10 Public hospitals

CONTENTS

Attachment tables

Attachment tables are identified in references throughout this chapter by a '10A' prefix (for example, table 10A.1). 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 in this edition include:

- 'Emergency department waiting times' and 'Elective surgery waiting times' data are reported by socioeconomic status

- a new measure 'Presentations to emergency departments with a length of stay of 4 hours or less ending in admission' is reported under the 'Waiting times for admitted patient services' indicator
- 'Selected hospital procedures' are reported by Indigenous status, remoteness and socioeconomic status
- a new maternity services indicator 'Instrumental vaginal births' is reported
- improved data are reported for the maternity services indicator 'Mother's average length of stay'
- data quality information (DQI) is available for the first time for the indicators 'Recurrent cost per non-admitted occasion of service', 'Caesareans for selected primiparae', 'Inductions for selected primiparae' and 'Instrumental vaginal births'.

10.1 Profile of public hospitals

Definition

A key objective of Australian governments 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, irrespective 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 relative to other hospitals data. Data in the chapter include subacute and non-acute care services.

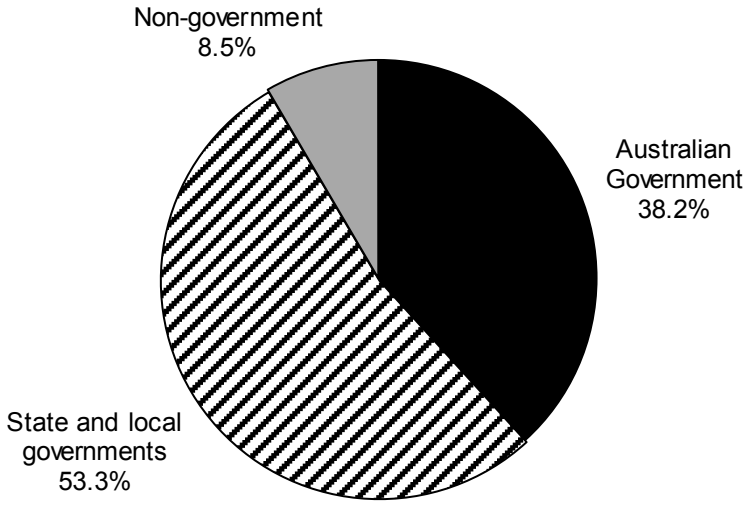
In some instances, data for stand-alone psychiatric hospitals are included in this chapter. However, under the National Mental Health Strategy, the provision of psychiatric treatment is shifting away from specialised psychiatric hospitals to mainstream public hospitals and the community sector. The performance of psychiatric hospitals and psychiatric units of public hospitals is examined more closely in the 'Mental health management' chapter of this Report (chapter 12).

Funding

Total recurrent expenditure on public hospitals (excluding depreciation) was $40.4 billion in 2011-12 (table 10A.1). The majority of public hospital recurrent expenditure is spent on admitted patients. Non-admitted patients account for a much smaller share. For selected public hospitals, in 2011-12, the proportion of total public hospital recurrent expenditure that related to the care of admitted patients (based on the admitted patient cost proportion) was around 70 per cent across Australia (AIHW 2013a).

Funding for public hospitals comes from a number of sources. The Australian, State and Territory governments contributed 91.5 per cent of funding for public hospital services in 2011-12 (figure 10.1). Public hospital services accounted for 41.9 per cent of government recurrent expenditure on health services in 2011-12 (AIHW 2013b).

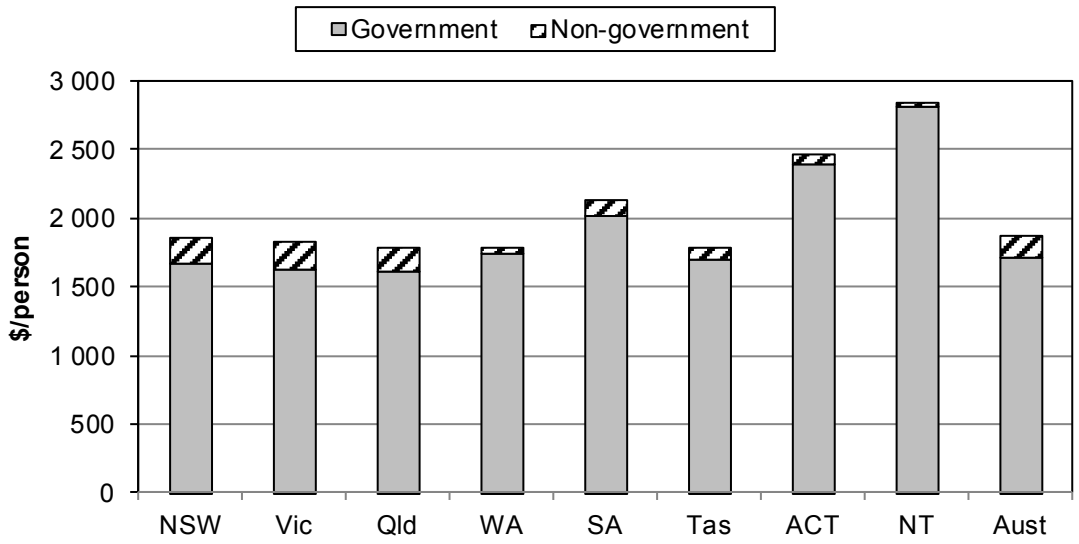
Figure 10.1 **Recurrent expenditure, public hospital services, by source of funds, 2011-12**



Source: AIHW (2013), *Health expenditure Australia 2011–12*, Health and Welfare Expenditure Series No. 50, Cat. no. HWE 59. Canberra.

Non-government sources contributed 8.5 per cent of all recurrent expenditure on public hospital services in 2011-12 (including depreciation) (figure 10.2 and table 10A.2). Non-government expenditure comprised revenue from health insurance funds, individuals, workers' compensation and compulsory third-party motor vehicle insurers and other sources. The proportion of hospitals' revenue per person funded from non-government sources varied across jurisdictions in 2011-12 (figure 10.2).

Figure 10.2 **Source of public hospital recurrent expenditure, 2011-12**[a, b, c]



a 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** The expenditure numbers for the ACT include substantial expenditures for NSW residents, and so the ACT expenditure is overstated.

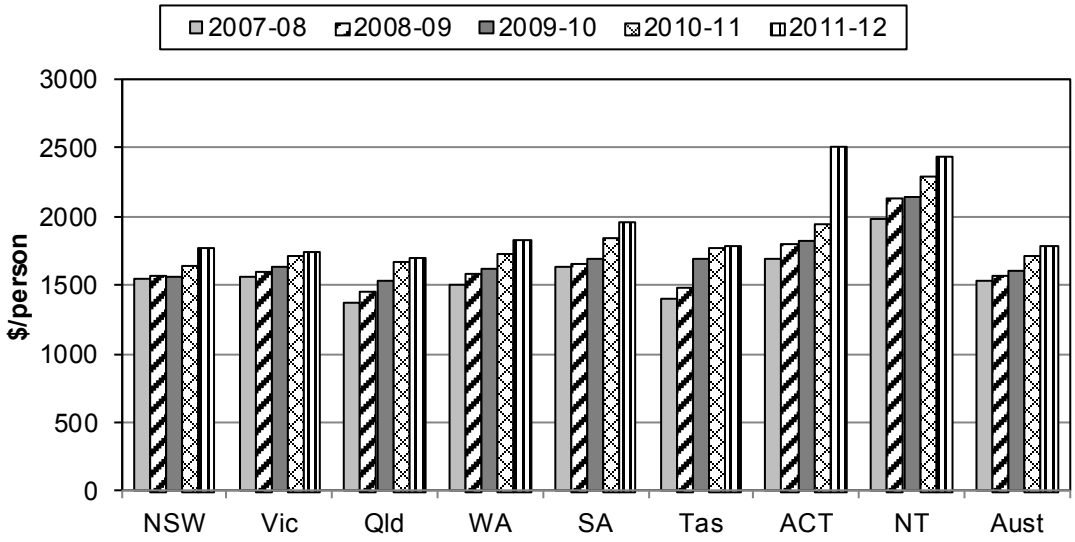
Source: AIHW (2013), *Health expenditure Australia 2011–12*, Health and Welfare Expenditure Series No. 50, Cat. no. HWE 59. Canberra; table 10A.2.

Expenditure data in figures 10.1 and 10.2 are sourced from unpublished data from the AIHW Health Expenditure Australia database, and are not directly comparable with other expenditure data used in this chapter, which are drawn from *Australian Hospital Statistics 2011-12* (AIHW 2013a). The AIHW publication *Health Expenditure Australia 2011-12* provides information about the differences in the expenditure data between the two sources (AIHW 2013b).

In 2011-12, government real recurrent expenditure on public hospitals was $1792 per person nationally, up from $1525 in 2007-08 (in 2011-12 dollars) (figure 10.3). It is difficult to make comparisons across jurisdictions based on these recurrent expenditure data, due to differences in the data coverage. The main 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) (2011-12 dollars)[a, b, c, d, e]**



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 (2013b). **d** Queensland pathology services were purchased from a Statewide pathology service rather than being provided by hospital employees. **e** The expenditure numbers for the ACT include substantial expenditures for NSW residents, and so the ACT expenditure is overstated.

Source: AIHW (various years), *Australian hospital statistics*, Health Services Series, Cat. nos HSE 71, 84, 107, 117 and 134; AIHW (2013), *Health expenditure Australia 2011–12*, Health and Welfare Expenditure Series No. 50, Cat. no. HWE 59. Canberra, AIHW; table 10A.3.

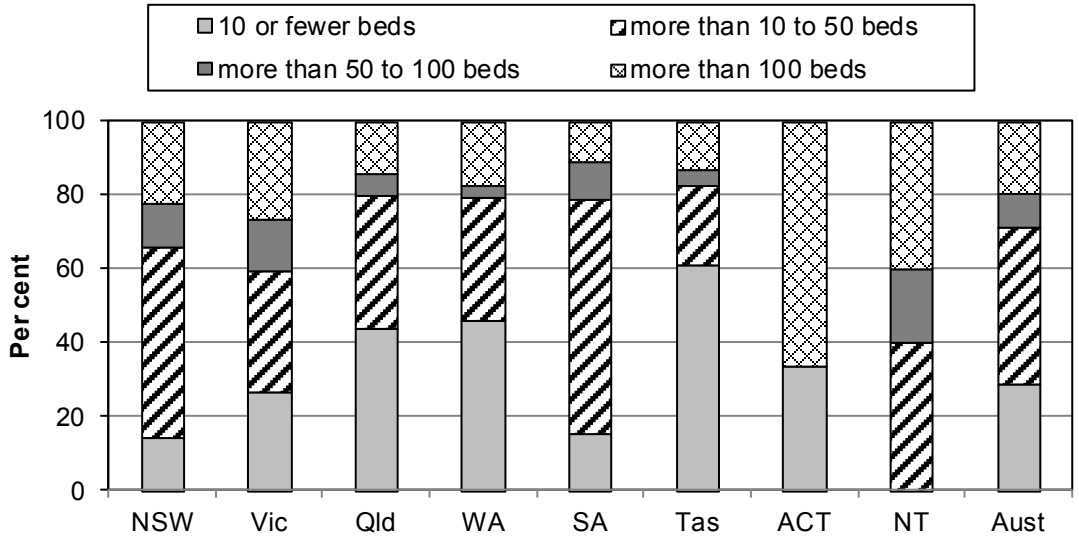
Size and scope of sector

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 2011-12, Australia had 753 public hospitals (including 17 psychiatric hospitals) (table 10A.4 and AIHW 2013a). Although 71 per cent of hospitals had 50 or fewer beds, these smaller hospitals represented only 15 per cent of total available beds (figure 10.4 and table 10A.4).

Figure 10.4 **Public hospitals, by size, 2011-12**[a, b, c, d, e]



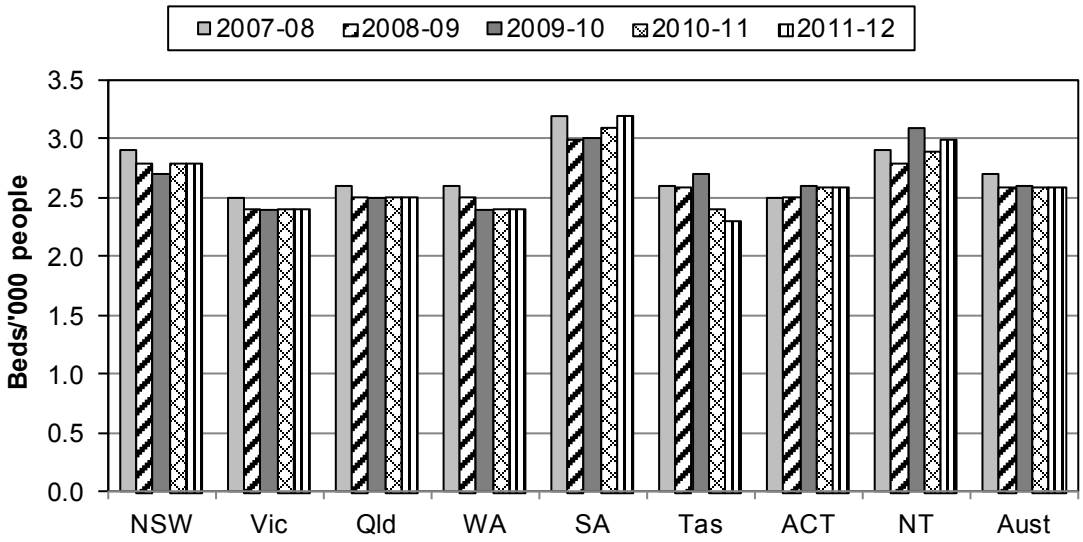
[a] The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of hospital buildings or campuses. [b] Size is based on the average number of available beds. [c] The comparability of bed numbers can be affected by the 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] The ACT did not have hospitals with more than 10 to 50 beds or more than 50 to 100 beds. The NT did not have hospitals with 10 or fewer beds.

Source: AIHW (2013), *Australian Hospital Statistics 2011-12,* Health Services Series No. 50, Cat no. HSE 134; table 10A.4.

Hospital beds

There were 58 420 available beds for admitted patients in public hospitals in 2011-12, equivalent to 2.6 beds per 1000 people (figures 10.5 and table 10A.4). The concept of an available bed is becoming less important in the overall context of hospital activity, particularly given the increasing significance of same day hospitalisations and hospital-in-the-home care (AIHW 2011a). Nationally, about 88 per cent of beds in public acute hospitals were available for overnight-stay patients in 2011-12 (AIHW 2013a).

Figure 10.5 **Available beds, public hospitals[a]**



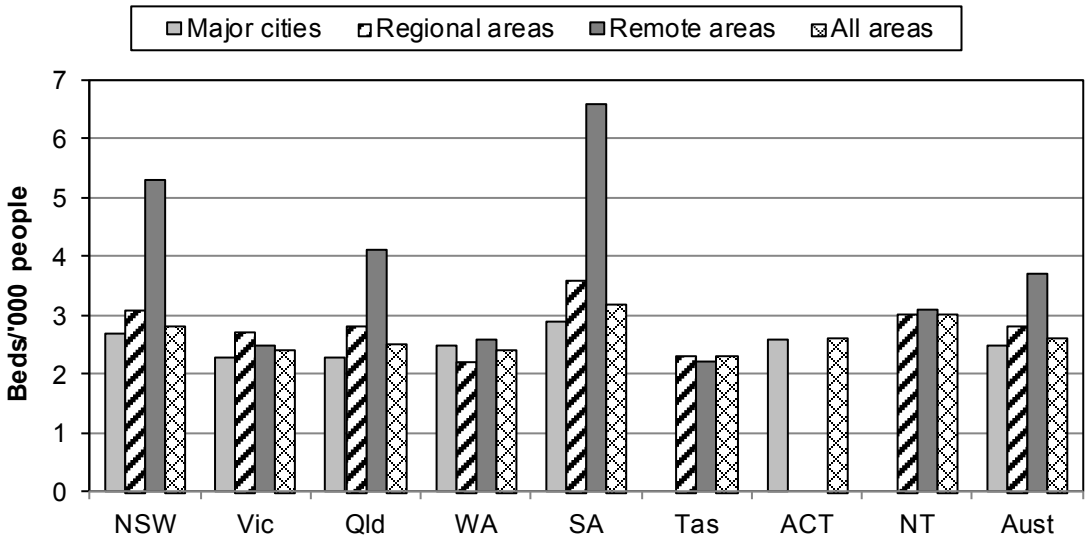
[a] Available beds includes both average available beds for overnight and same day accommodation. Average available overnight beds is the number of beds available to provide overnight accommodation for patients (other than neonatal cots (nonspecial-care) and beds occupied by hospital-in-the-home patients), averaged over the counting period. Average available same day beds is the number of beds, chairs or trolleys available to provide accommodation for same-day patients, averaged over the counting period (HDSC 2012).

Source: AIHW (various years), *Australian hospital statistics*, Health Services Series, Cat. nos HSE 71, 84, 107, 117 and 134; table 10A.5.

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 admission practices and how available beds are counted, both across jurisdictions and over time.

Nationally, more beds were available per 1000 people in remote areas (figure 10.6). 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 Australians, who have higher population concentrations in remote areas. These data also need to be viewed in the context of the age and sex structure (reported in chapter 2) and the morbidity and mortality (reported in the 'Health sector overview') of the population in each State and Territory.

Figure 10.6 **Available beds, public hospitals, by location, 2011-12**[a, b, c]



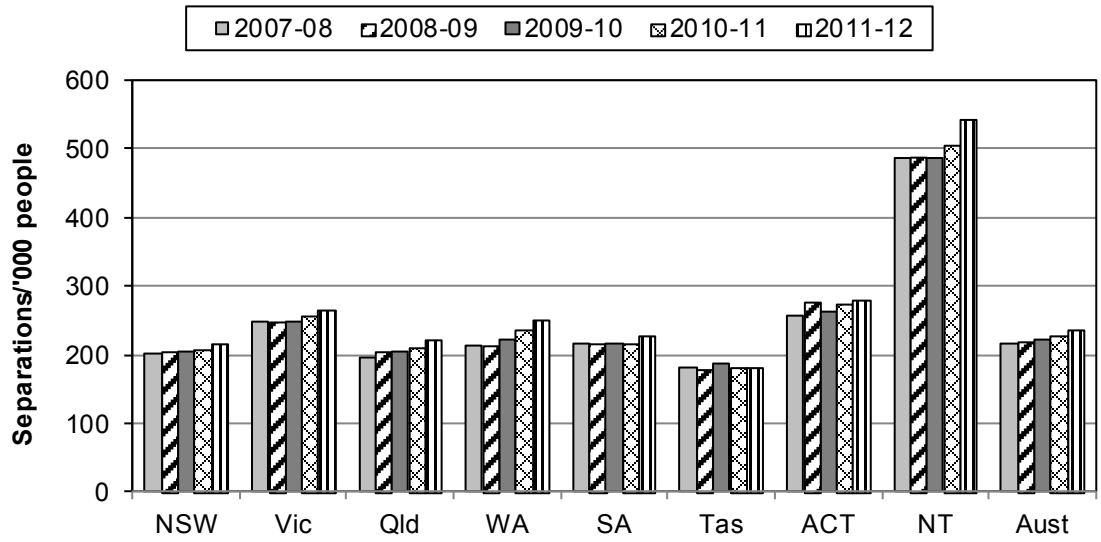
[a] Available beds includes both average available beds for overnight and same day accommodation. Average available overnight beds is the number of beds available to provide overnight accommodation for patients (other than neonatal cots (nonspecial-care) and beds occupied by hospital-in-the-home patients), averaged over the counting period. Average available same day beds is the number of beds, chairs or trolleys available to provide accommodation for same-day patients, averaged over the counting period (HDSC 2012). [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 2013a). [c] Tasmania and the NT do not have major cities and the ACT does not have regional and remote areas.

Source: AIHW (2013), *Australian Hospital Statistics 2011-12,* Health Services Series No. 50, Cat no. HSE 134; table 10A.5.

Admitted patient care

There were approximately 5.5 million separations from public (non-psychiatric) hospitals in 2011-12 (table 10A.6). Nationally, this translates into 236.0 separations per 1000 people (figure 10.7). Acute separations accounted for 95.3 per cent of separations from public hospitals, newborns who required acute care accounted for 1.3 per cent and rehabilitation care accounted for 1.7 per cent (table 10A.13). Palliative care, geriatric evaluation and management and maintenance care constitute the remainder. Of the total number of separations in public (non-psychiatric) hospitals, 51.0 per cent were for same day patients. Public psychiatric hospitals accounted for around 0.2 per cent of total separations in public hospitals in 2011-12 (table 10A.6).

Figure 10.7 **Separation rates in public (non-psychiatric) hospitals**[a, b, c]



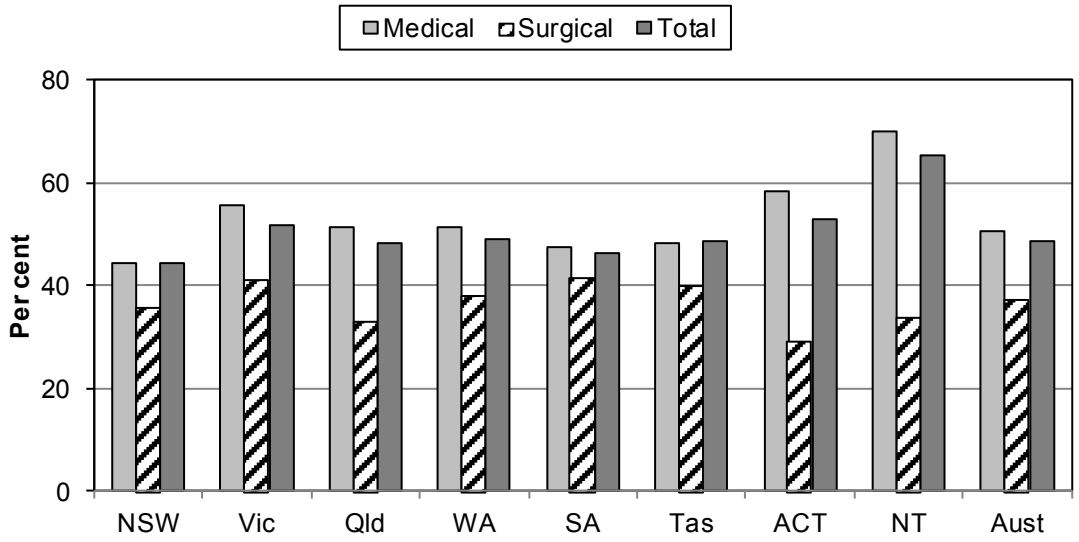
[a] Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders (hospital boarder is defined in section 10.8) and posthumous organ procurement. [b] Rates are directly age standardised to the Australian population at 30 June 2001. [c] The NT has a high percentage of the population that is Indigenous which contributes to the high level of separations in the NT.

Source: AIHW (various years), *Australian Hospital Statistics,* Health Services Series, Cat. nos HSE 71, 84, 107, 117 and 134; 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. For example in SA, chemotherapy and scope procedures are treated as an outpatient rather than same day service. 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 2011-12 (figure 10.8). 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 10.8 **Proportion of medical, surgical and total separations that were same day, public (non-psychiatric) hospitals, 2011-12[a]**



a 'Total' includes medical, surgical, chemotherapy, radiotherapy, renal dialysis and 'other' separations based on AR-DRG version 6.0x categories.

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

People aged 55 years and over accounted for half of the separations in public hospitals (52.1 per cent) in 2011-12, even though they accounted for only 25.2 per cent of the estimated resident population at 30 June 2011 (table 10A.9 and AIHW 2013a).

The 10 AR-DRGs that accounted for the most overnight acute separations in public hospitals (18.0 per cent of all overnight acute separations recorded) in 2011-12 are shown in table 10A.14. 'Giving birth by vaginal delivery without catastrophic or severe complications or comorbidities' accounted for the most overnight acute separations (3.9 per cent) followed by 'Chest pain' (2.3 per cent).

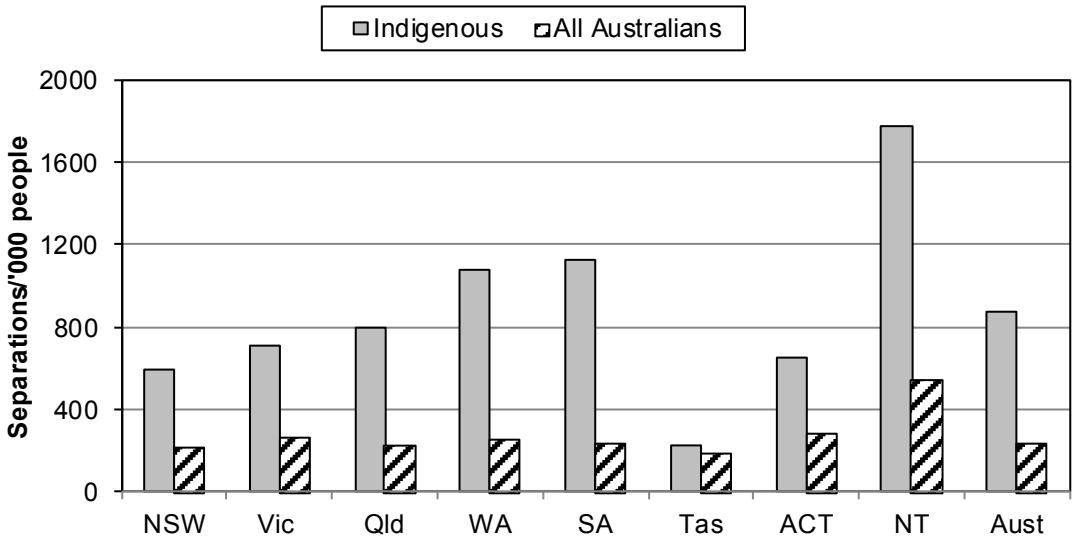
The 10 AR-DRGs that accounted for the most patient days (16.6 per cent of all patient days recorded) in 2011-12 are shown in table 10A.15. 'Schizophrenia disorders with mental health legal status' accounted for the largest number of patient days (3.1 per cent), followed by 'Major affective disorders for those aged less than 70 years without catastrophic or severe complications or comorbidities' (2.1 per cent) (table 10A.15).

Admitted patient care for Indigenous Australians

The completeness of Indigenous identification in hospital admitted patient data varies across states and territories. Efforts to improve Indigenous identification are

ongoing. In 2011-12, on an age standardised basis, 877.4 public hospital separations (including same day separations) for Indigenous Australians were reported per 1000 Indigenous Australians. This rate was markedly higher than the corresponding rate of 236.4 per 1000 for all Australians (figure 10.9).

Figure 10.9 **Estimates of public hospital separations, by Indigenous status of patient, 2011-12[a, b]**



a The rates are directly age standardised to the Australian population at 30 June 2001. **b** Identification of Indigenous Australians is incomplete and completeness varies across jurisdictions.

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

Hospital episodes of care involving dialysis accounted for a large portion of same day separations, particularly for Indigenous Australians. The hospitalisation rate for Indigenous Australians for dialysis was 12 times as high as the rate for non-Indigenous Australians. When dialysis is excluded, the hospitalisation rate for Indigenous Australians in 2011-12 (138.9 per 1000 of the population) was less than that for non-Indigenous Australians (168.6 per 1000 of the population) (AIHW 2013a).

In 2011-12, separations for Indigenous Australians accounted for around 4.0 per cent of total separations and 6.1 per cent of separations in public hospitals in NSW, Victoria, Queensland, WA, SA and the NT combined (table 10A.10). Indigenous Australians made up only around 3 per cent of the population nationally, although this rate varied significantly from 0.8 per cent in Victoria to 29.1 per cent in the NT (tables 2A.2 and 2A.15). Most separations involving Indigenous Australians (92.0 per cent) in these jurisdictions occurred in public hospitals (table 10A.10).

Non-admitted patient services

A total of 53.1 million individual occasions of service were provided to non-admitted patients in public acute hospitals in 2011-12 (table 10.1). In addition, public hospitals delivered 303 931 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.16). In public acute hospitals in 2011-12, accident and emergency services comprised 14.7 per cent of all individual occasions of service to non-admitted patients. 'Other medical, surgical and obstetric services' (23.1 per cent), 'pathology services' (19.3 per cent) and 'pharmacy' (10.6 per cent) were other common types of non-admitted patient care (table 10.1).

Table 10.1 **Non-admitted patient occasions of service, by type of non-admitted patient care, public acute hospitals, 2011-12[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	10.5	23.5	15.3	16.0	24.4	30.7	7.2	25.3	14.7
Pathology	16.5	12.9	36.1	11.3	..	..	32.9	21.8	19.3
Radiology and organ imaging	3.7	9.6	9.3	7.9	10.8	..	3.7	16.0	6.5
Pharmacy[c]	17.5	6.8	5.5	4.3	..	..	2.4	6.2	10.6
Other medical/surgical/ obstetric	22.1	25.3	24.2	15.4	44.1	44.2	12.6	28.3	23.1
Mental health	4.2	na	0.3	1.4	0.8	0.5	15.8	..	2.7
Dental	1.7	0.3	..	0.2	0.3	–	..	..	0.9
Allied health	2.7	16.3	5.5	22.4	7.7	20.5	1.2	2.3	7.6
Other non-admitted									
Community health	6.8	0.2	1.1	16.3	0.1	4.1	24.0	..	5.9
District nursing[d]	6.5	3.6	1.1	2.5	0.3	..	..	..	4.0
Most common occasions of service (%)	**92.3**	**98.5**	**98.4**	**97.9**	**88.6**	**100.0**	**99.8**	**100.0**	**95.3**
Total occasions of service ('000)	**24 062**	**7 061**	**11 188**	**5 895**	**2 199**	**504**	**1 643**	**572**	**53 125**

[a] Individual non-admitted patient care services. Excludes group sessions. Reporting arrangements vary significantly across jurisdictions. [b] Radiology data for the NT are underestimated and pathology data relate to only three of the five hospitals. [c] Justice Health in NSW reported a large number of occasions of service that may not be typical of pharmacy. [d] Justice 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. **na** Not available.

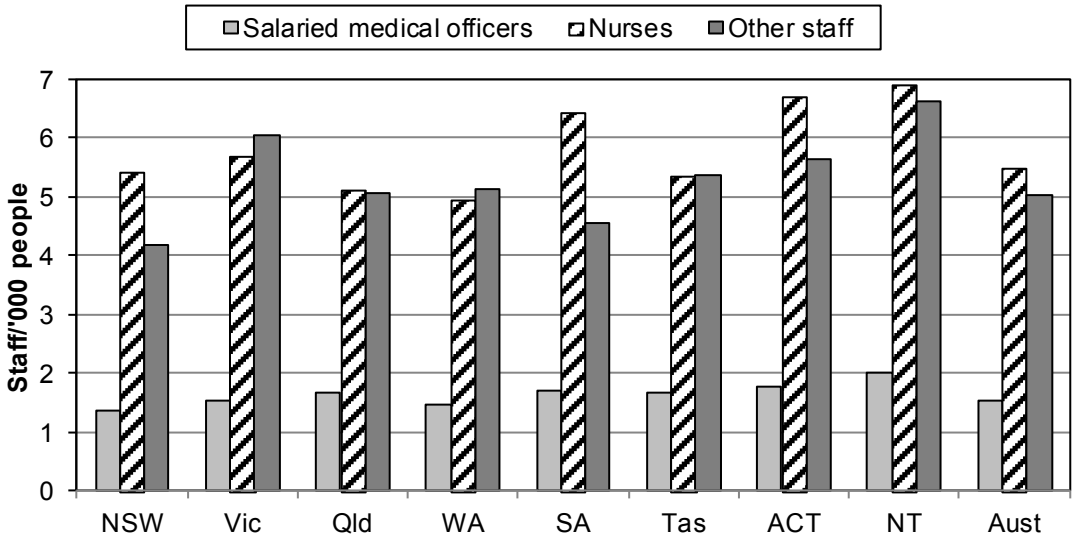
Source: AIHW (2013), *Australian Hospital Statistics 2011-12,* Health Services Series No. 50, Cat no. HSE 134; table 10A.16.

There is considerable variation among states and territories and across reporting years in the way in which non-admitted patient occasions of service are collected. Differing admission practices across states and territories also lead to variation among jurisdictions in the services reported (AIHW 2013a).

Staff

In 2011-12, nurses comprised the single largest group of full time equivalent (FTE) staff employed in public hospitals (5.5 per 1000 people) (figure 10.10). Comparing data on FTE staff across jurisdictions should 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 across jurisdictions (AIHW 2011).

Figure 10.10 **Average FTE staff per 1000 people, public hospitals, 2011-12**[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 2011 (table 2A.2). Estimated Resident Populations (ERPs) to June 2011 used to derive rates are revised to the ABS' final 2011 Census rebased ERPs. The final ERP replaces the preliminary 2006 Census based ERPs used in the 2013 Report. ERP data from December 2011 are first preliminary estimates based on the 2011 Census. See Chapter 2 (tables 2A.1-2) for details. [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 (2013), *Australian Hospital Statistics 2011-12,* Health Services Series No. 50, Cat no. HSE 134; ABS (unpublished), Australian Demographic Statistics, December Quarter 2011, Cat. no. 3101.0; tables 10A.12 and 2A.2.

10.2 Framework of performance indicators for public hospitals

Performance is reported against objectives that are common to public hospitals in all jurisdictions (box 10.1). The Health sector overview 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 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 National Healthcare Agreement (NHA) covers the area of health and aged care, and health indicators in the National Indigenous Reform Agreement (NIRA) establish specific outcomes for reducing the level of disadvantage experienced by Indigenous Australians. Both agreements include sets of performance indicators, for which the Steering Committee collates performance information for analysis by the COAG Reform Council (CRC). Performance indicators reported in this chapter are aligned with the health performance indicators in the NHA. The NHA was reviewed in 2011, 2012 and 2013, resulting in changes that have been reflected in this Report, as relevant.

Box 10.1 **Objectives for public hospitals**

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

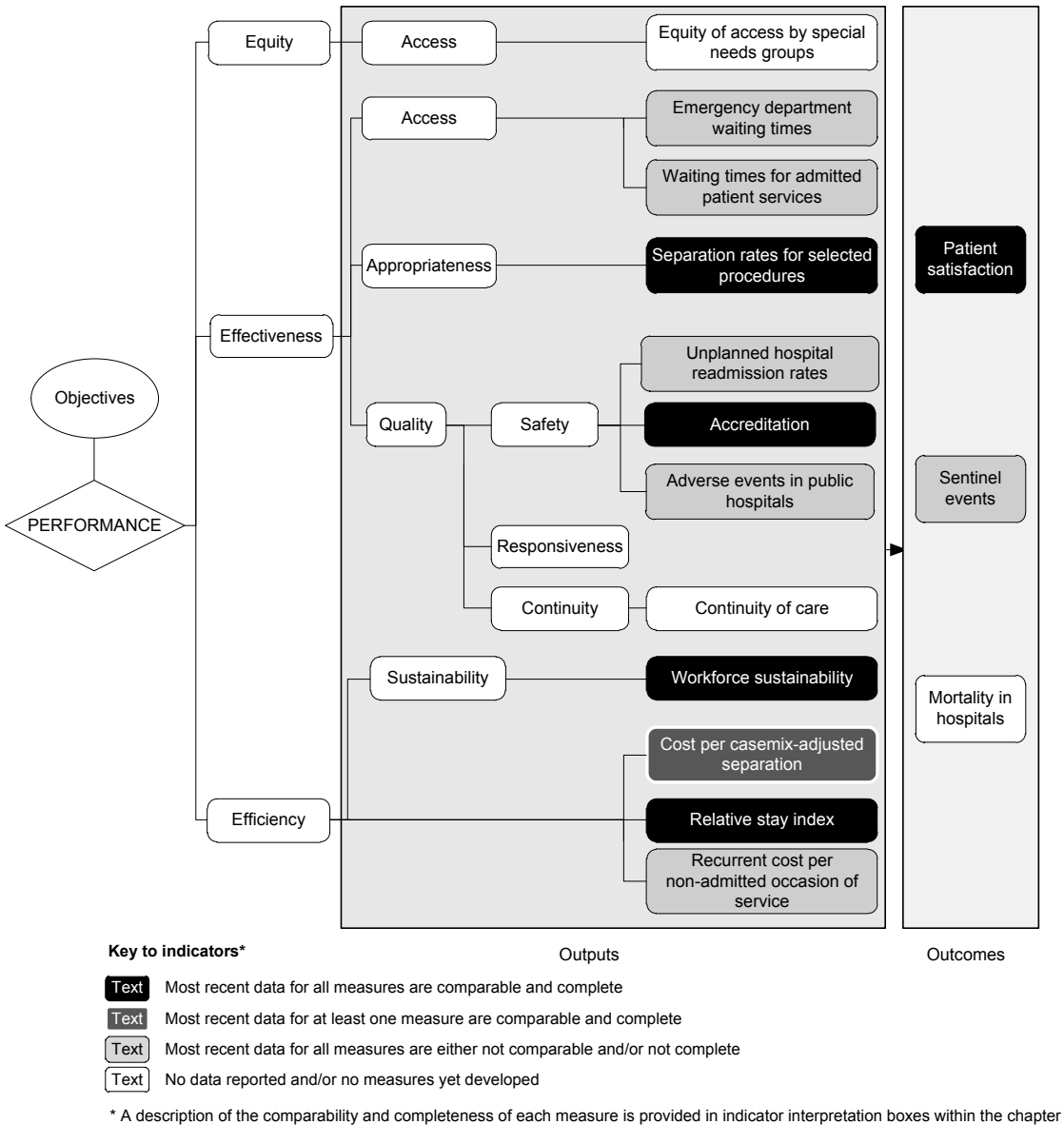
- safe and of high quality
- appropriate and responsive to individual needs
- affordable, timely and accessible
- equitably and efficiently delivered.

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of public hospital services (figure 10.11). The performance indicator framework shows which data are comparable in the 2014 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 Report's statistical context chapter 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) (chapter 2).

Figure 10.11 **Public hospitals performance indicator framework**



Data quality information (DQI) is being progressively introduced for all indicators in the Report. The purpose of DQI is to provide structured and consistent information about quality aspects of data used to report on performance indicators. DQI in this Report cover the seven dimensions in the ABS' data quality framework (institutional environment, relevance, timeliness, accuracy, coherence, accessibility and interpretability) in addition to dimensions that define and describe performance indicators in a consistent manner, and key data gaps and issues identified by the

Steering Committee. All DQI for the 2014 Report can be found at www.pc.gov.au/gsp/reports/rogs/2014.

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 subacute and nonacute services such as rehabilitation and palliative care. The extent to which these subacute and nonacute treatments can be identified and excluded from the 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 10.2).

Box 10.2 **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 Australians; 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 culturally and linguistically diverse group.

Equity of access by special needs groups has been identified as a key area for development in future Reports. Data for the emergency department waiting times and waiting times for admitted patient services indicators are reported by Indigenous status and remoteness.

Effectiveness — access

Emergency department waiting times

'Emergency department waiting times' is an indicator of governments' objective to provide accessible services (box 10.3).

Box 10.3 **Emergency department waiting times**

'Emergency department waiting times' is defined as 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 in Australia and New Zealand.

These waiting times are measured using the nationally agreed method of calculation 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 10.3 **(Continued)**

A high or increasing proportion of patients seen within the benchmarks set for each triage category is desirable.

Data reported for this indicator are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2012-13 data are available for all jurisdictions.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

The comparability of emergency department waiting times data across jurisdictions can be influenced by differences in data coverage (table 10.2) 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.17).

Nationally, in 2012-13, 100 per cent of patients in triage category 1 were seen within the clinically appropriate timeframe, and 82 per cent of patients in triage category 2 were seen within the clinically appropriate timeframe. For all triage categories combined, 73 per cent of patients were seen within triage category timeframes (table 10.2). Emergency department waiting times for peer group A and B hospitals are reported in table 10A.18.

Emergency department waiting times by Indigenous status, remoteness and socioeconomic status, for peer group A and B hospitals are reported in the attachment (tables 10A.19–10A.21). Nationally, there was little difference between Indigenous and non-Indigenous Australians 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.19). 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, resuscitation (table 10A.20). There was little difference in waiting times across triage categories by socioeconomic status on a national basis (table 10A.21).

Under the National Partnership Agreement on Improving Public Health Services (NPA), an Expert Panel reviewed the implementation of emergency department and elective surgery targets. Fifteen recommendations were made, which were approved by COAG and are incorporated into the revised NPA signed by all jurisdictions in

August 2011. Recommendations included the adoption of a new National Emergency Access Target (NEAT) that replaced the concept of 'clinically appropriate' with a revised target of 90 per cent of patients leaving the emergency department within four hours of presentation — either by admission, transfer to another hospital, or discharge.

Reporting against interim targets for the new National Emergency Access Target (NEAT) commenced on 1 January 2012. This target must be met by 1 January 2015.

Table 10.2 **Emergency department patients seen within triage category timeframes, public hospitals (per cent)[a]**

Triage category	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2011-12									
1 — Resuscitation[b]	100	100	100	99	100	100	100	100	100
2 — Emergency	82	83	82	76	79	77	76	64	80
3 — Urgent	71	72	63	52	70	64	50	49	66
4 — Semi-urgent	74	67	69	67	77	71	47	49	70
5 — Non-urgent	89	87	90	94	92	88	81	89	89
Total	**76**	**72**	**69**	**65**	**76**	**71**	**55**	**54**	**72**
Data coverage[c]	88	91	72	78	80	92	100	100	84
2012-13									
1 — Resuscitation[b]	100	100	100	100	100	100	100	100	100
2 — Emergency	83	84	84	81	75	83	74	66	82
3 — Urgent	73	72	68	52	66	65	43	52	68
4 — Semi-urgent	77	68	74	67	78	70	46	52	72
5 — Non-urgent	92	87	92	93	92	90	79	89	91
Total	**78**	**73**	**74**	**66**	**75**	**71**	**51**	**57**	**73**
Data coverage[c]	na	na	na	na	na	na	na	na	na

a Percentages 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. **na** Not available.

Source: AIHW (2013), *Australian hospital statistics 2012–13: emergency department care*, Health services series no. 52. Cat. no. HSE 142. Canberra; AIHW (2012), *Australian hospital statistics 2011-12: emergency department care*, Health services series no. 45. Cat. no. HSE 126. Canberra; table 10A.17.

Waiting times for admitted patient services

'Waiting times for admitted patient services' is an indicator of governments' objective to provide accessible services (box 10.4). Elective surgery 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.

Box 10.4 **Waiting times for admitted patient services**

'Waiting times for admitted patient services' is defined by the following three measures:

- Overall elective surgery waiting times
- Elective surgery waiting times by clinical urgency category
- Waiting times for admission following emergency department care.

Overall elective surgery waiting times

'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 12 months is also shown.

For overall elective surgery waiting times, a low or decreasing number of days waited at the 50th and 90th percentiles, and a low or decreasing proportion of people waiting more than 365 days are desirable.

Data reported for this measure are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2012-13 data are available for all jurisdictions.

Information about data quality for this measure is at www.pc.gov.au/gsp/reports/rogs/2014.

Elective surgery waiting times by clinical urgency category

'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 for a condition that has the potential to deteriorate quickly to the point that it may become an emergency

(Continued on next page)

Box 10.4 **(Continued)**

- category 2 — admission is desirable within 90 days for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency
- category 3 — admission at some time in the future is acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency. The desirable timeframe for this category is admission within 365 days.

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 more than the agreed desirable waiting times of 30 days and 90 days respectively.

For elective surgery waiting times by clinical urgency category, a low or decreasing 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 10.3).

Data reported for this measure are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2011-12 data are available for all jurisdictions.

Information about data quality for this measure is at www.pc.gov.au/gsp/reports/rogs/2014.

Presentations to emergency departments with a length of stay of 4 hours or less ending in admission

'Presentations to emergency departments with a length of stay of 4 hours or less ending in admission' reports the Proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission. Length of stay is calculated as the length of time between presentation to the emergency department and physical departure.

A high or increasing proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission is desirable.

Data reported for this measure are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2012-13 data are available for all jurisdictions.

Information about data quality for this measure is at www.pc.gov.au/gsp/reports/rogs/2014.

Overall elective surgery waiting times

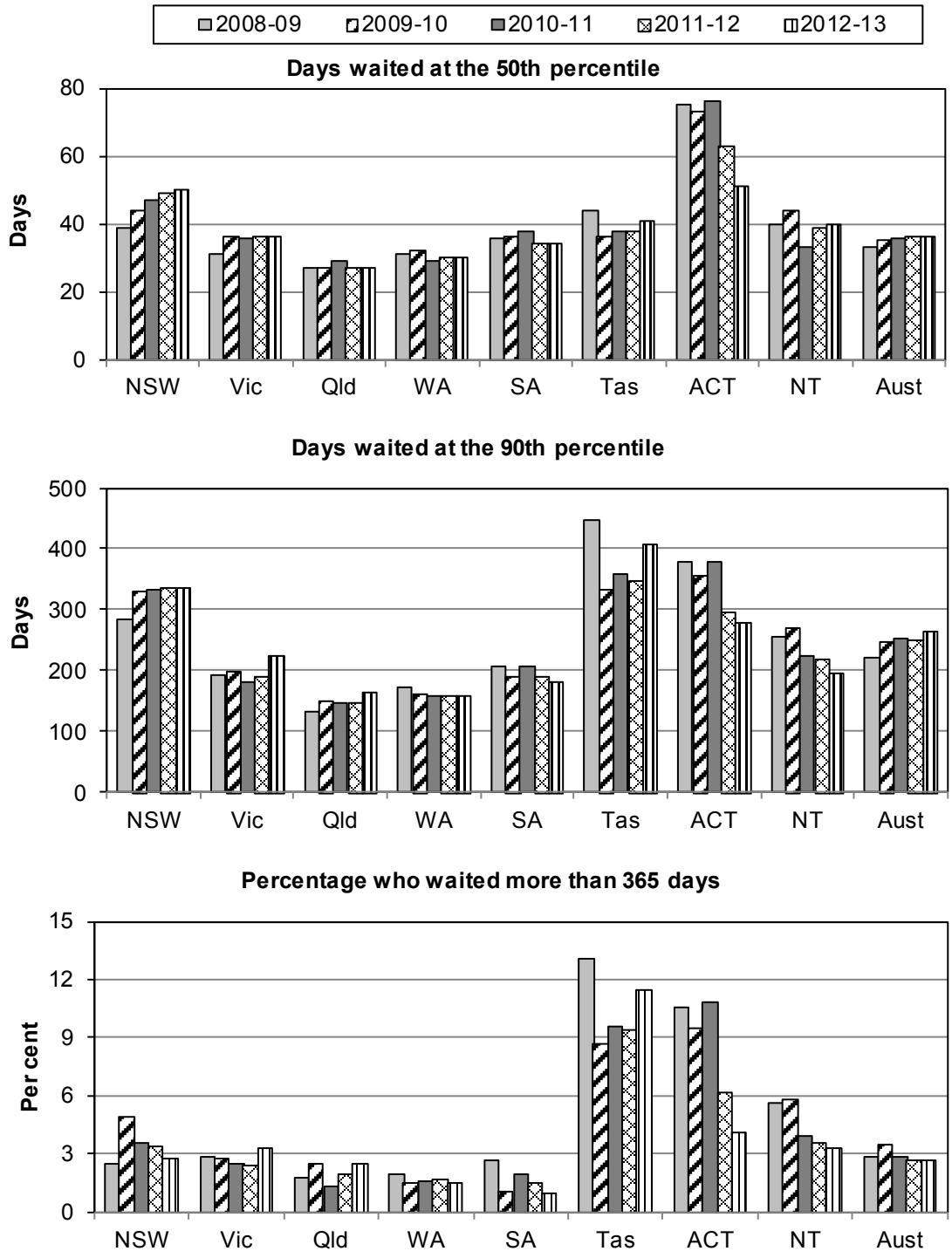
Elective surgery waiting times data are provided for waiting lists managed by public acute hospitals. The data collection covers most public hospitals that undertake elective surgery, and in 2012-13 covered 93 per cent of separations for elective surgery in public acute hospitals (table 10A.22).

Patients on waiting lists who were not subsequently admitted to hospital are excluded. Patients can be removed from waiting lists because they no longer need the surgery, die, are treated at another location, decline to have the surgery, or cannot be contacted by the hospital (AIHW 2013c). In 2012-13, 13.3 per cent of patients who were removed from waiting lists were removed for reasons other than elective or emergency admission (AIHW 2013c).

Comparisons across jurisdictions should be made with caution, due to differences in clinical practices and classification of patients across Australia. The measures are also 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 another 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 in NSW, SA and the NT. This approach can have the effect of increasing the apparent waiting times for admissions in these jurisdictions compared with other jurisdictions (AIHW 2013c).

Nationally in 2012-13, 50 per cent of patients were admitted within 36 days and 90 per cent of patients were admitted within 265 days. The proportion of patients who waited more than a year was 2.7 per cent. Nationally, waiting times at the 50th percentile increased by three days between 2008-09 and 2012-13, from 33 to 36 days. However, there were different trends for different jurisdictions and for different sized hospitals over that period (figure 10.12 and table 10A.22).

Figure 10.12 **Waiting times for elective surgery, public hospitals**



Source: AIHW (various years), *Australian Hospital Statistics*, Health Services Series, Cat nos. HSE 71, 84, 107, 117 and 134; AIHW (2013), *Australian hospital statistics 2012–13*: *elective surgery waiting times*. Health services series no. 51. Cat. no. HSE 140; table 10A.22.

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, remoteness and socioeconomic status (tables 10A.22–10A.27). Nationally, Indigenous Australians had longer waiting times for elective surgery than non-Indigenous Australians at the 50th percentile and 90th percentile (table 10A.24). Those living in regional areas had longer waiting times than those in major cities at the 50th and 90th percentiles at the national level (table 10A.25). Elective surgery waiting times tended to increase with social disadvantage at the 50th and 90th percentiles on a national basis (table 10A.26).

Elective surgery waiting times by clinical urgency category

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 2011-12 are shown in table 10.3. 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 10.3, 10A.28, 10A.30 and 10A.40).

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 of providing 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 Partnership Agreement on Improving Public Health Services (NPA), an Expert Panel reviewed the implementation of emergency department and elective surgery targets. Fifteen recommendations were made, which were approved by COAG and are incorporated into the revised NPA signed by all jurisdictions in August 2011.

Reporting against interim targets for the new National Elective Surgery Target (NEST) commenced on 1 January 2012. The NEST requires that at its conclusion, 100 per cent of patients be treated within clinically recommended time across all urgency categories through two complementary strategies (NEST Part 1 and NEST Part 2) containing three targets. NEST Part 1 is a stepped improvement in patients seen within the clinically recommended time. NEST Part 2 is a stepped reduction in patients who have already waited longer than the clinically recommended time, and

additionally requires that each year the 10 per cent of patients who have waited the longest in each jurisdiction must have their surgery.

The AIHW, with the Royal Australasian College of Surgeons, submitted a proposal to Health Ministers in December 2012 for nationally agreed elective surgery urgency category definitions, including consistent treatment of patients 'not ready for care'. This was endorsed by Health Ministers, and NSW is now leading work on nation-wide implementation of the recommendations outlined in the proposal.

Table 10.3 **Classification of elective surgery patients, by clinical urgency category, 2011-12 (per cent)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*
Patients on waiting lists								
Category 1	2.8	3.5	8.9	5.5	5.0	6.2	3.5	4.7
Category 2	16.4	46.6	47.1	31.0	23.0	52.5	47.2	42.9
Category 3	80.8	49.9	44.0	63.5	72.0	41.3	49.3	52.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Patients admitted from waiting lists								
Category 1	25.5	30.3	40.0	23.4	27.1	39.0	30.2	38.8
Category 2	33.2	46.9	44.6	34.8	33.3	44.0	48.6	41.4
Category 3	41.3	22.8	15.4	41.8	39.6	17.0	21.2	19.8
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. The proportions of patients on waiting lists who already had an extended wait are reported in tables 10A.28, 10A.30, 10A.32, 10A.34, 10A.36, 10A.38, 10A.40 and 10A.42. The proportion of patients on waiting lists who already had an extended wait at the date of the census does not represent the completed waiting times of patients. This is represented by the proportion of patients with extended waits at admission.

Of patients admitted from waiting lists in NSW in 2011-12:

- 25.5 per cent were classified to category 1, of whom 6.3 per cent had an extended wait
- 33.2 per cent were classified to category 2, of whom 9.8 per cent had an extended wait
- 41.3 per cent were classified to category 3, of whom 8.4 per cent had an extended wait.

Overall in NSW, 8.3 per cent of all patients experienced extended waits (table 10.3 and table 10A.28).

Of patients admitted from waiting lists in Victoria in 2011-12:

- 30.3 per cent were classified to category 1, of whom zero per cent had an extended wait
- 46.9 per cent were classified to category 2, of whom 27.7 per cent had an extended wait
- 22.8 per cent were classified to category 3, of whom 8.5 per cent had an extended wait.

Overall in Victoria, 14.9 per cent of all patients experienced extended waits (table 10.3 and table 10A.30).

Of patients admitted from waiting lists in Queensland in 2011-12:

- 40.0 per cent were classified to category 1, of whom 12.3 per cent had an extended wait
- 44.6 per cent were classified to category 2, of whom 22.5 per cent had an extended wait
- 15.4 per cent were classified to category 3, of whom 10.2 per cent had an extended wait.

Overall in Queensland, 16.5 per cent of all patients experienced extended waits (table 10.3 and table 10A.32).

Of patients admitted from waiting lists in WA in 2011-12:

- 23.4 per cent were classified to category 1, of whom 15.4 per cent had an extended wait
- 34.8 per cent were classified to category 2, of whom 17.4 per cent had an extended wait
- 41.8 per cent were classified to category 3, of whom 3.5 per cent had an extended wait.

Overall in WA, 11.1 per cent of all patients experienced extended waits (table 10.3 and table 10A.34).

Of patients admitted from waiting lists in SA in 2011-12:

- 27.1 per cent were classified to category 1, of whom 9.9 per cent had an extended wait
- 33.3 per cent were classified to category 2, of whom 16.8 per cent had an extended wait

- 39.6 per cent were classified to category 3, of whom 3.9 per cent had an extended wait.

Overall in SA, 7.8 per cent of all patients experienced extended waits (table 10.3 and table 10A.36).

Of patients admitted from waiting lists in Tasmania in 2011-12:

- 39.0 per cent were classified to category 1, of whom 24.0 per cent had an extended wait
- 44.0 per cent were classified to category 2, of whom 40.0 per cent had an extended wait
- 17.0 per cent were classified to category 3, of whom 28.0 per cent had an extended wait.

Overall in Tasmania, 32.0 per cent of all patients experienced extended waits (table 10.3 and table 10A.38).

Of patients admitted from waiting lists in the ACT in 2011-12:

- 30.2 per cent were classified to category 1, of whom 2.5 per cent had an extended wait
- 48.6 per cent were classified to category 2, of whom 49.3 per cent had an extended wait
- 21.2 per cent were classified to category 3, of whom 14.7 per cent had an extended wait.

Overall in the ACT, 27.9 per cent of all patients experienced extended waits (table 10.3 and table 10A.40).

Of patients admitted from waiting lists in NT in 2011-12:

- 38.8 per cent were classified to category 1, of whom 16.1 per cent had an extended wait
- 41.4 per cent were classified to category 2, of whom 32.8 per cent had an extended wait
- 19.8 per cent were classified to category 3, of whom 16.3 per cent had an extended wait.

Overall in the NT, 23.0 per cent of all patients experienced extended waits (table 10.3 and table 10A.42).

All jurisdictions also provided data on urgency category waiting times by clinical specialty (tables 10A.29, 10A.31, 10A.33, 10A.35, 10A.37, 10A.39, 10A.41 and 10A.43).

Presentations to emergency departments with a length of stay of 4 hours or less ending in admission

This measure is reported for the first time this year. Nationally in 2012-13, 36 per cent of those who presented to an emergency department waited 4 hours or less to be admitted to hospital. Nationally the percentage waiting 4 hours or less to be admitted was 52 per cent of patients requiring resuscitation, 39 per cent of emergency patients and 34 per cent of urgent patients. Waiting times improved for all triage categories from 2011-12 to 2012-13 on a national basis (table 10.4).

Table 10.4 **Proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission, public hospitals[a, b, c, d]**

Triage category	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2011-12									
1 — Resuscitation	44	53	43	61	53	62	61	53	49
2 — Emergency	25	35	24	54	36	30	41	28	32
3 — Urgent	21	29	20	50	33	21	28	28	27
4 — Semi-urgent	23	30	25	51	37	24	27	29	29
5 — Non-urgent	43	53	46	62	52	43	44	60	48
Total[d]	**24**	**31**	**23**	**52**	**36**	**25**	**32**	**29**	**29**
2012-13									
1 — Resuscitation	44	56	54	59	55	56	62	48	52
2 — Emergency	32	44	40	52	41	32	40	23	39
3 — Urgent	27	36	39	43	38	22	24	23	34
4 — Semi-urgent	30	36	45	45	43	24	28	24	35
5 — Non-urgent	53	53	62	55	61	47	40	50	54
Total[d]	**30**	**38**	**41**	**46**	**41**	**25**	**29**	**24**	**36**

a Includes presentations for all types of visit. **b** Length of stay is calculated as the length of time between presentation to the emergency department and physical departure. **c** Data are for all hospitals. **d** Total includes presentations for which the triage category was not reported.

Source: AIHW (2013), *Australian hospital statistics 2012–13: emergency department care*, Health services series no. 52. Cat. no. HSE 142. Canberra; AIHW (2012), *Australian hospital statistics 2011–12: emergency department care*, Health services series no. 45. Cat. no. HSE 126. Canberra; table 10A.44.

Data on emergency department presentations for non-admitted patients may be affected by variations in reporting practices across states and territories and over time. The comparability of emergency department waiting times data across

jurisdictions can be influenced by differences in data coverage (table 10.2) and clinical practices — in particular, the allocation of cases to urgency categories.

Data in table 10.4 are for all hospitals. Data for 'Principal referral and specialist women's and children's' hospitals and 'Large hospitals' are presented in table 10A.44. Nationally in 2012-13 a higher proportion of patients were admitted within 4 hours or less in large hospitals than in principal referral and specialist women's and children's hospitals for all triage categories, except resuscitation, which had broadly similar admission rates (table 10A.44).

Effectiveness — appropriateness

Separation rates for selected procedures

'Separation rates for selected procedures' is an indicator of the appropriateness of hospital services (box 10.5).

Box 10.5 **Separation rates for selected procedures**

'Separation rates for selected procedures' is defined as separations per 1000 people for certain procedures in public hospitals. The procedures are selected for their frequency, for sometimes being elective and discretionary, and because alternative treatments are sometimes available.

Higher/lower or increasing/decreasing 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, for example, can represent appropriate levels of care, whereas higher rates of hysterectomies or tonsillectomies can represent an over-reliance on procedures. Some of the selected procedures, such as angioplasty and coronary artery bypass graft, are alternative treatment options for people diagnosed with similar conditions.

(Continued on next page)

Box 10.5 **(Continued)**

Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2011-12 data are available for all jurisdictions.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

The separation rates for selected procedures reported here reflect the activities of the public health system. For all procedures, separation rates varied across jurisdictions (table 10.5).

Table 10.5 **Separations for selected procedures per 1000 people, public hospitals, 2011-12[a]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*
Procedure									
Cataract extraction	2.6	3.1	1.6	4.3	3.5	1.3	3.5	5.1	2.7
Cholecystectomy	1.4	1.4	1.2	1.1	1.4	1.4	1.4	1.2	1.3
Coronary angioplasty	0.9	0.8	0.8	0.9	1.0	1.0	1.9	..	0.9
Coronary artery bypass graft	0.3	0.3	0.3	0.2	0.3	0.4	0.6	..	0.3
Cystoscopy	1.6	2.8	2.0	3.0	2.6	1.5	2.4	1.7	2.2
Haemorrhoidectomy	1.0	0.8	0.4	0.5	0.5	0.7	0.4	0.9	0.7
Hip replacement	0.7	0.7	0.5	0.8	0.7	0.6	1.0	0.6	0.6
Hysterectomy, females aged 15–69 years	1.0	1.1	1.0	1.1	1.3	1.1	0.7	0.8	1.0
Inguinal herniorrhaphy	1.0	1.0	0.8	0.9	1.0	1.1	0.9	0.9	1.0
Knee replacement	0.7	0.5	0.5	0.7	0.6	0.3	0.9	0.4	0.6
Myringotomy (with insertion of tube)	0.5	0.8	0.7	0.7	1.3	0.6	0.8	0.6	0.7
Prostatectomy	0.9	1.1	0.8	0.8	1.0	0.8	0.9	1.0	0.9
Septoplasty	0.3	0.5	0.2	0.2	0.4	0.1	0.4	0.1	0.3
Tonsillectomy	0.9	1.2	0.9	1.0	1.3	0.8	1.0	0.7	1.0
Varicose veins, stripping and ligation	0.2	0.3	0.1	0.1	0.3	0.1	0.6	0.2	0.2

a Rates are standardised to the Australian population as at 30 June 2001 and are calculated for the total population for all procedures except prostatectomy (rates calculated for the male population only) and hysterectomy (rates calculated for females aged 15–69 years). **..** Not applicable.

Source: AIHW (2013), *Australian Hospital Statistics 2011-12,* Health Services Series No. 50, Cat no. HSE 134; table 10A.45.

Data for private hospitals are reported in table 10A.45. Table 10A.45 also reports selected separations for all hospitals by Indigenous status, remoteness and socioeconomic status. Table 10A.46 reports additional information for the selected

separations for all hospitals such as numbers of separations and the standardised separation rate ratio.

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 produce 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. This Report includes indicators of safety, but no indicators have yet been developed for responsiveness or continuity.

Various governments publicly report performance indicators for service quality of public hospitals. Some have adopted the same indicators reported in this chapter. For example:

- The Australian Government's MyHospitals website, which is managed by the National Health Performance Authority, reports *staphylococcus aureus* bacteraemia (SAB) infections as counts and rates per 10 000 occupied bed days for most public hospitals and a number of private hospitals.
- In NSW, reporting of surgical site infection rates for hip and knee surgery is mandatory for public hospitals.
- Victorian hospitals are required to publish annual quality of 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 regular online public hospitals performance, which among other measures, includes patient experience 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 evaluation of health services.
- SA Health publishes an annual patient safety report, which provides a summary of the types of incidents that occurred in public hospitals and a comprehensive overview of the major patient safety programs being conducted by SA Health. It links the programs to the safety issues identified by analysis of data from the incident management system (Safety Learning System), Coronial recommendations and other sources, to help explain what actions are being taken to address these safety issues. A Measuring Consumer Experience SA Public

Hospital Inpatient Annual Report, which details the key findings from the SA Consumer Experience Surveillance System, is also published.

- ACT Health publishes quarterly reports that include data on unplanned readmissions, unplanned returns to operating theatre and hospital acquired infection rates. Information about quality and safety activities and consumer feedback management is also included in an annual report.
- The NT Health Department Annual Report publishes information on unplanned re-admission rates after discharge for acute mental health episodes.

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 Eshani *et al*. 2006). These adverse events can result in serious consequences for individual patients, and the associated costs to individuals and the health care system can be considerable (Van den Bos et al. 2011).

Safety — unplanned hospital readmission rates

'Unplanned hospital readmission rates' is an indicator of governments' objective to provide public hospital services that are safe and of high quality (box 10.6). Patients might be re-admitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, if post discharge planning was inadequate, or for reasons outside the control of the hospital (for example poor post-discharge care).

Box 10.6 **Unplanned hospital readmission rates**

'Unplanned hospital readmission rates' is defined as the rate at which patients unexpectedly return to hospital within 28 days for further treatment of the same condition. It 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 which occurred within 28 days of the previous date of separation, expressed per 1000 separations in which one of the selected surgical procedures was performed. Selected surgical procedures are knee replacement, hip replacement, tonsillectomy and adenoidectomy, hysterectomy, prostatectomy, cataract surgery and appendectomy. 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.

(Continued on next page)

Box 10.6 **(Continued)**

Low or decreasing rates for this indicator are desirable. Conversely, 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.

Data reported for this indicator are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2011-12 data are available for all jurisdictions.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

Unplanned readmission rates are not adjusted for casemix or patient risk factors, which can vary across hospitals and across jurisdictions. Unplanned hospital readmission rates in public hospitals in 2011-12 are reported in table 10.6. Unplanned hospital readmission rates are reported by hospital peer group, Indigenous status, remoteness and socioeconomic status in table 10A.48.

Table 10.6 **Unplanned hospital readmission rates, per 1000 separations, 2011-12**

	NSW	*Vic*	*Qld*	*WA*[a]	*SA*	*Tas*	*ACT*	*NT*	*Total*[a]
Surgical procedure prior to separation									
Knee replacement	18.5	19.1	26.9	17.4	17.7	np	np	np	20.0
Hip replacement	17.7	17.4	14.2	22.5	23.7	np	np	np	17.7
Tonsillectomy and Adenoidectomy	24.8	23.7	32.6	33.3	33.7	60.6	18.3	np	27.8
Hysterectomy	27.9	32.4	33.2	31.5	28.1	28.1	np	np	30.9
Prostatectomy	22.7	26.4	36.3	50.3	25.9	np	np	np	27.2
Cataract surgery	2.8	3.2	4.0	2.6	3.3	7.2	–	np	3.2
Appendicectomy	23.5	24.5	20.4	31.3	36.0	29.8	26.3	49.6	24.7

[a] Total rates for Australia do not include WA. For all jurisdictions except WA, this indicator is calculated by the AIHW using data from the National Hospital Morbidity Database, based on the national minimum data set for Admitted patient care. For WA, the indicator was calculated and supplied by WA Health and was not independently verified by the AIHW. **np** Not published. – Nil or rounder to zero.

Source: AIHW (unpublished) Admitted Patient Care National Minimum Data Set; WA Health (unpublished); table 10A.47.

There are some difficulties in identifying re-admissions that were unplanned. The indicator is likely to be an under-estimate because:

- it identifies only those patients re-admitted to the same hospital, so does not include patients who go to another hospital

- episodes of non-admitted patient care provided in outpatient clinics or emergency departments which may have been related to a previous admission are not included
- 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.

Safety — hospital accreditation

'Accreditation' is an indicator of governments' objective to provide public hospital services that are of high quality (box 10.7).

Box 10.7 **Accreditation**

'Accreditation' is defined as the number of beds in accredited hospitals as a percentage of total beds. 'Accreditation' signifies professional and national recognition awarded to hospitals and other healthcare facilities that meet defined industry standards. Public hospitals can seek accreditation through a number of agencies. These agencies are accredited through the Joint Accreditation System of Australia and New Zealand or the International Society for Quality in Healthcare. 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.

A high or increasing rate of accreditation is desirable. However, it is not possible to draw conclusions about the quality of care in those hospitals that do not have accreditation. Until 1 January 2013 public hospital accreditation was voluntary in all jurisdictions except Victoria and Queensland, where it is mandatory for all public hospitals (excluding those that provide only dental or mothercraft services).

Data reported for this indicator are:

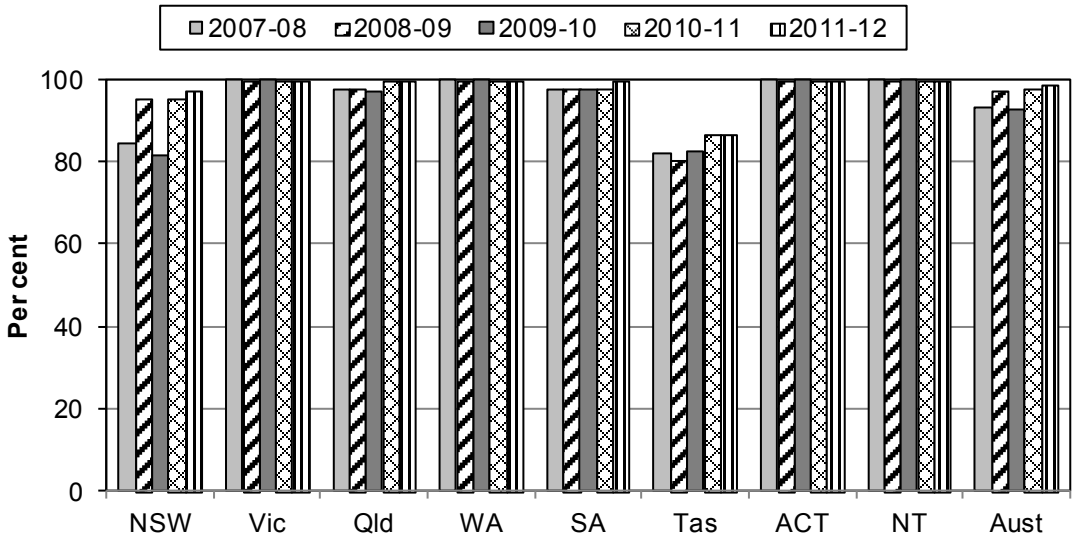
- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2011-12 data are available for all jurisdictions.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

Data for this indicator are shown in figure 10.13. Australian Health Ministers have mandated accreditation in all public and private hospitals and day procedure services in Australia. From 1 January 2013, health services will be assessed to the National Safety and Quality Health Service (NSQHS) Standards by accrediting agencies approved by the ACSQHC. There are currently 10 accrediting agencies

with approval listed on the ACSQHC website. By 2016 it is anticipated all Australian hospitals will have been accredited to all 10 NSQHS Standards.

Figure 10.13 **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 71, 84, 107, 117 and 134; table 10A.49.

Safety — adverse events in public hospitals

'Adverse events in public hospitals' is an indicator of governments' objective to provide public hospital services that are safe and of high quality (box 10.8). Adverse events in public hospitals 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. Sentinel events, which are a subset of adverse events that result in death or very serious harm to the patient, are reported separately in this chapter as an outcome indicator.

Box 10.8 **Adverse events in public hospitals**

'Adverse events in public hospitals' is defined by the following two measures:

- healthcare-associated infections
- adverse events treated in hospitals.

Healthcare-associated infections

Healthcare-associated infections is the number of *Staphylococcus aureus* (including Methicillin-resistant *Staphylococcus aureus* [MRSA]) bacteraemia (SAB) patient episodes associated with public hospitals, expressed as a rate per 10 000 patient days for public hospitals reporting for the SAB indicator.

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 ($<1x10^9$/L) contributed to by cytotoxic therapy.

Cases where a known previous blood culture has been obtained within the last 14 days are excluded. Patient days for unqualified newborns are included. Patient days for hospital boarders and posthumous organ procurement are excluded.

A low or decreasing healthcare-associated infections rate is desirable.

Data reported for this measure are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2012-13 data are available for all jurisdictions.

Information about data quality for this measure is at www.pc.gov.au/gsp/reports/rogs/2014.

(Continued on next page)

Box 10.8 **(Continued)**

Adverse events treated in hospitals

Adverse events treated in hospitals are incidents in which harm resulted to a person during hospitalisation. They are measured by separations that had an adverse event including infections, falls resulting in injuries and problems with medication and medical devices that occurred during a hospitalisation. Hospitalisation is identified by diagnoses, places of occurrence and external causes of injury and poisoning that can indicate that an adverse event was treated and/or occurred during the hospitalisation.

Low or decreasing adverse events treated in hospitals is desirable.

Data reported for this measure are:

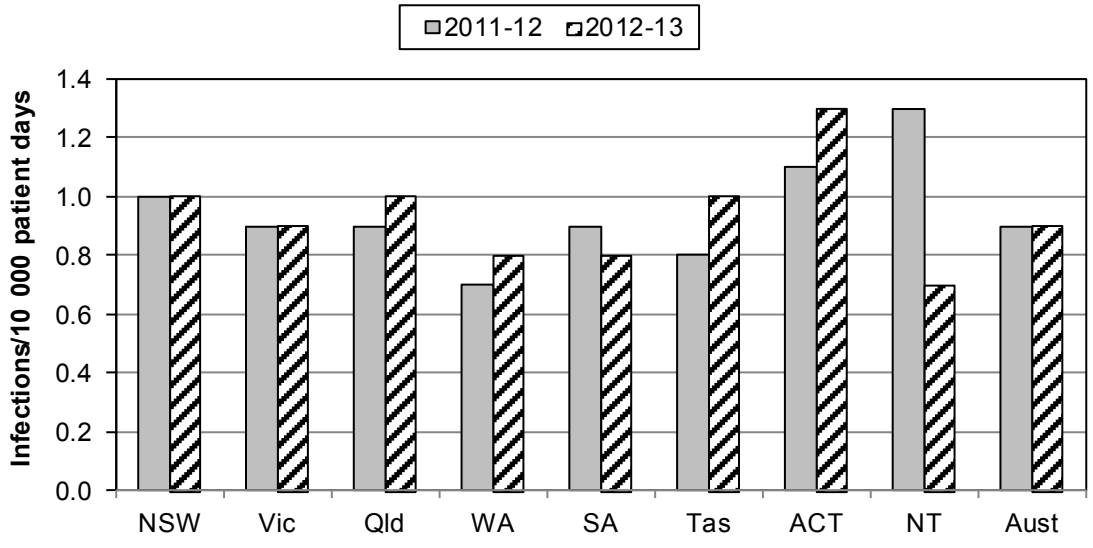
- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2011-12 data are available for all jurisdictions.

Data quality information for this measure is under development.

Safety — healthcare-associated infections

Healthcare-associated infections in public hospitals per 10 000 patient days is reported in figure 10.14.

Figure 10.14 **Healthcare-associated infections, public hospitals[a, b]**



a Comprises both Methicillin resistant *Staphylococcus aureus* and Methicillin sensitive *Staphylococcus aureus*. **b** The SAB patient episodes were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). The comparability of the SAB rates across jurisdictions and over time is limited, because of coverage differences and 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.

Source: AIHW unpublished; table 10A.50.

Safety — adverse events treated in hospitals

In 2011-12, 6.1 per cent of separations in public hospitals reported an ICD-10-AM code indicating an adverse event (table 10.7). Around 55.3 per cent of separations with an adverse event reported procedures causing abnormal reactions/complications, and 37.6 per cent reported adverse effects of drugs, medicaments and biological substances (table 10A.51). Data for 2010-11 are reported in table 10A.51.

Table 10.7 **Separations with an adverse event, per 100 separations, public hospitals, 2011-12[a, b]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
External cause of injury and poisoning									
Adverse effects of drugs, medicaments and biological substances									
	2.4	2.1	2.1	2.3	2.5	2.4	2.2	0.9	2.2
Misadventures to patients during surgical and medical care									
	0.2	0.3	0.3	0.3	0.2	0.4	0.3	0.1	0.3
Procedures causing abnormal reactions/complications									
	3.2	3.3	3.3	3.2	3.5	4.5	3.5	2.0	3.3
Other external causes of adverse events									
	0.1	0.2	0.1	0.1	0.2	0.1	0.2	0.1	0.1
Place of occurrence of injury and poisoning: Health service area									
	6.1	5.9	5.9	5.9	6.5	7.6	6.1	3.0	6.0
Diagnoses									
Selected post-procedural disorders									
	0.9	0.7	0.8	0.8	1.1	1.2	1.1	0.4	0.8
Haemorrhage and haematoma complicating a procedure									
	0.5	0.5	0.4	0.5	0.4	0.5	0.5	0.3	0.5
Infection following a procedure									
	0.5	0.4	0.5	0.4	0.4	0.5	0.4	0.4	0.4
Complications of internal prosthetic devices									
	1.2	1.3	1.3	1.1	1.2	1.2	1.4	0.8	1.2
Other diagnoses of complications of medical and surgical care									
	0.7	1.1	0.8	0.8	0.8	1.1	0.7	0.6	0.8
Total (any of the above)[c]									
	6.3	**6.1**	**6.0**	**6.0**	**6.7**	**7.7**	**6.3**	**3.2**	**6.1**
Adverse events for overnight separations									
	10.1	**11.8**	**10.1**	**10.7**	**10.7**	**12.0**	**11.9**	**7.9**	**10.7**

[a] Separations that included ICD-10-AM diagnosis and/or external cause codes that indicated an adverse event was treated and/or occurred during the hospitalisation. [b] Age standardised rate. [c] Categories do not sum to the totals because multiple diagnoses and external causes can be recorded for each separation and external cause codes and diagnosis codes can be used together to describe an adverse event.

Source: AIHW (unpublished), National Hospital Morbidity Database; table 10A.51.

A separation may be recorded against more than one category in table 10.7, as some adverse events are reported as diagnoses and others as external causes or places of occurrence (of the injury or poisoning).

These data can be interpreted as representing selected adverse events in health care that have resulted in, or have affected, hospital admissions, rather than all adverse events that occurred in hospitals. Some of the adverse events included in these tables may represent events that occurred before admission.

Some adverse events are not identifiable using the codes for an adverse event or a place of occurrence of hospital. Some other diagnosis codes may suggest that an adverse event has occurred when it has not.

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 10.9).

Box 10.9 **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 10.10). Labour, particularly nurses and medical practitioners, is the most significant and costly resource used in providing public hospital services (figure 10.21), and the sustainability of the workforce helps determine whether sustainability problems might arise in the future delivery of public hospital services.

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 that is close to retirement.

Box 10.10 **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, by jurisdiction and by region.

A high or increasing proportion of the workforce that are new entrants and/or a low or decreasing proportion of the workforce that is close to retirement is desirable.

All nurses (including midwives) and medical practitioners in the workforce 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.

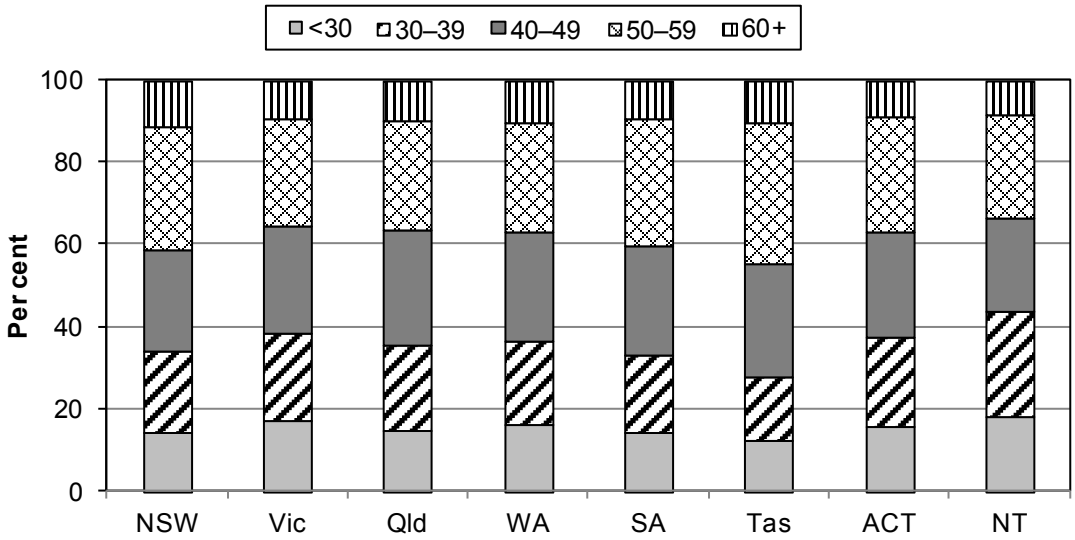
Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2012 data are available for all jurisdictions.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

The age profile of the nursing workforce (which includes midwives) for 2012 for each jurisdiction is shown in figure 10.15. Nursing workforce data by remoteness area for 2012 are shown in figure 10.16.

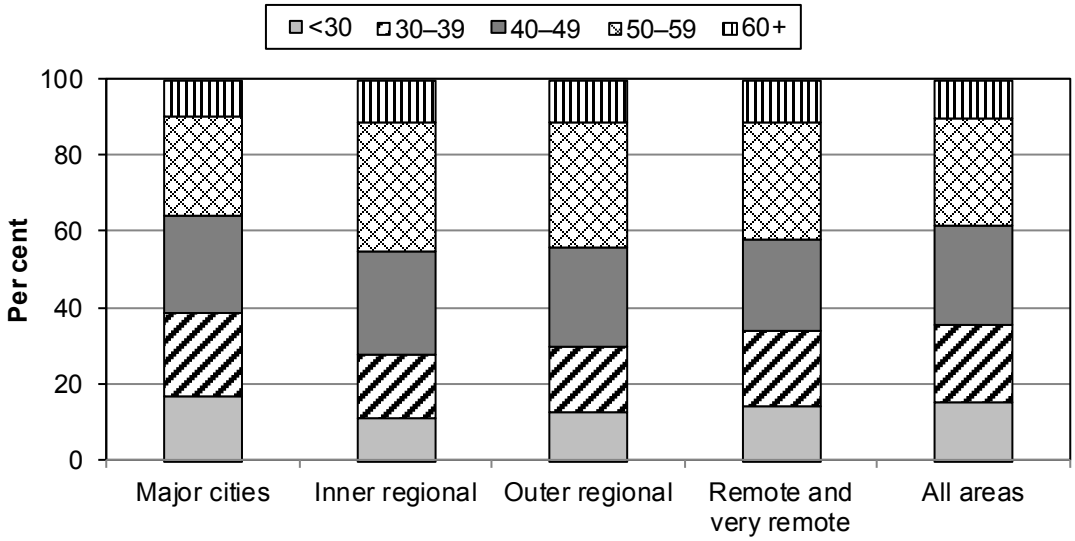
Figure 10.15 **Nursing workforce, by age group, 2012[a, b]**



a Includes registered and enrolled nurses (including midwives) who are employed in nursing, nurses who are registered but on extended leave and nurses who are registered and looking for work in nursing. **b** State and territory is derived from state and territory of main job where available; otherwise state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated'.

Source: AIHW (unpublished) National Health Workforce Data Set; table 10A.53.

Figure 10.16 **Nursing workforce, by age group and remoteness area, 2012[a, b]**

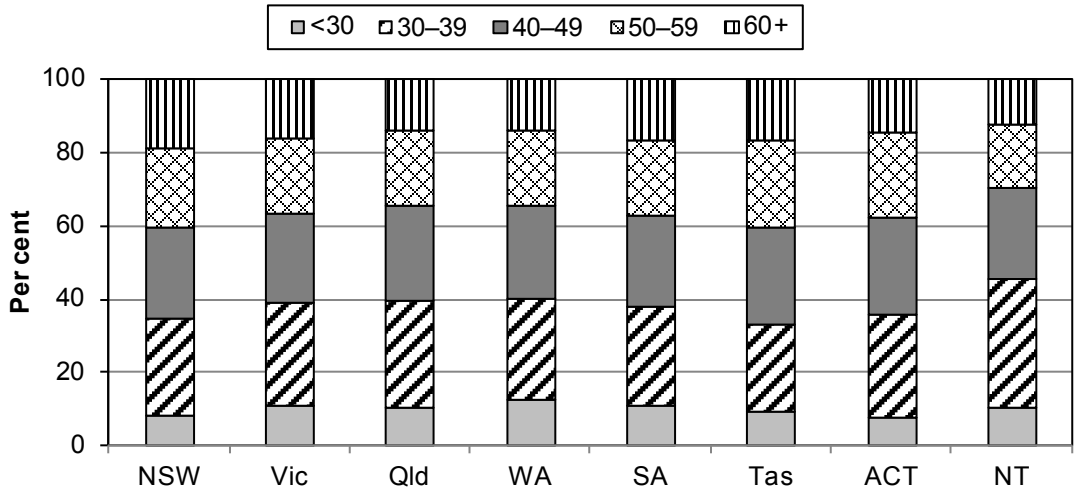


a Includes registered and enrolled nurses (including midwives) who are employed in nursing, nurses who are registered but on extended leave and nurses who are registered and looking for work in nursing. **b** Remote and very remote areas include migratory areas.

Source: AIHW (unpublished) National Health Workforce Data Set; table 10A.52.

The age profile of the medical practitioner workforce in 2012 for each jurisdiction is shown in figure 10.17. Medical practitioner workforce data for 2012 by remoteness area are shown in figure 10.18.

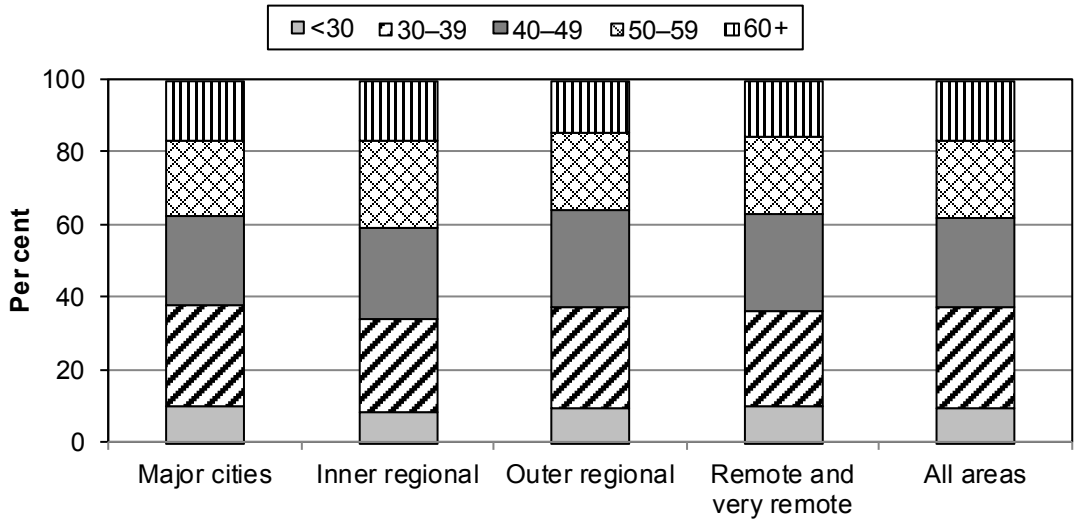
Figure 10.17 **Medical practitioner workforce, by age group, 2012[a, b]**



a Includes employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine. **b** State and territory is derived from state and territory of main job where available; otherwise state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated'.

Source: AIHW (unpublished) National Health Workforce Data Set; table 10A.55.

Figure 10.18 **Medical practitioner workforce, by age group and remoteness area, 2012[a, b]**



a Includes employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine. **b** Remote and very remote areas include migratory areas.

Source: AIHW (unpublished) National Health Workforce Data Set; table 10A.54.

Efficiency

Two approaches to measuring the efficiency of public hospital services are included in this Report: the 'cost per casemix-adjusted unit of output' (the unit cost) and the 'casemix-adjusted relative length of stay index'. Length of stay is correlated with costs 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.

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.

Cost per casemix-adjusted separation

'Cost per casemix-adjusted separation' is an indicator of governments' objective to deliver services in a cost effective manner (box 10.11).

Box 10.11 **Cost per casemix-adjusted separation**

'Cost per casemix-adjusted separation' is defined by the following two measures:

- Recurrent cost per casemix-adjusted separation is 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 (4.7 per cent of total separations in 2011-12 (table 10A.13)), so the acute care cost weights are applied to non-acute separations. The admitted patient cost proportion is an estimate only.
  - Some jurisdictions have developed experimental cost estimates for acute, non-psychiatric patients, which are 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.
  - Data reported for this measure are:
    - comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
    - complete (subject to caveats) for the current reporting period. All required 2011-12 data are available for all jurisdictions.

(Continued on next page)

Box 10.11 **(Continued)**

- Total cost per casemix-adjusted separation is 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. This measure allows the full cost of hospital services to be considered. The hospitals included in this measure are the same as for recurrent cost per casemix-adjusted separation.
  - 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 services or to retire debt. Interest payments represent a user cost of capital, so are deducted from capital costs to avoid double counting.
  - Data reported for this measure are:
    - comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
    - complete (subject to caveats) for the current reporting period. All required 2011-12 data are available for all jurisdictions.

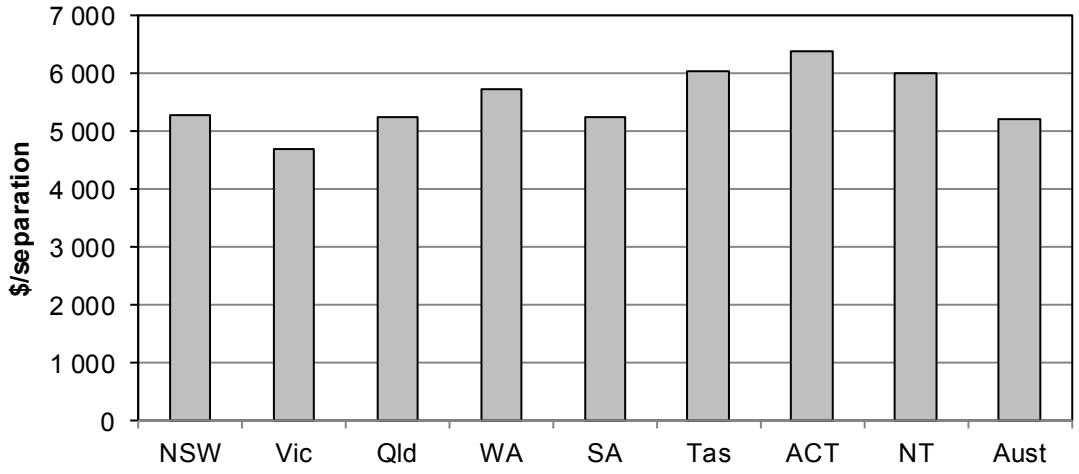
A low or decreasing cost per casemix-adjusted separation can reflect more efficient service delivery in public hospitals. However, this indicator needs to be viewed in the context of the set of performance indicators as a whole, as decreasing cost could also be associated with decreasing quality and effectiveness.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

Recurrent cost per casemix-adjusted separation

'Recurrent cost per casemix-adjusted separation' data are presented in figure 10.19.

Figure 10.19 **Recurrent cost per casemix-adjusted separation, 2011-12**[a, b, c, d]

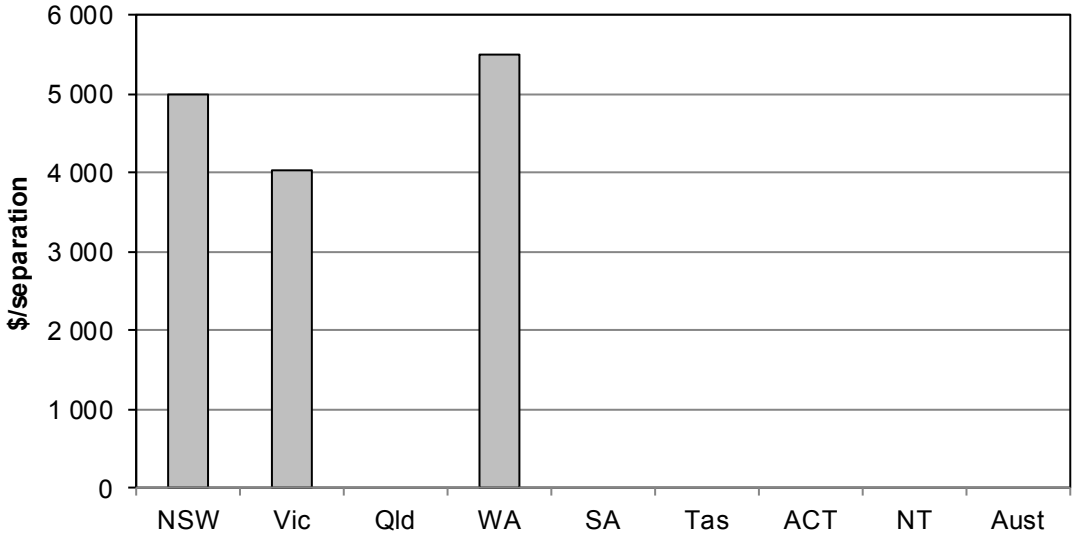


[a] Excludes depreciation and the user cost of capital, spending on non-admitted patient care and research costs. [b] Casemix-adjusted separations are the product of total separations and average cost weight. Average cost weights are from the National Hospital Cost Data Collection, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 2008-09 AR-DRG v 5.2 cost weights. [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.

Source: AIHW (2013), *Australian Hospital Statistics 2011-12,* Health Services Series No. 50, Cat no. HSE 134; table 10A.56.

Experimental estimates of 'recurrent cost per casemix-adjusted separation' for acute non-psychiatric patients are reported for NSW, Victoria and WA (figure 10.20). (These estimates relate to a subset of the selected public hospitals reported in figure 10.19 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 10.11). The effect of restricting the analysis to acute, non-psychiatric admitted patients was to decrease the estimated recurrent cost per casemix adjusted separation for the subset of hospitals by 5.6 per cent for NSW, 14.0 per cent for Victoria and 4.1 per cent for WA (AIHW 2013a).

Figure 10.20 **Recurrent cost per acute non-psychiatric casemix-adjusted separation, subset of hospitals, 2011-12**[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 2008-09 AR-DRG version 5.2 cost weights. [d] These estimates are not available for Queensland, SA, Tasmania, the ACT or the NT.

Source: AIHW (2013), *Australian Hospital Statistics 2011-12,* Health Services Series No. 50, Cat no. HSE 134; table 10A.56.

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 90 hospitals in this group had an average of 45 440 separations each at an average cost of $5222 per separation (table 10A.57 and table 10.8). Data for each of the hospital peer groups are presented in table 10.8. Detailed data for all peer groups are presented in table 10A.57.

Table 10.8 **Recurrent cost per casemix-adjusted separation, by hospital peer group, 2011-12**[a, b, c]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Hospital peer group									
Principal referral and Specialist women's and children's	5 337	4 670	5 355	5 738	5 287	5 777	6 384	5 967	5 222
Large	5 003	4 593	3 973	5 149	5 051	7 390	..	..	4 912
Medium	4 964	4 945	4 645	5 399	5 208	6 406	..	..	5 025
Small acute	5 931	5 947	5 065	8 259	4 884	7 514	..	6 424	6 171
All hospitals[d]	**5 280**	**4 693**	**5 246**	**5 733**	**5 251**	**6 033**	**6 384**	**6 017**	**5 204**

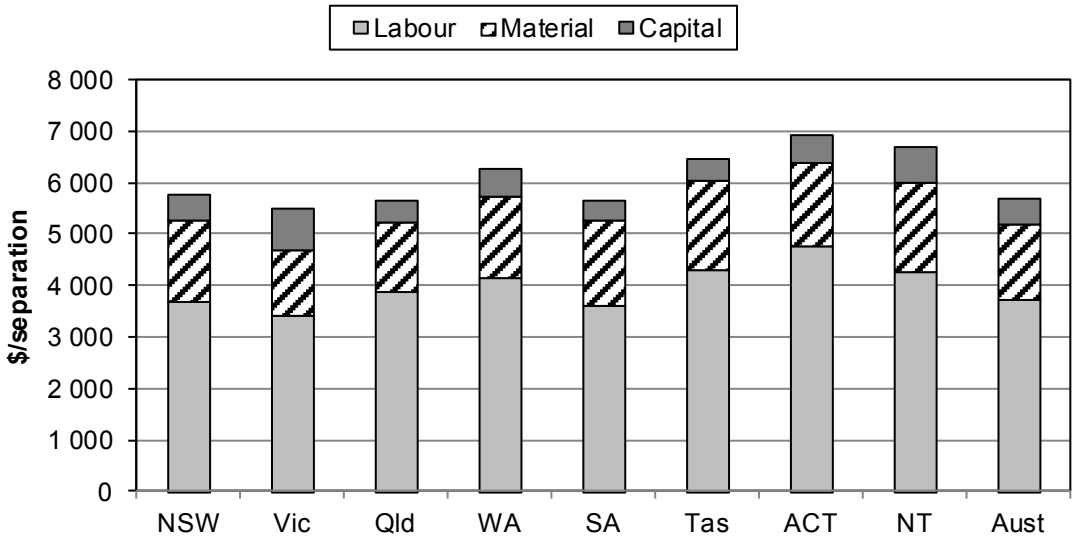
[a] Data exclude depreciation and the user cost of capital, spending on non-admitted patient care and research costs. [b] The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete 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.

Source: AIHW (2013), *Australian Hospital Statistics 2011-12,* Health Services Series No. 50, Cat no. HSE 134; table 10A.57.

Total cost per casemix-adjusted separation

Total cost includes both the recurrent costs (as discussed above) and the capital costs associated with hospital services. Results for this measure in 2011-12 are reported in figure 10.21. Labour costs accounted for the majority of costs in most jurisdictions. The user cost of capital for land is not included in figure 10.21 but is reported in table 10A.58.

Figure 10.21 **Total cost per casemix-adjusted separation, public hospitals, 2011-12**[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.56). [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.58). [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 (2013), *Australian Hospital Statistics 2011-12,* Health Services Series No. 50, Cat no. HSE 134; State and Territory governments (unpublished); tables 10A.56 and 10A.58.

Relative stay index

'Relative stay index' is an indicator of governments' objective to deliver services efficiently (box 10.12). Data for this indicator are reported in figure 10.22. The relative stay index is reported by funding source and by medical, surgical and other AR DRGs in tables 10A.59 and 10A.60 respectively.

Box 10.12 **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 index.

(Continued on next page)

Box 10.12 **(Continued)**

The 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 or decreasing 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).

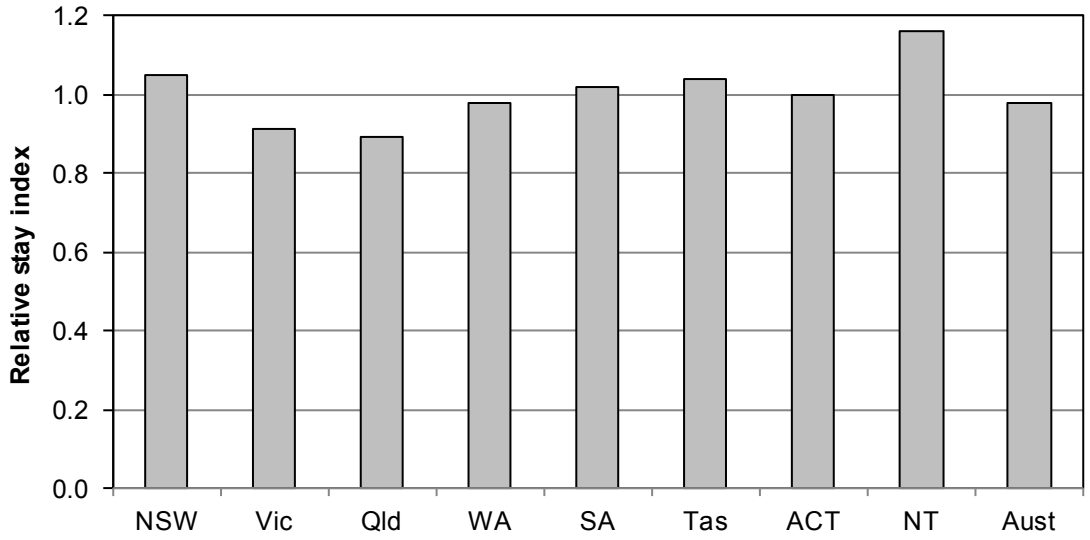
States and territories vary in their thresholds for classifying patients as either same day admitted patients or outpatients. These variations affect the relative stay index.

Data reported for this measure are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2011-12 data are available for all jurisdictions.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

Figure 10.22 **Relative stay index, public hospitals, 2011-12[a, b]**



a Separations exclude newborns 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 6.0x. 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 (2013), *Australian Hospital Statistics 2011-12,* Health Services Series No. 50, Cat no. HSE 134; table 10A.59.

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 10.13).

Box 10.13 **Recurrent cost per non-admitted occasion of service**

'Recurrent cost per non-admitted occasion of service' is defined as 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.

A low or decreasing recurrent cost per non-admitted occasion of service can reflect more efficient service delivery in public hospitals. However, this indicator should be viewed in the context of the set of performance indicators as a whole, as decreasing cost could also be associated with decreasing quality and effectiveness. 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:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- incomplete for the current reporting period. All required data were not available for Victoria, Queensland and the NT.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

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 2011-12 data for this indicator reported the following results for non-admitted patient services:

- In NSW, the emergency department cost per occasion of service was $265 for 2.4 million occasions, the outpatient cost per occasion of service was $102 for 17.3 million occasions and the overall cost per occasion of service (emergency plus outpatient plus other) was $120 for 22.8 million occasions (table 10A.61).
- In WA, the emergency department cost per occasion of service was $535 for 976 000 occasions, the outpatient cost per occasion of service was $283 for

1.6 million occasions and the overall cost per occasion of service (emergency plus outpatient plus other) was $379 for 2.6 million occasions (table 10A.62).

