with the most patient days	17.6	18.1	17.8	17.9	17.8	20.2	15.4	15.9	17.8

(a) Excludes same day separations and separations where patients stayed over 365 days.

(b) Includes separations for which the care type was reported as 'acute' or 'newborn with qualified days', or was not reported.

CC=complications and comorbidities, W/O=without, W=with.

Source: AIHW (unpublished), National Hospital Morbidity Database.

Table 10A.19

Table 10A.19 **Non-admitted patient occasions of service, by type of non-admitted patient care, public hospitals, 2008-09 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT</i>	<i>NT (c)</i>	<i>Aust (d)</i>
Public acute hospitals										
Individual occasions of service										
Accident and emergency	no.	2 416 731	1 537 510	1 525 407	783 294	531 575	146 085	101 898	129 167	7 171 667
Dialysis	no.	25 579	..	33	–	..	–	..	..	25 612
Pathology	no.	3 235 058	720 461	3 836 489	467 707	..	246 531	36 977	98 030	8 641 253
Radiology and organ imaging	no.	896 894	624 310	981 946	448 824	229 755	88 833	80 466	67 764	3 418 792
Endoscopy and related procedures	no.	18 393	..	12 801	–	22 140	2 307	2 244	..	57 885
Other medical/surgical/obstetric (e)	no.	5 247 780	1 637 315	2 545 260	755 022	918 912	364 484	314 694	122 099	11 905 566
Mental health	no.	751 967	681 663	92 627	65 250	18 585	2 108	1 887	..	1 614 087
Alcohol and drug	no.	1 326 799	25 382	75 767	–	..	–	..	..	1 427 948
Dental	no.	496 582	255 763	..	11 900	9 453	1 684	..	..	775 382
Pharmacy (f)	no.	3 581 070	460 891	610 939	197 449	..	115 662	1 371	38 200	5 005 582
Allied health	no.	761 182	1 046 751	632 023	1 008 440	180 494	86 331	26 445	9 894	3 751 560
Other non-admitted services										
Community health	no.	1 548 685	337 769	167 088	513 480	7 127	624	17 303	..	2 592 076
District nursing (g)	no.	1 486 123	226 695	118 318	163 591	6 804	–	..	..	2 001 531
Other outreach	no.	310 521	4 308	140 314	113 177	182 498	91	20 937	..	771 846
Total (individual)	no.	22 103 364	7 558 818	10 739 012	4 528 134	2 107 343	1 054 740	604 222	465 154	49 160 787
Group sessions										
Allied health	no.	20 033	23 920	7 645	13 972	6 089	2 898	501	..	75 058
Dental	no.	15	..	..	..	..	na	..	..	15
Other medical/surgical/obstetric (e)	no.	53 279	3 202	5 127	..	7 309	621	1 239	125	70 902

Table 10A.19

Table 10A.19 Non-admitted patient occasions of service, by type of non-admitted patient care, public hospitals, 2008-09 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas (b)	ACT	NT (c)	Aust (d)
Dental	%	2.2	3.4	..	0.3	0.4	0.2	..	..	1.6
Pharmacy (f)	%	16.2	6.1	5.7	4.4	..	11.0	0.2	8.2	10.2
Allied health	%	3.4	13.8	5.9	22.3	8.6	8.2	4.4	2.1	7.6
Other non-admitted services										
Community health	%	7.0	4.5	1.6	11.3	0.3	0.1	2.9	..	5.3
District nursing (g)	%	6.7	3.0	1.1	3.6	0.3	–	..	..	4.1
Other outreach	%	1.4	0.1	1.3	2.5	8.7	–	3.5	..	1.6
Total (individual)	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Group sessions										
Allied health	%	13.3	88.2	43.7	24.9	7.3	82.4	25.7	..	22.0
Dental	%	–	na	..	..	–
Other medical/surgical/obstetric (e)	%	35.3	11.8	29.3	..	8.7	17.6	63.5	100.0	20.8
Mental health	%	16.9	..	..	7.4	0.4	na	..	..	8.8
Alcohol & drug	%	1.0	..	0.5	na	..	na	..	..	0.5
Community health	%	26.4	..	24.2	54.2	..	na	6.7	..	21.9
District nursing	%	3.5	..	0.6	6.1	..	na	..	..	2.6
Other outreach	%	3.5	..	1.8	7.5	83.6	na	4.1	..	23.4
Other	%	0.1	na	–	–	..	na	..	na	–
Total (group sessions)	%	99.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Public psychiatric hospitals										
Emergency and outpatient individual sessions	%	94.4	100.0	100.0	85.4	na	na	..	..	93.2
Emergency and outpatient group sessions	%	5.6	–	–	14.6	na	na	..	..	6.8

Table 10A.19

Table 10A.19 **Non-admitted patient occasions of service, by type of non-admitted patient care, public hospitals, 2008-09 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT</i>	<i>NT (c)</i>	<i>Aust (d)</i>
Outreach/community individual sessions	%	–	–	–	–	na	na	..	..	–
Outreach/community group sessions	%	–	–	–	–	na	na	..	..	–
Total	%	100.0	100.0	100.0	100.0	..	..	..	..	100.0

(a) Reporting arrangements have varied significantly across years and across jurisdictions.

(b) Includes data for the Mersey Community Hospital.

(c) Radiology figures for the NT are underestimated and pathology figures relate only to three of the five hospitals.

(d) Includes only those states and territories for which data are available.

(e) Other includes the outpatient services of Gynaecology, Obstetrics, Cardiology, Endocrinology, Oncology, Respiratory, Gastroenterology, Medical, General practice primary care, Paediatric, Plastic surgery, Urology, Orthopaedic surgery, Ophthalmology, Ear, nose and throat, Chemotherapy, Paediatric surgery and Renal medical.

(f) Justice Health (formerly known as Corrections Health) in New South Wales reported a large number of occasions of service that may not be typical of Pharmacy.

(g) Justice Health (formerly known as Corrections Health) in New South Wales reported a large number of occasions of service that may not be typical of District nursing.

na Not available. ... Not applicable. – Nil or rounded to zero.*Source:* AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.20

Table 10A.20 Emergency department waiting times, by triage category, public hospitals 2008-09

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA (a)</i>	<i>Tas (b)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Proportion of patients seen on time (c) (d)										
1 – Resuscitation	%	100	100	99	99	100	99	100	100	100
2 – Emergency	%	80	82	72	69	75	76	85	62	77
3 – Urgent	%	68	74	59	53	59	54	53	48	64
4 – Semi-urgent	%	73	68	65	62	62	61	53	49	67
5 – Non-urgent	%	90	86	88	89	83	87	78	89	88
Total	%	75	73	66	62	64	62	60	54	70
Estimated proportion of occasions of service ending in admission (d) (e)										
1 – Resuscitation	%	81	92	69	67	78	82	77	72	79
2 – Emergency	%	62	74	53	48	58	58	63	61	61
3 – Urgent	%	41	52	30	34	42	38	44	43	40
4 – Semi-urgent	%	17	21	10	12	15	13	15	14	16
5 – Non-urgent	%	5	4	3	4	5	5	3	4	5
Total	%	26	33	22	22	30	25	27	25	27
Proportion of occasions of service (d)										
1 – Resuscitation	%	1	1	1	1	1	1	1	1	1
2 – Emergency	%	8	9	10	11	12	7	9	7	9
3 – Urgent	%	31	30	39	30	35	34	31	30	32
4 – Semi-urgent	%	44	47	43	51	44	50	44	53	46
5 – Non-urgent	%	16	13	8	8	8	8	15	10	12
Total	%	100	100	100	100	100	100	100	100	100
Data coverage										
Estimated proportion of occasions of service with waiting times data (f), (g)	%	83	88	72	72	67	89	100	100	80
Hospitals reporting occasions of service with waiting times data (h)	no.	85	38	26	16	8	4	2	5	184

(a) The estimated proportion of occasions of service ending in admission in SA excludes data for large hospitals. Includes records for which the Type of visit was reported as Emergency presentation or was not reported

(b) Includes data for the Mersey Community Hospital.

(c) The proportion of occasions of service for which the waiting time to service delivery was within the time specified in the definition of the triage category. For the triage category Resuscitation, an occasion of service was classified as 'seen on time' if the waiting time to service was reported as less than or equal to 2 minutes.

(d) Values are derived from all hospitals that reported to the non-admitted patient emergency department care database, including all principal referral and specialist women's and children's hospitals, large hospitals and public hospitals that were classified to other peer groups.

(e) The proportion of occasions of service for which the emergency department departure status was reported as 'admitted to this hospital'.

Table 10A.20 Emergency department waiting times, by triage category, public hospitals 2008-09

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA (a)</i>	<i>Tas (b)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(f)	The number of occasions of service with waiting times data divided by the number of accident and emergency department occasions of service expressed as a percentage. This may underestimate coverage because some occasions of service are for other than emergency presentations, for which waiting times data are applicable.									
(g)	For some jurisdictions, the number of emergency department occasions of service reported to the Non-admitted Patient Emergency Department Care Database exceeded the number of accident and emergency occasions of service reported to the National Public Hospital Establishments Database. For these jurisdictions the coverage has been estimated as 100 per cent.									
(h)	Episode-level data are required for public hospitals which are classified as Principal referral and Specialist women's and children's hospitals and Large hospitals.									

Source: AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.21

Table 10A.21 Patients treated within national benchmarks for emergency department waiting time, 2008-09 (a), (b)

	NSW	Vic	Q/d	WA	SA	Tas	ACT (b)	NT (b)	Aust
Unit	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	99	100	100	100	100	100	35 073
Triage category 2	78	81	70	66	74	73	85	61	386 506
Triage category 3	63	72	57	44	57	42	53	45	1 278 108
Triage category 4	68	66	62	54	59	48	53	39	1 492 703
Triage category 5	86	88	86	83	82	82	78	76	315 254
Total (c)	70	72	63	54	63	51	60	44	66
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.
Total number (c)	1 101 228	852 072	778 575	274 327	255 234	73 636	91 482	81 436	3 507 990
Unit	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	100	98	100	97	..	..	3 927
Triage category 2	87	87	88	68	67	89	..	..	71 703
Triage category 3	77	79	68	55	54	85	..	..	304 349
Triage category 4	75	69	75	59	68	84	..	..	492 116
Triage category 5	89	80	92	87	91	94	..	..	145 912
Total (c)	79	75	76	61	63	86	..	..	74
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.
Total number (c)	359 187	308 784	132 862	155 292	38 459	23 565	—	—	1 018 149
Unit	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	99	99	100	99	100	100	39 000
Triage category 2	80	82	72	66	74	75	85	61	458 209
Triage category 3	66	74	59	47	57	50	53	45	1 582 457

Table 10A.21

Table 10A.21 Patients treated within national benchmarks for emergency department waiting time, 2008-09 (a), (b)

	NSW	Vic	Q/d	WA	SA	Tas	ACT (b)	NT (b)	Aust
Triage category 4	70	67	64	56	60	58	53	39	65
Triage category 5	87	85	88	85	83	86	78	76	86
Total (c)	72	73	65	57	63	59	60	44	68
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.
Total number (c)	1 460 415	1 160 856	911 437	429 619	293 693	97 201	91 482	81 436	4 526 139

(a) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the National Non-Admitted Patient Emergency Department Care Database.

(b) There are no peer group B public hospitals in the ACT and the NT.

(c) The totals include a small number of records for which the triage category was not assigned or not reported.

.. Not applicable. – Nil or rounded to zero.

Source: AIHW (unpublished), National Non-admitted Patient Emergency Department Care Database.

Table 10A.22

Table 10A.22 Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, 2008-09 (a), (b)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Unit	%	%	%	%	%	%	%	%	no.
Indigenous									
Triage category 1	100	100	100	99	100	100	np	100	1 375
Triage category 2	79	85	78	69	74	74	85	60	14 922
Triage category 3	65	80	66	50	56	44	50	50	57 212
Triage category 4	69	74	73	55	61	56	56	39	75 460
Triage category 5	86	91	92	84	83	86	80	71	17 407
Total (c)	71	79	73	58	64	56	60	47	66
	no.	no.	no.	no.	no.	no.	no.	no.	no.
Total number (c)	41 727	13 548	48 879	18 931	6 309	3 364	1 667	31 956	166 381
Unit	%	%	%	%	%	%	%	%	no.
Other Australians (d)									
Triage category 1	100	100	99	99	100	99	100	100	37 625
Triage category 2	80	82	72	66	74	75	85	63	443 287
Triage category 3	66	73	58	47	57	50	53	40	1 525 245
Triage category 4	70	67	64	56	60	58	53	38	1 909 359
Triage category 5	87	85	87	85	83	86	78	79	443 759
Total (c)	72	73	64	57	63	59	60	43	68
	no.	no.	no.	no.	no.	no.	no.	no.	no.
Total number (c)	1 418 688	1 147 308	862 558	410 688	287 384	93 837	89 815	49 480	4 359 758

(a) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD).

Table 10A.22

Table 10A.22 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, 2008-09 (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
(b) The quality of the identification of Indigenous patients in NNAPEDCD has not been assessed. Identification of Indigenous patients is not considered to be complete, and completeness may vary among the states and territories.									
(c) The totals include a small number of records for which the triage category was not assigned or not reported.									
(d) 'Other Australians' includes non-Indigenous patients and those for whom Indigenous status was not stated.									
.. Not applicable.									

Source: AIHW (unpublished), National Non-admitted Patient Emergency Department Care Database.

Table 10A.23

Table 10A.23 **Patients treated within national benchmarks for emergency department waiting time, by remoteness area, 2008-09 (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Unit	%	%	%	%	%	%	%	%	no.
Major cities									
Triage category 1	100	100	99	100	100	100	100	100	27 651
Triage category 2	80	82	69	66	74	76	84	57	339 166
Triage category 3	66	71	54	44	57	46	53	41	1 113 888
Triage category 4	71	64	59	52	60	57	53	39	1 322 339
Triage category 5	86	81	85	82	83	87	78	77	295 520
Total (d)	72	70	60	53	63	60	60	43	66
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.
Total number (d)	1 047 942	827 062	553 291	314 445	267 614	1 828	84 095	2 709	3 098 986
Total (Peer group A and B hospitals)									
Unit	%	%	%	%	%	%	%	%	no.
Inner regional									
Triage category 1	100	100	99	96	100	100	100	100	6 745
Triage category 2	79	83	72	58	74	74	89	68	78 047
Triage category 3	66	79	65	53	57	42	53	45	312 862
Triage category 4	69	74	67	62	62	48	54	38	460 585
Triage category 5	88	90	88	87	82	82	82	79	118 825
Total (d)	72	79	68	61	64	51	62	45	71
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.
Total number (d)	351 539	268 030	201 334	74 985	15 080	59 559	5 383	1 198	977 108
Unit	%	%	%	%	%	%	%	%	no.

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Table 10A.23

Table 10A.23 **Patients treated within national benchmarks for emergency department waiting time, by remoteness area, 2008-09 (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Outer regional									
Triage category 1	100	100	100	100	100	98	100	100	2 603
Triage category 2	82	90	85	86	75	77	92	64	28 787
Triage category 3	67	88	71	77	59	66	51	30	106 800
Triage category 4	68	83	72	83	67	73	55	31	135 478
Triage category 5	88	95	90	96	84	92	79	67	26 906
Total (d)	72	88	74	83	67	73	62	35	72
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.
Total number (d)	35 539	51 795	105 488	26 352	6 807	34 183	1 497	38 915	300 576
Unit	%	%	%	%	%	%	%	%	%
Remote									
Triage category 1	100	np	98	100	100	np	–	100	405
Triage category 2	81	86	87	71	70	84	np	57	4 482
Triage category 3	73	87	85	55	59	64	56	57	20 907
Triage category 4	73	82	89	61	68	69	61	52	29 427
Triage category 5	91	93	95	86	87	88	62	88	9 697
Total (d)	76	86	90	62	67	70	60	56	74
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.
Total number (d)	3 012	1 030	30 162	3 795	2 554	978	68	23 319	64 918
Unit	%	%	%	%	%	%	%	%	%
Very remote									
Triage category 1	np	np	100	100	100	np	–	100	256

Table 10A.23

Table 10A.23 Patients treated within national benchmarks for emergency department waiting time, by remoteness area, 2008-09 (a), (b), (c)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Triage category 2	88	100	83	71	72	62	np	62	68
Triage category 3	73	80	73	53	60	73	np	54	59
Triage category 4	75	76	79	62	65	73	np	43	54
Triage category 5	96	87	95	82	87	91	np	76	89
Total (d)	78	82	80	62	67	73	53	51	60
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.
Total number (d)	391	133	4 970	1 697	742	188	19	13 718	21 858

(a) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the National Non-Admitted Patient Emergency Department Care Database.

(b) Area of usual residence was not reported or not mappable to remoteness areas for approximately 70 000 records.

(c) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of presentation, regardless of jurisdiction of residence.

(d) The totals include a small number of records for which the triage category was not assigned or not reported.

np Not published. – Nil or rounded to zero. ... Not applicable.

Source: AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.

Table 10A.24 Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)

2004-05	NSW	Vic	Qld (b)	WA	SA	Tas (c)	ACT	NT	Aust
Principal referral and women's and children's hospitals									
Number of hospitals in peer group	na	na	na	na	na	na	na	na	na
Number of reporting hospitals (d)	26	19	16	4	5	2	1	2	75
Est coverage of surgical separations (e)	100	100	97	100	100	100	100	100	99
Number of admissions (f)	117 762	84 230	90 171	29 258	30 193	10 451	4 994	5 026	372 085
Days waited at 50th percentile	29	28	22	26	36	41	np	25	28
Days waited at 90th percentile	274	216	105	184	203	373	np	252	203
% waited more than 365 days	6.7	4.3	1.9	3.4	3.9	10.3	np	5.5	4.6
Large hospitals									
Number of hospitals in peer group	na	na	na	na	na	na	na	na	na
Number of reporting hospitals (d)	16	8	6	2	2	1	1	..	36
Est coverage of surgical separations (e)	100	73	100	48	100	66	100	..	82
Number of admissions (f)	34 153	32 307	13 272	7 696	6 511	3 354	3 623	..	100 916
Days waited at 50th percentile	41	23	22	np	30	np	np	..	29
Days waited at 90th percentile	330	159	95	np	179	np	np	..	227
% waited more than 365 days	7.6	2.3	1.5	np	4.5	np	np	..	4.8
Medium hospitals									
Number of hospitals in peer group	na	na	na	na	na	na	na	na	na
Number of reporting hospitals (d)	41	5	9	4	—	..	..	..	59
Est coverage of surgical separations (e)	100	37	83	75	—	..	..	..	62
Number of admissions (f)	41 509	12 668	5 433	10 220	na	..	..	..	69 830
Days waited at 50th percentile	47	34	28	23	na	..	..	..	37
Days waited at 90th percentile	316	213	137	182	na	272
% waited more than 365 days	7.3	6.0	1.5	4.0	na	6.1
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Table 10A.24 Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)

Table 1: Hospital and patient characteristics by region									
Total (g)	NSW	Vic	Qld (b)	WA	SA	Tas (c)	ACT	NT	Aust
Principal referral and women's and children's hospitals									
Total number of hospitals	na	na	na	na	na	na	na	na	na
Number of reporting hospitals (d)	104	32	31	11	7	3	2	5	195
Est coverage of surgical separations (e)	100	79	96	72	62	90	100	100	87
Number of admissions (f)	197 600	129 205	108 876	49 295	36 704	13 805	8 617	5 644	549 746
Admissions per 1000 population (h)	29.3	25.9	27.7	24.7	23.9	28.5	26.6	28.1	27.2
Days waited at 50th percentile	34	28	22	27	35	34	45	29	29
Days waited at 90th percentile	294	200	105	197	201	352	368	266	217
% waited more than 365 days	6.9	4.0	1.8	3.8	4.0	9.5	10.1	5.9	4.8
2005-06									
Principal referral and women's and children's hospitals									
Number of hospitals in peer group	28	19	17	4	5	3	1	2	79
Number of reporting hospitals (d)	28	19	16	4	5	3	1	2	78
Est coverage of surgical separations (e)	100	100	97	100	100	100	100	100	99
Number of admissions (f)	127 298	85 425	89 393	28 512	30 352	15 041	5 106	5 076	386 203
Days waited at 50th percentile	31	32	24	30	38	34	np	26	30
Days waited at 90th percentile	278	238	132	208	213	332	np	298	228
% waited more than 365 days	5.6	5.0	2.3	4.5	3.9	8.7	np	7.2	4.7
Large hospitals									
Number of hospitals in peer group	14	15	6	5	2	—	1	—	43
Number of reporting hospitals (d)	14	9	6	2	2	..	1	..	34
Est coverage of surgical separations (e)	100	72	100	52	100	..	100	..	81
Number of admissions (f)	29 741	37 473	12 435	8 630	5 567	..	3 970	..	97 816
Days waited at 50th percentile	43	32	26	22	40	..	np	..	35
Days waited at 90th percentile	312	222	105	224	199	..	np	..	251
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Table 10A.24 Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)

[illegible]

Table 10A.24

Table 10A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	Vic	Qld (b)	WA	SA	Tas (c)	ACT	NT	Aust
Days waited at 90th percentile	259	224	149	223	207	343	np	363	225
% waited more than 365 days	2.3	4.0	2.6	5.0	3.8	9.2	np	9.8	3.4
Large hospitals									
Number of hospitals in peer group	12	14	5	6	2	—	1	—	40
Number of reporting hospitals (d)	12	8	5	2	2	..	1	..	30
Est coverage of surgical separations (e)	100	70	100	42	100	..	100	..	77
Number of admissions (f)	24 825	33 713	11 658	8 571	5 489	..	4 177	..	88 433
Days waited at 50th percentile	39	33	22	23	43	..	np	..	33
Days waited at 90th percentile	266	195	96	233	201	..	np	..	224
% waited more than 365 days	1.3	2.3	1.9	3.8	4.5	..	np	..	2.7
Medium hospitals									
Number of hospitals in peer group	39	24	12	7	11	—	—	—	93
Number of reporting hospitals (d)	37	4	7	4	—	..	..	..	52
Est coverage of surgical separations (e)	100	35	81	80	—	..	..	..	63
Number of admissions (f)	36 573	11 277	4 090	11 718	na	..	..	..	63 658
Days waited at 50th percentile	50	28	27	28	na	..	..	..	39
Days waited at 90th percentile	271	137	125	209	na	..	..	..	231
% waited more than 365 days	1.1	1.2	1.1	4.2	na	..	..	..	1.7
Total (g)									
Total number of hospitals	228	144	177	95	79	27	3	5	758
Number of reporting hospitals (d)	99	32	31	13	7	3	2	5	192
Est coverage of surgical separations (e)	100	79	96	67	64	100	100	100	87
Number of admissions (f)	201 630	131 669	107 893	48 986	37 194	14 181	9 306	5 911	556 770
Admissions per 1000 population (h)	29.4	25.5	26.1	23.5	23.6	28.8	27.7	27.8	26.7
Days waited at 50th percentile	35	30	25	29	40	38	63	35	32
									PUBLIC HOSPITALS

Table 10A.24 Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)

[illegible]

Table 10A.24 Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)

	NSW	Vic	Qld (b)	WA	SA	Tas (c)	ACT	NT	Aust
Days waited at 90th percentile	290	124	117	177	np	..	..	..	238
% waited more than 365 days	1.3	0.6	0.4	2.2	np	..	..	..	1.4
Total (g)									
Total number of hospitals	228	148	177	94	80	27	3	5	762
Number of reporting hospitals (d)	98	31	31	14	8	3	2	5	192
Est coverage of surgical separations (e)	100	80	98	79	70	100	100	100	91
Number of admissions (f)	199 578	130 306	107 623	57 122	41 046	14 149	9 577	6 100	565 501
Admissions per 1000 population (h)	28.7	24.8	25.4	26.7	25.8	28.6	28.0	28.1	26.6
Days waited at 50th percentile	39	33	27	30	42	36	72	43	34
Days waited at 90th percentile	278	221	137	206	208	369	372	337	235
% waited more than 365 days	1.8	3.6	2.3	3.0	3.9	10.1	10.3	8.6	3.0
2008-09									
Principal referral and women's and children's hospitals									
Number of hospitals in peer group	29	20	19	6	5	2	2	2	85
Number of reporting hospitals (d)	29	20	19	6	5	2	2	2	85
Est coverage of surgical separations (e)	100	100	100	100	100	100	100	100	100
Number of admissions (f)	134 856	104 532	98 135	31 125	34 827	12 450	10 104	5 646	431 675
Days waited at 50th percentile	33	28	26	29	39	49	75	38	31
Days waited at 90th percentile	273	201	133	181	208	460	378	243	216
% waited more than 365 days	2.8	3.3	1.9	2.6	2.4	13.6	11.0	5.0	3.2
Large hospitals									
Number of hospitals in peer group	15	14	4	5	2	1	—	—	41
Number of reporting hospitals (d)	15	8	4	4	2	1	..	..	34
Est coverage of surgical separations (e)	100	70	100	87	100	100	..	..	84
Number of admissions (f)	28 391	35 342	7 158	12 485	6 033	2 357	..	..	91 766
REPORT ON GOVERNMENT HOSPITALS									

Table 10A.24

Table 10A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	Vic	Qld (b)	WA	SA	Tas (c)	ACT	NT	Aust
Days waited at 50th percentile	45	39	37	28	41	np	..	..	40
Days waited at 90th percentile	293	188	146	178	263	np	..	..	227
% waited more than 365 days	2.1	1.9	1.1	1.4	4.8	np	..	..	2.5
Medium hospitals									
Number of hospitals in peer group	35	24	12	8	13	—	—	—	92
Number of reporting hospitals (d)	35	3	8	4	1	1	..	..	52
Est coverage of surgical separations (e)	100	26	89	78	21	100	..	..	60
Number of admissions (f)	30 299	7 816	4 634	14 650	na	2 124	..	..	62 815
Days waited at 50th percentile	59	42	29	32	na	np	..	..	42
Days waited at 90th percentile	300	132	123	152	na	np	..	..	230
% waited more than 365 days	1.6	1.5	0.9	1.4	na	np	..	..	1.5
Total (g)									
Total number of hospitals	227	149	170	94	80	28	3	5	756
Number of reporting hospitals (d)	98	31	32	15	8	4	2	5	195
Est coverage of surgical separations (e)	100	78	98	85	70	100	100	100	91
Number of admissions (f)	199 384	147 690	109 940	60 398	44 152	16 931	10 104	6 410	595 009
Admissions per 1000 population (h)	28.3	27.5	25.3	27.4	27.4	33.8	29.0	28.9	27.5
Days waited at 50th percentile	39	31	27	31	36	44	75	40	34
Days waited at 90th percentile	283	194	133	174	207	448	378	256	220
% waited more than 365 days	2.5	2.9	1.8	2.0	2.7	13.1	10.6	5.6	2.9

Table 10A.24

Table 10A.24 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	Vic	Qld (b)	WA	SA	Tas (c)	ACT	NT	Aust
(a)	Public hospitals only. Principal referral hospitals and women's and children's hospitals include major cities hospitals with > 20 000 acute casemix adjusted separations a year and regional hospitals with > 16 000 acute casemix adjusted separations a year, as well as specialised acute women's and children's hospitals with > 10 000 acute casemix adjusted separations a year. Large hospitals include major cities acute hospitals treating > 10 000 acute casemix adjusted separations a year, regional acute hospitals treating > 8000 acute casemix adjusted separations a year and remote hospitals with > 5000 acute casemix adjusted separations a year. Medium hospitals include medium acute hospitals in regional and major city areas treating between 5000 and 10 000 acute casemix adjusted separations a year and medium acute hospitals in regional and major city areas treating between 2000 and 5000 acute casemix adjusted separations per year, plus acute hospitals treating < 2000 acute casemix adjusted separations a year but with > 2000 separations a year.								

(b) For Queensland, the number of admissions includes admissions that were removed from the waiting list for elective admission before the start of the collection period or separated before the end of the collection period. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

(c) Includes data for the Mersey Community Hospital.

(d) Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection. For NSW, 2004-05 data includes two private hospitals contracted to do elective surgery.

(e) The number of separations with urgency of admission reported as 'elective' and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with urgency of admission of 'elective' and a surgical procedure for all public hospitals.

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

(g) Includes data for hospitals not included in the specified hospital peer groups.

(h) Crude rate based on the Australian estimated resident population as at 31 December 2008.

na Not available. ... Not applicable. – Nil or rounded to zero. **np** Not published.

Source: AIHW various years, *Australian hospital statistics*, Health Services Series, AIHW Cat. nos HSE 41, 50, 55, 71 and 84, Canberra.

