National Agreement Performance Information 2009-10

National Healthcare Agreement

Steering Committee for the Review of Government Service Provision

December 2010

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Steering Committee for the
Review of Government
Service Provision

Mr Paul McClintock AO
Chairman
COAG Reform Council
Level 24, 6 O'Connell Street
SYDNEY NSW 2000

Dear Mr McClintock

In accordance with Schedule C of the *Intergovernmental Agreement on Federal Financial Relations* I am pleased to submit to you the Steering Committee's report on the performance data for the *National Healthcare Agreement*.

This report is one of four Steering Committee reports that provide performance data on the National Agreements related to healthcare, affordable housing, disability and Indigenous reform. A separate appendix provides additional contextual information to assist in interpreting the information in this report.

This report was produced with the assistance of Australian, State and Territory Government departments and agencies, and a number of statistical bodies. The Steering Committee would like to record its appreciation for the efforts of all those involved in the development of this report.

Yours sincerely

Gary Banks

Gary Banks AO
Chairman

23 December 2010

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This Report

The Steering Committee for the Review of Government Service Provision was requested by COAG to collate information relevant to the performance indicators in the National Agreements, and to provide it to the COAG Reform Council. The COAG Reform Council subsequently requested the Steering Committee to include information on all categories of performance information set out in each National Agreement, including those variously referred to as performance indicators, progress measures, outputs, benchmarks and targets.

The information in this report is an input to the COAG Reform Council's analysis. To facilitate the COAG Reform Council's work, this report contains the following information:

- background and roles and responsibilities of various parties in National Agreement performance reporting
- contextual information relevant to the *National Healthcare Agreement*
- overview of the outputs, progress measures, performance benchmarks and key issues in performance reporting for the *National Healthcare Agreement*
- individual indicator specifications and summaries of data issues
- attachment tables containing the performance data. The electronic version of this report contains electronic links between indicator specifications and attachment tables, to assist navigation through the report. Attachment tables are also available in excel format.

The original data quality statements provided by data collection agencies are also provided as an attachment to this report.

Steering Committee

This Report was produced under the direction of the Steering Committee for the Review of Government Service Provision (SCRGSP). The Steering Committee comprises the following current members:

Mr Gary Banks	Chairman	Productivity Commission
Mr Ron Perry	Aust. Govt.	Department of Prime Minister and Cabinet
Ms Sue Vroombout	Aust. Govt.	Department of the Treasury
Mr David de Carvalho	Aust. Govt.	Department of Finance and Deregulation
Ms Liz Develin	NSW	Department of Premier and Cabinet
Mr Kevin Cosgriff	NSW	NSW Treasury
Ms Katy Haire	Vic	Department of Premier and Cabinet
Mr Tony Bates	Vic	Department of Treasury and Finance
Ms Amanda Scanlon	Qld	Department of the Premier and Cabinet
Mr John O’Connell	Qld	Queensland Treasury
Mr Warren Hill	WA	Department of the Premier and Cabinet
Mr David Christmas	WA	Department of Treasury and Finance
Mr Chris McGowan	SA	Department of the Premier and Cabinet
Mr David Reynolds	SA	Department of Treasury and Finance
Ms Rebekah Burton	Tas	Department of Premier and Cabinet
Ms Pam Davoren	ACT	Chief Minister’s Department
Ms Jenny Coccetti	NT	Department of the Chief Minister
Mr Tony Stubbin	NT	NT Treasury
Mr Trevor Sutton		Australian Bureau of Statistics
Dr Penny Allbon		Australian Institute of Health and Welfare

People who also served on the Steering Committee during the production of this Report include:

Mr John Ignatius	Aust. Govt.	Department of Finance and Deregulation
Ms Nazli Munir	NSW	Department of Premier and Cabinet
Mr Mark Ronsisvalle	NSW	NSW Treasury
Ms Sharon Bailey	Qld	Department of the Premier and Cabinet
Ms Lyn Genoni	WA	Department of the Premier and Cabinet
Mr Ben Wilson	SA	Department of the Premier and Cabinet
Ms Chris Christensen	SA	Department of the Premier and Cabinet
Ms Anne Coleman	NT	Department of the Chief Minister

Contents

National Healthcare Agreement performance reporting

Attachment tables

Data for the performance indicators in this report are presented in a separate set of attachment tables. Attachment tables are identified in references throughout this report by an ‘NHA’ suffix (for example, table NHA.3.1).

About this report

Background to National Agreement reporting

In November 2008, the Council of Australian Governments (COAG) endorsed a new Intergovernmental Agreement on Federal Financial Relations (IGA) (COAG 2009a). The Ministerial Council for Federal Financial Relations (MCFFR) has general oversight of the operations of the IGA. [para. A4(a)]

The IGA included six new National Agreements (NAs):

- *National Healthcare Agreement*
- *National Education Agreement*
- *National Agreement for Skills and Workforce Development*
- *National Affordable Housing Agreement*
- *National Disability Agreement*
- *National Indigenous Reform Agreement.*

COAG has also agreed to a new form of payment — National Partnership (NP) payments — to fund specific projects and to facilitate and/or reward states and territories that deliver on nationally significant reforms.

Five of the NAs are associated with a national Specific Purpose Payment (SPP) that can provide funding to the states and territories for the sector covered by the NA. These five SPPs cover schools, vocational education and training (VET), disability services, healthcare and affordable housing. The *National Indigenous Reform Agreement* is not associated with a specific SPP, but draws together Indigenous elements from the other NAs and is associated with several NP agreements.

Under the reforms, each NA contains the objectives, outcomes, outputs and performance indicators for each sector, and clarifies the respective roles and responsibilities of the Commonwealth and the states and territories in the delivery of services. The performance of all governments in achieving mutually agreed outcomes and benchmarks specified in each NA will be monitored and assessed by the COAG Reform Council (CRC).

At its 7 December 2009 meeting, COAG determined that the Heads of Treasuries, in consultation with Senior Officials, would undertake a review of NAs, NPs and Implementation Plans, and report their findings through the MCFFR to COAG by 31 December 2010. The review will consider:

- how consistent agreements are with the design principles of the IGA
- the clarity and transparency of objectives, outcomes, outputs and roles and responsibilities
- the quantity and quality of performance indicators and benchmarks (COAG 2009b).

National Agreement reporting roles and responsibilities

The IGA states that:

> para C5 — The performance reporting framework for the National Agreements is based on:
>
> (a) high-level performance indicators for each National Agreement;
>
> (b) the Steering Committee for the Review of Government Service Provision (the Steering Committee) having overall responsibility for collating the necessary performance data; and
>
> (c) the COAG Reform Council publishing performance data relating to National Agreements, and National Partnerships to the extent that they support the objectives in National Agreements, within three months of receipt from the Steering Committee, along with a comparative analysis of this performance information that:
>
> i. focuses on the high-level National Agreement performance indicators;
>
> ii. highlights examples of good practice;

iii. highlights contextual differences between jurisdictions which are relevant to interpreting the data; and

iv. reflects COAG's intention to outline transparently the contribution of both levels of government to achieving performance benchmarks and to achieving continuous improvement against the outcomes, outputs and performance indicators.

The CRC is considering the impact of NPs on the achievement of the objectives of the NAs [para. C5(c)]. The CRC had not requested the Steering Committee to include any performance data related to NPs in this report.

The IGA further specifies that:

> The Steering Committee will provide the agreed performance information to the COAG Reform Council, desirably within three months and no later than six months after the reporting period to which the data relates. [para C10]
>
> Performance information in respect of the education and training sectors will be on a calendar year basis, commencing with performance information for 2008, and for all other sectors will be on a financial year basis, commencing with performance information for 2008-09. [para. C11]
>
> … the Steering Committee will comment on the quality of the performance indicator data using quality statements prepared by the collection agencies which set out the quality attributes of the data using the Australian Bureau of Statistics' Quality Framework. [para. C12]

Role of the CRC

The IGA states that:

> … the [CRC] will report to the Prime Minister … on:
>
> (a) the publication of performance information for all jurisdictions against National Agreement outcomes and performance benchmarks;
>
> (b) production of an analytical overview of performance information for each National Agreement, and National Partnership to the extent it supports the objectives in a National Agreement, noting that the [CRC] would draw on a range of sources, including existing subject experts;
>
> (c) independent assessment of whether predetermined performance benchmarks have been achieved before an incentive payment to reward nationally significant reforms under National Partnerships is made;
>
> (d) monitoring the aggregate pace of activity in progressing COAG's agreed reform agenda; and
>
> (e) other matters referred by COAG. [para A11]

The IGA further specifies that:

> The [CRC] will provide annual reports to COAG containing the performance data. It will also report its own comparative analysis of the performance of governments in meeting the objectives of the National Agreements. The reports will also highlight examples of good practice and performance so that, over time, innovative reforms or methods of service delivery may be adopted by other jurisdictions. The parties [to the IGA] will provide the [CRC] the information necessary for it to fulfil its role, as directed by COAG. [para. C14]
>
> The [CRCs] reports should be provided to COAG no later than three months after receiving the performance information from the Steering Committee. [para. C15]
>
> In preparing its performance information reports, the [CRC] may draw upon other data collection agencies and subject experts it considers relevant to its work. [para C16]

Role of the Steering Committee

The Steering Committee is required to report twice yearly to the CRC on performance under the NAs.

Reports from the Steering Committee to the CRC are required:

- by end-June on the education and training sector (*National Education Agreement* and the *National Agreement for Skills and Workforce Development*), commencing with performance information for 2008
- by end-December on the other sectors (*National Healthcare Agreement*, the *National Affordable Housing Agreement*, the *National Disability Agreement* and the *National Indigenous Reform Agreement*), commencing with performance information for 2008-09
- including the provision of quality statements prepared by the collection agencies (based on the Australian Bureau of Statistics' [ABS] data quality framework).

The CRC has also requested the Steering Committee to collate data on the performance benchmarks for the reward components of the following NP agreements:

- *National Partnership Agreement on Youth Attainment and Transitions*
- *National Partnership Agreement on Essential Vaccine*s
- *National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan* (from the second assessment report onwards for this NP).

The Steering Committee will report separately to the CRC on these three NP agreements.

Steering Committee report to Heads of Treasuries on data gaps in the National Performance Reporting Framework

The Steering Committee was asked by the Chair of the Heads of Treasuries Committee on Federal Financial Relations to draw together information on data gaps in the *National Performance Reporting Framework*. The first report addressed data gaps in the performance indicators covered in the education and training NAs, and was submitted to the Heads of Treasuries Committee on 17 September 2009. The second report addressed data gaps in the indicators for the performance reporting categories covered in this report, and was submitted to the Heads of Treasuries Committee on 23 April 2010.

Role of Ministerial Councils and COAG Working Groups

The IGA states that:

> The role of relevant Ministerial Councils, other than the Ministerial Council for Federal Financial Relations, and relevant COAG Working Groups with respect to [the IGA] includes recommending to COAG on:
>
> (a) development of objectives, outcomes, outputs and performance indicators for National Agreements; and
>
> (b) proposing new specific projects and reforms which could be supported by National Partnerships. [para. A9]

Ministerial Councils may also be consulted by the MCFFR, in relation to its roles in:

- maintaining a register of the national minimum data sets [para. C28]
- oversighting progress in improving the quality and timeliness of indicator data and the coordination of improvements in data collection processes, data quality and the timeliness of performance reporting for the National Performance Reporting System. [para. C29]

Role of data collection agencies

Data collection agencies are responsible for providing the required data to the Steering Committee, and preparing data quality statements '… which set out the quality attributes of the data using the ABS' Quality Framework'. [para. C12]

As noted above, data collection agencies may also be called upon by the CRC, as the CRC prepares its performance information reports. [para. C16]

Data collection agencies may also be consulted by the MCFFR, in relation to its roles in:

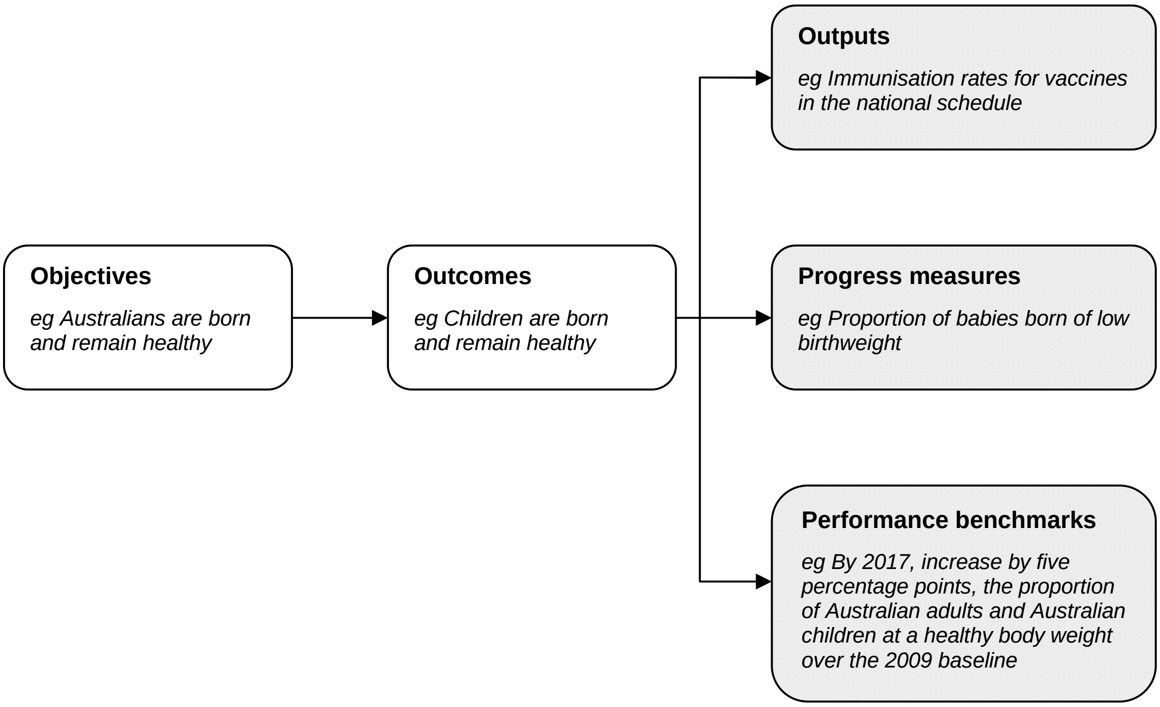
- maintaining a register of the national minimum data sets [para. C28]
- oversighting progress in improving the quality and timeliness of indicator data and the coordination of improvements in data collection processes, data quality and the timeliness of performance reporting for the National Performance Reporting System. [para. C29]

Performance reporting

The Steering Committee is required to collate performance information for the *National Healthcare Agreement* (COAG 2009c) and provide it to the CRC no later than 31 December 2010. The CRC has requested the Steering Committee to provide information on all performance categories in the National Agreements (variously referred to as ‘outputs’, ‘progress measures’, ‘performance indicators’, ‘performance benchmarks’ and ‘targets’).

The NHA includes the performance categories of outputs, progress measures and performance benchmarks (the performance indicators in this report are the measures that have been selected to inform outputs and progress measures). The links between the objectives, outcomes and associated performance categories in the NHA are illustrated in figure 1.

Figure 1 **NHA performance reporting**[a, b]



[a] Shaded boxes indicate reportable categories of performance information included in this report. [b] The NHA has multiple outputs, progress measures and performance benchmarks. Only one example of each is included in this figure for illustrative purposes.

This report includes available current year data for:

- NHA outputs

- NHA progress measures
- NHA performance benchmarks.

This is the second NHA performance report prepared by the Steering Committee, following the baseline report provided to the CRC in December 2009. The CRC has requested that data included in the baseline report not be reproduced in subsequent reports. Therefore, this report contains only data that relate to more recent reporting periods or which have been revised since the baseline report.

This report contains the original data quality statements (DQSs) completed by relevant data collection agencies. In addition, this report includes comments by the Steering Committee on the quality of reported data based on the data quality statements. This report also identifies areas for development of NHA ‘outputs’, ‘progress measures’ and ‘performance benchmarks’. Box 1 identifies the key issues in reporting on the performance categories in the NHA.

A separate appendix (*National Agreement Performance Information 2009-10: Appendix — Health, Affordable housing, Disability and Indigenous Reform*) provides general contextual information about each jurisdiction, to assist interpretation of the performance data. Contextual information is provided on population size and trends, family and household characteristics, socioeconomic status and general economic indicators.

Box 1 Key issues in reporting against the NHA

General comments

- There is a large number of indicators in the NHA (70 in total). In its baseline report, the Steering Committee recommended the development of a conceptual framework that links high level health outcomes with health system outputs. This would assist in determining whether the NHA has achieved its objectives, and provide a basis for rationalisation of indicators. This recommendation was adopted by the CRC in its report, *National Healthcare Agreement: Baseline performance report 2008-09*. The Steering Committee notes that the outcomes from the review of NAs, NPs and implementation plans, conducted by Heads of Treasuries/Senior Officials during 2010, are required before significant re-development work can occur.
- Further work is required to improve disaggregation of data by Indigenous status and socioeconomic status (SES). Improving reporting on Indigenous Australians and for SES will assist in informing social inclusion beyond the specific indicators identified under the social inclusion objective.
- For some hospital-related indicators there are limited data on private hospitals, and in some cases comparisons can only be made for peer group A and B public hospitals. Further work is required to ensure hospital data are representative of all hospitals. However, the Steering Committee notes the substantial improvements in timeliness of hospitals data, which has enabled three additional indicators (and one benchmark) to be reported against for the most recent year.
- Department of Veterans' Affairs (DVA) data were anticipated to be included in this year's report for the first time. Data from the DVA were not available in time to incorporate into the performance data for this report, which affects eight indicators. The partial DVA data provided have been included as contextual material. Further work is required to ensure that DVA data are provided in time for inclusion in the next cycle of NHA reporting.
- Of the 70 performance indicators and nine performance benchmarks, 47 have data for multiple years (comprising 44 indicators and three benchmarks). Data are comparable over time for 39 indicators and two benchmarks.

Performance benchmarks

- Of the nine performance benchmarks, two could not be reported against, as measures have yet to be developed or appropriate data sources were not available.
- Of the seven performance benchmarks that are fully or partly reported against, four have new data for this report, one being reported against for the first time, and of these, two have improved timeliness of data supply, enabling reporting of the most recent year.

(Continued next page)

Box 1 **(continued)**

Performance indicators (outputs and progress measures)

- Of the 70 performance indicators, 60 indicators are able to be reported against (including three indicators reported against for the first time). New data are available for this report for 52 indicators.
- Of the 70 indicators, 31 are interim or proxy indicators.
- Assessing and improving the quality of reporting by Indigenous status and SES is a priority:
  - 19 of 52 reported indicators could not be reported by Indigenous status
  - 16 of 52 reported indicators could not be reported by SES.
- Data sourced from Medicare are disaggregated by Indigenous status for this report (relevant to five indicators). Indigenous identification in the Medicare data set is voluntary, and the data have been subject to an adjustment factor to correct for Indigenous under identification. Improved collection of Indigenous status will reduce potential bias associated with these adjustments.
- Of the 52 performance indicators reported against with new data, current year data (2009 or 2009-10) were available for 24 indicators; and data with one year lag (2008-09) were available for 21 indicators. Seven indicators were lagged two years or more. While the timeliness of data supply has improved for a number of performance indicators (including three key hospital-related indicators), further work is required to ensure availability of more timely data.
- Three performance indicators included new data for this report sourced from an annual sample survey, which may not be able to assess change over time due to small annual changes relative to the size of sample errors.
- Multiple data sources have been used to construct measures for some indicators in this report. Comments on the comparability of different data sources within a measure have been provided where applicable.

Changes from the previous National Healthcare Agreement performance report

The CRC recommended changes to indicators in their first NHA report to COAG (CRC 2010). This is consistent with the CRC's role under the IGA that 'the [CRC] may advise on where changes might be made to the performance reporting framework' [IGA para. C30]. The CRC report, including these recommendations, was submitted to COAG on 30 April 2010. COAG has yet to endorse the report.

In anticipation of COAG's endorsement of the CRC recommendations, and following additional requests directly from the CRC, the Steering Committee has made a number of changes for the second cycle of NHA reporting (table 1). More detailed information on these changes are provided in the discussion of each indicator in the sections on 'Performance benchmarks' and 'Performance indicators'.

In general, this report only includes new data that were not included in the baseline report. However, where there has been a change in indicator, measure or data collection, data for previous years have been reported where possible, to provide a consistent time series.

Table 1 Changes from the previous NHA performance report

Indicator	*Change*
NHA Benchmark 2(a); Performance indicators 1, 2, 4, 9, 10, 11, 12, 13, 21, 22, 23, 24, 25, 27, 28, 29, 30, 32, 33, 34, 35, 41, 42, 43, 45, 47, 48, 52, 54, 56, 57, 62	• Where socioeconomic status is reported by the Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD), data are presented nationally by deciles where this is supported by data quality
NHA Benchmark 3(c) — Hospital and related care: the rate of *Staphylococcus aureus* (including MRSA) bacteraemia is no more than 2.0 per 10 000 occupied bed days for acute care public hospitals by 2011-12 in each State and Territory	• Reported for the first time in this report
NHA Indicator 14 — Waiting times for GPs	• Reported for the first time in this report
NHA Indicator 16 — People deferring access to GPs, medical specialists or prescribed medications due to cost	• Reported for the first time in this report
NHA Indicator 19 — Infant and young child mortality rate	• Australian totals disaggregated by Indigenous status only include data for those jurisdictions with Indigenous identification data of acceptable quality • Single year data reported for time series analysis at the national level • Revised data for 2007 included in the report
NHA Indicator 20 — Potentially avoidable deaths	• Australian totals disaggregated by Indigenous status only include data for those jurisdictions with Indigenous identification data of acceptable quality • Revised data for 2007 included in the report
NHA Indicator 22 — Selected potentially preventable hospitalisations	• There is a break in the time series between 2007-08 and 2008-09 due to changes between ICD-10-AM 5th edition and ICD-10-AM 6th edition and the associated Australian Coding Standard
NHA Indicator 25 — Specialist services	• The title of the indicator has been amended to reflect that the measure includes specialist services claimed through MBS and DVA
NHA Indicator 39 — Healthcare-associated *Staphylococcus aureus* (including MRSA) bacteraemia in acute care hospitals	• A new specification was developed for both the performance indicator and benchmark, and the indicator is expressed as a rate.
NHA Indicator 49 — Residential and community aged care places per 1000 population aged 70+ years	• The scope of the programs reported on by the indicator has been expanded

(Continued next page)

Table 1 **(continued)**

Indicator	*Change*
NHA Indicator 52 — Falls in residential aged care resulting in patient harm and treated in hospital	• The measure is presented as a rate
NHA Indicator 57 — Hospital patient days used by those eligible and waiting for residential aged care	• An interim specification is presented as a rate. Scope expanded to include all overnight separations
NHA Indicator 58 — Patient satisfaction/experience	• Reported for the first time in this report
NHA Indicator 59 — Age-standardised mortality by major cause of death	• The presentation was amended to align with the NIRA performance report — PI 2
NHA Indicator 69 — Cost per casemix adjusted separation	• Historical data are presented in real and constant prices

Context for National Healthcare Agreement performance reporting

The overarching objective of the NHA is ‘improving health outcomes for all Australians and the sustainability of the Australian health system’ [NHA para. 12]. The NHA identifies the long-term objectives of Commonwealth, State and Territory governments as:

(a) Prevention: Australians are born and remain healthy

(b) Primary and community health: Australians receive appropriate high quality and affordable primary and community health services

(c) Hospital and related care: Australians receive appropriate high quality and affordable hospital and hospital related care

(d) Aged care: Older Australians receive appropriate high quality and affordable health and aged care services

(e) Patient experience: Australians have positive health and aged care experiences which take account of individual circumstances and care needs

(f) Social inclusion and Indigenous health: Australia’s health system promotes social inclusion and reduces disadvantage, especially for Indigenous Australians

(g) Sustainability: Australians have a sustainable health system [NHA para. 13].

Underlying these objectives are a number of outcomes [NHA para. 16]:

- Prevention
  - Children are born and remain healthy
  - Australians have access to the support, care and education they need to make healthy choices
  - Australians manage the key risk factors that contribute to ill health
- Primary and community health
  - The primary healthcare needs of all Australians are met effectively through timely and quality care in the community
  - People with complex care needs can access comprehensive, integrated and coordinated services
- Hospital and related care

  - Australians receive high quality hospital and hospital related care that is appropriate and timely
- Aged care
  - Older Australians receive high quality, affordable health and aged care services that are appropriate to their needs and enable choice and seamless, timely transition within and across sectors
- Patient experience
  - All Australians experience best practice care suited to their needs and circumstances informed by high quality health information
  - Patients experience seamless and safe care when transferring between settings
- Social inclusion and Indigenous health
  - Indigenous Australians and those living in rural and remote areas or on low incomes achieve health outcomes comparable to the broader population
- Sustainability
  - Australians have a sustainable health system that can respond and adapt to future needs.

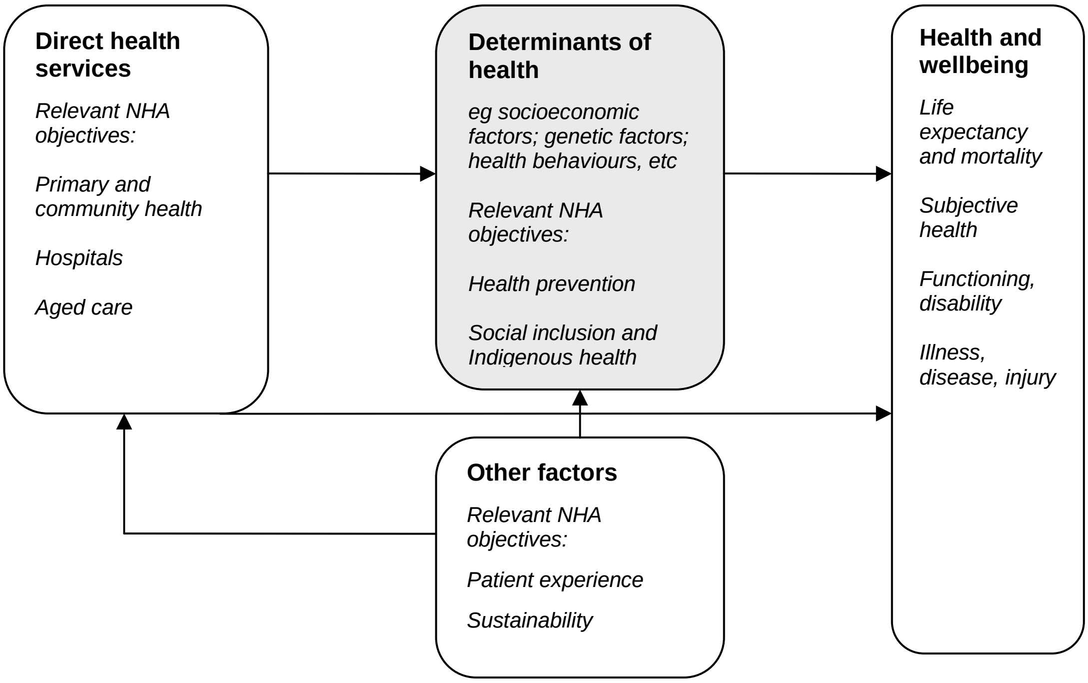
Overview of the health sector in Australia

Due to the large size and scope of the health sector, the information provided in this section focuses on a broad overview of the key factors that should be considered in interpreting the performance of Australia's health sector.

The factors that contribute to good health outcomes are complex and have multiple causal links. Health services — such as those delivered by general practitioners (GPs) and hospitals — have a role in preventing illness and improving the health of those who use the services. However, a range of individual factors — such as diet, weight, genetics and exercise — also contribute to health outcomes. Governments and society can influence some of these determinants of health (for example, through vaccinations which prevent infectious diseases or programs supporting smokers to quit).

A simplified presentation of the interactions between the determinants of health, health services and other factors, such as patient experience and health system sustainability, is shown in figure 2. This figure also identifies the conceptual location of NHA objectives in the healthcare system.

Figure 2 **Health and health system interactions**



Source: Adapted from AIHW (2010a) *Australia's Health 2010.*

An overview of health services in Australia can be found in the *Report on Government Services 2010*, Health Preface (SCRGSP 2010a) (the 2011 Report, due for release on 28 January 2011, will contain updated information). The Health Preface in the *Report on Government Services* outlines government roles and responsibilities, funding arrangements, and the size and scope of the health sector. It also provides some contextual information for Indigenous health issues.

Responsibility for healthcare

Health services are administered through a mixture of private and public providers. The Australian Institute of Health and Welfare (AIHW) classifies health services into government delivered, mixed private and public services, and private sector services (AIHW 2010a). This is illustrated in table 2.

Table 2 **Responsibility for health services**

Service	*Service Delivery Responsibility*
Public hospitals	• State and Territory governments • Private under contract
Private hospitals	• Private sector
Community and public health	• State and local government • Mixed private and public sectors
Dental services	• Mixed private and public sectors
Other (eg patient transport and aids, physiotherapists and psychologists)	• Mixed private and public sectors
Medical services	• Private sector
Medications	• Private sector
Administration and research	• Mixed private and public (including universities)

Source: AIHW (2010a) *Australia's Health 2010.*

Expenditure on healthcare

The healthcare system is a substantial component of Australia's economic output (9.0 per cent of GDP in 2008-09). Of the $112.8 billion in healthcare expenditure in 2008-09, the Australian Government provided $48.7 billion or 43.2 per cent, the states, territories and local government provided $29.8 billion or 26.4 per cent, and the non-government sector provided $34.3 billion or 30.4 per cent (AIHW 2010b). Funding of health services by expenditure area is summarised in table 3.

Table 3 Total health expenditure, by area of expenditure and source of funds, current prices, 2008-09 ($ million)[a, b, c]

Area of expenditure	*Government funding*			*Non-government*[d]	*Total*
	Australian government	State and local government	Total		
Total hospitals	15 681	18 343	34 025	7 764	41 789
Public hospitals[e]	12 791	17 985	30 775	2 647	33 422
Private hospitals	2 891	359	3 250	5 117	8 366
Medical services	15 474	–	15 474	4 346	19 820
Dental services	907	625	1 532	5 183	6 715
Patient transport, aids and other health practitioners	1 968	1 554	3 522	5 562	9 084
Community health and other[f]	729	4 615	5 344	213	5 557
Public health	1 167	969	2 136	129	2 265
Medications	7 826	–	7 826	7 381	15 206
Administration and research	4 402	1 014	5 416	1 263	6 679
Total recurrent funding	**48 155**	**27 120**	**75 275**	**31 840**	**107 116**
Capital expenditure	96	2 695	2 791	2 909	5 700
Total health funding[g]	**48 251**	**29 815**	**78 067**	**34 749**	**112 816**
Non-specific tax expenditure	483	..	483	- 483	–
Total health funding	**48 734**	**29 815**	**78 549**	**34 267**	**112 816**

[a] This table shows funding provided by the Australian Government, State and Territory governments and local government authorities and by the major non-government sources of funding for health care. It does not show total expenditure on health goods and services. [b] Totals may not add due to rounding [c] Some data in this table have been updated in related performance indicators. [d] Includes expenditure on health goods and services by workers compensation and compulsory third-party motor vehicle insurers, as well as other sources of income (for example, rent, interest earned) for service providers. [e] Public hospital services exclude certain services undertaken in hospitals. Can include services provided off-site, such as hospital in the home, dialysis or other services. [f] 'Other' denotes 'other recurrent health services not elsewhere classified'. [g] Total health funding has not been adjusted to include non-specific tax expenditure as funding by the Australian Government. – Nil or rounded to zero. .. Not applicable.

Source: AIHW (unpublished) Health expenditure database.

Overview of the health of the Australian population

Australians have among the highest life expectancy in the world (third highest in 2007 behind Japan and Switzerland), with male life expectancy at birth of 79.0 years and female life expectancy at birth of 83.7 years (OECD 2010). Life expectancy is the average number of years that a person can expect to live if the current age specific mortality rates continue (AIHW 2010a). Further data on life expectancy (including data for 2008 and information on Indigenous life expectancy) is available at NHA PI 18.

Premature mortality — which is related to life expectancy — provides useful comparative information on the effectiveness of the health system, by measuring the rate of deaths of people aged under 70.[1] An individual dying at the age of 69 is equivalent to one potential year of life lost (PYLL). An individual dying at age three, would be equal to 67 PYLL. Comparative information across OECD countries shows that Australia ranked 9th highest in OECD countries on this measure, though above the OECD average (a higher ranking indicates fewer years of life lost). Some caution needs to be exercised in interpreting these data, as factors outside the control of the health system, such as homicides, can affect PYLL measures. However, other factors such as infant mortality are key contributors to PYLL (OECD 2010) suggesting that this measure is important in understanding, at least in part, the effect of health-related premature mortality.

A single summary measure of population health which takes into account both illness and death is 'disability-adjusted life years' (DALYs). The DALY is the sum of years of life lost due to premature death and the 'healthy years' of life lost due to disability. In 2010, it is estimated that cancers (19 per cent of total DALYs) were the leading contributor to the burden of disease, followed by cardiovascular disease (16 per cent), nervous system disorders (13 per cent), and chronic respiratory diseases (7 per cent) (AIHW 2010a).

NHA Objectives

This section examines elements of the healthcare system categorised according to the seven objectives of the NHA.

Prevention

The long-term objective of prevention in the NHA is that 'Australians are born and remain healthy' [NHA para. 13]. Prevention in relation to healthcare is defined as 'action to reduce or eliminate the onset, causes, complications or recurrence of disease' (Russell et al 2008). It represents interventions that reduce illness, disease and injury, and the associated costs and reduced productivity, for the longer term.

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[1] This definition is used by the OECD for its internationally comparable tables. The AIHW uses a benchmark of age 75 to measure potential years of life lost.

However, the health of individuals and populations is influenced and determined by many factors, which act in various combinations (AIHW 2010a). These factors include people's behaviours, genetics, environment and socioeconomic characteristics (AIHW 2010a). Only some of these factors can be influenced by governments, either at an individual or community level.

The determinants of health can be analysed from the point of view of 'risk factors' and/or 'protective factors'. Risk factors are factors that increase the risk of ill health (for example, tobacco smoking), while protective factors are factors that decrease the risk of ill health (for example, good nutrition) (Giskes et al 2002).

Health prevention includes population based prevention approaches (generally broad-based) and preventative healthcare. Population based prevention approaches aim to reduce disease and illness through interventions at the community level which attempt to prevent the onset of illness, such as reducing the prevalence of risk factors. Preventative healthcare includes medical interventions which reduce the progression of disease or illness (such as effective management of diabetes). The prevention indicators in the NHA focus on population-based prevention.

The National Preventative Health Taskforce Strategy report (2009) recommended a range of interventions aimed at reducing the chronic disease burden associated with three lifestyle risk factors — obesity, tobacco and alcohol. The Strategy set a number of ambitious targets to be achieved by 2020:

- halt and reverse the rise in overweight and obesity
- reduce the prevalence of daily smoking to 10 per cent or less
- reduce the proportion of Australians who drink at short-term risky/high-risk levels to 14 per cent, and the proportion of Australians who drink at long-term risky/high-risk levels to seven per cent
- contribute to the 'Close the Gap' target for Indigenous Australians, reducing the life expectancy gap between Indigenous and non-Indigenous Australians (NPHT 2009).

The Strategy complements the COAG National Partnership Agreement on Preventive Health (COAG 2008a). The National Partnership Agreement has been established to address the rising prevalence of lifestyle related chronic diseases, by:

- laying the foundations for healthy behaviours in the daily lives of Australians through social marketing efforts and the national roll out of programs supporting healthy lifestyles; and

- supporting these programs and the subsequent evolution of policy with the enabling infrastructure for evidence-based policy design and coordinated implementation (COAG 2008a).

The indicators for the prevention objective in the NHA focus on understanding and managing the key risk factors that are modifiable, including early detection. For example, although age is a major risk factor for many health conditions, it is not modifiable, whereas tobacco smoking is modifiable. However, socioeconomic circumstances or living environments can constrain some Australians from making healthy life choices (see, for example, Glover et al 2004). Research suggests that a social gradient in health prevention is evident for both ‘risk’ factors and ‘protective’ factors (Giskes et al 2002, White et al 2003).

There are numerous links between preventative healthcare and other objectives of the NHA. For example, trends in the extent of children’s hearing loss can provide information on whether prevention is having a longer term impact.

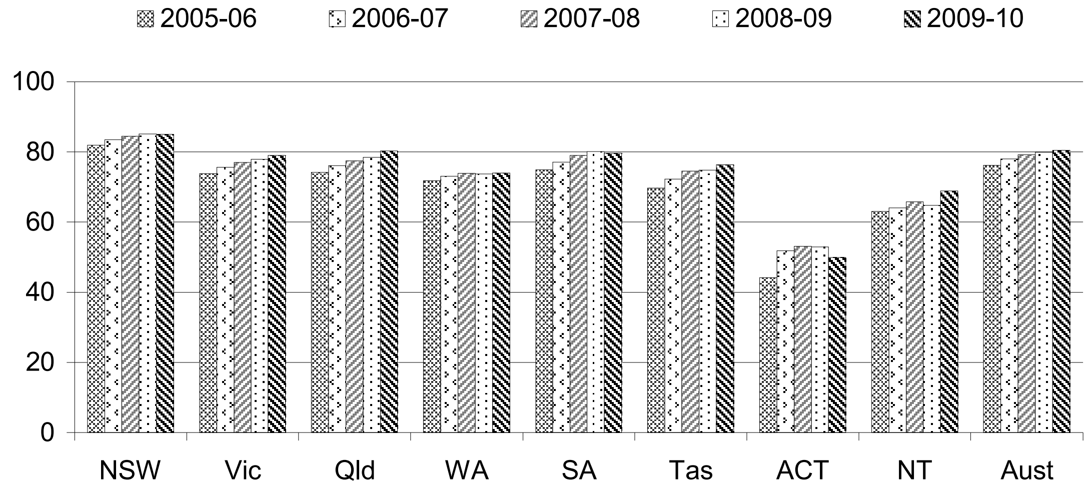
Primary and community health

The long-term objective of primary and community health is that ‘Australians receive appropriate high quality and affordable primary and community health services’ [NHA para. 13]. Primary and community healthcare services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings. These include general practice, community health services, allied health, the Pharmaceutical Benefits Scheme (PBS) and dental services. The primary and community health sector is the part of the healthcare system most frequently used by Australians. It contributes to preventative health care, and is important in the detection and management of illness and injury, through direct service provision and referral to acute (hospital) or other healthcare services as appropriate (SCRGSP 2010a).

Efficiency of the health care system is heavily dependent on primary healthcare to ensure that individuals progress to other parts of the system only when required (Duckett 2007). Access to general services can influence the use of other, more costly services. For example, perceived or actual lack of access to GP services can lead to presentations at emergency departments for conditions better managed in the primary and community health sector (Van Konkelenberg et al 2003).

Accessibility of GP care can be influenced by factors including affordability and geographic isolation. Bulk-billing rates can be used to provide an indication of affordability of GP care (figure 3). The geographic location of GPs can provide an indication of accessibility for people living in remote areas — data for 2009-10 is provided in table 4, and data for 2008-09 are available in tables NHA.C.3-C.4.

Figure 3 **Non-referred attendances that were bulk billed (per cent)**[a]



[a] Data include non-referred attendances undertaken by general practice nurses.

Source: Department of Health and Ageing (DoHA) (unpublished) Medicare data.

Table 4 **GPs per 100 000 population, by State and Territory, by remoteness, 2009-10**[a]

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Major cities									
Number	119	119	126	112	136	..	113	..	121
FTE	102	92	96	75	99	..	68	..	95
Inner regional									
Number	120	118	110	87	127	163	np	..	119
FTE	86	84	88	64	83	92	np	..	85
Outer regional									
Number	97	111	123	123	140	91	..	127	114
FTE	67	79	78	73	89	67	..	57	74
Remote									
Number	np	np	198	126	153	192	..	253	162
FTE	np	np	59	53	78	77	..	54	64
Very remote									
Number	np	..	301	147	np	np	..	np	238
FTE	np	..	50	37	np	np	..	np	47
Total									
Number	**118**	**119**	**126**	**111**	**136**	**140**	**113**	**183**	**121**
FTE	**97**	**90**	**90**	**72**	**95**	**83**	**68**	**56**	**90**

[a] For data quality and confidentiality reasons, figures for the following areas have been combined: outer regional, remote and very remote in NSW; outer regional and remote in Victoria; remote and very remote in South Australia, Tasmania and NT; and major cities and inner regional in the ACT. **np** Not published. .. Not applicable. **FTE** full time equivalent.

Source: DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009; tables NHA.C.1-C.2.

Output measures of primary care service use are provided in NHA PIs 24–29, for GPs, specialists, dentists, optometrists and community mental health.

More information on government roles and responsibilities, funding arrangements, and size and scope of the primary and community health sector can be found in the *Report on Government Services 2010*, chapter 11, Primary and community health (SCRGSP 2010a).

Hospital and related care

The long-term objective of hospital and related care is that ‘Australians receive appropriate high quality and affordable hospital and hospital related care’ [NHA para. 13]. Hospitals are key health institutions in Australia, accounting for around one-third of health expenditure, and also contributing to professional education (Duckett 2007).

The hospital sector is comprised of 83 944 beds (in 2008-09), 67 per cent of which were in public hospitals and 33 per cent in private hospitals. This means there were 2.5 public and 1.2 private hospital beds per 1000 people in the population (DoHA 2010).

- Public hospitals are created under State and Territory legislation and are operated by government or a third party and provide services free of charge to eligible patients. These hospitals range in size from large metropolitan hospitals with a variety of specialist services to small community hospitals.
- Private hospitals are privately owned and operated and are a mixture of for-profit and not-for-profit entities, and range in size and scope of services available. Services are provided on a fee-for-service basis.

The breakdown of hospitals at June 2009 is illustrated in table 5. The number of hospital beds for each jurisdiction is provided in table 6.

Table 5 **Number of hospitals, by hospital type, June 2009 (number)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Public hospitals									
Public acute	219	148	166	93	78	25	3	5	737
Public psychiatric	8	1	4	1	2	3	–	–	19
Total public	**227**	**149**	**170**	**94**	**80**	**28**	**3**	**5**	**756**
Private hospitals									
Private free standing day surgeries	89	74	53	29	28	2	9	1	285
Private other	84	75	53	23	30	7	3	1	276
Total private	**173**	**149**	**106**	**52**	**58**	**9**	**12**	**2**	**561**
Total	**400**	**298**	**276**	**146**	**138**	**37**	**15**	**7**	**1 317**

– Nil or rounded to zero.

Source: DoHA (2010) *The State of Our Public Hospitals*.

Table 6 Public and private hospital average available beds and number of average available beds per 1000 population, by State and Territory, 2008-09[a, b]

	Unit	*NSW*	*Vic*	*Qld*[c]	*WA*	*SA*	*Tas*[d]	*ACT*	*NT*	*Aust*
Public hospitals										
Number of beds in public acute hospitals	no.	18 844	12 715	10 347	5 155	4 600	1 196	875	606	54 338
Number of beds in public psychiatric hospitals	no.	961	154	458	214	274	79	..	..	2 140
Public acute beds per 1000 population	rate	2.7	2.4	2.4	2.3	2.9	2.4	2.5	2.7	2.5
Public psychiatric beds per 1000 population	rate	0.1	–	0.1	0.1	0.2	0.2	..	..	0.1
Private hospitals[e]										
Number of beds in private free-standing hospitals	no.	644	589	411	294	150	9	64	7	2 168
Number of beds in other private hospitals	no.	6 070	6 802	6 003	2 815	2 158	1 026	327	97	25 298
Private free-standing hospital beds per 1000 population	rate	0.1	0.1	0.1	0.1	0.1	–	0.2	–	0.1
Other private hospital beds per 1000 population	rate	0.9	1.3	1.4	1.3	1.3	2.1	0.9	0.4	1.2
Total										
Number of beds	**no.**	**26 519**	**20 260**	**17 219**	**8 478**	**7 182**	**2 310**	**1 266**	**710**	**83 944**
Beds per 1000 population	**rate**	**3.8**	**3.8**	**4.0**	**3.8**	**4.5**	**4.6**	**3.6**	**3.2**	**3.9**

[a] The number of average available beds presented here may differ from the counts published elsewhere. For example, counts based on bed numbers at a specified date such as 30 June may differ from the average available beds over the reporting period. [b] Average available beds per 1000 population is reported as a crude rate based on the estimated resident population as at 31 December 2008. [c] The count of private hospitals and licensed beds in Queensland was based on data as at June 2009. [d] Mersey community hospital is included in Other private hospitals. [e] Information on private hospital bed numbers was mainly provided by states and territories. Information on the number of Private free-standing day hospital facilities beds for NSW, SA and the NT was sourced from the DoHA. – Nil or rounded to zero. .. Not applicable.

Source: AIHW (2010c), *Australian Hospital Statistics 2008-09*, Cat. no. HSE 84, Canberra.

Hospitals provide different services depending on where they are located, their size, and the way in which they are funded (DoHA 2010). Further, defining the concept of a ‘hospital’ is becoming more difficult as the nature of acute health services changes (for example, patients being cared for in the community with hospital support, and previously complex procedures no longer requiring overnight stays). Public hospitals can be broadly categorised into similar groups called peer groups.

These peer groups are based on a range of factors including the range of admitted patient activity and geographical location. Examining peer groups allows for more meaningful comparisons (AIHW 2010a).

Most hospital resources are used to provide care for admitted patients. In 2008-09, on average around 22 000 Australians a day were admitted to hospital. There were also around 134 000 non-admitted services provided per day (such as provision of emergency department services and outpatient clinics) (AIHW 2010a). Non-admitted patient care accounted for around 19 per cent of hospital expenditure in 2007-08 (AIHW 2010b).

The *Report on Government Services 2010*, chapter 10, Public hospitals (SCRGSP 2010a), contains more information on government roles and responsibilities, funding arrangements, and size and scope of public hospitals (the *Report on Government Services 2011* is due to be released on 28 January 2011). *Australian Hospital Statistics 2008-0*9 (AIHW 2010c) contains additional descriptive information on Australia's public and private hospitals.

Aged care

The long-term objective of aged care is that 'older Australians receive appropriate high quality and affordable health and aged care services' [NHA para. 13]. There are two types of formal aged care services provided under the Australian aged care system — residential aged care homes and community care services.

- Residential aged care homes provide full time care in purpose-built aged care homes owned by the care provider.
- Community care services provide older people with care in their own homes from visiting care providers. Community care services include Home and Community Care (HACC) program services (which also provide services to younger people with disability), Community Aged Care Packages (CACPs), the Extended Aged Care at Home (EACH) program, the EACH Dementia program, the Transition Care Program (TCP), the Department of Veterans' Affairs Veterans' Home Care (VHC) and Community Nursing programs (DoHA 2008, SCRGSP 2010a).

These 'formal' care services are separate to the 'informal' care and support provided by family and friends.

The Productivity Commission (2005) identified four factors that will influence the level of government expenditure on aged care services in the future:

- growth in the number of aged persons (in particular, the number of people over 80 years of age)
- disability levels within the aged population
- changes in the care mix from institutional residential care to care in the community (formal and informal)
- changes in the average cost of care per person.

The Commonwealth Treasury estimates that aged care spending by the Australian Government will increase from approximately 0.8 per cent of GDP in 2009-10 to 1.8 per cent in 2049-50. This is largely due to expected increased spending on residential aged care, driven primarily by an expected quadrupling of the number of people aged over 85 years (Commonwealth of Australia 2010).

Currently, approximately two million Australians are aged 70 years or over, with this figure projected to double by 2029 (ABS 2009). On average, the number of operational residential aged care places has been increasing by one per cent per year. However, this growth has not matched the rate of growth in the aged population, meaning that residential aged care is progressively catering for a smaller proportion of the elderly (AIHW 2004).

In 2005, the OECD reported that the future demand for long-term residential care will not only be driven by the ageing population, but a number of other factors (OECD 2005). These factors — which include levels of informal care, levels of health, rates of disability and life expectancy — could improve the capacity of ageing people to live independently or within their community, and consequently change the current demographic projections for future needs. *Australia's Health 2010* (AIHW 2010a) contains additional information on the nature of these factors in the Australian context.

More information on government roles and responsibilities, funding arrangements, and size and scope of the aged care sector can be found in the *Report on Government Services 2010*, chapter 13, Aged care services (SCRGSP 2010a).

Patient experience

The long-term patient experience objective is that 'Australians have positive health and aged care experiences which take account of individual circumstances and care needs' [NHA para 13].

While the objective and outcomes identified in the NHA refer to patient ‘experience’, the progress measure refers to patient ‘satisfaction’. Although the terms are often used interchangeably, they represent different concepts.

Patient experience usually refers to patients’ self-evaluation of the quality of care they received, based on patients’ perceptions of what happened to them, rather than how satisfied they were with what happened. There is considerable evidence that patient experience data provide more meaningful information about the quality of healthcare delivery than patient satisfaction data (Jenkinson et al 2002).

Patient experience surveys currently in use include the ABS Patient Experience Survey, the Commonwealth Fund International Health Policy Survey (Commonwealth Fund Survey), the Picker Survey, and various surveys designed to meet the needs of specific stakeholders such as State and Territory governments and private health insurers (box 2).

Meeting the healthcare needs of individuals is complex, and several aspects of care influence patient health and wellbeing outcomes. Measuring performance around specific aspects of care allows identification of areas for improvement, while global measures provide higher level information about general experience. For the purposes of NA reporting, with its focus on high level outcomes, global measures of experience may be more relevant, potentially supported by a limited number of measures of key aspects of care.

In order to improve specific aspects of service delivery, the aspects of care for which patient experience should be measured should be based on criteria such as:

- what aspects of care are key contributors to patient outcomes
- what aspects of care are readily modified
- what experiences of the key aspects of care are associated with improved patient outcomes.

Box 2 **Patient experience surveys**

The ABS Patient Experience Survey, published for the first time in July 2010, provides national data on access and barriers to, as well as satisfaction with, a range of health care services including general practitioners, specialists and other health professionals, imaging and pathology, after hours care and hospital/emergency visits. The ABS is currently redeveloping the survey to encompass a broader range of satisfaction indicators for publication in early 2012.

The Commonwealth Fund Survey collects internationally comparable data on patient experience of overall care and key aspects of care. Data are collected every three years through a general population survey, most recently in 2010. The current sample size does not support reliable estimates at State and Territory level (n=2000 for 2010), but the estimates will allow for some reporting at the national level. The Australian Commission on Safety and Quality in Health Care (ACSQHC) partnered with the Commonwealth Fund on the 2010 survey.

States and territories are increasingly using patient experience surveys, many based on the Picker Survey (for example, NSW). State and Territory surveys tend to sample service users rather than the general population, and include only services for which State and Territory governments are responsible (excluding, for example, private hospitals and general practitioners). Use of surveys remains inconsistent across states and territories and cannot provide nationally comparable data.

The Picker Survey lists eight key areas for measuring patient experience: access to care; respect for patients' preferences; information and education; physical comfort; emotional support; involvement of family and friends; continuity of transition; and, coordination of care.

Social inclusion and Indigenous health

The long-term objective of social inclusion and Indigenous health is that 'Australia's health system promotes social inclusion and reduces disadvantage, especially for Indigenous Australians' [NHA para. 13]. Social inclusion can be broadly defined as '… Australians have the opportunity and support they need to participate fully in the nation's economic and community life, develop their own potential and be treated with dignity and respect' (Department of Prime Minister and Cabinet 2009).

In Australia, there are significant health inequalities across population groups, based on factors including gender, geography, ethnicity and socioeconomic status (Duckett 2007). Across groups, exposure to risk factors known to influence health — including smoking, high blood pressure, the use of health and illness prevention services, and health knowledge, attitudes and behaviours — varies significantly

(ASIB 2009). A range of factors is associated with these health inequalities, the most significant including disadvantages in relation to education level, occupation, income, employment status and area of residence (ASIB 2009).

While data support the conclusion that health outcomes are related to a social gradient, the causal effects are complex and multi-directional. Poor socioeconomic circumstances, for instance, are associated with higher prevalence of health risk factors (such as smoking and obesity) and lower prevalence of preventative factors (such as consuming fresh fruit and vegetables) (see discussion in the prevention section). Social exclusion — through financial barriers or limited access due to remoteness — can also act as a barrier to accessing appropriate healthcare across the primary care and hospital sectors (Duckett 2007). Similarly, poor health can also act as a barrier to engaging in paid employment and social interaction, therefore accentuating social exclusion.

Health inequalities are also evident across a range of outcomes including incidence of illness and injury, life expectancy and mortality rates. In particular, Indigenous Australians experience higher rates of physical and mental illness and disability relative to non-Indigenous Australians. Indigenous disadvantage is apparent across many of the dimensions discussed above, such as health risk and preventative factors, access to services, income, and physical access to services (SCRGSP 2009a). The NHA indicators in this section focus on major areas of Indigenous disadvantage, such as mortality rates.

Further information on the association between social exclusion (based on socioeconomic status, remoteness and Indigenous status) and health status, are provided through cross-tabulation of performance indicator data across the NHA, where data are of acceptable quality.

More contextual information on Indigenous health issues can be found in the *Overcoming Indigenous Disadvantage — Key Indicators 2009,* chapter 7, Healthy lives (SCRGSP 2009a). The Steering Committee reports on the National Indigenous Reform Agreement (SCRGSP 2009b; SCRGSP 2010b) also provide additional information on the health of Indigenous Australians.

Sustainability

A long-term objective of the NHA is that ‘Australians have a sustainable health system’ [NHA para. 13]. In this context, sustainability refers to having adequate resources to meet the needs of the population today and into the future.

A range of factors can affect the long-term sustainability of the health system, including community demographics, the burden of disease, models of delivering care, community expectations and the health workforce (DoHA 2009a, NHHRC 2009). The AIHW reports that, over the decade to 2007-08, health expenditure increased in real terms by 5.2 per cent per annum (AIHW 2010a). This is well above the rate of inflation, and indicates that health is an increasingly large component of total economic activity in Australia. Recent projections suggest that Australian Government health expenditure will rise from four per cent of GDP in 2009-10 to over seven per cent in 2049-50 (Commonwealth of Australia 2010). The estimated increase in health expenditure is expected to be driven by the ageing population, a higher standard of care and technological innovation (Commonwealth of Australia 2010). Other factors likely to increase health expenditure include other demographic changes (increased fertility and migration), the incidence of chronic disease, shortages of health professionals and higher incomes (PC 2005).

Governments may be able to affect health outcomes directly by changing the level of resources devoted to the health care system. However, the extent to which increases in resources lead to improvements in health outcomes is not certain. There does not appear to be a strong relationship between total health expenditure and health outcomes across OECD countries (Wilkie and Young 2009). However, these findings typically measure outcomes through high level measures, such as life expectancy, which may mask improvement to other aspects of health, such as reducing the total burden of disease. Appropriate preventative health care can improve sustainability by reducing levels of preventable illness and disease.

Financial indicators in the NHA focus on the significance of program, and research and development expenditure in recurrent health expenditure, and government capital expenditure on health and aged care facilities.

Resources also encompass human resources, through adequate future supply of health practitioners. Practitioner numbers depend on an adequate supply of suitably trained workers across a range of health domains and the retention of these workers in the health system. Contemporary discussion on human resources focuses on two aspects: (a) the extent to which the supply of healthcare professionals is achieved through training, and (b) workforce participation and worker retention, influenced by factors such as burnout, stress and occupational health and safety issues (Carson and Fearnley 2010). Workforce indicators in the NHA focus on growth in the health workforce and clinical training positions.

Performance benchmarks

The CRC has requested the Steering Committee to report against the performance benchmarks identified in the NAs. For the NHA, the performance benchmarks are grouped into four areas:

1. Prevention
   - (a) reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate for people aged 25 years and over of 7.1 per cent) within 15 years
   - (b) by 2018, reduce the national smoking rate to 10 per cent of the population and halve the Indigenous smoking rate
   - (c) by 2017, increase by five percentage points the proportion of Australian adults and Australian children at a healthy body weight, over the 2009 baseline
2. Primary care
   - (a) by 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions
3. Hospital and related care
   - (a) within five years implement a nationally consistent approach to activity-based funding for public hospital services, which also reflects the Community Service Obligations for small and regional hospital services
   - (b) by 2012, 80 per cent of emergency department presentations are seen within clinically recommended triage times as recommended by the Australian College of Emergency Medicine
   - (c) the rate of *Staphylococcus aureus* (including MRSA) bacteraemia is no more than 2.0 per 10 000 occupied bed days for acute care public hospitals by 2011-12 in each State and Territory
4. Social inclusion and Indigenous health
   - (a) close the life expectancy gap for Indigenous Australians within a generation
   - (b) halve the mortality gap for Indigenous children under five within a decade [NHA para. 29].

Outlined below are the performance benchmarks, any associated issues, and data for the current reporting year. Links are provided to the related NHA outcome and, where relevant, to the related performance indicator.

Performance benchmark 1(a) — Prevention: reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate, for people aged 25 years and over, of 7.1 per cent) within 15 years

Key amendments from first cycle of reporting:	No amendments have been made
Objective:	Australians are born and remain healthy
Interim measure:	Proportion of people with type 2 diabetes The measure is defined as: • *numerator* — number of persons with Type 2 diabetes aged 25 years or over • *denominator* — number of persons aged 25 years or over and is expressed as a *percentage*
Related performance indicator/s:	Performance indicator 17: Proportion of people with diabetes with HbA1c below 7 per cent Performance indicator 30: Proportion of people with diabetes with a GP annual cycle of care
Data source:	Nil
Data provider:	Nil
Data availability:	Nil
Baseline:	15 years from 2008-09
Cross tabulations provided:	Nil

Box 3 **Comment on data quality**

There are currently no available data for reporting against this benchmark.

The prevalence rate of 7.1 per cent is sourced from the AusDiab study (AusDiab 2001), which was conducted in 1999-2000, and was based on measured levels of diabetes (that is, diagnosed and previously undiagnosed cases).

It is important to capture both diagnosed and undiagnosed cases for comparative reporting of total type 2 diabetes prevalence. The AusDiab study found that for every diagnosed case of type 2 diabetes there was just over one undiagnosed case (a ratio of 1:1.1) in 1999-2000. However, it is not known whether this ratio still applies. The ABS will conduct the first Australian Health Survey (AHS) in 2011-12. The AHS comprises four components, including the National Health Measures Survey (NHMS) — a voluntary biomedical survey which is likely to be the vehicle for reporting on this performance benchmark in the future. (The NHMS incorporates the biomedical component of the former National Health Risk Survey, previously identified by the Steering Committee as the likely reporting vehicle for this benchmark).

The AHS will gather representative data from adults and children on a three-yearly cycle, and aims to include the NHMS in every second cycle (every six years). Results from the NHMS component of the AHW are anticipated to be available from May 2013, with data for the Indigenous population anticipated to be available from July 2013.

Performance benchmark 1(b) — Prevention: by 2018, reduce the national smoking rate to 10 per cent of the population and halve the Indigenous smoking rate

Key amendments from first cycle of reporting:	No amendments have been made
Objective:	Australians are born and remain healthy
Measure:	Proportion of adults who are current daily smokers The measure is defined as: *numerator* — • number of adults who are a current daily smoker • number of Indigenous adults who are a current daily smoker *denominator* — • number of adults in the population • number of Indigenous adults in the population and is expressed as an *age standardised rate (per cent)*
Related performance indicator/s:	Performance indicator 6: Proportion of adults who are current daily smokers
Data source:	*Numerator and denominator* — ABS National Health Survey (NHS). Data are collected every three years. ABS National Aboriginal and Torres Strait Islander Social Survey (NATSISS). Data are collected every six years
Data provider:	ABS
Data availability:	(Total population) 2007-08 (NHS) [no new data available] (Indigenous status) 2008 NATSISS/2007-08 NHS [no new data available]
Baseline:	2007-08 For the Indigenous smoking rate, the baseline rate to be halved is for 2008
Cross tabulations provided:	Nil

Box 4 **Comment on data quality**

No new data were available for this report.

Data from the 2007-08 National Healthcare Survey (NHS) were included in the baseline report. The next NHS will be conducted in 2011-12 as part of the AHS. Results for the NHS component of the AHS are anticipated to be available in October 2012, with data for the Indigenous population (also collected as part of the AHS, through the National Aboriginal and Torres Strait Islander Health Survey) anticipated to be available from July 2013.

Performance benchmark 1(c) — Prevention: by 2017, increase by five percentage points the proportion of Australian adults and Australian children at a healthy body weight, over the 2009 baseline

Key amendments from first cycle of reporting:	No amendments have been made
Objective:	Australians are born and remain healthy
Measure:	Proportion of adults and children who are in the 'normal' body mass index (BMI) category The measure is defined as: *numerator* — • number of persons aged 18 years or over with a healthy body weight (BMI greater or equal to 18.5 and less than 25) • number of children aged 5–17 years with a healthy body weight as per appropriate age and sex BMI values. *[Steering Committee can provide the source of these values]* *denominator* — • number of persons aged 18 years or over • number of children aged 5–17 years and is expressed as *a directly age standardised rate (per cent)*
Related performance indicator/s:	Performance indicator 5: Proportion of people obese
Data source:	National Health Survey (NHS). Data are collected every three years
Data provider:	ABS
Data availability:	2007-08 [no new data available]
Baseline:	Baseline data for 2009 are not available. A baseline for 2007-08 was reported in the previous year's report to the CRC
Cross tabulations provided:	Nil

Box 5 **Comment on data quality**

No new data were available for this report.

Data from the 2007-08 National Health Survey (NHS) were included in the baseline report. The next NHS will be conducted in 2011-12 as part of the Australian Health Survey (AHS). Results for the NHS component of the AHS are anticipated to be available in October 2012.

Performance benchmark 2(a) — Primary care: by 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions

Key amendments from first cycle of reporting:	There is a break in the time series for acute conditions and chronic conditions between 2008-09 and 2009-10. Totals for all potentially preventable hospitalisations are not affected National data are disaggregated by SEIFA deciles
Objective:	Australians receive appropriate high quality and affordable primary and community health services

Interim measure:

There are two parts to this performance benchmark:

(1) Improved provision of primary care

(2) Reduced potentially preventable hospital admissions

For part (1) the measure is under development

For part (2), the measure is defined as:

- *numerator* — number of potentially preventable hospitalisations, divided into the following three categories and total:
  - vaccine-preventable conditions (for example, tetanus, measles, mumps, rubella)
  - acute conditions (for example, ear, nose and throat infections, dehydration/gastroenteritis)
  - chronic conditions (for example, diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease)
  - all potentially preventable hospitalisations
- *denominator* — total hospital separations

and is expressed as a *number* and *percentage*

There is a break in the time series for acute conditions and chronic conditions between 2008-09 and 2009-10. Totals for all potentially preventable hospitalisations are not affected.

Related performance indicator/s:	Performance indicator 22: Selected potentially preventable hospital admissions
Data source:	Numerator and denominator — Admitted Patient Care National Minimum Data Set. Data are collected annually
Data provider:	AIHW
Data availability:	2008-09

Baseline:	2006-07
Cross tabulations provided:	State and Territory (by categories and total) Nationally by SEIFA IRSD deciles

Box 6 **Results**

For this report, new data for this benchmark are available for 2008-09.

- Data by State and Territory are presented in table NHA.B.2A.1.
- Data by socio-economic status are presented in table NHA.B.2A.2.

Results for 2006-07 and 2007-08 are available in the baseline report.

Attachment tables

Table NHA.B.2A.1	Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2008-09
Table NHA.B.2A.2	Selected potentially preventable hospitalisations, by SEIFA, 2008-09

Box 7 **Comment on data quality**

Further information on the quality of the data used to inform this performance benchmark is contained in the comment on data quality for performance indicator 22 in the next section on ‘Performance indicators’.

Performance benchmark 3(a) — Hospital and related care: within five years implement a nationally consistent approach to activity based funding for public hospital services, which also reflects the Community Service Obligations for small and regional hospital services

Key amendments from first cycle of reporting:	No amendments have been made
Objective:	Australians receive appropriate high quality and affordable hospital and hospital related care
Measure:	No measure has been agreed for this performance benchmark.
Related performance indicator/s:	Nil
Data source:	To be developed
Data provider:	To be determined
Data availability:	To be developed
Baseline:	2008-09
Cross tabulations provided:	To be developed

Box 8 Comment on data quality

No measure has been agreed to report on this performance benchmark.

The implementation of an activity based funding (ABF) system is in accordance with timeframes outlined in the National Partnership Agreement on Hospital and Health Workforce Reform (COAG 2008b).

Development of an ABF methodology is due to be completed by 2013-14. Subject to COAG agreement, use of an activity based funding model would begin from 2014-15, with evaluation undertaken in the first year.

This work will also facilitate the Commonwealth meet its obligations under the 2010 National Health and Hospital Network Agreement.

Performance benchmark 3(b) — Hospital and related care: by 2012-13, 80 per cent of emergency department presentations are seen within clinically recommended triage times as recommended by the Australian College of Emergency Medicine

Key amendments from first cycle of reporting:	For the baseline report data were only available for 2007-08. For this second cycle of reporting both 2008-09 and 2009-10 data were available Data have been backcast to (a) incorporate a more accurate application of SEIFA and ARIA concordance tables and (b) ensure time series data are available using consistent specifications
Objective:	Australians receive appropriate high quality and affordable hospital and hospital related care
Interim measure:	Percentage of patients who are treated within national benchmarks for waiting times for each triage category in public hospital emergency departments For each triage category, the measure is defined as: • *numerator* — the number of presentations to public hospital emergency departments that were treated within benchmarks for each triage category • *denominator* — total presentations to public hospital emergency departments and is expressed as a *percentage* Calculated overall and separately for each triage category Triage categories are: • triage category 1: seen within seconds, calculated as less than or equal to two 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 Includes records with a Type of visit of *Emergency presentation* (SA also includes type of visit of *Not reported*) Excludes where episode end status is either *Did not wait* or *Dead on arrival*, or if the Waiting time to service is invalid Limited to public hospitals in peer groups A and B
Related performance indicator/s:	Performance indicator 35: Waiting times for emergency department care

Data source:	*Numerator and denominator* — AIHW National Non-admitted Patient Emergency Department Database. Data are collected annually.
Data provider:	AIHW
Data availability:	2008-09 and 2009-10
Baseline:	2007-08
Cross tabulations provided:	2009-10 and 2008-09 — Nationally, by Triage category, by • SEIFA IRSD deciles 2007-08, 2008-09 and 2009-10 — State and Territory, by Triage category, by: • peer group • Indigenous status • remoteness • SEIFA IRSD quintiles

Box 9 **Results**

New data for this benchmark are available for 2009-10 and 2008-09 (with additional disaggregations).

- Data by State and Territory are presented in tables NHA.35.1 (2009-10) and NHA.35.7 (2008-09).
- Data by peer group are presented in tables NHA.35.2 (2009-10) and NHA.35.7 (2008-09).
- Data by Indigenous status are presented in table NHA.35.3 (2009-10) and NHA.35.8 (2008-09).
- Data by remoteness are presented in table NHA.35.4 (2009-10) and NHA.35.9 (2008-09).
- Data by socioeconomic status are presented in tables NHA.35.5-35.6 (2009-10) and NHA.35.10-35.11(2008-09).

Data for 2007-08 included in the baseline report have been revised.

- Data by State and Territory are presented in table NHA.35.12.
- Data by hospital peer group are presented in NHA.35.12.
- Data by Indigenous status are presented in table NHA.35.13.
- Data by socioeconomic status are presented in table NHA.35.15.
- Data by remoteness are presented in table NHA.35.14.

Attachment tables

Table NHA.35.1	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2009-10
Table NHA.35.2	Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory, 2009-10
Table NHA.35.3	Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2009-10
Table NHA.35.4	Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory, 2009-10
Table NHA.35.5	Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2009-10
Table NHA.35.6	Patients treated within national benchmarks for emergency department waiting time, by triage category, by SEIFA, 2009-10
Table NHA.35.7	Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory, 2008-09
Table NHA.35.8	Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2008-09
Table NHA.35.9	Patients treated within national benchmarks for emergency department waiting time, by remoteness area, by State and Territory, 2008-09
Table NHA.35.10	Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2008-09
Table NHA.35.11	Patients treated within national benchmarks for emergency department waiting time, by triage category, by SEIFA, 2008-09
Table NHA.35.12	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2007-08
Table NHA.35.13	Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2007-08
Table NHA.35.14	Patients treated within national benchmarks for emergency department waiting time, by remoteness area, by State and Territory, 2007-08
Table NHA.35.15	Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2007-08

Box 10 **Comment on data quality**

Further information on the quality of the data used to inform this performance benchmark is contained in the comment on data quality for performance indicator 35 in the next section on ‘Performance indicators’.

Performance benchmark 3(c) — Hospital and related care: the rate of *Staphylococcus aureus* (including MRSA) bacteraemia is no more than 2.0 per 10 000 occupied bed days for acute care public hospitals by 2011-12 in each State and Territory

Key amendments from first cycle of reporting: Data were not available for this benchmark in the baseline report. Data are only available for the current reporting year of 2009-10, which will form the baseline reporting year.

Objective: Australians receive appropriate high quality and affordable hospital and hospital related care

Interim measure: *Staphylococcus aureus* (including Methicillin resistant *Staphylococcus aureus* [MRSA]) bacteraemia (SAB) associated with acute care public hospitals (excluding cases associated with private hospital and non-hospital care)

The measure is defined as:

- *numerator* — SAB patient episodes associated with acute care public hospitals. Cases associated with care provided by private hospitals and non-hospital health care are excluded
- *denominator* — number of patient days for public acute care hospitals (only for hospitals reporting SAB indicator)

and is expressed as a *rate per 10 000 patient days*

The definition of an acute public hospital is ‘all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospitals Establishment NMDS’

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

	Cases where a known previous blood culture has been obtained within the last 14 days are excluded
Related performance indicator/s:	Performance indicator 39: Healthcare-associated *Staphylococcus aureus* (including MRSA) bacteraemia in acute care hospitals
Data source:	State and Territory infection surveillance data Data are available annually
Data provider:	AIHW
Data availability:	2009-10
Baseline:	2009-10
Cross tabulations provided:	2009-10 — State and Territory by: • MRSA and Methicillin-sensitive *Staphylococcus aureus* (MSSA)

Box 11 **Results**

For this report, data are reported for the first time and are in respect of the 2009-10 reporting period.

- Data by State and Territory are presented in table NHA.39.1.
- Data by MRSA and MSSA are presented in table NHA.39.1

Data are not able to be backcast for the previous reporting cycle.

Attachment tables

Table NHA.39.1	Episodes of *Staphylococcus aureus* (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA, by State and Territory, 2009-10

Box 12 **Comment on data quality**

Further information on the quality of the data used to inform this performance benchmark is contained in the comment on data quality for performance indicator 39 in the next section on ‘Performance indicators’.

Performance benchmark 4(a) — Social inclusion and Indigenous health: close the life expectancy gap for Indigenous Australians within a generation

Key amendments from first cycle of reporting:	No amendments have been made.
Objective:	Australia’s health system promotes social inclusion and reduces disadvantage, especially for Indigenous Australians
Measure:	Difference between Indigenous and non-Indigenous life expectancies at birth Life expectancy — the average number of years a person could expect to live from the day they are born if they experienced mortality rates at each age that are currently experienced by the relevant population Calculated by direct estimation of life expectancy at birth for all Australians, Indigenous and non-Indigenous Australians using the estimated population at a single point and the number of deaths registered in the three years centred on that population point. Presented as *number of years*
Related performance indicator/s:	Performance indicator 18: Life expectancy
Data source:	ABS Population Census and Post Enumeration Survey and ABS mortality data provided by State and Territory Registrars of Births, Deaths and Marriages. Census data are collected every five years. Mortality data are collected annually
Data provider:	ABS
Data availability:	2005–2007 (calculated for three year periods) [no new data available]
Baseline:	2005–2007. A generation is defined as 25 years
Cross tabulations provided:	Nil

Box 13 **Comment on data quality**

No new data were available for this report. Data from the 2006 Census were included in the baseline report. Data from the 2011 Census are anticipated to be available from early 2013.

All-cause mortality rates (provided as additional data for performance indicator 59) are used in the calculation of life expectancy estimates and are considered the closest proxy for measuring progress against this benchmark.

Performance benchmark 4(b) — Social inclusion and Indigenous health: halve the mortality gap for Indigenous children under five within a decade

Key amendments from first cycle of reporting:	There are two key amendments for this benchmark: • data for the current reporting year of 2009 were available for this report (the most recent available data for the baseline report was for 2007) • the Australian totals only include data for those jurisdictions for whom Indigenous identification data are of acceptable quality. Baseline data have been revised and are included in this report
Objective:	Australia's health system promotes social inclusion and reduces disadvantage, especially for Indigenous Australians
Measure:	Difference in the mortality rate between Indigenous children aged 0–4 years and non-Indigenous children aged 0–4 years The mortality rate for children aged 0–4 years is defined as: • *numerator* — number of deaths among children aged 0–4 years • *denominator* — population aged 0–4 years and is expressed as a *rate (per 100 000 population)*
Related performance indicator/s:	Performance indicator 19: Infant/young child mortality
Data source:	*Numerator* — ABS Deaths collection *Denominator* — ABS Post Enumeration Survey, Estimated Resident Population (total population), Experimental Indigenous estimates and projections (Indigenous population) Data are available annually
Data provider:	ABS
Data availability:	2007 [revised national totals. These now include those five jurisdictions that have Indigenous status of acceptable quality] 2008 and 2009 [data are available for the current reporting year for this report]
Baseline:	2003–2007 (5 year average for disaggregations by Indigenous status)
Cross tabulations provided:	2004–2008 and 2005–2009 — State and Territory, by: • Indigenous status 2007, 2008, 2009 — Nationally, by: • Indigenous status

Further cross tabulations are available in the NIRA performance report — PI 9

Box 14 **Results**

For this report, new data for this indicator are available for 2008 and 2009 (each of these years is the third year of the three year average for this indicator).

- National data by single year are presented in table NHA.19.1 (including single year data for 2007)
- Data by State and Territory are presented in tables NHA.19.2 and NHA.19.3
- Data by Indigenous status by selected jurisdictions are presented in tables NHA.19.4, NHA.19.5, NHA.19.7, NHA.19.8, NHA.19.10 and NHA.19.11.

Data for 2007 included in the baseline report have been revised, and are included in tables NHA.19.6, NHA.19.9 and NHA.19.12.

Additional data by Indigenous status are available in the NIRA performance report — NIRA performance indicator 9.

Attachment tables

Table NHA.19.1	All causes child (0–4 years) and infant (less than one year) mortality, 2007, 2008 and 2009
Table NHA.19.2	All causes infant and child mortality, by age group, by State and Territory, 2007–2009
Table NHA.19.3	All causes infant and child mortality, by age group, by State and Territory, 2006–2008
Table NHA.19.4	All causes infant (0–1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2005–2009
Table NHA.19.5	All causes infant (0–1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2004–2008
Table NHA.19.6	All causes infant (0–1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2003–2007
Table NHA.19.7	All causes child (1–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2005–2009
Table NHA.19.8	All causes child (1–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2004–2008
Table NHA.19.9	All causes child (1–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2003–2007
Table NHA.19.10	All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2005–2009

Table NHA.19.11	All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2004–2008
Table NHA.19.12	All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2003–2007

Box 15 **Comment on data quality**

Further information on the quality of the data used to inform this performance benchmark is contained in the comment on data quality for performance indicator 19 in the next section on ‘Performance indicators’.

Performance indicators

The NHA has 26 progress measures and 15 outputs, which are reported against using 70 performance indicators (table 7).

For performance indicators where data quality and/or completeness is an issue, a number of supplementary measures are provided and are identified as such in the text.

Data for the performance indicators in this report are presented in attachments identified in references throughout this report by an ‘NHA’ suffix.

Table 7 **Performance indicators in the National Healthcare Agreement**

Progress measure or output		*Performance indicator*	*Page no. of this report*
		PREVENTION	
Progress measure — proportion of babies born of a low birth weight	1.	Proportion of babies born with low birthweight	58
Progress measure — incidence/prevalence of important preventable diseases	2.	Incidence of sexually transmissible infections and blood-borne viruses	60
	3.	Incidence of end-stage kidney disease	63
	4.	Incidence of selected cancers	66
Progress measure — risk factor prevalence	5.	Proportion of persons obese	69
	6.	Proportion of adults who are current daily smokers	71
	7.	Proportion of adults at risk of long-term harm from alcohol	72
	8.	Proportion of men reporting unprotected anal intercourse with casual male partners	74
Output measure — immunisation rates for vaccines in the national schedule	9.	Immunisation rates for vaccines in the national schedule	75
Output measure — cancer screening rates (breast, cervical, bowel)	10.	Breast cancer screening rates	78
	11.	Cervical cancer screening rates	81
	12.	Bowel cancer screening rates	84
Output measure — proportion of children with 4th year developmental health check	13.	Proportion of children with 4th year developmental health check	87

(Continued next page)

Table 7 **(continued)**

Progress measure or output	*Performance indicator*	*Page no. in this report*
PRIMARY AND COMMUNITY HEALTH		
Outcome area — access to general practitioners, dental and other primary healthcare professionals	14. Waiting times for GPs	90
	15. Waiting times for public dentistry	93
	16. People deferring access to GPs, medical specialists of prescribed medications due to cost	94
Progress measure — proportion of diabetics with HbA1c below 7 per cent	17. Proportion of people with diabetes with HbA1c below seven per cent	97
Progress measure — life expectancy (including the gap between Indigenous and non-Indigenous)	18. Life expectancy	99
Progress measure — infant/young child mortality rate (including the gap between Indigenous and non-Indigenous)	19. Infant and young child mortality rate	101
Progress measure — potentially avoidable deaths	20. Potentially avoidable deaths	105
Progress measure — treated prevalence rates for mental illness	21. Treatment rate for mental illness	108
Progress measure — selected potentially preventable hospitalisations	22. Selected potentially preventable hospitalisations	112
Progress measure — selected potentially avoidable general practitioner type presentations to emergency departments	23. Selected potentially avoidable GP-type presentations to emergency departments	115
Output measure — number of primary care services per 1000 population (by location)	24. GP-type services	118
	25. Specialist services	121
	26. Dental services	124
	27. Optometry services	126
Output measure — number of mental health services	28. Public sector community mental health services	129
	29. Private sector mental health services	132
Output measure — proportion of people with selected chronic disease whose care is planned (asthma, diabetes, mental health)	30. Proportion of people with diabetes with a GP annual cycle of care	136
	31. Proportion of people with asthma with a written asthma plan	139
	32. Proportion of people with mental illness with GP plans	140
Output measure — number of women with at least one antenatal visit in the first trimester of pregnancy	33. Women with at least one antenatal visit in the first trimester of pregnancy	143

(Continued next page)

Table 7 **(continued)**

Progress measure or output	*Performance indicator*		*Page no. in this report*
	HOSPITAL AND RELATED CARE		
Progress measure — waiting times for services	34.	Waiting times for elective surgery	146
	35.	Waiting times for emergency department care	149
	36.	Waiting times for admission following emergency department care	153
	37.	Waiting times for radiotherapy and orthopaedic specialists	154
Progress measure — selected adverse events in acute and sub-acute care settings	38.	Adverse drug events in hospitals	155
	39.	Healthcare-associated *Staphylococcus aureus* (including MRSA) bacteraemia in acute care hospitals	156
	40.	Pressure ulcers in hospitals	159
	41.	Falls resulting in patient harm in hospitals	160
	42.	Intentional self-harm in hospitals	163
Progress measure — unplanned/unexpected readmissions within 28 days of selected surgical admissions	43.	Unplanned/unexpected readmissions within 28 days of selected surgical admissions	166
Progress measure — survival of people diagnosed with cancer (five year relative rate)	44.	Survival of people diagnosed with cancer	169
Output measure — rates of services provided by public and private hospitals per 1000 weighted population by patient type	45.	Rates of services: overnight separations	171
	46.	Rates of services: outpatient occasions of service	174
	47.	Rates of services: non-acute care separations	176
	48.	Rates of services: hospital procedures	179
	AGED CARE		
Progress measure — residential and community aged care services per 1000 population aged 70+ years	49.	Residential and community aged care places per 1000 population aged 70+ years	182

(Continued next page)

Table 7 **(continued)**

Progress measure or output	*Performance indicator*	*Page no. in this report*
Progress measure — selected adverse events in residential care	50. *Staphylococcus aureus* (including MRSA) bacteraemia in residential aged care	185
	51. Pressure ulcers in residential aged care	186
	52. Falls in residential aged care resulting in patient harm and treated in hospital	187
Output measure — number of older people receiving aged care services by type (in the community and residential settings)	53. Older people receiving aged care services	190
Output measure — number of aged care assessments conducted	54. Aged care assessments completed	193
Output measure — number of younger people with disabilities using residential, CACP and EACH services	55. Younger people with disabilities using residential, CACP and EACH aged care services	195
Output measure — Number of people 65+ receiving sub-acute and rehabilitation services	56. People aged 65 years or over receiving sub-acute services	197
Output measure — number of hospital patient days by those eligible and waiting for residential aged care	57. Hospital patient days used by those eligible and waiting for residential care	200
PATIENT EXPERIENCE		
Progress measure — nationally comparative information that indicates levels of patient satisfaction around key aspects of care they received	58. Patient satisfaction/experience	203
SOCIAL INCLUSION AND INDIGENOUS HEALTH		
Progress measure — aged standardised mortality	59. Age-standardised mortality by major cause of death	206
Progress measure — access to services by type of service compared to need	60. Access to services by type of service compared to need	209
Progress measure — teenage birth rate	61. Teenage birth rate	211
Progress measure — hospitalisation for injury and poisoning	62. Hospitalisation for injury and poisoning	213
Progress measure — children's hearing loss	63. Children's hearing loss	216
Output measure — Indigenous Australians in the health workforce	64. Indigenous Australians in the health workforce	217

(Continued next page)

Table 7 **(continued)**

Progress measure or output	*Performance indicator*	*Page no. in this report*
	SUSTAINABILITY	
Progress measure — net growth in health workforce	65. Net growth in health workforce	220
Progress measure — allocation of health and aged care expenditure	66. Public health program expenditure as a proportion of total health expenditure	223
	67. Capital expenditure on health and aged care facilities as a proportion of capital consumption expenditure on health and aged care facilities	226
	68. Proportion of health expenditure spent on health research and development	228
Progress measure — cost per casemix-adjusted separation for both acute and non-acute care separations	69. Cost per casemix adjusted separation	231
Output measure — number of accredited and filled clinical training position	70. Accredited and filled clinical training positions	234

Indicator 1 — Proportion of babies born of low birthweight

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles
Outcome area:	Prevention
Progress measure:	Proportion of babies born of low birth weight
Measure:	The incidence of low birthweight among live-born babies, of Aboriginal and Torres Strait Islander mothers and other mothers The measure is defined as: • *numerator* — number of low birthweight liveborn singleton infants • *denominator* — total number of liveborn singleton infants and is expressed as a *percentage* *Low birthweight is defined as less than 2500 grams* *Excludes stillbirths and multiple births. Births were included if they were at least 20 weeks gestation or at least 400 grams birthweight* *Indigenous status of infants is based solely on the Indigenous status of the mother*
Data source:	*Numerator and denominator* — AIHW National Perinatal Data Collection (NPDC). Data are collected annually
Data provider:	AIHW
Data availability:	2008 (calendar year data) Three-year aggregated data reported for states and territories (2006–2008) Data are also reported for this indicator under PI 12 of the NIRA performance report
Cross tabulations provided:	2006–2008 — State and Territory, by Indigenous status 2008 — State and Territory, by Indigenous status 2008 — Nationally, by: • remoteness • SEIFA IRSD deciles Further cross tabulations are available in the NIRA performance report — PI 12

Box 16 **Results**

For this report, new data for this indicator are available for 2008.

- Data by State and Territory are presented in tables NHA.1.1 and NHA.1.2.
- Data by Indigenous status are presented in table NHA.1.1 and NHA.1.2.
- Data by socioeconomic status are presented in table NHA.1.3.
- Data by remoteness are presented in table NHA.1.3.

Results for 2007 are available in the baseline report.

Attachment tables

Table NHA.1.1	Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2008
Table NHA.1.2	Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2006–2008
Table NHA.1.3	Proportion of live-born singleton babies of low birthweight, by remoteness and SEIFA, 2008

Box 17 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of babies born with low birthweight. Data are available by Indigenous status by State and Territory, and by socioeconomic status (SES) nationally.
- Annual data are available. The most recent available data are for 2008.
- Data are of acceptable accuracy. The National Perinatal Data Collection provides information on the Indigenous status of the mother only.
- Data in this report are comparable with data in the baseline report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator for SES by State and Territory is a priority. Further development work on the current data source is required.

Indicator 2 — Incidence of sexually transmissible infections and blood-borne viruses

Key amendments from first cycle of reporting: National data are disaggregated by SEIFA deciles

Outcome area: Prevention

Progress measure: Incidence/prevalence of important preventable diseases

Measure: Incidence of sexually transmissible infections and blood-borne viruses

The measure is defined as:

- *numerator* — number of notifications of new diagnoses of syphilis, HIV, hepatitis B, hepatitis C, chlamydia and gonococcal infection
- *denominator* — total population

and expressed as *directly age standardised rates (per 100 000 people in the relevant population)*

Syphilis is limited to notifications of less than two years duration, and includes notifications of congenital syphilis. HIV data contains notifications of newly diagnosed HIV infection and includes HIV infections known to have been newly acquired. Hepatitis B and C data contains notifications of newly diagnosed infections, including diagnoses known to have been newly acquired. Chlamydia and gonococcal notifications may include diagnoses that are not sexually acquired

Data source: *Numerator* — National Notifiable Diseases Surveillance System and the National HIV Registry

Denominator — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population)

Data are available annually

Data provider: AIHW

Data availability: 2009

Cross tabulations provided:

2009 — Nationally by SEIFA IRSD deciles

2009 — State and Territory, by:

- Indigenous status
- sex
- age
- remoteness
- SEIFA IRSD quintiles

Box 18 **Results**

For this report, new data for this indicator are available for 2009.

- Data by State and Territory are presented in tables NHA.2.1, NHA.2.2 and NHA.2.3.
- Data by Indigenous status are presented in table NHA.2.3.
- Data by socioeconomic status are presented in tables NHA.2.3 and NHA.2.4.
- Data by remoteness are presented in table NHA.2.3.
- Data by age group are presented in table NHA.2.2.
- Data by gender are presented in table NHA.2.3.

Results for 2008 are available in the baseline report.

Attachment tables

Table NHA.2.1	Notification rates of new diagnoses of sexually transmissible infections and blood borne viruses, by State and Territory, 2009
Table NHA.2.2	Age specific rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood borne viruses, by State and Territory, 2009
Table NHA.2.3	Rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood borne viruses, by Indigenous status, remoteness, gender and SEIFA, by State and Territory, 2009
Table NHA.2.4	Rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood borne viruses, by SEIFA, 2009

Box 19 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section in this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the new notifications of important preventable diseases. A major limitation of the notifications data is that, for most diseases, they represent only a proportion of the total cases occurring in the community (that is, only those cases for which health care was sought and a diagnosis made, followed by a notification to health authorities). The degree of under-representation of all cases is unknown and is likely to vary by disease.
- Data are available by State and Territory and socioeconomic status.
- Data are reported by Indigenous status, where supported by data quality. Due to the variable jurisdictional completeness of Indigenous status, comparisons of 'national' Indigenous status rates over time may be inaccurate.
- Annual data are available. The most recent available data are for 2009.
- Data are of acceptable quality. All notified cases are included in the numerator, even though some diseases included in this indicator are not necessarily sexually acquired.
- Data in this report are comparable with data in the baseline report. Changes in surveillance and testing practices or promotion over time and by jurisdiction may make comparisons both over time and across jurisdictions difficult.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Improved reporting of this indicator by Indigenous status is a priority.
- Notification data provide information on the number of new diagnoses coming to the attention of health services. The progress measure would be improved by including information on the prevalence of sexually transmissible infections and blood-borne viruses.

Indicator 3 — Incidence of end-stage kidney disease

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Prevention
Progress measure:	Incidence/prevalence of important preventable disease
Interim measure:	Incidence of end-stage kidney disease The measure is defined as: • *numerator* — number of unique individuals who appeared as new cases on the Australian and New Zealand Dialysis and Transplant Registry (ANZDATA) in the reference period (treated cases) plus the number of individuals who died with a cause of death of end stage kidney disease (ESKD) and were not on the ANZDATA registry (untreated cases) • *denominator* — total population and expressed as *directly age standardised rates (per 100 000 people in the relevant population)* *Count new cases on the ANZDATA registry who died of an end-stage kidney disease in the same year once only* *Causes of death in scope: Chronic renal failure (ICD10 codes N180, N188, N189), hypertensive renal failure (ICD10 codes I120, I131, I132) or unspecified renal failure (ICD10 code N19) as an underlying cause of death, or chronic renal failure, end-stage (ICD10 code N180) as an associated cause of death*
Data source:	*Numerator* — Australian and New Zealand Dialysis and Transplant Registry (ANZDATA), National Death Index and National Mortality Database *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2007 (single year) and 2004–2007 (aggregate years)

Cross tabulations provided:	State and Territory, by: • sex (2004–2007 data) Nationally, by: • sex (2007 data) • Indigenous status (2004–2007 data) (data not available by remoteness areas or SEIFA quintiles)

Box 20 **Results**

For this report, new data are available for 2007 (single year) and 2004–2007 (aggregate years).

- Data by State and Territory (aggregate years) are presented in table NHA.3.1.
- Data by Indigenous status (aggregate years) are presented in table NHA.3.2.
- Data by gender are presented in tables NHA.3.1 (aggregate years) and NHA.3.2 (single year).

Results for 2006 are available in the baseline report.

Attachment tables

Table NHA.3.1	Incidence of end-stage kidney disease, by sex, by State and Territory, 2004–2007
Table NHA.3.2	Incidence of end-stage kidney disease, by sex, by Indigenous status, 2004–2007

Box 21 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the number of people who were treated for or died from end-stage kidney disease in the reference year. Data are available by State and Territory. National data are available by Indigenous status. Data are not available by socioeconomic status (SES).
- Annual data are available, but aggregated years are reported for some cross tabulations to ensure statistical validity, especially for small states and territories.
- Data are reported for 2007 nationally, and for 2004–2007 by State and Territory. Indigenous disaggregations are available for 2004–2007 nationally. Indigenous disaggregation is based on data from NSW, Queensland, WA, SA and the NT.
- Data are provided by jurisdiction of first treatment, for treated cases and jurisdiction of registration of death, for untreated cases.
- Data are of acceptable accuracy. It is likely there is an undercount of untreated cases as not all death certificates will record chronic renal failure as a cause of death. The extent of the expected undercount is unknown, however, end stage kidney disease was not recorded as a cause of death in 58 per cent of cases for individuals on the ANZDATA who have subsequently died.
- Data in this report are comparable with data in the baseline report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by SES is a priority.
- Data for this indicator are relatively old because mortality data were available only up to 2007.
- Further work is required to include untreated cases by linking to mortality data, to identify people with end stage kidney disease but who did not die of end-stage kidney disease.

Indicator 4 — Incidence of selected cancers

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles
Outcome area:	Prevention
Progress measure:	Incidence/prevalence of important preventable diseases
Measure:	Incidence of selected cancers of public health importance For melanoma, lung and bowel cancer, the measure is defined as: • *numerator* — number of new cases in the reported year • *denominator* — total population and expressed as *directly age standardised rates (per 100 000 people in the relevant population)* For female breast and cervical cancer, the measure is defined as: • *numerator* — number of new cases in women in the reported year • *denominator* — female population and expressed as *directly age standardised rates (per 100 000 people in the relevant population)* *Calculated separately for each type of cancer*
Data source:	*Numerator* — Australian Cancer Database *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2007
Cross tabulations provided:	2007 — Nationally (for each cancer type), by SEIFA IRSD deciles 2007 — State and Territory (for each cancer type), by: • Indigenous status • remoteness • SEIFA IRSD quintiles

Box 22 **Results**

For this report, new data for this indicator are available for 2007.

- Data by State and Territory are presented in tables NHA.4.1, NHA.4.2, NHA.4.3 and NHA.4.4.
- Data by Indigenous status are presented in table NHA.4.2.
- Data by socioeconomic status are presented in tables NHA.4.4 and NHA.4.5.
- Data by remoteness are presented in table NHA.4.3.

Results for 2006 are available in the baseline report.

To assist in interpretation, variability bands are provided in the attachment tables for this indicator.

Attachment tables

Table NHA.4.1	Incidence of selected cancers, by State and Territory, 2007
Table NHA.4.2	Incidence of selected cancers by Indigenous status, by State and Territory, 2007
Table NHA.4.3	Incidence of selected cancers by remoteness area, by State and Territory, 2007
Table NHA.4.4	Incidence of selected cancers by SES based on SEIFA, 2007
Table NHA.4.5	Incidence of selected cancers by SES based on SEIFA deciles, national, 2007

Box 23 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the incidence of melanoma of the skin, lung cancer and bowel cancer and for females, cervical cancer and breast cancer. State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2007.
- Data are of acceptable accuracy. Incidence rates that are calculated using small numbers can be highly variable, resulting in wide variability bands (variability bands are presented in the attachment tables).
- The quality of Indigenous identification in cancer registry data varies across jurisdictions. Data by Indigenous status are reported for all jurisdictions except the ACT. However, the 95 per cent variability bands for incidence rates by Indigenous status are wide and the data should be interpreted with caution. National disaggregation by Indigenous status is based on jurisdictions with adequate data quality — NSW, Queensland, WA, SA and the NT.
- Data in this report are comparable with data in the baseline report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request (including on other types of cancer).

The Steering Committee also notes the following issues:

- The data are relatively old and may not be representative of current incidence. Further work is required to ensure availability of more timely data.

Indicator 5 — Proportion of persons obese

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Prevention
Progress measure:	Risk factor prevalence
Measure:	Prevalence of obesity in adults and children For adults, the measure is defined as: • *numerator* — number of persons aged 18 years or over who are obese • *denominator* — population aged 18 years or over and expressed as *directly age standardised rates (per cent)* For children, the measure is defined as: • *numerator* — number of children aged 5–17 years who are obese • *denominator* — population aged 5–17 years and expressed as *directly age standardised rates (per cent)* *BMI calculated as weight (in kg) divided by the square of height (in metres)* *For adults, obesity is defined as a BMI of greater than or equal to 30. For children, obesity is defined as a BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years, based on centile curves* *Excludes pregnant women and people with unknown BMI*
Data source:	*Numerator and denominator* — National Health Survey (NHS). Data are collected every three years. National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). Data are collected every six years
Data provider:	ABS
Data availability:	2007-08 (NHS) — based on measured values [No new data are available] 2004-05 (Indigenous status — NHS/NATSIHS) — based on self-report [No new data are available] Data are also reported for this indicator under PI 6 in the NIRA performance report

Cross tabulations provided:	Nil

Box 24 Comment on data quality

No new data were available for this report.

Indicator 6 — Proportion of adults who are current daily smokers

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Prevention
Progress measure:	Risk factor prevalence
Measure:	Proportion of adults who are current daily smokers The measure is defined as: • *numerator* — number of persons aged 18 years or over who smoke tobacco every day • *denominator* — population aged 18 years or over and is expressed as *directly age standardised rates (per cent)* *Daily smoking is defined as: currently smokes cigarettes (manufactured or roll-your-own) or equivalent tobacco product every day*
Data source:	*Numerator and denominator* — ABS National Health Survey (NHS). Data are collected every three years. National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). Data are collected every three years
Data provider:	ABS
Data availability:	2007–08 (NHS) [No new data available] Indigenous status — 2008 NATSISS and 2007-08 NHS [No new data available] Data are also reported for this indicator under PI 4 in the NIRA performance report
Cross tabulations provided:	Nil

Box 25 **Comment on data quality**

No new data were available for this report.

Indicator 7 — Proportion of adults at risk of long-term harm from alcohol

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Prevention
Progress measure:	Risk factor prevalence
Interim measure:	Proportion of adults at risk of long-term harm from alcohol The measure is defined as: • *numerator* — persons aged 18 years or over assessed as having an alcohol consumption pattern that puts them at risk of long-term alcohol related harm • *denominator* — population aged 18 years or over and is presented as *directly age standardised rates (per cent)* *'At risk of long-term alcohol related harm' defined according to the 2001 National Health and Medical Research Council guidelines: for males, 29 drinks or more per week; for females, 15 drinks or more per week* *Excludes people who have not consumed alcohol in the past 12 months*
Data source:	*Numerator and denominator* — National Health Survey (NHS). Data are collected every three years. National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). Data are collected every six years
Data provider:	ABS
Data availability:	(Total population) 2007-08 (NHS) [No new data available] (Indigenous status) 2004-05 (NATSIHS/NHS) [No new data available] Data are also reported for this indicator under PI 5 in the NIRA performance report
Cross tabulations provided:	Nil

Box 26 **Comment on data quality**

No new data were available for this report.

Indicator 8 — Proportion of men reporting unprotected anal intercourse with casual male partners

Key amendments from first cycle of reporting:	No amendments have been made.
Outcome area:	Prevention
Progress measure:	Risk factor prevalence
Measure:	Proportion of men reporting unprotected anal intercourse with casual male partners
Data source:	
Data provider:	
Data availability:	Not available
Cross tabulations provided:	

Box 27 **Comment on data quality**

There are currently no available data to inform this indicator.

Indicator 9 — Immunisation rates for vaccines in the national schedule

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles
Outcome area:	Prevention
Output measure:	Immunisation rates for vaccines in the national schedule
Measure:	Proportion of children fully vaccinated and proportion of older adults vaccinated against specific infections For children, the measure is defined as: • *numerator* — number of five year olds (children 60 to 63 months) who have been fully vaccinated according to the National Immunisation Program Schedule • *denominator* — number of children aged five years on the Australian Childhood Immunisation Register and is expressed as a *crude rate (per cent)* Fully vaccinated for children includes: Hepatitis B, Diphtheria, tetanus and pertussis, Haemophilius influenzae type B, Polio, Pneumococcal Disease, rotavirus, measles, mumps, rubella, meningococcal C and varicella (also includes Hepatitis A for Indigenous children) For older adults, the measure is defined as: • *numerator* — number of Indigenous Australians aged 50 years or over, and non-Indigenous Australians aged 65 years or over, who have been vaccinated for influenza and pneumococcal disease • *denominator* — population of Indigenous Australians aged 50 years or over, and non-Indigenous Australians aged 65 years or over and is expressed as a *directly age standardised rate (per cent)*
Data source:	*Numerator* — Australian Childhood Immunisation Register (ACIR) (childhood vaccinations); Adult Vaccinations Survey (AVS) (adult vaccinations for influenza and pneumococcal disease); National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) (Indigenous adult vaccinations) *Denominator* — ABS Estimated Resident Population (total population); ABS Indigenous experimental estimates and projections (Indigenous population) and ACIR
Data provider:	AIHW (ACIR and AVS) and ABS (NATSIHS) ACIR data are collected quarterly. AVS conducted irregularly. NATSIHS collected every six years

Data availability:	2004-05 (Indigenous adults) [no new data available] 2009 (older adults) 30 June 2010 (children)
Cross tabulations provided:	At 30 June 2010 — Nationally (children), by SEIFA IRSD deciles At 30 June 2010 — State and Territory (children), by: • Indigenous status • remoteness • SEIFA IRSD quintiles 2009 — Nationally (adults), by SEIFA IRSD deciles 2009 — State and Territory (adults), by: • Remoteness • SEIFA IRSD quintiles

Box 28 **Results**

For this report, new data for this indicator are available for 30 June 2010 for children vaccinations and 2009 for older adult vaccinations.

- Data by State and Territory are presented in tables NHA.9.1 and NHA.9.3.
- Data by Indigenous status are presented in table NHA.9.1.
- Data by socioeconomic status are presented in tables NHA.9.1, NHA.9.2, NHA.9.3 and NHA.9.4.
- Data by remoteness are presented in tables NHA.9.1 and NHA.9.3.

Results for 30 June 2009 for children and 2006 for older adults are available in the baseline report.

Attachment tables

Table NHA.9.1	Proportion of children aged five years who were fully vaccinated, by Indigenous status, remoteness and SEIFA, by State and Territory, 30 June 2010
Table NHA.9.2	Proportion of children aged five years who were fully vaccinated, by SEIFA, 30 June 2010
Table NHA.9.3	Proportion of older adults vaccinated against influenza and pneumococcal disease, by remoteness and SEIFA, by State and Territory, 2009
Table NHA.9.4	Proportion of older adults vaccinated against influenza and pneumococcal disease, by SEIFA, 30 June 2009

Box 29 **Comment on data quality**

The Australian Childhood Immunisation Register (ACIR) DQS for this indicator has been prepared by the Department of Health and Ageing, and finalised in conjunction with and provided by, the AIHW. The Adult Vaccination Survey (AVS) DQS for this indicator has been prepared by the AIHW. The DQSs for this indicator are included in their original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQSs are summarised below.

- The data provide relevant information on the immunisation rate for older adults and children aged five years.
- Data for the ACIR are available for State and Territory by socioeconomic status (SES) and Indigenous status. Data for the AVS are available for State and Territory by SES.
- Data for the ACIR (for children vaccinations) are available annually. The most recent available data are for 30 June 2010. Data are available on an irregular basis for the AVS (for adult vaccinations). The most recent available data are for 2009.
- There are possible gaps in ACIR coverage due to unknown vaccination status of children less than five years migrating to Australia and under-reporting by immunisation providers.
- The AVS requires respondent recall of vaccinations for up to five years, which may affect the quality of data.
- Data from the AVS are of acceptable accuracy. Relative standard errors for some disaggregations are greater than 25 per cent and these data should be used with caution.
- Data from the ACIR and AVS in this report are comparable with data in the baseline report.
- Detailed explanatory notes are publicly available to assist in the interpretation of ACIR results and are forthcoming for the AVS.
- Additional data from the ACIR are available on-line, and on request. Additional data will be released for the AVS.

The Steering Committee also notes the following issues:

- AVS has been conducted at irregular intervals (2001, 2002, 2003, 2004, 2006 and 2009). An assessment of the relative speed of change in results for this indicator is required to determine the required regularity of data collection.

Indicator 10 — Breast cancer screening rates

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles State and Territory data are disaggregated by remoteness and SEIFA for the first time
Outcome area:	Prevention
Output measure:	Cancer screening rates (breast, cervical, bowel)
Measure:	Screening rates for breast cancer for women within national target age group The measure is defined as: • *numerator* — number of women aged 50–69 years who have been screened in a two year period • *denominator* — total number of women aged 50–69 years and is expressed as a *directly age standardised rate (per cent)* *The count is based on the jurisdiction of residence, not the jurisdiction of screening*
Data source:	*Numerator* — State and Territory BreastScreen programs *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2008-2009 (calculated for a two-year period)
Cross tabulations provided:	State and Territory, by: • remoteness • SEIFA IRSD quintiles Nationally, by: • Indigenous status • SEIFA IRSD deciles

Box 30 **Results**

For this report, new data for this indicator are available for 2008-2009.

- Data by State and Territory are presented in tables NHA.10.2 and NHA.10.3.
- Data by Indigenous status are presented in table NHA.10.1.
- Data by socioeconomic status are presented in NHA.10.1 and NHA.10.2.
- Data by remoteness are presented in table NHA.10.3.

Results for 2007-2008 are available in the baseline report.

Attachment tables

Table NHA.10.1	Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by Indigenous status and SEIFA, January 2008 to December 2009
Table NHA.10.2	Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by SEIFA, by State and Territory, January 2008 to December 2009
Table NHA.10.3	Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by remoteness of residence, by State and Territory, January 2008 to December 2009

Box 31 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of women aged 50–69 years (the national target age group) screened for breast cancer in a two-year period (the recommended screening interval). Data are available by socioeconomic status (SES) by State and Territory. National data are available for Indigenous status.
- Annual data are available. The most recent available data are for the two-year period 1 January 2008 to 31 December 2009.
- Data are of acceptable accuracy. Concordance issues exist between postcodes and Statistical Local Areas, leading to some spurious results when State and Territory data are disaggregated by SES and remoteness. Indigenous status disaggregated by jurisdiction involves very small numbers with large variability bands and significant volatility over time and is not presented in this report.
- Data in this report are comparable with data in the baseline report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Disaggregation of State and Territory data by Indigenous status is a priority. Further development work on the current data source is required.

Indicator 11 — Cervical screening rates

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles State and Territory data are disaggregated by remoteness and SEIFA for the first time
Outcome area:	Prevention
Output measure:	Cancer screening rates (breast, cervical, bowel)
Measure:	Rates of cervical screening for women within national target age group The measure is defined as: • *numerator* — number of women aged 20–69 years who have been screened in a two year period • *denominator* — total number of women aged 20–69 years and is expressed as a *directly age standardised rate (per cent)* *The count is based on the jurisdiction of residence, not the jurisdiction of screening* *Denominator is adjusted to exclude the estimated number of women who have had a hysterectomy, using national hysterectomy fractions*
Data source:	*Numerator* — State and Territory cervical screening programs (all women). Data are collected annually. National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) (Indigenous women). Data are collected every six years *Denominator* — ABS Estimated Resident Population (all women) and ABS 2001 National Health Survey (for hysterectomy adjustments) and ABS NATSIHS (Indigenous women)
Data provider:	AIHW (register data) and ABS (NATSIHS)
Data availability:	2008-2009 (calculated for a two-year period for all women) and 2004-05 NATSIHS (Indigenous women) [no new data for Indigenous women]
Cross tabulations provided:	State and Territory, by: • SEIFA IRSD quintiles • Remoteness Nationally, by SEIFA IRSD deciles

Box 32 **Results**

For this report, new data for this indicator are available for 2008-2009.

- Data by State and Territory are presented in tables NHA.11.2 and NHA.11.3.
- Data by socioeconomic status are presented in tables NHA.11.1 and NHA.11.2.
- Data by remoteness are presented in table NHA.11.3.

Results for 2007-2008 are available in the baseline report.

Attachment tables

Table NHA.11.1	Cervical screening rates among women aged 20 to 69 years, January 2008 to December 2009
Table NHA.11.2	Cervical screening rates among women aged 20 to 69 years, by SEIFA, by State and Territory, January 2008 to December 2009
Table NHA.11.3	Cervical screening rates among women aged 20 to 69 years, by remoteness, by State and Territory, January 2008 to December 2009

Box 33 **Comment on data quality**

The DQSs for this indicator have been prepared by the AIHW and the ABS and are included in their original forms in the section in this report titled ‘Data Quality Statements’. Key points from the DQSs are summarised below.

- The data provide relevant information on the proportion of women aged 20–69 years (the national target age group) screened for cervical cancer in a two-year period (the recommended screening interval). State and Territory data are available by socioeconomic status.
- Data are sourced from State and Territory cervical cytology registers (for number of women screened) and the ABS (for population). Annual data are available. The most recent available data are for the two-year period 1 January 2008 to 31 December 2009.
- Data are of acceptable accuracy. Concordance issues exist between postcodes and Statistical Local Areas, leading to some spurious results when State and Territory data are disaggregated by socioeconomic status and remoteness. Data by these cross tabulations are unavailable for SA. The Australian total includes SA data.
- Data in this report are comparable with data in the baseline report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- NATSIHS data are only collected every six years. An assessment of the relative speed of change in outcomes for Indigenous women is required to determine whether more regular data collection is necessary.

Indicator 12 — Bowel cancer screening rates

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles State and Territory data are disaggregated by remoteness and SEIFA for the first time
Outcome area:	Prevention
Output measure:	Cancer screening rates (breast, cervical, bowel)
Interim measure:	Screening rates for bowel cancer for people within national target age groups The measure is defined as: • *numerator* — number of persons aged 50, 55 and 65 years who have been screened by the National Bowel Cancer Screening Program in the reference calendar year • *denominator* — population aged 50, 55, and 65 years and is expressed as a *rate (per cent)* *Excludes people screened outside the National Bowel Cancer Screening Program* *The count is based on the jurisdiction of residence, not the jurisdiction of screening*
Data source:	*Numerator* — National Bowel Cancer Screening Register *Denominator* — ABS Estimated Resident Population (total population) Data are available annually
Data provider:	AIHW
Data availability:	2009
Cross tabulations provided:	State and Territory, by: • sex and age (50, 55, 65, total in target ages) • SEIFA IRSD quintiles • remoteness Nationally, by: • SEIFA IRSD deciles

Box 34 **Results**

For this report, new data for this indicator are available for 2009.

- Data by State and Territory are presented in tables NHA.12.1 and NHA.12.3.
- Data by socioeconomic status are presented in tables NHA.12.1 and NHA.12.2.
- Data by remoteness are presented in table NHA.12.3.
- Data by gender are presented in table NHA.12.1.

Results for 2008 are available in the baseline report but are not comparable.

Attachment tables

Table NHA.12.1	Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by sex, target age and SEIFA, by State and Territory, 2009
Table NHA.12.2	Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by SEIFA, 2009
Table NHA.12.3	Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by remoteness of residence, by State and Territory, 2009

Box 35 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of people aged 50, 55 and 65 years (the national target ages) screened for bowel cancer. State and Territory data are available by socioeconomic status. Data are not available by Indigenous status.
- Data are sourced from the National Bowel Cancer Screening Program (NBCSP) Register, maintained by Medicare Australia (for number of persons screened) and the ABS (for population). Data are collected annually. The most recent available data are for 2009.
- Data by Indigenous status are not available due to high non-response by participants (35 per cent), which results in unreliable participation rates.
- Data are not of acceptable accuracy.
- The NBCSP was suspended between May 2009 and November 2009. The program resumed in November 2009, but not all test kits were received before 31 December 2009, resulting in an unknown number of individuals scheduled for testing in 2009 being screened in 2010. This has affected the accuracy of screening rates for 2009.
- Usual residence of those being screened is self-reported by postcode, and population data are based on estimates of population in a Statistical Local Area. Concordance issues also exist between postcodes and Statistical Local Areas, leading to some spurious results when State and Territory data are disaggregated by socioeconomic status and remoteness.
- Data do not include people screened for bowel cancer outside the NBCSP, resulting in an underestimate of population screening rates.
- Data in this report are not comparable with data in the baseline report due to the suspension of the screening program between May and November 2009.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request, but this indicator can not be compared with regular monitoring reports due to different calculation methods.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by Indigenous status is a priority.

Indicator 13 — Proportion of children with 4th year developmental health check

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles
Outcome area:	Prevention
Output measure:	Proportion of children with 4th year developmental health check
Interim measure:	Proportion of children who have received a four year old developmental health check The measure is defined as: • *numerator* — number of children aged three, four or five years who have received a developmental health check (Healthy Kids Check) or an Aboriginal and Torres Strait Islander Child Check • *denominator* — population aged four years and is expressed as a *percentage*
Data source:	*Numerator* — Medicare Benefits Schedule (MBS) data *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2009-10
Cross tabulations provided:	Nationally by SEIFA IRSD deciles State and Territory, by: • by type of check (proxy for Indigenous status) • remoteness • SEIFA IRSD quintiles

Box 36 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.13.1.
- Data by type of health check (proxy for Indigenous status) are presented in table NHA.13.1.
- Data by socioeconomic status are presented in tables NHA.13.1 and NHA.13.2.
- Data by remoteness are presented in tables NHA.13.1.

Results for 2008-09 are available in the baseline report.

Attachment tables

Table NHA.13.1	Proportion of children receiving a 4th year developmental health check, by health check type, remoteness and SEIFA, by State and Territory, 2009-10
Table NHA.13.2	Proportion of children receiving a 4th year developmental health check, by SEIFA, 2009-10

Box 37 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section in this report titled ‘Data Quality Statements. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of children with fourth year developmental checks conducted through identified Medicare services. State and Territory data are available by Indigenous status and socioeconomic status. The number of checks conducted under the Aboriginal and Torres Strait Islander population Child Health Checks program is used as a proxy for Indigenous participation.
- The data do not include all developmental health check activity, such as that conducted through State and Territory early childhood health assessments in preschools and community health centres.
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy.
- Data in this report are comparable with data in the baseline report. On 1 May 2010 MBS items for relevant health checks were changed. The Healthy Kids Check Item 709 has been replaced with four new MBS health assessment items (based on time and complexity) that cover all ages. It is not expected that these changes will affect comparability over time.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Indigenous participation is a proxy based on the type of developmental health check and is likely to underestimate Indigenous use. Further work to improve Indigenous identification in the Healthy Kids Check is required.

Indicator 14 — Waiting times for GPs

Key amendments from first cycle of reporting:	There was no measure nor any available data for the baseline report. A measure and associated data are included in this report for the first time
Outcome area:	Primary and community health
Progress measure:	Access to general practitioners, dental and other primary healthcare professionals
Measure:	Length of time a patient needs to wait to see a GP for an urgent appointment The measure is defined as: • *numerator* — number of persons who reported seeing a GP (for their own health) for urgent medical care within specified waiting time categories • *denominator* — total number of persons aged 15 years or over who saw a GP for urgent medical care (for their own health) in the last 12 months and is expressed as a *percentage calculated separately for each waiting time category* (within four hours; more than four hours but within 24 hours; and more than 24 hours)
Data source:	ABS Patient Experience Survey (PExS). Data are available annually
Data provider:	ABS
Data availability:	2009
Cross tabulations provided:	State and Territory Nationally by: • remoteness • SEIFA IRSD quintiles

Box 38 **Results**

For this report, data are reported for the first time and are in respect of 2009.

- Data by State and Territory are presented in table NHA.14.2.
- Data by socioeconomic status are presented in table NHA.14.1.
- Data by remoteness are presented in table NHA.14.1

Apparent differences in results between years may not be statistically significant. To assist in interpretation, 95 per cent confidence intervals and relative standard errors are provided in the attachment tables for this indicator.

Attachment tables

Table NHA.14.1	Waiting time for GPs for an urgent appointment, by remoteness and SEIFA, by State and Territory, 2009
Table NHA.14.2	Waiting time for GPs for an urgent appointment, by State and Territory, 2009

Box 39 **Comment on data quality**

The DQS for this indicator has been prepared by the ABS and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on waiting times for GPs for urgent medical care. Data are available by socioeconomic status (SES) (national only) and State and Territory.
- The most recent available data (for 2009) were published in 2010. The 2009 Patient Experience Survey (PExS) is the first release of these data.
- The PExS does not include people living in very remote areas which affects the comparability of NT results.
- Data are of acceptable accuracy. Relative standard errors for some disaggregations are greater than 25 per cent and these data should be used with caution. The data are based on waiting times for self-defined urgent medical care.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- State and Territory disaggregation of this indicator by Indigenous status and SES is a priority.
- The PExS is expected to be revised ahead of its next release. This may affect time series reporting.
- The size of the standard errors means that the PExS data may not be adequate for measuring change over time. Small year to year movements may be difficult to detect if the size of the standard errors is large compared to the size of the difference between estimates.

Indicator 15 — Waiting times for public dentistry

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Primary and community health
Progress measure:	Access to general practitioners, dental and other primary healthcare professionals
Measure:	Waiting time (in days) between being placed on a public dentistry waiting list and an offer of care for dental treatment being made Median waiting time for access to public dental services — from the date the patient was added to the waiting list to the date they were offered dental care — presented as *median number of days* *Limited to non-emergencies and adult clients. Care defined as 'non emergency' if not involving relief of pain*
Data source:	State and Territory public dental services Data are available annually
Data provider:	AIHW
Data availability:	Comparable data not currently available for reporting
Cross tabulations provided:	Nil

Box 40 **Comment on data quality**

There are currently no available data to inform this indicator.

The Steering Committee has been advised that the development of a National Minimum Dataset is continuing, although it is unlikely to occur before 2012-13.

Indicator 16 — People deferring access to GPs, medical specialists or prescribed medications due to cost

Key amendments from first cycle of reporting: There was no measure nor any available data for the baseline report. A measure and associated data are included in this report for the first time

Outcome area: Primary and community health

Progress measure: Access to general practitioners, dental and other primary healthcare professionals

Interim measure: Proportion of people who required treatment but deferred that treatment due to cost, by type of health service

There are three measures for this indicator

Measure 16a is defined as:

- *numerator* — number of persons who reported delaying or not seeing a GP in the last 12 months because of cost
- *denominator* — total Australian population aged 15 years or over

and is expressed as a *percentage*

Measure 16b is defined as:

- *numerator* — number of persons who reported delaying or not seeing a medical specialist in the last 12 months because of cost
- *denominator* — total number of persons aged 15 years or over who received a written referral to a specialist from a GP in the last 12 months

and is expressed as a *percentage*

Measure 16c is defined as:

- *numerator* — number of persons who reported delaying or not getting a prescription filled for medication in the last 12 months because of cost
- *denominator* — total number of persons aged 15 years or over who received a prescription for medication from a GP in the last 12 months

and is expressed as a *percentage*

Data source: ABS Patient Experience Survey (PExS). Data are available annually

Data provider: ABS

Data availability: 2009

Cross tabulations provided: State and Territory

Nationally, by:

- remoteness
- SEIFA IRSD quintiles

Box 41 **Results**

For this report, data are reported for the first time and are in respect of 2009.

- Data by State and Territory are presented in table NHA.16.2.
- Data by socioeconomic status are presented in table NHA.16.1.
- Data by remoteness are presented in table NHA.16.1.

Apparent differences in results between years may not be statistically significant. To assist in interpretation, 95 per cent confidence intervals and relative standard errors are provided in the attachment tables for this indicator.

Attachment tables

Table NHA.16.1	People deferring access to GPs, medical specialists or prescribed medication due to cost, by remoteness and SEIFA, by State and Territory, 2009
Table NHA.16.2	People deferring access to GPs, medical specialists or prescribed medication due to cost, by State and Territory, 2009

Box 42 **Comment on data quality**

The DQS for this indicator has been prepared by the ABS and is included in its original form in the section of this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on people deferring access to GPs, medical specialists, or prescribed medication due to cost. Data are available by socioeconomic status (SES) (national only) and State and Territory.
- The most recent available data (for 2009) were published in 2010. The 2009 Patient Experience Survey (PExS) is the first release of these data.
- The PExS does not include people living in very remote areas which affects the comparability of NT results.
- Data are of acceptable accuracy. Relative standard errors for some disaggregations are greater than 25 per cent and these data should be used with caution.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- State and Territory disaggregation of this indicator by Indigenous status and SES is a priority.
- The PExS is expected to be revised ahead of its next release. This may affect time series reporting.
- The size of the standard errors means that the PExS data may not be adequate for measuring change over time. Small year to year movements may be difficult to detect if the size of the standard errors is large compared to the size of the difference between estimates.

Indicator 17 — Proportion of people with diabetes with HbA1c below 7 per cent

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Primary and community health
Progress measure:	Proportion of diabetics with HbA1c below seven per cent
Measure:	Proportion of people with diabetes mellitus who have a HbA1c (glycated haemoglobin) level less than or equal to seven per cent The measure is defined as: • *numerator* — number of persons with diabetes with HbA1c below or equal to seven per cent • *denominator* — number of persons with diagnosed diabetes in the community and is expressed as a *percentage* *Excludes children (aged under 18 years) with diabetes and women with gestational diabetes mellitus from both numerator and denominator. Excludes deceased registrants from the denominator*
Data source:	Nil
Data provider:	Nil
Data availability:	No data currently available
Cross tabulations provided:	Nil

Box 43 **Comment on data quality**

There are currently no available data to inform this indicator.

The prevalence rate of 7.1 per cent is sourced from the AusDiab study (AusDiab 2001), which was conducted in 1999-2000, and was based on measured levels of diabetes (that is, diagnosed and previously undiagnosed cases).

It is important to capture both diagnosed and undiagnosed cases for comparative reporting of total type 2 diabetes prevalence. The AusDiab study found that for every diagnosed case of type 2 diabetes there was just over one undiagnosed case (a ratio of 1:1.1) in 1999-2000. However, it is not known whether this ratio still applies. The ABS will conduct the first AHS in 2011-12. The AHS comprises four components, including the NHMS — a voluntary biomedical survey which is likely to be the vehicle for reporting on this performance benchmark in the future. (The NHMS incorporates the biomedical component of the former National Health Risk Survey, previously identified by the Steering Committee as the likely reporting vehicle for this benchmark).

The AHS will gather representative data from adults and children on a three-yearly cycle, and aims to include the NHMS in every second cycle (every six years). Results from the NHMS component of the AHW are anticipated to be available from May 2013, with data for the Indigenous population anticipated to be available from July 2013.

Indicator 18 — Life expectancy

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Primary and community health
Progress measure:	Life expectancy (including the gap between Indigenous and non-Indigenous Australians)
Measure:	The average number of years a person could expect to live if they experienced the age/sex specific death rates that applied at their birth throughout their lifetime Calculated by direct estimation of life expectancy at birth for all Australians, Indigenous and non-Indigenous Australians using the estimated population at a single point and the number of deaths registered in the three years centred on that population point. Presented as *number of years*
Data source:	ABS Population Census and Post Enumeration Survey and ABS mortality data provided by State and Territory Registrars of Births, Deaths and Marriages Census data are collected every five years. Mortality data are collected annually
Data provider:	ABS
Data availability:	2006–2008 and 2007–2009 (calculated for a rolling three-year period — reported annually for total population) [data for current reporting year available for this report] Data are also reported for this indicator under the PI 1 in the NIRA performance report [though no new data are available by Indigenous status for this cycle of NIRA reporting]
Cross tabulations provided:	State and Territory, by: • sex Further cross tabulations are available in the NIRA performance report — PI 1

Box 44 **Results**

For this report, new data for this indicator are available for 2008 and 2009 (each of these years contributing to the third of the three year averages for this indicator).

- Data by State and Territory are presented in tables NHA.18.1 and NHA.18.2.
- Data by gender are presented in tables NHA.18.1 and NHA.18.2.

Results for 2007 are available in the baseline report.

Attachment tables

Table NHA.18.1	Estimated life expectancies at birth by sex, 2007–2009
Table NHA 18.2	Estimated life expectancy at birth by sex, by State and Territory, 2006–2008

Box 45 **Comment on data quality**

The DQS for this indicator has been prepared by the ABS and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on life expectancy at birth. Data are available for all states and territories. Data are not available by socioeconomic status (SES).
- Mortality data are available annually. The most recent available data (for 2009) were published in December 2010. The data are calculated as a three year average (with the most recent data for 2007–2009). Data by Indigenous status are available every five years.
- Data are of acceptable accuracy.
- Data in this report are comparable with data in the baseline report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by SES is a priority. Further work on the current data source, or identification of an alternative data source, is required.
- The measure for this indicator is based on a three year average. Multiple year averages may not be able to determine trends over time as each reporting year incorporates the two previous years. Further work is required to determine what level of disaggregation is reliable for single year data.

Indicator 19 — Infant and young child mortality rate

Key amendments from first cycle of reporting:	There are three key amendments for this benchmark: • data for the current reporting year of 2009 were available for this report (the most recent available data for the baseline report were for 2007) • the Australian totals disaggregated by Indigenous status only include data for those States and Territories with Indigenous data of acceptable quality • single year data are provided for time series analysis at the national level Baseline data have been revised and are included in this report
Outcome area:	Primary and community health
Progress measure:	Infant/young child mortality rate (including the gap between Indigenous and non-Indigenous Australians)
Measure:	Mortality rates for infants and children aged less than five years For infants, the measure is defined as: • *numerator* — number of deaths among infants aged less than a year • *denominator* — live births and is expressed as a *rate (per 1000 live births)* For children, the measure is defined as: • *numerator* — number of deaths among children aged 1–4 years • *denominator* — population aged 1–4 years and is expressed as a *rate (per 100 000 population)* For infants and children, the measure is defined as: • *numerator* — number of deaths among children aged 0–4 years • *denominator* — population aged 0–4 years and is expressed as a *rate (per 100 000 population)*
Data source:	*Numerator* — ABS Causes of Death collection *Denominator* — ABS Post Enumeration Survey, Births registration data (births), Estimated Resident Population (total population), Experimental Indigenous estimates and projections (Indigenous population) Data are available annually
Data provider:	ABS
Data availability:	2008 and 2009 [current reporting year available for this report] 2007, 2008 and 2009 (single year data for national figures for children

aged 0–4 years and infants aged less than a year)

2006–2008 and 2007–2009 (3 year average for total population)

2003–2007 [Revised national totals. These now only include those five jurisdictions that have Indigenous status of acceptable quality]

2004–2008 and 2005–2009 (5 year average for disaggregations by Indigenous status)

Data are also reported for this indicator under the PI 9 in the NIRA performance report

Cross tabulations provided:

2006–2008 and 2007–2009 — State and Territory (total population)

2003–2007, 2004–2008 and 2005–2009 — State and Territory, by:
- Indigenous status

2007, 2008, 2009 — Nationally (0–4 years and infants aged less than a year)

Further cross tabulations are available in the NIRA performance report — PI 9

Box 46 **Results**

For this report, new data for this indicator are available for 2008 and 2009 (each of these years is the third year of the three year average for this indicator).

- National data by single year are presented in table NHA.19.1 (including single year data for 2007).
- Data by State and Territory are presented in tables NHA.19.2 and NHA.19.3.
- Data by Indigenous status by selected jurisdictions are presented in tables NHA.19.4, NHA.19.5, NHA.19.7, NHA.19.8, NHA.19.10 and NHA.19.11.

Data for 2007 included in the baseline report have been revised and are presented in tables NHA.19.6, NHA.19.9 and NHA.19.12.

Additional data by Indigenous status are available in the NIRA performance report — NIRA performance indicator 9.

Attachment tables

Table NHA.19.1	All causes child (0–4 years) and infant (less than one year) mortality, 2007, 2008 and 2009
Table NHA.19.2	All causes infant and child mortality, by age group, by State and Territory, 2007–2009

Table NHA.19.3	All causes infant and child mortality, by age group, by State and Territory, 2006–2008
Table NHA.19.4	All causes infant (0–1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and total, 2005–2009
Table NHA.19.5	All causes infant (0–1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and total, 2004–2008
Table NHA.19.6	All causes infant (0–1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and total, 2003–2007
Table NHA.19.7	All causes child (1–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and total, 2005–2009
Table NHA.19.8	All causes child (1–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and total, 2004–2008
Table NHA.19.9	All causes child (1–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and total, 2003–2007
Table NHA.19.10	All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and total, 2005–2009
Table NHA.19.11	All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and total, 2004–2008
Table NHA.19.12	All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and total, 2003–2007

Box 47 **Comment on data quality**

The DQS for this indicator has been prepared by the ABS and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on infant and young child mortality rates. State and Territory data are available by Indigenous status for selected states and territories. Data by socioeconomic status (SES) are not available.
- Data on Indigenous status are reported for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis. National totals include data for these jurisdictions only.
- Annual data are available. Single year data are reported for infant (infants aged less than one year) and young child (aged one to four years) at the national level. Multiple year data are reported for disaggregation by State and Territory and by Indigenous status.
- Data are of acceptable accuracy. Although most deaths of Indigenous Australians are registered, it is likely that some are not identified as Indigenous. Therefore data are likely to underestimate the Indigenous mortality rate.
- Care should be taken when interpreting ABS infant mortality rates for Queensland due to recent changes in the timeliness of birth registrations.
- Data in this report are comparable with data in the baseline report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- While rates should be used with caution, data are comparable across jurisdictions and over time (although rates have not been adjusted for differences in Indigenous identification between jurisdictions).
- Further work is required to improve the completeness of Indigenous identification for registered deaths.
- Disaggregation of this indicator by SES is a priority. Further development work on the current data source, or identification of an alternative data source, is required.

Indicator 20 — Potentially avoidable deaths

Key amendments from first cycle of reporting:	There are two key amendments for this benchmark: • revised data for 2007 are included in this report • the Australian totals by Indigenous status only include State and Territory data with Indigenous data of acceptable quality Baseline data have been revised and are included in this report
Outcome area:	Primary and community health
Progress measure:	Potentially avoidable deaths
Interim measure:	Deaths that are potentially avoidable within the present health system: • potentially preventable deaths (those amenable to screening and primary prevention such as immunisation) • deaths from potentially treatable conditions (those amenable to therapeutic interventions) The measure is defined as: • *numerator* — number of deaths of persons aged less than 75 years categorised as potentially avoidable • *denominator* — population aged less than 75 years and is expressed as *number of deaths* and *age standardised rates (per 100 000 people in the relevant population)* Calculated separately for preventable and treatable categories and as a total *[The Steering Committee has a list of in-scope ICD-10-AM codes]*
Data source:	*Numerator* — ABS Causes of Death collection *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	ABS
Data availability:	2007 [2007 data have been revised since the baseline report and are included in this report. Further, national totals for Indigenous disaggregations now only include those five jurisdictions that have Indigenous status of acceptable quality] and 2008
Cross tabulations provided:	2007 and 2008 — by State and Territory 2007 and 2008 — Nationally, by:

- Indigenous status

2003–2007 and 2004–2008 — State and Territory, by:

- Indigenous status

Box 48 **Results**

For this report, new data for this indicator are available for 2008.

- Data by State and Territory are presented in tables NHA.20.1 and NHA.20.3.
- Data by Indigenous status are presented in tables NHA.20.2 and NHA.20.3.

Data for 2007 included in the baseline report have been revised.

- Data by State and Territory are presented in tables NHA.20.4 and NHA.20.6.
- Data by Indigenous status are presented in tables NHA.20.5 and NHA.20.6.

Attachment tables

Table NHA.20.2	Age standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2008
Table NHA.20.2	Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2008
Table NHA.20.3	Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, by State and Territory, 2004–2008
Table NHA.20.4	Age standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2007
Table NHA.20.5	Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2007
Table NHA.20.6	Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2003–2007

Box 49 **Comment on data quality**

The DQS for this indicator has been prepared by the ABS and is included in its original form in the section of this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on potentially avoidable (preventable and treatable) deaths. Data are available by Indigenous status for selected states and territories. Data by socioeconomic status (SES) are not available.
- Data on Indigenous status are reported for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis. National totals include data for these jurisdictions only.
- Annual data are available. The most recent available data are for 2008.
- Data are of acceptable accuracy. Although most deaths of Indigenous Australians are registered, it is likely that some are not identified as Indigenous. Therefore data are likely to underestimate the rate of potentially avoidable deaths for Indigenous Australians.
- Data in this report are comparable with data in the baseline report. The data can be compared over time for the Indigenous population, and over time for the non-Indigenous population. Indirectly age-standardised data used for this indicator cannot be used to compare the gap between Indigenous and non-Indigenous populations at points in time.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Further work is required to improve the completeness of Indigenous identification for registered deaths.
- Disaggregation of this indicator by SES is a priority. Further development work on the current data source, or identification of an alternative data source, is required.

Indicator 21 — Treatment rates for mental illness

Key amendments from first cycle of reporting: National data are disaggregated by SEIFA deciles

Data for 2007-08 were backcast to apply a concordance methodology consistent with 2008-09 disaggregations for SEIFA; correct an error affecting Tasmanian data; and due to the re-submission of data from the Private Mental Health Alliance

Outcome area: Primary and community health

Progress measure: Treated prevalence rates for mental illness

Proxy measure: Proportion of population receiving clinical mental health services

The measure is defined as:

- *numerator* — the number of persons receiving clinical mental health services
- *denominator* — total population

and is expressed as a *directly age standardised rate (per cent)*

Calculated separately for public, private and MBS/DVA-funded services (cannot aggregate services)

Data source: *Numerator* —State and Territory community mental health care data; Private Mental Health Alliance (PMHA) Centralised Data Management Service (CDMS); Medicare Benefits Schedule (MBS) and Department of Veterans' Affairs (DVA) data

Denominator — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population)

Data are available annually

Data provider: AIHW

Data availability: 2008-09

Cross tabulations provided: 2008-09 — Nationally by SEIFA IRSD deciles

2008-09 — State and Territory, by service stream, by:

- 10-year age group (age specific rate)
- Indigenous status
- remoteness
- SEIFA IRSD quintiles

Box 50 **Results**

For this report, new data are available for 2008-09.

- Data by State and Territory are presented in tables NHA.21.1, NHA.21.2, NHA.21.3, NHA.21.4, and NHA.21.5.
- Data by Indigenous status are presented in table NHA.21.2.
- Data by socioeconomic status are presented in tables NHA.21.4 and NHA.21.6.
- Data by remoteness are presented in table NHA.21.3.
- Data by age group are presented in table NHA.21.5.
- Data by service stream are presented in tables NHA.21.1, NHA.21.2, NHA.21.3, NHA.21.4, NHA.21.5 and NHA.21.6.

Data for 2007-08 included in the baseline report have been revised.

- Data by State and Territory are presented in tables NHA.21.7, NHA.21.8, NHA.21.9, NHA.21.10, and NHA.21.11.
- Data by Indigenous status are presented in table NHA.21.8.
- Data by socioeconomic status are presented in table NHA.21.10.
- Data by remoteness are presented in table NHA.21.9.
- Data by age group are presented in table NHA.21.11.
- Data by service stream are presented in tables NHA.21.7, NHA.21.8, NHA.21.9, NHA.21.10 and NHA.21.11.