- In SA, the emergency department cost per occasion of service was $455 for 608 000 occasions, the outpatient cost per occasion of service was $314 for 1.6 million occasions and the overall cost per occasion of service (emergency plus outpatient) was $353 for 2.2 million occasions (table 10A.63).
- In Tasmania, the emergency department cost per occasion of service was $451 for 125 000 occasions. The outpatient cost per occasion of service was $268 for 481 000 occasions. An overall cost per occasion of service was not available (table 10A.64).
- In the ACT, the emergency department cost per occasion of service was $839 for 119 000 occasions, the outpatient cost per occasion of service was $338 for 340 000 occasions and the overall cost per occasion of service (emergency plus outpatient) was $463 for 459 000 occasions (table 10A.65).

Given the lack of a nationally consistent non-admitted patient classification system, this Report includes national data from the Independent Hospital Pricing Authority'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.

Emergency department data were contributed by 228 public hospitals. These data suggest that the cost per emergency department presentation for the public hospitals sector in 2010-11 was $498 per presentation for 5.5 million presentations (table 10A.66). The cost per presentation for emergency departments by triage class are shown in table 10A.67. Cost per non-admitted clinic occasion of service data were provided by 203 public hospitals with an average cost of $340 per occasion of service for 8.1 million occasions of service (table 10A.68).

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 10.14). 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).

Box 10.14 **Patient satisfaction**

'Patient satisfaction' is defined by the following six measures for the purposes of this report:

- Proportion of people who went to an emergency department in the last 12 months reporting the emergency department doctors, specialists or nurses always or often listened carefully to them
- Proportion of people who went to an emergency department in the last 12 months reporting the emergency department doctors, specialists or nurses always or often showed respect to them
- Proportion of people who went to an emergency department in the last 12 months reporting the emergency department doctors, specialists or nurses always or often spent enough time with them
- Proportion of people who were admitted to hospital in the last 12 months reporting the hospital doctors, specialists or nurses always or often listened carefully to them
- Proportion of people who were admitted to hospital in the last 12 months reporting the hospital doctors, specialists or nurses always or often showed respect to them
- Proportion of people who were admitted to hospital in the last 12 months reporting the hospital doctors, specialists or nurses always or often spent enough time with them.

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

Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2012-13 data are available for all jurisdictions.

Descriptive information on patient surveys undertaken by states and territories is also reported. The descriptive information includes the survey time period, method, sample size, response rate and a selection of results where available. Information on how jurisdictions have used patient satisfaction surveys to improve public hospital quality in recent years is also reported. If public hospitals respond to patient views and modify services, service quality can be improved to better meet patients' needs. As State and Territory based surveys differ in content, timing and scope across jurisdictions, it is not possible to compare their results nationally.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

Patient satisfaction data for emergency department and admitted hospital patients are reported in table 10.9. Relative standard errors and confidence intervals are reported in attachment tables 10A.69—10A.76. These tables also report patient satisfaction by remoteness.

Table 10.9 **Patient satisfaction, hospitals, 2012-13[a]**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Emergency department patients									
Proportion of people who went to an emergency department in the last 12 months reporting the ED doctors, specialists or nurses always or often listened carefully to them									
Doctors or specialists	85.0	83.4	84.0	84.7	83.4	81.3	82.5	87.6	84.2
Nurses	87.6	89.8	90.1	90.9	87.4	89.6	83.5	90.5	89.1
Proportion of people who went to an emergency department in the last 12 months reporting the ED doctors, specialists or nurses always or often showed respect to them									
Doctors or specialists	86.4	84.7	85.5	87.2	84.8	83.3	82.6	88.4	85.7
Nurses	88.5	91.1	90.2	92.4	89.6	90.3	86.7	90.2	90.1
Proportion of people who went to an emergency department in the last 12 months reporting the ED doctors, specialists or nurses always or often spent enough time with them									
Doctors or specialists	81.0	79.9	80.7	83.1	79.5	74.9	75.3	85.0	80.7
Nurses	85.2	85.6	87.5	90.4	86.6	84.3	80.8	89.5	86.4
Admitted hospital patients									
Proportion of people who were admitted to hospital in the last 12 months reporting the hospital doctors, specialists or nurses always or often listened carefully to them									
Doctors or specialists	91.3	89.5	87.1	90.8	89.5	85.9	89.3	81.5	89.5
Nurses	90.5	92.1	91.8	92.0	90.8	89.9	89.8	86.9	91.2
Proportion of people who were admitted to hospital in the last 12 months reporting the hospital doctors, specialists or nurses always or often showed respect to them									
Doctors or specialists	91.5	89.3	88.4	92.6	90.2	86.2	91.2	81.3	90.2
Nurses	92.2	91.1	91.4	93.0	91.7	88.4	90.6	87.6	91.5
Proportion of people who were admitted to hospital in the last 12 months reporting the hospital doctors, specialists or nurses always or often spent enough time with them									
Doctors or specialists	87.5	85.6	85.8	87.2	84.0	84.7	85.4	80.3	86.2
Nurses	88.5	89.0	89.2	91.8	87.7	86.5	85.3	85.8	88.9

a Rates are age standardised to the 2001 estimated resident population (5 year ranges). ED=Emergency department.

Source: ABS (unpublished) *Patient Experience Survey 2012-13*, tables 10A.69–10A.76.

State and territory based survey data

State and Territory survey approaches differed markedly across jurisdictions, so it is not possible to compare results:

- All jurisdictions provided details of surveys conducted in 2012 and/or 2013, with the exception of Tasmania and the NT, which did not update survey details for this Report.
- The length of time that surveys were conducted varied from a 12 month period to a two month period.

- Queensland, WA and SA, used Computer Assisted Telephone Interviewing, while other jurisdictions used a combination of mail and internet surveys.
- Most jurisdictions surveyed admitted and non-admitted patients. One jurisdiction surveyed emergency departments only.
- Sample sizes varied from 26 800 to around 500 patients.

More information on the survey methods and results are in tables 10A.77–10A.84.

All jurisdictions reported that they use survey results in some way to improve services. All jurisdictions provide survey results or feedback to hospitals. Most jurisdictions have a formalised approach to prioritising the areas in need of improvement identified by the surveys and then implementing quality improvements. More information on how survey results are used to improve services are in tables 10A.77–10A.84.

Sentinel events

'Sentinel events' is an indicator of governments' objective to deliver public hospital services that are safe and of high quality (box 10.15). Sentinel events can indicate hospital system and process deficiencies that compromise quality and safety. Sentinel events are a subset of adverse events that result in death or very serious harm to the patient. Adverse events are reported elsewhere in this chapter as an output indicator.

Box 10.15 **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. 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 low or decreasing number of sentinel events is desirable.

Over time, an increase in the number of sentinel events reported might reflect improvements in incident reporting mechanisms 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.

Data reported for this indicator are:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- complete (subject to caveats) for the current reporting period. All required 2011-12 data are available for all jurisdictions.

Data quality information for this indicator is under development.

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. 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 events data for 2004-05 (AIHW and ACSQHC 2007). The report identified that reporting practices differ across jurisdictions and, as a result, the data are not comparable across jurisdictions.

Numbers of sentinel events for 2011-12 are reported below. Data for 2007-08 to 2010-11 are reported in tables 10A.85 to 10A.92. Australian totals are reported in table 10A.93. As larger states and territories will tend to have more sentinel events than smaller jurisdictions, the numbers of separations and individual occasions of service are also presented to provide context.

In NSW public hospitals in 2011-12, there was a total of 38 sentinel events (table 10A.85) compared to around 1.7 million separations (table 10A.6) and around 24.0 million individual occasions of service (table 10A.16). The sentinel events comprised:

- one procedure involving the wrong patient or body part resulting in death or major permanent loss of function
- 20 suicides of a patient in an inpatient unit
- 14 retained instruments or other material after surgery requiring re-operation or further surgical procedure
- one haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility
- one medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs
- one maternal death or serious morbidity associated with labour or delivery (table 10A.85).

In Victorian public hospitals in 2011-12, there was a total of 20 sentinel events (table 10A.86) compared to around 1.5 million separations (table 10A.6) and around 7.0 million individual occasions of service (table 10A.16). The sentinel events comprised:

- one procedure involving the wrong patient or body part resulting in death or major permanent loss of function
- 8 suicides of a patient in an inpatient unit
- 7 retained instruments or other material after surgery requiring re-operation or further surgical procedure
- 4 medication errors leading to the death of a patient reasonably believed to be due to incorrect administration of drugs (table 10A.86).

In Queensland public hospitals in 2011-12, there was a total of 11 sentinel events (table 10A.87) compared to around 1.0 million separations (table 10A.6) and around 11.2 million individual occasions of service (table 10A.16). The sentinel events comprised:

- one procedure involving the wrong patient or body part resulting in death or major permanent loss of function
- one suicide of a patient in an inpatient unit
- 5 retained instruments or other material after surgery requiring re-operation or further surgical procedure
- four maternal deaths or serious morbidity associated with labour or delivery (table 10A87).

In WA public hospitals in 2011-12, there was a total of 11 sentinel events (table 10A.88) compared to around 588 000 separations (table 10A.6) and around 5.9 million individual occasions of service (table 10A.16). The sentinel events comprised:

- one procedure involving the wrong patient or body part resulting in death or major permanent loss of function
- 5 suicides of a patient in an inpatient unit
- 3 retained instruments or other material after surgery requiring re-operation or further surgical procedure
- two maternal deaths or serious morbidity associated with labour or delivery (table 10A.88).

In SA public hospitals in 2011-12, there was a total of 23 sentinel events (table 10A.89) compared to around 407 000 separations (table 10A.6) and around 2.2 million individual occasions of service (table 10A.16). The sentinel events comprised:

- 5 retained instruments or other material after surgery requiring re-operation or further surgical procedure
- one medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs
- 17 maternal deaths or serious morbidity associated with labour or delivery (table 10A.89)[1].

[1] In the category of maternal death or serious morbidity associated with labour or delivery, 14 related to post-partum haemorrhage >1500mls, three to fourth degree tear's and three to other classifications of serious morbidity.

In Tasmanian public hospitals in 2011-12, there was one sentinel event (table 10A.90) compared to around 100 000 separations (table 10A.6) and around 504 000 individual occasions of service (table 10A.16). The sentinel event was a retained instrument or other material after surgery requiring re-operation or further surgical procedure (table 10A.90).

In ACT public hospitals in 2011-12, there was a total of three sentinel events (table 10A.91) compared to around 97 000 separations (table 10A.6) and around 1.6 million individual occasions of service (table 10A.16). ACT sentinel events were not reported by category due to confidentiality concerns.

In the NT public hospitals in 2011-12, there were no reported sentinel events (table 10A.92) compared to around 113 000 separations (table 10A.6) and around 572 000 individual occasions of service (table 10A.16).

Mortality in hospitals

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

Box 10.16 **Mortality in hospitals**

'Mortality in hospitals' is defined by the following three measures:

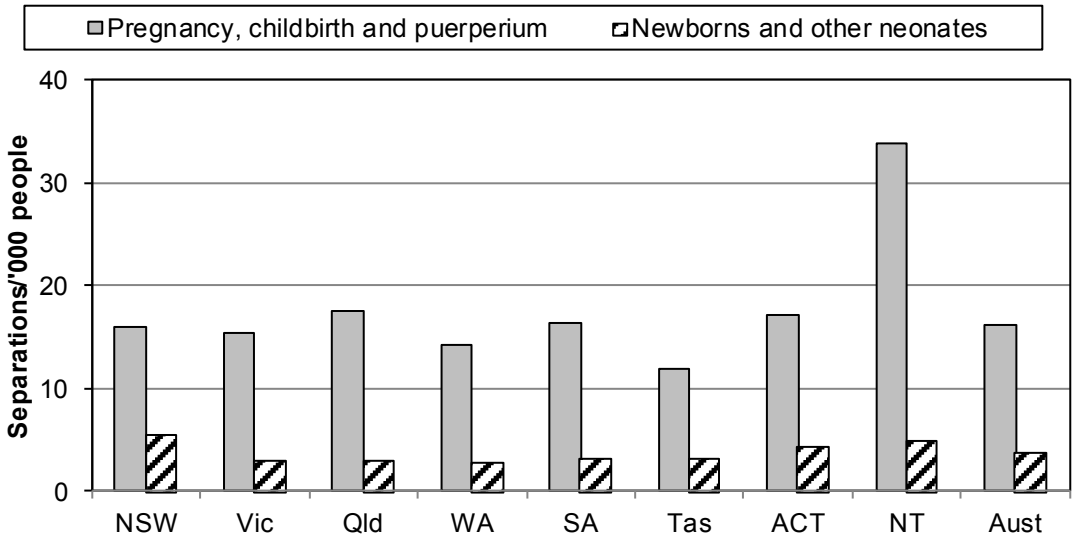
- Hospital standardised mortality ratio
- Death in low-mortality diagnostic related groups
- In-hospital mortality rates.

Mortality in hospitals has been identified as a key area for development in future Reports.

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 8.4 per cent of total acute separations in public hospitals (table 10A.95) and around 10.7 per cent of the total cost of all acute separations in public hospitals in 2011-12 (table 10A.94). Figure 10.23 shows the rate of acute separations per 1000 people for maternity services across jurisdictions in 2011-12.

Figure 10.23 **Separation rates for maternity services, public hospitals, 2011-12**[a, b, c, d]



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. **c** Includes separations for which the type of episode of care was reported as 'acute', or 'newborn with qualified patient days'. **d** Estimated Resident Populations (ERPs) to June 2011 used to derive rates are revised to the ABS' final 2011 Census rebased ERPs. The final ERP replaces the preliminary 2006 Census based ERPs used in the 2013 Report. ERP data from December 2011 are first preliminary estimates based on the 2011 Census. See Chapter 2 (tables 2A.1-2) for details.

Source: AIHW (2013), *Australian Hospital Statistics 2011-12,* Health Services Series No. 50, Cat no. HSE 134; ABS (unpublished), Australian Demographic Statistics, December Quarter 2011, Cat. no. 3101.0; tables 2A.2 and 10A.95.

In Australian public hospitals in 2011-12, 41.4 per cent of the separations for pregnancy, childbirth and the puerperium had a DRG of vaginal delivery (tables 10A.95 and 10A.96). In the context of all AR-DRGs in public hospitals, vaginal deliveries comprised the largest number of overnight acute separations (3.9 per cent of all separations) (table 10A.14). The cost of vaginal deliveries was $753.2 million in 2011-12 (table 10A.96).

The complexity of 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 (table 10.10).

Table 10.10 **Mean age of mothers at time of giving birth, public hospitals**

	NSW	*Vic*[a]	*Qld*	*WA*[b]	*SA*[c]	*Tas*	*ACT*[d]	*NT*
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	30.1	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	28.2	25.6	26.2	27.0	24.9	28.0	24.2
Second birth	30.4	30.7	28.3	28.6	29.6	27.7	30.5	26.8
Third birth	31.6	32.0	29.8	30.1	31.1	29.0	31.4	28.6
All births	29.9	30.1	28.0	28.3	29.1	27.3	29.8	26.9
2010								
First birth	28.2	28.2	25.6	26.3	27.1	26.3	28.0	24.6
Second birth	30.3	30.7	28.2	28.8	29.6	28.6	30.4	27.1
Third birth	31.6	32.0	29.8	30.3	31.3	29.9	31.9	28.9
All births	29.9	30.1	28.0	28.4	29.2	28.8	29.9	27.0
2011								
First birth	28.2	27.9	25.9	26.5	27.3	26.9	28.4	24.7
Second birth	30.4	30.2	28.2	28.8	29.8	29.4	30.6	27.2
Third birth	31.6	31.7	30.1	30.4	31.3	30.4	32.2	28.7
All births	29.9	29.7	28.1	28.5	29.3	28.9	30.0	27.1
2012								
First birth	27.8	28.2	26.0	26.6	27.3	na	28.5	24.8
Second birth	30.3	30.1	28.4	28.9	29.8	na	30.9	27.4
Third birth	31.5	31.4	29.9	30.3	31.3	na	32.0	28.8
All births	29.5	29.6	28.2	28.5	29.3	na	30.1	27.2

a Data for Victoria for 2012 are preliminary. **b** Data for WA for 2012 are preliminary. **c** Data for SA for 2012 are preliminary. **d** ACT 2012 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.

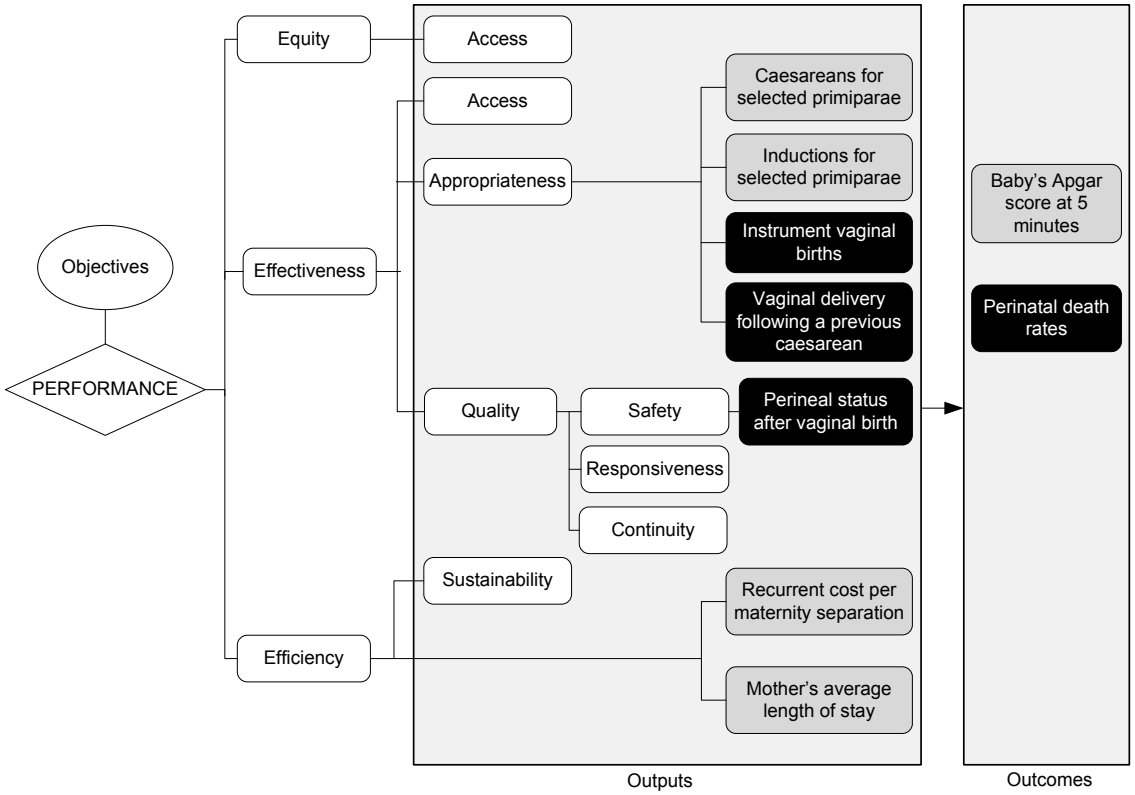
Source: State and Territory governments (unpublished).

10.5 Framework of performance indicators for maternity services

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of maternity services (figure 10.24). The performance indicator framework shows which data are comparable in the 2014 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 sector overview 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.

The Report's statistical context chapter 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) (chapter 2).

Figure 10.24 **Maternity services performance indicator framework**



Data quality information (DQI) is being progressively introduced for all indicators in the Report. The purpose of DQI is to provide structured and consistent information about quality aspects of data used to report on performance indicators. DQI in this Report cover the seven dimensions in the ABS' data quality framework (institutional environment, relevance, timeliness, accuracy, coherence, accessibility and interpretability) in addition to dimensions that define and describe performance indicators in a consistent manner, and key data gaps and issues identified by the Steering Committee. All DQI for the 2014 Report can be found at www.pc.gov.au/gsp/reports/rogs/2014.

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 Australians 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 10.17).

Box 10.17 **Caesareans and inductions for selected primiparae[a]**

'Caesareans and inductions for selected primiparae' are defined as the number of inductions or caesareans for the selected primiparae[a] divided respectively by the number of the selected primiparae who gave 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.

Rates 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[b], so caesarean or induction rates should be low in their population.

Data reported for this indicator are:

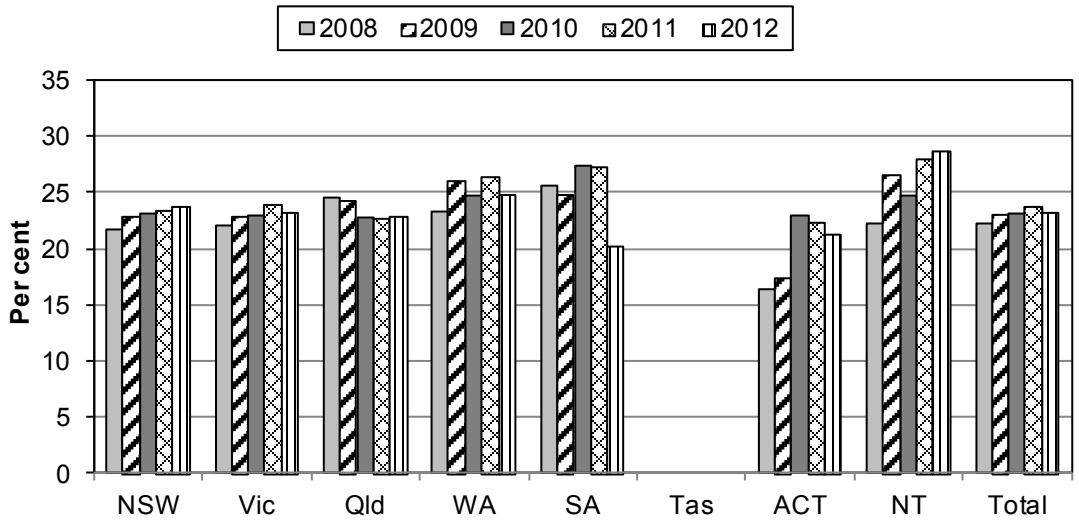
- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- incomplete for the current reporting period. All required data were not available for Tasmania.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

[a] Primiparae refers to a woman who has given birth to a liveborn or stillborn infant for the first time. [b] Parturient means 'about to give birth'.

Caesarean rates for selected primiparae in public hospitals are reported in figure 10.25. Induction rates for selected primiparae in public hospitals are reported in figure 10.26. Caesarean and induction rates for private hospitals are shown in table 10A.97 for comparison. They are higher than the rate for public hospitals in almost all jurisdictions for which data are available. Data for all jurisdictions for earlier years are included in tables 10A.98–10A.105.

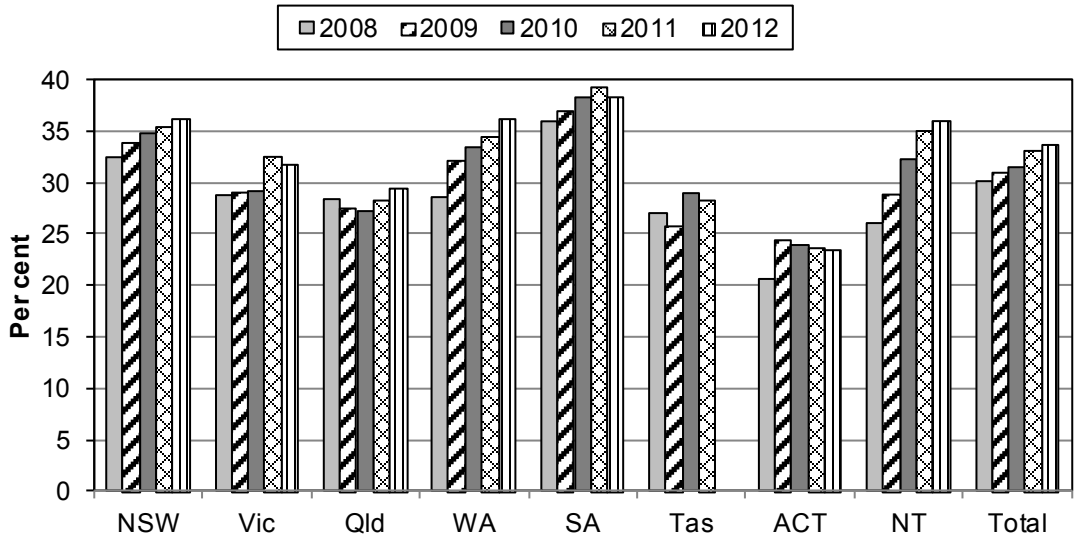
Figure 10.25 **Caesareans for selected primiparae, public hospitals**[a, b, c, d, e, f]



[a] Data for 2012 for Victoria are preliminary. [b] Data for WA for 2012 are preliminary. [c] Data for SA for 2012 are preliminary. [d] Data for Tasmania are not available. [e] 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. [f] Total includes only jurisdictions for which data are available.

Source: State and Territory governments (unpublished); tables 10A.98–10A.105.

Figure 10.26 **Inductions for selected primiparae, public hospitals**[a, b, c, d, e, f]



[a] Data for 2012 for Victoria are preliminary. [b] Data for WA for 2012 are preliminary. [c] Data for SA for 2012 are preliminary. [d] Data for 2012 for Tasmania are not available. [e] 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. [f] Total includes only jurisdictions for which data are available.

Source: State and Territory governments (unpublished); tables 10A.98–10A.105.

Instrumental vaginal births

'Instrumental vaginal births' is an indicator of the appropriateness of maternity services (box 10.18). This indicator is reported for the first time this year.

Box 10.18 **Instrumental vaginal births**

'Instrumental vaginal births' is defined as the number of instrumental vaginal births as a percentage of total births. Instrumental vaginal births includes forceps and vacuum extraction. The indicator is calculated for women aged 20 to 34 years, with a singleton baby positioned with the head towards the cervix at the onset of labour born between 37 and 41 weeks gestation.

While low or decreasing instrumental vaginal births can be desirable, a high rate does not necessarily indicate inappropriate care. Reasons for instrumental vaginal births often include:

- the first baby/birth of the mother
- the baby was becoming distressed during birth
- the baby was not moving down through the birth canal
- there was a medical reason why the mother should or could not push.

In these cases the use of instruments is often necessary and appropriate and can often have a better outcome for mother and baby than a caesarean section. A low or decreasing rate of instrumental vaginal births could be undesirable in situations such as this if there is a corresponding increase in the rate of caesarean sections.

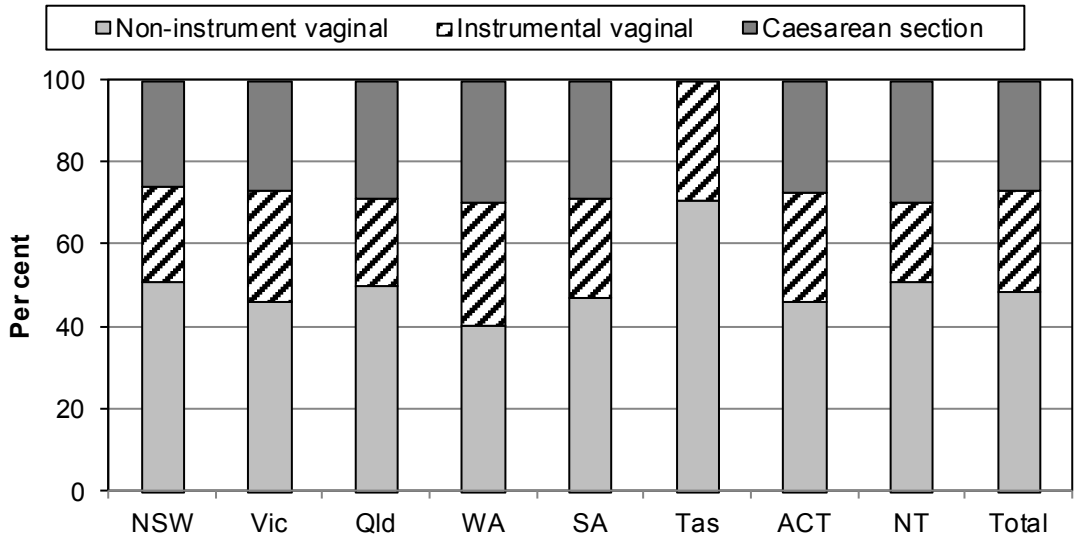
Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- incomplete for the current reporting period. All required data were not available for Tasmania.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

In 2011 across Australia, close to a quarter of women giving birth for the first time gave birth with the assistance of instruments. In contrast 48.2 per cent gave birth without the use of instruments and 27.0 per cent had a caesarean section. There was significant variation between states and territories (figure 10.27).

Figure 10.27 **Method of birth for selected women giving birth for the first time, 2011**[a, b, c]



[a] 'Selection criteria: women aged 20 to 34 years, with a singleton baby positioned with head towards the cervix at the onset of labour born between 37 and 41 weeks gestation. [b] 'Provisional data were provided by Victoria for this table. [c] Caesarean section data for Tasmania not published as presentations were only recorded for vaginal births.

Data source: AIHW (unpublished) National Perinatal Data Collection; table 10A.106.

Vaginal delivery following previous caesarean

'Vaginal delivery following a previous caesarean' is an indicator of the appropriateness of maternity services in public hospitals (box 10.19).

Box 10.19 **Vaginal delivery 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.

[a] Multiparous means woman who has given birth from at least two pregnancies that each resulted in a live birth or stillbirth.

(Continued on next page)

Box 10.19 **(Continued)**

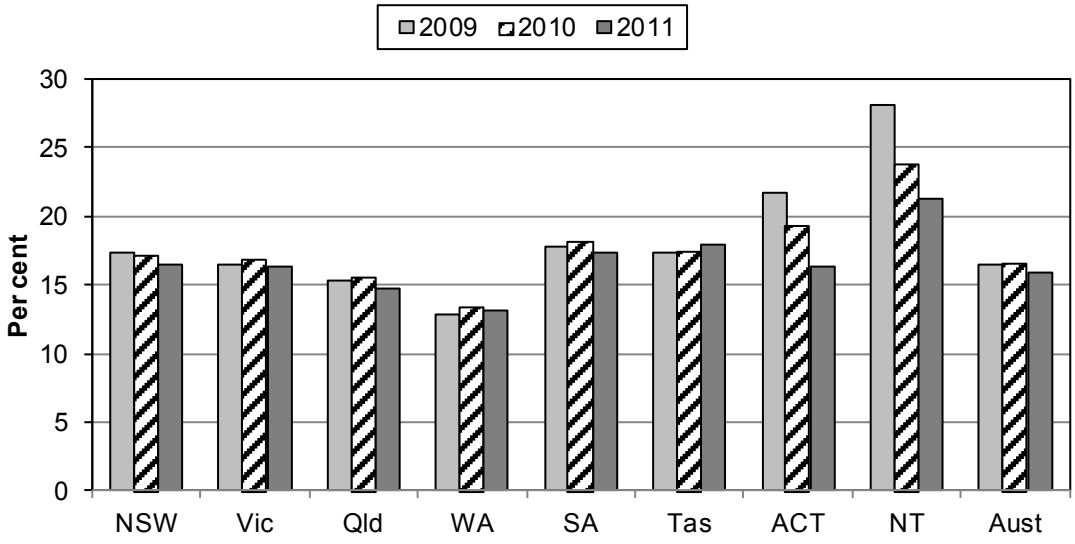
Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2011 data are available for all jurisdictions.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

Nationally in 2011, of women that had a previous caesarean section, 15.9 per cent had either an instrumental or non-instrumental vaginal delivery as their current method of birth, while 84.1 per cent had another caesarean section (figure 10.28 and table 10A.107).

Figure 10.28 **Women who had a vaginal birth after previous caesarean section[a, b, c, d, e]**



[a] Vaginal birth comprises both instrumental and non-instrumental vaginal births. [b] For multiple births, the method of birth of the first born baby was used. [c] For NSW, Victoria, WA and the NT non-instrumental vaginal birth 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. [e] 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 2007 and 2011, around 15 per cent of women who gave birth in the ACT were non-residents of the ACT.

Source: Li, Z., McNally, L., Hilder, L. and Sullivan, EA. (various years), *Australia's mothers and babies,* Perinatal statistics series Cat nos. PER 50, 52 and 56; table 10A.107.

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 10.20). Perineal lacerations caused by childbirth are painful, take time to heal and can result in ongoing discomfort and debilitating conditions such as faecal incontinence.

Box 10.20 **Perineal status after vaginal birth**

'Perineal status after vaginal birth' is defined as 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). It is measured by the proportion of women giving birth with third or fourth degree lacerations to their perineum following vaginal birth.

A low or decreasing rate of women giving birth with third or fourth degree lacerations after vaginal birth is desirable. 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.

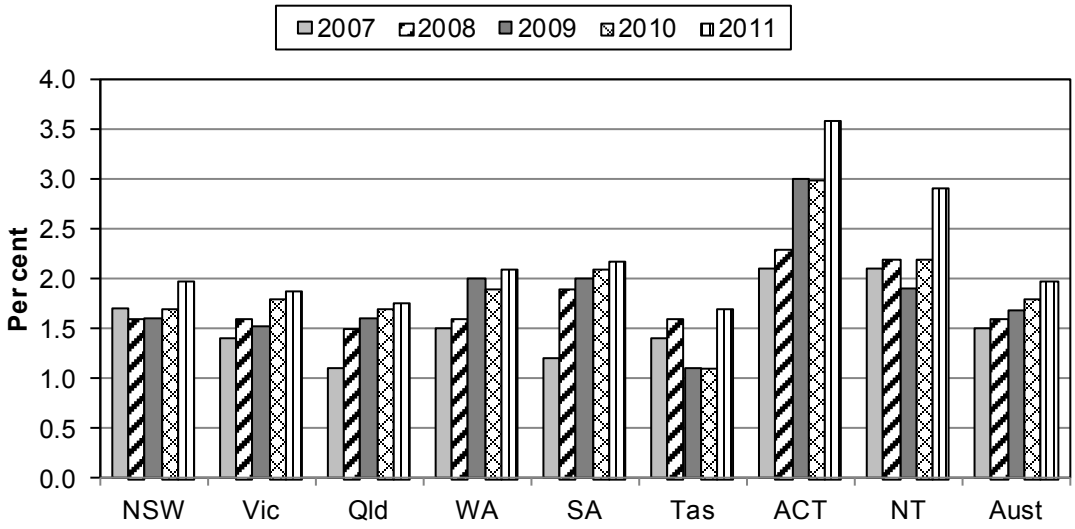
Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2011 data are available for all jurisdictions.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

The proportion of mothers with third or fourth degree lacerations to their perineum following vaginal births is shown in figure 10.29. More information on perineal status after vaginal birth (including the proportion of mothers with intact perineum following vaginal births) is contained in table 10A.108.

Figure 10.29 **Perineal status — mothers with third or fourth degree lacerations after vaginal births[a, b, c]**



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.**c** 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 2007 and 2011, around 15 per cent of women who gave birth in the ACT were non-residents of the ACT.

Source: Li, Z., McNally, L., Hilder, L. and Sullivan, EA. (various years), *Australia's mothers and babies,* Perinatal statistics series Cat nos. PER 22, 48, 50, 52 and 56; table 10A.108.

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 10.21).

Box 10.21 **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.

Low or decreasing recurrent costs per maternity separation can reflect high or increasing 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.

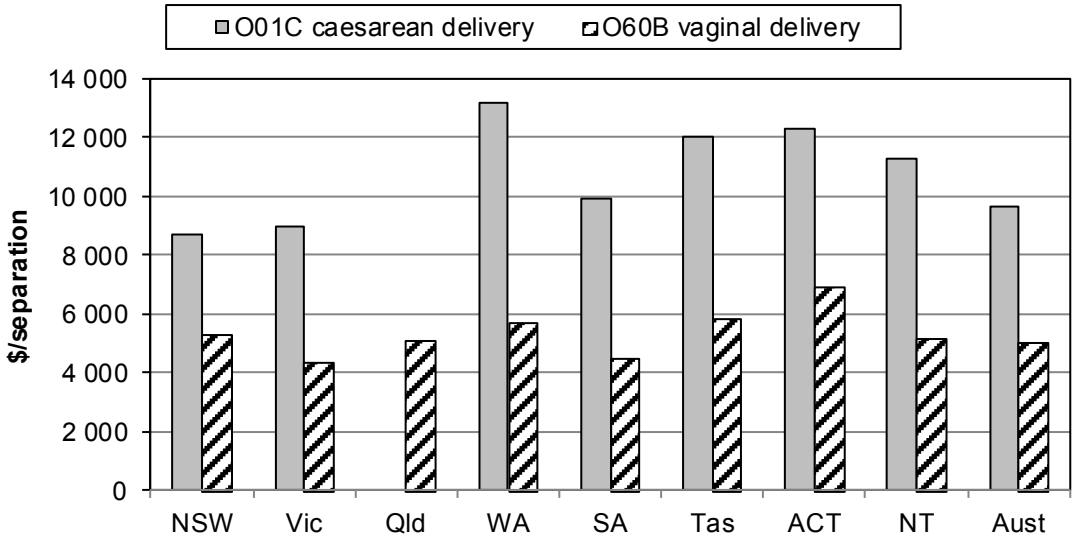
Data reported for this indicator are:

- comparable (subject to caveats) within some jurisdictions over time but are not comparable across jurisdictions or over time for other jurisdictions (see caveats in attachment tables for specific jurisdictions)
- complete (subject to caveats) for the current reporting period. All required 2010-11 data are available for all jurisdictions.

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 10.30). Data for a number of other maternity related AR-DRGs are shown in table 10A.109. 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 10.30 **Estimated average cost per separation for selected maternity related AR-DRGs, public hospitals, 2010-11**[a, b, c]



[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. Caution must be used in making direct comparisons between jurisdictions, because of differences in hospital costing systems. [c] Average cost for Queensland for O01C caesarean delivery was zero.

Source: IHPA (unpublished), *National Hospital Cost Data Collection*; table 10A.109.

Mother's average length of stay

'Mother's average length of stay' is an indicator of governments' objective to deliver services efficiently (box 10.22).

Box 10.22 **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 and potential readmissions. The indicator is not adjusted for multiple births born vaginally and without complications but requiring a longer stay to manage breastfeeding.

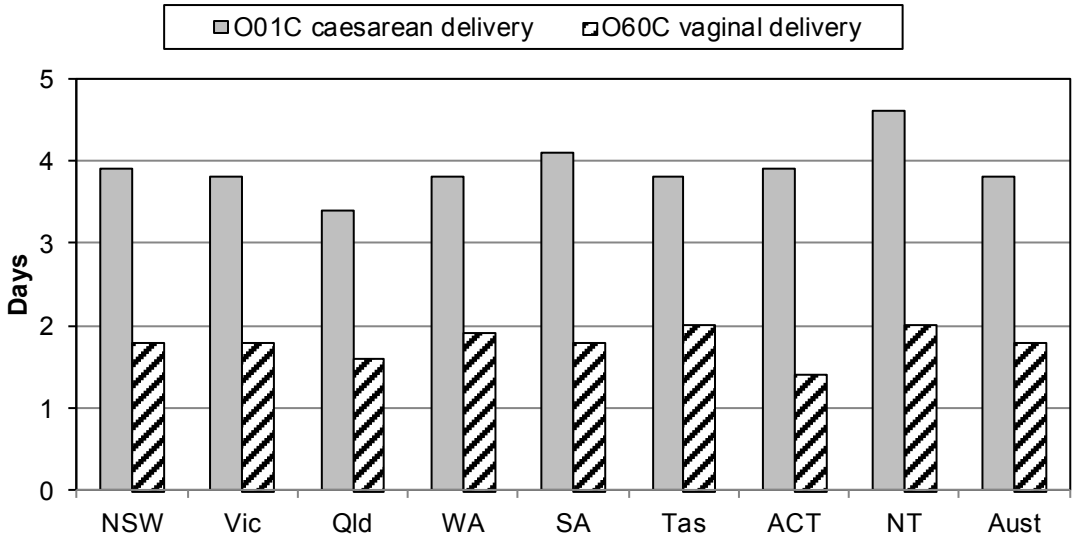
Data reported for this indicator are:

- comparable (subject to caveats) across jurisdictions and over time
- complete (subject to caveats) for the current reporting period. All required 2011-12 data are available for all jurisdictions.

Data quality information for this indicator is under development.

Data are reported for two selected maternity AR-DRGs: caesarean delivery without catastrophic or severe complications and comorbidities; and vaginal delivery single uncomplicated. Data are sourced from the AIHW Admitted patient collection for the first time this year for this indicator. In previous reports, data for this indicator were sourced from the NHCDC, hence data this year are not comparable with previous reports (figure 10.31).

Figure 10.31 **Average length of stay for selected maternity-related AR-DRGs, public hospitals, 2011-12**[a]



[a] Includes AR-DRG O01C caesarean delivery without catastrophic or severe complications and comorbidities and AR-DRG O60C vaginal delivery single uncomplicated.

Source: AIHW (2013), *Australian Hospital Statistics 2011-12*, Health Services Series No. 50, Cat no. HSE 134; table 10A.110.

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).

Baby's Apgar score

'Baby's Apgar score at five minutes' is an indicator of governments' objective to deliver maternity services that are safe and of high quality (box 10.23). The future health of babies with lower Apgar scores is often poorer than those with higher scores.

Box 10.23 **Baby's Apgar score at five minutes**

Baby's Apgar score at five minutes is defined as the number of live births with an Apgar score of less than 4, at 5 minutes post-delivery, as a proportion of the total number of live births by specified birthweight categories. 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 1 and 5 minutes after birth, and subsequently at 5 minute intervals if it is still low at 5 minutes (Day *et al*. 1999).

A high or increasing Apgar score is desirable.

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. Apgar scores can therefore indicate relative performance within birthweight categories, although 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:

- comparable (subject to caveats) within jurisdictions over time but are not comparable across jurisdictions
- incomplete for the current reporting period. All required data were not available for Tasmania.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

'Low' (less than 4) Apgar scores for babies by birthweight category are contained in table 10.11. The full range of Apgar scores for 2003 to 2012 are reported in table 10A.111.

Table 10.11 **Live births with an Apgar score of less than 4, 5 minutes post-delivery, public hospitals, 2012**

Birthweight (grams)	*Unit*	*NSW*	*Vic*[a]	*Qld*	*WA*[b]	*SA*[c]	*Tas*	*ACT*[d]	*NT*
Less than 1500	no.	913	658	588	295	227	na	81	44
Low Apgar	%	17.7	17.5	17.0	4.1	12.7	na	12.4	np
1500-1999	no.	1 364	754	638	311	281	na	80	47
Low Apgar	%	1.3	1.1	2.2	1.3	0.8	na	–	np
2000-2499	no.	3 630	2 253	1 884	873	742	na	212	188
Low Apgar	%	0.7	0.6	0.6	0.5	0.1	na	0.5	np
2500 and over	no.	73 524	52 201	41 475	18 090	14 239	na	4 206	2 896
Low Apgar	%	0.2	0.2	0.2	0.2	0.1	na	0.2	0.3

a Data for Victoria are preliminary. **b** Data for WA are preliminary. **c** Data for SA are preliminary. **d** 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. **np** Not published.

Source: State and Territory governments (unpublished); table 10A.111.

Perinatal death rate

'Perinatal death rate' is an indicator of governments' objective to deliver maternity services that are safe and of high quality (box 10.24).

Box 10.24 **Perinatal death rate**

'Perinatal death rate' is defined by the following three measures:

- 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. 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). The rate of fetal deaths is expressed per 1000 total births, by State or Territory of usual residence of the mother
- 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). 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.
- A perinatal death is a fetal or neonatal death. 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). It is expressed per 1000 total births, by State or Territory of usual residence of the mother.

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

Differences in the fetal death rate between jurisdictions are likely to be due to factors outside the control of admitted patient maternity services (such as the health of mothers and the progress of pregnancy before hospital admission). 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. In jurisdictions where the number of fetal deaths is low, small annual fluctuations in the number affect the annual rate of fetal deaths.

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.

Data reported for this indicator are:

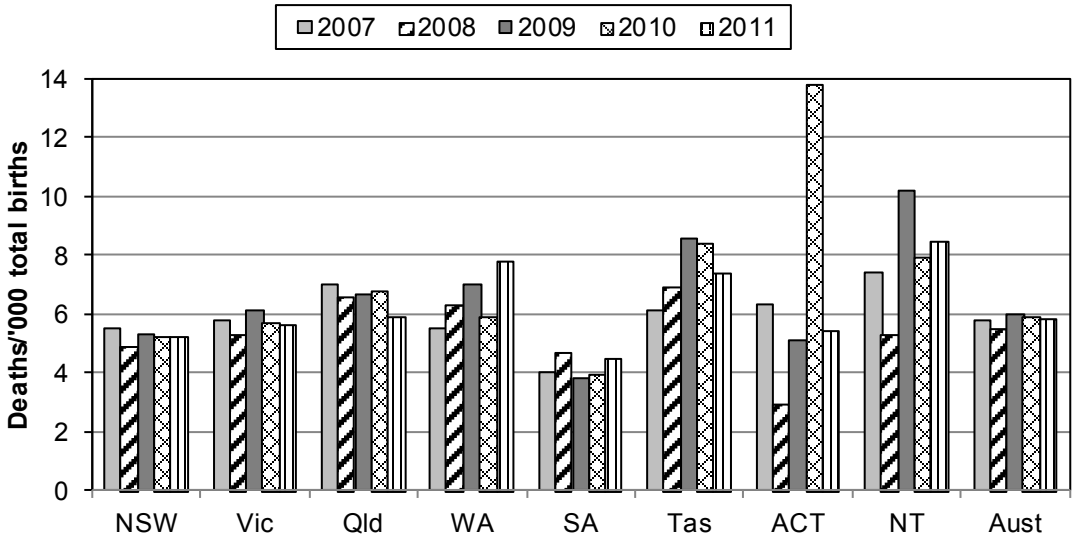
- comparable (subject to caveats) across jurisdictions and over time
- incomplete for the current reporting period. All required Indigenous data were not available for Victoria, Tasmania and the ACT.

Information about data quality for this indicator is at www.pc.gov.au/gsp/reports/rogs/2014.

Fetal death rate

Fetal death rates are reported in figure 10.32. Nationally, fetal death rates have generally been steady over the period 2007–2011. National time series for fetal death rates for the period 1999 to 2011 are included in table 10A.114.

Figure 10.32 **Fetal death rate**[a, b, c]

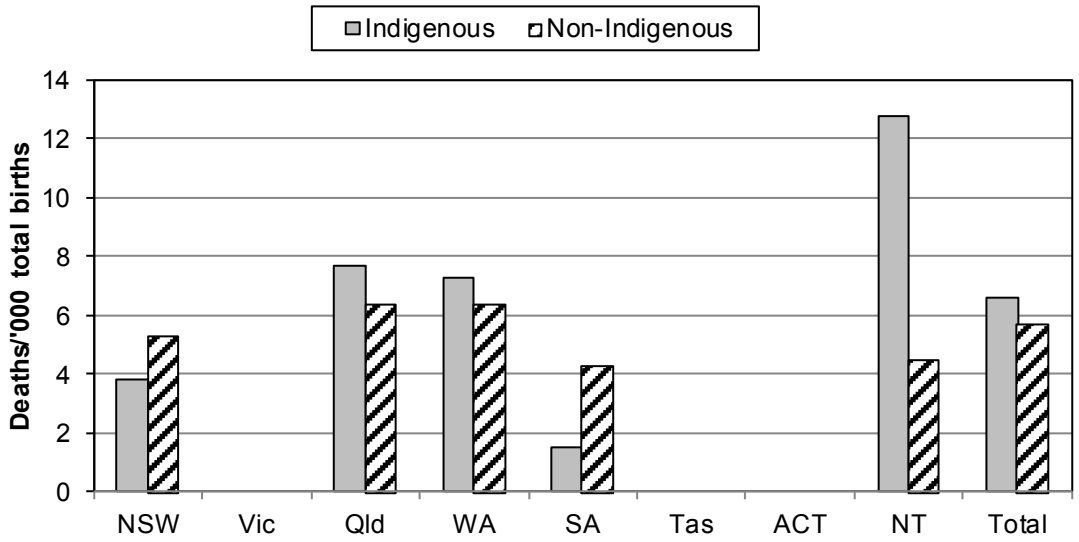


[a] Annual rates fluctuate (in particular, for smaller jurisdictions) as a result of a low incidence of fetal deaths and small populations. [b] Some fetal deaths occurring in WA could be the result of termination of pregnancy at 20 weeks gestation or more. [c] The ACT and Australian total exclude stillbirth 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 were included in the 2010 reference year. The data therefore shows a decline in 2008 and an increase in 2010 which is not related to any actual significant change in fetal death rates.

Source: ABS (unpublished) *Perinatal deaths, Australia*, Cat. no. 3304.0; table 10A.112.

Fetal deaths data by the Indigenous status of the mother are available for NSW, Queensland, WA, SA and the NT only. These five states and territories are considered to have adequate levels of Indigenous identification in mortality data (ABS 2004). For three of the five jurisdictions for which data are available, the fetal death rates for Indigenous Australians are higher than those for non-Indigenous Australians (figure 10.33).

Figure 10.33 **Fetal death rate by Indigenous status of mother 2007–2011**[a]



[a] Data are reported individually by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. These jurisdictions have evidence of sufficient levels of identification and sufficient numbers of deaths. The total relates to those jurisdictions for which data are published. Data are not available for other jurisdictions.

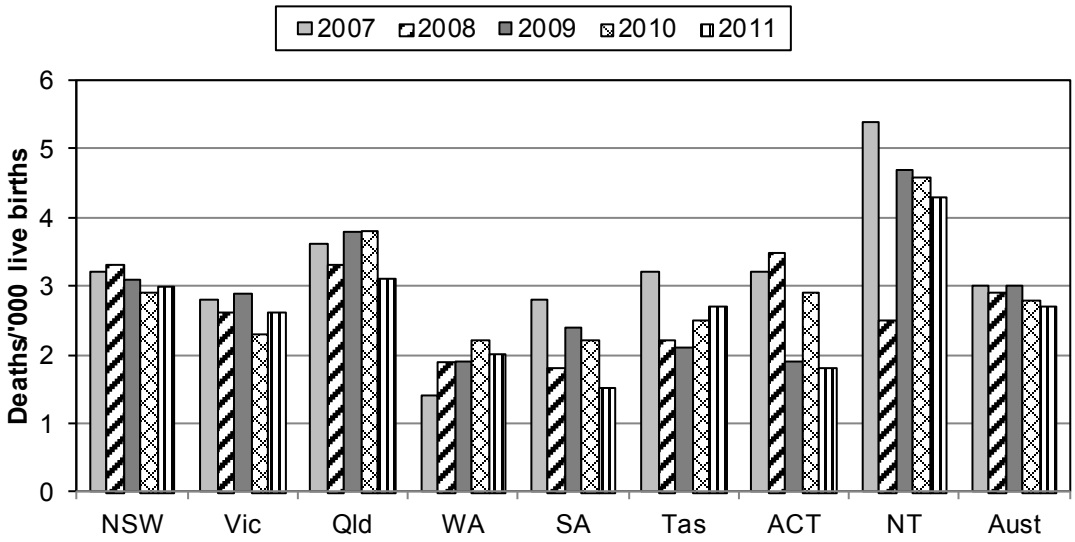
Source: ABS (unpublished*) Perinatal deaths, Australia*, Cat. no. 3304.0; table 10A.116.

Neonatal death rate

Neonatal death rates are reported in figure 10.34. Nationally, neonatal death rates have declined slightly over the period 2007–2011. National time series for neonatal death rates for the period 1999 to 2011 are included in table 10A.114.

Neonatal deaths data by the Indigenous status of the mother are available for NSW, Queensland, WA, SA and the NT only. These five states and territories are considered to have adequate levels of Indigenous identification in mortality data (ABS 2004). In the jurisdictions for which data are available, the neonatal death rates for Indigenous Australians are higher than those for non-Indigenous Australians (figure 10.35).

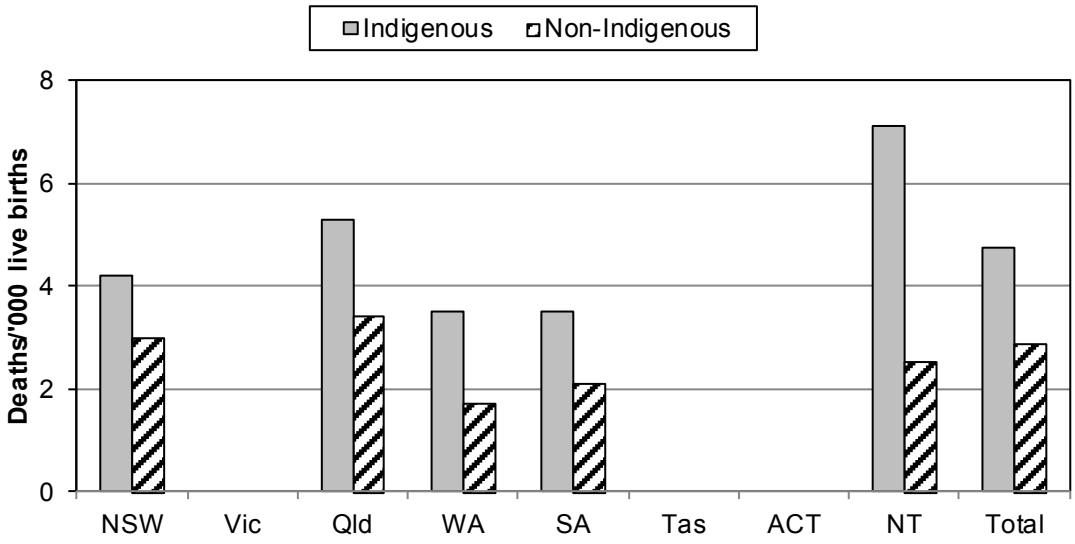
Figure 10.34 **Neonatal death rate**[a]



[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.113.

Figure 10.35 **Neonatal death rate by Indigenous status of mother 2007–2011**[a]



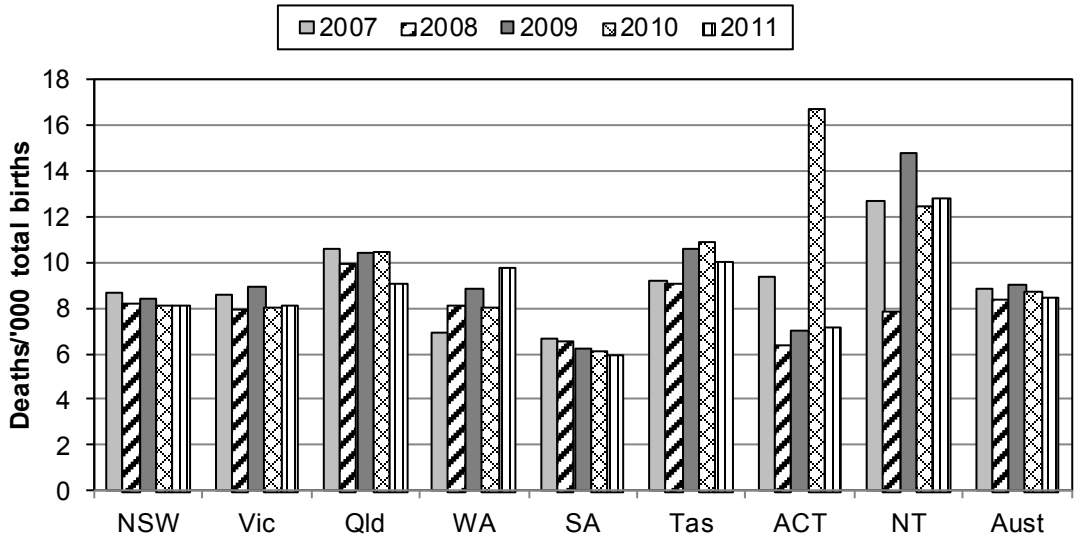
[a] Data are reported individually by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. These jurisdictions have evidence of sufficient levels of identification and sufficient numbers of deaths. The total relates to those jurisdictions for which data are published. Data are not available for other jurisdictions.

Source: ABS (unpublished*) Perinatal deaths, Australia*, Cat. no. 3304.0; table 10A.116.

Perinatal death rate

Perinatal death rates are shown in figure 10.36. National time series for perinatal death rates for the period 1999 to 2011 are included in table 10A.114.

Figure 10.36 **Perinatal death rate**[a, b]

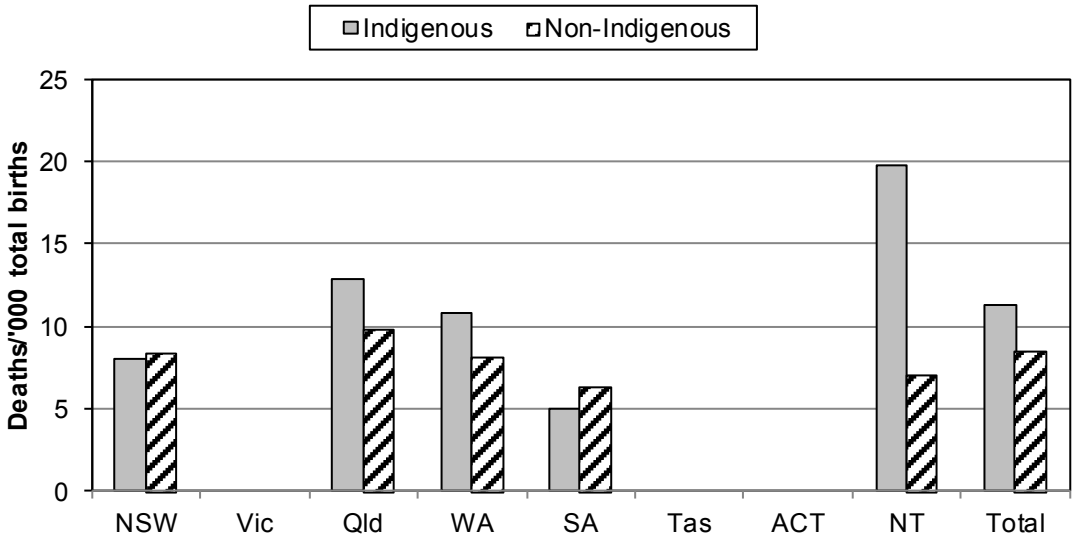


[a] Annual rates fluctuate (in particular, for smaller jurisdictions) as a result of a low incidence of perinatal deaths. [b] The ACT and Australian total may exclude stillbirth data which were not received or processed by the ABS in time for the finalisation of the 2008 reference year. According to scope rules, these 2008 data were included in the 2010 reference year. The data therefore shows a decline in 2008 and an increase in 2010 which is not related to any actual significant change in fetal death rates.

Source: ABS (unpublished*) Perinatal deaths, Australia*, Cat. no. 3304.0; table 10A.115.

Perinatal deaths data by the Indigenous status of the mother are available for NSW, Queensland, WA, SA and the NT only. These five states and territories are considered to have adequate levels of Indigenous identification in mortality data (ABS 2004). In three of the jurisdictions for which data are available, perinatal death rates for Indigenous Australians are higher than those for non-Indigenous Australians (figure 10.37).

Figure 10.37 **Perinatal death rate by Indigenous status of mother 2007–2011**[a]



[a] Data are reported individually by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. These jurisdictions have evidence of sufficient levels of identification and sufficient numbers of deaths. 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.116.

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, 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 to achieve greater comparability across jurisdictions 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 data on Indigenous Australians. Work on improving Indigenous identification in hospital admitted patient data across states and territories is ongoing.

10.8 Definitions of key terms

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 6.0x is based on the ICD-10-AM classification.
Australian Classification of Health Interventions (ACHI)	ACHI is the Australian classification of health interventions.
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 incision into abdomen and uterus.
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	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 for the awaited procedure. Days on which the patient was not ready for care are excluded.
Emergency department waiting time to commencement of clinical care	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	A surgical incision into the perineum and vagina that attempts to control trauma while widening the vaginal opening to expedite birth of the infant or provide better access for application of forceps or vacuum cup to the fetus.
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 Conditions. This is the current classification of diagnoses in Australia.
Hospital boarder	A person who is receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care.
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	Salary and wages plus visiting medical officer payments, multiplied by the inpatient fraction, divided by the number of casemix-adjusted

separation	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.
Newborn qualification status	A newborn qualification status is assigned to each patient day within a newborn episode of care. A newborn patient day is qualified if the infant meets at least one of the following criteria: • is the second or subsequent live born infant of a multiple birth, whose mother is currently an admitted patient, • is admitted to an intensive care facility in a hospital, being a facility approved by the Commonwealth Minister for the purpose of the provision of special care, • is admitted to, or remains in hospital without its mother. A newborn patient day is unqualified if the infant does not meet any of the above criteria. The day on which a change in qualification status occurs is counted as a day of the new qualification status. If there is more than one qualification status in a single day, the day is counted as a day of the final qualification status for that day.
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 woman who has given birth from at least two pregnancies that each resulted in a live birth or stillbirth.
Non-acute care	Includes maintenance care and newborn care (where the newborn does not require acute 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.
Primary care	Essential healthcare based on practical, scientifically sound and socially acceptable methods made universally accessible to individuals and families in the community.
Primipara	A woman who has given birth to a liveborn or stillborn infant for the first time.
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 time in the woman's perinatal period between the birth and up to 42 days after the birth.
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	Specialised multidisciplinary care in which the primary need for care is optimisation of the patient's functioning and quality of life. A person's functioning may relate to their whole body or a body part, the whole person, or the whole person in a social context, and to impairment of a body function or structure, activity limitation and/or participation restriction. Subacute care comprises the defined care types of rehabilitation, palliative care, geriatric evaluation and management and psychogeriatric care.
Triage category	The urgency of the patient's need for medical and nursing care: category 1 — resuscitation (immediate within seconds) category 2 — emergency (within 10 minutes) category 3 — urgent (within 30 minutes) category 4 — semi-urgent (within 60 minutes) category 5 — non-urgent (within 120 minutes).
Urgency category for elective surgery	Category 1 patients — admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it can become an emergency. Category 2 patients — admission within 90 days is desirable for a condition that is causing some pain, dysfunction or disability, but that is not likely to deteriorate quickly or become an emergency. 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.

10.9 List of attachment tables

Attachment tables are identified in references throughout this chapter by a '10A' prefix (for example, table 10A.1). Attachment tables are available from the Review website (www.pc.gov.au/gsp).

Table 10A.1	Recurrent expenditure, public hospitals (including psychiatric hospitals), (2011-12 dollars, million)
Table 10A.2	Recurrent expenditure, public hospital services, by source of funding, (2011-12 dollars)
Table 10A.3	Recurrent expenditure per person, public hospitals (including psychiatric) (2011-12 dollars)
Table 10A.4	Public hospitals (including psychiatric hospitals) by hospital size
Table 10A.5	Available beds per 1000 people, by region, public hospitals (including psychiatric) (number)
Table 10A.6	Summary of separations, public hospitals
Table 10A.7	Separations, public (non-psychiatric) hospitals
Table 10A.8	Separations, public (non-psychiatric) hospitals
Table 10A.9	Separations in public hospitals, by age group
Table 10A.10	Separations by hospital sector and Indigenous status of patient
Table 10A.11	Separations per 1000 people, by Indigenous status of patient (number)
Table 10A.12	Average full time equivalent (FTE) staff per 1000 persons, public hospitals (including psychiatric hospitals)
Table 10A.13	Separations, by type of episode of care, public hospitals (including psychiatric), 2011-12
Table 10A.14	Australian refined diagnosis related groups (AR-DRGs) version 6.0x with the highest number of overnight acute separations, public hospitals, 2011-12
Table 10A.15	Top 10 AR-DRGs (version 6.0x) with the most patient days, excluding same day separations, public hospitals, 2011-12
Table 10A.16	Non-admitted patient occasions of service, by type of non-admitted patient care, public hospitals, 2011-12
Table 10A.17	Emergency department waiting times, by triage category, public hospitals
Table 10A.18	Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory
Table 10A.19	Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory
Table 10A.20	Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory

Table 10A.44	Proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission, public hospitals
Table 10A.45	Separation statistics for selected hospital procedures per 1000 people, all hospitals 2011-12
Table 10A.46	Separation statistics for selected hospital procedures, all hospitals, 2011-12
Table 10A.47	Unplanned hospital readmissions rates
Table 10A.48	Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2011-12
Table 10A.49	Proportion of accredited beds in public hospitals (per cent)
Table 10A.50	Episodes of Staphylococcus aureus (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA
Table 10A.51	Separations with an adverse event, public hospitals
Table 10A.52	Nursing workforce (includes midwives), by age group and remoteness area
Table 10A.53	Nursing workforce (includes midwives), by age group .
Table 10A.54	Medical practitioner workforce, by age group and remoteness area
Table 10A.55	Medical practitioner workforce, by age group
Table 10A.56	Recurrent cost per casemix-adjusted separation, selected public acute hospitals 2011-12
Table 10A.57	Costs and utilisation by hospital peer group, public hospitals, 2011-12
Table 10A.58	Capital cost per casemix-adjusted separation — indicative estimates for inpatient services at major public acute hospitals, 2011-12
Table 10A.59	Relative stay index for patients in public hospitals, by funding source, 2011-12
Table 10A.60	Relative stay index, indirectly standardised, patients in public hospitals, by medical, surgical and other type of diagnosis related group 2011-12
Table 10A.61	NSW recurrent cost per non-admitted patient occasion of service, public hospitals
Table 10A.62	WA recurrent cost per non-admitted patient occasion of service, public hospitals
Table 10A.63	SA recurrent cost per non-admitted patient occasion of service, public hospitals
Table 10A.64	Tasmania recurrent cost per non-admitted patient occasion of service, public hospitals
Table 10A.65	ACT recurrent cost per non-admitted patient occasion of service, public hospitals
Table 10A.66	Emergency department number of presentations and actual average cost per presentation
Table 10A.67	Emergency department presentation by Urgency Related Groupings (URG) codes - presentations and average cost per presentation
Table 10A.68	Non-admitted clinic number of occassions of service and actual average cost per occasion of service
Table 10A.69	Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2012-13

10.10 References

ABS (Australian Bureau of Statistics) 2004, *Deaths, Australia 2003*, Cat. no. 3302.0, Canberra.

AHMAC (Australian Health Ministers' Advisory Council) 2012, *The Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report*, AHMAC, Canberra.

AIHW (Australian Institute of Health and Welfare) 2000, 2001, 2006, 2009, 2010, 2011, 2012, 2013a *Australian Hospital Statistics*, Cat. nos HSE 11, 14, 41, 71, 84, 107, 117 and 134, AIHW, Canberra.

—— 2013b, *Health expenditure Australia 2011–12*, Health and Welfare Expenditure Series No. 50, Cat. no. HWE 59. Canberra, AIHW.

—— 2013c, *Australian hospital statistics 2012–13*: elective surgery waiting times. Health services series no. 51. Cat. no. HSE 140. 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.

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.

Eshani, J., Jackson, T., Duckett, J., 2006, '*The incidence and cost of adverse events in Victorian hospitals 2003-04*', The Medical Journal of Australia, Vol 184, No.11, pp 551-555.

HDSC (Health Data Standards Committee) 2012, *National health data dictionary. Version 16.* Cat. no. HWI 119. AIHW, Canberra.

Li, Z., McNally, L., Hilder, L. and Sullivan, EA., 2008, 2009, 2010, 2011 and 2012, *Australia's mothers and babies,* Cat. no. PER 22, 48, 50, 52 and 56; Sydney, AIHW National Perinatal Epidemiology and Statistics Unit.

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.

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.

Van Den Bos, J., Rustagi, K., Gray, T., Halford, M,. Ziemkiewicz,. E. and Shreve, J., 2011, *The $17.1 Billion Problem: The Annual Cost Of Measurable Medical Errors,* Health Affairs, 30, no.4: 596-603.

10A Public hospitals — attachment

Definitions for the indicators and descriptors in this attachment are in section 10.8 of the chapter. Unsourced information was obtained from the Australian, State and Territory governments.

Data in this Report are examined by the Health Working Group, but have not been formally audited by the Secretariat.

Data reported in the attachment tables are the most accurate available at the time of data collection. Historical data may have been updated since the last edition of RoGS.

This file is available in Adobe PDF format on the Review web page (www.pc.gov.au/gsp).

Attachment contents

Attachment contents

Attachment contents

Attachment contents

Attachment contents

Table 10A.1 **Recurrent expenditure, public hospitals (including psychiatric hospitals), (2011-12 dollars, million) (a), (b)**

	NSW (c)	*Vic*	*Qld* (d)	*WA* (e)	*SA*	*Tas* (f)	*ACT*	*NT* (g)	*Aust*
2002-03									
Salary and wages	5 163	4 245	2 330	1 461	1 071	279	235	206	14 989
Non-salary	3 353	2 383	1 333	854	817	211	208	111	9 271
Total	**8 516**	**6 628**	**3 663**	**2 315**	**1 888**	**490**	**444**	**316**	**24 260**
2003-04									
Salary and wages	5 644	4 325	2 403	1 498	1 177	291	244	192	15 773
Non-salary	3 626	2 542	1 429	864	813	223	204	118	9 820
Total	**9 270**	**6 867**	**3 832**	**2 362**	**1 990**	**513**	**449**	**310**	**25 592**
2004-05									
Salary and wages	5 949	4 555	2 484	1 617	1 271	338	284	226	16 723
Non-salary	3 827	2 636	1 593	909	847	234	201	126	10 373
Total	**9 776**	**7 190**	**4 077**	**2 527**	**2 118**	**572**	**485**	**352**	**27 096**
2005-06									
Salary and wages	6 303	4 624	2 831	1 679	1 350	377	303	258	17 724
Non-salary	3 909	2 786	1 725	931	870	281	201	135	10 837
Total	**10 212**	**7 410**	**4 556**	**2 610**	**2 220**	**657**	**504**	**392**	**28 561**
2006-07									
Salary and wages	6 418	4 850	3 244	1 894	1 411	400	310	272	18 798
Non-salary	4 044	2 843	1 841	1 067	861	294	222	144	11 316
Total	**10 461**	**7 693**	**5 085**	**2 961**	**2 272**	**694**	**532**	**416**	**30 114**
2007-08									
Salary and wages	6 470	5 156	3 690	2 090	1 531	387	346	279	19 950
Non-salary	4 297	2 985	2 032	1 139	1 057	311	234	150	12 206
Total	**10 767**	**8 142**	**5 722**	**3 229**	**2 588**	**697**	**581**	**430**	**32 156**
2008-09									
Salary and wages	6 731	5 397	4 022	2 298	1 622	439	382	310	21 201
Non-salary	4 258	3 120	2 172	1 210	1 033	308	249	166	12 516
Total	**10 989**	**8 517**	**6 194**	**3 507**	**2 655**	**746**	**631**	**477**	**33 717**
2009-10									
Salary and wages	6 624	5 610	4 384	2 326	1 691	528	390	335	21 887
Non-salary	4 418	3 228	2 314	1 329	1 046	325	265	154	13 078
Total	**11 041**	**8 838**	**6 699**	**3 654**	**2 737**	**853**	**655**	**489**	**34 965**
2010-11									
Salary and wages	6 927	6 001	4 951	2 507	1 773	557	423	360	23 500
Non-salary	4 899	3 441	2 482	1 503	1 231	343	289	167	14 356
Total	**11 826**	**9 442**	**7 433**	**4 010**	**3 004**	**900**	**713**	**527**	**37 855**
2011-12									
Salary and wages	7 532	6 256	5 128	2 775	1 923	569	572	392	25 146
Non-salary	5 374	3 490	2 578	1 606	1 306	347	361	176	15 238
Total	**12 906**	**9 746**	**7 706**	**4 381**	**3 230**	**916**	**933**	**568**	**40 384**

(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 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, Canberra; AIHW (2013), *Health expenditure Australia 2011–12*, Health and Welfare Expenditure Series No. 50, Cat. no. HWE 59. Canberra, AIHW.

Table 10A.2 **Recurrent expenditure, public hospital services, by source of funding, (2011-12 dollars) (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (d)	*NT*	*Aust (e)*
2002-03										
Total expenditure										
Government	$'000	6 874 172	5 402 649	3 274 172	1 974 834	1 642 384	431 788	376 159	286 093	20 262 252
Non-government	$'000	762 914	651 656	140 397	117 881	62 252	56 954	34 437	18 543	1 845 033
Expenditure per person										
Government	$ per person	1 041.7	1 115.1	884.7	1 018.5	1 083.4	907.1	1 153.9	1 416.3	1 033.5
Non-government	$ per person	115.6	134.5	37.9	60.8	41.1	119.7	105.6	91.8	94.1
2003-04										
Total expenditure										
Government	$'000	7 368 286	5 982 097	3 608 696	2 090 793	1 675 192	419 437	402 813	297 954	21 845 269
Non-government	$'000	771 100	511 509	144 501	120 205	71 611	61 381	34 527	12 788	1 727 621
Expenditure per person										
Government	$ per person	1 110.5	1 220.8	952.4	1 063.5	1 098.5	872.0	1 228.1	1 475.0	1 101.8
Non-government	$ per person	116.2	104.4	38.1	61.1	47.0	127.6	105.3	63.3	87.1
2004-05										
Total expenditure										
Government	$'000	8 769 614	6 466 999	3 692 403	2 367 372	2 072 229	499 377	na	372 354	24 705 750
Non-government	$'000	946 451	679 950	89 664	236 613	69 738	32 379	na	6 227	2 099 626
Expenditure per person										
Government	$ per person	1 315.0	1 304.6	953.6	1 187.2	1 351.7	1 029.6	na	1 825.3	1 232.5
Non-government	$ per person	141.9	137.2	23.2	118.7	45.5	66.8	na	30.5	104.7
2005-06										
Total expenditure										
Government	$'000	9 611 905	6 391 667	4 630 952	2 504 762	2 167 857	541 667	469 048	390 476	26 760 714
Non-government	$'000	983 333	664 286	167 857	166 667	78 571	41 667	71 429	5 952	2 190 476
Expenditure per person										

Table 10A.2 **Recurrent expenditure, public hospital services, by source of funding, (2011-12 dollars) (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (d)	*NT*	*Aust (e)*
Government	$ per person	1 430.8	1 272.5	1 168.3	1 233.9	1 403.1	1 110.0	1 404.3	1 886.4	1 317.5
Non-government	$ per person	146.4	132.2	42.3	82.1	50.9	85.4	213.9	28.8	107.8
2006-07										
Total expenditure										
Government	$'000	10 139 748	6 465 063	5 356 243	2 754 868	2 344 788	641 466	560 137	485 682	28 747 995
Non-government	$'000	844 215	718 213	199 313	163 803	91 638	44 674	68 729	9 164	2 138 603
Expenditure per person										
Government	$ per person	1 494.2	1 266.7	1 320.6	1 326.4	1 502.1	1 303.8	1 657.2	2 301.8	1 393.6
Non-government	$ per person	124.4	140.7	49.1	78.9	58.7	90.8	203.3	43.4	103.7
2007-08										
Total expenditure										
Government	$'000	10 620 690	7 286 986	6 193 548	3 111 235	2 672 970	741 935	659 622	525 028	31 812 013
Non-government	$'000	989 989	704 116	303 671	181 313	151 279	51 168	71 190	15 573	2 468 298
Expenditure per person										
Government	$ per person	1 542.8	1 401.3	1 488.8	1 457.3	1 693.9	1 495.8	1 917.5	2 419.5	1 513.7
Non-government	$ per person	143.8	135.4	73.0	84.9	95.9	103.2	206.9	71.8	117.4
2008-09										
Total expenditure										
Government	$'000	10 938 525	7 489 435	6 589 209	3 368 571	2 743 432	763 781	730 174	504 278	33 127 404
Non-government	$'000	1 111 216	877 598	380 394	243 364	140 298	64 870	16 957	14 614	2 849 311
Expenditure per person										
Government	$ per person	1 562.2	1 409.6	1 541.0	1 524.9	1 716.8	1 521.5	2 080.3	2 261.3	1 542.5
Non-government	$ per person	158.7	165.2	89.0	110.2	87.8	129.2	48.3	65.5	132.7
2009-10										
Total expenditure										
Government	$'000	11 315 353	8 117 220	6 939 834	3 353 734	2 852 697	795 643	769 710	503 112	34 647 303

Table 10A.2 **Recurrent expenditure, public hospital services, by source of funding, (2011-12 dollars) (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (d)	*NT*	*Aust (e)*
Non-government	$'000	1 176 349	872 407	460 581	220 954	159 751	24 896	16 598	13 485	2 943 983
Expenditure per person										
Government	$ per person	1 593.3	1 497.9	1 589.2	1 481.3	1 762.0	1 572.4	2 150.0	2 206.6	1 584.5
Non-government	$ per person	165.6	161.0	105.5	97.6	98.7	49.2	46.4	59.1	134.6
2010-11										
Total expenditure										
Government	$'000	11 677 584	8 988 741	6 932 446	3 632 549	2 967 247	879 222	832 139	589 560	36 499 488
Non-government	$'000	1 249 744	985 670	600 819	288 639	163 767	33 777	19 447	12 282	3 354 145
Expenditure per person										
Government	$ per person	1 626.4	1 635.5	1 562.4	1 566.4	1 818.2	1 724.0	2 279.8	2 563.3	1 646.2
Non-government	$ per person	174.1	179.3	135.4	124.5	100.3	66.2	53.3	53.4	151.3
2011-12										
Total expenditure										
Government	$'000	12 164 000	9 097 000	7 295 000	4 175 000	3 332 000	873 000	891 000	655 000	38 482 000
Non-government	$'000	1 324 000	1 078 000	787 000	110 000	180 000	41 000	23 000	9 000	3 552 000
Expenditure per person										
Government	$ per person	1 675.9	1 630.3	1 614.7	1 746.9	2 023.1	1 705.1	2 401.6	2 811.2	1 709.4
Non-government	$ per person	182.4	193.2	174.2	46.0	109.3	80.1	62.0	38.6	157.8

(a) Depreciation is included 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) Up to 2002–03, patient transport, dental, community health and public health services that were delivered in public hospitals were included as expenditure on public hospitals. From 2003–04, they are included under their own classifications and are not included in expenditure on public hospital services. Care must be taken when comparing 2002–03 with 2003–04 (see AIHW (2013), *Health expenditure Australia 2011–12,* Health and Welfare Expenditure Series No. 50, Cat. no. HWE 59. Canberra, AIHW 'Chapter 5 Technical notes' for further information).

(d) The expenditure numbers for the ACT include substantial expenditures for NSW residents, and so the ACT expenditure is overstated.

(e) Components may not add to totals due to rounding.

Table 10A.2 **Recurrent expenditure, public hospital services, by source of funding, (2011-12 dollars) (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (d)	*NT*	*Aust (e)*

na Not available.

Source: AIHW various years, Health Expenditure Australia, Health and Welfare Expenditure Series, AIHW, Canberra.

Table 10A.3 **Recurrent expenditure per person, public hospitals (including psychiatric) (2011-12 dollars) (a), (b)**

	NSW	*Vic*	*Qld* (c)	*WA* (d)	*SA*	*Tas* (e)	*ACT* (f)	*NT*	*Aust*
2002-03	1 290.3	1 367.9	989.7	1 184.1	1 245.4	1 029.8	1 360.5	1 566.0	1 236.4
2003-04	1 396.5	1 401.5	1 011.2	1 192.9	1 303.1	1 067.5	1 367.4	1 535.5	1 289.6
2004-05	1 465.3	1 450.5	1 052.9	1 259.4	1 380.3	1 179.2	1 473.1	1 723.9	1 350.6
2005-06	1 519.0	1 475.2	1 149.4	1 278.9	1 435.4	1 347.3	1 508.0	1 894.4	1 405.0
2006-07	1 540.5	1 507.3	1 253.6	1 420.4	1 454.2	1 410.9	1 572.4	1 973.2	1 458.9
2007-08	1 550.1	1 565.7	1 375.5	1 508.7	1 639.9	1 406.2	1 687.7	1 981.2	1 524.9
2008-09	1 568.2	1 603.0	1 448.7	1 582.6	1 661.7	1 486.3	1 797.1	2 137.3	1 569.0
2009-10	1 553.5	1 631.0	1 533.9	1 611.8	1 690.3	1 685.2	1 827.9	2 143.7	1 598.4
2010-11	1 646.2	1 718.0	1 675.2	1 727.5	1 837.7	1 765.3	1 952.9	2 291.7	1 706.7
2011-12	1 772.4	1 746.7	1 705.6	1 831.8	1 958.1	1 788.2	2 514.3	2 435.7	1 791.7

(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 2005-06, data for one hospital are not included.

(f) The expenditure numbers for the ACT include substantial expenditures for NSW residents, and so the ACT expenditure is overstated.

Source: AIHW various years, *Australian hospital statistics*, Health Services Series, AIHW, Canberra; AIHW (2013), *Health expenditure Australia 2011–12*, Health and Welfare Expenditure Series No. 50, Cat. no. HWE 59. Canberra, AIHW.

Table 10A.4 **Public hospitals (including psychiatric hospitals) by hospital size (a), (b), (c), (d)**

	NSW	*Vic* (e)	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2007-08									
No. of hospitals									
10 or fewer beds	23	42	79	40	7	17	1	–	209
more than 10 to 50 beds	126	48	63	33	58	7	–	2	337
more than 50 to 100 beds	29	21	11	5	6	–	–	1	73
more than 100 to 200 beds	23	19	10	8	2	1	–	1	64
more than 200 to 500 beds	20	14	9	6	5	1	1	1	57
more than 500 beds	7	4	5	2	2	1	1	–	22
Total	**228**	**148**	**177**	**94**	**80**	**27**	**3**	**5**	**762**
Proportion of total hospitals (%)									
10 or fewer beds	10.1	28.4	44.6	42.6	8.8	63.0	33.3	0.0	27.4
more than 10 to 50 beds	55.3	32.4	35.6	35.1	72.5	25.9	0.0	40.0	44.2
more than 50 to 100 beds	12.7	14.2	6.2	5.3	7.5	0.0	0.0	20.0	9.6
more than 100 beds	21.9	25.0	13.6	17.0	11.3	11.1	66.7	40.0	18.8
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	94	217	283	267	45	104	10	..	1 020
more than 10 to 50 beds	3 335	1 194	1 444	787	1 543	164	..	50	8 517
more than 50 to 100 beds	2 170	1 544	726	338	468	..	..	60	5 306
more than 100 to 200 beds	3 614	2 843	1 612	1 147	329	134	..	171	9 850
more than 200 to 500 beds	6 168	4 407	2 612	1 632	1 380	266	222	335	17 023
more than 500 beds	4 625	2 477	3 974	1 234	1 216	607	619	..	14 752
Total	**20 006**	**12 682**	**10 651**	**5 405**	**4 981**	**1 275**	**851**	**616**	**56 467**
Proportion of total beds (%)									
10 or fewer beds	0.5	1.7	2.7	4.9	0.9	8.2	1.2	..	1.8
more than 10 to 50 beds	16.7	9.4	13.6	14.6	31.0	12.9	..	8.1	15.1
more than 50 to 100 beds	10.8	12.2	6.8	6.3	9.4	..	..	9.7	9.4
more than 100 beds	72.0	76.7	77.0	74.2	58.7	79.0	98.8	82.1	73.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2008-09									
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	0.0	27.5

Table 10A.4 **Public hospitals (including psychiatric hospitals) by hospital size (a), (b), (c), (d)**

	NSW	*Vic* (e)	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
more than 10 to 50 beds	53.7	30.9	37.6	33.0	72.5	25.0	0.0	40.0	43.7
more than 50 to 100 beds	12.3	16.1	5.9	5.3	7.5	0.0	0.0	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**
2009-10									
No. of hospitals									
10 or fewer beds	31	41	74	44	10	14	1	–	215
more than 10 to 50 beds	119	48	62	31	55	5	–	2	322
more than 50 to 100 beds	27	22	10	4	6	2	–	1	72
more than 100 to 200 beds	23	18	10	9	2	1	–	1	64
more than 200 to 500 beds	18	17	9	5	5	1	1	1	57
more than 500 beds	8	4	5	2	2	1	1	–	23
Total	**226**	**150**	**170**	**95**	**80**	**24**	**3**	**5**	**753**
Proportion of total hospitals (%)									
10 or fewer beds	13.7	27.3	43.5	46.3	12.5	58.3	33.3	0.0	28.6
more than 10 to 50 beds	52.7	32.0	36.5	32.6	68.8	20.8	0.0	40.0	42.8
more than 50 to 100 beds	11.9	14.7	5.9	4.2	7.5	8.3	0.0	20.0	9.6
more than 100 beds	21.7	26.0	14.1	16.8	11.3	12.5	66.7	40.0	19.1
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	130	225	241	245	74	76	10	..	1 001
more than 10 to 50 beds	3 128	1 204	1 415	751	1 378	81	..	52	8 009
more than 50 to 100 beds	1 976	1 613	709	307	462	166	..	60	5 293
more than 100 to 200 beds	3 475	2 562	1 659	1 342	309	130	..	189	9 667
more than 200 to 500 beds	5 612	5 206	2 779	1 432	1 422	330	227	393	17 400
more than 500 beds	5 287	2 376	4 108	1 299	1 214	576	670	..	15 530

Table 10A.4 **Public hospitals (including psychiatric hospitals) by hospital size (a), (b), (c), (d)**

	NSW	*Vic* (e)	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	**19 608**	**13 186**	**10 911**	**5 376**	**4 859**	**1 359**	**907**	**694**	**56 900**
Proportion of total beds (%)									
10 or fewer beds	0.7	1.7	2.2	4.6	1.5	5.6	1.1	..	1.8
more than 10 to 50 beds	16.0	9.1	13.0	14.0	28.4	6.0	..	7.5	14.1
more than 50 to 100 beds	10.1	12.2	6.5	5.7	9.5	12.2	..	8.6	9.3
more than 100 beds	73.3	76.9	78.3	75.8	60.6	76.2	98.9	83.9	74.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2010-11									
No. of hospitals									
10 or fewer beds	29	40	74	43	11	14	1	–	212
more than 10 to 50 beds	118	50	62	31	54	5	–	2	322
more than 50 to 100 beds	30	22	10	3	6	1	–	1	73
more than 100 to 200 beds	22	19	9	10	3	1	–	1	65
more than 200 to 500 beds	18	16	10	5	4	1	1	1	56
more than 500 beds	9	4	5	2	2	1	1	–	24
Total	**226**	**151**	**170**	**94**	**80**	**23**	**3**	**5**	**752**
Proportion of total hospitals (%)									
10 or fewer beds	12.8	26.5	43.5	45.7	13.8	60.9	33.3	–	28.2
more than 10 to 50 beds	52.2	33.1	36.5	33.0	67.5	21.7	–	40.0	42.8
more than 50 to 100 beds	13.3	14.6	5.9	3.2	7.5	4.3	–	20.0	9.7
more than 100 beds	21.7	25.8	14.1	18.1	11.3	13.0	66.7	40.0	19.3
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	122	209	224	239	51	76	10	–	930
more than 10 to 50 beds	3 026	1 220	1 394	761	1 328	81	–	52	7 862
more than 50 to 100 beds	2 146	1 596	697	226	452	87	–	60	5 263
more than 100 to 200 beds	3 278	2 839	1 505	1 496	519	116	–	183	9 936
more than 200 to 500 beds	5 473	5 065	3 111	1 469	1 262	333	223	367	17 303
more than 500 beds	5 887	2 480	4 186	1 302	1 428	503	693	–	16 478
Total	**19 931**	**13 408**	**11 117**	**5 492**	**5 040**	**1 196**	**926**	**662**	**57 772**
Proportion of total beds (%)									
10 or fewer beds	0.6	1.6	2.0	4.4	1.0	6.4	1.1	0.0	1.6
more than 10 to 50 beds	15.2	9.1	12.5	13.9	26.3	6.8	0.0	7.9	13.6
more than 50 to 100 beds	10.8	11.9	6.3	4.1	9.0	7.3	0.0	9.1	9.1
more than 100 beds	73.4	77.4	79.2	77.7	63.7	79.6	98.9	83.1	75.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2011-12									
No. of hospitals									
10 or fewer beds	32	40	74	44	12	14	1	–	217
more than 10 to 50 beds	116	50	62	32	51	5	–	2	318

Table 10A.4 **Public hospitals (including psychiatric hospitals) by hospital size (a), (b), (c), (d)**

	NSW	*Vic* (e)	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
more than 50 to 100 beds	27	21	10	3	8	1	–	1	71
more than 100 to 200 beds	22	20	8	10	3	1	–	1	65
more than 200 to 500 beds	19	16	10	5	4	1	1	1	57
more than 500 beds	9	4	6	2	2	1	1	–	25
Total	**225**	**151**	**170**	**96**	**80**	**23**	**3**	**5**	**753**
Proportion of total hospitals (%)									
10 or fewer beds	14.2	26.5	43.5	45.8	15.0	60.9	33.3	–	28.8
more than 10 to 50 beds	51.6	33.1	36.5	33.3	63.8	21.7	–	40.0	42.2
more than 50 to 100 beds	12.0	13.9	5.9	3.1	10.0	4.3	–	20.0	9.4
more than 100 beds	22.2	26.5	14.1	17.7	11.3	13.0	66.7	40.0	19.5
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	125	192	223	243	89	76	10	–	958
more than 10 to 50 beds	2 970	1 192	1 415	785	1 279	81	–	54	7 776
more than 50 to 100 beds	1 915	1 480	720	227	639	89	–	60	5 130
more than 100 to 200 beds	3 198	2 840	1 300	1 579	482	115	–	195	9 709
more than 200 to 500 beds	5 868	5 126	2 853	1 521	1 280	324	225	387	17 584
more than 500 beds	5 996	2 540	4 734	1 321	1 464	503	704	–	17 261
Total	**20 073**	**13 370**	**11 245**	**5 677**	**5 232**	**1 188**	**939**	**696**	**58 420**
Proportion of total beds (%)									
10 or fewer beds	0.6	1.4	2.0	4.3	1.7	6.4	1.1	–	1.6
more than 10 to 50 beds	14.8	8.9	12.6	13.8	24.4	6.8	–	7.8	13.3
more than 50 to 100 beds	9.5	11.1	6.4	4.0	12.2	7.5	–	8.6	8.8
more than 100 beds	75.0	78.6	79.0	77.9	61.7	79.3	98.9	83.6	76.3
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) A change in definition of average available beds may affect comparison over time.

(e) 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 various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

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

	NSW	*Vic*	*Qld*	*WA* (d)	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2002-03									
Metropolitan	2.6	2.3	2.4	2.4	2.7	..	2.1	..	2.5
Rural	3.0	2.8	2.6	2.6	3.9	2.4	..	2.7	2.8
Remote	5.4	0.3	6.3	4.3	7.9	3.1	..	3.0	5.1
Total	**2.7**	**2.5**	**2.7**	**2.6**	**3.2**	**2.4**	**2.1**	**2.9**	**2.7**
2003-04									
Major cities	2.7	2.3	2.4	2.4	2.7	..	2.1	..	2.5
Regional	3.4	2.7	2.5	2.5	3.7	2.4	..	2.7	2.9
Remote	6.7	2.4	6.3	4.5	7.8	2.6	..	3.0	5.3
Total	**2.9**	**2.4**	**2.6**	**2.5**	**3.2**	**2.4**	**2.1**	**2.9**	**2.7**
2004-05									
Major cities	2.9	2.3	2.4	2.5	2.9	..	2.1	..	2.6
Regional	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									
Metropolitan	2.7	2.4	2.3	2.6	2.8	..	2.6	..	2.5
Rural	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**
2009-10									
Major cities	2.6	2.3	2.3	2.4	2.7	..	2.6	..	2.5
Regional	3.1	2.7	2.6	2.2	3.3	2.7	..	3.1	2.8
Remote	5.7	3.0	4.4	2.9	7.0	2.1	..	3.0	4.0
Total	**2.7**	**2.4**	**2.5**	**2.4**	**3.0**	**2.7**	**2.6**	**3.1**	**2.6**

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

	NSW	*Vic*	*Qld*	*WA* (d)	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2010-11									
Major cities	2.6	2.3	2.3	2.4	2.8	..	2.6	..	2.5
Regional	3.1	2.7	2.6	2.2	3.3	2.4	..	2.9	2.8
Remote	5.6	3.0	4.2	2.8	6.7	2.1	..	2.9	3.9
Total	**2.8**	**2.4**	**2.5**	**2.4**	**3.1**	**2.4**	**2.6**	**2.9**	**2.6**
2011-12									
Major cities	2.7	2.3	2.3	2.5	2.9	..	2.6	..	2.5
Regional	3.1	2.7	2.8	2.2	3.6	2.3	..	3.0	2.8
Remote	5.3	2.5	4.1	2.6	6.6	2.2	..	3.1	3.7
Total	**2.8**	**2.4**	**2.5**	**2.4**	**3.2**	**2.3**	**2.6**	**3.0**	**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 sector summary'.

(b) An ‘available bed’ is one that is immediately available for exclusive or predominate use by admitted patients. 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.

Source : AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

Table 10A.6 **Summary of separations, public hospitals (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT (b)*	*NT*	*Aust*
2007-08										
Separations										
Public hospitals	no.	1 466 737	1 351 172	831 965	458 202	368 330	96 270	81 127	90 258	4 744 061
Public acute hospitals	no.	1 457 131	1 350 768	831 548	456 639	366 224	95 616	81 127	90 258	4 729 311
Public psychiatric hospitals	no.	9 606	404	417	1 563	2 106	654	..	..	14 750
Overnight separations										
Public hospitals	no.	827 520	584 094	424 194	222 762	204 515	45 758	37 341	34 276	2 380 460
Public acute hospitals	no.	819 222	583 691	423 779	221 333	202 762	45 113	37 341	34 276	2 367 517
Public psychiatric hospitals	no.	8 298	403	415	1 429	1 753	645	..	..	12 943
Same day separations										
Public hospitals	no.	639 217	767 078	407 771	235 440	163 815	50 512	43 786	55 982	2 363 601
Public acute hospitals	no.	637 909	767 077	407 769	235 306	163 462	50 503	43 786	55 982	2 361 794
Public psychiatric hospitals	no.	1 308	1	2	134	353	9	..	..	1 807
Same day separations (per cent of total)										
Public hospitals	%	43.6	56.8	49.0	51.4	44.5	52.5	54.0	62.0	49.8
Public acute hospitals	%	43.8	56.8	49.0	51.5	44.6	52.8	54.0	62.0	49.9
Public psychiatric hospitals	%	13.6	0.2	0.5	8.6	16.8	1.4	..	..	12.3
Separations per 1000 population (c)										
Public hospitals	no.	202.8	247.8	195.7	215.1	216.4	184.0	256.1	486.4	217.6
Public acute hospitals	no.	201.4	247.7	195.6	214.3	215.1	182.7	256.1	486.4	216.9
Public psychiatric hospitals	no.	1.4	0.1	0.1	0.7	1.3	1.3	..	..	0.7
2008-09										
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

Table 10A.6 **Summary of separations, public hospitals (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Aust
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 (c)										
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
2009-10										
Separations										
Public hospitals	no.	1 542 968	1 424 663	922 970	505 909	383 055	101 673	88 356	99 694	5 069 288
Public acute hospitals	no.	1 536 690	1 424 134	922 581	504 381	381 202	101 038	88 356	99 694	5 058 076
Public psychiatric hospitals	no.	6 278	529	389	1 528	1 853	635	..	..	11 212
Overnight separations										
Public hospitals	no.	852 671	615 183	453 538	236 231	209 695	50 445	40 729	36 737	2 495 229
Public acute hospitals	no.	846 630	614 655	453 155	234 792	208 195	49 826	40 729	36 737	2 484 719
Public psychiatric hospitals	no.	6 041	528	383	1 439	1 500	619	..	..	10 510
Same day separations										

Table 10A.6 **Summary of separations, public hospitals (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Aust
Public hospitals	no.	690 297	809 480	469 432	269 678	173 360	51 228	47 627	62 957	2 574 059
Public acute hospitals	no.	690 060	809 479	469 426	269 589	173 007	51 212	47 627	62 957	2 573 357
Public psychiatric hospitals	no.	237	1	6	89	353	16	..	..	702
Same day separations (per cent of total)										
Public hospitals	%	44.7	56.8	50.9	53.3	45.3	50.4	53.9	63.2	50.8
Public acute hospitals	%	44.9	56.8	50.9	53.4	45.4	50.7	53.9	63.2	50.9
Public psychiatric hospitals	%	3.8	0.2	1.5	5.8	19.1	2.5	..	..	6.3
Separations per 1000 population (c)										
Public hospitals	no.	204.3	248.8	204.8	222.8	217.3	188.0	263.6	486.8	221.4
Public acute hospitals	no.	203.4	248.7	204.7	222.1	216.2	186.7	263.6	486.8	220.9
Public psychiatric hospitals	no.	0.9	0.1	0.1	0.7	1.1	1.2	..	..	0.5
2010-11										
Separations										
Public hospitals	no.	1 582 804	1 496 041	964 349	548 272	390 154	99 333	93 745	104 434	5 279 132
Public acute hospitals	no.	1 576 866	1 495 555	964 025	546 785	388 483	99 118	93 745	104 434	5 269 011
Public psychiatric hospitals	no.	5 938	486	324	1 487	1 671	215	..	..	10 121
Overnight separations										
Public hospitals	no.	875 005	645 995	472 812	255 849	212 421	49 703	43 849	38 350	2 593 984
Public acute hospitals	no.	869 273	645 515	472 492	254 433	211 101	49 496	43 849	38 350	2 584 509
Public psychiatric hospitals	no.	5 732	480	320	1 416	1 320	207	..	..	9 475
Same day separations										
Public hospitals	no.	707 799	850 046	491 537	292 423	177 733	49 630	49 896	66 084	2 685 148
Public acute hospitals	no.	707 593	850 040	491 533	292 352	177 382	49 622	49 896	66 084	2 684 502
Public psychiatric hospitals	no.	206	6	4	71	351	8	..	..	646
Same day separations (per cent of total)										
Public hospitals	%	44.7	56.8	51.0	53.3	45.6	50.0	53.2	63.3	50.9

Table 10A.6 **Summary of separations, public hospitals (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Aust
Public acute hospitals	%	44.9	56.8	51.0	53.5	45.7	50.1	53.2	63.3	50.9
Public psychiatric hospitals	%	3.5	1.2	1.2	4.8	21.0	3.7	..	..	6.4
Separations per 1000 population (c)										
Public hospitals	no.	205.7	255.7	209.4	235.2	217.2	181.4	272.3	504.5	225.9
Public acute hospitals	no.	204.8	255.6	209.3	234.6	216.2	180.9	272.3	504.5	225.5
Public psychiatric hospitals	no.	0.8	0.1	0.1	0.6	1.0	0.5	0.0	0.0	0.5
2011-12										
Separations										
Public hospitals	no.	1 660 602	1 543 773	1 001 215	588 143	407 315	99 632	97 455	113 357	5 511 492
Public acute hospitals	no.	1 655 276	1 543 310	1 000 832	586 745	405 462	99 276	97 455	113 357	5 501 713
Public psychiatric hospitals	no.	5 326	463	383	1 398	1 853	356	..	..	9 779
Overnight separations										
Public hospitals	no.	924 308	660 844	496 615	270 866	218 944	49 120	45 138	38 864	2 704 699
Public acute hospitals	no.	919 191	660 387	496 235	269 498	217 482	48 772	45 138	38 864	2 695 567
Public psychiatric hospitals	no.	5 117	457	380	1 368	1 462	348	–	–	9 132
Same day separations										
Public hospitals	no.	736 294	882 929	504 600	317 277	188 371	50 512	52 317	74 493	2 806 793
Public acute hospitals	no.	736 085	882 923	504 597	317 247	187 980	50 504	52 317	74 493	2 806 146
Public psychiatric hospitals	no.	209	6	3	30	391	8	..	..	647
Same day separations (per cent of total)										
Public hospitals	%	44.3	57.2	50.4	53.9	46.2	50.7	53.7	65.7	50.9
Public acute hospitals	%	44.5	57.2	50.4	54.1	46.4	50.9	53.7	65.7	51.0
Public psychiatric hospitals	%	3.9	1.3	0.8	2.1	21.1	2.2	..	..	6.6
Separations per 1000 population (c)										
Public hospitals	no.	216.1	264.9	220.3	248.8	227.6	179.9	278.8	544.7	236.4
Public acute hospitals	no.	215.3	264.8	220.2	248.2	226.5	179.2	278.8	544.7	236.0

Table 10A.6 **Summary of separations, public hospitals (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT (b)*	*NT*	*Aust*
Public psychiatric hospitals	no.	0.8	0.1	0.1	0.6	1.1	0.7	0.0	0.0	0.4

(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) Data on state of hospitalisation should be interpreted with caution because of cross-border flows of patients. This is particularly the case for the ACT. In 2009–10, about 23 per cent of separations for ACT hospitals were for patients who resided in NSW.

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

.. Not applicable.

