

National Agreement Performance Information 2011-12

National Healthcare
Agreement

*Steering Committee
for the Review of
Government
Service Provision*

December 2012

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ISBN 978-1-74037-421-7

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An appropriate citation for this paper is:

SCRGSP (Steering Committee for the Review of Government Service Provision) 2011, *National Agreement Performance Information 2011-12: National Healthcare Agreement*, Productivity Commission, Canberra

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Service Provision**

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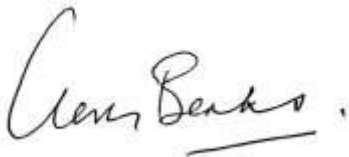
Dear Mr McClintock

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 AO
Chairman

21 December 2012

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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 performance indicators, 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
Mr Peter Robinson	Aust. Govt.	The Treasury
Mr Mark Thomman	Aust. Govt.	Department of Finance and Deregulation
Dr Meg Montgomery	NSW	Department of Premier and Cabinet
Mr Kevin Cosgriff	NSW	Department of Treasury
Mr Simon Kent	Vic	Department of the Premier and Cabinet
Mr Jeremy Nott	Vic	Department of Treasury and Finance
Ms Nicole Tabb	Qld	Department of the Premier and Cabinet
Ms Janelle Thurlby	Qld	Department of Treasury
Ms Marion Burchell	WA	Department of the Premier and Cabinet
Mr Coan Harvey	WA	Department of Treasury
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 Craig Graham	NT	NT Treasury
Mr Peter Harper		Australian Bureau of Statistics
Mr David Kalisch		Australian Institute of Health and Welfare

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

Mr Warren Hill	WA	Department of the Premier and Cabinet
Mr David Christmas	WA	Department of Treasury

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National Healthcare Agreement performance reporting

Framework for National Agreement reporting

COAG endorsed a new intergovernmental Agreement on Federal Financial Relations (IGA) in November 2008 (COAG 2009) and reaffirmed its commitment in August 2011 (COAG 2011a). The IGA includes six 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.*

Five of the NAs are associated with a national Specific Purpose Payment (SPP) that provides 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 SPP, but draws together Indigenous elements from the other NAs.

At its 7 December 2009 meeting, COAG agreed to a high level review of the NAs, National Partnership Agreements (NPs) and implementation plans. On 13 February 2011, COAG noted a report on this review and agreed to further reviews of the NA performance reporting frameworks (COAG 2011b). The review of the National Healthcare Agreement (NHA) performance reporting framework was completed and recommendations endorsed by COAG on 25 July 2012. This report reflects the outcomes from the review.

National Agreement reporting roles and responsibilities

The Standing Council for Federal Financial Relations (SCFFR) has general oversight of the operations of the IGA on behalf of COAG. [IGA para. A4(a)]

The CRC is responsible for monitoring and assessing the performance of all governments in achieving the outcomes and benchmarks specified in each NA. The CRC is required to provide to COAG the NA performance information and a comparative analysis of this information within three months of receipt from the Steering Committee. [IGA paras. C14-C15]

The Steering Committee has overall responsibility for collating and preparing the necessary NA performance data [IGA para. C9]. Reports from the Steering Committee to the CRC are required:

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

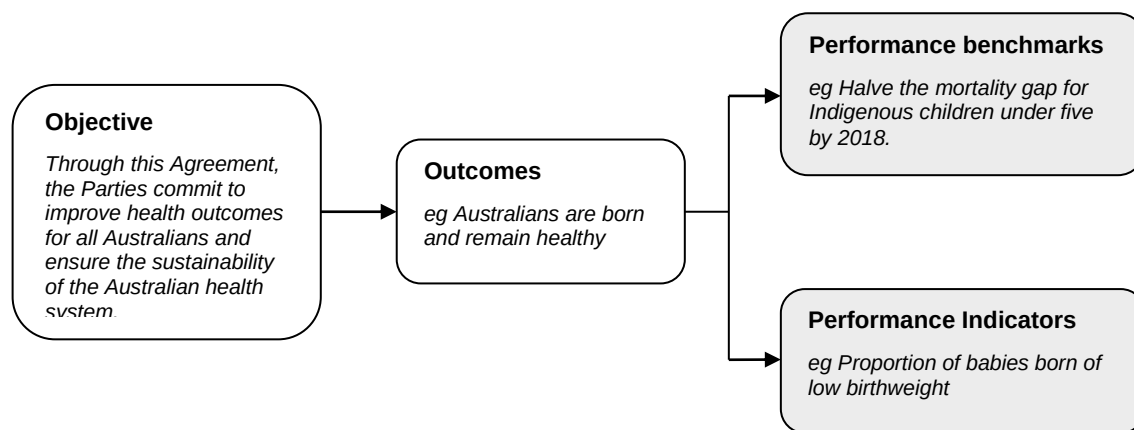
The CRC has also requested the Steering Committee to collate data on the performance benchmarks for the reward components of selected NP agreements. The Steering Committee's reports to the CRC can be found on the Review website (www.pc.gov.au/gsp).

Performance reporting

The Steering Committee is required to collate performance information for the NHA (COAG 2012a) and provide it to the CRC no later than 31 December 2012. The CRC has requested the Steering Committee to provide information on all performance categories in the National Agreements (variously referred to as 'outputs', 'performance indicators', 'performance benchmarks' and 'targets').

The NHA includes the performance categories of performance indicators and performance benchmarks. The link between the objective and the 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 outcomes, performance benchmarks and performance indicators. Only one example of each is included in this figure for illustrative purposes.

This report includes available current year data for:

- NHA performance benchmarks
- NHA performance indicators.

This is the fourth NHA performance report prepared by the Steering Committee. The previous three reports provided performance information for the previous NHA (COAG 2011c). This report provides performance information for the revised NHA (COAG 2012a). The CRC has requested the Steering Committee to collate data for new and/or revised indicators backcast to the baseline NHA reporting period (2008-09 or most recent available data at the time of preparing the baseline NHA performance report).

This report contains the original data quality statements (DQs) 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 DQs. This report also includes Steering Committee views on areas for development of NHA 'performance indicators' 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 2011-12: Appendix*) 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 and socioeconomic status.

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 a 'NHA' prefix (for example, table NHA.1.1).

Box 1 **Key issues in reporting against the NHA**

General comments

- This is the first NHA performance report for the revised NHA (endorsed by COAG at its July 2012 meeting). The revised NHA has 33 performance indicators and 7 performance benchmarks.
- At the request of the CRC, data have been backcast (where available) to the baseline reporting period of 2008-09 for new and/or revised indicators.
- There have been some improvements in the quality of data by Indigenous status and availability of data by socioeconomic status (SES). Further work to provide timely disaggregation of all indicators by SES and Indigenous status is required to inform analysis of social inclusion beyond the specific indicators under the social inclusion objective.
- Only limited data on private hospitals are available for some hospital-related indicators. 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.
- Geographic location is generally attributed to the usual residence of the individual. However, some performance indicators (NHA PIs 18, 20, 21, 23 and 27) are reported using a combination of hospital location and individual's place of usual residence. The Steering Committee recommends a review of the method to attribute geographic location for these indicators.
- The NHA review retained only one indicator for the NHA sustainability outcome. Further work is required to identify a suitable indicator of the financial sustainability of the health system.
- The NHA review recommended that 4 performance indicators (NHA PIs 16, 18, 22, and 23) be aligned with related Australian Commission on Safety and Quality in Healthcare (ACSQHC) performance indicators. However, specifications for the ACSQHC indicators were not finalised at the time of preparation of this report, and the specifications in this report are unchanged from the previous reporting cycle. It is anticipated that the ACSQHC specifications will be finalised in time for the 2012-13 reporting cycle.
- 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.

Performance benchmarks

- Data for all performance benchmarks can be sourced from related performance indicators.

(Continued next page)

Box 1 (continued)

- Of the seven performance benchmarks:
 - one benchmark (PB (c)) has never been reported against. Data for this performance benchmark are not expected to be available until the 2012-13 NHA performance report
 - one benchmark (PB (a)) has no new data for this report

Performance indicators

- Of the 33 performance indicators:
 - two had no new data for this report but had previously been reported against (PIs 15 and 24)
 - two new performance indicators in the revised NHA had no data for this report (29 and 31)
 - one was reported against partially, as not all measures could be reported (PI 21 (b)).
- Of the 33 performance indicators:
 - 7 report against interim measures (PIs 5, 16, 19, 22, 23, 26 and 33)
 - 2 report against proxy measures (PIs 17 and 27).
- Assessing and improving the quality of reporting by Indigenous status and SES are priorities:
 - 13 of 29 reported indicators could not be reported by Indigenous status
 - 11 of 29 reported indicators could not be reported by SES.
- For all reported indicators, prior year data (either published in previous reports, or provided as new or revised data with this report) are available for time series (although the level of comparability varies, as explained in the relevant data quality information).
- Of the 29 reported performance indicators, current year data (2011 or 2011-12 are available for 18 indicators; and data with one year lag (2010 or 2010-11) are available for 10 indicators. One indicator is lagged by two years. Further work is required to ensure availability of more timely data.

Changes from the previous National Healthcare Agreement performance report

COAG review of the performance indicator frameworks

At its 25 July 2012 meeting, COAG endorsed a revised NHA (COAG 2012b). This report provides data for the performance benchmarks and performance indicators specified in the revised NHA performance indicator framework.

Table 1 details changes to indicator specifications, measures or data from the previous NHA performance report.

CRC advice to the Steering Committee on data requirements

Under the IGA, the CRC ‘may advise on where changes might be made to the performance reporting framework’ [IGA para C.30]. The CRC recommended changes to indicators in its first three NHA reports (CRC 2010, 2011 and 2012), as well as providing additional advice to the Steering Committee. Where practicable, the Steering Committee has incorporated the CRC recommendations and advice in this Report.

Table 1 Changes from the previous NHA performance report (a)

<i>Change</i>	<i>Indicator</i>
Benchmark target year has changed	NHA performance benchmark (d)
Performance indicator title has changed. This does not affect the time series	NHA performance indicator 4, 8, 14, 15, 21, 22, 23, 24
New performance indicator. Where possible, data have been backcast to the baseline reporting year (details are provided in the specifications for each indicator)	NHA performance indicator 9, 10, 11, 25, 28, 29, 30, 31.
New performance indicator. Data are not available for this report.	NHA performance indicator 10, 29, 31.
Performance indicator has been removed from the NHA performance indicator framework	[old] NHA performance indicator 2, 3, 8, 9, 10, 11, 12, 13, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 37, 38, 40, 41, 42, 45, 46, 47, 48, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 63, 64, 66, 67, 68, 69, 70
Performance indicator has changed significantly resulting in a new baseline. Where possible, data have been backcast to the baseline reporting year (details are provided in the specifications for each indicator)	NHA performance indicator 3, 33
Revised measures provided to improve alignment with indicator concept. No impact on historical data as data available for the first time for this reporting cycle	NHA performance indicator 13
Indicator has additional measure. Where possible, data have been backcast to the baseline reporting year (details are provided in the specifications for each indicator)	NHA performance indicator 20, 21
Historical data have been revised (details are included in the specifications for each indicator)	NHA performance benchmark (f) NHA performance indicator 8, 16, 18, 19, 21
Method for deriving data and/or calculating rates has been updated. Where possible, data have been backcast to the baseline reporting year (details are provided in the specifications for each indicator.)	NHA performance benchmark (g) NHA performance indicator 5, 20, 22
Additional disaggregation by:	NHA performance benchmark (e)
- Sex, by age	NHA performance indicator 4
- SEIFA IRSD deciles	
Inclusion of variability bands to improve interpretation of data. Historical data have been re-supplied with variability bands included.	NHA performance indicator 1

^a Referencing is based on revised NHA (COAG 2012a).

Context for National Healthcare Agreement performance reporting

The overarching objective of the NHA is to ‘improve health outcomes for all Australians and ensure the sustainability of the Australian health system’ [NHA para. 12]. There are four outcome areas in the NHA; Better health; Better health services, Social inclusion and Indigenous health, and Sustainability of the health system. The NHA identifies the outcomes that provide an indication of the standard of service expected or the level of improvement expected in service delivery over a specified period under each outcome area:

- (a) Better health: Australians are born and remain healthy
- (b) Better health services: Australians receive appropriate high quality and affordable primary and community health services
- (c) Better health services: Australians receive appropriate high quality and affordable hospital and hospital related care
- (d) Better health services: Older Australians receive appropriate high quality and affordable health and aged care services
- (e) Better health services: Australians have positive health and aged care experiences which take account of individual circumstances and care needs
- (f) Social inclusion and Indigenous health: Australians have a health system that promotes social inclusion and reduces disadvantage, especially for Indigenous Australians
- (g) Sustainability of the health system: Australians have a sustainable health system. [NHA page A.4–A.5]

Overview of the health sector in Australia

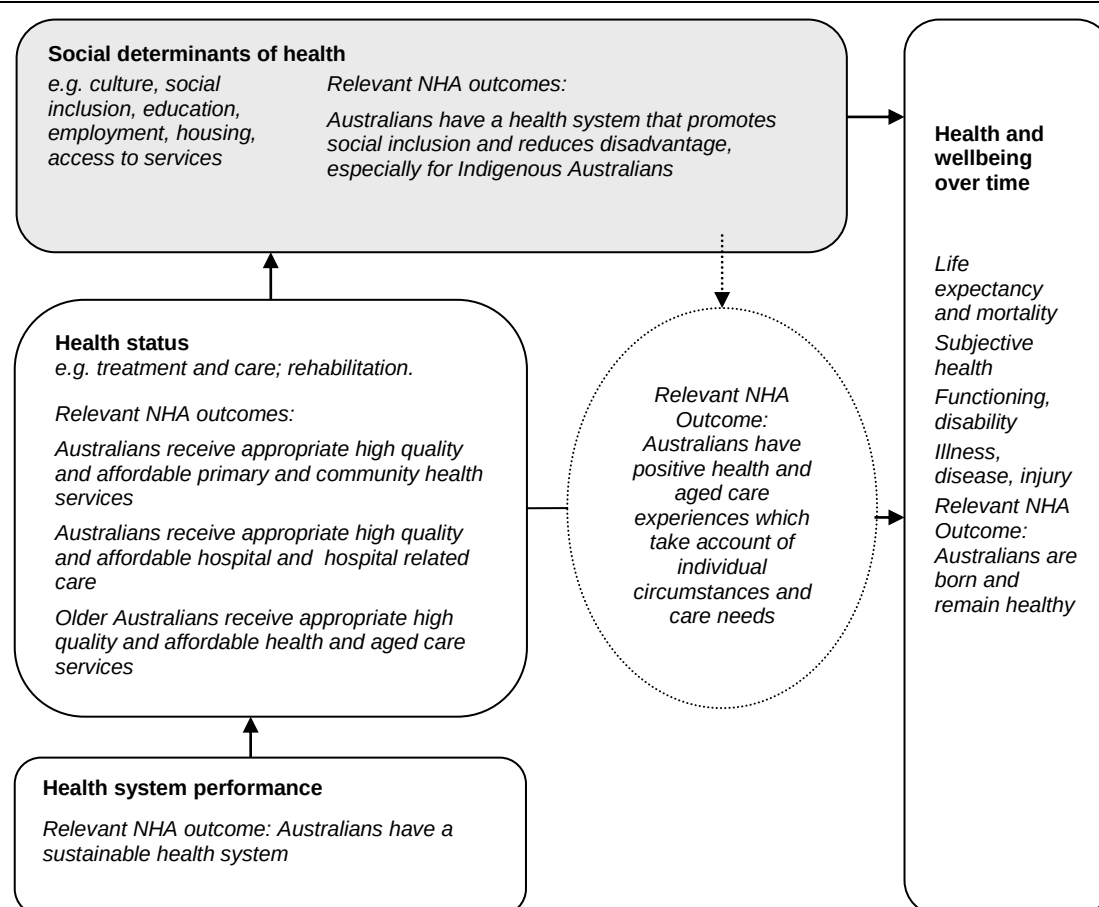
Due to the large size and scope of the health sector, the information provided in this section gives only a broad overview of the key factors that should be considered in interpreting the performance information in this report.

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 genetics, diet 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 outcomes in the healthcare system.

Figure 2 Interactions in the health system



Source: Adapted from AIHW (2012a) *Australia's Health 2012*.

An overview of health services in Australia can be found in the *Report on Government Services 2012*, Health Sector Summary (SCRGSP 2012) (the 2013 Report, due for release on 31 January 2013, will contain updated information in a Health Sector Overview). The Health Sector Summary/ Overview in the RoGS outlines government roles and responsibilities, funding arrangements, and the size and scope of the health sector. It also provides some contextual information around Indigenous health issues.

Responsibility for healthcare — funding and service delivery

The National Health Reform Agreement (NHRA) sets out governments' commitments in relation to public hospital funding, public and private hospital performance reporting, local governance of elements of the health system, policy and planning for primary health care, and rearrangement of responsibilities for aged care (NHA para. 10).

Health services are administered through a mixture of private and public service providers in multiple settings. The Australian Institute of Health and Welfare (AIHW) classifies health services into government delivered, mixed private and public services, and private sector services (AIHW 2012a). Health funding is also a mix of private and public monies, with the majority of funding provided by governments (69.9 per cent in 2009-10) (AIHW 2011a; SCRGSP 2012).

Funding and service delivery responsibilities in 2011-12 are summarised in table 2. The table draws on information from the NHRA (COAG 2011d), AIHW publications *Australia's Health 2012* and *Health Expenditure Australia 2010-11* (AIHW 2012a, 2012b) plus other sources (AIHW 2011a, 2012c; PC 2011; SCRGSP 2011b).

Table 2 Responsibility for health services, 2011-12

<i>Service</i>	<i>Funding Responsibility</i>	<i>Service Delivery Responsibility</i>
Public hospitals	- State and Territory governments - Australian Government - Private sector	- State and Territory governments - Private under contract
Private hospitals	- Private sector (services provided to patients are partially or fully subsidised from a variety of public and private sources including private health insurance, Department of Veterans' Affairs, Medicare, the Pharmaceuticals Benefits Scheme (PBS), third party insurers) - Australian, State and Territory governments	- Private sector
Community and public health ^a	- State and Territory and local governments - Australian Government (through Medicare and the PBS) - Private sector	- State and Territory and local government - Mixed private and public sectors
Dental services	- Private sector - Australian, State and Territory and local governments and private health insurance provide some funding	- Mixed private and public sectors
Aged care ^b	- Australian Government: residential care; community care packages (Community Aged Care Packages, Extended Aged Care at Home (EACH), EACH Dementia) - Australian Governments (except Vic and WA): Home and Community Care - Private sector	- State and Territory and local governments - Mixed private and public sectors - Not for profit (i.e. religious, community-based and charitable providers)
Other (e.g. patient transport and aids, physiotherapists and psychologists)	- Private sector - Australian, State and Territory and local governments	- Mixed private and public sectors
Medical services ^c	- Australian Government - Private sector	- Private sector
Medications	- Australian Government (through the PBS) - Private sector	- Private sector
Administration and research	- Australian Government - State and Territory governments - Private sector	- Mixed private and public (including universities)

^a Community and public health includes community nursing and public health education campaigns ^b A key change in table 2 for 2011-12 was the Australian Government assuming full funding responsibility for aged care services from the HACC program in all states and territories except Victoria and WA. ^c Medical services includes general practice and specialist care as well as pathology and medical imaging.

Source: adapted from AIHW 2011a, 2012a, 2012b, 2012c; PC 2011; SCRGSP 2011b, 2012.

Expenditure on healthcare

The healthcare system is a substantial component of Australia's economic output (9.3 per cent of GDP in 2010-11 [AIHW 2012b]). Of the \$130.3 billion in healthcare expenditure in 2010-11, the Australian Government provided

\$55.6 billion (42.7 per cent), the states, territories and local government provided \$34.4 billion (26.4 per cent), and the non-government sector provided \$40.2 billion (30.9 per cent) (AIHW 2012b). 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, 2010-11 (\$million)^{a, b}

Area of expenditure	Government funding			Non-government ^c	Total
	Australian Government	State and local government	Total		
Total hospitals	18 917	20 670	39 586	10 119	49 705
Public hospitals ^d	15 440	20 221	35 661	3 276	38 937
Private hospitals	3 477	449	3 926	6 842	10 768
Medical services	17 600	–	17 600	4 925	22 525
Dental services	1 437	699	2 136	5 721	7 857
Patient transport, aids and other health practitioners	2 323	1 878	4 200	6 319	10 520
Community health and other ^e	1 007	4 982	5 989	305	6 295
Public health	1 061	840	1 901	46	1 947
Medications	8 721	–	8 721	9 704	18 425
Administration and research	3 944	1 223	5 166	1 216	6 382
Total recurrent funding	55 008	30 292	85 299	38 357	123 656
Capital expenditure	135	4 155	4 290	2 320	6 610
Total health funding ^f	55 143	34 447	89 589	40 677	130 266
Medical expenses tax rebate ^g	475	–	475	- 475	–
Total health funding	55 618	34 447	90 064	40 202	130 266

^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 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. ^d 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. ^e 'Other' denotes 'other recurrent health services not elsewhere classified'. ^f Total health funding has not been adjusted to include medical expenses tax rebate as funding by the Australian Government. – Nil or rounded to zero.

Source: AIHW (unpublished) Health expenditure Australia 2010-11; table NHA.C1.

Overview of the health of the Australian population

Overall, Australia is a healthy nation. However, some groups experience poorer health outcomes than others and there is room for improvement in multiple areas (AIHW 2012a).

Life expectancy is the average number of years that a person can expect to live if the current age-specific mortality rates persist. Australians continue to have one of the highest life expectancies in the world (fifth highest in 2010, behind Japan, Switzerland, Spain and Italy), with a life expectancy at birth of 81.8 years, which is two years higher than the Organisation for Economic Cooperation and Development (OECD) average of 79.8 (OECD 2012). Further data on life expectancy at birth are reported under NHA performance indicator (PI) 6.

A single summary measure of population health that 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. One DALY is considered one lost year of ‘health’. The burden of disease is considered the gap between a person’s current health status and the health status that one could expect with old age, perfect health, and no disability (WHO 2011). In 2010, it is estimated that cancers (19 per cent of total DALYs) were the leading contributor to the burden of disease in Australia, followed by cardiovascular disease (16 per cent), nervous system disorders (13 per cent), mental disorders (13 per cent), and chronic respiratory diseases (7 per cent) (AIHW 2010).

Self-assessed health status is a widely used measure of people’s perceptions of their own health. Although this is a subjective measure, studies have found that it is a good predictor of subsequent illness, future health-care use and premature mortality (AIHW 2012a). Most Australians consider themselves to be in good-health (around 86 per cent in 2011-12), but this assessment declines with age and socioeconomic status.

Quality of life is a broad concept that can be used to summarise the wellbeing of individuals and societies. It is increasingly recognised as a useful way to capture the complex interaction between single measures of health such as the prevalence of disease and health risk factors (AIHW 2012a). One way to measure quality of life is to ask an individual how they feel about life generally. In 2010, 78 per cent of Australian adults reported that they were satisfied with their lives, and only 5 per cent reported that they felt mostly dissatisfied, unhappy or terrible. Australians who reported fair or poor health were less likely to report that they were satisfied with their lives (55 per cent), compared with people who reported excellent or very good health (87 per cent) (ASIB 2012).

NHA outcomes and outcome areas

This section examines elements of health and the healthcare system categorised according to the four outcome areas and seven outcomes of the NHA.

Better Health: Australians are born and remain healthy

The health of individuals and populations is influenced by many factors, which act in various combinations. These factors include people's behaviours, genetics, environment and socioeconomic characteristics (AIHW 2012a, 2011b). The determinants of health can be analysed from the point of view of 'risk factors' and/or 'protective factors'. Risk factors increase the risk of ill health (for example, tobacco smoking, excessive alcohol consumption), while protective factors decrease the risk of ill health (for example, good nutrition, physical activity) (Giskes et al. 2002). Indicators in the NHA relating to this outcome include measures of some of these risk factors, as well as measures of life cycle health status (such as mortality and health conditions). The indicators that measure risk factors focus on those risks that are modifiable. Only some of the risk factors can be directly influenced by governments, either at an individual or community level — for example, although age is a major risk factor for many health conditions, it is not modifiable, whereas tobacco smoking is.

Socioeconomic circumstances or living environments can affect the ability of some Australians to modify behaviours and make healthy life choices (see, for example, ANHPA 2011; AIHW 2012a). Research shows a social gradient for both 'risk' factors and 'protective' factors (WHO 2011; AIHW 2012d). Where possible, data in this report are disaggregated by socioeconomic status (using the ABS Socio-Economic Index for Areas Index of Relative Socio-economic Disadvantage [SEIFA IRSD]) and remoteness (using the remoteness classification in the Australian Standard Geographical Classification).

Monitoring health and risk factors can help explain and predict trends in health, and provide insight into why some groups have worse health than others. For example, increasing prevalence of obesity among adults foreshadows increases in the occurrence of health problems such as diabetes and cardiovascular disease, and higher healthcare costs in the future (OECD 2011). In contrast, healthy birthweight is positively correlated with long-term health (OECD 2011). NHA PIs 3, 4 and 5 report prevalence rates for specific health risk factors of overweight/obesity, smoking and risky alcohol consumption respectively.

Individuals who experience multiple risk factors are also at higher risk of poorer health outcomes. For example, males with five or more risk factors are three times

as likely to report chronic obstructive pulmonary disease than males with two or fewer risk factors. Females with five or more risk factors are three times as likely to report stroke and two and a half times more likely to report depression than females with two or fewer risk factors (AIHW 2012e).

The NHA reports major causes of death (PI 8) (based on the primary cause of death 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), but a recent bulletin published by the AIHW found that deaths due to natural causes were not always caused by a single disease. In 2007, only one in five deaths were reported as being caused by a single disease and the proportion of deaths reported as being caused by five or more diseases increased from 1997 (11 per cent) to 2007 (21 per cent). For those deaths reported with an underlying cause of diabetes, coronary heart disease (CHD) contributed to 47 per cent of those deaths, cerebrovascular diseases contributed to 20 per cent of those deaths and hypertensive diseases featured as a leading contributor to those deaths (30 per cent) (AIHW 2012f). Understanding the interactions between multiple contributors to death can provide insights into alternative interventions to enhance the quality of life of individuals living with chronic disease.

Better health services: Australians receive appropriate high quality and affordable primary and community health services

Preventive and primary health care are integral to an effective and efficient health system. Early intervention and treatment in the community keeps people healthy and out of hospital, and has significant economic benefits.

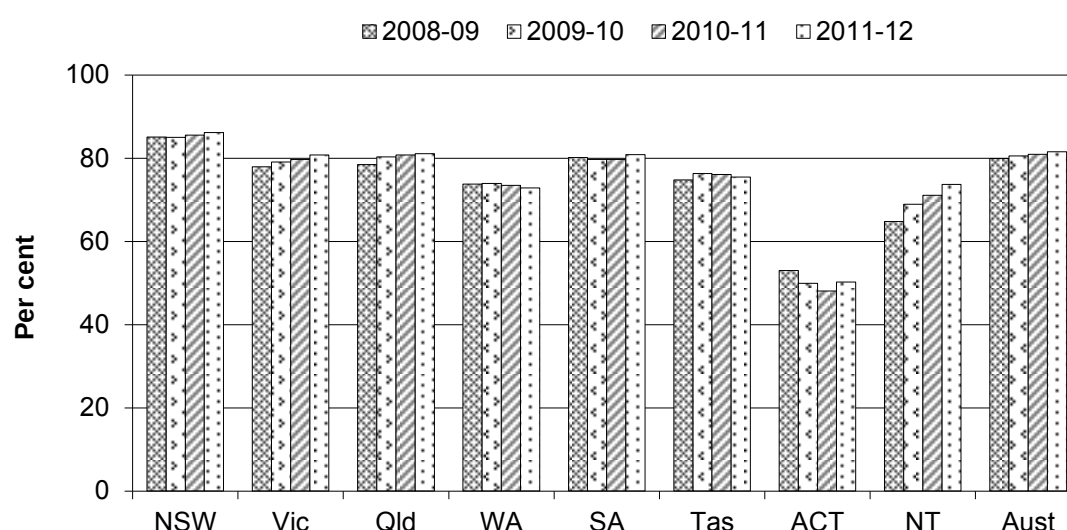
The primary and community health sector is the part of the healthcare system most frequently used by Australians. It contributes to preventative health care, and is important in the detection and management of illness and injury, through direct service provision and referral to acute (hospital) or other healthcare services as appropriate (SCRGSP 2012). 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 settings include general practice, community health services, allied health, the Pharmaceutical Benefits Scheme (PBS) and dental services.

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). NHA PI 18 reports on selected potentially avoidable GP-type presentations to emergency departments, and NHA PI 19 reports on potential avoidable hospitalisations.

Accessibility of GP care is influenced by factors including affordability and geographic location of medical services. Bulk-billing rates can provide an indication of affordability of GP care (figure 3).

Figure 3 Non-referred attendances that were bulk billed, by year (per cent)^a



Source: Department of Health and Ageing (2011), Medicare Statistics – June Quarter 2012.

Direct household expenditure on healthcare provides another indication of affordability. In 2009-10, 5.3 per cent of average weekly household expenditure on goods and services went towards health and medical care, up from 5.1 per cent in 2003-04. On average in 2009-10, people in the lowest income quintile spent less in absolute terms on health and medical care (\$38) compared to those on higher incomes (\$109), but this expenditure represented a greater proportion of low income earners' household expenditure on goods and services (6.9 per cent) compared to those on higher incomes (5.0 per cent) (ABS 2011). Data on people deferring access to healthcare because of financial barriers are reported under NHA 14.

The geographic location of medical services can provide an indication of accessibility for people living in remote areas. GP services can have added importance for people in remote areas because of the role of local GPs in responding to a diversity of community healthcare needs. GPs in more rural or remote communities are more likely to be regularly engaged in complex care,

including critical emergency treatment (Humphreys et al. 2003; ACRRM 2010). Data on the number of GPs by remoteness areas in 2011-12 are provided in table 4.

Table 4 GPs per 100 000 population, by State and Territory, by remoteness, 2011-12^a

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Major cities									
Number	123	126	133	112	141	..	120	..	126
FTE	82	80	85	65	86	..	62	..	80
Inner regional									
Number	135	133	127	97	136	170	np	..	133
FTE	82	82	80	61	83	88	np	..	81
Outer regional									
Number	110	120	150	136	156	105	..	127	130
FTE	64	79	76	70	87	62	..	56	72
Remote									
Number	np	np	233	165	179	286	..	310	202
FTE	np	np	56	58	76	79	..	58	64
Very remote									
Number	np	..	347	202	np	np	..	np	285
FTE	np	..	54	38	np	np	..	np	50
Total									
Number	125	127	139	117	143	151	120	207	130
FTE	81	80	81	64	85	80	62	57	79

^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 Northern Territory; and major cities and inner regional in the ACT. .. Not applicable. np Not published.

Source: DoHA (unpublished) Medicare Statistics; ABS (unpublished) Estimated Resident Population, 30 June 2011; table NHA.C.2.

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 2012*, chapter 11, Primary and community health (SCRGSP 2012). (The *Report on Government Services 2013* is due to be released on 31 January 2013).

Better health services: Australians receive appropriate high quality and affordable hospital and hospital related care

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 comprised 85 520 beds in 2010-11, 68 per cent of which were in public hospitals and 32 per cent in private hospitals. This equated to 3.8 hospital beds per 1000 people in the population (AIHW 2012g).

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

The breakdown of hospitals for 2010-11 by hospital type is illustrated in table 5. The number of hospital beds for each jurisdiction is provided in table 6. Information on the limitations of these data can be found in boxes 4.1 and 4.2 of *Australian Hospital Statistics 2010-11* (AIHW 2012g).

Table 5 Number of hospitals, by hospital type, 2010-11 (number)^a

	NSW	Vic ^b	Qld ^c	WA	SA	Tas	ACT	NT	Aust
Public hospitals									
Public acute	218	150	166	93	78	22	3	5	735
Public psychiatric	8	1	4	1	2	1	–	–	17
Total public	226	151	170	94	80	23	3	5	752
Private hospitals									
Private free standing day surgeries	91	85	53	34	28	2	9	1	303
Private other	86	81	53	24	31	6	3	1	285
Total private	177	166	106	58	59	8	12	2	588
Total	403	317	276	152	139	31	15	7	1 340

^a The numbers of private hospitals for 2010-11, data provided by the jurisdiction. ^b The number of public hospitals in Victoria is reported as a count of the campuses that reported data separately to the National Hospital Morbidity Database in 2010-11. ^c The count of private hospitals in Queensland was based on data as at 30 June 2011. – Nil or rounded to zero.

Source: AIHW (2012) *Australian Hospital Statistics 2010-11*, Cat. no. HSE 117, chapter 4, table 4.3.

Table 6 Public and private hospital average available beds and number of average available beds per 1000 population, by State and Territory, 2010-11^{a, b}

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Public hospitals										
Number of beds in public acute hospitals	no.	19 007	13 254	10 660	5 278	4 816	1 186	926	662	55 789
Number of beds in public psychiatric hospitals	no.	925	154	457	214	224	10	..	..	1 983
Public acute beds per 1000 population	rate	2.7	2.4	2.4	2.4	3.1	2.3	2.6	2.9	2.6
Public psychiatric beds per 1000 population	rate	0.1	–	0.1	0.1	0.1	–	..	..	0.1
Private hospitals^c										
Number of beds in private free standing hospitals	no.	na	na	na	na	na	na	na	na	2 822
Number of beds in other private hospitals	no.	6 584	6 880	5 945	na	2 158	na	na	na	24 926
Private free-standing hospital beds per 1000 population	rate	na	na	na	na	na	na	na	na	0.1
Other private hospital beds per 1000 population	rate	0.9	1.2	1.3	na	1.1	na	na	na	1.1
Total										
Number of beds	no.	na	na	na	na	na	na	na	na	85 520
Beds per 1000 population	rate	na	na	na	na	na	na	na	na	3.8

^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 2010. ^c Data from ABS (2011) Private hospitals Australia 2009-10 (Cat. no. 4390.0).

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

Source: AIHW (2012) *Australian Hospital Statistics 2010-11*, Cat. no. HSE 117, chapter 4, table 4.4.

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 hospital stays). Public hospitals can be broadly categorised into similar groups called peer

groups. Examining peer groups allows for more meaningful comparisons (AIHW 2011g). Public hospital peer groups are based on a range of factors, including the range of admitted patient activity and geographical location. Changes to the activities undertaken by a hospital can result in it moving into, or out of, a particular peer group over time.

Most hospital resources are used to provide care for admitted patients — admitted patient care accounted for around 70 per cent of total hospital expenditure in 2010-11 (AIHW 2012g). In 2010-11, around 24 000 Australians were admitted to hospital each day. An additional 144 000 non-admitted services (such as provision of emergency department services and outpatient clinics) were provided each day (SCRGSP derived from AIHW 2012c).

The *Report on Government Services 2012*, chapter 10, Public hospitals (SCRGSP 2012), contains more information on government roles and responsibilities, funding arrangements, and size and scope of public hospitals (the *Report on Government Services 2013* is due to be released on 31 January 2013). *Australian Hospital Statistics 2010-11* (AIHW 2012g) contains additional descriptive information on Australia's public and private hospitals.

Better health services: Older Australians receive appropriate high quality and affordable health and aged care services

Two types of formal aged care services are 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 (EACHD) program, the Transition Care Program (TCP), the Department of Veterans' Affairs Veterans' Home Care (VHC) Multi-Purpose Services, packages delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program and Aged Care Innovative Pool, the National Respite for Carers Program and Community Nursing programs (DoHA 2008; PC 2011).

These 'formal' care services are in addition to the 'informal' care and support provided by family and friends. Approximately 80 per cent of older Australians rely on informal care and support (PC 2011). Access to formal care is contingent on an

Aged Care Assessment Team (ACAT) assessment. NHA PI 27 reports on the number of hospital patient days used by those assessed by an ACAT team and approved for residential aged care, and NHA PI 30 reports on the elapsed time between an Aged Care Assessment Team (ACAT) approval and entry into a residential aged care service or commencement of a CACP, EACH or EACHD package.

The provision of places for residential aged care is targeted to people aged 70 years and over (AIHW 2012h). NHA PI 26 reports on the operational residential and community aged care places for people aged 70 years or over. Consumer demand for higher quality and more diverse care services are also important drivers of demand: for example, older people want to age at home (including people living in regional and remote areas); people from non-English speaking backgrounds want culturally appropriate care; and people want to have control over choice of services (PC 2011; Ergas and Paolucci 2011). NHA PI 28 provides data reports on residential aged care services that are three year re-accredited, and NHA PI 29 is intended to report on potentially preventable hospitalisations for residents of aged care homes (although data are not yet available for this PI).

Future demand for aged care will be driven by a number of factors, including the ageing population. Treasury projections estimate that the number of Australians over 70 will double from 2 million in 2010 to 4 million in 2030, and the number of Australians over 85 will quadruple from 0.4 million in 2010 to 1.8 million in 2050.¹ Other factors that could affect the capacity of ageing people to live independently or within their community, and consequently change the current demographic projections for future needs, include availability of informal care, levels of health, rates of disability and life expectancy. While age-specific rates of disability have been declining slowly over time, the limited available evidence suggests that any effect this has on lowering the demand for care is out-weighed by the longevity effect, as the rate of disability rises with age (PC 2011; Ergas and Paolucci 2011).

The *Report on Government Services 2012*, chapter 13, Aged Care Services (SCRGSP 2012), contains more information on government roles and responsibilities, funding arrangements, and size and scope of the aged care sector (the *Report on Government Services 2013* is due to be released on 31 January 2013). *Residential aged care in Australia 2010-11* and *Aged Care packages in the community 2010-11* (AIHW 2012h, 2012i), contain additional information on specific aged care services.

¹ The Treasury has also estimated 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 2050 — largely due to the quadrupling of the 85+ age group. (Commonwealth of Australia 2010; PC 2011).

Better health services: Australians have positive health and aged care experiences which take account of individual circumstances and care needs

The performance indicator related to this outcome in the NHA refers to patient ‘experience’, and ‘satisfaction’ (NHA PI 32). 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.

Meeting the healthcare needs and expectations of individuals is complex, and several aspects of care influence patient health and wellbeing outcomes and experience. 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 annual ABS Patient Experience Survey 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. Data were collected for the first time in 2009, with the second and third collections undertaken in 2010-11 and 2011-12 respectively.

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 2011. The current sample size does not support reliable estimates at State and Territory level (n=1500 for 2011), but the estimates will allow for some reporting at the national level.

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 and transition; and coordination of care (NRC Picker 2011).

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 is currently inconsistent across states and territories and cannot provide nationally comparable data. Over the past year there has been considerable work undertaken to develop a common survey tool that can be used nationally. This work is still under development through the committee structure of the Australian Health Ministers' Advisory Council (AHMAC).

Social Inclusion and Indigenous Health: Australians have a health system that promotes social inclusion and reduces disadvantage, especially for Indigenous Australians

This outcome is concerned with ensuring Australia's health system promotes social inclusion and reduces disadvantage, especially for Indigenous Australians. Social inclusion can be broadly defined as '... Australians hav[ing] 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' (DPMC 2009).

Research regularly observes associations between health determinants and socioeconomic status (WHO 2011). In Australia, there are significant health inequalities across population groups based on gender, geography, ethnicity and socioeconomic status (Duckett 2007). Health inequalities are evident across a range

of outcomes, including incidence of illness and injury, life expectancy and mortality rates. 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). 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).

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). Social exclusion — through financial barriers or limited access due to remoteness — can also act as a barrier to accessing appropriate healthcare services (Duckett 2007). Similarly, poor health can also act as a barrier to engaging in paid employment and social interaction, therefore accentuating social exclusion.

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 2011a). The NHA requires that all performance indicators, to the extent it is possible and appropriate, are disaggregated by Indigenous status, disability status, remoteness area and socio-economic status to assess whether these groups achieve comparable health outcomes and service delivery outcomes to the broader population (COAG 2012a, para 15).

More contextual information on Indigenous health issues can be found in the *Overcoming Indigenous Disadvantage — Key Indicators 2011*, chapter 7, Healthy lives (SCRGSP 2011a). The Steering Committee's reports on the National Indigenous Reform Agreement (SCRGSP 2009, 2010, 2011b, forthcoming) also provide additional information on the health of Indigenous Australians.

Sustainability of the health system: Australians have a sustainable health system

In this context, sustainability refers to having adequate resources to meet the needs of the population today and into the future. Sustainability is a difficult concept to measure as it requires an assessment of the capacity of the current health system to be viable in the future, and relies on input measures of human, capital and financial resources.

A range of factors 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 2009; NHHRC 2009). Over the decade to 2010-11, health expenditure increased in real terms by 5.3 per cent per annum (AIHW 2012b). This was 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 4 per cent of GDP in 2009-10 to over 7 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). As people live longer, the chronic disease burden and associated costs may also increase (WHO 2002). Other factors likely to increase health expenditure include increased fertility and migration, shortages of health professionals and higher incomes (PC 2005).

Governments may be able to influence 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 (Or 2000; Wilkie and Young 2009; Kaplan and Porter 2011). 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.

The NHA currently only has one sustainability indicator (NHA PI 33) — this indicator reports on the sustainability of the health workforce. 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 the health workforce 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). Recent research has found that the number of Australia's medical graduates is projected to increase by almost 50 per cent by 2016 based on current trends, and new approaches will be needed if all of them are to find internship places (Joyce 2012).

Further work is required to conceptualise and develop more comprehensive indicators of the sustainability of the healthcare system over time.

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 two areas:

1. Better health

- (a) close the life expectancy gap for Indigenous Australians within a generation
- (b) halve the mortality gap for Indigenous children under five by 2018
- (c) 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) by 2023
- (d) by 2018, increase by five percentage points the proportion of Australian adults and Australian children at a healthy body weight, over the 2009 baseline
- (e) by 2018, reduce the national smoking rate to 10 per cent of the population and halve the Indigenous smoking rate, over the 2009 baseline

2. Better health services

- (f) 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
- (g) 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 [NHA para. 18].

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 (a) — Better health: close the life expectancy gap for Indigenous Australians within a generation

Key amendments from previous cycle of reporting: This benchmark is unchanged from the previous NHA.

Outcome: Australians are born and remain healthy

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

- Life expectancy for total population is calculated for a rolling 3-year period and reported annually.
- Life expectancy for Indigenous and non-Indigenous populations is calculated for a rolling 3-year period and reported every 5 years

Calculated by direct estimation of life expectancy at birth for all Australians, Indigenous and non-Indigenous Australians using the average number of deaths in the relevant 3-year period and the estimated resident population at the mid-point of that period.

Expressed as *number of years*

Related performance indicator/s: Performance indicator 6: Life expectancy

Data source: ABS [Life Tables](#) (annual)
ABS [Experimental Indigenous and Non-Indigenous Life Tables](#) (5-yearly)

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 3 Comment on data quality

No new data were available for this report. Data from the 2006 Census were included in the 2008-09 baseline NHA performance report ([old] NHA PB 4(a)). Life expectancy data from the 2011 Census are anticipated to be available by mid-2014, for inclusion in the 2013-14 NHA performance report.

All-cause mortality rates (provided as additional data for performance indicator 8) are used in the calculation of life expectancy estimates and are considered the closest proxy for measuring progress against this benchmark.

Performance benchmark (b) — Better health: halve the mortality gap for Indigenous children under five by 2018

Key amendments from previous cycle of reporting:	Disaggregations have changed to enable alignment of reporting with the related NIRA target. Historical data have been re-supplied and included in this report.
Outcome:	Australians are born and remain healthy.
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: • <i>numerator</i> — number of deaths among persons aged 0–4 years • <i>denominator</i> — population aged 0–4 years and is expressed as a rate (<i>per 100 000 population</i>) <i>Rate ratios and rate differences are calculated for comparing Indigenous: non-Indigenous Australians.</i> <i>Variability bands are calculated for single-year and aggregate years data by State/Territory (for within jurisdiction comparisons only)</i>
Related performance indicator/s:	Performance indicator 7: Infant and young child mortality rate
Data source:	<i>Numerator:</i> <u>ABS Death Registrations Collection</u> <i>Denominator:</i> <u>ABS Census Post Enumeration Survey</u> (5 yearly), <u>ABS Births Collection</u>, <u>Estimated Resident Population</u> (total population), <u>Experimental Indigenous estimates and projections</u> (Indigenous population). Non-Indigenous population estimates are calculated by subtracting Indigenous population projections from the total population estimates. Data are available annually
Data provider:	ABS
Data availability:	Deaths collection — 2011 Population data — 30 June 2011 (based on 2006 Census)
Baseline:	2007 (single year data reported disaggregated by Indigenous status at the national level only)
Cross tabulations provided:	Nationally, by Indigenous status <i>[Data only reported for jurisdictions for which there is evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis]</i>

Box 4 Results

For this report, new data for this indicator are available for 2011.

- National data by single year are presented in table NHA.7.1. Variability bands are provided with these data.

Data for 2010 are available in the 2010-11 NHA performance report. Data for 2009, 2008 are available in the 2009-10 NHA performance report ([old] NHA PB 4 (b)). Data for 2007 are available in the 2008-09 baseline NHA performance report ([old] NHA PB 4 (b)).

Additional data by Indigenous status are available with PI 17 of this report and in the NIRA performance report — NIRA performance indicator 6.

Attachment tables

Table NHA.7.1	All causes, infant and child mortality (less than one year and 0–4 years), 2011

Box 5 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 7 in the next section on ‘Performance indicators’.

Performance benchmark (c) — Better health: 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) by 2023

Key amendments from previous cycle of reporting: This benchmark is unchanged from the previous NHA.

Outcome: 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 10: Prevalence of type 2 diabetes

Data source: Nil

Data provider: Nil

Data availability: Nil

Baseline: 2000, 7.1 per cent

Cross tabulations provided: Nil

Box 6 Comment on data quality

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

The baseline 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).

The National Health Measure Survey (NHMS) component of the Australian Health Survey (AHS) will be the future data source for the indicator. It will be possible to derive an estimate of Type 2 diabetes from the AHS using a method consistent with the baseline estimate derived from the 1999-2000 AusDiab survey.

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 2011-12 AHS are anticipated to be available from May 2013.

Performance benchmark (d) — Better health: by 2018, 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 previous cycle of reporting: The target year has changed since the previous NHA to 2018 (from 2017) to align with the smoking performance benchmark (PB (e)) data as data for both benchmarks will be derived from the Australian Health Survey.

Outcome: 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* —

- Adults: number of persons aged 18 years or over with a healthy body weight (BMI greater or equal to 18.5 and less than 25)
- Children: number of persons 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* —

- Adults: number of persons aged 18 years or over
- Children: number of persons aged 5–17 years

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

Excludes pregnant women where identified and people with an unknown BMI

95 per cent confidence intervals and relative standard errors calculated for rates.

Related performance indicator/s: Performance indicator 3: Prevalence of overweight and obesity

Data source: Australian Health Survey (AHS). Data are collected every three years

Data provider: ABS

Data availability: 2011-12 (NHS component of the 2011-13 AHS)

Baseline: Baseline data for 2009 are not available. A baseline for 2007-08 was reported in the baseline report to the CRC

Cross tabulations provided: State and Territory

Box 7 Results

For this report new data are available for 2011-12.

- Data by BMI category are presented in table NHA.3.7.

To assist in interpretation, 95 per cent confidence intervals and relative standard errors are provided in the attachment tables for this indicator.

Data from the 2007-08 National Health Survey (NHS) were included in the baseline 2008-09 NHA performance report ([old] NHA PB 1(c)).

Attachment tables

Table NHA.3.7	Proportion of adults and children in BMI categories, by State and Territory, 2011-12

Box 8 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 3 in the next section on 'Performance indicators'.

Performance benchmark (e) — Better health: by 2018, reduce the national smoking rate to 10 per cent of the population and halve the Indigenous smoking rate, over the 2009 baseline

Key amendments from previous cycle of reporting: This benchmark is unchanged from the previous NHA.

Outcome: Australians are born and remain healthy

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

95 per cent confidence intervals and relative standard errors calculated for rates.

Related performance indicator/s: Performance indicator 4: Rates of current daily smokers

Data source: *Numerator and denominator* — (All) Australian Health Survey (AHS). Data are collected every three years. (Indigenous) National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and the Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS). Data are collected on an alternating three-yearly cycle

Data provider: ABS

Data availability: (All) 2011-12 (NHS component of the 2011-13 AHS)
(Indigenous status) 2008 NATSISS and 2007-08 NHS data provided for the baseline report [No new data available]

Baseline: Baseline data for 2009 are not available. A baseline for 2007-08 (total population) and 2008 (Indigenous status) was reported in the baseline report to the CRC

Cross tabulations provided: State and territory

Data are also reported for this indicator under PI 3 in the NIRA performance report [though no new data are available]

Box 9 Results

For this report new data are available for 2011-12.

- Data by State and Territory are presented in tables NHA.4.1–2.

To assist in interpretation, 95 per cent confidence intervals and relative standard errors are provided in the attachment tables for this indicator.

Data from the 2007-08 National Health Survey (NHS) and 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) were included in the 2008-09 baseline NHA performance report ([old] NHA PB 1(b)).

Attachment tables

Table NHA.4.1	Proportion of adults who are daily smokers, by State and Territory, by sex by age, 2011-12
Table NHA.4.2	RSEs and 95 per cent confidence intervals for the proportion of adults who are daily smokers, by State and Territory, by sex by age, 2011-12

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 4 in the next section on 'Performance indicators'.

Performance benchmark (f) — Better health services: 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 previous cycle of reporting: This benchmark is unchanged from the previous NHA. Revised data are provided for 2008-09 and 2009-10.

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

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 per cent*

Supplementary data are also provided for part (2)

Supplementary measure (a) is defined as:

- *numerator* — number of potentially preventable hospitalisations, divided into the following three categories and total:
 - vaccine-preventable conditions
 - acute conditions, excluding dehydration and gastroenteritis
 - chronic conditions excluding diabetes complications (additional diagnoses only)
 - all potentially preventable hospitalisations, excluding diabetes complications (additional diagnoses only) and dehydration and gastroenteritis
- *denominator* — total hospital separations and is expressed as a *number and per cent*

Supplementary measure (b) is defined as:

- *numerator* — number of potentially preventable hospitalisations, divided into the following three categories and total:
 - vaccine-preventable conditions

- acute conditions, excluding dehydration and gastroenteritis
- chronic conditions, excluding diabetes complications (all diagnoses)
- all potentially preventable hospitalisations, excluding diabetes complications (all diagnoses) and dehydration and gastroenteritis
- *denominator* — total hospital separations
and is expressed as a *number and per cent*
[The Steering Committee has a list of in-scope ICD 10 AM codes for each measure]

Related performance indicator/s:	Performance indicator 18: Selected potentially preventable hospitalisations
Data source:	Numerator and denominator — <u>National Hospital Morbidity Database</u> (NHMD). Data are collected annually
Data provider:	AIHW
Data availability:	2010-11 (revised data for 2008-09 and 2009-10)
Baseline:	2006-07
Cross tabulations provided:	State and Territory (by three groups and total)

Box 11 **Results**

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in table NHA.B.f.1.
 - Data for supplementary measure a) by State and Territory are in tables NHA.B.f.2
 - Data for supplementary measure b) by State and Territory are in tables NHA.B.f.3.

Revised data are provided in this report:

- for 2009-10 in tables NHA. B.f.4–6
- for 2008-09 in tables NHA B.f.7–9.

Data for 2007-08 are provided in the 2010-11 NHA performance report ([old] NHA PB 2(a)).

Attachment tables

Table NHA.B.f.1	Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2010-11

Table NHA.B.f.2	Supplementary measure a) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), as a percentage of total hospital separations, by State and Territory, 2010-11
Table NHA.B.f.3	Supplementary measure b) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by State and Territory, 2010-11
Table NHA.B.f.4	Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2009-10
Table NHA.B.f.5	Supplementary measure a) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), as a percentage of total hospital separations, by State and Territory, 2009-10
Table NHA.B.f.6	Supplementary measure b) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by State and Territory, 2009-10
Table NHA.B.f.7	Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2008-09
Table NHA.B.f.8	Supplementary measure a) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), as a percentage of total hospital separations, by State and Territory, 2008-09
Table NHA.B.f.9	Supplementary measure b) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by State and Territory, 2008-09

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 18 in the next section on 'Performance indicators'.

The difference between the measure for this benchmark and the measure for the associated indicator (PI 18) is the denominator (hospital separations for this benchmark; estimated resident population for PI 18).

Performance benchmark (g) — Better health services: 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 previous cycle of reporting: The scope of the denominator has been amended to better align with the numerator (patient days for unqualified newborns previously excluded from the denominator are now included). 2010-11 data are backcast for inclusion of unqualified newborns. Data are not able to be backcast further.

Outcome: 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 (under surveillance) (i.e. only for hospitals reporting SAB indicator) and is expressed as a *rate per 10 000 patient days*

The definition of an acute care public hospital is 'all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospitals Establishment NMDS'. All public hospitals are included, both those focusing on acute care, and those focusing on non-acute or sub-acute care, including psychiatric, rehabilitation and palliative care.

Patient days for unqualified newborns are included. Patient days for hospital boarders and posthumous organ procurement are excluded.

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 ($<1 \times 10^9/L$) contributed to by cytotoxic therapy

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

Related performance indicator/s:

Performance indicator 22: Healthcare-associated infections

Data source:

Numerator: State and Territory infection surveillance data

Denominator: State and Territory admitted patient data

Data are available annually

Data provider:

AIHW

Data availability:

2011-12

Baseline:

2009-10

Cross tabulations provided:

State and Territory by:

- MRSA and Methicillin-sensitive *Staphylococcus aureus* (MSSA)

Box 13 **Results**

For this report, new data are available for 2011-12.

- Data by State and Territory are presented in table NHA.22.1
- Data by MRSA and MSSA are presented in table NHA.22.1.

2010-11 data have been revised and are provided in this report in table NHA.22.2.

Data for 2009-10 are available in the 2010-11 NHA performance report and limited 2008-09 data are available in the 2008-09 baseline NHA performance report ([old] NHA PB 3 (a)). However, these data are not comparable with later years due to changes to the measure since the baseline.

Attachment tables

Table NHA.22.1	Episodes of <i>Staphylococcus aureus</i> (including MRSA) bacteraemia (SAB) in acute care hospitals, by State and Territory, by MRSA and MSSA, 2011-12
Table NHA.22.2	Episodes of <i>Staphylococcus aureus</i> (including MRSA) bacteraemia (SAB) in acute care hospitals, by State and Territory, by MRSA and MSSA, 2010-11

Box 14 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 indicators

The NHA has 7 outcomes, which are reported against using 33 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' prefix.

Table 7 Performance indicators in the National Healthcare Agreement

<i>Outcome</i>	<i>Performance Indicator</i>	<i>Page no. in this report</i>
	Better Health	
Australians are born and remain healthy	1. Proportion of babies born of low birth weight	46
	2. Incidence of selected cancers	49
	3. Prevalence of overweight and obesity	52
	4. Rates of current daily smokers	56
	5. Levels of risky alcohol consumption	59
	6. Life expectancy	62
	7. Infant and young child mortality rate	64
	8. Major causes of death	67
	9. Incidence of heart attacks	71
	10. Prevalence of type 2 diabetes	74
	11. Proportion of adults with very high levels of psychological distress	75
	Better Health Services	
Australians receive appropriate high quality and affordable primary and community health services	12. Waiting times for GPs	79
	13. Waiting times for public dentistry	82
	14. People deferring access to selected health care due to financial barriers	85
	15. Effective management of diabetes	85
	16. Potentially avoidable deaths	90
	17. Treatment rates for mental illness	94
	18. Selected potentially preventable hospitalisations	97
	19. Selected potentially avoidable GP-type presentations to emergency departments	104

(Continued next page)

Table 7 (continued)

<i>Outcome</i>	<i>Performance Indicator</i>	<i>Page no. in this report</i>
Australians receive appropriate high quality and affordable hospital and hospital related care	20. Waiting times for elective surgery	108
	21. Waiting times for emergency hospital care	113
	22. Healthcare associated infections	119
	23. Unplanned hospital readmission rates	122
	24. Survival of people diagnosed with notifiable cancers	125
Older Australians receive appropriate high quality and affordable health and aged care services	25. Rate of community follow up within first seven days of discharge from a psychiatric admission	126
	26. Residential and community aged care places per 1,000 population aged 70+ years	129
	27. Number of hospital patient days used by those eligible and waiting for residential aged care	132
	28. Proportion of residential aged care services that are three year re accredited	135
	29. Proportion of residential aged care days on hospital leave due to selected preventable causes	138
	30. Elapsed times for aged care services	139
	31. Proportion of aged care residents who are full pensioners relative to the proportion of full pensioners in the general population	142
	32. Patient satisfaction/experience	143
Australians have positive health and aged care experiences which take account of individual circumstances and care needs		
Australians have a health system that promotes social inclusion and reduces disadvantage, especially for Indigenous Australians	All performance indicators, where it is possible and appropriate to do so, to be disaggregated by Indigenous status, disability status, remoteness area and socio-economic status to assess whether these social inclusion groups achieve comparable health outcomes and service delivery outcomes to the broader population	..
Australians have a sustainable health system	33. Full time equivalent employed health practitioners per 1,000 population (by age group and profession type)	149

Indicator 1 — Proportion of babies born of low birthweight

Key amendments from previous cycle of reporting:	This indicator is unchanged from the previous NHA. Variability bands are calculated for single-year and aggregate years data by State/Territory. Historical data have been re-supplied with variability bands and included in this report.
Outcome:	Australians are born and remain healthy.
Measure:	The incidence of low birthweight among live-born singleton babies, of Aboriginal and Torres Strait Islander mothers and other mothers The measure is defined as: • <i>numerator</i> — number of low birthweight liveborn singleton infants • <i>denominator</i> — total number of liveborn singleton infants and is expressed as a <i>number</i> and <i>per cent</i> <i>Low birthweight is defined as less than 2500 grams</i> <i>Excludes multiple births and stillbirths</i> <i>Indigenous status of infants is currently only available based on the Indigenous status of the mother</i> <i>Variability bands are calculated for single-year and aggregate years data by State/Territory (for within jurisdiction comparisons only – cannot be used to make comparisons across jurisdictions).</i>
Data source:	<u>Numerator and denominator</u> — AIHW <u>National Perinatal Data Collection</u> (NPDC). Data are collected annually
Data provider:	AIHW
Data availability:	2010 (calendar year data) [2009, 2008 and 2007 data have been resupplied with variability bands]
Cross tabulations provided:	Single year data (2010): State and Territory, by • Indigenous status (of the mother) Nationally, by • remoteness (ASGC) • SEIFA IRSD quintiles • SEIFA IRSD deciles Aggregate data (2008-2010): State and Territory, by • Indigenous status (of the mother) Further cross tabulations are available in the NIRA performance report — PI 7

Box 15 Results

For this report, new data for this indicator are available for 2010.

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

Data for 2009, 2008 and 2007 have been resupplied with variability bands and are presented in tables NHA.1.4–9.

Attachment tables

Table NHA.1.1	Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2010
Table NHA.1.2	Proportion of live-born singleton babies of low birthweight, by remoteness, by SEIFA IRSD quintiles, by SEIFA IRSD deciles, National, 2010
Table NHA.1.3	Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2008–2010
Table NHA.1.4	Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2009
Table NHA.1.5	Proportion of live-born singleton babies of low birthweight, by remoteness, by SEIFA IRSD quintiles, by SEIFA IRSD deciles, National, 2009
Table NHA.1.6	Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2008
Table NHA.1.7	Proportion of live-born singleton babies of low birthweight, by remoteness, by SEIFA IRSD quintiles, by SEIFA IRSD deciles, National, 2008
Table NHA.1.8	Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2007
Table NHA.1.9	Proportion of live-born singleton babies of low birthweight, by remoteness, by SEIFA IRSD quintiles, by SEIFA IRSD deciles, National, 2007

Box 16 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 the proportion of babies born with low birthweight. Data are available by Indigenous status of the mother by State and Territory, and by socioeconomic status (SES) nationally.

(Continued next page)

Box 16 **(continued)**

- Data are collected and published annually. The most recent available data are for 2010. Data in this report are comparable with data provided in previous reports.
- Data are of acceptable accuracy. Latest results are provided as an average of the most recent three years of data due to volatility of the small numbers involved. Single year data are provided for time series.
- The National Perinatal Data Collection (NPDC) provides information on the Indigenous status of the mother only. Changing levels of Indigenous identification over time and across jurisdictions affect the accuracy of Indigenous status time series 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 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.
- Data are relatively old and may not be representative of current outcomes. Further work is required to ensure availability of more timely data.
- As of 1 July 2012, the Perinatal National Minimum Dataset (NMDS) includes a data element on the Indigenous status of the baby. This will enable babies born to non-Indigenous mothers and Indigenous fathers to be identified in the collection.
- A formal assessment of the extent of under-identification of Indigenous status in the NPDC is required. This will identify whether the data require adjustment, and contribute to improved time series reporting.

Indicator 2 — Incidence of selected cancers

Key amendments from previous cycle of reporting:	Data for NSW, the ACT and national totals disaggregated by Indigenous status, remoteness area or socioeconomic status are not available for this cycle of reporting.
Outcome:	Australians are born and remain healthy.
Measure:	Incidence of selected cancers of public health importance For melanoma, lung and bowel cancer, the measure is defined as: • <i>numerator</i> — number of new cases in the reported year • <i>denominator</i> — total population and is expressed as a <i>directly age standardised rate (per 100 000 population)</i> For breast and cervical cancer in females, the measure is defined as: • <i>numerator</i> — number of new cases in women in the reported year • <i>denominator</i> — total female population and is expressed as <i>directly age standardised rates (per 100 000 population)</i> <i>Calculated separately for each type of cancer</i>
Data source:	<i>Numerator</i> — <u>Australian Cancer Database</u> <i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population) Data are available annually
Data provider:	AIHW
Data availability:	2009
Cross tabulations provided:	State and Territory (for each cancer type), by: • Indigenous status • remoteness (ASGC) • SEIFA IRSD quintiles Nationally (for each cancer type), by SEIFA IRSD deciles

Box 17 Results

For this report new data are available for 2009.

- Data by State and Territory are presented in tables NHA.2.1
- Data by Indigenous status are presented in table NHA.2.2
- Data by remoteness are presented in table NHA.2.3
- Data by socioeconomic status are presented in tables NHA.2.4–5.

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

Data for 2007 and 2006 are available in the 2010-11 NHA performance report ([old] NHA PI 4).

Attachment tables

Table NHA.2.1	Incidence of selected cancers, by State and Territory, 2009
Table NHA.2.2	Incidence of selected cancers by Indigenous status, by State and Territory, 2009
Table NHA.2.3	Incidence of selected cancers by remoteness, by State and Territory, 2009
Table NHA.2.4	Incidence of selected cancers, by State and Territory, by SEIFA IRSD quintiles, 2009
Table NHA.2.5	Incidence of selected cancers by SES based on SEIFA IRSD deciles, National, 2009

Box 18 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 the incidence of melanoma of the skin, lung cancer and bowel cancer and for females, cervical cancer and breast cancer.
- Annual data are available. The most recent available data are for 2009.

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Box 18 **(continued)**

- Cancer incidence data for 2009 were not available from the cancer registries in New South Wales and the Australian Capital Territory. Instead, estimates of overall 2009 cancer incidence are provided for these jurisdictions. Disaggregations by socioeconomic status and Indigenous status were not available. Totals do not include these jurisdictions. Until actual 2009 cancer data are available from these jurisdictions, comparisons with other year's data, including totals, are not recommended.
- 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 Queensland, WA and the NT. However, the 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 acceptable data quality — Queensland, WA and the NT.
- 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.
- Improvement of Indigenous identification in cancer registries in several jurisdictions is a priority.
- Further work is required to ensure availability of more timely data.

Indicator 3 — Prevalence of overweight and obesity

Key amendments from previous cycle of reporting:	This indicator has changed from the previous NHA with the focus now including overweight in addition to obesity, resulting in a new baseline. Data are provided for 2007-08 to provide a time series with 2011-12 data as: • 2007-08 data have been recompiled for the new measure • national data are now provided disaggregated by SEIFA IRSD deciles	
Outcome:	Australians are born and remain healthy	
Measure:	Prevalence of overweight and obesity in adults and children For adults, the measure is defined as: • <i>numerator</i> — number of persons aged 18 years or over who are overweight or obese • <i>denominator</i> — population aged 18 years or over and is expressed as a <i>directly age standardised rate (per cent)</i> For children, the measure is defined as: • <i>numerator</i> — number of persons aged 5–17 years who are overweight or obese • <i>denominator</i> — population aged 5–17 years and is expressed as a <i>directly age standardised rate (per cent)</i> <i>BMI calculated as weight (in kilograms) divided by the square of height (in metres). For adults, obesity is defined as a BMI of greater than or equal to 30 and overweight is defined as a BMI of 25.00–29.99. 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 and overweight is defined as a BMI (appropriate for age and sex) that is likely to be 25.00–29.99 at age 18 years, based on centile curves.</i> <i>Excludes pregnant women and people with unknown BMI</i> <i>95 per cent confidence intervals and relative standard errors calculated for rates.</i>	
Data source:	<i>Numerator and denominator</i> — (All) <u>Australian Health Survey (AHS)</u> . Data are collected every three years. (Indigenous) <u>Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS)</u> . Data are collected every six years.	
Data provider:	ABS	
Data availability:	(All) 2011-12 (NHS component of the 2011-13 AHS)	(Indigenous status) 2004-05 NHS/ National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) — NATSIHS based on self report [No new data are available]
	Data are also reported for this indicator under PI 5 in the NIRA	

performance report [though no new data are available]

Cross tabulations
provided:

For each of adult and children:

State and territory, by

- sex by age (adult only)
- disability status
- remoteness (ASGC)
- SEIFA IRSD quintiles
- BMI category (underweight, normal, overweight, obese)

Nationally, by SEIFA IRSD deciles

Box 19 **Results**

For this report new data are available for 2011-12.

- Data by State and Territory are presented in table NHA.3.1
- Data by sex, by age are presented in tables NHA.3.2–3.3
- Data by remoteness are presented in table NHA.3.4
- Data by socioeconomic status are presented in table NHA.3.5 and NHA.3.8
- Data by disability status are presented in table NHA.3.6
- Data by BMI category are presented in table NHA.3.7.

Data for 2007-08 have been recompiled for the new measure and are provided in this report in tables NHA.3.9–15. Recompiled data by Indigenous status will be provided in the 2012-13 report.

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.3.1	Rates of overweight and obesity, by State and Territory, 2011-12
Table NHA.3.2	Rates of overweight and obesity for adults, by State and Territory, by sex and age, 2011-12
Table NHA.3.3	RSEs and 95 per cent confidence intervals for rates of overweight and obesity for adults, by State and Territory, by sex and age, 2011-12
Table NHA.3.4	Rates of overweight and obesity for adults and children, by State and Territory, by remoteness, 2011-12
Table NHA.3.5	Rates of overweight and obesity for adults and children, by State and Territory, by SEIFA IRSD quintiles, 2011-12
Table NHA.3.6	Rates of overweight and obesity, by State and Territory, by disability status, 2011-12

Table NHA.3.7	Proportion of adults and children in BMI categories, by State and Territory, 2011-12
Table NHA.3.8	Rates of overweight and obesity for adults, by SEIFA IRSD deciles, National, 2011-12
Table NHA.3.9	Rates of overweight and obesity for adults and children, by State and Territory, 2007-08
Table NHA.3.10	Rates of overweight and obesity for adults, by State and Territory, by sex and age, 2007-08
Table NHA.3.11	RSEs and 95 per cent confidence intervals for rates of overweight and obesity for adults, by State and Territory, by sex and age, 2007-08
Table NHA.3.12	Rates of overweight and obesity for adults and children, by State and Territory, by remoteness, 2007-08
Table NHA.3.13	Rates of overweight and obesity for adults and children, by State and Territory, by SEIFA IRSD quintiles, 2007-08
Table NHA.3.14	Proportion of adults and children in BMI categories, by State and Territory, 2007-08
Table NHA.3.15	Rates of overweight and obesity for adults, by SEIFA IRSD deciles, 2007-08

Box 20 **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 the proportion of people who are overweight and obese.
- State and Territory data are available by socioeconomic status (SES).
- Data for the current reporting cycle are sourced from the National Health Survey (NHS) component of the ABS Australian Health Survey (AHS). Data for previous reporting cycles are sourced from the NHS.
- The AHS does not include people living in very remote areas, which affects the comparability of the NT results.
- Data are of acceptable accuracy. Some relative standard errors for disaggregations are greater than 25 per cent and these data should be used with caution.
- The accuracy of overweight and obesity rates, particularly at the finer disaggregation levels is expected to improve for the 2012-13 report with the full AHS sample of 34 000 people.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.

(Continued next page)

Box 20 (continued)

- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- NATSIHS (now Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS)) data are only available every six years. An assessment of the relative speed of change in results for this indicator is required to determine whether more regular data collection is necessary. Subject to cost benefit analysis, it is recommended that relevant questions be included in both the NATSIHS and the NATSISS, to provide data on a rotating three yearly cycle across the two collections.
- The size of the standard errors mean that the survey 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.
- State and Territory data by Indigenous status are anticipated to be available for the 2012-13 report.

Indicator 4 — Rates of current daily smokers

Key amendments from previous cycle of reporting:	This title of this indicator has changed from the previous NHA to align with the related NIRA indicator. This does not affect the time series. Additional data are provided for 2007-08: • data are now provided disaggregated by sex by age • national data are now provided disaggregated by SEIFA IRSD deciles
Outcome:	Australians are born and remain healthy
Measure:	Proportion of adults who are current daily smokers The measure is defined as: • <i>numerator</i> — number of persons aged 18 years or over who smoke tobacco every day • <i>denominator</i> — population aged 18 years or over and is expressed as <i>directly age standardised rates (per cent)</i> <i>Daily smoking is defined as: currently smokes cigarettes (manufactured or roll-your-own) or equivalent tobacco product every day</i> <i>95 per cent confidence intervals and relative standard errors calculated for rates.</i>
Data source:	Numerator and denominator — (All) <u>Australian Health Survey (AHS)</u> . Data are collected every three years. (Indigenous) <u>National Aboriginal and Torres Strait Islander Social Survey (NATSISS)</u> and the <u>Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS)</u> . Data are collected on an alternating three-yearly cycle
Data provider:	ABS
Data availability:	(All) 2011-12 (NHS component of the 2011-13 AHS) (Indigenous status) 2008 NATSISS and 2007-08 NHS data provided for the baseline report [No new data available]
Cross tabulations provided:	State and territory, by • sex by age • disability status • remoteness (ASGC) • SEIFA IRSD quintiles Nationally, by SEIFA IRSD deciles Data are also reported for this indicator under PI 3 in the NIRA performance report [though no new data are available]

Box 21 **Results**

For this report new data are available for 2011-12.

- Data by sex, by age are presented in tables NHA.4.1–4.2
- Data by remoteness are presented in table NHA.4.3
- Data by disability status are presented in table NHA.4.4
- Data by socioeconomic status are presented in tables NHA.4.5–6.

Additional data are provided for 2007-08 are provided in this report in tables NHA.4.7–9.

To assist in interpretation, 95 per cent confidence intervals and relative standard errors are provided in the attachment tables for this indicator.

Data from the 2007-08 National Health Survey (NHS) and 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) were included in the 2008-09 baseline NHA performance report ([old] NHA PI 6).

Attachment tables

Table NHA.4.1	Proportion of adults who are daily smokers, by State and Territory, by sex by age, 2011-12
Table NHA.4.2	RSEs and 95 per cent confidence intervals for the proportion of adults who are daily smokers, by State and Territory, by sex by age, 2011-12
Table NHA.4.3	Proportion of adults who are daily smokers, by State and Territory, by remoteness, 2011-12
Table NHA.4.4	Proportion of adults who are daily smokers, by State and Territory, by disability status, 2011-12
Table NHA.4.5	Proportion of adults who are daily smokers, by SEIFA IRSD deciles, 2011-12
Table NHA.4.6	Proportion of adults who are daily smokers, by State and Territory, by SEIFA IRSD quintiles, 2011-12
Table NHA.4.7	Proportion of adults who are daily smokers, by State and Territory, by sex by age, 2007-08
Table NHA.4.8	RSEs and 95 per cent confidence intervals for the proportion of adults who are daily smokers, by State and Territory, by sex by age, 2007-08
Table NHA.4.9	Proportion of adults who are daily smokers, by SEIFA IRSD deciles, 2007-08

Box 22 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 the proportion of adults who reported that they are daily smokers.
- State and Territory data are available socioeconomic status (SES).
- Data for the current reporting cycle are sourced from the National Health Survey (NHS) component of the ABS Australian Health Survey (AHS). Data for previous reporting cycles are sourced from the NHS.
- The AHS does not include people living in very remote areas, which affects the comparability of the NT results.
- Data are of acceptable accuracy. Some relative standard errors for age, SES and remoteness disaggregations are greater than 25 per cent and these data should be used with caution.
- The accuracy of overweight and obesity rates, particularly at the finer disaggregation levels is expected to improve for the 2012-13 report with the full AHS sample of 34 000 people.
- 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 size of the standard errors mean that the survey 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.
- State and Territory data by Indigenous status are anticipated to be available for the 2012-13 report.

Indicator 5 — Levels of risky alcohol consumption

Key amendments from previous cycle of reporting:	The title of this indicator has changed from the previous NHA and there is one amendment to the measure for this report: • The measure has been changed to align with the revised Australian Alcohol Guidelines. Additional data are provided for 2007-08 based on the current guidelines to provide a time series with 2011-12 data.
Outcome:	Australians are born and remain healthy
Interim measure:	Proportion of adults at risk of long-term harm from alcohol The measure is defined as: • <i>numerator</i> — persons aged 18 years or over assessed as having an alcohol consumption pattern that puts them at risk of long-term alcohol related harm • <i>denominator</i> — population aged 18 years or over and is expressed as a <i>directly age standardised rate (per cent)</i> <i>'Lifetime risk of alcohol related harm' is defined according to the 2009 National Health and Medical Research Council guidelines: for males and females, no more than two standard drinks on any day. This has been operationalised as: for both males and females, an average of more than 2 standard drinks per day in the last week.</i> <i>95 per cent confidence intervals and relative standard errors calculated for rates.</i>
Data source:	<i>Numerator and denominator</i> — (All) <u>Australian Health Survey (AHS)</u>. Data are collected every three years. (Indigenous) <u>Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS)</u>. Data are collected every six years
Data provider:	ABS
Data availability:	(All) 2011-12 (NHS component of the 2011-13 AHS) [Additional 2007-08 data provided based on the 2009 Australian Alcohol Guidelines] (Indigenous status) 2004-05 (NATSIHS/NHS) data provided for baseline report [No new data available]
Cross tabulations provided:	State and Territory, by: • disability status • remoteness (ASGC) • SEIFA quintiles Nationally, by SEIFA IRSD deciles Data are also reported for this indicator under PI 4 in the NIRA performance report [though no new data are available]

Box 23 Results

For this report new data are available for 2011-12.

- Data by State and Territory are presented in table NHA.5.1
- Data by remoteness are presented in table NHA.5.2
- Data by socioeconomic status are presented in tables NHA.5.3 and NHA.5.5
- Data by disability status are presented in table NHA.5.4

Additional data are provided for 2007-08 in tables NHA.5.6–11.

Data from the 2007-08 National Health Survey (NHS) and 2004-05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) were included in the 2008-09 baseline NHA performance report ([old] NHA PI 7).

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.5.1	Proportion of adults at risk of long term harm from alcohol, by State and Territory, 2011-12
Table NHA.5.2	Proportion of adults at risk of long term harm from alcohol, by State and Territory, by remoteness, 2011-12
Table NHA.5.3	Proportion of adults at risk of long term harm from alcohol, by State and Territory, by SEIFA IRSD quintiles, 2011-12
Table NHA.5.4	Proportion of adults at risk of long term harm from alcohol, by State and Territory, by disability status, 2011-12
Table NHA.5.5	Proportion of adults at risk of long term harm from alcohol, by SEIFA IRSD deciles, 2010-11
Table NHA.5.6	Proportion of adults at risk of long term harm from alcohol, by State and Territory, 2007-08
Table NHA.5.7	Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by State and Territory, by remoteness, 2007-08
Table NHA.5.8	Proportion of adults at risk of long term harm from alcohol (2001 NHMRC guidelines), by State and Territory, by remoteness, 2007-08
Table NHA.5.9	Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by State and Territory, by SEIFA IRSD quintiles, 2007-08
Table NHA.5.10	Proportion of adults at risk of long term harm from alcohol (2001 NHMRC guidelines), by State and Territory, by SEIFA IRSD quintiles, 2007-08
Table NHA.5.11	Proportion of adults at risk of long term harm from alcohol, by SEIFA IRSD deciles, 2007-08

Box 24 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 the proportion of adults who are at risk of long-term harm from alcohol.
- State and Territory data are available by socioeconomic status (SES).
- Data for the current reporting cycle are sourced from the National Health Survey (NHS) component of the ABS Australian Health Survey (AHS). Data for previous reporting cycles are sourced from the NHS.
- The AHS does not include people living in very remote areas, which affects the comparability of the NT results.
- Data are of acceptable accuracy. Some relative standard errors for SES and remoteness disaggregations are greater than 25 per cent and should be used with caution.
- The accuracy of overweight and obesity rates, particularly at the finer disaggregation levels is expected to improve for the 2012-13 report with the full AHS sample of 34 000 people.
- 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 size of the standard errors means that the survey 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.
- State and Territory data by Indigenous status are anticipated to be available for the 2012-13 report.

Indicator 6 — Life expectancy

Key amendments from previous cycle of reporting:	This indicator is unchanged from the previous NHA.
Outcome:	Australians are born and remain healthy
Measure:	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 • Life expectancy for total population is calculated for a 3-year period and reported annually. • Life expectancy for Indigenous and non-Indigenous populations is calculated for a 3-year period and reported every 5 years <i>Calculated by direct estimation of life expectancy at birth for all Australians, Indigenous and non-Indigenous Australians using the average number of deaths in the relevant 3-year period and the estimated resident population at the mid-point of that period</i> <i>Direct estimation of the life expectancy gap between Indigenous and non-Indigenous Australians using the average number of deaths in the relevant three-year period and the estimated resident population at the mid-point of that three-year period, with adjustments for incomplete identification by Indigenous status.</i> Expressed as <i>number of years</i>
Data source:	ABS <u>Life Tables</u> (annual) ABS <u>Experimental Indigenous and Non-Indigenous Life Tables</u> (5-yearly)
Data provider:	ABS
Data availability:	(All) 2009–2011 (calculated for a three-year period — reported annually for total population) (Indigenous status) 2005–2007 [no new data available. 2005–2007 data provided for the baseline report]
Cross tabulations provided:	(All) Aggregate data (2009–2011) State and Territory, by: • sex Data are also reported for this indicator under the PI 1 in the NIRA performance report [though no new data are available]

Box 25 Results

For this report, new data for this indicator are available for 2011.

- Data by State and Territory and by sex are presented in table NHA.6.1.

No new data are available by Indigenous status for this report.

Data for 2010 are available in the 2010-11 NHA performance report ([old] NHA PI 8). Data for 2008 and 2009 are available in the 2009-10 NHA performance report ([old] NHA PI 8). Data for 2007 are available in the 2008-09 baseline NHA performance report ([old] NHA PI 8).

Attachment tables

Table NHA.6.1	Estimated life expectancy at birth by sex, by State and Territory, 2009–2011 (years)

Box 26 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 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 2011) were published in November 2012. The data are calculated as a three year average (with the most recent data for 2009–2011). Data by Indigenous status are available every five years.
- Data are of acceptable accuracy.
- Data in this report are comparable with data in previous reports.
- 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.
- 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 7 — Infant and young child mortality rate

Key amendments from previous cycle of reporting: The measure for children (1–4 years) has been removed to better align the age ranges of interest with the intent of the indicator.
An additional disaggregation has been provided for this indicator to enable alignment of reporting with the related NIRA target and performance indicator.

Outcome: Australians are born and remain healthy

Measure: Mortality rates for infants and children aged less than five years

For infants, the measure is defined as:

- *numerator* — number of deaths among persons aged less than a year
- *denominator* — live births

and is expressed as a *rate (per 1000 live births)*

For infants and children, the measure is defined as:

- *numerator* — number of deaths among persons aged 0–4 years
- *denominator* — population aged 0–4 years

and is expressed as a *rate (per 100 000 population)*

Rate ratios and rate differences are calculated for comparing Indigenous: non-Indigenous Australians.

Variability bands are calculated for single-year and aggregate years data by State/Territory (for within jurisdiction comparisons only – cannot be used to make comparisons across jurisdictions).

Data source: *Numerator* — ABS Death Registrations Collection

Denominator — ABS Census Post Enumeration Survey (5 yearly), ABS Births Collection, Estimated Resident Population (total population), Experimental Indigenous estimates and projections (Indigenous population). Non-Indigenous population estimates are calculated by subtracting Indigenous population projections from the total population estimates.

Data are available annually

Data provider: ABS

Data availability: Deaths collection — 2011
Births collection — 2011
Population data — 30 June 2011 (based on 2006 Census)

Data are also reported for this indicator under PI 6 in the NIRA performance report

Cross tabulations provided:

Single year data:

Nationally for infants and children aged 0–4 years, by Indigenous status

Aggregate data:

2009–2011 (three year aggregate data for total population)

State and Territory, by selected age group (<1; 0–4 years)

2007–2011 (five year aggregate data for disaggregation by Indigenous status) State and Territory, by Indigenous status, by selected age group (<1; 0–4 years).

[Data only reported for jurisdictions for which there is evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis]

Further cross tabulations are available in the NIRA performance report — PI 6

Box 27 Results

For this report, new data for this indicator are available for 2011.

- National data by single year are presented in table NHA.7.1
- Data by State and Territory (three year aggregate) are presented in table NHA.7.2
- Data by Indigenous status (five year aggregate) by selected jurisdictions are presented in tables NHA.7.3–4.

State and Territory data for 2008–10 are available in the 2010–11 NHA performance report ([old] NHA PI 19). State and Territory data for 2007–2009 and 2006–2008 are available in the 2009–10 ([old] NHA PI 19). NHA performance report. State and Territory data for 2005–2007 are available in the 2008–09 baseline NHA performance report ([old] NHA PI 19).

Additional data by Indigenous status are available in the NIRA performance report — NIRA performance indicator 6.

Attachment tables

Table NHA.7.1	All causes, infant and child mortality (less than one year and 0–4 years), 2011
Table NHA.7.2	All causes infant and child mortality, by age group, by State and Territory, 2009–2011
Table NHA.7.3	All causes infant (<1 year) mortality, by Indigenous status, NSW, Qld, WA, SA, NT, 2007–2011
Table NHA.7.4	All causes child (0–4 years) mortality, by Indigenous status, NSW, Qld, WA, SA, NT, 2007–2011

Box 28 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.
- Data are available by Indigenous status for selected states and territories. Data by remoteness and socioeconomic status (SES) are not available.
- Annual data are available. Single year data are reported for infant (infants aged less than one year) and infant and child (aged 0 to four years) mortality 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.
- A large number of unregistered deaths in Queensland dating back to 1992 were identified and registered in 2010. Data in this report include deaths that occurred from 2007 to 2010 that were registered in 2010, as this most closely approximates the expected registration pattern (as deaths occurring earlier than 2007 could be expected to be registered prior to 2010). Care should be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010.
- Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) were not included in the 2010-11 NHA performance report. These data have been corrected and are included in this report.
- Data by Indigenous status are reported for NSW, Queensland, SA and the NT only. Only these jurisdictions have evidence of a sufficient level of Indigenous identification, sufficient numbers of Indigenous deaths and do not have significant data quality issues.
- 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 across jurisdictions).
- Further work is required to improve the completeness of Indigenous identification for registered deaths and disaggregation of this indicator by SES is a priority.

Indicator 8 — Major causes of death

Key amendments from previous cycle of reporting:	The title of this indicator has changed from the previous NHA. There is no impact on the measures or data. Single year data have been backcast due to: • revised ABS Causes of Death data (2007, 2008 and 2009) • revised WA (and national) Indigenous deaths data (2007, 2008 and 2009).
Outcome:	Australians are born and remain healthy
Measure:	Age-standardised mortality rate by major cause of death The measure is defined as: • <i>numerator</i> — number of deaths • <i>denominator</i> — total population and is expressed as a <i>directly age standardised rate (per 100 000 people in the relevant population)</i> Calculated overall and for major causes of death** <i>**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</i> <i>Rate ratios and rate differences are calculated for comparing Indigenous: non-Indigenous Australians.</i> <i>Variability bands are calculated for single-year and aggregate years data by State/Territory (for within jurisdiction comparisons only – cannot be used to make comparisons across jurisdictions).</i>
Data source:	<i>Numerator</i> — ABS <u>Causes of Death Collection</u> <i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)
Data provider:	Data are available annually ABS
Data availability:	Single year data: 2011 (all causes only) 2010 (by cause of death) 2009, 2008 and 2007 (revised) Aggregate data (Indigenous status):

2006–2010 (by cause of death)

Cross tabulations provided:

Disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable - NSW, Qld, WA, SA and NT.

2011 — State and Territory, by all causes of death

2010 [and 2009, 2008 and 2007 revised] — State and Territory, by major causes of death and total

(2006–2010) — State and Territory, by major cause of death and total for these five jurisdictions, by

- Indigenous status

Further cross tabulations are available in the NIRA performance report — PI 2

Box 29 **Results**

For this report, new data for this indicator are available for 2011 (all causes) and 2010 (by cause of death).

- 2011 data by State and Territory (all-cause totals only) are presented in table NHA.8.1 (this table also includes revised time series data for prior years: 2010, 2009, 2008 and 2007).
- 2010 data by State and Territory by cause of death are presented in table NHA.8.2
- 2006–2010 data by Indigenous status are presented in table NHA.8.3.

Data for 2009, 2008 and 2007 have been revised for cause of death as well as the re-inclusion of WA data and are included in this report in tables NHA.8.4–6.

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

Attachment tables

Table NHA.8.1	Age standardised mortality rate (all causes), by State and Territory, 2011, 2010, 2009, 2008 and 2007
Table NHA.8.2	Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2010
Table NHA.8.3	Age standardised mortality rates by major cause of death, by Indigenous status, 2006–2010
Table NHA.8.4	Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2009
Table NHA.8.5	Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2008

Table NHA.8.6

Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2007

Box 30 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 major causes 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 are available annually. The most recent available data are for 2011 (all-cause totals only — no disaggregation by cause of death available. The most recent available data by cause of death are for 2010).
- A large number of unregistered deaths in Queensland dating back to 1992 were identified and registered in 2010. Data in this report include deaths that occurred from 2007 to 2010 that were registered in 2010, as this most closely approximates the expected registration pattern (as deaths occurring earlier than 2007 could be expected to be registered prior to 2010). Care should be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010.
- Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) were not included in the 2010–11 NHA performance report. These data have been corrected and are included in this report.
- Data by Indigenous status are reported for NSW, Queensland, WA, SA and the NT. Only these jurisdictions have evidence of a sufficient level of Indigenous identification, sufficient numbers of Indigenous deaths and do not have significant data quality issues.
- 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. Rates should be used with caution.
- Variability bands provided with rates describe the range of potential results for mortality rates. Variability bands are calculated for single-year and aggregate years data by State/Territory (for within jurisdiction comparisons only — they cannot be used to make comparisons across 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.

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Box 30 **(continued)**

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 across jurisdictions).
- Further work is required to improve the completeness of Indigenous identification for registered deaths.
- Disaggregation of this indicator by SES is a priority.

Indicator 9 — Incidence of heart attacks

Key amendments from previous cycle of reporting:	This is a new performance indicator in the NHA.
Outcome:	Australians are born and remain healthy.
Measure:	Incidence of acute coronary events (acute myocardial infarction (AMI) and unstable angina (UA)). Also known as heart attacks. The measure is defined as: • <i>numerator</i> — Number of deaths recorded with an underlying cause of acute coronary heart disease plus the number of non-fatal hospitalisations with a principal diagnosis of acute myocardial infarction or unstable angina that do not end in a transfer to another acute hospital. • <i>denominator</i> — Total population aged 25 years and over. and is expressed a <i>rate per 100 000 population</i> for the population aged 25 years and over <i>Rates directly age-standardised to the 2001 Australian population.</i>
Data source:	<i>Numerator</i> — AIHW <u>National Hospital Morbidity Database</u> and AIHW <u>National Mortality Database</u> <i>Denominator</i> — (All) ABS <u>Estimated Resident Population</u> and (Indigenous) ABS <u>Indigenous experimental estimates and projections.</u> Data are available annually.
Data provider:	AIHW
Data availability:	2010, 2009, 2008, 2007
Cross tabulations provided:	State and territory by: • Indigenous status Nationally by: • age (25–34; 35–44; 45–54; 55–64; 65–74; 75–84; 85+) and sex. <i>Disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable</i> <i>Some disaggregations may result in numbers too small for publication</i>

Box 31 Results

As this is a new indicator, data are provided for 2010 (the most recent available data), and for 2009, 2008 and 2007 (for the previous NHA reporting periods).

- National data for all years, by age and sex are presented in table NHA.9.1
- National data for all years, by Indigenous status are presented in table NHA.9.2.

Attachment tables

Table NHA.9.1	Rate of heart attacks, by age and sex, people aged 25 years and over, 2007 to 2010
Table NHA.9.2	Age standardised rate of heart attacks, by State and Territory, people 25 years and over, by Indigenous status, 2007 to 2010

Box 32 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 the incidence of heart attacks.
- National data by Indigenous status are available. Data are not available by State and Territory or by socioeconomic status (SES).
- Data are an estimate of 'events', not individuals. Individuals may have multiple events in the one year or in different years and each would be counted.
- Variations in key variables (particularly in transfer rates in hospitals) across jurisdictions indicate that the method of estimation may lead to an under-estimate of incidence in some jurisdictions and an over-estimate in others. The extent of this cannot be measured until the method of estimation is validated. As a result, State and Territory estimates are not provided.
- The accuracy of the estimates is reliant on the accuracy and consistency of coding of the principal diagnosis and underlying cause of death in each jurisdiction. It also relies on the accuracy of coding of transfers to another acute hospital and of death in hospital.
- National disaggregation by Indigenous status is derived using only data from the five jurisdictions where the quality of identification is considered reasonable in both the NHMD and the NMD (NSW, Qld, WA, SA and the NT).

(Continued next page)

Box 32 (continued)

- 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 NHA review recommended that this performance indicator be included as a measure of a health condition that contributes greatly to the total burden of disease in Australia.
- The AIHW are currently undertaking work to validate the method used to calculate this indicator. This is expected to be completed by July 2013, in time to inform reporting at a jurisdictional level for the 2013-14 report.

Indicator 10 — Prevalence of Type 2 diabetes

Key amendments from previous cycle of reporting:	This is a new performance indicator in the NHA
Outcome:	Australians are born and remain healthy.
Measure:	The proportion of people who have Type 2 diabetes. A measure for this indicator has yet to be developed
Data source:	(All) <u>Australian Health Survey (AHS)</u> (National Health Measures Survey (NHMS)) component. (Indigenous) <u>Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS)</u> NHMS component. Frequency of the NHMS component of AHS and AATSIHS to be determined.
Data provider:	ABS
Data availability:	Data are not available for this cycle of reporting
Cross tabulations provided:	Nil

Box 33 **Comment on data quality**

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

The National Health Measure Survey (NHMS) component of the Australian Health Survey (AHS) will be the future data source for this indicator.

The AHS will gather representative data from adults and children on a three-yearly cycle, and is intended to include the NHMS in every second cycle (every six years). Results from the NHMS component of the 2011-12 AHS are anticipated to be available from May 2013, with data for the Indigenous population (from the Australian Aboriginal and Torres Strait Islander Health Survey) anticipated to be available from September 2013, for inclusion in the 2012-13 NHA performance report.

Indicator 11 — Proportion of adults with very high levels of psychological distress

Key amendments from previous cycle of reporting:

This is a new performance indicator in the NHA.

Outcome:

Australians are born and remain healthy

Measure:

Proportion of adults with very high levels of psychological distress.

The measure is defined as:

- *numerator* — Number of people aged 18 years or over with a very high distress score as measured by the Kessler Psychological Distress Scale.
 - *denominator* — Population aged 18 years or over
- and is expressed as a *directly age standardised rate (per cent)*

A ten item scale is currently employed by ABS in general population collections (ie. K10), while a five item scale is included in Aboriginal and Torres Strait Islander collections (ie. K5).

Total scores from the K10 scale can be grouped as follows:

- Low (10–15);
- Moderate (16–21);
- High (22–29);
- Very high (30–50);.

Total scores from the K5 scale can be grouped as follows:

- Low/moderate (5–11);
- High/ very high (12–25)

Rates directly age-standardised to the 2001 Australian population (for data disaggregated by State and Territory, Indigenous status, SEIFA and remoteness).

95 per cent confidence intervals and relative standard errors calculated for rates.

Data source:

Numerator and denominator — (All) Australian Health Survey (AHS). Data are collected every three years. (Indigenous) Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS)/ National Aboriginal and Torres Strait Islander Social Survey (NATSISS). Data are collected on a alternating three-yearly cycle.

Data provider:

ABS

Data availability:

(All) 2011-12 (NHS component of the 2011-13 AHS) and 2007-08 (NHS) (Indigenous status) 2008 NATSISS (Indigenous) and 2007-08 NHS (non-Indigenous)

Cross tabulations provided:

State and territory by:

- sex

Nationally by

- remoteness (ASGC)
- SEIFA IRSD deciles
- SEIFA IRSD quintiles
- disability status

State and Territory (high/ very high levels) by

- Indigenous status

State and Territory (high/ very high levels) by:

- remoteness (ASGC)
- SEIFA IRSD quintiles
- Disability status

Nationally by

- SEIFA IRSD deciles

Some disaggregations may result in numbers too small for publication.

Box 34 **Results**

As this is a new indicator, data are provided for 2011-12 (the most recent available data) and 2007-08 (data are not available for intervening years).

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

Data for 2007-08 have been backcast for the new indicator and are provided in this report in tables NHA.11.4–6.

Data by Indigenous status for 2008 are available in table NHA.11.7.

Data by State and Territory for high/very high levels of psychological distress are presented in tables 11.8–17.

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.11.1	Age standardised rate of adults with very high levels of psychological distress, by State and Territory, 2011-12
Table NHA.11.2	Age standardised rate of adults with very high levels of psychological distress, by State and Territory, by sex, 2011-12
Table NHA.11.3	Age standardised rate of adults with very high levels of psychological distress, by remoteness, SEIFA IRSD quintiles, SEIFA IRSD deciles, and

	disability status, 2011-12
Table NHA.11.4	Age standardised rate of adults with very high levels of psychological distress, by State and Territory, 2007-08
Table NHA.11.5	Age standardised rate of adults with very high levels of psychological distress, by State and Territory, by sex, 2007-08
Table NHA.11.6	Age standardised rate of adults with very high levels of psychological distress, by remoteness, SEIFA IRSD quintiles(b), SEIFA IRSD deciles, and disability status, 2007-08
Table NHA.11.7	Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by Indigenous status, 2008
Table NHA.11.8	Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, 2011-12
Table NHA.11.9	Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by remoteness, 2011-12
Table NHA.11.10	Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by SEIFA IRSD quintiles, 2011-12
Table NHA.11.11	Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by disability status, 2011-12
Table NHA.11.12	Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, 2007-08
Table NHA.11.13	Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by remoteness, 2007-08
Table NHA.11.14	Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by SEIFA IRSD quintiles, 2007-08
Table NHA.11.15	Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by disability status, 2007-08
Table NHA.11.16	Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by sex, 2007-08
Table NHA.11.17	Age standardised rate of adults with high/ very high levels of psychological distress, by SEIFA IRSD deciles, 2007-08

Box 35 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 the proportion of adults with very high levels of psychological distress.
- State and Territory data are available. Data are available by socioeconomic status (SES) nationally. No new data for Indigenous Australians are available for this report.
- Data for the current reporting cycle are sourced from the National Health Survey (NHS) component of the ABS Australian Health Survey (AHS). Data for previous reporting cycles were sourced from the NHS.
- Data for Indigenous Australians will be available from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS), anticipated to be available for the 2012-13 report. The AHS does not include people living in very remote areas, which affects the comparability of the NT results.
- Data are of acceptable accuracy. Some relative standard errors for sex, SES and remoteness disaggregations are greater than 25 per cent and 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:

- Data are only available every three years. An assessment of the relative speed of change in results for this indicator is required to determine whether more regular data collection is necessary.
- Disaggregation of this indicator by SES at the State and Territory level is a priority.

Indicator 12 — Waiting times for GPs

Key amendments from previous cycle of reporting:	This indicator is unchanged from the previous NHA
Outcome:	Australians receive appropriate high quality and affordable primary and community health services
Measure:	Length of time a patient needs to wait to see a GP for an urgent appointment The measure is defined as: • <i>numerator</i> — number of persons who reported seeing a GP for urgent medical care (for their own health) within specified waiting time categories • <i>denominator</i> — 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 <i>directly age standardised rate</i> [per cent calculated separately for each waiting time category (within four hours; more than four hours but within 24 hours; and more than 24 hours)] <i>The interpretation of 'urgent medical care' was left to the respondent.</i> <i>95 per cent confidence intervals and relative standard errors calculated for rates</i>
Data source:	ABS <u>Patient Experience Survey (PEXS)</u> . Data are available annually
Data provider:	ABS
Data availability:	2011-12
Cross tabulations provided:	State and Territory, by waiting time category by: • remoteness (ASGC) Nationally, by waiting time category by: • SEIFA IRSD deciles

Box 36 Results

For this report, data are available for 2011-12.

- Data by State and Territory are presented in tables NHA.12.1–3
- Data by remoteness are presented in tables NHA.12.1–4
- Data by socioeconomic status are presented in table. NHA.12.5.

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.

Data for 2010-11 are provided in the 2010-11 NHA performance report ([old] NHA PI 14). 2009 data are provided in the 2008-09 NHA performance report ([old] NHA PI 14).

Attachment tables

Table NHA.12.1	Reported waiting time to see a GP for an urgent appointment, by State and Territory, by remoteness, 2011-12
Table NHA.12.2	RSEs and 95% CIs for reported waiting time to see a GP for an urgent appointment, by State and Territory, by remoteness, 2011-12
Table NHA.12.3	Reported waiting time to see a GP for an urgent appointment, by State and Territory, by remoteness, 2011-12
Table NHA.12.4	Reported waiting time to see a GP for an urgent appointment, by remoteness, National, 2011-12
Table NHA.12.5	Waiting time for GPs for an urgent appointment, by SEIFA IRSD deciles, 2011-12

Box 37 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. The data are based on waiting times for self-defined urgent medical care.
- Data are available by State and Territory, and nationally by socioeconomic status (SES). Data are not available by Indigenous status.
- The most recent data are for 2011-12, from the Patient Experience Survey (PExS).

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Box 37 (continued)

- The 2011-12 PExS was the first to include households in very remote areas, (although it still excluded discrete Indigenous communities). Small differences evident in the NT estimates between 2010-11 and 2011-12 may in part be due to the inclusion of households in very remote areas.
- Data are of acceptable accuracy. Some relative standard errors for remoteness disaggregations (remote/ very remote categories) are greater than 25 per cent and 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.
- Where RSEs are large (greater than 25 per cent) caution should be used when interpreting results. Small year to year movements may be difficult to detect if the size of the RSEs is large compared to the size of the difference between estimates.
- The age standardisation process requires sufficient data in specific age groups. Data limitations mean that:
 - remoteness disaggregation by State and Territory is only available for major cities (with other remoteness categories combined)
 - disaggregations by SES is only available at the national level.

Indicator 13 — Waiting times for public dentistry

Key amendments from previous cycle of reporting:	This indicator was in the previous NHA, but has two key amendments for this report: • the interim measure included in the previous report has been removed as comparable data were not available for reporting • a new measure is included in this report and is reported against for the first time (not able to be backcast)
Outcome:	Australians receive appropriate high quality and affordable primary and community health services
Measure:	Length of time a person waits to see a dental professional at a public government dental clinic The measure is defined as: • <i>numerator</i> — number of persons aged 15 years and over who reported seeing a dental professional at a government dental clinic within specified waiting time categories. • <i>denominator</i> — total number of persons aged 15 years and over who reported seeing a dental professional at a government dental clinic in the last 12 months. expressed as a <i>directly age standardised rate [per cent calculated separately for each waiting time category (within 2 weeks; 2 weeks to less than 1 month; 1 month to less than 6 months; 6 months to less than 1 year; 1 or more years)]</i> <i>Excludes treatment for urgent dental care</i> <i>95 per cent confidence intervals and relative standard errors are calculated for rates</i>
Data source:	<u>ABS Patient Experience Survey (PEXS)</u> . Data are available annually
Data provider:	ABS
Data availability:	2011-12
Cross tabulations provided:	State and territory, by waiting time category Nationally, by waiting time category, by: • SEIFA IRSD quintiles • remoteness (ASGC)

Box 38 Results

Data for this indicator are available for the first time in this report. Data are available for 2011-12.

- Data by State and Territory are presented in tables NHA.13.1–4
- Data by remoteness are presented in table NHA.13.5
- Data by socioeconomic status are presented in tables NHA.13.6–7.

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.13.1	Reported waiting time to see a dental professional at a government dental clinic, by State and Territory, 2011-12
Table NHA.13.2	Reported waiting time to see a dental professional at a government dental clinic, by State and Territory, 2011-12
Table NHA.13.3	Reported waiting time to see a dental professional at a government dental clinic (reduced categories), by State and Territory, 2011-12
Table NHA.13.4	Reported waiting time of less than, or more than one month to see a dental professional at a government dental clinic (reduced categories), by State and Territory, 2011-12
Table NHA.13.5	Reported waiting time to see a dental professional at a government dental clinic, by remoteness, 2011-12
Table NHA.13.6	Reported waiting times for dental professionals at a government dental clinic, by SEIFA IRSD quintiles 2011-12
Table NHA.13.7	Reported waiting times for dental professionals at a government dental clinic (reduced categories), by SEIFA IRSD quintiles 2011-12

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 public dentistry. The data are based on waiting times for self-defined urgent dental care.
- Data are available nationally, by socioeconomic status (SES). Data are not available by Indigenous status.

(Continued next page)

Box 39 (continued)

- The most recent data are for 2011-12, from the Patient Experience Survey (PExS).
- The 2011-12 PExS was the first to include households in very remote areas, (although it still excluded discrete Indigenous communities). The inclusion of very remote areas will serve to improve the coverage of the estimates, particularly for the Northern Territory.
- 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.
- Due to the very low prevalence rate for this measure (2 per cent), the current sample size does not support reliable estimates at the State and Territory level for data disaggregated by waiting time category, by remoteness. Some variables (such as waiting times and remoteness categories) have been aggregated up to provide more reliable estimates.
- Where RSEs are large (greater than 25 per cent) caution should be used when interpreting results. Small year to year movements may be difficult to detect if the size of the RSEs is large compared to the size of the difference between estimates.

Indicator 14 — People deferring access to selected healthcare due to financial barriers

Key amendments from previous cycle of reporting: The title for this indicator has changed from the previous NHA. This does not affect the measures or data.

Outcome: Australians receive appropriate high quality and affordable primary and community health services

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

There are five measures for this indicator

Measure 14a 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 number of persons aged 15 years or over who saw a GP, or needed to see a GP but didn't, in the last 12 months and is expressed as a *directly age standardised rate (per cent)*

Measure 14b 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 *directly age standardised rate (per cent)*

Measure 14c 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 *directly age standardised rate (per cent)*

Measure 14d is defined as:

- *numerator* — number of persons who reported delaying or not seeing a dental practitioner in the last 12 months because of cost
- *denominator* — total number of persons aged 15 years or over who saw a dental practitioner, or needed to see a dental practitioner but didn't, in the last 12 months and is expressed as a *directly age standardised rate (per cent)*

Measure 14e is defined as:

- *numerator* — number of persons who reported delaying or not getting pathology or imaging tests in the last 12 months because of cost
- *denominator* — total number of persons aged 15 years or over who had a pathology or imaging test, or who needed a pathology or imaging test, but didn't get one, in the last 12 months and is expressed as a *directly age standardised rate (per cent)*

Dental practitioner includes dentist, dental hygienist or dental specialist. Pathology and imaging tests exclude those had while in hospital. Imaging tests also exclude those for dental work.

Some survey respondents may report pathology and imaging as a referral to a medical specialist.

All measures in this indicator are limited to persons aged 15 years and over.

95 per cent confidence intervals and relative standard errors calculated for rates.

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

Data provider: ABS

Data availability: 2011-12

Cross tabulations provided: State and Territory by type of health service:

- remoteness (ASGC)

Nationally, by type of healthcare by:

- SEIFA IRSD deciles

Box 40 **Results**

For this report, data are available for 2011-12.

- Data by State and Territory are presented in tables NHA.14.1–6
- Data by remoteness are presented in tables NHA.14.1–6
- Data by socioeconomic status are presented in table NHA.14.7.

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.

Data for 2010-11 are provided in the 2010-11 NHA performance report ([old] NHA PI 16). 2009 data are provided in the 2008-09 NHA performance report ([old] NHA PI 16).

Attachment tables

Table NHA.14.1	Proportion of people who reported delaying or not seeing a GP in the last 12 months because of cost, by State and Territory and remoteness, 2011-12
Table NHA.14.2	Proportion of people who reported delaying or not seeing a medical specialist in the last 12 months because of cost, by State and Territory and remoteness, 2011-12

Table NHA.14.3	Proportion of people who reported delaying or not getting a prescription filled in the last 12 months because of cost, by State and Territory and remoteness, 2011-12
Table NHA.14.4	Proportion of people who reported delaying or not seeing a dental professional in the last 12 months because of cost, by State and Territory, by remoteness, 2011-12
Table NHA.14.5	Proportion of people who reported delaying or not having a pathology or imaging test in the last 12 months because of cost, by State and Territory and remoteness, 2011-12
Table NHA.14.6	Proportion of people who reported delaying or not accessing selected healthcare in the last 12 months due to cost, by type of health service, by remoteness, 2011-12
Table NHA.14.7	Proportion of people who reported delaying or not accessing selected healthcare in the last 12 months due to cost, by type of health service, by SEIFA IRSD deciles, 2011-12

Box 41 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 selected health care (GPs, medical specialists, dentists, prescribed medications and pathology and imaging) due to cost.
- Data are available by State and Territory and nationally, by socioeconomic status (SES). Data are not available by Indigenous status.
- The most data recent are for 2011-12, from the Patient Experience Survey (PEXS).
- The 2011-12 PEXS was the first to include households in very remote areas, (although it still excluded discrete Indigenous communities). Small differences evident in the NT estimates between 2010-11 and 2011-12 may in part be due to the inclusion of households in very remote areas.

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Box 41 **(continued)**

- Data are of acceptable accuracy. Some relative standard errors for remoteness disaggregations (remote/ very remote categories) are greater than 25 per cent and 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.
- Where RSEs are large (greater than 25 per cent) caution should be used when interpreting results. Small year to year movements may be difficult to detect if the size of the RSEs is large compared to the size of the difference between estimates
- The age standardisation process requires sufficient data in specific age groups. Data limitations mean that:
 - remoteness disaggregation by State and Territory is only available for major cities (with other remoteness categories combined)
 - disaggregations by SES is only available at the national level.

Indicator 15 — Effective management of diabetes

Key amendments from previous cycle of reporting:	This indicator title has changed from the previous NHA. This does not affect the measure for this indicator.
Outcome:	Australians receive appropriate high quality and affordable primary and community health services
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: • <i>numerator</i> — number of persons with diabetes with HbA1c below or equal to seven per cent • <i>denominator</i> — number of persons with diagnosed diabetes in the community and is expressed as a <i>percentage</i> <i>Excludes children (aged under 18 years) with diabetes and women with gestational diabetes mellitus (GDM) from both numerator and denominator. Excludes deceased registrants from the denominator</i>
Data source:	Nil
Data provider:	Nil
Data availability:	No data currently available
Cross tabulations provided:	Nil

Box 42 **Comment on data quality**

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

The National Health Measure Survey (NHMS) component of the Australian Health Survey (AHS) will be the future data source for the indicator.

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 2011-12 AHS are anticipated to be available from May 2013, with data for the Indigenous population (from the Australian Aboriginal and Torres Strait Islander Health Survey) anticipated to be available from September 2013, for inclusion in the 2012-13 NHA performance report.

Indicator 16 — Potentially avoidable deaths

Key amendments from previous cycle of reporting:	Single year data have been backcast due to: • revised ABS Causes of Death data (2007, 2008 and 2009) • the resolution of data quality issues with WA indigenous deaths data (2007, 2008 and 2009)
Outcome:	Australians receive appropriate high quality and affordable primary and community health services
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: • <i>numerator</i> — number of deaths of persons aged less than 75 years categorised as potentially avoidable* • <i>denominator</i> — population aged less than 75 years and is expressed as <i>number of deaths and a directly age standardised rate (per 100 000 people in the relevant population)</i> <i>Calculated separately for preventable and treatable categories and as a total</i> <i>Variability bands are calculated for single-year and aggregate years data by State/Territory (for within jurisdiction comparisons only – cannot be used to make comparisons across jurisdictions).</i> <i>*The Steering Committee has a list of in-scope ICD-10 codes</i>
Data source:	<i>Numerator</i> — ABS <u>Causes of Death collection</u> <i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)
Data provider:	Data are available annually ABS
Data availability:	Single year data (for total population): 2010 (current year) 2009, 2008, 2007 (revised for cause of death and WA data quality issue) Aggregate data (for disaggregation by Indigenous status): 2006–2010
Cross tabulations	<i>Disaggregation by Indigenous status will be based on data only from</i>

provided: *jurisdictions for which the quality of Indigenous identification is considered acceptable - NSW, Qld, WA, SA and NT.*

Single year data

State and Territory, by preventable and treatable categories

National, by preventable and treatable categories, by:

- Indigenous status

Five-year aggregate data

State and Territory, by preventable and treatable categories, by:

- Indigenous status

Box 43 Results

For this report, new data for this indicator are available for 2010.

- Data by State and Territory are presented in table NHA.16.1
- Data by Indigenous status are presented in tables NHA.16.5 and NHA.16.9.

Data for 2009, 2008 and 2007 (single year data only) have been revised and are included in this report.

- 2009 data are presented in tables NHA.16.2 and NHA.16.6
- 2008 data are presented in tables NHA.16.3 and NHA.16.7
- 2007 data are presented in tables NHA.16.4 and NHA.16.8

Five-year aggregate data for 2005–2009 are available in the 2010-11 NHA performance report ([old] NHA PI 20). Five-year aggregate data for 2004–2008 and 2003–2007 are available in the 2009-10 NHA performance report ([old] NHA PI 20).

Attachment tables

Table NHA.16.1	Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2010
Table NHA.16.2	Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2009
Table NHA.16.3	Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2008
Table NHA.16.4	Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2007
Table NHA.16.5	Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, National, 2010
Table NHA.16.6	Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, National, 2009
Table NHA.16.7	Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2008

Table NHA.16.8	Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2007
Table NHA.16.9	Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT, 2006–2010

Box 44 **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 deaths. Data are available for all states and territories, and by Indigenous status for selected jurisdictions. Data are not available by socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2010.
- A large number of unregistered deaths in Queensland dating back to 1992 were identified and registered in 2010. Data in this report includes deaths that occurred from 2007 to 2010 that were registered in 2010, as this most closely approximates the expected registration pattern (as deaths occurring earlier than 2007 could be expected to be registered prior to 2010). Care should be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010.
- Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) were not included in the 2010-11 NHA performance report. These data have been corrected and are included in this report.
- Data for 2007 included in previous NHA reports should not be used, due to some coding errors. Revised data for 2007 are included in this report.
- Data by Indigenous status are reported for NSW, Queensland, WA, SA and the NT. Only these jurisdictions have evidence of a sufficient level of Indigenous identification, sufficient numbers of Indigenous deaths and do not have significant data quality issues.
- 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. Rates should be used with caution.
- Variability bands provided with rates describe the range of potential results for mortality rates. Variability bands are calculated for single-year and aggregate years data by State/Territory (for within jurisdiction comparisons only — they cannot be used to make comparisons across jurisdictions).

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Box 44 (continued)

- 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 NHA review recommended that this indicator be retained but aligned with the related Australian Commission on safety and Quality in Healthcare (ACSQHC) performance indicator. However, specifications for the ACSQHC indicator were not finalised at the time of preparation of this report, and the specifications in this report are unchanged from the previous reporting cycle. It is anticipated that revised ACSQHC specifications will be finalised in time for the 2012-13 reporting cycle.
- 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 across jurisdictions).

Indicator 17 — Treatment rates for mental illness

Key amendments from previous cycle of reporting:	This indicator is unchanged from the previous NHA.
Outcome:	Australians receive appropriate high quality and affordable primary and community health services
Proxy measure:	Proportion of population receiving clinical mental health services The measure is defined as: • <i>numerator</i> — the number of persons receiving clinical mental health services • <i>denominator</i> — total population and is expressed as a <i>directly age standardised rate (per cent)</i> <i>Calculated separately for public, private and Medicare Benefits Scheme / Department of Veterans Affairs (DVA) - funded services (cannot aggregate services)</i> <i>MBS Statistics presented by Indigenous status are adjusted for under-identification in the Department of Human Services, Medicare' Voluntary Indigenous Identifier (VII) database</i>
Data source:	<i>Numerator</i> — <u>State and Territory community mental health care data</u>; <u>Private Mental Health Alliance Centralised Data Management Service</u> (PMHA CDMS); <u>MBS Statistics</u> and <u>Department of Veterans' Affairs</u> (DVA) data <i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population) Data are available annually
Data provider:	AIHW on behalf of State and Territory Health authorities, DoHA and DVA and Private Mental Health Alliance
Data availability:	2010-11
Cross tabulations provided:	State and Territory, by service type, by: • 10-year age group (age specific rate) • Indigenous status (public and MBS Statistics data only) • remoteness (ASGC) • SEIFA IRSD quintiles Nationally, by service type: • by SEIFA IRSD deciles

Box 45 Results

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory, by service type are presented in tables NHA.17.1–5
- Data by Indigenous status are presented in table NHA.17.2
- Data by remoteness are presented in table NHA.17.3
- Data by socioeconomic status are presented in tables NHA.17.4 and NHA.17.6
- Data by age groups are presented in table NHA.17.5.

Data for 2009-10, 2008-09 and 2007-08 are available in the 2010-11 NHA performance report ([old] NHA PI 21).

Attachment tables

Table NHA.17.1	Proportion of people receiving clinical mental health services, by State and Territory, by service type, 2010-11
Table NHA.17.2	Proportion of people receiving clinical mental health services, by State and Territory, by service type and Indigenous status, 2010-11
Table NHA.17.3	Proportion of people receiving clinical mental health services, by State and Territory, by service type and remoteness area, 2010-11
Table NHA.17.4	Proportion of people receiving clinical mental health services, by State and Territory, by service type and SEIFA IRSD quintiles, 2010-11
Table NHA.17.5	Proportion of people receiving clinical mental health services, by State and Territory, by service type and age, 2010-11
Table NHA.17.6	Proportion of people receiving clinical mental health services, by service type and SEIFA IRSD deciles, 2010-11

Box 46 Comment on data quality

The DQS for this indicator was initially drafted by the AIHW, and finalised by the AIHW following input from State and Territory health authorities, the Private Mental Health Alliance, DoHA and the DVA. The DQS 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 the proportion of the population receiving clinical mental health services. Data are reported separately for public, private and MBS and DVA-funded services.

(Continued next page)

Box 46 (continued)

- State and Territory data are available by socioeconomic status (SES), and for public and MBS-funded services by Indigenous status. Data for private services and DVA services are not available by Indigenous status.
- Annual data are available. The most recent available data are for 2010-11.
- Data are of acceptable accuracy. However, comparisons across states and territories should be made with caution, due to differences in counting clients under care and reporting processes (for example, people who are assessed by 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 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.
- Individuals using private services are likely to also 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 across these categories.
- Caution should be exercised when comparing results for remoteness and SES for public services across jurisdictions and over time, as these data are based on different concepts in different 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 issues:

- This is a proxy measure of access to appropriate care.
- Data linkage work is underway to obtain comprehensive and consistent data on people with mental illness across the full scope of service types.
- Disaggregation of this indicator by Indigenous status for private patients and those recorded in DVA data is a priority.

Indicator 18 — Selected potentially preventable hospitalisations

Key amendments from previous cycle of reporting: This indicator is unchanged from the previous NHA. Revised data are provided for 2008-09 and 2009-10.

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

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 a *directly age standardised rate (per 100 000 people in the relevant population)*

Supplementary measure (a) is defined as:

- *numerator* — number of potentially preventable hospitalisations, divided into the following three categories and total:
 - vaccine-preventable conditions
 - acute conditions, excluding dehydration and gastroenteritis
 - chronic conditions, excluding diabetes complications (additional diagnoses only)
 - all potentially preventable hospitalisations, excluding diabetes complications (additional diagnoses only) and dehydration and gastroenteritis
 - *denominator* — total population
- and expressed as a *directly age standardised rate (per 100 000 people in the relevant population)*

Supplementary measure (b) is defined as:

- *numerator* — number of potentially preventable hospitalisations, divided into the following three categories and total:
 - vaccine-preventable conditions
 - acute conditions, excluding dehydration and gastroenteritis
 - chronic conditions, excluding diabetes complications (all diagnoses)
 - all potentially preventable hospitalisations, excluding diabetes complications (all diagnoses) and dehydration and gastroenteritis
 - *denominator* — total population
- and expressed as a *directly age standardised rate (per 100 000 people in the relevant population)*

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

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: 2010-11 (current year)
2009-10, 2008-09 (revised)
2007-08 (additional data by Indigenous status, by remoteness)

Cross tabulations provided: State and Territory (by three groups and total) by:

- Indigenous status
- remoteness (ASGC)
- SEIFA IRSD quintiles

Nationally (by three groups and total) by:

- SEIFA IRSD deciles

Nationally (by three groups and total), by Indigenous status, by remoteness.

National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable

Box 47 **Results**

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in tables NHA.18.1–2.
 - Data for supplementary measure a) by State and Territory are in tables NHA.18.5–6
 - Data for supplementary measure b) by State and Territory are in tables NHA.18.9–10.
- Data by socioeconomic status are presented in tables NHA.18.2–3.
 - Data for supplementary measure a) by socioeconomic status are in tables NHA.18.6–7
 - Data for supplementary measure b) by socioeconomic status are in tables NHA.18.10–11.
- Data by Indigenous status and remoteness are presented in table NHA.18.2.
 - Data for supplementary measure a) are in table NHA.18.6
 - Data for supplementary measure b) are in table NHA.18.10.
- Data by Indigenous status by remoteness are presented in table NHA.18.4.
 - Data for supplementary measure a) are in table NHA.18.8
 - Data for supplementary measure b) are in table NHA.18.12.

Revised data are provided in this report:

- for 2009-10 in tables NHA.18.13–24
- for 2008-09 in tables NHA.18.25–36.

Data for 2007-08 are provided in the 2010-11 NHA performance report ([old NHA PI 22]). Additional 2007-08 data are provided in tables NHA.18.37–39 (Indigenous status, by remoteness).

Attachment tables

Table NHA.18.1	Selected potentially preventable hospitalisations, by State and Territory, 2010-11
Table NHA.18.2	Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11
Table NHA.18.3	Selected potentially preventable hospitalisations, by SEIFA IRSD deciles, 2010-11
Table NHA.18.4	Selected potentially preventable hospitalisations, by Indigenous status, by remoteness, 2010-11 , (rate per 100 000)
Table NHA.18.5	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by State and Territory, 2010-11

Table NHA.18.6	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11
Table NHA.18.7	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by SEIFA IRSD deciles, 2010-11
Table NHA.18.8	Supplementary measure a) Selected potentially preventable hospitalisations, excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) by Indigenous status, by remoteness, 2010-11 (rate per 100 000)
Table NHA.18.9	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by State and Territory, 2010-11
Table NHA.18.10	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11
Table NHA.18.11	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by SEIFA IRSD deciles, 2010-11
Table NHA.18.12	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by Indigenous status and remoteness, 2010-11 (rate per 100 000)
Table NHA.18.13	Selected potentially preventable hospitalisations, by State and Territory, 2009-10
Table NHA.18.14	Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10
Table NHA.18.15	Selected potentially preventable hospitalisations, by SEIFA IRSD deciles, 2009-10
Table NHA.18.16	Selected potentially preventable hospitalisations, by Indigenous status, by remoteness, 2009-10 (rate per 100 000)
Table NHA.18.17	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses), by State and Territory, 2009-10
Table NHA.18.18	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses), by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10
Table NHA.18.19	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses), by SEIFA IRSD deciles, 2009-10
Table NHA.18.20	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses) by Indigenous status, by remoteness, 2009-10 (rate per 100 000)
Table NHA.18.21	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by State and Territory, 2009-10

Table NHA.18.22	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10
Table NHA.18.23	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by SEIFA IRSD deciles, 2009-10
Table NHA.18.24	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by Indigenous status, by remoteness, 2009-10 (rate per 100 000)
Table NHA.18.25	Selected potentially preventable hospitalisations, by State and Territory, 2008-09
Table NHA.18.26	Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09
Table NHA.18.27	Selected potentially preventable hospitalisations, by SEIFA IRSD deciles, 2008-09
Table NHA.18.28	Selected potentially preventable hospitalisations, by Indigenous status, by remoteness, 2008-09 (rate per 100 000)
Table NHA.18.29	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by State and Territory, 2008-09
Table NHA.18.30	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09
Table NHA.18.31	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by SEIFA IRSD deciles, 2008-09
Table NHA.18.32	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by Indigenous status, by remoteness, 2008-09 (rate per 100 000)
Table NHA.18.33	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by State and Territory, 2008-09
Table NHA.18.34	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09
Table NHA.18.35	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by SEIFA IRSD deciles, 2008-09
Table NHA.18.36	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by Indigenous status, by remoteness, 2008-09 (rate per 100 000)
Table NHA.18.37	Selected potentially preventable hospitalisations, by Indigenous status, by remoteness, 2007-08 (rate per 100 000)

Table NHA.18.38	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by Indigenous status, by remoteness, 2007-08 (rate per 100 000)
Table NHA.18.39	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by Indigenous status, by remoteness, 2007-08 (rate per 100 000)

Box 48 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 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 2010-11.
- Data are of acceptable accuracy.
- All public hospitals, except a mothercraft hospital in the ACT, provided data. Most private hospitals also provided data (exceptions were private day hospital facilities in the ACT and the single private free-standing day hospital facility in the NT).
- Caution should be used in comparing data across years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007-08), ICD-10-AM 6th edition (used in 2008-09 and 2009-10) and ICD-10-AM 7th edition (used in 2010-11) and the associated Australian Coding Standards has resulted in decreased reporting of additional diagnoses for diabetes, and increased reporting of gastroenteritis (chronic and acute categories, respectively, affected).
- Tasmanian data are not comparable over time as data from two private hospitals included in 2007-08 and 2009-10 data 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 (and NT private hospitals) are not included in the totals for Indigenous status.
- 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 NHA review recommended that this indicator be retained but aligned with the related Australian Commission on safety and Quality in Healthcare (ACSQHC) performance indicator. However, specifications for the ACSQHC indicator were not finalised at the time of preparation of this report, and the specifications in this report are unchanged from the previous reporting cycle. It is anticipated that revised ACSQHC specifications will be finalised in time for the 2012-13 reporting cycle.
- Further work is required to improve the comparability of data across editions of the ICD-10-AM.