Attachment tables

Table NHA.21.1	Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2008-09
Table NHA.21.2	Proportion of people receiving clinical mental health services, by service type and Indigenous status, by State and Territory, 2008-09
Table NHA.21.3	Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2008-09
Table NHA.21.4	Proportion of people receiving clinical mental health services, by service type and SEIFA, by State and Territory, 2008-09
Table NHA.21.5	Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2008-09
Table NHA.21.6	Proportion of people receiving clinical mental health services, by service type and SEIFA, 2008-09 (per cent)
Table NHA.21.7	Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2007-08

Table NHA.21.8	Proportion of people receiving clinical mental health services, by service type and Indigenous status, by State and Territory, 2007-08
Table NHA.21.9	Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2007-08
Table NHA.21.10	Proportion of people receiving clinical mental health services, by service type and SEIFA, by State and Territory, 2007-08
Table NHA.21.11	Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2007-08

Box 51 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing and the AIHW, and finalised in consultation with State and Territory Health Authorities, and the Private Mental Health Alliance. The DQS is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of the population receiving clinical mental health services. Data are reported separately for public, private and MBS-funded services.
- State and Territory data are available by socioeconomic status (SES), and for public and MBS funded services, by Indigenous status. Data for private services are not available by Indigenous status.
- Annual data are available. The most recent available data are for 2008-09.
- Data are of acceptable accuracy. Comparisons between states and territories need to be made with caution due to differences in counting clients under care and reporting processes. For example, people who are assessed for a mental health service but do not go on to be treated for a mental illness are included in the data by some jurisdictions but not others. The quality of Indigenous identification for public services also varies across states and territories. Indigenous identification in the MBS data set is voluntary, and the data have been subject to an adjustment factor to correct for Indigenous under identification.
- Data for this indicator does not include claims reimbursed by the Department of Veterans’ Affairs (DVA data were not available in time for incorporation into the data for this indicator). For 2008-09, it is estimated that DVA clients comprised less than 2 per cent of people receiving Australian Government clinical mental health services. It is anticipated that DVA data will be included in the next report.
- Individuals using private services are also likely to be counted in MBS data as most private patients access MBS items associated with the private hospital service. No estimates are available on the extent of duplication between these categories.
- Data in this report are comparable with data in the baseline report.
- Data disaggregated by remoteness and SES for public services are based on different concepts between jurisdictions. As such, caution should be exercised when comparing results between jurisdictions and over time.
- Detailed explanatory notes are publicly available to assist in the interpretation of results. Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Further work is required to obtain comprehensive and consistent data on people with mental illness across the full scope of service streams.
- Disaggregation of this indicator for private patients by Indigenous status is a priority.

Indicator 22 — Selected potentially preventable hospitalisations

Key amendments from first cycle of reporting:	There is a break in the time series for acute conditions and chronic conditions between 2007-08 and 2008-09. Totals for all potentially preventable hospitalisations are not affected National data are disaggregated by SEIFA deciles
Outcome area:	Primary and community health
Progress measure:	Selected potentially preventable hospitalisations
Measure:	Admissions to hospital that could have potentially been prevented through the provision of appropriate non-hospital health services

The measure is defined as:

- *numerator* — number of potentially preventable hospitalisations, divided into the following three categories and total:
  - vaccine-preventable conditions (for example, tetanus, measles, mumps, rubella)
  - acute conditions (for example, ear, nose and throat infections, dehydration/gastroenteritis)
  - chronic conditions (for example, diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease)
  - all potentially preventable hospitalisations
- *denominator* — total population

and expressed as *directly age standardised rates (per 100 000 people in the relevant population)*

[The Steering Committee has a list of in-scope ICD-10-AM codes]

There is a break in the time series for acute conditions and chronic conditions between 2007-08 and 2008-09. Totals for all potentially preventable hospitalisations are not affected

Data source:	*Numerator* — AIHW National Hospital Morbidity Database *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2008-09
Cross tabulations	Nationally (by three groups and total) by SEIFA IRSD deciles

provided:	State and Territory (by three groups and total), by: • Indigenous status

Box 52 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in tables NHA.22.1 and NHA.22.2.
- Data by Indigenous status are presented in table NHA.22.2.
- Data by socioeconomic status are presented in tables NHA.22.2 and NHA.22.3.
- Data by remoteness are presented in table NHA.22.2.

Results for 2007-08 are available in the baseline report.

Attachment tables

Table NHA.22.1	Selected potentially preventable hospitalisations, by State and Territory, 2008-09
Table NHA.22.2	Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA 22.3	Selected potentially preventable hospitalisations, by SEIFA, 2008-09

Box 53 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on selected potentially preventable hospitalisations. State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2008-09.
- Data are of acceptable accuracy.
- Caution should be used in comparing data to 2007-08 as changes between the 5th and 6th editions of the ICD-10-AM and the associated coding standard resulted in decreased reporting of additional diagnoses for diabetes, and increased reporting of gastroenteritis. Other conditions are comparable over time. Tasmanian data are not comparable over time as data from two private hospitals included in the 2007-08 report were not available for 2008-09.
- The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. Data for these jurisdictions are not included in the national total.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Further work is required to improve the comparability of data due to changes across editions of the ICD-10-AM.

Indicator 23 — Selected potentially avoidable GP-type presentations to emergency departments

Key amendments from first cycle of reporting:	For the baseline report data were only available for 2007-08. For this second cycle of reporting both 2008-09 and 2009-10 were available Data for SEIFA and remoteness disaggregations for 2007-08 were backcast to apply a concordance methodology consistent with 2008-09 disaggregations National data are disaggregated by SEIFA deciles
Outcome area:	Primary and community health
Progress measure:	Selected potentially avoidable GP-type presentations to emergency departments
Interim measure:	Attendances at public hospital emergency departments that could have potentially been avoided through the provision of appropriate non-hospital services in the community The measure is defined as the number of presentations to public hospital emergency departments with a type of visit of *Emergency presentation* (For South Australia only, type of visit can be *Emergency presentation* or *Not Reported*) where the patient: • was allocated a triage category of 4 or 5, and • did not arrive by ambulance or police or correctional vehicle, and • was not admitted to the hospital or referred to another hospital, or did not die and is presented as a *number* *Measure is limited to public hospitals in peer groups A and B*
Data source:	*Numerator* — AIHW National Non-admitted Patient Emergency Department Care Database Data are available annually
Data provider:	AIHW
Data availability:	2008-09 and 2009-10 [current reporting year available for this report]
Cross tabulations provided:	2007-08 — State and Territory, by: • SEIFA IRSD quintiles • remoteness 2008-09 and 2009-10 — Nationally by SEIFA IRSD deciles 2008-09 and 2009-10 — State and Territory, by: • Indigenous status • remoteness

- SEIFA IRSD quintiles
- peer group and triage category

Box 54 **Results**

For this report, new data for this indicator are available for 2009-10 and 2008-09.

- Data by State and Territory are presented in tables NHA.23.1-23.2, NHA.23.4-23.5 and NHA.23.7.
- Data by Indigenous status are presented in tables NHA.23.2 and NHA.23.5.
- Data by socioeconomic status are presented in tables NHA.23.2-23.3 and NHA.23.5-23.6.
- Data by remoteness are presented in table NHA.23.2 and NHA.23.5.

Some data for 2007-08 included in the baseline report have been revised.

- Revised data by socioeconomic status are presented in table NHA.23.8.
- Revised data by remoteness are presented in table NHA.23.8.

Other results for 2007-08 are available in the baseline report.

Attachment tables

Table NHA.23.1	Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, 2009-10
Table NHA.23.2	Selected potentially avoidable GP-type presentations to emergency departments, by Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10
Table NHA.23.3	Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA, 2009-10
Table NHA.23.4	Emergency department presentations, by hospital peer group, by State and Territory, 2009-10
Table NHA.23.5	Selected potentially avoidable GP-type presentations to emergency departments, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.23.6	Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA, 2008-09
Table NHA.23.7	Emergency department presentations, by hospital peer group, by State and Territory, 2008-09
Table NHA.23.8	Selected potentially avoidable GP-type presentations to emergency departments, by remoteness and SEIFA, by State and Territory, 2007-08

Box 55 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on selected potentially avoidable GP-type presentations to emergency departments. State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy. Coverage of the data collection is complete for public hospitals in peer groups A (principal referral and specialist women’s and children’s hospitals) and B (large hospitals). Peer group A and B hospitals provide approximately 69 per cent of all public hospital accident and emergency outpatient occasions of services. Caution should be exercised when interpreting the data for 2009-10 as it has not been subject to the usual level of confirmation.
- Caution is advised when interpreting these data as the quality of Indigenous identification has not been formally assessed. Further, as peer group A and B hospitals primarily occur in major cities, the data might not include regional and rural hospitals where the representation of Indigenous Australians is higher than average (compared with other Australians). Similarly, disaggregations by SES and remoteness should be interpreted with caution.
- Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer group A or B, or the peer group classification for a hospital, may vary over time.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Only 69 per cent of public hospital accident and emergency occasions of service are in scope. Further development work is required to expand the scope to all hospitals, or to construct an appropriate method to ensure data are representative of all hospitals.
- Assessing and improving the quality of Indigenous status and SES reporting is a priority.
- The number of potentially avoidable GP-type presentations to emergency departments does not allow comparisons across states and territories, remoteness or SES status. The Steering Committee recommends examining the possibility of reporting this indicator as a rate against the relevant population.

Indicator 24 — GP-type services

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles Data are backcast by Indigenous status based on an adjusted Voluntary Indigenous Identifier (VII) Data have been backcast due to (a) a more accurate application of SEIFA and ARIA concordance tables and (b) the application of revised estimated resident population (ERP) figures
Outcome area:	Primary and community health
Output measure:	Number of primary care services per 1000 population (by location)
Measure:	GP-type service use per 1000 population The measure is defined as: • *numerator* — number of non-referred General Practice (GP) attendances claimed through the Medical Benefits Scheme (MBS) or the Department of Veterans' Affairs (DVA) • *denominator* — total population and is expressed as a *directly age standardised rate* *Includes GP/ Vocationally Registered GP non-referred attendances; primary care; Practice nurse services; Other non-referred attendances* *Non-referred (GP) attendances is kept consistent with MBS classifications* *[Secretariat has list of MBS items for calculation of this measure]*
Data source:	*Numerator* — Medicare Benefits Schedule (MBS), Department of Veterans' Affairs (DVA) data *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2008-09 [backcast] and 2009-10
Cross tabulations provided:	2008-09 and 2009-10 — Nationally, by SEIFA IRSD deciles 2008-09 and 2009-10 — State and Territory, by: • remoteness

- SEIFA IRSD quintiles
- Indigenous status

Box 56 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.24.1.
- Data by Indigenous status are presented in table NHA.24.1.
- Data by socioeconomic status are presented in tables NHA.24.1 and NHA.24.2.
- Data by remoteness are presented in table NHA.24.1.

Data for 2008-09 included in the baseline report have been revised.

- Data by State and Territory are presented in table NHA.24.3.
- Data by Indigenous status are presented in table NHA.24.3.
- Data by socioeconomic status are presented in tables NHA.24.3 and NHA.24.4.
- Data by remoteness are presented in table NHA.24.3.

Attachment tables

Table NHA.24.1	GP-type service use, by Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10
Table NHA.24.2	GP-type service use, by SEIFA, 2009-10
Table NHA.24.3	GP-type service use, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.24.4	GP-type service use, by SEIFA, 2008-09

Box 57 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on GP-type service use per 1000 population. State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy. Indigenous identification in this data set is voluntary, and the data have been subject to an adjustment factor to correct for Indigenous under identification. Improved collection of Indigenous status will reduce potential bias associated with these adjustments.
- State and Territory and SES data reflect the location of residence of the client, not the location where services were received.
- Data in this report are comparable with data in the baseline report.
- Data do not include medical claims reimbursed through the Department of Veterans’ Affairs (DVA data were not available in time for incorporation into the data for this indicator). For 2009-10, it is estimated that DVA services comprised less than 3 per cent of Australian Government GP-type services. It is anticipated that DVA data will be included in the next report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee has no additional issues for noting with this indicator.

Indicator 25 — Specialist services

Key amendments from first cycle of reporting:	The title of the indicator was amended to reflect that the measure includes specialist services claimed through MBS and DVA National data are disaggregated by SEIFA deciles Data are backcast by Indigenous status based on an adjusted Voluntary Indigenous Identifier (VII) Data have been backcast due to (a) a more accurate application of SEIFA and ARIA concordance tables and (b) the application of revised ERP figures
Outcome area:	Primary and community health
Output measure:	Number of primary care services per 1000 population (by location)
Proxy measure:	Differential rates for specialist service use (out-of-hospital private patient) per 1000 population The measure is defined as: • *numerator* — number of specialist services claimed through the Medicare Benefits Schedule (MBS) or Department of Veterans' Affairs (DVA) • *denominator* — total population and is expressed as a *directly age standardised rate* *[Secretariat has list of MBS items for calculation of this measure]*
Data source:	*Numerator* — Medicare Benefits Schedule (MBS), Department of Veterans' Affairs (DVA) data *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2008-09 [backcast] and 2009-10
Cross tabulations provided:	2008-09 and 2009-10 — Nationally, by SEIFA IRSD deciles 2008-09 and 2009-10 — State and Territory, by: • remoteness • SEIFA IRSD quintiles • Indigenous status

Box 58 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.25.1.
- Data by Indigenous status are presented in table NHA.25.1.
- Data by socioeconomic status are presented in tables NHA.25.1 and NHA.25.2.
- Data by remoteness are presented in table NHA.25.1.

Data for 2008-09 included in the baseline report have been revised.

- Data by State and Territory are presented in table NHA.25.3.
- Data by Indigenous status are presented in table NHA.25.3.
- Data by socioeconomic status are presented in tables NHA.25.3 and NHA.25.4.
- Data by remoteness are presented in table NHA.25.3

Attachment tables

Table NHA.25.1	Specialist services, by Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10
Table NHA.25.2	Specialist services, by SEIFA, 2009-10
Table NHA.25.3	Specialist services, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.25.4	Specialist services, by SEIFA, 2008-09

Box 59 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on specialist service use for out-of-hospital private patients, per 1000 population. It only includes specialist services reimbursed through Medicare, and does not include specialist services delivered to patients in public hospitals (either inpatient or outpatient) and other settings that are not reimbursed by Medicare. State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy. Indigenous identification in this data set is voluntary, and the data have been subject to an adjustment factor to correct for Indigenous under identification. Improved collection of Indigenous status will reduce potential bias associated with these adjustments.
- State and Territory and SES data reflect the location of residence of the client, not the location where services were received.
- Data in this report are comparable with data in the baseline report.
- Data do not include medical claims reimbursed through the Department of Veterans’ Affairs (DVA data were not available in time for incorporation into the data for this indicator). For 2009-10, it is estimated that DVA services comprised up to 8 per cent of Australian Government specialist services. It is anticipated that DVA data will be included in the next report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Inclusion of DVA data is a priority as it makes up a substantial component of specialist services.

Indicator 26 — Dental services

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Primary and community health
Output measure:	Number of primary care services per 1000 population (by location)
Interim measure:	Differential rates for use of dental services per 1000 population The measure is defined as: • *numerator* — number of persons who visited a dentist in the last 12 months • *denominator* — population aged five years or over (two years or over for Indigenous Australians) and is expressed as a *directly age standardised rate* *Rates are calculated separately for public and private providers and all providers, and for general and emergency and all visits* *Visits classified as per Australian Dental Association Schedule of Dental Services* *Service estimates to be restricted to dentate persons*
Data source:	*Numerator* — National Dental Telephone Interview Survey (NDTIS) (all). National Health Survey (NHS)/National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) (Indigenous status) *Denominator* — ABS Estimated Resident Population (all) and NHS/NATSIHS (Indigenous population) (Total population) Data are available every 2.5 years (Indigenous status) Data are available every six years
Data provider:	AIHW (NDTIS) and ABS (NHS/NATSIHS)
Data availability:	(all) 2008 [no new data available] (Indigenous status 2004-05 [no new data available]
Cross tabulations provided:	Nil

Box 60 **Comment on data quality**

No new data were available for this report.

Indicator 27 — Optometry services

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles Data are backcast by Indigenous status based on an adjusted Voluntary Indigenous Identifier (VII) Data have been backcast due to (a) a more accurate application of SEIFA and ARIA concordance tables and (b) the application of revised ERP figures.
Outcome area:	Primary and community health
Output measure:	Number of primary care services per 1000 population (by location)
Measure:	Optometry service use per 1000 population The measure is defined as: • *numerator* — number of optometry services claimed through the Medicare Benefits Schedule (MBS) or Department of Veterans' Affairs (DVA) • *denominator* — total population and is expressed as a *directly age standardised rate* *[Secretariat has list of MBS items for calculation of this measure]*
Data source:	*Numerator* — Medicare Benefits Schedule (MBS), Department of Veterans' Affairs (DVA) data *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2008-09 [backcast] and 2009-10
Cross tabulations provided:	2008-09 and 2009-10 — Nationally, by SEIFA IRSD deciles 2008-09 and 2009-10 — State and Territory, by: • remoteness • SEIFA IRSD quintiles • Indigenous status

Box 61 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.27.1.
- Data by Indigenous status are presented in table NHA.27.1.
- Data by socioeconomic status are presented in tables NHA.27.1 and NHA.27.2.
- Data by remoteness are presented in table NHA.27.1.

Data for 2008-09 included in the baseline report have been revised.

- Data by State and Territory are presented in table NHA.27.3.
- Data by Indigenous status are presented in table NHA.27.3.
- Data by socioeconomic status are presented in tables NHA.27.3 and NHA.27.4.
- Data by remoteness are presented in table NHA.27.3.

Attachment tables

Table NHA.27.1	Optometry services, by Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10
Table NHA.27.2	Optometry services, by SEIFA, 2009-10
Table NHA.27.3	Optometry services, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.27.4	Optometry services, by SEIFA, 2008-09

Box 62 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on optometry services, per 1000 population. State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy. Indigenous identification in this data set is voluntary, and the data have been subject to an adjustment factor to correct for Indigenous under identification. Improved collection of Indigenous status will reduce potential bias associated with these adjustments.
- Data in this report are comparable with data in the baseline report.
- State and Territory and SES data reflect the location of residence of the client, not the location where services were received.
- Data for this indicator does not include claims reimbursed by the Department of Veterans’ Affairs (DVA data were not available in time for incorporation into the data for this indicator). For 2009-10, it is estimated that DVA services comprised less than 2 per cent of Australian Government optometry services. It is anticipated that DVA data will be included in the next report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee has no additional issues for noting with this indicator.

Indicator 28 — Public sector community mental health services

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles
Outcome area:	Primary and community health
Output measure:	Number of mental health services
Measure:	Number of public community mental health service contacts per 1000 population The measure is defined as: • *numerator* — total number of community mental health service contacts provided by public sector community mental health services • *denominator* — total population and is expressed as *a directly age standardised rate (per 1000 population)*
Data source:	*Numerator* — National Community Mental Health Care Database *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2008-09
Cross tabulations provided:	Nationally, by SEIFA IRSD deciles State and Territory, by: • sex • Indigenous status • remoteness • SEIFA IRSD quintiles • sex by age (10-year age groups) (age specific rates)

Box 63 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in tables NHA.28.1 and NHA.28.2.
- Data by Indigenous status are presented in table NHA.28.1.
- Data by socioeconomic status are presented in tables NHA.28.1 and NHA.28.3.
- Data by remoteness are presented in tables NHA.28.1.
- Data by sex are presented in tables NHA.28.1 and NHA.28.2.
- Data by age are presented in table NHA.28.2.

Results for 2007-08 are available in the baseline report.

Attachment tables

Table NHA.28.1	Community mental health service contacts provided by public sector community mental health services, by sex, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.28.2	Community mental health service contacts provided by public sector community mental health services by sex and age, by State and Territory, 2008-09
Table NHA.28.3	Community mental health service contacts provided by public sector community mental health services, by SEIFA, 2008-09

Box 64 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on use of community mental health services. Data are available by State and Territory by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2008-09.
- Data are of acceptable accuracy. There is some variation in the types of service contacts included across jurisdictions which affects comparability between States and Territories. Data are provided by jurisdiction of service, not residence. The interpretation of rates for jurisdictions should take into consideration cross-border flows.
- Coverage for most jurisdictions is estimated to be between 95–100 per cent. The Northern Territory estimates that there could be an underreporting rate of between 25–35 per cent of service contact records, which may affect interpretation of NT results.
- The Indigenous status data should be interpreted with caution due to the varying quality of Indigenous identification across states and territories.
- Data in this report are comparable with data in the baseline report for all jurisdictions except Queensland. The adoption of new data management software resulted in data which are not comparable with the baseline for this jurisdiction and the national total.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- The relevant output measure that this indicator informs is ‘number of mental health services’. The number of mental health services available can be affected by the size of the organisations offering the services. The Steering Committee recommends that this output measure be amended to ‘mental health service utilisation’ as the data captures the extent to which mental health services are used by the community.

Indicator 29 — Private sector mental health services

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles Data are backcast by Indigenous status based on an adjusted Voluntary Indigenous Identifier (VII) Data have been backcast due to (a) a more accurate application of SEIFA and Australian Standard Geographical Classification (ASGC) remoteness area concordance tables and (b) the application of revised ERP figures
Outcome area:	Primary and community health
Output measure:	Number of mental health services
Interim measure:	Ambulatory mental health services provided by private psychiatrists, GPs and allied health providers (psychologists, occupational therapists, social workers, mental health nurses and Aboriginal health workers) The measure is defined as: • *numerator* — number of ambulatory mental health service contacts provided by private psychiatrists, general practitioners, clinical psychologists and other allied health providers (including registered psychologists, occupational therapists, social workers, mental health nurses and Aboriginal health workers) claimed through the Medicare Benefits Schedule (MBS) or Department of Veterans' Affairs (DVA) • *denominator* — total population and is expressed as a *directly age standardised rate (per 1000 population)* *Includes Better Access MBS items claimed by allied health professionals (including occupational therapists and social workers) in addition to private psychiatrists, GPs and psychologists* *Includes all mental-health related MBS items and includes some ambulatory-equivalent admitted patient mental health service contacts* *[Secretariat has list of MBS items for calculation of this measure]*
Data source:	*Numerator* — Medicare Benefits Schedule (MBS) and Department of Veterans' Affairs (DVA) data *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW

Data availability:	2008-09 [backcast] and 2009-10
Cross tabulations provided:	2008-09 and 2009-10 — Nationally, by SEIFA IRSD deciles 2008-09 and 2009-10 — State and Territory, by: • service streams (Psychiatrist, Clinical Psychologist, General Practitioner and Other Allied Health) • sex • sex by age (10 year groups) (age specific rates) • remoteness • SEIFA IRSD quintiles

Box 65 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in tables NHA.29.1, NHA.29.2 and NHA.29.3.
- Data by Indigenous status are presented in table NHA.29.2.
- Data by socioeconomic status are presented in tables NHA.29.2 and NHA.29.4.
- Data by remoteness are presented in table NHA.29.2.
- Data by gender are presented in tables NHA.29.2 and NHA.29.3.
- Data by age group are presented in table NHA.29.3.
- Data by service stream are presented in table NHA.29.1.

Data for 2008-09 included in the baseline report have been revised.

- Data by State and Territory are presented in tables NHA.29.5, NHA.29.6 and NHA.29.7.
- Data by Indigenous status are presented in table NHA.29.6.
- Data by socioeconomic status are presented in tables NHA.29.6 and NHA.29.8.
- Data by remoteness are presented in table NHA.29.6.
- Data by gender are presented in tables NHA.29.6 and NHA.29.7.
- Data by age group are presented in table NHA.29.7.
- Data by service stream are presented in table NHA.29.5.

Attachment tables

Table NHA.29.1	Rate of ambulatory mental health services provided, by MBS service stream, by State and Territory, 2009-10
Table NHA.29.2	Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10

Table NHA.29.3	Rate of ambulatory mental health services provided, by age and sex, by State and Territory, 2009-10
Table NHA.29.4	Rate of ambulatory mental health services provided, by SEIFA, 2009-10
Table NHA.29.5	Rate of ambulatory mental health services provided, by MBS service stream, by State and Territory, 2008-09
Table NHA.29.6	Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.29.7	Rate of ambulatory mental health services, by age and sex, by State and Territory, 2008-09
Table NHA.29.8	Rate of ambulatory mental health services provided, by SEIFA, 2008-09

Box 66 **Comment on data quality**

The DQS for this indicator was initially drafted and provided by the AIHW, and finalised in consultation with the Department of Health and Ageing. The DQS is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the use of private mental heath services (as a rate per 1000 population). State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy. Indigenous identification in this data set is voluntary, and the data have been subject to an adjustment factor to correct for Indigenous under identification. Improved collection of Indigenous status will reduce potential bias associated with these adjustments.
- The data do not include Medicare Benefits Schedule (MBS) claims reimbursed by the Department of Veterans’ Affairs (DVA data were not available in time for incorporation into the data for this indicator). For 2009-10, it is estimated that DVA services comprised less than 2 per cent of Australian Government private mental health services. It is anticipated that DVA data will be included in the next report.
- Data in this report are comparable with data in the baseline report. New MBS items added 1 November 2008 and 1 January 2010 are included in the data but do not affect the comparability of data over time.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- The relevant output measure that this indicator informs is ‘number of mental health services’. A measure of the number of mental health services can be affected by the size of the services. The Steering Committee recommends that this output measure be amended to ‘mental health service utilisation’ as it captures the extent to which mental health services are used by the community.

Indicator 30 — Proportion of people with diabetes with a GP annual cycle of care

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles Data have been backcast due to (a) a more accurate application of SEIFA and ASGC remoteness area concordance tables and (b) the application of revised ERP figures
Outcome area:	Primary and community health
Output measure:	Proportion of people with selected chronic disease whose care is planned (asthma, diabetes, mental health)
Measure:	Proportion of people with diabetes mellitus who have received a Medicare Benefits Schedule (MBS) or Department of Veterans Affairs (DVA) annual cycle of care The measure is defined as: • *numerator* — number of persons with a completed MBS or DVA diabetes annual cycle of care (includes MBS A18.2 or A19.2 codes) • *denominator* — number of persons with diagnosed type 1 or type 2 diabetes in the community and is expressed as a *percentage* *The denominator excludes gestational diabetes mellitus (GDM) and 'other' diabetes cases and deceased registrants*
Data source:	*Numerator* — Medicare Benefits Schedule (MBS) data and Department of Veterans' Affairs (DVA) data *Denominator* — National Diabetes Services Scheme (NDSS) database Data are available annually
Data provider:	AIHW
Data availability:	2008-09 [backast] and 2009-10
Cross tabulations provided:	2008-09 and 2009-10 — Nationally, by SEIFA IRSD deciles 2008-09 and 2009-10 — State and Territory, by: • remoteness • SEIFA IRSD quintiles

Box 67 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.30.1.
- Data by socioeconomic status are presented in tables NHA.30.1 and NHA.30.2.
- Data by remoteness are presented in table NHA.30.1.

Data for 2008-09 included in the baseline report have been revised.

- Data by State and Territory are presented in table NHA.30.3.
- Data by socioeconomic status are presented in tables NHA.30.3 and NHA.30.4.
- Data by remoteness are presented in table NHA.30.3.

Attachment tables

Table NHA.30.1	Proportion of people with diabetes with a GP annual cycle of care, by remoteness and SEIFA, by State and Territory, 2009-10
Table NHA.30.2	Proportion of people with diabetes with a GP annual cycle of care, by SEIFA, 2009-10
Table NHA.30.3	Proportion of people with diabetes with a GP annual cycle of care, by remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.30.4	Proportion of people with diabetes with a GP annual cycle of care, by SEIFA, 2008-09

Box 68 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of people known to have diabetes who have completed a cycle of care through general practice. Data are not available by Indigenous status. Data are available by State and Territory by socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10.
- Registration with the National Diabetes Services Scheme (NDSS) is voluntary. It is estimated that 80 to 90 per cent of diagnosed cases of diabetes are registered, with a lower uptake in remote areas. Undiagnosed cases are not included in the data.
- Data are of acceptable accuracy. Registration on the NDSS requires a diagnosis of diabetes, which may result in an underestimation of diabetes cases in remote areas with low coverage of doctors. Results for the ACT and the NT appear less reliable than other jurisdictions, potentially due to smaller populations and lower coverage of services in the NT.
- Data do not include medical claims reimbursed through the Department of Veterans’ Affairs (DVA data were not available in time for incorporation into the data for this indicator). For 2009-10, it is estimated that DVA clients comprised less than 4 per cent of clients who received a GP annual cycle of care. It is anticipated that DVA data will be included in the next report.
- Data in this report are not directly comparable with data in the baseline report as the denominator (prevalence estimate of diabetes) increases each year with the improved coverage of the NDSS. Comparisons across jurisdictions and population groups may be problematic due to different population structures (including relative prevalence of Type 1 and Type 2 diabetes) which have not been accounted for in the calculation of this indicator.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by Indigenous status is a priority. Indigenous identification in MBS data is voluntary and the data significantly underestimate Indigenous utilisation.
- It would be useful to report this indicator in the future separately for type 1 and type 2 diabetes.

Indicator 31 — Proportion of people with asthma with a written asthma plan

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Primary and community health
Output measure:	Proportion of people with selected chronic disease whose care is planned (asthma, diabetes, mental health)
Interim measure:	Proportion of people with asthma who have a written asthma plan The measure is defined as: • *numerator* — number of persons with asthma who have a written asthma plan • *denominator* — estimated number of persons with asthma and is expressed as a *percentage*
Data source:	*Numerator* and *denominator* — ABS National Health Survey (NHS) (all). Data are collected every three years. ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) (Indigenous). Data are collected every six years
Data provider:	ABS
Data availability:	(Total population) 2007-08 [No new data available] (Indigenous status) 2004-05 [No new data available]
Cross tabulations provided:	Nil

Box 69 Comment on data quality

No new data were available for this report.

Indicator 32 — Proportion of people with mental illness with GP plans

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles Data have been backcast due to (a) a more accurate application of SEIFA and ASGC remoteness area concordance tables and (b) the application of revised ERP figures
Outcome area:	Primary and community health
Output measure:	Proportion of people with selected chronic disease whose care is planned (asthma, diabetes, mental health)
Interim measure:	Proportion of people with mental illness with General Practice (GP) Mental Health Treatment Plans The measure is defined as: • *numerator* — number of persons with a GP Mental Health Treatment Plan • *denominator* — estimated number of persons with mental illness and is expressed as a *directly age-standardised rate (per cent)* *The measure is presented by State and Territory as an overall rate, age-specific rate and number. The overall rate is limited to people aged 16–84 years. The age-specific rates are presented for all ages* *Denominator is calculated by applying the estimated proportion (age and sex-specific) of the population with mental illness (from the most recent ABS National Survey of Mental Health and Wellbeing) to the Estimated Resident Population*
Data source:	*Numerator* — Medicare Benefits Schedule (MBS) data and Department of Veterans Affairs (DVA) data *Denominator* — ABS Survey of Mental Health and Wellbeing and ABS Estimated Resident Population data Data are available annually for MBS, DVA and ERP and infrequently for the ABS Survey of Mental Health and Wellbeing
Data provider:	*Numerator and denominator* — AIHW
Data availability:	2008-09 [backcast] and 2009-10 (both based on 2007 survey as denominator for measure)
Cross tabulations provided:	2008-09 and 2009-10 — State and Territory, by: • 10 year age group (age specific numbers of persons) • age specific rates

2008-09 and 2009-10 — Nationally, by:
- remoteness
- SEIFA IRSD quintiles

Box 70 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in tables NHA.32.1 and NHA.32.2.
- Data by socioeconomic status are presented in table NHA.32.3.
- Data by remoteness are presented in table NHA.32.3.
- Data by age group are presented in table NHA.32.2.

Data for 2008-09 included in the baseline report have been revised.

- Data by State and Territory are presented in tables NHA.32.4 and NHA.32.5.
- Data by socioeconomic status are presented in table NHA.32.6.
- Data by remoteness are presented in table NHA.32.6.
- Data by age group are presented in table NHA.32.5.

Attachment tables

Table NHA.32.1	People with mental illness with GP treatment plans, by State and Territory, 2009-10
Table NHA.32.2	People with mental illness with GP treatment plans, by age, by State and Territory, 2009-10
Table NHA.32.3	People with mental illness with GP treatment plans, by remoteness and SEIFA, 2009-10
Table NHA.32.4	People with mental illness with GP treatment plans, by State and Territory, 2008-09
Table NHA.32.5	People with mental illness with GP treatment plans, by age, by State and Territory, 2008-09
Table NHA.32.6	People with mental illness with GP treatment plans, by remoteness and SEIFA, 2008-09

Box 71 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of people with a mental illness who have a GP mental health treatment plan. The National Survey of Mental Health and Wellbeing (denominator for the measure) does not capture all disorders (for example, low-prevalence disorders such as psychosis). This means that the numerator may potentially include some people who are not included in the denominator, resulting in a potential over-estimate for the proportion.
- Data are available by State and Territory. Data are not available by Indigenous status, and are available for socioeconomic status (SES) only at the national level.
- Data for age ranges are only for the number of people with GP mental health care plans by State and Territory.
- Annual data are available. The most recent available data are for 2009-10.
- The data do not cover all mental health care services, and do not include services that were reimbursed through the Department of Veterans’ Affairs (DVA data were not available in time for incorporation into the data for this indicator). For 2009-10, it is estimated that DVA clients comprised less than 1 per cent of clients with a GP mental health treatment plan. It is anticipated that DVA data will be included in the next report.
- Data are of acceptable accuracy.
- Data in this report are not directly comparable with data in the baseline report. The numerator for the baseline did not require a diagnosis of a mental illness to access a GP Health Care Plan. From 1 July 2009, a diagnosis of a mental illness was required before accessing this MBS item.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Further work is required to obtain more comprehensive data on people with mental illness across the full spectrum of disorders.
- Disaggregation of this indicator by Indigenous status, and SES by State and Territory is a priority. Further development work on the current data sources is required.

Indicator 33 — Women with at least one antenatal visit in the first trimester of pregnancy

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles
Outcome area:	Primary and community health
Output measure:	Number of women with at least one antenatal visit in the first trimester of pregnancy
Interim measure:	The number of women who gave birth, where an antenatal visit was reported in the trimester, as a proportion of women who gave birth The measure is defined as: • *numerator* — number of women who attended at least one antenatal visit in the first trimester (up to and including 13 completed weeks gestation) for at least one live or stillborn baby • *denominator* — total number of women who gave birth to at least one live or stillborn baby and is expressed as a *percentage* Births include live births and still births where the birth weight was at least 400 grams or the gestational age was 20 weeks or more First trimester is defined as the first 13 weeks of pregnancy
Data source:	*Numerator and denominator* — National Perinatal Data Collection Data are available annually
Data provider:	AIHW
Data availability:	2008 (data only available for NSW, SA and the NT for this reporting cycle) Data are also reported for this indicator under PI 14 in the NIRA performance report
Cross tabulations provided:	Nationally, by SEIFA IRSD deciles State and Territory, by: • Indigenous status • remoteness • SEIFA IRSD quintiles

Further cross tabulations are available in the NIRA performance report — PI 14

Box 72 **Results**

For this report, new data for this indicator are available for 2008.

- Data by State and Territory are presented in table NHA.33.1.
- Data by Indigenous status are presented in table NHA.33.1.
- Data by socioeconomic status are presented in tables NHA.33.1 and NHA.33.2.
- Data by remoteness are presented in table NHA.33.1.

Results for 2007 are available in the baseline report.

Attachment tables

Table NHA.33.1	Proportion of pregnancies with an antenatal visit in the first trimester, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008
Table NHA.33.2	Proportion of pregnancies with an antenatal visit in the first trimester, by SEIFA, 2008

Box 73 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of women with at least one antenatal visit in the first trimester of pregnancy that resulted in birth.
- Data are not available for Victoria, Queensland, WA and Tasmania, and are not of sufficient quality for reporting for the ACT. For other states and territories, data can be disaggregated by Indigenous status and socioeconomic status.
- The National Perinatal Data Collection (NPDC) provides information on the Indigenous status of the mother only.
- Annual data are available. The most recent available data are for 2008.
- Data are of acceptable accuracy.
- Data in this report are comparable with data in the baseline report. The completeness of data for the NT has improved since the baseline report, which affects comparisons over time. Data are not comparable across jurisdictions because non-standard definitions were used and response rates were variable.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- The interim measure reports data from the NPDC which uses non-standard definitions for relevant data items. Standardisation of the definitions for the relevant NMDS has been completed and comparable data are expected to be available from 2011 onwards.
- The data are relatively old and may not be representative of current incidence. Further work is required to ensure availability of more timely data.

Indicator 34 — Waiting times for elective surgery

Key amendments from first cycle of reporting:	For the baseline report data was only available for 2007-08. For this second cycle of reporting both 2008-09 and 2009-10 were available National data are disaggregated by SEIFA deciles
Outcome area:	Hospital and related care
Progress measure:	Waiting times for services
Measure:	Median and 90th percentile waiting times for elective surgery in public hospitals, including by indicator procedure The measure 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 also minus any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at removal and is expressed as the *number of days by percentile* (ie at the 50th and 90th percentile) Calculated overall and for each indicator procedure *Waiting times are calculated for patients whose reason for removal was Admitted as an elective patient. Includes the proportion of removals for elective admission that waited more than 365 days*
Data source:	National Elective Surgery Waiting Times Data Collection. For Indigenous disaggregation, the Collection is linked to the National Hospital Morbidity Database Data are available annually
Data provider:	AIHW
Data availability:	2008-09 and 2009-10 [current reporting year available for this report]
Cross tabulations provided:	2008-09 — Nationally, by SEIFA IRSD deciles 2008-09 and 2009-10 — State and Territory (by indicator procedure), by: • peer group • Indigenous status 2008-09 — State and Territory by: • remoteness • SEIFA IRSD quintiles

Box 74 **Results**

For this report, new data for this indicator are available for 2009-10 and 2008-09.

- Data by State and Territory are presented in tables NHA.34.1, NHA.34.2, NHA.34.3, NHA.34.4, NHA.34.5, NHA.34.6 and NHA.34.7.
- Data by Indigenous status are presented in table NHA.34.3 and NHA.34.5.
- Data by socioeconomic status are presented in tables NHA.34.7 and NHA.34.8.
- Data by remoteness are presented in table NHA.34.6.
- Data by procedure are presented in tables NHA.34.2, NHA.34.3, NHA.34.4 and NHA.34.5.
- Data by hospital peer group are presented in tables NHA.34.2 and NHA.34.4.

Results for 2007-08 are available in the baseline report.

Attachment tables

Table NHA.34.1	Waiting times for elective surgery in public hospitals, by State and Territory, 2009-10
Table NHA.34.2	Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2009-10
Table NHA.34.3	Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory, 2009-10
Table NHA.34.4	Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2008-09
Table NHA.34.5	Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory, 2008-09
Table NHA.34.6	Waiting times for elective surgery in public hospitals, by remoteness area, by State and Territory, 2008-09
Table NHA.34.7	Waiting times for elective surgery in public hospitals, by SEIFA, by State and Territory, 2008-09
Table NHA.34.8	Waiting times for elective surgery in public hospitals, by SEIFA, 2008-09

Box 75 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provides relevant information on waiting times for elective surgery. State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10 (State and Territory disaggregated by Indigenous status) and 2008-09 (State and Territory disaggregated by Indigenous status and SES).
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. Indigenous status was not reported for NSW for 2009-10.
- Data are of acceptable accuracy. For 2008-09, coverage of the National Elective Surgery Waiting Times Data Collection was about 91 per cent of elective surgery in Australian public hospitals. Caution should be exercised when interpreting the data for 2009-10 as they have not been subjected to the usual level of confirmation.
- Data in this report are comparable with data in the baseline report, subject to the point above regarding the 2009-10 data.
- Detailed explanatory notes are publicly available to assist in the interpretation of results
- Additional data from the data source are available on-line, and on request.

The Steering Committee has no additional issues for noting with this indicator.

Indicator 35 — Waiting times for emergency department care

Key amendments since the first cycle of reporting:	For the baseline report data were only available for 2007-08. For this second cycle of reporting both 2008-09 and 2009-10 data were available. National data are disaggregated by SEIFA deciles Data have been backcast to (a) incorporate a more accurate application of SEIFA and ASGC concordance tables and (b) ensure time series data are available using consistent specifications
Outcome area:	Hospital and related care
Progress measure:	Waiting times for services
Interim measure:	Percentage of patients who are treated within national benchmarks for waiting times for each triage category in public hospital emergency departments Triage categories 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 For each triage category, the measure is defined as: • *numerator* — the number of presentations to public hospital emergency departments that were treated within benchmarks for each triage category • *denominator* — total presentations to public hospital emergency departments and is expressed as a *percentage* Calculated overall and separately for each triage category *Includes records with a Type of visit of Emergency presentation (for SA only, Type of Visit can be Emergency presentation or Not Reported)* *Excludes where episode end status is either Did not wait or Dead on arrival, or if the Waiting time to service is invalid* *Limited to public hospitals in peer groups A and B*
Data source:	*Numerator and denominator* — AIHW National Non-admitted Patient Emergency Department Care Database Data are available annually

Data provider:	AIHW
Data availability:	2008-09 and 2009-10 [current reporting year available for this report]
Cross tabulations provided:	2008-09 and 2009-10 — Nationally, by Triage category, by SEIFA IRSD deciles 2007-08, 2008-09 and 2009-10 — State and Territory, by Triage category, by: • peer group • Indigenous status • remoteness area • SEIFA IRSD quintiles

Box 76 **Results**

For this report, new data for this indicator are available for 2009-10 and 2008-09.

- Data by State and Territory are presented in tables NHA.35.1 (2009-10) and NHA.35.7 (2008-09).
- Data by hospital peer group are presented in tables NHA.35.2 (2009-10) and NHA.35.7 (2008-09).
- Data by Indigenous status are presented in table NHA.35.3 (2009-10) and NHA.35.8 (2008-09).
- Data by remoteness are presented in table NHA.35.4 (2009-10) and NHA.35.9 (2008-09).
- Data by socioeconomic status are presented in tables NHA.35.5-35.6 (2009-10) and NHA.35.10-35.11(2008-09).

Data for 2007-08 included in the baseline report have been revised.

- Data by State and Territory are presented in table NHA.35.12.
- Data by remoteness are presented in table NHA.35.14.
- Data by socioeconomic status are presented in table NHA.35.15.

Attachment tables

Table NHA.35.1	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2009-10
Table NHA.35.2	Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory, 2009-10
Table NHA.35.3	Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2009-10
Table NHA.35.4	Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory, 2009-10

Table NHA.35.5	Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2009-10
Table NHA.35.6	Patients treated within national benchmarks for emergency department waiting time, by triage category, by SEIFA, 2009-10
Table NHA.35.7	Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory, 2008-09
Table NHA.35.8	Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2008-09
Table NHA.35.9	Patients treated within national benchmarks for emergency department waiting time, by remoteness area, by State and Territory, 2008-09
Table NHA.35.10	Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2008-09
Table NHA.35.11	Patients treated within national benchmarks for emergency department waiting time, by triage category, by SEIFA, 2008-09
Table NHA.35.12	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2007-08
Table NHA.35.13	Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2007-08
Table NHA.35.14	Patients treated within national benchmarks for emergency department waiting time, by remoteness area, by State and Territory, 2007-08
Table NHA.35.15	Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2007-08

Box 77 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of patients who were treated within specified waiting times for different triage categories in emergency departments in peer group A and B hospitals. State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are 2009-10.
- Data are of acceptable accuracy. Data are complete for hospitals in peer group A (principal referral and specialist women’s and children’s hospitals) and B (large hospitals). Peer group A and B hospitals provide approximately 69 per cent of all public hospital accident and emergency outpatient occasions of service.
- Caution is advised when interpreting these data by Indigenous status as the quality of Indigenous identification has not been formally assessed. Further, as peer group A and B hospitals primarily occur in major cities, these data might not include hospitals in regional and rural areas where the representation of Indigenous patients is higher than average (compared with other Australians). Similarly, disaggregations by SES and remoteness should be used with caution. Caution should be exercised when interpreting the data for 2009-10 as it has not been subjected to the normal level of confirmation.
- Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer group A or B, or the peer group for a hospital, may vary over time.
- Detailed explanatory notes are publicly available to assist in interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Only 69 per cent of public hospital accident and emergency occasions of service are in scope. Further development work is required to expand the scope to all hospitals, or to construct an appropriate method to ensure data are representative of all hospitals.
- Assessing and improving the quality of Indigenous data is a priority.

Indicator 36 — Waiting times for admission following emergency department care

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Hospital and related care
Progress measure:	Waiting times for services
Measure:	Percentage of patients who present to a public hospital emergency department and are admitted to the same hospital, whose time in the emergency department is less than eight hours The measure is defined as: • *numerator* — presentations to public hospital emergency departments with an episode end status of 'admitted to this hospital' who were physically in the emergency department for less than eight hours • *denominator* — all presentations with an episode end status of 'admitted to this hospital' and is expressed as a *percentage*
Data source:	There is no current national data source
Data provider:	Nil
Data availability:	Data are not currently available
Cross tabulations provided:	Nil

Box 78 **Comment on data quality**

No data are currently available to inform this indicator.

The Steering Committee has been advised that waiting time data could become a part of the AIHW's National Non-admitted Patient Emergency Department Database. Data development work emerging from the National Partnership Agreement on Hospital and Health Workforce Reform Implementation Group includes definitional work on what is an Emergency Department (ED), how to deal with admissions in the ED and clearer definitions for data items used in the calculation of waiting times for transfer to a ward (for example, ED departure date/time).

Indicator 37 — Waiting times for radiotherapy and orthopaedic specialists

Key amendments from first cycle of reporting: No amendments have been made

Outcome area: Hospital and related care

Progress measure: Waiting times for services

Measure: Length of time patient needs to wait to see selected specialists for radiotherapy and orthopaedic services

The measure is calculated as:

- the waiting time from the date the patient first sought an appointment, following a GP or other appropriate referral, to:
  - *for* radiotherapy *patients*, the date of the first appointment at which treatment is provided
  - *for* orthopaedic *patients*, the date of their first appointment with a medical specialist

and is expressed as the *number of days, by percentile* (ie at the 50th and 90th percentile), for each specialist type

Data source: There is no current national data source

Data provider: Nil

Data availability: Data are not currently available

Cross tabulations provided: Nil

Box 79 **Comment on data quality**

No data are currently available to inform this indicator.

The Steering Committee notes that a working group of the National Health Information Standards and Statistics Committee (NHISSC) is developing a National Minimum Dataset on waiting for radiotherapy services for consideration by the Australian Health Ministers Advisory Committee.

Indicator 38 — Adverse drug events in hospitals

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Hospital and related care
Progress measure:	Selected adverse events in acute and sub-acute care settings
Measure:	Adverse drug events occurring in hospital and requiring treatment The measure is defined as: • *numerator* — number of separations with an adverse drug event which occurred in hospital • *denominator* — total number of separations from hospital and is expressed as a *rate*
Data source:	There is no current national data source
Data provider:	Nil
Data availability:	Data are not currently available
Cross tabulations provided:	Nil

Box 80 **Comment on data quality**

No data are currently available to inform this indicator.

The Steering Committee notes that a working group of the National Health Information Standards and Statistics Committee (NHISSC) is developing advice about necessary coding changes and additional data items required to report against this indicator.

Indicator 39 — Healthcare-associated *Staphylococcus aureus* (including MRSA) bacteraemia in acute care hospitals

Key amendments from first cycle of reporting:

There were two changes to the measure

- a denominator was adopted to report the indicator as a rate per 10 000 patient days to provide comparable performance information across jurisdictions
- data disaggregated by MRSA and MSSA

Data are not able to be backcast for this measure

Outcome area: Hospital and related care

Progress measure: Selected adverse events in acute and sub-acute care settings

Interim measure:

Staphylococcus aureus bacteraemia (SAB) associated with acute care public hospitals (excluding cases associated with private hospital and non-hospital care)

The measure is defined as:

- *numerator* — SAB patient episodes associated with acute care public hospitals. Cases associated with care provided by private hospitals and non-hospital health care are excluded
- *denominator* — number of patient days for public acute care hospitals (only for hospitals reporting SAB indicator)

and is expressed as a *rate per 10 000 patient days*

The definition of an acute public hospital is ‘all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospitals Establishment NMDS’

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
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 ($<1\text{x}10^{9}$/L) contributed to by

cytotoxic therapy

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

Data source:	*Numerator and denominator* — State and Territory infection surveillance data Data are available annually
Data provider:	AIHW
Data availability:	2009-10
Cross tabulations provided:	State and Territory by: • MRSA and MSSA

Box 81 **Results**

For this report, data are reported for the first time and are in respect of the 2009-10 reporting period.

- Data by State and Territory are presented in table NHA.39.1.
- Data by MRSA and MSSA are presented in table NHA.39.1.

Data are not able to be backcast for the previous reporting cycle.

Attachment tables

Table NHA.39.1	Episodes of *Staphylococcus aureus* (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA, by State and Territory, 2009-10

Box 82 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the rate of healthcare-associated Staphylococcus aureus (MRSA and MSSA) bacteraemia (SAB) in public acute care hospitals. Data are available by State and Territory.
- Annual data are available. The most recent available data are for 2009-10.
- The data used to calculate the indicator were collected by states and territories through their healthcare-associated infections surveillance programs.
- Data are of acceptable accuracy. For some states and territories there is incomplete coverage of public acute care hospitals that provide data used to produce this indicator.
- The data presented have not been adjusted for any differences in casemix between the jurisdictions, affecting comparability between states and territories and over time. All jurisdictions except NSW use an agreed definition of a patient episode of SAB cases. As such, NSW data should not be compared to other jurisdictions, and there is no national total calculated.
- The comparability of the rates of SAB between jurisdictions is limited because the count of patient days (denominator) reflects admitted patient activity, while the incidence of SAB (numerator) includes non-admitted and admitted patient activity.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request, for some jurisdictions.

The Steering Committee also notes the following issues:

- Improving comparability across jurisdictions is a priority.
- Disaggregation of this indicator by Indigenous status and socioeconomic status would improve reporting but may not be feasible due to the small number of episodes.

Indicator 40 — Pressure ulcers in hospitals

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Hospital and related care
Progress measure:	Selected adverse events in acute and sub-acute care settings
Measure:	Pressure ulcers arising in acute and sub-acute hospital care The measure is calculated as: • the *number* of separations with a grade II to IV pressure ulcer recorded as arising during the episode of care
Data source:	There is no current national data source
Data provider:	Nil
Data availability:	Data are not currently available
Cross tabulations provided:	Nil

Box 83 **Comment on data quality**

No data are currently available to inform this indicator.

The Steering Committee notes that a working group of the National Health Information Standards and Statistics Committee (NHISSC) is developing advice about necessary coding changes and additional data items required to report against this indicator.

Indicator 41 — Falls resulting in patient harm in hospitals

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles
Outcome area:	Hospital and related care
Progress measure:	Selected adverse events in acute and sub-acute care settings
Interim measure:	Falls occurring in health care settings and resulting in patient harm treated in hospital The measure is defined as: • *numerator* — number of separations with an external cause code for fall and a place of occurrence of health service area • *denominator* — total number of hospital separations and is expressed as *number* and *rate (per 1000 separations)* *[Secretariat has list of in-scope ICD-10 codes for calculation purposes]*
Data source:	*Numerator and denominator* — Admitted Patient Care National Minimum Data Set Data are available annually
Data provider:	AIHW
Data availability:	2008-09
Cross tabulations provided:	Nationally, by SEIFA IRSD deciles State and Territory, by: • hospital sector • Indigenous status • remoteness • SEIFA IRSD quintiles

Box 84 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in table NHA.41.1.
- Data by Indigenous status are presented in table NHA.41.1.
- Data by socioeconomic status are presented in tables NHA.41.1 and NHA.41.2.
- Data by remoteness are presented in table NHA.41.1.
- Data by hospital sector are presented in table NHA.41.1.

Results for 2007-08 are available in the baseline report.

Attachment tables

Table NHA.41.1	Separations for falls that occurred in a health care setting, by Indigenous status, hospital sector, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.41.2	Separations for falls that occurred in a health care setting, by SEIFA, 2008-09

Box 85 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the number of hospital separations resulting from falls in health care settings, not the number of falls — that is, the data do not provide information on falls which did not require hospitalisation. State and Territory data are available by Indigenous status and socioeconomic status.
- Annual data are available. The most recent available data are for 2008-09.
- All public hospitals, except a mothercraft hospital in the ACT, provided data. Most private hospitals also provided data, except private day hospital facilities in the ACT, the single private free-standing hospital facility in the NT and a small private hospital in Tasmania.
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed.
- Data are of acceptable accuracy. The recorded number of falls occurring in healthcare settings may be an underestimate as around 20 per cent of the records of separations involving falls did not have a code assigned for the place of occurrence.
- Data in this report are comparable with data in the baseline report for all states and territories except Tasmania. Tasmanian data are not comparable over time as data from two private hospitals included in the 2007-08 report are not available for 2008-09. Data have not been adjusted for differences in casemix which may affect the comparability of the data between jurisdictions and over time as the measure is based on hospital separations.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Developing a methodology to adjust for differences in casemix between jurisdictions to improve the comparability of data over time is a priority if the measure remains based on hospital separations.

Indicator 42 — Intentional self-harm in hospitals

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles
Outcome area:	Hospital and related care
Progress measure:	Selected adverse events in acute and sub-acute care settings
Interim measure:	Separations in which a patient self-harmed during an admission The measure is defined as: • *numerator* — number of hospital separations with an external cause code for intentional self-harm and a place of occurrence of Health service area • *denominator* — total number of hospital separations and is expressed as a *number* and *rate (per 1000 separations)* *Excludes separations with a principal diagnosis of an injury or poisoning* *Includes place of occurrence code Y92.22 (Health service area)*
Data source:	*Numerator and denominator* — Admitted Patient Care National Minimum Data Set Data are available annually
Data provider:	AIHW
Data availability:	2008-09
Cross tabulations provided:	Nationally, by SEIFA IRSD deciles State and Territory, by: • hospital sector • Indigenous status • remoteness • SEIFA IRSD quintiles

Box 86 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in table NHA.42.1.
- Data by Indigenous status are presented in table NHA.42.1.
- Data by socioeconomic status are presented in tables NHA.42.1 and NHA.42.2.
- Data by remoteness are presented in table NHA.42.1.
- Data by hospital sector are presented in table NHA.42.1.

Results for 2007-08 are available in the baseline report.

Attachment tables

Table NHA.42.1	Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.42.2	Separations for intentional self-harm in hospitals, by SEIFA, 200809

Box 87 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provides relevant information on intentional self harm in healthcare settings, by admitted public and private hospital patients. Data are available by State and Territory for Indigenous status and socioeconomic status.
- All public hospitals, except a mothercraft hospital in the ACT, provided data. Most private hospitals also provided data, except private day hospital facilities in the ACT, the single private free-standing hospital facility in the NT and a small private hospital in Tasmania.
- Annual data are available. The most recent available data are for 2008-09.
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed.
- Data are of acceptable accuracy. However, the rates may underestimate intentional self-harm that occurred in healthcare settings because around 34 per cent of the records of self-harm incidents did not specify place of occurrence.
- Data in this report are comparable with data in the baseline report for all states and territories except Tasmania. Tasmanian data are not comparable over time as data from two private hospitals included in the 2007-08 report are not available for 2008-09. Data have not been adjusted for differences in casemix which may affect the comparability of the data between jurisdictions and over time as the measure is based on hospital separations.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Developing a methodology to adjust for differences in casemix between jurisdictions to improve the comparability of data over time is a priority if the measure remains based on hospital separations.

Indicator 43 — Unplanned/unexpected readmissions within 28 days of selected surgical admissions

Key amendments from first cycle of reporting: National data are disaggregated by SEIFA deciles

Outcome area: Hospital and related care

Progress measure: Unplanned/unexpected readmissions within 28 days of selected surgical admissions

Interim measure: Unplanned and unexpected hospital readmissions within 28 days for selected surgical procedures

The measure is defined as:

- *numerator* — 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; appendectomy)
    - the readmission occurs within 28 days of the previous date of separation
    - a principal diagnosis for the readmission has one of the following ICD10-AM codes: T80-88, T98.3, E89, G97, H59, H95, I97, J95, K91, M96 or N99
- *denominator* — number of public hospital separations in which one of the following surgical procedures was undertaken: knee replacement; hip replacement; tonsillectomy and adenoidectomy; hysterectomy; prostatectomy; cataract surgery; appendectomy

and is expressed as a *rate (per 1000 separations)*

'Unexpected/unplanned' is identified by specifying an adverse event code as the principal diagnosis on readmission

Calculated separately for each of the specified procedures

The denominator limited to separations with a separation date between 1 July and 19 May in the reference year. The denominator excludes separations where the patient died in hospital

Data source: *Numerator and denominator* — Admitted Patient Care National Minimum Data Set

Data are available annually

Data provider: AIHW

Data availability:	2008-09
Cross tabulations provided:	2008-09 — Nationally by SEIFA IRSD deciles by specified procedures 2007-08 [revised] and 2008-09 — State and Territory, by specified procedures, by: • peer group • Indigenous status • remoteness • SEIFA IRSD quintiles

Box 88 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in tables NHA.43.1 and NHA.43.2.
- Data by Indigenous status are presented in table NHA.43.2.
- Data by socioeconomic status are presented in tables NHA.43.2 and NHA.43.3.
- Data by remoteness are presented in table NHA.43.2.
- Data by hospital peer group are presented in table NHA.43.2.
- Data by surgical procedure are presented in tables NHA.43.1, NHA.43.2 and NHA.43.4.

Some data for 2007-08 included in the baseline report have been revised.

- Data by socioeconomic status are presented in table NHA.43.4.

Other results for 2007-08 are available in the baseline report.

Attachment tables

Table NHA.43.1	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by State and Territory, 2008-09
Table NHA.43.2	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.43.3	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by SEIFA, 2008-09
Table NHA 43.4	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA, by State and Territory, 2007-08

Box 89 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on unexpected/unplanned readmissions to hospitals, but only to the extent that readmission was to the same public hospital and within 28 days. This limitation means that the calculated value of the indicator will be an underestimate.
- Data are available by State and Territory by Indigenous status and socioeconomic status.
- Calculation of the indicator for WA was not possible using data from the National Hospital Morbidity Database (NHMD). Data for WA were supplied by WA Health and total rates and numbers do not include WA.
- Annual data are available. The most recent available data are for 2008-09.
- Data in this report are comparable with data in the baseline report.
- The interpretation of rates for jurisdictions should take into consideration cross border flows, particularly in the ACT.
- Data are of acceptable accuracy.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Further linkage is required to capture readmissions to different public hospitals and private hospitals.

Indicator 44 — Survival of people diagnosed with cancer

Key amendments from first cycle of reporting:	No amendments have been made. Future reports will present data by five year survival rates for melanoma, lung, bowel, breast and cervical cancer provided by jurisdiction
Outcome area:	Hospital and related care
Progress measure:	Survival of people diagnosed with cancer (five-year relative rate)
Measure:	Five-year relative survival proportions for people diagnosed with cancer The measure is defined as: • *numerator* — number of persons diagnosed with cancer who survived for five years after diagnosis • *denominator* — number of similar persons in the general population who survived for the same period and is expressed as a *percentage* People in the denominators are matched for sex and age Relative survival proportions are *directly age-adjusted* to the 2004 all-cancer incidence population
Data source:	*Numerator* — AIHW National Death Index and Australian Cancer Database *Denominator* — AIHW Mortality database and ABS Estimated Resident Population (generated life tables)
Data provider:	AIHW Data are collected annually for cancer incidence. However, calculation of survival is not recommended to be conducted more frequently than every three years as annual changes are very small
Data availability:	31 December 2006 (for cancers diagnosed 1998–2004) [no new data available]
Cross tabulations provided:	Nil

Box 90 **Comment on data quality**

No new data are reported for this indicator.

While data are available annually, the Steering Committee has been advised by the National Health Information Standards and Statistics Committee that reporting every three years would be appropriate given small changes in survival rates over time.

Indictor 45 — Rates of services: Overnight separations

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles
Outcome area:	Hospital and related care
Output measure:	Rates of services provided by public and private hospitals per 1000 weighted population by patient type
Measure:	Number of overnight hospital separations per 1000 population The measure is defined as: • *numerator* — number of overnight separations • *denominator* — total population and is expressed as *a directly age standardised rate* *Excludes newborns without qualified days* *An overnight separation is where length of stay in hospital was at least one night (admission date and separation date are different)*
Data source:	*Numerator* — AIHW Admitted Patient Care National Minimum Data Set *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2008-09
Cross tabulations provided:	Nationally, by SEIFA IRSD deciles State and Territory, by: • hospital sector • Indigenous status • remoteness • SEIFA IRSD quintiles

Box 91 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in table NHA.45.1.
- Data by Indigenous status are presented in table NHA.45.1.
- Data by socioeconomic status are presented in tables NHA.45.1 and NHA.45.2
- Data by remoteness are presented in table NHA.45.1.
- Data by hospital sector are presented in table NHA.45.1.

Results for 2007-08 are available in the baseline report.

Attachment tables

Table NHA.45.1	Overnight separations, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA 45.2	Overnight separations, by SEIFA, 2008-09

Box 92 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provides relevant information on rates of overnight separations for public and private hospitals. Data are available by State and Territory for Indigenous status and socioeconomic status.
- All public hospitals, except a mothercraft hospital in the ACT, provided data. Most private hospitals also provided data, except private day hospital facilities in the ACT, the single private free-standing hospital facility in the NT and a small private hospital in Tasmania.
- Annual data are available. The most recent available data are for 2008-09.
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed.
- Separations are reported for the State or Territory where the hospital was located, not the State or Territory of the patient’s usual residence (this is a particular issue in interpreting data for the ACT). Analysis by remoteness and SES are based on the patient’s usual residential address, but separations will be counted in the State/Territory where the hospital was located rather than the state/territory of usual residential address.
- Data in this report are comparable with data in the baseline report for all states and territories except Tasmania. Tasmanian data are not comparable over time as data from two private hospitals included in the 2007-08 report are not available for 2008-09.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee has no additional issues for noting for this indicator.

Indicator 46 — Rates of services: Outpatient occasions of service

Key amendments from first cycle of reporting: No amendments have been made

Outcome area: Hospital and related care

Output measure: Rates of services provided by public and private hospitals per 1000 weighted population by patient type

Interim measure: Number of hospital outpatient occasions of service per 1000 population

The measure is defined as:

- *numerator* — number of outpatient occasions of service in hospitals
- *denominator* — total population

and is expressed as a *crude rate* (age not available)

Excludes: private hospitals

Excludes: occasions of service for diagnostic imaging, pathology and pharmacy, as different counting methods apply to these categories, and methods vary by State and Territory

Outpatient: a patient who does not undergo a hospital's formal admission process, excluding patients receiving services through emergency departments, community health settings and other outreach

Outpatient occasion of service: an interaction between one or more health care professionals with one or more non-admitted patients, for assessment, consultation and/or treatment intended to be unbroken in time. A service event means that a dated entry is made in the patient/client's medical record

Outpatient care categories: allied health, dental, dialysis, drug and alcohol, endoscopy, mental health, other medical/surgical/obstetric

Data source: *Numerator* — AIHW National Public Hospital Establishments Database

Denominator — ABS Estimated Resident Population

Data are available annually

Data provider: AIHW

Data availability: 2008-09

Cross tabulations provided:	State and Territory, by type of outpatient care (major categories and total) (no demographic information available)

Box 93 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in table NHA.46.1.
- Data by outpatient care type are presented in table NHA.46.1.

Results for 2007-08 are available in the baseline report.

Attachment tables

Table NHA.46.1	Public hospital outpatient occasions of service, by State and Territory, 2008-09

Box 94 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the number of public hospital outpatient occasions of service (as a crude rate per 1000 population). Data are available by State and Territory. Data are not available for private hospitals. Data are not available by Indigenous status or socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2008-09.
- Data are of acceptable accuracy.
- Data in this report are comparable with data in the baseline report. However, comparability of the data across jurisdictions may be affected by differences in counting and admission practices.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by Indigenous status and SES is a priority.
- Further development work is also required to expand the scope from public hospitals to all hospitals, or ensure data are representative of all hospitals.

Indicator 47 — Rates of services: Non-acute care separations

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles
Outcome area:	Hospital and related care
Output measure:	Rates of services provided by public and private hospitals per 1000 weighted population by patient type
Measure:	Number of non-acute care overnight separations per 1000 population, by care type The measure is defined as: • *numerator* — number of non-acute care separations (overnight admissions only) • *denominator* — total population and are expressed as a *directly age standardised rate* Non-acute care includes separations with care type of rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care, or maintenance care Rates presented for each care type and total
Data source:	*Numerator* — AIHW Admitted Patient Care National Minimum Data Set *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2008-09
Cross tabulations provided:	Nationally, by SEIFA IRSD deciles State and Territory, by care type (and total), by: • hospital sector • Indigenous status • remoteness • SEIFA IRSD quintiles

Box 95 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in tables NHA.47.1 and NHA.47.2.
- Data by Indigenous status are presented in tables NHA.47.1 and NHA.47.2.
- Data by socioeconomic status are presented in tables NHA.47.1, NHA.47.2 and NHA.47.3.
- Data by remoteness are presented in tables NHA.47.1 and NHA.47.2.
- Data by hospital sector are presented in tables NHA.47.1 and NHA.47.2.
- Data by procedure are presented in tables NHA.47.2 and NHA.47.3.

Results for 2007-08 are available in the baseline report.

Attachment tables

Table NHA.47.1	Non-acute care separations, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA 47.2	Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.47.3	Non-acute care separations, by SEIFA, 2008-09

Box 96 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the number of non-acute care overnight separations in public and private hospitals (as a rate per 1000 population). State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2008-09.
- Data are of acceptable accuracy.
- All public hospitals, except a mothercraft hospital in the ACT, provided data. Most private hospitals also provided data, except private day hospital facilities in the ACT, the single private free-standing hospital facility in the NT and a small private hospital in Tasmania.
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed.
- Separations are reported for the State or Territory where the hospital was located, not the State or Territory of the patient’s usual residence (this is a particular issue in interpreting data for the ACT). Analysis by SES is based on the patient’s usual residential address, but separations will be counted in the State/Territory where the hospital was located rather than the State/Territory of usual residential address.
- Data in this report are comparable with data in the baseline report for all states and territories except Tasmania. Tasmanian data are not comparable over time as data from two private hospitals included in the 2007-08 report are not available for 2008-09.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available.

The Steering Committee has no additional issues for noting with this indicator.

Indicator 48 — Rates of services: Hospital procedures

Key amendments from first cycle of reporting:

National data are disaggregated by SEIFA deciles

Lens insertion procedure codes deleted from the specifications as almost all separations involving these procedures also involve cataract extraction procedures

Outcome area: Hospital and related care

Output measure: Rates of services provided by public and private hospitals per 1000 weighted population by patient type

Measure: Rates at which selected hospital procedures are performed for different population groups and in public and private hospital sectors

The measure for this indicator is:

- *numerator* — number of hospital separations involving selected hospital procedures**## (hysterectomy limited to females aged 15–69 years)
- *denominator* — total population (male population for prostatectomy; female population aged 15–69 years for hysterectomy)

presented as *directly age standardised rates*^^

** Cataract extraction; cholecystectomy; coronary artery bypass graft; coronary angioplasty; cytoscopy; haemorrhoidectomy; hip replacement; inguinal herniorrhaphy; knee replacement; myriongotomy; tonsillectomy; varicose veins stripping and ligation; septoplasty; prostatectomy; hysterectomy

##Excludes: multiple procedures for the same separation within the same procedure group; separations with care type newborn with no qualified days, hospital boarders and posthumous organ procurement

^^Calculated separately for each procedure and total

Hysterectomy limited to patients aged 15–69 years

[The Secretariat for the SCRGSP has list of in-scope ACHI procedure codes for calculation purposes]

Data source: *Numerator* — AIHW National Hospital Morbidity Database

Denominator — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population)

Data are available annually

Data provider: AIHW

Data availability:	2008-09
Cross tabulations provided:	2008-09 — Nationally, by SEIFA IRSD deciles, by procedure type 2007-08 [revised] and 2008-09 — State and Territory, by procedure type, by: • hospital sector • Indigenous status • remoteness • SEIFA IRSD quintiles

Box 97 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in tables NHA.48.1 and NHA.48.2.
- Data by Indigenous status are presented in table NHA.48.2.
- Data by socioeconomic status are presented in tables NHA.48.2 and NHA.48.3.
- Data by remoteness are presented in table NHA.48.2.
- Data by procedure type are presented in tables NHA.48.1, NHA.48.2 and NHA.48.3.
- Data by hospital sector are presented in table NHA.48.2.

Some data for 2007-08 included in the baseline report have been revised.

- Data by State and Territory are presented in table NHA.48.4.
- Data by Indigenous status are presented in table NHA.48.4.
- Data by socioeconomic status are presented in table NHA.48.4.
- Data by remoteness are presented in table NHA.48.4.
- Data by procedure type are presented in table NHA.48.4.
- Data by hospital sector are presented in table NHA.48.4.

Other results for 2007-08 are available in the baseline report.

Attachment tables

Table NHA.48.1	Selected hospital procedures, by State and Territory, 2008-09
Table NHA.48.2	Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, 2008-09
Table NHA.48.3	Selected hospital procedures, by SEIFA, 2008-09
Table NHA.48.4	Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08

Box 98 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on selected procedures in public and private hospitals (separations as a rate per 1000 population). State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2008-09.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed.
- Separations are reported for the State or Territory where the hospital was located, not the State or Territory of the patient’s usual residence (this is a particular issue in interpreting data for the ACT). Analysis by remoteness and SES are based on the patient’s usual residential address, but separations will be counted in the State/Territory where the hospital was located rather than the State/Territory of usual residential address.
- Data in this report are comparable with data in the baseline report for all states and territories except Tasmania. Tasmanian data are not comparable over time as data from two private hospitals included in the 2007-08 report are not available for 2008-09.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available.

The Steering Committee has no additional issues for noting with this indicator.

Indicator 49 — Residential and community aged care places per 1000 population aged 70+ years

Key amendments from first cycle of reporting:	The scope of services reported on has been expanded to include the Innovation Care Pool program. Data have been backcast to provide a comparable time series
Outcome area:	Aged care
Progress measure:	Residential and community aged care places per 1000 population aged 70+ years
Interim measure:	Operational residential and community aged care places per 1000 persons aged 70 years or over (or Aboriginal and Torres Strait Islander persons aged 50 years or over), excluding services funded through Home and Community Care The measure for this indicator is defined as: • *numerator* — number of operational aged care places as at 30 June^^ • *denominator* — population aged 70 years or over (plus Indigenous persons aged 50–69 years) and is expressed as a *rate*** ^^Residential and community aged care places currently include Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), EACH Dementia, Transition Care Program and aged care places delivered by Multi-Purpose Services or under the National Aboriginal and Torres Strait Islander Aged Care Strategy and Innovative Care Pool **Calculated separately for residential and community aged care services
Data source:	*Numerator* — Australian Government Department of Health and Ageing's Aged Care data warehouse *Denominator* — For total population and data by Indigenous status: Population projections based on 2006 Census prepared DOHA by ABS according to the assumptions agreed to by DOHA as at 30 June 2010. For data by Aged Care Planning Regions: ABS small area population data developed for the DoHA. Data are available annually
Data provider:	AIHW
Data availability:	2008-09 [backcast to include Innovative Care Pool] and 2009-10
Cross tabulations	2008-09 and 2009-10 — State and Territory by service type

provided:	2008-09 and 2009-10 — Nationally, by service type (residential and community care), by: • planning region • remoteness

Box 99 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.49.1.
- Data by remoteness are presented in table NHA.49.3.
- Data by service type are presented in tables NHA.49.1, NHA.49.2 and NHA.49.3
- Data by planning region are presented in table NHA.49.2.

Data for 2008-09 included in the baseline report have been revised.

- Revised data by State and Territory are presented in table NHA.49.4.
- Revised data by remoteness are presented in table NHA.49.6.
- Revised data by service type are presented in tables NHA.49.4, NHA.49.5 and NHA.49.6
- Revised data by planning region are presented in table NHA.49.5.

Attachment tables

Table NHA.49.1	Residential and community aged care places, by State and Territory, 2009-10
Table NHA.49.2	Residential and community aged care places per 1000 population, by planning region, 2009-10
Table NHA.49.3	Residential and community aged care places per 1000 population, by remoteness, 2009-10
Table NHA.49.4	Residential and community aged care places, by State and Territory, 2008-09
Table NHA.49.5	Residential and community aged care places per 1000 population, by planning region, 2008-09
Table NHA.49.6	Residential and community aged care places per 1000 population, by remoteness, 2008-09

Box 100 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on residential and community aged care services. Data for services funded under the Home and Community Care (HACC) program are not available. Data are available by State and Territory. Data are not available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy.
- Data in this report are comparable with data in the baseline report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Disaggregation of this indicator by Indigenous status and SES is a priority.
- Data development is required in order to develop a measure of capacity available under the HACC program.

Indicator 50 — *Staphylococcus aureus* (including MRSA) bacteraemia in residential aged care

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Aged care
Progress measure:	Selected adverse events in residential care
Measure:	People in residential aged care with *Staphylococcus aureus* (including MRSA) bacteraemia leading to hospitalisation A measure has yet to be developed for this indicator
Data source:	No suitable data source currently available
Data provider:	Nil
Data availability:	Nil
Cross tabulations provided:	Nil

Box 101 **Comment on data quality**

There is currently no agreed measure, nor data available, to inform this indicator.

Indicator 51 — Pressure ulcers in residential aged care

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Aged care
Progress measure:	Selected adverse events in residential care
Measure:	Pressure ulcers in hospitalised patients arising in residential aged care
	A measure has yet to be developed for this indicator
Data source:	No suitable data source has been identified for this measure
Data provider:	Nil
Data availability:	Nil
Cross tabulations provided:	Nil

Box 102 **Comment on data quality**

There is currently no agreed measure, nor data available, to inform this indicator.

Indicator 52 — Falls in residential aged care resulting in patient harm and treated in hospital

Key amendments from first cycle of reporting:	Measure revised to include a denominator to present data as a rate National data are disaggregated by SEIFA deciles
Outcome area:	Aged care
Progress measure:	Selected adverse events in residential care
Proxy measure:	Falls occurring in residential aged care and resulting in patient harm treated in hospital The measure is defined as: • *numerator* — the number of hospital separations with a diagnosis of injury resulting from a fall, where the event occurred in residential aged care • *denominator* — number of resident occupied place days and is presented as a *number* and a *rate per 1000 resident occupied place days* *Injury resulting from a fall defined by ICD-10-AM external cause codes of W00-W19* *Place of occurrence code of Y92.14 (Aged care facility)*
Data source:	*Numerator* — Admitted Patient Care National Minimum Data Set *Denominator* — Aged and Community Care Management Information System Data are available annually
Data provider:	AIHW
Data availability:	2007-08 [backcast to include rates] and 2008-09
Cross tabulations provided:	2007-08 and 2008-09 — Nationally, by SEIFA IRSD deciles 2007-08 and 2008-09 — State and Territory, by: • Indigenous status • remoteness • SEIFA IRSD quintiles

Box 103 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in table NHA.52.1.
- Data by Indigenous status are presented in table NHA.52.1.
- Data by socioeconomic status are presented in tables NHA.52.1 and NHA.52.2.
- Data by remoteness are presented in table NHA.52.1.

Data for 2007-08 included in the baseline report have been revised.

- Data by State and Territory are presented in table NHA.52.3.
- Data by Indigenous status are presented in table NHA.52.3.
- Data by socioeconomic status are presented in tables NHA.52.3 and NHA.52.4.
- Data by remoteness are presented in table NHA.52.3.

Attachment tables

Table NHA.52.1	Falls resulting in patient harm in residential aged care and treated in hospital, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.52.2	Falls resulting in patient harm in residential aged care and treated in hospital, by SEIFA, 2008-09
Table NHA.52.3	Falls resulting in patient harm in residential aged care and treated in hospital, by Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08
Table NHA.52.4	Falls resulting in patient harm in residential aged care and treated in hospital, by SEIFA, 2007-08

Box 104 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on falls in an aged care facility (which is broader than residential aged care and includes retirement villages) resulting in patient harm where they are treated in hospital (number and rate). The data do not provide information on falls which did not require hospitalisation. Data are available by State and Territory for Indigenous status and socioeconomic status.
- Annual data are available. The most recent available data are for 2008-09.
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until an assessment of Indigenous identification is completed.
- Data are of acceptable accuracy. However, the rates may underestimate falls requiring hospitalisation because around 28 per cent of the records of separations involving falls requiring treatment did not specify the place of occurrence.
- Data in this report are comparable with data in the baseline report for all states and territories except Tasmania. Tasmanian data are not comparable over time as data from two private hospitals included in the 2007-08 report are not available for 2008-09.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by Indigenous status for all jurisdictions is a priority.

Indicator 53 — Older people receiving aged care services

Key amendments from first cycle of reporting:	No amendments have been made.
Outcome area:	Aged care
Output measure:	Number of older people receiving aged care services by type (in the community and residential settings)
Interim measure:	Number of persons aged 70 years or over, and Indigenous persons aged 50–69 years, receiving aged care services in community settings or residential settings The measure is defined as: • *numerator* — the number of individuals using residential aged care or community-based aged programs during the 12 months to 30 June** • *denominator* — the total population aged 70 years or over, and the Indigenous population aged 50–69 years and is expressed as *number* and *rate (per 1000 people in the relevant population)*^^ *^^Calculated separately for each program and total* ***Programs included are Home and Community Care (HACC), Veterans' Home Care (VHC), Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), EACH Dementia, residential aged care, residential respite, Transition Care Program, multipurpose services and National Aboriginal and Torres Strait Islander Aged Care strategy*
Data source:	*Numerator* — Australian Government Department of Health and Ageing's Aged Care data warehouse, HACC Minimum Data Set (MDS), Department of Veterans' Affairs (DVA) *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2009-10
Cross tabulations provided:	State and Territory, by each program (and total), by: • age group • Indigenous status

- remoteness

Box 105 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in tables NHA.53.1, NHA.53.2 and NHA.53.3.
- Data by Indigenous status are presented in tables NHA.53.2 and NHA.53.3.
- Data by remoteness are presented in tables NHA.53.2 and NHA.53.3.
- Data by age group are presented in tables NHA.53.2 and NHA.53.3.
- Data by program are presented in tables NHA.53.1, NHA.53.2 and NHA.53.3.

Results for 2008-09 are available in the baseline report.

Attachment tables

Table NHA.53.1	Older people receiving aged care services, by State and Territory, 2009-10
Table NHA.53.2	Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2009-10
Table NHA.53.3	Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2009-10

Box 106 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provides relevant information on older people receiving aged care services. Data are available by State and Territory for Indigenous status. Data are not available for socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10.
- Data are incomplete for the Home and Community Care (HACC) program and data are unavailable for multi-purpose services and the Aboriginal and Torres Strait Islander Aged Care Strategy. Around nine per cent of HACC data does not have Indigenous status recorded.
- Data from DVA on the Veteran’s Home Care program were not available in time for incorporation into the data for this indicator. In 2009-10, there were approximately 69 600 VHC clients. It is anticipated that these data will be included in the next report.
- Data are of acceptable accuracy. A person receiving aged care services may be counted more than once as they may have had multiple care types, or care across multiple state and territories, during the 12 months period.
- Data in this report are comparable with data in the baseline report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by SES is a priority. Further development work on the current data source is required.
- The inclusion of data from the DVA is a priority to obtain full coverage of older people receiving aged care services.

Indicator 54 — Aged care assessments completed

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles
Outcome area:	Aged care
Output measure:	Number of aged care assessments conducted
Measure:	Number of aged care assessments completed under the Aged Care Assessment Program (ACAP) The measure is defined as: • *numerator* — the number of ACAP assessments completed • *denominator* — the total population and is expressed as a *number* and *rate (per 1000 people in the relevant population)*
Data source:	*Numerator* — Australian Government Department of Health and Ageing's Aged Care data warehouse *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW AIHW to provide combined data
Data availability:	2008-09
Cross tabulations provided:	Nationally, by SEIFA IRSD deciles State and Territory, by: • age group • target age group (population over 70 years plus Indigenous population aged 50–69 years) • Indigenous status • remoteness • SEIFA IRSD quintiles

Box 107 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in table NHA.54.1.
- Data by Indigenous status are presented in table NHA.54.1.
- Data by socioeconomic status are presented in tables NHA.54.1 and NHA.54.2.
- Data by remoteness are presented in table NHA.54.1.
- Data by age group are presented in table NHA.54.1.

Data for 2007-08 are available in the baseline report.

Attachment tables

Table NHA.54.1	Aged care assessments completed under the ACAP, by age, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.54.2	Aged care assessments completed under the ACAP, by SEIFA, 2008-09

Box 108 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on aged care assessments completed under the Aged Care Assessment Program (ACAP). Data are available by State and Territory for Indigenous status and socioeconomic status.
- Annual data are available. The most recent available data are for 2008-09.
- Data are of acceptable accuracy.
- Data in this report are comparable with data in the baseline report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee has no additional issues for noting with this indicator.

Indicator 55 — Younger people with disabilities using residential, CACP and EACH aged care services

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Aged care
Output measure:	Number of younger people with disabilities using residential, Community Aged Care Packages and Extended Aged Care at Home services
Measure:	Number of persons under 65 years of age with disabilities using residential and community aged care services funded under the Aged Care Act 1997 The measure is defined as: • the number of persons aged less than 65 years living in permanent residential care or receiving packaged community aged care services in the 12 months to 30 June and is expressed as a *number*
Data source:	Department of Health and Ageing's Aged Care data warehouse Data are available annually
Data provider:	AIHW
Data availability:	2009-10
Cross tabulations provided:	State and Territory, by • service type (residential, community) • by age group (under 50 years, 50–64 years, total)

Box 109 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.55.1.
- Data by age group are presented in table NHA.55.1.
- Data by service type are presented in table NHA.55.1.

Data for 2008-09 are available in the baseline report.

Attachment tables

Table NHA.55.1	Number of younger people with a disability using residential, CACP, EACH and EACHD aged care services, by State and Territory, 2009-10

Box 110 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on younger people using residential, Community Aged Care Packages and Extended Aged Care at Home services. Data are available by State and Territory. Data are not available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy. A person receiving aged care services may be counted more than once as they may have had multiple care types, or care across multiple states, during the 12 month period.
- Data in this report are comparable with data in the baseline report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by Indigenous status and SES is a priority. However, reporting may be limited because cells would need to be suppressed for confidentiality reasons.

Indicator 56 — People aged 65 years or over receiving sub-acute services

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles
Outcome area:	Aged care
Output measure:	Number of people 65+ receiving sub-acute and rehabilitation services
Interim measure:	Number and rate of admitted sub-acute services to persons 65 years or over The measure is defined as: • *numerator* — the number of sub-acute care separations for persons aged 65 years or over** • *denominator* — the total population aged 65 years or over and is expressed as a *number* and as a *rate (per 1000 people in the relevant population)* ***Sub-acute care includes separations with a care type of rehabilitation, palliative care, geriatric evaluation and management, and psychogeriatric care*
Data source:	*Numerator* — AIHW Admitted Patient Care National Minimum Data Set *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2008-09
Cross tabulations provided:	Nationally, by SEIFA IRSD deciles State and Territory, by: • age group • Indigenous status • remoteness • SEIFA IRSD quintiles

Box 111 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in table NHA.56.1.
- Data by Indigenous status are presented in table NHA.56.1.
- Data by socioeconomic status are presented in tables NHA.56.1 and NHA.56.2.
- Data by remoteness are presented in table NHA.56.1.
- Data by age group are presented in table NHA.56.1.

Data for 2007-08 are available in the baseline report.

Attachment tables

Table NHA.56.1	Separations for persons aged 65 years or over, receiving sub-acute services, by age, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.56.2	Separations for persons aged 65 years or over, receiving subacute services, by SEIFA, 2008-09

Box 112 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on people aged 65 years or over receiving sub-acute and rehabilitation services in public and private hospitals. Data are available by State and Territory for Indigenous status and socioeconomic status.
- Annual data are available. The most recent available data are for 2008-09.
- All public hospitals, except a mothercraft hospital in the ACT, provided data. Most private hospitals also provided data, except private day hospital facilities in the ACT, the single private free-standing hospital facility in the NT and a small private hospital in Tasmania.
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed.
- Data are of acceptable accuracy. There may be differences between jurisdictions in the treatment of conditions which should be considered in interpreting the data. The numerator is a count of separations, and a person may have more than one occasion in hospital during the year.
- Data in this report are comparable with data in the baseline report for all states and territories except Tasmania. Tasmanian data are not comparable over time as data from two private hospitals included in the 2007-08 report are not available for 2008-09. Due to differences in definitions across jurisdictions, caution should be exercised when comparing states and territories.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- The wording of this output measure in the NHA is ‘number of people 65+ receiving sub-acute and rehabilitation services’. Data on the rate per 1000 people in the relevant population have been provided, which improve comparisons across states and territories. The Steering Committee recommends amending the output measure to ‘people 65 years and over receiving sub-acute and rehabilitation services’.
- Data are based on the number of separations and not the number of people receiving services. Further development is required to report the number of people receiving services.

Indicator 57 — Hospital patient days used by those eligible and waiting for residential aged care

Key amendments from first cycle of reporting:	An interim specification was proposed and is now presented as a rate. The specification made amendments to diagnosis, included restrictions on separation mode, removed restriction on age and restricted length of stay to at least an overnight separation National data are disaggregated by SEIFA deciles Data have been provided for the current and previous reporting years
Outcome area:	Aged care
Output measure:	Number of hospital patient days used by those eligible and waiting for residential aged care

Proxy measure:	Number of hospital bed days used by patients whose acute or sub-acute episode of admitted patient care have finished and who have been assessed by an Aged Care Assessment Team (ACAT) and approved for residential aged care
	As there is no accurate measure for this indicator, a proxy measure is reported
	The proxy measure is defined as:
	• *numerator* — the number of patient days used by patients who are waiting for residential aged care, where the
	  • the care type was maintenance, and
	  • the diagnosis (either principal or additional) was ‘person awaiting admission to residential aged care service’, and
	  • the separation mode was ‘discharge/transfer to (an)other acute hospital’, ‘discharge, transfer to residential aged care, unless this is usual place of residence’, ‘statistical discharge—type change’, ‘died’, ‘discharge/transfer to other health care accommodation (including mothercraft hospitals)’ or ‘left against medical advice/discharge at own risk; statistical discharge from leave; discharge/transfer to (an)other psychiatric hospital’, and
	  • includes overnight separations only
	• *denominator* — total patient days
	and is expressed as a *number* and a *rate per 1000 patient days*

Data source:	*Numerator and denominator* — AIHW National Hospital Morbidity Database Data are available annually
Data provider:	AIHW
Data availability:	2007-08 and 2008-09 [two years of data supplied as new measure]

Cross tabulations provided:	2007-08 and 2008-09 – Nationally by SEIFA IRSD deciles 2007-08 and 2008-09 — State and Territory, by • Indigenous status • SEIFA IRSD quintiles • remoteness

Box 113 **Results**

For this report, new data for this indicator are available for 2007-08 and 2008-09.

- Data by State and Territory are presented in tables NHA.57.1 and NHA.57.3.
- Data by Indigenous status are presented in tables NHA.57.1 and NHA.57.3.
- Data by socioeconomic status are presented in tables NHA.57.1, NHA.57.2, NHA.57.3 and NHA.57.4.
- Data by remoteness are presented in tables NHA.57.1 and NHA.57.3.

Attachment tables

Table NHA.57.1	Hospital patient days used by those eligible and waiting for residential aged care, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.57.2	Hospital patient days used by those eligible and waiting for residential aged care, by SEIFA, 2008-09
Table NHA.57.3	Hospital patient days used by those eligible and waiting for residential aged care, by Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08
Table NHA.57.4	Hospital patient days used by those eligible and waiting for residential aged care, by SEIFA, 2007-08

Box 114 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points form the DQS are summarised below.

- The data do not provide a count of patient days in public and private hospitals used by those eligible and waiting for residential aged care (as assessed and approved by an Aged Care Assessment Team [ACAT]). The data provided are a proxy indicator based on patients’ care status. Data are available by State and Territory for Indigenous status and socioeconomic status.
- Annual data are available. The most recent available data are for 2008-09.
- All public hospitals, except a mothercraft hospital in the ACT, provided data. Most private hospitals also provided data, except private day hospital facilities in the ACT, the single private free-standing hospital facility in the NT and a small private hospital in Tasmania.
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed.
- Data are of acceptable accuracy.
- Data are comparable for 2007-08 and 2008-09 for all states and territories except Tasmania. Tasmanian data are not comparable over time as data from two private hospitals included in the 2007-08 report are not available for 2008-09.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the ACT.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Further development is required to collect data on the number of days people in hospitals who have received ACAT assessments and are deemed eligible for residential aged care have been waiting for placement in a residential aged care facility.

Indicator 58 — Patient satisfaction/experience

Key amendments from first cycle of reporting: There was no measure nor any available data for the baseline report. Four measures and associated data are included in this report for the first time

Outcome area: Patient experience

Progress measure: Nationally comparative information that indicates levels of patient satisfaction around key aspects of the care they received

Interim measure: Nationally comparative information that indicates levels of patient satisfaction around key aspects of the care they received

There are four measures for this indicator

Measure (58a) is defined as:

- *numerator* — number of persons who received a prescription for medication from a GP in the last 12 months where the GP provided reasons for giving the most recent prescription
- *denominator* — total number of persons who received a prescription for medication from a GP in the last 12 months

and is expressed as a *percentage*

Measure (58b) is defined as:

- *numerator* — number of persons who had a pathology or imaging test in the last 12 months where the referring health professional explained the reasons for the most recent test
- *denominator* — total number of persons who were referred to their most recent pathology and/or imaging test by a health professional

and is expressed as a *percentage*

Measure (58c) is defined as:

- *numerator* — number of persons who saw a GP (for their own health) in the last 12 months who waited longer than felt acceptable to get an appointment
- *denominator* — total number of persons who saw a GP (for their own health) in the last 12 months, excluding persons who were interviewed by proxy

and is expressed as a *percentage*

Measure (58d) is defined as:

- *numerator* — number of persons who were referred to a medical specialist by a GP in the last 12 months who waited longer than they felt acceptable to get an appointment
- *denominator* — total number of persons who were referred to a medical specialist by a GP in the last 12 months, excluding persons who were interviewed by proxy

	and is expressed as a *percentage*
	Population is limited to persons aged 15 years or over
Data source:	*Numerator and denominator* — ABS Patient Experience Survey (PExS). Data are available annually
Data provider:	ABS
Data availability:	2009
Cross tabulations provided:	State and Territory Nationally, by: • remoteness • SEIFA IRSD quintiles

Box 115 **Results**

For this report, data are reported for the first time and are in respect of the 2009 reporting period.

- Data by State and Territory are presented in tables NHA.58.2, NHA.58.4, NHA.58.6, NHA.58.8.
- Data by socioeconomic status are presented in tables NHA.58.1, NHA.58.3, NHA.58.5, NHA.58.7.
- Data by remoteness are presented in tables NHA.58.1, NHA.58.3, NHA.58.5, NHA.58.7.

Data are not able to be backcast for the previous reporting cycle.

Attachment tables

Table NHA.58.1	Proportion of persons receiving a prescription for medication from a GP in the last 12 months where the GP provided reasons for the prescription, by remoteness and SEIFA, 2009
Table NHA.58.2	Proportion of persons receiving a prescription for medication from a GP in the last 12 months where the GP provided reasons for the prescription, by State and Territory, 2009
Table NHA.58.3	Proportion of persons who had a pathology or imaging test in the last 12 months where the referring health professional explained the reasons for the most recent test, by remoteness and SEIFA, 2009
Table NHA.58.4	Proportion of persons who had a pathology or imaging test in the last 12 months where the referring health professional explained the reasons for the most recent test, by State and Territory, 2009
Table NHA.58.5	Proportion of persons who saw a GP in the last 12 months who waited longer than felt acceptable to get an appointment, by remoteness and SEIFA, 2009

Table NHA.58.6	Proportion of persons who saw a GP in the last 12 months who waited longer than felt acceptable to get an appointment, by State and Territory, 2009
Table NHA.58.7	Proportion of persons who were referred to a medical specialist in the last 12 months who waited longer than they felt acceptable to get an appointment, by remoteness and SEIFA, 2009
Table NHA.58.8	Proportion of persons who were referred to a medical specialist by a GP in the last 12 months who waited longer than they felt acceptable to get an appointment, by State and Territory, 2009

Box 116 **Comment on data quality**

The DQS for this indicator has been prepared by the ABS and is included in its original from in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on elements of patient experience. Data are available by socioeconomic status (SES) (nationally) and by State and Territory. Data are not available by Indigenous status.
- The most recent available data (for 2009) were published in 2010. The 2009 Patient Experience Survey (PExS) is the first release of these data.
- The PExS does not include people living in very remote areas which affects the comparability of NT results.
- Data are of acceptable accuracy. Relative standard errors for some disaggregations are greater than 25 per cent and these data should be used with caution.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by Indigenous status is a priority.
- Data only report on aspects of patient experience relating to access to care and communication. Reporting on other aspects of patient experience is a priority.
- The PExS is expected to be revised ahead of its next release. This may affect time series reporting.
- The size of the standard errors means that the PExS data may not be adequate for measuring change over time. Small year to year movements may be difficult to detect if the size of the standard errors is large compared to the size of the difference between estimates.

Indicator 59 — Age-standardised mortality by major cause of death

Key amendments from first cycle of reporting:	There are four changes to this indicator: • the measure was amended to include ‘other causes’ and ‘all causes’ of death to align with the NIRA performance report — PI 2 • the Australian totals for Indigenous status only include data for those jurisdictions for whom data on Indigenous identification are of acceptable quality. • the ABS revised the 2007 causes of death data in 2010 • for the baseline report data were only available for 2007. For this second cycle of reporting both 2008 and 2009 were available Baseline data have been revised and are included in this report
Outcome area:	Social inclusion and Indigenous health
Progress measure:	Age-standardised mortality
Measure:	Age-standardised mortality rate by major cause of death, and rate ratios for Indigenous Australians The measure is defined as: • *numerator* — number of deaths • *denominator* — total population and is expressed as *age standardised rates (per 100 000 people in the relevant population)* and *rate ratios (Indigenous : non-Indigenous*) *Calculated overall and for major causes of death*** ***Major causes of death categories are: circulatory diseases; external causes; neoplasms (including cancers); endocrine, metabolic and nutritional disorders; respiratory diseases; digestive diseases; conditions originating in the perinatal period; nervous system diseases; kidney diseases; infectious and parasitic diseases; other causes and all causes*
Data source:	*Numerator* — ABS Causes of Death, Australia *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	ABS
Data availability:	2007 [2007 data have been revised since the baseline and are included in this report. Further, national totals for Indigenous disaggregations now include five jurisdictions only], 2008 and 2009

	Data are also reported for this indicator under PI 2 in the NIRA performance report
Cross tabulations provided:	2009 — State and Territory, by all causes of death 2007 and 2008 — State and Territory, by major causes of death 2003–2007 and 2004–2008 — State and Territory, by major cause of death, by • Indigenous status (national totals for five jurisdictions only) Further cross tabulations are available in the NIRA performance report — PI 2

Box 117 **Results**

For this report, new data for this indicator are available for 2009 and 2008.

- 2008 data by State and Territory are presented in table NHA.59.1 (single year and aggregate years)
- 2008 data by Indigenous status are presented in table NHA.59.2 (aggregate years only)
- 2009 data by State and Territory (all-cause totals only) are presented in table NHA.59.5 (single year only)

Data for 2007 included in the baseline report have been revised.

- Data by State and Territory are presented in table NHA.59.3 (single year and aggregate years)
- Data by Indigenous status are presented in table NHA.59.4 (aggregate years only).

Additional data by Indigenous status are available in the NIRA performance report — NIRA performance indicator 2.

Attachment tables

Table NHA.59.1	Age standardised mortality rates by major cause of death, by State and Territory, 2008
Table NHA.59.2	Age standardised mortality rates and rate ratios by major cause of death, by Indigenous status, 2004–2008
Table NHA.59.3	Age standardised mortality rates by major cause of death, by State and Territory, 2007
Table NHA.59.4	Age standardised mortality rates and rate ratios by major cause of death, by Indigenous status, 2003–2007
Table NHA.59.5	Age standardised mortality rates, by State and Territory, 2009

Box 118 **Comment on data quality**

The DQS for this indicator has been prepared by the ABS and is included in its original form in the section of this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on age-standardised mortality by major cause of death. Data are available for all states and territories, and by Indigenous status for selected jurisdictions. Data are not available by socioeconomic status (SES).
- Data on Indigenous status are reported for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis. National totals include data for these jurisdictions only. Due to the relatively small size of the Indigenous populations in some jurisdictions, the number of registered Indigenous deaths for any particular age group can be very small and subject to volatility from year to year.
- The most recent available data are for 2009 (all-cause totals only — no disaggregation by cause of death available). The most recent available data by cause of death are for 2008. Data are available annually.
- Data are of acceptable accuracy. Although most deaths of Indigenous Australians are registered, it is likely that some are not identified as Indigenous. Therefore data are likely to underestimate the Indigenous mortality rate.
- Data in this report are comparable with data in the baseline report. The data can be compared over time for the Indigenous population, and over time for the non-Indigenous population. Indirectly age-standardised data used for this indicator cannot be used to compare the gap between Indigenous and non-Indigenous populations at points in time.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by SES is a priority.
- Information on the gap between Indigenous and non-Indigenous mortality rates are available in the NIRA report (NIRA performance indicator 2 — table NIRA.2.28).

Indicator 60 — Access to services by type of service compared to need

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Social inclusion and Indigenous health
Progress measure:	Access to services by type of service compared to need
Interim measure:	Proportion of people who accessed health services by health status The measure is defined as: • *numerator* — number of persons aged 15 years or over who accessed a particular health service in the past 12 months (for hospital admissions) or two weeks (for other health services) • *denominator* — population aged 15 years or over and is expressed as a *directly age standardised rate (per cent)* Service types are: Admitted hospitalisations; Casualty/outpatients; GP and/or specialist doctor consultations; Consultations with other health professional; Dental consultation Self assessed health status is: categorised as (excellent/very good/good) and (fair/poor) *Calculated separately for each type of service and by categories of self assessed health status*
Data source:	*Numerator and denominator* — National Health Survey (NHS). Data are collected every three years. National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). Data are collected every six years.
Data provider:	ABS
Data availability:	2004-05 [no new data available] Data are also reported for this indicator under PI 8 in the NIRA performance report [no new data available]
Cross tabulations provided:	Nil

Box 119 **Comment on data quality**

No new data were available for this report.

Indicator 61 — Teenage birth rate

Key amendments from first cycle of reporting:	National data are disaggregated by SEIFA deciles
Outcome area:	Social inclusion and Indigenous health
Progress measure:	Teenage birth rate
Measure:	Teenage birth rate The measure is defined as: • *numerator* — the number of babies born to mothers aged less than 20 years at the time of the birth (includes births to mothers aged less than 15 years) • *denominator* — total population of females aged 15–19 years and is expressed as a *rate (per 1000 females aged 15–19 years)* Births include both live births and stillbirths where birthweight was at least 400 grams or gestation age was 20 weeks or more
Data source:	*Numerator* — AIHW National Perinatal Data Collection *Denominator* — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2008
Cross tabulations provided:	Nationally, by SEIFA IRSD deciles State and Territory, by: • Indigenous status • Remoteness • SEIFA IRSD quintiles

Box 120 **Results**

For this report, new data for this indicator are available for 2008.

- Data by State and Territory are presented in table NHA.61.1.
- Data by Indigenous status are presented in table NHA.61.1.
- Data by socioeconomic status are presented in tables NHA.61.1 and NHA.61.2.
- Data by remoteness are presented in table NHA.61.1.

Results for 2007 are available in the baseline report.

Attachment tables

Table NHA.61.1	Births to mothers aged less than 20 years, by Indigenous status, remoteness and SEIFA, 2008
Table NHA.61.2	Births to mothers aged less than 20 years, by SEIFA, 2008

Box 121 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the teenage birth rate (births to females aged less than 20 years as a proportion of females aged 15–19 years).
- State and Territory data are available by Indigenous status and socioeconomic status.
- Annual data are available. The most recent available data are for 2008.
- Data are of acceptable accuracy. The numerator includes births to females aged less than 15 years while the denominator is females aged 15–19 years. This may result in an overstatement of the teenage birth rate.
- Data in this report are comparable with data in the baseline report. Maternal age is derived from the date of birth of the mother for all jurisdictions except NSW, which provides direct data on the mother’s reported age at time of birth. Data for NSW may not be directly comparable with other jurisdictions.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee has no additional issues for noting with this indictor.

Indicator 62 — Hospitalisation for injury and poisoning

Key amendments from first cycle of reporting: National data are disaggregated by SEIFA deciles

Outcome area: Social inclusion and Indigenous health

Progress measure: Hospitalisation for injury and poisoning

Measure: The number of hospital separations with a principal diagnosis of injury and poisoning

The measure is defined as:

- *numerator* — the number of separations with a principal diagnosis of injury and poisoning**
- *denominator* — total population

and is expressed as a *directly age standardised rate (per 1000 persons in the relevant population)*

***Injury and poisoning diagnoses defined by ICD-10-AM codes S00-T98*

Data source: *Numerator* — AIHW Admitted Patient Care National Minimum Data Set

Denominator — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population)

Data are available annually

Data provider: AIHW

Data availability: 2008-09

Data are also reported for this indicator under PI 3 in the NIRA performance report

Cross tabulations provided: Nationally, by SEIFA IRSD deciles

State and Territory, by:

- sex
- Indigenous status
- remoteness
- SEIFA IRSD quintiles
- age

Box 122 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in tables NHA.62.1 and NHA.62.2.
- Data by Indigenous status are presented in table NHA.62.1.
- Data by socioeconomic status are presented in tables NHA.62.1 and NHA.62.3.
- Data by remoteness are presented in table NHA.62.1.
- Data by gender is presented in table NHA.62.1.
- Data by age group is presented in table NHA.62.2.

Results for 2007-08 are available in the baseline report.

Additional data by Indigenous status are available in the NIRA performance report — NIRA performance indicator 3.

Attachment tables

Table NHA.62.1	Hospital separations for injury or poisoning, by sex, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09
Table NHA.62.2	Age-specific separation rates for injury or poisoning, by State and Territory, 2008-09
Table NHA.62.3	Hospital separations for injury or poisoning, by SEIFA, 2008-09

Box 123 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the number of separations in public and private hospitals with a principal diagnosis of injury and poisoning. Data are available by State and Territory for Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2008-09.
- All public hospitals, except a mothercraft hospital in the ACT, provided data. Most private hospitals also provided data, except private day hospital facilities in the ACT, the single private free-standing hospital facility in the NT and a small private hospital in Tasmania.
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until an assessment of Indigenous identification is completed. Data for these jurisdictions are not included in the totals for Indigenous status.
- Data are of acceptable accuracy.
- Separations are reported for the State or Territory where the hospital was located, not the State or Territory of the patient’s usual residence (this is a particular issue in interpreting data for the ACT). Analyses by remoteness and SES are based on patients’ usual residential address, but separations will be counted in the State/Territory where the hospital was located rather than the State/Territory of usual residential address.
- Data in this report are comparable with data in the baseline report for all states and territories except Tasmania. Tasmanian data are not comparable over time as data from two private hospitals included in the 2007-08 report are not available for 2008-09.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available.

The Steering Committee also notes the following issue:

- Improving the quality of data on Indigenous status to allow national reporting which includes all states and territories is a priority.

Indicator 63 — Children's hearing loss

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Social inclusion and Indigenous health
Progress measure:	Children's hearing loss
Measure:	Prevalence of hearing loss and otitis media in children The measure is defined as: • *numerator* — the number of children aged 0–14 years with hearing loss or otitis media** • *denominator* — the number of children aged 0–14 years and is expressed as a *directly age standardised rate (per 1000 children in the relevant population)* ***Hearing loss conditions included are: complete and partial deafness; complete and partial deafness and otitis media; all disease of the ear and mastoid*
Data source:	*Numerator and denominator* — National Health Survey (NHS). Data are collected every three years. National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). Data are collected every six years
Data provider:	ABS
Data availability:	(total population) 2007-08 (NHS) [no new data available] (Indigenous status) 2004-05 (NHS/NATSIHS) [no new data available]
Cross tabulations provided:	Nil

Box 124 **Comment on data quality**

No new data were available for this report.

Indicator 64 — Indigenous Australians in the health workforce

Key amendments from first cycle of reporting: No amendments have been made

Outcome area: Social inclusion and Indigenous health

Output measure: Indigenous Australians in the health workforce

Interim measure: Indigenous Australians in the health workforce

There are two measures for this indicator

Measure 64a is defined as:
- *numerator* — number of Indigenous Australians in the health workforce (employed in the specified health occupations)
- *denominator* — total health workforce

and is expressed as a *percentage*

Occupation groupings are: medical practitioners; medical imaging workers; dental workers; nursing workers; pharmacists; allied health workers; complementary therapists and other health workers (see AIHW's *Health and community services labour force 2006* publication for definitions of health occupations)

Measure 64b is defined as:
- *numerator* — number of Indigenous Australians in the health workforce for selected professions (employed in the selected professions)
- *denominator* — total health workforce for selected professions

and is expressed as a *percentage*

Selected professions are: medical practitioners and nurses/midwives. No other data currently available

Data source: *Measure 64a Numerator and denominator* — Census of Population and Housing. Data are collected every five years

Measure 64b Numerator and denominator — Health Labour Force Surveys. Data are collected annually for medicine, nursing and midwifery data and State and Territory registration board data

Data provider: Measure 64a — ABS
Measure 64b — AIHW

Data availability: Measure 64a 2006 [no new data available]
Measure 64b 2008

Cross tabulations provided:	Measure 64b 2008 — State and Territory, by selected profession

Box 125 **Results**

For this report, new data for this indicator (for measure [b]) are available for 2008.

- Data by State and Territory are presented in table NHA.64.1.
- Data by selected profession are presented in table NHA.64.1.

Results for 2007 are available in the baseline report.

Attachment tables

Table NHA.64.1	Proportion of the health workforce that is Indigenous, by selected professions, by State and Territory, 2008

Box 126 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of the health workforce who are Indigenous Australians, for selected health professions. Data are available by State and Territory.
- Data are available annually. The most recent data are for 2008. Data exclude Aboriginal Health Workers, which make up a large segment of the Indigenous health workforce.
- Data are of acceptable accuracy. However, data are limited because of the small numbers of Indigenous Australians identified in the surveys. The national response rate was 68.7 per cent for medical practitioners and 46.6 per cent for nurses and midwives. State and Territory comparisons should be made with caution.
- Data in this report should be compared to data in the baseline report with caution. There is significant unexplained year-on-year variation in the data. Care is also advised with State and Territory comparisons because of low response rates in some jurisdictions.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Better quality data may be available for future reports from the National Registration and Accreditation Scheme. The scheme was due to be implemented nationally from 1 July 2010. All jurisdictions had implemented the scheme by this date with the exception of WA, which implemented the scheme in October 2010. From 2014, Aboriginal Health Workers are to be registered through this scheme and data will become available by this occupational group.

Indicator 65 — Net growth in health workforce

Key amendments from first cycle of reporting: No amendments have been made

Outcome area: Sustainability

Progress measure: Net growth in health workforce

Interim measure: Net growth in health workforce (for professions of medical practitioners, nurses/midwives and dentists)

The measure is defined as:

- *numerator* — full time equivalent (FTE) number in the workforce in the reference year
- *denominator* — FTE in the workforce in the year prior to the reference year

and is expressed as a *percentage*

FTE = Total hours worked by workforce ÷ standard working week for selected professions (medical practitioners 40 hours, nurses/midwives and dentists 38 hours)

Net growth reference years: (Medical practitioners) between 2007 and 2008; (Nurses/midwives) between 2007 and 2008; (Dentists) between 2005 and 2006 (2007 data not available)

Data source: *Numerator and denominator* — Health Labour Force Surveys

Data are collected annually for selected health professions and State and Territory registration board data

Data provider: AIHW

Data availability: (Medical practitioners) 2008, 2007
(Nurses) 2008, 2007
(Dentists) [no new data available]

Cross tabulations provided: State and Territory, by profession, by clinician/non-clinician status

Box 127 **Results**

For this report, new data for this indicator are available for 2008 (compared to 2007).

- Data by State and Territory are presented in tables NHA.65.1 and NHA.65.2.
- Data by profession are presented in tables NHA.65.1 and NHA.65.2.
- Data by clinician/non clinician status are presented in table NHA.65.2.

Results for 2007 (compared to earlier years) are available in the baseline report.

Attachment tables

Table NHA.65.1	Net growth in health workforce, selected professions, by State and Territory, 2007 to 2008
Table NHA.65.2	Net growth in health workforce, by clinical/non-clinical status, by State and Territory, 2007 to 2008

Box 128 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the growth in the health workforce (measured as the percentage increase in the full time equivalent number of health workers for selected professions). State and Territory data are available.
- Data for selected professions (medical practitioners, nurses and midwives, and dentists) are from the National Health Labour Force Survey (NHLFS) (collected annually). The most recent data are for 2008 for medical practitioners, and nurses and midwives.
- Data are of acceptable accuracy. The national response rate was 68.7 per cent for medical practitioners and 46.6 per cent for nurses and midwives (with low response rates in some states and territories). State and Territory comparisons should be undertaken with caution.
- Comparability of estimates for the medical workforce between 2007 and 2008 is limited by differences in coverage across years. Care should be taken when drawing conclusions about the size of the differences between estimates across these years.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Better quality data may be available for future reports from the National Registration and Accreditation Scheme. The scheme was due to be implemented nationally from 1 July 2010. All jurisdictions had implemented the scheme by this date with the exception of WA, which implemented the scheme in October 2010.

Indicator 66 — Public health program expenditure as a proportion of total health expenditure

Key amendments from first cycle of reporting:	Data for the baseline year have been revised
Outcome area:	Sustainability
Progress measure:	Allocation of health and aged care expenditure
Measure:	Public health program expenditure as a proportion of total health expenditure The measure is defined as: • *numerator* — total public health program expenditure by governments • *denominator* — total recurrent health expenditure and is expressed as a *percentage* Public health expenditure is defined by the National Public Health Expenditure Project and covers nine public health activities (*AIHW National Public Health Expenditure Report 2005-06*, Appendix B)
Data source:	*Numerator and denominator* — AIHW Health expenditure database Data are available annually
Data provider:	AIHW
Data availability:	2007-08 [backcasting required for expenditure data] and 2008-09
Cross tabulations provided:	2007-08 and 2008-09 — State and Territory by: • funding source

Box 129 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in tables NHA.66.1 and NHA.66.2
- Data by funding source are presented in table NHA.66.2.

Data for 2007-08 included in the baseline report have been revised.

- Data by State and Territory are presented in tables NHA.66.3 and NHA.66.4
- Data by funding source are presented in table NHA.66.4.

Attachment tables

Table NHA.66.1	Public health expenditure as a proportion of total health expenditure, by State and Territory, 2008-09
Table NHA.66.2	Public health and health expenditure, by funding source, by State and Territory, 2008-09
Table NHA.66.3	Public health expenditure as a proportion of total health expenditure, by State and Territory, 2007-08
Table NHA.66.4	Public health and health expenditure, by funding source, by State and Territory, 2007-08

Box 130 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on public health program expenditure as a proportion of total health expenditure. Data are available by State and Territory.
- Annual data are available. The most recent available data are for 2008-09. Revised data for 2007-08 have been provided.
- Public health expenditure funded by the states and territories excludes funding by non-government sources that cannot be allocated to individual activities (in 2007-08, this totalled $30 million). The scope of public health expenditure is limited to State and Territory health department expenditure. It also excludes any expenditure on public health activities undertaken or funded by the Department of Veterans’ Affairs.
- Data are of acceptable accuracy.
- Data are comparable over time.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee has no additional issues for noting with this indicator.

Indicator 67 — Capital expenditure on health and aged care facilities as a proportion of capital consumption expenditure on health and aged care facilities

Key amendments from first cycle of reporting:	Data for the baseline year have been revised.
Outcome area:	Sustainability
Progress measure:	Allocation of health and aged care expenditure
Interim measure:	Government funded capital expenditure on publicly-owned health and aged care facilities as a proportion of government funded capital consumption expenditure on publicly-owned health and aged care facilities The measure is defined as: • *numerator* — government gross fixed capital formation on publicly owned health and aged care facilities • *denominator* — government funded capital consumption expenditure on publicly-owned health and aged care facilities and is expressed as a *ratio* *Limited to government expenditure on publicly-funded facilities*
Data source:	*Numerator and denominator* — AIHW health expenditure database based on ABS Government Finance Statistics data (capital expenditure and capital consumption) Data are available annually
Data provider:	AIHW
Data availability:	2007-08 [backcasting required for expenditure data] and 2008-09
Cross tabulations provided:	2007-08 and 2008-09 — State and Territory

Box 131 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in table NHA.67.1.

Data for 2007-08 included in the baseline report have been revised.

- Data by State and Territory are presented in table NHA.67.2.

Attachment tables

Table NHA.67.1	Capital expenditure on health and aged care facilities to capital consumption expenditure on health and aged care facilities, by State and Territory, 2008-09
Table NHA.67.2	Capital expenditure on health and aged care facilities to capital consumption expenditure on health and aged care facilities, by State and Territory, 2007-08

Box 132 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on capital expenditure on health and aged care facilities as a proportion of capital consumption expenditure on health and aged care facilities. State and Territory data are available.
- Annual data are available. The most recent available data are for 2008-09. Revised data have been provided for 2007-08.
- Data are of acceptable accuracy.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Data are limited to Australian and State and Territory government expenditure on publicly funded facilities, as this allows comparisons to be made. Further work is required to expand the scope to include private facilities and local government.

Indicator 68 — Proportion of health expenditure spent on health research and development

Key amendments from first cycle of reporting:	Data for the baseline year have been revised
Outcome area:	Sustainability
Progress measure:	Allocation of health and aged care expenditure
Measure:	Proportion of health expenditure spent on health research and development The measure is defined as: • *numerator* — health research and experimental development expenditure • *denominator* — total recurrent health expenditure and is expressed as a *percentage* Health research and development expenditure comprises health research expenditure excluding the expenditure provided by private business, undertaken at tertiary institutions, in private non-profit organisations and in government facilities that have a health socioeconomic objective Excludes commercially oriented research carried out or funded by private business, the costs of which are assumed to be included in the prices charged for the goods and services
Data source:	*Numerator* — ABS Surveys of research and experimental development (8111.0 Research and Experimental Development, Higher Education Organisations; and 8109.0 Research and Experimental Development, Government and Private Non-Profit, Australia) *Denominator* — AIHW health expenditure database Data are collected every two years
Data provider:	AIHW
Data availability:	2007-08 [backcasting required for expenditure data] and 2008-09
Cross tabulations provided:	2007-08 and 2008-09 — State and Territory

Box 133 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in table NHA.68.1.

Data for 2007-08 included in the baseline report have been revised.

- Data by State and Territory are presented in table NHA.68.2.

Attachment tables

Table NHA.68.1	Health expenditure on health research and development, by State and Territory, 2008-09
Table NHA.68.2	Health expenditure on health research and development, by State and Territory, 2007-08

Box 134 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of total health expenditure spent on health research and development. State and Territory data are available.
- Annual data are available. The most recent available data are for 2008-09. Revised data for 2007-08 have been provided.
- The estimates of research and development are based on the ABS Research and Experimental Development Survey, which is conducted biennially. Data from the 2008 survey was extrapolated to estimate expenditure on health research for 2008-09.
- Data are of acceptable accuracy.
- Disaggregation by State and Territory is by the location of health research expenditure, not by funding source.
- Data are comparable over time.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Extrapolation is a single projection which may or may not equate to actual expenditure. Results for 2008-09 should be treated with caution pending availability of new ABS data.

Indicator 69 — Cost per casemix adjusted separation

Key amendments from first cycle of reporting:	The measure was amended to: • deflate cost figures to present the time series in constant and current prices • include a caveat to indicate that data are not comparable over time due to changes in the DRG and cost weights over time
Outcome area:	Sustainability
Progress measure:	Cost per casemix adjusted separation for both acute and non-acute care episodes
Interim measure:	Average cost per casemix adjusted separation for acute and non-acute care in public and private hospitals The measure is defined as: • *numerator* — total reported recurrent expenditure (excluding depreciation) multiplied by the admitted patient cost proportion** reported for each hospital • *denominator* — total casemix adjusted separations reported for acute and non-acute care in public hospitals and is expressed in *dollars* Total separations excludes newborns without qualified days, and records that do not relate to admitted patients (hospital boarders and posthumous organ procurement) Average cost weight is calculated from the National Hospital Morbidity Database, using the 2007-08 Australian Refined Diagnosis Related Group (AR-DRG) version 5.1 cost weights published by the Department of Health and Ageing and the AR-DRG version 5.2 cost weights for 2008-09 Casemix adjustment is based on Diagnosis Related Group (DRG) assigned to each separation Data are not comparable over time due to changes in the DRG and cost weights between years. Data are provided in both current and constant prices (deflated by the ABS Government Final Consumption Expenditure, State and Local — Hospitals & Nursing Homes deflator) ** the estimated proportion of total hospital expenditure that relates to admitted patient care
Data source:	*Numerator* — National Public Hospital Establishments Database (NPHED) *Denominator* — Admitted Patient Care National Minimum Data Set (APC

NMDS) and National Hospital Cost Data Collection (NHCDC)

Data are available annually for public hospitals (NPHED). Data are available every two years for private hospitals (PHS)

Data provider: AIHW

Data availability: 2007-08 [backcasting required for expenditure data. Additional data required for constant prices] and 2008-09 (public hospitals only)

Cross tabulations provided: 2007-08 and 2008-09 — State and Territory, by public hospital peer group (current and constant prices)

Box 135 **Results**

For this report, new data for this indicator are available for 2008-09.

- Data by State and Territory are presented in table NHA.69.1.
- Data by hospital peer group and presented in table NHA.69.1.

Data for 2007-08 included in the baseline report have been revised.

- Data by State and Territory are presented in table NHA.69.2.
- Data by hospital peer group and presented in table NHA.69.2

Attachment tables

Table NHA.69.1	Average cost per casemix adjusted separation, by hospital peer group, by State and Territory, 2008-09
Table NHA 69.2	Average cost per casemix adjusted separation, by hospital peer group, by State and Territory, 2007-08

Box 136 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section in this report titled ‘Data Quality Statements’. Key points from the DQS are summarised below.

- The data provide relevant information on the average cost per casemix adjusted separation in public hospitals.
- State and Territory data are available for public hospitals for selected peer groups (principal referral and specialist women’s and children’s hospitals, large and medium hospital and small acute hospitals). Data are not available for private hospitals.
- Public hospitals data exclude small non-acute hospitals, multi-purpose services, hospices, rehabilitation hospitals, mothercraft hospitals, other non-acute hospitals and psychiatric hospitals.
- Annual data are available. The most recent available data are for 2008-09. Revised data have been provided for 2007-08.
- Data are of acceptable accuracy. Capital costs are excluded from the numerator, which affects the calculation of the total average cost per casemix adjusted separation. Private patients treated privately at in scope hospitals are excluded from these data. The proportion of private patients are estimated and is subject to error.
- There is no agreed methodology for time series analysis. Costs per casemix adjusted separation may be affected by changes to the AR-DRG, ICD-10-AM codes and cost weights. It is not possible to meaningfully interpret changes in this indicator over time.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Data do not include all public hospitals or any private hospitals. The scope has been limited to public hospitals that have predominately acute care admitted patient activity in order to ensure comparable reporting. Consideration should be given to expanding reporting to all hospitals, reported by hospital type (public or private).
- The development of an agreed methodology to measure change in the cost per casemix adjusted separation over time is a priority.
- A deflator has been provided for these data to adjust historical data to account for price changes. However, this does not account for the other changes noted above.

Indicator 70 — Accredited and filled clinical training positions

Key amendments from first cycle of reporting:	No amendments have been made
Outcome area:	Sustainability
Output measure:	Number of accredited and filled clinical training positions
Measure:	Number of accredited and filled clinical training positions, by undergraduate/graduate status Will apply to medical practitioners only A measure for this indicator has yet to be developed
Data source:	No data source currently available
Data provider:	Nil
Data availability:	Data not currently available
Cross tabulations provided:	Nil

Box 137 **Comment on data quality**

There is currently no agreed measure, nor data available, to inform this indicator.

The national health workforce agency, *Health Workforce Australia*, has been tasked with producing Australia's first national database on accredited and filled clinical training positions.

National Agreement performance reporting: National Healthcare Agreement

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NHA Indicator 30

NHA Indicator 31

NHA Indicator 32

NHA Indicator 33

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NHA Indicator 69

NHA Indicator 70

NHA Benchmark 2A:

Primary care: by 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions

Table NHA.B.2A.1 **Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2008-09 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Vaccine-preventable conditions	no.	5 169	4 227	3 364	1 345	1 224	324	166	500	16 354
Acute conditions	no.	90 085	78 504	62 002	29 223	24 022	5 188	3 805	4 428	297 692
Chronic conditions	no.	107 157	88 620	81 085	57 518	29 204	7 311	3 545	4 135	378 933
Total PPH	**no.**	**201 631**	**170 664**	**145 796**	**87 805**	**54 200**	**12 763**	**7 491**	**8 945**	**690 115**
Total hospital separations	**no.**	**2456 086**	**2172 986**	**1667 630**	**829 969**	**625 055**	**152 100**	**102 966**	**106 524**	**8148 448**
PPH/Total hospital separations	**%**	**8.2**	**7.9**	**8.7**	**10.6**	**8.7**	**8.4**	**7.3**	**8.4**	**8.5**

(a) More than one category and/or condition may be reported during the same hospitalisation. Therefore, the totals are not necessarily equal to the sum of the components.

(b) Caution should be used when comparing data between time periods for the acute and chronic categories due to changes between the ICD-10-AM 5th edition (used in 2007-08) and ICD-10-AM 6th edition (used in 2008-09) and the associated Australian Coding Standards.

Source : AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.2 **Selected potentially preventable hospitalisations, by SEIFA, 2008-09 (a)**

	Per cent of total hospital separations	*no.*
Vaccine preventable conditions		
SEIFA of residence		
Decile 1	0.3	2 537
Decile 2	0.2	1 908
Decile 3	0.2	1 659
Decile 4	0.2	1 687
Decile 5	0.2	1 589
Decile 6	0.2	1 606
Decile 7	0.2	1 379
Decile 8	0.2	1 370
Decile 9	0.2	1 358
Decile 10	0.2	1 193
Total	**0.2**	**16 354**
Acute conditions		
SEIFA of residence		
Decile 1	4.2	35 894
Decile 2	3.9	34 019
Decile 3	3.9	30 824
Decile 4	3.8	31 329
Decile 5	3.7	29 890
Decile 6	3.6	29 558
Decile 7	3.6	26 218
Decile 8	3.5	28 987
Decile 9	3.2	26 201
Decile 10	3.2	24 014
Total	**3.7**	**297 692**
Chronic conditions		
SEIFA of residence		
Decile 1	6.0	51 706
Decile 2	5.8	49 900
Decile 3	5.4	43 492
Decile 4	5.4	44 760
Decile 5	5.3	42 485
Decile 6	4.8	39 280
Decile 7	4.0	29 500
Decile 8	3.7	29 868
Decile 9	3.3	27 202
Decile 10	2.7	20 130

Table NHA.B.2A.2 Selected potentially preventable hospitalisations, by SEIFA, 2008-09 (a)

	Per cent of total hospital separations	*no.*
Total	**4.7**	**378 933**
All potentially preventable hospitalisations (b)		
SEIFA of residence		
Decile 1	10.4	89 649
Decile 2	9.9	85 424
Decile 3	9.5	75 637
Decile 4	9.3	77 463
Decile 5	9.1	73 714
Decile 6	8.5	70 180
Decile 7	7.7	56 848
Decile 8	7.3	60 013
Decile 9	6.7	54 569
Decile 10	6.0	45 194
Total (c)	**8.5**	**690 115**

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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.

(b) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

(c) 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 Hospital Morbidity Database.

NHA Indicator 1:

Proportion of babies born of low birth weight

Table NHA.1.1 Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2008 (a), (b), (c), (d)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous status										
Indigenous	%	10.4	13.1	8.9	14.0	12.4	9.2	10.0	13.7	11.2
Non-Indigenous	%	4.3	4.5	4.4	4.3	4.6	5.0	3.7	4.1	4.4
Total	**%**	**4.5**	**4.6**	**4.6**	**4.9**	**4.8**	**5.2**	**3.8**	**7.6**	**4.7**
Indigenous status										
Indigenous	no.	314	85	294	233	75	26	7	184	1 218
Non-Indigenous	no.	3 947	3 067	2 445	1 213	849	298	166	98	12 083
Total number (e)	**no.**	**4 280**	**3 155**	**2 742**	**1 446**	**924**	**324**	**174**	**282**	**13 327**

(a) Low birthweight is defined as less than 2500 grams.

(b) Disaggregation by State/Territory are by place of usual residence of the mother.

(c) Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated.

(d) Excludes stillbirths and multiple births. Births were included if they were at least 20 weeks gestation or at least 400 grams birthweight.

(e) Total includes number of babies for which Indigenous status of the mother was not stated.

Source : AIHW (unpublished) National Perinatal Data Collection.

Table NHA.1.2 Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2006–2008 (a), (b), (c), (d)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous status										
Indigenous	%	10.6	11.6	9.5	13.8	12.8	7.6	9.5	13.2	11.2
Non-Indigenous	%	4.3	4.6	4.5	4.4	4.7	5.1	4.1	4.5	4.5
Total	**%**	**4.5**	**4.7**	**4.8**	**5.0**	**4.9**	**5.2**	**4.2**	**7.7**	**4.7**
Indigenous status										
Indigenous	no.	903	204	878	709	224	55	20	538	3 531
Non-Indigenous	no.	11 695	9 242	7 312	3 577	2 536	886	543	301	36 092
Total number (e)	**no.**	**12 669**	**9 457**	**8 196**	**4 286**	**2 760**	**941**	**566**	**839**	**39 714**

(a) Low birthweight is defined as less than 2500 grams.

(b) Disaggregation by State/Territory are by place of usual residence of the mother.

(c) Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated.

(d) Excludes stillbirths and multiple births. Births were included if they were at least 20 weeks gestation or at least 400 grams birthweight.

(e) Total includes number of babies for which Indigenous status of the mother was not stated.

Source : AIHW (unpublished) National Perinatal Data Collection.

Table NHA.1.3 Proportion of live-born singleton babies of low birthweight, by remoteness and SEIFA, 2008 (a), (b), (c)

	Aust	
	%	*no.*
Remoteness of residence (d)		
Major cities	4.5	8 877
Inner regional	4.8	2 495
Outer regional	5.2	1 410
Remote	5.6	281
Very remote	8.4	257
SEIFA of residence (e)		
Decile 1	6.1	2 032
Decile 2	5.1	1 456
Decile 3	5.0	1 365
Decile 4	5.1	1 515
Decile 5	4.7	1 284
Decile 6	4.2	1 249
Decile 7	4.2	1 145
Decile 8	4.3	1 231
Decile 9	3.9	1 040
Decile 10	3.6	864
Total (f)	**4.7**	**13 327**

(a) Low birthweight is defined as less than 2500 grams.

(b) Excludes stillbirths and multiple births. Births were included if they were at least 20 weeks gestation or at least 400 grams birthweight.

(c) Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated.

(d) Disaggregation by remoteness area is by place of usual residence of the mother, not by place of birth.

(e) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Disaggregation by SEIFA is based on the place of usual residence of the mother, not by place of birth.

(f) Total includes number of babies for which remoteness areas and/or SEIFA categories for the mothers could not be assigned.

Source : AIHW (unpublished) National Perinatal Data Collection.

NHA Indicator 2:

Incidence of sexually transmissible infections and blood-borne viruses

Table NHA.2.1 Notification rates of new diagnoses of sexually transmissible infections and blood-borne viruses, by State and Territory, 2009 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	Age standardised rate per 100 000 population									no.
Syphilis (b)	7.5	7.2	4.1	3.9	3.3	2.1	2.8	16.7	6.0	1 294
HIV (c)	5.5	5.4	4.8	3.6	3.4	3.3	3.1	6.7	4.9	1 055
Hepatitis B (d)	38.1	37.3	24.6	33.4	29.0	19.1	28.5	68.4	33.8	7 345
Hepatitis C (d)	56.3	46.3	62.5	51.0	35.4	62.8	45.1	70.3	53.0	11 482
Chlamydia	208.8	246.5	370.3	379.2	239.3	313.8	235.5	822.9	280.8	62 660
Gonococcal infection	23.4	27.4	35.0	58.4	26.0	4.8	13.7	589.5	36.6	8 059

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Syphilis limited to cases of less than two years duration, and cases of congenital syphilis.

(c) HIV data include reports of newly diagnosed HIV infection and cases of HIV infections known to have been newly acquired.

(d) Hepatitis B and C data include all reports of hepatitis B and C regardless of whether they were notified as 'newly acquired' or as 'greater than two years or unspecified period of infection'.

Source : DoHA (unpublished) analysis of the National Notifiable Diseases Surveillance System; National Centre in HIV Epidemiology and Clinical Research (unpublished) analysis of the National HIV registry; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.2.2 **Age specific rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by State and Territory, 2009**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Syphilis (a), (b)									
0–4 years	–	–	–	–	–	–	–	16.3	0.2
5–9 years	–	–	–	–	–	–	–	–	–
10–14 years	–	–	–	1.3	–	–	np	–	0.2
15–19 years	1.2	2.7	3.9	6.4	–	–	–	5.9	2.6
20–24 years	6.6	14.3	7.4	9.5	7.9	6.4	np	16.3	9.4
25–34 years	13.2	13.5	7.8	8.1	7.2	3.5	np	28.1	11.1
35–44 years	19.4	16.2	6.9	5.4	4.0	6.0	np	39.6	13.1
45–54 years	12.1	8.7	4.6	3.2	4.4	–	np	19.7	7.9
55–64 years	3.5	3.0	3.0	1.6	4.0	3.1	np	14.3	3.2
65 years and over	0.7	0.7	1.5	0.7	0.8	–	–	–	0.8
Total	**7.3**	**7.2**	**4.0**	**3.9**	**3.3**	**2.0**	**3.1**	**18.1**	**5.9**
HIV (b), (c)									
0–4 years	–	0.3	0.3	0.7	–	3.0	–	–	0.3
5–9 years	0.2	0.3	0.3	–	1.1	–	–	–	0.3
10–14 years	–	–	0.3	0.7	–	–	–	–	0.1
15–19 years	0.6	1.4	0.6	0.6	0.9	–	–	–	0.8
20–24 years	6.6	4.1	5.9	1.2	5.3	12.7	–	10.9	5.2
25–34 years	10.8	14.6	11.1	7.2	8.7	5.3	8.6	10.2	11.2
35–44 years	13.2	10.7	9.3	10.9	5.3	7.5	np	8.5	10.7
45–54 years	7.6	6.1	6.1	4.8	3.5	1.4	–	16.4	6.1
55–64 years	1.9	2.7	3.4	0.4	3.0	1.5	np	9.6	2.4
65 years and over	1.0	0.7	0.5	–	0.4	–	np	–	0.7
Total	**5.3**	**5.3**	**4.7**	**3.6**	**3.3**	**3.0**	**3.1**	**7.1**	**4.8**

Table NHA.2.2 Age specific rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by State and Territory, 2009

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Hepatitis B (d)									
0–4 years	0.4	0.3	0.7	0.7	–	–	–	–	0.4
5–9 years	1.8	2.5	1.7	3.5	4.2	3.2	–	11.3	2.4
10–14 years	4.7	5.1	4.7	11.5	12.9	20.8	np	29.7	6.8
15–19 years	23.8	23.2	12.9	24.3	27.8	11.5	45.3	29.7	21.9
20–24 years	53.4	58.5	32.6	37.3	37.8	44.6	42.4	108.7	48.0
25–34 years	83.0	83.9	56.2	78.4	55.3	56.0	51.8	99.8	74.7
35–44 years	62.2	56.5	39.9	50.8	48.5	14.9	46.0	101.9	53.2
45–54 years	45.3	45.3	31.3	39.0	31.8	19.1	22.8	62.3	40.0
55–64 years	28.9	22.1	16.0	18.5	22.2	3.1	28.7	110.0	23.1
65 years and over	12.5	13.7	6.2	13.1	10.0	1.3	11.2	58.8	11.4
Total	**37.7**	**37.4**	**24.2**	**33.3**	**28.1**	**16.9**	**30.1**	**69.0**	**33.5**
Hepatitis C (d)									
0–4 years	2.0	0.6	0.3	3.3	-	–	–	–	1.2
5–9 years	0.5	0.6	1.4	0.7	1.1	–	–	–	0.7
10–14 years	2.0	1.8	1.0	1.3	1.0	–	–	–	1.5
15–19 years	15.3	20.2	23.2	19.2	7.4	11.5	28.9	29.7	18.3
20–24 years	56.0	50.7	85.6	66.4	37.8	86.0	32.6	59.8	60.5
25–34 years	102.2	89.2	132.8	105.4	69.2	155.9	96.7	71.6	103.6
35–44 years	106.8	85.1	111.0	87.7	74.3	123.9	88.1	107.6	97.9
45–54 years	100.5	78.8	104.2	84.4	56.1	79.0	74.7	196.6	90.9
55–64 years	42.5	29.9	30.0	32.5	18.2	30.8	20.9	110.0	33.9
65 years and over	14.0	10.6	8.4	9.0	7.6	2.6	np	–	10.6
Total	**55.4**	**46.1**	**61.2**	**51.1**	**33.8**	**56.2**	**46.8**	**73.0**	**52.3**

Table NHA.2.2 **Age specific rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by State and Territory, 2009**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Chlamydia (b)									
0–4 years	2.0	0.6	0.3	1.3	–	–	–	5.4	1.1
5–9 years	0.2	1.5	–	1.4	–	–	–	50.9	1.3
10–14 years	20.6	15.8	64.7	61.4	25.8	74.4	32.9	315.2	38.4
15–19 years	717.2	801.1	1 647.8	1 533.8	790.1	1 682.2	993.6	3 493.7	1 078.7
20–24 years	989.9	1 305.9	1 880.6	1 992.4	1 348.5	1 646.2	1 237.0	3 765.1	1 428.4
25–34 years	411.0	479.9	639.9	684.6	485.5	453.6	395.3	1 399.7	520.3
35–44 years	139.1	141.5	152.4	155.2	105.0	79.1	114.9	433.2	143.3
45–54 years	53.5	57.4	47.8	61.7	30.9	8.2	43.6	163.9	52.3
55–64 years	20.5	20.1	17.4	22.1	11.6	9.2	np	86.1	19.3
65 years and over	4.5	3.4	8.4	7.1	0.8	2.6	–	16.8	4.8
Total	**209.5**	**255.2**	**377.9**	**393.6**	**231.4**	**288.7**	**267.2**	**936.1**	**285.4**
Gonococcal infection (b)									
0–4 years	0.4	0.6	1.0	0.7	–	–	np	10.8	0.8
5–9 years	–	–	–	–	–	–	–	–	–
10–14 years	0.4	0.6	9.8	26.3	3.0	–	–	309.2	9.0
15–19 years	25.9	36.6	136.9	219.3	68.5	8.6	24.7	2 580.2	103.0
20–24 years	70.2	91.8	138.7	211.6	72.9	22.3	68.5	2 129.7	127.0
25–34 years	53.6	63.5	61.7	113.5	62.5	10.5	29.3	1 038.9	75.7
35–44 years	37.8	39.8	23.1	40.2	28.0	6.0	9.6	487.0	38.8
45–54 years	16.4	16.5	14.1	21.7	14.8	1.4	np	108.1	16.8
55–64 years	8.0	8.6	8.2	10.4	5.1	–	np	52.6	8.3
65 years and over	1.6	0.7	2.0	2.6	0.8	–	–	8.4	1.4
Total	**23.2**	**27.8**	**35.5**	**59.6**	**24.6**	**4.2**	**15.6**	**665.7**	**36.7**

Table NHA.2.2 **Age specific rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by State and Territory, 2009**

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

(a) Syphilis limited to cases of less than two years duration, and cases of congenital syphilis. Cases reported in the 0–4 years age group were notified as being congenitally acquired. Congenital syphilis is transmitted transplacentally from an infected pregnant woman to her foetus, and is not considered to be sexually transmitted.