Table 10A.25

Table 10A.25 Elective surgery waiting times, by specialty of surgeon

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2004-05									
Cardio-thoracic									
Days waited at 50th percentile	14	5	8	13	12	24	17	..	11
Days waited at 90th percentile	69	66	69	42	70	86	35	..	62
% waited more than 365 days	0.2	—	0.3	—	0.2	—	—	..	0.1
Ear, nose and throat surgery									
Days waited at 50th percentile	60	29	15	83	50	39	116	55	37
Days waited at 90th percentile	446	192	105	351	314	448	689	384	322
% waited more than 365 days	14.1	4.9	2.9	9.6	8.6	13.0	17.3	10.7	8.4
General surgery									
Days waited at 50th percentile	27	26	25	20	31	28	28	51	27
Days waited at 90th percentile	163	194	99	120	142	199	201	315	155
% waited more than 365 days	3.1	3.7	1.6	1.5	1.9	3.3	2.8	8.1	2.8
Gynaecology									
Days waited at 50th percentile	27	28	21	19	28	29	30	6	25
Days waited at 90th percentile	133	139	87	68	128	141	160	66	113
% waited more than 365 days	2.2	1.7	0.9	0.5	0.6	0.8	0.8	1.2	1.5
Neurosurgery									
Days waited at 50th percentile	21	21	11	34	21	42	70	..	22
Days waited at 90th percentile	129	149	78	134	153	436	337	..	141
% waited more than 365 days	1.9	1.2	0.4	1.2	2.0	13.7	9.0	..	1.7
Ophthalmology									
Days waited at 50th percentile	140	34	28	78	71	115	209	145	66
Days waited at 90th percentile	450	179	189	314	255	554	531	356	364
% waited more than 365 days	18.2	1.7	2.8	6.1	2.9	35.0	28.4	9.1	9.8
Orthopaedic surgery									
Days waited at 50th percentile	61	64	22	81	69	160	112	36	48
Days waited at 90th percentile	410	358	123	396	363	648	404	289	356
% waited more than 365 days	12.7	9.6	2.3	11.2	9.8	30.8	13.0	7.9	9.6
Plastic surgery									
Days waited at 50th percentile	28	24	25	25	31	22	35	39	27
Days waited at 90th percentile	140	187	97	245	213	192	463	294	162
% waited more than 365 days	2.0	3.8	1.7	5.4	7.2	5.6	13.3	8.3	3.6
Urology									
Days waited at 50th percentile	28	23	26	21	28	37	33	50	26
Days waited at 90th percentile	163	182	109	126	119	174	191	188	155
% waited more than 365 days	3.4	4.0	1.4	2.2	2.7	3.1	2.6	5.7	3.0
Vascular surgery									
Days waited at 50th percentile	18	23	16	16	8	40	23	..	18
Days waited at 90th percentile	101	298	92	66	39	203	534	..	121
% waited more than 365 days	2.4	8.4	2.3	1.2	0.6	5.2	14.2	..	3.9

Table 10A.25

Table 10A.25 Elective surgery waiting times, by specialty of surgeon

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Other									
Days waited at 50th percentile	7	21	26	9	22	6	35	13	14
Days waited at 90th percentile	66	81	116	43	90	32	332	98	96
% waited more than 365 days	0.4	0.9	3.1	0.1	0.5	0.2	7.4	0.9	1.5
Total									
Days waited at 50th percentile	34	28	22	27	35	34	45	29	29
Days waited at 90th percentile	294	200	105	197	201	352	368	266	217
% waited more than 365 days	6.9	4.0	1.8	3.8	4.0	9.5	10.1	5.9	4.8
2005-06									
Cardio-thoracic									
Days waited at 50th percentile	13	7	7	14	18	36	27	..	12
Days waited at 90th percentile	73	92	78	46	72	135	100	..	73
% waited more than 365 days	–	0.2	0.1	0.2	–	–	–	..	0.1
Ear, nose and throat surgery									
Days waited at 50th percentile	70	45	20	82	46	45	140	75	47
Days waited at 90th percentile	404	229	143	320	296	491	828	623	331
% waited more than 365 days	13.0	4.9	3.7	8.2	7.8	15.4	23.0	18.4	8.3
General surgery									
Days waited at 50th percentile	29	29	26	21	31	23	27	51	28
Days waited at 90th percentile	175	203	112	132	141	193	159	324	166
% waited more than 365 days	2.3	3.7	1.7	2.5	1.5	3.9	4.2	8.4	2.6
Gynaecology									
Days waited at 50th percentile	28	29	25	16	31	32	36	6	27
Days waited at 90th percentile	126	148	94	77	113	170	186	63	119
% waited more than 365 days	1.6	1.9	0.6	0.2	0.6	1.2	2.2	1.6	1.3
Neurosurgery									
Days waited at 50th percentile	20	26	12	44	18	74	52	..	26
Days waited at 90th percentile	103	177	108	147	121	427	372	..	152
% waited more than 365 days	2.1	2.0	1.0	1.1	1.6	14.1	10.4	..	2.1
Ophthalmology									
Days waited at 50th percentile	132	38	34	71	68	41	180	189	69
Days waited at 90th percentile	362	210	247	291	291	545	504	455	326
% waited more than 365 days	9.4	1.0	3.8	6.0	4.2	30.2	22.5	19.1	6.5
Orthopaedic surgery									
Days waited at 50th percentile	66	69	23	70	77	146	137	36	54
Days waited at 90th percentile	390	392	168	370	404	538	450	340	364
% waited more than 365 days	12.0	11.2	2.9	10.2	12.3	22.4	15.3	8.4	9.9

Table 10A.25

Table 10A.25 Elective surgery waiting times, by specialty of surgeon

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Plastic surgery									
Days waited at 50th percentile	29	24	29	31	37	25	52	46	29
Days waited at 90th percentile	185	223	134	310	217	146	392	357	197
% waited more than 365 days	3.9	5.3	2.3	8.8	5.0	3.3	12.9	8.9	4.7
Urology									
Days waited at 50th percentile	28	20	28	21	38	36	49	25	26
Days waited at 90th percentile	168	176	118	147	160	184	215	174	162
% waited more than 365 days	2.6	3.9	1.7	3.2	4.0	3.4	3.1	7.2	3.0
Vascular surgery									
Days waited at 50th percentile	19	33	21	17	12	42	22	..	20
Days waited at 90th percentile	122	507	84	76	47	284	552	..	175
% waited more than 365 days	2.0	14.2	2.0	0.8	0.3	4.3	13.6	..	5.0
Other									
Days waited at 50th percentile	8	23	24	14	33	12	33	11	16
Days waited at 90th percentile	64	78	111	48	110	133	199	85	91
% waited more than 365 days	0.7	0.5	2.7	–	–	–	1.9	1.2	1.0
Total									
Days waited at 50th percentile	36	32	25	28	38	34	61	30	32
Days waited at 90th percentile	291	224	127	205	212	332	372	313	237
% waited more than 365 days	5.4	4.5	2.1	4.3	4.2	8.7	10.3	7.7	4.6
2006-07									
Cardio-thoracic									
Days waited at 50th percentile	12	7	12	13	18	27	24	..	12
Days waited at 90th percentile	62	63	82	40	74	173	87	..	66
% waited more than 365 days	–	0.1	0.2	–	0.1	0.5	–	..	0.1
Ear, nose and throat surgery									
Days waited at 50th percentile	69	39	23	90	54	57	105	50	46
Days waited at 90th percentile	335	204	159	431	312	521	803	546	308
% waited more than 365 days	4.1	3.5	3.6	13.5	7.4	12.9	23.1	14.8	5.5
General surgery									
Days waited at 50th percentile	28	29	26	25	33	29	29	53	28
Days waited at 90th percentile	158	183	124	177	158	268	164	326	162
% waited more than 365 days	0.7	2.8	2.1	3.5	2.4	6.9	1.5	7.8	2.0
Gynaecology									
Days waited at 50th percentile	29	36	24	21	32	38	39	7	28
Days waited at 90th percentile	145	143	97	94	119	238	209	81	130
% waited more than 365 days	0.7	1.2	0.8	0.2	0.3	3.7	1.8	1.2	0.9

Table 10A.25

Table 10A.25 Elective surgery waiting times, by specialty of surgeon

	NSW	Vic	Qld (a)	WA	SA	Tas (b)	ACT	NT	Aust
Neurosurgery									
Days waited at 50th percentile	23	21	15	42	21	38	29	..	26
Days waited at 90th percentile	130	162	158	169	89	505	296	..	154
% waited more than 365 days	0.9	1.7	4.0	1.1	0.2	11.9	7.7	..	1.9
Ophthalmology									
Days waited at 50th percentile	123	36	34	77	68	54	173	255	71
Days waited at 90th percentile	339	228	268	304	278	528	510	643	318
% waited more than 365 days	3.5	1.1	4.8	6.7	4.6	23.6	27.7	36.3	4.6
Orthopaedic surgery									
Days waited at 50th percentile	65	63	25	52	69	123	123	49	50
Days waited at 90th percentile	330	340	175	301	345	561	403	399	318
% waited more than 365 days	4.2	8.6	3.5	6.6	9.2	22.5	12.3	11.9	6.0
Plastic surgery									
Days waited at 50th percentile	28	23	29	29	37	22	62	42	28
Days waited at 90th percentile	167	213	135	312	182	166	371	315	193
% waited more than 365 days	1.3	4.5	2.0	8.2	4.1	3.7	10.1	8.1	3.6
Urology									
Days waited at 50th percentile	28	21	27	19	44	33	52	50	26
Days waited at 90th percentile	167	151	127	133	177	148	237	407	158
% waited more than 365 days	1.4	2.7	2.3	3.1	4.1	2.1	3.4	11.8	2.3
Vascular surgery									
Days waited at 50th percentile	17	25	20	20	12	43	27	..	20
Days waited at 90th percentile	89	273	84	103	71	242	482	..	133
% waited more than 365 days	0.5	6.3	1.6	1.1	1.5	4.2	11.4	..	2.4
Other									
Days waited at 50th percentile	6	23	29	13	21	12	36	20	15
Days waited at 90th percentile	46	86	122	42	82	54	151	251	90
% waited more than 365 days	0.1	0.4	0.6	0.3	0.4	0.6	2.0	5.4	0.6
Total									
Days waited at 50th percentile	35	30	25	29	40	38	63	35	32
Days waited at 90th percentile	260	208	142	225	206	343	364	370	226
% waited more than 365 days	1.9	3.3	2.5	4.6	3.9	9.2	9.9	10.2	3.1
2007-08									
Cardio-thoracic									
Days waited at 50th percentile	14	6	10	19	14	21	18	..	12
Days waited at 90th percentile	74	85	69	55	101	131	103	..	78
% waited more than 365 days	0.1	0.1	0.3	—	—	0.5	0.4	..	0.1

Table 10A.25

Table 10A.25 Elective surgery waiting times, by specialty of surgeon

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Ear, nose and throat surgery									
Days waited at 50th percentile	87	48	28	106	63	50	135	73	57
Days waited at 90th percentile	346	276	161	416	350	406	610	530	335
% waited more than 365 days	4.4	3.4	3.4	14.0	9.1	11.3	30.4	18.1	6.2
General surgery									
Days waited at 50th percentile	29	34	26	27	37	25	35	44	29
Days waited at 90th percentile	165	204	109	152	180	344	218	244	170
% waited more than 365 days	0.6	2.8	1.1	1.7	2.6	9.0	1.3	5.5	1.7
Gynaecology									
Days waited at 50th percentile	32	45	25	30	29	37	53	10	31
Days waited at 90th percentile	168	158	95	138	121	195	226	110	145
% waited more than 365 days	0.9	1.4	0.9	1.1	0.4	3.3	2.3	2.3	1.1
Neurosurgery									
Days waited at 50th percentile	25	24	21	35	21	35	39	..	25
Days waited at 90th percentile	148	185	134	187	95	343	276	..	166
% waited more than 365 days	0.7	1.5	4.3	1.8	0.2	9.9	7.6	..	1.9
Ophthalmology									
Days waited at 50th percentile	134	36	42	55	61	104	169	149	68
Days waited at 90th percentile	335	217	296	267	230	670	484	524	315
% waited more than 365 days	2.6	1.9	5.5	3.5	2.5	30.7	18.4	18.9	3.8
Orthopaedic surgery									
Days waited at 50th percentile	70	61	27	58	77	125	121	53	54
Days waited at 90th percentile	343	335	175	254	379	548	427	414	323
% waited more than 365 days	4.5	8.4	3.3	3.3	10.5	20.2	13.6	11.6	5.8
Plastic surgery									
Days waited at 50th percentile	25	22	28	18	40	13	45	42	26
Days waited at 90th percentile	147	235	148	144	187	134	347	376	186
% waited more than 365 days	0.5	5.6	2.8	1.7	3.5	2.4	9.5	10.5	3.2
Urology									
Days waited at 50th percentile	28	20	31	21	44	41	50	59	27
Days waited at 90th percentile	166	170	122	127	185	185	267	210	162
% waited more than 365 days	1.1	2.7	2.4	2.4	2.8	3.2	4.5	2.9	2.1
Vascular surgery									
Days waited at 50th percentile	18	25	22	27	14	25	25	..	21
Days waited at 90th percentile	108	364	82	145	57	242	705	..	161
% waited more than 365 days	0.5	9.9	1.3	2.6	0.9	5.6	19.6	..	3.8

Table 10A.25

Table 10A.25 Elective surgery waiting times, by specialty of surgeon

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA Tas (b)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Other (c)								
Days waited at 50th percentile	7	24	27	18	21	50	35	19
Days waited at 90th percentile	63	88	96	72	76	795	157	89
% waited more than 365 days	–	1.0	0.4	0.4	–	37.1	1.5	10.2
Total								
Days waited at 50th percentile	39	33	27	30	42	36	72	43
Days waited at 90th percentile	278	221	137	206	208	369	372	235
% waited more than 365 days	1.8	3.6	2.3	3.0	3.9	10.1	10.3	8.6
2008-09								
Cardio-thoracic								
Days waited at 50th percentile	13	9	11	13	11	15	19	7
Days waited at 90th percentile	62	107	74	38	117	107	69	15
% waited more than 365 days	0.1	0.7	0.2	–	0.3	–	–	–
Ear, nose and throat surgery								
Days waited at 50th percentile	84	56	31	73	51	56	204	36
Days waited at 90th percentile	353	267	158	294	252	268	627	385
% waited more than 365 days	6.3	3.2	3.3	5.7	3.4	7.3	33.6	10.8
General surgery								
Days waited at 50th percentile	30	32	26	27	34	58	41	47
Days waited at 90th percentile	149	176	114	154	175	564	193	225
% waited more than 365 days	1.1	2.5	1.1	2.0	1.8	19.6	2.8	4.6
Gynaecology								
Days waited at 50th percentile	30	35	25	29	22	30	56	13
Days waited at 90th percentile	139	137	96	117	112	175	211	99
% waited more than 365 days	0.7	1.0	0.4	0.7	0.7	4.5	3.6	1.0
Neurosurgery								
Days waited at 50th percentile	26	22	18	40	26	35	43	..
Days waited at 90th percentile	168	165	107	167	84	265	217	..
% waited more than 365 days	1.5	1.5	0.8	2.5	0.1	6.2	1.6	..
Ophthalmology								
Days waited at 50th percentile	135	48	35	49	49	109	115	118
Days waited at 90th percentile	344	181	205	200	252	571	318	350
% waited more than 365 days	3.5	1.1	1.9	1.2	2.0	26.9	8.1	8.7
Orthopaedic surgery								
Days waited at 50th percentile	76	51	28	51	68	..	125	36
Days waited at 90th percentile	355	301	172	224	334	..	506	315
% waited more than 365 days	6.5	6.7	3.0	3.1	7.0	..	18.5	8.0

Table 10A.25

Table 10A.25 Elective surgery waiting times, by specialty of surgeon

	NSW	Vic	Qld (a)	WA	SA	Tas (b)	ACT	NT	Aust
Plastic surgery									
Days waited at 50th percentile	22	17	26	24	31	17	48	69	22
Days waited at 90th percentile	135	193	147	147	186	126	338	520	168
% waited more than 365 days	0.7	3.7	3.4	1.9	4.4	3.1	9.1	11.7	3.0
Urology									
Days waited at 50th percentile	29	20	32	24	43	43	63	81	27
Days waited at 90th percentile	126	140	116	121	151	181	388	234	137
% waited more than 365 days	1.1	1.9	1.4	1.5	2.2	3.6	11.2	5.2	1.8
Vascular surgery									
Days waited at 50th percentile	17	27	19	28	11	44	25	208	20
Days waited at 90th percentile	104	320	79	222	47	535	382	565	175
% waited more than 365 days	0.3	8.4	1.0	4.2	0.7	12.7	11.9	32.0	3.5
Other (c)									
Days waited at 50th percentile	10	26	14	19	26	156	42	30	21
Days waited at 90th percentile	104	82	96	79	75	475	159	137	105
% waited more than 365 days	0.1	0.2	0.6	0.5	–	20.0	1.3	2.9	1.5
Total									
Days waited at 50th percentile	39	31	27	31	36	44	75	40	34
Days waited at 90th percentile	283	194	133	174	207	448	378	256	220
% waited more than 365 days	2.5	2.9	1.8	2.0	2.7	13.1	10.6	5.6	2.9

(a) For 2005-06 the total number of admissions for Queensland include 644 admissions that were removed from the waiting list for elective admission before 30 June 2005 and separated before 30 June 2006. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods. The total number of admissions for Queensland includes 507 patients who were removed from the waiting list for elective admission before 30 June 2007 and separated before 30 June 2008. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

(b) Includes data for the Mersey Community Hospital. For Tasmania in 2008-09, admissions for Orthopaedic surgery were included under the category General Surgery.

(c) Includes specialty of surgeon 'not reported'
.. Not applicable. – Nil or rounded to zero.

Source: AIHW various years, *Australian hospital statistics*, Health Services Series, AIHW Cat. nos HSE 41, 50, 55, 71 and 84, Canberra.

Table 10A.26

Table 10A.26 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, 2008-09 (days) (a),(b)**

	Indigenous												Other Australians											
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)						
	All hospitals																							
50th percentile																								
Cataract extraction	177	104	74	97	90	204	97	124	114	168	56	42	55	58	31	121	163	83						
Cholecystectomy	50	28	48	33	19	33	np	109	47	53	46	40	32	45	58	83	76	46						
Coronary artery bypass graft	15	np	15	17	29	np	np	..	20	15	18	9	15	15	25	11	..	14						
Cystoscopy	35	21	33	26	32	63	np	68	35	26	19	33	23	35	34	65	47	25						
Haemorrhoidectomy	37	np	26	np	np	np	-	63	43	51	66	43	34	46	109	84	73	52						
Hysterectomy	50	39	42	32	np	55	np	47	47	50	48	41	55	50	56	77	64	48						
Inguinal herniorrhaphy	38	23	33	56	np	58	-	107	40	59	50	48	32	48	60	87	69	51						
Myringoplasty	242	np	82	113	163	np	-	34	97	186	82	66	103	143	33	273	54	92						
Myringotomy	39	57	59	41	61	np	np	28	54	47	43	30	58	48	46	120	35	43						
Prostatectomy	69	np	44	np	-	np	..	np	53	54	21	40	25	56	47	42	108	41						
Septoplasty	317	np	46	np	np	np	np	np	147	236	82	70	109	106	108	426	108	125						
Tonsillectomy	158	107	67	111	80	157	np	90	102	144	77	46	106	71	105	344	57	84						
Total hip replacement	110	np	106	np	np	np	-	np	110	123	106	68	71	102	350	170	66	100						
Total knee replacement	213	np	132	np	np	np	-	np	177	220	143	86	90	182	510	249	148	147						
Varicose veins stripping & ligation	52	np	np	np	-	np	np	np	81	69	101	55	87	115	109	276	99	84						
Total (c)	42	35	30	32	39	46	57	40	36	39	31	27	32	36	38	74	35	34						
90th percentile																								
Cataract extraction	348	295	237	215	243	474	189	480	332	348	190	224	205	260	567	340	316	314						
Cholecystectomy	154	127	133	210	116	620	np	600	188	190	169	115	146	148	407	226	183	166						
Coronary artery bypass graft	96	np	53	78	109	np	np	..	83	78	189	76	35	125	129	51	..	94						
Cystoscopy	136	179	139	210	131	119	np	210	167	118	126	145	163	99	163	332	232	131						
Haemorrhoidectomy	123	np	64	np	np	np	-	412	175	193	242	166	185	281	591	164	296	215						
Hysterectomy	182	111	103	92	np	112	np	175	145	216	142	120	157	184	284	253	219	171						

Table 10A.26

Table 10A.26	Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, 2008-09 (days) (a),(b)																	
	Indigenous										Other Australians							
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)
Inguinal herniorrhaphy	239	122	113	160	np	259	–	243	191	240	207	147	149	217	617	272	192	216
Myringoplasty	383	np	351	381	344	np	–	563	412	366	316	325	389	479	378	689	498	366
Myringotomy	155	216	131	210	96	np	np	132	155	191	117	117	213	109	159	339	90	140
Prostatectomy	196	np	295	np	–	np	–	np	227	184	208	120	77	136	103	417	216	165
Septoplasty	368	np	218	np	np	np	np	np	404	369	339	414	350	339	448	728	2 470	376
Tonsillectomy	351	220	231	333	194	227	np	294	332	363	274	166	327	277	230	567	297	335
Total hip replacement	354	np	175	np	np	np	–	np	377	363	351	242	249	374	719	492	415	363
Total knee replacement	366	np	435	np	np	np	–	np	371	375	467	340	298	430	809	589	351	391
Varicose veins stripping & ligation	218	np	np	np	–	np	np	np	499	268	473	277	393	342	584	572	504	357
Total (c)	289	200	148	202	189	343	265	329	232	282	189	133	183	207	405	370	209	217

(a) The data presented for this indicator are sourced from linked records in the National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection. The linked records represent about 97 per cent of all records in the National Elective Surgery Waiting Times Data Collection for 2008-09.

(b) Data for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT or Tasmania.

(c) Total includes all removals for elective surgery procedures, including but not limited to the procedures listed above.

.. Not applicable. – Nil or rounded to zero. **np** Not published.

Source: Linked AIHW (unpublished) National Hospital Morbidity Database; AIHW (unpublished) National Elective Surgery Waiting Times Data Collection

Table 10A.27

Table 10A.27 **Waiting times for elective surgery in public hospitals, by remoteness area, 2008-09 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
All hospitals									
50th percentile									
Major cities	35	32	26	32	38	13	75	8	33
Inner regional	46	28	27	31	32	38	67	np	35
Outer regional	53	27	30	32	32	37	62	35	37
Remote	38	14	33	30	33	43	23	36	34
Very remote	40	8	35	29	34	42	np	44	36
90th percentile									
Major cities	262	192	133	178	211	29	370	39	206
Inner regional	309	180	134	199	183	411	378	np	246
Outer regional	314	191	134	209	182	393	351	226	248
Remote	300	173	148	158	183	466	94	208	203
Very remote	256	218	195	179	179	596	np	307	229

(a) The data presented for this indicator are sourced from linked records in the National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection. The linked records represent about 97 per cent of all records in the National Elective Surgery Waiting Times Data Collection for 2008-09.

(b) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence.

np Not published.

Source: Linked AIHW (unpublished) National Hospital Morbidity Database; AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table 10A.28

Table 10A.28 Elective surgery waiting times, by indicator procedure

	NSW	Vic	Qld (a)	WA	SA Tas (b)	ACT	NT	Aust	
2004-05									
Cataract extraction									
Days waited at 50th percentile	182	44	33	94	99	368	240	167	92
Days waited at 90th percentile	475	187	209	317	272	595	531	365	388
% waited more than 365 days	21.2	1.9	2.6	6.1	2.9	51.1	29.9	9.7	12.1
Cholecystectomy									
Days waited at 50th percentile	50	49	40	28	40	64	57	92	46
Days waited at 90th percentile	274	236	104	165	132	217	334	367	217
% waited more than 365 days	6.1	4.4	1.2	2.2	0.8	3.5	6.6	10.6	4.2
Coronary artery bypass graft									
Days waited at 50th percentile	17	7	11	20	20	28	12	..	14
Days waited at 90th percentile	94	129	84	53	78	86	33	..	89
% waited more than 365 days	0.1	0.1	0.4	—	—	—	—	..	0.2
Cystoscopy									
Days waited at 50th percentile	27	23	29	23	22	37	44	47	27
Days waited at 90th percentile	146	174	160	187	100	179	197	182	158
% waited more than 365 days	2.2	3.6	1.4	3.5	1.6	3.0	2.5	3.4	2.6
Haemorrhoidectomy									
Days waited at 50th percentile	49	58	40	33	35	104	105	np	45
Days waited at 90th percentile	338	308	201	170	92	638	370	np	294
% waited more than 365 days	8.7	7.6	6.3	4.3	0.8	27.8	12.1	np	7.4
Hysterectomy									
Days waited at 50th percentile	40	35	34	25	53	45	44	43	36
Days waited at 90th percentile	189	173	105	78	168	161	186	389	153
% waited more than 365 days	3.7	2.2	0.8	0.8	1.1	1.6	2.0	11.5	2.4
Inguinal herniorrhaphy									
Days waited at 50th percentile	47	48	38	25	45	72	77	84	43
Days waited at 90th percentile	246	255	111	151	153	273	311	379	216
% waited more than 365 days	4.7	5.3	1.5	2.6	1.1	5.6	3.5	11.3	4.0
Myringoplasty									
Days waited at 50th percentile	210	64	46	123	115	38	96	49	88
Days waited at 90th percentile	629	434	489	419	544	489	1 093	730	550
% waited more than 365 days	32.5	12.4	12.6	14.1	26.1	15.0	30.0	23.8	19.9
Myringotomy									
Days waited at 50th percentile	34	23	21	77	43	46	127	65	29
Days waited at 90th percentile	200	80	103	168	111	157	241	263	119
% waited more than 365 days	3.3	0.6	1.0	0.9	—	—	3.9	4.8	0.9
Prostatectomy									
Days waited at 50th percentile	40	25	28	28	39	36	30	53	32
Days waited at 90th percentile	265	267	98	123	155	52	162	188	216
% waited more than 365 days	6.9	6.5	1.9	1.1	3.1	—	3.7	3.2	5.2

Table 10A.28

Table 10A.28 Elective surgery waiting times, by indicator procedure

	NSW	Vic	Qld (a)	WA	SA	Tas (b)	ACT	NT	Aust
Septoplasty									
Days waited at 50th percentile	179	63	46	176	173	np	354	149	96
Days waited at 90th percentile	662	565	1 031	649	614	np	952	433	642
% waited more than 365 days	30.4	19.0	20.4	29.0	24.7	np	50.0	13.0	24.2
Tonsillectomy									
Days waited at 50th percentile	110	39	28	127	73	75	173	76	62
Days waited at 90th percentile	516	205	128	406	306	402	734	369	360
% waited more than 365 days	19.1	3.1	2.0	14.0	7.0	15.0	22.4	10.5	9.8
Total hip replacement									
Days waited at 50th percentile	106	141	50	114	125	355	173	96	102
Days waited at 90th percentile	481	400	179	377	375	668	427	402	433
% waited more than 365 days	18.9	12.8	4.0	10.5	10.9	48.5	15.1	16.7	14.4
Total knee replacement									
Days waited at 50th percentile	218	176	60	165	140	411	207	217	152
Days waited at 90th percentile	604	463	267	450	418	747	587	503	542
% waited more than 365 days	33.1	17.6	7.2	17.8	14.2	57.9	28.7	33.3	23.5
Varicose veins stripping and ligation									
Days waited at 50th percentile	68	90	68	29	169	96	519	243	78
Days waited at 90th percentile	483	1,145	808	147	668	510	1,087	876	775
% waited more than 365 days	13.8	27.9	20.0	4.8	26.1	22.2	67.1	47.6	21.1
Not available/Not stated									
Days waited at 50th percentile	25	23	19	21	29	27	29	21	23
Days waited at 90th percentile	173	174	93	150	163	245	262	212	154
% waited more than 365 days	3.6	3.3	1.4	3.0	3.8	6.4	5.6	4.7	3.1
Total									
Days waited at 50th percentile	34	28	22	27	35	34	45	29	29
Days waited at 90th percentile	294	200	105	197	201	352	368	266	217
% waited more than 365 days	6.9	4.0	1.8	3.8	4.0	9.5	10.1	5.9	4.8
2005-06									
Cataract extraction									
Days waited at 50th percentile	161	49	41	83	96	389	182	246	93
Days waited at 90th percentile	368	225	272	293	314	566	496	464	342
% waited more than 365 days	10.5	0.8	4.2	5.9	4.5	50.8	22.7	21.6	7.5
Cholecystectomy									
Days waited at 50th percentile	50	48	41	31	29	47	48	71	45
Days waited at 90th percentile	261	210	138	175	96	264	169	568	211
% waited more than 365 days	4.4	3.3	1.5	3.3	—	4.9	6.4	15.0	3.4
Coronary artery bypass graft									
Days waited at 50th percentile	16	10	8	20	25	45	22	..	15
Days waited at 90th percentile	90	159	93	62	79	138	98	..	100
% waited more than 365 days	—	0.2	0.1	—	—	—	—	..	0.1

Table 10A.28

Table 10A.28 Elective surgery waiting times, by indicator procedure

	NSW	Vic	Qld (a)	WA	SA	Tas (b)	ACT	NT	Aust
Cystoscopy									
Days waited at 50th percentile	24	21	32	23	35	38	55	51	25
Days waited at 90th percentile	141	159	140	198	137	180	216	211	155
% waited more than 365 days	1.8	2.8	1.7	4.8	3.5	2.7	2.9	5.0	2.5
Haemorrhoidectomy									
Days waited at 50th percentile	54	70	42	32	47	53	70	np	51
Days waited at 90th percentile	292	366	171	322	105	353	379	np	286
% waited more than 365 days	5.3	10.0	3.3	8.3	–	8.5	12.5	np	6.3
Hysterectomy									
Days waited at 50th percentile	41	40	39	26	54	48	49	47	40
Days waited at 90th percentile	209	161	110	90	138	184	276	372	157
% waited more than 365 days	3.4	1.9	0.7	0.2	0.2	1.3	4.2	11.6	2.1
Inguinal herniorrhaphy									
Days waited at 50th percentile	51	56	41	24	44	41	47	71	48
Days waited at 90th percentile	259	257	133	148	142	308	202	517	233
% waited more than 365 days	3.5	5.6	2.1	3.1	0.8	5.3	3.3	17.9	3.8
Myringoplasty									
Days waited at 50th percentile	190	83	60	99	72	69	631	364	98
Days waited at 90th percentile	574	361	376	440	367	1 903	1 000	1 144	463
% waited more than 365 days	26.7	9.4	10.2	10.4	10.0	38.9	61.1	45.7	16.3
Myringotomy									
Days waited at 50th percentile	40	34	29	75	38	23	144	30	37
Days waited at 90th percentile	210	107	118	220	117	153	329	187	139
% waited more than 365 days	1.8	0.2	2.7	0.3	0.2	–	6.5	–	1.1
Prostatectomy									
Days waited at 50th percentile	48	21	28	25	50	41	52	62	35
Days waited at 90th percentile	281	278	126	116	324	70	239	250	246
% waited more than 365 days	6.0	7.8	3.0	1.5	7.5	–	3.9	9.1	5.9
Septoplasty									
Days waited at 50th percentile	266	96	66	147	130	np	312	130	128
Days waited at 90th percentile	613	430	945	503	522	np	847	468	542
% waited more than 365 days	32.9	14.7	19.0	16.2	20.1	np	41.8	19.4	22.4
Tonsillectomy									
Days waited at 50th percentile	129	56	40	119	74	57	203	118	72
Days waited at 90th percentile	406	215	182	390	231	648	894	389	336
% waited more than 365 days	13.6	3.9	3.9	11.3	2.0	26.5	30.3	13.3	8.1
Total hip replacement									
Days waited at 50th percentile	119	154	61	99	106	238	149	120	111
Days waited at 90th percentile	418	408	187	359	418	552	477	345	406
% waited more than 365 days	16.0	13.0	3.3	9.2	14.9	32.2	16.8	8.3	13.3

Table 10A.28

Table 10A.28 Elective surgery waiting times, by indicator procedure

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total knee replacement									
Days waited at 50th percentile	242	188	74	138	193	326	219	137	178
Days waited at 90th percentile	519	463	287	498	505	639	633	1 060	492
% waited more than 365 days	29.1	18.6	6.4	20.0	26.0	41.0	29.6	22.2	23.1
Varicose veins stripping and ligation									
Days waited at 50th percentile	70	182	71	33	203	52	241	352	98
Days waited at 90th percentile	358	726	699	416	504	252	927	635	596
% waited more than 365 days	9.5	29.1	19.9	10.3	29.4	3.9	46.3	47.6	19.6
Not available/Not stated									
Days waited at 50th percentile	27	26	21	23	32	28	36	22	25
Days waited at 90th percentile	191	195	109	167	176	253	290	237	174
% waited more than 365 days	3.3	4.1	1.6	3.6	3.7	5.7	6.7	5.6	3.3
Total									
Days waited at 50th percentile	36	32	25	28	38	34	61	30	32
Days waited at 90th percentile	291	224	127	205	212	332	372	313	237
% waited more than 365 days	5.4	4.5	2.1	4.3	4.2	8.7	10.3	7.7	4.6
2006-07									
Cataract extraction									
Days waited at 50th percentile	152	50	40	85	96	111	177	320	93
Days waited at 90th percentile	343	237	292	297	288	625	516	641	330
% waited more than 365 days	3.9	0.8	5.8	6.3	3.9	35.7	29.3	40.3	5.0
Cholecystectomy									
Days waited at 50th percentile	47	45	38	32	36	61	71	111	43
Days waited at 90th percentile	202	170	133	279	107	258	239	503	182
% waited more than 365 days	1.2	1.8	1.1	5.2	—	6.4	2.9	14.1	1.7
Coronary artery bypass graft									
Days waited at 50th percentile	15	9	15	26	24	43	19	..	17
Days waited at 90th percentile	76	80	91	67	83	196	77	..	88
% waited more than 365 days	0.1	0.2	0.1	—	—	0.4	—	..	0.1
Cystoscopy									
Days waited at 50th percentile	25	21	29	16	42	35	66	48	25
Days waited at 90th percentile	151	141	168	167	195	146	257	260	157
% waited more than 365 days	1.0	2.0	3.1	3.4	5.1	0.9	4.0	7.5	2.1
Haemorrhoidectomy									
Days waited at 50th percentile	44	53	42	36	32	94	81	np	44
Days waited at 90th percentile	237	265	201	359	158	298	160	np	241
% waited more than 365 days	2.1	3.7	4.8	8.2	0.7	8.8	—	np	3.3
Hysterectomy									
Days waited at 50th percentile	45	43	36	32	52	62	53	32	43
Days waited at 90th percentile	204	146	116	118	154	241	252	129	165
% waited more than 365 days	1.0	1.1	1.2	0.4	0.4	3.2	4.4	4.8	1.1

Table 10A.28

Table 10A.28 Elective surgery waiting times, by indicator procedure

	NSW	Vic	Qld (a)	WA	SA	Tas (b)	ACT	NT	Aust
Inguinal herniorrhaphy									
Days waited at 50th percentile	48	45	40	32	47	77	79	77	45
Days waited at 90th percentile	231	198	168	232	141	424	224	362	217
% waited more than 365 days	1.2	2.4	2.4	5.0	1.5	13.6	1.4	9.5	2.4
Myringoplasty									
Days waited at 50th percentile	125	62	62	143	186	154	252	440	93
Days waited at 90th percentile	354	278	379	485	434	1 106	952	863	378
% waited more than 365 days	6.5	6.2	11.0	14.8	22.6	28.6	35.7	58.3	11.4
Myringotomy									
Days waited at 50th percentile	42	28	38	68	49	37	61	13	39
Days waited at 90th percentile	232	92	150	301	133	114	321	116	152
% waited more than 365 days	1.1	0.2	1.1	5.5	0.6	—	6.1	5.0	1.3
Prostatectomy									
Days waited at 50th percentile	44	23	28	23	55	51	30	45	35
Days waited at 90th percentile	223	225	128	122	232	83	218	441	206
% waited more than 365 days	2.6	5.2	1.9	1.9	4.3	—	5.1	15.4	3.4
Septoplasty									
Days waited at 50th percentile	203	75	56	159	129	np	167	205	113
Days waited at 90th percentile	370	376	545	561	354	np	851	1 814	405
% waited more than 365 days	11.4	10.7	16.9	19.1	9.5	np	29.4	42.9	13.6
Tonsillectomy									
Days waited at 50th percentile	123	53	42	112	80	117	194	154	75
Days waited at 90th percentile	345	199	183	461	364	1 278	943	683	332
% waited more than 365 days	4.3	2.0	3.8	17.5	9.8	35.5	35.8	20.2	6.1
Total hip replacement									
Days waited at 50th percentile	134	132	62	83	111	244	140	164	106
Days waited at 90th percentile	356	361	245	326	468	617	330	413	358
% waited more than 365 days	5.9	9.4	5.3	7.1	16.5	38.3	8.1	27.3	8.6
Total knee replacement									
Days waited at 50th percentile	221	170	74	115	171	392	233	203	162
Days waited at 90th percentile	365	437	343	399	559	654	527	434	390
% waited more than 365 days	9.9	15.6	9.0	12.0	28.5	54.0	24.1	36.4	13.4
Varicose veins stripping and ligation									
Days waited at 50th percentile	59	109	77	51	284	39	218	305	83
Days waited at 90th percentile	230	431	770	336	747	254	957	1 269	426
% waited more than 365 days	1.9	14.0	22.6	8.9	35.5	3.3	41.3	46.7	12.8
Not available/Not stated									
Days waited at 50th percentile	26	26	21	24	33	32	38	26	26
Days waited at 90th percentile	184	189	114	183	163	280	239	246	174
% waited more than 365 days	1.2	3.3	1.8	3.8	2.7	6.9	5.1	5.9	2.4