Source: AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

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

	Unit	*NSW*	*Vic*	*Qld*	*WA* (b)	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total separations (no.)										
2002-03	'000	1 280	1 149	702	366	365	80	64	68	4 074
2003-04	'000	1 314	1 187	721	366	377	81	69	70	4 183
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
2009-10	'000	1 537	1 424	923	504	381	101	88	100	5 058
2010-11	'000	1 577	1 496	964	547	388	99	94	104	5 269
2011-12	'000	1 655	1 543	1 001	587	405	99	97	113	5 502
Overnight separations (no.)										
2002-03	'000	728	525	358	185	183	41	28	29	2 077
2003-04	'000	751	535	370	184	189	40	30	29	2 129
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
2009-10	'000	847	615	453	235	208	50	41	37	2 485
2010-11	'000	869	646	472	254	211	49	44	38	2 585
2011-12	'000	919	660	496	269	217	49	45	39	2 696
Same day separations (no.)										
2002-03	'000	552	624	343	181	182	39	36	39	1 997
2003-04	'000	562	652	351	181	187	40	39	41	2 054
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
2009-10	'000	690	809	469	270	173	51	48	63	2 573
2010-11	'000	708	850	492	292	177	50	50	66	2 685
2011-12	'000	736	883	505	317	188	51	52	74	2 806
Same day separations as a percentage of total separations (%)										
2002-03	%	43.1	54.3	48.9	49.4	49.9	49.1	56.7	56.9	49.0
2003-04	%	42.8	55.0	48.7	49.6	49.8	49.9	56.5	58.2	49.1
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

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

	Unit	*NSW*	*Vic*	*Qld*	*WA* (b)	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2009-10	%	44.9	56.8	50.9	53.4	45.4	50.7	53.9	63.2	50.9
2010-11	%	44.9	56.8	51.0	53.5	45.7	50.1	53.2	63.3	50.9
2011-12	%	44.5	57.2	50.4	54.1	46.4	50.9	53.7	65.7	51.0
Total separations (rate per 1000) (c)										
2002-03	no.	188.6	231.2	189.3	194.4	229.2	163.9	219.7	422.5	204.8
2003-04	no.	191.1	235.0	189.2	190.2	234.2	162.4	235.6	428.9	206.8
2004-05	no.	191.6	238.2	187.9	194.4	224.0	172.2	214.4	456.2	207.3
2005-06	no.	199.8	243.7	187.9	195.7	228.4	185.8	238.4	483.0	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
2009-10	no.	203.4	248.7	204.7	222.1	216.2	186.7	263.6	486.8	220.9
2010-11	no.	204.8	255.6	209.3	234.6	216.2	180.9	272.3	504.5	225.5
2011-12	no.	215.3	264.8	220.2	248.2	226.5	179.2	278.8	544.7	236.0

(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 2001.

Source : AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2007-08									
Total separations (no.)									
Medical (b)	1 075 744	935 574	609 430	303 039	265 814	69 367	60 730	75 748	3 395 446
Surgical (c)	289 603	256 652	153 636	92 101	84 261	17 573	15 695	10 591	920 112
Chemotherapy and radiotherapy (d)	2 989	69 312	23 261	22 417	67	2 724	579	1 340	122 689
Other (e)	88 795	89 230	45 221	39 082	16 082	5 952	4 123	2 579	291 064
Total	**1 457 131**	**1 350 768**	**831 548**	**456 639**	**366 224**	**95 616**	**81 127**	**90 258**	**4 729 311**
Overnight separations (no.)									
Medical (b)	610 722	416 390	311 986	157 430	146 984	32 417	25 465	26 637	1 728 031
Surgical (c)	184 869	148 401	100 736	58 060	49 357	11 316	10 811	6 745	570 295
Chemotherapy and radiotherapy (d)	np	np	np	np	np	np	np	np	np
Other (e)	23 600	18 870	11 057	5 833	6 419	1 364	1 065	894	69 102
Total	**819 191**	**583 661**	**423 779**	**221 323**	**202 760**	**45 097**	**37 341**	**34 276**	**2 367 428**
Same day separations (no.)									
Medical (b)	465 022	519 184	297 444	145 609	118 830	36 950	35 265	49 111	1 667 415
Surgical (c)	104 734	108 251	52 900	34 041	34 904	6 257	4 884	3 846	349 817
Chemotherapy and radiotherapy (d)	np	np	np	np	np	np	np	np	np
Other (e)	65 195	70 360	34 164	33 249	9 663	4 588	3 058	1 685	221 962
Total	**634 951**	**697 795**	**384 508**	**212 899**	**163 397**	**47 795**	**43 207**	**54 642**	**2 239 194**
Same day separations (% of total separations)									
Medical (b)	43.2	55.5	48.8	48.0	44.7	53.3	58.1	64.8	49.1
Surgical (c)	36.2	42.2	34.4	37.0	41.4	35.6	31.1	36.3	38.0

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Chemotherapy and radiotherapy (d)	..	..	..	..	..	..	..	..	..
Other (e)	73.4	78.9	75.5	85.1	60.1	77.1	74.2	65.3	76.3
Total	**43.6**	**51.7**	**46.2**	**46.6**	**44.6**	**50.0**	**53.3**	**60.5**	**47.3**
2008-09									
Total separations (no.)									
Medical (b)	1 114 220	941 849	650 276	303 707	269 050	67 615	67 949	81 164	3 495 830
Surgical (c)	292 302	267 369	158 618	96 761	87 099	18 641	16 582	10 947	948 319
Chemotherapy and radiotherapy (d)	2 975	73 029	25 039	23 597	68	1 703	985	332	127 728
Other (e)	90 523	96 885	49 000	41 906	16 184	6 267	4 353	2 913	308 031
Total	**1 500 020**	**1 379 132**	**882 933**	**465 971**	**372 401**	**94 226**	**89 869**	**95 356**	**4 879 908**
Overnight separations (no.)									
Medical (b)	625 263	417 652	323 042	160 155	146 209	31 261	28 569	27 193	1 759 344
Surgical (c)	188 074	153 753	105 047	59 576	51 484	11 987	11 511	7 067	588 499
Chemotherapy and radiotherapy (d)	np	np	np	np	np	np	np	np	np
Other (e)	24 976	18 162	11 750	6 094	6 950	1 451	1 092	1 271	71 746
Total	**838 313**	**589 567**	**439 839**	**225 825**	**204 643**	**44 699**	**41 172**	**35 531**	**2 419 589**
Same day separations (no.)									
Medical (b)	488 957	524 197	327 234	143 552	122 841	36 354	39 380	53 971	1 736 486
Surgical (c)	104 228	113 616	53 571	37 185	35 615	6 654	5 071	3 880	359 820
Chemotherapy and radiotherapy (d)	np	np	np	np	np	np	np	np	np
Other (e)	65 547	78 723	37 250	35 812	9 234	4 816	3 261	1 642	236 285
Total	**658 732**	**716 536**	**418 055**	**216 549**	**167 690**	**47 824**	**47 712**	**59 493**	**2 332 591**
Same day separations (% of total separations)									

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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**
2009-10									
Total separations (no.)									
Medical (b)	1 148 104	966 954	679 688	336 424	278 661	69 129	66 350	85 690	3 631 000
Surgical (c)	294 260	276 242	163 807	98 150	86 804	21 693	16 768	11 295	969 019
Chemotherapy and radiotherapy (d)	3 056	78 910	29 121	25 609	80	1 546	869	296	139 487
Other (e)	91 270	102 028	49 965	44 198	15 657	8 670	4 369	2 413	318 570
Total	**1 536 690**	**1 424 134**	**922 581**	**504 381**	**381 202**	**101 038**	**88 356**	**99 694**	**5 058 076**
Overnight separations (no.)									
Medical (b)	631 054	434 916	332 471	167 675	150 506	34 859	27 865	28 263	1 807 609
Surgical (c)	190 038	160 840	108 579	60 625	50 770	13 338	11 746	7 368	603 304
Chemotherapy and radiotherapy (d)	np	np	np	np	np	np	np	np	np
Other (e)	25 501	18 887	12 105	6 488	6 919	1 616	1 116	1 104	73 736
Total	**846 593**	**614 643**	**453 155**	**234 788**	**208 195**	**49 813**	**40 727**	**36 735**	**2 484 649**
Same day separations (no.)									
Medical (b)	517 050	532 038	347 217	168 749	128 155	34 270	38 485	57 427	1 823 391
Surgical (c)	104 222	115 402	55 228	37 525	36 034	8 355	5 022	3 927	365 715
Chemotherapy and radiotherapy (d)	np	np	np	np	np	np	np	np	np
Other (e)	65 769	83 141	37 860	37 710	8 738	7 054	3 253	1 309	244 834

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	**687 041**	**730 581**	**440 305**	**243 984**	**172 927**	**49 679**	**46 760**	**62 663**	**2 433 940**
Same day separations (% of total separations)									
Medical (b)	45.0	55.0	51.1	50.2	46.0	49.6	58.0	67.0	50.2
Surgical (c)	35.4	41.8	33.7	38.2	41.5	38.5	29.9	34.8	37.7
Chemotherapy and radiotherapy (d)	..	..	..	..	..	..	..	..	..
Other (e)	72.1	81.5	75.8	85.3	55.8	81.4	74.5	54.2	76.9
Total	**44.7**	**51.3**	**47.7**	**48.4**	**45.4**	**49.2**	**52.9**	**62.9**	**48.1**
2010-11									
Total separations (no.)									
Medical (b)	1 172 721	1 024 494	711 461	367 113	283 517	66 200	69 676	89 360	3 784 542
Surgical (c)	302 063	280 610	169 395	104 667	89 010	21 492	18 078	11 886	997 201
Chemotherapy and radiotherapy (d)	3 463	80 043	30 289	27 237	92	1 701	953	564	144 342
Other (e)	98 619	110 408	52 880	47 768	15 864	9 725	5 038	2 624	342 926
Total	**1 576 866**	**1 495 555**	**964 025**	**546 785**	**388 483**	**99 118**	**93 745**	**104 434**	**5 269 011**
Overnight separations (no.)									
Medical (b)	648 161	461 437	346 968	182 427	151 823	34 024	29 902	29 409	1 884 151
Surgical (c)	194 776	165 036	112 384	64 887	52 347	13 666	12 732	7 832	623 660
Chemotherapy and radiotherapy (d)	np	np	np	np	np	np	np	np	np
Other (e)	26 295	19 004	13 140	7 098	6 931	1 790	1 212	1 105	76 575
Total	**869 232**	**645 477**	**472 492**	**254 412**	**211 101**	**49 480**	**43 846**	**38 346**	**2 584 386**
Same day separations (no.)									
Medical (b)	524 560	563 057	364 493	184 686	131 694	32 176	39 774	59 951	1 900 391
Surgical (c)	107 287	115 574	57 011	39 780	36 663	7 826	5 346	4 054	373 541

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Chemotherapy and radiotherapy (d)	np	np	np	np	np	np	np	np	np
Other (e)	72 324	91 404	39 740	40 670	8 933	7 935	3 826	1 519	266 351
Total	**704 171**	**770 035**	**461 244**	**265 136**	**177 290**	**47 937**	**48 946**	**65 524**	**2 540 283**
Same day separations (% of total separations)									
Medical (b)	44.7	55.0	51.2	50.3	46.5	48.6	57.1	67.1	50.2
Surgical (c)	35.5	41.2	33.7	38.0	41.2	36.4	29.6	34.1	37.5
Chemotherapy and radiotherapy (d)	..	..	..	..	..	..	..	..	..
Other (e)	73.3	82.8	75.2	85.1	56.3	81.6	75.9	57.9	77.7
Total	**44.7**	**51.5**	**47.8**	**48.5**	**45.6**	**48.4**	**52.2**	**62.7**	**48.2**
2011-12									
Total separations (no.)									
Medical (b)	1 240 166	1 068 642	752 652	400 416	296 701	65 897	73 171	97 348	3 994 993
Surgical (c)	313 010	281 589	174 426	107 869	91 971	21 694	18 563	12 329	1 021 451
Chemotherapy and radiotherapy (d)	3 064	83 459	23 696	29 464	106	2 105	657	453	143 004
Other (e)	99 036	109 620	50 058	48 996	16 684	9 580	5 064	3 227	342 265
Total	**1 655 276**	**1 543 310**	**1 000 832**	**586 745**	**405 462**	**99 276**	**97 455**	**113 357**	**5 501 713**
Overnight separations (no.)									
Medical (b)	690 188	475 195	365 343	195 236	156 320	34 057	30 628	29 480	1 976 447
Surgical (c)	202 065	166 174	116 786	66 859	53 968	13 043	13 206	8 180	640 281
Chemotherapy and radiotherapy (d)	np	np	np	np	np	np	np	np	np
Other (e)	26 927	19 003	14 106	7 379	7 194	1 658	1 304	1 202	78 773
Total	**919 180**	**660 372**	**496 235**	**269 474**	**217 482**	**48 758**	**45 138**	**38 862**	**2 695 501**
Same day separations (no.)									

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

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Medical (b)	549 978	593 447	387 309	205 180	140 381	31 840	42 543	67 868	2 018 546
Surgical (c)	110 945	115 415	57 640	41 010	38 003	8 651	5 357	4 149	381 170
Chemotherapy and radiotherapy (d)	np	np	np	np	np	np	np	np	np
Other (e)	72 109	90 617	35 952	41 617	9 490	7 922	3 760	2 025	263 492
Total	**733 032**	**799 479**	**480 901**	**287 807**	**187 874**	**48 413**	**51 660**	**74 042**	**2 663 208**
Same day separations (% of total separations)									
Medical (b)	44.3	55.5	51.5	51.2	47.3	48.3	58.1	69.7	50.5
Surgical (c)	35.4	41.0	33.0	38.0	41.3	39.9	28.9	33.7	37.3
Chemotherapy and radiotherapy (d)	..	..	..	..	..	..	..	..	..
Other (e)	72.8	82.7	71.8	84.9	56.9	82.7	74.2	62.8	77.0
Total	**44.3**	**51.8**	**48.1**	**49.1**	**46.3**	**48.8**	**53.0**	**65.3**	**48.4**

(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.

(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.

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

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

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

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2007-08										
Age group										
Under 1	'000	39.4	35.5	22.6	10.0	9.3	2.1	1.8	2.5	123.1
1 to 4	'000	46.7	33.6	27.4	13.5	12.5	1.9	1.8	2.7	140.3
5 to 14	'000	59.5	44.5	37.3	18.0	14.0	3.4	2.9	3.0	182.6
15 to 24	'000	104.6	90.9	77.9	36.6	29.2	8.0	5.9	7.3	360.4
25 to 34	'000	156.5	142.1	99.0	48.3	37.4	10.0	9.1	9.9	512.3
35 to 44	'000	144.2	145.5	90.8	51.2	39.2	10.3	9.4	15.3	505.9
45 to 54	'000	152.8	154.8	100.8	57.8	41.3	12.3	8.5	18.4	546.7
55 to 64	'000	186.3	195.8	119.3	66.7	47.1	15.3	12.2	18.5	661.1
65 to 74	'000	231.2	223.7	120.3	69.2	55.0	15.5	13.5	9.2	737.6
75 to 84	'000	246.7	212.7	101.3	63.8	59.3	12.3	12.1	3.0	711.3
85 and over	'000	99.0	72.0	35.1	23.1	23.9	5.2	3.9	0.5	262.7
Total	'000	1 466.7	1 351.2	832.0	458.2	368.3	96.3	81.1	90.3	4 744.1
Proportion of total separations										
Under 1	%	2.7	2.6	2.7	2.2	2.5	2.2	2.2	2.8	2.6
1 to 4	%	3.2	2.5	3.3	2.9	3.4	2.0	2.3	3.0	3.0
5 to 14	%	4.1	3.3	4.5	3.9	3.8	3.5	3.5	3.3	3.8
15 to 24	%	7.1	6.7	9.4	8.0	7.9	8.3	7.2	8.1	7.6
25 to 34	%	10.7	10.5	11.9	10.5	10.2	10.4	11.3	11.0	10.8
35 to 44	%	9.8	10.8	10.9	11.2	10.6	10.7	11.6	17.0	10.7
45 to 54	%	10.4	11.5	12.1	12.6	11.2	12.7	10.5	20.4	11.5
55 to 64	%	12.7	14.5	14.3	14.6	12.8	15.9	15.1	20.5	13.9
65 to 74	%	15.8	16.6	14.5	15.1	14.9	16.1	16.6	10.2	15.5
75 to 84	%	16.8	15.7	12.2	13.9	16.1	12.8	14.9	3.3	15.0
85 and over	%	6.7	5.3	4.2	5.0	6.5	5.4	4.8	0.6	5.5
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2008-09										
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 14	'000	57.3	44.8	39.4	18.6	13.3	3.3	3.0	3.3	182.9
15 to 24	'000	105.1	93.5	80.7	37.6	29.0	7.7	6.4	7.7	367.7
25 to 34	'000	154.3	142.3	102.5	49.7	37.6	9.5	9.6	10.5	515.9
35 to 44	'000	144.2	144.8	94.2	51.8	40.1	10.0	10.1	16.4	511.7
45 to 54	'000	159.2	161.8	108.3	59.2	42.4	12.9	9.6	20.7	574.1
55 to 64	'000	194.3	203.4	128.5	68.0	48.5	14.3	14.5	18.6	690.0
65 to 74	'000	237.9	231.1	128.7	71.1	54.8	15.1	14.0	9.5	762.3
75 to 84	'000	252.6	219.3	109.1	63.9	62.2	12.9	13.5	2.5	735.8

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
85 and over	'000	107.4	76.5	39.4	23.7	25.4	5.1	5.0	0.5	283.0
Total	'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 1	%	3.1	2.1	2.7	2.2	2.4	2.2	2.4	2.6	2.6
1 to 4	%	3.1	2.4	3.3	2.9	3.2	2.1	2.2	3.3	2.9
5 to 14	%	3.8	3.3	4.5	4.0	3.5	3.5	3.3	3.4	3.7
15 to 24	%	7.0	6.8	9.1	8.1	7.7	8.1	7.2	8.1	7.5
25 to 34	%	10.2	10.3	11.6	10.6	10.0	10.0	10.7	11.0	10.5
35 to 44	%	9.6	10.5	10.7	11.1	10.7	10.5	11.3	17.2	10.5
45 to 54	%	10.6	11.7	12.3	12.7	11.3	13.6	10.7	21.8	11.7
55 to 64	%	12.9	14.7	14.5	14.5	12.9	15.1	16.1	19.5	14.1
65 to 74	%	15.8	16.8	14.6	15.2	14.6	15.9	15.5	10.0	15.6
75 to 84	%	16.8	15.9	12.4	13.7	16.6	13.6	15.0	2.6	15.0
85 and over	%	7.1	5.5	4.5	5.1	6.8	5.3	5.6	0.5	5.8
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2009-10										
Age group										
Under 1	'000	46.9	27.3	23.5	10.7	9.2	2.9	2.2	2.8	125.4
1 to 4	'000	47.0	33.1	30.6	14.6	12.2	2.3	1.9	2.9	144.6
5 to 14	'000	58.2	45.2	39.0	18.3	14.0	3.4	3.1	3.2	184.4
15 to 24	'000	104.8	95.5	80.6	39.1	29.5	7.5	6.2	7.5	370.8
25 to 34	'000	154.8	142.5	104.3	52.4	37.7	9.2	9.6	10.7	521.1
35 to 44	'000	145.8	147.0	97.9	54.4	39.3	10.3	9.5	17.4	521.6
45 to 54	'000	161.3	171.2	114.1	64.8	43.0	13.7	9.5	22.3	599.9
55 to 64	'000	203.5	211.9	135.8	75.8	49.9	15.4	14.0	20.9	727.2
65 to 74	'000	247.6	242.5	138.2	77.7	56.9	16.8	14.2	9.1	802.9
75 to 84	'000	259.9	227.3	116.8	71.3	64.2	14.6	12.9	2.2	769.2
85 and over	'000	113.3	81.2	42.3	26.8	27.3	5.4	5.4	0.5	302.2
Total	'000	1 543.0	1 424.7	923.0	505.9	383.1	101.7	88.4	99.7	5 069.3
Proportion of total separations										
Under 1	%	3.0	1.9	2.5	2.1	2.4	2.9	2.5	2.8	2.5
1 to 4	%	3.0	2.3	3.3	2.9	3.2	2.3	2.2	2.9	2.9
5 to 14	%	3.8	3.2	4.2	3.6	3.7	3.4	3.5	3.2	3.6
15 to 24	%	6.8	6.7	8.7	7.7	7.7	7.4	7.0	7.6	7.3
25 to 34	%	10.0	10.0	11.3	10.4	9.8	9.0	10.9	10.7	10.3
35 to 44	%	9.5	10.3	10.6	10.7	10.3	10.2	10.7	17.4	10.3
45 to 54	%	10.5	12.0	12.4	12.8	11.2	13.5	10.7	22.4	11.8
55 to 64	%	13.2	14.9	14.7	15.0	13.0	15.2	15.8	21.0	14.3
65 to 74	%	16.0	17.0	15.0	15.4	14.9	16.5	16.1	9.2	15.8

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
75 to 84	%	16.8	16.0	12.7	14.1	16.8	14.4	14.5	2.3	15.2
85 and over	%	7.3	5.7	4.6	5.3	7.1	5.3	6.2	0.5	6.0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2010-11										
Age group										
Under 1	'000	40.8	28.4	23.5	12.2	9.1	2.3	2.3	2.6	121.3
1 to 4	'000	47.3	34.6	29.5	16.3	11.7	2.2	2.1	2.9	146.5
5 to 14	'000	59.2	47.2	38.4	20.9	13.4	3.2	3.4	3.3	189.0
15 to 24	'000	106.0	101.7	81.8	42.8	28.8	7.0	7.0	8.1	383.1
25 to 34	'000	157.5	150.8	105.7	56.3	38.3	9.2	10.0	11.9	539.7
35 to 44	'000	146.5	153.5	101.6	58.5	37.5	10.0	10.4	17.3	535.3
45 to 54	'000	166.1	176.1	119.0	68.9	44.0	13.2	10.0	23.2	620.5
55 to 64	'000	209.2	224.1	143.8	82.1	52.6	15.0	14.1	21.8	762.5
65 to 74	'000	256.6	251.1	150.4	83.8	58.3	17.0	15.4	10.1	842.8
75 to 84	'000	269.4	239.5	124.0	75.6	66.3	14.9	12.8	2.8	805.2
85 and over	'000	124.3	89.0	46.5	30.9	30.1	5.4	6.3	0.5	333.1
Total	'000	1 582.7	1 496.0	964.3	548.3	390.2	99.3	93.7	104.4	5 279.0
Proportion of total separations										
Under 1	%	2.5	1.8	2.4	2.1	2.2	2.3	2.4	2.3	2.2
1 to 4	%	2.8	2.2	3.0	2.8	2.9	2.2	2.2	2.5	2.7
5 to 14	%	3.6	3.1	3.8	3.5	3.3	3.2	3.5	2.9	3.4
15 to 24	%	6.4	6.6	8.2	7.3	7.1	7.0	7.1	7.1	7.0
25 to 34	%	9.5	9.8	10.6	9.6	9.4	9.2	10.3	10.5	9.8
35 to 44	%	8.8	9.9	10.1	10.0	9.2	10.0	10.7	15.3	9.7
45 to 54	%	10.0	11.4	11.9	11.7	10.8	13.3	10.2	20.4	11.3
55 to 64	%	12.6	14.5	14.4	14.0	12.9	15.0	14.4	19.2	13.8
65 to 74	%	15.5	16.3	15.0	14.3	14.3	17.1	15.8	8.9	15.3
75 to 84	%	16.2	15.5	12.4	12.8	16.3	14.9	13.1	2.5	14.6
85 and over	%	7.5	5.8	4.6	5.2	7.4	5.4	6.5	0.5	6.0
Total	%	95.3	96.9	96.3	93.2	95.8	99.7	96.2	92.1	95.8
2011-12										
Age group										
Under 1	'000	61.9	29.8	24.8	13.2	9.2	2.5	2.4	2.6	146.5
1 to 4	'000	46.9	34.5	29.9	16.6	11.7	2.1	2.3	3.0	147.0
5 to 14	'000	61.0	47.9	40.3	21.9	14.0	3.2	3.2	3.6	195.1
15 to 24	'000	108.4	105.9	86.2	43.9	29.7	6.7	7.1	8.7	396.5
25 to 34	'000	160.8	157.4	113.4	61.5	39.8	8.9	10.7	12.7	565.1
35 to 44	'000	150.1	155.9	104.1	62.3	38.5	10.1	10.9	19.0	550.9
45 to 54	'000	168.4	178.9	123.3	74.0	47.4	12.8	10.9	24.5	640.2
55 to 64	'000	219.3	228.4	145.0	87.5	55.1	15.2	14.0	24.9	789.4

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
65 to 74	'000	270.6	265.2	154.0	89.0	60.1	17.2	16.1	10.7	883.0
75 to 84	'000	280.9	245.0	130.2	82.5	69.9	15.6	12.9	3.0	839.9
85 and over	'000	132.3	94.9	50.1	35.8	31.9	5.3	7.0	0.6	357.9
Total	'000	1 660.6	1 543.8	1 001.2	588.1	407.3	99.6	97.5	113.4	5 511.5
Proportion of total separations										
Under 1	%	3.7	1.9	2.5	2.2	2.3	2.5	2.5	2.3	2.7
1 to 4	%	2.8	2.2	3.0	2.8	2.9	2.1	2.4	2.6	2.7
5 to 14	%	3.7	3.1	4.0	3.7	3.4	3.3	3.3	3.2	3.5
15 to 24	%	6.5	6.9	8.6	7.5	7.3	6.7	7.2	7.7	7.2
25 to 34	%	9.7	10.2	11.3	10.5	9.8	8.9	11.0	11.2	10.3
35 to 44	%	9.0	10.1	10.4	10.6	9.5	10.1	11.2	16.8	10.0
45 to 54	%	10.1	11.6	12.3	12.6	11.6	12.9	11.1	21.6	11.6
55 to 64	%	13.2	14.8	14.5	14.9	13.5	15.2	14.3	22.0	14.3
65 to 74	%	16.3	17.2	15.4	15.1	14.8	17.3	16.5	9.5	16.0
75 to 84	%	16.9	15.9	13.0	14.0	17.2	15.6	13.3	2.7	15.2
85 and over	%	8.0	6.1	5.0	6.1	7.8	5.4	7.2	0.5	6.5
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(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 various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (c)
2007-08										
Public hospitals										
Indigenous people	no.	53 136	12 351	64 885	42 686	17 332	2 611	1 861	61 563	251 953
Non-Indigenous people	no.	1 399 247	1 327 050	749 576	415 516	339 248	91 216	77 705	28 687	4 259 324
Not reported	no.	14 354	11 771	17 504	–	11 750	2 443	1 561	8	55 387
Total	**no.**	**1 466 737**	**1 351 172**	**831 965**	**458 202**	**368 330**	**96 270**	**81 127**	**90 258**	**4 566 664**
Private hospitals										
Indigenous people	no.	1 053	619	4 420	12 131	1 114	np	np	np	19 337
Non-Indigenous people	no.	843 085	791 528	701 790	313 287	228 226	np	np	np	2 877 916
Not reported	no.	13 782	10 144	74 089	–	14 257	np	np	np	112 272
Total	**no.**	**857 920**	**802 291**	**780 299**	**325 418**	**243 597**	**np**	**np**	**np**	**3 009 525**
Indigenous separations (% of total separations)										
Public hospitals	%	3.6	0.9	7.8	9.3	4.7	2.7	2.3	68.2	5.5
Private hospitals	%	0.1	0.1	0.6	3.7	0.5	np	np	np	0.6
All hospitals	%	2.3	0.6	4.3	7.0	3.0	np	np	np	3.6
Separations in public hospitals (% of total separations)										
Indigenous people	%	98.1	95.2	93.6	77.9	94.0	np	np	np	92.9
Non-Indigenous people	%	62.4	62.6	51.6	57.0	59.8	np	np	np	59.7
2008-09										
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

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (c)
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
2009-10										
Public hospitals										
Indigenous people	no.	59 468	14 034	73 598	45 197	19 702	3 018	1 893	69 431	281 430
Non-Indigenous people	no.	1 469 511	1 401 247	834 350	460 712	344 117	96 445	84 771	30 259	4 540 196
Not reported	no.	13 989	9 382	15 022	–	19 236	2 210	1 692	4	57 633
Total	**no.**	**1 542 968**	**1 424 663**	**922 970**	**505 909**	**383 055**	**101 673**	**88 356**	**99 694**	**4 879 259**
Private hospitals										
Indigenous people	no.	1 535	1 142	3 699	16 405	771	np	np	np	23 552
Non-Indigenous people	no.	936 936	871 026	764 773	364 895	239 686	np	np	np	3 177 316
Not reported	no.	22 235	13 608	76 481	–	29 558	np	np	np	141 882
Total	**no.**	**960 706**	**885 776**	**844 953**	**381 300**	**270 015**	**np**	**np**	**np**	**3 342 750**
Indigenous separations (% of total separations)										
Public hospitals	%	3.9	1.0	8.0	8.9	5.1	3.0	2.1	69.6	5.8
Private hospitals	%	0.2	0.1	0.4	4.3	0.3	np	np	np	0.7
All hospitals	%	2.4	0.7	4.4	6.9	3.1	np	np	np	3.7
Separations in public hospitals (% of total separations)										

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (c)
Indigenous people	%	97.5	92.5	95.2	73.4	96.2	np	np	np	92.3
Non-Indigenous people	%	61.1	61.7	52.2	55.8	58.9	np	np	np	58.8
2010-11										
Public hospitals										
Indigenous people	no.	62 385	16 416	78 263	50 135	20 826	2 837	2 128	72 920	300 945
Non-Indigenous people	no.	1 507 520	1 468 985	872 535	498 137	351 331	94 652	90 172	31 513	4 730 021
Not reported	no.	12 899	10 640	13 551	–	17 997	1 844	1 445	1	55 088
Total	**no.**	**1 582 804**	**1 496 041**	**964 349**	**548 272**	**390 154**	**99 333**	**93 745**	**104 434**	**5 086 054**
Private hospitals										
Indigenous people	no.	1 885	2 696	3 491	17 809	609	np	np	np	26 490
Non-Indigenous people	no.	980 483	862 310	790 644	399 952	244 411	np	np	np	3 277 800
Not reported	no.	29 519	10 464	65 067	–	38 261	np	np	np	143 311
Total	**no.**	**1 011 887**	**875 470**	**859 202**	**417 761**	**283 281**	**np**	**np**	**np**	**3 447 601**
Indigenous separations (% of total separations)										
Public hospitals	%	3.9	1.1	8.1	9.1	5.3	2.9	2.3	69.8	5.9
Private hospitals	%	0.2	0.3	0.4	4.3	0.2	np	np	np	0.8
All hospitals	%	2.5	0.8	4.5	7.0	3.2	np	np	np	3.8
Separations in public hospitals (% of total separations)										
Indigenous people	%	97.1	85.9	95.7	73.8	97.2	np	np	np	91.9
Non-Indigenous people	%	60.6	63.0	52.5	55.5	59.0	np	np	np	59.1
2011-12										
Public hospitals										
Indigenous people	no.	69 850	18 741	84 708	55 720	22 831	3 258	2 191	79 649	336 948
Non-Indigenous people	no.	1 579 067	1 511 411	905 093	532 423	366 676	94 973	94 151	33 707	5 117 501
Not reported	no.	11 685	13 621	11 414	–	17 808	1 401	1 113	1	57 043
Total	**no.**	**1 660 602**	**1 543 773**	**1 001 215**	**588 143**	**407 315**	**99 632**	**97 455**	**113 357**	**5 511 492**

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

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total* (c)
Private hospitals										
Indigenous people	no.	2 639	1 718	3 959	19 586	535	np	np	np	29 170
Non-Indigenous people	no.	1 032 182	909 183	832 185	416 733	265 931	np	np	np	3 557 459
Not reported	no.	35 319	6 909	65 044	–	23 514	np	np	np	158 048
Total	**no.**	**1 070 140**	**917 810**	**901 188**	**436 319**	**289 980**	**np**	**np**	**np**	**3 744 677**
Indigenous separations (% of total separations)										
Public hospitals	%	4.2	1.2	8.5	9.5	5.6	3.3	2.2	70.3	6.1
Private hospitals	%	0.2	0.2	0.4	4.5	0.2	np	np	np	0.8
All hospitals	%	2.7	0.8	4.7	7.4	3.4	np	np	np	4.0
Separations in public hospitals (% of total separations)										
Indigenous people	%	96.4	91.6	95.5	74.0	97.7	np	np	np	92.0
Non-Indigenous people	%	60.5	62.4	52.1	56.1	58.0	np	np	np	59.0

(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 various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

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

	NSW	*Vic*	*Qld*	*WA* (c)	*SA*	*Tas* (d)	*ACT* (d)	*NT* (d)	*Total* (e)
2002-03									
Public hospitals									
Indigenous people	np	np	685.2	809.4	788.1	np	np	1 223.3	np
Total population	np	np	189.4	195.4	231.0	np	np	422.5	np
Private Hospitals									
Indigenous people	np	np	64.1	109.7	16.2	np	np	np	np
Total population	np	np	162.8	148.1	130.0	np	np	np	np
2003-04									
Public hospitals									
Indigenous people	np	np	710.9	789.3	853.9	np	np	1 286.2	np
Total population	np	np	189.3	191.0	235.9	np	np	428.9	np
Private Hospitals									
Indigenous people	np	np	70.7	198.3	51.2	np	np	np	np
Total population	np	np	167.8	149.8	124.8	np	np	np	np
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									
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									
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	np
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									
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									

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

	NSW	*Vic*	*Qld*	*WA* (c)	*SA*	*Tas* (d)	*ACT* (d)	*NT* (d)	*Total* (e)
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
2009-10									
Public hospitals									
Indigenous people	522.5	558.1	752.8	901.8	1 005.2	np	np	1 663.8	813.4
Total population	207.1	251.4	206.7	225.4	219.9	np	np	500.2	224.3
Private Hospitals									
Indigenous people	15.4	62.5	47.4	411.8	52.0	np	np	np	84.0
Total population	127.7	155.4	188.0	168.8	149.0	np	np	np	152.6
2010-11									
Public hospitals									
Indigenous people	540.7	636.4	765.2	986.6	1 059.5	np	np	1 704.3	848.0
Total population	207.3	258.0	211.5	238.3	218.2	np	np	510.6	227.9
Private Hospitals									
Indigenous people	18.5	135.5	40.5	453.0	37.7	np	np	np	93.2
Total population	131.3	149.6	186.5	180.4	152.8	np	np	np	152.3
2011-12									
Public hospitals									
Indigenous people	589.5	715.3	794.9	1 074.5	1 129.1	223.5	652.5	1 778.7	877.4
Total population	216.1	264.9	220.3	248.8	227.6	179.9	278.8	544.7	236.4
Private Hospitals									
Indigenous people	24.6	91.9	43.7	488.0	33.2	np	np	np	95.5
Total population	137.7	155.9	195.2	183.1	155.5	np	np	np	158.2

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

(b) Identification of Aboriginal and Torres Strait Islander patients has varied among jurisdictions and over time. From 2011-12 Indigenous data are of acceptable quality for all states and territories in public hospitals. From 2006-07 data for NSW, Victoria, Queensland, SA, WA and the NT (public only) were of acceptable quality. For 2005-06 NSW, Queensland, SA, WA and the NT (public only) were of acceptable quality. Prior to this Queensland, SA, WA and the NT (public only) were of acceptable quality. 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.

(c) 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.

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

	NSW	*Vic*	*Qld*	*WA* (c)	*SA*	*Tas* (d)	*ACT* (d)	*NT* (d)	*Total* (e)

(d) Private hospital data are supressed for confidentiality reasons.

(e) The totals include data only for the states and teritories that had acceptable data quality. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality.

np Not published.

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

Table 10A.12 **Average full time equivalent (FTE) staff per 1000 persons, public hospitals (including psychiatric hospitals) (a)**

	NSW (b)	*Vic* (c)	*Qld* (d)	*WA* (e)	*SA*	*Tas* (f)	*ACT*	*NT*	*Aust*
2002-03									
Salaried medical officers	1.0	1.0	0.9	0.9	1.1	0.7	0.9	1.2	1.0
Nurses	4.5	4.5	3.9	4.1	5.0	3.7	4.4	4.4	4.4
Registered nurses	na	4.0	3.3	3.7	3.9	3.3	3.8	2.2	na
Other nurses	na	0.5	0.6	0.4	1.1	0.4	0.6	2.1	na
Other personal care staff	na	na	0.2	0.0	na	na	0.4	0.1	na
Diagnostic and allied health	1.4	2.0	0.9	1.1	1.3	0.7	1.0	1.3	1.4
Administrative and clerical	1.7	1.8	1.3	1.6	1.8	1.0	1.6	1.8	1.6
Domestic and other staff	1.8	1.3	1.7	1.9	1.3	2.0	0.6	2.2	1.6
Total staff	10.4	10.6	8.9	9.6	10.4	8.2	8.9	10.9	10.0
2003-04									
Salaried medical officers	1.0	1.1	1.0	1.0	1.1	0.8	1.0	1.2	1.0
Nurses	4.8	4.9	3.9	4.1	5.1	3.8	4.5	4.7	4.6
Registered nurses	na	na	3.3	3.7	4.0	3.3	3.8	4.5	na
Other nurses	na	na	0.6	0.4	1.1	0.4	0.7	0.2	na
Other personal care staff	na	na	0.2	0.0	na	na	0.4	0.1	na
Diagnostic and allied health	1.5	2.2	0.9	1.1	1.3	0.7	1.1	1.3	1.5
Administrative and clerical	1.7	1.8	1.2	1.6	1.8	1.0	1.6	1.8	1.6
Domestic and other staff	1.8	1.3	1.6	1.9	1.4	2.0	0.6	2.4	1.6
Total staff	10.8	11.4	8.7	9.7	10.7	8.3	9.1	11.5	10.4
2004-05									
Salaried medical officers	1.1	1.1	1.0	1.0	1.1	0.9	1.1	1.3	1.1
Nurses	5.0	4.9	3.9	4.2	5.2	4.5	4.6	5.1	4.7
Registered nurses	na	na	3.3	3.8	4.0	3.9	3.9	4.9	na
Other nurses	na	na	0.6	0.5	1.1	0.5	0.7	0.2	na
Other personal care staff	na	na	0.2	na	na	0.4	0.5	0.1	na
Diagnostic and allied health	1.5	2.3	0.9	1.2	1.3	0.9	1.2	1.4	1.5
Administrative and clerical	1.8	1.8	1.1	1.7	1.8	1.2	1.9	1.9	1.6
Domestic and other staff	1.7	1.4	1.6	1.9	1.3	1.8	0.6	2.6	1.6
Total staff	11.1	11.6	8.6	9.9	10.7	9.7	10.0	12.3	10.6
2005-06									
Salaried medical officers	1.2	1.1	1.0	1.0	1.3	1.0	1.2	1.5	1.1
Nurses	5.3	5.0	4.0	4.3	5.7	4.7	5.0	5.7	4.9
Registered nurses	na	na	3.4	4.0	4.4	4.2	4.3	5.0	na
Other nurses	na	na	0.6	0.3	1.2	0.5	0.8	0.7	na
Other personal care staff	na	na	0.2	na	na	0.2	0.5	0.1	na
Diagnostic and allied health	1.6	2.4	0.9	1.2	1.4	0.9	1.3	1.4	1.6
Administrative and clerical	1.8	1.9	1.2	1.6	1.9	1.3	1.8	2.0	1.7
Domestic and other staff	1.7	1.4	1.6	1.9	1.5	2.1	0.5	2.6	1.6
Total staff	11.5	11.8	8.9	10.1	11.7	10.2	10.4	13.2	10.9

Table 10A.12 **Average full time equivalent (FTE) staff per 1000 persons, public hospitals (including psychiatric hospitals) (a)**

	NSW (b)	*Vic* (c)	*Qld* (d)	*WA* (e)	*SA*	*Tas* (f)	*ACT*	*NT*	*Aust*
2006-07									
Salaried medical officers	1.1	1.2	1.2	1.2	1.4	1.1	1.3	1.6	1.2
Nurses	5.4	5.2	4.3	4.6	5.6	4.6	5.2	5.7	5.0
Registered nurses	na	na	3.7	4.4	4.4	4.1	4.3	5.1	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	0.0	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	1.3	1.4	1.7
Administrative and clerical	1.8	2.0	1.4	1.9	2.0	1.5	1.7	2.1	1.8
Domestic and other staff	1.7	1.3	1.8	2.0	1.3	2.0	0.5	2.6	1.6
Total staff	11.7	12.0	10.0	11.0	12.0	10.2	10.5	13.5	11.4
2007-08									
Salaried medical officers	1.2	1.3	1.4	1.2	1.4	1.0	1.5	1.6	1.3
Nurses	5.3	5.2	4.6	4.5	5.8	4.5	5.7	5.6	5.1
Registered nurses	na	na	4.0	4.3	4.6	4.0	4.7	5.0	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	1.2	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	1.8
Domestic and other staff	1.4	1.3	1.8	2.0	1.2	2.0	0.5	2.6	1.5
Total staff	11.4	12.2	10.6	11.0	12.1	9.9	11.4	13.3	11.4
2008-09									
Salaried medical officers	1.2	1.4	1.4	1.3	1.5	1.5	1.8	1.7	1.4
Nurses	5.4	5.4	4.6	4.7	6.1	4.9	5.8	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	1.7	2.4	1.1	1.4	1.2	1.0	1.5	1.5	1.7
Administrative and clerical	1.6	2.1	1.5	1.9	1.9	1.6	2.0	2.0	1.8
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	12.5	10.5	11.2	12.3	11.2	12.2	14.0	11.5
2009-10									
Salaried medical officers	1.3	1.4	1.4	1.4	1.6	1.8	1.7	1.7	1.4
Nurses	5.2	5.5	4.6	4.7	6.3	5.3	5.8	6.7	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	0.0	0.1
Diagnostic and allied health	1.6	2.5	1.1	1.2	1.2	1.0	1.5	1.6	1.6
Administrative and clerical	1.6	2.1	1.5	1.9	1.8	2.0	2.0	2.1	1.7
Domestic and other staff	1.3	1.3	1.7	1.8	1.1	2.1	0.5	2.7	1.4
Total staff	**10.9**	**12.7**	**10.5**	**11.0**	**12.6**	**12.3**	**12.0**	**14.9**	**11.5**

Table 10A.12 **Average full time equivalent (FTE) staff per 1000 persons, public hospitals (including psychiatric hospitals) (a)**

	NSW (b)	*Vic* (c)	*Qld* (d)	*WA* (e)	*SA*	*Tas* (f)	*ACT*	*NT*	*Aust*
2010-11									
Salaried medical officers	1.3	1.5	1.6	1.4	1.6	1.9	1.8	1.9	1.5
Nurses	5.2	5.7	5.1	4.8	6.4	5.5	5.9	6.7	5.4
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	0.3	na	0.6	na	0.6	0.0	0.1
Diagnostic and allied health	1.5	2.6	1.2	1.2	1.2	1.1	1.6	1.6	1.7
Administrative and clerical	1.6	2.1	1.7	2.0	2.1	2.1	2.1	2.0	1.9
Domestic and other staff	1.1	1.3	1.8	1.9	1.1	2.1	0.5	2.7	1.4
Total staff	**10.8**	**13.2**	**11.6**	**11.2**	**12.9**	**12.7**	**12.4**	**15.0**	**11.9**
2011-12									
Salaried medical officers	1.4	1.5	1.7	1.5	1.7	1.7	1.8	2.0	1.5
Nurses	5.4	5.7	5.1	4.9	6.5	5.3	6.7	6.9	5.5
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	0.3	na	0.5	na	0.6	0.0	0.1
Diagnostic and allied health	1.4	2.6	1.2	1.3	1.1	1.1	2.5	1.7	1.7
Administrative and clerical	1.6	2.2	1.7	2.0	2.0	2.2	2.6	2.1	1.9
Domestic and other staff	1.1	1.3	1.8	1.8	1.0	2.1	0.0	2.8	1.4
Total staff	**11.0**	**13.3**	**11.9**	**11.5**	**12.7**	**12.4**	**14.2**	**15.6**	**12.0**

(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.12 **Average full time equivalent (FTE) staff per 1000 persons, public hospitals (including psychiatric hospitals) (a)**

	NSW (b)	*Vic* (c)	*Qld* (d)	*WA* (e)	*SA*	*Tas* (f)	*ACT*	*NT*	*Aust*

(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.

Source : AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra; ABS (unpublished), Australian Demographic Statistics, December Quarter 2010, Cat. no. 3101.0; table AA.2.

Table 10A.13 **Separations, by type of episode of care, public hospitals (including psychiatric), 2011-12 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2007-08										
Number of separations										
Acute care	no.	1 409 636	1 305 676	794 041	441 410	353 543	93 197	75 465	88 197	4 561 165
Rehabilitation care	no.	25 954	13 400	16 853	8 496	6 884	1 141	2 249	469	75 446
Palliative care	no.	8 273	5 128	4 266	1 392	1 388	268	572	311	21 598
Geriatric evaluation and management	no.	1 806	11 017	537	617	201	24	540	71	14 813
Psychogeriatric care	no.	1 007	2 016	500	656	259	29	21	6	4 494
Maintenance care	no.	6 065	870	5 448	2 211	2 341	589	1 283	404	19 211
Newborn total	no.	77 326	55 476	44 600	22 023	15 014	3 933	3 955	3 341	225 668
Newborn — unqualified days only	no.	63 340	42 411	34 763	18 603	11 300	2 911	2 960	2 555	178 843
Other admitted care	no.	–	–	483	–	–	–	2	13	498
Not reported	no.	10	–	–	–	–	–	–	1	11
Total (b)	no.	**1 530 077**	**1 393 583**	**866 728**	**476 805**	**379 630**	**99 181**	**84 087**	**92 813**	**4 922 904**
Total (c)	no.	**1 466 737**	**1 351 172**	**831 965**	**458 202**	**368 330**	**96 270**	**81 127**	**90 258**	**4 744 061**
Proportion of total separations										
Acute care	%	96.1	96.6	95.4	96.3	96.0	96.8	93.0	97.7	96.1
Rehabilitation care	%	1.8	1.0	2.0	1.9	1.9	1.2	2.8	0.5	1.6
Palliative care	%	0.6	0.4	0.5	0.3	0.4	0.3	0.7	0.3	0.5
Geriatric evaluation and management	%	0.1	0.8	0.1	0.1	0.1	–	0.7	0.1	0.3
Psychogeriatric care	%	0.1	0.1	0.1	0.1	0.1	–	–	–	0.1
Maintenance care	%	0.4	0.1	0.7	0.5	0.6	0.6	1.6	0.4	0.4
Newborn excluding unqualified days	%	1.0	1.0	1.2	0.7	1.0	1.1	1.2	0.9	1.0

Table 10A.13 **Separations, by type of episode of care, public hospitals (including psychiatric), 2011-12 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Other admitted care	%	–	–	0.1	–	–	–	–	–	–
Not reported	%	–	–	–	–	–	–	–	–	–
Total (c)	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2008-09										
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 (b)	no.	**1 560 108**	**1 421 254**	**918 693**	**485 930**	**386 152**	**97 737**	**92 878**	**97 922**	**5 060 674**
Total (c)	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

Table 10A.13 **Separations, by type of episode of care, public hospitals (including psychiatric), 2011-12 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
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
Other admitted care	%	–	–	–	–	–	–	–	–	–
Not reported	%	–	–	–	–	–	–	–	–	–
Total (c)	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2009-10										
Number of separations										
Acute care	no.	1 468 941	1 377 417	880 728	489 249	366 576	97 527	81 422	97 365	4 859 225
Rehabilitation care	no.	29 312	14 796	18 786	8 511	6 510	1 358	2 788	614	82 675
Palliative care	no.	10 279	6 208	5 953	1 284	1 627	310	651	321	26 633
Geriatric evaluation and management	no.	3 689	13 250	1 671	668	1 327	35	639	31	21 310
Psychogeriatric care	no.	744	–	544	708	260	48	31	1	2 336
Maintenance care	no.	6 936	811	5 150	1 430	2 794	479	1 640	384	19 624
Newborn total	no.	76 982	55 875	45 393	22 467	15 454	4 364	4 453	3 487	228 475
Newborn — unqualified days only	no.	53 920	43 694	35 515	18 408	11 493	2 533	3 268	2 544	171 375
Other admitted care	no.	–	–	260	–	–	85	–	35	380
Not reported	no.	5	–	–	–	–	–	–	–	5
Total (b)	no.	**1 596 888**	**1 468 357**	**958 485**	**524 317**	**394 548**	**104 206**	**91 624**	**102 238**	**5 240 663**
Total (c)	no.	**1 542 968**	**1 424 663**	**922 970**	**505 909**	**383 055**	**101 673**	**88 356**	**99 694**	**5 069 288**
Proportion of total separations										
Acute care	%	95.2	96.7	95.4	96.7	95.7	95.9	92.2	97.7	95.9
Rehabilitation care	%	1.9	1.0	2.0	1.7	1.7	1.3	3.2	0.6	1.6
Palliative care	%	0.7	0.4	0.6	0.3	0.4	0.3	0.7	0.3	0.5

Table 10A.13 **Separations, by type of episode of care, public hospitals (including psychiatric), 2011-12 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Geriatric evaluation and management	%	0.2	0.9	0.2	0.1	0.3	–	0.7	–	0.4
Psychogeriatric care	%	–	–	0.1	0.1	0.1	–	–	–	–
Maintenance care	%	0.4	0.1	0.6	0.3	0.7	0.5	1.9	0.4	0.4
Newborn excluding unqualified days	%	1.5	0.9	1.1	0.8	1.0	1.8	1.3	0.9	1.1
Other admitted care	%	–	–	–	–	–	0.1	–	–	–
Not reported	%	–	–	–	–	–	–	–	–	–
Total (c)	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2010-11										
Number of separations										
Acute care	no.	1 510 980	1 446 301	919 598	529 774	371 880	96 124	86 828	102 340	5 063 825
Rehabilitation care	no.	30 832	14 776	19 385	9 496	7 664	1 114	2 718	441	86 426
Palliative care	no.	10 919	6 659	6 599	1 234	1 678	217	629	320	28 255
Geriatric evaluation and management	no.	5 624	15 293	2 172	804	1 701	141	707	42	26 484
Psychogeriatric care	no.	808	–	596	730	288	1	21	1	2 445
Maintenance care	no.	7 919	621	5 863	1 384	2 803	437	1 570	292	20 889
Newborn total	no.	77 737	56 535	45 530	23 273	15 693	4 548	4 557	3 545	231 418
Newborn — unqualified days only	no.	62 019	44 278	35 563	18 423	11 553	3 267	3 286	2 623	181 012
Other admitted care	no.	–	–	169	–	–	14	1	76	260
Not reported	no.	4	134	–	–	–	4	–	–	142
Total (b)	no.	**1 644 823**	**1 540 319**	**999 912**	**566 695**	**401 707**	**102 600**	**97 031**	**107 057**	**5 460 144**
Total (c)	no.	**1 582 804**	**1 496 041**	**964 349**	**548 272**	**390 154**	**99 333**	**93 745**	**104 434**	**5 279 132**
Proportion of total separations										

Table 10A.13 **Separations, by type of episode of care, public hospitals (including psychiatric), 2011-12 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Acute care	%	95.5	96.7	95.4	96.6	95.3	96.8	92.6	98.0	95.9
Rehabilitation care	%	1.9	1.0	2.0	1.7	2.0	1.1	2.9	0.4	1.6
Palliative care	%	0.7	0.4	0.7	0.2	0.4	0.2	0.7	0.3	0.5
Geriatric evaluation and management	%	0.4	1.0	0.2	0.1	0.4	0.1	0.8	–	0.5
Psychogeriatric care	%	0.1	–	0.1	0.1	0.1	–	–	–	–
Maintenance care	%	0.5	–	0.6	0.3	0.7	0.4	1.7	0.3	0.4
Newborn excluding unqualified days	%	1.0	0.8	1.0	0.9	1.1	1.3	1.4	0.9	1.0
Other admitted care	%	–	–	–	–	–	–	–	0.1	–
Not reported	%	–	–	–	–	–	–	–	–	–
Total (c)	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2011-12										
Number of separations										
Acute care	no.	1 564 100	1 490 776	947 980	566 072	387 421	95 999	91 177	111 520	5 255 045
Rehabilitation care	no.	31 964	14 954	24 068	11 511	9 205	910	2 603	347	95 562
Palliative care	no.	12 371	7 191	7 333	1 456	1 492	476	648	293	31 260
Geriatric evaluation and management	no.	5 907	16 963	3 712	1 554	1 597	324	374	20	30 451
Psychogeriatric care	no.	827	–	472	732	255	54	42	–	2 382
Maintenance care	no.	8 671	553	6 859	1 411	3 037	384	1 210	146	22 271
Newborn total	no.	78 731	58 981	46 498	24 112	16 258	4 132	4 862	3 704	237 278
Newborn — unqualified days only	no.	42 116	45 672	35 804	18 705	11 950	2 670	3 483	2 806	163 206
Other admitted care	no.	135	–	97	–	–	13	22	133	400
Not reported	no.	12	27	–	–	–	10	–	–	49

Table 10A.13 **Separations, by type of episode of care, public hospitals (including psychiatric), 2011-12 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total (b)	no.	**1 702 718**	**1 589 445**	**1 037 019**	**606 848**	**419 265**	**102 302**	**100 938**	**116 163**	**5 674 698**
Total (c)	no.	**1 660 602**	**1 543 773**	**1 001 215**	**588 143**	**407 315**	**99 632**	**97 455**	**113 357**	**5 511 492**
Proportion of total separations										
Acute care	%	94.2	96.6	94.7	96.2	95.1	96.4	93.6	98.4	95.3
Rehabilitation care	%	1.9	1.0	2.4	2.0	2.3	0.9	2.7	0.3	1.7
Palliative care	%	0.7	0.5	0.7	0.2	0.4	0.5	0.7	0.3	0.6
Geriatric evaluation and management	%	0.4	1.1	0.4	0.3	0.4	0.3	0.4	–	0.6
Psychogeriatric care	%	–	–	–	0.1	0.1	0.1	–	–	–
Maintenance care	%	0.5	–	0.7	0.2	0.7	0.4	1.2	0.1	0.4
Newborn excluding unqualified days	%	2.2	0.9	1.1	0.9	1.1	1.5	1.4	0.8	1.3
Other admitted care	%	–	–	–	–	–	–	–	0.1	–
Not reported	%	–	–	–	–	–	–	–	–	–
Total (c)	%	**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) Total separations include 'newborn unqualified days only', which are not normally included as admitted patient care.

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

– Nil or rounded to zero.

Source : AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra.

Table 10A.14 **Australian refined diagnosis related groups (AR-DRGs) version 6.0x with the highest number of overnight acute separations, public hospitals, 2011-12 (a), (b), (c)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Separations (no.)										
O60B	Vaginal delivery without catastrophic or severe CC	33 825	26 190	19 521	9 982	6 391	1 598	1 895	1 286	100 688
F74Z	Chest pain	19 488	12 982	12 396	5 021	6 165	572	588	644	57 856
O01C	Caesarean delivery without catastrophic or severe CC	15 316	11 510	9 085	4 473	3 498	800	893	666	46 241
G70B	Other digestive system diagnoses without catastrophic or severe CC	13 917	9 599	7 835	4 863	3 376	657	557	467	41 271
J64B	Cellulitis without catastrophic or severe CC	13 827	7 855	8 499	5 016	2 802	596	544	1 568	40 707
E65B	Chronic obstructive airways disease without catastrophic CC	14 594	7 599	7 259	3 465	3 296	870	479	892	38 454
G66Z	Abdominal pain or mesenteric adenitis	12 139	9 917	5 442	3 172	2 750	484	512	391	34 807
P67D	Neonate, admWt >2499 g without significant OR procedure without problem	22 703	3 641	2 979	1 697	1 255	767	390	282	33 714
O66A	Antenatal and other obstetric admission	11 362	6 301	6 842	3 507	2 144	629	557	904	32 246
G67B	Oesophagitis and gastroenteritis without catastrophic/severe CC	12 015	6 614	6 181	2 987	2 933	456	387	463	32 036
Total acute separations (excluding same day)		**874 131**	**621 389**	**466 372**	**254 787**	**208 699**	**47 008**	**41 050**	**38 094**	**2 551 530**
Separations (per cent)										
O60B	Vaginal delivery without catastrophic or severe CC	3.9	4.2	4.2	3.9	3.1	3.4	4.6	3.4	3.9
F74Z	Chest pain	2.2	2.1	2.7	2.0	3.0	1.2	1.4	1.7	2.3

Table 10A.14 **Australian refined diagnosis related groups (AR-DRGs) version 6.0x with the highest number of overnight acute separations, public hospitals, 2011-12 (a), (b), (c)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
O01C	Caesarean delivery without catastrophic or severe CC	1.8	1.9	1.9	1.8	1.7	1.7	2.2	1.7	1.8
G70B	Other digestive system diagnoses without catastrophic or severe CC	1.6	1.5	1.7	1.9	1.6	1.4	1.4	1.2	1.6
J64B	Cellulitis without catastrophic or severe CC	1.6	1.3	1.8	2.0	1.3	1.3	1.3	4.1	1.6
E65B	Chronic obstructive airways disease without catastrophic CC	1.7	1.2	1.6	1.4	1.6	1.9	1.2	2.3	1.5
G66Z	Abdominal pain or mesenteric adenitis	1.4	1.6	1.2	1.2	1.3	1.0	1.2	1.0	1.4
P67D	Neonate, admWt >2499 g without significant OR procedure without problem	2.6	0.6	0.6	0.7	0.6	1.6	1.0	0.7	1.3
O66A	Antenatal and other obstetric admission	1.3	1.0	1.5	1.4	1.0	1.3	1.4	2.4	1.3
G67B	Oesophagitis and gastroenteritis without catastrophic/severe CC	1.4	1.1	1.3	1.2	1.4	1.0	0.9	1.2	1.3
10 AR-DRGs with most acute separations		**19.4**	**16.4**	**18.4**	**17.3**	**16.6**	**15.8**	**16.6**	**19.9**	**18.0**

(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 or comorbidities, admWt=admission weight.

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

Table 10A.15 **Top 10 AR-DRGs (version 6.0x) with the most patient days, excluding same day separations, public hospitals, 2011-12 (a), (b)**

AR-DRG		*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Patient days (no.)										
U61A	Schizophrenia disorders with mental health legal status	139 886	92 152	85 870	41 152	22 947	–	5 606	5 346	392 959
U63B	Major affective disorders age<70/ without catastrophic or severe CC	93 957	58 758	38 009	27 818	28 011	6 140	4 937	1 662	259 292
O60B	Vaginal delivery without catastrophic or severe CC	89 678	64 953	44 247	26 197	17 301	4 582	4 473	3 901	255 332
U61B	Schizophrenia disorders without mental health legal status	90 425	47 014	15 847	23 205	25 338	11 291	2 628	512	216 260
E65B	Chronic obstructive airways disease without catastrophic CC	77 592	35 710	31 857	15 677	15 926	4 946	2 788	4 441	188 937
O01C	Caesarean delivery without catastrophic or severe CC	59 237	43 375	30 989	16 971	14 457	3 088	3 496	3 056	174 669
A06B	Tracheostomy with ventilation >95 hours without catastrophic CC or Tracheostomy/Ventilation >95 hours with catastrophic CC	65 525	40 050	30 711	11 871	14 627	3 809	3 846	2 922	173 361
E62A	Respiratory infections/Inflammations with catastrophic CC	59 699	41 042	24 239	8 965	15 599	2 547	2 684	2 526	157 301
J64B	Cellulitis without catastrophic or severe CC	56 304	31 725	25 504	18 220	11 164	2 439	2 320	5 109	152 785
U67Z	Personality disorders and acute Reactions	37 026	25 383	16 461	24 854	13 584	3 002	1 552	606	122 468
Total (days)		**4 572 839**	**3 044 640**	**2 062 280**	**1 205 221**	**1 077 055**	**256 616**	**217 758**	**203 002**	**12 639 411**
Patient days (per cent)										
U61A	Schizophrenia disorders with mental health legal status	3.1	3.0	4.2	3.4	2.1	–	2.6	2.6	3.1

Table 10A.15 **Top 10 AR-DRGs (version 6.0x) with the most patient days, excluding same day separations, public hospitals, 2011-12 (a), (b)**

AR-DRG		*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
U63B	Major affective disorders age<70/ without catastrophic or severe CC	2.1	1.9	1.8	2.3	2.6	2.4	2.3	0.8	2.1
O60B	Vaginal delivery without catastrophic or severe CC	2.0	2.1	2.1	2.2	1.6	1.8	2.1	1.9	2.0
U61B	Schizophrenia disorders without mental health legal status	2.0	1.5	0.8	1.9	2.4	4.4	1.2	0.3	1.7
E65B	Chronic obstructive airways disease without catastrophic CC	1.7	1.2	1.5	1.3	1.5	1.9	1.3	2.2	1.5
O01C	Caesarean delivery without catastrophic or severe CC	1.3	1.4	1.5	1.4	1.3	1.2	1.6	1.5	1.4
A06B	Tracheostomy with ventilation >95 hours without catastrophic CC or Tracheostomy/Ventilation >95 hours with catastrophic CC	1.4	1.3	1.5	1.0	1.4	1.5	1.8	1.4	1.4
E62A	Respiratory infections/Inflammations with catastrophic CC	1.3	1.3	1.2	0.7	1.4	1.0	1.2	1.2	1.2
J64B	Cellulitis without catastrophic or severe CC	1.2	1.0	1.2	1.5	1.0	1.0	1.1	2.5	1.2
U67Z	Personality disorders and acute Reactions	0.8	0.8	0.8	2.1	1.3	1.2	0.7	0.3	1.0
Per cent of patient days accounted for by ten AR-DRGs with the most patient days		**16.8**	**15.8**	**16.7**	**17.8**	**16.6**	**16.3**	**15.8**	**14.8**	**16.6**

(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 or comorbidities.

na Not availaible.

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

Table 10A.16 **Non-admitted patient occasions of service, by type of non-admitted patient care, public hospitals, 2011-12 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas (b)*	*ACT*	*NT* (c)	*Aust* (d)
Public acute hospitals										
Individual occasions of service										
Accident and emergency	no.	2 537 681	1 659 550	1 711 873	944 759	537 115	154 731	118 767	144 859	7 809 335
Dialysis	no.	19 471	..	..	..	–	..	..	..	19 471
Pathology	no.	3 965 916	912 193	4 041 412	667 367	..	..	540 400	124 567	10 251 855
Radiology and organ imaging	no.	891 658	677 531	1 041 237	466 017	238 331	..	60 502	91 730	3 467 006
Endoscopy and related procedures	no.	19 625	..	12 145	..	24 909	..	2 828	..	59 507
Other medical/surgical/obstetric (e)	no.	5 320 869	1 785 512	2 702 089	906 898	970 285	222 847	206 898	161 842	12 277 240
Mental health	no.	1 014 067	na	33 010	82 930	16 877	2 681	259 257	..	1 408 822
Alcohol and drug	no.	1 256 848	99 356	32 997	..	..	..	..	..	1 389 201
Dental	no.	407 418	23 278	..	13 513	7 637	–	..	..	451 846
Pharmacy (f)	no.	4 199 079	481 973	618 792	255 820	..	..	39 428	35 550	5 630 642
Allied health	no.	661 364	1 153 840	615 174	1 323 002	169 619	103 166	20 042	13 320	4 059 527
Other non-admitted services										
Community health	no.	1 646 019	10 643	125 390	959 942	1 920	20 627	394 483	..	3 159 024
District nursing (g)	no.	1 575 712	253 560	122 512	150 314	5 858	..	..	..	2 107 956
Other outreach	no.	546 165	3 940	131 792	124 583	226 649	–	–	–	1 033 129
Total (individual)	no.	**24 061 892**	**7 061 376**	**11 188 423**	**5 895 145**	**2 199 200**	**504 052**	**1 642 605**	**571 868**	**53 124 561**
Group sessions										
Outpatient care										
Allied health	no.	14 039	25 445	15 383	22 647	7 403	..	307	..	85 224
Dental	no.	67	..	..	6	..	..	..	..	73
Other medical/surgical/obstetric (e)	no.	37 749	1 528	5 767	502	11 026	..	12	3	56 587

Table 10A.16 **Non-admitted patient occasions of service, by type of non-admitted patient care, public hospitals, 2011-12 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas (b)*	*ACT*	*NT* (c)	*Aust* (d)
Mental health	no.	29 808	..	..	4 352	475	..	6 025	..	40 660
Alcohol & drug	no.	704	..	255	na	–	..	–	..	959
Community health	no.	29 702	..	926	30 015	–	..	33	..	60 676
District nursing	no.	3 089	..	7	1 678	–	..	–	..	4 774
Other outreach	no.	8 724	..	86	2 184	43 788	..	..	..	54 782
Other	no.	74	–	–	101	–	..	..	..	196
Total (group sessions)	no.	**123 977**	**26 973**	**22 424**	**61 485**	**62 692**	**..**	**6 377**	**3**	**303 931**
Public acute hospitals										
Accident and emergency	%	10.5	23.5	15.3	16.0	24.4	30.7	7.2	25.3	14.7
Outpatient services										
Dialysis	%	0.1	..	..	..	–	..	..	..	–
Pathology	%	16.5	12.9	36.1	11.3	..	..	32.9	21.8	19.3
Radiology and organ imaging	%	3.7	9.6	9.3	7.9	10.8	..	3.7	16.0	6.5
Endoscopy and related procedures	%	0.1	..	0.1	..	1.1	..	0.2	..	0.1
Other medical/surgical/obstetric (e)	%	22.1	25.3	24.2	15.4	44.1	44.2	12.6	28.3	23.1
Mental health	%	4.2	na	0.3	1.4	0.8	0.5	15.8	..	2.7
Alcohol and drug	%	5.2	1.4	0.3	..	..	..	..	..	2.6
Dental	%	1.7	0.3	..	0.2	0.3	–	..	..	0.9
Pharmacy (f)	%	17.5	6.8	5.5	4.3	..	..	2.4	6.2	10.6
Allied health	%	2.7	16.3	5.5	22.4	7.7	20.5	1.2	2.3	7.6
Other non-admitted services										
Community health	%	6.8	0.2	1.1	16.3	0.1	4.1	24.0	..	5.9
District nursing (g)	%	6.5	3.6	1.1	2.5	0.3	..	..	..	4.0
Other outreach	%	2.3	0.1	1.2	2.1	10.3	–	–	–	1.9

Table 10A.16 Non-admitted patient occasions of service, by type of non-admitted patient care, public hospitals, 2011-12 (a)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas (b)*	*ACT*	*NT* (c)	*Aust* (d)
Total (individual)	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Group sessions										
Allied health	%	11.3	94.3	68.6	36.8	11.8	..	4.8	..	28.0
Dental	%	0.1	..	..	–	..	..	..	..	–
Other medical/surgical/obstetric (e)	%	30.4	5.7	25.7	0.8	17.6	..	0.2	100.0	18.6
Mental health	%	24.0	..	..	7.1	0.8	..	94.5	..	13.4
Alcohol & drug	%	0.6	..	1.1	na	–	..	–	..	0.3
Community health	%	24.0	..	4.1	48.8	–	..	0.5	..	20.0
District nursing	%	2.5	..	–	2.7	–	..	–	..	1.6
Other outreach	%	7.0	..	0.4	3.6	69.8	..	..	..	18.0
Other	%	0.1	–	–	0.2	–	..	..	..	0.1
Total (group sessions)	%	**100.0**	**100.0**	**100.0**	**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 2013, *Australian Hospital Statistics 2011-12* , Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra.

Table 10A.17 **Emergency department waiting times, by triage category, public hospitals**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA* (a)	*Tas* (b)	*ACT*	*NT*	*Aust*
2003-04										
Proportion of patients seen on time (c) (d)										
1 – Resuscitation	%	100	100	100	99	99	96	100	100	99
2 – Emergency	%	76	88	76	74	62	67	69	57	76
3 – Urgent	%	58	83	55	72	41	61	64	63	62
4 – Semi-urgent	%	65	75	56	75	49	61	58	59	61
5 – Non-urgent	%	86	90	84	97	87	92	77	86	82
Total	%	**66**	**80**	**60**	**80**	**50**	**64**	**65**	**64**	**72**
Estimated proportion of occasions of service ending in admission (d) (e)										
1 – Resuscitation	%	81	88	68	58	82	93	70	59	78
2 – Emergency	%	68	73	57	42	66	65	43	62	63
3 – Urgent	%	47	51	33	27	45	42	36	41	43
4 – Semi-urgent	%	19	22	11	8	16	14	15	15	16
5 – Non-urgent	%	6	5	3	2	5	3	3	7	4
Total	%	**31**	**32**	**21**	**13**	**32**	**28**	**19**	**24**	**27**
Proportion of occasions of service (d)										
1 – Resuscitation	%	1	1	1	1	1	1	1	1	1
2 – Emergency	%	8	7	7	6	11	9	7	6	8
3 – Urgent	%	33	28	35	22	34	36	24	27	30
4 – Semi-urgent	%	45	48	48	45	48	47	42	53	46
5 – Non-urgent	%	14	16	10	26	6	7	25	13	15
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (f)	%	72	81	61	100	66	80	94	92	75
Hospitals reporting emergency department episode-level data	no.	53	37	20	81	12	3	2	5	213
2004-05										
Proportion of patients seen on time (c) (d)										
1 – Resuscitation	%	100	100	100	98	99	96	100	100	100
2 – Emergency	%	75	86	71	75	72	76	70	61	76
3 – Urgent	%	60	81	54	67	58	67	50	61	64
4 – Semi-urgent	%	66	73	57	65	62	64	52	55	65
5 – Non-urgent	%	87	89	85	91	89	91	83	86	88
Total	%	**68**	**79**	**59**	**70**	**63**	**68**	**58**	**62**	**69**
Estimated proportion of occasions of service ending in admission (d) (e)										
1 – Resuscitation	%	82	90	72	66	77	85	70	57	79
2 – Emergency	%	67	73	58	47	57	64	43	62	63

Table 10A.17 **Emergency department waiting times, by triage category, public hospitals**

	Unit	NSW	Vic	Qld	WA	SA (a)	Tas (b)	ACT	NT	Aust
3 – Urgent	%	46	53	34	33	39	41	37	42	43
4 – Semi-urgent	%	19	22	11	12	13	14	12	14	17
5 – Non-urgent	%	6	5	3	2	6	3	2	6	5
Total	%	**30**	**33**	**22**	**21**	**28**	**26**	**21**	**24**	**28**
Proportion of occasions of service (d)										
1 – Resuscitation	%	1	1	1	1	1	1	1	1	1
2 – Emergency	%	8	8	8	10	11	7	8	6	8
3 – Urgent	%	33	28	35	29	35	33	29	27	32
4 – Semi-urgent	%	44	48	48	49	48	51	47	52	47
5 – Non-urgent	%	14	15	9	11	5	7	16	14	12
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (f)	%	76	88	64	68	68	84	100	100	76
Hospitals reporting emergency department episode-level data	no.	57	38	21	13	8	4	2	5	148
2005-06										
Proportion of patients seen on time (c) (d)										
1 – Resuscitation	%	100	100	100	98	99	95	100	100	99
2 – Emergency	%	81	83	66	77	69	68	71	59	77
3 – Urgent	%	61	79	55	69	56	57	44	59	64
4 – Semi-urgent	%	66	71	58	67	62	59	47	53	65
5 – Non-urgent	%	87	89	86	90	85	89	84	87	87
Total	%	**69**	**77**	**60**	**71**	**62**	**62**	**52**	**60**	**69**
Estimated proportion of occasions of service ending in admission (d) (e)										
1 – Resuscitation	%	82	91	73	68	75	84	81	52	80
2 – Emergency	%	66	74	57	51	59	61	57	67	64
3 – Urgent	%	44	53	33	37	40	40	43	44	43
4 – Semi-urgent	%	18	22	10	13	13	13	13	16	17
5 – Non-urgent	%	5	5	3	5	6	3	3	6	5
Total	%	**30**	**32**	**22**	**23**	**28**	**26**	**25**	**25**	**28**
Proportion of occasions of service (d)										
1 – Resuscitation	%	1	1	1	1	1	1	1	1	1
2 – Emergency	%	8	8	8	10	11	8	6	6	8
3 – Urgent	%	33	29	36	28	34	34	32	27	32
4 – Semi-urgent	%	44	48	47	50	48	49	49	51	47
5 – Non-urgent	%	14	15	9	11	5	7	12	15	12
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Table 10A.17 **Emergency department waiting times, by triage category, public hospitals**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA* (a)	*Tas* (b)	*ACT*	*NT*	*Aust*
Data coverage										
Estimated proportion of presentations with episode-level data (f)	%	81	89	65	68	68	86	100	100	78
Hospitals reporting emergency department episode-level data	no.	62	38	21	14	8	3	2	5	153
2006-07										
Proportion of patients seen on time (c) (d)										
1 – Resuscitation	%	100	100	98	98	99	96	100	100	99
2 – Emergency	%	87	82	67	71	72	72	77	56	78
3 – Urgent	%	71	73	57	59	56	62	47	54	65
4 – Semi-urgent	%	74	67	60	61	63	61	49	48	66
5 – Non-urgent	%	89	88	87	87	87	87	81	87	88
Total	%	**76**	**74**	**61**	**64**	**63**	**64**	**54**	**55**	**70**
Estimated proportion of occasions of service ending in admission (d) (e)										
1 – Resuscitation	%	81	92	71	67	71	82	73	70	79
2 – Emergency	%	64	74	56	46	58	57	58	64	62
3 – Urgent	%	43	53	31	33	40	38	42	43	42
4 – Semi-urgent	%	18	22	10	11	13	13	14	14	16
5 – Non-urgent	%	5	5	3	4	6	3	4	7	5
Total	%	**28**	**33**	**22**	**21**	**32**	**25**	**25**	**25**	**27**
Proportion of occasions of service (d)										
1 – Resuscitation	%	1	1	1	1	1	1	1	1	1
2 – Emergency	%	8	8	9	10	12	8	7	6	8
3 – Urgent	%	32	29	37	29	36	34	33	29	32
4 – Semi-urgent	%	45	48	46	51	47	50	48	52	47
5 – Non-urgent	%	15	15	8	9	4	7	11	12	12
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (f)	%	81	89	64	72	69	96	100	100	78
Hospitals reporting emergency department episode-level data	no.	71	38	21	16	8	3	2	5	164
2007-08										
Proportion of patients seen on time (c) (d)										
1 – Resuscitation	%	100	100	98	99	100	99	100	100	100
2 – Emergency	%	81	79	69	69	72	74	81	59	76

Table 10A.17 **Emergency department waiting times, by triage category, public hospitals**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA* (a)	*Tas* (b)	*ACT*	*NT*	*Aust*
3 – Urgent	%	69	71	56	56	54	54	52	47	63
4 – Semi-urgent	%	75	65	61	59	60	58	51	47	66
5 – Non-urgent	%	90	86	87	86	80	86	78	86	87
Total	%	**76**	**71**	**63**	**61**	**61**	**60**	**58**	**52**	**69**
Estimated proportion of occasions of service ending in admission (d) (e)										
1 – Resuscitation	%	80	92	71	65	73	84	73	67	78
2 – Emergency	%	61	75	55	45	60	58	60	64	61
3 – Urgent	%	40	53	32	33	42	38	42	42	41
4 – Semi-urgent	%	16	21	10	11	14	13	13	13	16
5 – Non-urgent	%	5	4	3	4	6	5	3	5	4
Total	%	**26**	**33**	**22**	**20**	**29**	**25**	**25**	**24**	**27**
Proportion of occasions of service (d)										
1 – Resuscitation	%	1	1	1	1	1	1	1	1	1
2 – Emergency	%	8	8	9	10	11	8	8	6	9
3 – Urgent	%	31	30	37	29	35	35	32	30	32
4 – Semi-urgent	%	45	47	44	52	46	50	45	53	46
5 – Non-urgent	%	15	14	9	8	6	7	14	10	12
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (f)	%	81	89	64	72	67	88	100	100	78
Hospitals reporting emergency department episode-level data	no.	71	38	22	16	8	3	2	5	165
2008-09										
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	86	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)										

Table 10A.17 Emergency department waiting times, by triage category, public hospitals

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA* (a)	*Tas* (b)	*ACT*	*NT*	*Aust*
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 presentations with episode-level data (f)	%	83	88	72	72	67	89	100	100	80
Hospitals reporting emergency department episode-level data	no.	85	38	26	16	8	4	2	5	184
2009-10										
Proportion of patients seen on time (c) (d)										
1 – Resuscitation	%	100	100	99	99	100	99	100	100	100
2 – Emergency	%	82	80	77	71	78	71	83	63	78
3 – Urgent	%	70	71	60	55	63	52	57	49	65
4 – Semi-urgent	%	73	67	66	64	63	63	56	51	68
5 – Non-urgent	%	89	85	89	92	85	88	77	91	88
Total	%	**75**	**72**	**66**	**64**	**67**	**63**	**62**	**56**	**70**
Estimated proportion of occasions of service ending in admission (d) (e)										
1 – Resuscitation	%	81	90	69	68	78	79	72	72	78
2 – Emergency	%	62	73	54	49	59	54	55	61	61
3 – Urgent	%	41	51	32	35	41	32	38	44	40
4 – Semi-urgent	%	17	21	10	11	16	10	13	14	16
5 – Non-urgent	%	5	4	3	4	7	4	3	6	5
Total	%	**27**	**33**	**23**	**23**	**30**	**21**	**24**	**26**	**27**
Proportion of occasions of service (d)										
1 – Resuscitation	%	1	1	1	1	1	1	0	1	1
2 – Emergency	%	8	9	10	11	12	8	9	7	9
3 – Urgent	%	30	31	40	31	36	35	31	28	33
4 – Semi-urgent	%	45	47	42	50	44	46	46	53	45
5 – Non-urgent	%	16	13	7	7	7	11	13	10	12
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (f)	%	83	90	72	73	67	89	100	100	81

Table 10A.17 **Emergency department waiting times, by triage category, public hospitals**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA* (a)	*Tas* (b)	*ACT*	*NT*	*Aust*
Hospitals reporting emergency department episode-level data	no.	84	39	26	16	8	4	2	5	184
2010-11										
Proportion of patients seen on time (c) (d)										
1 – Resuscitation	%	100	100	100	99	100	100	100	100	100
2 – Emergency	%	83	81	78	71	78	72	78	65	79
3 – Urgent	%	71	70	60	50	66	55	48	53	65
4 – Semi-urgent	%	73	65	67	65	70	63	48	54	68
5 – Non-urgent	%	88	86	90	92	88	83	75	90	88
Total	%	**76**	**71**	**67**	**63**	**71**	**62**	**55**	**58**	**70**
Estimated proportion of occasions of service ending in admission (d) (e)										
1 – Resuscitation	%	81	87	67	72	76	77	75	76	77
2 – Emergency	%	62	69	52	54	58	53	54	62	60
3 – Urgent	%	41	49	32	38	40	32	37	46	40
4 – Semi-urgent	%	18	21	10	13	16	11	14	15	16
5 – Non-urgent	%	6	5	3	4	8	4	4	5	5
Total	%	**27**	**33**	**24**	**26**	**30**	**21**	**24**	**26**	**28**
Proportion of occasions of service (d)										
1 – Resuscitation	%	1	1	1	1	1	0	0	1	1
2 – Emergency	%	9	9	11	11	13	7	10	6	10
3 – Urgent	%	30	32	41	32	37	35	31	26	33
4 – Semi-urgent	%	45	47	41	49	42	48	46	56	45
5 – Non-urgent	%	15	11	6	7	7	9	13	10	11
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (f)	%	83	90	72	74	68	93	100	100	81
Hospitals reporting emergency department episode-level data	no.	86	39	26	16	8	4	2	5	186
2011-12										
Proportion of patients seen on time (c) (d)										
1 – Resuscitation	%	100	100	100	99	100	100	100	100	100
2 – Emergency	%	82	83	82	76	79	77	76	64	80
3 – Urgent	%	71	72	63	52	70	64	50	49	66
4 – Semi-urgent	%	74	67	69	67	77	71	47	49	70
5 – Non-urgent	%	89	87	90	94	92	88	81	89	89
Total	%	**76**	**72**	**69**	**65**	**76**	**71**	**55**	**54**	**72**

Table 10A.17 **Emergency department waiting times, by triage category, public hospitals**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA* (a)	*Tas* (b)	*ACT*	*NT*	*Aust*
Estimated proportion of occasions of service ending in admission (d) (e)										
1 – Resuscitation	%	88	93	69	69	78	83	77	71	80
2 – Emergency	%	64	75	50	53	59	51	56	58	61
3 – Urgent	%	42	54	30	36	40	33	38	44	41
4 – Semi-urgent	%	18	23	9	13	15	11	15	16	17
5 – Non-urgent	%	6	6	3	4	6	4	3	5	5
Total	%	**29**	**36**	**23**	**25**	**29**	**21**	**26**	**26**	**29**
Proportion of occasions of service (d)										
1 – Resuscitation	%	1	0	1	1	1	1	0	1	1
2 – Emergency	%	9	9	11	11	12	8	11	7	10
3 – Urgent	%	32	33	42	32	36	34	33	29	34
4 – Semi-urgent	%	44	48	40	48	43	48	44	54	45
5 – Non-urgent	%	14	10	6	7	7	10	11	9	10
Total	%	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (f)	%	88	91	72	78	80	92	100	100	84
Hospitals reporting emergency department episode-level data	no.	95	40	26	17	14	4	2	5	203
2012-13										
Proportion of patients seen on time (c) (d)										
1 – Resuscitation	%	100	100	100	100	100	100	100	100	100
2 – Emergency	%	83	84	84	81	75	83	74	66	82
3 – Urgent	%	73	72	68	52	66	65	43	52	68
4 – Semi-urgent	%	77	68	74	67	78	70	46	52	72
5 – Non-urgent	%	92	87	92	93	92	90	79	89	91
Total	%	**78**	**73**	**74**	**66**	**75**	**71**	**51**	**57**	**73**
Estimated proportion of occasions of service ending in admission (d) (e)										
1 – Resuscitation	%	80	74	72	69	79	80	81	72	76
2 – Emergency	%	63	58	52	50	59	52	56	57	58
3 – Urgent	%	42	41	32	35	41	33	36	44	38
4 – Semi-urgent	%	18	17	10	13	15	11	16	16	15
5 – Non-urgent	%	6	4	3	4	6	4	4	5	5
Total	**%**	**29**	**28**	**25**	**24**	**30**	**21**	**26**	**26**	**27**
Proportion of occasions of service (d)										
1 – Resuscitation	%	1	0	1	1	1	1	0	1	1
2 – Emergency	%	11	10	12	12	13	8	11	9	11
3 – Urgent	%	32	34	42	33	36	35	34	28	35

Table 10A.17 **Emergency department waiting times, by triage category, public hospitals**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA* (a)	*Tas* (b)	*ACT*	*NT*	*Aust*
4 – Semi-urgent	%	44	47	40	47	42	48	45	53	44
5 – Non-urgent	%	12	9	5	7	7	9	10	9	9
Total	**%**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Data coverage										
Estimated proportion of presentations with episode-level data (f)	%	na	na	na	na	na	na	na	na	na
Hospitals reporting emergency department episode-level data	no.	95	40	27	17	14	4	2	5	204

(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'.

(f) The number of presentations reported to the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) divided by the number of emergency occasions of service reported to the National Public Hospital Establishments Database (NPHED) as a percentage.

Source : AIHW various years, *Australian hospital statistics* , Health Services Series, AIHW, Canberra; AIHW (2013), *Australian hospital statistics 2012–13: emergency department care,* Health services series no. 52. Cat. no. HSE 142. Canberra: AIHW, Canberra; AIHW (2012), Australian hospital statistics 2011–12: emergency department care, Health services series no. 45. Cat. no. HSE 126. Canberra: AIHW, (2010), *Australian hospital statistics 2009–10: emergency department care and elective surgery waiting times* . Health services series no. 38. Cat. no. HSE 93. Canberra: AIHW

Table 10A.18 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory (a), (b)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	*Aust (total number)*
2010-11											*no.*
Peer group A hospitals											
Triage category 1	*%*	100	100	100	100	100	100	100	100	100	36 426
Triage category 2	*%*	83	81	77	68	77	67	78	65	79	453 165
Triage category 3	*%*	68	68	58	46	63	41	48	50	62	1 455 076
Triage category 4	*%*	70	65	65	63	68	49	48	48	65	1 652 580
Triage category 5	*%*	84	87	89	91	87	76	75	83	85	318 925
Total (d)	***%***	73	70	65	60	69	50	55	52	67	3 916 284
Total number (d), (e)	*no.*	1 172 976	974 641	859 878	356 158	276 139	81 910	100 989	93 593	3 916 284	
Peer group B hospitals											
Triage category 1	*%*	100	100	97	95	100	100	..	..	98	4 133
Triage category 2	*%*	83	78	88	73	80	86	..	..	80	86 771
Triage category 3	*%*	76	74	71	52	76	82	..	..	70	353 537
Triage category 4	*%*	74	64	77	64	79	82	..	..	70	545 735
Triage category 5	*%*	89	82	93	91	97	94	..	..	88	112 954
Total (d)	***%***	77	70	77	63	80	84	..	..	72	1 103 156
Total number (d), (e)	*no.*	341 772	289 132	144 541	238 044	41 977	47 690	..	..	1 103 156	
Total (Peer group A and B hospitals)											
Triage category 1	*%*	100	100	100	99	100	100	100	100	100	40 559
Triage category 2	*%*	83	81	78	70	77	72	78	65	79	539 936
Triage category 3	*%*	70	69	59	49	65	55	48	50	63	1 808 613

Table 10A.18 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory (a), (b)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 4	%	71	64	67	63	70	63	48	48	66	2 198 315
Triage category 5	%	85	85	90	91	88	83	75	83	86	431 879
Total (d)	**%**	74	70	66	61	71	62	55	52	68	5 019 440
Total number (d), (e)	*no.*	1 514 748	1 263 773	1 004 419	594 202	318 116	129 600	100 989	93 593	5 019 440	
2011-12											
Peer group A hospitals											
Triage category 1	%	100	100	100	100	100	100	100	100	100	35 924
Triage category 2	%	82	82	81	75	77	73	76	62	80	498 947
Triage category 3	%	69	69	62	47	65	54	50	45	64	1 565 049
Triage category 4	%	72	66	68	65	72	61	47	40	67	1 724 027
Triage category 5	%	86	87	90	93	88	86	81	78	87	313 518
Total (d)	**%**	74	71	68	62	71	63	55	46	69	4 137 593
Total number (d), (e)	*no.*	1 253 722	1 003 224	939 721	385 412	266 275	83 890	109 724	95 625	4 137 593	
Peer group B hospitals											
Triage category 1	%	100	100	100	96	100	99	–	–	99	4 200
Triage category 2	%	81	83	89	76	82	89	–	–	81	89 750
Triage category 3	%	74	77	65	54	74	84	–	–	69	355 354
Triage category 4	%	74	67	70	66	75	84	–	–	70	531 070
Triage category 5	%	89	86	91	93	94	94	–	–	89	98 670
Total (d)	**%**	76	73	71	65	77	85	–	–	72	1 079 077
Total number (d), (e)	*no.*	321 640	303 713	110 690	262 245	34 560	46 229	–	–	1 079 077	

Table 10A.18 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory (a), (b)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Total (Peer group A and B hospitals)											
Triage category 1	*%*	100	100	100	99	100	100	100	100	100	40 124
Triage category 2	*%*	82	82	82	75	78	77	76	62	80	588 697
Triage category 3	*%*	70	71	62	50	66	64	50	45	65	1 920 403
Triage category 4	*%*	72	66	69	65	72	71	47	40	68	2 255 097
Triage category 5	*%*	87	86	90	93	89	88	81	78	88	412 188
Total (d)	***%***	74	71	69	63	72	71	55	46	70	5 216 670
Total number (d), (e)	*no.*	1 575 362	1 306 937	1 050 411	647 657	300 835	130 119	109 724	95 625	5 216 670	
2012-13											
Peer group A hospitals											
Triage category 1		100	100	100	100	100	100	100	100	100	38 227
Triage category 2		83	84	84	80	74	83	74	64	82	539 908
Triage category 3		70	70	68	47	62	58	43	48	66	1 616 513
Triage category 4		74	67	75	62	73	64	46	44	69	1 767 809
Triage category 5		90	87	93	90	88	88	79	80	89	290 798
Total (d)		76	72	74	61	70	66	51	50	71	4 253 397
Total number (d), (e)		1 306 601	1 033 286	949 223	387 085	281 965	88 764	109 697	96 776	4 253 397	
Peer group B hospitals											
Triage category 1		100	100	100	99	100	100	–	–	100	4 372
Triage category 2		84	84	88	80	68	84	–	–	83	108 790

Table 10A.18 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 3	76	77	61	54	59	79	–	–	68	402 604
Triage category 4	78	68	69	70	69	79	–	–	72	546 542
Triage category 5	92	85	89	94	92	95	–	–	90	95 914
Total (d)	79	74	69	67	66	81	–	–	73	1 158 261
Total number (d), (e)	334 494	302 281	166 455	272 314	35 173	47 544	–	–	1 158 261	
Total (Peer group A and B hospitals)										
Triage category 1	100	100	100	100	100	100	100	100	100	42 599
Triage category 2	83	84	84	80	74	83	74	64	82	648 698
Triage category 3	72	71	67	50	61	65	43	48	66	2 019 117
Triage category 4	75	67	74	65	72	70	46	44	70	2 314 351
Triage category 5	91	86	92	92	89	90	79	80	89	386 712
Total (d)	76	72	73	64	70	71	51	50	72	5 411 658
Total number (d), (e)	1 641 095	1 335 567	1 115 678	659 399	317 138	136 308	109 697	96 776	5 411 658	

(a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

(b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided over 80 per cent of Emergency Department services.

(c) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B).

(d) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.

(e) The totals include records for which the triage category was not assigned or not reported.

.. Not applicable.

Table 10A.18 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	*Aust (total number)*

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

Table 10A.19 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory (a), (b), (c)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (d)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
2010-11											
Total (Peer group A and B hospitals)											
Indigenous											*no.*
Triage category 1	*%*	100	100	100	98	100	100	100	100	100	1 756
Triage category 2	*%*	78	78	82	73	76	69	78	66	76	18 995
Triage category 3	*%*	66	72	66	60	64	52	43	53	62	73 151
Triage category 4	*%*	68	68	70	69	67	62	46	46	64	95 079
Triage category 5	*%*	84	87	91	92	85	84	75	78	86	17 759
Total (e)	***%***	71	72	71	68	69	61	52	52	67	206 745
Total number (e), (f)	*no.*	48 288	15 779	56 129	32 709	9 458	5 022	2 484	36 876	206 745	
Other Australians											
Triage category 1	*%*	100	100	100	99	100	100	100	100	100	38 803
Triage category 2	*%*	83	81	78	70	77	72	78	64	79	520 941
Triage category 3	*%*	70	69	59	48	65	55	48	48	63	1 735 462
Triage category 4	*%*	71	64	66	63	70	63	48	49	66	2 103 236
Triage category 5	*%*	85	85	90	91	88	83	75	86	86	414 120
Total (e)	***%***	74	70	66	61	71	62	55	52	69	4 812 695
Total number (e), (f)	no.	1 466 460	1 247 994	948 290	561 493	308 658	124 578	98 505	56 717	4 812 695	

Table 10A.19 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory (a), (b), (c)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (d)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
2011-12											
Total (Peer group A and B hospitals)											
Indigenous											
Triage category 1	*%*	100	100	100	98	100	100	n.p.	100	100	1 816
Triage category 2	*%*	81	77	83	76	78	81	74	63	78	22 148
Triage category 3	*%*	67	74	67	58	65	62	49	50	63	82 090
Triage category 4	*%*	70	70	70	70	69	70	47	43	65	100 151
Triage category 5	*%*	86	89	88	93	88	87	80	76	87	17 267
Total (e)	***%***	72	74	71	69	71	70	54	49	67	223 473
Total number (e), (f)	*no.*	53 731	17 161	62 162	35 140	9 361	5 543	2 592	37 783	223 473	
Other Australians											
Triage category 1	*%*	100	100	100	99	100	100	100	100	100	38 308
Triage category 2	*%*	82	83	82	75	78	77	76	62	81	566 549
Triage category 3	*%*	70	71	62	49	66	64	50	41	65	1 838 313
Triage category 4	*%*	72	66	69	65	73	71	47	39	68	2 154 946
Triage category 5	*%*	87	86	90	93	89	89	81	80	88	394 921
Total (e)	***%***	74	71	68	63	72	71	55	44	70	4 993 197
Total number (e), (f)	*no.*	1 521 631	1 289 776	988 249	612 517	291 474	124 576	107 132	57 842	4 993 197	
2012-13											
Total (Peer group A and B hospitals)											
Indigenous											

Table 10A.19 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory (a), (b), (c)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (d)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 1	%	100	100	100	100	100	100	n.p.	100	100	2 070
Triage category 2	%	81	81	85	83	72	84	73	65	80	25 846
Triage category 3	%	70	72	72	61	61	63	41	53	66	88 735
Triage category 4	%	74	70	74	73	68	69	44	45	68	105 092
Triage category 5	%	89	88	90	92	86	90	73	77	88	17 570
Total (e)	**%**	**75**	**73**	**76**	**72**	**67**	**70**	**49**	**52**	**70**	**239 319**
Total number (e), (f)	no.	61 385	18 291	68 010	35 056	10 012	6 114	2 697	37 754	239 319	
Other Australians											
Triage category 1	%	100	100	100	100	100	100	100	100	100	40 529
Triage category 2	%	83	84	84	80	74	83	74	64	82	622 852
Triage category 3	%	72	71	67	49	61	65	43	44	66	1 930 382
Triage category 4	%	75	67	74	65	72	70	46	43	70	2 209 259
Triage category 5	%	91	86	92	92	89	90	79	82	89	369 142
Total (e)	**%**	**76**	**72**	**73**	**63**	**70**	**71**	**51**	**48**	**72**	**5 172 339**
Total number (e), (f)	no.	1 579 710	1 317 276	1 047 668	624 343	307 126	130 194	107 000	59 022	5 172 339	

(a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

(b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided over 80 per cent of Emergency Department services.

(c) The quality of the identification of Indigenous patients in National Non-admitted Patient Emergency Department Care Database has not been assessed. Identification of Indigenous patients is not considered to be complete, and completeness may vary among the states and territories.

(d) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B).

Table 10A.19 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (d)*	*ACT*	*NT*	*Aust*	*Aust (total number)*

(e) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.

(f) The totals include records for which the triage category was not assigned or not reported.

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

Table 10A.20 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
2010-11											
Total (Peer group A and B hospitals)											
Major cities											*no.*
Triage category 1	*%*	100	100	100	100	100	100	99	100	100	28 183
Triage category 2	*%*	85	82	76	70	77	75	77	65	79	394 923
Triage category 3	*%*	71	68	55	43	64	52	48	49	63	1 253 345
Triage category 4	*%*	72	62	65	59	69	60	48	50	65	1 446 773
Triage category 5	*%*	85	83	89	89	88	84	75	85	85	277 763
Total (f)	***%***	75	68	63	57	70	62	55	53	68	3 401 080
Total number (f), (g), (h)	*no.*	1 123 089	879 272	606 274	405 232	289 040	2 106	93 140	2 927	3 401 080	
Inner regional											
Triage category 1	*%*	100	100	99	96	100	100	100	100	99	6 930
Triage category 2	*%*	78	79	83	63	77	69	81	64	77	94 766
Triage category 3	*%*	66	72	66	49	65	46	48	50	65	364 134
Triage category 4	*%*	68	69	70	63	72	54	50	48	67	502 391
Triage category 5	*%*	85	89	90	92	89	79	80	90	87	110 213
Total (f)	***%***	71	73	71	61	72	55	57	53	69	1 078 473
Total number (f), (g), (h)	*no.*	332 026	319 572	230 655	94 289	16 934	77 781	5 871	1 345	1 078 473	
Outer regional											
Triage category 1	*%*	100	100	100	93	100	99	100	100	99	3 366
Triage category 2	*%*	78	73	84	80	78	78	84	61	79	36 492

Table 10A.20 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 3	%	65	75	65	79	66	69	49	42	67	135 753
Triage category 4	%	66	71	65	83	73	76	47	47	68	176 138
Triage category 5	%	84	90	89	96	89	91	75	81	90	28 208
Total (f)	**%**	70	75	68	83	72	75	57	48	71	379 960
Total number (f), (g), (h)	*no.*	36 254	53 100	116 708	73 002	7 485	46 829	1 592	44 990	379 960	
Remote											
Triage category 1	%	100	100	100	100	100	100	–	100	100	462
Triage category 2	%	75	74	92	76	79	75	np	70	78	5 205
Triage category 3	%	64	71	84	69	68	69	50	56	70	24 946
Triage category 4	%	70	70	83	75	74	68	57	52	69	32 569
Triage category 5	%	86	94	92	94	88	89	73	86	91	6 273
Total (f)	**%**	70	74	85	74	74	71	56	57	72	69 455
Total number (f), (g), (h)	*no.*	3 339	1 072	29 548	6 188	1 983	1 075	54	26 196	69 455	
Very remote											
Triage category 1	%	np	–	100	100	100	np	–	100	100	311
Triage category 2	%	72	92	86	73	73	73	np	67	72	2 496
Triage category 3	%	72	78	71	63	63	63	np	56	61	10 440
Triage category 4	%	65	71	74	73	71	61	55	47	56	12 331
Triage category 5	%	96	95	93	93	86	79	np	82	88	1 547
Total (f)	**%**	72	78	76	72	71	64	44	54	62	27 125
Total number (f), (g), (h)	*no.*	377	139	5 169	3 469	928	278	18	16 747	27 125	

Table 10A.20 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
2011-12											
Total (Peer group A and B hospitals)											
Major cities											
Triage category 1	%	100	100	100	100	100	100	100	100	100	27 327
Triage category 2	%	83	83	81	75	78	78	76	59	81	426 000
Triage category 3	%	70	70	59	44	65	65	49	44	64	1 327 802
Triage category 4	%	73	64	67	61	72	71	47	38	67	1 487 047
Triage category 5	%	87	84	90	91	89	89	81	86	87	263 221
Total (f)	**%**	74	70	66	59	72	73	55	45	69	3 531 540
Total number (f), (g), (h)	*no.*	1 173 784	904 482	628 280	446 191	272 792	1 955	101 278	2 778	3 531 540	
Inner regional											
Triage category 1	%	100	100	100	95	100	100	100	np	100	7 070
Triage category 2	%	81	82	83	71	78	75	78	61	80	103 608
Triage category 3	%	69	73	66	54	67	58	51	46	67	381 954
Triage category 4	%	71	70	70	68	76	65	48	40	70	510 172
Triage category 5	%	87	89	90	94	92	87	81	79	88	104 868
Total (f)	**%**	74	74	71	66	74	66	57	46	72	1 107 684
Total number (f), (g), (h)	*no.*	339 496	324 064	240 162	100 100	16 554	79 543	6 426	1 339	1 107 684	
Outer regional											
Triage category 1	%	100	100	100	97	100	99	100	100	100	3 583

Table 10A.20 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 2	%	79	81	84	80	81	81	80	59	79	43 286
Triage category 3	%	68	77	68	76	70	74	51	31	68	150 297
Triage category 4	%	70	75	71	81	79	79	47	31	69	183 028
Triage category 5	%	87	92	90	95	91	92	83	68	91	30 067
Total (f)	**%**	72	79	73	81	77	79	57	36	72	410 261
Total number (f), (g), (h)	*no.*	37 728	67 017	127 871	77 337	7 096	45 841	1 641	45 730	410 261	
Remote											
Triage category 1	%	100	np	100	97	100	100	–	100	100	477
Triage category 2	%	80	84	93	78	79	90	np	70	82	6 066
Triage category 3	%	62	79	81	64	73	75	57	59	70	27 180
Triage category 4	%	68	75	72	74	79	81	45	55	65	33 692
Triage category 5	%	87	90	87	95	95	88	64	89	88	4 907
Total (f)	**%**	69	80	78	73	78	80	52	59	70	72 322
Total number (f), (g), (h)	*no.*	3 475	1 321	30 872	6 905	1 786	1 036	61	26 866	72 322	
Very remote											
Triage category 1	%	np	np	100	100	100	np	np	100	100	274
Triage category 2	%	79	82	84	77	80	68	np	65	72	2 903
Triage category 3	%	66	77	72	62	73	66	np	54	60	11 520
Triage category 4	%	70	67	73	73	77	88	np	46	56	12 561
Triage category 5	%	82	95	92	94	91	100	np	77	86	1 520
Total (f)	**%**	71	75	76	72	77	78	50	53	61	28 778

Table 10A.20 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Total number (f), (g), (h)	*no.*	439	154	5 440	4 068	823	233	16	17 605	28 778	
2012-13											
Total (Peer group A and B hospitals)											
Major cities											
Triage category 1	**%**	100	100	100	100	100	100	99	100	100	29 730
Triage category 2	**%**	83	84	83	79	74	82	73	60	81	474 727
Triage category 3	**%**	71	71	63	42	61	64	43	45	64	1 422 362
Triage category 4	**%**	75	66	72	59	72	71	46	42	69	1 561 853
Triage category 5	**%**	91	85	92	90	89	92	78	84	89	249 075
Total (f)	**%**	**76**	**71**	**70**	**58**	**69**	**73**	**51**	**48**	**70**	**3 737 883**
Total number (f), (g), (h)	no.	1 230 281	934 209	686 307	492 991	287 501	2 201	101 601	2 792	3 737 883	
Inner regional											
Triage category 1	**%**	100	100	100	100	100	100	100	np	100	6 785
Triage category 2	**%**	83	83	86	86	74	83	75	62	84	105 335
Triage category 3	**%**	73	73	75	66	63	59	44	44	72	369 623
Triage category 4	**%**	75	70	78	74	75	66	48	44	73	471 443
Triage category 5	**%**	90	88	92	94	92	88	83	86	90	90 144
Total (f)	%	**77**	**74**	**78**	**74**	**71**	**67**	**54**	**49**	**75**	**1 043 361**
Total number (f), (g), (h)	no.	327 436	320 113	235 634	51 921	17 289	83 505	6 191	1 272	1 043 361	
Outer regional											

Table 10A.20 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 1	**%**	100	100	100	100	100	100	100	100	100	3 784
Triage category 2	**%**	82	81	87	91	76	82	79	62	82	49 813
Triage category 3	**%**	73	76	73	86	67	74	42	36	72	162 743
Triage category 4	**%**	76	76	75	93	75	76	48	37	74	198 814
Triage category 5	**%**	91	93	94	99	92	92	74	70	93	32 643
Total (f)	**%**	**78**	**78**	**77**	**91**	**73**	**77**	**54**	**41**	**76**	**447 807**
Total number (f), (g), (h)	no.	56 906	69 730	137 615	80 268	7 468	46 987	1 452	47 381	447 807	
Remote											
Triage category 1	**%**	100	np	100	98	100	100	–	100	100	435
Triage category 2	**%**	80	85	90	81	78	88	np	71	80	5 639
Triage category 3	**%**	68	78	79	65	70	78	56	61	69	21 900
Triage category 4	**%**	79	73	67	76	79	74	35	57	64	27 772
Triage category 5	**%**	90	94	86	95	93	93	np	90	90	3 887
Total (f)	**%**	**76**	**78**	**75**	**74**	**77**	**78**	**52**	**61**	**69**	**59 634**
Total number (f), (g), (h)	no.	3 157	1 340	19 800	6 358	1 699	1 213	44	26 023	59 634	
Very remote											
Triage category 1	**%**	np	np	100	100	100	np	–	100	100	389
Triage category 2	**%**	81	80	91	86	75	80	np	67	78	4 003
Triage category 3	**%**	68	75	81	74	67	76	np	56	68	14 943
Triage category 4	**%**	74	70	68	85	82	66	np	47	61	18 552
Triage category 5	**%**	91	95	86	95	84	80	np	77	85	2 498

Table 10A.20 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory (a), (b), (c), (d)**

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT*	*NT*	*Aust*	*Aust (total number)*
Total (f)	**%**	**75**	**75**	**76**	**83**	**75**	**73**	**63**	**54**	**67**	**40 385**
Total number (f), (g), (h)	no.	819	216	15 314	5 084	793	200	16	17 943	40 385	

(a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

(b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided over 80 per cent of Emergency Department services.