(b) The national case definitions for chlamydial, gonococcal, syphilis and HIV infections do not distinguish between site of infection or mode of transmission. Infections in children may be acquired by non-sexual means (eg perinatal infections, epidemic gonococcal conjunctivitis).

(c) HIV data include reports of newly diagnosed HIV infection and cases of HIV infections known to have been newly acquired.

(d) Hepatitis B and C data includes all reports of hepatitis B and C regardless of whether they were notified as 'newly acquired' or as 'greater than two years or unspecified period of infection'.

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

Source : DoHA (unpublished) analysis of the National Notifiable Diseases Surveillance System; National Centre in HIV Epidemiology and Clinical Research (unpublished) analysis of the National HIV registry; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.2.3 Rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by Indigenous status, remoteness, gender and SEIFA, by State and Territory, 2009 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Syphilis (b)				
Sex									
Males	14.4	13.8	7.7	5.4	5.6	4.4	4.6	15.6	10.9
Females	0.7	0.8	0.5	2.3	1.1	–	np	17.7	1.1
Indigenous status									
Indigenous	9.1	3.3	20.6	38.8	26.8	–	np	64.7	23.8
Non-Indigenous	7.5	7.2	3.4	2.5	2.9	2.2	2.6	1.2	5.5
Remoteness of residence (c)									
Major cities	9.5	7.8	4.1	2.8	3.3	..	2.9	..	6.8
Inner regional	1.5	2.3	2.0	0.4	2.5	3.2	np	..	1.9
Outer regional	0.1	4.3	4.9	1.1	–	0.1	..	8.6	3.0
Remote	–	–	3.2	12.2	3.9	–	..	18.5	7.8
Very remote	–	..	27.4	51.9	25.1	–	..	34.0	33.5
SEIFA of residence (d)									
Quintile 1	2.3	5.6	4.1	19.0	3.9	1.0	np	22.3	4.4
Quintile 2	2.9	3.2	3.0	3.7	3.4	0.0	np	30.0	3.2
Quintile 3	13.2	7.5	2.0	2.8	4.4	0.6	np	9.2	6.8
Quintile 4	17.8	5.8	6.5	1.9	1.3	8.2	np	5.8	8.2
Quintile 5	5.6	10.0	3.4	1.7	1.8	..	3.1	20.9	5.8
					HIV (e)				
Sex									
Males	9.8	9.7	8.5	5.3	5.6	4.8	5.8	8.8	8.5
Females	1.2	1.1	1.2	1.9	1.2	1.9	np	4.4	1.3
Indigenous status									

Table NHA.2.3 Rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by Indigenous status, remoteness, gender and SEIFA, by State and Territory, 2009 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous	6.5	3.7	4.1	6.3	5.2	6.7	–	–	4.6
Non-Indigenous	5.5	5.4	4.8	3.4	3.6	3.2	3.1	8.9	4.9
Remoteness of residence (c)									
Major cities	6.5	6.2	6.0	4.2	4.6	..	1.1	..	5.8
Inner regional	1.3	1.9	1.9	2.3	–	3.5	–	..	1.8
Outer regional	3.2	0.9	4.0	2.6	–	0.8	..	7.4	2.9
Remote	0.9	np	3.6	0.1	–	–	..	6.4	2.4
Very remote	–	..	0.6	3.8	–	–	..	1.4	1.7
SEIFA of residence (d)									
Quintile 1	2.5	5.0	3.7	0.8	0.4	1.3	–	0.7	2.9
Quintile 2	3.1	2.5	3.3	3.8	–	0.1	–	58.2	2.9
Quintile 3	8.0	5.0	3.8	2.8	21.8	1.3	np	10.3	6.0
Quintile 4	9.4	5.2	6.5	5.8	0.1	7.8	np	2.6	6.3
Quintile 5	5.3	7.3	5.9	2.8	0.3	..	np	7.1	5.2
Hepatitis B (f)									
Sex									
Males	41.2	40.6	26.2	39.1	33.2	24.0	30.0	75.0	37.0
Females	34.3	31.9	23.1	27.5	24.9	14.0	26.8	61.9	29.7
Indigenous status (g)									
Indigenous	np	np	np	94.1	80.0	12.0	np	159.4	104.0
Non-Indigenous	np	np	np	32.6	28.2	19.5	28.0	46.5	30.0
Remoteness of residence (c)									
Major cities	45.5	44.3	28.8	34.9	29.7	..	26.6	..	39.5
Inner regional	8.9	11.4	11.5	15.5	6.8	23.7	np	..	11.7

Table NHA.2.3 **Rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by Indigenous status, remoteness, gender and SEIFA, by State and Territory, 2009 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Outer regional	11.3	5.9	20.4	13.5	6.3	9.0	..	45.5	15.6
Remote	45.6	41.4	28.3	15.4	9.4	31.3	..	79.4	31.0
Very remote	60.3	..	81.4	216.4	71.7	–	..	111.5	116.8
SEIFA of residence (d)									
Quintile 1	59.4	70.6	32.8	36.8	35.3	19.2	–	79.8	50.1
Quintile 2	24.0	23.4	20.7	46.0	20.5	2.8	np	120.3	25.5
Quintile 3	39.8	32.3	16.0	29.0	25.7	19.1	np	62.9	30.1
Quintile 4	38.2	29.6	28.8	24.6	14.4	22.5	22.8	51.7	30.1
Quintile 5	25.7	33.7	22.0	20.1	16.5	..	28.1	42.2	26.4
					Hepatitis C (f)				
Sex									
Males	72.8	57.6	81.3	63.7	43.2	78.6	57.8	86.3	67.5
Females	39.5	34.1	44.1	37.9	27.7	47.3	32.4	53.2	38.2
Indigenous status (h)									
Indigenous	np	np	np	183.1	180.3	66.7	np	44.1	120.2
Non-Indigenous	np	np	np	46.1	32.7	63.1	np	77.3	44.1
Remoteness of residence (c)									
Major cities	46.8	44.0	61.2	43.8	29.0	..	44.8	..	46.8
Inner regional	64.5	49.8	64.3	74.0	22.4	66.6	np	..	59.7
Outer regional	61.2	49.3	67.7	58.8	27.9	54.6	..	48.5	56.7
Remote	88.9	36.9	54.7	64.9	23.7	26.1	..	88.2	60.8
Very remote	155.7	..	45.8	56.3	54.9	53.0	..	25.2	47.4
SEIFA of residence (d)									
Quintile 1	64.6	64.8	108.2	63.7	45.4	62.1	np	27.2	70.3

Table NHA.2.3 **Rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by Indigenous status, remoteness, gender and SEIFA, by State and Territory, 2009 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Quintile 2	56.8	56.4	66.9	54.3	25.8	33.6	69.2	146.1	55.9
Quintile 3	50.9	43.5	50.9	52.2	23.6	90.7	52.4	65.9	48.4
Quintile 4	50.1	37.6	56.1	55.3	14.8	47.6	45.7	115.2	47.0
Quintile 5	27.4	32.0	31.7	28.9	15.9	..	42.0	49.5	30.0
Chlamydia									
Sex									
Males	182.9	208.5	281.7	314.1	190.5	229.2	201.6	568.6	229.5
Females	234.1	284.5	458.0	446.2	288.2	396.9	269.4	1 084.3	332.0
Indigenous status (i)									
Indigenous	np	143.8	1 119.3	1 221.6	500.5	98.1	np	1 513.8	1 019.1
Non-Indigenous	np	247.3	333.7	339.8	232.8	327.1	np	491.2	291.8
Remoteness of residence (c)									
Major cities	195.3	231.7	345.3	342.0	237.5	..	235.7	..	252.0
Inner regional	231.0	278.6	269.7	345.8	174.7	323.2	np	..	264.2
Outer regional	210.1	222.1	483.3	421.6	191.3	277.1	..	421.8	350.3
Remote	278.8	221.8	544.9	669.5	181.9	297.4	..	846.4	552.5
Very remote	556.9	..	1 659.4	1 196.8	805.8	95.2	..	1 310.8	1 276.5
SEIFA of residence (d)									
Quintile 1	173.4	218.6	420.1	796.8	246.2	325.3	np	940.0	290.7
Quintile 2	230.1	238.3	376.7	361.9	224.8	241.4	207.0	1 002.2	271.6
Quintile 3	224.8	270.3	359.3	355.3	214.1	305.0	212.3	531.7	290.1
Quintile 4	214.6	221.2	390.6	358.2	223.0	285.2	213.4	821.1	284.7
Quintile 5	164.8	240.2	289.1	323.3	214.6	..	245.4	560.7	237.5
Gonococcal infection									

Table NHA.2.3 Rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by Indigenous status, remoteness, gender and SEIFA, by State and Territory, 2009 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Sex									
Males	38.1	44.3	46.5	66.8	30.7	8.7	25.2	559.4	49.2
Females	8.8	10.4	23.2	49.6	21.3	0.9	np	621.8	23.9
Indigenous status (i)									
Indigenous	np	24.7	244.2	979.2	518.2	–	np	1 656.3	634.0
Non-Indigenous	np	27.4	24.8	19.1	14.6	5.0	np	75.4	23.9
Remoteness of residence (c)									
Major cities	27.8	30.6	28.7	25.3	16.2	..	15.0	..	27.3
Inner regional	9.0	12.3	10.4	16.8	5.6	5.9	np	..	10.3
Outer regional	6.7	11.0	67.4	33.9	18.5	0.8	..	95.7	37.3
Remote	5.4	–	98.1	225.6	31.3	–	..	856.5	245.3
Very remote	4.2	..	316.4	1 277.6	1 209.8	–	..	1 337.0	964.6
SEIFA of residence (d)									
Quintile 1	17.6	24.7	42.0	527.6	39.9	2.4	np	858.7	62.4
Quintile 2	15.6	15.6	41.0	43.0	14.4	0.1	np	676.4	24.7
Quintile 3	28.7	28.1	25.7	25.5	11.3	5.8	np	359.1	29.4
Quintile 4	38.6	20.9	37.8	30.2	13.8	10.5	8.6	302.5	33.4
Quintile 5	19.3	35.5	27.0	20.4	13.2	..	15.3	231.1	26.3

(a) Rates are age standardised to the Australian population as at 30 June 2001.

(b) Syphilis limited to cases of less than two years duration, and cases of congenital syphilis.

(c) Not all remoteness areas are represented in each State or Territory. Cases where a postcode was not available or was not assigned a remoteness category were excluded.

Table NHA.2.3 Rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by Indigenous status, remoteness, gender and SEIFA, by State and Territory, 2009 (a)

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

(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, 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. Cases where a postcode was not available or was not assigned a SEIFA were excluded.

(e) HIV data include reports of newly diagnosed HIV infection and cases of HIV infections known to have been newly acquired.

(f) Hepatitis B and C data include all reports of hepatitis B and C regardless of whether they were notified as 'newly acquired' or as 'greater than two years or unspecified period of infection'.

(g) NSW, Victoria and Queensland cases and populations have not been included in the calculation of this national figure due to Indigenous status completeness being less than 50 per cent.

(h) NSW, Victoria, Queensland and the ACT cases and populations have not been included in the calculation of this national figure due to Indigenous status completeness being less than 50 per cent.

(i) NSW and the ACT cases and populations have not been included in the calculation of this national figure due to Indigenous status completeness being less than 50 per cent.

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

Source : DoHA (unpublished) analysis of the National Notifiable Diseases Surveillance System; National Centre in HIV Epidemiology and Clinical Research (unpublished) analysis of the National HIV registry; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (2009), Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, Series B, Cat. no. 3238.0.

Table NHA.2.4 Rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by SEIFA, 2009 (a), (b)

	Syphilis (c)		*HIV* (d)		*Hepatitis B* (e)		*Hepatitis C* (e)		*Chlamydia*		*Gonococcal infection*	
	Rate	*no.*	*Rate*	*no.*	*Rate*	*no.*	*Rate*	*no.*	*Rate*	*no.*	*Rate*	*no.*
Decile 1	5.7	123	3.1	65	71.9	1 533	78.0	1 640	337.4	7 483	100.0	2 197
Decile 2	3.1	62	2.7	53	27.7	565	62.4	1 265	240.7	4 972	22.2	452
Decile 3	3.0	59	2.8	54	28.0	551	57.7	1 133	262.1	5 251	23.1	458
Decile 4	3.4	75	2.9	65	23.2	518	54.3	1 201	279.9	6 432	26.1	592
Decile 5	3.5	74	2.5	52	24.4	504	51.2	1 064	289.1	6 177	25.8	545
Decile 6	9.8	227	9.1	212	35.4	830	46.3	1 068	290.1	7 027	32.4	778
Decile 7	5.8	127	4.3	92	29.4	639	46.8	1 007	283.1	6 474	28.3	632
Decile 8	10.5	240	8.2	185	30.8	702	47.2	1 075	285.9	6 603	38.3	879
Decile 9	7.2	165	6.2	141	27.3	622	35.9	822	268.4	6 279	32.8	757
Decile 10	4.3	94	4.2	90	25.6	560	23.8	523	205.9	4 673	19.5	434
Total	**5.7**	**1 244**	**4.9**	**1 011**	**32.3**	**7 023**	**49.9**	**10 798**	**275.2**	**61 370**	**35.1**	**7 723**

(a) Rates are age standardised to the Australian population as at 30 June 2001.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Cases where a postcode was not available or was not assigned a SEIFA were excluded.

(c) Syphilis limited to cases of less than two years duration, and cases of congenital syphilis.

(d) HIV data include reports of newly diagnosed HIV infection and cases of HIV infections known to have been newly acquired.

(e) Hepatitis B and C data include all reports of hepatitis B and C regardless of whether they were notified as 'newly acquired' or as 'greater than two years or unspecified period of infection'.

Source: DoHA (unpublished) analysis of the National Notifiable Diseases Surveillance System; National Centre in HIV Epidemiology and Clinical Research (unpublished) analysis of the National HIV registry; ABS (unpublished) Estimated Resident Population, 30 June 2009.

NHA Indicator 3:

Incidence of end-stage kidney disease

Table NHA.3.1 Incidence of end-stage kidney disease, by sex, by State and Territory, 2004–2007 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	Age standardised rate per 100 000 population									no.
Males	23.3	25.0	23.6	25.0	26.9	23.1	36.5	66.8	24.8	9 480
Females	15.1	15.9	16.9	16.1	15.7	17.5	20.0	80.1	16.3	8 029
Total	**18.8**	**20.0**	**20.0**	**20.1**	**20.5**	**20.0**	**27.2**	**72.5**	**20.1**	**17 509**
	no.	no.	no.	no.	no.	no.	no.	no.	no.	no.
Total number	5 567	4 426	3 205	1 592	1 559	456	302	402		17 509
	95 per cent variability bands									
Males	22.5 – 24.2	24.0 – 26.0	22.5 – 24.8	23.4 – 26.7	25.1 – 28.7	20.1 – 26.2	31.0 – 42.0	54.5 – 79.2	24.3 – 25.3	
Females	14.5 – 15.7	15.2 – 16.6	16.0 – 17.8	14.5 – 16.9	14.1 – 17.3	15.2 – 19.8	16.4 – 23.5	67.7 – 92.5	16.0 – 16.7	
Total	**18.3 – 19.3**	**19.4 – 20.6**	**19.3 – 20.7**	**19.1 – 21.0**	**19.5 – 21.6**	**18.2 – 21.9**	**24.1 – 30.4**	**64.0 – 81.1**	**19.8 – 20.4**	

(a) Rates are directly age-standardised to the Australian population as at 30 June 2001.

(b) Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the ACT. Data are reported by the State or Territory that delivered the first treatment (for treated cases) and by the State or Territory of registration of death (for untreated cases). The numerator includes people who received treatment or whose death was registered in one jurisdiction, but who reside(d) in another.

Source : AIHW (unpublished) Australian and New Zealand Dialysis and Transplant Register; AIHW (unpublished) National Death Index; AIHW (unpublished) National Mortality Database; ABS (unpublished) Estimated Resident Population, 2004–2007.

Table NHA.3.2 Incidence of end-stage kidney disease, by sex, by Indigenous status, 2004–2007 (a)

	Year	*Aust*	
Unit		Age-standarised rate per 100 000	no.
Sex			
Males	2007	25.5	2 551
Females	2007	17.0	2 189
Total	2007	**20.9**	**4 740**
Indigenous status (b)			
Indigenous	2004–2007	115.3	983
Non-Indigenous	2004–2007	18.5	11 304
Total (c)	2004–2007	**20.0**	**12 325**
		95 per cent variability bands	
Sex	Unit		
Males		24.5 – 26.5	
Females		16.3 – 17.8	
Total		**20.3 – 21.5**	
Indigenous status (b)			
Indigenous		106.8 – 123.8	
Non-Indigenous		18.2 – 18.8	
Total (c)		**19.7 – 20.4**	

(a) Rates are directly age-standardised to the Australian population as at 30 June 2001.

(b) Indigenous disaggregation is based on data from NT, Qld, SA, WA and NSW only.

(c) Total includes people whose Indigenous status was not known or not stated.

Source: AIHW (unpublished), sourced from the Australian and New Zealand Dialysis and Transplant Register, the National Death Index and the National Mortality Database; ABS (unpublished) Estimated Resident Population, 2004–2007; ABS (2009) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, Series B, Cat. no. 3238.0.

NHA Indicator 4:

Incidence of selected cancers

Table NHA.4.1 **Incidence of selected cancers, by State and Territory, 2007**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Age standardised rate per 100 000 population					
Bowel cancer (a)	rate	63.3	63.0	64.7	56.4	65.1	79.6	60.8	68.8	63.4
Lung cancer (a)	rate	42.9	43.9	44.4	41.9	40.4	49.3	37.4	54.0	43.3
Melanoma (a)	rate	47.7	39.1	63.1	45.3	34.1	41.6	33.2	24.8	46.7
Female breast cancer (b)	rate	109.6	110.2	110.4	101.5	116.3	97.4	115.1	81.8	109.2
Cervical cancer (b)	rate	7.7	5.8	6.6	7.5	5.1	7.9	4.4	10.3	6.8
					Number of new cases					
Bowel cancer (a)	no	4 784	3 553	2 746	1 187	1 239	467	178	80	14 234
Lung cancer (a)	no	3 245	2 479	1 878	870	770	284	108	69	9 703
Melanoma (a)	no	3 530	2 161	2 685	962	616	234	105	49	10 342
Female breast cancer (b)	no	4 189	3 171	2 437	1 117	1 107	286	199	61	12 567
Cervical cancer (b)	no	278	160	141	79	42	21	8	10	739
					95 per cent variability bands					
Bowel cancer (a)		61.5–65.1	61.0–65.1	62.3–67.2	53.3–59.8	61.5–68.8	72.5–87.2	52.1–70.6	52.4–88.1	62.4–64.5
Lung cancer (a)		41.4–44.4	42.2–45.7	42.4–46.5	39.2–44.9	37.5–43.3	43.7–55.5	30.6–45.3	40.3–70.5	42.4–44.2
Melanoma (a)		46.2–49.3	37.4–40.8	60.7–65.5	42.5–48.3	31.4–36.9	36.4–47.3	27.1–40.3	18.0–33.3	45.8–47.7
Female breast cancer (b)		106.3–113.0	106.4–114.1	106.1–114.9	95.6–107.7	109.4–123.4	86.3–109.5	99.5–132.4	59.5–108.8	107.3–111.1
Cervical cancer (b)		6.8–8.6	4.9–6.8	5.5–7.8	6.0–9.4	3.6–6.9	4.8–12.1	1.9–8.7	4.7–19.2	6.3–7.3

(a) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(b) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

Source : AIHW (unpublished) Australian Cancer Database; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.4.2 **Incidence of selected cancers by Indigenous status, by State and Territory, 2007**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
					Age standardised rate per 100 000 population						no.
Bowel cancer (a)											
Indigenous	rate	37.7	49.4	51.0	40.0	12.9	17.4	np	38.1	40.2	82
Other Australians (b)	rate	63.8	63.3	64.7	56.6	65.7	80.5	np	74.5	63.8	14 152
Lung cancer (a)											
Indigenous	rate	55.4	77.4	95.6	65.2	60.5	55.5	–	44.1	67.2	136
Other Australians (b)	rate	42.8	43.9	43.5	41.4	40.3	48.5	np	58.5	43.0	9 567
Melanoma of the skin (a)											
Indigenous	rate	np	14.0	7.3	7.0	–	–	–	np	np	np
Other Australians (b)	rate	46.2	39.3	64.1	45.9	34.7	42.7	np	31.7	46.6	10 179
Female breast cancer (c)											
Indigenous	rate	71.5	41.6	75.4	94.8	28.2	74.2	–	np	68.1	86
Other Australians (b)	rate	110.0	110.3	110.9	102.4	117.4	98.6	np	87.8	109.8	12 481
Cervical cancer (c)											
Indigenous	rate	15.7	8.5	5.6	22.7	22.0	–	np	np	14.0	23
Other Australians (b)	rate	7.5	5.8	6.6	7.2	5.0	7.9	np	np	6.7	716
					95 per cent variability bands						
Bowel cancer (a)											
Indigenous		23.1–57.5	18.2–104.8	31.4–77.4	17.3–75.7	1.5–46.7	2.1–62.8	np	14.9–75.5	31.1–50.9	..
Other Australians (b)		62.0–65.6	61.3–65.5	62.3–67.2	53.4–59.9	62.1–69.5	73.3–88.2	np	56.7–95.7	62.7–64.8	..
Lung cancer (a)											
Indigenous		37.6–78.1	36.1–142.5	67.8–130.2	35.1–109.1	24.8–121.6	14.4–136.5	–	20.8–79.5	55.4–80.5	..
Other Australians (b)		41.4–44.4	42.2–45.7	41.6–45.6	38.7–44.3	37.5–43.3	42.9–54.5	np	43.0–77.4	42.2–43.9	..
Melanoma of the skin (a)											
Indigenous		np	0.8–53.4	1.7–18.4	0.0–28.6	–	–	–	np	np	..

Table NHA.4.2 **Incidence of selected cancers by Indigenous status, by State and Territory, 2007**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Other Australians (b)		44.7–47.8	37.6–41.0	61.7–66.6	43.0–48.9	32.0–37.6	37.3–48.5	np	22.8–42.7	45.7–47.6	..
Female breast cancer (c)											
Indigenous		44.7–107.5	11.2–106.6	47.5–112.5	48.1–164.8	3.4–101.9	9.7–230.5	–	np	53.3–85.5	..
Other Australians (b)		106.7–113.5	106.5–114.3	106.5–115.4	96.4–108.6	110.5–124.6	87.3–110.9	np	63.0–118.3	107.9–111.8	..
Cervical cancer (c)											
Indigenous		7.0–29.9	0.2–47.2	1.1–16.7	4.8–58.1	0.6–122.4	–	np	np	8.3–21.7	..
Other Australians (b)		6.6–8.5	4.9–6.8	5.5–7.8	5.7–9.1	3.6–6.9	4.9–12.2	np	np	6.2–7.2	..

(a) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 64 years, and expressed per 100 000 persons.

(b) 'Other' includes non-Indigenous people and those for whom Indigenous status was not stated.

(c) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 64 years, and expressed per 100 000 females.

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

Source : AIHW (unpublished) Australian Cancer Database; ABS (unpublished) Estimated Resident Population, 30 June 2007; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2007, Series B, Cat. no. 3238.0.

Table NHA.4.3 **Incidence of selected cancers by remoteness area, by State and Territory, 2007 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
					Age standardised rate per 100 000 population						no.
Bowel cancer (b)											
Major cities	rate	62.7	61.3	67.4	55.7	62.9	..	60.8	..	62.4	9 254
Inner regional	rate	63.7	65.3	60.2	61.3	71.0	78.8	–	..	64.6	3 238
Outer regional	rate	66.2	73.3	61.2	55.9	69.5	82.5	..	76.9	67.0	1 493
Remote	rate	77.2	56.2	56.7	58.4	69.3	54.0	..	72.4	63.9	174
Very remote	rate	133.0	..	52.0	30.0	81.5	73.9	..	np	54.1	57
Lung cancer (b)											
Major cities	rate	42.2	43.1	41.5	42.3	40.0	..	37.4	..	42.0	6 216
Inner regional	rate	42.6	45.3	44.0	38.3	32.6	49.6	–	..	43.3	2 184
Outer regional	rate	46.6	47.7	47.5	44.4	48.7	49.5	..	54.5	47.6	1 064
Remote	rate	66.8	43.1	63.2	40.7	43.8	39.9	..	60.9	52.2	148
Very remote	rate	115.4	..	81.9	45.9	35.6	22.0	..	np	59.9	63
Melanoma (b)											
Major cities	rate	44.0	36.1	63.0	42.2	32.8	..	33.2	..	43.7	6 465
Inner regional	rate	58.4	47.9	67.2	60.6	34.8	42.2	–	..	55.5	2 610
Outer regional	rate	55.8	46.1	60.1	42.8	43.9	40.3	..	27.7	50.7	1 088
Remote	rate	35.7	22.9	58.6	52.5	28.6	38.6	..	30.9	45.9	136
Very remote	rate	25.9	..	32.3	33.7	22.6	117.8	..	np	29.1	36
Female breast cancer (c)											
Major cities	rate	109.3	111.5	116.6	103.7	120.1	..	115.1	..	111.7	8 649
Inner regional	rate	110.8	108.8	102.8	102.5	99.5	102.9	–	..	106.8	2 624
Outer regional	rate	110.5	95.8	96.7	87.9	119.5	88.7	..	102.6	100.6	1 109
Remote	rate	90.6	109.4	96.1	92.4	70.3	60.7	..	70.2	84.1	120
Very remote	rate	136.7	..	107.2	107.4	96.1	95.4	..	np	88.1	52

Table NHA.4.3 **Incidence of selected cancers by remoteness area, by State and Territory, 2007 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Cervical cancer (c)											
Major cities	rate	7.9	6.1	6.7	7.4	4.9	..	4.4	..	6.8	513
Inner regional	rate	7.0	4.8	6.3	4.2	9.6	5.8	–	..	6.1	134
Outer regional	rate	6.2	5.8	6.0	6.8	1.2	12.5	..	np	6.2	64
Remote	rate	18.4	–	5.6	15.0	6.9	1.4	..	np	10.7	15
Very remote	rate	–	..	22.6	16.6	15.9	–	..	np	17.1	11
						95 per cent variability bands					
Bowel cancer (b)											
Major cities		60.6–64.9	58.9–63.8	64.2–70.7	52.0–59.6	58.7–67.3	..	52.1–70.6	..	61.1–63.7	..
Inner regional		60.0–67.5	60.9–70.0	55.5–65.1	52.6–70.8	60.6–82.3	70.0–88.3	–	..	62.4–66.9	..
Outer regional		59.6–73.1	64.5–83.0	54.9–67.8	45.7–67.2	59.1–81.1	70.2–96.3	..	54.3–103.9	63.7–70.5	..
Remote		50.6–111.0	13.5–128.8	40.2–77.2	40.0–81.4	48.7–95.3	15.0–121.3	..	39.3–118.0	54.4–74.2	..
Very remote		45.9–290.5	..	30.8–81.1	13.1–56.7	36.7–151.0	8.9–266.8	..	np	40.0–71.2	..
Lung cancer (b)											
Major cities		40.5–44.1	41.1–45.2	39.0–44.1	39.0–45.7	36.7–43.5	..	30.6–45.3	..	41.0–43.1	..
Inner regional		39.6–45.8	41.7–49.2	40.0–48.2	31.6–46.0	25.5–40.5	42.4–57.3	–	..	41.5–45.2	..
Outer regional		41.1–52.4	40.6–55.5	42.0–53.4	35.5–54.7	39.9–58.5	39.9–60.3	..	36.3–75.9	44.7–50.5	..
Remote		42.6–98.6	7.7–113.2	45.8–83.9	25.6–60.2	27.8–65.6	8.0–103.6	..	32.2–98.9	43.9–61.5	..
Very remote		33.6–256.8	..	54.7–115.2	18.8–84.3	10.7–81.7	0.6–122.4	..	np	44.9–77.0	..
Melanoma (b)											
Major cities		42.2–45.8	34.3–38.0	59.9–66.2	38.9–45.6	29.8–36.1	..	27.1–40.3	..	42.6–44.7	..
Inner regional		54.7–62.3	44.0–52.1	62.1–72.5	51.9–70.3	27.3–43.4	35.6–49.4	–	..	53.3–57.7	..
Outer regional		49.4–62.7	38.5–54.7	54.0–66.5	34.0–52.8	35.0–54.1	31.4–50.4	..	18.0–39.9	47.7–53.8	..
Remote		18.6–60.8	0.8–91.1	41.9–78.6	37.0–70.9	15.1–47.2	5.8–99.7	..	17.4–50.3	38.3–54.3	..
Very remote		0.0–106.4	..	15.6–54.9	14.5–63.3	3.9–66.6	29.4–307.1	..	np	19.6–41.0	..

Table NHA.4.3 **Incidence of selected cancers by remoteness area, by State and Territory, 2007 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Female breast cancer (c)											
Major cities		105.4–113.4	07.0–116.2	10.8–122.7	96.7–111.1	11.9–128.7	..	99.5–132.4	..	09.3–114.1	..
Inner regional		103.7–118.3	00.6–117.4	94.2–112.0	86.7–119.9	82.1–119.1	88.5–118.4	–	..	02.7–111.0	..
Outer regional		98.1–123.9	80.5–112.5	85.9–108.2	70.3–108.2	99.5–141.8	70.8–109.6	..	68.8–143.2	94.7–106.7	..
Remote		50.1–149.2	24.6–299.5	66.6–133.6	62.2–129.3	39.1–111.8	12.0–178.0	..	31.6–128.6	69.3–100.4	..
Very remote		18.2–401.7	..	64.7–160.0	50.3–187.1	32.5–196.5	10.8–346.8	..	np	64.3–116.8	..
Cervical cancer (c)											
Major cities		6.9–9.1	5.1–7.3	5.3–8.2	5.6–9.6	3.2–7.0	..	1.9–8.7	..	6.2–7.4	..
Inner regional		5.2–9.2	3.1–7.0	4.1–8.9	1.2–9.1	4.1–17.4	2.6–10.3	–	..	5.1–7.3	..
Outer regional		3.2–10.5	2.4–10.9	3.5–9.5	2.6–14.2	0.0–6.1	5.8–21.7	..	np	4.7–7.9	..
Remote		2.7–53.1	–	0.6–20.1	4.4–32.2	0.1–34.4	0.0–83.5	..	np	5.8–17.4	..
Very remote		–	..	6.4–53.6	2.9–47.0	0.0–84.3	–	..	np	8.1–30.1	..

(a) Remoteness areas are classified according to the Australian Standard Geographical classification (ASGC) Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory.

(b) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(c) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

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

Source : AIHW (unpublished) Australian Cancer Database; ABS (unpublished) concordances from Postal Area to Remoteness Area; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.4.4 **Incidence of selected cancers by SES based on SEIFA, 2007 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (b)	*Aust*	
		Age standardised rate per 100 000 population									no.
Bowel cancer (c)											
Quintile 1	rate	63.7	65.0	62.8	42.4	64.9	73.1	–	50.9	64.0	3 042
Quintile 2	rate	64.2	58.0	58.8	54.4	66.8	np	np	70.9	62.1	3 018
Quintile 3	rate	63.2	68.8	60.4	59.6	57.4	77.3	np	87.4	63.5	2 786
Quintile 4	rate	63.1	64.9	70.6	54.3	73.1	81.5	53.5	63.2	65.7	2 642
Quintile 5	rate	61.7	58.4	70.6	55.3	62.1	..	63.8	np	61.4	2 709
Lung cancer (c)											
Quintile 1	rate	45.7	50.9	51.2	44.4	50.5	50.4	–	52.5	48.9	2 334
Quintile 2	rate	48.0	43.0	45.8	46.2	42.1	np	np	76.4	46.3	2 260
Quintile 3	rate	43.1	47.8	42.7	42.9	29.7	40.7	np	44.9	43.3	1 900
Quintile 4	rate	40.7	41.2	41.0	44.5	34.9	38.1	42.9	47.6	40.8	1 624
Quintile 5	rate	33.2	38.4	35.5	33.3	32.1	..	35.5	np	35.3	1 549
Melanoma (c)											
Quintile 1	rate	39.6	23.6	58.8	39.4	34.6	37.8	np	np	39.6	1 802
Quintile 2	rate	56.0	38.3	55.9	43.4	30.7	np	np	np	48.7	2 265
Quintile 3	rate	44.2	43.9	64.8	42.9	30.1	46.5	np	31.0	47.3	2 062
Quintile 4	rate	40.9	39.7	71.3	41.7	39.8	40.9	28.4	31.3	47.8	1 967
Quintile 5	rate	52.7	46.1	63.5	51.6	36.2	..	35.7	np	50.4	2 224
Female breast cancer (d)											
Quintile 1	rate	100.9	99.0	99.8	84.9	119.0	85.2	–	45.4	100.5	2 338
Quintile 2	rate	110.1	94.7	99.3	99.2	101.5	np	np	np	103.7	2 515
Quintile 3	rate	108.2	113.2	111.6	103.7	87.0	106.9	np	85.7	107.9	2 430
Quintile 4	rate	111.9	122.2	119.8	98.6	143.5	103.9	np	97.2	117.4	2 515
Quintile 5	rate	117.3	116.5	119.5	105.7	130.8	..	np	np	117.0	2 747

Table NHA.4.4 **Incidence of selected cancers by SES based on SEIFA, 2007 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (b)	*Aust*	
Cervical cancer (d)											
Quintile 1	rate	8.3	7.1	6.1	13.6	6.2	5.1	–	np	7.3	159
Quintile 2	rate	9.3	5.3	8.1	6.9	5.3	np	–	np	7.8	173
Quintile 3	rate	7.9	5.8	6.7	5.2	2.6	10.6	–	np	6.4	139
Quintile 4	rate	7.8	5.8	6.5	12.1	5.0	7.0	np	np	7.0	149
Quintile 5	rate	4.8	5.4	5.3	6.4	4.9	..	np	np	5.3	117
						95 per cent variability bands					
Bowel cancer (c)											
Quintile 1		59.8–67.7	60.0–70.3	58.1–67.8	31.3–55.6	58.6–71.7	64.4–82.7	–	28.6–80.1	61.8–66.4	..
Quintile 2		60.9–67.6	53.5–62.8	53.1–64.9	47.4–61.9	59.1–75.0	np	np	30.6–127.2	59.9–64.4	..
Quintile 3		58.8–67.9	64.0–73.8	55.5–65.7	54.0–65.6	48.6–66.9	61.5–95.7	np	46.9–143.1	61.1–65.9	..
Quintile 4		58.3–68.2	60.3–69.8	65.3–76.1	46.7–62.7	63.9–82.9	63.1–103.3	38.3–71.9	35.4–101.6	63.2–68.3	..
Quintile 5		57.7–65.8	54.3–62.7	64.0–77.7	49.0–62.1	52.6–72.4	..	52.8–76.0	np	59.1–63.8	..
Lung cancer (c)											
Quintile 1		42.5–49.1	46.5–55.6	47.0–55.7	32.8–57.9	44.9–56.4	43.0–58.6	–	28.3–82.9	47.0–51.0	..
Quintile 2		45.1–51.0	39.1–47.1	40.8–51.2	39.8–53.2	36.2–48.7	np	np	34.9–136.5	44.4–48.2	..
Quintile 3		39.5–47.0	43.9–52.1	38.5–47.1	38.2–48.1	23.5–36.7	29.5–54.4	np	19.2–82.7	41.4–45.3	..
Quintile 4		36.9–44.9	37.6–45.1	37.0–45.4	37.4–52.2	28.6–41.8	25.7–53.7	29.1–60.5	24.6–79.1	38.9–42.9	..
Quintile 5		30.3–36.3	35.1–41.9	30.8–40.7	28.3–38.6	25.5–39.8	..	27.4–44.9	np	33.5–37.1	..
Melanoma (c)											
Quintile 1		36.6–42.8	20.5–26.9	54.0–63.8	28.7–51.8	29.8–39.8	31.3–45.1	np	np	37.7–41.4	..
Quintile 2		52.8–59.3	34.5–42.3	50.3–61.9	37.2–50.2	25.4–36.7	np	np	np	46.7–50.8	..
Quintile 3		40.5–48.2	40.1–47.9	59.7–70.3	38.1–47.9	23.7–37.5	34.1–61.3	np	14.1–56.6	45.3–49.4	..
Quintile 4		37.1–45.0	36.1–43.5	66.1–76.7	35.2–48.7	33.1–47.4	28.0–56.5	18.1–41.8	17.1–49.7	45.7–50.0	..
Quintile 5		49.0–56.6	42.4–50.0	57.4–70.0	45.4–58.4	29.2–44.4	..	27.9–44.8	np	48.3–52.6	..

Table NHA.4.4 **Incidence of selected cancers by SES based on SEIFA, 2007 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT* (b)	*Aust*	
Female breast cancer (d)											
Quintile 1		94.1–108.2	90.1–108.6	91.2–109.0	62.3–111.3	06.6–132.4	71.6–100.1	–	20.4–83.4	96.4–104.7	..
Quintile 2		103.9–116.5	86.5–103.4	88.9–110.4	85.9–113.4	88.0–116.4	np	np	np	99.7–107.9	..
Quintile 3		100.0–116.9	04.7–122.1	02.2–121.6	93.4–114.7	71.8–104.2	80.7–136.8	np	40.0–152.8	03.6–112.3	..
Quintile 4		103.1–121.2	13.5–131.4	10.6–129.7	84.8–113.8	25.5–162.8	75.7–137.6	np	48.8–159.2	12.8–122.1	..
Quintile 5		109.7–125.2	08.4–124.9	08.2–131.6	93.7–118.8	11.9–151.6	..	np	np	12.7–121.5	..
Cervical cancer (d)											
Quintile 1		6.3–10.6	4.8–10.0	4.0–8.8	5.5–26.7	3.5–9.9	2.2–10.0	–	np	6.2–8.5	..
Quintile 2		7.4–11.4	3.4–7.8	5.3–11.8	3.7–11.6	2.3–9.9	np	–	np	6.7–9.1	..
Quintile 3		5.8–10.5	4.0–8.1	4.4–9.4	3.0–8.1	0.5–7.3	2.8–23.4	–	np	5.4–7.6	..
Quintile 4		5.6–10.5	4.0–8.1	4.5–9.0	7.6–18.1	2.0–10.2	1.4–20.3	np	np	5.9–8.3	..
Quintile 5		3.3–6.6	3.7–7.5	3.2–8.1	3.5–10.4	1.5–10.5	..	np	np	4.3–6.3	..

(a) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on postcode of usual residence. Not all quintiles are represented in every jurisdiction.

(b) Rates suppressed due to small cells sizes and the fact that usual residence postcode is often incorrectly recorded for Indigenous Australians from remote communities who are temporary residents in major urban centres whilst undergoing treatment.

(c) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(d) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

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

Source : AIHW (unpublished) Australian Cancer Database; ABS (unpublished) concordances from Postal Area to SLA; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.4.5 **Incidence of selected cancers by SES based on SEIFA deciles, national, 2007 (a)**

	Unit	*Bowel cancer* (b)	*Lung Cancer* (b)	*Melanoma* (b)	*Female breast cancer* (c)	*Cervical cancer* (c)
			Age standardised rate per 100 000 population			
Decile 1	rate	62.1	53.0	32.4	98.4	7.7
Decile 2	rate	65.8	45.4	46.0	102.5	6.9
Decile 3	rate	65.9	48.1	48.4	108.6	8.3
Decile 4	rate	58.6	44.6	49.0	99.3	7.4
Decile 5	rate	67.5	43.2	51.6	111.5	6.3
Decile 6	rate	59.3	43.5	42.9	104.0	6.6
Decile 7	rate	67.9	41.9	50.4	124.9	6.9
Decile 8	rate	63.6	39.9	45.4	110.1	7.2
Decile 9	rate	59.2	38.6	48.1	114.3	5.9
Decile 10	rate	63.9	31.7	53.0	120.2	4.6
Total	**rate**	**63.4**	**43.3**	**46.7**	**109.2**	**6.8**
			95 per cent variability bands			
Decile 1		58.8–65.5	50.0–56.1	30.0–34.9	92.6–104.5	6.1–9.6
Decile 2		62.7–69.0	42.8–48.1	43.3–48.8	96.8–108.5	5.5–8.7
Decile 3		62.6–69.3	45.3–51.0	45.5–51.4	102.6–114.9	6.6–10.2
Decile 4		55.7–61.7	42.0–47.3	46.3–51.9	93.9–105.0	5.9–9.2
Decile 5		64.1–71.0	40.5–46.0	48.6–54.8	105.4–117.9	4.9–8.0
Decile 6		56.0–62.6	40.7–46.3	40.2–45.7	98.1–110.2	5.2–8.3
Decile 7		64.3–71.6	39.0–44.9	47.3–53.6	118.2–132.0	5.3–8.7
Decile 8		60.2–67.2	37.1–42.8	42.5–48.4	104.0–116.5	5.7–9.0
Decile 9		56.1–62.4	36.1–41.2	45.3–51.1	108.3–120.6	4.6–7.5
Decile 10		60.5–67.5	29.3–34.3	49.9–56.2	113.9–126.9	3.4–6.1

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence.

Table NHA.4.5 **Incidence of selected cancers by SES based on SEIFA deciles, national, 2007 (a)**

	Unit	*Bowel cancer* (b)	*Lung Cancer* (b)	*Melanoma* (b)	*Female breast cancer* (c)	*Cervical cancer* (c)

(b) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(c) Age-standardised to the Australian population as at 30 June 2001, using fve-year age groups to 84 years, and expressed per 100 000 females.

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

Source : AIHW (unpublished) Australian Cancer Database; ABS (unpublished) concordances from Postal Area to SLA; ABS (unpublished) Estimated Resident Population, 30 June 2007.

NHA Indicator 5:

No new data are available for this indicator

Proportion of persons obese

NHA Indicator 6:

No new data are available for this indicator

Proportion of adults who are current daily smokers

NHA Indicator 7:

No new data are available for this indicator

Proportion of adults at risk of long-term harm from alcohol

NHA Indicator 8:

No data are currently available to inform this indicator

Proportion of men reporting unprotected anal intercourse with casual male partners

NHA Indicator 9:

Immunisation rates for vaccines in the national schedule

Table NHA.9.1 Proportion of children aged five years who were fully vaccinated, by Indigenous status, remoteness and SEIFA, by State and Territory, 30 June 2010 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
Indigenous status										
Indigenous	85.4	88.4	87.0	80.6	76.3	89.0	90.9	90.0	85.7	3 153
Other Australians (c)	89.6	91.2	90.4	87.1	87.5	90.7	88.9	85.0	89.7	66 086
Remoteness of residence (d)										
Major cities	89.3	91.1	89.9	86.3	86.4	..	89.0	..	89.3	47 283
Inner regional	90.4	91.8	90.3	87.4	86.6	90.0	91.1	..	90.3	13 285
Outer regional	89.4	90.0	91.3	87.0	91.2	91.9	..	83.0	89.8	6 684
Remote	87.0	79.6	89.6	88.9	94.2	81.6	..	89.4	89.4	1 181
Very remote	83.0	..	89.8	87.1	77.8	np	..	93.7	89.5	763
SEIFA of residence (e)										
Quintile 1	88.3	90.6	89.8	86.4	86.9	90.8	np	90.2	89.0	14 534
Quintile 2	90.4	91.2	90.2	86.4	86.7	93.2	86.1	86.4	89.8	14 071
Quintile 3	90.8	91.3	90.7	87.4	88.0	91.8	84.9	83.2	90.1	13 784
Quintile 4	89.1	91.7	89.8	85.8	87.5	87.6	89.5	85.7	89.5	13 615
Quintile 5	89.0	90.8	90.7	86.6	87.2	..	88.9	87.3	89.4	13 120
Total	**89.5**	**91.2**	**90.2**	**86.6**	**87.2**	**90.6**	**89.0**	**87.3**	**89.6**	**69 239**
	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (f)	22 746	16 244	14 854	7 308	4 652	1 442	1 124	869	69 239	

(a) Includes children born 1 January 2005 to 31 March 2005.

(b) A child is assessed as fully immunised at five years of age (60 ≤ 63 months) if they have received age appropriate immunisations against diphtheria, tetanus, pertussis, polio, measles, mumps and rubella.

(c) ‘Other’ includes records of non-Indigenous people and those for whom Indigenous status was not stated.

(d) Disaggregation by remoteness area is by usual residence of child. Excludes 43 records where postcode was invalid or did not map to a remoteness category.

Table NHA.9.1 **Proportion of children aged five years who were fully vaccinated, by Indigenous status, remoteness and SEIFA, by State and Territory, 30 June 2010 (a), (b)**

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

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, 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. Excludes 115 records where postcode was invalid or did not map to a SEIFA quintile.

(f) Total number of children aged five years (date of birth 1 January 2005 to 31 March 2005) on the Australian Childhood Immunisation Register.

.. Not applicable. **np** Not published.

Source : DoHA (unpublished) Australian Childhood Immunisation Register.

Table NHA.9.2 Proportion of children aged five years who were fully vaccinated, by SEIFA, 30 June 2010 (a), (b), (c)

	Aust	
	%	*no.*
Decile 1	88.2	7 598
Decile 2	89.9	6 937
Decile 3	89.7	6 716
Decile 4	90.0	7 354
Decile 5	89.9	6 799
Decile 6	90.3	6 985
Decile 7	89.5	6 502
Decile 8	89.4	7 113
Decile 9	89.7	6 338
Decile 10	89.1	6 782
Total	**89.6**	**69 239**

(a) Includes children born 1 January 2005 to 31 March 2005.

(b) A child is assessed as fully immunised at five years of age (60 ≤ 63 months) if they have received age appropriate immunisations against diphtheria, tetanus, pertussis, polio, measles, mumps and rubella.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Excludes 115 records where postcode was invalid or did not map to a SEIFA decile.

Source : DoHA (unpublished) Australian Childhood Immunisation Register.

Table NHA.9.3 Proportion of older adults vaccinated against influenza and pneumococcal disease, by remoteness and SEIFA, by State and Territory, 2009 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	Proportion of older adults									
	%	%	%	%	%	%	%	%	%	no.
Remoteness of residence (b)										
Major city	48.9	50.6	52.0	46.2	55.0	..	50.4	..	50.2	956 200
Inner regional	48.9	51.7	50.4	57.6	64.3	56.0	np	..	51.6	348 100
Outer regional	49.9	53.5	46.2	51.5	39.8	47.9	..	41.7	48.9	142 400
Remote, very remote	56.3	np	66.4	np	46.3	40.8	..	58.3	57.3	25 700
SEIFA of residence (c)										
Quintile 1	54.1	50.3	50.4	38.0	48.9	50.4	np	38.1	51.2	323 100
Quintile 2	48.3	52.6	56.2	37.2	53.3	58.3	np	44.0	50.4	328 900
Quintile 3	49.0	51.0	50.1	58.7	62.4	64.7	52.1	48.0	52.7	296 400
Quintile 4	40.4	48.4	53.2	54.4	55.9	50.0	43.1	41.0	48.0	246 600
Quintile 5	51.4	53.1	49.7	39.0	58.5	..	53.3	47.7	50.7	280 300
Total (d)	**49.1**	**51.3**	**51.5**	**48.5**	**54.7**	**52.9**	**50.4**	**43.1**	**50.6**	**1 475 400**
	Relative standard errors (e)									
	%	%	%	%	%	%	%	%	%	%
Remoteness of residence (b)										
Major city	4.4	4.5	4.8	7.2	5.2	..	6.0	..	2.4	2.4
Inner regional	5.7	6.9	7.8	10.1	9.7	6.4	233.2	..	3.3	3.3
Outer regional	9.0	13.5	11.5	17.7	17.5	9.9	..	7.3	4.2	4.2
Remote, very remote	35.7	124.6	17.3	53.0	36.0	44.9	..	16.0	10.9	10.9
SEIFA of residence (c)										
Quintile 1	6.8	10.3	7.9	32.5	9.5	7.8	94.5	17.4	3.8	3.8
Quintile 2	6.6	7.5	8.5	16.6	9.2	21.4	50.1	21.6	4.0	4.0

Table NHA.9.3 Proportion of older adults vaccinated against influenza and pneumococcal disease, by remoteness and SEIFA, by State and Territory, 2009 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Quintile 3	8.7	8.5	8.5	7.7	9.5	12.4	32.8	12.8	3.8	3.8
Quintile 4	9.8	8.5	8.3	12.6	9.7	16.0	12.8	10.8	4.0	4.0
Quintile 5	6.6	7.2	10.9	14.3	12.9	..	7.0	22.5	3.8	3.8
Total (d)	**3.3**	**3.7**	**3.9**	**5.7**	**4.5**	**6.0**	**6.0**	**6.7**	**1.7**	**1.7**
					95 per cent confidence intervals					
	± %	± %	± %	± %	± %	± %	± %	± %	± %	± no.
Remoteness of residence (b)										
Major city	4.2	4.5	4.9	6.5	5.6	..	5.9	..	2.3	22 200
Inner regional	5.4	7.0	7.7	11.5	12.2	7.0	np	..	3.4	11 700
Outer regional	8.8	14.1	10.4	17.9	13.6	9.3	..	6.0	4.0	5 800
Remote, very remote	39.3	np	22.5	np	32.6	35.9	..	18.2	12.2	3 100
SEIFA of residence (c)										
Quintile 1	7.2	10.1	7.8	24.2	9.1	7.8	np	13.0	3.8	12 200
Quintile 2	6.3	7.7	9.4	12.1	9.6	24.5	np	18.6	3.9	12 900
Quintile 3	8.4	8.4	8.3	8.8	11.7	15.7	33.6	12.1	3.9	11 700
Quintile 4	7.8	8.1	8.6	13.4	10.7	15.6	10.8	8.7	3.8	9 300
Quintile 5	6.7	7.5	10.6	10.9	14.8	..	7.3	21.0	3.7	10 500
Total (d)	**3.2**	**3.7**	**3.9**	**5.4**	**4.8**	**6.2**	**5.9**	**5.7**	**1.7**	**25 200**

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

(b) Remote and very remote categories have been aggregated due to small cell sizes. Not all remoteness areas are represented in each State or Territory.

(c) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, 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.

(d) Total includes people for whom a SEIFA category or remoteness category could not be assigned as the place of residence was unknown or not stated.

Table NHA.9.3 **Proportion of older adults vaccinated against influenza and pneumococcal disease, by remoteness and SEIFA, by State and Territory, 2009 (a)**

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

(e) Estimates with relative standard errors (RSEs) between 25 per cent and 50 per cent should be used with caution. Proportions and confidence intervals with RSEs greater than 50 per cent are considered too unreliable for general use and are not published.

.. Not applicable. **np** Not published.

Source : AIHW (unpublished), 2009 Adult Vaccination Survey.

Table NHA.9.4 Proportion of older adults vaccinated against influenza and pneumococcal disease, by SEIFA, 30 June 2009 (a), (b)

	Aust	
SEIFA of residence		
	%	no.
Decile 1	51.2	146 600
Decile 2	51.1	176 500
Decile 3	49.1	154 300
Decile 4	51.8	175 500
Decile 5	50.8	150 300
Decile 6	54.7	146 300
Decile 7	49.3	127 100
Decile 8	46.7	119 600
Decile 9	51.5	151 400
Decile 10	50.0	129 200
Total (c)	**50.6**	**1 475 400**
Relative standard errors		
	%	%
Decile 1	5.6	5.6
Decile 2	5.1	5.1
Decile 3	5.5	5.5
Decile 4	5.7	5.7
Decile 5	5.4	5.4
Decile 6	5.5	5.5
Decile 7	5.4	5.4
Decile 8	5.9	5.9
Decile 9	5.1	5.1
Decile 10	5.6	5.6
Total	**1.7**	**1.7**
95 per cent confidence intervals		
	± %	± no.
Decile 1	5.6	8 200
Decile 2	5.1	9 000
Decile 3	5.3	8 200
Decile 4	5.8	10 200
Decile 5	5.3	8 000
Decile 6	5.9	8 600
Decile 7	5.2	6 700
Decile 8	5.4	6 400
Decile 9	5.2	7 800
Decile 10	5.4	7 000
Total	**1.7**	**25 200**

Table NHA.9.4 Proportion of older adults vaccinated against influenza and pneumococcal disease, by SEIFA, 30 June 2009 (a), (b)

	Aust

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

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

(c) Total includes people for whom a SEIFA category or remoteness category could not be assigned as the place of residence was unknown or not stated.

Source : AIHW (unpublished), 2009 Adult Vaccination Survey.

NHA Indicator 10:

Breast cancer screening rates

Table NHA.10.1 Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by Indigenous status and SEIFA, January 2008 to December 2009 (a)

	Aust	
	%	no.
Indigenous status (b)		
Indigenous	36.5	10 904
Non-Indigenous	55.2	1 302 042
SEIFA of residence (c), (d)		
Decile 1	51.6	118 990
Decile 2	55.6	140 468
Decile 3	55.5	132 322
Decile 4	52.8	139 421
Decile 5	60.6	142 522
Decile 6	54.0	121 733
Decile 7	57.3	127 080
Decile 8	54.0	124 749
Decile 9	54.7	134 248
Decile 10	54.7	133 148
Total (e)	**55.2**	**1 319 789**

(a) Rates are the number of women aged 50 to 69 years screened through BreastScreen Australia as a proportion of the average of the ABS estimated resident population for 2008 and 2009 for women aged 50 to 69 years, and age standardised to the Australian population as at 30 June 2001 using five year age groups.

(b) Indigenous status data comprise numbers too small to allow for meaningful breakdown by State and Territory.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on postcode of usual residence.

(d) Socio-Economic Indexes for Areas deciles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006.

(e) Total includes women for which a SEIFA could not be assigned as the place of residence was unknown, not stated or could not be allocated a SEIFA index.

Source: AIHW (unpublished) State and Territory BreastScreen program register data; ABS (unpublished) Estimated Resident Population, 2008–2009; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 2008-2009, Series B, Cat. no. 3238.0.

Table NHA.10.2 Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by SEIFA, by State and Territory, January 2008 to December 2009 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
SEIFA of residence (b), (c), (d)										
Quintile 1	51.7	51.4	59.0	54.7	56.6	51.3	17.2	29.4	53.7	259 458
Quintile 2	54.8	49.5	54.8	54.1	57.5	85.4	66.1	59.3	54.1	271 744
Quintile 3	55.3	56.9	61.7	56.6	56.0	60.9	62.3	44.4	57.4	264 255
Quintile 4	50.6	54.6	60.1	54.3	62.8	62.1	52.7	41.7	55.6	251 828
Quintile 5	54.3	53.6	52.8	58.0	60.5	..	53.8	53.5	54.7	267 396
Total (e)	**53.7**	**53.6**	**58.2**	**56.6**	**58.6**	**57.4**	**53.8**	**41.1**	**55.2**	**1 319 789**

(a) Rates are the number of women aged 50 to 69 years screened through BreastScreen Australia as a proportion of the average of the ABS estimated resident population for 2008 and 2009 for women aged 50 to 69 years, and age standardised to the Australian population as at 30 June 2001 using five year age groups.

(b) Based on State or Territory of residence.

(c) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, 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 postcode of usual residence. Not all quintiles are represented in every jurisdiction.

(d) Socio-Economic Indexes for Areas quintiles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006. These and the above sources of inaccuracy particularly affect rates based on small numbers, and these rates should be interpreted with caution. Rates based on small numbers include quintiles 1, 2 & 3 for the ACT and quintiles 2 & 5 for the NT.

(e) Total includes women for which a SEIFA could not be assigned as the place of residence was unknown, not stated or could not be allocated a SEIFA index.

.. Not applicable.

Source : AIHW (unpublished) State and Territory BreastScreen program register data; ABS (unpublished) Estimated Resident Population, 2008-2009.

Table NHA.10.3 Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by remoteness of residence, by State and Territory, January 2008 to December 2009 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*no.*
Remoteness of residence (b), (c), (d)										
Major cities	52.3	52.6	56.7	57.0	58.1	..	53.7	..	54.2	856 647
Inner regional	56.9	55.4	58.4	54.1	58.8	58.4	34.7	..	56.8	299 200
Outer regional	55.5	58.1	62.7	57.4	59.6	55.8	..	45.1	58.1	138 199
Remote	64.8	56.4	63.8	55.2	67.8	52.2	..	39.2	58.4	18 013
Very remote	71.3	..	63.5	45.4	51.3	65.1	..	30.0	50.0	6 651
Total (e)	**53.7**	**53.6**	**58.2**	**56.6**	**58.6**	**57.4**	**53.8**	**41.1**	**55.2**	**1 319 789**

(a) Rates are the number of women aged 50 to 69 years screened through BreastScreen Australia as a proportion of the average of the ABS estimated resident population for 2008 and 2009 for women aged 50 to 69 years, and age standardised to the Australian population as at 30 June 2001 using five year age groups.

(b) Based on State or Territory of residence.

(c) Remoteness areas are classified according to the Australian Standard Geographical classification Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory.

(d) Remoteness areas are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006. These and the above sources of inaccuracy particularly affect rates based on small numbers, and these rates should be interpreted with caution. Rates based on small numbers include very remote areas in NSW, SA and Tasmania, remote areas in Victoria and Tasmania, and inner regional areas in the ACT.

(e) Total includes women for which a remoteness area could not be assigned as the place of residence was unknown, not stated or could not be allocated a remoteness area.

.. Not applicable.

Source : AIHW (unpublished), State and Territory BreastScreen program register data; ABS (unpublished), Estimated Resident Population, 2008–2009.

NHA Indicator 11:

Cervical screening rates

Table NHA.11.1 **Cervical screening rates among women aged 20 to 69 years, January 2008 to December 2009 (a)**

	Aust	
	%	no.
SEIFA of residence (b), (c)		
Decile 1	54.0	312 306
Decile 2	56.2	321 952
Decile 3	58.5	323 798
Decile 4	54.3	337 185
Decile 5	63.7	367 434
Decile 6	59.2	372 899
Decile 7	62.7	370 965
Decile 8	60.5	378 164
Decile 9	65.5	416 696
Decile 10	67.0	413 561
Total (d)	**60.6**	**3 638 941**

(a) Rates are the number of women aged 20 to 69 years screened as a proportion of the average of the ABS estimated resident population for 2008 and 2009 for women aged 20 to 69 years (adjusted for the estimated proportion of women who have had a hysterectomy), and age standardised to the Australian population as at 30 June 2001 using five year age groups.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on postcode of usual residence.

(c) SEIFA deciles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006.

(d) Total includes women for which a SEIFA could not be assigned as the place of residence was unknown, not stated or could not be allocated a SEIFA index.

Source : AIHW (unpublished) State and Territory cervical cytology register data; ABS (unpublished) Estimated Resident Population, 2008-2009.

Table NHA.11.2 Cervical screening rates among women aged 20 to 69 years, by SEIFA, by State and Territory, January 2008 to December 2009 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA* (b)	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
SEIFA of residence (c), (d), (e)										
Quintile 1	53.6	59.4	53.8	53.7	np	52.9	26.9	40.6	55.1	634 258
Quintile 2	57.0	57.5	50.3	54.8	np	82.4	66.3	65.3	56.3	660 984
Quintile 3	61.2	64.2	62.7	56.7	np	63.9	64.8	44.8	61.3	740 334
Quintile 4	58.7	63.5	62.1	58.7	np	66.0	61.2	45.5	61.6	749 129
Quintile 5	66.5	68.3	63.0	66.8	np	..	62.1	42.5	66.2	830 257
Total (f)	**59.4**	**63.3**	**59.0**	**60.0**	**62.4**	**59.2**	**62.3**	**57.6**	**60.6**	**3 638 941**

(a) Rates are the number of women aged 20 to 69 years screened as a proportion of the average of the ABS estimated resident population for 2008 and 2009 for women aged 20 to 69 years (adjusted for the estimated proportion of women who have had a hysterectomy), and age standardised to the Australian population as at 30 June 2001 using five year age groups.

(b) SA data were not able to be further disaggregated due to data quality considerations (see DQS for details).

(c) Based on State or Territory of residence. State or Territory of residence was difficult to establish for some women; as a result all data presented for SA and the NT are estimates.

(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, 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 postcode of usual residence. Not all quintiles are represented in every jurisdiction. Some women's postcodes could not be matched to a SEIFA quintile (2856 NSW; 2913 Victoria; 1776 Qld; 7155 WA; 173 Tasmania; 1008 ACT; 7951 NT); these women were excluded from the State and Territory calculations, but included in the State and Territory and Australia totals. Some postcodes supplied by women may not accurately reflect their usual residence.

(e) SEIFA quintiles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006. These and the above sources of inaccuracy particularly affect rates based on small numbers, and these rates should be interpreted with caution. Rates based on small numbers include quintile 1 in the ACT.

(f) Total includes women for which a SEIFA could not be assigned as the place of residence was unknown, not stated or could not be allocated a SEIFA index.

.. Not applicable. **np** Not published.

Source : AIHW (unpublished) State and Territory cervical cytology register data; ABS (unpublished) Estimated Resident Population, 2008-2009.

Table NHA.11.3 Cervical screening rates among women aged 20 to 69 years, by remoteness, by State and Territory, January 2008 to December 2009 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA* (b)	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
Remoteness of residence (c), (d), (e)										
Major cities	59.3	63.5	60.2	61.1	np	..	62.0	..	61.0	2 565 525
Inner regional	61.3	62.9	56.1	57.9	np	60.8	30.1	..	60.4	679 218
Outer regional	57.8	64.5	57.8	59.8	np	57.1	..	60.4	58.9	313 486
Remote	55.8	61.3	57.8	52.3	np	50.2	..	43.5	59.9	50 800
Very remote	69.9	..	57.1	50.6	np	56.7	..	65.1	60.6	27 233
Total (f)	**59.4**	**63.3**	**59.0**	**60.0**	**62.4**	**59.2**	**62.3**	**57.6**	**60.6**	**3 638 941**

(a) Rates are the number of women aged 20 to 69 years screened as a proportion of the average of the ABS estimated resident population for 2008 and 2009 for women aged 20 to 69 years (adjusted for the estimated proportion of women who have had a hysterectomy), and age standardised to the Australian population as at 30 June 2001 using five year age groups.

(b) SA data were not able to be further disaggregated due to data quality considerations (see DQS for details).

(c) Based on State or Territory of residence. State or Territory of residence was difficult to establish for some women; as a result all data presented for SA and the NT are estimates.

(d) Remoteness areas are classified according to the Australian Standard Geographical classification Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory. Some women's postcodes could not be matched to a remoteness area (2575 NSW, 204 Victoria, 1348 Qld, 560 WA, 12 Tasmania, 396 ACT, 55 NT); these women were excluded from the State and Territory calculations, but included in the State and Territory and Australia totals. Some postcodes supplied by women may not accurately reflect their usual residence.

(e) Remoteness areas are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006. These and the above sources of inaccuracy particularly affect rates based on small numbers, and these rates should be interpreted with caution. Rates based on small numbers include very remote areas in NSW and Tasmania, remote areas in Victoria, and inner regional areas in the ACT.

(f) Total includes women for which a remoteness area could not be assigned as the place of residence was unknown, not stated or could not be allocated a remoteness area.

.. Not applicable. **np** Not published.

Source : AIHW (unpublished) State and Territory cervical cytology register data; ABS (unpublished) Estimated Resident Population, 2008-2009.

NHA Indicator 12:

Bowel cancer screening rates

Table NHA.12.1 Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by sex, target age and SEIFA, by State and Territory, 2009 (a), (b), (c)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
Males										
Aged 50 years	19.4	21.4	17.6	24.4	21.9	19.8	23.4	14.2	20.3	30 281
Aged 55 years	16.7	17.9	14.5	21.6	19.2	13.5	20.8	10.9	17.2	22 357
Aged 65 years	22.9	21.9	19.1	27.8	24.7	18.8	27.3	13.4	22.4	20 837
Total in target age groups	19.4	20.3	16.9	24.2	21.6	17.3	23.3	12.8	19.7	73 475
Females										
Aged 50 years	22.3	25.2	20.2	28.7	24.6	24.5	28.8	14.3	23.5	35 702
Aged 55 years	20.0	21.7	18.0	25.9	22.5	16.9	25.6	14.8	20.8	27 933
Aged 65 years	24.2	24.3	22.6	30.2	26.3	21.3	32.9	19.6	24.6	22 934
Total in target age groups	22.0	23.8	20.0	28.0	24.3	21.0	28.5	15.4	22.8	86 569
Persons										
Aged 50 years	20.9	23.3	18.9	26.5	23.2	22.2	26.2	14.3	21.9	65 983
Aged 55 years	18.4	19.9	16.3	23.7	20.9	15.2	23.3	12.7	19.0	50 290
Aged 65 years	23.6	23.1	20.8	29.0	25.5	20.1	30.2	16.1	23.5	43 771
Total in target age groups	20.7	22.1	18.5	26.1	23.0	19.2	26.0	14.0	21.3	160 044
SEIFA of residence (d), (e)										
Quintile 1	19.7	20.1	18.1	21.8	20.8	17.2	14.2	5.7	19.2	29 295
Quintile 2	20.9	20.9	16.0	23.2	22.9	np	25.8	12.0	20.6	32 267
Quintile 3	20.7	21.3	19.1	24.3	21.8	19.6	27.4	10.7	21.1	30 957
Quintile 4	19.9	22.3	19.2	25.9	25.2	20.4	25.2	10.7	21.4	30 646
Quintile 5	21.3	23.8	19.2	27.9	25.5	..	25.9	10.8	22.9	34 833

(a) Rates are age specific.

(b) Excludes people screened outside the National Bowel Cancer Screening Program.

Table NHA.12.1 Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by sex, target age and SEIFA, by State and Territory, 2009 (a), (b), (c)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.

(c) Based on the jurisdiction of residence.

(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, 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.

(e) Excludes records with a postcode that could not be allocated to a SEIFA quintile.

.. Not applicable. **np** Not provided.

Source : AIHW (unpublished) National Bowel Cancer Screening Program register data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.12.2 Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by SEIFA, 2009 (a), (b), (c)

	Aust	
	%	no.
SEIFA of residence (d)		
Decile 1	18.3	13 357
Decile 2	20.0	15 938
Decile 3	21.4	15 862
Decile 4	19.8	16 405
Decile 5	21.7	16 212
Decile 6	20.4	14 744
Decile 7	22.0	15 422
Decile 8	20.8	15 224
Decile 9	23.0	17 476
Decile 10	22.9	17 357
Total (e)	**21.3**	**160 044**

(a) Rates are age specific.

(b) Excludes people screened outside the National Bowel Cancer Screening Program.

(c) Based on the jurisdiction of residence.

(d) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged.

(e) Includes records with a postcode that could not be allocated to a SEIFA quintile.

Source : AIHW (unpublished), National Bowel Cancer Screening Porgram, register data; ABS (unpublished), Estimated Resident Population, 30 June 2009.

Table NHA.12.3 Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by remoteness of residence, by State and Territory, 2009 (a), (b), (c)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
Remoteness of residence (d), (e)										
Major cities	20.5	22.4	18.8	26.9	22.8	..	25.9	..	21.7	106 906
Inner regional	21.2	20.6	18.4	24.8	23.4	19.4	np	..	20.7	34 136
Outer regional	20.9	23.8	17.5	26.4	23.0	19.2	..	16.7	20.6	16 135
Remote	18.5	23.3	16.4	20.9	24.6	14.3	..	9.1	18.3	2 050
Very remote	16.5	..	15.4	15.7	20.9	12.7	..	11.0	14.8	739

(a) Rates are age specific.

(b) Excludes people screened outside the National Bowel Cancer Screening Program.

(c) Based on the jurisdiction of residence.

(d) Classified according to the Australian Standard Geographical classification Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory.

(e) Excludes records with a postcode that could not be allocated to a remoteness area.

.. Not applicable. **np** Not provided.

Source : AIHW (unpublished) National Bowel Cancer Screening Program register data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

NHA Indicator 13:

Proportion of children with 4th year developmental health check

Table NHA.13.1 Proportion of children receiving a 4th year developmental health check, by health check type, remoteness and SEIFA, by State and Territory, 2009-10 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
Type of health check										
Aboriginal and Torres Strait Islander Peoples Health Assessment (b)	27.8	21.7	35.2	35.5	17.3	np	np	45.5	31.0	3 996
Healthy Kids Check (c) (d)	20.3	6.7	28.1	15.1	10.2	20.5	12.4	17.6	17.2	44 441
Remoteness of residence										
Major cities (e)	17.7	6.3	26.7	16.4	9.6	..	12.3	..	15.5	28 849
Inner regional	29.8	9.4	30.6	14.9	13.9	19.4	..	..	22.3	11 494
Outer regional	24.9	6.8	33.3	17.1	11.1	19.6	..	13.8	22.7	5 956
Remote/Very remote	45.6	np	25.1	17.1	13.0	10.0	..	46.2	27.0	2 111
SEIFA of residence (f)										
Quintile 1	17.4	6.2	28.0	23.3	9.5	19.1	np	30.9	17.5	10 171
Quintile 2	21.7	7.6	28.0	15.5	11.2	25.5	np	21.6	18.5	10 080
Quintile 3	24.9	7.1	32.3	16.6	12.1	16.5	14.9	13.6	19.2	10 498
Quintile 4	19.1	5.9	29.9	16.2	9.8	19.1	12.5	14.6	17.2	9 237
Quintile 5	19.9	7.3	23.1	12.1	10.7	..	12.1	16.2	15.5	7 873
Total (g)	**20.6**	**6.9**	**28.5**	**16.3**	**10.5**	**19.2**	**12.3**	**29.2**	**17.8**	**48 437**
	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total (g)	**17 957**	**4 521**	**16 614**	**4 643**	**1 916**	**1 219**	**539**	**1 028**	**48 437**	

(a) Disaggregation by State/Territory, remoteness area and Socio-Economic Indexes for Areas (SEIFA) is based on the patient’s postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(b) Includes claims for Medicare Benefits Schedule (MBS) Item 708 (Aboriginal and Torres Strait Islander Child Health Check) and Item 715 (Aboriginal and Torres Strait Islander Peoples Health Assessment) for children aged three to five years.

Table NHA.13.1 Proportion of children receiving a 4th year developmental health check, by health check type, remoteness and SEIFA, by State and Territory, 2009-10 (a)

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

(c) Includes claims for MBS Items 709 and 711 (Healthy Kids Check) and Items 701, 703, 705, 707 and 10986 (Health Assessment) for children aged three to five years. The MBS items included in this indicator measure do not cover all developmental health check activity such as that conducted through State and Territory early childhood health assessments in preschools and community health centres.

(d) Includes Indigenous Australian children who have received a Healthy Kids Check.

(e) Includes inner regional in the ACT as the numbers are too small to appear separately.

(f) Socio-Economic Indexes for Areas quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Socio-Economic Indexes for Areas 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.

(g) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

.. Not applicable. **np** Not published.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (2009), *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2009.

Table NHA.13.2 Proportion of children receiving a 4th year developmental health check, by SEIFA, 2009-10 (a), (b)

	Aust	
	%	no.
SEIFA of residence		
Decile 1	15.9	4 922
Decile 2	19.4	5 249
Decile 3	17.7	4 627
Decile 4	19.2	5 453
Decile 5	22.3	5 994
Decile 6	16.2	4 504
Decile 7	16.5	4 201
Decile 8	17.8	5 036
Decile 9	13.7	3 449
Decile 10	17.2	4 424
Total (c)	17.8	**48 437**

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

(b) Disaggregation by SEIFA is based on the patient's postcode as at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

Source: DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

NHA Indicator 14:

Waiting times for GPs

Table NHA.14.1 Waiting time for GPs for an urgent appointment, by remoteness and SEIFA, by State and Territory, 2009 (a), (b), (c)

	Within four hours		*Four to 24 hours*		*Greater than 24 hours*	
	%	'000	%	'000	%	'000
Remoteness of residence						
Major cities	63.5	1 147.3	23.7	446.1	12.7	233.8
Inner regional	58.6	254.9	22.9	126.1	18.5	94.5
Outer regional	53.1	94.4	18.5	55.4	19.4	35.0
Remote	50.9	12.1	35.6	7.9	13.5	2.8
Very remote (e)	na	na	na	na	na	na
SEIFA of residence (d)						
Quintile 1	63.7	309.3	20.0	109.9	16.3	78.9
Quintile 2	57.9	284.1	23.2	126.9	18.9	88.1
Quintile 3	56.5	277.1	27.4	144.3	16.1	72.1
Quintile 4	64.8	339.5	22.7	129.2	12.5	59.3
Quintile 5	62.5	298.8	26.3	123.5	11.2	65.3
Total (f)	**61.4**	**1 508.7**	**24.3**	**635.5**	**14.3**	**366.1**
			Relative standard errors			
	%	%	%	%	%	%
Remoteness of residence						
Major cities	3.7	5.1	8.0	9.8	11.2	10.5
Inner regional	6.4	11.4	13.7	15.6	24.0	22.4
Outer regional	11.7	20.2	18.6	19.6	21.5	22.7
Remote	35.6	48.5	42.7	52.2	65.4	62.6
Very remote (e)	na	na	na	na	na	na
SEIFA of residence (d)						
Quintile 1	6.4	12.2	14.1	15.7	25.3	28.6

Table NHA.14.1 **Waiting time for GPs for an urgent appointment, by remoteness and SEIFA, by State and Territory, 2009 (a), (b), (c)**

	Within four hours		*Four to 24 hours*		*Greater than 24 hours*	
Quintile 2	7.1	10.8	17.0	15.8	19.3	20.3
Quintile 3	7.1	9.5	12.2	14.3	25.4	25.0
Quintile 4	6.5	10.6	16.9	15.2	24.3	27.0
Quintile 5	7.2	9.2	14.0	18.0	28.6	26.2
Total (f)	**3.0**	**3.4**	**6.7**	**7.5**	**9.7**	**9.7**
			95 per cent confidence intervals			
	± %	± '000	± %	± '000	± %	± '000
Remoteness of residence						
Major cities	4.6	115.0	3.7	85.9	2.8	48.0
Inner regional	7.3	57.2	6.2	38.6	8.7	41.6
Outer regional	12.1	37.4	10.0	21.3	8.2	15.5
Remote	35.4	11.5	29.8	8.0	17.3	3.4
Very remote (e)	na	na	na	na	na	na
SEIFA of residence (d)						
Quintile 1	8.0	74.0	5.5	33.7	8.1	44.2
Quintile 2	8.0	59.9	7.8	39.2	7.1	35.1
Quintile 3	7.9	51.6	6.5	40.5	8.0	35.4
Quintile 4	8.2	70.5	7.5	38.6	5.9	31.4
Quintile 5	8.8	54.1	7.2	43.5	6.3	33.5
Total (f)	**3.6**	**99.8**	**3.2**	**94.0**	**2.7**	**69.5**

(a) Time waited between making an appointment and seeing the GP for urgent medical care. The definition of urgent was left up to the respondent, although discretionary interviewer advice was that obtaining a certificate for work for a cold would not be considered urgent.

(b) Persons aged 15 years and over who saw a GP for urgent medical care for their own health in the last 12 months.

(c) Rates are age standardised to the 2001 estimated resident population (5 year ranges. Rates for Remote are standardised in 15-year ranges).

Table NHA.14.1 **Waiting time for GPs for an urgent appointment, by remoteness and SEIFA, by State and Territory, 2009 (a), (b), (c)**

	Within four hours	*Four to 24 hours*	*Greater than 24 hours*

(d) Socio-Economic Indexes for Areas quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged.

(e) Very remote data was not collected in the 2009 Patient Experience Survey.

(f) Includes persons for whom index of disadvantage was not able to be determined.

na Not available.

Source : ABS (unpublished) Patient Experience Survey 2009.

Table NHA.14.2 **Waiting time for GPs for an urgent appointment, by State and Territory, 2009 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	'000
Time between making appointment and seeing GP										
Within four hours	64.4	61.9	65.1	49.2	56.7	51.8	55.7	41.1	61.1	1 508.7
Four to 24 hours	20.6	26.4	23.4	29.0	32.7	35.1	22.1	39.7	24.9	635.5
More than 24 hours	15.0	11.7	11.5	21.8	10.6	13.1	22.2	19.2	14.0	366.1
Relative standard errors										
	%	%	%	%	%	%	%	%	%	%
Time between making appointment and seeing GP										
Within four hours	4.6	6.3	5.8	10.7	10.2	15.7	24.4	29.5	2.9	3.4
Four to 24 hours	17.4	11.1	12.1	19.3	18.2	22.7	36.2	31.7	6.7	7.5
More than 24 hours	16.1	20.0	21.7	22.6	18.4	35.6	43.4	53.2	9.1	9.7
95 per cent confidence intervals										
	± %	± %	± %	± %	± %	± %	± %	± %	± %	± '000
Time between making appointment and seeing GP										
Within four hours	5.8	7.7	7.4	10.4	11.3	16.0	26.7	23.7	3.5	99.8
Four to 24 hours	7.0	5.8	5.5	11.0	11.6	15.6	15.7	24.7	3.2	94.0
More than 24 hours	4.7	4.6	4.9	9.7	3.8	9.1	18.9	20.0	2.5	69.5

(a) Time waited between making an appointment and seeing the GP for urgent medical care. The definition of urgent was left up to the respondent, although discretionary interviewer advice was that obtaining a certificate for work for a cold would not be considered urgent.

(b) Persons aged 15 years and over who saw a GP for urgent medical care for their own health in the last 12 months.

(c) Rates are age standardised to the 2001 estimated resident population (10-year ranges).

Source : ABS (unpublished) Patient Experience Survey 2009.

NHA Indicator 15:

No data are currently available to inform this indicator

Waiting times for public dentistry

NHA Indicator 16:

People deferring access to GPs, medical specialists or prescribed medications due to cost

Table NHA.16.1 People deferring access to GPs, medical specialists or prescribed medication due to cost, by remoteness and SEIFA, by State and Territory, 2009 (a), (b)

	Persons reported delaying or not seeing a GP due to cost (c)		*Persons reported delaying or not seeing a specialist due to cost* (d)		*Persons reported delaying or not getting a prescription filled for medication due to cost* (e)	
	%	'000	%	'000	%	'000
Remoteness of residence						
Major cities	6.0	740.6	10.7	418.1	9.6	744.5
Inner regional	7.5	240.1	10.5	92.1	9.8	178.3
Outer regional	7.1	100.8	np	np	11.6	96.3
Remote	7.3	8.0	np	np	8.1	6.0
Very remote (f)	na	na	na	na	na	na
SEIFA of residence (g)						
Quintile 1	6.7	189.8	8.7	74.3	12.8	234.7
Quintile 2	7.3	231.2	9.7	103.7	10.1	202.2
Quintile 3	6.7	229.5	13.4	116.0	11.7	234.3
Quintile 4	6.2	231.7	13.1	149.6	8.6	215.2
Quintile 5	5.0	187.6	8.0	99.0	6.4	132.7
Total (h)	**6.4**	**1 089.5**	**10.5**	**545.5**	**9.7**	**1 025.1**
			Relative standard errors			
	%	%	%	%	%	%
Remoteness of residence						
Major cities	7.3	7.5	11.4	10.5	7.9	8.4
Inner regional	9.8	12.4	16.6	19.6	12.5	12.8
Outer regional	21.4	20.6	np	np	18.7	18.9
Remote	47.2	50.9	np	np	55.8	58.7
Very remote (f)	na	na	na	na	na	na

Table NHA.16.1 People deferring access to GPs, medical specialists or prescribed medication due to cost, by remoteness and SEIFA, by State and Territory, 2009 (a), (b)

	Persons reported delaying or not seeing a GP due to cost (c)		*Persons reported delaying or not seeing a specialist due to cost* (d)		*Persons reported delaying or not getting a prescription filled for medication due to cost* (e)	
SEIFA of residence (g)						
Quintile 1	14.8	14.7	21.0	21.6	14.2	14.0
Quintile 2	11.1	12.4	22.1	20.8	14.4	15.3
Quintile 3	12.9	13.4	18.3	20.2	13.8	13.0
Quintile 4	12.9	15.0	21.3	20.2	14.3	16.4
Quintile 5	16.2	14.5	19.2	19.4	17.9	18.4
Total (h)	5.8	5.8	9.9	9.4	7.2	7.2
			95 per cent confidence intervals			
	± %	± no.	± %	± no.	± %	± no.
Remoteness of residence						
Major cities	0.9	108.2	2.4	86.3	1.5	122.6
Inner regional	1.4	58.5	3.4	35.4	2.4	44.8
Outer regional	3.0	40.6	np	np	4.2	35.7
Remote	6.8	8.0	np	np	8.8	6.9
Very remote (f)	na	na	na	na	na	na
SEIFA of residence (g)						
Quintile 1	2.0	54.8	3.6	31.4	3.6	64.5
Quintile 2	1.6	56.3	4.2	42.3	2.9	60.5
Quintile 3	1.7	60.3	4.8	46.0	3.2	59.8
Quintile 4	1.6	68.2	5.5	59.2	2.4	69.0
Quintile 5	1.6	53.5	3.0	37.7	2.2	47.9
Total (h)	**0.7**	**123.5**	**2.0**	**100.0**	**1.4**	**145.0**

Table NHA.16.1 People deferring access to GPs, medical specialists or prescribed medication due to cost, by remoteness and SEIFA, by State and Territory, 2009 (a), (b)

	Persons reported delaying or not seeing a GP due to cost (c)	*Persons reported delaying or not seeing a specialist due to cost* (d)	*Persons reported delaying or not getting a prescription filled for medication due to cost* (e)

(a) Delayed using or did not use service at any time in the last 12 months.

(b) Rates are age standardised to the 2001 estimated resident population (5-year ranges).

(c) Persons aged 15 years and over.

(d) Persons aged 15 years and over who were referred to a specialist in the last 12 months.

(e) Persons aged 15 years and over who received a prescription for medication in the last 12 months.

(f) Very remote data was not collected in the 2009 Patient Experience Survey.

(g) Socio-Economic Indexes for Areas quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged.

(h) Includes persons for whom index of disadvantage was not able to be determined.

na Not available. **np** Not published.

Source : ABS (unpublished) Patient Experience Survey 2009.

Table NHA.16.2 **People deferring access to GPs, medical specialists or prescribed medication due to cost, by State and Territory, 2009 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
Proportion reported delaying or not seeing a GP because of cost (c)	4.9	6.2	8.5	7.9	5.1	5.0	8.3	7.0	6.4	1 090
Proportion reported delaying or not seeing a specialist because of cost (d)	10.1	11.2	12.5	11.5	6.4	8.0	13.0	6.4	10.7	546
Proportion reported delaying or not getting a prescription because of cost (e)	9.7	8.6	11.2	11.0	10.5	6.8	3.6	9.3	9.7	1 025
					Relative standard errors					
	%	%	%	%	%	%	%	%	%	%
Proportion reported delaying or not seeing a GP because of cost (c)	12.5	13.3	11.6	8.6	20.4	27.8	28.1	26.4	5.8	5.8
Proportion reported delaying or not seeing a specialist because of cost (d)	16.5	18.7	19.9	14.5	28.8	40.6	49.6	40.8	10.3	9.4
Proportion reported delaying or not getting a prescription because of cost (e)	13.6	11.3	13.0	14.5	18.2	37.3	41.4	31.4	7.2	7.2
					95 per cent confidence intervals					
	± %	± %	± %	± %	± %	± %	± %	± %	± %	± no.
Proportion reported delaying or not seeing a GP because of cost (c)	1.2	1.6	1.9	1.3	2.0	2.7	4.5	3.6	0.7	124
Proportion reported delaying or not seeing a specialist because of cost (d)	3.3	4.1	4.9	3.3	3.6	6.4	12.7	5.1	2.2	100
Proportion reported delaying or not getting a prescription because of cost (e)	2.6	1.9	2.8	3.1	3.7	5.0	2.9	5.7	1.4	145

(a) Delayed using or did not use service at any time in the last 12 months.

Table NHA.16.2 **People deferring access to GPs, medical specialists or prescribed medication due to cost, by State and Territory, 2009 (a), (b)**

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

(b) Rates are age standardised to the 2001 estimated resident population (5-year ranges). Rates for persons referred to a specialist were age standardised in 10-year ranges.

(c) Persons aged 15 years and over.

(d) Persons aged 15 years and over who were referred to a specialist in the last 12 months.

(e) Persons aged 15 years and over who received a prescription for medication in the last 12 months.

Source : ABS (unpublished) Patient Experience Survey 2009.

NHA Indicator 17:

No data are currently available to inform this indicator

Proportion of people with diabetes with HbA1c below 7 per cent

NHA Indicator 18:

Life expectancy

Table NHA.18.1 **Estimated life expectancy at birth by sex, by State and Territory, 2007–2009 (years) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Life expectancy at birth									
Males	79.5	79.7	79.1	79.5	79.3	77.9	80.5	73.3	79.3
Females	84.3	84.1	83.8	84.1	83.9	82.2	84.3	79.0	83.9
Difference between male and female life expectancy at birth (b)	4.8	4.4	4.7	4.6	4.6	4.3	3.8	5.7	4.6

(a) Life expectancy is calculated using three years of data

(b) Differences are based on unrounded estimates.

Source : ABS (2010) *Life Tables, Australia, States and Territories, 2007-2009* (cat. nos. 3302.0.55.001 to 3302.8.55.001)

Table NHA 18.2 **Estimated life expectancy at birth by sex, by State and Territory, 2006–2008 (years) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Life expectancy at birth									
Males	79.2	79.6	78.9	79.3	79.2	77.7	80.1	72.6	79.2
Females	83.9	83.9	83.7	84.0	83.8	82.3	84.0	78.4	83.7
Difference between male and female life expectancy at birth (b)	4.7	4.3	4.8	4.7	4.6	4.6	4.0	5.8	4.6

(a) Life expectancy is calculated using three years of data

(b) Differences are based on unrounded estimates.

Source: ABS (2009) *Life Tables, Australia, 2006–2008* (cat. no. 3302.0.55.001 to 3302.8.55.001)

NHA Indicator 19:

Infant and young child mortality rate

Table NHA.19.1 All causes child (0–4 years) and infant (less than one year) mortality, 2007, 2008 and 2009 (a), (b), (c)

	Unit	*Child mortality (aged 0-4 years)*	*Infant mortality (aged less than one year)*
2009			
Number of deaths	no.	1 491	1 261
Death rate (d) (e)	rate	104.8	4.3
2008			
Number of deaths	no.	1 459	1 226
Death rate (d) (e)	rate	105.9	4.1
2007			
Number of deaths	no.	1 428	1 203
Death rate (d) (e)	rate	106.7	4.2

(a) Data based on reference year. See data quality statements for a more detailed explanation.

(b) Child deaths 0–4 years includes all deaths aged 0–4 years.

(c) Infant deaths include all deaths within the first year of life.

(d) For infant deaths, the rates represent the number of deaths per 1000 live births registered in the reference period.

(e) For child deaths (0–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (0–4 years) at 30 June of the reference period.

Source : ABS (unpublished) Deaths, Australia; ABS (unpublished) Births, Australia; ABS (unpublished) Estimated Resident Population.

Table NHA.19.2 **All causes infant and child mortality, by age group, by State and Territory, 2007–2009 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld* (e)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Infants (0-1 year) (g)										
Number of deaths	no.	1 186	812	972	278	220	78	59	84	3 690
Rate	per 1000 live births (h)	4.3	3.8	5.1	3.0	3.7	3.9	4.1	7.2	4.2
Child (1–4 years)										
Number of deaths	no.	204	143	174	68	51	16	12	20	688
Rate	per 100 000 population (i)	19.2	18.0	25.5	20.2	23.0	21.0	22.5	47.0	21.0
Child (0–4 years)										
Number of deaths	no.	1 390	955	1 146	346	271	94	71	104	4 378
Rate	per 100 000 population (j)	104.1	95.0	132.1	80.9	96.3	97.7	105.9	191.9	105.9

(a) State or Territory of usual residence.

(b) Data are presented in three-year groupings due to volitility of the small numbers involved.

(c) Data based on reference year. See data quality statements for a more detailed explanation.

(d) 2008 Estimated Resident Population used for calculating rates is revised and will be subject to a further revision process.

(e) Care should be taken when interpreting perinatal and infant crude mortality rates for Queensland due to recent changes in the timeliness of birth registrations. See data quality statements for a more detailed explanation.

(f) Includes other territories.

(g) Includes all deaths within the first year of life.

(h) For infant deaths (less than one year), the rates represent the number of deaths per 1000 live births.

(i) For child deaths (1–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (1–4 years) at 30 June of the mid point year of the reference period.

(j) For child deaths (0–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (0–4 years) at 30 June of the mid point year of the reference period.

Source : ABS (unpublished) Deaths, Australia; ABS (unpublished) Births, Australia; ABS (unpublished) Estimated Resident Population.

Table NHA.19.3 All causes infant and child mortality, by age group, by State and Territory, 2006–2008 (a), (b), (c)

	Unit	*NSW*	*Vic*	*Qld* (d)	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (e)
Infants (0-1 year) (f)										
Number of deaths	no.	1 223	817	895	315	206	79	65	90	3 691
Rate	per 1000 live births (g)	4.5	4.0	5.1	3.5	3.5	4.0	4.6	7.8	4.4
Child (1–4 years)										
Number of deaths	no.	210	129	183	65	51	13	11	16	678
Rate	per 100 000 population (h)	20.0	16.8	27.8	20.3	23.4	17.9	21.4	37.7	21.3
Child (0–4 years) (e)										
Number of deaths	no.	1 433	946	1 078	380	257	92	76	106	4 369
Rate	per 100 000 population (i)	108.9	97.0	130.0	93.4	93.7	99.0	116.7	197.8	108.8

(a) Data are presented in three-year groupings due to volatility of the small numbers involved.

(b) Data based on reference year. See data quality statements for a more detailed explanation.

(c) 2008 Estimated Resident Population used for calculating rates is revised and will be subject to a further revision process.

(d) Care should be taken when interpreting perinatal and infant crude mortality rates for Queensland due to recent changes in the timeliness of birth registrations. See data quality statements for a more detailed explanation.

(e) Data are reported by jurisdiction of residence for all states and territories including other territories.

(f) Includes all deaths within the first year of life.

(g) For infant deaths (less than one year), the rates represent the number of deaths per 1000 live births.

(h) For child deaths (1–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (1–4 years) at 30 June of the mid point year.

(i) For child deaths (0–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (0–4 years) at 30 June of the mid point year.

Source : ABS (unpublished) Deaths, Australia; ABS (unpublished) Births, Australia; ABS (unpublished) Estimated Resident Population.

Table NHA.19.4 All causes infant (0–1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2005–2009 (a), (b), (c), (d)

	Unit	*NSW*	*Qld* (e)	*WA* (f)	*SA*	*NT*	*Total* (g)
Number of deaths							
Indigenous	no.	131	188	99	28	106	552
Non-Indigenous	no.	1 873	1 280	418	330	46	3 947
Percentage							
Indigenous	%	6.5	12.8	19.1	7.8	69.7	12.3
Non-Indigenous	%	93.5	87.2	80.9	92.2	30.3	87.7
Rate (h)							
Indigenous	per 1000 live births	7.1	8.9	9.3	6.8	13.7	8.9
Non-Indigenous	per 1000 live births	4.3	4.7	3.2	3.7	4.1	4.2
Rate ratio (i)		1.6	1.9	2.9	1.8	3.4	2.1
Rate difference (j)		2.7	4.1	6.0	3.1	9.6	4.6

(a) Includes all deaths within the first year of life.

(b) Deaths where Indigenous status was not stated are excluded. As a result, infant death rates by Indigenous status may be underestimated.

(c) Data based on reference year. See data quality statements for a more detailed explanation.

(d) Data are presented in five-year groupings due to volatility of the small numbers involved.

(e) Care should be taken when interpreting perinatal and infant crude mortality rates for Queensland due to recent changes in the timeliness of birth registrations. See data quality statements for a more detailed explanation.

(f) ABS are currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, ABS advises caution be used when analysing 2007 and 2008 Indigenous deaths data for WA.

(g) Data are for NSW, Queensland, WA, SA and NT combined, based on State or Territory of usual residence. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

(h) Infant deaths per 1000 live births. The volatility in infant mortality rates is partially due to the relatively small number of infant deaths registered.

(i) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(j) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

Source: ABS (unpublished) Deaths, Australia; ABS (unpublished) Births, Australia; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 2005–2009, Series B, Cat. no. 3238.0.

Table NHA.19.5 All causes infant (0–1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2004–2008 (a), (b), (c), (d), (e), (f)

	Unit	*NSW*	*Qld* (g)	*WA* (h)	*SA*	*NT*	*Total* (i)
Number of deaths							
Indigenous	no.	140	178	106	27	115	566
Non-Indigenous (j)	no.	1 876	1 201	410	311	48	3 846
Percentage							
Indigenous	%	6.9	12.9	20.5	8.0	70.6	12.8
Non-Indigenous (j)	%	93.1	87.1	79.5	92.0	29.4	87.2
Rate (k)							
Indigenous	per 1000 live births	7.8	9.2	10.6	6.9	14.9	9.6
Non-Indigenous (j)	per 1000 live births	4.4	4.7	3.3	3.6	4.4	4.3
Rate ratio (l)		1.8	2.0	3.2	2.0	3.4	2.3
Rate difference (m)		3.4	4.5	7.3	3.4	10.6	5.4

(a) Includes all deaths within the first year of life.

(b) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

(c) Data are presented in five-year groupings due to volatility of the small numbers involved.

(d) Although most deaths of Indigenous Australians are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous all causes mortality rate.

(e) Data based on reference year. See data quality statements for a more detailed explanation.

(f) Some totals and figures may not compute due to the effects of rounding.

(g) Care should be taken when interpreting perinatal and infant crude mortality rates for Queensland due to recent changes in the timeliness of birth registrations. See data quality statements for a more detailed explanation.

(h) ABS are currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, ABS advises caution be used when analysing 2007 and 2008 Indigenous deaths data for WA.

(i) Total includes only those five states and territories of residence that are considered to have acceptable levels of Indigenous identification in mortality data (NSW, Queensland, WA, SA and the NT).

(j) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(k) For infant deaths (less than one year), the rates represent the number of deaths per 1000 live births.

(l) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(m) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

Source: ABS (unpublished) Deaths, Australia; ABS (unpublished) Births, Australia; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 2004–2008, Series B, Cat. no. 3238.0.

Table NHA.19.6 **All causes infant (0–1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2003–2007 (a), (b), (c), (d), (e), (f)**

	Unit	*NSW*	*Qld* (g)	*WA* (h)	*SA*	*NT*	*Total* (i)
Number of deaths							
Indigenous	no.	147	176	104	28	121	576
Non-Indigenous (j)	no.	1 831	1 136	399	314	49	3 729
Percentage							
Indigenous	%	7.4	13.4	20.7	8.2	71.2	13.4
Non-Indigenous (j)	%	92.6	86.6	79.3	91.8	28.8	86.6
Rate (k)							
Indigenous	per 1000 live births	8.6	9.5	11.3	8.0	15.5	10.3
Non-Indigenous (j)	per 1000 live births	4.4	4.7	3.4	3.7	4.5	4.3
Rate ratio (l)		2.0	2.0	3.3	2.2	3.4	2.4
Rate difference (m)		4.2	4.9	7.9	4.3	11.0	6.0

(a) Includes all deaths within the first year of life.

(b) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

(c) Data are presented in five-year groupings due to volatility of the small numbers involved.

(d) Although most deaths of Indigenous Australians are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous all causes mortality rate.

(e) Data based on reference year. See data quality statements for a more detailed explanation.

(f) Some totals and figures may not compute due to the effects of rounding.

(g) Care should be taken when interpreting perinatal and infant crude mortality rates for Queensland due to recent changes in the timeliness of birth registrations. See data quality statements for a more detailed explanation.

(h) ABS are currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, ABS advises caution be used when analysing 2007 and 2008 Indigenous deaths data for WA.

(i) Total includes only those five states and territories of residence that are considered to have acceptable levels of Indigenous identification in mortality data (NSW, Queensland, WA, SA and the NT).

(j) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(k) For infant deaths (less than one year), the rates represent the number of deaths per 1000 live births.

(l) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(m) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

Source : ABS (unpublished) Deaths, Australia; ABS (unpublished) Births, Australia; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 2003–2007, Series B, Cat. no. 3238.0.

Table NHA.19.7 All causes child (1–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2005–2009 (a), (b) (c), (d)

	Unit	*NSW*	*Qld*	*WA* (e)	*SA*	*NT*	*Total* (f)
Number of deaths							
Indigenous	no.	26	41	29	7	26	129
Non-Indigenous	no.	318	233	89	79	9	728
Percentage							
Indigenous	%	7.6	15.0	24.6	8.1	74.3	15.1
Non-Indigenous	%	92.4	85.0	75.4	91.9	25.7	84.9
Rate (g), (h)							
Indigenous	per 100 000 population	34.1	53.8	86.5	52.7	85.0	56.1
Non-Indigenous	per 100 000 population	19.0	22.8	17.8	22.6	22.4	20.3
Rate ratio (i)		1.8	2.4	4.9	2.3	3.8	2.8
Rate difference (j)		15.1	31.0	68.7	30.0	62.6	35.8

(a) Includes all deaths of persons aged 1 to 4 years.

(b) Deaths where Indigenous status was not stated are excluded. As a result, mortality rates by Indigenous status may be underestimated.

(c) Data based on reference year. See data quality statements for a more detailed explanation.

(d) Data are presented in five-year groupings due to volatility of the small numbers involved.

(e) ABS are currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, ABS advises caution be used when analysing 2007 and 2008 Indigenous deaths data for WA.

(f) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

(g) Child death rates based on the average number of death registrations between 2005–2009, divided by the Estimated Resident Population (ERP) at 30 June 2007.

(h) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(i) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(j) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

Source : ABS (unpublished) Deaths, Australia; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 2005–2009, Series B, Cat. no. 3238.0.

Table NHA.19.8 **All causes child (1–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2004–2008 (a), (b), (c), (d), (e), (f)**

	Unit	*NSW*	*Qld*	*WA* (g)	*SA*	*NT*	*Total* (h)
Number of deaths							
Indigenous	no.	27	39	27	7	22	122
Non-Indigenous (i)	no.	350	250	93	75	9	777
Percentage							
Indigenous	%	7.2	13.5	22.5	8.5	71.0	13.6
Non-Indigenous (i)	%	92.8	86.5	77.5	91.5	29.0	86.4
Rate (j)							
Indigenous	per 100 000 population	35.8	51.5	80.5	52.4	70.5	53.2
Non-Indigenous (i)	per 100 000 population	21.2	25.2	19.2	21.7	23.1	22.1
Rate ratio (j)		1.7	2.0	4.2	2.4	3.1	2.4
Rate difference (k)		14.6	26.3	61.3	30.7	47.4	31.1

(a) Census year non-Indigenous and Indigenous estimates are sourced from ABS Experimental Estimates of Aboriginal and Torres Strait Islander Australians (cat no 3238.0.55.001).

(b) Includes all deaths aged 1–4 years.

(c) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

(d) Data are presented in five-year groupings due to volatility of the small numbers involved.

(e) Although most deaths of Indigenous Australians are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous all causes mortality rate.

(f) Data based on reference year. See data quality statements for a more detailed explanation.

(g) ABS are currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, ABS advises caution be used when analysing 2007 and 2008 Indigenous deaths data for WA.

(h) Total includes only those five states and territories of residence that are considered to have acceptable levels of Indigenous identification in mortality data (NSW, Queensland, WA, SA and the NT).

(i) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(j) For child deaths (1–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (1–4 years) for the mid point year.

(j) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(k) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

Source: ABS (unpublished) Deaths, Australia; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 2004–2008, Series B, Cat. no. 3238.0.

Table NHA.19.9 All causes child (1–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2003–2007 (a), (b), (c), (d), (e), (f), (g)

	Unit	*NSW*	*Qld*	*WA* (h)	*SA*	*NT*	*Total* (i)
Number of deaths							
Indigenous	no.	22	43	25	5	21	116
Non-Indigenous	no.	377	247	100	73	10	807
Percentage							
Indigenous	%	5.5	14.8	20.0	6.4	67.7	12.6
Non-Indigenous	%	94.5	85.2	80.0	93.6	32.3	87.4
Rate (j)							
Indigenous	per 100 000 population	29.1	57.1	72.8	np	64.9	50.2
Non-Indigenous	per 100 000 population	23.0	25.5	21.1	21.2	25.7	23.3
Rate ratio (k)		1.3	2.2	3.4	np	2.5	2.2
Rate difference (l)		6.0	31.6	51.7	np	39.1	26.9

(a) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(b) Includes all deaths aged 1–4 years.

(c) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

(d) Data are presented in five-year groupings because of small numbers each year.

(e) Although most deaths of Indigenous Australians are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous all causes mortality rate.

(f) Data based on reference year. See data quality statements for a more detailed explanation.

(g) Some totals and figures may not compute due to the effects of rounding.

(h) ABS are currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, ABS advises caution be used when analysing 2007 and 2008 Indigenous deaths data for WA.

(i) Total includes only those five states and territories of residence that are considered to have acceptable levels of Indigenous identification in mortality data (NSW, Queensland, WA, SA and the NT).

(j) For child deaths (1–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (1–4 years) for the mid point year.

(k) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(l) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

np Not published.

Source: ABS (unpublished) Deaths, Australia; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 2003–2007, Series B, Cat. no. 3238.0.

Table NHA.19.10 All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2005–2009 (a), (b), (c), (d)

	Unit	*NSW*	*Qld* (e)	*WA* (f)	*SA*	*NT*	*Total* (g)
Number of deaths							
Indigenous	no.	157	229	128	35	132	681
Non-Indigenous	no.	2 191	1 513	507	409	55	4 675
Percentage							
Indigenous	%	6.7	13.1	20.2	7.9	70.6	12.7
Non-Indigenous	%	93.3	86.9	79.8	92.1	29.4	87.3
Rate (h), (i)							
Indigenous	per 100 000 population	162.3	238.1	304.4	209.2	343.4	234.7
Non-Indigenous	per 100 000 population	104.5	117.6	79.7	92.9	108.1	103.7
Rate ratio (j)		1.6	2.0	3.8	2.3	3.2	2.3
Rate difference (k)		57.8	120.4	224.8	116.3	235.3	131.0

(a) Includes all deaths of persons aged 0 to 4 years.

(b) Deaths where Indigenous status was not stated are excluded. As a result, mortality rates by Indigenous states may be underestimated.

(c) Data based on reference year. See data quality statements for a more detailed explanation.

(d) Data are presented in five-year groupings because of small numbers each year.

(e) Care should be taken when interpreting perinatal and infant crude mortality rates for Queensland due to recent changes in the timeliness of birth registrations. See data quality statements for a more detailed explanation.

(f) ABS are currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, ABS advises caution be used when analysing 2007 and 2008 Indigenous deaths data for WA.

(g) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

(h) Child death rates based on the average number of death registrations between 2005–2009, divided by the Estimated Resident Population (ERP) at 30 June 2007.

(i) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(j) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(k) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

Source: ABS (unpublished) Deaths, Australia; ABS (unpublished) Births, Australia; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 2005–2009, Series B, Cat. no. 3238.0.

Table NHA.19.11 All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2004–2008 (a), (b), (c), (d), (e), (f), (g)

	Unit	*NSW*	*Qld* (h)	*WA* (i)	*SA*	*NT*	*Total* (j)
Number of deaths							
Indigenous	no.	167	217	133	34	137	688
Non-Indigenous	no.	2 226	1 451	503	386	57	4 623
Percentage							
Indigenous	%	7.0	13.0	20.9	8.1	70.6	13.0
Non-Indigenous	%	93.0	87.0	79.1	91.9	29.4	87.0
Rate (k)							
Indigenous	per 100 000 population	174.8	228.7	314.4	204.3	352.5	238.7
Non-Indigenous	per 100 000 population	106.7	116.3	82.6	89.2	115.0	104.5
Rate ratio (l)		1.6	2.0	3.8	2.3	3.1	2.3
Rate difference (m)		68.1	112.3	231.8	115.1	237.5	134.2

(a) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(b) Includes all deaths aged 0–4 years.

(c) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

(d) Data are presented in five-year groupings due to volatility of the small numbers involved.

(e) Although most deaths of Indigenous Australians are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous all causes mortality rate.

(f) Data based on reference year. See data quality statements for a more detailed explanation.

(g) Some totals and figures may not compute due to the effects of rounding.

(h) Care should be taken when interpreting perinatal and infant crude mortality rates for Queensland due to recent changes in the timeliness of birth registrations. See data quality statements for a more detailed explanation.

(i) ABS are currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, ABS advises caution be used when analysing 2007 and 2008 Indigenous deaths data for WA.

(j) Total includes only those five states and territories of residence that are considered to have acceptable levels of Indigenous identification in mortality data (NSW, Queensland, WA, SA and the NT).

(k) For child deaths (0–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (0–4 years) for the mid point year.

(l) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(m) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

Table NHA.19.11 All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2004–2008 (a), (b), (c), (d), (e), (f), (g)

	Unit	*NSW*	*Qld* (h)	*WA* (i)	*SA*	*NT*	*Total* (j)

Source : ABS (unpublished) Deaths, Australia; ABS (unpublished) Births, Australia; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 2004–2008, Series B, Cat. no. 3238.0.

Table NHA.19.12 All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2003–2007 (a), (b), (c), (d), (e), (f), (g)

	Unit	*NSW*	*Qld* (h)	*WA* (i)	*SA*	*NT*	*Total* (j)
Number of deaths							
Indigenous	no.	169	219	129	33	142	692
Non-Indigenous	no.	2 208	1 383	499	387	59	4 536
Percentage							
Indigenous	%	7.1	13.7	20.5	7.9	70.6	13.2
Non-Indigenous	%	92.9	86.3	79.5	92.1	29.4	86.8
Rate (k)							
Indigenous	per 100 000 population	178.3	230.4	302.3	197.1	357.5	239.5
Non-Indigenous	per 100 000 population	107.9	113.9	84.2	90.2	120.6	104.7
Rate ratio (l)		1.7	2.0	3.6	2.2	3.0	2.3
Rate difference (m)		70.5	116.5	218.1	107.0	236.9	134.8

(a) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(b) Includes all deaths aged 0–4 years.

(c) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

(d) Data are presented in five-year groupings because of small numbers each year.

(e) Although most deaths of Indigenous Australians are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous all causes mortality rate.

(f) Data based on reference year. See data quality statements for a more detailed explanation.

(g) Some totals and figures may not compute due to the effects of rounding.

(h) Care should be taken when interpreting perinatal and infant crude mortality rates for Queensland due to recent changes in the timeliness of birth registrations. See data quality statements for a more detailed explanation.

(i) ABS are currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, ABS advises caution be used when analysing 2007 and 2008 Indigenous deaths data for WA.

(j) Total includes only those five states and territories of residence that are considered to have acceptable levels of Indigenous identification in mortality data (NSW, Queensland, WA, SA and the NT).

(k) For child deaths (0–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (0–4 years) for the mid point year.

(l) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(m) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

Table NHA.19.12 All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2003–2007 (a), (b), (c), (d), (e), (f), (g)

	Unit	*NSW*	*Qld* (h)	*WA* (i)	*SA*	*NT*	*Total* (j)

Source : ABS (unpublished) Deaths, Australia; ABS (unpublished) Births, Australia; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 2003–2007, Series B, Cat. no. 3238.0.

NHA Indicator 20:

Potentially avoidable deaths

Table NHA.20.1 Age standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2008 (a), (b), (c), (d), (e), (f)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (g)
					Potentially preventable deaths (h)					
Number of deaths	no.	6 357	4 686	4 188	2 105	1 548	611	243	375	20 113
Rate	per 100 000 persons	91.8	89.9	101.0	101.3	93.8	116.5	78.0	215.9	95.7
					Potentially treatable deaths (i)					
Number of deaths	no.	4 315	2 973	2 641	1 205	1 020	390	171	185	12 901
Rate	per 100 000 persons	61.9	56.7	63.4	58.0	60.3	71.5	56.6	108.9	61.0
					All potentially avoidable deaths (b)					
Number of deaths	no.	10 671	7 659	6 828	3 310	2 567	1 001	414	560	33 013
Rate	per 100 000 persons	153.7	146.6	164.4	159.3	154.1	188.0	134.6	324.7	156.7

(a) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. SDRs in this table have been calculated using the direct method. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(b) Avoidable mortality has been defined in the Public Health Information Development Unit's report, Australian and New Zealand Atlas of Avoidable Mortality (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.

(c) Data based on reference year. See data quality statements for a more detailed explanation.

(d) 2008 data have been subject to a process improvement which has increased the quality of these data. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 1: 2008 COD Collection - Process Improvement for further information.

(e) Causes of death data for 2008 are preliminary and subject to a revisions process. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 2: Revisions Process for further information.

(f) Scope is persons aged less than 75 years.

(g) All states and territories including other territories.

(h) Preventable deaths are those which are amenable to screening and primary prevention, such as immunisation, and reflect the effectiveness of the current preventative health activities of the health sector.

(i) Treatable deaths are those which are amenable to therapeutic interventions, and reflecting the safety and quality of the current treatment system.

Table NHA.20.1 **Age standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2008 (a), (b), (c), (d), (e), (f)**

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

Source: ABS (unpublished) *Causes of Death, Australia* , Cat. no. 3303.0.

Table NHA.20.2 Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2008 (a), (b), (c), (d), (e), (f), (g)

	Unit	*Total* (h)
		Potentially preventable deaths (i)
Indigenous		
Number of deaths	no.	864
Rate (a)	per 100 000	321.8
Non-Indigenous		
Number of deaths	no.	13 442
Rate (a)	per 100 000	91.3
		Deaths from potentially treatable conditions (j)
Indigenous		
Number of deaths	no.	519
Rate (a)	per 100 000	210.2
Non-Indigenous		
Number of deaths	no.	8 716
Rate (a)	per 100 000	58.8
		All potentially avoidable deaths (b)
Indigenous		
Number of deaths	no.	1 383
Rate (a)	per 100 000	532.1
Non-Indigenous		
Number of deaths	no.	22 158
Rate (a)	per 100 000	150.1

(a) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. The SDRs in this table have been calculated using the direct method. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(b) Avoidable mortality has been defined in the Public Health Information Development Unit's report, Australian and New Zealand Atlas of Avoidable Mortality (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.

(c) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(d) Data based on reference year. See data quality statements for a more detailed explanation.

(e) Scope is persons aged less than 75 years.

(f) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

Table NHA.20.2 Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2008 (a), (b), (c), (d), (e), (f), (g)

	Unit	*Total* (h)

(g) Causes of death data for 2008 are preliminary and subject to a revisions process. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 2: Revisions Process for further information.

(h) Total includes only those five states and territories of residence that are considered to have acceptable levels of Indigenous identification in mortality data (NSW, Queensland, WA, SA and the NT).

(i) Preventable deaths are those which are amenable to screening and primary prevention such as immunisation, and reflecting the effectiveness of the current preventative health activities of the health sector).

(j) Deaths from potentially treatable conditions are those which are amenable to therapeutic interventions, and reflecting the safety and quality of the current treatment system.

Source : ABS (unpublished), Causes of Death, Australia, 2008; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 2008, Series B, Cat. no. 3238.0.

Table NHA.20.3 Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, by State and Territory, 2004–2008 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j)

	Unit	*NSW*	*Qld*	*WA* (k)	*SA*	*NT*	*Total* (l)
				Potentially preventable deaths (m)			
Indigenous							
Number of deaths	no.	952	1 021	848	266	907	3 993
Rate (a)	per 100 000	239.5	291.3	439.9	332.4	491.5	325.9
Non-Indigenous							
Number of deaths	no.	30 130	18 124	8 503	7 539	830	65 126
Rate (a)	per 100 000	91.9	95.2	89.4	95.8	144.5	93.3
				Deaths from potentially treatable conditions (n)			
Indigenous							
Number of deaths	no.	543	688	519	176	588	2 513
Rate (a)	per 100 000	138.7	202.6	295.8	245.8	342.4	215.6
Non-Indigenous							
Number of deaths	no.	21 127	11 996	5 321	5 080	379	43 903
Rate (a)	per 100 000	64.2	63.0	55.9	63.7	70.5	62.7
				All potentially avoidable deaths (b)			
Indigenous							
Number of deaths	no.	1 494	1 708	1 366	442	1 495	6 505
Rate (a)	per 100 000	378.2	493.9	735.7	578.2	833.9	541.6
Non-Indigenous							
Number of deaths	no.	51 257	30 120	13 823	12 619	1 209	109 028
Rate (a)	per 100 000	156.1	158.2	145.4	159.4	215.0	156.0

Table NHA.20.3 Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, by State and Territory, 2004–2008 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j)

	Unit	*NSW*	*Qld*	*WA* (k)	*SA*	*NT*	*Total* (l)

(a) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. The SDRs in this table have been calculated using the direct method. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(b) Avoidable mortality has been defined in the Public Health Information Development Unit's report, Australian and New Zealand Atlas of Avoidable Mortality (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.

(c) Census year non-Indigenous and Indigenous estimates are sourced from *Experimental Estimates of Aboriginal and Torres Strait Islander Australians* (cat. no. 3238.0.55.001).

(d) Data based on reference year. See data quality statements for a more detailed explanation.

(e) Scope is persons aged less than 75 years.

(f) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

(g) Data are presented in five-year groupings due to the volitatlity of small numbers each year.

(h) Some totals and figures may not compute due to the effects of rounding.

(i) Causes of death data for 2007 have been revised and are subject to further revisions. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 2: Revisions Process for further information.

(j) Causes of death data for 2008 are preliminary and subject to a revisions process. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 2: Revisions Process for further information.

(k) ABS are currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, ABS advises caution be used when analysing 2007 and 2008 Indigenous deaths data for WA.

(l) Total includes only those five states and territories of residence that are considered to have acceptable levels of Indigenous identification in mortality data (NSW, Queensland, WA, SA and the NT).

(m) Preventable deaths are those which are amenable to screening and primary prevention such as immunisation, and reflecting the effectiveness of the current preventative health activities of the health sector.

Table NHA.20.3 **Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, by State and Territory, 2004–2008 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j)**

	Unit	*NSW*	*Qld*	*WA* (k)	*SA*	*NT*	*Total* (l)

(n) Deaths from potentially treatable conditions are those which are amenable to therapeutic interventions, and reflecting the safety and quality of the current treatment system.

Source : ABS (unpublished), Causes of Death, Australia, 2008; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 2004–2008, Series B, Cat. no. 3238.0.

Table NHA.20.4 **Age standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2007 (a), (b), (c), (d), (e)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
					Potentially preventable deaths (g)					
Number of deaths	no.	6 280	4 454	3 834	2 031	1 615	639	241	376	19 470
Rate	per 100 000 persons	92.4	87.5	95.5	101.2	99.7	123.9	78.4	221.4	95.0
					Potentially treatable deaths (h)					
Number of deaths	no.	4 299	2 880	2 594	1 199	1 070	352	174	210	12 777
Rate	per 100 000 persons	63.0	56.4	64.5	59.7	65.3	65.9	58.1	137.3	62.1
					All potentially avoidable deaths (b)					
Number of deaths	no.	10 579	7 334	6 428	3 229	2 685	990	414	585	32 246
Rate	per 100 000 persons	155.4	143.9	160.0	160.8	165.0	189.8	136.5	358.7	157.0

(a) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. SDRs in this table have been calculated using the direct method. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(b) Avoidable mortality has been defined in the Public Health Information Development Unit’s report, Australian and New Zealand Atlas of Avoidable Mortality (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.

(c) Data based on reference year. See data quality statements for a more detailed explanation.

(d) Causes of death data for 2007 have been revised and are subject to further revisions. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 2: Revisions Process for further information.

(e) Scope is persons aged less than 75 years.

(f) All states and territories including other territories.

(g) Preventable deaths are those which are amenable to screening and primary prevention, such as immunisation, and reflect the effectiveness of the current preventative health activities of the health sector.

(h) Treatable deaths are those which are amenable to therapeutic interventions, and reflecting the safety and quality of the current treatment system.

Source: ABS (unpublished) *Causes of Death, Australia* , Cat. no. 3303.0.

Table NHA.20.5 Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2007 (a), (b), (c), (d), (e), (f), (g)

	Unit	*Total* (g)
		Potentially preventable deaths (h)
Indigenous		
Number of deaths	no.	852
Rate (a)	per 100 000	332.5
Non-Indigenous		
Number of deaths	no.	13 091
Rate (a)	per 100 000	91.2
		Deaths from potentially treatable conditions (i)
Indigenous		
Number of deaths	no.	512
Rate (a)	per 100 000	214.7
Non-Indigenous		
Number of deaths	no.	8 766
Rate (a)	per 100 000	60.9
		All potentially avoidable deaths (b)
Indigenous		
Number of deaths	no.	1 363
Rate (a)	per 100 000	547.2
Non-Indigenous		
Number of deaths	no.	21 856
Rate (a)	per 100 000	152.1

(a) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. The SDRs in this table have been calculated using the direct method. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(b) Avoidable mortality has been defined in the Public Health Information Development Unit's report, Australian and New Zealand Atlas of Avoidable Mortality (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.

(c) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(d) Data based on reference year. See data quality statements for a more detailed explanation.

(e) Scope is persons aged less than 75 years.

(f) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

Table NHA.20.5 Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2007 (a), (b), (c), (d), (e), (f), (g)

	Unit	*Total* (g)

(g) Causes of death data for 2007 have been revised and are subject to further revisions. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 2: Revisions Process for further information.

(h) Total includes only those five states and territories of residence that are considered to have acceptable levels of Indigenous identification in mortality data (NSW, Queensland, WA, SA and the NT).

(i) Preventable deaths are those which are amenable to screening and primary prevention such as immunisation, and reflecting the effectiveness of the current preventative health activities of the health sector).

(j) Deaths from potentially treatable conditions are those which are amenable to therapeutic interventions, and reflecting the safety and quality of the current treatment system.

Source : ABS (unpublished) Causes of Death, Australia, 2007; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 2007, Series B, Cat. no. 3238.0.

Table NHA.20.6 Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2003–2007 (a), (b), (c), (d), (e), (f), (g), (h), (i)

	Unit	*NSW*	*Qld*	*WA* (j)	*SA*	*NT*	*Total* (k)
			Potentially preventable deaths (l)				
Indigenous							
Number of deaths	no.	937	1 045	743	265	896	3 884
Rate (a)	per 100 000	249.0	310.0	410.7	346.4	513.4	334.1
Non-Indigenous							
Number of deaths	no.	30 469	17 892	8 338	7 681	780	65 158
Rate (a)	per 100 000	94.2	96.9	90.2	99.0	143.5	95.3
			Deaths from potentially treatable conditions (m)				
Indigenous							
Number of deaths	no.	545	696	477	183	588	2 487
Rate (a)	per 100 000	144.6	212.6	283.4	259.4	361.7	222.0
Non-Indigenous							
Number of deaths	no.	21 434	12 066	5 396	5 245	386	44 525
Rate (a)	per 100 000	66.1	65.3	58.4	66.8	77.1	65.1
			All potentially avoidable deaths (b)				
Indigenous							
Number of deaths	no.	1 481	1 740	1 219	448	1 483	6 371
Rate (a)	per 100 000	393.6	522.6	694.1	605.7	875.1	556.1
Non-Indigenous							
Number of deaths	no.	51 902	29 957	13 733	12 925	1 165	109 682
Rate (a)	per 100 000	160.3	162.2	148.7	165.8	220.6	160.4

Table NHA.20.6 Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2003–2007 (a), (b), (c), (d), (e), (f), (g), (h), (i)

	Unit	*NSW*	*Qld*	*WA* (j)	*SA*	*NT*	*Total* (k)

(a) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. The SDRs in this table have been calculated using the direct method. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(b) Avoidable mortality has been defined in the Public Health Information Development Unit's report, Australian and New Zealand Atlas of Avoidable Mortality (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.

(c) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(d) Data based on reference year. See data quality statements for a more detailed explanation.

(e) Scope is persons aged less than 75 years.

(f) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

(g) Data are presented in five-year groupings due to the volitatlity of small numbers each year.

(h) Some totals and figures may not compute due to the effects of rounding.

(i) Causes of death data for 2007 have been revised and are subject to further revisions. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 2: Revisions Process for further information.

(j) ABS are currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, ABS advises caution be used when analysing 2007 and 2008 Indigenous deaths data for WA.

(k) Total includes only those five states and territories of residence that are considered to have acceptable levels of Indigenous identification in mortality data (NSW, Queensland, WA, SA and the NT).

(l) Preventable deaths are those which are amenable to screening and primary prevention such as immunisation, and reflecting the effectiveness of the current preventative health activities of the health sector).

Table NHA.20.6 **Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2003–2007 (a), (b), (c), (d), (e), (f), (g), (h), (i)**

	Unit	*NSW*	*Qld*	*WA* (j)	*SA*	*NT*	*Total* (k)

(m) Deaths from potentially treatable conditions are those which are amenable to therapeutic interventions, and reflecting the safety and quality of the current treatment system.

Source : ABS (unpublished) Causes of Death, Australia, 2007; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 2003–2007, Series B, Cat. no. 3238.0.

NHA Indicator 21:

Treatment rates for mental illness

Table NHA.21.1 Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2008-09

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
						Age standardised rate (a)				
Public (b)										
Number	no.	113 759	57 860	72 989	39 547	30 423	9 362	7 348	5 008	336 296
Rate	%	1.6	1.1	1.7	1.8	2.0	1.9	2.1	2.2	1.6
Private (c)										
Number	no.	7 575	6 308	5 270	2 629	np	np	np	..	24 348
Rate	%	0.1	0.1	0.1	0.1	np	np	np	..	0.1
MBS										
Number	no.	412 692	342 920	228 201	105 222	89 845	24 254	16 731	5 074	1 224 940
Rate: Total MBS (d)	%	5.9	6.4	5.3	4.8	5.7	5.1	4.7	2.3	5.7
Rate: Psychiatrist (e)	%	1.3	1.4	1.2	1.0	1.5	1.0	1.0	0.4	1.3
Rate: Clinical psychologist (f)	%	0.8	0.8	0.6	1.2	1.1	1.2	0.8	0.2	0.8
Rate: GP (g)	%	4.5	4.8	4.0	3.6	4.1	3.9	3.4	1.8	4.3
Rate: Other allied health (h)	%	1.7	2.2	1.7	0.8	1.1	1.3	1.5	0.5	1.7

(a) Rates are age standardised to the Australian population as at 30 June 2001.

(b) SA and Tas submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making inter-jurisdictional comparisons.

(c) Private psychiatric hospital figures are not published for SA, Tas, and the ACT due to confidentiality reasons but are included in the Australia figures.

(d) MBS services are those provided under any of the Medicare-funded service types described at (e) to (h). Persons seen by more than one provider type are counted only once in the total.

(e) Consultant psychiatrist services are MBS items 134, 136, 138, 140, 142, 289, 291, 293, 296, 297, 299, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344, 346, 348, 350, 352, 353, 355, 356, 357, 358, 359, 361, 364, 366, 367, 369, 370, 855, 857, 858, 861, 864, 866, 14224.

(f) Clinical psychologist services are MBS items 80000, 80005, 80010, 80015, 80020.

(g) GP services are MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2721, 2723, 2725, 2727.

Table NHA.21.1 **Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2008-09**

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

(h) Other allied health services are MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 81325, 81355, 82000, 82015.

.. Not applicable. **np** Not published.

Source : State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.21.2 Proportion of people receiving clinical mental health services, by service type and Indigenous status, by State and Territory, 2008-09

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*no.*
					Age standardised rate (a)					
Public (b) (c)										
Indigenous	4.7	3.2	3.8	3.8	5.7	1.3	5.6	3.1	4.0	20 616
Other Australians (d)	1.6	1.1	1.6	1.8	1.9	1.9	2.0	1.9	1.5	315 680
Private (e)										
Indigenous	na	na	na	na	na	na	na	..	na	na
Non Indigenous	na	na	na	na	na	na	na	..	na	na
MBS (f)										
Indigenous	7.2	9.2	4.5	2.7	5.5	6.5	7.8	1.0	5.1	24 603
Non-Indigenous	5.9	6.4	5.3	4.9	5.6	5.0	4.6	2.7	5.7	1 200 337

(a) Rates are age standardised to the Australian population as at 30 June 2001.

(b) The Indigenous status rates should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions.

(c) SA and Tas submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making inter-jurisdictional comparisons.

(d) 'Other Australians' includes non-Indigenous people and those for whom Indigenous status was not stated.

(e) Indigenous information is not collected for private psychiatric hospitals.

(f) Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.

Table NHA.21.2 Proportion of people receiving clinical mental health services, by service type and Indigenous status, by State and Territory, 2008-09

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*%*	*no.*

na Not available. .. Not applicable.

Source : State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Services data; DoHA (unpublished) Medicare data; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA.21.3 Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2008-09 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
					Age standardised rate (b)					
Public (c)										
Major cities	1.2	0.9	1.4	1.3	1.8	..	1.9	..	1.2	180 087
Inner regional	2.6	1.5	2.3	4.0	1.9	np	np	..	2.1	85 135
Outer regional	3.9	2.0	2.1	2.2	2.5	np	..	2.0	2.3	44 963
Remote	5.6	1.5	1.5	0.9	2.5	np	..	2.5	2.0	6 193
Very remote	15.5	..	3.1	5.9	2.4	np	..	2.2	3.8	6 554
Private (d), (e)										
Major cities	0.1	0.1	0.2	0.1	np	..	np	..	0.1	20 251
Inner regional	0.1	0.0	0.1	0.1	np	np	np	..	0.1	3 205
Outer regional	–	–	–	–	np	np	..	..	–	645
Remote	0.1	–	–	–	np	np	..	..	–	98
Very remote	–	..	–	–	np	np	..	..	–	30
MBS (d)										
Major cities	6.1	6.6	5.9	5.3	6.1	..	4.7	..	6.1	903 057
Inner regional	5.9	6.4	5.3	4.5	5.3	5.5	5.3	..	5.7	234 024
Outer regional	4.5	4.3	3.7	4.2	3.9	4.2	..	3.0	4.0	78 139
Remote	2.8	5.9	2.3	1.9	3.2	2.7	..	1.3	2.3	7 240
Very remote	4.0	..	1.4	0.9	2.4	5.9	..	1.5	1.5	2 481

(a) Not all remoteness areas are represented in each State or Territory. Excludes contacts for which demographic information was missing and/or not reported.

(b) Rates are age standardised to the Australian population as at 30 June 2001.

Table NHA.21.3 Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2008-09 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.

(c) These data should be interpreted with caution as the methodology used to allocate remoteness varies across jurisdictions. Disaggregation by RA is based on a person's usual residence, the location of the service provider or a combination of both. Due to system-related issues impacting data quality, Tasmania is unable to provide data by remoteness area. SA and Tas submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making jurisdictional comparisons.

(d) Disaggregation by RA is based on a person's usual residence, not the location of the service provider.

(e) Private psychiatric hospital figures are not published for SA, Tas, and the ACT due to confidentiality reasons but are included in the Australia figures.

.. Not applicable. **np** Not published.

Source : State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Services data; DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.21.4 Proportion of people receiving clinical mental health services, by service type and SEIFA, by State and Territory, 2008-09 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
	Age standardised rate (b)									
Public (c)										
Quintile 1 (most disadvantaged)	1.9	1.5	1.6	2.2	2.6	np	14.4	1.5	1.7	71 838
Quintile 2	1.9	1.3	2.6	1.5	1.4	np	4.7	6.2	1.8	77 478
Quintile 3	1.5	1.2	2.2	2.1	1.2	np	3.9	4.0	1.7	71 007
Quintile 4	1.4	0.8	1.3	2.0	0.9	np	2.4	0.6	1.2	51 637
Quintile 5 (least disadvantaged)	1.2	0.7	1.0	1.4	3.5	..	1.6	2.3	1.2	50 795
Private (d), (e)										
Quintile 1 (most disadvantaged)	0.0	0.1	0.0	0.1	np	np	np	..	0.0	2 036
Quintile 2	0.0	0.0	0.1	0.1	np	np	np	..	0.1	2 578
Quintile 3	0.1	0.1	0.1	0.1	np	np	np	..	0.1	3 888
Quintile 4	0.1	0.1	0.2	0.1	np	np	np	..	0.1	6 212
Quintile 5 (least disadvantaged)	0.2	0.2	0.2	0.2	np	..	np	..	0.2	9 553
MBS (d)										
Quintile 1 (most disadvantaged)	5.2	5.7	5.1	2.6	5.4	4.6	5.6	0.9	5.1	213 651
Quintile 2	6.0	6.0	4.9	4.6	5.8	4.6	4.9	2.5	5.7	240 006
Quintile 3	5.9	6.4	5.4	4.7	5.5	4.9	4.8	2.1	5.7	244 077
Quintile 4	5.9	6.4	5.5	4.4	5.6	6.6	4.8	2.1	5.7	246 173
Quintile 5 (least disadvantaged)	6.2	7.0	5.5	5.4	6.1	..	4.5	1.8	6.1	266 875

(a) Socio-Economic Indexes for Areas quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. 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. Excludes contacts for which demographic information was missing and/or not reported.

Table NHA.21.4 Proportion of people receiving clinical mental health services, by service type and SEIFA, by State and Territory, 2008-09 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.

(b) Rates are age standardised to the Australian population as at 30 June 2001.

(c) These data should be interpreted with caution as the methodology used to allocate SEIFA varies across jurisdictions. Disaggregation by SEIFA is based on a person's usual residence, the location of the service provider or a combination of both. Due to system-related issues impacting data quality, Tasmania is unable to provide data by SEIFA. SA and Tas submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making jurisdictional comparisons.

(d) Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.