Table 10A.28

Table 10A.28 Elective surgery waiting times, by indicator procedure

	NSW	Vic	Qld (a)	WA	SA Tas (b)	ACT	NT	Aust	
Total									
Days waited at 50th percentile	35	30	25	29	40	38	63	35	32
Days waited at 90th percentile	260	208	142	225	206	343	364	370	226
% waited more than 365 days	1.9	3.3	2.5	4.6	3.9	9.2	9.9	10.2	3.1
2007-08									
Cataract extraction									
Days waited at 50th percentile	168	43	48	59	73	417	175	184	87
Days waited at 90th percentile	340	231	317	265	225	737	484	498	326
% waited more than 365 days	2.9	1.7	6.0	3.3	1.2	51.5	18.5	20.1	4.3
Cholecystectomy									
Days waited at 50th percentile	53	50	37	33	50	78	83	76	47
Days waited at 90th percentile	202	194	117	194	154	420	227	384	188
% waited more than 365 days	0.7	1.4	0.7	1.8	0.6	13.8	1.8	10.5	1.4
Coronary artery bypass graft									
Days waited at 50th percentile	14	11	9	24	20	31	13	..	14
Days waited at 90th percentile	102	151	67	56	113	140	84	..	97
% waited more than 365 days	0.1	0.2	0.2	—	—	0.8	—	..	0.2
Cystoscopy									
Days waited at 50th percentile	26	21	33	20	35	49	51	52	26
Days waited at 90th percentile	156	163	137	146	119	174	279	181	157
% waited more than 365 days	0.9	2.0	3.0	3.1	1.1	2.4	4.0	3.5	1.8
Haemorrhoidectomy									
Days waited at 50th percentile	50	65	37	39	48	68	72	79	50
Days waited at 90th percentile	249	260	167	245	168	440	168	307	245
% waited more than 365 days	1.9	4.2	2.5	2.9	1.7	12.5	—	6.1	2.8
Hysterectomy									
Days waited at 50th percentile	52	52	36	42	54	66	85	78	49
Days waited at 90th percentile	239	161	121	161	167	221	308	158	192
% waited more than 365 days	1.8	1.2	0.7	1.1	0.8	3.5	4.1	3.4	1.4
Inguinal herniorrhaphy									
Days waited at 50th percentile	56	52	40	35	51	98	90	74	50
Days waited at 90th percentile	231	232	145	196	201	424	237	461	225
% waited more than 365 days	0.8	4.1	0.9	1.5	2.4	15.5	1.8	11.5	2.2
Myringoplasty									
Days waited at 50th percentile	177	63	62	166	200	441	417	406	104
Days waited at 90th percentile	365	322	358	408	551	1 432	860	1 043	411
% waited more than 365 days	9.8	5.9	9.9	15.8	32.2	60.0	64.0	55.6	14.5
Myringotomy									
Days waited at 50th percentile	63	39	36	73	57	44	94	44	48
Days waited at 90th percentile	315	113	168	355	159	150	418	106	182
% waited more than 365 days	2.4	0.5	0.9	9.4	0.7	—	13.8	3.6	2.4

Table 10A.28

Table 10A.28 Elective surgery waiting times, by indicator procedure

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA Tas (b)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Prostatectomy								
Days waited at 50th percentile	47	22	36	28	58	39	45	36
Days waited at 90th percentile	232	234	155	105	217	135	178	203
% waited more than 365 days	1.7	5.6	3.0	0.9	2.5	–	3.0	–
Septoplasty								
Days waited at 50th percentile	224	105	68	156	148	507	196	141
Days waited at 90th percentile	369	364	625	382	459	1 557	645	1 913
% waited more than 365 days	11.3	9.7	14.5	12.3	18.6	60.4	32.4	21.1
Tonsillectomy								
Days waited at 50th percentile	148	67	40	146	109	96	289	95
Days waited at 90th percentile	350	271	188	443	399	539	677	385
% waited more than 365 days	4.1	2.9	3.8	18.0	14.3	15.7	43.2	11.2
Total hip replacement								
Days waited at 50th percentile	134	121	62	84	114	294	185	129
Days waited at 90th percentile	357	405	230	246	484	679	478	928
% waited more than 365 days	6.3	12.7	3.3	3.1	16.4	39.6	21.3	21.7
Total knee replacement								
Days waited at 50th percentile	235	166	77	118	207	381	226	292
Days waited at 90th percentile	367	505	294	307	656	762	496	618
% waited more than 365 days	10.5	18.7	6.9	5.7	34.9	53.9	25.2	37.5
Varicose veins stripping and ligation								
Days waited at 50th percentile	71	140	57	66	258	46	401	123
Days waited at 90th percentile	290	480	353	397	603	331	867	987
% waited more than 365 days	2.7	20.3	9.4	12.9	34.3	9.1	53.6	27.1
Not available/Not stated								
Days waited at 50th percentile	27	27	22	25	35	28	42	28
Days waited at 90th percentile	200	203	113	160	175	263	261	229
% waited more than 365 days	1.2	3.4	1.8	2.2	2.7	6.2	6.1	5.6
Total								
Days waited at 50th percentile	39	33	27	30	42	36	72	43
Days waited at 90th percentile	278	221	137	206	208	369	372	337
% waited more than 365 days	1.8	3.6	2.3	3.0	3.9	10.1	10.3	8.6
2008-09								
Cataract extraction								
Days waited at 50th percentile	168	56	42	49	59	197	121	146
Days waited at 90th percentile	348	190	224	190	259	570	339	372
% waited more than 365 days	3.8	1.0	2.2	0.8	1.3	30.4	8.8	10.2
Cholecystectomy								
Days waited at 50th percentile	53	47	40	32	44	59	85	82
Days waited at 90th percentile	189	175	117	149	148	426	226	253
% waited more than 365 days	1.8	1.5	0.7	0.9	0.5	14.1	3.5	4.9

Table 10A.28

Table 10A.28 Elective surgery waiting times, by indicator procedure

	NSW	Vic	Qld (a)	WA	SA Tas (b)	ACT	NT	Aust	
Coronary artery bypass graft									
Days waited at 50th percentile	15	15	10	15	17	29	11	..	14
Days waited at 90th percentile	80	184	74	35	119	142	51	..	93
% waited more than 365 days	–	1.3	0.1	–	0.2	–	–	..	0.4
Cystoscopy									
Days waited at 50th percentile	26	19	33	22	35	36	80	49	25
Days waited at 90th percentile	118	126	145	161	100	158	394	213	133
% waited more than 365 days	0.8	1.2	1.4	2.5	1.1	1.2	12.1	3.0	1.5
Haemorrhoidectomy									
Days waited at 50th percentile	51	68	42	30	38	204	84	73	51
Days waited at 90th percentile	191	248	166	178	179	591	164	318	216
% waited more than 365 days	1.6	5.0	2.1	1.4	3.4	30.8	–	8.0	3.3
Hysterectomy									
Days waited at 50th percentile	50	48	41	56	50	55	77	56	48
Days waited at 90th percentile	215	141	119	160	184	280	235	208	171
% waited more than 365 days	1.6	0.6	0.5	1.1	1.0	4.3	3.5	1.1	1.2
Inguinal herniorrhaphy									
Days waited at 50th percentile	58	52	47	32	48	68	87	80	52
Days waited at 90th percentile	241	214	145	156	217	622	272	206	218
% waited more than 365 days	2.3	3.4	1.2	0.9	1.1	22.7	5.7	1.5	3.0
Myringoplasty									
Days waited at 50th percentile	190	82	70	101	153	71	273	82	92
Days waited at 90th percentile	366	316	328	381	451	450	689	593	370
% waited more than 365 days	10.9	6.9	8.1	11.4	16.3	15.0	40.0	16.2	10.8
Myringotomy									
Days waited at 50th percentile	45	43	33	58	48	49	119	35	44
Days waited at 90th percentile	195	120	119	212	109	154	353	128	141
% waited more than 365 days	1.1	0.3	1.2	2.5	0.4	1.0	8.9	2.5	1.2
Prostatectomy									
Days waited at 50th percentile	55	23	40	28	56	51	42	108	41
Days waited at 90th percentile	182	227	121	72	136	109	467	216	172
% waited more than 365 days	2.2	4.8	1.7	0.1	2.4	–	13.3	–	2.8
Septoplasty									
Days waited at 50th percentile	237	86	69	110	106	136	420	105	128
Days waited at 90th percentile	369	353	413	336	337	909	728	1 203	378
% waited more than 365 days	12.3	8.5	12.6	8.6	7.7	29.0	58.5	30.3	12.6
Tonsillectomy									
Days waited at 50th percentile	145	80	48	101	74	113	346	66	85
Days waited at 90th percentile	361	281	168	301	277	244	560	413	335
% waited more than 365 days	8.2	2.6	3.5	5.8	1.8	7.4	46.1	11.2	5.7

Table 10A.28

Table 10A.28 Elective surgery waiting times, by indicator procedure

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA Tas (b)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
Total hip replacement									
Days waited at 50th percentile	125	107	68	68	102	370	170	59	100
Days waited at 90th percentile	364	348	242	218	374	757	489	391	364
% waited more than 365 days	8.9	9.2	4.0	1.8	11.0	50.5	22.0	12.5	9.6
Total knee replacement									
Days waited at 50th percentile	223	143	86	83	182	493	249	172	147
Days waited at 90th percentile	376	463	343	271	429	825	589	409	393
% waited more than 365 days	14.0	17.1	7.9	4.2	19.0	69.9	37.3	11.1	14.9
Varicose veins stripping and ligation									
Days waited at 50th percentile	69	110	55	91	116	104	298	118	87
Days waited at 90th percentile	270	486	275	393	344	584	749	524	373
% waited more than 365 days	2.2	17.0	5.9	12.4	7.9	13.9	35.4	21.1	10.6
Not available/Not stated									
Days waited at 50th percentile	28	25	22	26	29	32	44	25	26
Days waited at 90th percentile	194	172	113	149	172	315	256	181	168
% waited more than 365 days	1.7	2.6	1.5	1.9	2.4	8.4	6.3	3.9	2.3
Total									
Days waited at 50th percentile	39	31	27	31	36	44	75	40	34
Days waited at 90th percentile	283	194	133	174	207	448	378	256	220
% waited more than 365 days	2.5	2.9	1.8	2.0	2.7	13.1	10.6	5.6	2.9

(a) For 2005-06, the total number of admissions for Queensland includes 644 admissions that were removed from the waiting list for elective admission before 30 June 2005 and separated before 30 June 2006. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods. The total number of admissions for Queensland includes 507 patients who were removed from the waiting list for elective admission before 30 June 2007 and separated before 30 June 2008. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

(b) Includes data for the Mersey Community Hospital.

.. Not applicable. – Nil or rounded to zero. **np** Not published.

Source: AIHW various years, *Australian hospital statistics*, Health Services Series, AIHW Cat. nos HSE 41, 50, 55, 71 and 84, Canberra.

Table 10A.29

Table 10A.29 NSW elective surgery waiting times by clinical urgency category, public hospitals (per cent) (a), (b)

	2004-05	2005-06	2006-07	2007-08	2008-09
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	38.9	15.7	5.1	1.5	3.3
Category 2 (over 90 days)	40.2	38.7	28.9	16.2	7.4
Category 3 (over 12 months)	10.6	0.1	0.2	0.1	1.3
All patients	22.7	13.7	8.5	3.7	2.5
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	21.7	22.8	12.9	7.9	7.2
Category 2 (over 90 days)	28.8	29.5	25.5	24.3	14.5
Category 3 (over 12 months)	20.8	15.8	4.4	4.6	6.4
All patients	23.6	22.9	14.2	12.5	9.2
Waiting time data coverage					
Per cent of elective surgery separations	100.0	100.0	100.0	100.0	100.0

(a) Waiting times are counted as the time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so the term 'extended wait' is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2005, 2006, 2007, 2008 and 2009.

Source: NSW Government (unpublished).

Table 10A.30

Table 10A.30 NSW elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09

	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Waiting time at Census date											
Category 1											
No. patients on waiting list	87	112	776	325	56	73	136	102	394	118	31
No. of extended wait patients	3	6	11	2	–	–	3	1	28	18	2
% overdue	3.4	5.4	1.4	0.6	–	–	2.2	1.0	7.1	15.3	6.5
Category 2											
No. patients on waiting list	134	1 089	3 739	1 794	254	650	1 146	431	1 939	165	66
No. of extended wait patients	12	165	295	31	14	18	95	11	183	13	10
% overdue	9.0	15.2	7.9	1.7	5.5	2.8	8.3	2.6	9.4	7.9	15.2
Category 3											
No. patients on waiting list	23	7 114	7 271	3 866	674	12 845	15 213	1 277	2 137	366	110
No. of extended wait patients	–	159	64	40	5	29	333	6	35	3	–
% overdue	–	2.2	0.9	1.0	0.7	0.2	2.2	0.5	1.6	0.8	–
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	2 215	2 862	18 264	8 096	1 286	1 757	5 461	3 212	5 268	2 709	1 087
No. of extended wait patients	159	197	1 122	432	70	60	196	119	1 091	200	100
% overdue	7.2	6.9	6.1	5.3	5.4	3.4	3.6	3.7	20.7	7.4	9.2
Category 2											
No. patients admitted from waiting list	954	4 490	19 276	10 965	1 191	3 480	5 519	2 714	9 063	1 192	761
No. of extended wait patients	77	1 244	2 648	1 074	137	387	1 043	224	1 516	176	133
% overdue	8.1	27.7	13.7	9.8	11.5	11.1	18.9	8.3	16.7	14.8	17.5
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Table 10A.30

Table 10A.30 NSW elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09

Waiting time at Census date	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Category 3											
No. patients admitted from waiting list	329	7 411	14 296	7 418	1 014	16 752	17 094	2 390	4 491	902	313
No. of extended wait patients	3	874	546	191	44	791	1 886	63	199	11	3
% overdue	0.9	11.8	3.8	2.6	4.3	4.7	11.0	2.6	4.4	1.2	1.0
– Nil or rounded to zero.											

Source: NSW Government (unpublished).

Table 10A.31

Table 10A.31 Victorian elective surgery waiting times by clinical urgency category, public hospitals (per cent) (a), (b)

	2004-05	2005-06	2006-07	2007-08	2008-09
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	0.7	—	—	—	—
Category 2 (over 90 days)	42.3	36.8	34.0	35.1	32.9
Category 3 (over 12 months)	20.8	14.2	10.5	9.3	9.3
All patients	29.7	23.8	20.5	21.3	20.3
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	—	—	—	—	—
Category 2 (over 90 days)	23.6	27.7	25.3	29.9	27.0
Category 3 (over 12 months)	8.7	10.3	8.5	9.7	7.9
All patients	13.7	16.2	14.5	16.5	14.6
Waiting time data coverage					
Per cent of elective surgery separations	77.0	77.9	77.9	78.1	79.2

(a) Waiting times are counted as the time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so the term 'extended wait' is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2005, 2006, 2007, 2008 and 2009.

— Nil or rounded to zero.

Source: Victorian Government (unpublished).

Table 10A.32 Victorian elective surgery waiting times, by clinical urgency category and surgical specialty, 2008-09

Waiting time at Census date											
Category 1											
No. patients on waiting list	64	46	311	153	28	35	59	143	236	41	17
No. of extended wait patients	—	—	—	—	—	—	—	—	—	—	—
% overdue	—	—	—	—	—	—	—	—	—	—	—
Category 2											
No. patients on waiting list	271	1 269	3 637	1 619	540	692	4 719	1 279	2 076	368	250
No. of extended wait patients	131	223	916	198	256	42	2 438	460	627	178	29
% overdue	48.3	17.6	25.2	12.2	47.4	6.1	51.7	36.0	30.2	48.4	11.6
Category 3											
No. patients on waiting list	18	2 939	2 420	1 290	94	3 991	2 980	1 602	672	803	156
No. of extended wait patients	3	158	240	23	10	126	468	277	72	185	10
% overdue	16.7	5.4	9.9	1.8	10.6	3.2	15.7	17.3	10.7	23.0	6.4
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	1 729	1 978	9 098	4 496	1 123	1 335	3 387	7 253	8 156	1 274	814
No. of extended wait patients	—	—	—	3	—	—	—	—	—	—	5
% overdue	—	—	—	0.1	—	—	—	—	—	—	0.6
Category 2											
No. patients admitted from waiting list	926	6 629	16 850	8 295	1 602	5 022	11 131	5 831	8 813	992	2 224
No. of extended wait patients	312	1 381	4 979	1 804	541	413	4 554	1 799	2 288	315	70
% overdue	33.7	20.8	29.5	21.7	33.8	8.2	40.9	30.9	26.0	31.8	3.1
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Table 10A.32

Table 10A.32 **Victorian elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09**

Waiting time at Census date	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Category 3											
No. patients admitted from waiting list	172	5 097	6 375	3 276	158	11 531	4 813	3 010	2 502	923	686
No. of extended wait patients	3	423	621	139	20	205	735	517	152	237	6
% overdue	1.7	8.3	9.7	4.2	12.7	1.8	15.3	17.2	6.1	25.7	0.9

– Nil or rounded to zero.

Source: Victorian Government (unpublished).

Table 10A.33

Table 10A.33 Queensland elective surgery waiting times, by clinical urgency category, public hospitals (per cent) (a), (b)

	2004-05	2005-06	2006-07	2007-08	2008-09
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	5.4	11.0	6.4	8.0	6.4
Category 2 (over 90 days)	11.3	20.5	20.5	21.4	22.1
Category 3 (over 12 months)	30.5	32.8	32.5	24.4	15.5
All patients	22.2	26.5	25.6	21.6	17.8
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	10.4	14.3	13.2	14.7	13.0
Category 2 (over 90 days)	9.4	15.6	17.7	16.9	18.4
Category 3 (over 12 months)	8.5	10.2	11.7	11.2	8.7
All patients	9.6	14.1	14.9	15.0	14.7
Waiting time data coverage					
Per cent of elective surgery separations	95.0	95.0	95.0	98.0	98.0

(a) Waiting times are counted as the time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so the term 'extended wait' is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2005, 2006, 2007, 2008 and 2009.

Source: Queensland Government (unpublished).

Table 10A.34

Table 10A.34 Queensland elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09

	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Opthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Waiting time at Census date (a)											
Category 1											
No. patients on waiting list	196	149	788	355	58	42	298	298	628	124	24
No. of extended wait patients	3	2	43	5	3	4	13	42	67	8	–
% overdue	1.5	1.3	5.5	1.4	5.2	9.5	4.4	14.1	10.7	6.5	–
Category 2											
No. patients on waiting list	172	1 610	4 213	1 572	292	765	4 515	1 204	1 142	170	116
No. of extended wait patients	6	223	822	71	111	116	1 485	352	248	48	–
% overdue	3.5	13.9	19.5	4.5	38.0	15.2	32.9	29.2	21.7	28.2	–
Category 3											
No. patients on waiting list	40	1 565	2 514	1 351	101	2 642	4 873	1 002	1 033	206	175
No. of extended wait patients	–	294	372	65	11	264	817	389	101	90	4
% overdue	–	18.8	14.8	4.8	10.9	10.0	16.8	38.8	9.8	43.7	2.3
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	3 474	2 564	12 585	6 100	941	990	8 735	3 933	5 094	1 473	800
No. of extended wait patients	112	367	1 530	699	66	98	478	641	1 843	191	43
% overdue	3.2	14.3	12.2	11.5	7.0	9.9	5.5	16.3	36.2	13.0	5.4
Category 2											
No. patients admitted from waiting list	994	6 262	13 115	7 316	682	4 176	10 625	3 631	3 436	642	936
No. of extended wait patients	150	1 393	2 883	616	133	461	2 366	749	669	75	40
% overdue	15.1	22.2	22.0	8.4	19.5	11.0	22.3	20.6	19.5	11.7	4.3

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Table 10A.34

Table 10A.34 Queensland elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09

Category 3	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthalmology	Ortho- paedic	Plastic	Urology	Vascular	Other
No. patients admitted from waiting list	93	1 842	3 325	2 619	91	4 339	4 379	1 029	1 045	125	407
No. of extended wait patients	5	316	252	63	6	181	494	254	92	13	9
% overdue	5.4	17.2	7.6	2.4	6.6	4.2	11.3	24.7	8.8	10.4	2.2

(a) Patients on the waiting list at 1 July 2008.

– Nil or rounded to zero.

Source: Queensland Government (unpublished).

Table 10A.35 WA elective surgery waiting times, by clinical urgency category, public hospitals (per cent) (a), (b)

	2004-05	2005-06	2006-07	2007-08	2008-09
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	40.9	27.4	26.2	13.9	21.1
Category 2 (over 90 days)	52.4	53.0	46.2	40.1	30.1
Category 3 (over 12 months)	24.9	19.7	6.5	4.1	3.1
All patients	34.2	31.8	21.9	17.0	14.2
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	17.8	18.9	28.8	12.3	14.1
Category 2 (over 90 days)	31.8	32.1	44.0	30.2	24.7
Category 3 (over 12 months)	7.6	8.3	24.3	5.4	4.5
All patients	17.3	18.4	31.6	16.0	14.3
Waiting time data coverage					
Per cent of elective surgery separations	72.0	76.0	67.0	79.0	78.0

(a) Waiting times are counted as the time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so the term 'extended wait' is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2005, 2006, 2007, 2008 and 2009.

Source: WA Government (unpublished).

Table 10A.36

Table 10A.36 WA elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09

		Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Opthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Waiting time at Census date (a)												
Category 1												
No. patients on waiting list		21	25	136	20	12	85	43	184	171	45	151
No. of extended wait patients		1	3	11	–	3	5	5	68	44	25	12
% overdue		4.8	12.0	8.1	–	25.0	5.9	11.6	37.0	25.7	55.6	7.9
Category 2												
No. patients on waiting list		18	556	747	79	98	326	819	308	327	51	153
No. of extended wait patients		1	147	215	3	45	124	247	131	97	5	33
% overdue		5.6	26.4	28.8	3.8	45.9	38.0	30.2	42.5	29.7	9.8	21.6
Category 3												
No. patients on waiting list		9	578	866	382	54	1 397	1 027	283	209	158	523
No. of extended wait patients		1	18	28	1	8	25	48	16	1	15	11
% overdue		11.1	3.1	3.2	0.3	14.8	1.8	4.7	5.7	0.5	9.5	2.1
Waiting time at admission												
Category 1												
No. patients admitted from waiting list		483	884	3 290	805	278	803	1 532	2 543	3 300	556	3 663
No. of extended wait patients		60	101	356	35	55	119	83	532	642	105	467
% overdue		12.4	11.4	10.8	4.3	19.8	14.8	5.4	20.9	19.5	18.9	12.7
Category 2												
No. patients admitted from waiting list		113	2 629	4 417	1 179	327	2 154	3 703	993	2 746	486	1 374
No. of extended wait patients		1	1 053	759	95	124	772	1 187	281	451	100	154
% overdue		0.9	40.1	17.2	8.1	37.9	35.8	32.1	28.3	16.4	20.6	11.2

Table 10A.36

Table 10A.36 **WA elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09**

Category 3	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Opthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
No. patients admitted from waiting list	42	2 093	3 024	1 491	85	5 791	2 839	688	1 749	273	2 922
No. of extended wait patients	–	210	203	22	5	99	206	59	66	44	30
% overdue	–	10.0	6.7	1.5	5.9	1.7	7.3	8.6	3.8	16.1	1.0

(a) Data show patients on the waiting list at 30 June 2008.

– Nil or rounded to zero.

Source: WA Government (unpublished).

Table 10A.37

Table 10A.37 SA elective surgery waiting times, by clinical urgency category, public hospitals (a), (b)

	2004-05	2005-06	2006-07	2007-08	2008-09
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	19.8	22.9	21.6	26.0	0.8
Category 2 (over 90 days)	27.9	20.8	16.8	11.2	1.1
Category 3 (over 12 months)	13.5	12.2	11.3	6.5	0.1
All patients	17.1	15.1	13.5	9.3	0.3
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	20.0	22.4	22.5	21.5	17.4
Category 2 (over 90 days)	24.9	22.9	22.1	27.1	15.6
Category 3 (over 12 months)	9.4	10.5	9.5	11.4	7.2
All patients	16.9	18.0	17.4	19.2	13.2
Waiting time data coverage					
Per cent of elective surgery separations	62.2	60.4	61.6	67.7	70.6

(a) For 2004-05, waiting times are counted as time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1. In previous periods, SA counted the waiting time in all urgency categories.

(b) There is no specified or agreed desirable wait for category 3 patients, so the term 'extended wait' is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2005, 2006, 2007, 2008 and 2009.

Source: SA Government (unpublished).

Table 10A.38 SA elective surgery waiting times, by clinical urgency category and surgical specialty, 2008-09

Waiting time at Census date										
Category 1										
No. patients on waiting list	4	34	127	55	8	25	21	89	90	17
No. of extended wait patients	—	—	1	—	1	—	—	1	1	—
% overdue	—	—	0.8	—	12.5	—	—	1.1	1.1	—
Category 2										
No. patients on waiting list	40	305	504	327	54	167	207	255	286	14
No. of extended wait patients	6	5	5	1	—	—	1	2	3	—
% overdue	15.0	1.6	1.0	0.3	—	—	0.5	0.8	1.0	—
Category 3										
No. patients on waiting list	10	1 007	1 094	695	23	1 227	1 758	466	338	19
No. of extended wait patients	—	1	1	—	—	—	—	3	—	—
% overdue	—	0.1	0.1	—	—	—	—	0.6	—	—
Waiting time at admission										
Category 1										
No. patients admitted from waiting list	615	1 141	3 293	2 659	338	610	927	1 977	2 480	681
No. of extended wait patients	38	127	471	240	49	71	58	333	1 122	62
% overdue	6.2	11.1	14.3	9.0	14.5	11.6	6.3	16.8	45.2	9.1
Category 2										
No. patients admitted from waiting list	414	1 989	3 317	2 519	323	839	1 298	1 518	1 598	138
No. of extended wait patients	129	283	588	213	38	131	191	236	367	12
% overdue	31.2	14.2	17.7	8.5	11.8	15.6	14.7	15.5	23.0	8.7
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Table 10A.38

Table 10A.38 SA elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09

Category 3	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
No. patients admitted from waiting list	36	2 083	2 819	2 670	35	3 089	3 224	785	804	42	–
No. of extended wait patients	2	168	163	53	–	90	378	180	76	6	–
% overdue	5.6	8.1	5.8	2.0	–	2.9	11.7	22.9	9.5	14.3	..

– Nil or rounded to zero. .. Not applicable.

Source: SA Government (unpublished).

Table 10A.39

Table 10A.39 Tasmanian elective surgery waiting times, by clinical urgency category, public hospitals (a), (b)

	2004-05	2005-06	2006-07	2007-08	2008-09
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	na	52.0	39.7	46.4	48.0
Category 2 (over 90 days)	na	66.0	64.8	68.5	68.6
Category 3 (over 12 months)	na	31.0	32.0	40.3	27.2
All patients	na	49.0	48.8	54.4	51.3
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	na	28.0	25.0	23.4	27.1
Category 2 (over 90 days)	na	43.0	46.1	51.2	48.2
Category 3 (over 12 months)	na	23.0	22.6	28.8	28.5
All patients	na	32.0	32.4	34.4	35.1
Waiting time data coverage					
Per cent of elective surgery separations	na	100.0	100.0	100.0	100.0

(a) Waiting times are counted as time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so the term 'extended wait' is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2005, 2006, 2007, 2008 and 2009.

na Not available.

Source: Tasmanian Government (unpublished).

Table 10A.40

Table 10A.40 Tasmania elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09

	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Opthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Waiting time at Census date											
Category 1											
No. patients on waiting list	47	75	186	66	146	17	33	83	53	6	1
No. of extended wait patients	27	44	111	9	6	8	6	41	22	4	1
% overdue	57.4	58.7	59.7	13.6	4.1	47.1	18.2	49.4	41.5	66.7	100.0
Category 2											
No. patients on waiting list	–	179	1 696	354	148	29	1 212	239	272	27	65
No. of extended wait patients	–	124	1 317	124	98	8	876	178	122	11	38
% overdue	..	69.3	77.7	35.0	66.2	27.6	72.3	74.5	44.9	40.7	58.5
Category 3											
No. patients on waiting list	–	161	586	99	10	350	1 080	189	300	26	139
No. of extended wait patients	–	24	263	4	3	23	251	114	106	4	7
% overdue	..	14.9	44.9	4.0	30.0	6.6	23.2	60.3	35.3	15.4	5.0
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	399	610	1 613	947	125	81	426	1 095	836	124	83
No. of extended wait patients	159	330	393	161	39	18	79	194	296	39	7
% overdue	39.8	54.1	24.4	17.0	31.2	22.2	18.5	17.7	35.4	31.5	8.4
Category 2											
No. patients admitted from waiting list	–	279	1 644	1 135	110	216	1 130	388	966	123	232
No. of extended wait patients	–	101	874	389	64	90	763	155	382	65	116
% overdue	..	36.2	53.2	34.3	58.2	41.7	67.5	39.9	39.5	52.8	50.0

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Table 10A.40

Table 10A.40 **Tasmania elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09**

Category 3	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Opthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
No. patients admitted from waiting list	–	362	500	296	–	1 483	746	61	468	66	786
No. of extended wait patients	–	44	122	16	–	476	402	13	64	17	206
% overdue	..	12.2	24.4	5.4	..	32.1	53.9	21.3	13.7	25.8	26.2

– Nil or rounded to zero. .. Not applicable.

Source: Tasmanian Government (unpublished).

Table 10A.41

Table 10A.41 ACT elective surgery waiting times, by clinical urgency category, public hospitals (a), (b)

	2004-05	2005-06	2006-07	2007-08	2008-09
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	0.8	0.9	6.8	6.6	0.8
Category 2 (over 90 days)	60.9	54.2	54.0	54.5	51.2
Category 3 (over 12 months)	34.2	34.1	24.3	20.9	15.4
All patients	45.3	42.8	38.7	38.5	34.4
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	9.2	3.7	7.2	4.1	5.9
Category 2 (over 90 days)	55.6	48.3	49.1	53.4	54.9
Category 3 (over 12 months)	30.2	27.0	30.4	29.0	24.8
All patients	32.5	29.9	32.4	34.0	34.5
Waiting time data coverage					
Per cent of elective surgery separations	100.0	100.0	100.0	100.0	100.0

(a) Waiting times are counted as time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so the term 'extended wait' is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2005, 2006, 2007, 2008 and 2009.

Source: ACT Government (unpublished).

Table 10A.42

Table 10A.42 ACT elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09

	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthalmology	Orthopaedic	Plastic	Urology	Vascular	Other
Waiting time at Census date											
Category 1											
No. patients on waiting list	np	6	25	13	np	np	17	np	21	10	19
No. of extended wait patients	-	np	-	-	-	74	-	-	1	-	-
% overdue	np	np	-	-	np	np	-	np	4.8	-	-
Category 2											
No. patients on waiting list	17	446	308	177	121	74	984	217	442	36	149
No. of extended wait patients	np	288	138	33	44	26	610	111	208	13	47
% overdue	np	64.6	44.8	18.6	36.4	35.1	62.0	51.2	47.1	36.1	31.5
Category 3											
No. patients on waiting list	np	544	109	168	np	786	330	69	167	128	102
No. of extended wait patients	-	129	10	22	np	59	98	18	29	1	5
% overdue	np	23.7	9.2	13.1	np	7.5	29.7	26.1	17.4	0.8	4.9
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	110	153	598	340	131	79	235	239	374	301	299
No. of extended wait patients	np	8	29	21	5	5	11	7	53	18	7
% overdue	np	5.2	4.8	6.2	3.8	6.3	4.7	2.9	14.2	6.0	2.3
Category 2											
No. patients admitted from waiting list	121	588	853	611	180	179	1 120	273	664	85	387
No. of extended wait patients	15	454	419	248	124	67	766	199	326	21	140
% overdue	12.4	77.2	49.1	40.6	68.9	37.4	68.4	72.9	49.1	24.7	36.2

Table 10A.42

Table 10A.42 **ACT elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09**

Category 3	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
No. patients admitted from waiting list	np	273	118	195	np	987	138	57	154	152	109
No. of extended wait patients	–	197	19	35	np	100	40	31	57	56	7
% overdue	np	72.2	16.1	17.9	np	10.1	29.0	54.4	37.0	36.8	6.4

– Nil or rounded to zero. **np** Not published.