(c) Area of usual residence was not reported or not mappable to remoteness areas for approximately 80 000 records.

(d) Remoteness areas are based on the usual residential address of the patient. Not all remoteness areas are represented in each State or Territory. The remoteness area 'Major city' does not exist within Tasmania or the NT, 'Inner regional' does not exist within the NT, 'Outer regional' does not exist in the ACT, 'Remote' does not exist in the ACT and 'Very remote' does not exist in Victoria or the ACT. However, data are reported for the state/territory where the hospital was located. This means, for example, that although there is no ‘major city’ classification in Tasmania, Tasmanian hospitals may treat some patients whose usual residence is a major city in another jurisdiction.

(e) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B).

(f) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.

(g) The totals include records for which the triage category was not assigned or not reported.

(h) Total includes records for which a remoteness area could not be assigned as the place of residence was unknown or not stated.

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

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

Table 10A.21 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
2010-11											
Total (Peer group A and B hospitals)											*no.*
Quintile 1											
Triage category 1	**%**	100	100	99	96	100	100	100	100	100	9 349
Triage category 2	**%**	83	78	80	84	79	74	81	65	80	113 956
Triage category 3	**%**	70	67	60	81	61	60	48	51	65	405 639
Triage category 4	**%**	70	61	65	84	64	67	47	46	66	458 109
Triage category 5	**%**	85	84	88	96	86	86	75	81	86	88 369
Total (f)	**%**	**73**	**67**	**66**	**84**	**67**	**66**	**57**	**51**	**69**	1 075 442
Total number (f), (g), (h)	*no.*	316 203	225 603	272 034	41 219	107 740	82 010	1 358	29 275	1 075 442	
Quintile 2											
Triage category 1	**%**	100	100	100	99	100	100	100	100	100	7 954
Triage category 2	**%**	79	82	80	71	77	69	82	63	78	110 475
Triage category 3	**%**	66	75	65	46	66	58	52	50	65	368 031
Triage category 4	**%**	67	69	71	59	71	67	52	47	67	467 575
Triage category 5	**%**	83	87	90	89	90	87	81	85	85	115 825
Total (f)	**%**	**71**	**74**	**71**	**58**	**71**	**66**	**60**	**51**	**70**	1 069 911
Total number (f), (g), (h)	*no.*	445 116	233 443	172 406	121 030	72 148	13 797	4 595	7 376	1 069 911	
Quintile 3											
Triage category 1		100	100	100	98	100	100	100	100	99	8 100
Triage category 2		83	81	78	70	76	68	76	68	78	113 383

Table 10A.21 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 3		69	71	60	47	65	44	53	54	63	391 949
Triage category 4		71	65	67	63	70	52	51	51	66	525 335
Triage category 5		86	85	90	91	88	78	78	86	87	89 561
Total (f)		**73**	**70**	**66**	**61**	**71**	**53**	**58**	**55**	**68**	1 128 354
Total number (f), (g), (h)		282 092	335 353	198 759	210 377	44 476	19 912	5 460	31 925	1 128 354	
Quintile 4											
Triage category 1		100	100	100	99	100	100	99	100	100	7 686
Triage category 2		83	81	75	69	78	73	77	60	78	107 432
Triage category 3		68	67	55	47	68	35	47	43	60	345 739
Triage category 4		70	63	64	61	74	40	46	47	64	389 607
Triage category 5		84	84	90	91	91	75	74	81	85	65 696
Total (f)		**72**	**68**	**63**	**59**	**73**	**47**	**53**	**49**	**66**	916 182
Total number (f), (g), (h)		200 410	263 773	219 051	115 755	55 678	11 645	32 449	17 421	916 182	
Quintile 5											
Triage category 1		100	100	100	100	100	100	100	100	100	6 182
Triage category 2		91	83	79	67	75	75	78	59	81	88 770
Triage category 3		77	68	60	43	66	47	48	42	65	277 584
Triage category 4		79	63	68	61	77	61	48	46	68	329 879
Triage category 5		90	84	93	92	90	87	76	81	87	64 554
Total (f)		**81**	**69**	**68**	**57**	**73**	**62**	**55**	**48**	**70**	766 985
Total number (f), (g), (h)		251 252	194 979	126 098	95 110	36 324	704	56 320	6 198	766 985	

Table 10A.21 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
2011-12											
Total (Peer group A and B hospitals)											
Quintile 1											
Triage category 1	**%**	100	100	100	97	100	100	100	100	100	9 470
Triage category 2	**%**	82	80	82	81	79	78	74	63	81	127 348
Triage category 3	**%**	69	69	61	77	61	67	51	48	66	435 268
Triage category 4	**%**	71	65	66	82	67	73	48	40	68	473 740
Triage category 5	**%**	87	87	88	96	87	90	76	75	88	93 801
Total (f)	**%**	**73**	**70**	**67**	**81**	**68**	**73**	**56**	**47**	**70**	**1 139 640**
Total number (f), (g), (h)	*no.*	389 477	236 612	276 336	44 429	80 340	81 375	2 341	28 730	1 139 640	
Quintile 2											
Triage category 1	**%**	100	100	100	95	100	97	100	100	100	8 494
Triage category 2	**%**	81	81	82	71	78	72	80	63	80	123 149
Triage category 3	**%**	67	74	64	55	66	65	52	46	67	400 215
Triage category 4	**%**	70	69	69	68	72	73	48	41	69	496 351
Triage category 5	**%**	85	87	89	94	90	90	83	83	87	104 751
Total (f)	**%**	**72**	**73**	**69**	**67**	**72**	**71**	**58**	**47**	**71**	**1 132 992**
Total number (f), (g), (h)	*no.*	436 117	302 859	177 427	91 095	97 018	15 796	3 542	9 138	1 132 992	
Quintile 3											
Triage category 1	**%**	100	100	100	100	100	100	100	100	100	7 808

Table 10A.21 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 2	**%**	83	82	83	77	79	73	76	67	81	123 312
Triage category 3	**%**	72	71	64	47	71	54	50	54	64	406 582
Triage category 4	**%**	73	64	71	62	74	62	47	50	67	512 527
Triage category 5	**%**	87	85	91	91	88	86	81	87	88	80 461
Total (f)	**%**	**75**	**70**	**70**	**61**	**75**	**63**	**56**	**54**	**69**	**1 130 726**
Total number (f), (g), (h)	*no.*	311 312	260 021	240 178	240 481	30 253	18 656	2 493	27 332	1 130 726	
Quintile 4											
Triage category 1	**%**	100	100	100	99	100	100	100	100	100	7 013
Triage category 2	**%**	84	84	80	75	78	88	75	59	81	110 537
Triage category 3	**%**	71	69	58	46	68	57	51	32	62	360 456
Triage category 4	**%**	73	65	67	64	76	63	47	33	66	396 981
Triage category 5	**%**	88	86	90	93	91	86	80	71	88	62 232
Total (f)	**%**	**75**	**70**	**66**	**61**	**74**	**67**	**55**	**37**	**68**	**937 248**
Total number (f), (g), (h)	*no.*	161 357	313 800	208 897	141 563	57 854	12 122	27 379	14 276	937 248	
Quintile 5											
Triage category 1	**%**	100	100	100	100	100	np	100	100	100	5 943
Triage category 2	**%**	82	85	82	73	76	86	76	58	80	97 474
Triage category 3	**%**	72	72	64	44	69	68	49	31	64	296 107
Triage category 4	**%**	76	66	72	64	79	69	48	31	68	346 779
Triage category 5	**%**	89	87	93	93	93	91	81	66	88	63 317
Total (f)	**%**	**77**	**72**	**71**	**60**	**76**	**74**	**55**	**36**	**70**	**809 665**

Table 10A.21 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Total number (f), (g), (h)	*no.*	256 640	183 744	129 781	117 033	33 586	654	73 390	14 837	809 665	
2012-13											
Total (Peer group A and B hospitals)											
Quintile 1											
Triage category 1	**%**	100	100	100	100	100	100	100	100	100	9 977
Triage category 2	**%**	82	83	84	81	76	83	72	66	82	147 711
Triage category 3	**%**	70	70	70	53	58	67	42	52	68	481 904
Triage category 4	**%**	73	67	73	66	67	71	45	45	70	543 959
Triage category 5	**%**	90	85	90	92	86	90	77	77	88	93 805
Total (f)	**%**	**75**	**72**	**74**	**65**	**67**	**72**	**52**	**52**	**72**	**1 277 384**
Total number (f), (g), (h)	*no.*	410 259	268 828	324 123	88 870	85 100	73 748	1 851	24 605	1 277 384	
Quintile 2											
Triage category 1	**%**	100	100	100	100	100	100	100	100	100	9 040
Triage category 2	**%**	83	82	85	83	74	83	76	62	82	132 908
Triage category 3	**%**	72	74	66	59	62	66	47	46	68	415 685
Triage category 4	**%**	76	68	73	70	72	70	49	43	71	471 934
Triage category 5	**%**	90	88	92	93	89	89	78	80	90	81 755
Total (f)	**%**	**77**	**73**	**73**	**69**	**70**	**72**	**55**	**48**	**73**	**1 111 356**
Total number (f), (g), (h)	*no.*	346 824	298 385	196 355	132 092	98 325	20 738	3 864	14 773	1 111 356	
Quintile 3											
Triage category 1	**%**	100	100	100	100	100	100	100	100	100	8 034

Table 10A.21 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*
Triage category 2	**%**	82	84	84	79	74	79	72	68	82	130 148
Triage category 3	**%**	70	71	64	49	63	61	40	56	65	403 516
Triage category 4	**%**	74	66	74	67	74	67	45	53	70	466 938
Triage category 5	**%**	90	86	92	93	90	90	80	89	89	74 837
Total (f)	**%**	**75**	**72**	**72**	**64**	**71**	**68**	**50**	**58**	**71**	**1 083 518**
Total number (f), (g), (h)	*no.*	309 124	288 427	229 339	160 116	40 521	22 509	7 507	25 975	1 083 518	
Quintile 4											
Triage category 1	**%**	100	100	100	100	100	100	99	100	100	7 533
Triage category 2	**%**	85	85	84	80	72	88	73	62	82	121 929
Triage category 3	**%**	73	71	65	47	62	57	43	36	65	378 667
Triage category 4	**%**	77	67	73	63	76	66	46	37	69	427 242
Triage category 5	**%**	92	86	93	91	92	88	77	69	89	65 763
Total (f)	**%**	**78**	**72**	**72**	**61**	**71**	**68**	**51**	**42**	**71**	**1 001 157**
Total number (f), (g), (h)	*no.*	229 217	300 823	216 864	118 868	65 761	15 159	34 556	19 909	1 001 157	
Quintile 5											
Triage category 1	**%**	100	100	100	99	100	100	100	100	100	6 282
Triage category 2	**%**	83	84	85	79	72	88	74	63	82	102 841
Triage category 3	**%**	73	71	70	43	65	63	43	36	65	300 295
Triage category 4	**%**	77	68	77	60	78	71	46	37	69	354 998
Triage category 5	**%**	92	87	95	89	94	90	79	71	90	59 749
Total (f)	**%**	**78**	**73**	**76**	**58**	**73**	**73**	**52**	**41**	**71**	**824 210**
Total number (f), (g), (h)	*no.*	292 938	169 071	127 696	136 471	24 995	1 951	60 942	10 146	824 210	

Table 10A.21 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles (a), (b), (c), (d)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (e)	*ACT*	*NT*	*Aust*	*Aust (total number)*

(a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

(b) SEIFA quintiles are based on the SEIFA 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.

(c) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided over 80 per cent of Emergency Department services.

(d) Area of usual residence was not reported or not mappable to SEIFA categories for approximately 80 000 records.

(e) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B).

(f) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.

(g) The totals include records for which the triage category was not assigned or not reported.

(h) Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown or not stated.

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

Table 10A.22 **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*
2003-04									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	20	19	15	4	5	2	1	2	68
Est coverage of surgical separations (e)	100	100	97	100	100	100	100	100	99
Number of admissions (f)	92 850	84 822	89 308	26 695	30 267	10 304	4 686	4 498	343 430
Days waited at 50th percentile	27	28	21	26	36	44	np	29	27
Days waited at 90th percentile	188	200	116	181	197	348	np	236	182
% waited more than 365 days	3.7	4.2	3.0	3.9	3.6	9.5	np	5.2	3.9
Large hospitals									
Number of reporting hospitals (d)	22	8	7	1	2	1	1	..	42
Est coverage of surgical separations (e)	100	73	100	31	100	100	100	..	85
Number of admissions (f)	46 249	31 649	16 560	3 474	6 382	2 109	3 861	..	110 284
Days waited at 50th percentile	36	22	23	np	48	np	np	..	30
Days waited at 90th percentile	270	127	106	np	214	np	np	..	206
% waited more than 365 days	5.4	1.8	2.3	np	4.5	np	np	..	4.2
Medium hospitals									
Number of reporting hospitals (d)	40	4	9	5	–	..	..	..	58
Est coverage of surgical separations (e)	100	30	81	80	–	..	..	..	59
Number of admissions (f)	39 666	10 166	5 325	13 633	na	..	..	..	68 790
Days waited at 50th percentile	41	29	27	27	na	..	..	..	34
Days waited at 90th percentile	242	122	140	216	na	..	..	..	215
% waited more than 365 days	4.0	1.5	1.4	3.3	na	..	..	..	3.3
Total (g)									
Number of reporting hospitals (d)	**105**	**31**	**31**	**12**	**7**	**3**	**2**	**5**	**196**
Est coverage of surgical separations (e)	**100**	**78**	**96**	**76**	**64**	**100**	**100**	**100**	**87**

Table 10A.22 **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*
Number of admissions (f)	**182 400**	**126 637**	**111 193**	**46 056**	**36 649**	**12 413**	**8 547**	**5 054**	**528 949**
Admissions per 1000 population (h)	**27.2**	**25.6**	**28.9**	**23.4**	**23.9**	**25.9**	**26.5**	**25.4**	**26.5**
Days waited at 50th percentile	**32**	**27**	**22**	**27**	**37**	**42**	**46**	**34**	**28**
Days waited at 90th percentile	**222**	**175**	**115**	**200**	**201**	**372**	**373**	**245**	**193**
% waited more than 365 days	**4.1**	**3.3**	**2.8**	**4.0**	**3.8**	**10.3**	**10.4**	**5.3**	**3.9**
2004-05									
Principal referral and women's and children's hospitals									
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 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 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

Table 10A.22 **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	316	213	137	182	na	..	..	..	272
% waited more than 365 days	7.3	6.0	1.5	4.0	na	..	..	..	6.1
Total (g)									
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 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 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
% waited more than 365 days	5.4	3.9	1.4	4.5	6.1	..	np	..	4.6

Table 10A.22 **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*
Medium hospitals									
Number of reporting hospitals (d)	36	4	7	4	–	..	..	..	51
Est coverage of surgical separations (e)	100	36	86	78	–	..	..	..	62
Number of admissions (f)	38 306	11 626	4 034	9 675	na	..	..	..	63 641
Days waited at 50th percentile	48	32	28	23	na	..	..	..	38
Days waited at 90th percentile	304	136	112	145	na	..	..	..	257
% waited more than 365 days	4.8	2.1	1.1	2.7	na	..	..	..	3.8
Total (g)									
Number of reporting hospitals (d)	**100**	**32**	**31**	**11**	**7**	**3**	**2**	**5**	**191**
Est coverage of surgical separations (e)	**100**	**79**	**96**	**76**	**63**	**100**	**100**	**100**	**87**
Number of admissions (f)	**201 438**	**134 524**	**106 323**	**48 935**	**35 919**	**15 041**	**9 076**	**5 695**	**556 951**
Admissions per 1000 population (h)	**29.6**	**26.6**	**26.6**	**24.1**	**23.2**	**30.9**	**27.8**	**27.9**	**27.2**
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									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	29	20	17	5	5	3	1	2	82
Est coverage of surgical separations (e)	100	100	97	84	100	100	100	100	98
Number of admissions (f)	134 093	86 679	91 827	26 002	31 705	14 181	5 129	5 215	394 831
Days waited at 50th percentile	31	29	26	29	39	38	np	31	30
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 reporting hospitals (d)	12	8	5	2	2	..	1	..	30

Table 10A.22 **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*
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 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)									
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**
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									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	29	20	18	6	5	2	1	2	83
Est coverage of surgical separations (e)	100	100	100	100	100	100	100	100	100
Number of admissions (f)	133 191	90 392	92 935	30 354	33 402	10 516	5 322	5 406	401 518

Table 10A.22 **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	33	30	27	29	42	39	np	39	31
Days waited at 90th percentile	275	232	143	225	203	400	np	329	233
% waited more than 365 days	2.2	4.3	2.6	4.1	3.5	11.1	np	8.0	3.4
Large hospitals									
Number of reporting hospitals (d)	15	8	5	3	2	1	1	..	35
Est coverage of surgical separations (e)	100	68	100	57	100	100	100	..	80
Number of admissions (f)	28 980	32 028	10 515	11 778	6 286	3 633	4 255	..	97 475
Days waited at 50th percentile	42	40	27	27	53	np	np	..	39
Days waited at 90th percentile	281	211	112	189	276	np	np	..	237
% waited more than 365 days	0.9	2.3	0.9	1.2	6.6	np	np	..	2.4
Medium hospitals									
Number of reporting hospitals (d)	36	3	7	4	1	..	..	..	51
Est coverage of surgical separations (e)	100	32	85	81	22	..	..	..	64
Number of admissions (f)	32 030	7 886	3 993	12 809	1 358	..	..	..	58 076
Days waited at 50th percentile	60	29	34	31	np	..	..	..	42
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)									
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**

Table 10A.22 **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*
2008-09									
Principal referral and women's and children's hospitals									
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 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
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 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)									
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**

Table 10A.22 **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*
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**	**33**
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**
2009-10									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	29	20	19	5	5	2	2	2	84
Est coverage of surgical separations (e)	100	98	100	100	96	100	97	100	100
Number of admissions (f)	135 790	109 398	100 846	29 888	34 660	12 443	9 778	5 500	438 303
Days waited at 50th percentile	37	32	27	30	36	36	73	42	33
Days waited at 90th percentile	319	193	150	176	197	363	357	256	234
% waited more than 365 days	5.0	3.2	2.5	2.1	1.2	9.9	9.6	5.3	3.7
Large hospitals									
Number of reporting hospitals (d)	14	9	4	3	2	1	–	–	33
Est coverage of surgical separations (e)	100	76	100	74	100	100	..	..	88
Number of admissions (f)	27 099	38 927	8 219	12 919	6 443	2 093	..	..	95 700
Days waited at 50th percentile	57	44	29	27	43	np	..	..	42
Days waited at 90th percentile	342	215	174	142	181	np	..	..	259
% waited more than 365 days	5.9	2.1	2.5	0.6	0.7	np	..	..	3.0
Medium hospitals									
Number of reporting hospitals (d)	34	3	8	4	1	1	–	–	51
Est coverage of surgical separations (e)	100	24	96	77	19	100	..	..	61
Number of admissions (f)	30 130	7 436	4 750	14 063	3 124	2 074	..	..	61 577
Days waited at 50th percentile	65	48	30	34	np	np	..	..	45

Table 10A.22 **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	342	165	125	143	np	np	..	..	296
% waited more than 365 days	4.6	2.3	2.1	1.1	np	np	..	..	3.1
Total (g)									
Number of reporting hospitals (d)	**96**	**32**	**32**	**14**	**8**	**4**	**2**	**5**	**193**
Est coverage of surgical separations (e)	**100**	**78**	**100**	**79**	**68**	**100**	**97**	**100**	**91**
Number of admissions (f)	**198 503**	**155 761**	**113 834**	**61 298**	**44 227**	**16 610**	**9 778**	**6 244**	**606 255**
Admissions per 1000 population (h)	**27.6**	**28.3**	**25.4**	**27.0**	**27.1**	**32.9**	**27.6**	**27.4**	**27.4**
Days waited at 50th percentile	**44**	**36**	**27**	**32**	**36**	**36**	**73**	**44**	**35**
Days waited at 90th percentile	**330**	**197**	**150**	**161**	**189**	**332**	**357**	**271**	**246**
% waited more than 365 days	**4.9**	**2.8**	**2.5**	**1.5**	**1.1**	**8.7**	**9.5**	**5.8**	**3.5**
2010-11									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	30	20	19	6	5	2	1	2	85
Est coverage of surgical separations (e)	100	99	100	100	99	100	100	100	100
Number of admissions (f)	142 084	112 381	100 808	34 286	35 970	12 334	6 245	5 783	449 891
Days waited at 50th percentile	39	34	29	29	38	38	np	30	34
Days waited at 90th percentile	332	188	151	171	214	332	np	211	242
% waited more than 365 days	4.0	3.0	1.4	1.8	2.1	10.8	np	3.4	3.1
Large hospitals									
Number of reporting hospitals (d)	16	9	4	3	2	1	1	–	36
Est coverage of surgical separations (e)	100	71	100	94	100	100	100	..	92
Number of admissions (f)	30 158	36 090	8 568	13 179	7 044	2 082	5 093	..	102 214
Days waited at 50th percentile	63	40	28	26	48	np	np	..	42
Days waited at 90th percentile	335	167	125	132	236	np	np	..	263
% waited more than 365 days	3.3	1.1	1.0	1.0	1.8	np	np	..	2.4

Table 10A.22 **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*
Medium hospitals									
Number of reporting hospitals (d)	30	4	8	4	1	1	–	–	48
Est coverage of surgical separations (e)	100	27	85	85	19	100	..	..	61
Number of admissions (f)	26 045	8 520	4 373	15 111	3 067	2 081	..	..	59 197
Days waited at 50th percentile	63	56	29	33	np	np	..	..	46
Days waited at 90th percentile	331	165	139	148	np	np	..	..	273
% waited more than 365 days	1.7	1.0	0.7	1.2	np	np	..	..	1.6
Total (g)									
Number of reporting hospitals (d)	**96**	**34**	**32**	**14**	**8**	**4**	**2**	**5**	**195**
Est coverage of surgical separations (e)	**100**	**78**	**98**	**92**	**71**	**100**	**100**	**100**	**93**
Number of admissions (f)	**204 820**	**157 073**	**113 760**	**64 785**	**46 081**	**16 497**	**11 338**	**6 429**	**620 783**
Admissions per 1000 population (h)	**28.2**	**28.1**	**25.0**	**28.0**	**27.9**	**32.4**	**31.3**	**28.0**	**27.6**
Days waited at 50th percentile	**47**	**36**	**29**	**29**	**38**	**38**	**76**	**33**	**36**
Days waited at 90th percentile	**333**	**182**	**148**	**159**	**208**	**359**	**378**	**223**	**252**
% waited more than 365 days	**3.6**	**2.5**	**1.3**	**1.6**	**2.0**	**9.6**	**10.8**	**3.9**	**2.9**
2011-12									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	30	21	16	7	5	2	2	2	85
Est coverage of surgical separations (e)	100	98	89	100	100	100	100	100	97
Number of admissions (f)	146 951	114 380	98 950	37 685	37 176	11 970	11 362	6 572	465 046
Days waited at 50th percentile	43	34	26	31	35	39	63	36	35
Days waited at 90th percentile	339	193	150	173	195	418	296	212	253
% waited more than 365 days	3.9	2.7	2.1	2.2	2.0	11.9	6.2	3.1	3.2
Large hospitals									
Number of reporting hospitals (d)	14	8	4	7	2	1	..	..	36

Table 10A.22 **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*
Est coverage of surgical separations (e)	100	74	100	100	100	100	..	..	89
Number of admissions (f)	27 461	32 461	8 961	23 195	7 490	1 934	..	..	101 502
Days waited at 50th percentile	63	38	29	28	49	np	..	..	40
Days waited at 90th percentile	322	166	154	141	235	np	..	..	236
% waited more than 365 days	2.8	1.6	2.1	1.2	1.4	np	..	..	1.9
Medium hospitals									
Number of reporting hospitals (d)	33	3	8	5	13	1	..	..	63
Est coverage of surgical separations (e)	100	26	86	100	100	100	..	..	78
Number of admissions (f)	31 849	7 238	4 523	14 584	16 796	1 898	..	..	76 888
Days waited at 50th percentile	64	58	29	33	30	np	..	..	44
Days waited at 90th percentile	330	207	119	160	174	np	..	..	260
% waited more than 365 days	2.1	1.9	0.1	1.4	0.7	np	..	..	1.5
Total (g)									
Number of reporting hospitals (d)	**96**	**32**	**29**	**36**	**40**	**4**	**2**	**5**	**244**
Est coverage of surgical separations (e)	**100**	**80**	**89**	**100**	**96**	**100**	**100**	**100**	**92**
Number of admissions (f)	**211 452**	**154 079**	**114 328**	**82 248**	**65 186**	**15 802**	**11 362**	**7 250**	**661 707**
Admissions per 1000 population (h)	**29.6**	**28.2**	**25.8**	**35.6**	**40.0**	**31.1**	**31.5**	**31.5**	**30.0**
Days waited at 50th percentile	**49**	**36**	**27**	**30**	**34**	**38**	**63**	**39**	**36**
Days waited at 90th percentile	**335**	**189**	**147**	**159**	**191**	**348**	**296**	**219**	**251**
% waited more than 365 days	**3.4**	**2.4**	**2.0**	**1.7**	**1.5**	**9.4**	**6.2**	**3.5**	**2.7**
2012-13									
Principal referral and women's and children's hospitals									
Number of reporting hospitals (d)	31	21	20	7	5	2	2	2	90
Est coverage of surgical separations (e)	100	98	100	100	100	100	100	100	99
Number of admissions (f)	151 744	115 578	102 656	40 325	35 664	11 654	11 628	7 119	476 368

Table 10A.22 **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	43	35	26	30	36	45	51	37	35
Days waited at 90th percentile	340	222	168	175	175	462	277	193	269
% waited more than 365 days	3.4	3.5	2.6	2.2	1.4	12.9	4.1	3.3	3.3
Large hospitals									
Number of reporting hospitals (d)	13	8	4	7	2	1	..	..	35
Est coverage of surgical separations (e)	100	70	100	100	100	100	..	..	87
Number of admissions (f)	25 784	31 223	10 661	23 359	7 639	1 816	..	..	100 482
Days waited at 50th percentile	63	32	28	30	43	np	..	..	38
Days waited at 90th percentile	323	176	140	149	227	np	..	..	238
% waited more than 365 days	1.5	2.3	2.5	0.4	1.0	np	..	..	1.6
Medium hospitals									
Number of reporting hospitals (d)	30	3	8	5	12	1	..	..	59
Est coverage of surgical separations (e)	100	26	84	100	100	100	..	..	78
Number of admissions (f)	31 177	6 614	4 255	14 673	16 922	2 005	..	..	75 646
Days waited at 50th percentile	63	80	28	32	28	np	..	..	45
Days waited at 90th percentile	326	320	115	140	188	np	..	..	287
% waited more than 365 days	1.1	3.8	0.2	1.3	0.2	np	..	..	1.3
Total (g)									
Number of reporting hospitals (d)	**96**	**32**	**33**	**35**	**39**	**4**	**2**	**5**	**246**
Est coverage of surgical separations (e)	**100**	**80**	**98**	**100**	**97**	**100**	**100**	**100**	**93**
Number of admissions (f)	**216 106**	**153 415**	**119 767**	**84 981**	**64 136**	**15 475**	**11 628**	**7 808**	**673 316**
Admissions per 1000 population (h)	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**
Days waited at 50th percentile	**50**	**36**	**27**	**30**	**34**	**41**	**51**	**40**	**36**
Days waited at 90th percentile	**335**	**223**	**163**	**159**	**182**	**406**	**277**	**196**	**265**

Table 10A.22 **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*
% waited more than 365 days	**2.8**	**3.3**	**2.5**	**1.5**	**1.0**	**11.5**	**4.1**	**3.3**	**2.7**

(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.

(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.

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

Source: AIHW various years, *Australian hospital statistics*, Health Services Series, AIHW, Canberra; AIHW (2013), *Australian hospital statistics 2012–13: elective surgery waiting times*. Health services series no. 51. Cat. no. HSE 140. Canberra: AIHW

Table 10A.23 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
2003-04									
Cardio-thoracic									
Days waited at 50th percentile	14	6	11	9	20	24	29	..	11
Days waited at 90th percentile	76	49	103	36	89	84	106	..	72
% waited more than 365 days	0.1	0.1	0.2	–	–	1.0	0.4	..	0.1
Ear, nose and throat surgery									
Days waited at 50th percentile	55	29	13	57	48	62	85	67	35
Days waited at 90th percentile	352	174	110	379	341	267	656	381	274
% waited more than 365 days	9.3	4.0	3.7	10.5	8.7	5.8	21.3	11.1	6.8
General surgery									
Days waited at 50th percentile	26	26	23	21	30	33	27	56	26
Days waited at 90th percentile	134	159	102	131	151	246	275	296	139
% waited more than 365 days	1.9	2.7	1.9	1.5	1.9	5.7	6.0	6.5	2.2
Gynaecology									
Days waited at 50th percentile	27	25	21	22	29	46	31	6	25
Days waited at 90th percentile	127	110	90	73	144	166	166	57	113
% waited more than 365 days	1.4	1.2	1.4	0.3	0.9	1.4	1.4	0.4	1.2
Neurosurgery									
Days waited at 50th percentile	18	18	11	29	25	50	28	..	19
Days waited at 90th percentile	99	140	84	125	160	337	287	..	127
% waited more than 365 days	0.8	1.4	0.9	1.8	2.4	8.2	2.8	..	1.4
Ophthalmology									
Days waited at 50th percentile	105	31	33	82	62	234	198	134	60
Days waited at 90th percentile	392	162	396	292	212	639	693	375	343
% waited more than 365 days	12.1	2.7	10.8	4.8	2.7	43.3	31.3	10.8	8.7
Orthopaedic surgery									
Days waited at 50th percentile	52	62	21	67	75	176	98	52	46
Days waited at 90th percentile	328	335	138	414	366	689	392	283	316
% waited more than 365 days	8.0	8.6	3.3	11.5	10.0	32.3	13.0	6.1	7.8
Plastic surgery									
Days waited at 50th percentile	27	22	27	32	32	31	52	28	27
Days waited at 90th percentile	132	152	102	279	182	201	444	374	151
% waited more than 365 days	1.5	2.2	1.2	7.5	4.0	3.7	13.1	12.5	2.7
Urology									
Days waited at 50th percentile	31	24	24	22	42	36	28	28	28
Days waited at 90th percentile	146	177	102	118	180	158	136	232	148
% waited more than 365 days	1.6	3.3	1.8	2.2	2.6	1.5	0.6	5.6	2.2
Vascular surgery									
Days waited at 50th percentile	15	20	16	15	8	45	18	..	16
Days waited at 90th percentile	88	228	108	87	47	371	327	..	119
% waited more than 365 days	1.0	6.8	4.8	3.0	0.2	10.3	9.2	..	3.7

Table 10A.23 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Other									
Days waited at 50th percentile	8	23	26	10	29	5	28	21	15
Days waited at 90th percentile	55	86	126	42	105	27	224	219	99
% waited more than 365 days	0.1	0.3	2.0	0.4	–	0.4	6.5	4.9	1.1
Total									
Days waited at 50th percentile	**32**	**27**	**22**	**27**	**37**	**42**	**46**	**34**	**28**
Days waited at 90th percentile	**222**	**175**	**115**	**200**	**201**	**372**	**373**	**245**	**193**
% waited more than 365 days	**4.1**	**3.3**	**2.8**	**4.0**	**3.8**	**10.3**	**10.4**	**5.3**	**3.9**
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

Table 10A.23 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
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
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

Table 10A.23 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
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
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.23 **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
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

Table 10A.23 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
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
Other									
Days waited at 50th percentile	7	24	27	18	21	50	35	63	19
Days waited at 90th percentile	63	88	96	72	76	795	157	383	89
% waited more than 365 days	–	1.0	0.4	0.4	–	37.1	1.5	10.2	1.4
Total									
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

Table 10A.23 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Cardio-thoracic									
Days waited at 50th percentile	13	9	11	13	11	15	19	7	12
Days waited at 90th percentile	62	107	74	38	117	107	69	15	76
% waited more than 365 days	0.1	0.7	0.2	–	0.3	–	–	–	0.3
Ear, nose and throat surgery									
Days waited at 50th percentile	84	56	31	73	51	56	204	36	58
Days waited at 90th percentile	353	267	158	294	252	268	627	385	318
% waited more than 365 days	6.3	3.2	3.3	5.7	3.4	7.3	33.6	10.8	5.2
General surgery									
Days waited at 50th percentile	30	32	26	27	34	58	41	47	30
Days waited at 90th percentile	149	176	114	154	175	564	193	225	165
% waited more than 365 days	1.1	2.5	1.1	2.0	1.8	19.6	2.8	4.6	2.4
Gynaecology									
Days waited at 50th percentile	30	35	25	29	22	30	56	13	28
Days waited at 90th percentile	139	137	96	117	112	175	211	99	126
% waited more than 365 days	0.7	1.0	0.4	0.7	0.7	4.5	3.6	1.0	0.9
Neurosurgery									
Days waited at 50th percentile	26	22	18	40	26	35	43	..	24
Days waited at 90th percentile	168	165	107	167	84	265	217	..	157
% waited more than 365 days	1.5	1.5	0.8	2.5	0.1	6.2	1.6	..	1.5
Ophthalmology									
Days waited at 50th percentile	135	48	35	49	49	109	115	118	65
Days waited at 90th percentile	344	181	205	200	252	571	318	350	306
% waited more than 365 days	3.5	1.1	1.9	1.2	2.0	26.9	8.1	8.7	3.0
Orthopaedic surgery									
Days waited at 50th percentile	76	51	28	51	68	..	125	36	53
Days waited at 90th percentile	355	301	172	224	334	..	506	315	323
% waited more than 365 days	6.5	6.7	3.0	3.1	7.0	..	18.5	8.0	5.6
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

Table 10A.23 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Other									
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**	**33**
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**
2009-10									
Cardio-thoracic									
Days waited at 50th percentile	14	20	7	16	10	11	20	0	14
Days waited at 90th percentile	62	104	52	62	104	72	77	0	71
% waited more than 365 days	–	1.3	–	0.1	0.1	–	–	–	0.4
Ear, nose and throat surgery									
Days waited at 50th percentile	117	61	32	62	55	49	200	59	63
Days waited at 90th percentile	378	289	164	196	263	239	477	389	340
% waited more than 365 days	12.8	4.8	3.1	2.3	2.3	6.4	29.9	10.8	6.8
General surgery									
Days waited at 50th percentile	33	35	26	27	34	33	36	49	31
Days waited at 90th percentile	191	160	134	163	148	385	213	291	172
% waited more than 365 days	1.9	2.1	1.6	1.6	0.7	10.4	4.2	6.6	2.1
Gynaecology									
Days waited at 50th percentile	31	35	27	38	25	34	45	10	30
Days waited at 90th percentile	181	129	103	119	105	191	223	121	135
% waited more than 365 days	2.0	0.4	0.6	0.1	0.2	1.8	2.9	0.7	1.0
Neurosurgery									
Days waited at 50th percentile	32	30	24	39	28	55	33	6	30
Days waited at 90th percentile	235	195	139	209	87	432	211	6	197
% waited more than 365 days	2.7	2.3	1.0	3.2	–	10.3	0.9	–	2.3
Ophthalmology									
Days waited at 50th percentile	168	53	35	42	54	75	143	112	69
Days waited at 90th percentile	361	212	216	189	302	292	326	340	329
% waited more than 365 days	7.6	1.8	2.5	1.1	2.7	5.4	8.9	8.3	4.1
Orthopaedic surgery									
Days waited at 50th percentile	98	61	31	54	67	156	140	56	62
Days waited at 90th percentile	371	308	229	210	286	645	503	295	352
% waited more than 365 days	11.6	6.6	4.9	2.8	0.8	28.2	19.0	6.8	7.9

Table 10A.23 **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	19	23	24	27	16	30	59	22
Days waited at 90th percentile	163	175	133	159	146	131	311	291	164
% waited more than 365 days	1.4	3.2	3.3	2.0	1.8	3.1	7.1	8.5	2.7
Urology									
Days waited at 50th percentile	29	24	29	29	36	30	84	88	28
Days waited at 90th percentile	144	122	115	140	118	143	306	338	134
% waited more than 365 days	1.8	1.2	2.2	1.7	0.5	2.6	7.0	3.1	1.7
Vascular surgery									
Days waited at 50th percentile	17	36	18	25	9	32	22	597	20
Days waited at 90th percentile	103	374	86	170	33	529	301	948	183
% waited more than 365 days	0.7	10.4	2.3	1.6	–	14.8	6.7	64.3	3.9
Other									
Days waited at 50th percentile	11	32	25	20	9	26	42	21	22
Days waited at 90th percentile	107	114	103	76	49	182	232	111	102
% waited more than 365 days	3.6	1.2	0.9	0.2	–	0.6	3.2	–	1.1
Total									
Days waited at 50th percentile	**44**	**36**	**27**	**32**	**36**	**36**	**73**	**44**	**35**
Days waited at 90th percentile	**330**	**197**	**150**	**161**	**189**	**332**	**357**	**271**	**246**
% waited more than 365 days	**4.9**	**2.8**	**2.5**	**1.5**	**1.1**	**8.7**	**9.5**	**5.8**	**3.5**
2010-11									
Cardio-thoracic									
Days waited at 50th percentile	15	21	10	16	21	25	17	..	16
Days waited at 90th percentile	65	99	57	63	110	82	51	..	77
% waited more than 365 days	0.2	0.1	0.2	–	0.4	0.2	–	..	0.2
Ear, nose and throat surgery									
Days waited at 50th percentile	100	68	32	58	50	82	255	42	64
Days waited at 90th percentile	364	316	148	215	243	280	655	415	340
% waited more than 365 days	9.0	5.3	0.8	3.3	0.9	5.5	33.4	12.1	5.6
General surgery									
Days waited at 50th percentile	34	36	29	26	34	28	46	34	32
Days waited at 90th percentile	207	158	129	142	141	273	233	200	164
% waited more than 365 days	1.7	2.2	0.6	1.8	1.7	7.9	2.9	4.1	1.8
Gynaecology									
Days waited at 50th percentile	33	36	28	34	23	29	44	11	30
Days waited at 90th percentile	189	120	104	128	109	125	199	99	133
% waited more than 365 days	1.6	0.4	0.5	0.1	0.1	0.8	2.6	0.6	0.8

Table 10A.23 **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	34	39	29	32	34	74	26	np	34
Days waited at 90th percentile	288	195	207	151	110	436	132	np	221
% waited more than 365 days	4.2	2.4	3.0	1.7	0.2	14.0	2.1	np	3.3
Ophthalmology									
Days waited at 50th percentile	178	49	37	35	77	168	121	98	71
Days waited at 90th percentile	358	188	298	171	349	422	294	278	335
% waited more than 365 days	5.6	0.7	2.9	0.7	6.5	20.8	4.5	3.0	3.6
Orthopaedic surgery									
Days waited at 50th percentile	97	61	34	53	73	147	179	49	64
Days waited at 90th percentile	360	293	214	237	315	622	491	273	345
% waited more than 365 days	7.4	6.1	2.9	3.5	4.0	29.2	21.5	6.1	6.2
Plastic surgery									
Days waited at 50th percentile	29	21	26	23	29	22	10	18	24
Days waited at 90th percentile	211	154	119	161	132	223	260	101	156
% waited more than 365 days	2.4	2.3	0.9	1.6	1.8	5.6	6.4	1.6	2.1
Urology									
Days waited at 50th percentile	29	24	28	27	37	30	70	50	28
Days waited at 90th percentile	116	110	120	156	106	153	423	154	122
% waited more than 365 days	1.5	1.1	0.8	1.8	0.6	2.4	13.3	–	1.6
Vascular surgery									
Days waited at 50th percentile	17	31	18	26	12	25	24	..	21
Days waited at 90th percentile	108	305	76	145	41	315	369	..	149
% waited more than 365 days	0.8	7.5	0.3	0.7	0.1	8.1	10.4	..	2.6
Other									
Days waited at 50th percentile	11	28	37	22	21	11	42	15	23
Days waited at 90th percentile	86	82	120	82	80	29	253	303	98
% waited more than 365 days	1.3	0.2	0.8	0.3	–	–	3.2	3.4	0.6
Total									
Days waited at 50th percentile	**47**	**36**	**29**	**29**	**38**	**38**	**76**	**33**	**36**
Days waited at 90th percentile	**333**	**182**	**148**	**159**	**208**	**359**	**378**	**223**	**252**
% waited more than 365 days	**3.6**	**2.5**	**1.3**	**1.6**	**2.0**	**9.6**	**10.8**	**3.9**	**2.9**
2011-12									
Cardio-thoracic									
Days waited at 50th percentile	19	19	11	19	18	20	23	..	16
Days waited at 90th percentile	78	109	58	77	98	73	72	..	81
% waited more than 365 days	0.1	0.2	0.1	–	0.1	–	–	..	0.1

Table 10A.23 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Ear, nose and throat surgery									
Days waited at 50th percentile	111	68	28	60	47	62	160	56	66
Days waited at 90th percentile	365	317	178	253	213	311	481	293	344
% waited more than 365 days	9.7	5.2	2.0	3.8	1.2	5.5	15.7	7.0	5.6
General surgery									
Days waited at 50th percentile	35	38	26	26	28	35	35	39	31
Days waited at 90th percentile	223	170	119	118	110	356	150	211	164
% waited more than 365 days	1.8	1.7	0.9	1.8	1.1	9.7	0.8	4.1	1.8
Gynaecology									
Days waited at 50th percentile	35	41	32	24	20	28	35	15	31
Days waited at 90th percentile	174	142	124	98	95	133	159	123	133
% waited more than 365 days	1.2	1.2	0.8	0.1	0.1	0.9	1.0	1.3	0.9
Neurosurgery									
Days waited at 50th percentile	34	38	16	40	32	66	19	..	31
Days waited at 90th percentile	286	171	110	175	104	506	104	..	191
% waited more than 365 days	3.8	1.7	1.8	0.9	0.6	13.9	0.6	..	2.7
Ophthalmology									
Days waited at 50th percentile	181	49	40	36	70	113	131	133	74
Days waited at 90th percentile	357	188	303	190	314	531	287	274	335
% waited more than 365 days	4.8	0.7	7.3	1.2	2.4	25.3	1.2	2.9	3.6
Orthopaedic surgery									
Days waited at 50th percentile	100	66	28	48	70	121	145	42	63
Days waited at 90th percentile	359	273	211	222	294	602	428	192	338
% waited more than 365 days	7.0	5.0	3.0	2.9	4.1	22.0	15.9	3.4	5.4
Plastic surgery									
Days waited at 50th percentile	32	20	23	26	28	24	6	29	24
Days waited at 90th percentile	254	196	140	151	146	205	168	128	182
% waited more than 365 days	1.8	4.3	1.0	1.6	2.2	4.7	4.9	2.8	2.7
Urology									
Days waited at 50th percentile	28	23	26	28	35	28	46	54	27
Days waited at 90th percentile	110	111	100	157	106	151	224	210	116
% waited more than 365 days	1.0	0.9	0.8	2.2	0.6	3.1	2.6	4.9	1.2
Vascular surgery									
Days waited at 50th percentile	19	29	13	22	14	22	28	63	20
Days waited at 90th percentile	120	247	70	166	50	101	505	296	147
% waited more than 365 days	0.9	5.5	0.4	2.5	0.4	4.9	14.3	7.9	2.5

Table 10A.23 **Elective surgery waiting times, by specialty of surgeon**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Other (c)									
Days waited at 50th percentile	17	27	25	26	21	10	59	14	25
Days waited at 90th percentile	96	88	112	90	81	40	266	66	100
% waited more than 365 days	0.8	0.2	1.0	0.2	0.2	–	5.8	–	0.6
Total									
Days waited at 50th percentile	**49**	**36**	**27**	**30**	**34**	**38**	**63**	**39**	**36**
Days waited at 90th percentile	**335**	**189**	**147**	**159**	**191**	**348**	**296**	**219**	**251**
% waited more than 365 days	**3.4**	**2.4**	**2.0**	**1.7**	**1.5**	**9.4**	**6.2**	**3.5**	**2.7**
2012-13									
Cardio-thoracic									
Days waited at 50th percentile	21	18	11	14	15	37	10	..	17
Days waited at 90th percentile	75	103	75	64	69	137	54	..	80
% waited more than 365 days	0.1	0.7	0.1	–	0.2	–	–	..	0.3
Ear, nose and throat surgery									
Days waited at 50th percentile	127	69	28	68	50	59	95	75	68
Days waited at 90th percentile	364	335	174	259	244	383	429	323	349
% waited more than 365 days	8.4	7.4	3.0	4.4	1.3	10.3	15.8	7.3	5.9
General surgery									
Days waited at 50th percentile	34	43	26	26	24	35	43	34	30
Days waited at 90th percentile	230	213	131	111	99	340	184	157	178
% waited more than 365 days	1.5	2.9	1.5	0.9	0.5	9.3	0.2	2.5	1.9
Gynaecology									
Days waited at 50th percentile	35	39	33	26	23	29	33	18	31
Days waited at 90th percentile	192	187	144	98	89	139	132	99	157
% waited more than 365 days	1.1	2.1	1.5	0.1	0.2	1.4	0.5	1.3	1.2
Neurosurgery									
Days waited at 50th percentile	33	44	14	34	28	86	20	..	30
Days waited at 90th percentile	256	217	127	182	92	429	95	..	210
% waited more than 365 days	2.7	2.1	2.2	2.9	0.6	12.2	0.9	..	2.6
Ophthalmology									
Days waited at 50th percentile	196	44	39	43	72	178	134	138	76
Days waited at 90th percentile	353	253	211	213	295	739	302	307	335
% waited more than 365 days	3.3	1.9	3.1	1.5	2.3	34.5	0.7	6.4	3.2
Orthopaedic surgery									
Days waited at 50th percentile	106	69	29	55	58	113	126	45	65
Days waited at 90th percentile	358	301	280	223	275	720	435	189	342
% waited more than 365 days	6.1	5.8	5.5	2.6	1.4	24.5	15.2	2.2	5.5

Table 10A.23 **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	33	20	23	24	28	22	7	43	24
Days waited at 90th percentile	277	226	127	148	137	147	79	149	187
% waited more than 365 days	1.8	5.0	1.3	1.6	1.4	2.9	0.5	3.0	2.8
Urology									
Days waited at 50th percentile	27	22	25	23	33	34	31	70	25
Days waited at 90th percentile	107	112	108	130	101	217	160	180	113
% waited more than 365 days	0.7	1.0	1.4	1.6	0.5	4.3	0.9	2.6	1.1
Vascular surgery									
Days waited at 50th percentile	20	29	15	21	13	14	21	37	20
Days waited at 90th percentile	118	284	82	151	44	92	267	197	153
% waited more than 365 days	1.0	5.1	0.5	1.8	–	2.3	5.5	4.8	2.0
Other (c)									
Days waited at 50th percentile	15	42	21	23	22	43	36	9	25
Days waited at 90th percentile	86	114	148	103	77	403	164	79	110
% waited more than 365 days	0.6	0.4	0.7	0.3	–	11.4	1.3	1.1	0.5
Total									
Days waited at 50th percentile	**50**	**36**	**27**	**30**	**34**	**41**	**51**	**40**	**36**
Days waited at 90th percentile	**335**	**223**	**163**	**159**	**182**	**406**	**277**	**196**	**265**
% waited more than 365 days	**2.8**	**3.3**	**2.5**	**1.5**	**1.0**	**11.5**	**4.1**	**3.3**	**2.7**

(a) 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, Canberra; AIHW (2013), *Australian hospital statistics 2012–13: elective surgery waiting times*. Health services series no. 51. Cat. no. HSE 140. Canberra: AIHW

Table 10A.24 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days) (a)**

	Indigenous (b)									*Non-Indigenous (c)*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2010-11																		
All hospitals																		
50th percentile																		
Cataract extraction	265	41	68	43	70	np	np	133	125	226	56	47	34	87	239	141	148	86
Cholecystectomy	56	41	62	42	58	79	np	99	58	61	49	51	28	49	68	68	56	52
Coronary artery bypass graft	13	np	20	26	19	np	np	–	20	15	22	7	14	22	25	12	–	16
Cystoscopy	28	24	31	26	46	24	np	110	29	23	23	28	27	35	28	70	74	25
Haemorrhoidectomy	48	np	37	np	np	–	–	133	65	65	62	61	35	55	33	120	62	59
Hysterectomy	59	np	37	21	74	72	np	82	51	55	48	41	44	54	46	58	60	48
Inguinal herniorrhaphy	50	35	51	32	np	33	np	76	49	70	54	58	33	43	57	78	55	57
Myringoplasty	332	np	76	85	186	np	43	154	120	317	83	67	92	179	180	351	112	105
Myringotomy	70	38	48	44	np	108	np	21	48	67	49	33	43	47	123	148	22	44
Prostatectomy	67	np	76	np	–	np	np	np	59	62	28	45	33	48	78	82	60	46
Septoplasty	311	np	92	np	143	np	–	np	189	312	105	56	92	137	222	393	np	146
Tonsillectomy	176	110	81	87	74	154	352	59	98	190	96	54	78	71	112	334	65	90
Total hip replacement	153	np	60	np	np	np	np	np	134	146	107	78	77	117	197	253	141	105
Total knee replacement	310	np	110	np	np	np	np	np	227	294	144	109	94	136	399	326	220	169
Varicose veins stripping & ligation	128	np	np	np	–	np	np	np	108	100	103	63	67	204	85	333	94	94
Total (d)	**50**	**35**	**34**	**31**	**33**	**40**	**67**	**43**	**39**	**47**	**36**	**29**	**29**	**38**	**36**	**75**	**30**	**36**
90th percentile																		
Cataract extraction	362	83	309	193	301	np	np	364	354	361	179	333	158	349	425	301	282	342
Cholecystectomy	218	168	151	206	132	400	np	300	171	232	131	139	160	99	457	250	223	156
Coronary artery bypass graft	79	np	75	63	92	np	np	–	76	77	87	56	63	83	83	49	–	72

Table 10A.24 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days) (a)**

	Indigenous (b)									*Non-Indigenous (c)*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Cystoscopy	114	78	136	203	141	44	np	223	124	105	99	126	177	97	112	368	224	111
Haemorrhoidectomy	362	np	129	np	np	–	–	250	250	301	240	155	212	220	366	279	239	247
Hysterectomy	267	np	135	82	274	342	np	182	225	302	135	141	127	168	212	202	224	196
Inguinal herniorrhaphy	296	296	130	139	np	401	np	313	252	326	155	161	164	140	591	289	197	246
Myringoplasty	370	np	166	282	321	np	43	551	441	384	354	192	233	354	694	672	469	365
Myringotomy	177	99	118	97	np	187	np	138	119	300	138	105	115	109	197	364	105	129
Prostatectomy	114	np	442	np	–	np	np	np	173	230	158	168	120	91	195	749	135	161
Septoplasty	374	np	431	np	245	np	–	np	380	381	378	262	345	301	694	691	np	371
Tonsillectomy	366	324	190	213	290	317	564	348	354	366	330	181	210	263	293	612	396	343
Total hip replacement	358	np	447	np	np	np	np	np	357	362	335	272	236	316	629	595	261	351
Total knee replacement	366	np	374	np	np	np	np	np	370	371	392	350	306	350	717	573	404	368
Varicose veins stripping & ligation	300	np	np	np	–	np	np	np	358	350	422	302	267	409	421	597	462	359
Total (d)	**337**	**204**	**155**	**188**	**167**	**353**	**363**	**283**	**260**	**331**	**176**	**148**	**158**	**210**	**349**	**368**	**212**	**243**
2011-12																		
All hospitals																		
50th percentile																		
Cataract extraction	272	60	67	87	84	198	162	168	126	231	60	49	35	78	244	162	176	89
Cholecystectomy	64	63	63	43	31	111	np	86	60	60	55	45	27	42	89	57	52	51
Coronary artery bypass graft	24	21	20	65	32	np	np	–	24	23	18	5	22	18	21	21	–	15
Cystoscopy	36	23	33	44	31	29	83	71	35	26	22	25	28	32	28	52	47	25
Haemorrhoidectomy	31	np	40	46	np	np	np	121	46	71	63	57	33	38	65	83	135	58
Hysterectomy	66	59	50	35	48	109	np	47	54	57	57	53	40	40	51	60	92	52

Table 10A.24 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days) (a)**

	Indigenous (b)									*Non-Indigenous (c)*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Inguinal herniorrhaphy	47	76	57	16	33	80	np	53	43	73	60	51	29	34	57	73	79	56
Myringoplasty	314	np	86	92	8	np	–	90	91	315	106	78	77	74	114	393	92	109
Myringotomy	86	48	55	57	34	92	99	43	57	76	49	29	47	43	90	113	40	48
Prostatectomy	98	np	45	54	np	np	–	np	56	57	33	39	34	36	43	45	63	42
Septoplasty	262	np	178	np	np	np	np	np	135	322	98	56	100	137	200	321	110	154
Tonsillectomy	150	95	83	118	78	169	133	62	95	230	97	57	78	63	98	168	74	91
Total hip replacement	292	101	188	np	np	np	–	np	182	195	109	88	96	133	224	196	107	120
Total knee replacement	334	np	134	87	np	np	np	np	256	300	135	118	118	172	495	226	121	185
Varicose veins stripping & ligation	136	np	np	np	np	np	np	np	144	99	106	77	65	123	64	230	223	99
Total (d)	**57**	**42**	**32**	**34**	**30**	**44**	**71**	**49**	**41**	**50**	**36**	**28**	**30**	**34**	**37**	**59**	**40**	**36**
90th percentile																		
Cataract extraction	362	232	394	217	261	480	292	295	355	360	173	368	193	324	554	291	268	346
Cholecystectomy	239	204	164	147	112	645	np	274	201	248	161	126	139	103	525	169	267	172
Coronary artery bypass graft	86	36	75	181	131	np	np	–	104	85	84	55	61	78	73	71	–	75
Cystoscopy	101	120	97	188	83	134	138	194	131	102	100	96	158	93	135	224	157	107
Haemorrhoidectomy	174	np	127	112	np	np	np	234	195	304	262	163	182	122	797	314	227	246
Hysterectomy	283	184	138	93	98	217	np	145	175	306	171	167	123	176	198	229	162	205
Inguinal herniorrhaphy	325	448	208	148	359	331	np	156	265	338	173	147	151	141	524	198	330	270
Myringoplasty	376	np	323	263	296	np	–	400	349	376	352	286	238	302	565	529	381	365
Myringotomy	331	112	137	172	163	180	280	131	161	322	141	102	113	98	197	270	105	135
Prostatectomy	191	np	169	77	np	np	–	np	169	183	185	139	139	88	106	188	129	160
Septoplasty	365	np	326	np	np	np	np	np	360	372	367	296	358	316	601	543	413	369
Tonsillectomy	363	328	290	336	327	373	267	280	354	370	327	223	238	254	331	330	320	355

Table 10A.24 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days) (a)**

	Indigenous (b)									*Non-Indigenous (c)*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total hip replacement	372	281	289	np	np	np	–	np	378	364	300	301	266	335	660	441	239	356
Total knee replacement	378	np	328	328	np	np	np	np	377	370	352	361	342	362	868	488	477	370
Varicose veins stripping & ligation	352	np	np	np	np	np	np	np	358	342	384	349	379	363	667	627	562	361
Total (d)	**339**	**232**	**177**	**169**	**162**	**352**	**286**	**248**	**260**	**336**	**186**	**150**	**157**	**194**	**348**	**285**	**219**	**247**
2012-13																		
All hospitals																		
50th percentile																		
Cataract extraction	265	64	80	76	92	251	121	174	140	231	52	43	44	81	277	157	150	90
Cholecystectomy	52	36	39	40	28	99	26	64	48	56	60	46	29	30	70	65	56	50
Coronary artery bypass graft	19	np	12	16	15	np	np	–	15	27	19	8	13	15	43	8	–	16
Cystoscopy	30	21	27	30	42	36	32	67	29	25	21	24	22	30	34	34	48	23
Haemorrhoidectomy	58	np	np	51	np	np	np	58	54	67	79	56	35	19	68	84	86	59
Hysterectomy	73	151	57	23	28	84	np	65	59	59	59	55	35	43	69	55	56	53
Inguinal herniorrhaphy	49	51	45	28	20	74	np	37	42	71	71	65	34	29	104	85	54	61
Myringoplasty	162	np	90	97	12	np	–	150	121	311	132	82	83	89	77	np	83	124
Myringotomy	68	64	53	39	65	95	np	98	54	68	50	35	54	41	71	64	45	49
Prostatectomy	43	np	36	24	np	np	–	np	41	53	28	36	31	36	51	65	53	39
Septoplasty	304	np	143	115	np	301	np	np	238	328	129	75	124	99	269	346	115	196
Tonsillectomy	237	100	79	70	103	81	154	77	105	259	105	51	89	68	98	176	74	98
Total hip replacement	117	157	208	np	np	np	–	np	158	196	105	78	92	108	380	136	108	115
Total knee replacement	333	np	208	88	np	np	np	np	297	296	141	152	105	153	616	179	113	195
Varicose veins stripping & ligation	62	np	214	np	np	–	np	np	88	97	145	56	70	87	39	157	98	97

Table 10A.24 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days) (a)**

	Indigenous (b)									*Non-Indigenous (c)*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total (d)	**56**	**44**	**28**	**34**	**28**	**47**	**38**	**52**	**40**	**49**	**36**	**27**	**30**	**34**	**41**	**51**	**35**	**36**
90th percentile																		
Cataract extraction	359	323	334	214	318	677	304	399	357	355	248	217	208	301	755	305	239	338
Cholecystectomy	303	165	167	105	76	338	178	155	197	234	188	139	112	90	399	217	190	181
Coronary artery bypass graft	97	np	92	43	61	np	np	–	88	85	85	68	44	54	127	56	–	76
Cystoscopy	104	83	108	99	112	295	189	180	126	104	96	100	137	97	179	168	146	107
Haemorrhoidectomy	195	np	np	104	np	np	np	331	261	310	284	211	121	90	750	248	222	257
Hysterectomy	335	272	168	98	148	256	np	254	240	315	213	172	120	130	237	189	444	217
Inguinal herniorrhaphy	284	191	173	138	110	262	np	130	225	338	232	181	120	119	636	235	145	286
Myringoplasty	363	np	308	279	362	np	–	400	348	383	375	330	279	364	434	np	286	367
Myringotomy	317	178	106	165	167	400	np	258	177	333	170	102	128	95	251	211	126	139
Prostatectomy	107	np	168	172	np	np	–	np	168	211	179	170	146	107	121	139	130	167
Septoplasty	362	np	461	271	np	547	np	np	399	378	571	377	390	330	584	572	471	389
Tonsillectomy	362	336	246	205	343	445	487	351	358	366	355	212	261	271	455	377	371	359
Total hip replacement	367	312	426	np	np	np	–	np	372	362	308	346	271	317	831	373	281	357
Total knee replacement	379	np	462	166	np	np	np	np	406	368	365	462	312	343	964	445	353	373
Varicose veins stripping & ligation	356	np	377	np	np	–	np	np	356	353	403	308	342	339	273	545	387	356
Total (d)	**342**	**247**	**173**	**174**	**167**	**328**	**218**	**259**	**278**	**335**	**223**	**162**	**158**	**182**	**408**	**278**	**174**	**265**

(a) Data are suppressed where there are fewer than 10 elective surgery admissions in the category.

(b) The quality of the data reported for Indigenous status in the National Elective Surgery Waiting Times Data Collection (NESWTDC) has not been formally assessed; therefore, caution should be exercised when interpreting these data. Data for Tasmania and the Australian Capital Territory should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous and Other Australians do not include data for Tasmania and the Australian Capital Territory for 2010-11 and 2011-12.

(c) Other Australians includes records for which the Indigenous status was Not reported.

Table 10A.24 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days) (a)**

	Indigenous (b)									*Non-Indigenous (c)*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

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

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

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

Table 10A.25 **Waiting times for elective surgery in public hospitals, by State and Territory, by remoteness area (days) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
All hospitals									
2010-11									
50th percentile									
Major cities	42	37	28	31	41	48	77	4	36
Inner regional	56	32	29	27	33	35	63	np	38
Outer regional	61	28	34	29	29	38	np	29	39
Remote	43	36	28	32	28	38	np	33	32
Very remote	27	32	35	27	26	55	np	50	35
90th percentile									
Major cities	316	176	140	162	221	222	367	50	229
Inner regional	345	177	157	138	162	353	370	np	289
Outer regional	349	189	166	165	156	342	np	236	303
Remote	338	195	157	182	150	350	np	173	223
Very remote	233	182	185	156	151	425	np	278	221
2011-12									
50th percentile									
Major cities	46	37	28	30	38	np	59	8	36
Inner regional	58	35	28	28	32	37	66	np	38
Outer regional	65	29	32	31	30	39	46	40	36
Remote	38	35	27	29	26	31	np	39	29
Very remote	46	29.5	28	33	21	47.5	0	56	34.5
90th percentile									
Major cities	322	188	147	161	210	np	283	320	232
Inner regional	349	182	143	152	215	384	291	np	287
Outer regional	350	179	182	160	147	304	290	236	267
Remote	341	216	166	137	119	269	np	174	166
Very remote	315	207	161	165	127	296	0	247	186

(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 2010-11 and 2011-12.

(b) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Data are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, the data represent the waiting times for patients living in each remoteness area (regardless of their jurisdiction of residence) in the reporting jurisdiction.

(c) Data are suppressed where there are fewer than 10 elective surgery admissions in the category.

np Not published.

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

Table 10A.26 **Waiting times for elective surgery in public hospitals, by State and Territory, by SEIFA IRSD quintiles (days) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
All hospitals									
2010-11									
50th percentile									
Quintile 1	52	41	30	29	40	37	61	42	41
Quintile 2	56	35	28	30	40	37	75	39	41
Quintile 3	42	38	29	29	37	34	72	29	35
Quintile 4	43	35	29	31	35	32	78	30	35
Quintile 5	28	30	25	29	35	np	73	34	30
90th percentile									
Quintile 1	338	196	159	170	225	353	370	278	286
Quintile 2	343	180	153	163	211	336	379	237	297
Quintile 3	322	176	146	147	207	352	388	150	209
Quintile 4	319	175	145	168	173	323	367	235	214
Quintile 5	207	150	129	164	183	np	364	223	184
2011-12									
50th percentile									
Quintile 1	56	41	28	34	32	39	64.5	50	40
Quintile 2	59	37	28	29	36	35	52	45	41
Quintile 3	43	38	29	30	31	38	64	38	34
Quintile 4	45	34	28	30	34	36	65	36	34
Quintile 5	32	32	25	30	35	np	57	40	31
90th percentile									
Quintile 1	343	200	154	178	192	322	283	254	285
Quintile 2	346	195	158	150	207	304	298	223	290
Quintile 3	321	185	151	155	176	430	305	186	210
Quintile 4	318	183	145	159	182	462	289	225	204
Quintile 5	215	156	142	161	170	np	277	229	184

(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 2010-11 and 2011-12.

(b) 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. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Data are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, the data represent the waiting times for patients in each SEIFA quintile (regardless of their jurisdiction of residence) in the reporting jurisdiction.

(c) Data are suppressed where there are fewer than 10 elective surgery admissions in the category.

Table 10A.26 **Waiting times for elective surgery in public hospitals, by State and Territory, by SEIFA IRSD quintiles (days) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

np Not published.

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

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
2003-04									
Cataract extraction									
Days waited at 50th percentile	154	42	40	96	83	393	234	149	83
Days waited at 90th percentile	415	180	502	295	238	745	707	378	379
% waited more than 365 days	14.6	3.0	13.9	4.5	3.7	58.2	33.5	11.3	10.9
Cholecystectomy									
Days waited at 50th percentile	44	43	38	29	43	92	65	91	42
Days waited at 90th percentile	216	181	107	149	164	396	400	359	188
% waited more than 365 days	4.0	2.9	1.9	1.3	1.1	11.1	12.9	9.3	3.4
Coronary artery bypass graft									
Days waited at 50th percentile	21	8	20	16	27	33	26	..	18
Days waited at 90th percentile	102	68	119	74	93	91	112	..	100
% waited more than 365 days	0.1	0.2	0.2	–	–	1.0	0.6	..	0.2
Cystoscopy									
Days waited at 50th percentile	32	26	27	24	53	35	35	41	29
Days waited at 90th percentile	138	176	119	155	191	146	156	218	156
% waited more than 365 days	1.0	2.7	1.8	3.6	3.1	0.2	0.6	3.6	2.0
Haemorrhoidectomy									
Days waited at 50th percentile	38	51	34	37	29	101	123	104	39
Days waited at 90th percentile	209	274	152	229	134	933	714	256	223
% waited more than 365 days	4.6	7.3	3.4	3.9	0.8	17.1	21.3	7.1	5.0
Hysterectomy									
Days waited at 50th percentile	40	30	34	29	62	79	69	40	37
Days waited at 90th percentile	183	145	105	83	212	213	260	91	156
% waited more than 365 days	2.6	1.6	1.4	0.2	1.5	4.4	2.9	–	1.9
Inguinal herniorrhaphy									
Days waited at 50th percentile	42	41	35	29	44	70	58	84	40
Days waited at 90th percentile	200	190	126	149	185	394	377	457	189
% waited more than 365 days	2.9	3.4	2.3	1.2	0.9	11.0	10.8	18.3	3.1
Myringoplasty									
Days waited at 50th percentile	122	69	43	125	124	167	327	168	89
Days waited at 90th percentile	498	382	692	720	461	691	1 061	1 163	516
% waited more than 365 days	16.8	11.0	16.1	18.2	23.7	31.3	47.6	23.1	16.4
Myringotomy									
Days waited at 50th percentile	42	23	21	34	34	40	62	45	27
Days waited at 90th percentile	224	74	94	156	98	124	319	135	105
% waited more than 365 days	3.5	0.4	1.0	1.2	0.1	1.4	6.9	–	0.9
Prostatectomy									
Days waited at 50th percentile	40	25	25	23	34	41	21	28	29
Days waited at 90th percentile	194	286	99	119	210	75	97	272	193
% waited more than 365 days	4.5	7.6	2.3	1.5	4.4	–	2.2	3.7	4.7

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Septoplasty									
Days waited at 50th percentile	138	70	36	241	170	204	506	253	98
Days waited at 90th percentile	518	553	819	882	640	847	1 045	465	609
% waited more than 365 days	18.0	15.8	18.5	33.6	28.1	31.6	70.1	34.4	19.8
Tonsillectomy									
Days waited at 50th percentile	99	36	27	91	78	134	148	132	50
Days waited at 90th percentile	445	164	158	404	385	574	646	412	327
% waited more than 365 days	14.6	2.0	4.2	13.1	10.6	17.4	28.6	16.2	8.4
Total hip replacement									
Days waited at 50th percentile	91	127	52	98	132	233	154	121	92
Days waited at 90th percentile	392	402	188	396	378	714	427	472	378
% waited more than 365 days	11.9	12.4	3.8	10.8	12.0	35.2	18.6	16.7	11.1
Total knee replacement									
Days waited at 50th percentile	168	152	68	135	160	434	204	157	134
Days waited at 90th percentile	497	448	388	557	441	964	526	314	484
% waited more than 365 days	24.6	16.2	10.7	20.2	16.0	55.0	25.1	6.3	19.6
Varicose veins stripping and ligation									
Days waited at 50th percentile	63	81	74	44	151	106	346	210	75
Days waited at 90th percentile	322	920	827	882	695	1 062	925	686	690
% waited more than 365 days	7.9	23.6	24.0	20.9	26.3	35.7	47.6	45.0	18.5
Not available/Not stated									
Days waited at 50th percentile	24	23	19	21	30	34	28	24	22
Days waited at 90th percentile	144	149	98	159	168	248	241	188	141
% waited more than 365 days	2.1	2.6	1.8	3.4	3.0	6.3	5.0	3.4	2.5
Total									
Days waited at 50th percentile	**32**	**27**	**22**	**27**	**37**	**42**	**46**	**34**	**28**
Days waited at 90th percentile	**222**	**175**	**115**	**200**	**201**	**372**	**373**	**245**	**193**
% waited more than 365 days	**4.1**	**3.3**	**2.8**	**4.0**	**3.8**	**10.3**	**10.4**	**5.3**	**3.9**
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

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
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
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									

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
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
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									

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
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
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**

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
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
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

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
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
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

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
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
Prostatectomy									
Days waited at 50th percentile	47	22	36	28	58	39	45	50	36
Days waited at 90th percentile	232	234	155	105	217	135	178	160	203
% waited more than 365 days	1.7	5.6	3.0	0.9	2.5	–	3.0	–	3.0
Septoplasty									
Days waited at 50th percentile	224	105	68	156	148	507	196	153	141
Days waited at 90th percentile	369	364	625	382	459	1 557	645	1 913	389
% waited more than 365 days	11.3	9.7	14.5	12.3	18.6	60.4	32.4	21.1	13.1
Tonsillectomy									
Days waited at 50th percentile	148	67	40	146	109	96	289	95	88
Days waited at 90th percentile	350	271	188	443	399	539	677	385	349
% waited more than 365 days	4.1	2.9	3.8	18.0	14.3	15.7	43.2	11.2	7.1
Total hip replacement									
Days waited at 50th percentile	134	121	62	84	114	294	185	129	107
Days waited at 90th percentile	357	405	230	246	484	679	478	928	359

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
% waited more than 365 days	6.3	12.7	3.3	3.1	16.4	39.6	21.3	21.7	8.9
Total knee replacement									
Days waited at 50th percentile	235	166	77	118	207	381	226	292	160
Days waited at 90th percentile	367	505	294	307	656	762	496	618	386
% waited more than 365 days	10.5	18.7	6.9	5.7	34.9	53.9	25.2	37.5	13.6
Varicose veins stripping and ligation									
Days waited at 50th percentile	71	140	57	66	258	46	401	123	91
Days waited at 90th percentile	290	480	353	397	603	331	867	987	430
% waited more than 365 days	2.7	20.3	9.4	12.9	34.3	9.1	53.6	27.1	13.8
Not available/Not stated									
Days waited at 50th percentile	27	27	22	25	35	28	42	28	27
Days waited at 90th percentile	200	203	113	160	175	263	261	229	181
% waited more than 365 days	1.2	3.4	1.8	2.2	2.7	6.2	6.1	5.6	2.3
Total									
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									
Cataract extraction									
Days waited at 50th percentile	168	56	42	49	59	197	121	146	84
Days waited at 90th percentile	348	190	224	190	259	570	339	372	320
% waited more than 365 days	3.8	1.0	2.2	0.8	1.3	30.4	8.8	10.2	3.6
Cholecystectomy									
Days waited at 50th percentile	53	47	40	32	44	59	85	82	47
Days waited at 90th percentile	189	175	117	149	148	426	226	253	170
% waited more than 365 days	1.8	1.5	0.7	0.9	0.5	14.1	3.5	4.9	1.8
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

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
% 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
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

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Total									
Days waited at 50th percentile	**39**	**31**	**27**	**31**	**36**	**44**	**75**	**40**	**33**
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**
2009-10									
Cataract extraction									
Days waited at 50th percentile	211	63	37	41	61	100	162	123	86
Days waited at 90th percentile	363	228	224	183	313	297	371	341	336
% waited more than 365 days	8.4	1.4	2.2	0.5	1.6	4.6	10.9	8.7	4.3
Cholecystectomy									
Days waited at 50th percentile	62	50	40	31	47	76	72	65	51
Days waited at 90th percentile	233	156	138	171	117	562	273	259	186
% waited more than 365 days	2.5	1.2	0.8	1.6	0.5	16.5	6.6	–	2.2
Coronary artery bypass graft									
Days waited at 50th percentile	19	23	5	20	12	16	16	..	15
Days waited at 90th percentile	69	122	53	70	132	75	55	..	80
% waited more than 365 days	–	2.7	–	–	0.3	–	–	..	0.7
Cystoscopy									
Days waited at 50th percentile	25	22	30	28	30	26	85	88	25
Days waited at 90th percentile	130	108	117	162	90	103	274	247	126
% waited more than 365 days	1.3	0.7	1.5	2.5	0.2	0.4	5.4	6.5	1.3
Haemorrhoidectomy									
Days waited at 50th percentile	68	77	60	33	46	51	111	69	66
Days waited at 90th percentile	284	245	190	220	189	931	320	315	260
% waited more than 365 days	2.0	4.3	3.7	2.9	0.5	21.3	8.3	6.8	3.5
Hysterectomy									
Days waited at 50th percentile	52	52	39	49	56	59	70	89	50
Days waited at 90th percentile	284	149	134	150	176	259	275	263	196
% waited more than 365 days	3.6	0.4	1.1	0.1	0.2	4.3	4.3	2.6	1.9
Inguinal herniorrhaphy									
Days waited at 50th percentile	72	52	47	37	50	63	88	75	57
Days waited at 90th percentile	319	170	155	198	162	461	270	265	250
% waited more than 365 days	4.3	1.9	1.6	0.8	0.3	13.3	3.9	5.0	3.1
Myringoplasty									
Days waited at 50th percentile	291	85	66	100	132	56	372	78	103
Days waited at 90th percentile	418	294	280	350	386	907	708	597	382
% waited more than 365 days	20.9	5.1	5.5	7.8	15.7	17.1	57.1	22.1	12.5
Myringotomy									
Days waited at 50th percentile	71	48	34	59	50	50	148	31	48
Days waited at 90th percentile	319	147	120	149	108	137	376	134	151
% waited more than 365 days	5.0	0.6	0.9	0.6	0.3	–	11.0	–	1.2

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Prostatectomy									
Days waited at 50th percentile	61	31	40	41	56	55	71	109	47
Days waited at 90th percentile	227	198	179	111	114	127	672	462	188
% waited more than 365 days	3.7	2.2	4.6	0.1	0.6	–	14.0	13.9	2.9
Septoplasty									
Days waited at 50th percentile	311	104	56	81	98	153	373	173	144
Days waited at 90th percentile	460	381	368	317	342	931	676	403	413
% waited more than 365 days	28.4	11.0	10.3	7.0	3.9	25.6	52.8	10.3	16.3
Tonsillectomy									
Days waited at 50th percentile	220	86	53	76	77	73	331	143	91
Days waited at 90th percentile	387	318	213	181	331	247	498	474	357
% waited more than 365 days	15.7	6.0	4.0	1.3	3.9	3.8	43.0	12.7	8.4
Total hip replacement									
Days waited at 50th percentile	167	119	69	78	120	291	222	134	116
Days waited at 90th percentile	391	352	269	209	327	740	505	360	373
% waited more than 365 days	16.2	8.9	5.2	1.7	1.3	40.2	28.1	6.9	11.1
Total knee replacement									
Days waited at 50th percentile	301	155	93	100	162	431	366	172	180
Days waited at 90th percentile	415	417	368	277	337	896	568	494	414
% waited more than 365 days	24.6	14.5	10.3	5.9	1.2	59.6	50.0	15.0	18.1
Varicose veins stripping and ligation									
Days waited at 50th percentile	77	119	70	70	144	113	254	119	96
Days waited at 90th percentile	338	474	386	308	343	680	435	471	389
% waited more than 365 days	5.6	19.9	13.4	6.1	5.3	20.9	30.7	11.4	12.8
Not available/Not stated									
Days waited at 50th percentile	29	28	23	27	29	29	42	30	28
Days waited at 90th percentile	258	169	128	144	147	283	275	223	184
% waited more than 365 days	3.2	2.5	2.2	1.4	0.9	7.2	6.1	4.5	2.7
Total									
Days waited at 50th percentile	**44**	**36**	**27**	**32**	**36**	**36**	**73**	**44**	**35**
Days waited at 90th percentile	**330**	**197**	**150**	**161**	**189**	**332**	**357**	**271**	**246**
% waited more than 365 days	**4.9**	**2.8**	**2.5**	**1.5**	**1.1**	**8.7**	**9.5**	**5.8**	**3.5**
2010-11									
Cataract extraction									
Days waited at 50th percentile	227	57	48	35	87	246	140	126	90
Days waited at 90th percentile	361	196	333	159	349	435	300	285	343
% waited more than 365 days	6.3	0.6	3.7	0.4	6.1	27.3	5.1	3.3	4.1
Cholecystectomy									
Days waited at 50th percentile	61	50	52	28	49	68	70	68	54
Days waited at 90th percentile	240	137	141	163	99	454	261	234	171
% waited more than 365 days	2.1	0.9	0.4	1.9	0.2	14.7	3.4	3.3	1.8

Table 10A.27 **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	16	22	7	14	23	28	13	..	17
Days waited at 90th percentile	77	87	58	63	88	86	49	..	75
% waited more than 365 days	0.2	0.2	–	–	0.5	0.5	–	..	0.2
Cystoscopy									
Days waited at 50th percentile	23	23	28	27	35	28	73	83	25
Days waited at 90th percentile	105	99	126	176	98	112	380	224	115
% waited more than 365 days	1.2	0.6	0.7	2.6	0.4	0.6	11.1	4.4	1.3
Haemorrhoidectomy									
Days waited at 50th percentile	66	63	61	34	55	33	126	60	60
Days waited at 90th percentile	310	248	155	212	220	366	286	250	255
% waited more than 365 days	3.8	4.0	1.0	3.6	2.2	11.1	–	–	3.4
Hysterectomy									
Days waited at 50th percentile	55	49	40	43	54	48	55	71	49
Days waited at 90th percentile	300	137	141	127	169	210	218	224	201
% waited more than 365 days	3.6	0.4	1.1	0.1	0.2	1.4	3.3	–	1.7
Inguinal herniorrhaphy									
Days waited at 50th percentile	70	54	58	33	43	54	82	58	57
Days waited at 90th percentile	329	161	159	168	136	587	290	241	259
% waited more than 365 days	3.3	1.3	0.7	2.3	1.0	15.7	5.2	5.0	2.6
Myringoplasty									
Days waited at 50th percentile	316	84	68	90	182	180	317	147	108
Days waited at 90th percentile	383	356	190	246	354	694	672	539	369
% waited more than 365 days	19.0	9.7	1.1	4.9	7.3	21.7	46.7	23.2	10.7
Myringotomy									
Days waited at 50th percentile	68	49	35	43	48	119	164	22	47
Days waited at 90th percentile	297	139	108	114	110	197	384	106	139
% waited more than 365 days	2.9	0.6	0.2	1.0	–	1.6	11.6	–	0.9
Prostatectomy									
Days waited at 50th percentile	62	29	45	33	49	82	82	56	47
Days waited at 90th percentile	222	174	169	119	91	191	749	154	170
% waited more than 365 days	3.1	2.9	1.4	0.3	0.8	–	23.4	2.0	2.5
Septoplasty									
Days waited at 50th percentile	312	110	58	94	137	231	404	277	159
Days waited at 90th percentile	385	384	263	349	301	721	894	489	382
% waited more than 365 days	18.7	12.2	2.8	9.4	2.5	31.9	55.0	36.4	13.7
Tonsillectomy									
Days waited at 50th percentile	192	97	56	78	71	120	336	64	94
Days waited at 90th percentile	370	330	183	210	263	302	637	385	351
% waited more than 365 days	11.6	5.3	0.9	1.7	0.9	3.3	42.4	13.1	6.5
Total hip replacement									

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Days waited at 50th percentile	149	98	78	80	118	194	253	148	108
Days waited at 90th percentile	363	323	273	237	312	635	581	273	357
% waited more than 365 days	8.0	6.9	4.2	2.9	3.3	33.2	28.6	–	7.6
Total knee replacement									
Days waited at 50th percentile	295	133	109	94	136	377	328	213	173
Days waited at 90th percentile	372	382	350	306	351	717	585	404	376
% waited more than 365 days	13.8	11.7	7.7	5.1	5.7	51.0	42.7	28.8	12.6
Varicose veins stripping and ligation									
Days waited at 50th percentile	101	104	63	68	204	85	319	94	100
Days waited at 90th percentile	350	434	305	274	411	421	584	462	368
% waited more than 365 days	5.3	13.8	4.1	4.8	18.9	19.4	33.8	11.1	10.2
Not available/Not stated									
Days waited at 50th percentile	31	29	25	27	29	29	41	24	28
Days waited at 90th percentile	276	164	126	143	153	272	305	165	184
% waited more than 365 days	2.6	2.4	1.0	1.5	1.6	7.1	7.0	2.9	2.2
Total									
Days waited at 50th percentile	**47**	**36**	**29**	**29**	**38**	**38**	**76**	**33**	**36**
Days waited at 90th percentile	**333**	**182**	**148**	**159**	**208**	**359**	**378**	**223**	**252**
% waited more than 365 days	**3.6**	**2.5**	**1.3**	**1.6**	**2.0**	**9.6**	**10.8**	**3.9**	**2.9**
2011-12									
Cataract extraction									
Days waited at 50th percentile	225	61	51	38	78	244	162	170	91
Days waited at 90th percentile	359	192	363	191	323	551	291	280	344
% waited more than 365 days	5.0	0.5	9.7	0.8	2.3	35.2	1.1	3.1	4.0
Cholecystectomy									
Days waited at 50th percentile	60	54	44	28	42	89	57	63	51
Days waited at 90th percentile	252	161	127	148	104	521	167	267	176
% waited more than 365 days	2.2	1.4	0.4	2.3	0.6	18.0	0.7	3.2	2.0
Coronary artery bypass graft									
Days waited at 50th percentile	23	18	8	25	18	21	20	..	16
Days waited at 90th percentile	85	83	56	78	84	72	70	..	76
% waited more than 365 days	0.1	–	–	–	–	–	–	..	0.1
Cystoscopy									
Days waited at 50th percentile	25	21	24	29	32	27	55	48	25
Days waited at 90th percentile	101	97	93	176	93	132	230	166	108
% waited more than 365 days	0.6	0.5	1.1	2.9	0.4	1.6	2.2	2.6	1.0
Haemorrhoidectomy									
Days waited at 50th percentile	70	63	52	34	36	52	83	131	57
Days waited at 90th percentile	304	263	154	181	120	781	306	228	245
% waited more than 365 days	3.3	4.1	1.3	2.8	0.5	25.4	2.3	0.5	3.2
Hysterectomy									

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Days waited at 50th percentile	58	57	55	39	40	53	60	74	53
Days waited at 90th percentile	307	171	167	120	174	200	217	158	207
% waited more than 365 days	3.2	1.6	1.2	0.2	0.2	1.4	1.5	1.8	1.8
Inguinal herniorrhaphy									
Days waited at 50th percentile	73	60	54	29	33	58	73	73	57
Days waited at 90th percentile	342	175	152	151	142	516	198	283	277
% waited more than 365 days	4.1	1.3	1.1	2.7	1.4	14.9	1.6	7.4	3.1
Myringoplasty									
Days waited at 50th percentile	314	108	82	84	63	130	399	92	106
Days waited at 90th percentile	376	355	290	259	295	702	588	399	364
% waited more than 365 days	18.8	8.7	4.1	2.0	2.6	23.5	56.3	12.5	9.5
Myringotomy									
Days waited at 50th percentile	76	49	31	48	43	91	116	43	49
Days waited at 90th percentile	322	144	110	123	98	194	270	122	145
% waited more than 365 days	2.6	1.6	1.1	0.2	0.5	–	2.0	1.4	1.1
Prostatectomy									
Days waited at 50th percentile	56	33	38	34	36	46	45	55	42
Days waited at 90th percentile	178	187	139	135	90	97	188	106	160
% waited more than 365 days	1.7	2.3	1.4	1.9	0.8	–	3.6	–	1.7
Septoplasty									
Days waited at 50th percentile	320	101	60	99	133	200	323	110	160
Days waited at 90th percentile	372	370	298	358	316	601	552	414	370
% waited more than 365 days	16.0	11.0	4.7	9.0	2.9	22.9	39.6	18.5	11.8
Tonsillectomy									
Days waited at 50th percentile	221	98	61	78	64	103	177	73	97
Days waited at 90th percentile	370	333	253	243	254	336	335	301	358
% waited more than 365 days	13.5	6.3	3.5	3.3	1.7	5.1	5.4	4.3	7.2
Total hip replacement									
Days waited at 50th percentile	193	99	81	95	130	229	193	98	116
Days waited at 90th percentile	365	288	285	266	337	669	434	233	357
% waited more than 365 days	9.6	4.8	4.6	3.4	6.1	30.7	18.6	3.0	7.2
Total knee replacement									
Days waited at 50th percentile	303	123	120	119	173	476	216	123	184
Days waited at 90th percentile	372	343	362	342	362	833	444	490	371
% waited more than 365 days	13.7	8.0	9.2	8.7	8.9	52.2	20.7	14.3	11.6
Varicose veins stripping and ligation									
Days waited at 50th percentile	100	112	77	66	119	66	256	236	103
Days waited at 90th percentile	343	417	356	379	363	667	660	562	365
% waited more than 365 days	3.7	13.3	6.9	11.5	8.2	23.1	33.2	35.9	10.0
Not available/Not stated									
Days waited at 50th percentile	33	29	23	27	28	30	33	27	28

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Days waited at 90th percentile	280	175	122	129	137	264	265	158	181
% waited more than 365 days	2.4	2.4	1.2	1.3	1.2	6.7	5.8	3.0	2.1
Total									
Days waited at 50th percentile	**49**	**36**	**27**	**30**	**34**	**38**	**63**	**39**	**36**
Days waited at 90th percentile	**335**	**189**	**147**	**159**	**191**	**348**	**296**	**219**	**251**
% waited more than 365 days	**3.4**	**2.4**	**2.0**	**1.7**	**1.5**	**9.4**	**6.2**	**3.5**	**2.7**
2012-13									
Cataract extraction									
Days waited at 50th percentile	232	52	44	45	82	275	157	156	91
Days waited at 90th percentile	355	249	219	208	302	753	305	308	338
% waited more than 365 days	3.2	0.8	3.3	1.1	2.5	40.3	0.6	6.6	3.1
Cholecystectomy									
Days waited at 50th percentile	56	60	46	29	30	71	63	58	50
Days waited at 90th percentile	235	188	141	112	90	399	217	170	181
% waited more than 365 days	1.7	1.8	0.9	0.6	0.1	13.0	–	3.4	1.7
Coronary artery bypass graft									
Days waited at 50th percentile	27	20	8	13	15	45	7	..	16
Days waited at 90th percentile	85	85	69	43	55	134	56	..	77
% waited more than 365 days	0.2	0.3	0.2	–	–	–	–	..	0.2
Cystoscopy									
Days waited at 50th percentile	25	21	24	22	30	34	34	50	23
Days waited at 90th percentile	104	96	100	136	97	182	168	158	108
% waited more than 365 days	0.6	0.5	1.5	2.2	0.5	1.8	0.5	3.2	0.9
Haemorrhoidectomy									
Days waited at 50th percentile	67	79	56	36	19	68	86	75	58
Days waited at 90th percentile	310	284	210	121	90	754	235	226	257
% waited more than 365 days	3.0	4.4	3.6	0.2	0.2	22.8	–	6.6	3.5
Hysterectomy									
Days waited at 50th percentile	60	60	55	35	42	70	55	60	53
Days waited at 90th percentile	316	213	171	120	131	237	189	254	218
% waited more than 365 days	2.3	2.6	1.8	–	–	4.1	0.7	6.6	1.9
Inguinal herniorrhaphy									
Days waited at 50th percentile	71	71	65	34	29	99	81	52	60
Days waited at 90th percentile	337	232	181	120	119	633	232	133	284
% waited more than 365 days	3.4	2.7	2.2	0.8	0.2	25.9	0.7	0.7	3.1
Myringoplasty									
Days waited at 50th percentile	303	131	84	87	68	80	399	143	123
Days waited at 90th percentile	383	374	322	279	364	553	525	386	365
% waited more than 365 days	15.3	11.3	6.2	3.4	9.2	16.7	62.5	10.3	9.7
Myringotomy									
Days waited at 50th percentile	68	51	36	51	42	71	59	73	49

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*
Days waited at 90th percentile	329	171	103	133	96	266	296	177	141
% waited more than 365 days	2.3	2.0	0.9	0.2	0.2	4.7	4.7	2.3	1.3
Prostatectomy									
Days waited at 50th percentile	53	27	36	31	36	52	65	63	39
Days waited at 90th percentile	198	179	168	147	107	121	139	157	167
% waited more than 365 days	1.8	1.8	2.3	1.0	0.5	–	1.9	–	1.7
Septoplasty									
Days waited at 50th percentile	327	129	76	124	100	272	340	117	197
Days waited at 90th percentile	377	569	379	390	331	584	572	443	389
% waited more than 365 days	16.6	18.7	12.2	13.6	2.3	31.9	31.8	22.9	15.7
Tonsillectomy									
Days waited at 50th percentile	258	105	56	88	69	96	170	75	98
Days waited at 90th percentile	366	354	216	259	279	448	377	363	359
% waited more than 365 days	10.1	8.4	4.3	4.6	1.5	16.4	13.4	9.6	7.3
Total hip replacement									
Days waited at 50th percentile	195	105	78	92	108	372	136	107	115
Days waited at 90th percentile	362	309	347	271	317	831	373	281	357
% waited more than 365 days	7.4	5.8	7.8	4.2	3.0	50.8	10.7	2.2	7.5
Total knee replacement									
Days waited at 50th percentile	297	141	153	105	153	615	177	121	196
Days waited at 90th percentile	368	368	462	312	342	962	448	366	374
% waited more than 365 days	11.3	10.1	18.2	5.6	3.3	66.7	19.0	11.1	12.1
Varicose veins stripping and ligation									
Days waited at 50th percentile	97	144	56	70	88	39	157	98	96
Days waited at 90th percentile	353	403	317	342	339	273	545	387	356
% waited more than 365 days	4.7	12.5	4.9	7.3	3.4	3.6	14.7	11.1	7.7
Not available/Not stated									
Days waited at 50th percentile	32	29	23	26	28	29	29	26	28
Days waited at 90th percentile	283	209	139	132	129	225	211	139	195
% waited more than 365 days	2.1	3.3	1.9	1.2	0.7	5.8	3.9	1.9	2.2
Total									
Days waited at 50th percentile	**50**	**36**	**27**	**30**	**34**	**41**	**51**	**40**	**36**
Days waited at 90th percentile	**335**	**223**	**163**	**159**	**182**	**406**	**277**	**196**	**265**
% waited more than 365 days	**2.8**	**3.3**	**2.5**	**1.5**	**1.0**	**11.5**	**4.1**	**3.3**	**2.7**

(a) 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.

Table 10A.27 **Elective surgery waiting times, by indicator procedure**

	NSW	*Vic*	*Qld* (a)	*WA*	*SA*	*Tas (b)*	*ACT*	*NT*	*Aust*

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

Source: AIHW various years, *Australian hospital statistics*, Health Services Series, AIHW, Canberra; AIHW (2013), *Australian hospital statistics 2012–13: elective surgery waiting times*. Health services series no. 51. Cat. no. HSE 140. Canberra: AIHW

Table 10A.28 **NSW elective surgery waiting times by clinical urgency category, public hospitals (per cent) (a), (b)**

	2002-03	*2003-04*	*2004-05*	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Per cent of patients on waiting lists with extended waits (c)										
Category 1 (over 30 days)	na	na	38.9	15.7	5.1	1.5	3.3	0.1	0.3	1.2
Category 2 (over 90 days)	na	na	40.2	38.7	28.9	16.2	7.4	1.2	0.4	0.9
Category 3 (over 12 months)	na	na	10.6	0.1	0.2	0.1	1.3	2.0	0.2	0.3
All patients	na	na	22.7	13.7	8.5	3.7	2.5	1.8	0.2	0.4
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	na	na	21.7	22.8	12.9	7.9	7.2	7.9	7.4	6.3
Category 2 (over 90 days)	na	na	28.8	29.5	25.5	24.3	14.5	15.9	10.3	9.8
Category 3 (over 12 months)	na	na	20.8	15.8	4.4	4.6	6.4	12.1	8.8	8.4
All patients	na	na	23.6	22.9	14.2	12.5	9.2	12.1	8.9	8.3
Waiting time data coverage										
Per cent of elective surgery separations	na	na	100.0	100.0	100.0	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.

na Not available.

Source: NSW Government (unpublished).

Table 10A.29 **NSW elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	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	95	99	692	243	44	74	116	71	349	143	27
No. of extended wait patients	11	1	5	1	–	–	–	1	1	4	–
% overdue	11.6	1.0	0.7	0.4	–	–	–	1.4	0.3	2.8	–
Category 2											
No. patients on waiting list	145	904	3 584	1 860	236	699	1 069	482	2 054	224	94
No. of extended wait patients	–	9	46	5	6	–	12	1	22	1	1
% overdue	–	1.0	1.3	0.3	2.5	–	1.1	0.2	1.1	0.4	1.1
Category 3											
No. patients on waiting list	42	8 055	8 206	3 960	837	14 795	16 003	1 581	1 791	551	154
No. of extended wait patients	–	35	35	22	12	8	58	3	1	3	–
% overdue	–	0.4	0.4	0.6	1.4	0.1	0.4	0.2	0.1	0.5	–
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	1 813	2 507	17 619	7 038	1 297	1 793	5 312	2 779	6 533	3 092	932
No. of extended wait patients	162	142	1 006	394	57	35	168	88	919	182	41
% overdue	8.9	5.7	5.7	5.6	4.4	2.0	3.2	3.2	14.1	5.9	4.4
Category 2											
No. patients admitted from waiting list	1 340	4 102	20 631	12 118	1 303	4 835	6 001	2 650	10 845	1 335	696
No. of extended wait patients	105	755	1 981	790	123	249	628	251	1 422	67	59
% overdue	7.8	18.4	9.6	6.5	9.4	5.1	10.5	9.5	13.1	5.0	8.5

Table 10A.29 **NSW elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Waiting time at Census date											
Category 3											
No. patients admitted from waiting list	262	8 917	14 778	7 553	1 269	20 228	19 259	2 824	5 483	1 106	323
No. of extended wait patients	2	1 507	968	323	151	1 288	2 176	150	245	44	18
% overdue	0.8	16.9	6.6	4.3	11.9	6.4	11.3	5.3	4.5	4.0	5.6

– Nil or rounded to zero.

Source: NSW Government (unpublished).

Table 10A.30 **Victorian elective surgery waiting times by clinical urgency category, public hospitals (per cent) (a), (b)**

	2002-03	*2003-04*	*2004-05*	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Per cent of patients on waiting lists with extended waits (c)										
Category 1 (over 30 days)	–	0.1	0.7	–	–	–	–	–	–	–
Category 2 (over 90 days)	39.1	43.3	42.3	36.8	34.0	35.1	32.9	29.9	28.0	34.0
Category 3 (over 12 months)	27.1	24.8	20.8	14.2	10.5	9.3	9.3	6.8	6.8	9.4
All patients	31.1	31.8	29.7	23.8	20.5	21.3	20.3	17.4	16.3	20.6
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	–	–	0.0	–	–	–	–	–	–	–
Category 2 (over 90 days)	20.5	20.4	23.6	27.7	25.3	29.9	27.0	27.0	25.4	27.7
Category 3 (over 12 months)	8.8	7.5	8.7	10.3	8.5	9.7	7.9	8.0	7.4	8.5
All patients	12.4	11.9	13.7	16.2	14.5	16.5	14.6	15.1	13.9	14.9
Waiting time data coverage										
Per cent of elective surgery separations	70.1	76.3	77.0	77.9	77.9	78.1	79.2	79.6	78.0	77.0

(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.

– Nil or rounded to zero.

Source: Victorian Government (unpublished).

Table 10A.31 **Victorian elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	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	71	58	380	206	32	66	48	202	457	41	28
No. of extended wait patients	–	–	–	–	–	–	–	–	–	–	–
% overdue	–	–	–	–	–	–	–	–	–	–	–
Category 2											
No. patients on waiting list	259	1 906	5 216	2 618	588	583	4 769	2 143	2 556	378	366
No. of extended wait patients	73	687	1 629	660	219	10	2 077	1 009	761	140	14
% overdue	28.2	36.0	31.2	25.2	37.2	1.7	43.6	47.1	29.8	37.0	3.8
Category 3											
No. patients on waiting list	74	4 003	4 043	1 679	205	4 320	3 918	2 623	913	924	243
No. of extended wait patients	3	611	400	48	10	76	312	482	67	142	8
% overdue	4.1	15.3	9.9	2.9	4.9	1.8	8.0	18.4	7.3	15.4	3.3
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	1 484	2 061	10 067	5 867	851	2 135	3 664	8 083	10 218	1 101	876
No. of extended wait patients	–	–	–	–	–	–	–	–	1	–	–
% overdue	–	–	–	–	–	–	–	–	0.0	–	–
Category 2											
No. patients admitted from waiting list	1 229	6 182	16 481	9 751	1 745	4 864	11 782	5 999	10 654	1 176	2 159
No. of extended wait patients	276	2 092	4 843	2 095	633	230	4 957	1 796	2 527	319	158
% overdue	22.5	33.8	29.4	21.5	36.3	4.7	42.1	29.9	23.7	27.1	7.3

Table 10A.31 **Victorian elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Waiting time at Census date											
Category 3											
No. patients admitted from waiting list	203	4 540	5 803	2 311	224	11 198	4 404	2 428	2 677	694	437
No. of extended wait patients	3	624	471	211	11	128	720	545	94	159	5
% overdue	1.5	13.7	8.1	9.1	4.9	1.1	16.3	22.4	3.5	22.9	1.1

– Nil or rounded to zero.