Indicator 19 — Selected potentially avoidable GP-type presentations to emergency departments

Key amendments from previous cycle of reporting:	This indicator is unchanged from the previous NHA. Prior year data have been revised and are included in this report.
Outcome:	Australians receive appropriate high quality and affordable primary and community health services.
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 2008-09 and 2009-10 data for SA, 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 expressed as a number <i>Measure is limited to public hospitals in peer groups A and B as this is the scope of the collection. To ensure comparability over time, emergency department activity at the Mersey Community Hospital is reported with Peer Group B hospitals in Tasmania for NHA purposes. Whilst it is currently not a Peer Group A or B hospital, in the baseline year (2007-08) Mersey was a campus of the Peer Group B North West Regional Hospital and its emergency department activity was included in the baseline.</i>
Data source:	<u>AIHW National Non-admitted Patient Emergency Department Care Database</u> Data are available annually
Data provider:	AIHW
Data availability:	2008-09, 2009-10 and 2010-11 (revised for peer group) 2011-12
Cross tabulations provided:	State and Territory, by: • Indigenous status • remoteness (ASGC) • SEIFA IRSD quintiles • peer group and triage category Nationally by: • SEIFA IRSD deciles

Box 49 Results

For this report, new data for this indicator are available for 2011-12.

- Data by State and Territory are presented in tables NHA.19.1–2 and NHA.19.4
- Data by remoteness are presented in table NHA.19.2
- Data by Indigenous status are presented in table NHA.19.2
- Data by socioeconomic status (SES) are presented in tables NHA.19.2–3
- Data by hospital peer group are presented table NHA.19.4.

Data for 2010-11, 2009-10 and 2008-09 have been revised and are included in this report (NHA tables 19.5-16). Data for 2007-08 (State and Territory by remoteness and SES) are available in the 2009-10 NHA performance report ([old] NHA PI 25). Data for 2007-08 (disaggregated by State and Territory by Indigenous status) are available in the 2008-09 baseline NHA performance report ([old] NHA PI 25).

National data disaggregated by SES, and State and Territory data disaggregated by hospital peer group, are not available for 2007-08.

Attachment tables

Table NHA.19.1	Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, 2011-12
Table NHA.19.2	Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2011-12
Table NHA.19.3	Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA IRSD deciles, 2011-12
Table NHA.19.4	Emergency department presentations, by State and Territory, by hospital peer group, 2011-12
Table NHA.19.5	Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, 2010-11
Table NHA.19.6	Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11
Table NHA.19.7	Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA IRSD deciles, 2010-11
Table NHA.19.8	Emergency department presentations, by State and Territory, by hospital peer group, 2010-11
Table NHA.19.9	Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, 2009-10
Table NHA.19.10	Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10

Table NHA.19.11	Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA IRSD deciles, 2009-10
Table NHA.19.12	Emergency department presentations, by State and Territory, by hospital peer group, 2009-10
Table NHA.19.13	Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, 2008-09
Table NHA.19.14	Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09
Table NHA.19.15	Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA IRSD deciles, 2008-09
Table NHA.19.16	Emergency department presentations, by State and Territory, by hospital peer group, 2008-09

Box 50 **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 2011-12.
- 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 80 per cent of all public hospital accident and emergency occasions of service. Caution should be exercised when interpreting the data for 2011-12, as it has not been subject to the usual level of confirmation.
- Caution should be exercised when interpreting data by Indigenous status, as the quality of Indigenous identification has not been formally assessed. Further, as peer group A and B hospitals are generally located in major cities, the data might not include regional and rural hospitals, where the representation of Indigenous Australians is higher than in major cities (compared with other Australians). Similarly, data by remoteness and SES 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.

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Box 50 **(continued)**

The Steering Committee also notes the following issues:

- Only 80 per cent of public hospital 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. The Steering Committee recommends examining the possibility of reporting this indicator as a rate against the relevant population.

Indicator 20 — Waiting times for elective surgery

Key amendments from previous cycle of reporting:	This indicator is based on the indicator in the previous NHA, with the addition of the NEST. Waiting times now also include patients whose reason for removal from an elective surgery waiting list was 'Admitted as an emergency patient'. The impact of this change is minimal and historical data do not require backcasting to the baseline. Prior year (2010-11) data have been revised for peer group and are included in this report. Additional disaggregation now included for measure 20(a) and backcast to baseline: • National data by Indigenous status by remoteness
Outcome:	Australians receive appropriate high quality and affordable hospital and hospital related care
Measure: 20 (a):	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 <i>number of days by percentile (at the 50th and 90th percentile)</i> Waiting times are calculated for patients whose reason for removal was: • Admitted as elective patient for awaited procedure by or on behalf of this hospital or the state/territory • Admitted as emergency patient for awaited procedure by or on behalf of this hospital or the state/territory <i>Calculated overall and for each indicator procedure.</i> <i>Analysis by State and Territory based on location of service.</i> <i>Analysis by remoteness and SEIFA IRSD is based on usual residence of person.</i> <i>Waiting times are calculated for patients whose reason for removal from an elective surgery waiting list was admitted as an elective patient or emergency patient. Includes the proportion of removals for elective admission that waited more than 365 days</i>
Measure: 20 (b):	The percentage of patients removed from elective surgery waiting lists who received surgery within the clinically recommended time, by urgency category The measure is calculated as in 20 (a). The measure is defined as: • <i>numerator</i> — number of patients in each urgency category removed from

	elective surgery waiting lists who received elective surgery within the clinically recommended time • <i>denominator</i> — number of patients who received elective surgery and is expressed as a <i>percentage</i> (by urgency category) <i>The number of patients seen within the clinically recommended time includes patients admitted as an emergency patient for their awaited procedure.</i> <i>Analysis by state and territory based on location of service.</i> <i>Waiting times are calculated for patients whose reason for removal was as in 20 (a).</i>
Data source 20(a) and 20 (b):	<u>National Elective Surgery Waiting Times Data Collection.</u> For disaggregation by remoteness and SEIFA IRSD, and for some Indigenous status data, the Collection is linked to the <u>National Hospital Morbidity Database</u>. Data are available annually.
Data provider 20(a) and 20 (b):	AIHW
Data availability 20(a):	2011-12 (2010-11 revised for peer group)
Data availability 20(b):	Data of sufficient quality are not available to report against this measure.
Cross tabulations provided 20(a):	2011-12 — State and Territory (by indicator procedure), by: • peer group • Indigenous status 2010-11 — State and Territory by (by indicator procedure), by: • peer group • Indigenous status 2010-11 — State and Territory by: • remoteness (ASGC) • SEIFA IRSD quintiles 2010-11 — Nationally, by SEIFA IRSD deciles 2010-11 and 2011-12 —Nationally (by indicator procedure), by peer group, by Indigenous status, by remoteness.
Cross tabulations provided 20(b):	Nil

Box 51 Results

For this report, new data for this indicator (measure (a) only) are available for 2011-12.

- Data by State and Territory are presented in tables NHA.20.1–2
- Data by hospital peer group are presented table NHA.20.1
- Data by Indigenous status are presented in table NHA.20.2.

Additional and revised data (updated for peer group) for 2010-11 are presented in this report in tables NHA.20.3–8.

Additional data for 2009-10 and 2008-09 are presented in this report in tables NHA.20.9–10.

Other data for 2009-10 are available in the 2010-11 NHA performance report ([old] NHA PI 34). Other data for 2008-09 are available in the second cycle 2009-10 NHA performance report ([old] NHA PI 34). Other data for 2007-08 are available in the 2008-09 baseline NHA performance report ([old] NHA PI 34).

Attachment tables

Table NHA.20.1	Waiting times for elective surgery in public hospitals, by State and Territory, by procedure and hospital peer group, 2011-12
Table NHA.20.2	Waiting times for elective surgery in public hospitals, by State and Territory, by Indigenous status and procedure, 2011-12 (days)
Table NHA.20.3	Waiting times for elective surgery in public hospitals, by State and Territory, by Indigenous status and procedure, 2010-11
Table NHA.20.4	Waiting times for elective surgery in public hospitals by State and Territory, by procedure and hospital peer group 2010-11
Table NHA.20.5	Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2010-11
Table NHA.20.6	Waiting times for elective surgery in public hospitals, by State and Territory, by remoteness area, 2010-11
Table NHA.20.7	Waiting times for elective surgery in public hospitals, by State and Territory, by SEIFA IRSD quintiles, 2010-11
Table NHA.20.8	Waiting times for elective surgery in public hospitals, by SEIFA IRSD deciles, 2010-11
Table NHA.20.9	Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2009-10
Table NHA.20.10	Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2008-09

Box 52 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 waiting times for elective surgery (measure (a)).
- State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2011-12 (State and Territory disaggregated by Indigenous status) and 2010-11 (State and Territory disaggregated by remoteness and SES).
- Data on Indigenous status should be interpreted with caution as these data have not been assessed for completeness.
- Data are of acceptable accuracy. For 2011-12, coverage of the National Elective Surgery Waiting Times Data Collection was about 92 per cent of elective surgery in Australian public hospitals. Caution should be exercised when interpreting the data for 2011-12 as they have not been subjected to the usual level of confirmation.
- Caution should be used when comparing waiting times data across and within jurisdictions, due to apparent variations in:
 - recording practices for waiting times in some public hospitals, which may result in statistics that are not meaningful or comparable across or within jurisdictions.
 - the assignment of clinical urgency categories, both across and within jurisdictions, for individual surgical specialties and indicator procedures, influencing the overall 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 notes also notes the following issues:

- The calculation of waiting times has varied across states and territories and over time (for example, treatment of inter-hospital transfers and patients not ready for care). Further work is required to understand the differences and their effect on the data.

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Box 52 (continued)

- Data have been provided according to the State/Territory of hospitalisation, but at the sub-state level (remoteness area) have been classified by the patients place of usual residence. For example, a person who usually resides in a very remote area of the Northern Territory and is treated in a hospital in a major city of Victoria would be classified for remoteness purposes as very remote area of Victoria (even though Victoria itself has no very remote areas under the ABS ASGC). Further work is required to determine whether geographic location for this indicator should be based on usual residence of the patient (used for most indicators) or location of the hospital.
- Data are not provided for reporting against measure 20(b) of this indicator *The percentage of patients removed from elective surgery waiting lists who received surgery within the clinically recommended time, by urgency category*. The specification has yet to be agreed by the Standing Council on Health's designated health committee (NHPPC), due to unresolved health sector views on the comparability of data by urgency category. Related data are currently publicly available in the 2012 RoGS and the AHMAC Quarterly report, but the CRC has advised the Secretariat that it does not require these data for this reporting cycle.

Indicator 21 — Waiting times for emergency hospital care

Key amendments from previous cycle of reporting: The title of this indicator has changed from the previous NHA. This indicator is based on the indicator in the previous NHA, with the addition of the NEAT (as measure (b)).

Prior year data have been revised for peer group and are included in this report.

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

Measure 21 (a): 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 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

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 to be attended by a health professional' or 'Dead on arrival, not treated in emergency department' or if the waiting time to service is missing or invalid

Limited to public hospitals in peer groups A and B, as this is the scope of this collection. To ensure comparability over time, emergency department activity at the Mersey Community Hospital is reported with Peer Group B hospitals in Tasmania for NHA purposes. Whilst it is currently not a Peer Group A or B hospital, in the baseline year (2007-08) Mersey was a campus of the Peer Group B North West Regional Hospital and its emergency department activity was included in the baseline.

Measure 21 (b) For all patients presenting to a public hospital emergency department (including publicly funded emergency departments), the percentage of presentations where the time from presentation to physical departure, i.e. the length of the emergency department stay, is within four hours

The measure is defined as:

-
- *numerator* — number of ED presentations where ED Stay is less than or equal to four hours
 - *denominator* — number of ED presentations
- and is expressed as a *percentage*

The scope is all hospitals reporting to the National Non-admitted Patient Emergency Department Care Database (NAPEDC) NMDS (Peer Groups A, B and other) as at August 2011 (when the National Health Reform Agreement NPA IPHS was signed). Hospitals that have not previously reported to the NAPEDC NMDS can come into scope, subject to agreement between the jurisdiction and the Commonwealth.

Calculation includes all presentations with an ED stay completed in the reporting period, including records where the presentation date/time is prior to the reporting period. Invalid records are excluded from the numerator and denominator. Invalid records are records for which:

- Length of stay < 0
- Presentation date or time missing
- Physical departure date or time missing

Calculation includes presentations with any Type of visit to Emergency Department.

ED Stay length is calculated by subtracting Presentation time/date from Physical departure time/date, which is recorded as per the business rules included in the NAPEDC NMDS 2012-2013:

- If the patient is subsequently admitted to this hospital (either short stay unit, hospital-in-the-home or non-emergency department hospital ward), then record the time the patient leaves the emergency department to go to the admitted patient facility.
 - Patients admitted to any other ward or bed within the emergency department have not physically departed the emergency department until they leave the emergency department.
 - If the patient is admitted and subsequently dies before leaving the emergency department, then record the time the body was removed from the emergency department.
- If the service episode is completed without the patient being admitted, then record the time the patient's emergency department non-admitted clinical care ended.
- If the service episode is completed and the patient is referred to another hospital for admission, then record the time the patient leaves the emergency department.
- If the patient did not wait, then record the time the patient leaves the emergency department or was first noticed as having left.
- If the patient leaves at their own risk, then record the time the patient leaves the emergency department or was first noticed as having left.
- If the patient died in the emergency department, then record the time the body was removed from the emergency department.
- If the patient was dead on arrival, then record the time the body was removed from the emergency department. If an emergency department physician certified the death of the patient outside the emergency department, then record the time the patient was certified dead.

Presentation time/date is the time of first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first.

Data source 21 (a) and (b): AIHW National Non-admitted Patient Emergency Department Care Database.
Data are available annually

Data provider 21 (a) and (b): AIHW

Data availability 21 (a): 2008-09, 2009-10 and 2010-11 (revised for peer group)
2011-12

Data availability 21 (b): 2011-12

Cross tabulations provided 21 (a): State and Territory, by Triage category, by:

- peer group
- Indigenous status
- remoteness (ASGC)
- SEIFA IRSD quintiles

Nationally, by Triage category, by:

- SEIFA IRSD deciles

Cross tabulations provided 21 (b): State and Territory.

Box 53 **Results**

For this report, new data for this indicator (measure (a)) are available for 2011-12.

- Data by State and Territory are presented in tables NHA.21.1–5
- Data by hospital peer group are presented table NHA.21.2
- Data by Indigenous status are presented in table NHA.21.3
- Data by remoteness are presented in table NHA.21.4
- Data by socioeconomic status are presented in tables NHA.21.5–6.

Data for 2008-09, 2009-10 and 2010-11 have been updated for peer group and are presented in this report in tables NHA.21.7–24.

For this report, data for this indicator (measure (b)) are available for 2011-12.

- Data by State and Territory are presented in table NHA.21.25.

Attachment tables

Table NHA.21.1	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2011-12
Table NHA.21.2	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2011-12
Table NHA.21.3	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by Indigenous status, 2011-12
Table NHA.21.4	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2011-12
Table NHA.21.5	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2011-12
Table NHA.21.6	Patients treated within national benchmarks for emergency department waiting time, by SEIFA IRSD deciles, 2011-12
Table NHA.21.7	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2010-11
Table NHA.21.8	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2010-11
Table NHA.21.9	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by Indigenous status, 2010-11
Table NHA.21.10	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2010-11
Table NHA.21.11	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2010-11
Table NHA.21.12	Patients treated within national benchmarks for emergency department waiting time, by SEIFA deciles, 2010-11
Table NHA.21.13	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2009-10
Table NHA.21.14	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2009-10
Table NHA.21.15	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by Indigenous status, 2009-10
Table NHA.21.16	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2009-10
Table NHA.21.17	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2009-10
Table NHA.21.18	Patients treated within national benchmarks for emergency department waiting time, by SEIFA deciles, 2009-10
Table NHA.21.19	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2008-09
Table NHA.21.20	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2008-09

Table NHA.21.21	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by Indigenous status, 2008-09
Table NHA.21.22	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2008-09
Table NHA.21.23	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2008-09
Table NHA.21.24	Patients treated within national benchmarks for emergency department waiting time, by SEIFA deciles, 2008-09
Table NHA.21.25	Percentage of presentations where the time from presentation to physical departure (Emergency Department (ED) Stay length) is within four hours, by State and Territory, 2011-12

Box 54 Comment on data quality

The DQs for this indicator (measures (a) and (b)) have been prepared by the AIHW and are included in their 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 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 (measure (a)) and the proportion of presentations where the time from presentation to physical departure (Emergency Department (ED) Stay length) is within four hours (measure (b)).
- State and Territory data are available for both measures. Data disaggregated by Indigenous status and socioeconomic status (SES) are only available for measure (a).
- Annual data are available for both measures. The most recent available data are 2011-12. Historical data are not available for measure (b).
- Data are of acceptable accuracy for both measures. 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 80 per cent of all public hospital emergency outpatient occasions of service.
- Caution should be exercised when interpreting the data for 2011-12, as it has not been subjected to the normal level of confirmation.
- Caution is advised when interpreting data for by Indigenous status (measure (a)), as the quality of Indigenous identification has not been formally assessed. As peer group A and B hospitals are generally located in major cities, the data might not include hospitals in regional and rural areas where the representation of Indigenous patients is higher than in capital cities. Similarly, disaggregations by SES and remoteness should be used with caution.

(Continued next page)

Box 54 **(continued)**

- Caution should be used when comparing data for with over time (measure (a)) as numbers of hospitals classified in a peer group, 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 80 per cent of public hospital emergency occasions of service are in scope. Further development work is needed to expand the scope to all hospitals, or to construct an appropriate method to ensure data are representative of all hospitals.
- Data have been provided according to the State/Territory of hospitalisation, but at the sub-state level (remoteness area) have been classified by the patients place of usual residence. For example, a person who usually resides in a very remote area of the Northern Territory and is treated in a hospital in a major city of Victoria would be classified for remoteness purposes as very remote area of Victoria (even though Victoria itself has no very remote areas under the ABS ASGC). Further work is required to determine whether geographic location for this indicator should be based on usual residence of the patient (used for most indicators) or location of the hospital.
- Assessing and improving the quality of Indigenous data is a priority.
- Reporting of measure (b) by Indigenous status and SES is a priority.

Indicator 22 — Healthcare associated infections

Key amendments from previous cycle of reporting: The title of this indicator has changed from the previous NHA and there is one amendment to the measure for this report:

- the scope of the denominator has been amended to better align with the numerator (patient days for unqualified newborns previously excluded from the denominator are now included). Only 2010-11 data are able to be backcast for inclusion of unqualified newborns, and are included in this report. Data are not able to be backcast further.

Outcome: 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 under surveillance (ie only for hospitals reporting SAB indicator) and is expressed as a rate per 10 000 patient days

The definition of an acute care public hospital is 'all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospitals Establishment NMDS'. All public hospitals are included, both those focusing on acute care, and those focusing on non-acute or sub-acute care, including psychiatric, rehabilitation and palliative care. Patient days for unqualified newborns are included. Patient days for hospital boarders and posthumous organ procurement are excluded.

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 ($<1 \times 10^9/L$) contributed to by cytotoxic therapy

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

Denominator includes unqualified newborns, and excludes posthumous organ procurement and hospital boarders.

Data source: *Numerator: State and Territory infection surveillance data*
 Denominator: State and Territory admitted patient data

Data are available annually

Data provider: AIHW

Data availability: 2011-12
 2010-11 [backcast for inclusion of unqualified newborns]

Cross tabulations provided: State and Territory by:
 • type of bacteraemia: Methicillin-resistant *Staphylococcus aureus* (MRSA) and Methicillin-sensitive *Staphylococcus aureus* (MSSA)

Some disaggregation may result in numbers too small for publication.

Box 55 **Results**

For this report, new data are available for 2011-12.

- Data by State and Territory are presented in table NHA.22.1
- Data by MRSA and MSSA are presented in table NHA.22.1.

2010-11 data have been revised and are provided in this report in table NHA.22.2.

Data for 2009-10 are available in the 2010-11 NHA performance report and limited 2008-09 data are available in the 2008-09 baseline NHA performance report. However, these data are not comparable with later years due to changes to the measure since the baseline ([old NHA PI 39]).

Attachment tables

Table NHA.22.1	Episodes of <i>Staphylococcus aureus</i> (including MRSA) bacteraemia (SAB) in acute care hospitals, by State and Territory, by MRSA and MSSA, 2011-12
Table NHA.22.2	Episodes of <i>Staphylococcus aureus</i> (including MRSA) bacteraemia (SAB) in acute care hospitals, by State and Territory, by MRSA and MSSA, 2010-11

Box 56 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 the rate of healthcare-associated *Staphylococcus aureus* (Methicillin-resistant (MRSA) and Methicillin-sensitive (MSSA)) bacteraemia (SAB) in public acute care hospitals.
- Data are available by State and Territory. Data are not currently available by Indigenous status or socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2011-12.
- The data used to calculate the indicator were collected by states and territories through their healthcare-associated infections surveillance programs.
- Data for 2011-12 are comparable with data for 2010-11, except for Queensland. Data are not comparable with data for earlier years provided in previous reports, due to changes to the measure since the baseline.
- Data are of acceptable accuracy, but the comparability of the rates of SAB across 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
 - for some states and territories, there is incomplete coverage of public acute care hospitals
 - the data have not been adjusted for any differences in casemix across jurisdictions (or 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, for some jurisdictions.

The Steering Committee also notes the following issues:

- Improved comparability across jurisdictions is a priority.
- Disaggregation of this indicator by Indigenous status and SES would improve reporting but may not be feasible due to the small number of episodes.
- The NHA review recommended that this indicator be retained but aligned with the related Australian Commission on Safety and Quality in Healthcare (ACSQHC) performance indicator. However, specifications for the ACSQHC indicator were not finalised at the time of preparation of this report. It is anticipated that revised ACSQHC specifications will be finalised in time for the 2012-13 reporting cycle.

Indicator 23 — Unplanned hospital readmission rates

Key amendments from previous cycle of reporting:	The title for this indicator has changed from the previous NHA. This does not affect the measures or data for this cycle of reporting.
Outcome:	Australians receive appropriate high quality and affordable hospital and hospital related care
Interim measure:	Unplanned and unexpected hospital readmissions to the same public hospital within 28 days for selected surgical procedures The measure is defined as: • <i>numerator</i> — 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 ICD-10-AM codes: T80–88, T98.3, E89, G97, H59, H95, I97, J95, K91, M96 or N99. • <i>denominator</i> — 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 <i>rate per 1000 separations</i> <i>‘Unexpected/unplanned’ is identified by specifying an adverse event code as the principal diagnosis on readmission</i> <i>Calculated separately for each of the specified procedures</i> <i>Both the numerator and denominator are 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</i>
Data source:	<u>National Hospital Morbidity Database (NHMD)</u> Data are available annually
Data provider:	AIHW
Data availability:	2010-11
Cross tabulations provided:	Nationally, by specified procedures, by: • SEIFA IRSD deciles State and Territory, by specified procedure, by:

- peer group
- Indigenous status
- remoteness (ASGC)
- SEIFA IRSD quintiles

National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable

Box 57 **Results**

For this report, new data for this indicator are available for 2010-11.

- Data for by State and Territory are presented in tables NHA.23.1–2
- Data by Indigenous status are presented in table NHA.23.2
- Data by remoteness are presented in table NHA.23.2
- Data by socioeconomic status are presented in tables NHA.23.2–3.

Data for 2009-10, 2008-09 and 2007-08 are available in the 2010-11 NHA performance report ([old] NHA PI 43).

Attachment tables

Table NHA.23.1	Unplanned hospital readmission rates, by State and Territory, 2010-11
Table NHA.23.2	Unplanned hospital readmission rates, by State and Territory, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2010-11
Table NHA.23.3	Unplanned hospital readmission rates, by SEIFA IRSD deciles, 2010-11

Box 58 **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 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 measure is likely to be an underestimate.
- Data are available by State and Territory by Indigenous status, remoteness and socioeconomic status.

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Box 58 (continued)

- Calculation of the indicator for WA was not possible using data from the National Hospital Morbidity Database. WA data were supplied by WA Health. Reported totals do not include WA data.
- 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 the ACT are not included in the totals for Indigenous status.
- Annual data are available. The most recent available data are for 2010-11.
- The interpretation of rates for jurisdictions should take cross border flows into consideration, particularly between NSW and the ACT.
- Data are of acceptable accuracy. However, some data are suppressed to protect confidentiality, or where rates could be misleading (for example because of cross border flows, which is a particular issue for some ACT data).
- All public hospitals provided data, except a mothercraft hospital 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 linkage is required to capture readmissions to any hospital within the State/Territory.
- Data have been provided according to the State/Territory of hospitalisation, but at the sub-state level (remoteness area) have been classified by the patients place of usual residence. For example, a person who usually resides in a very remote area of the Northern Territory and is treated in a hospital in a major city of Victoria would be classified for remoteness purposes as very remote area of Victoria (even though Victoria itself has no very remote areas under the ABS ASGC). Further work is required to determine whether geographic location for this indicator should be based on usual residence of the patient (used for most indicators) or location of the hospital.
- The NHA review recommended that this indicator be retained but aligned with the related Australian Commission on safety and Quality in Healthcare (ACSQHC) performance indicator. However, specifications for the ACSQHC indicator were not finalised at the time of preparation of this report, and the specifications in this report are unchanged from the previous reporting cycle. It is anticipated that revised ACSQHC specifications will be finalised in time for the 2012-13 reporting cycle.
- The NHA review recommended that this indicator include data on unplanned hospital readmission rates for patients discharged following management of depression and schizophrenia. Following data development work to align with the ACSQHC indicator, it is anticipated that these data will be included for the next cycle of reporting.

Indicator 24 — Survival of people diagnosed with notifiable cancers

Key amendments from previous cycle of reporting:	The title of this indicator has been changed from the previous NHA. This does not change the measure or data for this indicator. No new data available for this cycle of reporting.
Outcome:	Australians receive appropriate high quality and affordable hospital and hospital related care
Measure:	Five-year relative survival proportions for people diagnosed with cancer The measure is defined as: • <i>numerator</i> — Probability of surviving for five years in people diagnosed with cancer. • <i>denominator</i> — Probability of surviving for five years in the general population and is expressed as a <i>percentage</i> <i>Numerator and denominator for disaggregation are matched for sex, age and calendar year</i> <i>95 per cent confidence intervals calculated for rates.</i>
Data source:	<i>Numerator</i> — AIHW <u>National Death Index</u> and <u>Australian Cancer Database</u> <i>Denominator</i> — AIHW National Mortality database and <u>ABS Estimated Resident Population</u> (generated life tables)
Data provider:	AIHW
Data availability:	No new data for this cycle of reporting (2006-2010 data provided for the previous cycle of reporting)
Cross tabulations provided:	Nil

Box 59 **Comment on data quality**

No new data for this this report. National data for 2006-2010 are available in the 2010-11 NHA performance report ([old] NHA PI 44).

The AIHW produce national data irregularly (by funded adhoc requests). The NHA review report states that 'AIHW advises that State/Territory estimates for this indicator can be produced when these estimates are next updated'. The AIHW has recently advised that state and territory estimates may be produced but timing is dependent on the availability of necessary life tables, appropriate methodology and resourcing.

Indicator 25 — Rate of community follow up within first seven days of discharge from a psychiatric admission

Key amendments from previous cycle of reporting: This is a new performance indicator in the NHA.

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

Measure: Percentage of separations from a public mental health service organisation's acute psychiatric inpatient unit(s) for which a community ambulatory service contact in which the consumer participated was recorded in the seven days immediately following that separation.

The measure is defined as:

- *numerator* — number of in-scope separations from a public mental health service organisation's acute psychiatric inpatient unit(s) for which a community ambulatory service contact in which the consumer participated, was recorded in the seven days immediately following that separation.
 - *denominator* — number of in-scope separations for a public mental health service organisation's acute psychiatric inpatient unit(s).
- and is expressed as a *percentage*.

A community ambulatory service contact is the provision of a clinically significant service by a specialised public mental health service provider(s) for patients/clients, other than those patients/clients admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24 hour staffed specialised residential mental health services, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question.

The scope includes all public mental health service organisation's acute psychiatric inpatient units.

The following separations are excluded:

- *Same day separations.*
- *Statistical and change of care type separations.*
- *Separations that end by transfer to another acute or psychiatric inpatient hospital.*
- *Separations that end by death, left against medical advice/discharge at own risk.*

The following community ambulatory service contacts are excluded:

- *Community ambulatory service contacts occurring on the day of separation.*

Data source: State and Territory admitted patient and community mental health care data.

Data provider: AIHW

Data availability: 2010-11, 2009-10, 2008-09, 2007-08

Cross tabulations provided: State and Territory

Box 60 Results

As this is a new indicator, data are provided for 2010-11 (the most recent available data) and for all years dating back to the baseline of 2007-08.

- Data for 2010-11 are presented in table NHA.25.1
- Data for 2009-10 are presented in table NHA.25.2
- Data for 2008-09 are presented in table NHA.25.3
- Data for 2007-08 are presented in table NHA.25.4.

Attachment tables

Table NHA.25.1	Rate of community follow up within first seven days of discharge from a psychiatric admission, 2010-11
Table NHA.25.2	Rate of community follow up within first seven days of discharge from a psychiatric admission, 2009-10
Table NHA.25.3	Rate of community follow up within first seven days of discharge from a psychiatric admission, 2008-09
Table NHA.25.4	Rate of community follow up within first seven days of discharge from a psychiatric admission, 2007-08

Box 61 Comment on data quality

The DQS for this indicator was drafted by the AIHW and finalised in consultation with the Department of Health and Ageing (DoHA) 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 the rate of community follow up within the first seven days of discharge from a psychiatric admission.
- Data are available by State and Territory. Data are not currently available by Indigenous status or socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2010-11.
- Care should be taken when interpreting these data, as states and territories vary in their capacity to track post-discharge follow-up, due to the lack of unique patient identifiers or data matching systems. Both South Australia and Tasmania indicated that the data submitted were not based on unique patient identifier or data matching approaches.
- Information on these data will be available in the forthcoming *COAG national action plan on mental health — progress report 2010–11*.

The Steering Committee also notes the following issue:

- Further disaggregation of this indicator by Indigenous status and SES is a priority.

Indicator 26— Residential and community aged care places per 1000 population aged 70+ years

Key amendments from previous cycle of reporting:

This indicator is unchanged from the previous NHA.

Outcome:

Older Australians receive appropriate high quality and affordable health and aged care services

Interim measure:

Operational residential and community aged care places per 1000 persons aged 70 years or over plus Aboriginal and Torres Strait Islander persons aged 50–69 years, excluding services funded through Home and Community Care

The interim 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 per 1000 population (calculated separately for residential and community aged care services)

Residential aged care – includes Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Aged Care Innovative Pool

Community aged care – includes Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), EACH Dementia, Transition Care Program, Multi-Purpose Services and packages delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care Strategy and Aged Care Innovative Pool

Data source:

Numerator — Australian Government Department of Health and Ageing's Aged Care data warehouse

Denominator — DoHA population projections.

- Total population projection based on 2006 Census as prepared for DOHA by ABS according to the assumptions agreed to by DOHA as at 30 June 2012.
 - Indigenous population projection based on ABS Indigenous Experimental 2006 ERP data and aligned to published ABS Indigenous data Experimental Estimates and Projections (ABS Cat. No. 3238.0 series B)
- For data by Aged Care Planning Regions: ABS small area population data developed for the DoHA.

Data are available annually

Data provider:

AIHW on behalf of DoHA

Data availability:

2012 (at 30 June)

Cross tabulations provided: State and Territory by service type
Nationally, by service type (residential and community care), by:

- Aged Care Planning Region
- remoteness (ASGC)

Box 62 **Results**

For this report, new data for this indicator are available for 2011-12.

- Data by State and Territory are presented in table NHA.26.1
- Data by service type are presented in tables NHA.26.1–3
- Data by planning region are presented in table NHA.26.2
- Data by remoteness are presented in table NHA.26.3.

Data for 2010-11 are available in the 2010-11 NHA performance report. Data for 2009-10 and 2008-09 are available in the 2009-10 NHA performance report ([old] NHA PI 49).

Attachment tables

Table NHA.26.1	Residential and community aged care places, by State and Territory, 2012 (at 30 June)
Table NHA.26.2	Residential and community aged care places per 1000 population, by planning region, 2012 (at 30 June)
Table NHA.26.3	Residential and community aged care places per 1000 population, by remoteness, 2012 (at 30 June)

Box 63 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 of 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 or socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2011-12.
- Data are of acceptable accuracy.
- Data in this report are comparable with data in the 2010-11 NHA performance 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.
- Data development is required in order to develop a measure of capacity available under the HACC program.

Indicator 27 — Number of hospital patient days used by those eligible and waiting for residential aged care

Key amendments from previous cycle of reporting:	This indicator is unchanged from the previous NHA.
Outcome:	Older Australians receive appropriate high quality and affordable health and aged care services
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: • <i>numerator</i> — the number of patient days used by patients who are waiting for residential aged care, where - the care type was maintenance, and - a 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 - the separation was overnight only • <i>denominator</i> — total patient days (including overnight and same-day separations) and is expressed as a <i>number</i> and a <i>rate per 1000 patient days</i>
Data source:	AIHW National Hospital Morbidity Database (NHMD). Data are available annually
Data provider:	AIHW
Data availability:	2010-11
Cross tabulations provided:	State and Territory, by • Indigenous status • remoteness (ASGC) • SEIFA IRSD quintiles Nationally, by: • SEIFA IRSD deciles <i>National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is</i>

considered acceptable

Box 64 Results

For this report, new data for this indicator are available for 2010-11.

- 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.27.1–2
- Data by remoteness are presented in table NHA.27.1.

Data for 2009-10 are available in the 2010-11 NHA performance report. Data for 2008-09 and 2007-08 are available in the 2009-10 NHA performance report ([old] NHA PI 57).

Attachment tables

Table NHA.27.1	Hospital patient days used by those eligible and waiting for residential aged care, by State and Territory, by Indigenous status, by remoteness and SEIFA IRSD quintiles, 2010-11
Table NHA.27.2	Hospital patient days used by those eligible and waiting for residential aged care, by SEIFA IRSD deciles, 2010-11

Box 65 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 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 by Indigenous status and socioeconomic status.
- Annual data are available. The most recent available data are for 2010-11.
- All public hospitals provided data, except a mothercraft hospital in the ACT. Most private hospitals also provided data, except private day hospital facilities in the ACT and the NT.
- 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 (and NT private hospitals) are not included in the totals for Indigenous status.

(Continued next page)

Box 65 (continued)

- Data in this report are comparable with data in previous reports for all states and territories except Tasmania. However, comparability of the data across jurisdictions may be affected by variation in the assignment of non-acute care types. Tasmanian data are not strictly comparable over time due to changes in the inclusions/exclusions of hospitals.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly between NSW and 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:

- Data have been provided according to the State/Territory of hospitalisation, but at the sub-state level (remoteness area) have been classified by the patients place of usual residence. For example, a person who usually resides in a very remote area of the Northern Territory and is treated in a hospital in a major city of Victoria would be classified for remoteness purposes as very remote area of Victoria (even though Victoria itself has no very remote areas under the ABS ASGC). Further work is required to determine whether geographic location for this indicator should be based on usual residence of the patient (used for most indicators) or location of the hospital.
- Further development is required to enable reporting on the number of days waited by people in hospitals who have received ACAT assessments and are deemed eligible for residential aged care.

Indicator 28 — Proportion of residential aged care services that are three year re-accredited

Key amendments from previous cycle of reporting: This is a new performance indicator in the NHA

Outcome: Older Australians receive appropriate high quality and affordable health and aged care services.

Measure: Proportion of residential aged care services that are three year re-accredited.

The measure is defined as:

- *numerator* — Number of residential aged care facilities that received re-accreditation for three years during the financial year, decision as in effect at 30 June
 - *denominator* — Total number of residential aged care facilities that received re-accreditation decisions during the financial year.
- and is expressed as a *percentage*

Commencing services receive accreditation for one year in the first instance, and are excluded from consideration until their first re-accreditation occurs.

Data source: Aged Care Standards and Accreditation Agency. Data are available annually.

Data provider: DoHA on behalf of the Aged Care Standards and Accreditation Agency

Data availability: 2011-12 (all disaggregations); 2010-11, 2009-10, 2008-09 (State and Territory only)

Cross tabulations provided: State and territory by:

- remoteness (ASGC)
- size of facility (places) (1-20 places, 21-40 places, 41-60 places, 61-80 places, 81-100 places, 101+ places)

Some disaggregations may result in numbers too small for publication.

Box 66 Results

As this is a new indicator, data are provided for 2011-12 (the most recent available data) and for all years dating back to the baseline of 2008-09 (State and Territory only).

- Data for 2011-12 are presented in tables NHA.28.1–3
- Data for 2010-11 are presented in table NHA.28.4
- Data for 2009-10 are presented in table NHA.28.5
- Data for 2008-09 are presented in table NHA.28.6.

Attachment tables

Table NHA.28.1	Proportion of residential aged care services that are three year re-accredited, by State and Territory, 2011-12
Table NHA.28.2	Proportion of residential aged care services that are three year re-accredited, by State and Territory, by remoteness, 2011-12
Table NHA.28.3	Proportion of residential aged care services that are three year re-accredited, by State and Territory, by size of facility (places), 2011-12
Table NHA.28.4	Proportion of residential aged care services that are three year re-accredited, by State and Territory, 2010-11
Table NHA.28.5	Proportion of residential aged care services that are three year re-accredited, by State and Territory, 2009-10
Table NHA.28.6	Proportion of residential aged care services that are three year re-accredited, by State and Territory, 2008-09

Box 67 Comment on data quality

The DQS for this indicator was developed by DoHA (and includes comments from 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 the proportion of residential aged care services that are three year re-accredited.
- Data are available by State and Territory. Data are not currently available by the socioeconomic status (SES) of the location of the facility and/or care recipients.
- Annual data are available. The most recent available data are for 2011-12.

(Continued next page)

Box 67 (continued)

- The data are restricted to services seeking re-accreditation. Data excludes those services which were subject to a review audit — that is, those services which the regulator has sufficient concerns to decide that the provider may not be meeting the Accreditation Standards or its responsibilities under the *Aged Care Act 1997*.
- Data are only for re-accreditation decisions made during the financial year. In 2011-12 there were around 2700 accredited residential aged care facilities, but only around 1280 re-accreditation decisions were made.
- The data vary across years according to how many facilities were due for assessment during the year. The number of accreditation decisions in 2010-11 was much lower than for 2009-10. Therefore, comparisons of *numbers* assessed across periods is not meaningful, only *proportions*.

The Steering Committee also notes the following issues:

- The NHA review recommended the inclusion of this indicator as proxy measure of the quality of aged care. Although the indicator identifies facilities that met the re-accreditation standards, it does not distinguish levels at which facilities may have exceeded the standards.
- Consideration of disaggregation of this indicator by SES is a priority.

Indicator 29 — Proportion of residential aged care days on hospital leave due to selected preventable causes

Key amendments from previous cycle of reporting:	This is a new performance indicator in the NHA.
Outcome:	Older Australians receive appropriate high quality and affordable health and aged care services.
Measure:	Proportion of residential aged care days that are taken as hospital leave for selected preventable causes. A measure for this indicator has yet to be developed.
Data source:	DoHA's <u>Aged Care Data Warehouse</u> . Data are available annually
Data provider:	DoHA
Data availability:	Data are not currently available.
Cross tabulations provided:	Nil

Box 68 **Comment on data quality**

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

The NHA review recommended the inclusion of this indicator as measure of the quality of aged care. It is expected this indicator will incorporate measures relating to aged care associated infections (*Staphylococcus aureus* bacteraemia or an alternative infection of more relevance to aged care), falls and pressure ulcers, similar to performance indicators 50–52 included in the old NHA.

It is anticipated that, following development work, data will be available for the 2014-15 cycle of reporting

Indicator 30 — Elapsed times for aged care services

Key amendments from previous cycle of reporting:	This is a new performance indicator in the NHA.
Outcome:	Older Australians receive appropriate high quality and affordable health and aged care services.
Measure:	The elapsed time between an Aged Care Assessment Team (ACAT) approval and entry into a residential aged care service or commencement of a Community Aged Care Package (CACP), Extended Aged Care at Home (EACH) package or Extended Aged Care at Home Dementia (EACHD) package The measure is defined as: • <i>numerator</i> — Number of new aged care recipients who commence a service within elapsed time periods during the period. • <i>denominator</i> — Total number of new aged care recipients during the period. and is expressed as a <i>percentage of people admitted by length of entry period and service type</i> <i>Elapsed time period categories include: within two days or less, seven days or less, less than one month, less than three months, less than nine months.</i> <i>Analysis of Indigenous status is by self-reported indication on the associated last ACAT assessment record made before entry into aged care.</i> <i>Remoteness, socioeconomic status and State and Territory are based on the reported area of usual residence of the person before entry into aged care.</i>
Data source:	<u>DoHA's Aged Care Assessment Program Minimum Data Set and Aged Care Data Warehouse</u> . Data are available annually.
Data provider:	DoHA
Data availability:	2011-12 (all disaggregations); 2010-11, 2009-10, 2008-09 (State and Territory only)
Cross tabulations provided:	State and territory, by service type (RAC High care, RAC Low care, CACP, EACH, EACHD), by: • Indigenous status • remoteness (ASGC) • SEIFA IRSD quintiles Nationally by service type (RAC High care, RAC Low care, CACP, EACH, EACHD) by: • by SEIFA IRSD deciles.

Some disaggregations may result in numbers too small for publication

Box 69 Results

As this is a new indicator, data are provided for 2011-12 (the most recent available data) and for all years dating back to the baseline of 2008-09 (State and Territory only).

- Data for 2011-12 are presented in tables NHA.30.1–5.
- Data for 2010-11 are presented in table NHA.30.6
- Data for 2009-10 are presented in table NHA.30.7
- Data for 2008-09 are presented in table NHA.30.8.

Attachment tables

Table NHA.30.1	Elapsed times for aged care services, by State and Territory, 2011-12
Table NHA.30.2	Elapsed times for aged care services, by State and Territory, by remoteness, 2011-12
Table NHA.30.3	Elapsed times for aged care services, by State and Territory, by SEIFA IRSD quintiles, 2011-12
Table NHA.30.4	Elapsed times for aged care services, by State and Territory, by Indigenous status, 2011-12
Table NHA.30.5	Elapsed times for aged care services, by SEIFA IRSD deciles, 2011-12
Table NHA.30.6	Elapsed times for aged care services, by State and Territory, 2010-11
Table NHA.30.7	Elapsed times for aged care services, by State and Territory, 2009-10
Table NHA.30.8	Elapsed times for aged care services, by State and Territory, 2008-09

Box 70 Comment on data quality

The DQS for this indicator was developed by DoHA (and includes comments from 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 the elapsed time between an Aged Care Assessment Team (ACAT) approval and entry into a residential aged care service or commencement of a Community Aged Care Package (CACP), Extended Aged Care at Home (EACH) package or Extended Aged Care at Home Dementia (EACHD) package.
- Data are available by State and Territory, Indigenous status, remoteness and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2011-12. Data are comparable over time.
- The term 'elapsed time' is used, because the period of time between the ACAT approval and entry into residential care or commencement of community care may be influenced by factors that cannot be categorised as time spent 'waiting' (and not all 'waiting' time is included). Factors that influence elapsed time include:
 - care placement offers that are not accepted
 - the availability of alternative community care, informal care and respite services
 - variations in care fee regimes that influence client choice of preferred service
 - building quality and perceptions about quality of care that influence client choice of preferred service.
- The data for elapsed time by remoteness and SES were sourced at a later date than the data for elapsed time by State/Territory resulting in slightly larger total numbers of admissions. The variance across the different breakdowns of this indicator is less than 0.5 per cent.

The Steering Committee also notes the following issues:

- Caution should be exercised when interpreting these data, as they do not include those clients who have received an ACAT approval and who may have spent time waiting, but who:
 - do not enter residential care or commence a CACP, EACH or EACHD (for example, who die before entering care)
 - ultimately decide not to take-up a care placement offer.
- For residential aged care, it is important to focus on high care services, as the link between 'elapsed time' before entry to residential care and actual 'waiting time' is stronger for high care residents than for low care residents.
- From 2011-12, AIHW suppression rules will apply to these data.

Indicator 31 — Proportion of aged care residents who are full pensioners relative to the proportion of full pensioners in the general population.

Key amendments from previous cycle of reporting: This is a new performance indicator in the NHA

Outcome: Older Australians receive appropriate high quality and affordable health and aged care services.

Measure: Proportion of aged care recipients who are full pensioners relative to the proportion of full pensioners in the general population.

A measure for this indicator has yet to be developed.

Data source: DoHA's Aged Care Data Warehouse; Department of Human Services (DHS) (Centrelink) Pensions Database; DVA's Client Database.

Data provider: DoHA on behalf of DHS and DVA.

Data availability: Data are not currently available.

Cross tabulations provided: Nil

Box 71 Comment on data quality

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

The NHA review recommended the inclusion of this indicator as measure of the affordability of aged care.

It is expected that, following data development work in late 2013 to collect information on pension status of aged care recipients, data will be available for the 2014-15 cycle of reporting.

Indicator 32 — Patient satisfaction/experience

Key amendments
from previous cycle
of reporting:

This indicator is unchanged from the previous NHA.

Outcome:

Australians have positive health and aged care experiences which take account of individual circumstances and care needs

Interim measure:

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

There are nine measures [(a) to (i)] for this indicator. Indicators 32(c) through to 32(i) each have three sub-indicators: Whether [particular health professional] listened carefully to, showed respect for and spent enough time with person.

Measure 32 (a) 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

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

Measure 32 (b) 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 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

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

Measure 32 (c) is defined as:

- *numerator* — number of persons who saw a GP in the last 12 months who reported the GP always or often: listened carefully to them; showed respect; and spent enough time with them (calculated separately for each category)
- *denominator* — total number of persons who saw a GP (for their own health) in the last 12 months

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

Measure 32 (d) is defined as:

- *numerator* — number of persons who saw a medical specialist in the last 12 months who reported the medical specialist always or often: listened carefully to them showed respect; and spent enough time with them
- *denominator* — total number of persons who saw a medical specialist in the last 12 months

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

Measure 32 (e) is defined as:

- *numerator* — number of persons who saw a dental practitioner in the last 12 months who reported the dental practitioner always or often: listened carefully to them; showed respect; and spent enough time with them
- *denominator* — total number of persons who saw a dental practitioner in the last 12 months

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

- Measure 32 (f) is defined as:
- *numerator* — number of persons who went to a hospital emergency department in the last 12 months who reported the ED doctors or specialists always or often: listened carefully to them; showed respect; and spent enough time with them
- *denominator* — total number of persons who went to a hospital emergency department in the last 12 months

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

Measure 32 (g) is defined as:

- *numerator* — number of persons who went to a hospital emergency department in the last 12 months who reported the ED nurses always or often: listened carefully to them; showed respect; and spent enough time with them
- *denominator* — total number of persons who went to a hospital emergency department in the last 12 months

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

Measure 32 (h) is defined as:

- *numerator* — number of persons admitted to a hospital in the last 12 months who reported the hospital doctors or specialists always or often: listened carefully to them; showed respect; and spent enough time with them
- *denominator* — total number of persons admitted to a hospital in the last 12 months

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

Measure 32 (i) is defined as:

- *numerator* — number of persons admitted to a hospital in the last 12 months who reported the hospital nurses always or often: listened carefully to them; showed respect; and spent enough time with them
- *denominator* — total number of persons who have been admitted to a hospital in the last 12 months

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

Population is limited to persons aged 15 years or over

Some survey respondents may report pathology and imaging as a referral to a medical specialist

*Dental practitioner includes dentist, dental hygienist or dental specialist
Responses from proxy interviews are not counted for questions on personal opinions*

Data source: Numerator and denominator — ABS Patient Experience Survey (PEXS).

	Data are available annually
Data provider:	ABS
Data availability:	2011-12
Cross tabulations provided:	State and Territory for (a) to (i) by: • remoteness (ASGC) Nationally for (a) to (i) by: • SEIFA IRSD deciles • remoteness (ASGC)

Box 72 Results

For this report, data are available for 2011-12.

- Data by State and Territory are presented in tables NHA.32.1, 3, 5, 7, 9, 11, 13, 15 and 17
- Data by remoteness are presented in tables NHA.32.1–18
- Data by socioeconomic status are presented in tables NHA.32.19–27.

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.

Data for 2010-11 are provided in the 2010-11 NHA performance report ([old] NHA PI 58). Data for 2009 are provided in the 2009-10 NHA performance report ([old] NHA PI 58).

Attachment tables

Table NHA.32.1	Proportion of persons who saw a GP (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by State and Territory, by remoteness, 2011-12
Table NHA.32.2	Proportion of persons who saw a GP (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by remoteness, 2011-12
Table NHA.32.3	Proportion of persons referred to a medical specialist (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by remoteness, by State and Territory 2011-12
Table NHA.32.4	Proportion of persons who were referred to a medical specialist (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by remoteness, 2011-12
Table NHA.32.5	Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2011-12
Table NHA.32.6	Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12

Table NHA.32.7	Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12
Table NHA.32.8	Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12
Table NHA.32.9	Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12
Table NHA.32.10	Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12
Table NHA.32.11	Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2011-12
Table NHA.32.12	Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12
Table NHA.32.13	Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12
Table NHA.32.14	Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12
Table NHA.32.15	Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12
Table NHA.32.16	Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12
Table NHA.32.17	Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2011-12
Table NHA.32.18	Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12
Table NHA.32.19	Proportion of persons who saw a GP (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by SEIFA IRSD deciles, 2011-12
Table NHA.32.20	Proportion of persons who were referred to a medical specialist by a GP in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by SEIFA IRSD deciles, 2011-1
Table NHA.32.21	Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA IRSD deciles, 2011-12

Table NHA.32.22	Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA IRSD deciles, 2011-12
Table NHA.32.23	Proportion of persons who saw a dental practitioner in the last 12 months reporting the dental practitioner always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA IRSD deciles, 2011-12
Table NHA.32.24	Proportion of persons who have been to a hospital emergency department in the last 12 months reporting ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA IRSD deciles, 2011-12
Table NHA.32.25	Proportion of persons who have been to a hospital emergency department in the last 12 months reporting ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA IRSD deciles, 2011-12
Table NHA.32.26	Proportion of persons who have been admitted to a hospital in the last 12 months reporting hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA IRSD deciles, 2011-12
Table NHA.32.27	Proportion of persons who have been admitted to a hospital in the last 12 months reporting hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA IRSD deciles, 2011-12

Box 73 **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 elements of patient experience and satisfaction with key elements of care. The data are based on peoples' self-reported attitudes on whether they felt they waited too long for an appointment, and whether the health professional they saw spent enough time with them, listened carefully and showed them respect.
- Data are available by State and Territory, and nationally by socioeconomic status (SES). Data are not available by Indigenous status.
- The most recent data are for 2011-12, from the Patient Experience Survey (PEXS).
- The 2011-12 PEXS was the first to include households in very remote areas, (although it still excluded discrete Indigenous communities). Small differences evident in the NT estimates between 2010-11 and 2011-12 may in part be due to the inclusion of households in very remote areas.

(Continued next page)

Box 73 (continued)

- 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:

- Disaggregation of this indicator by Indigenous status is a priority.
- The age standardisation process requires sufficient data in specific age groups. Data limitations mean that:
 - remoteness disaggregation by State and Territory is only available for major cities (with other remoteness categories combined)
 - disaggregations by SES is only available at the national level.
- This indicator currently does not measure clients experience within aged care. A working group co-chaired by the Commonwealth Department of Health and Aging and the Australian Commission on Safety and Quality in Health Care under the auspices of the National Health Information Standards and Statistics Committee has been established to oversee patient experience indicator development.

Indicator 33 — Full time equivalent employed health practitioners per 1000 population (by age group)

Key amendments from previous cycle of reporting:	This indicator replaces indicator 65 (Net growth in health workforce) in the previous NHA.
Outcome:	Australians have a sustainable health system.
Measure:	Full time equivalent employed health practitioner rate (for the professions of medical practitioners, nurses/midwives and dental practitioners). The measure is defined as: • <i>numerator</i> — full-time equivalent (FTE) number in the workforce in the reference year • <i>denominator</i> — Australian population in the reference year and is expressed as a <i>rate per 1 000 population</i> <i>The workforce for each profession is defined as those employed in the profession. This excludes those who are registered in the profession but are retired, working outside the profession, on extended leave of 3 months or more or working outside Australia.</i> <i>Full time equivalent (FTE) number equals the total hours worked by workforce divided by the standard working week for selected professions.</i> <i>A fulltime working week has been defined as 40 hours for medical practitioners and as 38 hours for dental practitioners and nurses and midwives.</i>
Data source:	Numerator — AIHW National Health Workforce Data Set Denominator — ABS Estimated Resident Population
Data provider:	AIHW
Data availability:	2011 (medical practitioners, nurses/midwives and dental practitioners), 2010 (medical practitioners only)
Cross tabulations provided:	State and Territory, by profession, by • age group (<25, 25–34, 35–44, 45–54, 55–64 and 65 or over)

Box 74 Results

As this is a new indicator, data are provided for 2011 (the most recent available data) and 2010 (data not able to be backcast further).

- Data for 2011 are presented in table NHA.33.1
- Data for 2010 (medical practitioners only) are presented in table NHA.33.2.

Attachment tables

Table NHA.33.1	Full time equivalent employed health practitioners per 1000 population, State and Territory, by profession, by age group, 2011
Table NHA.33.2	Full time equivalent employed health practitioners per 1,000 population, State and Territory, by profession, by age group, 2010

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 of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the rate of full-time equivalent employed health practitioners (for the professions of medical practitioners, nurses/midwives and dental practitioners) per 1000 population.
- Data are available annually. The most recent data for nurses/midwives and dental practitioners are for 2011. The most recent data for medical practitioners are for 2010.
- The National Health Workforce Data Set (NHWDS) is a combination of registration (including demographic) information provided by the Australian Health Practitioner Regulation Agency (AHPRA) and workforce details obtained by the Health Workforce Survey.
- Medical practitioners, dental practitioners and nurses/midwives are required by law to be registered to practise in Australia. The Health Workforce Survey is voluntary and only practitioners who renew their registration receive a questionnaire.
- The overall response rate for the Health Workforce Survey (medical practitioners) in 2010 was 76.6 per cent. The overall response rate for the Health Workforce Survey in 2011 was around 85 per cent for medical practitioners and nurses and midwives, and 80.3 per cent for dental practitioners.

(Continued next page)

Box 75 (continued)

- Care should be taken when drawing conclusions about the size of the differences between estimates across years. Raw data have undergone imputation and weighting to adjust for non-response which may have introduced bias in the final survey data (more pronounced in lower response rates).
- Differences in survey methodology may affect the comparability of results.
- State and Territory comparisons between 2010 and 2011 should be undertaken with caution as the method used to determine location changed for 2011. This affects the NT in particular.
- 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.

National Agreement performance reporting: National Healthcare Agreement

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NHA Benchmark c

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NHA Benchmark a:

No data are currently available to inform this benchmark

Better health: close the life expectancy gap for Indigenous Australians within a generation

NHA Benchmark b:

2011 data are presented in table NHA.7.1

**Better health: halve the mortality
gap for Indigenous children
under five by 2018**

NHA Benchmark c:

No data are currently available to inform this benchmark

Better health: 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) by 2023

NHA Benchmark d:

2011-12 data are presented in table NHA.3.7

**Better health: by 2018, increase
by five percentage points the
proportion of Australian adults
and Australian children at a
healthy body weight, over the
2009 baseline**

NHA Benchmark e:

2011-12 data are presented in table NHA.4.1-2

Better health: by 2018, reduce the national smoking rate to 10 per cent of the population and halve the Indigenous smoking rate, over the 2009 baseline

NHA Benchmark f:

**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.F.1

Table NHA.B.f.1 **Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2010-11 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (c)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Vaccine-preventable conditions	no.	4 879	4 546	3 688	1 476	1 710	213	165	631	17 323
Acute conditions	no.	99 275	85 847	68 788	35 296	26 062	5 540	3 649	4 438	329 269
Chronic conditions	no.	87 274	77 999	64 756	40 102	24 218	5 799	2 908	4 160	307 489
Total PPH (d)	no.	190 823	167 721	136 654	76 554	51 737	11 515	6 701	9 101	651 466
Total hospital separations	no.	2 661 239	2 337 234	1 789 673	964 634	668 747	170 108	108 715	114 824	8 852 550
PPH/Total hospital separations	%	7.2	7.2	7.6	7.9	7.7	6.8	6.2	7.9	7.4

- (a) Data are presented by the state/territory of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11). In addition, as the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.
- (c) Most Western Australian private hospitals code same-day dialysis with additional diagnoses, which include chronic diabetic kidney disease.
- (d) 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.

Source : AIHW (unpublished) National Hospital Morbidity Database.

TABLE NHA.B.F.2

Table NHA.B.f.2 **Supplementary measure a) Selected potentially preventable hospitalisations (PPH) *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, as a percentage of total hospital separations, by State and Territory, 2010-11 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Vaccine-preventable conditions	no.	4 879	4 546	3 688	1 476	1 710	213	165	631	17 323
Acute conditions <i>excluding dehydration and gastroenteritis</i>	no.	78 738	65 742	55 931	28 886	21 078	4 376	3 062	3 915	262 046
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>	no.	80 050	71 599	55 143	24 166	22 169	5 387	2 713	3 755	265 233
Total PPH <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)</i> (c)	no.	163 197	141 408	114 327	54 294	44 741	9 947	5 926	8 206	542 629
Total hospital separations	no.	2 661 239	2 337 234	1 789 673	964 634	668 747	170 108	108 715	114 824	8 852 550
PPH / Total hospital separations	%	6.1	6.1	6.4	5.6	6.7	5.8	5.5	7.1	6.1

- (a) Data are presented by the state/territory of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11). In addition, as the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.
- (c) 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.

Source: AIHW (unpublished) National Hospital Morbidity Database.

TABLE NHA.B.F.3

Table NHA.B.f.3 **Supplementary measure b) Selected potentially preventable hospitalisations (PPH) *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, as a percentage of total hospital separations, by State and Territory, 2010-11 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Vaccine-preventable conditions	no.	4 879	4 546	3 688	1 476	1 710	213	165	631	17 323
Acute conditions <i>excluding dehydration and gastroenteritis</i>	no.	78 738	65 742	55 931	28 886	21 078	4 376	3 062	3 915	262 046
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>	no.	69 629	61 842	47 189	20 632	19 099	4 600	2 250	2 988	228 435
Total PPH <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)</i> (c)	no.	152 870	131 816	106 495	50 891	41 711	9 170	5 466	7 476	506 433
Total hospital separations	no.	2 661 239	2 337 234	1 789 673	964 634	668 747	170 108	108 715	114 824	8 852 550
PPH / Total hospital separations	%	5.7	5.6	6.0	5.3	6.2	5.4	5.0	6.5	5.7

- (a) Data are presented by the state/territory of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11). In addition, as the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.
- (c) 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.

Source : AIHW (unpublished) National Hospital Morbidity Database.

TABLE NHA.B.F.4

Table NHA.B.f.4 **Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2009-10 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (c)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Vaccine-preventable conditions	<i>no.</i>	5 495	4 076	3 887	1 891	1 512	354	169	489	17 887
Acute conditions	<i>no.</i>	93 791	80 415	65 705	30 814	24 854	5 620	3 330	4 513	309 297
Chronic conditions	<i>no.</i>	105 179	88 168	83 330	51 723	27 207	7 091	3 212	4 433	370 530
Total PPH (d)	<i>no.</i>	203 504	171 901	152 107	84 010	53 300	12 994	6 686	9 313	694 268
Total hospital separations	<i>no.</i>	2 567 325	2 277 694	1 736 392	887 050	647 889	170 970	102 931	110 238	8 531 003
PPH/Total hospital separations	%	7.9	7.5	8.8	9.5	8.2	7.6	6.5	8.4	8.1

- (a) Data are presented by the state/territory of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11). In addition, as the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.
- (c) Most Western Australian private hospitals code same-day dialysis with additional diagnoses, which include chronic diabetic kidney disease.
- (d) 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.

Source : AIHW (unpublished) National Hospital Morbidity Database.

TABLE NHA.B.F.5

Table NHA.B.f.5 **Supplementary measure a) Selected potentially preventable hospitalisations (PPH) *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, as a percentage of total hospital separations, by State and Territory, 2009-10 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Vaccine-preventable conditions	<i>no.</i>	5 495	4 076	3 887	1 891	1 512	354	169	489	17 887
Acute conditions <i>excluding dehydration and gastroenteritis</i>	<i>no.</i>	73 330	61 354	52 333	24 995	19 851	4 439	2 676	3 886	243 068
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>	<i>no.</i>	93 433	80 660	62 784	28 240	24 966	6 569	2 959	3 856	303 628
Total PPH <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)</i> (c)	<i>no.</i>	171 504	145 507	118 371	54 805	46 111	11 302	5 781	8 138	561 896
Total hospital separations	<i>no.</i>	2 567 325	2 277 694	1 736 392	887 050	647 889	170 970	102 931	110 238	8 531 003
PPH / Total hospital separations	%	6.7	6.4	6.8	6.2	7.1	6.6	5.6	7.4	6.6

- (a) Data are presented by the state/territory of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11). In addition, as the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.
- (c) 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.

Source : AIHW (unpublished) National Hospital Morbidity Database.

TABLE NHA.B.F.6

Table NHA.B.f.6 **Supplementary measure b) Selected potentially preventable hospitalisations (PPH) *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, as a percentage of total hospital separations, by State and Territory, 2009-10 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Vaccine-preventable conditions	<i>no.</i>	5 495	4 076	3 887	1 891	1 512	354	169	489	17 887
Acute conditions <i>excluding dehydration and gastroenteritis</i>	<i>no.</i>	73 330	61 354	52 333	24 995	19 851	4 439	2 676	3 886	243 068
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>	<i>no.</i>	68 145	57 280	45 234	18 496	18 955	4 533	2 111	2 685	217 567
Total PPH <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)</i> (c)	<i>no.</i>	146 445	122 402	101 039	45 220	40 201	9 287	4 938	7 004	476 880
Total hospital separations	<i>no.</i>	2 567 325	2 277 694	1 736 392	887 050	647 889	170 970	102 931	110 238	8 531 003
PPH / Total hospital separations	%	5.7	5.4	5.8	5.1	6.2	5.4	4.8	6.4	5.6

- (a) Data are presented by the state/territory of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11). In addition, as the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.
- (c) 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.

Source : AIHW (unpublished) National Hospital Morbidity Database.

TABLE NHA.B.F.7

Table NHA.B.f.7 **Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2008-09 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (c)</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Vaccine-preventable conditions	<i>no.</i>	5 169	4 227	3 364	1 345	1 224	324	166	500	16 354
Acute conditions	<i>no.</i>	90 579	78 737	62 392	29 373	24 124	5 219	3 813	4 451	299 124
Chronic conditions	<i>no.</i>	107 026	88 520	81 038	57 485	29 176	7 309	3 544	4 135	378 590
Total PPH (e)	<i>no.</i>	201 855	170 758	146 054	87 874	54 241	12 790	7 497	8 967	690 855
Total hospital separations	<i>no.</i>	2 456 086	2 172 986	1 667 630	829 969	625 055	152 100	102 966	106 524	8 148 448
PPH/Total hospital separations	%	8.2	7.9	8.8	10.6	8.7	8.4	7.3	8.4	8.5

(a) Data are presented by the state/territory of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.

(b) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11). In addition, as the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.

(c) Most Western Australian private hospitals code same-day dialysis with additional diagnoses, which include chronic diabetic kidney disease.

(d) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's hospital separations.

(e) 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.

Source : AIHW (unpublished) National Hospital Morbidity Database.

TABLE NHA.B.F.8

Table NHA.B.f.8 **Supplementary measure a) Selected potentially preventable hospitalisations (PPH) *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, as a percentage of total hospital separations, by State and Territory, 2008-09 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Vaccine-preventable conditions	<i>no.</i>	5 169	4 227	3 364	1 345	1 224	324	166	500	16 354
Acute conditions <i>excluding dehydration and gastroenteritis</i>	<i>no.</i>	72 007	59 484	50 310	23 974	19 286	4 104	3 111	3 916	236 575
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>	<i>no.</i>	92 761	78 987	61 538	27 316	26 389	6 824	3 233	3 663	301 018
Total PPH <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)</i> (d)	<i>no.</i>	169 237	142 164	114 644	52 409	46 677	11 193	6 490	8 002	551 536
Total hospital separations	<i>no.</i>	2 456 086	2 172 986	1 667 630	829 969	625 055	152 100	102 966	106 524	8 148 448
PPH / Total hospital separations	%	6.9	6.5	6.9	6.3	7.5	7.4	6.3	7.5	6.8

(a) Data are presented by the state/territory of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.

(b) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11). In addition, as the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.

(c) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's hospital separations.

(d) 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.

Source : AIHW (unpublished) National Hospital Morbidity Database.

TABLE NHA.B.F.9

Table NHA.B.f.9 **Supplementary measure b) Selected potentially preventable hospitalisations (PPH) *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, as a percentage of total hospital separations, by State and Territory, 2008-09 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Vaccine-preventable conditions	<i>no.</i>	5 169	4 227	3 364	1 345	1 224	324	166	500	16 354
Acute conditions <i>excluding dehydration and gastroenteritis</i>	<i>no.</i>	72 007	59 484	50 310	23 974	19 286	4 104	3 111	3 916	236 575
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>	<i>no.</i>	68 119	56 640	44 508	17 911	19 279	4 753	2 265	2 465	216 161
Total PPH <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)</i> (d)	<i>no.</i>	144 873	120 031	97 844	43 137	39 650	9 140	5 526	6 846	467 685
Total hospital separations	<i>no.</i>	2 456 086	2 172 986	1 667 630	829 969	625 055	152 100	102 966	106 524	8 148 448
PPH / Total hospital separations	%	5.9	5.5	5.9	5.2	6.3	6.0	5.4	6.4	5.7

(a) Data are presented by the state/territory of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.

(b) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11). In addition, as the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.

(c) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's hospital separations.

(d) 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.

Source : AIHW (unpublished) National Hospital Morbidity Database.

NHA Benchmark g:

2011-12 data are presented in table NHA.22.1

**Better health services: 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**

NHA Indicator 1:

Proportion of babies born of low birth weight

TABLE NHA.1.1

Table NHA.1.1 **Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2010 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT (e)</i>	<i>NT</i>	<i>Aust</i>
Proportion low birthweight babies born to:										
Indigenous mothers (f)	%	10.0	10.0	10.1	12.3	12.7	6.6	12.7	12.4	10.7
Non-Indigenous mothers	%	4.2	4.8	4.6	4.3	4.8	5.5	4.3	4.4	4.5
Total (g)	%	4.4	4.8	4.9	4.7	5.0	5.5	4.4	7.3	4.8
Number of low birthweight babies born to:										
Indigenous mothers (f)	no.	312	78	344	204	81	15	8	163	1 205
Non-Indigenous mothers	no.	3 841	3 255	2 585	1 227	881	309	205	104	12 407
Total (g)	no.	4 172	3 359	2 929	1 431	962	326	213	271	13 663
Variability bands for rate										
Indigenous mothers (f)	±	1.0	2.1	1.0	1.6	2.6	3.2	8.2	1.8	0.6
Non-Indigenous mothers	±	0.1	0.2	0.2	0.2	0.3	0.6	0.6	0.8	0.1
Total (g)	±	0.1	0.2	0.2	0.2	0.3	0.6	0.6	0.8	0.1

(a) Data relate to live births. Data exclude stillbirths; births both less than 20 weeks gestation and less than 400 grams birthweight; births less than 20 weeks gestation (where gestation is known) in WA; and multiple births.

(b) Data are by place of usual residence of the mother. Table excludes non-residents, external territories and not stated State/Territory of residence.

(c) Totals for each State and Territory cannot be reconciled by individual jurisdictions as data are collected by place of birth but are published by place of residence.

(d) Due to data system reforms the Victorian Perinatal Data Collection for 2009 and 2010 are provisional pending further quality assurance work.

(e) Birthweight data on babies born to Indigenous mothers residing in the ACT and Tasmania should be viewed with caution as they are based on small numbers of births.

(f) Data on Indigenous births relate to babies born to Indigenous mothers only, and excludes babies born to non-Indigenous mothers and Indigenous fathers. Therefore, the information may not be based on the total count of Indigenous babies.

(g) Includes births to mothers whose Indigenous status was not stated.

Source: AIHW (unpublished) National Perinatal Data Collection.

Table NHA.1.2 **Proportion of live-born singleton babies of low birthweight, by remoteness, by SEIFA IRSD quintiles, by SEIFA IRSD deciles, National, 2010 (a), (b), (c)**

	<i>Aust</i> %	<i>Variability band</i> ±	<i>Aust</i> no.
Remoteness of residence (d)			
Major cities	4.5	0.1	9 116
Inner regional	5.1	0.2	2 585
Outer regional	5.3	0.3	1 380
Remote	5.7	0.6	284
Very remote	8.9	1.0	260
SEIFA of residence (e)			
Quintile 1	5.8	0.2	3 644
Quintile 2	5.0	0.2	2 921
Quintile 3	4.6	0.2	2 653
Quintile 4	4.3	0.2	2 411
Quintile 5	3.8	0.2	1 990
SEIFA of residence (f)			
Decile 1	6.3	0.3	2 146
Decile 2	5.2	0.3	1 498
Decile 3	5.3	0.3	1 505
Decile 4	4.8	0.2	1 416
Decile 5	4.7	0.2	1 284
Decile 6	4.6	0.2	1 369
Decile 7	4.3	0.2	1 167
Decile 8	4.3	0.2	1 244
Decile 9	4.1	0.2	1 107
Decile 10	3.6	0.2	883
Total (g)	4.8	0.1	13 663

(a) Low birthweight is defined as less than 2500 grams.

(b) Excludes multiple births, stillbirths and births with unknown birthweight. Births were included if they were at least 20 weeks gestation or if gestation was not known 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) 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. Disaggregation by SEIFA is based on the 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 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.

(g) Total includes number of babies for which remoteness areas and/or SEIFA categories for the mothers could not be assigned.

Table NHA.1.2 **Proportion of live-born singleton babies of low birthweight, by remoteness, by SEIFA IRSD quintiles, by SEIFA IRSD deciles, National, 2010 (a), (b), (c)**

	<i>Aust</i>	<i>Variability band</i>	<i>Aust</i>
	<i>%</i>	<i>±</i>	<i>no.</i>

Source : AIHW (unpublished) National Perinatal Data Collection.

TABLE NHA.1.3

Table NHA.1.3 **Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2008–2010 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT (e)</i>	<i>NT</i>	<i>Aust</i>
Proportion of low birthweight babies born to:										
Indigenous mothers (f)	%	10.1	11.7	9.6	13.1	11.8	8.2	12.3	12.9	10.9
Non-Indigenous mothers	%	4.2	4.6	4.5	4.3	4.8	5.2	3.9	4.5	4.5
Total (g)	%	4.4	4.7	4.8	4.8	5.0	5.3	4.0	7.5	4.7
Number of low birthweight babies born to:										
Indigenous mothers (g)	no.	920	254	958	660	219	64	26	522	3 623
Non-Indigenous mothers	no.	11 601	9 398	7 667	3 661	2 651	897	543	319	36 737
Total (f)	no.	12 576	9 745	8 632	4 321	2 870	963	571	845	40 523
Variability bands for rate										
Indigenous mothers (g)	±	0.6	1.3	0.6	0.9	1.5	1.9	4.4	1.0	0.3
Non-Indigenous mothers	±	0.1	0.1	0.1	0.1	0.2	0.3	0.3	0.5	–
Total (f)	±	0.1	0.1	0.1	0.1	0.2	0.3	0.3	0.5	–

(a) Data relate to live births. Data exclude stillbirths; births both less than 20 weeks gestation and less than 400 grams birthweight; births less than 20 weeks gestation (where gestation is known) in WA; and multiple births.

(b) Data are by place of usual residence of the mother. Table excludes non-residents, external territories and not stated State/Territory of residence.

(c) Totals for each State and Territory cannot be reconciled by individual jurisdictions as data are collected by place of birth but are published by place of residence.

(d) Due to data system reforms the Victorian Perinatal Data Collection for 2009 and 2010 are provisional pending further quality assurance work.

(e) Birthweight data on babies born to Indigenous mothers residing in the ACT and Tasmania should be viewed with caution as they are based on small numbers of births.

(f) Data on Indigenous births relate to babies born to Indigenous mothers only, and excludes babies born to non-Indigenous mothers and Indigenous fathers. Therefore, the information may not be based on the total count of Indigenous babies.

(g) Includes births to mothers whose Indigenous status was not stated.

– Nil or rounded to zero.

Source: AIHW (unpublished) National Perinatal Data Collection.

TABLE NHA.1.4

Table NHA.1.4 **Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2009 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT (e)</i>	<i>NT</i>	<i>Aust</i>
Proportion low birthweight babies born to:										
Indigenous mothers (f)	%	10.0	12.2	9.8	13.0	10.4	8.3	13.9	12.5	10.9
Non-Indigenous mothers	%	4.2	4.6	4.7	4.3	5.0	5.0	3.7	5.0	4.5
Total (g)	%	4.4	4.7	4.9	4.8	5.1	5.1	3.8	7.7	4.7
Number of low birthweight babies born to:										
Indigenous mothers (f)	no.	294	91	320	223	63	23	11	174	1 199
Non-Indigenous mothers	no.	3 813	3 076	2 637	1 221	921	290	172	117	12 247
Total (g)	no.	4 124	3 231	2 961	1 444	984	313	184	291	13 532
Variability bands for rate										
Indigenous mothers (f)	±	1.1	2.4	1.0	1.6	2.4	3.3	7.6	1.7	0.6
Non-Indigenous mothers	±	0.1	0.2	0.2	0.2	0.3	0.6	0.5	0.9	0.1
Total (g)	±	0.1	0.2	0.2	0.2	0.3	0.6	0.5	0.9	0.1

(a) Data relate to live births. Data exclude stillbirths; births both less than 20 weeks gestation and less than 400 grams birthweight; births less than 20 weeks gestation (where gestation is known) in WA; and multiple births.

(b) Data are by place of usual residence of the mother. Table excludes non-residents, external territories and not stated State/Territory of residence.

(c) Totals for each State and Territory cannot be reconciled by individual jurisdictions as data are collected by place of birth but are published by place of residence.

(d) Due to data system reforms the Victorian Perinatal Data Collection for 2009 and 2010 are provisional pending further quality assurance work.

(e) Birthweight data on babies born to Indigenous mothers residing in the ACT and Tasmania should be viewed with caution as they are based on small numbers of births.

(f) Data on Indigenous births relate to babies born to Indigenous mothers only, and excludes babies born to non-Indigenous mothers and Indigenous fathers. Therefore, the information may not be based on the total count of Indigenous babies.

(g) Includes births to mothers whose Indigenous status was not stated.

Source: AIHW (unpublished) National Perinatal Data Collection.

Table NHA.1.5 **Proportion of live-born singleton babies of low birthweight, by remoteness, by SEIFA IRSD quintiles, by SEIFA IRSD deciles, National, 2009 (a), (b), (c)**

	<i>Aust</i> %	<i>Variability band</i> ±	<i>Aust</i> no.
Remoteness of residence (d)			
Major cities	4.5	0.1	8 931
Inner regional	4.9	0.2	2 541
Outer regional	5.5	0.3	1 470
Remote	5.9	0.6	296
Very remote	9.4	1.0	288
SEIFA of residence (e)			
Quintile 1	5.9	0.2	3 635
Quintile 2	5.1	0.2	2 956
Quintile 3	4.5	0.2	2 595
Quintile 4	4.2	0.2	2 354
Quintile 5	3.7	0.2	1 884
SEIFA of residence (f)			
Decile 1	6.4	0.3	2 117
Decile 2	5.3	0.3	1 518
Decile 3	5.1	0.3	1 449
Decile 4	5.0	0.2	1 507
Decile 5	4.6	0.2	1 259
Decile 6	4.4	0.2	1 336
Decile 7	4.3	0.2	1 157
Decile 8	4.1	0.2	1 197
Decile 9	3.9	0.2	1 049
Decile 10	3.4	0.2	835
Total (g)	4.7	0.1	13 532

(a) Low birthweight is defined as less than 2500 grams.

(b) Excludes multiple births, stillbirths and births with unknown birthweight. Births were included if they were at least 20 weeks gestation or if gestation was not known 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) 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 the 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 (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.

Table NHA.1.5 **Proportion of live-born singleton babies of low birthweight, by remoteness, by SEIFA IRSD quintiles, by SEIFA IRSD deciles, National, 2009 (a), (b), (c)**

	<i>Aust</i>	<i>Variability band</i>	<i>Aust</i>
	<i>%</i>	<i>±</i>	<i>no.</i>

(g) Total includes number of babies for which remotess areas and/or SEIFA categories for the mothers could not be assigned.

Source : AIHW (unpublished) National Perinatal Data Collection.

TABLE NHA.1.6

Table NHA.1.6 **Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2008 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>
Proportion low birthweight babies born to:										
Indigenous mothers (e)	%	10.4	13.1	8.9	14.0	12.4	9.2	10.0	13.7	11.2
Non-Indigenous mothers	%	4.3	4.5	4.4	4.3	4.6	5.0	3.7	4.1	4.4
Total (f)	%	4.5	4.6	4.6	4.9	4.8	5.2	3.8	7.6	4.7
Number of low birthweight babies born to:										
Indigenous mothers (e)	no.	314	85	294	233	75	26	7	184	1 218
Non-Indigenous mothers	no.	3 947	3 067	2 445	1 213	849	298	166	98	12 083
Total (f)	no.	4 280	3 155	2 742	1 446	924	324	174	282	13 327
Variability bands for rate										
Indigenous mothers (e)	±	1.1	2.6	1.0	1.7	2.6	3.4	7.0	1.8	0.6
Non-Indigenous mothers	±	0.1	0.2	0.2	0.2	0.3	0.6	0.5	0.8	0.1
Total (f)	±	0.1	0.2	0.2	0.2	0.3	0.6	0.5	0.8	0.1

(a) Data relate to live births. Data exclude stillbirths; births both less than 20 weeks gestation and less than 400 grams birthweight; births less than 20 weeks gestation (where gestation is known) in WA; and multiple births.

(b) Data are by place of usual residence of the mother. Table excludes non-residents, external territories and not stated State/Territory of residence.

(c) Totals for each State and Territory cannot be reconciled by individual jurisdictions as data are collected by place of birth but are published by place of residence.

(d) Birthweight data on babies born to Indigenous mothers residing in the ACT and Tasmania should be viewed with caution as they are based on small numbers of births.

(e) Data on Indigenous births relate to babies born to Indigenous mothers only, and excludes babies born to non-Indigenous mothers and Indigenous fathers. Therefore, the information may not be based on the total count of Indigenous babies.

(f) Includes births to mothers whose Indigenous status was not stated.

Source: AIHW (unpublished) National Perinatal Data Collection.

TABLE NHA.1.7

Table NHA.1.7 **Proportion of live-born singleton babies of low birthweight, by remoteness, by SEIFA IRSD quintiles, by SEIFA IRSD deciles, National, 2008 (a), (b), (c)**

	<i>Aust</i> %	<i>Variability band</i> ±	<i>Aust</i> no.
Remoteness of residence (d)			
Major cities	4.5	0.1	8 877
Inner regional	4.8	0.2	2 495
Outer regional	5.2	0.3	1 410
Remote	5.6	0.6	282
Very remote	8.4	1.0	257
SEIFA of residence (e)			
Quintile 1	5.6	0.2	3 488
Quintile 2	5.0	0.2	2 881
Quintile 3	4.4	0.2	2 533
Quintile 4	4.2	0.2	2 376
Quintile 5	3.7	0.2	1 904
SEIFA of residence (f)			
Decile 1	6.1	0.3	2 032
Decile 2	5.1	0.3	1 456
Decile 3	5.0	0.3	1 366
Decile 4	5.1	0.3	1 515
Decile 5	4.7	0.3	1 284
Decile 6	4.2	0.2	1 249
Decile 7	4.2	0.2	1 145
Decile 8	4.3	0.2	1 231
Decile 9	3.9	0.2	1 040
Decile 10	3.6	0.2	864
Total (g)	4.7	0.1	13 328

(a) Low birthweight is defined as less than 2500 grams.

(b) Excludes multiple births, stillbirths and births with unknown birthweight. Births were included if they were at least 20 weeks gestation or if gestation was not known 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) 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 the 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 (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.

(g) Total includes number of babies for which remotess areas and/or SEIFA categories for the mothers could not be assigned.

Table NHA.1.7 **Proportion of live-born singleton babies of low birthweight, by remoteness, by SEIFA IRSD quintiles, by SEIFA IRSD deciles, National, 2008 (a), (b), (c)**

	<i>Aust</i>	<i>Variability band</i>	<i>Aust</i>
	<i>%</i>	<i>±</i>	<i>no.</i>

Source : AIHW (unpublished) National Perinatal Data Collection.

TABLE NHA.1.8

Table NHA.1.8 **Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2007 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>
Proportion low birthweight babies born to:										
Indigenous mothers (e)	%	10.3	10.6	10.0	14.4	13.8	np	np	12.3	11.2
Non-Indigenous mothers	%	4.3	4.7	4.3	4.4	4.7	np	np	4.1	4.5
Total (f)	%	4.5	4.7	4.7	5.0	4.9	5.3	4.5	7.3	4.7
Number of low birthweight babies born to:										
Indigenous mothers (e)	no.	298	65	308	249	81	np	np	169	1 186
Non-Indigenous mothers	no.	3 888	3 147	2 391	1 214	861	np	np	89	12 100
Total (f)	no.	4 212	3 215	2 702	1 463	942	326	201	258	13 319
Variability bands for rate										
Indigenous mothers (e)	±	1.1	2.4	1.1	1.7	2.8	np	np	1.7	0.6
Non-Indigenous mothers	±	0.1	0.2	0.2	0.2	0.3	np	np	0.8	0.1
Total (f)	±	0.1	0.2	0.2	0.3	0.3	0.6	0.6	0.9	0.1

(a) Data relate to live births. Data exclude stillbirths; births both less than 20 weeks gestation and less than 400 grams birthweight; births less than 20 weeks gestation (where gestation is known) in WA; and multiple births.

(b) Data are by place of usual residence of the mother. Table excludes non-residents, external territories and not stated State/Territory of residence.

(c) Totals for each State and Territory cannot be reconciled by individual jurisdictions as data are collected by place of birth but are published by place of residence.

(d) Birthweight data on babies born to Indigenous mothers residing in the ACT and Tasmania should be viewed with caution as they are based on small numbers of births.

(e) Data on Indigenous births relate to babies born to Indigenous mothers only, and excludes babies born to non-Indigenous mothers and Indigenous fathers. Therefore, the information may not be based on the total count of Indigenous babies.

(f) Includes births to mothers whose Indigenous status was not stated.

np Not published.

Source: AIHW (unpublished) National Perinatal Data Collection.

TABLE NHA.1.9

Table NHA.1.9 **Proportion of live-born singleton babies of low birthweight, by remoteness, by SEIFA IRSD quintiles, by SEIFA IRSD deciles, National, 2007 (a), (b), (c)**

	<i>Aust</i> %	<i>Variability band</i> ±	<i>Aust</i> no.
Remoteness of residence (d)			
Major cities	4.5	0.1	8 786
Inner regional	5.1	0.2	2 595
Outer regional	5.2	0.3	1 381
Remote	5.3	0.6	260
Very remote	9.5	1.0	293
SEIFA of residence (e)			
Quintile 1	5.7	0.2	3 528
Quintile 2	5.2	0.2	2 938
Quintile 3	4.6	0.2	2 596
Quintile 4	4.2	0.2	2 324
Quintile 5	3.5	0.2	1 813
SEIFA of residence (f)			
Decile 1	6.2	0.3	2 032
Decile 2	5.2	0.3	1 496
Decile 3	5.3	0.3	1 423
Decile 4	5.2	0.3	1 515
Decile 5	4.6	0.3	1 226
Decile 6	4.7	0.2	1 370
Decile 7	4.3	0.2	1 171
Decile 8	4.1	0.2	1 153
Decile 9	3.7	0.2	991
Decile 10	3.4	0.2	822
Total (g)	4.7	0.1	13 319

(a) Low birthweight is defined as less than 2500 grams.

(b) Excludes multiple births, stillbirths and births with unknown birthweight. Births were included if they were at least 20 weeks gestation or if gestation was not known 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) 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 the 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 (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.

Table NHA.1.9 **Proportion of live-born singleton babies of low birthweight, by remoteness, by SEIFA IRSD quintiles, by SEIFA IRSD deciles, National, 2007 (a), (b), (c)**

	<i>Aust</i>	<i>Variability band</i>	<i>Aust</i>
	<i>%</i>	<i>±</i>	<i>no.</i>

(g) Total includes number of babies for which remotess areas and/or SEIFA categories for the mothers could not be assigned.

Source : AIHW (unpublished) National Perinatal Data Collection.

NHA Indicator 2:

Incidence of selected cancers

TABLE NHA.2.1

Table NHA.2.1 Incidence of selected cancers, by State and Territory, 2009

	<i>unit</i>	<i>NSW (a)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (a)</i>	<i>NT</i>	<i>Aust (b)</i>
<i>age-standardised rate per 100 000 population</i>										
Bowel cancer (c)	rate	61.0	60.1	62.7	58.3	60.0	72.6	61.7	53.5	61.0
Lung cancer (c)	rate	42.8	41.0	46.4	45.6	43.3	38.9	35.3	55.6	43.2
Melanoma (c)	rate	50.6	41.4	68.3	45.9	36.0	48.1	42.2	38.4	49.8
Female breast cancer (d)	rate	113.9	108.6	119.8	113.6	111.3	119.7	124.2	82.4	113.5
Cervical cancer (d)	rate	7.0	5.7	7.4	8.4	5.1	6.4	6.2	13.6	6.8
<i>number of new cases</i>										
Bowel cancer (c)	no.	4 836	3 564	2 800	1 298	1 201	444	195	71	14 410
Lung cancer (c)	no.	3 382	2 432	2 094	1 009	861	242	108	65	10 193
Melanoma (c)	no.	3 903	2 400	3 060	1 039	671	275	141	56	11 545
Female breast cancer (d)	no.	4 527	3 278	2 798	1 321	1 084	366	221	72	13 668
Cervical cancer (d)	no.	265	166	163	93	46	16	11	11	771
<i>variability bands</i>										
Bowel cancer (c)	± rate	59.3–62.8	58.1–62.1	60.4–65.1	55.2–61.6	56.6–63.5	65.9–79.7	53.1–71.0	39.9–69.7	60.0–62.1
Lung cancer (c)	± rate	41.3–44.3	39.4–42.6	44.5–48.5	42.9–48.6	40.4–46.3	34.1–44.2	28.7–42.5	40.9–73.3	42.4–44.1
Melanoma (c)	± rate	49.0–52.2	39.7–43.1	65.9–70.8	43.2–48.8	33.2–38.8	42.5–54.2	35.4–49.8	27.4–51.8	48.9–50.8
Female breast cancer (d)	± rate	110.5–117.3	104.9–112.4	115.4–124.4	107.5–119.9	104.7–118.3	107.6–132.9	108.1–141.7	62.3–106.3	111.6–115.5
Cervical cancer (d)	± rate	6.2–7.9	4.8–6.6	6.3–8.6	6.8–10.3	3.7–6.9	3.6–10.4	3.0–10.9	5.7–26.0	6.3–7.2

(a) 2009 incidence data include estimates for NSW and the ACT. See the data quality statement for more details.

(b) The Australian total for 2009 incidence data include estimates for NSW and the ACT. Therefore totals should not be compared to other years.

(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.

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) Estimated Resident Population, 30 June 2009.

TABLE NHA.2.2

Table NHA.2.2 Incidence of selected cancers by Indigenous status, by State and Territory, 2009

	unit	NSW (a)	Vic	Qld	WA	SA	Tas	ACT (a)	NT	Total (b)	Total (b) no.
<i>age-standardised rate per 100 000 population</i>											
Bowel cancer (c)											
Indigenous	rate	na	58.5	65.3	51.0	–	52.9	na	40.0	55.6	63
Other Australians (d)	rate	na	60.3	62.1	58.0	61.4	72.9	na	54.0	60.6	4 106
Lung cancer (c)											
Indigenous	rate	na	62.5	82.7	85.3	47.1	np	na	67.8	80.1	80
Other Australians (d)	rate	na	40.9	45.6	45.0	43.4	38.5	na	46.5	45.4	3 088
Melanoma of the skin (c)											
Indigenous	rate	na	np	6.0	np	–	–	na	np	8.0	11
Other Australians (d)	rate	na	41.6	69.1	46.4	36.4	49.1	na	42.9	61.0	4 144
Female breast cancer (e)											
Indigenous	rate	na	81.2	72.0	104.1	–	np	na	100.6	87.4	61
Other Australians (d)	rate	na	108.7	120.6	114.2	111.4	120.9	na	74.2	117.9	4 130
Cervical cancer (e)											
Indigenous	rate	na	np	22.3	np	–	–	na	np	17.2	16
Other Australians (d)	rate	na	5.8	7.1	8.3	5.2	6.6	na	np	7.5	251
<i>variability bands</i>											
Bowel cancer (c)											
Indigenous	± rate	na	27.6–107.3	43.7–92.8	25.9–88.4	–	10.5–143.8	na	18.1–73.9	41.3–72.9	..
Other Australians (d)	± rate	na	58.4–62.4	59.8–64.4	54.9–61.3	57.9–65.0	66.2–80.1	na	40.1–70.8	58.8–62.5	..
Lung cancer (c)											
Indigenous	± rate	na	29.2–115.0	58.4–113.0	49.1–137.5	13.0–114.4	np	na	36.6–112.8	62.2–101.4	..
Other Australians (d)	± rate	na	39.3–42.6	43.7–47.7	42.2–47.8	40.6–46.5	33.7–43.7	na	33.5–62.7	43.8–47.0	..
Melanoma of the skin (c)											
Indigenous	± rate	na	np	1.1–15.6	np	–	–	na	np	3.4–15.3	..

TABLE NHA.2.2

Table NHA.2.2 Incidence of selected cancers by Indigenous status, by State and Territory, 2009

	unit	NSW (a)	Vic	Qld	WA	SA	Tas	ACT (a)	NT	Total (b)	Total (b) no.
Other Australians (d)	± rate	na	39.9–43.3	66.6–71.6	43.6–49.3	33.7–39.3	43.3–55.3	na	31.3–57.1	59.2–62.9	..
Female breast cancer (e)											
Indigenous	± rate	na	32.4–164.6	45.2–107.8	57.3–170.8	–	np	na	53.2–169.7	64.8–114.7	..
Other Australians (d)	± rate	na	105.0–112.5	116.1–125.2	108.1–120.6	104.8–118.4	108.6–134.2	na	55.1–97.6	114.3–121.6	..
Cervical cancer (e)											
Indigenous	± rate	na	np	8.9–43.9	np	–	–	na	np	8.6–29.8	..
Other Australians (d)	± rate	na	4.9–6.8	6.0–8.3	6.6–10.2	3.8–6.9	3.7–10.7	na	np	6.6–8.5	..

(a) 2009 incidence data include estimates for NSW and the ACT; however, estimates by Indigenous status were not available. See the data quality statement for more details.

(b) Totals include jurisdictions for whom the quality of Indigenous status data are considered acceptable (Queensland, WA and the NT). Therefore totals should not be compared to other years.

(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 persons.

(d) 'Other' includes non-Indigenous people and those for whom Indigenous status was not stated.

(e) 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.

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

Source : AIHW (unpublished) Australian Cancer Database; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, (2009) Series B, Cat. 3238.0.

TABLE NHA.2.3

Table NHA.2.3 Incidence of selected cancers by remoteness, by State and Territory, 2009 (a)

	unit	NSW (b)	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Total (c)	Total (c) no.
<i>age-standardised rate per 100 000 population</i>											
Bowel cancer (d)											
Major cities	rate	na	58.0	61.3	56.5	57.3	..	na	..	58.5	5 764
Inner regional	rate	na	65.6	65.4	64.9	63.2	70.4	na	..	65.8	2 248
Outer regional	rate	na	63.7	62.0	59.3	67.7	75.4	na	61.3	64.8	1 114
Remote	rate	na	115.5	57.0	72.5	76.4	108.0	na	51.0	69.2	177
Very remote	rate	na	..	72.1	47.6	64.2	np	na	np	57.2	64
Lung cancer (d)											
Major cities	rate	na	40.5	44.8	44.9	43.4	..	na	..	42.8	4 211
Inner regional	rate	na	41.1	48.5	47.9	39.0	34.1	na	..	43.2	1 488
Outer regional	rate	na	44.7	46.1	47.1	45.9	47.9	na	50.0	46.1	805
Remote	rate	na	np	46.6	52.8	46.4	np	na	52.9	48.0	120
Very remote	rate	na	..	53.0	39.3	39.9	np	na	86.6	52.0	62
Melanoma (d)											
Major cities	rate	na	38.3	66.9	41.2	35.1	..	na	..	46.1	4 520
Inner regional	rate	na	50.4	73.5	63.0	39.9	51.1	na	..	58.6	1 876
Outer regional	rate	na	48.1	68.9	49.5	37.2	43.1	na	48.7	54.1	912
Remote	rate	na	np	52.4	74.7	35.6	np	na	32.3	51.2	141
Very remote	rate	na	..	46.2	27.4	32.0	np	na	np	31.5	46
Female breast cancer (e)											
Major cities	rate	na	110.0	123.5	116.5	114.0	..	na	..	115.2	5 900
Inner regional	rate	na	105.4	121.5	106.3	105.7	128.5	na	..	113.5	1 936
Outer regional	rate	na	96.7	103.1	110.3	108.8	99.4	na	74.0	102.2	882
Remote	rate	na	150.2	104.5	93.4	68.5	149.9	na	93.1	95.7	129
Very remote	rate	na	..	93.7	101.7	147.5	np	na	103.8	109.3	66

TABLE NHA.2.3

Table NHA.2.3 Incidence of selected cancers by remoteness, by State and Territory, 2009 (a)

	<i>unit</i>	<i>NSW (b)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Total (c)</i>	<i>Total (c)</i> <i>no.</i>
Cervical cancer (e)											
Major cities	rate	na	6.3	7.5	7.5	5.6	..	na	..	6.8	338
Inner regional	rate	na	4.2	6.1	8.3	np	7.2	na	..	5.5	79
Outer regional	rate	na	3.5	8.4	16.6	np	np	na	np	7.8	61
Remote	rate	na	–	np	np	np	–	na	np	7.7	11
Very remote	rate	na	..	np	np	–	–	na	np	6.4	5
Bowel cancer (d)											
						<i>variability bands</i>					
Major cities	± rate	na	55.7–60.3	58.3–64.4	52.8–60.3	53.4–61.4	..	na	..	57.0–60.1	..
Inner regional	± rate	na	61.3–70.1	60.6–70.4	56.3–74.3	53.7–73.8	62.2–79.3	na	..	63.1–68.6	..
Outer regional	± rate	na	55.5–72.5	56.0–68.5	49.1–70.6	57.5–79.0	63.7–88.1	na	42.6–84.0	61.1–68.8	..
Remote	± rate	na	45.5–221.5	41.0–76.4	53.2–95.6	54.5–103.0	47.8–192.1	na	27.4–84.5	59.2–80.4	..
Very remote	± rate	na	..	47.9–101.6	24.3–78.7	28.1–121.4	np	na	np	43.2–73.6	..
Lung cancer (d)											
Major cities	± rate	na	38.6–42.5	42.2–47.4	41.6–48.3	40.1–47.0	..	na	..	41.5–44.1	..
Inner regional	± rate	na	37.8–44.7	44.4–52.8	40.5–55.9	31.5–47.5	28.4–40.3	na	..	41.0–45.5	..
Outer regional	± rate	na	38.0–52.1	40.8–51.6	38.3–57.1	37.4–55.3	38.9–58.2	na	31.8–73.1	43.0–49.5	..
Remote	± rate	na	np	32.4–64.1	35.8–73.3	30.2–68.1	np	na	24.3–95.0	39.6–57.5	..
Very remote	± rate	na	..	33.0–79.0	18.7–69.5	13.1–82.7	np	na	43.4–144.2	39.2–67.3	..
Melanoma (d)											
Major cities	± rate	na	36.5–40.3	63.8–70.1	38.1–44.5	32.0–38.5	..	na	..	44.7–47.5	..
Inner regional	± rate	na	46.4–54.5	68.3–78.9	54.5–72.3	31.9–48.8	43.8–59.0	na	..	55.9–61.4	..
Outer regional	± rate	na	40.5–56.3	62.6–75.7	40.3–60.1	29.2–46.2	34.0–53.4	na	32.0–69.5	50.6–57.8	..
Remote	± rate	na	np	37.6–70.0	55.5–97.0	21.0–56.1	np	na	16.2–54.4	43.0–60.6	..

TABLE NHA.2.3

Table NHA.2.3 Incidence of selected cancers by remoteness, by State and Territory, 2009 (a)

	<i>unit</i>	<i>NSW (b)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Total (c)</i>	<i>Total (c)</i> <i>no.</i>
Very remote	± rate	na	..	28.5–69.5	13.0–48.7	9.9–73.0	np	na	np	22.7–42.5	..
Female breast cancer (e)											
Major cities	± rate	na	105.6–114.5	117.7–129.6	109.3–124.1	106.1–122.3	..	na	..	112.3–118.2	..
Inner regional	± rate	na	97.6–113.7	112.4–131.1	90.7–123.5	87.5–125.6	112.9–145.5	na	..	108.4–118.7	..
Outer regional	± rate	na	81.7–113.2	92.3–114.8	90.8–131.9	89.8–129.8	80.3–120.9	na	49.7–102.7	95.5–109.2	..
Remote	± rate	na	43.7–341.4	74.2–140.6	65.1–129.4	41.1–106.2	51.1–322.4	na	51.5–151.7	79.6–113.7	..
Very remote	± rate	na	..	56.7–142.9	54.5–164.9	65.9–266.2	np	na	44.1–192.7	82.9–139.5	..
Cervical cancer (e)											
Major cities	± rate	na	5.3–7.5	6.0–9.1	5.7–9.6	3.9–7.7	..	na	..	6.0–7.5	..
Inner regional	± rate	na	2.5–6.4	4.0–8.7	4.1–14.0	np	3.5–12.4	na	..	4.3–6.9	..
Outer regional	± rate	na	1.0–8.3	5.5–12.2	9.3–27.0	np	np	na	np	5.9–10.0	..
Remote	± rate	na	–	np	np	np	–	na	np	3.6–13.4	..
Very remote	± rate	na	..	np	np	–	–	na	np	1.7–14.4	..

(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) 2009 incidence data include estimates for NSW and the ACT; however, estimates by Remoteness area were not available. See the data quality statement for more details.

(c) Totals do not include NSW or ACT as Remoteness area disaggregation data were not available. Therefore totals should not be compared to other years.

(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 persons.

(e) 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.

na Not available. .. 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 2009.

TABLE NHA.2.4

Table NHA.2.4 Incidence of selected cancers, by State and Territory, by SEIFA IRSD quintiles, 2009 (a)

	unit	NSW (b)	Vic	Qld	WA	SA	Tas	ACT (b)	NT (c)	Total (d)	Total (d) no.
Bowel cancer (e)				<i>age-standardised rate per 100 000 population</i>							
Quintile 1	rate	na	62.4	65.9	64.8	60.2	78.6	na	np	64.3	2 018
Quintile 2	rate	na	64.3	61.3	58.5	66.6	68.1	na	np	62.6	1 919
Quintile 3	rate	na	59.8	63.5	56.8	57.6	56.5	na	np	60.5	1 856
Quintile 4	rate	na	58.6	59.5	55.0	49.3	76.0	na	np	58.1	2 011
Quintile 5	rate	na	55.9	62.9	58.1	62.7	55.1	na	..	58.4	1 540
Lung cancer (e)											
Quintile 1	rate	na	49.7	56.0	58.8	55.4	48.4	na	np	53.3	1 687
Quintile 2	rate	na	51.4	47.8	50.4	42.4	33.3	na	np	47.8	1 478
Quintile 3	rate	na	39.4	47.3	51.3	38.7	32.2	na	np	44.0	1 337
Quintile 4	rate	na	37.2	40.6	42.3	36.7	28.1	na	np	38.8	1 335
Quintile 5	rate	na	29.9	35.7	33.2	32.4	17.4	na	..	31.8	833
Melanoma (e)											
Quintile 1	rate	na	33.1	67.0	42.5	35.4	43.5	na	np	43.6	1 291
Quintile 2	rate	na	44.7	63.7	45.5	37.1	54.9	na	np	50.0	1 482
Quintile 3	rate	na	37.5	73.8	43.6	38.3	38.9	na	np	52.2	1 579
Quintile 4	rate	na	42.5	66.9	45.4	36.3	45.4	na	np	50.5	1 763
Quintile 5	rate	na	47.6	68.6	49.6	32.6	74.3	na	..	51.0	1 364
Female breast cancer (f)											
Quintile 1	rate	na	103.9	108.4	117.5	106.2	118.8	na	np	107.9	1 653
Quintile 2	rate	na	94.1	111.6	110.5	107.6	97.5	na	np	104.1	1 599
Quintile 3	rate	na	104.9	125.7	107.7	120.2	145.9	na	np	114.5	1 811
Quintile 4	rate	na	108.7	123.5	110.9	115.9	127.1	na	np	114.7	2 092
Quintile 5	rate	na	124.8	122.9	119.3	111.7	189.3	na	..	122.6	1 737

TABLE NHA.2.4

Table NHA.2.4 Incidence of selected cancers, by State and Territory, by SEIFA IRSD quintiles, 2009 (a)

	<i>unit</i>	<i>NSW (b)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT (c)</i>	<i>Total (d)</i>	<i>Total (d)</i> <i>no.</i>
Cervical cancer (f)											
Quintile 1	rate	na	7.2	7.6	11.3	4.5	4.7	na	np	7.1	95
Quintile 2	rate	na	5.1	8.4	9.7	3.1	9.2	na	np	6.9	96
Quintile 3	rate	na	5.2	8.5	7.7	7.2	—	na	np	7.0	108
Quintile 4	rate	na	7.0	6.1	9.2	6.9	np	na	np	7.0	128
Quintile 5	rate	na	3.8	5.4	5.7	4.9	np	na	..	4.9	65
Bowel cancer (e)											
						<i>variability bands</i>					
Quintile 1	± rate	na	57.9–67.0	60.4–71.8	54.3–76.8	54.1–66.9	68.5–89.7	na	np	61.5–67.2	..
Quintile 2	± rate	na	59.2–69.6	56.3–66.7	52.3–65.1	59.1–74.7	56.2–81.9	na	np	59.9–65.5	..
Quintile 3	± rate	na	55.2–64.7	58.9–68.3	50.0–64.4	49.7–66.4	36.8–82.9	na	np	57.8–63.4	..
Quintile 4	± rate	na	54.7–62.7	55.1–64.3	48.3–62.3	41.9–57.7	57.6–98.3	na	np	55.6–60.7	..
Quintile 5	± rate	na	51.9–60.2	55.8–70.7	51.8–65.0	53.8–72.5	31.7–88.8	na	..	55.5–61.5	..
Lung cancer (e)											
Quintile 1	± rate	na	45.8–53.9	51.0–61.4	48.8–70.2	49.5–61.8	40.6–57.1	na	np	50.8–55.9	..
Quintile 2	± rate	na	47.0–56.2	43.4–52.6	44.8–56.6	36.5–48.9	25.3–43.1	na	np	45.4–50.4	..
Quintile 3	± rate	na	35.6–43.5	43.4–51.4	44.7–58.5	32.2–46.1	17.9–53.2	na	np	41.6–46.4	..
Quintile 4	± rate	na	34.1–40.6	36.9–44.5	36.5–48.8	30.2–44.1	17.3–43.2	na	np	36.7–40.9	..
Quintile 5	± rate	na	27.0–33.1	30.4–41.7	28.4–38.6	26.1–39.7	6.2–38.2	na	..	29.6–34.0	..
Melanoma (e)											
Quintile 1	± rate	na	29.8–36.6	61.2–73.3	34.2–52.2	30.5–40.8	35.8–52.3	na	np	41.2–46.1	..
Quintile 2	± rate	na	40.5–49.2	58.5–69.2	40.0–51.5	31.4–43.6	43.7–68.1	na	np	47.5–52.6	..
Quintile 3	± rate	na	33.8–41.5	68.8–78.9	37.6–50.3	31.6–45.9	22.5–62.5	na	np	49.6–54.8	..
Quintile 4	± rate	na	39.2–46.0	62.2–71.8	39.4–52.0	29.7–44.0	31.1–63.9	na	np	48.2–52.9	..

TABLE NHA.2.4

Table NHA.2.4 Incidence of selected cancers, by State and Territory, by SEIFA IRSD quintiles, 2009 (a)

	<i>unit</i>	<i>NSW (b)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT (c)</i>	<i>Total (d)</i>	<i>Total (d)</i> <i>no.</i>
Quintile 5	± rate	na	43.8–51.6	61.6–76.1	43.9–55.8	26.2–40.0	46.8–112.0	na	..	48.3–53.8	..
Female breast cancer (f)											
Quintile 1	± rate	na	95.6–112.7	98.2–119.3	97.7–140.1	94.4–119.1	101.1–138.7	na	np	102.7–113.4	..
Quintile 2	± rate	na	85.6–103.1	102.0–121.8	98.3–123.7	94.0–122.7	77.4–121.2	na	np	99.0–109.3	..
Quintile 3	± rate	na	96.4–114.1	116.9–135.1	94.6–122.2	103.3–139.0	101.1–203.7	na	np	109.3–120.0	..
Quintile 4	± rate	na	101.3–116.5	114.8–132.7	97.9–125.2	99.5–134.2	94.2–167.6	na	np	109.8–119.8	..
Quintile 5	± rate	na	116.3–133.6	109.9–136.9	107.2–132.3	95.3–130.0	125.8–273.1	na	..	116.8–128.6	..
Cervical cancer (f)											
Quintile 1	± rate	na	5.0–10.0	4.8–11.4	5.8–19.8	2.3–8.0	1.7–10.3	na	np	5.7–8.7	..
Quintile 2	± rate	na	3.2–7.6	5.9–11.7	6.2–14.5	1.1–6.7	3.3–20.1	na	np	5.6–8.4	..
Quintile 3	± rate	na	3.5–7.5	6.3–11.3	4.4–12.4	3.4–13.4	–	na	np	5.7–8.5	..
Quintile 4	± rate	na	5.2–9.2	4.3–8.5	5.8–13.8	3.4–12.5	np	na	np	5.9–8.4	..
Quintile 5	± rate	na	2.4–5.8	3.1–8.8	3.2–9.3	1.9–10.2	np	na	..	3.7–6.2	..

(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. 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.

(b) 2009 incidence data include estimates for NSW and the ACT; however, estimates by socioeconomic status were not available. See the data quality statement for more details.

(c) 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.

(d) Totals do not include NSW or ACT as socioeconomic status disaggregation data were not available. Therefore totals should not be compared to other years.

(e) 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.

(f) 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.

TABLE NHA.2.4

Table NHA.2.4 **Incidence of selected cancers, by State and Territory, by SEIFA IRSD quintiles, 2009 (a)**

<i>unit</i>	<i>NSW (b)</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT (c)</i>	<i>Total (d)</i>	<i>Total (d)</i>
										<i>no.</i>

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

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) concordances from Postal Area to ABS Index of Relative Socio-economic Disadvantage (IRSD); ABS (unpublished) Estimated Resident Population, 30 June 2009.

TABLE NHA.2.5

Table NHA.2.5 Incidence of selected cancers by SES based on SEIFA IRSD deciles, National, 2009 (a), (b)

	<i>unit</i>	<i>Bowel cancer (c)</i>	<i>Lung Cancer (c)</i>	<i>Melanoma (c)</i>	<i>Female breast cancer (d)</i>	<i>Cervical cancer (d)</i>
<i>age-standardised rate per 100 000 population</i>						
Decile 1	rate	63.8	54.6	36.9	107.6	6.6
Decile 2	rate	64.8	52.2	49.4	108.4	7.5
Decile 3	rate	62.9	48.5	49.7	104.0	5.9
Decile 4	rate	62.4	47.3	50.2	104.1	7.7
Decile 5	rate	59.8	43.4	53.7	120.3	6.8
Decile 6	rate	61.4	44.6	51.0	108.8	7.3
Decile 7	rate	57.0	40.5	49.3	110.3	6.9
Decile 8	rate	59.4	36.8	51.8	119.8	7.3
Decile 9	rate	59.4	32.9	47.6	121.9	6.0
Decile 10	rate	57.2	30.1	55.8	123.6	3.1
<i>variability bands</i>						
Decile 1	± rate	59.7–68.1	50.8–58.6	33.7–40.3	100.0–115.6	4.7–8.9
Decile 2	± rate	61.0–68.8	48.9–55.8	46.0–53.1	101.2–115.9	5.5–9.8
Decile 3	± rate	58.9–67.1	45.0–52.2	46.0–53.5	96.6–111.7	4.2–8.1
Decile 4	± rate	58.5–66.4	44.0–50.8	46.7–53.9	97.1–111.5	5.8–10.0
Decile 5	± rate	56.0–63.8	40.1–46.8	50.0–57.6	112.6–128.3	5.0–8.9
Decile 6	± rate	57.5–65.5	41.2–48.1	47.4–54.7	101.7–116.4	5.5–9.4
Decile 7	± rate	53.6–60.6	37.7–43.6	46.2–52.6	103.8–117.1	5.3–8.7
Decile 8	± rate	55.6–63.3	33.8–39.9	48.4–55.5	112.5–127.5	5.6–9.3
Decile 9	± rate	55.5–63.4	30.0–35.9	44.2–51.2	114.4–129.8	4.4–8.1
Decile 10	± rate	52.7–61.9	26.9–33.6	51.4–60.4	114.7–133.0	1.9–4.9

(a) The available National decile totals do not include NSW or ACT as socioeconomic status disaggregation data were not available. Therefore totals should not be compared to other years.

Table NHA.2.5 **Incidence of selected cancers by SES based on SEIFA IRSD deciles, National, 2009 (a), (b)**

<i>unit</i>	<i>Bowel cancer (c)</i>	<i>Lung Cancer (c)</i>	<i>Melanoma (c)</i>	<i>Female breast cancer (d)</i>	<i>Cervical cancer (d)</i>
(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. 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. (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. Source : AIHW (unpublished) Australian Cancer Database; ABS (unpublished) concordances from Postal Area to ABS Index of Relative Socio-economic Disadvantage (IRSD); ABS (unpublished) Estimated Resident Population, 30 June 2009.					

NHA Indicator 3:

Prevalence of overweight and obesity

TABLE NHA.3.1

Table NHA.3.1 **Rates of overweight and obesity, by State and Territory, 2011-12 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Adults										
Rate	%	61.1	61.9	65.4	66.0	66.1	64.1	63.6	63.7	63.2
Relative standard error	%	1.8	1.8	1.8	1.6	1.7	2.0	3.1	3.2	0.9
Confidence interval	$\pm$	2.1	2.2	2.3	2.1	2.2	2.5	3.9	3.9	1.1
Children										
Rate	%	25.1	23.1	28.3	24.9	24.2	28.6	26.3	29.4	25.3
Relative standard error	%	8.4	8.7	9.0	9.5	12.6	11.3	13.2	13.7	4.5
Confidence interval	$\pm$	4.1	3.9	5.0	4.6	6.0	6.3	6.8	7.9	2.2

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Adults are defined as persons aged 18 years and over. Children are defined as persons aged 5-17 years.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Overweight for children is defined as BMI (appropriate for age and sex) that is likely to be equal to 25 but less than 30 at age 18 years. Obesity for adults is defined as BMI equal to or greater than 30. Obesity for children is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.

(c) Includes measured persons only.

(d) Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 for adults, selected ranges from 5-17 years for children).

Source : ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.3.2

Table NHA.3.2 Rates of overweight and obesity for adults, by State and Territory, by sex and age, 2011-12 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Males										
18-24	%	42.4	36.8	41.2	52.7	38.7	39.1	52.1	49.3	41.7
25-34	%	63.1	67.5	67.2	64.5	71.4	60.6	58.7	55.3	65.5
35-44	%	73.6	70.6	75.4	82.5	72.2	70.5	75.5	71.4	74.1
45-54	%	77.9	85.2	84.9	72.8	78.7	78.6	86.0	77.4	80.6
55-64	%	74.1	80.7	84.5	81.3	80.3	82.2	78.5	70.0	79.3
65-69	%	72.9	82.4	80.0	75.0	85.8	79.7	73.3	74.4	77.9
70-74	%	78.5	81.3	86.2	91.5	85.0	85.0	72.0	90.9	82.6
75 and over	%	60.9	64.0	78.9	75.2	84.0	71.0	82.5	75.0	68.7
Total males	%	67.6	70.1	73.3	72.8	72.0	68.5	71.7	68.0	70.3
Total male number	'000	1 630.2	1 217.2	1 047.2	563.0	385.2	113.5	83.4	34.4	5 074.1
Females										
18-24	%	34.9	20.5	44.0	46.5	43.9	44.4	18.7	41.3	35.0
25-34	%	37.5	39.7	44.9	52.4	48.4	55.5	46.8	44.7	42.4
35-44	%	54.2	53.5	58.3	53.6	58.4	59.1	61.4	57.9	55.3
45-54	%	63.2	67.8	62.7	63.9	69.0	59.0	58.9	67.4	64.6
55-64	%	66.2	65.4	69.7	68.3	73.5	76.1	70.1	73.0	67.9
65-69	%	69.1	60.0	62.6	63.3	70.1	74.8	60.0	82.1	65.3
70-74	%	76.4	73.8	74.0	76.6	73.7	73.9	80.0	72.7	75.1
75 and over	%	64.1	72.2	67.0	66.4	66.7	59.0	67.3	63.6	67.0
Total females	%	54.0	53.4	57.6	58.8	60.3	60.0	55.0	59.1	55.7
Total females number	'000	1 271.6	922.5	824.4	428.9	323.3	100.2	60.8	28.9	3 960.6
All										
18-24	%	38.6	28.9	42.5	49.6	41.4	41.5	36.2	45.6	38.4

TABLE NHA.3.2

Table NHA.3.2 Rates of overweight and obesity for adults, by State and Territory, by sex and age, 2011-12 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
25-34	%	51.0	54.5	56.4	59.0	60.2	58.0	53.3	49.9	54.5
35-44	%	64.0	61.9	67.0	68.4	65.3	64.7	68.7	64.7	64.8
45-54	%	70.8	76.4	73.4	68.4	73.9	68.8	72.8	72.7	72.6
55-64	%	70.2	72.9	77.0	75.1	77.2	79.2	74.1	71.6	73.7
65-69	%	71.1	71.3	71.7	69.3	77.4	77.3	66.8	78.0	71.7
70-74	%	77.5	77.6	79.8	84.0	79.1	79.6	75.9	83.6	78.8
75 and over	%	62.6	68.2	72.7	70.6	74.4	64.1	74.4	69.0	67.8
Total	%	61.1	61.9	65.4	66.0	66.1	64.1	63.6	63.7	63.2
Total number	'000	2 901.7	2 139.7	1 871.6	991.9	708.5	213.7	144.1	63.4	9 034.7

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Adults are defined as persons aged 18 years and over.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Obesity for adults is defined as BMI equal to or greater than 30.

(c) Includes measured persons only.

(d) Rates for total are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.3.3

Table NHA.3.3 **RSEs and 95 per cent confidence intervals for rates of overweight and obesity for adults, by State and Territory, by sex and age, 2011-12 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>relative standard errors</i>										
Males										
18-24	%	15.6	13.7	14.2	10.6	20.7	18.8	15.3	20.6	7.8
25-34	%	5.6	5.0	6.0	5.9	5.2	10.0	7.9	11.8	2.5
35-44	%	3.5	4.9	4.3	3.8	5.5	5.3	5.8	7.2	1.8
45-54	%	4.3	3.1	4.2	6.2	4.4	5.4	5.4	7.6	2.2
55-64	%	5.1	4.7	3.5	3.9	4.3	5.5	6.3	10.7	2.0
65-69	%	9.7	7.1	5.8	7.5	5.3	8.3	12.3	14.2	3.6
70-74	%	7.4	8.8	4.6	4.6	9.5	9.2	21.3	10.9	3.7
75 and over	%	8.2	9.8	5.9	7.5	6.9	8.7	10.9	14.1	3.8
Total males	%	2.1	2.0	2.2	1.8	2.3	2.7	3.6	4.2	1.0
Females										
18-24	%	16.2	24.5	18.4	13.5	14.9	19.8	35.9	26.1	7.1
25-34	%	10.4	11.7	10.0	7.9	9.8	10.9	8.8	11.6	5.7
35-44	%	5.9	7.5	6.3	7.2	7.9	7.4	9.2	10.7	2.9
45-54	%	5.0	4.7	5.6	6.6	6.8	8.9	10.3	8.6	2.5
55-64	%	5.9	5.6	5.8	6.5	5.9	5.3	7.1	9.1	2.9
65-69	%	8.3	10.1	9.1	10.6	7.7	9.3	18.6	9.6	3.9
70-74	%	8.0	8.8	8.8	9.1	9.3	9.3	14.4	25.9	4.0
75 and over	%	6.9	5.0	7.9	8.3	8.3	8.5	13.8	21.4	3.4
Total females	%	2.9	3.1	3.2	3.5	3.2	3.5	4.4	5.1	1.6
All adults										
18-24	%	10.8	12.6	11.6	7.1	11.7	12.3	13.4	18.0	5.2
25-34	%	4.8	4.9	5.3	4.5	4.6	7.0	6.5	8.6	2.4

TABLE NHA.3.3

Table NHA.3.3 **RSEs and 95 per cent confidence intervals for rates of overweight and obesity for adults, by State and Territory, by sex and age, 2011-12 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
35-44	%	3.5	4.3	4.3	3.7	5.4	4.4	5.3	6.3	1.7
45-54	%	3.2	2.7	3.4	4.1	3.7	4.9	5.7	6.5	1.7
55-64	%	4.2	3.8	3.3	3.6	3.1	3.6	5.1	6.2	1.7
65-69	%	6.3	5.6	5.3	6.0	4.6	6.0	10.1	9.7	2.7
70-74	%	5.6	6.1	4.9	5.1	7.1	6.5	12.4	11.6	2.7
75 and over	%	5.0	5.4	4.4	5.1	4.8	6.4	8.3	12.3	2.3
Total adults	%	1.8	1.8	1.8	1.6	1.7	2.0	3.1	3.2	0.9
<i>95 per cent confidence intervals</i>										
Males										
18-24	±	13.0	9.9	11.5	10.9	15.7	14.4	15.6	19.9	6.3
25-34	±	6.9	6.6	7.9	7.5	7.3	11.9	9.1	12.8	3.3
35-44	±	5.0	6.7	6.4	6.1	7.8	7.3	8.5	10.0	2.6
45-54	±	6.5	5.1	7.0	8.8	6.7	8.4	9.1	11.6	3.5
55-64	±	7.5	7.4	5.7	6.2	6.7	8.9	9.8	14.6	3.2
65-69	±	13.8	11.4	9.1	11.0	9.0	13.0	17.7	20.7	5.5
70-74	±	11.4	13.9	7.8	8.3	15.7	15.3	30.0	19.5	6.0
75 and over	±	9.8	12.3	9.1	11.0	11.3	12.2	17.5	20.7	5.1
Total males	±	2.7	2.7	3.1	2.6	3.3	3.7	5.0	5.6	1.4
Females										
18-24	±	11.1	9.8	15.9	12.3	12.8	17.3	13.2	21.1	4.9
25-34	±	7.7	9.1	8.8	8.2	9.3	11.9	8.1	10.1	4.8
35-44	±	6.3	7.9	7.3	7.6	9.0	8.5	11.0	12.2	3.2
45-54	±	6.2	6.3	6.9	8.2	9.1	10.3	11.9	11.4	3.1
55-64	±	7.6	7.2	8.0	8.7	8.6	7.9	9.7	13.0	3.9

TABLE NHA.3.3

Table NHA.3.3 **RSEs and 95 per cent confidence intervals for rates of overweight and obesity for adults, by State and Territory, by sex and age, 2011-12 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
65-69	±	11.2	11.9	11.2	13.1	10.6	13.7	21.8	15.4	4.9
70-74	±	12.0	12.8	12.8	13.7	13.4	13.5	22.6	36.9	5.9
75 and over	±	8.7	7.1	10.4	10.8	10.8	9.8	18.2	26.7	4.4
Total females	±	3.0	3.2	3.6	4.0	3.7	4.2	4.7	5.9	1.7
All adults										
18-24	±	8.2	7.1	9.7	6.9	9.5	10.0	9.5	16.1	3.9
25-34	±	4.8	5.2	5.9	5.2	5.4	7.9	6.8	8.4	2.5
35-44	±	4.4	5.2	5.6	4.9	6.9	5.6	7.1	7.9	2.2
45-54	±	4.4	4.0	4.9	5.5	5.4	6.6	8.2	9.3	2.5
55-64	±	5.8	5.4	4.9	5.3	4.8	5.6	7.3	8.6	2.4
65-69	±	8.8	7.9	7.4	8.1	7.0	9.2	13.2	14.8	3.8
70-74	±	8.5	9.3	7.7	8.4	11.0	10.2	18.4	18.9	4.2
75 and over	±	6.1	7.2	6.3	7.0	7.0	8.0	12.1	16.6	3.0
Total adults	±	2.1	2.2	2.3	2.1	2.2	2.5	3.9	3.9	1.1

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Adults are defined as persons aged 18 years and over.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Obesity for adults is defined as BMI equal to or greater than 30.