Source: ACT Government (unpublished).

Table 10A.43 NT elective surgery waiting times, by clinical urgency category, public hospitals (a), (b)

	2004-05	2005-06	2006-07	2007-08	2008-09
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	61.4	53.6	53.7	57.0	49.7
Category 2 (over 90 days)	64.2	57.0	51.7	52.4	50.0
Category 3 (over 12 months)	42.2	42.6	39.3	35.8	24.2
All patients	55.9	49.0	45.9	44.9	39.1
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	17.2	16.7	19.2	19.6	24.3
Category 2 (over 90 days)	30.5	31.0	43.0	37.9	41.6
Category 3 (over 12 months)	14.9	22.7	39.9	29.1	19.7
All patients	21.5	22.5	31.1	28.6	29.8
Waiting time data coverage (d)					
Per cent of elective surgery separations	71.7	100.0	100.0	100.0	100.0

(a) Waiting times are counted as time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) Extended waits include those patients overdue in any category, that is, it is not restricted to patients waiting greater than 365 days. There is no specified or agreed desirable wait for category 3 patients, so the term 'extended wait' is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2005, 2006, 2007, 2008 and 2009.

(d) In previous reports, waiting times coverage data were derived including scopes. Data from 2004-05 exclude these scopes.

Source: NT Government (unpublished).

Table 10A.44

Table 10A.44 NT elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09

	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Opthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Waiting time at Census date											
Category 1											
No. patients on waiting list	na	26	120	77	na	12	54	2	12	na	10
No. of extended wait patients	na	13	59	31	na	8	25	1	9	na	7
% overdue	na	50.0	49.2	40.3	na	66.7	46.3	50.0	75.0	na	70.0
Category 2											
No. patients on waiting list	na	144	465	139	na	198	140	13	26	na	19
No. of extended wait patients	na	52	249	50	na	108	77	5	12	na	15
% overdue	na	36.1	53.5	36.0	na	54.5	55.0	38.5	46.2	na	78.9
Category 3											
No. patients on waiting list	na	274	309	80	na	256	126	21	17	na	1
No. of extended wait patients	na	93	66	3	na	31	55	11	3	na	–
% overdue	na	33.9	21.4	3.8	na	12.1	43.7	52.4	17.6	na	–
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	na	292	866	1 032	na	118	310	57	40	na	49
No. of extended wait patients	na	69	276	132	na	38	102	23	19	na	14
% overdue	na	23.6	31.9	12.8	na	32.2	32.9	40.4	47.5	na	28.6
Category 2											
No. patients admitted from waiting list	na	229	724	508	na	521	171	50	57	na	24
No. of extended wait patients	na	91	354	91	na	255	87	31	30	na	7
% overdue	na	39.7	48.9	17.9	na	48.9	50.9	62.0	52.6	na	29.2

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Table 10A.44

Table 10A.44 NT elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2008-09

Waiting time at Census date	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthalmology	Ortho- paedic	Plastic	Urology	Vascular	Other
Category 3											
No. patients admitted from waiting list	na	187	298	119	na	390	90	18	15	na	4
No. of extended wait patients	na	57	66	9	na	41	30	10	3	na	2
% overdue	na	30.5	22.1	7.6	na	10.5	33.3	55.6	20.0	na	50.0

na Not available. – Nil or rounded to zero.

Source: NT Government (unpublished).

Table 10A.45

Table 10A.45 Separations for selected procedures or diagnoses per 1000 people, all hospitals, by patient's usual residence 2008-09 (a), (b), (c), (d), (e)

<i>Selected procedures</i>	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Coronary artery bypass graft										
Separations	no.	4 388	3 512	3 086	752	1 240	241	203	..	13 422
Separations not within State of residence	%	5	4	7	1	12	—	47	..	..
Separation rate		0.58	0.62	0.71	0.35	0.65	0.41	0.67	..	0.59
SRR		0.98	1.05	1.21	0.59	1.11	0.70	1.13	..	..
Lower bound for 95% confidence interval of SRR		0.95	1.02	1.17	0.55	1.05	0.62	0.98	..	..
Upper bound for 95% confidence interval of SRR		1.01	1.09	1.26	0.64	1.17	0.79	1.29	..	..
Coronary angioplasty										
Separations	no.	11 570	9 271	6 326	3 348	2 775	845	912	..	35 047
Separations not within State of residence	%	2	3	9	1	9	2	48	..	..
Separation rate		1.51	1.62	1.43	1.53	1.48	1.43	2.89	..	1.53
SRR		0.99	1.06	0.94	1.00	0.97	0.94	1.89	..	..
Lower bound for 95% confidence interval of SRR		0.97	1.04	0.92	0.97	0.93	0.88	1.77	..	..
Upper bound for 95% confidence interval of SRR		1.01	1.08	0.97	1.04	1.01	1.00	2.01	..	..
Caesarean section										
Separations	no.	28 166	21 682	20 328	10 037	6 506	1 876	1 614	1 065	91 274
Separations not within State of residence (%)	%	2	2	1	0	1	0	19	3	..
Separation rate		8.40	8.40	9.90	9.80	9.20	9.00	8.90	8.70	8.90
SRR		0.90	0.90	1.10	1.10	1.00	1.00	1.00	1.00	..
Lower bound for 95% confidence interval of SRR		0.89	0.89	1.09	1.08	0.98	0.96	0.95	0.95	..
Upper bound for 95% confidence interval of SRR		0.91	0.91	1.12	1.12	1.03	1.05	1.05	1.06	..
In-hospital birth separations	no.	94 450	69 532	60 670	29 794	19 525	6 267	5 630	3 718	289 586
Proportion of births to public patients	%	66	67	66	62	67	60	63	77	66
In-hospital birth separation rate		28.2	26.9	29.5	29.0	27.6	30.1	30.5	30.3	28.2
Separations per 100 in-hospital birth separations (g)		29.8	31.2	33.5	33.7	33.3	29.9	28.7	28.6	31.5

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Table 10A.45

Table 10A.45 Separations for selected procedures or diagnoses per 1000 people, all hospitals, by patient's usual residence 2008-09 (a), (b), (c), (d), (e)

<i>Selected procedures</i>	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Public hospitals		26.5	27.9	27.4	27.9	30.3	28.7	23.6	26.1	27.4
Public patients		25.2	27.3	26.8	27.5	29.7	27.2	22.9	25.9	26.6
Private patients		34.6	35.9	39.9	33.7	36.6	41.4	34.2	29.7	35.6
Private hospitals		40.3	39.4	47.4	45.4	41.6	31.7	38.8	38.9	42.1
Cholecystectomy										
Separations	no.	15 293	11 974	10 023	4 442	3 944	964	793	330	47 763
Separations not within State of residence	%	2	1	2	–	2	1	21	4	..
Separation rate		2.12	2.19	2.31	2.03	2.31	1.85	2.32	1.66	2.17
SRR		0.97	1.01	1.07	0.93	1.06	0.85	1.07	0.76	..
Lower bound for 95% confidence interval of SRR		0.96	0.99	1.05	0.91	1.03	0.80	1.00	0.68	..
Upper bound for 95% confidence interval of SRR		0.99	1.03	1.10	0.96	1.10	0.91	1.15	0.84	..
Hip replacement										
Separations	no.	9 747	8 307	5 224	3 232	3 041	891	703	84	31 229
Separations not within State of residence	%	2	2	5	1	3	1	35	6	..
Separation rate		1.25	1.43	1.20	1.49	1.54	1.48	2.37	0.77	1.35
SRR		0.93	1.06	0.89	1.11	1.14	1.10	1.75	0.57	..
Lower bound for 95% confidence interval of SRR		0.92	1.04	0.87	1.08	1.10	1.03	1.62	0.45	..
Upper bound for 95% confidence interval of SRR		0.95	1.08	0.92	1.15	1.18	1.18	1.88	0.69	..
Hysterectomy (h)										
Separations	no.	8 025	6 018	5 821	2 627	2 371	667	510	184	26 223
Separations not within State of residence	%	2	3	3	–	2	–	21	2	..
Separation rate		2.25	2.20	2.67	2.39	2.84	2.62	2.85	1.74	2.39
SRR		0.94	0.92	1.12	1.00	1.19	1.10	1.19	0.73	..
Lower bound for 95% confidence interval of SRR		0.92	0.90	1.10	0.96	1.14	1.02	1.09	0.63	..
Upper bound for 95% confidence interval of SRR		0.96	0.94	1.15	1.04	1.24	1.19	1.29	0.84	..

Table 10A.45

Table 10A.45 Separations for selected procedures or diagnoses per 1000 people, all hospitals, by patient's usual residence
2008-09 (a), (b), (c), (d), (e)

<i>Selected procedures</i>	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Tonsillectomy										
Separations	no.	14 241	10 685	10 023	5 679	4 092	640	1 069	231	46 660
Separations not within State of residence	%	2	2	2	–	1	–	26	1	..
Separation rate		2.16	2.13	2.37	2.68	2.82	1.38	3.20	0.93	2.28
SRR		0.95	0.94	1.04	1.18	1.24	0.60	1.41	0.41	..
Lower bound for 95% confidence interval of SRR		0.94	0.93	1.02	1.15	1.21	0.56	1.33	0.36	..
Upper bound for 95% confidence interval of SRR		0.97	0.96	1.06	1.21	1.28	0.65	1.50	0.47	..
Myringotomy (with insertion of tube)										
Separations	no.	9 964	9 218	7 405	4 802	4 570	559	867	279	37 664
Separations not within State of residence	%	2	2	3	–	1	17	25	–	..
Separation rate		1.50	1.84	1.74	2.27	3.16	1.16	2.67	1.10	1.83
SRR		0.82	1.00	0.95	1.24	1.72	0.63	1.46	0.60	..
Lower bound for 95% confidence interval of SRR		0.81	0.98	0.93	1.21	1.67	0.58	1.37	0.53	..
Upper bound for 95% confidence interval of SRR		0.84	1.02	0.97	1.28	1.77	0.68	1.56	0.67	..
Knee replacement										
Separations	no.	12 795	7 853	7 509	3 802	3 534	706	806	112	37 117
Separations not within State of residence	%	2	3	6	–	5	–	37	–	..
Separation rate		1.66	1.37	1.72	1.75	1.85	1.17	2.60	0.91	1.62
SRR		1.03	0.85	1.06	1.08	1.14	0.73	1.61	0.56	..
Lower bound for 95% confidence interval of SRR		1.01	0.83	1.04	1.05	1.11	0.68	1.50	0.46	..
Upper bound for 95% confidence interval of SRR		1.05	0.87	1.09	1.12	1.18	0.79	1.72	0.67	..
Prostatectomy										
Separations	no.	10 893	9 255	5 722	2 721	2 611	668	620	96	32 586
Separations not within State of residence	%	3	2	5	–	2	1	38	2	..
Separation rate		3.01	3.44	2.71	2.60	2.91	2.38	4.29	1.71	3.00

Table 10A.45

Table 10A.45 Separations for selected procedures or diagnoses per 1000 people, all hospitals, by patient's usual residence 2008-09 (a), (b), (c), (d), (e)

<i>Selected procedures</i>	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
SRR		1.00	1.15	0.90	0.87	0.97	0.79	1.43	0.57	..
Lower bound for 95% confidence interval of SRR		0.98	1.13	0.88	0.84	0.93	0.73	1.32	0.46	..
Upper bound for 95% confidence interval of SRR		1.02	1.18	0.92	0.91	1.01	0.85	1.54	0.68	..

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

(b) Australian totals includes other territories and excludes overseas residents and unknown state of residence.

(c) Separations for each procedure exclude multiple procedures for the same separation within the same group.

(d) Rate per 1000 population was directly age standardised to the Australian population at 30 June 2001.

(e) Excludes separations for which the care type was reported as 'newborn with no qualified days', and records for hospital boarders and posthumous organ

(f) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.

(g) Caesarean sections separations divided by separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by caesarean section, as births out of hospital are not included.

(h) Females aged 15–69 years only.

.. Not applicable. – Nil or rounded to zero.

SRR = Standardised separation rate ratio.

Source: AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.46

Table 10A.46 **Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, 2008-09 (a)**

Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)	no.
	Rate per 1000 separations									
Surgical procedure prior to separation										
Knee replacement	25.0	27.7	42.5	15.9	15.1	np	np	np	27.7	235
Hip replacement	18.7	21.7	33.5	14.2	16.8	21.3	np	np	21.8	143
Tonsillectomy and Adenoidectomy	24.1	29.7	29.8	30.2	40.4	50.1	np	np	29.5	573
Hysterectomy	34.9	36.7	36.9	32.1	38.1	44.9	np	np	36.9	356
Prostatectomy	39.1	25.7	43.6	33.8	33.4	23.8	np	np	33.8	242
Cataract surgery	3.6	4.7	4.1	3.2	5.6	np	np	28.9	4.5	202
Appendicectomy	28.0	20.6	25.5	28.0	37.2	36.8	28.1	29.5	26.4	513

(a) This indicator is limited to public hospitals.

(b) Total rates and numbers for Australia do not include WA.

np Not published.

Source: AIHW (unpublished) Admitted Patient Care National Minimum Data Set.

Table 10A.47

Table 10A.47 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, remoteness and SEIFA, 2008-09 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)	no.
Unit	Rate per 1000 separations									
	Knee replacement									
Hospital peer group										
Peer group A	30.8	29.7	41.3	24.7	24.9	np	np	np	32.0	184
Peer group B	13.3	24.5	np	17.8	np	np	–	–	19.6	30
Other peer groups	18.1	21.9	–	9.5	np	–	–	–	17.5	21
Indigenous status (c)										
Indigenous	np	np	np	–	np	np	np	np	np	1
Other Australians (d)	25.1	27.7	43.5	16.0	15.1	np	np	–	28.8	229
Remoteness of residence (e)										
Major cities	18.5	32.3	44.2	10.1	17.6	–	np	–	26.4	129
Inner regional	36.4	22.3	38.2	28.7	np	np	np	–	29.3	68
Outer regional	34.0	19.5	45.3	26.2	np	np	np	np	29.8	34
Remote & Very remote	np	np	np	–	np	np	np	np	np	3
SEIFA of residence (f)										
Quintile 1	22.3	26.9	43.7	46.5	12.3	np	np	np	25.4	66
Quintile 2	32.1	32.6	46.5	12.8	np	np	np	np	32.6	75
Quintile 3	18.8	17.9	40.9	7.8	np	np	np	np	23.9	36
Quintile 4	20.4	30.3	43.4	21.6	np	np	np	np	28.5	37
Quintile 5	21.5	33.8	np	19.8	np	–	np	np	26.0	20
	Hip replacement									
Hospital peer group										
Peer group A	23.3	26.5	32.4	22.5	19.2	np	np	np	25.4	116
Peer group B	np	np	np	18.6	np	np	–	–	13.3	15

Table 10A.47

Table 10A.47 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, remoteness and SEIFA, 2008-09 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)
Other peer groups	12.3	16.9	–	3.6	np	–	–	–	12
Indigenous status (c)									
Indigenous	np	np	np	–	–	np	–	np	1
Other Australians (d)	18.4	21.7	33.8	14.2	16.8	np	np	–	133
Remoteness of residence (e)									
Major cities	14.3	26.0	28.7	15.2	17.3	–	np	–	79
Inner regional	30.3	18.3	38.3	23.9	np	np	np	–	46
Outer regional	19.5	np	np	–	np	np	np	np	18
Remote & Very remote	np	np	np	0.1	np	np	–	np	–
SEIFA of residence (f)									
Quintile 1	16.5	np	34.4	–	np	np	np	np	29
Quintile 2	23.9	25.0	np	6.5	np	np	np	np	43
Quintile 3	27.4	22.5	24.0	13.2	np	np	np	np	30
Quintile 4	np	25.9	47.0	28.0	np	np	np	np	29
Quintile 5	np	29.0	np	17.5	np	–	np	np	12
				Tonsillectomy and Adenoidectomy					
Hospital peer group									
Peer group A	27.1	36.4	31.2	53.2	53.4	48.9	np	np	421
Peer group B	14.9	31.2	np	4.3	np	np	–	–	102
Other peer groups	20.3	15.8	np	24.3	11.3	–	–	np	49
Indigenous status (c)									
Indigenous	25.1	np	26.7	29.2	np	np	np	np	28
Other Australians (d)	24.1	29.6	30.1	30.3	39.7	50.8	np	np	524
Remoteness of residence (e)									

Table 10A.47

Table 10A.47 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, remoteness and SEIFA, 2008-09 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)
Major cities	26.7	34.8	40.1	30.1	50.7	–	np	np	34.4
Inner regional	16.2	23.4	10.9	18.1	20.7	55.1	np	–	20.5
Outer regional	26.3	25.1	17.9	43.2	26.8	np	np	np	28.1
Remote & Very remote	np	np	np	44.3	np	np	np	np	19.4
SEIFA of residence (f)									9
Quintile 1	23.3	26.1	25.9	41.5	34.9	37.5	np	np	27.0
Quintile 2	25.2	23.2	26.3	34.0	39.5	np	np	np	25.8
Quintile 3	24.3	31.4	25.9	27.6	54.7	np	np	np	31.9
Quintile 4	24.0	35.8	39.2	28.1	54.2	np	np	np	36.6
Quintile 5	21.0	39.2	32.8	26.0	np	–	np	np	28.3
						Hysterectomy			56
Hospital peer group									
Peer group A	36.6	38.8	37.2	40.8	44.4	43.3	np	np	38.7
Peer group B	22.0	41.1	40.0	32.0	np	np	–	–	37.2
Other peer groups	37.8	19.8	np	–	27.1	–	–	–	27.7
Indigenous status (c)									
Indigenous	np	np	np	66.7	np	np	np	np	65.8
Other Australians (d)	33.5	36.7	36.1	30.8	37.8	43.0	np	np	35.6
Remoteness of residence (e)									
Major cities	30.6	39.2	35.6	36.7	52.5	–	np	–	37.4
Inner regional	42.4	39.5	40.4	34.8	np	np	np	–	39.7
Outer regional	32.4	16.0	37.0	29.0	np	np	np	np	29.1
Remote & Very remote	np	np	np	0.1	np	np	–	np	24.8
SEIFA of residence (f)									5

Table 10A.47

Table 10A.47 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, remoteness and SEIFA, 2008-09 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)
Quintile 1	47.3	28.0	42.6	22.5	44.2	np	np	np	115
Quintile 2	38.2	42.1	35.4	22.1	np	np	np	np	92
Quintile 3	13.3	45.6	47.6	35.1	np	np	np	np	68
Quintile 4	29.8	41.6	23.7	44.6	np	np	np	np	54
Quintile 5	25.7	np	np	28.8	np	–	np	np	24
Prostatectomy									
Hospital peer group									
Peer group A	42.5	30.4	33.4	38.8	41.5	23.8	np	np	172
Peer group B	31.3	22.6	np	32.3	np	–	–	–	45
Other peer groups	24.4	18.8	np	29.9	27.9	–	–	–	25
Indigenous status (c)									
Indigenous	np	np	np	np	np	np	–	np	–
Other Australians (d)	39.5	25.8	44.1	32.8	33.5	24.3	np	np	235
Remoteness of residence (e)									
Major cities	42.0	23.3	51.2	32.6	42.3	–	np	–	154
Inner regional	28.3	27.2	39.2	40.4	np	np	np	–	51
Outer regional	47.3	37.8	np	26.3	np	np	np	np	33
Remote & Very remote	np	np	np	38.6	np	np	–	np	4
SEIFA of residence (f)									
Quintile 1	32.6	24.7	44.4	41.7	41.9	np	np	np	69
Quintile 2	42.4	32.5	np	19.4	np	np	np	np	70
Quintile 3	44.9	18.5	np	22.6	np	np	np	np	41
Quintile 4	53.2	26.0	38.5	74.1	np	np	np	np	39
Quintile 5	20.9	29.6	np	40.5	np	–	np	np	23

Table 10A.47

Table 10A.47 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, remoteness and SEIFA, 2008-09 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)
Cataract surgery									
Hospital peer group									
Peer group A	3.3	5.2	4.4	8.2	10.9	np	np	32.1	5.2
Peer group B	np	7.3	–	1.5	np	–	–	–	6.4
Other peer groups	4.2	1.0	np	2.3	1.9	–	–	np	2.7
Indigenous status (c)									
Indigenous	np	np	np	5.8	np	np	np	np	15.4
Other Australians (d)	3.6	4.7	3.8	3.2	5.7	np	np	19.0	4.4
Remoteness of residence (e)									
Major cities	4.6	6.3	3.9	2.8	8.3	–	np	np	5.5
Inner regional	2.6	2.4	np	1.0	np	np	np	–	2.5
Outer regional	np	np	5.6	9.3	4.7	np	np	24.5	4.1
Remote & Very remote	np	np	np	5.7	–	np	–	np	7.6
SEIFA of residence (f)									
Quintile 1	3.8	3.6	6.5	9.6	6.2	np	np	np	5.1
Quintile 2	2.3	3.5	np	2.5	np	np	np	np	2.8
Quintile 3	3.4	5.9	3.6	1.0	np	np	np	np	4.6
Quintile 4	np	5.7	np	5.1	np	np	–	np	4.8
Quintile 5	12.0	5.7	np	4.8	np	–	np	np	7.3
Appendicectomy									
Hospital peer group									
Peer group A	31.5	18.8	25.1	31.6	36.0	41.4	28.1	30.5	27.1
Peer group B	18.2	27.6	23.5	24.0	np	np	–	–	23.5
Other peer groups	22.2	21.1	np	17.0	35.6	–	–	np	26.1

Table 10A.47

Table 10A.47 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, remoteness and SEIFA, 2008-09 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)
Indigenous status (c)									
Indigenous	35.2	np	np	36.5	np	np	np	np	24
Other Australians (d)	27.8	20.3	24.5	27.5	35.1	38.0	28.4	np	460
Remoteness of residence (e)									
Major cities	26.3	21.5	25.1	31.5	33.9	np	22.8	np	315
Inner regional	34.5	22.7	21.0	26.3	np	43.7	np	np	127
Outer regional	26.6	np	30.8	18.3	43.7	np	np	np	54
Remote & Very remote	np	np	np	15.4	np	np	–	np	9
SEIFA of residence (f)									
Quintile 1	23.1	18.2	25.5	30.4	37.8	23.3	np	np	109
Quintile 2	32.2	15.5	31.1	26.5	48.2	np	np	np	122
Quintile 3	29.9	29.2	23.6	28.0	np	np	np	np	109
Quintile 4	20.1	16.0	21.6	34.3	31.7	np	np	np	80
Quintile 5	34.0	23.5	28.7	21.3	np	–	np	np	85

(a) This indicator is limited to public hospitals.

(b) Total rates and numbers for Australia do not include WA.

(c) Data for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT and Tasmania.

(d) 'Other Australians' includes readmissions for non-Indigenous people and those for whom Indigenous status was not stated.

(e) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospital, regardless of the jurisdiction of usual residence.

Table 10A.47 **Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, remoteness and SEIFA, 2008-09 (a)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (b)
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(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

np Not published. – Nil or rounded to zero.

Source: AIHW (unpublished) Admitted Patient Care National Minimum Data Set.

Table 10A.48

Table 10A.48 Pre-anaesthetic consultations, public hospitals, NSW (a)

	<i>Unit</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
Hospitals reporting	no.	6	6	6
Reports	no.	11	6	9
Numerator (pre-anaesthetic consultations)	no.	6 400	2 858	7 800
Denominator (procedures)	no.	6 428	2 858	10 833
Consultation rate	per 100 procedures	99.56	100.0	72.0
Standard error (\pm)		1.0	0.8	17.2
National performance at 80th centile (consultation rate)	%	100	100	100
National performance at 20th centile (consultation rate)	%	92	93	32
Potential centile gains (consultations)	no.	27	-1	3 032
Change represented by potential gains	%	0.42	- 0.03	28
Potential outlier gains (consultations)	no.	–	–	–
Potential stratum gains (consultations)	no.	28	–	651

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

– Nil or rounded to zero.

Source: ACHS (unpublished).

Table 10A.49

Table 10A.49 Pre-anaesthetic consultations, public hospitals, Victoria (a)

	<i>Unit</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
Hospitals reporting	no.	4	np	np
Reports	no.	6	np	np
Numerator (pre-anaesthetic consultations)	no.	8 757	np	np
Denominator (procedures)	no.	9 660	np	np
Consultation rate	per 100 procedures	91	np	np
Standard error (\pm)		0.8	np	np
National performance at 80th centile (consultation rate)	%	100	np	np
National performance at 20th centile (consultation rate)	%	92	np	np
Potential centile gains (consultations)	no.	902	np	np
Change represented by potential gains	%	9.33	np	np
Potential outlier gains (consultations)	no.	–	np	np
Potential stratum gains (consultations)	no.	903	np	np

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

– Nil or rounded to zero. **np** Not published.

Source: ACHS (unpublished).

Table 10A.50

Table 10A.50

Episodes of *Staphylococcus aureus* (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA, 2009-10 (a)

<i>Infection rates</i>	<i>Unit</i>	<i>NSW (b), (c)</i>	<i>Vic (d)</i>	<i>Qld (e), (f)</i>	<i>WA</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (g)</i>
Methicillin resistant <i>Staphylococcus aureus</i>	rate per 10 000 patient days	0.4	0.3	0.3	0.2	0.2	–	0.3	0.7	np
Methicillin sensitive <i>Staphylococcus aureus</i>	rate per 10 000 patient days	0.7	0.9	0.8	0.8	0.9	1.0	0.9	1.3	np
Total	rate per 10 000 patient days	1.0	1.1	1.1	1.0	1.2	1.1	1.2	2.0	np
Number of infections										
Methicillin resistant <i>Staphylococcus aureus</i>	no.	109	79	90	28	29	1	9	19	np
Methicillin sensitive <i>Staphylococcus aureus</i>	no.	184	267	201	108	109	37	28	36	np
Total	no.	574	346	291	136	138	38	37	55	np
Coverage (h)		85	90	83	88	47	75	100	100	

(a) The SAB patient episodes were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). No denominator is available to describe the total admitted and non-admitted patient activity of public hospitals. However, the number of patient days for admitted patient activity is used as the denominator to take into account the large differences between the sizes of the public hospital sectors among the jurisdictions. The comparability of the SAB rates among jurisdictions and over time is limited because the count of patient days reflects the amount of admitted patient activity, but does not necessarily reflect the amount of non-admitted patient activity. The amount of hospital activity that patient days reflect varies among jurisdictions and over time because of variation in admission practices.

(b) Total SAB patient episodes and rates include data for the whole financial year; SAB patient episodes and rates for Methicillin sensitive *Staphylococcus aureus* (MSSA) only and Methicillin resistant *Staphylococcus aureus* (MRSA) are only for the period 1 January 2010 to 30 June 2010. MRSA only and MSSA only data are not available for the period 1 July 2009 to 31 December 2009.

(c) Data do not comply with the definition of SAB as used by the other jurisdictions, and are therefore not comparable (see Data Quality Statement for definition used).

(d) The denominator has been calculated by excluding rehabilitation beds. When the patient day data for a particular quarter were incomplete for a hospital, data from that quarter were excluded from both the numerator and denominator.

(e) Only includes patients 14 years of age and over.

(f) Coverage estimates are preliminary.

Table 10A.50

Episodes of *Staphylococcus aureus* (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA, 2009-10 (a)

<i>Unit</i>	<i>NSW (b), (c)</i>	<i>Vic (d)</i>	<i>Qld (e), (f)</i>	<i>WA</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (g)</i>
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(g) The calculation of an Australian total is not appropriate given that NSW data are not comparable with other jurisdictions.

(h) Number of patient days for hospitals included in the surveillance data as a proportion of total patient days for all public hospitals. The provision of 'acute' services varies among jurisdictions, so it is not possible to exclude 'non-acute' hospitals from the indicator in a way that would be uniform among the states and territories. Therefore all public hospitals have been included in the scope (and coverage) so that the same approach is taken for each State and Territory.

– Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished) sourced from state and territory healthcare-associated infection surveillance data.

Table 10A.51

Table 10A.51 Proportion of accredited beds in public hospitals (per cent) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total beds accredited by ACHS or other agency									
2004-05	95	100	97	93	98	83	100	100	96
2005-06	93	100	97	96	98	83	100	100	96
2006-07	85	100	94	100	97	83	100	100	93
2007-08	85	100	97	100	98	82	100	100	93
2008-09	95	100	98	100	98	80	100	100	97

(a) Accreditation status at 30 June. Where average available beds for various years were not available, bed numbers at 30 June were used.

Source: AIHW (various years), *Australian hospital statistics*, AIHW Cat. nos. HSE 41, 50, 55, 71 and 84 Canberra.

Table 10A.52

Table 10A.52 Separations for falls that occurred in a health care setting, 2008-09

	NSW	Vic	Qld	WA	SA	Tas (a)	ACT	NT	Aust
	Number								
Hospital sector									
Private	1 126	914	1 120	406	289	np	np	np	3 997
Public	5 431	3 760	2 255	1 359	972	np	np	np	14 400
Indigenous status (b)									
Indigenous	60	8	55	49	17	5	–	44	233
Other Australians (c)	6 497	4 666	3 320	1 716	1 244	366	284	66	17 509
Remoteness of residence (d)									
Major cities	4 624	3 200	2 023	1 276	933	np	246	np	12 306
Inner regional	1 436	1 125	773	239	140	261	np	np	4 001
Outer regional	422	338	473	158	136	101	13	64	1 705
Remote and Very remote	29	4	96	89	52	5	–	43	318
SEIFA of residence (e)									
Quintile 1	1 444	874	905	148	410	198	5	35	4 019
Quintile 2	1 902	853	537	390	261	33	27	9	4 012
Quintile 3	1 186	985	706	521	242	75	17	26	3 758
Quintile 4	758	947	798	288	200	63	68	34	3 156
Quintile 5	1 221	1 008	415	415	148	np	167	np	3 379
Total (f)	6 557	4 674	3 375	1 765	1 261	371	284	110	18 397
	Rate per 1000 separations								
Hospital sector									
Private	1.2	1.1	1.4	1.1	1.1	np	np	np	1.2
Public	3.6	2.7	2.6	2.9	2.6	np	np	np	2.9
Indigenous status (b)									
Indigenous	1.0	0.6	0.8	0.9	0.9	1.6	–	0.7	0.8
Other Australians (c)	2.8	2.1	2.0	2.2	2.0	2.4	2.3	1.5	2.3

Table 10A.52

Table 10A.52 Separations for falls that occurred in a health care setting, 2008-09

	NSW	Vic	Qld	WA	SA	Tas (a)	ACT	NT	Aust
Remoteness of residence (d)									
Major cities	2.7	2.0	2.0	2.2	2.0	np	2.3	np	2.2
Inner regional	2.8	2.5	2.0	2.3	2.1	2.7	np	np	2.5
Outer regional	2.6	2.9	1.9	2.0	1.7	2.1	2.4	1.4	2.2
Remote and Very remote	1.8	np	1.7	1.6	2.3	1.8	–	0.7	1.5
SEIFA of residence (e)									
Quintile 1	2.8	2.3	2.2	2.3	1.9	2.4	2.1	0.7	2.3
Quintile 2	3.0	2.3	1.9	2.3	2.0	2.6	3.0	0.8	2.5
Quintile 3	2.8	2.2	2.0	2.0	2.6	2.7	2.4	1.2	2.3
Quintile 4	2.3	1.9	2.0	2.0	1.9	2.5	1.6	2.0	2.0
Quintile 5	2.5	2.1	1.7	2.2	1.8	np	2.6	np	2.2
Total (f)	2.7	2.1	2.0	2.1	2.0	2.4	2.3	1.0	2.3

- (a) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.
- (b) Data for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT and Tasmania.
- (c) 'Other Australians' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.
- (d) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence.
- (e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.
- (f) Total includes separations for which a SEIFA category or remoteness area could not be assigned as the place of residence was unknown or not stated.

np Not published. – Nil or rounded to zero.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table 10A.53

Table 10A.53 Separations for intentional self-harm that occurred in a health care setting, 2008-09

	NSW	Vic	Qld	WA	SA	Tas (a)	ACT	NT	Aust
	Number								
Hospital sector									
Private	61	69	126	120	8	np	np	np	392
Public	195	96	192	194	48	np	np	np	770
Indigenous status (b)									
Indigenous	12	np	15	6	—	np	—	—	35
Other Australians (c)	244	np	303	308	56	np	31	4	1 078
Remoteness of residence (d)									
Major cities	171	125	232	233	38	—	np	np	826
Inner regional	56	25	53	34	5	np	np	—	193
Outer regional	17	13	27	32	8	np	np	np	102
Remote and Very remote	—	—	4	13	3	—	np	np	21
SEIFA of residence (e)									
Quintile 1	49	25	73	18	24	np	—	np	196
Quintile 2	70	18	35	54	11	np	np	—	194
Quintile 3	42	38	48	78	10	5	np	np	225
Quintile 4	31	35	89	75	np	5	9	np	250
Quintile 5	52	47	71	87	np	—	15	np	277
Total (f)	256	165	318	314	56	18	31	4	1 162
	Rate per 1000 separations								
Hospital sector									
Private	0.1	0.1	0.2	0.3	—	np	np	np	0.1
Public	0.1	0.1	0.2	0.5	0.1	np	np	np	0.2
Indigenous status (b)									
Indigenous	0.2	np	0.2	0.1	—	np	—	—	0.1
Other Australians (c)	0.1	np	0.2	0.4	0.1	np	0.3	np	0.2
Remoteness of residence (d)									

Table 10A.53

Table 10A.53 Separations for intentional self-harm that occurred in a health care setting, 2008-09

	NSW	Vic	Qld	WA	SA	Tas (a)	ACT	NT	Aust
Major cities	0.1	0.1	0.2	0.4	0.1	–	np	np	0.2
Inner regional	0.1	0.1	0.2	0.3	0.1	np	np	–	0.1
Outer regional	0.1	0.1	0.1	0.4	0.1	np	np	np	0.1
Remote and Very remote	–	–	np	0.3	np	–	np	np	0.1
SEIFA of residence (e)									
Quintile 1	0.1	0.1	0.2	0.3	0.1	np	–	np	0.1
Quintile 2	0.1	0.1	0.1	0.3	0.1	np	np	–	0.1
Quintile 3	0.1	0.1	0.2	0.3	0.1	0.2	np	np	0.1
Quintile 4	0.1	0.1	0.2	0.6	np	0.2	0.2	np	0.2
Quintile 5	0.1	0.1	0.3	0.5	np	–	0.2	np	0.2
Total (f)	0.1	0.1	0.2	0.4	0.1	0.1	0.3	np	0.2

(a) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.