(e) Private psychiatric hospital figures are not published for SA, Tasmania, and the ACT due to confidentiality reasons but are included in the Australia figures.

.. Not applicable. **np** Not published.

Source : State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Services data; DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.21.5 **Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2008-09**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
					Age specific rate					
Public (a)										
Less than 15 years	0.9	0.5	1.4	0.9	2.0	0.9	0.6	1.2	1.0	39 907
15–24 years	2.2	1.3	2.4	2.2	2.3	2.0	3.0	3.2	2.0	61 893
25–34 years	2.2	1.4	2.3	2.5	2.5	1.8	2.8	3.4	2.1	63 074
35–44 years	2.2	1.4	2.0	2.3	2.4	1.7	2.8	3.0	2.0	62 550
45–54 years	1.6	1.1	1.5	1.7	1.8	1.2	2.1	2.0	1.5	44 334
55–64 years	1.2	0.9	1.0	1.3	1.2	0.9	1.6	1.2	1.1	25 934
65+ years	1.2	1.2	1.2	2.0	1.1	1.2	2.2	1.3	1.3	35 817
All ages (b)	**1.6**	**1.1**	**1.7**	**1.8**	**1.9**	**1.9**	**2.1**	**2.3**	**1.6**	**336 296**
Private (c)										
Less than 15 years	–	–	–	–	–	–	–	..	–	–
15–24 years	0.1	0.1	0.1	0.1	np	np	np	..	0.1	2 333
25–34 years	0.1	0.1	0.1	0.1	np	np	np	..	0.1	3 821
35–44 years	0.2	0.2	0.2	0.2	np	np	np	..	0.2	5 007
45–54 years	0.2	0.2	0.2	0.2	np	np	np	..	0.2	4 816
55–64 years	0.2	0.2	0.2	0.2	np	np	np	..	0.2	4 707
65+ years	0.1	0.2	0.2	0.1	np	np	np	..	0.1	3 552
All ages (b)	**0.1**	**0.1**	**0.1**	**0.1**	**np**	**np**	**np**	**..**	**0.1**	**24 348**
MBS										
Less than 15 years	1.9	2.2	1.8	1.5	2.1	1.4	1.4	0.4	1.9	78 756
15–24 years	5.7	6.2	5.4	5.3	5.9	6.1	5.2	2.1	5.7	173 311
25–34 years	7.8	8.9	7.2	7.3	7.9	7.8	6.8	3.2	7.8	235 551

Table NHA.21.5 **Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2008-09**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
35–44 years	8.9	9.8	8.1	7.1	8.2	7.7	7.1	3.7	8.6	268 946
45–54 years	8.0	8.6	7.1	5.9	7.5	6.4	6.0	3.2	7.6	225 288
55–64 years	6.5	6.9	5.7	4.8	6.0	4.7	4.6	2.4	6.1	147 750
65+ years	3.7	3.7	3.1	2.7	3.0	2.1	2.5	1.4	3.4	95 338
All ages (b)	**5.9**	**6.4**	**5.3**	**4.8**	**5.6**	**4.9**	**4.8**	**2.3**	**5.7**	**1 224 940**

(a) South Australia and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making interjurisdictional comparisons.

(b) Includes contacts where age was missing or not reported.

(c) Private psychiatric hospital figures are not published for South Australia, Tasmania, and the Australian Capital Territory due to confidentiality reasons but are included in the Australia figures.

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

Source : State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.21.6 Proportion of people receiving clinical mental health services by service, type and SEIFA, 2008-09 (per cent) (a)

	Public (b)	*Private (c)*	*MBS (c)*
	Age standardised rate (d)		
Decile 1	1.8	0.0	4.9
Decile 2	1.9	0.0	5.2
Decile 3	1.8	0.1	5.6
Decile 4	1.8	0.1	5.7
Decile 5	1.8	0.1	5.6
Decile 6	1.6	0.1	5.7
Decile 7	1.2	0.1	5.6
Decile 8	1.2	0.1	5.9
Decile 9	1.2	0.2	6.2
Decile 10	1.1	0.2	5.9

(a) SEIFA deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Excludes contacts for which information was missing and/or not reported.

(b) These data should be interpreted with caution as the methodology used to allocate SEIFA varies across jurisdiction. Disaggregation by SEIFA is based on a person's usual residence, the location of the service provider or a combination of both. Due to system-related issues impacting data quality, Tasmania is unable to provide data by SEIFA. South Australia and Tasmania submitted data that was not based on unique patient identifier or data matching approaches.

(c) Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.

(d) Rates are age-standardised to the Australian population as at 30 June 2001.

Source : State and territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management System data; DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.21.7 Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2007-08

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Age standardised rate (a)					
Public (b)										
Number	no.	108 755	57 197	75 541	37 566	27 793	9 499	6 801	4 721	327 873
Rate	%	1.6	1.1	1.8	1.8	1.8	2.0	2.0	2.1	1.6
Private (c)										
Number	no.	7 256	6 170	4 791	2 183	np	np	np	..	23 044
Rate	%	0.1	0.1	0.1	0.1	np	np	np	..	0.1
MBS										
Number	no.	343 242	284 343	182 247	85 877	73 223	20 305	13 793	3 955	1 006 985
Rate: Total MBS (d)	%	5.0	5.4	4.3	4.0	4.7	4.3	3.9	1.8	4.8
Rate: Psychiatrist (e)	%	1.3	1.4	1.2	1.0	1.5	0.9	1.0	0.4	1.3
Rate: Clinical psychologist (f)	%	0.6	0.6	0.4	1.0	0.7	0.9	0.6	0.1	0.6
Rate: GP (g)	%	3.7	3.9	3.1	3.0	3.2	3.2	2.8	1.4	3.5
Rate: Other allied health (h)	%	1.3	1.8	1.4	0.6	0.9	1.1	1.2	0.4	1.3

(a) Rates are age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years.

(b) SA and Tas submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making inter-jurisdictional comparisons.

(c) Private psychiatric hospital figures are not published for SA, Tasmania, and ACT due to confidentiality reasons but are included in the Australia figures.

(d) MBS services are those provided under any of the Medicare-funded service types described at (e) to (h). Persons seen by more than one provider type are counted only once in the total.

(e) Psychiatrist services are MBS items 134, 136,138, 140, 142, 289,291, 293, 296, 297, 299, 300, 302, 304,306, 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344, 346, 348, 350, 352, 353, 355, 356, 357, 358, 359, 361, 364, 366, 367, 369, 370, 855, 857, 858, 861, 864, 866, 14224.

(f) Clinical psychologist services are MBS items 80000, 80005, 80010, 80015, 80020.

(g) GP services are MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2721, 2723, 2725, 2727.

Table NHA.21.7 **Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2007-08**

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

(h) Other allied health services are MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 82000, 82015.

.. Not applicable. **np** Not published.

Source : State and territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.21.8 Proportion of people receiving clinical mental health services, by service type and Indigenous status, by State and Territory, 2007-08 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
	Age standardised rate (b)									
Public (c)										
Indigenous	4.5	3.1	3.9	3.5	5.0	1.5	5.1	2.9	3.8	19 187
Other Australians (d)	1.5	1.1	1.7	1.7	1.7	2.0	1.9	1.9	1.5	308 686
Private (e)										
Indigenous	na	na	na	na	na	na	na	..	na	na
Other Australians	na	na	na	na	na	na	na	..	na	na
MBS										
Indigenous	np	np	np	np	np	np	np	np	np	np
Other Australians	np	np	np	np	np	np	np	np	np	np

(a) The Indigenous status rates should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions.

(b) Rates are age-standardised using 5-year age groups to 64 years.

(c) SA and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making inter-jurisdictional comparisons.

(d) ‘Other Australians’ includes non-Indigenous people and those for whom Indigenous status was not stated.

(e) Indigenous information is not collected for private psychiatric hospitals.

na Not available. .. Not applicable. np Not published.

Source : State and territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.21.9 Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2007-08 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
	%	%	%	%	%	%	%	%	%	no.
					Age standardised rate (b)					
Public (c)										
Major cities	1.2	0.9	1.4	1.3	1.6	..	3.7	..	1.2	173 288
Inner regional	2.6	1.6	2.5	3.8	1.7	np	np	..	2.2	85 003
Outer regional	3.4	1.8	2.1	2.1	2.6	np	..	2.0	2.3	43 447
Remote	4.3	1.1	1.8	0.9	1.9	np	..	2.2	1.8	5 744
Very remote	12.5	..	3.8	5.3	2.1	np	..	2.1	3.7	6 297
Private (d)										
Major cities	0.1	0.1	0.1	0.1	np	..	np	..	0.1	19 261
Inner regional	0.1	–	0.1	0.1	np	np	np	..	0.1	2 973
Outer regional	–	–	–	–	np	np	..	..	–	579
Remote	–	–	–	–	np	np	..	..	–	69
Very remote	–	..	–	–	np	np	..	..	–	30
MBS										
Major cities	5.2	5.7	4.9	4.5	5.1	..	3.9	..	5.1	751 449
Inner regional	4.9	5.1	4.2	3.6	4.4	4.8	4.2	..	4.7	186 849
Outer regional	3.6	3.5	2.8	3.4	3.1	3.4	..	2.4	3.1	60 869
Remote	2.4	4.6	1.7	1.4	2.4	2.1	..	0.9	1.7	5 460
Very remote	2.4	..	1.1	0.7	2.6	5.4	..	1.2	1.2	2 000

(a) Disaggregation by remoteness area is based on a person's usual residence, not the location of the service provider. Not all remoteness areas are represented in each State or Territory.

(b) Rates are age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years.

Table NHA.21.9 **Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2007-08 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.

(c) SA and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making interjurisdictional comparisons. Tasmania is unable to provide data by remoteness area.

(d) Private psychiatric hospital figures are not published for SA, Tasmania, and ACT due to confidentiality reasons but are included in the Australia figures.

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

Source : State and territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.21.10 Proportion of people receiving clinical mental health services, by service type and SEIFA, by State and Territory, 2007-08 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
					Age standardised rate (b)					
Public (c)										
Quintile 1 (most disadvantaged)	1.7	1.5	1.9	2.0	2.7	2.0	18.8	1.7	1.9	76 062
Quintile 2	1.9	1.4	2.6	1.5	1.3	2.9	4.4	3.8	1.8	74 912
Quintile 3	1.5	1.2	1.9	2.1	1.0	1.3	3.8	3.8	1.6	67 321
Quintile 4	1.4	0.9	1.6	2.0	1.3	0.8	2.3	0.6	1.4	56 048
Quintile 5 (least disadvantaged)	1.2	0.7	1.2	1.4	2.1	..	1.5	2.4	1.1	48 651
Private (d)										
Quintile 1 (most disadvantaged)	0.0	0.1	0.0	0.1	np	np	np	..	0.1	2 556
Quintile 2	0.0	0.0	0.1	0.0	np	np	np	..	0.1	2 351
Quintile 3	0.1	0.0	0.1	0.1	np	np	np	..	0.1	3 572
Quintile 4	0.1	0.1	0.2	0.1	np	np	np	..	0.1	5 383
Quintile 5 (least disadvantaged)	0.2	0.2	0.2	0.2	np	..	np	..	0.2	9 074
MBS										
Quintile 1 (most disadvantaged)	4.2	4.8	4.1	2.3	4.3	3.8	5.4	0.8	4.2	172 109
Quintile 2	5.1	5.0	4.0	3.8	4.7	3.9	4.2	1.3	4.7	195 811
Quintile 3	5.0	5.3	4.3	3.8	4.4	4.2	3.9	1.6	4.7	198 555
Quintile 4	5.2	5.4	4.6	3.8	4.9	5.9	3.9	1.7	4.9	202 830
Quintile 5 (least disadvantaged)	5.3	6.2	4.7	4.7	5.3	..	3.8	1.4	5.3	227 124

(a) 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. Disaggregation by SEIFA area is based on a person's usual residence, not the location of the service provider. SEIFA quintiles have an equal number of SLAs nationally, but do not necessarily have the same population size nationally or within any State or Territory.

(b) Rates are age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years.

Table NHA.21.10 Proportion of people receiving clinical mental health services, by service type and SEIFA, by State and Territory, 2007-08 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
	%	%	%	%	%	%	%	%	%	no.

(c) SA and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making interjurisdictional comparisons.

(d) Private psychiatric hospital figures are not published for SA, Tasmania, and ACT due to confidentiality reasons but are included in the Australia figures.

.. Not applicable. **np** Not published.

Source : State and territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.21.11 **Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2007-08**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	%	%	%	%	%	%	%	%	%	no.
	Age specific rate (a)									
Public (b)										
Less than 15 years	0.8	0.5	1.4	0.9	1.7	1.1	0.6	1.1	0.9	37 781
15–24 years	2.1	1.3	2.6	2.1	2.2	2.7	2.9	3.1	2.0	60 555
25–34 years	2.2	1.4	2.5	2.5	2.4	2.2	2.6	3.2	2.1	62 785
35–44 years	2.2	1.4	2.2	2.3	2.2	2.1	2.6	2.9	2.0	61 863
45–54 years	1.6	1.1	1.6	1.6	1.7	1.6	1.9	2.0	1.5	43 397
55–64 years	1.1	0.9	1.1	1.3	1.1	1.1	1.3	1.2	1.1	25 134
65+ years	1.1	1.3	1.3	1.9	0.9	1.7	2.0	1.4	1.3	35 186
All ages (a)	**1.6**	**1.1**	**1.8**	**1.8**	**1.8**	**1.9**	**2.0**	**2.2**	**1.6**	**327 873**
Private (c)										
Less than 15 years	–	–	–	–	–	–	–	..	–	–
15–24 years	0.1	0.1	0.1	0.1	np	np	np	..	0.1	2 139
25–34 years	0.1	0.1	0.1	0.1	np	np	np	..	0.1	3 488
35–44 years	0.2	0.2	0.1	0.1	np	np	np	..	0.2	4 713
45–54 years	0.2	0.2	0.2	0.1	np	np	np	..	0.2	4 674
55–64 years	0.2	0.2	0.2	0.2	np	np	np	..	0.2	4 501
65+ years	0.1	0.2	0.1	0.1	np	np	np	..	0.1	3 356
All ages (a)	**0.1**	**0.1**	**0.1**	**0.1**	**np**	**np**	**np**	**..**	**0.1**	**23 044**
MBS										
Less than 15 years	1.4	1.6	1.3	1.2	1.5	1.0	1.0	0.3	1.4	57 980
15–24 years	4.7	5.1	4.3	4.5	4.8	5.1	4.2	1.7	4.7	138 752
25–34 years	6.7	7.7	6.0	6.2	6.7	6.9	5.7	2.7	6.7	196 376

Table NHA.21.11 **Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2007-08**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
	%	%	%	%	%	%	%	%	%	no.
35–44 years	7.6	8.3	6.6	6.0	6.8	6.5	6.2	2.9	7.3	224 548
45–54 years	6.9	7.4	5.9	5.1	6.3	5.4	5.0	2.6	6.5	189 319
55–64 years	5.7	6.0	4.8	4.0	5.1	4.1	3.9	2.1	5.3	122 754
65+ years	3.1	3.1	2.5	2.1	2.4	1.7	2.4	1.1	2.8	77 255
All ages (a)	**5.0**	**5.4**	**4.3**	**4.1**	**4.6**	**4.1**	**4.0**	**1.8**	**4.8**	**1 006 985**

(a) Includes contacts where age was missing or not reported.

(b) SA and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making interjurisdictional comparisons.

(c) Private psychiatric hospital figures are not published for SA, Tasmania and ACT due to confidentiality reasons but are included in the Australia figures.

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

Source : State and territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2007.

NHA Indicator 22:

Selected potentially preventable hospitalisations

Table NHA.22.1 **Selected potentially preventable hospitalisations, by State and Territory, 2008-09 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	
	Age-standardised rate per 100 000 population									no.
Vaccine-preventable conditions	71.1	76.9	77.7	62.2	71.5	60.1	51.1	239.0	74.2	16 354
Acute conditions	1 249.1	1 440.5	1 436.4	1 351.5	1 444.2	1 017.8	1 163.0	2 116.2	1 363.0	297 692
Chronic conditions	1 407.6	1 551.4	1 870.9	2 642.5	1 560.1	1 275.3	1 185.3	2 655.8	1 668.7	378 933
Total (d)	**2 717.5**	**3 056.6**	**3 370.1**	**4 043.2**	**3 061.9**	**2 343.0**	**2 391.4**	**4 946.8**	**3 093.3**	**690 115**

(a) Separations are reported by jurisdiction of usual residence, not jurisdiction of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age standardised to the Australian population at 30 June 2001.

(c) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.

(d) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source : AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.22.2 Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	
	Age-standardised rate per 100 000 population									no.
	Vaccine preventable conditions									
Indigenous status (d)										
Indigenous	161.3	127.8	192.1	344.6	334.7	34.0	125.8	679.7	270.4	1 117
Other Australians (e)	69.7	77.0	75.4	54.9	68.4	61.0	51.2	90.1	71.3	14 721
Remoteness of residence (f)										
Major cities	62.5	82.3	83.8	58.5	66.8	..	51.2	..	71.3	10 619
Inner regional	88.0	58.7	70.6	49.1	77.2	62.3	–	..	72.0	3 261
Outer regional	100.0	76.9	59.9	65.9	81.6	51.0	..	125.5	76.6	1 615
Remote	128.7	134.7	92.9	112.5	64.1	80.1	..	328.9	129.0	403
Very remote	140.4	..	137.9	148.1	283.8	221.7	..	436.7	239.3	400
SEIFA of residence (g)										
Quintile 1	93.0	109.9	96.2	119.6	81.1	58.6	np	315.8	98.9	4 445
Quintile 2	70.9	72.1	73.7	77.8	77.3	118.8	96.0	266.1	73.8	3 346
Quintile 3	72.0	74.4	75.6	62.4	81.4	48.7	92.0	275.1	73.4	3 195
Quintile 4	58.0	73.6	72.3	53.6	51.0	51.5	53.7	112.1	65.3	2 749
Quintile 5	55.0	63.5	69.0	40.5	58.0	..	46.7	135.4	58.2	2 551
	Acute conditions									
Indigenous status (d)										
Indigenous	2 299.5	2 056.1	3 109.1	4 171.4	3 647.9	853.8	1 936.7	4 430.2	3 134.1	14 649
Other Australians (e)	1 239.5	1 448.6	1 394.5	1 268.4	1 428.6	1 028.3	1 160.5	1 166.3	1 342.6	273 386
Remoteness of residence (f)										
Major cities	1 130.8	1 396.2	1 323.2	1 243.1	1 347.1	..	1 162.1	..	1 265.3	188 542
Inner regional	1 500.3	1 562.5	1 458.0	1 301.8	1 424.8	981.7	np	..	1 450.0	63 124

Table NHA.22.2 **Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	
Outer regional	1 781.7	1 733.1	1 610.5	1 649.4	1 939.5	1 063.1	..	1 302.7	1 621.1	33 191
Remote	2 647.7	1 515.1	2 410.4	1 971.5	1 706.0	1 482.8	..	2 990.1	2 240.9	7 086
Very remote	2 829.0	..	3 208.8	2 717.4	2 991.7	1 768.7	..	3 201.1	3 043.7	5 143
SEIFA of residence (g)										
Quintile 1	1 411.0	1 550.0	1 788.4	2 496.3	1 663.9	1 052.5	np	2 363.2	1 579.8	69 913
Quintile 2	1 297.9	1 494.0	1 526.3	1 384.7	1 380.9	1 290.8	1 310.4	2 843.5	1 395.2	62 153
Quintile 3	1 293.4	1 446.7	1 424.1	1 246.9	1 542.7	924.6	1 742.7	2 902.3	1 374.1	59 448
Quintile 4	1 155.9	1 513.4	1 313.0	1 282.7	1 192.9	890.1	1 217.6	1 236.3	1 306.1	55 205
Quintile 5	1 034.4	1 251.1	1 105.4	1 228.6	1 277.7	..	1 109.8	1 115.9	1 146.9	50 215
Chronic conditions										
Indigenous status (d)										
Indigenous	5 072.9	4 351.7	8 931.3	44 153.5	7 250.4	1 750.0	2 360.2	6 062.9	11 843.5	29 816
Other Australians (e)	1 384.7	1 563.0	1 757.3	1 974.5	1 544.3	1 271.3	1 171.6	1 719.8	1 575.4	337 493
Remoteness of residence (f)										
Major cities	1 273.7	1 510.5	1 679.8	2 233.2	1 461.0	..	1 186.0	..	1 518.8	229 573
Inner regional	1 591.5	1 597.4	2 172.4	2 716.5	1 503.1	1 220.8	np	..	1 753.7	87 132
Outer regional	1 956.7	1 878.4	1 954.2	3 082.0	2 149.5	1 357.3	..	1 982.2	2 020.5	44 880
Remote	3 180.2	1 982.2	2 448.4	7 647.7	1 518.9	1 601.2	..	3 465.6	3 871.2	11 828
Very remote	2 245.6	..	3 151.7	5 197.7	2 493.4	1 874.2	..	3 712.3	3 735.2	5 068
SEIFA of residence (g)										
Quintile 1	1 797.7	1 886.1	2 575.4	7 209.9	1 979.8	1 378.4	np	2 767.9	2 147.3	101 606
Quintile 2	1 526.2	1 661.6	2 105.0	3 224.1	1 637.4	1 745.6	1 804.5	3 857.9	1 806.1	88 252
Quintile 3	1 502.5	1 598.6	1 913.3	2 936.4	1 498.8	1 031.0	1 576.4	3 481.8	1 853.0	81 765
Quintile 4	1 145.1	1 552.0	1 475.7	1 967.3	1 194.8	966.0	1 384.4	1 709.7	1 423.3	59 368

Table NHA.22.2 Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)

	NSW	Vic	Qld	WA	SA	Tas (c)	ACT	NT	Aust	
Quintile 5	906.6	1 170.7	1 098.8	1 178.3	1 016.3	..	1 059.1	1 761.2	1 056.8	47 332
					All potentially preventable hospitalisations (h)					
Indigenous status (d)										
Indigenous	7 496.0	6 516.3	12 091.2	48 455.9	11 136.5	2 617.5	4 422.8	10 924.6	14 563.6	45 250
Other Australians (e)	2 683.8	3 076.5	3 214.1	3 288.6	3 028.2	2 350.3	2 375.2	2 959.1	2 955.8	623 155
Remoteness of residence (f)										
Major cities	2 457.4	2 976.4	3 072.5	3 525.1	2 863.0	..	2 391.3	..	2 843.9	427 009
Inner regional	3 169.3	3 208.8	3 688.1	4 056.6	2 986.2	2 254.2	np	..	3 264.4	152 957
Outer regional	3 823.2	3 674.2	3 609.3	4 784.5	4 153.3	2 462.0	..	3 376.1	3 702.7	79 340
Remote	5 951.4	3 632.0	4 931.9	9 696.6	3 276.4	3 164.0	..	6 696.4	6 211.3	19 222
Very remote	5 215.1	..	6 419.1	7 961.7	5 725.5	3 787.1	..	7 221.8	6 927.9	10 479
SEIFA of residence (g)										
Quintile 1	3 286.8	3 530.8	4 436.4	9 769.5	3 709.2	2 478.5	np	5 364.2	3 806.9	175 073
Quintile 2	2 883.6	3 214.6	3 688.7	4 670.7	3 078.7	3 140.9	3 184.4	6 908.7	3 261.5	153 100
Quintile 3	2 858.9	3 106.9	3 401.0	4 235.7	3 106.3	2 000.1	3 411.1	6 569.8	3 288.9	143 894
Quintile 4	2 351.5	3 127.4	2 847.9	3 292.2	2 428.0	1 895.3	2 643.2	3 029.1	2 783.6	116 861
Quintile 5	1 989.3	2 476.0	2 264.8	2 442.2	2 344.8	..	2 209.6	2 987.5	2 254.4	99 763

(a) Data are presented by the jurisdiction of usual residence of the patient, not by jurisdiction of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age standardised to the Australian population at 30 June 2001.

(c) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.

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

(e) 'Other Australians' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

Table NHA.22.2 Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)

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

(f) Disaggregation by remoteness area is by usual residence, not remoteness of hospital.

(g) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(h) More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.

.. Not applicable. **np** Not published.

Source : AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA 22.3 Selected potentially preventable hospitalisations, by SEIFA, 2008-09 (a), (b)

	Age-standardised rate per 100 000 population	*no.*
	Vaccine preventable conditions	
SEIFA of residence (c)		
Decile 1	124.2	2 537
Decile 2	88.0	1 908
Decile 3	79.4	1 659
Decile 4	78.9	1 687
Decile 5	74.7	1 589
Decile 6	82.6	1 606
Decile 7	67.2	1 379
Decile 8	70.3	1 370
Decile 9	65.7	1 358
Decile 10	41.2	1 193
Total	**74.2**	**16 354**
	Acute conditions	
SEIFA of residence (c)		
Decile 1	1 765.4	35 894
Decile 2	1 619.4	34 019
Decile 3	1 497.5	30 824
Decile 4	1 492.0	31 329
Decile 5	1 435.9	29 890
Decile 6	1 510.8	29 558
Decile 7	1 282.7	26 218
Decile 8	1 480.1	28 987
Decile 9	1 268.6	26 201
Decile 10	827.6	24 014
Total	**1 363.0**	**297 692**
	Chronic conditions	
SEIFA of residence (c)		
Decile 1	2 500.2	51 706
Decile 2	2 123.3	49 900
Decile 3	1 884.8	43 492
Decile 4	1 967.2	44 760
Decile 5	1 887.1	42 485
Decile 6	2 078.0	39 280
Decile 7	1 437.0	29 500
Decile 8	1 535.0	29 868
Decile 9	1 286.5	27 202
Decile 10	690.3	20 130
Total	**1 668.7**	**378 933**

Table NHA 22.3 Selected potentially preventable hospitalisations, by SEIFA, 2008-09 (a), (b)

	Age-standardised rate per 100 000 population	*no.*
	All potentially preventable hospitalisations (d)	
SEIFA of residence (c)		
Decile 1	4 365.9	89 649
Decile 2	3 813.5	85 424
Decile 3	3 446.6	75 637
Decile 4	3 524.2	77 463
Decile 5	3 386.5	73 714
Decile 6	3 657.7	70 180
Decile 7	2 774.8	56 848
Decile 8	3 074.5	60 013
Decile 9	2 611.7	54 569
Decile 10	1 554.2	45 194
Total (e)	**3 093.3**	**690 115**

(a) Data are presented by the jurisdiction of usual residence of the patient, not by jursdiction of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age standardised to the Australian population at 30 June 2001.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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.

(d) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

(e) 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 Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2008.

NHA Indicator 23:

Selected potentially avoidable GP-type presentations to emergency departments

Table NHA.23.1 Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, 2009-10 (number) (a) (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total	**677 722**	**550 909**	**371 362**	**207 451**	**116 998**	**47 837**	**46 182**	**35 876**	**2 054 337**

(a) Data are presented by the State/Territory of usual residence of the patient, not by the State/Territory of hospitalisation.

(b) Limited to peer group A and B public hospitals.

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

Table NHA.23.2 Selected potentially avoidable GP-type presentations to emergency departments, by Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10 (number) (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous status (c)									
Indigenous	24 517	6 777	23 151	8 529	2 302	1 759	950	11 490	79 475
Other Australians (d)	653 205	544 132	348 211	198 922	114 696	46 078	45 232	24 386	1 974 862
Remoteness of residence (e)									
Major cities	470 016	374 989	218 051	143 138	109 194	..	46 082	..	1 361 470
Inner regional	188 020	151 287	92 331	41 250	4 697	28 179	47	..	505 811
Outer regional	16 880	24 418	40 296	15 031	1 751	19 232	..	19 977	137 585
Remote	1 128	205	18 700	1 597	515	348	..	11 384	33 877
Very remote	126	..	1 974	838	824	72	..	4 436	8 270
SEIFA of residence (f)									
Quintile 1	135 416	100 937	103 793	12 887	39 723	31 065	60	9 947	433 828
Quintile 2	223 227	97 210	69 080	45 643	25 577	3 751	1 262	1 652	467 402
Quintile 3	140 900	152 935	71 264	64 772	17 773	8 057	1 719	14 494	471 914
Quintile 4	76 160	113 660	78 208	39 195	19 830	4 958	12 922	7 664	352 597
Quintile 5	100 467	86 157	49 005	39 357	14 075	..	29 791	2 038	320 890
Total (g)	**677 722**	**550 909**	**371 362**	**207 451**	**116 998**	**47 837**	**46 182**	**35 876**	**2 054 337**

(a) Data are presented by the State/Territory of usual residence of the patient, not by the State or Territory of hospitalisation.

(b) Limited to peer group A and B public hospitals.

(c) The quality of the data reported for Indigenous status in emergency departments has not been formally assessed for completeness; therefore, caution should be exercised when interpreting these data.

(d) ‘Other Australians’ includes presentations of non-Indigenous people and those for whom Indigenous status was not stated.

(e) Disaggregation by remoteness area is by usual residence, not remoteness of hospital.

Table NHA.23.2 Selected potentially avoidable GP-type presentations to emergency departments, by Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10 (number) (a), (b)

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

(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

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

.. Not applicable.

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

Table NHA.23.3 Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA, 2009-10 (number) (a), (b)

	Aust
SEIFA of residence	
Decile 1	196 911
Decile 2	236 917
Decile 3	228 756
Decile 4	238 646
Decile 5	259 869
Decile 6	212 045
Decile 7	164 598
Decile 8	187 999
Decile 9	172 533
Decile 10	148 357
Total (c)	**2 054 337**

(a) Limited to peer group A and B public hospitals.

(b) SEIFA deciles are based on the SEIFA IRSD, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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) Total includes records 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 Emergency Department Care Database.

Table NHA.23.4 Emergency department presentations, by hospital peer group, by State and Territory, 2009-10 (number) (a), (b), (c)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Peer group A									
Triage category 4	511 880	417 975	346 469	144 432	116 397	37 007	43 346	44 172	1 661 678
Triage category 5	171 278	80 368	46 543	14 702	23 951	6 745	12 535	3 021	359 143
Peer group B									
Triage category 4	202 442	165 952	62 046	87 338	15 379	13 187	394	222	546 960
Triage category 5	52 540	66 126	18 380	11 956	3 083	4 112	127	105	156 429
Total	**938 140**	**730 421**	**473 438**	**258 428**	**158 810**	**61 051**	**56 402**	**47 520**	**2 724 210**

(a) Includes all triage category 4 and 5 emergency department presentations.

(b) Data are presented by the State/Territory of usual residence of the patient, not by the State/Territory of hospitalisation.

(c) Limited to peer group A and B public hospitals.

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

Table NHA.23.5 Selected potentially avoidable GP-type presentations to emergency departments, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (number) (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous status (c)									
Indigenous	21 556	6 748	23 418	8 274	2 713	1 627	867	10 902	76 105
Other Australians (d)	627 313	535 271	357 470	185 049	109 779	42 330	43 797	23 794	1 924 803
Remoteness of residence (e)									
Major cities	447 179	372 765	221 471	137 421	105 156	..	44 466	..	1 328 458
Inner regional	183 025	144 403	94 513	39 629	4 319	25 844	49	..	491 782
Outer regional	15 966	24 613	42 309	13 573	1 632	17 691	..	20 724	136 508
Remote	1 128	223	20 589	1 526	668	347	..	10 232	34 713
Very remote	131	..	1 996	721	704	74	..	3 716	7 342
SEIFA of residence (f)									
Quintile 1	132 130	103 642	91 933	12 275	38 868	30 780	70	9 001	418 699
Quintile 2	214 525	93 278	72 557	44 050	23 571	2 650	1 247	2 221	454 099
Quintile 3	132 353	151 459	73 972	59 294	17 852	7 357	1 745	13 223	457 255
Quintile 4	75 790	110 129	93 794	41 042	18 929	3 169	12 260	8 276	363 389
Quintile 5	92 631	83 495	48 410	36 209	13 258	..	28 875	1 808	304 686
Total (g)	**648 869**	**542 019**	**380 888**	**193 323**	**112 492**	**43 957**	**44 664**	**34 696**	**2 000 908**

(a) Data are presented by the State/Territory of usual residence of the patient, not by the State/Territory of hospitalisation.

(b) Limited to peer group A and B public hospitals.

(c) The quality of the data reported for Indigenous status in emergency departments has not been formally assessed for completeness; therefore, caution should be exercised when interpreting these data.

(d) 'Other Australians' includes presentations of non-Indigenous people and those for whom Indigenous status was not stated.

(e) Disaggregation by remoteness area is by usual residence, not remoteness of hospital.

Table NHA.23.5 **Selected potentially avoidable GP-type presentations to emergency departments, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (number) (a), (b)**

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

(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

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

.. Not applicable.

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

Table NHA.23.6 Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA, 2008-09 (number) (a)

	Aust
SEIFA of residence (b)	
Decile 1	194 323
Decile 2	224 376
Decile 3	225 699
Decile 4	228 400
Decile 5	248 638
Decile 6	208 617
Decile 7	175 416
Decile 8	187 973
Decile 9	165 056
Decile 10	139 630
Total (c)	**2 000 908**

(a) Limited to peer group A and B public hospitals.

(b) SEIFA deciles are based on the SEIFA IRSD, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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) 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 Emergency Department Care Database.

Table NHA.23.7 **Emergency department presentations, by hospital peer group, by State and Territory, 2008-09 (number) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Peer group A									
Triage category 4	488 679	412 101	344 813	131 906	108 640	36 100	40 225	43 129	1 605 593
Triage category 5	163 038	80 888	54 091	14 958	25 052	5 512	14 045	2 215	359 799
Peer group B									
Triage category 4	187 456	157 923	61 999	82 617	15 977	13 903	392	171	520 438
Triage category 5	56 439	66 218	21 560	13 403	2 341	2 973	150	128	163 212
Total	**895 612**	**717 130**	**482 463**	**242 884**	**152 010**	**58 488**	**54 812**	**45 643**	**2 649 042**

(a) Includes all triage category 4 and 5 emergency department presentations.

(b) Data are presented by the State/Territory of usual residence of the patient, not by the State/Territory of hospitalisation.

(c) Limited to peer group A and B public hospitals.

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

Table NHA.23.8 Selected potentially avoidable GP-type presentations to emergency departments, by remoteness and SEIFA, by State and Territory, 2007-08 (number) (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Remoteness of residence (c)									
Major cities	437 342	373 919	210 549	131 701	105 808	..	43 400	..	1 302 719
Inner regional	192 929	147 238	101 097	40 871	4 193	29 394	47	..	515 769
Outer regional	16 526	37 624	42 306	30 269	1 552	20 715	..	21 413	170 405
Remote	1 235	267	24 507	1 806	608	367	..	9 825	38 615
Very remote	133	..	2 062	999	754	70	..	3 215	7 233
SEIFA of residence (d)									
Quintile 1	132 924	108 612	94 624	13 958	39 206	38 358	57	9 322	437 061
Quintile 2	203 445	103 873	76 595	45 687	23 787	2 508	1 349	2 424	459 668
Quintile 3	135 707	153 524	72 167	77 762	17 734	6 670	1 682	12 806	478 052
Quintile 4	84 274	110 840	90 260	36 665	18 944	3 010	11 928	8 181	364 102
Quintile 5	91 681	82 198	46 598	31 574	13 236	..	28 138	1 654	295 079
Total (e)	**649 361**	**559 747**	**380 997**	**206 272**	**113 213**	**50 622**	**43 572**	**34 584**	**2 038 368**

(a) Data are presented by the State/Territory of usual residence of the patient, not by the State or Territory of hospitalisation.

(b) Limited to peer group A and B public hospitals.

(c) Disaggregation by remoteness area is by usual residence, not remoteness of hospital.

(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

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

.. Not applicable.

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

NHA Indicator 24:

GP-type services

Table NHA.24.1 GP-type service use, by Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	Age standardised rate per 1000 population									no. services
Indigenous status (c)										
Indigenous	6 524.5	6 895.4	5 485.3	4 498.4	6 524.4	5 992.6	5 400.7	3 869.6	5 627.1	2 621 678
Non-Indigenous	5 904.9	5 502.0	5 665.9	4 698.3	5 558.9	5 155.4	4 466.5	3 404.3	5 548.9	121 656 344
Remoteness of residence										
Major cities	6 291.0	5 687.0	5 936.5	4 891.5	5 709.2	..	4 493.1	..	5 829.0	88 561 194
Inner regional	5 016.5	5 064.7	5 516.5	4 694.0	5 255.7	5 236.0	5 965.8	..	5 143.8	23 475 997
Outer regional	4 702.5	4 716.6	5 148.4	4 230.9	5 281.5	5 138.9	..	3 934.1	4 834.5	10 335 343
Remote	5 599.9	5 049.7	4 833.8	3 504.2	4 906.1	5 081.1	..	2 272.0	4 211.7	1 319 830
Very remote	6 421.3	..	3 838.5	2 813.3	4 412.1	5 281.9	..	4 065.3	3 705.7	581 169
SEIFA of residence (d)										
Quintile 1	6 730.6	6 258.1	5 894.4	3 608.4	6 014.1	5 231.3	5 305.8	1 940.2	6 087.8	27 475 046
Quintile 2	5 781.7	5 513.7	5 500.5	4 853.5	5 658.0	4 840.4	4 386.3	3 503.1	5 560.0	25 483 215
Quintile 3	5 801.0	5 469.1	5 783.2	4 706.8	5 408.2	5 024.6	4 505.4	2 761.6	5 448.6	24 233 507
Quintile 4	5 770.4	5 312.1	5 739.5	4 637.1	5 168.0	5 162.0	4 507.8	2 773.9	5 399.1	23 448 203
Quintile 5	5 240.3	4 987.7	5 292.8	4 284.2	4 977.3	..	4 383.0	2 942.3	4 998.0	22 278 472
Total (e)	**5 916.7**	**5 503.4**	**5 675.2**	**4 701.9**	**5 565.7**	**5 190.9**	**4 494.8**	**3 579.7**	**5 552.2**	**124 278 021**
Unit					no. services					
Total (e)	43 300 453	30 661 431	25 254 302	10 541 436	9 515 983	2 747 735	1 544 101	712 579	124 278 021	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State and Territory, remoteness area and Socio-Economic Indexes for Areas (SEIFA) is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

Table NHA.24.1 GP-type service use, by Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10 (a), (b)

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

(c) Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.

(d) SEIFA quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.

(e) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

.. Not applicable

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (2009) Experimental *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2009, Series B, Cat. no. 3238.0.

Table NHA.24.2 **GP-type service use, by SEIFA, 2009-10 (a), (b), (c)**

	Aust	
	Age standardised rate per 1000 population	no. services
SEIFA of residence		
Decile 1	6 456.7	14 320 390
Decile 2	5 717.0	13 154 657
Decile 3	5 746.8	12 469 169
Decile 4	5 393.9	13 014 046
Decile 5	5 354.8	11 812 998
Decile 6	5 548.1	12 420 509
Decile 7	5 243.6	11 117 578
Decile 8	5 549.0	12 330 625
Decile 9	5 040.9	11 440 869
Decile 10	4 953.8	10 837 603
Total (d)	**5 552.2**	**124 278 021**

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient’s postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

(d) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.24.3 **GP-type service use, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	Age standardised rate per 1000 population									no. services
Indigenous status (c)										
Indigenous	6 288.7	6 580.0	5 081.4	4 056.4	6 178.8	5 517.0	5 586.1	3 219.4	5 248.0	2 388 035
Non-Indigenous	5 807.9	5 373.3	5 475.8	4 637.5	5 411.7	4 884.8	4 332.9	3 301.5	5 421.6	116 124 684
Remoteness of residence										
Major cities	6 224.5	5 567.8	5 720.7	4 828.5	5 559.1	..	4 358.0	..	5 714.9	84 927 051
Inner regional	4 803.4	4 911.2	5 394.5	4 634.3	5 072.3	4 942.2	5 520.9	..	4 971.3	22 081 292
Outer regional	4 599.4	4 542.2	4 903.2	4 161.2	5 159.0	4 879.0	..	3 712.9	4 658.8	9 733 995
Remote	5 502.3	5 063.0	4 612.1	3 445.2	4 729.8	4 904.1	..	2 141.5	4 069.9	1 256 010
Very remote	6 585.1	..	3 649.6	2 346.6	4 080.3	5 168.3	..	3 604.1	3 364.8	510 583
SEIFA of residence (d)										
Quintile 1	6 612.0	6 077.5	5 686.5	3 395.7	5 836.1	4 970.9	4 847.6	1 715.3	5 915.3	26 173 384
Quintile 2	5 641.8	5 409.5	5 296.3	4 773.8	5 509.6	4 622.0	4 178.8	3 320.2	5 422.5	24 283 106
Quintile 3	5 725.1	5 332.9	5 563.0	4 626.6	5 247.3	4 696.4	4 356.7	2 549.1	5 317.1	23 057 426
Quintile 4	5 669.7	5 165.5	5 549.1	4 590.4	5 055.7	4 858.5	4 389.1	2 623.4	5 264.4	22 296 302
Quintile 5	5 189.0	4 906.4	5 117.7	4 266.7	4 845.5	..	4 251.3	2 700.0	4 909.2	21 444 344
Total (e)	**5 814.2**	**5 372.8**	**5 474.3**	**4 625.9**	**5 412.6**	**4 911.6**	**4 359.8**	**3 309.4**	**5 416.4**	**118 512 718**
Unit					no. services					
Total (e)	41 759 759	29 244 004	23 682 050	10 047 958	9 106 943	2 560 286	1 472 570	639 149	118 512 718	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State/Territory, remoteness area and SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

Table NHA.24.3 **GP-type service use, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)**

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

(c) Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.

(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.

(e) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

.. Not applicable.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2009, Series B, Cat. no. 3238.0.

Table NHA.24.4 **GP-type service use, by SEIFA, 2008-09 (a), (b), (c)**

	Aust	
	Age standardised rate per 1000 population	no. services
SEIFA of residence		
Decile 1	6 284.6	13 675 317
Decile 2	5 545.0	12 498 066
Decile 3	5 568.5	11 816 051
Decile 4	5 292.6	12 467 055
Decile 5	5 229.9	11 231 103
Decile 6	5 411.1	11 826 324
Decile 7	5 075.9	10 521 850
Decile 8	5 445.9	11 774 452
Decile 9	4 965.6	11 062 966
Decile 10	4 851.5	10 381 378
Total (d)	**5 416.4**	**118 512 718**

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

(d) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

NHA Indicator 25:

Specialist services

Table NHA.25.1 Specialist services, by Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Unit	Age standardised rate per 1000 population									no. services
Indigenous status (c)										
Indigenous	6 556.3	6 356.8	4 508.2	4 969.1	5 803.2	5 848.1	5 531.5	5 972.3	5 629.5	2 248 576
Non-Indigenous	6 847.4	6 314.5	5 981.6	5 614.7	6 121.5	5 516.0	5 788.5	4 402.1	6 297.6	140 551 177
Remoteness of residence										
Major cities	7 224.1	6 483.9	6 371.8	5 757.7	6 310.5	..	5 815.4	..	6 613.2	101 218 749
Inner regional	6 104.0	6 052.5	5 567.8	5 685.9	5 915.5	5 771.8	7 599.2	..	5 908.5	27 617 017
Outer regional	5 761.3	5 494.4	5 376.2	5 312.5	5 641.8	5 203.3	..	4 945.5	5 436.0	11 788 930
Remote	5 209.3	5 174.5	4 690.6	4 515.0	5 361.4	4 800.9	..	3 422.9	4 674.0	1 453 383
Very remote	7 282.3	..	3 566.4	4 131.4	4 445.1	4 563.0	..	6 480.5	4 629.3	716 596
SEIFA of residence (d)										
Quintile 1	6 938.6	6 387.8	5 650.8	4 658.7	6 053.3	5 379.2	6 226.5	2 915.6	6 204.9	28 370 773
Quintile 2	6 591.4	5 984.1	5 620.8	5 489.3	6 014.6	5 251.7	5 637.0	4 320.7	6 139.6	28 723 264
Quintile 3	6 765.4	6 258.2	5 988.3	5 362.9	6 083.4	5 642.0	5 518.5	3 509.7	6 135.9	27 523 686
Quintile 4	6 734.4	6 222.2	6 204.7	5 464.6	6 117.9	5 908.8	5 738.4	3 405.6	6 210.2	27 054 008
Quintile 5	7 086.3	6 468.1	6 378.5	5 675.6	6 425.5	..	5 740.4	3 959.0	6 511.3	29 394 391
Total (e)	**6 865.5**	**6 326.1**	**5 978.1**	**5 621.8**	**6 129.1**	**5 546.0**	**5 817.5**	**4 922.3**	**6 308.6**	**142 799 753**
Unit	no. services									
Total (e)	51 045 044	35 707 288	26 662 642	12 660 960	10 781 976	3 001 411	1 988 206	952 226	142 799 753	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State/Territory, remoteness area and SEIFA is based on the patient’s postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

Table NHA.25.1 **Specialist services, by Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10 (a), (b)**

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

(c) Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.

(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.

(e) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

.. Not applicable.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2009, Series B, Cat. no. 3238.0.

Table NHA.25.2 **Specialist services, by SEIFA, 2009-10 (a), (b), (c)**

	Aust	
Unit	Age standardised rate per 100 000	no. services
SEIFA of residence		
Quintile 1	6 314.6	14 000 693
Quintile 2	6 096.7	14 370 080
Quintile 3	6 178.6	13 685 330
Quintile 4	6 107.5	15 037 934
Quintile 5	6 039.8	13 480 374
Quintile 6	6 234.6	14 043 313
Quintile 7	6 018.8	12 849 116
Quintile 8	6 396.5	14 204 892
Quintile 9	6 408.4	14 830 512
Quintile 10	6 624.9	14 563 879
Total (d)	**6 308.6**	**142 799 753**

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

(d) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.25.3 **Specialist services, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Unit	Age standardised rate per 1000 population									no. services
Indigenous status (c)										
Indigenous	6 507.4	6 242.3	4 335.1	4 914.6	5 689.4	5 686.8	5 775.2	5 621.4	5 502.1	2 140 743
Non-Indigenous	6 803.6	6 159.1	6 090.7	5 639.0	6 006.1	5 377.4	5 864.8	4 478.5	6 259.4	136 450 637
Remoteness of residence										
Major cities	7 149.9	6 345.4	6 442.7	5 783.3	6 170.5	..	5 887.0	..	6 557.1	98 122 531
Inner regional	6 125.5	5 799.9	5 711.5	5 697.3	5 849.6	5 616.2	7 520.9	..	5 870.9	26 730 473
Outer regional	5 754.0	5 431.4	5 507.5	5 354.6	5 596.9	5 089.9	..	4 925.6	5 463.0	11 579 860
Remote	5 560.5	5 223.5	4 860.7	4 472.6	5 318.3	4 765.6	..	3 420.9	4 752.1	1 455 124
Very remote	7 909.2	..	3 631.7	4 183.7	4 303.6	4 430.7	..	6 393.8	4 633.4	699 486
SEIFA of residence (d)										
Quintile 1	6 900.0	6 188.4	5 738.4	4 707.0	5 931.4	5 248.6	5 832.3	2 869.9	6 149.1	27 564 956
Quintile 2	6 559.5	5 852.4	5 710.2	5 502.0	5 900.3	5 283.3	5 593.1	4 327.4	6 105.1	27 921 798
Quintile 3	6 723.6	6 033.3	6 060.1	5 383.8	5 969.5	5 482.7	5 651.7	3 467.8	6 076.6	26 568 666
Quintile 4	6 697.9	6 076.6	6 320.1	5 472.9	6 006.5	5 685.9	5 832.2	3 433.7	6 183.1	26 243 566
Quintile 5	6 998.9	6 381.5	6 498.7	5 716.7	6 303.5	..	5 806.8	3 869.8	6 479.6	28 647 329
Total (e)	**6 816.8**	**6 168.1**	**6 074.9**	**5 643.3**	**6 011.7**	**5 406.3**	**5 889.6**	**4 881.4**	**6 265.3**	**138 591 379**
Unit	no. services									
Total (e)	49 697 431	34 024 003	26 359 058	12 308 272	10 435 239	2 881 144	1 967 754	918 479	138 591 379	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State/Territory, remoteness area and SEIFA is based on the patient’s postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

Table NHA.25.3 **Specialist services, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)**

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

(c) Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.

(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.

(e) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

.. Not applicable.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008;ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2009, Series B, Cat. no. 3238.0.

Table NHA.25.4 **Specialist services, by SEIFA, 2008-09 (a), (b), (c)**

	Aust	
Unit	Age standardised rate per 100 000	no. services
SEIFA of residence		
Quintile 1	6 246.9	13 584 777
Quintile 2	6 053.5	13 980 179
Quintile 3	6 119.7	13 268 132
Quintile 4	6 095.0	14 653 666
Quintile 5	6 012.5	13 065 949
Quintile 6	6 145.3	13 502 717
Quintile 7	5 986.1	12 477 472
Quintile 8	6 374.4	13 766 094
Quintile 9	6 371.1	14 468 851
Quintile 10	6 599.0	14 178 478
Total (d)	**6 265.3**	**138 591 379**

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient’s postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

(d) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

NHA Indicator 26:

No new data are available for this indicator

Dental services

NHA Indicator 27:

Optometry services

Table NHA.27.1 **Optometry services, by Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Unit					Age standardised rate per 1000 population					no. services
Indigenous status (c)										
Indigenous	212.4	217.2	193.0	116.3	171.7	246.3	238.2	136.7	184.1	72 532
Non-Indigenous	295.7	284.6	300.7	256.2	261.1	291.3	298.0	301.0	287.1	6 336 691
Remoteness of residence										
Major cities	301.2	286.7	315.5	264.7	267.3	..	297.8	..	293.0	4 434 966
Inner regional	280.9	278.1	282.8	241.2	249.1	306.7	360.6	..	278.4	1 307 660
Outer regional	257.6	262.0	265.3	218.4	237.4	267.2	..	313.9	259.1	568 597
Remote	224.2	221.1	240.5	203.1	242.5	210.7	..	147.0	215.4	67 869
Very remote	281.4	..	217.7	159.4	175.5	199.0	..	245.8	199.6	29 877
SEIFA of residence (d)										
Quintile 1	294.9	271.5	273.3	181.0	244.4	273.5	311.1	109.8	271.5	1 234 055
Quintile 2	284.0	275.0	283.1	228.7	255.0	261.4	305.9	233.4	274.1	1 271 639
Quintile 3	292.5	281.7	293.0	241.0	262.0	309.2	301.6	212.1	278.7	1 240 091
Quintile 4	280.7	279.8	312.6	248.7	268.6	328.0	287.0	200.8	284.1	1 236 503
Quintile 5	306.4	295.9	323.3	271.9	284.8	..	295.2	215.4	299.3	1 344 072
Total (e)	**294.7**	**284.6**	**298.1**	**252.5**	**260.3**	**290.8**	**297.9**	**261.4**	**285.4**	**6 409 223**
Unit					no. services					
Total (e)	2 161 505	1 582 039	1 330 215	571 976	452 803	158 040	102 580	50 065	6 409 223	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State and Territory, remoteness area and SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

Table NHA.27.1 **Optometry services, by Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10 (a), (b)**

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

(c) Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.

(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.

(e) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

.. Not applicable.

Source: DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2009, Series B, Cat. no. 3238.0.

Table NHA.27.2 **Optometry services, by SEIFA, 2009-10 (a), (b), (c)**

	Aust	
Unit	Age standardised rate per 1000 population	no. services
SEIFA of residence		
Decile 1	269.8	597 501
Decile 2	272.7	636 554
Decile 3	278.7	613 018
Decile 4	270.0	658 620
Decile 5	276.2	613 230
Decile 6	280.9	626 861
Decile 7	279.4	593 775
Decile 8	288.6	642 727
Decile 9	294.2	666 934
Decile 10	304.8	677 139
Total (d)	**285.4**	**6 409 223**

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

(d) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

Source: DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.27.3 Optometry services, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Unit	Age standardised rate per 1000 population									no. services
Indigenous status (c)										
Indigenous	214.7	202.8	187.4	114.0	183.2	222.8	254.3	136.9	182.0	69 430
Non-Indigenous	291.0	273.5	297.7	252.1	255.2	281.4	294.7	299.0	281.1	6 068 208
Remoteness of residence										
Major cities	296.3	274.1	310.3	261.1	261.0	..	294.8	..	286.1	4 240 260
Inner regional	275.8	272.0	281.6	235.1	245.3	294.0	359.4	..	273.4	1 252 333
Outer regional	254.1	253.9	267.4	215.1	233.1	260.8	..	308.8	256.0	549 946
Remote	222.3	210.4	244.4	196.2	236.0	200.6	..	149.6	213.7	66 358
Very remote	296.2	..	206.2	151.0	184.2	187.4	..	246.0	193.5	28 531
SEIFA of residence (d)										
Quintile 1	295.1	266.9	271.3	171.2	240.3	262.5	304.6	108.8	268.6	1 199 042
Quintile 2	278.2	263.4	282.0	229.2	249.4	252.9	300.4	232.2	268.3	1 219 117
Quintile 3	288.8	271.0	288.9	234.8	256.5	295.4	301.6	206.3	272.5	1 183 185
Quintile 4	273.0	266.6	309.3	244.7	263.8	321.7	286.6	198.8	276.9	1 176 266
Quintile 5	299.5	282.1	318.7	269.5	275.0	..	291.1	209.9	291.3	1 281 417
Total (e)	**289.8**	**273.4**	**295.0**	**248.3**	**254.7**	**280.3**	**294.9**	**258.0**	**279.2**	**6 137 639**
Unit	no. services									
Total (e)	2 087 774	1 487 274	1 282 544	546 055	436 139	149 907	99 895	48 051	6 137 639	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State and Territory, remoteness area and SEIFA is based on the patient’s postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

Table NHA.27.3 **Optometry services, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)**

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

(c) Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.

(d) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.

.. Not applicable.

Source: DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2009, Series B, Cat. no. 3238.0.

Table NHA.27.4 **Optometry services, by SEIFA, 2008-09 (a), (b), (c)**

	Aust	
Unit	Age standardised rate per 1000 population	no. services
SEIFA of residence		
Decile 1	268.0	583 456
Decile 2	268.9	615 585
Decile 3	273.6	590 034
Decile 4	263.6	629 083
Decile 5	270.9	586 403
Decile 6	273.7	596 782
Decile 7	272.0	565 293
Decile 8	281.6	610 972
Decile 9	286.0	636 929
Decile 10	296.8	644 488
Total (d)	**279.2**	**6 137 639**

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

(d) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

Source: DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

NHA Indicator 28:

Public sector community mental health services

Table NHA.28.1 Community mental health service contacts provided by public sector community mental health services, by sex, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT (a)*	*NT*	*Aust*	
	Age standardised rate per 1000 population (b)									no.
Sex										
Males	336.5	332.0	243.3	259.9	341.8	330.1	586.0	190.0	311.5	3 303 010
Females	228.5	298.1	206.5	295.0	294.7	334.1	673.7	145.2	262.0	2 833 759
Indigenous status (c)										
Indigenous	1 224.2	975.0	556.7	482.7	943.6	269.5	1 108.3	188.1	731.2	366 125
Other Australians (d)	275.8	311.6	213.9	273.1	323.9	357.9	626.7	162.7	282.7	5 904 640
Remoteness of residence (e)										
Major cities	246.6	294.0	229.4	293.7	342.8	..	608.8	..	277.6	4 122 379
Inner regional	342.5	372.4	220.3	228.9	200.8	355.2	np	..	308.9	1 238 568
Outer regional	366.9	437.2	218.0	258.0	234.5	283.8	..	181.5	280.7	543 271
Remote	502.8	335.6	182.6	244.5	238.6	200.5	..	196.4	241.9	76 387
Very remote	np	..	229.2	174.6	202.2	17.8	..	92.8	192.1	33 694
SEIFA of residence (f)										
Quintile 1	287.5	448.8	313.0	321.8	416.7	336.9	np	130.5	342.7	1 427 162
Quintile 2	338.9	345.6	227.9	288.6	349.2	206.8	1 039.1	280.1	317.3	1 329 218
Quintile 3	270.1	357.5	233.6	284.6	274.7	350.4	1 082.3	307.5	293.2	1 261 154
Quintile 4	237.3	248.8	199.0	273.1	226.2	332.6	760.5	144.4	245.7	1 049 781
Quintile 5	218.0	220.4	145.9	248.6	166.5	..	518.7	61.0	222.6	972 120
Total (g)	**295.3**	**315.3**	**225.1**	**280.2**	**336.6**	**352.5**	**633.9**	**168.1**	**293.3**	**6 270 765**
	Number of contacts									
Total (g)	2 051 579	1 689 328	958 921	609 276	525 217	173 788	223 328	39 328	6 270 765	

(a) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.

Table NHA.28.1 Community mental health service contacts provided by public sector community mental health services, by sex, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09

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

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

(c) The Indigenous status rates should be interpreted with caution due to the varying, and in some instances unknown, quality of Indigenous identification across jurisdictions.

(d) ‘Other Australians’ includes non-Indigenous people and those for whom Indigenous status was not stated.

(e) Disaggregation by remoteness area is based on a person's usual residence, not the location of the service provider. Not all remoteness areas are represented in each State or Territory.

(f) 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. Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider. 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.

(g) Includes contacts where sex, Indigenous status, Statistical Local Area or postcode of residence was missing or not reported.

.. Not applicable. **np** Not published.

Source : AIHW (unpublished) National Community Mental Health Care Database; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA.28.2 Community mental health service contacts provided by public sector community mental health services by sex and age, by State and Territory, 2008-09

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT (a)*	*NT*	*Aust*	
	Age specific rates per 1000 population									no.
Males										
Less than 15 years	78.1	111.7	156.3	154.6	229.0	188.2	249.3	73.1	126.3	267 584
15–24 years	342.3	341.9	268.9	234.2	319.4	312.5	892.6	240.8	322.6	503 538
25–34 years	634.3	566.6	415.8	385.8	575.3	501.3	976.5	395.5	544.8	823 738
35–44 years	568.6	499.2	340.3	355.0	527.4	429.7	795.3	270.8	476.9	738 736
45–54 years	391.9	349.5	233.5	272.1	373.9	361.2	441.1	163.6	333.7	489 420
55–64 years	217.2	250.2	146.1	204.1	190.5	260.0	303.1	112.9	208.6	251 004
65 years and over	134.5	244.9	118.4	219.3	127.3	262.3	429.8	77.0	173.1	222 465
All ages (b)	**332.6**	**332.1**	**240.6**	**258.7**	**331.5**	**317.6**	**604.4**	**200.6**	**308.8**	**3 303 010**
Females										
Less than 15 years	58.1	77.0	114.4	102.1	134.2	149.2	317.8	40.5	90.3	181 666
15–24 years	289.5	389.0	279.3	353.0	309.7	430.5	1 202.9	206.5	338.6	498 838
25–34 years	310.2	375.8	275.7	347.4	410.1	366.3	810.9	233.3	339.8	507 981
35–44 years	340.3	392.6	263.0	369.2	452.2	424.6	709.7	225.6	355.7	558 794
45–54 years	282.1	341.1	216.1	346.6	343.0	334.0	562.9	157.6	299.4	447 706
55–64 years	188.1	262.0	147.8	271.8	246.6	241.7	407.4	139.9	215.7	261 152
65 years and over	168.5	331.6	155.1	354.1	191.7	492.6	734.0	42.5	241.5	373 305
All ages (b)	**227.6**	**302.4**	**204.6**	**297.0**	**288.5**	**341.8**	**678.9**	**154.3**	**262.3**	**2 833 759**
Persons (c)										
Less than 15 years	68.5	94.8	136.0	129.2	182.6	169.3	283.0	57.4	108.8	449 410
15–24 years	316.8	364.7	274.0	291.3	314.7	370.1	1 045.2	224.4	330.5	1 002 714
25–34 years	472.5	471.6	346.2	367.2	493.8	432.6	896.7	315.3	443.1	1 332 380
35–44 years	454.2	445.3	301.3	362.0	489.8	428.2	754.4	248.9	416.3	1 298 834

Table NHA.28.2 Community mental health service contacts provided by public sector community mental health services by sex and age, by State and Territory, 2008-09

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT (a)*	*NT*	*Aust*	
45–54 years	337.5	345.2	224.7	309.2	358.3	347.9	505.7	160.7	316.7	938 285
55–64 years	202.9	256.2	147.0	237.4	219.1	250.8	356.8	125.1	212.3	512 435
65 years and over	153.5	292.7	138.0	291.7	163.2	387.9	600.9	60.9	210.6	596 270
All ages (b)	**292.5**	**317.1**	**222.6**	**279.9**	**327.4**	**349.0**	**644.9**	**178.4**	**291.7**	**6 270 765**
					Number of contacts					
Males (b)	1 156 291	876 648	517 871	285 039	262 412	78 015	103 779	22 955	3 303 010	
Females (b)	805 354	812 501	441 009	319 368	234 382	86 247	118 527	16 371	2 833 759	
Total (c)	2 051 579	1 689 328	958 921	609 276	525 217	173 788	223 328	39 328	6 270 765	

(a) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.

(b) Includes contacts where age was missing or not reported.

(c) Includes contacts where sex was missing or not reported.

Source: AIHW (unpublished) National Community Mental Health Care Database; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.28.3 Community mental health service contacts provided by public sector community mental health services, by SEIFA, 2008-09 (a)

	Aust	
	Age standardised rate per 1000 population	no.
SEIFA of residence (b)		
Decile 1	348.7	733 896
Decile 2	335.8	693 266
Decile 3	311.8	619 665
Decile 4	320.6	709 553
Decile 5	310.6	642 201
Decile 6	276.9	618 953
Decile 7	267.2	557 607
Decile 8	224.4	492 174
Decile 9	239.6	530 762
Decile 10	204.0	441 358

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) SEIFA deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source : AIHW (unpublished) National Community Mental Health Care Database; ABS (unpublished) Estimated Resident Population, 30 June 2008.

NHA Indicator 29:

Private sector mental health services

Table NHA.29.1 Rate of ambulatory mental health services provided, by MBS service stream, by State and Territory, 2009-10 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	Age standardised rate per 1000 population (a)									no.
Service stream										
Psychiatrist (c)	84.8	114.0	82.9	59.6	103.2	85.2	52.9	18.8	89.3	1 983 481
Clinical psychologist (d)	48.9	51.4	33.5	74.6	61.9	69.2	48.4	11.3	50.0	1 087 169
GP (e)	84.5	94.2	78.3	69.3	81.5	68.8	59.4	34.9	82.5	1 809 955
Other allied health (f)	97.3	132.7	96.3	47.7	53.8	67.5	82.0	28.3	95.9	2 082 807
Total	**315.5**	**392.3**	**291.0**	**251.3**	**300.3**	**290.7**	**242.7**	**93.4**	**317.7**	**6 963 412**

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State and Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Psychiatrist services: MBS items 134, 136,138, 140, 142, 289, 291, 293, 296, 297, 299, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344, 346, 348, 350, 352, 353, 355, 356, 357, 358, 359, 361, 364, 366, 367, 369, 370, 855, 857, 858, 861, 864, 866, 14224.

(d) Clinical psychologist services: MBS items 80000, 80005, 80010, 80015, 80020.

(e) GP services: MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2702, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2721, 2723, 2725, 2727.

(f) Other allied health services: MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 81325, 81355, 82000, 82015.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.29.2 **Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	Age standardised rate per 1000 population (b)									no.
Sex										
Males	239.6	282.0	208.4	172.5	223.3	196.3	168.9	64.7	231.4	2 525 485
Females	390.4	501.1	373.2	333.2	376.7	382.7	315.6	124.2	403.6	4 437 927
Indigenous status (c)										
Indigenous	299.2	394.4	176.5	88.8	192.1	305.7	325.3	31.5	202.5	98 728
Non-Indigenous	315.6	391.9	294.9	256.7	301.5	290.7	242.1	116.2	320.3	6 864 684
Remoteness of residence (d)										
Major cities	342.9	428.3	348.0	292.2	340.9	..	242.6	..	359.1	5 444 170
Inner regional	269.5	308.1	257.6	187.1	265.3	345.1	254.5	..	276.3	1 154 736
Outer regional	173.2	184.2	161.2	167.2	139.2	195.7	..	124.4	164.3	330 646
Remote	63.6	198.5	80.0	64.5	132.0	101.8	..	50.1	77.8	25 136
Very remote	119.3	..	49.0	32.8	56.4	162.9	..	55.4	49.0	8 341
SEIFA of residence (e)										
Quintile 1 (most disadvantaged)	233.5	309.6	250.0	109.5	251.1	230.0	205.7	34.9	245.8	1 049 234
Quintile 2	285.7	315.3	246.1	233.9	300.8	206.3	258.6	102.4	280.2	1 209 159
Quintile 3	321.0	378.8	287.3	227.6	294.7	314.2	238.4	91.6	309.8	1 366 144
Quintile 4	338.6	405.8	317.4	230.8	313.0	481.1	244.8	84.5	335.9	1 481 016
Quintile 5 (least disadvantaged)	401.7	493.1	342.2	315.5	387.2	..	236.3	69.1	395.3	1 772 265

(a) Disaggregation by State and Territory, remoteness area and SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

Table NHA.29.2 Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10 (a)

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

(c) Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.

(d) Disaggregation by remoteness area is based on a person's usual residence, not the location of the service provider. Not all remoteness areas are represented in each State or Territory.

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. 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.

.. Not applicable. **np** Not published.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2009, Series B, Cat. no. 3238.0.

Table NHA.29.3 **Rate of ambulatory mental health services provided, by age and sex, by State and Territory, 2009-10 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	Age-specific rates per 1000 population									no.
Males										
Less than 15 years	121.5	153.0	114.6	90.6	140.3	87.6	89.0	29.2	123.2	264 714
15–24 years	198.5	227.9	179.5	171.3	194.6	192.4	166.0	56.2	196.5	314 888
25–34 years	284.3	342.3	243.2	231.9	272.2	273.2	232.6	72.6	280.5	439 103
35–44 years	371.9	434.0	312.7	251.3	311.7	307.5	229.2	103.3	351.3	549 103
45–54 years	339.8	393.6	292.7	219.0	297.9	260.5	249.1	94.2	321.6	479 573
55–64 years	275.3	320.1	235.9	177.7	267.4	199.1	151.6	79.2	261.7	322 296
65 and over	122.8	138.3	109.1	87.0	107.7	79.1	74.6	36.1	117.3	155 808
All ages (b)	**238.5**	**281.6**	**207.7**	**174.1**	**222.5**	**190.2**	**173.1**	**66.2**	**231.0**	**2 525 485**
Females										
Less than 15 years	81.4	106.7	79.5	66.1	80.4	69.5	57.8	18.2	84.0	171 311
15–24 years	378.4	471.1	352.0	358.3	368.9	422.5	343.0	100.1	390.6	589 631
25–34 years	521.0	683.5	506.0	491.1	527.3	562.3	459.0	169.4	551.8	850 102
35–44 years	632.0	825.2	602.0	534.4	571.3	615.9	512.4	210.4	653.6	1 034 541
45–54 years	575.5	735.5	540.8	460.8	556.9	545.4	437.8	180.9	587.8	893 623
55–64 years	457.3	570.2	444.5	354.9	455.7	405.6	342.2	150.1	466.8	580 645
65 and over	195.5	244.6	194.2	151.9	183.9	148.8	137.8	86.7	200.5	318 071
All ages (b)	**388.5**	**501.7**	**372.0**	**334.0**	**372.3**	**369.7**	**326.2**	**125.2**	**402.6**	**4 437 927**
Persons										
Less than 15 years	101.9	130.5	97.5	78.7	111.0	78.8	73.7	23.9	104.1	436 025
15–24 years	285.9	345.4	263.8	261.0	279.6	304.5	251.4	77.0	290.7	904 519
25–34 years	402.6	511.7	373.7	356.8	398.0	420.3	344.4	120.5	415.1	1 289 205
35–44 years	503.3	632.0	458.3	390.5	441.6	465.8	372.2	155.4	503.4	1 583 644
45–54 years	459.1	566.7	418.0	339.0	428.7	405.2	346.0	136.0	456.0	1 373 196

Table NHA.29.3 **Rate of ambulatory mental health services provided, by age and sex, by State and Territory, 2009-10 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
55–64 years	366.9	447.2	339.7	264.8	363.6	303.3	248.8	111.6	364.7	902 941
65 and over	162.6	196.6	154.4	121.7	150.0	116.9	109.3	59.7	162.6	473 879
All ages (b)	**314.1**	**392.5**	**289.8**	**252.9**	**298.3**	**281.2**	**250.1**	**94.6**	**317.2**	**6 963 412**

(a) Disaggregation by State and Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(b) Includes contacts where age was missing or not reported.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.29.4 Rate of ambulatory mental health services provided, by SEIFA, 2009-10 (a), (b)

	Aust	
	Age-standardised rate per 1000 population	no.
SEIFA of residence (c)		
Decile 1	236.5	507 279
Decile 2	255.8	541 955
Decile 3	273.5	556 101
Decile 4	286.2	653 058
Decile 5	287.1	609 985
Decile 6	331.1	756 159
Decile 7	330.6	707 203
Decile 8	341.2	773 814
Decile 9	400.4	905 704
Decile 10	390.4	866 562

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient’s postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source: DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009

Table NHA.29.5 Rate of ambulatory mental health services provided, by MBS service stream, by State and Territory, 2008-09 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	Age standardised rate per 1000 population (b)									no.
Service stream										
Psychiatrist (c)	85.2	117.6	82.7	58.4	105.3	85.5	55.7	19.1	90.4	1 967 222
Clinical psychologist (d)	43.1	42.9	26.2	66.4	49.9	61.0	39.9	7.9	42.5	904 835
GP (e)	77.1	84.5	69.4	63.8	72.5	61.0	53.7	30.0	74.5	1 600 063
Other allied health (f)	82.8	114.5	78.9	40.4	45.5	55.8	73.2	22.2	81.3	1 734 728
Total	**288.2**	**359.4**	**257.2**	**229.0**	**273.3**	**263.3**	**222.5**	**79.3**	**288.6**	**6 206 848**

(a) Disaggregation by State and Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

(c) Psychiatrist services: MBS items 134, 136, 138, 140, 142, 289, 291, 293, 296, 297, 299, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344, 346, 348, 350, 352, 353, 355, 356, 357, 358, 359, 361, 364, 366, 367, 369, 370, 855, 857, 858, 861, 864, 866, 14224.

(d) Clinical psychologist services: MBS items 80000, 80005, 80010, 80015, 80020.

(e) GP services: MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2721, 2723, 2725, 2727.

(f) Other allied health services: MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 81325, 81355, 82000, 82015.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.29.6 Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	Age standardised rate per 1000 population (b)									no.
Sex										
Males	218.4	257.1	181.4	155.7	202.8	176.3	152.4	55.9	209.0	2 238 841
Females	357.0	460.3	332.6	304.7	343.1	347.9	291.4	104.6	367.7	3 968 007
Indigenous status (c)										
Indigenous	265.3	361.1	156.8	72.8	181.0	254.3	332.0	23.4	179.5	83 226
Non-Indigenous	288.4	359.2	260.4	234.1	274.3	264.1	221.8	99.9	291.0	6 123 622
Remoteness of residence (d)										
Major cities	315.8	396.0	309.9	268.1	315.0	..	222.5	..	329.2	4 897 523
Inner regional	238.8	271.6	227.7	165.6	221.4	315.9	238.3	..	244.7	1 000 926
Outer regional	151.9	158.2	134.2	149.5	117.1	169.3	..	109.9	141.4	279 740
Remote	69.8	214.3	71.4	52.0	106.6	103.2	..	38.7	67.5	21 650
Very remote	98.1	..	37.9	25.8	57.3	204.7	..	41.8	40.8	6 770
SEIFA of residence (e)										
Quintile 1 (most disadvantaged)	207.7	274.9	220.8	91.7	220.9	203.5	181.3	27.8	217.8	915 709
Quintile 2	257.0	278.1	215.2	209.5	267.9	198.2	229.0	87.1	249.7	1 057 954
Quintile 3	293.1	340.5	250.2	206.5	278.2	290.5	220.9	77.5	279.4	1 205 654
Quintile 4	311.9	371.8	279.9	207.3	292.9	444.0	223.0	70.8	305.5	1 317 242
Quintile 5 (least disadvantaged)	375.2	472.4	310.1	296.4	356.6	..	218.3	60.6	370.7	1 634 326

(a) Disaggregation by State and Territory, remoteness area and SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

Table NHA.29.6 **Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a)**

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

(c) Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.

(d) Disaggregation by remoteness area is based on a person's usual residence, not the location of the service provider. Not all remoteness areas are represented in each State or Territory.

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. 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.

.. Not applicable. **np** Not published.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2008.

Table NHA.29.7 Rate of ambulatory mental health services, by age and sex, by State and Territory, 2008-09 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	Age-specific rates per 1000 population									no.
Males										
Less than 15 years	97.8	120.1	89.0	75.3	111.5	72.0	66.9	19.2	97.8	207 343
15–24 years	172.2	201.9	150.3	150.2	173.7	165.8	124.8	34.1	170.4	266 043
25–34 years	270.9	327.3	218.0	224.7	254.5	253.4	221.1	72.0	264.9	400 544
35–44 years	345.8	400.1	274.0	224.0	288.9	265.8	233.9	99.4	321.4	497 863
45–54 years	315.7	370.0	259.0	198.9	284.9	253.4	214.6	87.8	297.5	436 397
55–64 years	259.0	297.9	216.6	167.4	248.3	183.6	153.7	66.9	244.1	293 694
65 and over	110.5	129.3	99.1	76.0	94.5	68.9	73.0	30.4	106.6	136 957
All ages (b)	**218.1**	**257.7**	**181.4**	**157.5**	**202.9**	**171.7**	**156.4**	**57.3**	**209.3**	**2 238 841**
Females										
Less than 15 years	64.0	78.0	60.6	53.2	62.6	52.4	41.4	12.8	64.2	129 075
15–24 years	333.5	426.2	293.2	323.6	328.8	376.0	315.3	93.8	344.9	508 058
25–34 years	490.2	653.5	461.9	473.2	489.6	519.0	421.3	161.6	519.3	776 351
35–44 years	581.5	760.1	543.0	489.3	521.9	567.9	494.6	178.3	599.1	941 243
45–54 years	537.8	685.9	496.8	416.0	521.7	499.6	416.2	146.9	545.6	815 891
55–64 years	421.2	529.4	404.2	321.6	419.3	376.7	291.9	121.9	429.1	519 475
65 and over	175.9	220.5	171.9	136.5	162.5	133.9	131.8	51.2	179.8	277 914
All ages (b)	**355.6**	**461.5**	**332.3**	**305.5**	**339.4**	**337.3**	**301.5**	**107.4**	**367.3**	**3 968 007**
Persons										
Less than 15 years	81.3	99.6	75.2	64.6	87.6	62.5	54.4	16.1	81.4	336 418
15–24 years	250.6	310.5	220.2	233.6	249.3	268.4	216.8	62.6	255.1	774 101
25–34 years	380.6	489.7	339.2	345.3	370.5	388.6	320.7	116.3	391.4	1 176 895
35–44 years	464.8	582.5	409.6	354.6	405.5	420.7	365.7	137.7	461.2	1 439 106
45–54 years	428.0	529.9	379.2	306.9	404.7	378.6	318.5	116.3	422.7	1 252 288

Table NHA.29.7 Rate of ambulatory mental health services, by age and sex, by State and Territory, 2008-09 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
55–64 years	340.5	415.5	309.7	243.1	335.6	280.6	224.2	91.8	336.9	813 169
65 and over	146.5	179.5	138.0	108.5	132.4	104.4	105.3	40.2	146.6	414 871
All ages (b)	**287.5**	**360.5**	**256.9**	**230.6**	**272.0**	**255.6**	**229.6**	**81.4**	**288.7**	**6 206 848**

(a) Disaggregation by State and Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(b) Includes contacts where age was missing or not reported.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.29.8 Rate of ambulatory mental health services provided, by SEIFA, 2008-09 (a), (b)

	Aust	
	Age-standardised rate per 1000 population	no.
SEIFA of residence (c)		
Decile 1	209.4	442 183
Decile 2	226.8	473 526
Decile 3	241.7	482 326
Decile 4	257.0	575 628
Decile 5	257.1	533 865
Decile 6	300.1	671 788
Decile 7	301.1	631 932
Decile 8	309.7	685 310
Decile 9	374.1	834 895
Decile 10	367.7	799 431

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008

NHA Indicator 30:

Proportion of people with diabetes with a GP annual cycle of care

Table NHA.30.1 Proportion of people with diabetes with a GP annual cycle of care, by remoteness and SEIFA, by State and Territory, 2009-10 (per cent)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Remoteness of residence (a)									
Major cities	15.1	18.6	16.5	17.6	19.1	..	14.1	..	16.8
Inner regional	24.2	21.7	19.7	16.3	25.6	20.7	np	..	21.9
Outer regional	20.6	17.0	19.3	20.2	26.8	22.8	..	12.0	20.2
Remote	16.6	24.1	11.5	6.2	27.6	13.8	..	11.3	13.9
Very remote	11.4	..	3.8	8.9	8.4	17.2	..	13.9	8.7
SEIFA of residence (a), (b)									
Quintile 1	15.3	21.2	18.4	15.1	21.1	22.3	np	8.8	18.2
Quintile 2	21.7	18.7	18.1	18.1	21.7	26.3	16.0	9.3	20.2
Quintile 3	19.2	19.8	18.1	17.8	18.5	20.4	15.3	11.9	18.8
Quintile 4	15.2	19.1	17.1	16.6	22.6	14.3	13.8	12.0	17.3
Quintile 5	12.3	16.6	14.1	14.1	20.5	..	14.0	9.5	14.6
Total (c)	**17.4**	**19.2**	**17.4**	**17.1**	**21.1**	**21.3**	**14.0**	**12.4**	**18.1**

(a) Excludes records where postcode was invalid or did not map to a SEIFA category or remoteness area.

(b) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. 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 area is based on a person's usual residence, not the location of the service provider.

(c) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

.. Not applicable. **np** Not published.

Source: DoHA (unpublished) Medicare data; DoHA (unpublished) National Diabetes Services Scheme (NDSS) database.

Table NHA.30.2 Proportion of people with diabetes with a GP annual cycle of care, by SEIFA, 2009-10 (per cent) (a)

	Aust
SEIFA of residence (b)	
Decile 1	16.0
Decile 2	20.5
Decile 3	18.7
Decile 4	21.7
Decile 5	19.6
Decile 6	18.0
Decile 7	17.9
Decile 8	16.8
Decile 9	15.8
Decile 10	13.2
Total (c)	**18.1**

(a) Excludes records where postcode was invalid or did not map to a SEIFA category or remoteness area.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.

(c) Total includes persons whose place of residence was not stated or who could not be assigned to a SEIFA category.

Source : DoHA (unpublished) Medicare data; DoHA (unpublished) National Diabetes Services Scheme (NDSS) database.

Table NHA.30.3 Proportion of people with diabetes with a GP annual cycle of care, by remoteness and SEIFA, by State and Territory, 2008-09 (per cent)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Remoteness of residence (a)									
Major cities	15.7	20.4	17.4	18.4	20.0	..	14.2	..	17.8
Inner regional	25.5	23.3	20.6	18.0	26.3	21.1	np	..	23.1
Outer regional	20.9	19.0	20.2	18.6	29.0	24.5	..	11.6	21.0
Remote	17.5	27.3	12.9	6.4	27.4	15.4	..	10.3	14.4
Very remote	20.2	..	2.5	6.9	10.4	15.2	..	13.5	8.1
SEIFA of residence (a), (b)									
Quintile 1	15.5	24.8	19.0	13.7	22.9	23.2	np	8.1	19.3
Quintile 2	22.0	19.7	19.7	19.1	22.1	29.0	16.7	9.1	20.9
Quintile 3	20.9	21.2	18.4	18.6	18.8	20.0	15.3	12.0	19.9
Quintile 4	16.6	20.4	17.6	16.6	23.5	15.8	13.6	11.7	18.3
Quintile 5	13.6	18.0	15.6	15.4	22.0	..	14.2	8.6	15.9
Total (c)	**18.1**	**20.9**	**18.2**	**17.7**	**22.1**	**22.1**	**14.1**	**11.7**	**19.1**

(a) Excludes records where postcode was invalid or did not map to a SEIFA category or remoteness area.

(b) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. 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 area is based on a person's usual residence, not the location of the service provider.

(c) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

.. Not applicable. **np** Not published.

Source: DoHA (unpublished) Medicare data; DoHA (unpublished) National Diabetes Services Scheme (NDSS) database.

Table NHA.30.4 Proportion of people with diabetes with a GP annual cycle of care, by SEIFA, 2008-09 (per cent) (a)

	Aust
SEIFA of residence (b)	
Decile 1	17.0
Decile 2	21.8
Decile 3	19.6
Decile 4	22.2
Decile 5	20.9
Decile 6	18.8
Decile 7	18.5
Decile 8	18.0
Decile 9	17.1
Decile 10	14.4
Total (c)	**19.1**

(a) Excludes records where postcode was invalid or did not map to a SEIFA category or remoteness area.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.

(c) Total includes persons whose place of residence was not stated or who could not be assigned to a SEIFA category.

Source : DoHA (unpublished) Medicare data; DoHA (unpublished) National Diabetes Services Scheme (NDSS) database.

NHA Indicator 31:

No new data are available for this indicator

Proportion of people with asthma with a written asthma plan

NHA Indicator 32:

Proportion of people with mental illness with GP care plans

Table NHA.32.1 **People with mental illness with GP treatment plans, by State and Territory, 2009-10 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (d)
Age standardised rate (e)	%	18.6	20.2	16.7	14.7	16.2	16.2	14.7	7.9	17.7
Number of people	no.	201 005	170 621	113 652	51 028	40 143	12 307	8 406	3 000	600 164

(a) Includes MBS items 2702 and 2710.

(b) People aged 16–84 with selected 12-month mental disorders as captured through the *National Survey of Mental Health and Wellbeing 2007*. People with a selected 12-month mental disorder experienced symptoms in the 12 months prior to the survey interview.

(c) Disaggregation by State/Territory is based on the patient’s postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(d) Data includes other territories.

(e) Rates are age standardised to the Australian population aged 16–84 years as at 30 June 2001.

Source: DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (unpublished) National Survey of Mental Health and Wellbeing, 2007.

Table NHA.32.2 **People with mental illness with GP treatment plans, by age, by State and Territory, 2009-10 (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
	no.	no.	no.	no.	no.	no.	no.	no.	no.	Age specific rate (%)
0–15 years	21 106	18 113	13 036	5 258	5 002	1 174	854	213	64 757	..
16–24 years	33 467	28 555	20 048	8 948	7 329	2 512	1 705	473	103 037	13.8
25–34 years	45 064	39 972	26 208	12 170	8 755	2 658	2 170	768	137 766	18.0
35–44 years	48 663	42 602	27 986	12 564	9 181	2 874	1 976	808	146 654	20.0
45–54 years	38 336	31 585	20 977	9 163	7 560	2 206	1 395	550	111 772	17.0
55–64 years	23 112	18 526	12 488	5 429	4 821	1 410	829	306	66 922	19.6
65–74 years	8 740	6 840	4 482	2 014	1 811	485	246	75	24 693	17.9
75–84 years	3 623	2 541	1 463	740	686	162	np	np	9 320	15.7
85 years and over	740	474	250	134	106	24	np	np	1 746	..
Total (c)	**222 853**	**189 208**	**126 938**	**56 421**	**45 253**	**13 505**	**9 275**	**3 217**	**666 668**	

(a) MBS items 2702 and 2710.

(b) Disaggregation by State/Territory is based on the patient’s postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Total includes all ages and contacts where age was missing or not reported.

.. Not applicable. **np** Not published.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.32.3 **People with mental illness with GP treatment plans, by remoteness and SEIFA, 2009-10 (a), (b), (c)**

	Age standardised rates (per cent) (d)	*no.*
Remoteness of residence		
Major cities	17.7	427 707
Inner regional	19.3	124 112
Outer regional	14.1	43 280
Remote	7.8	3 868
Very remote	4.3	1 170
SEIFA of residence (e)		
Quintile 1 (most disadvantaged)	15.3	66 274
Quintile 2	18.6	133 647
Quintile 3	17.2	121 769
Quintile 4	17.4	141 851
Quintile 5 (least disadvantaged)	17.0	130 010

(a) MBS items 2702 and 2710.

(b) People aged 16–84 with selected 12 month mental disorders as captured through the *National Survey of Mental Health and Wellbeing, 2007*. People with a selected 12-month mental disorder experienced symptoms in the 12 months prior to the survey interview.

(c) Disaggregation by Socio-Economic Indexes for Areas (SEIFA) and remoteness area is based on the patient’s postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(d) Rates are age standardised to the Australian population aged 16–84 years as at 30 June 2001.

(e) Socio-Economic Indexes for Areas quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles have an equal number of statistical local areas nationally, but do not necessarily have the same population size nationally or within any State or Territory.

Source: DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (unpublished) National Survey of Mental Health and Wellbeing, 2007.

Table NHA.32.4 **People with mental illness with GP treatment plans, by State and Territory, 2008-09 (a), (b), (c)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Age standardised rate (d)	%	17.5	18.9	15.5	14.1	14.7	14.3	14.1	7.3	16.7
Number of people	no.	186 485	156 436	102 204	47 568	35 987	10 894	7 940	2 427	549 941

(a) MBS item 2710.

(b) People aged 16–84 with selected 12 month mental disorders as captured through the *National Survey of Mental Health and Wellbeing 2007* .

(c) Disaggregation by State/Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(d) Rates are age standardised to the Australian population aged 16–84 years as at 30 June 2001.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (unpublished) National Survey of Mental Health and Wellbeing, 2007.

Table NHA.32.5 **People with mental illness with GP treatment plans, by age, by State and Territory, 2008-09 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
	no.	no.	no.	no.	no.	no.	no.	no.	no.	Age specific rate (%)
0–15 years	17 497	14 007	10 503	4 350	3 926	913	640	159	51 995	..
16–24 years	29 579	25 631	17 289	8 208	6 360	2 116	1 487	380	91 050	12.6
25–34 years	42 621	37 506	23 685	11 698	7 923	2 364	2 091	653	128 541	17.4
35–44 years	46 062	39 176	25 519	11 772	8 367	2 517	1 873	659	135 945	18.6
45–54 years	35 600	28 893	19 061	8 443	6 927	2 137	1 391	469	102 921	15.9
55–64 years	21 239	16 955	11 317	5 014	4 215	1 240	775	203	60 958	18.4
65–74 years	8 057	6 004	4 012	1 769	1 550	398	243	49	22 082	17.1
75–84 years	3 327	2 271	1 321	664	645	122	np	np	8 444	15.1
85 years and over	512	461	226	115	119	16	np	np	1 466	..
Total (c)	**204 494**	**170 904**	**112 933**	**52 033**	**40 032**	**11 823**	**8 595**	**2 588**	**603 402**	

(a) MBS item 2710.

(b) Disaggregation by State/Territory is based on the patient’s postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Total includes all ages and contacts where age was missing or not reported.

.. Not applicable. **np** Not published.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.32.6 **People with mental illness with GP treatment plans, by remoteness and SEIFA, 2008-09 (a), (b), (c)**

	Age standardised rates (per cent) (d)	*no.*
Remoteness of residence		
Major cities	16.8	393 846
Inner regional	18.2	113 728
Outer regional	12.6	37 855
Remote	6.7	3 300
Very remote	3.8	1 009
SEIFA of residence (e)		
Quintile 1 (most disadvantag	13.9	59 148
Quintile 2	17.0	119 393
Quintile 3	16.4	112 819
Quintile 4	16.4	129 999
Quintile 5 (least disadvantag	16.5	122 759

(a) MBS item 2710.

(b) People aged 16–84 with selected 12 month mental disorders as captured through the *National Survey of Mental Health and Wellbeing, 2007* .

(c) Disaggregation by Socio-Economic Indexes for Areas (SEIFA) and remoteness area is based on the patient’s postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(d) Rates are age standardised to the Australian population aged 16–84 years as at 30 June 2001.

(e) Socio-Economic Indexes for Areas quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles have an equal number of statistical local areas nationally, but do not necessarily have the same population size nationally or within any State or Territory.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (unpublished) National Survey of Mental Health and Wellbeing, 2007.

NHA Indicator 33:

Women with at least one antenatal visit in the first trimester of pregnancy

Table NHA.33.1 **Proportion of pregnancies with an antenatal visit in the first trimester, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008 (a), (b), (c), (d)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*
Indigenous status										
Indigenous	%	70.7	na	na	na	47.6	na	np	49.1	62.0
Non-Indigenous	%	83.1	na	na	na	74.5	na	np	80.9	81.8
Remoteness of residence (e)										
Major cities	%	82.4	na	na	na	74.9	na	np	..	81.3
Inner regional	%	84.7	na	na	na	73.9	na	np	..	83.4
Outer regional	%	82.5	na	na	na	66.6	na	np	75.2	77.5
Remote and very remote	%	75.8	na	na	na	68.7	na	np	62.7	66.5
SEIFA of residence (f)										
Quintile 1	%	80.4	na	na	na	68.2	na	np	54.8	76.7
Quintile 2	%	85.4	na	na	na	73.4	na	np	76.5	83.8
Quintile 3	%	78.0	na	na	na	79.9	na	np	80.3	78.3
Quintile 4	%	85.3	na	na	na	77.7	na	np	78.4	83.8
Quintile 5	%	83.9	na	na	na	78.2	na	np	81.0	83.3
Total	**%**	**82.7**	**na**	**na**	**na**	**73.6**	**na**	**np**	**69.4**	**81.0**
Total number (g)	no.	76 760	na	na	na	12 441	na	np	2 565	91 766

(a) Percentages calculated after excluding records with missing or null values.

(b) First trimester includes gestational age of 13 completed weeks or less.

(c) Data are by place of usual residence of the mother. Women who gave birth in NSW, SA or the NT but reside in another jurisdiction are not reported for this reason. Data excludes Australian non-residents, residents of external territories and not stated State/Territory of residence.

(d) Data are not available for Victoria, Queensland, WA and Tasmania. Data are available in the ACT but are of insufficient quality to publish.

(e) Disaggregation by remoteness area is by place of usual residence of the mother, not by place of birth.

(f) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Disaggregation by SEIFA is based on the place of usual residence of the mother, not by place of birth.

(g) Total includes number of babies for which maternal Indigenous status, remoteness areas and/or SEIFA categories could not be assigned.

na Not available. .. Not applicable. **np** Not published.

Source : AIHW (unpublished) National Perinatal Data Collection.

Table NHA.33.2 Proportion of pregnancies with an antenatal visit in the first trimester, by SEIFA, 2008 (per cent) (a), (b), (c)

	Total
SEIFA of residence	
Decile 1	74.3
Decile 2	79.8
Decile 3	84.0
Decile 4	83.7
Decile 5	80.5
Decile 6	76.1
Decile 7	82.3
Decile 8	84.9
Decile 9	79.2
Decile 10	86.1
Total	**81.0**

(a) Excludes records with missing or null values.

(b) First trimester includes gestational age of 13 completed weeks or less.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Disaggregation by SEIFA is based on the place of usual residence of the mother, not by place of birth.

Source : AIHW (unpublished) National Perinatal Data Collection.

NHA Indicator 34:

Waiting times for elective surgery

Table NHA.34.1 **Waiting times for elective surgery in public hospitals, by State and Territory, 2009-10 (days)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					All hospitals				
50th percentile	44	36	27	32	36	36	73	44	35
90th percentile	330	197	150	161	189	332	357	271	246

Source: AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table NHA.34.2 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2009-10 (days) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Peer group A hospitals				
50th percentile									
Cataract extraction	163	63	34	104	89	99	162	119	87
Cholecystectomy	64	49	41	34	62	153	72	67	54
Coronary artery bypass graft	19	23	5	20	12	16	16	..	15
Cystoscopy	23	22	32	41	30	26	85	82	26
Haemorrhoidectomy	69	86	68	46	51	182	111	69	74
Hysterectomy	49	55	37	62	58	47	70	89	49
Inguinal herniorrhaphy	64	49	46	49	64	163	88	64	56
Myringoplasty	298	143	66	108	164	70	372	189	121
Myringotomy	73	49	34	72	55	50	148	39	49
Prostatectomy	63	30	43	54	56	55	71	109	49
Septoplasty	337	131	56	91	98	153	373	177	161
Tonsillectomy	242	100	54	96	80	64	331	144	97
Total hip replacement	166	115	66	77	113	406	222	134	115
Total knee replacement	297	152	91	123	181	588	366	172	184
Varicose veins stripping & ligation	60	148	52	64	126	186	254	138	92
Total (b)	**37**	**32**	**27**	**31**	**36**	**36**	**73**	**42**	**33**
90th percentile									
Cataract extraction	360	171	244	242	326	221	371	327	333
Cholecystectomy	252	162	140	195	146	676	273	260	195
Coronary artery bypass graft	69	122	52	70	132	75	55	..	80
Cystoscopy	127	111	124	189	97	113	274	247	130
Haemorrhoidectomy	283	278	190	292	217	983	320	315	278
Hysterectomy	284	159	123	168	181	135	275	263	188
Inguinal herniorrhaphy	311	183	145	210	193	745	270	242	240

Table NHA.34.2 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2009-10 (days) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Myringoplasty	434	386	263	376	396	963	708	766	404
Myringotomy	322	197	120	160	114	137	376	127	168
Prostatectomy	217	177	184	157	113	127	672	462	186
Septoplasty	474	424	362	429	349	1 028	676	403	448
Tonsillectomy	402	362	196	197	348	243	498	496	367
Total hip replacement	385	351	268	226	334	769	505	360	373
Total knee replacement	406	417	368	364	344	959	568	494	414
Varicose veins stripping & ligation	342	482	376	233	345	699	435	471	387
Total (b)	**319**	**193**	**150**	**172**	**197**	**363**	**357**	**256**	**233**
					Peer group B hospitals				
50th percentile									
Cataract extraction	272	74	61	36	50	–	..	..	83
Cholecystectomy	58	52	28	28	28	29	..	..	45
Coronary artery bypass graft	–	–	–	–	–	–	..	..	–
Cystoscopy	22	22	15	11	36	–	..	..	20
Haemorrhoidectomy	64	71	54	21	40	35	..	..	60
Hysterectomy	54	48	54	35	75	126	..	..	52
Inguinal herniorrhaphy	82	56	49	29	44	36	..	..	57
Myringoplasty	262	68	np	121	101	np	..	..	81
Myringotomy	36	46	np	56	36	–	..	..	45
Prostatectomy	49	47	21	23	67	–	..	..	36
Septoplasty	265	76	–	79	106	np	..	..	93
Tonsillectomy	139	77	67	86	54	62	..	..	81
Total hip replacement	264	146	86	112	125	191	..	..	149
Total knee replacement	346	185	105	104	149	374	..	..	215

Table NHA.34.2 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2009-10 (days) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Varicose veins stripping & ligation	110	91	225	128	166	np	..	..	112
Total (b)	**57**	**44**	**29**	**27**	**43**	**51**	..	..	**42**
90th percentile									
Cataract extraction	363	260	201	122	101	–	..	..	312
Cholecystectomy	224	128	104	279	72	86	..	..	160
Coronary artery bypass graft	–	–	–	–	–	–	..	..	–
Cystoscopy	97	99	75	70	77	–	..	..	88
Haemorrhoidectomy	292	198	211	288	125	80	..	..	258
Hysterectomy	286	121	198	99	183	383	..	..	208
Inguinal herniorrhaphy	323	145	316	283	91	97	..	..	246
Myringoplasty	367	210	np	207	209	np	..	..	295
Myringotomy	193	98	np	144	78	–	..	..	112
Prostatectomy	233	264	159	71	198	–	..	..	205
Septoplasty	378	310	–	211	231	np	..	..	328
Tonsillectomy	366	279	139	189	188	267	..	..	311
Total hip replacement	433	374	278	218	291	593	..	..	400
Total knee replacement	464	437	372	244	313	855	..	..	440
Varicose veins stripping & ligation	327	476	424	393	343	np	..	..	418
Total (b)	**342**	**215**	**174**	**142**	**181**	**342**	..	..	**259**
				Peer group C hospitals					
50th percentile									
Cataract extraction	263	47	68	29	7	117	..	..	77
Cholecystectomy	61	65	44	33	10	54	..	..	49
Coronary artery bypass graft	–	–	–	–	–	–	..	..	–
Cystoscopy	29	28	43	36	7	24	..	..	30
Haemorrhoidectomy	74	55	49	33	7	43	..	..	55

Table NHA.34.2 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2009-10 (days) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Hysterectomy	74	–	54	43	24	35	..	..	56
Inguinal herniorrhaphy	81	83	56	38	13	35	..	..	58
Myringoplasty	260	np	np	49	np	np	..	..	91
Myringotomy	89	106	69	23	np	–	..	..	36
Prostatectomy	57	21	27	37	20	–	..	..	35
Septoplasty	289	333	369	78	66	–	..	..	216
Tonsillectomy	190	214	34	23	80	184	..	..	73
Total hip replacement	79	63	–	63	–	–	..	..	70
Total knee replacement	148	109	–	71	–	–	..	..	98
Varicose veins stripping & ligation	89	70	166	45	np	42	..	..	84
Total (b)	**65**	**48**	**30**	**34**	**14**	**31**	..	..	**45**
90th percentile									
Cataract extraction	364	127	125	145	52	342	..	..	345
Cholecystectomy	189	285	137	105	43	195	..	..	171
Coronary artery bypass graft	..	..	..	..	..	..	..	..	..
Cystoscopy	125	100	104	196	21	71	..	..	149
Haemorrhoidectomy	300	171	167	121	68	323	..	..	224
Hysterectomy	288	–	126	126	63	83	..	..	254
Inguinal herniorrhaphy	333	302	223	127	49	174	..	..	295
Myringoplasty	371	np	np	185	np	np	..	..	356
Myringotomy	353	243	335	123	np	–	..	..	167
Prostatectomy	299	68	50	91	68	–	..	..	172
Septoplasty	405	490	404	269	349	–	..	..	399
Tonsillectomy	343	326	384	127	272	247	..	..	330
Total hip replacement	365	160	–	127	–	–	..	..	356
Total knee replacement	374	269	–	152	–	–	..	..	366

Table NHA.34.2 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2009-10 (days) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Varicose veins stripping & ligation	341	235	369	143	np	183	..	..	325
Total (b)	**342**	**165**	**125**	**143**	**91**	**220**	..	..	**296**
				All hospitals					
50th percentile									
Cataract extraction	211	63	37	41	61	100	162	123	86
Cholecystectomy	62	50	40	31	47	76	72	65	51
Coronary artery bypass graft	19	23	5	20	12	16	16	..	15
Cystoscopy	25	22	30	28	30	26	85	88	25
Haemorrhoidectomy	68	77	60	33	46	51	111	69	66
Hysterectomy	52	52	39	49	56	59	70	89	50
Inguinal herniorrhaphy	72	52	47	37	50	63	88	75	57
Myringoplasty	291	85	66	100	132	56	372	78	103
Myringotomy	71	48	34	59	50	50	148	31	48
Prostatectomy	61	31	39	41	56	55	71	109	46
Septoplasty	311	104	56	81	98	153	373	173	144
Tonsillectomy	220	86	53	76	77	73	331	143	91
Total hip replacement	167	119	69	78	120	291	222	134	116
Total knee replacement	301	155	93	100	162	431	366	172	180
Varicose veins stripping & ligation	77	119	70	70	144	113	254	119	96
Total (b)	**44**	**36**	**27**	**32**	**36**	**36**	**73**	**44**	**35**
90th percentile									
Cataract extraction	363	228	224	183	313	297	371	341	336
Cholecystectomy	233	156	138	171	117	562	273	259	186
Coronary artery bypass graft	69	122	52	70	132	75	55	..	80
Cystoscopy	130	108	117	162	90	103	274	247	126
Haemorrhoidectomy	284	245	190	220	189	931	320	315	260

Table NHA.34.2 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2009-10 (days) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Hysterectomy	284	149	134	150	176	259	275	263	196
Inguinal herniorrhaphy	319	170	155	198	162	461	270	265	250
Myringoplasty	418	294	280	350	386	907	708	597	382
Myringotomy	319	147	120	149	108	137	376	134	151
Prostatectomy	227	198	177	111	114	127	672	462	188
Septoplasty	460	381	368	317	342	931	676	403	413
Tonsillectomy	387	318	213	181	331	247	498	474	357
Total hip replacement	391	352	269	209	327	740	505	360	373
Total knee replacement	415	417	368	277	337	896	568	494	414
Varicose veins stripping & ligation	338	474	386	308	343	680	435	471	389
Total (b)	**330**	**197**	**150**	**161**	**189**	**332**	**357**	**271**	**246**

(a) The data presented for this indicator are sourced from the National Elective Surgery Waiting Times Data Collection.

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

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

Source: AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table NHA.34.3 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory, 2009-10 (days) (a)**

	Indigenous									*Non-Indigenous*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
All hospitals																		
50th percentile																		
Cataract extraction	na	72	95	92	71	129	np	112	105	na	63	36	41	61	99	162	133	56
Cholecystectomy	na	55	40	53	56	120	np	75	47	na	50	40	30	46	76	73	49	44
Coronary artery bypass graft	na	np	34	17	17	–	np	..	26	na	23	5	20	12	16	16	..	14
Cystoscopy	na	40	32	37	np	42	np	136	39	na	22	30	28	30	25	86	82	25
Haemorrhoidectomy	na	np	np	np	np	np	–	53	64	na	77	60	32	45	51	111	70	65
Hysterectomy	na	64	50	41	55	np	np	np	51	na	52	39	49	56	58	69	89	49
Inguinal herniorrhaphy	na	30	64	63	np	27	np	89	51	na	52	47	37	49	68	90	69	49
Myringoplasty	na	np	111	133	np	np	–	68	92	na	85	59	98	117	49	372	125	81
Myringotomy	na	27	59	51	34	np	np	6	49	na	49	33	60	50	49	148	40	46
Prostatectomy	na	np	46	53	np	np	np	np	61	na	31	39	41	56	54	69	91	41
Septoplasty	na	np	73	np	np	np	–	np	127	na	104	56	80	98	156	373	157	93
Tonsillectomy	na	88	85	84	83	87	350	133	89	na	86	50	75	77	72	326	143	77
Total hip replacement	na	np	110	np	–	np	np	np	135	na	119	69	78	120	293	224	137	101
Total knee replacement	na	np	122	187	np	np	np	np	151	na	155	93	100	162	431	364	220	132
Varicose veins stripping & ligation	na	125	49	–	–	np	np	np	89	na	119	70	70	144	111	256	157	110
Total (c)	**na**	**41**	**35**	**34**	**33**	**46**	**69**	**49**	**39**	**na**	**36**	**27**	**32**	**36**	**36**	**74**	**42**	**33**
90th percentile																		
Cataract extraction	na	198	321	237	306	242	np	391	327	na	228	221	182	314	298	371	301	237
Cholecystectomy	na	165	145	195	119	772	np	237	164	na	156	137	168	116	530	279	261	162
Coronary artery bypass graft	na	np	94	101	114	–	np	..	104	na	122	47	70	132	75	53	..	83

Table NHA.34.3 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory, 2009-10 (days) (a)**

	Indigenous									*Non-Indigenous*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
Cystoscopy	na	148	117	182	np	259	np	390	187	na	108	117	162	90	98	276	245	124
Haemorrhoidectomy	na	np	np	np	np	np	–	315	315	na	245	190	220	189	931	320	302	234
Hysterectomy	na	319	153	103	148	np	np	np	152	na	149	133	154	177	268	275	257	154
Inguinal herniorrhaphy	na	93	179	354	np	63	np	265	204	na	171	153	195	160	463	268	242	186
Myringoplasty	na	np	266	365	np	np	–	615	519	na	288	280	287	386	907	708	469	334
Myringotomy	na	103	164	133	106	149	328	134	148	na	147	115	151	109	134	379	127	143
Prostatectomy	na	np	271	118	np	np	np	np	234	na	197	175	111	113	127	672	658	171
Septoplasty	na	np	np	np	np	np	–	np	350	na	382	368	317	342	1 028	676	403	380
Tonsillectomy	na	218	291	174	371	227	529	327	291	na	318	206	182	331	250	488	474	300
Total hip replacement	na	np	np	np	–	np	np	np	435	na	352	264	209	327	737	507	360	343
Total knee replacement	na	np	387	378	np	np	np	np	414	na	417	367	274	337	896	568	518	409
Varicose veins stripping & ligation	na	479	1 134	–	–	np	np	np	479	na	474	386	308	343	680	435	489	436
Total (c)	**na**	**220**	**184**	**187**	**184**	**354**	**326**	**338**	**232**	**na**	**196**	**148**	**160**	**189**	**331**	**357**	**242**	**188**

(a) The data presented for this indicator are sourced from the National Elective Surgery Waiting Times Data Collection.

(b) The Australian totals for Indigenous/Other Australians do not include data for New South Wales, which accounts for about a third of all admissions for elective surgery. Therefore the waiting time statistics presented in this table are not directly comparable with statistics presented in other NHA PI 34 tables that include data for NSW.

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

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

Source : AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

Table NHA.34.4 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2008-09 (days) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Peer group A hospitals				
50th percentile									
Cataract extraction	127	53	38	100	91	547	121	160	85
Cholecystectomy	50	44	39	43	61	101	84	75	48
Coronary artery bypass graft	15	18	10	15	16	25	11	..	14
Cystoscopy	25	21	33	27	36	34	64	48	27
Haemorrhoidectomy	50	79	43	43	54	302	84	74	59
Hysterectomy	46	50	36	64	52	50	77	63	46
Inguinal herniorrhaphy	48	47	47	34	71	214	87	81	50
Myringoplasty	175	133	71	114	269	78	273	263	107
Myringotomy	46	42	33	50	50	47	120	34	42
Prostatectomy	54	21	37	32	57	44	42	108	42
Septoplasty	272	114	69	121	124	112	423	111	145
Tonsillectomy	171	78	49	112	76	109	340	61	87
Total hip replacement	137	113	67	69	94	336	170	52	102
Total knee replacement	250	147	87	104	145	452	249	148	156
Varicose veins stripping & ligation	59	108	48	99	84	158	275	105	78
Total (b)	**33**	**27**	**26**	**29**	**39**	**41**	**73**	**35**	**30**
90th percentile									
Cataract extraction	344	189	237	232	286	582	339	334	321
Cholecystectomy	191	176	117	159	178	545	226	216	172
Coronary artery bypass graft	78	188	74	35	119	136	51	..	93
Cystoscopy	120	135	145	166	105	154	330	232	136
Haemorrhoidectomy	207	276	196	168	337	591	164	318	243
Hysterectomy	216	141	104	190	186	146	235	208	167
Inguinal herniorrhaphy	240	228	148	191	256	686	272	206	230

Table NHA.34.4 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2008-09 (days) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Myringoplasty	369	393	328	408	479	439	689	2 114	398
Myringotomy	174	150	120	266	111	159	353	119	145
Prostatectomy	170	242	112	82	127	103	417	216	162
Septoplasty	373	397	414	414	344	462	728	1 203	414
Tonsillectomy	367	266	165	374	299	231	560	337	348
Total hip replacement	369	364	245	263	338	651	492	367	364
Total knee replacement	379	484	358	317	392	773	589	354	399
Varicose veins stripping & ligation	267	394	249	393	292	584	605	482	344
Total (b)	**273**	**193**	**133**	**182**	**209**	**429**	**368**	**225**	**211**
				Peer group B hospitals					
50th percentile									
Cataract extraction	280	68	109	71	26	np	..	..	88
Cholecystectomy	55	44	41	28	30	31	..	..	43
Coronary artery bypass graft	–	–	–	–	–	–	..	..	–
Cystoscopy	26	13	35	12	37	36	..	..	18
Haemorrhoidectomy	54	46	41	39	44	27	..	..	46
Hysterectomy	54	41	68	34	95	222	..	..	52
Inguinal herniorrhaphy	71	50	40	28	37	50	..	..	52
Myringoplasty	252	66	1	125	np	np	..	..	74
Myringotomy	37	45	1	82	34	–	..	..	50
Prostatectomy	60	16	48	13	91	–	..	..	34
Septoplasty	230	70	–	170	70	–	..	..	89
Tonsillectomy	86	78	np	126	48	np	..	..	83
Total hip replacement	137	104	75	105	195	383	..	..	124
Total knee replacement	273	163	83	136	256	627	..	..	200
Varicose veins stripping & ligation	69	77	80	52	222	np	..	..	80

Table NHA.34.4 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2008-09 (days) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total (b)	**45**	**39**	**37**	**33**	**41**	**50**	..	..	**40**
90th percentile									
Cataract extraction	358	217	222	213	65	np	..	..	278
Cholecystectomy	164	128	108	238	82	138	..	..	144
Coronary artery bypass graft	–	–	–	–	–	–	..	..	–
Cystoscopy	118	91	157	51	94	195	..	..	97
Haemorrhoidectomy	168	170	97	281	204	109	..	..	175
Hysterectomy	193	138	188	111	237	483	..	..	179
Inguinal herniorrhaphy	218	142	137	273	128	433	..	..	191
Myringoplasty	366	246	2	277	np	np	..	..	318
Myringotomy	221	94	2	226	57	–	..	..	119
Prostatectomy	244	152	201	76	419	–	..	..	185
Septoplasty	350	302	–	306	259	–	..	..	326
Tonsillectomy	342	289	np	294	111	np	..	..	310
Total hip replacement	358	340	173	328	454	761	..	..	390
Total knee replacement	364	461	203	372	459	913	..	..	410
Varicose veins stripping & ligation	276	511	398	406	393	np	..	..	477
Total (b)	**289**	**188**	**146**	**215**	**261**	**483**	..	..	**228**
				Peer group C hospitals					
50th percentile									
Cataract extraction	195	48	60	32	6	14	..	..	71
Cholecystectomy	59	66	48	28	7	38	..	..	45
Coronary artery bypass graft	–	–	–	–	–	–	..	..	–
Cystoscopy	27	21	34	35	9	np	..	..	27
Haemorrhoidectomy	53	61	47	32	17	np	..	..	48
Hysterectomy	69	80	61	45	14	25	..	..	55

Table NHA.34.4 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2008-09 (days) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Inguinal herniorrhaphy	73	82	55	36	19	27	..	..	57
Myringoplasty	212	np	np	78	np	np	..	..	89
Myringotomy	np	43	47	26	np	–	..	..	32
Prostatectomy	50	29	55	26	10	–	..	..	34
Septoplasty	201	111	np	73	9	np	..	..	117
Tonsillectomy	107	70	27	39	8	116	..	..	70
Total hip replacement	75	43	–	51	–	–	..	..	57
Total knee replacement	96	56	–	56	–	–	..	..	75
Varicose veins stripping & ligation	88	119	124	134	np	np	..	..	97
Total (b)	**59**	**46**	**29**	**32**	**8**	**21**	..	..	**42**
90th percentile									
Cataract extraction	342	100	159	172	12	260	..	..	308
Cholecystectomy	223	194	118	79	59	222	..	..	172
Coronary artery bypass graft	–	–	–	–	–	–	..	..	–
Cystoscopy	94	147	119	262	25	np	..	..	151
Haemorrhoidectomy	204	259	133	89	55	np	..	..	196
Hysterectomy	228	159	159	121	71	43	..	..	198
Inguinal herniorrhaphy	258	212	132	101	63	133	..	..	200
Myringoplasty	350	np	np	324	np	np	..	..	361
Myringotomy	np	138	95	120	np	–	..	..	121
Prostatectomy	295	197	81	70	56	–	..	..	194
Septoplasty	354	363	np	290	308	np	..	..	355
Tonsillectomy	311	230	359	202	158	211	..	..	273
Total hip replacement	315	187	–	144	–	–	..	..	290
Total knee replacement	357	234	–	142	–	–	..	..	341
Varicose veins stripping & ligation	273	299	314	415	np	np	..	..	282

Table NHA.34.4 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2008-09 (days) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Total (b)	**300**	**174**	**124**	**152**	**94**	**198**	**..**	**..**	**231**
All hospitals									
50th percentile									
Cataract extraction	168	56	42	55	59	32	121	153	83
Cholecystectomy	53	45	40	32	44	56	84	83	46
Coronary artery bypass graft	15	18	10	15	16	25	11	..	14
Cystoscopy	26	19	33	23	35	35	64	49	25
Haemorrhoidectomy	51	66	42	35	46	81	84	73	51
Hysterectomy	50	48	41	55	50	56	77	63	48
Inguinal herniorrhaphy	58	50	47	32	48	59	87	80	51
Myringoplasty	190	82	70	105	161	34	273	40	92
Myringotomy	44	43	33	55	48	47	120	34	43
Prostatectomy	54	21	40	25	56	44	42	108	41
Septoplasty	238	82	69	110	106	108	423	111	126
Tonsillectomy	145	77	48	107	71	109	340	64	85
Total hip replacement	123	106	68	71	103	363	170	52	100
Total knee replacement	220	143	86	91	182	507	249	148	147
Varicose veins stripping & ligation	69	101	55	87	115	104	275	111	84
Total (b)	**39**	**31**	**27**	**32**	**36**	**38**	**73**	**35**	**34**
90th percentile									
Cataract extraction	348	190	225	205	260	567	339	352	315
Cholecystectomy	189	168	117	148	148	419	226	253	167
Coronary artery bypass graft	78	188	74	35	119	136	51	..	93
Cystoscopy	118	126	145	164	100	158	330	232	132
Haemorrhoidectomy	191	242	166	185	268	591	164	300	214
Hysterectomy	215	142	119	157	181	283	235	208	170

Table NHA.34.4 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2008-09 (days) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Inguinal herniorrhaphy	240	207	145	150	216	602	272	206	215
Myringoplasty	367	316	328	383	463	378	689	562	369
Myringotomy	188	118	119	211	109	159	353	119	140
Prostatectomy	184	210	121	77	136	103	417	216	166
Septoplasty	369	339	413	359	337	462	728	1 203	376
Tonsillectomy	362	274	168	327	277	230	560	294	335
Total hip replacement	363	351	242	247	374	740	492	367	363
Total knee replacement	374	467	343	300	429	809	589	354	391
Varicose veins stripping & ligation	268	473	276	393	342	584	605	504	357
Total (b)	**282**	**189**	**134**	**183**	**207**	**404**	**368**	**239**	**217**

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

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

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

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

Table NHA.34.5 Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory, 2008-09 (days) (a), (b)

	Indigenous									*Non-Indigenous*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
									All hospitals									
50th percentile																		
Cataract extraction	177	104	74	97	90	204	97	124	114	168	56	42	55	58	31	121	163	83
Cholecystectomy	50	28	48	33	19	33	np	109	47	53	46	40	32	45	58	83	76	46
Coronary artery bypass graft	14.5	np	15	16.5	28.5	np	np	..	20	15	18	9	15	15	25	10.5	..	14
Cystoscopy	35	21	33	26	32	63	np	68	35	26	19	33	23	35	34	65	47	25
Haemorrhoidectomy	37	np	26	np	np	np	–	63	43	51	66	43	34	46	109	84	73	52
Hysterectomy	50	39	42	32	np	55	np	47	47	50	48	41	55	50	56	77	64	48
Inguinal herniorrhaphy	38	23	32.5	55.5	np	58	0	107	40	59	50	48	32	48	60	86.5	69	51
Myringoplasty	242	np	82	113	163	np	–	34	97	186	82	66	103	143	33	273	54	92
Myringotomy	39	57	59	41	61	np	np	28	54	47	43	30	58	48	46	120	35	43
Prostatectomy	69	np	44	np	–	np	..	np	53	54	21	40	25	56	47	42	108	41
Septoplasty	317	np	46	np	np	np	np	np	147	236	82	70	109	106	108	426	108	125
Tonsillectomy	158	107	67	111	80	157	np	90	102	144	77	46	106	71	105	344	57	84
Total hip replacement	110	np	106	np	np	np	–	np	110	123	106	68	71	102	350	170	66	100
Total knee replacement	213	np	132	np	np	np	0	np	177	220	143	86	90	182	510	248.5	148	147
Varicose veins stripping & ligation	52	np	np	np	0	np	np	np	80.5	69	101	55	87	115	109	276	99	84
Total (c)	**42**	**35**	**30**	**32**	**39**	**46**	**57**	**40**	**36**	**39**	**31**	**27**	**32**	**36**	**38**	**74**	**35**	**34**
90th percentile																		
Cataract extraction	348	295	237	215	243	474	189	480	332	348	190	224	205	260	567	340	316	314
Cholecystectomy	154	127	133	210	116	620	np	600	188	190	169	115	146	148	407	226	183	166

Table NHA.34.5 Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory, 2008-09 (days) (a), (b)

	Indigenous									*Non-Indigenous*								
	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)
Coronary artery bypass graft	96	np	53	78	109	np	np	..	83	78	189	76	35	125	129	51	..	94
Cystoscopy	136	179	139	210	131	119	np	210	167	118	126	145	163	99	163	332	232	131
Haemorrhoidectomy	123	np	64	np	np	np	–	412	175	193	242	166	185	281	591	164	296	215
Hysterectomy	182	111	103	92	np	112	np	175	145	216	142	120	157	184	284	253	219	171
Inguinal herniorrhaphy	239	122	113	160	np	259	0	243	191	240	207	147	149	217	617	272	192	216
Myringoplasty	383	np	351	381	344	np	–	563	412	366	316	325	389	479	378	689	498	366
Myringotomy	155	216	131	210	96	np	np	132	155	191	117	117	213	109	159	339	90	140
Prostatectomy	196	np	295	np	–	np	–	np	227	184	208	120	77	136	103	417	216	165
Septoplasty	368	np	218	np	np	np	np	np	404	369	339	414	350	339	448	728	2470	376
Tonsillectomy	351	220	231	333	194	227	np	294	332	363	274	166	327	277	230	567	297	335
Total hip replacement	354	np	175	np	np	np	–	np	377	363	351	242	249	374	719	492	415	363
Total knee replacement	366	np	435	np	np	np	–	np	371	375	467	340	298	430	809	589	351	391
Varicose veins stripping & ligation	218	np	np	np	–	np	np	np	499	268	473	277	393	342	584	572	504	357
Total (c)	**289**	**200**	**148**	**202**	**189**	**343**	**265**	**329**	**232**	**282**	**189**	**133**	**183**	**207**	**405**	**370**	**209**	**217**

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

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

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

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

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

Table NHA.34.6 Waiting times for elective surgery in public hospitals, by remoteness area, by State and Territory, 2008-09 (days) (a), (b)

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

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

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

np Not published.

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

Table NHA.34.7 **Waiting times for elective surgery in public hospitals, by SEIFA, by State and Territory, 2008-09 (days) (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					All hospitals				
50th percentile									
Quintile 1	42	35	28	33	39	38	76	41	36
Quintile 2	49	29	27	32	36	35	64	37	37
Quintile 3	38	32	27	31	37	38	70	33	32
Quintile 4	32	32	27	34	34	42	77	34	31
Quintile 5	25	26	23	31	32	np	72	45	28
90th percentile									
Quintile 1	293	199	140	193	221	403	347	273	237
Quintile 2	315	183	135	190	212	335	387	236	259
Quintile 3	271	184	133	175	196	412	390	188	198
Quintile 4	228	199	133	192	191	510	375	221	195
Quintile 5	162	178	119	174	156	np	361	240	175

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

(b) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

np Not published.

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

Table NHA.34.8 **Waiting times for elective surgery in public hospitals, by SEIFA, 2008-09 (days) (a), (b)**

	50th percentile	*90th percentile*
SEIFA of residence		
Decile 1	38	231
Decile 2	35	244
Decile 3	36	263
Decile 4	38	254
Decile 5	34	212
Decile 6	31	184
Decile 7	32	190
Decile 8	31	199
Decile 9	28	177
Decile 10	27	170
Total (c)	**34**	**217**

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

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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) Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown or not stated.

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

NHA Indicator 35:

Waiting times for emergency department care

Table NHA.35.1 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2009-10 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
					Total (Peer group A and B hospitals)					
Unit	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	99	99	100	99	100	100	100	39 640
Triage category 2	81	80	77	68	77	70	83	63	78	492 267
Triage category 3	69	70	59	51	61	49	60	47	64	1 674 825
Triage category 4	71	66	65	60	62	61	56	44	65	2 059 538
Triage category 5	86	84	88	89	85	86	77	84	86	452 714
Total (b)	**73**	**71**	**65**	**60**	**66**	**60**	**63**	**49**	**68**	..
	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (b)	1 472 359	1 233 004	952 782	461 480	308 852	107 622	96 095	87 170	4 719 364	

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

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

.. Not applicable.

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

Table NHA.35.2 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory, 2009-10 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
					Peer group A hospitals					
Unit	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	99	100	100	99	100	100	100	35 674
Triage category 2	81	81	76	68	78	66	83	63	77	414 663
Triage category 3	67	69	58	50	60	40	60	47	62	1 349 948
Triage category 4	70	65	62	61	61	50	56	44	64	1 544 659
Triage category 5	85	89	86	90	84	79	77	84	86	312 805
Total (c)	**72**	**71**	**63**	**60**	**65**	**50**	**63**	**49**	**67**	..
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (c)	1 129 773	881 166	817 252	295 432	269 093	82 055	96 095	87 170	3 658 036	
					Peer group B hospitals					
Unit	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	98	96	100	np	..	..	99	3 966
Triage category 2	85	78	89	69	72	np	..	..	80	77 604
Triage category 3	75	75	69	51	68	np	..	..	70	324 877
Triage category 4	74	67	76	58	75	np	..	..	70	514 879
Triage category 5	89	80	93	89	94	np	..	..	85	139 909
Total (c)	**77**	**72**	**76**	**59**	**73**	**np**	**..**	**..**	**73**	..
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (c)	342 586	351 838	135 530	166 048	39 759	25 567	–	–	1 061 328	
					Total (Peer group A and B hospitals)					
Unit	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	99	99	100	99	100	100	100	39 640
Triage category 2	81	80	77	68	77	70	83	63	78	492 267
Triage category 3	69	70	59	51	61	49	60	47	64	1 674 825
Triage category 4	71	66	65	60	62	61	56	44	65	2 059 538

Table NHA.35.2 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory, 2009-10 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Triage category 5	86	84	88	89	85	86	77	84	86	452 714
Total (c)	**73**	**71**	**65**	**60**	**66**	**60**	**63**	**49**	**68**	..
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (c)	1 472 359	1 233 004	952 782	461 480	308 852	107 622	96 095	87 170	4 719 364	

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

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

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

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

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

Table NHA.35.3 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2009-10 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Total (Peer group A and B hospitals)										
Unit	%	%	%	%	%	%	%	%	%	no.
Indigenous										
Triage category 1	100	100	99	98	100	100	100	100	100	1 362
Triage category 2	77	77	81	71	81	69	81	63	74	16 014
Triage category 3	66	73	67	54	59	48	54	52	62	62 044
Triage category 4	68	70	70	61	58	57	54	44	63	80 520
Triage category 5	84	87	91	90	86	86	79	81	87	16 647
Total (c)	**71**	**74**	**72**	**62**	**64**	**58**	**59**	**50**	**66**	..
	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (c)	44 963	14 805	52 389	20 255	4 439	3 593	2 017	34 130	176 591	
Unit	%	%	%	%	%	%	%	%	%	no.
Other Australians (d)										
Triage category 1	100	100	99	99	100	99	100	100	100	38 278
Triage category 2	82	80	77	68	77	70	83	63	78	476 253
Triage category 3	69	70	59	50	61	49	60	44	64	1 612 781
Triage category 4	71	66	64	60	63	61	56	44	66	1 979 018
Triage category 5	86	84	88	89	85	86	77	86	86	436 067
Total (c)	**73**	**71**	**65**	**60**	**66**	**60**	**63**	**48**	**68**	..
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (c)	1 427 396	1 218 199	900 393	441 225	304 413	104 029	94 078	53 040	4 542 773	

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

(b) The quality of the data reported for Indigenous status in emergency departments has not been formally assessed for completeness; therefore, caution should be exercised when interpreting these data.

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

Table NHA.35.3 Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2009-10 (a), (b)

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

(d) ‘Other Australians’ includes non-Indigenous patients and those for whom Indigenous status was not stated.

.. Not applicable

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

Table NHA.35.4 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory, 2009-10 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
					Total (Peer group A and B hospitals)					
Unit	%	%	%	%	%	%	%	%	%	no.
Major cities										
Triage category 1	100	100	99	100	100	np	100	100	100	27 991
Triage category 2	83	80	75	69	77	66	83	66	79	361 525
Triage category 3	70	69	54	48	61	47	60	47	63	1 166 807
Triage category 4	72	63	61	58	62	59	56	46	65	1 377 343
Triage category 5	86	81	87	88	85	86	77	84	84	290 645
Total (d)	**74**	**69**	**61**	**58**	**66**	**60**	**63**	**50**	**68**	..
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	1 081 064	856 751	578 661	334 217	281 392	1 546	88 426	2 552	3 224 609	
Unit	%	%	%	%	%	%	%	%	%	no.
Inner regional										
Triage category 1	100	100	98	94	100	99	100	100	99	7 075
Triage category 2	75	81	75	59	78	67	83	62	75	86 173
Triage category 3	64	75	65	50	61	40	59	38	64	341 979
Triage category 4	67	73	67	59	65	51	56	41	67	473 390
Triage category 5	86	90	89	89	84	80	80	81	88	117 676
Total (d)	**70**	**77**	**68**	**59**	**67**	**51**	**63**	**44**	**69**	..
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	332 024	309 592	212 723	81 015	16 331	65 065	5 707	3 897	1 026 354	
Unit	%	%	%	%	%	%	%	%	%	no.
Outer regional										
Triage category 1	100	100	100	99	100	100	100	100	100	2 594

Table NHA.35.4 **Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory, 2009-10 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Triage category 2	76	71	86	83	81	75	86	61	78	31 269
Triage category 3	65	73	71	79	64	66	56	34	67	114 165
Triage category 4	66	71	70	84	68	77	55	39	67	139 311
Triage category 5	85	90	90	97	89	93	79	83	90	26 193
Total (d)	**69**	**75**	**73**	**84**	**71**	**75**	**63**	**41**	**70**	..
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	35 613	53 469	110 000	28 446	7 238	38 079	1 568	39 123	313 536	
Unit	%	%	%	%	%	%	%	%	%	no.
Remote										
Triage category 1	100	np	98	100	100	np	–	100	99	392
Triage category 2	81	72	91	75	80	75	np	65	76	4 755
Triage category 3	72	69	84	62	66	61	63	61	71	21 605
Triage category 4	70	70	86	70	68	74	67	54	71	29 637
Triage category 5	87	91	94	91	86	80	np	87	92	7 927
Total (d)	**74**	**74**	**87**	**70**	**71**	**70**	**69**	**59**	**74**	..
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	2 988	1 014	29 527	4 050	1 990	992	48	23 708	64 317	
Unit	%	%	%	%	%	%	%	%	%	no.
Very remote										
Triage category 1	np	np	100	100	100	np	–	100	100	291
Triage category 2	82	92	85	73	81	76	np	65	71	2 676
Triage category 3	63	54	76	62	68	62	np	54	59	9 894
Triage category 4	73	69	77	68	67	75	np	45	55	10 849
Triage category 5	94	84	92	94	91	79	np	81	88	1 369

Table NHA.35.4 Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory, 2009-10 (a), (b), (c)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Total (d)	**72**	**70**	**79**	**69**	**72**	**71**	**77**	**53**	**61**	..
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	437	128	5 391	1 869	843	193	13	16 207	25 081	

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

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

(c) Disaggreation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisidiction of the hospital, regardless of the jurisiction of residence.

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

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

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

Table NHA.35.5 **Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2009-10 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
					Total (Peer group A and B hospitals)					
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 1										
Triage category 1	100	100	98	100	100	100	100	100	99	8 788
Triage category 2	82	79	77	85	79	69	83	63	79	103 403
Triage category 3	70	69	60	81	59	53	58	48	64	377 757
Triage category 4	70	63	64	85	57	66	53	42	65	433 310
Triage category 5	86	83	87	97	82	89	80	82	85	92 893
Total (d)	**73**	**69**	**66**	**85**	**63**	**64**	**63**	**48**	**68**	..
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number(d)	310 976	226 707	256 954	23 663	103 641	65 484	1 283	27 555	1 016 263	
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 2										
Triage category 1	100	100	98	99	100	98	100	100	100	7 790
Triage category 2	76	81	79	69	77	65	85	60	76	100 453
Triage category 3	65	74	63	48	62	50	61	41	64	340 390
Triage category 4	67	71	69	57	63	63	61	41	66	444 928
Triage category 5	84	88	90	87	85	86	80	81	86	121 080
Total (d)	**70**	**75**	**70**	**57**	**67**	**60**	**66**	**44**	**69**	..
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	445 428	214 181	163 323	101 431	68 679	9 085	4 574	7 999	1 014 700	
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 3										
Triage category 1	100	100	99	98	100	98	100	100	99	8 204

Table NHA.35.5 **Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2009-10 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Triage category 2	82	81	77	67	76	67	81	64	77	101 049
Triage category 3	69	72	59	50	61	41	63	56	64	355 860
Triage category 4	72	66	64	60	63	53	60	50	66	472 461
Triage category 5	87	85	89	90	86	82	76	87	86	91 563
Total (d)	**74**	**72**	**65**	**60**	**67**	**52**	**65**	**55**	**68**	..
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	273 383	322 484	187 099	146 772	46 179	19 056	5 022	29 203	1 029 198	
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 4										
Triage category 1	100	100	99	100	100	100	100	100	100	7 324
Triage category 2	82	80	74	69	76	77	83	62	77	97 192
Triage category 3	66	68	54	49	64	37	57	35	60	316 698
Triage category 4	69	65	61	58	66	45	54	39	63	361 545
Triage category 5	85	84	88	88	89	78	77	83	85	68 628
Total (d)	**72**	**70**	**61**	**58**	**68**	**50**	**61**	**42**	**66**	..
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	183 508	261 087	208 242	87 673	53 306	11 795	30 302	15 563	851 476	
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 5										
Triage category 1	100	100	99	100	100	np	100	100	100	6 235
Triage category 2	87	80	80	66	76	81	83	58	80	84 268
Triage category 3	76	69	60	47	64	42	60	38	66	263 623
Triage category 4	78	65	66	59	69	61	57	40	68	317 997
Triage category 5	90	82	90	89	89	86	77	82	86	69 539

Table NHA.35.5 **Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2009-10 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Total (d)	**80**	**70**	**67**	**58**	**70**	**60**	**63**	**43**	**71**	..
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	238 808	196 490	120 679	90 058	35 979	455	54 093	5 145	741 707	

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

(b) Area of usual residence was not reported or not mappable to Socio-Economic Indexes for Areas (SEIFA) categories for approximately 70 000 records.

(c) SEIFA quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

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

.. Not applicable. **np** Not published.

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

Table NHA.35.6 **Patients treated within national benchmarks for emergency department waiting time, by triage category, by SEIFA, 2009-10 (a), (b), (c)**

	Triage category 1	*Triage category 2*	*Triage category 3*	*Triage category 4*	*Triage category 5*	*Total (d)*	
			Total (Peer group A and B hospitals)				
Unit	%	%	%	%	%	%	no.
Decile 1	99	80	62	62	84	66	488 938
Decile 2	99	78	66	67	86	70	527 325
Decile 3	100	76	63	65	84	68	503 058
Decile 4	100	77	65	68	87	70	511 642
Decile 5	99	76	62	66	88	68	545 714
Decile 6	100	78	65	65	84	68	483 484
Decile 7	100	77	62	64	86	67	404 995
Decile 8	100	77	59	62	84	64	446 481
Decile 9	100	79	65	67	86	69	407 161
Decile 10	100	82	67	69	87	72	334 546
Total (e)	**100**	**78**	**64**	**65**	**86**	**68**	4 719 364
Unit	no.	no.	no.	no.	no.		
Total number (e)	39 640	492 267	1 674 825	2 059 538	452 714	4 719 364	

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

(b) Area of usual residence was not reported or not mappable to Socio-Economic Indexes for Areas (SEIFA) categories for approximately 70 000 records.

(c) SEIFA deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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.