Source: Victorian Government (unpublished).

Table 10A.32 **Queensland elective surgery waiting times, by clinical urgency category, public hospitals (per cent) (a), (b)**

	2002-03	*2003-04*	*2004-05*	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Per cent of patients on waiting lists with extended waits (c)										
Category 1 (over 30 days)	2.3	1.1	5.4	11.0	6.4	8.0	6.4	8.4	10.4	7.8
Category 2 (over 90 days)	5.3	2.3	11.3	20.5	20.5	21.4	22.1	28.2	21.1	26.6
Category 3 (over 12 months)	38.2	34.1	30.5	32.8	32.5	24.4	15.5	1.1	3.4	8.0
All patients	26.0	21.8	22.2	26.5	25.6	21.6	17.8	16.3	12.6	16.8
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	9.3	9.5	10.4	14.3	13.2	14.7	13.0	12.8	13.5	12.3
Category 2 (over 90 days)	11.8	10.1	9.4	15.6	17.7	16.9	18.4	21.3	24.9	22.5
Category 3 (over 12 months)	13.0	12.7	8.5	10.2	11.7	11.2	8.7	11.3	6.2	10.2
All patients	11.1	10.5	9.6	14.1	14.9	15.0	14.7	16.3	17.6	16.5
Waiting time data coverage										
Per cent of elective surgery separations	95.0	95.0	95.0	95.0	95.0	98.0	98.0	98.0	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.

Source: Queensland Government (unpublished).

Table 10A.33 **Queensland elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	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	120	181	821	484	78	190	302	320	715	86	57
No. of extended wait patients	7	3	3	16	13	–	25	40	96	3	1
% overdue	5.8	1.7	0.4	3.3	16.7	–	8.3	12.5	13.4	3.5	1.8
Category 2											
No. patients on waiting list	239	1 860	4 390	2 189	448	905	4 835	1 234	1 373	219	127
No. of extended wait patients	11	326	893	320	235	93	2 045	342	438	30	9
% overdue	4.6	17.5	20.3	14.6	52.5	10.3	42.3	27.7	31.9	13.7	7.1
Category 3											
No. patients on waiting list	58	1 785	2 540	1 691	100	3 153	5 375	995	667	122	165
No. of extended wait patients	2	110	181	55	17	184	588	101	81	8	11
% overdue	3.4	6.2	7.1	3.3	17.0	5.8	10.9	10.2	12.1	6.6	6.7
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	2 070	3 256	13 349	6 222	1 051	1 364	8 562	4 203	5 511	1 762	769
No. of extended wait patients	238	269	1 481	662	91	130	455	903	1 472	141	66
% overdue	11.5	8.3	11.1	10.6	8.7	9.5	5.3	21.5	26.7	8.0	8.6
Category 2											
No. patients admitted from waiting list	839	6 327	13 425	8 443	665	4 982	9 904	3 366	3 685	775	1 228
No. of extended wait patients	82	1 373	2 887	1 659	176	577	3 295	975	747	86	187
% overdue	9.8	21.7	21.5	19.6	26.5	11.6	33.3	29.0	20.3	11.1	15.2

Table 10A.33 **Queensland elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Category 3											
No. patients admitted from waiting list	100	1 877	2 923	2 243	113	4 117	5 158	961	576	154	343
No. of extended wait patients	1	180	227	108	16	780	456	49	46	11	23
% overdue	1.0	9.6	7.8	4.8	14.2	18.9	8.8	5.1	8.0	7.1	6.7

– Nil or rounded to zero.

Source: Queensland Government (unpublished).

Table 10A.34 **WA elective surgery waiting times, by clinical urgency category, public hospitals (per cent) (a), (b)**

	2002-03	*2003-04*	*2004-05*	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Per cent of patients on waiting lists with extended waits (c)										
Category 1 (over 30 days)	39.2	37.5	40.9	27.4	26.2	13.9	21.1	11.7	16.4	14.5
Category 2 (over 90 days)	48.0	47.2	52.4	53.0	46.2	40.1	30.1	28.8	25.2	23.8
Category 3 (over 12 months)	29.7	23.5	24.9	19.7	6.5	4.1	3.1	2.6	3.5	4.1
All patients	34.8	31.1	34.2	31.8	21.9	17.0	14.2	12.1	11.0	10.8
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	15.3	16.4	17.8	18.9	28.8	12.3	14.1	14.5	12.7	15.4
Category 2 (over 90 days)	23.5	28.7	31.8	32.1	44.0	30.2	24.7	24.1	19.3	17.4
Category 3 (over 12 months)	6.4	7.4	7.6	8.3	24.3	5.4	4.5	3.1	3.2	3.5
All patients	13.6	15.8	17.3	18.4	31.6	16.0	14.3	13.8	11.3	11.1
Waiting time data coverage										
Per cent of elective surgery separations	77.0	76.0	72.0	76.0	67.0	79.0	78.0	79.0	92.0	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.

Source: WA Government (unpublished).

Table 10A.35 **WA elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	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	38	47	128	41	16	38	59	159	199	24	190
No. of extended wait patients	8	6	15	4	1	2	8	20	46	2	24
% overdue	21.1	12.8	11.7	9.8	6.3	5.3	13.6	12.6	23.1	8.3	12.6
Category 2											
No. patients on waiting list	27	568	990	366	99	395	1 239	364	667	161	467
No. of extended wait patients	–	160	229	21	38	82	303	122	194	49	74
% overdue	–	28.2	23.1	5.7	38.4	20.8	24.5	33.5	29.1	30.4	15.8
Category 3											
No. patients on waiting list	23	1 581	1 440	739	133	3 024	2 116	361	536	210	785
No. of extended wait patients	–	90	92	2	7	75	116	27	16	19	6
% overdue	–	5.7	6.4	0.3	5.3	2.5	5.5	7.5	3.0	9.0	0.8
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	572	810	3 776	1 590	253	711	1 810	2 391	2 571	491	3 919
No. of extended wait patients	–	101	416	70	45	75	162	509	587	49	768
% overdue	–	12.5	11.0	4.4	17.8	10.5	9.0	21.3	22.8	10.0	19.6
Category 2											
No. patients admitted from waiting list	169	2 138	7 203	2 212	369	1 901	4 898	1 412	4 140	627	3 057
No. of extended wait patients	27	458	752	100	112	329	1 418	410	845	83	346
% overdue	16.0	21.4	10.4	4.5	30.4	17.3	29.0	29.0	20.4	13.2	11.3

Table 10A.35 **WA elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Category 3											
No. patients admitted from waiting list	76	3 265	5 403	3 548	166	9 589	4 375	654	2 776	316	3 665
No. of extended wait patients	–	210	273	9	5	148	298	62	127	37	17
% overdue	–	6.4	5.1	0.3	3.0	1.5	6.8	9.5	4.6	11.7	0.5

– Nil or rounded to zero.

Source: WA Government (unpublished).

Table 10A.36 **SA elective surgery waiting times, by clinical urgency category, public hospitals (a), (b)**

	2002-03	*2003-04*	*2004-05*	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Per cent of patients on waiting lists with extended waits (c)										
Category 1 (over 30 days)	17.0	27.1	19.8	22.9	21.6	26.0	0.8	2.5	0.1	–
Category 2 (over 90 days)	22.1	26.0	27.9	20.8	16.8	11.2	1.1	1.1	0.1	–
Category 3 (over 12 months)	18.3	20.7	13.5	12.2	11.3	6.5	0.1	0.1	–	–
All patients	18.8	22.2	17.1	15.1	13.5	9.3	0.3	0.5	–	–
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	13.5	17.6	20.0	22.4	22.5	21.5	17.4	11.2	13.2	9.9
Category 2 (over 90 days)	15.6	18.6	24.9	22.9	22.1	27.1	15.6	10.9	12.7	16.8
Category 3 (over 12 months)	4.9	6.2	9.4	10.5	9.5	11.4	7.2	3.1	6.1	3.9
All patients	10.1	13.0	16.9	18.0	17.4	19.2	13.2	8.4	10.7	7.8
Waiting time data coverage										
Per cent of elective surgery separations	62.3	62.5	62.2	60.4	61.6	67.7	70.6	70.7	70.7	100.0

(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.

– Nil or rounded to zero.

Source : SA Government (unpublished).

Table 10A.37 **SA elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	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	21	46	176	98	13	27	27	127	100	35	4
No. of extended wait patients	–	–	–	–	–	–	–	–	–	–	–
% overdue	–	–	–	–	–	–	–	–	–	–	–
Category 2											
No. patients on waiting list	29	377	791	428	71	246	257	381	497	21	16
No. of extended wait patients	–	–	–	–	1	–	–	–	–	–	–
% overdue	–	–	–	–	1.4	–	–	–	–	–	–
Category 3											
No. patients on waiting list	9	1 264	1 142	715	48	2 831	2 687	673	341	14	33
No. of extended wait patients	–	–	–	–	–	–	–	–	–	–	–
% overdue	–	–	–	–	–	–	–	–	–	–	–
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	749	1 254	3 926	4 019	279	808	1 279	2 268	2 145	823	121
No. of extended wait patients	169	81	322	118	24	76	37	237	629	64	–
% overdue	22.6	6.5	8.2	2.9	8.6	9.4	2.9	10.4	29.3	7.8	–
Category 2											
No. patients admitted from waiting list	266	2 802	6 060	3 438	319	1 319	1 745	2 373	3 054	167	185
No. of extended wait patients	98	222	615	154	53	205	231	247	510	6	3
% overdue	36.8	7.9	10.1	4.5	16.6	15.5	13.2	10.4	16.7	3.6	1.6

Table 10A.37 **SA elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Category 3											
No. patients admitted from waiting list	26	2 482	4 265	3 170	88	6 882	5 858	1 156	1 624	95	153
No. of extended wait patients	1	79	155	12	4	215	359	125	40	4	1
% overdue	3.8	3.2	3.6	0.4	4.5	3.1	6.1	10.8	2.5	4.2	0.7

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

Source: SA Government (unpublished).

Table 10A.38 **Tasmanian elective surgery waiting times, by clinical urgency category, public hospitals (a), (b)**

	2002-03	*2003-04*	*2004-05*	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Per cent of patients on waiting lists with extended waits (c)										
Category 1 (over 30 days)	na	na	na	52.0	39.7	46.4	48.0	55.3	55.6	39.0
Category 2 (over 90 days)	na	na	na	66.0	64.8	68.5	68.6	66.7	66.7	70.0
Category 3 (over 12 months)	na	na	na	31.0	32.0	40.3	27.2	22.7	25.6	34.0
All patients	na	na	na	49.0	48.8	54.4	51.3	49.4	51.1	53.0
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	na	na	na	28.0	25.0	23.4	27.1	23.3	28.0	24.0
Category 2 (over 90 days)	na	na	na	43.0	46.1	51.2	48.2	45.3	39.0	40.0
Category 3 (over 12 months)	na	na	na	23.0	22.6	28.8	28.5	19.8	28.0	28.0
All patients	na	na	na	32.0	32.4	34.4	35.1	31.6	33.0	32.0
Waiting time data coverage										
Per cent of elective surgery separations	na	na	na	100.0	100.0	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.

na Not available.

Source: Tasmanian Government (unpublished).

Table 10A.39 **Tasmania elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	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	48	20	145	42	39	14	30	49	95	6	–
No. of extended wait patients	22	10	59	6	19	5	13	8	46	1	–
% overdue	45.8	50.0	40.7	14.3	48.7	35.7	43.3	16.3	48.4	16.7	..
Category 2											
No. patients on waiting list	–	232	876	173	151	853	1 260	185	367	14	–
No. of extended wait patients	–	139	531	26	116	737	995	114	213	9	–
% overdue	..	59.9	60.6	15.0	76.8	86.4	79.0	61.6	58.0	64.3	..
Category 3											
No. patients on waiting list	–	168	803	229	7	784	637	211	385	14	–
No. of extended wait patients	–	38	520	8	–	115	199	79	142	4	–
% overdue	..	22.6	64.8	3.5	–	14.7	31.2	37.4	36.9	28.6	..
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	411	397	1 797	808	176	229	420	1 064	794	85	1
No. of extended wait patients	152	180	431	69	93	31	105	232	176	12	–
% overdue	37.0	45.3	24.0	8.5	52.8	13.5	25.0	21.8	22.2	14.1	–
Category 2											
No. patients admitted from waiting list	–	470	2 009	1 145	109	474	1 318	515	849	89	–
No. of extended wait patients	–	216	716	211	83	258	824	246	205	10	–
% overdue	..	46.0	35.6	18.4	76.1	54.4	62.5	47.8	24.1	11.2	..

Table 10A.39 **Tasmania elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Category 3											
No. patients admitted from waiting list	–	235	506	392	2	556	546	91	335	28	–
No. of extended wait patients	–	25	177	20	–	236	230	25	44	6	–
% overdue	..	10.6	35.0	5.1	–	42.4	42.1	27.5	13.1	21.4	..

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

Source: Tasmanian Government (unpublished).

Table 10A.40 **ACT elective surgery waiting times, by clinical urgency category, public hospitals (a), (b)**

	2002-03	*2003-04*	*2004-05*	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Per cent of patients on waiting lists with extended waits (c)										
Category 1 (over 30 days)	6.6	–	0.8	0.9	6.8	6.6	0.8	6.6	1.1	–
Category 2 (over 90 days)	55.8	52.1	60.9	54.2	54.0	54.5	51.2	58.3	50.1	41.1
Category 3 (over 12 months)	32.5	30.2	34.2	34.1	24.3	20.9	15.4	20.2	14.6	5.7
All patients	41.5	38.6	45.3	42.8	38.7	38.5	34.4	40.2	33.5	22.2
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	8.8	2.2	9.2	3.7	7.2	4.1	5.9	6.4	9.8	2.5
Category 2 (over 90 days)	47.1	47.5	55.6	48.3	49.1	53.4	54.9	56.3	55.1	49.3
Category 3 (over 12 months)	18.1	28.2	30.2	27.0	30.4	29.0	24.8	22.0	23.6	14.7
All patients	26.6	27.3	32.5	29.9	32.4	34.0	34.5	34.4	34.9	27.9
Waiting time data coverage										
Per cent of elective surgery separations	100.0	100.0	100.0	100.0	100.0	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.

– Nil or rounded to zero.

Source: ACT Government (unpublished).

Table 10A.41 **ACT elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	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	1	2	20	9	6	18	10	13	51	4	8
No. of extended wait patients	–	–	–	–	–	–	–	–	–	–	–
% overdue	–	–	–	–	–	–	–	–	–	–	–
Category 2											
No. patients on waiting list	9	129	271	114	16	78	707	43	330	18	185
No. of extended wait patients	1	30	61	10	6	17	450	14	124	4	63
% overdue	11.1	23.3	22.5	8.8	37.5	21.8	63.6	32.6	37.6	22.2	34.1
Category 3											
No. patients on waiting list	–	474	93	79	2	716	313	27	118	87	74
No. of extended wait patients	–	43	1	1	–	–	39	7	3	11	8
% overdue	..	9.1	1.1	1.3	–	–	12.5	25.9	2.5	12.6	10.8
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	91	141	679	406	86	166	249	482	475	266	375
No. of extended wait patients	12	–	13	7	–	5	1	2	27	8	12
% overdue	13.2	–	1.9	1.7	–	3.0	0.4	0.4	5.7	3.0	3.2
Category 2											
No. patients admitted from waiting list	86	602	1 062	555	88	268	1 186	203	836	116	490
No. of extended wait patients	7	428	363	119	20	96	852	103	363	53	306
% overdue	8.1	71.1	34.2	21.4	22.7	35.8	71.8	50.7	43.4	45.7	62.4

Table 10A.41 **ACT elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Category 3											
No. patients admitted from waiting list	1.0	373	136	217	4	909	264	26	167	170	125
No. of extended wait patients	–	133	7	11	–	16	68	15	13	69	20
% overdue	–	35.7	5.1	5.1	–	1.8	25.8	57.7	7.8	40.6	16.0

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

Source: ACT Government (unpublished).

Table 10A.42 **NT elective surgery waiting times, by clinical urgency category, public hospitals (a), (b)**

	2002-03	*2003-04*	*2004-05*	*2005-06*	*2006-07*	*2007-08*	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Per cent of patients on waiting lists with extended waits (c)										
Category 1 (over 30 days)	57.8	41.9	61.4	53.6	53.7	57.0	49.7	37.2	23.7	15.6
Category 2 (over 90 days)	52.0	55.8	64.2	57.0	51.7	52.4	50.0	42.9	38.4	30.4
Category 3 (over 12 months)	26.5	34.7	42.2	42.6	39.3	35.8	24.2	15.0	16.7	6.1
All patients	35.8	42.6	55.9	49.0	45.9	44.9	39.1	27.7	25.6	17.0
Per cent of patients admitted from waiting lists with extended waits										
Category 1 (over 30 days)	14.5	19.0	17.2	16.7	19.2	19.6	24.3	23.5	18.6	16.1
Category 2 (over 90 days)	24.0	30.5	30.5	31.0	43.0	37.9	41.6	47.8	41.2	32.8
Category 3 (over 12 months)	14.6	14.8	14.9	22.7	39.9	29.1	19.7	19.1	17.9	16.3
All patients	17.9	22.1	21.5	22.5	31.1	28.6	29.8	32.2	27.1	23.0
Waiting time data coverage (d)										
Per cent of elective surgery separations	70.6	68.3	71.7	100.0	100.0	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) 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.

(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.43 **NT elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	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	8	54	17	na	3	17	8	4	2	9
No. of extended wait patients	na	–	7	–	na	–	7	1	1	–	3
% overdue	na	–	13.0	–	na	–	41.2	12.5	25.0	–	33.3
Category 2											
No. patients on waiting list	na	157	350	130	na	234	172	30	27	11	7
No. of extended wait patients	na	40	87	23	na	143	37	4	3	2	1
% overdue	na	25.5	24.9	17.7	na	61.1	21.5	13.3	11.1	18.2	14.3
Category 3											
No. patients on waiting list	na	251	360	95	na	424	117	61	35	14	10
No. of extended wait patients	na	12	27	13	na	13	12	1	4	1	–
% overdue	na	4.8	7.5	13.7	na	3.1	10.3	1.6	11.4	7.1	–
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	na	144	1 066	974	na	53	301	107	64	24	73
No. of extended wait patients	na	26	218	83	na	4	68	16	25	5	7
% overdue	na	18.1	20.5	8.5	na	7.5	22.6	15.0	39.1	20.8	9.6
Category 2											
No. patients admitted from waiting list	na	376	1 248	434	na	340	372	90	68	35	27
No. of extended wait patients	na	94	451	108	na	153	116	25	17	13	3
% overdue	na	25.0	36.1	24.9	na	45.0	31.2	27.8	25.0	37.1	11.1

Table 10A.43 **NT elective surgery waiting times, public hospitals, by clinical urgency category and surgical specialty, 2011-12**

	Cardio-thoracic	*Ear, Nose & Throat*	*General*	*Gynae-cology*	*Neuro-surgery*	*Opthal-mology*	*Ortho-paedic*	*Plastic*	*Urology*	*Vascular*	*Other*
Waiting time at Census date											
Category 3											
No. patients admitted from waiting list	na	190	396	164	na	449	144	18	31	17	25
No. of extended wait patients	na	48	106	19	na	16	24	6	8	6	–
% overdue	na	25.3	26.8	11.6	na	3.6	16.7	33.3	25.8	35.3	–

– Nil or rounded to zero. **na** Not available.

Source : NT Government (unpublished).

Table 10A.44 **Proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission, public hospitals (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
2011-12									
Principal referral and specialist women's and children's hospitals									
Resuscitation	43	53	42	61	52	59	61	53	48
Emergency	21	34	22	53	30	29	41	23	29
Urgent	16	27	19	49	24	18	28	21	24
Semi-urgent	19	29	22	51	28	20	27	19	26
Non-urgent	36	48	42	60	42	33	44	35	41
Total (c)	19	30	21	51	28	22	32	22	26
Large hospitals									
Resuscitation	42	56	47	59	40	81	..	..	49
Emergency	28	35	23	57	57	42	..	..	36
Urgent	21	32	21	51	52	36	..	..	30
Semi-urgent	21	34	29	48	51	44	..	..	30
Non-urgent	51	66	49	66	61	86	..	..	58
Total (c)	23	34	23	52	53	41	..	..	32
All hospitals (d)									
Resuscitation	44	53	43	61	53	62	61	53	49
Emergency	25	35	24	54	36	30	41	28	32
Urgent	21	29	20	50	33	21	28	28	27
Semi-urgent	23	30	25	51	37	24	27	29	29
Non-urgent	43	53	46	62	52	43	44	60	48
Total (c)	24	31	23	52	36	25	32	29	29
2012-13									
Principal referral and specialist women's and children's hospitals									
Resuscitation	43	57	54	59	53	56	62	49	51
Emergency	28	44	37	49	35	31	40	20	36
Urgent	23	36	36	42	29	18	24	19	31
Semi-urgent	27	35	43	44	32	19	28	16	33
Non-urgent	46	50	60	52	51	36	40	33	49
Total (c)	26	38	38	45	32	22	29	19	33
Large hospitals									
Resuscitation	44	44	54	54	39	69	..	..	48
Emergency	36	40	55	56	52	37	..	..	45
Urgent	29	31	51	42	44	34	..	..	37
Semi-urgent	31	33	57	41	44	42	..	..	36
Non-urgent	64	58	66	53	61	77	..	..	62
Total (c)	32	34	53	46	46	38	..	..	39
All hospitals (d)									

Table 10A.44 **Proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission, public hospitals (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Resuscitation	44	56	54	59	55	56	62	48	52
Emergency	32	44	40	52	41	32	40	23	39
Urgent	27	36	39	43	38	22	24	23	34
Semi-urgent	30	36	45	45	43	24	28	24	35
Non-urgent	53	53	62	55	61	47	40	50	54
Total (c)	30	38	41	46	41	25	29	24	36

(a) Includes presentations for all Types of visit.

(b) Length of stay is calculated as the length of time between presentation to the emergency department and physical departure.

(c) The total includes presentations for which the triage category was not reported.

(d) All hospitals includes hospitals in peer groups other than Principal referral and specialist women's and children's hospitals and Large hospitals.

.. Not applicable.

Source: AIHW (2012), *Australian hospital statistics 2011–1*2: emergency department care, Health services series no. 45. Cat. no. HSE 126. Canberra: AIHW (2013), *Australian hospital statistics 2012–13: emergency department care* , Health services series no. 52. Cat. no. HSE 142. Canberra.

Table 10A.45 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2011-12 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Cataract extraction									
Hospital sector									
Public	2.6	3.1	1.6	4.3	3.5	1.3	3.5	5.1	2.7
Private	6.2	5.3	7.4	6.2	4.9	9.0	2.9	3.0	6.1
Indigenous status (d)									
Indigenous	7.0	7.7	5.8	9.3	9.6	5.9	12.4	6.9	7.2
Other Australians	8.6	8.3	8.7	10.2	8.4	10.1	6.1	7.7	8.7
Remoteness of residence (e)									
Major cities	8.4	8.2	8.7	10.6	8.1	..	5.3	..	8.5
Inner regional	9.6	9.0	9.4	11.3	9.3	7.2	np	..	9.4
Outer regional	8.5	8.5	9.5	9.5	9.7	8.0	..	9.2	9.0
Remote	7.9	10.6	8.3	9.0	8.2	6.3	..	5.6	8.1
Very remote	9.2	..	7.7	7.5	5.0	7.2	..	6.7	7.4
Socioeconomic status of area of residence (f)									
1–Lowest	8.4	8.0	8.9	10.5	9.2	7.5	28.2	7.0	8.5
2	8.6	8.7	9.6	10.6	8.3	11.7	26.6	9.4	8.9
3	9.6	8.7	8.8	10.1	7.6	7.9	12.7	9.5	9.1
4	7.8	8.1	9.1	10.9	8.6	4.6	7.4	7.3	8.5
5–Highest	9.0	8.4	8.6	10.8	7.4	..	5.0	11.5	8.7
Total	8.7	8.4	9.0	10.5	8.4	10.3	6.4	8.1	8.8
Cholecystectomy									
Hospital sector									
Public	1.4	1.4	1.2	1.1	1.4	1.4	1.4	1.2	1.3
Private	0.8	0.8	1.1	0.9	0.9	1.0	1.1	0.5	0.9
Indigenous status (d)									
Indigenous	3.2	3.5	2.8	3.2	3.2	2.9	4.4	2.6	3.0
Other Australians	2.2	2.2	2.4	2.0	2.3	2.4	2.5	1.5	2.2
Remoteness of residence (e)									
Major cities	2.1	2.1	2.3	1.9	2.2	..	2.1	..	2.2
Inner regional	2.4	2.6	2.6	2.5	2.4	2.4	np	..	2.5
Outer regional	2.4	2.8	2.2	2.2	2.7	2.4	..	1.3	2.3
Remote	2.8	4.6	2.6	2.1	2.4	2.7	..	2.2	2.4
Very remote	2.7	..	2.0	1.7	2.0	np	..	2.2	1.9
Socioeconomic status of area of residence (f)									
1–Lowest	2.6	2.4	2.7	2.5	2.8	2.4	11.8	1.8	2.6
2	2.2	2.6	2.5	2.3	2.3	3.0	11.4	2.3	2.4
3	2.4	2.3	2.4	2.0	2.2	2.7	3.3	2.8	2.3
4	2.1	2.2	2.3	2.0	1.9	1.7	2.8	0.8	2.1
5–Highest	1.8	1.8	2.1	1.7	1.7	..	2.1	1.4	1.8

Table 10A.45 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2011-12 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	2.2	2.2	2.4	2.0	2.3	2.4	2.5	1.7	2.2
Coronary angioplasty									
Hospital sector									
Public	0.9	0.8	0.8	0.9	1.0	1.0	1.9	..	0.9
Private	0.6	0.8	0.7	0.7	0.5	0.2	0.9	..	0.7
Indigenous status (d)									
Indigenous	2.1	2.5	2.0	2.8	6.3	1.2	7.1	..	2.2
Other Australians	1.5	1.6	1.5	1.6	1.5	1.2	2.7	..	1.5
Remoteness of residence (e)									
Major cities	1.6	1.6	1.4	1.6	1.4	..	1.8	..	1.5
Inner regional	1.2	1.6	1.6	1.6	1.4	1.2	np	..	1.5
Outer regional	1.1	1.6	1.5	1.4	2.1	1.1	..	..	1.4
Remote	1.7	1.8	1.3	1.3	2.3	1.2	..	..	1.4
Very remote	1.9	..	1.5	1.2	4.1	np	..	..	1.4
Socioeconomic status of area of residence (f)									
1–Lowest	1.3	1.5	1.6	1.7	1.7	1.1	45.8	..	1.4
2	1.4	1.8	1.7	1.7	1.5	1.9	43.3	..	1.6
3	1.6	1.8	1.5	1.6	1.4	1.2	4.2	..	1.6
4	1.6	1.5	1.4	1.6	1.6	0.9	2.4	..	1.5
5–Highest	1.7	1.4	1.2	1.4	1.2	..	1.7	..	1.5
Total	1.5	1.6	1.5	1.6	1.5	1.2	2.8	..	1.5
Coronary artery bypass graft									
Hospital sector									
Public	0.3	0.3	0.3	0.2	0.3	0.4	0.6	..	0.3
Private	0.2	0.2	0.3	0.1	0.2	np	0.1	..	0.2
Indigenous status (d)									
Indigenous	0.8	1.3	1.3	1.2	4.3	np	np	..	1.1
Other Australians	0.5	0.5	0.6	0.3	0.5	0.4	0.7	..	0.5
Remoteness of residence (e)									
Major cities	0.5	0.5	0.5	0.3	0.5	..	0.4	..	0.5
Inner regional	0.4	0.6	0.6	0.5	0.5	0.4	np	..	0.5
Outer regional	0.3	0.6	0.7	0.4	0.9	0.3	..	..	0.5
Remote	0.7	np	0.7	0.3	1.0	np	..	..	0.6
Very remote	1.0	..	0.8	0.5	2.8	np	..	..	0.8
Socioeconomic status of area of residence (f)									
1–Lowest	0.5	0.5	0.6	0.5	0.7	0.4	20.9	..	0.5
2	0.4	0.6	0.7	0.4	0.6	0.5	12.3	..	0.5
3	0.5	0.6	0.6	0.4	0.5	0.4	0.9	..	0.5
4	0.5	0.5	0.5	0.3	0.5	0.4	0.5	..	0.5
5–Highest	0.4	0.4	0.4	0.3	0.4	..	0.4	..	0.4

Table 10A.45 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2011-12 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	0.5	0.5	0.6	0.3	0.6	0.4	0.7	..	0.5
Cystoscopy									
Hospital sector									
Public	1.6	2.8	2.0	3.0	2.6	1.5	2.4	1.7	2.2
Private	2.5	2.9	3.4	4.2	3.4	4.0	3.0	1.3	3.0
Indigenous status (d)									
Indigenous	2.5	4.8	3.0	3.3	2.9	4.0	8.4	1.5	2.8
Other Australians	4.1	5.7	5.4	7.2	6.0	5.6	5.3	3.1	5.2
Remoteness of residence (e)									
Major cities	4.1	5.8	5.5	7.3	6.2	..	4.4	..	5.3
Inner regional	4.1	5.7	5.3	7.8	5.4	5.9	np	..	5.2
Outer regional	3.8	4.7	5.3	6.4	5.4	4.9	..	3.3	4.9
Remote	3.9	4.8	4.2	5.7	5.4	3.6	..	2.2	4.5
Very remote	3.3	..	3.4	3.7	5.3	6.0	..	1.9	3.6
Socioeconomic status of area of residence (f)									
1–Lowest	3.6	5.2	5.3	6.6	5.9	4.8	47.8	2.5	4.7
2	3.8	5.8	5.5	6.7	5.8	6.8	30.3	4.2	5.0
3	5.2	5.8	5.3	7.2	6.0	6.7	7.8	3.1	5.8
4	3.9	5.8	5.6	6.9	6.2	6.3	5.8	2.7	5.4
5–Highest	4.3	5.8	5.4	7.9	6.2	..	4.3	4.2	5.4
Total	4.1	5.7	5.4	7.2	6.0	5.6	5.4	2.9	5.3
Haemorrhoidectomy									
Hospital sector									
Public	1.0	0.8	0.4	0.5	0.5	0.7	0.4	0.9	0.7
Private	1.9	0.9	1.2	0.6	0.9	1.3	0.9	1.7	1.3
Indigenous status (d)									
Indigenous	1.9	1.6	0.7	0.6	0.4	0.9	np	0.5	1.1
Other Australians	2.9	1.7	1.7	1.1	1.4	2.0	1.3	3.2	2.0
Remoteness of residence (e)									
Major cities	2.9	1.3	1.6	0.9	1.4	..	1.2	..	1.9
Inner regional	2.9	2.6	2.3	1.8	1.5	1.9	np	..	2.5
Outer regional	3.0	2.6	1.2	1.7	2.0	2.1	..	3.4	2.1
Remote	2.2	3.5	0.9	1.0	1.2	1.2	..	1.4	1.2
Very remote	1.9	..	0.5	0.7	1.0	np	..	1.1	0.8
Socioeconomic status of area of residence (f)									
1–Lowest	2.9	1.8	1.7	1.4	1.4	1.8	np	1.8	2.1
2	2.7	2.2	1.6	1.3	1.4	3.0	3.8	2.8	2.2
3	3.3	1.7	1.8	1.1	1.3	2.3	1.3	3.7	2.0
4	3.0	1.3	1.6	1.2	1.5	1.5	1.6	2.7	1.8
5–Highest	2.7	1.4	1.6	0.9	1.6	..	1.1	3.6	1.8

Table 10A.45 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2011-12 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	2.9	1.7	1.7	1.1	1.4	2.0	1.3	2.6	2.0
Hip replacement									
Hospital sector									
Public	0.7	0.7	0.5	0.8	0.7	0.6	1.0	0.6	0.6
Private	0.8	0.9	0.8	1.0	1.1	1.1	1.3	0.2	0.9
Indigenous status (d)									
Indigenous	1.1	1.5	0.7	0.7	0.5	1.5	np	0.2	0.8
Other Australians	1.4	1.6	1.3	1.7	1.8	1.7	2.3	0.8	1.5
Remoteness of residence (e)									
Major cities	1.4	1.5	1.3	1.6	1.6	..	1.8	..	1.4
Inner regional	1.5	2.0	1.4	2.1	1.8	1.7	np	..	1.7
Outer regional	1.4	1.9	1.3	2.4	2.6	1.6	..	0.9	1.7
Remote	1.3	1.9	0.9	1.8	2.0	1.8	..	0.6	1.4
Very remote	1.6	..	0.9	1.0	1.7	np	..	0.3	1.0
Socioeconomic status of area of residence (f)									
1–Lowest	1.2	1.3	1.3	2.4	1.8	1.4	37.4	0.5	1.4
2	1.4	1.8	1.5	1.7	1.8	2.1	24.3	1.5	1.6
3	1.5	1.7	1.3	1.6	1.8	1.9	3.4	0.9	1.6
4	1.5	1.6	1.3	1.7	1.6	1.9	2.5	0.9	1.6
5–Highest	1.6	1.6	1.3	1.8	1.7	..	1.6	np	1.5
Total	1.4	1.6	1.3	1.7	1.8	1.7	2.4	0.8	1.5
Hysterectomy, females aged 15–69 (g)									
Hospital sector									
Public	1.0	1.1	1.0	1.1	1.3	1.1	0.7	0.8	1.0
Private	1.1	1.0	1.5	1.6	1.3	1.4	1.5	0.9	1.2
Indigenous status (d)									
Indigenous	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Australians	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Remoteness of residence (e)									
Major cities	2.0	1.9	2.4	2.3	2.5	..	1.9	..	2.1
Inner regional	2.5	3.1	2.9	3.0	2.6	2.5	np	..	2.8
Outer regional	2.5	2.9	2.5	2.8	3.2	2.6	..	1.9	2.6
Remote	2.6	3.4	2.5	2.5	3.4	2.1	..	1.5	2.5
Very remote	2.8	..	2.6	2.3	2.8	np	..	1.2	2.1
Socioeconomic status of area of residence (f)									
1–Lowest	2.0	2.2	2.7	2.6	2.8	2.5	23.2	1.5	2.3
2	2.3	2.7	2.8	2.3	2.5	2.9	8.6	0.9	2.5
3	2.6	2.4	2.4	2.5	2.7	2.6	3.8	1.9	2.5
4	2.0	2.0	2.5	2.5	2.6	2.4	2.7	1.9	2.2
5–Highest	1.8	1.7	2.3	2.3	2.1	..	1.8	1.8	1.9

Table 10A.45 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2011-12 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	2.1	2.1	2.5	2.6	2.6	2.5	2.3	1.7	2.3
Inguinal herniorrhaphy									
Hospital sector									
Public	1.0	1.0	0.8	0.9	1.0	1.1	0.9	0.9	1.0
Private	1.1	1.1	1.4	1.3	1.0	1.3	1.6	0.8	1.2
Indigenous status (d)									
Indigenous	1.5	1.8	1.1	0.9	1.3	1.9	3.0	0.6	1.2
Other Australians	2.1	2.1	2.3	2.2	2.0	2.4	2.5	2.0	2.1
Remoteness of residence (e)									
Major cities	2.1	2.1	2.2	2.2	2.0	..	2.1	..	2.1
Inner regional	2.1	2.3	2.4	2.2	2.0	2.4	np	..	2.3
Outer regional	2.0	2.4	2.3	2.2	2.1	2.2	..	2.0	2.2
Remote	2.1	2.3	1.9	1.7	2.2	1.5	..	1.6	1.9
Very remote	2.5	..	1.8	1.3	1.6	1.9	..	1.0	1.6
Socioeconomic status of area of residence (f)									
1–Lowest	2.1	2.0	2.1	2.2	2.0	2.2	32.6	1.3	2.1
2	1.9	2.3	2.2	2.2	1.9	3.1	9.5	1.5	2.1
3	2.4	2.1	2.4	2.0	2.0	2.5	4.5	2.5	2.2
4	2.2	2.1	2.4	2.3	2.1	2.3	2.7	1.8	2.2
5–Highest	2.2	2.1	2.1	2.3	2.1	..	2.1	1.8	2.2
Total	2.1	2.1	2.2	2.2	2.0	2.3	2.5	1.7	2.2
Knee replacement									
Hospital sector									
Public	0.7	0.5	0.5	0.7	0.6	0.3	0.9	0.4	0.6
Private	1.2	1.1	1.3	1.5	1.4	1.2	2.0	0.3	1.2
Indigenous status (d)									
Indigenous	1.5	0.7	0.7	0.7	np	0.9	4.5	0.2	0.9
Other Australians	1.8	1.6	1.8	2.1	2.0	1.5	2.8	0.9	1.8
Remoteness of residence (e)									
Major cities	1.8	1.5	1.6	2.0	1.8	..	2.0	..	1.7
Inner regional	2.0	2.1	2.1	2.6	2.1	1.5	np	..	2.1
Outer regional	1.9	2.0	2.2	2.9	2.9	1.4	..	0.8	2.1
Remote	1.9	1.7	1.7	2.5	2.4	1.7	..	0.8	1.9
Very remote	2.5	..	1.6	1.8	0.9	1.5	..	0.2	1.4
Socioeconomic status of area of residence (f)									
1–Lowest	1.8	1.5	1.9	3.1	2.3	1.3	47.4	0.5	1.8
2	1.9	1.9	2.1	2.3	2.0	2.3	27.3	0.9	2.0
3	2.1	1.7	1.9	2.2	1.8	1.8	5.4	1.1	1.9
4	1.9	1.7	1.8	2.1	2.0	1.5	2.5	0.8	1.8
5–Highest	1.8	1.4	1.6	1.9	1.7	..	2.0	0.4	1.7

Table 10A.45 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2011-12 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	1.9	1.6	1.8	2.2	2.0	1.5	2.8	0.8	1.8
Myringotomy									
Hospital sector									
Public	0.5	0.8	0.7	0.7	1.3	0.6	0.8	0.6	0.7
Private	1.1	1.1	1.1	1.3	1.9	1.1	1.9	0.4	1.2
Indigenous status (d)									
Indigenous	1.6	1.7	1.6	2.1	1.7	0.7	2.7	0.6	1.6
Other Australians	1.6	1.9	1.7	2.1	3.3	1.7	2.7	1.3	1.8
Remoteness of residence (e)									
Major cities	1.6	1.7	1.7	2.1	3.3	..	2.3	..	1.8
Inner regional	1.6	2.3	2.0	2.3	3.4	1.5	np	..	2.0
Outer regional	1.3	2.3	1.4	1.6	2.5	1.4	..	1.2	1.6
Remote	1.5	3.2	2.1	1.8	2.3	0.8	..	1.0	1.8
Very remote	1.0	..	2.1	2.2	1.7	np	..	0.5	1.6
Socioeconomic status of area of residence (f)									
1–Lowest	1.1	1.4	1.7	2.4	2.8	1.5	76.0	0.7	1.5
2	1.4	2.0	1.7	2.0	3.3	2.2	9.5	1.4	1.8
3	1.7	1.9	1.9	1.9	2.9	1.5	3.6	1.5	1.9
4	1.6	1.9	1.7	2.0	3.8	1.1	3.0	1.0	1.9
5–Highest	2.2	2.0	1.7	2.5	3.6	..	2.2	1.2	2.1
Total	1.6	1.9	1.7	2.1	3.2	1.7	2.7	1.0	1.8
Prostatectomy (h)									
Hospital sector									
Public	0.9	1.1	0.8	0.8	1.0	0.8	0.9	1.0	0.9
Private	1.8	2.0	1.9	1.7	1.5	2.2	2.7	0.5	1.8
Indigenous status (d)									
Indigenous	0.0	0.0	0.0	0.0	0.0	0.0	np	0.0	0.0
Other Australians	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Remoteness of residence (e)									
Major cities	2.7	3.2	2.6	2.5	2.5	..	2.8	..	2.8
Inner regional	2.7	2.9	3.1	2.8	2.3	3.2	np	..	2.9
Outer regional	2.5	2.8	2.6	2.3	2.8	2.6	..	1.7	2.6
Remote	2.8	4.9	2.0	1.9	2.5	2.4	..	0.7	2.1
Very remote	1.9	..	1.6	1.6	1.8	4.6	..	1.2	1.7
Socioeconomic status of area of residence (f)									
1–Lowest	2.5	2.7	2.6	2.7	2.4	2.5	22.8	1.3	2.6
2	2.4	3.1	3.0	2.2	2.6	4.7	27.6	2.1	2.7
3	2.9	2.9	2.8	2.5	2.5	3.4	7.4	2.4	2.8
4	2.7	3.3	2.6	2.2	2.7	3.5	3.6	0.9	2.8
5–Highest	3.0	3.6	2.6	2.8	2.6	..	2.8	np	3.1

Table 10A.45 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2011-12 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	2.7	3.1	2.7	2.5	2.5	3.0	3.6	1.4	2.8
Septoplasty									
Hospital sector									
Public	0.3	0.5	0.2	0.2	0.4	0.1	0.4	0.1	0.3
Private	0.8	0.9	0.7	0.7	0.9	0.4	0.7	0.4	0.8
Indigenous status (d)									
Indigenous	0.5	0.9	0.3	0.2	0.3	np	np	np	0.4
Other Australians	1.1	1.4	0.9	1.0	1.3	0.5	1.1	0.7	1.1
Remoteness of residence (e)									
Major cities	1.2	1.3	0.9	1.0	1.4	..	0.9	..	1.1
Inner regional	1.0	1.5	0.8	0.9	1.2	0.5	np	..	1.0
Outer regional	0.6	1.4	1.1	0.9	1.0	0.5	..	0.7	0.9
Remote	0.8	3.6	0.6	0.9	0.8	np	..	0.4	0.7
Very remote	np	..	0.6	0.4	1.0	np	..	0.2	0.5
Socioeconomic status of area of residence (f)									
1–Lowest	0.9	1.3	0.7	0.8	1.1	0.5	9.2	0.3	0.9
2	0.9	1.3	1.0	0.9	1.3	0.6	5.3	1.0	1.0
3	1.2	1.4	0.9	0.8	1.5	0.4	1.5	0.7	1.1
4	1.2	1.2	1.0	0.9	1.4	0.5	1.3	0.5	1.1
5–Highest	1.5	1.5	0.9	1.2	1.4	..	0.9	0.5	1.3
Total	1.1	1.4	0.9	0.9	1.3	0.5	1.1	0.5	1.1
Tonsillectomy									
Hospital sector									
Public	0.9	1.2	0.9	1.0	1.3	0.8	1.0	0.7	1.0
Private	1.4	1.1	1.5	1.6	1.4	1.1	2.6	0.4	1.4
Indigenous status (d)									
Indigenous	1.8	2.5	1.1	1.1	1.8	1.3	4.9	0.4	1.4
Other Australians	2.3	2.3	2.5	2.7	2.8	1.9	3.6	1.5	2.4
Remoteness of residence (e)									
Major cities	2.2	1.9	2.2	2.7	2.7	..	3.1	..	2.2
Inner regional	2.7	3.4	3.0	3.0	2.8	1.9	np	..	2.9
Outer regional	2.5	3.9	2.3	2.5	3.0	1.7	..	1.3	2.5
Remote	2.6	3.0	2.5	1.9	3.0	1.8	..	1.2	2.2
Very remote	2.0	..	1.6	1.6	2.5	np	..	0.4	1.3
Socioeconomic status of area of residence (f)									
1–Lowest	2.1	2.2	2.2	2.2	2.8	1.8	110.1	0.6	2.2
2	2.2	2.8	2.5	2.6	2.6	2.7	12.1	1.5	2.5
3	2.7	2.5	2.5	2.7	2.8	2.0	5.3	1.9	2.6
4	2.1	2.2	2.4	2.7	3.0	1.4	4.2	1.0	2.3
5–Highest	2.5	1.9	2.2	2.7	2.6	..	3.0	1.7	2.3

Table 10A.45 **Separation statistics for selected hospital procedures per 1000 people, all hospitals 2011-12 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	2.3	2.3	2.4	2.6	2.8	1.9	3.7	1.0	2.4
Varicose veins, stripping and ligation									
Hospital sector									
Public	0.2	0.3	0.1	0.1	0.3	0.1	0.6	0.2	0.2
Private	0.3	0.4	0.4	0.4	0.3	0.3	0.8	0.2	0.4
Indigenous status (d)									
Indigenous	0.4	0.6	0.1	0.1	0.3	np	1.6	np	0.2
Other Australians	0.5	0.8	0.5	0.6	0.7	0.4	1.4	0.6	0.6
Remoteness of residence (e)									
Major cities	0.5	0.7	0.6	0.6	0.7	..	1.1	..	0.6
Inner regional	0.6	0.8	0.5	0.7	0.7	0.4	np	..	0.6
Outer regional	0.4	0.9	0.4	0.6	0.8	0.3	..	0.6	0.5
Remote	0.4	np	0.4	0.4	0.5	np	..	0.3	0.4
Very remote	np	..	0.2	0.3	0.3	np	..	0.2	0.3
Socioeconomic status of area of residence (f)									
1–Lowest	0.5	0.6	0.5	0.6	0.6	0.4	16.3	0.2	0.5
2	0.4	0.8	0.5	0.5	0.6	0.4	8.7	0.9	0.6
3	0.6	0.8	0.5	0.5	0.7	0.5	2.8	0.6	0.6
4	0.6	0.7	0.5	0.6	0.8	0.3	1.4	0.5	0.6
5–Highest	0.6	0.7	0.6	0.8	0.8	..	1.1	0.3	0.7
Total	0.5	0.8	0.5	0.6	0.7	0.4	1.4	0.4	0.6

(a) Separations for which the care type was reported as Newborn without qualified days, and records for Hospital boarders and Posthumous organ procurement were excluded.

(b) Rates per 1000 population were directly age-standardised.

(c) The procedures and diagnoses are defined using ICD-10-AM codes.

(d) Other Australians includes records for which the Indigenous status was Not reported.

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

(f) Socioeconomic status of area of residence is 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. These socioeconomic groups 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 socioeconomic group is based on the patient's usual residence, not the location of the hospital.

(g) For Hysterectomy, the rate per 1000 population was calculated for the estimated resident female population aged 15 to 69 years.

(h) For Prostatectomy, the rate per 1000 population was calculated for the estimated resident male population.

Source: AIHW 2013, *Australian Hospital Statistics 2011-12* , Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra.

Table 10A.46 **Separation statistics for selected hospital procedures, all hospitals, 2011-12**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Cataract extraction										
Separations	no.	71 382	51 497	41 176	24 050	17 357	6 637	1 963	971	215 033
Separations not within state of residence	%	1.7	1.9	2.5	0.2	2.3	28.1	22.8	0.7	2.8
Proportion of separations public patients (a)	%	28.7	28.5	12.1	39.3	36.7	10.7	53.5	56.0	27.1
Separation rate (b)	per 1000	8.7	8.4	9.0	10.5	8.4	10.3	6.4	8.1	8.8
Standardised separation rate ratio	Ratio	1.0	0.9	1.0	1.2	1.0	1.2	0.7	0.9	
Cholecystectomy										
Separations	no.	16 571	12 897	10 810	4 864	3 970	1 295	913	375	51 695
Separations not within state of residence	%	1.6	2.3	2.2	0.7	1.9	1.4	21.0	4.0	2.2
Proportion of separations public patients (a)	%	61.6	62.2	51.5	56.3	61.4	58.5	54.3	74.9	59.0
Separation rate (b)	per 1000	2.2	2.2	2.4	2.0	2.3	2.4	2.5	1.7	2.2
Standardised separation rate ratio	Ratio	1.0	1.0	1.1	0.9	1.0	1.1	1.1	0.8	
Coronary angioplasty										
Separations	no.	12 171	9 681	7 051	3 851	3 012	738	921	–	37 425
Separations not within state of residence	%	1.5	3.8	9.4	1.2	9.9	2.7	43.2	np	5.3
Proportion of separations public patients (a)	%	46.2	44.3	44.7	44.6	54.2	55.7	51.9	np	46.2
Separation rate (b)	per 1000	1.5	1.6	1.5	1.6	1.5	1.2	2.8	np	1.5
Standardised separation rate ratio	Ratio	1.0	1.0	1.0	1.0	1.0	0.8	1.8	np	
Coronary artery bypass graft										
Separations	no.	3 864	3 206	2 720	829	1 117	238	224	–	12 198
Separations not within state of residence	%	3.4	3.4	7.2	0.4	14.2	2.5	46.4	..	5.8
Proportion of separations public patients (a)	%	51.2	50.0	50.5	52.2	53.5	52.9	62.5	..	51.3
Separation rate (b)	per 1000	0.5	0.5	0.6	0.3	0.6	0.4	0.7	..	0.5
Standardised separation rate ratio	Ratio	1.0	1.1	1.2	0.7	1.1	0.7	1.4	..	
Cystoscopy										

Table 10A.46 **Separation statistics for selected hospital procedures, all hospitals, 2011-12**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Separations	no.	32 977	34 462	25 156	16 967	11 599	3 498	1 827	451	126 937
Separations not within state of residence	%	2.3	2.0	3.0	0.2	1.5	0.7	26.3	2.2	2.3
Proportion of separations public patients (a)	%	36.7	45.6	34.1	39.1	39.3	25.5	42.0	52.3	39.0
Separation rate (b)	per 1000	4.1	5.7	5.4	7.2	6.0	5.6	5.4	2.9	5.3
Standardised separation rate ratio	Ratio	0.8	1.1	1.0	1.4	1.1	1.1	1.0	0.6	
Haemorrhoidectomy										
Separations	no.	21 821	9 557	7 658	2 696	2 556	1 109	478	520	46 395
Separations not within state of residence	%	1.3	2.2	1.5	0.3	0.6	0.8	18.8	1.9	1.6
Proportion of separations public patients (a)	%	31.2	41.7	23.2	40.4	30.2	32.6	29.1	35.2	32.6
Separation rate (b)	per 1000	2.9	1.7	1.7	1.1	1.4	2.0	1.3	2.6	2.0
Standardised separation rate ratio	Ratio	1.4	0.8	0.8	0.6	0.7	1.0	0.7	1.3	
Hip replacement										
Separations	no.	11 764	9 950	6 292	4 153	3 608	1 079	773	86	37 705
Separations not within state of residence	%	1.9	2.7	5.4	0.3	4.1	0.9	33.4	7.0	3.4
Proportion of separations public patients (a)	%	36.6	35.6	32.2	38.7	35.5	29.7	40.0	66.3	35.7
Separation rate (b)	per 1000	1.4	1.6	1.3	1.7	1.8	1.7	2.4	0.8	1.5
Standardised separation rate ratio	Ratio	0.9	1.1	0.9	1.1	1.2	1.1	1.6	0.5	
Hysterectomy, females aged 15–69										
Separations	no.	7 850	6 153	5 793	2 898	2 197	661	421	186	26 159
Separations not within state of residence	%	2.0	2.4	3.3	0.2	1.9	0.8	24.9	1.1	2.5
Proportion of separations public patients (a)	%	39.8	46.3	36.9	36.7	46.8	42.1	30.2	45.2	40.9
Separation rate (b)	per 1000	2.1	2.1	2.5	2.6	2.6	2.5	2.3	1.7	2.3
Standardised separation rate ratio	Ratio	0.9	0.9	1.1	1.2	1.1	1.1	1.0	0.7	
Inguinal herniorrhaphy										
Separations	no.	16 451	12 410	10 339	5 225	3 679	1 353	890	338	50 685

Table 10A.46 **Separation statistics for selected hospital procedures, all hospitals, 2011-12**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Separations not within state of residence	%	1.5	1.8	2.8	0.5	1.1	0.7	22.4	1.2	2.1
Proportion of separations public patients (a)	%	39.4	42.0	33.2	38.3	43.0	40.8	36.0	45.3	38.9
Separation rate (b)	per 1000	2.1	2.1	2.2	2.2	2.0	2.3	2.5	1.7	2.2
Standardised separation rate ratio	Ratio	1.0	1.0	1.0	1.0	0.9	1.1	1.2	0.8	
Knee replacement										
Separations	no.	15 452	10 077	8 677	5 162	4 061	1 001	955	106	45 491
Separations not within state of residence	%	1.5	2.7	5.4	0.2	5.1	0.4	34.5	1.9	3.4
Proportion of separations public patients (a)	%	34.6	31.2	22.5	32.4	28.3	21.1	30.4	55.7	30.4
Separation rate (b)	per 1000	1.9	1.6	1.8	2.2	2.0	1.5	2.8	0.8	1.8
Standardised separation rate ratio	Ratio	1.0	0.9	1.0	1.2	1.1	0.8	1.5	0.4	
Myringotomy (with insertion of tube)										
Separations	no.	10 817	9 649	7 708	4 778	4 719	790	914	262	39 637
Separations not within state of residence	%	1.8	2.4	3.0	0.2	1.5	10.1	21.8	0.4	2.6
Proportion of separations public patients (a)	%	28.4	35.9	28.4	33.5	34.1	34.4	29.2	58.8	31.9
Separation rate (b)	per 1000	1.6	1.9	1.7	2.1	3.2	1.7	2.7	1.0	1.8
Standardised separation rate ratio	Ratio	0.8	1.0	0.9	1.1	1.7	0.9	1.4	0.5	
Prostatectomy										
Separations	no.	10 535	9 013	6 222	2 840	2 404	942	564	87	32 607
Separations not within state of residence	%	2.4	2.3	4.2	0.2	2.2	0.3	28.9	2.3	2.9
Proportion of separations public patients (a)	%	31.1	31.8	26.9	29.8	32.0	22.3	23.9	57.5	30.1
Separation rate (b)	per 1000	2.7	3.1	2.7	2.5	2.5	3.0	3.6	1.4	2.8
Standardised separation rate ratio	Ratio	1.0	1.1	1.0	0.9	0.9	1.1	1.3	0.5	
Septoplasty										
Separations	no.	7 955	7 563	4 017	2 234	2 187	251	434	119	24 760
Separations not within state of residence	%	3.0	2.2	4.2	0.2	3.2	0.8	23.7	0.8	3.1

Table 10A.46 **Separation statistics for selected hospital procedures, all hospitals, 2011-12**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of separations public patients (a)	%	22.4	30.6	14.4	24.0	30.3	21.5	35.3	21.8	24.6
Separation rate (b)	per 1000	1.1	1.4	0.9	0.9	1.3	0.5	1.1	0.5	1.1
Standardised separation rate ratio	Ratio	1.0	1.2	0.8	0.8	1.2	0.4	1.0	0.5	
Tonsillectomy										
Separations	no.	15 517	11 829	10 462	5 941	4 040	871	1 291	262	50 213
Separations not within state of residence	%	2.0	3.4	2.3	0.1	1.5	0.7	25.0	–	2.7
Proportion of separations public patients (a)	%	34.7	45.1	26.7	36.3	38.4	41.8	27.9	60.7	36.1
Separation rate (b)	per 1000	2.3	2.3	2.4	2.6	2.8	1.9	3.7	1.0	2.4
Standardised separation rate ratio	Ratio	1.0	1.0	1.0	1.1	1.2	0.8	1.5	0.4	
Varicose veins, stripping and ligation										
Separations	no.	4 006	4 367	2 325	1 395	1 180	210	501	93	14 077
Separations not within state of residence	%	1.3	0.8	2.7	0.3	1.2	–	29.5	–	2.2
Proportion of separations public patients (a)	%	33.8	35.8	23.4	22.8	41.6	15.7	40.9	43.0	32.3
Separation rate (b)	per 1000	0.5	0.8	0.5	0.6	0.7	0.4	1.4	0.4	0.6
Standardised separation rate ratio	Ratio	0.9	1.2	0.8	1.0	1.1	0.6	2.3	0.7	

(a) Ophthalmological services purchased from the private sector rather than being provided by public hospitals will result in a understating of Cataract extraction separation rates in the public sector.

(b) Separations per 1000 population was directly age-standardised.

.. Not applicable. **np** Not published. — Nil or rounded to Zero

Source: AIHW 2013, *Australian Hospital Statistics 2011-12*, Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra.

Table 10A.47 **Unplanned hospital readmissions rates (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)	Aust (c)
				rate per 1000 separations						*no.*
2009-10										
Surgical procedure prior to separation										
Knee replacement	24.5	26.0	37.1	15.0	16.1	27.6	np	np	26.2	240
Hip replacement	16.0	18.0	21.9	14.6	np	26.1	np	np	16.4	118
Tonsillectomy and Adenoidectomy	20.1	26.0	30.4	30.7	33.3	52.5	np	np	26.5	525
Hysterectomy	30.8	31.5	36.4	30.8	23.2	65.7	np	np	31.3	307
Prostatectomy	33.1	23.5	33.6	44.3	34.4	np	np	np	30.9	217
Cataract surgery	4.0	3.3	4.1	4.1	4.4	7.8	np	10.9	3.8	179
Appendicectomy	21.6	25.8	24.9	29.5	36.4	20.0	25.9	50.6	25.1	519
2010-11										
Surgical procedure prior to separation										
Knee replacement	21.7	22.0	37.5	31.1	19.6	31.7	np	np	24.4	242
Hip replacement	16.5	20.8	14.2	14.7	10.3	np	np	np	16.5	119
Tonsillectomy and Adenoidectomy	22.9	23.9	31.0	34.4	31.3	37.6	19.3	np	26.3	516
Hysterectomy	29.1	28.9	34.7	33.5	28.1	40.1	np	np	30.5	284
Prostatectomy	27.2	20.9	25.8	38.0	21.9	np	np	np	25.1	174
Cataract surgery	3.2	3.9	4.0	4.3	4.0	–	–	np	3.5	166
Appendicectomy	24.8	25.6	19.6	30.8	22.8	19.9	37.7	40.2	24.2	548
2011-12										
Surgical procedure prior to separation										
Knee replacement	18.5	19.1	26.9	17.4	17.7	np	np	np	20.0	204
Hip replacement	17.7	17.4	14.2	22.5	23.7	np	np	np	17.7	129
Tonsillectomy and Adenoidectomy	24.8	23.7	32.6	33.3	33.7	60.6	18.3	np	27.8	557
Hysterectomy	27.9	32.4	33.2	31.5	28.1	28.1	np	np	30.9	281

Table 10A.47 **Unplanned hospital readmissions rates (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)	Aust (c)
Prostatectomy	22.7	26.4	36.3	50.3	25.9	np	np	np	27.2	181
Cataract surgery	2.8	3.2	4.0	2.6	3.3	7.2	–	np	3.2	156
Appendicectomy	23.5	24.5	20.4	31.3	36.0	29.8	26.3	49.6	24.7	623

(a) The reported rate is the number of unplanned/unexpected readmissions per 1000 separations.

(b) This indicator is limited to public hospitals.

(c) Total rates and numbers for 2009-10 for Australia do not include WA and Tasmania. Total rates and numbers for 2010-11 and 2011-12 for Australia do not include WA.

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

Source: AIHW (unpublished) National Hospital Morbidity Database; WA Health (unpublished).

Table 10A.48 **Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2011-12 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (c)*	*Aust (c)*
					rate per 1000 separations					*no.*
Knee replacement										
Hospital peer group										
Peer group A	na	na	na	na	na	na	na	na	23.5	165
Peer group B	na	na	na	na	na	na	na	na	12.9	21
Other peer groups	na	na	na	na	na	na	na	na	11.6	18
Indigenous status (d)										
Indigenous	na	na	na	na	na	na	na	na	np.	np.
Other Australians	na	na	na	na	na	na	na	na	20.1	203
Remoteness of residence (e)										
Major cities	na	na	na	na	na	na	na	na	18.7	109
Inner regional	na	na	na	na	na	na	na	na	19.6	56
Outer regional	na	na	na	na	na	na	na	na	25.6	35
Remote & Very remote	na	na	na	na	na	na	na	na	np	np
SEIFA of residence (f)										
Quintile 1	na	na	na	na	na	na	na	na	18.7	61
Quintile 2	na	na	na	na	na	na	na	na	21.9	64
Quintile 3	na	na	na	na	na	na	na	na	20.6	35
Quintile 4	na	na	na	na	na	na	na	na	21.6	30
Quintile 5	na	na	na	na	na	na	na	na	14.4	13
Hip replacement										
Hospital peer group										
Peer group A	na	na	na	na	na	na	na	na	19.9	104
Peer group B	na	na	na	na	na	na	na	na	17.7	19

Table 10A.48 **Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2011-12 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (c)*	*Aust (c)*
Other peer groups	na	na	na	na	na	na	na	na	6.2	6
Indigenous status (d)										
Indigenous	na	na	na	na	na	na	na	na	np	np.
Other Australians	na	na	na	na	na	na	na	na	17.7	127
Remoteness of residence (e)										
Major cities	na	na	na	na	na	na	na	na	17.7	74
Inner regional	na	na	na	na	na	na	na	na	15.9	32
Outer regional	na	na	na	na	na	na	na	na	22.5	22
Remote & Very remote	na	na	na	na	na	na	na	na	np.	np.
SEIFA of residence (f)										
Quintile 1	na	na	na	na	na	na	na	na	19.5	41
Quintile 2	na	na	na	na	na	na	na	na	14.8	30
Quintile 3	na	na	na	na	na	na	na	na	22.9	29
Quintile 4	na	na	na	na	na	na	na	na	14.8	16
Quintile 5	na	na	na	na	na	na	na	na	16.7	13
Tonsillectomy and Adenoidectomy										
Hospital peer group										
Peer group A	na	na	na	na	na	na	na	na	32.1	450
Peer group B	na	na	na	na	na	na	na	na	24.9	72
Other peer groups	na	na	na	na	na	na	na	na	11.2	35
Indigenous status (d)										
Indigenous	na	na	na	na	na	na	na	na	30.7	37
Other Australians	na	na	na	na	na	na	na	na	27.6	520
Remoteness of residence (e)										

Table 10A.48 **Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2011-12 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (c)*	*Aust (c)*
Major cities	na	na	na	na	na	na	na	na	30.3	352
Inner regional	na	na	na	na	na	na	na	na	26.8	150
Outer regional	na	na	na	na	na	na	na	na	19.4	45
Remote & Very remote	na	na	na	na	na	na	na	na	18.9	9
SEIFA of residence (f)										
Quintile 1	na	na	na	na	na	na	na	na	24.3	148
Quintile 2	na	na	na	na	na	na	na	na	27.6	149
Quintile 3	na	na	na	na	na	na	na	na	29.6	104
Quintile 4	na	na	na	na	na	na	na	na	32.9	107
Quintile 5	na	na	na	na	na	na	na	na	27.2	48
Hysterectomy										
Hospital peer group										
Peer group A	na	na	na	na	na	na	na	na	34.8	230
Peer group B	na	na	na	na	na	na	na	na	21.8	32
Other peer groups	na	na	na	na	na	na	na	na	18.6	19
Indigenous status (d)										
Indigenous	na	na	na	na	na	na	na	na	37.7	11
Other Australians	na	na	na	na	na	na	na	na	30.7	270
Remoteness of residence (e)										
Major cities	na	na	na	na	na	na	na	na	32.8	172
Inner regional	na	na	na	na	na	na	na	na	29.0	72
Outer regional	na	na	na	na	na	na	na	na	24.3	28
Remote & Very remote	na	na	na	na	na	na	na	na	43.9	9
SEIFA of residence (f)										

Table 10A.48 **Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2011-12 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (c)*	*Aust (c)*
Quintile 1	na	na	na	na	na	na	na	na	28.4	77
Quintile 2	na	na	na	na	na	na	na	na	34.3	82
Quintile 3	na	na	na	na	na	na	na	na	34.6	58
Quintile 4	na	na	na	na	na	na	na	na	30.3	44
Quintile 5	na	na	na	na	na	na	na	na	23.4	20
Prostatectomy										
Hospital peer group										
Peer group A	na	na	na	na	na	na	na	na	29.8	145
Peer group B	na	na	na	na	na	na	na	na	26.9	24
Other peer groups	na	na	na	na	na	na	na	na	13.2	12
Indigenous status (d)										
Indigenous	na	na	na	na	na	na	na	na	np	np
Other Australians	na	na	na	na	na	na	na	na	26.7	176
Remoteness of residence (e)										
Major cities	na	na	na	na	na	na	na	na	29.6	114
Inner regional	na	na	na	na	na	na	na	na	23.7	44
Outer regional	na	na	na	na	na	na	na	na	23.9	20
Remote & Very remote	na	na	na	na	na	na	na	na	np	np
SEIFA of residence (f)										
Quintile 1	na	na	na	na	na	na	na	na	24.6	52
Quintile 2	na	na	na	na	na	na	na	na	27.5	49
Quintile 3	na	na	na	na	na	na	na	na	29.4	35
Quintile 4	na	na	na	na	na	na	na	na	28.4	28
Quintile 5	na	na	na	na	na	na	na	na	29.4	17

Table 10A.48 **Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2011-12 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (c)*	*Aust (c)*
Cataract surgery										
Hospital peer group										
Peer group A	na	na	na	na	na	na	na	na	4.0	87
Peer group B	na	na	na	na	na	na	na	na	4.5	39
Other peer groups	na	na	na	na	na	na	na	na	1.7	30
Indigenous status (d)										
Indigenous	na	na	na	na	na	na	na	na	5.5	5
Other Australians	na	na	na	na	na	na	na	na	3.2	151
Remoteness of residence (e)										
Major cities	na	na	na	na	na	na	na	na	4.0	108
Inner regional	na	na	na	na	na	na	na	na	2.2	29
Outer regional	na	na	na	na	na	na	na	na	2.3	16
Remote & Very remote	na	na	na	na	na	na	na	na	2.8	3
SEIFA of residence (f)										
Quintile 1	na	na	na	na	na	na	na	na	3.4	51
Quintile 2	na	na	na	na	na	na	na	na	2.4	33
Quintile 3	na	na	na	na	na	na	na	na	2.2	17
Quintile 4	na	na	na	na	na	na	na	na	4.1	31
Quintile 5	na	na	na	na	na	na	na	na	5.4	24
Appendicectomy										
Hospital peer group										
Peer group A	na	na	na	na	na	na	na	na	25.0	515
Peer group B	na	na	na	na	na	na	na	na	24.8	80
Other peer groups	na	na	na	na	na	na	na	na	20.0	28

Table 10A.48 **Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2011-12 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (c)*	*Aust (c)*
Indigenous status (d)										
Indigenous	na	na	na	na	na	na	na	na	37.9	33
Other Australians	na	na	na	na	na	na	na	na	24.2	590
Remoteness of residence (e)										
Major cities	na	na	na	na	na	na	na	na	24.3	396
Inner regional	na	na	na	na	na	na	na	na	25.3	143
Outer regional	na	na	na	na	na	na	na	na	25.2	62
Remote & Very remote	na	na	na	na	na	na	na	na	40.6	20
SEIFA of residence (f)										
Quintile 1	na	na	na	na	na	na	na	na	23.4	139
Quintile 2	na	na	na	na	na	na	na	na	28.1	158
Quintile 3	na	na	na	na	na	na	na	na	27.8	131
Quintile 4	na	na	na	na	na	na	na	na	22.4	103
Quintile 5	na	na	na	na	na	na	na	na	22.6	90

(a) This indicator is limited to public hospitals.

(b) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

(c) Total rates and numbers for Australia do not include WA.

(d) Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

(e) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of separations for people living in that remoteness area and hospitalised in the reporting jurisdiction.

Table 10A.48 **Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2011-12 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (c)*	*Aust (c)*

(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. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of separations for people living in that SEIFA quintile and hospitalised in the reporting jurisdiction.

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

Table 10A.49 **Proportion of accredited beds in public hospitals (per cent) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total beds accredited by ACHS or other agency									
2002-03	93	98	93	91	96	79	100	96	94
2003-04	91	99	97	76	97	82	100	96	93
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
2009-10	82	100	97	100	98	83	100	100	93
2010-11	95	100	100	100	98	87	100	100	98
2011-12	97	100	100	100	100	87	100	100	99

(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*, Health Services Series, AIHW, Canberra.

Table 10A.50 **Episodes of Staphylococcus aureus (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA (a)**

	unit	NSW	Vic	Qld (b)	WA (c)	SA	Tas	ACT	NT	Aust (d)
2010-11										
Infection rates										
Methicillin resistant Staphylococcus aureus	*rate per 10 000 patient days*	0.4	0.2	0.3	0.2	0.2	0.2	0.2	0.5	0.3
Methicillin sensitive Staphylococcus aureus	*rate per 10 000 patient days*	0.9	0.7	0.9	0.8	0.7	1.1	0.7	0.9	0.8
Total (e)	***rate per 10 000 patient days***	**1.3**	**0.9**	**1.2**	**1.0**	**0.9**	**1.2**	**0.9**	**1.5**	**1.1**
Number of infections										
Methicillin resistant Staphylococcus aureus	*no.*	233	118	72	23	31	6	6	16	505
Methicillin sensitive Staphylococcus aureus	*no.*	536	322	218	117	91	36	23	27	1370
Total	*no.*	**769**	**440**	**290**	**140**	**122**	**42**	**29**	**43**	**1875**
Coverage (f), (g)	*%*	94	99	77	84	81	91	98	100	90
2011-12										
Infection rates										
Methicillin resistant *Staphylococcus aureus*	*rate per 10 000 patient days*	0.3	0.2	0.2	0.2	0.3	0.1	0.2	0.5	0.2
Methicillin sensitive *Staphylococcus aureus*	*rate per 10 000 patient days*	0.7	0.8	0.7	0.6	0.6	0.7	0.9	0.8	0.7
Total (e)	***rate per 10 000 patient days***	**1.0**	**0.9**	**0.9**	**0.7**	**0.9**	**0.8**	**1.1**	**1.3**	**0.9**
Number of infections										
Methicillin resistant *Staphylococcus aureus*	no.	201	82	51	23	42	4	6	15	424
Methicillin sensitive *Staphylococcus aureus*	no.	473	379	220	81	85	23	31	24	1316

Table 10A.50 **Episodes of Staphylococcus aureus (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA (a)**

	unit	*NSW*	*Vic*	*Qld (b)*	*WA (c)*	*SA*	*Tas*	*ACT*	*NT*	*Aust (d)*
Total	**no.**	**674**	**461**	**271**	**104**	**127**	**27**	**37**	**39**	**1740**
Coverage (f), (g)	%	97	99	98	83	80	90	98	100	95
2012-13										
Infection rates										
Methicillin resistant *Staphylococcus aureus*	*rate per 10 000 patient days*	0.3	0.2	0.1	0.1	0.2	0.1	0.2	0.2	0.2
Methicillin sensitive *Staphylococcus aureus*	*rate per 10 000 patient days*	0.7	0.7	0.8	0.6	0.6	0.9	1.1	0.5	0.7
Total (e)	***rate per 10 000 patient days***	**1.0**	**0.9**	**1.0**	**0.8**	**0.8**	**1.0**	**1.3**	**0.7**	**0.9**
Number of infections										
Methicillin resistant *Staphylococcus aureus*	no.	206	81	47	22	23	2	7	7	395
Methicillin sensitive *Staphylococcus aureus*	no.	447	344	260	106	91	29	37	15	1329
Total	**no.**	**653**	**425**	**307**	**128**	**114**	**31**	**44**	**22**	**1724**
Coverage (f), (g)	%	98	99	96	93	93	86	98	100	97

(a) The SAB patient episodes were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). The comparability of the SAB rates among jurisdictions and over time is limited because of coverage differences and 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.

(b) For 2010-11 only includes patients 14 years of age and over.

(c) For 2010-11 and 2011-12, data do not comply with the agreed specification, therefore WA data are not comparable with data from other jurisdictions. Refer to the Data Quality Statement for further details.

(d) For 2012-13 Australian totals include WA.

(e) Total may not equal sum of components due to rounding.

(f) Coverage estimates may be preliminary.

(g) Coverage is the number of patient days for hospitals included in the SAB surveillance arrangements as a proportion of total patient days for all public hospitals.

Table 10A.50 **Episodes of Staphylococcus aureus (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA (a)**

	unit	*NSW*	*Vic*	*Qld (b)*	*WA (c)*	*SA*	*Tas*	*ACT*	*NT*	*Aust (d)*

Source: AIHW (unpublished) sourced from State and Territory healthcare-associated infection surveillance data.

Table 10A.51 **Separations with an adverse event, public hospitals (a),(b)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2010-11										
Number of events										
External cause of injury and poisoning										
Adverse effects of drugs, medicaments and biological substances	*no.*	na	na	na	na	na	na	na	na	na
Misadventures to patients during surgical and medical care	*no.*	na	na	na	na	na	na	na	na	na
Procedures causing abnormal reactions/complications	*no.*	na	na	na	na	na	na	na	na	na
Other external causes of adverse events	*no.*	na	na	na	na	na	na	na	na	na
Place of occurrence of injury and poisoning										
Place of occurrence: Health service area	*no.*	na	na	na	na	na	na	na	na	na
Diagnoses										
Selected post-procedural disorders	*no.*	na	na	na	na	na	na	na	na	na
Haemorrhage and haematoma complicating a procedure	*no.*	na	na	na	na	na	na	na	na	na
Infection following a procedure	*no.*	na	na	na	na	na	na	na	na	na
Complications of internal prosthetic devices	*no.*	na	na	na	na	na	na	na	na	na
Other diagnoses of complications of medical and surgical care	*no.*	na	na	na	na	na	na	na	na	na
Total (any of the above) (c)	*no.*	na	na	na	na	na	na	na	na	na
Events per 100 separations (d)										
External cause of injury and poisoning										
Adverse effects of drugs, medicaments and biological substances	*Rate*	2.3	2.1	1.9	2.2	2.4	2.2	1.8	np	2.1
Misadventures to patients during surgical and medical care	*Rate*	0.2	0.3	0.3	0.3	0.3	0.3	0.3	np	0.3
Procedures causing abnormal reactions/complications	*Rate*	3.1	3.1	3.2	3.2	3.6	4.1	3.5	np	3.2
Other external causes of adverse events	*Rate*	0.1	0.1	0.1	0.1	0.2	0.1	0.2	np	0.1
Place of occurrence of injury and poisoning										

Table 10A.51 **Separations with an adverse event, public hospitals (a),(b)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Place of occurrence: Health service area	Rate	5.9	5.7	5.5	5.8	6.3	7.0	5.8	np	5.7
Diagnoses										
Selected post-procedural disorders	Rate	0.9	0.6	0.7	0.9	1.1	1.1	1.1	np	0.8
Haemorrhage and haematoma complicating a procedure	Rate	0.4	0.5	0.4	0.5	0.4	0.5	0.5	np	0.5
Infection following a procedure	Rate	0.5	0.4	0.4	0.4	0.4	0.5	0.5	np	0.4
Complications of internal prosthetic devices	Rate	1.2	1.2	1.3	1.2	1.2	1.2	1.3	np	1.2
Other diagnoses of complications of medical and surgical care	Rate	0.7	1.0	0.8	0.8	0.8	0.9	0.8	np	0.8
Total (any of the above) (c)	Rate	6.1	5.8	5.7	6.0	6.6	7.1	6.0	np	5.9
2011-12										
Number of events										
External cause of injury and poisoning										
Adverse effects of drugs, medicaments and biological substances	no.	39 674	32 632	21 282	13 369	10 061	2 393	2 159	973	122 543
Misadventures to patients during surgical and medical care	no.	3 864	5 188	3 257	1 482	1 012	422	285	159	15 669
Procedures causing abnormal reactions/complications	no.	52 902	51 360	32 805	18 641	14 405	4 444	3 458	2 257	180 272
Other external causes of adverse events	no.	2 093	2 633	1 261	412	953	128	194	90	7 764
Place of occurrence of injury and poisoning										
Place of occurrence: Health service area	no.	101 761	91 565	59 278	34 598	26 368	7 544	5 968	3 444	330 526
Diagnoses										
Selected post-procedural disorders	no.	15 433	10 457	7 673	4 719	4 435	1 233	1 073	401	45 424
Haemorrhage and haematoma complicating a procedure	no.	7 731	8 025	4 419	2 746	1 797	487	502	326	26 033
Infection following a procedure	no.	8 185	5 709	4 514	2 369	1 578	488	351	437	23 631
Complications of internal prosthetic devices	no.	19 505	20 253	12 774	6 571	4 825	1 237	1 410	893	67 468
Other diagnoses of complications of medical and surgical care	no.	11 387	16 630	8 262	4 474	3 344	1 065	721	704	46 587

Table 10A.51 **Separations with an adverse event, public hospitals (a),(b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total (any of the above) (c)	*no.*	103 896	94 060	60 429	35 373	27 435	7 652	6 142	3 592	338 579
Events per 100 separations (d)										
External cause of injury and poisoning										
Adverse effects of drugs, medicaments and biological substances	*Rate*	2.4	2.1	2.1	2.3	2.5	2.4	2.2	0.9	2.2
Misadventures to patients during surgical and medical care	*Rate*	0.2	0.3	0.3	0.3	0.2	0.4	0.3	0.1	0.3
Procedures causing abnormal reactions/complications	*Rate*	3.2	3.3	3.3	3.2	3.5	4.5	3.5	2.0	3.3
Other external causes of adverse events	*Rate*	0.1	0.2	0.1	0.1	0.2	0.1	0.2	0.1	0.1
Place of occurrence of injury and poisoning										
Place of occurrence: Health service area	*Rate*	6.1	5.9	5.9	5.9	6.5	7.6	6.1	3.0	6.0
Diagnoses										
Selected post-procedural disorders	*Rate*	0.9	0.7	0.8	0.8	1.1	1.2	1.1	0.4	0.8
Haemorrhage and haematoma complicating a procedure	*Rate*	0.5	0.5	0.4	0.5	0.4	0.5	0.5	0.3	0.5
Infection following a procedure	*Rate*	0.5	0.4	0.5	0.4	0.4	0.5	0.4	0.4	0.4
Complications of internal prosthetic devices	*Rate*	1.2	1.3	1.3	1.1	1.2	1.2	1.4	0.8	1.2
Other diagnoses of complications of medical and surgical care	*Rate*	0.7	1.1	0.8	0.8	0.8	1.1	0.7	0.6	0.8
Total (any of the above) (c)	*Rate*	6.3	6.1	6.0	6.0	6.7	7.7	6.3	3.2	6.1
Adverse events for overnight separations	*Rate*	10.1	11.8	10.1	10.7	10.7	12.0	11.9	7.9	10.7

(a) Public hospitals include public acute and public psychiatric hospitals.

(b) Separations that included ICD-10-AM diagnosis and/or external cause codes that indicated an adverse event was treated and/or occurred during the hospitalisation.

(c) Categories do not sum to the totals because multiple diagnoses and external causes can be recorded for each separation and external cause codes and diagnosis codes can be used together to describe an adverse event.

(d) Age standardised rate.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table 10A.52 **Nursing workforce (includes midwives), by age group and remoteness area (a), (b), (c), (d), (e)**

	Unit	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*
Nurses (registered and enrolled) in workforce											
Major cities	**no.**	**150 435**	**159 662**	**159 880**	**na**	**174 214**	**176 797**	**176 286**	**na**	**213 669**	**220 210**
Inner regional	**no.**	**49 289**	**50 080**	**51 726**	**na**	**55 701**	**56 742**	**59 076**	**na**	**59 342**	**56 716**
Outer regional	**no.**	**23 222**	**22 287**	**23 699**	**na**	**24 479**	**25 342**	**26 404**	**na**	**26 115**	**26 657**
Remote and very remote	**no.**	**5 985**	**5 460**	**5 504**	**na**	**5 867**	**6 680**	**6 579**	**na**	**7 064**	**7 334**
Total	**no.**	**245 531**	**253 592**	**254 956**	**na**	**277 297**	**282 968**	**291 246**	**na**	**306 414**	**311 176**
Proportion of Nurses aged under 30											
Major cities	%	14.1	13.4	10.2	na	15.0	15.0	14.7	na	16.5	16.6
Inner regional	%	8.2	8.6	6.7	na	10.2	9.9	10.6	na	10.9	10.9
Outer regional	%	8.4	8.4	6.4	na	10.2	10.5	11.0	na	11.7	12.2
Remote and very remote	%	8.2	10.2	8.6	na	11.3	12.5	12.0	na	13.4	13.7
Total	%	12.1	11.8	9.0	na	13.6	13.6	13.5	na	15.0	15.1
Proportion of Nurses aged 30 to 39											
Major cities	%	25.3	25.1	22.6	na	24.6	23.5	23.4	na	22.0	21.8
Inner regional	%	22.5	21.3	18.5	na	21.1	19.0	19.7	na	16.7	16.5
Outer regional	%	23.0	21.9	19.2	na	20.6	19.3	20.4	na	17.4	17.3
Remote and very remote	%	24.7	23.7	20.6	na	24.8	23.0	21.5	na	20.5	19.8
Total	%	24.5	24.0	21.4	na	23.6	22.3	22.1	na	20.5	20.4
Proportion of Nurses aged 40 to 49											
Major cities	%	33.6	33.1	32.9	na	29.3	28.6	28.0	na	26.5	25.8
Inner regional	%	40.4	39.3	37.4	na	33.6	32.6	30.6	na	28.4	27.1
Outer regional	%	38.4	38.2	37.4	na	33.5	32.8	31.0	na	27.3	26.5
Remote and very remote	%	35.9	34.4	34.9	na	30.6	29.2	29.8	na	24.5	24.4
Total	%	35.5	34.8	34.3	na	30.4	29.7	28.8	na	26.9	26.1
Proportion of Nurses aged 50 to 59											
Major cities	%	21.8	22.8	26.9	na	24.1	25.4	25.9	na	25.8	26.0
Inner regional	%	23.7	25.0	30.0	na	28.1	30.5	30.8	na	33.8	34.4
Outer regional	%	24.0	24.9	29.5	na	27.5	29.2	29.3	na	33.0	32.6

Table 10A.52 **Nursing workforce (includes midwives), by age group and remoteness area (a), (b), (c), (d), (e)**

	Unit	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*
Remote and very remote	%	24.4	25.3	28.2	na	26.7	27.4	28.8	na	31.5	30.9
Total	%	22.5	23.5	27.8	na	25.2	26.8	27.3	na	28.1	28.2
Proportion of Nurses aged 60+											
Major cities	%	5.2	5.6	7.4	na	7.0	7.4	7.9	na	9.2	9.8
Inner regional	%	5.3	5.8	7.3	na	7.0	7.9	8.4	na	10.3	11.1
Outer regional	%	6.1	6.6	7.7	na	8.2	8.1	8.3	na	10.7	11.3
Remote and very remote	%	6.8	6.3	7.7	na	6.7	7.9	8.0	na	10.2	11.1
Total	%	5.4	5.9	7.5	na	7.2	7.7	8.2	na	9.5	10.2

(a) No data collected for 2010. The 2012 data exclude provisional registrants.

(b) In 2008, 2009 , 2011 and 2012, total include 'Not Stated' for ASGC Remoteness areas. Numbers of 'Not Stated' are significantly higher in 2008 and 2009 than in 2011 and 2012.

(c) In 2008, 2009, 2011 and 2012, nurses are allocated to a region based on postcode of main job. In 2008, 2009 and 2011, region is based on 2006 version Australian Standard Geographical Classification (ASGC) — Remoteness Areas. In 2012, region is based on 2011 version Australian Statistical Geography Standard(ASGS) — Remoteness Areas. Previous versions of these data were supplied using a mix of 2001 and 2006 versions of the classification so these data may not match earlier supplies.

(d) In 2008, 2009, 2011 and 2012, data include registered and enrolled nurses in the workforce: those who are employed in nursing, on extended leave and looking for work in nursing.

(e) 2008 data has been revised due to the correction of an error in processing Victoria data.

na Not available.

Source : AIHW National Health Workforce Data Set (unpublished).

Table 10A.53 **Nursing workforce (includes midwives), by age group (a), (b). (c), (d)**

	Unit	*NSW*	*Vic* (e)	*Qld* (f)	*WA* (f)	*SA*	*Tas* (f)	*ACT*	*NT* (g)
2003									
Nurses (registered and enrolled) in workforce									
Nurses aged under 30	%	13.2	14.6	9.5	8.0	11.8	6.8	7.7	8.9
Nurses aged 30 to 39	%	24.4	26.2	24.6	21.0	24.7	20.0	21.6	26.3
Nurses aged 40 to 49	%	36.3	33.7	34.6	35.2	38.8	37.8	39.0	35.3
Nurses aged 50 to 59	%	20.8	20.8	24.4	28.3	21.1	28.3	26.7	24.5
Nurses aged 60+	%	5.2	4.6	6.9	7.5	3.7	7.1	5.0	5.0
Total nurses in workforce	**no.**	**77 463**	**68 900**	**40 839**	**21 858**	**22 687**	**6 499**	**3 963**	**3 323**
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	**no.**	**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

Table 10A.53 **Nursing workforce (includes midwives), by age group (a), (b). (c), (d)**

	Unit	*NSW*	*Vic* (e)	*Qld* (f)	*WA* (f)	*SA*	*Tas* (f)	*ACT*	*NT* (g)
Nurses aged 60+	%	5.7	8.6	9.5	9.2	5.2	6.9	6.5	na
Total nurses in workforce	**no.**	**77 075**	**72 153**	**42 973**	**23 839**	**24 279**	**6 823**	**4 284**	**na**
2006									
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	**no.**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**
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	14.6	13.4	12.4	11.8	10.2	11.7	16.9
Nurses aged 30 to 39	%	22.2	23.0	23.0	21.3	21.3	16.9	22.4	24.2
Nurses aged 40 to 49	%	28.5	28.5	31.3	30.4	32.4	32.8	30.1	28.0

Table 10A.53 **Nursing workforce (includes midwives), by age group (a), (b). (c), (d)**

	Unit	*NSW*	*Vic* (e)	*Qld* (f)	*WA* (f)	*SA*	*Tas* (f)	*ACT*	*NT* (g)
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	7.8	7.5	8.6	6.7	9.5	7.1	6.1
Total nurses in workforce	**no.**	**82 450**	**77 839**	**51 249**	**27 858**	**27 017**	**7 570**	**4 632**	**4 353**
2009									
Nurses (registered and enrolled) in workforce									
Nurses aged under 30	%	14.1	13.9	13.4	12.1	12.4	10.3	12.6	16.7
Nurses aged 30 to 39	%	21.4	23.3	23.0	21.2	21.7	16.0	21.2	26.7
Nurses aged 40 to 49	%	26.8	28.0	31.4	30.1	30.4	31.2	28.7	27.4
Nurses aged 50 to 59	%	29.2	26.3	24.7	27.8	28.4	31.8	29.7	22.8
Nurses aged 60+	%	8.4	8.5	7.5	8.7	7.1	10.8	7.8	6.4
Total nurses in workforce	**no.**	**83 516**	**79 844**	**54 180**	**28 092**	**28 889**	**7 650**	**4 720**	**4 355**
2010									
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	**no.**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**
2011									
Nurses (registered and enrolled) in workforce									
Nurses aged under 30	%	13.3	17.0	14.7	15.9	13.8	12.7	14.0	16.9
Nurses aged 30 to 39	%	20.3	21.4	21.0	19.6	19.3	15.2	21.4	25.1
Nurses aged 40 to 49	%	25.4	26.6	28.6	27.6	27.8	28.2	26.1	23.6
Nurses aged 50 to 59	%	30.5	26.1	26.3	26.7	30.7	33.7	29.6	26.1

Table 10A.53 **Nursing workforce (includes midwives), by age group (a), (b). (c), (d)**

	Unit	*NSW*	*Vic* (e)	*Qld* (f)	*WA* (f)	*SA*	*Tas* (f)	*ACT*	*NT* (g)
Nurses aged 60+	%	10.5	8.9	9.3	10.3	8.4	10.2	8.8	8.4
Total nurses in workforce	**no.**	85 196.0	84 714.9	59 851.2	30 842.4	29 055.6	7 836.8	5 003.8	3 773.0
2012									
Nurses (registered and enrolled) in workforce									
Nurses aged under 30	%	13.8	17.0	14.7	16.0	14.1	12.0	15.4	17.9
Nurses aged 30 to 39	%	20.1	21.3	20.7	20.1	18.9	15.5	21.7	25.6
Nurses aged 40 to 49	%	24.5	25.9	27.8	26.7	26.7	27.7	25.6	22.8
Nurses aged 50 to 59	%	30.3	26.3	26.7	26.8	31.0	34.2	28.3	25.3
Nurses aged 60+	%	11.2	9.5	10.0	10.4	9.3	10.6	9.0	8.4
Total nurses in workforce	**no.**	86 451.9	85 472.1	60 995.4	32 109.0	29 327.0	7 630.9	5 073.6	4 036.0

(a) In 2008, 2009, 2011 and 2012, data include registered and enrolled nurses in the workforce: those who are employed in nursing, on extended leave and looking for work in nursing.

(b) 2011 and 2012 data is by derived state, derived from state and territory of main job where available; otherwise, state and territory of principal practice is used as a proxy. If principal practice details unavailable, state and territory of residence is used. For records with no information on all three locations, they are coded to 'Not stated'. Northern Territory is the jurisdiction most affected - see Data quality statement.

(c) 2012 data exclude provisional registrants

(d) No data collected for 2010

(e) In 2008 and 2009 Victorian data was affected by large numbers of online survey records not being able to be used for technical reasons. Estimates for Victoria for 2008 and 2009 should be treated with caution due to low response rate (39.9 per cent, 33.3 per cent and 31.6 per cent respectively). Estimates for Victoria for 2005 are derived from responses to the 2006 AIHW Nursing and Midwifery Labour Force Census, weighted to 2005 registration and enrolment benchmark figures. Nurse labour force data for 2008 has been revised due to the correction of an error in processing Victorian data.

(f) Estimates for Queensland for 2008 and 2009 should be treated with caution due to low response rate (32.9 per cent and 28.2 per cent respectively). Estimates for WA for 2008 and 2009 should be treated with caution due to low response rates (34.4 per cent and 35.4 per cent respectively). Estimates for Tasmania for 2009 should be treated with caution due to a low response rate 33.2 per cent.

Table 10A.53 **Nursing workforce (includes midwives), by age group (a), (b). (c), (d)**

	Unit	*NSW*	*Vic* (e)	*Qld* (f)	*WA* (f)	*SA*	*Tas* (f)	*ACT*	*NT* (g)

(g) Estimates for the NT for 2008 and 2009 should be treated with caution due to low response rates (34.9 per cent and 32.8 per cent respectively). Data for the NT is 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.

na Not available.

Source : AIHW National Health Workforce Data Set (unpublished).

Table 10A.54 **Medical practitioner workforce, by age group and remoteness area (a), (b), (c), (d), (e)**

	Unit	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*
Medical practitioners in workforce											
Major cities	**no.**	**43 358**	**45 994**	**47 632**	**49 835**	**50 981**	**52 639**	**56 655**	**42 427**	**64 433**	**64 641**
Inner regional	**no.**	**7 485**	**7 471**	**7 577**	**7 816**	**8 141**	**8 686**	**9 258**	**7 621**	**11 098**	**11 029**
Outer regional	**no.**	**3 198**	**2 710**	**2 993**	**3 061**	**3 258**	**3 516**	**3 924**	**2 092**	**4 656**	**4 964**
Remote and very remote	**no.**	**745**	**582**	**711**	**886**	**1 001**	**867**	**1 095**	**514**	**1 218**	**1 197**
Total	**no.**	**57 043**	**59 004**	**61 165**	**63 688**	**68 812**	**70 193**	**74 260**	**55 424**	**81 751**	**81 910**
Medical practitioners under 30											
Major cties	%	9.9	11.0	12.4	10.2	10.2	10.8	10.6	10.3	10.7	9.6
Inner regional	%	7.7	9.3	8.8	7.4	8.2	8.1	8.8	8.9	9.2	7.8
Outer regional	%	10.7	7.5	7.9	8.8	7.1	8.0	10.3	8.9	11.1	9.1
Remote and very remote	%	7.0	5.8	8.4	13.0	9.6	5.9	15.5	10.7	9.0	9.6
Total	%	9.6	10.6	11.6	9.8	9.7	10.2	10.6	10.1	10.5	9.3
Medical practitioners aged 30 to 39											
Major cties	%	25.9	26.3	26.4	25.7	27.1	27.2	27.1	27.7	29.1	28.2
Inner regional	%	20.9	21.0	21.1	21.1	22.3	22.2	22.7	24.7	25.8	26.1
Outer regional	%	25.5	24.1	24.6	22.6	24.7	26.8	24.4	27.2	27.7	28.2
Remote and very remote	%	33.3	29.7	29.7	30.1	29.9	30.0	30.5	26.1	29.1	26.3
Total	%	25.4	25.7	25.8	25.0	26.3	26.5	26.7	27.5	28.6	27.9
Medical practitioners aged 40 to 49											
Major cties	%	27.7	27.5	27.0	27.0	26.2	26.0	26.0	24.2	23.9	24.6
Inner regional	%	33.3	32.4	31.7	29.8	29.0	27.7	27.1	25.9	25.4	25.4
Outer regional	%	31.6	30.9	30.7	30.3	30.0	28.1	28.0	24.6	25.9	26.9
Remote and very remote	%	29.8	28.7	29.0	27.2	28.8	32.4	27.9	27.8	25.8	27.0
Total	%	28.4	28.0	27.6	27.4	26.7	26.3	26.1	24.4	24.3	24.9
Medical practitioners aged 50 to 59											

Table 10A.54 **Medical practitioner workforce, by age group and remoteness area (a), (b), (c), (d), (e)**

	Unit	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*
Major cties	%	21.6	20.8	20.3	21.1	20.4	20.5	20.5	20.7	20.1	20.7
Inner regional	%	24.0	24.0	25.4	26.9	25.6	26.7	25.6	24.6	23.7	23.9
Outer regional	%	18.6	22.5	22.2	23.6	24.0	22.5	23.2	24.1	21.1	21.1
Remote and very remote	%	18.5	20.8	19.7	16.3	18.7	19.4	14.2	18.1	20.3	21.4
Total	%	21.4	21.1	20.9	21.7	21.0	21.3	21.0	21.1	20.6	21.1
Medical practitioners aged 60+											
Major cties	%	14.8	14.4	13.8	16.0	16.1	15.5	15.8	17.0	16.2	16.9
Inner regional	%	14.0	13.3	13.1	14.8	14.8	15.2	15.9	15.8	15.9	16.9
Outer regional	%	13.6	14.9	14.7	14.7	14.3	14.6	14.0	15.1	14.1	14.6
Remote and very remote	%	11.5	15.1	13.1	13.4	13.1	12.3	11.8	17.1	15.8	15.7
Total	%	15.1	14.7	14.0	16.0	16.2	15.8	15.7	16.8	16.0	16.8

(a) No 2010 data collected for Queensland and WA. 2012 data excludes provisional registrants.

(b) In 2008, 2009 , 2011 and 2012, total include 'Not Stated' for ASGC Remoteness areas. Numbers of 'Not Stated' are significantly higher in 2008 and 2009 than in 2011 and 2012.

(c) In 2008, 2009, 2010, 2011 and 2012, data include employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine.

(d) In 2008, 2009, 2010, 2011 and 2012, Remote and very remote areas include 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) In 2008, 2009, 2010, 2011 and 2012, medical practitioners are allocated to a region based on postcode of main job. In 2008, 2009, 2010 and 2011, region is based on 2006 version Australian Standard Geographical Classification (ASGC) — Remoteness Areas. In 2012, region is based on 2011 version Australian Statistical Geography Standard(ASGS) — Remoteness Areas. Previous versions of these data were supplied using a mix of 2001 and 2006 versions of the classification so these data may not match earlier supplies.

Source: AIHW National Health Workforce Data Set (unpublished).

Table 10A.55 **Medical practitioner workforce, by age group (a), (b), (c)**

	Unit	*NSW* (d)	*Vic* (e)	*Qld* (f), (g)	*WA* (g), (h)	*SA*	*Tas* (i)	*ACT*	*NT* (j)
2003									
Medical practitioners in workforce									
Medical practitioners under 30	%	9.3	10.9	8.7	8.3	10.0	6.0	7.4	20.3
Medical practitioners aged 30 to 39	%	25.6	25.6	24.6	24.1	28.0	18.7	21.4	34.9
Medical practitioners aged 40 to 49	%	27.4	28.3	29.7	28.6	27.8	33.5	34.3	27.3
Medical practitioners aged 50 to 59	%	21.7	20.9	21.2	22.4	21.8	25.4	24.2	10.9
Medical practitioners aged 60+	%	16.1	14.3	15.7	16.6	12.4	16.5	12.8	6.7
Total Medical practitioners in workforce	**no.**	**19 465**	**14 993**	**9 284**	**4 791**	**4 990**	**1 373**	**1 231**	**916**
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

Table 10A.55 **Medical practitioner workforce, by age group (a), (b), (c)**

	Unit	*NSW* (d)	*Vic* (e)	*Qld* (f), (g)	*WA* (g), (h)	*SA*	*Tas* (i)	*ACT*	*NT* (j)
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**
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	12.0	14.0

Table 10A.55 **Medical practitioner workforce, by age group (a), (b), (c)**

	Unit	*NSW* (d)	*Vic* (e)	*Qld* (f), (g)	*WA* (g), (h)	*SA*	*Tas* (i)	*ACT*	*NT* (j)
Medical practitioners aged 30 to 39	%	24.2	26.7	28.6	28.1	27.6	18.5	28.9	32.8
Medical practitioners aged 40 to 49	%	26.0	25.7	27.8	26.4	25.2	27.6	26.2	25.6
Medical practitioners aged 50 to 59	%	21.9	20.5	22.3	19.0	20.6	29.3	21.3	16.8
Medical practitioners aged 60+	%	16.6	15.1	16.2	13.2	17.1	20.6	11.6	10.8
Total Medical practitioners in workforce	**no.**	**21 958**	**17 813**	**13 571**	**6 995**	**5 791**	**1 607**	**1 592**	**865**
2009									
Medical practitioners in workforce									
Medical practitioners under 30	%	10.2	12.0	8.0	16.0	8.0	3.6	10.8	14.8
Medical practitioners aged 30 to 39	%	24.4	27.2	28.8	27.8	28.4	17.9	31.4	29.4
Medical practitioners aged 40 to 49	%	25.1	25.2	28.8	24.9	25.9	30.7	24.4	27.7
Medical practitioners aged 50 to 59	%	22.3	20.2	20.2	18.9	21.2	27.9	21.5	17.2
Medical practitioners aged 60+	%	17.9	15.3	14.3	12.4	16.5	20.0	11.9	10.9
Total Medical practitioners in workforce	**no.**	**22 442**	**18 620**	**15 026**	**7 708**	**5 827**	**1 884**	**1 708**	**1 045**
2010									
Medical practitioners in workforce									
Medical practitioners under 30	%	8.6	11.8	na	na	11.1	9.3	9.3	11.9
Medical practitioners aged 30 to 39	%	26.8	28.3	na	na	27.8	25.9	25.4	32.8
Medical practitioners aged 40 to 49	%	24.5	24.0	na	na	24.4	25.5	26.5	27.1
Medical practitioners aged 50 to 59	%	21.6	20.5	na	na	20.5	23.7	24.1	18.0
Medical practitioners aged 60+	%	18.5	15.4	na	na	16.3	15.5	14.6	10.3
Total Medical practitioners in workforce	**no.**	**25 134**	**19 528**	**na**	**na**	**6 361**	**1 849**	**1 566**	**836**

Table 10A.55 **Medical practitioner workforce, by age group (a), (b), (c)**

	Unit	*NSW* (d)	*Vic* (e)	*Qld* (f), (g)	*WA* (g), (h)	*SA*	*Tas* (i)	*ACT*	*NT* (j)
2011									
Medical practitioners in workforce									
Medical practitioners under 30	%	8.9	11.9	10.4	12.3	11.6	9.0	8.0	12.1
Medical practitioners aged 30 to 39	%	27.3	28.4	30.6	29.0	27.7	26.4	28.3	37.2
Medical practitioners aged 40 to 49	%	24.0	23.6	25.3	24.8	23.7	24.8	26.0	22.8
Medical practitioners aged 50 to 59	%	21.1	20.6	20.0	19.9	20.3	23.8	23.4	15.9
Medical practitioners aged 60+	%	18.7	15.6	13.6	14.0	16.7	15.9	14.4	11.9
Total Medical practitioners in workforce	**no.**	**26 286**	**20 116**	**16 177**	**7 914**	**6 524**	**1 884**	**1 607**	**1 022**
2012									
Medical practitioners in workforce									
Medical practitioners under 30	%	7.7	10.3	9.5	11.7	10.0	8.6	7.0	9.6
Medical practitioners aged 30 to 39	%	26.7	28.1	29.6	27.9	27.4	23.9	28.1	35.6
Medical practitioners aged 40 to 49	%	24.5	24.1	25.7	25.4	24.9	26.4	26.6	24.4
Medical practitioners aged 50 to 59	%	21.8	21.0	20.7	20.4	20.5	23.8	23.3	17.6
Medical practitioners aged 60+	%	19.3	16.4	14.4	14.6	17.2	17.3	14.9	12.7
Total Medical practitioners in workforce	**no.**	**26 277**	**20 166**	**16 330**	**8 149**	**6 467**	**1 840**	**1 611**	**1 039**

(a) In 2008, 2009, 2010, 2011 and 2012, data include employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine.