(b) Data for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT and Tasmania.

(c) 'Other Australians' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

(d) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospital, regardless of the jurisdiction of usual residence.

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(f) Total includes separations for which a SEIFA category or remoteness area could not be assigned as the place of residence was unknown or not stated.

np Not published. – Nil or rounded to zero.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table 10A.54 Nursing workforce (includes midwives), by age group and region (a), (b), (c)

	<i>Unit</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
Nurses (registered and enrolled) in workforce						
Major cities	no.	159 662	159 880	na	174 206	176 935
Inner regional	no.	50 080	51 726	na	55 721	56 787
Outer regional	no.	22 287	23 699	na	24 479	25 354
Remote and very remote	no.	5 460	5 504	na	5 855	6 674
Total (c)	no.	253 592	254 956	na	277 297	283 087
Proportion of Nurses aged under 30						
Major cities	%	13.4	10.2	na	15.0	15.0
Inner regional	%	8.6	6.7	na	10.1	9.8
Outer regional	%	8.4	6.4	na	10.1	10.6
Remote and very remote	%	10.2	8.6	na	11.6	12.5
Total (c)	%	11.8	9.0	na	13.6	13.6
Proportion of Nurses aged 30 to 39						
Major cities	%	25.1	22.6	na	24.5	23.5
Inner regional	%	21.3	18.5	na	21.2	19.0
Outer regional	%	21.9	19.2	na	20.9	19.4
Remote and very remote	%	23.7	20.6	na	23.6	22.9
Total (c)	%	24.0	21.4	na	23.6	22.2
Proportion of Nurses aged 40 to 49						
Major cities	%	33.1	32.9	na	29.3	28.7
Inner regional	%	39.3	37.4	na	33.7	32.6
Outer regional	%	38.2	37.4	na	33.2	32.8
Remote and very remote	%	34.4	34.9	na	31.4	29.3
Total (c)	%	34.8	34.3	na	30.4	29.7
Proportion of Nurses aged 50 to 59						
Major cities	%	22.8	26.9	na	24.1	25.4
Inner regional	%	25.0	30.0	na	28.0	30.6
Outer regional	%	24.9	29.5	na	27.6	29.1
Remote and very remote	%	25.3	28.2	na	26.7	27.5
Total (c)	%	23.5	27.8	na	25.2	26.8
Proportion of Nurses aged 60+						
Major cities	%	5.6	7.4	na	7.0	7.5
Inner regional	%	5.8	7.3	na	7.0	8.0
Outer regional	%	6.6	7.7	na	8.2	8.1
Remote and very remote	%	6.3	7.7	na	6.7	7.9
Total (d)	%	5.9	7.5	na	7.2	7.7

(a) Nurses are allocated to a region based on postcode of main job. Region is based on Australian Standard Geographical Classification (ASGC) — Remoteness Areas.

(b) Includes registered and enrolled nurses (including midwives) who are employed in nursing, on extended leave and looking for work in nursing.

(c) Percentages are the percentage of those within a region for each age group.

(d) Total includes 'not stated' for ASGC Remoteness Areas.

na Not available.

Source: AIHW Nursing and Midwifery Labour Force Surveys (unpublished)

Table 10A.55

Table 10A.55 Nursing workforce (includes midwives), by age group (a)

	Unit	NSW	Vic (b)	Qld (c)	WA (d)	SA	Tas	ACT	NT (e)
2004									
Nurses (registered and enrolled) in workforce									
	Nurses aged under 30	12.6	14.3	9.4	8.1	11.4	6.9	8.0	14.6
	Nurses aged 30 to 39	24.0	25.5	24.1	21.2	23.7	19.5	20.2	27.5
	Nurses aged 40 to 49	35.4	33.1	33.8	35.8	38.2	38.0	36.7	30.6
	Nurses aged 50 to 59	22.4	22.1	25.0	27.0	22.5	28.4	28.9	23.6
	Nurses aged 60+	5.6	5.0	7.7	7.9	4.2	7.3	6.2	3.7
	Total nurses in workforce	79 293	70 986	42 690	23 895	23 836	6 347	4 048	2 496
2005									
Nurses (registered and enrolled) in workforce									
	Nurses aged under 30	12.7	7.4	5.9	6.1	10.1	8.7	8.5	na
	Nurses aged 30 to 39	23.9	21.1	18.9	18.2	22.1	19.1	20.2	na
	Nurses aged 40 to 49	33.9	33.2	35.1	34.5	37.0	36.1	34.6	na
	Nurses aged 50 to 59	23.8	29.6	30.7	31.9	25.5	29.2	30.2	na
	Nurses aged 60+	5.7	8.6	9.5	9.2	5.2	6.9	6.5	na
	Total nurses in workforce	77 075	72 153	42 973	23 839	24 279	6 823	4 284	na
2006 (f)									
Nurses (registered and enrolled) in workforce									
	Nurses aged under 30	na	na	na	na	na	na	na	na
	Nurses aged 30 to 39	na	na	na	na	na	na	na	na
	Nurses aged 40 to 49	na	na	na	na	na	na	na	na
	Nurses aged 50 to 59	na	na	na	na	na	na	na	na
	Nurses aged 60+	na	na	na	na	na	na	na	na
	Total nurses in workforce	na	na	na	na	na	na	na	na

Table 10A.55

Table 10A.55 Nursing workforce (includes midwives), by age group (a)

	Unit	NSW	Vic (b)	Qld (c)	WA (d)	SA	Tas	ACT	NT (e)	
2007										
Nurses (registered and enrolled) in workforce										
	Nurses aged under 30	%	14.6	15.5	13.3	9.8	8.8	10.8	12.8	17.6
	Nurses aged 30 to 39	%	25.5	24.0	23.6	21.0	20.6	17.5	23.5	23.5
	Nurses aged 40 to 49	%	28.6	29.2	31.5	33.0	34.3	34.1	32.6	27.8
	Nurses aged 50 to 59	%	24.5	24.2	24.2	27.8	28.9	29.1	26.1	25.0
	Nurses aged 60+	%	6.8	7.1	7.4	8.5	7.4	8.4	4.9	6.2
	Total nurses in workforce	no.	81 606	79 279	51 436	25 047	24 952	7 329	4 413	3 234
2008										
Nurses (registered and enrolled) in workforce										
	Nurses aged under 30	%	14.1	14.5	13.4	12.4	11.8	10.2	11.7	16.9
	Nurses aged 30 to 39	%	22.2	22.9	23.0	21.3	21.3	16.9	22.4	24.2
	Nurses aged 40 to 49	%	28.5	28.6	31.3	30.4	32.4	32.8	30.1	28.0
	Nurses aged 50 to 59	%	27.8	26.1	24.8	27.3	27.8	30.6	28.7	24.8
	Nurses aged 60+	%	7.5	7.9	7.5	8.6	6.7	9.5	7.1	6.1
	Total nurses in workforce	no.	82 450	77 958	51 249	27 858	27 017	7 570	4 632	4 353

(a) Includes registered and enrolled nurses in the workforce: those who are employed in nursing, on extended leave and looking for work in nursing.

(b) Estimates for 2005 are derived from responses to the 2006 AIHW Nursing and Midwifery Labour Force Survey, weighted to 2005 registration and enrolment benchmarks. For 2008, Victorian data was affected by large numbers of online survey records not being able to be used for technical reasons. Estimates for 2007 and 2008 should be treated with caution due to low response rate (39.9 per cent and 33.3 per cent).

(c) Estimates for 2007 and 2008 should be treated with caution due to low response rate (33.9 per cent and 32.9 per cent respectively).

(d) Estimates for 2005, 2007 and 2008 should be treated with caution due to low response rates (26.9 per cent, 36.7 per cent and 34.4 per cent respectively).

Table 10A.55

Table 10A.55 **Nursing workforce (includes midwives), by age group (a)**

<i>Unit</i>	<i>NSW</i>	<i>Vic (b)</i>	<i>Qld (c)</i>	<i>WA (d)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>
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(e) Estimates for 2004, 2007 and 2008 should be treated with caution due to low response rates (35.1 per cent, 28.7 per cent and 34.9 per cent respectively). Estimates for 2005 are not separately published due to very low response rate (13.7 per cent) in that jurisdiction to the AIHW Nursing and Midwifery Labour Force Survey. Data for the NT are affected by the transient nature of the nursing labour force in that jurisdiction. According to the Nursing Board Annual Report, approximately one-third of all nurses do not re-register each year, primarily because they no longer practise in the jurisdiction. There has been some variation across years in the degree to which nurses who are interstate have been removed from the renewal process and hence the survey.

(f) Data for 2006 are not available.

na Not available.

Source: AIHW Nursing and Midwifery Labour Force Surveys (unpublished)

Table 10A.56

Table 10A.56 **Medical practitioner workforce, by age group and region (a), (b), (c)**

	<i>Unit</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
Medical practitioners in workforce						
Major cities	no.	45 994	47 632	49 835	50 981	52 877
Inner regional	no.	7 471	7 577	7 816	8 141	8 686
Outer regional	no.	2 710	2 993	3 061	3 258	3 516
Remote and very remote (d)	no.	582	711	886	1 001	867
Total (e)	no.	59 004	61 165	63 688	68 812	70 431
Medical practitioners under 30						
Major cities	%	11.0	12.4	10.2	10.2	11.1
Inner regional	%	9.3	8.8	7.4	8.2	8.1
Outer regional	%	7.5	7.9	8.8	7.1	8.0
Remote and very remote (d)	%	5.8	8.4	13.0	9.6	5.9
Total (e)	%	10.6	11.6	9.8	9.7	10.4
Medical practitioners aged 30 to 39						
Major cities	%	26.3	26.4	25.7	27.1	27.2
Inner regional	%	21.0	21.1	21.1	22.3	22.2
Outer regional	%	24.1	24.6	22.6	24.7	26.8
Remote and very remote (d)	%	29.7	29.7	30.1	29.9	30.0
Total (e)	%	25.7	25.8	25.0	26.3	26.4
Medical practitioners aged 40 to 49						
Major cities	%	27.5	27.0	27.0	26.2	25.9
Inner regional	%	32.4	31.7	29.8	29.0	27.7
Outer regional	%	30.9	30.7	30.3	30.0	28.1
Remote and very remote (d)	%	28.7	29.0	27.2	28.8	32.4
Total (e)	%	28.0	27.6	27.4	26.7	26.2
Medical practitioners aged 50 to 59						
Major cities	%	20.8	20.3	21.1	20.4	20.4
Inner regional	%	24.0	25.4	26.9	25.6	26.7
Outer regional	%	22.5	22.2	23.6	24.0	22.5
Remote and very remote (d)	%	20.8	19.7	16.3	18.7	19.4
Total (e)	%	21.1	20.9	21.7	21.0	21.3
Medical practitioners aged 60+						
Major cities	%	14.4	13.8	16.0	16.1	15.4
Inner regional	%	13.3	13.1	14.8	14.8	15.2
Outer regional	%	14.9	14.7	14.7	14.3	14.6
Remote and very remote (d)	%	15.1	13.1	13.4	13.1	12.3
Total (e)	%	14.7	14.0	16.0	16.2	15.7

(a) Medical practitioners are allocated to a region based on postcode of main job. Region is based on 2006 version Australian Standard Geographical Classification (ASGC) — Remoteness Areas.

(b) Includes employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine.

(c) Percentages are the percentage of those within a region for each age group.

Table 10A.56 **Medical practitioner workforce, by age group and region (a), (b), (c)**

	<i>Unit</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
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(d) Remote and very remote areas includes Migratory areas. Estimates for remote and very remote areas should be treated with caution due to the relatively small number of medical practitioners used to produce these estimates.

(e) Total includes 'not stated' for ASGC Remoteness Areas.

Source: AIHW Medical Labour Force Surveys (unpublished)

Table 10A.57

Table 10A.57 **Medical practitioner workforce, by age group (a)**

	<i>Unit</i>	<i>NSW (b)</i>	<i>Vic (c)</i>	<i>Qld (d)</i>	<i>WA (e)</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT (g)</i>
2004									
Medical practitioners in workforce									
Medical practitioners under 30	%	11.3	13.1	7.8	8.0	9.2	5.6	6.8	13.1
Medical practitioners aged 30 to 39	%	26.7	25.9	24.4	23.5	27.6	17.6	21.7	32.8
Medical practitioners aged 40 to 49	%	26.3	27.5	30.7	29.2	28.5	32.1	33.3	27.5
Medical practitioners aged 50 to 59	%	20.3	20.2	22.3	21.8	21.6	27.6	25.5	17.8
Medical practitioners aged 60+	%	15.4	13.4	14.8	17.5	13.0	17.2	12.6	8.8
Total Medical practitioners in workforce	no.	21 406	15 757	8 718	4 895	5 011	1 416	1 302	497
2005									
Medical practitioners in workforce									
Medical practitioners under 30	%	13.6	14.4	6.5	8.8	8.7	4.5	6.7	19.9
Medical practitioners aged 30 to 39	%	26.7	26.5	24.4	23.2	27.8	17.4	21.1	34.0
Medical practitioners aged 40 to 49	%	26.0	27.3	30.5	28.4	27.6	32.6	33.2	22.6
Medical practitioners aged 50 to 59	%	19.9	19.4	22.8	22.3	21.8	28.5	26.1	15.6
Medical practitioners aged 60+	%	13.8	12.4	15.8	17.3	14.1	17.0	13.0	7.9
Total Medical practitioners in workforce	no.	22 015	16 085	9 474	4 990	5 006	1 481	1 381	732
2006									
Medical practitioners in workforce									
Medical practitioners under 30	%	9.1	13.3	7.1	9.5	8.3	4.2	6.7	18.5
Medical practitioners aged 30 to 39	%	25.1	26.0	23.5	23.6	26.7	18.9	25.1	33.1
Medical practitioners aged 40 to 49	%	26.4	26.1	29.9	28.3	28.3	30.4	28.8	26.9
Medical practitioners aged 50 to 59	%	22.0	20.2	23.6	21.3	21.4	28.4	23.6	14.7
Medical practitioners aged 60+	%	17.4	14.3	15.8	17.3	15.3	18.0	15.8	6.9
Total Medical practitioners in workforce	no.	21 656	16 900	9 937	6 378	5 178	1 384	1 364	891

Table 10A.57

Table 10A.57 **Medical practitioner workforce, by age group (a)**

	<i>Unit</i>	<i>NSW (b)</i>	<i>Vic (c)</i>	<i>Qld (d)</i>	<i>WA (e)</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT (g)</i>
2007									
Medical practitioners in workforce									
Medical practitioners under 30	%	9.2	11.9	7.6	12.0	8.8	4.2	4.7	13.9
Medical practitioners aged 30 to 39	%	24.4	26.2	28.0	27.4	27.5	19.4	37.1	28.9
Medical practitioners aged 40 to 49	%	26.4	25.6	28.5	26.3	26.7	28.0	28.2	29.1
Medical practitioners aged 50 to 59	%	22.4	19.7	21.0	19.9	21.1	28.7	16.4	16.4
Medical practitioners aged 60+	%	17.5	16.6	14.9	14.3	16.1	19.7	13.6	11.7
Total Medical practitioners in workforce	no.	21 530	17 515	12 436	7 758	5 526	1 638	1 486	924
2008									
Medical practitioners in workforce									
Medical practitioners under 30	%	11.2	11.9	5.1	13.3	9.6	4.1	20.9	14.0
Medical practitioners aged 30 to 39	%	24.2	26.7	28.6	28.1	27.6	18.5	27.3	32.8
Medical practitioners aged 40 to 49	%	26.0	25.7	27.8	26.4	25.2	27.6	23.1	25.6
Medical practitioners aged 50 to 59	%	21.9	20.5	22.3	19.0	20.6	29.3	18.6	16.8
Medical practitioners aged 60+	%	16.6	15.1	16.2	13.2	17.1	20.6	10.1	10.8
Total Medical practitioners in workforce	no.	21 958	17 813	13 571	6 995	5 791	1 607	1 830	865

(a) Includes employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine.

(b) Estimates based on responses to the Medical Labour Force Survey weighted to financial registrants holding general, conditional specialist, limited prescribing and referring or non-practising registration.

(c) Estimates for 2007 and 2008 are based on survey responses from general, specific and provisional registered medical practitioners responses, weighted to all registered medical practitioners.

(d) Estimates for 2007 and 2008 are derived from responses to the Medical Labour Force Survey weighted to all registrants excluding some conditional registration types. From 2004 to 2006, responses to annual Medical Labour Force Surveys were weighted to general registrants and conditionally registered specialists only.

Table 10A.57

Table 10A.57 **Medical practitioner workforce, by age group (a)**

	<i>Unit</i>	NSW (b)	Vic (c)	Qld (d)	WA (e)	SA	Tas (f)	ACT	NT (g)
(e)	Estimates for 2006, 2007 and 2008, the scope was consistent, that is, the survey population and the benchmark figures are based on general and conditional registrants. For 2004 and 2005, the survey was administered to both general and conditional registrants but benchmark figures were for general registrants only. For 2008 the benchmark used was the total number of registered practitioners in 2008 using 2007 age by sex proportions. Estimates for 2007 and 2008, the benchmark data includes a significant number of registered medical practitioners that were no longer active in the workforce. This inflated the perception of the medical labour force in WA. It is also unknown how significantly past years have been affected. Care should be taken when interpreting these figures.								
(f)	Estimates are based on responses to the AIHW Medical Labour Force Survey weighted to general registrants, conditionally registered specialists and non-practising practitioners only.								
(g)	Estimates for 2005, 2006 and 2007 should be treated with caution due to the low response rate (31.8 per cent, 28.6 per cent and 27.1 per cent respectively). Estimates for 2007 are derived from responses to the 2007 Medical Labour Force Survey weighted to 2007 number of registered practitioners using 2008 age by sex proportions. Estimates for 2006 derived from responses to the 2007 Medical Labour Force Survey weighted to 2006 number of registered practitioners by age and sex. Estimates for 2005 derived from responses to the 2004 Medical Labour Force Survey weighted to 2005 number of registered practitioners by age and sex. Care should be taken when interpreting these figures.								

Source : AIHW Medical Labour Force Surveys (unpublished)

Table 10A.58

Table 10A.58 Recurrent cost per casemix-adjusted separation, selected public acute hospitals 2008-09 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)	Aust
Total separations (c)	'000	1 506	1 337	883	467	374	95	90	95	4 847
Acute separations (d)	'000	1 427	1 300	826	435	342	90	84	94	4 598
Proportion of separations not acute	%	5.2	2.8	6.5	6.9	8.6	5.3	6.7	1.1	5.1
Average cost weight (e)	no.	1.07	0.98	1.01	0.97	1.11	1.04	1.00	0.70	1.02
Casemix-adjusted separations (f)	'000	1 611	1 310	892	453	415	99	90	67	4 944
Total admitted patient days (c)	'000	6 114	4 037	3 073	1 647	1 594	394	293	270	17 423
Admitted patient days for acute patients	'000	4 975	3 531	2 404	1 253	1 144	291	224	253	14 075
Proportion of bed days not acute	%	18.6	12.5	21.8	23.9	28.2	26.1	23.5	6.3	19.2
Total recurrent expenditure	\$m	10 209	7 912	5 755	3 258	2 467	693	586	443	31 323
Admitted patient cost proportion (g)		0.69	0.71	0.70	0.69	0.70	0.69	0.68	0.80	0.70
Total admitted patient recurrent expenditure	\$m	7 062	5 675	4 005	2 269	1 761	467	399	354	21 993
Public patient day proportion (h)		na	na	na	na	na	na	na	na	na
Newborn episodes with no qualified days	'000	na	na	na	na	na	na	na	na	na
Relative stay index (i)		1.10	0.90	1.00	1.00	1.00	1.00	0.90	1.20	1.00
<i>Average cost data for selected included hospitals</i>										
<i>Non-medical labour costs per casemix-adjusted separation</i>										
Nursing	\$	1 184	1 200	1 154	1 164	1 094	1 194	1 238	1 541	1 180
Diagnostic/allied health (j)	\$	317	370	294	338	222	308	299	334	321
Administrative	\$	314	291	296	381	253	271	320	335	305
Other staff	\$	206	218	304	312	135	275	139	398	233
Superannuation	\$	232	232	270	244	215	280	327	245	242
Total non-medical labour costs	\$	2 253	2 310	2 318	2 440	1 920	2 328	2 322	2 854	2 281

Table 10A.58

Table 10A.58 Recurrent cost per casemix-adjusted separation, selected public acute hospitals 2008-09 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)	Aust
<i>Other recurrent costs per casemix-adjusted separation</i>										
Domestic services	\$	125	101	115	110	97	95	169	138	114
Repairs/maintenance	\$	86	81	98	118	90	89	56	133	90
Medical supplies (j)	\$	409	387	478	336	308	571	395	363	403
Drug supplies	\$	221	237	232	262	199	270	129	236	229
Food supplies	\$	43	47	33	33	27	47	17	43	40
Administration	\$	206	256	240	197	52	228	273	244	214
Other	\$	77	154	26	156	351	215	145	386	126
Total other recurrent costs	\$	1 166	1 263	1 222	1 212	1 124	1 516	1 184	1 544	1 215
Total excluding medical labour costs	\$	3 419	3 573	3 540	3 652	3 044	3 844	3 506	4 398	3 496
<i>Medical labour costs per casemix-adjusted separation</i>										
Public patients										
Salaried/sessional staff	\$	546	616	806	847	664	634	698	848	658
Visiting medical officer payments	\$	228	66	79	161	196	146	247	62	146
Private patients (estimated) (k)	\$	260	124	81	182	170	192	173	54	171
Total medical labour costs	\$	1 035	807	966	1 190	1 030	972	1 118	964	974
Total labour costs (medical + non-medical)	\$	3 288	3 117	3 284	3 630	2 950	3 300	3 440	3 818	3 255
Total recurrent cost per casemix-adjusted separation	\$	4 454	4 380	4 507	4 842	4 074	4 817	4 624	5 361	4 471
Experimental estimates of recurrent cost per casemix-adjusted acute non-psychiatric separations (l)	\$	4 629	3 896	na	4 856	na	na	na	na	na

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

(b) These figures should be interpreted in conjunction with the consideration of cost disabilities associated with hospital service delivery in the NT.

Table 10A.58

Table 10A.58 Recurrent cost per casemix-adjusted separation, selected public acute hospitals 2008-09 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)	Aust
(c)	Excludes separations for which the care type was reported as newborn with no qualified days, and records for hospital boarders and posthumous organ procurement.									
(d)	Separations for which the care type was reported as acute and unspecified and newborn episodes of care with qualified days.									
(e)	Average cost weight from the National Hospital Cost Data Collection, using the 2005-06 AR-DRG version 5.1 cost weights for separations for which the care type was reported as acute, newborn with at least one qualified day or was not reported.									
(f)	Casemix-adjusted separations are the product of total separations and average cost weight.									
(g)	Of the selected hospitals, three small hospitals had their admitted patient cost proportion estimated by the Health and Allied Services Advisory Council ratio. Admitted patient cost proportion was previously called the inpatient fraction.									
(h)	Eligible public patient days as a proportion of total patient days, excluding newborns with no qualified days. Public patients defined by patient election status equal to public.									
(i)	Relative stay index based on public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. Relative stay index based on AR-DRG version 5.1.									
(j)	Queensland pathology services are purchased from the statewide pathology service rather than being provided by each hospital's employees resulting in higher medical supplies costs and lower diagnostic staff costs.									
(k)	Estimated private patient medical costs calculated as the sum of salary/sessional and visiting medical officer payments divided by the number of public patient days multiplied by the number of private patient days. This is a notional estimate of the medical costs for all non-public patients, including those self funded and those funded by private health insurance, compensation and the Department of Veterans' Affairs.									
(l)	Estimates relate to a subset of the selected public hospitals only. This subset excludes hospitals where the inpatient fraction was equal to the acute inpatient fraction and more than 1000 non-acute patient days were recorded. Also excludes hospitals where the apparent cost of non-acute patients exceeded \$1000 per day and more than \$1 000 000 of apparent expenditure on non-acute patients days was reported. These data are provided by states and territories on a voluntary basis.									
	na Not available.									

Source: AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.59

Table 10A.59 **Costs and utilisation by hospital peer group, public hospitals, 2008-09 (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Principal referral: major cities (>20 000 acute weighted separations) and regional (>16 000 acute weighted separations)										
Number of hospitals	no.	26	18	16	4	4	2	2	2	74
Separations per hospital (b)	no.	37 129	56 360	40 489	54 613	50 887	40 163	44 935	40 051	44 594
AR-DRGs (5+) per hospital (c)	no.	434	396	381	443	495	485	447	396	398
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		1.11	1.01	1.05	1.08	1.20	1.02	1.00	0.74	1.06
Relative stay index (f)		1.10	0.90	0.98	1.06	1.06	1.01	0.86	1.22	1.01
Cost per casemix adjusted separation	\$	4 432	4 374	4 519	4 836	4 023	4 713	4 624	5 287	4 455
Specialist women's and children's (>10 000 acute weighted separations)										
Number of hospitals	no.	3	2	3	2	1	—	—	—	11
Separations per hospital (b)	no.	17 779	28 624	15 211	20 295	30 164	..	..	..	20 634
AR-DRGs (5+) per hospital (c)	no.	235	238	203	198	313	..	..	..	227
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		1.27	1.30	1.24	1.23	1.15	..	..	..	1.25
Relative stay index (f)		1.14	0.97	0.97	1.06	np	..	..	..	1.05
Cost per casemix adjusted separation	\$	5 082	5 166	5 339	4 932	np	..	..	..	5 087
Total principal referral and specialist women's and children's										
Number of hospitals	no.	29	20	19	6	5	2	2	2	85
Separations per hospital (b)	no.	35 127	53 586	36 498	43 174	46 742	40 163	44 935	40 051	41 493
AR-DRGs (5+) per hospital (c)	no.	423	314	386	387	459	485	447	396	380
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		1.12	1.02	1.07	1.10	1.19	1.02	1.00	0.74	1.07
Relative stay index (f)		1.10	0.91	0.98	1.06	1.07	1.01	0.86	1.22	1.01
Cost per casemix adjusted separation	\$	4 465	4 426	4 579	4 852	4 124	4 713	4 624	5 287	4 501

Table 10A.59

Table 10A.59 Costs and utilisation by hospital peer group, public hospitals, 2008-09 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Large major cities (>10 000 acute weighted separations)										
Number of hospitals	no.	9	2	2	2	2	—	—	—	17
Separations per hospital (b)	no.	14 044	16 595	19 539	20 196	16 412	..	..	..	15 993
AR-DRGs (5+) per hospital (c)	no.	286	117	274	284	299	..	..	..	253
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		1.12	0.87	0.83	0.76	1.24	..	..	..	1.00
Relative stay index (f)		1.01	0.90	0.85	0.93	0.99	..	..	..	0.97
Cost per casemix adjusted separation	\$	3 969	4 198	3 316	4 396	3 903	..	..	..	3 968
Large regional (>8 000 acute weighted separations) and remote (>5 000 acute weighted separations)										
Number of hospitals	no.	5	7	2	3	—	1	—	—	18
Separations per hospital (b)	no.	12 754	14 576	12 068	15 979	..	9 061	..	..	13 719
AR-DRGs (5+) per hospital (c)	no.	279	228	252	283	..	262	..	..	243
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		0.90	0.84	0.81	0.78	..	1.28	..	..	0.86
Relative stay index (f)		0.98	0.95	0.90	0.92	..	np	..	..	0.95
Cost per casemix adjusted separation	\$	5 046	3 909	4 324	4 126	..	np	..	..	4 383
Total large hospitals										
Number of hospitals	no.	14	9	4	5	2	1	—	—	35
Separations per hospital (b)	no.	13 583	15 025	15 803	17 665	16 412	9 061	..	..	14 823
AR-DRGs (5+) per hospital (c)	no.	283	208	263	283	299	262	..	..	259
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		1.04	0.85	0.82	0.77	1.24	1.28	..	..	0.93
Relative stay index (f)		1.00	0.94	0.87	0.93	0.99	np	..	..	0.97
Cost per casemix adjusted separation	\$	4 283	3 946	3 693	4 248	3 903	np	..	..	4 156

Table 10A.59

Table 10A.59 **Costs and utilisation by hospital peer group, public hospitals, 2008-09 (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Medium (5000 to 10 000 acute weighted separations)										
Number of hospitals	no.	13	4	3	6	4	—	—	—	30
Separations per hospital (b)	no.	8 149	9 000	8 875	10 059	8 958	..	..	..	8 825
AR-DRGs (5+) per hospital (c)	no.	166	206	201	173	199	..	..	..	172
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		0.95	0.72	0.69	0.81	0.83	..	..	..	0.85
Relative stay index (f)		0.98	0.93	0.66	0.93	0.92	..	..	..	0.93
Cost per casemix adjusted separation	\$	4 150	3 979	3 455	5 114	3 951	..	..	..	4 260
Medium (2000 to 5000 acute weighted separations)										
Number of hospitals	no.	23	13	9	2	9	—	—	—	56
Separations per hospital (b)	no.	3 675	4 097	3 769	3 365	3 477	..	..	..	3 745
AR-DRGs (5+) per hospital (c)	no.	123	111	127	121	131	..	..	..	122
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		0.80	0.69	0.79	0.80	0.87	..	..	..	0.78
Relative stay index (f)		1.13	1.04	0.87	0.91	0.90	..	..	..	1.02
Cost per casemix adjusted separation	\$	4 820	4 193	4 381	5 354	3 398	..	..	..	4 362
Total medium										
Number of hospitals	no.	36	17	12	8	13	—	—	—	86
Separations per hospital (b)	no.	5 291	5 250	5 046	8 386	5 163	..	..	..	5 517
AR-DRGs (5+) per hospital (c)	no.	150	133	145	160	154	..	..	..	148
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		0.88	0.70	0.74	0.81	0.85	..	..	..	0.82
Relative stay index (f)		1.05	0.99	0.79	0.93	0.91	..	..	..	0.97