(c) Includes measured persons only.

(d) Rates for total are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.3.4

Table NHA.3.4 **Rates of overweight and obesity for adults and children, by State and Territory, by remoteness, 2011-12**
(a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>adults</i>										
Major cities	%	59.9	60.8	62.9	63.7	65.0	..	63.6	..	61.6
Inner regional	%	64.8	66.9	68.9	69.5	70.5	63.0	–	..	66.8
Outer regional	%	67.3	57.4	70.6	73.8	68.0	66.9	..	63.1	68.4
Remote	%	90.0	..	57.9	72.7	68.3	87.6	..	65.5	72.8
Very remote (e)	%	..	..	..	..	..	..	..	..	..
<i>relative standard errors for adults</i>										
Major cities	%	2.2	2.5	2.2	2.2	2.1	..	3.1	..	1.2
Inner regional	%	3.4	3.9	4.4	5.8	6.4	2.8	–	..	1.7
Outer regional	%	7.1	15.4	4.4	5.2	6.8	2.8	..	3.7	2.0
Remote	%	99.2	..	11.5	13.7	16.4	56.5	..	6.8	5.1
Very remote (e)	%	..	..	..	..	..	..	..	..	..
<i>95 per cent confidence interval for adults</i>										
Major cities	±	2.6	2.9	2.8	2.7	2.7	..	3.9	..	1.4
Inner regional	±	4.4	5.1	5.9	7.9	8.9	3.4	–	..	2.2
Outer regional	±	9.4	17.3	6.1	7.6	9.1	3.7	..	4.5	2.6
Remote	±	174.9	..	13.1	19.5	21.9	96.9	..	8.7	7.3
Very remote (e)	±	..	..	..	..	..	..	..	..	..
<i>children</i>										
Major cities	%	24.4	25.1	25.8	24.8	21.8	..	26.3	..	24.8
Inner regional	%	28.4	17.4	30.2	31.7	22.6	30.7	–	..	26.3
Outer regional	%	19.3	15.6	np	np	np	25.4	..	27.4	27.1
Remote	%	–	..	np	np	np	–	..	38.0	24.8

TABLE NHA.3.4

Table NHA.3.4 **Rates of overweight and obesity for adults and children, by State and Territory, by remoteness, 2011-12**
(a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Very remote (e)	%	..	..	..	..	..	..	..	..	..
<i>relative standard errors for children</i>										
Major cities	%	9.5	9.6	11.0	12.0	14.9	..	13.2	..	5.3
Inner regional	%	18.7	26.8	16.7	26.9	27.4	13.7	–	..	8.3
Outer regional	%	47.6	67.7	np	np	np	21.4	..	18.2	10.1
Remote	%	–	..	np	np	np	–	..	32.8	36.1
Very remote (e)	%	..	..	..	..	..	..	..	..	..
<i>95 per cent confidence interval for children</i>										
Major cities	±	4.6	4.7	5.6	5.8	6.4	..	6.8	..	2.6
Inner regional	±	10.4	9.1	9.9	16.7	12.1	8.2	–	..	4.3
Outer regional	±	18.0	20.7	np	np	np	10.7	..	9.8	5.4
Remote	±	–	..	np	np	np	–	..	24.5	17.6
Very remote (e)	±	..	..	..	..	..	..	..	..	..

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Adults are defined as persons aged 18 years and over. Children are defined as persons aged 5-17 years.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Overweight for children is defined as BMI (appropriate for age and sex) that is likely to be equal to 25 but less than 30 at age 18 years. Obesity for adults is defined as BMI equal to or greater than 30. Obesity for children is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.

(c) Includes measured persons only.

(d) Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 for adults, selected ranges from 5-17 years for children).

(e) Very remote data was not collected in the 2011-12 component of the 2011-13 AHS.

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

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.3.5

Table NHA.3.5 **Rates of overweight and obesity for adults and children, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c), (d), (e)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>adults</i>										
Quintile 1	%	65.0	66.3	70.5	74.7	71.1	66.2	57.7	65.5	67.6
Quintile 2	%	66.2	65.3	69.4	65.5	69.2	65.3	82.4	63.0	67.0
Quintile 3	%	63.8	65.4	62.7	69.6	61.9	67.9	61.7	67.7	64.7
Quintile 4	%	57.7	60.5	62.5	60.8	59.4	59.8	64.9	65.4	60.0
Quintile 5	%	55.9	53.2	62.5	63.2	63.7	62.0	63.2	53.8	58.1
<i>relative standard errors for adults</i>										
Quintile 1	%	4.3	3.6	5.7	4.3	3.7	3.2	30.4	7.2	1.6
Quintile 2	%	3.9	3.6	3.8	4.8	3.2	3.7	10.9	7.1	1.9
Quintile 3	%	4.5	4.5	4.8	4.4	5.0	5.6	7.4	8.1	2.2
Quintile 4	%	3.1	3.9	3.6	4.8	5.3	6.0	5.0	7.5	1.7
Quintile 5	%	4.3	5.4	4.3	4.4	6.8	17.3	4.7	16.2	2.1
<i>95 per cent confidence interval for adults</i>										
Quintile 1	$\pm$	5.5	4.6	7.8	6.3	5.1	4.1	34.4	9.3	2.2
Quintile 2	$\pm$	5.1	4.6	5.2	6.2	4.4	4.8	17.6	8.7	2.5
Quintile 3	$\pm$	5.7	5.7	5.9	6.0	6.1	7.5	9.0	10.8	2.8
Quintile 4	$\pm$	3.5	4.6	4.5	5.7	6.2	7.1	6.3	9.6	2.0
Quintile 5	$\pm$	4.8	5.6	5.2	5.5	8.5	21.1	5.8	17.1	2.4
<i>children</i>										
Quintile 1	%	29.1	26.7	43.9	22.6	32.4	28.8	np	np	31.0
Quintile 2	%	31.1	35.3	34.2	27.4	28.6	32.4	np	np	32.8
Quintile 3	%	26.9	23.1	29.1	24.1	20.9	33.9	27.9	23.6	25.9
Quintile 4	%	19.6	17.5	23.2	25.3	16.7	20.2	29.3	18.9	20.6

TABLE NHA.3.5

Table NHA.3.5 **Rates of overweight and obesity for adults and children, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c), (d), (e)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Quintile 5	%	17.6	15.9	18.8	23.9	20.8	25.2	24.4	24.5	18.8
<i>relative standard errors for children</i>										
Quintile 1	%	19.2	21.8	24.6	28.7	28.2	24.0	np	np	8.8
Quintile 2	%	20.3	14.2	19.1	22.7	18.6	15.4	np	np	8.7
Quintile 3	%	27.0	25.6	18.0	21.7	29.3	34.6	38.4	34.6	11.7
Quintile 4	%	19.1	27.0	17.7	28.0	30.5	32.9	28.9	58.5	10.6
Quintile 5	%	26.5	24.1	31.3	15.5	27.6	67.9	16.6	62.2	10.4
<i>95 per cent confidence interval for children</i>										
Quintile 1	±	10.9	11.4	21.2	12.7	17.9	13.6	np	np	5.4
Quintile 2	±	12.4	9.8	12.8	12.2	10.4	9.8	np	np	5.6
Quintile 3	±	14.2	11.6	10.3	10.2	12.0	23.0	21.0	16.0	5.9
Quintile 4	±	7.3	9.3	8.0	13.9	10.0	13.0	16.6	21.7	4.3
Quintile 5	±	9.1	7.5	11.6	7.3	11.3	33.5	7.9	29.8	3.8

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Adults are defined as persons aged 18 years and over. Children are defined as persons aged 5-17 years.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Overweight for children is defined as BMI (appropriate for age and sex) that is likely to be equal to 25 but less than 30 at age 18 years. Obesity for adults is defined as BMI equal to or greater than 30. Obesity for children is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.

(c) Includes measured persons only.

(d) Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 for adults, selected ranges from 5-17 years for children).

(e) A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general.

np Not published.

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.3.6

Table NHA.3.6 Rates of overweight and obesity, by State and Territory, by disability status, 2011-12 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Adults										
With disability or restrictive long-term health condition	%	65.1	65.8	68.3	71.1	69.6	69.7	65.6	72.5	67.3
Relative standard error	%	3.4	3.3	2.9	2.5	3.3	3.7	4.7	4.5	1.5
Confidence interval	±	4.4	4.2	3.8	3.5	4.5	5.1	6.1	6.4	2.0
No disability or restrictive long-term health condition	%	59.4	60.0	64.2	64.1	64.3	61.8	60.8	58.6	61.4
Relative standard error	%	2.2	2.2	2.5	2.3	2.3	3.2	4.0	5.4	1.1
Confidence interval	±	2.6	2.6	3.1	2.9	2.9	3.8	4.8	6.2	1.3
Children										
With disability or restrictive long-term health condition	%	47.5	24.8	34.4	23.9	28.8	24.2	25.3	22.5	34.9
Relative standard error	%	18.1	20.7	20.6	30.0	26.4	39.3	29.0	43.3	10.5
Confidence interval	±	16.9	10.0	13.9	14.1	14.9	18.6	14.4	19.1	7.2
No disability or restrictive long-term health condition	%	21.3	22.7	26.7	25.4	23.4	29.4	26.4	32.5	23.6
Relative standard error	%	8.4	9.5	10.4	10.4	13.0	12.2	14.4	14.6	4.1
Confidence interval	±	3.5	4.2	5.5	5.2	6.0	7.0	7.5	9.3	1.9

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Adults are defined as persons aged 18 years and over. Children are defined as persons aged 5-17 years.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Overweight for children is defined as BMI (appropriate for age and sex) that is likely to be 25 but less than 30 at age 18 years. Obesity for adults is defined as BMI equal to or greater than 30. Obesity for children is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.

(c) Includes measured persons only.

(d) Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 for adults, selected ranges from 5-17 years for children).

Source : ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.3.7

Table NHA.3.7 Proportion of adults and children in BMI categories, by State and Territory, 2011-12 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>adults</i>										
Body Mass Index (measured)										
Underweight (BMI less than 18.5)	%	2.0	1.3	1.4	0.8	1.2	0.8	0.8	1.1	1.5
Normal weight (BMI 18.5–24.9)	%	37.0	36.8	33.2	33.2	32.7	35.0	35.6	35.2	35.4
Overweight (BMI 25.0–29.9)	%	33.3	36.0	35.0	36.6	37.4	36.1	38.4	35.7	35.1
Obese (BMI over 30.0)	%	27.7	25.9	30.5	29.4	28.7	28.0	25.2	28.0	28.1
<i>relative standard errors for adults</i>										
Body Mass Index (measured)										
Underweight (BMI less than 18.5)	%	17.5	25.7	21.6	31.2	24.4	46.0	41.0	32.7	10.2
Normal weight (BMI 18.5–24.9)	%	3.0	3.0	3.5	3.0	3.6	3.7	5.5	5.8	1.6
Overweight (BMI 25.0–29.9)	%	2.8	3.3	3.3	3.4	3.2	4.3	4.2	5.6	1.4
Obese (BMI over 30.0)	%	3.5	4.2	4.2	4.2	4.7	5.0	5.2	5.9	1.8
<i>95 per cent confidence interval for adults</i>										
Body Mass Index (measured)										
Underweight (BMI less than 18.5)	±	0.7	0.7	0.6	0.5	0.6	0.7	0.6	0.7	0.3
Normal weight (BMI 18.5–24.9)	±	2.2	2.2	2.3	2.0	2.3	2.5	3.8	4.0	1.1
Overweight (BMI 25.0–29.9)	±	1.8	2.4	2.3	2.5	2.4	3.0	3.1	3.9	1.0
Obese (BMI over 30.0)	±	1.9	2.1	2.5	2.4	2.7	2.7	2.6	3.2	1.0
<i>children</i>										
Body Mass Index (measured)										
Underweight (BMI less than 18.5)	%	4.1	5.6	6.2	7.3	5.6	5.0	4.6	7.9	5.4
Normal weight (BMI 18.5–24.9)	%	70.9	71.4	65.5	67.8	70.2	66.4	69.1	62.6	69.3
Overweight (BMI 25.0–29.9)	%	17.3	16.6	18.5	19.9	17.0	18.1	19.4	20.4	17.7
Obese (BMI over 30.0)	%	7.8	6.5	9.8	5.1	7.2	10.5	6.9	9.1	7.6
<i>relative standard errors for children</i>										

TABLE NHA.3.7

Table NHA.3.7 **Proportion of adults and children in BMI categories, by State and Territory, 2011-12 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Body Mass Index (measured)										
Underweight (BMI less than 18.5)	%	27.6	20.5	16.2	22.0	24.7	34.2	34.5	33.6	10.6
Normal weight (BMI 18.5–24.9)	%	3.4	2.7	4.2	3.4	4.5	4.8	4.9	7.5	1.7
Overweight (BMI 25.0–29.9)	%	10.2	10.5	12.3	9.9	16.5	13.5	16.4	18.9	5.7
Obese (BMI over 30.0)	%	17.8	20.1	17.5	23.2	23.7	22.0	22.7	28.6	8.8
<i>95 per cent confidence interval for children</i>										
Body Mass Index (measured)										
Underweight (BMI less than 18.5)	±	2.2	2.2	2.0	3.1	2.7	3.4	3.1	5.2	1.1
Normal weight (BMI 18.5–24.9)	±	4.7	3.8	5.4	4.5	6.1	6.3	6.7	9.3	2.3
Overweight (BMI 25.0–29.9)	±	3.5	3.4	4.5	3.8	5.5	4.8	6.2	7.6	2.0
Obese (BMI over 30.0)	±	2.7	2.5	3.3	2.3	3.3	4.5	3.1	5.1	1.3

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

- (a) Adults are defined as persons aged 18 years and over. Children are defined as persons aged 5-17 years.
- (b) Overweight for adults is defined as BMI equal to 25 but less than 30. Overweight for children is defined as BMI (appropriate for age and sex) that is likely to be equal to 25 but less than 30 at age 18 years. Obesity for adults is defined as BMI equal to or greater than 30. Obesity for children is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.
- (c) Includes measured persons only.
- (d) Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 for adults, selected ranges from 5-17 years for children).

Source : ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

Table NHA.3.8 **Rates of overweight and obesity for adults, by SEIFA IRSD deciles, National, 2011-12 (a), (b), (c), (d), (e)**

	<i>Aust (%)</i>	<i>Relative standard error (%)</i>	<i>95 % confidence interval (+)</i>
Decile 1	66.7	2.8	3.7
Decile 2	68.3	2.6	3.5
Decile 3	67.6	2.6	3.4
Decile 4	66.4	2.9	3.7
Decile 5	65.5	2.8	3.6
Decile 6	63.9	3.0	3.8
Decile 7	59.0	2.6	3.1
Decile 8	61.4	2.5	3.0
Decile 9	60.1	2.9	3.4
Decile 10	55.7	3.1	3.4

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

- (a) Adults are defined as persons aged 18 years and over.
- (b) Overweight for adults is defined as BMI equal to 25 but less than 30. Obesity for adults is defined as BMI equal to or greater than 30.
- (c) Includes measured persons only.
- (d) Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).
- (e) A lower SEIFA decile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA decile indicates a relative lack of disadvantage and greater advantage in general.

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.3.9

Table NHA.3.9 **Rates of overweight and obesity for adults and children, by State and Territory, 2007-08 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Adults										
Rate	%	60.6	61.0	61.2	62.9	60.9	62.8	59.0	63.2	61.1
Relative standard error	%	2.0	2.2	2.2	2.6	2.0	2.7	2.6	17.2	1.0
Confidence interval	±	2.3	2.6	2.6	3.2	2.4	3.3	3.0	21.4	1.2
Children										
Rate	%	23.5	25.2	26.8	25.0	25.7	18.7	np	np	24.7
Relative standard error	%	9.7	9.6	11.4	11.1	14.1	17.2	np	np	5.6
Confidence interval	±	4.5	4.7	6.0	5.5	7.1	6.3	np	np	2.7

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

- (a) Adults are defined as persons aged 18 years and over. Children are defined as persons aged 5–17 years.
- (b) Overweight for adults is defined as BMI equal to 25 but less than 30. Overweight for children is defined as BMI (appropriate for age and sex) that is likely to be equal to 25 but less than 30 at age 18 years. Obesity for adults is defined as BMI equal to or greater than 30. Obesity for children is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.
- (c) Includes measured persons only.
- (d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults, selected ranges from 5–17 years for children).
- np** Not published.

Source : ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.3.10

Table NHA.3.10 Rates of overweight and obesity for adults, by State and Territory, by sex and age, 2007-08 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>adults</i>										
Males										
18–24	%	40.5	36.8	42.2	42.2	34.9	41.4	np	np	39.8
25–34	%	69.9	52.3	62.9	64.2	56.7	43.1	54.4	40.3	62.0
35–44	%	68.8	69.7	71.7	77.0	71.5	78.2	72.1	47.9	70.7
45–54	%	74.9	77.9	74.7	83.7	78.7	66.8	76.0	81.5	76.7
55–64	%	72.8	76.2	75.1	72.4	79.3	77.6	np	np	74.9
65–69	%	74.2	82.1	85.1	79.8	78.6	91.8	np	np	79.4
70–74	%	79.0	89.2	75.7	64.2	63.8	78.9	np	np	78.3
75 and over	%	80.4	70.1	77.7	71.4	58.7	65.1	np	np	74.3
Total males	%	68.6	66.1	68.5	70.0	65.7	64.1	66.8	73.1	67.8
Total males number	'000	1 332.5	925.4	726.6	417.8	252.2	79.6	61.6	32.9	3 828.6
Females										
18–24	%	35.7	36.1	33.2	37.8	26.1	43.8	np	np	34.8
25–34	%	43.2	40.8	49.0	48.1	39.4	52.6	48.5	45.8	44.4
35–44	%	48.4	59.7	57.1	59.8	59.8	58.1	52.0	51.3	55.1
45–54	%	55.1	62.3	56.2	61.2	67.7	70.0	47.8	53.6	58.7
55–64	%	65.0	78.2	63.8	64.9	64.3	69.0	np	np	67.9
65–69	%	65.8	67.4	84.9	65.9	87.0	81.2	np	np	71.9
70–74	%	77.3	67.2	67.7	59.9	72.5	72.7	np	np	70.6
75 and over	%	60.7	50.2	53.5	58.1	61.1	68.5	np	np	56.9
Total females	%	52.1	55.8	54.5	55.9	55.5	61.5	51.3	39.4	54.3
Total females number	'000	982.2	762.7	626.9	328.7	206.1	79.5	46.1	22.2	3 054.3
All adults										
18–24	%	38.1	36.5	37.4	40.1	31.0	42.6	np	np	37.3

TABLE NHA.3.10

Table NHA.3.10 Rates of overweight and obesity for adults, by State and Territory, by sex and age, 2007-08 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
25-34	%	57.6	46.9	56.1	56.5	48.1	48.0	51.7	43.8	53.6
35-44	%	58.4	64.9	64.2	68.3	65.9	67.4	61.7	50.1	62.9
45-54	%	65.3	70.4	65.1	72.9	73.5	68.4	61.6	65.4	67.9
55-64	%	69.1	77.2	69.3	68.7	72.4	73.2	71.8	88.8	71.5
65-69	%	70.0	75.0	85.0	72.5	83.5	86.8	np	np	75.7
70-74	%	78.2	77.6	71.4	61.9	68.1	76.1	np	np	74.3
75 and over	%	69.6	59.6	63.3	64.1	60.0	67.0	np	np	64.8
Total adults	%	60.6	61.0	61.2	62.9	60.9	62.8	59.0	63.2	61.1
Total adults number	'000	2 314.8	1 688.0	1 353.5	746.5	458.2	159.1	107.7	55.1	6 882.9

(a) Adults are defined as persons aged 18 years and over.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Obesity for adults is defined as BMI equal to or greater than 30.

(c) Includes measured persons only.

(d) Rates for total are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

np Not published.

Source : ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.3.11

Table NHA.3.11 **RSEs and 95 per cent confidence intervals for rates of overweight and obesity for adults, by State and Territory, by sex and age, 2007-08 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>relative standard errors</i>										
Males										
18–24	%	15.1	16.4	14.7	15.2	24.1	19.0	np	np	6.1
25–34	%	4.9	9.0	7.4	7.1	8.4	17.1	7.6	58.6	3.6
35–44	%	5.6	5.5	6.7	4.7	6.4	7.6	5.6	70.0	2.7
45–54	%	5.2	5.1	5.4	4.4	5.0	8.1	5.5	30.2	2.2
55–64	%	5.6	7.8	5.7	6.8	5.4	5.9	np	np	3.0
65–69	%	7.8	9.0	7.0	9.3	9.4	4.8	np	np	3.9
70–74	%	6.5	6.6	9.5	19.5	16.2	13.3	np	np	3.9
75 and over	%	6.0	8.3	8.5	8.8	13.0	8.5	np	np	3.5
Total males	%	2.5	2.6	3.0	2.7	2.8	3.8	2.8	23.8	1.3
Females										
18–24	%	18.1	18.2	16.2	19.6	25.9	23.4	np	np	7.0
25–34	%	7.9	9.8	9.3	10.1	11.0	11.4	9.8	30.9	4.1
35–44	%	7.0	6.6	7.0	7.9	9.2	11.3	8.4	49.2	2.9
45–54	%	7.3	8.1	8.7	10.2	8.5	8.0	11.0	37.5	3.7
55–64	%	6.8	5.0	6.7	8.9	7.9	8.8	np	np	3.2
65–69	%	8.9	12.5	6.2	11.7	5.2	11.6	np	np	3.7
70–74	%	6.5	12.0	10.5	16.2	10.3	10.2	np	np	4.7
75 and over	%	10.1	13.4	11.7	13.3	9.4	8.6	np	np	5.0
Total females	%	3.2	3.4	2.9	4.4	3.7	4.1	4.4	20.4	1.5
All adults										
18–24	%	10.1	12.1	11.8	11.6	17.1	13.9	np	np	4.3
25–34	%	4.5	6.5	6.2	5.9	7.2	9.9	6.1	30.3	3.0

TABLE NHA.3.11

Table NHA.3.11 **RSEs and 95 per cent confidence intervals for rates of overweight and obesity for adults, by State and Territory, by sex and age, 2007-08 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
35-44	%	4.3	4.7	4.5	4.4	5.0	6.9	4.4	40.6	1.8
45-54	%	4.2	4.8	5.2	5.5	4.6	5.9	5.9	29.7	2.2
55-64	%	4.3	4.4	4.6	4.9	4.4	4.8	4.9	11.3	2.1
65-69	%	5.9	7.4	4.4	6.8	5.0	5.7	np	np	2.6
70-74	%	4.9	7.8	6.8	12.6	9.6	8.2	np	np	3.5
75 and over	%	5.8	8.0	6.6	8.0	8.5	5.9	np	np	2.9
Total adults	%	2.0	2.2	2.2	2.6	2.0	2.7	2.6	17.2	1.0
<i>95 per cent confidence intervals</i>										
Males										
18-24	$\pm$	11.9	11.8	12.2	12.6	16.5	15.4	np	np	4.8
25-34	$\pm$	6.8	9.2	9.1	8.9	9.4	14.5	8.1	46.3	4.3
35-44	$\pm$	7.6	7.5	9.4	7.1	8.9	11.7	8.0	65.7	3.7
45-54	$\pm$	7.6	7.8	7.9	7.2	7.7	10.6	8.2	48.2	3.2
55-64	$\pm$	8.0	11.7	8.3	9.6	8.4	9.0	np	np	4.4
65-69	$\pm$	11.3	14.5	11.7	14.6	14.5	8.7	np	np	6.1
70-74	$\pm$	10.0	11.6	14.1	24.5	20.3	20.5	np	np	6.0
75 and over	$\pm$	9.4	11.3	13.0	12.3	14.9	10.8	np	np	5.2
Totals	$\pm$	3.3	3.4	4.0	3.8	3.6	4.8	3.7	34.0	1.7
Females										
18-24	$\pm$	12.6	12.9	10.6	14.5	13.3	20.1	np	np	4.8
25-34	$\pm$	6.7	7.8	9.0	9.6	8.5	11.7	9.3	27.8	3.5
35-44	$\pm$	6.7	7.8	7.8	9.2	10.7	12.8	8.5	49.4	3.1
45-54	$\pm$	7.9	9.9	9.6	12.3	11.3	11.0	10.3	39.3	4.3
55-64	$\pm$	8.7	7.6	8.3	11.3	10.0	11.9	np	np	4.2

TABLE NHA.3.11

Table NHA.3.11 **RSEs and 95 per cent confidence intervals for rates of overweight and obesity for adults, by State and Territory, by sex and age, 2007-08 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
65–69	±	11.5	16.5	10.2	15.1	9.0	18.5	np	np	5.2
70–74	±	9.9	15.8	13.9	19.0	14.7	14.5	np	np	6.6
75 and over	±	12.0	13.2	12.2	15.1	11.2	11.5	np	np	5.6
Total females	±	3.3	3.7	3.1	4.8	4.0	5.0	4.4	15.7	1.6
All adults										
18–24	±	7.6	8.6	8.7	9.1	10.4	11.6	np	np	3.2
25–34	±	5.1	6.0	6.8	6.5	6.8	9.4	6.2	26.0	3.1
35–44	±	5.0	6.0	5.7	5.8	6.5	9.1	5.4	39.8	2.2
45–54	±	5.4	6.6	6.7	7.8	6.7	7.9	7.1	38.1	3.0
55–64	±	5.8	6.7	6.3	6.6	6.2	6.8	6.9	19.6	2.9
65–69	±	8.1	10.9	7.4	9.7	8.1	9.8	np	np	3.8
70–74	±	7.5	11.8	9.5	15.3	12.8	12.3	np	np	5.0
75 and over	±	7.9	9.3	8.2	10.1	10.0	7.8	np	np	3.7
Total adults	±	2.3	2.6	2.6	3.2	2.4	3.3	3.0	21.4	1.2

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Adults are defined as persons aged 18 years and over.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Obesity for adults is defined as BMI equal to or greater than 30.

(c) Includes measured persons only.

(d) Rates for total are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

np Not published.

Source: ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.3.12

Table NHA.3.12 **Rates of overweight and obesity for adults and children, by State and Territory, by remoteness, 2007-08 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>adults</i>										
Major cities	%	58.4	58.7	57.5	59.6	61.6	..	59.1	..	58.8
Inner regional	%	64.4	66.8	66.4	72.7	51.1	60.8	..	..	66.2
Outer regional	%	69.2	77.1	60.5	65.1	59.6	66.3	..	53.8	65.0
Remote	%	53.0	..	64.2	73.3	61.7	81.3	..	52.9	64.0
Very remote (e)	%	..	..	..	..	..	..	..	..	..
<i>relative standard errors for adults</i>										
Major cities	%	2.4	2.6	3.4	3.2	2.4	..	2.6	..	1.3
Inner regional	%	4.2	4.3	3.5	5.9	9.2	3.8	..	..	1.8
Outer regional	%	7.4	9.6	6.9	10.5	19.5	4.8	..	16.7	3.6
Remote	%	53.3	..	22.0	8.9	15.1	30.5	..	36.9	9.7
Very remote (e)	%	..	..	..	..	..	..	..	..	..
<i>95 per cent confidence interval for adults</i>										
Major cities	$\pm$	2.7	3.0	3.9	3.8	2.8	..	3.0	..	1.4
Inner regional	$\pm$	5.3	5.6	4.6	8.4	9.2	4.6	..	..	2.3
Outer regional	$\pm$	10.0	14.5	8.1	13.4	22.8	6.2	..	17.6	4.5
Remote	$\pm$	55.3	..	27.7	12.7	18.3	48.5	..	38.2	12.2
Very remote (e)	$\pm$	..	..	..	..	..	..	..	..	..
<i>children</i>										
Major cities	%	21.5	23.6	24.6	23.0	23.5	..	20.9	..	22.8
Inner regional	%	27.3	28.5	30.6	24.7	38.3	19.8	..	..	28.7
Outer regional	%	28.4	np	22.8	24.3	np	16.8	..	np	25.5
Remote	%	..	..	35.4	30.6	np	..	..	np	21.3

TABLE NHA.3.12

Table NHA.3.12 **Rates of overweight and obesity for adults and children, by State and Territory, by remoteness, 2007-08 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Very remote (e)	%	..	..	..	..	..	..	..	..	..
<i>relative standard errors for children</i>										
Major cities	%	12.3	11.3	15.2	13.5	18.1	..	11.5	..	7.0
Inner regional	%	21.6	20.1	18.7	25.5	38.0	23.4	..	..	9.5
Outer regional	%	47.0	np	33.1	40.4	np	27.4	..	np	21.4
Remote	%	..	..	96.8	47.6	np	..	..	np	40.0
Very remote (e)	%	..	..	..	..	..	..	..	..	..
<i>95 per cent confidence interval for children</i>										
Major cities	$\pm$	5.2	5.2	7.3	6.1	8.3	..	4.7	..	3.1
Inner regional	$\pm$	11.5	11.3	11.2	12.4	28.5	9.1	..	..	5.3
Outer regional	$\pm$	26.1	np	14.8	19.2	np	9.0	..	np	10.7
Remote	$\pm$	..	..	67.1	28.5	np	..	..	np	16.7
Very remote (e)	$\pm$	..	..	..	..	..	..	..	..	..

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Adults are defined as persons aged 18 years and over. Children are defined as persons aged 5–17 years.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Overweight for children is defined as BMI (appropriate for age and sex) that is likely to be equal to 25 but less than 30 at age 18 years. Obesity for adults is defined as BMI equal to or greater than 30. Obesity for children is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.

(c) Includes measured persons only.

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults, selected ranges from 5–17 years for children).

(e) Very remote data was not collected in the 2007-08 NHS.

.. Not applicable. **np** Not published.

Source : ABS (unpublished) National Health Survey 2007-08.

TABLE NHA.3.13

Table NHA.3.13 Rates of overweight and obesity for adults and children, by State and Territory, by SEIFA IRSD quintiles, 2007-08 (a), (b), (c), (d), (e)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>adults</i>										
Quintile 1	%	66.0	67.4	63.5	72.7	67.3	69.1	55.3	55.9	65.9
Quintile 2	%	59.7	60.5	65.9	63.5	55.1	63.5	65.0	80.1	61.9
Quintile 3	%	63.6	63.2	63.9	63.5	64.0	59.5	60.7	40.5	63.3
Quintile 4	%	62.6	60.7	53.4	64.3	63.6	59.1	56.7	45.0	60.5
Quintile 5	%	54.7	56.7	55.5	53.9	59.5	58.4	59.8	60.4	55.3
<i>relative standard errors for adults</i>										
Quintile 1	%	4.6	5.5	4.6	3.6	4.5	4.6	6.5	34.1	2.5
Quintile 2	%	3.4	5.4	4.5	5.4	6.1	6.2	28.1	24.7	2.2
Quintile 3	%	4.6	5.4	4.8	4.8	4.3	7.8	9.4	41.3	1.8
Quintile 4	%	4.9	4.2	6.3	6.3	4.5	6.6	5.2	49.6	2.0
Quintile 5	%	4.3	5.1	7.8	7.0	6.7	21.2	2.9	7.1	2.5
<i>95 per cent confidence interval for adults</i>										
Quintile 1	$\pm$	6.0	7.3	5.8	5.2	6.0	6.2	7.1	37.4	3.2
Quintile 2	$\pm$	3.9	6.4	5.9	6.8	6.6	7.7	35.7	38.8	2.7
Quintile 3	$\pm$	5.7	6.7	6.1	6.0	5.4	9.1	11.2	32.8	2.3
Quintile 4	$\pm$	6.0	5.0	6.6	7.9	5.6	7.6	5.7	43.7	2.4
Quintile 5	$\pm$	4.6	5.7	8.5	7.4	7.8	24.2	3.4	8.5	2.7
<i>children</i>										
Quintile 1	%	31.9	41.7	44.1	44.6	35.9	26.3	np	np	36.2
Quintile 2	%	23.8	29.5	31.8	37.1	24.3	10.6	np	np	28.3
Quintile 3	%	28.8	23.8	22.7	14.9	23.9	np	11.3	np	23.9
Quintile 4	%	24.1	19.9	22.4	16.9	19.3	28.0	16.7	np	21.0
Quintile 5	%	10.5	21.9	11.5	22.4	24.2	np	25.6	np	17.2

TABLE NHA.3.13

Table NHA.3.13 **Rates of overweight and obesity for adults and children, by State and Territory, by SEIFA IRSD quintiles, 2007-08 (a), (b), (c), (d), (e)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>relative standard errors for children</i>										
Quintile 1	%	21.2	21.2	17.8	39.4	37.0	20.8	np	np	10.7
Quintile 2	%	28.9	20.1	20.6	16.0	32.3	46.3	np	np	12.2
Quintile 3	%	23.4	22.2	22.1	30.4	32.0	np	96.0	np	12.6
Quintile 4	%	21.9	29.7	29.3	33.0	36.2	38.8	20.7	np	12.5
Quintile 5	%	36.1	19.4	47.5	22.1	33.0	np	12.0	np	11.8
<i>95 per cent confidence interval for children</i>										
Quintile 1	±	13.3	17.3	15.4	34.5	26.1	10.7	np	np	7.6
Quintile 2	±	13.5	11.6	12.8	11.6	15.4	9.6	np	np	6.8
Quintile 3	±	13.2	10.4	9.8	8.8	15.0	np	21.2	np	5.9
Quintile 4	±	10.3	11.6	12.9	10.9	13.7	21.3	6.8	np	5.2
Quintile 5	±	7.4	8.3	10.7	9.7	15.6	np	6.1	np	4.0

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Adults are defined as persons aged 18 years and over. Children are defined as persons aged 5–17 years.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Overweight for children is defined as BMI (appropriate for age and sex) that is likely to be equal to 25 but less than 30 at age 18 years. Obesity for adults is defined as BMI equal to or greater than 30. Obesity for children is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.

(c) Includes measured persons only.

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults, selected ranges from 5–17 years for children).

(e) A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general.

np Not published.

Source: ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.3.14

Table NHA.3.14 Proportion of adults and children in BMI categories, by State and Territory, 2007-08 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>adults</i>										
Body Mass Index (measured)										
Underweight (BMI less than 18.5)	%	1.8	1.5	3.1	1.4	2.3	2.1	1.1	–	2.0
Normal weight (BMI 18.5–24.9)	%	37.6	37.5	35.7	35.6	36.9	35.2	39.8	36.8	36.9
Overweight (BMI 25.0–29.9)	%	37.1	36.5	36.1	37.4	37.1	36.2	34.2	30.4	36.7
Obese (BMI over 30.0)	%	23.4	24.5	25.0	25.6	23.7	26.5	24.8	32.8	24.4
<i>relative standard errors for adults</i>										
Body Mass Index (measured)										
Underweight (BMI less than 18.5)	%	19.5	21.2	22.5	22.1	20.9	29.0	30.1	–	11.3
Normal weight (BMI 18.5–24.9)	%	3.2	3.5	3.6	4.6	3.4	4.8	3.8	26.9	1.7
Overweight (BMI 25.0–29.9)	%	3.3	3.3	3.5	4.1	3.6	4.4	4.2	18.9	1.6
Obese (BMI over 30.0)	%	4.8	5.0	4.9	6.3	4.8	6.2	5.1	27.8	2.3
<i>95 per cent confidence interval for adults</i>										
Body Mass Index (measured)										
Underweight (BMI less than 18.5)	±	0.7	0.6	1.4	0.6	0.9	1.2	0.7	–	0.4
Normal weight (BMI 18.5–24.9)	±	2.4	2.6	2.5	3.2	2.5	3.3	3.0	19.4	1.2
Overweight (BMI 25.0–29.9)	±	2.4	2.3	2.5	3.0	2.6	3.1	2.8	11.2	1.2
Obese (BMI over 30.0)	±	2.2	2.4	2.4	3.2	2.2	3.2	2.5	17.9	1.1
<i>children</i>										
Body Mass Index (measured)										
Underweight (BMI less than 18.5)	%	7.8	6.3	10.2	6.9	6.2	4.1	3.3	np	7.5
Normal weight (BMI 18.5–24.9)	%	68.8	68.5	62.9	68.1	68.1	77.2	75.8	88.4	67.7
Overweight (BMI 25.0–29.9)	%	15.0	18.9	18.0	19.6	18.4	12.1	np	np	17.2
Obese (BMI over 30.0)	%	8.5	6.3	8.9	5.4	7.3	6.6	np	np	7.5
<i>relative standard errors for children</i>										

TABLE NHA.3.14

Table NHA.3.14 Proportion of adults and children in BMI categories, by State and Territory, 2007-08 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Body Mass Index (measured)										
Underweight (BMI less than 18.5)	%	17.0	22.7	17.3	24.2	26.6	43.2	27.1	np	9.5
Normal weight (BMI 18.5–24.9)	%	3.5	3.8	5.2	4.6	6.1	4.7	3.4	30.1	2.2
Overweight (BMI 25.0–29.9)	%	12.5	11.9	14.9	14.2	17.9	22.7	np	np	6.2
Obese (BMI over 30.0)	%	19.7	20.7	22.9	26.0	31.2	29.8	np	np	11.5
<i>95 per cent confidence interval for children</i>										
Body Mass Index (measured)										
Underweight (BMI less than 18.5)	±	2.6	2.8	3.5	3.3	3.3	3.5	1.8	np	1.4
Normal weight (BMI 18.5–24.9)	±	4.7	5.1	6.4	6.1	8.2	7.1	5.1	52.1	2.9
Overweight (BMI 25.0–29.9)	±	3.7	4.4	5.3	5.4	6.4	5.4	np	np	2.1
Obese (BMI over 30.0)	±	3.3	2.5	4.0	2.8	4.5	3.9	np	np	1.7

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Adults are defined as persons aged 18 years and over. Children are defined as persons aged 5–17 years.

(b) Overweight for adults is defined as BMI equal to 25 but less than 30. Overweight for children is defined as BMI (appropriate for age and sex) that is likely to be equal to 25 but less than 30 at age 18 years. Obesity for adults is defined as BMI equal to or greater than 30. Obesity for children is defined as BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years.

(c) Includes measured persons only.

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults, selected ranges from 5–17 years for children).

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

Source: ABS (unpublished) National Health Survey 2007-08.

Table NHA.3.15 **Rates of overweight and obesity for adults, by SEIFA IRSD deciles, 2007-08 (a), (b), (c), (d), (e)**

	<i>Aust (%)</i>	<i>Relative standard error (%)</i>	<i>95 % confidence interval (+)</i>
Decile 1	65.3	3.4	4.4
Decile 2	66.4	3.2	4.1
Decile 3	63.1	2.9	3.6
Decile 4	60.9	3.3	3.9
Decile 5	65.4	2.9	3.7
Decile 6	61.0	3.0	3.6
Decile 7	60.8	3.3	3.9
Decile 8	60.3	2.9	3.5
Decile 9	58.3	2.9	3.3
Decile 10	52.3	4.3	4.4

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

- (a) Adults are defined as persons aged 18 years and over.
- (b) Overweight for adults is defined as BMI equal to 25 but less than 30. Obesity for adults is defined as BMI equal to or greater than 30.
- (c) Includes measured persons only.
- (d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).
- (e) A lower SEIFA decile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA decile indicates a relative lack of disadvantage and greater advantage in general.

Source: ABS (unpublished) National Health Survey, 2007-08.

NHA Indicator 4:

Rates of current daily smokers

TABLE NHA.4.1

Table NHA.4.1 Proportion of adults who are daily smokers, by State and Territory, by sex by age, 2011-12 (a)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Male										
18–24	%	19.9	21.4	19.3	8.1	12.0	29.5	10.2	24.4	18.4
25–34	%	19.0	23.5	24.2	22.9	25.0	43.8	22.9	35.2	22.7
35–44	%	17.5	25.6	22.4	23.1	25.1	36.8	23.6	24.9	22.3
45–54	%	19.2	24.6	19.2	25.9	22.1	27.1	11.0	31.4	21.6
55–64	%	12.9	18.9	13.3	19.6	12.8	22.6	9.9	25.3	15.4
65–69	%	np	6.9	12.8	13.0	15.8	8.5	np	18.4	12.1
70–74	%	np	np	5.1	np	15.2	5.9	np	–	5.3
75 and over	%	6.9	np	3.2	np	7.0	5.4	8.0	np	4.5
Total male	%	16.2	20.1	18.0	18.5	19.2	28.8	15.5	25.5	18.3
Total male number	'000	440.5	424.7	300.9	164.0	114.4	49.9	21.4	17.2	1 533.1
Female										
18–24	%	11.3	14.9	16.6	16.0	11.1	26.3	15.2	21.1	14.2
25–34	%	16.8	18.1	19.8	18.4	21.0	21.1	8.4	17.7	18.1
35–44	%	16.6	12.0	16.9	15.4	22.0	18.2	12.6	20.5	15.7
45–54	%	18.8	14.7	23.5	19.1	18.2	21.0	15.1	26.3	18.7
55–64	%	8.9	14.3	16.0	16.1	9.3	16.8	10.2	22.5	12.7
65–69	%	np	11.0	10.3	8.8	9.0	5.6	np	11.9	7.8
70–74	%	np	np	11.6	np	12.4	8.0	np	np	8.0
75 and over	%	5.4	np	3.6	np	4.1	3.3	4.5	np	4.3
Total female	%	13.5	13.5	17.0	15.2	15.7	18.0	11.2	19.7	14.6
Total female number	'000	367.3	294.3	289.9	132.6	95.2	33.5	16.0	12.4	1 241.1
All										

TABLE NHA.4.1

Table NHA.4.1 **Proportion of adults who are daily smokers, by State and Territory, by sex by age, 2011-12 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
18–24	%	15.7	18.3	17.9	11.9	11.6	27.9	12.6	22.9	16.4
25–34	%	17.9	20.8	22.0	20.7	23.0	32.2	15.7	26.2	20.4
35–44	%	17.0	18.7	19.6	19.3	23.6	27.2	18.0	22.7	19.0
45–54	%	19.0	19.5	21.4	22.5	20.1	23.9	13.1	28.9	20.2
55–64	%	10.8	16.5	14.7	17.9	11.0	19.7	10.1	24.0	14.1
65–69	%	9.0	9.0	11.5	10.9	12.3	7.1	8.4	15.5	9.9
70–74	%	4.1	6.0	8.4	np	13.7	7.0	10.9	np	6.7
75 and over	%	6.0	3.0	3.4	np	5.4	4.2	6.0	np	4.4
Total	%	14.8	16.8	17.5	16.9	17.4	23.2	13.4	22.6	16.5
Total number	'000	807.8	719.1	590.7	296.6	209.6	83.4	37.4	29.6	2 774.3

(a) Rates for total are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 years).

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

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.4.2

Table NHA.4.2

RSEs and 95 per cent confidence intervals for the proportion of adults who are daily smokers, by State and Territory, by sex by age, 2011-12 (a)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>relative standard errors</i>										
Male										
18–24	%	24.1	19.7	23.6	34.5	27.2	25.1	41.7	30.9	11.2
25–34	%	15.4	13.8	12.5	16.1	14.1	11.3	17.0	14.1	6.3
35–44	%	14.6	11.2	11.6	14.5	13.7	12.9	20.4	18.2	6.1
45–54	%	12.8	14.4	16.6	18.6	13.1	17.6	27.1	18.5	7.2
55–64	%	19.0	16.9	21.4	15.1	22.4	20.2	33.2	20.5	8.3
65–69	%	np	50.2	31.9	31.6	26.8	47.7	np	42.2	18.0
70–74	%	np	np	43.5	np	46.3	68.3	np	–	22.0
75 and over	%	37.6	np	50.8	np	35.9	47.5	60.6	np	24.7
Total male	%	6.9	6.8	7.8	8.5	6.0	6.0	12.3	7.6	3.6
Female										
18–24	%	23.9	28.1	20.9	28.4	30.7	25.4	44.5	34.3	11.7
25–34	%	15.0	12.7	16.0	16.9	18.2	18.7	27.6	21.1	6.6
35–44	%	14.5	18.4	16.3	18.6	14.8	17.0	24.6	21.9	6.5
45–54	%	13.5	13.6	12.3	14.3	19.2	20.1	24.5	19.2	6.5
55–64	%	22.2	16.0	19.5	22.4	20.3	18.5	35.9	25.5	8.1
65–69	%	np	36.3	31.8	44.0	41.5	65.1	np	56.0	18.1
70–74	%	np	np	54.5	np	34.6	64.5	np	np	23.2
75 and over	%	37.2	np	39.1	np	52.2	49.7	58.8	np	18.6
Total female	%	7.2	7.8	7.5	8.9	8.7	8.0	12.8	11.0	3.2

TABLE NHA.4.2

Table NHA.4.2 **RSEs and 95 per cent confidence intervals for the proportion of adults who are daily smokers, by State and Territory, by sex by age, 2011-12 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
All										
18–24	%	19.9	16.2	17.9	20.2	20.5	19.6	31.2	22.8	8.0
25–34	%	11.2	9.8	10.1	11.1	10.1	9.2	15.0	12.2	4.6
35–44	%	9.2	10.4	9.6	13.2	10.4	8.8	17.8	13.3	4.5
45–54	%	10.0	9.8	10.0	12.3	11.7	14.1	18.6	14.3	4.8
55–64	%	14.5	11.0	14.9	13.4	17.5	14.7	25.4	17.4	5.7
65–69	%	26.0	32.5	21.2	24.3	22.1	37.5	38.3	33.1	12.9
70–74	%	53.2	33.5	39.9	np	29.1	46.9	53.1	np	18.3
75 and over	%	24.6	39.5	29.7	np	32.1	33.4	43.6	np	15.0
Total	%	4.9	5.3	5.5	6.3	5.2	4.9	10.0	6.4	2.3
Male										
					<i>95 per cent confidence interval</i>					
18–24	±	9.4	8.3	8.9	5.5	6.4	14.5	8.3	14.8	4.0
25–34	±	5.7	6.4	5.9	7.2	6.9	9.7	7.6	9.8	2.8
35–44	±	5.0	5.6	5.1	6.6	6.7	9.3	9.4	8.9	2.6
45–54	±	4.8	7.0	6.3	9.4	5.7	9.3	5.8	11.3	3.1
55–64	±	4.8	6.2	5.6	5.8	5.6	9.0	6.4	10.2	2.5
65–69	±	np	6.8	8.0	8.1	8.3	8.0	np	15.2	4.3
70–74	±	np	np	4.3	np	13.8	8.0	np	–	2.3
75 and over	±	5.1	np	3.2	np	4.9	5.0	9.5	np	2.2
Total male	±	2.2	2.7	2.7	3.1	2.3	3.4	3.7	3.8	1.3

TABLE NHA.4.2

Table NHA.4.2 **RSEs and 95 per cent confidence intervals for the proportion of adults who are daily smokers, by State and Territory, by sex by age, 2011-12 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Female										
18–24	±	5.3	8.2	6.8	8.9	6.6	13.1	13.2	14.2	3.3
25–34	±	4.9	4.5	6.2	6.1	7.5	7.7	4.6	7.3	2.3
35–44	±	4.7	4.3	5.4	5.6	6.4	6.1	6.1	8.8	2.0
45–54	±	5.0	3.9	5.7	5.3	6.8	8.3	7.2	9.9	2.4
55–64	±	3.9	4.5	6.1	7.1	3.7	6.1	7.2	11.2	2.0
65–69	±	np	7.9	6.4	7.6	7.3	7.2	np	13.1	2.8
70–74	±	np	np	12.4	np	8.4	10.1	np	np	3.6
75 and over	±	3.9	np	2.7	np	4.2	3.2	5.2	np	1.6
Total female	±	1.9	2.1	2.5	2.7	2.7	2.8	2.8	4.2	0.9
All										
18–24	±	6.1	5.8	6.3	4.7	4.6	10.7	7.7	10.2	2.6
25–34	±	3.9	4.0	4.4	4.5	4.5	5.8	4.6	6.3	1.9
35–44	±	3.1	3.8	3.7	5.0	4.8	4.7	6.3	5.9	1.7
45–54	±	3.7	3.8	4.2	5.4	4.6	6.6	4.8	8.1	1.9
55–64	±	3.1	3.6	4.3	4.7	3.8	5.7	5.0	8.2	1.6
65–69	±	4.6	5.7	4.8	5.2	5.3	5.2	6.3	10.0	2.5
70–74	±	4.3	3.9	6.6	np	7.8	6.4	11.4	np	2.4
75 and over	±	2.9	2.3	2.0	np	3.4	2.8	5.1	np	1.3
Total	±	1.4	1.8	1.9	2.1	1.8	2.2	2.6	2.8	0.7

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Rates for total are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 years).

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

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.4.3

Table NHA.4.3 **Proportion of adults who are daily smokers, by State and Territory, by remoteness, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
Major cities	%	13.4	15.7	14.7	15.8	16.7	..	13.4	..	14.8
Inner regional	%	19.4	20.2	21.8	19.6	12.5	20.7	–	..	19.9
Outer regional	%	22.5	22.8	21.4	21.0	28.4	27.8	..	21.5	22.9
Remote	%	40.4	..	50.7	20.7	13.2	52.8	..	26.1	26.5
Very remote (b)	%	..	..	..	..	..	..	..	..	..
<i>relative standard error</i>										
Major cities	%	6.2	6.4	7.9	7.5	6.4	..	10.0	..	3.1
Inner regional	%	11.3	11.5	13.7	15.8	21.4	6.0	–	..	5.2
Outer regional	%	19.9	43.1	11.4	17.7	15.3	10.6	..	8.0	6.1
Remote	%	74.9	..	33.0	28.5	77.0	62.7	..	12.8	14.3
Very remote (b)	%	..	..	..	..	..	..	..	..	..
<i>95 per cent confidence interval</i>										
Major cities	±	1.6	2.0	2.3	2.3	2.1	..	2.6	..	0.9
Inner regional	±	4.3	4.6	5.8	6.1	5.2	2.4	–	..	2.0
Outer regional	±	8.8	19.3	4.8	7.3	8.5	5.8	..	3.4	2.7
Remote	±	59.4	..	32.7	11.6	19.9	64.9	..	6.6	7.4
Very remote (b)	±	..	..	..	..	..	..	..	..	..

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(b) Very remote data was not collected in the 2011-12 NHS component of the 2011-13 AHS.

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

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.4.4

Table NHA.4.4 **Proportion of adults who are daily smokers, by State and Territory, by disability status, 2011-12**
(a)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
With disability or restrictive long-term health condition	%	20.4	22.0	22.1	23.9	24.2	29.0	16.1	26.5	21.8
No disability or restrictive long-term health condition	%	12.8	15.4	15.4	13.8	14.9	20.9	12.4	20.7	14.4
<i>relative standard error</i>										
With disability or restrictive long-term health condition	%	8.0	8.5	8.4	8.4	9.3	10.0	10.9	10.6	3.0
No disability or restrictive long-term health condition	%	6.5	6.5	7.5	8.6	7.7	6.6	12.3	8.9	3.1
<i>95 per cent confidence interval</i>										
With disability or restrictive long-term health condition	±	3.2	3.6	3.6	3.9	4.4	5.7	3.4	5.5	1.3
No disability or restrictive long-term health condition	±	1.6	2.0	2.3	2.3	2.2	2.7	3.0	3.6	0.9

(a) Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 years).

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.4.5

Table NHA.4.5 **Proportion of adults who are daily smokers, by SEIFA IRSD deciles, 2011-12 (a), (b)**

	<i>Aust (%)</i>	<i>Relative standard error (%)</i>	<i>95 % confidence interval (+)</i>
Decile 1	24.7	7.4	3.6
Decile 2	24.3	7.3	3.5
Decile 3	21.4	7.3	3.1
Decile 4	21.3	5.8	2.4
Decile 5	16.0	8.1	2.5
Decile 6	17.2	8.4	2.8
Decile 7	11.7	8.6	2.0
Decile 8	13.9	8.9	2.4
Decile 9	11.3	8.4	1.9
Decile 10	9.2	11.7	2.1

(a) Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(b) A lower SEIFA decile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA decile indicates a relative lack of disadvantage and greater advantage in general.

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.4.6

Table NHA.4.6 **Proportion of adults who are daily smokers, by State and Territory, by SEIFA IRSD quintiles, 2011-12**
(a), (b)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
Quintile 1	%	22.9	24.5	23.7	28.2	25.7	31.3	13.1	30.1	24.5
Quintile 2	%	18.6	23.2	24.0	20.6	17.3	25.0	26.0	26.3	21.4
Quintile 3	%	13.3	15.9	17.9	20.8	18.4	20.7	18.4	20.8	16.6
Quintile 4	%	12.2	12.3	13.4	13.5	11.8	17.6	17.6	17.8	12.8
Quintile 5	%	10.2	10.9	10.6	8.6	10.3	15.6	8.7	14.9	10.2
<i>relative standard error</i>										
Quintile 1	%	11.3	10.4	11.4	10.7	9.2	8.3	78.0	10.6	4.6
Quintile 2	%	11.2	9.5	10.5	11.5	9.7	11.7	28.2	11.9	4.5
Quintile 3	%	13.3	10.3	9.9	10.4	12.2	14.4	20.2	14.4	5.9
Quintile 4	%	13.4	16.4	13.7	12.0	16.9	17.8	11.4	25.4	7.1
Quintile 5	%	14.8	11.9	14.4	17.3	18.4	35.6	19.3	22.8	6.8
<i>95 per cent confidence interval</i>										
Quintile 1	±	5.1	5.0	5.3	5.9	4.6	5.1	20.1	6.2	2.2
Quintile 2	±	4.1	4.3	4.9	4.6	3.3	5.7	14.4	6.2	1.9
Quintile 3	±	3.5	3.2	3.5	4.3	4.4	5.8	7.3	5.9	1.9
Quintile 4	±	3.2	3.9	3.6	3.2	3.9	6.2	3.9	8.8	1.8
Quintile 5	±	3.0	2.5	3.0	2.9	3.7	10.9	3.3	6.6	1.4

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(b) A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general.

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.4.7

Table NHA.4.7

Proportion of adults who are daily smokers, by State and Territory, by sex by age, 2007-08 (a)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Male										
18–24	%	18.6	19.3	19.1	20.4	21.4	26.6	np	np	19.8
25–34	%	26.5	33.2	33.3	23.2	28.7	33.8	21.9	34.7	29.5
35–44	%	24.8	20.4	33.2	26.3	32.1	32.0	np	np	26.2
45–54	%	21.3	20.9	23.9	23.3	27.8	26.2	15.0	38.2	22.5
55–64	%	18.8	12.1	17.2	13.1	11.3	15.9	np	np	15.3
65–69	%	17.0	6.9	11.9	np	11.0	np	8.1	–	np
70–74	%	6.6	np	np	np	10.0	np	np	–	np
75 and over	%	8.0	np	np	3.2	5.7	8.4	np	–	np
Total male	%	20.5	19.4	23.4	19.3	22.8	25.3	17.8	20.1	21.0
Total male number	'000	523.1	379.4	356.2	151.1	129.8	43.0	23.4	14.3	1 620.4
Female										
18–24	%	18.9	12.7	20.6	18.7	22.2	40.8	np	np	18.2
25–34	%	16.9	19.3	21.8	18.8	20.8	26.8	11.7	36.2	19.3
35–44	%	17.6	18.7	28.5	17.2	19.8	24.3	np	np	20.3
45–54	%	25.8	14.8	20.0	18.9	19.0	26.1	15.2	40.5	20.7
55–64	%	17.0	18.8	14.3	12.2	17.2	20.8	np	np	16.4
65–69	%	7.8	15.7	8.7	np	7.5	np	12.3	–	np
70–74	%	12.1	np	np	np	9.1	np	np	–	np
75 and over	%	5.8	np	np	3.7	2.6	5.4	np	–	np
Total female	%	17.5	15.2	19.8	15.2	17.5	23.5	13.7	17.5	17.2
Total female number	'000	452.3	303.1	309.0	117.5	103.0	42.0	18.5	14.4	1 359.8
All										
18–24	%	18.8	16.1	19.9	19.6	21.8	33.8	np	np	19.0
25–34	%	21.7	26.4	27.5	21.1	24.9	30.2	16.8	35.7	24.4

TABLE NHA.4.7

Table NHA.4.7 **Proportion of adults who are daily smokers, by State and Territory, by sex by age, 2007-08 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
35–44	%	21.1	19.5	30.8	21.8	25.9	28.0	22.8	17.2	23.2
45–54	%	23.6	17.8	21.9	21.1	23.4	26.1	15.1	39.5	21.6
55–64	%	17.9	15.5	15.8	12.6	14.3	18.4	np	np	15.9
65–69	%	12.3	11.4	10.3	5.3	9.2	6.8	10.3	–	10.5
70–74	%	9.5	4.8	11.6	6.7	9.5	12.7	5.2	–	8.5
75 and over	%	6.7	2.5	6.2	3.5	3.9	6.7	1.4	–	4.9
Total	%	19.0	17.3	21.6	17.3	20.2	24.3	15.7	21.1	19.1
Total number	'000	975.4	682.5	665.2	268.6	232.9	85.1	41.9	28.8	2 980.3

(a) Rates for total are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

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

Source : ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.4.8

Table NHA.4.8 **RSEs and 95 per cent confidence intervals for the proportion of adults who are daily smokers, by State and Territory, by sex by age, 2007-08 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>relative standard errors</i>										
Male										
18-24	%	17.8	20.8	23.8	20.6	22.9	21.8	np	np	8.7
25-34	%	13.4	10.7	14.8	15.3	14.3	15.2	19.7	61.5	6.2
35-44	%	12.1	11.3	9.9	14.6	10.9	15.1	np	np	5.6
45-54	%	13.2	13.1	12.3	18.5	12.4	15.0	22.1	79.7	5.7
55-64	%	16.7	21.9	18.2	22.4	23.9	24.7	np	np	10.0
65-69	%	24.6	39.6	28.9	np	43.1	np	54.8	—	np
70-74	%	45.2	np	np	np	58.1	np	np	—	np
75 and over	%	37.8	np	np	65.1	41.5	40.6	np	—	np
Total male	%	6.5	6.4	6.6	8.1	6.7	7.1	10.2	39.0	3.4
Female										
18-24	%	20.2	25.2	18.0	30.5	26.2	19.8	np	np	9.4
25-34	%	18.4	14.0	14.2	17.5	16.8	19.0	21.1	32.5	6.2
35-44	%	13.0	13.0	12.1	20.7	17.7	14.8	np	np	6.1
45-54	%	10.4	15.4	17.2	18.9	13.7	18.0	17.8	39.2	6.8
55-64	%	16.0	15.8	17.7	25.4	20.8	23.7	np	np	8.6
65-69	%	27.9	27.0	38.5	np	43.4	np	43.8	—	np
70-74	%	34.1	np	np	np	53.6	np	np	—	np
75 and over	%	41.2	np	np	48.5	33.7	40.1	np	—	np
Total female	%	7.1	5.8	5.8	9.6	8.4	8.6	7.9	27.2	3.2

TABLE NHA.4.8

Table NHA.4.8 **RSEs and 95 per cent confidence intervals for the proportion of adults who are daily smokers, by State and Territory, by sex by age, 2007-08 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
All										
18-24	%	15.0	16.9	14.3	18.7	16.8	15.3	np	np	7.2
25-34	%	11.4	8.9	10.8	10.0	10.7	11.2	14.2	29.4	4.5
35-44	%	8.9	9.7	7.1	12.2	11.3	11.6	10.1	60.7	4.1
45-54	%	8.7	10.3	10.2	15.2	9.6	10.8	13.7	45.2	4.7
55-64	%	12.6	12.7	11.5	15.9	16.1	17.5	np	np	6.5
65-69	%	19.6	22.3	21.5	43.3	31.4	40.2	33.5	—	10.3
70-74	%	28.2	46.7	28.4	41.1	39.2	30.5	75.5	—	17.7
75 and over	%	25.9	46.3	38.1	39.5	27.3	26.6	72.4	—	15.1
Total	%	5.2	4.6	4.7	6.3	5.7	6.2	6.4	25.4	2.4
<i>95 per cent confidence interval</i>										
Male										
18-24	±	6.5	7.9	8.9	8.2	9.6	11.4	np	np	3.4
25-34	±	7.0	7.0	9.7	7.0	8.0	10.1	8.5	41.9	3.6
35-44	±	5.9	4.5	6.4	7.5	6.9	9.5	np	np	2.9
45-54	±	5.5	5.4	5.7	8.5	6.8	7.7	6.5	59.6	2.5
55-64	±	6.2	5.2	6.1	5.8	5.3	7.7	np	np	3.0
65-69	±	8.2	5.4	6.8	np	9.3	np	8.7	—	3.5
70-74	±	5.9	np	np	np	11.4	np	np	—	3.7
75 and over	±	5.9	np	np	4.1	4.6	6.7	np	—	2.4
Total male	±	2.6	2.4	3.0	3.1	3.0	3.5	3.6	15.4	1.4

TABLE NHA.4.8

Table NHA.4.8 **RSEs and 95 per cent confidence intervals for the proportion of adults who are daily smokers, by State and Territory, by sex by age, 2007-08 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Female										
18-24	±	7.5	6.3	7.2	11.2	11.4	15.8	np	np	3.4
25-34	±	6.1	5.3	6.1	6.5	6.8	10.0	4.8	23.1	2.3
35-44	±	4.5	4.7	6.8	7.0	6.8	7.0	np	np	2.4
45-54	±	5.2	4.5	6.7	7.0	5.1	9.2	5.3	31.1	2.8
55-64	±	5.3	5.8	5.0	6.0	7.0	9.7	np	np	2.8
65-69	±	4.3	8.3	6.6	np	6.4	np	10.6	—	2.5
70-74	±	8.1	np	np	np	9.5	np	np	—	3.8
75 and over	±	4.7	np	np	3.5	1.7	4.3	np	—	2.3
Total female	±	2.4	1.7	2.2	2.9	2.9	3.9	2.1	9.3	1.1
All										
18-24	±	5.5	5.3	5.6	7.2	7.2	10.1	np	np	2.7
25-34	±	4.8	4.6	5.9	4.1	5.2	6.6	4.7	20.5	2.1
35-44	±	3.7	3.7	4.3	5.2	5.7	6.3	4.5	20.4	1.8
45-54	±	4.0	3.6	4.4	6.3	4.4	5.5	4.1	35.0	2.0
55-64	±	4.4	3.8	3.5	3.9	4.5	6.3	np	np	2.0
65-69	±	4.7	5.0	4.4	4.5	5.6	5.4	6.7	—	2.1
70-74	±	5.3	4.4	6.5	5.4	7.3	7.6	7.8	—	2.9
75 and over	±	3.4	2.3	4.6	2.7	2.1	3.5	2.0	—	1.5
Total	±	1.9	1.6	2.0	2.1	2.3	3.0	2.0	10.5	0.9

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Rates for total are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

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

Source: ABS (unpublished) National Health Survey, 2007-08.

Table NHA.4.9 **Proportion of adults who are daily smokers, by SEIFA IRSD deciles, 2007-08 (a), (b)**

	<i>Aust (%)</i>	<i>Relative standard error (%)</i>	<i>95 % confidence interval (+)</i>
Decile 1	31.2	5.7	3.5
Decile 2	27.6	5.6	3.1
Decile 3	24.4	5.9	2.8
Decile 4	20.7	7.0	2.9
Decile 5	20.8	7.7	3.1
Decile 6	17.4	8.2	2.8
Decile 7	16.7	7.2	2.4
Decile 8	13.3	7.9	2.1
Decile 9	13.1	9.7	2.5
Decile 10	9.8	9.3	1.8

(a) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(b) A lower SEIFA decile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA decile indicates a relative lack of disadvantage and greater advantage in general.

Source: ABS (unpublished) National Health Survey, 2007-08.

NHA Indicator 5:

Levels of risky alcohol consumption

TABLE NHA.5.1

Table NHA.5.1 **Proportion of adults at risk of long term harm from alcohol, by State and Territory, 2011-12 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2011-12										
Age standardised rate	%	18.5	17.5	19.9	25.3	18.2	22.8	21.0	24.2	19.4
Relative standard error	%	4.2	4.7	4.7	4.3	4.9	5.5	5.8	7.4	2.2
95% confidence interval	$\pm$	1.5	1.6	1.8	2.1	1.8	2.4	2.4	3.5	0.8
Number of adults at risk	'000	1 027.5	760.4	682.8	443.1	228.3	86.9	58.5	30.7	3 318.2

(a) Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 years).

Source : ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.5.2

Table NHA.5.2 **Proportion of adults at risk of long term harm from alcohol, by State and Territory, by remoteness, 2011-12 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
Major cities	%	17.5	16.7	20.5	22.9	17.6	..	21.0	..	18.5
Inner regional	%	20.4	19.7	17.8	33.7	18.8	21.7	–	..	20.6
Outer regional	%	np	17.0	np	28.5	20.7	23.6	..	24.5	22.1
Remote	%	np	..	np	36.7	27.3	37.6	..	22.9	31.4
Very remote (b)	%	..	..	..	..	..	..	..	..	..
<i>relative standard error</i>										
Major cities	%	5.4	5.8	5.3	4.6	5.7	..	5.8	..	2.9
Inner regional	%	13.0	10.1	12.2	10.6	18.1	6.4	–	..	5.9
Outer regional	%	np	29.3	np	15.7	14.5	11.3	..	8.8	6.8
Remote	%	np	..	np	17.6	60.8	68.7	..	18.1	12.1
Very remote (b)	%	..	..	..	..	..	..	..	..	..
<i>95 per cent confidence interval</i>										
Major cities	±	1.9	1.9	2.1	2.1	2.0	..	2.4	..	1.0
Inner regional	±	5.2	3.9	4.3	7.0	6.7	2.7	–	..	2.4
Outer regional	±	np	9.8	np	8.8	5.9	5.2	..	4.2	2.9
Remote	±	np	..	np	12.7	32.6	50.6	..	8.1	7.4
Very remote (b)	±	..	..	..	..	..	..	..	..	..

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(b) Very remote data was not collected in the 2011-12 NHS component of the 2011-13 AHS.

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

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.5.3

Table NHA.5.3 **Proportion of adults at risk of long term harm from alcohol, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
Quintile 1	%	14.1	16.7	20.2	22.7	14.4	21.0	10.4	22.1	16.7
Quintile 2	%	18.3	15.5	18.5	25.5	16.7	22.6	20.3	23.8	18.3
Quintile 3	%	19.1	15.1	21.5	24.9	18.1	20.7	21.1	21.5	19.2
Quintile 4	%	19.6	20.0	21.3	21.1	20.1	26.5	17.0	26.7	20.2
Quintile 5	%	20.6	21.2	18.3	29.8	21.2	23.7	23.6	31.9	21.7
<i>relative standard error</i>										
Quintile 1	%	13.1	10.6	12.7	15.1	13.8	10.5	50.3	18.6	5.7
Quintile 2	%	10.7	13.1	11.2	11.7	10.2	14.4	27.4	14.8	5.0
Quintile 3	%	10.1	12.7	8.8	9.5	16.5	15.1	16.4	15.7	5.2
Quintile 4	%	8.4	11.7	9.8	12.0	14.5	14.1	13.8	13.7	5.3
Quintile 5	%	11.5	8.2	11.8	7.8	10.7	17.8	8.9	22.0	4.8
<i>95 per cent confidence interval</i>										
Quintile 1	$\pm$	3.6	3.5	5.0	6.7	3.9	4.3	10.2	8.1	1.9
Quintile 2	$\pm$	3.8	4.0	4.0	5.8	3.3	6.4	10.9	6.9	1.8
Quintile 3	$\pm$	3.8	3.8	3.7	4.6	5.9	6.1	6.8	6.6	2.0
Quintile 4	$\pm$	3.2	4.6	4.1	5.0	5.7	7.3	4.6	7.2	2.1
Quintile 5	$\pm$	4.7	3.4	4.2	4.6	4.5	8.3	4.1	13.7	2.1

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(b) A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general.

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.5.4

Table NHA.5.4 **Proportion of adults at risk of long term harm from alcohol, by State and Territory, by disability status, 2011-12 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
With disability or restrictive long-term health condition	%	21.2	16.5	20.6	24.1	20.6	24.1	22.9	22.7	20.2
No disability or restrictive long-term health condition	%	18.1	18.3	19.9	25.8	17.3	21.4	18.8	24.6	19.4
<i>relative standard error</i>										
With disability or restrictive long-term health condition	%	9.7	10.0	8.8	9.4	9.2	7.6	10.3	13.3	4.0
No disability or restrictive long-term health condition	%	6.2	5.6	6.2	4.7	6.1	6.7	8.2	8.8	2.7
<i>95 per cent confidence interval</i>										
With disability or restrictive long-term health condition	±	4.0	3.2	3.5	4.4	3.7	3.6	4.6	5.9	1.6
No disability or restrictive long-term health condition	±	2.2	2.0	2.4	2.4	2.1	2.8	3.0	4.2	1.0

(a) Rates are age standardised by State and Territory to the 2001 Estimated Resident Population (5 year ranges from 18 years).

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.5.5

Table NHA.5.5 **Proportion of adults at risk of long term harm from alcohol, by SEIFA IRSD deciles, 2010-11 (a), (b)**

	<i>Aust (%)</i>	<i>Relative standard error (%)</i>	<i>95 % confidence interval (+)</i>
Decile 1	13.9	8.5	2.3
Decile 2	19.5	7.6	2.9
Decile 3	17.5	8.2	2.8
Decile 4	19.1	7.0	2.6
Decile 5	18.3	8.2	2.9
Decile 6	19.9	6.8	2.7
Decile 7	18.8	8.5	3.1
Decile 8	21.5	7.2	3.0
Decile 9	21.5	6.9	2.9
Decile 10	22.2	5.9	2.6

(a) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(b) A lower SEIFA decile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA decile indicates a relative lack of disadvantage and greater advantage in general.

Source : ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.5.6

Table NHA.5.6 **Proportion of adults at risk of long term harm from alcohol, by State and Territory, 2007-08 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2007-08 (2001 guidelines) (b)										
Age standardised rate	%	13.4	10.9	15.0	16.9	11.4	13.9	12.4	21.6	13.3
RSE	%	5.4	6.6	5.9	6.2	6.7	9.5	7.2	27.8	2.7
95% confidence interval	$\pm$	1.4	1.4	1.7	2.1	1.5	2.6	1.8	11.8	0.7
Number of adults at risk	'000	698.3	432.0	470.3	265.9	136.4	49.8	31.9	25.4	2 109.9
2007-08 (2009 guidelines) (c)										
Age standardised rate	%	20.4	18.8	22.3	25.3	18.5	21.5	21.3	33.4	20.9
RSE	%	4.2	5.0	4.5	5.0	5.1	7.0	5.0	22.3	2.1
95% confidence interval	$\pm$	1.7	1.8	2.0	2.5	1.8	2.9	2.1	14.6	0.9
Number of adults at risk	'000	1,063.2	749.3	694.6	395.4	220.0	77.8	55.2	38.5	3 294.0

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(b) Rates are based on the 2001 NHMRC guidelines and should be used as point in time estimates and not for the purposes of comparisons over time.

(c) Rates are based on the 2009 NHMRC guidelines and can be used for the purposes of comparisons over time.

Source: ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.5.7

Table NHA.5.7 **Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by State and Territory, by remoteness, 2007-08 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
Major cities	%	18.9	17.7	20.3	22.9	18.6	..	21.3	..	19.2
Inner regional	%	25.5	23.5	23.3	28.4	20.9	21.3	..	..	24.3
Outer regional	%	np	21.7	25.6	40.8	12.2	np	..	23.8	24.2
Remote	%	np	..	39.5	23.8	24.6	np	..	52.1	32.1
Very remote (c)	%	..	..	..	..	..	..	..	..	..
<i>relative standard error</i>										
Major cities	%	4.8	5.6	5.5	5.9	5.6	..	5.0	..	2.1
Inner regional	%	8.0	10.9	9.3	11.7	26.7	8.7	..	..	5.3
Outer regional	%	np	33.5	8.0	14.0	22.8	np	..	35.9	6.0
Remote	%	np	..	32.1	43.5	26.5	np	..	30.2	17.7
Very remote (c)	%	..	..	..	..	..	..	..	..	..
<i>95 per cent confidence interval</i>										
Major cities	±	1.8	1.9	2.2	2.7	2.1	..	2.1	..	0.8
Inner regional	±	4.0	5.0	4.2	6.5	10.9	3.6	..	..	2.5
Outer regional	±	np	14.3	4.0	11.2	5.5	np	..	16.8	2.9
Remote	±	np	..	24.8	20.3	12.8	np	..	30.9	11.1
Very remote (c)	±	..	..	..	..	..	..	..	..	..

Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Rates are based on the 2009 NHMRC guidelines and can be used for the purposes of comparisons over time.

(b) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(c) Very remote data was not collected in the 2007-08 NHS.

.. Not applicable. **np** Not published.

Source: ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.5.8

Table NHA.5.8 **Proportion of adults at risk of long term harm from alcohol (2001 NHMRC guidelines), by State and Territory, by remoteness, 2007-08 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
Major cities	%	11.9	10.3	13.5	15.1	11.1	..	12.4	..	12.0
Inner regional	%	17.2	13.7	16.2	18.1	12.8	13.0	..	..	15.7
Outer regional	%	np	9.7	16.3	30.0	9.5	np	..	13.8	16.1
Remote	%	np	..	31.3	19.9	20.5	np	..	38.9	26.2
Very remote (c)	%	..	..	..	..	..	..	..	..	..
<i>relative standard error</i>										
Major cities	%	5.8	8.3	7.4	7.7	7.4	..	7.2	..	2.9
Inner regional	%	9.7	14.6	11.9	16.2	39.2	12.9	..	..	6.2
Outer regional	%	np	54.9	10.3	16.0	23.7	np	..	42.5	8.5
Remote	%	np	..	43.7	60.9	27.7	np	..	44.3	21.4
Very remote (c)	%	..	..	..	..	..	..	..	..	..
<i>95 per cent confidence interval</i>										
Major cities	$\pm$	1.3	1.7	2.0	2.3	1.6	..	1.8	..	0.7
Inner regional	$\pm$	3.3	3.9	3.8	5.8	9.8	3.3	..	..	1.9
Outer regional	$\pm$	np	10.5	3.3	9.4	4.4	np	..	11.5	2.7
Remote	$\pm$	np	..	26.8	23.7	11.1	np	..	33.9	11.0
Very remote (c)	$\pm$	..	..	..	..	..	..	..	..	..

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Rates are based on the 2001 NHMRC guidelines and should be used as point in time estimates and not for the purposes of comparisons over time.

(b) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(c) Very remote data was not collected in the 2007-08 NHS.

.. Not applicable. **np** Not published.

Source : ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.5.9

Table NHA.5.9 **Proportion of adults at risk of long term harm from alcohol (2009 NHMRC guidelines), by State and Territory, by SEIFA IRSD quintiles, 2007-08 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
Quintile 1	%	11.7	16.2	26.1	19.8	14.3	23.3	23.9	22.7	17.3
Quintile 2	%	19.4	16.1	23.0	27.4	19.0	20.3	24.0	35.7	20.7
Quintile 3	%	23.9	24.3	24.0	23.4	20.5	17.9	27.5	27.9	23.6
Quintile 4	%	22.3	16.6	17.6	26.8	16.1	22.3	18.7	23.2	19.8
Quintile 5	%	24.2	20.9	20.0	26.5	22.8	21.5	21.3	28.1	22.6
<i>relative standard error</i>										
Quintile 1	%	12.2	16.6	10.1	15.7	10.6	13.2	26.4	83.1	5.4
Quintile 2	%	11.4	13.4	8.0	9.8	11.9	19.2	42.6	32.8	4.2
Quintile 3	%	10.3	10.4	9.0	14.1	14.4	13.4	20.9	44.0	4.7
Quintile 4	%	9.6	11.7	12.6	11.2	12.3	15.7	10.6	58.5	4.8
Quintile 5	%	7.3	9.7	13.7	10.7	13.2	20.1	6.0	30.9	4.2
<i>95 per cent confidence interval</i>										
Quintile 1	±	2.8	5.3	5.2	6.1	3.0	6.0	12.4	36.9	1.8
Quintile 2	±	4.3	4.2	3.6	5.3	4.4	7.6	20.0	22.9	1.7
Quintile 3	±	4.8	4.9	4.2	6.5	5.8	4.7	11.3	24.1	2.2
Quintile 4	±	4.2	3.8	4.3	5.9	3.9	6.8	3.9	26.6	1.9
Quintile 5	±	3.5	4.0	5.4	5.5	5.9	8.5	2.5	17.0	1.9

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Rates are based on the 2009 NHMRC guidelines and can be used for the purposes of comparisons over time.

(b) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(c) A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general.

Source : ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.5.10

Table NHA.5.10 **Proportion of adults at risk of long term harm from alcohol (2001 NHMRC guidelines), by State and Territory, by SEIFA IRSD quintiles, 2007-08 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate (b)</i>										
Quintile 1	%	8.4	11.1	19.2	14.2	9.9	15.4	np	np	12.1
Quintile 2	%	13.0	10.0	15.7	20.0	13.2	12.9	15.3	26.0	14.0
Quintile 3	%	15.6	11.0	14.7	14.6	13.1	12.4	17.2	14.9	14.0
Quintile 4	%	13.0	11.0	11.6	16.4	10.3	15.5	np	np	12.3
Quintile 5	%	15.8	11.9	14.2	18.2	11.5	11.7	11.5	28.1	14.2
<i>relative standard error</i>										
Quintile 1	%	13.6	17.4	13.1	18.4	14.3	18.4	np	np	5.7
Quintile 2	%	12.2	15.7	11.4	11.5	14.1	24.2	30.3	44.5	5.5
Quintile 3	%	14.4	17.9	10.7	18.6	17.6	21.7	24.3	71.3	7.2
Quintile 4	%	12.4	14.9	15.5	12.8	15.4	22.6	np	np	6.8
Quintile 5	%	9.8	13.6	19.7	14.7	13.9	28.6	10.3	30.9	5.4
<i>95 per cent confidence interval</i>										
Quintile 1	$\pm$	2.3	3.8	4.9	5.1	2.8	5.5	np	np	1.4
Quintile 2	$\pm$	3.1	3.1	3.5	4.5	3.6	6.1	9.1	22.6	1.5
Quintile 3	$\pm$	4.4	3.9	3.1	5.3	4.5	5.3	8.2	20.9	2.0
Quintile 4	$\pm$	3.2	3.2	3.5	4.1	3.1	6.9	np	np	1.6
Quintile 5	$\pm$	3.0	3.2	5.5	5.2	3.1	6.6	2.3	17.0	1.5

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Rates are based on the 2001 NHMRC guidelines and should be used as point in time estimates and not for the purposes of comparisons over time.

(b) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(c) A lower SEIFA quintile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA quintile indicates a relative lack of disadvantage and greater advantage in general.

np Not published.

TABLE NHA.5.10

Table NHA.5.10 **Proportion of adults at risk of long term harm from alcohol (2001 NHMRC guidelines), by State and Territory, by SEIFA IRSD quintiles, 2007-08 (a), (b), (c)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

Source : ABS (unpublished) National Health Survey, 2007-08.

Table NHA.5.11 **Proportion of adults at risk of long term harm from alcohol, by SEIFA IRSD deciles, 2007-08 (a), (b)**

	<i>Aust (%)</i>	<i>Relative standard error (%)</i>	<i>95 % confidence interval (+)</i>
2007-08 (2009 NHMRC guidelines) (c)			
Decile 1	14.1	9.2	2.6
Decile 2	20.4	7.7	3.1
Decile 3	20.6	6.0	2.4
Decile 4	20.6	6.2	2.5
Decile 5	24.2	6.0	2.8
Decile 6	23.0	6.9	3.1
Decile 7	19.4	6.9	2.6
Decile 8	20.3	6.4	2.5
Decile 9	20.9	7.2	3.0
Decile 10	24.6	5.4	2.6
2007-08 (2001 NHMRC guidelines) (d)			
Decile 1	9.7	10.2	1.9
Decile 2	14.4	8.8	2.5
Decile 3	14.0	7.8	2.1
Decile 4	13.8	7.9	2.1
Decile 5	15.4	9.7	2.9
Decile 6	12.5	10.0	2.5
Decile 7	12.3	8.1	2.0
Decile 8	12.6	8.4	2.1
Decile 9	13.6	9.2	2.5
Decile 10	14.9	7.5	2.2

(a) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 years).

(b) A lower SEIFA decile indicates relatively greater disadvantage and a lack of advantage in general. A higher SEIFA decile indicates a relative lack of disadvantage and greater advantage in general.

(c) Rates are based on the 2009 NHMRC guidelines and can be used for the purposes of comparisons over time.

(d) Rates are based on the 2001 NHMRC guidelines and should be used as point in time estimates and not for the purposes of comparisons over time.

Source : ABS (unpublished) National Health Survey, 2007-08.

NHA Indicator 6:

Life expectancy

TABLE NHA.6.1

Table NHA.6.1 **Estimated life expectancy at birth by sex, by State and Territory, 2009–2011 (years) (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (b)</i>
Life expectancy at birth									
Males	79.8	80.3	79.5	80.1	79.7	78.3	81.0	74.9	79.7
Females	84.2	84.4	84.1	84.6	84.0	82.5	84.8	80.5	84.2
Difference between male and female life expectancy at birth (c)	4.4	4.1	4.5	4.5	4.3	4.2	3.8	5.6	4.5

(a) Life expectancy is calculated using three years of data.

(b) Includes Other Territories.

(c) Differences are based on unrounded estimates.

Source: ABS (2011) Life Tables, Australia, States and Territories, 2009–2011 (cat. no. 3302.0.55.001 to 3302.8.55.001).

NHA Indicator 7:

Infant and young child mortality rate

TABLE NHA.7.1

Table NHA.7.1 **All causes, infant and child mortality (less than one year and 0–4 years), 2011 (a), (b), (c), (d), (e)**

	<i>unit</i>	<i>Infant mortality (aged less than one year) (f)</i>	<i>Infant and child mortality (aged 0-4 years) (g)</i>
		<i>rate per 1000 live births</i>	<i>per 100 000 population</i>
Number of deaths	no.	1 140.0	1 342.0
Death rate	rate	3.8	91.1
Variability band	(±) rate	0.2	4.9

(a) Infant deaths include all deaths within the first year of life.

(b) Child deaths 0–4 years includes all deaths aged 0–4 years.

(c) Data are based on year of registration. Note that the terms 'registration year' in the Deaths collection and 'reference year' in the Causes of Death collection have the same meaning.

(d) Some totals and figures may not compute due to the effects of using different denominators and of rounding.

(e) Pre-rebased Estimated Resident Population (ERP) released in Australian Demographic Statistics (cat. no. 3101.0) released on 29 March 2012 are used as denominators to derive total population rates. These ERPs are used in conjunction with data from Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021 (cat. no. 3238.0) to calculate non-Indigenous rates. Population figures from Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021 (cat. no. 3238.0) are used to calculate Aboriginal and Torres Strait Islander rates.

(f) For infant deaths, the rates represent the number of deaths per 1000 live births registered in the reference period.

(g) 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.7.2

Table NHA.7.2 **All causes infant and child mortality, by age group, by State and Territory, 2009–2011 (a), (b), (c), (d), (e)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (f)</i>	<i>WA (g)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f) (g)</i>
Infants (<1 year) (h)										
Number of deaths	no.	1 149	759	978	308	201	80	51	85	3 611
Rate	per 1000 live births (i)	4.0	3.6	5.1	3.3	3.3	4.2	3.3	7.3	4.0
Child (0–4 years)										
Number of deaths	no.	1 346	901	1 124	383	249	96	58	103	4 260
Rate	per 100 000 population (j)	97.7	85.4	120.8	82.9	84.3	95.6	80.6	184.0	97.9

(a) State or Territory of usual residence.

(b) Data are presented in three-year groupings due to volatility of the small numbers involved.

(c) Data are based on year of registration. Note that the terms 'registration year' in the Deaths collection and 'reference year' in the Causes of Death collection have the same meaning.

(d) Pre-rebased Estimated Resident Population (ERP) released in Australian Demographic Statistics (cat. no. 3101.0) released on 29 March 2012 are used as denominators to derive total population rates. These ERPs are used in conjunction with data from Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021 (cat. no. 3238.0) to calculate non-Indigenous rates. Population figures from Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021 (cat. no. 3238.0) are used to calculate Aboriginal and Torres Strait Islander rates.

(e) Some totals and figures may not compute due to the effects of using different denominators and of rounding.

(f) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registrations of deaths on mortality indicators. See data quality statements for more information.

(g) Includes Other Territories.

(h) Includes all deaths within the first year of life.

(i) For infant deaths (less than one year), the rates represent the number of deaths per 1000 live births.

(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.7.3

Table NHA.7.3 All causes infant (<1 year) mortality, by Indigenous status, NSW, Qld, WA, SA, NT, 2007–2011 (a), (b), (c), (d), (e)

	<i>unit</i>	<i>NSW</i>	<i>Qld (f)</i>	<i>WA (g)</i>	<i>SA</i>	<i>NT</i>	<i>Total (f) (g) (h)</i>
Number of deaths							
Indigenous	no.	128	182	89	28	99	526
Non-Indigenous	no.	1 795	1 355	386	311	43	3 890
Percentage							
Indigenous	%	6.7	11.8	18.7	8.3	69.7	11.9
Non-Indigenous	%	93.3	88.2	81.3	91.7	30.3	88.1
Rate (i)							
Indigenous	per 1000 live births	6.2	7.0	7.4	6.3	13.0	7.4
Non-Indigenous	per 1000 live births	4.1	4.5	2.8	3.4	3.8	3.9
Rate ratio (j)		1.5	1.6	2.6	1.9	3.5	1.9
Rate difference (k)		2.1	2.5	4.5	2.9	9.2	3.5

(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 are based on year of registration. Note that the terms 'registration year' in the Deaths collection and 'reference year' in the Causes of Death collection have the same meaning.

(d) Data are presented in five-year groupings due to volatility of the small numbers involved.

(e) Some totals and figures may not compute due to the effects of using different denominators and of rounding.

(f) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registrations of deaths on mortality indicators. See data quality statements for more information.

(g) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data were not previously supplied in 2011. Corrected WA Indigenous mortality data for these years are now available. See data quality statements for more information.

(h) Total includes data for NSW, Qld, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(i) For infant deaths (less than one year), the rates represent the number of deaths per 1000 live births.

(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.

TABLE NHA.7.4

Table NHA.7.4 All causes child (0–4 years) mortality, by Indigenous status, NSW, Qld, WA, SA, NT, 2007–2011 (a), (b), (c), (d), (e), (f), (g)

	<i>unit</i>	<i>NSW</i>	<i>Qld (h)</i>	<i>WA (i)</i>	<i>SA</i>	<i>NT</i>	<i>Total (h)</i> <i>(i) (j)</i>
Number of deaths							
Indigenous	no.	158	218	108	34	120	638
Non-Indigenous	no.	2 097	1 568	482	384	53	4 584
Percentage							
Indigenous	%	7.0	12.2	18.3	8.1	69.4	12.2
Non-Indigenous	%	93.0	87.8	81.7	91.9	30.6	87.8
Rate (k)							
Indigenous	per 100 000 population	155.8	216.4	249.7	197.1	311.9	211.9
Non-Indigenous	per 100 000 population	96.9	110.6	68.5	82.8	98.5	95.4
Rate ratio (l)		1.6	2.0	3.6	2.4	3.2	2.2
Rate difference (m)		58.9	105.8	181.1	114.3	213.4	116.4

- (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 understated.
- (c) Data are based on year of registration. Note that the terms 'registration year' in the Deaths collection and 'reference year' in the Causes of Death collection have the same meaning.
- (d) Data are presented in x-year groupings do to volatility of the small numbers involved.
- (e) 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.
- (f) Pre-rebased Estimated Resident Population (ERP) released in Australian Demographic Statistics (cat. no. 3101.0) released on 29 March 2012 are used as denominators to derive total population rates. These ERPs are used in conjunction with data from Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021 (cat. no. 3238.0) to calculate non-Indigenous rates. Population figures from Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021 (cat. no. 3238.0) are used to calculate Aboriginal and Torres Strait Islander rates.
- (g) Some totals and figures may not compute due to the effects of using different denominators and of rounding.
- (h) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registrations of deaths on mortality indicators. See data quality statements for more information.
- (i) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data were not previously supplied in 2011. Corrected WA Indigenous mortality data for these years are now available. See data quality statements for more information.
- (j) Total includes data for NSW, Qld, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.
- (k) Child death rates based on the average number of death registrations between 2007–2011, divided by the Estimated Resident Population (ERP) at 30 June 2009.

Table NHA.7.4 All causes child (0–4 years) mortality, by Indigenous status, NSW, Qld, WA, SA, NT, 2007–2011 (a), (b), (c), (d), (e), (f), (g)

<i>unit</i>	<i>NSW</i>	<i>Qld (h)</i>	<i>WA (i)</i>	<i>SA</i>	<i>NT</i>	<i>Total (h)</i> <i>(i) (j)</i>

(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) Estimated Resident Population; ABS (2009) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 2006–2010, Series B, Cat. no. 3238.0.

NHA Indicator 8:

Major causes of death

TABLE NHA.8.1

Table NHA.8.1 **Age standardised mortality rate (all causes), by State and Territory, 2007 to 2011 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (c)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (c) (d)</i>
2011										
Rate	per 100 000 persons	569.5	546.7	562.2	526.6	555.9	646.4	510.7	732.8	560.0
	variability band $\pm$	5.0	5.7	6.7	9.2	9.9	19.7	24.6	54.9	2.9
2010										
Rate	per 100 000 persons	558.0	550.3	573.1	548.0	585.2	669.6	529.9	774.8	564.5
	variability band $\pm$	5.1	5.8	6.9	9.6	10.3	20.3	25.6	58.2	3.0
2009										
Rate	per 100 000 persons	565.7	570.7	581.0	562.9	580.6	675.2	546.5	792.1	575.1
	variability band $\pm$	5.2	6.0	7.1	9.9	10.4	20.7	26.7	60.7	3.0
2008										
Rate	per 100 000 persons	602.5	585.2	623.4	590.6	599.4	689.8	582.5	923.6	604.8
	variability band $\pm$	5.4	6.1	7.4	10.3	10.6	21.0	28.0	67.8	3.1
2007										
Rate	per 100 000 persons	594.3	575.1	608.0	588.6	604.4	692.7	564.0	889.2	596.7
	variability band $\pm$	5.4	6.2	7.5	10.5	10.8	21.3	28.0	67.3	3.2

(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 standard population. 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 more information.

(c) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality statements for more information.

(d) Includes Other Territories.

Source : ABS (unpublished) Deaths, Australia; ABS (unpublished) Estimated Resident Population.

TABLE NHA.8.2

Table NHA.8.2 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2010 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (e)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (e) (f)</i>
Cause of death		<i>rate (per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)	rate	9.9	7.4	6.5	8.7	9.9	7.9	7.5	np	8.5
Neoplasms (C00-D48)	rate	174.8	173.7	181.4	170.9	176.4	196.3	157.7	207.2	175.9
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	rate	1.6	1.6	1.5	1.7	1.6	np	np	np	1.6
Endocrine, nutritional and metabolic diseases (E00-E90)	rate	19.1	23.5	22.0	23.8	24.6	35.4	20.2	50.0	22.3
Mental and behavioural disorders (F00-F99)	rate	25.4	26.3	23.7	25.1	29.3	37.7	27.0	44.6	26.0
Diseases of the nervous system (G00-G99)	rate	22.2	26.0	22.3	27.6	28.2	25.1	24.0	31.4	24.3
Diseases of the eye and adnexa (H00-H59)	rate	np	–	–	np	–	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)	rate	–	np	np	–	–	np	–	–	np
Diseases of the circulatory system (I00-I99)	rate	174.3	164.3	180.4	158.8	182.8	215.4	168.7	186.3	173.5
Diseases of the respiratory system (J00-J99)	rate	48.2	44.5	46.6	40.8	48.3	53.9	41.2	70.3	46.5
Diseases of the digestive system (K00-K93)	rate	19.6	20.7	20.6	20.2	18.6	23.3	16.2	39.2	20.2
Diseases of the skin and subcutaneous tissue (L00-L99)	rate	1.8	1.5	1.2	1.0	np	np	np	np	1.5
Diseases of the musculoskeletal system and connective tissue (M00-M99)	rate	4.3	4.8	4.9	4.0	3.6	8.0	np	np	4.5
Diseases of the genitourinary system (N00-N99)	rate	12.2	13.7	11.8	12.2	14.3	13.4	12.8	25.2	12.8
Pregnancy, childbirth and the puerperium (O00-O99)	rate	np	np	np	np	np	–	–	np	np
Certain conditions originating in the perinatal period (P00-P96)	rate	3.0	2.2	3.3	2.1	2.6	np	np	np	2.8

TABLE NHA.8.2

Table NHA.8.2 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2010 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (e)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (e) (f)</i>
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	rate	2.7	2.7	2.8	2.2	2.2	np	np	np	2.7
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	rate	5.4	1.7	3.8	3.4	3.1	np	np	np	3.7
External causes of morbidity and mortality (V01-Y98)	rate	33.5	35.6	40.1	45.4	38.4	40.6	39.8	78.5	37.6
Total	rate	558.0	550.3	573.1	548.0	585.2	669.6	529.9	774.8	564.5
<i>variability band (± rate per 100 000 persons)</i>										
Certain infectious and parasitic diseases (A00-B99)	± rate	0.7	0.7	0.7	1.2	1.3	2.2	3.0	np	0.4
Neoplasms (C00-D48)	± rate	2.9	3.3	3.9	5.4	5.8	11.1	14.1	29.9	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	± rate	0.3	0.3	0.4	0.5	0.5	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	± rate	0.9	1.2	1.4	2.0	2.1	4.6	5.0	14.2	0.6
Mental and behavioural disorders (F00-F99)	± rate	1.0	1.2	1.4	2.0	2.2	4.7	5.8	16.0	0.6
Diseases of the nervous system (G00-G99)	± rate	1.0	1.2	1.4	2.1	2.2	4.0	5.5	12.6	0.6
Diseases of the eye and adnexa (H00-H59)	± rate	np	–	–	np	–	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)	± rate	–	np	np	–	–	np	–	–	np
Diseases of the circulatory system (I00-I99)	± rate	2.8	3.1	3.8	5.1	5.6	11.3	14.5	29.8	1.6
Diseases of the respiratory system (J00-J99)	± rate	1.5	1.6	2.0	2.6	2.9	5.7	7.3	18.5	0.8
Diseases of the digestive system (K00-K93)	± rate	1.0	1.1	1.3	1.8	1.8	3.8	4.4	13.1	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	± rate	0.3	0.3	0.3	0.4	np	np	np	np	0.1

TABLE NHA.8.2

Table NHA.8.2 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2010 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (e)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (e) (f)</i>
Diseases of the musculoskeletal system and connective tissue (M00-M99)	± rate	0.4	0.5	0.6	0.8	0.8	2.2	np	np	0.3
Diseases of the genitourinary system (N00-N99)	± rate	0.7	0.9	1.0	1.4	1.6	2.8	4.0	11.2	0.4
Pregnancy, childbirth and the puerperium (O00-O99)	± rate	np	np	np	np	np	–	–	np	np
Certain conditions originating in the perinatal period (P00-P96)	± rate	0.4	0.4	0.5	0.6	0.8	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	± rate	0.4	0.4	0.5	0.6	0.7	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	± rate	0.5	0.3	0.6	0.7	0.8	np	np	np	0.2
External causes of morbidity and mortality (V01-Y98)	± rate	1.3	1.5	1.8	2.8	2.9	5.5	6.7	13.7	0.8
Total	± rate	5.1	5.8	6.9	9.6	10.3	20.3	25.6	58.2	3.0

- (a) Causes of death data for 2010 are preliminary and subject to a further revisions process. See *Causes of Death, Australia*, 2010 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions 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 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) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality statements for more information.
- (f) All states and territories including other territories.

TABLE NHA.8.2

Table NHA.8.2 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2010 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i> (e)	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i> (e) (f)

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

Source : ABS (unpublished) Causes of Death, Australia, 2010.

TABLE NHA.8.3

Table NHA.8.3 **Age standardised mortality rates by major cause of death, by Indigenous status, 2006–2010 (a), (b), (c), (d), (e), (f), (g), (h)**

	<i>unit</i>	<i>NSW</i>	<i>Qld (i)</i>	<i>WA (j)</i>	<i>SA</i>	<i>NT</i>	<i>Total (i) (j) (k)</i>
Indigenous persons							
Cause of death		<i>rate (per 100 000 population)</i>					
Circulatory diseases (I00-I99)	rate	341.2	334.6	416.3	322.0	362.6	352.5
Neoplasms (cancer) (C00-D48)	rate	227.2	248.1	266.0	213.3	282.3	245.7
External causes of morbidity and mortality (V01-Y98)	rate	53.3	66.5	137.7	93.8	134.2	84.5
Endocrine, metabolic and nutritional disorders (E00-E90)	rate	58.4	137.5	166.0	68.7	205.9	118.1
Respiratory diseases (J00-J99)	rate	105.6	95.0	123.4	105.6	163.1	112.8
Digestive diseases (K00-K93)	rate	41.3	54.0	72.4	56.3	95.2	58.0
Kidney Diseases (N00-N29)	rate	23.6	33.7	55.6	48.3	80.7	40.6
Conditions originating in the perinatal period (P00-P96)	rate	4.7	6.1	5.3	np	10.4	6.1
Infectious and parasitic diseases (A00-B99)	rate	20.2	22.1	29.2	np	46.3	25.5
Nervous system diseases (G00-G99)	rate	21.9	20.3	42.1	37.7	29.8	26.6
Other causes (l)	rate	64.2	71.0	122.9	88.4	130.3	85.7
All causes	rate	961.7	1 089.1	1 436.8	1 059.9	1 540.7	1 156.1
Non-Indigenous persons							
Cause of death		<i>rate (per 100 000 population)</i>					
Circulatory diseases (I00-I99)	rate	203.9	204.2	181.3	204.2	168.0	201.1
Neoplasms (cancer) (C00-D48)	rate	177.7	177.6	177.2	182.0	202.2	178.2
External causes of morbidity and mortality (V01-Y98)	rate	34.2	39.6	40.6	37.4	63.6	37.1
Endocrine, metabolic and nutritional disorders (E00-E90)	rate	20.3	22.3	23.9	24.7	29.6	21.8
Respiratory diseases (J00-J99)	rate	49.7	49.8	42.8	48.8	57.0	48.7
Digestive diseases (K00-K93)	rate	20.5	20.1	20.0	20.4	25.6	20.3
Kidney Diseases (N00-N29)	rate	11.7	10.4	10.3	13.4	11.8	11.4
Conditions originating in the perinatal period (P00-P96)	rate	3.1	3.1	1.9	np	2.5	2.8

TABLE NHA.8.3

Table NHA.8.3 **Age standardised mortality rates by major cause of death, by Indigenous status, 2006–2010 (a), (b), (c), (d), (e), (f), (g), (h)**

	<i>unit</i>	<i>NSW</i>	<i>Qld (i)</i>	<i>WA (j)</i>	<i>SA</i>	<i>NT</i>	<i>Total (i) (j) (k)</i>
Infectious and parasitic diseases (A00-B99)	rate	10.1	6.8	7.3	np	11.9	8.7
Nervous system diseases (G00-G99)	rate	22.5	22.9	28.3	27.9	22.3	24.0
Other causes (l)	rate	44.6	40.4	41.1	44.8	50.5	43.1
All causes	rate	598.3	597.2	574.6	614.5	645.2	597.3

- (a) All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2006 (final) 2007 (final), 2008 (final), 2009 (revised), 2010 (preliminary). See Cause of Death, Australia, 2010 (cat. no. 3303.0) Explanatory Notes 35-39 and Technical Notes, Causes of Death Revisions, 2006 and Causes of Death Revisions, 2008 and 2009.
- (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 75 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.
- (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 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.
- (f) Data based on reference year. See data quality statements for a more detailed explanation.
- (g) 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).
- (h) Some totals and figures may not compute due to the effects of rounding.
- (i) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality statements for a more detailed explanation.
- (j) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data were not previously supplied in 2011. Corrected WA Indigenous mortality data for these years are now included. Please see data quality statements for more information.

TABLE NHA.8.3

Table NHA.8.3 **Age standardised mortality rates by major cause of death, by Indigenous status, 2006–2010 (a), (b), (c), (d), (e), (f), (g), (h)**

	<i>unit</i>	<i>NSW</i>	<i>Qld (i)</i>	<i>WA (j)</i>	<i>SA</i>	<i>NT</i>	<i>Total (i) (j) (k)</i>

(k) Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(l) Other causes' consist of all conditions excluding the selected causes displayed in the table.

np Not published.

Source : ABS (unpublished) Causes of Death, Australia, various years.

TABLE NHA.8.4

Table NHA.8.4 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2009 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (e)</i>
Cause of death		<i>rate (per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)	rate	8.2	7.1	6.5	8.0	7.9	7.0	6.7	np	7.5
Neoplasms (C00-D48)	rate	172.6	174.4	180.0	176.2	174.5	198.7	156.4	211.6	175.6
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	rate	1.7	1.6	1.4	2.4	2.4	np	np	np	1.8
Endocrine, nutritional and metabolic diseases (E00-E90)	rate	21.2	26.1	24.4	24.4	23.1	33.4	26.0	64.7	24.1
Mental and behavioural disorders (F00-F99)	rate	24.6	25.7	22.8	26.2	25.5	35.1	30.1	45.7	25.2
Diseases of the nervous system (G00-G99)	rate	21.4	24.7	23.7	26.5	28.8	28.3	25.9	37.2	24.1
Diseases of the eye and adnexa (H00-H59)	rate	np	np	–	np	–	–	np	–	np
Diseases of the ear and mastoid process (H60-H95)	rate	np	–	np	np	np	–	–	–	np
Diseases of the circulatory system (I00-I99)	rate	185.6	177.9	186.7	170.7	187.4	214.4	189.2	190.8	183.7
Diseases of the respiratory system (J00-J99)	rate	46.0	43.6	46.3	39.5	43.4	54.8	30.6	70.3	44.8
Diseases of the digestive system (K00-K93)	rate	20.9	20.7	19.1	19.5	20.7	21.0	20.0	40.5	20.5
Diseases of the skin and subcutaneous tissue (L00-L99)	rate	1.9	1.1	1.5	1.7	np	np	np	np	1.5
Diseases of the musculoskeletal system and connective tissue (M00-M99)	rate	4.2	4.1	4.8	4.8	3.4	6.9	np	np	4.4
Diseases of the genitourinary system (N00-N99)	rate	13.4	15.4	11.1	12.1	14.4	11.7	13.4	19.5	13.5
Pregnancy, childbirth and the puerperium (O00-O99)	rate	np	np	np	np	–	–	–	–	np
Certain conditions originating in the perinatal period (P00-P96)	rate	3.2	2.8	3.8	1.9	2.4	np	np	np	3.0

TABLE NHA.8.4

Table NHA.8.4 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2009 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (e)</i>
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	rate	2.5	3.1	3.5	2.2	3.2	np	np	np	2.9
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	rate	3.8	2.3	3.3	3.5	2.6	np	np	np	3.1
External causes of morbidity and mortality (V01-Y98)	rate	34.3	40.1	41.8	43.2	39.6	53.0	36.9	73.8	39.3
Total	rate	565.7	570.7	581.0	562.9	580.6	675.2	546.5	792.1	575.1
Cause of Death		<i>variability band (± rate per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)	± rate	0.6	0.7	0.8	1.2	1.2	2.1	3.0	np	0.3
Neoplasms (C00-D48)	± rate	2.9	3.4	4.0	5.6	5.8	11.3	14.2	30.9	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	± rate	0.3	0.3	0.3	0.6	0.7	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	± rate	1.0	1.3	1.5	2.1	2.1	4.6	5.8	17.0	0.6
Mental and behavioural disorders (F00-F99)	± rate	1.0	1.2	1.4	2.1	2.0	4.5	6.3	17.1	0.6
Diseases of the nervous system (G00-G99)	± rate	1.0	1.2	1.4	2.2	2.3	4.2	5.9	15.2	0.6
Diseases of the eye and adnexa (H00-H59)	± rate	np	np	–	np	–	–	np	–	np
Diseases of the ear and mastoid process (H60-H95)	± rate	np	–	np	np	np	–	–	–	np
Diseases of the circulatory system (I00-I99)	± rate	2.9	3.3	4.0	5.4	5.7	11.4	15.9	31.1	1.7
Diseases of the respiratory system (J00-J99)	± rate	1.5	1.6	2.0	2.6	2.8	5.8	6.5	19.0	0.8
Diseases of the digestive system (K00-K93)	± rate	1.0	1.1	1.3	1.8	2.0	3.6	5.1	12.5	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	± rate	0.3	0.3	0.4	0.5	np	np	np	np	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	± rate	0.4	0.5	0.6	0.9	0.8	2.1	np	np	0.3

TABLE NHA.8.4

Table NHA.8.4 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2009 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (e)</i>
Diseases of the genitourinary system (N00-N99)	± rate	0.8	1.0	1.0	1.5	1.6	2.7	4.2	9.6	0.5
Pregnancy, childbirth and the puerperium (O00-O99)	± rate	np	np	np	np	–	–	–	–	np
Certain conditions originating in the perinatal period (P00-P96)	± rate	0.4	0.5	0.6	0.6	0.8	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	± rate	0.4	0.5	0.5	0.6	0.9	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	± rate	0.4	0.4	0.5	0.8	0.7	np	np	np	0.2
External causes of morbidity and mortality (V01-Y98)	± rate	1.3	1.6	1.9	2.7	3.0	6.3	6.5	14.4	0.8
Total	± rate	5.2	6.0	7.1	9.9	10.4	20.7	26.7	60.7	3.0

(a) Causes of death data for 2009 are revised and subject to a further revisions process. See *Causes of Death*, Australia, 2010 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions 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 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) All states and territories including other territories.

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

Source: ABS (unpublished) Causes of Death, Australia, 2009.

TABLE NHA.8.5

Table NHA.8.5 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2008 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (e)</i>
Cause of death		<i>rate (per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)	rate	10.5	6.5	7.1	6.6	8.8	6.4	8.5	28.4	8.3
Neoplasms (C00-D48)	rate	178.2	182.2	188.7	175.9	184.4	205.6	169.0	228.9	182.3
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	rate	np	2.2	1.7	2.8	2.7	np	np	np	2.1
Endocrine, nutritional and metabolic diseases (E00-E90)	rate	21.4	25.9	26.3	26.5	24.4	32.3	22.5	83.9	24.8
Mental and behavioural disorders (F00-F99)	rate	25.6	26.7	22.1	25.1	26.2	33.1	29.1	43.0	25.6
Diseases of the nervous system (G00-G99)	rate	22.4	25.4	24.5	30.0	27.9	27.0	34.9	23.8	25.0
Diseases of the eye and adnexa (H00-H59)	rate	np	np	np	np	np	—	—	—	np
Diseases of the ear and mastoid process (H60-H95)	rate	—	—	np	—	np	—	—	—	np
Diseases of the circulatory system (I00-I99)	rate	207.2	185.8	212.7	184.4	191.4	222.7	188.6	214.6	199.7
Diseases of the respiratory system (J00-J99)	rate	48.4	45.2	47.8	43.3	45.5	57.6	35.8	90.2	47.1
Diseases of the digestive system (K00-K93)	rate	20.7	20.7	20.6	21.4	20.0	24.7	19.7	41.8	20.9
Diseases of the skin and subcutaneous tissue (L00-L99)	rate	2.1	1.3	1.2	np	1.3	np	np	np	1.6
Diseases of the musculoskeletal system and connective tissue (M00-M99)	rate	4.8	4.4	4.6	5.1	4.2	8.0	9.8	np	4.8
Diseases of the genitourinary system (N00-N99)	rate	13.9	12.7	13.5	12.0	15.2	12.4	14.5	38.3	13.6
Pregnancy, childbirth and the puerperium (O00-O99)	rate	—	np	np	—	—	—	—	—	np
Certain conditions originating in the perinatal period (P00-P96)	rate	3.2	2.5	3.2	1.9	2.1	np	np	np	2.9

TABLE NHA.8.5

Table NHA.8.5 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2008 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (e)</i>
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	rate	2.8	2.8	3.7	2.2	2.6	np	np	np	2.9
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	rate	4.0	3.1	3.4	4.9	2.8	np	np	np	3.7
External causes of morbidity and mortality (V01-Y98)	rate	35.3	37.7	41.9	46.8	39.6	49.8	36.9	100.3	39.6
Total	rate	602.5	585.2	623.4	590.6	599.4	689.8	582.5	923.6	604.8
Cause of Death		<i>variability band (± rate per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)	± rate	0.7	0.6	0.8	1.1	1.3	2.0	3.4	11.6	0.4
Neoplasms (C00-D48)	± rate	3.0	3.5	4.1	5.6	6.0	11.5	15.1	33.7	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	± rate	np	0.4	0.4	0.7	0.7	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	± rate	1.0	1.3	1.5	2.2	2.1	4.5	5.6	21.1	0.6
Mental and behavioural disorders (F00-F99)	± rate	1.1	1.3	1.4	2.1	2.1	4.5	6.3	16.6	0.6
Diseases of the nervous system (G00-G99)	± rate	1.0	1.3	1.5	2.3	2.3	4.1	6.9	10.7	0.6
Diseases of the eye and adnexa (H00-H59)	± rate	np	np	np	np	np	—	—	—	np
Diseases of the ear and mastoid process (H60-H95)	± rate	—	—	np	—	np	—	—	—	np
Diseases of the circulatory system (I00-I99)	± rate	3.1	3.4	4.3	5.7	5.8	11.7	16.1	34.2	1.8
Diseases of the respiratory system (J00-J99)	± rate	1.5	1.7	2.1	2.8	2.9	6.0	7.1	21.9	0.9
Diseases of the digestive system (K00-K93)	± rate	1.0	1.2	1.3	2.0	2.0	4.0	5.1	14.4	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	± rate	0.3	0.3	0.3	np	0.5	np	np	np	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	± rate	0.5	0.5	0.6	1.0	0.9	2.2	3.6	np	0.3

TABLE NHA.8.5

Table NHA.8.5 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2008 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (e)</i>
Diseases of the genitourinary system (N00-N99)	± rate	0.8	0.9	1.1	1.5	1.6	2.7	4.5	14.3	0.5
Pregnancy, childbirth and the puerperium (O00-O99)	± rate	–	np	np	–	–	–	–	–	np
Certain conditions originating in the perinatal period (P00-P96)	± rate	0.4	0.4	0.5	0.6	0.8	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	± rate	0.4	0.5	0.6	0.6	0.8	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	± rate	0.4	0.5	0.5	0.9	0.7	np	np	np	0.2
External causes of morbidity and mortality (V01-Y98)	± rate	1.4	1.6	1.9	2.9	3.0	6.2	6.7	17.7	0.8
Total	± rate	5.4	6.1	7.4	10.3	10.6	21.0	28.0	67.8	3.1

(a) Causes of death data for 2008 have undergone two years of revisions and are now final. See Causes of Death, Australia, 2010 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions 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 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) All states and territories including other territories.

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

Source : ABS (unpublished) Causes of Death, Australia, 2008.

TABLE NHA.8.6

Table NHA.8.6 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2007 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (e)</i>
Cause of death		<i>rate (per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)	rate	10.1	6.8	7.5	6.1	7.8	3.7	np	24.6	8.1
Neoplasms (C00-D48)	rate	178.2	178.8	169.8	180.5	180.2	202.8	173.0	225.8	178.0
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	rate	2.2	2.0	2.2	1.8	2.1	np	np	np	2.1
Endocrine, nutritional and metabolic diseases (E00-E90)	rate	20.1	25.5	21.4	25.9	24.3	36.4	24.8	62.8	23.3
Mental and behavioural disorders (F00-F99)	rate	25.0	24.4	18.8	20.8	25.0	27.2	31.4	40.0	23.6
Diseases of the nervous system (G00-G99)	rate	21.7	24.6	21.8	29.5	25.6	25.7	29.9	16.8	23.7
Diseases of the eye and adnexa (H00-H59)	rate	np	np	–	–	–	–	–	–	np
Diseases of the ear and mastoid process (H60-H95)	rate	–	np	–	–	–	np	–	np	np
Diseases of the circulatory system (I00-I99)	rate	203.1	185.7	208.3	185.2	204.7	229.8	179.2	251.2	199.0
Diseases of the respiratory system (J00-J99)	rate	49.1	46.7	58.9	45.7	45.4	58.7	38.3	68.2	49.9
Diseases of the digestive system (K00-K93)	rate	19.9	19.8	22.1	22.7	20.3	22.3	18.1	38.7	20.8
Diseases of the skin and subcutaneous tissue (L00-L99)	rate	1.8	1.2	np	np	1.9	np	np	np	1.5
Diseases of the musculoskeletal system and connective tissue (M00-M99)	rate	4.4	5.1	3.7	5.4	4.8	7.8	np	np	4.7
Diseases of the genitourinary system (N00-N99)	rate	13.8	13.6	14.5	13.5	14.4	17.2	9.7	34.7	14.0
Pregnancy, childbirth and the puerperium (O00-O99)	rate	np	–	np	np	np	–	–	–	np
Certain conditions originating in the perinatal period (P00-P96)	rate	3.0	2.8	3.4	1.3	np	np	np	np	2.9

TABLE NHA.8.6

Table NHA.8.6 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2007 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (e)</i>
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	rate	2.6	2.8	3.4	2.2	2.8	np	np	np	2.8
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	rate	4.6	3.1	8.6	2.4	2.8	np	np	np	4.5
External causes of morbidity and mortality (V01-Y98)	rate	34.5	32.1	42.3	44.7	39.4	48.2	37.1	92.2	37.7
Total	rate	594.3	575.1	608.0	588.6	604.4	692.7	564.0	889.2	596.7
Cause of Death		<i>variability band ($\pm$ rate per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)	$\pm$ rate	0.7	0.7	0.8	1.1	1.2	1.5	np	11.2	0.4
Neoplasms (C00-D48)	$\pm$ rate	3.0	3.5	3.9	5.8	6.0	11.5	15.3	33.6	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	$\pm$ rate	0.3	0.4	0.4	0.6	0.6	np	np	np	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	$\pm$ rate	1.0	1.3	1.4	2.2	2.1	4.9	6.0	17.5	0.6
Mental and behavioural disorders (F00-F99)	$\pm$ rate	1.1	1.2	1.3	1.9	2.1	4.1	6.7	17.0	0.6
Diseases of the nervous system (G00-G99)	$\pm$ rate	1.0	1.3	1.4	2.3	2.2	4.1	6.5	8.7	0.6
Diseases of the eye and adnexa (H00-H59)	$\pm$ rate	np	np	—	—	—	—	—	—	np
Diseases of the ear and mastoid process (H60-H95)	$\pm$ rate	—	np	—	—	—	np	—	np	np
Diseases of the circulatory system (I00-I99)	$\pm$ rate	3.1	3.4	4.3	5.9	6.1	12.0	15.9	37.7	1.8
Diseases of the respiratory system (J00-J99)	$\pm$ rate	1.5	1.7	2.3	2.9	2.9	6.2	7.4	19.2	0.9
Diseases of the digestive system (K00-K93)	$\pm$ rate	1.0	1.1	1.4	2.0	2.0	3.8	4.9	13.1	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	$\pm$ rate	0.3	0.3	np	np	0.6	np	np	np	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	$\pm$ rate	0.5	0.6	0.6	1.0	0.9	2.2	np	np	0.3

TABLE NHA.8.6

Table NHA.8.6 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2007 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (e)</i>
Diseases of the genitourinary system (N00-N99)	± rate	0.8	0.9	1.2	1.6	1.6	3.3	3.7	14.4	0.5
Pregnancy, childbirth and the puerperium (O00-O99)	± rate	np	–	np	np	np	–	–	–	np
Certain conditions originating in the perinatal period (P00-P96)	± rate	0.4	0.5	0.6	0.5	np	np	np	np	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	± rate	0.4	0.5	0.6	0.6	0.9	np	np	np	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	± rate	0.5	0.5	0.9	0.7	0.8	np	np	np	0.3
External causes of morbidity and mortality (V01-Y98)	± rate	1.4	1.5	2.0	2.9	3.0	6.1	6.9	16.1	0.8
Total	± rate	5.4	6.2	7.5	10.5	10.8	21.3	28.0	67.3	3.2

(a) Causes of death data for 2007 have undergone two years of revisions and are now final. See *Causes of Death, Australia*, 2010 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions 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 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) All states and territories including other territories.

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

Source: ABS (unpublished) *Causes of Death, Australia*, 2007.

NHA Indicator 9:

Incidence of heart attacks

TABLE NHA.9.1

Table NHA.9.1 **Rate of heart attacks, by age and sex, people aged 25 years and over , 2007 to 2010 (rate per 100 000 population)**

	<25 (a)	25-34	35-44	45-54	55-64	65-74	75-84	85+	Aust (b)
2010									
Males	na	17.0	130.0	433.7	814.6	1 328.2	2 200.5	3 794.8	603.7
Females	na	5.1	42.9	138.4	279.0	614.7	1 397.5	2 886.1	296.4
Total	na	11.1	86.1	284.6	544.9	964.4	1 758.1	3 201.1	443.1
2009									
Males	na	18.1	139.1	435.1	872.7	1 398.2	2 309.7	3 926.2	631.9
Females	na	5.0	45.9	138.2	292.6	635.2	1 441.6	3 032.8	307.1
Total	na	11.6	92.2	285.2	581.2	1 008.7	1 829.3	3 338.1	462.1
2008									
Males	na	18.5	140.6	453.5	898.6	1 548.7	2 488.5	4 311.6	675.4
Females	na	5.2	40.5	142.5	310.1	713.8	1 590.0	3 356.1	334.0
Total	na	11.9	90.2	296.5	603.4	1 122.3	1 988.5	3 675.9	496.6
2007									
Males	na	22.0	147.8	488.3	969.3	1 637.2	2 679.4	4 511.7	721.2
Females	na	6.3	43.6	146.6	346.6	777.7	1 669.3	3 432.0	354.5
Total	na	14.2	95.3	315.9	657.6	1 198.0	2 114.3	3 788.1	528.6

(a) Incidence is not reported for people under 25 years of age as the numbers of heart attacks in this age group is very small.

(b) The Australian total is directly age standardised to the 2001 Australian ERP. It differs from the Australian total in Table NHA 9.2 as it is derived from data from all jurisdictions, while estimates in Table NHA 9.2 are based on data from five jurisdictions only.

Source: AIHW (unpublished) National Hospital Morbidity Database; AIHW (unpublished) National Mortality Database; ABS (unpublished) Estimated Resident Population, 30 June various years. ABS Cat 3238.0.

TABLE NHA.9.2

Table NHA.9.2 **Age standardised rate of heart attacks, by State and Territory, people 25 years and over, by Indigenous status, 2007 to 2010 (rate per 100 000 population), (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (b)</i>
2010									
Indigenous	na	na	na	na	na	na	na	na	1 123.3
Non-Indigenous (c)	na	na	na	na	na	na	na	na	428.5
Total (d)	na	na	na	na	na	na	na	na	441.5
2009									
Indigenous	na	na	na	na	na	na	na	na	1 191.8
Non-Indigenous (c)	na	na	na	na	na	na	na	na	445.1
Total (d)	na	na	na	na	na	na	na	na	458.7
2008									
Indigenous	na	na	na	na	na	na	na	na	1 201.6
Non-Indigenous (c)	na	na	na	na	na	na	na	na	480.9
Total (d)	na	na	na	na	na	na	na	na	493.4
2007									
Indigenous	na	na	na	na	na	na	na	na	1 211.3
Non-Indigenous (c)	na	na	na	na	na	na	na	na	517.7
Total (d)	na	na	na	na	na	na	na	na	529.6

(a) Directly age standardised to the 2001 Australian ERP.