(b) 2011 and 2012 data is by derived state, derived from state and territory of main job where available; otherwise, state and territory of principal practice is used as a proxy. If principal practice details unavailable, state and territory of residence is used. For records with no information on all three locations, they are coded to 'Not stated'. NT is the jurisdiction most affected - see Data quality statement.

(c) 2012 data exclude provisional registrants.

Table 10A.55 **Medical practitioner workforce, by age group (a), (b), (c)**

	Unit	*NSW* (d)	*Vic* (e)	*Qld* (f), (g)	*WA* (g), (h)	*SA*	*Tas* (i)	*ACT*	*NT* (j)

(d) In 2008 and 2009, NSW data are 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.

(e) In 2008 and 2009, Victoria surveyed only general, specific and provisional registered medical practitioners in the Medical Labour Force Survey but responses are weighted to all registered medical practitioners.

(f) In 2008 and 2009, Queensland data are based on responses to the Medical Labour Force Survey weighted to all registrants excluding some conditional registration types. The Queensland benchmarks for 2009 were taken from the Queensland medical board annual report which included an age breakdown in 10 year increments whilst the estimates for previous years was done using 5 year increments. Given that the response rates have fallen between 2008 and 2009 and that the response rates for some age groups are particularly small, (notably the response rate for 25-34 year olds was only 7.8 per cent for males and 11.4 per cent for females), Queensland data should be treated with caution, particularly for the younger groups.

(g) In 2010 no data collected for Queensland and WA.

(h) In 2008 and 2009, for WA data, the scope has been consistent, that is, the survey population and the benchmark figures are based on general and conditional registrants. For 2005, 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. For WA in 2007, 2008 and 2009, the benchmark data includes a significant number of registered medical practitioners that are no longer active in the workforce. This inflates 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.

(i) In 2008 and 2009, Tasmania data are based on responses to the annual Medical Labour Force Survey weighted to general registrants, conditionally registered specialists and non-practising practitioners only.

(j) 2010 data is by state of principal practice while 2011 and 2012 data is by derived state, derived from state and territory of main job where available; otherwise, state and territory of principal practice is used as a proxy. If principal practice details unavailable, state and territory of residence is used. For records with no information on all three locations, they are coded to 'Not stated'. NT is the jurisdiction most affected - see Data quality statement.

na Not available.

Source : AIHW National Health Workforce Data Set (unpublished).

Table 10A.56 **Recurrent cost per casemix-adjusted separation, selected public acute hospitals 2011-12 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	Tas	*ACT*	*NT* (b)	*Aust*
Total separations (c)	'000	1 593	1 511	977	565	384	98	97	113	5 339
Acute separations (d)	'000	1 559	1 473	937	552	372	96	93	112	5 193
Proportion of separations not acute	%	2.1	2.5	4.1	2.3	3.1	2.0	4.1	0.9	2.7
Average cost weight (e)	no.	1.04	0.96	1.15	0.91	1.07	1.06	1.00	0.67	0.99
Casemix-adjusted separations (f)	'000	1 657	1 451	1 124	514	411	104	97	76	5 286
Total admitted patient days (c)	'000	5 583	4 587	2 985	1 611	1 349	334	327	294	17 070
Admitted patient days for acute patients	'000	5 100	3 813	102	1 423	1 181	293	270	278	14 865
Proportion of bed days not acute	%	8.7	16.9	96.6	11.7	12.5	12.3	17.4	5.4	12.9
Total recurrent expenditure	$m	12 906	9 746	7 706	4 381	3 230	916	933	568	40 384
Admitted patient cost proportion (g)		0.69	0.70	0.68	0.72	0.70	0.69	0.69	0.80	0.70
Total admitted patient recurrent expenditure	$m	8 905	6 823	5 240	3 154	2 261	632	644	454	28 269
Relative stay index (h)		1.09	0.92	0.90	1.01	1.06	1.09	1.02	1.18	1.00
Average cost data for selected included hospitals										
Non-medical labour costs per casemix-adjusted separation										
Nursing	$	1 320	1 271	1 338	1 323	1 396	1 460	1 857	1 788	1 336
Diagnostic/allied health (i)	$	347	412	373	353	285	314	392	380	366
Administrative	$	361	284	356	438	292	450	526	364	346
Other staff	$	215	229	343	326	151	324	100	437	251
Superannuation	$	247	247	296	289	249	443	453	na	265
Total non-medical labour costs	$	2 490	2 443	2 707	2 729	2 373	2 990	3 328	2 969	2 564

Table 10A.56 **Recurrent cost per casemix-adjusted separation, selected public acute hospitals 2011-12 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	Tas	*ACT*	*NT* (b)	*Aust*
Other recurrent costs per casemix-adjusted separation										
Domestic services	$	117	100	108	139	93	99	224	158	113
Repairs/maintenance	$	113	87	97	202	104	65	75	153	109
Medical supplies (i)	$	574	400	572	380	349	746	518	435	491
Drug supplies	$	235	243	243	286	244	326	156	247	245
Food supplies	$	92	46	36	34	32	50	44	49	49
Administration	$	360	278	286	233	150	281	452	199	294
Other	$	113	121	21	323	671	180	170	507	168
Total other recurrent costs	$	1 604	1 275	1 362	1 596	1 642	1 747	1 639	1 749	1 477
Total excluding medical labour costs	$	4 094	3 718	4 068	4 326	4 015	4 738	4 967	4 718	4 041
Medical labour costs per casemix-adjusted separation										
Public patients										
Salaried/sessional staff	$	630	731	961	1 054	856	1 006	902	1 150	797
Visiting medical officer payments	$	248	70	63	172	185	2	301	97	147
Private patients (estimated) (j)	$	307	174	153	181	195	288	214	51	218
Total medical labour costs	$	1 185	975	1 177	1 407	1 237	1 295	1 417	1 299	1 163
Total labour costs (medical + non-medical)	$	3 675	3 418	3 884	4 136	3 609	4 285	4 745	4 267	3 727
Total recurrent cost per casemix-adjusted separation	**$**	**5 280**	**4 693**	**5 246**	**5 733**	**5 251**	**6 033**	**6 384**	**6 017**	**5 204**
Experimental estimates of recurrent cost per casemix-adjusted acute non-psychiatric separations (k)	**$**	**4 983**	**4 038**	**na**	**5 497**	**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.56 **Recurrent cost per casemix-adjusted separation, selected public acute hospitals 2011-12 (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 2008–09 AR-DRG version 5.2 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) 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 5.2.

(i) 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.

(j) 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.

(k) 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 2013, *Australian Hospital Statistics 2011-12,* Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra.

Table 10A.57 **Costs and utilisation by hospital peer group, public hospitals, 2011-12 (a), (b)**

	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.	28	19	17	5	4	2	2	2	79
Separations per hospital (c)	no.	39 613	61 896	44 533	62 586	55 057	39 107	48 728	48 507	48 710
AR-DRGs (5+) per hospital (d)	no.	438	525	422	463	504	474	454	401	461
Average cost weight (e)		1.10	0.99	1.05	0.96	1.20	1.07	1.00	0.70	1.04
Relative stay index (f)		1.12	0.89	0.92	1.02	1.07	1.03	1.02	1.21	1.00
Cost per casemix adjusted separation	$	5 291	4 586	5 285	5 659	5 223	5 777	6 384	5 967	5 158
Specialist women's and children's (>10 000 acute weighted separations)										
Number of hospitals	no.	3	2	3	2	1	–	–	–	11
Separations per hospital (c)	no.	19 877	30 046	16 046	21 096	31 472	..	..	..	21 956
AR-DRGs (5+) per hospital (d)	no.	237	247	202	202	321	..	..	..	231
Average cost weight (e)		1.22	1.30	1.20	1.26	1.15	..	..	..	1.24
Relative stay index (f)		1.08	0.99	0.96	1.10	1.13	..	..	..	1.05
Cost per casemix adjusted separation	$	6 200	5 990	6 345	6 200	5 749	..	..	..	6 107
Total principal referral and specialist women's and children's										
Number of hospitals	no.	31	21	20	7	5	2	2	2	90
Separations per hospital (c)	no.	37 703	58 863	40 260	50 732	50 340	39 107	48 728	48 507	45 440
AR-DRGs (5+) per hospital (d)	no.	418	499	389	389	467	474	454	401	433
Average cost weight (e)		1.10	1.00	1.06	1.00	1.19	1.07	1.00	0.70	1.05
Relative stay index (f)		1.12	0.90	0.92	1.03	1.08	1.03	1.02	1.21	1.00
Cost per casemix adjusted separation	$	5 337	4 670	5 355	5 738	5 287	5 777	6 384	5 967	5 222
Large major cities (>10 000 acute weighted separations)										
Number of hospitals	no.	10	2	2	3	2	–	–	–	19
Separations per hospital (c)	no.	16 001	17 446	22 138	23 381	18 172	..	..	..	18 193
AR-DRGs (5+) per hospital (d)	no.	259	125	280	284	275	..	..	..	253
Average cost weight (e)		1.00	1.00	1.00	1.00	1.00	..	..	..	1.00

Table 10A.57 **Costs and utilisation by hospital peer group, public hospitals, 2011-12 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Relative stay index (f)		1.08	0.96	0.83	0.92	0.95	..	..	..	1.00
Cost per casemix adjusted separation	$	4 839	5 347	3 965	4 851	5 051	..	..	..	4 832
Large regional (>8 000 acute weighted separations) and remote (>5 000 acute weighted separations)										
Number of hospitals	no.	3	8	1	4	–	1	–	–	17
Separations per hospital (c)	no.	11 613	17 491	6 857	15 803	..	7 736	..	..	14 857
AR-DRGs (5+) per hospital (d)	no.	236	322	206	240	..	243	..	..	276
Average cost weight (e)		1.00	1.00	1.00	1.00	..	1.00	..	..	1.00
Relative stay index (f)		1.02	0.95	0.97	0.97	..	1.11	..	..	0.97
Cost per casemix adjusted separation	$	5 933	4 442	4 029	5 539	..	7 390	..	..	5 025
Total large hospitals										
Number of hospitals	no.	13	10	3	7	2	1	–	–	36
Separations per hospital (c)	no.	14 988	17 482	17 044	19 051	18 172	7 736	..	..	16 618
AR-DRGs (5+) per hospital (d)	no.	253	283	255	259	275	243	..	..	264
Average cost weight (e)		1.00	1.00	1.00	1.00	1.00	1.00	..	..	1.00
Relative stay index (f)		1.07	0.95	0.86	0.94	0.95	1.11	..	..	0.99
Cost per casemix adjusted separation	$	5 003	4 593	3 973	5 149	5 051	7 390	..	..	4 912
Medium (5000 to 10 000 acute weighted separations)										
Number of hospitals	no.	11	3	4	3	4	1	–	–	26
Separations per hospital (c)	no.	8 567	8 329	10 617	10 624	10 253	8 872	..	..	9 363
AR-DRGs (5+) per hospital (d)	no.	175	194	190	113	195	195	..	..	176
Average cost weight (e)		0.87	0.73	0.64	0.87	0.72	0.77	..	..	0.79
Relative stay index (f)		1.02	0.97	0.56	0.99	0.96	1.10	..	..	0.93
Cost per casemix adjusted separation	$	5 051	5 057	4 397	5 291	5 423	6 406	..	..	5 100
Medium (2000 to 5000 acute weighted separations)										
Number of hospitals	no.	20	10	9	2	8	–	–	–	49
Separations per hospital (c)	no.	4 185	4 623	4 103	4 072	4 353	..	..	..	4 282

Table 10A.57 **Costs and utilisation by hospital peer group, public hospitals, 2011-12 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
AR-DRGs (5+) per hospital (d)	no.	116	125	124	119	128	..	..	..	122
Average cost weight (e)		0.75	0.70	0.73	0.74	0.77	..	..	..	0.74
Relative stay index (f)		1.01	1.04	0.80	0.90	0.92	..	..	..	0.96
Cost per casemix adjusted separation	$	4 858	4 885	4 911	5 879	4 946	..	..	..	4 929
Total medium										
Number of hospitals	no.	31	13	13	5	12	1	–	–	75
Separations per hospital (c)	no.	5 740	5 478	6 107	8 003	6 319	8 872	..	..	6 043
AR-DRGs (5+) per hospital (d)	no.	137	141	144	115	150	195	..	..	141
Average cost weight (e)		0.81	0.71	0.68	0.84	0.74	0.77	..	..	0.76
Relative stay index (f)		1.01	1.02	0.68	0.97	0.94	1.10	..	..	0.94
Cost per casemix adjusted separation	$	4 964	4 945	4 645	5 399	5 208	6 406	..	..	5 025
Small regional acute (<2000 acute weighted separations and less than 40 per cent not acute or outlier bed days)										
Number of hospitals	no.	40	22	26	3	14	5	–	–	110
Separations per hospital (c)	no.	1 186	1 311	1 108	1 348	1 018	518	..	..	1 145
AR-DRGs (5+) per hospital (d)	no.	49	44	49	61	47	25	..	..	47
Average cost weight (e)		0.76	0.68	0.76	0.78	0.79	0.87	..	..	0.75
Relative stay index (f)		1.02	1.32	0.90	1.12	1.03	1.71	..	..	1.07
Cost per casemix adjusted separation	$	5 694	5 947	4 931	5 565	4 744	7 580	..	..	5 505
Remote acute (<5000 acute weighted separations)										
Number of hospitals	no.	5	–	16	12	4	1	–	3	41
Separations per hospital (c)	no.	803	..	785	2 679	1 557	303	..	5 448	1 746
AR-DRGs (5+) per hospital (d)	no.	32	..	36	87	47	14	..	110	56
Average cost weight (e)		0.60	..	0.74	0.74	0.75	0.70	..	0.52	0.68
Relative stay index (f)		0.91	..	1.00	0.85	1.00	1.06	..	0.93	0.91
Cost per casemix adjusted separation	$	9 318	..	5 372	8 596	5 211	6 799	..	6 424	7 322
Total small acute										

Table 10A.57 **Costs and utilisation by hospital peer group, public hospitals, 2011-12 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Number of hospitals	no.	45	22	42	15	18	6	–	3	151
Separations per hospital (c)	no.	1 143	1 311	985	2 413	1 138	482	..	5 448	1 308
AR-DRGs (5+) per hospital (d)	no.	47	44	44	82	47	24	..	110	49
Average cost weight (e)		0.75	0.68	0.75	0.75	0.78	0.85	..	0.52	0.72
Relative stay index (f)		1.01	1.32	0.93	0.88	1.02	1.65	..	0.93	1.02
Cost per casemix adjusted separation	$	5 931	5 947	5 065	8 259	4 884	7 514	..	6 424	6 171
Total hospitals in cost per casemix adjusted separation analysis										
Number of hospitals	**no.**	**120**	**66**	**78**	**34**	**37**	**10**	**2**	**5**	**352**
Separations per hospital (c)	**no.**	**13 275**	**22 894**	**12 527**	**16 608**	**10 388**	**9 772**	**48 728**	**22 671**	**15 167**
AR-DRGs (5+) per hospital (d)	**no.**	**188**	**244**	**157**	**186**	**150**	**153**	**454**	**226**	**189**
Average cost weight (e)		**1.04**	**0.96**	**1.01**	**0.91**	**1.07**	**1.06**	**1.00**	**0.67**	**0.99**
Relative stay index (f)		**1.10**	**0.91**	**0.91**	**1.00**	**1.04**	**1.07**	**1.02**	**1.18**	**1.00**
Cost per casemix adjusted separation	**$**	**5 280**	**4 693**	**5 246**	**5 733**	**5 251**	**6 033**	**6 384**	**6 017**	**5 204**
Small non-acute (<2000 acute weighted separations more than 40 per cent not acute or outlier bed days)										
Number of hospitals	no.	17	3	14	4	18	1	–	–	57
Separations per hospital (c)	no.	1 097	1 241	837	1 494	627	304	–	–	906
Total expenditure	$'000	140 250	33 114	71 049	42 058	65 098	2 450	–	–	354 018
Cost per casemix adjusted separation	$	7548.0	8222.0	6309.0	9094.0	6752.0	5227.0	0.0	0.0	7371.0
Multi-purpose service										
Number of hospitals	no.	18	9	9	40	2	–	–	–	78
Separations per hospital (c)	no.	235	689	663	221	973	–	–	–	349
Total expenditure	$'000	69 399	58 697	46 054	92 322	9 786	–	–	–	276 259
Cost per casemix adjusted separation	$	15952.0	10293.0	5756.0	6550.0	6404.0	0.0	0.0	0.0	8613.0
Rehabilitation										
Number of hospitals	no.	5	–	–	1	2	–	–	–	8
Separations per hospital (c)	no.	458	–	–	4 597	1 234	–	–	–	1 170

Table 10A.57 **Costs and utilisation by hospital peer group, public hospitals, 2011-12 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total expenditure	$'000	110 634	–	–	87 916	58 119	–	–	–	256 670
Cost per casemix adjusted separation	$	21214.0	0.0	0.0	9617.0	21519.0	0.0	–	0.0	12734.0
Mothercraft										
Number of hospitals	no.	3	2	1	–	–	–	1	–	7
Separations per hospital (c)	no.	2 318	1 914	2 224	–	–	–	–	–	1 858
Total expenditure	$'000	17 289	11 204	4 674	–	–	–	3 154	–	36 321
Cost per casemix adjusted separation	$	1338.0	2200.0	2190.0	0.0	0.0	0.0	0.0	0.0	1694.0
Other non-acute										
Number of hospitals	no.	12	–	–	–	–	–	–	–	12
Separations per hospital (c)	no.	916	–	–	–	–	–	–	–	916
Total expenditure	$'000	162 761	–	–	–	–	–	–	–	162 761
Cost per casemix adjusted separation	$	7333.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7333.0
Total non-acute										
Number of hospitals	no.	105	38	92	62	43	13	1	–	354
Separations per hospital	no.	587	863	262	378	513	147	na	..	469
AR-DRGs (5+) per hospital	no.	10	12	9	10	15	5	na	..	11
Average cost weight		1	1	1	1	1	1	na	..	1
Relative stay index		1	1	1	1	1	2	na	..	1
Cost per casemix adjusted separation	$	9 526	9 156	9 898	11 489	12 058	13 878	na	..	10 534
Psychiatric (g)										
Number of hospitals	no.	7	2	4	2	2	1	–	–	18
Separations per hospital (c)	no.	756	232	96	699	927	356	–	–	541
Total expenditure	$'000	245 061	49 417	137 584	88 033	78 950	18 101	–	–	617 146
Cost per casemix adjusted separation	$	11593.0	41040.0	53649.0	15863.0	19115.0	29609.0	0.0	0.0	17270.0
Unpeered and other acute (includes hospitals with fewer than 200 separations)										
Number of hospitals	no.	43	22	64	15	19	11	–	–	174

Table 10A.57 **Costs and utilisation by hospital peer group, public hospitals, 2011-12 (a), (b)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Separations per hospital (c)	no.	307	844	60	176	237	114	–	–	253
Total expenditure	$'000	274 457	247 556	97 636	93 092	40 394	27 421	–	–	780 556
Cost per casemix adjusted separation	$	10 920	7 628	13 428	26 432	8 815	10 971	–	–	12 327
Total										
Number of hospitals used in this analysis	**no.**	**225**	**104**	**170**	**96**	**80**	**23**	**3**	**5**	**706**
Average beds per hospital (h)	**no.**	**89**	**89**	**66**	**59**	**65**	**52**	**313**	**139**	**78**
Number of hospitals	**no.**	**225**	**151**	**170**	**96**	**80**	**23**	**3**	**5**	**753**
Separations per hospital	**no.**	**7 354**	**14 844**	**5 890**	**6 126**	**5 080**	**4 332**	**32 485**	**22 671**	**7 797**
Total expenditure	**$'000**	**12 905 606**	**9 746 466**	**7 705 940**	**4 380 674**	**3 229 556**	**915 578**	**932 981**	**567 521**	**40 384 321**
Teaching (excluding psychiatric)										
Number of hospitals	no.	20	16	22	6	7	3	2	2	78
Separations per hospital (c)	no.	43 876	49 937	35 600	50 107	41 149	28 650	48 728	48 507	42 677
AR-DRGs (5+) per hospital (d)	no.	425	402	349	349	412	397	454	401	391
Average cost weight (e)		1.14	1.15	1.08	1.03	1.18	1.10	1.00	0.70	1.10
Relative stay index (f)		1.14	0.92	0.93	1.05	1.06	1.04	1.02	1.21	1.02
Cost per casemix adjusted separation	$	5 321	5 896	5 396	6 004	5 257	5 961	6 384	5 967	5 591

(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) Expenditure and cost per casemix adjusted separation data exclude depreciation.

(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) The number of different version 5.2 AR-DRGs provided by a hospital for which there were at least five acute separations.

(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 2008–09 AR-DRG version 5.2 cost weights.

Table 10A.57 **Costs and utilisation by hospital peer group, public hospitals, 2011-12 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

(f) Relative stay index based on observed vs expected length of stay based on age and AR-DRG Version 5.2, 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 2013, *Australian Hospital Statistics 2011-12* , Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra.

Table 10A.58 **Capital cost per casemix-adjusted separation — indicative estimates for inpatient services at major public acute hospitals, 2011-12 (a), (b), (c)**

	Unit	*NSW*	*Vic* (d)	*Qld*	*WA* (d)	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*
Land										
Asset value at 30 June	$m	1 664	na	685	428	229	38	28	20	3 093
User cost of capital	$m	133	na	55	34	18	3	2	2	247
Casemix-adjusted separations	'000	1 657	1 451	1 124	514	411	104	97	76	5 286
Inpatient fraction		0.69	0.70	0.68	0.72	0.70	0.69	0.69	0.80	0.70
Cost per casemix-adj. separation	$	55	na	33	67	31	20	16	17	33
Buildings										
Asset value at 30 June	$m	7 682	5 197	4 886	2 270	1 520	403	580	534	23 072
User cost of capital	$m	615	416	391	182	122	32	46	43	1846
Annual depreciation	$m	329	398	147	55	73	15	15	17	1049
Casemix-adjusted separations	'000	1 657	1 451	1 124	514	411	104	97	76	5 286
Inpatient fraction		0.69	0.70	0.68	0.72	0.70	0.69	0.69	0.80	0.70
Cost per casemix-adj. separation	$	393	561	326	459	332	316	434	633	383
Equipment										
Asset value at 30 June	$m	870	1 862	975	181	118	110	58	17	4 191
User cost of capital	$m	70	149	78	15	9	9	5	1	335
Annual depreciation	$m	170	203	84	31	32	8	13	4	544
Casemix-adjusted separations	'000	1 657	1 451	1 124	514	411	104	97	76	5 286
Inpatient fraction		0.69	0.70	0.68	0.72	0.70	0.69	0.69	0.80	0.70
Cost per casemix-adj. separation	$	100	243	98	88	70	111	124	60	116
Interest payments	$m	41.6	–	–	2.8	4.5	–	0.2	–	49.1
Interest payments per separation	$	17.3	–	–	5.4	7.7	–	1.2	–	6.5
Total capital cost (excl. land) per casemix-adj. separation	**$**	**475**	**804**	**424**	**542**	**395**	**427**	**556**	**693**	**493**

Table 10A.58 **Capital cost per casemix-adjusted separation — indicative estimates for inpatient services at major public acute hospitals, 2011-12 (a), (b), (c)**

	Unit	*NSW*	*Vic* (d)	*Qld*	*WA* (d)	*SA*	*Tas*	*ACT*	*NT* (e)	*Aust*

(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 2013, *Australian Hospital Statistics 2011-12* , Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra.

Table 10A.59 **Relative stay index for patients in public hospitals, by funding source, 2011-12 (a), (b)**

Accommodation status	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Public patients (c)	1.04	0.91	0.89	0.97	1.01	1.03	1.00	1.16	0.97
Private health insurance	1.07	0.96	0.96	1.10	1.10	1.05	1.03	1.01	1.03
Self-funded	1.06	0.92	0.84	0.91	0.90	0.93	0.89	1.08	1.01
Workers compensation	1.14	1.02	1.08	1.21	1.18	1.04	1.09	1.49	1.11
Motor vehicle 3rd party personal claim	1.24	0.91	1.05	1.20	1.24	1.28	1.00	1.34	1.09
Department of Veterans' Affairs	0.99	0.90	0.83	0.94	1.06	1.07	0.88	1.28	0.96
Other (d)	1.80	0.93	0.90	1.08	1.09	0.99	1.08	1.24	1.22
Total	**1.05**	**0.91**	**0.89**	**0.98**	**1.02**	**1.04**	**1.00**	**1.16**	**0.98**

(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 6.0x. 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) Public patients includes separations with a funding source of Australian Health Care Agreements, Reciprocal health care agreements, Other hospital or public authority (with a public patient election status) and No charge raised (in public hospitals).

(d) Includes patients whose funding source was reported as other compensation, Department of Defence, Correctional facilities, other hospital or public authority, other and unknown.

– Nil or rounded to zero.

Source : AIHW 2013, *Australian Hospital Statistics 2011-12* , Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra.

Table 10A.60 **Relative stay index, indirectly standardised, patients in public hospitals, by medical, surgical and other type of diagnosis related group 2011-12 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Medical	1.03	0.90	0.86	0.95	1.01	1.06	0.99	1.10	0.95
Surgical	1.08	0.95	0.97	1.05	1.06	1.00	1.01	1.34	1.02
Other	1.16	0.95	0.96	1.00	1.04	1.00	1.04	1.32	1.04
All public hospitals	**1.05**	**0.91**	**0.89**	**0.98**	**1.02**	**1.04**	**1.00**	**1.16**	**0.98**

(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 6.0x.

(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 2013, *Australian Hospital Statistics 2011-12* , Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra.

Table 10A.61 **NSW recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Occassions of service						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	no.	870 579	882 510	906 689	916 314	952 499
Large hospitals	no.	686 050	689 374	683 249	693 313	718 201
Medium hospitals	no.	568 564	559 006	570 768	590 426	590 153
Small hositals	no.	141 569	141 249	139 356	139 172	131 678
Unpeered and other acute hospitals	no.	29 640	26 353	26 662	27 044	25 519
Total public acute	no.	2 296 402	2 298 492	2 326 724	2 366 269	2 418 050
Outpatient						
Principal referral and Women's and children's hospitals	no.	8 084 029	8 428 689	8 024 141	8 057 030	9 159 883
Large hospitals	no.	2 449 095	2 694 304	2 646 680	2 692 358	3 014 713
Medium hospitals	no.	1 201 479	1 154 536	1 184 590	1 261 467	1 358 327
Small hositals	no.	109 868	110 675	116 213	125 779	124 305
Unpeered and other acute hospitals	no.	3 443 706	3 621 901	3 504 152	3 476 754	3 685 381
Total public acute	no.	15 288 177	16 010 105	15 475 776	15 613 388	17 342 609
Other						
Principal referral and Women's and children's hospitals	no.	1 059 433	1 164 306	1 043 412	879 446	1 212 795
Large hospitals	no.	681 171	690 388	567 511	612 388	619 867
Medium hospitals	no.	419 714	440 748	421 894	386 468	554 453
Small hositals	no.	110 401	108 954	106 655	116 928	164 585
Unpeered and other acute hospitals	no.	643 240	503 100	501 099	468 942	503 515
Total public acute	no.	2 913 959	2 907 496	2 640 571	2 464 172	3 055 215
Total						
Principal referral and Women's and children's hospitals	no.	10 014 041	10 475 505	9 974 242	9 852 790	11 325 177
Large hospitals	no.	3 816 316	4 074 066	3 897 440	3 998 059	4 352 781
Medium hospitals	no.	2 189 757	2 154 290	2 177 252	2 238 361	2 502 933
Small hositals	no.	361 838	360 878	362 224	381 879	420 568

Table 10A.61 **NSW recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Unpeered and other acute hospitals	no.	4 116 586	4 151 354	4 031 913	3 972 740	4 214 415
Total public acute	no.	20 498 538	21 216 093	20 443 071	20 443 829	22 815 874
Public psychiatric						
Emergency department	no.	na	na	na	na	na
Outpatient	no.	64 966	46 561	43 263	57 306	60 501
Other	no.	na	na	na	na	na
Total	no.	64 966	46 561	43 263	57 306	60 501
Cost per occasion						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	$	209	216	226	281	277
Large hospitals	$	203	151	204	252	267
Medium hospitals	$	194	164	220	221	256
Small hositals	$	120	98	117	106	234
Unpeered and other acute hospitals	$	90	96	105	116	129
Total public acute	$	197	175	210	245	265
Outpatient						
Principal referral and Women's and children's hospitals	$	119	139	154	164	124
Large hospitals	$	99	103	114	119	104
Medium hospitals	$	66	73	94	92	93
Small hositals	$	136	111	133	125	177
Unpeered and other acute hospitals	$	32	9	38	40	47
Total public acute	$	92	99	116	122	102
Other						
Principal referral and Women's and children's hospitals	$	101	101	106	129	138
Large hospitals	$	87	80	103	94	144
Medium hospitals	$	118	124	122	141	90
Small hositals	$	119	103	120	113	98

Table 10A.61 **NSW recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Unpeered and other acute hospitals	$	69	84	85	101	12
Total public acute	$	94	96	105	116	108
Total						
Principal referral and Women's and children's hospitals	$	125	142	155	172	138
Large hospitals	$	116	107	128	138	136
Medium hospitals	$	109	107	133	135	131
Small hositals	$	125	103	123	115	164
Unpeered and other acute hospitals	$	38	19	44	48	44
Total public acute	$	104	107	125	136	120
Public psychiatric						
Emergency department	$	na	na	na	na	na
Outpatient	$	1 500	894	1 123	862	736
Other	$	na	na	na	na	na
Total	$	1 513	907	1 137	872	771

(a) These data are based on the hospitals that participated in the National Hospital Cost Data Collection.

na Not available.

Source : NSW Government (unpublished).

Table 10A.62 **WA recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Occassions of service						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	no.	223 113	229 705	280 942	377 377	408 829
Large hospitals	no.	150 840	133 032	106 722	255 184	283 874
Medium hospitals	no.	84 020	105 399	110 235	24 967	26 855
Small hositals	no.	143 639	131 683	147 031	160 324	173 961
Unpeered and other acute hospitals	no.	72 893	85 514	81 393	83 831	81 990
Total public acute	no.	674 505	685 333	726 323	901 683	975 509
Outpatient						
Principal referral and Women's and children's hospitals	no.	1 577 667	1 611 707	1 662 696	1 317 725	1 023 297
Large hospitals	no.	360 576	290 118	317 121	363 001	258 069
Medium hospitals	no.	448 024	515 736	565 286	128 633	89 716
Small hositals	no.	394 937	367 379	388 176	180 793	120 151
Unpeered and other acute hospitals	no.	198 272	241 705	242 553	160 312	97 307
Total public acute	no.	2 976 476	3 026 645	3 175 832	2 150 464	1 588 540
Other						
Principal referral and Women's and children's hospitals	no.	235 087	10 857	136 365	na	na
Large hospitals	no.	152 895	30 934	15 201	na	na
Medium hospitals	no.	127 464	40 991	44 293	na	na
Small hositals	no.	129 136	72 764	92 460	na	na
Unpeered and other acute hospitals	no.	32 133	80 629	30 249	na	na
Total public acute	no.	676 715	236 175	318 568	na	na
Total						
Principal referral and Women's and children's hospitals	no.	2 035 867	1 852 269	2 080 003	1 695 102	1 432 126
Large hospitals	no.	664 311	454 084	439 044	618 185	541 943
Medium hospitals	no.	659 508	662 126	719 814	153 600	116 571
Small hositals	no.	524 073	440 143	480 636	341 117	294 112

Table 10A.62 **WA recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Unpeered and other acute hospitals	no.	230 405	322 334	272 802	244 143	179 297
Total public acute	no.	4 114 164	3 730 956	3 992 299	3 052 147	2 564 049
Public psychiatric						
Emergency department	no.	na	na	na	na	na
Outpatient	no.	na	na	na	na	na
Other	no.	na	na	na	na	na
Total	no.	na	na	na	na	na
Cost per occasion						
Public acute						
Emergency department (b)						
Principal referral and Women's and children's hospitals	$	490	530	505	465	603
Large hospitals	$	369	411	635	585	534
Medium hospitals	$	187	214	643	370	481
Small hositals	$	na	na	na	433	437
Unpeered and other acute hospitals	$	na	na	na	311	424
Total public acute	$	na	na	na	476	535
Outpatient						
Principal referral and Women's and children's hospitals	$	231	244	267	246	306
Large hospitals	$	118	119	157	87	248
Medium hospitals	$	99	126	121	62	213
Small hositals	$	176	213	245	141	237
Unpeered and other acute hospitals	$	173	180	201	125	254
Total public acute	$	186	203	222	190	283
Other						
Principal referral and Women's and children's hospitals	$	72	78	81	na	na
Large hospitals	$	72	78	81	na	na
Medium hospitals	$	72	78	81	na	na
Small hositals	$	72	78	81	na	na

Table 10A.62 **WA recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Unpeered and other acute hospitals	$	72	78	81	na	na
Total public acute	$	72	78	81	na	na
Total						
Principal referral and Women's and children's hospitals	$	241	278	287	295	391
Large hospitals	$	122	152	271	292	398
Medium hospitals	$	93	117	198	112	275
Small hositals	$	151	191	213	278	355
Unpeered and other acute hospitals	$	159	154	188	189	332
Total public acute	$	182	213	253	275	379
Public psychiatric						
Emergency department	$	na	na	na	na	na
Outpatient	$	na	na	na	na	na
Other	$	na	na	na	na	na
Total	$	na	na	na	na	na

(a) These data are based on the hospitals that participated in the 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.63 **SA recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Occassions of service						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	no.	262 490	257 999	272 164	280 184	286 285
Large hospitals	no.	37 864	38 518	39 971	42 569	40 564
Medium hospitals	no.	148 915	142 719	147 775	148 348	201 743
Small hositals	no.	67 566	62 979	65 586	61 869	68 473
Unpeered and other acute hospitals	no.	9 876	9 055	8 760	11 018	10 817
Total public acute	no.	526 711	511 270	534 256	543 988	607 882
Outpatient						
Principal referral and Women's and children's hospitals	no.	941 700	990 999	1 012 893	1 026 225	1 109 261
Large hospitals	no.	149 367	139 747	170 186	170 025	164 271
Medium hospitals	no.	174 605	196 281	205 610	191 881	187 799
Small hositals	no.	85 741	88 939	87 954	84 746	80 649
Unpeered and other acute hospitals	no.	17 643	21 995	21 542	17 542	20 651
Total public acute	no.	1 369 056	1 437 961	1 498 185	1 490 389	1 562 631
Other						
Principal referral and Women's and children's hospitals	no.	na	na	na	na	na
Large hospitals	no.	na	na	na	na	na
Medium hospitals	no.	na	na	na	na	na
Small hositals	no.	na	na	na	na	na
Unpeered and other acute hospitals	no.	na	na	na	na	na
Total public acute	no.	na	na	na	na	na
Total						
Principal referral and Women's and children's hospitals	no.	1 204 190	1 248 998	1 285 057	1 306 409	1 395 546
Large hospitals	no.	187 231	178 265	210 157	212 594	204 835
Medium hospitals	no.	323 520	339 000	353 385	340 229	389 542
Small hositals	no.	153 307	151 918	153 540	146 585	149 122

Table 10A.63 **SA recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Unpeered and other acute hospitals	no.	27 519	31 050	30 302	28 560	31 468
Total public acute	no.	1 895 767	1 949 231	2 032 441	2 034 377	2 170 513
Public psychiatric						
Emergency department	no.	na	na	na	na	na
Outpatient	no.	na	na	na	na	na
Other	no.	na	na	na	na	na
Total	no.	na	na	na	na	na
Cost per occasion						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	$	426	529	556	658	691
Large hospitals	$	336	333	244	402	502
Medium hospitals	$	189	213	232	256	215
Small hositals	$	54	60	64	94	67
Unpeered and other acute hospitals	$	–	–	–	–	–
Total public acute	$	302	365	380	460	455
Outpatient						
Principal referral and Women's and children's hospitals	$	319	355	370	410	365
Large hospitals	$	207	287	216	220	267
Medium hospitals	$	96	85	82	115	108
Small hositals	$	52	34	39	133	65
Unpeered and other acute hospitals	$	–	–	–	–	–
Total public acute	$	261	291	292	334	314
Other						
Principal referral and Women's and children's hospitals	$	na	na	na	na	na
Large hospitals	$	na	na	na	na	na
Medium hospitals	$	na	na	na	na	na
Small hositals	$	na	na	na	na	na

Table 10A.63 **SA recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Unpeered and other acute hospitals	$	na	na	na	na	na
Total public acute	$	na	na	na	na	na
Total						
Principal referral and Women's and children's hospitals	$	342	391	409	463	432
Large hospitals	$	233	297	221	256	314
Medium hospitals	$	138	139	145	178	164
Small hositals	$	53	45	50	117	66
Unpeered and other acute hospitals	$	–	–	–	–	–
Total public acute	$	272	310	315	368	353
Public psychiatric						
Emergency department	$	na	na	na	na	na
Outpatient	$	na	na	na	na	na
Other	$	na	na	na	na	na
Total	$	na	na	na	na	na

(a) These data are based on the hospitals that participated in the National Hospital Cost Data Collection.

na Not available. **–** Nil or rounded to zero.

Source: SA Government (unpublished).

Table 10A.64 **Tasmania recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Occassions of service						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	no.	77 243	80 151	62 340	68 687	68 418
Large hospitals	no.	47 414	49 957	44 871	44 328	43 194
Medium hospitals	no.	..	..	..	..	..
Small hositals	no.	..	..	..	..	..
Unpeered and other acute hospitals	no.	17 966	12 234	6 822	10 324	12 987
Total public acute	no.	142 623	142 342	114 033	123 339	124 599
Outpatient						
Principal referral and Women's and children's hospitals	no.	364 955	389 290	218 617	395 067	390 313
Large hospitals	no.	88 054	89 672	81 085	84 057	76 266
Medium hospitals	no.	..	..	..	..	..
Small hositals	no.	..	..	..	..	..
Unpeered and other acute hospitals	no.	7 212	6 582	2 234	4 539	14 896
Total public acute	no.	460 221	485 544	301 936	483 663	481 475
Other						
Principal referral and Women's and children's hospitals	no.	na	na	60 464	na	na
Large hospitals	no.	na	na	1 460	na	na
Medium hospitals	no.	na	na	na	na	na
Small hositals	no.	na	na	na	na	na
Unpeered and other acute hospitals	no.	na	na	na	na	na
Total public acute	no.	na	na	na	na	na
Total						
Principal referral and Women's and children's hospitals	no.	na	na	na	na	na
Large hospitals	no.	na	na	na	na	na
Medium hospitals	no.	na	na	na	na	na
Small hositals	no.	na	na	na	na	na

Table 10A.64 **Tasmania recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	2008-09	2009-10	2010-11	2011-12
Unpeered and other acute hospitals	no.	na	na	na	na	na
Total public acute	no.	na	na	na	na	na
Public psychiatric						
Emergency department	no.	na	na	na	na	na
Outpatient	no.	na	na	na	na	na
Other	no.	na	na	na	na	na
Total	no.	na	na	na	na	na
Cost per occasion						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	$	494	575	469	391	483
Large hospitals	$	252	353	340	338	360
Medium hospitals	$	..	..	..	..	..
Small hositals	$	..	..	..	..	..
Unpeered and other acute hospitals	$	151	44	169	184	140
Total public acute	$	..	451	400	355	451
Outpatient						
Principal referral and Women's and children's hospitals	$	163	213	302	248	260
Large hospitals	$	178	185	182	272	281
Medium hospitals	$	..	..	..	..	..
Small hositals	$	..	..	..	..	..
Unpeered and other acute hospitals	$	94	78	59	65	412
Total public acute	$	164	206	268	250	268
Other						
Principal referral and Women's and children's hospitals	$	na	na	133	na	na
Large hospitals	$	na	na	166	na	na
Medium hospitals	$	na	na	na	na	na
Small hositals	$	na	na	na	na	na

Table 10A.64 **Tasmania recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Unpeered and other acute hospitals	$	na	na	na	na	na
Total public acute	$	na	na	na	na	na
Total						
Principal referral and Women's and children's hospitals	$	na	na	na	na	na
Large hospitals	$	na	na	na	na	na
Medium hospitals	$	na	na	na	na	na
Small hosital s	$	na	na	na	na	na
Unpeered and other acute hospitals	$	na	na	na	na	na
Total public acute	$	na	na	na	na	na
Public psychiatric						
Emergency department	$	na	na	na	na	na
Outpatient	$	na	na	na	na	na
Other	$	na	na	na	na	na
Total	$	na	na	na	na	na

(a) These data are based on the hospitals that participated in the National Hospital Cost Data Collection.

na Not available. **..** Not applicable.

Source : Tasmania Government (unpublished).

Table 10A.65 **ACT recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Occassions of service						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	no.	51 756	54 117	57 487	60 572	64 928
Large hospitals	no.	46 685	47 781	49 327	51 355	53 839
Medium hospitals	no.	na	na	na	na	na
Small hositals	no.	na	na	na	na	na
Unpeered and other acute hospitals	no.	na	na	na	na	na
Total public acute	no.	98 441	101 898	106 814	112 197	118 767
Outpatient						
Principal referral and Women's and children's hospitals	no.	201 380	230 384	256 195	240 336	285 636
Large hospitals	no.	53 924	57 435	60 653	74 157	71 812
Medium hospitals	no.	na	na	na	na	na
Small hositals	no.	na	na	na	na	na
Unpeered and other acute hospitals	no.	na	na	na	na	na
Total public acute	no.	255 304	287 819	316 848	314 493	340 455
Other						
Principal referral and Women's and children's hospitals	no.	na	na	na	na	na
Large hospitals	no.	na	na	na	na	na
Medium hospitals	no.	na	na	na	na	na
Small hositals	no.	na	na	na	na	na
Unpeered and other acute hospitals	no.	na	na	na	na	na
Total public acute	no.	na	na	na	na	na
Total						
Principal referral and Women's and children's hospitals	no.	253 136	284 501	313 682	300 908	350 564
Large hospitals	no.	100 609	105 216	109 980	125 512	125 651
Medium hospitals	no.	na	na	na	na	na
Small hositals	no.	na	na	na	na	na

Table 10A.65 **ACT recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Unpeered and other acute hospitals	no.	na	na	na	na	na
Total public acute	no.	353 745	389 717	423 662	426 420	459 222
Public psychiatric						
Emergency department	no.	na	na	na	na	na
Outpatient	no.	na	na	na	na	na
Other	no.	na	na	na	na	na
Total	no.	na	na	na	na	na
Cost per occasion						
Public acute						
Emergency department						
Principal referral and Women's and children's hospitals	$	na	na	na	na	na
Large hospitals	$	na	na	na	na	na
Medium hospitals	$	na	na	na	na	na
Small hositals	$	na	na	na	na	na
Unpeered and other acute hospitals	$	na	na	na	na	na
Total public acute	$	600	637	665	723	839
Outpatient						
Principal referral and Women's and children's hospitals	$	na	na	na	na	na
Large hospitals	$	na	na	na	na	na
Medium hospitals	$	na	na	na	na	na
Small hositals	$	na	na	na	na	na
Unpeered and other acute hospitals	$	na	na	na	na	na
Total public acute	$	253	268	330	255	338
Other						
Principal referral and Women's and children's hospitals	$	na	na	na	na	na
Large hospitals	$	na	na	na	na	na
Medium hospitals	$	na	na	na	na	na
Small hositals	$	na	na	na	na	na

Table 10A.65 **ACT recurrent cost per non-admitted patient occasion of service, public hospitals (a)**

		2007-08	2008-09	2009-10	2010-11	2011-12
Unpeered and other acute hospitals	$	na	na	na	na	na
Total public acute	$	na	na	na	na	na
Total						
Principal referral and Women's and children's hospitals	$	na	na	na	na	na
Large hospitals	$	na	na	na	na	na
Medium hospitals	$	na	na	na	na	na
Small hositals	$	na	na	na	na	na
Unpeered and other acute hospitals	$	na	na	na	na	na
Total public acute	$	349	368	371	340	463
Public psychiatric						
Emergency department	$	na	na	na	na	na
Outpatient	$	na	na	na	na	na
Other	$	na	na	na	na	na
Total	$	na	na	na	na	na

(a) These data are based on the hospitals that participated in the National Hospital Cost Data Collection.

na Not available.

Source: ACT Government (unpublished).

Table 10A.66 **Emergency department number of presentations and actual average cost per presentation (a), (b), (c), (d)**

	Presentations	*Average cost/presentation*
	no.	$
2009-10	5 250 307	479
2010-11	5 448 339	498

(a) Not all hospitals that submit data to the NHCDC submit Urgency Related Group data (ED classification). This data is a combination of all NHCDC hospitals ED data.

(b) Depreciation costs are not included by all jurisdictions for 2009-10. Depreciation costs are included for all jurisdictions in 2010-11. Victoria has provided depreciation costs for the first time in Round 15.

(c) 2009-10 and 2010-11 data are based on 228 public sector hospitals.

(d) Estimated data are not available

Source: IHPA, *NHCDC Round 14* (2009-10) and *Round 15* (2010-11).

Table 10A.67 **Emergency department presentation by Urgency Related Groupings (URG) codes - presentations and average cost per presentation (a), (b), (c), (d), (e)**

Urgency related grouping		*Actual presentations*	*Actual average cost per presentation*
		no.	$
2009-10			
Admitted triage 1			
1	Injury, multiple sites	2 919	1 300
2	Illness of other or unknown systems	10	1 066
3	Injury, single site	1 710	1 396
4	Poisoning, comatose; poisoning, conscious	1 287	1 204
5	Respiratory system illness	2 946	1 286
6	Circulatory system illness	4 625	981
7	All other MDC groups	5 916	1 273
Admitted triage 2			
8	Injury, multiple sites	9 204	919
9	Poisoning, comatose	712	1 101
10	Injury, single site*major	8 887	825
11	Digestive system illness; Hepatobilary system illness	13 635	978
12	Respiratory system illness	29 297	909
13	Injury, single site*minor	3 460	951
14	Neurological illness	14 589	997
15	Poisoning, conscious; drug reaction; alcohol/drug abuse	5 672	977
16	Circulatory system illness	86 085	890
17	All other MDC groups	29 497	931
Admitted triage 3			
18	Injury, multiple sites	22 093	765
19	Blood/Immune system illness	10 705	803
20	Injury, single site*major	21 778	701
21	Neurological illness	45 891	868
22	Obstetric illness; Gynaecological illness	16 242	545
23	Digestive system illness; Hepatobilary system illness	99 644	818
24	Circulatory system illness	74 634	809
25	Poisoning, conscious; drug reaction; alcohol/drug abuse	9 944	870
26	Urological illness	29 502	815
27	Respiratory system illness	66 371	799
28	Injury, single site*minor	10 854	747
29	All other MDC groups	70 320	859
Admitted triage 4			
30	Poisoning, comatose; poisoning, conscious; drug reaction; alcohol/drug abuse; circulatory system illness	16 215	656

Table 10A.67 **Emergency department presentation by Urgency Related Groupings (URG) codes - presentations and average cost per presentation (a), (b), (c), (d), (e)**

Urgency related grouping		*Actual presentations*	*Actual average cost per presentation*
31	Respiratory system illness	21 067	714
32	Digestive system illness; Hepatobilary system illness	61 238	716
33	All other MDC groups	121 710	693
34	Injury, single site	29 020	601
35	Psychiatric illness; social problem; other presentation	21 316	766
Admitted triage 5			
36	Psychiatric illness; social problem; other presentation	3 230	518
37	All other MDC groups	17 134	532
38	Dead on Arrival	2 532	240
Non-admitted triage 1			
39	All MDC groups	4 158	1 197
Non-admitted triage 2			
40	Alcohol/drug abuse	1 818	836
41	Illness of other or unknown systems	29	905
42	Musculoskeletal/connective tissue illness	2 352	665
43	Circulatory system illness; Respiratory system illness	44 052	747
44	Injury, single site	21 817	786
45	Poisoning, comatose	2 398	739
46	All other MDC groups	37 947	675
Non-admitted triage 3			
47	Injury, multiple sites	19 577	487
48	Circulatory system illness	52 077	602
49	Illness of other or unknown systems	256	727
50	Injury, single site*major	50 609	516
51	Alcohol/drug abuse; Obstetric illness; Gynaecological illness; Male reproductive illness	43 767	589
52	Digestive system illness; Hepatobilary system illness	90 575	565
53	Neurological illness	45 628	594
54	Injury, single site*minor	57 051	550
55	Respiratory system illness	75 478	462
56	Musculoskeletal/connective tissue illness	10 825	511
57	All other MDC groups	161 645	472
Non-admitted triage 4			
58	Injury, single site*major	136 706	320
59	Injury, multiple sites	47 803	287

Table 10A.67 **Emergency department presentation by Urgency Related Groupings (URG) codes - presentations and average cost per presentation (a), (b), (c), (d), (e)**

Urgency related grouping		*Actual presentations*	*Actual average cost per presentation*
60	Alcohol/drug abuse; Obstetric illness; Gynaecological illness; Male reproductive illness	74 566	361
61	Circulatory system illness; Respiratory system illness	112 793	333
62	Digestive system; Hepatobiliary system illness	117 673	381
63	Musculoskeletal/connective tissue illness	37 657	358
64	Injury, single site*minor	182 042	333
65	Illness of the ENT	49 809	269
66	Illness of the eyes	34 115	248
67	Other presentation except DNW	94 256	300
68	All other MDC groups	197 298	343
Non-admitted triage 5			
69	Poisoning, comatose; Poisoning, conscious	2 700	257
70	Injury, multiple sites; Injury, single site	83 738	227
71	Other presentation except DNW	89 279	183
72	All other MDC groups	137 695	209
73	DNW/ Left before treatment completed	225 731	200
AE2	Adm - Triage not (1, 2, 3, 4 or 5)	61	529
AE3	Adm - Blank Diagnosis Code	2 101	660
AE4	Adm - Invalid Diagnosis Code	59 973	812
AE5	Adm - Unacceptable Diagnosis Code – No MDB map	1 731	844
NE1	NonAdm - Episode End Status not (1, 2, 3, 4, 5, 6 or 7).	25 728	419
NE2	NonAdm - Triage not (1, 2, 3, 4 or 5)	182	376
NE3	NonAdm - Blank Diagnosis Code	38 552	319
NE4	NonAdm - Invalid Diagnosis Code	122 893	412
NE5	NonAdm - Unacceptable Diagnosis Code – No MDB map	6 468	428
Total		**3 595 500**	**499**
2010-11			
Admitted triage 1			
A03	Injury	5 404	1 950
A04	Poisoning	1 265	1 396
A05	Respiratory system illness	3 668	1 461
A06	Circulatory system illness	6 021	1 217
A07	All other MDB groups	7 137	1 499
Admitted triage 2			
A09	Poisoning	4 545	1 060

Table 10A.67 **Emergency department presentation by Urgency Related Groupings (URG) codes - presentations and average cost per presentation (a), (b), (c), (d), (e)**

Urgency related grouping		*Actual presentations*	*Actual average cost per presentation*
A10	Injury	22 053	1 140
A11	Gastrointestinal system illness	15 295	1 136
A12	Respiratory system illness	35 081	1 014
A14	Neurological illness	16 770	1 138
A15	Toxic effects of drugs	1 242	1 057
A16	Circulatory system illness	95 704	953
A17	All other MDB groups	33 858	970
Admitted triage 3			
A19	Blood / Immune system illness	12 419	890
A20	Injury	57 266	819
A21	Neurological illness	48 898	934
A22	Obstetric/Gynaecological illness	16 881	538
A23	Gastrointestinal system illness	106 829	914
A24	Circulatory system illness	80 261	875
A25	Poisoning/Toxic effects of drugs	10 066	870
A26	Urological illness	30 212	905
A27	Respiratory system illness	75 864	863
A29	All other MDB groups	84 635	834
Admitted triage 4			
A30	Poisoning/Toxic effects of drugs	3 075	700
A31	Respiratory system illness	22 110	732
A32	Gastrointestinal system illness	59 537	775
A33	All other MDB groups	128 539	707
A34	Injury	42 858	643
A35	Psychiatric/Social problem/Other presentation	23 228	784
Admitted triage 5			
A36	Psychiatric/Social problem/Other presentation	3 988	528
A37	All other MDB groups	19 717	596
N38	Dead on Arrival w any Triage w any MDB	3 986	169
Non-admitted triage 1			
N39	All MDB groups	6 366	1 469
Non-admitted triage 2			
N40	Alcohol/drug abuse	2 866	879
N42	Musculoskeletal/connective tissue illness	3 078	707

Table 10A.67 **Emergency department presentation by Urgency Related Groupings (URG) codes - presentations and average cost per presentation (a), (b), (c), (d), (e)**

Urgency related grouping		*Actual presentations*	*Actual average cost per presentation*
N43	Circulatory system / Respiratory system illness	71 623	840
N44	Injury	29 432	834
N45	Poisoning	3 945	820
N46	All other MDB groups	55 693	753
Non-admitted triage 3			
N48	Circulatory system illness	82 193	649
N50	Injury	159 828	553
N51	Genitourinary illness	62 606	626
N52	Gastrointestinal system illness	128 172	607
N53	Neurological illness	66 256	629
N55	Respiratory system illness	100 247	510
N56	Musculoskeletal/connective tissue illness	15 026	543
N57	All other MDB groups	224 866	493
Non-admitted triage 4			
N58	Injury	434 911	343
N60	Genitourinary illness	90 982	407
N61	Circulatory system / Respiratory system illness	149 082	369
N62	Gastrointestinal system illness	160 501	422
N63	Musculoskeletal/connective tissue illness	53 036	383
N65	Illness of the ENT	68 375	286
N66	Illness of the eyes	51 543	250
N67	Other presentation block	109 494	338
N68	All other MDB groups	286 707	353
Non-admitted triage 5			
N69	Poisoning/Toxic effects of drugs	3 812	257
N70	Injury	110 355	236
N71	Other presentation block	102 520	206
N72	All other MDB groups	172 661	237
N73	Did Not Wait	258 865	155
AE2	Error - Triage not=1,2,3,4 or 5	33	543
AE3	Error - Blank Diagnosis Code	16 999	794
AE4	Error - Invalid Diagnosis Code	43 642	848
AE5	Error - Diagnosis Code – No MDB map	1 622	964
NE1	Error - Episode End Status not=1,2,3,4,5,6 or 7	22 356	346
NE2	Error - Triage not=1,2,3,4 or 5	156	699
NE3	Error - Blank Diagnosis Code	200 902	293

Table 10A.67 Emergency department presentation by Urgency Related Groupings (URG) codes - presentations and average cost per presentation (a), (b), (c), (d), (e)

Urgency related grouping		*Actual presentations*	*Actual average cost per presentation*
NE4	Error - Invalid Diagnosis Code	189 587	396
NE5	Error - Diagnosis Code – No MDB map	14 383	453
Total		**4 633 133**	**513**

(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) Emergency department urgency related grouping data reported by 180 hospitals in 2009-10 and 167 hospitals in 2010-11.

(c) Costing and admission practices vary between jurisdictions and hospitals.

(d) Depreciation costs are not included for all jurisdictions for 2009-10. Depreciation costs are included for all jurisdictions in 2010-11. Victoria has provided depreciation costs for the first time in Round 15.

(e) Estimated data are not available

Source: IHPA, *NHCDC Round 14* (2009-10) and *Round 15* (2010-11).

Table 10A.68 **Non-admitted clinic number of occassions of service and actual average cost per occasion of service (a), (b), (c)**

	Occasions of service	*Average cost per occasion of service*
	no.	$
2009-10	12 153 528	284
2010-11	8 117 889	340

(a) Tier 0 figures stated here represent the total of all non-admitted activity reported regardless of reporting level or classification.

(b) Depreciation costs are not included by all jurisdictions in 2009-10. Depreciation costs are included by all jurisdictions in 2010-11.

(c) 2009-10 data is based on 225 public sector hospitals. 2010-11 data is based on 203 public sector hospitals.

Source: IHPA, *NHCDC Round 14* (2009-10) and *Round 15* (2010-11).

Table 10A.69 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2012-13 (a), (b)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often listened carefully to them										
					proportion					
Major cities	%	84.3	83.7	82.8	86.0	82.3	..	82.5	..	83.9
Other (c)	%	86.6	81.9	85.5	82.7	84.4	81.3	-	87.6	84.5
Total	**%**	**85.0**	**83.4**	**84.0**	**84.7**	**83.4**	**81.3**	**82.5**	**87.6**	**84.2**
					relative standard error					
Major cities	%	2.3	2.1	2.0	2.3	4.1	..	3.4	..	1.0
Other (c)	%	2.2	3.5	3.4	2.9	3.8	2.2	-	7.2	1.4
Total	**%**	**1.7**	**1.9**	**1.9**	**2.0**	**2.8**	**2.2**	**3.4**	**7.2**	**0.8**
					95 per cent confidence interval					
Major cities	±	3.9	3.5	3.3	3.9	6.7	..	5.5	..	1.6
Other (c)	±	3.8	5.6	5.7	4.6	6.4	3.5	-	12.3	2.2
Total	±	**2.9**	**3.1**	**3.2**	**3.4**	**4.5**	**3.5**	**5.5**	**12.3**	**1.3**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often showed respect to them										
					proportion					
Major cities	%	86.3	85.4	83.5	88.6	84.5	..	82.6	..	85.7
Other (c)	%	86.9	82.3	87.7	84.1	85.3	83.3	-	88.4	85.5
Total	**%**	**86.4**	**84.7**	**85.5**	**87.2**	**84.8**	**83.3**	**82.6**	**88.4**	**85.7**
					relative standard error					
Major cities	%	2.1	2.4	2.1	1.8	3.3	..	3.7	..	0.9
Other (c)	%	2.3	3.6	3.1	2.8	3.4	2.2	-	7.8	1.3

Table 10A.69 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2012-13 (a), (b)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	**%**	**1.5**	**2.1**	**1.7**	**1.8**	**2.5**	**2.2**	**3.7**	**7.8**	**0.7**
					95 per cent confidence interval					
Major cities	±	3.6	3.9	3.4	3.2	5.5	..	6.0	..	1.6
Other (c)	±	3.8	5.9	5.3	4.7	5.6	3.6	-	13.5	2.2
Total	±	**2.6**	**3.4**	**2.8**	**3.0**	**4.1**	**3.6**	**6.0**	**13.5**	**1.2**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often spent enough time with them										
					proportion					
Major cities	%	80.9	79.8	80.7	84.6	81.2	..	75.3	..	81.0
Other (c)	%	81.7	79.4	81.0	80.6	78.5	74.9	-	85.0	80.3
Total	**%**	**81.0**	**79.9**	**80.7**	**83.1**	**79.5**	**74.9**	**75.3**	**85.0**	**80.7**
					relative standard error					
Major cities	%	3.1	2.7	2.5	2.6	3.0	..	3.7	..	1.3
Other (c)	%	3.3	3.6	3.8	3.4	5.0	3.5	-	8.2	1.4
Total	**%**	**2.4**	**2.4**	**2.1**	**2.2**	**2.4**	**3.5**	**3.7**	**8.2**	**0.9**
					95 per cent confidence interval					
Major cities	±	5.0	4.2	4.0	4.3	4.8	..	5.5	..	2.0
Other (c)	±	5.3	5.6	6.0	5.3	7.7	5.1	-	13.7	2.2
Total	±	**3.8**	**3.7**	**3.3**	**3.6**	**3.8**	**5.1**	**5.5**	**13.7**	**1.4**

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who went to an emergency department for their own health in the last 12 months, excluding interviews by proxy. Excludes those who responded don't know.

Table 10A.69 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2012-13 (a), (b)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

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

Source: ABS (unpublished) Patient Experience Survey 2012-13.

Table 10A.70 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2012-13 (a), (b)**

	Proportion (%)	*relative standard error (%)*	*95 per cent confidence interval (±)*
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often listened carefully to them			
Major cities	83.9	1.0	1.6
Other (c)	84.5	1.4	2.2
Inner regional	84.9	1.9	3.2
Outer regional	83.4	2.3	3.7
Remote/very remote	87.0	8.8	15.0
Total	**84.2**	**0.8**	**1.3**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often showed respect to them			
Major cities	85.7	0.9	1.6
Other (c)	85.5	1.3	2.2
Inner regional	86.3	1.6	2.7
Outer regional	83.6	2.6	4.2
Remote/very remote	88.8	8.1	14.1
Total	**85.7**	**0.7**	**1.2**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often spent enough time with them			
Major cities	81.0	1.3	2.0
Other (c)	80.3	1.4	2.2
Inner regional	81.3	1.9	3.1
Outer regional	77.6	2.6	3.9
Remote/very remote	84.9	9.4	15.6
Total	**80.7**	**0.9**	**1.4**

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who went to an emergency department for their own health in the last 12 months, excluding interviews by proxy. Excludes those who responded don't know.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

Source : ABS (unpublished) Patient Experience Survey 2012-13.

Table 10A.71 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2012-13 (a), (b)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often listened carefully to them										
					proportion					
Major cities	%	86.6	90.5	89.3	91.1	86.8	..	83.5	..	88.8
Other (c)	%	90.4	86.7	90.9	90.5	88.0	89.6	-	90.5	89.4
Total	**%**	**87.6**	**89.8**	**90.1**	**90.9**	**87.4**	**89.6**	**83.5**	**90.5**	**89.1**
					relative standard error					
Major cities	%	2.4	1.6	1.6	1.7	2.5	..	3.0	..	1.1
Other (c)	%	1.9	3.4	2.7	2.9	2.8	1.7	-	7.6	1.1
Total	**%**	**1.8**	**1.4**	**1.5**	**1.3**	**1.8**	**1.7**	**3.0**	**7.6**	**0.8**
					95 per cent confidence interval					
Major cities	±	4.1	2.9	2.7	3.1	4.3	..	4.8	..	1.9
Other (c)	±	3.4	5.8	4.8	5.2	4.9	3.1	-	13.5	1.9
Total	±	**3.1**	**2.4**	**2.6**	**2.4**	**3.1**	**3.1**	**4.8**	**13.5**	**1.4**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often showed respect to them										
					proportion					
Major cities	%	87.3	92.0	89.5	92.0	89.2	..	86.7	..	89.8
Other (c)	%	90.9	88.4	90.5	93.3	90.5	90.3	-	90.2	90.4
Total	**%**	**88.5**	**91.1**	**90.2**	**92.4**	**89.6**	**90.3**	**86.7**	**90.2**	**90.1**
					relative standard error					
Major cities	%	2.5	1.6	1.8	1.6	1.7	..	2.8	..	1.0
Other (c)	%	1.9	3.3	2.6	2.8	2.8	1.6	-	7.6	1.1

Table 10A.71 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2012-13 (a), (b)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	**%**	**1.7**	**1.2**	**1.5**	**1.1**	**1.8**	**1.6**	**2.8**	**7.6**	**0.7**
					95 per cent confidence interval					
Major cities	±	4.2	2.8	3.1	3.0	3.0	..	4.8	..	1.8
Other (c)	±	3.4	5.7	4.6	5.1	4.9	2.7	-	13.4	1.9
Total	±	**3.0**	**2.2**	**2.6**	**2.0**	**3.1**	**2.7**	**4.8**	**13.4**	**1.3**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often spent enough time with them										
					proportion					
Major cities	%	83.6	85.6	86.5	90.4	87.1	..	80.8	..	85.8
Other (c)	%	88.2	84.6	88.7	90.0	86.6	84.3	-	89.5	87.2
Total	**%**	**85.2**	**85.6**	**87.5**	**90.4**	**86.6**	**84.3**	**80.8**	**89.5**	**86.4**
					relative standard error					
Major cities	%	2.8	2.1	2.0	2.1	2.1	..	2.9	..	1.1
Other (c)	%	2.1	3.4	2.7	2.8	3.9	2.5	-	7.7	1.0
Total	**%**	**1.9**	**1.7**	**1.7**	**1.4**	**2.3**	**2.5**	**2.9**	**7.7**	**0.7**
					95 per cent confidence interval					
Major cities	±	4.6	3.6	3.4	3.8	3.5	..	4.6	..	1.8
Other (c)	±	3.7	5.6	4.6	4.9	6.6	4.1	-	13.6	1.7
Total	±	**3.2**	**2.9**	**3.0**	**2.5**	**3.9**	**4.1**	**4.6**	**13.6**	**1.2**

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who went to an emergency department for their own health in the last 12 months, excluding interviews by proxy. Excludes those who responded don't know.

Table 10A.71 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2012-13 (a), (b)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

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

Source : ABS (unpublished) Patient Experience Survey 2012-13.

Table 10A.72 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2012-13 (a), (b)**

	Proportion (%)	*relative standard error (%)*	*95 per cent confidence interval (±)*
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often listened carefully to them			
Major cities	88.8	1.1	1.9
Other (c)	89.4	1.1	1.9
Inner regional	89.3	1.6	2.8
Outer regional	88.8	2.0	3.4
Remote/very remote	94.3	7.8	14.5
Total	**89.1**	**0.8**	**1.4**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often showed respect to them			
Major cities	89.8	1.0	1.8
Other (c)	90.4	1.1	1.9
Inner regional	90.5	1.5	2.6
Outer regional	89.7	1.7	2.9
Remote/very remote	94.9	8.2	15.2
Total	**90.1**	**0.7**	**1.3**
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often spent enough time with them			
Major cities	85.8	1.1	1.8
Other (c)	87.2	1.0	1.7
Inner regional	87.4	1.6	2.7
Outer regional	85.7	1.7	2.9
Remote/very remote	93.7	8.6	15.8
Total	**86.4**	**0.7**	**1.2**

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who visited an emergency department for their own health in the last 12 months, excluding interviews by proxy. Excludes those who responded don't know.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

Source : ABS (unpublished) Patient Experience Survey 2012-13.

Table 10A.73 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2012-13 (a), (b)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often listened carefully to them										
					proportion					
Major cities	%	91.5	90.0	85.1	91.9	90.8	..	89.3	..	89.8
Other (c)	%	90.6	89.0	89.6	87.4	85.9	85.9	-	81.5	88.8
Total	**%**	**91.3**	**89.5**	**87.1**	**90.8**	**89.5**	**85.9**	**89.3**	**81.5**	**89.5**
					relative standard error					
Major cities	%	1.5	2.2	3.1	1.7	2.1	..	4.6	..	1.0
Other (c)	%	3.0	2.9	1.9	3.9	5.3	3.2	-	3.2	1.3
Total	**%**	**1.5**	**1.8**	**1.7**	**1.6**	**1.7**	**3.2**	**4.6**	**3.2**	**0.8**
					95 per cent confidence interval					
Major cities	±	2.7	3.9	5.1	3.1	3.8	..	8.0	..	1.8
Other (c)	±	5.4	5.0	3.4	6.7	8.9	5.5	-	5.2	2.2
Total	**±**	**2.6**	**3.2**	**2.8**	**2.8**	**3.0**	**5.5**	**8.0**	**5.2**	**1.3**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often showed respect to them										
					proportion					
Major cities	%	91.7	90.3	86.9	92.9	90.4	..	91.2	..	90.4
Other (c)	%	89.7	85.7	90.1	91.1	89.1	86.2	-	81.3	89.5
Total	**%**	**91.5**	**89.3**	**88.4**	**92.6**	**90.2**	**86.2**	**91.2**	**81.3**	**90.2**
					relative standard error					
Major cities	%	1.5	2.4	3.2	1.5	2.0	..	3.2	..	1.1
Other (c)	%	4.8	6.5	2.0	4.3	4.7	3.6	-	3.9	1.6

Table 10A.73 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2012-13 (a), (b)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	**%**	**1.2**	**2.3**	**1.8**	**1.3**	**1.6**	**3.6**	**3.2**	**3.9**	**0.9**
					95 per cent confidence interval					
Major cities	±	2.7	4.2	5.5	2.7	3.6	..	5.8	..	2.0
Other (c)	±	8.5	11.0	3.6	7.6	8.3	6.0	-	6.3	2.7
Total	**±**	**2.2**	**4.1**	**3.2**	**2.3**	**2.9**	**6.0**	**5.8**	**6.3**	**1.7**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often spent enough time with them										
					proportion					
Major cities	%	87.4	86.2	85.3	88.5	85.4	..	85.4	..	86.6
Other (c)	%	87.6	83.3	85.9	82.4	81.9	84.7	-	80.3	85.1
Total	**%**	**87.5**	**85.6**	**85.8**	**87.2**	**84.0**	**84.7**	**85.4**	**80.3**	**86.2**
					relative standard error					
Major cities	%	2.2	2.7	3.3	2.0	2.1	..	6.7	..	1.3
Other (c)	%	3.2	10.2	3.0	4.4	7.1	2.7	-	3.8	1.9
Total	**%**	**2.0**	**2.5**	**2.3**	**1.9**	**2.0**	**2.7**	**6.7**	**3.8**	**1.2**
					95 per cent confidence interval					
Major cities	±	3.7	4.6	5.5	3.5	3.5	..	11.2	..	2.1
Other (c)	±	5.5	16.6	5.1	7.0	11.4	4.6	-	6.0	3.1
Total	**±**	**3.5**	**4.3**	**3.9**	**3.3**	**3.3**	**4.6**	**11.2**	**6.0**	**2.0**

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy. Excludes those who responded don't know.

Table 10A.73 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2012-13 (a), (b)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

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

Source : ABS (unpublished) Patient Experience Survey 2012-13.

Table 10A.74 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2012-13 (a), (b)**

	Proportion (%)	*relative standard error (%)*	*95 per cent confidence interval (±)*
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often listened carefully to them			
Major cities	89.8	1.0	1.8
Other (c)	88.8	1.3	2.2
Inner regional	88.4	2.0	3.5
Outer regional	89.5	1.5	2.6
Remote/very remote	90.3	5.3	9.3
Total	**89.5**	**0.8**	**1.3**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often showed respect to them			
Major cities	90.4	1.1	2.0
Other (c)	89.5	1.6	2.7
Inner regional	88.7	2.5	4.3
Outer regional	91.3	1.3	2.3
Remote/very remote	90.3	5.5	9.7
Total	**90.2**	**0.9**	**1.7**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often spent enough time with them			
Major cities	86.6	1.3	2.1
Other (c)	85.1	1.9	3.1
Inner regional	84.4	3.1	5.2
Outer regional	86.5	2.2	3.8
Remote/very remote	86.5	5.4	9.2
Total	**86.2**	**1.2**	**2.0**

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy. Excludes those who responded don't know.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges) except for remote/very remote (10 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

Source: ABS (unpublished) Patient Experience Survey 2012-13.

Table 10A.75 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2012-13 (a), (b)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often listened carefully to them										
					proportion					
Major cities	%	90.1	91.4	90.7	92.8	93.5	..	89.8	..	91.1
Other (c)	%	90.3	94.5	93.2	90.3	83.7	89.9	-	86.9	91.3
Total	**%**	**90.5**	**92.1**	**91.8**	**92.0**	**90.8**	**89.9**	**89.8**	**86.9**	**91.2**
					relative standard error					
Major cities	%	1.4	1.3	1.9	1.8	1.7	..	3.5	..	0.7
Other (c)	%	4.6	1.5	2.1	2.7	3.6	3.2	-	4.9	0.9
Total	**%**	**1.3**	**1.0**	**1.5**	**1.5**	**1.8**	**3.2**	**3.5**	**4.9**	**0.6**
					95 per cent confidence interval					
Major cities	±	2.5	2.4	3.4	3.3	3.2	..	6.2	..	1.3
Other (c)	±	8.1	2.7	3.8	4.7	5.9	5.7	-	8.4	1.7
Total	**±**	**2.3**	**1.8**	**2.8**	**2.8**	**3.2**	**5.7**	**6.2**	**8.4**	**1.1**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often showed respect to them										
					proportion					
Major cities	%	91.7	91.2	90.1	94.2	94.0	..	90.6	..	91.8
Other (c)	%	93.2	89.0	93.0	90.3	85.4	88.4	-	87.6	91.0
Total	**%**	**92.2**	**91.1**	**91.4**	**93.0**	**91.7**	**88.4**	**90.6**	**87.6**	**91.5**
					relative standard error					
Major cities	%	1.7	1.6	2.0	1.6	1.7	..	3.5	..	0.9
Other (c)	%	1.8	10.4	2.0	2.7	3.4	4.6	-	5.0	1.4
Total	**%**	**1.4**	**1.7**	**1.5**	**1.5**	**1.8**	**4.6**	**3.5**	**5.0**	**0.8**

Table 10A.75 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2012-13 (a), (b)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					95 per cent confidence interval					
Major cities	±	3.0	2.8	3.5	3.0	3.1	..	6.2	..	1.6
Other (c)	±	3.3	18.1	3.7	4.7	5.6	8.0	-	8.5	2.5
Total	**±**	**2.5**	**3.0**	**2.6**	**2.7**	**3.3**	**8.0**	**6.2**	**8.5**	**1.5**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often spent enough time with them										
					proportion					
Major cities	%	87.7	88.5	88.4	93.1	89.7	..	85.3	..	88.8
Other (c)	%	90.4	88.8	90.1	88.1	82.6	86.5	-	85.8	89.0
Total	**%**	**88.5**	**89.0**	**89.2**	**91.8**	**87.7**	**86.5**	**85.3**	**85.8**	**88.9**
					relative standard error					
Major cities	%	2.0	1.8	2.2	1.7	2.1	..	5.4	..	0.8
Other (c)	%	2.5	5.6	2.8	3.2	3.8	4.1	-	5.2	1.6
Total	**%**	**1.6**	**1.7**	**1.8**	**1.5**	**1.8**	**4.1**	**5.4**	**5.2**	**0.8**
					95 per cent confidence interval					
Major cities	±	3.4	3.1	3.8	3.0	3.6	..	9.0	..	1.4
Other (c)	±	4.4	9.8	5.0	5.5	6.1	6.9	-	8.7	2.8
Total	**±**	**2.9**	**2.9**	**3.2**	**2.6**	**3.1**	**6.9**	**9.0**	**8.7**	**1.4**

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy. Excludes those who responded don't know.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges) except for NT (10 year ranges).

Table 10A.75 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2012-13 (a), (b)**

	unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*

(c) Includes inner and outer regional, remote and very remote areas.

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

Source : ABS (unpublished) Patient Experience Survey 2012-13.

Table 10A.76 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2012-13 (a), (b)**

	Proportion (%)	*relative standard error (%)*	*95 per cent confidence interval (±)*
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often listened carefully to them			
Major cities	91.1	0.7	1.3
Other (c)	91.3	0.9	1.7
Inner regional	91.8	1.4	2.5
Outer regional	90.9	1.8	3.1
Remote/very remote	86.8	5.7	9.6
Total	**91.2**	**0.6**	**1.1**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often showed respect to them			
Major cities	91.8	0.9	1.6
Other (c)	91.0	1.4	2.5
Inner regional	91.0	2.2	3.9
Outer regional	91.0	1.8	3.2
Remote/very remote	88.9	5.4	9.4
Total	**91.5**	**0.8**	**1.5**
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often spent enough time with them			
Major cities	88.8	0.8	1.4
Other (c)	89.0	1.6	2.8
Inner regional	88.8	2.6	4.5
Outer regional	89.1	2.1	3.6
Remote/very remote	86.0	6.2	10.4
Total	**88.9**	**0.8**	**1.4**

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy. Excludes those who responded don't know.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges) except for remote/very remote (10 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

Source: ABS (unpublished) Patient Experience Survey 2012-13.

Table 10A.77 NSW patient evaluation of hospital services

When the survey was conducted

Year(s):

Not conducted in 2012

Time period (eg. July to Sept):

na

Survey method (eg. telephone, mailout etc):

Survey Recommenced January 2013 - to be reported in ROGS 2015

Respondents (eg. Admitted patients in public acute care hospitals):

na

Sample size:

na

Response rate:

na

Size of underlying population:

na

Organisation conducting the survey:

na

Organisation funding the survey:

na

Table 10A.77 NSW patient evaluation of hospital services

How was information from the survey used to help improve public hospital quality:

na

Survey results:

na

na Not available.

Source: NSW Government (unpublished).

Table 10A.78 Victorian patient evaluation of hospital services

When the survey was conducted

Year(s):

2012

Time period (eg. July to Sept):

January to December

Survey method (eg. telephone, mailout etc):

Paper survey mailout with options to return paper survey or to respond online

Respondents (eg. Admitted patients in public acute care hospitals):

Admitted adult (18 and over) patients in public hospitals (acute and subacute); Non-admitted adults (18 and over) attending public Emergency Departments

Sample size:

Victorian Patient Satisfaction Monitor (VPSM) Sent out 75,792 Returned 26,812
Emergency Department -Victorian Patient Satisfaction Monitor (ED-VPSM) Sent out 21,829 Returned 4,580

Response rate:

VPSM 35.4 per cent
ED-VPSM 21 per cent

Size of underlying population:

VPSM Eligible adult inpatients of Victorian public hospitals (acute and sub-acute)
ED-VPSM Adult non-admitted emrgency department attendees

Organisation conducting the survey:

Table 10A.78 Victorian patient evaluation of hospital services

UltraFeedback Pty Ltd

Organisation funding the survey:

Department of Health, Victoria

How was information from the survey used to help improve public hospital quality:

Health services are provided six monthly campus level reports. These reports provide results and offer benchmarking with state and peer group results. Health services use these results to determine where to direct improvement activity and to establish if previous interventions have been effective.

Survey results:

The results for the VPSM are provided for the Overall Care Index (OCI) and the Consumer Participation Indicator (CPI). These scores are provided as a number between 20 (poor) and 100 (excellent). The results for the ED-VPSM are provided as a number between one (poor) and five (excellent).
January to June 2012 VPSM: OCI = 79.9; CPI = 81.9; ED-VPSM = 3.77
June to December 2012 VPSM: OCI = 79.6; CPI 81.4; ED-VPSM = 3.77

Source : Victorian Government (unpublished).

Table 10A.79 Queensland patient evaluation of hospital services

When the survey was conducted

Year(s):

2013

Time period (eg. July to Sept):

August to September

Survey method (eg. telephone, mailout etc):

Telephone (CATI - Computer Assisted Telephone Interviews)

Respondents (eg. Admitted patients in public acute care hospitals):

Patients of public hospital emergency departments (only those hospitals with electronic emergency department information system)
Patients were excluded if it was determined they:
• did not wait for treatment;
• left after treatment had commenced;
• were admitted to a mental health unit or ward;
• were discharged to a nursing home or institution;
• were transferred to another health care facility, other than a hospital;
• were deceased in the Emergency Department or subsequently;
• presented for a mental health issue (except drug or alcohol related);
• presented with self-harm;
• were in a known or suspected domestic violence situation;
• had a miscarriage, stillbirth, live birth where the neonate subsequently died before discharge, intrauterine death, hydatidiform mole, or complications following miscarriage or termination;
• had requested an interpreter in the hospital;
• usually resided outside Australia; or
• had refused consent to be contacted to provide feedback.
Responses for patients under the age of 16 were provided by their parent or guardian, or by the adult who accompanied them at the Emergency Department.

Sample size:

Table 10A.79 Queensland patient evaluation of hospital services

approx. 10 000

Response rate:

unknown

Size of underlying population:

232 324

Organisation conducting the survey:

Government Statistician, Queensland Treasury and Trade (formerly Office of Economic and Statistical Research, Queensland Treasury)

Organisation funding the survey:

Queensland Health

How was information from the survey used to help improve public hospital quality:

Individualised hospital reports will be produced, presenting the hospital's results and the 34 other hospital results. Comparison to the 2011 Emergency Department Patient Experience Survey will be undertaken where possible. Reports will be disseminated to Hospital and Health Service (HHS) Chief Executives, Executive Directors of Medical Services (EDMSs) and Executive Directors of Nursing Services (EDONs) in December 2013. Hospitals are encouraged to review the results to identify areas in need of improvement and subsequently design and implement improvement initiatives. Some hospitals will contact high performing hospitals to learn from their processes. Subsequent to hospitals receiving their hospital reports, presentations will be undertaken to statewide groups such as the Statewide Emergency Department Clinical Network, Directors of Medical Services Advisory Committee (DOMSAC), Directors of Nursing and Midwifery Advisory Committee, etc. to present the results and discuss quality improvement initiatives.

Survey results:

Unknown

Source: Queensland Government (unpublished).

Table 10A.80 WA patient evaluation of hospital services

When the survey was conducted

Year(s):

2012-13

Time period (eg. July to Sept):

July 2012- June 2013

Survey method (eg. telephone, mailout etc):

Computer Assisted Telephone Interview (CATI). Self report adults (16+ years) and parent/guardian reports on behalf of child (<16 years).

Respondents (eg. Admitted patients in public acute care hospitals):

Survey conducted on admitted patients (including a subset of older adult patients), emergency department patients and outpatients. The scope was all public patients in Western Australian hospitals. The groups reported on in this document include adult admitted, child admitted, older adult admitted, adult outpatients and adult emergency department patients. Child outpatients and child emergency department patients are not reported as this would result in hospital level identification.

Sample size:

7440 admitted patients 1397 outpatients and 1586 emergency patients

Response rate:

The eligible contacted response rate for emergency patients was 91.84 per cent, the eligible contacted response rate for child admitted patients was 94.52 per cent, the eligible contacted response rate for adult admitted patients was 91.22 per cent, the eligible contacted response rate for outpatients was 91.8 per cent and the eligible contacted response rate for older adults is 84.43 per cent.

Size of underlying population:

For the admitted population the underlying population are those people who have been admitted to hospital and meet the same criteria as survey participants. For admitted patients this is ~ 419 000 admissions in 2012/2013. The criteria are public acute patients, residents of WA, not requiring an interpreter, discharged home, no psychiatric care days.

Table 10A.80 WA patient evaluation of hospital services

Organisation conducting the survey:

Edith Cowen University, Survey Research Centre

Organisation funding the survey:

WA Department of Health

How was information from the survey used to help improve public hospital quality:

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, employment of a Customer Liaison Officer to improve communication with patients on rights and services, storage of patient care plans in the wall desk of all rooms to increase patient involvement, improved discharge coordination procedures, and the introduction of brochures to inform patients on how the ED works.

Survey results:

Admitted Adults

Scales	Sample Size	Mean Scale Score	SE	Lower 95% CI	Upper 95% CI
Access Scale: Getting into hospital	4576	69.19	0.3	68.63	69.75
Consistency Scale: Continuity of care	4539	71.16	0.4	70.43	71.88
Informed Scale: Information and communication	4576	83.55	0.3	83.01	84.09
Involvement Scale: Involved in decisions about your care and treatment	4578	74.15	0.3	73.57	74.73
Needs Scale: Meeting personal needs	4575	90.70	0.2	90.23	91.17
Time and Care Scale: Time and attention paid to patient care	4576	87.69	0.2	87.26	88.12
Residential Scale: Residential aspects of the hospital	4568	62.74	0.3	62.16	63.33

Table 10A.80 WA patient evaluation of hospital services

Outcome Scale: Patient rated outcome of hospital stay	4579	86.86	0.3	86.34	87.39
Overall indicator of satisfaction weighted by ranked issues of importance	4578	79.20	0.2	78.78	79.62

Admitted Children

Scales	Sample Size	Mean Scale Score	SE	Lower 95% CI	Upper 95% CI
Access Scale: Getting into hospital	2068	65.69	0.4	64.86	66.51
Consistency Scale: Continuity of care	2058	70.79	0.6	69.68	71.90
Informed Scale: Information and communication	2068	84.23	0.4	83.46	85.00
Involvement Scale: Involved in decisions about your care and treatment	2069	75.52	0.4	74.74	76.30
Needs Scale: Meeting personal needs	2068	90.62	0.3	89.95	91.28
Time and Care Scale: Time and attention paid to patient care	2069	86.49	0.3	85.84	87.14
Residential Scale: Residential aspects of the hospital	2065	61.40	0.5	60.49	62.31
Outcome Scale: Patient rated outcome of hospital stay	2069	89.82	0.3	89.15	90.50
Overall indicator of satisfaction weighted by ranked issues of importance	2069	78.94	0.3	78.33	79.56

Admitted Older Adults

Scales	Sample Size	Mean Scale Score	SE	Lower 95% CI	Upper 95% CI
Access Scale: Getting into hospital	792	74.07	0.6	72.94	75.19
Consistency Scale: Continuity of care	788	80.09	0.6	78.84	81.34
Informed Scale: Information and communication	791	83.51	0.6	82.28	84.74
Involvement Scale: Involved in decisions about your care and treatment	792	67.57	0.8	65.97	69.17
Needs Scale: Meeting personal needs	788	92.91	0.5	91.98	93.85
Time and Care Scale: Time and attention paid to patient care	791	92.84	0.4	92.01	93.68
Residential Scale: Residential aspects of the hospital	788	65.25	0.7	63.91	66.59

Table 10A.80 WA patient evaluation of hospital services

Outcome Scale: Patient rated outcome of hospital stay	792	88.31	0.6	87.18	89.43
Overall indicator of satisfaction weighted by ranked issues of importance	792	81.67	0.4	80.81	82.54

Outpatient Adults

Scales	Sample Size	Mean Scale Score	SE	Lower 95% CI	Upper 95% CI
Access Scale: Getting into hospital	1137	61.16	0.5	60.27	62.06
Consistency Scale: Continuity of care	1126	77.05	0.6	75.83	78.27
Informed Scale: Information and communication	1136	80.43	0.6	79.26	81.60
Involvement Scale: Involved in decisions about your care and treatment	1137	67.41	0.8	65.78	69.03
Needs Scale: Meeting personal needs	1133	90.23	0.5	89.22	91.24
Time and Care Scale: Time and attention paid to patient care	1136	78.92	0.6	77.72	80.11
Residential Scale: Residential aspects of the hospital	1129	59.33	0.6	58.12	60.53
Outcome Scale: Patient rated outcome of hospital stay	1137	80.08	0.6	78.90	81.25
Overall indicator of satisfaction weighted by ranked issues of importance	1137	75.54	0.4	74.71	76.37

Emergency Department Adults

Scales	Sample Size	Scale Score	SE	Lower 95% CI	Upper 95% CI
Access Scale: Getting into hospital	1434	69.92	0.5	69.02	70.82
Consistency Scale: Continuity of care	1427	76.86	0.6	75.71	78.00
Informed Scale: Information and communication	1429	82.97	0.6	81.88	84.07
Involvement Scale: Involved in decisions about your care and treatment	1434	59.90	0.8	58.34	61.47
Needs Scale: Meeting personal needs	1433	83.09	0.4	82.29	83.90
Time and Care Scale: Time and attention paid to patient care	1432	87.67	0.5	86.63	88.72
Residential Scale: Residential aspects of the hospital	1423	60.87	0.6	59.75	61.99
Outcome Scale: Patient rated outcome of hospital stay	1434	86.62	0.6	85.49	87.76

Table 10A.80 **WA patient evaluation of hospital services**

	Overall indicator of satisfaction weighted by ranked issues of importance	1434	76.86	0.4	76.06	77.66

Source : WA Government (unpublished).

Table 10A.81 SA patient evaluation of hospital services

When the survey was conducted

Year(s):

2011-12

Time period (eg. July to Sept):

July 2011 to June 2012. The 2012-13 Measuring Consumer Experience Report is due in late 2013.

Survey method (eg. telephone, mailout etc):

Computer Assisted Telephone Interviewing (CATI) of a random sample.

Respondents (eg. Admitted patients in public acute care hospitals):

South Australian adults aged 16 years or more who have been in hospital care at least overnight in a metropolitan or country hospital.

Sample size:

2438 consumers were interviewed.

Response rate:

The response rate is 76%.

Size of underlying population:

A sample of 3593 was drawn from all consumers who met the SA Consumer Experience Survey System (SACESS) eligibility criteria.

Organisation conducting the survey:

Population Research and Outcomes Studies (PROS) - University of Adelaide

Organisation funding the survey:

SA Health

Table 10A.81 SA patient evaluation of hospital services

How was information from the survey used to help improve public hospital quality:

The first Measuring Consumer Experience SA Public Hospital Inpatient Annual Report for 2010-11 was released in 2012. The second Measuring Consumer Experience report 2011-12 will be released in 2013. Six monthly reports have been established to report by Local Health Networks and Hospitals. Ongoing monitoring of consumers' experience requires LHNs to review and implement strategies to improve their results to 85 by 2013/14.

Survey results:

Questions about each domain were coded to generate scores ranging from zero (a negative response) to 100 (a positive response). The average of the responses to items from domains was used to derive a mean score. The results show the average score for core domains of care relating to consumer experiences of overnight care at a South Australian metropolitan or country hospital.

- 77.1 for involvement in care and treatment (KPI)
- 76.9 for consistent and co-ordinated care
- 93.0 for treated with respect and dignity
- 78.3 for involved in decision making
- 88.3 for doctors
- 90.7 for nursing
- 88.4 for cleanliness
- 91.0 for pain control
- 90.5 for privacy

The lowest mean score (76.9) was recorded for the domain consistent and co-ordinated care and the highest (93.0) for the domain treated with respect and dignity.

A score of 85 or less is considered to represent an area where improvement is required. SA Health performed above the benchmark score of 85 for six of these domains. Scores for the four domains 'treated with respect and dignity', 'nursing', 'pain control' and 'privacy' were above 90. There was no significant difference between scores for 2010-11 and 2011-12 for six domains. SA Health continues to score highly in the domains 'pain control' and 'privacy' despite mean scores being statistically significantly lower ($p<0.05$) than those reported in 2010-2011.

Table 10A.81 SA patient evaluation of hospital services

Two domains of care remain below the SA Health benchmark. These are 'involvement in decision-making', and the lowest scoring 'consistent and coordinated care'. Low scoring in 'consistent and coordinated care' reflects patients' perceptions that there was not always good consistency and teamwork between clinical teams. The domain 'involvement in decision-making' includes two questions, one about information provided to the patient, and a second question about finding a staff member to discuss worries and fears. Patients scored their involvement with decisions about their care and treatment during their stay more highly than their involvement with decision about their discharge plans.

The domain 'involvement in care and treatment' is a key performance indicator (KPI) for health services. Results from 2011-12 have been compared with the previous reporting period in 2010-11 to allow monitoring of performance over time. The results from questions in one domain 'involvement in care and treatment' were able to be compared with results from previous survey in 2008 as a KPI.

Source: SA Government (unpublished).

Table 10A.82 Tasmanian patient evaluation of hospital services

When the survey was conducted

Year(s):

na

Time period (eg. July to Sept):

na

Survey method (eg. telephone, mailout etc):

na

Respondents (eg. Admitted patients in public acute care hospitals):

na

Sample size:

na

Response rate:

na

Size of underlying population:

na

Organisation conducting the survey:

na

Organisation funding the survey:

na

Table 10A.82 Tasmanian patient evaluation of hospital services

How was information from the survey used to help improve public hospital quality:

na

Survey results:

na

na Not available.

Source: Tasmanian Government (unpublished).

Table 10A.83 ACT patient evaluation of hospital services

When the survey was conducted

Year(s):

First hospital in 2013; Second hospital in 2012

Time period (eg. July to Sept):

March to May 2013 in first hospital; July - Dec 2012 in second one.

Survey method (eg. telephone, mailout etc):

Mailout for both hospitals.

Respondents (eg. Admitted patients in public acute care hospitals):

Admitted inpatients in public hospital acute and sub-acute care; In second hospital, surveys conducted with both inpatient and outpatient services.

Sample size:

526 in first hospital; 3924 in second hospital.

Response rate:

32.5 per cent (171 patient responses); 34.4 per cent in second hosp.

Size of underlying population:

617 071 (this is the ACT Capital Region population as of June 2012; includes ACT and surrounding areas of NSW).

Organisation conducting the survey:

Press Garney for first hosp.; ACT Health for second hospital.

Organisation funding the survey:

Calvary Health Care ACT; ACT Health

Table 10A.83 ACT patient evaluation of hospital services

How was information from the survey used to help improve public hospital quality:

Survey provides patient rating of their experience against 90 survey questions which serves as feedback highlighting areas requiring further work. In second hospital, the survey is used to highlight the top 5 areas for improvement both as an organisational wide priority and also Divisional Top 5 priorities.

Survey results:

Overall mean score was 75.6 which was in the ninth percentile group of public hospitals of 151-300 bed capacity. The survey identified a number of priority issues for attention with communication within the treating team and with patients as priority items. In the second hosp., overall satisfaction of 4.37 out of a possible 5.00. 84.7 per cent were "satisfied" or "very satisfied" with "all aspects of their experience with the hospital/health service".

Source : ACT Government (unpublished).

Table 10A.84 NT patient evaluation of hospital services

When the survey was conducted

Year(s):

No valid survey results available

Time period (eg. July to Sept):

na

Survey method (eg. telephone, mailout etc):

na

Respondents (eg. Admitted patients in public acute care hospitals):

na

Sample size:

na

Response rate:

na

Size of underlying population:

na

Organisation conducting the survey:

na

Organisation funding the survey:

na

Table 10A.84 NT patient evaluation of hospital services

How was information from the survey used to help improve public hospital quality:

na

Survey results:

na

na Not available.
Source: NT Government (unpublished).

Table 10A.85 **NSW selected sentinel events (number) (a)**

	2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	4	6	3	1	1
Suicide of a patient in an inpatient unit.	5	2	18	12	20
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	14	16	16	10	14
Intravascular gas embolism resulting in death or neurological damage.	–	2	–	1	–
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	–	1	1	–	1
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	6	1	4	2	1
Maternal death or serious morbidity associated with labour or delivery.	–	–	2	3	1
Infant discharged to the wrong family.	–	–	–	–	–
Total	**29**	**28**	**44**	**29**	**38**

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero.

Source : NSW government (unpublished).

Table 10A.86 **Victoria selected sentinel events (number) (a)**

	2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	1	–	–	1	1
Suicide of a patient in an inpatient unit.	7	7	6	9	8
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	11	3	9	5	7
Intravascular gas embolism resulting in death or neurological damage.	–	–	1	1	–
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	2	1	2	1	–
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	2	1	1	2	4
Maternal death or serious morbidity associated with labour or delivery.	6	3	2	2	–
Infant discharged to the wrong family.	–	–	–	–	–
Total	**29**	**15**	**21**	**21**	**20**

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero.

Source : Victorian government (unpublished).

Table 10A.87 **Queensland selected sentinel events (number) (a)**

	2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	8	2	1	–	1
Suicide of a patient in an inpatient unit.	5	2	4	1	1
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	–	1	1	5	5
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	2	4	–
Maternal death or serious morbidity associated with labour or delivery.	1	2	2	1	4
Infant discharged to the wrong family.	–	–	–	–	–
Total	**19**	**13**	**10**	**11**	**11**

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero.

Source: Queensland government (unpublished).

Table 10A.88 **WA selected sentinel events (number) (a)**

	2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	1	–	1	1	1
Suicide of a patient in an inpatient unit.	9	3	3	5	5
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	3	3	1	1	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	1	2	–
Maternal death or serious morbidity associated with labour or delivery.	5	1	1	3	2
Infant discharged to the wrong family.	2	–	–	–	–
Total	**26**	**11**	**7**	**12**	**11**

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero.

Source : WA government (unpublished).

Table 10A.89 **SA selected sentinel events (number) (a)**

	2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
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	5	2	–
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	3	7	3	3	5
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.	–	–	1	1	1
Maternal death or serious morbidity associated with labour or delivery (b).	2	2	5	4	17
Infant discharged to the wrong family.	–	–	–	–	–
Total	**12**	**15**	**14**	**10**	**23**

(a) Sentinel events definitions can vary across jurisdictions.

(b) In the category of maternal death or serious morbidity associated with labour or delivery, 14 related to post-partum haemorrhage >1500mls, three (3) to fourth degree tear's and three (3) to other classifications of serious morbidity.

– Nil or rounded to zero.

Table 10A.90 **Tasmania selected sentinel events (number) (a)**

	2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
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	–	–	–	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**	**–**	**–**	**–**	**1**

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero.

Source: Tasmanian government (unpublished).

Table 10A.91 **ACT selected sentinel events (number) (a)**

	2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	–	–	np	np	np
Suicide of a patient in an inpatient unit.	–	–	np	np	np
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	np	–	np	np	np
Intravascular gas embolism resulting in death or neurological damage.	–	–	np	np	np
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	–	–	np	np	np
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	–	–	np	np	np
Maternal death or serious morbidity associated with labour or delivery.	–	–	np	np	np
Infant discharged to the wrong family.	–	–	np	np	np
Total	**np**	**–**	**7**	**2**	**3**

(a) Sentinel events definitions can vary across jurisdictions.

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

Source : ACT government (unpublished).

Table 10A.92 **NT selected sentinel events (number) (a)**

	2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
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.	–	–	–	2	–
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	–	1	–	–
Infant discharged to the wrong family.	–	–	–	–	–
Total	**1**	**–**	**1**	**2**	**–**

(a) Sentinel events definitions can vary across jurisdictions.

– Nil or rounded to zero.

Source : NT government (unpublished).

Table 10A.93 **Australia selected sentinel events (number) (a)**

	2007-08	*2008-09*	*2009-10*	*2010-11*	*2011-12*
Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.	15	8	5	3	4
Suicide of a patient in an inpatient unit.	32	20	36	29	34
Retained instruments or other material after surgery requiring re-operation or further surgical procedure.	32	30	30	26	35
Intravascular gas embolism resulting in death or neurological damage.	1	2	1	2	–
Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.	4	4	3	1	1
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.	18	10	9	11	6
Maternal death or serious morbidity associated with labour or delivery.	15	8	13	13	24
Infant discharged to the wrong family.	2	–	–	–	–
Total (b)	**119**	**82**	**104**	**87**	**107**

(a) Sentinel events definitions can vary across jurisdictions.

(b) The total for 2009-10 includes 7 sentinel events for the ACT which are not reported in the 8 sub categories of sentinel events due to confidentiality issues.

– Nil or rounded to zero.

Source : State and Territory governments (unpublished).

Table 10A.94 **Separations, same day separations, patient days, average length of stay and costs for MDC 14 and MDC 15, public hospitals, Australia, 2011-12**

		AR-DRG		
	Unit	*Pregnancy, childbirth and the puerperium (MDC14)*	*Newborns and other neonates (MDC15)*	*Total (all acute separations in public hospitals)* (a)
Separations	no.	362 244	84 259	5 329 166
Separations per 10 000 population (b)	no.	161.1	37.5	2 370.1
Patient days	no.	904 575	574 678	15 644 476
Patient days per 10 000 population	no.	402.3	255.6	6 957.6
Average length of stay (ALOS)	days	2.5	6.8	2.9
ALOS (days) excluding same day	days	3.0	7.3	5.0
Cost by volume (c)	$'000	1 716 537	832 037	23 729 749
Cost by proportion	%	7.2	3.5	100.0

(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.

(b) Crude rate based on the Australian population as at 31 December 2010.

(c) Based on AR–DRG version 6.0 estimated public cost estimates.

ALOS—average length of stay, MDC—Major Diagnostic Category, DRG—Diagnosis Related Group.

Source: AIHW 2013, *Australian Hospital Statistics 2011-12* , Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra.

Table 10A.95 **Separations by major diagnostic category (AR-DRGs) version 6.0, public hospitals, 2011-12**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Separations										
Pregnancy, childbirth and puerperium	no.	115 832	86 188	79 136	33 886	26 928	6 067	6 330	7 877	362 244
Newborns and other neonates	no.	39 936	15 723	12 734	6 635	4 977	1 601	1 550	1 103	84 259
Total acute (a) separations	no.	1 600 727	1 504 112	958 674	571 479	391 729	97 471	92 556	112 418	5 329 166
Proportion of all separations										
Pregnancy, childbirth and puerperium	%	7.2	5.7	8.3	5.9	6.9	6.2	6.8	7.0	6.8
Newborns and other neonates	%	2.5	1.0	1.3	1.2	1.3	1.6	1.7	1.0	1.6
Separations per 1000 population										
Pregnancy, childbirth and puerperium	no.	16.0	15.5	17.5	14.2	16.4	11.9	17.1	33.9	16.1
Newborns and other neonates	no.	5.5	2.8	2.8	2.8	3.0	3.1	4.2	4.7	3.7

(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 2013, *Australian Hospital Statistics 2011-12*, Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra; AIHW; ABS (unpublished), Australian Demographic Statistics, December Quarter 2010, Cat. no. 3101.0; table AA.2.