Table 10A.59

Table 10A.59 **Costs and utilisation by hospital peer group, public hospitals, 2008-09 (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Cost per casemix adjusted separation	\$	4 434	4 098	4 003	5 138	3 696	..	..	..	4 315
Small regional acute (<2000 acute weighted separations and less than 40 per cent not acute or outlier bed days)										
Number of hospitals	no.	43	21	21	4	12	5	—	—	106
Separations per hospital (b)	no.	1 120	993	1 167	1 363	1 037	468	..	..	1 073
AR-DRGs (5+) per hospital (c)	no.	48	37	53	63	50	20	..	..	46
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		0.79	0.77	0.74	0.80	0.84	0.89	..	..	0.78
Relative stay index (f)		1.07	1.25	0.88	1.14	1.01	1.67	..	..	1.08
Cost per casemix adjusted separation	\$	4 787	5 277	3 850	5 640	5 067	4 481	..	..	4 754
Remote acute (<5000 acute weighted separations)										
Number of hospitals	no.	5	—	17	11	3	1	—	3	40
Separations per hospital (b)	no.	826	..	736	2 263	1 786	397	..	5 085	1 564
AR-DRGs (5+) per hospital (c)	no.	36	..	43	85	67	22	..	104	54
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		0.67	..	0.77	0.79	0.85	0.78	..	0.52	0.72
Relative stay index (f)		0.96	..	1.05	0.88	0.92	np	..	1.01	0.95
Cost per casemix adjusted separation	\$	7 686	..	6 815	5 804	3 309	np	..	5 912	5 897
Total small acute										
Number of hospitals	no.	48	21	38	15	15	6	—	3	146
Separations per hospital (b)	no.	1 089	993	974	2 023	1 187	456	..	5 085	1 208
AR-DRGs (5+) per hospital (c)	no.	47	37	44	79	53	21	..	104	49
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		0.78	0.77	0.75	0.79	0.84	0.88	..	0.52	0.76
Relative stay index (f)		1.07	1.25	0.94	0.93	0.98	1.59	..	1.01	1.04
Cost per casemix adjusted separation	\$	4 991	5 277	4 883	5 784	4 531	4 355	..	5 912	5 162

Total hospitals in cost per casemix adjusted separation analysis

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Table 10A.59

Table 10A.59 **Costs and utilisation by hospital peer group, public hospitals, 2008-09 (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Number of hospitals	no.	127	67	73	34	35	9	2	5	352
Separations per hospital (b)	no.	11 430	19 658	11 702	13 082	10 042	10 236	44 935	19 071	13 342
AR-DRGs (5+) per hospital (c)	no.	226	173	209	227	241	256	447	250	209
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		1.07	0.98	1.01	0.97	1.11	1.04	1.00	0.70	1.02
Relative stay index (f)		1.10	0.90	1.00	1.00	1.00	1.00	0.90	1.20	1.00
Cost per casemix adjusted separation	\$	4 454	4 380	4 507	4 842	4 074	4 817	4 624	5 361	4 471
Small non-acute (<2000 acute weighted separations more than 40 per cent not acute or outlier bed days)										
Number of hospitals	no.	59	15	28	43	25	5	1	—	176
Separations per hospital (b)	no.	630	892	871	419	588	244	na	..	618
Total expenditure	\$'000	441 171	89 169	128 205	190 481	124 835	18 654	np	..	995 447
Multi-purpose service										
Number of hospitals	no.	18	9	9	39	2	2	—	—	79
Separations per hospital (b)	no.	284	550	617	250	835	101	..	..	345
Total expenditure	\$'000	57 631	44 390	36 542	71 844	7 677	6 245	..	..	224 329
Hospice										
Number of hospitals	no.	—	—	—	—	—	1	—	—	1
Separations per hospital (b)	no.	..	..	..	..	..	266	..	..	266
Total expenditure	\$'000	..	..	..	..	..	np	..	..	np
Rehabilitation										
Number of hospitals	no.	5	—	—	1	2	—	—	—	8
Separations per hospital (b)	no.	423	..	..	4 755	981	..	..	..	1 104
Total expenditure	\$'000	98 697	..	..	np	47 563	..	..	..	np

Table 10A.59

Table 10A.59 **Costs and utilisation by hospital peer group, public hospitals, 2008-09 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Mothercraft										
Number of hospitals	no.	3	2	1	–	–	–	1	–	7
Separations per hospital (b)	no.	1 970	2 086	1 754	..	..	..	na	..	1 691
Total expenditure	\$'000	19 168	10 185	np	..	..	..	np	..	36 262
Other non-acute										
Number of hospitals	no.	12	–	–	–	–	–	–	–	12
Separations per hospital (b)	no.	866	..	..	..	..	..	..	..	866
Total expenditure	\$'000	153 346	..	..	..	..	..	..	..	153 346
Total non-acute										
Number of hospitals	no.	59	15	28	43	25	5	1	–	176
Separations per hospital (b)	no.	630	892	871	419	588	244	na	..	618
Total expenditure	\$'000	np	np	np	np	np	np	np	np	np
Psychiatric (g)										
Number of hospitals	no.	8	1	4	1	2	3	–	–	19
Separations per hospital (b)	no.	744	492	102	1 462	1 070	144	..	..	573
Total expenditure	\$'000	210 814	np	112 544	np	116 552	14 990	..	..	577 027
Unpeered and other acute (includes hospitals with fewer than 200 separations)										
Number of hospitals	no.	33	12	65	16	18	11	–	–	155
Separations per hospital (b)	no.	342	496	66	198	297	102	..	..	201
Total expenditure	\$'000	189 154	76 301	75 924	80 278	33 909	18 114	..	..	473 680
Total										
Number of hospitals used in this analysis	no.	227	95	170	94	80	28	2	5	702
Average beds per hospital (h)	no.	87	86	64	57	61	46	292	121	75
Number of hospitals	no.	227	149	170	94	80	28	3	5	756
Separations per hospital	no.	6 634	14 177	5 196	4 973	4 682	3 389	na	19 071	6 920
Total expenditure	\$'000	10 208 851	7 912 293	5 754 650	3 258 180	2 466 883	693 156	586 093	442 788	31 322 893

Table 10A.59

Table 10A.59 **Costs and utilisation by hospital peer group, public hospitals, 2008-09 (a)**

Teaching (excluding psychiatric)	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Number of hospitals	no.	20	5	22	6	8	3	2	2	68
Separations per hospital (b)	no.	39 769	27 963	31 564	38 739	35 003	29 796	44 935	40 051	35 315
AR-DRGs (5+) per hospital (c)	no.	421	237	358	335	385	410	447	396	375
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		1.15	1.15	1.07	1.15	1.17	1.04	1.00	0.74	1.11
Relative stay index (f)		1.12	0.99	0.98	1.07	1.05	1.02	0.86	1.22	1.05
Cost per casemix adjusted separation	\$	4 475	4 972	4 636	5 107	4 108	4 830	4 624	5 287	4 600

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

(b) Separations for which the care type was reported as newborn with no qualified days, and records for hospital boarders and posthumous organ procurement have been excluded.

(c) The number of different version 5.1 AR-DRGs provided by a hospital for which there were at least five acute separations.

(d) Expenditure and cost per casemix adjusted separation data exclude depreciation.

(e) Average cost weight from the National Hospital Cost Data Collection, based on acute and unspecified separations and Newborn episodes of care with qualified days, using the 2006-07 AR-DRG version 5.1 cost weights.

(f) Relative stay index based on observed vs expected length of stay based on age and AR-DRG Version 5.1, public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group.

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

(h) Calculated by dividing total number of available beds across all hospitals by total number of hospitals.

na Not available. .. Not applicable. **np** Not published. – Nil or rounded to zero.

Source: AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.60

Table 10A.60 Capital cost per casemix-adjusted separation — indicative estimates for inpatient services at major public acute hospitals, 2008-09 (a), (b), (c)

	Unit	NSW	Vic (d)	Qld	WA (d)	SA	Tas	ACT	NT (e)	Aust
Land										
Asset value at 30 June	\$m	1 630	na	646	383	282	36	25	12	3 015
User cost of capital	\$m	130	na	52	31	23	3	2	1	241
Casemix-adjusted separations	'000	1 611	1 310	892	453	415	99	90	67	4 944
Inpatient fraction		0.69	0.71	0.70	0.69	0.70	0.69	0.68	0.80	0.70
Cost per casemix-adj. separation	\$	56	na	41	68	38	20	15	12	34
Buildings										
Asset value at 30 June	\$m	7 125	3 782	4 610	1 569	1 690	293	494	302	19 866
User cost of capital	\$m	570	303	369	126	135	23	40	24	1 589
Annual depreciation	\$m	298	105	121	34	61	8	10	11	648
Casemix-adjusted separations	'000	1 611	1 310	892	453	415	99	90	67	4 944
Inpatient fraction		0.69	0.71	0.70	0.69	0.70	0.69	0.68	0.80	0.70
Cost per casemix-adj. separation	\$	372	311	384	352	330	216	377	422	317
Equipment										
Asset value at 30 June	\$m	722	784	820	138	169	95	37	21	2 785
User cost of capital	\$m	58	63	66	11	14	8	3	2	223
Annual depreciation	\$m	155	116	68	26	30	12	7	4	418
Casemix-adjusted separations	'000	1 611	1 310	892	453	415	99	90	67	4 944
Inpatient fraction		0.69	0.71	0.70	0.69	0.70	0.69	0.68	0.80	0.70
Cost per casemix-adj. separation	\$	91	136	105	82	73	139	76	67	91
Interest payments	\$m	8.2	—	—	10.4	—	—	0.1	—	18.6
Interest payments per separation	\$	3.5	—	—	22.9	—	—	0.8	—	2.6
Total capital cost (excl. land) per casemix-adj. separation	\$	459	447	489	411	403	356	452	490	405

Table 10A.60

Table 10A.60 Capital cost per casemix-adjusted separation — indicative estimates for inpatient services at major public acute hospitals, 2008-09 (a), (b), (c)

	<i>Unit</i>	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA (d)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
(a)	Capital cost is defined as the user cost of capital (calculated at 8 per cent of the current value of non-current physical assets) plus the depreciation amount. The capital cost per casemix-adjusted separation is equal to the capital cost adjusted by the inpatient fraction, divided by the number of casemix-adjusted separations.									
(b)	Where possible, data relate to inpatients in public acute hospitals, with the scope the same as that for recurrent cost per casemix adjusted separations calculated by the AIHW, that is - psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other, hospices, rehabilitation facilities and small non-acute and multi-purpose services are excluded.									
(c)	Inpatient fractions sourced from AIHW's Australian Hospital Statistics for all jurisdictions.									
(d)	The asset values and depreciation amounts for Victoria and WA relate to inpatients only and so have not been adjusted by the inpatient fraction.									
(e)	Interest payments are not reported.									

na Not available. – Nil or rounded to zero.

Source : State and Territory governments (unpublished); AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.61

Table 10A.61 Relative stay index for patients in public hospitals, by patient election status 2008-09 (a), (b)

<i>Accommodation status</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Public patients (c)	na	na	na	na	na	na	na	na	na
Public (d)	1.03	0.91	0.94	0.99	0.99	1.00	0.90	1.18	0.97
Private patients	na	na	na	na	na	na	na	na	na
Private health insurance	1.08	0.96	1.02	1.12	1.08	1.06	0.93	0.96	1.05
Self-funded	1.02	0.88	0.83	0.81	0.90	–	0.95	1.17	0.95
Workers compensation	1.14	1.03	1.17	1.20	1.09	1.01	0.88	1.64	1.12
Motor vehicle 3rd party personal claim	1.27	0.90	1.22	1.19	1.15	1.13	0.84	1.53	1.09
Department of Veterans' Affairs	1.01	0.92	0.95	1.01	1.02	1.13	0.68	0.98	0.98
Other private (e)	1.55	1.13	1.11	1.10	1.04	1.76	1.00	1.16	1.28
Patient election status not reported	na	na	na	na	na	na	na	na	na
Total	1.04	0.92	0.95	1.01	1.01	1.01	0.89	1.18	0.99

(a) Separations for which the care type was reported as acute or newborn with qualified days, or was not reported.

(b) Relative stay index based on all hospitals using the indirect method using AR-DRG version 5.1. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average based on the casemix of that group.

(c) Includes separations whose patient election status was Public and whose funding source was reported as *Australian Health Care Agreements*, *Reciprocal Health Care Agreements*, other hospital or public authority, other or not reported, and most patients in Public psychiatric hospitals.

(d) Includes patients whose funding source was reported as *Australian Health Care Agreements*, other hospital or public authority and most patients in Public psychiatric hospitals.

(e) Includes patients whose funding source was reported as other compensation, Department of Defence, Correctional facilities, other hospital or public authority, other and unknown.

na Not available. – Nil or rounded to zero.

Source: AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.62

Table 10A.62 Relative stay index, indirectly standardised, patients in public hospitals, by medical, surgical and other type of diagnosis related group 2008-09 (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Medical	1.03	0.89	0.92	0.99	0.99	1.01	0.90	1.11	0.96
Surgical	1.08	0.98	1.02	1.06	1.04	1.02	0.88	1.39	1.04
Other	1.15	0.96	1.05	0.98	1.06	1.00	0.89	1.16	1.05
All public hospitals	1.04	0.92	0.95	1.01	1.01	1.01	0.89	1.18	0.99

(a) Separations for which the care type was reported as acute or newborn with qualified days, or was not reported. Relative stay index based on all hospitals using AR-DRG version 5.1.

(b) The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average based on the casemix of that group.

Source: AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.63

Table 10A.63 NSW recurrent cost per non-admitted patient occasion of service, public hospitals, 2008-09 (a)

	Emergency dept.		Outpatient		Other		Total	
	\$	no.	\$	no.	\$	no.	\$	no.
Public acute								
Principal referral and specialist women's and children's	216	882 510	139	8 428 689	101	1 164 306	142	10 475 505
Large	151	689 374	103	2 694 304	80	690 388	107	4 074 066
Medium	164	559 006	73	1 154 536	124	440 748	107	2 154 290
Small	98	141 249	111	110 675	103	108 954	103	360 878
Unpeered and other	96	26 353	9	3 621 901	84	503 100	19	4 151 354
Total	175	2 298 492	99	16 010 105	96	2 907 496	107	21 216 093
Public psychiatric	na	na	894	46 561	na	na	907	46 561

(a) These data are based on the hospitals that participated in the 2008-09 National Hospital Cost Data Collection.

na Not available.

Source: NSW Government (unpublished).

Table 10A.64 Victorian recurrent cost per encounter, public hospitals (a)

	<i>Encounters (no.)</i>	<i>Cost per encounter (\$)</i>
2002-03	1 096 883	125
2003-04	1 116 425	133
2004-05	1 141 593	140
2005-06	1 190 007	146
2006-07	1 228 145	152
2007-08	1 243 082	158
2008-09	1 290 337	167

(a) Data for 2002-03 based on 12–14 hospitals. Data for 2003-04 based on 16 hospitals. Data for 2004-05 based on nine hospitals. Data for 2005-06 based on 14 hospitals.

Source: Victorian Government (unpublished).

Table 10A.65

Table 10A.65 WA recurrent cost per non-admitted patient occasion of service, public hospitals, 2008-09 (a)

	Emergency dept.		Outpatient		Other		Total	
	\$	no.	\$	no.	\$	no.	\$	no.
Public acute								
Principal referral and specialist women's and children's	530	229 705	244	1 611 707	78	10 857	278	1 852 269
Large	411	133 032	119	290 118	78	30 934	152	454 084
Medium	214	105 399	126	515 736	78	40 991	117	662 126
Small	na	131 683	213	367 379	78	72 764	191	440 143
Unpeered and other	na	85 514	180	241 705	78	80 629	154	322 334
Total (b)	na	685 333	203	3 026 645	78	236 175	213	3 730 956
Public psychiatric	na	na	na	na	na	na	na	na

(a) These data are based on the hospitals that participated in the 2008-09 National Hospital Cost Data Collection.

(b) Total cost per emergency department calculated using data for metropolitan hospitals only.

na Not available.

Source: WA Government (unpublished).

Table 10A.66

Table 10A.66 SA recurrent cost per non-admitted patient occasion of service, public hospitals, 2008-09 (a)

	Emergency dept.		Outpatient		Other		Total	
	\$	no.	\$	no.	\$	no.	\$	no.
Public acute								
Principal referral and specialist women's and children's	529	257 999	355	990 999	na	na	391	1 248 998
Large	333	38 518	287	139 747	na	na	297	178 265
Medium	213	142 719	85	196 281	na	na	139	339 000
Small	60	62 979	34	88 939	na	na	45	151 918
Unpeered and other	–	9 055	–	21 995	na	na	–	31 050
Total	365	511 270	291	1 437 961	na	na	310	1 949 231
Public psychiatric	na	na	na	na	na	na	na	na

(a) These data are based on the hospitals that participated in the 2008-09 National Hospital Cost Data Collection.

na Not available. – Nil or rounded to zero.

Source: SA Government (unpublished).

Table 10A.67

Table 10A.67 Tasmanian recurrent cost per non-admitted patient occasion of service, public hospitals, 2008-09 (a)

	Emergency dept.		Outpatient		Other		Total	
	\$	no.	\$	no.	\$	no.	\$	no.
Public acute								
Principal referral and specialist women's and children's	575	80 151	213	389 290	na	na	na	na
Large	353	49 957	185	89 672	na	na	na	na
Medium	..	..	..	..	na	na	na	na
Small	..	..	..	..	na	na	na	na
Unpeered and other	44	12 234	78	6 582	na	na	na	na
Total	451	142 342	206	485 544	na	na	na	na
Public psychiatric	na	na	na	na	na	na	na	na

(a) These data are based on the hospitals that participated in the 2008-09 National Hospital Cost Data Collection.

na Not available. .. Not applicable.

Source: Tasmanian Government (unpublished).

Table 10A.68

Table 10A.68 ACT recurrent cost per non-admitted patient occasion of service, public hospitals, 2008-09 (a)

	Emergency dept.		Outpatient		Other		Total	
	\$	no.	\$	no.	\$	no.	\$	no.
Public acute								
Principal referral and specialist women's and children's	na	54 117	na	230 384	na	na	na	284 501
Large	na	47 781	na	57 435	na	na	na	105 216
Medium	na	na	na	na	na	na	na	na
Small	na	na	na	na	na	na	na	na
Unpeered and other	na	na	na	na	na	na	na	na
Total	637	101 898	268	287 819	na	na	368	389 717
Public psychiatric	na	na	na	na	na	na	na	na

(a) These data are based on the hospitals that participated in the 2008-09 National Hospital Cost Data Collection.

na Not available.

Source: ACT Government (unpublished).

Table 10A.69 Non-admitted clinic occasions of service reported at Tier 0 clinics, sample results, public sector, Australia, 2008-09 (a), (b), (c), (d)

<i>Tier 0 clinic</i>	<i>Occasions of service</i>	<i>Average cost per occasion of service</i>
	no.	\$
Total	11 905 554	269

(a) Depreciation costs are included.

(b) Tier 0 figures stated here represent the total of all non-admitted clinical activity reported at any level of detail. That is, Tier 0 results incorporate all non-admitted clinic data reported at Tier 0 and both Tier 1 and Tier 2.

(c) Based on data from 205 public sector hospitals.

(d) Victorian outpatient data is not included. Victoria is working on to rectify this problem in the future.

Source: Australian Government Department of Health and Ageing (DoHA), *National Hospital Cost Data Collection (NHCDC), Round 13 (2008-09)*.

Table 10A.70

Table 10A.70 **Emergency department average cost per occasion of service, by triage class, public sector, Australia, 2008-09 (a), (b), (c), (d), (e)**

<i>Emergency triage category</i>	<i>Estimated (f)</i>		<i>Sample</i>	
	<i>Occasions of service</i>	<i>Average cost per occasion of service</i>	<i>Occasions of service</i>	<i>Average cost per occasion of service</i>
		<i>no.</i>		<i>no.</i>
		<i>\$</i>		<i>\$</i>
Admitted triage 1	28 714	1 535	24 125	1 545
Admitted triage 2	255 006	851	210 616	861
Admitted triage 3	607 369	702	492 907	713
Admitted triage 4	326 323	585	261 125	589
Admitted triage 5	31 746	422	25 470	420
Non-admitted triage 1	9 109	815	7 319	847
Non-admitted triage 2	179 032	561	139 047	565
Non-admitted triage 3	981 167	462	754 183	472
Non-admitted triage 4	1 873 145	343	1 388 754	349
Non-admitted triage 5	695 990	221	500 504	217
Did not wait (g)	156 390	41	126 258	42
Total	5 143 990	438	3 930 308	451

(a) Not all hospitals that submit data to the National Hospital Cost Data Collection submit emergency department data. The emergency department national database contains only acute hospitals with emergency department cost and activity.

(b) Based on data from 159 public sector hospitals.

(c) Victorian emergency department data are not included. Victoria is working to rectify this problem in the future.

(d) Costing and admission practices vary between jurisdictions and hospitals.

(e) Depreciation costs are included.

(f) Estimated population costs are obtained by weighting the sample results according to the known characteristics of the population.

(g) 'Did not wait' means those presentations to an emergency department who were triaged but did not wait until the completion of their treatment at which time they would have been either admitted to hospital or discharged home.

Source: DoHA, *NHCDC Round 13* (2008-09).

Table 10A.71

Table 10A.71 Non-admitted clinic occasions of service for Tier 1 clinics, sample results, public sector, Australia, 2008-09 (a), (b), (c), (d)

<i>Tier 1 clinic</i>	<i>Occasions of service</i>	<i>Average cost per occasion of service</i>
	no.	\$
Allied health and/or clinical nurse specialist	1 757 643	162
Dental	34 378	300
Medical	4 064 037	386
Obstetrics and gynaecology	1 925 889	168
Paediatric	368 498	312
Psychiatric	142 267	616
Surgical	2 988 560	220
Total	11 281 272	270

(a) Depreciation costs are included.

(b) The Tier 1 figures stated here represent the non-admitted clinical activity which is reported in speciality categories listed above or at a lower level of detail that is mapped to the above specialities (that is, Tier 1 results incorporate Tier 2 results rolled into Tier 1 clinic data).

(c) Based on data from 177 public sector hospitals.

(d) Victorian outpatient data are not included. Victoria is working to rectify this problem in the future.

Source: DoHA, NHCDC Round 13 (2008-09).

Table 10A.72

Table 10A.72 NSW patient evaluation of hospital services

<i>Time period</i>	February 2007, 2008, and 2009. In 2010 the survey was conducted on a monthly basis throughout the year for the admitted patient and emergency department categories and provided for internet, mail and telephone responses to the survey questionnaire. Details from the 2010 survey are not yet available.
<i>Sampling details</i>	Mailout survey, specific to patient category
<i>Respondents</i>	Overnight admitted patients, day only patients, paediatric admitted patients, outpatients, non-admitted emergency patients, community health patients and adult rehabilitation admitted patients in public health services.
<i>Sample size</i>	216 000 in 2009
<i>Response rate</i>	38.4 per cent in 2009
<i>Size of underlying population</i>	1.5 million
<i>Organisation</i>	IPSOS/Eureka
<i>Organisation funding the survey</i>	NSW Health (Area Health Services, Children's Hospital Westmead)
<i>Survey results</i>	In 2009 66 per cent reported they would definitely recommend the service to others. Both measures have increased from 2007 when 88 per cent rated overall care as good, very good or excellent and 62 per cent reported they would recommend the service to others. Further information and copies of the patient survey annual reports are available at http://www.health.nsw.gov.au/hospitals/patient_survey/index.asp
<i>How information from the survey was used to help improve public hospital quality</i>	Area Health Services produce an annual action plan in response to the survey. Data is used to inform statewide service improvement programs. Key performance indicator regarding the patient survey results is included in Area Health Service Performance Agreements.

Source: NSW Government (unpublished).

Table 10A.73

Table 10A.73	Victorian patient evaluation of hospital services
<i>Time period</i>	July to December 2009
<i>Sampling details</i>	Mailed questionnaires - now have an option to complete online
<i>Respondents</i>	Admitted adult patients in public acute and sub acute care hospitals. The following categories of patients are excluded from the survey:- Patients under 18; Patients who decline participation; Episodes involving perinatal death; Episodes involving termination of pregnancy; Patients in the following care types:- Drug & Alcohol, Mental Health, Palliative Care; HITH, Patients who die in hospital
<i>Sample size</i>	36 038 surveys sent 13 595 returned
<i>Response rate</i>	38 per cent
<i>Size of underlying population</i>	Eligible adult inpatients of Victorian public hospitals
<i>Organisation conducting the survey</i>	UltraFeedback Pty Ltd
<i>Organisation funding the survey</i>	Department of Health Victoria
<i>Survey results</i>	Mean Scores (Scores are between 20 [poor] -100 [excellent]
	Overall Care Index 78.4
	Access and Admission Index 77.0
	General Patient Information Index 82.4
	Treatment and Related Information Index 78.9
	Complaints Management Index 80.3
	Physical Environment Index 75.9
	Discharge and Follow-up Index 77.3
	Consumer Participation Index 79.7

Table 10A.73	Victorian patient evaluation of hospital services
<i>How information from the survey was used to help improve public hospital quality</i>	Hospitals now receive three "Priority to Improve" areas with the reports. These are based on items that most closely relate to overall satisfaction and if addressed are most likely to improve the Overall Care Index score.

Source: Victorian Government (unpublished).

Table 10A.74

Table 10A.74	Queensland patient evaluation of hospital services	
<i>Time period</i>	November 2009	
<i>Sampling details</i>	The survey was conducted by inviting participants to complete a survey booklet, online, or by telephone with trained telephone interviewers. Women could participate by telephone in any language with the help of a Translating and Interpreting Service interpreter.	
<i>Respondents</i>	All women who had a baby between 22 July 2009 and 04 August 2009 in a Queensland public or private hospital.	
<i>Sample size</i>	2 384 women	
<i>Response rate</i>	29 per cent	
<i>Size of underlying population</i>	59 228	
<i>Organisation conducting the survey</i>	Queensland Centre for Mothers and Babies, The University of Queensland	
<i>Organisation funding the survey</i>	Maternity, Child Health and Safety Branch, Queensland Health	
<i>Survey results</i>	<p>The following is a summary of the results from the 2009 Having a baby in Queensland Pilot Survey</p> <p>Overall satisfaction with the quality of care provided is to be determined from responses to questions asked in regards to different stages of having a baby in this pilot survey. Quality of care questions were asked of women with regard to their pregnancy, their labour and birth, and their postnatal care, in order to gauge any differences in the quality of care during the different stages of having a baby in Queensland.</p> <p>Quality of care during pregnancy:</p> <ul style="list-style-type: none"> • 92 per cent of women agreed that carers treated them with respect • 92 per cent agreed that carers respected their privacy • 91 per cent agreed that carers talked in a way that they could understand • 89 per cent agreed that carers treated them with kindness and understanding • 89 per cent agreed that carers were open and honest • 88 per cent agreed that carers generally cared about their wellbeing • 85 per cent agreed that carers respected their decisions • 83 per cent agreed that carers treated them as individuals 	

Table 10A.74

Table 10A.74

Queensland patient evaluation of hospital services

Quality of care during labour and birth:

- 96 per cent agreed that carers talked in a way that they could understand
- 95 per cent agreed that carers treated them with respect
- 94 per cent agreed that carers treated them with kindness and understanding
- 93 per cent agreed that carers genuinely cared about the wellbeing
- 91 per cent agreed that carers respected their privacy
- 91 per cent agreed that carers were open and honest
- 89 per cent agreed that carers treated them as individuals
- 87 per cent agreed that carers respected their decisions

Quality of postnatal care:

- 94 per cent agreed that carers treated them with respect
- 93 per cent agreed that carers talked in a way that they could understand
- 92 per cent agreed that carers respected their privacy
- 92 per cent agreed that carers treated them with kindness and understanding
- 91 per cent agreed that carers were open and honest
- 88 per cent agreed that carers genuinely cared about the wellbeing
- 87 per cent agreed that carers respected their decisions
- 85 per cent agreed that carers treated them as individuals

How information from the survey was used to help improve public hospital quality

The pilot survey for the Statewide "Having a Baby in Queensland" maternity survey has informed the development of the full survey and methodology currently being conducted with the full survey results to be available in early 2011. Individual facility survey reports will be provided to District CEOs to assist in planning and the identification of service improvement initiatives. The process to take place will be as follows;

- Hospital survey results are provided to hospitals
- Hospitals review their results in detail and determine areas for improvement
- Hospitals develop Management Action Plans to address areas for improvement
- Hospitals implement Management Action Plans
- Governance units at an District or State level monitor the implementation of Action Plans

Source: Queensland Government (unpublished).

Table 10A.75

Table 10A.75	WA patient evaluation of hospital services
<i>Time period</i>	July 2009 to June 2010
<i>Sampling details</i>	CATI self report adults and parent/guardian reports child
<i>Respondents</i>	Survey conducted on admitted patients and emergency department patients, including adults and children. Scope was all public patients in WA hospitals. Four groups are reported on, child and adult admitted either same day or for 0 to 34 nights and child and adult emergency department patients.
<i>Sample size</i>	6 347 admitted patients and 2 585 emergency patients
<i>Response rate</i>	92.1 per cent of eligible Admitted respondents, 92.3 per cent of eligible Emergency respondents
<i>Size of underlying population</i>	Previously we have used the WA state population as our underlying population but a more accurate measure would be of people who have attended a WA public hospital, which is 667 900. Note: this increase on previous years is due to the change in the time period where data can be collected from February to June to the whole year.
<i>Organisation conducting the survey</i>	Edith Cowan University, Survey Research Centre
<i>Organisation funding the survey</i>	WA Department of Health
<i>Survey results</i>	<p>2009-10 Admitted Patient Survey results:</p> <ul style="list-style-type: none"> • Overall indicator of satisfaction - 78.6, an improvement from 77.8 in 2008-09. <p>2009-10 Results for Emergency Patients</p> <ul style="list-style-type: none"> • Results from 2008-09 cannot be used in comparison with 2009-10 as only tertiary hospital emergency departments were surveyed that year, which is not a comparable group to that surveyed in 2009-10. • Overall score of satisfaction - 77.0, improving from 2007-08 result, 75.7. <p>Each participating hospital receives detailed information from the survey that is used to inform service improvement. Hospitals can also request a workshop to assist in the interpretation of the survey results so that the best use can be made of them. In WA, many hospitals use patient satisfaction as a performance indicator and the use made of the results is hospital-based. Some examples of how hospitals have used the survey to improve public hospital quality include the implementation of a process to record and cross reference for food allergies, to improve communication with patients on rights and services available, a Customer Liaison Officer has been employed to increase patient involvement, patient care plans are being stored in wall desk of all rooms, improved discharge coordination procedures and brochures introduced to inform patients on how the ED works.</p>

Table 10A.75 **WA patient evaluation of hospital services**

na Not available.

Source: WA Government (unpublished).

Table 10A.76	SA patient evaluation of hospital services
<i>Time period</i>	August to November 2008
<i>Sampling details</i>	Telephone (CATI:Computer Assisted Telephone Interviewing)
<i>Respondents</i>	South Australians admitted to public hospitals aged 16 to 80 years, who received between 1 and 34 nights of care in June (Metropolitan hospitals) and between May and July (Country hospitals) in 2008. Exclusion criteria were: psychiatric/substance abuse, chemotherapy, renal dialysis and maternity patients; patients discharged to a nursing home or other institution; patients identifying as Aboriginal, or unknown race. The sample comprised 8 metropolitan and 7 regional hospitals.
<i>Sample size</i>	4785 SA adults
<i>Response rate</i>	Response rate: 73.2 per cent
<i>Size of underlying population</i>	6458
<i>Organisation conducting the survey</i>	Population Research and Outcome Studies Unit, SA Health
<i>Organisation funding the survey</i>	South Australian Quality and Safety Council

Table 10A.76

Table 10A.76	SA patient evaluation of hospital services
Survey results	<p>Characteristics of the sample</p> <p>There were more emergency patients (54.2 per cent) than non-emergency patients (45.8 per cent) in the study;</p> <p>More than one third of patients reported staying one day (36.1 per cent) while another one third spent two/three days (32.7 per cent);</p> <p>The average length of hospital stay was 3.36 days.</p> <p>Total Patient Satisfaction Score</p> <p>The total patient satisfaction score was 88.0. The highest levels were reported by:</p> <p>Males (89.2 per cent);</p> <p>The elderly (90.3 per cent of those aged 65 years or more) had significantly higher levels of satisfaction;</p> <p>Country residents (90.0 per cent);</p> <p>Those born in Australia (88.2 per cent);</p> <p>Those whose main language spoken at home was Italian (91.0 per cent);</p> <p>Those with never/primary school education (90.0 per cent) (ie those with lower levels of education were more satisfied);</p> <p>Those with incomes between \$20 000 and \$40 000 per annum (89.0 per cent) were more satisfied.</p> <p>Seven areas of patient satisfaction</p> <p>The overall level of satisfaction for each of the seven areas of patient satisfaction were:</p> <p>"Co-ordination and consistency of care" – 93.0;</p> <p>"Information and communication" – 90.8;</p> <p>"Meeting personal for as well as clinical needs" – 89.3;</p> <p>"Availability of people caring for the patient" – 88.4;</p> <p>"Access to the hospital" – 87.2;</p> <p>"Residential aspects of hospital" – 85.5;</p> <p>"Patient's right to be involved in care and treatment" – 81.4.</p>

Table 10A.76

Table 10A.76	SA patient evaluation of hospital services
	<p>Individual Questions</p> <p>Responses to individual questions asked in the interviews highlighted some key points.</p> <p>In particular, overall:</p> <p>96.7 per cent of patients rated their care as acceptable, good or excellent.</p> <p>In addition:</p> <p>93.2 per cent would recommend their hospital to a friend or relative;</p> <p>86.2 per cent of patients felt they had received enough attention from the nursing staff;</p> <p>63.9 per cent found the time waiting for a nurse after using the call system acceptable;</p> <p>86.6 per cent felt doctors spent enough time on their care;</p> <p>81.2 per cent found the way health care professionals (nurses, physiotherapists) provided assistance was acceptable;</p> <p>64.2 per cent were admitted to hospital within one month;</p> <p>84.2 per cent felt they received enough information about their progress while in hospital;</p> <p>89.0 per cent felt that their stay helped them to maintain and restore health or cope better with their problem;</p> <p>84.1 per cent gained relief of pain as a result of their hospital stay.</p> <p><i>How information from the survey was used to help improve public hospital quality</i></p> <p>The PEHS program has made it possible identify sub-groups of patients who are less or more satisfied with hospital care and services, highlight gaps in information and services that affect SA hospital patients and assist hospital administrators to set priorities for allocation of resources.</p>
	Source : SA Government (unpublished).