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

(e) The total includes records 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 NHA.35.7 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory, 2008-09 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT* (b)	*Aust*	
					Peer group A hospitals					
Unit	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	99	100	100	100	100	100	100	35 073
Triage category 2	78	81	70	66	74	73	85	61	75	386 506
Triage category 3	63	72	57	44	57	42	53	45	61	1 278 108
Triage category 4	68	66	62	54	59	48	53	39	63	1 492 703
Triage category 5	86	88	86	83	82	82	78	76	86	315 254
Total (c)	**70**	**72**	**63**	**54**	**63**	**51**	**60**	**44**	**66**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (c)	1 101 228	852 072	778 575	274 327	255 234	73 636	91 482	81 436	3 507 990	
					Peer group B hospitals					
Unit	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	100	98	100	97	..	..	99	3 927
Triage category 2	87	87	88	68	67	89	..	..	82	71 703
Triage category 3	77	79	68	55	54	85	..	..	72	304 349
Triage category 4	75	69	75	59	68	84	..	..	71	492 116
Triage category 5	89	80	92	87	91	94	..	..	86	145 912
Total (c)	**79**	**75**	**76**	**61**	**63**	**86**	**..**	**..**	**74**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (c)	359 187	308 784	132 862	155 292	38 459	23 565	–	–	1 018 149	
					Total (Peer group A and B hospitals)					
Unit	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	99	99	100	99	100	100	100	39 000
Triage category 2	80	82	72	66	74	75	85	61	76	458 209
Triage category 3	66	74	59	47	57	50	53	45	63	1 582 457
Triage category 4	70	67	64	56	60	58	53	39	65	1 984 819

Table NHA.35.7 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory, 2008-09 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT* (b)	*Aust*	
Triage category 5	87	85	88	85	83	86	78	76	86	461 166
Total (c)	**72**	**73**	**65**	**57**	**63**	**59**	**60**	**44**	**68**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (c)	1 460 415	1 160 856	911 437	429 619	293 693	97 201	91 482	81 436	4 526 139	

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

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

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

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

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

Table NHA.35.8 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2008-09 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
					Total (Peer group A and B hospitals)					
Unit	%	%	%	%	%	%	%	%	%	no.
Indigenous										
Triage category 1	100	100	100	99	100	100	np	100	100	1 375
Triage category 2	79	85	78	69	74	74	85	60	73	14 922
Triage category 3	65	80	66	50	56	44	50	50	60	57 212
Triage category 4	69	74	73	55	61	56	56	39	62	75 460
Triage category 5	86	91	92	84	83	86	80	71	88	17 407
Total (c)	**71**	**79**	**73**	**58**	**64**	**56**	**60**	**47**	**66**	**..**
	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (c)	41 727	13 548	48 879	18 931	6 309	3 364	1 667	31 956	166 381	
Unit	%	%	%	%	%	%	%	%	%	no.
Other Australians (d)										
Triage category 1	100	100	99	99	100	99	100	100	100	37 625
Triage category 2	80	82	72	66	74	75	85	63	77	443 287
Triage category 3	66	73	58	47	57	50	53	40	63	1 525 245
Triage category 4	70	67	64	56	60	58	53	38	65	1 909 359
Triage category 5	87	85	87	85	83	86	78	79	86	443 759
Total (c)	**72**	**73**	**64**	**57**	**63**	**59**	**60**	**43**	**68**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (c)	1 418 688	1 147 308	862 558	410 688	287 384	93 837	89 815	49 480	4 359 758	

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

(b) The quality of the identification of Indigenous patients in NNAPEDCD has not been assessed. Identification of Indigenous patients is not considered to be complete, and completeness may vary among the states and territories.

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

Table NHA.35.8 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2008-09 (a), (b)**

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

(d) ‘Other Australians’ includes non-Indigenous patients and those for whom Indigenous status was not stated.

.. Not applicable. **np** Not published.

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

Table NHA.35.9 **Patients treated within national benchmarks for emergency department waiting time, by remoteness area, by State and Territory, 2008-09 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
					Total (Peer group A and B hospitals)					
Unit	%	%	%	%	%	%	%	%	%	no.
Major cities										
Triage category 1	100	100	99	100	100	100	100	100	100	27 651
Triage category 2	80	82	69	66	74	76	84	57	76	339 166
Triage category 3	66	71	54	44	57	46	53	41	61	1 113 888
Triage category 4	71	64	59	52	60	57	53	39	63	1 322 339
Triage category 5	86	81	85	82	83	87	78	77	84	295 520
Total (d)	**72**	**70**	**60**	**53**	**63**	**60**	**60**	**43**	**66**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	1 047 942	827 062	553 291	314 445	267 614	1 828	84 095	2 709	3 098 986	
Unit	%	%	%	%	%	%	%	%	%	no.
Inner regional										
Triage category 1	100	100	99	96	100	100	100	100	99	6 745
Triage category 2	79	83	72	58	74	74	89	68	76	78 047
Triage category 3	66	79	65	53	57	42	53	45	66	312 862
Triage category 4	69	74	67	62	62	48	54	38	68	460 585
Triage category 5	88	90	88	87	82	82	82	79	88	118 825
Total (d)	**72**	**79**	**68**	**61**	**64**	**51**	**62**	**45**	**71**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	351 539	268 030	201 334	74 985	15 080	59 559	5 383	1 198	977 108	
Unit	%	%	%	%	%	%	%	%	%	no.
Outer regional										
Triage category 1	100	100	100	100	100	98	100	100	100	2 603

Table NHA.35.9 **Patients treated within national benchmarks for emergency department waiting time, by remoteness area, by State and Territory, 2008-09 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Triage category 2	82	90	85	86	75	77	92	64	82	28 787
Triage category 3	67	88	71	77	59	66	51	30	68	106 800
Triage category 4	68	83	72	83	67	73	55	31	68	135 478
Triage category 5	88	95	90	96	84	92	79	67	91	26 906
Total (d)	**72**	**88**	**74**	**83**	**67**	**73**	**62**	**35**	**72**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	35 539	51 795	105 488	26 352	6 807	34 183	1 497	38 915	300 576	
Unit	%	%	%	%	%	%	%	%	%	no.
Remote										
Triage category 1	100	np	98	100	100	np	–	100	100	405
Triage category 2	81	86	87	71	70	84	np	57	69	4 482
Triage category 3	73	87	85	55	59	64	56	57	68	20 907
Triage category 4	73	82	89	61	68	69	61	52	72	29 427
Triage category 5	91	93	95	86	87	88	62	88	94	9 697
Total (d)	**76**	**86**	**90**	**62**	**67**	**70**	**60**	**56**	**74**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	3 012	1 030	30 162	3 795	2 554	978	68	23 319	64 918	
Unit	%	%	%	%	%	%	%	%	%	no.
Very remote										
Triage category 1	np	np	100	100	100	np	–	100	100	256
Triage category 2	88	100	83	71	72	62	np	62	68	2 124
Triage category 3	73	80	73	53	60	73	np	54	59	8 976
Triage category 4	75	76	79	62	65	73	np	43	54	9 310
Triage category 5	96	87	95	82	87	91	np	76	89	1 192

Table NHA.35.9 **Patients treated within national benchmarks for emergency department waiting time, by remoteness area, by State and Territory, 2008-09 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Total (d)	**78**	**82**	**80**	**62**	**67**	**73**	**53**	**51**	**60**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	391	133	4 970	1 697	742	188	19	13 718	21 858	

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

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

(c) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, State/Territory data are reported by jurisidiction of presentation, regardless of jurisidiction of residence.

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

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

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

Table NHA.35.10 **Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2008-09 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
					Total (Peer group A and B hospitals)					
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 1										
Triage category 1	100	100	99	100	100	99	100	100	100	8 375
Triage category 2	81	87	72	86	76	73	89	64	79	94 289
Triage category 3	63	77	57	78	56	54	52	45	63	353 545
Triage category 4	68	67	64	83	55	61	53	36	64	411 366
Triage category 5	86	84	86	96	79	87	81	72	85	96 194
Total (d)	**69**	**74**	**64**	**84**	**61**	**62**	**62**	**44**	**68**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	307 496	224 054	217 872	23 545	100 372	65 010	1 288	24 340	963 977	
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 2										
Triage category 1	100	100	99	100	100	100	100	100	100	7 571
Triage category 2	77	84	74	67	73	73	91	64	77	93 380
Triage category 3	64	78	64	46	56	52	58	40	64	315 073
Triage category 4	68	73	71	53	60	59	56	37	67	429 491
Triage category 5	86	89	91	84	84	88	75	68	87	124 853
Total (d)	**70**	**78**	**71**	**55**	**62**	**60**	**63**	**42**	**70**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	437 869	200 992	156 919	95 319	62 409	5 937	4 324	6 650	970 419	
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 3										
Triage category 1	100	100	99	99	100	99	100	100	100	8 276

Table NHA.35.10 **Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2008-09 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Triage category 2	77	84	72	65	73	77	87	57	75	94 855
Triage category 3	66	75	58	46	56	42	55	53	63	337 065
Triage category 4	71	67	63	54	60	51	56	47	65	455 056
Triage category 5	88	85	87	84	83	83	79	83	86	90 277
Total (d)	**72**	**73**	**63**	**56**	**63**	**54**	**63**	**51**	**67**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	288 754	289 507	181 147	131 089	46 086	16 850	4 848	27 309	985 590	
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 4										
Triage category 1	100	100	98	100	100	100	100	100	100	7 180
Triage category 2	79	81	69	67	72	82	84	65	75	91 701
Triage category 3	66	71	56	46	58	35	51	33	60	308 611
Triage category 4	68	66	60	55	65	45	53	32	62	362 832
Triage category 5	86	83	87	83	87	83	78	74	85	72 620
Total (d)	**71**	**71**	**61**	**56**	**65**	**50**	**59**	**37**	**65**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	180 428	245 600	225 451	88 152	49 682	8 370	28 537	16 831	843 051	
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 5										
Triage category 1	100	100	98	100	100	np	100	100	100	6 245
Triage category 2	86	75	75	63	71	76	84	58	77	78 309
Triage category 3	75	66	60	43	59	46	53	36	64	248 827
Triage category 4	79	63	65	54	68	59	53	34	66	297 826
Triage category 5	90	81	89	85	88	89	79	65	86	67 996

Table NHA.35.10 **Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2008-09 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Total (d)	**80**	**68**	**66**	**54**	**67**	**61**	**60**	**38**	**69**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	223 865	187 895	113 418	83 168	34 231	564	51 719	4 384	699 244	

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

(b) Area of usual residence was not reported or not mappable to Socio-Economic Indexes for Areas (SEIFA) categories for approximately 70 000 records.

(c) SEIFA quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

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

.. Not applicable. **np** Not published.

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

Table NHA.35.11 **Patients treated within national benchmarks for emergency department waiting time, by triage category, by SEIFA, 2008-09 (a), (b), (c)**

	Triage category 1	*Triage category 2*	*Triage category 3*	*Triage category 4*	*Triage category 5*	*Total* (d)	
			Total (Peer group A and B hospitals)				
Unit	%	%	%	%	%	%	no.
Decile 1	100	79	60	62	83	65	469 385
Decile 2	100	78	66	67	87	70	494 592
Decile 3	100	77	64	66	86	69	484 269
Decile 4	100	76	65	68	88	71	486 150
Decile 5	99	73	63	66	88	68	519 541
Decile 6	100	77	63	63	84	66	466 049
Decile 7	100	76	63	63	85	66	408 209
Decile 8	99	74	58	61	84	64	434 842
Decile 9	100	75	62	64	85	67	385 279
Decile 10	100	80	66	69	87	71	313 965
Total (e)	**100**	**76**	**63**	**65**	**86**	**68**	**..**
Unit	no.	no.	no.	no.	no.		
Total number (e)	39 000	458 209	1 582 457	1 984 819	461 166	4 526 139	

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

(b) Area of usual residence was not reported or not mappable to Socio-Economic Indexes for Areas (SEIFA) categories for approximately 70 000 records.

(c) SEIFA deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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.

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

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

.. Not applicable.

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

Table NHA.35.12 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2007-08 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b), (c)	*ACT* (c)	*NT* (d)	*Aust*	
Peer group A hospitals										
Unit	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	98	99	100	99	np	100	100	32 911
Triage category 2	80	77	67	65	73	72	np	58	74	364 013
Triage category 3	66	68	54	49	54	42	np	42	60	1 223 201
Triage category 4	72	63	58	51	56	47	np	35	62	1 453 336
Triage category 5	87	87	83	79	79	81	np	69	85	288 495
Total (e)	**72**	**69**	**59**	**55**	**60**	**50**	**np**	**41**	**65**	**..**
	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (e)	1 102 331	841 848	695 405	268 632	259 266	69 302	np	78 662	3 362 433	
Peer group B hospitals										
Unit	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	98	97	100	np	np	..	99	4 332
Triage category 2	84	87	85	75	51	np	np	..	81	73 193
Triage category 3	73	78	71	60	32	np	np	..	70	324 815
Triage category 4	74	69	74	62	50	np	np	..	69	559 977
Triage category 5	89	82	91	85	87	np	np	..	86	178 822
Total (e)	**76**	**75**	**77**	**65**	**44**	**np**	**np**	**..**	**73**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (e)	353 553	323 308	168 052	176 081	37 831	np	np	..	1 141 411	
Total (Peer group A and B hospitals)										
Unit	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	98	99	100	99	100	100	100	37 243
Triage category 2	81	79	69	67	71	74	81	58	75	437 206
Triage category 3	67	70	56	53	51	54	52	42	62	1 548 016

Table NHA.35.12 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2007-08 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b), (c)	*ACT* (c)	*NT* (d)	*Aust*	
Triage category 4	72	65	61	56	55	58	51	35	64	2 013 313
Triage category 5	87	85	87	82	80	86	78	69	86	467 317
Total (e)	**73**	**70**	**63**	**59**	**58**	**60**	**58**	**41**	**67**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (e)	1 455 884	1 165 156	863 457	444 713	297 097	110 346	88 529	78 662	4 503 844	

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

(b) For Tasmania, the Mersey Community Hospital is included in 2007-08 but is not included in the data for later years as it was re-classified from peer group A to peer group C and was no longer in scope for the measure.

(c) Data for peer group B in Tasmania have been suppressed as there is only one hospital in this category. Data for peer group A and B for the ACT have been suppressed as there is only one hospital in each category.

(d) There are no peer group B public hospitals in the NT.

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

.. Not applicable. **np** Not published.

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

Table NHA.35.13 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2007-08 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT*	*NT*	*Aust*	
					Total (Peer group A and B hospitals)					
Unit	%	%	%	%	%	%	%	%	%	no.
Indigenous										
Triage category 1	100	100	99	100	99	100	100	100	100	1 219
Triage category 2	80	81	76	70	72	71	84	57	72	13 289
Triage category 3	67	77	63	60	49	52	51	48	60	55 491
Triage category 4	71	71	67	62	51	58	53	37	61	77 789
Triage category 5	87	89	91	80	78	88	80	66	87	19 437
Total (d)	**73**	**77**	**70**	**64**	**56**	**59**	**58**	**44**	**65**	**..**
	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	39 440	12 873	48 988	23 215	6 809	3 771	1 466	30 667	167 229	
Unit	%	%	%	%	%	%	%	%	%	no.
Other Australians (e)										
Triage category 1	100	100	98	99	100	99	100	100	100	36 024
Triage category 2	81	79	69	67	71	74	81	58	75	423 917
Triage category 3	67	70	56	53	51	54	52	38	62	1 492 525
Triage category 4	72	65	61	56	55	58	51	34	64	1 935 524
Triage category 5	87	85	86	82	80	86	78	70	85	447 880
Total (d)	**73**	**70**	**62**	**58**	**58**	**60**	**58**	**39**	**67**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	1 416 444	1 152 283	814 469	421 498	290 288	106 575	87 063	47 995	4 336 615	

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

(b) 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.

Table NHA.35.13 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2007-08 (a), (b)**

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

(c) For Tasmania, the Mersey Community Hospital is included in 2007-08 but is not included in the data for later years as it was re-classified from peer group A to peer group C and was no longer in scope for the measure.

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

(e) ‘Other Australians’ includes non-Indigenous patients and those for whom Indigenous status was not stated.

.. Not applicable.

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

Table NHA.35.14 Patients treated within national benchmarks for emergency department waiting time, by remoteness area, by State and Territory, 2007-08 (a), (b), (c)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (d)	*ACT* (e)	*NT*	*Aust*	
					Total (Peer group A and B hospitals)					
Unit	%	%	%	%	%	%	%	%	%	no.
Major cities										
Triage category 1	100	100	98	99	100	100	99	100	100	26 527
Triage category 2	80	78	66	67	71	78	80	56	75	318 812
Triage category 3	67	67	52	50	51	52	52	41	60	1 071 321
Triage category 4	72	61	57	51	55	57	51	36	62	1 303 563
Triage category 5	87	82	83	78	80	83	77	78	83	280 932
Total (f)	**73**	**67**	**58**	**55**	**58**	**60**	**58**	**42**	**65**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (f)	1 034 379	817 097	505 862	287 403	271 305	1 870	81 492	2 430	3 001 838	
Unit	%	%	%	%	%	%	%	%	%	no.
Inner regional										
Triage category 1	100	100	97	96	100	99	100	100	99	6 266
Triage category 2	82	80	69	58	72	73	86	68	76	76 860
Triage category 3	69	77	63	52	52	46	52	42	66	314 314
Triage category 4	73	72	64	54	58	51	55	32	68	473 770
Triage category 5	89	89	87	81	80	82	82	67	88	124 926
Total (f)	**75**	**77**	**66**	**57**	**60**	**54**	**60**	**40**	**71**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (f)	367 461	267 212	202 294	71 126	14 931	66 795	5 220	1 145	996 184	
Unit	%	%	%	%	%	%	%	%	%	no.
Outer regional										
Triage category 1	100	100	99	98	99	97	100	100	99	2 493

Table NHA.35.14 Patients treated within national benchmarks for emergency department waiting time, by remoteness area, by State and Territory, 2007-08 (a), (b), (c)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (d)	*ACT* (e)	*NT*	*Aust*	
Triage category 2	79	89	85	89	73	75	86	55	81	27 859
Triage category 3	70	87	69	87	55	67	50	28	68	110 977
Triage category 4	71	80	67	92	62	69	49	27	69	161 201
Triage category 5	89	92	88	98	85	90	81	60	91	37 588
Total (f)	**73**	**86**	**71**	**91**	**63**	**70**	**58**	**31**	**72**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (f)	35 883	68 370	101 739	46 802	6 857	40 045	1 517	38 909	340 122	
Unit	%	%	%	%	%	%	%	%	%	no.
Remote										
Triage category 1	100	100	100	100	100	100	np	100	100	378
Triage category 2	79	86	85	74	72	81	25	60	70	4 182
Triage category 3	70	86	83	67	57	62	32	56	66	19 438
Triage category 4	73	79	87	67	64	68	np	48	70	28 443
Triage category 5	94	93	94	88	92	87	86	85	93	14 441
Total (f)	**76**	**85**	**89**	**70**	**65**	**68**	**54**	**54**	**74**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (f)	3 107	1 098	32 914	4 104	2 420	997	54	22 188	66 882	
Unit	%	%	%	%	%	%	%	%	%	no.
Very remote										
Triage category 1	n.p.	n.p.	100	100	95	n.p.	..	100	99	198
Triage category 2	77	82	77	72	76	64	..	61	66	1 774
Triage category 3	74	84	71	65	56	66	50	54	59	8 396
Triage category 4	73	71	75	69	61	71	67	40	53	9 070
Triage category 5	93	83	94	85	88	100	np	71	88	1 471

Table NHA.35.14 Patients treated within national benchmarks for emergency department waiting time, by remoteness area, by State and Territory, 2007-08 (a), (b), (c)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (d)	*ACT* (e)	*NT*	*Aust*	
Total (f)	**78**	**78**	**78**	**70**	**64**	**70**	**65**	**49**	**60**	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (f)	407	150	4 880	2 211	752	199	23	12 287	20 909	

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

(b) Area of usual residence was not reported or not mappable to remoteness areas for approximately 84 000 records.

(c) Disagregation by remoteness area is by usual residence, not remoteness of hospital. However data are reported by jurisidiction of presentation, regardless of jurisidiction of residence.

(d) For Tasmania, the Mersey Community Hospital is included in 2007-08 but is not included in the data for later years as it was re-classified from peer group A to peer group C and was no longer in scope for the measure.

(e) The ACT did not report any presentations with a triage category of 1 or 2 for people living in very remote areas.

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

.. Not applicable. **np** Not published.

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

Table NHA.35.15 Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2007-08 (a), (b), (c)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (d)	*ACT*	*NT*	*Aust*	
					Total (Peer group A and B hospitals)					
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 1										
Triage category 1	100	100	98	97	100	98	100	100	99	8 236
Triage category 2	79	84	69	85	75	73	84	58	76	91 500
Triage category 3	62	73	56	83	54	58	51	42	62	355 349
Triage category 4	69	65	61	85	53	61	56	33	63	430 334
Triage category 5	86	85	85	97	75	88	83	66	85	98 297
Total (e)	69	72	63	86	59	63	61	40	66	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (e)	309 294	226 705	214 401	24 437	102 836	81 224	1 367	23 806	984 070	
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 2										
Triage category 1	100	100	99	98	100	100	100	100	100	7 089
Triage category 2	78	79	68	66	69	75	83	58	74	90 811
Triage category 3	67	76	57	50	48	51	54	40	63	311 022
Triage category 4	70	72	64	50	53	60	52	32	66	422 224
Triage category 5	86	89	90	79	81	85	78	68	87	128 933
Total (e)	72	77	65	54	56	61	59	39	69	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (e)	413 776	211 679	164 209	92 670	62 534	4 224	4 157	7 004	960 253	
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 3										
Triage category 1	100	100	99	99	100	99	100	100	100	7 685

Table NHA.35.15 **Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2007-08 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (d)	*ACT*	*NT*	*Aust*	
Triage category 2	82	81	70	68	69	74	85	58	75	86 877
Triage category 3	71	71	57	55	48	42	58	50	63	317 832
Triage category 4	75	65	61	60	54	51	51	43	65	461 446
Triage category 5	89	85	86	82	79	81	80	78	86	95 909
Total (e)	76	70	62	62	56	53	60	48	68	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (e)	276 076	289 211	161 056	150 064	46 772	15 878	4 527	26 217	969 801	
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 4										
Triage category 1	100	100	98	99	100	100	99	100	100	6 839
Triage category 2	82	78	68	67	69	76	80	56	74	83 533
Triage category 3	67	68	54	51	51	34	49	31	60	288 083
Triage category 4	73	62	59	51	58	44	52	28	61	356 658
Triage category 5	88	83	85	79	86	80	77	60	84	69 371
Total (e)	73	68	60	55	59	48	57	33	64	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (e)	194 259	241 026	195 599	73 118	49 405	7 954	27 457	15 774	804 592	
Unit	%	%	%	%	%	%	%	%	%	no.
Quintile 5										
Triage category 1	100	100	99	100	100	100	100	100	100	5 860
Triage category 2	85	73	73	66	70	77	81	56	76	74 131
Triage category 3	75	64	59	51	54	53	53	34	64	242 380
Triage category 4	78	59	63	55	64	54	51	31	65	292 760
Triage category 5	90	81	88	81	88	91	78	71	85	64 862

Table NHA.35.15 **Patients treated within national benchmarks for emergency department waiting time, by SEIFA, by State and Territory, 2007-08 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (d)	*ACT*	*NT*	*Aust*	
Total (e)	80	65	64	57	62	59	58	36	68	**..**
Unit	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (e)	222 101	185 259	111 735	71 357	34 680	609	50 314	3 985	680 040	

(a) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the National Non-Admitted Patient Emergency Department Care Database. Peer group A and B hospitals provided approximately 69 per cent of Emergency Department services.

(b) Area of usual residence was not reported or not mappable to Socio-Economic Indexes for Areas (SEIFA) categories for approximately 59 000 records.

(c) SEIFA quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(d) For Tasmania, the Mersey Community Hospital is included in 2007-08 but is not included in the data for later years as it was re-classified from peer group A to peer group C and was no longer in scope for the measure.

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

.. Not applicable.

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

NHA Indicator 36:

No data are currently available to inform this indicator

Waiting times for admission following emergency department care

NHA Indicator 37:

No data are currently available to inform this indicator

Waiting times for radiotherapy and orthopaedic specialists

NHA Indicator 38:

No data are currently available to inform this indicator

Adverse drug events in hospitals

NHA Indicator 39:

Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia in acute care hospitals

Table NHA.39.1 **Episodes of *Staphylococcus aureus* (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA, by State and Territory, 2009-10 (a)**

	Unit	*NSW* (b), (c)	*Vic* (d)	*Qld* (e), (f)	*WA*	*SA*	*Tas* (f)	*ACT*	*NT*	*Aust (g)*
Infection rates										
Methicillin resistant *Staphylococcus aureus*	Rate per 10 000 patient days	0.4	0.3	0.3	0.2	0.2	0.0	0.3	0.7	np
Methicillin sensitive *Staphylococcus aureus*	Rate per 10 000 patient days	0.7	0.9	0.8	0.8	0.9	1.0	0.9	1.3	np
Total	**Rate per 10 000 patient days**	**1.0**	**1.1**	**1.1**	**1.0**	**1.2**	**1.1**	**1.2**	**2.0**	**np**
Number of infections										
Methicillin resistant *Staphylococcus aureus*	no.	109	79	90	28	29	1	9	19	np
Methicillin sensitive *Staphylococcus aureus*	no.	184	267	201	108	109	37	28	36	np
Total	**no.**	**574**	**346**	**291**	**136**	**138**	**38**	**37**	**55**	**np**
Coverage (h)	%	85	90	83	88	47	75	100	100	

(a) The SAB patient episodes were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). No denominator is available to describe the total admitted and non-admitted patient activity of public hospitals. However, the number of patient days for admitted patient activity is used as the denominator to take into account the large differences between the sizes of the public hospital sectors among the jurisdictions. The comparability of the SAB rates among jurisdictions and over time is limited because the count of patient days reflects the amount of admitted patient activity, but does not necessarily reflect the amount of non-admitted patient activity. The amount of hospital activity that patient days reflect varies among jurisdictions and over time because of variation in admission practices.

(b) Total SAB patient episodes and rates include data for the whole financial year; SAB patient episodes and rates for Methicillin sensitive Staphylococcus aureus (MSSA) only and Methicillin resistant Staphylococcus aureus (MRSA) are only for the period 1 January 2010 to 30 June 2010. MRSA only and MSSA only data are not available for the period 1 July 2009 to 31 December 2009.

(c) Data do not comply with the definition of SAB as used by the other jurisdictions, and are therefore not comparable (see Data Quality Statement for definition used).

(d) The denominator has been calculated by excluding rehabilitation beds. When the patient day data for a particular quarter were incomplete for a hospital, data from that quarter were excluded from both the numerator and denominator.

(e) Only includes patients 14 years of age and over.

(f) Coverage estimates are preliminary.

Table NHA.39.1 **Episodes of *Staphylococcus aureus* (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA, by State and Territory, 2009-10 (a)**

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

(g) The calculation of an Australian total is not appropriate given that NSW data are not comparable with other jurisdictions.

(h) Number of patient days for hospitals included in the surveillance data as a proportion of total patient days for all public hospitals. The provision of 'acute' services varies among jurisdictions, so it is not possible to exclude 'non-acute' hospitals from the indicator in a way that would be uniform among the states and territories. Therefore all public hospitals have been included in the scope (and coverage) so that the same approach is taken for each State and Territory.

np Not published.

Source : AIHW (unpublished) sourced from State and Territory healthcare-associated infection surveillance data.

NHA Indicator 40:

No data are currently available to inform this indicator

Pressure ulcers in hospitals

NHA Indicator 41:

Falls resulting in patient harm in hospitals

Table NHA.41.1 Separations for falls that occurred in a health care setting, by Indigenous status, hospital sector, remoteness and SEIFA, by State and Territory, 2008-09

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (a)	*ACT*	*NT*	*Aust*
					Number				
Hospital sector									
Private	1 126	914	1 120	406	289	np	np	np	3 997
Public	5 431	3 760	2 255	1 359	972	np	np	np	14 400
Indigenous status (b)									
Indigenous	60	8	55	49	17	5	–	44	233
Other Australians (c)	6 497	4 666	3 320	1 716	1 244	366	284	66	17 509
Remoteness of residence (d)									
Major cities	4 624	3 200	2 023	1 276	933	np	246	np	12 306
Inner regional	1 436	1 125	773	239	140	261	np	np	4 001
Outer regional	422	338	473	158	136	101	13	64	1 705
Remote and Very remote	29	4	96	89	52	5	–	43	318
SEIFA of residence (e)									
Quintile 1	1 444	874	905	148	410	198	5	35	4 019
Quintile 2	1 902	853	537	390	261	33	27	9	4 012
Quintile 3	1 186	985	706	521	242	75	17	26	3 758
Quintile 4	758	947	798	288	200	63	68	34	3 156
Quintile 5	1 221	1 008	415	415	148	np	167	np	3 379
Total (f)	**6 557**	**4 674**	**3 375**	**1 765**	**1 261**	**371**	**284**	**110**	**18 397**
					Rate per 1000 separations				
Hospital sector									
Private	1.2	1.1	1.4	1.1	1.1	np	np	np	1.2
Public	3.6	2.7	2.6	2.9	2.6	np	np	np	2.9
Indigenous status (b)									
Indigenous	1.0	0.6	0.8	0.9	0.9	1.6	–	0.7	0.8
Other Australians (c)	2.8	2.1	2.0	2.2	2.0	2.4	2.3	1.5	2.3

Table NHA.41.1 Separations for falls that occurred in a health care setting, by Indigenous status, hospital sector, remoteness and SEIFA, by State and Territory, 2008-09

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (a)	*ACT*	*NT*	*Aust*
Remoteness of residence (d)									
Major cities	2.7	2.0	2.0	2.2	2.0	np	2.3	np	2.2
Inner regional	2.8	2.5	2.0	2.3	2.1	2.7	np	np	2.5
Outer regional	2.6	2.9	1.9	2.0	1.7	2.1	2.4	1.4	2.2
Remote and Very remote	1.8	np	1.7	1.6	2.3	1.8	–	0.7	1.5
SEIFA of residence (e)									
Quintile 1	2.8	2.3	2.2	2.3	1.9	2.4	2.1	0.7	2.3
Quintile 2	3.0	2.3	1.9	2.3	2.0	2.6	3.0	0.8	2.5
Quintile 3	2.8	2.2	2.0	2.0	2.6	2.7	2.4	1.2	2.3
Quintile 4	2.3	1.9	2.0	2.0	1.9	2.5	1.6	2.0	2.0
Quintile 5	2.5	2.1	1.7	2.2	1.8	np	2.6	np	2.2
Total (f)	**2.7**	**2.1**	**2.0**	**2.1**	**2.0**	**2.4**	**2.3**	**1.0**	**2.3**

(a) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania’s total hospital separations.

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

(c) ‘Other Australians’ includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

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

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location

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

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

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.41.2 Separations for falls that occurred in a health care setting, by SEIFA, 2008-09

	Aust	
	Rate per 1000 separations	no.
SEIFA of residence (a)		
Decile 1	2.0	1 718
Decile 2	2.7	2 301
Decile 3	2.3	1 835
Decile 4	2.6	2 177
Decile 5	2.4	1 946
Decile 6	2.2	1 812
Decile 7	2.2	1 590
Decile 8	1.9	1 566
Decile 9	2.2	1 792
Decile 10	2.1	1 587
Total (b)	**2.3**	**18 397**

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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.

(b) Total includes separations for which place of residence was not known or not stated.

Source: AIHW (unpublished) National Hospital Morbidity Database.

NHA Indicator 42:

Intentional self-harm in hospitals

Table NHA.42.1 **Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA, by State and Territory, 2008-09**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (a)	*ACT*	*NT*	*Aust*
					Number				
Hospital sector									
Private	61	69	126	120	8	np	np	np	392
Public	195	96	192	194	48	np	np	np	770
Indigenous status (b)									
Indigenous	12	np	15	6	–	np	–	–	35
Other Australians (c)	244	np	303	308	56	np	31	4	1 078
Remoteness of residence (d)									
Major cities	171	125	232	233	38	–	np	np	826
Inner regional	56	25	53	34	5	np	np	–	193
Outer regional	17	13	27	32	8	np	np	np	102
Remote and Very remote	–	–	4	13	3	–	np	np	21
SEIFA of residence (e)									
Quintile 1	49	25	73	18	24	np	–	np	196
Quintile 2	70	18	35	54	11	np	np	–	194
Quintile 3	42	38	48	78	10	5	np	np	225
Quintile 4	31	35	89	75	np	5	9	np	250
Quintile 5	52	47	71	87	np	–	15	np	277
Total (f)	**256**	**165**	**318**	**314**	**56**	**18**	**31**	**4**	**1 162**
					Rate per 1000 separations				
Hospital sector									
Private	0.1	0.1	0.2	0.3	0.0	np	np	np	0.1
Public	0.1	0.1	0.2	0.5	0.1	np	np	np	0.2
Indigenous status (b)									
Indigenous	0.2	np	0.2	0.1	–	np	–	–	0.1
Other Australians (c)	0.1	np	0.2	0.4	0.1	np	0.3	np	0.2

Table NHA.42.1 Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA, by State and Territory, 2008-09

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (a)	*ACT*	*NT*	*Aust*
Remoteness of residence (d)									
Major cities	0.1	0.1	0.2	0.4	0.1	–	np	np	0.2
Inner regional	0.1	0.1	0.2	0.3	0.1	np	np	–	0.1
Outer regional	0.1	0.1	0.1	0.4	0.1	np	np	np	0.1
Remote and Very remote	–	–	np	0.3	np	–	np	np	0.1
SEIFA of residence (e)									
Quintile 1	0.1	0.1	0.2	0.3	0.1	np	–	np	0.1
Quintile 2	0.1	0.1	0.1	0.3	0.1	np	np	–	0.1
Quintile 3	0.1	0.1	0.2	0.3	0.1	0.2	np	np	0.1
Quintile 4	0.1	0.1	0.2	0.6	np	0.2	0.2	np	0.2
Quintile 5	0.1	0.1	0.3	0.5	np	–	0.2	np	0.2
Total (f)	**0.1**	**0.1**	**0.2**	**0.4**	**0.1**	**0.1**	**0.3**	**np**	**0.2**

(a) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.

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

(c) 'Other Australians' includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

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

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

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

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

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.42.2 Separations for intentional self-harm in hospitals, by SEIFA, 2008-09

	Aust	
	Rate per 1000 separations	no.
SEIFA of residence (a)		
Decile 1	0.1	93
Decile 2	0.1	103
Decile 3	0.1	71
Decile 4	0.2	123
Decile 5	0.1	108
Decile 6	0.2	117
Decile 7	0.2	144
Decile 8	0.1	106
Decile 9	0.2	142
Decile 10	0.2	135
Total (b)	**0.2**	**1 162**

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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.

(b) 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 Hospital Morbidity Database.

NHA Indicator 43:

Unplanned/unexpected readmissions within 28 days of selected surgical admissions

Table NHA.43.1 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by State and Territory, 2008-09 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)	
Unit	Rate per 1000 separations									no.
Surgical procedure prior to separation										
Knee replacement	25.0	27.7	42.5	15.9	15.1	np	np	np	27.7	235
Hip replacement	18.7	21.7	33.5	14.2	16.8	21.3	np	np	21.8	143
Tonsillectomy and Adenoidectomy	24.1	29.7	29.8	30.2	40.4	50.1	np	np	29.5	573
Hysterectomy	34.9	36.7	36.9	32.1	38.1	44.9	np	np	36.9	356
Prostatectomy	39.1	25.7	43.6	33.8	33.4	23.8	np	np	33.8	242
Cataract surgery	3.6	4.7	4.1	3.2	5.6	np	np	28.9	4.5	202
Appendicectomy	28.0	20.6	25.5	28.0	37.2	36.8	28.1	29.5	26.4	513

(a) This indicator is limited to public hospitals.

(b) Total rates and numbers for Australia do not include WA.

np Not published.

Source: AIHW (unpublished) Admitted Patient Care National Minimum Data Set.

Table NHA.43.2 **Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA, by State and Territory, 2008-09 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)	
	Rate per 1000 separations									no.
	Knee replacement									
Hospital peer group										
Peer group A	30.8	29.7	41.3	24.7	24.9	np	np	np	32.0	184
Peer group B	13.3	24.5	np	17.8	np	np	–	–	19.6	30
Other peer groups	18.1	21.9	–	9.5	np	–	–	–	17.5	21
Indigenous status (c)										
Indigenous	np	np	np	–	np	np	np	np	np	1
Other Australians (d)	25.1	27.7	43.5	16.0	15.1	np	np	–	28.8	229
Remoteness of residence (e)										
Major cities	18.5	32.3	44.2	10.1	17.6	–	np	–	26.4	129
Inner regional	36.4	22.3	38.2	28.7	np	np	np	–	29.3	68
Outer regional	34.0	19.5	45.3	26.2	np	np	np	np	29.8	34
Remote & Very remote	np	np	np	–	np	np	np	np	np	3
SEIFA of residence (f)										
Quintile 1	22.3	26.9	43.7	46.5	12.3	np	np	np	25.4	66
Quintile 2	32.1	32.6	46.5	12.8	np	np	np	np	32.6	75
Quintile 3	18.8	17.9	40.9	7.8	np	np	np	np	23.9	36
Quintile 4	20.4	30.3	43.4	21.6	np	np	np	np	28.5	37
Quintile 5	21.5	33.8	np	19.8	np	–	np	np	26.0	20
	Hip replacement									
Hospital peer group										
Peer group A	23.3	26.5	32.4	22.5	19.2	np	np	np	25.4	116
Peer group B	np	np	np	18.6	np	np	–	–	13.3	15
Other peer groups	12.3	16.9	–	3.6	np	–	–	–	13.9	12
Indigenous status (c)										

Table NHA.43.2 **Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA, by State and Territory, 2008-09 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)	
	Rate per 1000 separations									no.
Indigenous	np	np	np	–	–	np	–	np	np	1
Other Australians (d)	18.4	21.7	33.8	14.2	16.8	np	np	–	21.7	133
Remoteness of residence (e)										
Major cities	14.3	26.0	28.7	15.2	17.3	–	np	–	20.6	79
Inner regional	30.3	18.3	38.3	23.9	np	np	np	–	26.3	46
Outer regional	19.5	np	np	–	np	np	np	np	20.9	18
Remote & Very remote	np	np	np	0.1	np	np	–	np	np	–
SEIFA of residence (f)										
Quintile 1	16.5	np	34.4	–	np	np	np	np	16.4	29
Quintile 2	23.9	25.0	np	6.5	np	np	np	np	24.7	43
Quintile 3	27.4	22.5	24.0	13.2	np	np	np	np	24.7	30
Quintile 4	np	25.9	47.0	28.0	np	np	np	np	27.0	29
Quintile 5	np	29.0	np	17.5	np	–	np	np	16.1	12
					Tonsillectomy and Adenoidectomy					
Hospital peer group										
Peer group A	27.1	36.4	31.2	53.2	53.4	48.9	np	np	33.5	421
Peer group B	14.9	31.2	np	4.3	np	np	–	–	27.6	102
Other peer groups	20.3	15.8	np	24.3	11.3	–	–	np	15.7	49
Indigenous status (c)										
Indigenous	25.1	np	26.7	29.2	np	np	np	np	30.3	28
Other Australians (d)	24.1	29.6	30.1	30.3	39.7	50.8	np	np	29.6	524
Remoteness of residence (e)										
Major cities	26.7	34.8	40.1	30.1	50.7	–	np	np	34.4	390
Inner regional	16.2	23.4	10.9	18.1	20.7	55.1	np	–	20.5	109
Outer regional	26.3	25.1	17.9	43.2	26.8	np	np	np	28.1	63

Table NHA.43.2 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA, by State and Territory, 2008-09 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)	
	Rate per 1000 separations									no.
Remote & Very remote	np	np	np	44.3	np	np	np	np	19.4	9
SEIFA of residence (f)										
Quintile 1	23.3	26.1	25.9	41.5	34.9	37.5	np	np	27.0	146
Quintile 2	25.2	23.2	26.3	34.0	39.5	np	np	np	25.8	121
Quintile 3	24.3	31.4	25.9	27.6	54.7	np	np	np	31.9	125
Quintile 4	24.0	35.8	39.2	28.1	54.2	np	np	np	36.6	123
Quintile 5	21.0	39.2	32.8	26.0	np	–	np	np	28.3	56
	Hysterectomy									
Hospital peer group										
Peer group A	36.6	38.8	37.2	40.8	44.4	43.3	np	np	38.7	252
Peer group B	22.0	41.1	40.0	32.0	np	np	–	–	37.2	67
Other peer groups	37.8	19.8	np	–	27.1	–	–	–	27.7	37
Indigenous status (c)										
Indigenous	np	np	np	66.7	np	np	np	np	65.8	16
Other Australians (d)	33.5	36.7	36.1	30.8	37.8	43.0	np	np	35.6	320
Remoteness of residence (e)										
Major cities	30.6	39.2	35.6	36.7	52.5	–	np	–	37.4	201
Inner regional	42.4	39.5	40.4	34.8	np	np	np	–	39.7	110
Outer regional	32.4	16.0	37.0	29.0	np	np	np	np	29.1	37
Remote & Very remote	np	np	np	0.1	np	np	–	np	24.8	5
SEIFA of residence (f)										
Quintile 1	47.3	28.0	42.6	22.5	44.2	np	np	np	42.0	115
Quintile 2	38.2	42.1	35.4	22.1	np	np	np	np	37.5	92
Quintile 3	13.3	45.6	47.6	35.1	np	np	np	np	35.3	68
Quintile 4	29.8	41.6	23.7	44.6	np	np	np	np	34.3	54

Table NHA.43.2 **Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA, by State and Territory, 2008-09 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)	
	Rate per 1000 separations									no.
Quintile 5	25.7	np	np	28.8	np	–	np	np	25.8	24
					Prostatectomy					
Hospital peer group										
Peer group A	42.5	30.4	33.4	38.8	41.5	23.8	np	np	36.3	172
Peer group B	31.3	22.6	np	32.3	np	–	–	–	36.3	45
Other peer groups	24.4	18.8	np	29.9	27.9	–	–	–	21.3	25
Indigenous status (c)										
Indigenous	np	np	np	np	np	np	–	np	np	–
Other Australians (d)	39.5	25.8	44.1	32.8	33.5	24.3	np	np	34.4	235
Remoteness of residence (e)										
Major cities	42.0	23.3	51.2	32.6	42.3	–	np	–	36.3	154
Inner regional	28.3	27.2	39.2	40.4	np	np	np	–	27.4	51
Outer regional	47.3	37.8	np	26.3	np	np	np	np	35.4	33
Remote & Very remote	np	np	np	38.6	np	np	–	np	np	4.0
SEIFA of residence (f)										
Quintile 1	32.6	24.7	44.4	41.7	41.9	np	np	np	32.6	69
Quintile 2	42.4	32.5	np	19.4	np	np	np	np	38.3	70
Quintile 3	44.9	18.5	np	22.6	np	np	np	np	29.6	41
Quintile 4	53.2	26.0	38.5	74.1	np	np	np	np	36.3	39
Quintile 5	20.9	29.6	np	40.5	np	–	np	np	31.2	23
					Cataract surgery					
Hospital peer group										
Peer group A	3.3	5.2	4.4	8.2	10.9	np	np	32.1	5.2	105
Peer group B	np	7.3	–	1.5	np	–	–	–	6.4	55
Other peer groups	4.2	1.0	np	2.3	1.9	–	–	np	2.7	42

Table NHA.43.2 **Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA, by State and Territory, 2008-09 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)	
	Rate per 1000 separations									no.
Indigenous status (c)										
Indigenous	np	np	np	5.8	np	np	np	np	15.4	11
Other Australians (d)	3.6	4.7	3.8	3.2	5.7	np	np	19.0	4.4	187
Remoteness of residence (e)										
Major cities	4.6	6.3	3.9	2.8	8.3	–	np	np	5.5	139
Inner regional	2.6	2.4	np	1.0	np	np	np	–	2.5	29
Outer regional	np	np	5.6	9.3	4.7	np	np	24.5	4.1	25
Remote & Very remote	np	np	np	5.7	–	np	–	np	7.6	9
SEIFA of residence (f)										
Quintile 1	3.8	3.6	6.5	9.6	6.2	np	np	np	5.1	65
Quintile 2	2.3	3.5	np	2.5	np	np	np	np	2.8	33
Quintile 3	3.4	5.9	3.6	1.0	np	np	np	np	4.6	39
Quintile 4	np	5.7	np	5.1	np	np	–	np	4.8	32
Quintile 5	12.0	5.7	np	4.8	np	–	np	np	7.3	33
	Appendicectomy									
Hospital peer group										
Peer group A	31.5	18.8	25.1	31.6	36.0	41.4	28.1	30.5	27.1	407
Peer group B	18.2	27.6	23.5	24.0	np	np	–	–	23.5	73
Other peer groups	22.2	21.1	np	17.0	35.6	–	–	np	26.1	33
Indigenous status (c)										
Indigenous	35.2	np	np	36.5	np	np	np	np	42.6	24
Other Australians (d)	27.8	20.3	24.5	27.5	35.1	38.0	28.4	np	25.7	460
Remoteness of residence (e)										
Major cities	26.3	21.5	25.1	31.5	33.9	np	22.8	np	25.3	315
Inner regional	34.5	22.7	21.0	26.3	np	43.7	np	np	29.2	127

Table NHA.43.2 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA, by State and Territory, 2008-09 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (b)	
	Rate per 1000 separations									no.
Outer regional	26.6	np	30.8	18.3	43.7	np	np	np	28.4	54
Remote & Very remote	np	np	np	15.4	np	np	–	np	24.2	9
SEIFA of residence (f)										
Quintile 1	23.1	18.2	25.5	30.4	37.8	23.3	np	np	24.8	109
Quintile 2	32.2	15.5	31.1	26.5	48.2	np	np	np	30.4	122
Quintile 3	29.9	29.2	23.6	28.0	np	np	np	np	27.3	109
Quintile 4	20.1	16.0	21.6	34.3	31.7	np	np	np	21.3	80
Quintile 5	34.0	23.5	28.7	21.3	np	–	np	np	29.0	85

(a) This indicator is limited to public hospitals.

(b) Total rates and numbers for Australia do not include WA.

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

(d) ‘Other Australians’ includes readmissions for non-Indigenous people and those for whom Indigenous status was not stated.

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

(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

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

Source: AIHW (unpublished) Admitted Patient Care National Minimum Data Set.

Table NHA.43.3 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by SEIFA, 2008-09 (rate per 1000 separations) (a), (b), (c)

	Knee replacement	*Hip replacement*	*Tonsillectomy and Adenoidectomy*	*Hysterectomy*	*Prostatectomy*	*Cataract surgery*	*Appendicectomy*
SEIFA by residence							
Decile 1	25.2	13.8	25.2	46.3	33.2	7.5	29.7
Decile 2	25.6	19.0	28.9	37.8	31.9	2.7	19.7
Decile 3	30.9	17.4	26.9	37.2	35.1	3.2	32.5
Decile 4	34.2	32.9	24.6	37.9	42.7	2.3	28.3
Decile 5	25.1	23.2	28.2	29.7	27.8	3.5	27.8
Decile 6	22.6	26.3	36.1	41.1	31.4	5.8	26.8
Decile 7	26.8	25.9	36.5	33.8	35.3	5.4	23.6
Decile 8	29.9	27.9	36.7	34.8	37.4	4.1	19.3
Decile 9	22.5	22.8	27.2	22.3	35.7	6.2	30.7
Decile 10	30.8	np	29.7	30.6	24.1	9.6	27.3
Total (d)	**27.7**	**21.8**	**29.5**	**36.9**	**33.8**	**4.5**	**26.4**

(a) This indicator is limited to public hospitals.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location

(c) Excludes WA.

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

np Not published.

Source: AIHW (unpublished) Admitted Patient Care National Minimum Data Set.

Table NHA 43.4 **Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA, by State and Territory, 2007-08 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)	
	Rate per 1000 separations									no.
	Knee replacement									
Hospital peer group										
Peer group A	39.3	24.2	39.0	29.1	21.6	np	np	np	34.4	179
Peer group B	24.7	21.4	31.1	38.0	np	np	np	np	23.1	40
Other peer groups	16.6	24.3	np	15.5	np	np	np	np	19.1	20
Indigneous status (d)										
Indigenous	np	np	np	np	np	np	np	np	np	np
Other Australians (e)	32.6	23.7	37.8	23.7	20.0	np	np	np	30.7	237
Remoteness of residence (f)										
Major cities	33.5	23.1	44.3	28.5	22.2	np	np	np	32.5	155
Inner regional	29.9	25.7	27.1	np	np	np	np	np	26.0	55
Outer regional	27.0	np	np	np	np	np	np	np	26.5	26
Remote & Very remote	np	np	np	np	np	np	np	np	np	3
SEIFA of residence (g)										
Quintile 1	27.7	23.2	32.0	np	20.2	np	np	np	26.2	63
Quintile 2	40.1	17.6	26.4	31.5	np	np	np	np	31.7	67
Quintile 3	39.7	20.3	47.9	np	np	np	np	np	32.2	48
Quintile 4	32.9	32.3	42.8	np	np	np	np	np	36.6	43
Quintile 5	np	np	np	np	np	np	np	np	23.1	18
	Hip replacement									
Hospital peer group										
Peer group A	19.5	22.9	24.6	np	18.3	np	np	np	21.1	90
Peer group B	11.4	40.5	np	np	np	np	np	np	18.3	23
Other peer groups	np	np	np	15.9	np	np	np	np	np	11
Indigneous status (d)										

Table NHA 43.4 **Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA, by State and Territory, 2007-08 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)	
	Rate per 1000 separations									no.
Indigenous	np	np	np	np	np	np	np	np	np	np
Other Australians (e)	16.5	24.7	23.0	15.5	15.3	np	np	np	20.1	123
Remoteness of residence (f)										
Major cities	13.4	31.3	23.5	19.5	np	np	np	np	18.9	68
Inner regional	23.7	18.8	27.6	np	np	np	np	np	21.7	39
Outer regional	np	np	np	np	np	np	np	np	20.8	17
Remote & Very remote	np	np	np	np	np	np	np	np	np	np
SEIFA of residence (g)										
Quintile 1	17.7	12.9	26.6	np	17.9	np	np	np	17.5	30
Quintile 2	15.5	14.3	np	np	np	np	np	np	15.9	27
Quintile 3	20.6	30.6	27.8	21.1	np	np	np	np	25.1	31
Quintile 4	np	40.4	np	np	np	np	np	np	20.4	19
Quintile 5	16.8	35.1	np	np	np	np	np	np	23.5	17
	Tonsillectomy and Adenoidectomy									
Hospital peer group										
Peer group A	29.0	35.2	37.1	57.0	33.3	np	31.1	np	34.0	373
Peer group B	26.9	27.4	np	14.2	np	np	np	np	26.4	84
Other peer groups	11.6	28.4	np	26.7	np	np	np	np	21.5	59
Indigneous status (d)										
Indigenous	21.3	np	33.0	np	np	np	np	np	26.5	20
Other Australians (e)	27.2	np	35.2	39.2	np	np	np	np	30.6	493
Remoteness of residence (f)										
Major cities	26.9	31.1	48.6	49.7	29.9	np	33.0	np	33.0	331
Inner regional	27.1	29.1	13.1	47.1	np	np	np	np	25.0	117
Outer regional	24.0	35.6	14.7	np	29.7	np	np	np	31.9	58

Table NHA 43.4 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA, by State and Territory, 2007-08 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)	
	Rate per 1000 separations									no.
Remote & Very remote	np	np	np	np	np	np	np	np	np	10
SEIFA of residence (g)										
Quintile 1	25.1	31.9	30.9	94.9	29.5	np	np	np	28.8	136
Quintile 2	26.4	32.7	33.2	44.0	19.2	np	np	np	29.5	128
Quintile 3	20.5	28.9	28.8	np	18.9	np	np	np	26.5	93
Quintile 4	24.6	33.3	48.3	38.5	41.7	np	np	np	38.4	102
Quintile 5	47.8	24.3	31.7	28.6	np	np	np	np	34.4	57
	Hysterectomy									
Hospital peer group										
Peer group A	28.4	39.1	34.5	35.1	np	np	np	np	32.2	202
Peer group B	25.5	31.7	40.2	32.6	np	np	np	np	31.3	62
Other peer groups	39.0	30.3	np	24.6	30.3	np	np	np	36.4	60
Indigneous status (d)										
Indigenous	np	np	np	np	np	np	np	np	np	11
Other Australians (e)	29.7	34.2	37.7	31.3	25.1	np	np	np	32.3	311
Remoteness of residence (f)										
Major cities	25.0	35.6	34.1	49.3	17.6	np	np	np	29.1	162
Inner regional	38.2	33.4	41.6	np	np	np	np	np	37.2	102
Outer regional	33.1	37.3	45.0	33.0	28.7	np	np	np	36.8	51
Remote & Very remote	np	np	np	np	np	np	np	np	np	6
SEIFA of residence (g)										
Quintile 1	28.4	37.0	35.8	np	29.1	np	np	np	32.9	94
Quintile 2	37.6	27.7	29.6	37.0	np	np	np	np	32.6	84
Quintile 3	22.0	43.3	54.3	np	np	np	np	np	37.6	74
Quintile 4	24.5	38.9	28.1	np	np	np	np	np	29.5	46

Table NHA 43.4 **Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA, by State and Territory, 2007-08 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)	
	Rate per 1000 separations									no.
Quintile 5	21.7	24.9	np	np	np	np	np	np	26.1	24
Prostatectomy										
Hospital peer group										
Peer group A	38.4	32.0	34.8	50.0	45.3	np	np	np	36.4	162
Peer group B	17.9	15.6	78.1	23.6	29.6	np	np	np	25.0	35
Other peer groups	28.0	np	48.8	np	41.4	np	np	np	36.8	40
Indigneous status (d)										
Indigenous	np	np	np	np	np	np	np	np	np	2
Other Australians (e)	34.2	28.5	41.2	28.6	39.8	np	np	np	34.0	232
Remoteness of residence (f)										
Major cities	34.5	23.4	40.0	46.4	39.8	np	np	np	32.2	133
Inner regional	36.5	35.6	30.2	84.2	np	np	np	np	35.8	63
Outer regional	24.7	36.9	np	np	np	np	np	np	34.5	32
Remote & Very remote	np	np	np	np	np	np	np	np	np	7
SEIFA of residence (g)										
Quintile 1	37.2	30.3	27.4	np	32.8	np	np	np	33.1	69
Quintile 2	33.4	34.2	np	np	np	np	np	np	33.3	59
Quintile 3	29.2	27.8	55.6	69.0	np	np	np	np	35.5	46
Quintile 4	36.3	23.6	56.6	21.3	np	np	np	np	37.0	38
Quintile 5	29.1	22.9	np	np	np	np	np	np	30.7	23
Cataract surgery										
Hospital peer group										
Peer group A	4.3	3.1	3.8	13.8	8.9	np	np	19.8	4.8	91
Peer group B	np	np	np	np	np	np	np	np	np	35
Other peer groups	3.0	1.6	np	np	np	np	np	np	np	33

Table NHA 43.4 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA, by State and Territory, 2007-08 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)	
	Rate per 1000 separations									no.
Indigneous status (d)										
Indigenous	np	np	np	np	np	np	np	np	np	7
Other Australians (e)	3.5	3.5	3.1	3.4	4.1	np	np	17.1	3.6	151
Remoteness of residence (f)										
Major cities	5.2	4.7	2.3	np	5.4	np	np	np	4.5	112
Inner regional	1.1	1.3	5.1	7.2	np	np	np	np	1.5	17
Outer regional	2.0	np	5.4	np	np	np	np	np	3.9	23
Remote & Very remote	np	np	np	np	np	np	np	np	np	7
SEIFA of residence (g)										
Quintile 1	5.4	2.3	3.9	np	2.7	np	np	np	4.1	50
Quintile 2	1.3	2.6	np	np	7.2	np	np	np	2.3	27
Quintile 3	2.9	4.0	6.4	5.3	np	np	np	np	4.1	34
Quintile 4	4.3	2.9	np	6.5	np	np	–	np	3.5	22
Quintile 5	7.2	6.9	np	np	–	np	np	np	5.7	26
					Appendicectomy					
Hospital peer group										
Peer group A	24.3	24.4	25.0	27.1	30.9	32.2	np	22.5	24.8	349
Peer group B	18.8	28.1	36.0	27.8	24.2	np	np	np	24.8	79
Other peer groups	15.6	28.7	np	27.8	17.6	np	np	np	19.6	27
Indigneous status (d)										
Indigenous	np	np	np	41.4	np	np	np	np	np	12
Other Australians (e)	22.8	25.0	26.1	26.2	28.3	np	np	np	24.6	434
Remoteness of residence (f)										
Major cities	22.0	26.0	28.1	33.1	32.7	np	14.8	np	24.8	294
Inner regional	27.5	24.8	19.6	np	np	31.8	np	np	24.7	103

Table NHA 43.4 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA, by State and Territory, 2007-08 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)	
	Rate per 1000 separations									no.
Outer regional	13.4	25.9	22.2	np	22.3	np	np	np	21.7	43
Remote & Very remote	np	np	np	np	np	np	np	np	np	12
SEIFA of residence (g)										
Quintile 1	17.3	31.4	30.3	np	30.6	26.9	np	np	25.5	109
Quintile 2	24.7	23.7	34.1	np	19.2	np	np	np	25.0	97
Quintile 3	30.4	25.7	22.0	np	27.1	np	np	np	27.4	99
Quintile 4	18.5	23.7	20.2	np	29.4	np	np	np	21.5	78
Quintile 5	23.5	24.9	26.0	np	np	np	np	np	23.8	69

(a) The reported rate is the number of unplanned/unexpected readmissions per 1000 separations.

(b) The denominator for calculating the reported rate is limited to those separations which have a separation date between 1 July 2007 and 19 May 2008. In addition, the denominator excludes those separations where the patient died in hospital.

(c) Total rates and numbers for Australia do not include WA.

(d) The Australian totals for Indigenous/Other Australians do not include data for the ACT or Tasmania.

(e) ‘Other Australians’ includes readmissions for non-Indigenous people and those for whom Indigenous status was not stated.

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

(g) SEIFA quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence.

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

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

NHA Indicator 44:

No new data are available for this indicator

Survival of people diagnosed with cancer

NHA Indicator 45:

Rates of services: Overnight separations

Table NHA.45.1 **Overnight separations, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT* (c)	*NT*	*Aust*	
	Age standardised rate per 1000 population									no.
Hospital sector										
Private	37.7	48.6	60.9	54.6	51.8	np	np	np	47.9	1 073 759
Public	115.2	106.6	102.1	105.2	119.6	np	np	np	110.0	2 430 144
Indigenous status (d)										
Indigenous	241.9	204.0	278.2	364.0	363.6	116.8	300.2	359.2	288.4	114 260
Other Australians (e)	152.8	156.5	160.2	154.1	171.2	133.6	173.1	157.0	156.6	3 257 763
Remoteness of residence (f)										
Major cities	145.0	147.7	153.4	148.6	161.1	..	142.5	..	148.8	2 248 441
Inner regional	165.0	172.5	171.9	164.7	166.6	127.5	np	..	167.0	751 063
Outer regional	180.1	193.0	168.6	196.5	226.7	138.7	..	168.7	180.7	376 228
Remote	242.0	243.8	217.4	200.6	216.5	162.4	..	220.4	215.9	65 629
Very remote	260.3	..	256.8	238.6	235.9	159.0	..	285.0	260.1	40 289
SEIFA of residence (g)										
Quintile 1	163.7	163.7	188.9	250.9	198.7	131.0	np	221.0	175.2	788 056
Quintile 2	153.9	158.6	178.3	169.3	169.5	168.5	np	342.8	162.8	746 279
Quintile 3	160.4	158.0	157.9	152.2	179.2	128.4	324.7	252.5	159.1	697 316
Quintile 4	140.4	160.5	152.5	156.5	144.1	126.9	195.2	153.1	151.7	644 371
Quintile 5	136.1	136.7	131.8	139.5	138.5	..	132.2	159.8	135.9	604 582
Total (h)	**152.9**	**155.3**	**162.9**	**159.8**	**171.4**	**132.7**	**174.4**	**216.5**	**158.0**	**3 503 903**
Unit										
Total no. (h)	1122100	864221	704672	346100	299397	69473	56919	41021	3503903	

(a) Rates are age standardised to the Australian population as at 30 June 2001.

(b) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania’s total hospital separations.

(c) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.

Table NHA.45.1 **Overnight separations, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a)**

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

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

(e) ‘Other Australians’ includes hospitalisations of non-Indigenous people and those for whom Indigenous status was not stated.

(f) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness population group (regardless of where they reside) divided by the number of people in that remoteness population group in the jurisdiction of hospitalisation.

(g) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

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

.. Not applicable. **np** not published

Source : AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA 45.2 **Overnight separations, by SEIFA, 2008-09 (a) (b)**

	Aust	
	Age standardised rate per 1000 population	no.
SEIFA of residence		
Decile 1	176.5	385 680
Decile 2	173.7	402 376
Decile 3	168.6	367 633
Decile 4	157.6	378 646
Decile 5	163.3	355 624
Decile 6	155.4	341 692
Decile 7	147.5	308 143
Decile 8	155.8	336 228
Decile 9	137.6	316 049
Decile 10	134.2	288 533

(a) Rates are age standardised to the Australian population as at 30 June 2001.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged.The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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.

Source : AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2008.

NHA Indicator 46:

Rates of service: Outpatient occasions of service

Table NHA.46.1 **Public hospital outpatient occasions of service, by State and Territory, 2008-09 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT*	*Aust*	
Unit	Rate per 1000 population									no.
Type of outpatient care										
Allied health	108.5	196.5	146.7	463.2	112.5	173.4	76.4	44.9	174.5	3 751 560
Dental	70.8	48.0	..	5.5	5.9	3.4	..	..	36.1	775 382
Dialysis	3.6	..	0.0	..	..	..	..	..	1.2	25 612
Drug and alcohol	189.1	4.8	17.6	..	–	–	–	..	66.4	1 427 948
Endoscopy	2.6	..	3.0	..	13.8	4.6	6.5	..	2.7	57 885
Mental health	107.2	128.0	21.5	30.0	11.6	4.2	5.4	..	75.1	1 614 087
Other medical/ surgical/obstetric	748.1	307.4	590.7	346.8	572.9	732.0	908.7	553.7	553.8	11 905 566
Total outpatient care (c)	**1 230.0**	**684.6**	**779.5**	**845.5**	**716.7**	**917.6**	**997.0**	**598.6**	**909.7**	**..**

(a) Outpatient services delivered in group sessions by in-scope hospitals are excluded. All outpatient occasions of services delivered in public psychiatric hospitals are excluded.

(b) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.

(c) Total excludes Accident and Emergency, Pharmacy, Community Health, District nursing, Pathology, Radiology and organ imaging, and Other outreach.

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

Source : AIHW (unpublished) National Public Hospital Establishments database; ABS (unpublished) Estimated Resident Population, 30 June 2008.

NHA Indicator 47:

Rates of services: Non-acute care separations

Table NHA.47.1 **Non-acute care separations, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT* (d)	*NT*	*Aust*	
Unit	Age standardised rate per 1000 population									no.
Hospital sector										
Private	2.2	2.6	2.2	1.7	2.0	np	np	np	2.2	51 243
Public	4.7	5.4	4.9	6.2	4.0	np	np	np	5.2	120 802
Indigenous status (e)										
Indigenous	6.9	8.7	13.4	14.9	6.3	2.9	38.4	8.8	10.1	2 438
Other Australians (f)	7.2	8.3	7.0	7.8	6.4	4.8	20.3	6.1	7.4	160 627
Remoteness of residence (g)										
Major cities	7.1	8.4	7.7	8.1	6.6	..	16.8	..	7.8	122 550
Inner regional	6.4	7.2	5.8	6.4	4.0	5.4	np	..	6.4	32 746
Outer regional	6.2	6.3	5.9	7.7	5.0	3.1	..	10.1	6.1	13 599
Remote	7.0	4.9	5.5	7.5	4.9	3.2	..	2.2	5.7	1 527
Very remote	6.5	..	9.8	9.1	5.9	3.5	..	6.1	8.5	916
SEIFA of residence (h)										
Quintile 1	6.4	7.3	7.1	9.2	6.0	3.6	np	6.1	6.6	32 299
Quintile 2	5.6	7.2	7.6	8.8	5.9	4.7	np	5.4	6.6	33 614
Quintile 3	7.5	8.1	6.5	7.7	6.4	5.8	37.9	12.5	7.4	33 588
Quintile 4	6.9	8.4	7.4	8.2	5.8	7.4	22.8	7.9	7.8	32 982
Quintile 5	8.5	8.8	6.5	6.9	6.1	..	15.1	6.2	8.3	38 839
Total (i)	**6.9**	**8.0**	**7.0**	**7.9**	**6.0**	**4.7**	**20.5**	**7.9**	**7.4**	
Total no. (i)	54 868	47 630	30 447	16 875	12 360	2 801	6 178	886	172 045	

(a) Rates are age standardised to the Australian population as at 30 June 2001.

(b) Caution should be used in the interpretation of these data as there is some variation in the use of care type categories between jurisdictions.

(c) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania’s total hospital separations.

Table NHA.47.1 **Non-acute care separations, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)**

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

(d) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.

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

(f) ‘Other Australians’ includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

(g) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness population group (regardless of where they reside) divided by the number of people in that remoteness population group in the jurisdiction of hospitalisation.

(h) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

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

.. Not applicable. **np** Not published

Source : AIHW (unpublished) National Hospital Morbidity database; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA 47.2 Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT* (d)	*NT*	*Aust*	
	Age standardised rate per 1000 population									no.
	Rehabilitation									
Hospital sector										
Private	2.1	2.3	1.4	0.7	1.9	np	np	np	1.8	43 225
Public	2.6	2.4	2.0	4.1	1.9	np	np	np	2.6	59 170
Indigenous status (e)										
Indigenous	3.8	5.3	5.3	8.3	3.6	2.4	15.7	2.0	4.7	1 265
Other Australians (f)	4.9	4.8	3.4	4.7	3.9	3.3	9.8	0.7	4.5	96 213
Remoteness of residence (g)										
Major cities	5.1	4.9	4.0	5.2	4.1	..	8.0	..	4.8	75 500
Inner regional	4.0	4.1	2.8	3.2	2.5	3.9	np	..	3.7	18 828
Outer regional	3.2	3.8	2.3	3.1	2.9	1.9	..	0.9	2.9	6 454
Remote	3.2	3.0	2.2	3.9	3.3	1.9	..	0.9	2.8	794
Very remote	4.7	–	2.6	3.6	2.3	1.5	..	1.4	2.7	339
SEIFA of residence (h)										
Quintile 1	4.0	3.8	3.5	3.9	3.5	2.4	np	1.2	3.6	17 625
Quintile 2	3.7	4.2	3.8	5.4	3.6	3.1	np	1.3	4.0	20 178
Quintile 3	4.8	4.4	3.0	4.5	4.1	4.1	19.3	1.1	4.3	19 158
Quintile 4	4.7	5.0	3.7	5.2	3.8	5.8	10.8	0.5	4.6	19 489
Quintile 5	6.6	5.5	3.5	4.4	3.9	..	7.3	1.1	5.5	25 452
Total (i)	**4.7**	**4.7**	**3.5**	**4.8**	**3.7**	**3.3**	**9.9**	**1.0**	**4.4**	
Total no. (i)	**37 327**	**27 350**	**14 947**	**10 151**	**7 539**	**1 957**	**2 960**	**164**	**102 395**	
	Palliative care									
Hospital sector										
Private	0.1	0.1	0.4	0.9	0.1	np	np	np	0.2	4 641
Public	1.0	0.9	1.2	0.6	0.6	np	np	np	1.0	22 100

Table NHA 47.2 Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT* (d)	*NT*	*Aust*	
	Age standardised rate per 1000 population									no.
Indigenous status (e)										
Indigenous	1.3	1.8	2.6	2.4	0.6	np	3.2	1.6	1.8	397
Other Australians (f)	1.1	1.0	1.5	1.4	0.7	0.5	1.9	2.9	1.2	25 458
Remoteness of residence (g)										
Major cities	1.1	1.1	1.7	1.1	0.8	..	1.7	..	1.2	17 884
Inner regional	1.0	0.9	1.5	1.9	0.6	0.6	np	..	1.1	5 726
Outer regional	1.2	0.6	1.2	2.6	0.5	0.3	..	4.5	1.2	2 688
Remote	1.1	0.2	1.1	1.4	0.3	0.8	..	0.3	0.9	252
Very remote	np	..	1.1	1.9	0.4	np	..	0.8	1.2	131
SEIFA of residence (h)										
Quintile 1	1.2	0.9	1.7	3.0	0.7	0.4	np	2.4	1.2	5 741
Quintile 2	0.9	0.8	1.9	1.4	0.7	0.5	np	3.1	1.1	5 315
Quintile 3	1.2	1.1	1.6	1.5	1.0	0.8	3.3	3.1	1.3	5 687
Quintile 4	1.1	1.1	1.4	1.4	0.6	0.7	2.4	3.8	1.2	5 043
Quintile 5	1.0	1.1	1.3	1.0	0.6	–	1.5	2.4	1.1	4 893
Total (i)	**1.1**	**1.0**	**1.6**	**1.4**	**0.7**	**0.5**	**1.9**	**3.0**	**1.2**	
Total no. (i)	**8 335**	**5 937**	**6 807**	**3 018**	**1 432**	**306**	**579**	**327**	**26 741**	
	Geriatric evaluation and management									
Hospital sector										
Private	–	–	0.0	0.0	np	np	np	np	0.0	81
Public	0.3	2.0	0.3	0.3	0.2	np	np	np	0.8	18 062
Indigenous status (e)										
Indigenous	0.3	1.3	0.3	0.5	–	np	7.4	–	0.3	67
Other Australians (f)	0.3	2.1	0.3	0.3	0.2	0.1	4.2	–	0.8	16 796
Remoteness of residence (g)										

Table NHA 47.2 **Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT* (d)	*NT*	*Aust*	
	Age standardised rate per 1000 population									no.
Major cities	0.3	2.1	0.4	0.4	0.2	..	3.6	..	0.9	14 313
Inner regional	0.2	1.8	0.1	0.0	0.1	0.1	np	..	0.6	2 935
Outer regional	0.2	1.2	0.2	0.1	0.0	0.0	..	–	0.4	814
Remote	0.3	1.2	0.1	0.1	np	np	..	–	0.1	35
Very remote	np	..	0.2	0.2	–	np	..	–	0.1	13
SEIFA of residence (h)										
Quintile 1	0.2	2.3	0.2	0.1	0.3	0.1	np	–	0.6	3 170
Quintile 2	0.1	1.8	0.2	0.4	0.2	np	np	–	0.6	2 904
Quintile 3	0.5	2.2	0.3	0.4	0.1	0.1	6.6	–	0.9	3 922
Quintile 4	0.3	2.0	0.4	0.5	0.2	0.1	4.6	–	0.9	3 844
Quintile 5	0.3	1.8	0.4	0.2	0.1	..	3.3	–	0.9	4 270
Total (i)	**0.3**	**2.0**	**0.3**	**0.3**	**0.2**	**0.1**	**4.2**	–	**0.8**	
Total no. (i)	**2 195**	**12 215**	**1 364**	**695**	**394**	**43**	**1 237**	**–**	**18 143**	
	Psychogeriatric care									
Hospital sector										
Private	–	0.2	0.0	0.1	–	np	np	np	0.1	1 339
Public	0.1	–	0.1	0.3	0.1	np	np	np	0.1	2 147
Indigenous status (e)										
Indigenous	np	–	np	np	np	–	np	–	0.1	15
Other Australians (f)	0.1	0.2	0.1	0.4	0.1	np	0.2	–	0.2	3 416
Remoteness of residence (g)										
Major cities	0.1	0.2	0.2	0.5	0.2	..	0.2	..	0.2	3 056
Inner regional	0.1	0.1	0.0	0.2	0.1	np	np	..	0.1	288
Outer regional	0.1	0.0	0.0	0.1	np	–	..	–	0.0	97
Remote	np	–	np	0.1	np	–	..	–	np	9

Table NHA 47.2 **Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT* (d)	*NT*	*Aust*	
	Age standardised rate per 1000 population									no.
Very remote	np	..	np	np	–	np	..	–	np	6
SEIFA of residence (h)										
Quintile 1	0.1	0.1	0.1	0.2	0.1	np	np	–	0.1	392
Quintile 2	0.0	0.1	0.1	0.4	0.2	–	np	–	0.1	510
Quintile 3	0.0	0.1	0.1	0.4	0.1	np	np	–	0.1	582
Quintile 4	0.1	0.3	0.2	0.4	0.1	–	0.2	–	0.2	818
Quintile 5	0.1	0.4	0.1	0.5	0.2	..	0.1	–	0.3	1 154
Total (i)	**0.1**	**0.2**	**0.1**	**0.4**	**0.1**	np	**0.2**	–	**0.2**	
Total no. (i)	**645**	**1 117**	**526**	**880**	**263**	**4**	**51**	**–**	**3 486**	
	Maintenance care									
Hospital sector										
Private	0.0	0.0	0.3	0.1	np	np	np	np	0.1	1 957
Public	0.8	0.2	1.2	0.9	1.2	np	np	np	0.8	19 323
Indigenous status (e)										
Indigenous	1.4	np	5.1	3.4	2.1	–	11.8	5.3	3.1	694
Other Australians (f)	0.8	0.2	1.6	1.0	1.4	0.8	4.2	2.5	0.9	18 744
Remoteness of residence (g)										
Major cities	0.6	0.1	1.5	0.8	1.3	..	3.3	..	0.7	11 797
Inner regional	1.1	0.4	1.3	1.1	0.7	0.8	np	..	1.0	4 969
Outer regional	1.6	0.6	2.0	1.8	1.5	0.8	..	4.7	1.6	3 546
Remote	2.4	0.4	2.1	2.1	1.2	np	..	1.0	1.8	437
Very remote	np	..	5.8	3.3	3.2	np	..	3.9	4.4	427
SEIFA of residence (h)										
Quintile 1	1.0	0.2	1.7	2.1	1.3	0.8	np	2.5	1.1	5 371
Quintile 2	0.8	0.3	1.6	1.2	1.2	1.0	np	1.0	0.9	4 707

Table NHA 47.2 **Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (c)	*ACT* (d)	*NT*	*Aust*	
	Age standardised rate per 1000 population									no.
Quintile 3	0.8	0.3	1.4	1.0	1.2	0.9	8.3	8.4	0.9	4 239
Quintile 4	0.7	0.1	1.7	0.7	1.1	0.7	4.8	3.6	0.9	3 788
Quintile 5	0.5	0.0	1.2	0.7	1.3	..	2.9	2.7	0.6	3 070
Total (i)	**0.8**	**0.2**	**1.6**	**1.0**	**1.2**	**0.8**	**4.3**	**3.9**	**0.9**	
Total no. (i)	**6 366**	**1 011**	**6 803**	**2 131**	**2 732**	**491**	**1 351**	**395**	**21 280**	

(a) Rates are age standardised to the Australian population as at 30 June 2001.

(b) Caution should be used in the interpretation of these data as there is some variation in the use of care type categories between jurisdictions.

(c) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania’s total hospital separations.

(d) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.

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

(f) ‘Other Australians’ includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

(g) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness population group (regardless of where they reside) divided by the number of people in that remoteness population group in the jurisdiction of hospitalisation.

(h) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

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

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

Source : AIHW (unpublished) National Hospital Morbidity database (Admitted Patient Care National Minimum Data Set); ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.47.3 **Non-acute care separations, by SEIFA, 2008-09 (age standardised rate per 1000 population) (a), (b)**

	Rehabilitation	*Palliative care*	*Geriatric evaluation and management*	*Psychogeriatric care*	*Maintenance care*	*Total*
SEIFA of residence (c)						
Decile 1	3.7	1.2	0.8	0.1	1.0	6.7
Decile 2	3.6	1.2	0.5	0.1	1.1	6.6
Decile 3	4.0	1.2	0.5	0.1	1.0	6.9
Decile 4	4.0	0.9	0.6	0.1	0.8	6.4
Decile 5	4.3	1.3	0.7	0.1	1.0	7.3
Decile 6	4.3	1.3	1.1	0.2	0.8	7.6
Decile 7	4.5	1.1	0.9	0.2	1.0	7.6
Decile 8	4.8	1.3	0.9	0.2	0.8	8.1
Decile 9	5.3	1.1	1.1	0.3	0.7	8.4
Decile 10	5.7	1.0	0.6	0.2	0.6	8.2
Total (d)	**4.4**	**1.2**	**0.8**	**0.2**	**0.9**	**7.4**

(a) Rates are age standardised to the Australian population as at 30 June 2001.

(b) Caution should be used in the interpretation of these data as there is some variation in the use of care type categories between jurisdictions.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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.

(d) 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 Hospital Morbidity database; ABS (unpublished) Estimated Resident Population, 30 June 2008.

NHA Indicator 48:

Rates of services: hospital procedures

Table NHA.48.1 **Selected hospital procedures, by State and Territory, 2008-09**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (a)	*ACT*	*NT*	*Aust*
					Number				
Procedure									
Cataract extraction	65 701	47 067	41 562	20 465	15 412	4 810	1 928	917	197 862
Cholecystectomy	15 293	11 974	10 023	4 442	3 944	964	793	330	47 763
Coronary artery bypass graft (b)	4 388	3 512	3 086	752	1 240	241	203	..	13 422
Coronary angioplasty (b)	11 570	9 271	6 326	3 348	2 775	845	912	..	35 047
Cystoscopy	30 366	28 144	22 094	13 760	10 205	2 499	1 610	428	109 106
Haemorrhoidectomy	18 072	7 999	5 739	2 319	2 181	692	333	385	37 720
Hip replacement (c)	9 747	8 307	5 224	3 232	3 041	891	703	84	31 229
Inguinal herniorrhaphy	15 897	12 266	10 259	4 946	3 745	1 018	758	333	49 222
Knee replacement	12 795	7 853	7 509	3 802	3 534	706	806	112	37 117
Myringotomy	9 964	9 218	7 405	4 802	4 570	560	867	279	37 665
Tonsillectomy	14 241	10 685	10 023	5 679	4 092	640	1 069	231	46 660
Varicose veins stripping and ligation	3 985	4 618	2 380	1 170	1 168	245	409	86	14 061
Septoplasty	7 014	7 167	3 755	1 924	2 364	235	490	107	23 056
Prostatectomy	10 893	9 255	5 722	2 721	2 611	668	620	96	32 586
Hysterectomy	8 025	6 018	5 821	2 627	2 371	667	510	184	26 223
					Age-standardised rate per 1000 population (d)				
Procedure									
Cataract extraction	8.5	8.1	9.8	9.8	7.8	8.1	6.8	9.1	8.7
Cholecystectomy	2.1	2.2	2.3	2.0	2.3	1.9	2.3	1.7	2.2
Coronary artery bypass graft (b)	0.6	0.6	0.7	0.3	0.7	0.4	0.7	..	0.6
Coronary angioplasty (b)	1.5	1.6	1.4	1.5	1.5	1.4	2.9	..	1.5
Cystoscopy	4.0	5.0	5.1	6.3	5.5	4.3	5.3	3.0	4.8
Haemorrhoidectomy	2.5	1.5	1.3	1.0	1.3	1.3	1.0	2.0	1.7
Hip replacement (c)	1.3	1.4	1.2	1.5	1.5	1.5	2.4	0.8	1.4
Inguinal herniorrhaphy	2.2	2.2	2.3	2.3	2.1	1.9	2.3	1.9	2.2

Table NHA.48.1 **Selected hospital procedures, by State and Territory, 2008-09**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (a)	*ACT*	*NT*	*Aust*
Knee replacement	1.7	1.4	1.7	1.8	1.8	1.2	2.6	0.9	1.6
Myringotomy	1.5	1.8	1.7	2.3	3.2	1.2	2.7	1.1	1.8
Tonsillectomy	2.1	2.1	2.4	2.7	2.8	1.4	3.2	0.9	2.3
Varicose veins stripping and ligation	0.5	0.8	0.5	0.5	0.7	0.4	1.2	0.5	0.6
Septoplasty	1.0	1.3	0.9	0.9	1.5	0.5	1.4	0.5	1.1
Prostatectomy	3.0	3.4	2.7	2.6	2.9	2.4	4.3	1.7	3.0
Hysterectomy	2.2	2.2	2.7	2.4	2.8	2.6	2.8	1.7	2.4

(a) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania’s total hospital separations.

(b) Coronary artery bypass graft and coronary angioplasty are not performed in NT hospitals. Residents of the NT who require these procedures receive treatment interstate.

(c) Hip replacement data were not calculated according to the NHA specifications. Separations involving the procedure Partial arthroplasty of hip were excluded (385 separations nationally).

(d) Rates are age-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 (unpublished) National Hospital Morbidity database (Admitted Patient Care National Minimum Data Set); ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, 2008-09 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT* (c)	*NT*	*Aust*
					Cataract extraction				
Hospital sector									
Private	6.1	5.0	8.1	5.6	5.0	np	np	np	6.0
Public	2.5	3.1	1.7	4.3	2.8	np	np	np	2.7
Indigenous status (d)									
Indigenous	5.5	5.1	8.3	7.7	5.4	4.3	20.3	5.8	6.5
Other Australians (e)	8.5	8.2	9.6	9.7	7.9	8.1	6.7	9.0	8.7
Remoteness of residence (f)									
Major cities	8.4	8.1	9.3	10.0	7.4	..	5.9	..	8.5
Inner regional	9.2	8.0	10.5	10.8	8.2	4.6	np	..	8.9
Outer regional	7.7	9.0	10.6	8.2	9.1	5.6	..	11.5	8.8
Remote	8.0	9.2	9.0	7.4	10.5	4.6	..	5.1	8.4
Very remote	7.5	..	9.8	6.5	8.1	1.5	..	4.0	7.7
SEIFA of residence (g)									
Quintile 1	8.3	8.4	9.9	9.0	8.0	4.7	np	6.6	8.4
Quintile 2	8.4	7.8	10.6	10.1	7.9	5.3	16.0	10.7	8.6
Quintile 3	8.9	8.2	9.9	9.5	8.0	4.2	13.4	11.5	8.9
Quintile 4	8.0	8.2	9.4	9.6	7.4	6.4	8.1	9.2	8.4
Quintile 5	9.1	8.2	9.1	10.3	7.5	..	5.6	12.4	8.7
					Cholecystectomy				
Hospital sector									
Private	0.9	0.8	1.2	0.9	0.9	np	np	np	0.9
Public	1.3	1.4	1.1	1.1	1.4	np	np	np	1.2
Indigenous status (d)									
Indigenous	2.4	2.7	2.3	2.3	2.5	2.6	3.2	2.2	2.4
Other Australians (e)	2.1	2.2	2.3	2.0	2.3	1.8	2.3	1.5	2.2

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, 2008-09 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT* (c)	*NT*	*Aust*
Remoteness of residence (f)									
Major cities	2.1	2.1	2.3	2.0	2.3	..	2.0	..	2.1
Inner regional	2.3	2.5	2.4	2.1	2.2	1.6	np	..	2.3
Outer regional	2.3	2.5	2.1	2.1	2.5	2.3	..	1.5	2.2
Remote	2.2	3.1	2.0	1.9	2.6	3.2	..	1.5	2.1
Very remote	2.5	..	1.9	1.5	1.8	np	..	2.0	1.8
SEIFA of residence (g)									
Quintile 1	2.3	2.4	2.5	2.2	2.7	2.0	np	1.7	2.4
Quintile 2	2.1	2.3	2.4	2.2	2.3	2.5	9.7	3.0	2.2
Quintile 3	2.3	2.3	2.2	2.0	2.4	1.5	3.5	1.9	2.2
Quintile 4	2.0	2.3	2.3	2.1	2.0	1.4	3.2	1.1	2.2
Quintile 5	1.8	1.8	2.1	1.7	1.8	..	1.7	1.8	1.8
				Coronary artery bypass graft (h)					
Hospital sector									
Private	0.2	0.3	0.3	0.2	0.3	np	np	np	0.3
Public	0.3	0.4	0.4	0.2	0.4	np	np	np	0.3
Indigenous status (d)									
Indigenous	1.0	0.5	1.4	0.9	2.5	np	np	..	1.0
Other Australians (e)	0.6	0.6	0.7	0.3	0.6	0.4	0.7	..	0.6
Remoteness of residence (f)									
Major cities	0.6	0.6	0.7	0.3	0.5	..	0.4	..	0.6
Inner regional	0.5	0.7	0.8	0.3	0.6	0.4	np	..	0.6
Outer regional	0.4	0.6	0.7	0.3	1.1	0.4	..	..	0.6
Remote	0.5	np	0.5	0.3	1.1	np	..	..	0.5
Very remote	1.6	..	0.8	0.4	1.1	–	..	..	0.6
SEIFA of residence (g)									

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, 2008-09 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT* (c)	*NT*	*Aust*
Quintile 1	0.6	0.6	0.8	0.4	0.8	0.4	np	..	0.6
Quintile 2	0.5	0.6	0.8	0.3	0.7	0.5	10.4	..	0.6
Quintile 3	0.6	0.7	0.7	0.4	0.6	0.4	1.3	..	0.6
Quintile 4	0.5	0.7	0.7	0.3	0.5	0.5	0.6	..	0.6
Quintile 5	0.5	0.5	0.6	0.4	0.5	..	0.4	..	0.5
					Coronary angioplasty (h)				
Hospital sector									
Private	0.6	0.8	0.7	0.7	0.5	np	np	np	0.7
Public	0.9	0.9	0.7	0.8	1.0	np	np	np	0.9
Indigenous status (d)									
Indigenous	2.1	2.0	1.5	1.8	4.6	1.1	8.6	..	1.8
Other Australians (e)	1.5	1.6	1.4	1.5	1.4	1.4	2.9	..	1.5
Remoteness of residence (f)									
Major cities	1.6	1.6	1.5	1.6	1.4	..	1.7	..	1.6
Inner regional	1.2	1.7	1.5	1.4	1.3	1.4	np	..	1.5
Outer regional	1.1	1.5	1.1	1.3	1.8	1.5	..	..	1.3
Remote	1.2	2.4	1.0	1.3	2.1	1.9	..	..	1.2
Very remote	1.1	..	0.9	1.1	3.3	–	..	..	1.0
SEIFA of residence (g)									
Quintile 1	1.4	1.7	1.4	1.5	1.6	1.5	np	..	1.5
Quintile 2	1.4	1.5	1.6	1.6	1.6	2.1	42.8	..	1.5
Quintile 3	1.6	1.8	1.4	1.6	1.6	1.4	7.6	..	1.6
Quintile 4	1.6	1.7	1.4	1.5	1.3	1.0	2.5	..	1.5
Quintile 5	1.7	1.5	1.4	1.4	1.2	..	1.6	..	1.5
					Cystoscopy				
Hospital sector									

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, 2008-09 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT* (c)	*NT*	*Aust*
Private	2.5	2.3	3.4	3.5	2.8	np	np	np	2.7
Public	1.6	2.6	1.7	2.9	2.7	np	np	np	2.1
Indigenous status (d)									
Indigenous	1.7	3.0	2.8	3.2	4.7	4.1	3.8	2.0	2.5
Other Australians (e)	4.0	5.0	5.1	6.4	5.5	4.3	5.2	3.1	4.8
Remoteness of residence (f)									
Major cities	4.2	5.1	5.3	6.6	5.8	..	4.1	..	5.0
Inner regional	3.6	4.7	4.8	6.1	4.7	4.7	np	..	4.5
Outer regional	3.4	4.1	4.7	5.8	5.1	3.7	..	3.3	4.4
Remote	2.9	5.8	3.9	4.7	4.6	2.6	..	2.4	3.9
Very remote	2.5	..	3.0	3.4	4.2	np	..	1.9	3.0
SEIFA of residence (g)									
Quintile 1	3.3	4.7	4.8	5.8	5.6	3.8	np	1.9	4.3
Quintile 2	3.7	4.6	5.0	6.2	5.5	3.9	33.2	3.8	4.5
Quintile 3	4.8	5.1	5.0	5.9	5.6	4.4	8.5	3.9	5.1
Quintile 4	3.8	5.1	5.2	6.6	5.2	6.2	5.3	2.9	5.0
Quintile 5	4.6	5.0	5.3	7.1	5.5	..	4.1	4.0	5.1
					Haemorrhoidectomy				
Hospital sector									
Private	1.6	0.8	1.0	0.6	0.8	np	np	np	1.1
Public	0.8	0.7	0.3	0.5	0.5	np	np	np	0.6
Indigenous status (d)									
Indigenous	1.3	1.6	0.6	0.5	0.6	0.8	np	0.4	0.8
Other Australians (e)	2.5	1.4	1.3	1.1	1.3	1.3	1.0	2.4	1.7
Remoteness of residence (f)									
Major cities	2.5	1.3	1.2	0.9	1.2	..	0.9	..	1.6

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, 2008-09 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT* (c)	*NT*	*Aust*
Inner regional	2.6	2.1	1.7	1.6	1.4	1.0	np	..	2.0
Outer regional	2.4	1.6	1.1	1.4	1.7	1.8	..	2.7	1.7
Remote	2.1	2.1	0.7	0.9	0.9	0.6	..	0.9	1.0
Very remote	np	..	0.7	0.8	0.9	np	..	0.4	0.7
SEIFA of residence (g)									
Quintile 1	2.5	1.6	1.4	1.1	1.4	1.4	–	1.3	1.8
Quintile 2	2.2	1.6	1.3	1.2	1.1	1.8	1.7	2.5	1.8
Quintile 3	2.8	1.5	1.2	1.0	1.3	1.0	1.7	2.5	1.7
Quintile 4	2.7	1.3	1.4	1.2	1.1	1.1	1.1	2.0	1.6
Quintile 5	2.4	1.3	1.2	0.9	1.4	..	0.9	2.2	1.6
				Hip replacement (h)					
Hospital sector									
Private	0.6	0.8	0.7	0.8	0.9	np	np	np	0.7
Public	0.6	0.7	0.5	0.7	0.7	np	np	np	0.6
Indigenous status (d)									
Indigenous	0.4	0.7	0.4	0.6	0.5	1.0	np	0.5	0.5
Other Australians (e)	1.3	1.4	1.2	1.5	1.6	1.5	2.3	0.8	1.3
Remoteness of residence (f)									
Major cities	1.2	1.3	1.2	1.5	1.5	..	1.7	..	1.3
Inner regional	1.3	1.7	1.3	1.6	1.5	1.5	np	..	1.5
Outer regional	1.1	1.8	1.2	1.8	1.8	1.5	..	0.8	1.4
Remote	1.3	1.4	1.0	1.0	1.9	1.1	..	0.6	1.2
Very remote	1.7	..	0.5	0.9	0.9	np	..	0.5	0.8
SEIFA of residence (g)									
Quintile 1	1.0	1.3	1.3	1.8	1.6	1.4	np	0.7	1.2
Quintile 2	1.2	1.5	1.3	1.3	1.5	1.7	21.9	0.7	1.4

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, 2008-09 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT* (c)	*NT*	*Aust*
Quintile 3	1.3	1.4	1.1	1.3	1.7	1.5	4.7	0.7	1.3
Quintile 4	1.3	1.5	1.2	1.6	1.4	1.8	2.4	0.8	1.4
Quintile 5	1.4	1.4	1.1	1.6	1.7	..	1.6	np	1.4
				Inguinal herniorrhaphy					
Hospital sector									
Private	1.2	1.1	1.4	1.3	1.0	np	np	np	1.2
Public	1.0	1.2	0.9	1.0	1.1	np	np	np	1.0
Indigenous status (d)									
Indigenous	1.3	1.0	1.5	0.8	1.2	1.8	np	0.4	1.1
Other Australians (e)	2.2	2.2	2.4	2.3	2.1	1.9	2.3	2.3	2.2
Remoteness of residence (f)									
Major cities	2.2	2.2	2.4	2.3	2.1	..	2.0	..	2.2
Inner regional	2.2	2.3	2.3	2.3	2.2	1.8	np	..	2.2
Outer regional	2.0	2.3	2.3	2.1	2.2	2.1	..	2.3	2.2
Remote	1.9	4.1	1.8	1.5	2.5	2.1	..	1.2	1.8
Very remote	1.2	..	1.7	1.6	1.9	np	..	1.0	1.5
SEIFA of residence (g)									
Quintile 1	2.1	2.2	2.2	2.2	2.1	1.8	np	1.3	2.1
Quintile 2	2.0	2.1	2.3	2.1	2.1	2.5	7.4	2.7	2.1
Quintile 3	2.4	2.2	2.4	2.2	2.3	1.7	2.9	2.2	2.3
Quintile 4	2.2	2.4	2.5	2.4	2.0	2.0	2.6	1.9	2.3
Quintile 5	2.3	2.2	2.3	2.4	2.2	..	2.0	2.8	2.2
				Knee replacement					
Hospital sector									
Private	1.0	0.9	1.2	1.2	1.3	np	np	np	1.1
Public	0.6	0.5	0.5	0.6	0.6	np	np	np	0.6

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, 2008-09 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT* (c)	*NT*	*Aust*
Indigenous status (d)									
Indigenous	1.3	0.5	1.3	0.5	0.6	np	np	0.3	1.0
Other Australians (e)	1.6	1.4	1.7	1.7	1.8	1.2	2.6	1.0	1.6
Remoteness of residence (f)									
Major cities	1.6	1.2	1.6	1.6	1.7	..	1.8	..	1.5
Inner regional	1.8	1.7	2.0	2.2	1.9	1.2	np	..	1.8
Outer regional	1.7	1.7	1.8	2.0	2.5	1.2	..	1.2	1.8
Remote	1.6	1.9	1.4	1.6	2.4	1.1	..	0.4	1.6
Very remote	1.3	..	1.6	1.1	2.0	–	..	0.4	1.3
SEIFA of residence (g)									
Quintile 1	1.6	1.4	1.8	1.9	1.9	1.1	np	0.5	1.6
Quintile 2	1.7	1.5	2.0	1.8	1.9	1.2	25.1	1.0	1.7
Quintile 3	1.7	1.3	1.7	1.8	1.8	1.2	6.1	1.1	1.6
Quintile 4	1.7	1.5	1.6	1.7	2.0	1.4	2.7	1.1	1.7
Quintile 5	1.6	1.2	1.5	1.6	1.6	..	1.7	1.7	1.5
Myringotomy									
Hospital sector									
Private	1.0	0.9	1.1	1.4	1.8	np	np	np	1.1
Public	0.5	0.9	0.6	0.9	1.4	np	np	np	0.7
Indigenous status (d)									
Indigenous	1.2	1.6	1.3	1.8	1.6	0.7	1.9	1.4	1.4
Other Australians (e)	1.5	1.8	1.8	2.3	3.2	1.2	2.7	0.9	1.8
Remoteness of residence (f)									
Major cities	1.5	1.7	1.8	2.5	3.3	..	2.2	..	1.9
Inner regional	1.4	2.2	1.9	2.2	3.3	1.0	np	..	1.9
Outer regional	1.2	2.0	1.5	1.7	2.4	0.9	..	0.9	1.5

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, 2008-09 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT* (c)	*NT*	*Aust*
Remote	1.4	4.5	1.4	1.3	2.7	0.8	..	1.0	1.5
Very remote	np	..	1.7	1.6	1.6	np	..	1.5	1.6
SEIFA of residence (g)									
Quintile 1	1.1	1.4	1.7	1.9	2.6	0.9	np	1.1	1.4
Quintile 2	1.3	1.7	1.8	2.3	3.2	1.2	9.9	2.1	1.7
Quintile 3	1.6	1.8	1.6	2.1	3.5	1.0	4.6	1.0	1.9
Quintile 4	1.4	2.1	1.8	2.2	3.6	1.1	3.2	0.8	2.0
Quintile 5	2.2	2.0	1.9	2.7	3.7	..	2.1	0.8	2.2
					Tonsillectomy				
Hospital sector									
Private	1.3	0.9	1.5	1.5	1.5	np	np	np	1.3
Public	0.8	1.2	0.9	1.2	1.4	np	np	np	1.0
Indigenous status (d)									
Indigenous	1.2	1.6	1.1	1.1	1.6	1.0	2.2	0.3	1.1
Other Australians (e)	2.2	2.1	2.4	2.8	2.9	1.4	3.2	1.3	2.3
Remoteness of residence (f)									
Major cities	2.1	1.8	2.3	2.8	2.7	..	2.7	..	2.2
Inner regional	2.3	3.0	2.8	3.0	2.7	1.4	np	..	2.6
Outer regional	2.4	3.3	2.1	2.4	3.1	1.3	..	1.2	2.3
Remote	2.0	4.7	1.9	1.7	3.6	1.6	..	0.9	1.9
Very remote	1.8	..	1.3	1.6	2.8	np	..	0.3	1.2
SEIFA of residence (g)									
Quintile 1	1.9	2.2	2.2	2.2	2.8	1.3	np	0.5	2.1
Quintile 2	2.0	2.5	2.4	2.8	2.6	2.0	8.1	1.5	2.3
Quintile 3	2.4	2.2	2.3	2.8	3.3	1.4	5.5	1.5	2.4
Quintile 4	2.1	2.2	2.5	2.5	2.7	1.5	4.1	1.0	2.3

Table NHA.48.2 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, 2008-09 (age standardised rate per 1000 population) (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT* (c)	*NT*	*Aust*
Quintile 5	2.4	1.7	2.3	2.7	2.9	..	2.6	1.1	2.3
					Varicose veins stripping and ligation				
Hospital sector									
Private	0.3	0.4	0.4	0.4	0.4	np	np	np	0.4
Public	0.2	0.4	0.1	0.1	0.3	np	np	np	0.2
Indigenous status (d)									
Indigenous	0.1	0.3	0.1	0.1	0.6	0.5	np	np	0.2
Other Australians (e)	0.6	0.8	0.6	0.5	0.7	0.4	1.2	0.6	0.6
Remoteness of residence (f)									
Major cities	0.5	0.8	0.6	0.6	0.7	..	0.9	..	0.6
Inner regional	0.6	0.9	0.5	0.5	0.8	0.5	np	..	0.7
Outer regional	0.4	0.6	0.4	0.5	0.7	0.4	..	0.5	0.5
Remote	0.2	1.2	0.4	0.4	0.9	np	..	0.6	0.5
Very remote	np	..	0.3	0.2	0.6	–	..	np	0.2
SEIFA of residence (g)									
Quintile 1	0.5	0.8	0.4	0.5	0.7	0.4	np	0.3	0.6
Quintile 2	0.5	0.8	0.5	0.5	0.6	0.5	8.3	0.8	0.6
Quintile 3	0.5	0.9	0.5	0.4	0.8	0.4	1.5	0.7	0.6
Quintile 4	0.6	0.9	0.6	0.5	0.7	0.7	1.1	0.4	0.7
Quintile 5	0.7	0.8	0.6	0.7	0.8	..	1.0	0.4	0.7
					Septoplasty				
Hospital sector									
Private	0.8	0.8	0.7	0.6	1.0	np	np	np	0.7
Public	0.2	0.5	0.2	0.2	0.5	np	np	np	0.3
Indigenous status (d)									
Indigenous	0.2	0.4	0.3	0.3	0.4	0.4	np	0.2	0.3

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, 2008-09 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT* (c)	*NT*	*Aust*
Other Australians (e)	1.0	1.3	0.9	0.9	1.5	0.5	1.4	0.6	1.1
Remoteness of residence (f)									
Major cities	1.1	1.3	0.8	0.9	1.6	..	1.1	..	1.1
Inner regional	0.8	1.4	0.9	0.8	1.4	0.4	np	..	1.0
Outer regional	0.6	1.4	1.2	0.9	1.0	0.5	..	0.6	1.0
Remote	0.5	1.6	0.6	0.5	1.0	0.8	..	0.3	0.6
Very remote	np	..	0.5	0.3	1.5	–	..	0.1	0.5
SEIFA of residence (g)									
Quintile 1	0.8	1.3	0.8	0.8	1.3	0.4	np	0.3	0.9
Quintile 2	0.9	1.2	0.8	0.8	1.4	0.8	7.7	0.5	1.0
Quintile 3	1.0	1.4	0.8	0.8	1.6	0.5	3.1	0.6	1.1
Quintile 4	1.0	1.3	1.0	0.8	1.6	0.5	1.4	0.6	1.1
Quintile 5	1.3	1.4	0.8	1.1	1.6	..	1.1	0.3	1.2
					Prostatectomy				
Hospital sector									
Private	1.9	2.1	1.9	1.7	1.6	np	np	np	1.9
Public	1.1	1.3	0.8	0.9	1.3	np	np	np	1.1
Indigenous status (d)									
Indigenous	1.5	1.8	1.1	1.2	1.4	2.0	np	1.0	1.3
Other Australians (e)	3.0	3.4	2.7	2.6	2.9	2.3	4.4	1.7	3.0
Remoteness of residence (f)									
Major cities	3.0	3.5	2.7	2.6	2.9	..	2.9	..	3.0
Inner regional	3.0	3.3	3.0	2.8	2.9	2.8	np	..	3.1
Outer regional	2.9	3.2	2.3	2.5	3.2	1.7	..	2.0	2.7
Remote	2.4	2.1	2.4	1.8	3.2	2.1	..	1.3	2.3
Very remote	2.0	..	1.5	1.6	1.0	np	..	1.0	1.5

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, 2008-09 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT* (c)	*NT*	*Aust*
SEIFA of residence (g)									
Quintile 1	2.7	3.1	2.6	2.3	2.9	1.7	np	1.1	2.7
Quintile 2	2.8	3.1	3.1	2.3	2.8	2.4	48.5	1.0	2.9
Quintile 3	3.2	3.2	2.6	2.6	3.2	3.0	9.3	2.4	3.0
Quintile 4	2.9	3.9	2.6	2.6	2.8	4.2	4.0	2.1	3.1
Quintile 5	3.6	3.7	2.7	3.0	3.1	..	2.9	2.7	3.4
					Hysterectomy				
Hospital sector									
Private	1.2	1.0	1.7	1.5	1.4	np	np	np	1.3
Public	1.0	1.2	1.0	0.9	1.4	np	np	np	1.1
Indigenous status (d)									
Indigenous	2.1	2.1	1.8	1.3	2.1	1.8	np	1.5	1.8
Other Australians (e)	2.2	2.1	2.6	2.3	2.7	2.5	2.8	1.8	2.3
Remoteness of residence (f)									
Major cities	2.1	1.9	2.5	2.4	2.6	..	2.4	..	2.2
Inner regional	2.9	3.1	3.0	2.3	3.2	2.6	np	..	2.9
Outer regional	2.5	3.5	2.6	2.9	3.7	2.6	..	1.9	2.8
Remote	1.6	5.9	2.7	2.2	3.2	3.9	..	1.4	2.4
Very remote	np	..	1.9	1.6	2.9	np	..	1.4	1.8
SEIFA of residence (g)									
Quintile 1	2.2	2.3	2.7	2.5	3.2	2.7	np	1.3	2.5
Quintile 2	2.5	2.5	2.9	2.3	2.7	3.3	9.5	4.0	2.6
Quintile 3	2.6	2.5	2.6	2.4	3.0	2.5	3.7	2.0	2.6
Quintile 4	2.1	2.2	2.7	2.4	2.6	2.2	3.2	1.7	2.4
Quintile 5	1.8	1.6	2.4	2.4	2.4	..	2.4	0.8	2.0

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, 2008-09 (age standardised rate per 1000 population) (a)**

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

(a) Rates are age-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).

(b) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania’s total hospital separations.

(c) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.

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

(e) ‘Other Australians’ includes procedures for non-Indigenous people and those for whom Indigenous status was not stated.

(f) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness population group (regardless of where they reside) divided by the number of people in that remoteness population group in the jurisdiction of hospitalisation.

(g) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(h) Coronary artery bypass graft and coronary angioplasty are not performed in NT hospitals. Residents of the NT who require these procedures receive treatment interstate.

(i) Hip replacement data were not calculated according to the NHA specifications. Separations involving the procedure Partial arthroplasty of hip were excluded (385 separations nationally).

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

Source: AIHW (unpublished) National Hospital Morbidity database; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA.48.3 **Selected hospital procedures, by SEIFA, 2008-09 (aged standardised rate per 1000 population) (a), (b)**

	Decile 1	*Decile 2*	*Decile 3*	*Decile 4*	*Decile 5*	*Decile 6*	*Decile 7*	*Decile 8*	*Decile 9*	*Decile 10*
Procedure										
Cataract extraction	7.9	8.7	8.9	8.4	8.9	8.8	8.1	8.8	8.5	9.0
Cholecystectomy	2.4	2.3	2.4	2.1	2.3	2.2	2.1	2.2	1.8	1.8
Coronary artery bypass graft	0.6	0.6	0.6	0.6	0.6	0.6	0.5	0.6	0.5	0.5
Coronary angioplasty	1.5	1.5	1.6	1.4	1.6	1.6	1.4	1.7	1.5	1.5
Cystoscopy	4.3	4.3	4.5	4.6	5.2	5.0	4.9	5.0	5.3	5.0
Haemorrhoidectomy	1.7	1.9	1.9	1.7	1.7	1.7	1.7	1.6	1.5	1.7
Hip replacement (c)	1.2	1.3	1.4	1.3	1.4	1.3	1.3	1.5	1.4	1.4
Inguinal herniorrhaphy	2.1	2.1	2.2	2.0	2.3	2.2	2.2	2.5	2.3	2.2
Knee replacement	1.4	1.8	1.7	1.7	1.7	1.5	1.6	1.7	1.5	1.5
Myringotomy	1.3	1.6	1.7	1.8	1.8	1.9	1.9	2.0	2.2	2.2
Tonsillectomy	1.8	2.3	2.3	2.3	2.5	2.4	2.2	2.4	2.1	2.4
Varicose veins stripping and ligatior	0.6	0.6	0.6	0.6	0.6	0.7	0.6	0.7	0.7	0.8
Septoplasty	0.9	1.0	1.0	0.9	1.0	1.1	1.0	1.2	1.2	1.2
Prostatectomy	2.5	2.7	3.0	2.6	2.8	2.9	3.0	3.0	3.1	3.4
Hysterectomy	2.3	2.7	2.6	2.5	2.7	2.4	2.3	2.3	1.9	2.0

(a) Rates are age-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).

(b) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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) Hip replacement data were not calculated according to the NHA specifications. Separations involving the procedure Partial arthroplasty of hip were excluded (385 separations nationally).

Source : AIHW (unpublished) National Hospital Morbidity database (Admitted Patient Care National Minimum Data Set); ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.48.4 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT*	*Aust*
					Cataract extraction				
Hospital sector									
Private	5.8	5.0	8.1	5.3	4.8	np	np	np	5.9
Public	2.5	3.0	1.7	3.6	2.7	np	np	np	2.6
Indigenous status (c)									
Indigenous	5.5	4.9	9.7	6.0	7.2	np	np	7.8	7.0
Other Australians (d)	8.3	8.0	9.6	8.8	7.6	np	np	8.5	8.5
Remoteness of residence (e)									
Major cities	8.2	8.0	9.1	9.3	7.1	..	6.1	..	8.3
Inner regional	8.9	7.6	11.2	8.7	7.4	7.5	np	..	8.9
Outer regional	7.8	8.4	10.0	7.2	8.9	8.0	..	10.9	8.7
Remote	6.9	9.6	8.3	7.1	8.7	6.4	..	4.6	7.6
Very remote	7.0	..	9.4	5.7	11.2	2.9	..	7.4	8.2
SEIFA of residence (f)									
Quintile 1	8.3	7.9	10.0	8.0	7.8	7.1	np	8.2	8.5
Quintile 2	7.9	7.9	10.7	9.3	7.3	10.9	24.8	8.0	8.4
Quintile 3	8.7	7.8	9.7	8.2	7.4	8.5	11.0	9.9	8.5
Quintile 4	8.0	7.8	9.3	9.1	7.2	7.0	8.9	8.8	8.3
Quintile 5	8.7	8.4	8.9	9.6	7.1	..	5.5	15.2	8.5
					Cholecystectomy				
Hospital sector									
Private	0.8	0.9	1.2	1.0	0.9	np	np	np	1.0
Public	1.3	1.3	1.1	1.2	1.3	np	np	np	1.2
Indigenous status (c)									
Indigenous	2.2	2.5	2.4	2.7	2.3	np	np	2.4	2.4
Other Australians (d)	2.1	2.2	2.3	2.1	2.2	np	np	1.7	2.2

Table NHA.48.4 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT*	*Aust*
Remoteness of residence (e)									
Major cities	2.1	2.1	2.3	2.1	2.2	..	1.9	..	2.1
Inner regional	2.3	2.5	2.5	2.4	2.2	2.1	np	..	2.4
Outer regional	2.2	2.7	2.2	2.1	2.4	2.3	..	1.9	2.2
Remote	3.1	3.3	1.9	1.7	2.4	2.7	..	1.6	2.1
Very remote	1.5	..	1.7	1.9	1.6	np	..	1.9	1.7
SEIFA of residence (f)									
Quintile 1	2.4	2.3	2.5	2.4	2.6	2.2	np	1.8	2.4
Quintile 2	2.1	2.5	2.4	2.3	2.3	2.7	9.4	2.1	2.3
Quintile 3	2.4	2.3	2.3	2.1	2.1	2.4	2.3	2.5	2.3
Quintile 4	2.2	2.2	2.3	2.4	2.1	1.6	2.3	1.4	2.2
Quintile 5	1.7	1.8	2.2	1.7	1.8	..	1.8	1.9	1.8
Coronary artery bypass graft (g)									
Hospital sector									
Private	0.3	0.3	0.4	0.2	0.3	np	np	..	0.3
Public	0.3	0.4	0.4	0.2	0.4	np	np	..	0.4
Indigenous status (c)									
Indigenous	0.8	0.9	1.3	1.2	3.5	np	np	..	1.0
Other Australians (d)	0.6	0.6	0.7	0.4	0.7	np	np	..	0.6
Remoteness of residence (e)									
Major cities	0.6	0.6	0.7	0.4	0.6	..	0.4	..	0.6
Inner regional	0.5	0.7	0.8	0.4	0.7	0.5	np	..	0.6
Outer regional	0.5	0.6	0.7	0.4	1.0	0.5	..	..	0.6
Remote	0.9	–	0.6	0.3	1.2	0.5	..	..	0.6
Very remote	1.1	..	0.7	0.3	1.5	..	..	..	0.6
SEIFA of residence (f)									

Table NHA.48.4 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT*	*Aust*
Quintile 1	0.6	0.7	0.7	0.5	0.8	0.5	np	..	0.7
Quintile 2	0.6	0.6	0.8	0.5	0.6	0.6	12.0	..	0.6
Quintile 3	0.7	0.6	0.7	0.4	0.7	0.5	2.4	..	0.6
Quintile 4	0.6	0.6	0.7	0.4	0.7	0.5	0.6	..	0.6
Quintile 5	0.5	0.6	0.7	0.3	0.6	..	0.4	..	0.5
					Coronary angioplasty (g)				
Hospital sector									
Private	0.6	0.8	0.7	0.7	0.6	np	np	..	0.7
Public	0.9	0.9	0.7	0.8	1.0	np	np	..	0.9
Indigenous status (c)									
Indigenous	1.4	1.8	1.7	1.8	5.4	np	np	..	1.6
Other Australians (d)	1.5	1.7	1.5	1.4	1.5	np	np	..	1.5
Remoteness of residence (e)									
Major cities	1.7	1.6	1.5	1.5	1.4	..	1.7	..	1.6
Inner regional	1.1	1.8	1.6	1.5	1.2	1.4	np	..	1.5
Outer regional	1.0	1.6	1.1	1.4	1.8	1.4	..	..	1.3
Remote	1.0	1.2	1.2	1.1	2.2	1.7	..	..	1.2
Very remote	1.5	..	1.2	0.8	3.3	np	..	..	1.1
SEIFA of residence (f)									
Quintile 1	1.4	1.6	1.5	1.7	1.6	1.4	np	..	1.5
Quintile 2	1.4	1.7	1.6	1.5	1.6	2.4	40.9	..	1.5
Quintile 3	1.6	1.8	1.4	1.5	1.5	1.3	4.5	..	1.6
Quintile 4	1.5	1.7	1.5	1.5	1.5	1.1	2.4	..	1.6
Quintile 5	1.7	1.6	1.3	1.3	1.2	..	1.7	..	1.5

Table NHA.48.4 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT*	*Aust*
					Cystoscopy				
Hospital sector									
Private	2.4	2.3	3.3	3.2	2.8	np	np	np	2.7
Public	1.6	2.4	1.6	2.8	2.7	np	np	np	2.0
Indigenous status (c)									
Indigenous	1.8	2.7	2.6	3.1	3.6	np	np	2.7	2.5
Other Australians (d)	3.9	4.7	4.9	6.0	5.5	np	np	3.3	4.7
Remoteness of residence (e)									
Major cities	4.1	4.9	5.0	6.3	5.8	..	4.5	..	4.8
Inner regional	3.5	4.5	4.8	5.8	4.5	5.8	np	..	4.5
Outer regional	3.2	3.6	4.7	5.0	4.8	5.0	..	3.6	4.2
Remote	3.2	4.6	3.9	4.2	5.6	3.8	..	3.7	4.1
Very remote	3.0	..	2.6	3.2	3.9	3.4	..	1.7	2.8
SEIFA of residence (f)									
Quintile 1	3.3	4.3	4.6	4.9	5.5	4.9	np	2.8	4.2
Quintile 2	3.7	4.6	5.0	5.9	5.6	6.8	30.5	2.4	4.5
Quintile 3	4.8	4.7	4.7	5.4	5.6	7.0	7.8	6.1	5.0
Quintile 4	3.7	4.7	5.2	6.5	5.2	5.3	6.6	2.6	4.8
Quintile 5	4.4	5.1	5.2	6.8	5.6	..	4.3	3.1	5.0
					Haemorrhoidectomy				
Hospital sector									
Private	1.5	0.7	1.0	0.5	0.7	np	np	np	1.0
Public	0.8	0.6	0.3	0.5	0.6	np	np	np	0.6
Indigenous status (c)									
Indigenous	1.0	1.3	0.5	0.5	0.8	np	np	0.5	0.7
Other Australians (d)	2.4	1.4	1.3	1.0	1.3	np	np	2.1	1.6

Table NHA.48.4 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT*	*Aust*
Remoteness of residence (e)									
Major cities	2.3	1.2	1.2	0.8	1.3	..	0.8	..	1.6
Inner regional	2.5	2.0	1.6	1.8	1.3	1.4	np	..	2.0
Outer regional	2.2	1.4	1.0	1.5	1.2	1.9	..	2.6	1.6
Remote	1.9	1.5	0.8	1.0	0.8	0.9	..	0.5	1.0
Very remote	1.6	..	0.4	0.7	0.4	1.8	..	0.4	0.6
SEIFA of residence (f)									
Quintile 1	2.4	1.5	1.3	1.2	1.5	1.6	np	1.3	1.8
Quintile 2	2.2	1.7	1.2	1.2	1.1	2.6	1.7	1.5	1.7
Quintile 3	2.7	1.4	1.2	0.9	1.2	1.6	0.9	2.0	1.6
Quintile 4	2.5	1.3	1.4	1.2	1.2	1.0	1.0	1.8	1.6
Quintile 5	2.2	1.1	1.2	0.8	1.3	..	0.8	3.7	1.4
				Hip replacement					
Hospital sector									
Private	0.6	0.8	0.7	0.8	0.8	np	np	np	0.7
Public	0.6	0.6	0.5	0.7	0.6	np	np	np	0.6
Indigenous status (c)									
Indigenous	0.5	0.8	0.6	0.3	1.7	np	np	0.4	0.6
Other Australians (d)	1.3	1.4	1.2	1.6	1.5	np	np	0.6	1.3
Remoteness of residence (e)									
Major cities	1.2	1.3	1.2	1.5	1.4	..	1.6	..	1.3
Inner regional	1.3	1.7	1.4	1.6	1.6	1.6	np	..	1.5
Outer regional	1.3	1.6	1.1	2.0	1.8	1.6	..	0.7	1.5
Remote	1.3	1.4	1.0	1.4	1.6	0.8	..	0.5	1.2
Very remote	np	..	0.9	0.8	1.8	1.5	..	0.8	1.0
SEIFA of residence (f)									

Table NHA.48.4 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT*	*Aust*
Quintile 1	1.1	1.2	1.2	2.0	1.5	1.4	np	0.6	1.2
Quintile 2	1.2	1.6	1.3	1.5	1.4	2.3	28.1	0.4	1.4
Quintile 3	1.4	1.4	1.1	1.4	1.5	1.8	5.0	0.9	1.4
Quintile 4	1.2	1.4	1.2	1.6	1.4	1.7	2.2	0.7	1.4
Quintile 5	1.4	1.5	1.1	1.6	1.5	..	1.6	0.6	1.4
Inguinal herniorrhaphy									
Hospital sector									
Private	1.2	1.1	1.5	1.2	1.0	np	np	np	1.2
Public	1.0	1.1	0.9	1.1	1.1	np	np	np	1.0
Indigenous status (c)									
Indigenous	1.1	1.3	1.2	0.8	1.7	np	np	0.5	1.1
Other Australians (d)	2.2	2.2	2.4	2.3	2.1	np	np	2.5	2.2
Remoteness of residence (e)									
Major cities	2.2	2.1	2.3	2.4	2.1	..	2.0	..	2.2
Inner regional	2.2	2.4	2.4	2.4	2.1	2.1	np	..	2.3
Outer regional	1.9	2.6	2.3	2.2	2.3	2.5	..	2.3	2.3
Remote	2.3	1.8	2.0	1.8	2.4	2.2	..	2.1	2.0
Very remote	2.4	..	1.7	1.4	1.9	np	..	1.0	1.5
SEIFA of residence (f)									
Quintile 1	2.1	2.3	2.2	2.2	2.1	2.1	np	1.4	2.2
Quintile 2	2.0	2.3	2.3	2.3	2.1	3.0	9.4	2.9	2.2
Quintile 3	2.4	2.1	2.3	2.2	2.3	2.4	3.3	2.9	2.3
Quintile 4	2.3	2.3	2.5	2.4	2.1	2.2	2.6	1.8	2.3
Quintile 5	2.2	2.2	2.4	2.4	2.3	..	2.0	2.4	2.3

Table NHA.48.4 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT*	*Aust*
					Knee replacement				
Hospital sector									
Private	1.0	0.9	1.2	1.1	1.3	np	np	np	1.1
Public	0.6	0.5	0.5	0.6	0.5	np	np	np	0.6
Indigenous status (c)									
Indigenous	1.0	0.7	0.5	0.6	0.4	np	np	np	0.6
Other Australians (d)	1.7	1.3	1.7	1.7	1.8	np	np	0.6	1.6
Remoteness of residence (e)									
Major cities	1.6	1.2	1.6	1.7	1.7	..	1.9	..	1.5
Inner regional	1.8	1.6	1.9	2.0	1.7	1.5	np	..	1.8
Outer regional	1.7	1.7	1.7	2.2	2.5	1.5	..	0.7	1.8
Remote	1.5	1.8	1.5	1.7	2.2	0.9	..	0.1	1.5
Very remote	1.6	..	1.4	1.0	0.9	np	..	0.1	1.0
SEIFA of residence (f)									
Quintile 1	1.7	1.2	1.8	2.2	1.8	1.2	np	0.4	1.6
Quintile 2	1.7	1.6	1.8	1.8	1.8	2.4	25.4	0.3	1.7
Quintile 3	1.8	1.4	1.5	1.7	1.8	1.8	4.3	0.6	1.6
Quintile 4	1.6	1.4	1.7	1.9	1.9	1.5	3.2	0.7	1.6
Quintile 5	1.7	1.2	1.4	1.5	1.7	..	1.6	0.6	1.5
					Myringotomy				
Hospital sector									
Private	0.9	0.9	1.0	1.3	1.7	np	np	np	1.0
Public	0.5	0.9	0.6	0.7	1.2	np	np	np	0.7
Indigenous status (c)									
Indigenous	1.1	1.4	1.0	1.5	1.4	np	np	0.6	1.1
Other Australians (d)	1.4	1.7	1.6	2.0	2.9	np	np	0.8	1.7

Table NHA.48.4 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT*	*Aust*
Remoteness of residence (e)									
Major cities	1.5	1.6	1.5	2.2	3.0	..	2.0	..	1.7
Inner regional	1.3	1.9	1.8	1.9	2.8	1.4	np	..	1.7
Outer regional	1.1	2.0	1.2	1.5	2.3	1.2	..	0.9	1.4
Remote	1.3	4.0	1.3	1.2	2.3	0.7	..	0.6	1.3
Very remote	1.4	..	1.2	1.3	1.6	np	..	0.4	1.0
SEIFA of residence (f)									
Quintile 1	1.0	1.3	1.4	1.7	2.5	1.2	np	0.4	1.4
Quintile 2	1.2	1.8	1.5	2.0	2.7	1.7	9.0	1.1	1.6
Quintile 3	1.5	1.6	1.5	1.8	2.8	1.4	4.5	0.9	1.6
Quintile 4	1.4	1.8	1.6	2.1	3.4	1.3	2.9	0.9	1.8
Quintile 5	2.0	2.0	1.6	2.5	3.4	..	1.9	0.7	2.1
				Tonsillectomy					
Hospital sector									
Private	1.2	0.8	1.3	1.3	1.3	np	np	np	1.2
Public	0.7	1.1	0.7	0.9	1.4	np	np	np	0.9
Indigenous status (c)									
Indigenous	1.0	1.3	0.9	0.7	1.3	np	np	0.3	0.9
Other Australians (d)	2.0	1.9	2.1	2.3	2.8	np	np	1.5	2.1
Remoteness of residence (e)									
Major cities	1.9	1.7	1.9	2.3	2.7	..	2.4	..	2.0
Inner regional	2.1	2.7	2.7	2.3	2.7	1.2	np	..	2.4
Outer regional	2.1	2.7	1.8	1.8	2.7	1.3	..	1.3	2.0
Remote	1.8	4.3	1.7	1.4	3.2	1.8	..	1.3	1.8
Very remote	1.9	..	1.4	1.3	2.2	np	..	0.3	1.1
SEIFA of residence (f)									

Table NHA.48.4 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Aust
Quintile 1	1.8	1.8	1.9	1.7	2.9	1.3	np	0.5	1.9
Quintile 2	1.8	2.4	2.3	2.4	2.4	1.5	9.0	1.3	2.1
Quintile 3	2.2	2.0	2.1	2.1	2.8	1.1	4.0	2.0	2.1
Quintile 4	1.8	1.8	2.1	2.3	2.8	1.0	3.8	0.9	2.0
Quintile 5	2.4	1.6	1.9	2.3	2.6	..	2.3	1.3	2.1
Varicose veins stripping and ligation									
Hospital sector									
Private	0.3	0.5	0.4	0.5	0.4	np	np	np	0.4
Public	0.2	0.4	0.2	0.1	0.3	np	np	np	0.2
Indigenous status (c)									
Indigenous	0.2	0.4	0.3	np	0.6	np	np	0.1	0.2
Other Australians (d)	0.6	0.8	0.6	0.6	0.7	np	np	0.7	0.7
Remoteness of residence (e)									
Major cities	0.6	0.8	0.7	0.6	0.6	..	0.9	..	0.7
Inner regional	0.6	0.9	0.6	0.5	0.8	0.8	np	..	0.7
Outer regional	0.5	0.8	0.5	0.5	0.8	0.6	..	0.7	0.6
Remote	0.4	np	0.3	0.3	0.7	0.7	..	0.4	0.4
Very remote	0.4	..	0.3	0.3	1.0		..	0.1	0.4
SEIFA of residence (f)									
Quintile 1	0.5	0.8	0.5	0.5	0.7	0.6	np	0.3	0.6
Quintile 2	0.5	0.9	0.5	0.6	0.6	0.7	6.8	0.5	0.6
Quintile 3	0.5	0.8	0.5	0.4	0.7	0.9	1.5	0.8	0.6
Quintile 4	0.6	0.9	0.7	0.5	0.7	1.1	1.2	0.5	0.7
Quintile 5	0.7	0.8	0.7	0.8	0.7	..	0.9	0.9	0.8
Septoplasty									
Hospital sector									

Table NHA.48.4 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT*	*Aust*
Private	0.7	0.8	0.7	0.6	1.0	np	np	np	0.7
Public	0.2	0.5	0.2	0.2	0.5	np	np	np	0.3
Indigenous status (c)									
Indigenous	0.3	0.8	0.1	0.1	0.6	np	np	0.1	0.3
Other Australians (d)	1.0	1.3	0.9	0.9	1.5	np	np	0.8	1.1
Remoteness of residence (e)									
Major cities	1.0	1.3	0.8	0.9	1.6	..	1.5	..	1.1
Inner regional	0.8	1.3	0.9	0.7	1.3	0.4	np	..	1.0
Outer regional	0.6	1.5	1.2	0.8	1.1	0.4	..	0.8	1.0
Remote	0.5	1.7	0.8	0.5	0.9	np	..	0.4	0.6
Very remote	np	..	0.4	0.3	1.1	np	..	0.2	0.4
SEIFA of residence (f)									
Quintile 1	0.8	1.3	0.8	0.9	1.2	0.4	np	0.4	0.9
Quintile 2	0.8	1.4	0.8	0.7	1.6	0.6	7.0	0.4	1.0
Quintile 3	1.0	1.3	0.8	0.8	1.5	0.4	2.1	0.9	1.0
Quintile 4	1.0	1.3	0.9	0.9	1.5	0.3	1.9	0.5	1.1
Quintile 5	1.3	1.5	0.8	1.1	1.7	..	1.5	1.0	1.3
					Prostatectomy				
Hospital sector									
Private	1.8	2.1	1.9	1.7	1.7	np	np	np	1.9
Public	1.0	1.2	0.8	1.0	1.3	np	np	np	1.0
Indigenous status (c)									
Indigenous	1.3	np	2.1	1.3	2.4	np	np	1.5	1.6
Other Australians (d)	2.8	3.3	2.6	2.6	3.0	np	np	1.9	2.9
Remoteness of residence (e)									
Major cities	2.8	3.4	2.6	2.7	2.9	..	2.8	..	3.0

Table NHA.48.4 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT*	*Aust*
Inner regional	2.8	3.0	2.9	3.0	2.8	3.3	np	..	2.9
Outer regional	2.7	2.9	2.5	2.2	3.7	3.1	..	2.4	2.8
Remote	2.3	2.6	2.1	1.7	2.9	1.9	..	1.8	2.2
Very remote	np	..	1.4	0.8	2.7	2.5	..	0.9	1.4
SEIFA of residence (f)									
Quintile 1	2.6	2.8	2.7	2.3	3.0	2.7	np	1.5	2.7
Quintile 2	2.6	3.3	2.9	2.4	3.0	4.8	49.4	1.2	2.8
Quintile 3	2.7	3.0	2.4	2.5	2.9	4.1	7.2	3.8	2.7
Quintile 4	2.8	3.5	2.6	2.8	3.0	3.2	3.9	1.6	3.0
Quintile 5	3.5	3.8	2.7	2.9	3.2	..	2.7	3.7	3.4
					Hysterectomy				
Hospital sector									
Private	1.2	1.0	1.6	1.5	1.5	np	np	np	1.3
Public	1.2	1.3	1.1	1.0	1.5	np	np	np	1.2
Indigenous status (c)									
Indigenous	2.0	2.1	2.0	1.5	2.8	np	np	1.4	1.9
Other Australians (d)	2.4	2.3	2.7	2.5	3.0	np	np	2.3	2.5
Remoteness of residence (e)									
Major cities	2.3	2.1	2.5	2.5	2.8	..	2.4	..	2.3
Inner regional	2.8	3.0	3.2	2.4	3.3	2.6	np	..	3.0
Outer regional	2.7	3.3	2.8	3.0	4.1	3.0	..	2.5	3.0
Remote	2.7	np	2.5	2.3	2.9	1.8	..	1.1	2.3
Very remote	np	..	2.5	2.3	3.6	np	..	1.8	2.3
SEIFA of residence (f)									
Quintile 1	2.3	2.4	3.0	3.3	3.4	2.7	np	1.8	2.7
Quintile 2	2.8	2.9	3.2	2.4	2.9	2.9	11.1	1.6	2.8

Table NHA.48.4 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT* (b)	*NT*	*Aust*
Quintile 3	2.7	2.5	2.4	2.5	2.8	2.6	5.3	2.3	2.6
Quintile 4	2.2	2.2	2.7	2.4	2.9	2.8	3.3	2.1	2.4
Quintile 5	2.0	1.8	2.3	2.6	2.8	..	2.3	2.9	2.1

(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).

(b) The estimated resident population in quintile 2 of the ACT is very low. The high rate for the ACT in this area reflects the relatively large number of interstate resident patients hospitalised in the ACT.

(c) The Australian totals for Indigenous/Other Australians do not include data for the ACT or Tasmania.

(d) ‘Other Australians’ includes procedures for non-Indigenous people and those for whom Indigenous status was not stated.

(e) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness population group (regardless of where they reside) divided by the number of people in that remoteness population group in the jurisdiction of hospitalisation.

(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, 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. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each SEIFA population group (regardless of where they reside) divided by the number of people in that SEIFA population group in the jurisdiction of hospital.

(g) Coronary artery bypass graft and coronary angioplasty are not performed in NT hospitals. Residents of the NT requiring these procedures receive treatment

.. Not applicable. **np** Not published.

Source : AIHW (unpublished) National Hospital Morbidity database; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2008, Series B, Cat. no. 3238.0.

NHA Indicator 49:

Residential and community aged care services per 1000 population aged 70+ years

Table NHA.49.1 **Residential and community aged care places, by State and Territory, 2009-10 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Residential aged care places (b)									
Number	62 788	47 291	32 955	15 534	17 090	4 639	2 019	620	182 936
Rate per 1000 population	85.4	87.3	81.6	77.9	91.0	81.4	79.1	45.8	84.5
Community aged care places (c)									
Number	17 790	13 274	9 984	5 500	4 480	1 483	841	876	54 228
Rate per 1000 population	24.2	24.5	24.7	27.6	23.8	26.0	32.9	64.7	25.1

(a) Population is people aged 70 years or over plus Indigenous Australians aged 50–69 years at 30 June 2010.

(b) Count is of operational residential places allocated to a State or Territory which were delivered in Australian Government subsidised residential aged care facilities at 30 June 2010, and includes Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs provided in a residential aged care facility.

(c) Count is of operational community care places including: CACP, EACH and EACHD, Transition Care Program, and Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs provided in the community.

Source: DoHA (unpublished) stocktake from the Australian Government DoHA Ageing and Aged Care data warehouse; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DOHA by ABS according to the assumptions agreed to by DOHA and Indigenous population based on the ABS (Unpublished) Indigenous experimental estimates and projections (series B).

Table NHA.49.2 Residential and community aged care places per 1000 population, by planning region, 2009-10 (a)

	Residential aged care places per 1000 population (b)	*Community aged care places per 1000 population* (c)
NSW		
Central Coast	82.5	23.7
Central West	83.5	22.9
Far North Coast	84.6	21.9
Hunter	83.3	22.8
Illawarra	77.8	21.9
Inner West	107.1	23.1
Mid North Coast	76.2	22.4
Nepean	84.3	22.4
New England	80.4	22.3
Northern Sydney	97.3	23.0
Orana Far West	80.5	23.3
Riverina/Murray	84.6	22.1
South East Sydney	76.3	23.8
South West Sydney	84.7	22.9
Southern Highlands	91.9	22.7
Western Sydney	88.1	24.1
Victoria		
Barwon-South Western	90.7	23.8
Eastern Metro	86.3	22.4
Gippsland	80.5	23.7
Grampians	83.8	24.1
Hume	89.6	24.0
Loddon-Mallee	88.0	24.7
Northern Metro	85.4	25.3
Southern Metro	89.4	21.3
Western Metro	87.8	24.2
Queensland		
Brisbane North	99.4	22.0
Brisbane South	93.9	21.7
Cabool	77.9	22.2
Central West	98.0	63.9
Darling Downs	82.9	20.0
Far North	62.6	24.1
Fitzroy	83.1	26.1
Logan River Valley	75.1	20.3
Mackay	73.7	21.9
North West	51.1	51.5
Northern	83.0	19.8
South Coast	83.0	24.1
South West	97.1	42.5
Sunshine Coast	76.1	26.6

Table NHA.49.2 **Residential and community aged care places per 1000 population, by planning region, 2009-10 (a)**

	Residential aged care places per 1000 population (b)	*Community aged care places per 1000 population* (c)
West Moreton	74.6	29.8
Wide Bay	67.0	22.8
Western Australia		
Goldfields	76.2	25.8
Great Southern	77.4	28.0
Indian Ocean Territories	–	–
Kimberley	59.9	30.7
Metropolitan East	86.4	27.1
Metropolitan North	78.0	25.1
Metropolitan South East	94.3	24.8
Metropolitan South West	70.9	28.2
Mid West	54.4	30.4
Pilbara	39.5	35.9
South West	97.1	42.5
Wheatbelt	64.4	27.1
South Australia		
Eyre Peninsula	87.0	26.2
Hills, Mallee & Southern	80.6	24.0
Metropolitan East	86.4	27.1
Metropolitan North	78.0	25.1
Metropolitan South	87.3	24.5
Metropolitan West	84.6	18.0
Mid North	78.9	25.1
Riverland	77.0	27.8
South East	82.1	23.6
Whyalla, Flinders & Far North	74.1	30.4
Yorke, Lower North & Barossa	88.0	24.1
Tasmania		
North Western	75.3	21.5
Northern	83.0	19.8
Southern	81.2	26.2
Australian Capital Territory		
Australian Capital Territory	79.1	31.3
Northern Territory		
Alice Springs	54.0	73.8
Barkly	30.2	66.7
Darwin	46.5	54.0
East Arnhem	11.9	66.6
Katherine	61.5	75.7

(a) Population is people aged 70 years or over plus Indigenous Australians aged 50–69 years at 30 June 2010.