Table 10A.96 **10 Diagnosis related groups with highest cost, by volume, public hospitals, Australia, 2011-12 (a)**

AR-DRG	*Separations*	*Same day separations*	*Same day separations*	*Separations per 10 000 population* (b)	*Patient days*	*Patient days per 10 000 population* (b)	*ALOS (days)*	*ALOS (days), excluding same day*	*Cost by volume*
	no.	no.	%	per 10 000	no.	per 10 000	no.	no.	$'000
O60A Vaginal Delivery W Catastrophic or Severe CC	16 485	187	1.1	7.4	67 447	30.2	4.0	4.1	123 835
O60B Vaginal Delivery W/O Catastrophic or Severe CC	104 675	3 986	3.8	46.9	259 685	116.2	2.0	2.5	509 977
O60C Vaginal Delivery Single uncomplicated	28 653	3 611	12.6	12.8	50 797	22.7	2.0	1.9	119 368
A06B Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC	6 864	4	0.1	3.1	176 806	79.1	26.0	25.8	597 690
L61Z Haemodialysis	1018 295	1016 708	99.8	455.8	1 020 000	455.9	1.0	1.1	600 794
U61A Schizophrenia Disorders W MHLS	15 003	–	0.0	6.7	482 628	216.0	32.0	32.2	335 452
U61B Schizophrenia Disorders W/O MHLS	13 422	–	0.0	6.0	241 600	108.1	18.0	18.0	185 170
A06A Tracheostomy W Ventilation >95 hours W Catastrophic CC	2 187	–	0.0	1.0	109 302	48.9	50.0	50.0	416 101
O01A Caesarean Delivery W Catastrophic CC	4 320	30	0.7	1.9	40 845	18.3	9.0	9.5	75 012
O01B Caesarean Delivery W Severe CC	11677	47	0.4	5.2	61 792	27.7	5.0	5.3	134 017
O01C Caesarean Delivery W/O Catastrophic or Severe CC	46363	121	0.3	20.8	175 887	78.7	4.0	3.8	434 607
U63A Major Affective Disorders, Age >69 or W Catastrophic or Severe CC	3068	0	0.0	1.4	86 897	38.9	28.0	28.3	77 111
U63B Major Affective Disorders, Age<70 or W/O Catastrophic or Severe CC	18047	0	0.0	8.1	261 277	117.0	14.0	14.5	246 053

Table 10A.96 **10 Diagnosis related groups with highest cost, by volume, public hospitals, Australia, 2011-12 (a)**

AR-DRG	*Separations*	*Same day separations*	*Same day separations*	*Separations per 10 000 population* (b)	*Patient days*	*Patient days per 10 000 population* (b)	*ALOS (days)*	*ALOS (days), excluding same day*	*Cost by volume*
E65B Chronic Obstructive Airways Disease W/O Catastrophic CC	43055	4601	10.7	19.3	193 538	86.6	4.0	4.9	226 943
R63Z Chemotherapy	141928	141876	100.0	63.5	142 017	63.6	1.0	2.7	209 060
I03B Hip Replacement W/O Catastrophic CC	10 722	10	0.1	4.8	69 071	30.9	6.0	6.4	209 712

(a) Based on AR–DRG version 6.0x estimated public cost estimates.

(b) Crude rate based on Australian population as at 31 December 2010.

ALOS = Average Length of Stay. CC = complication or comorbidity. W = with. W/O = without.

– Nil or rounded to zero.

Source: AIHW 2013, *Australian Hospital Statistics 2011-12* , Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra.

Table 10A.97 Intervention rates for selected primiparae, 2012 (a)

	Unit	*NSW*	*Vic* (b)	*Qld*	*WA* (b)	*SA*	*Tas*	*ACT* (c), (d)	*NT*	*Aust* (e)
Proportion of inductions for selected primiparae										
Public hospitals										
Selected primiparae who gave birth	no.	9 342	5 890	3 816	2 264	1 973	na	1 223	283	24 791
Selected primiparae inductions	no.	3 391	1 869	1 122	821	755	na	287	102	8 347
Rate	%	36.3	31.7	29.4	36.3	38.3	na	23.5	36.0	33.7
Private hospitals										
Selected primiparae who gave birth	no.	2 572	1 390	2 222	1 700	569	na	375	np	8 828
Selected primiparae inductions	no.	912	479	751	719	252	na	97	np	3 210
Rate	%	35.5	34.5	33.8	42.3	44.3	na	25.9	np	36.4
Proportion of caesareans for selected primiparae										
Public hospitals										
Selected primiparae who gave birth	no.	9 342	5 890	3 816	2 264	1 973	na	1 223	283	24 791
Selected primiparae caesareans	no.	2 223	1 369	873	560	399	na	260	81	5 765
Rate	%	23.8	23.2	22.9	24.7	20.2	na	21.3	28.6	23.3
Private hospitals										
Selected primiparae who gave birth	no.	2 572	1 390	2 222	1 700	569	na	375	np	8 828
Selected primiparae caesareans	no.	796	425	811	567	167	na	136	np	2 902
Rate	%	30.9	30.6	36.5	33.4	29.3	na	36.3	np	32.9

(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.

(b) Data for Victoria and WA 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) ACT Selected Primiparae data has been derived using a different methodology from 2010-11 and is therefore not directly comparable with data from previous years.

(e) Totals for Australia include only jurisdictions for which data are available.

na Not available.

Table 10A.97 **Intervention rates for selected primiparae, 2012 (a)**

	Unit	*NSW*	*Vic* (b)	*Qld*	*WA* (b)	*SA*	*Tas*	*ACT* (c), (d)	*NT*	*Aust* (e)

Source: State and Territory governments.

Table 10A.98 **Intervention rates for selected primiparae, NSW (a)**

	Unit	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	6 957	6 882	6 946	6 930	7 641	7 897	8 311	8 402	8 961	9 342
Selected primiparae inductions	no.	1 845	1 848	1 988	1 968	2 484	2 564	2 815	2 920	3 169	3 391
Rate	%	26.5	26.9	28.6	28.4	32.5	32.5	33.9	34.8	35.4	36.3
Private hospitals											
Selected primiparae who gave birth	no.	2 618	2 479	2 520	2 195	2 570	2 634	2 814	2 787	2 619	2 572
Selected primiparae inductions	no.	988	866	935	778	916	900	1 001	1 024	934	912
Rate	%	37.7	34.9	37.1	35.4	35.6	34.2	35.6	36.7	35.7	35.5
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	6 957	6 882	6 946	6 930	7 641	7 897	8 311	8 402	8 961	9 342
Selected primiparae caesareans	no.	1 385	1 399	1 471	1 432	1 652	1 714	1 907	1 935	2 092	2 223
Rate	%	19.9	20.3	21.2	20.7	21.6	21.7	22.9	23.0	23.3	23.8
Private hospitals											
Selected primiparae who gave birth	no.	2 618	2 479	2 520	2 195	2 570	2 634	2 814	2 787	2 619	2 572
Selected primiparae caesareans	no.	675	641	699	659	751	748	866	864	811	796
Rate	%	25.8	25.9	27.7	30.0	29.2	28.4	30.8	31.0	31.0	30.9

(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: NSW Government (unpublished).

Table 10A.99 **Intervention rates for selected primiparae, Victoria (a)**

	Unit	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	5 122	4 841	5 230	5 622	6 101	6 022	6 509	6 509	7 128	5 890
Selected primiparae inductions	no.	1 689	1 577	1 609	1 734	1 885	1 731	1 890	1 890	2 321	1 869
Rate	%	33.0	32.6	30.8	30.8	30.9	28.7	29.0	29.0	32.6	31.7
Private hospitals											
Selected primiparae who gave birth	no.	1 965	1 635	1 802	1 818	1 849	2 067	1 973	1 973	1 495	1 390
Selected primiparae inductions	no.	743	565	656	676	659	709	674	674	530	479
Rate	%	37.8	34.6	36.4	37.2	35.6	34.3	34.2	34.2	35.5	34.5
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	5 122	4 841	5 230	5 622	6 101	6 022	6 509	6 509	7 128	5 890
Selected primiparae caesareans	no.	1 187	1 022	1 173	1 312	1 380	1 325	1 487	1 487	1 701	1 369
` Rate	%	23.2	21.1	22.4	23.3	22.6	22.0	22.8	22.8	23.9	23.2
Private hospitals											
Selected primiparae who gave birth	no.	1 965	1 635	1 802	1 818	1 849	2 067	1 973	1 973	1 495	1 390
Selected primiparae caesareans	no.	514	420	488	500	530	555	595	595	463	425
Rate	%	26.2	25.7	27.1	27.5	28.7	26.9	30.2	30.2	31.0	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 : Victorian Government (unpublished).

Table 10A.100 **Intervention rates for selected primiparae, Queensland (a)**

	Unit	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	3 135	3 255	3 389	3 453	3 777	3 937	4 078	4 049	3 844	3 816
Selected primiparae inductions	no.	943	916	936	1 028	1 075	1 120	1 123	1 102	1 090	1 122
Rate	%	30.1	28.1	27.6	29.8	28.5	28.4	27.5	27.2	28.4	29.4
Private hospitals											
Selected primiparae who gave birth	no.	1 987	1 949	2 000	2 034	2 175	2 237	2 252	2 288	2 343	2 222
Selected primiparae inductions	no.	694	663	713	678	718	738	734	739	801	751
Rate	%	34.9	34.0	35.7	33.3	33.0	33.0	32.6	32.3	34.2	33.8
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	3 135	3 255	3 389	3 453	3 777	3 937	4 078	4 049	3 844	3 816
Selected primiparae caesareans	no.	763	728	810	846	900	967	990	924	871	873
Rate	%	24.3	22.4	23.9	24.5	23.8	24.6	24.3	22.8	22.7	22.9
Private hospitals											
Selected primiparae who gave birth	no.	1 987	1 949	2 000	2 034	2 175	2 237	2 252	2 288	2 343	2 222
Selected primiparae caesareans	no.	682	698	736	796	854	809	837	840	848	811
Rate	%	34.3	35.8	36.8	39.1	39.3	36.2	37.2	36.7	36.2	36.5

(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.101 **Intervention rates for selected primiparae, WA (a)**

	Unit	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012 (b)*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	1 413	1 459	1 474	1 606	1 782	1 764	1 810	1 985	2 141	2 264
Selected primiparae inductions	no.	476	449	496	504	576	505	583	664	737	821
Rate	%	33.7	30.8	33.6	31.4	32.3	28.6	32.2	33.5	34.4	36.3
Private hospitals											
Selected primiparae who gave birth	no.	1 199	1 182	1 215	1 280	1 457	1 456	1 592	1 603	1 575	1 700
Selected primiparae inductions	no.	468	472	475	501	576	547	624	629	637	719
Rate	%	39.0	39.9	39.1	39.1	39.5	37.6	39.2	39.2	40.4	42.3
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	1 413	1 459	1 474	1 606	1 782	1 764	1 810	1 985	2 141	2 264
Selected primiparae caesareans	no.	287	340	364	372	420	410	470	490	564	560
Rate	%	20.3	23.3	24.7	23.2	23.6	23.2	26.0	24.7	26.3	24.7
Private hospitals											
Selected primiparae who gave birth	no.	1 199	1 182	1 215	1 280	1 457	1 456	1 592	1 603	1 575	1 700
Selected primiparae caesareans	no.	400	435	464	479	463	439	545	556	525	567
Rate	%	33.4	36.8	38.2	37.4	31.8	30.2	34.2	34.7	33.3	33.4

(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 2012 are preliminary.

Table 10A.102 **Intervention rates for selected primiparae, SA (a), (b)**

	Unit	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	1 332	1 344	1 393	1 338	1 534	1 579	1 669	1 786	1 923	1 973
Selected primiparae inductions	no.	478	446	483	487	554	567	619	682	756	755
Rate	%	35.9	33.2	34.7	36.4	36.1	35.9	37.1	38.2	39.3	38.3
Private hospitals											
Selected primiparae who gave birth	no.	643	591	586	634	632	632	644	667	600	569
Selected primiparae inductions	no.	250	225	233	246	275	250	264	263	249	252
Rate	%	38.9	38.1	39.8	38.8	43.5	39.6	41.0	39.4	41.5	44.3
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	1 332	1 344	1 393	1 338	1 534	1 579	1 669	1 786	1 923	1 973
Selected primiparae caesareans	no.	312	333	357	341	394	405	414	489	526	399
Rate	%	23.4	24.8	25.6	25.5	25.7	25.6	24.8	27.4	27.4	20.2
Private hospitals											
Selected primiparae who gave birth	no.	643	591	586	634	632	632	644	667	600	569
Selected primiparae caesareans	no.	220	221	222	197	208	209	197	190	191	167
Rate	%	34.2	37.4	37.9	31.1	32.9	33.1	30.6	28.5	31.8	29.3

(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 2012 are preliminary.

Source: SA Government (unpublished).

Table 10A.103 **Intervention rates for selected primiparae, Tasmania (a)**

	Unit	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	270	296	268	386	206	233	214	224	259	na
Selected primiparae inductions	no.	93	93	74	137	55	63	55	65	73	na
Rate	%	34.4	31.4	27.6	35.5	26.7	27.0	25.7	29.0	28.2	na
Private hospitals											
Selected primiparae who gave birth	no.	238	237	215	239	123	124	145	152	55	na
Selected primiparae inductions	no.	87	86	95	94	43	40	46	49	20	na
Rate	%	36.6	36.3	44.2	39.3	35.0	32.3	31.7	32.2	36.4	na
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	270	296	268	386	206	233	214	224	259	na
Selected primiparae caesareans	no.	24	34	10	114	na	na	na	na	na	na
Rate	%	8.9	11.5	3.7	29.5	na	na	na	na	na	na
Private hospitals											
Selected primiparae who gave birth	no.	238	237	215	239	123	124	145	152	55	na
Selected primiparae caesareans	no.	25	22	17	61	na	na	na	na	na	na
Rate	%	10.5	9.3	7.9	25.5	na	na	na	na	na	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.104 **Intervention rates for selected primiparae, ACT (a), (b), (c)**

	Unit	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012 (c)*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	936	887	865	948	1 085	1 076	1 135	1 215	1 065	1 223
Selected primiparae inductions	no.	215	162	193	190	215	222	278	291	252	287
Rate	%	23.0	18.3	22.3	20.0	19.8	20.6	24.5	24.0	23.7	23.5
Private hospitals											
Selected primiparae who gave birth	no.	557	550	582	613	521	564	574	471	434	375
Selected primiparae inductions	no.	156	141	169	185	160	195	160	137	139	97
Rate	%	28.0	25.6	29.0	30.2	30.7	34.6	27.9	29.1	32.0	25.9
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	936	887	865	948	1 085	1 076	1 135	1 215	1 065	1 223
Selected primiparae caesareans	no.	158	164	157	187	195	176	198	278	238	260
Rate	%	16.9	18.5	18.2	19.7	18.0	16.4	17.4	22.9	22.3	21.3
Private hospitals											
Selected primiparae who gave birth	no.	557	550	582	613	521	564	574	471	434	375
Selected primiparae caesareans	no.	138	148	162	174	172	181	184	154	159	136
Rate	%	24.8	26.9	27.8	28.4	33.0	32.1	32.1	32.7	36.6	36.3

(a) Data are calculated according to ACHS Obstetric Clinical Indicator 1 denominator, Clinical Indicator 1.2 and Clinical Indicator 1.4. Selected primiparae: mothers with no previous deliveries, 20–34 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. Across 2003 to 2011, the proportion of non-ACT resident selected primiparae who gave birth in the ACT ranges between 12 to 15 per cent.

(c) Data are preliminary.

Source : ACT Government (unpublished).

Table 10A.105 **Intervention rates for selected primiparae, NT (a)**

	Unit	*2003*	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*
Proportion of inductions for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	163	155	189	178	180	234	211	230	243	283
Selected primiparae inductions	no.	57	39	49	48	41	61	61	74	85	102
Rate	%	35.0	25.2	25.9	27.0	22.8	26.1	28.9	32.2	35.0	36.0
Private hospitals											
Selected primiparae who gave birth	no.	96	74	80	54	83	na	100	81	np	np
Selected primiparae inductions	no.	30	27	34	43	57	na	33	26	np	np
Rate	%	31.3	36.5	42.5	79.6	68.7	na	33.0	32.1	np	np
Proportion of caesareans for selected primiparae											
Public hospitals											
Selected primiparae who gave birth	no.	163	155	189	178	180	234	211	230	243	283
Selected primiparae caesareans	no.	48	36	50	53	49	52	56	57	68	81
Rate	%	29.4	23.2	26.5	29.8	27.2	22.2	26.5	24.8	28.0	28.6
Private hospitals											
Selected primiparae who gave birth	no.	96	74	80	54	83	na	100	81	np	np
Selected primiparae caesareans	no.	29	22	38	22	22	na	32	24	np	np
Rate	%	30.2	29.7	47.5	40.7	26.5	na	32.0	29.6	np	np

(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. **np** Not published.

Source: NT Government (unpublished).

Table 10A.106 **Method of birth for selected women giving birth for the first time, 2011 (a), (b)**

	Unit	*NSW*	*Vic (c)*	*Qld*	*WA*	*SA*	*Tas (d)*	*ACT*	*NT*	*Aust*
Number										
Non-instrument vaginal	no.	14 510	9 910	8 396	3 673	2 776	817	777	480	41 339
Instrumental vaginal	no.	6 617	5 963	3 553	2 721	1 411	337	450	178	21 230
Caesarean section	no.	7 420	5 767	4 822	2 701	1 699	np	466	282	23 157
Not stated	no.	8	1	–	–	–	–	–	–	9
Total	no.	28 555	21 641	16 771	9 095	5 886	1 154	1 693	940	85 735
Per cent										
Non-instrument vaginal	%	50.8	45.8	50.1	40.4	47.2	70.8	45.9	51.1	48.2
Instrumental vaginal	%	23.2	27.6	21.2	29.9	24.0	29.2	26.6	18.9	24.8
Caesarean section	%	26.0	26.6	28.8	29.7	28.9	np	27.5	30.0	27.0
Not stated	%	0.0	0.0	–	–	–	–	–	–	–
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Selection criteria: women aged 20 to 34 years, with a singleton baby positioned with head towards the cervix at the onset of labour born between 37 and 41 weeks gestation.

(b) This indicator is not for women who gave birth in public hospital only. Data includes women who met the selection criteria and gave birth in private hospitals and outside of hospital.

(c) Provisional data were provided by Victoria for this table.

(d) Caesarean section data for Tas not published as presentations were only recorded for vaginal births.

– Nil or rounded to zero.

Source: AIHW (unpublished) National Perinatal Data Collection.

Table 10A.107 **Multiparous mothers who have had a previous caesarean section by current method of birth (a), (b)**

	Unit	NSW (c)	Vic (c)	Qld	WA (c)	SA	Tas	ACT (d)	NT (c)	Aust
2007										
Number										
Non-instrumental vaginal	no.	1 961	1 421	1 380	475	490	135	114	132	6 108
Instrumental vaginal (e)	no.	414	466	225	151	131	24	33	18	1 462
Caesarean section	no.	11 110	9 442	8 494	4 317	2 672	759	532	464	37 790
Not stated	no.	3	–	–	–	–	–	–	–	3
Total	no.	13 488	11 329	10 099	4 943	3 293	918	679	614	45 363
Per cent										
Non-instrumental vaginal	%	14.5	12.5	13.7	9.6	14.9	14.7	16.8	21.5	13.5
Instrumental vaginal (e)	%	3.1	4.1	2.2	3.1	4.0	2.6	4.9	2.9	3.2
Caesarean section	%	82.4	83.3	84.1	87.3	81.1	82.7	78.4	75.6	83.3
Not stated	%	–	–	–	–	–	–	–	–	–
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2008										
Number										
Non-instrumental vaginal	no.	2 053	1 395	1 441	483	497	134	140	136	6 279
Instrumental vaginal (e)	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 (e)	%	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

Table 10A.107 **Multiparous mothers who have had a previous caesarean section by current method of birth (a), (b)**

	Unit	NSW (c)	Vic (c)	Qld	WA (c)	SA	Tas	ACT (d)	NT (c)	Aust
2009										
Number										
Non-instrumental vaginal	no.	2 001	1 380	1 405	498	476	142	116	164	6 182
Instrumental vaginal (e)	no.	510	488	249	159	144	19	30	19	1 618
Caesarean section	no.	11 956	9 477	9 174	4 438	2 850	766	528	467	39 656
Not stated	no.	–	23	–	–	–	–	–	–	23
Total	no.	14 467	11 363	10 828	5 095	3 470	927	674	650	47 474
Per cent										
Non-instrumental vaginal	%	13.8	12.1	13.0	9.8	13.7	15.3	17.2	25.2	13.0
Instrumental vaginal (e)	%	3.5	4.3	2.3	3.1	4.1	2.0	4.5	2.9	3.4
Caesarean section	%	82.6	83.4	84.7	87.1	82.1	82.6	78.3	71.8	83.5
Not stated	%	–	0.2	–	–	–	–	–	–	0.0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2010										
Number										
Non-instrumental vaginal	no.	1 925	1 470	1 443	507	477	135	122	135	6 214
Instrumental vaginal (e)	no.	537	454	261	180	149	25	28	21	1 655
Caesarean section	no.	11 851	9 512	9 225	4 481	2 809	761	627	499	39 765
Not stated	no.	3	3	–	–	–	–	–	–	6
Total	no.	14 316	11 439	10 929	5 168	3 435	921	777	655	47 640
Per cent										
Non-instrumental vaginal	%	13.4	12.9	13.2	9.8	13.9	14.7	15.7	20.6	13.0
Instrumental vaginal (e)	%	3.8	4.0	2.4	3.5	4.3	2.7	3.6	3.2	3.5
Caesarean section	%	82.8	83.2	84.4	86.7	81.8	82.6	80.7	76.2	83.5
Not stated	%	–	–	–	–	–	–	–	–	–
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 10A.107 **Multiparous mothers who have had a previous caesarean section by current method of birth (a), (b)**

	Unit	*NSW (c)*	*Vic (c)*	*Qld*	*WA (c)*	*SA*	*Tas*	*ACT (d)*	*NT (c)*	*Aust*
2011										
Number										
Non-instrumental vaginal	no.	1 952	1 429	1 306	508	458	136	91	124	6 004
Instrumental vaginal (e)	no.	546	456	277	196	145	39	38	20	1 717
Caesarean section	no.	12 617	9 703	9 128	4 645	2 880	802	664	532	40 971
Not stated	no.	1	1	–	–	–	–	–	–	2
Total	no.	15 116	11 589	10 711	5 349	3 483	977	793	676	48 694
Per cent										
Non-instrumental vaginal	%	12.9	12.3	12.2	9.5	13.1	13.9	11.5	18.3	12.3
Instrumental vaginal (e)	%	3.6	3.9	2.6	3.7	4.2	4.0	4.8	3.0	3.5
Caesarean section	%	83.5	83.7	85.2	86.8	82.7	82.1	83.7	78.7	84.1
Not stated	%	0.0	0.0	–	–	–	–	–	–	0.0
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.

(b) Data include all women who gave birth vaginally, including births in public hospitals, private hospitals and outside of hospital, such as homebirths.

(c) In 2010 and 2011, for NSW and WA, '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. In 2006 to 2009, 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) 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 2007 and 2011, around 15.0 per cent of women who gave birth in the ACT were non-residents of the ACT.

(e) Instrumental vaginal birth includes forceps and vacuum extraction.

– Nil or rounded to zero.

Source : AIHW (various years), ***Australia's mothers and babies*** , Perinatal statistics series, Sydney, AIHW National Perinatal Epidemiology and Statistics Unit.

Table 10A.108 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
2002										
Number										
Intact	no.	18 130	18 866	13 537	7 073	3 900	na	1 250	1 549	64 367
1st degree laceration	no.	17 961	7 084	7 298	2 912	1 773	na	621	304	37 860
2nd degree laceration	no.	14 630	8 594	6 777	3 192	3 996	na	1 029	471	38 575
3rd/4th degree laceration	no.	877	329	342	148	120	na	34	44	1 914
Episiotomy	no.	9 674	9 905	3 922	3 291	2 387	na	554	301	30 049
Combined laceration and episiotomy	no.	716	893	1 515	444	300	na	88	113	3 994
Other (g)	no.	2 492	8	2 118	668	115	na	–	38	5 439
Not stated	no.	6	6	–	–	–	na	–	32	44
Total	no.	**64 486**	**45 685**	**35 509**	**17 728**	**12 591**	**na**	**3 576**	**2 852**	**182 242**
Proportion of perineal										
Intact	%	28.1	41.3	38.1	39.9	31.0	na	35.0	54.3	35.3
1st degree laceration	%	27.9	15.5	20.6	16.4	14.1	na	17.4	10.7	20.8
2nd degree laceration	%	22.7	18.8	19.1	18.0	31.7	na	28.8	16.5	21.2
3rd/4th degree laceration	%	1.4	0.7	1.0	0.8	1.0	na	1.0	1.5	1.1
Episiotomy	%	15.0	21.7	11.0	18.6	19.0	na	15.5	10.6	16.5
Combined laceration and episiotomy	%	1.1	2.0	4.3	2.5	2.4	na	2.5	4.0	2.2
Other (g)	%	3.9	–	6.0	3.8	0.9	na	–	1.3	3.0
Not stated	%	0.0	0.0	–	–	–	na	–	1.1	0.0
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**na**	**100.0**	**100.0**	**100.0**
2003										
Number										
Intact	no.	17 657	18 688	13 368	6 779	3 761	na	1 176	1 455	62 956
1st degree laceration	no.	17 923	6 993	6 955	2 808	1 924	na	613	370	37 594
2nd degree laceration	no.	14 404	8 718	6 855	3 350	3 950	na	1 103	466	38 772

Table 10A.108 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
3rd/4th degree laceration	no.	958	343	340	172	176	na	33	42	2 065
Episiotomy	no.	9 284	9 425	4 032	3 181	2 227	na	551	272	28 976
Combined laceration and episiotomy	no.	616	878	767	390	299	na	96	94	3 132
Other (g)	no.	2 659	–	1 724	550	2	na	1	35	4 970
Not stated	no.	12	–	1	–	–	na	5	2	15
Total	no.	**63 513**	**45 045**	**34 042**	**17 230**	**12 339**	**na**	**3 578**	**2 736**	**178 480**
Proportion of perineal										
Intact	%	27.8	41.5	39.3	39.3	30.5	na	32.9	53.2	35.3
1st degree laceration	%	28.2	15.5	20.4	16.3	15.6	na	17.1	13.5	21.1
2nd degree laceration	%	22.7	19.4	20.1	19.4	32.0	na	30.8	17.0	21.7
3rd/4th degree laceration	%	1.5	0.8	1.0	1.0	1.4	na	0.9	1.5	1.2
Episiotomy	%	14.6	20.9	11.8	18.5	18.0	na	15.4	9.9	16.2
Combined laceration and episiotomy	%	1.0	1.9	2.3	2.3	2.4	na	2.7	3.4	1.8
Other (g)	%	4.2	–	5.1	3.2	0.0	na	–	1.3	2.8
Not stated	%	0.0	–	0.0	–	–	na	0.1	0.1	0.0
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**na**	**100.0**	**100.0**	**100.0**
2004										
Number										
Intact	no.	16 840	18 426	13 352	6 530	3 753	na	1 153	1 223	61 301
1st degree laceration	no.	17 838	6 486	7 173	2 840	1 842	na	577	543	37 335
2nd degree laceration	no.	14 263	9 013	7 148	3 502	4 194	na	1 161	475	39 698
3rd/4th degree laceration	no.	1 053	368	346	202	113	na	66	42	2 157
Episiotomy	no.	9 082	9 459	4 191	2 744	2 064	na	438	246	28 337
Combined laceration and episiotomy	no.	537	790	385	340	286	na	108	28	2 462
Other (g)	no.	2 837	–	1 703	616	–	na	–	35	5 191
Not stated	no.	8	–	1	–	2	na	1	21	37

Table 10A.108 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
Total	no.	**62 458**	**44 542**	**34 299**	**16 774**	**12 254**	**na**	**3 504**	**2 613**	**176 518**
Proportion of perineal										
Intact	%	27.0	41.4	38.9	38.9	30.6	na	32.9	46.8	34.7
1st degree laceration	%	28.6	14.6	20.9	16.9	15.0	na	16.5	20.8	21.2
2nd degree laceration	%	22.8	20.2	20.8	20.9	34.2	na	33.1	18.2	22.5
3rd/4th degree laceration	%	1.7	0.8	1.0	1.2	0.9	na	1.9	1.6	1.2
Episiotomy	%	14.5	21.2	12.2	16.4	16.8	na	12.5	9.4	16.1
Combined laceration and episiotomy	%	0.9	1.8	1.1	2.0	2.3	na	3.1	1.1	1.4
Other (g)	%	4.5	–	5.0	3.7	–	na	–	1.3	2.9
Not stated	%	–	–	–	–	–	na	–	0.8	–
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**na**	**100.0**	**100.0**	**100.0**
2005										
Number										
Intact	no.	16 172	18 231	13 137	6 570	3 594	na	1 223	1 095	59 952
1st degree laceration	no.	17 427	6 116	7 044	2 815	1 733	na	593	593	36 305
2nd degree laceration	no.	14 952	9 241	7 309	3 636	4 000	na	1 146	491	40 791
3rd/4th degree laceration	no.	1 027	472	378	206	147	na	65	31	2 327
Episiotomy	no.	8 487	9 174	4 248	2 739	2 024	na	441	213	27 323
Combined laceration and episiotomy	no.	515	883	356	430	294	na	85	26	2 612
Other (g)	no.	2 786	–	1 862	587	–	na	–	–	5 235
Not stated	no.	12	4	–	–	1	na	–	–	18
Total	no.	**61 378**	**44 121**	**34 334**	**16 983**	**11 793**	**na**	**3 553**	**2 449**	**174 563**
Proportion of perineal										
Intact	%	26.3	41.3	38.3	38.7	30.5	na	34.4	44.7	34.3
1st degree laceration	%	28.4	13.9	20.5	16.6	14.7	na	16.7	24.2	20.8
2nd degree laceration	%	24.4	20.9	21.3	21.4	33.9	na	32.3	20.0	23.4

Table 10A.108 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
3rd/4th degree laceration	%	1.7	1.1	1.1	1.2	1.2	na	1.8	1.3	1.3
Episiotomy	%	13.8	20.8	12.4	16.1	17.2	na	12.4	8.7	15.7
Combined laceration and episiotomy	%	0.8	2.0	1.0	2.5	2.5	na	2.4	1.1	1.5
Other (g)	%	4.5	–	5.4	3.5	–	na	–	–	3.0
Not stated	%	–	–	–	–	–	na	–	–	–
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**na**	**100.0**	**100.0**	**100.0**
2006										
Number										
Intact	no.	17 100	19 017	14 623	6 819	3 753	2 221	1 238	1 161	65 917
1st degree laceration	no.	17 154	6 059	7 416	2 848	2 936	646	643	682	38 334
2nd degree laceration	no.	16 020	9 945	7 761	3 900	2 975	779	1 258	449	42 975
3rd/4th degree laceration	no.	1 190	483	395	207	159	58	82	38	2 595
Episiotomy	no.	8 482	9 361	4 273	2 775	1 950	578	429	226	28 086
Combined laceration and episiotomy	no.	582	756	444	343	330	–	96	32	2 572
Other (g)	no.	3 516	–	1 982	649	18	–	–	–	6 165
Not stated	no.	19	1	–	–	1	–	–	–	21
Total	no.	**64 063**	**45 622**	**36 894**	**17 541**	**12 122**	**4 282**	**3 746**	**2 588**	**186 665**
Proportion of perineal										
Intact	%	26.7	41.7	39.6	38.9	31.0	51.9	33.0	44.9	35.3
1st degree laceration	%	26.8	13.3	20.1	16.2	24.2	15.1	17.2	26.4	20.5
2nd degree laceration	%	25.0	21.8	21.0	22.2	24.5	18.2	33.6	17.3	23.0
3rd/4th degree laceration	%	1.9	1.1	1.1	1.2	1.3	1.4	2.2	1.5	1.4
Episiotomy	%	13.2	20.5	11.6	15.8	16.1	13.5	11.5	8.7	15.0
Combined laceration and episiotomy	%	0.9	1.7	1.2	2.0	2.7	–	2.6	1.2	1.4
Other (g)	%	5.5	–	5.4	3.7	0.1	–	–	–	3.3
Not stated	%	0.0	0.0	–	–	0.0	–	–	–	0.0

Table 10A.108 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2007										
Number										
Intact	no.	17 326	19 664	14 361	7 543	3 836	2 224	1 358	1 190	67 383
1st degree laceration	no.	16 622	6 124	7 440	3 102	3 010	688	636	644	38 273
2nd degree laceration	no.	16 428	10 693	8 208	4 139	3 227	856	1 282	487	45 296
3rd/4th degree laceration	no.	1 125	647	401	277	153	62	80	56	2 803
Episiotomy	no.	8 539	9 752	4 351	2 938	1 805	593	396	218	28 625
Combined laceration and episiotomy	no.	1 058	760	474	367	370	–	97	14	3 139
Other (g)	no.	3 526	–	1 966	651	19	–	–	13	6 175
Not stated	no.	127	1	2	–	1	–	3	4	135
Total	no.	**64 751**	**47 641**	**37 203**	**19 017**	**12 421**	**4 423**	**3 852**	**2 626**	**191 829**
Proportion of perineal										
Intact	%	26.8	41.3	38.6	39.7	30.9	50.3	35.3	45.3	35.1
1st degree laceration	%	25.7	12.9	20.0	16.3	24.2	15.6	16.5	24.5	20.0
2nd degree laceration	%	25.4	22.4	22.1	21.8	26.0	19.4	33.3	18.5	23.6
3rd/4th degree laceration	%	1.7	1.4	1.1	1.5	1.2	1.4	2.1	2.1	1.5
Episiotomy	%	13.2	20.5	11.7	15.4	14.5	13.4	10.3	8.3	14.9
Combined laceration and episiotomy	%	1.6	1.6	1.3	1.9	3.0	–	2.5	0.5	1.6
Other (g)	%	5.4	–	5.3	3.4	0.2	–	–	0.5	3.2
Not stated	%	0.2	–	–	–	–	–	0.1	0.2	0.1
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2008										
Number										
Intact	no.	16 994	20 209	12 876	7 863	3 809	2 246	1 276	1 401	66 672
1st degree laceration	no.	19 072	6 019	6 811	3 175	3 400	726	628	426	40 257

Table 10A.108 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
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 (g)	no.	1 433	–	5 173	767	44	–	3	23	7 443
Not stated	no.	14	–	3	–	2	–	–	2	21
Total	no.	**66 869**	**49 566**	**40 219**	**20 170**	**13 337**	**4 524**	**3 939**	**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	15.9	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 (g)	%	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**
2009										
Number										
Intact	no.	16 297	14 541	12 325	7 799	3 723	2 216	1 352	1 191	59 442
1st degree laceration	no.	18 857	8 663	6 907	3 242	3 318	700	685	620	42 992
2nd degree laceration	no.	17 528	11 536	10 014	4 759	3 665	940	1 546	520	50 508
3rd/4th degree laceration	no.	1 074	754	666	413	269	49	125	53	3 403
Episiotomy	no.	9 134	9 382	4 778	2 595	1 608	566	380	297	28 740
Combined laceration and episiotomy	no.	2 040	904	563	1 060	631	–	47	38	5 283
Other (g)	no.	1 391	3 543	5 431	651	31	–	–	34	11 081

Table 10A.108 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
Not stated	no.	3	152	1	–	–	–	–	1	157
Total	no.	**66 324**	**49 475**	**40 685**	**20 519**	**13 245**	**4 471**	**4 135**	**2 754**	**201 606**
Proportion of perineal										
Intact	%	24.6	29.4	30.3	38.0	28.1	49.6	32.7	43.2	29.5
1st degree laceration	%	28.4	17.5	17.0	15.8	25.1	15.7	16.6	22.5	21.3
2nd degree laceration	%	26.4	23.3	24.6	23.2	27.7	21.0	37.4	18.9	25.1
3rd/4th degree laceration	%	1.6	1.5	1.6	2.0	2.0	1.1	3.0	1.9	1.7
Episiotomy	%	13.8	19.0	11.7	12.6	12.1	12.7	9.2	10.8	14.3
Combined laceration and episiotomy	%	3.1	1.8	1.4	5.2	4.8	–	1.1	1.4	2.6
Other (g)	%	2.1	7.2	13.3	3.2	0.2	–	–	1.2	5.5
Not stated	%	–	0.3	–	–	–	–	–	–	0.1
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2010										
Number										
Intact	no.	15 340	16 124	11 998	7 768	3 551	1 831	1 391	1 082	59 085
1st degree laceration	no.	18 909	8 904	7 580	3 146	3 377	781	614	567	43 878
2nd degree laceration	no.	17 874	12 025	10 465	4 980	3 645	912	1 395	619	51 915
3rd/4th degree laceration	no.	1 129	908	693	382	282	46	120	61	3 621
Episiotomy	no.	9 488	10 283	5 047	2 626	1 816	549	436	326	30 571
Combined laceration and episiotomy	no.	2 065	1 441	433	1 133	659	27	47	44	5 849
Other (g), (h), (i)	no.	1 205	–	4 747	448	13	97	–	22	4 879
Not stated	no.	10	439	–	–	–	–	–	–	449
Total	no.	**66 020**	**50 124**	**40 963**	**20 483**	**13 343**	**4 243**	**4 003**	**2 721**	**201 900**
Proportion of perineal										
Intact	%	23.2	32.2	29.3	37.9	26.6	43.2	34.7	39.8	29.3
1st degree laceration	%	28.6	17.8	18.5	15.4	25.3	18.4	15.3	20.8	21.7

Table 10A.108 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
2nd degree laceration	%	27.1	24.0	25.5	24.3	27.3	21.5	34.8	22.7	25.7
3rd/4th degree laceration	%	1.7	1.8	1.7	1.9	2.1	1.1	3.0	2.2	1.8
Episiotomy	%	14.4	20.5	12.3	12.8	13.6	12.9	10.9	12.0	15.1
Combined laceration and episiotomy	%	3.1	2.9	1.1	5.5	4.9	0.6	1.2	1.6	2.9
Other (g), (h), (i)	%	1.8	–	11.6	2.2	0.1	2.3	–	0.8	2.4
Not stated	%	–	0.9	–	–	–	–	–	–	0.2
Total	%	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
2011										
Number										
Intact	no.	14 789	12 182	11 997	7 643	3 628	1 363	1 228	1 003	53 986
1st degree laceration	no.	19 065	8 405	8 119	3 274	3 313	1 098	531	557	44 362
2nd degree laceration	no.	17 584	12 198	10 331	5 016	3 702	985	1 368	608	51 812
3rd/4th degree laceration	no.	1 304	928	720	439	290	73	134	77	3 980
Episiotomy	no.	9 603	10 405	5 047	2 947	2 085	442	426	332	31 134
Combined laceration and episiotomy	no.	2 269	1 490	410	1 267	370	97	56	30	5 954
Other (g), (h), (i)	no.	1 120	3 529	4 190	393	6	227	–	31	9 496
Not stated	no.	25	428	4	–	1	–	–	–	458
Total	no.	**65 759**	**49 565**	**40 818**	**20 979**	**13 395**	**4 285**	**3 743**	**2 638**	**201 182**
Proportion of perineal										
Intact	%	22.5	24.6	29.4	36.4	27.1	31.8	32.8	38.0	26.8
1st degree laceration	%	29.0	17.0	19.9	15.6	24.7	25.6	14.2	21.1	22.1
2nd degree laceration	%	26.7	24.6	25.3	23.9	27.6	23.0	36.5	23.0	25.8
3rd/4th degree laceration	%	2.0	1.9	1.8	2.1	2.2	1.7	3.6	2.9	2.0
Episiotomy	%	14.6	21.0	12.4	14.0	15.6	10.3	11.4	12.6	15.5
Combined laceration and episiotomy	%	3.5	3.0	1.0	6.0	2.8	2.3	1.5	1.1	3.0
Other (g), (h), (i)	%	1.7	7.1	10.3	1.9	0.0	5.3	–	1.2	4.7

Table 10A.108 **Perineal status after vaginal births (a), (b), (c)**

	Unit	*NSW*	*Vic (d)*	*Qld*	*WA*	*SA*	*Tas (e)*	*ACT (f)*	*NT*	*Aust*
Not stated	%	0.0	0.9	0.0	–	0.0	–	–	–	0.2
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. Because of differences in definitions and methods used for data collection, care must be taken when comparing across jurisdictions.

(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.

(d) Include mothers reported with a labial, clitorial, vaginal and/or cervical laceration.

(e) In 2010 and 2011, for Tasmania, cases where both a laceration and episiotomy occurred were coded as ‘Combined laceration and episiotomy’ in the electronic systems. In the paper-based form they were recorded as ‘Episiotomy’. Care must be taken when interpreting these numbers. Before 2010, for Tasmania, cases where both a laceration and episiotomy occured were coded as episiotomy. Care must be taken when interpreting these numbers.

(f) 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 2006 and 2011, around 15.0 per cent of women who gave birth in the ACT were non-residents of the ACT.

(g) For NSW, includes unspecified perineal tear and vulval or perineal haematoma.

(h) In 2010 and 2011, for Queensland, other includes genital grazes such as clitoral or labial.

(i) In 2010 and 2011, for WA, 'other' includes unspecified perineal tear and vulval or perineal haematoma.

– Nil or rounded to zero.

Source : AIHW (various years), ***Australia’s mothers and babies*** , Perinatal statistics series, Sydney, AIHW National Perinatal Epidemiology and Statistics Unit.

Table 10A.109 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
2009-10										
O01A — Caesarean Delivery W Ccc										
Separations	no.	1 198	844	667	499	349	45	73	78	3 752
Patient days	no.	11 679	7 753	5 363	4 672	3 859	441	470	869	35 107
ALOS	days	9.75	9.19	8.04	9.36	11.07	9.80	6.00	11.14	9.36
Sample size (f)	no. hospitals	41	28	19	17	12	3	2	3	125
Average cost (g)	$/DRG	13 595	17 648	15 484	20 750	18 386	24 436	17 336	57 945	17 364
Direct	$/DRG	9 965	13 467	12 716	18 045	14 776	18 819	12 141	41 651	13 570
Overhead	$/DRG	3 630	4 181	2 768	2 705	3 610	5 617	5 195	16 294	3 793
O01B — Caesarean Delivery W Scc										
Separations	no.	3 433	2 809	1 729	1 140	870	182	191	178	10 533
Patient days	no.	20 095	15 420	8 720	6 229	5 134	1 096	942	1 296	58 931
ALOS	days	5.85	5.49	5.04	5.46	5.90	6.02	5.00	7.28	5.60
Sample size (f)	no. hospitals	47	34	23	23	24	3	2	4	160
Average cost (g)	$/DRG	9 789	11 228	10 760	14 952	11 719	16 483	12 380	25 386	11 477
Direct	$/DRG	7 176	8 697	8 805	12 176	9 153	12 530	8 595	17 986	8 855
Overhead	$/DRG	2 614	2 531	1 954	2 776	2 565	3 953	3 785	7 400	2 622
O01C — Caesarean Delivery W/O Cscc										
Separations	no.	15 825	10 981	8 282	4 508	3 544	900	776	564	45 379
Patient days	no.	63 370	43 447	29 479	18 182	14 884	3 625	3 010	2 665	178 663
ALOS	days	4.00	3.96	3.56	4.03	4.20	4.03	4.00	4.73	3.94
Sample size (f)	no. hospitals	50	36	24	25	25	3	2	4	169
Average cost (g)	$/DRG	8 441	8 767	8 697	13 226	10 224	12 057	9 604	16 608	9 374
Direct	$/DRG	6 167	6 860	7 126	10 028	7 821	9 094	6 673	11 275	7 153
Overhead	$/DRG	2 274	1 907	1 571	3 199	2 403	2 963	2 931	5 333	2 222

Table 10A.109 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
O02A — Vaginal Delivery W Or Pr W Cscc										
Separations	no.	464	394	270	186	137	18	26	37	1 532
Patient days	no.	2 220	1 594	1 076	860	665	79	99	189	6 783
ALOS	days	4.78	4.05	3.99	4.63	4.87	4.39	4.00	5.11	4.43
Sample size (f)	no. hospitals	41	31	20	19	13	3	2	3	132
Average cost (g)	$/DRG	9 983	8 933	10 095	12 821	9 369	11 174	11 934	18 382	10 272
Direct	$/DRG	7 443	6 979	8 258	10 562	7 389	8 438	8 823	12 620	8 001
Overhead	$/DRG	2 540	1 955	1 837	2 259	1 980	2 737	3 112	5 762	2 271
O02B — Vaginal Delivery W Or Pr W/O Cscc										
Separations	no.	1 525	1 056	854	433	380	48	109	70	4 476
Patient days	no.	5 747	3 126	2 639	1 472	1 319	176	364	275	15 119
ALOS	days	3.77	2.96	3.09	3.40	3.47	3.67	3.00	3.93	3.38
Sample size (f)	no. hospitals	48	32	23	21	18	3	2	5	152
Average cost (g)	$/DRG	6 745	6 365	7 011	8 940	6 560	10 849	6 886	13 184	7 051
Direct	$/DRG	4 959	4 987	5 734	7 148	5 156	8 136	4 797	8 702	5 431
Overhead	$/DRG	1 786	1 378	1 277	1 792	1 403	2 713	2 089	4 482	1 620
O03A — Ectopic Pregnancy (h)										
Separations	no.	155	138	84	68	29	7	np	10	494
Patient days	no.	426	376	204	180	69	25	14	28	1 322
ALOS	days	2.75	2.72	2.43	2.66	2.42	3.57	4.00	2.80	2.67
Sample size (f)	no. hospitals	36	24	17	8	7	3	2	3	100
Average cost (g)	$/DRG	7 161	6 466	8 496	9 532	7 049	8 980	10 188	9 713	7 613
Direct	$/DRG	5 580	5 228	7 020	7 657	5 659	6 836	7 087	6 976	6 073
Overhead	$/DRG	1 581	1 238	1 476	1 875	1 390	2 144	3 101	2 737	1 540
O03B — Ectopic Pregnancy (h)										

Table 10A.109 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
Separations	no.	849	661	517	262	185	45	64	41	2 623
Patient days	no.	1 619	1 067	893	455	328	72	118	85	4 638
ALOS	days	2	2	2	2	2	2	2	2	2
Sample size (f)	no. hospitals	45	28	21	16	12	3	2	3	130
Average cost (g)	$/DRG	4 656	4 132	6 473	6 001	5 769	5 450	6 214	7 523	5 187
Direct	$/DRG	3 621	3 355	5 407	4 981	4 622	4 070	4 481	5 324	4 164
Overhead	$/DRG	1 035	777	1 067	1 019	1 147	1 380	1 733	2 199	1 023
O04A — Postpartum & Post Abortn W Or Pr (h)										
Separations	no.	76	58	60	39	27	5	6	2	273
Patient days	no.	406	228	318	199	267	33	21	21	1 494
ALOS	days	5.32	3.94	5.30	5.13	10.01	6.60	4.00	10.50	5.47
Sample size (f)	no. hospitals	27	22	16	9	7	3	2	1	87
Average cost (g)	$/DRG	9 167	7 009	13 677	15 721	14 791	5 219	12 233	18 854	11 357
Direct	$/DRG	6 877	5 587	11 581	13 261	11 976	3 891	9 056	13 928	9 176
Overhead	$/DRG	2 289	1 422	2 097	2 460	2 815	1 328	3 176	4 926	2 181
O04B — Postpartum & Post Abortn W Or Pr (h)										
Separations	no.	429	361	241	198	101	51	19	15	1,415
Patient days	no.	811	600	479	332	235	87	31	55	2,631
ALOS	days	2	2	2	2	2	2	2	4	2
Sample size (f)	no. hospitals	46	34	24	22	16	3	2	3	150
Average cost (g)	$/DRG	3,609	2,859	4,340	4,508	4,609	11,070	3,920	7,501	3,812
Direct	$/DRG	2,732	2,267	3,610	3,517	3,458	8,596	2,698	5,072	2,967
Overhead	$/DRG	877	592	731	991	1,151	2,474	1,222	2,430	844
O05Z — Abortion W Or Pr										
Separations	no.	7 386	8 295	3 152	2 273	5 438	474	242	1 089	28 349

Table 10A.109 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
Patient days	no.	8 099	8 625	3 450	2 443	5 576	519	284	1 180	30 175
ALOS	days	1.10	1.04	1.09	1.07	1.03	1.09	1.00	1.08	1.06
Sample size (f)	no. hospitals	57	40	27	24	28	3	2	4	185
Average cost (g)	$/DRG	1 809	1 736	2 823	3 109	1 479	4 359	3 370	1 803	1 971
Direct	$/DRG	1 340	1 381	2 359	2 344	1 222	3 244	2 384	1 264	1 542
Overhead	$/DRG	469	355	464	765	257	1 115	985	539	429
O60A — Vaginal Delivery W Cscc										
Separations	no.	4 744	3 687	2 343	1 769	1 282	277	270	299	14 671
Patient days	no.	21 037	14 471	9 097	7 858	5 833	1 206	986	1 408	61 895
ALOS	days	4.43	3.92	3.88	4.44	4.55	4.35	4.00	4.71	4.22
Sample size (f)	no. hospitals	51	37	26	25	21	4	2	4	170
Average cost (g)	$/DRG	7 351	6 455	7 102	9 561	7 177	9 451	6 663	14 590	7 512
Direct	$/DRG	5 398	4 993	5 765	8 148	5 572	7 292	4 600	10 173	5 820
Overhead	$/DRG	1 953	1 462	1 337	1 413	1 606	2 159	2 063	4 417	1 692
O60B — Vaginal delivery W/O Cscc										
Separations	no.	37 037	29 760	24 670	11 521	8 143	1 812	2 006	1 226	116 175
Patient days	no.	100 682	75 514	54 130	31 991	21 791	5 058	4 621	3 538	297 325
ALOS	days	2.72	2.54	2.19	2.78	2.68	2.79	2.00	2.89	2.56
Sample size (f)	no. hospitals	53	37	46	27	26	4	2	5	196
Average cost (g)	$/DRG	5 312	4 153	4 490	5 956	4 483	6 162	4 170	8 323	4 872
Direct	$/DRG	3 833	3 192	3 639	4 743	3 426	4 710	2 882	5 562	3 705
Overhead	$/DRG	1 480	961	851	1 213	1 058	1 452	1 288	2 761	1 167
O60C — Vaginal Delivery Single Uncomplicated										
Separations	no.	9 766	4 535	764	2 625	1 803	700	592	535	21 319
Patient days	no.	19 209	8 933	1 258	5 411	3 374	1 509	953	1 176	41 823

Table 10A.109 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
ALOS	days	1.97	1.97	1.65	2.06	1.87	2.16	2.00	2.20	1.96
Sample size (f)	no. hospitals	54	37	3	25	25	8	2	5	159
Average cost (g)	$/DRG	4 669	3 298	3 043	4 624	3 178	4 659	2 662	6 038	4 166
Direct	$/DRG	3 301	2 545	2 405	3 512	2 360	3 524	1 846	3 877	3 036
Overhead	$/DRG	1 368	753	638	1 112	818	1 136	817	2 161	1 130
2010-11										
O01A - Caesarean Delivery +Ccc										
Separations	no.	1 227	910	774	442	310	67	76	71	3 877
Patient days	no.	11 558	9 522	6 191	4 288	3 121	581	486	806	36 554
ALOS	days	9	10	8	10	10	9	6	11	9
Sample size (f)	no. hospitals	42	28	24	19	12	3	2	4	134
Average cost (g)	$/DRG	15 639	19 089	15 760	20 571	17 615	20 871	21 464	24 365	17 558
Direct	$/DRG	11 405	14 230	13 207	17 789	13 970	16 557	12 314	15 838	13 548
Overhead	$/DRG	4 234	4 859	2 553	2 782	3 645	4 315	9 150	8 527	4 009
O01B - Caesarean Delivery +Scc										
Separations	no.	3 403	2 949	1 844	1 236	826	193	226	163	10 839
Patient days	no.	19 468	15 538	9 100	6 480	4 861	1 030	1 061	1 280	58 818
ALOS	days	5.72	5.27	4.93	5.24	5.89	5.35	4.69	7.85	5.43
Sample size (f)	no. hospitals	56	33	27	23	21	3	2	4	169
Average cost (g)	$/DRG	10 911	11 365	11 729	14 715	11 940	15 134	15 663	16 012	11 937
Direct	$/DRG	7 982	8 623	9 756	11 744	9 247	12 038	8 960	10 045	9 107
Overhead	$/DRG	2 929	2 741	1 973	2 971	2 692	3 096	6 703	5 967	2 829
O01C - Caesarean Delivery -Cscc										
Separations	no.	15 100	10 770	–	4 838	3 295	877	798	614	36 292

Table 10A.109 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
Patient days	no.	58 120	42 121	–	18 790	13 720	3 475	2 976	2 959	142 160
ALOS	days	3.85	3.91	–	3.88	4.16	3.96	3.73	4.82	3.92
Sample size (f)	no. hospitals	57	34	–	24	25	3	2	4	149
Average cost (g)	$/DRG	8 689	8 947	–	13 196	9 917	12 010	12 328	11 257	9 681
Direct	$/DRG	6 408	6 841	–	9 955	7 581	9 611	7 404	6 664	7 220
Overhead	$/DRG	2 280	2 106	–	3 240	2 337	2 399	4 923	4 593	2 462
O02A - Vaginal Delivery +Or Pr +Cscc										
Separations	no.	451	371	301	240	130	20	36	39	1 589
Patient days	no.	2 082	1 506	1 217	1 001	691	72	137	243	6 948
ALOS	days	4.61	4.06	4.05	4.17	5.29	3.54	3.81	6.23	4.37
Sample size (f)	no. hospitals	46	26	25	22	15	3	2	4	143
Average cost (g)	$/DRG	10 544	9 373	10 980	13 854	10 200	11 385	15 355	14 047	11 030
Direct	$/DRG	7 888	7 200	9 177	10 650	7 874	9 039	9 231	8 910	8 457
Overhead	$/DRG	2 656	2 173	1 803	3 204	2 327	2 346	6 124	5 137	2 573
O02B - Vaginal Delivery +Or Pr -Cscc										
Separations	no.	1 707	1 124	934	438	359	75	135	76	4 849
Patient days	no.	5 754	3 302	2 807	1 572	1 248	235	427	259	15 604
ALOS	days	3.37	2.94	3.00	3.58	3.47	3.15	3.16	3.41	3.22
Sample size (f)	no. hospitals	54	29	31	23	18	3	2	4	164
Average cost (g)	$/DRG	6 974	6 546	7 767	9 078	6 487	8 300	8 733	6 734	7 247
Direct	$/DRG	5 163	5 020	6 477	7 132	5 043	6 605	5 249	3 969	5 558
Overhead	$/DRG	1 811	1 526	1 290	1 946	1 444	1 695	3 484	2 765	1 689
O03A - Ectopic Pregnancy (h)										
Separations	no.	134	136	76	66	38	11	12	14	487
Patient days	no.	412	386	237	164	96	35	28	46	1 404

Table 10A.109 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
ALOS	days	3.07	2.85	3.13	2.49	2.50	3.14	2.33	3.29	2.89
Sample size (f)	no. hospitals	38	23	19	13	9	3	2	3	110
Average cost (g)	$/DRG	7 911	6 543	10 358	9 708	8 491	8 955	14 054	9 339	8 416
Direct	$/DRG	6 295	5 267	8 806	7 201	6 616	7 198	7 660	6 074	6 595
Overhead	$/DRG	1 616	1 276	1 552	2 507	1 874	1 757	6 393	3 265	1 821
O03B - Ectopic Pregnancy (h)										
Separations	no.	797	633	520	229	160	41	46	42	2 469
Patient days	no.	1 461	1 068	819	369	282	71	89	81	4 239
ALOS	days	1.83	1.69	1.57	1.61	1.76	1.73	1.93	1.93	1.72
Sample size (f)	no. hospitals	47	29	22	14	12	3	2	3	132
Average cost (g)	$/DRG	4 587	4 086	6 231	6 185	5 748	7 454	7 978	6 507	5 172
Direct	$/DRG	3 613	3 259	5 267	4 837	4 598	6 073	4 877	4 279	4 124
Overhead	$/DRG	974	827	963	1 348	1 150	1 381	3 102	2 228	1 048
O04A - Postpartum & Post Abortn+Or Pr (h)										
Separations	no.	65	64	63	36	14	6	9	4	260
Patient days	no.	328	383	248	185	124	15	33	27	1 344
ALOS	days	5.05	5.98	3.96	5.21	8.80	2.45	3.67	6.75	5.16
Sample size (f)	no. hospitals	29	23	16	10	7	3	2	1	91
Average cost (g)	$/DRG	9 721	11 787	9 912	13 567	13 351	4 710	15 897	19 483	11 240
Direct	$/DRG	7 560	9 537	8 322	10 818	10 833	3 831	10 646	13 427	8 959
Overhead	$/DRG	2 162	2 249	1 590	2 749	2 518	880	5 251	6 055	2 281
O04B - Postpartum & Post Abortn+Or Pr (h)										
Separations	no.	396	369	260	158	99	56	24	17	1 381
Patient days	no.	741	664	487	268	327	74	54	79	2 694
ALOS	days	1.87	1.80	1.87	1.70	3.28	1.33	2.25	4.65	1.95

Table 10A.109 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
Sample size (f)	no. hospitals	52	34	25	22	19	3	2	4	161
Average cost (g)	$/DRG	3 770	3 239	4 500	5 085	4 834	3 664	7 493	10 356	4 135
Direct	$/DRG	2 934	2 512	3 823	3 853	3 536	2 935	4 556	5 569	3 198
Overhead	$/DRG	837	726	677	1 232	1 298	730	2 937	4 787	936
O05Z - Abortion+ Or Proc										
Separations	no.	6 565	7 473	2 884	2 102	5 431	489	274	1 099	26 318
Patient days	no.	7 170	7 780	23 213	2 298	5 572	534	313	1 167	48 047
ALOS	days	1.09	1.04	8.05	1.09	1.03	1.09	1.14	1.06	1.83
Sample size (f)	no. hospitals	65	38	32	21	29	3	2	4	194
Average cost (g)	$/DRG	1 879	1 850	2 977	3 330	1 686	2 465	4 768	1 709	2 101
Direct	$/DRG	1 407	1 410	2 546	2 417	1 355	1 989	2 968	1 122	1 618
Overhead	$/DRG	472	440	432	913	331	476	1 800	587	483
O60A - Vaginal Delivery +Cscc										
Separations	no.	4 432	3 652	2 628	1 596	1 367	283	127	279	14 364
Patient days	no.	20 436	13 953	19 771	6 795	6 064	1 132	513	1 443	70 109
ALOS	days	4.61	3.82	7.52	4.26	4.44	4.01	4.04	5.17	4.88
Sample size (f)	no. hospitals	60	36	33	23	24	3	2	5	186
Average cost (g)	$/DRG	8 233	6 739	7 867	9 243	7 597	9 525	10 167	9 508	7 905
Direct	$/DRG	6 053	5 119	6 532	7 893	5 799	7 426	6 353	5 854	6 109
Overhead	$/DRG	2 180	1 620	1 335	1 350	1 797	2 099	3 814	3 653	1 796
O60B - Vaginal Delivery -Cscc										
Separations	no.	31 013	26 184	19 741	9 156	6 934	1 833	485	1 277	96 623
Patient days	no.	84 279	64 685	56 022	23 785	18 823	5 126	1 366	3 807	257 894
ALOS	days	2.72	2.47	2.84	2.60	2.71	2.80	2.82	2.98	2.67
Sample size (f)	no. hospitals	61	37	48	25	26	3	2	5	207

Table 10A.109 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*
Average cost (g)	$/DRG	5 304	4 359	5 096	5 669	4 495	5 829	6 919	5 137	4 998
Direct	$/DRG	3 863	3 307	4 223	4 660	3 408	4 584	4 347	2 975	3 834
Overhead	$/DRG	1 440	1 051	872	1 009	1 087	1 245	2 571	2 162	1 164
O60C - Vaginal Delivery + Mod Comp Dx										
Separations	no.	16 085	5 854	6 824	4 901	1 664	706	2 213	481	38 729
Patient days	no.	34 429	11 474	10 948	11 874	3 021	1 428	4 538	1 040	78 752
ALOS	days	2.14	1.96	1.60	2.42	1.82	2.02	2.05	2.16	2.03
Sample size (f)	no. hospitals	61	34	48	26	25	3	2	4	203
Average cost (g)	$/DRG	4 278	3 484	3 838	7 356	2 977	4 541	4 296	3 737	4 413
Direct	$/DRG	3 167	2 646	3 215	5 103	2 213	3 599	2 764	2 094	3 272
Overhead	$/DRG	1 111	838	622	2 252	764	942	1 532	1 642	1 141

(a) Cells with fewer than five separations have been marked 'np' for privacy concerns.

(b) Estimated population costs are obtained by weighting the sample results according to the known charactistics of the population.

(c) DRGs with few separations depict an average cost per patients that is significantly different to that reported nationally. Results for smaller jurisdictions such as Tasmania, NT and the ACT are affected by diseconomies of scale and the requirement to provide comprehensive health care to their populations. Caution should be used when interpreting this information. Due to the relatively few observations within these DRGs, smaller State/Territories (Tasmania, NT and ACT) average cost per patient is not a suitable measure if intended for comparative purposes.

(d) The effects of the interaction and relation betwee Public and Private sectors in the provision of Tasmanian health service should be considered when interpreting the data. An example of this is the Public Sector is the only provider of Intensive Care Services to the North and North West of the State.

(e) The admitted patient results from the NT will be affected by many factors distinguishing them from the average for the nation. Including, issues of remoteness, poor health status of the population, measurable high instance of chronic disease not reflected in DRG assignment, low numbers of primary care facilities and lack of community based opportunities to aid in discharge planning strategies. NT ALOS is consistently greater or equal to the national average. The reasons for this will vary from DRG to DRG, but typically it is a function of large distances travelled by the patient and there may be language issues and additional supervision prior top surgery (many Indigenous Australians do not speak English as a first language), interruption of the process due to emergency procedures, (only having a single hospital in each location), and few opportunities for those individuals suffering from chronic poverty, and a lack or responsiveness of the DRGs to the high levels of chronic illness many of the Indigenous patients suffer.

Table 10A.109 **Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 6.0x) in selected public hospitals (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c), (d)	*ACT* (c)	*NT* (c),(e)	*Aust*

(f) The sample size is the number of hospitals contributing to the cost and activity data for each AR-DRG.

(g) 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. In accordance with NHCDC methodology, depreciation and some capital costs are included in these figures, except for Victoria, which did not include depreciation cost in 2009-10 but did in 2010-11 (Round 15).

(h) Instead of O03Z, O04Z (which are DRGs in ARDRG version 5.2), figures are according to DRGs (O03A, O03B, O04A, O04B) in AR-DRG version 6.0x)

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.

np Not published. – Nil or rounded to zero.

Source: IHPA, *NHCDC Round 14* (2009-10) v6.0x and *Round 15* (2010-11) v6.0x.

Table 10A.110 Average length of stay for selected maternity AR-DRG (version 6.0x) 2011-12 (a)

		NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
O01C	Caesarean delivery without catastrophic or severe CC									
	ALOS (days)									
	Public	3.9	3.8	3.4	3.8	4.1	3.8	3.9	4.6	3.8
	Private	5.2	5	4.6	5.3	5.2	np	np	np	5
	Total	4.3	4.2	3.9	4.5	4.5	np	np	np	4.2
	Separations									
	Public	15 347	11 515	9 111	4 490	3 512	803	913	671	46 362
	Private	8 446	7 007	6 959	4 028	1 615	np	np	np	29 487
	Total	23 793	18 522	16 070	8 518	5 127	np	np	np	75 849
O60C	Vaginal delivery single uncomplicated									
	ALOS (days)									
	Public	1.8	1.8	1.6	1.9	1.8	2	1.4	2	1.8
	Private	3.8	3.9	3.4	3.5	3.9	np	np	np	3.6
	Total	2.1	2.2	1.9	2.2	2.1	np	np	np	2.1
	Separations									
	Public	9 770	6 008	6 833	2 438	1 892	695	568	449	28 653
	Private	1 469	1 301	1 300	626	301	np	np	np	5 536
	Total	11 239	7 309	8 133	3 064	2 193	np	np	np	34 189

(a) Separations for which the care type was reported as Acute, Newborn (with qualified days) or was not reported. Excludes separations where the length of stay was greater than 120 days. Average length of stay suppressed for private hospitals in Tasmania, the ACT and the NT, or if fewer than 50 separations were reported.

np Not published.

CC=complications and comorbidities

Source: AIHW 2013, *Australian Hospital Statistics 2011-12* , Health Services Series No. 50, Cat no. HSE 134, AIHW, Canberra.

Table 10A.111 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
2003										
Birthweight less than 1500g	no. of live births	787	539	488	208	191	52	57	38	2 360
Apgar score 0	% of live births	1.8	3.2	3.3	2.4	2.1	1.9	3.5	5.3	2.6
Apgar score 1-3	% of live births	11.7	16.1	7.8	5.3	9.9	3.9	15.8	7.9	11.0
Apgar score 4-6	% of live births	12.1	11.5	10.7	12.0	6.8	5.8	24.6	13.2	11.4
Apgar score 7-10	% of live births	73.3	68.5	77.7	79.3	81.2	88.5	56.1	73.7	74.2
Birthweight 1500-1999g	no. of live births	913	627	492	251	204	66	69	47	2 669
Apgar score 0	% of live births	0.1	0.2	0.2	–	–	–	–	–	0.1
Apgar score 1-3	% of live births	0.8	1.6	1.4	1.6	–	1.5	–	2.1	1.1
Apgar score 4-6	% of live births	5.0	3.0	3.1	2.8	2.0	4.6	4.4	8.5	3.8
Apgar score 7-10	% of live births	93.4	95.1	94.9	95.6	98.0	93.9	95.7	89.4	94.7
Birthweight 2000-2499g	no. of live births	2 596	1 878	1 445	713	534	133	140	198	7 637
Apgar score 0	% of live births	–	0.1	–	0.1	0.4	–	–	–	0.1
Apgar score 1-3	% of live births	0.5	0.3	0.3	0.6	0.7	0.8	0.7	–	0.4
Apgar score 4-6	% of live births	2.3	1.8	2.0	1.5	2.1	1.5	0.7	5.6	2.1
Apgar score 7-10	% of live births	96.8	97.5	97.7	97.5	96.8	97.8	98.6	94.4	97.2
Birthweight 2500g and over	no. of live births	60 606	40 478	31 674	13 295	11 715	2 901	2 842	2 529	166 040
Apgar score 0	% of live births	–	–	–	–	–	–	–	–	–
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.2	0.3	0.2	0.1
Apgar score 4-6	% of live births	1.1	0.9	0.8	0.8	0.9	1.0	0.8	1.2	0.9
Apgar score 7-10	% of live births	98.6	98.8	99.0	99.0	98.9	98.8	99.0	98.5	98.8
2004										
Birthweight less than 1500g	no. of live births	813	544	483	270	190	49	60	51	2 460
Apgar score 0	% of live births	1.6	2.0	5.0	2.2	2.1	–	–	3.9	2.4
Apgar score 1-3	% of live births	12.2	13.6	12.4	5.6	13.7	4.1	10.0	17.7	11.8
Apgar score 4-6	% of live births	12.9	7.4	9.3	10.4	6.3	8.2	13.3	11.8	10.1

Table 10A.111 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
Apgar score 7-10	% of live births	72.1	75.7	72.7	81.1	77.9	87.8	76.7	66.7	74.7
Birthweight 1500-1999g	no. of live births	910	575	512	280	213	50	89	34	2 663
Apgar score 0	% of live births	0.1	–	–	–	–	–	–	–	–
Apgar score 1-3	% of live births	0.9	0.9	0.8	0.7	–	–	1.1	–	0.8
Apgar score 4-6	% of live births	5.0	2.6	2.9	1.4	2.8	6.0	5.6	–	3.5
Apgar score 7-10	% of live births	93.9	96.3	96.3	97.1	97.2	94.0	93.3	100.0	95.5
Birthweight 2000-2499g	no. of live births	2 593	1 926	1 488	690	558	159	166	175	7 755
Apgar score 0	% of live births	–	0.1	0.1	–	–	–	–	–	0.1
Apgar score 1-3	% of live births	0.5	0.3	0.5	0.1	0.5	–	0.6	0.6	0.4
Apgar score 4-6	% of live births	1.9	2.2	2.0	2.5	3.4	1.3	1.2	4.0	2.2
Apgar score 7-10	% of live births	97.1	97.1	97.2	97.1	96.1	98.8	98.2	95.4	97.1
Birthweight 2500g and over	no. of live births	60 011	40 353	31 948	13 662	11 601	2 949	2 777	2 451	165 752
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	0.3	0.3	0.1
Apgar score 4-6	% of live births	1.0	0.9	0.9	0.7	0.8	1.4	1.0	1.9	0.9
Apgar score 7-10	% of live births	98.6	98.8	98.9	99.1	99.1	98.5	98.7	97.8	98.8
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

Table 10A.111 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
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	3.2	2.3	2.0	2.5	–	–	2.9
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	2.0

Table 10A.111 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
Apgar score 7-10	% of live births	97.0	97.1	97.5	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	15 735	12 538	3 845	3 145	2 637	182 244
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	99.0	98.9	99.0	98.7	98.1	98.8
2007										
Birthweight less than 1500g	no. of live births	774	658	543	289	215	71	64	57	2 671
Apgar score 0	% of live births	2.1	3.0	2.6	1.4	1.4	9.9	1.6	–	2
Apgar score 1-3	% of live births	13.8	14.3	10.3	8.0	11.2	5.6	21.9	14.0	12
Apgar score 4-6	% of live births	14.3	15.5	12.0	15.9	9.3	9.9	18.8	22.8	14
Apgar score 7-10	% of live births	69.8	66.1	74.4	74.7	78.1	74.7	57.8	59.6	71
Birthweight 1500-1999g	no. of live births	942	712	610	344	195	88	89	45	3 025
Apgar score 0	% of live births	0.1	0.1	–	–	–	–	–	–	0
Apgar score 1-3	% of live births	1.7	1.1	1.1	1.2	0.5	1.1	–	–	1
Apgar score 4-6	% of live births	5.4	5.1	5.2	5.2	7.2	–	6.7	8.8	5
Apgar score 7-10	% of live births	92.8	93.4	93.1	93.0	92.3	98.9	93.3	88.9	93
Birthweight 2000-2499g	no. of live births	2 827	2 067	1 667	858	653	261	165	166	8 664
Apgar score 0	% of live births	–	–	0.1	0.1	0.2	–	–	–	0
Apgar score 1-3	% of live births	0.6	0.5	0.5	0.2	0.5	–	–	1.8	0
Apgar score 4-6	% of live births	2.9	3.1	1.6	2.2	1.5	1.2	–	3.0	2
Apgar score 7-10	% of live births	96.4	96.1	97.7	97.2	97.9	98.9	97.6	95.8	97
Birthweight 2500g and over	no. of live births	66 970	46 496	38 689	16 110	13 194	5 849	3 304	2 721	193 333
Apgar score 0	% of live births	–	–	–	–	–	0.2	–	–	0
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.3	0
Apgar score 4-6	% of live births	1.0	1.2	0.7	1.0	1.1	0.9	1.2	1.8	1

Table 10A.111 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
Apgar score 7-10	% of live births	98.9	98.6	99.0	98.8	98.7	98.9	98.5	97.8	98.8
2008										
Birthweight less than 1500g	no. of live births	849	628	564	298	204	53	65	47	2 708
Apgar score 0	% of live births	3.1	3.0	2.1	1.3	1.5	9.4	–	6.4	2.7
Apgar score 1-3	% of live births	17.1	13.5	14.2	7.4	14.2	9.4	15.4	14.9	14.1
Apgar score 4-6	% of live births	14.6	19.9	12.8	17.8	9.3	7.6	30.8	23.4	15.8
Apgar score 7-10	% of live births	64.2	63.5	70.4	73.5	75.0	73.6	53.9	53.2	66.9
Birthweight 1500-1999g	no. of live births	1 052	628	602	332	240	98	74	43	3 069
Apgar score 0	% of live births	0.3	3.0	–	0.3	–	–	1.4	–	0.8
Apgar score 1-3	% of live births	0.8	13.5	1.5	0.6	0.8	2.0	4.1	2.3	3.6
Apgar score 4-6	% of live births	5.6	19.9	5.3	6.6	3.3	4.1	16.2	4.7	8.6
Apgar score 7-10	% of live births	93.3	63.5	92.9	92.5	95.8	93.9	78.4	93.0	86.9
Birthweight 2000-2499g	no. of live births	2 880	1 985	1 706	817	605	290	159	185	8 627
Apgar score 0	% of live births	0.1	0.1	0.1	–	–	0.3	–	–	0.1
Apgar score 1-3	% of live births	0.6	0.4	0.5	0.6	0.3	0.3	–	–	0.5
Apgar score 4-6	% of live births	2.4	3.2	1.8	1.7	2.8	1.7	1.3	1.1	2.4
Apgar score 7-10	% of live births	96.2	96.3	97.5	97.4	96.9	97.6	98.7	98.4	96.8
Birthweight 2500g and over	no. of live births	67 810	46 453	39 344	16 439	13 402	5 959	3 367	2 742	195 516
Apgar score 0	% of live births	–	–	–	–	–	0.2	–	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	99.0	98.0	98.1	98.7
2009										
Birthweight less than 1500g	no. of live births	829	668	537	327	222	52	68	52	2 755
Apgar score 0	% of live births	2.1	1.5	3.7	2.1	2.3	1.9	1.5	1.9	2.3

Table 10A.111 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
Apgar score 1-3	% of live births	17.0	15.1	12.7	7.3	7.2	23.1	8.8	21.2	13.8
Apgar score 4-6	% of live births	11.8	13.9	14.3	17.1	8.6	9.6	27.9	9.6	13.5
Apgar score 7-10	% of live births	67.4	65.6	66.7	72.8	82.0	65.4	61.8	67.3	68.5
Birthweight 1500-1999g	no. of live births	933	792	618	325	260	89	67	61	3 145
Apgar score 0	% of live births	0.3	0.4	–	0.6	–	1.1	–	–	0.3
Apgar score 1-3	% of live births	0.9	1.3	0.8	1.2	1.5	–	4.5	1.6	1.1
Apgar score 4-6	% of live births	4.5	7.2	4.5	9.2	5.0	4.5	10.5	13.1	6.0
Apgar score 7-10	% of live births	93.9	90.7	94.3	88.6	93.5	94.4	85.1	83.4	92.2
Birthweight 2000-2499g	no. of live births	2 847	2 051	1 843	837	669	256	184	204	8 891
Apgar score 0	% of live births	–	0.1	–	–	–	–	–	–	0.0
Apgar score 1-3	% of live births	0.6	0.5	0.8	0.4	0.1	–	1.1	–	0.5
Apgar score 4-6	% of live births	2.9	3.1	2.3	3.1	4.2	2.0	3.8	3.4	2.9
Apgar score 7-10	% of live births	96.0	96.2	96.7	96.3	98.8	98.1	95.1	96.6	96.5
Birthweight 2500g and over	no. of live births	67 545	47 142	39 765	16 591	13 345	5 920	3 540	2 749	196 597
Apgar score 0	% of live births	–	0.0	–	–	–	0.2	0.1	–	–
Apgar score 1-3	% of live births	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Apgar score 4-6	% of live births	1.1	1.3	1.0	1.1	1.1	0.8	1.8	1.7	1.2
Apgar score 7-10	% of live births	98.4	98.3	98.7	98.7	98.8	98.9	98.1	98.2	98.5
2010										
Birthweight less than 1500g	no. of live births	841	668	585	277	214	90	74	54	2 803
Apgar score 0	% of live births	2.0	1.5	3.2	1.4	0.9	4.4	1.4	–	2.0
Apgar score 1-3	% of live births	14.9	15.1	15.7	6.9	10.3	7.8	16.2	18.5	13.8
Apgar score 4-6	% of live births	15.1	13.9	16.1	16.3	9.3	13.3	12.2	24.1	14.7
Apgar score 7-10	% of live births	67.3	65.6	63.9	75.5	79.4	74.5	70.3	57.4	68.0

Table 10A.111 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
Birthweight 1500-1999g	no. of live births	964	792	603	300	261	93	73	55	3 141
Apgar score 0	% of live births	–	0.4	0.2	–	0.4	1.1	1.4	–	0.2
Apgar score 1-3	% of live births	1.5	1.3	1.5	1.3	0.8	–	–	1.8	1.3
Apgar score 4-6	% of live births	5.0	7.2	5.6	8.3	5.0	2.2	5.5	9.1	6.0
Apgar score 7-10	% of live births	93.0	90.7	92.2	90.3	93.9	96.8	93.2	89.1	92.1
Birthweight 2000-2499g	no. of live births	2 852	2 051	1 796	800	659	269	179	163	8 769
Apgar score 0	% of live births	–	0.1	0.1	0.1	–	–	0.6	–	0.1
Apgar score 1-3	% of live births	0.6	0.5	0.5	0.1	0.2	–	0.6	1.2	0.5
Apgar score 4-6	% of live births	2.9	3.1	3.2	3.8	2.0	1.9	2.2	3.7	3.0
Apgar score 7-10	% of live births	96.1	96.2	96.0	95.6	97.9	98.1	96.7	95.1	96.3
Birthweight 2500g and over	no. of live births	66 894	47 142	39 878	16 727	13 462	5 643	3 726	2 758	196 230
Apgar score 0	% of live births	–	–	–	–	–	0.2	0.1	–	–
Apgar score 1-3	% of live births	0.2	0.2	0.2	0.1	0.1	0.1	0.3	0.2	0.2
Apgar score 4-6	% of live births	1.1	1.3	1.0	1.3	1.2	1.2	1.1	1.7	1.2
Apgar score 7-10	% of live births	98.4	98.3	98.8	98.6	98.7	98.5	98.6	98.1	98.5
2011										
Birthweight less than 1500g	no. of live births	884	601	563	283	204	79	81	55	2 750
Apgar score 0	% of live births	3.5	3.5	2.7	1.8	2.9	–	–	np	na
Apgar score 1-3	% of live births	14.5	13.0	13.5	6.0	3.9	7.6	17.3	9.1	12.1
Apgar score 4-6	% of live births	13.1	13.5	16.7	17.7	14.2	17.7	17.3	9.1	14.7
Apgar score 7-10	% of live births	68.0	65.1	66.1	74.2	78.9	74.7	65.4	78.2	68.7
Birthweight 1500-1999g	no. of live births	941	730	635	290	242	98	104	64	3 104
Apgar score 0	% of live births	0.4	0.1	0.2	–	–	–	–	–	0.2
Apgar score 1-3	% of live births	1.1	1.2	0.9	0.3	0.8	3.1	2.9	np	na
Apgar score 4-6	% of live births	7.0	9.3	5.8	5.9	4.5	3.1	7.7	7.8	6.9
Apgar score 7-10	% of live births	91.0	89.3	92.9	93.5	94.6	93.9	89.4	90.6	91.5

Table 10A.111 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
Birthweight 2000-2499g	no. of live births	2 955	2 148	1 728	849	752	300	204	196	9 132
Apgar score 0	% of live births	0.1	0.1	–	–	–	–	–	np	na
Apgar score 1-3	% of live births	0.8	0.7	1.1	0.5	0.1	0.3	–	–	0.7
Apgar score 4-6	% of live births	2.4	3.2	3.0	4.1	3.6	2.3	6.4	3.1	3.1
Apgar score 7-10	% of live births	96.2	95.9	95.7	95.5	96.3	97.3	93.6	96.4	96.0
Birthweight 2500g and over	no. of live births	68 594	48 033	40 503	17 398	13 958	5 812	3 676	2 748	200 722
Apgar score 0	% of live births	–	–	–	–	–	–	–	–	–
Apgar score 1-3	% of live births	0.2	0.2	0.2	0.1	0.1	0.1	0.2	np	na
Apgar score 4-6	% of live births	1.2	1.4	1.0	1.2	1.4	1.1	1.6	1.6	1.2
Apgar score 7-10	% of live births	98.3	98.4	98.7	98.6	98.5	98.7	98.1	98.3	98.5
2012										
Birthweight less than 1500g	no. of live births	913	658	588	295	227	na	81	44	2 806
Apgar score 0	% of live births	3.1	2.1	2.6	1.0	2.6	na	2.5	np	na
Apgar score 1-3	% of live births	14.6	15.4	14.5	3.1	10.1	na	9.9	np	na
Apgar score 4-6	% of live births	14.1	17.5	14.5	16.6	10.6	na	17.3	20.5	na
Apgar score 7-10	% of live births	67.5	63.8	67.0	79.0	76.7	na	70.4	70.5	na
Birthweight 1500-1999g	no. of live births	1 364	754	638	311	281	na	80	47	3 475
Apgar score 0	% of live births	0.3	0.1	–	–	0.4	na	–	–	na
Apgar score 1-3	% of live births	1.0	0.9	2.2	1.3	0.4	na	–	np	na
Apgar score 4-6	% of live births	5.5	6.9	4.9	6.8	3.9	na	10.0	np	na
Apgar score 7-10	% of live births	92.6	91.6	92.8	92.0	95.4	na	90.0	95.7	na
Birthweight 2000-2499g	no. of live births	3 630	2 253	1 884	873	742	na	212	188	9 782
Apgar score 0	% of live births	–	0.1	–	–	–	na	–	–	na
Apgar score 1-3	% of live births	0.6	0.5	0.6	0.5	0.1	na	0.5	np	na
Apgar score 4-6	% of live births	2.6	3.3	3.0	4.2	3.0	na	3.8	3.2	na
Apgar score 7-10	% of live births	96.3	96.0	96.4	95.2	96.9	na	95.8	96.3	na

Table 10A.111 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	*NSW*	*Vic* (a)	*Qld*	*WA* (b)	*SA* (c)	*Tas*	*ACT* (d)	*NT* (e)	*Aust*
Birthweight 2500g and over	no. of live births	73 524	52 201	41 475	18 090	14 239	na	4 206	2 896	206 631
Apgar score 0	% of live births	–	–	–	–	–	na	–	np	na
Apgar score 1-3	% of live births	0.2	0.2	0.2	0.1	0.1	na	0.2	0.3	na
Apgar score 4-6	% of live births	1.1	1.5	1.2	1.4	1.4	na	2.1	1.5	na
Apgar score 7-10	% of live births	98.3	98.2	98.5	98.4	98.5	na	97.7	98.1	na

(a) Data for 2012 for Victoria are preliminary.

(b) Data for WA for 2012 are preliminary. The low Apgar rate for 2012 would seem to indicate that babies belonging in the numerator were not available for reporting at the time of extract.

(c) SA data exclude live births if Apgar scores are not recorded. Data for 2012 are preliminary.

(d) Data for 2012 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. Between 2006 and 2009, 15.0 per cent of women who gave birth in the ACT were non-residents of the ACT.

(e) 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.112 **Fetal deaths (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Aust (b) (c)
2002										
Total all births (d)	no.	85 537	62 691	47 963	23 729	17 760	6 038	4 789	3 695	252 202
Fetal deaths (e), (f)	no.	350	352	245	108	96	49	21	19	1 240
Fetal death rate	per 1000 total relevant births	4.1	5.6	5.1	4.6	5.4	8.1	4.4	5.1	4.9
2003										
Total all births (d)	no.	86 772	61 498	48 644	24 465	17 584	5 808	4 159	3 838	252 799
Fetal deaths (e), (f)	no.	428	440	302	192	141	56	31	48	1 638
Fetal death rate	per 1000 total relevant births	4.9	7.2	6.2	7.8	8.0	9.6	7.5	12.5	6.5
2004										
Total all births (d)	no.	86 367	62 919	50 275	25 492	17 263	5 853	4 199	3 577	255 971
Fetal deaths (e), (f)	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 (d)	no.	87 083	63 811	52 048	26 444	17 910	6 361	4 242	3 701	261 628
Fetal deaths (e), (f)	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 (d)	no.	87 856	65 583	53 024	27 940	18 342	6 518	4 520	3 735	267 544
Fetal deaths (e), (f)	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 (d)	no.	89 991	70 720	61 683	29 325	19 740	6 703	4 783	3 923	286 889
Fetal deaths (e), (f)	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 (d)	no.	95 152	71 555	63 554	32 051	20 324	6 822	4 818	3 963	298 269

Table 10A.112 **Fetal deaths (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Aust (b) (c)
Fetal deaths (e), (f)	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
2009										
Total all births (d)	no.	93 278	71 352	66 538	31 093	19 809	6 683	4 883	3 858	297 518
Fetal deaths (e), (f)	no.	495	432	441	215	75	57	25	39	1 780
Fetal death rate	per 1000 total relevant births	5.3	6.1	6.7	7.0	3.8	8.6	5.1	10.2	6.0
2010										
Total all births (d)	no.	96 417	70 975	64 908	31 609	20 154	6 439	5 221	3 930	299 670
Fetal deaths (e), (f)	no.	499	407	441	185	78	54	72	31	1 767
Fetal death rate	per 1000 total relevant births	5.2	5.7	6.8	5.9	3.9	8.4	13.8	7.9	5.9
2011										
Total all births (d)	no.	99 567	71 844	63 630	32 513	19 981	6 657	5 149	3 988	303 365
Fetal deaths (e), (f)	no.	513	400	377	254	89	49	28	34	1 748
Fetal death rate	per 1000 total relevant births	5.2	5.6	5.9	7.8	4.5	7.4	5.4	8.5	5.8

(a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table is 2010 (preliminary). See ABS Causes of Death (cat. no. 3303.0) 2010 Explanatory Notes 35-39 and Technical Notes, Causes of Death Revisions, 2006 and Causes of Death Revisions, 2008 and 2009.

(b) 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.

(c) All states and territories, including other territories

(d) 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.

(e) Perinatal deaths (including fetal 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.

(f) 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.113 **Neonatal deaths (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (b)*
2002										
Total live births (c)	no.	86 575	61 478	47 771	23 600	17 656	6 002	4 112	3 717	250 962
Neonatal deaths (d), (e)	no.	232	202	179	52	50	24	21	19	779
Neonatal death rate	per 1000 live births	2.7	3.3	3.7	2.2	2.8	4.0	5.1	5.1	3.1
2003										
Total live births (c)	no.	86 344	61 058	48 342	24 273	17 443	5 752	4 128	3 790	251 161
Neonatal deaths (d), (e)	no.	272	250	153	62	40	27	16	21	841
Neonatal death rate	per 1000 live births	3.2	4.1	3.2	2.6	2.3	4.7	3.9	5.5	3.3
2004										
Total live births (c)	no.	85 894	62 417	49 940	25 295	17 140	5 809	4 174	3 551	254 246
Neonatal deaths (d), (e)	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 (c)	no.	86 589	63 287	51 661	26 253	17 800	6 308	4 206	3 659	259 791
Neonatal deaths (d), (e)	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 (c)	no.	87 336	65 236	52 665	27 776	18 260	6 475	4 479	3 696	265 949
Neonatal deaths (d), (e)	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 (c)	no.	89 495	70 313	61 249	29 164	19 662	6 662	4 753	3 894	285 213
Neonatal deaths (d), (e)	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 (c)	no.	94 684	71 175	63 132	31 850	20 229	6 775	4 804	3 942	296 621

Table 10A.113 **Neonatal deaths (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust (b)*
Neonatal deaths (d), (e)	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
2009										
Total live births (c)	no.	92 783	70 920	66 097	30 878	19 734	6 626	4 858	3 819	295 738
Neonatal deaths (d), (e)	no.	287	204	253	58	48	14	9	18	891
Neonatal death rate	per 1000 live births	3.1	2.9	3.8	1.9	2.4	2.1	1.9	4.7	3.0
2010										
Total live births (c)	no.	95 918	70 568	64 467	31 424	20 076	6 385	5 149	3 899	297 903
Neonatal deaths (d), (e)	no.	279	159	243	68	44	16	15	18	842
Neonatal death rate	per 1000 live births	2.9	2.3	3.8	2.2	2.2	2.5	2.9	4.6	2.8
2011										
Total live births (c)	no.	99 054	71 444	63 253	32 259	19 892	6 608	5 121	3 954	301 617
Neonatal deaths (d), (e)	no.	293	185	199	63	30	18	9	17	814
Neonatal death rate	per 1000 live births	3.0	2.6	3.1	2.0	1.5	2.7	1.8	4.3	2.7

(a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table is 2010 (preliminary). See ABS Causes of Death (cat. no. 3303.0) 2010 Explanatory Notes 35-39 and Technical Notes, Causes of Death Revisions, 2006 and Causes of Death Revisions, 2008 and 2009.

(b) All states and territories, including other territories

(c) Total live births are all live births registered in the calendar year.

(d) Perinatal deaths (including 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.

(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.

Source : ABS Perinatal deaths, Australia, Cat. no. 3304.0, Canberra (unpublished).

Table 10A.114 **Neonatal, fetal and perinatal death rates, Australia (a)**

	Fetal death rate (b)	*Neonatal death rate* (c)	*Perinatal death rate* (d)
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
2009	6.0	3.0	9.0
2010	5.9	2.8	8.7
2011	5.8	2.7	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.115 **Perinatal deaths (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Aust (b) (c)
2002										
Total all births (d)	no.	85 537	62 691	47 963	23 729	17 760	6 038	4 789	3 695	252 202
Perinatal deaths (e), (f)	no.	582	554	424	160	146	73	42	38	2 019
Perinatal death rate	per 1000 total births	6.8	8.8	8.8	6.7	8.2	12.1	8.8	10.3	8.0
2003										
Total all births (d)	no.	86 772	61 498	48 644	24 465	17 584	5 808	4 159	3 838	252 799
Perinatal deaths (e), (f)	no.	700	690	455	254	181	83	47	69	2 479
Perinatal death rate	per 1000 total births	8.1	11.2	9.4	10.4	10.3	14.3	11.3	18.0	9.8
2004										
Total all births (d)	no.	86 367	62 919	50 275	25 492	17 263	5 853	4 199	3 577	255 971
Perinatal deaths (e), (f)	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 (d)	no.	87 083	63 811	52 048	26 444	17 910	6 361	4 242	3 701	261 628
Perinatal deaths (e), (f)	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 (d)	no.	87 856	65 583	53 024	27 940	18 342	6 518	4 520	3 735	267 544
Perinatal deaths (e), (f)	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 (d)	no.	89 991	70 720	61 683	29 325	19 740	6 703	4 783	3 923	286 889
Perinatal deaths (e), (f)	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 (d)	no.	95 152	71 555	63 554	32 051	20 324	6 822	4 818	3 963	298 269

Table 10A.115 **Perinatal deaths (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Aust (b) (c)
Perinatal deaths (e), (f)	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
2009										
Total all births (d)	no.	93 278	71 352	66 538	31 093	19 809	6 683	4 883	3 858	297 518
Perinatal deaths (e), (f)	no.	782	636	694	273	123	71	34	57	2 671
Perinatal death rate	per 1000 total births	8.4	8.9	10.4	8.8	6.2	10.6	7.0	14.8	9.0
2010										
Total all births (d)	no.	96 417	70 975	64 908	31 609	20 154	6 439	5 221	3 930	299 670
Perinatal deaths (e), (f)	no.	778	566	684	253	122	70	87	49	2 609
Perinatal death rate	per 1000 total births	8.1	8.0	10.5	8.0	6.1	10.9	16.7	12.5	8.7
2011										
Total all births (d)	no.	99 567	71 844	63 630	32 513	19 981	6 657	5 149	3 988	303 365
Perinatal deaths (e), (f)	no.	806	585	576	317	119	67	37	51	2 562
Perinatal death rate	per 1000 total births	8.1	8.1	9.1	9.7	6.0	10.1	7.2	12.8	8.4

(a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table is 2010 (preliminary). See ABS Causes of Death (cat. no. 3303.0) 2010 Explanatory Notes 35-39 and Technical Notes, Causes of Death Revisions, 2006 and Causes of Death Revisions, 2008 and 2009.

(b) 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.

(c) All states and territories, including other territories

(d) 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.

(e) Perinatal 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.

(f) 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.

Table 10A.115 **Perinatal deaths (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT (b)*	*NT*	*Aust (b) (c)*

Source : ABS Perinatal deaths, Australia, Cat. no. 3304.0, Canberra (unpublished).

Table 10A.116 **Perinatal, neonatal and fetal deaths (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total (d)*
2003–2007										
Fetal deaths (e)										
Indigenous										
Total all births (f)	no.	17 251	na	18 593	9 279	3 515	na	na	7 892	56 530
Fetal deaths	no.	89	na	155	79	25	na	na	108	456
Fetal death rate	per 1000 total births	5.2	na	8.3	8.5	7.1	na	na	13.7	8.1
Non-Indigenous (g)										
Total all births (f)	no.	420 818	na	247 081	124 387	87 324	na	na	10 882	890 492
Fetal deaths	no.	2 322	na	1 662	826	509	na	na	76	5 395
Fetal death rate	per 1000 total births	5.5	na	6.7	6.6	5.8	na	na	7.0	6.1
Neonatal deaths (h)										
Indigenous										
Total live births (i)	no.	17 162	na	18 438	9 200	3 490	na	na	7 784	56 074
Neonatal deaths	no.	82	na	111	47	16	na	na	74	330
Neonatal death rate	per 1000 live births	4.8	na	6.0	5.1	4.6	na	na	9.5	5.9
Non-Indigenous (g)										
Total live births (i)	no.	418 496	na	245 419	123 561	86 815	na	na	10 806	885 097
Neonatal deaths	no.	1 358	na	823	279	207	na	na	30	2 697
Neonatal death rate	per 1000 live births	3.2	na	3.4	2.3	2.4	na	na	2.8	3.0
Perinatal deaths (j)										
Indigenous										
Total all births (f)	no.	17 251	na	18 593	9 279	3 515	na	na	7 892	56 530
Perinatal deaths	no.	171	na	266	126	41	na	na	182	786
Perinatal death rate	per 1000 total births	9.9	na	14.3	13.6	11.7	na	na	23.1	13.9
Non-Indigenous (g)										
Total all births (f)	no.	420 818	na	247 081	124 387	87 324	na	na	10 882	890 492

Table 10A.116 **Perinatal, neonatal and fetal deaths (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total (d)*
Perinatal deaths	no.	3 680	na	2 485	1 105	716	na	na	106	8 092
Perinatal death rate	per 1000 total births	8.7	na	10.1	8.9	8.2	na	na	9.7	9.1
2004–2008										
Fetal deaths (e)										
Indigenous										
Total all births (f)	no.	18 000	na	19 592	10 065	3 911	na	na	7 811	59 379
Fetal deaths	no.	89	na	160	79	23	na	na	97	448
Fetal death rate	per 1000 total births	4.9	na	8.2	7.8	5.9	na	na	12.4	7.5
Non-Indigenous (g)										
Total all births (f)	no.	428 449	na	260 992	131 187	89 668	na	na	11 088	921 384
Fetal deaths	no.	2 362	na	1 777	835	465	na	na	60	5 499
Fetal death rate	per 1000 total births	5.5	na	6.8	6.4	5.2	na	na	5.4	6.0
Neonatal deaths (h)										
Indigenous										
Total live births (i)	no.	17 911	na	19 432	9 986	3 888	na	na	7 714	58 931
Neonatal deaths	no.	84	na	116	49	15	na	na	65	329
Neonatal death rate	per 1000 live births	4.7	na	6.0	4.9	3.9	na	na	8.4	5.6
Non-Indigenous (g)										
Total live births (i)	no.	426 087	na	259 215	130 352	89 203	na	na	11 028	915 885
Neonatal deaths	no.	1 401	na	874	275	205	na	na	28	2 783
Neonatal death rate	per 1000 live births	3.3	na	3.4	2.1	2.3	na	na	2.5	3.0
Perinatal deaths (j)										
Indigenous										
Total all births (f)	no.	18 000	na	19 592	10 065	3 911	na	na	7 811	59 379
Perinatal deaths	no.	173	na	276	128	38	na	na	162	777
Perinatal death rate	per 1000 total births	9.6	na	14.1	12.7	9.7	na	na	20.7	13.1

Table 10A.116 **Perinatal, neonatal and fetal deaths (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total (d)*
Non-Indigenous (g)										
Total all births (f)	no.	428 449	na	260 992	131 187	89 668	na	na	11 088	921 384
Perinatal deaths	no.	3 763	na	2 651	1 110	670	na	na	88	8 282
Perinatal death rate	per 1000 total births	8.8	na	10.2	8.5	7.5	na	na	7.9	9.0
2005–2009										
Fetal deaths (e)										
Indigenous										
Total all births (f)	no.	18 595	na	21 389	10 700	4 211	na	na	7 835	62 730
Fetal deaths	no.	89	na	176	17	87	na	na	107	476
Fetal death rate	per 1000 total births	4.8	na	8.2	4.1	8.1	na	na	13.7	7.6
Non-Indigenous (g)										
Total all births (f)	no.	434 765	na	275 458	135 661	92 406	na	na	11 345	949 635
Fetal deaths	no.	2 384	na	1 867	423	845	na	na	63	5 582
Fetal death rate	per 1000 total births	5.5	na	6.8	4.6	6.2	na	na	5.6	5.9
Neonatal deaths (h)										
Indigenous										
Total live births (i)	no.	18 506	na	21 213	10 683	4 124	na	na	7 728	62 254
Neonatal deaths	no.	80	na	128	15	47	na	na	62	332
Neonatal death rate	per 1000 live births	4.3	na	6.0	3.6	4.4	na	na	8.0	5.3
Non-Indigenous (g)										
Total live births (i)	no.	432 381	na	273 591	135 238	91 561	na	na	11 282	944 053
Neonatal deaths	no.	1 420	na	929	217	280	na	na	28	2 874
Neonatal death rate	per 1000 live births	3.3	na	3.4	2.4	2.1	na	na	2.5	3.0
Perinatal deaths (j)										
Indigenous										
Total all births (f)	no.	18 595	na	21 389	10 700	4 211	na	na	7 835	62 730

Table 10A.116 **Perinatal, neonatal and fetal deaths (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (d)
Perinatal deaths	no.	169	na	304	32	134	na	na	169	808
Perinatal death rate	per 1000 total births	9.1	na	14.2	7.7	12.4	na	na	21.6	12.9
Non-Indigenous (g)										
Total all births (f)	no.	434 765	na	275 458	135 661	92 406	na	na	11 345	949 635
Perinatal deaths	no.	3 804	na	2 796	640	1 125	na	na	91	8 456
Perinatal death rate	per 1000 total births	8.7	na	10.2	7.0	8.3	na	na	8.0	8.9
2006–2010										
Fetal deaths (e)										
Indigenous										
Total all births (f)	no.	19 870	na	23 042	11 336	4 358	na	na	7 906	66 512
Fetal deaths	no.	88	na	195	75	9	na	na	105	472
Fetal death rate	per 1000 total births	4.4	na	8.5	6.6	2.1	na	na	13.3	7.1
Non-Indigenous (g)										
Total all births (f)	no.	442 824	na	286 640	140 682	94 011	na	na	11 503	975 660
Fetal deaths	no.	2 390	na	1 877	851	399	na	na	54	5 571
Fetal death rate	per 1000 total births	5.4	na	6.6	6.1	4.3	na	na	4.7	5.7
Neonatal deaths (h)										
Indigenous										
Total live births (i)	no.	19 782	na	22 847	11 261	4 349	na	na	7 801	66 040
Neonatal deaths	no.	86	na	129	47	14	na	na	62	338
Neonatal death rate	per 1000 live births	4.3	na	5.6	4.2	3.2	na	na	7.9	5.1
Non-Indigenous (g)										
Total live births (i)	no.	440 434	na	284 763	139 831	93 612	na	na	11 449	970 089
Neonatal deaths	no.	1 384	na	979	272	202	na	na	25	2 862
Neonatal death rate	per 1000 live births	3.1	na	3.4	1.9	2.2	na	na	2.2	3.0
Perinatal deaths (j)										

Table 10A.116 **Perinatal, neonatal and fetal deaths (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total (d)*
Indigenous										
Total all births (f)	no.	19 870	na	23 042	11 336	4 358	na	na	7 906	66 512
Perinatal deaths	no.	174	na	324	122	23	na	na	167	810
Perinatal death rate	per 1000 total births	8.8	na	14.1	10.8	5.3	na	na	21.1	12.2
Non-Indigenous (g)										
Total all births (f)	no.	442 824	na	286 640	140 682	94 011	na	na	11 503	975 660
Perinatal deaths	no.	3 774	na	2 856	1 123	601	na	na	79	8 433
Perinatal death rate	per 1000 total births	8.6	na	10.0	8.0	6.4	na	na	6.9	8.6
2007–2011										
Fetal deaths (e)										
Indigenous										
Total all births (f)	no.	21 964	na	24 830	11 944	4 567	na	na	7 881	71 186
Fetal deaths	no.	84	na	190	87	7	na	na	101	469
Fetal death rate	per 1000 total births	3.8	na	7.7	7.3	1.5	na	na	12.8	6.6
Non-Indigenous (g)										
Total all births (f)	no.	452 441	na	295 458	144 647	95 441	na	na	11 781	999 768
Fetal deaths	no.	2 387	na	1 900	929	408	na	na	53	5 677
Fetal death rate	per 1000 total births	5.3	na	6.4	6.4	4.3	na	na	4.5	5.7
Neonatal deaths (h)										
Indigenous										
Total live births (i)	no.	21 880	na	24 640	11 857	4 560	na	na	7 780	70 717
Neonatal deaths	no.	91	na	131	42	16	na	na	55	335
Neonatal death rate	per 1000 live births	4.2	na	5.3	3.5	3.5	na	na	7.1	4.7
Non-Indigenous (g)										
Total live births (i)	no.	450 054	na	293 558	143 718	95 033	na	na	11 728	994 091
Neonatal deaths	no.	1 371	na	991	247	198	na	na	29	2 836

Table 10A.116 **Perinatal, neonatal and fetal deaths (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (d)
Neonatal death rate	per 1000 live births	3.0	na	3.4	1.7	2.1	na	na	2.5	2.9
Perinatal deaths (j)										
Indigenous										
Total all births (f)	no.	21 964	na	24 830	11 944	4 567	na	na	7 881	71 186
Perinatal deaths	no.	175	na	321	129	23	na	na	156	804
Perinatal death rate	per 1000 total births	8.0	na	12.9	10.8	5.0	na	na	19.8	11.3
Non-Indigenous (g)										
Total all births (f)	no.	452 441	na	295 458	144 647	95 441	na	na	11 781	999 768
Perinatal deaths	no.	3 758	na	2 891	1 176	606	na	na	82	8 513
Perinatal death rate	per 1000 total births	8.3	na	9.8	8.1	6.3	na	na	7.0	8.5

(a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2006 (final) 2007 (final), 2008 (final), 2009 (revised), 2010 (preliminary). See Explanatory Notes 35-39 and Technical Notes, Causes of Death Revisions, 2006 and Causes of Death Revisions, 2008 and 2009.