Table 10A.77 **Tasmanian patient evaluation of hospital services**

<i>Time period</i>	The Department of Health and Human Services (DHHS) is reviewing its approach to conducting consumer satisfaction surveys and therefore has not conducted a statewide survey for this reporting period. The development of a whole of DHHS Consumer and Community Engagement Strategy will include the development of a mechanism for patient satisfaction data and information to be collected for all health and human services that DHHS provides, including public hospitals. It is anticipated that this mechanism will provide all DHHS consumers and their families/carers with the opportunity to provide real-time feedback about their experiences in receiving DHHS care and services. It will also allow for data and information capture and comparison across our services.
While a statewide system is under development local surveys are being conducted by individual services, however, data and information from these surveys are not available at time of reporting.	
<i>Sampling details</i>	na
<i>Respondents</i>	na
<i>Sample size</i>	na
<i>Response rate</i>	na
<i>Size of underlying population</i>	na
<i>Organisation conducting the survey</i>	na
<i>Organisation funding the survey</i>	na
<i>Survey results</i>	na

Table 10A.77

Table 10A.77	Tasmanian patient evaluation of hospital services
<i>How information from the survey was used to help improve public hospital quality</i>	na

na Not available.
Source: Tasmanian Government (unpublished).

Table 10A.78

ACT patient evaluation of hospital services

<i>Time period</i>	<p>There were three surveys conducted in the first hospital in three different time period:</p> <ul style="list-style-type: none"> a) between March and June 2009 (Survey 1); b) between October and December 2009 (survey 2); and c) between January and June 2010 (survey 3) which will be reported on in October 2010. <p>The survey in the second hospital was conducted between 1 September to 31 October 2009.</p>
<i>Sampling details</i>	<p>The survey method in the first hospital involves a postal questionnaire that has been specifically designed for each of the survey areas. The survey questions were updated between the first and second survey.</p> <p>The survey method in the second hospital was also done by mailing the questionnaire.</p>
<i>Respondents</i>	<p>In the first hospital, each month eligible consenting patients who are discharged from the hospital during the reporting period are surveyed. Only those consumers who have provided informed consent are eligible to participate. Consumers are able to "opt out" of participating in the survey.</p> <p>In the second hospital, discharged patients from five clinical areas were mailed a survey to complete. The sampling, distribution, collation and interpretation were performed by the organisation conducting the survey. The five clinical areas are Inpatient; Emergency Department; Day Surgery, Inpatient Mental Health, and Palliative Care.</p>
<i>Sample size</i>	<p>In the first hospital, sample size for its first survey was 186 patients; sample size for the second survey was 298 patients.</p> <p>In the second hospital, the following are sample size for each different areas: Inpatient - 183 Emergency Department - 135 Day Surgery - 200 Inpatient Mental Health - 19 Palliative Care - 107</p>
<i>Response rate</i>	<p>In the first hospital, the response rate for the Survey 1 was 27 per cent and 30 per cent for the Survey 2.</p> <p>In the second hospital, the following are the response rate for each different areas: Inpatient - 43 per cent Emergency Department - 27 per cent Day Surgery - 57 per cent Inpatient Mental Health - 30 per cent Palliative Care - 40 per cent</p>

Table 10A.78

Table 10A.78	ACT patient evaluation of hospital services
<i>Size of underlying population</i>	Information on the size of underlying population was not available from the first hospital, however, in the second hospital the size of underlying population were 1004 for inpatients; 6171 for Emergency Department; 721 for Day Surgery; 80 for Inpatient Mental Health ; and 249 for Palliative Care.
<i>Organisation conducting the survey</i>	UltraFeedback conducted the survey in the first hospital and Press Ganey in the second hospital.
<i>Organisation funding the survey</i>	ACT Health funded the survey in the first hospital and Calvary Health Care ACT funded the survey in the second hospital.
<i>Survey results</i>	<p>In the first hospital, Survey 1 showed that 96 per cent of respondents were fairly or very satisfied with all aspects of their hospital stay. 64 per cent of respondents felt that they were helped a great deal by their hospital stay. 85 per cent of respondents felt that their length of stay in hospital was about right.</p> <p>Survey 2 showed that 80 per cent of respondents felt they were helped quite a bit or a great deal by their hospital stay. 82 per cent of respondents felt that the health care or treatment met their needs quite a bit or a great deal. Patients of the Canberra Hospital returned a mean satisfaction score of 4.04 (where 1=very dissatisfied and 5=very satisfied) when asked to consider their satisfaction with all aspects of their experience with the health service.</p> <p>The hospital showed high levels of satisfaction in several areas including courtesy of treatment staff, confidence in treatment staff, help for pain, compassion shown by staff, and staff response to health care problems. Areas identified for improvement included willingness of staff to listen, involvement in decisions, ease of access to consumer information for carers, and time to access equipment.</p> <p>In the second hospital, the overall results for the survey are provided for each of the clinical units surveyed: Inpatients - 79.1 mean points: 74.1 mean points: Day surgery - 86.8 mean points: Inpatient Mental Health - 70.8 mean points: Palliative Care - 89.6 mean points</p>
<i>How information from the survey was used to help improve public hospital quality</i>	<p>The objective of the survey in the first hospital is to enable the improvements in service provision to its consumers and provide an opportunity for quality improvement by benchmarking against similar services in Australia.</p> <p>Data from the survey in the second hospital provides an immense amount of patient and family feedback about the hospital performance against a broad range of criteria. This feedback is distilled into a List of Priority Items, and this list provides the hospital a focus for the continuous improvement of our clinical and hospitality services</p>

Source: ACT Government (unpublished).

Table 10A.79

Table 10A.79	NT patient evaluation of hospital services
<i>Time period</i>	Various times throughout 2010
<i>Sampling details</i>	<p>Various methods:</p> <p>Most of the hospitals have the surveys bedside for the patients to complete voluntarily. Few surveys are done face to face using Aboriginal Liaison officers and volunteers. Some hospitals hand out the surveys and then collect them.</p> <p>Various, admitted patients in public acute hospitals and some clinic patients.</p>
<i>Respondents</i>	Small percentage of actual inpatient numbers at any given time as the hospitals have regular repeat patients.
<i>Sample size</i>	50 per cent
<i>Response rate</i>	The population of the NT is 227 025 (according to the ABS website).
<i>Size of underlying population</i>	Department of Health and Families
<i>Organisation conducting the survey</i>	Department of Health and Families
<i>Organisation funding the survey</i>	Department of Health and Families
<i>Survey results</i>	<p>Consistent questions asked and average response rate includes:</p> <p>Were you told why you were in hospital, 91 per cent Yes</p> <p>Medical explanations provided when necessary, 89 per cent Yes</p> <p>Where you told about services that are available to you, 68 per cent Yes</p> <p>Where you told about your rights and responsibilities, 51 per cent Yes</p> <p>Where you advised how to complain, 0.4 per cent Yes</p>
<i>How information from the survey was used to help improve public hospital quality</i>	<p>Aboriginal Liaison Officers, ALO's, now have a private area for patients to be able to meet with them.</p> <p>Additional DVD players have been purchased to play DVD's created to show patients what to expect.</p> <p>Patient Care Assistants, PCA's and ALO's have been trained in the use to allow them to show the various DVD's that have been created for patients.</p> <p>Ward pamphlets created.</p>
<i>Source:</i>	NT Government (unpublished).

Table 10A.80

Table 10A.80 NSW selected sentinel events (number) (a)

	2007-08	2008-09
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	4	6
Suicide of a patient in an inpatient unit.	5	2
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	14	16
Intravascular gas embolism resulting in death or neurological damage.	–	2
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	–	1
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	6	1
Maternal death or serious morbidity associated with labour or delivery.	–	–
Infant discharged to the wrong family.	–	–
Total	29	28

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero.

Source: NSW government (unpublished).

Table 10A.81

Table 10A.81 Victoria selected sentinel events (number) (a)

	2007-08	2008-09
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	1	–
Suicide of a patient in an inpatient unit.	7	7
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	11	3
Intravascular gas embolism resulting in death or neurological damage.	–	–
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	2	1
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	2	1
Maternal death or serious morbidity associated with labour or delivery.	6	3
Infant discharged to the wrong family.	–	–
Total	29	15

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero.

Source: Victorian government (unpublished).

Table 10A.82 Queensland selected sentinel events (number) (a)

	2007-08	2008-09
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	8	2
Suicide of a patient in an inpatient unit.	5	2
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	—	1
Intravascular gas embolism resulting in death or neurological damage.	—	—
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	—	—
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	5	6
Maternal death or serious morbidity associated with labour or delivery.	1	2
Infant discharged to the wrong family.	—	—
Total	19	13

(a) Sentinel events definitions can vary across jurisdictions.

— Nil or rounded to zero.

Source: Queensland government (unpublished).

Table 10A.83 WA selected sentinel events (number) (a), (b)

	2007-08	2008-09
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	1	–
Suicide of a patient in an inpatient unit.	9	3
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	3	3
Intravascular gas embolism resulting in death or neurological damage.	–	–
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	2	2
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	4	2
Maternal death or serious morbidity associated with labour or delivery.	5	1
Infant discharged to the wrong family.	2	–
Total	26	11

(a) Sentinel events definitions can vary across jurisdictions.

(b) Data for 2007-08 include both public and private hospitals while data for 2008-09 are for public hospitals only. Therefore 2007-08 data are not comparable with 2008-09.

– Nil or rounded to zero.

Source: WA government (unpublished).

Table 10A.84 SA selected sentinel events (number) (a)

	2007-08	2008-09
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	1	–
Suicide of a patient in an inpatient unit.	5	6
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	3	7
Intravascular gas embolism resulting in death or neurological damage.	1	–
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	–	–
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	–	–
Maternal death or serious morbidity associated with labour or delivery.	2	2
Infant discharged to the wrong family.	–	–
Total	12	15

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero.

Source: SA government (unpublished).

Table 10A.85

Table 10A.85 Tasmania selected sentinel events (number) (a)

	2007-08	2008-09
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	–	–
Suicide of a patient in an inpatient unit.	1	–
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	1	–
Intravascular gas embolism resulting in death or neurological damage.	–	–
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	–	–
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	1	–
Maternal death or serious morbidity associated with labour or delivery.	–	–
Infant discharged to the wrong family.	–	–
Total	3	–

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero.

Source: Tasmanian government (unpublished).

Table 10A.86 **ACT selected sentinel events (number) (a)**

	2007-08	2008-09
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	–	–
Suicide of a patient in an inpatient unit.	–	–
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	np	–
Intravascular gas embolism resulting in death or neurological damage.	–	–
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	–	–
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	–	–
Maternal death or serious morbidity associated with labour or delivery.	–	–
Infant discharged to the wrong family.	–	–
Total	np	–

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero. **np** Not published.

Source: ACT government (unpublished).

Table 10A.87

Table 10A.87 NT selected sentinel events (number) (a)

	2007-08	2008-09
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	—	—
Suicide of a patient in an inpatient unit.	—	—
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	—	—
Intravascular gas embolism resulting in death or neurological damage.	—	—
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	—	—
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	—	—
Maternal death or serious morbidity associated with labour or delivery.	1	—
Infant discharged to the wrong family.	—	—
Total	1	—

(a) Sentinel events definitions can vary across jurisdictions.

— Nil or rounded to zero.

Source: NT government (unpublished).

Table 10A.88

Table 10A.88 Australia selected sentinel events (number) (a)

	2007-08	2008-09
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	15	8
Suicide of a patient in an inpatient unit.	32	20
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	32	30
Intravascular gas embolism resulting in death or neurological damage.	1	2
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	4	4
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	18	10
Maternal death or serious morbidity associated with labour or delivery.	15	8
Infant discharged to the wrong family.	2	–
Total	119	82

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero.

Source: State and Territory governments (unpublished).

Table 10A.89

Table 10A.89 Separations, same day separations, patient days, average length of stay and costs for MDC 14 and MDC 15, public hospitals, Australia, 2008-09

	Unit	AR-DRG			Total (all acute separations in public hospitals) (a)
		Pregnancy, childbirth and the puerperium (MDC14)	Newborns and other neonates (MDC15)		
Separations	no.	350 337	65 895		4 746 200
Same day separations	no.	86 722	6 101		2 438 905
Per cent same day separations	%	24.8	9.3		51.4
Separations per 10 000 population (b)	no.	161.9	30.4		2 192.8
Patient days	no.	900 796	510 907		14 844 260
Patient days per 10 000 population	no.	416.2	236.1		6 858.4
Average length of stay (ALOS)	days	2.6	7.8		3.1
ALOS (days) excluding same day	days	3.1	8.4		5.4
Cost by volume (c)	\$'000	1 379 651	615 999		18 788 372
Cost by proportion	%	7.3	3.3		100.0

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.

(b) Crude rate based on the Australian population as at 31 December 2008.

(c) Based on the 2007-08 AR-DRG version 5.1 estimated public cost estimates.

Abbreviations: ALOS—average length of stay, MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

Source: AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.90

Table 10A.90 Separations by major diagnostic category (AR-DRGs) version 5.1, public hospitals, 2008-09

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Separations									
Pregnancy, childbirth and puerperium	no. 113 655	85 903	72 296	32 541	27 385	6 041	5 357	7 159	350 337
Newborns and other neonates	no. 25 879	15 530	11 646	4 679	4 554	1 222	1 282	1 103	65 895
Total acute (a)	no. 1 460 817	1 345 098	852 572	453 946	362 926	92 747	83 912	94 183	4 746 201
Proportion of all separations									
Pregnancy, childbirth and puerperium	% 7.8	6.4	8.5	7.2	7.5	6.5	6.4	7.6	7.4
Newborns and other neonates	% 1.8	1.2	1.4	1.0	1.3	1.3	1.5	1.2	1.4
Separations per 1000 population									
Pregnancy, childbirth and puerperium	no. 16.1	16.0	16.6	14.8	17.0	12.1	15.4	32.3	16.2
Newborns and other neonates	no. 3.7	2.9	2.7	2.1	2.8	2.4	3.7	5.0	3.0

(a) Includes separations for which the type of episode of care was reported as 'acute', or 'newborn with qualified patient days', or was not reported.

Source: AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.; AIHW; ABS (unpublished), Australian Demographic Statistics, December Quarter 2009, Cat. no. 3101.0; table AA.2.

Table 10A.91

Table 10A.91 10 Diagnosis related groups with highest cost, by volume, public hospitals, Australia, 2008-09 (a)

AR-DRG	Separations		Same day separations		Separations per 10 000 population (b)		Patient days per 10 000 population (b)		ALOS (days)		ALOS (days), excluding same day		Cost by volume
	no.	no.	no.	%	per 10 000	no.	per 10 000	no.	(days)	no.	no.		
Tracheostomy or Ventilation >95 hours	9 317	42	42	0.5	4.3	296 347	136.9	31.8	32.0	859 717			
Vaginal Delivery W/O complications	104 967	3 403	3 403	3.2	48.5	278 918	128.9	2.7	2.7	452 828			
Admit For Renal Dialysis	857 423	855 966	855 966	99.8	396.2	858 295	396.6	1.0	1.6	491 303			
Caesarean Delivery W/O complications	43 705	86	86	0.2	20.2	176 176	81.4	4.0	4.0	338 539			
Schizophrenia Disorders W Mental Health Legal Status	15 033	—	—	—	7.0	470 456	217.4	31.3	31.3	326 878			
Knee Replacement and Reattachment	12 183	20	20	0.2	5.6	87 454	40.4	7.2	7.2	212 715			
Major Affective Disorder Age<70 W/O Catastrophic or Severe CC	17 860	—	—	—	8.3	256 327	118.4	14.4	14.4	214 963			
Chronic Obstructive Airway Disease W Catastrophic or Severe CC	20 869	801	801	3.8	9.6	157 005	72.5	7.5	7.8	144 601			
Major Small and Large Bowel Pr+Ccc	5 107	26	26	0.5	2.4	87 619	40.5	17.2	17.2	142 450			
Chemotherapy	126 925	126 859	126 859	99.9	58.6	126 993	58.7	1.0	2.0	161 829			

(a) Based on the 2007–08 AR–DRG version 5.1 estimated public cost estimates.

(b) Crude rate based on Australian population as at 31 December 2008.

ALOS = Average Length of Stay. CC = complication or comorbidity. W = with. W/O = without.

– Nil or rounded to zero.

Source: AIHW 2010, *Australian Hospital Statistics 2008-09*, Health Services Series No. 34, Cat no. HSE 84, AIHW, Canberra.

Table 10A.92

Table 10A.92 Intervention rates for selected primiparae, 2009 (a)

	Unit	NSW	Vic (b)	Qld	WA	SA	Tas	ACT (c)	NT	Aust (d)
Proportion of inductions for selected primiparae										
Public hospitals										
Selected primiparae who gave birth	no.	8 311	6 022	4 062	1 782	1 669	na	423	211	22 480
Selected primiparae inductions	no.	2 815	1 731	1 118	573	619	na	108	61	7 025
Rate	%	33.9	28.7	27.5	32.2	37.1	na	25.5	28.9	31.3
Private hospitals										
Selected primiparae who gave birth	no.	2 814	2 067	2 244	1 512	644	na	190	100	9 571
Selected primiparae inductions	no.	1 001	709	733	597	264	na	54	33	3 391
Rate	%	35.6	34.3	32.7	39.5	41.0	na	28.4	33.0	35.4
Proportion of caesareans for selected primiparae										
Public hospitals										
Selected primiparae who gave birth	no.	8 311	6 022	4 062	1 782	1 669	na	423	211	22 480
Selected primiparae caesareans	no.	1 907	1 325	985	463	414	na	68	56	5 218
Rate	%	22.9	22.0	24.2	26.0	24.8	na	16.1	26.5	23.2
Private hospitals										
Selected primiparae who gave birth	no.	2 814	2 067	2 244	1 512	644	na	190	100	9 571
Selected primiparae caesareans	no.	866	555	833	523	197	na	57	32	3 063
Rate	%	30.8	26.9	37.1	34.6	30.6	na	30.0	32.0	32.0

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

(b) Data for Victoria are preliminary.

(c) ACT data are preliminary. Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT.

(d) Totals for Australia include only jurisdictions for which data are available.
na Not available.

Source: State and Territory governments.

Table 10A.93

Table 10A.93 Intervention rates for selected primiparae, NSW (a)

	<i>Unit</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	6 946	6 930	7 641	7 897	8 311
Selected primiparae inductions	no.	1 988	1 968	2 484	2 564	2 815
Rate	%	28.6	28.4	32.5	32.5	33.9
Private hospitals						
Selected primiparae who gave birth	no.	2 520	2 195	2 570	2 634	2 814
Selected primiparae inductions	no.	935	778	916	900	1 001
Rate	%	37.1	35.4	35.6	34.2	35.6
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	6 946	6 930	7 641	7 897	8 311
Selected primiparae caesareans	no.	1 471	1 432	1 652	1 714	1 907
Rate	%	21.2	20.7	21.6	21.7	22.9
Private hospitals						
Selected primiparae who gave birth	no.	2 520	2 195	2 570	2 634	2 814
Selected primiparae caesareans	no.	699	659	751	748	866
Rate	%	27.7	30.0	29.2	28.4	30.8

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

Source: NSW Government (unpublished).

Table 10A.94 Intervention rates for selected primiparae, Victoria (a)

	<i>Unit</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	5 230	5 622	6 101	6 022	6 022
Selected primiparae inductions	no.	1 609	1 734	1 885	1 731	1 731
Rate	%	30.8	30.8	30.9	28.7	28.7
Private hospitals						
Selected primiparae who gave birth	no.	1 802	1 818	1 849	2 067	2 067
Selected primiparae inductions	no.	656	676	659	709	709
Rate	%	36.4	37.2	35.6	34.3	34.3
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	5 230	5 622	6 101	6 022	6 022
Selected primiparae caesareans	no.	1 173	1 312	1 380	1 325	1 325
Rate	%	22.4	23.3	22.6	22.0	22.0
Private hospitals						
Selected primiparae who gave birth	no.	1 802	1 818	1 849	2 067	2 067
Selected primiparae caesareans	no.	488	500	530	555	555
Rate	%	27.1	27.5	28.7	26.9	26.9

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

Source: Victorian Government (unpublished).

Table 10A.95

Table 10A.95 Intervention rates for selected primiparae, Queensland (a)

	<i>Unit</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	3 389	3 453	3 777	3 937	4 062
Selected primiparae inductions	no.	936	1 028	1 075	1 120	1 118
Rate	%	27.6	29.8	28.5	28.4	27.5
Private hospitals						
Selected primiparae who gave birth	no.	2 000	2 034	2 175	2 237	2 244
Selected primiparae inductions	no.	713	678	718	738	733
Rate	%	35.7	33.3	33.0	33.0	32.7
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	3 389	3 453	3 777	3 937	4 062
Selected primiparae caesareans	no.	810	846	900	967	985
Rate	%	23.9	24.5	23.8	24.6	24.2
Private hospitals						
Selected primiparae who gave birth	no.	2 000	2 034	2 175	2 237	2 244
Selected primiparae caesareans	no.	736	796	854	809	833
Rate	%	36.8	39.1	39.3	36.2	37.1

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

Source: Queensland Government (unpublished).

Table 10A.96

Table 10A.96 Intervention rates for selected primiparae, WA (a)

	<i>Unit</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	1 474	1 606	1 776	1 758	1 782
Selected primiparae inductions	no.	496	504	573	503	573
Rate	%	33.6	31.4	32.3	28.6	32.2
Private hospitals						
Selected primiparae who gave birth	no.	1 215	1 280	1 452	1 453	1 512
Selected primiparae inductions	no.	475	501	573	546	597
Rate	%	39.1	39.1	39.5	37.6	39.5
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	1 474	1 606	1 776	1 758	1 782
Selected primiparae caesareans	no.	364	372	418	407	463
Rate	%	24.7	23.2	23.5	23.2	26.0
Private hospitals						
Selected primiparae who gave birth	no.	1 215	1 280	1 452	1 453	1 512
Selected primiparae caesareans	no.	464	479	460	437	523
Rate	%	38.2	37.4	31.7	30.1	34.6

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

Source: WA Government (unpublished).

Table 10A.97

Table 10A.97 Intervention rates for selected primiparae, SA (a)

	<i>Unit</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	1 393	1 338	1 534	1 579	1 669
Selected primiparae inductions	no.	483	487	554	567	619
Rate	%	34.7	36.4	36.1	35.9	37.1
Private hospitals						
Selected primiparae who gave birth	no.	586	634	632	632	644
Selected primiparae inductions	no.	233	246	275	250	264
Rate	%	39.8	38.8	43.5	39.6	41.0
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	1 393	1 338	1 534	1 579	1 669
Selected primiparae caesareans	no.	357	341	394	405	414
Rate	%	25.6	25.5	25.7	25.6	24.8
Private hospitals						
Selected primiparae who gave birth	no.	586	634	632	632	644
Selected primiparae caesareans	no.	222	197	208	209	197
Rate	%	37.9	31.1	32.9	33.1	30.6

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

Source: SA Government (unpublished).

Table 10A.98

Table 10A.98 Intervention rates for selected primiparae, Tasmania (a)

	<i>Unit</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	268	325	369	407	na
Selected primiparae inductions	no.	74	80	66	56	na
Rate	%	27.6	24.6	17.9	13.8	na
Private hospitals						
Selected primiparae who gave birth	no.	215	235	228	236	na
Selected primiparae inductions	no.	95	95	90	70	na
Rate	%	44.2	40.4	39.5	29.7	na
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	268	325	369	407	na
Selected primiparae caesareans	no.	10	15	20	21	na
Rate	%	3.7	4.6	5.4	5.2	na
Private hospitals						
Selected primiparae who gave birth	no.	215	235	228	236	na
Selected primiparae caesareans	no.	17	18	20	29	na
Rate	%	7.9	7.7	8.8	12.3	na

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

na Not available.

Source: Tasmanian Government (unpublished).

Table 10A.99

Table 10A.99 Intervention rates for selected primiparae, ACT (a), (b)

	<i>Unit</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009 (c)</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	345	397	460	453	423
Selected primiparae inductions	no.	83	74	97	99	108
Rate	%	24.1	18.6	21.1	21.9	25.5
Private hospitals						
Selected primiparae who gave birth	no.	225	241	208	229	190
Selected primiparae inductions	no.	53	84	60	71	54
Rate	%	23.6	34.9	28.8	31.0	28.4
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	345	397	460	453	423
Selected primiparae caesareans	no.	71	73	92	75	68
Rate	%	20.6	18.4	20.0	16.6	16.1
Private hospitals						
Selected primiparae who gave birth	no.	225	241	208	229	190
Selected primiparae caesareans	no.	64	62	71	70	57
Rate	%	28.4	25.7	34.1	30.6	30.0

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

(b) Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT. Between 2004 and 2008, 15.9 per cent of women who gave birth in the ACT were not residents.

(c) Data are preliminary.

Source: ACT Government (unpublished).

Table 10A.100 **Intervention rates for selected primiparae, NT (a)**

	<i>Unit</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	189	178	180	234	211
Selected primiparae inductions	no.	49	48	41	61	61
Rate	%	25.9	27.0	22.8	26.1	28.9
Private hospitals						
Selected primiparae who gave birth	no.	80	54	83	na	100
Selected primiparae inductions	no.	34	43	57	na	33
Rate	%	42.5	79.6	68.7	na	33.0
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	189	178	180	234	211
Selected primiparae caesareans	no.	50	53	49	52	56
Rate	%	26.5	29.8	27.2	22.2	26.5
Private hospitals						
Selected primiparae who gave birth	no.	80	54	83	na	100
Selected primiparae caesareans	no.	38	22	22	na	32
Rate	%	47.5	40.7	26.5	na	32.0

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

na Not available.

Source: NT Government (unpublished).

Table 10A.101

Table 10A.101 **Multiparous mothers who have had a previous caesarean section by current method of birth, 2008 (a)**

	Unit	NSW (b)	Vic (b)	Qld	WA (b)	SA	Tas	ACT	NT (b)	Aust
Number										
Non-instrumental vaginal	no.	2 053	1 395	1 441	483	497	134	140	136	6 279
Instrumental vaginal (c)	no.	506	447	275	172	141	23	31	15	1 610
Caesarean section	no.	11 539	9 371	9 014	4 635	2 800	767	614	450	39 190
Not stated	no.	1	—	—	—	—	—	—	—	1
Total	no.	14 099	11 213	10 730	5 290	3 438	924	785	601	47 080
Per cent										
Non-instrumental vaginal	%	14.6	12.4	13.4	9.1	14.5	14.5	17.8	22.6	13.3
Instrumental vaginal (c)	%	3.6	4.0	2.6	3.3	4.1	2.5	3.9	2.5	3.4
Caesarean section	%	81.8	83.6	84.0	87.6	81.4	83.0	78.2	74.9	83.2
Not stated	%	—	—	—	—	—	—	—	—	—
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) For multiple births, the method of birth of the first born baby was used. Data present method of birth for multiparous women who have had a previous caesarean, not just women who had a previous primary caesarean section.

(b) Non-instrumental vaginal' includes all women who had a vaginal breech birth, whether or not instruments were used. For the remaining jurisdictions, vaginal breech births are only included where instruments were not used.

(c) Instrumental vaginal birth includes forceps and vacuum extraction.

— Nil or rounded to zero.

Source : Laws P.J., Li Z., Sullivan E.A., 2010, Australia's Mothers and Babies 2008, AIHW Cat. No. PER 50, AIHW National Perinatal Statistics Unit
(Perinatal Statistics Series No. 24), Sydney.

Table 10A.102

Table 10A.102 Perineal status after vaginal births, 2008 (a), (b), (c)

Number	Unit	NSW	Vic	Qld	WA	SA	Tas (d)	ACT	NT	Aust
Intact	no.	16 994	20 209	12 876	7 863	3 809	2 246	1 274	1 401	66 672
1st degree laceration	no.	19 072	6 019	6 811	3 175	3 400	726	628	426	40 257
2nd degree laceration	no.	17 382	11 714	9 461	4 599	3 603	921	1 509	566	49 755
3rd/4th degree laceration	no.	1 056	778	623	317	250	71	92	60	3 247
Episiotomy	no.	9 063	10 103	4 685	2 470	1 609	560	363	235	29 088
Combined laceration and episiotomy	no.	1 855	743	587	979	620	—	68	41	4 893
Other (e), (f)	no.	1 433	—	5 173	767	44	—	3	23	7 443
Not stated	no.	14	—	3	—	2	—	—	2	21
Total confinements	no.	66 869	49 566	40 219	20 170	13 337	4 524	3 937	2 754	201 376
Proportion of perineal										
Intact	%	25.4	40.8	32.0	39.0	28.6	49.6	32.4	50.9	33.1
1st degree laceration	%	28.5	12.1	16.9	15.7	25.5	16.0	16.0	15.5	20.0
2nd degree laceration	%	26.0	23.6	23.5	22.8	27.0	20.4	38.3	20.6	24.7
3rd/4th degree laceration	%	1.6	1.6	1.5	1.6	1.9	1.6	2.3	2.2	1.6
Episiotomy	%	13.6	20.4	11.6	12.2	12.1	12.4	9.2	8.5	14.4
Combined laceration and episiotomy	%	2.8	1.5	1.5	4.9	4.6	—	1.7	1.5	2.4
Other (e), (f)	%	2.1	—	12.9	3.8	0.3	—	0.1	0.8	3.7
Not stated	%	—	—	—	—	—	—	—	0.1	—
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) 1st degree laceration: perineal laceration, rupture or tear during delivery involving fourchette, labia, skin, slight, vagina, vulva; 2nd degree laceration: perineal laceration, rupture or tear during delivery as with 1st degree also involving pelvic floor, perineal muscles, vaginal muscles; 3rd degree laceration: perineal laceration, rupture or tear during delivery as with 2nd degree also involving anal sphincter, rectovaginal septum, sphincter NOS; 4th degree laceration: perineal laceration, rupture or tear during delivery as with 3rd degree also involving anal mucosa, rectal mucosa.

(b) For multiple births, the perineal status after delivery of the first born was used.

(c) Data include all women who gave birth vaginally, including births in public hospitals, private hospitals and outside of hospital, such as homebirths.

Table 10A.102 **Perineal status after vaginal births, 2008 (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas (d)	ACT	NT	Aust
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- (d) For Tasmania cases where both a laceration and episiotomy occurred were coded as episiotomy.
- (e) For NSW, includes unspecified perineal tear and vulval or perineal haematoma.
- (f) For WA, includes cases where the perineum was intact but a graze was reported.
– Nil or rounded to zero.

Source : Laws P.J., Li Z., Sullivan E.A., 2010, Australia's Mothers and Babies 2008, AIHW Cat. No. PER 50, AIHW National Perinatal Statistics Unit (Perinatal Statistics Series No. 24), Sydney.