(b) The Australian estimate is based on five jurisdictions where Indigenous identification is considered reasonable in both the NHMD and the NMD (NSW, QLD, WA, SA, NT).

(c) Non-Indigenous refers to Other Australians.

(d) Totals are not comparable with the Australian totals from table NHA.9.1 and should only be used for comparisons to the supplied Australian totals for this table.

TABLE NHA.9.2

Table NHA.9.2 **Age standardised rate of heart attacks, by State and Territory, people 25 years and over, by Indigenous status, 2007 to 2010 (rate per 100 000 population), (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (b)</i>

Source: AIHW (unpublished) National Hospital Morbidity Database; AIHW (unpublished) National Mortality Database; ABS (unpublished) Estimated Resident Population, 30 June various years; ABS Cat 3238.0. Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021 Supertable Projected population, Aboriginal and Torres Strait Islander Australians, Australia, states and territories, 2006–2021 (Series B/2009)

NHA Indicator 10:

No new data are available for this indicator

Prevalence of Type 2 diabetes

NHA Indicator 11:

**Proportion of adults with very
high levels of psychological
distress**

TABLE NHA.11.1

Table NHA.11.1 **Age standardised rate of adults with very high levels of psychological distress, by State and Territory, 2011-12 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Age standardised rate</i>										
Total	%	3.2	3.7	3.9	3.0	3.3	3.2	2.8	3.2	3.4
<i>Relative standard errors</i>										
Total	%	12.0	11.7	12.1	13.0	12.7	17.7	15.4	20.1	5.9
<i>95 per cent confidence intervals</i>										
Total	±	0.7	0.8	0.9	0.8	0.8	1.1	0.9	1.3	0.4

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Denominator includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Adults are defined as persons aged 18 years and over.

(c) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

Source : ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.11.2

Table NHA.11.2 **Age standardised rate of adults with very high levels of psychological distress, by State and Territory, by sex, 2011-12 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Age standardised rate</i>										
Males	%	2.5	3.3	2.9	2.1	2.8	2.3	2.5	2.4	2.7
Females	%	3.8	4.0	4.8	3.8	3.7	4.0	3.1	4.0	4.1
<i>Relative standard errors</i>										
Males	%	20.2	15.5	18.6	23.9	20.3	32.2	22.1	34.5	9.5
Females	%	13.4	15.7	13.2	14.1	16.8	20.7	20.7	23.0	7.1
<i>95 per cent confidence intervals</i>										
Males	$\pm$	1.0	1.0	1.1	1.0	1.1	1.5	1.1	1.6	0.5
Females	$\pm$	1.0	1.2	1.2	1.0	1.2	1.6	1.3	1.8	0.6

RSE = Relative Standard Error. Estimates with RSEs of 25% to 50% should be used with caution.

(a) Denominator includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Adults are defined as persons aged 18 years and over.

(c) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

Table NHA.11.3 **Age standardised rate of adults with very high levels of psychological distress, by remoteness, SEIFA IRSD quintiles, SEIFA IRSD deciles, and disability status, 2011-12 (a), (b), (c), (d)**

	<i>Age standardised rate (%)</i>	<i>Relative standard error (%)</i>	<i>95 % confidence interval (+)</i>
<i>Remoteness of residence</i>			
Major cities	3.3	8.0	0.5
Inner regional	3.8	12.8	0.9
Outer regional	3.5	19.2	1.3
Remote	2.9	42.1	2.4
Very remote (e)	..	..	..
<i>SEIFA of residence (quintiles)</i>			
Quintile 1	5.4	12.6	1.3
Quintile 2	4.1	8.8	0.7
Quintile 3	3.5	12.7	0.9
Quintile 4	2.8	13.3	0.7
Quintile 5	1.9	17.2	0.6
<i>SEIFA of residence (deciles)</i>			
Decile 1	5.7	15.9	1.8
Decile 2	5.2	17.4	1.8
Decile 3	3.9	14.8	1.1
Decile 4	4.2	14.5	1.2
Decile 5	4.1	17.5	1.4
Decile 6	2.9	15.8	0.9
Decile 7	3.0	18.8	1.1
Decile 8	2.7	21.5	1.1
Decile 9	2.0	23.8	1.0
Decile 10	1.7	25.3	0.9
<i>Disability status</i>			
With disability or restrictive long-term health condition	8.2	6.7	1.1
No disability or restrictive long-term health condition	1.1	9.4	0.2

RSE = Relative Standard Error. Estimates with RSEs of 25% to 50% should be used with caution.

(a) Denominator includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Socioeconomic Index for Areas, Index of relative disadvantage. Quintile/decile 1 contains areas of most disadvantage.

(c) Adults are defined as persons aged 18 years and over.

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18).

(e) Very remote data was not collected in the 2011-12 component of the 2011-13 AHS.

.. Not applicable.

TABLE NHA.11.3

Table NHA.11.3 **Age standardised rate of adults with very high levels of psychological distress, by remoteness, SEIFA IRSD quintiles, SEIFA IRSD deciles, and disability status, 2011-12 (a), (b), (c), (d)**

	<i>Age standardised rate (%)</i>	<i>Relative standard error (%)</i>	<i>95 % confidence interval (+)</i>

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.11.4

Table NHA.11.4 **Age standardised rate of adults with very high levels of psychological distress, by State and Territory, 2007-08 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
Total	%	4.0	3.5	3.1	2.8	3.5	3.3	3.4	np	3.5
<i>relative standard errors</i>										
Total	%	11.9	13.3	13.5	13.6	13.8	20.0	17.6	np	6.7
<i>95 per cent confidence intervals</i>										
Total	$\pm$	0.9	0.9	0.8	0.8	1.0	1.3	1.2	np	0.5

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Denominator includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Adults are defined as persons aged 18 years and over.

(c) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

np Not published.

Source: ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.11.5

Table NHA.11.5 **Age standardised rate of adults with very high levels of psychological distress, by State and Territory, by sex, 2007-08 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
					<i>age standardised rate</i>					
Males	%	3.2	3.0	2.0	2.3	3.5	2.5	np	np	2.8
Females	%	4.8	4.0	4.1	3.3	3.5	4.0	np	np	4.1
					<i>relative standard errors</i>					
Males	%	18.0	23.0	20.3	22.1	19.8	31.4	np	np	9.2
Females	%	16.1	16.0	15.5	17.8	18.6	26.0	np	np	9.3
					<i>95 per cent confidence intervals</i>					
Males	$\pm$	1.1	1.3	0.8	1.0	1.4	1.5	np	np	0.5
Females	$\pm$	1.5	1.2	1.2	1.2	1.3	2.0	np	np	0.8

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Denominator includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Adults are defined as persons aged 18 years and over.

(c) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

np Not published.

Source: ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.11.6

Table NHA.11.6 **Age standardised rate of adults with very high levels of psychological distress, by remoteness, SEIFA IRSD quintiles(b), SEIFA IRSD deciles, and disability status, 2007-08 (a), (b), (c), (d)**

	<i>Age standardised rate (%)</i>	<i>Relative standard error (%)</i>	<i>95 % confidence interval (+)</i>
<i>Remoteness of residence</i>			
Major cities	3.6	8.0	0.6
Inner regional	3.3	11.5	0.8
Outer regional	3.0	14.7	0.9
Remote	3.2	32.5	2.0
Very remote (e)	..	..	..
<i>SEIFA of residence (quintiles)</i>			
Quintile 1	6.5	9.5	1.2
Quintile 2	3.7	12.7	0.9
Quintile 3	3.3	15.1	1.0
Quintile 4	2.1	16.1	0.7
Quintile 5	2.3	19.0	0.9
<i>SEIFA of residence (deciles)</i>			
Decile 1	8.1	12.2	1.9
Decile 2	5.1	12.3	1.2
Decile 3	4.1	16.1	1.3
Decile 4	3.2	19.3	1.2
Decile 5	3.7	23.7	1.7
Decile 6	2.7	17.0	0.9
Decile 7	2.1	22.6	0.9
Decile 8	2.2	22.1	1.0
Decile 9	2.9	25.2	1.4
Decile 10	1.5	27.0	0.8
<i>Disability status</i>			
With disability or restrictive long-term health condition	7.3	6.4	0.9
No disability or restrictive long-term health condition	1.0	16.4	0.3

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used

- (a) Denominator includes a small number of persons for whom levels of psychological distress were unable to be determined.
- (b) Socioeconomic Index for Areas, Index of relative disadvantage. Quintile/decile 1 contains areas of most disadvantage.
- (c) Adults are defined as persons aged 18 years and over.
- (d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).
- (e) Very remote data was not collected in the 2007-08 NHS.
- .. Not available.

TABLE NHA.11.6

Table NHA.11.6 **Age standardised rate of adults with very high levels of psychological distress, by remoteness, SEIFA IRSD quintiles(b), SEIFA IRSD deciles, and disability status, 2007-08 (a), (b), (c), (d)**

	<i>Age standardised rate (%)</i>	<i>Relative standard error (%)</i>	<i>95 % confidence interval (+)</i>

Source : ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.11.7

Table NHA.11.7 **Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by Indigenous status, 2008 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
Indigenous	rate	33.8	33.3	29.3	30.5	34.4	29.0	28.8	28.0	31.2
non-Indigenous	rate	12.9	12.5	11.6	10.6	13.2	11.7	10.9	11.4	12.3
<i>relative standard errors</i>										
Indigenous	%	7.0	5.5	6.9	5.7	8.2	10.9	17.4	9.3	3.3
non-Indigenous	%	5.6	6.7	7.2	7.4	7.0	9.4	9.4	42.8	3.0
<i>95 per cent confidence intervals</i>										
Indigenous	$\pm$	4.6	3.6	4.0	3.4	5.5	6.2	9.8	5.1	2.0
non-Indigenous	$\pm$	1.4	1.6	1.6	1.5	1.8	2.2	2.0	9.6	0.7

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Denominator includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (10 year ranges from 18 for Indigenous adults and 5 year ranges from 18 for non-Indigenous adults).

(c) Adults are defined as persons aged 18 years and over.

Source : ABS (unpublished) National Aboriginal and Torres Strait Islander Social Survey, 2008; ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.11.8

Table NHA.11.8 **Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, 2011-12 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Age standardised rate	%	10.4	11.4	10.8	10.6	11.4	9.1	9.1	9.0	10.8
Relative standard errors	%	6.7	6.2	6.3	7.2	7.3	8.8	9.7	15.0	3.2
95 per cent confidence intervals	$\pm$	1.4	1.4	1.3	1.5	1.6	1.6	1.7	2.7	0.7

(a) Total includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Adults are defined as persons aged 18 years and over.

(c) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18).

Source : ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.11.9

Table NHA.11.9 **Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by remoteness, 2011-12 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
Major cities	%	10.6	10.7	10.6	10.3	10.5	..	9.1	..	10.6
Inner regional	%	9.9	13.1	11.9	13.3	11.0	8.8	—	..	11.4
Outer regional/remote	%	8.3	13.2	9.9	9.8	16.8	10.4	..	9.0	10.8
Very remote (d)	%	..	..	..	..	..	..	..	..	..
<i>relative standard errors</i>										
Major cities	%	6.5	6.9	8.4	8.0	8.5	..	9.7	..	3.4
Inner regional	%	16.9	13.4	13.7	22.4	29.3	10.5	—	..	7.3
Outer regional/remote	%	44.2	31.7	22.0	19.2	19.2	16.9	..	15.0	11.5
Very remote (d)	%	..	..	..	..	..	..	..	..	..
<i>95 per cent confidence intervals</i>										
Major cities	±	1.4	1.4	1.7	1.6	1.8	..	1.7	..	0.7
Inner regional	±	3.3	3.4	3.2	5.8	6.3	1.8	—	..	1.6
Outer regional/remote	±	7.2	8.2	4.3	3.7	6.3	3.5	..	2.7	2.4
Very remote (d)	±	..	..	..	..	..	..	..	..	..

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Total includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Adults are defined as persons aged 18 years and over.

(c) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18).

(d) Very remote data was not collected in the 2011-12 component of the 2011-13 AHS.

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

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.11.10

Table NHA.11.10 **Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
Quintile 1	%	15.9	16.4	19.6	16.5	17.6	11.2	np	11.1	16.7
Quintile 2	%	14.0	13.0	11.9	13.4	12.5	9.3	11.4	6.8	12.9
Quintile 3	%	11.0	11.6	11.3	10.3	8.2	10.2	11.0	10.0	10.9
Quintile 4	%	8.3	9.6	7.7	6.7	5.9	6.7	10.6	9.1	8.1
Quintile 5	%	5.7	7.8	8.1	8.3	10.1	5.9	7.3	6.8	7.4
<i>relative standard errors</i>										
Quintile 1	%	12.7	11.9	17.3	13.4	13.1	14.2	np	23.5	7.8
Quintile 2	%	12.2	12.6	11.9	15.2	11.9	17.4	34.7	36.8	5.2
Quintile 3	%	17.6	12.2	10.6	17.4	21.2	16.5	26.4	30.6	6.1
Quintile 4	%	17.1	15.9	16.1	16.5	29.7	28.7	15.9	25.6	9.6
Quintile 5	%	19.8	20.9	16.4	19.2	24.7	47.7	16.9	28.4	9.0
<i>95 per cent confidence intervals</i>										
Quintile 1	±	4.0	3.8	6.6	4.3	4.5	3.1	np	5.1	2.5
Quintile 2	±	3.3	3.2	2.8	4.0	2.9	3.2	7.7	4.9	1.3
Quintile 3	±	3.8	2.8	2.4	3.5	3.4	3.3	5.7	6.0	1.3
Quintile 4	±	2.8	3.0	2.4	2.1	3.4	3.8	3.3	4.5	1.5
Quintile 5	±	2.2	3.2	2.6	3.1	4.9	5.5	2.4	3.8	1.3

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Total includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Socioeconomic Index for Areas, Index of relative disadvantage. Quintile 1 contains areas of most disadvantage.

(c) Adults are defined as persons aged 18 years and over.

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18).

np Not published.

TABLE NHA.11.10

Table NHA.11.10 **Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c), (d)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

Source : ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.11.11

Table NHA.11.11 **Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by disability status, 2011-12 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
With disability or restrictive long-term health condition	%	21.2	26.6	21.4	22.1	24.3	17.4	17.5	20.4	22.7
No disability or restrictive long-term health condition	%	5.2	4.8	5.1	4.7	5.1	3.8	4.4	3.8	5.0
<i>relative standard errors</i>										
With disability or restrictive long-term health condition	%	9.5	7.1	7.7	8.1	8.5	11.5	13.1	15.3	3.7
No disability or restrictive long-term health condition	%	11.0	10.6	11.7	14.2	12.6	18.7	16.1	21.8	4.8
<i>95 per cent confidence intervals</i>										
With disability or restrictive long-term health condition	$\pm$	3.9	3.7	3.2	3.5	4.1	3.9	4.5	6.1	1.7
No disability or restrictive long-term health condition	$\pm$	1.1	1.0	1.2	1.3	1.3	1.4	1.4	1.6	0.5

(a) Total includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Adults are defined as persons aged 18 years and over.

(c) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18).

Source: ABS (unpublished) Australian Health Survey 2011-13 (2011-12 NHS component).

TABLE NHA.11.12

Table NHA.11.12 **Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, 2007-08 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
Total	%	12.8	11.8	11.5	10.0	13.0	10.8	10.9	13.4	12.0
<i>relative standard errors</i>										
Total	%	5.7	6.6	7.7	7.2	8.3	9.3	9.4	36.8	3.1
<i>95 per cent confidence intervals</i>										
Total	$\pm$	1.4	1.5	1.7	1.4	2.1	2.0	2.0	9.7	0.7

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Total includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Adults are defined as persons aged 18 years and over.

(c) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

Source : ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.11.13

Table NHA.11.13 **Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by remoteness, 2007-08 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
Major cities	%	13.4	11.9	11.2	9.7	12.3	..	10.9	..	12.1
Inner regional	%	12.1	11.7	11.9	10.9	13.3	11.6	–	..	11.9
Outer regional/Remote	%	12.2	8.5	13.0	9.6	14.2	9.9	..	13.4	11.8
Very remote (d)	%	..	..	..	..	..	..	..	..	..
<i>relative standard errors</i>										
Major cities	%	6.6	7.9	10.1	8.7	8.3	..	9.3	..	3.6
Inner regional	%	14.9	15.8	14.1	22.3	26.3	12.6	–	..	7.0
Outer regional/Remote	%	26.4	24.4	12.2	27.4	19.8	14.0	..	36.8	7.3
Very remote (d)	%	..	..	..	..	..	..	..	..	..
<i>95 per cent confidence intervals</i>										
Major cities	±	1.7	1.8	2.2	1.6	2.0	..	2.0	..	0.9
Inner regional	±	3.5	3.6	3.3	4.7	6.9	2.8	–	..	1.6
Outer regional/Remote	±	6.3	4.1	3.1	5.2	5.5	2.7	..	9.7	1.7
Very remote (d)	±	..	..	..	..	..	..	..	..	..

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Total includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Adults are defined as persons aged 18 years and over.

(c) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

(d) Very remote data was not collected in the 2007-08 NHS.

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

Source : ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.11.14

Table NHA.11.14 **Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by SEIFA IRSD quintiles, 2007-08 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate per 100 persons</i>										
Quintile 1	%	20.1	18.6	15.8	19.3	20.4	15.9	np	np	18.6
Quintile 2	%	13.2	14.0	12.4	9.3	13.8	8.7	np	np	12.6
Quintile 3	%	11.4	11.5	11.4	14.3	13.1	9.0	20.5	np	11.9
Quintile 4	%	9.8	8.5	7.8	8.2	9.0	6.7	12.4	np	8.9
Quintile 5	%	10.1	10.0	9.5	3.9	9.9	9.4	7.1	23.4	9.2
<i>relative standard errors</i>										
Quintile 1	%	8.2	12.6	11.3	13.7	12.9	12.6	np	np	5.1
Quintile 2	%	15.3	14.3	11.6	16.9	18.5	16.9	np	np	7.0
Quintile 3	%	15.5	13.7	12.0	16.3	17.0	24.2	29.9	np	6.9
Quintile 4	%	13.6	17.8	25.7	17.0	22.1	28.8	15.9	np	8.6
Quintile 5	%	15.2	17.6	21.5	29.8	16.6	32.4	16.1	44.5	7.8
<i>95 per cent confidence intervals</i>										
Quintile 1	±	3.2	4.6	3.5	5.2	5.2	3.9	np	np	1.8
Quintile 2	±	4.0	3.9	2.8	3.1	5.0	2.9	np	np	1.7
Quintile 3	±	3.5	3.1	2.7	4.6	4.4	4.3	12.0	np	1.6
Quintile 4	±	2.6	3.0	3.9	2.7	3.9	3.8	3.9	np	1.5
Quintile 5	±	3.0	3.5	4.0	2.3	3.2	5.9	2.2	20.4	1.4

RSE = Relative Standard Error. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution.

(a) Total includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Socioeconomic Index for Areas, Index of relative disadvantage. Quintile 1 contains areas of most disadvantage.

(c) Adults are defined as persons aged 18 years and over.

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

np Not published.

TABLE NHA.11.14

Table NHA.11.14 **Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by SEIFA IRSD quintiles, 2007-08 (a), (b), (c), (d)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

Source: ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.11.15

Table NHA.11.15 **Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by disability status, 2007-08 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
With disability or restrictive long-term health condition	%	23.4	21.0	18.7	17.9	24.8	19.9	19.4	np	21.0
No disability or restrictive long-term health condition	%	6.3	5.3	6.8	5.1	5.2	4.8	4.6	np	5.9
<i>relative standard errors</i>										
With disability or restrictive long-term health condition	%	6.7	7.8	9.2	8.5	8.0	11.8	9.4	np	3.9
No disability or restrictive long-term health condition	%	9.4	12.5	14.5	14.0	15.5	19.6	17.4	np	5.5
<i>95 per cent confidence intervals</i>										
With disability or restrictive long-term health condition	±	3.1	3.2	3.4	3.0	3.9	4.6	3.6	np	1.6
No disability or restrictive long-term health condition	±	1.2	1.3	1.9	1.4	1.6	1.8	1.6	np	0.6

(a) Total includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Adults are defined as persons aged 18 years and over.

(c) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

np Not published.

Source : ABS (unpublished) National Health Survey, 2007-08.

TABLE NHA.11.16

Table NHA.11.16 **Age standardised rate of adults with high/ very high levels of psychological distress, by State and Territory, by sex, 2007-08 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age standardised rate</i>										
Males	%	10.2	8.5	9.0	8.6	12.2	9.0	9.8	np	9.6
Females	%	15.4	15.0	14.0	11.4	13.8	12.5	12.0	15.1	14.4
<i>relative standard errors</i>										
Males	%	9.6	11.3	12.9	10.8	12.1	14.3	14.3	np	4.5
Females	%	7.2	8.0	7.8	9.3	9.9	14.1	10.4	18.3	4.0
<i>95 per cent confidence intervals</i>										
Males	$\pm$	1.9	1.9	2.3	1.8	2.9	2.5	2.7	np	0.8
Females	$\pm$	2.2	2.4	2.1	2.1	2.7	3.4	2.4	5.4	1.1

(a) Total includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Adults are defined as persons aged 18 years and over.

(c) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

np Not published.

Source : ABS (unpublished) National Health Survey, 2007-08.

Table NHA.11.17 **Age standardised rate of adults with high/ very high levels of psychological distress, by SEIFA IRSD deciles, 2007-08 (a), (b), (c), (d)**

	<i>Age standardised rate (%)</i>	<i>Relative standard error (%)</i>	<i>95 % confidence interval (+)</i>
SEIFA of residence			
Decile 1	21.8	7.1	3.1
Decile 2	15.5	6.4	1.9
Decile 3	13.9	10.1	2.7
Decile 4	11.4	9.4	2.1
Decile 5	12.5	10.1	2.5
Decile 6	11.1	9.8	2.1
Decile 7	10.1	10.2	2.0
Decile 8	7.9	12.6	2.0
Decile 9	10.5	11.6	2.4
Decile 10	7.7	12.4	1.9

(a) Total includes a small number of persons for whom levels of psychological distress were unable to be determined.

(b) Socioeconomic Index for Areas, Index of relative disadvantage. Decile 1 contains areas of most disadvantage.

(c) Adults are defined as persons aged 18 years and over.

(d) Rates are age standardised by State and Territory, to the 2001 Estimated Resident Population (5 year ranges from 18 for adults).

Source : ABS (unpublished) National Health Survey, 2007-08.

NHA Indicator 12:

Waiting times for GPs

TABLE NHA.12.1

Table NHA.12.1 **Reported waiting time to see a GP for an urgent appointment, by State and Territory, by remoteness, 2011-12 (per cent) (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
People seen by a GP within four hours										
Major cities	%	67.2	67.5	65.5	63.9	72.2	..	48.0	..	66.5
Other (d)	%	52.1	54.9	64.4	58.2	64.1	54.3	—	46.6	57.3
Total	%	63.5	63.5	65.2	63.1	68.4	54.3	48.0	46.6	63.6
People waiting four hours or longer, but seen by a GP within 24 hours										
Major cities	%	11.0	11.6	9.6	13.7	10.1	..	18.5	..	11.2
Other (d)	%	15.0	10.6	13.4	12.7	12.0	19.8	—	16.0	14.0
Total	%	12.1	11.3	11.0	14.0	11.1	19.8	18.5	16.0	12.0
People waiting 24 hours or longer to be seen by a GP										
Major cities	%	21.8	20.9	24.9	22.4	17.7	..	33.6	..	22.2
Other (d)	%	32.9	34.5	22.2	29.2	23.9	25.9	—	37.3	28.7
Total	%	24.4	25.1	23.8	22.9	20.5	25.9	33.6	37.3	24.4

RSEs and Confidence Intervals for these proportions are provided in table NHA.12.2. Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

- (a) Time waited between making an appointment and seeing the GP for urgent medical care. The term 'urgent' was left to the respondent's interpretation. Discretionary interviewer advice was to include health issues that arose suddenly and were serious (e.g. fever, headache, vomiting, unexplained rash). Seeing a GP to get a medical certificate for work for a less serious illness 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), except for NT where larger age ranges (either 10 or 15 years) are used.
- (d) Includes inner and outer regional, remote and very remote areas.
- .. Not applicable. — Nil or rounded to zero.

Source: ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.12.2

Table NHA.12.2 **RSEs and 95% CIs for reported waiting time to see a GP for an urgent appointment, by State and Territory, by remoteness, 2011-12, (per cent) (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>relative standard error</i>										
People seen by a GP within four hours										
Major cities	%	4.3	4.4	3.6	6.3	4.7	..	13.3	..	1.9
Other (d)	%	10.7	10.5	5.4	12.5	10.8	9.0	—	22.6	3.7
Total	%	4.2	4.0	2.8	4.3	4.7	9.0	13.3	22.6	1.9
People waiting four hours or longer, but seen by a GP within 24 hours										
Major cities	%	15.6	17.8	17.9	15.5	19.7	..	21.4	..	8.0
Other (d)	%	35.5	24.6	21.8	27.9	31.3	21.8	—	30.9	12.0
Total	%	13.0	11.6	13.0	14.1	17.3	21.8	21.4	30.9	6.1
People waiting 24 hours or longer to be seen by a GP										
Major cities	%	12.9	12.3	8.9	15.0	14.2	..	18.7	..	4.2
Other (d)	%	14.0	17.5	14.7	25.0	24.1	15.0	—	16.8	6.1
Total	%	9.9	9.5	8.7	9.7	12.9	15.0	18.7	16.8	4.0
<i>95 per cent confidence interval</i>										
People seen by a GP within four hours										
Major cities	±	5.7	5.8	4.6	7.9	6.6	..	12.5	..	2.5
Other (d)	±	10.9	11.3	6.9	14.3	13.6	9.6	—	20.6	4.2
Total	±	5.2	5.0	3.6	5.3	6.3	9.6	12.5	20.6	2.3
People waiting four hours or longer, but seen by a GP within 24 hours										
Major cities	±	3.4	4.1	3.4	4.2	3.9	..	7.7	..	1.8
Other (d)	±	10.5	5.1	5.7	6.9	7.4	8.4	—	9.7	3.3

TABLE NHA.12.2

Table NHA.12.2 **RSEs and 95% CIs for reported waiting time to see a GP for an urgent appointment, by State and Territory, by remoteness, 2011-12, (per cent) (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total	±	3.1	2.6	2.8	3.9	3.8	8.4	7.7	9.7	1.4
People waiting 24 hours or longer to be seen by a GP										
Major cities	±	5.5	5.0	4.3	6.6	4.9	..	12.3	..	1.8
Other (d)	±	9.0	11.8	6.4	14.3	11.3	7.6	—	12.3	3.4
Total	±	4.7	4.7	4.1	4.4	5.2	7.6	12.3	12.3	1.9

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

- (a) Time waited between making an appointment and seeing the GP for urgent medical care. The term 'urgent' was left to the respondent's interpretation. Discretionary interviewer advice was to include health issues that arose suddenly and were serious (e.g. fever, headache, vomiting, unexplained rash). Seeing a GP to get a medical certificate for work for a less serious illness 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), except for NT where larger age ranges (either 10 or 15 years) are used.
- (d) Includes inner and outer regional, remote and very remote areas.
- .. Not applicable. – Nil or rounded to zero.

Source: ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.12.3

Table NHA.12.3 **Reported waiting time to see a GP for an urgent appointment, by State and Territory, by remoteness, 2011-12 (number) (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
People seen by a GP within four hours										
		<i>number</i>								
Major cities	'000	324.1	253.0	177.1	86.8	80.9	..	14.3	..	936.2
Other (c)	'000	108.7	84.9	116.2	31.2	22.7	31.6	—	5.7	401.0
Total	'000	432.7	337.9	293.3	118.1	103.6	31.6	14.3	5.7	1,337.2
		<i>relative standard error</i>								
Major cities	%	6.1	5.5	7.8	9.0	8.7	..	14.7	..	2.9
Other (d)	%	10.8	10.7	10.2	16.9	17.2	8.7	—	20.2	5.1
Total	%	5.2	5.0	4.9	6.9	7.0	8.7	14.7	20.2	2.3
		<i>95 per cent confidence interval</i>								
Major cities	(±)	38.9	27.2	26.9	15.4	13.8	..	4.1	..	53.9
Other (c)	(±)	23.1	17.8	23.2	10.3	7.6	5.4	—	2.2	39.8
Total	(±)	44.4	33.1	28.4	16.1	14.3	5.4	4.1	2.2	60.8
People waiting four hours or longer, but seen by a GP within 24 hours										
		<i>number</i>								
Major cities	'000	53.8	41.9	26.7	17.5	12.3	..	5.4	..	157.5
Other (c)	'000	28.1	19.4	24.1	7.8	5.9	10.6	—	1.9	97.6
Total	'000	81.9	61.3	50.8	25.3	18.1	10.6	5.4	1.9	255.2
		<i>relative standard error</i>								
Major cities	%	15.6	16.6	17.9	14.3	20.5	..	19.9	..	7.3
Other (c)	%	21.9	21.6	20.7	27.2	20.6	18.6	—	29.8	10.3
Total	%	14.0	11.1	12.8	15.3	16.7	18.6	19.9	29.8	5.7
		<i>95 per cent confidence interval</i>								
Major cities	(±)	16.4	13.6	9.4	4.9	4.9	..	2.1	..	22.6

TABLE NHA.12.3

Table NHA.12.3 **Reported waiting time to see a GP for an urgent appointment, by State and Territory, by remoteness, 2011-12 (number) (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Other (c)	(±)	12.1	8.2	9.8	4.2	2.4	3.8	—	1.1	19.7
Total	(±)	22.4	13.4	12.7	7.6	5.9	3.8	2.1	1.1	28.7
People waiting 24 hours or longer to be seen by a GP										
		<i>number</i>								
Major cities	'000	104.3	80.6	70.4	32.6	20.0	..	10.2	..	318.1
Other (c)	'000	65.2	55.8	44.3	13.0	9.8	15.8	—	3.5	207.4
Total	'000	169.5	136.4	114.7	45.6	29.8	15.8	10.2	3.5	525.5
		<i>relative standard error</i>								
Major cities	%	13.9	13.5	11.9	13.2	11.2	..	17.8	..	5.7
Other (c)	%	10.8	11.9	16.6	19.1	24.1	15.0	—	24.4	5.3
Total	%	9.3	9.7	9.8	10.3	10.8	15.0	17.8	24.4	4.2
		<i>95 per cent confidence interval</i>								
Major cities	(±)	28.5	21.4	16.4	8.4	4.4	..	3.6	..	35.3
Other (c)	(±)	13.8	13.0	14.4	4.9	4.6	4.6	—	1.7	21.7
Total	(±)	30.8	25.9	22.1	9.2	6.3	4.6	3.6	1.7	43.5

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Time waited between making an appointment and seeing the GP for urgent medical care. The term 'urgent' was left to the respondent's interpretation. Discretionary interviewer advice was to include health issues that arose suddenly and were serious (e.g. fever, headache, vomiting, unexplained rash). Seeing a GP to get a medical certificate for work for a less serious illness 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) Includes inner and outer regional, remote and very remote areas.

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

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA 12.4

Table NHA 12.4 **Reported waiting time to see a GP for an urgent appointment, by remoteness, 2011-12 (number) (a), (b), (c)**

				<i>Aust</i>		
	<i>proportion (%)</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>	<i>number ('000)</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>
People seen by a GP within four hours						
Remoteness of residence						
Major cities	66.5	1.9	2.5	936.2	2.9	53.9
Other (d)	57.3	3.7	4.2	401.0	5.1	39.8
Inner regional	57.7	4.3	4.9	275.9	6.6	35.8
Outer regional	58.7	6.9	7.9	112.7	12.4	27.5
Remote/very remote	46.1	19.0	17.2	12.3	31.4	7.6
Total	63.6	1.9	2.3	1 337.2	2.3	60.8
People waiting four hours or longer, but seen by a GP within 24 hours						
Remoteness of residence						
Major cities	11.2	8.0	1.8	157.5	7.3	22.6
Other (d)	14.0	12.0	3.3	97.6	10.3	19.7
Inner regional	12.7	15.5	3.9	60.4	12.6	14.9
Outer regional	17.0	19.3	6.4	33.4	16.9	11.1
Remote/very remote	19.3	52.0	19.6	3.8	34.5	2.6
Total	12.0	6.1	1.4	255.2	5.7	28.7
People waiting 24 hours or longer to be seen by a GP						
Remoteness of residence						
Major cities	22.2	4.2	1.8	318.1	5.7	35.3
Other (d)	28.7	6.1	3.4	207.4	5.3	21.7

TABLE NHA 12.4

Table NHA 12.4 **Reported waiting time to see a GP for an urgent appointment, by remoteness, 2011-12 (number) (a), (b), (c)**

	<i>Aust</i>					
	<i>proportion (%)</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>	<i>number ('000)</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>
Inner regional	29.6	7.4	4.3	145.1	6.2	17.6
Outer regional	24.3	11.8	5.6	50.6	11.5	11.4
Remote/very remote	34.6	18.8	12.8	11.7	23.7	5.4
Total	24.4	4.0	1.9	525.5	4.2	43.5

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Time waited between making an appointment and seeing the GP for urgent medical care. The term 'urgent' was left to the respondent's interpretation. Discretionary interviewer advice was to include health issues that arose suddenly and were serious (e.g. fever, headache, vomiting, unexplained rash). Seeing a GP to get a medical certificate for work for a less serious illness 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).

(d) Includes inner and outer regional, remote and very remote areas.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.12.5

Table NHA.12.5 **Waiting time for GPs for an urgent appointment, by SEIFA IRSD deciles, 2011-12 (a), (b), (c)**

	<i>unit</i>	<i>People seen by a GP within four hours</i>	<i>People waiting four hours or longer, but seen by a GP within 24 hours</i>	<i>People waiting 24 hours or longer to be seen by a GP</i>
		<i>proportion</i>		
Decile 1	%	63.9	7.9	28.3
Decile 2	%	60.4	13.5	26.1
Decile 3	%	61.5	11.3	27.2
Decile 4	%	67.3	8.7	24.0
Decile 5	%	66.0	11.4	22.5
Decile 6	%	62.9	16.7	20.5
Decile 7	%	58.9	12.0	29.2
Decile 8	%	67.7	13.0	19.2
Decile 9	%	68.5	11.6	19.9
Decile 10	%	61.1	14.5	24.4
		<i>relative standard error of proportion</i>		
Decile 1	%	6.0	20.0	13.0
Decile 2	%	8.2	29.8	14.9
Decile 3	%	4.4	17.6	9.1
Decile 4	%	5.5	16.8	13.9
Decile 5	%	4.2	15.3	12.3
Decile 6	%	5.6	19.6	8.7
Decile 7	%	7.2	18.6	14.1
Decile 8	%	6.0	21.6	16.0
Decile 9	%	3.8	17.5	11.3
Decile 10	%	6.2	19.5	15.5
		<i>95 per cent confidence interval</i>		
Decile 1	±	7.5	3.1	7.2
Decile 2	±	9.7	7.9	7.6
Decile 3	±	5.4	3.9	4.8
Decile 4	±	7.2	2.9	6.5
Decile 5	±	5.5	3.4	5.4
Decile 6	±	6.9	6.4	3.5
Decile 7	±	8.3	4.4	8.0
Decile 8	±	8.0	5.5	6.0
Decile 9	±	5.1	4.0	4.4
Decile 10	±	7.4	5.5	7.4
		<i>number</i>		
Decile 1	'000	137.6	16.4	59.6
Decile 2	'000	94.3	19.5	43.7
Decile 3	'000	122.7	23.9	60.3
Decile 4	'000	141.9	20.8	53.3

TABLE NHA.12.5

Table NHA.12.5 **Waiting time for GPs for an urgent appointment, by SEIFA IRSD deciles, 2011-12 (a), (b), (c)**

	<i>unit</i>	<i>People seen by a GP within four hours</i>	<i>People waiting four hours or longer, but seen by a GP within 24 hours</i>	<i>People waiting 24 hours or longer to be seen by a GP</i>
Decile 5	'000	154.2	27.0	54.9
Decile 6	'000	130.1	35.5	47.1
Decile 7	'000	121.3	27.2	61.7
Decile 8	'000	147.5	28.1	45.0
Decile 9	'000	159.8	27.9	49.8
Decile 10	'000	122.2	27.6	45.9
<i>relative standard error of estimate</i>				
Decile 1	%	7.8	20.3	16.4
Decile 2	%	10.1	23.3	12.9
Decile 3	%	8.2	18.0	8.4
Decile 4	%	12.1	18.8	13.6
Decile 5	%	8.6	17.3	10.3
Decile 6	%	7.9	16.2	11.5
Decile 7	%	11.4	19.1	15.6
Decile 8	%	11.7	19.1	16.2
Decile 9	%	9.5	24.6	12.9
Decile 10	%	12.0	18.6	16.3
<i>95 per cent confidence interval</i>				
Decile 1	±	21.2	6.5	19.2
Decile 2	±	18.6	8.9	11.1
Decile 3	±	19.6	8.4	9.9
Decile 4	±	33.6	7.7	14.2
Decile 5	±	25.9	9.2	11.1
Decile 6	±	20.1	11.3	10.6
Decile 7	±	27.0	10.2	18.9
Decile 8	±	33.8	10.5	14.3
Decile 9	±	29.8	13.5	12.6
Decile 10	±	28.8	10.1	14.7

Rates with relative standard errors (RSE) greater than 25 per cent should be used with caution. Rates with RSEs higher than 50 per cent are considered too unreliable for general use.

(a) Time waited between making an appointment and seeing the GP for urgent medical care. The term 'urgent' was left to the respondent's interpretation. Discretionary interviewer advice was to include health issues that arose suddenly and were serious (e.g. fever, headache, vomiting, unexplained rash). Seeing a GP to get a medical certificate for work for a less serious illness 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).

Source: ABS (unpublished) Patient Experience Survey 2011-12

NHA Indicator 13:

Waiting times for public dentistry

TABLE NHA.13.1

Table NHA.13.1 **Reported waiting time to see a dental professional at a government dental clinic, by State and Territory, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
		<i>proportion</i>								
People waiting less than 2 weeks	%	25.9	19.3	22.8	32.6	27.1	20.2	18.8	18.8	24.3
People waiting 2 weeks or longer but less than 1 month	%	21.9	11.1	19.4	20.5	7.9	18.1	np	np	17.0
People waiting 1 month or more but less than 6 months	%	38.2	31.5	26.2	19.1	27.9	29.7	45.3	16.1	31.9
People waiting 6 months or more but less than 1 year	%	9.3	13.4	4.9	12.6	8.3	8.3	21.0	–	9.2
People waiting 1 or more years	%	4.8	24.6	26.7	15.2	28.8	23.8	10.7	17.6	17.6
		<i>relative standard error</i>								
People waiting less than 2 weeks	%	18.4	29.0	21.9	48.9	34.6	41.4	53.6	36.7	11.6
People waiting 2 weeks or longer but less than 1 month	%	15.5	30.0	47.0	48.7	45.0	35.3	np	np	10.7
People waiting 1 month or more but less than 6 months	%	12.6	20.4	29.8	50.5	22.3	24.7	62.1	63.1	6.6
People waiting 6 months or more but less than 1 year	%	35.7	39.7	52.8	70.9	35.3	57.6	31.8	–	17.2
People waiting 1 or more years	%	37.3	24.1	32.5	49.8	28.4	19.2	77.9	68.6	13.1
		<i>95 per cent confidence interval</i>								
People waiting less than 2 weeks	±	9.3	11.0	9.8	31.2	18.4	16.4	19.8	13.5	5.5
People waiting 2 weeks or longer but less than 1 month	±	6.6	6.6	17.9	19.5	7.0	12.5	np	np	3.6
People waiting 1 month or more but less than 6 months	±	9.5	12.6	15.3	19.0	12.2	14.4	55.1	19.9	4.1
People waiting 6 months or more but less than 1 year	±	6.5	10.4	5.1	17.6	5.7	9.3	13.1	–	3.1
People waiting 1 or more years	±	3.5	11.6	17.0	14.8	16.1	8.9	16.4	23.6	4.5

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Rates are age-standardised to the 2001 estimated resident population (5 year ranges), except for ACT and NT where larger age ranges (either 10 or 15 years) are used

(b) Excludes treatment for urgent dental care

np Not published. – Nil or rounded to zero.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.13.2

Table NHA.13.2 **Reported waiting time to see a dental professional at a government dental clinic, by State and Territory, 2011-12 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
	<i>number</i>									
People waiting less than 2 weeks	'000	28.9	20.0	13.3	9.3	6.0	2.5	1.3	1.4	82.7
People waiting 2 weeks or longer but less than 1 month	'000	21.0	10.6	13.5	6.8	2.2	2.2	np	np	56.9
People waiting 1 month or more but less than 6 months	'000	39.6	31.4	14.4	7.6	10.3	3.9	1.6	0.8	109.6
People waiting 6 months or more but less than 1 year	'000	10.6	11.0	3.9	3.3	3.1	1.0	2.2	–	35.1
People waiting 1 or more years	'000	6.2	24.6	14.6	5.1	7.2	2.8	0.6	0.4	61.3
Total	'000	106.2	97.5	59.6	32.2	28.8	12.5	5.7	3.2	345.6
	<i>relative standard error</i>									
People waiting less than 2 weeks	%	20.5	27.4	30.0	29.4	35.3	31.8	59.4	49.5	14.0
People waiting 2 weeks or longer but less than 1 month	%	20.2	34.1	25.1	31.6	36.2	26.5	np	np	11.3
People waiting 1 month or more but less than 6 months	%	17.3	16.9	26.2	32.3	17.1	20.8	45.4	59.2	7.6
People waiting 6 months or more but less than 1 year	%	41.3	31.0	40.3	77.0	33.0	39.9	63.3	–	14.3
People waiting 1 or more years	%	37.4	22.8	27.4	38.8	23.7	32.4	61.9	64.2	12.7
Total	%	10.4	8.4	12.9	17.2	14.5	12.0	39.1	29.8	4.8
	<i>95 per cent confidence interval</i>									
People waiting less than 2 weeks	±	11.6	10.8	7.8	5.4	4.2	1.6	1.5	1.4	22.7
People waiting 2 weeks or longer but less than 1 month	±	8.3	7.1	6.6	4.2	1.6	1.2	np	np	12.7
People waiting 1 month or more but less than 6 months	±	13.5	10.4	7.4	4.8	3.4	1.6	1.4	1.0	16.3
People waiting 6 months or more but less than 1 year	±	8.6	6.7	3.1	5.0	2.0	0.8	2.7	–	9.8
People waiting 1 or more years	±	4.5	11.0	7.8	3.9	3.3	1.8	0.7	0.5	15.3
Total	±	21.6	16.1	15.1	10.8	8.2	2.9	4.3	1.9	32.8

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Excludes treatment for urgent dental care

np Not published. – Nil or rounded to zero.

TABLE NHA.13.2

Table NHA.13.2 **Reported waiting time to see a dental professional at a government dental clinic, by State and Territory, 2011-12 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Source :</i> ABS (unpublished) Patient Experience Survey 2011-12.										

TABLE NHA. 13.3

Table NHA. 13.3 **Reported waiting time to see a dental professional at a government dental clinic (reduced categories), by State and Territory, 2011-12 (per cent) (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
					<i>proportion</i>					
People waiting less than 1 month	%	47.8	30.4	42.2	53.1	35.0	38.3	23.0	66.3	41.3
People waiting 1 month or more	%	52.2	69.6	57.8	46.9	65.0	61.7	77.0	33.7	58.7
					<i>relative standard error</i>					
People waiting less than 1 month	%	10.2	22.8	23.3	28.2	24.2	26.2	34.9	55.7	8.4
People waiting 1 month or more	%	9.3	10.0	17.0	30.6	14.9	16.3	40.0	46.9	5.9
					<i>95 per cent confidence interval</i>					
People waiting less than 1 month	±	9.5	13.6	19.3	29.3	16.6	19.7	15.7	72.4	6.8
People waiting 1 month or more	±	9.5	13.6	19.3	28.2	19.0	19.7	60.4	30.9	6.8

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Rates are age-standardised to the 2001 estimated resident population (5 year ranges), except for ACT and NT where larger age ranges (either 10 or 15 years) are used

(b) Excludes treatment for urgent dental care

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA. 13.4

Table NHA. 13.4 **Reported waiting time of less than, or more than one month to see a dental professional at a government dental clinic (reduced categories), by State and Territory, 2011-12 (number) (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
					<i>number</i>					
People waiting less than 1 month	'000	49.9	30.6	26.8	16.1	8.2	4.7	1.4	2.0	139.6
People waiting 1 month or more	'000	56.3	66.9	32.9	16.0	20.6	7.7	4.3	1.2	206.0
Total	'000	106.2	97.5	59.6	32.2	28.8	12.5	5.7	3.2	345.6
					<i>relative standard error</i>					
People waiting less than 1 month	%	14.2	22.9	21.0	18.9	29.1	22.4	55.8	40.6	11.0
People waiting 1 month or more	%	13.3	13.9	17.2	29.6	14.0	16.3	45.6	44.8	7.1
Total	%	10.4	8.4	12.9	17.2	14.5	12	39.1	29.8	4.8
					<i>95 per cent confidence interval</i>					
People waiting less than 1 month	±	13.9	13.7	11.0	6.0	4.7	2.1	1.5	1.6	30.2
People waiting 1 month or more	±	14.7	18.2	11.1	9.3	5.7	2.5	3.8	1.1	28.6
Total	±	21.6	16.1	15.1	10.8	8.2	2.9	4.3	1.9	32.8

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Excludes treatment for urgent dental care

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA 13.5

Table NHA 13.5 **Reported waiting time to see a dental professional at a government dental clinic, by remoteness, 2011-12 (a), (b)**

	<i>Aust</i>					
	<i>proportion (%)</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>	<i>number '000</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>
People waiting less than 2 weeks						
Major cities	23.8	12.3	5.7	42.4	15.2	12.6
Other (c)	24.4	20.6	9.8	40.3	19.3	15.3
Inner regional	26.8	24.0	12.6	30.9	23.6	14.3
Outer regional/remote/very remote (d)	29.9	39.5	23.2	9.4	27.6	5.1
Total	24.3	11.6	5.5	82.7	14.0	22.7
People waiting 2 weeks or longer but less than 1 month						
Major cities	19.2	16.2	6.1	35.6	18.2	12.7
Other (c)	14.3	22.7	6.3	21.3	20.3	8.5
Inner regional	15.2	27.5	8.2	15.8	25.9	8.0
Outer regional/remote/very remote (d)	13.0	62.1	15.8	5.5	29.6	3.2
Total	17.0	10.7	3.6	56.9	11.3	12.7
People waiting 1 month or more but less than 6 months						
Major cities	33.9	9.8	6.5	60.5	12.8	15.2
Other (c)	31.0	12.9	7.8	49.1	11.9	11.5
Inner regional	29.2	18.1	10.4	32.6	16.8	10.8
Outer regional/remote/very remote (d)	29.1	13.1	7.5	16.5	18.6	6.0
Total	31.9	6.6	4.1	109.6	7.6	16.3

TABLE NHA 13.5

Table NHA 13.5 **Reported waiting time to see a dental professional at a government dental clinic, by remoteness, 2011-12 (a), (b)**

	<i>Aust</i>					
	<i>proportion (%)</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>	<i>number '000</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>
People waiting 6 months or more but less than 1 year						
Major cities	10.4	24.9	5.1	20.3	20.8	8.2
Other (c)	7.5	22.8	3.4	14.8	26.0	7.6
Inner regional	8.7	31.7	5.4	12.5	31.2	7.6
Outer regional/remote/very remote (d)	3.7	65.5	4.7	2.4	44.5	2.1
Total	9.2	17.2	3.1	35.1	14.3	9.8
People waiting 1 or more years						
Major cities	12.6	19.6	4.8	26.3	19.1	9.9
Other (c)	22.8	18.7	8.4	35.0	18.4	12.6
Inner regional	20.1	20.6	8.1	23.1	21.2	9.6
Outer regional/remote/very remote (d)	24.2	22.1	10.5	11.9	28.0	6.5
Total	17.6	13.1	4.5	61.3	12.7	15.3

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Rates are age-standardised to the 2001 estimated resident population (5 year ranges), except for ACT and NT where larger age ranges (either 10 or 15 years) are used

(b) Excludes treatment for urgent dental care

(c) Includes inner and outer regional, remote and very remote areas.

(d) The remoteness categories 'outer regional', 'remote', and 'very remote' have been combined due to high RSEs

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.13.6

Table NHA.13.6 **Reported waiting times for dental professionals at a government dental clinic, by SEIFA IRSD quintiles 2011-12 (a)**

	<i>unit</i>	<i>People waiting less than 2 weeks</i>	<i>People waiting 2 weeks or longer but less than 1 month</i>	<i>People waiting 1 month or more but less than 6 months</i>	<i>People waiting 6 months or more but less than 1 year</i>	<i>People waiting 1 or more years</i>
<i>proportion</i>						
Quintile 1	%	24.5	19.6	28.7	10.5	16.8
Quintile 2	%	32.3	12.3	31.8	6.3	17.4
Quintile 3	%	13.5	17.8	42.7	8.3	17.6
Quintile 4	%	29.3	14.5	27.4	14.3	14.4
Quintile 5	%	33.4	17.5	21.1	4.4	23.6
<i>relative standard error of proportion</i>						
Quintile 1	%	18.1	20.4	13.2	26.8	16.3
Quintile 2	%	16.4	26.9	18.5	35.3	26.9
Quintile 3	%	28.4	39.4	13.4	36.9	26.9
Quintile 4	%	35.7	49.4	39.3	53.1	42.6
Quintile 5	%	40.7	52.8	57.3	87.8	61.8
<i>95 per cent confidence interval</i>						
Quintile 1	±	8.7	7.8	7.4	5.5	5.4
Quintile 2	±	10.4	6.5	11.5	4.4	9.2
Quintile 3	±	7.5	13.8	11.3	6.0	9.3
Quintile 4	±	20.6	14.0	21.1	14.9	12.0
Quintile 5	±	26.7	18.1	23.7	7.5	28.6
<i>number</i>						
Quintile 1	'000	21.3	15.7	32.4	12.5	18.7
Quintile 2	'000	23.4	10.3	21.9	7.0	12.0
Quintile 3	'000	9.5	12.5	27.6	6.2	13.6
Quintile 4	'000	18.4	12.3	20.7	8.0	11.3

TABLE NHA.13.6

Table NHA.13.6 **Reported waiting times for dental professionals at a government dental clinic, by SEIFA IRSD quintiles 2011-12 (a)**

	<i>unit</i>	<i>People waiting less than 2 weeks</i>	<i>People waiting 2 weeks or longer but less than 1 month</i>	<i>People waiting 1 month or more but less than 6 months</i>	<i>People waiting 6 months or more but less than 1 year</i>	<i>People waiting 1 or more years</i>
Quintile 5	'000	9.4	4.6	6.6	1.4	5.6
			<i>relative standard error of estimate</i>			
Quintile 1	%	21.6	23.8	18.3	26.3	17.9
Quintile 2	%	18.0	22.8	17.4	35.9	24.2
Quintile 3	%	32.9	25.8	17.1	38.8	26.1
Quintile 4	%	33.9	32.1	23.7	33.5	37.8
Quintile 5	%	35.7	63.4	44.4	79.7	38.3
			<i>95 per cent confidence interval</i>			
Quintile 1	±	9.0	7.3	11.6	6.4	6.6
Quintile 2	±	8.2	4.6	7.5	5.0	5.7
Quintile 3	±	6.1	6.3	9.2	4.7	6.9
Quintile 4	±	12.2	7.7	9.6	5.2	8.4
Quintile 5	±	6.6	5.7	5.7	2.2	4.2

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs higher than 50 per cent are considered too unreliable for general use.

(a) Rates are age-standardised to the 2001 estimated resident population (5 year ranges), except for ACT and NT where larger age ranges (either 10 or 15 years) are used.

(b) Excludes treatment for urgent dental care

Source: ABS (unpublished) Patient Experience Survey 2011-12

TABLE NHA. 13.7

Table NHA. 13.7 **Reported waiting times for dental professionals at a government dental clinic (reduced categories), by SEIFA IRSD quintiles, 2011-12 (a), (b)**

	<i>Unit</i>	<i>People waiting less than 1 month</i>	<i>People waiting 1 month or more</i>
		<i>proportion</i>	
Quintile 1	%	44.1	55.9
Quintile 2	%	44.5	55.5
Quintile 3	%	31.3	68.7
Quintile 4	%	43.9	56.1
Quintile 5	%	50.9	49.1
		<i>relative standard error</i>	
Quintile 1	%	7.6	6.0
Quintile 2	%	12.0	9.6
Quintile 3	%	26.0	11.8
Quintile 4	%	24.2	18.9
Quintile 5	%	30.7	28.3
		<i>95 per cent confidence interval</i>	
Quintile 1	±	6.5	6.5
Quintile 2	±	10.4	10.4
Quintile 3	±	15.9	15.9
Quintile 4	±	20.8	20.8
Quintile 5	±	30.6	27.2
		<i>number</i>	
Quintile 1	'000	37.0	63.6
Quintile 2	'000	33.7	41.0
Quintile 3	'000	22.0	47.4
Quintile 4	'000	30.6	40.0
Quintile 5	'000	14.0	13.6
		<i>relative standard error</i>	
Quintile 1	%	17.3	12.7
Quintile 2	%	15.4	13.2
Quintile 3	%	20.0	16.1
Quintile 4	%	27.8	19.1
Quintile 5	%	31.7	27.2
		<i>95 per cent confidence interval</i>	
Quintile 1	±	12.5	15.8
Quintile 2	±	10.2	10.6
Quintile 3	±	8.6	15.0
Quintile 4	±	16.7	15.0
Quintile 5	±	8.7	7.3

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs higher than 50 per cent are considered too unreliable for general use.

Table NHA. 13.7 **Reported waiting times for dental professionals at a government dental clinic (reduced categories), by SEIFA IRSD quintiles, 2011-12 (a), (b)**

<i>Unit</i>	<i>People waiting less than 1 month</i>	<i>People waiting 1 month or more</i>

(a) Rates are age-standardised to the 2001 estimated resident population (5 year ranges), except for ACT and NT where larger age ranges (either 10 or 15 years) are used.

(b) Excludes treatment for urgent dental care

Source: ABS (unpublished) Patient Experience Survey 2011-12

NHA Indicator 14:

**People deferring access to
selected healthcare due to
financial barriers**

TABLE NHA.14.1

Table NHA.14.1 **Proportion of people who reported delaying or not seeing a GP in the last 12 months because of cost, by State and Territory and remoteness, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>proportion</i>										
Major cities	%	4.5	7.5	7.6	8.5	6.2	..	12.9	..	6.6
Other (c)	%	8.7	8.7	7.0	11.2	5.3	11.4	–	12.2	8.6
Total	%	5.5	7.8	7.4	9.2	6.0	11.4	12.9	12.2	7.2
<i>relative standard error of proportion</i>										
Major cities	%	8.4	8.2	9.1	9.4	9.9	..	9.6	..	4.0
Other (c)	%	15.9	11.1	10.6	10.6	17.6	8.5	–	10.5	5.1
Total	%	8.5	6.0	7.2	6.8	8.6	8.5	9.6	10.5	3.4
<i>95 per cent confidence interval</i>										
Major cities	±	0.7	1.2	1.4	1.6	1.2	..	2.4	..	0.5
Other (c)	±	2.7	1.9	1.4	2.3	1.8	1.9	–	2.5	0.9
Total	±	0.9	0.9	1.0	1.2	1.0	1.9	2.4	2.5	0.5
<i>numerator number (d)</i>										
Major cities	'000	154.2	206.0	130.2	89.7	47.4	..	32.5	..	660.0
Other (c)	'000	97.1	70.9	76.2	44.2	12.7	34.0	–	13.4	348.5
Total	'000	251.3	276.9	206.4	133.9	60.1	34.0	32.5	13.4	1 008.5
<i>relative standard error of estimate</i>										
Major cities	%	9.1	7.9	9.3	9.7	9.8	..	9.3	..	4.4
Other (c)	%	14.5	10.3	11.1	9.6	18.0	8.9	–	10.3	4.6
Total	%	8.3	6.0	7.0	7.0	8.8	8.9	9.3	10.3	3.4
<i>95 per cent confidence interval</i>										
Major cities	±	27.4	31.8	23.7	17.0	9.1	..	5.9	..	56.6
Other (c)	±	27.6	14.3	16.6	8.3	4.5	5.9	–	2.7	31.5

TABLE NHA.14.1

Table NHA.14.1 **Proportion of people who reported delaying or not seeing a GP in the last 12 months because of cost, by State and Territory and remoteness, 2011-12 (a), (b)**

Total	±	41.1	32.6	28.4	18.4	10.4	5.9	5.9	2.7	67.8

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) The numerator for this indicator includes both persons who saw a GP in the last 12 months and either delayed or did not see a GP due to cost, and persons who did not see a GP due to cost. In 2011-12, persons who did not see a GP in the last 12 months and delayed seeing a GP due to cost are excluded from the numerator.

(b) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

(d) Denominator data are not shown.

.. Not applicable – Nil or rounded to zero.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.14.2

Table NHA.14.2 **Proportion of people who reported delaying or not seeing a medical specialist in the last 12 months because of cost, by State and Territory and remoteness, 2011-12 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>proportion</i>										
Major cities	%	9.5	10.7	11.5	7.8	5.8	..	12.3	..	9.7
Other (d)	%	8.3	7.1	11.0	9.6	6.5	8.7	–	7.1	8.8
Total	%	9.1	9.9	11.3	8.6	6.0	8.7	12.3	7.1	9.4
<i>relative standard error of proportion</i>										
Major cities	%	9.1	10.9	9.4	25.2	13.4	..	22.5	..	6.5
Other (d)	%	16.5	26.9	14.6	29.5	31.5	13.1	–	28.1	8.1
Total	%	8.5	10.4	8.1	18.4	12.8	13.1	22.5	28.1	5.4
<i>95 per cent confidence interval</i>										
Major cities	±	1.7	2.3	2.1	3.8	1.5	..	5.4	..	1.2
Other (d)	±	2.7	3.7	3.1	5.5	4.0	2.2	–	3.9	1.4
Total	±	1.5	2.0	1.8	3.1	1.5	2.2	5.4	3.9	1.0
<i>numerator number (e)</i>										
Major cities	'000	129.5	122.0	74.3	28.4	19.3	..	12.3	..	386.0
Other (d)	'000	38.1	23.6	46.5	15.5	6.1	11.4	–	2.4	143.6
Total	'000	167.6	145.6	120.9	43.9	25.5	11.4	12.3	2.4	529.6
<i>relative standard error</i>										
Major cities	%	8.6	9.1	9.1	21.3	13.0	..	19.8	..	5.8
Other (d)	%	16.7	25.0	12.3	29.5	25.4	15.0	–	26.7	6.9
Total	%	7.8	8.7	8.0	14.6	12.6	15.0	19.8	26.7	4.7
<i>95 per cent confidence interval</i>										
Major cities	±	21.8	21.8	13.2	11.9	4.9	..	4.8	..	44.1
Other (d)	±	12.5	11.6	11.2	9.0	3.0	3.4	–	1.3	19.5

TABLE NHA.14.2

Table NHA.14.2 **Proportion of people who reported delaying or not seeing a medical specialist in the last 12 months because of cost, by State and Territory and remoteness, 2011-12 (a), (b), (c)**

Total	±	25.6	24.8	18.9	12.5	6.3	3.4	4.8	1.3	48.6

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

- (a) Persons 15 years and over who were referred to a medical specialist in the last 12 months and delayed seeing or did not see one at any time in the last 12 months due to cost.
 - (b) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).
 - (c) The numerator for this indicator includes both persons who saw a medical specialist in the last 12 months and either delayed or did not see a medical specialist due to cost, and persons who did not see a medical specialist due to cost. In 2011-12, persons who did not see a medical specialist in the last 12 months and delayed seeing a medical specialist due to cost are excluded from the numerator.
 - (d) Includes inner and outer regional, remote and very remote areas.
 - (e) Denominator data are not shown.
- .. Not applicable. – Nil or rounded to zero.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.14.3

Table NHA.14.3 **Proportion of people who reported delaying or not getting a prescription filled in the last 12 months because of cost, by State and Territory and remoteness, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>proportion</i>										
Major cities	%	8.8	9.4	11.9	8.7	10.5	..	11.7	..	9.7
Other (c)	%	9.4	8.7	10.9	7.2	9.2	10.8	—	11.0	9.5
Total	%	8.9	9.2	11.5	8.2	10.1	10.8	11.7	11.0	9.6
<i>relative standard error of proportion</i>										
Major cities	%	7.1	8.3	7.3	10.8	6.9	..	9.1	..	3.8
Other (c)	%	14.9	10.1	13.8	21.0	18.8	11.7	—	16.4	6.5
Total	%	6.3	6.5	7.1	9.5	7.6	11.7	9.1	16.4	3.2
<i>95 per cent confidence interval</i>										
Major cities	±	1.2	1.5	1.7	1.8	1.4	..	2.1	..	0.7
Other (c)	±	2.7	1.7	2.9	2.9	3.4	2.5	—	3.6	1.2
Total	±	1.1	1.2	1.6	1.5	1.5	2.5	2.1	3.6	0.6
<i>numerator number (d)</i>										
Major cities	'000	245.6	212.3	173.2	73.4	66.2	..	23.1	..	793.7
Other (c)	'000	82.9	63.0	94.1	23.3	17.3	28.3	—	9.5	318.3
Total	'000	328.4	275.2	267.3	96.7	83.5	28.3	23.1	9.5	1,112.0
<i>relative standard error of estimate</i>										
Major cities	%	7.5	7.4	7.6	10.3	6.7	..	9.8	..	3.9
Other (c)	%	13.0	10.4	13.0	18.9	20.2	10.9	—	14.9	5.7
Total	%	6.3	6.0	6.9	9.1	7.1	10.9	9.8	14.9	3.1
<i>95 per cent confidence interval</i>										
Major cities	±	36.3	30.9	25.9	14.8	8.7	..	4.4	..	60.0
Other (c)	±	21.1	12.8	24.0	8.6	6.9	6.1	—	2.8	35.8

TABLE NHA.14.3

Table NHA.14.3 **Proportion of people who reported delaying or not getting a prescription filled in the last 12 months because of cost, by State and Territory and remoteness, 2011-12 (a), (b)**

Total	±	40.5	32.4	36.1	17.2	11.7	6.1	4.4	2.8	67.9

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

- (a) Persons 15 years and over who were prescribed medication in the last 12 months and delayed using or did not get medication at any time in the last 12 months due to the cost.
- (b) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).
- (c) Includes inner and outer regional, remote and very remote areas.
- (d) Denominator data are not shown.
- .. Not applicable. – Nil or rounded to zero.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.14.4

Table NHA.14.4 **Proportion of people who reported delaying or not seeing a dental professional in the last 12 months because of cost, by State and Territory, by remoteness, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>proportion</i>										
Major cities	%	18.3	21.3	23.5	20.1	17.4	..	21.7	..	20.2
Other (c)	%	25.5	24.1	27.0	27.4	22.5	27.0	—	22.5	25.5
Total	%	20.0	21.9	24.7	21.9	18.6	27.0	21.7	22.5	21.7
<i>relative standard error of proportion</i>										
Major cities	%	5.0	5.4	5.1	6.2	6.0	..	8.5	..	2.5
Other (c)	%	8.3	6.4	5.6	12.3	13.8	8.0	—	11.3	2.6
Total	%	4.3	3.9	3.8	4.8	6.1	8.0	8.5	11.3	1.9
<i>95 per cent confidence interval</i>										
Major cities	±	1.8	2.3	2.3	2.4	2.1	..	3.6	..	1.0
Other (c)	±	4.1	3.0	3.0	6.6	6.1	4.2	—	5.0	1.3
Total	±	1.7	1.7	1.8	2.1	2.2	4.2	3.6	5.0	0.8
<i>numerator number (d)</i>										
Major cities	'000	458.4	441.6	305.5	160.5	91.6	..	39.0	..	1 496.6
Other (c)	'000	208.1	148.1	199.6	72.3	37.7	57.8	—	16.4	740.1
Total	'000	666.5	589.7	505.1	232.8	129.3	57.8	39.0	16.4	2 236.6
<i>relative standard error of estimate</i>										
Major cities	%	5.2	5.4	5.6	6.3	5.5	..	9.4	..	2.4
Other (c)	%	11.6	6.8	6.9	11.0	14.9	8.2	—	11.6	3.5
Total	%	4.2	4.2	3.8	4.7	5.2	8.2	9.4	11.6	1.8
<i>95 per cent confidence interval</i>										
Major cities	±	46.5	46.4	33.7	19.7	9.8	..	7.2	..	69.1
Other (c)	±	47.2	19.6	27.0	15.5	11.0	9.3	—	3.7	50.6
Total	±	55.0	48.8	37.9	21.5	13.1	9.3	7.2	3.7	79.4

Table NHA.14.4 Proportion of people who reported delaying or not seeing a dental professional in the last 12 months because of cost, by State and Territory, by remoteness, 2011-12 (a), (b)

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

- (a) The numerator for this indicator includes both persons who saw a dental professional in the last 12 months and either delayed or did not see a dental professional due to cost, and persons who did not see a dental professional due to cost. In 2011-12, persons who did not see a dental professional in the last 12 months and delayed seeing a dental professional due to cost are excluded from the numerator.
 - (b) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).
 - (c) Includes inner and outer regional, remote and very remote areas.
 - (d) Denominator data are not shown.
- .. Not applicable. – Nil or rounded to zero.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.14.5

Table NHA.14.5 **Proportion of people who reported delaying or not having a pathology or imaging test in the last 12 months because of cost, by State and Territory and remoteness, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>proportion</i>										
Major cities	%	4.2	4.7	5.5	4.8	4.3	..	7.7	..	4.7
Other (c)	%	8.0	4.9	4.9	6.9	5.9	6.0	—	7.9	6.2
Total	%	5.2	4.8	5.2	5.2	4.7	6.0	7.7	7.9	5.1
<i>relative standard error of proportion</i>										
Major cities	%	11.2	10.3	14.3	15.3	19.1	..	18.2	..	5.3
Other (c)	%	13.9	24.1	20.7	24.1	35.3	18.2	—	33.5	9.3
Total	%	8.9	10.1	10.4	12.0	15.7	18.2	18.2	33.5	5.1
<i>95 per cent confidence interval</i>										
Major cities	±	0.9	0.9	1.5	1.4	1.6	..	2.7	..	0.5
Other (c)	±	2.2	2.3	2.0	3.3	4.1	2.1	—	5.2	1.1
Total	±	0.9	0.9	1.1	1.2	1.4	2.1	2.7	5.2	0.5
<i>numerator number (d)</i>										
Major cities	'000	105.6	92.6	67.7	36.6	20.8	..	12.1	..	335.4
Other (c)	'000	70.8	32.8	39.6	18.4	6.9	13.3	—	4.8	186.7
Total	'000	176.5	125.4	107.3	55.0	27.7	13.3	12.1	4.8	522.0
<i>relative standard error of estimate</i>										
Major cities	%	10.3	10.4	13.5	15.4	16.8	..	18.1	..	5.2
Other (c)	%	13.5	19.1	20.5	21.0	27.9	16.4	—	27.3	8.4
Total	%	8.0	9.6	8.9	11.8	14.4	16.4	18.1	27.3	4.9
<i>95 per cent confidence interval</i>										
Major cities	±	21.2	18.9	17.9	11.1	6.8	..	4.3	..	34.3
Other (c)	±	18.7	12.3	15.9	7.6	3.8	4.3	—	2.6	30.7

TABLE NHA.14.5

Table NHA.14.5 **Proportion of people who reported delaying or not having a pathology or imaging test in the last 12 months because of cost, by State and Territory and remoteness, 2011-12 (a), (b)**

Total	±	27.8	23.7	18.7	12.7	7.8	4.3	4.3	2.6	49.6

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) The denominator for this indicator includes all persons who needed a pathology or imaging test, including persons who had a referred or non-referred test, and persons who were referred for a test but did not actually have one. In 2011-12, persons who did not receive a referral and needed a test, but did not actually have a test, are excluded from the denominator.

(b) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

(d) Denominator data are not shown.

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

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA 14.6

Table NHA 14.6 **Proportion of people who reported delaying or not accessing selected healthcare in the last 12 months due to cost, by type of health service, by remoteness, 2011-12 (a)**

	<i>Aust</i>					
	<i>proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 % confidence interval (±)</i>	<i>numerator number '000 (b)</i>	<i>relative standard error (%)</i>	<i>95 % confidence interval (±)</i>
Persons reporting delaying or not seeing a GP in the last 12 months because of cost (c)						
Major cities	6.6	4.0	0.5	660.0	4.4	56.6
Other (d)	8.6	5.1	0.9	348.5	4.6	31.5
Inner regional	8.7	6.4	1.1	235.0	6.2	28.5
Outer regional	8.5	9.6	1.6	96.8	9.7	18.4
Remote/very remote	8.6	29.3	4.9	16.6	24.7	8.0
Total	7.2	3.4	0.5	1 008.5	3.4	67.8
Persons reporting delaying or not seeing a medical specialist in the last 12 months because of cost (e)						
Major cities	9.7	6.5	1.2	386.0	5.8	44.1
Other (b)	8.8	8.1	1.4	143.6	6.9	19.5
Inner regional	8.8	9.6	1.7	101.0	9.1	17.9
Outer regional	9.7	17.4	3.3	37.6	17.3	12.7
Remote/very remote	6.0	38.0	4.4	5.0	36.6	3.6
Total	9.4	5.4	1.0	529.6	4.7	48.6
Persons reporting delaying or not getting a prescription filled in the last 12 months because of cost (f)						
Major cities	9.7	3.8	0.7	793.7	3.9	60.0
Other (b)	9.5	6.5	1.2	318.3	5.7	35.8
Inner regional	9.2	6.5	1.2	207.2	6.9	27.9
Outer regional	10.6	10.2	2.1	97.5	9.4	17.9
Remote/very remote	8.4	24.9	4.1	13.6	27.4	7.3
Total	9.6	3.2	0.6	1 112.0	3.1	67.9
Persons reporting delaying or not seeing a dental practitioner in the last 12 months because of cost (g)						

TABLE NHA 14.6

Table NHA 14.6 **Proportion of people who reported delaying or not accessing selected healthcare in the last 12 months due to cost, by type of health service, by remoteness, 2011-12 (a)**

	<i>Aust</i>					
	<i>proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 % confidence interval (±)</i>	<i>numerator number '000 (b)</i>	<i>relative standard error (%)</i>	<i>95 % confidence interval (±)</i>
Major cities	20.2	2.5	1.0	1 496.6	2.4	69.1
Other (b)	25.5	2.6	1.3	740.1	3.5	50.6
Inner regional	25.5	3.3	1.7	497.8	4.7	45.5
Outer regional	24.8	5.8	2.8	201.9	7.3	28.8
Remote/very remote	29.1	17.3	9.8	40.3	22.1	17.5
Total	21.7	1.9	0.8	2 236.6	1.8	79.4
Persons reporting delaying or not getting pathology or imaging tests in the last 12 months because of cost (h)						
Major cities	4.7	5.3	0.5	335.4	5.2	34.3
Other (b)	6.2	9.3	1.1	186.7	8.4	30.7
Inner regional	6.2	11.4	1.4	131.7	11.1	28.6
Outer regional	6.3	15.2	1.9	48.6	15.9	15.1
Remote/very remote	4.9	44.7	4.3	6.5	51.4	6.5
Total	5.1	5.1	0.5	522.0	4.9	49.6

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).

(b) Denominator data are not shown.

(c) Persons aged 15 years and over who needed to see a GP in the last 12 months. The numerator for this indicator includes both persons who saw a GP in the last 12 months and either delayed or did not see a GP due to cost, and persons who did not see a GP due to cost. In 2011-12, persons who did not see a GP in the last 12 months and delayed seeing a GP due to cost are excluded from the numerator.

(d) Includes inner and outer regional, remote and very remote areas.

TABLE NHA 14.6

Table NHA 14.6 **Proportion of people who reported delaying or not accessing selected healthcare in the last 12 months due to cost, by type of health service, by remoteness, 2011-12 (a)**

<i>Aust</i>						
	<i>proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 % confidence interval (±)</i>	<i>numerator number '000 (b)</i>	<i>relative standard error (%)</i>	<i>95 % confidence interval (±)</i>
(e) Persons aged 15 years and over who were referred to a medical specialist in the last 12 months. The numerator for this indicator includes both persons who saw a medical specialist in the last 12 months and either delayed or did not see a medical specialist due to cost, and persons who did not see a medical specialist due to cost. In 2011-12, persons who did not see a medical specialist in the last 12 months and delayed seeing a medical specialist due to cost are excluded from the numerator.						
(f) Persons aged 15 years and over who received a prescription for medication in the last 12 months.						
(g) Persons aged 15 years and over who needed to see a dental professional in the last 12 months. The numerator for this indicator includes both persons who saw a dental professional in the last 12 months and either delayed or did not see a dental professional due to cost, and persons who did not see a dental professional due to cost. In 2011-12, persons who did not see a dental professional in the last 12 months and delayed seeing a dental professional due to cost are excluded from the numerator.						
(h) Persons aged 15 years and over who needed a pathology or imaging test in the last 12 months. The denominator for this indicator includes all persons who needed a pathology or imaging test, including persons who had a referred or non-referred test, and persons who were referred for a test but did not actually have one. In 2011-12, persons who did not receive a referral and needed a test, but did not actually have a test, are excluded from the denominator.						

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.14.7

Table NHA.14.7 **Proportion of people who reported delaying or not accessing selected healthcare in the last 12 months due to cost, by type of health service, by SEIFA IRSD deciles, 2011-12 (a)**

	<i>Aust</i>					
	<i>proportion (%)</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>	<i>numerator number '000 (b)</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>
Persons reporting delaying or not seeing a GP in the last 12 months because of cost (c)						
Decile 1	8.1	8.9	1.4	93.4	13.4	24.6
Decile 2	8.3	11.8	1.9	95.1	11.1	20.6
Decile 3	6.4	7.5	0.9	80.4	9.8	15.4
Decile 4	7.0	11.5	1.6	97.5	10.7	20.5
Decile 5	7.5	8.1	1.2	110.7	11.2	24.3
Decile 6	8.2	12.9	2.1	105.4	13.2	27.2
Decile 7	8.8	10.5	1.8	126.7	13.0	32.3
Decile 8	7.4	11.5	1.7	109.7	13.6	29.2
Decile 9	6.0	10.7	1.3	96.7	12.8	24.2
Decile 10	5.8	9.3	1.1	90.6	11.4	20.2
Persons reporting delaying or not seeing a medical specialist in the last 12 months because of cost (d)						
Decile 1	11.0	17.5	3.8	45.0	19.1	16.9
Decile 2	9.0	10.3	1.8	42.2	12.2	10.1
Decile 3	9.5	13.7	2.6	49.3	14.3	13.8
Decile 4	10.6	14.7	3.1	56.3	13.9	15.3
Decile 5	9.6	13.5	2.5	55.1	15.5	16.8
Decile 6	9.1	16.8	3.0	48.4	15.6	14.8
Decile 7	9.7	14.7	2.8	57.6	16.9	19.0
Decile 8	10.1	11.7	2.3	60.2	13.0	15.3
Decile 9	9.0	18.1	3.2	63.3	15.2	18.9
Decile 10	7.9	16.6	2.6	50.9	18.5	18.5

TABLE NHA.14.7

Table NHA.14.7 **Proportion of people who reported delaying or not accessing selected healthcare in the last 12 months due to cost, by type of health service, by SEIFA IRSD deciles, 2011-12 (a)**

	<i>Aust</i>					
	<i>proportion (%)</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>	<i>numerator number '000 (b)</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>
Persons reporting delaying or not getting a prescription filled in the last 12 months because of cost (e)						
Decile 1	14.3	7.8	2.2	139.6	10.0	27.5
Decile 2	10.5	9.0	1.8	99.9	9.4	18.5
Decile 3	11.5	8.3	1.9	122.2	8.8	21.0
Decile 4	9.7	11.7	2.2	114.0	10.4	23.3
Decile 5	10.5	9.3	1.9	130.9	12.7	32.7
Decile 6	9.6	10.1	1.9	104.2	9.5	19.4
Decile 7	9.0	12.2	2.2	103.7	12.1	24.5
Decile 8	7.8	9.7	1.5	97.8	8.8	16.8
Decile 9	8.6	10.3	1.7	109.0	12.1	25.9
Decile 10	6.7	12.2	1.6	85.4	13.2	22.1
Persons reporting delaying or not seeing a dental practitioner in the last 12 months because of cost (f)						
Decile 1	28.8	7.3	4.1	200.1	9.4	36.9
Decile 2	27.0	6.2	3.3	205.7	8.5	34.4
Decile 3	27.1	5.8	3.1	228.7	7.3	32.7
Decile 4	25.0	5.3	2.6	242.6	5.8	27.8
Decile 5	24.9	4.9	2.4	265.2	8.8	45.8
Decile 6	22.0	4.6	2.0	221.5	6.4	27.7
Decile 7	22.2	6.2	2.7	239.3	8.9	41.7
Decile 8	18.7	5.5	2.0	213.2	7.7	32.0
Decile 9	17.3	6.2	2.1	226.8	8.8	39.3
Decile 10	13.5	7.6	2.0	180.1	9.6	33.8

TABLE NHA.14.7

Table NHA.14.7 **Proportion of people who reported delaying or not accessing selected healthcare in the last 12 months due to cost, by type of health service, by SEIFA IRSD deciles, 2011-12 (a)**

	<i>Aust</i>					
	<i>proportion (%)</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>	<i>numerator number '000 (b)</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>
Persons reporting delaying or not getting pathology or imaging tests in the last 12 months because of cost (g)						
Decile 1	6.4	17.2	2.2	53.4	19.2	20.1
Decile 2	4.2	14.3	1.2	36.2	15.7	11.1
Decile 3	6.0	14.5	1.7	49.9	11.9	11.6
Decile 4	7.0	12.2	1.7	70.5	12.4	17.2
Decile 5	5.2	8.6	0.9	56.8	11.1	12.3
Decile 6	5.0	14.9	1.5	49.7	11.9	11.6
Decile 7	4.3	11.7	1.0	43.7	13.1	11.2
Decile 8	4.2	15.2	1.2	44.1	14.0	12.1
Decile 9	5.2	16.6	1.7	61.9	16.0	19.4
Decile 10	4.1	13.0	1.1	49.1	13.6	13.1

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

- (a) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).
- (b) Denominator data are not shown.
- (c) Persons aged 15 years and over who needed to see a GP in the last 12 months. The numerator for this indicator includes both persons who saw a GP in the last 12 months and either delayed or did not see a GP due to cost, and persons who did not see a GP due to cost. In 2011-12, persons who did not see a GP in the last 12 months and delayed seeing a GP due to cost are excluded from the numerator.
- (d) Persons aged 15 years and over who were referred to a medical specialist in the last 12 months. The numerator for this indicator includes both persons who saw a medical specialist in the last 12 months and either delayed or did not see a medical specialist due to cost, and persons who did not see a medical specialist due to cost. In 2011-12, persons who did not see a GP in the last 12 months and delayed seeing a medical specialist due to cost are excluded from the numerator.
- (e) Persons aged 15 years and over who received a prescription for medication in the last 12 months.

TABLE NHA.14.7

Table NHA.14.7 **Proportion of people who reported delaying or not accessing selected healthcare in the last 12 months due to cost, by type of health service, by SEIFA IRSD deciles, 2011-12 (a)**

<i>Aust</i>						
	<i>proportion (%)</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>	<i>numerator number '000 (b)</i>	<i>relative standard error(%)</i>	<i>95 % confidence interval (±)</i>
(f) Persons aged 15 years and over who needed to see a dental professional in the last 12 months. The numerator for this indicator includes both persons who saw a dental professional in the last 12 months and either delayed or did not see a dental professional due to cost, and persons who did not see a dental professional due to cost. In 2011-12, persons who did not see a dental professional in the last 12 months and delayed seeing a dental professional due to cost are excluded from the numerator.						
(g) Persons aged 15 years and over who needed a pathology or imaging test in the last 12 months. The denominator for this indicator includes all persons who needed a pathology or imaging test, including persons who had a referred or non-referred test, and persons who were referred for a test but did not actually have one. In 2011-12, persons who did not receive a referral and needed a test, but did not actually have a test, are excluded from the denominator.						

Source : ABS (unpublished) Patient Experience Survey 2011-12.

NHA Indicator 15:

No new data are available for this indicator

Effective management of diabetes

NHA Indicator 16

Potentially avoidable deaths

TABLE NHA.16.1

Table NHA.16.1 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2010 (a), (b), (c), (d), (e)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (f)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f) (g)</i>
Potentially preventable deaths (h)										
Number of deaths	no.	6 501	4 475	4 375	2 097	1 647	596	237	336	20 262
Rate	per 100 000 persons	89.1	81.5	98.9	94.9	95.7	107.5	72.0	177.6	91.3
Variability band	± rate	2.2	2.4	3.0	4.1	4.7	8.8	9.3	20.2	1.3
Potentially treatable deaths (i)										
Number of deaths	no.	4 134	2 949	2 601	1 211	1 052	364	166	181	12 657
Rate	per 100 000 persons	56.5	53.4	58.5	54.6	60.2	63.6	51.1	100.7	56.7
Variability band	± rate	1.7	1.9	2.3	3.1	3.7	6.6	7.9	15.6	1.0
All potentially avoidable deaths										
Number of deaths	no.	10 635	7 423	6 976	3 307	2 698	959	402	517	32 919
Rate	per 100 000 persons	145.6	134.9	157.5	149.5	155.8	171.1	123.2	278.3	148.0
Variability band	± rate	2.8	3.1	3.7	5.1	5.9	11.0	12.2	25.5	1.6

- (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 1000 or 100 000 persons. SDRs in this table have been calculated using the direct method, age-standardised by 5 year age groups to less than 75 years.
- (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 2010 are preliminary and subject to a further revisions process. See *Causes of Death, Australia, 2010* (Cat. no. 3303.0) Technical Note: Causes of Death Revisions for further information.
- (e) Some totals and figures may not compute due to the effects of rounding.
- (f) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality statements for a more detailed explanation.
- (g) All states and territories including other territories.

TABLE NHA.16.1

Table NHA.16.1 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2010 (a), (b), (c), (d), (e)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (f)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f) (g)</i>

(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.

Source : ABS (unpublished) Causes of Death, Australia, Cat. no. 3303.0.

TABLE NHA.16.2

Table NHA.16.2 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2009
(a), (b), (c), (d), (e)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>
Potentially preventable deaths (g)										
Number of deaths	no.	6 422	4 876	4 263	2 068	1 607	666	245	336	20 485
Rate	per 100 000 persons	90.4	91.0	99.6	96.5	95.8	123.5	75.7	187.2	94.8
Variability band	± rate	2.2	2.6	3.0	4.2	4.7	9.5	9.6	21.5	1.3
Potentially treatable deaths (h)										
Number of deaths	no.	4 214	3 027	2 705	1 212	1 071	384	156	190	12 960
Rate	per 100 000 persons	59.0	56.5	62.7	56.4	62.5	69.6	49.4	114.7	59.7
Variability band	± rate	1.8	2.0	2.4	3.2	3.8	7.1	7.9	17.7	1.0
All potentially avoidable deaths										
Number of deaths	no.	10 636	7 903	6 968	3 280	2 678	1 050	401	525	33 445
Rate	per 100 000 persons	149.4	147.5	162.3	152.9	158.3	193.1	125.1	301.9	154.5
Variability band	± rate	2.9	3.3	3.8	5.3	6.1	11.9	12.4	27.8	1.7

- (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, age-standardised by 5 year age groups to less than 75 years.
- (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 2009 are revised and subject to a further revisions process. See *Causes of Death, Australia*, 2010 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions for further information.
- (e) Some totals and figures may not compute due to the effects of rounding.
- (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.

TABLE NHA.16.2

Table NHA.16.2 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2009**
(a), (b), (c), (d), (e)

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>

(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.16.3

Table NHA.16.3 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2008
(a), (b), (c), (d), (e)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>
Potentially preventable deaths (g)										
Number of deaths	no.	6 373	4 719	4 303	2 100	1 551	611	247	374	20 277
Rate	per 100 000 persons	92.0	90.5	103.9	101.1	94.0	116.4	79.0	215.4	96.5
Variability band	± rate	2.3	2.6	3.1	4.3	4.7	9.4	10.0	23.6	1.3
Potentially treatable deaths (h)										
Number of deaths	no.	4 328	2 973	2 739	1 208	1 019	389	170	185	13 011
Rate	per 100 000 persons	62.3	56.9	66.0	58.3	60.5	71.4	56.4	109.2	61.7
Variability band	± rate	1.9	2.1	2.5	3.3	3.7	7.2	8.6	17.0	1.1
All potentially avoidable deaths										
Number of deaths	no.	10 700	7 691	7 042	3 307	2 570	999	417	558	33 287
Rate	per 100 000 persons	154.2	147.3	169.9	159.4	154.4	187.8	135.4	324.6	158.2
Variability band	± rate	2.9	3.3	4.0	5.5	6.0	11.8	13.2	29.1	1.7

- (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, age-standardised by 5 year age groups to less than 75 years.
- (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 2008 have undergone two years of revisions and are now final. See *Causes of Death, Australia*, 2010 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions for further information.
- (e) Some totals and figures may not compute due to the effects of rounding.
- (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.

TABLE NHA.16.3

Table NHA.16.3 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2008**
(a), (b), (c), (d), (e)

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>

(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.16.4

Table NHA.16.4 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2007 (a), (b), (c), (d), (e)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>
Potentially preventable deaths (g)										
Number of deaths	no.	6 362	4 461	3 959	2 044	1 623	637	240	382	19 708
Rate	per 100 000 persons	93.7	87.6	98.6	101.8	100.3	123.6	78.0	224.3	96.1
Variability band	± rate	2.3	2.6	3.1	4.4	4.9	9.7	10.1	24.6	1.3
Potentially treatable deaths (h)										
Number of deaths	no.	4 310	2 888	2 630	1 203	1 075	352	175	209	12 841
Rate	per 100 000 persons	63.2	56.8	65.6	60.1	65.8	66.3	58.6	137.0	62.5
Variability band	± rate	1.9	2.1	2.5	3.4	4.0	7.0	8.8	20.8	1.1
All potentially avoidable deaths (b)										
Number of deaths	no.	10 672	7 348	6 589	3 247	2 697	989	414	590	32 548
Rate	per 100 000 persons	156.9	144.4	164.2	161.9	166.1	189.9	136.7	361.3	158.7
Variability band	± rate	3.0	3.3	4.0	5.6	6.3	12.0	13.4	32.2	1.7

- (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, age-standardised by 5 year age groups to less than 75 years.
- (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 undergone two years of revisions and are final. See Causes of Death, Australia, 2010 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.
- (e) Some totals and figures may not compute due to the effects of rounding.
- (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.

TABLE NHA.16.4

Table NHA.16.4 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2007 (a), (b), (c), (d), (e)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>

(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.16.5 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, National, 2010 (a), (b), (c), (d), (e), (f), (g)**

	<i>unit</i>	<i>Total (h) (i) (j)</i>
Potentially preventable deaths (k)		
Indigenous		
Number of deaths	no.	879
Rate	per 100 000 persons	310.5
Variability band	± rate	22.5
Non-Indigenous		
Number of deaths	no.	13 797
Rate	per 100 000 persons	88.6
Variability band	± rate	1.5
Deaths from potentially treatable conditions (l)		
Indigenous		
Number of deaths	no.	524
Rate	per 100 000 persons	188.4
Variability band	± rate	17.9
Non-Indigenous		
Number of deaths	no.	8 521
Rate	per 100 000 persons	54.5
Variability band	± rate	1.2
All potentially avoidable deaths		
Indigenous		
Number of deaths	no.	1 402
Rate	per 100 000 persons	498.9
Variability band	± rate	28.8
Non-Indigenous		
Number of deaths	no.	22 318
Rate	per 100 000 persons	143.1
Variability band	± rate	1.9

- (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, age-standardised by 5 year age groups to less than 75 years.
- (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.

Table NHA.16.5 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, National, 2010 (a), (b), (c), (d), (e), (f), (g)

	<i>unit</i>	<i>Total (h) (i) (j)</i>
(d)	Data based on reference year. See data quality statements for a more detailed explanation.	
(e)	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.	
(f)	Causes of death data for 2010 are preliminary and subject to a further revisions process. See Causes of Death, Australia, 2010 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions for further information.	
(g)	Some totals and figures may not compute due to the effects of rounding.	
(h)	Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality statements for a more detailed explanation.	
(i)	Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data were not previously supplied in 2011. Corrected WA Indigenous mortality data for these years are now included. Please see data quality statements for more information.	
(j)	Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.	
(k)	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).	
(l)	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, 2010; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 2009, Series B, Cat. no. 3238.0.

Table NHA.16.6 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, National, 2009 (a), (b), (c), (d), (e), (f), (g)

	<i>unit</i>	<i>Total (h) (i)</i>
Potentially preventable deaths (j)		
Indigenous		
Number of deaths	no.	830
Rate	per 100 000 persons	302.5
Variability band	± rate	23.0
Non-Indigenous		
Number of deaths	no.	13 585
Rate	per 100 000 persons	89.8
Variability band	± rate	1.5
Deaths from potentially treatable conditions (k)		
Indigenous		
Number of deaths	no.	533
Rate	per 100 000 persons	202.3
Variability band	± rate	19.2
Non-Indigenous		
Number of deaths	no.	8 697
Rate	per 100 000 persons	57.1
Variability band	± rate	1.2
All potentially avoidable deaths		
Indigenous		
Number of deaths	no.	1 362
Rate	per 100 000 persons	504.8
Variability band	± rate	30.0
Non-Indigenous		
Number of deaths	no.	22 282
Rate	per 100 000 persons	146.9
Variability band	± rate	1.9

- (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, age-standardised by 5 year age groups to less than 75 years.
- (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.

Table NHA.16.6 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, National, 2009 (a), (b), (c), (d), (e), (f), (g)

	<i>unit</i>	<i>Total (h) (i)</i>
(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)	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)	Causes of death data for 2009 are revised and subject to a further revisions process. See <i>Causes of Death, Australia</i> , 2010 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions for further information.	
(h)	Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data were not previously supplied in 2011. Corrected WA Indigenous mortality data for these years are now included. Please see data quality statements for more information.	
(i)	Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.	
(j)	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).	
(k)	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*, 2009; ABS (unpublished) *Estimated Resident Population*; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 2009, Series B, Cat. no. 3238.0.

Table NHA.16.7 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2008 (a), (b), (c), (d), (e), (f), (g)

	<i>unit</i>	<i>Total (h) (i)</i>
Potentially preventable deaths (j)		
Indigenous		
Number of deaths	no.	849
Rate	per 100 000 persons	313.3
Variability band	± rate	23.7
Non-Indigenous		
Number of deaths	no.	13 575
Rate	per 100 000 persons	92.2
Variability band	± rate	1.6
Deaths from potentially treatable conditions (k)		
Indigenous		
Number of deaths	no.	511
Rate	per 100 000 persons	203.8
Variability band	± rate	19.9
Non-Indigenous		
Number of deaths	no.	8 831
Rate	per 100 000 persons	59.8
Variability band	± rate	1.3
All potentially avoidable deaths		
Indigenous		
Number of deaths	no.	1 359
Rate	per 100 000 persons	517.2
Variability band	± rate	30.9
Non-Indigenous		
Number of deaths	no.	22 405
Rate	per 100 000 persons	152.0
Variability band	± rate	2.0

- (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, age-standardised by 5 year age groups to less than 75 years.
- (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.

Table NHA.16.7 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2008 (a), (b), (c), (d), (e), (f), (g)

	<i>unit</i>	<i>Total (h) (i)</i>
(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)	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)	Causes of death data for 2008 have undergone two years of revisions and are now final. See <i>Causes of Death, Australia</i> , 2010 (Cat. no. 3303.0) Technical Note: Causes of Death Revisions for further information.	
(h)	Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data were not previously supplied in 2011. Corrected WA Indigenous mortality data for these years are now included. Please see data quality statements for more information.	
(i)	Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.	
(j)	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).	
(k)	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 (2010) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 2008, Series B, Cat. no. 3238.0.

Table NHA.16.8 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2007 (a), (b), (c), (d), (e), (f), (g)

	<i>unit</i>	<i>Total (h) (i)</i>
Potentially preventable deaths (j)		
Indigenous		
Number of deaths	no.	851
Rate (a)	per 100 000 persons	331.5
Variability band	± rate	24.8
Non-Indigenous		
Number of deaths	no.	13 305
Rate (a)	per 100 000 persons	92.7
Variability band	± rate	1.6
Deaths from potentially treatable conditions (k)		
Indigenous		
Number of deaths	no.	512
Rate (a)	per 100 000 persons	214.9
Variability band	± rate	20.9
Non-Indigenous		
Number of deaths	no.	8 818
Rate (a)	per 100 000 persons	61.4
Variability band	± rate	1.3
All potentially avoidable deaths (b)		
Indigenous		
Number of deaths	no.	1 363
Rate (a)	per 100 000 persons	546.3
Variability band	± rate	32.5
Non-Indigenous		
Number of deaths	no.	22 123
Rate (a)	per 100 000 persons	154.1
Variability band	± rate	2.0

- (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, age-standardised by 5 year age groups to less than 75 years.
- (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.

Table NHA.16.8 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2007 (a), (b), (c), (d), (e), (f), (g)

	<i>unit</i>	<i>Total (h) (i)</i>
(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)	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)	Causes of death data for 2007 have undergone two years of revisions and are final. See <i>Causes of Death, Australia, 2010</i> (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.	
(h)	Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data were not previously supplied in 2011. Corrected WA Indigenous mortality data for these years are now included. Please see data quality statements for more information.	
(i)	Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.	
(j)	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).	
(k)	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.16.9

Table NHA.16.9 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT, 2006–2010 (a), (b), (c), (d), (e), (f), (g), (h)**

	<i>unit</i>	<i>NSW</i>	<i>Qld (i)</i>	<i>WA (j)</i>	<i>SA</i>	<i>NT</i>	<i>Total (i) (j) (k)</i>
Potentially preventable deaths (l)							
Indigenous							
Number of deaths	no.	1 054	1 100	881	276	922	4 232
Rate	per 100 000	244.6	284.5	409.6	322.3	478.6	318.8
Non-Indigenous							
Number of deaths	no.	30 475	19 247	9 102	7 571	830	67 225
Rate	per 100 000	88.9	94.7	89.6	92.5	128.9	91.3
Deaths from potentially treatable conditions (m)							
Indigenous							
Number of deaths	no.	582	718	549	171	572	2 591
Rate	per 100 000	139.0	191.3	282.3	218.2	317.7	205.3
Non-Indigenous							
Number of deaths	no.	20 509	12 137	5 422	5 039	383	43 490
Rate	per 100 000	59.7	59.6	53.4	60.6	65.8	58.9
All potentially avoidable deaths							
Indigenous							
Number of deaths	no.	1 635	1 818	1 430	446	1 493	6 822
Rate	per 100 000	383.6	475.8	691.9	540.5	796.3	524.1
Non-Indigenous							
Number of deaths	no.	50 983	31 384	14 524	12 610	1 213	110 714
Rate	per 100 000	148.6	154.3	143.0	153.1	194.7	150.2

(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, age-standardised by 5 year age groups to less than 75 years.

TABLE NHA.16.9

Table NHA.16.9 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT, 2006–2010 (a), (b), (c), (d), (e), (f), (g), (h)**

	<i>unit</i>	<i>NSW</i>	<i>Qld (i)</i>	<i>WA (j)</i>	<i>SA</i>	<i>NT</i>	<i>Total (i) (j) (k)</i>
(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)	Some totals and figures may not compute due to the effects of rounding.						
(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)	All causes of death data from 2006 onward are subject to a revisions process - once data for a reference year are 'final', they are no longer revised. Affected data in this table are: 2006 (final) 2007 (final), 2008 (final), 2009 (revised), 2010 (preliminary). See Cause of Death, Australia, 2010 (cat. no. 3303.0) Explanatory Notes 35-39 and Technical Notes, Causes of Death Revisions, 2006 and Causes of Death Revisions, 2008 and 2009.						
(i)	Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality statements for a more detailed explanation.						
(j)	Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data were not previously supplied in 2011. Corrected WA Indigenous mortality data for these years are now included. Please see data quality statements for more information.						
(k)	Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.						
(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.						
(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.						

TABLE NHA.16.9

Table NHA.16.9 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT, 2006–2010 (a), (b), (c), (d), (e), (f), (g), (h)**

<i>unit</i>	<i>NSW</i>	<i>Qld (i)</i>	<i>WA (j)</i>	<i>SA</i>	<i>NT</i>	<i>Total (i) (j) (k)</i>

Source: ABS (unpublished), Causes of Death, Australia, 2010; 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.

NHA Indicator 17:

Treatment rates for mental illness

TABLE NHA.17.1

Table NHA.17.1 **Proportion of people receiving clinical mental health services, by State and Territory, by service type 2010-11 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>age-standardised rates</i>										
Public (b)										
Number	no.	115 090	59 696	77 036	44 493	31 434	8 923	8 076	5 840	350 588
Rate	%	1.6	1.1	1.7	1.9	2.0	1.8	2.2	2.4	1.6
Private (c)										
Number	no.	8 354	7 692	5 673	3 250	np	np	np	..	27 924
Rate	%	0.1	0.1	0.1	0.1	np	np	np	..	0.1
MBS and DVA										
Number: Total MBS and DVA (d)	no.	511 672	426 982	300 311	131 892	115 088	31 175	20 838	6 775	1 544 744
Rate: Total MBS and DVA (d)	%	7.1	7.7	6.7	5.7	7.1	6.4	5.7	2.9	6.9
Rate: Psychiatrist (e)	%	1.4	1.5	1.3	1.1	1.6	1.1	1.2	0.4	1.4
Rate: Clinical psychologist (f)	%	1.1	1.1	0.8	1.4	1.6	1.4	1.2	0.3	1.1
Rate: GP (g)	%	5.5	6.0	5.2	4.4	5.4	5.0	4.2	2.4	5.4
Rate: Other allied health (h)	%	2.2	2.8	2.2	1.2	1.4	1.9	1.8	0.7	2.2

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) South Australia 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 South Australia, Tasmania, and the Australian Capital Territory due to confidentiality reasons but are included in the Australia figures.

(d) MBS/DVA services are those provided under any of the Medicare/DVA-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.

TABLE NHA.17.1

Table NHA.17.1 **Proportion of people receiving clinical mental health services, by State and Territory, by service type 2010-11 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(f)	Clinical psychologist services are MBS items 80000, 80005, 80010, 80015, 80020 and DVA items US01, US02, US03, US04, US05, US06, US07, US08, US50, US51, US99.									
(g)	GP services are MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2702, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2721, 2723, 2725, 2727.									
(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 and DVA items CL20, CL25, CL30, US11, US12, US13, US14, US15, US16, US17, US18, US21, US22, US23, US24, US25, US26, US27, US31, US32, US33, US34, US35, US36, US37, US52, US53, US96, US97, US98.									

.. 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; Department of Health and Ageing (DoHA) (unpublished) MBS Statistics; Department of Veterans' Affairs (DVA) (unpublished) data; Australian Bureau of Statistics (ABS) (unpublished) Estimated Resident Population, 30 June 2010.

TABLE NHA.17.2

Table NHA.17.2 **Proportion of people receiving clinical mental health services, by State and Territory, by service type and Indigenous status, 2010-11 (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
<i>age-standardised rate</i>										
Public (b), (c)										
Indigenous	4.8	3.1	4.4	4.8	5.8	1.9	6.4	3.7	4.4	24 250
Non-Indigenous	1.2	1.0	1.6	1.7	1.6	1.6	1.8	2.0	1.4	291 381
Private (d)										
Indigenous	na	na	na	na	na	na	na	..	na	na
Non-Indigenous	na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)										
Indigenous	10.1	11.3	5.9	4.0	7.8	8.9	11.5	1.5	6.9	36 044
Non-Indigenous	6.9	7.6	6.6	5.7	6.9	6.3	5.5	3.4	6.8	1 486 676

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Excludes people for whom Indigenous status was missing or not reported. 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) South Australia 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) Indigenous information is not collected for private psychiatric hospitals.

(e) DVA data not available by Indigenous status. Medicare data presented by Indigenous status have been adjusted for under-identification in the Department of Human Services (DHS) 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 DHS. 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 (56 per cent nationally as at August 2011) 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.

na Not available. **..** Not applicable.

TABLE NHA.17.2

Table NHA.17.2 **Proportion of people receiving clinical mental health services, by State and Territory, by service type and Indigenous status, 2010-11 (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2010, Series B, Cat. no. 3238.0.*

TABLE NHA.17.3

Table NHA.17.3 **Proportion of people receiving clinical mental health services, by State and Territory, by service type and remoteness area, 2010-11 (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
<i>age-standardised rate (b)</i>										
Public (c), (d)										
Major cities	1.4	0.9	1.6	1.8	1.8	..	2.1	..	1.4	214 072
Inner regional	2.1	1.5	1.8	1.6	2.1	1.9	np	..	1.8	76 427
Outer regional	2.4	1.9	1.8	2.4	2.3	1.6	..	2.0	2.0	40 932
Remote	3.4	1.2	1.9	2.9	2.6	0.6	..	2.7	2.5	8 115
Very remote	5.0	..	2.9	2.4	2.6	0.6	..	3.0	2.7	4 820
Private (d), (e)										
Major cities	0.1	0.2	0.2	0.2	np	..	np	..	0.1	22 910
Inner regional	0.1	0.1	0.1	0.1	np	np	np	..	0.1	3 950
Outer regional	–	–	–	–	np	np	..	..	–	858
Remote	–	0.1	–	0.1	np	np	..	..	–	115
Very remote	–	..	–	0.1	np	np	..	..	–	45
MBS and DVA (d)										
Major cities	7.2	7.8	7.4	6.1	7.6	..	5.7	..	7.3	1 124 293
Inner regional	7.3	7.8	6.5	5.7	7.0	6.9	5.2	..	7.1	301 981
Outer regional	5.5	5.9	5.0	5.3	4.9	5.6	..	3.7	5.1	104 578
Remote	3.0	5.5	3.5	2.5	4.0	3.5	..	1.8	3.0	9 668
Very remote	4.3	..	1.9	1.5	2.3	6.9	..	1.9	1.9	3 314

(a) Not all remoteness areas are represented in each State or Territory. Excludes people for whom demographic information was missing and/or not reported.

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

TABLE NHA.17.3

Table NHA.17.3 **Proportion of people receiving clinical mental health services, by State and Territory, by service type and remoteness area, 2010-11 (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	<i>no.</i>

(c) South Australia 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 Remoteness Area is based on a person's usual residence, not the location of the service provider.

(e) 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) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

TABLE NHA.17.4

Table NHA.17.4 **Proportion of people receiving clinical mental health services, by State and Territory, by service type and SEIFA IRSD quintiles, 2010-11 (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	<i>no.</i>
	<i>age-standardised rate (b)</i>									
Public (c), (d)										
Quintile 1 (most disadvantaged)	1.9	1.5	2.8	3.5	2.7	2.1	np	2.8	2.2	93 565
Quintile 2	1.9	1.4	1.9	2.2	2.1	1.4	4.6	2.5	1.8	79 324
Quintile 3	1.5	1.2	1.7	1.9	1.7	1.2	3.9	3.0	1.6	69 526
Quintile 4	1.4	0.8	1.3	1.6	1.2	1.7	2.6	1.7	1.2	55 664
Quintile 5 (least disadvantaged)	1.1	0.7	1.0	1.4	1.0	..	1.8	1.8	1.0	45 973
Private (d), (e)										
Quintile 1 (most disadvantaged)	—	0.1	—	0.1	np	np	np	..	—	2 179
Quintile 2	0.1	0.1	0.1	0.1	np	np	np	..	0.1	3 217
Quintile 3	0.1	0.1	0.1	0.1	np	np	np	..	0.1	4 752
Quintile 4	0.1	0.1	0.2	0.2	np	np	np	..	0.1	6 743
Quintile 5 (least disadvantaged)	0.2	0.3	0.2	0.3	np	..	np	..	0.2	10 987
MBS and DVA (d)										
Quintile 1 (most disadvantaged)	6.4	7.1	6.5	3.7	7.0	6.0	7.1	1.2	6.4	277 164
Quintile 2	7.4	7.5	6.3	5.5	7.3	5.6	6.3	3.3	7.0	309 010
Quintile 3	7.0	7.8	6.9	5.6	6.6	6.3	5.6	2.8	6.9	307 839
Quintile 4	7.1	7.6	7.0	5.4	6.8	8.0	5.7	2.6	6.9	312 702
Quintile 5 (least disadvantaged)	7.1	8.0	6.5	6.1	7.5	..	5.5	2.2	7.0	319 001

(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 people for whom demographic information was missing and/or not reported.

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

TABLE NHA.17.4

Table NHA.17.4 **Proportion of people receiving clinical mental health services, by State and Territory, by service type and SEIFA IRSD quintiles, 2010-11 (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	<i>no.</i>

(c) South Australia 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 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) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

TABLE NHA.17.5

Table NHA.17.5 **Proportion of people receiving clinical mental health services, by State and Territory, by service type and age, 2010-11**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
<i>age-specific rate</i>										
Public (a)										
Less than 15 years	0.8	0.9	1.3	1.0	2.0	0.8	0.7	1.2	1.0	44 185
15–24 years	2.3	1.2	2.6	2.6	2.5	2.7	3.7	3.7	2.2	68 339
25–34 years	2.1	1.4	2.3	2.5	2.4	2.7	2.7	3.7	2.0	65 396
35–44 years	2.2	1.3	2.1	2.4	2.4	2.4	2.7	3.3	2.0	62 916
45–54 years	1.6	0.9	1.5	1.8	1.8	1.8	2.1	2.4	1.5	45 316
55–64 years	1.1	0.6	1.1	1.4	1.2	1.2	1.5	1.5	1.0	26 154
65+ years	1.2	1.1	1.1	2.1	1.1	1.3	2.3	1.3	1.3	38 125
All ages (b)	1.6	1.1	1.7	1.9	1.9	1.8	2.3	2.5	1.6	350 588
Private (c)										
Less than 15 years	–	–	–	–	np	np	np	..	–	–
15–24 years	0.1	0.1	0.1	0.1	np	np	np	..	0.1	2 664
25–34 years	0.1	0.2	0.1	0.2	np	np	np	..	0.1	4 494
35–44 years	0.2	0.2	0.2	0.2	np	np	np	..	0.2	6 037
45–54 years	0.2	0.2	0.2	0.2	np	np	np	..	0.2	5 624
55–64 years	0.2	0.2	0.2	0.2	np	np	np	..	0.2	4 960
65+ years	0.1	0.1	0.2	0.1	np	np	np	..	0.1	4 094
All ages (b)	0.1	0.1	0.1	0.1	np	np	np	..	0.1	27 924
MBS and DVA										
Less than 15 years	2.8	3.2	2.5	2.1	3.0	2.2	2.2	0.7	2.7	114 650
15–24 years	7.3	7.9	7.0	6.5	7.8	8.0	6.9	3.0	7.3	229 266
25–34 years	8.8	9.9	8.6	8.0	9.5	9.9	7.6	3.8	9.0	286 119

TABLE NHA.17.5

Table NHA.17.5 **Proportion of people receiving clinical mental health services, by State and Territory, by service type and age, 2010-11**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
35–44 years	10.4	11.4	9.8	8.4	9.9	9.5	8.2	4.4	10.2	321 813
45–54 years	9.2	10.0	8.5	6.9	8.8	7.5	6.8	4.1	8.8	269 346
55–64 years	7.8	8.2	7.4	5.9	7.6	5.8	5.5	3.4	7.5	189 972
65+ years	4.8	4.6	4.5	3.5	4.1	2.8	3.5	1.9	4.4	133 577
All ages (b)	7.1	7.7	6.7	5.8	7.0	6.1	5.8	2.9	6.9	1 544 744

(a) South Australia 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 people whose 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) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table NHA.17.6 **Proportion of people receiving clinical mental health services, by service type and SEIFA IRSD deciles, 2010-11 (age-standardised rate) (a), (b), (c)**

	<i>Public</i>	<i>Private</i>	<i>MBS and DVA</i>
Decile 1	2.2	–	6.2
Decile 2	2.1	0.1	6.6
Decile 3	1.7	0.1	7.0
Decile 4	1.9	0.1	7.0
Decile 5	1.7	0.1	6.8
Decile 6	1.4	0.1	7.0
Decile 7	1.3	0.1	6.9
Decile 8	1.2	0.2	7.0
Decile 9	1.1	0.2	7.2
Decile 10	0.9	0.3	6.9

(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 people for whom information was missing and/or not reported.

(b) Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.

(c) Rates are age-standardised to the Australian population as at 30 June 2001.

– Nil or rounded to zero.

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

NHA Indicator 18:

Selected potentially preventable hospitalisations

TABLE NHA.18.1

Table NHA.18.1 **Selected potentially preventable hospitalisations, by State and Territory, 2010-11 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (d)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Vaccine-preventable conditions	63.7	79.0	80.8	64.5	98.2	38.4	48.5	300.3	75.2	17 323
Acute conditions	1 325.7	1 506.1	1 510.7	1 539.5	1 512.7	1 043.3	1 064.2	2 046.8	1 442.1	329 269
Chronic conditions	1 096.6	1 299.2	1 407.1	1 740.0	1 252.2	973.3	910.9	2 425.6	1 289.0	307 489
Total (e)	2 478.4	2 872.9	2 986.0	3 330.1	2 849.5	2 048.9	2 017.3	4 707.8	2 795.1	651 466

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.

(b) Rates are age-standardised to the Australian population at 30 June 2001.

(c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).

(d) Most Western Australian private hospitals code same-day dialysis with additional diagnoses, which include chronic diabetic kidney disease

(e) More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2010.

TABLE NHA.18.2

Table NHA.18.2 **Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (e)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Vaccine preventable conditions										
Indigenous status (f)										
Indigenous	166.7	157.4	294.6	397.9	369.8	54.9	41.2	959.3	335.5	1 414
Other Australians	63.0	78.9	75.8	54.8	94.8	35.1	45.6	98.6	70.5	15 476
Remoteness of residence (g)										
Major cities	58.8	81.8	79.4	54.6	100.4	..	48.2	..	71.3	11 149
Inner regional	74.9	69.8	75.1	56.4	87.9	36.2	np	..	70.1	3 316
Outer regional	85.2	83.7	78.1	78.7	90.3	44.3	..	145.7	82.0	1 790
Remote	58.6	np	136.4	132.0	94.8	np	..	448.7	159.2	527
Very remote	np	..	217.2	245.2	190.0	–	..	586.5	307.5	517
SEIFA of residence (h)										
Quintile 1	75.5	105.1	100.4	178.5	108.0	40.7	..	493.7	99.4	4 614
Quintile 2	61.0	81.9	90.6	68.8	96.6	49.7	np	164.2	74.1	3 520
Quintile 3	64.1	79.3	76.5	63.9	100.8	35.7	42.2	335.6	74.0	3 368
Quintile 4	54.3	71.5	69.8	56.7	90.6	27.5	47.5	115.9	65.8	2 940
Quintile 5	61.2	66.7	66.1	39.5	86.1	–	49.4	112.3	62.3	2 851
Acute conditions										
Indigenous status (f)										
Indigenous	2 515.6	2 685.9	3 224.1	4 723.4	3 715.5	898.1	1 582.7	4 150.7	3 218.6	16 171
Other Australians	1 315.4	1 512.9	1 461.3	1 445.4	1 493.8	781.1	826.1	1 028.5	1 399.0	302 767
Remoteness of residence (g)										
Major cities	1 223.9	1 455.0	1 370.6	1 438.8	1 397.2	..	1 064.1	..	1 345.1	209 661
Inner regional	1 545.9	1 672.2	1 600.2	1 490.7	1 566.8	1 017.8	844.1	..	1 545.9	70 613

TABLE NHA.18.2

Table NHA.18.2 **Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (e)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Outer regional	1 784.4	1 720.4	1 678.6	1 762.2	2 039.7	1 080.4	..	1 237.1	1 659.4	35 391
Remote	2 658.0	1 425.2	2 603.3	2 119.9	1 801.4	1 356.8	..	3 244.9	2 387.0	7 770
Very remote	2 524.5	..	2 953.2	3 092.0	3 063.3	1 819.3	..	2 841.4	2 954.3	5 138
SEIFA of residence (h)										
Quintile 1	1 464.0	1 523.5	1 862.3	2 721.4	1 741.3	1 061.8	757.2	2 469.7	1 628.9	74 868
Quintile 2	1 387.6	1 729.9	1 595.4	1 596.3	1 499.8	1 322.5	1 118.2	1 479.8	1 522.3	71 093
Quintile 3	1 384.0	1 563.7	1 481.9	1 443.7	1 580.0	1 036.7	1 540.8	3 143.8	1 482.2	67 116
Quintile 4	1 237.3	1 489.6	1 368.3	1 440.5	1 246.9	875.8	1 119.1	1 099.4	1 347.4	60 105
Quintile 5	1 112.6	1 287.1	1 211.1	1 407.6	1 311.2	–	1 020.9	1 262.8	1 218.4	55 290
Chronic conditions										
Indigenous status (f)										
Indigenous	3 600.9	3 011.2	5 329.7	27 942.1	7 009.2	1 876.5	3 238.0	5 974.7	7 673.3	22 357
Other Australians	1 084.0	1 315.9	1 334.5	1 318.9	1 231.1	781.3	771.1	1 234.0	1 212.5	275 601
Remoteness of residence (g)										
Major cities	1 000.8	1 281.8	1 333.7	1 471.1	1 155.3	..	911.2	..	1 193.9	189 764
Inner regional	1 221.8	1 322.9	1 442.1	1 688.7	1 411.4	966.6	np	..	1 312.8	68 472
Outer regional	1 546.6	1 432.5	1 468.0	1 527.2	1 596.5	975.0	..	1 624.8	1 458.0	33 809
Remote	2 236.1	1 585.5	2 012.1	6 368.7	1 273.6	1 356.9	..	3 422.7	3 243.0	10 281
Very remote	2 123.7	..	2 682.9	4 211.5	2 254.8	1 128.9	..	3 701.6	3 244.1	4 707
SEIFA of residence (h)										
Quintile 1	1 386.7	1 568.8	1 978.8	5 978.2	1 668.1	1 022.0	1 128.4	3 263.6	1 720.2	84 519
Quintile 2	1 201.1	1 530.0	1 600.7	1 578.0	1 276.7	1 241.3	1 260.3	1 573.3	1 371.6	70 256
Quintile 3	1 167.1	1 366.9	1 287.5	1 960.9	1 206.8	924.0	1 469.6	3 382.6	1 390.2	64 581
Quintile 4	876.3	1 195.5	1 126.8	1 433.3	922.2	722.6	1 034.5	1 349.4	1 085.3	48 231

TABLE NHA.18.2

Table NHA.18.2 **Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (e)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Quintile 5	724.1	951.4	912.5	798.4	776.4	–	824.0	1 384.3	837.4	39 376
All potentially preventable hospitalisations (i)										
Indigenous status (f)										
Indigenous	6 254.7	5 823.7	8 759.3	32 925.5	11 033.9	2 811.3	4 849.1	10 816.1	11 137.8	39 636
Other Australians	2 455.1	2 896.5	2 860.6	2 807.8	2 806.5	1 592.8	1 636.8	2 352.1	2 672.2	591 597
Remoteness of residence (g)										
Major cities	2 276.8	2 806.9	2 771.8	2 952.6	2 638.9	..	2 017.1	..	2 600.2	408 975
Inner regional	2 833.5	3 056.5	3 107.5	3 225.0	3 056.2	2 013.0	1 756.8	..	2 919.6	141 931
Outer regional	3 405.0	3 217.8	3 210.1	3 353.4	3 712.9	2 096.3	..	2 976.9	3 185.5	70 672
Remote	4 941.0	3 043.1	4 729.3	8 589.7	3 152.0	2 721.0	..	7 020.2	5 756.5	18 473
Very remote	4 697.3	..	5 781.5	7 485.8	5 480.2	2 948.2	..	6 992.9	6 430.2	10 242
SEIFA of residence (h)										
Quintile 1	2 916.6	3 182.2	3 921.9	8 836.3	3 500.5	2 118.5	1 885.6	6 104.9	3 432.2	163 221
Quintile 2	2 641.0	3 329.3	3 273.3	3 229.2	2 856.8	2 602.3	2 429.2	3 184.9	2 956.5	144 297
Quintile 3	2 607.7	2 996.3	2 836.5	3 456.6	2 872.4	1 991.1	3 033.2	6 812.7	2 935.3	134 550
Quintile 4	2 162.0	2 746.6	2 553.2	2 914.8	2 251.9	1 621.7	2 191.6	2 537.5	2 488.7	110 844
Quintile 5	1 892.9	2 298.0	2 181.8	2 236.7	2 164.4	–	1 889.9	2 737.9	2 111.3	97 204

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

(c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

(d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).

TABLE NHA.18.2

Table NHA.18.2 **Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (e)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
(e)	Most Western Australian private hospitals code same-day dialysis with additional diagnoses, which include chronic diabetic kidney disease.									
(f)	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, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(g)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.									
(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. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of people in that SEIFA quintile in the jurisdiction.									
(i)	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. – Nil or rounded to zero. np Not published.									

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2010; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2010, Series B, Cat. no. 3238.0.

TABLE NHA.18.3

Table NHA.18.3 **Selected potentially preventable hospitalisations, by SEIFA
IRSD deciles, 2010-11 (a), (b), (c)**

	<i>Age-standardised rate per 100 000 population</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (d)		
Decile 1	124.4	2 524
Decile 2	96.8	2 090
Decile 3	87.9	1 843
Decile 4	78.2	1 677
Decile 5	76.9	1 622
Decile 6	89.7	1 746
Decile 7	76.7	1 581
Decile 8	69.3	1 359
Decile 9	70.0	1 447
Decile 10	48.1	1 404
Acute conditions		
SEIFA of residence (d)		
Decile 1	1 877.6	38 193
Decile 2	1 735.5	36 675
Decile 3	1 731.3	35 773
Decile 4	1 674.3	35 320
Decile 5	1 635.6	34 034
Decile 6	1 692.2	33 082
Decile 7	1 451.4	29 709
Decile 8	1 551.7	30 396
Decile 9	1 393.0	28 687
Decile 10	918.2	26 603
Chronic conditions		
SEIFA of residence (d)		
Decile 1	2 151.7	44 431
Decile 2	1 709.8	40 088
Decile 3	1 601.1	36 669
Decile 4	1 477.6	33 587
Decile 5	1 514.0	33 991
Decile 6	1 609.3	30 590
Decile 7	1 188.9	24 438
Decile 8	1 217.8	23 793
Decile 9	1 055.7	22 431
Decile 10	575.9	16 945
All potentially preventable hospitalisations (e)		
SEIFA of residence (d)		
Decile 1	4 132.1	84 706

TABLE NHA.18.3

Table NHA.18.3 **Selected potentially preventable hospitalisations, by SEIFA IRSD deciles, 2010-11 (a), (b), (c)**

	<i>Age-standardised rate per 100 000 population</i>	<i>no.</i>
Decile 2	3 527.5	78 515
Decile 3	3 406.2	73 969
Decile 4	3 218.7	70 328
Decile 5	3 215.0	69 390
Decile 6	3 377.7	65 160
Decile 7	2 705.9	55 502
Decile 8	2 828.4	55 342
Decile 9	2 510.4	52 392
Decile 10	1 537.4	44 812

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (d) 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. Each SEIFA decile represents approximately 10 per cent of the national population, but does 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. Hence, rates represent the number of separations for patients in each SEIFA decile divided by the total number of people in that SEIFA decile in the jurisdiction.
- (e) 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 Residential Population, 30 June 2010.

TABLE NHA.18.4

**Table NHA.18.4 Selected potentially preventable hospitalisations, by Indigenous status, by remoteness, 2010-11
(rate per 100 000) (a), (b), (c), (d), (e), (f)**

	<i>Indigenous</i>	<i>Other Australians</i>
Major cities	87.9	25.7
Inner regional	84.4	29.7
Outer regional	108.2	33.0
Remote	430.1	36.3
Very remote	194.4	39.0

- (a) Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (e) Data are based on jurisdiction of usual residence for NSW, Queensland, WA, SA only (ACT, Tasmania and NT (private hospitals only) are not included. The data for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated'.
- (f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2010; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2010, Series B, Cat. no.

TABLE NHA.18.5

Table NHA.18.5 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by State and Territory, 2010-11 (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust no.
	<i>age-standardised rate per 100 000 population</i>									
Vaccine-preventable conditions	63.7	79.0	80.8	64.5	98.2	38.4	48.5	300.3	75.2	17 323
Acute conditions <i>excluding dehydration and gastroenteritis</i>	1 056.5	1 158.2	1 229.5	1 262.3	1 235.7	836.2	896.5	1 802.1	1 152.1	262 046
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>	1 007.2	1 193.8	1 199.7	1 057.9	1 146.5	905.1	849.7	2 197.0	1 112.4	265 233
Total <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (d)</i>	2 121.5	2 422.9	2 500.5	2 374.7	2 468.7	1 774.9	1 790.5	4 251.8	2 331.2	542 629

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian population at 30 June 2001.
- (c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (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 2010.