(b) 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.

(c) Data are reported individually by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. These 5 states have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths.

(d) Total includes data for NSW, Queensland, WA, SA and the NT only.

(e) 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.

(f) 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

(g) Non-Indigenous includes Indigenous status not stated.

(h) 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.

(i) Total live births are all live births registered in the calendar year.

(j) 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.

Table 10A.116 **Perinatal, neonatal and fetal deaths (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total (d)*

na Not available.

Source: ABS Perinatal deaths, Australia, Cat. no. 3304.0, Canberra (unpublished).

Data quality information — Public hospitals, chapter 10

Data quality information

DQI provides information against the seven ABS data quality framework dimensions, for a selection of performance indicators in the Public hospitals chapter. DQI for additional indicators will be progressively introduced in future reports.

Where RoGS indicators align with National Agreement indicators, DQI has been sourced from the Steering Committee's reports on National Agreements to the COAG Reform Council.

Technical DQI has been supplied or agreed by relevant data providers. Additional Steering Committee commentary does not necessarily reflect the views of data providers.

DQI are available for the following performance indicators:

Emergency department waiting times

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness — access
Indicator	Emergency department waiting times
Measure (computation)	The national benchmark waiting times are: • Triage category 1: seen within seconds, calculated as less than or equal to 2 minutes • Triage category 2: seen within 10 minutes • Triage category 3: seen within 30 minutes • Triage category 4: seen within 60 minutes • Triage category 5: seen within 120 minutes The proportion of patients seen on time is calculated as: Numerator—Number of patients seen within the cut-off point, by triage category. Denominator—Number of patients by triage category. Inclusions: records with a type of visit of Emergency presentation. Restricted to hospitals that were classified as either peer group A (Principal referral and Specialist women's and children's hospital) or peer group B (Large hospitals). Exclusions: records with an episode end status of Did not wait to be attended by a health care professional or Dead on arrival, not treated in emergency department. Records are also excluded if the waiting time was missing or otherwise invalid.
Data source/s	This indicator is calculated using data from the AIHW's NNAPEDCD, based on the National Minimum Data Set (NMDS) for Non-admitted patient emergency department care (NAPEDC). For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2011 and Estimated Resident Population (ERP) by Statistical Local Area (SLA) as at 30 June 2011 (2011–12) or 30 June 2012 (2012–13). Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population. For data by remoteness: ABS ERP as at 30 June 2011 (2011–12) or 30 June 2012 (2012–13), by remoteness areas, as specified in the Australian Standard Geographical Classification.

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and

welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au

Data for the NNAPEDCD were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

www.aihw.gov.au/nhissc/

www.meteor.aihw.gov.au/content/index.phtml/itemId/182135

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

The purpose of the NNAPEDCD is to collect information on the characteristics of emergency department care (including waiting times for care) for non-admitted patients registered for care in emergency departments in selected public hospitals classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or B (Large hospitals). In 2012–13, hospitals in peer groups A and B provided over 86 per cent of all public hospital emergency presentations.

The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.

The analyses by remoteness and socioeconomic status are based on the statistical local area (SLA) of usual residence of the patient. However, data are reported by jurisdiction of presentation, regardless of the jurisdiction of usual residence. Hence, data represent the proportion of patients living in each remoteness area or Socio-Economic Indexes for Areas (SEIFA) population group (regardless of their jurisdiction of residence) seen within the benchmark time in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). For 2011–12, the SEIFA scores for each SLA are derived from 2011 Census data and represent the attributes of the population in that SLA in 2011. For 2012–13, the SEIFA scores for each Statistical Area level 2 (SA2) are derived from 2011 Census data and represent the attributes of the population in that SA2 in 2011.

	Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.
Timeliness	The reference period for these data is 2011–12 and 2012–13.
Accuracy	For 2011–12, the coverage of the NNAPEDCD was 100 per cent in all jurisdictions for public hospitals in peer groups A and B. For 2012–13, the preliminary estimate of the proportion of emergency occasions of service reported to the NNAPEDCD was 100 per cent for public hospitals in peer groups A and B. In the baseline year (2007–08), the Tasmanian North West Regional Hospital comprised the combined activity of its Burnie Campus and its Mersey Campus. This hospital was a Peer Group B hospital. There was then a change in administrative arrangements for Mersey and it became the only hospital in the country owned and funded by the Australian Government and, by arrangement, operated by the Tasmanian Government. This administrative change necessitated reporting of these campuses as separate hospitals from 2008-09 onwards. On its own the North West Regional Hospital (Burnie Campus only) is a Peer Group B hospital, whilst, on its own the Mersey Community Hospital is a Peer Group C hospital. Burnie and Mersey did not substantially change their activity, rather, it is simply a case that activity is now spread across two hospitals. For National Healthcare Agreement purposes, although it is a Peer Group C hospital, the Mersey Community Hospital continues to be included in reporting for Peer Group B hospitals to ensure comparability over time for Tasmania. From 2009–10, the data for the Albury Base Hospital (previously reported in NSW hospital statistics) was reported in Victorian hospital statistics. This change in reporting arrangements should be factored into any analysis of data for NSW and Victoria. States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors (including waiting time outliers) are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values. The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data. As this indicator is limited to public hospitals classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, the data may not cover areas where the proportion of Indigenous Australians (compared with other Australians) is higher than average. Similarly, disaggregation by socioeconomic status and remoteness should be interpreted with caution. Comparability across jurisdictions may be impacted by variation in the assignment of triage categories.
Coherence	The data reported for 2011–12 and 2012–13 are consistent with data reported for the NNAPEDCD for previous years for individual hospitals. In addition, the data reported to the NNAPEDCD in previous years has been consistent with the numbers of emergency occasions of services reported to the National Hospital Establishments Database (NPHED) for each hospital for the same reference year. Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage. The information presented for this indicator are calculated using the same

	methodology as data published in Australian hospital statistics 2011–12, Australian hospital statistics: emergency department care (report series) and the National Healthcare Agreement: performance report 2011–12. However, 2011–12 data reported previously in these publications are different from the equivalent data published here because the hospitals classified as peer groups A and B were based on 2010–11, rather than 2011–12 peer groups. Caution should be used in comparing data across reference years, as the number of hospitals classified as peer group A or B, or the peer group of a hospital, may vary over time. Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA Census year, the SEIFA index used and the approach taken to derive quintiles and deciles. National level data disaggregated by Indigenous status for 2007–08 included data from NSW, Queensland, WA, SA and NT. National level data disaggregated by Indigenous status for 2008–09, 2009–10 and 2010–11 included data from NSW, Victoria, Queensland, WA, SA and NT. National level data disaggregated by Indigenous status for 2011–12 and subsequent years includes data from all eight states and territories. Therefore, data disaggregated by Indigenous status from 2007–08 is not comparable to 2008–09, 2009–10 and 2010–11, and data for 2011–12 and subsequent years are not comparable with data for 2010–11 and prior years. In 2011, the ABS updated the standard geography used in Australia for most data collections from the Australian Standard Geographical Classification (ASGC) to the Australian Statistical Geography Standard (ASGS). Also updated at this time were remoteness areas and the Socio-Economic Indices for Areas (SEIFA), based on the 2011 ABS Census of Population and Housing. The new remoteness areas will be referred to as RA 2011, and the previous remoteness areas as RA 2006. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006. Data for 2007-08 through to 2011-12 reported by remoteness are reported for RA 2006. Data for 2012-13 are reported for RA 2011. The AIHW considers the change from RA 2006 to RA 2011 to be a series break when applied to data supplied for this indicator, therefore remoteness data for 2011-12 and previous years are not directly comparable to remoteness data for 2012-13 and subsequent years. Data for 2007-08 through to 2010-11 reported for SEIFA quintiles and deciles are reported using SEIFA 2006 at the Statistical Local Area (SLA) level. Data for 2011-12 are reported using SEIFA 2011 at the SLA level. Data for 2012-13 are reported using SEIFA 2011 at the Statistical Area (SA) 2 level. The AIHW considers the change from SEIFA 2006 to SEIFA 2011, and the change from SLA to SA2 to be series breaks when applied to data supplied for this indicator. Therefore, SEIFA data for 2010-11 and previous years are not directly comparable with SEIFA data for 2011-12, and SEIFA data for 2011-12 and previous years are not directly comparable with SEIFA data for 2012-13 and subsequent years.
Accessibility	The AIHW provides a variety of products that draw upon the NNAPEDCD. Published products available on the AIHW website are: Australian hospital statistics suite of products with associated Excel tables. These products may be accessed on the AIHW website at: www.aihw.gov.au/hospitals/.
Interpretability	Metadata information for the Non-Admitted Patient Emergency Department Care (NAPEDC) National Minimum Data Set (NMDS) and the NAPEDC Data Set Specification (DSS) are published in the AIHW's online metadata

repository, METeOR, and the National health data dictionary.

The National health data dictionary can be accessed online at:

www.aihw.gov.au/publication-detail/?id=10737422826

The Data Quality Statement for the 2011–12 NNAPEDCD can be accessed on the AIHW website at:

www.meteor.aihw.gov.au/content/index.phtml/itemId/529471

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following key data gaps/issues: The comparability of emergency department waiting times data across jurisdictions can be influenced by differences in data coverage 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. For 2011-12, the coverage of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) collection is complete for public hospitals in peer groups A and B. It is estimated that 2012-13 has similar coverage, although final coverage cannot be calculated until the 2012-13 National Public Hospital Establishments Database (NPHED) data are available. The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data. Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer groups A or B, and the peer group for a hospital, may vary over time. Remoteness data for 2011-12 and previous years are not directly comparable to remoteness data for 2012-13 and subsequent years. SEIFA data for 2010-11 and previous years are not directly comparable with SEIFA data for 2011-12, and SEIFA data for 2011-12 and previous years are not directly comparable with SEIFA data for 2012-13 and subsequent years.

Elective surgery waiting times

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness — access
Indicator	Elective surgery waiting times
Measure (computation)	Median and 90th percentile waiting times for elective surgery The number of days' waiting time is calculated by subtracting the listing date for care from the removal date, minus any days when the patient was not ready for care and minus any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at removal. The 50th percentile (median) represents the number of days within which 50 per cent of patients were admitted; half the waiting times will be shorter than the median and half the waiting times longer. The 90th percentile data represent the number of days within which 90 per cent of patients were admitted.

Elective surgery waiting times by clinical urgency category

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 for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.
- category 2 — admission is desirable within 90 days for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency.
- category 3 — admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency. Desirable timeframe for this category is admission within 365 days.

Data source/s

Median and 90th percentile waiting times for elective surgery

For 2011–12 and 2012–13, this indicator is calculated using data from the NESWTDC, based on the National Minimum Data Set (NMDS) for Elective surgery waiting times (removals data).

For 2011–12, the NESWTDC was linked to the NHMD, based on the NMDS for Admitted patient care, to allow disaggregation by remoteness of area of usual residence and SEIFA of usual residence (all jurisdictions).

For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2011 and Estimated Resident Population (ERP) by Statistical Local Area (SLA) as at 30 June 2011 (2011–12). Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: ABS ERP as at 30 June 2011 (2011–12), by remoteness areas, as specified in the Australian Standard Geographical Classification.

Elective surgery waiting times by clinical urgency category

Elective surgery waiting times by clinical urgency category are sourced from state and territory health departments as part of the annual Report on Government Services data collection.

Data Quality Framework Dimensions

Institutional environment

Median and 90th percentile waiting times for elective surgery

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national

metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au

Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

www.aihw.gov.au/nhissc/

www.meteor.aihw.gov.au/content/index.phtml/itemId/182135

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Elective surgery waiting times by clinical urgency category

The Secretariat for the Review of Government Service Provision has calculated the Elective surgery waiting times by clinical urgency category.

The data were supplied by State and Territory health authorities. The State and Territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting.

Relevance

Median and 90th percentile waiting times for elective surgery

The purpose of the NMDS for Elective surgery waiting times (removals data) is to collect information about patients waiting for elective surgery in public hospitals. The scope of this NMDS is patients removed from waiting lists for elective surgery which are managed by public acute hospitals. This includes private patients treated in public hospitals and may include public patients treated in private hospitals.

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

Analyses by remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient.

The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2011 Census data and represent the attributes of the population in that SLA in 2011.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, data represent the waiting time for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) for the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Elective surgery waiting times by clinical urgency category

'Elective surgery waiting times by urgency category' data provide an indication of the extent to which patients are seen within a clinically desirable time and also draw attention to the variation in the way in which patients are classified across jurisdictions.

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.

Timeliness

The reference period for these data is 2011–20121 and 2012–13.

Accuracy

Median and 90th percentile waiting times for elective surgery

For 2011–12 and 2012–13:

- Coverage of the NESWTDC was over 90 per cent. Coverage was 100 per cent for the Principal referral and Specialist women's and children's hospitals peer group (peer group A) and was progressively lower for the large hospitals group (peer group B) and the medium hospitals group (peer group C). In 2011–12, coverage also varied by jurisdiction, ranging from 100 per cent in NSW, WA, Tasmania, the ACT and the NT, to 77 per cent in Victoria. For 2012–13, the preliminary estimate of the proportion of public elective surgery that was also reported to the NESWTDC was 93 per cent
- Almost all public hospitals provided data for the NHMD in 2011–12, with the exception of all separations for a mothercraft hospital in the ACT.
- Records from the NESWTDC and the NHMD were linked to assign remoteness areas and SEIFA categories from the admitted patient record to the corresponding elective surgery waiting times record. In 2011–12 approximately 97 per cent of NESWTDC records for removals were linked to the NHMD.
- There is apparent variation in the assignment of clinical urgency categories, both among and within jurisdictions, and for individual surgical specialties and indicator procedures, as well as overall. Interpretation of waiting times for jurisdictions should take into consideration these differences.
- The Indigenous status data were sourced from the NESWTDC for all jurisdictions.
- For 2009–10, the data for Albury Base Hospital (previously reported in NSW hospital statistics) was reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. From 2010–11, the data for Albury Base Hospital have not been available.
- For 2011–12, SA and WA provided data for a large number of smaller hospitals (32 and 22 respectively) that were not included in the data for previous years.
- For 2011–12, Queensland was not able to provide data for 3 hospitals that had reported almost 10,000 admissions in 2010–11.
- The increase in admissions for the NT between 2010–11 and 2011–12 was, in part, due to the inclusion of certain surgical procedures from 2011–12

that had previously been incorrectly excluded from the NESWTDC by the NT.

Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the ACT.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual datasets are checked against data from other datasets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Cells based on fewer than 10 elective surgery admissions were suppressed.
- Cells based on data from one public hospital only were suppressed

Elective surgery waiting times by clinical urgency category

Caution should be used when interpreting data as they as they have not been subjected to the usual level of confirmation with patient-level data in the NHMD.

There is apparent variation in the assignment of clinical urgency categories, both among and within jurisdictions, and for individual surgical specialties and indicator procedures, as well as overall. Interpretation of waiting times for jurisdictions should take into consideration these differences.

Coherence

Median and 90th percentile waiting times for elective surgery

Caution should be exercised when comparing waiting times data between jurisdictions due to differences in the assignment of clinical urgency categories (see Australian hospital statistics 2012–13: elective surgery waiting times, Appendix A p 40 www.aihw.gov.au/publication-detail/?id=60129544692

The data can be meaningfully compared across reference periods, except for the Indigenous disaggregation. Caution should be used in comparing data by peer groups across reference years, as the number of hospitals classified as peer group A or B, or the peer group of a hospital, may vary over time.

Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA Census year, the SEIFA index used and the approach taken to derive quintiles and deciles.

The information presented for this indicator is based on the same data as published in, Australian hospital statistics 2011–12, Australian hospital statistics: elective surgery waiting times (report series) and the National Healthcare Agreement: performance report 2011–12.

The data reported for the 2011–12 and 2012–13 NEWSTDC are consistent with data reported for previous years for individual hospitals.

In addition, some 2011–12 data reported previously in these publications are different from the equivalent data published here because the hospitals classified as peer groups A and B were based on 2010–11, rather than 2011–12 peer groups. Caution should be exercised when interpreting the 2012–13 data as potential revisions to the 2012–13 NESWTDC data could occur following linking to the 2012–13 NHMD.

Analyses presented in Australian hospital statistics and previous National Healthcare Agreement performance reports may also differ slightly depending

	on whether the NESWTDC or linked NESWTDC/NHMD was used. National level data disaggregated by Indigenous status for 2007–08 included data from NSW, Queensland, WA, SA and NT. National level data disaggregated by Indigenous status for 2008–09, 2009–10 and 2010–11 included data from NSW, Victoria, Queensland, WA, SA and NT. National level data disaggregated by Indigenous status for 2011–12 and subsequent years includes data from all eight states and territories. Therefore, data disaggregated by Indigenous status from 2007–08 is not comparable to 2008–09, 2009–10 and 2010–11, and data for 2011–12 and subsequent years are not comparable with data for 2010–11 and prior years. When comparing data over time, linked data should not be compared with unlinked data. For example, the 2011–12 linked data supplied cannot be directly compared to the 2012–13 unlinked data supplied in this reporting cycle. In 2011, the ABS updated the Socio-Economic Indices for Areas (SEIFA), based on the 2011 ABS Census of Population and Housing. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006. Data for 2007-08 through to 2010-11 reported for SEIFA quintiles and deciles are reported using SEIFA 2006 at the Statistical Local Area (SLA) level. Data for 2011-12 are reported using SEIFA 2011 at the SLA level. The AIHW consider the change from SEIFA 2006 to SEIFA 2011 to be a series break when applied to data supplied for this indicator, therefore SEIFA data for 2011-12 are not directly comparable with SEIFA data from previous reporting cycles. Elective surgery waiting times by clinical urgency category Caution should be exercised when comparing waiting times data between jurisdictions due to differences in the assignment of clinical urgency categories (see *Australian hospital statistics 2011–12: elective surgery waiting times*, Box 3.1 pp 10–11 Text Box 3.1 www.aihw.gov.au/publication-detail/?id=10737423188).
Accessibility	Median and 90th percentile waiting times for elective surgery The AIHW provides a variety of products that draw upon the NESWTDC. Published products available on the AIHW website are the Australian hospital statistics suite of products with associated Excel tables. These products may be accessed on the AIHW website www.aihw.gov.au/hospitals/ Elective surgery waiting times by clinical urgency category The COAG Reform Council reported Elective surgery waiting times by clinical urgency category as part of reporting on the National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan.
Interpretability	Median and 90th percentile waiting times for elective surgery Metadata information for the Elective Surgery Waiting Times (ESWT) National Minimum Data Set (NMDS) and ESWT Data Set Specification (DSS) are published in the AIHW's online metadata repository, METeOR, and the National health data dictionary. The National health data dictionary can be accessed online at: www.aihw.gov.au/publication-detail/?id=10737422826 The Data Quality Statement for the NNAPEDCD can be accessed on the AIHW website at: www.meteor.aihw.gov.au/content/index.phtml/itemId/543809 Elective surgery waiting times by clinical urgency category 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.

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following key data gaps/issues: Comparisons across jurisdictions should be made with caution, due to differences in clinical practices and classification of patients across Australia. The measures are also 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 another 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 in NSW, SA and the NT. This approach can have the effect of increasing the apparent waiting times for admissions in these jurisdictions compared with other jurisdictions. There is apparent variation in the assignment of clinical urgency categories, both among and within jurisdictions, for individual surgical specialties and indicator procedures, influencing the overall total. For example, the proportion of patients admitted from waiting lists who were assigned to Category 3 treatment clinically recommended within 365 days) was 44 per cent for NSW and 16 per cent for Queensland (Table A.1 from Australian hospital statistics 2012–13: elective surgery waiting times, Appendix A p 40 www.aihw.gov.au/publication-detail/?id=60129544692 Interpretation of waiting times for jurisdictions should take into consideration these differences. For example, a state could report relatively long median waiting times in association with a relatively high proportion of patients assessed by clinicians in the state as being in Category 3. Conversely, a state in which a relatively high proportion of patients are assessed by clinicians as being in Category 1 or 2 (treatment clinically recommended within 30 days and 90 days, respectively) could have relatively short median waiting times. Analyses for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of the hospital. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction. The quality of Indigenous status data in the NESWTDC has not been formally assessed for completeness: caution should be exercised when interpreting these data. Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the ACT. SEIFA data for 2011-12 are not directly comparable with SEIFA data from previous reporting cycles.

Separation rates for selected procedures

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness—appropriateness
Indicator	Separation rates for selected procedures
Measure (computation)	The *numerator* is the number of hospital separations involving the procedures: cataract extraction, cholecystectomy, coronary artery bypass graft, coronary angioplasty, cystoscopy, haemorrhoidectomy, hip

replacement, inguinal herniorrhaphy, knee replacement, myringotomy, tonsillectomy, varicose veins stripping and ligation, septoplasty, prostatectomy and hysterectomy.

The *denominator* is the Estimated Resident Population (ERP), with the exception of prostatectomy, where only the male ERP is used, and hysterectomy, where only the female ERP aged 15–69 years is used.

A separation is 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 care to rehabilitation).

Calculation is 1000 × (numerator ÷ denominator), presented as a number per 1000 and age-standardised to the Australian population as at 30 June 2001 using 5-year age groups to 84 years, with ages over 84 combined. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so the Indigenous disaggregation was standardised to 64 years, with ages over 64 combined.

For hysterectomy only: Total population data were age-standardised using 5 year age groups between 15–69 years. Indigenous disaggregation for the ACT and Tasmania was age-standardised using 5-year age groups from 15–64, with ages over 64 combined. Indigenous disaggregation for all other jurisdictions was standardised using 5-year age groups between 15–69 years as data on the Indigenous population aged 65–69 years were available for these jurisdictions.

Data source/s

Numerator:

This indicator is calculated using data from the NHMD, based on the National Minimum Data Set for Admitted patient care.

Denominator:

For total population: Australian Bureau of Statistics (ABS) ERP as at 30 June 2011.

Data Quality Framework Dimensions

Institutional environment

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections

	managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website www.aihw.gov.au Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links): www.aihw.gov.au/nhissc/ www.meteor.aihw.gov.au/content/index.phtml/itemId/182135 The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.
Relevance	The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included. The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction. Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated. Indigenous and Other Australians' rates of hysterectomy in Tasmania and the ACT may underestimate rates of hysterectomy for women aged 15–69 years due to the age-standardisation method used (see above).
Timeliness	The reference period for these data is 2011–12.

Accuracy	For 2011–12 almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the ACT. The majority of private hospitals provided data, with the exception of the private free-standing day hospitals in the ACT and the NT. Coronary artery bypass graft and coronary angioplasty are not performed in NT hospitals. Residents of the NT requiring these procedures receive treatment interstate. States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values. Data on procedures are recorded uniformly using the Australian Classification of Health Interventions. Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions. Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied: • Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1000. • Data for private hospitals in Tasmania, the ACT and the NT were suppressed. • Rates which appear misleading (for example, because of cross border flows) were also suppressed.
Coherence	The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2010–11* and the *National healthcare agreement: performance report 2010–11*. The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in National Healthcare Agreement performance reports. In 2009-10, WA was missing 2400 separations for one public hospital and was not able to provide about 10 600 separations for one private hospital.
Accessibility	The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are: • *Australian hospital statistics* with associated Excel tables • interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups). • Data are also included on the MyHospitals website.
Interpretability	Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Data Gaps/Issues Analysis	
Key data gaps/issues	The Steering Committee notes the following key data gaps/issues: 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, for example, can represent appropriate levels of care, whereas higher rates of hysterectomies or tonsillectomies can represent an over-reliance on procedures. Some of the selected procedures, such as angioplasty and coronary artery bypass graft, are alternative treatment options for people diagnosed with similar conditions.

Unplanned hospital readmission rates

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Healthcare Agreement (data supplied by the AIHW) with additional Steering Committee comments.

Indicator definition and description	
Element	Effectiveness — quality/safety
Indicator	Unplanned/unexpected readmissions within 28 days of selected surgical admissions. For the 2013 report, the National Health Information Standards and Statistics Committee (NHISSC), on behalf of Australian Health Ministers' Conference, amended the title of this indicator in the NHISSC specifications to: Unplanned hospital readmission rates to better reflect how the indicator is calculated. Readmissions for this indicator are defined within 28 days from the end of the patient's surgical episode of care.
Measure (computation)	Numerator: the number of separations for public hospitals which meet all of the following criteria: • the separation is a readmission to the same hospital following a separation in which one of the following procedures was performed: knee replacement; hip replacement; tonsillectomy and adenoidectomy; hysterectomy; prostatectomy; cataract surgery; appendicectomy • the readmission occurs within 28 days of the previous date of separation • the principal diagnosis for the readmission is a post-operative complication. Denominator: the number of separations in which one of the following surgical procedures was undertaken: knee replacement; hip replacement; tonsillectomy and adenoidectomy; hysterectomy; prostatectomy; cataract surgery; appendicectomy. The denominator is limited to separations with a separation date between 1 July and 19 May in the reference year.
Data source/s	For all jurisdictions except WA, this indicator is calculated by the Australian Institute of Health and Welfare (AIHW) using data from the NHMD, based on the national minimum data set (NMDS) for Admitted patient care. For WA, the indicator was calculated and supplied by WA Health and was not independently verified by the AIHW. For data by socioeconomic status: calculated by AIHW using the Australian

Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2011 and Estimated Resident Population (ERP) by Statistical Local Area (SLA) as at 30 June 2011. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: each separation is allocated an ABS remoteness area, as specified in the Australian Standard Geographical Classification, based on the SLA of usual residence of the patient.

Data Quality Framework Dimensions

Institutional environment

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au

Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

www.aihw.gov.au/nhissc/

www.meteor.aihw.gov.au/content/index.phtml/itemId/182135

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence

	Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included. The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments. The analyses by remoteness and socioeconomic status are based on the Statistical Local Area (SLA) of usual residence of the patient. The Socio-Economic Indexes for Areas (SEIFA) categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2011 Census data and represent the attributes of the population in that SLA in 2011. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) divided by the total number of separations for people living in that remoteness area or SEIFA population group and hospitalised in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction. The unplanned and/or unexpected readmissions counted in the computation for this indicator have been limited to those having a principal diagnosis of a post-operative adverse event for which a specified ICD-10-AM diagnosis code has been assigned. Unplanned and/or unexpected readmissions attributable to other causes have not been included. With regard to hysterectomy, there are three related procedures that are not defined for the indicator, and therefore have not been included in any National Healthcare Agreement (NHA) reporting (all years). These are (in ICD-10-AM 7th edition), 35750-00—Laparoscopically assisted vaginal hysterectomy; 35753-02—Laprascopically assisted vaginal hysterectomy with removal of adnexa; and 35653-00—Subtotal abdominal hysterectomy. For public hospitals, there were 1743 separations in 2011–12 and 1627 separations in 2010–11 that involved one of these procedures. The calculation of the indicator is limited to public hospitals and to readmissions to the same hospital. Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.
Timeliness	The reference period for this data set is 2011–12.
Accuracy	The exception was a mothercraft hospital in the ACT. The majority of private hospitals provided data, with the exception of the private day hospital facilities in the ACT and the NT. States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values. The AIHW report Indigenous identification in hospital separations data: quality report (AIHW 2013) found that nationally, about 88 per cent of Indigenous Australians were identified correctly in hospital admissions data in the 2011–12 study period, and the 'true' number of separations for

Indigenous Australians was about 9 per cent higher than reported. The report recommended that the data for all jurisdictions are used in analysis of Indigenous hospitalisation rates, for hospitalisations in total in national analyses of Indigenous admitted patient care. However, these data should be interpreted with caution as there is variation among jurisdictions in the quality of the Indigenous status data.

For this indicator, the linkage of separations records is based on the patient identifiers which are reported for public hospitals. As a consequence, only readmissions to the same public hospital are in scope; and readmissions to different public hospitals and readmissions involving private hospitals are not included.

For WA the indicator was calculated and supplied by WA Health.

To calculate this indicator, readmissions within the 2011–12 financial year had to be linked to an initial separation (which involved the specified surgery) that occurred within the 2011–12 financial year. The 19 May was specified as the cut-off date for the initial separation to exclude initial separations from the denominator for which a readmission may occur in the following financial year. The use of the cut-off date ensures that the numerator and denominator for this indicator are consistent.

Data on procedures are recorded uniformly using the Australian Classification of Health Interventions. Data on diagnoses are recorded uniformly using the ICD-10-AM.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example where the denominator is very small. The following rules were applied:

- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 200.
- Rates were suppressed where the numerator was zero and the denominator was less than 200.
- Counts were suppressed when the number was less than 5.
- Data for private hospitals in Tasmania, ACT and the NT were suppressed.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in Australian hospital statistics 2011–12 and the National healthcare agreement: performance report 2011–12.

The data can be meaningfully compared across reference periods for all jurisdictions.

However, caution is required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA Census year, the SEIFA index used and the approach taken to derive quintiles and deciles.

National level data disaggregated by Indigenous status for 2007–08 included data from NSW, Queensland, WA, SA and NT. National level data disaggregated by Indigenous status for 2008–09, 2009–10 and 2010–11 included data from NSW, Victoria, Queensland, WA, SA and NT. National level data disaggregated by Indigenous status for 2011–12 and subsequent years includes data from all eight states and territories. Therefore, data disaggregated by Indigenous status from 2007–08 is not comparable to 2008–09, 2009–10 and 2010–11, and data for 2011–12 and subsequent years are not comparable with data for 2010–11 and prior years.

In 2011, the ABS updated the Socio-Economic Indices for Areas (SEIFA),

	based on the 2011 ABS Census of Population and Housing. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006. Data for 2007-08 through to 2010-11 reported for SEIFA quintiles are reported using SEIFA 2006 at the Statistical Local Area (SLA) level. Data for 2011-12 are reported using SEIFA 2011 at the SLA level. The AIHW consider the change from SEIFA 2006 to SEIFA 2011 to be a series break when applied to data supplied for this indicator, therefore SEIFA data for 2011-12 are not directly comparable with SEIFA data from previous reporting cycles.
Accessibility	The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are: • Australian hospital statistics with associated Excel tables • interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups). These products may be accessed on the AIHW website at: www.aihw.gov.au/hospitals/
Interpretability	Supporting information on the quality and use of the NHMD are published annually in Australian hospital statistics (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the National Minimum Data Set (NMDS) for Admitted patient care is published in the AIHW's online metadata repository, METeOR, and the National health data dictionary. The National health data dictionary can be accessed online at: • www.aihw.gov.au/publication-detail/?id=10737422826 • The Data Quality Statement for the National Hospital Morbidity Database can be accessed on the AIHW website at: • www.meteor.aihw.gov.au/content/index.phtml/itemId/529483

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following issues: The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia. The indicator is an underestimate of all possible unplanned/unexpected readmissions because: • it could only be calculated for public hospitals and for readmissions to the same hospital. • episodes of non-admitted patient care provided in outpatient clinics or emergency departments which may have been related to a previous admission are not included. • the unplanned and/or unexpected readmissions are limited to those having a principal diagnosis of a post-operative adverse event for which a specified International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) diagnosis code has been assigned. This does not include all possible unplanned/unexpected readmissions. Calculation of the indicator for WA was not possible using data from the NHMD. Data for WA were supplied by WA Health. The Australian rates and numbers do not include WA. Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions. SEIFA data for 2011-12 are not directly comparable with SEIFA data from previous reporting cycles.

Accreditation

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness — quality/safety
Indicator	Accreditation
Measure (computation)	Accreditation' is defined as the number of beds in accredited hospitals as a percentage of total beds. Accreditation is awarded to a hospital based on meeting a defined set of standards. Public hospitals can seek accreditation through a number of agencies. These agencies are accredited through the Joint Accreditation System of Australia and New Zealand or the International Society for Quality in Healthcare. 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.
Data source/s	This indicator is calculated using data from the NPHED. The NPHED contains information on public hospital expenditure and estimates of the proportion of recurrent expenditure attributed to admitted patient care. The NPHED is based on the National Minimum Data Set (NMDS) for Public hospital establishments.

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting. One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics. The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website www.aihw.gov.au Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links): www.aihw.gov.au/nhissc/ www.meteor.aihw.gov.au/content/index.phtml/itemId/182135 The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.
Relevance	The purpose of the NMDS for Public hospital establishments is to collect information on the characteristics of public hospitals and summary information on non-admitted services provided by them. The scope is public hospitals in Australia, including public acute and psychiatric hospitals, including hospitals operated for or by the Department of Veterans Affairs, and drug and alcohol treatment centres. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included. The collection covers hospitals within the jurisdiction of the State and Territory health authorities. Hence, public hospitals not administered by the State and Territory health authorities (hospitals operated by correctional authorities or the Australian Defence Force for example, and hospitals located in offshore territories) are not included. The collection does not include data for private hospitals.
Timeliness	The reference period for this data set is 2011-12.
Accuracy	For 2011-12, coverage of the NPHED was essentially complete. States and territories are primarily responsible for the quality of the data they provide. However, the Institute undertakes extensive validation on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data

	from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values. Although there are national standards for public hospital establishments data, differences in financial accounting, counting and classification practices across jurisdictions may affect the comparability of these data. 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. There was variation between states and territories in the reporting of expenditure, depreciation, available beds, staffing categories and outpatient occasions of service. Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix), with, for example, different proportions of beds being available for special and more general purposes. States and territories may differ in the extent to which non-admitted services are provided in non-hospital settings that are beyond the scope of the NPHED. The comparability of accreditation data among states and territories is limited because of the voluntary nature of participation in award schemes for hospitals in some jurisdictions. As accreditation for public hospitals was counted as at 30 June 2011, hospitals that were accredited for the majority of the financial year, but had their accreditation status lapse shortly before this date, would have been counted as non-accredited.
Coherence	The NPHED includes data for each year from 1993–94 to 2011–12. The data reported for 2011–12 are consistent with data reported for the NPHED for previous years for individual hospitals. Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in admission practices. Changes in administrative and/or reporting practices for hospitals, changes in accounting practices for financial data, and changes in counting practices can affect comparisons over time.
Accessibility	The AIHW provides a variety of products that draw upon the NHMD and the NPHED. Published products available on the AIHW website include: • Australian hospital statistics with associated Excel tables • Interactive data cubes for Public hospital establishments.
Interpretability	Supporting information on the quality and use of the NPHED are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, changes in accounting methods and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Public hospital establishments and Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following key data gaps/issues: The comparability of accreditation data among states and territories is limited because of the voluntary nature of participation in award schemes for hospitals in some jurisdictions. As accreditation for public hospitals was counted as at 30 June 2011, hospitals that were accredited for the majority of the financial year, but had their accreditation status lapse shortly before this date, would have

	been counted as non-accredited. 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).

Healthcare associated infections

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Healthcare Agreement (data supplied by the AIHW) with additional Steering Committee comments.

Indicator definition and description	
Element	Effectiveness — quality/safety
Indicator	Healthcare-associated *infections*.
Measure (computation)	SAB patient episodes (as defined below) associated with acute care public hospitals. Patient episodes associated with care provided by private hospitals and non-hospital healthcare are excluded. The definition of an acute public hospital is 'all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospital Establishments NMDS'. All types of public hospitals are included, both those focusing on acute care, and those focusing on non-acute or sub-acute care, including psychiatric, rehabilitation and palliative care. Unqualified newborns are included in the indicator. Hospital boarders and posthumous organ procurement are excluded from the indicator. A patient episode of SAB is defined as a positive blood culture for *Staphylococcus aureus*. For surveillance purposes, 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. A *Staphylococcus aureus* bacteraemia will be 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: 1. SAB is a complication of the presence of an indwelling medical device (e.g. intravascular line, haemodialysis vascular access, CSF shunt, urinary catheter) 2. SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site 3. An invasive instrumentation or incision related to the SAB was performed within 48 hours 4. SAB is associated with neutropenia (<1 x 109) contributed to by cytotoxic therapy This definition of a patient episode of SAB was agreed by all states and territories and used by all states and territories for reporting for the 2010-11 and subsequent years.

	The *denominator* is number of patient days for public acute care hospitals (only for hospitals included in the surveillance arrangements).Calculation is 10 000 × (Numerator ÷ Denominator), presented as a number per 10 000 and number only. Coverage: Denominator ÷ Number of patient days for all public hospitals in the State or Territory.
Data source/s	*Numerator*: State and Territory healthcare-associated infection surveillance data. *Denominator*: State and Territory admitted patient data.

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting. One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics. The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website www.aihw.gov.au Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links): www.aihw.gov.au/nhissc/ www.meteor.aihw.gov.au/content/index.phtml/itemId/182135 The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.
Relevance	This indicator is for patient episodes of SAB acquired, diagnosed and treated in public acute care hospitals. The definition of a public acute care hospital is 'all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospital Establishments NMDS'. All types of public

	hospitals are included, both those focusing on acute care, and those focusing on non-acute or sub-acute care, including psychiatric, rehabilitation and palliative care. 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 of the indicator so that the same approach is taken for each State and Territory, except for WA where mental health beds are not included in 2010-11 or 2011-12 data. The SAB patient episodes reported 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 accuracy and 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 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. In 2012, the scope of the indicator was revised to include unqualified newborns. Data reported for 2010-11 and subsequent years include unqualified newborns, except for WA where unqualified newborns are not included in 2010-11 or 2011-12 data. It is not possible to backcast the data for earlier years. Only patient episodes associated with public acute care hospitals in each jurisdiction are counted. If a case is associated with care provided in another jurisdiction then it may be reported (where known) by the jurisdiction where the care associated with the SAB occurred. Almost all patient episodes of SAB will be diagnosed when the patient is an admitted patient. However, the intention is that patient episodes are reported whether they were determined to be associated with admitted patient care or non-admitted patient care in public acute care hospitals. The data presented have not been adjusted for any differences in case-mix between the states and territories. Analysis by state/territory is based on the location of the hospital.
Timeliness	The reference period for this data is 2012-13, with revised data provided for 2011-12.
Accuracy	For some states and territories there is less than 100 per cent coverage of public hospitals. For those jurisdictions with incomplete coverage of public hospitals (in the numerator), only patient days for those hospitals (or parts of hospitals) that contribute data are included (in the denominator). Differences in the types of hospitals not included may impact on the accuracy and comparability of rates. For 2010-11 and previous years, data for Queensland include only patients aged 14 years and over. Sometimes it is difficult to determine if a case of SAB is associated with care provided by a particular hospital. Counts therefore may not be precise where cases are incorrectly included or excluded. However, it is likely that the number of cases incorrectly included or excluded would be small. It is possible that there will be less risk of SAB in hospitals not included in the SAB surveillance arrangements, especially if such hospitals undertake fewer

	invasive procedures than those hospitals which are included. There may be imprecise exclusion of private hospital and non-hospital patient episodes due to the inherent difficulties in determining the origins of SAB episodes. For 2010-11 and subsequent years, all states and territories used the definition of SAB patient episodes associated with acute care public hospitals as defined above. The patient day data may be preliminary for some hospitals/jurisdictions. Some states and territories have provided revised data for 2011-12, thus a revised table for 2011-12 is provided.
Coherence	National data for this indicator were first presented in the 2010 COAG Reform Council report. Since that report further work has been undertaken on data development for this indicator, including the definition of an episode of SAB and a suitable denominator, as well as the coverage of public hospitals. The most recent work in 2012 was to revise the scope of the indicator to include unqualified newborns. Data reported for 2010-11 and subsequent years include unqualified newborns, except for WA where unqualified newborns are not included in 2010-11 and 2011-12 data. It is not possible to backcast the data for earlier years. Data for 2012-13, 2011-12 and 2010-11 are therefore not comparable with data for previous years. Data for 2010-11 and 2011-12 are comparable, except for Queensland, where the 2010-11 data do not include patients aged 13 years and under, whereas the 2011-12 data include patients of all ages. Furthermore, for 2010-11 and 2011-12, WA data do not include unqualified newborns or mental health beds, therefore WA data are not comparable with data from other jurisdictions for these two years. Data for 2011-12 and 2012-13 are comparable, except for WA, where data for 2011-12 do not include unqualified newborns or mental health beds, whereas WA data for 2012-13 include both unqualified newborns and mental health beds. WA data for 2012-13 are comparable with 2012-13 data from other jurisdictions. WA data is included in Australian totals for 2010-11 and 2011-12. Technically, the differing scope for 2010-11 and 2011-12 WA data result in Australian totals for 2010-11 and 2011-12 data which are not comparable with 2012-13 data, however, AIHW investigations indicate that the effect is minimal, and thus consider that Australian data are comparable over 2010-11, 2011-12 and 2012-13. As 2008-09 data were provided prior to the development of agreed national definitions, by only five jurisdictions, and was limited to principal referral and large hospitals, these data are not comparable with 2009-10 data, except for Tasmania. Some jurisdictions have previously published related data (see Accessibility above).
Accessibility	The following states and territories publish data relating to healthcare-associated SAB in various report formats on their websites: NSW: Your Health Service public website reports SAB by individual hospital. www.health.nsw.gov.au/hospitals/search.asp NSW: Healthcare associated infections reporting for 8 infection indicators by state. www.health.nsw.gov.au/quality/hai/index.asp

	Queensland: Queensland Health Hospital Performance website: www.health.Queensland.gov.au/performance/default.asp WA: Healthcare Associated Infection Unit - Annual Report and aggregate reports. www.public.health.wa.gov.au/3/455/3/reports__healthcare_associated_infection_unit.pm SA: Healthcare Associated Bloodstream Infection Report. www.health.sa.gov.au/INFECTIONCONTROL/Default.aspx?PageContentID=18&tabid=147 Tasmania: Acute public hospitals healthcare associated infection surveillance report. www.dhhs.tas.gov.au/peh/tasmanian_infection_prevention_and_control_unit/publications_and_guidelines
Interpretability	Jurisdictional manuals should be referred to for full details of the definitions used in healthcare-associated infection surveillance. Definitions for this indicator are published in the performance indicator specifications.

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following issues: • There may be imprecise exclusion of private hospital and non-hospital patient episodes due to the inherent difficulties in determining the origins of SAB episodes. • For some states and territories there is less than 100 per cent coverage of public hospitals. For those jurisdictions with incomplete coverage of public hospitals (in the numerator), only patient days for those hospitals that contribute data are included (in the denominator). Differences in the types of hospitals not included may impact on the accuracy and comparability of rates. • The accuracy and comparability of the rates of SAB among jurisdictions and over time is also limited because the count of patient days (denominator) reflects the amount of admitted patient activity, but does not reflect the amount of non-admitted patient activity. • The data for 2012-13 are comparable with those from 2011-12 except for WA. • The data for 2011-12 are comparable with those from 2010-11 except for Queensland. • WA data for 2010-11 and 2011-12 are not comparable with data from other jurisdictions. • The patient day data may be preliminary for some hospitals/jurisdictions.

Workforce sustainability

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Efficiency — sustainability
Indicator	Workforce sustainability

Measure (computation)	Workforce sustainability reports aged profiles for nurse and midwife, medical practitioner, dental practitioner and allied health practitioner workforces. It shows the numbers of each of these registered professions in ten year age brackets, both by jurisdiction and by region.
Data source/s	National Health Workforce Data Set: medical practitioners 2010, 2011 and 2012; National Health Workforce Data Set: nurses and midwives 2011 and 2012; National Health Workforce Data Set: dental practitioners 2011 and 2012; National Health Workforce Data Set: allied health practitioners 2012.

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator using estimates derived from the National Health Workforce Data Set (NHWDS). The NHWDS is developed through the collaboration of three agencies. The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the implementation of the National Registration and Accreditation Scheme (NRAS) across Australia, including collecting registration data and administering the workforce surveys. Health Workforce Australia is responsible for the development of the health workforce surveys. The AIHW receives registration and survey data from the AHPRA. The registration and workforce survey data are combined, cleansed and adjusted for non-response to form NHWDS, and the findings reported by profession. AIHW is the data custodian of the NHWDS. These data are used for workforce planning, monitoring and reporting. The AIHW is an independent statutory authority within the Health portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.
Relevance	Medical practitioners, dental practitioners, nurses/midwives and allied health practitioners are required by law to be registered with their relevant national board to practise in Australia. All medical practitioners, dental practitioners, nurses/midwives and nominated allied health practitioners must complete the formal registration renewal form(s) to practise in Australia. This is the compulsory component of the renewal process. The exception is Aboriginal and Torres Strait Islander health practitioners in the allied health workforce; where those who are not required by their employer to use the title 'Aboriginal and Torres Strait Islander health practitioner', 'Aboriginal health practitioner' or 'Torres Strait Islander health practitioner' are not required to be registered, and can continue to work using their current titles (e.g. 'Aboriginal health worker'. 'drug and alcohol worker' and 'mental health worker'). The health workforce surveys for each of these professions is voluntary and only practitioners who renew their registration receive a questionnaire for completion. New registrants will not receive a survey form until they renew their registration the following year, during the registration renewal period. Practitioners with limited registration are due for renewal on the anniversary of their first registration and can thus renew and complete a survey at any time through the year. <u>National Health Workforce Data Set: medical practitioners 2010, 2011 and 2012</u> The NHWDS: medical practitioners 2010, 2011 and 2012 contain registration details of all registered medical practitioners in Australia, at 30 September on the annual renewal date. Data were extracted from the AHPRA database at

the end of November of the same year. The NHWDS also contains workforce data of respondents whose principal state of practice was not Queensland or WA, obtained from the Medical Workforce Survey 2010. These states were excluded from the survey because not all registrations in these states expired prior to the national registration deadline. In 2011, the NHWDS contains workforce data obtained from the Medical Workforce Survey 2011 for all states and territories.

National Health Workforce Data Set: dental practitioners 2011 and 2012

The NHWDS: dental practitioners 2011 contains registration details of all registered dental practitioners in Australia, at 30 November 2011 renewal date. Data were extracted from the AHPRA database at the end of January 2012. It also contains workforce data obtained from the Dental Workforce Survey 2011.

National Health Workforce Data Set: nurses and midwives 2011 and 2012

The NHWDS: nurses and midwives 2011 contains registration details of all registered nurses/midwives in Australia at 31 May 2011 renewal date. Data were extracted from the AHPRA database at the end of November 2011. The NHWDS also contains workforce data obtained from the Nursing and Midwifery Workforce Survey 2011.

National Health Workforce Data Set: allied health practitioners 2011 and 2012.

The NHWDS: allied health practitioners 2011 and 2012 contains registration details of all registered allied health practitioners in Australia, at 30 November on the annual renewal date. Data were extracted from the AHPRA database as at the end of January the following year. The NHWDS also contains workforce data obtained from each profession-specific health workforce survey.

Indicator data for allied health practitioners are not comparable between 2011 and 2012 due to four additional professions joining the NRAS in 2012. For 2011, data was collected for seven professions: chiropractors, optometrists, osteopaths, pharmacists, physiotherapists, psychologists and podiatrists. For 2012, in addition to the seven in 2011, data was collected for Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, medical radiation practitioners and occupational therapists.

Due to transitional arrangements with the migration of data from state and territory-based systems to NRAS, in 2012, many medical radiation practitioners in Queensland, WA and Tasmania were not required to renew their registrations and, as a result did not complete a workforce survey. As a consequence, data for Queensland, WA and Tasmania for this profession are excluded from the indicator data for allied health practitioners.

Similarly, occupational therapists in Queensland, WA and SA are excluded from the indicator data for allied health practitioners in 2012.

Timeliness

National Health Workforce Data Set:

The NHWDS for each of the registered professions will be produced annually during the national registration renewal process. Each profession will also be administered a Workforce Survey as part of the registration renewal process.

—Medical practitioners 2010, 2011 and 2012

The NHWDS: medical practitioners is produced annually from information collected by the national registration renewal process, conducted between 1 July and 30 September each year, including the collection of the Medical Workforce Survey. The period for the 2010 renewal process was extended to the end of January 2011. Despite this extension, there were still Queensland and WA registrants with expiry dates after January. Therefore data from these states were not included in the 2010 data set.

—Nurses and midwives 2011 and 2012

	The NHWDS: nurses and midwives is produced annually from information collected by the national registration renewal process, conducted between 1 April and 31 May each year, including the collection of the Nursing and Midwifery Workforce Survey. The period for the 2011 renewal process was extended to the end of June 2011 for Queensland and end of December 2011 for WA registrants. —*Dental practitioners 2011 and 2012* The NHWDS: dental practitioners is produced annually from information collected by the national registration renewal process, conducted between 1 September and 30 November each year, including the collection of the Dental Workforce Survey. Practitioners with limited registration are due for renewal on the anniversary of their first registration and can thus renew and complete a survey at any time through the year. —*Allied health practitioners 2011 and 2012* The NHWDS: allied health practitioners is produced annually from information collected by the national registration renewal process, conducted between 1 September and 30 November each year, including the collection of the profession-specific workforce surveys. Practitioners with limited registration are due for renewal on the anniversary of their first registration and can thus renew and complete a survey at any time through the year.
Accuracy	Data manipulation and estimation processes The registration and workforce survey data for each health profession are combined, cleansed and adjusted for non-response to form the National Health Workforce Data Set (NHWDS). The cleaning and editing procedures included range and logic checks, clerical scrutiny at unit record level, and validation of unit record and aggregate data. The data have undergone imputation for item non response and are weighted to the total number of registered practitioners to adjust for population non response. It should be noted that both of these kinds of non-response is likely to introduce some bias in the estimates and any bias is likely to become more pronounced when response rates are low or when estimates are based on a small number of records. Care should be taken when drawing conclusions about the size of the differences between estimates. As a result of the estimation method to adjust for non-response, numbers of medical practitioners, dental practitioners, nurses/midwives or allied health practitioners may have been in fractions, but have been rounded to whole numbers for this indicator. The full-time equivalent (FTE) rate calculations are based on rounded numbers. Registration data from the National Registration and Accreditation Scheme (NRAS) Registration details were migrated from the respective state and territory professional board (or council) for practitioners with registrations expiring after the official AHPRA closing date for their profession. Some data items previously collected by the AIHW Labour Force Surveys are now collected by the NRAS. However, some data quality issues due to migrated data items from the respective state and territory health profession boards may have affected the weighting method. Medical practitioners, dental practitioners, nurses/midwives and allied health practitioners who reside overseas have been included with practitioners whose state or territory of principal practice and state or territory of main job, respectively, could not be determined. Health Workforce Survey The online survey questionnaire does not include electronic sequencing of

questions to automatically guide the respondent to the next appropriate question based on previous responses to questions. This resulted in a number of inconsistent responses.

The order of the response categories for some questions may have also impacted on the accuracy of the information captured. In addition, there was variation in some responses between the online and paper surveys.

NHWDS data by profession

The following should be noted when comparing state and territory indicator data:

- The data include employed professionals who did not state or adequately describe their state of principal practice and employed professionals who reside overseas. The national estimates include this group.

National Health Workforce Data Set: medical practitioners 2010 and 2011

- The overall response rate for 2010 (excluding Queensland and WA) was 76.6 per cent. Of these respondents, 65.4 per cent completed the survey online and 34.6 per cent used the paper form.
- The overall response rate for 2011 was 85.3 per cent. Of these respondents, 84.7 per cent completed the survey online and 15.3 per cent used paper.

National Health Workforce Data Set: nurses and midwives 2011

- The overall response rate was 85.1 per cent. Of these respondents, 86.7 per cent completed the survey online and 13.3 per cent used paper.

National Health Workforce Data Set: dental practitioners 2011

- The overall response rate was 80.3 per cent. Of these respondents, 84.5 per cent completed the survey online and 15.5 per cent used paper.

National Health Workforce Data Set: allied health practitioners 2011 and 2012

- The overall response rate for 2011 was 61.4 per cent. Of these respondents, 91.5 per cent completed the survey online and 8.5 per cent used paper.
- The overall response rate for 2012 was 68.7 per cent. Of these respondents, 92.8 per cent completed the survey online and 7.2 per cent used paper.

Coherence

Health Workforce Survey—coherence with previous surveys

Labour force data published by the AIHW before the NRAS was established in July 2010, were the result of collated jurisdiction-level occupation-specific surveys. The current Health Workforce Survey gathers similar information from each professional group through a separate questionnaire, tailored slightly to take account of profession-specific responses to certain questions, e.g. work setting of main job.

For this indicator, the workforce surveys for medical practitioners, dental practitioners, nurses/midwives and allied health practitioners collect similar data items, but the methodology differs from previous years. The AHPRA is now the single source of registered practitioner data instead of eight state and territories bodies for each profession, and there is greater consistency between jurisdictions and years in the scope of registration information.

The scope and coverage of the Health Workforce Survey is also different from that of the previous series of AIHW Labour Force Surveys as not all jurisdictions surveyed all types of registered health practitioners.

If the location of principal practice recorded in the registration data was different from the corresponding details of their main job self-reported by practitioners in the survey, the location was derived hierarchically based on main job information and then on principal practice location then place of residence.

	Date of birth is one of many data items previously collected by the AIHW Labour Force Surveys, which is now collected by the NRAS. The three employment-related questions in the new survey are now nationally consistent, but vary from the previous AIHW Labour Force Survey. Due to the differences in data collection (including survey design and questionnaire), processing and estimation methods, it is recommended that comparisons between workforce data from the NHWDS and the previous AIHW Labour Force Survey be made with caution. AIHW Published Numbers For this indicator, the rates are based on practitioners employed in the medical, allied health and nursing and midwifery workforces, which is consistent with data published in AIHW's workforce reports. Except dental practitioner data are restricted to persons employed in the public sector and are thus not comparable to figures published elsewhere by the AIHW. Registration data from the NRAS—coherence with published AHPRA/Board data The NHWDS comprises the registration data extracted at a point in time from the NRAS, while the AHPRA/Board numbers include people registered in the previous 12 months, thereby including registrants whose registration terminated during that period (including short term registrants). For 2011, the only source of published statistics about registered health professionals is the 2010–11 AHPRA annual report. From March 2012, each Board publishes the data on a quarterly basis. *Medical practitioners in 2010 and 2011.* The NHWDS numbers of registered medical practitioners for 2010 and 2011 are similar to data reported in the 2010–11 AHPRA annual report. For 2010, there were 84 516 registered practitioners for 2010, compared with 88,293 registered practitioners at 30 June 2011 in the AHPRA annual report. For 2011, there were 87 790 practitioners in the NHWDS. Furthermore, the Medical Board of Australia in their quarterly data tables reported 91,354 for March 2012 and 91 645 for June 2012. *Nurses/midwives in 2011* The NHWDS number of registered nurses and midwives for 2011 is similar to data reported in the 2010–11 AHPRA annual report, with 330,680 registered nurses and midwives in the NHWDS, compared with 332,185 registered nurses and midwives at 30 June 2011 in the AHPRA annual report. The Nursing and Midwifery Board of Australia in their quarterly data tables reported 341 189 for March 2012 and 343 703 for June 2012. *Dental practitioners in 2011* The NHWDS number of registered dental practitioners for 2011 is similar to data reported in the 2010–11 AHPRA annual report, with 18 803 registered practitioners in the NHWDS, compared with 18 319 registered dental practitioners at 30 June 2011 in the AHPRA annual report. The Dental Board of Australia in their quarterly data tables reported 18 902 for March 2012 and 19 087 for June 2012. *Allied health practitioners in 2011 and 2012* The NHWDS number of registered allied health practitioners for 2011 and 2012 are similar to data reported in the 2010–11 AHPRA annual report. For 2011, there were 91 587 registered practitioners in the NHWDS, compared with 91 318 registrations at 30 June 2011 in the AHPRA annual report. For 2012, there were 126 788 registered practitioners in the NHWDS, compared with 128 408 reported at December 2012 in the AHPRA quarterly data tables.
Accessibility	Published products available on the AIHW website include workforce reports, survey questionnaires, user guides to the data sets and supplementary

	detailed tables.
Interpretability	Explanatory information for the Medical Workforce Survey, Dental Workforce Survey and the Nursing and Midwifery Workforce Survey is contained in the published reports, supplementary detailed tables and data quality statements to the data set for each. For individual allied health professions, information about their workforce surveys is available in the *Allied health workforce 2012* report and data quality statement. This includes collection method, scope and coverage, survey response, imputation and weighting procedures, and assessment of data quality (including comparison with other data sources). These are available via the AIHW website and readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator.

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following issues: These measures are not a substitute for a full workforce analysis that allows for migration, trends in full-time work and expected demand increases. The indicator does not provide information on those currently in training and the intentions of those in the medical workforce to leave the workforce in the near future. Due to the differences in data collection, processing and estimation methods, including survey design and questionnaire, it is recommended that comparisons between workforce data from the National Health Workforce Data Set (NHWDS) and the previous Australian Institute of Health and Welfare (AIHW) Labour Force Survey be made with caution. Results for the indicator are estimates because the survey data have undergone imputation and weighting to adjust for non-response. It should be noted that any of these adjustments may have introduced some bias in the estimates and any bias is likely to become more pronounced when response rates are low or when estimates are based on a small number of survey records. Care should be taken when drawing conclusions about the size of the differences between estimates. Data have been revised since the publication of Medical workforce 2010, Medical workforce 2011 and Nursing and midwifery workforce 2011 so these data will not match data previously published.

Cost per casemix-adjusted separation

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Efficiency
Indicator	Cost per casemix-adjusted separation
Measure	Recurrent cost per casemix-adjusted separation
(computation)	The average cost per case mix-adjusted separation in public hospitals. The formula used to calculate the cost per casemix-adjusted separation is: (Recurrent expenditure × IFRAC) ÷ (Total separations × Average cost weight) Where: • Recurrent expenditure is as defined by the recurrent expenditure data elements in the National Minimum Data Set for Public Hospital Establishments.

- IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital expenditure that relates to admitted patient care.
- Average cost weight is calculated from the National Hospital Morbidity Database, using the 2009-10 Australian Refined Diagnosis Related Group (AR-DRG) version 6.0x cost weights published by the Department of Health.

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.

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.

Data source/s

Recurrent cost per casemix-adjusted separation

This indicator is calculated using data from the NPHED and the NHMD. The NPHED contains information on public hospital expenditure and estimates of the proportion of recurrent expenditure attributed to admitted patient care. The NPHED is based on the National Minimum Data Set (NMDS) for Public hospital establishments.

The NHMD is the source of data on casemix-adjusted separations for public hospitals. The NHMD is based on the NMDS for Admitted patient care.

Casemix-adjusted separations are calculated by the application of cost weights sourced from the Independent Hospital Pricing Authority's National Hospital Cost Data Collection for each separation's recorded AR-DRG.

Total cost per casemix-adjusted separation

Capital costs are sourced from state and territory health departments as part of the annual Report on Government Services data collection.

Data Quality Framework Dimensions

Institutional environment

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

	One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics. The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website www.aihw.gov.au Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links): www.aihw.gov.au/nhissc/ www.meteor.aihw.gov.au/content/index.phtml/itemId/182135 The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.
Relevance	The purpose of the NMDS for Public hospital establishments is to collect information on the characteristics of public hospitals and summary information on non-admitted services provided by them. The scope is public hospitals in Australia, including public acute and psychiatric hospitals, including hospitals operated for or by the Department of Veterans Affairs, and drug and alcohol treatment centres. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included. The collection covers hospitals within the jurisdiction of the State and Territory health authorities. Hence, public hospitals not administered by the State and Territory health authorities (hospitals operated by correctional authorities or the Australian Defence Force for example, and hospitals located in offshore territories) are not included. The collection does not include data for private hospitals. The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free-standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included. The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments. The scope of the analysis includes public hospitals that provide mainly acute care. These are the hospitals in the public hospital peer groups of Principal referral and specialist women's and children's hospitals, Large hospitals, Medium hospitals, and Small acute hospitals. Excluded are Small non-acute hospitals, Multi-purpose services, Hospices, Rehabilitation hospitals, Mothercraft hospitals, Other non-acute hospitals, Psychiatric hospitals, and hospitals in the Unpeered and other hospitals peer group. Also excluded are hospitals for which expenditure or admitted patient care data were incomplete, although most of these were excluded for other reasons (for example they are small non-acute hospitals). This indicator is an efficiency indicator, in which the numerator represents the amount of resources used (expenditure) to generate outputs (measured in a standardised way, that is, as cost-weighted separations).
Timeliness	The reference period for this data set is 2011-12.

Accuracy

For 2011-12, coverage of the NPHED was essentially complete. Almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT.

States and territories are primarily responsible for the quality of the data they provide. However, the Institute undertakes extensive validation on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The data are defined in the NMDSs detailed above.

However, the comparability of the cost per casemix-adjusted separation in any one year is sensitive to a number of deficiencies in available data:

- the proportion of recurrent expenditure that relates to admitted patient care is estimated in different ways in different hospitals and is not always comparable
- capital costs are not included in the numerator. While depreciation information is provided by most jurisdictions, this may vary across states and territories
- only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3 per cent that were not acute. The proportions of separations that are not acute vary across states and territories.
- the proportions of patients other than public patients vary across states and territories, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error.

Cells have been suppressed to protect confidentiality (where the numerator would identify a single service provider).

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2011-12.*

The denominator for the indicator is based on the reported admitted patient activity, adjusted using cost-weights to derive a 'standard' unit of output as an artificial construct. The estimated number of cost-weighted separations (particularly using constant AR-DRGs and AR-DRG cost weights over time) is for comparison purposes only.

Time series analysis of this indicator is not recommended.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD and the NPHED. Published products available on the AIHW website include:

- *Australian hospital statistics* with associated Excel tables
- Interactive data cubes for Public hospital establishments.

Interpretability

Supporting information on the quality and use of the NPHED and NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, changes in accounting methods and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Public hospital establishments and Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following key data gaps/issues: • the proportion of recurrent expenditure that relates to admitted patient care is estimated in different ways in different hospitals and is not always comparable • only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3 per cent that were not acute. • the proportion of patients other than public patients can vary, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error. • Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Relative stay index

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Efficiency
Indicator	Relative Stay Index
Measure (computation)	Relative stay indexes (RSIs) are calculated as the number of observed patient days' for separations in selected AR-DRGs, divided by the number of expected patient days', standardised for casemix (based on national figures). An RSI greater than 1.0 indicates that an average patient's length of stay is higher than expected given the casemix for the group of separations of interest. An RSI of less than 1.0 indicates that the length of stay was less than expected. The standardisation for casemix (based on AR-DRG version 6.0x and the age of the patient for each separation) allows comparisons to be made that take into account variation in types of services provided; however, it does not take into account other influences on length of stay, such as Indigenous status. The RSI method includes acute care separations only, and excludes separations for patients who died or were transferred within 2 days of admission, or with a length of stay greater than 120 days. Excluded from the analysis were: • AR-DRGs for rehabilitation (such as Z60A *Rehabilitation with catastrophic/severe complications or comorbidities*) • predominantly same-day AR-DRGs (such as R63Z *Chemotherapy* and L61Z *Admit for renal dialysis*) • AR-DRGs with a length of stay component in the definition • *Error* AR-DRGs
Data source/s	The NHMD is the source of data on casemix adjusted separations for public hospitals. The NHMD is based on the NMDS for Admitted patient care. Casemix adjusted separations are calculated by the application of cost weights sourced from the Independent Hospital Pricing Authority's National Hospital Cost Data Collection for each separation's recorded AR-DRG.

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of

	Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio. The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting. One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics. The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website www.aihw.gov.au Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links): www.aihw.gov.au/nhissc/ www.meteor.aihw.gov.au/content/index.phtml/itemId/182135 The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.
Relevance	The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free-standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included. The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments. The scope of the analysis includes public hospitals that provide mainly acute care. These are the hospitals in the public hospital peer groups of Principal referral and specialist women's and children's hospitals, Large hospitals, Medium hospitals, and Small acute hospitals. Excluded are Small non-acute hospitals, Multi-purpose services, Hospices, Rehabilitation hospitals, Mothercraft hospitals, Other non-acute hospitals, Psychiatric hospitals, and hospitals in the Unpeered and other hospitals peer group. Also excluded are hospitals for which expenditure or admitted patient care data were incomplete, although most of these were excluded for other reasons (for example they are Small non-acute hospitals).

Timeliness	The reference period for this data set is 2011-12.
Accuracy	Almost all public hospitals provided data for the NHMD, with the exception of a Mothercraft hospital in the ACT. States and territories are primarily responsible for the quality of the data they provide. However, the Institute undertakes extensive validation on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values. The comparability of the RSI in any one year is sensitive to a number of deficiencies in available data: • only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3 per cent that were not acute. The proportions of separations that are not acute vary across states and territories. • the proportions of patients other than public patients vary across states and territories, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error. Cells have been suppressed to protect confidentiality (where the numerator would identify a single service provider).
Coherence	The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2011-12*. The denominator for the indicator is based on the reported admitted patient activity, adjusted using cost-weights to derive a 'standard' unit of output as an artificial construct. The estimated number of cost-weighted separations (particularly using constant AR-DRGs and AR-DRG cost weights over time) is for comparison purposes only. Comparisons with RSIs presented in *Australian hospital statistics 2003–04* (AIHW 2005) and earlier reports should be made with caution, because the indexes for earlier years were calculated using AR-DRG version 4, for reports from 2004–05 to 2009–10, the RSIs were calculated using AR-DRG versions 5.0/5.1/5.2 and for 2010-11 and 2011-12, the RSIs were calculated using AR-DRG versions 6.0/6.0x. Time series analysis of this indicator is not recommended.
Accessibility	The AIHW provides a variety of products that draw upon the NHMD and the NPHED. Published products available on the AIHW website include: • Australian hospital statistics with associated Excel tables • Interactive data cubes for Public hospital establishments.
Interpretability	Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, changes in accounting methods and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Public hospital establishments and Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data	The Steering Committee notes the following issues:

gaps/issues	• only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3 per cent that were not acute. • the proportion of patients other than public patients can vary, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error. • Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Recurrent cost per non-admitted occasion of service

Data quality information for this indicator has been sourced from the Review with additional Steering Committee comments.

Indicator definition and description

Element	Efficiency
Indicator	Recurrent cost per non-admitted occasion of service
Measure (computation)	Recurrent cost per non-admitted occasion of service' is defined as 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.
Data source/s	This indicator is calculated using data from states and territories collected by the Review.

Data Quality Framework Dimensions

Institutional environment	Data were supplied by State and Territory health authorities. The State and Territory health authorities receive these data from patient administrative and clinical records. States and territories use these data for service planning, monitoring and internal and public reporting.
Relevance	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.
Timeliness	The reference period for this data set is 2011-12.
Accuracy	Inaccurate responses may occur in all data provided to the Review. The Review does not have direct access to records to determine the accuracy of the data provided. However, the Review undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The Review does not adjust data to account for possible data errors. Errors may occur during the processing of data by the states and territories or at the Review. Processing errors prior to data supply may be found through the validation checks applied by the Review. This indicator is calculated on data that has been reported to the Review. Prior to publication, these data are referred back to jurisdictions for checking and review. The Review does not adjust the data to correct for missing values.
Coherence	Data are not available for two jurisdictions, Victoria and the NT.

These data are not comparable across jurisdictions. There is considerable variation among states and territories and between reporting years in the way in which non-admitted patient occasions of service data are collected.

- There are differing admission practices between the states and territories.
- There is variation in the types of services provided for non-admitted patients and the type of facility providing these services, for example, states and territories may differ in the extent to which outpatient services are provided in non-hospital settings (such as community health services).
- Reporting categories vary across jurisdictions.
- Inconsistencies arising from 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.

Statistics on emergency department presentations for non-admitted patients may be affected by variations in reporting practices across states and territories. Although there are national standards for data on non-admitted patient emergency department services there are some variations in how those services are defined and counted across states and territories and over time. For example, there is variation in:

- the point at which the commencement of clinical care is reported
- the point at which the emergency department presentation is reported as completed for those patients subsequently admitted within the emergency department and/or elsewhere in the hospital.

For some jurisdictions, the reporting of outpatient clinic care varied over the periods 2010–11 and 2011–12, in order to align with the reporting requirements for Activity Based Funding. These changes included: the discontinuation of reporting for some activity; the commencement of reporting for some activity; and the re-categorisation of some clinics according to the Tier 2 clinics structure. Therefore, these data may not be comparable with data reported for previous years.

Accessibility

Cost per occasion of service data are not widely published elsewhere due to data quality issues. No nationally data collection currently exists which can produce comparable data. Data collection and reporting practices differ greatly across jurisdictions.

Interpretability

Supporting information on the quality and use of the data are not publicly available. Metadata such as concepts, classifications and counting rules are not published and are not consistent across jurisdictions.

Definitions are not well developed and could be ambiguous or confusing to the user.

There is little other information available to assist the user such as glossaries, standards, explanatory material, methodological information, user guides or classifications.

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following key data gaps/issues:

- the of recurrent expenditure that relates to occasions of service is estimated in different ways in different hospitals and is not always comparable
- This indicator does not adjust for the complexity of service, it is desirable for data to be casemix adjusted
- Variations in admission practices and policies lead to variation among

providers in the number of admissions for some conditions

- Data are not available for two jurisdictions, Victoria and the NT.

Patient satisfaction

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Healthcare Agreement (data supplied by the ABS) with additional Steering Committee comments.

Indicator definition and description

Element Outcome

Indicator Patient satisfaction

Measure (computation) Patient Experience Survey

Nationally comparable information that indicates levels of patient satisfaction around key aspects of care they received.

Numerators:

- persons who had been to a hospital emergency department in the last 12 months reporting doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them
- persons who had been to a hospital emergency department in the last 12 months reporting nurses always or often: listened carefully, showed respect, and spent enough time with them
- persons who had been admitted to a hospital in the last 12 months reporting doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them
- persons who have been admitted to a hospital in the last 12 months reporting nurses always or often: listened carefully, showed respect, and spent enough time with them

Denominators:

- persons who had been to a hospital emergency department in the last 12 months, excluding persons who were interviewed by proxy
- persons who had been to a hospital emergency department in the last 12 months, excluding persons who were interviewed by proxy
- persons who had been admitted to a hospital in the last 12 months, excluding persons who were interviewed by proxy
- persons who have been admitted to a hospital in the last 12 months, excluding persons who were interviewed by proxy

State and territory based survey data

This indicator also reports information on patient surveys undertaken by states and territories. The descriptive information includes the survey time period, method, sample size, response rate and a selection of results where available. This indicator also provides information on how jurisdictions have used patient satisfaction surveys to improve public hospital quality in recent years.

Data source/s ABS Patient Experience Survey, 2012-13.
State and territory based survey data are sourced from state and territory governments.

Data Quality Framework Dimensions

Institutional Patient Experience Survey

environment	Data Collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey. It is collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents. For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment Collection authority: The Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. Data Compiler(s): Data is compiled by the Health section of the Australian Bureau of Statistics (ABS). Statistical confidentiality is guaranteed under the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. The ABS notifies the public through a note on the website when an error in data has been identified. The data is withdrawn, and the publication is re-released with the correct data. Key users are also notified where possible. State and territory based survey data The Secretariat for the Review of Government Service Provision has collated the State and territory based survey data. The data were supplied by State and Territory health authorities. States and territories use these data for service planning, monitoring and internal and public reporting.
Relevance	Level of Geography: Data is available by State/Territory, 2011 SEIFA and 2011 Remoteness (major cities, inner and outer regional, remote and very remote Australia). Data Completeness: All data is available for this indicator from this source. Indigenous Statistics: Indigenous data and associated data quality statements will be provided in a separate data supply. Due to differences in survey design and collection methodology, ABS advises that data from the Patient Experience survey is not comparable to data from the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). As such, comparisons between Indigenous and the general population are not available for this indicator. Socioeconomic status data: Data is available by the 2011 SEIFA index of disadvantage. There has been no significant impact from transitioning from 2006 SEIFA to 2011 SEIFA. Similarly, there has been no significant impact from transitioning from the 2006 remoteness classification to the 2011 remoteness classification. Numerator/Denominator Source: Same data source. Data for this indicator was collected for all persons in Australia, excluding the following people: • members of the Australian permanent defence forces • diplomatic personnel of overseas governments, customarily excluded from census and estimated population counts • overseas residents in Australia • members of non-Australian defence forces (and their dependents) • people living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, retirement homes, homes for people with disabilities, and prisons • people living in discrete indigenous communities. The 2011-12 iteration of the Patient Experience survey was the first to include

	households in very remote areas, (although it still excluded discrete indigenous communities). The 2012-13 iteration continues to include data from very remote areas. The inclusion of very remote areas will serve to improve the coverage of the estimates, particularly for the NT. Small differences evident in the NT estimates between 2010-11 and 2011-12 may in part be due to the inclusion of households in very remote areas. Data was self-reported for this indicator. Persons who were interviewed by proxy were excluded.
Timeliness	Patient Experience Survey Collection interval/s: Patient Experience data is collected annually. Data available: The 2012-13 data used for this indicator became available from 22 November 2013. Referenced Period: July 2012 to June 2013. There are not likely to be revisions to this data after its release. State and territory based survey data Timeliness varies between jurisdictions, although most jurisdictions have undertaken some type of survey in 2010 and/or 2011.
Accuracy	Patient Experience Survey Method of Collection: The data was collected by computer assisted telephone interview. Data Adjustments: Data was weighted to represent the total in scope Australian population, and was adjusted to account for confidentiality and non-response. Sample/Collection size: The sample for the 2012-13 patient experience survey was 30,749 fully-responding households. Note this is a substantial increase from the 2011-12 sample size of 26,437. This increase will improve the reliability of the data, particularly at finer levels of disaggregation. Response rate: Response rate for the survey was 78.9 per cent As data is drawn from a sample survey, the indicator is subject to sampling error, which occurs because a proportion of the population is used to produce estimates that represent the whole population. Rates should be considered with reference to their corresponding relative standard errors (RSEs) and 95 per cent confidence intervals. Estimates with a relative standard error between 25 per cent and 50 per cent should be used with caution, and estimates with a relative standard error over 50 per cent are considered too unreliable for general use. This indicator generally has acceptable levels of sampling error and provides reliable data for most breakdowns. However, RSEs for remote/very remote breakdowns are mostly greater than 25 per cent and should either be used with caution or are considered too unreliable for general use. Similarly, data for the “other” remoteness category has high RSEs when cross classified by State. Caution should be used when interpreting these data. The data for this indicator is attitudinal, as it collects whether people felt they waited too long to get an appointment with a GP or specialist, and whether the person felt the health professional in question spent enough time with them, listened carefully and showed them respect (the ‘patient satisfaction’ questions). Data is used from personal interviews only (i.e. excluding proxy interviews). Explanatory footnotes are provided for each table. State and territory based survey data Accuracy varies between jurisdictions depending on the survey method and factors such as response rates and sample sizes.
Coherence	Patient Experience Survey Consistency over time: 2009 was the first year data was collected for this

	indicator. Questions relating to acceptable waiting times for GPs were asked in 2009, 2010-11, 2011-12 and 2012-13. While the question wording itself did not change, the position in the survey (ie where the question was asked) changed in 2011-12 and again in 2012-13. There has been a noticeable contextual effect with this change in question ordering, and ABS recommends that this data item is not comparable over time. This has been footnoted in the relevant tables. Similarly, questions relating to acceptable waiting times for Medical Specialists were asked in 2009, 2010-11, 2011-12 and 2012-13. While the question wording itself did not change, the position in the survey (ie where the question was asked) changed in 2011-12. There has been a noticeable contextual effect with this change in question ordering. As such, ABS recommends that 2012-13 data is comparable to 2011-12, but not before this (ie not comparable to 2010-11 or 2009). As a result, a time series can be started from 2011-12 onwards. This has been footnoted in the relevant tables. Numerator/denominator: The numerator and denominator are directly comparable, one being a sub-population of the other. The numerator and denominator are compiled from a single source. Jurisdiction estimate calculation: Jurisdiction estimates are calculated the same way, although the exclusion of discrete indigenous communities in the sample will affect the NT more than it affects other jurisdictions. Jurisdiction/Australia estimate calculation: All estimates are compiled the same way. Collections across populations: Data is collected the same way across all jurisdictions. The Patient Experience survey provides the only national data available for this indicator. At this stage, there are no other comparable data sources. <u>State and territory based survey data</u> State and territory based surveys differ in method, content, timing and scope across jurisdictions, so it is not possible to compare the results nationally.
Accessibility	<u>Patient Experience Survey</u> Data publicly available. Tables showing patients experiences with health professionals are available in Health Services: Patient Experiences in Australia, 2009 (cat. no. 4839.0.55.001), Patient Experiences in Australia: Summary of Findings, 2010-11, Patient Experiences in Australia: Summary of Findings, 2011-12 and Patient Experiences in Australia: Summary of Findings, 2012-13 (cat. no. 4839.0). Data for this indicator is shown by age, sex, SEIFA and remoteness. Jurisdictional data is not currently publicly available but may be made available in the future. Data is not available prior to public access. Supplementary data is available. Additional data from the Patient Experience Survey is available upon request. Access permission/Restrictions: Customised data requests may incur a charge. Contact Details: For more information, please call the ABS National Information and Referral Service on 1300 135 070. <u>State and territory based survey data</u> Approaches to making survey results available to the public vary between States and territories.
Interpretability	Context: This data was collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey. The data was collected over a twelve month period and therefore

should minimise any seasonality effects in the data.

Other Supporting information: The ABS Patient Experience data is published in Patient Experiences in Australia: Summary of Findings, 2012-13 (cat. no. 4839.0). This publication includes explanatory and technical notes.

Socioeconomic status definition: The SEIFA Index of Relative Socio-economic Disadvantage uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households.

Socioeconomic status derivation: The 2011 SEIFA index of relative socio-economic disadvantage is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Socioeconomic status deciles derivation: Deciles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1000 and roughly two-thirds of the scores lie between 900 and 1100. The CDs are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom 10 per cent of CDs, Decile 2 contains the next 10 per cent of CDs and so on. Further information on SEIFA can be found in the ABS Technical paper Socio-Economic Indexes for Areas 2011 (cat. No. 2033.0.55.001).

Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in Patient Experiences in Australia: Summary of Findings, 2012-13 (cat. no. 4839.0).

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following key data gaps/issues:

- The Patient Experience Survey does not include people living in very remote areas, which affects the comparability of the NT results.
- State and Territory disaggregation of this indicator by Indigenous status and SES is a priority.
- Due to the requirement for sufficient data in specific age groups for the age standardisation process, remoteness disaggregation of age-standardised data by State and Territory is only available by major cities (with the other remoteness categories combined), with no State and Territory disaggregation available for SES.
- State and territory based surveys differ in method, content, timing and scope across jurisdictions, so it is not possible to compare the results nationally.

Caesareans and inductions for selected primiparae

Data quality information for this indicator has been sourced from states and territories with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness — appropriateness
Indicator	Caesareans and inductions for selected primiparae
Measure	Caesareans and inductions for selected primiparae' are defined as the number of inductions or caesareans for the selected primiparae divided

(computation)	respectively by the number of the selected primiparae who gave birth. Rates 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, so caesarean or induction rates should be low in their population. Primiparae refers to a woman who has given birth to a liveborn or stillborn infant for the first time. Parturient means 'about to give birth'
Data source/s	This indicator is calculated using data from states and territories.

Data Quality Framework Dimensions

Institutional environment	Data were supplied by State and Territory health authorities. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.
Relevance	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.
Timeliness	The reference period for the data is 2012. Collection of data is annual.
Accuracy	Inaccurate responses may occur in all data provided to the Review. The Review does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Review undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The Review does not adjust data to account for possible data errors. Errors may occur during the processing of data by the states and territories or at the Review. Processing errors prior to data supply may be found through the validation checks applied by the Review. This indicator is calculated on data that has been reported to the Review. Prior to publication, these data are referred back to jurisdictions for checking and review. The Review does not adjust the data to correct for missing values.
Coherence	Note that because of data editing and subsequent updates of State/Territory databases, numbers reported for this indicator can differ from those in reports published by the states and territories. Changing levels of Indigenous identification over time and across jurisdictions may also affect the accuracy of compiling a consistent time series in future years.
Accessibility	Data are published by states and territories and are also collected by the AIHW as part of the National Perinatal Data Collection. Note that the AIHW data are available to the Review one year later than that available to the Review by collecting data direct from states and territories. The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are: • Australia's mothers and babies annual report • Indigenous mothers and their babies, Australia 2001–2004 • METeOR – online metadata repository • National health data dictionary. Ad-hoc data are also available on request (charges apply to recover costs).
Interpretability	Supporting information on the use and quality of the Perinatal NMDS are

	published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum Data Set compliance evaluation 2001 to 2005. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Indigenous data that might affect interpretation of the indicator was published in Indigenous mothers and their babies, Australia 2001–2004 (Chapter 1 and Chapter 5). Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Metadata information for the Perinatal NMDS are also published in METeOR, and the National health data dictionary.
Data Gaps/Issues Analysis	
Key data gaps/issues	The Steering Committee notes the following issues: • Data are collected direct from states and territories and are not reliable as they are not collected under a NMDS and have had minimal validation. The AIHW data, however, are less timely and are available to the Review one year later than that available to the Review by collecting data direct from states and territories. • Disaggregation of this indicator for Indigenous status and remoteness by State and Territory is a priority. Further development work on the current data source is required.

Instrument vaginal births

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description	
Element	Effectiveness—appropriateness
Indicator	Instrument vaginal births
Measure (computation)	'Instrument vaginal births' is defined as the number of instrument vaginal births as a percentage of total births. Instrument vaginal births includes forceps and vacuum extraction. The indicator is calculated for women aged 20 to 34 years, with a singleton baby positioned with head towards the cervix at the onset of labour born between 37 and 41 weeks gestation.
Data source/s	This indicator is calculated using data from the AIHW National Perinatal Data Collection (NPDC).
Data Quality Framework Dimensions	
Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data were supplied by State and Territory health authorities to the National Perinatal Epidemiology and Statistics Unit (NPESU), a collaborating unit of the Institute. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.
Relevance	The National Perinatal Data Collection comprises data items as specified in the Perinatal NMDS plus additional items collected by the states and territories. The purpose of the Perinatal NMDS is to collect information at

	birth for monitoring pregnancy, childbirth and the neonatal period for both the mother and baby(s). The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation. It includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth; and data items relating to the baby, including birth status (live or stillbirth), sex, gestational age at birth, birth weight, Apgar score and neonatal length of stay.
Timeliness	The reference period for the data is 2011. Collection of data for the NPDC is annual.
Accuracy	Inaccurate responses may occur in all data provided to the Institute. The Institute does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Institute undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The AIHW does not adjust data to account for possible data errors. Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the Institute. This indicator is calculated on data that has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for checking and review. The Institute does not adjust the data to correct for missing values. Note that because of data editing and subsequent updates of State/Territory databases, and because data are being reported by place of residence rather than place of birth the numbers reported for this indicator differ from those in reports published by the states and territories. The data are not rounded.
Coherence	Data for this indicator are published in the AIHW National Perinatal Epidemiology and Statistics Unit report *National core maternity indicators*.
Accessibility	The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are: • Australia's mothers and babies annual report • Indigenous mothers and their babies, Australia 2001–2004 • National core maternity indicators • METeOR – online metadata repository • National health data dictionary. Ad-hoc data are also available on request (charges apply to recover costs).
Interpretability	Supporting information on the use and quality of the Perinatal NMDS are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum Data Set compliance evaluation 2006 to 2009. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Indigenous data that might affect interpretation of the indicator was published in Indigenous mothers and their babies, Australia 2001–2004 (Chapter 1 and Chapter 5). Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Metadata information for the Perinatal NMDS are also published in METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following issues: • Data are relatively old and may not be representative of current outcomes. Further work is required to ensure availability of more timely data. • Disaggregation of this indicator for Indigenous status and remoteness by State and Territory is a priority. Further development work on the current data source is required.

Vaginal delivery following a previous caesarean

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness—appropriateness
Indicator	Vaginal delivery following a previous caesarean
Measure (computation)	'Vaginal delivery following a previous caesarean' is defined as the percentage of multiparous mothers who have had a previous caesarean, whose current method of birth was either an instrumental or non-instrumental vaginal delivery. Multiparous means a pregnant woman who had at least one previous pregnancy resulting in a live birth or stillbirth. For multiple births, the method of birth of the first born baby was used.
Data source/s	This indicator is calculated using data from the AIHW National Perinatal Data Collection (NPDC).

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data were supplied by State and Territory health authorities to the National Perinatal Epidemiology and Statistics Unit (NPESU), a collaborating unit of the Institute. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.
Relevance	The National Perinatal Data Collection comprises data items as specified in the Perinatal NMDS plus additional items collected by the states and territories. The purpose of the Perinatal NMDS is to collect information at birth for monitoring pregnancy, childbirth and the neonatal period for both the mother and baby(s). The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation. It includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth; and data items relating to the baby, including birth status (live or stillbirth), sex, gestational age at birth, birth weight, Apgar score and neonatal length of stay.
Timeliness	The reference period for the data is 2011. Collection of data for the NPDC is annual.
Accuracy	Inaccurate responses may occur in all data provided to the Institute. The

	Institute does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Institute undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The AIHW does not adjust data to account for possible data errors. Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the Institute. This indicator is calculated on data that has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for checking and review. The Institute does not adjust the data to correct for missing values. Note that because of data editing and subsequent updates of State/Territory databases, and because data are being reported by place of residence rather than place of birth the numbers reported for this indicator differ from those in reports published by the states and territories. The data are not rounded.
Coherence	Data for this indicator are published in the annual report Australia's mothers and babies.
Accessibility	The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are: • Australia's mothers and babies annual report • Indigenous mothers and their babies, Australia 2001–2004 • METeOR – online metadata repository • National health data dictionary. Ad-hoc data are also available on request (charges apply to recover costs).
Interpretability	Supporting information on the use and quality of the Perinatal NMDS are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum Data Set compliance evaluation 2006 to 2009. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Indigenous data that might affect interpretation of the indicator was published in Indigenous mothers and their babies, Australia 2001–2004 (Chapter 1 and Chapter 5). Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Metadata information for the Perinatal NMDS are also published in METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following issues: • 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 are relatively old and may not be representative of current outcomes. Further work is required to ensure availability of more timely data. • A formal assessment of the extent of under-identification of Indigenous status in the NPDC is required. This will identify whether the data require adjustment, and contribute to improved time series reporting. • Disaggregation of this indicator for SES and remoteness by State and Territory is a priority. Further development work on the current data source is required.

Perineal status after vaginal birth

Data quality information for this indicator has been sourced from the AIHW with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness — quality/safety
Indicator	Perineal status after vaginal birth
Measure (computation)	'Perineal status after vaginal birth' is the percentage of mothers with third or fourth degree lacerations to their perineum after a vaginal birth. 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. For multiple births, the perineal status after birth of the first child was used.
Data source/s	This indicator is calculated using data from the AIHW National Perinatal Data Collection (NPDC).

Data Quality Framework Dimensions

Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data were supplied by State and Territory health authorities to the National Perinatal Epidemiology and Statistics Unit (NPESU), a collaborating unit of the Institute. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.
Relevance	The National Perinatal Data Collection comprises data items as specified in the Perinatal NMDS plus additional items collected by the states and territories. The purpose of the Perinatal NMDS is to collect information at birth for monitoring pregnancy, childbirth and the neonatal period for both the

	mother and baby(s). The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation. It includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth; and data items relating to the baby, including birth status (live or stillbirth), sex, gestational age at birth, birth weight, Apgar score and neonatal length of stay.
Timeliness	The reference period for the data is 2011. Collection of data for the NPDC is annual.
Accuracy	Inaccurate responses may occur in all data provided to the Institute. The Institute does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Institute undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The AIHW does not adjust data to account for possible data errors. Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the Institute. This indicator is calculated on data that has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for checking and review. The Institute does not adjust the data to correct for missing values. Note that because of data editing and subsequent updates of State/Territory databases, and because data are being reported by place of residence rather than place of birth the numbers reported for this indicator differ from those in reports published by the states and territories. The data are not rounded.
Coherence	Data for this indicator are published in the annual report Australia's mothers and babies.
Accessibility	The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are: • Australia's mothers and babies annual report • Indigenous mothers and their babies, Australia 2001–2004 • METeOR – online metadata repository • National health data dictionary. Ad-hoc data are also available on request (charges apply to recover costs).
Interpretability	Supporting information on the use and quality of the Perinatal NMDS are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum Data Set compliance evaluation 2006 to 2009. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Indigenous data that might affect interpretation of the indicator was published in Indigenous mothers and their babies, Australia 2001–2004 (Chapter 1 and Chapter 5). Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Metadata information for the Perinatal NMDS are also published in METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data	The Steering Committee notes the following issues:

gaps/issues	• Data include all women who gave birth vaginally, including births in public hospitals, private hospitals and outside of hospital, such as homebirths. • Data are relatively old and may not be representative of current outcomes. Further work is required to ensure availability of more timely data. • A formal assessment of the extent of under-identification of Indigenous status in the NPDC is required. This will identify whether the data require adjustment, and contribute to improved time series reporting. • Disaggregation of this indicator for SES and remoteness by State and Territory is a priority. Further development work on the current data source is required.

Apgar score at five minutes

Data quality information for this indicator has been sourced from states and territories with additional Steering Committee comments.

Indicator definition and description

Element	Outcome
Indicator	Apgar score at five minutes
Measure (computation)	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. 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.
Data source/s	This indicator is calculated using data from states and territories.

Data Quality Framework Dimensions

Institutional environment	Data were supplied by State and Territory health authorities. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.
Relevance	The National Perinatal Data Collection comprises data items as specified in the Perinatal NMDS plus additional items collected by the states and territories. The purpose of the Perinatal NMDS is to collect information at birth for monitoring pregnancy, childbirth and the neonatal period for both the mother and baby(s). The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation. It includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth; and data items relating to the baby, including birth status (live or stillbirth), sex, gestational age at birth, birth weight, Apgar score and

	neonatal length of stay.
Timeliness	The reference period for the data is 2011. Collection of data is annual.
Accuracy	Inaccurate responses may occur in all data provided to the Institute. The Institute does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Institute undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The AIHW does not adjust data to account for possible data errors. Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the Institute. This indicator is calculated on data that has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for checking and review. The Institute does not adjust the data to correct for missing values. Note that because of data editing and subsequent updates of State/Territory databases, and because data are being reported by place of residence rather than place of birth the numbers reported for this indicator differ from those in reports published by the states and territories. The data are not rounded. The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Only 0.2 per cent of records were non-residents or could not be assigned to a state or territory of residence. There is no scope in the data element Area of usual residence of mother to discriminate temporary residence of mother for the purposes of accessing birthing services from usual residence. The former may differentially impact populations from remote and very remote areas, where services are not available locally.
Coherence	Data for this indicator are published in the annual report Australia's mothers and babies; and biennially in reports such as the Aboriginal and Torres Strait Islander Health Performance Framework report, the Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, and the Overcoming Indigenous Disadvantage report. The numbers presented in these publications will differ slightly from those presented here as this measure excludes multiple births and stillbirths. Changing levels of Indigenous identification over time and across jurisdictions may also affect the accuracy of compiling a consistent time series in future years.
Accessibility	The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are: • Australia's mothers and babies annual report • Indigenous mothers and their babies, Australia 2001–2004 • METeOR – online metadata repository • National health data dictionary. Ad-hoc data are also available on request (charges apply to recover costs).
Interpretability	Supporting information on the use and quality of the Perinatal NMDS are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum Data Set compliance evaluation 2001 to 2005. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Indigenous data that might affect interpretation of the indicator was published in Indigenous mothers and their babies, Australia 2001–2004

(Chapter 1 and Chapter 5).

Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Metadata information for the Perinatal NMDS are also published in METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following issues:

- Data are relatively old and may not be representative of current outcomes. Further work is required to ensure availability of more timely data.
- Disaggregation of this indicator for Indigenous status and remoteness by State and Territory is a priority. Further development work on the current data source is required.

Fetal, neonatal and perinatal deaths

Data quality information for this indicator has been sourced from the ABS with additional Steering Committee comments.

Indicator definition and description

Element Outcome

Indicator Fetal, neonatal and perinatal deaths

Measure (computation)

Fetal deaths

Numerator: Fetal deaths (stillbirth). 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.

Denominator: Total number of births (live births and fetal deaths combined).

Computation: The 'fetal death rate' is calculated as the number of fetal deaths divided by the total number of births expressed per 1000 total births, by State or Territory of usual residence of the mother.

Neonatal deaths

Numerator: Neonatal deaths. The death of a live born infant within 28 days of birth.

Denominator: The number of live births registered.

Computation: The 'neonatal death rate' is calculated as the number of neonatal deaths divided by the number of live births expressed per 1000 live births, by state or territory of usual residence of the mother

Perinatal death

Numerator: A perinatal death is a fetal or neonatal death.

Denominator: The total number of births (live births and fetal deaths combined).

Computation: The 'perinatal death rate' is calculated as the number of perinatal deaths divided by the total number of births expressed per 1000 total births, by State or Territory of usual residence of the mother.

Data source/s ABS *Perinatal deaths, Australia*, Cat. no. 3304.0 sourced from death registrations administered by the various state and territory Registrars of Births, Deaths and Marriages.

Data Quality Framework Dimensions

Institutional environment

Statistics presented in *Perinatal Deaths, Australia, 2010* (cat. no. 3304.0) are sourced from death registrations administered by the various state and territory Registrars of Births, Deaths and Marriages. It is a legal requirement of each state and territory that all neonatal deaths and those fetal deaths of at least 20 weeks gestation or 400 grams birth weight are registered. As part of the registration process, information on the cause of death is either supplied by the medical practitioner certifying the death on a Certificate of Cause of Perinatal Death, or supplied as a result of a coronial investigation.

Death records are provided electronically and/or in paper form to the ABS by individual Registrars on a monthly basis. Each death record contains both demographic data and medical information from the Certificate of Cause of Perinatal Death where available. Information from coronial investigations are provided to the ABS through the National Coroners Information System (NCIS).

For further information on the institutional environment of the Australian Bureau of Statistics (ABS), including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment.

Relevance

Perinatal statistics provide valuable information for the analysis of fetal, neonatal and perinatal deaths in Australia. This electronic product presents data at the national and state level on registered perinatal deaths by sex, state of usual residence, main condition in fetus/infant, main condition in mother and Indigenous status. Fetal, neonatal and perinatal death rates are also provided.

The ABS Perinatal Deaths collection includes all perinatal deaths that occurred and were registered in Australia, including deaths of persons whose usual residence is overseas. Deaths of Australian residents that occurred outside Australia may be registered by individual Registrars, but are not included in ABS deaths or perinatal deaths statistics.

From the 2006 reference year, the scope of the perinatal death statistics includes all fetal deaths of at least 20 weeks gestation or at least 400 grams birth weight, and all neonatal deaths (all live born babies who die within 28 days of birth, regardless of gestation or weight) which are:

- registered in Australia for the reference year and are received by the ABS by the end of the March quarter of the subsequent year; and
- registered prior to the reference year but not previously received from the Registrar nor included in any statistics reported for an earlier period.

Data for the 1999 to 2006 reference years based on the revised scope definition of at least 20 weeks gestation or at least 400 grams birth weight was republished in Perinatal Deaths, Australia, 2007(cat. no. 3304.0).

Data in the Perinatal Deaths collection include demographic items, as well as causes of death information, which is coded according to the International Classification of Diseases (ICD). ICD is the international standard classification for epidemiological purposes and is designed to promote international comparability in the collection, processing, classification, and presentation of cause of death statistics. The classification is used to classify diseases and causes of disease or injury as recorded on many types of medical records as well as death records. The ICD has been revised periodically to incorporate changes in the medical field. The 10th revision of ICD (ICD-10) is used for the 2009 data.

Timeliness

Perinatal deaths data are published annually and released approximately

15 months after the end of the reference period. Prior to 2006, perinatal death statistics were included in the annual Causes of Death, Australia (cat. no. 3303.0) collection.

Causes of death statistics are released with a view to ensuring that they are fit for purpose when released. To meet user requirements for timely data it is often necessary to obtain information from the administrative source before all information for the reference period is available (e.g. finalisation of coronial proceedings). A balance needs to be maintained between accuracy (completeness) of data and timeliness, taking account of the different needs of users. To address the issues which arise through the publication of causes of death data for open coroners cases, these data are now subject to a revisions process. This process enables the use of additional information relating to coroner certified deaths either 12 or 24 months after initial processing. See Explanatory Notes 28-32 for further information on the revisions process.

Accuracy

Non-sample errors are the main influence on accuracy in datasets such as this which are a complete census of the population rather than a sample. Non-sample error arises from inaccuracies in collecting, recording and processing the data. The most significant of these errors are: mis-reporting of data items; deficiencies in coverage; non-response to particular questions; and processing errors. Every effort is made to minimise non-sample error by working closely with data providers, running quality checks throughout the data processing cycle, training of processing staff, and efficient data processing.

The main sources of non-sample error for perinatal deaths data are:

- completeness of an individual record at a given point in time (e.g. incomplete causes of death information due to non-finalisation of coronial proceedings)
- completeness of the dataset e.g. impact of registration lags, processing lags and duplicate records
- extent of coverage of the population (whilst all deaths are legally required to be registered some cases may not be registered for an extended time, if at all)
- particular data items which would be useful for statistical purposes may not be collected by jurisdictions where that item is not essential for administration purposes
- question and 'interviewer' biases given that information for death registrations are supplied about the person by someone else. For example, Indigenous origin as reported by a third party can be different from self reported responses on a form
- level of specificity and completeness in coronial reports or doctor's findings on the Certificate of Cause of Perinatal Death will impact on the accuracy of coding

The ABS has implemented a new revisions process that applies to all coroner certified perinatal deaths registered after 1 January 2007. The revisions process enables the use of additional information relating to coroner certified perinatal deaths as it becomes available over time, resulting in increased specificity of the assigned ICD-10 codes. See Explanatory Notes 28-32 for further information on the revision process.

Coherence

Use of the supporting documentation released with the statistics is important for assessing coherence within the dataset and when comparing the statistics with data from other sources. Changing business rules over time and/or across data sources can affect consistency and hence interpretability of statistical output. The Explanatory Notes in each issue contains information pertinent to the particular release which may impact

	on comparison over time.
Accessibility	Prior to the 2006 reference year, perinatal causes of death statistics were published in Causes of Death, Australia (cat. no. 3303.0). In addition to the information provided in the commentary, a series of data cubes are also available providing detailed breakdowns by cause of death. The ABS observes strict confidentiality protocols as required by the Census and Statistics Act (1905). This may restrict access to data at a very detailed level which is sought by some users. If the information you require is not available from the commentary or the data cubes, then the ABS may also have other relevant data available on request. Inquiries should be made to the National Information and Referral Service on 1300 135 070 or by sending an email to client.services@abs.gov.au.
Interpretability	Information on some aspects of statistical quality may be hard to obtain as information on the source data has not been kept over time. This is related to the issue of the administrative rather than statistical purpose of the collection of the source data. Perinatal Deaths, Australia contains detailed Explanatory Notes, an Appendix and Glossary that provide information on the data sources, terminology, classifications and other technical aspects associated with these statistics.

Data Gaps/Issues Analysis

Key data gaps/issues	The Steering Committee notes the following issues: '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. Hence, 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. 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.