Table 10A.103

Table 10A.103 Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 5.2) in public hospitals, 2008-09 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
O01A — Caesarean Delivery W Ccc										
Separations	no.	957	861	656	431	288	67	64	66	3 391
Patient days	no.	9 130	8 878	4 971	4 035	3 128	580	425	750	31 897
ALOS	days	9.54	10.31	7.57	9.35	10.87	8.66	6.64	11.36	9.41
Sample size (b)	no. hospitals	41	26	18	16	13	2	2	3	121
Average cost (c)	\$/DRG	12 963	17 802	12 138	18 674	15 188	19 042	13 797	20 393	15 229
Direct	\$/DRG	9 776	14 064	10 393	16 798	11 819	13 191	9 814	14 723	12 216
Overhead	\$/DRG	3 187	3 739	1 745	1 876	3 370	5 852	3 983	5 669	3 013
O01B — Caesarean Delivery W Scc										
Separations	no.	3 144	2 569	1 767	1 103	846	201	168	163	9 960
Patient days	no.	18 782	14 438	8 784	6 209	5 090	1 127	869	1 325	56 624
ALOS	days	5.97	5.62	4.97	5.63	6.02	5.61	5.17	8.13	5.69
Sample size (b)	no. hospitals	55	32	21	22	24	3	2	4	163
Average cost (c)	\$/DRG	9 152	9 942	9 291	12 888	10 008	12 469	10 113	13 506	10 021
Direct	\$/DRG	6 905	7 783	7 937	10 898	7 598	8 687	7 140	9 845	7 904
Overhead	\$/DRG	2 247	2 159	1 354	1 990	2 410	3 782	2 973	3 661	2 117
O01C — Caesarean Delivery W/O Csc										
Separations	no.	15 007	11 695	8 740	4 198	3 211	922	652	548	44 973
Patient days	no.	61 762	47 783	31 688	17 041	13 928	3 603	2 530	2 871	181 207
ALOS	days	4.12	4.09	3.63	4.06	4.34	3.91	3.88	5.24	4.03
Sample size (b)	no. hospitals	57	35	21	25	25	3	2	4	172
Average cost (c)	\$/DRG	7 676	7 534	7 741	10 685	8 088	9 876	8 143	8 382	8 022
Direct	\$/DRG	5 786	5 853	6 627	8 466	5 902	6 860	5 858	6 025	6 251
Overhead	\$/DRG	1 890	1 680	1 114	2 219	2 186	3 016	2 285	2 358	1 771

Table 10A.103

Table 10A.103 Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 5.2) in public hospitals, 2008-09 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
O02A — Vaginal Delivery W Or Pr W Csc										
Separations	no.	408	382	259	207	93	24	31	25	1 429
Patient days	no.	2 041	1 668	1 062	847	435	109	129	140	6 431
ALOS	days	5.00	4.37	4.10	4.09	4.66	4.54	4.16	5.60	4.50
Sample size (b)	no. hospitals	47	28	19	20	13	3	2	4	136
Average cost (c)	\$/DRG	8 276	8 010	8 730	11 042	8 459	12 783	10 624	12 884	8 907
Direct	\$/DRG	6 219	6 297	7 360	8 951	6 590	8 447	7 569	9 728	6 995
Overhead	\$/DRG	2 057	1 713	1 370	2 091	1 869	4 336	3 055	3 156	1 912
O02B — Vaginal Delivery W Or Pr W/O Csc										
Separations	no.	1 555	1 017	822	340	326	47	83	57	4 248
Patient days	no.	5 325	3 090	2 565	1 245	1 115	173	273	238	14 024
ALOS	days	3.42	3.04	3.12	3.66	3.43	3.68	3.29	4.18	3.30
Sample size (b)	no. hospitals	54	34	21	21	19	3	2	4	158
Average cost (c)	\$/DRG	6 020	5 313	6 021	8 608	5 396	8 214	5 041	6 794	6 026
Direct	\$/DRG	4 509	4 171	5 108	7 213	4 191	5 499	3 658	4 864	4 735
Overhead	\$/DRG	1 511	1 143	913	1 395	1 205	2 715	1 383	1 930	1 291
O03Z — Ectopic Pregnancy										
Separations	no.	929	819	612	351	167	59	66	57	3 060
Patient days	no.	1 851	1 499	1 152	675	335	129	127	140	5 909
ALOS	days	1.99	1.83	1.88	1.92	2.00	2.19	1.92	2.46	1.93
Sample size (b)	no. hospitals	46	29	22	15	13	3	2	3	133
Average cost (c)	\$/DRG	4 524	4 248	6 299	6 062	5 231	6 099	5 253	5 983	5 094
Direct	\$/DRG	3 467	3 443	5 528	5 012	4 030	4 393	3 963	4 581	4 130
Overhead	\$/DRG	1 057	806	771	1 050	1 201	1 706	1 290	1 403	964

Table 10A.103

Table 10A.103 Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 5.2) in public hospitals, 2008-09 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
O04Z — Postpartum & Post Abortn W Or Pr										
Separations	no.	387	492	290	179	119	52	19	22	1 559
Patient days	no.	823	1 042	692	490	376	68	46	103	3 640
ALOS	days	2.13	2.12	2.38	2.75	3.15	1.31	2.42	4.68	2.33
Sample size (b)	no. hospitals	52	35	20	20	21	3	2	3	156
Average cost (c)	\$/DRG	3 567	3 621	4 928	6 661	5 721	3 595	4 635	9 146	4 449
Direct	\$/DRG	2 742	2 883	4 299	5 379	3 511	2 671	3 308	7 172	3 504
Overhead	\$/DRG	825	738	629	1 282	2 210	924	1 327	1 973	945
O05Z — Abortion W Or Pr										
Separations	no.	7 235	8 464	3 216	2 272	6 192	443	231	1 119	29 172
Patient days	no.	8 076	8 795	3 515	2 466	6 300	472	253	1 208	31 085
ALOS	days	1.12	1.04	1.09	1.09	1.02	1.07	1.10	1.08	1.07
Sample size (b)	no. hospitals	67	37	23	24	30	3	2	4	190
Average cost (c)	\$/DRG	1 698	1 617	2 569	2 549	1 285	2 356	2 894	1 103	1 746
Direct	\$/DRG	1 288	1 273	2 267	1 848	1 009	1 749	2 118	870	1 374
Overhead	\$/DRG	409	344	303	701	276	608	776	234	372
O60A — Vaginal Delivery W Csc										
Separations	no.	4 316	3 658	2 170	1 732	1 097	295	282	293	13 842
Patient days	no.	19 891	14 636	8 277	8 026	4 748	1 288	1 164	1 599	59 629
ALOS	days	4.61	4.00	3.81	4.64	4.33	4.37	4.13	5.46	4.31
Sample size (b)	no. hospitals	59	33	23	24	22	3	2	4	170
Average cost (c)	\$/DRG	6 460	6 070	6 094	9 118	6 102	8 101	7 716	7 976	6 696
Direct	\$/DRG	4 762	4 748	5 096	7 878	4 729	5 602	5 400	5 717	5 249
Overhead	\$/DRG	1 698	1 322	997	1 240	1 373	2 499	2 316	2 260	1 447

Table 10A.103

Table 10A.103 Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 5.2) in public hospitals, 2008-09 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
O60B — Vaginal delivery W/O Csc										
Separations	no.	36 708	29 347	18 955	10 420	6 798	2 026	1 969	1 301	107 525
Patient days	no.	103 007	76 633	45 246	29 370	18 888	5 603	4 599	4 277	287 623
ALOS	days	2.81	2.61	2.39	2.82	2.78	2.77	2.34	3.29	2.67
Sample size (b)	no. hospitals	62	33	25	28	28	4	2	5	187
Average cost (c)	\$/DRG	4 874	3 716	4 213	5 932	3 894	5 804	3 297	3 743	4 457
Direct	\$/DRG	3 610	2 874	3 513	4 761	2 884	3 942	2 341	2 636	3 429
Overhead	\$/DRG	1 264	842	700	1 170	1 010	1 862	956	1 107	1 028
O60C — Vaginal Delivery Single Uncomplicated										
Separations	no.	10 047	3 908	6 916	2 469	1 781	609	486	537	26 754
Patient days	no.	20 414	7 966	11 625	5 038	3 365	1 281	796	1 406	51 891
ALOS	days	2.03	2.04	1.68	2.04	1.89	2.10	1.64	2.62	1.94
Sample size (b)	no. hospitals	62	33	28	26	26	7	2	5	189
Average cost (c)	\$/DRG	4 252	2 919	3 194	4 494	2 671	3 783	2 281	2 855	3 626
Direct	\$/DRG	3 124	2 252	2 711	3 516	1 901	2 620	1 618	1 963	2 783
Overhead	\$/DRG	1 128	667	482	978	770	1 164	663	892	844

(a) Estimated population costs are obtained by weighting the sample results according to the known characteristics of the population.

(b) The sample size is the number of hospitals contributing to the cost and activity data for each AR-DRG.

(c) Average cost is affected by a number of factors, some of which are admission practices, sample size, remoteness and the type of hospitals contributing to the collection. Direct comparison between jurisdictions is difficult as there are differences in hospital costing systems. Higher average costs for smaller jurisdictions can be in part attributable to diseconomies of scale.

ALOS = patient's Average Length of Stay. c = catastrophic. cc = complications and co-morbidities. Or Pr = operating room procedure. s = severe. w/o = without. w = with.

Source: DoHA, *NHCDC Round 13* (2008-09).

Table 10A.104

Table 10A.104 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	NSW	Vic (a)	Qld	WA	SA (b)	Tas	ACT (c)	NT (d)	Aust
2005										
Birthweight less than 1500g	no. of live births	767	620	484	267	240	44	69	46	2 537
Apgar score 0	% of live births	3.3	2.3	3.7	1.5	2.1	2.3	2.9	4.4	2.8
Apgar score 1-3	% of live births	15.1	16.9	11.4	8.6	13.3	6.8	7.3	19.6	13.7
Apgar score 4-6	% of live births	12.8	10.8	8.1	10.9	7.9	11.4	11.6	10.9	10.6
Apgar score 7-10	% of live births	67.4	68.9	76.5	78.3	76.7	79.5	78.3	65.2	72.0
Birthweight 1500-1999g	no. of live births	910	586	565	282	224	52	66	59	2 744
Apgar score 0	% of live births	—	0.2	—	0.4	—	—	—	—	0.1
Apgar score 1-3	% of live births	1.4	0.7	0.7	1.1	—	—	1.5	—	0.9
Apgar score 4-6	% of live births	4.2	3.9	2.8	3.9	4.5	1.9	3.0	3.4	3.7
Apgar score 7-10	% of live births	93.5	94.7	96.5	94.7	95.5	98.1	95.5	96.6	94.9
Birthweight 2000-2499g	no. of live births	2 701	1 953	1 650	741	621	174	159	169	8 168
Apgar score 0	% of live births	0.1	0.1	—	—	—	0.5	—	—	0.1
Apgar score 1-3	% of live births	0.4	0.5	0.4	0.3	0.3	—	1.3	1.2	0.4
Apgar score 4-6	% of live births	2.5	2.4	1.6	1.6	2.1	1.7	0.6	2.4	2.1
Apgar score 7-10	% of live births	96.4	96.9	97.7	97.8	97.6	97.1	98.1	96.5	97.0
Birthweight 2500g and over	no. of live births	62 819	42 376	34 917	14 659	12 078	3 652	2 811	2 607	175 919
Apgar score 0	% of live births	—	—	—	—	—	—	—	0.1	—
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1
Apgar score 4-6	% of live births	1.0	0.9	0.7	0.8	1.3	1.0	0.6	2.1	0.9
Apgar score 7-10	% of live births	98.7	98.9	99.1	99.1	98.6	98.9	99.3	97.6	98.8
2006										
Birthweight less than 1500g	no. of live births	1 014	455	585	299	196	40	75	52	2 716
Apgar score 0	% of live births	3.7	2.4	3.3	2.3	2.0	2.5	—	—	2.9

Table 10A.104

Table 10A.104 Baby's Apgar scores at five minutes, by birthweight, public hospitals

	Unit	NSW	Vic (a)	Qld	WA	SA (b)	Tas	ACT (c)	NT (d)	Aust
Apgar score 1-3	% of live births	10.6	12.6	13.2	7.4	4.6	7.5	18.7	17.3	11.0
Apgar score 4-6	% of live births	12.5	12.6	9.2	13.0	9.7	20.0	5.3	7.7	11.5
Apgar score 7-10	% of live births	71.4	71.4	73.7	76.3	83.7	70.0	76.0	75.0	73.5
Birthweight 1500-1999g	no. of live births	1 012	641	590	308	193	54	73	56	2 927
Apgar score 0	% of live births	0.2	0.1	—	—	—	1.9	—	5.4	0.2
Apgar score 1-3	% of live births	1.1	1.2	1.0	0.3	—	1.9	—	—	0.9
Apgar score 4-6	% of live births	5.1	4.7	3.7	4.9	3.1	3.7	5.5	—	4.5
Apgar score 7-10	% of live births	93.2	93.7	95.1	94.8	96.9	92.6	94.5	94.6	94.1
Birthweight 2000-2499g	no. of live births	2 872	2 042	1 673	798	616	194	172	187	8 554
Apgar score 0	% of live births	—	0.1	0.1	—	—	—	—	—	0.1
Apgar score 1-3	% of live births	0.5	0.4	0.3	0.6	0.5	0.5	1.7	—	0.4
Apgar score 4-6	% of live births	1.9	2.1	1.4	2.8	2.1	1.0	3.5	1.6	1.9
Apgar score 7-10	% of live births	97.0	97.1	97.6	96.6	97.4	98.5	94.8	98.4	97.2
Birthweight 2500g and over	no. of live births	64 305	44 192	35 847	15 734	12 538	3 845	3 145	2 637	182 243
Apgar score 0	% of live births	—	—	—	—	—	0.1	—	0.1	—
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1
Apgar score 4-6	% of live births	1.0	0.9	0.7	0.8	1.0	0.9	1.1	1.7	0.9
Apgar score 7-10	% of live births	98.6	98.8	99.1	98.9	98.9	99.0	98.7	98.1	98.8
2007										
Birthweight less than 1500g	no. of live births	774	658	543	289	215	54	64	57	2 654
Apgar score 0	% of live births	2.1	3.0	2.6	1.4	1.4	9.2	1.6	—	2.4
Apgar score 1-3	% of live births	13.8	14.3	10.3	8.0	11.2	5.6	21.9	14.0	12.4
Apgar score 4-6	% of live births	14.3	15.5	12.0	15.9	9.3	11.1	18.8	22.8	14.1
Apgar score 7-10	% of live births	69.8	66.1	74.4	74.7	78.1	74.1	57.8	59.6	70.6

Table 10A.104

Table 10A.104 Baby's Apgar scores at five minutes, by birthweight, public hospitals

	Unit	NSW	Vic (a)	Qld	WA	SA (b)	Tas	ACT (c)	NT (d)	Aust
Birthweight 1500-1999g	no. of live births	942	712	610	344	195	69	89	45	3 006
Apgar score 0	% of live births	0.1	0.1	—	—	—	—	—	—	0.1
Apgar score 1-3	% of live births	1.7	1.1	1.2	1.2	0.5	1.5	—	—	1.2
Apgar score 4-6	% of live births	5.4	5.1	5.3	5.2	7.2	—	6.7	8.8	5.4
Apgar score 7-10	% of live births	92.8	93.4	93.1	93.0	92.3	97.1	93.3	88.9	93.0
Birthweight 2000-2499g	no. of live births	2 827	2 067	1 667	858	653	172	165	166	8 575
Apgar score 0	% of live births	0.1	—	0.1	0.2	0.2	—	—	—	0.1
Apgar score 1-3	% of live births	0.6	0.5	0.5	0.2	0.5	—	1.2	1.8	0.5
Apgar score 4-6	% of live births	2.9	3.1	1.6	2.2	1.5	1.7	1.2	3.0	2.5
Apgar score 7-10	% of live births	96.4	96.1	97.7	97.1	97.9	98.3	97.6	95.8	96.8
Birthweight 2500g and over	no. of live births	66 970	46 496	38 689	16 111	13 194	3 905	3 304	2 721	191 390
Apgar score 0	% of live births	—	—	—	—	—	0.2	—	—	—
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.3	0.1
Apgar score 4-6	% of live births	1.0	1.2	0.7	1.0	1.1	1.0	1.2	1.8	1.0
Apgar score 7-10	% of live births	98.9	98.6	99.0	98.8	98.7	98.7	98.5	97.8	98.8
2008										
Birthweight less than 1500g	no. of live births	849	628	564	297	204	79	65	47	2 733
Apgar score 0	% of live births	3.1	3.0	2.1	1.7	1.5	3.8	—	6.4	2.6
Apgar score 1-3	% of live births	17.1	13.5	14.2	7.1	14.2	6.3	15.4	14.9	14.0
Apgar score 4-6	% of live births	14.6	19.9	12.8	17.9	9.3	3.8	30.8	23.4	15.6
Apgar score 7-10	% of live births	64.2	63.5	70.4	73.4	75.0	86.1	53.9	53.2	67.3
Birthweight 1500-1999g	no. of live births	1 052	628	602	332	240	87	74	43	3 058
Apgar score 0	% of live births	0.3	3.0	—	0.3	—	4.6	1.4	—	0.9
Apgar score 1-3	% of live births	0.8	13.5	1.5	0.6	0.8	2.3	4.1	2.3	3.7
Apgar score 4-6	% of live births	5.6	19.9	5.3	6.6	3.3	3.5	16.2	4.7	8.6
Apgar score 7-10	% of live births	93.3	63.5	92.9	92.5	95.8	89.7	78.4	93.0	86.7

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Table 10A.104

Table 10A.104 Baby's Apgar scores at five minutes, by birthweight, public hospitals

	Unit	NSW	Vic (a)	Qld	WA	SA (b)	Tas	ACT (c)	NT (d)	Aust
Birthweight 2000-2499g	no. of live births	2 880	1 985	1 706	817	605	209	159	185	8 546
Apgar score 0	% of live births	0.1	0.1	0.1	0.1	—	2.4	—	—	0.1
Apgar score 1-3	% of live births	0.6	0.4	0.5	0.6	0.3	0.5	—	—	0.5
Apgar score 4-6	% of live births	2.4	3.2	1.8	1.7	2.8	1.9	1.3	1.1	2.4
Apgar score 7-10	% of live births	96.2	96.3	97.5	97.4	96.9	95.2	98.7	98.4	96.7
Birthweight 2500g and over	no. of live births	67 810	46 453	39 345	16 366	13 402	3 957	3 367	2 742	193 442
Apgar score 0	% of live births	—	—	—	—	—	0.5	—	0.1	—
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.1	0.4	0.1	0.1
Apgar score 4-6	% of live births	1.0	1.3	0.8	1.0	0.9	0.8	1.6	1.6	1.0
Apgar score 7-10	% of live births	98.5	98.6	99.0	98.9	99.0	98.7	98.0	98.1	98.7
2009										
Birthweight less than 1500g	no. of live births	829	628	530	319	222	na	55	52	2 635
Apgar score 0	% of live births	2.1	3.0	4.0	2.2	2.3	na	3.6	1.9	na
Apgar score 1-3	% of live births	17.0	13.5	12.3	6.9	7.2	na	5.5	21.2	na
Apgar score 4-6	% of live births	11.8	19.9	14.3	16.9	8.6	na	23.6	9.6	na
Apgar score 7-10	% of live births	67.4	63.5	67.2	73.4	82.0	na	67.3	67.3	na
Birthweight 1500-1999g	no. of live births	933	628	616	321	260	na	57	61	2 876
Apgar score 0	% of live births	0.3	3.0	—	0.6	—	na	—	—	na
Apgar score 1-3	% of live births	0.9	13.5	0.8	1.3	1.5	na	5.3	1.6	na
Apgar score 4-6	% of live births	4.5	19.9	4.6	9.4	5.0	na	10.5	13.1	na
Apgar score 7-10	% of live births	93.9	63.5	94.3	88.5	93.5	na	84.2	83.4	na
Birthweight 2000-2499g	no. of live births	2 847	1 985	1 837	825	669	na	161	204	8 528
Apgar score 0	% of live births	—	0.1	—	—	—	na	—	—	na
Apgar score 1-3	% of live births	0.6	0.4	0.8	0.4	0.1	na	1.2	—	na
Apgar score 4-6	% of live births	2.9	3.2	2.3	3.0	4.2	na	3.1	3.4	na
Apgar score 7-10	% of live births	96.0	96.3	96.7	96.4	98.8	na	95.7	96.6	na

Table 10A.104

Table 10A.104 Baby's Apgar scores at five minutes, by birthweight, public hospitals

	Unit	NSW	Vic (a)	Qld	WA	SA (b)	Tas	ACT (c)	NT (d)	Aust
Birthweight 2500g and over	no. of live births	67 545	46 453	39 738	16 311	13 345	na	3 261	2 749	189 402
Apgar score 0	% of live births	–	–	–	–	–	na	0.1	–	na
Apgar score 1-3	% of live births	0.1	0.1	0.2	0.1	0.1	na	0.1	0.1	na
Apgar score 4-6	% of live births	1.1	1.3	1.0	1.1	1.1	na	1.8	1.7	na
Apgar score 7-10	% of live births	98.4	98.6	98.7	98.7	98.8	na	98.0	98.2	na

(a) Data for 2009 are preliminary.

(b) SA data exclude live births if Apgar scores are not recorded.

(c) Data for 2009 are preliminary. In 2008 15.7 per cent of women who gave birth in the ACT were not residents.

(d) 2005 data exclude one baby with birthweight 0–1499g with unknown Apgar score.

na Not available. – Nil or rounded to zero.

Source: State and Territory governments (unpublished).

Table 10A.105

Table 10A.105 Fetal deaths

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT(a)	NT	Aust(a)
2004										
Total all births (b)	no.	86 367	62 919	50 275	25 492	17 263	5 853	4 199	3 577	255 971
Fetal deaths (c), (d)	no.	473	502	335	197	123	44	25	26	1 725
Fetal death rate per 1000 total relevant births		5.5	8.0	6.7	7.7	7.1	7.5	6.0	7.3	6.7
2005										
Total all births (b)	no.	87 083	63 811	52 048	26 444	17 910	6 361	4 242	3 701	261 628
Fetal deaths (c), (d)	no.	494	524	387	191	110	53	36	42	1 837
Fetal death rate per 1000 total relevant births		5.7	8.2	7.4	7.2	6.1	8.3	8.5	11.3	7.0
2006										
Total all births (b)	no.	87 856	65 583	53 024	27 940	18 342	6 518	4 520	3 735	267 544
Fetal deaths (c), (d)	no.	520	347	359	164	82	43	41	39	1 595
Fetal death rate per 1000 total relevant births		5.9	5.3	6.8	5.9	4.5	6.6	9.1	10.4	6.0
2007										
Total all births (b)	no.	89 991	70 720	61 683	29 325	19 740	6 703	4 783	3 923	286 889
Fetal deaths (c), (d)	no.	496	407	434	161	78	41	30	29	1 676
Fetal death rate per 1000 total relevant births		5.5	5.8	7.0	5.5	4.0	6.1	6.3	7.4	5.8
2008										
Total all births (b)	no.	95 152	71 555	63 554	32 051	20 324	6 822	4 818	3 963	298 269
Fetal deaths (c), (d)	no.	468	380	422	201	95	47	14	21	1 648
Fetal death rate per 1000 total relevant births		4.9	5.3	6.6	6.3	4.7	6.9	2.9	5.3	5.5

(a) Data may exclude stillbirth data which were not received or processed by the ABS in time for the finalisation of the 2008 reference year. According to scope rules, these 2008 data will be included in the 2010 reference year.

(b) All births is the number of live births and fetal deaths by definition include only infants of a gestational age of at least 20 weeks or weighing at least 400 grams.

(c) Perinatal deaths (including fetal deaths) for years 2004-2007 have been subject to a revision of scope rules. See ABS Perinatal Deaths, Australia, 2007 (cat.no. 3304.0) Explanatory Notes 18-20 for further information.

Table 10A.105 **Fetal deaths**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT(a)</i>	<i>NT</i>	<i>Aust(a)</i>
(d)	Fetal death (stillbirth) is the birth of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Fetal deaths by definition include only infants of a gestational age of at least 20 weeks or weighing at least 400 grams.									
Source:	ABS Perinatal deaths, Australia, Cat. no. 3304.0, Canberra (unpublished).									

Table 10A.106

Table 10A.106 Neonatal deaths

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
2004											
	Total live births (a)	no.	85 894	62 417	49 940	25 295	17 140	5 809	4 174	3 551	254 246
	Neonatal deaths (b), (c)	no.	272	206	186	55	36	15	25	21	816
	Neonatal death rate per 1000 live births		3.2	3.3	3.7	2.2	2.1	2.6	6.0	5.9	3.2
2005											
	Total live births (a)	no.	86 589	63 287	51 661	26 253	17 800	6 308	4 206	3 659	259 791
	Neonatal deaths (b), (c)	no.	309	242	192	76	59	13	20	21	932
	Neonatal death rate per 1000 live births		3.6	3.8	3.7	2.9	3.3	2.1	4.8	5.7	3.6
2006											
	Total live births (a)	no.	87 336	65 236	52 665	27 776	18 260	6 475	4 479	3 696	265 949
	Neonatal deaths (b), (c)	no.	301	201	185	93	33	16	15	20	864
	Neonatal death rate per 1000 live births		3.4	3.1	3.5	3.3	1.8	2.5	3.3	5.4	3.2
2007											
	Total live births (a)	no.	89 495	70 313	61 249	29 164	19 662	6 662	4 753	3 894	285 213
	Neonatal deaths (b), (c)	no.	286	200	218	40	55	21	15	21	856
	Neonatal death rate per 1000 live births		3.2	2.8	3.6	1.4	2.8	3.2	3.2	5.4	3.0
2008											
	Total live births (a)	no.	94 684	71 175	63 132	31 850	20 229	6 775	4 804	3 942	296 621
	Neonatal deaths (b), (c)	no.	317	187	209	60	37	15	17	10	853
	Neonatal death rate per 1000 live births		3.3	2.6	3.3	1.9	1.8	2.2	3.5	2.5	2.9

(a) Total live births are all live births registered in the calendar year.

(b) Perinatal deaths (including neonatal deaths) for years 2004-2007 have been subject to a revision of scope rules. See ABS Perinatal Deaths, Australia, 2007 (cat.no. 3304.0) Explanatory Notes 18-20 for further information.

(c) A neonatal death is the death within 28 days of birth of a child who after delivery, breathes or shows any evidence of life such as a heartbeat.

Source: ABS Perinatal deaths, Australia, Cat. no. 3304.0, Canberra (unpublished).

Table 10A.107 Neonatal, fetal and perinatal death rates, Australia (a)

	<i>Fetal death rate (b)</i>	<i>Neonatal death rate (c)</i>	<i>Perinatal death rate (d)</i>
1996	6.5	3.5	10.0
1997	6.0	3.2	9.2
1998	5.3	3.0	8.3
1999	5.1	3.4	8.5
2000	5.2	3.1	8.3
2001	5.2	3.3	8.4
2002	4.9	3.1	8.0
2003	6.5	3.3	9.8
2004	6.7	3.2	9.9
2005	7.0	3.6	10.6
2006	6.0	3.2	9.2
2007	5.8	3.0	8.8
2008	5.5	2.9	8.4

(a) Perinatal deaths (including fetal and neonatal deaths) for years 2003-2007 have been subject to a revision of scope rules. See ABS Perinatal Deaths, Australia, 2007 (cat.no. 3304.0) Explanatory Notes 18-20 for further information.

(b) Fetal death (stillbirth) is the birth of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Fetal deaths by definition include only infants of a gestational age of at least 20 weeks or weighing at least 400 grams.

(c) A neonatal death is the death within 28 days of birth of a child who after delivery, breathes or shows any evidence of life such as a heartbeat.

(d) Perinatal deaths are fetal and neonatal deaths combined. Fetal deaths exclude those records where gestational age was less than 20 weeks or birthweight was known to be less than 400 grams.

Source: ABS Perinatal deaths, Australia, Cat. no. 3304.0, Canberra (unpublished).

Table 10A.108

Table 10A.108 Perinatal deaths

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (a)	NT	Aust (a)
2004										
Total all births (b)	no.	86 367	62 919	50 275	25 492	17 263	5 853	4 199	3 577	255 971
Perinatal deaths (c), (d)	no.	745	708	521	252	159	59	50	47	2 541
Perinatal death rate	per 1000 total births	8.6	11.3	10.4	9.9	9.2	10.1	11.9	13.1	9.9
2005										
Total all births (b)	no.	87 083	63 811	52 048	26 444	17 910	6 361	4 242	3 701	261 628
Perinatal deaths (c), (d)	no.	803	766	579	267	169	66	56	63	2 769
Perinatal death rate	per 1000 total births	9.2	12.0	11.1	10.1	9.4	10.4	13.2	17.0	10.6
2006										
Total all births (b)	no.	87 856	65 583	53 024	27 940	18 342	6 518	4 520	3 735	267 544
Perinatal deaths (c), (d)	no.	821	548	544	257	115	59	56	59	2 459
Perinatal death rate	per 1000 total births	9.3	8.4	10.3	9.2	6.3	9.1	12.4	15.8	9.2
2007										
Total all births (b)	no.	89 991	70 720	61 683	29 325	19 740	6 703	4 783	3 923	286 889
Perinatal deaths (c), (d)	no.	782	607	652	201	133	62	45	50	2 532
Perinatal death rate	per 1000 total births	8.7	8.6	10.6	6.9	6.7	9.2	9.4	12.7	8.8
2008										
Total all births (b)	no.	95 152	71 555	63 554	32 051	20 324	6 822	4 818	3 963	298 269
Perinatal deaths (c), (d)	no.	785	567	631	261	132	62	31	31	2 501
Perinatal death rate	per 1000 total births	8.2	7.9	9.9	8.1	6.5	9.1	6.4	7.8	8.4

(a) Data may exclude stillbirth data which were not received or processed by the ABS in time for the finalisation of the 2008 reference year. According to scope rules, these 2008 data will be included in the 2010 reference year.

(b) Total all births is the number live births and fetal deaths combined. Fetal deaths by definition include only infants of a gestational age of at least 20 weeks or weighing at least 400 grams.

(c) Perinatal deaths for years 2004-2007 have been subject to a revision of scope rules. See ABS Perinatal Deaths, Australia, 2007 (cat.no. 3304.0) Explanatory Notes 18-20 for further information.

Table 10A.108

Table 10A.108 **Perinatal deaths**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (a)</i>	<i>NT</i>	<i>Aust (a)</i>
(d)	Perinatal deaths are fetal and neonatal deaths combined. Fetal deaths exclude those records where gestational age was less than 20 weeks or birthweight was known to be less than 400 grams.									

Source: ABS Perinatal deaths, Australia, Cat. no. 3304.0, Canberra (unpublished).

Table 10A.109

Table 10A.109 Perinatal, neonatal and fetal deaths, 2004–2008 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Fetal deaths (b)										
Indigenous										
Total all births (c)	no.	18 000	na	19 592	10 065	3 911	na	na	7 811	66 256
Fetal deaths	no.	89	na	160	79	23	na	na	97	473
Fetal death rate per 1000 total births		4.9	na	8.2	7.8	5.9	na	na	12.4	7.1
Non-Indigenous (d)										
Total all births (c)	no.	428 449	na	260 992	131 187	89 668	na	na	11 088	1 304 045
Fetal deaths	no.	2 362	na	1 777	835	465	na	na	60	8 008
Fetal death rate per 1000 total births		5.5	na	6.8	6.4	5.2	na	na	5.4	6.1
Neonatal deaths (e)										
Indigenous										
Total live births (f)	no.	17 911	na	19 432	9 986	3 888	na	na	7 714	65 783
Neonatal deaths	no.	84	na	116	49	15	na	na	65	347
Neonatal death rate per 1000 live births		4.7	na	6.0	4.9	3.9	na	na	8.4	5.3
Non-Indigenous (d)										
Total live births (f)	no.	426 087	na	259 215	130 352	89 203	na	na	11 028	1 296 037
Neonatal deaths	no.	1 401	na	874	275	205	na	na	28	3 974
Neonatal death rate per 1000 live births		3.3	na	3.4	2.1	2.3	na	na	2.5	3.1
Perinatal deaths (g)										
Indigenous										
Total all births (c)	no.	18 000	na	19 592	10 065	3 911	na	na	7 811	66 256
Perinatal deaths	no.	173	na	276	128	38	na	na	162	820
Perinatal death rate per 1000 total births		9.6	na	14.1	12.7	9.7	na	na	20.7	12.4
Non-Indigenous (d)										
Total all births (c)	no.	428 449	na	260 992	131 187	89 668	na	na	11 088	1 304 045
Perinatal deaths	no.	3 763	na	2 651	1 110	670	na	na	88	11 982

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Table 10A.109

Table 10A.109 Perinatal, neonatal and fetal deaths, 2004–2008 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Perinatal death rate	per 1000 total births	8.8	na	10.2	8.5	7.5	na	na	7.9	9.2
(a) Perinatal deaths (including fetal and neonatal deaths) for years 1999–2007 have been subject to a revision of scope rules. See ABS Perinatal Deaths, Australia, 2007 (cat.no. 3304.0) Explanatory Notes 18–20 for further information.										
(b) Fetal death (stillbirth) is the birth of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Fetal deaths by definition include only infants of a gestational age of at least 20 weeks or weighing at least 400 grams.										
(c) Total all births is the number of live births and fetal deaths combined. Fetal deaths by definition include only infants of a gestational age of at least 20 weeks or weighing at least 400 grams										
(d) Non-Indigenous includes Indigenous status not stated										
(e) A neonatal death is the death within 28 days of birth of a child who after delivery, breathes or shows any evidence of life such as a heartbeat.										
(f) Total live births are all live births registered in the calendar year.										
(g) Perinatal deaths are fetal and neonatal deaths combined. Fetal deaths exclude those records where gestational age was less than 20 weeks or birthweight was known to be less than 400 grams.										

na Not available.

Source: ABS Perinatal deaths, Australia, Cat. no. 3304.0, Canberra (unpublished).