TABLE NHA.18.6

Table NHA.18.6 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust no.
	age-standardised rate per 100 000 population									
Vaccine preventable conditions										
Indigenous status (e)										
Indigenous	166.7	157.4	294.6	397.9	369.8	54.9	41.2	959.3	335.5	1 414
Other Australians	63.0	78.9	75.8	54.8	94.8	35.1	45.6	98.6	70.5	15 476
Remoteness of residence (f)										
Major cities	58.8	81.8	79.4	54.6	100.4	..	48.2	..	71.3	11 149
Inner regional	74.9	69.8	75.1	56.4	87.9	36.2	np	..	70.1	3 316
Outer regional	85.2	83.7	78.1	78.7	90.3	44.3	..	145.7	82.0	1 790
Remote	58.6	np	136.4	132.0	94.8	np	..	448.7	159.2	527
Very remote	np	..	217.2	245.2	190.0	–	..	586.5	307.5	517
SEIFA of residence (g)										
Quintile 1	75.5	105.1	100.4	178.5	108.0	40.7	..	493.7	99.4	4 614
Quintile 2	61.0	81.9	90.6	68.8	96.6	49.7	50.7	164.2	74.1	3 520
Quintile 3	64.1	79.3	76.5	63.9	100.8	35.7	42.2	335.6	74.0	3 368
Quintile 4	54.3	71.5	69.8	56.7	90.6	27.5	47.5	115.9	65.8	2 940
Quintile 5	61.2	66.7	66.1	39.5	86.1	–	49.4	112.3	62.3	2 851
Acute conditions excluding dehydration and gastroenteritis										
Indigenous status (e)										
Indigenous	2 125.9	2 145.9	2 852.9	4 196.4	3 305.3	828.5	1 486.2	3 729.3	2 900.0	14 340
Other Australians	1 045.3	1 163.6	1 183.5	1 176.1	1 215.1	660.0	704.2	907.7	1 129.3	239 297
Remoteness of residence (f)										
Major cities	988.2	1 114.6	1 119.2	1 181.1	1 164.4	..	896.6	..	1 077.4	167 328

TABLE NHA.18.6

Table NHA.18.6 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Inner regional	1 211.2	1 298.9	1 289.2	1 199.4	1 257.9	815.6	np	..	1 221.3	55 396
Outer regional	1 351.4	1 353.1	1 365.3	1 431.7	1 560.0	866.6	..	1 095.7	1 314.4	27 913
Remote	2 021.9	994.9	2 166.9	1 773.6	1 421.1	1 129.3	..	2 812.2	1 975.8	6 451
Very remote	1 831.0	..	2 397.7	2 645.6	2 529.7	1 258.0	..	2 529.1	2 491.3	4 371
SEIFA of residence (g)										
Quintile 1	1 134.4	1 192.2	1 532.1	2 266.2	1 412.1	858.7	612.3	2 180.9	1 303.4	59 637
Quintile 2	1 111.3	1 318.1	1 297.2	1 314.9	1 229.9	1 016.9	1 027.6	1 331.0	1 214.4	56 395
Quintile 3	1 122.8	1 209.7	1 201.5	1 178.6	1 268.0	844.7	1 274.1	2 754.9	1 188.0	53 619
Quintile 4	988.3	1 137.1	1 112.0	1 176.8	1 029.3	680.5	972.5	974.8	1 073.8	47 800
Quintile 5	896.0	987.4	976.4	1 152.0	1 098.2	–	846.8	1 072.6	973.3	43 922
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>										
Indigenous status (e)										
Indigenous	3 044.0	2 641.5	3 829.1	4 588.8	4 165.8	1 292.9	2 734.5	5 253.2	3 796.4	11 686
Other Australians	998.7	1 211.3	1 150.5	989.6	1 145.6	731.8	720.7	1 132.8	1 094.7	244 727
Remoteness of residence (f)										
Major cities	913.6	1 179.4	1 118.7	952.3	1 083.2	..	850.3	..	1 037.4	165 282
Inner regional	1 132.5	1 220.6	1 221.4	1 101.3	1 118.6	895.2	np	..	1 151.2	59 691
Outer regional	1 442.5	1 276.8	1 315.4	1 326.1	1 502.0	910.5	..	1 461.0	1 325.5	30 612
Remote	2 080.2	1 536.0	1 830.3	1 597.4	1 205.5	1 303.6	..	3 150.1	1 842.9	5 656
Very remote	1 946.2	..	2 348.2	2 158.6	1 978.5	1 128.9	..	3 328.5	2 456.6	3 560
SEIFA of residence (g)										
Quintile 1	1 268.3	1 433.1	1 570.1	1 923.5	1 476.4	945.6	1 046.2	2 900.5	1 416.0	69 635
Quintile 2	1 114.9	1 411.2	1 280.4	1 210.0	1 186.7	1 158.5	1 242.9	1 435.1	1 218.3	62 248

TABLE NHA.18.6

Table NHA.18.6 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Quintile 3	1 063.8	1 234.5	1 166.9	1 060.6	1 129.8	870.0	1 381.5	3 153.5	1 142.7	53 111
Quintile 4	805.0	1 106.9	1 033.3	1 041.9	867.8	676.4	948.1	1 216.6	974.9	43 376
Quintile 5	660.1	887.5	844.1	733.1	733.3	–	773.6	1 265.7	774.2	36 381
All potentially preventable hospitalisations <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)</i> (h)										
Indigenous status (e)										
Indigenous	5 321.1	4 924.1	6 917.0	9 107.6	7 797.7	2 158.1	4 261.9	9 750.2	6 984.2	27 238
Other Australians	2 101.2	2 445.9	2 401.3	2 211.8	2 444.1	1 423.1	1 466.2	2 132.9	2 287.9	497 775
Remoteness of residence (f)										
Major cities	1 955.5	2 367.5	2 308.4	2 178.9	2 336.1	..	1 790.9	..	2 178.5	342 559
Inner regional	2 411.5	2 583.5	2 578.3	2 351.6	2 455.8	1 741.2	1 211.7	..	2 435.9	118 055
Outer regional	2 870.0	2 697.8	2 747.0	2 825.0	3 140.5	1 818.3	..	2 682.1	2 710.8	60 059
Remote	4 149.0	2 563.3	4 123.8	3 479.6	2 703.5	2 440.1	..	6 336.0	3 953.7	12 556
Very remote	3 826.3	..	4 904.0	5 008.6	4 677.5	2 386.9	..	6 341.1	5 199.1	8 359
SEIFA of residence (g)										
Quintile 1	2 471.2	2 720.2	3 188.3	4 340.5	2 981.6	1 840.0	1 658.5	5 480.7	2 806.8	133 306
Quintile 2	2 280.3	2 802.6	2 658.1	2 583.3	2 500.3	2 213.9	2 321.2	2 917.3	2 498.1	121 727
Quintile 3	2 245.4	2 513.7	2 437.1	2 295.3	2 486.3	1 746.1	2 697.8	6 212.0	2 396.6	109 722
Quintile 4	1 842.9	2 307.5	2 206.4	2 262.9	1 980.4	1 383.5	1 961.3	2 290.3	2 107.0	93 782
Quintile 5	1 612.9	1 936.5	1 880.9	1 917.4	1 909.7	–	1 666.5	2 429.1	1 804.4	82 909

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

TABLE NHA.18.6

Table NHA.18.6 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
(c)	Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.									
(d)	Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).									
(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, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(f)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.									
(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. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of people in that SEIFA quintile in the jurisdiction.									
(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. – Nil or rounded to zero. np Not published.									

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2010; 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.18.7

Table NHA.18.7 Supplementary measure a) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by SEIFA IRSD deciles, 2010-11 (a), (b), (c)**

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (d)		
Decile 1	124.4	2 524
Decile 2	96.8	2 090
Decile 3	87.9	1 843
Decile 4	78.2	1 677
Decile 5	76.9	1 622
Decile 6	89.7	1 746
Decile 7	76.7	1 581
Decile 8	69.3	1 359
Decile 9	70.0	1 447
Decile 10	48.1	1 404
Acute conditions excluding dehydration and gastroenteritis		
SEIFA of residence (d)		
Decile 1	1 517.5	30 859
Decile 2	1 369.6	28 778
Decile 3	1 371.4	28 200
Decile 4	1 342.2	28 195
Decile 5	1 325.3	27 471
Decile 6	1 339.1	26 148
Decile 7	1 161.4	23 702
Decile 8	1 231.6	24 098
Decile 9	1 100.0	22 526
Decile 10	741.1	21 396
Chronic conditions excluding diabetes complications (additional diagnoses only)		
SEIFA of residence (d)		
Decile 1	1 702.2	35 103
Decile 2	1 475.7	34 532
Decile 3	1 408.4	32 165
Decile 4	1 326.4	30 083
Decile 5	1 218.0	27 335
Decile 6	1 357.7	25 776
Decile 7	1 094.3	22 487
Decile 8	1 065.8	20 889
Decile 9	976.7	20 744
Decile 10	531.1	15 637

Table NHA.18.7 Supplementary measure a) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by SEIFA IRSD deciles, 2010-11 (a), (b), (c)**

	age-standardised rate per 100 000 population	no.
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (e)		
SEIFA of residence (d)		
Decile 1	3 328.5	68 166
Decile 2	2 931.0	65 140
Decile 3	2 857.2	61 971
Decile 4	2 737.9	59 756
Decile 5	2 611.4	56 232
Decile 6	2 777.1	53 490
Decile 7	2 323.8	47 596
Decile 8	2 358.6	46 186
Decile 9	2 140.3	44 584
Decile 10	1 316.5	38 325

- (a) Separations for patients usually resident overseas are excluded. Includes Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian population at 30 June 2001.
- (c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (d) 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.
- (e) 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 2010.

Table NHA.18.8 Supplementary measure a) **Selected potentially preventable hospitalisations, excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) by Indigenous status, by remoteness, 2010-11 (rate per 100 000) (a), (b), (c), (d), (e), (f)**

	<i>Indigenous</i>	<i>Other Australians</i>
Major cities	44.5	21.7
Inner regional	56.9	24.8
Outer regional	89.8	28.0
Remote	184.1	30.7
Very remote	146.3	33.3

- (a) Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (e) Data are based on jurisdiction of usual residence for NSW, Queensland, WA, SA only (ACT, Tasmania and NT (private hospitals only) are not included. The data for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated'.
- (f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2010; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2010, Series B, Cat. no.

TABLE NHA.18.9

Table NHA.18.9 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by State and Territory, 2010-11 (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust no.
	<i>age-standardised rate per 100 000 population</i>									
Vaccine-preventable conditions	63.7	79.0	80.8	64.5	98.2	38.4	48.5	300.3	75.2	17 323
Acute conditions <i>excluding dehydration and gastroenteritis</i>	1 056.5	1 158.2	1 229.5	1 262.3	1 235.7	836.2	896.5	1 802.1	1 152.1	262 046
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>	871.1	1 026.3	1 024.9	905.2	977.5	760.4	709.4	1 773.8	954.0	228 435
Total <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)</i> (d)	1 986.6	2 258.2	2 328.4	2 227.4	2 301.9	1 632.0	1 651.1	3 845.2	2 175.4	506 433

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (d) More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2010.

TABLE NHA.18.10

Table NHA.18.10 Supplementary measure b) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust no.
	<i>age-standardised rate per 100 000 population</i>									
Vaccine preventable conditions										
Indigenous status (e)										
Indigenous	166.7	157.4	294.6	397.9	369.8	54.9	41.2	959.3	335.5	1 414
Other Australians	63.0	78.9	75.8	54.8	94.8	35.1	45.6	98.6	70.5	15 476
Remoteness of residence (f)										
Major cities	58.8	81.8	79.4	54.6	100.4	..	48.2	..	71.3	11 149
Inner regional	74.9	69.8	75.1	56.4	87.9	36.2	np	..	70.1	3 316
Outer regional	85.2	83.7	78.1	78.7	90.3	44.3	..	145.7	82.0	1 790
Remote	58.6	np	136.4	132.0	94.8	np	..	448.7	159.2	527
Very remote	np	..	217.2	245.2	190.0	..	..	586.5	307.5	517
SEIFA of residence (g)										
Quintile 1	75.5	105.1	100.4	178.5	108.0	40.7	..	493.7	99.4	4 614
Quintile 2	61.0	81.9	90.6	68.8	96.6	49.7	np	164.2	74.1	3 520
Quintile 3	64.1	79.3	76.5	63.9	100.8	35.7	42.2	335.6	74.0	3 368
Quintile 4	54.3	71.5	69.8	56.7	90.6	27.5	47.5	115.9	65.8	2 940
Quintile 5	61.2	66.7	66.1	39.5	86.1	—	49.4	112.3	62.3	2 851
Acute conditions excluding dehydration and gastroenteritis										
Indigenous status (e)										
Indigenous	2 125.9	2 145.9	2 852.9	4 196.4	3 305.3	828.5	1 486.2	3 729.3	2 900.0	14 340
Other Australians	1 045.3	1 163.6	1 183.5	1 176.1	1 215.1	660.0	704.2	907.7	1 129.3	239 297
Remoteness of residence (f)										
Major cities	988.2	1 114.6	1 119.2	1 181.1	1 164.4	—	896.6	—	1 077.4	167 328
Inner regional	1 211.2	1 298.9	1 289.2	1 199.4	1 257.9	815.6	np	—	1 221.3	55 396

TABLE NHA.18.10

Table NHA.18.10 Supplementary measure b) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
Outer regional	1 351.4	1 353.1	1 365.3	1 431.7	1 560.0	866.6	–	1 095.7	1 314.4	27 913
Remote	2 021.9	994.9	2 166.9	1 773.6	1 421.1	1 129.3	–	2 812.2	1 975.8	6 451
Very remote	1 831.0	–	2 397.7	2 645.6	2 529.7	1 258.0	–	2 529.1	2 491.3	4 371
SEIFA of residence (g)										
Quintile 1	1 134.4	1 192.2	1 532.1	2 266.2	1 412.1	858.7	612.3	2 180.9	1 303.4	59 637
Quintile 2	1 111.3	1 318.1	1 297.2	1 314.9	1 229.9	1 016.9	1 027.6	1 331.0	1 214.4	56 395
Quintile 3	1 122.8	1 209.7	1 201.5	1 178.6	1 268.0	844.7	1 274.1	2 754.9	1 188.0	53 619
Quintile 4	988.3	1 137.1	1 112.0	1 176.8	1 029.3	680.5	972.5	974.8	1 073.8	47 800
Quintile 5	896.0	987.4	976.4	1 152.0	1 098.2	–	846.8	1 072.6	973.3	43 922
Chronic conditions excluding diabetes complications (all diagnoses)										
Indigenous status (e)										
Indigenous	2 558.3	2 092.6	3 113.6	3 627.6	3 232.9	1 109.4	2 164.5	4 129.4	3 071.7	9 291
Other Australians	867.4	1 044.7	987.1	852.3	983.4	614.6	593.6	902.3	944.4	211 747
Remoteness of residence (f)										
Major cities	787.1	1 011.7	965.7	818.8	931.4	–	709.8	–	892.0	142 563
Inner regional	986.5	1 053.0	1 035.1	937.5	957.1	734.9	np	–	988.1	51 848
Outer regional	1 233.2	1 081.3	1 111.0	1 145.0	1 233.7	807.6	–	1 136.0	1 124.3	26 127
Remote	1 770.9	1 385.9	1 521.0	1 315.9	990.1	879.8	–	2 639.7	1 532.7	4 690
Very remote	1 633.3	–	1 823.4	1 800.5	1 673.5	892.4	–	2 694.9	2 004.2	2 868
SEIFA of residence (g)										
Quintile 1	1 096.1	1 222.6	1 325.5	1 623.5	1 236.5	792.2	881.8	2 286.0	1 203.9	59 664
Quintile 2	968.0	1 210.5	1 084.6	1 030.3	1 023.5	1 013.5	1 007.2	1 023.4	1 047.3	53 928
Quintile 3	916.2	1 055.5	1 010.9	898.2	972.9	715.6	959.5	2 653.8	979.2	45 610
Quintile 4	695.5	950.5	886.3	900.6	743.6	573.0	760.5	999.3	836.4	37 248

TABLE NHA.18.10

Table NHA.18.10 Supplementary measure b) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
Quintile 5	568.0	775.7	718.8	644.0	635.5	–	668.1	1 070.7	670.0	31 610
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses) (h)										
Indigenous status (e)										
Indigenous	4 839.0	4 387.3	6 224.5	8 197.9	6 883.8	1 974.6	3 691.9	8 699.5	6 111.2	24 936
Other Australians	1 971.1	2 282.0	2 240.1	2 079.1	2 284.0	1 306.9	1 340.1	1 903.5	2 110.5	465 288
Remoteness of residence (f)										
Major cities	1 830.3	2 202.7	2 157.2	2 050.2	2 186.3	..	1 651.3	..	2 035.3	320 193
Inner regional	2 266.5	2 417.5	2 394.2	2 191.0	2 295.3	1 583.4	1 211.7	..	2 274.4	110 296
Outer regional	2 661.9	2 509.3	2 547.0	2 651.0	2 876.2	1 715.4	..	2 363.1	2 513.5	55 663
Remote	3 844.4	2 413.2	3 817.7	3 209.3	2 491.4	2 027.7	..	5 850.0	3 652.6	11 620
Very remote	3 513.3	..	4 413.1	4 676.1	4 380.1	2 150.4	..	5 749.4	4 774.9	7 712
SEIFA of residence (g)										
Quintile 1	2 300.1	2 513.2	2 948.6	4 057.9	2 745.0	1 689.0	1 494.1	4 900.4	2 598.5	123 513
Quintile 2	2 134.7	2 605.5	2 464.2	2 408.6	2 338.9	2 068.9	2 085.6	2 512.3	2 329.4	113 518
Quintile 3	2 099.2	2 338.6	2 282.9	2 136.9	2 331.5	1 593.4	2 275.8	5 726.4	2 235.8	102 349
Quintile 4	1 734.8	2 153.5	2 062.1	2 128.6	1 857.4	1 280.1	1 774.7	2 074.5	1 970.9	87 766
Quintile 5	1 521.7	1 825.9	1 757.2	1 832.8	1 813.1	–	1 561.8	2 242.7	1 701.8	78 210

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

Table NHA.18.10 Supplementary measure b) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
(d)	Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).									
(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, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(f)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.									
(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. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of people in that SEIFA quintile in the jurisdiction.									
(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. – Nil or rounded to zero. np Not published.									

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2010; 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.18.11

Table NHA.18.11 Supplementary measure b) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by SEIFA IRSD deciles, 2010-11 (a), (b), (c)**

	Age-standardised rate per 100 000 population	no.
Vaccine preventable conditions		
SEIFA of residence (d)		
Decile 1	124.4	2 524
Decile 2	96.8	2 090
Decile 3	87.9	1 843
Decile 4	78.2	1 677
Decile 5	76.9	1 622
Decile 6	89.7	1 746
Decile 7	76.7	1 581
Decile 8	69.3	1 359
Decile 9	70.0	1 447
Decile 10	48.1	1 404
Acute conditions excluding dehydration and gastroenteritis		
SEIFA of residence (d)		
Decile 1	1 517.5	30 859
Decile 2	1 369.6	28 778
Decile 3	1 371.4	28 200
Decile 4	1 342.2	28 195
Decile 5	1 325.3	27 471
Decile 6	1 339.1	26 148
Decile 7	1 161.4	23 702
Decile 8	1 231.6	24 098
Decile 9	1 100.0	22 526
Decile 10	741.1	21 396
Chronic conditions excluding diabetes complications (all diagnoses)		
SEIFA of residence (d)		
Decile 1	1 443.5	29 838
Decile 2	1 263.4	29 826
Decile 3	1 219.5	28 031
Decile 4	1 134.5	25 897
Decile 5	1 042.7	23 574
Decile 6	1 164.4	22 036
Decile 7	936.0	19 249
Decile 8	918.4	17 999
Decile 9	850.3	18 113
Decile 10	457.3	13 497

Table NHA.18.11 Supplementary measure b) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by SEIFA IRSD deciles, 2010-11 (a), (b), (c)**

	Age-standardised rate per 100 000 population	no.
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses) (e)		
SEIFA of residence (d)		
Decile 1	3 075.4	63 015
Decile 2	2 721.5	60 498
Decile 3	2 670.8	57 894
Decile 4	2 548.5	55 624
Decile 5	2 438.7	52 527
Decile 6	2 587.4	49 822
Decile 7	2 168.4	44 416
Decile 8	2 213.8	43 350
Decile 9	2 015.6	41 988
Decile 10	1 243.9	36 222

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian population at 30 June 2001.
- (c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (d) 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.
- (e) 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 2010.

Table NHA.18.12 Supplementary measure b) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by Indigenous status and remoteness, 2010-11 (rate per 100 000) (a), (b), (c), (d), (e), (f)**

	<i>Indigenous</i>	<i>Other Australians</i>
Major cities	40.6	20.3
Inner regional	51.1	23.3
Outer regional	79.7	26.0
Remote	167.2	28.5
Very remote	131.5	31.1

- (a) Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (e) Data are based on jurisdiction of usual residence for NSW, Queensland, WA, SA only (ACT, Tasmania and NT (private hospitals only) are not included. The data for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated'.
- (f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2010; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2010, Series B, Cat. no.

TABLE NHA.18.13

Table NHA.18.13 **Selected potentially preventable hospitalisations, by State and Territory, 2009-10 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (d)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Vaccine-preventable conditions	74.2	72.3	87.3	84.1	89.5	66.1	50.8	243.0	79.6	17 887
Acute conditions	1 274.7	1 438.2	1 475.8	1 376.6	1 461.1	1 074.3	985.7	2 118.3	1 381.0	309 297
Chronic conditions	1 356.5	1 506.8	1 860.0	2 312.4	1 438.0	1 212.6	1 039.5	2 607.0	1 593.3	370 530
Total (e)	2 692.8	3 004.5	3 405.1	3 754.4	2 973.4	2 340.6	2 068.3	4 904.5	3 039.0	694 268

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.

(b) Rates are age-standardised to the Australian population at 30 June 2001.

(c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).

(d) Most Western Australian private hospitals code same-day dialysis with additional diagnoses, which include chronic diabetic kidney disease.

(e) More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2009.

TABLE NHA.18.14

Table NHA.18.14 **Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA (e)	SA	Tas	ACT	NT	Aust	Aust no.
age-standardised rate per 100 000 population										
Vaccine preventable conditions										
Indigenous status (f)										
Indigenous	197.4	130.1	370.8	550.0	415.4	75.9	np	749.3	374.5	1 515
Other Australians	72.6	72.4	79.8	72.5	85.6	65.3	51.1	87.7	75.0	15 827
Remoteness of residence (g)										
Major cities	67.1	74.4	85.4	68.6	82.8	..	50.9	..	73.2	11 179
Inner regional	88.4	67.3	71.1	74.5	77.2	67.3	—	..	76.2	3 492
Outer regional	105.5	72.2	93.4	129.6	126.7	66.0	..	127.1	98.7	2 089
Remote	110.5	np	226.0	181.3	107.3	np	..	290.1	182.8	594
Very remote	190.2	..	189.9	291.8	293.5	np	..	520.4	309.3	515
SEIFA of residence (h)										
Quintile 1	93.0	106.1	112.2	226.2	114.8	74.6	np	387.8	110.5	4 995
Quintile 2	73.6	71.5	103.1	99.7	90.2	86.7	np	185.7	81.9	3 766
Quintile 3	76.2	71.1	80.5	79.1	84.6	48.8	np	243.5	77.2	3 454
Quintile 4	65.6	65.7	75.3	80.7	65.1	45.7	64.4	115.3	69.3	3 002
Quintile 5	59.2	58.4	68.5	45.5	68.8	—	46.5	70.4	59.0	2 642
Acute conditions										
Indigenous status (f)										
Indigenous	2 298.0	2 029.9	3 082.3	4 204.7	3 656.1	1 077.7	1 099.1	4 508.3	3 138.1	14 903
Other Australians	1 264.4	1 448.2	1 432.7	1 298.3	1 448.1	1 078.5	985.0	1 160.2	1 363.2	284 799
Remoteness of residence (g)										
Major cities	1 166.7	1 392.4	1 341.2	1 294.7	1 366.2	..	985.3	..	1 283.9	196 124
Inner regional	1 493.1	1 597.9	1 577.5	1 305.2	1 419.1	1 027.1	np	..	1 485.8	66 580

TABLE NHA.18.14

Table NHA.18.14 **Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (e)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Outer regional	1 762.7	1 601.2	1 603.0	1 550.6	2 030.8	1 162.4	..	1 237.5	1 604.7	33 690
Remote	2 604.0	2 044.9	2 720.3	1 973.7	1 539.4	1 397.1	..	3 031.9	2 306.8	7 407
Very remote	2 811.8	..	2 934.7	2 617.8	2 907.8	1 231.2	..	3 368.5	2 960.0	5 055
SEIFA of residence (h)										
Quintile 1	1 448.6	1 479.1	1 841.9	2 476.7	1 722.1	1 090.7	1 807.3	2 753.6	1 606.4	72 793
Quintile 2	1 295.4	1 597.9	1 573.6	1 434.8	1 421.1	1 362.8	1 087.0	1 239.8	1 427.3	65 281
Quintile 3	1 339.5	1 432.0	1 471.3	1 287.6	1 579.0	1 010.5	1 447.4	2 932.7	1 403.5	62 366
Quintile 4	1 182.5	1 467.5	1 356.4	1 259.6	1 151.9	971.1	1 101.4	1 134.0	1 302.7	56 633
Quintile 5	1 062.7	1 276.3	1 097.2	1 269.8	1 227.2	–	913.0	1 151.7	1 155.3	51 662
Chronic conditions										
Indigenous status (f)										
Indigenous	4 659.6	3 827.7	9 021.8	34 036.7	6 434.0	1 390.2	1 784.5	6 545.4	10 281.0	27 372
Other Australians	1 332.5	1 518.4	1 732.3	1 807.9	1 425.0	1 206.2	1 025.3	1 500.8	1 511.9	331 993
Remoteness of residence (g)										
Major cities	1 247.8	1 482.2	1 630.3	2 023.1	1 361.2	..	1 038.0	..	1 460.7	225 917
Inner regional	1 484.6	1 537.6	2 252.8	2 560.7	1 453.2	1 171.0	1 345.0	..	1 705.3	86 831
Outer regional	1 892.0	1 707.4	1 961.6	1 875.7	1 812.9	1 280.0	..	1 843.0	1 817.1	41 445
Remote	2 454.5	1 576.6	2 423.8	6 833.8	1 436.0	1 626.6	..	3 289.0	3 517.8	10 956
Very remote	2 451.7	..	3 227.6	4 388.7	2 500.3	813.1	..	4 080.8	3 637.7	5 112
SEIFA of residence (h)										
Quintile 1	1 711.7	1 816.8	2 619.6	6 260.4	1 851.8	1 277.5	1 387.0	3 435.7	2 074.7	100 210
Quintile 2	1 470.4	1 750.6	2 076.2	2 698.5	1 447.2	1 692.4	1 279.1	1 738.5	1 726.7	86 345
Quintile 3	1 428.5	1 505.4	1 830.0	2 443.4	1 457.3	1 113.6	1 280.9	3 512.1	1 708.3	77 436
Quintile 4	1 099.8	1 412.1	1 445.5	1 894.0	1 066.6	838.0	1 216.5	1 462.6	1 341.7	57 542

TABLE NHA.18.14

Table NHA.18.14 **Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (e)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Quintile 5	910.5	1 170.4	1 179.4	1 187.2	956.3	–	947.6	1 988.0	1 063.9	48 645
All potentially preventable hospitalisations (i)										
Indigenous status (f)										
Indigenous	7 102.3	5 950.1	12 333.7	38 621.4	10 388.8	2 488.4	2 926.5	11 570.4	13 673.9	43 419
Other Australians	2 657.4	3 026.3	3 229.2	3 163.1	2 944.3	2 338.3	2 053.6	2 731.8	2 936.6	629 644
Remoteness of residence (g)										
Major cities	2 470.3	2 936.5	3 040.1	3 371.5	2 796.0	..	2 066.5	..	2 804.7	431 193
Inner regional	3 050.8	3 190.1	3 887.7	3 926.0	2 936.7	2 252.6	1 776.2	..	3 253.5	156 208
Outer regional	3 744.4	3 362.9	3 637.5	3 525.8	3 948.8	2 496.7	..	3 180.8	3 500.6	76 774
Remote	5 156.3	3 691.2	5 309.4	8 936.2	3 068.9	3 038.1	..	6 533.5	5 962.4	18 814
Very remote	5 387.6	..	6 290.3	7 243.0	5 669.1	2 123.7	..	7 805.4	6 828.5	10 556
SEIFA of residence (h)										
Quintile 1	3 236.8	3 385.0	4 547.7	8 913.6	3 671.7	2 427.7	3 510.7	6 464.8	3 770.2	176 995
Quintile 2	2 826.1	3 402.0	3 731.4	4 211.2	2 943.7	3 128.6	2 390.2	3 134.8	3 219.3	154 578
Quintile 3	2 829.5	2 996.0	3 366.5	3 794.5	3 094.0	2 165.1	2 755.3	6 626.3	3 173.8	142 566
Quintile 4	2 337.4	2 934.7	2 862.5	3 215.2	2 274.5	1 847.4	2 370.5	2 684.0	2 701.2	116 638
Quintile 5	2 025.8	2 496.9	2 332.9	2 490.3	2 244.7	–	1 901.0	3 198.5	2 269.5	102 555

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).

Table NHA.18.14 **Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (e)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
(e)	Most Western Australian private hospitals code same-day dialysis with additional diagnoses, which include chronic diabetic kidney disease.									
(f)	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, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(g)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.									
(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. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of people in that SEIFA quintile in the jurisdiction.									
(i)	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. – Nil or rounded to zero. np Not published.									

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential 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.18.15 **Selected potentially preventable hospitalisations, by SEIFA IRSD deciles, 2009-10 (a), (b), (c)**

	<i>Age-standardised rate per 100 000 population</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (d)		
Decile 1	134.4	2 717
Decile 2	106.9	2 278
Decile 3	90.4	1 884
Decile 4	88.9	1 882
Decile 5	82.5	1 733
Decile 6	88.2	1 721
Decile 7	75.5	1 553
Decile 8	74.3	1 449
Decile 9	65.5	1 360
Decile 10	44.2	1 282
Acute conditions		
SEIFA of residence (d)		
Decile 1	1 848.0	37 622
Decile 2	1 664.2	35 171
Decile 3	1 565.4	32 367
Decile 4	1 562.6	32 914
Decile 5	1 534.5	31 984
Decile 6	1 554.5	30 382
Decile 7	1 321.7	27 073
Decile 8	1 507.6	29 560
Decile 9	1 328.7	27 421
Decile 10	836.2	24 241
Chronic conditions		
SEIFA of residence (d)		
Decile 1	2 487.6	51 494
Decile 2	2 078.1	48 716
Decile 3	1 886.2	43 365
Decile 4	1 887.2	42 980
Decile 5	1 767.1	39 789
Decile 6	1 992.1	37 647
Decile 7	1 392.1	28 569
Decile 8	1 491.7	28 973
Decile 9	1 312.0	27 788
Decile 10	719.6	20 857
All potentially preventable hospitalisations (e)		
SEIFA of residence (d)		
Decile 1	4 443.5	91 292

Table NHA.18.15 Selected potentially preventable hospitalisations, by SEIFA IRSD deciles, 2009-10 (a), (b), (c)

	<i>Age-standardised rate per 100 000 population</i>	<i>no.</i>
Decile 2	3 829.1	85 703
Decile 3	3 524.7	77 229
Decile 4	3 519.8	77 349
Decile 5	3 367.3	73 136
Decile 6	3 618.2	69 430
Decile 7	2 775.9	56 921
Decile 8	3 060.1	59 717
Decile 9	2 695.6	56 343
Decile 10	1 594.2	46 212

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (d) 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. Each SEIFA decile represents approximately 10 per cent of the national population, but does 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. Hence, rates represent the number of separations for patients in each SEIFA decile divided by the total number of people in that SEIFA decile in the jurisdiction.
- (e) 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 Residential Population, 30 June 2009.

Table NHA.18.16 **Selected potentially preventable hospitalisations, by Indigenous status, by remoteness, 2009-10 (rate per 100 000) (a), (b), (c), (d), (e), (f)**

	<i>Indigenous</i>	<i>Other Australians</i>
Major cities	110.2	27.5
Inner regional	124.8	32.5
Outer regional	127.1	35.8
Remote	453.4	38.1
Very remote	208.7	41.1

- (a) Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (e) Data are based on jurisdiction of usual residence for NSW, Queensland, WA, SA only (ACT, Tasmania and NT (private hospitals only) are not included. The data for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated'.
- (f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential 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.

TABLE NHA.18.17

Table NHA.18.17 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses)*, by State and Territory, 2009-10 (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust no.
	<i>age-standardised rate per 100 000 population</i>									
Vaccine-preventable conditions	74.2	72.3	87.3	84.1	89.5	66.1	50.8	243.0	79.6	17 887
Acute conditions <i>excluding dehydration and gastroenteritis</i>	1 001.8	1 102.6	1 176.6	1 118.6	1 179.9	859.1	793.0	1 800.8	1 089.8	243 068
Chronic conditions <i>excluding diabetes complications (additional diagnoses)</i>	1 206.6	1 380.0	1 407.0	1 277.7	1 325.0	1 126.9	957.1	2 251.8	1 307.6	303 628
Total <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses) (d)</i>	2 272.9	2 545.1	2 656.8	2 466.0	2 582.3	2 041.6	1 793.7	4 247.2	2 465.3	561 896

(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) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).

(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 2009.

TABLE NHA.18.18

Table NHA.18.18 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust no.
	<i>age-standardised rate per 100 000 population</i>									
Vaccine preventable conditions										
Indigenous status (e)										
Indigenous	197.4	130.1	370.8	550.0	415.4	75.9	np	749.3	374.5	1 515
Other Australians	72.6	72.4	79.8	72.5	85.6	65.3	51.1	87.7	75.0	15 827
Remoteness of residence (f)										
Major cities	67.1	74.4	85.4	68.6	82.8	..	50.9	..	73.2	11 179
Inner regional	88.4	67.3	71.1	74.5	77.2	67.3	–	..	76.2	3 492
Outer regional	105.5	72.2	93.4	129.6	126.7	66.0	..	127.1	98.7	2 089
Remote	110.5	np	226.0	181.3	107.3	np	..	290.1	182.8	594
Very remote	190.2	..	189.9	291.8	293.5	np	..	520.4	309.3	515
SEIFA of residence (g)										
Quintile 1	93.0	106.1	112.2	226.2	114.8	74.6	np	387.8	110.5	4 995
Quintile 2	73.6	71.5	103.1	99.7	90.2	86.7	np	185.7	81.9	3 766
Quintile 3	76.2	71.1	80.5	79.1	84.6	48.8	np	243.5	77.2	3 454
Quintile 4	65.6	65.7	75.3	80.7	65.1	45.7	64.4	115.3	69.3	3 002
Quintile 5	59.2	58.4	68.5	45.5	68.8	–	46.5	70.4	59.0	2 642
Acute conditions <i>excluding dehydration and gastroenteritis</i>										
Indigenous status (e)										
Indigenous	1 931.9	1 691.6	2 666.1	3 649.5	3 177.2	909.4	1 012.8	3 944.5	2 702.5	13 044
Other Australians	990.7	1 109.6	1 136.9	1 047.9	1 165.5	860.8	788.9	960.3	1 069.9	222 335
Remoteness of residence (f)										
Major cities	925.7	1 058.4	1 071.1	1 054.2	1 126.6	..	792.9	..	1 013.5	154 247
Inner regional	1 169.5	1 250.7	1 238.4	1 049.4	1 102.0	820.6	np	..	1 167.1	51 908

TABLE NHA.18.18

Table NHA.18.18 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Outer regional	1 313.3	1 269.8	1 297.5	1 265.8	1 569.9	931.3	..	1 038.7	1 265.0	26 446
Remote	1 838.3	1 643.8	2 209.8	1 610.3	1 147.7	1 165.9	..	2 581.2	1 846.4	5 972
Very remote	2 159.5	..	2 292.4	2 078.0	2 299.6	814.6	..	2 856.1	2 393.0	4 130
SEIFA of residence (g)										
Quintile 1	1 099.1	1 150.4	1 475.3	1 998.4	1 383.6	880.6	1 729.7	2 375.0	1 263.3	56 990
Quintile 2	1 040.6	1 231.4	1 259.4	1 167.3	1 153.0	1 081.0	949.0	949.3	1 137.2	51 720
Quintile 3	1 059.8	1 100.0	1 174.4	1 044.5	1 228.7	806.9	1 219.2	2 452.9	1 107.7	49 030
Quintile 4	941.4	1 119.2	1 077.6	1 026.5	961.0	752.8	912.3	960.8	1 029.6	44 659
Quintile 5	831.6	965.8	868.3	1 033.9	1 005.5	–	718.7	1 035.9	904.1	40 213
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>										
Indigenous status (e)										
Indigenous	3 468.3	2 911.1	4 614.2	5 312.9	4 730.2	1 309.8	1 625.7	5 632.0	4 365.5	12 676
Other Australians	1 192.5	1 393.7	1 347.8	1 195.7	1 322.9	1 121.3	944.0	1 277.1	1 284.1	280 799
Remoteness of residence (f)										
Major cities	1 112.1	1 371.0	1 350.0	1 154.4	1 262.3	..	956.6	..	1 235.0	191 205
Inner regional	1 327.5	1 386.2	1 379.5	1 385.4	1 291.9	1 093.8	np	..	1 335.6	67 619
Outer regional	1 647.7	1 486.3	1 504.0	1 579.4	1 681.8	1 177.8	..	1 599.9	1 533.8	34 739
Remote	2 193.0	1 458.0	2 129.2	1 827.4	1 350.8	1 543.9	..	2 854.8	2 005.0	6 068
Very remote	2 075.4	..	2 600.1	2 290.0	2 182.6	757.7	..	3 466.2	2 683.0	3 755
SEIFA of residence (g)										
Quintile 1	1 515.9	1 664.8	1 780.9	2 188.7	1 687.1	1 183.6	1 108.6	2 930.9	1 645.9	79 438
Quintile 2	1 300.0	1 558.7	1 471.6	1 510.5	1 335.2	1 549.9	1 097.4	1 344.5	1 403.5	69 931
Quintile 3	1 279.0	1 372.4	1 377.8	1 300.8	1 358.1	1 044.2	1 191.0	3 198.1	1 337.1	60 587
Quintile 4	983.6	1 314.7	1 248.5	1 194.1	991.2	791.7	1 136.6	1 263.7	1 161.2	49 879

TABLE NHA.18.18

Table NHA.18.18 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
Quintile 5	816.7	1 094.7	1 070.2	894.1	892.0	–	867.2	1 574.9	952.1	43 483
All potentially preventable hospitalisations <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (h)</i>										
Indigenous status (e)										
Indigenous	5 557.0	4 699.2	7 560.1	9 391.6	8 256.3	2 239.7	2 681.4	10 152.2	7 358.7	26 982
Other Australians	2 246.2	2 565.9	2 551.9	2 303.7	2 562.2	2 037.8	1 776.9	2 311.3	2 418.4	516 612
Remoteness of residence (f)										
Major cities	2 096.1	2 494.3	2 492.8	2 265.5	2 460.0	..	1 793.2	..	2 311.4	355 035
Inner regional	2 573.5	2 694.9	2 678.3	2 498.5	2 460.5	1 970.5	np	..	2 568.3	122 480
Outer regional	3 054.1	2 813.1	2 879.4	2 951.0	3 361.5	2 165.9	..	2 746.2	2 881.8	62 919
Remote	4 129.2	3 171.5	4 527.5	3 581.1	2 592.0	2 724.3	..	5 669.2	4 002.0	12 533
Very remote	4 393.8	..	5 033.6	4 617.3	4 767.5	1 651.6	..	6 711.5	5 327.0	8 308
SEIFA of residence (g)										
Quintile 1	2 695.7	2 908.8	3 349.5	4 378.4	3 172.2	2 124.7	3 154.8	5 610.7	3 003.7	140 673
Quintile 2	2 403.8	2 847.2	2 818.2	2 761.2	2 566.9	2 708.2	2 070.5	2 450.3	2 609.8	124 781
Quintile 3	2 403.3	2 534.3	2 619.4	2 411.8	2 647.5	1 896.5	2 437.2	5 848.5	2 509.8	112 519
Quintile 4	1 982.8	2 491.8	2 389.5	2 287.6	2 010.2	1 584.5	2 103.5	2 315.8	2 250.5	97 125
Quintile 5	1 701.8	2 112.3	1 997.1	1 963.1	1 960.5	–	1 626.3	2 674.5	1 908.1	86 008

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

(c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

Table NHA.18.18 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
(d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).										
(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, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.										
(f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.										
(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. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of people in that SEIFA quintile in the jurisdiction.										
(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. – Nil or rounded to zero. np Not published.										

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential 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.18.19 Supplementary measure a) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses), by SEIFA IRSD deciles, 2009-10 (a), (b), (c)**

	<i>Age-standardised rate per 100 000 population</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (d)		
Decile 1	134.4	2 717
Decile 2	106.9	2 278
Decile 3	90.4	1 884
Decile 4	88.9	1 882
Decile 5	82.5	1 733
Decile 6	88.2	1 721
Decile 7	75.5	1 553
Decile 8	74.3	1 449
Decile 9	65.5	1 360
Decile 10	44.2	1 282
Acute conditions excluding dehydration and gastroenteritis		
SEIFA of residence (d)		
Decile 1	1 465.8	29 831
Decile 2	1 293.8	27 159
Decile 3	1 241.5	25 514
Decile 4	1 249.7	26 206
Decile 5	1 222.0	25 330
Decile 6	1 213.8	23 700
Decile 7	1 052.6	21 489
Decile 8	1 184.0	23 170
Decile 9	1 036.2	21 251
Decile 10	656.1	18 962
Chronic conditions excluding diabetes complications (additional diagnoses only)		
SEIFA of residence (d)		
Decile 1	1 966.4	40 627
Decile 2	1 658.9	38 811
Decile 3	1 548.1	35 397
Decile 4	1 520.5	34 534
Decile 5	1 401.0	31 446
Decile 6	1 542.7	29 141
Decile 7	1 204.5	24 718
Decile 8	1 291.1	25 161
Decile 9	1 163.3	24 596
Decile 10	650.0	18 887

Table NHA.18.19 Supplementary measure a) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses), by SEIFA IRSD deciles, 2009-10 (a), (b), (c)**

	Age-standardised rate per 100 000 population	no.
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (e)		
SEIFA of residence (d)		
Decile 1	3 547.3	72 780
Decile 2	3 044.2	67 893
Decile 3	2 866.8	62 500
Decile 4	2 844.2	62 281
Decile 5	2 691.7	58 207
Decile 6	2 831.7	54 312
Decile 7	2 322.3	47 546
Decile 8	2 539.2	49 579
Decile 9	2 256.2	47 018
Decile 10	1 345.6	38 990

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian population at 30 June 2001.
- (c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (d) 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.
- (e) 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 2009.

Table NHA.18.20 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses)* by Indigenous status, by remoteness, 2009-10 (rate per 100 000) (a), (b), (c), (d), (e), (f)**

	<i>Indigenous</i>	<i>Other Australians</i>
Major cities	46.6	22.9
Inner regional	60.9	25.9
Outer regional	98.0	29.3
Remote	183.1	31.5
Very remote	153.2	33.8

- (a) Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (e) Data are based on jurisdiction of usual residence for NSW, Queensland, WA, SA only (ACT, Tasmania and NT (private hospitals only) are not included. The data for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated'.
- (f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated

TABLE NHA.18.21

Table NHA.18.21 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by State and Territory, 2009-10 (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust no.
	<i>age-standardised rate per 100 000 population</i>									
Vaccine-preventable conditions	74.2	72.3	87.3	84.1	89.5	66.1	50.8	243.0	79.6	17 887
Acute conditions <i>excluding dehydration and gastroenteritis</i>	1 001.8	1 102.6	1 176.6	1 118.6	1 179.9	859.1	793.0	1 800.8	1 089.8	243 068
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>	878.1	978.1	1 011.4	834.7	1 001.1	768.6	689.6	1 569.8	934.8	217 567
Total <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)</i> (d)	1 947.4	2 147.7	2 266.0	2 030.1	2 264.2	1 687.2	1 527.8	3 584.7	2 097.0	476 880

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (d) More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2009.

TABLE NHA.18.22

Table NHA.18.22 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust no.
	age-standardised rate per 100 000 population									
Vaccine preventable conditions										
Indigenous status (e)										
Indigenous	197.4	130.1	370.8	550.0	415.4	75.9	np	749.3	374.5	1 515
Other Australians	72.6	72.4	79.8	72.5	85.6	65.3	51.1	87.7	75.0	15 827
Remoteness of residence (f)										
Major cities	67.1	74.4	85.4	68.6	82.8	..	50.9	..	73.2	11 179
Inner regional	88.4	67.3	71.1	74.5	77.2	67.3	—	..	76.2	3 492
Outer regional	105.5	72.2	93.4	129.6	126.7	66.0	..	127.1	98.7	2 089
Remote	110.5	np	226.0	181.3	107.3	np	..	290.1	182.8	594
Very remote	190.2	..	189.9	291.8	293.5	np	..	520.4	309.3	515
SEIFA of residence (g)										
Quintile 1	93.0	106.1	112.2	226.2	114.8	74.6	np	387.8	110.5	4 995
Quintile 2	73.6	71.5	103.1	99.7	90.2	86.7	np	185.7	81.9	3 766
Quintile 3	76.2	71.1	80.5	79.1	84.6	48.8	np	243.5	77.2	3 454
Quintile 4	65.6	65.7	75.3	80.7	65.1	45.7	64.4	115.3	69.3	3 002
Quintile 5	59.2	58.4	68.5	45.5	68.8	—	46.5	70.4	59.0	2 642
Acute conditions <i>excluding dehydration and gastroenteritis</i>										
Indigenous status (e)										
Indigenous	1 931.9	1 691.6	2 666.1	3 649.5	3 177.2	909.4	1 012.8	3 944.5	2 702.5	13 044
Other Australians	990.7	1 109.6	1 136.9	1 047.9	1 165.5	860.8	788.9	960.3	1 069.9	222 335
Remoteness of residence (f)										
Major cities	925.7	1 058.4	1 071.1	1 054.2	1 126.6	..	792.9	..	1 013.5	154 247
Inner regional	1 169.5	1 250.7	1 238.4	1 049.4	1 102.0	820.6	np	..	1 167.1	51 908

TABLE NHA.18.22

Table NHA.18.22 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Outer regional	1 313.3	1 269.8	1 297.5	1 265.8	1 569.9	931.3	..	1 038.7	1 265.0	26 446
Remote	1 838.3	1 643.8	2 209.8	1 610.3	1 147.7	1 165.9	..	2 581.2	1 846.4	5 972
Very remote	2 159.5	..	2 292.4	2 078.0	2 299.6	814.6	..	2 856.1	2 393.0	4 130
SEIFA of residence (g)										
Quintile 1	1 099.1	1 150.4	1 475.3	1 998.4	1 383.6	880.6	1 729.7	2 375.0	1 263.3	56 990
Quintile 2	1 040.6	1 231.4	1 259.4	1 167.3	1 153.0	1 081.0	949.0	949.3	1 137.2	51 720
Quintile 3	1 059.8	1 100.0	1 174.4	1 044.5	1 228.7	806.9	1 219.2	2 452.9	1 107.7	49 030
Quintile 4	941.4	1 119.2	1 077.6	1 026.5	961.0	752.8	912.3	960.8	1 029.6	44 659
Quintile 5	831.6	965.8	868.3	1 033.9	1 005.5	–	718.7	1 035.9	904.1	40 213
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>										
Indigenous status (e)										
Indigenous	2 635.8	1 960.1	3 007.6	3 240.0	2 991.8	948.0	1 026.6	3 900.2	2 970.6	8 750
Other Australians	871.8	994.7	976.4	788.2	1 010.4	768.0	681.6	855.2	926.2	201 881
Remoteness of residence (f)										
Major cities	794.4	961.7	979.1	749.0	950.2	..	689.2	..	876.6	136 309
Inner regional	980.5	1 010.1	991.2	881.2	1 010.5	751.7	np	..	966.2	49 096
Outer regional	1 253.4	1 047.6	1 044.2	1 092.2	1 258.2	786.6	..	997.8	1 097.1	24 883
Remote	1 725.7	1 037.8	1 564.1	1 190.2	1 045.8	1 059.1	..	2 277.5	1 476.9	4 460
Very remote	1 582.1	..	1 787.4	1 590.6	1 418.9	711.4	..	2 426.2	1 900.4	2 639
SEIFA of residence (g)										
Quintile 1	1 107.5	1 150.9	1 276.3	1 521.3	1 266.0	795.9	686.4	2 022.5	1 180.7	57 115
Quintile 2	970.6	1 114.5	1 068.0	964.9	1 029.8	1 056.8	766.1	766.7	1 019.2	50 897
Quintile 3	893.5	977.3	1 011.6	846.9	989.1	721.7	776.9	2 443.6	942.4	42 820
Quintile 4	717.7	932.2	899.4	778.2	769.5	570.5	813.8	807.4	830.2	35 805

TABLE NHA.18.22

Table NHA.18.22 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Quintile 5	578.1	781.0	717.3	582.6	664.8	–	631.4	1 101.6	666.4	30 709
All potentially preventable hospitalisations <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)</i> (h)										
Indigenous status (e)										
Indigenous	4 734.3	3 770.3	5 995.3	7 380.4	6 563.6	1 904.0	2 082.3	8 488.5	6 000.2	23 161
Other Australians	1 928.5	2 171.4	2 184.7	1 902.3	2 255.3	1 688.0	1 516.2	1 894.3	2 064.6	438 608
Remoteness of residence (f)										
Major cities	1 781.2	2 089.7	2 125.3	1 865.9	2 153.9	..	1 527.4	..	1 956.9	300 753
Inner regional	2 230.0	2 322.1	2 294.8	1 999.1	2 182.6	1 632.7	np	..	2 202.7	104 153
Outer regional	2 663.9	2 380.1	2 427.6	2 474.0	2 945.4	1 778.1	..	2 149.3	2 451.6	53 209
Remote	3 664.6	2 769.4	3 974.8	2 964.4	2 293.0	2 239.5	..	5 124.1	3 488.5	10 971
Very remote	3 900.5	..	4 251.3	3 942.9	4 012.0	1 605.4	..	5 720.5	4 572.9	7 235
SEIFA of residence (g)										
Quintile 1	2 291.0	2 400.7	2 853.7	3 726.2	2 755.4	1 741.8	2 732.6	4 740.7	2 544.9	118 645
Quintile 2	2 077.7	2 410.4	2 420.0	2 223.8	2 265.6	2 219.2	1 739.1	1 878.7	2 230.5	106 001
Quintile 3	2 021.6	2 143.1	2 257.4	1 964.0	2 297.1	1 575.0	2 029.8	5 115.2	2 120.2	94 978
Quintile 4	1 719.1	2 112.6	2 043.8	1 878.4	1 791.8	1 367.3	1 782.0	1 865.3	1 923.0	83 203
Quintile 5	1 465.1	1 801.5	1 645.7	1 657.1	1 735.9	–	1 391.9	2 201.2	1 624.9	73 352

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

(c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

Table NHA.18.22 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
(d)	Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).									
(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, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(f)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.									
(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. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of people in that SEIFA quintile in the jurisdiction.									
(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. – Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential 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.18.23 Supplementary measure b) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by SEIFA IRSD deciles, 2009-10 (a), (b), (c)**

	Age-standardised rate per 100 000 population	no.
Vaccine preventable conditions		
SEIFA of residence (d)		
Decile 1	134.4	2 717
Decile 2	106.9	2 278
Decile 3	90.4	1 884
Decile 4	88.9	1 882
Decile 5	82.5	1 733
Decile 6	88.2	1 721
Decile 7	75.5	1 553
Decile 8	74.3	1 449
Decile 9	65.5	1 360
Decile 10	44.2	1 282
Acute conditions excluding dehydration and gastroenteritis		
SEIFA of residence (d)		
Decile 1	1 465.8	29 831
Decile 2	1 293.8	27 159
Decile 3	1 241.5	25 514
Decile 4	1 249.7	26 206
Decile 5	1 222.0	25 330
Decile 6	1 213.8	23 700
Decile 7	1 052.6	21 489
Decile 8	1 184.0	23 170
Decile 9	1 036.2	21 251
Decile 10	656.1	18 962
Chronic conditions excluding diabetes complications (all diagnoses)		
SEIFA of residence (d)		
Decile 1	1 410.9	29 179
Decile 2	1 192.7	27 936
Decile 3	1 137.6	26 036
Decile 4	1 093.0	24 861
Decile 5	994.5	22 375
Decile 6	1 080.6	20 445
Decile 7	866.6	17 819
Decile 8	920.7	17 986
Decile 9	822.2	17 467
Decile 10	450.1	13 242

Table NHA.18.23 Supplementary measure b) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by SEIFA IRSD deciles, 2009-10 (a), (b), (c)**

	Age-standardised rate per 100 000 population	no.
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses) (e)		
SEIFA of residence (d)		
Decile 1	2 999.6	61 488
Decile 2	2 584.1	57 157
Decile 3	2 460.7	53 238
Decile 4	2 423.3	52 763
Decile 5	2 291.3	49 264
Decile 6	2 374.6	45 714
Decile 7	1 988.0	40 723
Decile 8	2 172.6	42 480
Decile 9	1 918.3	39 961
Decile 10	1 147.1	33 391

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian population at 30 June 2001.
- (c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (d) 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.
- (e) 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 2009.

Table NHA.18.24 Supplementary measure b) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)**, by Indigenous status, by remoteness, 2009-10 (rate per 100 000) (a), (b), (c), (d), (e), (f)

	Indigenous	Other Australians
Major cities	38.5	19.5
Inner regional	49.7	22.3
Outer regional	78.7	25.2
Remote	154.8	27.6
Very remote	122.9	30.8

- (a) Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (e) Data are based on jurisdiction of usual residence for NSW, Queensland, WA, SA only (ACT, Tasmania and NT (private hospitals only) are not included. The data for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated'.
- (f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential 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.

TABLE NHA.18.25

Table NHA.18.25 **Selected potentially preventable hospitalisations, by State and Territory, 2008-09 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (d)</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
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	1 255.8	1 444.8	1 445.3	1 358.4	1 450.1	1 023.4	1 165.2	2 126.7	1 369.4	299 124
Chronic conditions	1 406.0	1 549.7	1 869.8	2 640.9	1 558.8	1 274.9	1 185.0	2 655.8	1 667.2	378 590
Total (f)	2 720.6	3 058.5	3 375.9	4 046.4	3 064.4	2 347.8	2 393.0	4 956.2	3 096.6	690 855

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.

(b) Rates are age-standardised to the Australian population at 30 June 2001.

(c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).

(d) Most Western Australian private hospitals code same-day dialysis with additional diagnoses, which include chronic diabetic kidney disease.

(e) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's hospital separations.

(f) More than one category may be reported during the same hospitalisation. Therefore, the total 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.18.26

Table NHA.18.26 **Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA (e)	SA	Tas (f)	ACT	NT	Aust	Aust no.
	age-standardised rate per 100 000 population									
Vaccine preventable conditions										
Indigenous status (g)										
Indigenous	161.3	127.8	192.1	344.6	334.7	34.0	np	679.7	270.4	1 117
Other Australians	69.7	77.0	75.4	54.9	68.4	61.0	51.2	90.1	71.3	14 721
Remoteness of residence (h)										
Major cities	62.5	82.3	83.8	58.5	66.8	..	51.2	..	71.2	10 617
Inner regional	87.9	59.8	70.6	49.1	77.2	62.6	—	..	72.2	3 271
Outer regional	100.1	73.6	59.9	65.9	81.6	50.6	..	125.5	76.1	1 604
Remote	131.0	104.0	94.0	112.5	64.1	80.1	..	328.9	130.7	407
Very remote	140.4	..	135.8	148.1	283.8	221.7	..	436.7	238.8	399
SEIFA of residence (i)										
Quintile 1	93.0	110.3	96.2	119.6	81.1	58.6	np	315.8	99.0	4 449
Quintile 2	70.9	78.1	73.7	77.8	77.3	118.8	96.0	266.1	75.1	3 404
Quintile 3	72.0	73.8	75.7	62.4	81.4	48.7	92.0	275.1	73.2	3 189
Quintile 4	58.0	68.7	72.1	53.6	51.0	51.5	53.7	112.1	63.8	2 689
Quintile 5	55.0	63.8	69.2	40.5	58.0	—	46.7	135.4	58.3	2 555
Acute conditions										
Indigenous status (g)										
Indigenous	2 320.5	2 070.1	3 129.4	4 196.6	3 647.9	866.1	1 936.7	4 447.3	3 153.7	14 715
Other Australians	1 246.1	1 452.8	1 403.2	1 274.7	1 434.6	1 033.8	1 162.8	1 175.6	1 349.0	274 711
Remoteness of residence (h)										
Major cities	1 136.0	1 400.0	1 331.0	1 249.8	1 353.1	..	1 164.3	..	1 270.7	189 342
Inner regional	1 510.8	1 574.0	1 469.4	1 305.9	1 433.8	987.7	1 137.4	..	1 460.2	63 593

TABLE NHA.18.26

Table NHA.18.26 **Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (e)</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Outer regional	1 792.8	1 712.0	1 618.6	1 658.0	1 943.1	1 067.6	..	1 312.9	1 625.5	33 292
Remote	2 628.2	1 874.4	2 449.3	1 980.6	1 709.8	1 495.9	..	2 995.8	2 258.1	7 143
Very remote	2 829.0	..	3 186.0	2 734.0	2 991.7	1 768.7	..	3 217.4	3 044.4	5 147
SEIFA of residence (i)										
Quintile 1	1 418.1	1 561.6	1 797.5	2 509.8	1 670.4	1 057.4	1 859.3	2 378.5	1 588.2	70 296
Quintile 2	1 306.2	1 610.8	1 534.5	1 392.6	1 385.4	1 299.5	1 310.4	2 856.3	1 426.3	63 512
Quintile 3	1 301.3	1 438.5	1 435.1	1 253.6	1 548.2	930.3	1 749.5	2 907.0	1 377.9	59 618
Quintile 4	1 160.4	1 429.2	1 322.6	1 287.9	1 199.1	895.4	1 221.4	1 246.8	1 287.4	54 424
Quintile 5	1 039.3	1 261.8	1 111.4	1 235.1	1 284.4	–	1 111.0	1 122.6	1 153.6	50 505
Chronic conditions										
Indigenous status (g)										
Indigenous	5 068.6	4 351.7	8 931.3	44 153.5	7 250.4	1 750.0	2 360.2	6 062.9	11 842.1	29 813
Other Australians	1 383.0	1 561.2	1 756.2	1 972.9	1 542.9	1 270.9	1 171.3	1 719.8	1 573.9	337 156
Remoteness of residence (h)										
Major cities	1 271.8	1 507.8	1 678.2	2 231.4	1 459.6	..	1 185.7	..	1 516.8	229 267
Inner regional	1 590.8	1 603.4	2 172.3	2 716.2	1 501.2	1 219.9	np	..	1 754.8	87 184
Outer regional	1 956.1	1 862.6	1 953.2	3 081.5	2 148.8	1 358.2	..	1 982.2	2 017.2	44 802
Remote	3 151.8	1 867.2	2 466.0	7 644.0	1 517.2	1 601.2	..	3 465.6	3 871.9	11 830
Very remote	2 276.4	..	3 121.2	5 197.7	2 493.4	1 874.2	..	3 712.3	3 726.4	5 056
SEIFA of residence (i)										
Quintile 1	1 796.5	1 894.9	2 574.0	7 209.1	1 978.4	1 378.1	1 827.3	2 767.9	2 147.8	101 630
Quintile 2	1 524.8	1 794.5	2 104.0	3 222.4	1 635.5	1 745.6	1 804.5	3 857.9	1 833.9	89 538
Quintile 3	1 501.2	1 584.1	1 913.2	2 935.1	1 497.9	1 030.0	1 576.4	3 481.8	1 848.6	81 566
Quintile 4	1 143.2	1 434.8	1 474.4	1 965.8	1 193.5	966.0	1 384.4	1 709.7	1 389.3	57 944

TABLE NHA.18.26

Table NHA.18.26 **Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (e)</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Quintile 5	903.9	1 172.6	1 096.8	1 176.3	1 015.0	–	1 058.6	1 761.2	1 055.8	47 284
All potentially preventable hospitalisations (j)										
Indigenous status (g)										
Indigenous	7 508.7	6 520.9	12 109.4	48 477.7	11 136.5	2 629.8	4 422.8	10 941.8	15 140.3	45 303
Other Australians	2 686.8	3 078.2	3 219.8	3 291.1	3 030.8	2 355.0	2 376.7	2 966.9	2 981.2	623 809
Remoteness of residence (h)										
Major cities	2 459.3	2 976.9	3 077.0	3 527.6	2 865.3	..	2 392.9	..	2 846.0	427 307
Inner regional	3 175.3	3 226.3	3 697.4	4 059.8	2 990.5	2 259.3	1 685.4	..	3 273.7	153 388
Outer regional	3 830.5	3 632.9	3 613.8	4 789.0	4 156.1	2 466.2	..	3 384.5	3 701.1	79 306
Remote	5 905.9	3 834.4	4 984.9	9 701.0	3 276.8	3 177.1	..	6 702.1	6 228.8	19 278
Very remote	5 245.8	..	6 363.7	7 976.3	5 725.5	3 787.1	..	7 238.0	6 918.6	10 469
SEIFA of residence (i)										
Quintile 1	3 290.8	3 550.6	4 442.9	9 779.0	3 712.6	2 482.4	3 759.5	5 376.3	3 814.4	175 416
Quintile 2	2 887.0	3 468.1	3 694.7	4 674.5	3 080.3	3 149.6	3 184.4	6 921.5	3 319.2	155 691
Quintile 3	2 863.5	3 083.4	3 408.9	4 239.4	3 109.2	2 004.8	3 417.9	6 574.5	3 286.6	143 790
Quintile 4	2 353.8	2 921.6	2 853.7	3 294.7	2 431.2	1 900.6	2 647.1	3 039.6	2 728.7	114 561
Quintile 5	1 990.3	2 488.4	2 266.9	2 443.3	2 345.6	–	2 209.8	2 994.3	2 258.7	99 947

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

(c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

(d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).

Table NHA.18.26 **Selected potentially preventable hospitalisations, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA (e)	SA	Tas (f)	ACT	NT	Aust	Aust
(e)	Most Western Australian private hospitals code same-day dialysis with additional diagnoses, which include chronic diabetic kidney disease.									
(f)	Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's hospital separations.									
(g)	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, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(h)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.									
(i)	Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of people in that SEIFA quintile in the jurisdiction.									
(j)	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. – Nil or rounded to zero. np Not published.									

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential 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.18.27 **Selected potentially preventable hospitalisations, by SEIFA IRSD deciles, 2008-09 (a), (b), (c)**

	<i>Age-standardised rate per 100 000 population</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (d)		
Decile 1	124.2	2 537
Decile 2	88.2	1 912
Decile 3	82.1	1 716
Decile 4	79.0	1 688
Decile 5	74.7	1 589
Decile 6	82.3	1 600
Decile 7	67.0	1 377
Decile 8	67.3	1 312
Decile 9	65.8	1 359
Decile 10	41.3	1 196
Acute conditions		
SEIFA of residence (d)		
Decile 1	1 772.9	36 046
Decile 2	1 629.5	34 250
Decile 3	1 557.3	32 018
Decile 4	1 499.7	31 494
Decile 5	1 444.6	30 075
Decile 6	1 510.0	29 543
Decile 7	1 289.1	26 349
Decile 8	1 433.1	28 075
Decile 9	1 273.6	26 303
Decile 10	834.1	24 202
Chronic conditions		
SEIFA of residence (d)		
Decile 1	2 497.8	51 657
Decile 2	2 126.3	49 973
Decile 3	1 946.1	44 818
Decile 4	1 965.4	44 720
Decile 5	1 886.1	42 461
Decile 6	2 068.9	39 105
Decile 7	1 435.6	29 470
Decile 8	1 463.3	28 474
Decile 9	1 283.8	27 143
Decile 10	690.7	20 141
All potentially preventable hospitalisations (e)		
SEIFA of residence (d)		
Decile 1	4 369.8	89 728

Table NHA.18.27 Selected potentially preventable hospitalisations, by SEIFA IRSD deciles, 2008-09 (a), (b), (c)

	<i>Age-standardised rate per 100 000 population</i>	<i>no.</i>
Decile 2	3 824.7	85 688
Decile 3	3 568.3	78 169
Decile 4	3 526.9	77 522
Decile 5	3 392.3	73 834
Decile 6	3 646.0	69 956
Decile 7	2 778.5	56 926
Decile 8	2 952.2	57 635
Decile 9	2 612.6	54 585
Decile 10	1 560.1	45 362

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (d) 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. Each SEIFA decile represents approximately 10 per cent of the national population, but does 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. Hence, rates represent the number of separations for patients in each SEIFA decile divided by the total number of people in that SEIFA decile in the jurisdiction.
- (e) 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.18.28 **Selected potentially preventable hospitalisations, by Indigenous status, by remoteness, 2008-09 (rate per 100 000) (a), (b), (c), (d), (e), (f)**

	<i>Indigenous</i>	<i>Other Australians</i>
Major cities	127.2	27.8
Inner regional	111.7	32.7
Outer regional	165.0	36.9
Remote	506.9	37.8
Very remote	216.5	40.1

- (a) Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (e) Data are based on jurisdiction of usual residence for NSW, Queensland, WA, SA only (ACT, Tasmania and NT (private hospitals only) are not included. The data for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated'.
- (f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential 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.

TABLE NHA.18.29

Table NHA.18.29 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses)*, by State and Territory, 2008-09 (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas (d)	ACT	NT	Aust	Aust no.
	<i>age-standardised rate per 100 000 population</i>									
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 <i>excluding dehydration and gastroenteritis</i>	1 002.3	1 096.2	1 166.6	1 110.0	1 171.2	813.0	953.8	1 865.7	1 086.9	236 575
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>	1 220.5	1 384.5	1 421.4	1 278.7	1 415.6	1 193.5	1 078.9	2 332.9	1 327.4	301 018
Total <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)</i> (e)	2 284.6	2 548.2	2 652.7	2 440.5	2 645.7	2 056.5	2 077.6	4 395.4	2 477.8	551 536

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian population at 30 June 2001.
- (c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (d) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's hospital separations.
- (e) 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.18.30

Table NHA.18.30 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas (e)	ACT	NT	Aust	Aust no.
	<i>age-standardised rate per 100 000 population</i>									
Vaccine preventable conditions										
Indigenous status (f)										
Indigenous	161.3	127.8	192.1	344.6	334.7	34.0	np	679.7	270.4	1 117
Other Australians	69.7	77.0	75.4	54.9	68.4	61.0	51.2	90.1	71.3	14 721
Remoteness of residence (g)										
Major cities	62.5	82.3	83.8	58.5	66.8	–	51.2	–	71.2	10 617
Inner regional	87.9	59.8	70.6	49.1	77.2	62.6	–	–	72.2	3 271
Outer regional	100.1	73.6	59.9	65.9	81.6	50.6	–	125.5	76.1	1 604
Remote	131.0	104.0	94.0	112.5	64.1	80.1	–	328.9	130.7	407
Very remote	140.4	–	135.8	148.1	283.8	221.7	–	436.7	238.8	399
SEIFA of residence (h)										
Quintile 1	93.0	110.3	96.2	119.6	81.1	58.6	73.0	315.8	99.0	4 449
Quintile 2	70.9	78.1	73.7	77.8	77.3	118.8	96.0	266.1	75.1	3 404
Quintile 3	72.0	73.8	75.7	62.4	81.4	48.7	92.0	275.1	73.2	3 189
Quintile 4	58.0	68.7	72.1	53.6	51.0	51.5	53.7	112.1	63.8	2 689
Quintile 5	55.0	63.8	69.2	40.5	58.0	–	46.7	135.4	58.3	2 555
Acute conditions <i>excluding dehydration and gastroenteritis</i>										
Indigenous status (f)										
Indigenous	1 971.2	1 721.8	2 768.0	3 673.4	3 113.9	658.6	1 319.1	3 969.5	2 751.0	13 052
Other Australians	991.9	1 101.4	1 126.1	1 034.1	1 154.3	820.9	948.2	1 006.0	1 064.4	215 712
Remoteness of residence (g)										
Major cities	920.7	1 053.2	1 073.2	1 026.1	1 119.5	..	952.7	..	1 010.0	149 997
Inner regional	1 183.1	1 216.6	1 177.6	1 055.3	1 119.2	777.4	1 137.4	..	1 148.0	49 650

TABLE NHA.18.30

Table NHA.18.30 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas (e)	ACT	NT	Aust	Aust
Outer regional	1 350.1	1 355.1	1 307.8	1 331.2	1 447.4	855.6	..	1 153.0	1 280.3	26 143
Remote	1 970.6	1 317.8	2 037.4	1 620.4	1 333.9	1 264.5	..	2 556.9	1 837.8	5 841
Very remote	2 488.6	..	2 630.3	2 243.9	2 484.2	1 561.7	..	2 894.8	2 580.8	4 402
SEIFA of residence (h)										
Quintile 1	1 099.3	1 195.2	1 459.3	2 080.2	1 341.7	851.0	1 563.2	2 120.0	1 258.8	55 491
Quintile 2	1 054.4	1 221.9	1 242.0	1 136.9	1 123.0	1 019.7	1 179.4	2 534.3	1 137.7	50 400
Quintile 3	1 053.1	1 079.7	1 168.7	1 020.4	1 229.3	739.4	1 509.7	2 480.6	1 094.0	47 170
Quintile 4	940.2	1 085.3	1 059.7	1 052.3	988.1	672.3	1 038.9	1 083.3	1 023.0	43 164
Quintile 5	824.7	961.6	882.9	1 006.8	1 042.1	—	887.7	1 011.3	909.8	39 673
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>										
Indigenous status (f)										
Indigenous	3 601.9	2 698.0	4 972.6	5 557.7	5 576.3	1 660.9	2 360.2	5 344.5	4 535.1	12 381
Other Australians	1 209.4	1 399.3	1 362.5	1 193.0	1 410.6	1 189.8	1 066.8	1 492.7	1 303.8	277 970
Remoteness of residence (g)										
Major cities	1 106.4	1 368.9	1 359.8	1 152.2	1 343.4	..	1 079.4	..	1 243.4	188 096
Inner regional	1 383.9	1 409.3	1 367.5	1 413.0	1 362.7	1 143.6	np	..	1 367.2	67 489
Outer regional	1 710.6	1 492.6	1 568.8	1 590.4	1 856.3	1 266.9	..	1 745.5	1 604.3	35 481
Remote	2 288.6	1 572.0	2 131.2	1 689.6	1 382.8	1 488.2	..	3 048.8	2 010.4	5 916
Very remote	1 950.2	..	2 719.9	2 421.9	2 207.4	1 874.2	..	3 230.6	2 699.4	3 645
SEIFA of residence (h)										
Quintile 1	1 544.8	1 676.6	1 775.0	2 233.1	1 773.9	1 285.8	1 710.9	2 431.1	1 667.6	78 897
Quintile 2	1 346.8	1 567.4	1 531.2	1 514.9	1 476.0	1 659.9	1 623.8	3 174.3	1 453.4	70 745
Quintile 3	1 266.0	1 404.5	1 429.7	1 282.2	1 376.6	957.1	1 514.9	3 128.8	1 349.7	59 626
Quintile 4	992.8	1 303.5	1 277.4	1 199.1	1 106.8	919.3	1 265.0	1 512.1	1 184.4	49 341

TABLE NHA.18.30

Table NHA.18.30 Supplementary measure a) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses), by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas (e)	ACT	NT	Aust	Aust
Quintile 5	795.1	1 080.8	983.9	908.3	939.9	–	957.5	1 627.0	935.3	41 875
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (i)										
Indigenous status (f)										
Indigenous	5 708.8	4 528.2	7 831.5	9 425.9	8 959.5	2 333.2	3 805.2	9 823.4	7 471.3	26 332
Other Australians	2 261.8	2 568.3	2 552.2	2 273.9	2 621.1	2 061.6	2 059.7	2 577.4	2 429.5	506 291
Remoteness of residence (g)										
Major cities	2 081.4	2 494.8	2 504.1	2 228.4	2 518.5	..	2 077.1	..	2 315.0	347 265
Inner regional	2 643.6	2 678.1	2 604.2	2 509.0	2 542.3	1 973.7	1 685.4	..	2 577.0	119 899
Outer regional	3 146.8	2 908.1	2 924.1	2 977.4	3 371.1	2 162.9	..	2 998.2	2 947.2	62 930
Remote	4 385.1	2 993.7	4 248.4	3 389.7	2 766.5	2 832.8	..	5 877.1	3 955.4	12 089
Very remote	4 579.3	..	5 423.5	4 754.7	4 957.4	3 580.0	..	6 483.3	5 461.6	8 367
SEIFA of residence (h)										
Quintile 1	2 725.0	2 970.4	3 312.3	4 397.2	3 183.6	2 184.6	3 347.2	4 807.5	3 010.5	138 143
Quintile 2	2 460.4	2 855.6	2 833.9	2 716.4	2 662.6	2 784.1	2 899.2	5 928.7	2 653.9	123 960
Quintile 3	2 382.7	2 549.3	2 662.0	2 357.8	2 672.6	1 741.1	3 116.6	5 818.7	2 507.4	109 562
Quintile 4	1 985.0	2 449.1	2 397.5	2 295.2	2 135.9	1 630.8	2 347.6	2 699.6	2 262.2	94 815
Quintile 5	1 668.9	2 098.6	1 926.8	1 948.1	2 029.0	–	1 886.9	2 748.8	1 896.1	83 783

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

(c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

Table NHA.18.30 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas (e)	ACT	NT	Aust	Aust
(d)	Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).									
(e)	Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's hospital separations.									
(f)	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, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(g)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.									
(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. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of people in that SEIFA quintile in the jurisdiction.									
(i)	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. – Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential 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.18.31 Supplementary measure a) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses), by SEIFA IRSD deciles, 2008-09 (a), (b), (c)**

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (d)		
Decile 1	124.2	2 537
Decile 2	88.2	1 912
Decile 3	82.1	1 716
Decile 4	79.0	1 688
Decile 5	74.7	1 589
Decile 6	82.3	1 600
Decile 7	67.0	1 377
Decile 8	67.3	1 312
Decile 9	65.8	1 359
Decile 10	41.3	1 196
Acute conditions excluding dehydration and gastroenteritis		
SEIFA of residence (d)		
Decile 1	1 421.0	28 889
Decile 2	1 274.2	26 602
Decile 3	1 239.2	25 319
Decile 4	1 198.8	25 081
Decile 5	1 161.2	24 068
Decile 6	1 181.8	23 102
Decile 7	1 033.3	21 051
Decile 8	1 130.6	22 113
Decile 9	1 002.4	20 599
Decile 10	658.5	19 074
Chronic conditions excluding diabetes complications (additional diagnoses only)		
SEIFA of residence (d)		
Decile 1	1 942.5	40 119
Decile 2	1 652.6	38 778
Decile 3	1 585.3	36 306
Decile 4	1 515.4	34 439
Decile 5	1 370.9	30 891
Decile 6	1 521.7	28 735
Decile 7	1 222.3	25 046
Decile 8	1 249.2	24 295
Decile 9	1 130.2	23 887
Decile 10	616.1	17 988

Table NHA.18.31 Supplementary measure a) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses), by SEIFA IRSD deciles, 2008-09 (a), (b), (c)**

	age-standardised rate per 100 000 population	no.
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (e)		
SEIFA of residence (d)		
Decile 1	3 469.8	71 178
Decile 2	3 000.9	66 965
Decile 3	2 893.9	63 056
Decile 4	2 779.5	60 904
Decile 5	2 596.6	56 325
Decile 6	2 775.5	53 237
Decile 7	2 312.3	47 262
Decile 8	2 438.7	47 553
Decile 9	2 189.6	45 661
Decile 10	1 311.3	38 122

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian population at 30 June 2001.
- (c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (d) 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.
- (e) 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.18.32 Supplementary measure a) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by Indigenous status, by remoteness, 2008-09 (rate per 100 000) (a), (b), (c), (d), (e), (f)**

	<i>Indigenous</i>	<i>Other Australians</i>
Major cities	49.2	22.9
Inner regional	59.5	25.9
Outer regional	96.7	29.9
Remote	184.9	31.1
Very remote	158.9	34.0

- (a) Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (e) Data are based on jurisdiction of usual residence for NSW, Queensland, WA, SA only (ACT, Tasmania and NT (private hospitals only) are not included. The data for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated'.
- (f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential 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.18.33

Table NHA.18.33 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses only)*, by State and Territory, 2008-09 (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas (d)	ACT	NT	Aust	Aust no.
	<i>age-standardised rate per 100 000 population</i>									
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 <i>excluding dehydration and gastroenteritis</i>	1 002.3	1 096.2	1 166.6	1 110.0	1 171.2	813.0	953.8	1 865.7	1 086.9	236 575
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>	893.8	989.7	1 026.0	837.3	1 030.8	820.5	761.9	1 573.5	950.4	216 161
Total <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses) (e)</i>	1 961.6	2 157.1	2 262.5	2 005.2	2 265.7	1 686.7	1 761.9	3 660.8	2 105.3	467 685

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (d) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's hospital separations.
- (e) More than one category may be reported during the same hospitalisation. Therefore, the total 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.18.34

Table NHA.18.34 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses only)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas (e)	ACT	NT	Aust	Aust no.
	age-standardised rate per 100 000 population									
Vaccine preventable conditions										
Indigenous status (f)										
Indigenous	161.3	127.8	192.1	344.6	334.7	34.0	np	679.7	270.4	1 117
Other Australians	69.7	77.0	75.4	54.9	68.4	61.0	51.2	90.1	71.3	14 721
Remoteness of residence (g)										
Major cities	62.5	82.3	83.8	58.5	66.8	..	51.2	..	71.2	10 617
Inner regional	87.9	59.8	70.6	49.1	77.2	62.6	—	..	72.2	3 271
Outer regional	100.1	73.6	59.9	65.9	81.6	50.6	..	125.5	76.1	1 604
Remote	131.0	104.0	94.0	112.5	64.1	80.1	..	328.9	130.7	407
Very remote	140.4	..	135.8	148.1	283.8	221.7	..	436.7	238.8	399
SEIFA of residence (h)										
Quintile 1	93.0	110.3	96.2	119.6	81.1	58.6	np	315.8	99.0	4 449
Quintile 2	70.9	78.1	73.7	77.8	77.3	118.8	96.0	266.1	75.1	3 404
Quintile 3	72.0	73.8	75.7	62.4	81.4	48.7	92.0	275.1	73.2	3 189
Quintile 4	58.0	68.7	72.1	53.6	51.0	51.5	53.7	112.1	63.8	2 689
Quintile 5	55.0	63.8	69.2	40.5	58.0	..	46.7	135.4	58.3	2 555
Acute conditions excluding dehydration and gastroenteritis										
Indigenous status (f)										
Indigenous	1 971.2	1 721.8	2 768.0	3 673.4	3 113.9	658.6	1 319.1	3 969.5	2 751.0	13 052
Other Australians	991.9	1 101.4	1 126.1	1 034.1	1 154.3	820.9	948.2	1 006.0	1 064.4	215 712
Remoteness of residence (g)										
Major cities	920.7	1 053.2	1 073.2	1 026.1	1 119.5	..	952.7	..	1 010.0	149 997
Inner regional	1 183.1	1 216.6	1 177.6	1 055.3	1 119.2	777.4	1 137.4	..	1 148.0	49 650

TABLE NHA.18.34

Table NHA.18.34 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses only)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Outer regional	1 350.1	1 355.1	1 307.8	1 331.2	1 447.4	855.6	..	1 153.0	1 280.3	26 143
Remote	1 970.6	1 317.8	2 037.4	1 620.4	1 333.9	1 264.5	..	2 556.9	1 837.8	5 841
Very remote	2 488.6	–	2 630.3	2 243.9	2 484.2	1 561.7	..	2 894.8	2 580.8	4 402
SEIFA of residence (h)										
Quintile 1	1 099.3	1 195.2	1 459.3	2 080.2	1 341.7	851.0	1 563.2	2 120.0	1 258.8	55 491
Quintile 2	1 054.4	1 221.9	1 242.0	1 136.9	1 123.0	1 019.7	1 179.4	2 534.3	1 137.7	50 400
Quintile 3	1 053.1	1 079.7	1 168.7	1 020.4	1 229.3	739.4	1 509.7	2 480.6	1 094.0	47 170
Quintile 4	940.2	1 085.3	1 059.7	1 052.3	988.1	672.3	1 038.9	1 083.3	1 023.0	43 164
Quintile 5	824.7	961.6	882.9	1 006.8	1 042.1	..	887.7	1 011.3	909.8	39 673
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>										
Indigenous status (f)										
Indigenous	2 668.5	1 990.0	3 209.3	3 240.2	3 637.7	1 228.9	1 178.4	3 542.7	3 026.9	8 341
Other Australians	890.7	1 005.9	993.7	789.7	1 038.5	821.8	757.1	947.5	942.8	200 504
Remoteness of residence (g)										
Major cities	798.2	963.6	998.7	742.1	982.4	..	762.8	..	885.0	134 544
Inner regional	1 022.8	1 043.9	974.9	909.0	987.9	766.1	–	..	987.5	48 906
Outer regional	1 310.0	1 091.9	1 104.0	1 143.9	1 330.1	898.1	..	1 101.7	1 164.1	25 741
Remote	1 864.3	1 099.7	1 518.3	1 173.4	1 001.3	1 180.8	..	2 297.8	1 473.7	4 300
Very remote	1 490.0	..	1 696.5	1 582.7	1 581.5	1 710.4	..	2 129.9	1 783.9	2 390
SEIFA of residence (h)										
Quintile 1	1 143.9	1 179.3	1 264.8	1 526.9	1 287.3	879.6	1 354.2	1 657.4	1 198.3	56 828
Quintile 2	989.4	1 139.2	1 099.3	978.4	1 077.4	1 211.9	1 165.2	2 220.9	1 048.1	51 176
Quintile 3	910.1	1 009.8	1 031.7	836.9	1 009.0	679.2	1 013.0	2 261.3	957.9	42 394
Quintile 4	725.4	928.6	937.6	781.5	798.1	583.3	872.4	911.6	845.2	35 348

TABLE NHA.18.34

Table NHA.18.34 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses only)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas (e)	ACT	NT	Aust	Aust
Quintile 5	577.7	768.9	707.5	594.9	692.0	..	684.6	960.5	665.1	30 031
All potentially preventable hospitalisations <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)</i> (i)										
Indigenous status (f)										
Indigenous	4 785.4	3 831.3	6 136.9	7 219.3	7 050.9	1 921.5	2 623.3	8 127.6	6 018.0	22 431
Other Australians	1 946.8	2 178.6	2 187.7	1 875.0	2 253.5	1 696.7	1 751.2	2 038.1	2 072.5	429 670
Remoteness of residence (g)										
Major cities	1 776.8	2 093.1	2 146.8	1 822.5	2 161.9	..	1 761.7	–	1 960.4	294 278
Inner regional	2 286.7	2 316.2	2 216.9	2 011.1	2 170.6	1 599.3	1 137.4	–	2 201.6	101 521
Outer regional	2 750.9	2 513.5	2 465.8	2 536.9	2 851.4	1 798.0	–	2 371.1	2 513.2	53 323
Remote	3 963.5	2 521.5	3 643.2	2 896.2	2 394.8	2 525.4	–	5 156.7	3 433.0	10 519
Very remote	4 119.0	..	4 456.5	3 961.1	4 342.5	3 416.2	–	5 429.5	4 587.6	7 167
SEIFA of residence (h)										
Quintile 1	2 328.6	2 477.8	2 810.3	3 714.2	2 701.3	1 781.3	2 990.5	4 062.4	2 547.4	116 354
Quintile 2	2 108.0	2 432.6	2 407.4	2 188.5	2 269.7	2 340.7	2 440.6	5 001.8	2 254.1	104 648
Quintile 3	2 030.5	2 158.0	2 269.3	1 916.1	2 310.4	1 465.5	2 614.8	4 995.3	2 119.7	92 514
Quintile 4	1 719.6	2 077.4	2 062.1	1 882.9	1 830.4	1 300.4	1 957.2	2 105.5	1 926.6	80 973
Quintile 5	1 454.2	1 789.4	1 652.7	1 638.9	1 787.0	..	1 614.9	2 103.8	1 628.8	72 068

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

Table NHA.18.34 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses only)*, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas (e)	ACT	NT	Aust	Aust
(d)	Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).									
(e)	Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's hospital separations.									
(f)	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, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(g)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.									
(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. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of people in that SEIFA quintile in the jurisdiction.									
(i)	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. – Nil or rounded to zero. np Not published.									

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential 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.18.35 Supplementary measure b) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses only), by SEIFA IRSD deciles, 2008-09 (a), (b), (c)**

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (d)		
Decile 1	124.2	2 537
Decile 2	88.2	1 912
Decile 3	82.1	1 716
Decile 4	79.0	1 688
Decile 5	74.7	1 589
Decile 6	82.3	1 600
Decile 7	67.0	1 377
Decile 8	67.3	1 312
Decile 9	65.8	1 359
Decile 10	41.3	1 196
Acute conditions <i>excluding dehydration and gastroenteritis</i>		
SEIFA of residence (d)		
Decile 1	1 421.0	28 889
Decile 2	1 274.2	26 602
Decile 3	1 239.2	25 319
Decile 4	1 198.8	25 081
Decile 5	1 161.2	24 068
Decile 6	1 181.8	23 102
Decile 7	1 033.3	21 051
Decile 8	1 130.6	22 113
Decile 9	1 002.4	20 599
Decile 10	658.5	19 074
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>		
SEIFA of residence (d)		
Decile 1	1 386.7	28 699
Decile 2	1 196.8	28 129
Decile 3	1 154.3	26 467
Decile 4	1 083.1	24 709
Decile 5	982.8	22 196
Decile 6	1 068.7	20 198
Decile 7	870.2	17 874
Decile 8	895.7	17 474
Decile 9	798.6	16 974
Decile 10	442.7	13 057

Table NHA.18.35 Supplementary measure b) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses only), by SEIFA IRSD deciles, 2008-09 (a), (b), (c)**

	age-standardised rate per 100 000 population	no.
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses) (e)		
SEIFA of residence (d)		
Decile 1	2 922.1	59 922
Decile 2	2 550.2	56 432
Decile 3	2 468.9	53 349
Decile 4	2 353.1	51 299
Decile 5	2 213.0	47 727
Decile 6	2 326.9	44 787
Decile 7	1 964.0	40 170
Decile 8	2 088.7	40 803
Decile 9	1 861.3	38 819
Decile 10	1 139.9	33 249

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded. Totals include Australian residents of external Territories.
- (b) Rates are age-standardised to the Australian population at 30 June 2001.
- (c) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (d) 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.
- (e) 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.18.36 Supplementary measure b) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by Indigenous status, by remoteness, 2008-09 (rate per 100 000) (a), (b), (c), (d), (e), (f)**

	<i>Indigenous</i>	<i>Other Australians</i>
Major cities	40.0	19.5
Inner regional	47.7	22.2
Outer regional	77.9	25.7
Remote	152.0	27.3
Very remote	125.9	29.8

- (a) Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (e) Data are based on jurisdiction of usual residence for NSW, Queensland, WA, SA only (ACT, Tasmania and NT (private hospitals only) are not included. The data for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated'.
- (f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential 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.18.37 **Selected potentially preventable hospitalisations, by Indigenous status, by remoteness, 2007-08 (rate per 100 000) (a), (b), (c), (d), (e), (f)**

	<i>Indigenous</i>	<i>Other Australians</i>
Major cities	141.4	29.2
Inner regional	116.8	33.9
Outer regional	217.8	38.9
Remote	640.7	39.7
Very remote	245.9	40.7

- (a) Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (e) Data are based on jurisdiction of usual residence for NSW, Queensland, WA, SA only (ACT, Tasmania and NT (private hospitals only) are not included. The data for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated'.
- (f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential 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.

Table NHA.18.38 Supplementary measure a) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by Indigenous status, by remoteness, 2007-08 (rate per 100 000) (a), (b), (c), (d), (e), (f)**

	<i>Indigenous</i>	<i>Other Australians</i>
Major cities	43.3	22.7
Inner regional	59.4	26.0
Outer regional	95.3	29.9
Remote	195.7	32.5
Very remote	152.4	33.5

- (a) Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (e) Data are based on jurisdiction of usual residence for NSW, Queensland, WA, SA only (ACT, Tasmania and NT (private hospitals only) are not included).
- (f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential 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.18.39 Supplementary measure b) **Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by Indigenous status, by remoteness, 2007-08 (rate per 100 000) (a), (b), (c), (d), (e), (f)**

	<i>Indigenous</i>	<i>Other Australians</i>
Major cities	35.8	19.4
Inner regional	47.9	22.3
Outer regional	76.1	25.7
Remote	163.0	28.1
Very remote	122.0	29.6

- (a) Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (d) Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11).
- (e) Data are based on jurisdiction of usual residence for NSW, Queensland, WA, SA only (ACT, Tasmania and NT (private hospitals only) are not included. The data for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated'.
- (f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential 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.

NHA Indicator 19:

**Selected potentially avoidable
GP-type presentations to
emergency departments**

TABLE NHA.19.1

Table NHA.19.1 **Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, 2011-12 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total	684 899	545 107	378 043	283 103	103 899	59 830	47 793	40 900	2 143 574

(a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.

(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.

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

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

TABLE NHA.19.2

Table NHA.19.2 **Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2011-12 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Indigenous status (e)									
Indigenous	27 528	7 174	23 498	15 265	3 612	2 852	1 136	12 471	93 536
Other Australians	657 371	537 933	354 545	267 838	100 287	56 978	46 657	28 429	2 050 038
Remoteness of residence (f)									
Major cities	492 160	375 696	213 261	187 331	96 619	..	47 724	..	1 412 791
Inner regional	175 704	146 754	103 193	48 513	4 267	37 880	48	..	516 359
Outer regional	14 210	22 403	43 735	42 432	1 574	21 576	..	23 846	169 776
Remote	1 063	217	16 464	2 866	341	302	..	12 449	33 702
Very remote	100	..	1 382	1 659	864	72	..	4 585	8 662
SEIFA of residence (g)									
Quintile 1	134 526	96 432	104 444	20 620	35 764	38 919	81	10 710	441 496
Quintile 2	212 586	101 339	67 387	57 442	23 624	6 746	1 289	2 580	472 993
Quintile 3	140 758	154 039	76 776	106 244	14 724	8 863	1 851	16 229	519 484
Quintile 4	87 494	109 452	79 529	57 193	17 777	5 302	14 176	8 832	379 755
Quintile 5	107 873	83 808	49 788	41 302	11 775	–	30 023	2 521	327 090
Total (h)	684 899	545 107	378 043	283 103	103 899	59 830	47 793	40 900	2 143 574

(a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.

(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.

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

(e) The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data. Other Australians includes non-Indigenous patients and those for whom Indigenous status was not stated.

TABLE NHA.19.2

Table NHA.19.2 **Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2011-12 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(f)	Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Not all remoteness areas are represented in each State or Territory. The remoteness area 'Major city' does not exist within Tasmania or the Northern Territory, 'Inner regional' does not exist within the Northern Territory, 'Outer regional' does not exist in the Australian Capital Territory, 'Remote' does not exist in the Australian Capital Territory and 'Very remote' does not exist in Victoria or the Australian Capital Territory. However, interstate visitors residing in these remoteness areas may be treated in those states and territories and rates cannot be calculated for those cases.								
(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. Disaggregation by SEIFA area is by usual residence, not SEIFA of hospital 'site'. 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.								
(h)	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. – Nil or rounded to zero.								

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

Table NHA.19.3 Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA IRSD deciles, 2011-12 (number) (a), (b), (c)

	<i>Aust</i>
SEIFA of residence	
Decile 1	196 931
Decile 2	244 565
Decile 3	235 858
Decile 4	237 135
Decile 5	266 160
Decile 6	253 324
Decile 7	186 383
Decile 8	193 372
Decile 9	176 223
Decile 10	150 867

- (a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.
- (b) Limited to peer group A and B public hospitals. For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).
- (c) 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.

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

TABLE NHA.19.4

Table NHA.19.4 **Emergency department presentations, by State and Territory, by hospital peer group, 2011-12 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Peer group A									
Triage category 4	544 721	476 735	364 528	178 611	108 419	38 950	47 283	52 028	1 811 275
Triage category 5	159 404	88 636	43 124	17 384	17 968	9 051	11 488	4 225	351 280
Peer group B									
Triage category 4	203 633	152 030	63 691	131 494	12 171	25 020	354	265	588 658
Triage category 5	45 323	34 436	11 313	19 924	3 142	4 026	95	63	118 322
Total	953 081	751 837	482 656	347 413	141 700	77 047	59 220	56 581	2 869 535

(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.

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

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

TABLE NHA.19.5

Table NHA.19.5 **Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, 2010-11 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total	692 778	555 140	375 169	263 845	117 525	60 182	48 485	42 303	2 155 427

- (a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.
- (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.
- (d) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).

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

TABLE NHA.19.6

Table NHA.19.6 **Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Indigenous status (e)									
Indigenous	26 063	6 923	23 038	14 474	3 856	2 654	1 118	13 494	91 620
Other Australians	666 715	548 217	352 131	249 371	113 669	57 528	47 367	28 809	2 063 807
Remoteness of residence (f)									
Major cities	488 395	376 898	214 491	171 866	109 511	..	48 413	..	1 409 574
Inner regional	184 978	153 990	99 843	45 398	4 603	36 539	53	..	525 404
Outer regional	16 368	24 025	42 342	41 824	1 792	23 183	..	24 892	174 426
Remote	1 222	205	16 783	2 581	493	368	..	12 558	34 210
Very remote	123	..	1 694	1 480	976	90	..	4 842	9 205
SEIFA of residence (g)									
Quintile 1	136 203	97 322	105 586	21 034	40 191	39 807	78	11 234	451 455
Quintile 2	217 694	105 464	68 589	53 168	26 746	6 531	1 277	2 627	482 096
Quintile 3	143 012	157 439	73 688	97 731	16 650	8 886	1 853	16 413	515 672
Quintile 4	87 873	110 216	78 253	51 976	20 392	4 956	14 210	9 217	377 093
Quintile 5	106 327	84 676	49 039	39 683	13 396	–	30 707	2 795	326 623
Total (h)	692 778	555 140	375 169	263 845	117 525	60 182	48 485	42 303	2 155 427

(a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.

(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.

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

TABLE NHA.19.6

Table NHA.19.6 **Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2010-11 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(e)	The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data. Other Australians includes non-Indigenous patients and those for whom Indigenous status was not stated.								
(f)	Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Not all remoteness areas are represented in each State or Territory. The remoteness area 'Major city' does not exist within Tasmania or the Northern Territory, 'Inner regional' does not exist within the Northern Territory, 'Remote' does not exist in the Australian Capital Territory and 'Very remote' does not exist in Victoria or the Australian Capital Territory. However, interstate visitors residing in these remoteness areas may be treated in those states and territories and rates cannot be calculated for those cases.								
(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. Disaggregation by SEIFA area is by usual residence, not SEIFA of hospital 'site'. 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.								
(h)	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. – Nil or rounded to zero.								

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

Table NHA.19.7 Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA IRSD deciles, 2010-11 (number) (a), (b), (c)

	<i>Aust</i>
SEIFA of residence	
Decile 1	201 837
Decile 2	249 618
Decile 3	242 350
Decile 4	239 746
Decile 5	263 146
Decile 6	252 526
Decile 7	186 083
Decile 8	191 010
Decile 9	177 079
Decile 10	149 544

- (a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.
- (b) Limited to peer group A and B public hospitals. For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).
- (c) 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.

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

TABLE NHA.19.8

Table NHA.19.8 **Emergency department presentations, by State and Territory, by hospital peer group, 2010-11 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Peer group A									
Triage category 4	535 591	465 563	356 160	170 323	116 442	39 648	46 001	52 954	1 782 682
Triage category 5	176 410	88 067	45 557	16 458	22 666	7 123	13 049	4 323	373 653
Peer group B									
Triage category 4	202 836	147 253	64 704	123 336	16 363	25 585	354	271	580 702
Triage category 5	49 138	40 780	15 873	14 856	4 112	4 475	104	82	129 420
Total	963 975	741 663	482 294	324 973	159 583	76 831	59 508	57 630	2 866 457

(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.

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

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

TABLE NHA.19.9

Table NHA.19.9 **Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, 2009-10 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total	706 134	550 887	371 539	207 545	117 056	62 534	46 217	37 717	2 099 629

(a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.

(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.

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

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

TABLE NHA.19.10

Table NHA.19.10 **Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Indigenous status (e)									
Indigenous	24 465	6 749	23 160	8 568	3 649	2 472	995	11 987	82 045
Other Australians	681 669	544 138	348 379	198 977	113 407	60 062	45 222	25 730	2 017 584
Remoteness of residence (f)									
Major cities	492 485	375 641	218 192	143 186	109 266	..	46 115	..	1 384 885
Inner regional	194 015	150 990	92 381	41 245	4 666	36 496	49	..	519 842
Outer regional	16 720	24 044	40 294	15 051	1 783	25 579	..	21 715	145 186
Remote	1 146	202	18 709	1 627	513	374	..	11 544	34 115
Very remote	122	..	1 953	839	810	79	..	4 379	8 182
SEIFA of residence (g)									
Quintile 1	143 440	99 783	103 856	12 934	39 713	42 067	58	10 223	452 074
Quintile 2	223 716	102 669	69 118	45 645	25 601	6 937	1 262	2 262	477 210
Quintile 3	144 374	154 247	71 317	64 782	17 782	8 542	1 719	14 758	477 521
Quintile 4	89 999	110 249	78 230	39 247	19 847	4 982	12 935	7 946	363 435
Quintile 5	102 959	83 929	49 006	39 340	14 093	–	29 826	2 447	321 600
Total (h)	706 134	550 887	371 539	207 545	117 056	62 534	46 217	37 717	2 099 629

(a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.

(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.

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

Table NHA.19.10 Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2009-10 (number) (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(e)	The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data. Other Australians includes non-Indigenous patients and those for whom Indigenous status was not stated.								
(f)	Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Not all remoteness areas are represented in each State or Territory. The remoteness area 'Major city' does not exist within Tasmania or the Northern Territory, 'Inner regional' does not exist within the Northern Territory, 'Outer regional' does not exist in the Australian Capital Territory, 'Remote' does not exist in the Australian Capital Territory and 'Very remote' does not exist in Victoria or the Australian Capital Territory. However, interstate visitors residing in these remoteness areas may be treated in those states and territories and rates cannot be calculated for those cases.								
(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. Disaggregation by SEIFA area is by usual residence, not SEIFA of hospital 'site'. 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.								
(h)	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. – Nil or rounded to zero.								

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

Table NHA.19.11 **Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA IRSD deciles, 2009-10 (number) (a), (b), (c)**

	<i>Aust</i>
SEIFA of residence	
Decile 1	208 373
Decile 2	243 701
Decile 3	239 286
Decile 4	237 924
Decile 5	261 817
Decile 6	215 704
Decile 7	176 088
Decile 8	187 347
Decile 9	171 652
Decile 10	149 948

- (a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.
- (b) Limited to peer group A and B public hospitals. For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).
- (c) 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.

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

TABLE NHA.19.12

Table NHA.19.12 **Emergency department presentations, by State and Territory, by hospital peer group, 2009-10 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Peer group A									
Triage category 4	524 349	427 729	346 445	162 276	116 404	37 003	22 088	46 354	1 682 648
Triage category 5	175 581	85 359	46 535	17 018	23 946	6 744	4 541	3 103	362 827
Peer group B									
Triage category 4	222 909	156 097	62 225	69 624	15 416	26 473	21 685	221	574 650
Triage category 5	56 232	61 189	18 439	9 656	3 112	7 468	8 126	104	164 326
Total	979 071	730 374	473 644	258 574	158 878	77 688	56 440	49 782	2 784 451

(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.

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

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

TABLE NHA.19.13

Table NHA.19.13 **Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, 2008-09 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total	648 937	542 164	380 947	193 353	112 517	55 644	44 535	34 703	2 012 800

- (a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.
- (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.
- (d) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).

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

TABLE NHA.19.14

Table NHA.19.14 **Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Indigenous status (e)									
Indigenous	21 567	6 753	23 423	8 277	3 388	2 139	950	10 904	77 401
Other Australians	627 370	535 411	357 524	185 076	109 129	53 505	43 585	23 799	1 935 399
Remoteness of residence (f)									
Major cities	447 224	372 855	221 500	137 440	105 175	..	44 337	..	1 328 531
Inner regional	183 058	144 446	94 528	39 631	4 321	31 977	50	..	498 011
Outer regional	15 956	24 622	42 320	13 580	1 637	23 211	..	20 728	142 054
Remote	1 128	225	20 589	1 525	667	377	..	10 235	34 746
Very remote	131	..	1 998	724	704	78	..	3 715	7 350
SEIFA of residence (g)									
Quintile 1	132 140	103 663	91 950	12 278	38 878	42 310	71	9 002	430 292
Quintile 2	214 547	93 299	72 564	44 059	23 576	2 681	1 247	2 221	454 194
Quintile 3	132 375	151 499	73 983	59 301	17 853	7 473	1 744	13 223	457 451
Quintile 4	75 805	110 170	93 810	41 051	18 933	3 179	12 195	8 281	363 424
Quintile 5	92 630	83 516	48 416	36 211	13 263	–	28 814	1 808	304 658
Total (h)	648 937	542 164	380 947	193 353	112 517	55 644	44 535	34 703	2 012 800

(a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.

(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.

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

(e) The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data. Other Australians includes non-Indigenous patients and those for whom Indigenous status was not stated.

Table NHA.19.14 Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, by Indigenous status, remoteness and SEIFA IRSD quintiles, 2008-09 (number) (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(f)	Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Not all remoteness areas are represented in each State or Territory. The remoteness area 'Major city' does not exist within Tasmania or the Northern Territory, 'Inner regional' does not exist within the Northern Territory, 'Remote' does not exist in the Australian Capital Territory and 'Very remote' does not exist in Victoria or the Australian Capital Territory. However, interstate visitors residing in these remoteness areas may be treated in those states and territories and rates cannot be calculated for those cases.								
(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. Disaggregation by SEIFA area is by usual residence, not SEIFA of hospital 'site'. 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.								
(h)	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. – Nil or rounded to zero.

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

Table NHA.19.15 Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA IRSD deciles, 2008-09 (number) (a), (b), (c)

	<i>Aust</i>
SEIFA of residence	
Decile 1	201 233
Decile 2	229 059
Decile 3	225 754
Decile 4	228 440
Decile 5	248 767
Decile 6	208 684
Decile 7	175 445
Decile 8	187 979
Decile 9	165 036
Decile 10	139 622

- (a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.
- (b) Limited to peer group A and B public hospitals. For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).
- (c) 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.

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

TABLE NHA.19.16

Table NHA.19.16 **Emergency department presentations, by State and Territory, by hospital peer group, 2008-09 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Peer group A									
Triage category 4	488 758	412 104	344 813	131 905	108 641	36 100	40 577	43 128	1 606 026
Triage category 5	163 002	80 885	54 089	14 958	25 050	5 512	13 829	2 215	359 540
Peer group B									
Triage category 4	187 521	158 069	62 055	82 642	15 999	25 486	395	180	532 347
Triage category 5	56 456	66 233	21 569	13 410	2 344	4 610	151	128	164 901
Total	895 737	717 291	482 526	242 915	152 034	71 708	54 952	45 651	2 662 814

(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.

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

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

NHA Indicator 20:

Waiting times for elective surgery

TABLE NHA.20.1

Table NHA.20.1 **Waiting times for elective surgery in public hospitals, by State and Territory, by procedure and hospital peer group, 2011-12 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Peer group A hospitals									
50th percentile									
Cataract extraction	238	56	49	90	103	413	162	170	106
Cholecystectomy	62	56	44	27	63	166	57	56	56
Coronary artery bypass graft	23	18	8	25	18	21	20	–	16
Cystoscopy	25	22	26	34	36	27	55	44	25
Haemorrhoidectomy	75	69	52	34	78	414	83	138	70
Hysterectomy	54	58	55	40	54	43	60	74	55
Inguinal herniorrhaphy	70	62	54	34	73	148	73	73	63
Myringoplasty	320	154	82	87	63	200	399	87	117
Myringotomy	78	53	32	52	56	91	116	46	54
Prostatectomy	57	30	41	42	47	46	45	55	45
Septoplasty	333	177	60	313	143	215	323	111	222
Tonsillectomy	276	110	62	83	68	109	177	74	102
Total hip replacement	226	98	80	128	111	293	193	98	118
Total knee replacement	321	122	113	156	188	610	216	123	190
Varicose veins stripping & ligation	78	142	66	59	132	78	256	265	109
Total (c)	43	34	26	31	35	39	63	36	35
90th percentile									
Cataract extraction	363	164	385	290	352	582	291	267	359
Cholecystectomy	285	170	133	155	116	630	167	225	189
Coronary artery bypass graft	85	83	56	78	84	72	70	–	76
Cystoscopy	102	99	100	177	99	129	230	166	108
Haemorrhoidectomy	340	285	183	196	257	1 002	306	227	286

TABLE NHA.20.1

Table NHA.20.1 **Waiting times for elective surgery in public hospitals, by State and Territory, by procedure and hospital peer group, 2011-12 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Hysterectomy	321	192	155	147	210	189	217	158	213
Inguinal herniorrhaphy	350	183	157	162	340	784	198	283	298
Myringoplasty	378	416	296	238	302	733	588	502	376
Myringotomy	330	184	110	97	112	194	270	111	163
Prostatectomy	174	197	139	170	104	97	188	106	169
Septoplasty	373	448	305	449	338	601	552	414	380
Tonsillectomy	371	344	253	348	317	341	335	308	364
Total hip replacement	369	274	279	315	359	727	434	233	360
Total knee replacement	374	312	358	411	398	950	444	490	374
Varicose veins stripping & ligation	354	472	345	238	363	959	660	562	389
Total (c)	339	193	150	173	195	418	296	212	253
Peer group B hospitals									
50th percentile									
Cataract extraction	231	58	26	33	59	—	..	..	64
Cholecystectomy	59	48	41	25	40	np	..	..	45
Coronary artery bypass graft	—	—	—	—	—	—	—	—	—
Cystoscopy	23	19	17	19	43	—	..	..	21
Haemorrhoidectomy	67	58	62	40	36	np	..	..	54
Hysterectomy	71	53	62	28	146	np	..	..	56
Inguinal herniorrhaphy	80	57	51	22	36	np	..	..	55
Myringoplasty	266	77	np	65	np	np	..	..	84
Myringotomy	54	44	1	43	34	—	..	..	40
Prostatectomy	39	32	27	28	42	—	..	..	32
Septoplasty	286	75	—	67	155	np	..	..	91

TABLE NHA.20.1

Table NHA.20.1 **Waiting times for elective surgery in public hospitals, by State and Territory, by procedure and hospital peer group, 2011-12 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Tonsillectomy	139	70	56	86	57	np	..	..	84
Total hip replacement	217	106	86	90	130	np	..	..	132
Total knee replacement	286	149	162	112	152	np	..	..	202
Varicose veins stripping & ligation	135	84	124	108	273	np	..	..	99
Total (c)	62	38	29	28	49	np	..	..	39
90th percentile									
Cataract extraction	334	212	94	182	100	—	..	..	282
Cholecystectomy	222	118	115	230	99	np	..	..	155
Coronary artery bypass graft	—	—	—	—	—	—	—	—	—
Cystoscopy	90	83	53	83	96	—	..	..	87
Haemorrhoidectomy	162	129	113	295	118	np	..	..	168
Hysterectomy	328	139	263	91	229	np	..	..	244
Inguinal herniorrhaphy	306	126	132	274	92	np	..	..	232
Myringoplasty	376	281	np	259	np	np	..	..	325
Myringotomy	178	120	2	126	61	—	..	..	119
Prostatectomy	175	134	146	91	90	—	..	..	126
Septoplasty	371	334	—	278	235	np	..	..	349
Tonsillectomy	353	274	146	188	146	np	..	..	296
Total hip replacement	355	378	311	219	284	np	..	..	333
Total knee replacement	364	412	441	294	283	np	..	..	364
Varicose veins stripping & ligation	341	209	413	451	367	np	..	..	355
Total (c)	316	166	154	141	235	np	..	..	231

Peer group C hospitals

50th percentile

TABLE NHA.20.1

Table NHA.20.1 **Waiting times for elective surgery in public hospitals, by State and Territory, by procedure and hospital peer group, 2011-12 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Cataract extraction	206	76	83	28	70	np	..	..	94
Cholecystectomy	52	74	47	35	28	np	..	..	43
Coronary artery bypass graft	—	—	—	—	—	—	—	—	—
Cystoscopy	21	22	22	45	19	np	..	..	27
Haemorrhoidectomy	69	48	42	28	22	np	..	..	40
Hysterectomy	65	—	48	49	25	np	..	..	42
Inguinal herniorrhaphy	70	67	54	31	24	np	..	..	46
Myringoplasty	330	—	np	71	58	np	..	..	111
Myringotomy	45	np	36	34	30	—	..	..	31
Prostatectomy	65	88	np	44	21	—	..	..	38
Septoplasty	274	321	np	78	94	np	..	..	151
Tonsillectomy	183	111	33	44	52	np	..	..	80
Total hip replacement	78	91	—	96	181	—	..	..	96
Total knee replacement	131	100	—	108	181	—	..	..	133
Varicose veins stripping & ligation	100	68	177	42	73	np	..	..	90
Total (c)	64	58	29	33	30	np	..	..	44
90th percentile									
Cataract extraction	356	210	150	143	275	np	..	..	329
Cholecystectomy	126	158	98	79	75	np	..	..	106
Coronary artery bypass graft	—	—	—	—	—	—	—	—	—
Cystoscopy	91	149	90	347	81	np	..	..	176
Haemorrhoidectomy	265	271	123	90	76	np	..	..	123
Hysterectomy	203	—	79	125	69	np	..	..	138
Inguinal herniorrhaphy	332	140	136	95	72	np	..	..	237

TABLE NHA.20.1

Table NHA.20.1 **Waiting times for elective surgery in public hospitals, by State and Territory, by procedure and hospital peer group, 2011-12 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Myringoplasty	403	–	np	219	329	np	..	..	349
Myringotomy	155	np	77	141	55	–	..	..	119
Prostatectomy	271	201	np	173	57	–	..	..	158
Septoplasty	364	483	np	270	352	np	..	..	360
Tonsillectomy	345	394	239	179	166	np	..	..	270
Total hip replacement	355	187	–	224	339	–	..	..	345
Total knee replacement	360	307	–	269	347	–	..	..	357
Varicose veins stripping & ligation	294	326	350	210	185	np	..	..	304
Total (c)	330	207	119	160	174	np	..	..	260
All hospitals (d)									
50th percentile									
Cataract extraction	225	61	51	38	78	244	162	170	91
Cholecystectomy	60	54	44	28	42	89	57	63	51
Coronary artery bypass graft	23	18	8	25	18	21	20	–	16
Cystoscopy	25	21	24	29	32	27	55	48	25
Haemorrhoidectomy	70	63	52	34	36	52	83	131	57
Hysterectomy	58	57	55	39	40	53	60	74	53
Inguinal herniorrhaphy	73	60	54	29	33	58	73	73	57
Myringoplasty	314	108	82	84	63	130	399	92	106
Myringotomy	76	49	31	48	43	91	116	43	49
Prostatectomy	56	33	38	34	36	46	45	55	42
Septoplasty	320	101	60	99	133	200	323	110	160
Tonsillectomy	221	98	61	78	64	103	177	73	97
Total hip replacement	193	99	81	95	130	229	193	98	116

TABLE NHA.20.1

Table NHA.20.1 **Waiting times for elective surgery in public hospitals, by State and Territory, by procedure and hospital peer group, 2011-12 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total knee replacement	303	123	120	119	173	476	216	123	184
Varicose veins stripping & ligation	100	112	77	66	119	66	256	236	103
Total (c)	49	36	27	30	34	38	63	39	36
90th percentile									
Cataract extraction	359	192	363	191	323	551	291	280	344
Cholecystectomy	252	161	127	148	104	521	167	267	176
Coronary artery bypass graft	85	83	56	78	84	72	70	–	76
Cystoscopy	101	97	93	176	93	132	230	166	108
Haemorrhoidectomy	304	263	154	181	120	781	306	228	245
Hysterectomy	307	171	167	120	174	200	217	158	207
Inguinal herniorrhaphy	342	175	152	151	142	516	198	283	277
Myringoplasty	376	355	290	259	295	702	588	399	364
Myringotomy	322	144	110	123	98	194	270	122	145
Prostatectomy	178	187	139	135	90	97	188	106	160
Septoplasty	372	370	298	358	316	601	552	414	370
Tonsillectomy	370	333	253	243	254	336	335	301	358
Total hip replacement	365	288	285	266	337	669	434	233	357
Total knee replacement	372	343	362	342	362	833	444	490	371
Varicose veins stripping & ligation	343	417	356	379	363	667	660	562	365
Total (c)	335	189	147	159	191	348	296	219	251

(a) The data presented for this indicator are sourced from the National Elective Surgery Waiting Times Data Collection for 2011-12.

(b) Data are suppressed where there are fewer than 10 elective surgery admissions in the category and where only one public hospital is represented in a cell.

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

TABLE NHA.20.1

Table NHA.20.1 **Waiting times for elective surgery in public hospitals, by State and Territory, by procedure and hospital peer group, 2011-12 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

(d) All hospitals data may include peer groups not observed in individual peer group A, B and C breakdowns.

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

Source: AIHW National Elective Surgery Waiting Times Data Collection.

TABLE NHA.20.2

Table NHA.20.2 **Waiting times for elective surgery in public hospitals, by State and Territory, by Indigenous status and procedure, 2011-12 (days) (a)**

	<i>Indigenous (b)</i>									<i>Other Australians (c)</i>								
	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
All hospitals																		
50th percentile																		
Cataract extraction	271	60	69	90	84	193	162	162	129	224	61	50	37	78	248	162	177	90
Cholecystectomy	61	63	59	41	31	101	np	80	57	60	54	43	27	42	88	57	51	50
Coronary artery bypass graft	18	21	21	59	31	np	np	–	22	23	18	8	24	17	22	21	–	15
Cystoscopy	34	23	24	50	32	29	83	69	35	25	21	24	29	32	27	55	45	25
Haemorrhoidectomy	33	np	47	46	np	np	np	127	47	71	63	52	34	36	65	88	132	58
Hysterectomy	69	61	51	28	48	110	np	50	54	57	57	55	40	39	51	60	92	53
Inguinal herniorrhaphy	49	76	58	16	33	66	np	55	46	74	60	54	29	33	57	73	80	57
Myringoplasty	305	np	85	91	8	np	–	92	91	315	108	81	77	74	114	399	92	113
Myringotomy	86	48	56	57	37	92	112	45	56	76	49	29	46	43	91	118	41	48
Prostatectomy	86	np	38	44	np	np	–	np	51	56	32	38	34	37	44	45	56	42
Septoplasty	275	np	155	np	np	np	np	np	136	321	101	57	101	135	200	323	110	161
Tonsillectomy	158	96	86	118	78	157	133	62	99	227	98	58	77	63	98	192	74	97
Total hip replacement	292	70	176	np	np	np	–	np	173	192	99	80	95	131	227	193	103	115
Total knee replacement	334	69	132	87	np	np	np	np	243	302	123	120	119	173	476	221	123	183
Varicose veins stripping & ligation	146	np	np	np	np	np	np	np	166	98	112	76	66	119	64	256	223	102
Total (d)	56	42	28	35	29	44	74	45	40	49	36	27	30	34	37	63	36	36
90th percentile																		
Cataract extraction	362	232	397	211	261	480	292	319	356	359	192	362	189	323	551	291	268	344
Cholecystectomy	225	220	157	159	108	645	np	271	198	253	161	125	144	104	513	169	265	175

TABLE NHA.20.2

Table NHA.20.2 **Waiting times for elective surgery in public hospitals, by State and Territory, by Indigenous status and procedure, 2011-12 (days) (a)**

	Indigenous (b)									Other Australians (c)								
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Coronary artery bypass graft	79	36	76	172	130	np	np	–	96	85	83	54	63	78	72	71	–	76
Cystoscopy	97	117	90	252	83	134	138	196	132	101	97	93	175	93	129	230	157	108
Haemorrhoidectomy	178	np	281	112	np	np	np	234	224	310	263	154	182	121	794	306	227	245
Hysterectomy	282	184	125	93	98	217	np	145	180	307	171	168	123	174	199	229	165	208
Inguinal herniorrhaphy	336	448	233	148	359	226	np	156	274	342	175	150	152	140	516	196	330	277
Myringoplasty	376	np	326	259	296	np	–	400	346	376	355	285	238	295	565	588	381	367
Myringotomy	331	112	141	172	163	180	280	148	169	322	145	105	113	98	197	269	107	141
Prostatectomy	191	np	254	77	np	np	–	np	176	178	187	139	135	90	97	188	129	160
Septoplasty	365	np	326	np	np	np	np	np	365	372	371	298	358	316	601	560	413	370
Tonsillectomy	364	349	296	336	323	371	267	280	356	370	333	246	238	254	331	338	320	358
Total hip replacement	369	232	288	np	np	np	–	np	376	365	288	284	266	337	665	434	233	356
Total knee replacement	386	211	325	328	np	np	np	np	385	371	343	362	342	362	868	448	490	371
Varicose veins stripping & ligation	352	np	np	np	np	np	np	np	358	343	413	356	385	363	667	666	562	366
Total (d)	338	232	170	171	159	348	292	240	259	335	189	146	159	192	349	296	210	250

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

(b) The quality of the data reported for Indigenous status in the National Elective Surgery Waiting Times Data Collection (NESWTDC) has not been formally assessed; therefore, caution should be exercised when interpreting these data.