Table NHA.49.2 **Residential and community aged care places per 1000 population, by planning region, 2009-10 (a)**

	Residential aged care places per 1000 population (b)	*Community aged care places per 1000 population* (c)

(b) Count is of residential places allocated to an Aged Care Planning Region which were delivered in an Australian Government subsidised residential aged care facility and were operational at 30 June 2010, and includes Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs provided in a residential aged care facility.

(c) Count is community care places allocated to an Aged Care Planning Region which were operational at 30 June 2010 and includes: CACP, EACH and EACHD, and Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs provided in the community. Note that it does not include places allocated under the Transition Care Program as it is not possible to disaggregate these places by Aged Care Planning Region.

– Nil or rounded to zero

Source : DoHA (unpublished) stocktake from the Australian Government DoHA Ageing and Aged Care data warehouse; Population projections by SLA for 2007-2027 based on 2006 Census prepared for DOHA by ABS according to the assumptions agreed to by DOHA and Indigenous population based on the ABS (Unpublished) Indigenous experimental estimates and projections (series B).

Table NHA.49.3 Residential and community aged care places per 1000 population, by remoteness, 2009-10 (a)

	Residential aged care places per 1000 population (b)	*Community aged care places per 1000 population* (c)
Remoteness of residence		
Major cities	88.0	25.7
Inner regional	82.1	24.3
Outer regional	73.4	20.6
Remote	61.6	31.7
Very remote	47.0	43.1

(a) Population people aged 70 years and over plus Indigenous Australians aged 50–69 years at 30 June

(b) Count is of operational residential places delivered in Australian Government subsidised residential aged care facilities at 30 June 2010 and includes Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs delivered in a residential aged care facility.

(c) Count is of operational community care places at 30 June 2010 and includes: CACP, EACH and EACHD, Transition Care Program, and Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs provided in the community.

Source : DoHA (unpublished) stocktake from the Australian Government DoHA Ageing and Aged Care data warehouse; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DOHA by ABS according to the assumptions agreed to by DOHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

Table NHA.49.4 **Residential and community aged care places, by State and Territory, 2008-09 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Residential aged care places (b)									
Number	61 282	46 228	31 755	15 068	17 028	4 630	1 768	620	178 379
Rate per 1000 population	85.3	87.4	81.4	78.1	92.3	83.1	71.7	47.9	84.6
Community aged care places (c)									
Number	16 581	12 405	8 524	5 017	4 278	1 351	707	796	49 659
Rate per 1000 population	23.1	23.4	21.8	26.0	23.2	24.2	28.7	61.5	23.5

(a) Population is people aged 70 years or over plus Indigenous Australians aged 50–69 years at 30 June 2009.

(b) Count is of operational residential places allocated to a State or Territory which were delivered in Australian Government subsidised residential aged care facilities at 30 June 2009, and includes Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs provided in a residential aged care facility.

(c) Count is of operational community care places including: CACP, EACH and EACHD, Transition Care Program, and Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs provided in the community.

Source: DoHA (unpublished) stocktake from the Australian Government DoHA Ageing and Aged Care data warehouse; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DOHA by ABS according to the assumptions agreed to by DOHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

Table NHA.49.5 Residential and community aged care places per 1000 population, by planning region, 2008-09 (a)

	Residential aged care places per 1000 population (b)	*Community aged care places per 1000 population* (c)
NSW		
Central Coast	80.6	23.3
Central West	86.0	20.9
Far North Coast	81.0	21.3
Hunter	83.3	21.7
Illawarra	77.2	22.2
Inner West	109.1	21.8
Mid North Coast	75.5	21.3
Nepean	87.0	21.4
New England	78.8	21.6
Northern Sydney	96.8	21.9
Orana Far West	81.7	22.7
Riverina/Murray	81.3	20.7
South East Sydney	77.8	22.5
South West Sydney	84.9	22.0
Southern Highlands	89.3	22.4
Western Sydney	89.1	22.8
Victoria		
Barwon-South Western	92.2	22.6
Eastern Metro	84.8	21.9
Gippsland	81.3	22.6
Grampians	84.0	23.2
Hume	88.9	21.8
Loddon-Mallee	87.4	23.0
Northern Metro	84.3	24.5
Southern Metro	91.4	20.5
Western Metro	87.7	23.8
Queensland		
Brisbane North	95.5	21.9
Brisbane South	91.1	21.0
Cabool	81.7	19.6
Central West	108.2	61.2
Darling Downs	83.2	16.8
Far North	62.0	22.4
Fitzroy	86.6	22.3
Logan River Valley	79.4	18.4
Mackay	76.4	21.8
North West	52.0	46.4
Northern	84.5	18.5
South Coast	76.9	19.9
South West	89.0	40.3
Sunshine Coast	77.3	21.2

Table NHA.49.5 **Residential and community aged care places per 1000 population, by planning region, 2008-09 (a)**

	Residential aged care places per 1000 population (b)	*Community aged care places per 1000 population* (c)
West Moreton	77.2	20.4
Wide Bay	69.9	20.9
Western Australia		
Goldfields	79.1	22.6
Great Southern	79.9	25.8
Indian Ocean Territories	–	–
Kimberley	62.6	32.1
Metropolitan East	85.7	24.9
Metropolitan North	78.3	24.8
Metropolitan South East	97.0	23.6
Metropolitan South West	68.1	25.9
Mid West	56.7	30.0
Pilbara	41.9	32.3
South West	74.4	22.7
Wheatbelt	65.6	26.5
South Australia		
Eyre Peninsula	88.4	26.6
Hills, Mallee & Southern	81.8	25.7
Metropolitan East	118.0	20.4
Metropolitan North	89.8	17.9
Metropolitan South	92.6	23.7
Metropolitan West	84.8	21.2
Mid North	80.9	25.7
Riverland	78.3	23.3
South East	83.8	24.0
Whyalla, Flinders & Far North	76.2	31.3
Yorke, Lower North & Barossa	90.1	23.9
Tasmania		
North Western	77.0	20.3
Northern	88.1	24.3
Southern	83.1	23.7
Australian Capital Territory		
Australian Capital Territory	71.7	27.2
Northern Territory		
Alice Springs	55.2	68.8
Barkly	31.5	69.7
Darwin	49.2	54.0
East Arnhem	12.6	62.0
Katherine	63.1	62.3

(a) Population is people aged 70 years or over plus Indigenous Australians aged 50–69 years at 30 June 2009.

Table NHA.49.5 **Residential and community aged care places per 1000 population, by planning region, 2008-09 (a)**

	Residential aged care places per 1000 population (b)	*Community aged care places per 1000 population* (c)

(b) Count is of residential places allocated to an Aged Care Planning Region which were delivered in an Australian Government subsidised residential aged care facility and were operational at 30 June 2009, and includes Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs provided in a residential aged care facility.

(c) Count is community care places allocated to an Aged Care Planning Region which were operational at 30 June 2009 and includes: CACP, EACH and EACHD, and Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs provided in the community. Note that it does not include places allocated under the Transtion Care Program as it is not possible to disaggregate these places by Aged Care Planning Region.

– Nil or rounded to zero.

Source : DoHA (unpublished) stocktake from the Australian Government DoHA Ageing and Aged Care data warehouse; Population projections by SLA for 2007-2027 based on 2006 Census prepared for DOHA by ABS according to the assumptions agreed to by DOHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

Table NHA.49.6 Residential and community aged care places per 1000 population, by remoteness, 2008-09 (a)

	Residential aged care places per 1000 population (b)	*Community aged care places per 1000 population* (c)
Remoteness of residence		
Major cities	87.7	24.3
Inner regional	83.1	22.0
Outer regional	73.1	19.8
Remote	63.3	30.3
Very remote	46.9	44.0

(a) Population people aged 70 years and over plus Indigenous Australians aged 50–69 years at 30 June 2009.

(b) Count is of operational residential places delivered Australian Government subsidised residential aged care facilities at 30 June 2009 and includes Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs delivered in a residential aged care facility.

(c) Count is of operational community care places at 30 June 2009 and includes: CACP, EACH and EACHD, Transition Care Program, and Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs.

Source : DoHA (unpublished) stocktake from the Australian Government DoHA Ageing and Aged Care data warehouse; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DOHA by ABS according to the assumptions agreed to by DOHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

NHA Indicator 50:

There is currently no agreed measure, nor data available, to inform this indicator

Staphylococcus aureus (including MRSA) bacteraemia in residential aged care

NHA Indicator 51:

There is currently no agreed measure, nor data available, to inform this indicator

Pressure ulcers in residential aged care

NHA Indicator 52:

Falls in residential aged care resulting in patient harm and treated in hospital

Table NHA.52.1 **Falls resulting in patient harm in residential aged care and treated in hospital, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
					Number				
Indigenous status (c)									
Indigenous	17	4	32	17	3	np	–	np	79
Other Australians (d)	6 886	5 406	3 282	1 389	1 522	np	386	np	18 510
Remoteness of residence (e)									
Major cities	4 675	4 352	2 176	1 060	1 114	..	345	..	13 722
Inner regional	1 600	853	683	193	159	233	30	..	3 751
Outer regional	556	np	389	124	198	np	11	18	1 582
Remote and very remote	39	np	63	29	54	np	..	13	201
SEIFA of residence (f)									
Quintile 1	1 276	774	828	115	483	176	3	3	3 658
Quintile 2	2 023	838	587	239	313	24	24	3	4 051
Quintile 3	1 093	888	809	362	330	60	49	16	3 607
Quintile 4	916	1 453	676	245	191	62	117	9	3 669
Quintile 5	1 561	1 452	411	445	208	..	193	–	4 270
Total (g)	**6 903**	**5 410**	**3 314**	**1 406**	**1 525**	**322**	**386**	**31**	**19 297**
					Rate per 10 000 resident-occupied place days				
Indigenous status (c)									
Indigenous	2.3	np	3.5	1.8	np	np	–	np	2.2
Other Australians (d)	3.4	3.6	3.2	2.9	2.6	np	6.7	np	3.3
Remoteness of residence (e)									
Major cities	3.3	4.1	3.4	2.8	2.5	..	6.0	..	3.4
Inner regional	3.4	2.5	2.6	3.3	2.6	2.2	np	..	2.9
Outer regional	3.8	np	3.0	3.5	3.4	np	..	2.2	3.1
Remote and very remote	5.5	np	3.1	2.2	5.9	np	..	1.8	3.3
SEIFA of residence (f)									

Table NHA.52.1 **Falls resulting in patient harm in residential aged care and treated in hospital, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Quintile 1	3.2	3.0	3.1	4.9	2.7	2.0	np	np	3.0
Quintile 2	3.4	2.9	3.2	2.5	2.6	2.8	23.3	np	3.2
Quintile 3	3.1	3.1	3.9	2.5	3.8	2.2	27.7	4.2	3.2
Quintile 4	3.4	4.6	2.9	2.7	1.8	2.3	7.8	2.2	3.5
Quintile 5	3.8	4.1	2.7	3.2	2.4	..	4.9	–	3.6
Total (g)	**3.4**	**3.6**	**3.2**	**2.9**	**2.6**	**2.1**	**6.7**	**2.0**	**3.3**

(a) Refers to the number of hospital separations involving one or more falls in an aged care facility, not the number of falls.

(b) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.

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

(d) 'Other Australians' includes falls by non-Indigenous people and those for whom Indigenous status was not stated.

(e) Disaggregation by remoteness area is by usual residence (numerator) and client postcode prior to admission to residential aged care (denominator), not remoteness of hospital or residential aged care facility. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence or residential aged care facility.

(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence (numerator) and client postcode prior to admission to residential aged care (denominator), not the location of the hospital or residential aged care facility.

(g) Total includes separations for which place of residence was not known or not stated.

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

Source: AIHW (unpublished) Admitted Patient Care National Minimum Data Set; DoHA (unpublished) Aged Care Data Warehouse.

Table NHA.52.2 Falls resulting in patient harm in residential aged care and treated in hospital, by SEIFA, 2008-09 (a), (b)

	Aust	
	Rate per 10 000 resident-occupied place days	No.
SEIFA of residence		
Decile 1	2.8	1 545
Decile 2	3.1	2 113
Decile 3	3.2	1 978
Decile 4	3.1	2 073
Decile 5	3.1	1 784
Decile 6	3.4	1 823
Decile 7	3.1	1 695
Decile 8	3.8	1 974
Decile 9	3.6	2 225
Decile 10	3.7	2 045
Total (c)	**3.3**	**19 297**

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence (numerator) and client postcode prior to admission to residential aged care (denominator), not the location of the hospital or residential aged care facility.

(b) Refers to the number of hospital separations involving one or more falls in an aged care facility, not the number of falls.

(c) Total includes separations for which place of residence was not known or not stated.

Source: AIHW (unpublished) Admitted Patient Care National Minimum Data Set; DoHA (unpublished) Aged Care Data Warehouse.

Table NHA.52.3 Falls resulting in patient harm in residential aged care and treated in hospital, by Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Number				
Indigenous status (b)									
Indigenous	9	5	25	11	8	np	np	10	68
Other Australians (c)	6 367	5 735	3 007	1 205	1 359	np	np	29	17 702
Remoteness of residence (d)									
Major cities	4 320	4 642	1 890	919	990	..	267	..	13 028
Inner regional	1 474	899	712	166	150	211	26	..	3 638
Outer regional	520	194	371	112	174	69	12	19	1 471
Remote and very remote	39	np	59	19	52	..	..	20	192
SEIFA of residence (e)									
Quintile 1	1 208	872	825	89	458	155	–	4	3 611
Quintile 2	1 825	946	532	192	258	20	23	8	3 804
Quintile 3	1 026	1 044	664	304	248	55	43	15	3 399
Quintile 4	785	1 415	634	226	199	50	95	12	3 416
Quintile 5	1 509	1 461	377	405	203	..	144	–	4 099
Total (f)	**6 376**	**5 740**	**3 032**	**1 216**	**1 367**	**280**	**305**	**39**	**18 355**
					Rate per 10 000 resident-occupied place days				
Indigenous status (b)									
Indigenous	1.4	2.7	2.7	1.3	4.6	np	np	1.8	2.0
Other Australians (c)	3.2	3.9	2.9	2.5	2.4	np	np	2.9	3.2
Remoteness of residence (d)									
Major cities	3.1	4.4	3.0	2.4	2.2	..	4.7	..	3.3
Inner regional	3.3	2.7	2.8	2.9	2.5	2.0	np	..	2.9
Outer regional	3.6	2.2	2.9	3.1	2.9	1.6	–	2.4	2.9
Remote and very remote	5.3	np	2.9	1.6	5.4	..	..	2.8	3.2
SEIFA of residence (e)									

Table NHA.52.3 Falls resulting in patient harm in residential aged care and treated in hospital, by Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Quintile 1	3.0	3.4	3.1	3.8	2.6	1.7	–	np	3.0
Quintile 2	3.2	3.3	2.9	2.1	2.2	2.6	24.4	2.8	3.0
Quintile 3	2.9	3.7	3.3	2.1	2.9	2.0	25.7	4.1	3.1
Quintile 4	3.0	4.5	2.7	2.6	1.9	1.8	6.3	2.9	3.2
Quintile 5	3.6	4.3	2.5	3.0	2.4	..	3.7	–	3.5
Total (f)	**3.2**	**3.9**	**2.9**	**2.5**	**2.4**	**1.8**	**5.3**	**2.5**	**3.1**

(a) Refers to the number of hospital separations involving one or more falls in an aged care facility, not the number of falls.

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

(c) ‘Other Australians’ includes falls by non-Indigenous people and those for whom Indigenous status was not stated.

(d) Disaggregation by remoteness area is by usual residence (numerator) and client postcode prior to admission to residential aged care (denominator), not remoteness of hospital or residential aged care facility. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence or residential aged care facility.

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence (numerator) and client postcode prior to admission to residential aged care (denominator), not the location of the hospital or residential aged care facility.

(f) Total includes separations for which place of residence was not known or not stated.

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

Source: AIHW (unpublished) Admitted Patient Care National Minimum Data Set; DoHA (unpublished) Aged Care Data Warehouse.

Table NHA.52.4 Falls resulting in patient harm in residential aged care and treated in hospital, by SEIFA, 2007-08 (a), (b)

	Aust	
	Rate per 10 000 resident-occupied place days	no.
SEIFA of residence		
Decile 1	2.9	1 543
Decile 2	3.0	2 068
Decile 3	3.2	1 899
Decile 4	2.9	1 905
Decile 5	2.8	1 625
Decile 6	3.4	1 774
Decile 7	3.0	1 651
Decile 8	3.5	1 765
Decile 9	3.3	2 044
Decile 10	3.7	2 055
Total (c)	**3.1**	**18 355**

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence (numerator) and client postcode prior to admission to residential aged care (denominator), not the location of the hospital or residential aged care facility.

(b) Refers to the number of hospital separations involving one or more falls in an aged care facility, not the number of falls.

(c) Total includes separations for which place of residence was not known or not stated.

Source: AIHW (unpublished) Admitted Patient Care National Minimum Data Set; DoHA (unpublished) Aged Care Data Warehouse.

NHA Indicator 53:

Older people receiving aged care services

Table NHA.53.1 **Older people receiving aged care services, by State and Territory, 2009-10 (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)
					Number				
Aged care service									
Home and Community Care	180 256	179 673	120 871	48 642	66 948	18 800	8 309	2 266	625 765
Community aged care packages	18 636	12 989	9 198	5 342	4 713	1 421	835	698	53 802
Extended aged care at home	2 308	1 631	1 160	816	575	177	195	132	6 989
EACH dementia	1 151	790	630	397	306	112	73	31	3 487
Residential aged care	68 608	52 025	36 260	16 851	19 400	5 380	2 202	486	200 812
Residential respite	17 147	9 978	5 602	2 866	3 891	1 160	592	223	41 300
Transition care	4 491	3 979	2 379	1 079	1 249	319	204	78	13 772
					Rate per 1000 population				
Aged care service									
Home and Community Care	245.2	331.6	299.4	243.9	356.3	329.7	325.3	167.3	289.2
Community aged care packages	25.4	24.0	22.8	26.8	25.1	24.9	32.7	51.5	24.9
Extended aged care at home	3.1	3.0	2.9	4.1	3.1	3.1	7.6	9.7	3.2
EACH dementia	1.6	1.5	1.6	2.0	1.6	2.0	2.9	2.3	1.6
Residential aged care	93.3	96.0	89.8	84.5	103.3	94.4	86.2	35.9	92.8
Residential respite	23.3	18.4	13.9	14.4	20.7	20.3	23.2	16.5	19.1
Transition care	6.1	7.3	5.9	5.4	6.6	5.6	8.0	5.8	6.4

(a) Recipient numbers in care is a distinct count of clients at any time in the 12 month period to 30 June 2010. Clients may have care under multiple types or states, so a client may be counted twice. Population is people aged 70 years and over plus Indigenous Australians aged 50–69 years at 30 June 2010.

(b) Data is presented at the program level only. Since an individual may receive services under more than one aged care program throughout the year, the number of unique individuals assessing aged care cannot be determined.

(c) State and Territory is based on the location of the service provider outlet. For all programs excluding Home and Community Care, where a person moved from one State to another they are counted uniquely in each State. Thus, a person who moved between states within the year will be double counted, making the total number of people greater than the number of unique individuals receiving services under the program.

Source: DoHA (unpublished) Ageing and Aged Care data warehouse and HACC Minimum Data Set; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DoHA by ABS according to the assumptions agreed to by DoHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

Table NHA.53.2 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2009-10 (number) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Home and Community Care				
Age group									
50–69 years (b)	3 435	989	1 724	1 083	824	150	65	711	8 981
70–74 years	27 419	32 897	19 686	7 332	11 439	3 185	1 467	491	103 916
75–79 years	38 816	42 827	27 335	10 952	14 982	4 617	2 074	415	142 018
80–84 years	50 033	49 330	33 972	13 701	18 531	5 178	2 139	356	173 240
85–89 years	39 062	35 377	24 922	10 290	14 049	3 653	1 725	201	129 279
90+ years	21 491	18 253	13 232	5 284	7 123	2 017	839	92	68 331
Indigenous status									
Indigenous	5 599	1 471	3 383	1 689	1 346	329	81	1 146	15 044
Non-Indigenous	165 094	163 012	102 870	44 096	61 385	16 915	7 115	1 037	561 524
Not Stated	9 563	15 190	14 618	2 857	4 217	1 556	1 113	83	49 197
Remoteness of residence (c)									
Major cities (d)	112 741	117 907	71 549	33 415	46 827	..	8 289	..	390 727
Inner regional	45 737	46 612	29 841	7 408	8 884	12 656	np	..	151 138
Outer regional	18 606	14 627	15 641	5 411	8 262	5 707	..	1 086	69 340
Remote	1 529	514	2 280	1 462	2 338	296	..	481	8 901
Very remote	207	..	1 536	904	599	127	..	697	4 069
Not Stated	1 436	13	24	41	38	13	20	3	1 589
					Community Aged Care Packages				
Age group									
70–74 years	1 537	1 350	798	453	320	105	60	135	4 757
75–79 years	2 726	2 157	1 378	828	623	222	101	122	8 150
80–84 years	4 915	3 506	2 356	1 395	1 239	381	209	136	14 129
85–89 years	5 308	3 500	2 578	1 471	1 462	378	266	69	15 022
90+ years	3 907	2 333	1 977	1 069	1 024	331	174	42	10 853

Table NHA.53.2 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2009-10 (number) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous status									
Indigenous	430	211	288	267	90	25	34	413	1 758
Non-Indigenous	18 194	12 757	8 908	5 075	4 622	1 396	801	285	52 008
Not Stated	12	21	np	–	np	–	–	–	33
Remoteness of residence (c)									
Major cities	13 003	10 010	5 533	4 088	3 428	..	835	..	36 878
Inner regional	4 722	2 422	2 132	631	772	1 095	–	..	11 773
Outer regional	888	572	1 298	392	414	285	..	258	4 107
Remote (e)	34	9	137	223	81	42	..	161	687
Very remote	9	..	129	20	24	np	..	280	462
				Extended Aged Care at Home					
Age group									
70–74 years	280	267	127	99	51	14	23	29	890
75–79 years	385	331	227	160	89	34	30	27	1 283
80–84 years	578	386	270	212	150	43	38	24	1 699
85–89 years	503	346	285	181	148	37	58	17	1 573
90+ years	540	285	249	157	132	47	44	18	1 471
Indigenous status									
Indigenous	43	20	14	14	7	np	np	26	124
Non-Indigenous (f)	2 265	1 611	1 146	802	568	177	195	106	6 865
Not Stated	na	na	na	na	na	na	na	na	na
Remoteness of residence (c)									
Major cities	1 551	1 126	668	622	403	..	195	..	4 565
Inner regional	595	405	365	140	86	164	–	..	1 754
Outer regional (g)	166	102	128	39	68	13	..	103	619
Remote	–	np	np	15	18	np	..	32	65

Table NHA.53.2 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2009-10 (number) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Very remote	–	..	np	–	–	–	..	–	np
					EACH Dementia				
Age group									
70–74 years	112	89	67	36	22	5	8	np	338
75–79 years	191	159	113	72	48	19	7	np	608
80–84 years	329	239	184	105	82	29	20	np	988
85–89 years	300	181	158	99	105	39	25	np	907
90+ years	217	122	107	85	49	20	13	np	612
Indigenous status									
Indigenous	np	9	7	np	np	–	np	9	25
Non-Indigenous (h)	1 151	781	623	397	306	112	73	22	3 462
Not Stated	na	na	na	na	na	na	na	na	na
Remoteness of residence (c)									
Major cities	747	591	398	314	229	..	73	..	2 350
Inner regional	312	174	168	57	23	90	–	..	824
Outer regional	93	28	64	26	44	22	..	26	303
Remote	–	–	–	–	10	–	..	10	20
Very remote	..	..	..	..	..	..	..	..	..
					Residential aged care				
Age group									
70–74 years	3 897	2 780	2 195	1 032	927	297	113	59	11 277
75–79 years	7 454	5 532	3 994	1 764	1 871	614	214	79	21 464
80–84 years	14 676	11 009	7 705	3 567	4 156	1 123	476	107	42 715
85–89 years	20 694	15 814	10 784	4 817	5 977	1 590	694	104	60 357
90+ years	21 812	16 868	11 465	5 557	6 456	1 751	701	66	64 579
Indigenous status									

Table NHA.53.2 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2009-10 (number) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous	279	91	326	317	65	37	10	182	1 306
Non-Indigenous	67 423	51 644	35 216	16 426	19 065	5 329	2 183	299	197 187
Not Stated	906	290	718	108	270	14	9	5	2 319
Remoteness of residence (c)									
Major cities	47 753	36 989	22 990	13 130	15 195	..	2 202	..	138 082
Inner regional	16 954	12 384	8 676	2 358	2 177	4 019	–	..	46 533
Outer regional	4 181	2 837	4 373	1 150	1 878	1 291	..	275	15 978
Remote	114	53	285	221	223	66	..	164	1 126
Very remote	–	..	132	103	–	29	..	49	313
Residential respite									
Age group									
70–74 years	1 199	691	451	239	261	79	53	44	3 008
75–79 years	2 192	1 346	783	448	456	169	61	32	5 459
80–84 years	4 279	2 496	1 356	740	984	263	151	41	10 263
85–89 years	5 386	3 104	1 725	758	1 278	368	191	35	12 800
90+ years	4 055	2 328	1 269	641	908	279	134	18	9 602
Indigenous status									
Indigenous	107	36	74	90	14	10	9	117	456
Non-Indigenous	17 040	9 942	5 528	2 776	3 877	1 150	583	106	40 844
Not Stated	na	na	na	na	na	na	na	na	na
Remoteness of residence (c)									
Major cities	11 301	6 241	3 163	1 900	2 706	..	592	..	25 838
Inner regional	4 646	3 155	1 582	590	634	836	–	..	11 415
Outer regional	1 396	711	852	330	491	311	..	107	4 188
Remote	20	12	80	64	101	46	..	84	407
Very remote	–	..	33	44	–	16	..	43	136

Table NHA.53.2 Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2009-10 (number) (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Transition Care				
Age group									
70–74 years	486	344	310	91	134	46	18	24	1 452
75–79 years	924	652	523	173	199	60	35	15	2 581
80–84 years	1 305	1 050	696	283	350	93	60	14	3 849
85–89 years (i)	1 111	1 113	552	292	334	74	61	13	3 548
90+ years	652	817	285	234	223	46	30	np	2 287
Indigenous status									
Indigenous	27	6	25	13	16	np	–	26	113
Non-Indigenous (j)	4 464	3 973	2 354	1 066	1 233	319	204	52	13 659
Not Stated	na	na	na	na	na	na	na	na	na
Remoteness of residence (c)									
Major cities	3 014	3 352	1 415	848	931	..	204	..	9 759
Inner regional (k)	1 333	630	520	82	329	319	–	..	3 212
Outer regional	152	–	455	151	–	np	..	46	804
Remote	–	–	–	–	–	–	..	32	32
Very remote	..	..	..	..	..	..	..	..	..

(a) Recipient numbers in care is a distinct count of clients at any time in the 12 month period to 30 June 2010. Clients may have care under multiple types or states, so a client may be counted twice. The total of people appearing in the age group tables will not equal the total of table NHA.53.1 as Indigenous Australians 50–69 years are not included in table 53.2 in programs other than HACC.

(b) Client age is calculated as at 30 June 2010. Only includes HACC clients aged 50–69 years who reported as Indigenous. That is, it excludes HACC clients aged 50–69 years with an unknown Indigenous status or who reported as non-Indigenous.

(c) Remoteness category is based on location of service provider, except for the HACC program where State or Territory is based on the location of the HACC Agency and the Remoteness Category is based on the postcode of the care recipient. Where a person moved from one State to another they are counted uniquely in each State against remoteness indicators. A person who has moved between states within the year will be double counted, making the total number of people in the 'remoteness' count greater than the number of unique individuals receiving services under the program.

(d) Includes ACT Inner Regional.

Table NHA.53.2 Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2009-10 (number) (a)

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

(e) In Tasmania, includes very remote as numbers are too small to appear separately.

(f) In Tasmania and the ACT, includes Indigenous Australians as numbers are too small to appear separately.

(g) In Victoria and Tasmania, includes remote as numbers are too small to appear separately. In Queensland, includes remote and very remote as numbers are too small to appear separately.

(h) In NSW, WA, SA and the ACT, includes Indigenous Australians as numbers are too small to appear separately.

(i) In the NT, includes people aged 90+ as numbers are too small to appear separately.

(j) In Tasmania, includes Indigenous Australians as numbers are too small to appear separately.

(k) In Tasmania, includes outer regional as numbers are too small to appear separately.

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

Source: DoHA (unpublished) Ageing and Aged Care data warehouse and HACC Minimum Data Set; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DoHA by ABS according to the assumptions agreed to by DoHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

Table NHA.53.3 Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2009-10 (rate per 1000 people in the relevant population) (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Home and Community Care				
Age group									
50–69 years (b)	195.5	251.3	113.7	139.3	283.4	69.8	158.6	105.5	158.5
70–74 years	114.9	184.2	143.9	108.5	194.2	168.2	164.7	150.6	146.0
75–79 years	206.0	302.2	268.9	215.1	313.7	316.3	315.2	240.7	256.6
80–84 years	329.6	431.2	432.3	353.5	457.4	460.9	422.6	326.6	392.5
85+ years (c)	436.8	519.4	533.3	452.4	560.3	561.2	559.7	403.0	492.7
90+ years	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous	268.8	308.1	190.8	182.6	382.7	130.4	191.6	142.2	224.2
Non-Indigenous	231.2	303.5	266.5	231.9	333.0	310.4	283.3	189.0	267.8
Not Stated	na	na	na	na	na	na	na	na	na
Remoteness of residence (d)									
Major cities (e)	229.8	306.8	305.1	239.7	346.0	..	324.9	..	277.2
Inner regional	254.8	380.9	293.6	240.5	382.8	344.2	np	..	305.8
Outer regional	308.3	424.5	283.6	283.2	360.2	298.3	..	183.5	319.5
Remote	373.0	701.2	320.8	225.3	463.5	372.7	..	156.3	325.5
Very remote	381.8	-	290.0	249.5	447.4	396.7	..	153.1	259.7
Not Stated	na	na	na	na	na	na	na	na	na
					Community Aged Care Packages				
Age group									
70–74 years	6.4	7.6	5.8	6.7	5.4	5.5	6.7	41.4	6.7
75–79 years	14.5	15.2	13.6	16.3	13.0	15.2	15.3	70.8	14.7
80–84 years	32.4	30.6	30.0	36.0	30.6	33.9	41.3	124.8	32.0
85+ years (c)	66.5	56.5	63.7	73.8	65.8	70.2	96.0	152.7	64.5
90+ years	na	na	na	na	na	na	na	na	na

Table NHA.53.3 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2009-10 (rate per 1000 people in the relevant population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous status									
Indigenous	20.6	44.2	16.2	28.9	25.6	9.9	80.4	51.3	26.2
Non-Indigenous	25.5	23.8	23.1	26.7	25.1	25.6	31.9	52.0	24.8
Not Stated	na	na	na	na	na	na	na	na	na
Remoteness of residence (d)									
Major cities	26.5	26.0	23.6	29.3	25.3	..	32.7	..	26.2
Inner regional	26.3	19.8	21.0	20.5	33.3	29.8	–	..	23.8
Outer regional	14.7	16.6	23.5	20.5	18.0	14.9	..	43.6	18.9
Remote	8.3	12.3	19.3	34.4	16.1	52.8	..	52.3	25.1
Very remote	16.6	..	24.4	5.5	17.9	np	..	61.5	29.5
Extended Aged Care at Home									
Age group									
70–74 years	1.2	1.5	0.9	1.5	0.9	0.7	2.6	8.9	1.3
75–79 years	2.0	2.3	2.2	3.1	1.9	2.3	4.6	15.7	2.3
80–84 years	3.8	3.4	3.4	5.5	3.7	3.8	7.5	22.0	3.8
85+ years (c)	7.5	6.1	7.5	9.8	7.4	8.3	22.3	48.1	7.6
90+ years	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous	2.1	4.2	0.8	1.5	2.0	np	np	3.2	1.8
Non-Indigenous	3.2	3.0	3.0	4.2	3.1	3.2	7.8	19.3	3.3
Not Stated	na	na	na	na	na	na	na	na	na
Remoteness of residence (d)									
Major cities	3.2	2.9	2.8	4.5	3.0	..	7.6	..	3.2
Inner regional	3.3	3.3	3.6	4.5	3.7	4.5	–	..	3.5
Outer regional	2.8	3.0	2.2	2.0	3.0	0.7	..	17.4	2.8
Remote	–	np	np	2.3	3.6	np	..	10.4	2.4

Table NHA.53.3 Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2009-10 (rate per 1000 people in the relevant population) (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Very remote	–	..	1.5	–	–	–	..	–	0.5
					EACH Dementia				
Age group									
70–74 years	0.5	0.5	0.5	0.5	0.4	0.3	0.9	np	0.5
75–79 years	1.0	1.1	1.1	1.4	1.0	1.3	1.1	np	1.1
80–84 years	2.2	2.1	2.3	2.7	2.0	2.6	4.0	np	2.2
85+ years (c)	3.7	2.9	3.7	5.3	4.1	5.8	8.3	np	3.8
90+ years	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous	np	1.9	0.4	np	np	–	np	1.1	0.4
Non-Indigenous	1.6	1.5	1.6	2.1	1.7	2.1	2.9	4.0	1.7
Not Stated	na	na	na	na	na	na	na	na	na
Remoteness of residence (d)									
Major cities	1.5	1.5	1.7	2.3	1.7	..	2.9	..	1.7
Inner regional	1.7	1.4	1.7	1.9	1.0	2.4	–	..	1.7
Outer regional	1.5	0.8	1.2	1.4	1.9	1.1	..	4.4	1.4
Remote	–	–	–	–	2.0	–	..	3.3	0.7
Very remote	..	..	..	..	..	..	..	..	..
					Residential aged care				
Age group									
70–74 years	16.3	15.6	16.0	15.3	15.7	15.7	12.7	18.1	15.8
75–79 years	39.6	39.0	39.3	34.7	39.2	42.1	32.5	45.8	38.8
80–84 years	96.7	96.2	98.1	92.0	102.6	100.0	94.1	98.2	96.8
85+ years (c)	306.6	316.5	311.0	301.4	329.0	330.7	304.5	233.8	311.5
90+ years	na	na	na	na	na	na	na	na	na
Indigenous status									

Table NHA.53.3 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2009-10 (rate per 1000 people in the relevant population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Indigenous	13.4	19.1	18.4	34.3	18.5	14.7	23.7	22.6	19.5
Non-Indigenous	94.4	96.2	91.2	86.4	103.4	97.8	86.9	54.5	94.0
Not Stated	na	na	na	na	na	na	na	na	na
Remoteness of residence (d)									
Major cities	97.4	96.2	98.0	94.2	112.3	..	86.3	..	98.0
Inner regional	94.5	101.2	85.4	76.5	93.8	109.3	–	..	94.1
Outer regional	69.3	82.3	79.3	60.2	81.9	67.5	..	46.5	73.6
Remote	27.8	72.3	40.1	34.0	44.2	83.0	..	53.3	41.2
Very remote	–	..	24.9	28.4	–	90.6	..	10.8	20.0
Residential respite									
Age group									
70–74 years	5.0	3.9	3.3	3.5	4.4	4.2	6.0	13.5	4.2
75–79 years	11.6	9.5	7.7	8.8	9.5	11.6	9.3	18.6	9.9
80–84 years	28.2	21.8	17.3	19.1	24.3	23.4	29.8	37.6	23.2
85+ years (c)	68.1	52.6	41.8	40.6	57.8	64.0	70.9	72.9	55.9
90+ years	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous	5.1	7.5	4.2	9.7	4.0	4.0	21.3	14.5	6.8
Non-Indigenous	23.9	18.5	14.3	14.6	21.0	21.1	23.2	19.3	19.5
Not Stated	na	na	na	na	na	na	na	na	na
Remoteness of residence (d)									
Major cities	23.0	16.2	13.5	13.6	20.0	..	23.2	..	18.3
Inner regional	25.9	25.8	15.6	19.2	27.3	22.7	–	..	23.1
Outer regional	23.1	20.6	15.4	17.3	21.4	16.3	..	18.1	19.3
Remote	4.9	16.4	11.3	9.9	20.0	57.8	..	27.3	14.9
Very remote	–	..	6.2	12.1	–	50.0	..	9.4	8.7

Table NHA.53.3 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2009-10 (rate per 1000 people in the relevant population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Transition Care				
Age group									
70–74 years	2.0	1.9	2.3	1.3	2.3	2.4	2.0	7.4	2.0
75–79 years	4.9	4.6	5.1	3.4	4.2	4.1	5.3	8.7	4.7
80–84 years	8.6	9.2	8.9	7.3	8.6	8.3	11.9	12.8	8.7
85+ years (c)	12.7	18.7	11.7	15.3	14.7	11.9	19.9	17.9	14.5
90+ years	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous	1.3	1.3	1.4	1.4	4.5	np	–	3.2	1.7
Non-Indigenous	6.3	7.4	6.1	5.6	6.7	5.9	8.1	9.5	6.5
Not Stated	na	na	na	na	na	na	na	na	na
Remoteness of residence (d)									
Major cities	6.1	8.7	6.0	6.1	6.9	..	8.0	..	6.9
Inner regional	7.4	5.1	5.1	2.7	14.2	8.7	–	..	6.5
Outer regional	2.5	–	8.2	7.9	–	np	..	7.8	3.7
Remote	–	–	–	–	–	–	..	10.4	1.2
Very remote	..	..	..	..	..	..	..	..	..

(a) Population is people aged 70 years and over plus, for HACC only, Indigenous Australians aged 50–69 years at 30 June 2010.

(b) Client age is calculated as at 30 June 2010. Only includes HACC clients aged 50–69 years who reported as Indigenous. That is, it excludes HACC clients aged 50–69 years with an unknown Indigenous status or who reported as non-Indigenous.

(c) Population figure for 90 plus is not available, so rate per 1000 is based on sum of age groups 85 to 89 and 90 plus.

(d) Remoteness category is based on location of service provider, except for the HACC program where State or Territory is based on the location of the HACC Agency and the Remoteness Category is based on the postcode of the care recipient. Where a person moved from one state to another they are counted uniquely in each state against remoteness indicators. A person who has moved between state within the year will be double counted, making the total number of people in the 'remoteness' count greater than the number of unique individuals receiving services under the program.

(e) Includes ACT Inner regional.

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

Table NHA.53.3 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2009-10 (rate per 1000 people in the relevant population) (a)**

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

Source: DoHA (unpublished) Ageing and Aged Care data warehouse and HACC Minimum Data Set; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DoHA by ABS according to the assumptions agreed to by DoHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

NHA Indicator 54:

Aged care assessments completed

Table NHA.54.1 **Aged care assessments completed under the ACAP, by age, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Number				
Age									
<50 years	521	205	146	68	61	15	6	38	1 060
50–64 years	2 583	1 748	1 309	750	498	224	99	166	7 377
65–69 years	3 169	2 202	1 544	975	618	291	89	130	9 018
70–74 years	6 069	4 177	2 727	1 747	1 194	473	188	152	16 727
75–79 years	11 660	8 294	4 976	3 292	2 427	873	290	177	31 989
80–84 years	18 648	13 793	8 024	4 937	4 493	1 352	638	144	52 029
85+ years	29 244	22 158	13 221	7 869	7 366	2 402	974	161	83 395
Indigenous status									
Indigenous	677	234	431	563	135	48	25	395	2 508
Non-Indigenous	71 217	52 343	31 516	19 075	16 522	5 582	2 259	573	199 087
Remoteness of residence (a)									
Major cities	48 197	36 883	18 696	14 618	11 505	..	2 222	..	132 121
Inner regional	17 871	12 047	7 871	2 340	2 529	3 938	10	..	46 606
Outer regional	5 435	3 493	4 520	1 746	2 025	1 572	..	451	19 242
Remote	287	49	466	560	463	69	..	299	2 193
Very remote	34	..	304	376	114	47	..	211	1 086
SEIFA of residence (a), (b)									
Quintile 1	15 066	9 281	8 045	1 270	5 182	3 234	np	323	42 401
Quintile 2	20 801	9 872	5 276	3 894	3 890	383	50	134	44 300
Quintile 3	12 906	10 172	6 681	6 134	2 440	1 041	68	213	39 655
Quintile 4	8 920	10 799	7 432	3 121	2 946	970	599	218	35 005
Quintile 5	14 139	12 351	4 424	5 226	2 172	..	1 503	63	39 878
Total aged care assessments completed	**71 894**	**52 577**	**31 947**	**19 638**	**16 657**	**5 630**	**2 284**	**968**	**201595**

Table NHA.54.1 **Aged care assessments completed under the ACAP, by age, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Rate per 1000 population				
Age (c)									
<50 years	0.1	0.1	0.0	0.0	0.1	0.0	0.0	0.2	0.1
50–64 years	2.0	1.8	1.7	1.9	1.6	2.2	1.6	4.7	1.9
65–69 years	11.0	10.3	8.9	11.6	8.8	12.4	7.6	23.5	10.4
70–74 years	26.2	24.2	20.9	26.9	20.8	25.9	22.0	51.5	24.4
75–79 years	61.8	58.4	49.5	65.6	50.4	59.9	45.4	104.8	58.0
80–84 years	124.7	123.1	104.3	131.6	111.9	121.8	127.2	140.2	120.1
85+ years	221.7	225.2	195.1	240.8	204.1	247.6	226.9	234.4	218.6
Indigenous status									
Indigenous	4.4	6.7	2.8	7.6	4.7	2.6	5.7	6.0	4.7
Non-Indigenous	10.3	9.8	7.5	9.0	10.4	11.6	6.6	3.6	9.4
Remoteness of residence (a)									
Major cities	9.4	9.2	7.1	9.3	9.8	..	6.4	..	8.9
Inner regional	12.5	11.2	8.2	8.3	12.8	12.1	19.4	..	10.9
Outer regional	12.2	13.6	6.9	8.8	11.0	9.5	..	3.6	9.5
Remote	8.8	10.1	5.1	5.9	10.0	8.9	..	6.2	6.7
Very remote	7.3	..	5.8	7.1	8.3	17.9	..	4.1	6.1
SEIFA of residence (a), (b)									
Quintile 1	10.0	10.8	8.6	9.9	10.2	11.1	np	4.2	9.8
Quintile 2	10.9	10.6	7.9	9.4	11.3	10.5	6.8	5.8	10.2
Quintile 3	11.2	8.6	7.4	8.3	10.5	11.1	6.1	5.4	9.1
Quintile 4	8.3	9.2	6.7	7.2	9.8	12.1	6.2	3.9	8.1
Quintile 5	10.1	10.1	5.8	10.7	9.4	..	6.5	2.6	9.2
Total	**10.2**	**9.8**	**7.3**	**8.9**	**10.3**	**11.2**	**6.6**	**4.3**	**9.3**
Total rate per relevant population (d)	**100.0**	**99.4**	**81.9**	**101.8**	**90.3**	**101.0**	**92.7**	**74.8**	**95.6**

Table NHA.54.1 **Aged care assessments completed under the ACAP, by age, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09**

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

(a) Data disaggregation by remoteness and Socio-Economic Indexes for Areas (SEIFA) based on the ABS Index of Relative Socio-economic Disadvantage (IRSD) are by place of usual residence of the client.

(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. 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.

(c) Rate is expressed as number of people in the nominated age group who have had an Aged Care Assessment Team (ACAT) assessment in that State, Territory or nationally, per 1000 people in that age group in that State, Territory or nationally.

(d) Relevant population is people aged 70 years and over plus Indigenous Australians aged 50 to 69 years.

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

Source : DoHA (unpublished) Ageing and Aged Care data warehouse; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DoHA by ABS according to the assumptions agreed to by DOHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

Table NHA.54.2 **Aged care assessments completed under the ACAP, by SEIFA, 2008-09**

	Aust	
	number per 1000 people (b)	no. (c)
SEIFA of residence (a)		
Decile 1	8.5	18 307
Decile 2	11.2	24 097
Decile 3	9.8	20 142
Decile 4	10.6	24 158
Decile 5	9.9	20 958
Decile 6	8.4	18 697
Decile 7	8.2	17 258
Decile 8	8.0	17 747
Decile 9	9.8	21 546
Decile 10	8.5	18 332
Total (d)	**9.3**	**201 595**

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Data disaggregation by SEIFA IRSD are by place of usual residence of the client.

(b) Rate is expressed as number of people in the nominated decile group who have had an Aged Care Assessment Team (ACAT) assessment in that decile group per 1000.

(c) Relevant population is people aged 70 years and over plus Indigenous Australians aged 50 to 69 years.

(d) Total includes records where decile was not known.

Source : DoHA (unpublished) Ageing and Aged Care data warehouse.

NHA Indicator 55:

Younger people with disabilities using residential, CACP, EACH and EACHD aged care services

Table NHA.55.1 Number of younger people with a disability using residential, CACP, EACH and EACHD aged care services, by State and Territory, 2009-10 (a)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Residential aged care services (b)				
Age									
<50 years	355	190	161	70	67	20	np	12	873
50–64 years	2 378	1 623	1 366	594	512	183	76	55	6 774
Total	**2 733**	**1 813**	**1 527**	**664**	**579**	**203**	**76**	**67**	**7 647**
					Community aged care services (c)				
Age									
<50 years	40	35	47	10	7	np	–	18	158
50–64 years	653	696	525	266	134	48	42	161	2 522
Total	**693**	**731**	**572**	**276**	**141**	**48**	**42**	**179**	**2 680**

(a) Number is younger people, under 65, receiving aged care services at any time in the 12 month period to 30 June 2010. Number is provided as a count of distinct clients, however, an individual may have had more than one care type, or care in different states. Hence, number of clients in Australia total is not a sum of the states figures.

(b) Residential aged care services includes permanent residential care only.

(c) Community care services includes recipients of CACP, EACH and EACHD services only.

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

Source: DoHA (unpublished) Ageing and Aged Care data warehouse.

NHA Indicator 56:

People aged 65 years or over receiving sub-acute services

Table NHA.56.1 Separations for persons aged 65 years or over, receiving sub-acute services, by age, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (a)	*ACT* (b)	*NT*	*Aust*
					Number				
Age group									
65–69 years	13 907	5 001	4 795	1 180	2474	217	746	111	28 431
70–74 years	15 363	6 697	5 280	1 671	2773	267	914	62	33 027
75–79 years	17 601	8 986	6 421	2 261	2859	396	814	40	39 378
80–84 years	18 611	10 636	6 764	2 751	3858	431	1 022	52	44 125
85+ years	18 660	11 675	6 471	3 919	3020	491	1 082	23	45 341
Indigenous status (c)									
Indigenous	157	65	165	113	13	10	10	30	543
Other Australians (d)	83 985	42 930	29 566	11669	14 971	1 792	4 568	258	183 379
Remoteness of residence (e)									
Major cities	70 591	34 482	23 369	9343	13 357	np	3 976	np	155 124
Inner regional	10 913	6 988	4 477	1329	867	1 448	326	–	26 348
Outer regional	2 232	1 475	1 624	831	583	326	204	267	7 542
Remote	161	22	159	188	134	14	3	10	691
Very remote	12	3	73	71	16	np	–	np	193
SEIFA of residence (f)									
Quintile 1	10 978	6 008	4 884	572	3 348	742	69	62	26 663
Quintile 2	16 375	6 282	4 976	2498	3 116	110	339	57	33 753
Quintile 3	14 372	7 499	5 747	3654	2 556	431	217	54	34 530
Quintile 4	11 220	9 558	8 200	2025	3 210	515	1 265	97	36 090
Quintile 5	30 963	13 623	5 895	3013	2 721	3	2 619	17	58 854
Total (g)	**84 142**	**42 995**	**29 731**	**11 782**	**14 984**	**1 802**	**4 578**	**288**	**190 302**

Table NHA.56.1 **Separations for persons aged 65 years or over, receiving sub-acute services, by age, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (a)	*ACT* (b)	*NT*	*Aust*
					Rate per 1000 population				
Age group (h)									
65–69 years	50.4	24.3	29.1	14.8	36.6	9.7	67.7	22.1	34.2
70–74 years	68.2	39.8	42.6	27.1	49.8	15.1	111.9	22.0	49.7
75–79 years	92.8	63.3	64.3	45.7	58.9	27.4	130.0	24.4	71.4
80–84 years	126.7	96.5	90.8	75.6	97.3	39.5	207.5	53.2	103.9
85+ years	150.2	126.5	102.0	128.4	88.7	53.2	271.0	35.0	126.5
Indigenous status (c), (h)									
Indigenous	28.4	48.8	38.1	49.8	13.3	16.2	138.9	15.3	33.1
Other Australians (d)	87.8	59.9	56.6	45.7	61.2	24.2	133.2	28.2	67.8
Remoteness of residence (e), (i)									
Major cities	106.3	65.0	74.6	48.9	72.3	..	116.2	..	80.9
Inner regional	45.6	41.7	34.1	35.3	27.8	28.4	np	..	40.0
Outer regional	29.0	31.6	23.3	34.6	19.2	13.5	..	42.0	27.2
Remote	36.6	20.8	20.6	28.3	20.1	13.4	..	3.6	23.0
Very remote	26.5	..	16.8	29.4	10.7	np	..	np	18.3
SEIFA of residence (f), (i)									
Quintile 1	52.7	45.7	35.7	38.9	40.5	16.4	np	18.7	42.9
Quintile 2	55.1	43.3	58.0	48.5	53.3	21.9	np	39.0	52.3
Quintile 3	88.6	52.8	50.8	43.0	68.1	30.5	162.1	28.7	61.7
Quintile 4	87.8	62.4	68.5	50.5	73.5	44.2	133.3	34.4	70.9
Quintile 5	163.8	78.7	82.9	42.9	83.2	..	115.3	25.2	106.0
Total (g), (i)	**85.3**	**57.6**	**56.4**	**45.2**	**58.7**	**23.6**	**133.6**	**28.2**	**65.7**

(a) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania’s total hospital separations.

(b) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.

Table NHA.56.1 **Separations for persons aged 65 years or over, receiving sub-acute services, by age, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09**

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

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

(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 usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness population group (regardless of where they reside) divided by the number of people in that remoteness population group in the jurisdiction of hospitalisation.

(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(g) Total includes separations for which place of residence was not known or not stated.

(h) Crude rates.

(i) Age-standardised to the Australian population as at 30 June 2001.

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

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA.56.2 **Separations for persons aged 65 years or over, receiving sub-acute services, by SEIFA, 2008-09 (a), (b)**

	Aust	
	Rate per 1000 people in the relevant population	no.
SEIFA of residence		
Decile 1	42.9	11 940
Decile 2	42.9	14 723
Decile 3	52.2	16 146
Decile 4	52.3	17 607
Decile 5	57.8	17 023
Decile 6	66.1	17 507
Decile 7	65.4	16 722
Decile 8	76.5	19 368
Decile 9	86.3	25 823
Decile 10	128.9	33 031
Total	**65.7**	**190 302**

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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.

(b) Age-standardised to the Australian population as at 30 June 2001.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2008.

NHA Indicator 57:

Hospital patient days used by those eligible and waiting for residential aged care

Table NHA.57.1 Hospital patient days used by those eligible and waiting for residential aged care, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (a)	*ACT*	*NT*	*Aust*
					Number				
Indigenous status (b)									
Indigenous	863	123	5 743	681	1 676	–	–	1 512	10 598
Other Australians (c)	57 177	27 917	133 453	38 704	60 810	12 477	3 963	4 300	338 801
Remoteness of residence (d)									
Major cities	29 201	3 195	58 826	18 020	25 149	135	3 910	14	138 450
Inner regional	18 371	16 034	23 583	3 160	4 666	8 487	28	–	74 329
Outer regional	9 752	8 716	45 943	11 351	14 858	3 744	25	4 962	99 351
Remote	118	85	7 046	6 372	9 510	111	–	445	23 687
Very remote	47	–	3 491	427	8 260	–	–	391	12 616
SEIFA of residence (e)									
Quintile 1	16 932	7 043	41 257	3 446	16 821	7 588	–	888	93 975
Quintile 2	17 368	7 047	30 998	15 229	21 964	793	4	175	93 578
Quintile 3	11 064	9 011	24 879	11 100	13 322	2 871	218	3 098	75 563
Quintile 4	6 147	4 006	27 401	3 573	3 876	1 225	1 333	1 568	49 129
Quintile 5	5 978	923	14 230	5 982	6 460	–	2 408	83	36 064
Total (f)	**58 040**	**28 040**	**139 196**	**39 385**	**62 486**	**12 477**	**3 963**	**5 812**	**349 399**
					Rate per 1000 patient days				
Indigenous status (b)									
Indigenous	4.7	3.2	26.1	4.7	29.6	–	–	9.2	13.1
Other Australians (c)	7.1	4.3	27.5	16.7	28.3	22.8	10.6	32.2	13.4
Remoteness of residence (d)									
Major cities	5.1	0.7	20.0	10.4	16.5	55.5	12.5	4.3	8.2
Inner regional	10.6	11.7	20.0	10.5	19.8	23.0	0.7	–	14.2
Outer regional	16.6	23.0	61.3	45.9	44.6	22.0	1.2	39.0	38.0
Remote	2.2	10.4	66.4	58.7	np	15.1	–	7.1	54.9

Table NHA.57.1 Hospital patient days used by those eligible and waiting for residential aged care, by Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (a)	*ACT*	*NT*	*Aust*
Very remote	7.8	–	45.9	7.6	np	–	–	4.0	46.8
SEIFA of residence (e)									
Quintile 1	9.6	6.1	30.4	17.4	22.2	24.7	–	6.7	16.6
Quintile 2	7.6	6.3	35.8	29.0	42.4	17.1	np	5.6	17.3
Quintile 3	7.9	6.6	25.2	14.5	38.6	27.4	9.3	51.9	15.0
Quintile 4	5.5	2.8	23.6	8.5	11.8	13.3	11.0	31.7	10.4
Quintile 5	3.9	0.6	21.0	11.0	25.6	–	12.7	5.0	7.8
Total (f)	**7.0**	**4.3**	**27.4**	**16.0**	**28.3**	**22.4**	**10.5**	**19.5**	**13.6**

(a) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.

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

(c) 'Other Australians' includes non-Indigenous people and those for whom Indigenous status was not stated.

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

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA area is by usual residence, not location of the hospital.

(f) Total includes separations for which a SEIFA category or remoteness area could not be assigned as the place of residence was not known or not stated.

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

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.57.2 Hospital patient days used by those eligible and waiting for residential aged care, by SEIFA, 2008-09 (a)

	Aust	
	Rate per 1000 patient days	no.
SEIFA of residence		
Decile 1	17.0	46 992
Decile 2	16.2	46 983
Decile 3	18.9	50 637
Decile 4	15.6	42 941
Decile 5	19.0	48 569
Decile 6	10.9	26 994
Decile 7	13.3	30 025
Decile 8	7.8	19 104
Decile 9	7.5	18 140
Decile 10	8.1	17 924
Total (b)	**13.6**	**349 399**

(a) SEIFA deciles are based on the SEIFA IRSD, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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.

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

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.57.3 **Hospital patient days used by those eligible and waiting for residential aged care, by Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
					Number				
Indigenous status (a)									
Indigenous	2 725	–	4 282	3 095	1 493	257	–	1 683	13 278
Other Australians (b)	74 060	30 178	126 325	39 135	66 207	14 599	6 415	3 202	339 107
Remoteness of residence (c)									
Major cities	26 149	4 068	60 479	25 114	28 166	160	6 409	–	150 545
Inner regional	23 855	19 203	20 614	2 460	1 471	11 026	6	–	78 635
Outer regional	14 794	6 593	45 159	12 082	17 507	3 185	–	4 190	103 510
Remote	7 978	307	2 329	1 912	17 346	418	–	494	30 784
Very remote	91	–	1 653	288	3 208	67	–	201	5 508
SEIFA of residence (d)									
Quintile 1	30 020	8 481	39 559	3 426	14 172	6 711	6	759	103 134
Quintile 2	18 640	10 115	26 579	10 857	28 001	1 286	31	140	95 649
Quintile 3	12 796	7 975	25 000	12 856	11 979	2 988	303	3 429	77 326
Quintile 4	4 413	2 996	25 288	6 009	4 214	3 781	857	531	48 089
Quintile 5	6 998	604	13 808	8 708	9 332	90	5 218	26	44 784
Total (e)	**76 785**	**30 178**	**130 607**	**42 230**	**67 700**	**14 856**	**6 415**	**4 885**	**373 656**
					Rate per 1000 patient days				
Indigenous status (a)									
Indigenous	15.3	–	20.2	21.1	26.7	26.8	–	10.7	16.9
Other Australians (b)	9.1	4.6	26.7	17.3	30.5	25.5	18.1	24.8	14.2
Remoteness of residence (c)									
Major cities	4.6	0.9	21.3	14.8	18.3	58.9	21.4	–	8.9
Inner regional	13.8	14.0	17.7	8.4	6.7	28.8	0.2	–	15.1
Outer regional	24.0	17.6	62.1	51.1	50.1	17.9	–	33.6	39.4
Remote	125.8	33.6	20.9	17.3	201.1	51.1	–	8.1	68.3

Table NHA.57.3 Hospital patient days used by those eligible and waiting for residential aged care, by Indigenous status, remoteness and SEIFA, by State and Territory, 2007-08

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Very remote	13.8	–	23.9	4.8	118.3	23.1	–	2.1	21.1
SEIFA of residence (d)									
Quintile 1	16.7	7.3	30.1	16.9	18.8	21.8	0.6	5.9	18.2
Quintile 2	8.3	8.4	32.2	21.1	53.9	24.4	0.9	4.3	17.7
Quintile 3	8.9	5.9	26.1	17.2	35.6	26.9	14.2	56.3	15.4
Quintile 4	3.8	2.2	21.9	15.1	12.2	36.8	7.6	12.3	10.3
Quintile 5	4.5	0.4	20.9	16.2	35.2	112.6	28.6	1.7	9.6
Total (e)	**9.3**	**4.6**	**26.4**	**17.5**	**30.4**	**25.5**	**17.8**	**17.0**	**14.6**

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

(b) ‘Other Australians’ includes non-Indigenous people and those for whom Indigenous status was not stated.

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

(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA area is by usual residence, not location of the hospital.

(e) Total includes separations for which a SEIFA category or remoteness area could not be assigned as the place of residence was not known or not stated.

– Nil or rounded to zero.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.57.4 Hospital patient days used by those eligible and waiting for residential aged care, by SEIFA, 2007-08 (a)

	Aust	
	Rate per 1000 patient days	no.
SEIFA of residence		
Decile 1	16.4	45 598
Decile 2	19.8	57 536
Decile 3	21.6	58 857
Decile 4	13.7	36 792
Decile 5	18.9	47 876
Decile 6	11.9	29 450
Decile 7	13.0	29 229
Decile 8	7.8	18 860
Decile 9	10.0	24 803
Decile 10	9.1	19 981
Total (b)	**14.6**	**373 656**

(a) SEIFA deciles are based on the SEIFA IRSD, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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.

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

Source: AIHW (unpublished) National Hospital Morbidity Database

NHA Indicator 58:

Patient satisfaction/experience

Table NHA.58.1 Proportion of persons receiving a prescription for medication from a GP in the last 12 months where the GP provided reasons for the prescription, by remoteness and SEIFA, 2009 (a), (b)

	Proportion of persons	*Relative standard errors*	*95 per cent confidence intervals*
Unit	%	%	±
Remoteness of residence			
Major cities	97.6	0.3	0.6
Inner regional	97.9	1.5	2.9
Outer regional	96.3	1.2	2.3
Remote	96.1	4.3	8.1
Very remote (c)	na	na	na
SEIFA of residence (d)			
Quintile 1	96.9	0.7	1.3
Quintile 2	98.0	0.5	0.9
Quintile 3	97.9	0.6	1.1
Quintile 4	96.6	0.9	1.7
Quintile 5	98.4	0.5	1.0
Total (e)	**97.6**	**0.3**	**0.6**

(a) Persons aged 15 years and over who received a prescription for medication in the last 12 months.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Very remote data was not collected in the 2009 Patient Experience Survey.

(d) 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.

(e) Includes persons for whom index of disadvantage was not able to be determined.

na Not available.

Source : ABS (unpublished) Patient Experience Survey 2009.

Table NHA.58.2 Proportion of persons receiving a prescription for medication from a GP in the last 12 months where the GP provided reasons for the prescription, by State and Territory, 2009 (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of persons	**%**	**97.2**	**97.6**	**98.5**	**96.2**	**98.0**	**97.5**	**97.4**	**97.7**	**97.6**
Relative standard errors	%	0.7	0.7	0.4	1.0	0.6	1.2	1.7	1.3	0.3
95 per cent confidence intervals	±	1.4	1.2	0.8	1.9	1.1	2.4	3.3	2.5	0.6

(a) Persons aged 15 years and over who received a prescription for medication in the last 12 months.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source: ABS (unpublished) Patient Experience Survey 2009.

Table NHA.58.3 Proportion of persons who had a pathology or imaging test in the last 12 months where the referring health professional explained the reasons for the most recent test, by remoteness and SEIFA, 2009 (a), (b)

	Proportion of persons	*Relative standard errors*	*95 per cent confidence interval*
Unit	%	%	±
Remoteness of residence			
Major cities	98.3	0.4	0.7
Inner regional	99.2	0.5	0.9
Outer regional	97.9	1.2	2.2
Remote	98.2	1.7	3.3
Very remote (c)	na	na	na
SEIFA of residence (d)			
Quintile 1	98.8	0.6	1.2
Quintile 2	98.5	0.4	0.7
Quintile 3	98.5	0.5	0.9
Quintile 4	98.2	0.8	1.5
Quintile 5	98.3	0.7	1.3
Total (e)	**98.4**	**0.3**	**0.6**

(a) Persons aged 15 years and over who had a pathology test for which they had been referred in the past year, (excluding tests had in hospital); and persons who had been referred to their most recent imaging test by a health professional (excluding tests had in hospital and dental tests).

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Very remote data was not collected in the 2009 Patient Experience Survey.

(d) 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.

(e) Includes persons for whom index of disadvantage was not able to be determined.

na Not available.

Source: ABS (unpublished) Patient Experience Survey 2009.

Table NHA.58.4 **Proportion of persons who had a pathology or imaging test in the last 12 months where the referring health professional explained the reasons for the most recent test, by State and Territory, 2009 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of persons	**%**	**98.5**	**98.5**	**98.5**	**98.5**	**97.8**	**97.9**	**98.8**	**96.2**	**98.4**
Relative standard errors	%	0.6	0.6	0.4	0.5	0.7	0.8	1.3	2.0	0.3
95 per cent confidence intervals	± %	1.2	1.2	0.8	1.0	1.3	1.6	2.5	3.7	0.6

(a) Persons aged 15 years and over who had a pathology test for which they had been referred in the past year, (excluding tests had in hospital); and persons who had been referred to their most recent imaging test by a health professional (excluding tests had in hospital and dental tests).

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source: ABS (unpublished) Patient Experience Survey 2009.

Table NHA.58.5 Proportion of persons who saw a GP in the last 12 months who waited longer than felt acceptable to get an appointment, by remoteness and SEIFA, 2009 (a), (b)

	Proportion of persons	*Relative standard errors*	*95 per cent confidence interval*
Unit	%	%	±%
Remoteness of residence			
Major cities	16.5	5.1	1.7
Inner regional	19.8	7.5	2.9
Outer regional	23.7	9.0	4.2
Remote	26.0	16.1	8.2
Very remote (c)	na	na	na
SEIFA of residence (d)			
Quintile 1	18.4	8.0	2.9
Quintile 2	17.9	10.5	3.7
Quintile 3	20.5	6.2	2.5
Quintile 4	16.1	8.1	2.6
Quintile 5	16.3	9.9	3.2
Total (e)	**17.8**	**4.5**	**1.6**

(a) Persons aged 15 years who saw a GP in the last 12 months .

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Very remote data was not collected in the 2009 Patient Experience Survey.

(d) 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.

(e) Includes persons for whom index of disadvantage was not able to be determined.

na Not available.

Source: ABS (unpublished) Patient Experience Survey 2009.

Table NHA.58.6 Proportion of persons who saw a GP in the last 12 months who waited longer than felt acceptable to get an appointment, by State and Territory, 2009 (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of persons	**%**	**18.5**	**16.2**	**14.0**	**25.9**	**17.1**	**19.4**	**22.0**	**16.9**	**17.8**
Relative standard errors	%	8.7	10.4	9.1	8.4	11.0	11.8	14.1	23.5	4.5
95 per cent confidence intervals	±%	3.2	3.3	2.5	4.3	3.7	4.5	6.1	7.8	1.6

(a) Persons aged 15 years who saw a GP in the last 12 months.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source : ABS (unpublished) Patient Experience Survey 2009.

Table NHA.58.7 Proportion of persons who were referred to a medical specialist in the last 12 months who waited longer than they felt acceptable to get an appointment, by remoteness and SEIFA, 2009 (a), (b)

	Proportion of persons	*Relative standard errors*	*95 per cent confidence interval*
Unit	%	%	±%
Remoteness of residence			
Major cities	19.7	6.1	2.4
Inner regional	20.2	14.6	5.8
Outer regional	27.1	10.9	5.8
Remote	28.2	27.7	15.3
Very remote (c)	na	na	na
SEIFA of residence (d)			
Quintile 1	19.2	9.4	3.5
Quintile 2	19.3	16.1	6.1
Quintile 3	20.2	12.0	4.8
Quintile 4	21.7	13.5	5.7
Quintile 5	19.8	10.5	4.1
Total (e)	**20.2**	**5.0**	**2.0**

(a) Persons aged 15 years who were referred to a medical specialist in the last 12 months.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Very remote data was not collected in the 2009 Patient Experience Survey.

(d) 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.

(e) Includes persons for whom index of disadvantage was not able to be determined.

na Not available.

Source: ABS (unpublished) Patient Experience Survey 2009.

Table NHA.58.8 Proportion of persons who were referred to a medical specialist by a GP in the last 12 months who waited longer than they felt acceptable to get an appointment, by State and Territory, 2009 (a), (b)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Proportion of persons	**%**	**19.5**	**19.8**	**21.8**	**26.5**	**19.2**	**25.9**	**33.1**	**30.0**	**21.2**
Relative standard errors	%	8.9	10.9	11.8	13.7	13.0	18.8	12.9	24.9	5.1
95 per cent confidence intervals	±%	3.4	4.2	5.0	7.1	4.9	9.5	8.4	14.6	2.1

(a) Persons aged 15 years who were referred to a medical specialist in the last 12 months.

(b) Rates are age standardised to the 2001 estimated resident population (10 year ranges).

Source : ABS (unpublished) Patient Experience Survey 2009.

NHA Indicator 59:

Age standardised mortality by major cause of death

Table NHA.59.1 Age standardised mortality rates by major cause of death, by State and Territory, 2008 (per 100 000 persons) (a), (b), (c), (d), (e)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (f)
Cause of death									
Certain infectious and parasitic diseases (A00-B99)	10.3	6.3	6.8	6.5	8.7	6.1	8.2	28.2	8.2
Neoplasms (C00-D48)	178.0	182.3	188.5	175.6	184.5	205.7	167.8	229.6	182.1
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	1.9	2.2	1.7	2.8	2.7	2.0	1.4	1.0	2.1
Endocrine, nutritional and metabolic diseases (E00-E90)	21.4	25.9	26.4	26.2	24.4	32.4	22.4	83.5	24.7
Mental and behavioural disorders (F00-F99)	25.4	26.6	22.4	25.0	25.9	32.8	29.5	42.9	25.5
Diseases of the nervous system (G00-G99)	22.2	25.3	24.0	29.9	27.8	26.9	34.7	24.9	24.8
Diseases of the eye and adnexa (H00-H59)	–	–	–	0.1	0.1	–	–	–	0.1
Diseases of the ear and mastoid process (H60-H95)	–	–	–	–	–	–	–	–	–
Diseases of the circulatory system (I00-I99)	205.2	185.3	207.2	183.7	190.3	221.5	186.9	214.9	197.6
Diseases of the respiratory system (J00-J99)	48.0	45.1	47.5	43.0	45.1	57.5	35.5	88.4	46.8
Diseases of the digestive system (K00-K93)	20.5	20.5	20.4	21.2	19.9	24.7	19.6	40.9	20.7
Diseases of the skin and subcutaneous tissue (L00-L99)	2.1	1.3	1.3	1.6	1.3	1.3	1.1	2.9	1.6
Diseases of the musculoskeletal system and connective tissue (M00-M99)	4.8	4.4	4.7	5.1	4.1	8.0	9.8	8.2	4.8
Diseases of the genitourinary system (N00-N99)	13.8	12.6	13.4	11.8	14.9	12.3	14.4	38.2	13.5
Pregnancy, childbirth and the puerperium (O00-O99)	–	–	0.1	–	–	–	–	–	–
Certain conditions originating in the perinatal period (P00-P96)	3.2	2.3	3.1	1.4	2.0	2.1	5.6	4.4	2.7
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	2.8	2.7	3.4	2.1	2.6	2.0	1.1	2.6	2.8
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	5.3	3.3	9.2	5.1	3.2	3.3	3.9	8.2	5.4
External causes of morbidity and mortality (V01-Y98)	34.9	37.3	41.0	47.0	39.5	49.3	37.3	100.1	39.2
Total	**600.1**	**583.5**	**621.1**	**588.3**	**596.9**	**688.0**	**579.2**	**919.3**	**602.5**

(a) 2008 data have been subject to a process improvement which has increased the quality of these data. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 1: 2008 COD Collection - Process Improvement for further information.

Table NHA.59.1 **Age standardised mortality rates by major cause of death, by State and Territory, 2008 (per 100 000 persons) (a), (b), (c), (d), (e)**

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

(b) Causes of death data for 2008 are preliminary and subject to a revisions process. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 2: Revisions Process for further information.

(c) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100,000 persons. SDRs in this table have been calculated using the direct method, age standardised by 5 year age group to 95 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(d) Data based on reference year. See data quality statements for a more detailed explanation.

(e) Some totals and figures may not compute due to the effects of rounding.

(f) Includes 'Other territories'.

– Nil or rounded to zero.

Source : ABS (unpublished) Causes of Death, Australia, 2008.

Table NHA.59.2 Age standardised mortality rates and rate ratios by major cause of death, by Indigenous status, 2004–2008 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j)

	NSW	*Qld*	*WA* (k)	*SA*	*NT*	*Total* (l)
	Age standardised mortality rate: Indigenous persons (per 100 000 population)					
Cause of death						
Circulatory diseases (I00-I99)	439.6	477.7	699.6	539.1	770.6	542.7
Neoplasms (cancer) (C00-D48)	226.9	263.5	337.4	225.7	322.9	267.6
External causes of morbidity and mortality (V01-Y98)	56.5	75.4	140.4	117.6	166.6	95.2
Endocrine, metabolic and nutritional disorders (E00-E90)	60.4	146.6	217.5	108.8	222.7	135.3
Respiratory diseases (J00-J99)	116.7	112.0	208.6	143.0	273.3	152.4
Digestive diseases (K00-K93)	66.6	76.6	139.5	83.4	170.7	96.0
Kidney Diseases (N00-N29)	29.8	44.2	64.4	49.7	142.7	55.9
Conditions originating in the perinatal period (P00-P96)	4.6	6.3	6.3	5.6	9.2	6.1
Infectious and parasitic diseases (A00-B99)	19.7	22.9	35.6	20.1	58.8	28.5
Nervous system diseases (G00-G99)	26.1	24.1	66.6	52.1	51.5	37.0
Other causes (m)	66.7	78.6	166.9	70.0	144.0	96.5
All causes	**1 078.6**	**1 310.7**	**2 089.7**	**1 428.3**	**2 326.4**	**1 497.6**
	Age standardised mortality rate: Non-Indigenous persons (per 100 000 persons)					
Cause of death						
Circulatory diseases (I00-I99)	218.7	215.6	190.4	211.0	199.8	213.3
Neoplasms (cancer) (C00-D48)	182.5	178.7	178.1	184.4	185.5	181.2
External causes of morbidity and mortality (V01-Y98)	34.6	38.6	38.0	37.9	60.8	36.8
Endocrine, metabolic and nutritional disorders (E00-E90)	20.0	22.1	23.4	24.2	30.1	21.5
Respiratory diseases (J00-J99)	51.9	51.4	44.2	52.9	65.3	51.0
Digestive diseases (K00-K93)	20.5	20.4	19.8	20.8	29.0	20.4
Kidney Diseases (N00-N29)	11.2	10.0	9.5	12.6	12.6	10.9
Conditions originating in the perinatal period (P00-P96)	3.1	3.1	2.0	2.1	2.9	2.8
Infectious and parasitic diseases (A00-B99)	10.4	7.0	7.0	8.4	13.3	8.8
Nervous system diseases (G00-G99)	21.7	21.4	27.7	23.9	16.6	22.6

Table NHA.59.2 Age standardised mortality rates and rate ratios by major cause of death, by Indigenous status, 2004–2008 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j)

	NSW	*Qld*	*WA* (k)	*SA*	*NT*	*Total* (l)
Other causes (m)	42.5	40.8	38.3	41.4	48.7	41.4
All causes	**617.1**	**609.0**	**578.8**	**619.2**	**687.1**	**610.7**
			Rate ratio (n)			
Cause of death:						
Circulatory diseases (I00-I99)	2.0	2.2	3.7	2.6	3.9	2.5
Neoplasms (cancer) (C00-D48)	1.2	1.5	1.9	1.2	1.7	1.5
External causes of morbidity and mortality (V01-Y98)	1.6	2.0	3.7	3.1	2.7	2.6
Endocrine, metabolic and nutritional disorders (E00-E90)	3.0	6.6	9.3	4.5	7.4	6.3
Respiratory diseases (J00-J99)	2.2	2.2	4.7	2.7	4.2	3.0
Digestive diseases (K00-K93)	3.3	3.8	7.1	4.0	5.9	4.7
Kidney Diseases (N00-N29)	2.7	4.4	6.8	4.0	11.3	5.1
Conditions originating in the perinatal period (P00-P96)	1.5	2.0	3.1	2.6	3.1	2.1
Infectious and parasitic diseases (A00-B99)	1.9	3.3	5.1	2.4	4.4	3.2
Nervous system diseases (G00-G99)	1.2	1.1	2.4	2.2	3.1	1.6
Other causes (m)	1.6	1.9	4.4	1.7	3.0	2.3
All causes	**1.7**	**2.2**	**3.6**	**2.3**	**3.4**	**2.5**

(a) 2008 data have been subject to a process improvement which has increased the quality of these data. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 1: 2008 COD Collection - Process Improvement for further information.

(b) Causes of death data for 2008 are preliminary and subject to a revisions process. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 2: Revisions Process for further information.

(c) Causes of death data for 2007 have been revised and are subject to further revisions. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 2: Revisions Process for further information.

(d) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100,000 persons. SDRs in this table have been calculated using the indirect method, age standardised by 5 year age group to 75 years and over. Rates calculated using the indirect method are not comparable to rates calculated using the direct method.

Table NHA.59.2 Age standardised mortality rates and rate ratios by major cause of death, by Indigenous status, 2004–2008 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j)

	NSW	*Qld*	*WA* (k)	*SA*	*NT*	*Total* (l)

(e) Although most deaths of Indigenous Australians are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous all causes mortality rate.

(f) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

(g) Data are presented in five-year groupings due to the volatility of small numbers each year.

(h) Data based on reference year. See data quality statements for a more detailed explanation.

(i) Census year non-Indigenous and Indigenous estimates are sourced from Experimental Estimates of Aboriginal and Torres Strait Islander Australians (cat. no. 3238.0.55.001).

(j) Some totals and figures may not compute due to the effects of rounding.

(k) ABS are currently investigating the volatility of indigenous deaths in WA in recent years. Until this investigation is finalised, ABS advises caution be used when analysing 2007 and 2008 Indigenous deaths data for WA

(l) Total includes only those five states and territories of residence that are considered to have acceptable levels of Indigenous identification in mortality data (NSW, Queensland, WA, SA and the NT).

(m) ''Other causes' consist of all conditions excluding the selected causes displayed in the table.

(n) Rate ratio is the crude Indigenous rate divided by the non-Indigenous rate.

Source : ABS (unpublished) Causes of Death, Australia, various years.

Table NHA.59.3 Age standardised mortality rates by major cause of death, by State and Territory, 2007 (per 100 000 persons) (a), (b), (c), (d)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (e)
Cause of death									
Certain infectious and parasitic diseases (A00-B99)	10.1	6.8	7.5	6.2	7.8	3.7	5.3	24.6	8.1
Neoplasms (C00-D48)	178.2	178.8	169.4	180.4	180.0	202.8	173.0	225.3	177.9
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	2.2	2.0	2.1	1.8	2.1	1.6	2.0	2.5	2.1
Endocrine, nutritional and metabolic diseases (E00-E90)	20.0	25.5	21.2	25.9	24.1	36.4	24.8	62.8	23.2
Mental and behavioural disorders (F00-F99)	25.2	24.4	18.9	21.0	25.1	27.9	31.1	40.0	23.7
Diseases of the nervous system (G00-G99)	21.7	24.5	21.7	29.4	25.6	25.6	29.9	16.4	23.6
Diseases of the eye and adnexa (H00-H59)	–	–	–	–	–	–	–	–	–
Diseases of the ear and mastoid process (H60-H95)	–	–	–	–	–	0.2	–	0.4	–
Diseases of the circulatory system (I00-I99)	202.6	185.6	206.4	185.0	203.9	229.7	179.6	249.7	198.4
Diseases of the respiratory system (J00-J99)	49.0	46.6	58.5	45.5	45.4	58.9	38.3	68.2	49.8
Diseases of the digestive system (K00-K93)	19.8	19.8	22.0	22.7	20.1	21.9	18.1	38.7	20.7
Diseases of the skin and subcutaneous tissue (L00-L99)	1.8	1.2	1.5	1.0	1.8	1.7	2.6	4.8	1.5
Diseases of the musculoskeletal system and connective tissue (M00-M99)	4.4	4.9	3.7	5.4	4.7	7.5	4.7	11.8	4.6
Diseases of the genitourinary system (N00-N99)	13.7	13.7	14.4	13.5	14.5	17.2	9.7	34.7	14.0
Pregnancy, childbirth and the puerperium (O00-O99)	–	–	–	0.1	0.1	–	–	–	–
Certain conditions originating in the perinatal period (P00-P96)	3.0	2.6	3.1	1.3	2.8	2.7	3.7	4.9	2.8
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	2.5	2.7	3.3	2.1	2.5	3.4	2.1	5.4	2.7
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	6.2	3.6	13.4	3.1	4.5	2.8	1.7	6.1	6.3
External causes of morbidity and mortality (V01-Y98)	33.7	31.9	40.5	44.1	39.0	48.0	37.0	93.1	36.9
Total	**594.3**	**574.8**	**607.7**	**588.4**	**604.1**	**692.1**	**563.6**	**888.7**	**596.4**

(a) Causes of death data for 2007 have been revised and are subject to further revisions. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 2: Revisions Process for further information.

Table NHA.59.3 Age standardised mortality rates by major cause of death, by State and Territory, 2007 (per 100 000 persons) (a), (b), (c), (d)

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

(b) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100,000 persons. SDRs in this table have been calculated using the direct method, age standardised by 5 year age group to 95 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(c) Data based on reference year. See data quality statements for a more detailed explanation.

(d) Some totals and figures may not compute due to the effects of rounding.

(e) Includes 'Other territories'.

– Nil or rounded to zero.

Source : ABS (unpublished) Causes of Death, Australia, 2007.

Table NHA.59.4 Age standardised mortality rates and rate ratios by major cause of death, by Indigenous status, 2003–2007 (a), (b), (c), (d), (e), (f), (g), (h)

	NSW	*Qld*	*WA* (i)	*SA*	*NT*	*Total* (j)
	Age standardised mortality rate: Indigenous persons (per 100 000 population)					
Cause of death						
Circulatory diseases (I00-I99)	454.9	520.0	631.1	585.6	833.7	561.2
Neoplasms (cancer) (C00-D48)	229.5	254.8	314.2	224.1	324.3	262.3
External causes of morbidity and mortality (V01-Y98)	56.4	80.1	122.4	114.1	166.6	93.7
Endocrine, metabolic and nutritional disorders (E00-E90)	59.2	149.2	200.8	125.4	194.3	130.5
Respiratory diseases (J00-J99)	118.7	131.5	208.0	155.2	298.6	162.9
Digestive diseases (K00-K93)	69.7	78.8	124.7	80.1	188.6	97.6
Kidney Diseases (N00-N29)	25.1	41.6	59.0	52.2	140.9	52.6
Conditions originating in the perinatal period (P00-P96)	4.5	6.2	6.7	5.5	9.2	6.1
Infectious and parasitic diseases (A00-B99)	19.0	23.2	28.9	20.8	54.4	26.8
Nervous system diseases (G00-G99)	28.0	26.8	59.0	49.8	52.4	37.2
Other causes (k)	68.7	76.3	163.2	70.1	151.0	97.0
All causes	**1 095.1**	**1 361.7**	**1 923.5**	**1 477.3**	**2 391.3**	**1 504.8**
	Age standardised mortality rate: Non-Indigenous persons (per 100 000 persons)					
Cause of death						
Circulatory diseases (I00-I99)	223.1	220.2	194.4	218.5	212.4	218.2
Neoplasms (cancer) (C00-D48)	182.5	178.2	179.7	184.1	188.0	181.2
External causes of morbidity and mortality (V01-Y98)	34.6	38.8	37.3	37.4	58.1	36.6
Endocrine, metabolic and nutritional disorders (E00-E90)	19.4	21.0	22.8	23.5	30.8	20.8
Respiratory diseases (J00-J99)	53.5	52.6	46.0	57.0	65.7	52.8
Digestive diseases (K00-K93)	20.4	20.6	19.6	21.1	28.8	20.5
Kidney Diseases (N00-N29)	10.8	9.5	9.2	12.0	11.7	10.4
Conditions originating in the perinatal period (P00-P96)	3.1	3.1	2.2	2.2	3.1	2.9
Infectious and parasitic diseases (A00-B99)	10.4	6.8	7.1	8.0	11.4	8.8
Nervous system diseases (G00-G99)	21.3	20.2	26.7	20.9	14.1	21.6

Table NHA.59.4 Age standardised mortality rates and rate ratios by major cause of death, by Indigenous status, 2003–2007 (a), (b), (c), (d), (e), (f), (g), (h)

	NSW	*Qld*	*WA* (i)	*SA*	*NT*	*Total* (j)
Other causes (k)	39.6	38.1	37.6	38.9	49.5	38.9
All causes	**618.5**	**609.0**	**582.9**	**623.6**	**693.7**	**612.6**
			Rate ratio (l)			
Cause of death:						
Circulatory diseases (I00-I99)	2.0	2.4	3.2	2.7	3.9	2.6
Neoplasms (cancer) (C00-D48)	1.3	1.4	1.7	1.2	1.7	1.4
External causes of morbidity and mortality (V01-Y98)	1.6	2.1	3.3	3.0	2.9	2.6
Endocrine, metabolic and nutritional disorders (E00-E90)	3.1	7.1	8.8	5.3	6.3	6.3
Respiratory diseases (J00-J99)	2.2	2.5	4.5	2.7	4.5	3.1
Digestive diseases (K00-K93)	3.4	3.8	6.4	3.8	6.6	4.8
Kidney Diseases (N00-N29)	2.3	4.4	6.4	4.4	12.1	5.0
Conditions originating in the perinatal period (P00-P96)	1.4	2.0	3.1	2.6	2.9	2.1
Infectious and parasitic diseases (A00-B99)	1.8	3.4	4.1	2.6	4.8	3.0
Nervous system diseases (G00-G99)	1.3	1.3	2.2	2.4	3.7	1.7
Other causes (k)	1.7	2.0	4.3	1.8	3.1	2.5
All causes	**1.8**	**2.2**	**3.3**	**2.4**	**3.4**	**2.5**

(a) Causes of death data for 2007 have been revised and are subject to further revisions. See Causes of Death, Australia, 2008 (cat. No. 3303.0) Technical Note 2: Revisions Process for further information.

(b) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100 000 persons. SDRs in this table have been calculated using the indirect method, age standardised by 5 year age group to 75 years and over. Rates calculated using the indirect method are not comparable to rates calculated using the direct method.

(c) Although most deaths of Indigenous Australians are registered, it is likely that some are not accurately identified as Indigenous. Therefore, these data are likely to underestimate the Indigenous all causes mortality rate.

(d) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.

(e) Data are presented in five-year groupings due to the volatility of small numbers each year.

Table NHA.59.4 **Age standardised mortality rates and rate ratios by major cause of death, by Indigenous status, 2003–2007 (a), (b), (c), (d), (e), (f), (g), (h)**

	NSW	*Qld*	*WA* (i)	*SA*	*NT*	*Total* (j)

(f) Data based on reference year. See data quality statements for a more detailed explanation.

(g) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(h) Some totals and figures may not compute due to the effects of rounding.

(i) ABS are currently investigating the volatility of indigenous deaths in WA in recent years. Until this investigation is finalised, ABS advises caution be used when analysing 2007 and 2008 Indigenous deaths data for WA

(j) Total includes only those five states and territories of residence that are considered to have acceptable levels of Indigenous identification in mortality data (NSW, Queensland, WA, SA and the NT).

(k) ''Other causes' consist of all conditions excluding the selected causes displayed in the table.

(l) Rate ratio is the crude Indigenous rate divided by the non-Indigenous rate.

Source : ABS (unpublished) Causes of Death, Australia, various years.

Table NHA.59.5 **Age standardised mortality rates, by State and Territory, 2009 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Australia* (c)
				Age standardised mortality rates (per 100 000 persons)						
Total (all causes)	%	**565.2**	**570.4**	**580.2**	**562.3**	**580.3**	**675.1**	**546.2**	**790.3**	**574.6**

(a) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100 000 persons. SDRs in this table have been calculated using the direct method, age standardised by 5 year age group to 95 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(b) Data based on reference year. See data quality statements for a more detailed explanation.

(c) Includes 'Other territories'.

Source : ABS (unpublished) Deaths, Australia, 2009.

NHA Indicator 60:

No new data are available for this indicator

Access to services by type of service compared to need

NHA Indicator 61:

Teenage birth rate

Table NHA.61.1 **Births to mothers aged less than 20 years, by Indigenous status, remoteness and SEIFA, 2008 (a), (b)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Unit	Rate per 1000 female residents aged 15–19 years									no.
Indigenous status										
Indigenous	69.6	59.6	80.1	101.6	78.6	41.8	45.6	91.4	77.8	2 288
Non-Indigenous	12.7	10.0	20.2	16.3	14.7	25.3	6.9	21.8	14.3	9 833
Remoteness of residence (c)										
Major cities	11.4	8.2	18.1	16.2	14.2	..	7.7	..	12.4	6 064
Inner regional	21.2	16.0	27.2	22.5	19.6	25.3	np	..	21.5	3 220
Outer regional	29.1	23.0	33.1	32.3	26.4	28.4	..	32.0	29.8	1 948
Remote	55.4	np	52.7	46.3	24.3	34.3	..	40.4	43.9	404
Very remote	193.5	..	87.3	94.4	66.5	np	..	99.6	92.8	513
SEIFA of residence (d)										
Quintile 1	24.5	18.4	42.0	65.1	33.2	32.8	—	64.2	30.8	4 437
Quintile 2	20.8	16.0	32.7	28.4	16.2	23.9	—	80.3	22.2	3 206
Quintile 3	12.0	12.1	20.2	23.0	11.4	21.5	26.6	34.6	16.0	2 254
Quintile 4	7.8	6.4	16.2	15.7	6.5	7.0	12.8	27.1	10.6	1 511
Quintile 5	2.4	3.3	7.0	5.8	3.2	..	5.1	15.7	4.2	612
Total	**14.9**	**10.6**	**23.6**	**20.7**	**16.8**	**26.4**	**7.8**	**51.8**	**16.9**	
Total number (e)	**3 450**	**1 858**	**3 479**	**1 540**	**877**	**441**	**93**	**411**	**12 149**	

(a) The rate is the number of births to mothers aged less than 20 years (including mothers aged less than 15 years) per 1000 female residents aged 15-19 years. This may result in slightly overestimated rates.

(b) Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated.

(c) Disaggregation by remoteness area is by place of usual residence of the mother, not by place of birth.

(d) Socio-Economic Indexes for Areas (SEIFA) deciles 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. Disaggregation by SEIFA is based on the place of usual residence of the mother, not by place of birth.

(e) Total includes number of babies for which maternal Indigenous status, remoteness areas and/or SEIFA categories could not be assigned.

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

Table NHA.61.1 **Births to mothers aged less than 20 years, by Indigenous status, remoteness and SEIFA, 2008 (a), (b)**

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

Source : AIHW (unpublished) National Perinatal Data Collection; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA.61.2 **Births to mothers aged less than 20 years, by SEIFA, 2008 (a)**

	Aust	
	Rate per 1000 female residents aged 15–19 years	no.
SEIFA of residence (b)		
Decile 1	34.8	2 538
Decile 2	26.7	1 899
Decile 3	23.2	1 587
Decile 4	21.3	1 619
Decile 5	18.7	1 313
Decile 6	13.4	941
Decile 7	12.2	848
Decile 8	9.1	663
Decile 9	5.3	365
Decile 10	3.2	247
Total (c)	**16.9**	**12 149**

(a) The rate is the number of births to mothers aged less than 20 years (including mothers aged less than 15 years) per 1000 female residents aged 15–19 years. This may result in slightly overestimated rates.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Disaggregation by SEIFA is based on the place of usual residence of the mother, not by place of birth.

(c) Total includes number of babies for which SEIFA categories for the mothers could not be assigned.

Source: AIHW (unpublished) National Perinatal Data Collection; ABS (unpublished) Estimated Resident Population, 30 June 2008

NHA Indicator 62:

Hospitalisation for injury and poisoning

Table NHA.62.1 **Hospital separations for injury or poisoning, by sex, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*	
Unit	Age-standardised rate per 1000 population									no.
Sex										
Males	26.5	27.2	32.0	27.8	28.0	25.4	33.2	41.2	28.3	307 732
Females	19.6	21.4	22.8	20.9	21.4	19.4	25.1	34.3	21.2	235 494
Indigenous status (c)										
Indigenous	34.8	31.5	41.7	65.5	53.9	17.0	47.8	67.0	46.4	21 457
Other Australians (d)	23.0	24.5	27.0	23.2	24.5	22.6	28.9	26.9	24.4	500 184
Remoteness of residence (e)										
Major cities	20.9	23.7	23.7	22.1	22.0	..	23.7	..	22.4	338 382
Inner regional	26.8	25.6	30.8	24.3	26.8	21.6	np	..	27.1	118 265
Outer regional	31.3	25.2	31.4	28.8	35.9	22.4	..	25.3	29.8	60 621
Remote	45.7	33.5	44.0	35.9	34.3	25.5	..	45.7	40.2	12 419
Very remote	51.1	..	49.9	46.4	40.9	35.6	..	49.9	48.4	8 032
SEIFA of residence (f)										
Quintile 1	23.8	24.5	32.3	42.2	28.5	21.3	np	38.4	27.1	119 146
Quintile 2	23.9	24.9	30.2	25.0	24.2	30.7	np	64.5	25.6	114 542
Quintile 3	24.2	23.5	29.8	22.7	26.7	22.6	55.6	46.1	25.3	110 192
Quintile 4	21.4	26.6	24.0	23.5	20.3	21.1	33.9	27.0	24.0	102 399
Quintile 5	19.9	21.3	19.1	21.4	20.0	..	21.6	23.3	20.5	91 245
Total (g)	**23.0**	**24.3**	**27.4**	**24.4**	**24.7**	**22.3**	**29.1**	**37.8**	**24.7**	
	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total no. (g)	**167 300**	**133 581**	**118 271**	**53 097**	**41 834**	**11 365**	**9 801**	**7 980**	**543 229**	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania’s total hospital separations.

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

Table NHA.62.1 Hospital separations for injury or poisoning, by sex, Indigenous status, remoteness and SEIFA, by State and Territory, 2008-09 (a)

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

(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 usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness population group (regardless of where they reside) divided by the number of people in that remoteness population group in the jurisdiction of hospitalisation.

(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(g) Total includes separations for which a SEIFA category or remoteness area could not be assigned as the place of residence was unknown or not stated. Records where sex was not stated are also included.

.. Not applicable. **np** Not published.

Source : AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA.62.2 **Age-specific separation rates for injury or poisoning, by State and Territory, 2008-09 (per 1000 population) (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas* (b)	*ACT*	*NT*	*Aust*
Age									
0–14 years	15.5	15.5	20.9	16.4	15.9	13.1	15.3	21.9	16.8
15–24 years	24.1	26.2	30.3	27.9	27.7	27.2	33.1	40.3	27.0
25–34 years	19.3	20.6	24.7	23.6	23.0	22.8	24.8	44.4	21.9
35–44 years	18.2	19.6	22.1	20.7	21.0	20.3	22.5	44.8	20.2
45–54 years	18.3	19.2	22.3	19.2	20.1	19.5	22.5	35.5	19.8
55–64 years	20.9	22.1	25.1	21.5	22.6	19.3	26.6	30.2	22.4
65 years and over	53.7	56.3	52.3	47.6	52.1	40.1	69.3	49.1	53.2
Total (c)	**23.0**	**24.3**	**27.4**	**24.4**	**24.7**	**22.3**	**29.1**	**37.8**	**24.7**

(a) Rates for age groups are age-specific crude rates, based on the June 2008 Estimated Resident Population.

(b) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania’s total hospital separations.

(c) The total rate is age-standardised to the Australian population as at 30 June 2001.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021* , 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA.62.3 **Hospital separations for injury or poisoning, by SEIFA, 2008-09 (a), (b)**

	Aust	
	Rate per 1000 people	No.
SEIFA of residence		
Decile 1	27.3	59 158
Decile 2	26.8	59 988
Decile 3	25.9	54 892
Decile 4	25.4	59 650
Decile 5	25.9	55 700
Decile 6	24.8	54 492
Decile 7	23.2	48 619
Decile 8	24.8	53 780
Decile 9	21.2	48 093
Decile 10	19.8	43 152
Total (c)	**24.7**	**543 229**

(a) The total rate is age-standardised to the Australian population as at 30 June 2001.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 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) 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 Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2008.

NHA Indicator 63:

No new data are available for this indicator

Children's hearing loss

NHA Indicator 64:

Indigenous Australians in the health workforce

Table NHA.64.1 Proportion of the health workforce that is Indigenous, by selected professions, by State and Territory, 2008 (a), (b)

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	
Unit	%	%	%	%	%	%	%	%	%	no.
Selected professions										
Medical practitioners (b), (c), (d)	0.2	0.2	0.4	0.1	0.1	0.2	0.2	1.2	0.2	153
Nurses/midwives (e)	0.8	0.3	0.9	0.2	0.4	1.0	0.2	1.2	0.6	1 598
Total	**0.6**	**0.3**	**0.8**	**0.2**	**0.4**	**0.9**	**0.2**	**1.2**	**0.5**	**1 751**

(a) Excludes the response category 'Indigenous status—Not stated'.

(b) Data for Indigenous medical practitioners should be treated with caution due to the small population size, the overall response rate and unexplained variation between years.

(c) The total number of medical practitioners in NSW, Queensland and Tasmania are underestimates, as the benchmark figures did not include all registered medical practitioners.

(d) For Western Australia the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age by sex proportions. For Western Australia the benchmark data was inflated by an unknown number of registered medical practitioners that were no longer active in the workforce.

(e) State and Territory estimates from the *2008 Nursing and Midwifery Labour Force Survey* should be treated with caution due to low response rates in some jurisdictions, particularly Victoria (33.3 per cent), Queensland (32.9 per cent), WA (34.4 per cent) and the NT (34.9 per cent). Data quality issues associated with Indigenous identification are likely to have been compounded by estimation procedures used to deal with low responses rates.

Source : AIHW (unpublished) Medical Labour Force Survey; AIHW (unpublished) Nursing and Midwifery Labour Force Survey; State and Territory registration board data.

NHA Indicator 65:

Net growth in health workforce

Table NHA.65.1 **Net growth in health workforce, selected professions, by State and Territory, 2007 to 2008 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust* (c)
Medical practitioners (d)										
FTE in workforce in 2007	no.	22 864	18 463	13 180	8 099	5 639	1 563	1 546	970	72 416
FTE in workforce in 2008	no.	23 404	18 773	13 865	7 165	5 770	1 518	1 959	882	73 325
Net growth from 2007 to 2008	**%**	**2.4**	**1.7**	**5.2**	**- 11.5**	**2.3**	**- 2.9**	**26.7**	**- 9.0**	**1.3**
Nurses/midwives (e)										
FTE in workforce in 2007	no.	69 534	64 008	43 317	20 563	20 389	6 189	3 773	3 078	230 762
FTE in workforce in 2008	no.	71 129	65 002	43 691	22 694	22 502	6 479	4 050	4 028	239 725
Net growth from 2007 to 2008	**%**	**2.3**	**1.6**	**0.9**	**10.4**	**10.4**	**4.7**	**7.4**	**30.9**	**3.9**

(a) Net growth measures the change in the full-time equivalent (FTE) number in the workforce in the reference year compared to the year prior to the reference year.

(b) FTEs calculated based on a 40-hour standard working week for medical practitioners and a 38-hour week for nurses/midwives.

(c) Due to rounding of average hours worked, the total FTE for Australia may not add up to the sum of states and territories.

(d) For WA the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age-by-sex proportions. For WA in 2007 and 2008, the benchmark data was inflated by an unknown number of registered medical practitioners that were no longer active in the workforce. Data based on figures which were underestimates in NSW, Queensland and Tasmania.

(e) For 2007, State and Territory estimates should be treated with caution due to low response rates in some jurisdictions, particularly Victoria (39.9 per cent). Queensland (33.9 per cent), WA (36.7 per cent) and NT (28.7 per cent). For 2008, State and Territory estimates should be treated with caution due to low response rates in some jurisdictions, particularly Victoria (33.3 per cent). Queensland (32.9 per cent), WA (34.4 per cent) and NT (24.9 per cent). In 2008 Victorian data was affected by large numbers of online survey records not being able to be used for technical reasons.

Source : AIHW (unpublished) Medical Labour Force Survey (2007 and 2008); AIHW (unpublished) Nursing and Midwifery Labour Force Survey (2007 and 2008); State and Territory registration board data.

Table NHA.65.2 Net growth in health workforce, by clinical/non-clinical status, by State and Territory, 2007 to 2008 (per cent) (a), (b), (c)

	NSW	Vic	Qld	WA	SA	Tas	ACT (d)	NT	Aust
					Medical practitioners (e)				
Net growth from 2007 to 2008									
Clinician status									
Clinician	2.5	1.9	4.4	- 11.2	3.0	- 3.5	28.9	- 11.0	1.4
Non-clinician	- 2.9	1.3	18.3	- 14.5	- 9.1	6.8	9.8	7.9	0.3
					Nurses/midwives (f)				
Net growth from 2007 to 2008									
Clinician status (g)									
Clinician	2.1	2.0	1.0	np	10.9	4.9	2.9	32.9	3.3
Non-clinician	5.5	0.4	0.7	np	3.8	4.9	60.5	18.3	9.4

(a) Net growth measures the change in the full-time equivalent number in the workforce in the reference year compared to the year prior to the reference year.

(b) FTEs calculated based on a 40-hour standard working week for medical practitioners and a 38-hour week for nurses/midwives.

(c) Clinicians are those mainly working in clinical work (ie direct patient care). Non-clinicians are those mainly working in the profession as a researcher, lecturer, teacher, educator, or in other non-clinical work in the relevant professional field. The number of non-clinicians is very small in comparison to the number of clinicians and small changes in numbers may result in large percentage changes.

(d) Due to concerns regarding interaction between clinical status, data quality and the low response rate, the growth rates for the ACT should be treated with caution.

(e) For Western Australia the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age by sex proportions. For Western Australia in 2007 and 2008, the benchmark data was inflated by an unknown number of registered medical practitioners that were no longer active in the workforce. Data based on figures which were underestimates in NSW, Queensland and Tasmania.

(f) For 2007, State and Territory estimates should be treated with caution due to low response rates in some jurisdictions, particularly Victoria (39.9 per cent). Queensland (33.9 per cent), Western Australia (36.7 per cent) and the Northern Territory (28.7 per cent). For 2008, State and Territory estimates should be treated with caution due to low response rates in some jurisdictions, particularly Victoria (33.3 per cent). Queensland (32.9 per cent), Western Australia (34.4 per cent) and the Northern Territory (24.9 per cent). In 2008 Victorian data was affected by large numbers of online survey records not being able to be used for technical reasons.

(g) WA data for nurses and midwives has been suppressed due to concerns regarding interaction between clinical status data quality and the low response rate.

np Not published.

Table NHA.65.2 **Net growth in health workforce, by clinical/non-clinical status, by State and Territory, 2007 to 2008 (per cent) (a), (b), (c)**

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

Source : AIHW (unpublished) Medical Labour Force Survey (2007 and 2008); AIHW (unpublished) Nursing and Midwifery Labour Force Survey (2007 and 2008); State and Territory registration board data.

NHA Indicator 66:

Public health program expenditure as a proportion of total health expenditure

Table NHA.66.1 **Public health expenditure as a proportion of total health expenditure, by State and Territory, 2008-09 (a)**

		State- or Territory-funded expenditure								*Aust Govt funded*	
	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*Total*
Public health expenditure (b)	$m	250	201	195	90	84	32	27	90	1 167	2 136
Total health expenditure	$m	34 578	26 090	21 063	10 996	8 436	2 489	1 987	1 477	107 116	107 116
Public health expenditure as a proportion of total health expenditure	**%**	**0.7**	**0.8**	**0.9**	**0.8**	**1.0**	**1.3**	**1.4**	**6.1**	**1.1**	**2.0**

(a) State and Territory government expenditure excludes public health expenditure incurred by local governments, non-health state government departments and other agencies, which results in a lower proportion of public health expenditure in comparison with total health expenditure.

(b) State and Territory government indicators are based on State and Territory government funding of public health expenditure as a proportion of total recurrent expenditure (all sources of funding) in the State/Territory in which the expenditure is incurred.

Source: AIHW (unpublished) health expenditure database.

Table NHA.66.2 Public health and health expenditure, by funding source, by State and Territory, 2008-09 (a)

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*
Australian Government funded	$m	369	279	235	117	83	37	23	23	1 167
State and Territory government funded	$m	250	201	195	90	84	32	27	90	969
Public health expenditure (b)	**$m**	**619**	**480**	**430**	**207**	**167**	**70**	**50**	**113**	**2 136**
Australian Government funded	$m	16 218	12 004	9 186	4 408	3 771	1 175	833	561	48 155
State and Territory government funded	$m	8 087	5 493	5 977	3 064	2 513	619	689	679	27 120
Non-government sector funded	$m	10 273	8 594	5 900	3 524	2 152	695	464	238	31 840
Total recurrent health expenditure, all funding sources	**$m**	**34 578**	**26 090**	**21 063**	**10 996**	**8 436**	**2 489**	**1 987**	**1 477**	**107 116**

(a) In some cases, State and Territory programs funded by Public Health Outcomes Funding Agreement payments may not meet the definition of public health activities used. As a result the Australian Government funded component may be overstated and the State and Territory government funded be understated by that figure.

(b) State and Territory government indicators are based on State and Territory government funding of public health expenditure as a proportion of total recurrent expenditure (all sources of funding) in the State/Territory in which the expenditure is incurred.

Source : AIHW (unpublished) health expenditure database.

Table NHA.66.3 **Public health expenditure as a proportion of total health expenditure, by State and Territory, 2007-08 (a)**

		State- or Territory-funded expenditure								*Aust Govt funded*	
	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*	*Total*
Public health expenditure (b)	$m	163	189	156	70	74	21	23	62	1 363	2 122
Total health expenditure	$m	32 033	23 765	19 058	10 013	7 718	2 294	1 837	1 300	98 017	98 017
Public health expenditure as a proportion of total health expenditure	**%**	**0.5**	**0.8**	**0.8**	**0.7**	**1.0**	**1.0**	**1.3**	**4.8**	**1.4**	**2.2**

(a) State and Territory government expenditure excludes public health expenditure incurred by local governments, non-health State government departments and other agencies, which results in a lower proportion of public health expenditure in comparison with total health expenditure.

(b) State and Territory government indicators are based on State and Territory government funding of public health expenditure as a proportion of total recurrent expenditure (all sources of funding) in the State/Territory in which the expenditure is incurred.

Source: AIHW (unpublished) health expenditure database.

Table NHA.66.4 **Public health and health expenditure, by funding source, by State and Territory, 2007-08 (a)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*
Australian Government funded	$m	442	334	261	132	98	43	27	27	1 363
State and Territory government funded	$m	163	189	156	70	74	21	23	62	758
Public health expenditure (b)	**$m**	**605**	**523**	**418**	**202**	**172**	**64**	**50**	**89**	**2 122**
Australian Government funded	$m	14 939	10 888	8 478	4 085	3 495	1 093	792	513	44 283
State and Territory government funded	$m	7 508	5 082	5 161	2 714	2 194	569	580	562	24 369
Non-government sector funded	$m	9 587	7 795	5 419	3 214	2 028	632	465	225	29 364
Total recurrent health expenditure, all funding sources	**$m**	**32 033**	**23 765**	**19 058**	**10 013**	**7 718**	**2 294**	**1 837**	**1 300**	**98 017**

(a) In some cases, State and Territory programs funded by Public Health Outcomes Funding Agreement payments may not meet the definition of public health activities used. As a result the Australian Government funded component may be overstated and the State and Territory government funded be understated by that figure.

(b) State and Territory government indicators are based on State and Territory government funding of public health expenditure as a proportion of total recurrent expenditure (all sources of funding) in the State/Territory in which the expenditure is incurred.

Source : AIHW (unpublished) health expenditure database.

NHA Indicator 67:

Capital expenditure on health and aged care facilities as a proportion of capital consumption expenditure on health and aged care facilities

Table NHA.67.1 Capital expenditure on health and aged care facilities to capital consumption expenditure on health and aged care facilities, by State and Territory, 2008-09 (a), (b)

	Unit	*NSW*	*Vic* (c)	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Capital expenditure	$m	697	520	895	362	199	27	55	15	2 769
Capital consumption expenditure	$m	510	382	374	102	112	26	21	22	1 549
Ratio		**1.4**	**1.4**	**2.4**	**3.6**	**1.8**	**1.0**	**2.6**	**0.7**	**1.8**

(a) Excludes local government.

(b) Includes expenditure on publicly owned health and aged care facilities only. A very small amount of capital expenditure for the community aged care sector by State health authorities has been excluded, as it is so small it would be unreliable to report it.

(c) Capital expenditure by Victoria as reported does not take account of projects completed under the Partnership Victoria policy for the design, construction, finance and maintenance of major public hospitals by private consortiums. (See Data Quality Statement.)

Source: AIHW (unpublished) sourced from the ABS Government Finance Statistics data.

Table NHA.67.2 **Capital expenditure on health and aged care facilities to capital consumption expenditure on health and aged care facilities, by State and Territory, 2007-08 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Capital expenditure	$m	632	312	689	237	122	35	36	8	2 072
Capital consumption expenditure	$m	482	355	381	95	112	24	19	20	1 489
Ratio		**1.3**	**0.9**	**1.8**	**2.5**	**1.1**	**1.5**	**1.9**	**0.4**	**1.4**

(a) Excludes local government.

(b) Includes expenditure on publicly owned health and aged care facilities only. A very small amount of capital expenditure for the community aged care sector by State health authorities has been excluded, as it is so small it would be unreliable to report it.

Source: AIHW (unpublished) sourced from the ABS Government Finance Statistics data.

NHA Indicator 68:

Proportion of health expenditure spent on health research and development

Table NHA.68.1 **Health expenditure on health research and development, by State and Territory, 2008-09 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*
Research and development expenditure										
Australian Government funded	$m	886	885	308	228	236	43	159	12	2 758
State and Territory government funded	$m	147	177	167	59	22	10	25	11	620
Non-government sector funded	$m	149	88	25	15	14	3	5	1	300
Total research and development, all funding sources	$m	**1 183**	**1 151**	**501**	**302**	**272**	**56**	**189**	**24**	**3 678**
Health expenditure										
Australian Government funded	$m	16 218	12 004	9 186	4 408	3 771	1 175	833	561	48 155
State and Territory government funded	$m	8 087	5 493	5 977	3 064	2 513	619	689	679	27 120
Non-government sector funded	$m	10 273	8 594	5 900	3 524	2 152	695	464	238	31 840
Total recurrent health expenditure, all funding sources	$m	**34 578**	**26 090**	**21 063**	**10 996**	**8 436**	**2 489**	**1 987**	**1 477**	**107 116**
Proportion of health expenditure spent onresearch and development (c)	%	**3.4**	**4.4**	**2.4**	**2.7**	**3.2**	**2.2**	**9.5**	**1.6**	**3.4**

(a) The government of the State in which the related research was undertaken is not necessarily the only source of State government research funding. For example, research undertaken in Victoria could be partly or wholly funded by the New South Wales Government.

(b) Numerator does not include research funded by private commercial (business) organisations, as that expenditure is captured elsewhere in the health expendtiure matrix (eg in the price of health goods and services such as pharmaceuticals).

(c) Indicator is based on total research and development, all funding sources and total recurrent health expenditure, all funding sources. The estimates of the numerator are based on data from the ABS Research and Experimental Development Survey.

– Nil or rounded to zero.

Source : ABS (unpublished) Survey of Research and Experimental Development; AIHW (unpublished) health expenditure database.

Table NHA.68.2 **Health expenditure on health research and development, by State and Territory, 2007-08 (a), (b)**

	Unit	*NSW*	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*
Research and development expenditure										
Australian Government funded	$m	642	695	272	181	176	32	124	10	2 133
State and Territory government funded	$m	110	153	47	30	24	8	14	–	387
Non-government sector funded	$m	71	86	27	15	9	1	4	–	213
Total research and development, all funding sources (c)	$m	**823**	**934**	**347**	**225**	**209**	**42**	**142**	**11**	**2 732**
Health expenditure										
Australian Government funded	$m	14 939	10 888	8 478	4 085	3 495	1 093	792	513	44 283
State and Territory government funded	$m	7 508	5 082	5 161	2 714	2 194	569	580	562	24 639
Non-government sector funded	$m	9 587	7 795	5 419	3 214	2 028	632	465	225	29 364
Total recurrent health expenditure, all funding sources (c)	$m	**32 033**	**23 765**	**19 058**	**10 013**	**7 718**	**2 294**	**1 837**	**1 300**	**98 017**
Proportion of health expenditure spent onresearch and development (d)	%	**2.6**	**3.9**	**1.8**	**2.2**	**2.7**	**1.8**	**7.7**	**0.8**	**2.8**

(a) The government of the State in which the related research was undertaken is not necessarily the only source of State government research funding. For example, research undertaken in Victoria could be partly or wholly funded by the New South Wales Government.

(b) Numerator does not include research funded by private commercial (business) organisations, as that expenditure is captured elsewhere in the health expendtiure matrix (eg in the price of health goods and services such as pharmaceuticals).

(c) Due to rounding to nearest million, totals may not add up to the sum of states and territories or to the sum of funding sources.

(d) Indicator is based on total research and development, all funding sources and total recurrent health expenditure, all funding sources. The estimates of the numerator are based on data from the ABS Research and Experimental Development Survey.

– Nil or rounded to zero.

Source : ABS (unpublished) *Survey of Research and Experimental Development;* AIHW (unpublished) health expenditure database.

NHA Indicator 69:

Cost per case-mix adjusted separation

Table NHA.69.1 **Average cost per casemix adjusted separation, by hospital peer group, by State and Territory, 2008-09 ($) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*
					Current prices				
Hospital peer group (d)									
Principal referral and specialist women's and children's hospitals	4 465	4 420	4 579	4 852	4 130	4 713	4 624	5 287	4 499
Large hospitals	4 219	3 937	3 693	4 237	3 904	np	..	..	4 129
Medium hospitals	4 536	4 098	4 003	5 090	3 696	..	..	..	4 347
Total hospitals (e)	**4 454**	**4 374**	**4 507**	**4 832**	**4 078**	**4 817**	**4 624**	**5 361**	**4 469**
					Constant prices (in 2007-08 $) (f)				
Hospital peer group (d)									
Principal referral and specialist women's and children's hospitals	4 327	4 283	4 437	4 702	4 002	4 567	4 480	5 123	4 360
Large hospitals	4 088	3 815	3 578	4 105	3 783	np	..	..	4 001
Medium hospitals	4 396	3 971	3 878	4 932	3 582	..	..	..	4 212
Total hospitals (e)	**4 316**	**4 238**	**4 367**	**4 682**	**3 951**	**4 667**	**4 480**	**5 195**	**4 330**

(a) Average cost weight from the National Hospital Morbidity Database, 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.*

(b) Data represent the average cost per casemix-adjusted separation excluding depreciation.

(c) Limited to public hospitals.

(d) Hospital peer groups as defined in Appendix 1 of *Australian hospital statistics 2008-09* .

(e) 'Total hospitals' includes Small acute hospitals as well as Principal referral and specialist women's and children's hospitals, Large hospitals and Medium hospitals. The data are based on public hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions.

(f) Constant price values are adjusted for inflation and are expressed in terms of prices in the reference year 2007-08 using ABS Government Final Consumption Expenditure, State and Local – Hospitals & Nursing Homes deflator. The value of the deflator for year 2008-09 is 1.032, or 103.2 when multiplied by 100. It implies that the price level increased by 3.2 percent from year 2007-08.

.. Not applicable. **np** Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database; AIHW (unpublished) National Public Hospital Establishments Database.

Table NHA 69.2 **Average cost per casemix adjusted separation, by hospital peer group, by State and Territory, 2007-08 ($) (a), (b), (c)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Total*
Hospital peer group (d)									
Principal referral and specialist women's and children's hospitals	4 302	4 161	4 180	4 320	3 885	4 431	np	4 516	4 215
Large hospitals	4 072	3 963	3 934	4 262	4 113	np	np	..	4 125
Medium hospitals	4 336	4 050	3 504	4 632	3 660	..	..	..	4 129
Total hospitals (e)	**4 284**	**4 153**	**4 146**	**4 386**	**3 887**	**4 581**	**4 510**	**4 619**	**4 215**

(a) Average cost weight from the National Hospital Morbidity Database, using the 2007–08 AR-DRG version 5.1 cost weights for separations for which the care type was reported as *Acute, Newborn* with at least one qualified day or was *Not reported.*

(b) Data represent the average cost per casemix adjusted separation excluding depreciation.

(c) Limited to public hospitals.

(d) Hospital peer groups as defined in Appendix 2 of *Australian hospital statistics 2007-08* .

(e) 'Total hospitals' includes Small acute hospitals as well as Principal referral and specialist women's and children's hospitals, Large hospitals and Medium hospitals. The data are based on public hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions.

.. Not applicable. **np** Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database; AIHW (unpublished) National Public Hospital Establishments Database.

NHA Indicator 70:

There is currently no agreed measure, nor data available, to inform this indicator

Accredited and filled clinical training positions

NHA Contextual Data:

Number of GPs by remoteness category

Table NHA C.3.1 **Full-time Workload Equivalent GPs per 100 000 population, by remoteness, by State and Territory, 2009-10 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Major cities	102	92	96	75	99	..	68	..	95
Inner regional	86	84	88	64	83	92	np	..	85
Outer regional	67	79	78	73	89	67	..	57	74
Remote	np	np	59	53	78	77	..	54	64
Very remote	np	..	50	37	np	np	..	np	47
Total	97	90	90	72	95	83	68	56	90

(a) For data quality and confidentiality reasons, figures for the following areas have been combined: outer regional, remote and very remote in NSW; outer regional and remote in Victoria; remote and very remote in South Australia, Tasmania and Nothern Territory; and major cities and inner regional in the ACT.

.. Not applicable. **np** Not published.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA C.3.2 **Number of GPs per 100 000 population, by remoteness, by State and Territory, 2009-10 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Major cities	119	119	126	112	136	..	113	..	121
Inner regional	120	118	110	87	127	163	np	..	119
Outer regional	97	111	123	123	140	91	..	127	114
Remote	np	np	198	126	153	192	..	253	162
Very remote	np	..	301	147	np	np	..	np	238
Total	118	119	126	111	136	140	113	183	121

(a) For data quality and confidentiality reasons, figures for the following areas have been combined: outer regional, remote and very remote in NSW; outer regional and remote in Victoria; remote and very remote in South Australia, Tasmania and Nothern Territory; and major cities and inner regional in the ACT.

.. Not applicable. **np** Not published.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA C.3.3 **Full-time Workload Equivalent GPs per 100 000 population, by remoteness, by State and Territory, 2008-09 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Major cities	104	92	96	76	98	..	68	..	95
Inner regional	84	83	89	66	81	89	np	..	84
Outer regional	68	78	77	73	90	65	..	55	73
Remote	np	np	60	53	80	87	..	49	65
Very remote	np	..	52	31	np	np	..	np	44
Total	97	89	90	72	94	81	68	52	90

(a) For data quality and confidentiality reasons, figures for the following areas have been combined: outer regional, remote and very remote in NSW; outer regional and remote in Victoria; remote and very remote in South Australia, Tasmania and Nothern Territory; and major cities and inner regional in the ACT.

.. Not applicable. **np** Not published.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA C.3.4 **Number of GPs per 100 000 population, by remoteness, by State and Territory, 2008-09 (a)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*	*Aust*
Major cities	119	118	125	115	136	..	111	..	121
Inner regional	115	116	111	91	124	159	np	..	116
Outer regional	94	110	121	120	125	93	..	131	111
Remote	np	np	193	126	141	135	..	219	167
Very remote	np	..	268	116	np	np	..	np	193
Total	116	117	124	113	134	136	111	171	120

(a) For data quality and confidentiality reasons, figures for the following areas have been combined: outer regional, remote and very remote in NSW; outer regional and remote in Victoria; remote and very remote in South Australia, Tasmania and Nothern Territory; and major cities and inner regional in the ACT.

.. Not applicable. **np** Not published.

Source : DoHA (unpublished) Medicare data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Data Quality Statements

This attachment includes copies of all DQSs as provided by the data providers. The Steering Committee has not made any amendments to the content of these DQSs.

Table 8 lists the NHA performance benchmarks and the page reference for the associated DQSs.

Table 8 **Data quality statements for performance benchmarks in the National Healthcare Agreement**

Performance benchmark	*Page no. in this report*
1(a) Prevention: reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate, for people aged 25 years and over, of 7.1 per cent) within 15 years	..
1(b) Prevention: by 2018, reduce the national smoking rate to 10 per cent of the population and halve the Indigenous smoking rate	..
1(c) Prevention: by 2017, increase by five percentage points the proportion of Australian adults and Australian children at a healthy body weight, over the 2009 baseline	..
2(a) Primary care: by 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions	756
3(a) Hospital and related care: within five years implement a nationally consistent approach to activity-based funding for public hospital services, which also reflects the Community Service Obligations for small and regional hospital services	..
3(b) Hospital and related care: by 2012-13, 80 per cent of emergency department presentations are seen within clinically recommended triage times as recommended by the Australian College of Emergency medicine	795
3(c) Hospital and related care: the rate of *Staphylococcus aureus* (including MRSA) bacteraemia is no more than 2.0 per 10 000 occupied bed days for acute care public hospitals by 2011-12 in each State and Territory	799
4(a) Social inclusion and Indigenous health: close the life expectancy gap for Indigenous Australians within a generation	..
4(b) Social inclusion and Indigenous health: halve the mortality gap for Indigenous children under five within a decade	744

Table 9 lists the NHA performance indicators and the page reference for the associated DQSs.

Table 9 Data quality statements for performance indicators in the National Healthcare Agreement

Performance indicator	*Page no. in this report*
1. Proportion of babies born with low birthweight	700
2. Incidence of sexually transmissible infections and blood-borne viruses	703, 886, 889
3. Incidence of end-stage kidney disease	707, 886, 889
4. Incidence of selected cancers	710, 886, 889
5. Proportion of persons obese	..
6. Proportion of adults who are current daily smokers	..
7. Proportion of adults at risk of long-term harm from alcohol	..
8. Proportion of men reporting unprotected anal intercourse with casual male partners	..
9. Immunisation rates for vaccines in the national schedule	714, 886, 889
10. Breast cancer screening rates	720, 886, 889
11. Cervical cancer screening rates	725, 886
12. Bowel cancer screening rates	730, 886
13. Proportion of children with 4th year developmental health check	733, 886, 889
14. Waiting times for GPs	736
15. Waiting times for public dentistry	..
16. People deferring access to GPs, medical specialists of prescribed medications due to cost	738
17. Proportion of people with diabetes with HbA1c below seven per cent	..
18. Life expectancy	740, 742
19. Infant and young child mortality rate	744, 877, 883, 886, 889
20. Potentially avoidable deaths	748, 877, 880, 883, 886, 889, 892
21. Treatment rate for mental illness	751, 886, 889
22. Selected potentially preventable hospitalisations	756, 886, 889
23. Selected potentially avoidable GP-type presentations to emergency departments	760
24. GP-type services	764, 886, 889
25. Specialist services	767, 886, 889
26. Dental services	..
27. Optometry services	770, 886, 889
28. Public sector community mental health services	773, 886, 889
29. Private sector mental health services	776, 886, 889
30. Proportion of people with diabetes with a GP annual cycle of care	779
31. Proportion of people with asthma with a written asthma plan	..
32. Proportion of people with mental illness with GP plans	783, 886
33. Women with at least one antenatal visit in the first trimester of pregnancy	787
34. Waiting times for elective surgery	791
35. Waiting times for emergency department care	795
36. Waiting times for admission following emergency department care	..
37. Waiting times for radiotherapy and orthopaedic specialists	..

(Continued next page)

Table 9 **(continued)**

Performance indicator		*Page no. in this report*
38.	Adverse drug events in hospitals	..
39.	Healthcare-associated *Staphylococcus aureus* (including MRSA) bacteraemia in acute care hospitals	799
40.	Pressure ulcers in hospitals	..
41.	Falls resulting in patient harm in hospitals	803
42.	Intentional self-harm in hospitals	806
43.	Unplanned/unexpected readmissions within 28 days of selected surgical admissions	809
44.	Survival of people diagnosed with cancer	..
45.	Rates of services: overnight separations	812, 886, 889
46.	Rates of services: outpatient occasions of service	815, 886
47.	Rates of services: non-acute care separations	817, 886, 889
48.	Rates of services: hospital procedures	821, 886, 889
49.	Residential and community aged care places per 100 population aged 70+ years	824, 886, 889
50.	*Staphylococcus aureus* (including MRSA) bacteraemia in residential aged care	..
51.	Pressure ulcers in residential aged care	..
52.	Falls in residential aged care resulting in patient harm and treated in hospital	826
53.	Older people receiving aged care services	830, 886, 889
54.	Aged care assessments completed	833, 886, 889
55.	Younger people with disabilities using residential, CACP and EACH aged care services	835
56.	People aged 65 years or over receiving sub-acute services	837, 886, 889
57.	Hospital patient days used by those eligible and waiting for residential care	840
58.	Patient satisfaction/experience	843
59.	Age-standardised mortality by major cause of death	846, 877, 880, 883, 886, 889, 892
60.	Access to services by type of service compared to need	..
61.	Teenage birth rate	849, 886, 889
62.	Hospitalisation for injury and poisoning	853, 886, 889
63.	Children’s hearing loss	..
64.	Indigenous Australians in the health workforce	857
65.	Net growth in health workforce	862
66.	Public health program expenditure as a proportion of total health expenditure	866
67.	Capital expenditure on health and aged care facilities as a proportion of capital consumption expenditure on health and aged care facilities	868
68.	Proportion of health expenditure spent on health research and development	871
69.	Cost per casemix adjusted separation	873
70.	Accredited and filled clinical training positions	..

Data Quality Statement — Indicator 1: Proportion of babies born of low birthweight

Key data quality points

- Birthweight is included in the Perinatal National Minimum Data Set (NMDS) and data are complete for over 99.9 per cent of babies.
- This measure only includes births of at least 20 weeks gestation or 400 grams birthweight. It excludes multiple births and stillbirths and the measure may therefore differ slightly from information presented in other publications on low birthweight.
- The National Perinatal Data Collection (NPDC) includes information on the Indigenous status of the mother only. Since 2005, all jurisdictions have collected information on Indigenous status of the mother in accordance with the Perinatal NMDS.
- No formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers in the NPDC. The current data have not been adjusted for under-identification of Indigenous status of the mother and thus jurisdictional comparisons of Indigenous data should not be made.

Target/Outcome	Prevention
Indicator	The incidence of low birthweight among liveborn babies, of Aboriginal and Torres Strait Islander mothers and other mothers as a proportion of liveborn infants.
Measure (computation)	*Numerator*: Number of low birthweight live-born singleton infants born in a calendar year. Low birthweight is defined as less than 2500 grams. *Denominator*: Number of live-born singleton infants born in a calendar year. Calculation: 100 × (Numerator ÷ Denominator)
Data source/s	This indicator is calculated using data from the AIHW National Perinatal Data Collection (NPDC). For data by socioeconomic status: calculated by AIHW using the ABS' Socioeconomic Index for Areas (SEIFA) Index of Relative Socioeconomic Disadvantage (IRSD). Each Statistical Local Area in Australia is ranked and divided into quintiles 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' Australian Standard Geographical Classification.
Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data collected as part of the NPDC include an NMDS and were supplied by State and Territory health authorities to the National Perinatal Statistics Unit (NPSU), 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.

The NPDC includes all relevant data elements of interest for this indicator. Birthweight is a Perinatal NMDS item. In 2008, very few (0.02 per cent) records for live-born singleton babies were missing the data for birthweight.

While each jurisdiction has a unique perinatal form for collecting data on which the format of the Indigenous status question and recording categories varies slightly, all systems include the NMDS item on Indigenous status of mother.

No formal national assessment has been undertaken to determine completeness of the coverage of Indigenous mothers in the Perinatal NMDS. However, the proportion of Indigenous mothers for the period 1999–2008 has been consistent, at 3.5–3.8 per cent of women who gave birth. For maternal records where Indigenous status was not stated (0.1 per cent), data were excluded.

The indicator is presented by SEIFA IRSD. The data supplied to the NPDC include a code for SLA from all states and territories. Reporting by remoteness is in accordance with the Australian Standard Geographical Classification (ASGC).

Timeliness

The reference period for the data is 2008. 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.

The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Only 0.1 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.

Birthweight is nearly universally reported. Less than 0.04 per cent of records were missing. Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers which is likely to differ among jurisdictions. Approximately 0.1 per cent of mothers who gave birth in the reference period had missing Indigenous status information. No adjustments have been made for under-identification or missing Indigenous status information and thus jurisdictional comparisons of Indigenous data should not be made.

Disaggregated data by Indigenous status is reported by single year for time series and by three-year combined data for the current reporting period. Single year data by Indigenous status should be used with caution due to the small number of low birthweight infants born to Indigenous mothers each year.

Coherence

Data for this indicator are published annually in 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.

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 NPDC 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 Quality Statement — Indicator 2: Incidence of sexually transmissible infections and blood-borne viruses

Key data quality points

- The data used to calculate this indicator are from an administrative data collection designed for real-time surveillance of communicable diseases. Data are reportable under jurisdictional public health legislation.
- A major limitation of the notifications data is that, for most diseases, they represent only a proportion of the total cases occurring in the community, that is, only those cases for which health care was sought and a diagnosis made, followed by a notification to health authorities. The degree of under-representation of all cases is unknown and is likely to vary by disease.
- All notified cases are included in the numerator, even though some diseases included in this indicator, are not necessarily sexually acquired.
- For some diseases, in some jurisdictions, the high level of non-reporting of Indigenous status made disaggregation by Indigenous status too unreliable for publication.

Target/Outcome	Prevention
Indicator	Incidence of sexually transmissible infections and blood-borne viruses
Measure (computation)	The *numerator* is the number of notifications of new cases of syphilis, HIV, Hepatitis B, Hepatitis C, chlamydial and gonococcal infection. The *denominator* is the estimated resident population. Calculation is 100 000 × (Numerator ÷ Denominator), presented as a rate per 100 000 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 Indigenous disaggregations were standardised to 64 years, with ages over 64 combined.
Data source/s	*Numerator*: National Notifiable Diseases Surveillance System (NNDSS) and the National Centre in HIV Epidemiology and Clinical Research (NCHECR) reported case data. *Denominators*: For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2009. For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2009. For data by socioeconomic status: calculated using the ABS' SEIFA IRSD and ERP by Statistical Local Area (SLA) as at 30 June 2009. 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 2009, by remoteness areas, as specified in the Australian Standard Geographical Classification.
Institutional environment	Cases are reported to state governments from clinicians and laboratories under relevant public health legislation. The Department of Health and

Ageing receives data for all notified diseases except for HIV on to the NNDSS and acts as the custodian of that data. The National Centre in HIV Epidemiology and Clinical Research, a research institute based at the University of NSW, is responsible for maintaining national HIV data reported by the jurisdictions.

The tables for this indicator were prepared by the Department of Health and Ageing and quality-assessed by the AIHW. The Department of Health and Ageing drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with the Department. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

Syphilis

All cases reported in the 0–4 years age group were notified as being congenitally acquired cases. Congenital syphilis is transmitted transplacentally from an infected pregnant woman to her foetus, and is not considered to be sexually transmitted.

STIs are not necessarily sexually acquired

Not all notifications of chlamydial infection, gonococcal infection, and syphilis are sexually acquired. The national case definitions for these infections do not specifically distinguish between sites of infection or modes of transmission. In children aged under 4 years an STI, even of the genital area, may have been acquired from the mother at the time of delivery or via inadvertent non-sexual spread. For example, rectal and genital infection with Chlamydia trachomatis in young children may be due to persistent perinatally acquired infections, which may persist for up to three years; and gonococcal conjunctivitis can be acquired at the time of delivery or transmitted from child to child. Also, congenital syphilis is transmitted transplacentally from an infected pregnant woman to her foetus, and is not sexually transmitted.

Indigenous status

Information about Indigenous status is only presented for jurisdictions with response rates of 50 per cent or more to the Indigenous status data item. The Australian rate provided is a summary of those jurisdictions where completeness of the Indigenous status data item was greater than 50 per cent for 2009. Due to the variable jurisdictional completeness, comparisons of ‘national’ Indigenous status rates over time may be inaccurate. See Table 10.

Table 10: **Completeness of response rates to the Indigenous status data item by jurisdiction and infection/virus, 2009 (per cent)**

	NSW	*Vic*	*Qld*	*WA*	*SA*	*Tas*	*ACT*	*NT*
Syphilis	92.3	97.7	97.2	100	100	100	100	100
HIV	94.0	98.0	97.0	99.0	96.0	100	100	100
Hepatitis B	15.4	37.0	34.1	95.6	93.4	72.9	79.2	89.1
Hepatitis C	12.7	29.2	38.8	92.5	90.9	66.1	5.5	89.1
Chlamydia	6.1	54.8	51.8	79.6	91.5	74.4	1.4	91.0
Gonococcal infection	8.8	64.4	55.9	99.9	94.5	95.2	47.3	98.1

Remoteness and socioeconomic status

The analyses by state/territory, remoteness and socioeconomic status are based on residential postcode of the case at the time of diagnosis and as recorded in the NNDSS. Where a postcode for a case was not available or was not assigned a category by the ABS, they were not included in the remoteness and SEIFA disaggregations. These postcodes consisted of post office box numbers, special NNDSS postcode formats which indicate the state of residence but not the specific postcode location, invalid postcodes, missing postcodes and new postcodes that have not yet been assigned a category by the ABS. Over 95 per cent of records had a postcode assigned that was able to be included in disaggregations by remoteness and socioeconomic status.

Where a postcode was allocated to more than one SEIFA or remoteness category, cases were allocated based on the proportion of the population allocated to the respective SEIFA or remoteness category within a postcode.

Postcode information usually reflects the residential location of a case, however in some jurisdictions it may be based on the postcode at the time of testing.

Timeliness

Data relates to 2009.

Accuracy

All jurisdictions have approved the provided data.

A major limitation of the notification data is that, for most diseases, they represent only a proportion of the total cases occurring in the community, that is, only those cases for which health care was sought and a diagnosis made, followed by a notification to health authorities. This proportion may vary between diseases and over time, with infections diagnosed by a laboratory test more likely to be notified. States and territories may have varying reporting requirements by medical practitioners, laboratories and hospitals, and differing levels of case follow-up.

Notifications were extracted using 'diagnosis date' for 2009. Please note the date of diagnosis is the onset date or where the date of onset was not supplied, the earliest of the specimen collection date, the notification date, or the notification receive date. As considerable time may have elapsed between the onset and diagnosis dates for hepatitis B and C unspecified cases, the earliest of specimen date, health professional notification date or public health unit notification receive date was used for these conditions.

The Department of Health and Ageing used tables and concordance files to construct population estimates. These tables and concordance files were provided by the AIHW, based on ABS statistical products.