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

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

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

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

TABLE NHA.20.3

Table NHA.20.3 **Waiting times for elective surgery in public hospitals, by State and Territory, by Indigenous status and procedure, 2010-11 (days) (a), (b)**

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

TABLE NHA.20.3

Table NHA.20.3 **Waiting times for elective surgery in public hospitals, by State and Territory, by Indigenous status and procedure, 2010-11 (days) (a), (b)**

	<i>Indigenous</i>									<i>Other Australians</i>								
	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Cataract extraction	362	83	309	193	301	np	np	364	354	361	179	333	158	349	425	301	282	342
Cholecystectomy	218	168	151	206	132	400	np	300	171	232	131	139	160	99	457	250	223	156
Coronary artery bypass graft	79	np	75	63	92	np	np	–	76	77	87	56	63	83	83	49	–	72
Cystoscopy	114	78	136	203	141	44	np	223	124	105	99	126	177	97	112	368	224	111
Haemorrhoidectomy	362	np	129	np	np	–	–	250	250	301	240	155	212	220	366	279	239	247
Hysterectomy	267	np	135	82	274	342	np	182	225	302	135	141	127	168	212	202	224	196
Inguinal herniorrhaphy	296	296	130	139	np	401	np	313	252	326	155	161	164	140	591	289	197	246
Myringoplasty	370	np	166	282	321	np	43	551	441	384	354	192	233	354	694	672	469	365
Myringotomy	177	99	118	97	np	187	np	138	119	300	138	105	115	109	197	364	105	129
Prostatectomy	114	np	442	np	–	np	np	np	173	230	158	168	120	91	195	749	135	161
Septoplasty	374	np	431	np	245	np	–	np	380	381	378	262	345	301	694	691	np	371
Tonsillectomy	366	324	190	213	290	317	564	348	354	366	330	181	210	263	293	612	396	343
Total hip replacement	358	np	447	np	np	np	np	np	357	362	335	272	236	316	629	595	261	351
Total knee replacement	366	np	374	np	np	np	np	np	370	371	392	350	306	350	717	573	404	368
Varicose veins stripping & ligation	300	np	np	np	–	np	np	np	358	350	422	302	267	409	421	597	462	359
Total (c)	337	204	155	188	167	353	363	283	260	331	176	148	158	210	349	368	212	243

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

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

TABLE NHA.20.3

Table NHA.20.3 **Waiting times for elective surgery in public hospitals, by State and Territory, by Indigenous status and procedure, 2010-11 (days) (a), (b)**

<i>Indigenous</i>										<i>Other Australians</i>									
<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>		<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	

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

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

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

TABLE NHA.20.4

Table NHA.20.4 **Waiting times for elective surgery in public hospitals by State and Territory, by procedure and hospital peer group 2010-11 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Peer group A hospitals									
50th percentile									
Cataract extraction	218	49	45	97	153	226	140	161	104
Cholecystectomy	62	51	55	34	64	141	68	57	57
Coronary artery bypass graft	15	22	7	14	22	25	12	–	16
Cystoscopy	23	23	31	37	35	29	70	63	27
Haemorrhoidectomy	77	64	62	43	69	150	120	62	66
Hysterectomy	52	52	39	56	60	43	60	71	49
Inguinal herniorrhaphy	62	52	57	33	55	127	76	55	58
Myringoplasty	325	95	70	117	167	186	317	174	113
Myringotomy	65	52	35	45	50	119	148	22	47
Prostatectomy	63	28	49	46	50	81	83	56	49
Septoplasty	334	120	57	168	106	238	393	277	175
Tonsillectomy	228	105	56	84	71	119	334	69	93
Total hip replacement	161	105	77	73	116	351	252	154	111
Total knee replacement	303	145	110	129	150	577	328	213	190
Varicose veins stripping & ligation	78	125	58	70	175	117	323	92	99
Total (c)	39	33	29	29	38	36	75	31	34
90th percentile									
Cataract extraction	364	161	338	268	361	425	300	287	355
Cholecystectomy	250	138	148	180	110	568	261	204	179
Coronary artery bypass graft	77	86	58	63	84	83	49	–	73
Cystoscopy	110	107	133	189	97	112	366	223	121
Haemorrhoidectomy	343	272	178	263	324	649	279	235	282

TABLE NHA.20.4

Table NHA.20.4 **Waiting times for elective surgery in public hospitals by State and Territory, by procedure and hospital peer group 2010-11 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Hysterectomy	315	147	133	144	169	135	222	196	192
Inguinal herniorrhaphy	330	171	157	204	205	876	289	215	255
Myringoplasty	387	440	190	323	355	975	672	548	379
Myringotomy	304	153	109	110	111	197	337	106	144
Prostatectomy	208	175	176	157	91	193	749	148	176
Septoplasty	384	453	258	532	297	715	691	489	398
Tonsillectomy	370	344	181	232	285	304	610	392	356
Total hip replacement	363	328	278	265	334	702	595	273	360
Total knee replacement	374	392	351	348	359	920	567	404	384
Varicose veins stripping & ligation	339	476	268	234	426	455	584	352	393
Total (c)	331	187	152	171	216	377	367	216	245
Peer group B hospitals									
50th percentile									
Cataract extraction	223	58	30	29	75	–	..	..	60
Cholecystectomy	61	42	37	21	33	np	..	..	42
Coronary artery bypass graft	–	–	–	–	–	–	–	–	–
Cystoscopy	20	22	14	9	42	–	–	–	20
Haemorrhoidectomy	57	52	57	29	40	np	..	..	48
Hysterectomy	62	35	50	34	64	np	..	..	45
Inguinal herniorrhaphy	76	52	46	23	43	np	..	..	50
Myringoplasty	338	69	1	73	192	np	..	..	81
Myringotomy	61	46	1	43	29	–	..	..	43
Prostatectomy	44	26	26	24	42	–	..	..	27
Septoplasty	300	86	–	62	210	np	..	..	116

TABLE NHA.20.4

Table NHA.20.4 **Waiting times for elective surgery in public hospitals by State and Territory, by procedure and hospital peer group 2010-11 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Tonsillectomy	130	71	76	79	96	np	..	..	86
Total hip replacement	205	125	87	76	118	np	..	..	123
Total knee replacement	307	152	105	91	119	np	..	..	178
Varicose veins stripping & ligation	178	51	74	56	283	np	..	..	85
Total (c)	62	39	28	25	48	np	..	..	39
90th percentile									
Cataract extraction	347	233	148	92	108	—	..	..	275
Cholecystectomy	209	120	100	186	86	np	..	..	139
Coronary artery bypass graft	—	—	—	—	—	—	—	—	—
Cystoscopy	92	83	55	53	102	—	..	..	83
Haemorrhoidectomy	140	160	110	339	109	np	..	..	140
Hysterectomy	301	101	233	84	194	np	..	..	230
Inguinal herniorrhaphy	288	126	105	279	80	np	..	..	188
Myringoplasty	386	188	2	225	245	np	..	..	344
Myringotomy	176	115	2	114	65	—	..	..	116
Prostatectomy	207	136	119	78	93	—	..	..	118
Septoplasty	385	330	—	203	280	np	..	..	354
Tonsillectomy	356	290	113	198	211	np	..	..	298
Total hip replacement	362	365	261	244	229	np	..	..	351
Total knee replacement	364	400	341	305	312	np	..	..	363
Varicose veins stripping & ligation	363	196	266	335	369	np	..	..	343
Total (c)	329	160	125	125	236	np	..	..	233

Peer group C hospitals

50th percentile

TABLE NHA.20.4

Table NHA.20.4 **Waiting times for elective surgery in public hospitals by State and Territory, by procedure and hospital peer group 2010-11 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Cataract extraction	230	62	83	26	28	np	..	..	100
Cholecystectomy	57	56	63	41	12	np	..	..	50
Coronary artery bypass graft	—	—	—	—	—	—	—	—	—
Cystoscopy	25	25	20	45	7	np	..	..	28
Haemorrhoidectomy	65	73	49	36	14	np	..	..	54
Hysterectomy	62	66	35	56	18	np	..	..	50
Inguinal herniorrhaphy	83	61	90	47	13	np	..	..	64
Myringoplasty	237	269	np	53	114	—	..	..	132
Myringotomy	146	65	74	35	—	—	..	..	50
Prostatectomy	71	64	34	37	18	—	..	..	53
Septoplasty	241	187	np	65	80	np	..	..	157
Tonsillectomy	197	98	28	52	80	np	..	..	97
Total hip replacement	75	85	—	75	—	—	..	..	77
Total knee replacement	101	86	—	84	—	—	..	..	91
Varicose veins stripping & ligation	98	114	122	np	6	np	..	..	109
Total (c)	68	51	29	35	15	np	..	..	49
90th percentile									
Cataract extraction	353	161	160	133	83	np	..	..	338
Cholecystectomy	197	125	162	99	46	np	..	..	133
Coronary artery bypass graft	—	—	—	—	—	—	—	—	—
Cystoscopy	90	92	42	292	34	np	..	..	134
Haemorrhoidectomy	325	189	141	142	55	np	..	..	200
Hysterectomy	267	119	105	157	76	np	..	..	222
Inguinal herniorrhaphy	339	126	244	129	50	np	..	..	280

TABLE NHA.20.4

Table NHA.20.4 **Waiting times for elective surgery in public hospitals by State and Territory, by procedure and hospital peer group 2010-11 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Myringoplasty	354	407	np	177	185	–	..	..	357
Myringotomy	249	207	97	174	–	–	..	..	181
Prostatectomy	343	131	68	155	88	–	..	..	168
Septoplasty	374	360	np	210	349	np	..	..	361
Tonsillectomy	352	219	356	166	230	np	..	..	323
Total hip replacement	358	221	–	177	–	–	..	..	349
Total knee replacement	364	256	–	215	–	–	..	..	358
Varicose veins stripping & ligation	335	275	376	np	19	np	..	..	332
Total (c)	335	158	139	159	91	np	..	..	283
All hospitals (d)									
50th percentile									
Cataract extraction	227	56	48	34	87	238	140	146	90
Cholecystectomy	61	49	52	28	49	68	68	68	53
Coronary artery bypass graft	15	22	7	14	22	25	12	–	16
Cystoscopy	23	23	28	27	35	28	70	83	26
Haemorrhoidectomy	65	62	61	35	55	33	120	66	59
Hysterectomy	55	48	40	43	54	48	60	71	49
Inguinal herniorrhaphy	70	53	58	33	43	55	76	55	57
Myringoplasty	319	84	68	90	181	180	317	149	107
Myringotomy	67	49	35	43	47	119	148	22	47
Prostatectomy	62	28	45	32	48	81	83	56	47
Septoplasty	311	105	58	95	137	234	393	277	154
Tonsillectomy	189	96	56	79	71	119	334	64	92
Total hip replacement	146	106	78	78	117	194	252	154	110

TABLE NHA.20.4

Table NHA.20.4 **Waiting times for elective surgery in public hospitals by State and Territory, by procedure and hospital peer group 2010-11 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total knee replacement	294	144	109	94	136	389	328	213	175
Varicose veins stripping & ligation	100	103	63	68	204	85	323	94	99
Total (c)	47	36	29	30	38	36	75	34	36
90th percentile									
Cataract extraction	361	178	333	159	349	425	300	293	343
Cholecystectomy	231	132	141	161	99	453	261	279	166
Coronary artery bypass graft	77	86	58	63	84	83	49	–	73
Cystoscopy	105	99	126	178	97	112	366	224	116
Haemorrhoidectomy	301	240	155	212	220	366	279	250	248
Hysterectomy	300	136	141	127	168	212	222	196	200
Inguinal herniorrhaphy	325	155	159	164	140	588	289	266	255
Myringoplasty	383	355	190	247	351	694	672	539	369
Myringotomy	297	138	108	114	110	197	337	106	138
Prostatectomy	223	158	169	119	91	193	749	148	166
Septoplasty	381	378	263	353	300	715	691	489	377
Tonsillectomy	366	330	183	210	263	300	610	385	349
Total hip replacement	362	334	273	236	316	645	595	273	357
Total knee replacement	371	392	350	306	350	718	567	404	374
Varicose veins stripping & ligation	350	422	305	274	409	421	584	462	364
Total (c)	331	177	149	159	209	350	367	229	250

(a) The data presented for this indicator are sourced from the National Elective Surgery Waiting Times Data Collection for 2010-11.

(b) Data are suppressed where there are fewer than 10 elective surgery admissions in the category and where only one public hospital is represented in a cell.

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

TABLE NHA.20.4

Table NHA.20.4 **Waiting times for elective surgery in public hospitals by State and Territory, by procedure and hospital peer group 2010-11 (days) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

(d) All hospitals data may include peer groups not observed in individual peer group A, B and C breakdowns.

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

Source: AIHW (unpublished) National Elective Surgery Waiting Times Data Collection.

TABLE NHA.20.5

Table NHA.20.5 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2010-11 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Peer group A hospitals										
50th percentile										
Cataract extraction	89	275	112	102	89	88	207	90	113	85
Cholecystectomy	65	56	69	45	84	56	61	63	38	45
Coronary artery bypass graft	23	20	14	27	17	17	15	17	16	9
Cystoscopy	30	38	29	26	32	25	29	35	28	46
Haemorrhoidectomy	37	np	71	np	np	67	68	58	50	np
Hysterectomy	68	57	38	54	33	49	49	46	43	72
Inguinal herniorrhaphy	38	46	38	np	21	57	64	64	44	34
Myringoplasty	108	86	139	189	176	112	112	107	59	np
Myringotomy	47	42	86	38	91	47	45	56	22	55
Prostatectomy	56	69	100	np	np	47	51	62	53	40
Septoplasty	278	230	np	np	np	195	149	121	263	np
Tonsillectomy	96	93	121	94	104	94	84	101	86	76
Total hip replacement	88	183	167	np	np	105	119	130	147	108
Total knee replacement	121	339	225	np	np	164	245	224	226	158
Varicose veins stripping & ligation	104	108	np	np	np	98	105	86	83	np
Total (c)	38	42	39	30	33	33	36	36	31	29
90th percentile										
Cataract extraction	317	363	353	362	307	339	365	358	355	383
Cholecystectomy	213	252	204	134	174	157	244	224	154	234
Coronary artery bypass graft	71	46	81	67	92	76	70	68	90	46
Cystoscopy	121	212	114	127	223	117	133	141	111	142

TABLE NHA.20.5

Table NHA.20.5 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2010-11 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Haemorrhoidectomy	165	np	221	np	np	284	281	240	145	np
Hysterectomy	266	201	201	177	173	193	186	193	128	253
Inguinal herniorrhaphy	281	274	266	np	104	239	305	269	140	121
Myringoplasty	340	363	370	600	551	379	365	377	196	np
Myringotomy	104	118	158	143	160	142	152	148	92	107
Prostatectomy	198	114	356	np	np	182	153	176	298	120
Septoplasty	380	477	np	np	np	404	395	378	373	np
Tonsillectomy	359	358	356	357	308	354	361	356	309	350
Total hip replacement	357	576	348	np	np	351	375	370	342	242
Total knee replacement	394	471	444	np	np	371	409	387	381	391
Varicose veins stripping & ligation	294	362	np	np	np	411	369	365	348	np
Total (c)	247	314	263	204	211	224	300	275	204	183
Peer group B hospitals										
50th percentile										
Cataract extraction	42	231	np	74	75	58	75	67	45	53
Cholecystectomy	56	44	np	np	np	43	41	33	20	np
Coronary artery bypass graft	na	na	na	na	na	na	na	na	na	na
Cystoscopy	12	40	np	np	np	21	19	14	np	np
Haemorrhoidectomy	20	65	—	—	—	50	45	23	26	—
Hysterectomy	np	np	np	np	np	45	42	68	68	np
Inguinal herniorrhaphy	np	np	np	np	np	56	42	30	21	np
Myringoplasty	78	np	np	1	np	85	81	np	np	—
Myringotomy	35	44	91	np	np	43	48	55	np	np

TABLE NHA.20.5

Table NHA.20.5 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2010-11 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Prostatectomy	np	–	–	np	–	25	31	31	np	np
Septoplasty	np	189	–	–	–	112	127	169	np	np
Tonsillectomy	102	134	123	–	–	77	107	92	46	np
Total hip replacement	np	np	np	–	–	125	122	114	np	–
Total knee replacement	225	np	np	–	–	176	191	168	144	np
Varicose veins stripping & ligation	–	np	np	np	–	85	99	63	np	–
Total (c)	34	43	37	15	51	41	35	36	26	32
90th percentile										
Cataract extraction	274	354	np	321	192	254	328	332	158	110
Cholecystectomy	170	220	np	np	np	146	128	106	90	np
Coronary artery bypass graft	na	na	na	na	na	na	na	na	na	na
Cystoscopy	32	81	np	np	np	83	83	84	np	np
Haemorrhoidectomy	120	65	–	–	–	146	119	75	55	–
Hysterectomy	np	np	np	np	np	238	117	319	119	np
Inguinal herniorrhaphy	np	np	np	np	np	220	142	94	75	np
Myringoplasty	266	np	np	170	np	348	362	np	np	–
Myringotomy	93	143	np	np	np	117	119	95	np	np
Prostatectomy	np	–	–	np	–	128	99	84	np	np
Septoplasty	np	189	–	–	–	354	349	332	np	np
Tonsillectomy	209	349	356	–	–	291	316	247	232	np
Total hip replacement	np	np	np	–	–	343	364	356	np	–
Total knee replacement	392	np	np	–	–	360	368	427	367	np
Varicose veins stripping & ligation	–	np	np	np	–	344	342	330	np	–

TABLE NHA.20.5

Table NHA.20.5 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2010-11 (days) (a)**

	Indigenous					Other Australians (b)				
	Major cities	Inner regional	Outer regional	Remote	Very remote	Major cities	Inner regional	Outer regional	Remote	Very remote
Total (c)	204	264	213	146	168	232	241	242	119	154
Peer group C hospitals										
50th percentile										
Cataract extraction	90	151	175	107	np	69	190	285	186	38
Cholecystectomy	44	41	45	np	—	50	52	54	50	np
Coronary artery bypass graft	na	na	na	na	na	na	na	na	na	na
Cystoscopy	28	np	19	np	np	29	22	28	41	56
Haemorrhoidectomy	np	np	np	—	—	56	51	47	np	np
Hysterectomy	np	52	np	np	—	56	43	52	np	—
Inguinal herniorrhaphy	80	np	np	np	np	63	66	69	49	np
Myringoplasty	np	np	np	—	—	111	269	np	np	—
Myringotomy	43	np	np	—	—	49	62	np	np	—
Prostatectomy	np	np	np	np	—	54	44	68	np	np
Septoplasty	np	np	—	—	—	162	142	72	np	np
Tonsillectomy	50	183	np	np	np	84	124	113	59	np
Total hip replacement	np	np	—	np	—	66	106	320	np	np
Total knee replacement	np	np	np	—	np	71	249	326	199	np
Varicose veins stripping & ligation	—	np	np	—	—	115	101	102	np	np
Total (c)	46	49	57	64	45	49	44	61	42	45
90th percentile										
Cataract extraction	336	348	352	265	np	300	352	364	346	208
Cholecystectomy	140	79	93	np	—	139	122	125	97	np
Coronary artery bypass graft	na	na	na	na	na	na	na	na	na	na

TABLE NHA.20.5

Table NHA.20.5 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2010-11 (days) (a)**

	Indigenous					Other Australians (b)				
	Major cities	Inner regional	Outer regional	Remote	Very remote	Major cities	Inner regional	Outer regional	Remote	Very remote
Cystoscopy	219	np	76	np	np	157	91	95	298	90
Haemorrhoidectomy	np	np	np	–	–	199	269	122	np	np
Hysterectomy	np	104	np	np	–	210	143	322	np	–
Inguinal herniorrhaphy	324	np	np	np	np	253	306	351	98	np
Myringoplasty	np	np	np	–	–	357	329	np	np	–
Myringotomy	62	np	np	–	–	181	219	np	np	–
Prostatectomy	np	np	np	np	–	161	338	139	np	np
Septoplasty	np	np	–	–	–	362	353	342	np	np
Tonsillectomy	244	312	np	np	np	251	344	353	164	np
Total hip replacement	np	np	–	np	–	278	350	365	np	np
Total knee replacement	np	np	np	–	np	357	357	360	279	np
Varicose veins stripping & ligation	–	np	np	–	–	309	345	350	np	np
Total (c)	248	276	310	294	273	237	297	343	290	222
All hospitals (d)										
50th percentile										
Cataract extraction	86	231	125	102	85	75	161	188	88	53
Cholecystectomy	63	48	62	54	82	52	55	55	35	47
Coronary artery bypass graft	23	20	14	27	17	17	15	17	16	9
Cystoscopy	28	34	27	26	38	25	27	32	31	44
Haemorrhoidectomy	41	69	41	np	np	61	56	49	30	112
Hysterectomy	68	56	48	45	41	49	48	47	47	63
Inguinal herniorrhaphy	48	57	37	35	31	57	61	53	34	35
Myringoplasty	92	97	139	45	155	106	114	107	51	np

TABLE NHA.20.5

Table NHA.20.5 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2010-11 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Myringotomy	42	50	86	28	89	46	45	55	22	53
Prostatectomy	49	67	99	np	np	43	47	62	54	40
Septoplasty	258	189	np	np	np	158	140	129	263	np
Tonsillectomy	96	103	121	89	106	91	92	102	77	76
Total hip replacement	83	149	163	np	np	102	118	137	125	99
Total knee replacement	170	339	211	np	205	152	237	237	211	149
Varicose veins stripping & ligation	104	141	np	np	np	98	105	95	88	55
Total (c)	39	43	40	31	39	36	37	39	32	32
90th percentile										
Cataract extraction	331	363	353	330	351	319	361	361	344	340
Cholecystectomy	179	220	173	132	206	154	212	184	154	180
Coronary artery bypass graft	71	46	81	67	92	76	70	68	90	46
Cystoscopy	114	155	113	93	223	113	118	124	137	132
Haemorrhoidectomy	164	364	221	np	np	249	263	217	111	372
Hysterectomy	274	225	238	172	173	203	170	224	141	253
Inguinal herniorrhaphy	281	260	143	245	110	239	287	288	114	129
Myringoplasty	328	363	370	482	538	369	363	369	196	np
Myringotomy	103	118	162	185	160	134	145	148	98	82
Prostatectomy	166	114	356	np	np	171	143	156	238	120
Septoplasty	391	416	np	np	np	377	378	375	388	np
Tonsillectomy	352	357	356	357	308	345	354	353	306	307
Total hip replacement	357	462	348	np	np	345	366	365	324	301
Total knee replacement	360	375	406	np	356	365	393	382	375	390

TABLE NHA.20.5

Table NHA.20.5 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2010-11 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Varicose veins stripping & ligation	294	357	np	np	np	370	359	360	348	227
Total (c)	246	305	265	243	249	228	289	304	218	191

(a) The data presented for this indicator are sourced from the AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database for 2010-11.

(b) The quality of the data reported for Indigenous status in the National Elective Surgery Waiting Times Data Collection (NESWTDC) has not been formally assessed; therefore, caution should be exercised when interpreting these data.

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

(d) All hospitals data may include peer groups not observed in individual peer group A, B and C breakdowns.

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

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

Table NHA.20.6 **Waiting times for elective surgery in public hospitals, by State and Territory, by remoteness area, 2010-11 (days) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
All hospitals									
50th percentile									
Major cities	42	37	28	31	41	48	77	4	36
Inner regional	56	32	29	27	33	35	63	np	38
Outer regional	61	28	34	29	29	38	np	29	39
Remote	43	36	28	32	28	38	np	33	32
Very remote	27	32	35	27	26	55	np	50	35
90th percentile									
Major cities	316	176	140	162	221	222	367	50	229
Inner regional	345	177	157	138	162	353	370	np	289
Outer regional	349	189	166	165	156	342	np	236	303
Remote	338	195	157	182	150	350	np	173	223
Very remote	233	182	185	156	151	425	np	278	221

(a) The data presented for this indicator are sourced from linked records in the National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection. The linked records represent about 97 per cent of all records in the National Elective Surgery Waiting Times Data Collection for 2010-11.

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

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

np Not published.

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

TABLE NHA.20.7

Table NHA.20.7 **Waiting times for elective surgery in public hospitals, by State and Territory, by SEIFA IRSD quintiles, 2010-11 (days) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
All hospitals									
50th percentile									
Quintile 1	52	41	30	29	40	37	61	42	41
Quintile 2	56	35	28	30	40	37	75	39	41
Quintile 3	42	38	29	29	37	34	72	29	35
Quintile 4	43	35	29	31	35	32	78	30	35
Quintile 5	28	30	25	29	35	np	73	34	30
90th percentile									
Quintile 1	338	196	159	170	225	353	370	278	286
Quintile 2	343	180	153	163	211	336	379	237	297
Quintile 3	322	176	146	147	207	352	388	150	209
Quintile 4	319	175	145	168	173	323	367	235	214
Quintile 5	207	150	129	164	183	np	364	223	184

- (a) The data presented for this indicator are sourced from linked records in the National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection. The linked records represent about 97 per cent of all records in the National Elective Surgery Waiting Times Data Collection for 2010-11
- (b) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Data are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, the data represent the waiting times for patients in each SEIFA quintile (regardless of their jurisdiction of residence) in the reporting jurisdiction.
- (c) Data are suppressed where there are fewer than 10 elective surgery admissions in the category.
- np** Not published.

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

Table NHA.20.8 Waiting times for elective surgery in public hospitals, by SEIFA IRSD deciles, 2010-11 (days) (a), (b)

	<i>50th percentile</i>	<i>90th percentile</i>
SEIFA of residence		
Decile 1	42	276
Decile 2	39	295
Decile 3	41	306
Decile 4	40	287
Decile 5	35	229
Decile 6	34	189
Decile 7	35	201
Decile 8	35	225
Decile 9	31	186
Decile 10	29	182

(a) The data presented for this indicator are sourced from linked records in the National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection. The linked records represent about 97 per cent of all records in the National Elective Surgery Waiting Times Data Collection for 2010-11.

(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. Each SEIFA decile represents approximately 10 per cent of the national population, but does 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) linked National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection.

TABLE NHA.20.9

Table NHA.20.9 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2009-10 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Peer group A hospitals										
50th percentile										
Cataract extraction	112	158	124	119	91	76	184	74	91	29
Cholecystectomy	53	49	65	76	47	55	51	48	46	40
Coronary artery bypass graft	26	18	15	30	21	15	14	13	14	10
Cystoscopy	35	35	49	23	87	24	28	35	34	42
Haemorrhoidectomy	np	np	np	np	–	74	83	85	36	np
Hysterectomy	42	63	43	61	35	50	49	54	47	90
Inguinal herniorrhaphy	49	50	51	np	np	57	54	57	52	54
Myringoplasty	140	129	150	155	200	114	109	99	89	np
Myringotomy	42	57	86	61	71	47	57	54	23	np
Prostatectomy	63	61	129	np	np	48	49	60	63	92
Septoplasty	90	np	np	np	–	185	114	111	167	np
Tonsillectomy	101	121	132	55	138	91	96	104	75	159
Total hip replacement	108	230	110	np	np	104	113	127	119	71
Total knee replacement	180	365	209	308	np	164	197	210	167	168
Varicose veins stripping & ligation	60	np	np	np	np	89	92	98	71	np
Total (c)	36	42	38	32	42	32	35	34	29	28
90th percentile										
Cataract extraction	327	362	365	377	380	300	367	341	308	311
Cholecystectomy	153	173	221	180	300	177	180	174	167	84
Coronary artery bypass graft	101	77	104	99	104	86	70	76	104	36

TABLE NHA.20.9

Table NHA.20.9 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2009-10 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Cystoscopy	162	182	264	178	384	123	144	154	147	154
Haemorrhoidectomy	np	np	np	np	–	284	258	290	179	np
Hysterectomy	225	187	92	281	113	202	190	190	90	160
Inguinal herniorrhaphy	261	163	179	np	np	239	245	211	142	198
Myringoplasty	550	368	389	774	724	388	364	365	304	np
Myringotomy	133	135	165	183	202	138	171	155	152	np
Prostatectomy	362	234	289	np	np	198	176	200	180	366
Septoplasty	428	np	np	np	–	449	412	407	675	np
Tonsillectomy	411	365	364	183	461	361	370	356	301	387
Total hip replacement	346	408	407	np	np	343	378	396	370	235
Total knee replacement	371	486	437	406	np	383	408	417	362	355
Varicose veins stripping & ligation	302	np	np	np	np	399	405	377	365	np
Total (c)	262	298	246	230	274	218	287	246	186	203
Peer group B hospitals										
50th percentile										
Cataract extraction	71	99	np	90	201	74	98	111	58	79
Cholecystectomy	45	45	np	np	np	47	42	41	45	np
Coronary artery bypass graft	na	na	na	na	na	na	na	na	na	na
Cystoscopy	8	28	np	–	np	20	25	21	np	np
Haemorrhoidectomy	np	np	–	–	–	60	36	np	np	–
Hysterectomy	28	np	np	np	np	47	51	34	34	50
Inguinal herniorrhaphy	72	np	–	np	–	61	56	56	47	np

TABLE NHA.20.9

Table NHA.20.9 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2009-10 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Myringoplasty	np	np	np	np	–	88	66	95	np	–
Myringotomy	23	np	np	np	–	40	38	70	np	np
Prostatectomy	np	np	–	np	–	27	38	36	np	–
Septoplasty	np	np	–	–	–	96	84	117	np	np
Tonsillectomy	119	56	np	np	np	70	90	87	np	np
Total hip replacement	np	np	np	–	–	155	170	147	np	np
Total knee replacement	392	np	–	–	–	226	274	233	277	–
Varicose veins stripping & ligation	np	np	np	–	–	89	99	108	np	–
Total (c)	44	42	67	42	85	43	39	42	42	42
90th percentile										
Cataract extraction	346	351	np	222	285	261	350	354	166	216
Cholecystectomy	222	96	np	np	np	190	138	93	107	np
Coronary artery bypass graft	na	na	na	na	na	na	na	na	na	na
Cystoscopy	48	57	np	–	np	95	92	143	np	np
Haemorrhoidectomy	np	np	–	–	–	260	141	np	np	–
Hysterectomy	125	np	np	np	np	190	186	90	137	93
Inguinal herniorrhaphy	186	np	–	np	–	262	190	170	282	np
Myringoplasty	np	np	np	np	–	340	337	161	np	–
Myringotomy	114	np	np	np	–	130	147	163	np	np
Prostatectomy	np	np	–	np	–	209	90	81	np	–
Septoplasty	np	np	–	–	–	340	332	294	np	np
Tonsillectomy	436	332	np	np	np	305	315	223	np	np

TABLE NHA.20.9

Table NHA.20.9 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2009-10 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Total hip replacement	np	np	np	–	–	410	401	364	np	np
Total knee replacement	470	np	–	–	–	448	441	436	355	–
Varicose veins stripping & ligation	np	np	np	–	–	370	371	317	np	–
Total (c)	272	177	338	357	338	250	270	288	147	204
Peer group C hospitals										
50th percentile										
Cataract extraction	140	191	237	192	np	59	124	258	72	53
Cholecystectomy	46	56	57	np	np	41	43	59	44	np
Coronary artery bypass graft	na	na	na	na	na	na	na	na	na	na
Cystoscopy	35	41	115	np	np	33	32	32	42	57
Haemorrhoidectomy	np	np	np	–	–	47	56	54	np	–
Hysterectomy	np	np	np	–	–	56	38	86	np	–
Inguinal herniorrhaphy	np	60	np	–	–	49	62	75	np	np
Myringoplasty	np	np	–	–	–	44	68	np	np	–
Myringotomy	16	np	np	–	np	22	46	np	np	np
Prostatectomy	np	–	–	np	np	40	38	70	34	np
Septoplasty	–	–	–	–	–	119	218	105	np	np
Tonsillectomy	np	160	180	np	–	34	99	106	np	np
Total hip replacement	np	–	np	–	–	40	58	255	np	np
Total knee replacement	np	np	np	np	np	40	307	344	191	np
Varicose veins stripping & ligation	np	np	np	np	–	70	80	95	np	np
Total (c)	49	46	77	60	40	42	40	63	35	44

TABLE NHA.20.9

Table NHA.20.9 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2009-10 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
90th percentile										
Cataract extraction	368	364	358	258	np	329	358	363	344	183
Cholecystectomy	195	83	146	np	np	197	150	128	102	np
Coronary artery bypass graft	na	na	na	na	na	na	na	na	na	na
Cystoscopy	101	89	199	np	np	189	105	137	168	269
Haemorrhoidectomy	np	np	np	–	–	218	237	190	np	–
Hysterectomy	np	np	np	–	–	194	175	372	np	–
Inguinal herniorrhaphy	np	157	np	–	–	257	294	336	np	np
Myringoplasty	np	np	–	–	–	309	368	np	np	–
Myringotomy	98	np	np	–	np	118	196	np	np	np
Prostatectomy	np	–	–	np	np	174	216	223	167	np
Septoplasty	–	–	–	–	–	405	375	269	np	np
Tonsillectomy	np	398	296	np	–	226	362	320	np	np
Total hip replacement	np	–	np	–	–	118	358	391	np	np
Total knee replacement	np	np	np	np	np	135	370	391	346	np
Varicose veins stripping & ligation	np	np	np	np	–	325	295	341	np	np
Total (c)	314	271	309	259	277	265	276	337	255	171
All hospitals (d)										
50th percentile										
Cataract extraction	113	147	142	110	142	71	144	139	74	56
Cholecystectomy	49	49	65	70	51	52	48	51	44	41
Coronary artery bypass graft	26	18	15	30	21	15	14	13	14	10

TABLE NHA.20.9

Table NHA.20.9 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2009-10 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Cystoscopy	32	36	56	37	84	24	28	34	36	47
Haemorrhoidectomy	74	39	71	np	np	66	67	63	43	np
Hysterectomy	42	60	53	80	37	49	49	55	43	81
Inguinal herniorrhaphy	51	50	59	56	np	57	56	60	50	56
Myringoplasty	133	134	141	55	68	104	99	98	53	np
Myringotomy	39	57	82	34	2	43	55	54	30	40
Prostatectomy	50	70	129	np	np	45	47	57	59	76
Septoplasty	141	np	303	np	–	150	113	113	94	216
Tonsillectomy	102	119	137	81	124	85	94	103	72	93
Total hip replacement	104	115	110	np	np	106	122	139	119	73
Total knee replacement	179	346	257	276	np	158	209	238	173	154
Varicose veins stripping & ligation	60	np	69	np	np	88	94	97	86	np
Total (c)	38	42	41	33	45	35	37	38	33	32
90th percentile										
Cataract extraction	342	362	364	371	384	307	363	358	308	285
Cholecystectomy	185	163	206	157	240	181	167	159	116	104
Coronary artery bypass graft	101	77	104	99	104	86	70	76	104	36
Cystoscopy	132	144	212	233	474	124	135	147	167	160
Haemorrhoidectomy	168	178	496	np	np	266	229	245	138	np
Hysterectomy	211	184	241	281	135	200	188	236	129	148
Inguinal herniorrhaphy	261	174	260	310	np	244	256	258	159	198
Myringoplasty	507	360	366	568	554	374	362	361	271	np

TABLE NHA.20.9

Table NHA.20.9 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2009-10 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Myringotomy	121	142	165	167	202	134	167	155	161	85
Prostatectomy	362	234	289	np	np	199	159	200	180	366
Septoplasty	428	np	324	np	–	416	404	401	403	433
Tonsillectomy	398	365	363	327	461	354	364	349	321	387
Total hip replacement	335	394	407	np	np	355	378	394	357	359
Total knee replacement	411	459	437	406	np	401	413	412	362	331
Varicose veins stripping & ligation	388	np	692	np	np	391	371	363	433	np
Total (c)	270	283	258	246	311	231	282	283	189	211

(a) The data presented for this indicator are sourced from the AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database for 2009-10.

(b) The quality of the data reported for Indigenous status in the National Elective Surgery Waiting Times Data Collection (NESWTDC) has not been formally assessed; therefore, caution should be exercised when interpreting these data.

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

(d) All hospitals data may include peer groups not observed in individual peer group A, B and C breakdowns.

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

Source: AIHW National Elective Surgery Waiting Times Data Collection and AIHW National Hospital Morbidity Database.

TABLE NHA.20.10

Table NHA.20.10 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2008-09 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Peer group A hospitals										
50th percentile										
Cataract extraction	84	159	97	94	83	76	139	86	112	73
Cholecystectomy	53	47	44	47	66	47	46	52	57	49
Coronary artery bypass graft	22	13	13	20	34	14	13	16	8	12
Cystoscopy	26	43	51	40	47	25	29	34	35	36
Haemorrhoidectomy	45	np	53	np	—	58	58	73	41	np
Hysterectomy	57	36	57	36	45	45	48	54	47	53
Inguinal herniorrhaphy	48	23	56	73	np	53	45	51	46	58
Myringoplasty	125	173	106	148	340	104	91	101	np	np
Myringotomy	62	45	64	62	66	41	43	39	26	32
Prostatectomy	np	48	np	np	np	41	43	53	57	54
Septoplasty	312	86	np	np	np	158	123	105	81	np
Tonsillectomy	101	119	118	69	72	87	84	86	62	73
Total hip replacement	98	169	135	np	np	98	113	124	98	113
Total knee replacement	136	273	190	np	np	129	215	225	224	293
Varicose veins stripping & ligation	56	np	np	np	np	74	88	89	99	np
Total (c)	33	39	35	32	35	29	32	34	30	30
90th percentile										
Cataract extraction	272	356	314	391	385	282	364	341	343	346
Cholecystectomy	219	268	145	87	227	165	195	183	190	101
Coronary artery bypass graft	89	88	59	67	97	98	91	91	97	60
Cystoscopy	109	193	209	187	138	130	153	155	147	156

TABLE NHA.20.10

Table NHA.20.10 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2008-09 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Haemorrhoidectomy	129	np	412	np	–	239	251	318	98	np
Hysterectomy	154	118	117	136	91	169	160	169	130	110
Inguinal herniorrhaphy	143	120	245	258	np	220	258	332	163	146
Myringoplasty	394	363	341	1 656	1 799	393	374	372	np	np
Myringotomy	141	228	181	126	149	147	147	118	101	113
Prostatectomy	np	173	np	np	np	170	149	136	113	306
Septoplasty	398	311	np	np	np	417	393	412	2 470	np
Tonsillectomy	357	288	244	442	524	353	340	332	190	287
Total hip replacement	284	464	346	np	np	353	369	388	347	300
Total knee replacement	366	386	409	np	np	386	415	430	388	423
Varicose veins stripping & ligation	197	np	np	np	np	342	344	365	323	np
Total (c)	225	256	209	195	242	200	246	231	196	177
Peer group B hospitals										
50th percentile										
Cataract extraction	np	288	np	79	165	63	204	136	62	110
Cholecystectomy	44	52	46	np	np	43	48	32	36	np
Coronary artery bypass graft	na	na	na	na	na	na	na	na	na	na
Cystoscopy	27	np	np	np	–	15	25	29	16	–
Haemorrhoidectomy	np	np	np	–	–	46	48	34	np	np
Hysterectomy	48	np	np	–	–	50	49	83	107	np
Inguinal herniorrhaphy	120	41	np	–	np	51	54	49	47	np
Myringoplasty	np	np	np	np	–	71	77	np	np	np
Myringotomy	55	np	np	1	np	50	50	78	np	–

TABLE NHA.20.10

Table NHA.20.10 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2008-09 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Prostatectomy	np	np	np	—	—	26	43	49	np	—
Septoplasty	np	np	—	—	—	86	119	189	—	—
Tonsillectomy	100	101	np	np	—	81	86	120	np	np
Total hip replacement	np	np	np	—	—	118	108	258	114	np
Total knee replacement	np	np	np	—	—	194	181	284	212	np
Varicose veins stripping & ligation	np	np	—	—	np	83	86	54	np	np
Total (c)	51	37	38	23	101	39	41	44	51	57
90th percentile										
Cataract extraction	np	365	np	172	283	216	347	336	222	225
Cholecystectomy	140	127	418	np	np	153	130	112	306	np
Coronary artery bypass graft	na	na	na	na	na	na	na	na	na	na
Cystoscopy	177	np	np	np	—	93	101	113	102	—
Haemorrhoidectomy	np	np	np	—	—	175	171	244	np	np
Hysterectomy	168	np	np	—	—	172	162	378	522	np
Inguinal herniorrhaphy	160	143	np	—	np	191	182	397	137	np
Myringoplasty	np	np	np	np	—	292	350	np	np	np
Myringotomy	210	np	np	27	np	113	136	248	np	—
Prostatectomy	np	np	np	—	—	200	145	169	np	—
Septoplasty	np	np	—	—	—	315	349	342	—	—
Tonsillectomy	280	338	np	np	—	299	331	344	np	np
Total hip replacement	np	np	np	—	—	364	419	672	404	np
Total knee replacement	np	np	np	—	—	382	461	720	496	np
Varicose veins stripping & ligation	np	np	—	—	np	483	429	484	np	np

TABLE NHA.20.10

Table NHA.20.10 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2008-09 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Total (c)	227	295	179	151	225	210	265	331	212	246
Peer group C hospitals										
50th percentile										
Cataract extraction	81	111	166	np	np	58	114	139	108	154
Cholecystectomy	16	57	43	np	np	48	40	54	89	np
Coronary artery bypass graft	na	na	na	na	na	na	na	na	na	na
Cystoscopy	25	np	np	np	np	27	26	28	34	47
Haemorrhoidectomy	np	np	np	—	—	54	43	35	np	—
Hysterectomy	np	57	np	np	—	62	44	63	np	—
Inguinal herniorrhaphy	59	40	np	np	—	56	51	67	67	np
Myringoplasty	np	np	np	—	—	85	167	np	np	—
Myringotomy	6	np	—	—	np	36	29	np	np	np
Prostatectomy	np	np	—	—	np	29	32	55	np	np
Septoplasty	—	np	np	—	—	120	91	66	np	—
Tonsillectomy	16	90	177	—	np	63	65	112	np	np
Total hip replacement	np	np	np	—	—	49	135	164	np	np
Total knee replacement	68	np	np	np	—	61	126	317	np	np
Varicose veins stripping & ligation	—	np	np	—	—	119	84	113	np	—
Total (c)	43	41	46	56	44	43	37	51	38	35
90th percentile										
Cataract extraction	304	307	314	np	np	289	338	344	340	309
Cholecystectomy	90	97	118	np	np	188	132	152	131	np
Coronary artery bypass graft	na	na	na	na	na	na	na	na	na	na

TABLE NHA.20.10

Table NHA.20.10 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2008-09 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Cystoscopy	441	np	np	np	np	168	89	115	333	174
Haemorrhoidectomy	np	np	np	—	—	241	150	154	np	—
Hysterectomy	np	260	np	np	—	191	206	186	np	—
Inguinal herniorrhaphy	260	132	np	np	—	206	172	247	295	np
Myringoplasty	np	np	np	—	—	361	328	np	np	—
Myringotomy	67	np	—	—	np	134	108	np	np	np
Prostatectomy	np	np	—	—	np	197	221	164	np	np
Septoplasty	—	np	np	—	—	362	304	263	np	—
Tonsillectomy	168	194	250	—	np	250	336	275	np	np
Total hip replacement	np	np	np	—	—	187	332	371	np	np
Total knee replacement	265	np	np	np	—	240	345	401	np	np
Varicose veins stripping & ligation	—	np	np	—	—	312	244	280	np	—
Total (c)	250	175	279	284	176	224	210	280	195	210
All hospitals (d)										
50th percentile										
Cataract extraction	86	168	118	98	113	69	146	112	105	105
Cholecystectomy	43	48	44	49	78	46	44	49	52	42
Coronary artery bypass graft	22	13	13	20	34	14	13	16	8	12
Cystoscopy	26	37	42	40	56	23	28	33	35	37
Haemorrhoidectomy	43	32	43	np	—	54	48	48	42	59
Hysterectomy	56	38	66	36	45	47	48	57	58	49
Inguinal herniorrhaphy	55	34	45	85	21	53	48	53	48	35
Myringoplasty	105	190	107	77	28	92	85	99	110	np

TABLE NHA.20.10

Table NHA.20.10 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2008-09 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Myringotomy	55	46	65	27	29	43	43	42	34	34
Prostatectomy	81	53	np	np	np	38	42	51	50	54
Septoplasty	288	86	154	np	np	130	118	108	81	np
Tonsillectomy	97	116	112	69	114	84	83	88	64	81
Total hip replacement	103	130	171	np	np	93	112	137	87	143
Total knee replacement	101	273	195	np	np	120	196	253	166	235
Varicose veins stripping & ligation	64	np	np	np	np	80	89	91	81	np
Total (c)	35	39	36	32	40	33	35	37	35	34
90th percentile										
Cataract extraction	291	353	314	364	389	275	355	343	337	305
Cholecystectomy	181	154	145	142	470	167	163	162	218	98
Coronary artery bypass graft	89	88	59	67	97	98	91	91	97	60
Cystoscopy	131	144	176	187	157	128	135	141	147	165
Haemorrhoidectomy	127	295	407	np	—	219	189	209	98	259
Hysterectomy	163	139	153	145	91	171	164	198	171	105
Inguinal herniorrhaphy	191	132	210	269	204	212	217	266	175	156
Myringoplasty	381	363	341	563	446	368	360	355	375	np
Myringotomy	138	228	181	126	132	139	145	124	101	113
Prostatectomy	283	114	np	np	np	176	147	146	113	306
Septoplasty	398	336	509	np	np	377	367	393	2 470	np
Tonsillectomy	345	322	232	399	524	335	335	332	234	260
Total hip replacement	311	464	386	np	np	351	369	415	349	486
Total knee replacement	366	374	390	np	np	377	412	452	412	422

TABLE NHA.20.10

Table NHA.20.10 **Waiting times for elective surgery in public hospitals, Indigenous status, by remoteness, by procedure and hospital peer group, 2008-09 (days) (a)**

	<i>Indigenous</i>					<i>Other Australians (b)</i>				
	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>	<i>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Very remote</i>
Varicose veins stripping & ligation	223	np	np	np	np	365	323	338	385	np
Total (c)	226	258	213	208	270	206	246	251	204	199

(a) The data presented for this indicator are sourced from the AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database for 2008-09.

(b) The quality of the data reported for Indigenous status in the National Elective Surgery Waiting Times Data Collection (NESWTDC) has not been formally assessed; therefore, caution should be exercised when interpreting these data.

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

(d) All hospitals data may include peer groups not observed in individual peer group A, B and C breakdowns.

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

Source: AIHW National Elective Surgery Waiting Times Data Collection and AIHW National Hospital Morbidity Database.

NHA Indicator 21:

Waiting times for emergency hospital care

TABLE NHA.21.1

Table NHA.21.1 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2011-12 (a), (b)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Total (Peer group A and B hospitals)											<i>no.</i>
Triage category 1	%	100	100	100	99	100	100	100	100	100	40 074
Triage category 2	%	82	82	82	75	78	77	76	62	80	587 604
Triage category 3	%	70	71	62	50	66	64	50	45	65	1 915 685
Triage category 4	%	72	66	69	65	72	71	47	40	68	2 247 759
Triage category 5	%	87	86	90	93	89	88	81	78	88	409 589
Total (d)	%	74	71	69	63	72	71	55	46	70	5 200 872
Total number (d), (e)	<i>no.</i>	1 575 362	1 290 734	1 050 411	648 062	300 835	130 119	109 724	95 625	5 200 872	

- (a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.
- (b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided over 80 per cent of Emergency Department services.
- (c) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B).
- (d) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (e) The totals include records for which the triage category was not assigned or not reported.

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

TABLE NHA.21.2

Table NHA.21.2 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2011-12 (a), (b)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
											<i>no.</i>
Peer group A hospitals											
Triage category 1	%	100	100	100	100	100	100	100	100	100	35 580
Triage category 2	%	83	82	81	75	77	73	76	62	80	491 940
Triage category 3	%	69	69	61	47	65	54	50	45	64	1 545 234
Triage category 4	%	72	66	69	65	72	61	47	40	67	1 694 540
Triage category 5	%	87	87	90	93	88	86	81	78	87	306 601
Total (d)	%	74	71	68	62	71	63	55	46	69	4 074 011
Total number (d), (e)	no.	1 225 137	1 003 224	904 723	385 413	266 275	83 890	109 724	95 625	4 074 011	
Peer group B hospitals											
Triage category 1	%	100	100	100	96	100	99	..	..	99	4 494
Triage category 2	%	81	84	89	76	82	89	..	..	81	95 664
Triage category 3	%	73	77	66	54	74	84	..	..	69	370 451
Triage category 4	%	73	66	69	66	75	84	..	..	70	553 219
Triage category 5	%	88	85	90	93	94	94	..	..	89	102 988
Total (d)	%	75	73	72	65	77	85	..	..	72	1 126 861
Total number (d), (e)	no.	350 225	287 510	145 688	262 649	34 560	46 229	..	..	1 126 861	
Total (Peer group A and B hospitals)											
Triage category 1	%	100	100	100	99	100	100	100	100	100	40 074
Triage category 2	%	82	82	82	75	78	77	76	62	80	587 604
Triage category 3	%	70	71	62	50	66	64	50	45	65	1 915 685
Triage category 4	%	72	66	69	65	72	71	47	40	68	2 247 759
Triage category 5	%	87	86	90	93	89	88	81	78	88	409 589

TABLE NHA.21.2

Table NHA.21.2 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2011-12 (a), (b)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Total (d)	%	74	71	69	63	72	71	55	46	70	5 200 872
Total number (d), (e)	no.	1 575 362	1 290 734	1 050 411	648 062	300 835	130 119	109 724	95 625	5 200 872	

- (a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the
- (b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided over 80 per cent of Emergency Department services.
- (c) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B).
- (d) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (e) The totals include records for which the triage category was not assigned or not reported.
- .. Not applicable.

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

TABLE NHA.21.3

Table NHA.21.3 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by Indigenous status, 2011-12 (a), (b), (c)**

	Unit	NSW	Vic	Qld	WA	SA	Tas (d)	ACT	NT	Aust	Aust (total number)
Total (Peer group A and B hospitals)											no.
Indigenous											
Triage category 1	%	100	100	100	98	100	100	np	100	100	1 816
Triage category 2	%	81	77	83	76	78	81	74	63	78	22 109
Triage category 3	%	67	74	67	58	65	62	49	50	63	81 910
Triage category 4	%	70	70	70	70	69	70	47	43	65	99 846
Triage category 5	%	86	89	88	93	88	87	80	76	87	17 194
Total (e)	%	72	74	71	69	71	70	54	49	67	222 876
Total number (e), (f)	no.	53 731	16 537	62 162	35 167	9 361	5 543	2 592	37 783	222 876	
Other Australians											
Triage category 1	%	100	100	100	99	100	100	100	100	100	38 258
Triage category 2	%	82	83	82	75	78	77	76	62	81	565 495
Triage category 3	%	70	71	62	49	66	64	50	41	65	1 833 775
Triage category 4	%	72	66	69	65	73	71	47	39	68	2 147 913
Triage category 5	%	87	86	90	93	89	89	81	80	88	392 395
Total (e)	%	74	71	68	63	72	71	55	44	70	4 977 996
Total number (e), (f)	no.	1 521 631	1 274 197	988 249	612 895	291 474	124 576	107 132	57 842	4 977 996	

- (a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.
- (b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided over 80 per cent of Emergency Department services.

TABLE NHA.21.3

Table NHA.21.3 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by Indigenous status, 2011-12 (a), (b), (c)**

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
(c) The quality of the identification of Indigenous patients in National Non-admitted Patient Emergency Department Care Database has not been assessed. Identification of Indigenous patients is not considered to be complete, and completeness may vary among the states and territories.										
(d) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B).										
(e) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.										
(f) The totals include records for which the triage category was not assigned or not reported.										
np Not published										

Source : AIHW (2012), National Non-admitted Patient Emergency Department Care Database.

TABLE NHA.21.4

Table NHA.21.4 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2011-12 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Total (Peer group A and B hospitals)											<i>no.</i>
Major cities											
Triage category 1	%	100	100	100	100	100	100	100	100	100	27 380
Triage category 2	%	83	83	81	75	78	77	76	60	81	427 660
Triage category 3	%	70	70	59	44	65	66	49	45	64	1 332 393
Triage category 4	%	73	64	67	61	72	71	47	38	67	1 493 508
Triage category 5	%	87	84	90	91	89	90	81	85	87	264 464
Total (f)	%	74	70	66	59	72	74	55	46	69	3 545 549
Total number (f), (g), (h)	no.	1 183 255	908 142	628 271	446 916	272 848	2 001	101 331	2 785	3 545 549	
Inner regional											
Triage category 1	%	100	100	100	95	100	100	100	np	100	7 063
Triage category 2	%	81	82	83	71	78	75	78	59	80	102 701
Triage category 3	%	69	73	66	54	67	58	51	46	67	379 748
Triage category 4	%	71	70	70	68	76	65	48	39	70	506 597
Triage category 5	%	87	89	90	94	92	87	81	81	89	104 049
Total (f)	%	74	74	71	66	74	66	57	45	72	1 100 169
Total number (f), (g), (h)	no.	333 690	320 005	241 216	99 716	16 516	81 190	6 485	1 351	1 100 169	
Outer regional											
Triage category 1	%	100	100	100	97	100	100	100	100	100	3 506
Triage category 2	%	80	82	84	80	81	81	80	59	79	41 642
Triage category 3	%	67	78	68	76	70	74	52	31	68	144 010

TABLE NHA.21.4

Table NHA.21.4 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2011-12 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Triage category 4	%	70	76	71	81	79	79	47	31	69	173 670
Triage category 5	%	87	93	90	96	91	92	81	68	91	27 266
Total (f)	%	72	80	73	81	77	79	58	36	72	390 094
Total number (f), (g), (h)	no.	34 095	51 665	127 318	77 459	7 129	45 186	1 532	45 710	390 094	
Remote											
Triage category 1	%	100	100	100	97	100	np	–	100	100	456
Triage category 2	%	79	np	93	77	79	90	np	70	81	6 005
Triage category 3	%	63	79	81	65	73	76	58	59	70	26 787
Triage category 4	%	68	73	72	74	79	83	43	55	66	33 480
Triage category 5	%	87	87	87	95	95	93	np	89	88	4 829
Total (f)	%	69	78	78	73	78	82	51	59	70	71 557
Total number (f), (g), (h)	no.	3 516	875	30 820	6 993	1 737	892	57	26 667	71 557	
Very remote											
Triage category 1	%	np	np	100	100	100	np	np	100	100	281
Triage category 2	%	79	85	84	77	80	68	np	65	72	2 841
Triage category 3	%	62	81	73	62	73	66	np	54	59	11 431
Triage category 4	%	72	68	72	72	77	88	np	45	55	12 343
Triage category 5	%	82	95	92	94	91	100	np	77	85	1 468
Total (f)	%	70	77	76	71	78	78	47	52	60	28 364
Total number (f), (g), (h)	no.	366	155	5 000	3 970	821	230	17	17 805	28 364	

TABLE NHA.21.4

Table NHA.21.4 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2011-12 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
(a)	The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.										
(b)	It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided over 80 per cent of Emergency Department services.										
(c)	Area of usual residence was not reported or not mappable to remoteness areas for approximately 80 000 records.										
(d)	Remoteness areas are based on the usual residential address of the patient. Not all remoteness areas are represented in each State or Territory. The remoteness area 'Major city' does not exist within Tasmania or the NT, 'Inner regional' does not exist within the NT, 'Outer regional' does not exist in the ACT, 'Remote' does not exist in the ACT and 'Very remote' does not exist in Victoria or the ACT. However, data are reported for the state/territory where the hospital was located. This means, for example, that although there is no 'major city' classification in Tasmania, Tasmanian hospitals may treat some patients whose usual residence is a major city in another jurisdiction.										
(e)	For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B).										
(f)	The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.										
(g)	The totals include records for which the triage category was not assigned or not reported.										
(h)	Total includes records for which a remoteness area could not be assigned as the place of residence was unknown or not stated.										
	– Nil or rounded to zero. np Not published.										

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

TABLE NHA.21.5

Table NHA.21.5 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
											<i>no.</i>
Total (Peer group A and B hospitals)											
Quintile 1											
Triage category 1	%	100	100	100	98	100	100	100	100	100	9 406
Triage category 2	%	82	80	82	82	79	78	73	62	81	124 277
Triage category 3	%	68	68	61	78	62	67	46	46	65	424 258
Triage category 4	%	71	64	66	82	68	73	48	38	68	459 398
Triage category 5	%	86	85	88	96	88	90	75	74	87	82 482
Total (f)	%	73	69	67	82	69	73	54	45	70	1 099 825
Total number (f), (g), (h)	<i>no.</i>	329 433	229 738	281 644	43 191	102 962	81 273	1 459	30 125	1 099 825	
Quintile 2											
Triage category 1	%	100	100	100	99	100	96	100	100	100	8 244
Triage category 2	%	81	81	84	77	77	72	79	62	80	122 161
Triage category 3	%	68	73	66	50	67	64	51	45	66	391 064
Triage category 4	%	70	68	70	64	74	72	49	40	68	474 438
Triage category 5	%	86	87	88	92	90	91	81	80	87	105 233
Total (f)	%	73	73	71	62	73	71	57	45	71	1 101 180
Total number (f), (g), (h)	<i>no.</i>	459 590	235 413	177 614	132 862	68 719	14 157	4 884	7 941	1 101 180	
Quintile 3											
Triage category 1	%	100	100	100	98	100	100	100	100	100	8 032
Triage category 2	%	83	82	81	75	78	73	77	66	80	123 620
Triage category 3	%	71	72	62	48	67	55	55	53	64	417 510
Triage category 4	%	73	66	70	64	73	64	49	50	68	540 905

TABLE NHA.21.5

Table NHA.21.5 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Triage category 5	%	87	86	92	93	89	86	82	86	88	87 773
Total (f)	%	75	72	69	62	73	64	58	54	69	1 177 868
Total number (f), (g), (h)	<i>no.</i>	295 216	342 762	212 049	227 275	41 982	20 371	5 959	32 254	1 177 868	
Quintile 4											
Triage category 1	%	100	100	100	99	100	100	99	100	100	7 193
Triage category 2	%	83	84	80	74	79	88	74	60	80	114 717
Triage category 3	%	72	69	59	48	69	57	49	32	63	366 554
Triage category 4	%	75	65	67	64	76	63	47	31	67	403 108
Triage category 5	%	88	86	91	93	92	86	80	67	88	64 547
Total (f)	%	76	70	66	61	75	67	54	36	68	956 156
Total number (f), (g), (h)	<i>no.</i>	209 973	270 394	229 672	129 132	51 862	12 162	35 101	17 860	956 156	
Quintile 5											
Triage category 1	%	100	100	100	100	100	np	100	100	100	5 803
Triage category 2	%	82	85	82	72	77	86	76	56	81	95 879
Triage category 3	%	72	72	64	43	69	69	49	33	65	294 302
Triage category 4	%	76	66	71	63	79	70	48	32	68	340 854
Triage category 5	%	89	87	92	93	93	91	81	73	88	61 855
Total (f)	%	77	72	71	59	76	75	55	37	70	798 739
Total number (f), (g), (h)	<i>no.</i>	260 702	202 532	131 215	102 593	33 522	645	61 416	6 114	798 739	

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

TABLE NHA.21.5

Table NHA.21.5 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c), (d)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (e)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
(b) SEIFA quintiles are based on the SEIFA IRSD, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.										
(c) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided over 80 per cent of Emergency Department services.										
(d) Area of usual residence was not reported or not mappable to SEIFA categories for approximately 80 000 records.										
(e) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a Large hospital (Peer Group B).										
(f) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.										
(g) The totals include records for which the triage category was not assigned or not reported.										
(h) Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown or not stated.										
np Not published.										

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

TABLE NHA.21.6

Table NHA.21.6 **Patients treated within national benchmarks for emergency department waiting time, by SEIFA IRSD deciles, 2011-12 (a), (b), (c), (d)**

	<i>Triage category 1</i>	<i>Triage category 2</i>	<i>Triage category 3</i>	<i>Triage category 4</i>	<i>Triage category 5</i>	Total (e)	<i>Total number (e), (f), (g) no.</i>
Total (Peer group A and B hospitals)							
Decile 1	100	81	63	66	86	68	525 263
Decile 2	100	81	67	69	87	71	574 562
Decile 3	100	81	67	68	87	71	552 022
Decile 4	100	80	66	69	88	71	549 158
Decile 5	99	79	64	68	89	70	588 962
Decile 6	100	81	64	67	87	69	588 906
Decile 7	100	80	63	67	88	69	469 401
Decile 8	100	81	62	66	88	68	486 755
Decile 9	100	81	65	68	89	70	439 942
Decile 10	100	81	65	69	87	71	358 797

- (a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.
- (b) SEIFA 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) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided over 80 per cent of Emergency Department services.
- (d) Area of usual residence was not reported or not mappable to SEIFA categories for approximately 80 000 records.
- (e) The totals exclude presentations for which the waiting time to service was invalid, and presentations for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (f) The totals include records for which the triage category was not assigned or not reported.
- (g) Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown or not stated.

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

TABLE NHA.21.7

Table NHA.21.7 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2010-11 (a), (b)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Total (Peer group A and B hospitals)											<i>no.</i>
Triage category 1	%	100	100	100	99	100	100	100	100	100	40 559
Triage category 2	%	83	81	78	70	77	72	78	65	79	539 936
Triage category 3	%	70	69	59	49	65	55	48	50	63	1 808 613
Triage category 4	%	71	64	67	63	70	63	48	48	66	2 198 315
Triage category 5	%	85	85	90	91	88	83	75	83	86	431 879
Total (d)	%	74	70	66	61	71	62	55	52	68	5 019 440
Total number (d), (e)	<i>no.</i>	1 514 748	1 263 773	1 004 419	594 202	318 116	129 600	100 989	93 593	5 019 440	

- (a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.
- (b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD.
- (c) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).
- (d) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (e) The totals include records for which the triage category was not assigned or not reported.

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

TABLE NHA.21.8

Table NHA.21.8 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2010-11 (a), (b)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
											<i>no.</i>
Peer group A hospitals											
Triage category 1	%	100	100	100	100	100	100	100	100	100	36 426
Triage category 2	%	83	81	77	68	77	67	78	65	79	453 165
Triage category 3	%	68	68	58	46	63	41	48	50	62	1 455 076
Triage category 4	%	70	65	65	63	68	49	48	48	65	1 652 580
Triage category 5	%	84	87	89	91	87	76	75	83	85	318 925
Total (d)	%	73	70	65	60	69	50	55	52	67	3 916 284
Total number (d), (e)	<i>no.</i>	1 172 976	974 641	859 878	356 158	276 139	81 910	100 989	93 593	3 916 284	
Peer group B hospitals											
Triage category 1	%	100	100	97	95	100	100	..	..	98	4 133
Triage category 2	%	83	78	88	73	80	86	..	..	80	86 771
Triage category 3	%	76	74	71	52	76	82	..	..	70	353 537
Triage category 4	%	74	64	77	64	79	82	..	..	70	545 735
Triage category 5	%	89	82	93	91	97	94	..	..	88	112 954
Total (d)	%	77	70	77	63	80	84	..	..	72	1 103 156
Total number (d), (e)	<i>no.</i>	341 772	289 132	144 541	238 044	41 977	47 690	..	..	1 103 156	
Total (Peer group A and B hospitals)											
Triage category 1	%	100	100	100	99	100	100	100	100	100	40 559
Triage category 2	%	83	81	78	70	77	72	78	65	79	539 936
Triage category 3	%	70	69	59	49	65	55	48	50	63	1 808 613
Triage category 4	%	71	64	67	63	70	63	48	48	66	2 198 315
Triage category 5	%	85	85	90	91	88	83	75	83	86	431 879

TABLE NHA.21.8

Table NHA.21.8 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2010-11 (a), (b)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Total (d)	%	74	70	66	61	71	62	55	52	68	5 019 440
Total number (d), (e)	<i>no.</i>	1 514 748	1 263 773	1 004 419	594 202	318 116	129 600	100 989	93 593	5 019 440	

- (a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.
- (b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD.
- (c) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).
- (d) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (e) The totals include records for which the triage category was not assigned or not reported.
- .. Not published

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

TABLE NHA.21.9

Table NHA.21.9 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by Indigenous status, 2010-11 (a), (b), (c)

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

- (a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.
- (b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD.
- (c) The quality of the identification of Indigenous patients in National Non-admitted Patient Emergency Department Care Database has not been assessed. Identification of Indigenous patients is not considered to be complete, and completeness may vary among the states and territories.

TABLE NHA.21.9

Table NHA.21.9 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by Indigenous status, 2010-11 (a), (b), (c)**

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>

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

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

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

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

TABLE NHA.21.10

Table NHA.21.10 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2010-11 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Total (Peer group A and B hospitals)											<i>no.</i>
Major cities											
Triage category 1	%	100	100	100	100	100	100	99	100	100	28 183
Triage category 2	%	85	82	76	70	77	75	77	65	79	394 923
Triage category 3	%	71	68	55	43	64	52	48	49	63	1 253 345
Triage category 4	%	72	62	65	59	69	60	48	50	65	1 446 773
Triage category 5	%	85	83	89	89	88	84	75	85	85	277 763
Total (e)	%	75	68	63	57	70	62	55	53	68	3 401 080
Total number (e), (f), (g)	no.	1 123 089	879 272	606 274	405 232	289 040	2 106	93 140	2 927	3 401 080	
Inner regional											
Triage category 1	%	100	100	99	96	100	100	100	100	99	6 930
Triage category 2	%	78	79	83	63	77	69	81	64	77	94 766
Triage category 3	%	66	72	66	49	65	46	48	50	65	364 134
Triage category 4	%	68	69	70	63	72	54	50	48	67	502 391
Triage category 5	%	85	89	90	92	89	79	80	90	87	110 213
Total (e)	%	71	73	71	61	72	55	57	53	69	1 078 473
Total number (e), (f), (g)	no.	332 026	319 572	230 655	94 289	16 934	77 781	5 871	1 345	1 078 473	
Outer regional											
Triage category 1	%	100	100	100	93	100	99	100	100	99	3 366
Triage category 2	%	78	73	84	80	78	78	84	61	79	36 492
Triage category 3	%	65	75	65	79	66	69	49	42	67	135 753
Triage category 4	%	66	71	65	83	73	76	47	47	68	176 138

TABLE NHA.21.10

Table NHA.21.10 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2010-11 (a), (b), (c)**

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

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

TABLE NHA.21.10

Table NHA.21.10 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2010-11 (a), (b), (c)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>

- (b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD.
- (c) Remoteness areas are based on the usual residential address of the patient. Not all remoteness areas are represented in each State or Territory. The remoteness area 'Major city' does not exist within Tasmania or the NT, 'Inner regional' does not exist within the NT, 'Outer regional' does not exist in the Australian Capital Territory, 'Remote' does not exist in the ACT and 'Very remote' does not exist in Victoria or the ACT. However, data are reported for the state/territory where the hospital was located. This means, for example, that although there is no 'major city' classification in Tasmania, Tasmanian hospitals may treat some patients whose usual residence is a major city in another jurisdiction.
- (d) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).
- (e) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (f) The totals include records for which the triage category was not assigned or not reported.
- (g) Total includes records for which a remoteness area could not be assigned as the place of residence was unknown or not stated.

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

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

TABLE NHA.21.11

Table NHA.21.11 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2010-11 (a), (b), (c)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
											<i>no.</i>
Total (Peer group A and B hospitals)											
Quintile 1											
Triage category 1	%	100	100	99	96	100	100	100	100	100	9 349
Triage category 2	%	83	78	80	84	79	74	81	65	80	113 956
Triage category 3	%	70	67	60	81	61	60	48	51	65	405 639
Triage category 4	%	70	61	65	84	64	67	47	46	66	458 109
Triage category 5	%	85	84	88	96	86	86	75	81	86	88 369
Total (e)	%	73	67	66	84	67	66	57	51	69	1 075 442
Total number (e), (f), (g)	<i>no.</i>	316 203	225 603	272 034	41 219	107 740	82 010	1 358	29 275	1 075 442	
Quintile 2											
Triage category 1	%	100	100	100	99	100	100	100	100	100	7 954
Triage category 2	%	79	82	80	71	77	69	82	63	78	110 475
Triage category 3	%	66	75	65	46	66	58	52	50	65	368 031
Triage category 4	%	67	69	71	59	71	67	52	47	67	467 575
Triage category 5	%	83	87	90	89	90	87	81	85	85	115 825
Total (e)	%	71	74	71	58	71	66	60	51	70	1 069 911
Total number (e), (f), (g)	<i>no.</i>	445 116	233 443	172 406	121 030	72 148	13 797	4 595	7 376	1 069 911	
Quintile 3											
Triage category 1		100	100	100	98	100	100	100	100	99	8 100
Triage category 2		83	81	78	70	76	68	76	68	78	113 383
Triage category 3		69	71	60	47	65	44	53	54	63	391 949
Triage category 4		71	65	67	63	70	52	51	51	66	525 335

TABLE NHA.21.11

Table NHA.21.11 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2010-11 (a), (b), (c)

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

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

Table NHA.21.11 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2010-11 (a), (b), (c)

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>

(b) SEIFA quintiles are based on the SEIFA IRSD, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(c) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD.

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

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

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

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

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

TABLE NHA.21.12

Table NHA.21.12 **Patients treated within national benchmarks for emergency department waiting time, by SEIFA deciles, 2010-11 (a), (b), (c), (d)**

	<i>Triage category 1</i>	<i>Triage category 2</i>	<i>Triage category 3</i>	<i>Triage category 4</i>	<i>Triage category 5</i>	Total (e)	<i>Total number (f) no.</i>
Total (Peer group A and B hospitals)							
Decile 1	100	80	63	64	85	67	510 657
Decile 2	99	80	66	68	86	70	564 785
Decile 3	100	79	65	67	84	70	542 146
Decile 4	100	78	65	68	86	70	527 765
Decile 5	99	76	61	65	87	67	562 516
Decile 6	100	79	64	66	86	68	565 838
Decile 7	100	77	62	64	85	67	453 730
Decile 8	100	78	59	63	85	65	462 452
Decile 9	100	80	64	66	87	69	422 288
Decile 10	100	82	66	70	88	72	344 697

- (a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.
- (b) SEIFA 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) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD.
- (d) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).
- (e) The totals exclude presentations for which the waiting time to service was invalid, and presentations for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (f) The totals include records for which the triage category was not assigned or not reported.

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

TABLE NHA.21.13

Table NHA.21.13 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2009-10 (a), (b)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Total (Peer group A and B hospitals)											<i>no.</i>
Triage category 1	%	100	100	99	99	100	99	100	100	100	39 981
Triage category 2	%	82	80	77	68	77	71	83	63	78	498 118
Triage category 3	%	69	70	59	51	61	52	57	47	64	1 703 112
Triage category 4	%	71	66	65	60	62	63	56	44	66	2 104 200
Triage category 5	%	86	84	88	89	85	88	77	84	86	462 541
Total (d)	%	73	71	65	60	66	63	62	49	68	4 808 361
Total number (d), (e)	<i>no.</i>	1 536 530	1 233 004	952 782	461 480	308 852	132 447	96 096	87 170	4 808 361	

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

(b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD.

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

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

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

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

Note: Data resupplied to include Mersey for Tasmania, and revised data for ACT.

TABLE NHA.21.14

Table NHA.21.14 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2009-10 (a), (b)

	Unit	NSW	Vic	Qld	WA	SA	Tas (c)	ACT (d)	NT	Aust	Aust (total number)
											no.
Peer group A hospitals											
Triage category 1	%	100	100	99	100	100	99	np	100	100	35 878
Triage category 2	%	81	81	76	68	78	66	np	63	77	419 617
Triage category 3	%	67	69	58	50	60	40	np	47	62	1 367 822
Triage category 4	%	69	65	62	60	61	50	np	44	64	1 564 402
Triage category 5	%	85	89	86	88	84	79	np	84	86	316 418
Total (e)	%	72	70	63	60	65	50	np	49	67	3 704 426
Total number (e), (f)	no.	1 158 261	911 425	817 252	327 848	269 093	np	np	87 170	3 704 426	
Peer group B hospitals											
Triage category 1	%	100	100	98	96	100	99	np	..	99	4 103
Triage category 2	%	85	77	89	69	72	87	np	..	80	78 501
Triage category 3	%	76	77	69	51	68	80	np	..	72	335 290
Triage category 4	%	75	68	76	60	75	80	np	..	71	539 798
Triage category 5	%	90	79	93	91	94	95	np	..	86	146 123
Total (e)	%	78	73	76	60	73	82	np	..	74	1 103 935
Total number (e), (f)	no.	378 269	321 579	135 530	133 632	39 759	np	np	..	1 103 935	
Total (Peer group A and B hospitals)											
Triage category 1	%	100	100	99	99	100	99	100	100	100	39 981
Triage category 2	%	82	80	77	68	77	71	83	63	78	498 118
Triage category 3	%	69	70	59	51	61	52	57	47	64	1 703 112
Triage category 4	%	71	66	65	60	62	63	56	44	66	2 104 200
Triage category 5	%	86	84	88	89	85	88	77	84	86	462 541

TABLE NHA.21.14

Table NHA.21.14 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2009-10 (a), (b)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Total (e)	%	73	71	65	60	66	63	62	49	68	4 808 361
Total number (e), (f)	no.	1 536 530	1 233 004	952 782	461 480	308 852	132 447	96 096	87 170	4 808 361	

- (a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.
- (b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD.
- (c) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).
- (d) Data for Peer Group A and B for ACT have been suppressed as there is only one hospital in each category.
- (e) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (f) The totals include records for which the triage category was not assigned or not reported.
- .. Not applicable. **np** Not published.

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

TABLE NHA.21.15

Table NHA.21.15 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by Indigenous status, 2009-10 (a), (b), (c)

	Unit	NSW	Vic	Qld	WA	SA	Tas (d)	ACT	NT	Aust	Aust (total number)
Total (Peer group A and B hospitals)											no.
Indigenous											
Triage category 1	%	100	100	99	98	100	100	100	100	100	1 473
Triage category 2	%	77	77	81	71	79	72	82	63	74	16 790
Triage category 3	%	66	73	67	54	58	51	50	52	62	64 116
Triage category 4	%	68	70	70	61	57	60	53	44	62	83 006
Triage category 5	%	84	87	91	90	82	88	78	81	87	17 264
Total (e)	%	71	74	72	62	63	61	58	50	66	182 653
Total number (e), (f)	no.	45 368	14 805	52 389	20 255	8 691	4 703	2 129	34 313	182 653	
Other Australians											
Triage category 1	%	100	100	99	99	100	99	100	100	100	38 508
Triage category 2	%	82	80	77	68	77	71	83	63	78	481 328
Triage category 3	%	69	70	59	50	61	52	57	44	64	1 638 996
Triage category 4	%	71	66	64	60	63	63	56	44	66	2 021 194
Triage category 5	%	86	84	88	89	85	88	77	86	86	445 277
Total (e)	%	74	71	65	60	66	63	62	48	69	4 625 708
Total number (e), (f)	no.	1 491 162	1 218 199	900 393	441 225	300 161	127 744	93 967	52 857	4 625 708	

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

(b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD.

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

TABLE NHA.21.15

Table NHA.21.15 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by Indigenous status, 2009-10 (a), (b), (c)

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>

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

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

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

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

TABLE NHA.21.16

Table NHA.21.16 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2009-10 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Total (Peer group A and B hospitals)											<i>no.</i>
Major cities											
Triage category 1	%	100	100	99	100	100	100	100	100	100	28 243
Triage category 2	%	83	80	75	69	77	67	82	64	79	365 129
Triage category 3	%	71	69	54	48	61	49	57	47	63	1 182 144
Triage category 4	%	72	63	61	58	62	61	56	46	65	1 401 898
Triage category 5	%	86	81	87	88	85	87	77	83	84	296 390
Total (e)	%	75	69	61	58	66	62	62	50	68	3 274 113
Total number (e), (f), (g)	no.	1 129 025	857 881	578 661	334 217	281 392	1 872	88 412	2 653	3 274 113	
Inner regional											
Triage category 1	%	100	100	98	94	100	99	100	100	99	7 116
Triage category 2	%	75	81	75	59	78	69	83	73	75	87 609
Triage category 3	%	65	75	65	50	61	44	56	43	64	350 879
Triage category 4	%	68	72	67	59	65	55	55	45	67	486 347
Triage category 5	%	86	90	89	89	84	84	81	87	88	120 209
Total (e)	%	70	77	68	59	67	55	62	49	70	1 052 239
Total number (e), (f), (g)	no.	347 669	308 604	212 723	81 015	16 331	78 960	5 635	1 302	1 052 239	
Outer regional											
Triage category 1	%	100	100	100	99	100	99	100	100	100	2 645
Triage category 2	%	76	70	86	83	81	76	86	60	78	32 001
Triage category 3	%	65	72	71	79	64	66	54	35	66	117 976
Triage category 4	%	66	71	70	84	68	75	56	39	67	145 983

TABLE NHA.21.16

Table NHA.21.16 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2009-10 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Triage category 5	%	85	90	90	97	89	93	76	82	90	27 646
Total (e)	%	69	75	73	84	71	75	62	41	70	326 255
Total number (e), (f), (g)	no.	35 879	53 333	110 000	28 446	7 238	48 324	1 550	41 485	326 255	
Remote											
Triage category 1	%	100	np	98	100	100	100	—	100	100	414
Triage category 2	%	81	77	91	75	80	76	89	65	76	4 962
Triage category 3	%	72	72	84	62	66	62	56	60	70	21 933
Triage category 4	%	70	73	86	70	68	74	68	53	71	30 043
Triage category 5	%	86	88	94	91	86	84	75	86	92	7 960
Total (e)	%	74	76	87	70	71	70	69	58	74	65 313
Total number (e), (f), (g)	no.	3 016	1 007	29 527	4 050	1 990	1 032	54	24 637	65 313	
Very remote											
Triage category 1	%	np	np	100	100	100	np	—	100	100	264
Triage category 2	%	82	82	85	73	81	68	np	64	71	2 541
Triage category 3	%	63	55	76	62	68	63	—	55	61	9 696
Triage category 4	%	73	67	77	68	67	76	71	46	56	10 663
Triage category 5	%	94	83	92	94	91	85	np	83	89	1 351
Total (e)	%	72	67	79	69	72	72	75	53	62	24 517
Total number (e), (f), (g)	no.	442	129	5 391	1 869	843	207	12	15 624	24 517	

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

Table NHA.21.16 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2009-10 (a), (b), (c)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>

(b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD.

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

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

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

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

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

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

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

TABLE NHA.21.17

Table NHA.21.17 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2009-10 (a), (b), (c)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
											<i>no.</i>
Total (Peer group A and B hospitals)											
Quintile 1											
Triage category 1	%	100	100	98	100	100	99	100	100	99	8 907
Triage category 2	%	83	79	77	85	79	72	84	63	79	105 437
Triage category 3	%	70	69	60	81	59	56	54	47	65	388 056
Triage category 4	%	70	63	64	85	57	67	53	42	65	450 541
Triage category 5	%	86	83	87	97	82	90	80	82	86	97 802
Total (e)	%	73	69	66	85	63	66	61	48	69	1 050 862
Total number (e), (f), (g)	<i>no.</i>	329 305	224 819	256 954	23 663	103 641	83 808	1 283	27 389	1 050 862	
Quintile 2											
Triage category 1	%	100	100	98	99	100	98	100	100	100	7 886
Triage category 2	%	76	81	79	69	77	69	85	63	77	101 979
Triage category 3	%	65	74	63	48	62	56	59	44	64	346 372
Triage category 4	%	67	70	69	57	63	66	61	42	66	454 388
Triage category 5	%	84	88	90	87	85	90	80	79	85	123 206
Total (e)	%	70	75	70	57	67	65	65	46	69	1 033 891
Total number (e), (f), (g)	<i>no.</i>	448 796	226 231	163 323	101 431	68 679	14 190	4 574	6 667	1 033 891	
Quintile 3											
Triage category 1		100	100	99	98	100	98	100	100	99	8 219
Triage category 2		82	81	77	67	76	67	81	64	77	101 717
Triage category 3		70	72	59	50	61	42	60	55	64	358 870
Triage category 4		73	66	64	60	63	53	60	50	66	479 015

TABLE NHA.21.17

Table NHA.21.17 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2009-10 (a), (b), (c)

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Triage category 5	87	85	89	90	86	83	76	87	86	92 621
Total (e)	74	72	65	60	67	53	64	55	68	1 040 503
Total number (e), (f), (g)	281 499	324 515	187 099	146 772	46 179	19 906	5 021	29 512	1 040 503	
Quintile 4										
Triage category 1	100	100	99	100	100	100	100	100	100	7 409
Triage category 2	82	80	74	69	76	77	82	62	77	99 073
Triage category 3	68	67	54	49	64	37	54	37	60	326 006
Triage category 4	70	65	61	58	66	45	54	39	63	372 526
Triage category 5	86	84	88	88	89	79	77	83	85	70 092
Total (e)	72	69	61	58	68	51	60	43	66	875 214
Total number (e), (f), (g)	212 464	254 927	208 242	87 673	53 306	11 951	30 203	16 448	875 214	
Quintile 5										
Triage category 1	100	100	99	100	100	np	100	100	100	6 259
Triage category 2	87	80	80	66	76	80	83	57	80	84 003
Triage category 3	76	69	60	47	64	43	58	39	66	263 207
Triage category 4	78	65	66	59	69	62	57	41	68	318 183
Triage category 5	90	82	90	89	89	86	77	78	86	69 728
Total (e)	80	70	67	58	70	61	62	43	71	741 427
Total number (e), (f), (g)	243 943	190 458	120 679	90 058	35 979	539	54 094	5 677	741 427	

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

Table NHA.21.17 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2009-10 (a), (b), (c)

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>

(b) SEIFA quintiles are based on the SEIFA IRSD, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(c) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD.

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

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

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

(g) 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) National Non-admitted Patient Emergency Department Care Database.

TABLE NHA.21.18

Table NHA.21.18 **Patients treated within national benchmarks for emergency department waiting time, by SEIFA deciles, 2009-10 (a), (b), (c), (d)**

	<i>Triage category 1</i>	<i>Triage category 2</i>	<i>Triage category 3</i>	<i>Triage category 4</i>	<i>Triage category 5</i>	Total (e)	<i>Total number (f) no.</i>
Total (Peer group A and B hospitals)							
Decile 1	99	80	63	63	85	67	510 493
Decile 2	99	78	66	67	86	70	540 369
Decile 3	100	76	63	64	84	68	523 549
Decile 4	100	77	66	68	87	70	510 342
Decile 5	99	76	63	67	88	68	549 865
Decile 6	100	79	65	65	84	68	490 638
Decile 7	100	77	62	64	86	67	430 608
Decile 8	100	77	59	62	84	65	444 606
Decile 9	100	79	65	67	85	69	404 239
Decile 10	100	82	67	69	87	72	337 188

- (a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.
- (b) SEIFA 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) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD.
- (d) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).
- (e) The totals exclude presentations for which the waiting time to service was invalid, and presentations for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (f) The totals include records for which the triage category was not assigned or not reported.

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

TABLE NHA.21.19

Table NHA.21.19 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2008-09 (a), (b)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Total (Peer group A and B hospitals)											<i>no.</i>
Triage category 1	%	100	100	99	99	100	99	100	100	100	39 031
Triage category 2	%	80	82	72	66	74	76	86	61	76	459 087
Triage category 3	%	66	74	59	47	57	54	53	45	63	1 589 924
Triage category 4	%	70	67	64	56	60	61	53	39	65	1 996 837
Triage category 5	%	87	85	88	85	83	87	78	76	86	462 514
Total (d)	%	72	73	65	57	63	62	60	44	68	4 547 881
Total number (d), (e)	no.	1 460 415	1 160 856	911 437	429 619	293 693	118 944	91 481	81 436	4 547 881	

- (a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.
- (b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided approximately 69 per cent of Emergency Department services.
- (c) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).
- (d) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (e) The totals include records for which the triage category was not assigned or not reported.

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

TABLE NHA.21.20

Table NHA.21.20 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2008-09 (a), (b)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
											<i>no.</i>
Peer group A hospitals											
Triage category 1	%	100	100	99	100	100	100	100	100	100	35 066
Triage category 2	%	78	81	70	66	74	73	86	61	75	386 085
Triage category 3	%	63	72	57	44	57	42	53	45	61	1 278 192
Triage category 4	%	68	66	62	54	59	48	53	39	63	1 493 248
Triage category 5	%	86	88	86	83	82	82	78	76	86	315 052
Total (d)	%	70	72	63	54	63	51	60	44	66	3 507 989
Total number (d), (e)	<i>no.</i>	1 101 228	852 072	778 575	274 327	255 234	73 636	91 481	81 436	3 507 989	
Peer group B hospitals											
Triage category 1	%	100	100	100	98	100	97	..	..	99	3 965
Triage category 2	%	87	87	88	68	67	86	..	..	82	73 002
Triage category 3	%	77	79	68	55	54	78	..	..	72	311 732
Triage category 4	%	75	69	75	59	68	78	..	..	71	503 589
Triage category 5	%	89	80	92	87	91	92	..	..	86	147 462
Total (d)	%	79	75	76	61	63	80	..	..	74	1 039 892
Total number (d), (e)	<i>no.</i>	359 187	308 784	132 862	155 292	38 459	45 308	..	..	1 039 892	
Total (Peer group A and B hospitals)											
Triage category 1	%	100	100	99	99	100	99	100	100	100	39 031
Triage category 2	%	80	82	72	66	74	76	86	61	76	459 087
Triage category 3	%	66	74	59	47	57	54	53	45	63	1 589 924
Triage category 4	%	70	67	64	56	60	61	53	39	65	1 996 837
Triage category 5	%	87	85	88	85	83	87	78	76	86	462 514

TABLE NHA.21.20

Table NHA.21.20 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2008-09 (a), (b)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Total (d)	%	72	73	65	57	63	62	60	44	68	4 547 881
Total number (d), (e)	<i>no.</i>	1 460 415	1 160 856	911 437	429 619	293 693	118 944	91 481	81 436	4 547 881	

- (a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.
- (b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided approximately 69 per cent of Emergency Department services.
- (c) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).
- (d) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (e) The totals include records for which the triage category was not assigned or not reported.
- .. Not applicable.

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

TABLE NHA.21.21

Table NHA.21.21 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by Indigenous status, 2008-09 (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
											<i>no.</i>
Total (Peer group A and B hospitals)											
Indigenous											
Triage category 1	%	100	100	100	99	100	100	100	100	100	1 402
Triage category 2	%	79	85	78	69	75	74	85	60	74	15 235
Triage category 3	%	65	80	66	50	55	48	48	50	60	58 196
Triage category 4	%	69	74	73	55	57	59	55	39	62	76 485
Triage category 5	%	86	91	92	84	78	88	79	71	87	17 705
Total (e)	%	71	79	73	58	61	59	59	47	65	169 028
Total number (e), (f)	no.	41 727	13 548	48 879	18 931	7 884	4 250	1 853	31 956	169 028	
Other Australians											
Triage category 1	%	100	100	99	99	100	99	100	100	100	37 629
Triage category 2	%	80	82	72	66	74	76	86	63	77	443 852
Triage category 3	%	66	73	58	47	57	54	53	40	63	1 531 728
Triage category 4	%	70	67	64	56	60	61	53	38	65	1 920 352
Triage category 5	%	87	85	87	85	83	87	78	79	86	444 809
Total (e)	%	72	73	64	57	63	62	60	43	68	4 378 853
Total number (e), (f)	no.	1 418 688	1 147 308	862 558	410 688	285 809	114 694	89 628	49 480	4 378 853	

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

(b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided approximately 69 per cent of Emergency Department services.

Table NHA.21.21 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by Indigenous status, 2008-09 (a), (b), (c)**

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
(c) The quality of the identification of Indigenous patients in National Non-admitted Patient Emergency Department Care Database has not been assessed. Identification of Indigenous patients is not considered to be complete, and completeness may vary among the states and territories.										
(d) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a <i>Large hospital</i> (Peer Group B).										
(e) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.										
(f) The totals include records for which the triage category was not assigned or not reported.										
<i>Source</i> : AIHW (unpublished), National Non-admitted Patient Emergency Department Care Database.										

TABLE NHA.21.22

Table NHA.21.22 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2008-09 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
											<i>no.</i>
Total (Peer group A and B hospitals)											
Major cities											
Triage category 1	%	100	100	99	100	100	100	100	100	100	27 649
Triage category 2	%	80	82	69	66	74	78	86	57	76	338 792
Triage category 3	%	66	71	54	44	57	52	53	41	61	1 114 045
Triage category 4	%	71	64	59	52	60	59	53	39	63	1 323 050
Triage category 5	%	86	81	85	82	83	87	78	77	84	295 353
Total (e)	%	72	70	60	53	63	62	60	43	66	3 099 311
Total number (e), (f), (g)	no.	1 047 942	827 062	553 291	314 445	267 614	2 153	84 095	2 709	3 099 311	
Inner regional											
Triage category 1	%	100	100	99	96	100	100	100	100	99	6 756
Triage category 2	%	79	83	72	58	74	75	89	68	77	78 701
Triage category 3	%	66	79	65	53	57	46	54	45	66	316 868
Triage category 4	%	69	74	67	62	62	52	55	38	68	466 541
Triage category 5	%	88	90	88	87	82	83	82	79	88	119 649
Total (e)	%	72	79	68	61	64	54	62	45	71	988 559
Total number (e), (f), (g)	no.	351 539	268 030	201 334	74 985	15 080	71 035	5 358	1 198	988 559	
Outer regional											
Triage category 1	%	100	100	100	100	100	98	100	100	100	2 624
Triage category 2	%	82	90	85	86	75	78	92	64	82	29 382
Triage category 3	%	67	88	71	77	59	67	52	30	68	110 056
Triage category 4	%	68	83	72	83	67	73	54	31	68	140 741

TABLE NHA.21.22

Table NHA.21.22 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2008-09 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Triage category 5	%	88	95	90	96	84	91	79	67	91	27 590
Total (e)	%	72	88	74	83	67	73	61	35	72	310 395
Total number (e), (f), (g)	no.	35 539	51 795	105 488	26 352	6 807	43 978	1 521	38 915	310 395	
Remote											
Triage category 1	%	100	np	98	100	100	100	np	100	100	406
Triage category 2	%	81	86	87	71	70	85	100	57	69	4 482
Triage category 3	%	73	87	85	55	59	65	67	57	68	20 932
Triage category 4	%	73	82	89	61	68	69	55	52	72	29 458
Triage category 5	%	91	93	95	86	87	88	75	88	94	9 702
Total (e)	%	76	86	90	62	67	71	65	56	74	64 980
Total number (e), (f), (g)	no.	3 012	1 030	30 162	3 795	2 554	1 043	65	23 319	64 980	
Very remote											
Triage category 1	%	np	np	100	100	100	np	—	100	100	256
Triage category 2	%	88	100	83	71	72	57	np	62	68	2 125
Triage category 3	%	73	80	73	53	60	73	50	54	59	8 979
Triage category 4	%	75	76	79	62	65	72	50	43	54	9 316
Triage category 5	%	96	87	95	82	87	92	60	76	89	1 195
Total (e)	%	78	82	80	62	67	73	55	51	60	21 871
Total number (e), (f), (g)	no.	391	133	4 970	1 697	742	198	22	13 718	21 871	

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

Table NHA.21.22 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by remoteness area, 2008-09 (a), (b), (c)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
(b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided approximately 69 per cent of Emergency Department services. (c) Remoteness areas are based on the usual residential address of the patient. Not all remoteness areas are represented in each State or Territory. The remoteness area 'Major city' does not exist within Tasmania or the NT, 'Inner regional' does not exist within the NT, 'Outer regional' does not exist in the Australian Capital Territory, 'Remote' does not exist in the ACT and 'Very remote' does not exist in Victoria or the ACT. However, data are reported for the state/territory where the hospital was located. This means, for example, that although there is no 'major city' classification in Tasmania, Tasmanian hospitals may treat some patients whose usual residence is a major city in another jurisdiction. (d) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a <i>Large hospital</i> (Peer Group B). (e) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'. (f) The totals include records for which the triage category was not assigned or not reported. (g) Total includes records for which a remoteness area could not be assigned as the place of residence was unknown or not stated. – Nil or rounded to zero. np Not published. Source: AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.										

TABLE NHA.21.23

Table NHA.21.23 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2008-09 (a), (b), (c)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
											<i>no.</i>
Total (Peer group A and B hospitals)											
Quintile 1											
Triage category 1	%	100	100	99	100	100	99	100	100	100	8 411
Triage category 2	%	81	87	72	86	76	75	91	64	79	95 534
Triage category 3	%	63	77	57	78	56	58	53	45	63	360 690
Triage category 4	%	68	67	64	83	55	63	53	36	65	422 389
Triage category 5	%	86	84	86	96	79	88	82	72	85	97 682
Total (e)	%	69	74	64	84	61	64	62	44	68	984 914
Total number (e), (f), (g)	<i>no.</i>	307 496	224 054	217 872	23 545	100 372	85 947	1 288	24 340	984 914	
Quintile 2											
Triage category 1	%	100	100	99	100	100	100	100	100	100	7 570
Triage category 2	%	77	84	74	67	73	73	90	64	77	93 377
Triage category 3	%	64	78	64	46	56	53	58	40	64	315 136
Triage category 4	%	68	73	71	53	60	60	55	37	67	429 589
Triage category 5	%	86	89	91	84	84	88	76	68	87	124 861
Total (e)	%	70	78	71	55	62	61	63	42	70	970 584
Total number (e), (f), (g)	<i>no.</i>	437 869	200 992	156 919	95 319	62 409	6 102	4 324	6 650	970 584	
Quintile 3											
Triage category 1		100	100	99	99	100	99	100	100	100	8 276
Triage category 2		77	84	72	65	73	78	87	57	75	94 867
Triage category 3		66	75	58	46	56	42	55	53	63	337 164
Triage category 4		71	67	63	54	60	52	56	47	65	455 266

TABLE NHA.21.23

Table NHA.21.23 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2008-09 (a), (b), (c)

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
Triage category 5	88	85	87	84	83	84	79	83	86	90 296
Total (e)	72	73	63	56	63	54	63	51	67	985 930
Total number (e), (f), (g)	288 754	289 507	181 147	131 089	46 086	17 190	4 848	27 309	985 930	
Quintile 4										
Triage category 1	100	100	98	100	100	100	99	100	100	7 175
Triage category 2	79	81	69	67	72	82	86	65	75	91 539
Triage category 3	66	71	56	46	58	36	51	33	61	308 710
Triage category 4	68	66	60	55	65	46	52	32	62	363 118
Triage category 5	86	83	87	83	87	83	78	74	85	72 550
Total (e)	71	71	61	56	65	51	59	37	65	843 199
Total number (e), (f), (g)	180 428	245 600	225 451	88 152	49 682	8 519	28 536	16 831	843 199	
Quintile 5										
Triage category 1	100	100	98	100	100	np	100	100	100	6 246
Triage category 2	86	75	75	63	71	78	85	58	77	78 093
Triage category 3	75	66	60	43	59	49	53	36	64	248 866
Triage category 4	79	63	65	54	68	59	53	34	66	298 176
Triage category 5	90	81	89	85	88	90	79	65	86	67 902
Total (e)	80	68	66	54	67	63	60	38	69	699 324
Total number (e), (f), (g)	223 865	187 895	113 418	83 168	34 231	644	51 719	4 384	699 324	

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

Table NHA.21.23 Patients treated within national benchmarks for emergency department waiting time, by State and Territory, by SEIFA IRSD quintiles, 2008-09 (a), (b), (c)

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust (total number)</i>
(b) SEIFA quintiles are based on the SEIFA IRSD, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital. (c) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided approximately 69 per cent of Emergency Department services. (d) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a <i>Large hospital</i> (Peer Group B). (e) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'. (f) The totals include records for which the triage category was not assigned or not reported. (g) 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) National Non-admitted Patient Emergency Department Care Database.

Table NHA.21.24 **Patients treated within national benchmarks for emergency department waiting time, by SEIFA deciles, 2008-09 (a), (b), (c), (d)**

	<i>Triage category 1</i>	<i>Triage category 2</i>	<i>Triage category 3</i>	<i>Triage category 4</i>	<i>Triage category 5</i>	Total (e)	<i>Total number (f) no.</i>
Total (Peer group A and B hospitals)							
Decile 1	100	79	61	62	84	66	481 991
Decile 2	100	78	66	67	87	70	502 923
Decile 3	100	77	64	66	86	69	484 364
Decile 4	100	76	65	68	88	71	486 220
Decile 5	99	73	63	66	88	68	519 761
Decile 6	100	77	63	63	84	66	466 169
Decile 7	100	76	63	63	85	66	408 284
Decile 8	99	74	58	61	84	64	434 915
Decile 9	100	75	62	64	85	67	385 321
Decile 10	100	80	66	69	87	71	314 003

- (a) The proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.
- (b) SEIFA 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) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided approximately 69 per cent of Emergency Department services.
- (d) For National Healthcare agreement purposes, the Mersey Community hospital in Tasmania is reported as a *Large hospital* (Peer Group B).
- (e) The totals exclude presentations for which the waiting time to service was invalid, and presentations for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (f) The totals include records for which the triage category was not assigned or not reported.

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

TABLE NHA.21.25

Table NHA.21.25 **Percentage of presentations where the time from presentation to physical departure (Emergency Department (ED) Stay length) is within four hours, by State and Territory, 2011-12 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Number of ED presentations where ED Stay is less than or equal to four hours	no.	1 331 758	975 275	789 155	577 182	275 963	94 076	68 357	94 403	4 206 169
Total number of ED presentations	no.	2 231 891	1 509 052	1 238 522	725 840	427 011	141 700	118 396	144 842	6 537 254
ED Stay length is within four hours	%	59.7	64.6	63.7	79.5	64.6	66.4	57.7	65.2	64.3

(a) Invalid records are excluded from the numerator and denominator. Invalid records are records for which: the length of stay is less than zero (0), the presentation date or time is missing or the physical departure date or time is missing.

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

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

NHA Indicator 22:

Healthcare associated infections

TABLE NHA.22.1

Table NHA.22.1 **Episodes of *Staphylococcus aureus* (including MRSA) bacteraemia (SAB) in acute care hospitals, by State and Territory, by MRSA and MSSA, 2011-12 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Infection rates										
Methicillin resistant <i>Staphylococcus aureus</i>	<i>rate per 10 000 patient days</i>	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.5	0.2
Methicillin sensitive <i>Staphylococcus aureus</i>	<i>rate per 10 000 patient days</i>	0.7	0.8	0.7	0.6	0.6	0.7	1.0	0.8	0.7
Total (b)	<i>rate per 10 000 patient days</i>	1.0	0.9	0.9	0.7	0.9	0.8	1.1	1.3	0.9
Number of infections										
Methicillin resistant <i>Staphylococcus aureus</i>	<i>no.</i>	201	80	51	23	42	5	6	15	423
Methicillin sensitive <i>Staphylococcus aureus</i>	<i>no.</i>	473	375	220	81	85	22	31	24	1 311
Total	<i>no.</i>	674	455	271	104	127	27	37	39	1 734
Coverage (c), (d)	<i>%</i>	97	99	98	84	82	90	98	100	95

(a) The SAB patient episodes were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). The comparability of the SAB rates among jurisdictions and over time is limited because of coverage differences and because the count of patient days reflects the amount of admitted patient activity, but does not necessarily reflect the amount of non-admitted patient activity.

(b) Total may not equal sum of components due to rounding.

(c) Coverage estimates may be preliminary.

(d) Coverage is the number of patient days for hospitals included in the SAB surveillance arrangements as a proportion of total patient days for all public hospitals.

Source: AIHW (unpublished) sourced from State and Territory healthcare-associated infection surveillance data.

TABLE NHA.22.2

Table NHA.22.2 **Episodes of *Staphylococcus aureus* (including MRSA) bacteraemia (SAB) in acute care hospitals, by State and Territory, by MRSA and MSSA, 2010-11 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (b)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Infection rates										
Methicillin resistant <i>Staphylococcus aureus</i>	<i>rate per 10 000 patient days</i>	0.4	0.2	0.3	0.2	0.2	0.2	0.2	0.5	0.3
Methicillin sensitive <i>Staphylococcus aureus</i>	<i>rate per 10 000 patient days</i>	0.9	0.7	0.9	0.8	0.7	1.1	0.7	0.9	0.8
Total (c)	<i>rate per 10 000 patient days</i>	1.3	0.9	1.2	1.0	0.9	1.2	0.9	1.5	1.1
Number of infections										
Methicillin resistant <i>Staphylococcus aureus</i>	<i>no.</i>	233	118	72	23	31	6	6	16	505
Methicillin sensitive <i>Staphylococcus aureus</i>	<i>no.</i>	536	322	218	117	91	36	23	27	1 370
Total	<i>no.</i>	769	440	290	140	122	42	29	43	1 875
Coverage (d), (e)	<i>%</i>	94	99	77	84	81	91	98	100	90

(a) The SAB patient episodes were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). The comparability of the SAB rates among jurisdictions and over time is limited because of coverage differences and because the count of patient days reflects the amount of admitted patient activity, but does not necessarily reflect the amount of non-admitted patient activity.

(b) Only includes patients 14 years of age and over.

(c) Total may not equal sum of components due to rounding.

(d) Coverage estimates may be preliminary.

(e) Coverage is the number of patient days for hospitals included in the SAB surveillance arrangements as a proportion of total patient days for all public hospitals.

Source: AIHW (unpublished) sourced from State and Territory healthcare-associated infection surveillance data.

NHA Indicator 23:

Unplanned hospital readmission rates

TABLE NHA.23.1

Table NHA.23.1 **Unplanned hospital readmission rates, by State and Territory, 2010-11 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (c)</i>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Surgical procedure prior to separation										
Knee replacement	21.7	22.0	37.5	31.1	19.6	31.7	np	np	24.4	242
Hip replacement	16.5	20.8	14.2	14.7	10.3	np	np	np	16.5	119
Tonsillectomy and Adenoidectomy	22.9	23.9	31.0	34.4	31.3	37.6	19.3	np	26.3	516
Hysterectomy	29.1	28.9	34.7	33.5	28.1	40.1	np	np	30.5	284
Prostatectomy	27.2	20.9	25.8	38.0	21.9	np	np	np	25.1	174
Cataract surgery	3.2	3.9	4.0	4.3	4.0	–	–	np	3.5	166
Appendectomy	24.8	25.6	19.6	30.8	22.8	19.9	37.7	40.2	24.2	548

(a) The reported rate is the number of unplanned/unexpected readmissions per 1000 separations.

(b) This indicator is limited to public hospitals.

(c) Total rates and numbers for Australia do not include WA.

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

Source: AIHW (unpublished) National Hospital Morbidity Database; WA Health (unpublished).

TABLE NHA.23.2

Table NHA.23.2 **Unplanned hospital readmission rates, by State and Territory, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (c)</i>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Knee replacement										
Hospital peer group										
Peer group A	29.8	21.4	38.3	54.9	28.9	np	np	np	28.6	188
Peer group B	13.7	24.0	32.8	np	np	np	..	..	18.8	40
Other peer groups	6.7	22.2	–	15.8	np	–	np	np	11.2	14
Indigenous status (d)										
Indigenous	np	np	np	–	np	np	np	np	np	np
Other Australians	21.5	22.0	37.5	31.4	19.6	28.5	np	np	24.6	230
Remoteness of residence (e)										
Major cities	16.6	21.2	39.4	22.6	26.1	–	np	–	22.3	129
Inner regional	34.7	24.1	33.8	35.6	np	np	np	–	28.9	77
Outer regional	23.9	19.2	39.1	np	np	np	np	np	24.5	32
Remote & Very remote	np	np	np	np	np	np	–	np	np	np
SEIFA of residence (f)										
Quintile 1	23.4	19.2	28.4	np	21.5	29.6	np	np	23.5	69
Quintile 2	30.5	21.8	48.3	26.6	np	np	np	np	29.1	76
Quintile 3	19.3	23.9	36.8	27.1	np	np	np	np	25.9	51
Quintile 4	np	24.2	46.2	np	np	np	np	np	18.6	28
Quintile 5	19.4	20.2	34.7	np	np	–	np	np	20.0	18
Hip replacement										
Hospital peer group										
Peer group A	21.3	19.9	12.3	24.9	19.0	np	np	np	18.3	91
Peer group B	8.6	33.0	25.6	np	np	np	..	..	15.5	21

TABLE NHA.23.2

Table NHA.23.2 **Unplanned hospital readmission rates, by State and Territory, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (c)</i>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Other peer groups	np	np	–	np	np	–	np	np	8.1	7
Indigenous status (d)										
Indigenous	np	np	np	–	np	np	np	np	np	np
Other Australians	16.4	20.9	14.3	14.9	np	np	np	np	16.9	113
Remoteness of residence (e)										
Major cities	13.2	27.8	7.2	17.6	np	..	np	..	15.9	66
Inner regional	26.1	15.0	36.1	np	np	np	np	..	21.4	43
Outer regional	np	np	np	np	np	np	np	np	10.8	10
Remote & Very remote	np	np	np	np	np	np	np	np	np	np
SEIFA of residence (f)										
Quintile 1	11.0	22.5	np	–	np	np	np	np	14.3	27
Quintile 2	18.9	16.3	26.9	np	np	np	np	np	17.5	34
Quintile 3	27.8	18.9	np	np	np	np	np	np	18.4	25
Quintile 4	np	26.5	np	np	np	np	np	np	14.7	18
Quintile 5	19.4	24.6	np	np	np	–	np	np	19.6	15
Tonsillectomy and Adenoidectomy										
Hospital peer group										
Peer group A	25.2	27.9	32.4	68.7	40.1	39.2	np	np	29.8	411
Peer group B	15.4	23.2	np	11.2	np	np	..	..	22.0	64
Other peer groups	15.1	16.4	np	9.9	8.7	np	np	np	13.8	41
Indigenous status (d)										
Indigenous	19.7	np	19.9	np	np	np	np	np	22.7	23
Other Australians	23.1	24.0	32.0	33.3	31.0	33.8	20.0	np	26.4	468

TABLE NHA.23.2

Table NHA.23.2 **Unplanned hospital readmission rates, by State and Territory, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (c)</i>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Remoteness of residence (e)										
Major cities	25.7	22.0	40.3	33.6	38.7	np	22.0	np	29.4	332
Inner regional	20.6	25.6	12.3	36.7	np	42.8	np	–	22.0	124
Outer regional	np	25.1	27.7	25.6	19.7	np	np	np	22.2	50
Remote & Very remote	np	np	np	np	np	np	–	np	18.3	8
SEIFA of residence (f)										
Quintile 1	18.8	17.1	27.8	32.8	25.1	35.6	np	np	22.4	122
Quintile 2	22.5	27.1	24.2	28.3	33.0	np	np	np	25.4	127
Quintile 3	27.0	23.0	30.8	41.9	37.4	np	np	np	27.5	111
Quintile 4	22.8	20.0	35.7	25.3	37.7	np	np	np	27.1	88
Quintile 5	28.3	40.8	42.9	36.1	37.3	np	26.2	np	35.2	66
Hysterectomy										
Hospital peer group										
Peer group A	33.1	27.7	31.7	47.5	42.8	np	np	65.2	31.9	210
Peer group B	14.6	31.9	57.0	np	np	np	..	..	35.1	57
Other peer groups	19.1	27.5	np	23.3	np	np	np	np	15.7	17
Indigenous status (d)										
Indigenous	np	np	np	–	np	np	np	np	62.3	17
Other Australians	29.8	29.0	30.3	35.0	27.8	42.5	np	np	29.6	255
Remoteness of residence (e)										
Major cities	27.1	28.2	32.3	37.1	45.0	np	np	–	29.9	159
Inner regional	36.7	24.7	42.0	np	np	np	np	–	30.5	77
Outer regional	20.8	48.3	26.1	np	np	np	np	np	28.7	35

TABLE NHA.23.2

Table NHA.23.2 **Unplanned hospital readmission rates, by State and Territory, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (c)</i>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Remote & Very remote	np	np	np	np	np	np	–	np	55.8	12
SEIFA of residence (f)										
Quintile 1	28.3	26.2	40.4	np	22.1	45.5	–	np	31.8	84
Quintile 2	27.4	34.8	16.7	np	np	np	np	np	27.4	61
Quintile 3	37.7	34.3	36.7	41.7	np	np	np	np	35.0	66
Quintile 4	31.6	22.9	38.7	np	np	np	np	np	30.2	47
Quintile 5	17.1	18.0	37.6	np	86.2	–	np	np	25.6	25
Prostatectomy										
Hospital peer group										
Peer group A	28.1	20.9	23.0	56.6	36.5	np	np	np	26.6	133
Peer group B	np	29.3	np	np	np	np	..	..	29.1	30
Other peer groups	np	11.7	np	–	np	–	np	np	12.2	11
Indigenous status (d)										
Indigenous	np	np	np	–	np	np	np	np	np	6
Other Australians	26.4	20.9	26.2	38.7	22.0	np	np	np	24.3	160
Remoteness of residence (e)										
Major cities	28.0	18.8	32.2	33.5	27.5	np	np	–	25.8	104
Inner regional	26.2	26.4	20.8	np	np	np	np	–	24.3	47
Outer regional	27.3	np	np	np	np	np	np	np	22.4	19
Remote & Very remote	np	np	np	np	np	np	–	np	np	np
SEIFA of residence (f)										
Quintile 1	26.6	22.1	25.6	np	23.4	41.0	np	np	26.9	56
Quintile 2	27.7	17.2	33.7	np	np	np	np	np	24.2	43

TABLE NHA.23.2

Table NHA.23.2 **Unplanned hospital readmission rates, by State and Territory, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (c)</i>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Quintile 3	31.0	24.8	21.0	56.6	np	np	np	np	26.7	36
Quintile 4	22.9	26.2	21.7	np	np	np	np	np	21.8	23
Quintile 5	27.1	np	np	np	np	—	np	np	24.5	16
Cataract surgery										
Hospital peer group										
Peer group A	3.8	3.5	4.1	11.0	8.0	np	np	np	4.0	84
Peer group B	np	5.3	np	2.7	np	np	..	..	4.0	35
Other peer groups	3.3	2.5	np	1.5	np	np	np	np	2.7	47
Indigenous status (d)										
Indigenous	np	np	np	np	np	np	np	np	np	np
Other Australians	3.2	3.9	4.0	4.0	4.0	—	—	np	3.7	163
Remoteness of residence (e)										
Major cities	4.2	5.2	3.7	4.3	6.2	—	np	—	4.6	123
Inner regional	1.8	2.0	np	3.4	np	np	np	—	2.0	24
Outer regional	2.4	np	5.0	np	np	np	np	np	1.9	13
Remote & Very remote	np	np	np	np	np	np	—	np	5.5	6
SEIFA of residence (f)										
Quintile 1	4.0	3.3	5.6	np	3.0	np	np	np	3.7	52
Quintile 2	2.5	4.0	5.3	3.2	6.4	np	np	np	3.5	46
Quintile 3	2.6	3.4	4.0	3.2	np	np	np	np	3.2	27
Quintile 4	2.8	4.5	np	4.8	np	np	np	np	3.4	23
Quintile 5	5.8	4.7	np	7.4	np	—	np	np	3.9	18

Appendectomy

TABLE NHA.23.2

Table NHA.23.2 **Unplanned hospital readmission rates, by State and Territory, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (c)</i>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Hospital peer group										
Peer group A	24.8	27.4	18.4	37.9	22.8	18.3	37.7	40.5	24.4	442
Peer group B	22.9	21.2	26.2	np	np	np	..	..	23.1	78
Other peer groups	30.5	np	np	np	np	np	np	np	24.1	28
Indigenous status (d)										
Indigenous	54.5	np	22.9	np	np	np	np	np	34.1	26
Other Australians	23.7	25.8	19.4	30.7	23.3	17.3	38.5	41.8	23.5	488
Remoteness of residence (e)										
Major cities	22.1	28.5	20.4	32.6	23.1	np	41.7	np	24.3	355
Inner regional	32.0	18.9	24.4	39.2	34.5	20.8	np	np	24.8	126
Outer regional	30.5	30.2	8.7	20.3	np	20.5	np	np	21.0	47
Remote & Very remote	np	np	np	np	np	np	np	np	27.1	12
SEIFA of residence (f)										
Quintile 1	26.7	29.5	19.1	np	18.5	22.5	np	np	24.1	119
Quintile 2	28.8	22.9	16.4	37.2	27.8	np	np	np	24.8	119
Quintile 3	24.1	24.1	20.8	33.1	np	np	np	63.3	23.2	106
Quintile 4	21.3	26.8	17.7	21.8	23.9	np	43.5	np	23.2	103
Quintile 5	19.3	27.5	25.7	34.5	37.0	np	36.5	np	25.9	93

(a) This indicator is limited to public hospitals.

(b) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

(c) Total rates and numbers for Australia do not include WA.

TABLE NHA.23.2

Table NHA.23.2 **Unplanned hospital readmission rates, by State and Territory, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles, 2010-11 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (c)</i>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>

- (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. 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.
- (e) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of separations for people living in that remoteness area and hospitalised in the reporting jurisdiction.
- (f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of separations for people living in that SEIFA quintile and hospitalised in the reporting jurisdiction.

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

Source: AIHW (unpublished) National Hospital Morbidity Database; WA Health (unpublished).

TABLE NHA.23.3

Table NHA.23.3 **Unplanned hospital readmission rates, by SEIFA IRSD deciles, 2010-11 (a), (b), (c)**

	<i>Knee replacement</i>	<i>Hip replacement</i>	<i>Tonsillectomy and Adenoidectomy</i>	<i>Hysterectomy</i>	<i>Prostatectomy</i>	<i>Cataract surgery</i>	<i>Appendectomy</i>
SEIFA by residence (d)							
Decile 1	23.4	15.6	24.4	32.3	27.9	4.7	24.7
Decile 2	23.6	13.1	20.3	31.4	25.9	2.8	23.4
Decile 3	26.7	12.7	28.0	33.6	23.1	3.5	18.5
Decile 4	32.3	23.0	22.5	19.8	25.7	3.5	31.8
Decile 5	28.1	22.0	32.8	38.1	24.8	2.5	24.0
Decile 6	23.1	14.2	21.2	31.6	29.1	3.9	22.3
Decile 7	18.9	22.2	26.5	35.7	17.6	3.4	22.6
Decile 8	18.3	np	27.8	25.0	26.6	3.5	23.9
Decile 9	21.5	18.0	35.6	28.4	30.2	4.0	25.1
Decile 10	17.4	21.8	34.7	21.8	np	3.8	26.6

(a) This indicator is limited to public hospitals.

(b) Excludes WA.

(c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

(d) 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. Each SEIFA decile represents approximately 10 per cent of the national population, but does 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.

np Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database.

NHA Indicator 24:

No new data are available for this indicator

Survival of people diagnosed with notifiable cancers

NHA Indicator 25:

**Rate of community follow up
within first seven days of
discharge from a psychiatric
admission**

TABLE NHA.25.1

Table NHA.25.1 **Rate of community follow up within first seven days of discharge from a psychiatric admission, 2010-11**
(a)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Separations with a community mental health contact recorded in the seven days following separation	no.	12 811	10 257	7 696	4 074	2 640	765	932	171	39 346
Separations from public psychiatric inpatient services	no.	26 932	14 291	14 634	6 924	5 805	1 747	1 185	878	72 396
Separations from psychiatric inpatient services with community mental health contact recorded in the seven days following separation	%	47.6	71.8	52.6	58.8	45.5	43.8	78.6	19.5	54.3

(a) Data submitted by states and territories according to specifications for the nationally agreed key performance indicators for public mental health services. See AHMAC Mental Health Standing Committee (2011) *Key performance indicators for Australian public mental health services*. Second Edition. Mental Health Information Strategy Subcommittee Discussion Paper No. 8, Commonwealth of Australia, Canberra.

Source: DoHA (unpublished), data submitted by states and territories for publication in the *National mental health report 2013*, COAG national action plan on mental health — progress report 2010–11, and SCRGSP (forthcoming) *Report on Government Services 2013*.

TABLE NHA.25.2

Table NHA.25.2 **Rate of community follow up within first seven days of discharge from a psychiatric admission, 2009-10**
(a)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Separations with a community mental health contact recorded in the seven days following separation	no.	11 864	9 170	6 417	3 689	2 276	584	873	148	35 021
Separations from public psychiatric inpatient services	no.	26 403	13 672	14 061	6 197	5 463	2 011	1 184	863	69 854
Separations from psychiatric inpatient services with community mental health contact recorded in the seven days following separation	%	44.9	67.1	45.6	59.5	41.7	29.0	73.7	17.1	50.1

(a) Data submitted by states and territories according to specifications for the nationally agreed key performance indicators for public mental health services. See AHMAC Mental Health Standing Committee (2011) *Key performance indicators for Australian public mental health services*. Second Edition. Mental Health Information Strategy Subcommittee Discussion Paper No. 8, Commonwealth of Australia, Canberra.

Source: DoHA (unpublished), data submitted by states and territories for publication in the *National mental health report 2013*, COAG national action plan on mental health — progress report 2010–11, and SCRGSP (forthcoming) Report on Government Services 2013.

TABLE NHA.25.3

Table NHA.25.3 **Rate of community follow up within first seven days of discharge from a psychiatric admission, 2008-09**
(a)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Separations with a community mental health contact recorded in the seven days following separation	no.	11 078	8 734	6 228	3 442	2 194	461	901	165	33 203
Separations from public psychiatric inpatient services	no.	27 035	13 428	14 147	6 022	5 373	2 121	1 233	924	70 283
Separations from psychiatric inpatient services with community mental health contact recorded in the seven days following separation	%	41.0	65.0	44.0	57.2	40.8	21.7	73.1	17.9	47.2

(a) Data submitted by states and territories according to specifications for the nationally agreed key performance indicators for public mental health services. See AHMAC Mental Health Standing Committee (2011) *Key performance indicators for Australian public mental health services*. Second Edition. Mental Health Information Strategy Subcommittee Discussion Paper No. 8, Commonwealth of Australia, Canberra.

Source: DoHA (unpublished), data submitted by states and territories for publication in the *National mental health report 2013*, COAG national action plan on mental health — progress report 2010–11, and SCRGSP (forthcoming) Report on Government Services 2013.

TABLE NHA.25.4

Table NHA.25.4 **Rate of community follow up within first seven days of discharge from a psychiatric admission, 2007-08**
(a)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Separations with a community mental health contact recorded in the seven days following separation	no.	10 856	8 387	7 094	3 059	1 897	433	827	191	32 744
Separations from public psychiatric inpatient services	no.	27 103	13 306	13 600	5 705	5 489	2 116	1 148	980	69 447
Separations from psychiatric inpatient services with community mental health contact recorded in the seven days following separation	%	40.1	63.0	52.2	53.6	34.6	20.5	72.0	19.5	47.1

(a) Data submitted by states and territories according to specifications for the nationally agreed key performance indicators for public mental health services. See AHMAC Mental Health Standing Committee (2011) *Key performance indicators for Australian public mental health services*. Second Edition. Mental Health Information Strategy Subcommittee Discussion Paper No. 8, Commonwealth of Australia, Canberra.

Source: DoHA (unpublished), data submitted by states and territories for publication in the *National mental health report 2013*, COAG national action plan on mental health — progress report 2010–11, and SCRGSP (forthcoming) Report on Government Services 2013.

NHA Indicator 26:

**Residential and community aged
care services per 1000 population
aged 70+ years**

TABLE NHA.26.1

Table NHA.26.1 **Residential and community aged care places, by State and Territory, 2012 (at 30 June) (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Residential aged care places (b)										
no.	'000	64.8	48.2	34.0	15.9	17.6	4.8	2.0	0.7	187.9
rate per 1000 population	%	83.8	84.4	77.8	73.7	90.0	79.3	73.3	43.7	81.9
Community aged care places (c)										
no.	'000	20.4	15.4	12.2	8.0	5.1	1.6	1.2	1.0	64.9
rate per 1000 population	%	26.3	27.0	28.0	37.3	26.1	27.0	44.6	64.1	28.3

(a) Population is people aged 70 years or over plus Indigenous Australians aged 50–69 years at 30 June 2012.

(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 2012, 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 (including Consumer Directed Care) provided in the community.

Source : DoHA (unpublished) 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. For June 2012, DoHA Indigenous population projections were prepared from ABS Indigenous Experimental 2006 ERP data (at SLA level) projected forward so as to align with published ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at the state level. The resulting projections of the Indigenous population were created by DoHA and are not ABS projections.

Table NHA.26.2 Residential and community aged care places per 1000 population, by planning region, 2012 (at 30 June) (a)

	<i>Residential aged care places per 1000 population (b)</i>	<i>Community aged care places per 1000 population (c)</i>
NSW		
Central Coast	80.2	25.0
Central West	80.5	24.9
Far North Coast	82.1	24.8
Hunter	84.1	24.0
Illawarra	79.3	24.6
Inner West	105.0	24.5
Mid North Coast	80.9	24.7
Nepean	81.1	27.4
New England	77.6	23.7
Northern Sydney	93.0	23.9
Orana Far West	78.1	24.1
Riverina/Murray	83.8	23.7
South East Sydney	79.1	24.1
South West Sydney	82.0	24.6
Southern Highlands	85.9	24.4
Western Sydney	79.7	25.7
Victoria		
Barwon-South Western	89.4	25.6
Eastern Metro	84.3	24.6
Gippsland	78.8	25.2
Grampians	78.1	25.5
Hume	87.7	25.6
Loddon-Mallee	83.2	26.1
Northern Metro	82.8	26.8
Southern Metro	85.6	23.8
Western Metro	85.5	26.0
Queensland		
Brisbane North	97.6	27.4
Brisbane South	89.3	23.8
Cabool	74.3	23.7
Central West	90.9	65.7
Darling Downs	81.0	23.1
Far North	60.5	26.6
Fitzroy	80.3	27.3
Logan River Valley	70.9	25.8
Mackay	69.4	26.9
North West	45.6	48.7
Northern	77.5	25.0

TABLE NHA.26.2

Table NHA.26.2 Residential and community aged care places per 1000 population, by planning region, 2012 (at 30 June) (a)

	<i>Residential aged care places per 1000 population (b)</i>	<i>Community aged care places per 1000 population (c)</i>
South Coast	79.0	25.7
South West	90.9	43.1
Sunshine Coast	74.3	27.6
West Moreton	66.2	35.1
Wide Bay	63.1	25.2
Western Australia		
Goldfields	68.6	27.7
Great Southern	72.5	37.8
Indian Ocean Territories	—	—
Kimberley	55.0	39.7
Metropolitan East	83.8	42.1
Metropolitan North	73.4	32.6
Metropolitan South East	88.9	36.0
Metropolitan South West	67.6	34.7
Mid West	52.5	44.3
Pilbara	35.4	37.6
South West	65.2	31.7
Wheatbelt	66.0	38.3
South Australia		
Eyre Peninsula	87.9	34.3
Hills, Mallee & Southern	79.1	26.2
Metropolitan East	111.7	21.8
Metropolitan North	89.6	23.7
Metropolitan South	89.3	25.1
Metropolitan West	85.5	20.1
Mid North	85.3	25.1
Riverland	73.2	28.8
South East	92.5	27.2
Whyalla, Flinders & Far North	68.7	33.7
Yorke, Lower North & Baross	84.4	25.3
Tasmania		
North Western	72.7	22.0
Northern	85.0	25.4
Southern	79.1	26.7
Australian Capital Territory		
Australian Capital Territory	73.3	42.5
Northern Territory		
Alice Springs	47.7	72.9
Barkly	25.6	74.1

TABLE NHA.26.2

Table NHA.26.2 Residential and community aged care places per 1000 population, by planning region, 2012 (at 30 June) (a)

	<i>Residential aged care places per 1000 population (b)</i>	<i>Community aged care places per 1000 population (c)</i>
Darwin	47.8	52.6
East Arnhem	10.6	75.3
Katherine	51.5	71.0

(a) Population is people aged 70 years or over plus Indigenous Australians aged 50–69 years at 30 June 2012.

(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 2012, 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 2012 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 (including Consumer Directed Care) 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. For June 2012, DoHA Indigenous population projections were prepared from ABS Indigenous Experimental 2006 ERP data (at SLA level) projected forward so as to align with published ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at the state level. The resulting projections of the Indigenous population were created by DoHA and are not ABS projections.

Table NHA.26.3 **Residential and community aged care places per 1000 population, by remoteness, 2012 (at 30 June) (a)**

	<i>Aust</i>	<i>Aust</i>
	<i>Residential aged care places per 1000 population (b)</i>	<i>Community aged care places per 1000 population (c)</i>
Major cities	85.4	29.4
Inner regional	79.3	26.8
Outer regional	71.3	23.0
Remote	60.5	33.5
Very remote	42.3	42.8

(a) Population people aged 70 years and over plus Indigenous Australians aged 50–69 years at 30 June 2012.

(b) Count is of operational residential places delivered in Australian Government subsidised residential aged care facilities at 30 June 2012 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 2012 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 (including Consumer Directed Care) provided in the community.

Source: DoHA (unpublished) 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. For June 2012, DoHA Indigenous population projections were prepared from ABS Indigenous Experimental 2006 ERP data (at SLA level) projected forward so as to align with published ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at the state level. An Iterative Proportional Fitting technique was applied to align the projections with ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at Remoteness Area level. The Indigenous Estimated Resident Population at 30 June 2006 (ABS cat no 3238.0.55.001) was used to proportionally split the remoteness areas classification of Inner Regional/Outer Regional and Remote/Very Remote. The resulting projections of the Indigenous population were created by DoHA and are not ABS projections.

NHA Indicator 27

**Hospital patient days used
by those eligible and
waiting for residential
aged care**

TABLE NHA.27.1

Table NHA.27.1 **Hospital patient days used by those eligible and waiting for residential aged care, by State and Territory, by Indigenous status, by remoteness and SEIFA IRSD quintiles, 2010-11 (a)**

	<i>NSW</i>	<i>Vic (b)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
	<i>number</i>								
Indigenous status (c)									
Indigenous	2 344	65	10 403	353	961	–	–	3 108	17 234
Other Australians	59 874	15 544	119 913	27 664	61 784	6 772	4 143	2 529	287 308
Remoteness of residence (d)									
Major cities	31 035	372	49 670	9 032	38 639	–	4 030	–	132 778
Inner regional	14 577	7 314	20 877	2 556	1 782	4 979	35	–	52 120
Outer regional	10 125	7 711	44 894	10 842	11 384	1 685	75	2 666	89 382
Remote	5 975	212	10 102	5 437	8 941	17	–	1 694	32 378
Very remote	–	–	4 107	90	1 904	–	–	1 277	7 378
SEIFA of residence (e)									
Quintile 1	22 963	5 837	38 981	3 105	18 105	4 368	–	1 901	95 260
Quintile 2	16 562	5 394	31 391	10 911	24 708	620	110	362	90 058
Quintile 3	10 701	2 187	26 028	5 745	10 042	919	440	2 394	58 456
Quintile 4	5 110	1 970	20 812	3 966	5 378	767	1 469	827	40 299
Quintile 5	6 376	221	12 434	4 230	4 417	7	2 121	153	29 959
Total (f)	62 218	15 609	130 316	28 017	62 745	6 772	4 143	5 637	315 457
	<i>rate per 1000 patient days</i>								
Indigenous status (c)									
Indigenous	11.1	1.3	44.9	2.2	11.8	–	–	17.8	18.9
Other Australians	7.2	2.3	23.7	11.1	28.6	12.3	10.5	18.1	11.5
Remoteness of residence (d)									
Major cities	5.2	0.1	16.2	4.8	24.6	–	12.0	–	7.4
Inner regional	8.2	4.9	16.7	7.5	7.6	13.9	0.8	–	9.5

TABLE NHA.27.1

Table NHA.27.1 **Hospital patient days used by those eligible and waiting for residential aged care, by State and Territory, by Indigenous status, by remoteness and SEIFA IRSD quintiles, 2010-11 (a)**

	<i>NSW</i>	<i>Vic (b)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Outer regional	17.7	19.5	58.7	42.4	35.4	9.8	3.4	20.3	33.9
Remote	115.2	22.6	91.2	45.8	112.4	2.1	–	24.4	72.2
Very remote	–	–	56.3	1.5	67.8	–	–	12.1	26.5
SEIFA of residence (e)									
Quintile 1	12.6	4.9	27.7	15.2	23.1	14.5	–	12.1	16.2
Quintile 2	7.0	4.0	34.6	19.0	48.0	12.1	3.1	16.2	15.5
Quintile 3	7.5	1.5	25.1	6.8	29.7	8.9	16.6	36.3	11.0
Quintile 4	4.4	1.4	17.5	8.7	15.5	9.0	11.8	17.1	8.3
Quintile 5	3.9	0.2	17.2	7.4	17.6	np	10.4	8.7	6.2
Total (f)	7.3	2.3	24.6	10.5	28.0	12.1	10.3	17.9	11.7

- (a) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (b) Victoria has developed alternative care pathways for older people waiting for residential aged care to be supported outside the acute hospital system. These alternative care pathways impact on the data reporting the number of hospital patient days by those eligible and waiting for residential aged care.
- (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, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.
- (d) Disaggregation by remoteness is by the patient's usual residence, not the location of the hospital. Patient days are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of residence. Hence, rates represent the number of patient days for patients living in each remoteness area (regardless of their jurisdiction of usual residence) divided by the total number of patient days for patients living in that remoteness area and hospitalised in the reporting jurisdiction.
- (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. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Patient days are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of residence. Hence, rates represent the number of patient days for patients living in each SEIFA quintile (regardless of their jurisdiction of usual residence) divided by the total number of patient days for patients living in that SEIFA quintile and hospitalised in the reporting jurisdiction.

TABLE NHA.27.1

Table NHA.27.1 Hospital patient days used by those eligible and waiting for residential aged care, by State and Territory, by Indigenous status, by remoteness and SEIFA IRSD quintiles, 2010-11 (a)

	<i>NSW</i>	<i>Vic (b)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

(f) Total includes separations for which place of residence was not known, not stated or could not be mapped to a SEIFA index.

– Nil or rounded to zero.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2010; ABS (2009) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2010, Series B, Cat. no. 3238.0.

TABLE NHA.27.2

Table NHA.27.2 **Hospital patient days used by those eligible and waiting for residential aged care, by SEIFA IRSD deciles, 2010-11 (a), (b)**

	<i>Aust</i>	<i>Aust</i>
	<i>rate per 1000 patient days</i>	<i>no.</i>
SEIFA of residence		
Decile 1	15.3	43 923
Decile 2	17.0	51 337
Decile 3	18.2	52 715
Decile 4	12.9	37 343
Decile 5	14.2	38 265
Decile 6	7.7	20 191
Decile 7	10.3	24 794
Decile 8	6.3	15 505
Decile 9	5.6	14 320
Decile 10	6.8	15 639

(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. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2010.

NHA Indicator 28:

**Proportion of residential aged care
services that are three year
re-accredited**

TABLE NHA.28.1

Table NHA.28.1 **Proportion of residential aged care services that are three year re-accredited, by State and Territory, 2011-12 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Re-accreditation period (number) (b)</i>										
< 3 years	no.	15	11	28	11	13	—	1	4	83
3 years	no.	436	298	137	114	152	42	11	5	1 195
Total re-accredited services	no.	451	309	165	125	165	42	12	9	1 278
<i>Re-accreditation period (proportion) (b)</i>										
< 3 years	%	3.3	3.6	17.0	8.8	7.9	—	8.3	44.4	6.5
3 years	%	96.7	96.4	83.0	91.2	92.1	100.0	91.7	55.6	93.5
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Data at 30 June 2012 relate only to re-accreditations.

(b) Note that 'accreditation period' shows the decision in effect at 30 June 2012. The figures in this table will not necessarily be consistent with the accreditation decisions made in 2011-12, because those decisions may not yet have taken effect, or may have been superseded. The year 2011-12 is a period of accreditation peaks and consequently the number of decisions is higher than for 2010-11.

— Nil or rounded to zero

Source: Aged Care Standards and Accreditation Agency Ltd (ACSAA) unpublished.

TABLE NHA.28.2

Table NHA.28.2 **Proportion of residential aged care services that are three year re-accredited, by State and Territory, by remoteness, 2011-12 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Major cities										
Re-accreditation period (number)										
< 3 years	no.	8	5	13	4	6	..	1	..	37
3 years	no.	250	196	76	85	102	..	11	..	720
Total re-accredited services	no.	258	201	89	89	108	..	12	..	757
Re-accreditation period (proportion)										
< 3 years	%	3.1	2.5	14.6	4.5	5.6	..	8.3	..	4.9
3 years	%	96.9	97.5	85.4	95.5	94.4	..	91.7	..	95.1
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Inner regional										
Re-accreditation period (number)										
< 3 years	no.	3	4	4	2	2	—	—	..	15
3 years	no.	137	79	36	13	23	26	—	..	314
Total re-accredited services	no.	140	83	40	15	25	26	—	..	329
Re-accreditation period (proportion)										
< 3 years	%	2.1	4.8	10.0	13.3	8.0	—	—	..	4.6
3 years	%	97.9	95.2	90.0	86.7	92.0	100.0	—	..	95.4
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Outer regional										
Re-accreditation period (number)										
< 3 years	no.	3	—	5	1	5	—	..	—	14

TABLE NHA.28.2

Table NHA.28.2 **Proportion of residential aged care services that are three year re-accredited, by State and Territory, by remoteness, 2011-12 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
3 years	no.	48	23	20	15	25	14	..	1	146
Total re-accredited services	no.	51	23	25	16	30	14	..	1	160
Re-accreditation period (proportion)										
< 3 years	%	5.9	–	20.0	6.3	16.7	–	..	–	8.8
3 years	%	94.1	100.0	80.0	93.8	83.3	100.0	..	100.0	91.3
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Remote										
Re-accreditation period (number)										
< 3 years	no.	–	–	3	2	–	–	..	4	9
3 years	no.	2	–	1	1	1	–	..	–	5
Total re-accredited services	no.	2	–	4	3	1	–	..	4	14
Re-accreditation period (proportion)										
< 3 years	%	–	–	75.0	66.7	–	–	..	–	64.3
3 years	%	100.0	–	25.0	33.3	100.0	–	..	100.0	35.7
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Very remote										
Re-accreditation period (number)										
< 3 years	no.	–	..	2	1	–	–	..	–	3
3 years	no.	–	..	4	1	–	2	..	4	11
Total re-accredited services	no.	–	..	6	2	–	2	..	4	14

TABLE NHA.28.2

Table NHA.28.2 **Proportion of residential aged care services that are three year re-accredited, by State and Territory, by remoteness, 2011-12 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Re-accreditation period (proportion)										
< 3 years	%	–	..	33.3	50.0	–	–	..	–	21.4
3 years	%	–	..	66.7	50.0	–	100.0	..	100.0	78.6
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Excludes four residential aged care services which could not be coded to a remoteness area.

.. Not applicable – Nil or rounded to zero

Source: Aged Care Standards and Accreditation Agency Ltd (ACSAA) unpublished.

TABLE NHA.28.3

Table NHA.28.3 **Proportion of residential aged care services that are three year re-accredited, by State and Territory, by size of facility (places), 2011-12 (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Size of residential aged care facility (places)										
1-20 places										
Re-accreditation period (number)										
< 3 years	no.	—	—	5	1	1	—	—	1	8
3 years	no.	19	21	8	6	4	6	—	3	67
Total re-accredited services	no.	19	21	13	7	5	6	—	4	75
Re-accreditation period (proportion)										
< 3 years	%	—	—	38.5	14.3	20.0	—	—	25.0	10.7
3 years	%	100.0	100.0	61.5	85.7	80.0	100.0	—	75.0	89.3
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
21-40 places										
Re-accreditation period (number)										
< 3 years	no.	3	2	—	4	5	—	—	2	16
3 years	no.	69	68	20	31	40	7	1	1	237
Total re-accredited services	no.	72	70	20	35	45	7	1	3	253
Re-accreditation period (proportion)										
< 3 years	%	4.2	2.9	—	11.4	11.1	—	—	66.7	6.3
3 years	%	95.8	97.1	100.0	88.6	88.9	100.0	100.0	33.3	93.7
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
41-60 places										
Re-accreditation period (number)										

TABLE NHA.28.3

Table NHA.28.3 **Proportion of residential aged care services that are three year re-accredited, by State and Territory, by size of facility (places), 2011-12 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
< 3 years	no.	3	1	3	2	2	–	–	–	11
3 years	no.	124	77	24	30	44	13	1	–	313
Total re-accredited services	no.	127	78	27	32	46	13	1	–	324
Re-accreditation period (proportion)										
< 3 years	%	2.4	1.3	11.1	6.3	4.3	–	–	–	3.4
3 years	%	97.6	98.7	88.9	93.8	95.7	100.0	100.0	–	96.6
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
61-80 places										
Re-accreditation period (number)										
< 3 years	no.	2	3	5	1	1	–	–	1	13
3 years	no.	97	40	28	20	28	4	5	1	223
Total re-accredited services	no.	99	43	33	21	29	4	5	2	236
Re-accreditation period (proportion)										
< 3 years	%	2.0	7.0	15.2	4.8	3.4	–	–	50.0	5.5
3 years	%	98.0	93.0	84.8	95.2	96.6	100.0	100.0	50.0	94.5
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
81-100 places										
Re-accreditation period (number)										
< 3 years	no.	1	1	2	–	–	–	1	–	5
3 years	no.	46	47	26	15	14	4	1	–	153

TABLE NHA.28.3

Table NHA.28.3 **Proportion of residential aged care services that are three year re-accredited, by State and Territory, by size of facility (places), 2011-12 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total re-accredited services	no.	47	48	28	15	14	4	2	–	158
Re-accreditation period (proportion)										
< 3 years	%	2.1	2.1	7.1	–	–	–	50.0	–	3.2
3 years	%	97.9	97.9	92.9	100.0	100.0	100.0	50.0	–	96.8
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
101+ places										
Re-accreditation period (number)										
< 3 years	no.	5	2	12	2	4	–	–	–	25
3 years	no.	80	44	29	11	20	8	3	–	195
Total re-accredited services	no.	85	46	41	13	24	8	3	–	220
Re-accreditation period (proportion)										
< 3 years	%	5.9	4.3	29.3	15.4	16.7	–	–	–	11.4
3 years	%	94.1	95.7	70.7	84.6	83.3	100.0	100.0	–	88.6
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Excludes 12 residential aged care services with zero places or closed at 30/6/12.

– Nil or rounded to zero

Source: Aged Care Standards and Accreditation Agency Ltd (ACSAA) unpublished.

TABLE NHA.28.4

Table NHA.28.4 **Proportion of residential aged care services that are three year re-accredited, by State and Territory, 2010-11 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Re-accreditation period (number) (b)</i>										
< 3 years	no.	14	21	31	9	7	–	4	3	89
3 years	no.	104	131	74	41	32	12	3	1	398
Total re-accredited services	no.	118	152	105	50	39	12	7	4	487
<i>Re-accreditation period (proportion) (b)</i>										
< 3 years	%	11.9	13.8	29.5	18.0	17.9	–	57.1	75.0	18.3
3 years	%	88.1	86.2	70.5	82.0	82.1	100.0	42.9	25.0	81.7
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Data at 30 June 2011 relate only to re-accreditations, and do not include accreditation periods for 24 commencing services. Earlier reports (including up to June 2007 data) included both initial accreditations and re-accreditations.

(b) Note that 'accreditation period' shows the decision in effect at 30 June 2011. The figures in this table will not necessarily be consistent with the accreditation decisions made in 2010-11, because those decisions may not yet have taken effect, or may have been superseded. The year 2010-11 is a period between the accreditation peaks and consequently the number of decisions is much lower than for 2009-10.

– Nil or rounded to zero.

Source: Aged Care Standards and Accreditation Agency Ltd (ACSAA) unpublished.

TABLE NHA.28.5

Table NHA.28.5 **Proportion of residential aged care services that are three year re-accredited, by State and Territory, 2009-10 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Re-accreditation period (number) (b)</i>										
< 3 years	no.	19	29	29	11	14	1	2	4	109
3 years	no.	305	321	220	74	72	25	8	4	1 029
Total re-accredited services	no.	324	350	249	85	86	26	10	8	1 138
<i>Re-accreditation period (proportion) (b)</i>										
< 3 years	%	5.9	8.3	11.6	12.9	16.3	3.8	20.0	50.0	9.6
3 years	%	94.1	91.7	88.4	87.1	83.7	96.2	80.0	50.0	90.4
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Data at 30 June 2010 relate only to re-accreditations, and do not include accreditation periods for 28 commencing services. Earlier reports (including up to June 2007 data) included both initial accreditations and re-accreditations.

(b) Note that 'accreditation period' shows the decision in effect at 30 June 2010. The figures in this table will not necessarily be consistent with the accreditation decisions made in 2009-10, because those decisions may not yet have taken effect, or may have been superseded.

Source: Aged Care Standards and Accreditation Agency Ltd (ACSAA) unpublished.

TABLE NHA.28.6

Table NHA.28.6 **Proportion of residential aged care services that are three year re-accredited, by State and Territory, 2008-09 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Re-accreditation period (number) (b)</i>										
< 3 years	no.	28	40	55	8	25	7	2	2	167
3 years	no.	476	307	157	124	153	43	13	5	1 278
Total re-accredited services	no.	504	347	212	132	178	50	15	7	1 445
<i>Re-accreditation period (proportion) (b)</i>										
< 3 years	%	5.6	11.5	25.9	6.1	14.0	14.0	13.3	28.6	11.6
3 years	%	94.4	88.5	74.1	93.9	86.0	86.0	86.7	71.4	88.4
Total re-accredited services	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Data at 30 June 2009 relate only to re-accreditations, and do not include accreditation periods for 37 commencing services. Earlier reports (up to 2006-07) included both initial accreditations and re-accreditations.

(b) Note that 'accreditation period' shows the decision in effect at 30 June 2009. The figures in this table will not necessarily be consistent with the accreditation decisions made in 2008-09, because those decisions may not yet have taken effect, or may have been superseded.

Source: Aged Care Standards and Accreditation Agency Ltd (ACSAA) (unpublished).

NHA Indicator 29:

No new data are available for this indicator

**Proportion of residential
aged care days on hospital
leave due to selected
preventable causes**

NHA Indicator 30:

Elapsed times for aged care services

TABLE NHA.30.1

Table NHA.30.1 Elapsed times for aged care services, by State and Territory, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Residential Aged Care (d)</i>										
High Care Residents										
Within two days or less	%	9.2	8.3	4.8	5.0	5.3	12.5	4.2	5.7	7.4
Seven days or less	%	27.3	24.4	17.3	14.8	17.9	28.7	12.4	10.5	22.6
Less than one month	%	53.9	56.7	47.2	38.8	46.4	57.8	41.3	27.6	51.2
Less than three months	%	74.8	77.9	67.9	69.4	70.8	76.2	68.7	49.5	73.2
Less than nine months	%	87.7	90.2	83.5	88.1	86.3	89.2	86.3	78.1	87.3
Total admissions	no.	11 758	7 534	6 429	2 468	3 571	1 172	380	105	33 417
Low Care Residents										
Within two days or less	%	4.4	4.5	3.8	2.7	3.5	6.2	np	np	4.1
Seven days or less	%	12.9	12.3	11.8	8.0	9.1	16.7	2.5	np	11.8
Less than one month	%	33.7	35.8	34.7	28.9	30.4	45.0	28.2	32.8	34.0
Less than three months	%	66.3	66.5	63.0	59.6	62.3	72.5	58.9	79.3	65.0
Less than nine months	%	92.2	93.0	90.1	93.0	90.7	94.8	90.5	96.6	92.1
Total admissions	no.	7 777	6 635	3 724	2 065	1 645	502	241	58	22 647
All residents										
Within two days or less	%	7.3	6.5	4.4	3.9	4.7	10.6	2.9	4.3	6.1
Seven days or less	%	21.6	18.7	15.3	11.7	15.1	25.1	8.5	8.6	18.2
Less than one month	%	45.9	46.9	42.6	34.3	41.4	53.9	36.2	29.4	44.3
Less than three months	%	71.4	72.6	66.1	64.9	68.1	75.1	64.9	60.1	69.9
Less than nine months	%	89.5	91.5	85.9	90.3	87.7	90.9	87.9	84.7	89.3
Total admissions	no.	19 535	14 169	10 153	4 533	5 216	1 674	621	163	56 064
<i>Community Aged Care Package (CACP)</i>										
Within two days or less	%	2.6	3.2	4.8	5.3	6.1	4.0	5.6	10.6	3.9

TABLE NHA.30.1

Table NHA.30.1 Elapsed times for aged care services, by State and Territory, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Seven days or less	%	7.6	7.6	13.6	17.3	16.1	10.3	10.0	18.1	10.7
Less than one month	%	32.3	30.4	48.8	55.8	46.4	30.1	42.9	45.2	39.1
Less than three months	%	66.1	62.6	75.9	79.8	74.3	60.4	75.6	70.7	69.5
Less than nine months	%	93.9	93.5	92.6	94.8	93.8	93.2	94.1	91.0	93.6
Total admissions	no.	6 644	4 294	3 732	2 131	1 657	429	340	188	19 415
<i>Extended Aged Care at Home (EACH)</i>										
Within two days or less	%	4.7	3.1	3.2	6.8	3.7	7.2	np	np	4.5
Seven days or less	%	9.7	6.9	8.6	18.0	8.9	8.4	6.8	12.7	10.8
Less than one month	%	31.8	24.1	37.3	55.7	19.5	18.1	43.0	50.9	37.4
Less than three months	%	58.8	48.9	66.8	80.6	42.6	51.8	76.8	76.4	64.4
Less than nine months	%	79.7	78.6	85.0	91.6	68.4	85.5	94.7	92.7	84.0
Total admissions	no.	1 202	809	1 170	1 126	190	83	207	55	4 842
<i>Extended Aged Care at Home Dementia (EACHD)</i>										
Within two days or less	%	4.2	3.6	4.2	6.7	5.9	np	np	np	4.8
Seven days or less	%	12.9	7.3	15.9	19.8	13.0	10.4	11.7	37.5	14.1
Less than one month	%	38.2	28.1	55.2	60.8	27.2	37.3	53.3	68.8	45.3
Less than three months	%	66.6	63.6	79.1	81.9	60.4	64.2	88.3	87.5	72.7
Less than nine months	%	88.6	91.7	91.9	93.1	89.3	92.5	100.0	100.0	91.4
Total admissions	no.	649	533	766	581	169	67	60	16	2 841

(a) Data only includes records where ACAT approval is before admission date. Data only includes first admissions in the financial year.

(b) Except for SEIFA quintiles and deciles, data is based on location of the service.

(c) The data for elapsed time by remoteness and by SEIFA was sourced at a later date than the data for elapsed time by state/territory and therefore may have slightly larger total numbers of admissions. The variance between each breakdown of this indicator is less than 0.5 per cent.

TABLE NHA.30.1

Table NHA.30.1 **Elapsed times for aged care services, by State and Territory, 2011-12 (a), (b), (c)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

(d) Residential care is permanent only.

np Not published.

Source : DoHA (unpublished) Aged Care Assessment Program Minimum Data Set; DoHA (unpublished) Aged Care Data Warehouse.

TABLE NHA.30.2

Table NHA.30.2 Elapsed times for aged care services, by State and Territory, by remoteness, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Residential Aged Care (d)</i>										
High Care Residents										
Major cities										
Within two days or less	%	7.7	6.6	4.3	4.5	4.7	..	4.2	..	6.2
Seven days or less	%	26.8	22.4	17.5	13.7	18.1	..	12.4	..	21.7
Less than one month	%	54.6	56.9	50.4	39.1	47.7	..	41.3	..	52.1
Less than three months	%	75.1	78.8	71.0	70.9	71.7	..	68.7	..	74.4
Less than nine months	%	88.0	90.7	85.0	89.3	87.1	..	86.3	..	88.1
Total admissions	no.	8 335	5 478	4 062	1 822	2 855	..	380	..	22 932
Inner regional										
Within two days or less	%	12.4	12.0	6.7	5.2	8.4	11.5	..	..	10.5
Seven days or less	%	28.2	28.6	19.9	19.9	18.9	26.5	..	..	25.6
Less than one month	%	52.1	56.1	47.2	42.5	45.0	57.0	..	..	51.7
Less than three months	%	73.7	75.1	67.0	67.3	70.6	76.3	..	..	72.5
Less than nine months	%	86.8	89.1	83.1	84.8	85.2	89.3	..	..	86.7
Total admissions	no.	2 820	1 682	1 529	407	371	882	..	..	7 691
Outer regional										
Within two days or less	%	14.0	17.1	3.3	7.4	7.1	15.6	..	np	9.8
Seven days or less	%	29.8	35.0	11.2	13.2	16.5	36.2	..	7.0	22.1
Less than one month	%	54.0	56.4	30.7	29.9	36.8	61.6	..	29.6	43.5
Less than three months	%	75.3	77.2	53.7	64.2	62.6	77.2	..	54.9	66.3
Less than nine months	%	86.9	88.1	76.4	85.8	80.6	88.8	..	80.3	83.1
Total admissions	no.	594	369	787	204	310	276	..	71	2 611
Remote										
Within two days or less	%	np	np	np	np	np	np	..	np	8.5

TABLE NHA.30.2

Table NHA.30.2 Elapsed times for aged care services, by State and Territory, by remoteness, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Seven days or less	%	np	np	32.1	23.1	np	np	..	17.9	17.0
Less than one month	%	np	np	60.7	30.8	37.1	np	..	25.0	36.2
Less than three months	%	np	np	78.6	53.8	65.7	50.0	..	39.3	60.3
Less than nine months	%	np	np	85.7	84.6	82.9	90.0	..	71.4	83.0
Total admissions	no.	9	5	28	26	35	10	..	28	141
Very remote										
Within two days or less	%	—	..	—	np	—	np	..	np	np
Seven days or less	%	—	..	np	np	—	np	..	np	11.9
Less than one month	%	—	..	30.4	np	—	np	..	np	26.2
Less than three months	%	—	..	47.8	np	—	np	..	np	45.2
Less than nine months	%	—	..	82.6	np	—	np	..	np	76.2
Total admissions	no.	—	..	23	9	—	np	..	np	42
Low Care Residents										
Major cities										
Within two days or less	%	3.5	3.9	3.6	1.8	3.3	..	np	..	3.4
Seven days or less	%	11.6	11.4	11.2	6.8	9.2	..	2.5	..	10.6
Less than one month	%	33.0	35.9	34.6	28.4	31.7	..	28.2	..	33.4
Less than three months	%	66.4	68.1	63.8	59.7	63.6	..	58.9	..	65.4
Less than nine months	%	92.3	93.7	91.0	93.0	91.9	..	90.5	..	92.5
Total admissions	no.	5 051	4 494	2 415	1 628	1 167	..	241	..	14 996
Inner regional										
Within two days or less	%	5.7	5.5	4.4	3.7	3.8	5.7	..	..	5.3
Seven days or less	%	14.8	14.2	12.7	11.1	8.1	16.8	..	..	14.0
Less than one month	%	34.2	35.9	37.2	32.6	27.2	44.1	..	..	35.5
Less than three months	%	65.4	63.6	61.8	60.4	53.6	71.9	..	..	64.0

TABLE NHA.30.2

Table NHA.30.2 Elapsed times for aged care services, by State and Territory, by remoteness, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Less than nine months	%	92.2	91.8	88.4	91.5	87.2	94.6	..	..	91.4
Total admissions	no.	2 106	1 721	835	270	235	370	..	..	5 537
Outer regional										
Within two days or less	%	7.4	6.5	3.0	7.1	4.4	8.5	..	np	5.8
Seven days or less	%	17.3	14.8	11.8	12.6	9.7	18.8	..	np	14.2
Less than one month	%	39.0	34.1	28.7	26.0	27.9	49.6	..	37.0	34.2
Less than three months	%	69.2	61.7	59.3	57.5	65.9	76.1	..	80.4	65.0
Less than nine months	%	92.1	90.6	89.1	95.3	88.9	95.7	..	97.8	91.3
Total admissions	no.	597	413	432	127	226	117	..	46	1 958
Remote										
Within two days or less	%	np	np	13.9	np	np	—	..	—	8.1
Seven days or less	%	np	np	30.6	np	np	—	..	—	15.4
Less than one month	%	21.7	np	52.8	28.6	np	38.5	..	np	33.8
Less than three months	%	60.9	np	80.6	46.4	47.1	61.5	..	75.0	63.2
Less than nine months	%	78.3	np	86.1	96.4	76.5	92.3	..	91.7	87.5
Total admissions	no.	23	7	36	28	17	13	..	12	136
Very remote										
Within two days or less	%	—	..	np	np	—	np	..	—	np
Seven days or less	%	—	..	np	50.0	—	np	..	—	30.0
Less than one month	%	—	..	np	50.0	—	np	..	—	40.0
Less than three months	%	—	..	np	75.0	—	np	..	—	70.0
Less than nine months	%	—	..	np	91.7	—	np	..	—	90.0
Total admissions	no.	—	..	np	12	—	np	..	—	20
All Residents										
Major cities										

TABLE NHA.30.2

Table NHA.30.2 Elapsed times for aged care services, by State and Territory, by remoteness, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Within two days or less	%	6.1	5.4	4.1	3.2	4.3	..	2.9	..	5.1
Seven days or less	%	21.1	17.4	15.2	10.5	15.5	..	8.5	..	17.3
Less than one month	%	46.4	47.5	44.5	34.1	43.1	..	36.2	..	44.7
Less than three months	%	71.8	74.0	68.3	65.6	69.4	..	64.9	..	70.9
Less than nine months	%	89.6	92.0	87.2	91.0	88.5	..	87.9	..	89.8
Total admissions	no.	13 386	9 972	6 477	3 450	4 022	..	621	..	37 928
Inner regional										
Within two days or less	%	9.5	8.7	5.9	4.6	6.6	9.7	..	..	8.3
Seven days or less	%	22.5	21.3	17.4	16.4	14.7	23.6	..	..	20.7
Less than one month	%	44.4	45.9	43.7	38.6	38.1	53.2	..	..	44.9
Less than three months	%	70.2	69.3	65.2	64.5	64.0	75.0	..	..	68.9
Less than nine months	%	89.1	90.4	85.0	87.4	86.0	90.9	..	..	88.6
Total admissions	no.	4 926	3 403	2 364	677	606	1 252	..	..	13 228
Outer regional										
Within two days or less	%	10.7	11.5	3.2	7.3	6.0	13.5	..	np	8.1
Seven days or less	%	23.5	24.3	11.4	13.0	13.6	31.0	..	6.8	18.7
Less than one month	%	46.5	44.6	30.0	28.4	33.0	58.0	..	32.5	39.5
Less than three months	%	72.2	69.1	55.7	61.6	64.0	76.8	..	65.0	65.7
Less than nine months	%	89.5	89.4	80.9	89.4	84.1	90.8	..	87.2	86.6
Total admissions	no.	1 191	782	1 219	331	536	393	..	117	4 569
Remote										
Within two days or less	%	np	–	12.5	13.0	np	np	..	np	8.3
Seven days or less	%	np	np	31.3	16.7	np	np	..	12.5	16.2
Less than one month	%	18.8	50.0	56.3	29.6	30.8	34.8	..	22.5	35.0
Less than three months	%	62.5	75.0	79.7	50.0	59.6	56.5	..	50.0	61.7

TABLE NHA.30.2

Table NHA.30.2 Elapsed times for aged care services, by State and Territory, by remoteness, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Less than nine months	%	81.3	100.0	85.9	90.7	80.8	91.3	..	77.5	85.2
Total admissions	no.	32	12	64	54	52	23	..	40	277
Very remote										
Within two days or less	%	—	..	—	23.8	—	np	..	np	11.3
Seven days or less	%	—	..	np	38.1	—	np	..	np	17.7
Less than one month	%	—	..	31.0	38.1	—	np	..	np	30.6
Less than three months	%	—	..	51.7	61.9	—	np	..	np	53.2
Less than nine months	%	—	..	82.8	76.2	—	np	..	np	80.6
Total admissions	no.	—	..	29	21	—	6	..	6	62
<i>Community Aged Care Package (CACP)</i>										
Major cities										
Within two days or less	%	2.0	3.4	4.3	3.2	6.6	..	5.6	..	3.4
Seven days or less	%	6.4	8.2	12.1	15.1	18.9	..	10.0	..	10.1
Less than one month	%	30.5	31.9	48.9	55.2	52.6	..	42.9	..	39.4
Less than three months	%	64.3	64.5	76.0	79.8	80.6	..	75.6	..	70.0
Less than nine months	%	94.0	94.0	92.9	95.0	96.2	..	94.1	..	94.1
Total admissions	no.	4 519	3 291	2 254	1 725	1 123	..	340	..	13 252
Inner regional										
Within two days or less	%	3.6	2.7	4.5	13.0	5.8	4.2	..	..	4.2
Seven days or less	%	8.7	5.8	15.6	27.1	12.0	9.3	..	..	10.7
Less than one month	%	33.7	25.7	50.8	65.1	35.5	27.8	..	..	37.0
Less than three months	%	68.7	57.5	78.6	83.9	61.0	57.2	..	..	68.1
Less than nine months	%	93.6	92.1	92.9	96.9	89.6	92.5	..	..	93.0
Total admissions	no.	1 812	807	964	192	259	334	..	..	4 368

TABLE NHA.30.2

Table NHA.30.2 Elapsed times for aged care services, by State and Territory, by remoteness, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Outer regional										
Within two days or less	%	4.3	2.6	6.9	12.2	3.1	np	..	5.5	5.5
Seven days or less	%	17.5	5.7	15.9	25.9	7.5	14.0	..	11.0	14.2
Less than one month	%	48.8	23.8	42.9	53.7	32.5	37.2	..	53.8	41.5
Less than three months	%	77.9	51.8	70.4	76.9	62.7	72.1	..	83.5	69.9
Less than nine months	%	94.4	90.7	90.3	91.2	88.2	96.5	..	98.9	91.8
Total admissions	no.	303	193	452	147	228	86	..	91	1 500
Remote										
Within two days or less	%	np	np	np	23.7	10.6	np	..	9.6	13.0
Seven days or less	%	np	np	14.0	30.5	12.8	np	..	25.0	22.0
Less than one month	%	80.0	np	46.5	52.5	25.5	np	..	48.1	45.3
Less than three months	%	100.0	np	74.4	79.7	53.2	np	..	65.4	69.5
Less than nine months	%	100.0	np	90.7	96.6	89.4	np	..	86.5	91.0
Total admissions	no.	10	np	43	59	47	np	..	52	223
Very remote										
Within two days or less	%	—	..	31.6	np	—	—	..	22.2	23.6
Seven days or less	%	—	..	36.8	np	—	—	..	24.4	26.4
Less than one month	%	—	..	68.4	np	—	—	..	24.4	36.1
Less than three months	%	—	..	73.7	np	—	—	..	51.1	55.6
Less than nine months	%	—	..	100.0	np	—	—	..	80.0	84.7
Total admissions	no.	—	..	19	8	—	—	..	45	72
<i>Extended Aged Care at Home (EACH)</i>										
Major cities										
Within two days or less	%	3.9	3.2	2.1	5.1	np	..	np	..	3.6

TABLE NHA.30.2

Table NHA.30.2 Elapsed times for aged care services, by State and Territory, by remoteness, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Seven days or less	%	8.4	6.3	6.9	14.5	8.1	..	6.8	..	9.3
Less than one month	%	30.1	23.2	36.1	54.0	22.6	..	43.0	..	37.3
Less than three months	%	57.4	49.0	65.7	80.3	40.3	..	76.8	..	64.6
Less than nine months	%	76.9	78.9	85.1	91.1	66.1	..	94.7	..	83.6
Total admissions	no.	814	555	665	902	124	..	207	..	3 267
Inner regional										
Within two days or less	%	6.5	2.6	2.4	10.7	–	np	..	..	4.5
Seven days or less	%	10.7	6.7	8.8	26.2	np	np	..	..	10.5
Less than one month	%	30.1	23.7	38.8	66.0	np	16.0	..	..	33.7
Less than three months	%	56.3	46.9	70.6	84.5	36.7	50.7	..	..	61.0
Less than nine months	%	83.8	76.8	87.9	94.2	70.0	86.7	..	..	84.7
Total admissions	no.	309	194	340	103	30	75	..	..	1 051
Outer regional										
Within two days or less	%	np	np	6.3	13.0	np	np	..	np	7.5
Seven days or less	%	19.0	11.9	13.2	38.0	np	np	..	13.6	19.3
Less than one month	%	55.7	32.2	35.4	57.6	np	np	..	52.3	43.5
Less than three months	%	83.5	54.2	61.8	79.3	51.9	np	..	77.3	69.2
Less than nine months	%	92.4	81.4	75.7	93.5	70.4	np	..	95.5	84.7
Total admissions	no.	79	59	144	92	27	6	..	44	451
Remote										
Within two days or less	%	–	np	np	32.0	np	np	..	np	21.3
Seven days or less	%	–	np	np	36.0	np	np	..	np	25.5
Less than one month	%	–	np	np	64.0	np	np	..	np	48.9
Less than three months	%	–	np	np	84.0	np	np	..	np	74.5
Less than nine months	%	–	np	np	88.0	np	np	..	np	85.1

TABLE NHA.30.2

Table NHA.30.2 Elapsed times for aged care services, by State and Territory, by remoteness, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total admissions	no.	–	np	np	25	9	np	..	7	47
Very remote										
Within two days or less	%	–	..	33.3	np	–	–	..	np	26.9
Seven days or less	%	–	..	33.3	np	–	–	..	np	30.8
Less than one month	%	–	..	66.7	np	–	–	..	np	69.2
Less than three months	%	–	..	77.8	np	–	–	..	np	80.8
Less than nine months	%	–	..	94.4	np	–	–	..	np	96.2
Total admissions	no.	–	..	18	np	–	–	..	np	26
<i>Extended Aged Care at Home Dementia (EACHD)</i>										
Major cities										
Within two days or less	%	3.5	3.0	2.8	4.3	6.2	..	np	..	3.6
Seven days or less	%	11.2	6.1	11.7	16.3	15.4	..	11.7	..	11.8
Less than one month	%	34.1	28.7	51.0	60.9	27.7	..	53.3	..	43.6
Less than three months	%	63.8	62.7	76.7	83.9	60.0	..	88.3	..	71.9
Less than nine months	%	87.1	91.4	91.4	93.3	91.5	..	100.0	..	91.2
Total admissions	no.	428	394	463	460	130	..	60	..	1 935
Inner regional										
Within two days or less	%	5.5	5.6	5.6	11.8	np	np	..	..	6.4
Seven days or less	%	16.4	9.6	23.6	29.4	np	9.3	..	..	18.4
Less than one month	%	46.4	25.6	64.4	61.2	np	35.2	..	..	48.9
Less than three months	%	69.4	65.6	86.6	72.9	50.0	66.7	..	..	74.1
Less than nine months	%	90.7	93.6	95.8	92.9	80.0	94.4	..	..	93.3
Total admissions	no.	183	125	216	85	10	54	..	..	673
Outer regional										

TABLE NHA.30.2

Table NHA.30.2 Elapsed times for aged care services, by State and Territory, by remoteness, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Within two days or less	%	np	–	8.2	np	np	np	..	np	8.7
Seven days or less	%	15.8	np	20.0	31.0	np	np	..	40.0	20.1
Less than one month	%	44.7	35.7	56.5	51.7	28.0	46.2	..	73.3	49.8
Less than three months	%	84.2	71.4	72.9	75.9	64.0	53.8	..	93.3	74.4
Less than nine months	%	94.7	85.7	84.7	93.1	80.0	84.6	..	100.0	88.1
Total admissions	no.	38	14	85	29	25	13	..	15	219
Remote										
Within two days or less	%	–	–	–	np	np	–	..	np	41.7
Seven days or less	%	–	–	–	np	np	–	..	np	50.0
Less than one month	%	–	–	–	np	np	–	..	np	58.3
Less than three months	%	–	–	–	np	np	–	..	np	75.0
Less than nine months	%	–	–	–	np	np	–	..	np	91.7
Total admissions	no.	–	–	–	7	<5	–	..	np	12
Very remote										
Within two days or less	%	–	..	np	–	–	–	..	–	np
Seven days or less	%	–	..	np	–	–	–	..	–	np
Less than one month	%	–	..	np	–	–	–	..	–	np
Less than three months	%	–	..	np	–	–	–	..	–	np
Less than nine months	%	–	..	np	–	–	–	..	–	np
Total admissions	no.	–	..	np	–	–	–	..	–	np

(a) Data only includes records where ACAT approval is before admission date. Data only includes first admissions in the financial year.

(b) Except for SEIFA quintiles and deciles, data is based on location of the service.

(c) The data for elapsed time by remoteness and by SEIFA was sourced at a later date than the data for elapsed time by state/territory and therefore may have slightly larger total numbers of admissions. The variance between each breakdown of this indicator is less than 0.5 per cent.

(d) Residential care is permanent only.

TABLE NHA.30.2

Table NHA.30.2 **Elapsed times for aged care services, by State and Territory, by remoteness, 2011-12 (a), (b), (c)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

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

Source : DoHA (unpublished) Aged Care Assessment Program Minimum Data Set; DoHA (unpublished) Aged Care Data Warehouse.

TABLE NHA.30.3

Table NHA.30.3 Elapsed times for aged care services, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Residential Aged Care (d)</i>										
High Care Residents										
Quintile 1										
Within two days or less	%	10.1	9.5	4.7	6.0	6.0	12.5	np	np	8.7
Seven days or less	%	29.5	27.3	19.8	16.8	21.4	30.8	np	np	26.2
Less than one month	%	55.7	60.3	46.4	40.3	49.2	59.1	np	np	54.2
Less than three months	%	75.1	79.7	66.2	72.5	71.8	75.3	np	25.0	74.2
Less than nine months	%	87.8	90.5	81.2	87.9	86.3	88.4	np	70.8	87.3
Total admissions	no.	2 121	1 277	717	149	980	535	np	np	5 804
Quintile 2										
Within two days or less	%	11.5	12.6	5.4	7.1	6.1	18.4	—	—	9.6
Seven days or less	%	30.7	29.6	18.6	18.3	18.7	35.3	—	—	25.8
Less than one month	%	56.4	57.7	46.4	41.9	46.8	63.7	—	np	52.6
Less than three months	%	76.2	78.0	67.3	72.0	72.0	82.6	—	50.0	73.9
Less than nine months	%	87.4	90.7	82.4	87.7	88.3	93.5	—	78.6	87.1
Total admissions	no.	2 739	1 130	1 600	382	726	201	—	14	6 792
Quintile 3										
Within two days or less	%	9.7	8.1	5.7	5.3	6.5	9.4	—	np	7.9
Seven days or less	%	28.5	23.7	16.4	17.0	20.3	18.8	—	16.3	23.0
Less than one month	%	56.0	55.0	46.3	41.4	47.5	48.3	—	36.7	51.3
Less than three months	%	75.2	76.3	66.8	67.8	69.1	73.9	—	61.2	72.4
Less than nine months	%	88.8	89.2	84.6	87.7	85.8	87.6	—	83.7	87.7
Total admissions	no.	2 651	1 419	1 257	723	676	234	—	49	7 009
Quintile 4										
Within two days or less	%	7.5	7.5	4.0	4.2	3.9	10.5	np	—	5.7

TABLE NHA.30.3

Table NHA.30.3 Elapsed times for aged care services, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Seven days or less	%	27.2	23.0	16.7	11.3	12.9	33.9	9.5	–	19.9
Less than one month	%	53.3	54.8	47.0	37.4	44.5	61.3	35.2	np	49.4
Less than three months	%	73.9	77.0	67.6	68.3	71.2	77.4	64.8	58.3	71.9
Less than nine months	%	88.2	90.1	83.6	88.1	84.6	88.7	84.8	75.0	86.8
Total admissions	no.	1 379	1 638	2 031	495	636	124	105	12	6 420
Quintile 5										
Within two days or less	%	6.4	6.0	3.8	3.5	2.8	10.0	4.3	–	5.4
Seven days or less	%	20.7	20.8	16.9	12.6	13.1	18.8	12.6	–	18.7
Less than one month	%	48.5	56.2	50.3	34.7	41.7	52.5	43.3	–	48.9
Less than three months	%	73.1	78.6	72.5	70.2	67.8	67.5	68.0	–	73.6
Less than nine months	%	86.3	90.3	86.2	88.8	86.7	87.5	86.6	–	87.7
Total admissions	no.	2 839	2 036	899	707	540	80	231	–	7 332
Low Care Residents										
Quintile 1										
Within two days or less	%	4.7	4.2	3.4	3.8	2.7	7.4	np	np	4.3
Seven days or less	%	14.6	14.6	11.1	7.1	8.7	18.7	np	np	13.4
Less than one month	%	35.3	38.4	29.4	28.2	29.8	45.8	np	np	35.1
Less than three months	%	67.9	67.7	58.8	53.8	61.3	76.4	np	np	65.8
Less than nine months	%	92.2	93.6	89.2	90.4	91.1	96.6	np	np	92.3
Total admissions	no.	1 336	1 055	415	156	403	203	np	np	3 575
Quintile 2										
Within two days or less	%	5.4	5.8	4.8	2.9	2.9	7.9	–	–	5.1
Seven days or less	%	14.9	14.5	12.9	7.5	8.0	21.3	–	np	13.5
Less than one month	%	37.1	37.3	40.6	26.3	27.0	48.3	–	np	36.5
Less than three months	%	66.6	65.3	66.7	59.1	61.5	76.4	–	92.9	65.7

TABLE NHA.30.3

Table NHA.30.3 Elapsed times for aged care services, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Less than nine months	%	91.8	91.4	90.0	94.2	89.7	96.6	–	100.0	91.5
Total admissions	no.	1 950	1 147	834	308	348	89	–	14	4 690
Quintile 3										
Within two days or less	%	4.3	4.6	4.4	3.4	4.0	np	–	–	4.2
Seven days or less	%	12.8	11.9	13.5	10.1	9.6	12.5	–	–	12.1
Less than one month	%	34.0	32.8	36.1	31.0	30.4	49.2	–	43.8	33.9
Less than three months	%	66.1	65.5	63.3	60.8	63.0	78.3	–	81.3	65.0
Less than nine months	%	92.9	93.2	88.8	93.1	89.8	96.7	–	93.8	92.2
Total admissions	no.	1 724	1 154	832	525	322	120	–	16	4 693
Quintile 4										
Within two days or less	%	5.1	3.4	3.6	3.0	4.2	np	np	np	3.8
Seven days or less	%	14.6	11.4	11.0	8.4	10.8	13.7	np	np	11.5
Less than one month	%	33.0	36.2	33.1	30.2	36.8	41.2	20.8	47.6	34.1
Less than three months	%	66.9	67.2	61.2	60.9	68.8	66.7	52.8	71.4	64.8
Less than nine months	%	92.0	93.3	91.2	92.8	91.3	92.2	86.8	100.0	92.2
Total admissions	no.	870	1 410	1 153	430	288	51	53	21	4 276
Quintile 5										
Within two days or less	%	3.1	4.4	2.9	1.6	4.2	np	–	–	3.3
Seven days or less	%	8.9	10.8	10.6	6.9	8.4	12.5	np	–	9.3
Less than one month	%	29.8	34.5	31.1	27.3	30.2	27.5	30.9	–	31.3
Less than three months	%	65.2	66.7	64.1	57.3	61.4	47.5	61.1	–	64.2
Less than nine months	%	91.9	93.5	91.2	92.5	93.7	85.0	92.0	–	92.5
Total admissions	no.	1 857	1 847	521	637	285	40	175	–	5 362
All Residents										
Quintile 1										

TABLE NHA.30.3

Table NHA.30.3 Elapsed times for aged care services, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Within two days or less	%	8.0	7.1	4.2	4.9	5.1	11.1	np	np	7.0
Seven days or less	%	23.7	21.5	16.6	11.8	17.7	27.5	np	np	21.3
Less than one month	%	47.8	50.4	40.2	34.1	43.5	55.4	np	np	46.9
Less than three months	%	72.3	74.3	63.5	63.0	68.8	75.6	np	27.6	71.0
Less than nine months	%	89.5	91.9	84.1	89.2	87.7	90.7	np	72.4	89.2
Total admissions	no.	3 457	2 332	1 132	305	1 383	738	np	np	9 379
Quintile 2										
Within two days or less	%	9.0	9.2	5.2	5.2	5.0	15.2	–	–	7.8
Seven days or less	%	24.1	22.0	16.7	13.5	15.3	31.0	–	np	20.8
Less than one month	%	48.4	47.4	44.4	34.9	40.4	59.0	–	17.9	46.0
Less than three months	%	72.2	71.6	67.1	66.2	68.6	80.7	–	71.4	70.5
Less than nine months	%	89.3	91.0	85.0	90.6	88.7	94.5	–	89.3	88.9
Total admissions	no.	4 689	2 277	2 434	690	1 074	290	–	28	11 482
Quintile 3										
Within two days or less	%	7.6	6.5	5.2	4.5	5.7	7.1	–	np	6.4
Seven days or less	%	22.3	18.4	15.2	14.1	16.8	16.7	–	12.3	18.6
Less than one month	%	47.3	45.0	42.2	37.0	42.0	48.6	–	38.5	44.3
Less than three months	%	71.6	71.5	65.4	64.8	67.1	75.4	–	66.2	69.5
Less than nine months	%	90.4	91.0	86.3	90.0	87.1	90.7	–	86.2	89.5
Total admissions	no.	4 375	2 573	2 089	1 248	998	354	–	65	11 702
Quintile 4										
Within two days or less	%	6.5	5.6	3.9	3.7	4.0	9.1	np	np	5.0
Seven days or less	%	22.3	17.6	14.6	9.9	12.2	28.0	7.0	np	16.6
Less than one month	%	45.4	46.2	42.0	34.1	42.1	55.4	30.4	39.4	43.3
Less than three months	%	71.2	72.5	65.3	64.9	70.5	74.3	60.8	66.7	69.1

TABLE NHA.30.3

Table NHA.30.3 Elapsed times for aged care services, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Less than nine months	%	89.6	91.6	86.3	90.3	86.7	89.7	85.4	90.9	88.9
Total admissions	no.	2 249	3 048	3 184	925	924	175	158	33	10 696
Quintile 5										
Within two days or less	%	5.1	5.3	3.5	2.6	3.3	9.2	2.5	—	4.5
Seven days or less	%	16.1	16.0	14.6	9.9	11.5	16.7	8.1	—	14.7
Less than one month	%	41.1	45.9	43.2	31.2	37.7	44.2	37.9	—	41.5
Less than three months	%	70.0	72.9	69.4	64.1	65.6	60.8	65.0	—	69.7
Less than nine months	%	88.5	91.8	88.0	90.6	89.1	86.7	88.9	—	89.7
Total admissions	no.	4 696	3 883	1 420	1 344	825	120	406	—	12 694
Community Aged Care Package (CACP)										
Quintile 1										
Within two days or less	%	3.3	2.4	8.0	10.2	6.9	5.1	np	16.3	5.0
Seven days or less	%	9.4	6.4	20.1	23.7	14.8	12.4	np	18.6	12.2
Less than one month	%	35.4	29.0	52.9	57.1	47.1	33.7	np	27.9	39.3
Less than three months	%	72.1	57.8	77.6	81.9	73.3	61.8	np	55.8	69.8
Less than nine months	%	95.2	92.2	93.4	94.9	92.6	92.7	np	81.4	93.6
Total admissions	no.	1 139	658	473	177	393	178	np	np	3 062
Quintile 2										
Within two days or less	%	2.9	3.4	4.8	6.1	7.2	np	—	np	4.1
Seven days or less	%	9.1	5.6	13.8	20.2	15.4	11.1	—	np	11.1
Less than one month	%	37.0	24.9	50.2	56.2	43.6	32.2	—	57.9	39.9
Less than three months	%	70.8	56.0	77.5	81.3	70.2	72.2	—	89.5	70.6
Less than nine months	%	93.8	91.9	92.8	94.5	91.5	96.7	—	94.7	93.2
Total admissions	no.	1 576	716	853	347	376	90	—	19	3 977

TABLE NHA.30.3

Table NHA.30.3 Elapsed times for aged care services, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Quintile 3										
Within two days or less	%	2.6	4.8	4.6	6.5	6.1	np	–	9.0	4.3
Seven days or less	%	7.1	8.6	14.6	16.1	15.5	7.2	–	19.2	11.0
Less than one month	%	32.8	30.0	50.2	55.5	43.4	29.9	–	48.7	39.8
Less than three months	%	69.1	60.8	75.3	80.0	71.6	54.6	–	67.9	70.1
Less than nine months	%	94.1	93.6	91.2	94.6	93.4	95.9	–	92.3	93.5
Total admissions	no.	1 555	791	822	571	380	97	–	78	4 294
Quintile 4										
Within two days or less	%	2.5	4.0	3.6	3.5	4.1	np	np	np	3.6
Seven days or less	%	8.4	9.4	10.5	15.2	15.4	12.5	5.5	17.6	10.7
Less than one month	%	34.7	33.8	44.8	54.0	48.1	22.5	47.3	61.8	41.3
Less than three months	%	69.7	65.9	74.3	78.0	76.3	45.0	76.9	88.2	71.8
Less than nine months	%	93.9	93.7	92.6	94.4	96.6	87.5	93.4	97.1	93.7
Total admissions	no.	759	873	1 124	428	266	40	91	34	3 615
Quintile 5										
Within two days or less	%	2.0	2.1	4.7	3.8	5.5	–	4.4	–	2.9
Seven days or less	%	4.7	7.8	13.1	16.2	20.3	–	9.2	–	9.2
Less than one month	%	23.5	32.3	48.5	56.4	52.3	np	39.4	–	35.8
Less than three months	%	52.1	67.4	75.9	78.9	83.2	53.3	76.1	–	65.9
Less than nine months	%	92.7	95.2	92.7	95.6	96.5	83.3	94.4	–	94.0
Total admissions	no.	1 584	1 261	536	612	256	30	251	–	4 530
<i>Extended Aged Care at Home (EACH)</i>										
Quintile 1										
Within two days or less	%	5.2	4.5	7.0	20.5	11.6	np	np	np	8.1

TABLE NHA.30.3

Table NHA.30.3 Elapsed times for aged care services, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Seven days or less	%	11.8	9.8	12.2	29.5	16.3	np	np	np	14.0
Less than one month	%	37.3	22.7	39.1	58.0	23.3	24.1	np	np	36.2
Less than three months	%	60.4	49.2	60.0	79.5	48.8	62.1	np	np	60.4
Less than nine months	%	80.7	75.8	77.4	90.9	65.1	86.2	np	np	80.0
Total admissions	no.	212	132	115	88	43	29	np	np	629
Quintile 2										
Within two days or less	%	4.4	np	2.7	8.0	np	np	—	np	4.1
Seven days or less	%	9.4	6.7	7.5	26.1	11.1	np	—	np	11.5
Less than one month	%	32.4	24.2	40.4	58.5	27.8	np	—	np	37.8
Less than three months	%	64.0	47.7	67.2	84.7	46.3	61.5	—	np	65.3
Less than nine months	%	85.9	77.2	83.4	94.9	83.3	92.3	—	np	85.4
Total admissions	no.	361	149	332	176	54	13	—	6	1 091
Quintile 3										
Within two days or less	%	6.2	np	3.8	5.1	np	—	—	np	4.7
Seven days or less	%	11.9	6.4	9.6	17.5	np	—	—	np	12.1
Less than one month	%	34.6	24.3	39.7	60.7	np	np	—	48.1	41.6
Less than three months	%	58.1	48.6	67.4	83.7	48.7	36.8	—	70.4	66.5
Less than nine months	%	82.7	78.6	85.8	93.4	64.1	84.2	—	88.9	85.7
Total admissions	no.	260	140	239	331	39	19	—	27	1 055
Quintile 4										
Within two days or less	%	4.0	np	2.6	6.1	—	np	—	—	3.3
Seven days or less	%	8.6	4.3	8.3	13.3	np	np	9.9	np	8.6
Less than one month	%	33.8	23.2	32.2	50.0	np	np	39.4	54.5	34.3
Less than three months	%	67.5	45.1	64.9	76.0	31.0	46.2	76.1	81.8	64.0
Less than nine months	%	82.1	75.6	86.2	88.3	62.1	76.9	94.4	90.9	84.0

TABLE NHA.30.3

Table NHA.30.3 Elapsed times for aged care services, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total admissions	no.	151	164	348	196	29	13	71	11	983
Quintile 5										
Within two days or less	%	3.3	3.6	np	4.8	—	np	np	—	3.4
Seven days or less	%	5.7	7.2	7.9	14.1	—	np	5.2	—	8.7
Less than one month	%	18.0	23.5	37.9	52.4	np	np	45.8	—	36.0
Less than three months	%	41.2	51.6	75.0	79.0	38.5	np	79.7	—	64.6
Less than nine months	%	62.1	82.8	91.4	90.1	65.4	np	94.8	—	83.5
Total admissions	no.	211	221	140	334	26	8	153	—	1 093
<i>Extended Aged Care at Home Dementia (EACHD)</i>										
Quintile 1										
Within two days or less	%	5.9	7.1	8.2	26.5	np	np	—	np	8.5
Seven days or less	%	8.8	14.1	18.0	47.1	np	np	—	np	16.4
Less than one month	%	35.3	29.4	57.4	70.6	36.4	36.0	—	np	41.6
Less than three months	%	59.8	56.5	75.4	79.4	60.6	60.0	—	np	63.9
Less than nine months	%	87.3	88.2	88.5	97.1	81.8	96.0	—	np	88.9
Total admissions	no.	102	85	61	34	33	np	—	np	341
Quintile 2										
Within two days or less	%	5.2	5.6	3.4	np	np	np	—	—	4.3
Seven days or less	%	20.2	11.1	14.6	16.5	np	np	—	—	15.1
Less than one month	%	47.4	27.8	55.8	60.8	22.7	50.0	—	—	47.3
Less than three months	%	78.0	56.7	79.1	83.5	75.0	70.0	—	—	75.6
Less than nine months	%	92.5	88.9	91.3	94.9	95.5	80.0	—	—	91.9
Total admissions	no.	173	90	206	79	44	10	—	—	602
Quintile 3										

TABLE NHA.30.3

Table NHA.30.3 Elapsed times for aged care services, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Within two days or less	%	4.7	5.9	6.2	6.3	np	np	–	np	6.1
Seven days or less	%	10.9	7.9	23.2	16.7	np	np	–	np	15.9
Less than one month	%	40.6	21.8	54.8	59.8	18.5	26.3	–	60.0	45.8
Less than three months	%	68.8	60.4	79.7	79.3	48.1	73.7	–	80.0	72.8
Less than nine months	%	87.5	90.1	94.9	92.0	92.6	94.7	–	100.0	91.8
Total admissions	no.	128	101	177	174	27	19	–	10	636
Quintile 4										
Within two days or less	%	np	np	3.6	7.0	np	np	–	np	3.9
Seven days or less	%	17.7	5.1	12.4	16.5	25.8	np	–	np	12.9
Less than one month	%	46.8	22.9	54.2	57.4	35.5	np	np	np	46.1
Less than three months	%	69.6	58.5	77.3	80.9	61.3	np	58.3	np	71.7
Less than nine months	%	84.8	95.8	91.6	89.6	87.1	np	91.7	np	90.8
Total admissions	no.	79	118	225	115	31	np	12	np	590
Quintile 5										
Within two days or less	%	np	np	np	4.4	np	np	np	–	2.6
Seven days or less	%	6.8	3.5	13.3	20.2	np	np	13.2	–	11.3
Less than one month	%	25.3	36.8	57.1	61.7	26.5	np	54.7	–	44.8
Less than three months	%	55.6	78.5	86.7	84.2	52.9	np	90.6	–	75.3
Less than nine months	%	87.7	93.1	93.9	94.5	88.2	np	100.0	–	92.7
Total admissions	no.	162	144	98	183	34	7	53	–	681

(a) Data only includes records where ACAT approval is before admission date. Data only includes first admissions in the financial year.

(b) SEIFA quintiles and deciles are based on recipient's postcode at time of assessment. If a recipient's postcode was not found in the SEIFA data obtained from the ABS website they were not able to be reported in this table.

(c) The data for elapsed time by remoteness and by SEIFA was sourced at a later date than the data for elapsed time by state/territory and therefore may have slightly larger total numbers of admissions. The variance between each breakdown of this indicator is less than 0.5%.

TABLE NHA.30.3

Table NHA.30.3 **Elapsed times for aged care services, by State and Territory, by SEIFA IRSD quintiles, 2011-12 (a), (b), (c)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

(d) Residential care is permanent only.

np Not published – Nil or rounded to zero.

Source : DoHA (unpublished) Aged Care Assessment Program Minimum Data Set; DoHA (unpublished) Aged Care Data Warehouse.

TABLE NHA.30.4

Table NHA.30.4 Elapsed times for aged care services, by State and Territory, by Indigenous status, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Residential Aged Care (d)</i>										
High Care Residents										
Indigenous										
Within two days or less	%	10.3	np	np	np	–	np	–	np	8.5
Seven days or less	%	25.3	23.8	17.1	21.1	np	np	–	np	19.9
Less than one month	%	56.3	33.3	35.7	26.3	35.3	np	–	14.3	38.2
Less than three months	%	78.2	61.9	51.4	50.0	76.5	np	–	28.6	59.6
Less than nine months	%	83.9	85.7	75.7	65.8	100.0	np	–	71.4	78.7
Total admissions	no.	87	21	70	38	np	np	–	35	272
Non-Indigenous										
Within two days or less	%	9.2	8.3	4.7	4.9	5.3	12.5	4.2	np	7.4
Seven days or less	%	27.3	24.4	17.3	14.7	17.9	28.6	12.4	11.4	22.6
Less than one month	%	53.9	56.8	47.4	39.0	46.5	57.8	41.3	34.3	51.3
Less than three months	%	74.8	77.9	68.1	69.8	70.7	76.2	68.7	60.0	73.4
Less than nine months	%	87.7	90.2	83.6	88.4	86.2	89.2	86.3	81.4	87.4
Total admissions	no.	11 671	7 513	6 359	2 430	3 554	1 168	380	70	33 145
Low Care Residents										
Indigenous										
Within two days or less	%	np	–	np	np	np	np	–	np	8.3
Seven days or less	%	18.9	np	np	26.1	np	np	–	np	13.5
Less than one month	%	43.2	np	32.6	39.1	np	np	–	np	34.6
Less than three months	%	78.4	54.5	58.1	65.2	np	np	–	np	65.4
Less than nine months	%	91.9	81.8	83.7	95.7	np	np	–	np	88.7
Total admissions	no.	37	11	43	23	np	np	–	9	133

TABLE NHA.30.4

Table NHA.30.4 Elapsed times for aged care services, by State and Territory, by Indigenous status, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Non-Indigenous										
Within two days or less	%	4.4	4.5	3.8	2.5	3.5	6.2	np	–	4.1
Seven days or less	%	12.9	12.3	11.8	7.8	9.2	16.8	2.5	np	11.8
Less than one month	%	33.7	35.9	34.7	28.8	30.5	44.9	28.2	36.7	34.0
Less than three months	%	66.2	66.6	63.1	59.5	62.4	72.5	58.9	79.6	65.0
Less than nine months	%	92.2	93.0	90.2	92.9	90.7	94.8	90.5	98.0	92.1
Total admissions	no.	7 740	6 624	3 681	2 042	1 638	499	241	49	22 514
All Residents										
Indigenous										
Within two days or less	%	10.5	np	5.3	13.1	–	np	–	np	8.4
Seven days or less	%	23.4	18.8	13.3	23.0	np	np	–	np	17.8
Less than one month	%	52.4	31.3	34.5	31.1	29.2	np	–	13.6	37.0
Less than three months	%	78.2	59.4	54.0	55.7	66.7	np	–	38.6	61.5
Less than nine months	%	86.3	84.4	78.8	77.0	95.8	np	–	75.0	82.0
Total admissions	no.	124	32	113	61	24	7	–	44	405
Non-Indigenous										
Within two days or less	%	7.3	6.5	4.4	3.8	4.8	10.6	2.9	np	6.1
Seven days or less	%	21.5	18.7	15.3	11.6	15.2	25.1	8.5	8.4	18.2
Less than one month	%	45.8	47.0	42.7	34.3	41.4	53.9	36.2	35.3	44.3
Less than three months	%	71.4	72.6	66.2	65.1	68.1	75.1	64.9	68.1	70.0
Less than nine months	%	89.5	91.5	86.0	90.5	87.6	90.9	87.9	88.2	89.3
Total admissions	no.	19 411	14 137	10 040	4 472	5 192	1 667	621	119	55 659

Community Aged Care Package (CACP)

TABLE NHA.30.4

Table NHA.30.4 Elapsed times for aged care services, by State and Territory, by Indigenous status, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Indigenous										
Within two days or less	%	16.5	np	20.5	26.0	np	np	50.0	16.0	17.8
Seven days or less	%	28.2	8.6	26.1	32.0	np	np	58.3	22.2	24.1
Less than one month	%	55.3	40.0	54.5	60.0	50.0	np	66.7	29.6	48.0
Less than three months	%	78.8	71.4	75.0	84.0	66.7	np	66.7	56.8	72.0
Less than nine months	%	92.9	92.9	88.6	92.0	88.9	np	91.7	84.0	90.0
Total admissions	no.	85	70	88	50	18	6	12	81	410
Non-Indigenous										
Within two days or less	%	2.4	3.2	4.4	4.9	5.9	3.8	4.0	6.5	3.6
Seven days or less	%	7.3	7.6	13.3	17.0	16.0	10.2	8.2	15.0	10.5
Less than one month	%	32.0	30.2	48.6	55.7	46.4	29.8	42.1	57.0	38.9
Less than three months	%	66.0	62.4	76.0	79.7	74.4	60.3	75.9	81.3	69.5
Less than nine months	%	93.9	93.5	92.7	94.9	93.9	93.1	94.2	96.3	93.7
Total admissions	no.	6 559	4 224	3 644	2 081	1 639	423	328	107	19 005
<i>Extended Aged Care at Home (EACH)</i>										
Indigenous										
Within two days or less	%	20.0	np	np	21.4	np	np	np	–	13.3
Seven days or less	%	32.0	np	np	25.0	np	np	np	–	21.0
Less than one month	%	48.0	53.8	47.4	53.6	np	np	np	np	45.7
Less than three months	%	84.0	92.3	63.2	75.0	np	np	np	54.5	72.4
Less than nine months	%	88.0	92.3	84.2	85.7	np	np	np	72.7	83.8
Total admissions	no.	25	13	19	28	5	np	np	11	105
Non-Indigenous										

TABLE NHA.30.4

Table NHA.30.4 Elapsed times for aged care services, by State and Territory, by Indigenous status, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Within two days or less	%	4.3	3.0	3.0	6.5	3.8	7.3	np	np	4.3
Seven days or less	%	9.2	6.7	8.4	17.9	9.2	8.5	6.9	15.9	10.5
Less than one month	%	31.4	23.6	37.1	55.7	20.0	17.1	42.6	59.1	37.2
Less than three months	%	58.3	48.2	66.9	80.8	43.2	51.2	77.0	81.8	64.2
Less than nine months	%	79.5	78.4	85.0	91.7	69.2	85.4	94.6	97.7	84.0
Total admissions	no.	1 177	796	1 151	1 098	185	82	204	44	4 737
<i>Extended Aged Care at Home Dementia (EACHD)</i>										
Indigenous										
Within two days or less	%	np	np	np	np	—	—	—	np	np
Seven days or less	%	np	np	np	np	—	—	—	np	42.1
Less than one month	%	np	np	np	np	—	—	—	np	63.2
Less than three months	%	np	np	np	np	—	—	—	np	73.7
Less than nine months	%	np	np	np	np	—	—	—	np	89.5
Total admissions	no.	np	np	np	8	—	—	—	np	19
Non-Indigenous										
Within two days or less	%	4.0	3.4	4.2	6.6	5.9	np	np	np	4.7
Seven days or less	%	12.9	7.1	15.9	19.4	13.0	10.4	11.7	35.7	14.0
Less than one month	%	38.1	28.0	55.2	60.6	27.2	37.3	53.3	71.4	45.2
Less than three months	%	66.7	63.5	79.1	82.0	60.4	64.2	88.3	85.7	72.7
Less than nine months	%	88.5	91.7	92.0	93.2	89.3	92.5	100.0	100.0	91.5
Total admissions	no.	645	532	762	573	169	67	60	14	2 822

(a) Data only includes records where ACAT approval is before admission date. Data only includes first admissions in the financial year.

(b) Except for SEIFA quintiles and deciles, data is based location of the service.

TABLE NHA.30.4

Table NHA.30.4 **Elapsed times for aged care services, by State and Territory, by Indigenous status, 2011-12 (a), (b), (c)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

(c) The data for elapsed time by remoteness and by SEIFA was sourced at a later date than the data for elapsed time by state/territory and therefore may have slightly larger total numbers of admissions. The variance between each breakdown of this indicator is less than 0.5 per cent.

(d) Residential care is permanent only.

np Not published – Nil or rounded to zero.

Source: DoHA (unpublished) Aged Care Assessment Program Minimum Data Set; DoHA (unpublished) Aged Care Data Warehouse.

TABLE NHA.30.5

Table NHA.30.5 Elapsed times for aged care services, by SEIFA IRSD deciles, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>Residential aged care - High Care Residents (d)</i>	<i>Residential aged care - Low Care Residents (d)</i>	<i>Residential aged care - All Residents (d)</i>	<i>Community Aged Care Package (CACP)</i>	<i>Extended Aged Care at Home Dementia (EACHD)</i>	<i>Extended Aged Care at Home (EACH)</i>
Decile 1							
Within two days or less	%	7.9	3.9	6.5	5.3	6.1	8.3
Seven days or less	%	25.3	13.8	21.3	10.8	12.9	13.5
Less than one month	%	55.3	37.3	49.1	37.1	40.9	32.7
Less than three months	%	74.1	67.7	71.9	67.8	62.1	58.3
Less than nine months	%	87.0	93.0	89.0	93.2	87.1	80.1
Total admissions	no.	2 576	1 350	3 926	1 333	132	266
Decile 2							
Within two days or less	%	9.4	4.5	7.4	4.9	10.0	8.2
Seven days or less	%	26.9	13.2	21.3	13.4	18.7	14.6
Less than one month	%	53.4	33.8	45.4	41.0	42.1	39.0
Less than three months	%	74.3	64.7	70.4	71.3	65.1	62.1
Less than nine months	%	87.6	91.9	89.4	93.9	90.0	79.9
Total admissions	no.	3 228	2 225	5 453	1 729	209	364
Decile 3							
Within two days or less	%	8.5	4.4	6.8	3.9	5.1	3.9
Seven days or less	%	24.2	13.3	19.7	11.3	16.0	10.0
Less than one month	%	51.6	34.8	44.7	40.7	47.3	38.3
Less than three months	%	74.4	65.8	70.9	68.9	74.2	67.0
Less than nine months	%	87.4	90.9	88.9	93.0	89.8	87.1
Total admissions	no.	2 998	2 119	5 117	1 789	256	488
Decile 4							
Within two days or less	%	10.5	5.6	8.5	4.3	3.7	4.3

TABLE NHA.30.5

Table NHA.30.5 Elapsed times for aged care services, by SEIFA IRSD deciles, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>Residential aged care - High Care Residents (d)</i>	<i>Residential aged care - Low Care Residents (d)</i>	<i>Residential aged care - All Residents (d)</i>	<i>Community Aged Care Package (CACP)</i>	<i>Extended Aged Care at Home Dementia (EACHD)</i>	<i>Extended Aged Care at Home (EACH)</i>
Seven days or less	%	27.0	13.7	21.7	10.9	14.4	12.6
Less than one month	%	53.3	37.8	47.1	39.3	47.3	37.3
Less than three months	%	73.4	65.6	70.2	71.9	76.7	63.8
Less than nine months	%	86.8	91.9	88.9	93.4	93.4	84.1
Total admissions	no.	3 794	2 571	6 365	2 188	347	603
Decile 5							
Within two days or less	%	8.5	4.3	6.8	4.2	5.6	4.4
Seven days or less	%	22.6	11.8	18.2	11.3	13.4	11.1
Less than one month	%	50.1	33.6	43.4	39.4	43.6	40.4
Less than three months	%	72.2	65.2	69.3	69.6	72.1	66.2
Less than nine months	%	88.0	92.3	89.8	94.1	91.7	85.9
Total admissions	no.	3 584	2 469	6 053	2 207	337	574
Decile 6							
Within two days or less	%	7.2	4.1	6.0	4.4	6.7	5.2
Seven days or less	%	23.4	12.5	19.1	10.7	18.7	13.3
Less than one month	%	52.7	34.2	45.4	40.2	48.2	43.0
Less than three months	%	72.7	64.9	69.6	70.6	73.6	66.9
Less than nine months	%	87.3	92.0	89.1	92.8	92.0	85.4
Total admissions	no.	3 425	2 225	5 650	2 087	299	481
Decile 7							
Within two days or less	%	6.2	3.6	5.1	3.7	3.2	4.0
Seven days or less	%	20.6	11.8	17.0	10.3	12.3	9.6
Less than one month	%	50.2	34.4	43.7	42.1	48.9	37.2

TABLE NHA.30.5

Table NHA.30.5 Elapsed times for aged care services, by SEIFA IRSD deciles, 2011-12 (a), (b), (c)

	<i>unit</i>	<i>Residential aged care - High Care Residents (d)</i>	<i>Residential aged care - Low Care Residents (d)</i>	<i>Residential aged care - All Residents (d)</i>	<i>Community Aged Care Package (CACP)</i>	<i>Extended Aged Care at Home Dementia (EACHD)</i>	<i>Extended Aged Care at Home (EACH)</i>
Less than three months	%	72.3	65.3	69.4	73.3	72.9	65.7
Less than nine months	%	87.3	92.4	89.4	93.6	91.2	85.4
Total admissions	no.	3 103	2 143	5 246	1 782	284	478
Decile 8							
Within two days or less	%	5.3	4.1	4.8	3.4	4.6	2.6
Seven days or less	%	19.3	11.2	16.1	11.1	13.4	7.7
Less than one month	%	48.7	33.8	42.9	40.5	43.5	31.5
Less than three months	%	71.6	64.4	68.8	70.2	70.6	62.4
Less than nine months	%	86.3	92.0	88.5	93.7	90.5	82.8
Total admissions	no.	3 317	2 133	5 450	1 833	306	505
Decile 9	%						
Within two days or less	%	5.6	3.5	4.7	3.0	2.5	3.9
Seven days or less	%	18.5	9.5	14.8	9.9	11.9	9.5
Less than one month	%	49.8	31.1	42.0	39.7	48.0	40.2
Less than three months	%	73.2	64.1	69.4	71.2	76.9	69.7
Less than nine months	%	87.9	92.4	89.8	95.0	93.9	87.5
Total admissions	no.	3 926	2 811	6 737	2 434	394	610
Decile 10							
Within two days or less	%	5.2	3.2	4.4	2.9	2.8	2.7
Seven days or less	%	18.8	8.9	14.6	8.4	10.5	7.7
Less than one month	%	47.9	31.5	40.8	31.2	40.4	30.8
Less than three months	%	74.2	64.3	70.0	59.8	73.2	58.2
Less than nine months	%	87.4	92.6	89.6	92.9	90.9	78.5

TABLE NHA.30.5

Table NHA.30.5 **Elapsed times for aged care services, by SEIFA IRSD deciles, 2011-12 (a), (b), (c)**

	<i>unit</i>	<i>Residential aged care - High Care Residents (d)</i>	<i>Residential aged care - Low Care Residents (d)</i>	<i>Residential aged care - All Residents (d)</i>	<i>Community Aged Care Package (CACP)</i>	<i>Extended Aged Care at Home Dementia (EACHD)</i>	<i>Extended Aged Care at Home (EACH)</i>
Total admissions	no.	3 406	2 551	5 957	2 096	287	483

(a) Data only includes records where ACAT approval is before admission date. Data only includes first admissions in the financial year.

(b) SEIFA quintiles and deciles are based on recipient's postcode at time of assessment. If a recipient's postcode was not found in the SEIFA data obtained from the ABS website they were not able to be reported in this table.

(c) The data for elapsed time by remoteness and by SEIFA was sourced at a later date than the data for elapsed time by state/territory and therefore may have slightly larger total numbers of admissions. The variance between each breakdown of this indicator is less than 0.5 per cent.

(d) Residential care is permanent only.

Source : DoHA (unpublished) Aged Care Assessment Program Minimum Data Set; DoHA (unpublished) Aged Care Data Warehouse.

TABLE NHA.30.6

Table NHA.30.6 Elapsed times for aged care services, by State and Territory, 2010-11 (a)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Residential Aged Care</i>										
High Care Residents										
Within two days or less	%	10.7	8.7	6.3	5.8	5.6	8.8	3.6	1.9	8.3
Seven days or less	%	27.3	25.0	19.9	15.3	17.3	23.0	14.9	3.8	23.0
Less than one month	%	52.5	56.5	49.2	38.0	47.1	52.4	45.7	17.1	51.0
Less than three months	%	74.8	78.9	69.7	68.0	72.5	76.0	69.6	42.9	74.0
Less than nine months	%	88.4	90.3	85.0	87.5	86.5	89.7	83.9	74.3	87.9
Total admissions	no.	11 007	7 468	5 959	2 260	3 406	1 041	335	105	31 581
Low Care Residents										
Within two days or less	%	4.3	4.0	4.4	2.6	2.6	5.3	4.0	2.7	4.0
Seven days or less	%	10.9	12.3	11.4	8.5	7.5	14.9	8.4	8.1	11.0
Less than one month	%	30.5	35.0	32.3	25.6	25.7	37.2	23.7	24.3	31.4
Less than three months	%	60.8	62.3	58.0	55.1	55.1	64.2	53.8	43.2	59.8
Less than nine months	%	86.1	86.3	84.5	85.1	85.1	86.9	82.3	91.9	85.7
Total admissions	no.	8 116	6 781	3 890	2 194	1 741	551	299	37	23 609
All residents										
Within two days or less	%	8.0	6.5	5.6	4.2	4.6	7.6	3.8	2.1	6.5
Seven days or less	%	20.3	18.9	16.5	11.9	13.9	20.2	11.8	4.9	17.9
Less than one month	%	43.2	46.3	42.5	31.9	39.9	47.1	35.3	19.0	42.6
Less than three months	%	68.8	71.0	65.1	61.7	66.6	71.9	62.1	43.0	67.9
Less than nine months	%	87.4	88.4	84.8	86.3	86.0	88.8	83.1	78.9	86.9
Total admissions	no.	19 123	14 249	9 849	4 454	5 147	1 592	634	142	55 190
<i>Community Aged Care Package (CACP)</i>										
Within two days or less	%	3.1	3.5	5.7	5.1	6.5	3.3	5.8	12.6	4.3
Seven days or less	%	7.7	8.4	15.1	17.7	13.5	10.7	11.2	23.2	11.2

TABLE NHA.30.6

Table NHA.30.6 Elapsed times for aged care services, by State and Territory, 2010-11 (a)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Less than one month	%	29.0	31.6	50.7	55.7	39.2	31.9	44.6	49.8	38.1
Less than three months	%	61.6	64.6	76.5	80.5	70.1	60.5	70.5	73.4	68.2
Less than nine months	%	92.3	93.9	93.2	95.3	93.6	90.6	92.9	94.7	93.3
Total admissions	no.	6 412	4 289	3 552	2 176	1 497	458	312	207	18 903
<i>Extended Aged Care at Home (EACH)</i>										
Within two days or less	%	3.3	3.9	2.6	3.4	10.2	6.6	4.2	11.6	3.8
Seven days or less	%	9.2	7.3	9.9	14.2	16.8	12.1	10.8	23.2	10.6
Less than one month	%	28.7	20.5	38.0	42.8	32.7	29.7	40.1	56.5	33.0
Less than three months	%	53.3	43.9	62.7	66.5	58.7	52.7	65.9	85.5	57.4
Less than nine months	%	76.8	75.3	84.6	87.1	82.7	75.8	88.0	88.4	81.1
Total admissions	no.	1 236	864	1 096	832	196	91	167	69	4 551
<i>Extended Aged Care at Home Dementia (EACHD)</i>										
Within two days or less	%	3.9	3.6	4.9	3.9	3.6	5.2	20.0	17.6	4.5
Seven days or less	%	10.7	8.9	14.1	13.0	6.4	6.5	31.1	47.1	11.7
Less than one month	%	35.7	31.4	48.7	50.8	30.0	24.7	57.8	82.4	40.2
Less than three months	%	63.5	59.4	73.8	80.7	57.9	57.1	84.4	94.1	67.8
Less than nine months	%	89.0	87.8	88.4	93.8	89.3	92.2	88.9	100.0	89.5
Total admissions	no.	635	576	596	384	140	77	45	17	2 470

(a) Data only includes records where ACAT approval is before admission date.

Source: DoHA (unpublished) Aged Care Assessment Program Minimum Data Set; DoHA (unpublished) Aged Care Data Warehouse.

TABLE NHA.30.7

Table NHA.30.7 Elapsed times for aged care services, by State and Territory, 2009-10 (a)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Residential Aged Care</i>										
High Care Residents										
Within two days or less	%	13.0	9.7	7.1	6.6	6.7	9.4	4.6	2.3	9.7
Seven days or less	%	31.4	26.4	19.4	18.2	19.8	23.9	12.4	11.4	25.2
Less than one month	%	56.7	59.3	48.3	45.4	49.0	57.1	36.5	21.6	53.7
Less than three months	%	79.7	81.9	70.9	73.8	74.0	78.6	65.9	55.7	77.2
Less than nine months	%	93.0	94.4	89.2	92.4	91.4	92.7	90.1	78.4	87.4
Total admissions	no.	10 671	6 944	5 839	2 328	3 183	1 014	323	88	30 390
Low Care Residents										
Within two days or less	%	4.1	5.6	3.5	3.8	3.2	6.8	3.9	4.9	4.4
Seven days or less	%	11.2	14.1	10.9	9.2	9.0	17.9	5.8	17.1	11.7
Less than one month	%	31.8	37.3	32.5	28.7	26.5	43.7	19.0	29.3	32.9
Less than three months	%	63.0	65.8	60.6	61.6	55.3	66.4	51.3	61.0	62.6
Less than nine months	%	90.6	92.7	90.2	91.3	89.6	93.2	86.5	95.1	91.1
Total admissions	no.	7 936	6 852	4 113	2 230	1 840	599	310	41	23 921
All residents										
Within two days or less	%	9.2	7.6	5.6	5.2	5.4	8.4	4.3	3.1	7.4
Seven days or less	%	22.8	20.2	15.9	13.8	15.8	21.6	9.2	13.2	19.3
Less than one month	%	46.1	48.4	41.8	37.2	40.8	52.1	28.0	24.0	44.5
Less than three months	%	72.6	73.9	66.6	67.8	67.2	74.1	58.8	57.4	70.8
Less than nine months	%	92.0	93.6	89.6	91.8	90.7	92.9	88.3	83.7	91.8
Total admissions	no.	18 607	13 796	9 952	4 558	5 023	1 613	633	129	54 311
<i>Community Aged Care Package (CACP)</i>										
Within two days or less	%	3.0	3.2	6.2	7.2	5.2	3.5	2.9	10.9	4.4
Seven days or less	%	7.1	7.5	16.4	22.1	11.5	9.3	7.6	22.3	11.4

TABLE NHA.30.7

Table NHA.30.7 Elapsed times for aged care services, by State and Territory, 2009-10 (a)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Less than one month	%	27.8	32.7	52.0	60.4	37.2	32.9	37.3	51.8	38.8
Less than three months	%	61.6	68.9	77.2	83.7	67.0	64.2	69.7	74.6	69.7
Less than nine months	%	93.1	94.5	94.7	97.6	94.0	94.8	94.5	89.6	94.4
Total admissions	no.	6 275	4 137	3 603	2 330	1 526	483	343	193	18 890
<i>Extended Aged Care at Home (l</i>	%									
Within two days or less	%	2.8	5.8	3.3	5.2	7.3	3.9	4.0	5.1	4.3
Seven days or less	%	9.2	8.6	10.3	14.7	13.4	10.7	7.1	22.0	10.6
Less than one month	%	26.0	25.3	37.0	41.2	29.3	27.2	36.4	66.1	31.5
Less than three months	%	52.8	57.3	63.8	68.7	56.9	57.3	67.7	86.4	59.7
Less than nine months		82.9	88.0	89.7	92.0	88.4	88.3	88.9	96.6	87.6
Total admissions	no.	1 014	764	690	498	232	103	99	59	3 459
<i>Extended Aged Care at Home Dementia (EACHD)</i>										
Within two days or less	%	4.0	6.6	4.8	4.6	3.3	10.4	9.1	—	5.0
Seven days or less	%	9.6	11.4	14.5	16.2	11.9	16.4	21.2	33.3	12.7
Less than one month	%	33.9	32.8	53.2	57.7	33.8	38.8	54.5	66.7	41.6
Less than three months	%	61.9	70.2	76.9	83.5	62.9	74.6	78.8	100.0	70.7
Less than nine months	%	93.5	92.7	93.0	96.9	90.7	97.0	97.0	100.0	93.7
Total admissions	no.	572	396	372	260	151	67	33	12	1 863

(a) Data only includes records where ACAT approval is before admission date.

Source: DoHA (unpublished) Aged Care Assessment Program Minimum Data Set; DoHA (unpublished) Aged Care Data Warehouse.

TABLE NHA.30.8

Table NHA.30.8 Elapsed times for aged care services, by State and Territory, 2008-09 (a)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>Residential Aged Care</i>										
High Care Residents										
Within two days or less	%	13.4	9.7	7.6	6.4	8.2	10.4	7.2	3.0	10.2
Seven days or less	%	32.0	26.3	20.8	18.2	24.1	24.1	15.1	7.6	26.3
Less than one month	%	59.1	60.2	52.4	46.3	55.0	51.8	44.5	19.7	56.3
Less than three months	%	83.1	84.8	76.5	73.7	81.5	80.3	72.3	50.0	81.2
Less than nine months	%	96.9	97.5	95.5	96.8	96.8	97.2	90.8	84.8	96.7
Total admissions	no.	10 389	6 808	5 390	2 088	3 231	990	292	66	29 254
Low Care Residents										
Within two days or less	%	3.6	5.1	3.9	2.7	2.5	5.1	2.3	8.3	3.9
Seven days or less	%	9.4	12.7	10.9	7.1	8.7	13.6	6.3	10.0	10.4
Less than one month	%	29.1	35.6	31.2	27.2	25.8	37.7	23.8	21.7	31.0
Less than three months	%	61.1	64.5	59.7	58.8	57.5	67.5	52.8	60.0	61.4
Less than nine months	%	91.9	92.6	90.7	92.2	91.6	94.6	87.1	91.7	91.9
Total admissions	no.	7 739	6 803	3 986	2 191	1 890	551	303	60	23 523
All residents										
Within two days or less	%	9.2	7.4	6.0	4.5	6.1	8.5	4.7	5.6	7.4
Seven days or less	%	22.3	19.5	16.6	12.5	18.4	20.4	10.6	8.7	19.2
Less than one month	%	46.3	47.9	43.4	36.5	44.2	46.8	33.9	20.6	45.0
Less than three months	%	73.7	74.7	69.4	66.1	72.6	75.7	62.4	54.8	72.3
Less than nine months	%	94.8	95.0	93.5	94.5	94.9	96.2	88.9	88.1	94.6
Total admissions	no.	18 128	13 611	9 376	4 279	5 121	1 541	595	126	52 777
<i>Community Aged Care Package (CACP)</i>										
Within two days or less	%	3.0	4.1	7.2	7.2	5.5	3.1	2.9	7.2	4.7
Seven days or less	%	8.1	8.6	16.2	17.7	12.0	11.9	6.5	15.9	11.2

TABLE NHA.30.8

Table NHA.30.8 Elapsed times for aged care services, by State and Territory, 2008-09 (a)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Less than one month	%	29.9	36.4	50.5	56.4	33.6	38.1	29.6	40.6	38.6
Less than three months	%	64.9	72.1	79.0	80.9	66.2	65.3	68.6	62.3	71.1
Less than nine months	%	94.5	95.8	96.2	96.6	94.6	94.9	95.7	89.9	95.4
Total admissions	no.	5 761	3 787	3 069	1 803	1 396	352	277	138	16 583
<i>Extended Aged Care at Home (I</i>	%									
Within two days or less	%	4.8	7.6	4.3	8.7	9.9	7.0	2.9	3.7	6.1
Seven days or less	%	11.4	9.4	12.2	17.8	15.9	12.8	5.8	20.4	12.2
Less than one month	%	32.0	23.0	38.5	44.3	34.1	33.7	26.1	63.0	33.2
Less than three months	%	60.5	53.7	61.3	68.8	68.7	66.3	60.9	92.6	61.6
Less than nine months		90.4	90.6	92.9	96.4	94.5	94.2	98.6	98.1	92.3
Total admissions	no.	928	512	395	253	182	86	69	54	2 479
<i>Extended Aged Care at Home Dementia (EACHD)</i>										
Within two days or less	%	6.4	6.4	4.5	8.9	2.9	15.6	11.4	11.8	6.6
Seven days or less	%	13.8	13.5	13.9	20.7	12.5	21.9	28.6	29.4	15.1
Less than one month	%	43.4	43.9	46.2	55.6	34.6	53.1	60.0	70.6	45.6
Less than three months	%	75.0	78.4	79.5	82.2	70.6	82.8	80.0	88.2	77.6
Less than nine months	%	98.1	98.5	96.9	97.6	97.1	96.9	100.0	94.1	97.8
Total admissions	no.	516	408	288	169	136	64	35	17	1 633

(a) Data only includes records where ACAT approval is before admission date.

Source: DoHA (unpublished) Aged Care Assessment Program Minimum Data Set; DoHA (unpublished) Aged Care Data Warehouse.

NHA Indicator 31:

No new data are available for this indicator

Proportion of aged care residents who are full pensioners relative to the proportion of full pensioners in the general population.

NHA Indicator 32:

Patient satisfaction/experience

TABLE NHA.32.1

Table NHA.32.1 **Proportion of persons who saw a GP (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by State and Territory, by remoteness, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>proportion</i>										
Major cities	%	26.2	27.6	23.0	28.0	23.7	..	28.3	..	26.1
Other (c)	%	30.8	31.8	26.9	33.7	31.8	30.0	–	31.1	30.3
Total	%	27.6	28.6	24.5	29.5	25.6	30.0	28.3	31.1	27.4
<i>relative standard error</i>										
Major cities	%	3.2	3.8	4.5	2.8	4.5	..	5.4	..	2.1
Other (c)	%	5.5	5.0	5.5	7.0	8.9	4.6	–	6.9	2.7
Total	%	3.0	2.9	3.6	2.9	4.2	4.6	5.4	6.9	1.5
<i>95 per cent confidence interval</i>										
Major cities	±	1.7	2.0	2.0	1.5	2.1	..	3.0	..	1.0
Other (c)	±	3.3	3.1	2.9	4.6	5.6	2.7	–	4.2	1.6
Total	±	1.6	1.6	1.8	1.7	2.1	2.7	3.0	4.2	0.8

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a GP in the last 12 months for their own health, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

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

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.2

Table NHA.32.2 **Proportion of persons who saw a GP (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by remoteness, 2011-12 (a), (b)**

	<i>Aust</i>					
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Major cities	26.1	2.1	1.0	2 578.6	2.4	119.7
Other (d)	30.3	2.7	1.6	1 279.1	2.7	67.2
Inner regional	29.8	3.2	1.9	844.1	4.2	70.2
Outer regional	30.8	5.0	3.0	368.6	7.5	54.4
Remote/very remote	33.8	15.3	10.1	66.4	12.9	16.8
Total	27.4	1.5	0.8	3 857.7	1.6	120.5

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a GP in the last 12 months for their own health, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Denominator data are not shown.

(d) Includes inner and outer regional, remote and very remote areas.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.3

Table NHA.32.3 **Proportion of persons referred to a medical specialist (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by remoteness, by State and Territory 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>proportion</i>										
Major cities	%	25.7	29.2	24.4	24.9	21.3	..	27.1	..	25.9
Other (c)	%	30.3	27.6	26.0	22.3	28.0	26.3	–	33.9	27.3
Total	%	26.8	29.0	25.0	23.5	22.8	26.3	27.1	33.9	26.3
<i>relative standard error</i>										
Major cities	%	4.7	4.5	5.5	9.0	8.3	..	13.1	..	2.5
Other (c)	%	8.6	10.0	8.1	22.6	12.4	7.3	–	10.4	4.7
Total	%	4.4	3.6	4.8	8.3	7.4	7.3	13.1	10.4	2.5
<i>95 per cent confidence interval</i>										
Major cities	±	2.4	2.6	2.6	4.4	3.5	..	6.9	..	1.2
Other (c)	±	5.1	5.4	4.1	9.9	6.8	3.7	–	6.9	2.5
Total	±	2.3	2.0	2.4	3.8	3.3	3.7	6.9	6.9	1.3

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were referred to a medical specialist in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

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

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.4

Table NHA.32.4 **Proportion of persons who were referred to a medical specialist (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by remoteness, 2011-12 (a), (b)**

	<i>Aust</i>					
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Major cities	25.9	2.5	1.2	1 101.2	3.1	66.8
Other (d)	27.3	4.7	2.5	490.1	4.4	42.1
Inner regional	26.1	5.3	2.7	327.2	5.5	35.4
Outer regional	28.8	7.0	4.0	134.7	8.0	21.1
Remote/very remote	33.7	23.7	15.6	28.1	20.9	11.5
Total	26.3	2.5	1.3	1 591.3	2.6	80.5

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who had been referred to a medical specialist in last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Denominator data are not shown.

(d) Includes inner and outer regional, remote and very remote areas.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.5

Table NHA.32.5 **Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Proportion of persons who saw a GP in the last 12 months reporting the GP always or often <u>listened carefully</u> to them										
		<i>proportion</i>								
Major cities	%	89.1	88.1	88.6	87.5	89.1	..	90.0	..	88.6
Other (c)	%	88.9	86.4	85.7	85.7	88.3	88.3	–	86.5	87.1
Total	%	89.1	87.6	87.5	87.0	88.9	88.3	90.0	86.5	88.1
		<i>relative standard error</i>								
Major cities	%	0.8	0.7	0.8	1.0	0.8	..	1.7	..	0.4
Other (c)	%	1.0	1.5	1.1	2.2	1.8	0.9	–	1.7	0.6
Total	%	0.6	0.5	0.6	1.0	0.8	0.9	1.7	1.7	0.3
		<i>95 per cent confidence interval</i>								
Major cities	±	1.4	1.2	1.3	1.8	1.3	..	3.0	..	0.7
Other (c)	±	1.7	2.6	1.9	3.6	3.1	1.5	–	2.9	1.0
Total	±	1.1	0.9	1.0	1.7	1.5	1.5	3.0	2.9	0.5
Proportion of persons who saw a GP in the last 12 months reporting the GP always or often <u>showed respect</u> to them										
		<i>proportion</i>								
Major cities	%	92.5	91.0	91.8	90.5	92.4	..	92.7	..	91.7
Other (c)	%	91.8	91.7	90.7	89.3	91.4	91.0	–	89.6	91.1
Total	%	92.3	91.1	91.3	90.2	92.2	91.0	92.7	89.6	91.5
		<i>relative standard error</i>								
Major cities	%	0.5	0.7	0.7	1.0	0.6	..	1.6	..	0.3
Other (c)	%	1.0	1.2	0.9	1.7	1.2	0.8	–	1.3	0.5
Total	%	0.4	0.6	0.5	0.9	0.5	0.8	1.6	1.3	0.3

TABLE NHA.32.5

Table NHA.32.5 **Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>95 per cent confidence interval</i>										
Major cities	±	0.9	1.2	1.2	1.8	1.0	..	3.0	..	0.6
Other (c)	±	1.8	2.1	1.6	3.0	2.1	1.4	–	2.4	0.9
Total	±	0.8	1.1	0.8	1.6	1.0	1.4	3.0	2.4	0.5
<i>proportion</i>										
Major cities	%	88.6	85.2	86.2	86.2	87.0	..	87.6	..	86.8
Other (c)	%	86.9	84.7	84.9	84.4	86.1	86.0	–	85.4	85.6
Total	%	88.1	85.1	85.6	85.8	86.8	86.0	87.6	85.4	86.4
<i>relative standard error</i>										
Major cities	%	0.6	0.7	1.0	1.0	0.7	..	1.7	..	0.4
Other (c)	%	1.5	1.6	1.1	2.4	1.9	1.4	–	1.7	0.6
Total	%	0.6	0.6	0.8	0.9	0.6	1.4	1.7	1.7	0.3
<i>95 per cent confidence interval</i>										
Major cities	±	1.0	1.1	1.6	1.6	1.2	..	2.8	..	0.6
Other (c)	±	2.5	2.6	1.9	4.0	3.3	2.4	–	2.8	1.1
Total	±	1.0	1.0	1.3	1.6	1.1	2.4	2.8	2.8	0.5

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a GP in the last 12 months for their own health, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

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

TABLE NHA.32.5

Table NHA.32.5 **Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2011-12 (a), (b)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.6

Table NHA.32.6 **Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12 (a), (b)**

<i>Aust</i>						
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Proportion of persons who saw a GP in the last 12 months reporting the GP always or often <u>listened carefully</u> to them						
Major cities	88.6	0.4	0.7	8 843.0	1.0	180.4
Other (d)	87.1	0.6	1.0	3 824.6	1.7	129.8
Inner regional	87.5	0.8	1.3	2 604.2	2.6	130.9
Outer regional	85.8	1.2	2.1	1 047.5	6.3	130.1
Remote/very remote	87.5	1.9	3.3	172.9	20.3	68.7
Total	88.1	0.3	0.5	12 667.6	0.6	137.1
Proportion of persons who saw a GP in the last 12 months reporting the GP always or often <u>showed respect</u> to them						
Major cities	91.7	0.3	0.6	9 155.9	1.0	187.6
Other (d)	91.1	0.5	0.9	3 992.4	1.6	125.9
Inner regional	91.7	0.7	1.2	2 720.4	2.6	140.0
Outer regional	89.7	1.2	2.2	1 095.1	6.1	129.9
Remote/very remote	89.5	1.8	3.1	176.8	19.6	68.1
Total	91.5	0.3	0.5	13 148.3	0.5	136.3
Proportion of persons who saw a GP in the last 12 months reporting the GP always or often <u>spent enough time</u> with them						
Major cities	86.8	0.4	0.6	8 674.5	1.0	169.7
Other (d)	85.6	0.6	1.1	3 774.0	1.7	127.3
Inner regional	86.2	0.9	1.5	2 574.3	2.8	141.7

TABLE NHA.32.6

Table NHA.32.6 **Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12 (a), (b)**

<i>Aust</i>						
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Outer regional	84.2	1.3	2.1	1 033.3	6.4	129.3
Remote/very remote	84.4	2.3	3.8	166.5	19.9	64.9
Total	86.4	0.3	0.5	12 448.6	0.5	122.1

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a GP in the last 12 months for their own health, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Denominator data are not shown.

(d) Includes inner and outer regional, remote and very remote areas.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.7

Table NHA.32.7 **Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often <u>listened carefully</u> to them										
		<i>proportion</i>								
Major cities	%	91.8	91.1	91.9	90.5	93.6	..	91.8	..	91.7
Other (c)	%	91.5	89.8	88.7	89.3	91.6	89.3	–	88.1	90.0
Total	%	91.8	90.8	90.9	90.1	93.1	89.3	91.8	88.1	91.2
		<i>relative standard error</i>								
Major cities	%	1.0	1.2	1.1	1.4	1.1	..	1.5	..	0.5
Other (c)	%	1.8	2.9	1.9	3.9	2.5	1.6	–	3.8	1.1
Total	%	0.8	1.1	0.8	1.5	1.1	1.6	1.5	3.8	0.4
		<i>95 per cent confidence interval</i>								
Major cities	±	1.8	2.1	1.9	2.6	2.0	..	2.7	..	0.8
Other (c)	±	3.1	5.1	3.4	6.7	4.6	2.9	–	6.6	1.9
Total	±	1.4	1.9	1.4	2.7	1.9	2.9	2.7	6.6	0.7
Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often <u>showed respect</u> to them										
		<i>proportion</i>								
Major cities	%	90.7	91.2	92.1	91.1	94.6	..	91.8	..	91.6
Other (c)	%	93.3	92.1	91.1	90.0	91.7	89.4	–	88.6	91.6
Total	%	91.3	91.3	91.9	90.7	94.0	89.4	91.8	88.6	91.6
		<i>relative standard error</i>								
Major cities	%	1.0	1.3	1.2	1.8	0.9	..	2.3	..	0.5
Other (c)	%	1.2	2.3	1.5	3.3	2.5	1.8	–	2.9	0.9
Total	%	0.8	1.1	0.9	1.7	0.8	1.8	2.3	2.9	0.4
		<i>95 per cent confidence interval</i>								

TABLE NHA.32.7

Table NHA.32.7 **Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Major cities	±	1.9	2.4	2.1	3.2	1.7	..	4.1	..	1.0
Other (c)	±	2.1	4.1	2.6	5.7	4.4	3.1	–	5.0	1.6
Total	±	1.5	2.0	1.6	3.1	1.5	3.1	4.1	5.0	0.7
<i>Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often <u>spent enough time</u> with them</i>										
<i>proportion</i>										
Major cities	%	90.4	90.2	90.0	87.3	92.4	..	89.8	..	90.2
Other (c)	%	86.5	85.7	89.2	90.1	91.1	87.5	–	88.9	87.8
Total	%	89.5	89.1	89.8	88.0	92.0	87.5	89.8	88.9	89.5
<i>relative standard error</i>										
Major cities	%	1.3	1.3	1.3	1.8	1.3	..	2.2	..	0.7
Other (c)	%	2.5	3.6	1.7	2.7	3.1	1.7	–	3.9	1.1
Total	%	1.1	1.3	1.1	1.4	1.2	1.7	2.2	3.9	0.5
<i>95 per cent confidence interval</i>										
Major cities	±	2.2	2.4	2.4	3.1	2.3	..	3.9	..	1.2
Other (c)	±	4.3	6.1	2.9	4.7	5.5	3.0	–	6.8	1.8
Total	±	1.8	2.3	2.0	2.5	2.2	3.0	3.9	6.8	0.8

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for

(a) Persons 15 years and over who were known to have seen a medical specialist in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

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

Source: ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.8

Table NHA.32.8 **Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12 (a), (b)**

<i>Aust</i>						
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often <u>listened carefully</u> to them						
Major cities	91.7	0.5	0.8	3 857.2	1.5	115.3
Other (d)	90.0	1.1	1.9	1 590.7	2.8	86.2
Inner regional	90.2	1.1	2.0	1 107.5	3.2	69.7
Outer regional	89.7	1.5	2.7	415.7	7.0	56.7
Remote/very remote	89.4	2.8	4.9	67.4	23.3	30.8
Total	91.2	0.4	0.7	5 447.9	1.1	114.6
Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often <u>showed respect</u> to them						
Major cities	91.6	0.5	1.0	3 869.0	1.4	109.1
Other (d)	91.6	0.9	1.6	1 615.8	2.6	83.6
Inner regional	91.8	1.1	2.0	1 126.5	3.2	71.0
Outer regional	91.6	1.1	2.0	420.1	6.8	55.9
Remote/very remote	90.8	2.9	5.2	69.1	22.7	30.7
Total	91.6	0.4	0.7	5 484.7	1.0	111.9
Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often <u>spent enough time</u> with them						
Major cities	90.2	0.7	1.2	3 803.9	1.5	111.0
Other (d)	87.8	1.1	1.8	1 563.4	2.8	84.5

TABLE NHA.32.8

Table NHA.32.8 **Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12 (a), (b)**

<i>Aust</i>						
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Inner regional	87.5	1.4	2.4	1 084.6	3.2	67.4
Outer regional	88.6	1.5	2.7	409.2	6.5	51.9
Remote/very remote	91.4	2.9	5.2	69.7	23.3	31.8
Total	89.5	0.5	0.8	5 367.3	1.1	113.9

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were known to have seen a medical specialist in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Denominator data are not shown.

(d) Includes inner and outer regional, remote and very remote areas.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

Table NHA.32.9 **Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12 (a), (b)**

HEALTHCARE

TABLE NHA.32.9

Table NHA.32.9 **Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>95 per cent confidence interval</i>										
Major cities	±	1.0	1.3	1.2	1.2	0.9	..	2.3	..	0.5
Other (c)	±	2.5	2.2	2.2	3.6	2.6	2.6	–	3.1	1.0
Total	±	1.0	0.9	1.2	1.2	0.8	2.6	2.3	3.1	0.5
<i>proportion</i>										
Major cities	%	95.4	95.0	95.0	95.8	96.2	..	94.5	..	95.3
Other (c)	%	94.2	94.4	95.5	91.5	96.7	93.0	–	92.3	94.3
Total	%	95.1	94.9	95.2	94.8	96.3	93.0	94.5	92.3	95.0
<i>relative standard error</i>										
Major cities	%	0.6	0.6	0.7	0.5	0.6	..	1.4	..	0.3
Other (c)	%	1.2	1.4	1.1	2.3	1.4	1.3	–	1.8	0.4
Total	%	0.5	0.5	0.6	0.6	0.6	1.3	1.4	1.8	0.3
<i>95 per cent confidence interval</i>										
Major cities	±	1.0	1.1	1.3	0.9	1.0	..	2.5	..	0.6
Other (c)	±	2.1	2.5	2.1	4.1	2.7	2.4	–	3.3	0.7
Total	±	0.9	0.9	1.2	1.2	1.1	2.4	2.5	3.3	0.5

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

- (a) Persons 15 years and over who saw a dental professional in the last 12 months for their own health, excluding interviews by proxy.
 (b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).
 (c) Includes inner and outer regional, remote and very remote areas.

TABLE NHA.32.9

Table NHA.32.9 **Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12 (a), (b)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.10

Table NHA.32.10 **Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12 (a), (b)**

<i>Aust</i>						
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often <u>listened carefully</u> to them						
Major cities	94.2	0.2	0.4	5 820.4	1.2	139.6
Other (d)	93.0	0.6	1.1	2 170.8	2.5	107.2
Inner regional	93.6	0.7	1.3	1 493.1	3.4	99.6
Outer regional	91.9	1.1	2.0	588.7	7.0	80.7
Remote/very remote	92.7	2.0	3.6	88.9	21.5	37.5
Total	93.9	0.2	0.4	7 991.2	0.8	118.8
Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often <u>showed respect</u> to them						
Major cities	95.3	0.3	0.5	5 891.0	1.2	136.8
Other (d)	93.7	0.5	1.0	2 185.4	2.6	110
Inner regional	94.1	0.7	1.3	1 500.1	3.5	102.7
Outer regional	93.1	1.0	1.8	597.0	6.8	79.2
Remote/very remote	92.4	2.0	3.7	88.3	21.6	37.4
Total	94.9	0.2	0.5	8 076.4	0.7	118.6
Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often <u>spent enough time</u> with them						
Major cities	95.3	0.3	0.6	5 893.7	1.2	137.2
Other (d)	94.3	0.4	0.7	2 200.7	2.4	105.6
Inner regional	94.9	0.6	1.1	1 513.0	3.4	100.3

TABLE NHA.32.10

Table NHA.32.10 **Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12 (a), (b)**

	<i>Aust</i>					
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Outer regional	94.1	1.0	1.9	603.5	6.8	80.8
Remote/very remote	88.0	3.5	6.1	84.2	22.0	36.2
Total	95.0	0.3	0.5	8 094.4	0.7	114.5

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a dental professional for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Denominator data are not shown.

(d) Includes inner and outer regional, remote and very remote areas.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.11

Table NHA.32.11 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often <u>listened carefully</u> to them										
		<i>proportion</i>								
Major cities	%	86.0	85.2	85.6	87.3	84.8	..	86.3	..	85.9
Other (c)	%	85.4	77.8	84.3	85.2	82.8	86.2	—	87.6	83.7
Total	%	86.1	82.8	85.2	86.7	84.2	86.2	86.3	87.6	85.1
		<i>relative standard error</i>								
Major cities	%	1.8	2.7	2.6	2.4	2.8	..	4.2	..	1.2
Other (c)	%	2.8	4.5	2.8	4.8	6.4	3.0	—	3.4	1.5
Total	%	1.2	2.1	1.7	2.2	2.5	3.0	4.2	3.4	0.9
		<i>95 per cent confidence interval</i>								
Major cities	±	3.0	4.6	4.3	4.1	4.7	..	7.2	..	1.9
Other (c)	±	4.7	6.9	4.6	8.0	10.3	5.0	—	5.8	2.4
Total	±	1.9	3.4	2.9	3.7	4.2	5.0	7.2	5.8	1.4

Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often showed respect to them

		<i>proportion</i>								
Major cities	%	89.7	86.0	86.6	88.8	87.8	..	87.4	..	88.0
Other (c)	%	86.2	80.3	85.0	87.5	86.5	84.8	—	86.6	85.1
Total	%	88.7	84.2	86.1	88.2	87.6	84.8	87.4	86.6	86.9
		<i>relative standard error</i>								
Major cities	%	1.4	2.5	2.8	2.1	2.1	..	4.3	..	1.0
Other (c)	%	2.9	4.3	2.5	3.6	5.0	3.4	—	3.3	1.2

TABLE NHA.32.11

Table NHA.32.11 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total	%	1.3	2.0	1.6	2.0	1.8	3.4	4.3	3.3	0.8
<i>95 per cent confidence interval</i>										
Major cities	±	2.5	4.2	4.7	3.7	3.6	..	7.4	..	1.8
Other (c)	±	4.9	6.8	4.2	6.2	8.5	5.6	—	5.6	2.0
Total	±	2.3	3.3	2.8	3.4	3.2	5.6	7.4	5.6	1.3
<i>proportion</i>										
Major cities	%	81.9	79.2	80.5	85.7	79.4	..	82.5	..	81.4
Other (c)	%	77.3	70.7	82.7	85.4	72.6	77.7	—	83.7	78.2
Total	%	80.7	76.5	81.4	85.5	77.5	77.7	82.5	83.7	80.3
<i>relative standard error</i>										
Major cities	%	2.2	3.4	3.6	3.0	3.3	..	5.7	..	1.6
Other (c)	%	4.0	5.0	3.1	3.6	9.4	4.5	—	4.1	1.4
Total	%	1.8	2.8	2.1	2.2	3.2	4.5	5.7	4.1	1.2
<i>95 per cent confidence interval</i>										
Major cities	±	3.5	5.3	5.6	5.1	5.2	..	9.2	..	2.6
Other (c)	±	6.1	7.0	5.1	6.0	13.4	6.9	—	6.7	2.2
Total	±	2.8	4.2	3.3	3.7	4.9	6.9	9.2	6.7	1.9

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who went to an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

TABLE NHA.32.11

Table NHA.32.11 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2011-12 (a), (b)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

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

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.12

Table NHA.32.12 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12 (a), (b)**

<i>Aust</i>						
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often <u>listened carefully</u> to them						
Major cities	85.9	1.2	1.9	1 281.9	3.0	75.2
Other (d)	83.7	1.5	2.4	777.6	3.6	55
Inner regional	83.5	1.5	2.5	512.8	4.8	48.2
Outer regional	83.9	3.4	5.6	220.2	8.5	36.7
Remote/very remote	87.2	4.3	7.3	44.6	17.6	15.4
Total	85.1	0.9	1.4	2 059.5	1.9	77.8
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often <u>showed respect</u> to them						
Major cities	88.0	1.0	1.8	1 311.2	3.1	80.6
Other (d)	85.1	1.2	2.0	789.7	3.7	56.6
Inner regional	84.3	1.5	2.4	518.7	5.2	53.4
Outer regional	85.9	2.9	4.8	225.2	8.3	36.7
Remote/very remote	89.3	4.4	7.7	45.7	18.5	16.5
Total	86.9	0.8	1.3	2 100.9	2.1	86.5
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often <u>spent enough time with</u> them						
Major cities	81.4	1.6	2.6	1 215.9	3.5	82.8

TABLE NHA.32.12

Table NHA.32.12 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12 (a), (b)**

<i>Aust</i>						
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Other (d)	78.2	1.4	2.2	731.2	3.9	55.9
Inner regional	75.6	2.0	3.0	469.0	5.6	51.3
Outer regional	83.4	2.9	4.7	219.1	8.2	35.1
Remote/very remote	84.9	5.5	9.1	43.1	19.1	16.1
Total	80.3	1.2	1.9	1 947.1	2.4	92.8

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who went to an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Denominator data are not shown.

(d) Includes inner and outer regional, remote and very remote areas.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.13

Table NHA.32.13 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often <u>listened carefully</u> to them										
		<i>proportion</i>								
Major cities	%	87.9	88.9	89.5	88.2	89.3	..	93.2	..	88.8
Other (c)	%	87.2	85.1	86.7	90.7	85.1	90.5	–	87.2	87.3
Total	%	87.8	87.7	88.5	88.9	88.0	90.5	93.2	87.2	88.2
		<i>relative standard error</i>								
Major cities	%	1.5	1.9	1.9	1.8	1.9	..	2.6	..	0.9
Other (c)	%	2.2	4.2	2.9	3.1	5.1	2.0	–	4.7	1.2
Total	%	1.2	1.9	1.5	1.7	1.9	2.0	2.6	4.7	0.8
		<i>95 per cent confidence interval</i>								
Major cities	±	2.5	3.3	3.3	3.2	3.3	..	4.8	..	1.6
Other (c)	±	3.8	6.9	4.9	5.6	8.4	3.5	–	8.0	2.0
Total	±	2.1	3.2	2.6	3.0	3.3	3.5	4.8	8.0	1.3
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often <u>showed respect</u> to them										
		<i>proportion</i>								
Major cities	%	89.0	88.5	88.1	90.4	89.1	..	91.7	..	89.1
Other (c)	%	88.1	85.4	87.4	90.0	85.9	90.7	–	88.4	87.8
Total	%	88.9	87.5	87.9	90.0	88.2	90.7	91.7	88.4	88.7
		<i>relative standard error</i>								
Major cities	%	1.5	2.1	2.1	1.8	2.1	..	3.8	..	1.0
Other (c)	%	2.6	4.1	2.8	2.9	4.3	2.1	–	3.9	1.3
Total	%	1.1	2.1	1.8	1.5	1.7	2.1	3.8	3.9	0.8

TABLE NHA.32.13

Table NHA.32.13 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<i>95 per cent confidence interval</i>										
Major cities	±	2.5	3.7	3.7	3.2	3.6	..	6.9	..	1.7
Other (c)	±	4.4	6.9	4.8	5.2	7.2	3.7	—	6.8	2.2
Total	±	2.0	3.7	3.1	2.7	2.9	3.7	6.9	6.8	1.5
<i>Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often <u>spent enough time with</u> them</i>										
<i>proportion</i>										
Major cities	%	84.2	82.9	85.5	83.8	82.2	..	90.6	..	84.1
Other (c)	%	83.8	82.5	82.1	87.6	82.3	87.4	—	85.1	84.1
Total	%	84.1	82.9	84.0	85.1	82.6	87.4	90.6	85.1	84.1
<i>relative standard error</i>										
Major cities	%	1.9	2.2	2.7	2.4	2.7	..	3.8	..	1.1
Other (c)	%	3.3	4.5	3.4	3.5	5.8	1.9	—	4.6	1.6
Total	%	1.8	1.9	1.9	2.3	2.2	1.9	3.8	4.6	1.0
<i>95 per cent confidence interval</i>										
Major cities	±	3.1	3.5	4.5	4.0	4.4	..	6.7	..	1.8
Other (c)	±	5.5	7.3	5.5	6.0	9.3	3.2	—	7.6	2.7
Total	±	2.9	3.2	3.2	3.8	3.5	3.2	6.7	7.6	1.7

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who went to an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

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

TABLE NHA.32.13

Table NHA.32.13 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12 (a), (b)**

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

Source: ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.14

Table NHA.32.14 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12 (a), (b)**

<i>Aust</i>						
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often <u>listened carefully</u> to them						
Major cities	88.8	0.9	1.6	1 322.7	3.0	78.8
Other (d)	87.3	1.2	2.0	808.1	3.9	62.1
Inner regional	86.4	1.7	2.8	531.0	5.3	55.6
Outer regional	88.3	2.7	4.7	229.5	8.8	39.6
Remote/very remote	93.2	2.2	4.0	47.7	18.3	17.1
Total	88.2	0.8	1.3	2 130.8	2.1	88.9
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often <u>showed respect</u> to them						
Major cities	89.1	1.0	1.7	1 327.0	3.2	83.2
Other (d)	87.8	1.3	2.2	811.7	4.1	64.6
Inner regional	87.1	1.6	2.7	534.2	5.5	57.3
Outer regional	88.4	2.7	4.7	229.5	8.9	40.2
Remote/very remote	93.7	2.4	4.4	48.0	18.4	17.3
Total	88.7	0.8	1.5	2 138.7	2.3	97.3
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often <u>spent enough time with</u> them						
Major cities	84.1	1.1	1.8	1 256.2	3.3	80.6

TABLE NHA.32.14

Table NHA.32.14 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12 (a), (b)**

<i>Aust</i>						
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Other (d)	84.1	1.6	2.7	780.2	4.2	64.9
Inner regional	82.4	2.2	3.6	507.7	5.7	56.5
Outer regional	87.0	3.0	5.0	225.6	9.0	39.8
Remote/very remote	92.0	2.5	4.5	46.9	18.8	17.3
Total	84.1	1.0	1.7	2 036.4	2.4	94.9

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who visited an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Denominator data are not shown.

(d) Includes inner and outer regional, remote and very remote areas.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.15

Table NHA.32.15 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often <u>listened carefully</u> to them										
		<i>proportion</i>								
Major cities	%	89.2	87.7	92.3	90.3	93.5	..	90.8	..	90.2
Other (c)	%	86.0	86.9	90.5	90.1	92.2	86.0	–	88.4	88.6
Total	%	88.6	88.2	91.6	90.2	93.0	86.0	90.8	88.4	89.6
		<i>relative standard error</i>								
Major cities	%	1.5	3.7	1.6	2.1	1.4	..	7.2	..	0.9
Other (c)	%	4.1	3.5	2.9	4.3	3.2	3.7	–	5.3	1.6
Total	%	1.6	2.0	1.4	1.8	1.3	3.7	7.2	5.3	0.8
		<i>95 per cent confidence interval</i>								
Major cities	±	2.6	6.3	2.8	3.6	2.6	..	12.9	..	1.5
Other (c)	±	7.0	6.0	5.1	7.6	5.7	6.2	–	9.1	2.8
Total	±	2.8	3.5	2.5	3.2	2.4	6.2	12.9	9.1	1.4

Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often showed respect to them

		<i>proportion</i>								
Major cities	%	89.7	89.5	91.3	90.5	92.0	..	89.5	..	90.6
Other (c)	%	89.5	89.1	89.5	89.9	90.7	85.5	–	89.8	89.6
Total	%	89.8	90.2	90.8	90.1	91.8	85.5	89.5	89.8	90.3
		<i>relative standard error</i>								
Major cities	%	1.5	3.4	1.6	2.3	1.8	..	7.4	..	0.8
Other (c)	%	3.6	3.2	3.0	4.2	3.8	3.8	–	3.8	1.4

TABLE NHA.32.15

Table NHA.32.15 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total	%	1.6	1.8	1.4	2.2	1.5	3.8	7.4	3.8	0.7
<i>95 per cent confidence interval</i>										
Major cities	±	2.7	6.0	2.9	4.1	3.3	..	13.0	..	1.4
Other (c)	±	6.3	5.6	5.2	7.5	6.8	6.3	–	6.8	2.5
Total	±	2.8	3.1	2.6	3.8	2.7	6.3	13.0	6.8	1.3
<i>proportion</i>										
Major cities	%	87.7	85.9	88.7	82.7	86.0	..	91.3	..	87.0
Other (c)	%	80.1	85.5	88.1	86.2	88.6	80.5	–	86.4	84.9
Total	%	85.7	86.5	88.7	84.1	87.0	80.5	91.3	86.4	86.3
<i>relative standard error</i>										
Major cities	%	2.0	3.5	1.8	2.8	3.1	..	2.2	..	1.1
Other (c)	%	4.1	3.4	3.3	6.2	4.1	4.3	–	4.3	1.6
Total	%	1.9	2.1	1.7	2.6	2.3	4.3	2.2	4.3	0.9
<i>95 per cent confidence interval</i>										
Major cities	±	3.4	5.8	3.2	4.6	5.2	..	4.0	..	1.8
Other (c)	±	6.5	5.8	5.6	10.4	7.1	6.8	–	7.3	2.7
Total	±	3.2	3.6	2.9	4.3	3.9	6.8	4.0	7.3	1.6

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Table NHA.32.15 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>

(c) Includes inner and outer regional, remote and very remote areas.

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

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.16

Table NHA.32.16 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12 (a), (b)**

	<i>Aust</i>					
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often <u>listened carefully</u> to them						
Major cities	90.2	0.9	1.5	1 325.9	2.4	63.3
Other (d)	88.6	1.6	2.8	722.5	3.4	48.3
Inner regional	87.8	2.1	3.7	485.3	4.3	41.3
Outer regional	88.1	3.1	5.3	190.8	9.4	35.2
Remote/very remote	91.6	5.5	9.9	46.3	27.8	25.3
Total	89.6	0.8	1.4	2 048.4	1.8	71.7
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often <u>showed respect</u> to them						
Major cities	90.6	0.8	1.4	1 334.0	2.5	66.4
Other (d)	89.6	1.4	2.5	730.5	3.3	47
Inner regional	89.2	2.0	3.5	493.4	4.6	44.6
Outer regional	88.8	3.1	5.4	190.8	9.2	34.2
Remote/very remote	91.4	5.6	10.0	46.3	27.8	25.3
Total	90.3	0.7	1.3	2 064.5	1.9	76.5
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often <u>spent enough time</u> with them						
Major cities	87.0	1.1	1.8	1 286.4	2.4	61.3
Other (d)	84.9	1.6	2.7	700.3	3.4	46.7

TABLE NHA.32.16

Table NHA.32.16 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12 (a), (b)**

	<i>Aust</i>					
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Inner regional	83.6	2.0	3.3	471.0	4.6	42.6
Outer regional	84.6	4.3	7.1	183.7	9.4	33.8
Remote/very remote	90.7	5.6	10.0	45.6	28.0	25.1
Total	86.3	0.9	1.6	1 986.7	1.9	72.3

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Denominator data are not shown.