Indigenous status

The level of completeness of the Indigenous status data item is highly variable by disease and jurisdiction.

For table NHA.2.3, incomplete notifications where Indigenous status was ‘not stated’ or blank or unknown were counted as 'not Indigenous' and included as ‘Other Australians’. In each jurisdiction where more than 50 per cent of notifications had a ‘not stated’, blank or ‘unknown’ response to Indigenous status data item, the disaggregation between Indigenous and Other Australians has not been provided as the data are not considered of sufficient quality to report this disaggregation.

These data need to be interpreted cautiously. Due to the high proportion of asymptomatic presentations of STI infections, diagnoses are heavily influenced by testing patterns. High rates of STI diagnoses in Indigenous populations may be due to higher levels of screening and not necessarily associated with increased levels of transmission among Indigenous persons.

Hepatitis B and C

All notifications of hepatitis B and C have been included regardless of whether they were notified as 'newly acquired' or as 'greater than 2 years or unspecified period of infection'. The two categories have been combined to represent all new diagnoses of hepatitis B and C in 2009 and not just newly acquired infections. This is due to inconsistent follow-up of cases between jurisdictions, which is required to determine the date of acquisition and hence period of infection.

Sex of cases

Where the sex of the case was either unknown or not reported, these cases were included in the 'total' data for each state and Australia.

Cells have been suppressed to protect confidentiality (where the presentation could identify a person or a single service provider), where rates are highly volatile (for example, the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Coherence

Changes in surveillance and testing practices or promotion over time and by jurisdiction may make comparisons both over time and across jurisdictions difficult.

Changes in the national case definitions for the requirements of what constitutes a case will also affect the coherence of the data over time. The current NNDSS case definitions, including any historical edits, can be found at www.health.gov.au/casedefinitions.

Accessibility

The NNDSS website enables the public to access the following levels of data for all of these infections, except HIV:

- Age group
- Sex
- Disease
- State

This is provided in both case count and rates outputs. See: http://www9.health.gov.au/cda/source/cda-index.cfm

Interpretability

The current NNDSS case definitions, including any historical edits, can be found at www.health.gov.au/casedefinitions.

Data Quality Statement — Indicator 3: Incidence of end-stage kidney disease

Key data quality points

- This indicator estimates the incidence of end-stage kidney disease (ESKD) from linked mortality and Australian and New Zealand Dialysis and Transplant Registry (ANZDATA) data. It does not include people with ESKD who were not on the ANZDATA registry and did not die in the reference period.
- The coding list used to estimate ESKD from mortality data is conservative.
- For disaggregation by state and Indigenous status, data have been reported for four aggregated years to ensure statistical validity. Reporting one year's data only would mean that smaller states could not be reported.

Target/Outcome	Prevention
Indicator	Incidence of end-stage kidney disease
Measure (computation)	100 000 x (Numerator ÷ Denominator) *Numerator* The number of unique individuals who appeared as new cases on the ANZDATA Registry in the reference year (treated cases), plus the number of people who died in the reference year and ESKD was recorded as a cause of death in the mortality data (untreated cases). ESKD in mortality data was defined as a person who died of chronic renal failure, hypertensive renal failure, or unspecified renal failure as an underlying cause of death (ICD-10 Codes N180, N188, N189, I120, I131, I132, N19) or, chronic renal failure, end-stage (ICD-10 code N180) as an associated cause of death in the reference period. *Denominator* Total population. Mortality data and the ANZDATA registry were linked to eliminate double counting. Rates were directly age-standardised to the Australian population as at 30 June 2001 using the age groups 0–29 years, 10 year age groups up to 79 years, and 80 and over.
Data source/s	*Numerator* ANZDATA Registry, National Death Index (NDI), Australian Institute of Health and Welfare (AIHW) National Mortality Database (NMD) *Denominator* <u>For total population</u>: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2007 (or aggregated for combined years) <u>For data by Indigenous status</u>: ABS Indigenous Experimental Estimates and Projections (Indigenous population) Series B
Institutional environment	The AIHW has calculated this indicator. The AIHW linked data from the ANZDATA registry, the NDI and NMD to calculate the numerator.

Completed ANZDATA records were supplied to the AIHW by ANZDATA.

Mortality data was provided by the ABS to the AIHW.

The NDI is a national compilation of data on all deaths occurring in Australia. Data are supplied to the AIHW by Registrars of Births Deaths and Marriages (RBDM) from each State and Territory and this results in a database which contains all deaths occurring in Australia since 1980.

Relevance

This is an interim indicator. The total indicator requires linkage to hospital data to count people with ESKD who were not on the ANZDATA registry and did not die in the reference period.

ANZDATA is a register of all people in Australia receiving dialysis or kidney transplant to survive — that is, people with treated ESKD — and therefore is highly relevant to this indicator. We are confident that we have good counts of treated cases. Treated cases are grouped by state of first treatment. The AIHW is not involved in collecting and validating the data however, ANZDATA report that they employ checks for validity on data received and query possible errors with the renal units who provide the data (ANZDATA 2009).

Mortality data are of high quality, however it is not certain that all untreated cases have been counted because it is possible that some cases have not been included when people die of an unrelated cause or do not have ESKD recorded on their death certificates, even though it contributed to their death (Li et al. 2003).

Data are reported by the State or Territory that delivered treatment (for treated cases) and by the State or Territory of registration of death (for untreated cases). The numerator include people who received treatment or whose death was registered in one jurisdiction, but who reside(d) in another. These cross-border flows are particularly relevant in interpreting ACT data.

Mortality data have incomplete Indigenous identification rates, therefore care should be taken when interpreting the data. Only states where identification is considered to be above 70 per cent are included in the estimate (NSW, Qld, WA, SA and NT).

ANZDATA registry Indigenous identification is based on self-identification in hospital records. However it is believed that Indigenous identification in the Registry is more complete than in general hospital data (Cass et al. 2001).

ANZDATA 2009. Adelaide: Australian and New Zealand Dialysis and Transplant Registry. Viewed 14 September 2010, http://www.anzdata.org.au/v1/data_collection.html#validation.

Cass A, Cunningham J, Wang Z & Hoy W 2001. Regional variation in the incidence of end-stage renal disease in Indigenous Australians. *Medical Journal of Australia* 175:24–7.

Li SQ, Cass A & Cunningham J 2003. Cause of death in patients with end-stage renal disease: assessing concordance of death certificates with registry reports. *Australian and New Zealand Journal of Public Health* 27:419–24.

Timeliness

The reference period of the total Australian population is 2007. This is the most recent year for which mortality data are available.

Due to small numbers, four years of data (2004, 2005, 2006 and 2007) were combined to provide estimates for the state/territory and Indigenous disaggregations.

Accuracy	Each data source used in the construction of this indicator has broad population coverage and local data-checking and validation processes. Reporting of ESKD incidence, including untreated cases, greatly increases the accuracy of the estimate compared to estimates only including treated cases. Variability bands were calculated to assess differences between state/territories, males and females, and Indigenous and non-Indigenous populations. The count of untreated cases is likely to have missed some cases and included other non-cases due to coding issues. On balance, it appears likely that this is an undercount, as indicated by 58 per cent of ANZDATA cases who died having no mention of ESKD as defined in this indicator on their death certificate. Linkage of ANZDATA to the NDI and then the NMD found some discrepancies between the data sources: • Matched records may have different dates of birth and dates of death on the ANZDATA and Mortality Database. Where there was a discrepancy the ANZDATA date was taken.
Coherence	The information presented for this indicator is calculated using the same methodology as data published in the National healthcare agreement: baseline performance report 2008-09. The data can be meaningfully compared across reference periods. Previous estimates of ESKD incidence only included treated cases.
Accessibility	Aggregate ANZDATA reports are available free at their website www.anzdata.org.au. The AIHW provides a variety of products that draw upon the Mortality Database including online data cubes and reports. Linked data are subject to regulations governing research ethics and are not available publically.
Interpretability	Information on how ANZDATA data are collected can be found at www.anzdata.org.au. Information on the NMD can be found on the AIHW website and information on the ICD-10 on the World Health Organization’s website.

Data Quality Statement — Indicator 4: Incidence of selected cancers

Key data quality points

- The quality of Indigenous identification in cancer registry data varies between jurisdictions. National disaggregation by Indigenous status is based on jurisdictions with adequate data quality (Western Australia, South Australia, Queensland, New South Wales and the Northern Territory). Even with adequate data quality, the small numbers behind many disaggregations means certain Indigenous data are not robust enough for meaningful comparisons. Information on adequacy of Indigenous identification in cancer registry data is provided to AIHW by each jurisdictional cancer registry.
- Remoteness and socioeconomic status are based on postcode of residential address at the time of diagnosis.
- Some data cells have been suppressed for confidentiality and reliability reasons (for example, the denominator is very small).

Target/Outcome	Prevention
Indicator	Incidence of selected cancers
Measure (computation)	Selected cancers of public health importance are: melanoma of the skin, bowel cancer, lung cancer, cervical cancer and breast cancer occurring in females. For melanoma, bowel cancer and lung cancer the numerator is the number of new cases occurring in the Australian population in the reported year. The denominator is the total Australian population for the same year. For cervical and breast cancer the numerator is the number of new cases occurring in the Australian female population in the reported year. The denominator is the total Australian female population for the same year. Calculation is 100 000 × (Numerator ÷ Denominator), calculated separately for each type of cancer, presented as a rate per 100 000 and age-standardised to the Australian population as at 30 June 2001.
Data source/s	*Numerator*: Australian Cancer Database (ACD) *Denominators*: For melanoma, bowel cancer and lung cancer: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) For cervical and breast cancer: ABS ERPs for female population For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous population) Series B. For data by socioeconomic status: calculated by AIHW using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA). 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 by remoteness areas, as specified in the ABS Australian Standard Geographical Classification
Institutional	The National Cancer Statistics Clearing House (NCSCH) housed at the AIHW is a collaborative partnership between the AIHW and the

environment

Australasian Association of Cancer Registries (AACR).

Cancer incidence data are supplied to the AIHW by State and Territory cancer registries. These data are compiled by AIHW to form the Australian Cancer Database (ACD). All jurisdictions have legislation requiring mandatory reporting of all cancer cases (with the exception of basal cell carcinoma and squamous cell carcinoma of the skin). This means cancer incidence ascertainment is complete for cancers reported in this indicator.

Relevance

The data used to calculate this indicator are accurate and of high quality. The mandatory reporting of cancers and the use of ERPs based on Census data for denominators provides the most comprehensive data coverage possible. The data are appropriate for this indicator.

For participation by Indigenous status, the numerator for Indigenous is the number of people who self-reported that they were Indigenous at the time of diagnosis. ‘Other’ includes those who self-reported that they were not Indigenous at the time of diagnosis and those who chose not to identify as either Indigenous or non-Indigenous.

Caution is required when examining differences across Indigenous status, as some states and territories do not have adequate data quality for this indicator. Western Australia, South Australia, Queensland, New South Wales and the Northern Territory have indicated that their Indigenous data quality is sufficient for reporting.

A postal area (POA) to SLA to remoteness concordance and a POA to SLA to socioeconomic status concordance are used to allocate persons diagnosed with these reported cancers to remoteness and socioeconomic status categories based on their postcode or residence.

Caution is required when examining differences across remoteness and socioeconomic status categories for several reasons. First, while the postcode of persons diagnosed is interpreted as postcode of residence, some may have supplied an address other than where they reside, or their postcode may be invalid or missing. Second, because the concordances are based on the 2006 census, postcodes and boundaries may have changed over time, creating inaccuracies. Third, many valid postcodes are absent from these concordances, meaning that many people diagnosed with these cancers are unable to be allocated to a socioeconomic status or remoteness category. Where postcodes are not available in these concordances, the person’s data are excluded from the relevant disaggregation reported.

Socioeconomic status rankings are calculated by SLA using a population-based method at the Australia-wide level. These ranked socioeconomic status SLAs are then allocated to their relevant jurisdiction, meaning quintiles should contain similar socioeconomic groups across states and territories.

Timeliness

Data available for the 2011 COAG Reform Council report are based on cancers diagnosed in 2007.

Accuracy

Analyses by remoteness and socioeconomic index for areas are based on postcode of usual residence. There may be differences in the collection of data for allocation of ‘usual residence’. Census data are rigorous when applying the definition for ‘usual residence’. However, people may not be so rigorous when reporting their ‘usual residence’ to clinicians.

Incidence rates which are calculated using small numbers, eg for infrequent cancers, can be highly variable. Variability bands have been provided to indicate the extent to which conclusions can be made about the relative risk of different population subgroups.

This indicator is calculated on data that have been supplied to the AIHW. Prior to publication, the results of State and Territory analyses are referred back to jurisdictions for checking and clearance. Any errors found by jurisdictions are corrected by the AIHW once confirmed.

While previous reports can be used to verify these data at the national level, incidence by remoteness and socioeconomic status categories has never before been disaggregated by a postal area (POA) to SLA to remoteness concordance and a POA to SLA to socioeconomic status concordance, by State and Territory across all of Australia, and would thus be unable to be verified.

Due to the very small numbers involved, disaggregation of participation by Indigenous status by State and Territory is not robust and leads to issues around confidentiality and comparability.

The need to apply concordances to numerators and denominators introduces an unavoidable level of inaccuracy. As COAG denominator populations for disaggregation by socioeconomic status and remoteness are based on SLA, the numerator counts for this indicator also need to be based on SLA. Since the allocation of cancer incidence is based on postcode of residence, this required the generation of a POA to SLA to remoteness concordance and a POA to SLA to socioeconomic status concordance. However, postcode data are limiting. These concordances are based on 2006 boundaries and classifications, while the current data for this indicator are for 2007. Overall, many postcodes may not have valid SLA-based socioeconomic status or remoteness data available, and many may have changed classification group since 2006, resulting in inaccuracies.

There are several sources of missing values. First, the state or territory may not have a postcode included for all incidence records, or the postcode supplied may not be valid. For those incidence records that do have a valid postcode, many cannot be allocated to a remoteness or socioeconomic category, as their postcode may not be included in the concordances. This may affect some remoteness and socioeconomic categories more than others.

Coherence

These data are published annually by the AIHW. While there are sometimes changes to coding for particular cancers, it is possible to map coding changes to make meaningful comparisons over time.

Not all Australian State and Territory cancer registries use the same ICD-10 code groupings to classify certain cancers. Further, the national cancer data presented here may use different code groupings to some jurisdictions. This may mean that data presented here are different to that reported by individual jurisdictional cancer registries, for certain cancers.

Accessibility

The NCSCH provides cancer incidence and mortality data annually, via the AIHW website where they can be downloaded free of charge. A biennial report Cancer in Australia is published and is also available on the AIHW website where it can be downloaded without charge.

Interpretability

While numbers of new cancers are easy to interpret, calculation of age-standardised rates is more complex and the concept may be confusing to some users. Information on how and why the age-standardised rates have been calculated and how to interpret them is available in all AIHW cancer publications presenting data in this format, for example, Cancer in Australia: an overview, 2008. Information on all of the AIHW-held data sets, in this case the ACD, is available on the AIHW website.

Data Quality Statement — Indicator 9: Immunisation rates for vaccines in the national schedule (Australian Childhood Immunisation Register)

Key data quality points

- The data used to calculate this indicator are from an administrative data collection—the Australian Childhood Immunisation Register (ACIR)—for which there is an incentive payment for notification, and there are further incentives for parents to have their child’s vaccination status up to date. The Register is linked to the Medicare enrolment register, and approximately 99 per cent of children are registered with Medicare by 12 months of age.
- Data has been reported using the ACIR definition of fully-immunised children; that is, children who have received all age appropriate immunisations.

Target/Outcome	Prevention
Indicator	Proportion of children fully vaccinated
Measure (computation)	The *numerator* is the number of children aged 5 years who have been fully vaccinated according to the National Immunisation Program Schedule (NIPS). The *denominator* is the number of children aged 5 years on the Australian Childhood Immunisation Register. Calculation is 100 × (*Numerator* ÷ *Denominator*), presented as a rate per 100 children aged 5 years.
Data source/s	The Australian Childhood Immunisation Register (ACIR). For data by socioeconomic status: calculated using the ABS’ Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) as at 30 June 2009. Each SLA in Australia is ranked and divided into quintiles (or 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, by remoteness areas, as specified in the Australian Standard Geographical Classification.
Institutional environment	The ACIR is administered and operated by Medicare Australia for the Australian Government Department of Health and Ageing (DoHA). Medicare Australia provides DoHA with quarterly coverage reports at the national and state level. Immunisations are notified to Medicare Australia by a range of immunisation providers including General Practitioners, Councils, Aboriginal Medical Services, State and Territory Health departments. For information on the institutional environment of the ACIR, including the legislative obligations of the ACIR, financing and governance arrangements, and mechanisms for scrutiny of ACIR operations, please see http://www.medicareaustralia.gov.au/public/services/acir/index.jsp. The tables for this indicator were prepared by Medicare Australia and quality-assessed by the Department of Health and Ageing and the AIHW. The Department of Health and Ageing drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with the Department. The AIHW did

not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

The ACIR records details of vaccinations given to children under seven years of age who live in Australia, however reporting for the Australian Healthcare Agreement is only for those children aged five years, which for this report, are those children born between 1 January 2005 and 31 March 2005.

The data reported here uses the ACIR definition of fully-immunised children for coverage reporting; that is, children who have received all age appropriate immunisations for Diphtheria, Tetanus, Pertussis, Hepatitis B, Poliomyelitis, Haemophilus influenzae type b, Measles, Mumps and Rubella. A child is assessed as fully immunised at five years of age ($60 \leq 63$ months) if they have received age appropriate immunisations against diphtheria, tetanus, pertussis, polio, measles, mumps and rubella.

There are possible gaps in coverage due to unknown vaccination status of children less than 5 years migrating to Australia. The extent of this is not currently quantifiable.

The analyses by State/Territory remoteness and socioeconomic status are based on postcode of residence of the child as recorded on ACIR. As children may receive vaccinations in locations other than where they live, this data does not necessarily reflect the location in which services were received.

Timeliness

A minimum 3-month lag period is allowed for late notification of immunisations to the Register. Data have been presented for children born between 1 January 2005 and 31 March 2005.

Accuracy

Vaccination coverage rates calculated using ACIR data are believed to underestimate actual vaccination rates because of under-reporting by immunisation providers. However, the extent of any under-reporting has not been estimated.

Programs, such as the General Practice Immunisation Incentive (GPII), and provider incentive payments have helped minimise under-reporting by providing a financial incentive to report clean and accurate data.

The data contains minimal if any duplication of immunisations, as children are identified via their Medicare number. Approximately 99 per cent of children are registered with Medicare by 12 months of age.

The ACIR covers virtually all children, particularly because participation in the ACIR is via an ‘opt-out’ arrangement.

ACIR is considered to have high levels of Indigenous identification (estimated to be 95 per cent in 2005).

Medicare Australia used tables and concordance files to construct rates by remoteness and socioeconomic status.

Coherence

The definitions of numerators and denominators have been consistent since the inception of the ACIR in 1996.

Accessibility

Information contained within the indicator for disaggregations by Indigenous, SEIFA and Remoteness are not currently publicly accessible. Current total percentage and total numbers however can be viewed on Medicare Australia’s web site.

Medicare Australia publishes current immunisation coverage from the ACIR on its web site, www.medicareaustralia.gov.au. Authorised immunisation providers can access detailed reports via a secured area of the Medicare Australia web site.

Immunisation coverage data derived from the ACIR have been reported in Communicable Disease Intelligence since early 1998. Data for 3 key milestone ages (12 months, 24 months and 5 years (6 years prior to 2008)), nationally and by jurisdiction are published quarterly.

Interpretability

Further information on the ACIR can be found at: http://www.medicareaustralia.gov.au/public/services/acir/index.jsp.

Information on the National Immunisation Program and vaccinations can be found at http://www.immunise.health.gov.au/.

Data Quality Statement — Indicator 9: Immunisation rates for vaccines in the national schedule (Adult Vaccination Survey)

Key data quality points

- The Adult Vaccination Survey is a random, stratified, Computer Assisted Telephone Interview survey covering residential households in all parts of Australia. Only households with fixed-line telephones are included.
- Determining 'fully vaccinated' status is challenging because of the recommendations for two doses of pneumococcal vaccination, with the second dose given 5 years after the first dose. The overall quality of the estimates may be affected by survey respondents ability to recall vaccination over a five-year period.
- In some cases, disaggregation by SEIFA and remoteness within State and Territory is based on a small number of respondents and these estimates should therefore be interpreted with caution. Where relative standard errors are greater than 50 per cent of the estimate, the estimate and corresponding confidence interval is not provided.
- The survey is not able to support reporting by Indigenous status.

Target/Outcome	Prevention
Indicator	Proportion of adults aged 65 and over that were fully vaccinated against influenza and pneumococcal disease.
Measure (computation)	The *numerator* is the weighted number of respondents aged 65 and over that were fully vaccinated against influenza and pneumococcal disease. The *denominator* is the weighted number of respondents aged 65 and over. The weighted numbers are based on estimates of the population as at June 2009. The calculation is 100 × (Numerator ÷ Denominator) presented as a percentage and directly age-standardised to the Australian population as at 30 June 2001, using 10 year age groups to 84 years, with ages over 84 years combined.
Data source/s	Adult Vaccination Survey, commissioned by DoHA and conducted by Roy Morgan Research (a private social research company). For data by socioeconomic status: calculated by AIHW using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) as at 30 June 2006, allocated to postcodes reported by respondents. Each SLA in Australia is ranked and divided into quintiles (or deciles) in a population-based manner, such that each quintile has approximately 20 per cent of the population (and each decile approximately 10 per cent of the population). For data by remoteness: calculated by AIHW using the ABS' Australian Standard Geographical Classification of remoteness and ERP by Statistical Local Area (SLA) as at 30 June 2006, allocated to postcodes reported by respondents.
Institutional environment	The Australian Institute of Health and Welfare (AIHW) calculated this indicator. The data are estimates from the 2009 Adult Vaccination Survey,

commissioned by DoHA and conducted by Roy Morgan Research. Roy Morgan Research has quality accreditation according to the ISO 9001 and ISO 20252 (International Market, Opinion and Social Research standard).

For the 2009 survey, the AIHW subcontracted Roy Morgan Research to collect the data and prepare a technical report on the survey administration.

The AIHW was assisted by a Survey Advisory Group comprising specialists in survey methodology, immunisation policy, and immunisation program management.

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

Relevance

The estimates for this indicator are based on the weighted responses from the Adult Vaccination Survey, relating to residential households across Australia. The ‘fully vaccinated’ concept reported here—wherein an individual had to be vaccinated against influenza and pneumococcal disease—follows reporting for the first time on this indicator in the *National Healthcare Agreement: Baseline performance report 2008–09.*

Estimates were produced from the survey data, after weighting to adjust for probability of selection in the sample and differential non-response.

Timeliness

The reference period for the data in the indicator relates to the 2009 influenza season (survey conducted in November–December 2009).

Accuracy

The survey comprised a sample of approximately 4,900 older Australians (aged 65 and over) distributed across the eight jurisdictions in a way that ensured a minimum sufficient sample in the smaller jurisdictions. For each jurisdiction, this sample size yields a confidence interval of ± 6.2 per cent or better (nationally the error is ± 1.7 per cent).

Estimates of vaccination status by Indigenous status are considered too unreliable for publication.

For this indicator, data are presented as a percentage which is calculated excluding any records for which any of the key variables (vaccination status, jurisdiction and postcode, from which SEIFA and remoteness were derived) was not reported. Note that the ‘total’ row may not be consistent with the disaggregations because of differential missing records.

The underlying data are not revised (although they are initially edited for range validity and logical consistency with other survey responses).

Where relative standard errors are greater than 50 per cent of the estimate, the estimate and corresponding confidence interval are not provided. Relative standard errors between 25 per cent and 50 per cent should be interpreted with caution.

Coherence

The Adult Vaccination Survey has been conducted periodically over the past decade (in 2001, 2002, 2003, 2004, 2006 and 2009). Methods and questions have been similar over this period. AIHW reports have been published for the 2002, 2003 and 2004 surveys (and a report is forthcoming for the 2009 survey). The data can be meaningfully compared across the 2006 and 2009 reference periods.

There are no alternative sources of these data for recent years; the 2001 survey and the 2001 National Health Survey (conducted by the ABS) gave comparable estimates.

For this indicator, the population-weighted numerator and denominator

	were sourced from the survey dataset, and are comparable with ABS benchmarks.
Accessibility	An AIHW report on the 2009 survey is forthcoming. Bona fide researchers could be granted access to the unit record data following AIHW Ethics Committee certification of a research proposal.
Interpretability	Extensive explanatory information is provided in a Technical Report for the survey (prepared by Roy Morgan Research) and in the analytical report prepared by AIHW. This includes a table of confidence intervals for the main survey estimates.

Data Quality Statement — Indicator 10: Breast cancer screening rates

Key data quality points

- Remoteness and socioeconomic status are based on postcode of residential address at the time of screening, not the location of screening. State/Territory disaggregation by remoteness and socioeconomic status is subject to data quality considerations.
- Indigenous status data are only available at the national level as cells sizes are too small to provide meaningful comparison between jurisdictions.

Target/Outcome	Prevention
Indicator	Screening rates for breast cancer for women within the national target age group
Measure (computation)	This indicator presents the number of women within the national target age group (50–69 years) screened in a 2-year period as a proportion of the total female population aged 50–69 years and age-standardised to the Australian standard population at 30 June 2001. The total female population aged 50–69 years is the average of the Australian Bureau of Statistics (ABS) estimated resident female population aged 50–69 years for the 2-year reporting period. *Numerator*: Total number of women aged 50–69 years who were screened in the 2-year period. *Denominator*: Average number of women aged 50–69 years in the same 2 year period. *Calculation*: 100 × (Numerator ÷ Denominator) and age-standardised to the Australian population at 30 June 2001.
Data source/s	*Numerator*: State and Territory BreastScreen program registers *Denominators*: For BreastScreen participation: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) for females aged 50–69 For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous population) Series B. Other: For data by socioeconomic status: calculated by AIHW using the ABS' SEIFA IRSD, and ERP by Statistical Local Area (SLA). 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 by remoteness areas, as specified in the ABS' Australian Standard Geographical Classification (ASGC)
Institutional environment	BreastScreen Australia is a joint program of the Australian Government and State and Territory governments. The target age group is women aged 50–69 years. BreastScreen Australia program registers in each State and Territory are maintained by jurisdictional Program managers. Data from State and Territory registers are provided to the AIHW annually as unit record data.

BreastScreen Australia is monitored annually. Results are compiled and reported at the national level by the AIHW in an annual BreastScreen Australia monitoring report.

Relevance

BreastScreen Australia registers collect information on all breast cancer screening undertaken as part of BreastScreen Australia. The use of ERP based on Census data for denominators provide the most comprehensive data coverage possible. While BreastScreen data are complete, some breast cancer screening may occur outside the program, and thus this is not a measure of all breast cancer screening in Australia. It is not possible to estimate the number of women screening outside BreastScreen Australia. The BreastScreen Australia data used to calculate this indicator are of high quality.

For participation nationally, the numerator is the number of women aged 50–69 years screened in each State and Territory in 2008 and 2009, extracted from unit record data supplied by each State and Territory. The denominator is the average of the 2008 and 2009 ABS ERP for women aged 50–69 years.

Caution is required when examining differences across states and territories of Australia due to the substantial differences in population, area, geographic structure, policies and other factors.

For participation by Indigenous status, the numerator for Indigenous is the number of women aged 50–69 years screened in each State and Territory in 2008 and 2009 who self-reported that they were Indigenous at the time of their screen. Non-Indigenous is the number of women aged 50–69 years screened in each State and Territory in 2008 and 2009 who self-reported that they were not Indigenous at the time of their screen. Women who choose not to identify as either Indigenous or non-Indigenous are classified as ‘not stated’ and are not included in either numerator.

Caution is required when examining differences across Indigenous status, as some States and Territories do not allow for the ‘not stated’ category, and some Indigenous women may choose not to identify as such when presenting to a BreastScreen Australia service. Thus, some Indigenous women may be incorrectly assigned non-Indigenous status in the data presented.

For participation by remoteness and socioeconomic status, the numerator is the number of women screened in 2008 and 2009 aged 50–69 years who reside in each of the remoteness and socioeconomic status categories. A postal area (POA) to statistical local area (SLA) to remoteness concordance and a POA to SLA to socioeconomic status concordance are used to allocate women screened to remoteness and socioeconomic status categories based on their postcode nationally. The denominator is the average of the 2008 and 2009 ABS ERP for women aged 50–69 years in each remoteness and socioeconomic status category, generated by applying an SLA to remoteness concordance and an SLA to socioeconomic status concordance to SLA ERP.

Caution is required when examining differences across remoteness and socioeconomic status categories for several reasons. First, while the postcode of women screened is interpreted as postcode of residence, some women may supply an address other than where they reside, or their postcode may be invalid or missing. Second, because the concordances are based on the 2006 Census, the accuracy of both ASGC and SEIFA IRSD diminishes due to subsequent changes in demographics within some postcode boundaries, and some boundaries themselves may have changed over time. Third, many valid postcodes are omitted from the socioeconomic status concordance in particular, meaning that many screened women are unable to be allocated to a socioeconomic status category (the remoteness concordance contains a more comprehensive list of postcodes, but some women will still be missed).

Breakdown of remoteness and socioeconomic status categories by State and Territory may introduce an additional source of inaccuracy, since screened women, once allocated a category, also need to be allocated to the State or Territory. Because some postcodes cross State and Territory boundaries, there is the potential for some women to be allocated to a State or Territory different to the one in which they reside.

Timeliness

Data available for the 2011 COAG Reform Council report is based on the two-year calendar period 1 January 2008 to 31 December 2009. Data are presented as a rate for the two-year period to reflect the recommended screening interval.

Accuracy

This indicator is calculated on data that have been supplied to the AIHW by individual State and Territory registers. Prior to publication, the results of analyses are referred back to States and Territories for checking and clearance. Any errors found by states and territories are corrected once confirmed. Thus participation by State and Territory, based on the State or Territory in which the woman was screened, is both robust and readily verified.

However, States and Territories are unable to check or verify participation by Indigenous status, participation by remoteness or participation by socioeconomic status, since their data, once supplied to the AIHW, are nationalised and thereby lose their State or Territory identity. Further, while previous reports can be used to verify these data at the national level, participation by remoteness and socioeconomic status categories has never before been disaggregated by State and Territory across all of Australia, and would thus be unable to be verified. Further, due to the very small numbers involved, disaggregation of participation by Indigenous status by State and Territory is not robust, and leads to issues around confidentiality and comparability.

The number of women who choose not to identify as either Indigenous or non-Indigenous, and the number of Indigenous women who choose not to identify as Indigenous are sources of inaccuracy in the data. While the latter cannot be quantified, the former can for those States and Territories that use the ‘not stated’ category; in 2008-2009, 8556 women did not identify as either Indigenous or non-Indigenous nationally.

The need to apply concordances to numerators and denominators introduces a level of inaccuracy. As COAG denominator populations for disaggregation by socioeconomic status and remoteness are based on SLA, the numerator counts for this indicator also need to be based on SLA. Since the allocation of women screened is based on the woman’s postcode, this required the generation of a POA to SLA to remoteness concordance and a POA to SLA to socioeconomic status concordance. However, postcode data are limiting. These concordances are based on 2006 boundaries and classifications, while the current data for this indicator are for 2008-2009. Overall, many postcodes may not have valid SLA-based socioeconomic status or remoteness data available, and many may have changed classification group since 2006 and be giving inaccurate information now.

There are several sources of missing values. First, the state or territory may not have a postcode for all women screened, or the postcode supplied may not be valid. For those women that do have a valid postcode, many cannot be allocated to a remoteness or socioeconomic category, as their postcode may not be included in the concordances — this is a greater issue for socioeconomic status, since this concordance contains fewer postcodes than does the remoteness concordance. Further, this may affect some remoteness and socioeconomic categories more than others.

The number of women screened in 2008-2009 that are unable to be allocated to a category are as follows (based on State or Territory of postcode):

Remoteness: 1079 women excluded (NSW: 221 excluded; Vic: 6 excluded; Qld: 304 excluded; WA: 462 excluded; SA: 0 excluded; Tas: 1 excluded; ACT: 24 excluded; NT: 1 excluded).

Socioeconomic status: 5108 women excluded (NSW: 1325 excluded; Vic: 1011 excluded; Qld: 573 excluded; WA: 1,664 excluded; SA: 221 excluded; Tas: 77 excluded; ACT: 34 excluded; NT: 203 excluded).

No adjustments have been made to account for excluded women in the data.

Women residing in postcodes that cross boundaries are allocated to the state or territory according to ABS classifications (eg 0872 includes women in NT, SA and WA, but is allocated to NT).

Women are counted only once in the two-year period 1 January 2008 to 31 December 2009, even if they were screened more than once during this period. All women screened in each State and Territory are included in order to present the most accurate national picture of breast cancer screening.

No cell suppression was required for the data presented.

The Estimated Resident Population data are provided by the ABS.

Coherence

Some of these data are published annually in Program monitoring reports prepared by the AIHW. The most recent of these reports is BreastScreen Australia monitoring report 2006-2007 and 2007-2008, published in 2010. This report includes participation by State and Territory, participation by Indigenous status, and participation by remoteness and socioeconomic status categories nationally for the two-year period 2007-2008. However, there were differences in the concordances used and data included compared to this report. Data for 2008-2009 will not be published until 2011, and while also covering participation by State and Territory, participation by Indigenous status, and participation by remoteness and socioeconomic status categories nationally, will differ from the current report due to slightly different methods (adjustments to account for missing postcodes for remoteness and socioeconomic status) and categories (socioeconomic status quintiles rather than deciles) that are considered optimal for national monitoring. Further, State and Territory participation in BreastScreen Australia monitoring reports is based on State or Territory of screen, rather than State or Territory of residence, since this is more appropriate for program monitoring.

Accessibility

The BreastScreen Australia annual reports are available via the AIHW website where they can be downloaded free of charge.

Interpretability

While numbers of women screened are easy to interpret, calculation of age-standardised rates is more complex and the concept may be confusing to some users. Information on how and why age-standardised rates have been calculated and how to interpret them is available in all AIHW BreastScreen Australia monitoring reports, for example, BreastScreen Australia monitoring report 2006-2007 and 2007-2008.

Data Quality Statement — Indicator 11: Cervical screening rates

Key data quality points

- Remoteness and socioeconomic status are based on postcode of residential address at the time of screening, not the location of screening. State/territory disaggregation by remoteness and socioeconomic status is subject to data quality considerations.
- Hysterectomy fractions are derived from the 2001 National Health Survey.
- Indigenous status is not collected by cervical cytology registers.

Target/Outcome

Prevention

Indicator

Rates of cervical screening for women within national target age group

Measure (computation)

This indicator presents the number of women within the national target age group (20–69 years) screened in a 2 year period as a proportion of the eligible female population and age-standardised to the Australian standard population at 30 June 2001.

The eligible female population is the average of the Australian Bureau of Statistics (ABS) estimated resident female population for the 2 year reporting period. This population is adjusted for the estimated proportion of women who have had a hysterectomy using national hysterectomy fractions derived from the 2001 National Health Survey.

Numerator: Total number of women aged 20–69 years who were screened in the 2 year period.

Denominator: Average number of women aged 20–69 years in the same 2 year period, adjusted to exclude the estimated number of women who have had a hysterectomy, using national hysterectomy fractions

Calculation: 100 × (Numerator ÷ Denominator) and age-standardised to the Australian population at 30 June 2001.

Data source/s

Numerator: State and Territory cervical cytology registers

Denominators:

For cervical screening participation: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) for females aged 20–69 adjusted using national hysterectomy fractions derived from the ABS' 2001 National Health Survey (NHS)

For data by socioeconomic status: calculated by AIHW using the ABS' Index of Relative Socioeconomic Disadvantage, and ERP by Statistical Local Area (SLA). 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 by remoteness areas, as specified in the ABS' Australian Standard Geographical Classification. (ASGC)

Institutional environment

The National Cervical Screening Program (NCSP) is a joint program of the Australian Government and State and Territory governments. The target age group is women aged 20–69 years.

Cervical cytology registries in each State and Territory are maintained by jurisdictional Program managers. Data are supplied to the registries from pathology laboratories. Data from cervical cytology registers are provided to the AIHW annually in an aggregated format.

The NCSP is monitored annually. Results are compiled and reported at the national level by the AIHW in an annual Cervical screening in Australia report.

Relevance

The data used to calculate this indicator are accurate and of high quality. The cervical cytology registers collect information on all Pap tests undertaken in Australia except where women advise the clinician they do not wish to have their data collected. The use of ERP based on Census data for denominators provide the most comprehensive data coverage possible. The data are entirely appropriate for this indicator.

For participation nationally, the numerator is the number of women aged 20–69 years screened in each State and Territory in 2008 and 2009, supplied as aggregated data, with the level of aggregation being at postcode level, by each State and Territory. The denominator is the average of the 2008 and 2009 ABS ERP for women aged 20–69 years, adjusted to exclude the estimated number of women who have had a hysterectomy, using national hysterectomy fractions.

Caution is required when examining differences across states and territories of Australia due to the substantial differences in population, area, geographic structure, policies and other factors. Due to issues with cross-boundary postcodes, and beyond the control of the State and Territory cervical cytology registers involved, it was not possible to accurately estimate participation in cervical screening by remoteness area or socioeconomic status for South Australia with the aggregated data that are received for national monitoring purposes. However, Australian numbers and rates include data for all states and territories.

For participation by remoteness and socioeconomic status, the numerator is the number of women screened in 2008 and 2009 aged 20–69 years who reside in each of the remoteness and socioeconomic status categories. A postal area (POA) to statistical local area (SLA) to remoteness concordance and a POA to SLA to socioeconomic status concordance are used to allocate women screened to remoteness and socioeconomic status categories based on their postcode. Aggregated postcode data are supplied from each State and Territory, and totalled to generate the number of women screened by remoteness and socioeconomic status at the national level. The denominator is the average of the 2008 and 2009 ABS ERP for women aged 20–69 years in each remoteness and socioeconomic status category, generated by applying an SLA to remoteness concordance and an SLA to socioeconomic status concordance to SLA ERP, adjusted to exclude the estimated number of women who have had a hysterectomy, using national hysterectomy fractions.

Caution is required when examining differences across remoteness and socioeconomic status categories for several reasons. First, while the postcode of women screened is interpreted as postcode of residence, some women may supply an address other than where they reside, or their postcode may be invalid or missing. Second, because the concordances are based on the 2006 Census, the accuracy of both ASGC and SEIFA IRSD diminishes due to subsequent changes in demographics within some postcode boundaries, and some boundaries themselves may have changed over time. Third, many valid postcodes are omitted from the socioeconomic status concordance in particular, meaning that many screened women are unable to be allocated to a socioeconomic status category (the remoteness concordance contains a more comprehensive list of postcodes, but some women will still be missed).

Breakdown of remoteness and socioeconomic status categories by State and Territory may introduce an additional source of inaccuracy, since screened women, once allocated a category, also need to be allocated to the state or territory. Because some postcodes cross State and Territory boundaries, there is the potential for some women to be allocated to a state or territory different to the one in which they reside.

Furthermore, a relatively large number of South Australian women who reside in border areas were allocated a postcode either entirely or partly within the Northern Territory (approximately 2 per cent of all South Australian women aged 20–69 years screened). Therefore, it was necessary to re-allocate these women from the Northern Territory to South Australia to estimate totals for these two jurisdictions.

Timeliness

Data available for the 2011 COAG Reform Council report are based on the two-year calendar period 1 January 2008 to 31 December 2009. Data are presented as a rate for the two-year period to reflect the recommended screening interval.

Accuracy

This indicator is calculated on data that have been supplied to the AIHW by individual State and Territory registers. Prior to publication, the results of analyses are referred back to states and territories for checking and clearance. Any errors found by states and territories are corrected once confirmed. Thus participation by State and Territory, based on the state or territory in which the woman was screened, is both robust and readily verified.

However, states and territories are unable to check or verify either participation by remoteness or participation by socioeconomic status, since their data, once supplied to the AIHW, are nationalised and thereby lose their state or territory identity. Further, while previous reports can be used to verify these data at the national level, data of this kind have never before been disaggregated by State and Territory across all of Australia, and would thus be unable to be verified.

The need to apply concordances to numerators and denominators introduces a level of inaccuracy. As COAG denominator populations for disaggregation by socioeconomic status and remoteness are based on SLA, the numerator counts for this indicator also need to be based on SLA. Since the allocation of women screened is based on the woman’s postcode, this required the generation of a POA to SLA to remoteness concordance and a POA to SLA to socioeconomic status concordance. However, postcode data are limiting. These concordances are based on 2006 boundaries and classifications, while the current data for this indicator are for 2008-2009. Overall, many postcodes may not have valid SLA-based socioeconomic status or remoteness data available, and many may have changed classification group since 2006 and be giving inaccurate information now.

There are several sources of missing values. First, the state or territory may not have a postcode for all women screened, or the postcode supplied may not be valid. For those women that do have a valid postcode, many cannot be allocated to a remoteness or socioeconomic category, as their postcode may not be included in the concordances — this is a greater issue for socioeconomic status, since this concordance contains fewer postcodes than does the remoteness concordance. Further, this may affect some remoteness and socioeconomic categories more than others.

The number of women screened in 2008-2009 that are unable to be allocated to a category are as follows (based on state or territory of postcode):

Remoteness: 5150 women excluded (NSW: 2575 excluded; Vic: 204 excluded; Qld: 1348 excluded; WA: 560 excluded; Tas: 12 excluded; ACT: 396 excluded; NT: 55 excluded).

Socioeconomic status: 23 832 women excluded (NSW: 2856 excluded; Vic: 2913 excluded; Qld: 1776 excluded; WA: 7155 excluded; Tas: 173 excluded; ACT: 1008 excluded; NT: 7951 excluded).

No adjustments have been made to account for excluded women in the data.

Women residing in postcodes that cross boundaries are allocated to one state or territory according to ABS classifications. Women are counted only once in the two-year period 1 January 2008 to 31 December 2009, even if they were screened more than once during this period. All women screened in each State and Territory are included in order to present the most accurate national picture of cervical screening. This may lead to a very small amount of double-counting, since one woman could be screened, and therefore counted, in two different jurisdictions over this two-year period. However, any effects of double-counting are negligible. Women who opt off the cervical cytology register are not included in the participation data, but this is thought to only exclude around 1 per cent of all women screened.

No cell suppression was required for the data presented.

The Estimated Resident Population and 2001 National Health Survey (used to adjust population data for the proportion of women who have had a hysterectomy) are provided by the ABS.

Coherence

Some of these data are published annually in Program monitoring reports prepared by the AIHW. The most recent of these reports is the Cervical screening in Australia 2007-2008 data report, published in 2010. This report includes participation by State and Territory and participation by remoteness and socioeconomic status categories nationally for the two-year period 2007-2008. However, there were differences in the concordances used and data included compared to this report. Data for 2008-2009 will not be published until 2011, and while also covering participation by State and Territory and participation by remoteness and socioeconomic status categories nationally, will differ from the current report due to slightly different methods (adjustments to account for missing postcodes; potential for different hysterectomy fractions to be used to adjust all denominators) and categories (socioeconomic status quintiles rather than deciles) that are considered optimal for national monitoring.

Further, State and Territory participation in Cervical screening in Australia is based on state or territory of screen, rather than state or territory of residence, since this is more appropriate for program monitoring.

Accessibility

The NCSP annual reports are available via the AIHW website where they can be downloaded free of charge.

Interpretability

While numbers of women screened are easy to interpret, calculation of age-standardised rates with allowance for the proportion of the population who have had a hysterectomy is more complex and the concept may be confusing to some users. Information on how and why age-standardised rates have been calculated and how to interpret them as well as the hysterectomy fraction is available in all AIHW NCSP monitoring reports, for example, Cervical screening in Australia 2006-2007.

Data Quality Statement — Indicator 12: Bowel cancer screening rates

Key data quality points

- The suspension of the NBCSP due to a fault in the FOBT kit, and the subsequent remediation process, greatly affected the COAG participation rates for 2009 and should be taken into account when comparing to previous or future COAG data for this indicator. Participation rates were lower when measured against the estimated resident population because fewer people had an opportunity to participate as a result of:
  - the suspension of the NBCSP between 2 May 2009 and 9 November 2009 during which no invitations to screen were issued;
  - replacement kits were sent out in November and December 2009 to people who had previously been invited to participate; and
  - participation rates in 2009 only include kits returned by 30 December 2009.
- Remoteness and socioeconomic status are based on postcode of residential address at the time of screening.
- Indigenous status is self-reported by participating individuals. However, high non-response by participants means this data item currently does not give meaningful results.
- Lack of inclusion of people screened outside the NBCSP will result in an underestimate of the population screening rates in the target ages.
- Some data cells have been suppressed for confidentiality and reliability reasons (for example, the denominator is very small).

Target/Outcome	Prevention
Indicator	Bowel cancer screening rates
Measure (computation)	This indicator presents the number of people in the national target ages (50, 55 and 65 years) screened annually as a proportion of the total Australian population aged 50, 55 and 65 years. *Numerator*: Number of persons aged 50, 55 and 65 years who have been screened by the National Bowel Cancer Screening Program (NBCSP) in the reference calendar year, defined by the date they returned their screening test kit. *Denominator*: Estimated total number of people in Australia aged 50, 55 and 65 in the reference calendar year. Calculation: 100 × (Numerator ÷ Denominator)
Data source/s	*Numerator*: NBCSP Register maintained by Medicare Australia *Denominators*: For bowel cancer screening participation: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) aged 50, 55 and 65 (calculated as a proportion of each age in their respective 5-year age group as documented in the 2006 Census of population and housing for the Australian population). For data by socioeconomic status: ABS' SEIFA IRSD, using a population-based method (calculated as a proportion of each age in their respective 5-year age group ERP as documented in the 2006 Census of population and housing for the Australian population). For data by remoteness: ABS' Australian Standard Geographical Classification (calculated as a proportion of each age in their respective

5-year age group ERP as documented in the 2006 Census of population and housing for the Australian population).

Institutional environment

The NBCSP is a joint program of the Australian Government and State and Territory governments. The target ages are 50, 55 and 65 years.

The NBCSP is monitored annually. Results are compiled and reported at the national level by the AIHW in an annual National bowel cancer screening program monitoring report.

NBCSP data depend on the return of data forms from participants, general practitioners, colonoscopists and pathologists to the NBCSP register. The register is maintained by Medicare Australia. Data from the register are provided to the AIHW six monthly as unit record data.

Relevance

This indicator is interim. It is important to note that additional bowel cancer screening is undertaken outside of the NBCSP. Data on people screened outside the program are not routinely collected; therefore, the level of underestimation of overall bowel cancer screening is unknown.

The NBCSP screens three specific ages (those aged 50, 55 and 65 years are invited to screen) and no single-age 2009 estimated population data are available for disaggregations such as socioeconomic status or remoteness. Therefore, these denominators are estimated based on 2009 5-year ERPs and use the proportion of each age in its respective age groups as documented in the 2006 Census of population and housing for the Australian population.

A postal area (POA) to SLA to remoteness concordance and a POA to SLA to socioeconomic status concordance are used to allocate persons screened to remoteness and socioeconomic status categories based on their postcode or residence. Concordances are based on the 2006 Census and postcodes, boundaries and socioeconomic status and remoteness regions may have changed over time, creating inaccuracies. Where postcodes are not available in these concordances, the person’s participation data are excluded from the relevant disaggregation reported.

Socioeconomic status rankings are calculated by SLA using a population-based method at the Australia-wide level. These ranked socioeconomic status SLAs are then allocated to their relevant jurisdiction, meaning quintiles should contain similar socioeconomic groups across states and territories.

Some data cells have been suppressed for confidentiality and reliability reasons (for example, the denominator is very small).

Timeliness

Data available for the 2011 COAG Reform Council report is based on the calendar period 1 January 2009 to 31 December 2009.

Accuracy

Self-reporting of Indigenous status within the program is poor, with around 35 per cent of participants not responding to this question in 2009. Thus, participation rates based on Indigenous status are considered too unreliable to be included.

The need to apply concordances to numerators and denominators introduces an unavoidable level of inaccuracy. As COAG denominator populations for disaggregation by socioeconomic status and remoteness are based on SLA, the numerator counts for this indicator also need to be based on SLA. Since the allocation of persons screened is based on their postcode or residence, this required the generation of a POA to SLA to remoteness concordance and a POA to SLA to socioeconomic status concordance. However, postcode data are limiting. These concordances are based on 2006 boundaries and classifications, while the current data for this indicator are for 2009. Overall, many postcodes may not have valid SLA-based socioeconomic status or remoteness concordance data available, and many may have changed classification group since 2006 and be giving inaccurate information now. Data for participants whose postcode is not available in the socioeconomic status or remoteness concordance are excluded from the relevant disaggregation reported.

Persons are counted only once in the one-year reporting period 1 January 2009 to 31 December 2009, even if they were screened more than once during this period.

No cell suppression was required for the data presented.

Coherence

Similar data are published annually in NBCSP monitoring reports prepared by the AIHW. The most recent of these reports is *National bowel cancer screening program monitoring report 2009 data supplement 2010*. In the NBCSP reports screening rates are presented as a proportion of the number of invitations to participate in a given time. In this indicator screening rates are presented as a proportion of the ERP for people aged 50, 55 and 65. In addition both numerators and denominators used for NBCSP monitoring reports exclude those people who opt off, or suspend participation from the program. This indicator does not exclude these people from either numerator or denominator. Lastly, NBCSP monitoring reports base a person’s participation date as the date they were sent their kit, while this report bases participation by the date they returned their completed kit for testing, which may not be the same year as they were sent the kit. Consequently, results of this indicator will vary from Program participation presented in annual NBCSP reports and the results should not be compared.

The NBCSP was suspended between May 2009 and November 2009 and no invitations were sent out in this time period. This has greatly affected the COAG participation rates for 2009 and should be taken into account when comparing to previous or future COAG data for this indicator.

Accessibility

The NBCSP annual reports are available via the AIHW website where they can be downloaded free of charge.

Interpretability

While numbers of people screened are easy to interpret, the NBCSP screening pathway may be confusing to some users. Information on the NBCSP is available in all AIHW NBCSP monitoring reports, for example, National bowel cancer screening program monitoring report 2009.

Data Quality Statement — Indicator 13: Proportion of children with 4th year developmental health check

Key data quality points

- The MBS items included in this indicator do not cover all developmental health check activity such as that conducted through State and Territory early childhood health assessments in preschools and community health centres.
- The analyses by state/territory, remoteness and SEIFA are based on postcode of residence of the client as recorded by Medicare Australia at the date the last service was received in the reference period. As clients may receive services in locations other than where they live, this data does not necessarily reflect the location in which services were received.
- No adjustment was made to this indicator to account for under-identification of Indigenous children in Medicare data.

Target/Outcome	Prevention
Indicator	Proportion of children who have received a 4 year old development health check
Measure (computation)	The numerator is the number of persons aged 3–5 years with an MBS claim for Items 709, 711, 701, 703, 705, 707 and 10986 (Healthy Kids Check) or 708 and 715 (Aboriginal and Torres Strait Islander Peoples Health Assessment) in the reference period. The denominator is the population aged 4 years, estimated by the AIHW using ERP data from the ABS. It was calculated by multiplying the 0–4 years ERP in each disaggregation (Indigenous status, remoteness and SEIFA) by the percentage of children aged 4 in this age group nationally. Calculation is 100 × (Numerator ÷ Denominator), presented as a percentage.
Data source/s	*Numerator* Australian Government Department of Health and Ageing Medicare Statistics data. *Denominators* For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2009. For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2009. For data by socioeconomic status: calculated using the ABS' SEIFA IRSD and ERP by Statistical Local Area (SLA) as at 30 June 2009. 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 ERPs as at 30 June 2009, by remoteness areas, as specified in the Australian Standard Geographical Classification.
Institutional environment	The MBS claims data are an administrative by-product of Medicare Australia's administration of the Medicare fee-for-service payment systems.

Medicare Australia collects the MBS data under the Medicare Australia Act 1973. This data is then regularly provided to the Department of Health and Ageing.

The indicator was calculated by the Department of Health and Ageing, using a denominator supplied by the AIHW. The Department of Health and Ageing drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with the Department. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

The measure relates to specific identified Medicare services for which claims data are available. Medicare data allows disaggregation by the demographics of the person and area (based on postcode) using data held on the Medicare system.

The MBS items included in this indicator do not cover all developmental health check activity such as that conducted through State and Territory early childhood health assessments in preschools and community health centres.

The figures for the Northern Territory exclude children receiving Northern Territory Emergency Response Child Health Checks.

Data for total children was calculated using the total number of patients aged 3 to 5 at the time of service with MBS Items 701, 703, 705, 707, 708, 709, 711, 715 or 10986.

Data for Indigenous children included only those children receiving MBS Items 708 and 715.

The analyses by state/territory, remoteness and SEIFA are based on postcode of residence of the client as recorded by Medicare Australia at the date the last service was received in the reference period. As clients may receive services in locations other than where they live, this data does not necessarily reflect the location in which services were received. Further, all MBS services received by clients who moved residences during the reference period are allocated to the postcode of their address at the date the last service was received.

Timeliness

MBS claims data are available within 14 days of the end of a month. The indicator relates to all claims processed in the 2009-10 financial year.

Accuracy

As with any administrative system a small degree of error may be present in the data captured.

Medicare claims data used for statistical purposes is based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

Financial-year data are based on the date on which a Medicare claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed, rather than when the service was rendered, produces little difference in the total number of persons included in the numerator for the reference period.

Children who received more than one type of health check are counted once only in the calculations for this indicator. Where an Indigenous child received more than one Aboriginal and Torres Strait Islander Peoples Health Assessment during the reference period, the child was only counted once in the numerator.

Medicare data presented for Aboriginal and Torres Strait Islander Peoples Health Assessments have not been adjusted to account for known under-identification of Indigenous status in MBS data.

Cells have been suppressed where rates are highly volatile (for example, the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Coherence

The following changes to MBS items occurred on 1 May 2010, but are unlikely to impact time-series analysis.

As of 1 May 2010, the Healthy Kids Check Item 709 has been replaced with four new MBS health assessment items (based on time and complexity) that cover all ages — Items 701 (brief), 703 (standard), 705 (long) and 707 (prolonged).

Under these new reporting arrangements it is possible that health assessments for refugees and humanitarian entrants and for people with an intellectual disability (previously claimed under items 714, 718 or 719 and now claimed under the new MBS health assessment items) have been counted. This is likely to have little impact on the totals reported as the usage rates for these health assessments are low to extremely low for children aged 3–5 years.

A Healthy Kids Check provided by a practice nurse or a registered Aboriginal health worker on behalf of a medical practitioner (previously item 711) has been retained under a new MBS item number – 10986. The change to the MBS item number does not impact time series analysis.

The Aboriginal and Torres Strait Islander Child Health Check (previously item 708) has been replaced by the Aboriginal and Torres Strait Islander People’s Health Assessment (715) that has no designated time or complexity requirements and covers all ages. The change to the MBS item number does not impact time series analysis.

Accessibility

Information is available for MBS Claims data from:

http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1

Interpretability

Medicare claims statistics are available at:

http://www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml

Data quality statement — Indicator 14: Waiting times for GPs

Target/Outcome	Primary and community care
Indicator	Waiting times for GPs
Measure (computation)	Length of time a patient needs to wait to see a GP for an urgent appointment. *Numerator*: Number of persons who reported seeing a GP for urgent medical care (for their own health) within specified waiting time categories (within 4 hours, more than 4 hrs but within 24 hours, more than 24 hours). *Denominator*: Number of persons aged 15 years and over who saw a GP for urgent medical care (for their own health) in the last 12 months.
Data source/s	Patient Experience Survey, ABS
Institutional environment	The Patient Experience Survey is a topic on the Multipurpose Household Survey, 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.
Relevance	The 2009 Patient Experience Survey collected information on whether people had needed to see a GP for an urgent medical appointment in the last 12 months. Those that had, were asked how long they had waited between making the appointment and actually seeing the GP for urgent medical care on the most recent occasion. Data was self-reported for this indicator. The definition of 'urgent medical care' was left up to the respondent, although discretionary interviewer advice was that going to the GP for a medical certificate for work for a cold would not be considered urgent.
Timeliness	Patient Experience data is collected annually. The 2009 data used for this indicator became available in July 2010. The reference period for the 2009 survey was July to December 2009.
Accuracy	The Patient Experience Survey is conducted in all states and territories excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually resident in very remote areas has a small impact on estimates, except for the Northern Territory, where such persons make up a relatively large proportion of the population. The 2009 Patient Experience Survey response rate was 88 per cent.

Data are weighted to account for non-response.

As it is drawn from a sample survey, the indicator is subject to sampling error. Sampling error occurs because only a portion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the statistical methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

Coherence

2009 was the first year data was collected for this indicator. At this stage, there are no other comparable data sources.

The numerators and denominators are directly comparable, one being a sub-population of the other. The numerators and denominators are compiled from a single source.

Jurisdiction estimates are calculated the same way, although the exclusion of very remote communities in the sample will affect the NT more than it affects other jurisdictions as people usually resident in very remote areas account for about 2 per cent of the population in all states and territories except for the NT, where they account for 24 per cent.

Accessibility

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 ABS Patient Experience data is published in Health Services: Patient Experiences in Australia, 2009 (Cat. no. 4839.0.55.001). Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in Health Services: Patient Experiences in Australia, 2009 (Cat. no. 4839.0.55.001).

Interpretability

See Health Services: Patient Experiences in Australia, 2009 (Cat. no. 4839.0.55.001) for an overview of the results from the Patient Experience Survey. Spreadsheets can be downloaded from the ABS website and a confidentialised unit record file will be available early in 2011. Data must be confidentialised for privacy reasons.

Additional data from the Patient Experience Survey is available upon request.

Data quality statement — Indicator 16: People deferring access to GPs, medical specialists and prescription medication due to cost

Target/Outcome	Primary and community care
Indicator	People deferring access to GPs, medical specialists or prescribed medications due to cost
Measure (computation)	Proportion of people that required treatment but deferred that treatment due to cost, by type of health service — GP, medical specialist and prescription for medication. *Numerator*: 16a — number of persons who delayed seeing or did not see a GP at any time in the last 12 months due to cost 16b — number of persons who delayed seeing or did not see a medical specialist at any time in the last 12 months due to cost 16c — number of persons who delayed getting or did not get prescribed medication at any time in the last 12 months due to cost *Denominator*: 16a — persons aged 15 years or over 16b — persons aged 15 years or over who had been referred to a medical specialist in the last 12 months 16c — persons aged 15 years or over who had received a prescription for medication in the last 12 months
Data source/s	Patient Experience Survey, ABS
Institutional environment	The Patient Experience Survey is a topic on the Multipurpose Household Survey, 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.
Relevance	The 2009 Patient Experience Survey collected information from all respondents about whether there had been a time that they had delayed seeing or not seen a GP in the 12 months prior to the survey due to the cost. Respondents who reported having been referred to a specialist in the last 12 months were also asked whether they had delayed seeing or not seen a specialist due to cost. Finally, people who reported having been prescribed medication in the last 12 months were asked whether there had been a time in the last 12 months when they delayed getting or did not get medication due to cost.
Timeliness	Patient Experience data is collected annually. The 2009 data used for this indicator became available in July 2010. The reference period for the 2009 survey was July to December 2009.

Accuracy

The Patient Experience Survey is conducted in all states and territories excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually resident in very remote areas has a small impact on estimates, except for the NT, where such persons make up a relatively large proportion of the population.

The 2009 Patient Experience Survey response rate was 88 per cent. Data are weighted to account for non-response.

As it is drawn from a sample survey, the indicator is subject to sampling error. Sampling error occurs because only a portion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the statistical methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

Coherence

2009 was the first year data was collected for this indicator. At this stage, there are no other comparable data sources.

The numerators and denominators are directly comparable, one being a sub-population of the other. The numerators and denominators are compiled from a single source.

Jurisdiction estimates are calculated the same way, although the exclusion of very remote communities in the sample will affect the NT more than it affects other jurisdictions as people usually resident in very remote areas account for about 2 per cent of the population in all states and territories except for the NT, where they account for 24 per cent.

Accessibility

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 ABS Patient Experience data is published in Health Services: Patient Experiences in Australia, 2009 (Cat. no. 4839.0.55.001). Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in Health Services: Patient Experiences in Australia, 2009 (Cat. no. 4839.0.55.001).

Interpretability

See Health Services: Patient Experiences in Australia, 2009 (Cat. no. 4839.0.55.001) for an overview of the results from the Patient Experience Survey. Spreadsheets can be downloaded from the ABS website and a confidentialised unit record file will be available early in 2011. Data must be confidentialised for privacy reasons.

Additional data from the Patient Experience Survey is available upon request.

Data quality statement — Indicator 18: Life expectancy at birth 2007–2009

Target/Outcome	Primary and community health
Indicator	Life expectancy at birth
Measure (computation)	Life tables for the Australian population, from which life expectancy at birth is obtained. Age/sex-specific death rates used in the construction of the life tables are calculated as: *Numerator*: For 18.1: death registrations for 2006–2008 provided by State and Territory Registrars of Births, Deaths and Marriages. *Denominator*: For 18.1: estimated resident population (ERP) for the period 2007-2009.
Data source/s	*Life Tables, Australia*, *2007-2009* (cat. no. 3302.0.55.001), *Life Tables, States and Territories, 2007-2009* (cat. nos. 3302.1.55.001–3302.8.55.001)
Institutional environment	For 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. Death statistics are sourced from death registrations systems 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 deaths are registered. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred.
Relevance	The life tables are current or period life tables, based on death rates for a short period of time during which mortality has remained much the same. Mortality rates for the Australian and state and territory life tables are based on death registrations and estimated resident population for the period 2007–2009. The life tables do not take into account future assumed improvements in mortality. Life tables are presented separately for males and females. The life table depicts the mortality experience of a hypothetical group of newborn babies throughout their entire lifetime. It is based on the assumption that this group is subject to the age-specific mortality rates of the reference period. Typically this hypothetical group is 100 000 in size.
Timeliness	ABS estimates of life expectancy at birth are published on an annual basis.
Accuracy	Compilation of life tables requires complete and accurate data on deaths that occur in a period, and reliable estimates of the population exposed to the risk of dying during that period. These data are required by age and sex so as to calculate age-sex specific death rates. Information on deaths is obtained from a complete enumeration of deaths

registered during a specified period and are not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Sources of non-sample error include:

- completeness of an individual record at a given point in time;
- completeness of the dataset (eg 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); and
- lack of consistency in the application of questions or forms used by data providers, both through time and between different jurisdictions.

Every effort is made to minimise error by working closely with data providers, the careful design of forms, training of processing staff, and efficient data processing procedures.

ERP is based on Census counts by place of usual residence, adjusted for net Census undercount and the number of Australian residents temporarily overseas on Census night, and backdated from the Census date to 30 June. For post-censal years, ERP is obtained by adding post-censal births, deaths and migrations to the Census ERP.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Accessibility

ABS life expectancy estimates are published on the ABS website www.abs.gov.au (see Life Tables, Australia, 2007-2009 (cat. no. 3302.0.55.001), and Life Tables, States and Territories, 2007-2009 (cat. nos. 3302.1.55.001–3302.8.55.001).

Interpretability

Please view Explanatory Notes and Glossary that provide information on the data sources, terminology, classifications and other technical aspects associated with these statistics.

Data quality statement — Indicator 18: Life expectancy at birth 2006–2008

Target/Outcome	Primary and community health
Indicator	Life expectancy at birth
Measure (computation)	Life tables for the Australian population, from which life expectancy at birth is obtained. Age/sex-specific death rates used in the construction of the life tables are calculated as: *Numerator*: For 18.2: death registrations for 2006–2008 provided by State and Territory Registrars of Births, Deaths and Marriages. *Denominator*: For 18.2: estimated resident population (ERP) for the period 2006-2008.
Data source/s	Life Tables, Australia, 2006–2008 (cat. no. 3302.0.55.001), Life Tables, States and Territories (cat. nos. 3302.1.55.001–3302.8.55.001)
Institutional environment	For 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. Death statistics are sourced from death registrations systems 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 deaths are registered. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred.
Relevance	The life tables are current or period life tables, based on death rates for a short period of time during which mortality has remained much the same. Mortality rates for the Australian and State and Territory life tables are based on death registrations and estimated resident population for the period 2006–2008. The life tables do not take into account future assumed improvements in mortality. Life tables are presented separately for males and females. The life table depicts the mortality experience of a hypothetical group of newborn babies throughout their entire lifetime. It is based on the assumption that this group is subject to the age-specific mortality rates of the reference period. Typically this hypothetical group is 100 000 in size.
Timeliness	The release of the ABS State/Territory Life Tables publications (and life expectancy at birth) is scheduled for 8 December 2010. This will impact on the provision of NHA Indicator 18.1: Estimated life expectancies at birth by sex, 2007–2009. Data for NHA Indicator 18.2: Estimated life expectancies at birth by sex, 2006–2008 will not be affected.

Accuracy

Compilation of life tables requires complete and accurate data on deaths that occur in a period, and reliable estimates of the population exposed to the risk of dying during that period. These data are required by age and sex so as to calculate age-sex specific death rates.

Information on deaths is obtained from a complete enumeration of deaths registered during a specified period and are not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Sources of non-sample error include:

- completeness of an individual record at a given point in time;
- completeness of the dataset (eg 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); and
- lack of consistency in the application of questions or forms used by data providers, both through time and between different jurisdictions.

Every effort is made to minimise error by working closely with data providers, the careful design of forms, training of processing staff, and efficient data processing procedures.

Estimated resident population is based on Census counts by place of usual residence, adjusted for net Census undercount and the number of Australian residents temporarily overseas on Census night, and backdated from the Census date to 30 June. For post-censal years, ERP is obtained by adding post-censal births, deaths and migrations to the Census ERP.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Accessibility

ABS life expectancy estimates are published on the ABS website www.abs.gov.au (see Life Tables, Australia, 2006–2008 (cat. no. 3302.0.55.001), and *Life Tables, States and Territories* (cat. nos. 3302.1.55.001–3302.8.55.001).

Interpretability

Please view Explanatory Notes and Glossary that provide information on the data sources, terminology, classifications and other technical aspects associated with these statistics.

Data quality statement — Indicator 19: Infant and young child mortality rate

Target/Outcome	Primary and community health
Indicator	Child under five mortality rate
Measure (computation)	*Numerator*: death registrations for the period 2003–2008 (various groupings) provided by State and Territory Registrars of Births, Deaths and Marriages. Infant: Number of deaths among children aged under 1 year Child 0–4: Number of deaths among children aged 0 to 4 years Child 1–4: Number of deaths among children aged 1 to 4 years *Denominator*: Infant: Number of live births in the period Child 0–4: Population aged 0 to 4 years Child 1–4: Population aged 1 to 4 years Indigenous — Estimated Indigenous population
Data source/s	*Numerator:* ABS Deaths, Australia (cat. 3302.0) *Denominator:* ABS Births Collection, ABS Estimated Resident Population (cat. 3101.0) Infant: ABS Births Collection (cat. 3301.0) Child 0–4: ABS Estimated Resident Population (cat. 3101.0) Child 1–4: ABS Estimated Resident Population (cat. 3101.0) Indigenous: ABS Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians (cat. 3238.0)
Institutional environment	These collections are conducted under the Census and Statistics Act 1905. For 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, see ABS Institutional Environment.
Relevance	The ABS Causes of Death and Deaths, Australia collections include all 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 causes of death statistics. Data in the Causes of Death 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 causes 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) has been used since 1997.

Timeliness

Causes of death and deaths data are published on an annual basis.

Death records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis. One dimension of timeliness in death registrations data is the interval between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.

Births records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis. One dimension of timeliness in birth registrations data is the interval between the occurrence and registration of a birth. As a result, some births occurring in one year are not registered until the following year or even later. This can be caused by either a delay by the parent(s) in submitting a completed form to the registry, or a delay by the registry in processing the birth (for example, due to follow up activity due to missing information on the form, or resource limitations).

Preliminary ERP data is compiled and published quarterly and is generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP is further disaggregated by sex and single year of age, and is made available five to six months after end of the reference quarter. Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous financial year, once more accurate births, deaths and net overseas migration data becomes available. In the case of births and deaths, the revised data is compiled on a date of occurrence basis. In the case of net overseas migration, final data is based on actual traveller behaviour. Final estimates are made available every 5 years after a census and revisions are made to the previous inter-censal period. ERP data is not changed once it has been finalised. Releasing preliminary, revised and final ERP involves a balance between timeliness and accuracy.

Accuracy

Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period and is not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data. Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

Care should be taken when interpreting perinatal and infant crude mortality rates for Queensland due to recent changes in the timeliness of birth registrations. Infant and perinatal mortality rates utilise births data as the denominator. The Queensland Registry of Births, Deaths and Marriages devoted significant time and resources in 2009 to follow-up and finalise birth registrations where there was previously incomplete information, including the 'Retrospective Births Project' completed in the December quarter 2009. As part of the 'Retrospective Births Project' 1780 births were registered in the 2009 reference year, with approximately 40 per cent registered as Indigenous Australians. In 2009, half of the 4000 births to Indigenous women registered in Queensland occurred in 2008 or earlier. These projects have improved the completeness of births data by year of occurrence. However, finalisation of previously incomplete forms may have also affected births data based on year of registration, which has been used as the denominator in infant and perinatal mortality rate calculations included in this publication. For more information see Australian Bureau of Statistics, Births, Australia, 2009 (cat. no. 3301.0) Explanatory Notes 27–30. As population estimates of the population of Indigenous Australians are sourced from 2006 Census based projections for 2007 and later years, this matter does not currently affect indicators which use these projections in their calculations.

There are ongoing ABS investigations into the unusual volatility in the number of deaths of Indigenous Australians registered in WA in recent years. Until a better understanding of the nature of this volatility is established, ABS recommends caution when utilising WA’s mortality rates for this indicator.

All ERP data sources are subject to non-sampling error. Non-sampling error can arise from inaccuracies in collecting, recording and processing the data. In the case of Census and Post Enumeration Survey (PES) data every effort is made to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. The ABS does not have control over any non sampling error associated with births, deaths and migration data. For more information see the Demography Working Paper 1998/2 - Quarterly birth and death estimates, 1998 (cat. no. 3114.0). and Australian Demographic Statistics (cat. no. 3101.0).

Causes of death and perinatal deaths data for 2007 are subject to revision. All coroner certified deaths registered after 1 January 2007 will be subject to a revision process. This is a change from previous years where all ABS processing of causes of death data for a particular reference period was finalised approximately 13 months after the end of the reference period. Where insufficient information was available to code a cause of death (eg a coroner certified death was yet to be finalised by the Coroner), less specific ICD codes were assigned as required by the ICD coding rules. The revision process will enable the use of additional information relating to coroner certified deaths as it becomes available over time. This will result in increased specificity of the assigned ICD-10 codes. Causes of death data for 2007 coroner certified deaths will be updated as more information becomes available to the ABS. Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See Causes of Death, Australia, 3303.0.

Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

Non-Indigenous data from the Causes of Death collection and Perinatal collection do not include death registrations with a ‘not stated’ Indigenous status.

Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading for example where the non-Indigenous mortality rate is higher than the indigenous mortality rate. All rates in this indicator must be used with caution.

Coherence The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Accessibility Causes of death data and deaths, Australia data are available in a variety of formats on the ABS website under the 3303.0 and 3302.0 product families. ERP data is available in a variety of formats on the ABS website under the 3101.0 and 3201.0 product families. Further information on deaths and mortality may be available on request. 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.

Interpretability Data for this indicator have been presented as crude rates, either per 1000 live births or 1000 estimated resident population. Information on how to interpret and use the data appropriately is available from Explanatory Notes in Causes of Death, Australia (3303.0).

Data quality statement — Indicator 20: Potentially avoidable deaths

Target/Outcome	Primary and community health
Indicator	Potentially avoidable deaths
Measure (computation)	*Numerator*: death registrations for 2003–2008 (various groupings) provided by State and Territory Registrars of Births, Deaths and Marriages which have an ICD10 code which has been further classified as preventable or treatable as per the NHA Technical Manual *Denominator*: Estimated Resident Population , Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians
Data source/s	*Numerator:* ABS Causes of Death collection (3303.0) *Denominator:* ABS Estimated Resident Population (3101.0); Experimental Estimates and Aboriginal and Torres Strait Islander Australians, Jun 2006 (cat. no. 3238.0.55.001).
Institutional environment	These collections are conducted under the Census and Statistics Act 1905. For 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, see ABS Institutional Environment.
Relevance	The ABS Causes of Death collection includes all 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 causes of death statistics. Data in the Causes of Death 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 causes 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) has been used since 1997.
Timeliness	Causes of death data is published on an annual basis Preliminary ERP data is compiled and published quarterly and is generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP is further disaggregated by sex and single year of age, and is made available five to six months after end of the reference quarter. Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous financial year, once more accurate births, deaths and net overseas migration data becomes available. In the case of births and deaths, the

revised data is compiled on a date of occurrence basis. In the case of net overseas migration, final data is based on actual traveller behaviour. Final estimates are made available every 5 years after a census and revisions are made to the previous intercensal period. ERP data is not changed once it has been finalised. Releasing preliminary, revised and final ERP involves a balance between timeliness and accuracy.

Accuracy

Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period and are not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data. Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

There are ongoing ABS investigations into the unusual volatility in the number of deaths of Indigenous Australians registered in WA in recent years. Until a better understanding of the nature of this volatility is established, ABS recommends caution when utilising WA’s mortality rates for this indicator.

All ERP data sources are subject to non-sampling error. Non-sampling error can arise from inaccuracies in collecting, recording and processing the data. In the case of Census and Post Enumeration Survey data every effort is made to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. The ABS does not have control over any non sampling error associated with births, deaths and migration data.

Another dimension of non-sampling error in ERP is the fact that the measures of components of population growth become more accurate as more time elapses after the reference period. As discussed under Timeliness, the trade-off between timeliness and accuracy means that a user can access more accurate data by using the revised or final ERP data. While the vast majority of births and deaths are registered promptly, a small proportion of registrations are delayed for months or even years. As a result, preliminary quarterly estimates can be an underestimate of the true number of births and deaths occurring in a reference period. Revised figures for a reference period incorporate births and deaths registrations that were received after the preliminary data collection phase as well as the estimated number of registrations that have still not been received for that reference period. For more information see the Demography Working Paper 1998/2 - Quarterly birth and death estimates, 1998 (cat. no. 3114.0). and Australian Demographic Statistics (cat. no. 3101.0).

Causes of death data for 2007 has been subject to revision. All coroner certified deaths registered after 1 January 2007 will be subject to a revision process. This is a change from previous years where all ABS processing of causes of death data for a particular reference period was finalised approximately 13 months after the end of the reference period. Where insufficient information was available to code a cause of death (eg a coroner certified death was yet to be finalised by the Coroner), less specific ICD codes were assigned as required by the ICD coding rules. The revision process enables the use of additional information relating to coroner certified deaths as it becomes available over time. This results in increased specificity of the assigned ICD-10 codes. Causes of death data for 2007 coroner certified deaths were updated as more information became available. Revised data for 2007 has been published in the 2008 Causes of death publication, released in March 2010. 2007 causes of death will be revised and published again in the publication relating to the 2009 collection due for release in 2011. At this time the first round of revisions for 2008 causes of death data will also be published. Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See Causes of Death, Australia, 3303.0.

Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

Non-Indigenous data from the Causes of Death collection and Perinatal collection do not include death registrations with a ‘not stated’ Indigenous status.

Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading for example where the non-Indigenous mortality rate is higher than the indigenous mortality rate. All rates in this indicator must be used with caution.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Accessibility

Causes of death data are available in a variety of formats on the ABS website under the 3303.0 product family. ERP data is available in a variety of formats on the ABS website under the 3101.0 and 3201.0 product families. Further information on deaths and mortality may be available on request. 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.

Interpretability

Data for this indicator have been presented as crude rates, either per 1000 live births or 1000 estimated resident population. Information on how to interpret and use the data appropriately is available from Explanatory Notes in Causes of Death, Australia (3303.0).

Data Quality Statement — Indicator 21: Treatment rate for mental illness

Key data quality points

- State and Territory jurisdictions differ in their approaches to counting clients under care, including different thresholds for registering a client. Additionally, they differ in their capacity to provide accurate estimates of individual persons receiving mental health services. Therefore comparisons between jurisdictions need to be made with caution.
- The Indigenous status data should be interpreted with caution:
  - public sector community mental health services (Public) data: There is varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. The Other Australians category includes contacts where Indigenous status was missing or not reported (around 11 per cent of all clients)
  - private sector admitted patient (Private) data: Indigenous status is not collected by the Private Mental Health Alliance (PMHA)
  - Medicare Benefits Schedule (MBS) data: Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- Persons can receive services from more than one type of these service providers during the period. The extent to which this occurs is unknown. However, it is likely that there is considerable overlap between the private data and the MBS data.
- A small number of persons receiving mental health treatment are not included in any of the data sources used for this performance indicator, so using these numbers to provide a count of individuals receiving services is cautioned.

Target/Outcome

Primary and community health

Indicator

Proportion of population receiving clinical mental health services

Measure (computation)

The *numerator* is the number of people receiving mental health services, separately for three service types.

The *denominator* is the Estimated Resident Population (ERP) as at 30 June 2008.

Calculation is 100 × (Numerator ÷ Denominator), presented as a percentage and age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years with ages over 84 years combined. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so Indigenous disaggregations were standardised to 64 years with ages over 64 years combined.

These are calculated separately for public, private and Medicare Benefits Schedule (MBS)-funded services.

Data source/s

Numerators:

For Public data: State/Territory community mental health care data.

For Private data: Private Mental Health Alliance (PMHA) Centralised Data Management Service (CDMS) data.

For MBS data: Australian Government Department of Health and Ageing (DoHA) Medicare Statistics data.

Denominator:

Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2008.

For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2008.

For data by socioeconomic status: calculated by AIHW using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) and, where applicable, ABS Postal Area to SLA concordance. 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' Australian Standard Geographical Classification and, where applicable, ABS Postal Area to Remoteness Area concordance.

Institutional environment

The AIHW prepared the denominator and calculated the indicator based on numerators supplied by other data providers. The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

Numerators for this indicator were prepared by State and Territory health authorities, the PMHA and DoHA and quality-assessed by the AIHW.

The AIHW drafted the initial data quality statement. The statement was finalised by AIHW following input from State and Territory health authorities, PMHA, and DoHA. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator.

Public data

The State and Territory health authorities receive these data from public sector community mental health services. States and territories use these data for service planning, monitoring and internal and public reporting.

Private data

The PMHA's Centralised Data Management Service provided data submitted by private hospitals with psychiatric beds. The data are used by hospitals for activities such as quality improvement.

MBS data

Medicare Australia collects the MBS data under the Medicare Australia Act 1973. These data are then regularly provided to DoHA. The MBS claims data are an administrative by-product of Medicare Australia administering the Medicare fee-for-service payment systems.

Relevance

Estimates are based on counts of individuals receiving care within the year, by each service type, where each individual is generally counted once regardless of the number of services received. Persons can receive services of more than one type within the year; a count of persons receiving services regardless of type is not available.

A number of persons receiving mental health treatment are not captured in these data sources. These include:

- individuals receiving only admitted and/or residential services from State and Territory public sector specialised mental health services.
- individuals receiving mental health services (other than as admitted patients in private hospitals) funded through other third party funders (eg transport accident insurers, workers compensation insurers) or out of pocket sources.

There is likely to be considerable overlap between the MBS data and private data, as most patients accessing private hospital services would access MBS items in association with the private hospital service.

Public data

Person counts for State and Territory mental health services are counts of persons receiving one or more service contacts provided by public sector community mental health services. South Australia and Tasmania submitted data that were not based on unique patient identifier or data matching approaches.

Private data

Private hospital estimates are counts of individuals receiving admitted patient specialist psychiatric care in private hospitals.

MBS data

MBS data are counts of individuals receiving mental health-specific Medicare services for which claims data are available.

Analyses by state/territory, remoteness and socioeconomic status are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service received in the reference period. As clients may receive services in locations other than where they live, these data do not necessarily reflect the location in which services were received. Further, all MBS services received by clients who moved location during the reference period are allocated to the postcode of their address at date of last service received.

This measure does not include claims that are reimbursed through the Department of Veterans' Affairs (DVA). For 2008-09, it is estimated that DVA clients comprised less than 2 per cent of people receiving Australian Government (MBS- and DVA-reimbursed) clinical mental-health services. The DVA, AIHW and DOHA have been working collaboratively to achieve alignment of DVA and MBS data and it is anticipated that DVA data will be included in this PI for the next reporting cycle.

Timeliness

The reference period for these data is 2008-09.

Accuracy

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider).

Public data

State and Territory jurisdictions differ in their capacity to provide accurate estimates of person receiving services (see above). Additionally, jurisdictions differ in their approaches to counting clients under care. For example, people who are assessed for a mental health service but do not go on to be treated for a mental illness are included in the data by some jurisdictions but not others. Therefore, comparisons between jurisdictions should be made with caution.

The Indigenous status data should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. The Other Australians category includes patients where Indigenous status was missing or not reported (around 11 per cent of all clients).

There is variation in the underlying concept used to allocate remoteness and socioeconomic status across jurisdictions (ie location of service provider, location of client or a combination of both). In addition, the underlying concordances used by jurisdictions to allocate remoteness may vary. Disaggregation by remoteness and socioeconomic status should therefore be interpreted with caution.

Private data

Not all private psychiatric hospitals are included in the PMHA's CDMS.

Those that are included account for approximately 75 per cent of all activity in the sector. The data provided are an estimate of overall activity.

Actual counts are multiplied by a factor that accounts for the proportion of data missing from the CDMS collection. That adjustment is performed at the level of State and Territory, since non-participation rates varied between jurisdictions.

Indigenous status information is not collected for these data.

MBS data

As with any administrative system a small degree of error may be present in the data captured.

Medicare claims data used for statistical purposes are based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

The data provided are based on the date on which a Medicare claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed, rather than when the service was rendered, produces little difference in the total number of persons included in the numerator for the reference period.

People who received more than one type of MBS service are counted once only in the calculations for this indicator.

Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians. For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*.

Coherence

Public data

There has been no major change to the methodology used to collect the data in 2008-09 for the majority of jurisdictions, therefore their data is comparable to 2007-08. However New South Wales has recently implemented a state wide unique patient identifier for mental health care. During this phase of implementation, New South Wales has indicated that there are differences in the completeness of coverage between areas and over time.

South Australia has also advised that in 2008-09 several services spread across metropolitan Adelaide were consolidated into a single service located in a "least disadvantaged" area (SEIFA quintile 5). As a result this quintile is now reporting the highest age standardised rate of mental health illness.

Additionally, due to system-related issues impacting data quality, Tasmania is unable to provide data by remoteness and socioeconomic status for 2008-09.

Private data

There has been no change to the methodology used to collect the data in 2008-09. Therefore, the data is comparable to 2007-08.

MBS data

The same methodology to attribute demographic information to MBS data has been used in 2008-09 as in previous data.

There were no changes in items selected in 2008-09 compared to the previous period.

The AIHW publication series Mental health services in Australia contains data that is comparable in coverage (using different MBS item splits) and includes a summary of MBS mental health-related items.

The data used in this indicator are also published in the COAG National Action Plan on Mental Health — progress report 2008-09. There may be some differences between the data published in these two sources as in the COAG National Action Plan on Mental Health — progress report 2008-09:

- rates may be calculated using different ERPs other than the June 2008 ERPs used for this indicator,
- the 2008-09 figures are based on preliminary data for the public and private sectors and may not cover the full financial year,
- MBS numbers are extracted using a different methodology. The COAG National Action Plan on Mental Health — progress report 2008-09 counts a patient in each state they resided in during the reference period but only once in the total whereas this indicator counts a patient in only one State/Territory.

The indicator specifications and analysis methodology used for this report are equivalent to the National Healthcare Agreement: Baseline performance report 2008-09.

Accessibility

Information is available in the COAG National Action Plan on Mental Health — progress report 2008-09.

Medicare claims statistics are available at:

http://www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml

Disaggregation of MBS data by SEIFA is not publicly available elsewhere.

Interpretability

Information is available for MBS claims data from:

http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1

Data Quality Statement — Indicator 22: Selected potentially preventable hospitalisations

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- Separations are reported by the jurisdiction of usual residence of the patient, not the jurisdiction of hospitalisation.
- Caution should be used in comparing these data to earlier years as changes between ICD-10-AM 5th edition and ICD-10-AM 6th edition and the associated Australian Coding Standards apparently resulted in decreased reporting of additional diagnoses for diabetes, and increased reporting of gastroenteritis (chronic and acute categories, respectively, affected). These changes should also be taken into consideration in interpretation of these data against the National Healthcare Agreement performance benchmark for potentially preventable hospitalisations.
- The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Target/Outcome	Primary and community health
Indicator	Admissions to hospital that could have potentially been prevented through the provision of appropriate non-hospital health services.
Measure (computation)	The *numerator* is the number of separations for selected potentially preventable hospitalisations, divided into three groups: • vaccine-preventable conditions (eg tetanus, measles, mumps, rubella) • acute conditions (eg ear, nose and throat infections, dehydration/gastroenteritis) • chronic conditions (eg diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease). The *denominator* is the Estimated Resident Population. 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). Potentially preventable hospitalisations are defined by ICD-10-AM diagnosis codes and/or ACHI procedure codes in scope for each category of potentially preventable hospitalisations (see Appendix 5, *Australian hospital statistics 2008-09*). Calculation is 100 000 × (Numerator ÷ Denominator), presented as a number per 100 000 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.
Data source/s	*Numerator*:

This indicator is calculated using data from the NHMD, based on the National Minimum Data Set for Admitted Patient Care.

Denominators:

For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2008.

For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2008.

For data by socioeconomic status: calculated by AIHW using the ABS' SEIFA IRSD and ERP by Statistical Local Area (SLA) as at 30 June 2008. 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 2008, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the Institute 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. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

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 are not 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.

Remoteness and socioeconomic status are based on the reported 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).

Separations are reported by the jurisdiction of usual residence of the patient, not the jurisdiction of hospitalisation.

Timeliness

The reference period for this data set is 2008-09.

Accuracy

For 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and two private hospitals in Tasmania.

States and territories are primarily responsible for the quality of the data they provide. However, the Institute 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 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 Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Caution should be used in comparing these data to earlier years as changes between ICD-10-AM 5th edition and ICD-10-AM 6th edition and the associated Australian Coding Standards apparently resulted in decreased reporting of additional diagnoses for diabetes, and increased reporting of gastroenteritis (chronic and acute categories, respectively, affected). These changes should also be taken into consideration in interpretation of these data against the National Healthcare Agreement performance benchmark for potentially preventable hospitalisations.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider) or where rates are likely to be highly volatile (for example, the denominator is very small).

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2008-09* and the *National healthcare agreement: baseline performance report 2008-09*.

Changes between the ICD-10-AM 5th edition (used in 2007-08) and ICD-10-AM 6th edition (used in 2008-09) and the associated Australian Coding Standards apparently resulted in:

- decreased reporting of additional diagnoses for diabetes
- increased reporting of diagnoses for dehydration and gastroenteritis.

Therefore caution should be used in comparisons of these data with earlier periods. In addition, 2008-09 data for Tasmania does not include two private hospitals that were included in the 2007-08 data reported in the baseline report.

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 cube for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

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, 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 are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Quality Statement — Indicator 23: Selected potentially avoidable GP-type presentations to emergency departments

Key data quality points

- The scope of the data used to produce this indicator is non-admitted patients registered for care in emergency departments in public hospitals classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or Peer Group B (Large hospitals). Most of the hospitals in peer groups A and B are in major cities. Therefore, disaggregation by remoteness, socioeconomic status and Indigenous status should be interpreted with caution.
- For 2008-09, 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 2009-10 data has similar coverage, although final coverage cannot be calculated until 2009-10 National Public Hospital Establishments Database (NPHED) data are available.
- Caution should be used in interpreting 2009-10 data from the NNAPEDCD as they have not been subjected to the usual level of confirmation with establishment-level data provided in the NPHED.
- As 2009-10 data may not include hospitals that will be assigned to peer groups A or B for the first time in 2009-10 (and may include hospitals that will be assigned to a lower peer group), the results published here may differ to 2009-10 equivalent data published at a later date.
- The quality of the data reported for Indigenous status in Emergency Departments 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 group A or B, or the peer group classification for a hospital, may vary over time

Target/Outcome	Primary and community health
Indicator	Attendances at public hospital emergency departments that could have potentially been avoided through the provision of appropriate non-hospital services in the community
Measure (computation)	The number of presentations to public hospital emergency departments in hospitals that were classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or peer group B (Large hospitals), with a Type of visit of Emergency presentation (For South Australia only, Type of Visit can be Emergency presentation or Not Reported): • were allocated a Triage category of 4 or 5 and • did not arrive by ambulance or police or correctional vehicle and • were not admitted to the hospital, or not referred to another hospital, or died.
Data source/s	This indicator is calculated using data from the AIHW's NNAPEDCD, based on the National Minimum Data Set for Non-admitted patient emergency department care (NAPEDC). For data by socioeconomic status: calculated by AIHW using the ABS' SEIFA IRSD and ERP by Statistical Local Area (SLA) as at 30 June 2008. 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 2008, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the Institute 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. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

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 that were classified as either peer group A (Principal referral and Specialist women’s and children’s hospitals) or B (Large hospitals). In 2008-09, hospitals in peer groups A and B provided approximately 69 per cent of all public hospital accident and emergency occasions of service. It is estimated that in 2009-10, hospitals in peer groups A and B provided a similar proportion of all public hospital accident and emergency occasions of service.

The definition is considered a reasonable starting approximation of the population that should be receiving service in the primary care sector. The indicator includes only peer group A (Principal referral and Specialist women’s and children’s hospitals) and peer group B (Large hospitals).

Analysis by State/Territory, remoteness and socioeconomic status is based on the reported 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 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.

Timeliness

The reference period for this performance indicator is 2008-09 and 2009-10.

Accuracy

For 2008-09, the coverage of the NNAPEDCD was 100 per cent in all jurisdictions for pubic hospitals in peer groups A and B. It is estimated that 2009-10 data has similar coverage, although final coverage cannot be calculated until 2009-10 NPHED data are available.

In regards to 2009-10 data:

- Caution should be used in interpreting 2009-10 data from the NNAPEDCD as they have not been subjected to the usual level of confirmation with establishment-level data provided in the NPHED. The NPHED data includes information on the number of accident and emergency occasions of service for each public hospital, and comparison of the number of records in NNAPEDCD and NPHED is an important step in data validation.
- In addition, the hospitals classified as peer groups A and B were based on the 2008-09 peer groups. 2009-10 peer groups cannot be assigned until the National Hospital Morbidity Database is finalised and total level of admitted patient activity quantified. Therefore, these data may not include hospitals that will be assigned to peer groups A or B for the first time in 2009-10 (and may include hospitals that will be assigned to a lower peer group).
- For 2009-10, the data for the Albury Base Hospital (previously reported in New South Wales hospital statistics) was reported in Victorian hospital statistics. This change in reporting arrangements should be factored into any analysis of New South Wales' and Victoria's levels of activity.

States and territories are primarily responsible for the quality of the data they provide. However, the Institute 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 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 quality of the data reported for Indigenous status in emergency departments has not been formally assessed for completeness; therefore, caution should be exercised when interpreting these data.

As this indicator is limited to public hospitals which were classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, the coverage may not include areas where the proportion of Indigenous Australians (compared with other Australians) may be 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.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider) or where rates are likely to be highly volatile (for example, the denominator is very small).

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian Hospital Statistics 2008-09*, the *National Healthcare Agreement: Baseline performance report 2008-09* and *Australian hospital statistics 2009-10: emergency department care and elective surgery waiting times*.

As these data may not include hospitals that will be assigned to peer groups A or B for the first time in 2009-10 (and may include hospitals that will be assigned to a lower peer group), the results published here may differ to 2009-10 equivalent data published at a later date.

Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer group A or B, or the peer group classification for a hospital, may vary over time.

Accessibility

The AIHW provides a variety of products that draw upon the NNAPEDCD data. Published products available on the AIHW website include *Australian hospital statistics*, and associated Excel tables.

Data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NNAPEDCD are published annually in *Australian hospital statistics* (Chapter 5 and 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 that might affect interpretation of the published data. Metadata information for the NAPEDC NMDS are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Quality Statement — Indicator 24: GP-type services

Key data quality points

- The data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to service providers and has accurate data on the number of services provided.
- Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- The analyses by State/Territory, remoteness and socioeconomic status are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service received in the reference period. As clients may receive services in locations other than where they live, this data does not necessarily reflect the location in which services were received.
- Medical claims that are reimbursed through the Department of Veterans' Affairs are not included in this measure.

Target/Outcome	Primary and community health
Indicator	GP-type service use per 1000 population
Measure (computation)	The *numerator* is the number of non-referred GP attendances, Enhanced Primary Care and Practice Nurse services, as defined by MBS Items under broad type of service groups A, B, M and O. The *denominator* is the estimated resident population. *Calculation* is 1000 × (Numerator ÷ Denominator), presented as a rate per 1000 and directly age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so Indigenous disaggregations were standardised to 64 years with ages over 64 years combined.
Data source/s	*Numerator*: Australian Government Department of Health and Ageing Medicare Statistics data *Denominators*: For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2009. For data by socioeconomic status: calculated by AIHW using the ABS' SEIFA IRSD and ERP by Statistical Local Area (SLA) as at 30 June 2009. 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 2009, by remoteness areas, as specified in the Australian Standard Geographical Classification.
Institutional environment	The MBS claims data are an administrative by-product of Medicare Australia's administration of the Medicare fee-for-service payment systems. Medicare Australia collects the MBS data under the Medicare Australia Act 1973. The data are then regularly provided to the Department of Health and Ageing. The tables for this indicator were prepared by the Department of Health

and Ageing and quality-assessed by the AIHW. The Department of Health and Ageing drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with the Department. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

The measure relates to specific identified Medicare services.

The analyses by State/Territory, remoteness and SEIFA are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service received in the reference period. As clients may receive services in locations other than where they live, this data does not necessarily reflect the location in which services were received. Further, all MBS services received by clients who moved residences during the reference period are allocated to the postcode of their address at the date the last service was received.

This measure does not include claims that are reimbursed through the Department of Veterans' Affairs (DVA). For 2009-10, it is estimated that DVA services comprised less than 3 per cent of Australian Government (MBS and DVA-reimbursed) GP-type services. The DVA, AIHW and DOHA have been working collaboratively to achieve alignment of DVA and MBS data and it is anticipated that DVA data will be included in this PI for the next reporting cycle.

Timeliness

The indicator relates to all claims processed in the 2009-10 financial year.

Accuracy

As with any administrative system a small degree of error may be present in the data captured.

Medicare claims data used for statistical purposes is based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia. The data provided are based on the date on which a Medicare claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produces little difference in the total number of persons included in the numerator for the reference period.

Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians. For an explanation of the methodology, see

	Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07.
Coherence	The data items used to construct the measures are consistently collected, comparable, and support assessment of annual change. They are consistent with service numbers published by Medicare. Caution should be taken when interpreting Indigenous rates over time.
Accessibility	Medicare claims statistics are available at: https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml Disaggregation by SEIFA and remoteness area are not publicly available elsewhere.
Interpretability	Information about services subsidised through Medicare is available from the Medicare Benefits Schedule online: http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1

Data Quality Statement — Indicator 25: Specialist services

Key data quality points

- This is a proxy measure for the indicator as it only includes specialist services reimbursed through the Medicare system (for out-of-hospital private patients) and not specialist services provided in public hospital outpatient and other settings (which are not reimbursed through the Medicare system).
- This measure does not reflect total Medicare-reimbursed specialist activity as it excludes specialist services provided to hospital inpatients (and reimbursed through the Medicare system).
- Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- The data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to service providers and has accurate data on the number of services provided.

Target/Outcome	Primary and community health
Indicator	Differential rates for specialist service use (out-of-hospital private patient) per 1000 population
Measure (computation)	The *numerator* is the number of specialist services claimed through Medicare, all MBS Items excluding broad type of service groups A, B, M, O, J, P and Q (ie GP Non-Referred Attendances, Enhanced Primary Care, Practice Nurse, Optometry, Other Allied Health and Dental services). The *denominator* is the estimated resident population. *Calculation* is 1000 × (Numerator ÷ Denominator), presented as a rate per 1000 and age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so Indigenous disaggregations were standardised to 64 years with ages over 64 years combined.
Data source/s	*Numerator*: Australian Government Department of Health and Ageing Medicare Statistics data *Denominators*: For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2009. For data by socioeconomic status: calculated using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) as at 30 June 2009. 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 2009, by remoteness areas, as specified in the Australian Standard Geographical Classification.
Institutional environment	The MBS claims data are an administrative by-product of Medicare Australia's administration of the Medicare fee-for-service payment systems.

Medicare Australia collects the MBS data under the Medicare Australia Act 1973. The data are then regularly provided to the Department of Health and Ageing.

The tables for this indicator were prepared by the Department of Health and Ageing and quality-assessed by the AIHW. The Department of Health and Ageing drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with the Department. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

The measure relates to specific identified Medicare services. This is a proxy measure for the indicator as it only includes specialist services reimbursed through the Medicare system (for out-of-hospital private patients) and not specialist services provided in public hospital outpatient and other settings (which are not reimbursed through the Medicare system).

This measure does not reflect total Medicare-reimbursed specialist activity as it excludes specialist services provided to hospital inpatients (and reimbursed through the Medicare system).

The analyses by State/Territory, remoteness and SEIFA are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service received in the reference period. As clients may receive services in locations other than where they live, data does not necessarily reflect the location in which services were received. Further, all MBS services received by clients who moved residences during the reference period are allocated to the postcode of their address at the date the last service was received.

This measure does not include claims that are reimbursed through the Department of Veterans’ Affairs (DVA). For 2009-10, it is estimated that DVA services comprised less than 8 per cent of Australian Government (MBS and DVA-reimbursed) specialist services. The DVA, AIHW and DOHA have been working collaboratively to achieve alignment of DVA and MBS data and it is anticipated that DVA data will be included in this PI for the next reporting cycle.

Timeliness

The indicator relates to all claims processed in the 2009-10 financial year.

Accuracy

As with any administrative system a small degree of error may be present in the data captured.

Medicare claims data used for statistical purposes are based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

Financial-year data are based on the date on which a Medicare claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produces little difference in the total number of persons included in the numerator for the reference period.

Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and

	Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians. For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07.*
Coherence	The data items used to construct the measures are consistently collected, comparable, and support assessment of annual change. They are consistent with service numbers published by Medicare. Caution should be taken when interpreting Indigenous rates over time.
Accessibility	Medicare claims statistics are available at: https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml Disaggregation by SEIFA and remoteness areas are not publicly available elsewhere.
Interpretability	Information about services subsidised through Medicare is available from the Medicare Benefits Schedule online: http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1

Data Quality Statement — Indicator 27: Optometry services

Key data quality points

- The data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to service providers and has accurate data on the number of services provided.
- Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- Optometry claims that are reimbursed through the Department of Veterans' Affairs are not included in this measure.

Target/Outcome	Primary and community health
Indicator	Optometry service use per 1000 population
Measure (computation)	The *numerator* is the number of optometry services claimed through Medicare, defined by items in broad type of service group J. The *denominator* is the estimated resident population. *Calculation* is 1000 × (Numerator ÷ Denominator), presented as a rate per 1000 and age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so Indigenous disaggregations were standardised to 64 years with ages over 64 years combined.
Data source/s	*Numerator*: Australian Government Department of Health and Ageing Medicare Statistics data *Denominators*: <u>For total population</u>: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2009. <u>For data by socioeconomic status</u>: calculated using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) as at 30 June 2009. 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. <u>For data by remoteness</u>: ABS ERP as at 30 June 2009, by remoteness areas, as specified in the Australian Standard Geographical Classification.
Institutional environment	The MBS claims data are an administrative by-product of Medicare Australia's administration of the Medicare fee-for-service payment systems. Medicare Australia collects the MBS data under the Medicare Australia Act 1973. The data are then regularly provided to the Department of Health and Ageing. The tables for this indicator were prepared by the Department of Health and Ageing and quality-assessed by the AIHW. The Department of Health and Ageing drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with the Department. The AIHW did not have the relevant

datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

The measure relates to specific identified Medicare services.

The analyses by State/Territory, remoteness and SEIFA are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service received in the reference period. As clients may receive services in locations other than where they live, this data does not necessarily reflect the location in which services were received. Further, all MBS services received by clients who moved residences during the reference period are allocated to the postcode of their address at date of last service received.

This measure does not include claims that are reimbursed through the Department of Veterans' Affairs (DVA). For 2009–10, it is estimated that DVA services comprised less than 2 per cent of Australian Government (MBS and DVA-reimbursed) optometry services. The DVA, AIHW and DOHA have been working collaboratively to achieve alignment of DVA and MBS data and it is anticipated that DVA data will be included in this PI for the next reporting cycle.

Timeliness

The indicator relates to all claims processed in the 2009-10 financial year.

Accuracy

As with any administrative system a small degree of error may be present in the data captured.

Medicare claims data used for statistical purposes is based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

Financial-year data are based on the date on which a Medicare claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produce little difference in the total number of persons included in the numerator for the reference period.

Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians. For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*.

Coherence

The data items used to construct the measures are consistently collected, comparable, and support assessment of annual change. They are

	consistent with service numbers published by Medicare. Caution should be taken when interpreting Indigenous rates over time.
Accessibility	Medicare claims statistics are available at: https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml Disaggregation by SEIFA and remoteness area are not publicly available elsewhere.
Interpretability	Information about services subsidised through Medicare is available from the Medicare Benefits Schedule online: http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1

Data Quality Statement — Indicator 28: Public sector community mental health services

Key data quality points

- The National Community Mental Health Care Database is a near-comprehensive collection of data on service contacts provided by specialised mental health services for patients/clients of all public sector community mental health services in Australia.
- There is some variation in the types of service contacts included across jurisdictions.
- The Indigenous status data should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. The Other Australians category includes contacts where Indigenous status was missing or not reported (around 10 per cent of all contacts).
- Data are reported by the State or Territory that delivered the service and will include people receiving services in one jurisdiction who reside in another. These cross-border flows are particularly relevant in interpreting ACT data.

Target/Outcome

Primary and community health

Indicator

Public community mental health service utilisation

Measure (computation)

The *numerator* is the number of community mental health service contacts provided by public sector community mental health services.

The *denominator* is the Estimated Resident Population (ERP) as at 30 June 2008.

Calculation is 1000 × (Numerator ÷ Denominator), presented as a number per 1000 population and age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years with ages over 84 years combined. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so Indigenous disaggregations were standardised to 64 years with ages over 64 years combined.

Data source/s

Numerator:

National Community Mental Health Care Database (NCMHCD) as specified by the Community Mental Health Care National Minimum Data Set (CMHC NMDS).

Denominator:

Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2008.

For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2008.

For data by socioeconomic status: calculated by AIHW using the ABS' SEIFA IRSD and ERP by Statistical Local Area (SLA) and, where applicable, ABS Postal Area to SLA concordance. Each SLA in Australia is ranked and divided into quintiles/deciles in a population-based manner, such that each quintile/decile has approximately 20 per cent/10 per cent of the population.

For data by remoteness: ABS' Australian Standard Geographical Classification and, where applicable, ABS Postal Area to Remoteness Area concordance.

Institutional environment

The AIHW has calculated this indicator. The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the AIHW by State and Territory health authorities. The State and Territory health authorities receive these data from public sector community mental health services. States and territories use these data for service planning, monitoring and internal and public reporting.

Community mental health services may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

Relevance

The CMHC NMDS specification defines a mental health service contact as the provision of a clinically significant service by a specialised mental health service provider. The scope of the CMHC NMDS is service contacts provided by specialised mental health services in the community for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24-hour staffed specialised residential mental health services, ie non-admitted, non-residential care.

There is some variation in the types of service contacts included across jurisdictions. For example, some jurisdictions include written correspondence as service contacts while others do not.

The Northern Territory estimates that there could be a deficit of between 25–35 per cent of service contact records. Coverage for most other jurisdictions is estimated to be between 95–100 per cent.

For most jurisdictions it is estimated that between 95–100 per cent of in-scope community mental health services provide data to the NMDS collection. Although the majority of services provide service contact records, the data are not always complete. For example, from a review undertaken in 2006, Queensland estimates that there was about a 40–50 per cent deficit in service contact reporting.

The numerator includes people who receive a service in one jurisdiction but normally reside in another. There will be some mismatch between numerator and denominator in areas with cross-border flows.

Timeliness

The reference period for the CMHC NMDS data is 2008-09.

Accuracy

Inaccurate responses may occur in all data provided to the AIHW, and the AIHW does not have direct access to jurisdictional records to determine the accuracy of data provided. However, routine data quality checks are conducted by the states and territories prior to submission to the AIHW. The AIHW then undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. 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.

The Indigenous status data should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. The Other Australians category includes contacts where Indigenous status was missing or not reported (around 10 per cent of all contacts).

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider), where rates are likely to be highly volatile (for example, the denominator is very small), or data is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Coherence

There has been no change to the methodology used to collect the data in 2008-09 in most jurisdictions. Therefore, the data is comparable to 2007-08.

Queensland, however, introduced a new state-wide clinical information system in November 2008. Data for the 2008-09 reference period has been sourced from both the legacy applications and the new information system. Whilst the new system provided an improved mechanism for the capture of clinical, legislative and activity data for mental health, there were a number of implementation issues which impacted on the entry of data. In addition, the underpinning data model is a modification from the model implemented in the legacy applications and will effectively set a new baseline for reporting from 2009-10. These factors, combined, have contributed to the observed decrease in the total number of service contacts being reported in Queensland.

The data used in this indicator are routinely published in Mental health services in Australia. However, there may be some differences in the calculated rates in that publication due to the use of different ERPs other than June 2008 ERPs used for this indicator.

Accessibility

The AIHW produces the following products that report CMHC NMDS data:

- The annual series Mental health services in Australia (available in hard copy or electronically on the AIHW website.)
- Internet only Excel tables and data cubes.

Interpretability

Supporting information on the quality and use of the NCMHCD are published annually in Mental health services in Australia (Chapter 4 and technical appendix), which is available in hard copy or electronically on the AIHW website. Supporting information includes discussion of the quality of Indigenous data, the quality of principal diagnosis data, and estimates of the number of patients. Metadata information for the CMHC NMDS is published in the AIHW’s online metadata repository — METeOR, and the National health data dictionary.

Data Quality Statement — Indicator 29: Private sector mental health services

Key data quality points

- The numerator data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to patients and has accurate data on the number of services provided.
- Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
- Claims that are reimbursed through the Department of Veterans' Affairs are not included in this measure.

Target/Outcome	Primary and community health
Indicator	Ambulatory mental health services provided by private psychiatrists, GPs and allied health providers (psychologists, occupational therapists, social workers, mental health nurses and Aboriginal health workers)
Measure (computation)	The *numerator* is the number of mental health services claimed through the Medicare Benefits Schedule (MBS) provided by private psychiatrists, clinical psychologists, GPs and other allied health workers. The *denominator* is the Estimated Resident Population (ERP). *Calculation* is 1000 × (Numerator ÷ Denominator), presented as a rate per 1000 and age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years. 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 years combined.
Data source/s	*Numerator*: Australian Government Department of Health and Ageing (DoHA) Medicare Statistics data. *Denominators*: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2009. For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2009. For data by socioeconomic status: calculated by AIHW using the ABS' SEIFA IRSD and ERP by Statistical Local Area (SLA) and, where applicable, ABS Postal Area to SLA concordance. Each SLA in Australia is ranked and divided into quintiles/deciles in a population-based manner, such that each quintile/decile has approximately 20 per cent/10 per cent of the population. For data by remoteness: ABS' Australian Standard Geographical Classification and, where applicable, ABS Postal Area to Remoteness Area concordance.
Institutional environment	The MBS claims data are an administrative by-product of Medicare Australia's administration of the Medicare fee-for-service payment systems.

Medicare Australia collects the MBS data under the Medicare Australia Act 1973. These data are then regularly provided to DoHA. The MBS claims data are an administrative by-product of Medicare Australia administering the Medicare fee-for-service payment systems.

The AIHW prepared and calculated the indicator based on data supplied by other data providers. The AIHW drafted the initial data quality statement. The statement was finalised by AIHW following input from DoHA. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

Relevance

The measure relates to mental health-specific Medicare services for which claims data are available.

Analyses by State/Territory, remoteness and SEIFA are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service received in the reference period. As clients may receive services in locations other than where they live, these data do not necessarily reflect the location in which services were received. Further, all MBS services received by clients who moved residences during the reference period are allocated to the postcode of their address at the date the last service was received.

This measure does not include claims that are reimbursed through the Department of Veterans' Affairs (DVA). For 2009-10, it is estimated that DVA services comprised less than 2 per cent of Australian Government (MBS and DVA-reimbursed) private mental health services. The DVA, AIHW and DOHA have been working collaboratively to achieve alignment of DVA and MBS data and it is anticipated that DVA data will be included in this PI for the next reporting cycle.

Timeliness

The indicator relates to all claims processed in the 2009-10 financial year.

Accuracy

As with any administrative system a small degree of error may be present in the data captured.

Medicare claims data used for statistical purposes are based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

Financial-year data are based on the date on which a Medicare claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produces little difference in the total number of persons included in the numerator for the reference period.

The MBS items used to construct this indicator include services that may be rendered in a hospital setting.

Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (50 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. The methodology for this adjustment was developed and verified by the AIHW and the Department of Health and Ageing for assessment of MBS and PBS service use and expenditure for Indigenous Australians. For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*.

Coherence

The data used in this indicator are routinely published in Mental health services in Australia. However, in that publication, rates may be calculated using different ERPs rather than June 2009 ERPs that are used for this indicator. Consequently, there may be some differences in the calculated rates.

All psychologist items have been reported under the general heading of Psychologist services in Mental health services in Australia whereas this indicator reports Clinical psychologists separately and all other psychologist items are reported as Other allied health.

MBS items 81325 and 81355 were added from 1 November 2008. These items relate to mental health or psychological services provided to a person who identified as being of Aboriginal or Torres Strait Islander descent.

As of 1 January 2010, a new item (2702) has been introduced for patients of GPs who have not undertaken mental health skills training. Changes have been made to the existing item 2710 to allow patients of GPs who have undertaken mental health skills training to access a higher rebate. Both of these items relate to the preparation of a GP mental health treatment plan.

Caution should be taken when interpreting Indigenous rates over time. All other data can be meaningfully compared across reference periods.

Accessibility

Medicare claims statistics are available at:

http://www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml

Disaggregation by SEIFA is not publicly available elsewhere.

The AIHW produces the annual series Mental health services in Australia (available in hard copy or electronically on the AIHW website.)

Interpretability

Information is available for MBS Claims data from:

http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1

Data Quality Statement — Indicator 30: Proportion of people with diabetes who have a GP annual cycle of care

Key data quality points

- This indicator appears reliable at a national level. However comparisons between jurisdictions and population groups may be problematic due to different population structures (including relative prevalence of Type 1 and Type 2 diabetes) which have not been accounted for in the calculation of this indicator.
- Compared with other jurisdictions, results for the Australian Capital Territory and Northern Territory appear to be less reliable, perhaps due to their smaller population and lower coverage of services in the NT.
- The NDSS gives the best available approximation of people with diagnosed diabetes in Australia in 2009-10 but it does not cover all people with diabetes and its uptake is lower in remote areas.

Target/Outcome

Primary and community health

Indicator

Proportion of people with diabetes mellitus who have received a Medicare Benefits Schedule (MBS) annual cycle of care.

Measure (computation)

Numerator — Number of people with a completed MBS diabetes annual cycle of care.

Denominator — Number of people diagnosed with Type 1 and Type 2 diabetes in the community.

The calculation is 100 × (Numerator ÷ Denominator)

Data source/s

Medicare Benefits Schedule (MBS)

Australian Government Department of Health and Ageing Medicare Statistics data.

National Diabetes Services Scheme (NDSS)

An administrative database that provides counts of people known to have diabetes (through certification of diagnosis by a doctor or diabetes educator) who access NDSS services.

For data by socioeconomic status: calculated using the ABS' SEIFA IRSD and ERP by Statistical Local Area (SLA) as at 30 June 2009. 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 2009, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

MBS

The MBS claims data are an administrative by-product of Medicare Australia's administration of the Medicare fee-for-service payment systems.

Medicare Australia collects the MBS data under the Medicare Australia Act 1973. These data are then regularly provided to the Department of Health and Ageing.

NDSS

The NDSS is a subsidy scheme administered by Diabetes Australia Ltd, since its establishment in 1987, on behalf of the Australian Government Department of Health and Ageing.

At the point of registration with the Scheme, people provide demographic data, details of the type of diabetes they have and how it is treated. This information is held on a central database by Diabetes Australia Ltd and is uploaded monthly.

Diabetes Australia Ltd is a national federated body supporting people with diabetes and professional and research bodies concerned with the treatment and prevention of diabetes; see http://www.diabetesaustralia.com.au/en/About-Diabetes-Australia/.

The tables for this indicator were prepared by the Department of Health and Ageing and quality-assessed by the AIHW. The Department of Health and Ageing drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with the Department. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

MBS

The measure relates to specific identified Medicare services.

This measure does not include claims that are reimbursed through the Department of Veterans' Affairs (DVA). For 2009-10, it is estimated that DVA clients comprised less than 4 per cent of clients who received a GP annual cycle of care. The DVA, AIHW and DOHA have been working collaboratively to achieve alignment of DVA and MBS data and it is anticipated that DVA data will be included in this PI for the next reporting cycle.

The analyses by State/Territory, remoteness and socioeconomic status are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service received in the reference period. As clients may receive services in locations other than where they live, these data do not necessarily reflect the location in which services were received. Further, all MBS services received by clients who moved residences during the reference period are allocated to the postcode of their address at the date the last service was received.

There were a small number of records with a postcode that was invalid or did not map to a remoteness area (less than 0.005 per cent) and/or SEIFA category (less than 1 per cent). These records were excluded from the analysis.

NDSS

The number of registrants on the NDSS can be counted to estimate diabetes prevalence. However, registration is voluntary and therefore it is likely that a proportion of people with diagnosed diabetes are not registered with the Scheme. Diabetes Australia estimates that the NDSS covers 80 per cent to 90 per cent of people with diagnosed diabetes.

NDSS data allow for disaggregations by area (based on postcode). As with the MBS data, there were a small number of records with a postcode that was invalid or did not concord to a remoteness area (less than 0.1 per cent) and/or SEIFA category (less than 1 per cent).

The indicator aggregates people with Type 1 and Type 2 diabetes (as using data linkage to disaggregate the data would raise Privacy Act concerns). However, while people with Type 1 diabetes are significantly more likely to require a care plan, Type 2 diabetes comprises around 85 per cent of all records. Consequently, aggregating data does not give an accurate proportion of persons with each type of diabetes who have an MBS annual cycle of care.

The denominator includes only Type 1 and Type 2 diabetes. Therefore, 4434 people diagnosed with 'other diabetes' were excluded in the 2009-10 data and 5235 people excluded in the 2008-09 data for this reason.

Timeliness

MBS

The MBS data used in this indicator relate to all claims processed in the 2009-10 financial year.

NDSS

NDSS data are updated continuously. Data are available on a monthly basis from Diabetes Australia Ltd. The NDSS data used for this indicator relate to all registrants as at 30 June 2010.

Accuracy

MBS

As with any administrative system a small degree of error may be present in the data captured.

Medicare claims data used for statistical purposes are based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

Financial-year data are based on the date on which a Medicare claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produce little difference in the total number of persons included in the numerator term for the reference period.

NDSS

The AIHW estimates the number of duplicate records in the NDSS to be small (only 0.3 per cent of records from a subset of NDSS data as at June 2008). A small number of people who no longer have diabetes or who have died are likely to still be in the database.

The NDSS requires certification of a diagnosis of diabetes before an individual can register. This eliminates any self-report bias, but excludes those people with undiagnosed diabetes.

The NDSS may underestimate the prevalence of diabetes in remote areas due to a shortage of doctors/diabetes educators needed to approve registration application.

Postcodes (used for disaggregation by SEIFA and remoteness area) relate to the registrant’s place of residence as recorded at the point of registration. This is likely to be accurate, as registrants have an incentive to update this information if and when they move so as to ensure products supplied to them under the NDSS are delivered to their correct place of residence.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider), where rates are likely to be highly volatile (for example, the denominator is very small).

Coherence

The reference period is not consistent across the data sources: the MBS data relate to all claims processed over the 2009-10 financial year; while the NDSS data include all registrants on the database at a point in time (30 June 2010).

	Interpretation of rates over time should not be undertaken as the prevalence estimate (denominator) increases each year with the increased coverage of the NDSS.
Accessibility	MBS Medicare claims statistics are available at: https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml Disaggregation by SEIFA and Remoteness Area are not publicly available elsewhere. NDSS NDSS data are not publicly accessible.
Interpretability	Information is available for MBS Claims data from: http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1 Further information on the NDSS is available at http://www.ndss.com.au.

Data Quality Statement — Indicator 32: Proportion of people with a mental illness with GP treatment plans

Key data quality points

- The numerator data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to patients and has accurate data on the number of services provided.
- There are issues with the consistency of the numerator and denominator for this indicator, as they are drawn from differently defined populations and different data sources.
- As of 1 July 2009, a diagnosis of mental illness was required to access GP Mental Health Treatment Plans. Therefore 2008-09 and 2009-10 data are not directly comparable.

Target/Outcome	Primary and community health
Indicator	Proportion of people with mental illness with GP Mental Health Treatment Plans
Measure (computation)	The *numerator* is the number of people with a GP Mental Health Treatment Plan (MBS items 2702 and 2710) aged between 16–84. The *denominator* is the estimated proportion (age and sex-specific) of the population with mental illness applied to the Estimated Resident Population (ERP). *Calculation* is 100 × (Numerator ÷ Denominator), presented as a percentage and age-standardised to the Australian population aged 16–84 as at 30 June 2001, using the following age groups: 16–19 then 5-year age groups to 84 years.
Data source/s	*Numerator*: Australian Government Department of Health and Ageing (DoHA) Medicare Statistics data. *Denominator*: Calculated by the Australian Bureau of Statistics (ABS) by multiplying the age and sex-specific 12-month prevalence rate of selected mental disorders (from the National Survey of Mental Health and Wellbeing 2007) by the age and sex-specific ABS Estimated Resident Population (ERP) as at 30 June 2009 in each State/Territory, remoteness area and SEIFA quintile. SEIFA is calculated using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) as at 30 June 2009. Each SLA in Australia is ranked and divided into quintiles such that each quintile has an equal number of SLAs. However, quintiles do not necessarily have the same population size.
Institutional environment	The MBS claims data are an administrative by-product of Medicare Australia's administration of the Medicare fee-for-service payment systems. Medicare Australia collects the MBS data under the Medicare Australia Act 1973. These data are then regularly provided to DoHA. The ABS is Australia's official national statistical agency. The ABS operates within a framework that includes the Australian Bureau of Statistics Act 1975 and the Census and Statistics Act 1905. For more

information see the ABS Institutional Environment.

The numerator for this indicator was prepared by DoHA, the denominator was prepared by the ABS — both were quality-assessed by the Australian Institute of Health and Welfare (AIHW). The AIHW calculated the indicator based on the numerator and denominator supplied by DOHA and ABS, respectively. DoHA drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW and ABS, in consultation with the Department. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

There are issues with the consistency of the numerator and denominator for this indicator, as they are drawn from differently defined populations and different data sources.

MBS data

MBS data relates to mental health-specific Medicare services for which claims data are available.

Analyses by State/Territory, remoteness and SEIFA are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service received in the reference period. As clients may receive services in locations other than where they live, this data does not necessarily reflect the location in which services were received. Further, all MBS services received by clients who moved residences during the reference period are allocated to the postcode of their address at the date the last service was received.

This measure does not include claims that are reimbursed through the Department of Veterans' Affairs (DVA). For 2009-10, it is estimated that DVA clients comprised less than 1 per cent of clients with a GP mental health treatment plan. The DVA, AIHW and DOHA have been working collaboratively to achieve alignment of DVA and MBS data and it is anticipated that DVA data will be included in this PI for the next reporting cycle.

National Survey of Mental Health and Wellbeing 2007

The National Survey of Mental Health and Wellbeing (SMHWB) was conducted with a representative sample of people aged 16–85 years who lived in private dwellings across Australia.

The survey provides information on diagnostic prevalence of mental disorders in the Australian population as assessed for the last 12 months using the World Health Organization's (WHO) Composite International Diagnostic Interview.

This survey only captures common/high prevalence mental disorders by three major disorder groups — Anxiety disorders (eg Social Phobia), Affective disorders (eg Depression) and Substance Use disorders (eg Alcohol Harmful Use). It does not capture low-prevalence disorders, such as psychosis.

Timeliness

MBS data

The indicator relates to all claims processed in the 2009-10 financial year.

National Survey of Mental Health and Wellbeing 2007

The SMHW was conducted from August to December 2007, and adjusted to generate 2009 prevalence estimates.

Accuracy

MBS data

As with any administrative system a small degree of error may be present in the data captured.

Medicare claims data used for statistical purposes are based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

Financial-year data are based on the date on which a Medicare claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produces little difference in the total number of persons included in the numerator for the reference period.

People who received more than one GP Mental Health Treatment Plan (MBS items 2702 and 2710) are counted once only in the calculations for this indicator.

National Survey of Mental Health and Wellbeing 2007

Data measuring the size of the population with mental illness for the denominator were not available for the specified time point. Synthetic estimates of the population with a mental illness were derived by applying national level age and sex-specific rates of persons with any 12 month mental disorder from the 2007 Survey of Mental Health and Wellbeing to the 30 June 2009 ERPs in various strata (SEIFA quintiles, remoteness, etc). This methodology assumes that age and sex-specific rates of persons with a mental disorder are consistent across geography and over time.

Estimated Resident Population

ERPs were not available for the 16–85 age range specified for this indicator. Therefore, the ERPs for the 16–84 age range were used and the numerator adjusted accordingly.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider), where rates are likely to be highly volatile (for example, the denominator is very small), or data quality is known to be of insufficient quality.

Coherence

MBS data

As of 1 July 2009 a diagnosis of mental illness was required to access these plans, and the item name changed to GP Mental Health Treatment Plan. During 2008-09, a diagnosis of mental illness was not required to access a GP Mental Health Care Plan. Therefore 2008-09 and 2009-10 data are not directly comparable.

As of 1 January 2010, a new item (2702) has been introduced for patients of GPs who have not undertaken mental health skills training. Changes have been made to the existing item 2710 to allow patients of GPs who have undertaken mental health skills training to access a higher rebate. As both of these items relate to the preparation of a GP mental health treatment plan they are both included in 2009-10 data.

National Survey of Mental Health and Wellbeing 2007

The data are not comparable with data previously published using the National Survey of Mental Health and Wellbeing 2007, as the data have been adjusted to reflect the population in 2009.

Accessibility

Medicare claims statistics are available at:

http://www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml

Disaggregations by SEIFA and remoteness area are not publicly available elsewhere.

National Survey of Mental Health and Wellbeing 2007 information is available at:

http://www.abs.gov.au/ausstats/abs@.nsf/PrimaryMainFeatures/4327.0?OpenDocument

http://www.abs.gov.au/ausstats/abs@.nsf/PrimaryMainFeatures/4326.0?OpenDocument

Interpretability

Information is available for MBS data from:

http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1

Information is available for the National Survey of Mental Health and Wellbeing from National Survey of Mental Health and Wellbeing: Summary of Results (cat. no. 4326.0). It contains a Summary of Findings and tables with footnoted data to aid the interpretation of the survey results. The supporting documentation released with the survey data can assist in understanding the relationships between data variables within the dataset and in comparisons with data from other sources.

Data Quality Statement — Indicator 33: Women with at least one antenatal visit in the first trimester of pregnancy

Key data quality points

- The Perinatal NMDS did not include antenatal care data items in 2008 and national data are not currently available. Information about antenatal care in the first trimester was available for New South Wales, South Australia and the Northern Territory only. Antenatal care data items were collected using non-standardised definitions and with variable response rates. The validity of the data is unknown. Completeness of the data varies widely between jurisdictions and comparisons are not advised.
- The NPDC includes information on the Indigenous status of the mother only. Since 2005, all jurisdictions have collected information on Indigenous status of the mother in accordance with the Perinatal NMDS.
- No formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers in the NPDC. The current data have not been adjusted for potential under-identification of Indigenous status of the mother and thus jurisdictional comparisons of Indigenous data should not be made.

Target/Outcome	Primary and community health
Indicator	This indicator presents the number of pregnancies resulting in a birth, where an antenatal visit was reported in the first trimester (up to and including 13 completed weeks) as a proportion of pregnancies resulting in at least one live or stillborn baby.
Measure (computation)	*Numerator*: Number of women who attended at least 1 antenatal visit in the first trimester (up to and including 13 completed weeks) and gave birth to at least one live or stillborn baby in a calendar year. *Denominator*: Total number of women who gave birth to at least one live or stillborn baby in a calendar year Calculation: 100 × (Numerator ÷ Denominator)
Data source/s	This indicator is calculated using data from the AIHW National Perinatal Data Collection (NPDC). For data by socioeconomic status: calculated by AIHW using the ABS' SEIFA IRSD. Each Statistical Local Area in Australia is ranked and divided into quintiles of approximately equal population size. For data by remoteness: ABS' Australian Standard Geographical Classification
Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data collected as part of the National Perinatal Data Collection include a National Minimum Data Set and were supplied by State and Territory health authorities to the National Perinatal Statistics Unit (NPSU), 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. For further information see the AIHW Institutional Environment.

Relevance

The National Perinatal Data Collection comprises data items as specified in the Perinatal National Minimum Data Set (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, birthweight, Apgar score and neonatal length of stay.

Although the NPDC includes all relevant data elements of interest for this indicator, the Perinatal NMDS did not include antenatal care data items in 2008, therefore data are not available for all states and territories. Data reported for 2008 on number of women who gave birth who attended at least one antenatal visit in the first trimester are for New South Wales, South Australia and the Northern Territory only. Although data on gestation at first antenatal visit are also collected in the Australian Capital Territory, they were not considered of sufficient quality to publish. Totals reported for this indicator are not generalisable to Australia.

Information collected on antenatal care differ among the jurisdictions. Comparisons between states and territories should therefore be interpreted with caution.

While each jurisdiction has a unique perinatal form for collecting data on which the format of the Indigenous status question and recording categories varies slightly, all systems include the NMDS item on Indigenous status of mother.

No formal national assessment has been undertaken to determine completeness of the coverage of Indigenous mothers in the Perinatal NMDS. However, the proportion of Indigenous mothers for the period 1999–2008 has been consistent, at 3.5–3.8 per cent of women who gave birth. For maternal records (0.1 per cent) where Indigenous status was not stated, data were excluded.

SEIFA quintiles based on the Index of Relative Socio-economic Disadvantage (IRSD) for the total population have been applied for this indicator for reporting by SEIFA. Reporting by remoteness is in accordance with the Australian Standard Geographical Classification (ASGC).

Cells have been suppressed to protect confidentiality (where the numerator is less than 5 or would identify a single service provider), where rates are highly volatile (ie the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Timeliness

The reference period for the data is 2008. 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 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.

National data are not available for antenatal care. Data reported for 2008 on number of women who gave birth who attended at least 1 antenatal visit in the first trimester are available for New South Wales, South Australia and the Northern Territory only. Residents of these jurisdictions who gave birth in a different jurisdiction would not have data on antenatal care.

The proportion of records missing information on whether the first antenatal visit was in the first trimester differed depending on the women's jurisdiction of residence. Improvements in data validation in the Northern Territory, including validation of ultrasound examinations attended, has led to improved data quality and a decrease in the proportion of records missing antenatal care information, since 2007. The timing of the first visits for women missing data may be distributed differently to those whose data have been reported. Therefore, computation of the indicator includes data with completed information about gestation at first antenatal visit.

The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Only 0.1 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.

Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers which is likely to differ among jurisdictions. Approximately 0.1 per cent of mothers who gave birth in the reference period had missing Indigenous status information. No adjustments have been made for under-identification or missing Indigenous status information and thus jurisdictional comparisons of Indigenous data should not be made.

The indicator is presented by SEIFA IRSD. The NPDC receives a code for SLA from all states and territories.

Reporting by remoteness is in accordance with the Australian Standard Geographical Classification (ASGC). Remoteness is assigned from SLA or postal area codes.

Coherence

An interim measure is presented for this indicator, pending development and implementation of standard data definitions in the Perinatal NMDS. Data presented in future years may not be consistent or comparable with data presented here. Changing levels of Indigenous identification over time and across jurisdictions may affect the accuracy of compiling a consistent time series in future years.

Data for this indicator are published biennially in the Aboriginal and Torres Strait Islander Health Performance Framework report and the Overcoming Indigenous Disadvantage report (although minor differences may arise due to small variations in the definition of 'first trimester').

Accessibility

The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are:

- 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 NPDC 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. Once nationally consistent data items on antenatal care are added to the Perinatal NMDS, metadata information for this indicator will be revised in METeOR, and published in the National Health Data Dictionary as a national standard. In December 2009, a data item on 'pregnancy duration at the first antenatal care visit' was added to the Perinatal NMDS and included in METeOR.

Data Quality Statement — Indicator 34: Waiting times for elective surgery

Key data quality points

- The National Elective Surgery Waiting Times Data Collection (NESWTDC) contains records for patients removed from waiting lists for elective surgery which are managed by public acute hospitals. For 2008-09, coverage of the NESWTDC was about 91 per cent of elective surgery in Australian public hospitals. It is estimated that 2009-10 data has similar coverage, although final coverage cannot be calculated until the 2009-10 National Hospital Morbidity Database (NHMD) is finalised.
- The National Hospital Morbidity Database (NHMD) is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- Caution should be used when interpreting the 2009-10 data as they have not been subjected to the usual level of confirmation with patient data provided in the NHMD.
- For 2008-09, records from the NESWTDC and the NHMD were linked to produce this indicator. Approximately 97 per cent of NESWTDC records were linked to the NHMD.
- Analyses for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of hospital.
- Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the ACT.

Target/Outcome	Hospital and related care
Indicator	Median and 90th percentile waiting times for elective surgery in public hospitals, including by indicator procedure
Measure (computation)	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 also 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 have been shorter, and half the waiting times longer, than the median. The 90th percentile data represent the number of days within which 90 per cent of patients were admitted.
Data source/s	For 2008-09 and 2009-10, this indicator is calculated using data from the NESWTDC, based on the National Minimum Data Set for Elective Surgery Waiting Times (removals data). For 2008-09 data, the NESWTDC is linked to the NHMD, based on the National Minimum Data Set for Admitted Patient Care, to allow disaggregation by Indigenous status, remoteness of area of usual residence and SEIFA of usual residence. For data by socioeconomic status: calculated by AIHW using the ABS’ SEIFA IRSD and Estimated Resident Population (ERP) by Statistical Local Area (SLA) as at 30 June 2008. 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 2008, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the Institute 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. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

Relevance

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 the NMDS is patients removed from waiting lists for elective surgery which are managed by public acute hospitals. This will include 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 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 are not included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

Remoteness and socioeconomic status are based on the reported 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).

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, the data represent the waiting time for each remoteness area or SEIFA population group (regardless of where they reside) in the jurisdiction of hospitalisation. This may be relevant if significant numbers of one jurisdiction’s residents are treated in another jurisdiction

Timeliness

The reference period for this performance indicator is 2008-09 and 2009-10.

Accuracy

For 2008-09, coverage of the NESWTDC was about 91 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 (peer group B) and Medium hospitals groups (peer group C). Coverage also varied by jurisdiction, ranging from 100 per cent in NSW, Tas, the ACT and the NT, to 70 per cent in SA. Coverage of the NESWTDC in 2009-10 is estimated to be similar to 2008-09, although final coverage cannot be calculated until the 2009-10 NHMD is finalised.

For 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT.

For 2008-09, records from the NESWTDC and the NHMD were linked to assign remoteness areas, SEIFA categories and Indigenous status from the admitted patient record to the corresponding elective surgery waiting times record. Approximately 97 per cent of NESWTDC records were linked to the NHMD.

For 2009-10, Indigenous status data were sourced from the NESWTDC. Data on socioeconomic status and remoteness area are not available until the NHMD is finalised and the NESWTDC and NHMD can be linked.

Caution should be used when interpreting 2009–10 data as they as they have not been subjected to the usual level of confirmation with patient-level data in the NHMD.

For 2009-10, the data for the Albury Base Hospital (previously reported in New South Wales hospital statistics) was reported in Victorian hospital statistics. This change in reporting arrangements should be factored into any analysis of New South Wales' and Victoria's waiting times.

States and territories are primarily responsible for the quality of the data they provide. However, the Institute 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 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 Indigenous status data for 2008-09 are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

For 2009-10, the quality of Indigenous identification is not known. Indigenous status information was not reported for New South Wales.

Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the ACT.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider) or where rates are likely to be highly volatile (for example, where the denominator is very small).

Coherence

The information presented for this indicator is based on the same data as published in *Australian hospital statistics 2008-09*, *the National Healthcare Agreement: Baseline Performance Report 2008-09* and *Australian hospital statistics 2009-10*: emergency department care and elective surgery waiting times. However, 2009-10 data has not been linked to the NHMD to access demographic details used in disaggregation by Indigenous status, remoteness and socioeconomic status.

Analyses presented in *Australian Hospital Statistics* differ slightly depending on whether the NESWT or linked NESWT/NHMD was used.

The data can be meaningfully compared across reference periods, except for the Indigenous disaggregation.

Accessibility

The AIHW provides a variety of products that draw upon the NESWTDC and NHMD data. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables.
- Interactive data cube for Elective surgery waiting times.

Data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NESWTDC 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, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDSs for Elective Surgery Waiting Times and Admitted Patient Care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Quality Statement — Indicator 35: Waiting times for Emergency department care

Key data quality points

- The scope of the data used to produce this indicator is non-admitted patients registered for care in emergency departments in public hospitals classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or Peer Group B (Large hospitals). Most of the hospitals in peer groups A and B are in major cities. Therefore, disaggregation by remoteness, socioeconomic status and Indigenous status should be interpreted with caution.
- For 2008-09, 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 2009-10 data has similar coverage, although final coverage cannot be calculated until 2009-10 National Public Hospital Establishments Database (NPHED) data are available.
- Caution should be used in interpreting 2009-10 data from the NNAPEDCD as they have not been subjected to the usual level of confirmation with establishment-level data provided in the NPHED.
- As 2009-10 data may not include hospitals that will be assigned to peer groups A or B for the first time in 2009-10 (and may include hospitals that will be assigned to a lower peer group), the results published here may differ to 2009-10 equivalent data published at a later date.
- The quality of the data reported for Indigenous status in Emergency Departments 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 group A or B, or the peer group for a hospital, may vary over time.

Target/Outcome

Hospital and related care

Indicator

Percentage of patients who are treated within national benchmarks for waiting times for each triage category in public hospital emergency departments, in hospitals that were classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or peer group B (Large hospitals).

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 Type of visit of Emergency presentation (or Not reported for South Australia only) Exclusions: Records with 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 ABS' SEIFA IRSD and ERP by Statistical Local Area (SLA) as at 30 June 2008. 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 2008, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the Institute 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. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

Relevance

The purpose of the NNAPED 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 that were classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or B (Large hospitals). In 2008-09, hospitals in peer groups A and B provided approximately 69 per cent of all public hospital accident and emergency occasions of service. It is estimated that in 2009-10, hospitals in peer groups A & B provided a similar proportion of public hospital accident and emergency occasions of service.

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 Statistical Local Area of usual residence of the patient. However, data are reported by jurisdiction of presentation, regardless of the jurisdiction of usual residence. Hence, the data represent the waiting times for each remoteness area or SEIFA population group (regardless of where they reside) in the jurisdiction of presentation. This may be 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).

Timeliness

The reference period for this performance indicator is 2008-09 and 2009-10.

Accuracy

For 2008-09, the coverage of the NNAPEDCD was 100 per cent in all jurisdictions for pubic hospitals in peer groups A and B. It is estimated that 2009-10 data has similar coverage, although final coverage cannot be calculated until 2009-10 NPHED data are available.

In regards to 2009-10 data:

- Caution should be used in interpreting 2009-10 data from the NNAPEDCD as they have not been subjected to the usual level of confirmation with establishment-level data provided in the NPHED. The NPHED data includes information on the number of accident and emergency occasions of service for each public hospital, and comparison of the number of records in NNAPEDCD and NPHED is an important step in data validation.
- In addition, the hospitals classified as peer groups A and B were based on the 2008-09 peer groups. 2009-10 peer groups cannot be assigned until the National Hospital Morbidity Database is finalised and total level of admitted patient activity quantified. Therefore, these data may not include hospitals that will be assigned to peer groups A or B for the first time in 2009-10 (and may include hospitals that will be assigned to a lower peer group).
- For 2009-10, the data for the Albury Base Hospital (previously reported in New South Wales hospital statistics) was reported in Victorian hospital statistics. This change in reporting arrangements should be factored into any analysis of New South Wales' and Victoria's waiting times data.

States and territories are primarily responsible for the quality of the data they provide. However, the Institute 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 with 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 edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The quality of data reported for Indigenous status in emergency departments has not been formally assessed for completeness; therefore, caution should be exercised when interpreting these data.

As this indicator is limited to public hospitals which were 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) may be 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.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider) or where rates are likely to be highly volatile (ie the denominator is small).

Coherence

The information presented for this indicator are calculated using the same methodology as data published in *Australian hospital statistics 2008-09*, the *National Healthcare Agreement: Baseline performance* *report 2008-09* and *Australian hospital statistics 2009-10: emergency department care and elective surgery waiting times*.

As these data may not include hospitals that will be assigned to peer groups A or B for the first time in 2009-10 (and may include hospitals that will be assigned to a lower peer group), the results published here may differ to 2009-10 equivalent data published at a later date.

Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer group A or B, or the peer group for a hospital, may vary over time.

Accessibility

The AIHW provides a variety of products that draw upon the NNAPEDCD data. Published products available on the AIHW website include *Australian hospital statistics*, and associated Excel tables.

Data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NNAPEDCD are published annually in *Australian hospital statistics* (Chapter 5 and 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 that might affect interpretation of the published data. Metadata information for the NAPEDC NMDS are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Quality Statement — Indicator 39: Healthcare-associated *Staphylococcus aureus* (including MRSA) bacteraemia in acute care hospitals

Key data quality points

- The indicator uses a definition of a patient episode of *Staphylococcus aureus* bacteraemia (SAB) agreed by all states and territories in September 2009 and used by most states and territories for reporting for the 2009-10 year.
- 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 most 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 2009-10 are not comparable with the data for 2008-09, because of changes in the definition used for a patient episode of SAB, and changes in the public hospitals included.
- The patient day data may be preliminary for some hospitals/jurisdictions.

Target/Outcome	Hospital and related care
Indicator	Healthcare-associated *Staphylococcus aureus* (including MRSA) bacteraemia in acute care hospitals
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’. 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. <u>For all jurisdictions except New South Wales:</u> 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 (eg 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 10^9) contributed to by cytotoxic therapy

This definition of a patient episode of SAB was agreed by all states and territories in September 2009 and used by all states and territories except for New South Wales for reporting for the 2009-10 year.

For New South Wales:

Included are only those determined to be acquired during hospitalisation; that is an event detected more than 48 hours after hospital admission and/or within 48 hours of hospital discharge.

For all jurisdictions:

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.

Institutional environment

The AIHW calculated the indicator from data provided by states and territories.

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data supplied by the states and territories were collected from hospitals through the healthcare associated infection surveillance programs run by the states and territories. The arrangements for the collection of data by hospitals and the reporting to State and Territory health authorities vary among the jurisdictions.

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’. 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.

The SAB patient episodes reported were associated with both admitted patient care and (apart from New South Wales) 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.

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 2009-10.

Accuracy

For most states and territories there is less than 100 percent 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.

Data for Victoria excludes rehabilitation beds. Data for some Victorian hospitals excludes some quarters. Data for Queensland includes only patients aged over 14 years.

All principal referral hospitals (as defined using the 2008-09 peer grouping classification) were included in the SAB surveillance (however data were not available to determine whether this was the case in Western Australia).

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.

The patient day data may be preliminary for some hospitals/jurisdictions.

New South Wales data for Methicillin sensitive *Staphylococcus aureus* (MSSA) and Methicillin resistant *Staphylococcus aureus* (MRSA) refer to the period 1 January 2010 to 30 June 2010 as these data were collected and reported as a single number prior to these dates. Total data (MSSA plus MRSA) refer to the year 2009-10.

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. As 2010 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 those reported previously.

Some jurisdictions have previously published related data (see Accessibility below).

Accessibility

The following states and territories publish data relating to healthcare-associated SAB in various report formats on their websites:

NSW South Wales Your Health Service public website reports SAB by individual hospital:

http://www.health.nsw.gov.au/hospitals/search.asp

New South Wales: Healthcare associated infections reporting for 8 infection indicators by state.

http://www.health.nsw.gov.au/quality/hai/index.asp

Tasmania: Acute public hospitals healthcare associated infection surveillance report.

http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0007/56590/Surveillance_Report_No.5_ending_March_10.pdf

Western Australia: Healthcare Associated Infection Unit - Annual Report

http://www.public.health.wa.gov.au/3/455/3/reports__healthcare_associated_infection_unit.pm

South Australia: Health Care Associated Bloodstream infection report

http://www.health.sa.gov.au/INFECTIONCONTROL/Default.aspx?PageContentID=18&tabid=147

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 Quality Statement — Indicator 41: Falls resulting in patient harm in hospitals

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- Data on falls are recorded uniformly using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM).
- The recorded number of falls occurring in hospitals may be an under-estimate (as around 20 percent of the records of separations involving falls did not have a code assigned for the place of occurrence). Under-estimation and over-estimation may also have occurred due to other limitations of the data.
- The indicator provides a count of separations involving one or more falls. It does not provide a count of falls.
- The comparability of the data will be affected by the fact that it has not been adjusted for differences in casemix (eg patient age).

Target/Outcome	Hospital and related care
Indicator	Falls resulting in patient harm in hospitals
Measure (computation)	*Numerator*: Number of hospital separations with an external cause code for a fall and a place of occurrence of 'health service area'. *Denominator*: Total number of hospital separations. A fall is identified by ICD-10-AM external cause codes W00, W01, W03–W11, W13, W14, W16–W19. Excluded from the numerator are those separations where the ICD-10-AM code for the principal diagnosis is in the range of S00 to T14 (inclusive). Also excluded from the numerator are those separations where the principal diagnosis has the ICD-10-AM code Z50.9 (Care involving use of rehabilitation procedure, unspecified) and the second diagnosis is in the range of S00 to T14 (inclusive). 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). Computation: Numerator only; and 1000 × (Numerator ÷ Denominator)
Data source/s	This indicator is calculated using data from the National Hospital Morbidity Database (NHMD), based on the National Minimum Data Set for Admitted Patient Care.
Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website. The data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private 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.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

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 are not 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 analyses by remoteness and socioeconomic status are based on 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).

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence.

Timeliness

The reference period for this data set is 2008-09.

Accuracy

For 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and two private hospitals in Tasmania.

States and territories are primarily responsible for the quality of the data they provide. However, 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 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.

The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (NT public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

The specifications for the indicator defines a fall in hospital as being one for which the place of occurrence is coded as ‘health service area’. The ‘health service area’ as a place of occurrence is broader in scope than hospitals — it includes other health service settings such as day surgery centres and hospices. Hence the numbers presented could be an overestimate as they include falls in health care settings other than hospitals.

Around 20 percent of the records of separations involving falls did not have a code assigned for the place of occurrence. Consequently, the recorded number of falls occurring in hospitals may be an under-estimate.

For separations having multiple external causes, it is not possible to establish (from the NHMD) whether the nominated place of occurrence is associated with the fall or with some other external cause. As a consequence, the count of separations may also be over-estimated.

To minimise the chance of over-estimation, separations where a person was admitted to hospital with a principal diagnosis of an injury were excluded on the basis that if the injury was the principal diagnosis it was associated with an external cause relating to an event occurring prior to admission. However, these exclusions may result in an underestimation of the indicator as the indicator does not count separations where a person is injured and admitted to hospital and then subsequently experiences a fall in hospital.

Data on falls are recorded uniformly using the ICD-10-AM.

The indicator provides a count of separations involving one or more falls. It does not provide a count of falls.

The comparability of the data will be affected by the fact that it has not been adjusted for differences in casemix (eg patient age).

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider) or where rates are likely to be highly volatile (eg the denominator is very small).

Coherence

The indicator specifications and analysis methodology used for this report are equivalent to the *National Healthcare Agreement: Baseline performance report 2008-09*. 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 data reported in the baseline report.

The number of separations involving an ICD-10-AM external cause code for a fall has been reported in the AIHW publication *Australian hospital statistics 2008-09.* However, the methodology used in *Australian hospital statistics 2008-09* differs from the NHA indicator, in that there are no exclusion criteria applied for the principal diagnoses.

Accessibility

The AIHW provides a variety of products that draw upon the National Hospital Morbidity Database. 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).

Interpretability

Supporting information on the quality and use of the National Hospital Morbidity Database are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and variation 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 Quality Statement — Indicator 42: Intentional self-harm in hospitals

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- Data on self-harm are recorded uniformly using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM).
- The recorded number of separations involving intentional self-harm may be an under-estimate (as around 34 percent of separations involving intentional self-harm did not have a code assigned for the place of occurrence). Under-estimation and over-estimation may also have occurred due to other limitations of the data.
- The comparability of the data will be affected by the fact that it has not been adjusted for differences in casemix (eg patient age).

Target/Outcome	Hospital and related care
Indicator	Intentional self-harm in hospitals
Measure (computation)	*Numerator*: Number of separations where an admitted patient self-harmed. Intentional self-harm is identified by ICD-10-AM external cause codes X60–X84. Self-harm is defined in ICD-10-AM as ‘Intentional self-harm: includes purposefully-inflicted poisoning or injury, suicide and attempted suicide.’ 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 to rehabilitation). Excludes separations with an ICD-10-AM principal diagnosis code of an injury or poisoning. *Denominator*: Total number of separations. Computation: Numerator only; and 1000 × (Numerator ÷ Denominator).
Data source/s	This indicator is calculated using data from the National Hospital Morbidity Database (NHMD), based on the National Minimum Data Set for Admitted Patient Care.
Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website. The data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private 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.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

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 are not 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 analyses by remoteness and socioeconomic status are based on 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).

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence.

Timeliness

The reference period for this data set is 2008-09.

Accuracy

For 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and two private hospitals in Tasmania.

States and territories are primarily responsible for the quality of the data they provide. However, 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 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.

The specification for the indicator defines a separation involving self-harm as being one for which the place of occurrence is a ‘health service area’. The ‘health service area’ as a place of occurrence is broader in scope than hospitals – it includes other health care settings such as day surgery centres or hospices. Hence, the numbers presented could be an overestimate as they may include separations involving intentional self-harm occurring in health service areas other than ‘hospitals’.

Around 34 percent of all separations involving intentional self harm did not have a code assigned for the place of occurrence. Consequently, the recorded number of separations involving intentional self-harm in hospital may be an under-estimate.

If there is more than one external cause reported, there is uncertainty about whether the place of occurrence ‘health service area’ relates to the self-harm or to the other external cause. As a consequence there may be some over-counting in the calculation of the indicator.

In the calculation of the indicator, separations with a principal diagnosis of an injury or poisoning have been excluded on the assumption that the self-harm occurred prior to admission to hospital. However, it is possible that some of these separations would have additionally involved self-harm that occurred in hospital.

The issue of whether a patient self-harms while on leave from hospital has not been addressed in the specification of the indicator. Data on self-harm are recorded uniformly using the ICD-10-AM. The comparability of the data will be affected by the fact that it has not been adjusted for differences in casemix (eg patient age).

The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (NT public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a single service provider), where rates are likely to be highly volatile (for example, the denominator is very small).

Coherence

The indicator specifications and analysis methodology used for this report are equivalent to the National Agreement performance information: Baseline performance report for 2008-09.

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 data reported in the baseline report.

Accessibility

The AIHW provides a variety of products that draw upon the National Hospital Morbidity Database. 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).

Interpretability

Supporting information on the quality and use of the National Hospital Morbidity Database are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and variation in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Quality Statement — Indicator 43: Unplanned/unexpected readmissions within 28 days of selected surgical admissions

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive dataset 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 ICD-10-AM diagnosis code has been assigned. This does not include all possible unplanned/unexpected readmissions.
- Calculation of the indicator for Western Australia was not possible using data from the NHMD. Data for WA were supplied by WA Health and 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.

Target/Outcome	Hospital and related care
Indicator	Unplanned/unexpected readmissions within 28 days of selected surgical admissions
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.
Data source/s	For all jurisdictions except WA, this indicator is calculated by AIHW using data from the NHMD, 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.
Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia

through the Minister. For further information see the AIHW website.

The data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private 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.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

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 are not 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.

Remoteness and socioeconomic status are based on the reported 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).

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence.

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.

The calculation of the indicator is limited to public hospitals and to readmissions to the same hospital.

Timeliness

The reference period for this data set is 2008-09.

Accuracy

For 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and two private hospitals in Tasmania.

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 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.

The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (NT public hospitals only). National totals include these six jurisdictions only. Indigenous status data are reported for Tasmania and ACT with caveats until further audits of the quality of data in these jurisdictions are completed.

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, the readmissions needed to be reported in the 2008-09 financial year. This led to the specification of 19 May as the cut-off date for the initial separations. This cut-off date ensures that about 98 per cent of all eligible readmissions will be reported in 2008-09.

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 single service provider) or where rates are likely to be highly volatile (for example, the denominator is very small).

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2008-09* and the *National healthcare agreement: baseline performance report 2008-09*.

The data can be meaningfully compared across reference periods.

Accessibility

The AIHW provides a variety of products that draw upon the National Hospital Morbidity Database. 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 National Hospital Morbidity Database 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, the quality of Indigenous data, and variation in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Quality Statement — Indicator 45: Rates of services: Overnight separations

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- The number of overnight separations is considered to be more comparable than the total number of separations among jurisdictions and between the public and private sectors. This is because variation in admission practices and policies mainly lead to variation in the number of same-day admissions among providers.
- Numerators 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 may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the ACT.

Target/Outcome

Hospital and related care

Indicator

Number of overnight hospital separations per 1000 population

Measure (computation)

The *numerator* is the number of overnight (hospital) separations.

The *denominator* is the Estimated Resident Population.

An overnight separation is an episode of care for an admitted patient that involves at least one overnight stay — that is, the date of admission and date of separation are different. 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.

Data source/s

Numerator:

This indicator is calculated using data from the NHMD, based on the National Minimum Data Set for Admitted Patient Care.

Denominators:

For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2008.

For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections Series B as at 30 June 2008.

For data by socioeconomic status: calculated by AIHW using the ABS' SEIFA IRSD and ERP by Statistical Local Area (SLA) as at 30 June 2008. 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 2008, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private 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.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

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 are not 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.

Remoteness and socioeconomic status are based on the reported 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).

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness area or SEIFA population group (regardless of the jurisdiction in which the patient resides) divided by the number of people in that remoteness or SEIFA population group in the jurisdiction of hospitalisation. This may be relevant if significant numbers of one jurisdiction’s residents are treated in another jurisdiction (eg ACT).

Timeliness

The reference period for this data set is 2008-09.

Accuracy

For 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and two private hospitals in Tasmania.

States and territories are primarily responsible for the quality of the data they provide. However, the Institute 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 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 number of overnight separations is considered to be more comparable than the total number of separations among jurisdictions and between the public and private sectors. This is because variation in admission practices and policies, mainly lead to variation in the number of same-day admissions among providers.

The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (NT public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider) or where rates are likely to be highly volatile (for example, the denominator is very small.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2008-09* and the *National healthcare agreement: baseline performance report 2008-09*.

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 data reported in the baseline report.

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).

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, the quality of Indigenous data, and variation in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Quality Statement — Indicator 46: Rates of services: Outpatient occasions of service

Key data quality points

- Variations in counting and classification practices, and in admission practices and policies across jurisdictions may affect the comparability of these data.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the ACT.

Target/Outcome

Hospital and related care

Indicator

Number of hospital outpatient occasions of service per 1000 population.

Measure (computation)

The *numerator* is the number of outpatient occasions of service. The *denominator* is the total Australian population for the same year.

The *rate* is calculated as the number of individual occasions of service divided by the Estimated Resident Population as at 30 June 2008.

Data source/s

Numerator:

This indicator is calculated using data from the National Public Hospital Establishments Database (NPHED). The NPHED is based on the National Minimum Data Set (NMDS) for Public Hospital Establishments.

Denominator:

Australian Bureau of Statistics Estimated Resident Population as at 30 June 2008.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private 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.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

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 hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. 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 for example, and hospitals located in offshore territories) are not included. For 2008-09, essentially all public hospitals were included.

Timeliness

The reference period for this data set is 2008-09.

Accuracy

For 2008-09, coverage of the NPHED was essentially complete. The data are defined and/or documented in the NMDS for Public Hospital Establishments. However, differences in admission practices, counting and classification practices across jurisdictions may affect the comparability of these data.

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.

Outpatient services delivered in group sessions by in-scope hospitals are excluded.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2008-09* and the *National Healthcare Agreement: Baseline performance report 2008-09*.

The data can be meaningfully compared across reference periods.

Accessibility

The AIHW provides a variety of products that draw upon the NPHED data. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables.
- Interactive data cubes for public hospital establishments data

Interpretability

Supporting information on the quality and use of the NPHED is published annually in *Australian hospital statistics* (chapter 4 and 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 changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Public Hospital Establishments are published in the AIHW’s online metadata repository — METeOR, and the National health data dictionary.

Data Quality Statement — Indicator 47: Rates of services: Non-acute care separations

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- There is some variation among jurisdictions in the assignment of care type categories.
- The number of overnight separations is considered to be more comparable than the total number of separations among jurisdictions and between the public and private sectors. This is because variation in admission practices and policies can lead to variation in the number of same-day admissions among providers.
- Numerators 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 may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the ACT.

Target/Outcome	Hospital and related care
Indicator	Number of non-acute care overnight separations per 1000 population, by care type
Measure (computation)	The *numerator* is the number of non-acute care overnight (hospital) separations. The *denominator* is the Estimated Resident Population. An overnight separation is an episode of care for an admitted patient that involves at least one overnight stay—that is, the date of admission and date of separation are different. 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). A non-acute care separation is defined where the type of care is reported as rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care, or maintenance care. *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 years 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 years combined.
Data source/s	*Numerator*: This indicator is calculated using data from the NHMD, based on the National Minimum Data Set for Admitted Patient Care. *Denominators*: For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2008. For data by Indigenous status: ABS Indigenous Experimental Estimates

and Projections (Indigenous Population) Series B as at 30 June 2008.

For data by socioeconomic status: calculated by AIHW using the ABS Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) as at 30 June 2008. 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 2008, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private 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.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

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 are not 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.

Remoteness and socioeconomic status are based on the reported 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).

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness area or SEIFA population group (regardless of the jurisdiction in which the patient resides) divided by the number of people in that remoteness or SEIFA population group in the jurisdiction of hospitalisation. This may be relevant if significant numbers of one jurisdiction’s residents are treated in another jurisdiction (eg ACT).

Timeliness

The reference period for this data set is 2008-09.

Accuracy

For 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, except for private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and two private hospitals in Tasmania.

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 number of overnight separations is considered to be more comparable than the total number of separations among jurisdictions and between the public and private sectors. This is because variation in admission practices and policies lead to variation in the number of same-day admissions among providers.

There is some variation among jurisdictions in the assignment of care type categories.

The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (NT public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider) or where rates are likely to be highly volatile (for example, the denominator is very small).

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2008-09* and the *National Healthcare Agreement: Baseline performance report for 2008-09*.

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 data reported in the baseline report.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website include:

- *Australian hospital statistics* with associated Excel tables.
- Interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

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, 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 are published in the AIHW’s online metadata repository — METeOR, and the National health data dictionary.

Data Quality Statement — Indicator 48: Rates of services: hospital procedures

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.
- Numerators 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 may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the ACT.

Target/Outcome

Hospital and related care

Indicator

Rates at which selected hospital procedures are performed for different population groups and in public and private hospital sectors

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.

Data source/s

Numerator:

This indicator is calculated using data from the NHMD, based on the National Minimum Data Set for Admitted Patient Care.

Denominators:

For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2008.

For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2008.

For data by socioeconomic status: calculated by AIHW using the ABS Index of Relative Socioeconomic Disadvantage and ERP by Statistical

Local Area (SLA) as at 30 June 2008. 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 2008, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private 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.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

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 are not 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.

Remoteness and socioeconomic status are based on the reported 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).

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness area or SEIFA population group (regardless of the jurisdiction in which the patient resides) divided by the number of people in that remoteness or SEIFA population group in the jurisdiction of hospitalisation. This may be relevant if significant numbers of one jurisdiction’s residents are treated in another jurisdiction.

Timeliness

The reference period for this performance indicator is 2008-09.

Accuracy

For 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and two private hospitals in Tasmania.

States and territories are primarily responsible for the quality of the data they provide. However, the Institute 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 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.

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.

The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (NT public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider) or where rates are likely to be highly volatile (for example, the denominator is very small).

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2008-09* and the *National healthcare agreement: baseline performance report 2008-09*.

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 data reported in the baseline report.

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 read 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 are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Quality Statement — Indicator 49: Residential and community aged care places per 1000 population aged 70+ years

Key data quality points

- The data used to calculate this indicator is from an administrative data collection designed for payment of subsidies to service providers and has accurate data on the number and location of funded aged care places.
- The presented measure excludes information about services delivered to older people under the Home and Community Care (HACC) program.

Target/Outcome	Aged Care
Indicator	Operational residential and community aged care places per 1000 people aged 70 years or over (or Aboriginal and Torres Strait Islander people aged 50 years and over), excluding services funded through Home and Community Care (HACC)
Measure (computation)	*Numerator*: Number of operational residential and community aged care places at 30 June 2010 (excluding services funded through Home and Community Care). Residential aged care places is a count of operational residential care places delivered in Australian Government subsidised residential aged care facilities. It includes Multi-Purpose Services and places delivered under the National Aboriginal Torres Strait Islander Flexible Aged Care Program provided in a residential aged care facility. Community Aged Care places is a count of operational packages under the following programs: Community Aged Care Packages (CACP); Extended Aged Care at Home (EACH); EACH Dementia (EACHD); Transition Care Program; Multi-Purpose Services; and places delivered under the Aboriginal and Torres Strait Islander Aged Care Strategy in the community. *Denominator*: Estimated population aged 70 years and over for the total population plus the estimated Indigenous population aged 50–69 years as at 30 June of the current reporting period. Expressed as numerator only and rate (1000 × numerator ÷ denominator). Rate (per 1000 population) calculated separately for residential and community aged care places.
Data source/s	*Numerator*: Australian Government Department of Health and Ageing's Ageing and Aged Care data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the Department of Health and Ageing. *Denominator*: For total population: Population projections based on 2006 Census prepared for Department of Health and Ageing (DOHA) by Australian Bureau of Statistics (ABS) according to the assumptions agreed to by DOHA as at 30 June 2010. For data by Aged Care Planning Regions: ABS small area population data developed for the Department of Health and Ageing.
Institutional	Approved services submit data to Medicare Australia to claim subsidies

environment	from the Australian Government. This data is provided to the Department of Health and Ageing to administer services under the Aged Care Act 1997 and the Aged Care Principles, and to administer places delivered under the Aboriginal and Torres Strait Islander Aged Care Strategy. The data quality statement was developed by the Department of Health and Ageing and includes comments from the AIHW. The AIHW did not have all of the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.
Relevance	*Numerator*: The data includes all places offered by aged care services subsidised by the Australian Government under the programs identified above. This indicator does not include services funded through HACC. Further data development is required to develop an indicator of capacity (ie places) available under HACC. As an indication of the relative magnitude of the HACC program, in 2008-09 HACC provided assistance to around 862 000 clients (591 000 clients 70 years or older).
Timeliness	*Numerator*: Based on a stocktake of aged care places which were operational at 30 June 2010. Data for the current reporting period is available October each year.
Accuracy	The data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to service providers and have accurate data on the number and location of funded aged care places.
Coherence	The data items used in this indicator are consistent and comparable over time. This indicator is consistent with other publicly available information about aged care places.
Accessibility	Aggregated data items are published in the SCRGSP's *Report on Government Services*, the *Reports on the Operation of the Aged Care Act 1997* prepared by the Department of Health and Ageing, and in the AIHW's Aged care statistics series.
Interpretability	Further information on definitions is available in the Aged Care Act 1997 and Aged Care Principles, in the Residential Aged Care Manual 2009, draft Community Packaged Care Guidelines 2007, and Transition Care Program guidelines.

Data Quality Statement — Indicator 52: Falls resulting in patient harm in residential aged care

Key data quality points

- The National Hospital Morbidity Database is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- This indicator provides a count of patients who experience a fall in an aged care facility and required admission to hospital as a result of the fall. It does not provide an indication of the falls which occur in aged care facilities that do not require hospitalisation.
- The Australian Government Department of Health and Ageing's (DoHA) Aged Care Data Warehouse is an administrative data collection that has data on the number of days residents occupy aged care facilities that are subsidised by the Australian Government.
- Data on falls are recorded uniformly using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM).
- The specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as Aged Care Facility.
- Around 28 per cent of the records of separations involving falls did not have a code assigned for the place of occurrence. Consequently, the recorded number of falls occurring in aged care facilities may be an under-estimate.
- The indicator provides a count of hospital separations involving one or more falls. It does not provide a count of falls.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Target/Outcome	Aged care
Indicator	Falls resulting in patient harm in residential aged care
Measure (computation)	*Numerator*: Number of separations with a diagnosis of injury resulting from a fall and a place of occurrence of Aged Care Facility. 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 to rehabilitation). *Denominator*: Total number of permanent and respite 'resident days' for residential aged care facilities (including pre-entry leave days). And is reported as a *number* and a *rate per 10 000 resident-occupied place days*
Data source/s	*Numerator*: Calculated using data from the National Hospital Morbidity Database (NHMD), based on the National Minimum Data Set for Admitted Patient Care. *Denominator*: calculated using data from the Australian Government Department of Health and Ageing's Aged Care Data Warehouse.
Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated the numerator for this indicator. The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The hospital separations data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals are required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

The Australian Government Department of Health and Ageing provided the denominator for this indicator to the AIHW. Approved aged care providers submit data to Medicare Australia to claim subsidies from the Australian Government.

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 are not 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 specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as Aged Care Facility. The Aged Care Facility as a place of occurrence is broader in scope than residential aged care – it includes other facilities such as retirement villages.

The analyses by remoteness and socioeconomic status are based on Statistical Local Area of usual residence of the patient (numerator) and client postcode prior to admission to residential aged care (denominator). 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).

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence.

The Aged Care Data Warehouse is a consolidated data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the Australian Government Department of Health and Ageing. The Aged Care Data Warehouse collects a number of data items, including resident admissions, discharges, assessments, appraisals and payment details. The Aged Care Data Warehouse does not include details on residents in Australian Government subsidised Multi-purpose Services, Innovative Care Services, nor residents in Australian Government subsidised facilities funded under the National Aboriginal and Torres Strait Islander Aged Care Program. Information relating to retirement villages is not included in the Aged Care Data Warehouse.

These data are provided by Medicare Australia to the Department of Health and Ageing, which uses the data to administer services under the

Aged Care Act 1997 and the Aged Care Principles.

Timeliness

The reference period for this data set is 2007-08 and 2008-09.

Accuracy

For 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, for the exceptions being the private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and two private hospitals in Tasmania.

States and territories are primarily responsible for the quality of the data they provide. However, 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 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.

The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (NT public hospitals only). National totals include these six jurisdictions only. Indigenous status data are reported for Tasmania and ACT with caveats until further audits of the quality of data in these jurisdictions are completed.

The specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as ‘Aged Care Facility’. The ‘Aged Care Facility’ as a place of occurrence is broader in scope than residential aged care — it includes other facilities such as retirement villages. Hence, the numbers presented could be an over-estimate, as they include falls in aged care facilities other than residential aged care.

Around 28 per cent of the records of separations involving falls did not have a code assigned for the place of occurrence. Consequently, the recorded number of falls occurring in aged care facilities could be an under-estimate.

For separations having multiple external causes, it is not possible to establish (from the NHMD) whether the nominated place of occurrence is associated with the fall or with some other external cause. As a consequence, the count of separations may also be over-estimated (for example, a person who falls in hospital after being admitted for a non-fall related cause in an aged care facility). To minimise the chance of over-estimation, only separations where a person was admitted to hospital with a principal diagnosis of an injury were included (S00 to T14 inclusive).

Data on falls are recorded uniformly using the ICD-10-AM.

The indicator provides a count of separations involving one or more falls. It does not provide a count of falls.

The specifications for this indicator only enable the identification of patients who experience a fall in residential aged care and require admission to hospital as a result of the fall. It does not provide an indication of the falls which occur in residential aged care facilities that do not require hospitalisation.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider), where rates are likely to be highly volatile (for example, the denominator is very small).

For 2008-09, the number of resident days collected by the Aged Care Data Warehouse was accurate at the time of calculation.

Disaggregation by remoteness and SEIFA is by the client's postcode prior to admission to an aged care facility. In some instances, the postcode was not provided or the input was inaccurate, or in other cases, the SEIFA index may not have been provided. As a consequence, around 0.6 per cent (2007-08) and around 0.5 per cent (2008-09) of the total resident days were excluded from this analysis.

Coherence

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 data reported in the baseline report.

The number of separations involving an ICD-10-AM external cause code for falls has been reported in the National Injury Surveillance Unit (NISU) publication Hospitalisations due to falls by older people, Australia 2005-06. It should be noted that the methodology used in this report differs from the NHA indicator, in that all principal diagnoses are included, not just injuries.

The denominator provided from the Aged Care Data Warehouse is consistent with other publicly available information about aged care residency.

Accessibility

The AIHW provides a variety of products that draw upon the National Hospital Morbidity Database. 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).

Aggregated aged care data items are published in the SCRGSP's Report on Government Services, and in the annual Reports on the Operation of Aged Care Act 1997 prepared by the Department of Health and Ageing

Interpretability

Supporting information on the quality and use of the National Hospital Morbidity Database are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website.

Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and variation in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Further information on aged care definitions is available in the Aged Care Act 1997 and the Aged Care Principles, in The Residential Care Manual.

Data Quality Statement — Indicator 53: Older people receiving aged care services

Key data quality points

- The Department of Health and Ageing (DOHA) Ageing and Aged Care data warehouse is derived from an administrative data collection designed for payment of subsidies to service providers and has accurate data on the numbers of clients, their age and Indigenous status.
- Information about geographical location (remoteness) is based on location of service provider for all programs except Home and Community Care (HACC) (where remoteness is based on location of client).
- HACC data are not as complete as the data presented for other aged care programs.

Target/Outcome	Aged Care
Indicator	Number of people aged 70 years and over plus Indigenous Australians aged 50–69 years receiving aged care services in community settings or residential settings
Measure (computation)	*Numerator*: Number of individuals using residential aged care or community based aged programs during the 12 months to 30 June 2010. For reporting by remoteness and Indigenous status, the numerator is for all people aged 70 years and over, with the exception of HACC clients (which includes Indigenous Australians aged 50–69 years). *Denominator*: Estimated population aged 70 years and over (total population) plus the estimated population aged 50–69 years (Indigenous Australians) as at 30 June of the current reporting period. For reporting by remoteness and Indigenous status, the denominator is for all people aged 70 years and over, with the exception of HACC clients (which includes Indigenous Australians 50–69). Expressed as numerator only and rate (1000 × (numerator ÷ denominator)), and calculated separately for each program: Home and Community Care (HACC); Community Aged Care Packages (CACP); Extended Aged Care at Home (EACH); EACH Dementia (EACHD); Residential Aged Care; Residential Respite; and Transition Care Program.
Data source/s	*Numerator*: HACC National Data Repository and the Australian Government Department of Health and Ageing's Ageing and Aged Care data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the Department of Health and Ageing. *Denominator*: For total population: Population projections based on 2006 Census prepared for DOHA by Australian Bureau of Statistics (ABS) according to the assumptions agreed to by DOHA as at 30 June 2010. For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections Series B as at 30 June 2010.
Institutional environment	HACC National Data Repository The HACC program is funded and governed through a cooperative working agreement between the Australian and State and Territory governments. Service providers receiving funding under the HACC program are required to provide data to populate the HACC National

Minimum Data Set (NMDS) to the State and Territory governments. This is supplied to the National Data Repository managed by the Department of Health and Ageing.

Ageing and Aged care data warehouse

Approved providers submit data to Medicare Australia to claim subsidies from the Australian Government for services delivered under the Aged Care Act 1997 (the Act) and Aged Care Principles (the Principles) . These data are provided to the Department of Health and Ageing and are stored in the Ageing and Aged Care data warehouse.

The flexible care places used in the Transition Care Program are legislated by the Act and the Principles made under the Act. The Transition Care Program is funded and governed in partnership between the Australian and State and Territory governments. Service providers submit claims to Medicare Australia to claim for services delivered under the Transition Care Program. These data are provided to the Department of Health and Ageing and are stored in the Ageing and Aged Care data warehouse.

The data quality statement was developed by the Department of Health and Ageing and includes comments from the AIHW. The AIHW did not have all of the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

HACC: In 2009-10, 96 per cent of all providers receiving funding under the HACC program submitted data to the HACC NMDS. There is no information on the size of service provision for the missing agencies so it is difficult to assess the impact on the completeness of client data.

Other programs: The data provides complete coverage of aged care services subsidised by the Australian Government under the programs identified above.

Data linkage is needed to estimate the number of individuals receiving aged care services across aged care programs.

This measure does not include individuals receiving Veterans' Home Care (VHC). In 2009-10, there were approximately 69,600 VHC clients. The Department of Veterans' Affairs (DVA), AIHW and DOHA have been working collaboratively to ensure that these data are included in this indicator for the next reporting cycle.

People receiving services under Multi-purpose services or the Aboriginal and Torres Strait Islander Aged Care Strategy are not included since data are collected on places only (ie not people).

Timeliness

HACC NMDS

HACC data is submitted to the HACC MDS National Data Repository (NDR) on a quarterly basis. HACC Agencies in Qld, SA, WA and the ACT send HACC MDS data directly to the NDR. Agencies in other jurisdictions send their data to the NDR via a State Data Repository.

Aged care data warehouse

Claims are submitted by service providers on a monthly basis for services delivered under residential aged care and residential respite care, CACP, EACH & EACHD, and Transition Care. Data for the current reporting period is available October each year.

Accuracy

HACC: Around 9 per cent of HACC data is missing Indigenous status. Missing data for remoteness and age is less than 1 per cent.

Other programs: Subsidies to service providers of Aged Care under the

Act and the Principles is contingent on their submitting claims to Medicare Australia. Service providers' claims are audited annually.

The data presented against this indicator is people who have accessed a service delivered under that program in the financial year. Because a person may receive services under more than one program in a year, the number of unique individuals accessing aged care is less than the total of people accessing the services listed above. The methodology to link individuals is under development.

A client may be counted more than once as they may have had multiple care types, or care across multiple states, during the 12 months period. Australian total is not necessarily the total sum of its components.

Coherence

The data items used to construct this performance indicator will be consistent and comparable over time.

Accessibility

Further information on definitions is available in the: Aged Care Act 1997 and Aged Care Principles; the Residential Aged Care Manual 2009; Residential Respite Care Manual; draft Community Packaged Care Guidelines 2007; the HACC Data Dictionary; and the Transition Care Guidelines.

Interpretability

Aggregated data items are published in the SCRGSP's Report on Government Services, the Reports on the Operation of the Aged Care Act 1997 prepared by the Department of Health and Ageing, and in the AIHW aged care statistic series.

Aggregated HACC data are published in the HACC MDS Statistical Bulletin on an annual basis.

Data Quality Statement — Indicator 54: Aged care assessments completed

Key data quality points

- This data collection is used for approval for clients to access Australian Government-funded aged care programs and coverage of clients is comprehensive.
- This indicator does not represent all assessment activity undertaken by Aged Care Assessment Teams (ACATs), only those completed. Note that completed assessments include both assessments where the delegate has and has not approved the client to receive aged care services.

Target/Outcome	Aged Care
Indicator	Number of Aged Care Assessments completed under the Aged Care Assessment Program (ACAP).
Measure (computation)	*Numerator*: Number of ACAP assessments completed. *Denominator*: Estimated population at 30 June of the current reporting period. Expressed as numerator only and rate (1000 × (numerator ÷ denominator)).
Data source/s	*Numerator*: ACAP Minimum Data Set in the Australian Government Department of Health and Ageing's Ageing and Aged Care data warehouse. *Denominator*: For total population: Population projections based on 2006 Census prepared for Department of Health and Ageing (DOHA) by Australian Bureau of Statistics (ABS) according to the assumptions agreed to by DOHA. For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections Series B.
Institutional environment	ACATs are funded and governed through a cooperative working agreement between the Australian and State and Territory governments. Submitting data to the ACAP Minimum Data Set (MDS) is a condition of ACATs receiving Commonwealth funding. ACATs submit their data to the State evaluation unit. The state evaluation unit submits their data to the Ageing and Aged Care Data Warehouse managed by the Department of Health and Ageing. The data quality statement was developed by the Department of Health and Ageing and includes comments from the AIHW. The AIHW did not have all of the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.
Relevance	The data collection provides comprehensive information on ACAT assessments. This indicator does not represent all assessment activity undertaken by ACATs, only those completed. Note that completed assessments include both assessments where the delegate has and has not approved the

	client to receive aged care services.
Timeliness	Data is provided to the Ageing and Aged Care Data Warehouse on a quarterly basis. The data is reliable for any financial year by June the following year. Data for financial year 2008-09 has been used for the 2011 report. Data for 2009-10 will be reported on in the 2012 report.
Accuracy	Approximately 0.2 per cent of ACAP records do not have a valid postcode for the client. These records have been excluded for analysis by remoteness and SEIFA, but are included in the totals.
Coherence	The data items used to construct this indicator are consistent and comparable over time.
Accessibility	Further information on definitions is available in the Aged Care Assessment and Approval Guidelines 2006 and the ACAP Data Dictionary.
Interpretability	Aggregated data items from the ACAP MDS are published in the SCRGSP's Report on Government Services, and in the Reports on the Operation of the Aged Care Act 1997 prepared by the Department of Health and Ageing.

Data Quality Statement — Indicator 55: Younger people with disabilities using residential, CACP and EACH aged care services

Key data quality points

- The data used to produce this indicator are from an administrative data collection designed for payment of subsidies to services providers and contain accurate data on client numbers and characteristics.

Target/Outcome	Aged Care
Indicator	Number of people under 65 years of age with disabilities using residential and community aged care services funded under the Aged Care Act 1997.
Measure (computation)	*Numerator* only: Number of people aged less than 65 years living in permanent residential care or receiving packaged community aged care services in the 12 months to 30 June 2010. Calculated separately for residential and community aged care services. Residential aged care services includes permanent residential care only (ie, does not include respite care). Community aged care services includes CACP, EACH and EACHD services only. A client may be counted more than once as they may have had multiple admissions during the 12 months period and/or multiple care types.
Data source/s	Australian Government Department of Health and Ageing’s (DoHA) Ageing and Aged Care data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the Department of Health and Ageing.
Institutional environment	Approved providers of residential and community care submit data to Medicare Australia to claim subsidies from the Australian Government. This data is provided to DoHA to administer services under the Aged Care Act 1997 and the Aged Care Principles. The data quality statement was developed by the Department of Health and Ageing and includes comments from the AIHW. The AIHW did not have all of the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.
Relevance	The data provide complete coverage of aged care services funded by the Australian Government under the programs identified above.
Timeliness	Claims are submitted by approved providers on a monthly basis for services delivered under residential aged care, CACP, EACH and EACHD. Data for the current reporting period is available in October each year.
Accuracy	No issues, other than a client may be counted more than once as they may have had multiple care types, or care across multiple states, during the 12 months period. Australian total is not necessarily the sum of its components.

Coherence	The data items used to construct this indicator are consistent and comparable over time.
Accessibility	Information on definitions used in the indicators is available in the Aged Care Act 1997 and Aged Care Principles, in the Residential Aged Care Manual 2009 and draft Community Packaged Care Guidelines 2007.
Interpretability	Aggregated data can be obtained on request from the Department of Health and Ageing and from AIHW’s Younger People with Disability in Residential Aged Care Program report.

Data quality statement — Indicator 56: People aged 65 years or over receiving sub-acute services

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- This indicator is a count of separations, not a count of persons. The same person may be hospitalised on more than one occasion during the year. Services other than admitted patient services are not included.
- There is some variation among jurisdictions in the assignment of care type categories.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.
- Numerators for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of hospital. This may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the ACT.

Target/Outcome	Aged care
Indicator	Number of admitted sub-acute services to people 65 years or over
Measure (computation)	The *numerator* is the number of sub-acute care separations for people aged 65 years or over. The *denominator* is the Estimated Resident Population (ERP) for this age group. 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). A sub-acute care separation is defined where the type of care is reported as rehabilitation, palliative care, geriatric evaluation and management or psychogeriatric care. 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.
Data source/s	*Numerator*: This indicator is calculated using data from the NHMD, based on the National Minimum Data Set for Admitted Patient Care. *Denominators*: For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2008. For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2008. For data by socioeconomic status: calculated by AIHW using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) as at 30 June 2008. 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 2008, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private 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.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

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 are not included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

This indicator is a count of separations, not a count of persons. The same person may be hospitalised on more than one occasion during the year. The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

Remoteness and socioeconomic status are based on the reported 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).

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness area or SEIFA population group (regardless of the jurisdiction in which the patient resides) divided by the number of people in that remoteness or SEIFA population group in the jurisdiction of hospitalisation. This may be relevant if significant numbers of one jurisdiction’s residents are treated in another jurisdiction (eg ACT).

Timeliness

The reference period for this data set is 2008-09.

Accuracy

For 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and two private hospitals in Tasmania.

States and territories are primarily responsible for the quality of the data they provide. However, the Institute 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 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.

Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

There is some variation among jurisdictions in the assignment of care type categories.

The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (NT public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider) or where rates are likely to be highly volatile (for example, the denominator is very small).

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2008-09* and the *National Healthcare Agreement: Baseline performance report 2008-09*.

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 data reported in the baseline report.

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).

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, 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 are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data quality statement — Indicator 57: Hospital patient days used by those eligible and waiting for residential aged care

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- The indicator as presented is a proxy measure based on available data items in the NHMD. The indicator is not a count of patient days used by those eligible (as assessed and approved by an Aged Care Assessment Team (ACAT)) and waiting for residential aged care. The indicator as presented is the number of patient days (and proportion of all patient days) used by patients where the care type is ‘maintenance’, a diagnosis was reported as ‘person awaiting admission to residential aged care service’ and the separation mode was not ‘Other (includes discharge to place of usual residence)’.
- There is some variation among jurisdictions in the assignment of care type categories.
- Numerators for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of hospital. This may be relevant if significant numbers of one jurisdiction’s residents are treated in another jurisdiction.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the ACT.

Target/Outcome	Aged Care
Indicator	Number of hospital bed days used by patients whose acute (or sub-acute) episode of admitted patient care has finished and who have been assessed by an ACAT and approved for residential aged care.
Measure (computation)	The *numerator* is the number of patient days used by patients who are waiting for residential aged care, defined as: the care type was maintenance, a diagnosis was reported for ‘person awaiting admission to residential aged care service’ and the separation mode was not ‘Other (includes discharge to place of usual residence)’. Includes overnight separations only. The *denominator* is the total number of patient days (including overnight and same-day separations). An overnight separation is an episode of care for an admitted patient that involves at least one overnight stay — that is, the date of admission and date of separation are different. Calculation is 1000 × (Numerator ÷ Denominator).
Data source/s	*Numerator* and *denominator*: This indicator is calculated using data from the NHMD, based on the National Minimum Data Set (NMDS) for Admitted Patient Care. Data for socioeconomic status was calculated by AIHW using the ABS’ Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) as at 30 June 2008. 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.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private 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.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

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 are not 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.

This indicator is a proxy indicator.

Remoteness and socioeconomic status are based on the reported 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).

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. This may be relevant if significant numbers of one jurisdiction’s residents are treated in another jurisdiction (eg ACT).

Timeliness

The reference periods for these data are 2007-08 and 2008-09.

Accuracy

For 2007-08 and 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, except for private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and two private hospitals in Tasmania.

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.

There is some variation among jurisdictions in the assignment of care type categories.

The AIHW NHMD does not include data on ACAT assessments.

The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (NT public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider) or where rates are likely to be highly volatile (for example, the denominator is very small.

Coherence

The data can be meaningfully compared across periods for all jurisdictions except Tasmania. 2008-09 data for Tasmania does not include two private hospitals that were included in 2007-08 data reported in the baseline report.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website include:

- *Australian hospital statistics* with associated Excel tables.
- Interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

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, 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 are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data quality statement — Indicator 58: Patient experience/satisfaction

Target/Outcome	Patient satisfaction/experience
Indicator	Nationally comparable information that indicates levels of patient satisfaction around key aspects of care they received.
Measure (computation)	*Numerator*: 58a — number of people who received a prescription for medication in the last 12 months where the general practitioner (GP) provided reasons for giving the most recent prescription 58b — number of persons who had a pathology or imaging test in the last 12 months where the referring health professional explained the reasons for the most recent test 58c — number of persons who saw a GP for their own health in the last 12 months who waited longer than felt acceptable for an appointment 58d — number of persons who were referred to a medical specialist in the last 12 months who waited longer than they felt acceptable to get an appointment *Denominator:* 58a — number of people who received a prescription for medication in the last 12 months 58b — number of persons who were referred to their most recent pathology or imaging test by a health professional 58c — number of persons who saw a GP for their own health in the last 12 months, excluding persons who were interviewed by proxy 58d — number of persons who were referred to a medical specialist in the last 12 months, excluding persons who were interviewed by proxy
Data source/s	Patient Experience Survey, ABS
Institutional environment	The Patient Experience Survey is a topic on the Multipurpose Household Survey, 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.
Relevance	There are a number of elements that can contribute to a person’s satisfaction with medical care that they have received. The measures chosen for this indicator represent, in part, people’s experiences in relation to access and the provision of information about their treatment. Access to and communication with health professionals, have been shown by many researchers (eg the Picker Institute) to be important elements of patient satisfaction/experience. Respondents to the Patient Experience Survey were asked whether they had been prescribed medication or referred for a pathology or imaging test in the last 12 months. Those that had been were asked whether the

reasons for those actions had been explained to them.

Respondents who reported having seen a GP or being referred to a medical specialist in the last 12 months were asked whether there had been a time in the last 12 months that they had waited longer than they felt acceptable to get an appointment to see a GP or a specialist respectively.

Timeliness

Patient Experience data is collected annually. The 2009 data used for this indicator became available in July 2010. The reference period for the 2009 survey was July to December 2009.

Accuracy

The Patient Experience Survey is conducted in all states and territories excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually resident in very remote areas has a small impact on estimates, except for the Northern Territory, where such persons make up a relatively large proportion of the population.

The 2009 Patient Experience Survey response rate was 88 per cent. Data are weighted to account for non-response.

As it is drawn from a sample survey, the indicator is subject to sampling error. Sampling error occurs because only a portion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the statistical methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

Coherence

2009 was the first year data was collected for this indicator. At this stage, there are no other comparable data sources.

The numerators and denominators are directly comparable, one being a sub-population of the other. The numerators and denominators are compiled from a single source.

Jurisdiction estimates are calculated the same way, although the exclusion of very remote communities in the sample will affect the NT more than it affects other jurisdictions as people usually resident in very remote areas account for about 2 per cent of the population in all States and Territories except for the NT, where they account for 24 per cent.

Accessibility

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 ABS Patient Experience data is published in *Health Services: Patient Experiences in Australia, 2009* (cat. no. 4839.0.55.001). Any ambiguous or technical terms for the data are available from the *Technical Note, Glossary and Explanatory Notes in Health Services: Patient Experiences in Australia, 2009* (cat. no. 4839.0.55.001).

Interpretability

See *Health Services: Patient Experiences in Australia, 2009* (cat. no. 4839.0.55.001) for an overview of the results from the Patient Experience Survey. Spreadsheets can be downloaded from the ABS website and a confidentialised unit record file will be available early in 2011. Data must be confidentialised for privacy reasons.

Additional data from the Patient Experience Survey is available upon request.

Data quality statement — Indicator 59: Age-standardised mortality by major cause of death

Target/Outcome	Social inclusion and Indigenous health
Indicator	Age-standardised mortality by major cause of death
Measure (computation)	Age-standardised mortality rate by major cause of death, and rate ratios for Indigenous Australians *Numerator*: death registrations for 2003–2008 (various groupings) provided by State and Territory Registrars of Births, Deaths and Marriages. *Denominator*: total population
Data source/s	*Numerator:* ABS Causes of Death collection (Cat. no. 3303.0) *Denominator*: ABS Estimated Resident Population (Cat. no. 3101.0) *Indigenous*: ABS Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians (Cat. no. 3238.0)
Institutional environment	These collections are conducted under the Census and Statistics Act 1905. For 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, see ABS Institutional Environment.
Relevance	The ABS Causes of Death collection includes all 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 causes of death statistics. Data in the Causes of Death 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) has been used since 1997.
Timeliness	Causes of death data is published on an annual basis Preliminary ERP data is compiled and published quarterly and is generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP is further disaggregated by sex and single year of age, and is made available five to six months after end of the reference quarter. Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous

financial year, once more accurate births, deaths and net overseas migration data becomes available. In the case of births and deaths, the revised data is compiled on a date of occurrence basis. In the case of net overseas migration, final data is based on actual traveller behaviour. Final estimates are made available every five years after a census and revisions are made to the previous intercensal period. ERP data is not changed once it has been finalised. Releasing preliminary, revised and final ERP involves a balance between timeliness and accuracy.

Accuracy

Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period and are not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data. Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

There are ongoing ABS investigations into the unusual volatility in the number of deaths of Indigenous Australians registered in WA in recent years. Until a better understanding of the nature of this volatility is established, ABS recommends caution when utilising WA's mortality rates for this indicator.

All ERP data sources are subject to non-sampling error. Non-sampling error can arise from inaccuracies in collecting, recording and processing the data. In the case of Census and Post Enumeration Survey data every effort is made to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. The ABS does not have control over any non sampling error associated with births, deaths and migration data.

Another dimension of non-sampling error in ERP is the fact that the measures of components of population growth become more accurate as more time elapses after the reference period. As discussed under Timeliness, the trade-off between timeliness and accuracy means that a user can access more accurate data by using the revised or final ERP data. While the vast majority of births and deaths are registered promptly, a small proportion of registrations are delayed for months or even years. As a result, preliminary quarterly estimates can be an underestimate of the true number of births and deaths occurring in a reference period. Revised figures for a reference period incorporate births and deaths registrations that were received after the preliminary data collection phase as well as the estimated number of registrations that have still not been received for that reference period. For more information see the Demography Working Paper 1998/2 - Quarterly birth and death estimates, 1998 (Cat. no. 3114.0). and Australian Demographic Statistics (Cat. no. 3101.0).

Causes of death data for 2007 has been subject to revision. All coroner certified deaths registered after 1 January 2007 will be subject to a revision process. This is a change from previous years where all ABS processing of causes of death data for a particular reference period was finalised approximately 13 months after the end of the reference period. Where insufficient information was available to code a cause of death (eg a coroner certified death was yet to be finalised by the Coroner), less specific ICD codes were assigned as required by the ICD coding rules. The revision process enables the use of additional information relating to coroner certified deaths as it becomes available over time. This results in increased specificity of the assigned ICD-10 codes. Causes of death data for 2007 coroner certified deaths were updated as more information became available. Revised data for 2007 has been published in the 2008 Causes of Death publication, released in March 2010. 2007 causes of death will be revised and published again in the publication relating to the 2009 collection due for release in 2011. At this time the first round of revisions for 2008 causes of death data will also be published. Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See Causes of Death, Australia, 3303.0.

Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

Non-Indigenous data from the Causes of Death collection do not include death registrations with a 'not stated' Indigenous status.

Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading for example where the non-Indigenous mortality rate is higher than the indigenous mortality rate. All rates in this indicator must be used with caution.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Accessibility

Causes of death data are available in a variety of formats on the ABS website under the 3303.0 product family. ERP data is available in a variety of formats on the ABS website under the 3101.0 and 3201.0 product families. Further information on deaths and mortality may be available on request. 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.

Interpretability

Data for this indicator have been presented as crude rates, either per 1000 live births or 1000 estimated resident population. Information on how to interpret and use the data appropriately is available from Explanatory Notes in Causes of Death, Australia (3303.0)

Data Quality Statement — Indicator 61: Teenage birth rate

Key data quality points

- The numerator includes births to mothers aged less than 15 years, however, the denominator only includes women aged 15 to 19 years. This may result in the rate being slightly overstated.
- The National Perinatal Data Collection (NPDC) includes information on the Indigenous status of the mother only. Since 2005, all jurisdictions have collected information on Indigenous status of the mother in accordance with the Perinatal National Minimum Data Set (NMDS).
- No formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers in the NPDC. The current data have not been adjusted for under-identification of Indigenous status of the mother and thus jurisdictional comparisons should not be made.

Target/Outcome	Social inclusion and indigenous health
Indicator	This indicator presents the number of births to females aged less than 20 years as a proportion of all females aged 15–19 years in the population.
Measure (computation)	*Numerator*: Number of births to teenagers aged less than 20 years. *Denominator*: Number of females aged 15–19 years in the population. *Computation*: 1000 × (Numerator ÷ Denominator)
Data source/s	*Numerator*: AIHW National Perinatal Data Collection (NPDC) *Denominator*: For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2008. For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2008. For data by socioeconomic status: calculated using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA). Each SLA in Australia is ranked and divided into quintiles 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' Australian Standard Geographical Classification.
Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data collected as part of the NPDC include an NMDS and were supplied by State and Territory health authorities to the National Perinatal Statistics Unit (NPSU), 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 NPDC 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, birthweight, Apgar score and neonatal length of stay.

The Perinatal NMDS includes all relevant data elements of interest for the numerator of this indicator. While each jurisdiction has a unique perinatal form for collecting data on which the format of the Indigenous status question and recording categories varies slightly, all systems include the NMDS item on Indigenous status of mother.

No formal national assessment has been undertaken to determine completeness of the coverage of Indigenous mothers in the Perinatal NMDS. However, the proportion of Indigenous mothers for the period 1999–2008 has been consistent, at 3.5–3.8 per cent of women who gave birth. For maternal records where Indigenous status was not stated (0.1 per cent), data were excluded.

Maternal age is calculated using the date of birth of the mother and the baby. Both of these items are included in the Perinatal NMDS. For 2008 data, New South Wales was non-compliant with the Perinatal NMDS and provided maternal age rather than maternal dates of birth. South Australia provided confidentialised dates, adjusted based on the baby’s date of birth (recorded as the first of the month). South Australian legislation prevents the release of potentially identifiable data from its perinatal data collection.

The indicator is presented by Socio-Economic Indexes for Areas (SEIFA) Index for Relative Socio-Economic Disadvantage (IRSD). The data supplied to the NPDC include a code for SLA from all states and territories.

Reporting by remoteness is in accordance with the Australian Standard Geographical Classification (ASGC). Remoteness is assigned from SLA or postal area codes. The numerator and denominator for the calculation of rates for this indicator come from different sources (numerator from the NPDC and denominator from ABS population data). While population data are adjusted for undercount and missing responses to the Indigenous status question, data from the NPDC are not. This, along with changing levels of Indigenous identification over time and across jurisdictions in both the numerator and denominator may affect the accuracy of compiling a consistent time series.

Cells have been suppressed to protect confidentiality (where the numerator is less than 5 or would identify a single service provider), where rates are highly volatile (ie the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Timeliness

The reference period for the data is 2008. 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.

There is not full compliance with the Perinatal NMDS for maternal age. New South Wales did not provide full maternal dates of birth for 2008, instead supplying calculated maternal age. The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Only 0.1 per cent of records were non-residents 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.

Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers which is likely to differ among jurisdictions. Approximately 0.1 per cent of mothers who gave birth in the reference period had missing Indigenous status information. No adjustments have been made for under-identification or missing Indigenous status information and thus jurisdictional comparisons should not be made.

Coherence

Changing levels of Indigenous identification over time and across jurisdictions may affect the accuracy of compiling a consistent time series.

Differential supply of NMDS item Date of birth (used for calculating maternal age) may impact adversely on the cohesion of the data to report over time and across jurisdictions.

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 quality and use of the NPDC 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 2001–2005. 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 published in METeOR, and the National health data dictionary.

Data quality statement — Indicator 62: Hospitalisation for injury and poisoning

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- Data on diagnoses are recorded uniformly using the International statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM 6th edition).
- The hospital separations data do not include injuries that are treated in the emergency department and do not require admission to hospital.
- Multiple separations may arise from a single injury or poisoning event.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.
- Numerators for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of hospital. This may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly for the ACT.

Target/Outcome	Social inclusion and Indigenous health
Indicator	The number of hospital separations with a principal diagnosis of injury or poisoning.
Measure (computation)	The *numerator* is the number of hospital separations with a principal diagnosis of injury or poisoning. The *denominator* is the Estimated Resident Population (ERP). 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). Injury and poisoning diagnoses are defined by ICD-10-AM codes S00–T98. *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.
Data source/s	*Numerator*: This indicator is calculated using data from the NHMD, based on the National Minimum Data Set (NMDS) for Admitted Patient Care. *Denominators*: For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2008. For data by Indigenous status: ABS Indigenous Experimental Estimates

and Projections (Indigenous Population) Series B as at 30 June 2008.

For data by socioeconomic status: calculated by AIHW using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) as at 30 June 2008. 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 2008, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private 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.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

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 are not included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

Hospital separations data do not include injuries that are treated in the emergency department that do not require admission to hospital. The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics.

Multiple separations may arise from a single injury or poisoning event.

Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Separations are reported by jurisdiction of hospitalisation. The injury event will not necessarily have occurred in the state or territory of hospitalisation.

Remoteness and socioeconomic status are based on the reported 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).

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness area or SEIFA population group (regardless of the jurisdiction in which the patient resides) divided by the number of people in that remoteness or SEIFA population group in the jurisdiction of hospitalisation. This may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction (eg ACT).

Timeliness

The reference period for this data set is 2008-09.

Accuracy

For 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and two private hospitals in Tasmania.

States and territories are primarily responsible for the quality of the data they provide. However, the Institute 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 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.

Data on diagnoses are recorded uniformly using the ICD-10-AM.

The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (NT public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider) or where rates are likely to be highly volatile (for example, where the denominator is very small.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2008-09* and the *National Healthcare Agreement: Baseline performance report 2008-09*.

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 data reported in the baseline report.

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).

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, 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 are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data quality statement — Indicator 64b: Indigenous Australians in the health workforce (for selected professions of medical practitioners and nurses/midwives)

Key data quality points

- The AIHW Medical Labour Force Survey and the AIHW Nursing and Midwifery Labour Force Survey, which are the data sources for the indicator, were conducted with a focus on the overall professions, rather than Indigenous Australians. For the indicator, data are limited because of the small numbers of Indigenous Australians identified in the surveys. Small numbers are a result of:
    - small Indigenous representation in the Australian population;
    - small Indigenous representation in the Australian health workforce;
    - voluntary Indigenous self-identification in the surveys.
- There is significant unexplained year-on-year variation in the data.
- Care is also advised with State and Territory comparisons because of low response rates in some jurisdictions.

Target/Outcome

Social inclusion and Indigenous health

Indicator

Indigenous Australians in the health workforce (for selected professions of medical practitioners and nurses/midwives)

Measure (computation)

Numerator — number of Indigenous Australians in the health workforce for selected professions (employed in the selected professions)

Denominator — total health workforce for selected professions

Calculation — percent of total health workforce (for selected professions) who were Indigenous Australians.

Data source/s

AIHW Medical Labour Force Survey; AIHW Nursing and Midwifery Labour Force Survey; State and Territory registration board data

Institutional environment

The AIHW has calculated this indicator. The data are estimates from the AIHW National Health Labour Force Survey series, which are annual surveys managed by State and Territory health authorities. The survey questionnaire is administered by the relevant registration board in each jurisdiction as part of the registration renewal process. Under agreement with AHMAC's Health Workforce Principal Committee, the AIHW cleans, collates, manipulates and weights the State and Territory survey results to obtain national estimates of the total medical labour force and reports the findings. These data are used for workforce planning, monitoring and reporting.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

Relevance

This indicator is an interim measure, pending the implementation of the National Registration and Accreditation Scheme (NRAS) in mid-2010. Long-term indicators using NRAS data are expected to be available in 2012 and will include a much larger group of health professions. To date, there have been difficulties collecting consistent, quality data on the health workforce and many of these difficulties are expected to be resolved by the shift to NRAS data, particularly that of national consistency.

The estimates for this indicator are based on the weighted responses from the Medical Labour Force Survey and the Nursing and Midwifery Labour Force Survey. The two surveys have been conducted using very similar methods and measures similar concepts. The survey populations have been drawn from the medical register and the nursing and midwifery register maintained in each State and Territory. The registers contain demographic information on all professionals allowed to practise in that state or territory and have been the most suitable framework for surveying the professions.

The states and territories have agreed on the core content of the data collected, but there has been some variation in actual questions asked and in the format of the questionnaire. Where necessary and possible, the AIHW has mapped responses to provide nationally comparable estimates from each survey dataset. The Australian Bureau of Statistics' (ABS) standard question was used in the survey to identify Aboriginal and Torres Strait Islander people working in the two health professions, although Victoria and WA combined response categories. This has not affected the aggregate figures for 'Indigenous'.

The focus of the surveys was the overall profession, rather than Indigenous Australians. For the indicator, data are limited because the numbers of Indigenous Australians identified in the surveys were small. Small numbers are a result of:

- small Indigenous representation in the Australian population;
- small Indigenous representation in the Australian health workforce;
- voluntary Indigenous self-identification in the surveys.

Reference periods differed across jurisdictions but were within a single calendar year. In both surveys, the questionnaire was sent out with registration renewal papers by the respective registration boards and the timing depended on the registration practices for each profession within each jurisdiction.

The indicators are disaggregated by State/Territory information primarily sourced from the registration boards. It should be noted that, in both surveys, response rates varied considerably across jurisdictions. This, coupled with small numbers, resulted in some variation in the reliability of the estimates across jurisdictions. Care should be taken when drawing conclusions about the size of the differences between estimates.

Data are presented on medical practitioners and nurses/midwives only. These professions are only part of the health workforce and exclude Aboriginal Health Workers, a large segment of the Indigenous health workforce.

Timeliness

The reference period for the data in the indicator is the 2008 calendar year.

Accuracy

Data capture and initial processing for the surveys were conducted by the individual State/Territory health authorities and the procedures varied. AIHW conducts independent cleaning, editing and manipulation of the data received in order to produce more nationally consistent data. 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 surveys were conducted in conjunction with the registration renewal process, which means people registering as a medical practitioner, nurse or midwife for the first time in the reference year were not sent a questionnaire. In addition, for the Medical Labour Force Survey, overseas-trained medical practitioners doing postgraduate or supervised training were not surveyed and interns were surveyed in some jurisdictions only.

There was no sampling undertaken for the data collection: the entire population of re-registrants was targeted. The national response rate in 2008 was 68.7 per cent for the Medical Labour Force Survey and 46.6 per cent for the Nursing and Midwifery Labour Force Survey.

The data have undergone imputation for item non response and weighting to adjust for population non response. It should be noted that these adjustments are likely to introduce some bias in the final survey data and any bias is likely to become more pronounced as response rates decline.

Where possible, benchmark data were the number of registered medical practitioners or nurses/midwives in each State and Territory, supplied to the AIHW by the State and Territory registration boards for each profession. If possible, benchmarks were broken down by age group and sex and if the data were not available from the boards this way, benchmark figures were obtained from other sources, such as medical board annual reports. Where available, benchmark data relate to the time the survey was conducted. Details of the benchmarks supplied by the states and territories for each survey can be found in the published survey reports on the AIHW website.

When comparing the 2008 AIHW Medical Labour Force Survey estimates of Indigenous medical practitioners across states and territories, note that:

- The number of medical practitioners in New South Wales, Queensland and Tasmania are slightly underestimated, as the benchmark figures did not include all registered medical practitioners. New South Wales only sent questionnaires to financial registrants holding general, conditional specialist, limited prescribing or non-practising registration. Only medical practitioners holding general, specialist or non-practising registration were surveyed in Queensland. In Tasmania, only general registrants, conditionally registered specialists and non-practising practitioners received a questionnaire.
- For Western Australia the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age-by-sex proportions. For Western Australia the benchmark data was inflated by an unknown number of registered medical practitioners that are no longer active in the workforce.
- Data for Indigenous medical practitioners should be treated with caution due to the small population size, the overall response rate and unexplained variation between years.

Estimates were produced from the survey data, after weighting to adjust for non-response. The estimation process for non-response produces numbers of workers in fractions, but these were rounded to whole numbers for publication. For this indicator, data are presented as a percentage which is calculated excluding any records for which Indigenous status was not reported. Percentages for this indicator are calculated on the rounded figures.

When comparing estimates from the 2008 Nursing and Midwifery Labour Force Survey data, State and Territory estimates should be treated as indicative only because of low response rates in some jurisdictions, particularly Victoria (33.3 per cent) Queensland (32.9 per cent), Western Australia (34.4 per cent) and the Northern Territory (34.9 per cent). In 2008 Victorian data was affected by large numbers of online survey records being unusable for technical reasons.

Coherence

Estimates of Indigenous medical practitioners from the 2006 Medical Labour Force Survey have been compared with the ABS 2006 Census of Population and Housing estimates and the AIHW figures were noticeably higher than those from the Census. There are complex reasons for the difference.

The approach to identifying Indigenous Australians has been very similar in the two data collections. Both have used the same self-identification question to collect Indigenous status, and both have used a self-enumeration questionnaire. However, it is also possible in both collections for another person to complete the form on behalf of the respondent. Further, there has been investigative work done which shows that a person’s propensity to identify as Indigenous can change in different settings. Both these factors can result in different information being collected about Indigenous Australians.

In addition, a range of significant differences in collection methods exists between the two data sources and, to varying degrees, these contribute to the differences in the figures between the two sources. Please refer to the Data Quality Statements for PI 64(b) in National Agreement Performance information 2008-09) for information on the main factors which need to be taken into account when comparing results from the Census and the AIHW Health Labour Force Survey series.

Comparability of estimates for the medical workforce between 2007 and 2008 is limited by differences in coverage of the available benchmark across years (see Accuracy above). Care should be taken when drawing conclusions about the size of the differences between estimates across these years.

Currently there is no information available about the effect of these differences on the indicator data.

Some broad-level comparisons of workforce percentage growth have been made between Medical Labour Force Surveys, the ABS Census of Population and Housing and Medicare administrative data. All sources showed upward trends, although comparisons are limited by the significant differences in collection method, scope, coverage and definitions between the data sources.

There are variations in reported numbers of Indigenous health professionals across years which we are unable to explain directly.

Accessibility

Published products available on the AIHW website are:

- Medical Labour Force Survey reports with associated Excel tables.
- Nursing and Midwifery Labour Force Survey reports with associated Excel tables.

Ad-hoc data are available on request (cost recovery charges apply).

Interpretability

Extensive explanatory information for the Medical Labour Force Survey and the Nursing and Midwifery Labour Force Surveys is contained in the published reports and supplementary Excel tables for each, including collection method, scope and coverage, survey response, imputation and weighting procedures, and limitations on utility of estimates for Indigenous Australians. These are available via the AIHW website and readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator.

For more information comparing data sources of Indigenous health labour force statistics, see the AIHW publication Aboriginal and Torres Islander health labour force statistics and data quality assessment.

Data quality statement — Indicator 65: Net growth in health workforce (for professions of medical practitioners and nurses/midwives)

Key data quality points

- Results of the surveys are estimates because the raw 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 final survey data and any bias is likely to become more pronounced as response rates decline.
- Care should be taken when drawing conclusions about the size of the differences between estimates.
- Care is also advised with State and Territory comparisons because of low response rates in some jurisdictions.

Target/Outcome	Sustainability
Indicator	Net growth in health workforce (for professions of medical practitioners and nurses/midwives)
Measure (computation)	Percentage change in the full-time equivalent number of health workers (medical practitioners and nurses/midwives) between two reference years.
Data source/s	AIHW Medical Labour Force Surveys(2007 and 2008); AIHW Nursing and Midwifery Labour Force Surveys (2007 and 2008); State and Territory registration board data.
Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. The data are estimates from the AIHW National Health Labour Force Survey series, which are annual surveys managed by State and Territory health authorities. The survey questionnaire is administered by the relevant registration boards in each jurisdiction as part of the registration renewal process. Under agreement with AHMAC's Health Workforce Principal Committee, the AIHW cleans, manipulates, collates and weights the State and Territory survey results to obtain national estimates of the total medical labour force and reports the findings. These data are used for workforce planning, monitoring and reporting. The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.
Relevance	This indicator is an interim measure, pending the implementation of the National Registration and Accreditation Scheme (NRAS) in mid-2010. Long-term indicators using NRAS data are expected to be available in 2012 and will include a much larger group of health professions. To date, there have been difficulties collecting consistent, quality data on the health workforce and many of these difficulties are expected to be resolved by the shift to NRAS data, particularly that of national consistency. The estimates for this indicator are based on the weighted responses from the AIHW surveys of the Medical Labour Force and the Nursing and Midwifery Labour Force. The two surveys have been conducted using

very similar methods and measure similar concepts. The survey populations have been drawn from the respective professional registers for these occupations, maintained by each State and Territory registration board. The registers contain demographic information on all professionals allowed to practise in that state or territory and have been the most suitable framework for surveying the professions. The surveys have been designed to measure employment-related activity for each profession.

The states and territories have agreed on the core content of the data collected, but there has been some variation in actual questions asked and in the questionnaire format. Where necessary and possible, the AIHW has mapped responses to provide nationally comparable estimates from each survey.

Reference periods differed across jurisdictions but were within a single calendar year. The questionnaires were generally sent out with registration renewal papers by the respective registration boards for the professions, with survey timing depending on the registration practices for each profession within each jurisdiction.

The indicators are disaggregated by State/Territory information primarily sourced from the registration boards. It should be noted that response rates varied considerably across jurisdictions resulting in some variation in the reliability of the estimates.

Estimates were produced from the survey data, after weighting to adjust for non-response. For this indicator, data are presented as a full-time equivalent (FTE) number of health professionals. FTE = (number of employed professionals in each profession × average hours worked) ÷ the hours in a standard working week for each profession. For the indicator reporting, the standard working week for medical practitioners is 40 hours and the standard for nurses/midwives is 38 hours. The clinician/non-clinician disaggregation is based on work activity of main job.

Postcode information was collected, although for the indicator reporting, its quality does not support disaggregation by variables based on postcode. Data disaggregation by the Socio-Economic Indexes for Areas (SEIFA) and AGSC Remoteness Areas is to be assessed for possible inclusion in future indicator reporting, pending further investigation into the quality of postcode information available.

Timeliness

The reference periods for the indicator data from the Medical Labour Force Survey are the 2007 and 2008 calendar years. The reference periods for the indicator data from the Nursing and Midwifery Labour Force Survey are the 2007 and 2008 calendar years.

Accuracy

Data capture and initial processing of the survey data were undertaken by the individual State/Territory health authorities, whose procedures varied. AIHW conducts independent cleaning, editing and manipulation of the data received in order to produce more nationally consistent data. 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 surveys were conducted in conjunction with the registration renewal process and, as a result, people registering in a profession for the first time in the reference year were not sent a questionnaire. For the medical survey, practitioners with conditional registration have not always been included. Overseas-trained medical practitioners doing postgraduate or supervised training were not surveyed and interns were surveyed in some jurisdictions, only.

There was no sampling undertaken for the data collection: the entire population of re-registrants was targeted. The national response rate for the Medical Labour Force Survey was 69.9 per cent in 2007 and 68.7 per cent in 2008. The national response rate for the Nursing and Midwifery Labour Force Survey was 49.6 per cent in 2007 and 46.6 per cent in 2008.

The data have undergone imputation for item non response and weighting 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 final survey data and any bias is likely to become more pronounced as response rates decline. Care should be taken when drawing conclusions about the size of the differences between estimates.

Where possible, benchmark data were the number of registered medical practitioners or nurses/midwives in each State and Territory supplied to the AIHW by the State and Territory registration boards for each profession. Also if possible, benchmarks were broken down by age group and sex and if the data were not available from the boards this way, benchmark figures were obtained from other sources, such as registration board annual reports. Where available, benchmark data relate to the time the survey was conducted. Details of the benchmarks supplied by the states and territories for each survey can be found in the published survey reports on the AIHW website.

It should be noted that in the Medical Labour Force Survey and the Nursing and Midwifery Labour Force Survey comparability between jurisdictions is limited by differences between the surveyed population and the available benchmark data. Currently there is no information available about the effect of these differences on the indicator data. As a result, the following should be noted when comparing State and Territory indicator data from both surveys:

Medical Labour Force Survey

- In 2007 and 2008, NSW registration numbers were based on financial general registrants, conditionally registered specialists, limited prescribing and referring and non-practising medical practitioners only, resulting in an underestimate of the total number of practitioners in that state.
- In 2007 and 2008, the Queensland registration numbers did not include all conditionally registered medical practitioners, resulting in an underestimate of the total number of practitioners.
- For WA, the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age-by-sex proportions. For WA in 2007 and 2008, the benchmark data was inflated by an unknown number of registered medical practitioners that are no longer active in the workforce. It is also unknown how significantly past years have been affected.
- In 2007 and 2008, Tasmanian registration numbers were based on general registrants, conditionally registered specialists and non-practising practitioners only, resulting in an underestimate of the total number of practitioners.

Nursing and Midwifery Labour Force Survey

- For 2007, State and Territory estimates should be treated with caution due to low response rates in some jurisdictions, particularly Victoria (39.9 per cent). Queensland (33.9 per cent), Western Australia (36.7 per cent) and the Northern Territory (28.7 per cent).

- Western Australian data for nurses and midwives has been suppressed in indicator NHA Table 65.2 — Net growth in health workforce, by clinical/non-clinical status due to concerns regarding interaction between clinical status data quality and the low response rate.
- For 2008, State and Territory estimates should be treated with caution due to low response rates in some jurisdictions, particularly Victoria (33.3 per cent). Queensland (32.9 per cent), WA (34.4 per cent) and NT (24.9 per cent). In 2008, Victorian data was affected by large numbers of online survey records being unusable for technical reasons.
- Due to concerns regarding interaction between clinical status, data quality and the low response rate the growth rates for the ACT should be treated with caution.

As a result of the estimation process used for non-response, numbers of medical practitioners or nurses/midwives may have been in fractions, but were rounded to whole numbers for publication. The FTE calculation for medical practitioners and nurses/midwives is based on rounded numbers.

Coherence

Comparability of estimates for the medical workforce between 2007 and 2008 is limited by differences in coverage of the available benchmark across years (see Accuracy above). Care should be taken when drawing conclusions about the size of the differences between estimates across these years.

Currently there is no information available about the effect of these differences on the indicator data.

Some broad-level comparisons of workforce percentage growth have been made between Medical Labour Force Surveys, the ABS Census of Population and Housing and Medicare administrative data. All sources showed upward trends, although comparisons are limited by significant differences in collection method, scope, coverage and definitions between the data sources.

Accessibility

Published products available on the AIHW website are:

- Medical Labour Force Survey reports with associated Excel tables.
- Nursing and Midwifery Labour Force Survey reports with associated Excel tables.

Ad-hoc data are available on request (cost recovery charges apply).

Interpretability

Extensive explanatory information for the Medical Labour Force Surveys and the Nursing and Midwifery Labour Force Surveys is contained in the published reports and supplementary Excel tables for each, including collection method, scope and coverage, survey response, imputation and weighting procedures. These are available via the AIHW website and readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator.

Data quality statement — Indicator 66: Public health program expenditure as a proportion of total health expenditure

Key data quality points

- The AIHW health expenditure database is a comprehensive collection of expenditure data across all jurisdictions, and the private sector, and encompasses all areas of health expenditure from hospitals to medical services to public health activities.
- The indicator excludes small amounts of expenditure by State and Territory governments that are funded by non-government sources (in the form of fees-for-service, etc). This amounted in 2007-08 to $30 million out of $2129 million (1.4 per cent).
- The numerator includes only expenditure from the Australian government and by the health departments in the various jurisdictions. It does not include activities undertaken, for example, in education departments that do not receive funding from the health department in a state or territory. It also excludes any expenditure on public health activities undertaken or funded by the Department of Veterans' Affairs (DVA).

Target/Outcome	Sustainability
Indicator	Public health expenditure as a proportion of total health expenditure
Measure (computation)	The *numerator* used in the compilation of this indicator is the estimate of spending on public health from the AIHW's health expenditure database. The *denominator* is the estimate of total recurrent health expenditure from the AIHW's health expenditure database. Reported as a *percentage*.
Data source/s	All data are sourced from the Australian Institute of Health and Welfare (AIHW) health expenditure database.
Institutional environment	The AIHW has calculated this indicator. The data that are incorporated into the AIHW health expenditure database were supplied by a variety of data providers, including the DVA and DoHA, State and Territory health authorities, PHIAC, ABS and injury compensation insurers. In the case of medical services and benefit-paid pharmaceuticals, they are sourced from the Medicare and the Pharmaceutical Benefits Scheme statistics, respectively. Many of the ultimate sources of these data are the financial reporting systems of the various organisations. The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.
Relevance	The AIHW health expenditure database is a comprehensive collection of expenditure data across all jurisdictions, and the private sector, and encompasses all areas of health expenditure from hospitals to medical services to public health activities. This indicator is regarded as a long-term indicator of public health effort and sustainability. Public health activities that are not the subject of funding by State and Territory governments or the Australian Government through the major

jurisdictional health departments are not included in the estimates on which the indicator is based. Therefore, State and Territory government expenditure excludes public health expenditure incurred by local governments, non-Health state government departments and other agencies. This results in a lower proportion of public health expenditure in comparison with total health expenditure.

Public health expenditure funded by the states and territories excludes funding by non-government sources that cannot be allocated to individual activities. In some cases, State and Territory programs funded by Public Health Outcome Funding Agreements payments may not meet the definition of public health activities. As a result the Australian Government-funded component may be overstated and the State and Territory government-funded be understated by that figure.

Timeliness

The reference period for this data set is 2008-09.

Accuracy

The AIHW develops, on advice from the National Public Health Expenditure Project's Technical Advisory Committee, comprehensive guidelines to accompany the annual questionnaires that are sent to the Australian government and State and Territory health departments. These guidelines assist in ensuring that the data provided are consistent and comprehensive across jurisdictions. The AIHW undertakes checking of the data including comparisons of jurisdictions and over time.

Data are collected from states and territories for AIHW's estimate of total recurrent health expenditure using a standard data collection template based on the Government Health Expenditure National Minimum Data Set (GHE NMDS).

Coherence

The data here are consistent with what are published in *Public health expenditure in Australia 2008-09* and *Health expenditure Australia 2008-09*.

Accessibility

The AIHW publishes a number of products that draw upon its health expenditure database. Published products available on the AIHW website are:

- *Health expenditure Australia* and associated Excel tables
- *Public health expenditure Australia* and associated Excel tables
- Interactive data cubes

Interpretability

Supporting information on the quality and use of data from the Institute's health expenditure database are published annually in *Health expenditure Australia* and *Public health expenditure in Australia*.

Data quality statement — Indicator 67: Capital expenditure on health and aged care facilities as a proportion of capital consumption expenditure on health and aged care facilities

Key data quality points

- The Australian Institute of Health and Welfare (AIHW) health expenditure database is a comprehensive collection of expenditure data across all jurisdictions, and the private sector, and encompasses all areas of health expenditure from hospitals to medical services to public health activities.
- The indicator includes expenditure on publicly owned and/or controlled health and aged care facilities only. A very small amount of capital expenditure for the community aged care sector by State health authorities has been excluded, as it is so small it would be unreliable to report it.
- Expenditure by local government and non-government providers of health and aged care services are excluded.

Target/Outcome	Sustainability
Indicator	Government capital expenditure on publicly owned and/or controlled health and aged care facilities as a proportion of government funded capital consumption expenditure on publicly owned and/or controlled health and aged care facilities
Measure (computation)	*Numerator*: Estimate of capital expenditure on publicly owned and/or controlled health and aged care facilities (excluding local government facilities). *Denominator*: Estimate of capital consumption on publicly owned and/or controlled health and aged care facilities (excluding local government facilities). *Computation*: Numerator ÷ Denominator
Data source/s	Data are sourced from the AIHW health expenditure database. The underlying data for capital expenditure and capital consumption are sourced from the ABS collection of Government Finance Statistics.
Institutional environment	The AIHW has calculated this indicator. The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website. For information on the institutional environment of the ABS, please see the ABS Institutional Environment.
Relevance	The AIHW health expenditure database is a comprehensive collection of expenditure data across all jurisdictions, and the private sector, and encompasses all areas of health expenditure from hospitals to medical services to public health activities. Capital expenditure represents additions to the gross capital stock for the health and aged care sector. Capital consumption (depreciation) represents subtractions from the gross capital stock. The ratio of the two therefore gives an indication of whether the gross capital stock is increasing or decreasing.

GFS enables policy makers and users to analyse the financial operations and financial position of the public sector by the level of government, institutional sector or set of transactions.

Capital expenditure by Victoria as reported does not take account of projects completed under the Partnership Victoria policy for the design, construction, finance and maintenance of major public hospitals by private consortiums. Since 2004-05, the Royal Women's and Casey hospitals have been constructed. Currently, the Royal Children's Hospital is under construction and is expected to open in 2011. When the hospital is completed the underlying arrangements are recognised by the hospital through a finance lease. There is no capital expenditure by the State, however; the department's 2008-09 accounts recognise total expenditure commitments of $5734.9b for these projects, and similar arrangements that apply for the Mildura and St. Vincent's hospitals.

Timeliness

The reference period for this data set is 2008-09.

Accuracy

National and State/Territory estimates of capital expenditure and capital consumption for 2008-09 were derived from the Government Finance Statistics (GFS) series published by the ABS.

The system of GFS provides details of revenues, expenses, cash flows and assets and liabilities of the Australian public sector and comprises units which are owned by the Commonwealth, state and local governments. The Australian system of GFS is designed to provide statistical information on public sector entities in Australia classified in a uniform and systematic way.

The system of GFS is based on international standards set out in the System of National Accounts 1993 (SNA93) and the International Monetary Fund's Government Finance Statistics Manual 2001.

The main influence on the accuracy of the ABS Government Finance Statistics data is non-sampling error. Non-sampling error arises from inaccuracies in collecting, recording and processing the data. The most significant of these errors are misreporting of data and processing errors. Every effort is made by the ABS to minimise error by working closely with data providers, training processing staff and having efficient data processing procedures.

For practical reasons the ABS does not attempt to cover all economic activity of the public sector. Under-coverage can arise because units are omitted or because some activities are not covered. This only occurs when the economic activity of these units is relatively insignificant.

Revisions are made as required as a result of new and updated information available from providers.

Coherence

The data here are consistent with what are published in Health expenditure Australia.

Accessibility

The data that are used in the development of this indicator are sourced from the AIHW’s health expenditure database. The AIHW publishes a number of products that draw upon its health expenditure database. Published products available on the AIHW website are:

- *Health expenditure Australia* and associated Excel tables.
- Interactive data cubes

Interpretability

Supporting information on the quality and use of data from the Institute’s health expenditure database are published annually in Health expenditure Australia.

Data quality statement — Indicator 68: Proportion of health expenditure spent on health research and development

Key data quality points

- The Australian Institute of Health and Welfare (AIHW) health expenditure database is a comprehensive collection of expenditure data across all jurisdictions, and the private sector, and encompasses all areas of health expenditure from hospitals to medical services to public health activities.
- The estimation of expenditure on health research for 2008-09 is based on an extrapolation of results from the ABS Research and Experimental Development Surveys. State and Territory expenditure data are not collected directly, but are estimated by the AIHW; estimates should be treated with caution.
- Research in higher education organisations is reported on a calendar year basis, and the expenditure for calendar year 2008 is included by the ABS and AIHW in reporting for overall research expenditure for fiscal year 2007-08.
- Expenditure on research, and total health expenditure, reported for each State and Territory refers to expenditure occurring within that state or territory, regardless of the source of the funds. Hence, research undertaken in one state could be partly funded by the government of another state.

Target/Outcome	Sustainability
Indicator	Proportion of health expenditure spent on health research and development
Measure (computation)	The *numerator* used in the compilation of this indicator is the estimate of spending on health research from the AIHW's health expenditure database. The *denominator* is the estimate of total recurrent health expenditure from the AIHW's health expenditure database. *Calculation*: 100 × (Numerator ÷ Denominator)
Data source/s	All data are sourced from the AIHW health expenditure database. The AIHW estimates of research expenditure are derived from unpublished ABS data collected from government, private and non-profit organisation, and higher education institutions, in the biennial Survey(s) of Research and Experimental Development.
Institutional environment	The AIHW has calculated this indicator. The data that are incorporated into the AIHW health expenditure database were supplied by a variety of data providers, including the Department of Veterans' Affairs (DVA) and the Department of Health and Ageing (DoHA), State and Territory health authorities, Public Health Insurance Administration Council (PHIAC), ABS and injury compensation insurers. In the case of medical services and benefit-paid pharmaceuticals, they are sourced from the Medicare and the Pharmaceutical Benefits Scheme statistics, respectively. Many of the ultimate sources of these data are the financial reporting systems of the various organisations. The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia

through the Minister. For further information see the AIHW website.

Relevance

The AIHW health expenditure database is a comprehensive collection of expenditure data across all jurisdictions, and the private sector, and encompasses all areas of health expenditure from hospitals to medical services to public health activities.

This indicator is regarded as a long-term indicator of research effort and sustainability in Australia.

Research that is funded by commercial business enterprises is not included in the estimates of expenditure on research, because that expenditure is an input to the production of health goods and services and is therefore implicitly included in the expenditure on health goods and services, such as pharmaceuticals, to which the research relates.

When making comparisons between jurisdictions, it should be borne in mind that the state or territory identified in the numerator is the state or territory in which the research activity, to which the expenditure relates, was undertaken. It is not necessarily the state or territory that provided the funding for that research.

Timeliness

The reference period for this data set is 2008-09.

Accuracy

National and State/Territory estimates of expenditure on health research for 2008-09 have been derived by the AIHW by extrapolating national results from the ABS Research and Experimental Development Surveys, and estimating State and Territory expenditures. While the ABS makes every effort to ensure correct and consistent reporting the data collected has been self-classified by respondents and may be affected by non-sampling errors. In particular, many smaller institutions do not maintain records of health research effort by specific field of research or socioeconomic objective.

Where possible data for use in constructing the denominator are sought and received using standard data collection instruments with guidelines.

The AIHW develops, with advice from major data providers, comprehensive guidelines to accompany the annual questionnaires that are sent to State and Territory health departments. These guidelines assist in ensuring that the data provided are consistent and comprehensive across jurisdictions. The AIHW undertakes checking of the data including comparisons of jurisdictions and over time.

Coherence

The data here are consistent with what is published in *Health expenditure Australia*.

Accessibility

The data that are used in the development of this indicator are sourced from the AIHW's health expenditure database. The AIHW publishes a number of products that draw upon its health expenditure database. Published products available on the AIHW website are:

- Health expenditure Australia and associated Excel tables.
- Interactive data cubes

Interpretability

Supporting information on the quality and use of data from the Institute's health expenditure database are published annually in Health expenditure Australia.

Data quality statement — Indicator 69: Average cost per casemix adjusted separation

Key data quality points

- The National Hospital Morbidity Database (NHMD) and National Public Hospital Establishments Database (NPHED) are comprehensive datasets. The NHMD has records for all separations of admitted patients from essentially all public hospitals in Australia. The NPHED contains information on hospital recurrent expenditure for essentially all public hospitals in Australia.
- The calculation of the cost per casemix adjusted separation 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 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.
- Interpretation of the cost per casemix-adjusted separation should also take into account variations in costs that may be beyond the call of jurisdictions. For example, the Northern Territory has high staffing and transport costs and treats a greater proportion of Aboriginal and Torres Strait Islander patients than other jurisdictions.
- Average cost per casemix adjusted separation may be affected by changes over time in the various components used to calculate this measure, including changes in the AR-DRG, ICD-10-AM codes and cost weights. In the absence of an agreed methodology for time series analysis, it is not possible to meaningfully interpret changes in this indicator over time.

Target/Outcome	Sustainability
Indicator	Average cost per case mix-adjusted separation for acute and non-acute care in public and private hospitals
Measure (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 2008-09 Australian Refined Diagnosis Related Group (AR-DRG) version 5.2 cost weights published by the Department of Health and Ageing.
Data source/s	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 Department of Health and Ageing's National Hospital Cost Data Collection for each separation's recorded AR-DRG.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private 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.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

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 hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. 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 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).

Timeliness The reference period for this data set is 2008-09.

Accuracy For 2008-09, coverage of the NPHED was essentially complete.

The data are defined in the NMDS for Public hospital establishments. However, differences in admission practices, counting and classification practices across jurisdictions may affect the comparability of these data.

For 2008-09, 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 calculation of the cost per casemix adjusted separation 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 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.

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 2008-09*. This information has been recalculated based on 2008-09 AR-DRG version 5.2 cost weights.

Average cost per casemix adjusted separation may be affected by changes over time in the various components used to calculate this measure, including changes in the AR-DRG, ICD-10-AM codes and cost weights. In the absence of an agreed methodology for time series analysis, it is not possible to meaningfully interpret changes in this indicator 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 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 quality statement — Births

Data source/s

ABS Birth Statistics are sourced from birth registration systems administered by the various State and Territory Registrars of Births, Deaths and Marriages, based on data provided on a registration form completed by the parent(s) of the child. Registration of births is compulsory in Australia under relevant State/Territory legislation. Birth records are provided electronically to the ABS by individual Registrars, on a monthly basis.

Institutional environment

This collection is conducted under the Census and Statistics Act 1905. For 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, see ABS Institutional Environment.

Relevance

Birth statistics are one of the components in the production of estimates of natural increase (the difference between numbers of births and deaths) used as a component of population change in the calculation of population estimates of Australia and the states and territories. The primary uses of population estimates are in the determination of seats in the House of Representatives for each State and Territory, as well as in the distribution of Australian Government funds to state, territory and local governments. Population estimates are also used for a wide range of government, business and community decisions, both directly and indirectly, by contributing to a range of other social and economic indicators.

Birth statistics are also essential in the analysis of fertility in Australia, and inform on the population's ability to reproduce itself. Trends in fertility are used in the development of assumptions on future levels of fertility for population projections.

Timeliness

Births records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis.

Quarterly estimates of births on a preliminary basis are published five to six months after the reference period in *Australian Demographic Statistics* (cat. no. 3101.0), and revised 21 months after the end of each financial year. Annual estimates on a year of registration basis are published within ten months of the end of the reference year in *Births, Australia* (cat. no. 3301.0).

One dimension of timeliness in birth registrations data is the interval between the occurrence and registration of a birth. As a result, some births occurring in one year are not registered until the following year or even later. This can be caused by either a delay by the parent(s) in submitting a completed form to the registry, or a delay by the registry in processing the birth (for example, due to follow up activity due to missing information on the form, or resource limitations).

Accuracy

Information on births is obtained from a complete enumeration of births registered during a specified period and are not subject to sampling error. However, births data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Sources of non-sample error include:

- completeness of an individual record at a given point in time;
- completeness of the dataset (eg impact of registration lags, processing lags and duplicate records);
- extent of coverage of the population (whilst all births are legally required to be registered, some cases may not be registered for an extended time, if at all); and
- lack of consistency in the application of questions or forms used by data providers, both through time and between different jurisdictions.

Every effort is made to minimise error by working closely with data providers, the careful design of forms, training of processing staff, and efficient data processing procedures.

Coherence

The international standards and recommendations for the definition and scope of birth statistics in a vital statistics system are set out in the Principles and Recommendations for a Vital Statistics System Revision 2, published by the United Nations Statistical Division (UNSD). Consistent with the UNSD recommendations, the ABS defines a birth as the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered liveborn. In addition, the UNSD recommends that the births to be counted include all births "occurring in every geographic area and in every population group comprising the national area". For the purposes of Australia, this includes all births occurring within Australia as defined by the *Australian Standard Geographical Classification* (ASGC) that applies at the time.

Registration of births is compulsory in Australia under relevant State/Territory legislation. However, each State/Territory Registrar has its own birth registration form. Most data items are collected in all states and territories and therefore statistics at a national level are available for most characteristics. In some cases, different wording of questions asked on the registration form may result in different answers, which may affect final figures.

Use of supporting documentation released with *Births, Australia* (cat. no. 3301.0) is important for assessing coherence within the dataset and when comparing statistics with data from other sources. Changing business rules over time and/or across State/Territory registries can affect consistency and hence interpretability of statistical output. Explanatory Notes in each issue contains information pertinent to that release which may impact on comparison over time.

Birth registrations data are not the only statistical series on births in Australia. The National Perinatal Data Collection (NPDC) is a national collection on pregnancy and childbirth, based on births reported to the Perinatal Data Collection in each State and Territory in Australia. Midwives and other health professionals who attend births complete notification forms for each birth, using information obtained from mothers and hospital or other records. This information is compiled and published annually by the National Perinatal Statistics Unit (NPSU) of the Australian Institute of Health and Welfare (AIHW) in Australia's Mothers and Babies. As information from these two collections are from different sources, the statistics obtained vary. The number of births in the Perinatal Data

Collection are generally greater, which may reflect the likelihood of parent(s) to delay or fail to register the birth of a child.

Accessibility

Births data are available in a variety of formats on the ABS website under the 3301.0 product family. Further information on births and fertility may be available on request. 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.

Interpretability

Births statistics are generally straightforward and easy to interpret. It should be noted, however, that changes in numbers of births over time can be due to two factors: changes in fertility, and changes in the number of women in child-bearing ages. For this reason, births data need to be considered in relation to the size of the relevant population(s) through the use of fertility rates.

Another aspect that may be overlooked is plurality, or the fact that each birth of a multiple birth is counted individually in births data. Confinement statistics remove the effect of plurality and are used when analysing characteristics of the mother or father; for example, for calculating median ages.

Data quality statement — Cause of Death

Data source/s

ABS Causes of Death statistics 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 deaths are registered. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred. As part of the registration process, information on the causes of death is either supplied by the medical practitioner certifying the death on a Medical Certificate of Cause of Death, or supplied as a result of a coronial investigation.

Death records are provided electronically to the ABS by individual Registrars, on a monthly basis. Each death record contains both demographic data and medical information from the Medical Certificate of Cause of Death where available. Information from coronial investigations are provided to the ABS through the National Coroners Information System (NCIS).

Institutional environment

This collection is conducted under the *Census and Statistics Act 1905*. For 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, see ABS Institutional Environment.

Relevance

The ABS Causes of Death collection includes all 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 causes of death statistics.

Data in the Causes of Death 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 causes 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) has been used since 1997.

Timeliness

Death records are provided electronically to the ABS by individual Registrars and the National Coroners Information System on a monthly basis for compilation into aggregate statistics on an annual basis. One dimension of timeliness in causes of death registrations data is the interval between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.

Accuracy

Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period and are not subject to sampling error. However, causes of death data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

Causes of death statistics are released with a view to ensuring that they are fit for purpose when released. Supporting documentation for causes of death statistics are published and should be considered when interpreting the data to enable the user to make informed decisions on the relevance and accuracy of the data for the purpose the user is going to use those statistics. 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 (eg 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.

Causes of death data for 2007, has been subject to revision. All coroner certified deaths registered after 1 January 2007 will be subject to a revision process. This is a change from previous years where all ABS processing of causes of death data for a particular reference period was finalised approximately 13 months after the end of the reference period. Where insufficient information was available to code a cause of death (e.g. a coroner certified death was yet to be finalised by the Coroner), less specific ICD codes were assigned as required by the ICD coding rules. The revision process enables the use of additional information relating to coroner certified deaths as it becomes available over time. This results in increased specificity of the assigned ICD-10 codes. Causes of death data for 2007 coroner certified deaths were updated as more information became available. Revised data for 2007 has been published in the 2008 Causes of death publication, released in March 2010. 2007 causes of death will be revised and published again in the publication relating to the 2009 collection due for release in 2011. At this time the first round of revisions for 2008 causes of death data will also be published. Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See Causes of Death, Australia, 3303.0.

Coherence

The international standards and recommendations for the definition and scope of causes of deaths statistic in a vital statistics system are set out in the Principles and Recommendations for a Vital Statistics System Revision 2, published by the United Nations Statistical Division (UNSD). Consistent with the UNSD recommendations, the ABS defines a death as the permanent disappearance of all evidence of life at any time after live birth has taken place. In addition, the UNSD recommends that the deaths to be counted include all deaths ‘occurring in every geographic area and in every population group comprising the national area’. For the purposes of Australia, this includes all deaths occurring within Australia as defined by the *Australian Standard Geographical Classification* (ASGC) that applies at the time.

Registration of deaths is compulsory in Australia under relevant

State/Territory legislation. However, each State/Territory Registrar has its own death registration form. Most data items are collected in all states and territories and therefore statistics at a national level are available for most characteristics. In some cases, different wording of questions asked on the registration form may result in different answers, which may affect final figures.

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 this particular release which may impact on comparison over time

Accessibility

Causes of death data are available in a variety of formats on the ABS website under the 3303.0 product family. Further information on deaths and mortality may be available on request. 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.

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. Information on data sources, terminology, classifications and other technical aspects associated with death statistics can be found in *Causes of Death, Australia*, (cat. no 3303.0) in the Explanatory Notes, Appendices and Glossary on the ABS website.

Data quality statement — Deaths Collection

Data source/s

ABS Death Statistics are sourced from deaths 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 deaths are registered. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred. As part of the registration process, information on the cause of death is either supplied by the medical practitioner certifying the death on a Medical Certificate of Cause of Death, or supplied as a result of a coronial investigation.

Institutional environment

This collection is conducted under the Census and Statistics Act 1905. For 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, see ABS Institutional Environment.

Relevance

Death statistics are one of the components in the production of estimates of natural increase (the difference between numbers of births and deaths) used as a component of population change in the calculation of population estimates of Australia and the states and territories. The primary uses of population estimates are in the determination of seats in the House of Representatives for each State and Territory, as well as in the distribution of Australian Government funds to state, territory and local governments. Population estimates are also used for a wide range of government, business and community decisions, both directly and indirectly, by contributing to a range of other social, health and economic indicators. Death statistics are also essential in the analysis of morbidity and mortality in Australia. Trends in mortality are used in the development of assumptions of future levels of mortality for population projections.

Data refer to deaths registered during the calendar year shown, unless otherwise stated. Statistics on demographic characteristics of the deceased such as age at death, sex, place of usual residence, marital status, Indigenous status and country of birth are included.

Deaths data includes:

- any death which occurs in, or en route to Australia, including deaths of persons whose usual place of residence is overseas, and is registered with a state or territory Registry of Births, Deaths and Marriages.

Deaths data excludes:

- still births/foetal deaths (these are accounted for in perinatal death statistics published in Perinatal Deaths, Australia, cat. no. 3304.0, and previously, Causes of Death, Australia, cat. no. 3303.0); and
- deaths of Australian residents which occur outside Australia.

Timeliness

Death records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis.

Quarterly estimates of deaths on a preliminary basis are published five to six months after the reference period in Australian Demographic Statistics (cat. no. 3101.0), and revised 21 months after the end of each financial year. Annual estimates on a year of registration basis are published within eleven months of the end of the reference year in Deaths, Australia (cat. no. 3302.0).

One dimension of timeliness in death registrations data is the interval between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.

Accuracy

Information on deaths is obtained from a complete enumeration of deaths registered during a specified period and are not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Sources of non-sample error include:

- completeness of an individual record at a given point in time;
- completeness of the dataset (eg 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); and
- lack of consistency in the application of questions or forms used by data providers, both through time and between different jurisdictions.

Every effort is made to minimise error by working closely with data providers, the careful design of forms, training of processing staff, and efficient data processing procedures.

Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

Coherence

The international standards and recommendations for the definition and scope of deaths statistics in a vital statistics system are set out in the *Principles and Recommendations for a Vital Statistics System Revision 2*, published by the United Nations Statistical Division (UNSD). Consistent with the UNSD recommendations, the ABS defines a death as the permanent disappearance of all evidence of life at any time after live birth has taken place. In addition, the UNSD recommends that the deaths to be counted include all deaths "occurring in every geographic area and in every population group comprising the national area". For the purposes of Australia, this includes all deaths occurring within Australia as defined by the *Australian Standard Geographical Classification* (ASGC) that applies at the time.

Registration of deaths is compulsory in Australia under relevant State/Territory legislation. However, each State/Territory Registrar has its own death registration form. Most data items are collected in all states and territories and therefore statistics at a national level are available for most characteristics. In some cases, different wording of questions asked on the registration form may result in different answers, which may affect final figures.

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.

Accessibility

Deaths data is available in a variety of formats on the ABS website under the 3302.0 product family. Further information on deaths and mortality may be available on request. 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.

Interpretability

Deaths statistics are generally straightforward and easy to interpret. It should be noted, however, that changes in numbers of deaths over time can be due a number of factors including changes in mortality and changes in the size and age/sex structure of the population. For this reason, deaths data needs to be considered in relation to the size of the relevant population(s) through the use of mortality rates.

Information of mortality rates, as well as data sources, terminology, classifications and other technical aspects associated with death statistics can be found in Deaths Australia (cat. no 3302.0) in the Explanatory Notes, Appendices and Glossary on the ABS website.

Data quality statement — Estimated Resident Population

Data source/s

Estimated Resident Population (ERP) statistics uses data sourced from a variety of institutional environments. Much of the data is administrative by-product data collected by other organisations for purposes other than estimating the population. Births and deaths statistics are extracted from registers administered by the various State and Territory Registrars of Births, Deaths and Marriages. Medicare Australia client address data is used to estimate interstate migration. Passenger card data and related information provided by the Department of Immigration and Citizenship (DIAC) is used to calculate Net Overseas Migration (NOM).

ABS Census of Population and Housing and Post Enumeration Survey (PES) data are used to determine a base population from which Estimated Resident Population (ERP) is calculated and to finalise all components of population change.

Institutional environment

This data is produced under the Census and Statistics Act 1905. For 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, see ABS Institutional Environment.

Relevance

Estimates of the resident population (ERP) for the states and territories of Australia are published by sex and age groups, and experimental estimates and projections of the Aboriginal and Torres Strait Islander population are also available. The ERP is the official measure of the population of states and territories of Australia according to a usual residence population concept. ERP is used for a range of key decisions such as resource and funding distribution and apportioning seats in the House of Representatives to each State and Territory.

Timeliness

Preliminary ERP data is compiled and published quarterly and is generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP is further disaggregated by sex and single year of age, and is made available five to six months after end of the reference quarter.

Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous financial year, once more accurate births, deaths and net overseas migration data becomes available. In the case of births and deaths, the revised data is compiled on a date of occurrence basis. In the case of net overseas migration, final data is based on actual traveller behaviour.

Final estimates are made available every 5-years after a census and revisions are made to the previous intercensal period. ERP data is not changed once it has been finalised. Releasing preliminary, revised and final ERP involves a balance between timeliness and accuracy.

Accuracy

All ERP data sources are subject to non-sampling error. Non-sampling error can arise from inaccuracies in collecting, recording and processing the data. In the case of Census and PES data every effort is made to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. The ABS does not have control over any non-sampling error associated with births, deaths and migration data (see institutional environment).

Another dimension of non-sampling error in ERP is the fact that the measures of components of population growth become more accurate as more time elapses after the reference period. As discussed under Timeliness, the trade-off between timeliness and accuracy means that a user can access more accurate data by using the revised or final ERP data. While the vast majority of births and deaths are registered promptly, a small proportion of registrations are delayed for months or even years. As a result, preliminary quarterly estimates can be an underestimate of the true number of births and deaths occurring in a reference period. Revised figures for a reference period incorporate births and deaths registrations that were received after the preliminary data collection phase as well as the estimated number of registrations that have still not been received for that reference period. For more information see the Demography Working Paper 1998/2 - Quarterly birth and death estimates, 1998 (cat. no. 3114.0) and Population Estimates: Concepts, Sources and Methods, 2009 (cat. no. 3228.0.55.001).

After each Census the ABS uses the Census population count to update the original series of published quarterly population estimates since the previous Census. For example, 2006 Census results were used to update quarterly population estimates between the 2001 and 2006 Census. The PES is conducted soon after the Census to estimate the number of Australians not included in the Census. Adding this net undercount of people back into the population is a crucial step in arriving at the most accurate ERP possible. For more information on rebasing see the feature article in the December quarter 2007 issue of Australian Demographic Statistics (cat. no. 3101.0).

Coherence

ERP was introduced in 1981 and backdated to 1971 as Australia's official measure of population based on place of usual residence. ERP is derived from usual residence census counts, to which is added the estimated net census undercount and Australian residents temporarily overseas at the time of the census (overseas visitors in Australia are excluded from this calculation). Before the introduction of ERP, the Australian population was based on unadjusted census counts on actual location basis. It is important to note this break in time series when comparing historical population estimates.

An improved method for calculating NOM was applied from September quarter 2006 onwards. The key change is the introduction of a '12/16 month rule' for measuring a person's residency in Australia replacing the '12/12 month rule'. This change results in a break in time series therefore it is not advised that NOM data calculated using the new method is compared to data previous to this. For further information see Information Paper: Improving Net Overseas Migration Estimation, 2009 (cat. no. 3412.0.55.001).

The births and deaths are not coherent with the data found in ABS births and deaths publications. This is because the revision cycle necessary to produce ERP results in a mix of preliminary births and deaths data, based on date of registration, and revised data which is a modelled estimate of births and deaths by date of occurrence. By contrast, the main tables of data in the births and deaths publications are based wholly on registration in the reference year, with some tables and analysis based wholly on date of occurrence data.

Accessibility

ERP data is available in a variety of formats on the ABS website under the 3101.0 and 3201.0 product families. The formats available free on the web are:

- The main features which has the key figures commentary,
- A pdf version of the publication,
- Time series spreadsheets on population change, components of change and interstate arrivals and departures,
- A data cube (in Supertable format) containing quarterly interstate arrivals and departures data.

Interpretability

ERP is generally easy to interpret as the official measure of Australia's population (by State and Territory) on a place of usual residence basis. However, there are still some common misconceptions. For example, a population estimate uses the term 'estimate' in a different sense than is commonly used. Generally the word estimate is used to describe a guess, or approximation. Demographers mean that they apply the demographic balancing equation by adding births, subtracting deaths and adding the net of overseas and interstate migration. Each of the components of ERP is subject to error, but ERP itself is not in any way a guess. It is what the population would be if the components are measured well.

Population estimation is also very different to sample survey-based estimation. This is because population estimation is largely based on a full enumeration of components. In the case of the population base, only the PES used sampled data to adjust for census net undercount. In the case of the components of population growth used to carry population estimates forward, Australia has a theoretically complete measure of each component.

Another example of a common misconception relates to the fact that the population projections presented in this publication are not predictions or forecasts. They are an assessment of what would happen to Australia's population if the assumed levels of components of population change — births, deaths and migration — were to hold into the future.

Data quality statement — Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians

Data source/s

Australian Bureau of Statistics (ABS) estimates and projections of the Aboriginal and Torres Strait Islander (Indigenous) population of Australia are based on experimental population estimates derived from the most recent Census of Population and Housing (currently 2006) and Post Enumeration Survey (PES). Assumptions on past and future levels of the components of population change are applied to this base population in order to produce estimates (for earlier reference years) and projections (for future reference years).

Assumptions are derived from an analysis of data sourced from a variety of institutional environments. Much of this data is administrative by-product data collected by other organisations. Assumptions on fertility and mortality are based on births and deaths statistics extracted from registers administered by the various State and Territory Registrars of Births, Deaths and Marriages.

Institutional environment

This data is produced under the Census and Statistics Act 1905. For 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, see ABS Institutional Environment.

Relevance

Indigenous population estimates for years prior to the base population provide estimates on a temporally consistent basis, thus eliminating any inconsistencies in estimates due to the changing propensity to identify as Indigenous across censuses. Estimates are published for Australia and the states/territories, by five-year age group and sex.

Population projections inform on future changes in the Indigenous population of Australia, such as population growth/decline and changes in age structure, and are therefore used in a variety of key planning decisions. Projections are published for Australia, states/territories, Indigenous Regions and Remoteness Areas, by five-year age group and sex. Projected numbers of births and deaths are also published.

Assumptions have been formulated on the basis of past demographic trends, in conjunction with consultation with various individuals and government department representatives at the national and State/Territory level. Consultation occurred between May and July 2009, after which the assumptions were finalised.

Timeliness

ABS Indigenous population estimates and projections are compiled and published once in each five year period; typically three years following the most recent census.

Accuracy

Base population (2006 estimates)

The estimates and projections presented in this publication are based on results of the 2006 Census of Population and Housing, adjusted for net undercount as measured by the PES. The goal of the census is to obtain a complete measure of the number and characteristics of people in Australia on census night and their dwellings.

The ABS conducts the PES shortly after the Census to determine how many people were missed in the Census and how many were counted more than once. For 2006, the net undercount of the Indigenous population was 59 200 persons. The extent of under-coverage of Indigenous Australians in the 2006 Census, the relatively small sample size of the PES to adjust for that under-coverage, and the number of records with unknown Indigenous status means that 2006 population estimates should be interpreted with caution, and are therefore labelled experimental. For more information see Experimental Estimates and Aboriginal and Torres Strait Islander Australians, Jun 2006 (cat. no. 3238.0.55.001).

Population estimates

Given the poor quality of historical Indigenous component data (births, deaths and migration), ABS Indigenous population estimates for non-Census years are produced by applying assumptions about past levels of Indigenous life expectancy at birth to the base population. As levels of these components are unknown, estimates should be treated with caution, particularly for the period 1986 to 1990.

Indigenous population estimates for 1986 to 2005 based on the 2006 census supersede previously published estimates for this period.

Population projections

ABS Indigenous population projections are based on a number of assumptions on future levels of fertility, mortality and migration. They are not intended as predictions or forecasts, but are illustrations of growth and change in the Indigenous population that would occur if the assumptions were to prevail over the projection period.

While the assumptions are formulated on the basis of an assessment of past demographic trends, there is no certainty that any of the assumptions will be realised. In addition, the assumptions do not attempt to allow for non-demographic factors (such as major government policy decisions, economic factors, catastrophes, wars, epidemics or significant health treatment improvements) which may affect future demographic behaviour or outcomes.

Coherence

The estimates and projections presented in this publication are not consistent with estimates and projections based on 2001 or previous censuses. As the assumptions used in each successive set of Indigenous population estimates and projections incorporate recent trends, comparison of data across issues of this publication is not advised.

Accessibility

ABS Indigenous population projections are available in a variety of formats on the ABS web site under the 3238.0 product family. The formats available are:

- Main Features, which contains commentary on key figures;
- a pdf version of the publication;
- data cubes containing:
- Indigenous population estimates and projections for Australia and the states and territories, by five-year age group (to 85 years and over) and sex, for all projection series (Series A to N);
- Indigenous population projections for Indigenous Regions, by five-year age group (to 65 years and over) and sex;
- Indigenous population projections for Remoteness Areas, by five-year age group (to 75 years and over) and sex.
- data cubes containing population projections, components of change

and summary statistics for Australia and the states and territories, Indigenous Regions and Remoteness Areas, for the two main projection series (Series A and B).

The ABS observes strict confidentiality protocols as required by the Census and Statistics Act, 1905. This may limit access to data at a detailed level.

Interpretability

ABS population projections are not intended as predictions or forecasts, and should not be considered as such. Rather, they are illustrations of growth and change in the population that would occur if the assumptions were to prevail over the projection period.

The outputs on the ABS web site under the 3238.0 product family contain notes on the assumptions and methods used to produce the Indigenous population estimates and projections. It also contains Explanatory Notes and Glossary that provide information on the data sources, terminology, classifications and other technical aspects associated with these statistics.

Data quality statement — Perinatal Deaths

Data source/s	ABS Perinatal Death Statistics are sourced from deaths 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 deaths are registered. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred. As part of the registration process, information on the cause of death is either supplied by the medical practitioner certifying the death on a Medical Certificate of Cause of Death, or supplied as a result of a coronial investigation. Death records are provided electronically to the ABS by individual Registrars, on a monthly basis. Each death record contains both demographic data and medical information from the Medical Certificate of Cause of Death where available. Information from coronial investigations are provided to the ABS through the National Coroners Information System (NCIS)
Institutional environment	This collection is conducted under the Census and Statistics Act 1905. For 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, see ABS Institutional Environment.
Relevance	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. 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 1998–2007 data. Perinatal statistics provide valuable information for the analysis of foetal, neonatal and perinatal deaths 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 foetus/infant, main condition in mother, state of usual residence of mother, and Indigenous status . Foetal, neonatal and perinatal death rates are also provided.
Timeliness	Perinatal Deaths, Australia is produced annually. Perinatal death statistics are produced from data collected by the ABS from the Registrar of Births, Deaths and Marriages in each State and Territory on a monthly basis. Perinatal 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 (eg 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.

Accuracy

Information on deaths is obtained from a complete enumeration of Perinatal deaths registered during a specified period and are not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

Causes of Death and Perinatal Deaths data for 2007, has been subject to revision. All coroner certified deaths registered after 1 January 2007 will be subject to a revision process. This is a change from previous years where all ABS processing of causes of death data for a particular reference period was finalised approximately 13 months after the end of the reference period. Where insufficient information was available to code a cause of death (eg a coroner certified death was yet to be finalised by the Coroner), less specific ICD codes were assigned as required by the ICD coding rules. The revision process enables the use of additional information relating to coroner certified deaths as it becomes available over time. This results in increased specificity of the assigned ICD-10 codes. Causes of death data for 2007 coroner certified deaths were updated as more information became available. Revised data for 2007 has been published in the 2008 Causes of death publication, released in March 2010. 2007 Causes of Death will be revised and published again in the publication relating to the 2009 collection due for release in 2011. At this time the first round of revisions for 2008 Causes of Death data will also be published. Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See Causes of Death, 3303.0.

Coherence

The international standards and recommendations for the definition and scope of Perinatal deaths statistics in a vital statistics system are set out in the *Principles and Recommendations for a Vital Statistics System Revision 2*, published by the United Nations Statistical Division (UNSD). Consistent with the UNSD recommendations, the ABS defines a death as the permanent disappearance of all evidence of life at any time after live birth has taken place. In addition, the UNSD recommends that the deaths to be counted include all deaths ‘occurring in every geographic area and in every population group comprising the national area’. For the purposes of Australia, this includes all deaths occurring within Australia as defined by the *Australian Standard Geographical Classification* (ASGC) that applies at the time.

Registration of deaths is compulsory in Australia under relevant State/Territory legislation. However, each State/Territory Registrar has its own death registration form. Most data items are collected in all states and territories and therefore statistics at a national level are available for most characteristics. In some cases, different wording of questions asked on the registration form may result in different answers, which may affect final figures.

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 this particular release which may impact on comparison over time.

Accessibility

Perinatal deaths data are available in a variety of formats on the ABS website under the 3304.0 product family. Further information on deaths and mortality may be available on request. 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.

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. Information on data sources, terminology, classifications and other technical aspects associated with death statistics can be found in Perinatal Deaths Australia (cat. no 3304.0) in the Explanatory Notes, Appendices and Glossary on the ABS website.

References

ABS (Australian Bureau of Statistics) 2009, *Population Projections Australia, 2006 to 2101*, Cat. no. 3222.0, Canberra.

AIHW (Australian Institute of Health and Welfare) 2004, *Australia's Health 2004*, Canberra.

—— 2010a, *Australia's Health 2010,* Cat. no. AUS 122, Canberra.

—— 2010b *Health expenditure Australia 2008-09*. Health and welfare expenditure series no. 4237. Cat. no. HWE 51

—— 2010c, *Australian Hospital Statistics 2008-09*, Cat. no. HSE 84, Canberra.

ASIB (Australian Social Inclusion Board) 2009, *A Compendium of Social Inclusion Indicators: How's Australia Faring?,* Paragon Printers, Canberra.

AusDiab 2001, *Diabesity & Associated Disorders in Australia — 2000: The Accelerating Epidemic, The Australian Diabetes, Obesity and Lifestyle Study*, International Diabetes Institute, Melbourne.

Carson, E. and Fearnley, S. 2010, 'Careers of South Australian health professional graduates', *Australian Bulletin of Labour*, vol. 36, no. 1, pp 1–28.

COAG (Council of Australian Governments) 2008a, *National Partnership Agreement on Preventive Health,* www.coag.gov.au/intergov_agreements/federal_financial_relations/docs/national_partnership/national_partnership_on_preventive_health.rtf (accessed 4 November 2009).

—— 2008b, *National Partnership Agreement in Hospital and Health Workforce Reform,* www.coag.gov.au/intergov_agreements/federal_financial_relations/docs/national_partnership/national_partnership_on_hospital_and_health_workforce_reform.rtf (accessed 25 November 2009).

—— 2009a, *Communiqué, Meeting 30 April 2009,* www.coag.gov.au/coag_meeting_outcomes/2009-04-30/index.cfm (accessed 8 October 2009).\

—— 2009b, *COAG Communiqué 7 December 2009,* www.coag.gov.au/coag_meeting_outcomes/2009-12-07/docs/20091207_communique.pdf (accessed 12 April 2010).

—— 2009c, *National Healthcare Agreement,* www.coag.gov.au/intergov_agreements/federal_financial_relations/docs/IGA_FFR_ScheduleF_National_Healthcare_Agreement.rtf (accessed 8 October 2009).

CRC (COAG Reform Council) 2010, *National Healthcare Agreement: Baseline performance report for 2008-09*, CRC, Sydney.

Commonwealth Fund 2007, *A Survey of Primary Care Physicians in 11 Countries, 2009: Perspectives on Care, Costs, and Experiences*, www.commonwealthfund.org/Content/Publications/In-the-Literature/2009/Nov/A-Survey-of-Primary-Care-Physicians.aspx (accessed 27 November 2009).

Commonwealth of Australia 2010, *Australia to 2050: future challenges*, Canprint Communications, Canberra.

DoHA (Department of Health and Ageing) 2008, *Ageing and Aged Care in Australia*, Canberra.

—— 2009a, *Primary Health Care Reform in Australia: Report to Support Australia's First National Primary Health Care Strategy*, Canberra.

—— 2010, *The State of our Public Hospitals: June 2010 Report*, Canberra, www.health.gov.au/internet/main/publishing.nsf/Content/1186FF4200B2B2E6CA2575D9000F73B8/$File/SoOPH per cent202009.pdf (accessed 15 July 2010).

DPMC (Department of Prime Minister and Cabinet) 2009, *A Stronger, Fairer Australia*, Canberra, www.socialinclusion.gov.au/Resources/Documents/ReportAStrongerFairerAustralia.pdf (accessed 30 November 2010).

Duckett, S. J. 2007, *The Australian Health Care System*, Oxford University Press, Oxford, New York.

Gillard, J. (Shadow Minister for Employment, Industrial Relations and Social Inclusion and Shadow Minister for Workforce Participation) 2007, *An Australian Social Inclusion Agenda*, www.labor.com.au/download/now/071122_social _inclusion.pdf (accessed 29 January 2009).

Giskes, K., Turrell, G., Patterson, C. and Newman, B. 2002, 'Socio-economic differences in fruit and vegetable consumption among Australian adolescents and adults', *Public Health and Nutrition*, vol. 5, no. 5, pp 663–639.

Glover, J.D., Hetzel, D.M.S. and Tenant, S.K. 2004, 'The socioeconomic gradient and chronic illness and associated risk factors in Australia', *Australia and New Zealand Health Policy*, www.anzhealthpolicy.com/content/1/1/8 (accessed 27 July 2010).

Jenkinson, C., Coulter, A., Bruster, S., Richards, N. and Chabdola, T. 2002, 'Patients' experiences and satisfaction with health care: results of a questionnaire study of specific aspects of care', *Quality and Safety in Health Care*, vol. 11, no. 4, pp. 335–9.

NHHRC (National Health and Hospitals Reform Commission) 2009, *A Healthier Future For All Australians*, Final Report, Canberra.

NPHT (National Preventative Health Taskforce) 2009, *National Preventative Health Strategy — Overview*, www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/AEC223A781D64FF0CA2575FD00075DD0/$File/Overview.doc (accessed 4 November 2009).

OECD (Organisation for Economic Cooperation and Development) 2005, *The OECD Health Project Long-term Care for Older People*, OECD, Paris.

—— 2010, *Health data 2010*, stats.oecd.org/index.aspx (accessed 10 September 2010).

PC (Productivity Commission) 2005, *Economic Implications of an Ageing Australia*, Canberra.

Russell, L.M., Rubin, G.L. and Leeder, S.R. 2008, 'Preventative health reform: what does it mean for public health?', *Medical Journal of Australia*, vol. 188, no. 12, pp. 715–9.

SCRGSP (Steering Committee for the Review of Government Service Provision) 2009a, *Overcoming Indigenous Disadvantage: Key Indicators*, Productivity Commission, Canberra.

—— 2009b, *National Agreement performance information 2008-09: National Indigenous Reform Agreement*, Productivity Commission, Canberra.

——2010a, *Report on Government Services 2010*, Productivity Commission, Canberra.

—— (2010b), *National Agreement performance information 2009-10: National Indigenous Reform Agreement*, Productivity Commission, Canberra.

Van Konkelenberg, R. Esterman, A. and Van Konkelenberg, J. 2003, *Literature Reviews: Factors Influencing use of Emergency Departments and Characteristics of Patients Admitted Through Emergency Departments*, www.library.health.sa.gov.au/Portals/0/literature-reviews-factors-influencinguse-of-emergency-departments.2003.doc (accessed 1 November 2006).

White, V., Hill, D., Siahpush, M. and Bobevski, I. 2003, 'How has the prevalence of cigarette smoking changed among Australian adults? Trends in smoking prevalence between 1980 and 2001', *Tobacco Control*, vol. 12, suppl II, pp ii67–ii74.

Wilkie, J. and Young, A. 2009, 'Why health matters for economic performance', *Economic Roundup*, Issue 1, pp. 57–72.

Acronyms and Abbreviations

AACR	Australian Association of Cancer Registries
ABF	activity based funding
ABS	Australian Bureau of Statistics
ACAP	Aged Care Assessment Program
ACAT	Aged Care Assessment Team
ACD	Australian Cancer Database
ACHI	Australian College of Health Informatics
ACIR	Australian Childhood Immunisation Register
ACSQHC	Australian Commission on Safety and Quality in Health Care
ACT	Australian Capital Territory
AHS	Australian Health Survey
AIHW	Australian Institute of Health and Welfare
ANZDATA	Australian and New Zealand Dialysis and Transplant Register
APC NMDS	Admitted Patient Care National Minimum Data Set
AR-DRG	Australian Refined Diagnosis Related Group
ARIA	Accessibility/Remoteness Index of Australia
ASGC	Australian Standard Geographical Classification
ASIB	Australian Social Inclusion Board
AVS	Adult Vaccination Survey
BMI	body mass index
CACP	Community Aged Care Packages
CDMS	Centralised Data Management Service
Census	ABS Census of Population and Housing
CMHC	Community Mental Health Care
COAG	Council of Australian Governments
CRC	COAG Reform Council
DALY	disability-adjusted life years

DIAC	Department of Immigration and Citizenship
DoHA	Department of Health and Ageing
DPMC	Department of Prime Minister and Cabinet
DQS	Data Quality Statement
DRG	Diagnosis Related Group
DVA	Department of Veterans’ Affairs
EACH	Extended Aged Care at Home
ED	emergency department
ERP	ABS Estimated Resident Population
ESKD	end stage kidney disease
FTE	full time equivalent
GDM	Gestational diabetes mellitus
GDP	Gross Domestic Product
GFS	Government Finance Statistics
GHE NMDS	Government Health Expenditure National Minimum Data Set
GP	general practitioner
GPII	General Practice Immunisation Incentive
HACC	Home and Community Care
HIV	Human Immunodeficiency Virus
ICD	International Classification of Diseases
ICD 10	International Statistical Classification of Diseases and Related Health Problems 10th Revision
ICD 10	International Statistical Classification of Diseases and Related Health Problems 10th Revision, Australian modification
IGA	Intergovernmental Agreement
IRSD	Index of Relative Socio-economic Disadvantage
MBS	Medicare Benefits Schedule
MCFFR	Ministerial Council for Federal Financial Relations
MDS	Minimum Data Set

MRSA	Methicillin-resistant *Staphylococcus aureus*
MSSA	Methicillin-sensitive *Staphylococcus aureus*
NA	National Agreement
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NBCSP	National Bowel Cancer Screening Program
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCIS	National Coroners Information System
NCMHCD	National Community Mental Health Care Database
NCSCH	National Cancer Statistics Clearing House
NCSP	National Cervical Screening Program
NDR	National Data Repository
NDSS	National Diabetes Services Scheme
NDTIS	National Dental Telephone Interview Survey
NESWTDC	National Elective Surgery Waiting Times Data Collection
NHA	National Healthcare Agreement
NHCDC	National Hospital Cost Data Collection
NHHRC	National Health and Hospitals Reform Commission
NHISSC	National Health Information Standards and Statistics Committee
NHLFS	National Health Labour Force Survey
NHMD	National Hospital Morbidity Database
NHMS	National Health Measures Survey
NHS	National Health Survey
NIPS	National Immunisation Program Schedule
NIRA	National Indigenous Reform Agreement
NISU	National Injury Surveillance Unit
NMDS	National Minimum Data Set
NNAPEDCD	National Non-Admitted Patient Emergency Department Care Database
NNDSS	National Notifiable Disease Surveillance systems

NOM	net overseas migration
NP	National Partnerships
NPDC	National Perinatal Data Collection
NPHED	National Public Hospital Establishment Database
NPHT	National Preventative Health Taskforce
NPSU	National Perinatal Statistics Unit
NRAS	National Registration and Accreditation Scheme
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Cooperation and Development
PBS	Pharmaceutical Benefits Scheme
PC	Productivity Commission
PES	Post Enumeration Survey
PExS	ABS Patient Experience Survey
PHIAC	Public Health Insurance Administration Council
PMHA	Private Mental Health Alliance
POA	postal area
PPH	potentially preventable hospitalisations
PYLL	potential years of life lost
Qld	Queensland
RSE	relative standard error
SA	South Australia
SAB	*Staphylococcus aureus* bacteraemia
SCRGSP	Steering Committee for the Review of Government Services Provision
SEIFA	Socio-Economic Index for Areas
SEIFA IRSD	ABS Socio-Economic Index for Areas Index of Relative Socio-economic Disadvantage
SES	socioeconomic status
SLA	Statistical Local Area

SMHWB	National Survey of Mental Health and Wellbeing
SPP	Special Purpose Payment
STI	sexually transmissible infection
Tas	Tasmania
TCP	Transition Care Program
UNSD	United Nations Statistical Division
VET	vocational education and training
VHC	Veterans’ Home Care
Vic	Victoria
VII	voluntary Indigenous identifier
WA	Western Australia
WHO	World Health Organisation

Glossary

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 may receive acute, sub-acute or non-acute care services.
Age standardised	Removing the effect of different age distributions (across jurisdictions, population subgroups or over time) when making comparisons, by weighting the age-specific rates for each jurisdiction by the national age distribution.
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.
Casemix adjusted separations	The number of separations adjusted to account for differences across hospitals in the complexity of episodes of care.
Data provider	As used in this report, the data provider is the agency or organisation which supplies data to the SCRGSP.
Emergency department waiting times to service delivery	The time elapsed for each patient from presentation to the emergency department (that is, the time at which the patient is clerically registered or triaged, whichever occurs earlier) to the commencement of service by a treating medical officer or nurse.
ICD-10-AM	The Australian modification of the International Standard Classification of Diseases and Related Health Problems. This is the current classification of diagnoses and procedures in Australia.
IFRAC	The ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion.
Non-acute care	Clinical services provided to admitted and non-admitted patients, including planned geriatric respite, palliative care, geriatric evaluation and management and services for nursing home type patients. Clinical services delivery by designated psychiatric or psychogeriatric units, designated rehabilitation units and mothercraft services are also considered non-acute.
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.
Non-referred attendances	GP services, emergency attendances after hours, other prolonged attendances, group therapy and acupuncture. All attendances for specialist services are excluded because these must be ‘referred’ to receive Medicare reimbursement.
Prevalence	The proportion of the population suffering from a disorder at a given point in time (point prevalence) or during a given period (period prevalence).
Primary and community health services	Primary health care services are health services that provide the first point of contact with the health system, have a particular focus on prevention of illness and/or early intervention and are intended to maintain people’s independence and maximise their quality of life through care and support at home or in local community settings.

	Community health services are health services for individuals and groups delivered in a community setting, rather than via hospitals or private facilities.
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 may provide (and charge for) treatment and accommodation services to private patients. Charges to non-admitted patients and admitted patients on discharge may be levied in accordance with the Australian Health Care Agreements (for example, aids and appliances).
Screening	The performance of tests on apparently well people to detect a medical condition at an earlier stage than would otherwise be possible without the test.
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).
Sub-acute and non-acute care	Clinical services provided to patients suffering from chronic illnesses or recovering from such illnesses. Services include rehabilitation, planned geriatric care, palliative care, geriatric care evaluation and management, and services for nursing home type patients. Clinical services delivered by designated psychogeriatric units, designated rehabilitation units and mothercraft services are considered non acute.
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).