(d) Includes inner and outer regional, remote and very remote areas.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.17

Table NHA.32.17 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often <u>listened carefully</u> to them										
		<i>proportion</i>								
Major cities	%	90.0	89.3	93.3	89.0	92.6	..	88.5	..	90.8
Other (c)	%	88.7	93.7	90.0	89.7	95.0	91.7	–	80.7	90.6
Total	%	89.8	90.9	92.1	88.6	93.2	91.7	88.5	80.7	90.7
		<i>relative standard error</i>								
Major cities	%	1.6	3.1	1.4	2.6	1.7	..	8.0	..	0.7
Other (c)	%	3.5	1.8	3.1	3.3	2.4	2.2	–	7.8	1.4
Total	%	1.5	1.8	1.6	2.2	1.3	2.2	8.0	7.8	0.7
		<i>95 per cent confidence interval</i>								
Major cities	±	2.9	5.4	2.6	4.5	3.1	..	13.8	..	1.3
Other (c)	±	6.1	3.3	5.5	5.8	4.4	4.0	–	12.3	2.5
Total	±	2.6	3.2	2.8	3.8	2.4	4.0	13.8	12.3	1.2
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often <u>showed respect</u> to them										
		<i>proportion</i>								
Major cities	%	91.0	90.6	94.3	89.9	92.3	..	91.5	..	91.7
Other (c)	%	88.3	92.0	89.5	94.7	95.9	91.6	–	86.5	90.8
Total	%	90.4	91.4	92.5	91.2	93.1	91.6	91.5	86.5	91.4
		<i>relative standard error</i>								
Major cities	%	1.5	2.8	1.4	2.5	1.5	..	7.5	..	0.6
Other (c)	%	3.5	2.3	3.1	2.1	2.2	2.2	–	5.2	1.4
Total	%	1.3	1.7	1.5	1.9	1.3	2.2	7.5	5.2	0.6
		<i>95 per cent confidence interval</i>								

TABLE NHA.32.17

Table NHA.32.17 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by State and Territory, by remoteness, 2011-12 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Major cities	±	2.6	4.9	2.6	4.5	2.7	..	13.5	..	1.2
Other (c)	±	6.1	4.1	5.4	3.8	4.1	4.0	–	8.8	2.5
Total	±	2.3	3.1	2.7	3.4	2.3	4.0	13.5	8.8	1.1
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often <u>spent enough time</u> with them										
		<i>proportion</i>								
Major cities	%	86.9	87.8	91.6	86.3	89.0	..	89.2	..	88.4
Other (c)	%	84.4	89.6	85.8	90.8	91.0	84.5	–	81.4	87.0
Total	%	86.3	88.7	89.5	88.1	89.3	84.5	89.2	81.4	87.9
		<i>relative standard error</i>								
Major cities	%	1.9	3.1	1.8	3.1	2.1	..	3.2	..	0.9
Other (c)	%	3.7	3.0	3.3	4.9	2.9	3.0	–	7.4	1.2
Total	%	1.7	2.0	1.5	2.5	1.5	3.0	3.2	7.4	0.7
		<i>95 per cent confidence interval</i>								
Major cities	±	3.2	5.3	3.2	5.2	3.7	..	5.6	..	1.5
Other (c)	±	6.0	5.3	5.6	8.8	5.1	4.9	–	11.9	2.1
Total	±	2.9	3.5	2.6	4.4	2.6	4.9	5.6	11.9	1.2

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional, remote and very remote areas.

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

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.18

Table NHA.32.18 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12 (a), (b)**

	Aust					
	Proportion (%)	relative standard error (%)	95 per cent confidence interval (±)	numerator number ('000) (c)	relative standard error (%)	95 per cent confidence interval (±)
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often <u>listened carefully</u> to them						
Major cities	90.8	0.7	1.3	1 334.9	2.6	70.0
Other (d)	90.6	1.4	2.5	735.8	3.7	54.3
Inner regional	90.4	1.7	3.1	495.7	4.9	49.2
Outer regional	90.7	2.9	5.2	193.5	9.3	35.8
Remote/very remote	92.0	5.8	10.4	46.7	27.7	25.4
Total	90.7	0.7	1.2	2 070.7	1.8	76.1
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often <u>showed respect</u> to them						
Major cities	91.7	0.6	1.2	1 346.0	2.7	71.0
Other (d)	90.8	1.4	2.5	736.1	3.8	56.0
Inner regional	90.5	1.7	3.1	495.6	5.1	50.4
Outer regional	90.0	2.7	4.8	193.5	9.5	36.8
Remote/very remote	91.7	6.1	10.9	47.0	27.0	24.8
Total	91.4	0.6	1.1	2 082.0	1.9	77.1
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often <u>spent enough time</u> with them						
Major cities	88.4	0.9	1.5	1 298.8	2.8	72.7
Other (d)	87.0	1.2	2.1	707.6	3.5	50.3
Inner regional	85.6	1.9	3.2	472.0	4.9	46.3

TABLE NHA.32.18

Table NHA.32.18 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2011-12 (a), (b)**

	<i>Aust</i>					
	<i>Proportion (%)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>	<i>numerator number ('000) (c)</i>	<i>relative standard error (%)</i>	<i>95 per cent confidence interval (±)</i>
Outer regional	89.2	2.9	5.1	190.9	9.3	35.5
Remote/very remote	88.6	5.9	10.2	44.7	26.5	23.2
Total	87.9	0.7	1.2	2 006.4	1.9	77.5

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Denominator data are not shown.

(d) Includes inner and outer regional, remote and very remote areas.

Source : ABS (unpublished) Patient Experience Survey 2011-12.

Table NHA.32.19 **Proportion of persons who saw a GP (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by SEIFA IRSD deciles, 2011-12 (a), (b)**

	<i>proportion (%)</i>	<i>relative standard error (%)</i>	<i>95% confidence interval (±)</i>
SEIFA			
Decile 1	29.5	3.2	1.8
Decile 2	29.3	5.7	3.3
Decile 3	29.6	4.4	2.6
Decile 4	31.5	3.7	2.3
Decile 5	26.8	5.3	2.8
Decile 6	27.5	5.0	2.7
Decile 7	28.6	4.1	2.3
Decile 8	26.1	4.8	2.4
Decile 9	25.3	4.5	2.2
Decile 10	22.0	4.5	1.9

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a GP for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source: ABS (unpublished) Patient Experience Survey 2011-12.

Table NHA.32.20 **Proportion of persons who were referred to a medical specialist by a GP in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by SEIFA IRSD deciles, 2011-12 (a), (b)**

	<i>proportion (%)</i>	<i>relative standard error (%)</i>	<i>95% confidence interval (±)</i>
SEIFA			
Decile 1	28.7	9.2	5.2
Decile 2	23.5	10.7	4.9
Decile 3	23.8	8.1	3.8
Decile 4	27.5	6.7	3.6
Decile 5	25.2	7.2	3.5
Decile 6	30.1	6.5	3.8
Decile 7	27.4	7.2	3.9
Decile 8	25.9	6.2	3.1
Decile 9	29.0	6.7	3.8
Decile 10	22.7	7.0	3.1

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were referred to a medical specialist by a GP in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.21

Table NHA.32.21

Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA IRSD deciles, 2011-12 (a), (b)

	<i>Listened carefully</i>			<i>Showed respect</i>			<i>Spent enough time with them</i>		
	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>
SEIFA									
Decile 1	85.8	1.2	1.9	89.1	1.0	1.7	84.3	1.2	2.0
Decile 2	88.3	1.0	1.8	91.6	0.7	1.3	86.0	1.0	1.7
Decile 3	85.4	1.3	2.1	90.2	1.0	1.8	85.3	1.3	2.2
Decile 4	86.2	1.2	2.1	91.2	1.0	1.7	85.3	1.4	2.4
Decile 5	87.7	0.9	1.6	91.0	0.8	1.5	87.4	0.7	1.3
Decile 6	86.2	1.1	1.8	90.3	0.8	1.5	85.0	1.2	2.0
Decile 7	88.6	0.9	1.6	90.7	0.8	1.4	85.4	1.3	2.2
Decile 8	87.8	1.0	1.7	91.5	0.8	1.4	85.3	1.4	2.4
Decile 9	90.6	0.8	1.4	93.3	0.7	1.3	88.1	0.9	1.5
Decile 10	92.2	0.8	1.5	94.5	0.7	1.3	89.8	0.9	1.6

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a GP for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.22

Table NHA.32.22 **Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA IRSD deciles, 2011-12 (a), (b)**

	<i>Listened carefully</i>			<i>Showed respect</i>			<i>Spent enough time with them</i>		
	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>
SEIFA									
Decile 1	90.0	1.3	2.3	90.1	1.4	2.6	89.8	1.8	3.1
Decile 2	91.7	1.6	2.9	92.6	1.6	2.9	87.7	2.0	3.5
Decile 3	89.6	1.6	2.8	90.7	1.3	2.4	88.1	2.2	3.8
Decile 4	88.5	2.0	3.4	89.3	2.0	3.6	87.5	2.1	3.7
Decile 5	91.4	1.3	2.3	90.9	1.3	2.3	90.0	1.5	2.6
Decile 6	90.8	1.3	2.2	91.3	1.5	2.7	88.0	1.7	3.0
Decile 7	92.4	1.0	1.8	92.7	1.0	1.9	90.2	1.2	2.0
Decile 8	92.3	0.9	1.7	92.7	1.3	2.3	90.6	1.6	2.8
Decile 9	92.0	1.4	2.5	92.2	1.5	2.7	89.5	2.4	4.3
Decile 10	92.7	1.5	2.7	93.4	1.2	2.2	91.8	1.4	2.5

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were known to have seen a medical specialist in the last 12 months for their own health, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.23

Table NHA.32.23 **Proportion of persons who saw a dental practitioner in the last 12 months reporting the dental practitioner always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA IRSD deciles, 2011-12 (a), (b)**

	<i>Listened carefully</i>			<i>Showed respect</i>			<i>Spent enough time with them</i>		
	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>
SEIFA									
Decile 1	90.3	1.4	2.5	91.9	1.3	2.3	91.7	1.7	3.1
Decile 2	90.8	1.4	2.6	92.2	1.2	2.1	92.3	1.2	2.2
Decile 3	93.3	1.2	2.2	94.6	1.0	1.9	94.1	1.1	2.1
Decile 4	94.4	0.6	1.1	94.1	0.7	1.3	95.4	0.8	1.4
Decile 5	92.6	1.0	1.8	94.0	0.9	1.6	94.0	1.0	1.9
Decile 6	93.9	0.9	1.7	95.2	0.9	1.7	95.2	0.7	1.4
Decile 7	94.1	0.9	1.7	95.3	0.8	1.6	95.9	0.8	1.4
Decile 8	95.8	0.7	1.3	96.1	0.9	1.7	96.0	0.7	1.3
Decile 9	94.6	0.9	1.6	96.0	0.9	1.7	96.0	0.6	1.1
Decile 10	95.5	0.7	1.2	96.1	0.6	1.1	96.2	0.7	1.3

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a dental professional in the last 12 months for their own health, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.24

Table NHA.32.24 **Proportion of persons who have been to a hospital emergency department in the last 12 months reporting ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA IRSD deciles, 2011-12 (a), (b)**

	<i>Listened carefully</i>			<i>Showed respect</i>			<i>Spent enough time with them</i>		
	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>
SEIFA									
Decile 1	83.9	2.7	4.4	85.0	2.7	4.5	79.5	2.7	4.2
Decile 2	85.8	3.2	5.4	86.4	3.0	5.0	81.6	3.8	6.1
Decile 3	81.4	2.4	3.8	83.2	2.0	3.3	76.0	3.8	5.7
Decile 4	85.2	3.4	5.7	86.9	2.5	4.3	81.2	3.8	6.0
Decile 5	83.2	2.4	3.9	86.6	2.3	3.9	78.9	3.3	5.1
Decile 6	85.7	2.5	4.1	86.6	2.5	4.3	81.7	3.1	4.9
Decile 7	85.3	2.8	4.6	87.1	2.4	4.0	78.7	3.6	5.6
Decile 8	87.9	2.2	3.8	89.3	2.4	4.1	83.5	3.0	4.9
Decile 9	86.5	2.5	4.3	90.0	2.3	4.0	79.3	5.2	8.1
Decile 10	88.0	2.4	4.1	89.1	2.6	4.5	83.9	2.5	4.2

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who had visited an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.25

Table NHA.32.25 **Proportion of persons who have been to a hospital emergency department in the last 12 months reporting ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA IRSD deciles, 2011-12 (a), (b)**

	<i>Listened carefully</i>			<i>Showed respect</i>			<i>Spent enough time with them</i>		
	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>
SEIFA									
Decile 1	86.1	2.4	4.0	85.3	2.6	4.3	81.8	2.4	3.9
Decile 2	85.9	3.4	5.7	85.2	3.6	6.0	82.5	4.4	7.1
Decile 3	86.8	2.0	3.5	87.1	1.8	3.1	81.5	3.2	5.2
Decile 4	89.0	2.4	4.2	88.8	2.4	4.2	85.8	2.6	4.4
Decile 5	89.1	2.2	3.9	86.8	2.6	4.5	81.8	2.7	4.4
Decile 6	90.0	2.3	4.0	91.2	1.7	3.1	84.3	2.8	4.7
Decile 7	88.8	2.2	3.9	89.4	2.1	3.7	85.3	2.5	4.2
Decile 8	93.7	1.7	3.1	93.8	1.6	2.9	92.0	1.7	3.1
Decile 9	88.4	2.6	4.6	91.6	2.0	3.5	83.8	3.8	6.2
Decile 10	86.2	3.0	5.1	88.7	2.6	4.5	84.8	2.9	4.8

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who had visited an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source : ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.26

Table NHA.32.26

Proportion of persons who have been admitted to a hospital in the last 12 months reporting hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA IRSD deciles, 2011-12 (a), (b)

	<i>Listened carefully</i>			<i>Showed respect</i>			<i>Spent enough time with them</i>		
	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>
SEIFA									
Decile 1	88.2	2.5	4.4	88.4	2.9	4.9	82.6	2.9	4.8
Decile 2	87.5	3.1	5.3	86.7	3.5	5.9	84.4	4.4	7.2
Decile 3	90.1	1.8	3.2	90.5	1.7	3.0	83.5	3.8	6.2
Decile 4	89.4	2.1	3.7	89.1	2.2	3.8	84.4	5.0	8.2
Decile 5	88.1	2.4	4.1	90.4	2.0	3.5	84.3	2.6	4.3
Decile 6	88.7	2.3	4.1	90.4	2.5	4.4	86.7	2.5	4.3
Decile 7	88.0	2.5	4.2	90.1	2.5	4.4	88.2	2.6	4.5
Decile 8	93.3	1.8	3.4	92.3	2.2	3.9	90.4	2.5	4.4
Decile 9	88.2	3.3	5.8	88.6	3.3	5.8	82.2	4.9	7.9
Decile 10	93.8	1.5	2.7	94.0	1.5	2.9	92.3	2.0	3.6

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who had been admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source: ABS (unpublished) Patient Experience Survey 2011-12.

TABLE NHA.32.27

Table NHA.32.27 **Proportion of persons who have been admitted to a hospital in the last 12 months reporting hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA IRSD deciles, 2011-12 (a), (b)**

	<i>Listened carefully</i>			<i>Showed respect</i>			<i>Spent enough time with them</i>		
	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>	<i>proportion (%)</i>	<i>RSE (%)</i>	<i>95% confidence interval (±)</i>
SEIFA									
Decile 1	91.5	2.2	3.9	90.5	2.3	4.1	85.1	2.9	4.8
Decile 2	87.9	3.4	5.8	87.7	3.4	5.8	84.5	4.6	7.6
Decile 3	91.0	1.6	2.9	90.3	1.7	3.1	88.8	2.0	3.5
Decile 4	89.1	1.9	3.4	91.0	1.8	3.2	86.6	2.6	4.4
Decile 5	88.2	1.9	3.2	88.5	2.0	3.4	85.0	2.2	3.7
Decile 6	94.4	2.2	4.1	94.8	1.9	3.5	90.4	2.5	4.5
Decile 7	92.9	1.7	3.2	92.4	2.0	3.6	91.6	2.4	4.4
Decile 8	92.1	1.3	2.4	95.3	1.1	2.0	92.7	1.4	2.5
Decile 9	89.2	3.0	5.3	90.2	2.9	5.1	85.6	3.3	5.6
Decile 10	91.2	2.5	4.5	93.7	1.9	3.5	89.5	2.7	4.7

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who had been admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source : ABS (unpublished) Patient Experience Survey 2011-12.

NHA Indicator 33:

**Full time equivalent employed
health practitioners per 100,000
population (by age group)**

TABLE NHA.33.1

Table NHA.33.1 **Full time equivalent employed health practitioners per 1000 population, State and Territory, by profession, by age group, 2011 (rate per 1000 population) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Medical practitioner workforce									
< 25 years	–	–	–	–	–	–	–	–	–
25–34	0.9	1.1	1.0	1.0	1.1	0.9	1.2	1.6	1.0
35–44	1.0	0.9	1.0	0.9	1.0	1.0	1.2	1.2	1.0
45–54	0.9	0.9	0.9	0.8	1.0	1.0	1.2	0.9	0.9
55–64	0.7	0.6	0.6	0.5	0.7	0.7	0.9	0.6	0.6
65 years or over	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.3	0.3
Total	3.9	3.7	3.8	3.5	4.1	3.8	4.7	4.6	3.8
Nursing and midwifery workforce									
< 25 years	0.5	0.8	0.6	0.7	0.7	0.7	0.5	0.5	0.6
25–34	1.8	2.5	2.0	1.9	2.4	1.8	2.2	4.0	2.1
35–44	2.2	2.7	2.7	2.3	3.1	2.5	2.8	3.4	2.5
45–54	3.1	3.4	3.4	3.2	4.7	4.5	3.5	4.1	3.4
55–64	2.1	2.2	2.0	2.0	2.7	2.7	2.4	2.8	2.1
65 years or over	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.2
Total	9.9	11.8	10.9	10.4	13.9	12.4	11.6	15.0	11.1
Dental workforce (d)									
< 25 years	–	–	–	–	–	–	–	–	–
25–34	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.1	0.2
35–44	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
45–54	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1
55–64	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1
65 years or over	–	–	–	–	–	–	–	–	–
Total	0.6	0.5	0.6	0.5	0.6	0.4	0.7	0.4	0.6

(a) FTEs calculated based on a 40 hour standard working week for the medical practitioner workforce. FTE is based on a 38 hour standard working week for the nursing and midwifery and dental workforces.

Table NHA.33.1 **Full time equivalent employed health practitioners per 1000 population, State and Territory, by profession, by age group, 2011 (rate per 1000 population) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(b)	Due to rounding of average hours worked, the sum of states and territories' FTEs may not add up to total FTE for Australia and the sum of age groups FTEs may not add up to total FTE for each state. The Australian total includes employed practitioners who did not state or adequately describe their state or territory of principal practice and employed practitioners who are overseas.								
(c)	State and territory is derived from state and territory of main job where available; otherwise state and territory of principal practice is used as a proxy. If principal practice details are unavailable, state and territory of residence is used. Records with no information on all three locations are coded to 'Not stated'.								
(d)	Dental workforce refers to dentists only, and includes those working in the private and public sectors.								
	– Nil or rounded to zero.								

Source : AIHW (unpublished) National Health Workforce Data Set; ABS (unpublished) Estimated Resident Population, 2011 (based on the 2006 ABS Census of Population and Housing).

TABLE NHA.33.2

Table NHA.33.2 **Full time equivalent employed health practitioners per 1,000 population, State and Territory, by profession, by age group, 2010 (rate per 1,000 population) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Medical practitioner workforce									
< 25 years	–	–	..	..	np	np	–	np	–
25–34	0.9	1.1	..	..	1.1	0.9	1.1	1.3	1.0
35–44	1.0	0.9	..	..	1.1	1.0	1.2	1.0	0.9
45–54	0.9	0.9	..	..	1.0	1.0	1.2	0.9	0.9
55–64	0.7	0.6	..	..	0.7	0.7	0.8	0.5	0.7
65 years or over	0.3	0.2	..	..	0.3	0.2	0.2	0.2	0.3
Total	3.7	3.7	..	..	4.1	3.7	4.6	3.8	3.8

(a) FTEs calculated based on a 40 hour standard working week for the medical practitioner workforce.

(b) Data excludes Queensland and Western Australia due to their registration period closing after the national registration deadline of 30 September 2010.

Due to rounding of average hours worked, the sum of states and territories' FTEs may not add up to total FTE for Australia and the sum of age groups FTEs may not add up to total FTE for each state. The Australian total includes employed practitioners who did not state or adequately describe their state or territory of principal practice and employed practitioners who are overseas.

(c) State and territory is derived from state and territory of principal practice.

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

Source: AIHW (unpublished) National Health Workforce Data Set; ABS (unpublished) Estimated Resident Population, 2010 (based on the 2006 ABS Census of Population and Housing).

NHA Contextual Data:

TABLE NHA C.1

Table NHA.C.1 **Total health expenditure, by area of expenditure and source of funds, 2010-11 (\$ million) (a), (b)**

Area of expenditure	Government funding			Non-government (c)	Total
	Australian government	State and local government	Total		
Total hospitals	18 917	20 670	39 586	10 119	49 705
Public hospitals (d)	15 440	20 221	35 661	3 276	38 937
Private hospitals	3 477	449	3 926	6 842	10 768
Medical services	17 600	–	17 600	4 925	22 525
Dental services	1 437	699	2 136	5 721	7 857
Patient transport, aids and other health practitioners	2 323	1 878	4 200	6 319	10 520
Community health and other (e)	1 007	4 982	5 989	305	6 295
Public health	1 061	840	1 901	46	1 947
Medications	8 721	–	8 721	9 704	18 425
Administration and research	3 944	1 223	5 166	1 216	6 382
Total recurrent funding	55 008	30 292	85 299	38 357	123 656
Capital expenditure	135	4 155	4 290	2 320	6 610
Total health funding (f)	55 143	34 447	89 589	40 677	130 266
Medical expenses tax rebate	475	–	475	–475	–
Total health funding	55 618	34 447	90 064	40 202	130 266

(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) 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.

(d) 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.

TABLE NHA C.1

Table NHA.C.1 **Total health expenditure, by area of expenditure and source of funds, 2010-11 (\$ million) (a), (b)**

<i>Area of expenditure</i>	<i>Government funding</i>			<i>Non-government (c)</i>	<i>Total</i>
	<i>Australian government</i>	<i>State and local government</i>	<i>Total</i>		

(e) Other' denotes 'other recurrent health services not elsewhere classified'.

(f) Total health funding has not been adjusted to include medical expenses tax rebate as funding by the Australian Government.

– Nil or rounded to zero.

Source: AIHW (2012) *Health expenditure Australia 2010-11*. Health and welfare expenditure series no. 47. Cat. no. HWE 56. Canberra.

TABLE NHA C.2

Table NHA C.2 **GPs per 100 000 population, by State and Territory, by remoteness, 2011-12 (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Major cities									
Number	123	126	133	112	141	..	120	..	126
FTE	82	80	85	65	86	..	62	..	80
Inner regional									
Number	135	133	127	97	136	170	np	..	133
FTE	82	82	80	61	83	88	np	..	81
Outer regional									
Number	110	120	150	136	156	105	..	127	130
FTE	64	79	76	70	87	62	..	56	72
Remote									
Number	np	np	233	165	179	286	..	310	202
FTE	np	np	56	58	76	79	..	58	64
Very remote									
Number	np	..	347	202	np	np	..	np	285
FTE	np	..	54	38	np	np	..	np	50
Total									
Number	125	127	139	117	143	151	120	207	130
FTE	81	80	81	64	85	80	62	57	79

(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 Northern Territory; and major cities and inner regional in the ACT.

.. Not applicable. **np** Not published.

Source : DoHA (unpublished) Medicare Statistics; ABS Estimated Resident Population, 30 June 2011.

Data Quality Statements

This attachment includes copies of all DQs as provided by the data providers. The Steering Committee has not made any amendments to the content of these DQs.

Table 8 lists the NHA performance benchmarks and the page reference for the associated DQs.

Table 8 Data quality statements for performance benchmarks in the National Healthcare Agreement

<i>Performance benchmark</i>	<i>Page no. in this report</i>
(a) close the life expectancy gap for Indigenous Australians within a generation	743
(b) halve the mortality gap for Indigenous children under five by 2018	745
(c) 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) by 2023	..
(d) by 2018, increase by five percentage points the proportion of Australian adults and Australian children at a healthy body weight, over the 2009 baseline	735
(e) by 2018, reduce the national smoking rate to 10 per cent of the population and halve the Indigenous smoking rate, over the 2009 baseline	738
(f) 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	785
(g) the rate of <i>Staphylococcus aureus</i> (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	808

Table 9 lists the NHA performance indicators and the page reference for the associated DQs.

Table 9 Data quality statements for performance indicators in the National Healthcare Agreement

<i>Performance indicator</i>	<i>Page no. in this report</i>
1. Proportion of babies born of low birth weight	727
2. Incidence of selected cancers	730
3. Prevalence of overweight and obesity	735
4. Rates of current daily smokers	738
5. Levels of risky alcohol consumption	740
6. Life expectancy	743
7. Infant and young child mortality rate	745

(Continued next page)

Table 9 (continued)

<i>Performance indicator</i>	<i>Page no. in this report</i>
8. Major causes of death	749
9. Incidence of heart attacks	753
10. Prevalence of type 2 diabetes	..
11. Proportion of adults with very high levels of psychological distress	757
12. Waiting times for GPs	762
13. Waiting times for public dentistry	766
14. People deferring access to selected health care due to financial barriers	770
15. Effective management of diabetes	..
16. Potentially avoidable deaths	776
17. Treatment rates for mental illness	780
18. Selected potentially preventable hospitalisations	785
19. Selected potentially avoidable GP-type presentations to emergency departments	790
20. Waiting times for elective surgery	795
21. Waiting times for emergency hospital care	800, 805
22. Healthcare associated infections	808
23. Unplanned hospital readmission rates	812
24. Survival of people diagnosed with notifiable cancers	..
25. Rate of community follow up within first seven days of discharge from a psychiatric admission	817
26. Residential and community aged care places per 1,000 population aged 70+ years	819
27. Number of hospital patient days used by those eligible and waiting for residential aged care	821
28. Proportion of residential aged care services that are three year reaccredited	825
29. Proportion of residential aged care days on hospital leave due to selected preventable causes	..
30. Elapsed times for aged care services	827
31. Proportion of aged care residents who are full pensioners relative to the proportion of full pensioners in the general population	..
32. Patient satisfaction/experience	829
33. Full time equivalent employed health practitioners per 1,000 population (by age group and profession type)	836

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.

Outcome	Australians are born and remain healthy.
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)	<i>Numerator:</i> Number of low birthweight live-born singleton infants born in a calendar year. Low birthweight is defined as less than 2500 grams. <i>Denominator:</i> Number of live-born singleton infants born in a calendar year. Calculation: $100 \times (\text{Numerator} \div \text{Denominator})$ Variability band: to be calculated using the standard method for estimating 95 per cent confidence intervals as follows: Crude rate: $CI(CR)_{95\%} = CR \pm 100 \times 1.96 \times \sqrt{\frac{\frac{CR}{100}(1 - \frac{CR}{100})}{n}}$
Data source/s	Where n=number of live-born singleton infants born in a calendar year. This indicator is calculated using data from the AIHW National Perinatal Data Collection (NPDC). <u>For data by socioeconomic status:</u> 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. <u>For data by remoteness:</u> ABS' Australian Standard Geographical Classification.
Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data were supplied by State and Territory health authorities to the National Perinatal Epidemiology and Statistics Unit (NPESU), a collaborating unit of the Institute. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants.

Relevance

States and territories use these data for service planning, monitoring and internal and public reporting.

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 2010, very few (0.06 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 2001–2010 has been consistent, at 3.6–3.9 per cent of women who gave birth. For maternal records where Indigenous status was not stated (0.3 per cent), data were excluded from Indigenous and non-Indigenous analyses.

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 2010. 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 data supplied for the 2010 Perinatal NMDS by Victoria to prepare this

	indicator was not the final data. Further minor changes to the data are unlikely to produce any detectable change to the indicator. The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Only 0.2 per cent of records were non-residents or could not be assigned to a state or territory of residence. There is no scope in the data element Area of usual residence of mother to discriminate temporary residence of mother for the purposes of accessing birthing services from usual residence. The former may differentially impact populations from remote and very remote areas, where services are not available locally. Birthweight is nearly universally reported. Less than 0.09 per cent of records were missing overall. 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 0.3 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 and stillbirths. Changing levels of Indigenous identification over time and across jurisdictions may also affect the accuracy of compiling a consistent time series in future years.
Interpretability	Supporting information on the use and quality of the Perinatal NMDS are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum Data Set compliance evaluation 2006 to 2009. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Indigenous data that might affect interpretation of the indicator was published in Indigenous mothers and their babies, Australia 2001–2004 (Chapter 1 and Chapter 5). Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Metadata information for the Perinatal NMDS are also published in METeOR, and the <i>National health data dictionary</i>.
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 • <i>National health data dictionary</i>. • Ad-hoc data are also available on request (charges apply to recover costs).

Data Quality Statement — Indicator 2: Incidence of selected cancers

Key data quality points:

- The 1982–2009 data files for New South Wales and the Australian Capital Territory were not available for inclusion in the 2009 version of the Australian Cancer Database (ACD). An extended delay with receipt of mortality data has meant that New South Wales and the Australian Capital Territory have not been able to close off their 2009 data sets. As a consequence 2009 cancer data for these jurisdictions is not available for reporting purposes. Therefore, the 2009 incidence data for New South Wales and the Australian Capital Territory were estimated by the AIHW in consultation with the New South Wales and the Australian Capital Territory cancer registries. Although the estimation procedure has been shown to be reasonably accurate for estimating overall cancer incidence, its accuracy with respect to individual cancers will vary. Until the actual 2009 cancer data are available from these jurisdictions comparisons with other year's data, including totals are not recommended. Disaggregation by Indigenous status, Remoteness area, socioeconomic status for 2009 incidence data were not available for these jurisdictions, so the totals for these tables do not include those jurisdictions.
- This indicator only counts one year of incidence data. For jurisdictions that record relatively small numbers of cancers, rates may fluctuate from year to year; these changes should be interpreted with caution.
- 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 (Queensland, Western Australia, and the Northern Territory). Indigenous data for other jurisdictions should be interpreted with caution. 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 area and socioeconomic status are based on postcode of residential address at the time of diagnosis. The necessary use of postcode-based data also leads to socioeconomic status interpretability issues at the State and Territory level. For example, some postcodes in the Northern Territory cover a vast geographical area including towns and very remote areas, yet all people in a given postcode will be given the same socioeconomic status quintiles. For this reason, the Northern Territory column is suppressed for the socioeconomic status table.
- Some State and Territory jurisdictions may use different methodologies for particular subgroups (for example, some may use an imputation method for determining Indigenous cancers). This may lead to differences in rates between this Indicator and those shown in jurisdictional cancer incidence reports.
- Some data cells have been suppressed for confidentiality and reliability reasons (for example, if the denominator is less than 1 000, the numerator is less than 5 (or less than 10 for the Northern Territory), or the rate could not be sensibly estimated).

Outcome	Australians are born and remain healthy.
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.

Data source/s

Calculation is $100\ 000 \times (\text{Numerator} \div \text{Denominator})$, 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.

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' 2006 Index of Relative Socio-economic Disadvantage (IRSD) and ERP by Postal area (POA). Each POA in Australia is ranked by IRSD score 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 area: calculated by AIHW using the ABS' Australian Standard Geographical Classification (ASGC), and ERP by Postal area (POA).

Institutional environment

The National Cancer Statistics Clearing House (NCSCH) housed at the AIHW is a collaborative partnership between the AIHW and the 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).

However, cancer incidence data for 2009 were not available from the New South Wales and Australian Capital Territory cancer registries. Instead, overall estimates of 2009 cancer incidence are provided for these jurisdictions; disaggregations by Remoteness area, socioeconomic status or Indigenous status were not available. The overall estimates have been approved by the relevant cancer registries. Until the actual 2009 cancer data are available from these jurisdictions comparisons with other year's data, including totals are not recommended.

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 Australians' 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 (Victoria, South Australia, Tasmania and the Australian Capital Territory). Western Australia, Queensland, New South Wales and the Northern Territory have indicated that their Indigenous data quality is sufficient for reporting; however, 2009 incidence data for New South Wales is estimated and Indigenous status for these estimates are not available. Therefore, Western Australia, Queensland and the Northern Territory are the jurisdictions with adequate 2009 Indigenous data quality.

A POA to Remoteness area concordance and a POA to socioeconomic status concordance were used to allocate persons diagnosed with these

reported cancers to Remoteness area and socioeconomic status categories based on their postcode of residence.

Caution is required when examining differences across Remoteness area 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, some newer postcodes are absent from these concordances, meaning that some people diagnosed with cancers are unable to be allocated to a socioeconomic status or Remoteness area category. Where postcodes are not available in these concordances, the person's data are excluded from the relevant disaggregation reported.

Socioeconomic status rankings (by IRSD score) are calculated by POA using a population based method at the Australia-wide level. These ranked socioeconomic status POAs are then allocated to their relevant jurisdiction, meaning quintiles should contain similar socioeconomic groups across states and territories.

Timeliness Data available for the 2013 COAG Reform Council report are based on cancers diagnosed in 2009, noting that cancers for New South Wales and the Australian Capital Territory are based on estimates.

Accuracy The 1982–2009 data files for New South Wales and the Australian Capital Territory were not available for inclusion in the 2009 version of the ACD. An extended delay of the receipt of mortality data meant that New South Wales and the Australian Capital Territory were not able to close off their 2009 data sets. As a consequence, 2009 cancer data for these jurisdictions were not available for reporting purposes. Therefore, the 2009 incidence data for New South Wales and the Australian Capital Territory were estimated by the AIHW in consultation with the New South Wales and the Australian Capital Territory cancer registries. Although the estimation procedure has been shown to be reasonably accurate for estimating overall cancer incidence, its accuracy with respect to individual cancers will vary. As New South Wales and the Australian Capital Territory make up about a third of Australia's population, the national incidence data for 2009 is likely to be somewhat inaccurate for some individual cancers—which cancers these are is not predictable. Until the actual 2009 cancer data are available from these jurisdictions comparisons with other year's data, including totals are not recommended. Further, disaggregation by Indigenous status, Remoteness area, socioeconomic status for 2009 incidence data were not available for these jurisdictions, so the totals for these tables do not include those jurisdictions.

It is anticipated that future versions of the ACD will include 2009 actual data for New South Wales and the Australian Capital Territory.

Analyses by Remoteness area 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 area and socioeconomic status categories has never before been disaggregated by a postal area (POA) to Remoteness area concordance and a POA to socioeconomic status concordance, by State and Territory across all of Australia, and has thus not been verified by State and Territory jurisdictions.

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 necessary use of postcode-based data also leads to socioeconomic status interpretability issues at the State and Territory level. For example, some postcodes in the Northern Territory cover a vast geographical area including towns and very remote areas, yet all people in a given postcode will be given the same socioeconomic status quantiles (quintile and decile). For this reason, the Northern Territory column is suppressed for the socioeconomic status table.

This indicator only counts one year of incidence data. For jurisdictions that record relatively small numbers of cancers, rates may fluctuate from year to year; these changes should be interpreted with caution.

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 area or socioeconomic category, as their postcode may not be included in the concordances. This may affect some Remoteness area and socioeconomic categories more than others.

Some data cells have been suppressed for confidentiality and reliability reasons (for example, if the denominator is less than 1,000, the numerator is less than 5 (or less than 10 for the Northern Territory), or the rate could not be sensibly estimated).

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.

The AIHW define the cancers in this PI by the following ICD 10 codes:

Cancer	ICD10 codes
Bowel	C18–C20
Lung	C34
Melanoma	C43
Female breast	C50
Cervical	C53

Some State and Territory jurisdictions may use different methodologies for particular subgroups (for example, some may use an imputation method for determining Indigenous cancers). This may lead to differences in rates between this Indicator and those shown in jurisdictional cancer incidence reports.

Interpretability

While numbers of new cancers are easy to interpret, calculation of age-

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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, 2012*. Information on all of the AIHW-held data sets, in this case the ACD, is available on the AIHW website.

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.

Data Quality Statement — Indicator 3: Prevalence of overweight and obesity

Target/Outcome	Australians are born and remain healthy
Indicator	Proportion of adults and children who are overweight or obese
Measure (computation)	<i>Numerator:</i> Number of persons aged 18 years and over with a Body Mass Index (BMI) greater than or equal to 25, and number of persons aged 5-17 years exceeding age and sex specific BMI values for overweight and obesity. <i>Denominator:</i> Number of persons aged 18 years and over and number of persons aged 5-17 years, for whom height and weight measurements were taken.
Data source/s	For the 2013 reporting cycle, the denominator and numerator for this indicator use data from the National Health Survey (NHS) component of the ABS Australian Health Survey (AHS) from approximately 21,000 people, which is weighted to benchmarks for the total AHS in-scope population derived from the Estimated Resident Population (ERP). For the 2014 reporting cycle, the denominator and numerator for this indicator will use data from the core AHS dataset of approximately 34,000 people. For information on scope and coverage, see the Australian Health Survey: Users' Guide (cat. no. 4363.0.55.001) on the ABS website, www.abs.gov.au.
Institutional environment	The AHS was collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. 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 2011-13 AHS collected measured height and weight from persons aged 2 years and over. For the purposes of this indicator, Body Mass Index (BMI) values are derived from measured height and weight information using the formula: $\text{weight (kg)} / \text{height (m)}^2$.
Timeliness	Despite some limitations, BMI is widely used internationally as a relatively straightforward way of measuring overweight and obesity. The AHS is conducted every three years over a 12 month period. Results from the 2011-12 NHS component of the AHS were released in October 2012.
Accuracy	The AHS 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 residing 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 response rate for the 2011-12 NHS component was 85 per cent. Results 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 small proportion 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 scientific 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.

Data for Northern Territory in 2011-12 is not comparable to previous years due to the increase in sample size.

RSEs for adult overweight and obesity rates by State/Territory and Remoteness Areas are generally within acceptable limits, except for remote areas in New South Wales and Tasmania where rates are considered too unreliable for general use.

The breakdown by State/Territory and SEIFA quintiles for adults in general has sampling error within acceptable limits. For children, remoteness and SEIFA disaggregations by State/Territory should generally be used with caution.

Adult overweight and obesity rates by age and sex generally have acceptable levels of sampling error at the State/Territory level, though some of the rates for females in Australian Capital Territory and Northern Territory should be used with caution.

Sampling errors for BMI data for adults by State/Territory are generally within acceptable limits, though rates of underweight for most States/Territories should be used with caution. The underweight rates for children in New South Wales, Tasmania, Australian Capital Territory and Northern Territory should be used with caution.

Rates of overweight and obesity for adults by State/Territory and disability status are within acceptable limits. For children with disability, rates of overweight and obesity should generally be used with caution.

The accuracy of overweight and obesity rates, particularly at the finer disaggregation levels is expected to improve in the 2014 reporting cycle with the use of the core sample of 34,000 people. For information on AHS survey design, see the Australian Health Survey: Users' Guide on the ABS website.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practise.

Most surveys, including CATI health surveys conducted by the States and Territories, collect only self-reported height and weight. There is a general tendency across the population for people to overestimate height and underestimate weight, which results in BMI scores based on self-reported height and weight to be lower than BMI scores based on measured height and weight.

The age- and sex-specific cutoff points for BMI categories for children are from the work of Cole TJ, Bellizzi MC, Flegal KM & Dietz WH 2000, "Establishing a standard definition for child overweight and obesity worldwide: international survey", *BMJ* 320:1240.

The AHS collected a range of other health-related information that can be analysed in conjunction with BMI.

Interpretability

Information to aid interpretation of the data is available from the Australian Health Survey: Users' Guide on the ABS website.

Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.

Accessibility

See Australian Health Survey: First Results (cat. no. 4364.0.55.001) for an

overview of results from the NHS component of the AHS. Other information from this survey is also available on request.

Data Quality Statement — Indicator 4: Rates of current daily smokers

Outcome	Australians are born and remain healthy
Indicator	Proportion of adults who are current daily smokers.
Measure (computation)	<i>Numerator:</i> Number of persons aged 18 years or over who smoke tobacco every day <i>Denominator:</i> Population aged 18 years or over
Data source/s	For the current reporting cycle, the denominator and numerator for this indicator use data from the National Health Survey (NHS) component of the ABS Australian Health Survey (AHS) from approximately 21 000 people, which is weighted to benchmarks for the total AHS in-scope population derived from the Estimated Resident Population (ERP). Additional data are provided for 2007-08 from the NHS. For the 2012-13 report, the denominator and numerator for this indicator will use data from the core AHS dataset of approximately 34 000 people. For information on scope and coverage, see the Australian Health Survey: Users' Guide (cat. no. 4363.0.55.001) on the ABS website, www.abs.gov.au.
Institutional environment	The AHS/ NHS was collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. 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 2011-13 AHS collected self-reported information on smoker status from persons aged 15 years and over. This refers to the smoking of tobacco, including manufactured (packet) cigarettes, roll-your-own cigarettes, cigars and pipes, but excluding chewing tobacco and smoking of non-tobacco products. The 'current daily smoker' category includes respondents who reported at the time of interview that they regularly smoked one or more cigarettes, cigars or pipes per day.
Timeliness	The AHS is conducted every three years over a 12 month period. Results from the 2011-12 NHS component of the AHS were released in October 2012.
Accuracy	The AHS 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 residing 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 response rate for the 2011-12 NHS component was 85 per cent. Results 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 small proportion 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 scientific 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.

	Data for Northern Territory in 2011-12 is not comparable to previous years due to the increase in sample size. This indicator generally has acceptable levels of sampling error for State/Territory by sex and age breakdown, for persons under the age of 65 years. For persons aged 65 years and over, rates should either be used with caution or are considered too unreliable for general use. RSEs for adult smoking rates by State/Territory and remote areas are mostly greater than 25 per cent and should either be used with caution or are considered too unreliable for general use. Adult smoking rates generally have acceptable levels of sampling error for State/Territory and SEIFA quintiles, though some rates for Tasmania, Australian Capital Territory and Northern Territory should either be used with caution or are considered too unreliable for general use. The accuracy of current daily smoker rates, particularly at the finer disaggregation levels is expected to improve in the 2014 reporting cycle with the use of the core sample of 34 000 people. For information on AHS survey design, see the Australian Health Survey: Users' Guide on the ABS website.
Coherence	The methods used to construct the indicator are consistent and comparable with other collections and with international practice. The AHS collected a range of other health-related information that can be analysed in conjunction with smoker status. Other non-ABS collections, such as the National Drug Strategy Household Survey (NDSHS), report estimates of smoker status. Results from the recent NDSHS in 2010 show slightly lower estimates for current daily smoking than in the 2011-13 AHS. These differences may be due to the greater potential for non-response bias in the NDSHS and the differences in collection methodology.
Interpretability	Information to aid interpretation of the data is available from the Australian Health Survey: Users' Guide on the ABS website. Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.
Accessibility	See Australian Health Survey: First Results (cat. no. 4364.0.55.001) for an overview of results from the NHS component of the AHS. Other information from this survey is also available on request.

Data Quality Statement — Indicator 5: Levels of risky alcohol consumption

Outcome	Australians are born and remain healthy
Indicator	Proportion of adults at risk of long-term harm from alcohol.
Measure (computation)	<i>Numerator:</i> persons aged 18 years or over assessed as having an alcohol consumption pattern that puts them at risk of long-term alcohol related harm <i>Denominator:</i> population aged 18 years or over
Data source/s	The denominator and numerator for this indicator use data from the National Health Survey (2007-08) (NHS) and the NHS component of the ABS Australian Health Survey (AHS), which is weighted to benchmarks for the total AHS in-scope population derived from the Estimated Resident Population (ERP). For information on scope and coverage, see the Australian Health Survey: Users' Guide (cat. no. 4363.0.55.001) on the ABS website, www.abs.gov.au .
Institutional environment	The AHS was collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. 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 2011-12 NHS component of the AHS collected self-reported information on alcohol consumption from persons aged 15 years and over. Respondents were asked to report the number of drinks of each type they had consumed, the size of the drinks, and, where possible, the brand name(s) of the drink(s) consumed on each of the most recent three days in the last week on which they had consumed alcohol. Intake of alcohol refers to the quantity of alcohol contained in any drinks consumed, not the quantity of the drinks. To measure against the 2009 National Health and Medical Research Council guidelines, reported quantities of alcoholic drinks consumed were converted to millilitres (mls) of alcohol present in those drinks, using the formula: • alcohol content of the type of drink consumed (%) x number of drinks (of that type) consumed x vessel size (in millilitres). • An average daily amount of alcohol consumed was calculated (i.e. an average over the 7 days of the reference week), using the formula: • average consumption over the 3 days for which consumption details were recorded x number of days consumed alcohol / 7. According to average daily alcohol intake over the 7 days of the reference week, persons who consumed more than 2 standard drinks on any day were at risk of long term health problems. The AHS is conducted every three years over a 12 month period. Results from the 2011-12 NHS component of the AHS were released in October 2012.
Timeliness	The AHS is conducted every three years over a 12 month period. Results from the 2011-12 NHS component of the AHS were released in October 2012.
Accuracy	The AHS 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 residing 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 response rate for the 2011-12 NHS component was 85 per cent. Results 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 small proportion 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 scientific 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.

Data for Northern Territory in 2011-12 is not comparable to previous years due to the increase in sample size in 2011-12.

This indicator generally has acceptable levels of sampling error for State/Territory and Remoteness Areas, except for remote areas where some rates are considered too unreliable for general use. The breakdown by State/Territory and SEIFA quintiles in general has sampling error within acceptable limits, except for the two lowest quintiles in Australian Capital Territory which should either be used with caution or are considered too unreliable for general use.

The collection of accurate data on quantity of alcohol consumed is difficult, particularly where recall is concerned, given the nature and possible circumstances of consumption. The use of the one week reference period (with collection of data for the most recent three days in the last week on which the person drank) is considered to be short enough to minimise recall bias but long enough to obtain a reasonable indication of drinking behaviour. While the last week exact recall method may not always reflect the usual drinking behaviour of the respondent at the individual level, at the population level this is expected to largely average out.

The collection and coding of individual brands and container size ensures that no mental calculation is required of the respondent in reporting standard drinks, and is considered to eliminate potential for the underestimation bias which is known to occur when people convert drinks into standard drinks.

Coherence

The AHS collected a range of other health-related information that can be analysed in conjunction with alcohol risk level. For more detailed information see the Australian Health Survey: Users' Guide on the ABS website.

Aggregate levels of alcohol consumption implied by the AHS are somewhat less than the estimates of apparent consumption of alcohol based on the availability of alcoholic beverages in Australia from taxation and customs data, see Apparent Consumption of Alcohol, 2010-11 (cat. no. 4307.0.55.001). This suggests a tendency towards under-reporting of alcohol consumption in self-report surveys.

Other collections, such as the National Drug Strategy Household Survey (NDSHS), report against the same NHMRC guidelines. Results from the most recent NDSHS in 2010 show slightly lower estimates for long-term harm from alcohol than in the 2011-13 AHS. These differences may be due to the greater potential for non-response bias in the NDSHS and the differences in collection methodology.

Interpretability

Information to aid interpretation of the data is available from the Australian

Health Survey: Users' Guide on the ABS website.

Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population

Accessibility

See Australian Health Survey: First Results (cat. no. 4364.0.55.001) for an overview of results from the NHS component of the AHS. Other information from this survey is also available on request.

Data Quality Statement — Indicator 6: Life expectancy

Outcome Indicator Measure (computation)	Australians are born and remain healthy Life expectancy at birth. Direct estimation of experimental life tables for Indigenous and non-Indigenous Australians, from which life expectancy at birth is obtained. Age/sex-specific death rates used in the construction of the life tables are calculated as: <i>Numerator:</i> death registrations for 2005–2007 provided by State and Territory Registrars of Births, Deaths and Marriages. Deaths registrations for Indigenous Australians were adjusted using factors obtained from the 2006 Census Data Enhancement Indigenous Mortality Quality Study to account for under-identification of Indigenous deaths. <i>Denominator:</i> 30 June 2006 experimental estimated resident Australian Indigenous and non-Indigenous populations.
Data source/s	Life Tables, Australia, 2009–2011. Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, Australia, 2005–07.
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. 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.
Relevance	Life tables based on assumed improvements in mortality are produced by the ABS using assumptions on future life expectancy at birth, based on recent trends in life expectancy. These life tables are not published by the ABS, they are used as inputs into ABS population projections. Experimental life tables for Aboriginal and Torres Strait Islander Australians from which life expectancy at birth estimates were sourced were produced to enable the construction of ABS experimental estimates and projections of the Aboriginal and Torres Strait Islander population of Australia for the period 1991 to 2021. Estimates of life expectancy at birth for Indigenous Australians are commonly used as a measure for assessing Indigenous population health and disadvantage.
Timeliness	Estimates of Indigenous and non-Indigenous life expectancy at birth are available every five years, with 2005–2007 estimates released in May 2009. The most recent estimates used a different methodology and therefore are not comparable with previous estimates. Life expectancy estimates for 2010–2012 are expected to be produced using a similar methodology to that used for the 2005–2007 estimates.
Accuracy	Life tables based on assumed improvements in mortality are produced by the ABS using assumptions on future life expectancy at birth, based on recent trends in life expectancy. These life tables are not published by the ABS, they are used as inputs into ABS population projections. Experimental life tables for Aboriginal and Torres Strait Islander

	Australians from which life expectancy at birth estimates were sourced were produced to enable the construction of ABS experimental estimates and projections of the Aboriginal and Torres Strait Islander population of Australia for the period 1991 to 2021. Estimates of life expectancy at birth for Indigenous Australians are commonly used as a measure for assessing Indigenous population health and disadvantage.
Coherence	Due to significant changes in methodology, ABS strongly advises that comparisons between 2005–2007 estimates of Indigenous life expectancy at birth and previously published estimates should not be made.
Interpretability	Please view Explanatory Notes and Glossary that provide information on the data sources, terminology, classifications and other technical aspects associated with these statistics.
Accessibility	ABS life expectancy estimates are published on the ABS website www.abs.gov.au (see Life Tables, Australia, 2009-2011) . Indigenous life expectancy estimates are also published on the ABS website, (see Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, Australia, 2005-07).

Data Quality Statement — Indicator 7: Infant and young child mortality

Outcome	Australians are born and remain healthy
Indicator	Infant and young child mortality rate
Measure (computation)	<i>Numerator:</i> death registrations for the period 2007-2011 (five-year aggregate and single years) 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 <i>Denominator:</i> 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
Data source/s	<i>Numerator:</i> ABS Deaths Collection (3302.0) <i>Denominator:</i> ABS Births Collection, ABS Estimated Residential Population (3101.0) Infant: ABS Births Collection (3301.0) Child 0-4: ABS Estimated Residential Population (3101.0) Child 1-4: ABS Estimated Residential Population (3101.0) Indigenous: ABS Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians (3238.0)
Institutional environment	These collections are conducted under the <i>Census and Statistics Act 1905</i> . 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	Deaths data are published on an annual basis. The ABS Deaths 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. The ABS Births collection includes all births that are live born and have not been previously registered, births to temporary visitors to Australia, births occurring within Australian Territorial waters, births occurring in Australian Antarctic Territories and other external territories, births occurring in transit (i.e. on ships or planes) if registered in the state or territory of "next port of call", births to Australian nationals employed overseas at Australian legations and consular offices and births that occurred in earlier years that have not been previously registered (late registrations). Births data exclude fetal deaths, adoptions, sex changes, legitimations and corrections, and births to foreign diplomatic staff, and births occurring on Norfolk Island.
Timeliness	For further information on the ABS Deaths and Births collections, see the relevant Data Quality Statements. 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.

For further information on ABS Estimated Resident Population, see the relevant Data Quality Statement.

Accuracy

Information on births and deaths is obtained from a complete enumeration of births and deaths registered during a specified period and are not subject to sampling error. However, births and deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Concerns have been raised with the accuracy of the NSW births counts in recent years. In response to these concerns the ABS, in conjunction with the NSW Registry of Births, Deaths and Marriages, has undertaken an investigation which has led to the identification of an ABS systems processing error. The ABS acknowledges that this has resulted in previous undercounts of births in NSW. Data for 2011 have been corrected to ensure that the births and fertility statistics and preliminary rebased estimated resident population for NSW are correct. Further investigation will be undertaken into NSW births data for previous reference periods and action will be taken where required.

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.

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

The ABS discussed different methods of adjustment of Queensland death registrations data for 2010 with key stakeholders. Following the discussion, a decision was made by the ABS and key stakeholders to use an adjustment method that added together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010. This method minimises the impact on mortality indicators used in various government reports. However, care should still be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010. Please note that there are differences between data output in the Causes of Death, Australia, 2010 publication (cat. No. 3303.0) and 2010 data reported for COAG, as this adjustment was not applied in the publication. For further details see Technical Note: Registration of outstanding deaths, Queensland 2010, from the Deaths, Australia, 2010 publication (cat. no. 3302.0) and Explanatory Note 103 in the Causes of Death, Australia, 2010 publication (cat. no. 3303.0).

Investigation conducted by the WA Registrar of Births, Deaths and Marriages indicated that some deaths of non-Indigenous people were wrongly recorded as deaths of Indigenous people in WA for 2007, 2008 and 2009. The ABS discussed this issue with a range of key stakeholders and users of Aboriginal and Torres Strait Islander deaths statistics. Following this discussion, the ABS did not release WA Aboriginal and Torres Strait Islander deaths data for the years 2007, 2008 and 2009 in the 2010 issue of Deaths, Australia publication, or in the 2011 COAG data supply. The WA Registry corrected the data and resupplied the corrected data to the ABS. These corrected data were then released by the ABS in spreadsheets attached to Deaths, Australia, 2010 (ABS, 2011) publication on 24 May 2012, and are now included in this round of COAG reporting.

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).

Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population projections are based on 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 projected 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 Deaths and Births 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.

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. As such, age-standardised death rates based on a very low death count have been deemed unpublishable. Some cells have also not been published to prevent back-calculation of these suppressed cells. Caution should be used when interpreting rates for this indicator.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Interpretability

Data for this indicator have been presented as crude rates, either per 1,000 live births or 1,000 estimated resident population.

Accessibility

Deaths data are available in a variety of formats on the ABS website under the 3302.0 product family. Births data are available in a variety of formats on the ABS website under the 3301.0 product family. ERP data is available in a variety of formats on the ABS website under the 3101.0 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

Data Quality Statement — Indicator 8: Major cause of death

Outcome	Australians are born and remain healthy
Indicator	Major cause of death
Measure (computation)	<i>Numerator:</i> death registrations for 2006–2010 (5-year aggregate) and 2007–2011 (single years) provided by state and territory Registrars of Births, Deaths and Marriages. <i>Denominator:</i> Estimated Resident Population, Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians
Data source/s	<i>Numerator:</i> ABS Causes of Death collection (3303.0) <i>Denominator:</i> ABS Estimated Residential Population (3101.0) Indigenous: ABS Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians (3238.0), Series B
Institutional environment	These collections are conducted under the <i>Census and Statistics Act 1905</i> . 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 Statistical Classification of Diseases and Related Health Problems (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 by the ABS to code cause of death since 1997.

Timeliness	For further information on the ABS Causes of Death collection, see the relevant Data Quality Statement. Causes of death data is 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.

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 the 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

For further information on ABS Estimated Resident Population, see the relevant Data Quality Statement.

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.

Previous COAG reporting and Causes of Death, Australia (cat. no. 3303.0) publications prior to the 2010 edition indicated that all coroner certified deaths registered after 1 January 2007 are now subject to a revisions process. In order to improve the quality of historical data, the 2006 reference year data has also been revised. Therefore, in this round of COAG reporting, 2006, 2007 and 2008 data is final, 2009 data is revised and 2010 data is preliminary. Data for 2009 and 2010 is subject to further revisions. This is a change from previous years (up to the 2005 reference year) 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.

Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See Technical Note: Causes of Death Revisions 2006 and Causes of Death Revisions 2008 and 2009 and in Causes of Death, Australia, 2010 (cat.no. 3303.0).

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

The ABS discussed different methods of adjustment of Queensland death registrations data for 2010 with key stakeholders. Following the discussion, a decision was made by the ABS and key stakeholders to use an adjustment method that added together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010. This method minimises the impact on mortality indicators used in various government reports. However, care should still be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010. Please note that there are differences between data output in the Causes of Death, Australia, 2010 publication (cat. No. 3303.0) and 2010 data reported for COAG, as this adjustment was not applied in the publication. For further details see Technical Note: Registration of outstanding deaths, Queensland 2010, from the Deaths, Australia, 2010 publication (cat. no. 3302.0) and Explanatory Note 103 in the Causes of Death, Australia, 2010 publication (cat. no. 3303.0).

Investigation conducted by the WA Registrar of Births, Deaths and Marriages indicated that some deaths of non-Indigenous people were wrongly recorded as deaths of Indigenous people in WA for 2007, 2008 and 2009. The ABS discussed this issue with a range of key stakeholders and users of Aboriginal and Torres Strait Islander deaths statistics. Following this discussion, the ABS did not release WA Aboriginal and Torres Strait Islander deaths data for the years 2007, 2008 and 2009 in the 2010 issue of Deaths, Australia publication, or in the 2011 COAG data supply. The WA Registry corrected the data and resupplied the corrected data to the ABS. These corrected data were then released by the ABS in spreadsheets attached to Deaths, Australia, 2010 (ABS, 2011) publication on 24 May 2012, and are now included in this round of COAG reporting.

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).

Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population projections are based on 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 projected 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. As such, age-standardised death rates based on a very low death count have been deemed unpublishable. Some cells have also not been published to prevent back-calculation of these suppressed cells. Caution should be used when interpreting rates for this indicator.
Coherence	The methods used to construct the indicator are consistent and comparable with other collections and with international practice.
Interpretability	Data for all deaths in this indicator have been age-standardised, using the direct method, to 95 years +. Data for Indigenous deaths in this indicator have been age-standardised, using the direct method, to 75 years + to account for differences between the age structures of the Indigenous and non-Indigenous populations. Direct age-standardisation to the 2001 total Australian population was used. Age-standardised results provide a measure of relative difference only between populations.
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 <i>Census and Statistics Act 1905</i>. This may restrict access to data at a very detailed level.

Data Quality Statement — Indicator 9: Incidence of heart attacks

Key data quality points:

- This indicator estimates the incidence of acute coronary events from the National Hospital Morbidity Database (NHMD) and the National Mortality Database (NMD).
- It is an interim indicator while validation work is underway.
- It is an estimate of events, rather than individual people.
- The accuracy of the estimates is reliant on the accuracy and consistency of coding of the principal diagnosis and underlying cause of death in each jurisdiction. It also relies on the accuracy of coding of transfers to another acute hospital and of death in hospital.
- Variations in key variables (particularly in transfer rates in hospitals) across jurisdictions indicate that the method of estimation may lead to an under-estimate of incidence in some jurisdictions and an over-estimate in others. The extent of this cannot be measured until the algorithm is validated. As a result, State and Territory estimates are not presented.
- The estimates shown in Table 9.2 for Indigenous and Other Australians and Total are derived using only data from the five jurisdictions where the quality of identification is considered reasonable in both the NHMD and the NMD (NSW, Qld, WA, SA and NT). The estimates provided in Table 9.1, by sex, are derived using data from all jurisdictions.

Outcome
Indicator
Measure
(computation)

Australians are born and remain healthy.

Incidence of heart attacks

Count (a) number of deaths where 'acute coronary heart disease' (ICD-10 codes I20–I24) is the underlying cause of death in each calendar year (based on year of registration of death). For ages > 24 years.

Count (b) number of non-fatal hospitalisations where 'acute myocardial infarction' (ICD-10-AM I21) or 'unstable angina' (ICD-10-AM I20.0) are the principal diagnosis, and separation mode is not equal to 'died' or 'transferred to another acute hospital', and care type is not equal to 'new born-unqualified days only' or 'organ procurement – posthumous' or 'hospital border' in each calendar year (based on discharge date from hospital). For ages > 24 years.

The number of acute coronary events is estimated by: (a) + (b):

Numerator: Number of deaths recorded with an underlying cause of acute coronary heart disease (a) plus the number of non-fatal hospitalisations with a principal diagnosis of acute myocardial infarction or unstable angina that do not end in a transfer to another acute hospital (b).

For ages > 24 years.

Denominator: Total population aged 25 years and over for year in question.

Rates

$100,000 \times (\text{numerator} \div \text{denominator})$.

Age specific rates are presented for each age 10 year age group 25 years and over.

Total rates are directly age-standardised to the 2001 Australian population using 10 year age groups.

Indigenous

National incidence estimates for Indigenous and Other Australians are calculated based on data from NSW, Qld, SA, WA and NT only.

Indigenous rates are directly age-standardised to the 2001 Australian

population using 10 year age groups.

Data source/s

The estimates for Indigenous and Other Australians, and associated Total, are derived using only data from the five jurisdictions where the quality of identification is considered reasonable in both the NHMD and the NMD (NSW, Qld, WA, SA and NT). The estimates provided by sex are derived using data from all jurisdictions.

Numerator

Australian Institute of Health and Welfare (AIHW) National Hospital Morbidity Database (NHMD), AIHW National Mortality Database (NMD)

Denominator

For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June (2007 to 2010)

For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous population) Series B

Institutional environment

The AIHW has calculated this indicator using data extracted from the AIHW NHMD, the NMD and ABS population data.

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of *Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The Australian Institute of *Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988* (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au

Relevance

The data provide an estimate of the incidence of acute coronary events in Australia, based on administrative data currently available. Non-fatal events are estimated from the National Hospital Morbidity Database (NHMD) and fatal events from the National Mortality Database (NMD).

It is an estimate of 'events', not individuals. It should be noted that an individual may have multiple events in the one year or in different years. Each would be counted.

The method of estimation has been developed based on an analysis of current hospital and deaths data (AIHW 2011. *Monitoring acute coronary syndrome using national hospital data: an information paper on trends and*

issues. Cat. No. CVD 57. Canberra). This method has not yet been validated and should therefore be considered interim. The AIHW is currently undertaking work to validate the algorithm.

The accuracy of the estimates rely on the accuracy of coding of the principal diagnosis (as either AMI or UA) in the NHMD and of the underlying cause of death (as acute coronary heart disease) in the NMD. It also relies on the accuracy of coding of transfers to another acute hospital and of death in hospital.

One acute coronary event may involve multiple hospitalisations, due to transfers for treatment and on-going care. In the NHMD these are recorded as multiple unlinked hospital episodes (there are no identifiers to enable linkage of related hospital episodes). Therefore, to estimate the number of non-fatal events only those episodes that did not end in a transfer to another acute hospital or end in a death in hospital are counted.

The coding of principal diagnosis and the coding of death in hospital in the NHMD are likely to be of reasonable quality. However, the coding of transfers may vary across hospitals and jurisdictions.

It is possible that the method underestimates the number of fatal acute coronary deaths by only counting those deaths coded as ICD-10 I20-I24. This excludes chronic coronary heart disease (I25). It is possible that some deaths from heart attacks are coded as chronic heart disease, especially in older people. However, the extent of this is unknown until validation is undertaken.

The year in which the event occurred is determined from the separation date for hospitalisations, and from the year of registration of death.

Data are reported by the state or territory of residence of the person at the time of hospitalisation or death.

Variations in key variables (particularly in transfer rates) across jurisdictions indicate that the method of estimation may lead to an under-estimate of incidence in some jurisdictions and an over-estimate in others. This variation may be due to differences in treatment patterns but could also be due to differences in coding practices. As the extent of this cannot be measured until the algorithm is validated estimates are not reported at a jurisdictional level.

Estimates for Indigenous and Other Australians, and the associated total, are based on data from those jurisdictions where the quality of identification is considered reasonable in both the NHMD and the NMD. Only NSW, Qld, WA, SA and the NT are included in the national estimates reported by Indigenous status. Estimates for Other Australians are calculated by subtracting Indigenous estimates from total estimates for the five jurisdictions and divided by the population of Other Australians in those jurisdictions.

Timeliness

This indicator is reported for the years 2007 to 2010.

The most recent data available in the NMD are for 2010.

Accuracy

The method of estimation has not yet been validated and possible errors are not able to be calculated at this time. Estimates should be treated with caution until the method is validated. The AIHW is currently undertaking work to validate the method with results expected in 2013.

The accuracy of the estimates will depend on the accuracy of coding in the NHMD and the NMD (see data sources for DQS for each data source). In particular the accuracy of coding of principal diagnosis, hospital transfers, deaths in hospital and underlying cause of death are central to the accuracy of the estimates.

The accuracy of Indigenous estimates is also reliant on the appropriate

	identification of Indigenous people in the NHMD and the NMD. Only five jurisdictions are considered to have reasonable quality Indigenous identification in both datasets required to estimate this indicator (the NHMD and the NMD). The five jurisdictions are NSW, QLD, WA, SA and the NT. Indigenous counts for the NT exclude acute coronary events treated in the private hospital in the NT. All non-fatal events treated in the private hospital in the NT are therefore included in the incidence counts for 'Other' people.
Coherence	This is the first year in which this indicator has been reported.
Interpretability	The method should be considered as interim until validation is complete. NHMD The NHMD data were supplied to the AIHW 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 administrative arrangements, contractual requirements or legislation. The scope of the NHMD is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments. States and territories supplied these data to the AIHW under the terms of the National Health Information Agreement. The data quality statement for the AIHW National Hospital Morbidity Database can be found in Appendix 1 of <i>Australian hospital statistics 2010-11</i> or at http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421911 NMD The AIHW NMD contains cause of death information for all deaths registered in Australia. Information is provided to the AIHW by the Registrars of Births, Deaths and Marriages and coded nationally by the Australian Bureau of Statistics (ABS). The data quality statements for the AIHW National Mortality Database can be found in the following ABS publications: ABS Quality declaration summary for <i>Causes of death 2010</i> (Cat. no. 3303.0) http://www.abs.gov.au/Ausstats/abs@.nsf/0/D4A300EE1E04AA43CA2576E800156A24?OpenDocument and ABS Quality declaration summary for <i>Deaths, Australia 2010</i> (Cat. no. 3302.0) http://www.abs.gov.au/Ausstats/abs@.nsf/0/9FD0E6AAA0BB3388CA25750B000E3CF5?OpenDocument Accessibility The AIHW provide a variety of products that draw upon the NMD and NHMD including online data cubes and reports. These products may be accessed on the AIHW website (http://www.aihw.gov.au/hospitals-data/ and http://www.aihw.gov.au/deaths/).

Data Quality Statement — Indicator 11: Proportion of adults with very high levels of psychological distress

Outcome	Australians are born and remain healthy
Indicator	Proportion of adults very high levels of psychological distress
Measure (computation)	<i>Numerator:</i> Number of persons aged 18 years and over with very high levels of psychological distress. <i>Denominator:</i> Number of persons aged 18 years and over.
Data source/s	The denominator and numerator for this indicator use data from the 2011-12 National Health Survey (NHS) component of the ABS Australian Health Survey (AHS) and the 2007-08 NHS, which are weighted to benchmarks for the total NHS in-scope population derived from the Estimated Resident Population (ERP). For information on NHS scope and coverage, see the National Health Survey User Guide (cat. no. 4363.0.55.001) on the ABS website, www.abs.gov.au. Estimates for Aboriginal and Torres Strait Islander persons are drawn from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS). The NATSISS is weighted to benchmarks for the total NATSISS in-scope population, derived from the ERP. For information on NATSISS scope and coverage see the National Aboriginal and Torres Strait Islander Social Survey Users Guide (cat. no. 4720.0) on the ABS website, www.abs.gov.au.
Institutional environment	The NHS and NATSISS were collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. 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 2007-08 and 2011-12 NHS collected information about psychological distress, using the Kessler Psychological Distress Scale-10 (K10). The K10 is a scale of non-specific psychological distress. Adults aged 18 years and over were asked questions about negative emotional states experienced in the 4 weeks prior to interview. For each question, there was a five-level response scale based on the amount of time that a respondent experienced the particular problem. The response options were: • All of the time; • Most of the time; • Some of the time; • A little of the time; or • None of the time. Each of the items were scored from 1 for 'none', to 5 for 'all of the time'. Scores for the ten items were summed, yielding a minimum possible score of 10 and a maximum possible score of 50, with low scores indicating low levels of psychological distress and high scores indicating high levels of psychological distress. K10 results are grouped for output into the following four levels of psychological distress: • low (scores of 10-15, indicating little or no psychological distress)

- moderate (scores of 16-21)
- high (scores of 22-29)
- very high (scores of 30-50)

Based on research from other population studies, a very high level of psychological distress shown by the K10 may indicate a need for professional help.

While Indigenous status is collected in the NHS, the survey sample and methodology are not designed to provide output that separately identifies Aboriginal and Torres Strait Islander people. Comparisons between the psychological distress of Aboriginal and Torres Strait Islander and non-Indigenous persons utilise the Kessler-5 (K5) Scale collected on the NATSISS for Aboriginal and Torres Strait Islander rates. The K5 is a subset of five questions from the K10, and was collected from people aged 15 years and over to provide a broad measure of people's social and emotional wellbeing. K5 data for this indicator are presented for persons aged 18 years and older only.

For comparability, NHS data for non-Indigenous rates of psychological distress were derived from the K5 to match the NATSISS questions. Differences between the K5 collected in the NATSISS and that derived from the K10 collected in the NHS are summarised in the Information Paper: Use of the Kessler Psychological Distress Scale in ABS Health Surveys, Australia, 2007-08 (cat. no. 4817.0.55.001) on the ABS website, www.abs.gov.au.

Responses to the K5 questions were summed, resulting in a minimum possible score of 5 and a maximum possible score of 25. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress. Scores were grouped and output as follows:

- low/moderate 5-11;
- high/very high 12-25; or
- not stated.

Professor Kessler was consulted on the use of the modified scale and advised that the K5 provides a worthwhile short set of psychological distress questions. For more information see Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples (AIHW cat. no. IHW 24) on the AIHW website, www.aihw.gov.au.

Timeliness

The NHS is conducted every three years over a 12 month period. Results from the 2011-12 NHS were released in October 2012, and the 2007-08 NHS were released in May 2009.

The NATSISS is conducted every six years, with the 2008 survey conducted from August 2008 to April 2009. Results of the 2008 NATSISS were released six months after the completion of enumeration.

Accuracy

The NHS 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 response rate for the 2011-12 NHS component of the AHS was 85 per cent, and the 2007-08 NHS response rate was 91 per cent. NHS data are weighted to account for non-response.

The NATSISS was conducted in remote and non-remote areas in all states and territories of Australia, including discrete Indigenous communities. People usually resident in non-private dwellings, such as hotels, motels, hostels, hospitals, nursing homes, or short-stay caravan

parks were not in scope, and coverage exclusions were explicitly applied to some people who were part of the in-scope population (for further information see the NATSISS Users Guide, cat. no. 4720.0).

The NATSISS response rate was 82 per cent of households. NATSISS data are weighted to account for non-response. There was a relatively large level of undercoverage for the NATSISS when compared to other ABS surveys. As a consequence, the analysis undertaken to ensure that results from the survey were consistent with other data sources was more extensive than usual. Potential bias due to undercoverage was addressed by the application of a number of adjustments to the initial weights and an adjustment to geographical areas based on the density of the Aboriginal and Torres Strait Islander population. As undercoverage can result in variances across population characteristics, as well as across data items, caution should be exercised when interpreting the survey results. For more information see the 2008 NATSISS Quality Declaration.

As it is drawn from a sample survey, the indicator is subject to sampling error. Sampling error occurs because only a small proportion 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 scientific 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.

Comparisons cannot be drawn between rates of high/very high psychological distress from the 2011-12 NHS and those from the 2008 NATSISS, unless K5 data is provided from the 2011-12 NHS for non-Indigenous persons only. Rates of high/very high distress from the 2011-12 NHS are not disaggregated by Indigenous status, and are derived from the K10. Rates of high/very high distress from the NATSISS are derived from the K5, and are applicable only to Aboriginal and Torres Strait Islander persons. Data have been provided for comparisons between the 2008 NATSISS and the 2007-08 NHS. Aboriginal and Torres Strait Islander data for 2012 will be published in 2013 and will provide the best point of comparison for 2011-12 NHS data.

RSEs for very high and high/very high levels of psychological distress by State/Territory are generally within the acceptable limits, except for 2007-08 data for the Northern Territory which are too unreliable for general use because of the exclusion of persons living in very remote areas of Australia from the survey's scope. For 2007-08 data, Northern Territory records contribute to national estimates but are insufficient to support reliable estimates at the territory level. Due to an increased sample in 2011-12, rates for the Northern Territory that were unavailable from the 2007-08 NHS are available for 2011-12.

Rates of very high psychological distress by sex generally have acceptable levels of sampling error for 2011-12 data at the State/Territory level, except for those for males in Tasmania and the Northern Territory, which should be used with caution. Sampling errors are also within acceptable limits for 2007-08 data, except for Tasmania, the Australian Capital Territory and the Northern Territory. Rates for Tasmania and the Australian Capital Territory should be used with caution, while the rates for the Northern Territory are considered too unreliable for general use.

RSEs for rates of high/very high psychological distress by sex are within acceptable limits at the State/Territory level, however 2007-08 rates for the Northern Territory should be used with caution.

RSEs for very high levels of psychological distress by Socioeconomic

	Index of Relative Disadvantage (SEIFA) are generally within the acceptable range for 2011-12 data, except for the highest decile which should be used with caution. For 2007-08 data, breakdowns of very high psychological distress by SEIFA generally have sampling error within acceptable limits, except for the two highest deciles which should be used with caution. Rates of very high psychological distress by remoteness area generally have acceptable levels of sampling error for both 2011-12 and 2007-08 data, except for remote areas, which should be used with caution. Sampling error for high/very high levels of psychological distress by State/Territory and remoteness area are generally within acceptable limits, except for 2011-12 data for inner regional South Australia and outer regional/remote areas of New South Wales and Victoria, and 2007-08 data for inner regional South Australia and outer regional or remote New South Wales, Western Australia and the Northern Territory, which should be used with caution. Rates of high/very high psychological distress have acceptable levels of sampling error at the State/Territory level for Indigenous adults with the exception of the Australian Capital Territory, which should be used with caution. Disaggregations of high/very high psychological distress at the State/Territory level for non-Indigenous people generally have sampling errors within acceptable limits people, except for the Northern Territory for which rates are considered too unreliable for general use. The breakdown by State/Territory and SEIFA quintiles generally has sampling error within acceptable limits for 2011-12 and 2007-08 data. For 2011-12, rates for the Northern Territory and certain quintiles within South Australia, Tasmania and the Australian Capital Territory which should be used with caution. For 2007-08, rates for the Northern Territory and selected quintiles within Queensland, Western Australia, Tasmania and the Australian Capital Territory should be used with caution. The rates of high/very high psychological distress for some SEIFA quintiles within the Northern Territory and Australian Capital Territory are considered to unreliable for general use. The RSEs for rates of high/very high psychological distress by disability status and State/Territory are generally within acceptable limits for 2007-08, except those for the Northern Territory which are considered to unreliable for general use.
Coherence	The methods used to construct the indicator are consistent and comparable with other collections and with international practise. The NHS and NATSISS collected a range of other health-related information that can be analysed in conjunction with psychological distress.
Interpretability	Information to aid interpretation of the data is available from the National Health Survey User Guide and the National Aboriginal and Torres Strait Islander Social Survey Users Guide on the ABS website. Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the States and Territories, and for differences between the age structures of the Aboriginal and Torres Strait Islander and non-Indigenous populations. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.
Accessibility	See Australian Health Survey: First Results (cat. no. 4364.0.55.001) for an overview of results from the NHS component of the 2011-12 AHS, including State and Territory specific tables. See National Health Survey, Summary of Results (cat. no. 4364.0) for an

overview of results from the 2007-08 NHS, and National Health Survey: State tables (cat. no. 4362.0) for NHS State and Territory specific tables.

See National Aboriginal and Torres Strait Islander Social Survey (cat. no. 4714.0) for an overview of results from the NATSISS, including State and Territory specific tables.

Other information from these surveys is also available on request

Data Quality Statement — Indicator 12: Waiting times for GPs

Outcome	Australians receive appropriate high quality and affordable primary and community health services
Indicator	Waiting times for GPs
Measure (computation)	Length of time a patient needs to wait to see a GP for an urgent appointment
	<i>Numerator:</i> Number of people aged 15 years and over who reported seeing a GP for urgent medical care (for their own health) within specified waiting time categories (within 4 hours, more than 4 hours but within 24 hours, more than 24 hours). <i>Denominator:</i> 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	ABS Patient Experience Survey, 2011-12
Institutional environment	Data Collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey. It is collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents. For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment Collection authority: The <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. Data Compiler(s): Data is compiled by the Health section of the Australian Bureau of Statistics (ABS).
Relevance	Statistical confidentiality is guaranteed under the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. The ABS notifies the public through a note on the website when an error in data has been identified. The data is withdrawn, and the publication is re-released with the correct data. Key users are also notified where possible. Level of Geography: Data is available by State/Territory, and by Remoteness (major cities, inner and outer regional, remote and very remote Australia). Data Completeness: All data is available for this indicator from this source. Indigenous Statistics: There are no indigenous data able to be published for this indicator. Socioeconomic status data: Data is available by the 2006 SEIFA index of disadvantage. <i>Numerator/Denominator Source:</i> Same data source.

Data for this indicator was collected for all persons in Australia, excluding the following people:

- members of the Australian permanent defence forces
- diplomatic personnel of overseas governments, customarily excluded from census and estimated population counts
- overseas residents in Australia
- members of non-Australian defence forces (and their dependents)
- people living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, retirement homes, homes for people with disabilities, and prisons
- people living in discrete indigenous communities.

The 2011-12 iteration of the Patient Experience survey was the first to include households in very remote areas, (although it still excluded discrete indigenous communities). The inclusion of very remote areas will serve to improve the coverage of the estimates, particularly for the Northern Territory. Small differences evident in the NT estimates between 2010-11 and 2011-12 may in part be due to the inclusion of households in very remote areas.

As data is drawn from a sample survey, the indicator is subject to sampling error, which occurs because a proportion of the population is used to produce estimates that represent the whole population. Rates should be considered with reference to their corresponding relative standard errors (RSEs) and 95 per cent confidence intervals. Estimates with a relative standard error between 25 per cent and 50 per cent should be used with caution, and estimates with a relative standard error over 50 per cent are considered too unreliable for general use.

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 would not be considered urgent.

Timeliness

Collection interval/s: Patient Experience data is collected annually.

Data available: The 2011-12 data used for this indicator became available from 23 November 2012.

Referenced Period: July 2011 to June 2012.

Accuracy

There are not likely to be revisions to this data after its release.

Method of Collection: The data was collected by computer assisted telephone interview.

Data Adjustments: Data was weighted to represent the total Australian population, and was adjusted to account for confidentiality, non-response and partial response.

Sample/Collection size: The sample for the 2011-12 patient experience data was 26,437 fully-responding households.

Response rate: Response rate for the survey was 79.6 per cent

This indicator generally has acceptable levels of sampling error and provides reliable data for most breakdowns. However, RSEs for remote/very remote breakdowns are mostly greater than 25 per cent and should either be used with caution or are considered too unreliable for general use. RSEs are generally high for the 'other' remoteness breakdowns cross classified by the waiting time category of 'People waiting four hours or longer, but seen by a GP within 24 hours'.

Known Issues: Data was self-reported and interpretation of urgent medical care was left up the respondent.

The data is self-reported but not attitudinal, as respondents are reporting their experiences of using the health system (in this instance, the time they waited between making an appointment for urgent medical care and the time they got to see the GP).

Coherence

Explanatory footnotes are provided for each table.

Consistency over time: 2009 was the first year data was collected for this indicator. Questions relating to waiting times for GPs were asked in a different section of the questionnaire in the 2011-12 survey from where they were asked in 2010-11. This change in question ordering may impact on a person's response.

Numerator/denominator: The numerator and denominator are directly comparable, one being a sub-population of the other.

The numerator and denominator are compiled from a single source.

Jurisdiction estimate calculation: Jurisdiction estimates are calculated the same way, although the exclusion of discrete indigenous communities in the sample will affect the NT more than it affects other jurisdictions.

Jurisdiction/Australia estimate calculation: All estimates are compiled the same way.

Collections across populations: Data is collected the same way across all jurisdictions.

Interpretability

The Patient Experience survey provides the only national data available for this indicator. At this stage, there are no other comparable data sources.

Context: This data was collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey.

Other Supporting information: The ABS Patient Experience data is published in Patient Experiences in Australia: Summary of Findings, 2011-12 (cat. no. 4839.0). This publication includes explanatory and technical notes.

Socioeconomic status definition: The SEIFA Index of Relative Socio-economic Disadvantage uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources,

Accessibility

and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households.

Socioeconomic status derivation: The SEIFA index of relative socio-economic disadvantage is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Socioeconomic status deciles derivation: Deciles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1000 and roughly two-thirds of the scores lie between 900 and 1100. The CDs are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom 10 per cent of CDs, Decile 2 contains the next 10 per cent of CDs and so on.

Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in Patient Experiences in Australia: Summary of Findings, 2011-12 (cat. no. 4839.0).

Data publicly available. Tables showing waiting times for GPs are available in Health Services: Patient Experiences in Australia, 2009 (cat. no. 4839.0.55.001), Patient Experiences in Australia: Summary of Findings, 2010-11 and Patient Experiences in Australia: Summary of Findings, 2011-12 (cat. no. 4839.0).

Waiting time categories are classified differently, however, as they are shown within 4 hours, more than 4 hours but same day, next day, and two or more days. The data is shown by SEIFA, remoteness, country of birth, self-assessed health status and whether has a long term health condition. Jurisdictional data is not currently publically available but may be made available in the future.

Data is not available prior to public access.

Supplementary data is available. Additional data from the Patient Experience Survey is available upon request.

Access permission/Restrictions: Customised data requests may incur a charge.

Contact Details: For more information, please call the ABS National Information and Referral Service 1300 135 070.

Data Quality Statement — Indicator 13: Waiting times for public dentistry

Outcome	Australians receive appropriate high quality and affordable primary and community health services
Indicator	Waiting times for public dentistry
Measure (computation)	<i>Measure:</i> Waiting time between being placed on a public dentistry waiting list and being seen by a dental professional <i>Numerator:</i> Number of persons aged 15 years and over on a public dental waiting list who reported seeing a dental professional at a government dental clinic (for their own health) within specified waiting time categories. Waiting time categories in original table shells were People waiting less than 2 weeks, People waiting 2 weeks or longer but less than 1 month, People waiting 1 month or more but less than 6 months, People waiting 6 months or more but less than 1 year and People waiting 1 or more years. ABS also provided aggregated waiting time categories of People waiting less than 1 month and People waiting 1 month or more. <i>Denominator:</i> Number of persons aged 15 years and over who reported being on a public dental waiting list (for their own health) in the last 12 months
Data source/s	ABS Patient Experience Survey, 2011-12
Institutional environment	Data Collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey. It is collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents. For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment Collection authority: The <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. Data Compiler(s): Data is compiled by the Health section of the Australian Bureau of Statistics (ABS). Statistical confidentiality is guaranteed under the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. The ABS notifies the public through a note on the website when an error in data has been identified. The data is withdrawn, and the publication is re-released with the correct data. Key users are also notified where possible.
Relevance	Level of Geography: Data is available by State/Territory, and by Remoteness (major cities, inner and outer regional, remote and very remote Australia). Data Completeness: All data is available for this indicator from this source.

Indigenous Statistics: There are no indigenous data able to be published for this indicator.

Socioeconomic status data: Data is available by the 2006 SEIFA index of disadvantage.

Numerator/Denominator Source: Same data source.

Data for this indicator was collected for all persons in Australia, excluding the following people:

- members of the Australian permanent defence forces
- diplomatic personnel of overseas governments, customarily excluded from census and estimated population counts
- overseas residents in Australia
- members of non-Australian defence forces (and their dependents)
- people living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, retirement homes, homes for people with disabilities, and prisons
- people living in discrete indigenous communities

The 2011-12 iteration of the Patient Experience survey was the first to include households in very remote areas, (although it still excluded discrete indigenous communities). The inclusion of very remote areas will serve to improve the coverage of the estimates, particularly for the Northern Territory.

As data is drawn from a sample survey, the indicator is subject to sampling error, which occurs because a proportion of the population is used to produce estimates that represent the whole population. Rates should be considered with reference to their corresponding relative standard errors (RSEs) and 95 per cent confidence intervals. Estimates with a relative standard error between 25 per cent and 50 per cent should be used with caution, and estimates with a relative standard error over 50 per cent are considered too unreliable for general use.

Data was self-reported for this indicator. Respondents were instructed to exclude treatment for urgent dental care. The definition of 'urgent dental care' was left up to the respondent's interpretation

Timeliness

Collection interval/s: Patient Experience data is collected annually.

Data available: The 2011-12 data used for this indicator became available from 23 November 2012.

Referenced Period: July 2011 to June 2012.

Accuracy

There are not likely to be revisions to this data after its release.

Method of Collection: The data was collected by computer assisted telephone interview.

Data Adjustments: Data was weighted to represent the total Australian population, and was adjusted to account for confidentiality, non-response

and partial response.

Sample/Collection size: The sample for the 2011-12 patient experience data was 26,437 fully-responding households.

Response rate: Response rate for the survey was 79.6 per cent

Due to the very low prevalence rate for this data item (2 per cent) there were too many cells with high RSEs to provide meaningful and reliable data with the extensive cross classification and detailed categories in the original specifications. As such, some variables (such as waiting times and remoteness categories) had to be aggregated. In this instance, both the original specifications and the aggregated specifications have been provided. This was agreed with the Productivity Commission prior to delivery.

However, even with the aforementioned aggregations, RSEs for this indicator are often greater than 25 per cent and should either be used with caution or are considered too unreliable for general use.

Known Issues: Data was self-reported and interpretation of urgent dental care was left up the respondent. Further, this indicator may not cover those who saw a public dental professional but were not placed on a public dental waiting list.

Coherence

Explanatory footnotes are provided for each table.

Consistency over time: Data was not reported in the previous cycle. This is the first time data has been available from the ABS Patient Experience survey.

Numerator/denominator: The numerator and denominator are directly comparable, one being a sub-population of the other.

The numerator and denominator are compiled from a single source.

Jurisdiction estimate calculation: Jurisdiction estimates are calculated the same way, although the exclusion of discrete indigenous communities in the sample will affect the NT more than it affects other jurisdictions.

Jurisdiction/Australia estimate calculation: All estimates are compiled the same way.

Collections across populations: Data is collected the same way across all jurisdictions.

The Patient Experience survey provides the only national data available for this indicator. At this stage, there are no other comparable data sources.

Interpretability

Context: This data was collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey.

Other Supporting information: The ABS Patient Experience data is published in Patient Experiences in Australia: Summary of Findings, 2011-

12 (cat. no. 4839.0). This publication includes explanatory and technical notes.

Socioeconomic status definition: The SEIFA Index of Relative Socio-economic Disadvantage uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households.

Socioeconomic status derivation: The SEIFA index of relative socio-economic disadvantage is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Socioeconomic status quintile derivation: Quintiles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1000 and roughly two-thirds of the scores lie between 900 and 1100. The CDs are ranked in order of their score, from lowest to highest. Quintile 1 contains the bottom 20 per cent of CDs, quintile 2 contains the next 20 per cent and so on.

Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in Patient Experiences in Australia: Summary of Findings, 2011-12 (cat. no. 4839.0).

Accessibility

Data publicly available. Tables showing waiting times for dental professionals are available in Patient Experiences in Australia: Summary of Findings, 2011-12 (cat. no. 4839.0). However, there are some notable differences in the data. The waiting times reported in the 4839.0 publication are for the length of time between making an appointment and seeing a dental professional for the most recent urgent dental care (ie it is not restricted to public dentistry, and it includes urgent dental care). Further, the waiting time categories differ to those presented in this indicator.

The dental data available in 4839.0 is shown by SEIFA, remoteness, country of birth, self-assessed health status and whether has a long term health condition. Jurisdictional data is not currently publically available but may be made available in the future.

Data is not available prior to public access.

Supplementary data is available. Additional data from the Patient Experience Survey is available upon request.

Access permission/Restrictions: Customised data requests may incur a charge.

Contact Details: For more information, please call the ABS National Information and Referral Service on 1300 135 070.

Data Quality Statement — Indicator 14: People deferring access to selected healthcare due to financial barriers

Outcome	Australians receive appropriate high quality and affordable primary and community health services
Indicator	People deferring access to selected healthcare due to financial barriers
Measure (computation)	Proportion of people who required treatment but deferred that treatment due to cost, by type of health service

Numerator:

14.1 - People reporting delaying/not seeing a GP in the last 12 months due to cost.

14.2 - People reporting delaying/not seeing a medical specialist in the last 12 months due to cost.

14.3 - People reporting delaying/not getting a prescription filled in the last 12 months due to cost.

14.4 - People reporting delaying/not seeing a dental practitioner in the last 12 months due to cost.

14.5 - No table shell provided.

14.6 - People reporting delaying/not getting a pathology or imaging tests in the last 12 months due to cost.

14.7 GP - People reporting delaying/not seeing a GP in the last 12 months due to cost.

14.7 Medical Specialist - People reporting delaying/not seeing a medical specialist in the last 12 months due to cost.

14.7 Medication - People reporting delaying/not getting a prescription filled in the last 12 months due to cost.

14.7 Dental - People reporting delaying/not seeing a dental practitioner in the last 12 months due to cost.

14.7 Pathology/Imaging - People reporting delaying/not getting a pathology or imaging tests in the last 12 months due to cost.

14.8 GP- People reporting delaying/not seeing a GP in the last 12 months due to cost.

14.8 Medical Specialist - People reporting delaying/not seeing a medical specialist in the last 12 months due to cost.

14.8 Medication - People reporting delaying/not getting a prescription filled in the last 12 months due to cost.

14.8 Dental - People reporting delaying/not seeing a dental practitioner in the last 12 months due to cost.

14.8 Pathology/Imaging- People reporting delaying/not getting a pathology or imaging tests in the last 12 months due to cost.

Denominator:

14.1 - People aged 15 years and over who needed to see a GP in the last 12 months.

14.2 - People aged 15 years and over who were referred to a medical specialist in the last 12 months.

14.3 - People aged 15 years and over who were prescribed medication in the last 12 months.

14.4 - People aged 15 years and over who needed to see a dental professional in the last 12 months.

14.5 – No table shell provided.

14.6 - People aged 15 years and over who needed to have pathology or imaging tests in the last 12 months.

14.7 GP - people aged 15 years and over who needed to see a GP in the last 12 months.

14.7 Medical Specialist - people aged 15 years and over who were referred to a medical specialist in the last 12 months.

14.7 Medication - people aged 15 years and over who were prescribed medication in the last 12 months.

14.7 Dental - people aged 15 years and over who needed to see a dental professional in the last 12 months.

14.7 Pathology/Imaging - people aged 15 years and over who needed to have pathology or imaging tests in the last 12 months.

14.8 GP - people aged 15 years and over who needed to see a GP in the last 12 months.

14.8 Medical Specialist - people aged 15 years and over who were referred to a medical specialist in the last 12 months.

14.8 Medication - people aged 15 years and over who were prescribed medication in the last 12 months.

Data source/s Institutional environment	14.8 Dental - people aged 15 years and over who needed to see a dental professional in the last 12 months.
	14.8 Pathology/Imaging - people aged 15 years and over who needed to have pathology or imaging tests in the last 12 months. ABS Patient Experience Survey, 2011-12 Data Collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey. It is collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.
	For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment
	Collection authority: The <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>.
Relevance	Data Compiler(s): Data is compiled by the Health section of the Australian Bureau of Statistics (ABS).
	Statistical confidentiality is guaranteed under the <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. The ABS notifies the public through a note on the website when an error in data has been identified. The data is withdrawn, and the publication is re-released with the correct data. Key users are also notified where possible.
	Level of Geography: Data is available by State/Territory, and by Remoteness (major cities, inner and outer regional, remote and very remote Australia).
	Data Completeness: All data is available for this indicator from this source.
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Indigenous Statistics: There are no indigenous data able to be published for this indicator.

Socioeconomic status data: Data is available by the 2006 SEIFA index of disadvantage.

Numerator/Denominator Source: Same data source.

Data for this indicator was collected for all persons in Australia, excluding the following people:

- members of the Australian permanent defence forces
- diplomatic personnel of overseas governments, customarily excluded from census and estimated population counts
- overseas residents in Australia
- members of non-Australian defence forces (and their dependents)
- people living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, retirement homes, homes for

-
- people with disabilities, and prisons.
 - people living in discrete indigenous communities.

The 2011-12 iteration of the Patient Experience survey was the first to include households in very remote areas, (although it still excluded discrete indigenous communities). The inclusion of very remote areas will serve to improve the coverage of the estimates, particularly for the Northern Territory. Small differences evident in the NT estimates between 2010-11 and 2011-12 may in part be due to the inclusion of households in very remote areas.

As data is drawn from a sample survey, the indicator is subject to sampling error, which occurs because a proportion of the population is used to produce estimates that represent the whole population. Rates should be considered with reference to their corresponding relative standard errors (RSEs) and 95 per cent confidence intervals. Estimates with a relative standard error between 25 per cent and 50 per cent should be used with caution, and estimates with a relative standard error over 50 per cent are considered too unreliable for general use.

Timeliness

Data was self-reported for this indicator.

Collection interval/s: Patient Experience data is collected annually.

Data available: The 2011-12 data used for this indicator became available from 23 November 2012.

Referenced Period: July 2011 to June 2012.

Accuracy

There are not likely to be revisions to this data after its release.

Method of Collection: The data was collected by computer assisted telephone interview.

Data Adjustments: Data was weighted to represent the total Australian population, and was adjusted to account for confidentiality, non-response and partial response.

Sample/Collection size: The sample for the 2011-12 patient experience data was 26,437 fully-responding households.

Response rate: Response rate for the survey was 79.6 per cent

The standard errors for the key data items in this indicator are relatively low and provide reliable state and territory data as well as remoteness and SEIFA breakdowns. RSEs are generally high for the 'other' remoteness category disaggregated by State and Territory (tables 14.2 and 14.6). RSEs are generally high for the remote/very remote breakdowns (table 14.7).

Known Issues: Data was self-reported.

In 2011-12, persons who did not see a GP in the last 12 months and delayed seeing a GP were not asked if the reason for delaying was due to cost. However, the numerator still includes those persons who saw a GP

in the last 12 months and either delayed or did not see a GP due to cost, and persons who did not see a GP due to cost. It is expected that this will have minimal effect on the estimates. This issue is also present for Medical specialists and Dentists. As such, it impacts on the numerator for tables 14.1, 14.2, 14.4, 14.7, 14.8. This issue may impact on time series comparisons between 2010-11 and 2011-12 for this indicator. The ABS is unable to determine what is causing the time series change, for example, what proportion of the change is due to ABS question changes, and what proportion of the change is due to real world effects. However, the ABS advises that the question wording change will have minimal effects, but is unable to quantify what proportion of the time series change is due to these minimal effects.

In 2011-12, persons who did not receive a referral but believed they needed a test, but did not actually have a test, are excluded from the denominator. However, the denominator for this indicator still includes all persons who had a referred or non-referred test, and persons who were referred for a test but did not actually have one. It is expected that this will result in a very small group of persons being excluded from the population of need for Pathology/Imaging. The ABS is unable to determine what is causing the time series change, for example, what proportion of the change is due to ABS question changes, and what proportion of the change is due to real world effects. However, the ABS advises that the question wording change will have minimal effects, but is unable to quantify what proportion of the time series change is due to these minimal effects.

Coherence

Explanatory footnotes relating to these issues are provided for the relevant tables

Consistency over time: 2009 was the first year data was collected for this indicator. Differences between 2010-11 and 2011-12 are likely to be impacted by the known data issues explained above.

Numerator/denominator: The numerator and denominator are directly comparable, one being a sub-population of the other.

The numerator and denominator are compiled from a single source.

Jurisdiction estimate calculation: Jurisdiction estimates are calculated the same way, although the exclusion of discrete indigenous communities in the sample will affect the NT more than it affects other jurisdictions.

Jurisdiction/Australia estimate calculation: All estimates are compiled the same way.

Collections across populations: Data is collected the same way across all jurisdictions.

The Patient Experience survey provides the only national data available for this indicator. At this stage, there are no other comparable data sources.

Interpretability

Context: This data was collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey.

Accessibility

Other Supporting information: The ABS Patient Experience data is published in Patient Experiences in Australia: Summary of Findings, 2011-12 (cat. no. 4839.0). This publication includes explanatory and technical notes.

Socioeconomic status definition: The SEIFA Index of Relative Socio-economic Disadvantage uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households.

Socioeconomic status derivation: The SEIFA index of relative socio-economic disadvantage is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Socioeconomic status deciles derivation: Deciles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1000 and roughly two-thirds of the scores lie between 900 and 1100. The CDs are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom 10 per cent of CDs, Decile 2 contains the next 10 per cent of CDs and so on.

Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in Patient Experiences in Australia: Summary of Findings, 2011-12 (cat. no. 4839.0).

Data publicly available. Tables showing patients experiences with health professionals are available in Health Services: Patient Experiences in Australia, 2009 (cat. no. 4839.0.55.001), Patient Experiences in Australia: Summary of Findings, 2010-11 and Patient Experiences in Australia: Summary of Findings, 2011-12 (cat. no. 4839.0).

The data is shown by age, sex, remoteness and SEIFA. Jurisdictional data is not currently publically available but may be made available in the future.

Data is not available prior to public access.

Supplementary data is available. Additional data from the Patient Experience Survey is available upon request.

Access permission/Restrictions: Customised data requests may incur a charge.

Contact Details: For more information, please call the ABS National Information and Referral Service 1300 135 070.

Data Quality Statement — Indicator 16: Potentially avoidable deaths

Outcome	Australians receive appropriate high quality and affordable primary and community health services
Indicator	Potentially avoidable deaths
Measure (computation)	<i>Numerator:</i> death registrations for 2006–2010 (5 year aggregate), and 2007–2010 (single years) provided by state and territory Registrars of Births, Deaths and Marriages which have an ICD-10 code which has been further classified as preventable or treatable as per the NHA Technical Manual. <i>Denominator:</i> Estimated Resident Population , Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians
Data source/s	<i>Numerator:</i> ABS Causes of Death collection (3303.0) <i>Denominator:</i> ABS Estimated Resident Population (3101.0); Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, August 2009 (cat. no. 3238), Series B
Institutional environment	These collections are conducted under the <i>Census and Statistics Act 1905</i> . 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 Statistical Classification of Diseases and Related health Problems (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 by the ABS to code cause of death since 1997.
Timeliness	For further information on the ABS Causes of Death collection, see the relevant Data Quality Statement. Causes of death data is 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. 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 the end of the reference quarter. Commencing with data for September quarter 2006,

Accuracy

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.

For further information on ABS Estimated Resident Population, see the relevant Data Quality Statement.

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.

Previous COAG reporting and Causes of Death, Australia (cat. no. 3303.0) publications prior to the 2010 edition indicated that all coroner certified deaths registered after 1 January 2007 are now subject to a revisions process. In order to improve the quality of historical data, the 2006 reference year data has also been revised. Therefore, in this round of COAG reporting, 2006, 2007 and 2008 data is final, 2009 data is revised and 2010 data is preliminary. Data for 2009 and 2010 is subject to further revisions. This is a change from previous years (up to the 2005 reference year) 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.

Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See Technical Note: Causes of Death Revisions 2006 and Causes of Death Revisions 2008 and 2009 and in Causes of Death, Australia, 2010 (cat.no. 3303.0).

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between

1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

The ABS discussed different methods of adjustment of Queensland death registrations data for 2010 with key stakeholders. Following the discussion, a decision was made by the ABS and key stakeholders to use an adjustment method that added together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010. This method minimises the impact on mortality indicators used in various government reports. However, care should still be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010. Please note that there are differences between data output in the Causes of Death, Australia, 2010 publication (cat. No. 3303.0) and 2010 data reported for COAG, as this adjustment was not applied in the publication. For further details see Technical Note: Registration of outstanding deaths, Queensland 2010, from the Deaths, Australia, 2010 publication (cat. no. 3302.0) and Explanatory Note 103 in the Causes of Death, Australia, 2010 publication (cat. no. 3303.0).

Investigation conducted by the WA Registrar of Births, Deaths and Marriages indicated that some deaths of non-Indigenous people were wrongly recorded as deaths of Indigenous people in WA for 2007, 2008 and 2009. The ABS discussed this issue with a range of key stakeholders and users of Aboriginal and Torres Strait Islander deaths statistics. Following this discussion, the ABS did not release WA Aboriginal and Torres Strait Islander deaths data for the years 2007, 2008 and 2009 in the 2010 issue of Deaths, Australia publication, or in the 2011 COAG data supply. The WA Registry corrected the data and resupplied the corrected data to the ABS. These corrected data were then released by the ABS in spreadsheets attached to Deaths, Australia, 2010 (ABS, 2011) publication on 24 May 2012, and are now included in this round of COAG reporting.

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).

Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population projections are based on 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 projected 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. As such, age-standardised death rates based on a very low death count have been deemed unpublishable. Some cells have also not been published to prevent back-calculation of these suppressed cells. Caution should be used when interpreting rates for this indicator. Data for 2007 was final in both the 2011 and 2012 supply of COAG data. Despite this, there are very slight differences between the 2007 data reported in table 20.4, compared with the same raw figures that were supplied in 2011 (table 20.6). This is due to age at death 'not stated' being included in the raw figures for preventable and treatable causes of death in the 2011 reporting, but not in the current data supply. It was also identified that ICD-10 code J02.0 is included in the definition of two treatable variables: Selected invasive bacterial and protozoal infections and Upper respiratory tract infection. The Productivity Commission identified their preference to have J02.0 included only in data for Selected invasive bacterial and protozoal infections (thus avoiding deaths for this code being double-counted in the total figures). This, and the inclusion of age 'not stated' last year, account for all differences between this year and last year's 2007 data for Indicator 20
Coherence	The methods used to construct the indicator are consistent and comparable with other collections and with international practice
Interpretability	Data for this indicator have been age-standardised, using the direct method, to 'under 75 years' of age. Direct age-standardisation to the 2001 total Australian population was used. Age-standardised results provide a measure of relative difference only between populations.
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 <i>Census and Statistics Act 1905</i> . This may restrict access to data at a very detailed level.

Data Quality Statement — Indicator 17: Treatment rates 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.
 - private sector admitted patient (Private) data: Indigenous status is not collected by the Private Mental Health Alliance (PMHA)
 - Medicare Benefits Schedule (MBS) data: have been adjusted for under-identification of Indigenous status in the Department of Human Services, Medicare Voluntary Indigenous Identifier (VII) database.
 - Department of Veterans' Affairs (DVA) data: is not available by Indigenous status.
- Persons can receive services from more than one type of service provider during the period. The extent to which this occurs is unknown. However, it is likely that there is overlap between the private data and the Department of Health and Ageing (DoHA) MBS and the DVA Treatment Account System (TAS) data.
- A small number of persons receiving mental health treatment may not be 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.

Outcome	Australians receive appropriate high quality and affordable primary and community health services
Indicator	Proportion of population receiving clinical mental health services
Measure	The <i>numerator</i> is the number of people receiving mental health services, separately for three service types.
(computation)	The <i>denominator</i> is the Estimated Resident Population (ERP) as at 30 June 2010. Calculation is $100 \times (\text{Numerator} \div \text{Denominator})$, 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, Medicare Benefits Scheme- and Department of Veterans' Affairs (DVA)-funded services.
Data source/s	<i>Numerators:</i> 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) MBS Statistics. For DVA data: Australian Government Department of Veterans' Affairs (DVA) Statistical Services and Nominal Rolls using the Departmental Management Information System (DMIS). These data are known as Treatment Account System (TAS) data. <i>Denominator:</i> Australian Bureau of Statistics (ABS) Estimated Resident Population

Institutional environment

(ERP) as at 30 June 2010.

For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2010.

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.

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 Health. For further information see the AIHW website.

Numerators for this indicator were prepared by State and Territory health authorities, the PMHA, DoHA and DVA 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, DoHA and DVA. 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.

DoHA MBS and DVA TAS data

The Department of Human Services (DHS) processes claims made under the *Medicare Australia Act 1973*. These data are then regularly provided to DoHA. DHS also processes claims for DVA Treatment Card holders made through the MBS under the *Veterans' Entitlements Act 1986*; *Military Rehabilitation and Compensation Act 2004* and *Medicare Australia Act 1973*. All claiming data is regularly provided to DVA as per the Memorandum of Understanding between DHS and DVA.

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 DoHA MBS and

Timeliness
Accuracy

DVA TAS data and private data, as most patients accessing private hospital services would also access MBS services.

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 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.

DoHA MBS and DVA TAS data

Data are counts of individuals receiving mental health-specific MBS services for which DHS has processed a claim.

Analyses by state/territory, remoteness and socioeconomic status are based on postcode of residence of the client as recorded by DHS at the date of last service processed 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.

DVA clients comprised less than 2 per cent of people receiving Australian Government (Medicare Benefits Scheme- and DVA-funded) clinical mental health services.

The reference period for these data is 2010-11.

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. Indigenous status was missing or not reported for around 10 per cent of all clients.

Private data

Not all private psychiatric hospitals are included in the PMHA's CDMS.

In 2010-11, those that are included account for approximately 95 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 and also financial year, since non-participation rates varied from state to state and financial year.

Indigenous status information is not collected for these data.

DoHA MBS and DVA TAS data

As with any administrative system a small degree of error may be present in the data captured.

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 DHS.

The data provided are based on the date on which the claim was processed by DHS, 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 service are counted once only in the calculations for this indicator.

DoHA MBS data presented by Indigenous status have been adjusted for under-identification in the DHS 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 DHS. 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 (56 per cent nationally as at August 2011) 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 DoHA 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*.

DVA TAS data are not available by Indigenous status.

Coherence

Public data

There has been no major change to the methodology used to collect the data in 2010-11 for the majority of jurisdictions, therefore data is comparable across years. However, New South Wales indicated that clients living outside New South Wales at the time of contact are excluded.

In past years there has been variation in the underlying concept used to allocate remoteness and socioeconomic status across jurisdictions (i.e. 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. Since 2009-10, remoteness and socioeconomic status have been allocated using the SLA of the client at last contact. For 2010-11 data all jurisdictions have used the same concordance and proportionally allocated records to remoteness and SEIFA categories with the following exceptions:

- NSW client residence in 2010-11 is assigned to the ASGC Edition 2007 Statistical Local Areas (SLA). An area based correspondence file obtained from ABS is used to translate the client numbers from 2007 SLAs to 2009 SLAs in order to use RA and SEIFA concordance files provided by AIHW to disaggregate the results to the required groupings
- Tasmania used postcode concordance (rather than SLA concordance) to allocate records to remoteness and SEIFA.

Comparisons over time for remoteness and socioeconomic status should therefore be interpreted with caution.

Private data

There has been no change to the methodology used to collect the data in 2010-11. Therefore, the data are comparable to previous reporting periods.

DoHA MBS and DVA TAS data

The same methodology to attribute demographic information to the data has been used in 2010-11 as in previous reporting periods.

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.

On 1 January 2010, a new MBS item (2702) was introduced for patients of GPs who have not undertaken mental health skills training. Changes have been made to the existing MBS 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.

Other publications

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 will also be published in the *COAG National Action Plan on Mental Health — progress report 2010-11*. There may be some differences between the data published in these two sources as:

- rates may be calculated using different ERPs other than the June 2010 ERPs used for this indicator,
- in the *COAG National Action Plan on Mental Health — progress report 2010 11* the 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 2010-11* 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: Performance report for 2010-11*.

Interpretability

Information is available for MBS data from:

<http://www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1>

Accessibility

Information will be available in the *COAG National Action Plan on Mental Health — progress report 2010-11*.

MBS 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.

Data Quality Statement — Indicator 18: Selected potentially preventable hospitalisations

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- Separations are reported by the jurisdiction of usual residence of the patient, not the jurisdiction of hospitalisation.
- Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08), ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11) and the associated Australian Coding Standards 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.
- In addition, interpretation of the related performance benchmark over time is problematic because the benchmark is specified as a proportion of separations rather than a population rate, and admission practices vary across jurisdictions and over time.
- 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.

Outcome	Australians receive appropriate high quality and affordable hospital and hospital related care
Indicator	Admissions to hospital that could have potentially been prevented through the provision of appropriate non-hospital health services.
Measure (computation)	The <i>numerator</i> is the number of separations for selected potentially preventable hospitalisations, divided into three groups: • 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). The <i>denominator</i> 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). Potentially preventable hospitalisations are defined by ICD-10-AM diagnosis codes and/or Australian Classification of Health Interventions (ACHI) procedure codes in scope for each category of potentially preventable hospitalisations (see Appendix 5, <i>Australian hospital statistics 2010–11</i>). Calculation is $100,000 \times (\text{numerator} \div \text{denominator})$, 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

Data source/s

disaggregation was standardised to 64 years, with ages over 64 combined.

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) ERP as at 30 June 2010.

For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2010.

For data by socioeconomic status: calculated by AIHW using the ABS Socio-Economic Indexes For Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) 2006 and ERP by Statistical Local Area (SLA) as at 30 June 2010. 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 2010, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The Australian Institute of *Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988* (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <www.aihw.gov.au>

Data for the NESWTDC were supplied to the AIHW by State and Territory health authorities under the terms of the National Health Information Agreement (see the following links):

<<http://www.aihw.gov.au/nhissc/>>

< <http://meteor.aihw.gov.au/content/index.phtml/itemId/182135>>

The State and Territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to

Relevance

provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

The analyses by state and territory, remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient, not the location of the hospital. Hence rates represent the number separations for patients living in each state/territory, remoteness area or SEIFA population group (regardless of the jurisdiction of the hospital they were admitted to) divided by the total number of people living in that remoteness area or SEIFA group in the state/territory.

The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2010 SLAs (used for 2010–11 data), 2010 SLA boundaries are mapped back to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2010 due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

**Timeliness
Accuracy**

The reference period for this data set is 2010–11.

For 2010–11 almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The Indigenous status data are of sufficient quality for statistical reporting for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia and Western Australia (public and private hospitals) and

Coherence

Northern Territory (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and Australian Capital Territory (public and private hospitals) 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.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example where the denominator is very small. The following rule was applied:

- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1,000.

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2010–11* and the *National healthcare agreement: performance report 2010–11*.

However, caution should be used when comparing 2007–08 with later years due to changes between the ICD-10-AM 5th edition (used in 2007–08), ICD 10-AM 6th edition (used in 2008–09 and 2009–10) and ICD-10-AM 7th edition (2010–11) and the associated Australian Coding Standards that resulted in:

- decreased reporting of additional diagnoses for diabetes
- increased reporting of diagnoses for dehydration and gastroenteritis.
- Additionally, due to variation in the reporting of additional diagnoses for diabetes for patients receiving dialysis, the numbers of potentially preventable hospitalisations for chronic conditions may vary between jurisdictions. In particular, most Western Australian private hospitals code same-day dialysis with additional diagnoses, which include chronic diabetic kidney disease

In light of these comparability issues, supplementary data (as specified below) have also been supplied and may assist in the interpretation of time series. However it should be acknowledged that these data are not consistent with the original intent of the indicator.

- Diabetes complications (all diagnoses) and Dehydration and gastroenteritis excluded
- Diabetes complications (additional diagnoses only) and Dehydration and gastroenteritis excluded.

In addition, Tasmanian data are not comparable over time as 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in the National Healthcare Agreement performance reports.

Interpretation of the related performance benchmark over time is also problematic because the benchmark is specified as a proportion of separations rather than a population rate, and admission practices vary across jurisdictions and over time. Changes in a jurisdiction's denominator (separations) can artificially increase or decrease the results of the benchmark. Therefore the data provided in 2014–15 (and interim years) may not be directly comparable to the baseline data from which the target is based.

Caution is also required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and

the approach taken to derive quintiles and deciles.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and 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*.

The *National health data dictionary* can be accessed online at:

<http://www.aihw.gov.au/publication-detail/?id=6442468385>

The Data Quality Statement for the National Hospital Morbidity Database can be accessed on the AIHW website at:

<http://www.aihw.gov.au/publication-detail/?id=10737421633&tab=2>

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are: *Australian hospital statistics* suite of products with associated Excel tables. These products may be accessed on the AIHW website at: <http://www.aihw.gov.au/hospitals/>.

Data Quality Statement — Indicator 19: 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 For 2010–11, 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 2011–12 has similar coverage, although final coverage cannot be calculated until the 2011–12 National Public Hospital Establishments Database (NPHEd) data are available.
- The definition of potentially avoidable GP type presentations is an interim measure, pending development of new methodology to more closely approximate the population that could be receiving services in the primary care sector.
- The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data.
- Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer group A or B, and the peer group classification for a hospital, may vary over time.

Outcome	Australians receive appropriate high quality and affordable primary and community health services.
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) where: • there was a type of visit of Emergency presentation (or Emergency presentation or Not reported for South Australia in 2008-09 and 2009-10); and • a triage category of 4 or 5 was allocated; and • the patient did not arrive by ambulance or police or correctional vehicle; and • the patient was not admitted to the hospital, was not referred to another hospital, and did not die.
Data source/s	This indicator is calculated using data from the NNAPEDCD, based on the national minimum data set (NMDS) for Non-admitted patient emergency department care (NAPEDC). For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2006 and Estimated Resident Population (ERP) by Statistical Local Area (SLA) as at 30 June 2010 (2010–11) or 30 June 2011 (2011–12). Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population. For data by remoteness: ABS ERP as at 30 June (2010–11) or 30 June 2011 (2011–12), by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

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The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

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For further information see the AIHW website <www.aihw.gov.au>

Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

<<http://www.aihw.gov.au/nhissc/>>

< <http://meteor.aihw.gov.au/content/index.phtml/itemId/182135>>

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

The purpose of the NNAPEDCD is to collect information on the characteristics of emergency department care (including waiting times for care) for non-admitted patients registered for care in emergency departments in selected public hospitals classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or B (Large hospitals). In 2011–12, hospitals in peer groups A and B provided over 80 per cent of all public hospital accident and emergency occasions of service. (review once ED publication released)

From August 2011 the scope of the NNAPEDCD has expanded due to reporting for the National Health Reform Agreement (NPA IPHS), the hospital coverage expands to be Peer Group A, B and Other). For the duration of the agreement, hospitals that have not previously reported to the NNAPEDCD NMDS can come into scope, subject to agreement between the jurisdiction and the Commonwealth.

The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not

Timeliness
Accuracy

necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.

The definition of potentially avoidable GP type presentations is an interim measure, pending development of new methodology to more closely approximate the population that could be receiving services 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).

The analyses by state/territory, remoteness and socioeconomic status are based on the statistical local area (SLA) of usual residence of the patient. Hence, data represent the number of presentations for patients living in each state/territory, remoteness area or SEIFA population group (regardless of the jurisdiction of the hospital where they presented).

The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2010 SLAs (used for 2010–11 data) or 2011 SLAs (used for 2011–12 data), the 2010/(2011) SLA boundaries are mapped backed to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2010 (2011) due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Other Australians includes presentations for non-Indigenous people and those for whom Indigenous status was not stated.

The reference period for these data is 2010–11 and 2011–12.

For 2010–11, the coverage of the NNAPEDCD was 100 per cent in all jurisdictions for public hospitals in peer groups A and B. For 2011–12, the preliminary estimate of the proportion of emergency occasions of service reported to the NNAPEDCD was 100 per cent for public hospitals in peer groups A and B (for review).

In the baseline year (2007–08), the Tasmanian North West Regional Hospital comprised the combined activity of its Burnie Campus and its Mersey Campus. This hospital was a Peer Group B hospital. There was then a change in administrative arrangements for Mersey and it became the only hospital in the country owned and funded by the Australian Government and, by arrangement, operated by the Tasmanian Government. This administrative change necessitated reporting of these campuses as separate hospitals from 2008–09 onwards. On its own the North West Regional Hospital (Burnie Campus only) is a Peer Group B hospital, whilst, on its own the Mersey Community Hospital is a Peer Group C hospital. Burnie and Mersey did not substantially change their activity, rather, it is simply a case that activity is now spread across two hospitals. For National Healthcare Agreement purposes, although it is a Peer Group C hospital, the Mersey Community Hospital continues to be included in reporting for Peer Group B hospitals to ensure comparability over time for Tasmania.

From 2009–10, the data for the Albury Base Hospital (previously reported in New South Wales hospital statistics) were reported in Victorian hospital statistics. This change in reporting arrangements should be factored into

Coherence

any analysis of data for New South Wales and Victoria.

Backcasting of earlier years for this indicator is provided due to data resupply from the Australian Capital Territory.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The quality of the data reported for Indigenous status in the NNAPEDCD has not been formally assessed for completeness; therefore, caution should be exercised when interpreting these data.

As this indicator is limited to public hospitals classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, the data may not cover areas where the proportion of Indigenous Australians (compared with other Australians) is higher than average. Similarly, disaggregation by socioeconomic status and remoteness should be interpreted with caution.

Comparability across jurisdictions may be impacted.

The data reported for 2011–12 are consistent with data reported for the NNAPEDCD for previous years for individual hospitals.

In addition, the data reported to the NNAPEDCD in previous years has been consistent with the numbers of emergency occasions of services reported to the National Hospital Establishments Database (NPHED) for each hospital for the same reference year.

Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage.

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics: emergency department care and elective surgery waiting times* (report series) and the *National healthcare agreement: performance report 2010–11*.

However, 2010–11 data reported previously in these publications are different from the equivalent data published here because the hospitals classified as peer groups A and B were based on 2009–10, rather than 2010–11 peer groups.

The waiting times data presented in this report for the Australian Capital Territory (ACT) differ from the information presented in previous *Australian hospital statistics* reports for the period 2008–09 to 2010–11. For the period 2008–09 to 2011–12, the ACT has corrected information that is used to calculate the waiting time to commencement of clinical care and length of stay in the emergency department for 12,000 records that were identified as changed contrary to established audit and validation policies.

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 of a hospital, may vary over time.

Caution is also required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

Interpretability	Metadata information for the NAPEDC NMDS and the NAPEDC DSS are published in the AIHW's online metadata repository—METeOR, and the <i>National health data dictionary</i>. METeOR and the National health data dictionary can be accessed on the AIHW website at: <http://meteor.aihw.gov.au/content/index.phtml/itemId/181162> <http://www.aihw.gov.au/publication-detail/?id=6442468385>
Accessibility	The AIHW provides a variety of products that draw upon the NNAPEDCD. Published products available on the AIHW website are: <i>Australian hospital statistics</i> suite of products with associated Excel tables. These products may be accessed on the AIHW website at: <http://www.aihw.gov.au/hospitals/>

Data Quality Statement — Indicator 20: Waiting times for elective surgery (measure 20 (a))

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 2010–11, coverage of the NESWTDC was about 91 per cent of elective surgery in Australian public hospitals. For 2011–12, the preliminary estimate of the proportion of public elective surgery that was also reported to the NESWTDC is 92 per cent.
- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- For 2010–11 records from the NESWTDC and the NHMD were linked to produce disaggregations by remoteness and socioeconomic status (all jurisdictions). Approximately 97 per cent of NESWTDC records for removals for elective surgery were linked to the NHMD.
- There is apparent variation in recording practices for waiting times for elective surgery for patients awaiting 'staged' procedures (such as follow-up care, cystoscopy or the removal of pins or plates) in some public hospitals, that may result in statistics that are not meaningful or comparable between or within jurisdictions.
- There is apparent variation in the assignment of clinical urgency categories, both among and within jurisdictions, for individual surgical specialties and indicator procedures, influencing the overall total. For example, the proportion of patients admitted from waiting lists who were assigned to Category 3 treatment clinically recommended within 365 days) was 43 per cent for New South Wales and 14 per cent for Queensland (Table B3.1 from the *Australian hospital statistics 2011–12: elective surgery waiting times*, Box 3.1 pp 10–11 < <http://www.aihw.gov.au/publication-detail/?id=10737423188>>).
- Table B3.1: Admissions from waiting lists for elective surgery, by clinical urgency category, states and territories, 2011–12 (per cent)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
	Per cent								
Category 1	25	30	41	23	27	39	30	39	30
Category 2	32	47	45	35	33	44	49	41	39
Category 3	43	23	14	42	40	17	21	20	32
Total	100	100	100	100	100	100	100	100	100

Source: AIHW 2012. *Australian hospital statistics 2011–12: elective surgery waiting times*. Health services series No.46. Cat. no. HSE 127. pp 10–11.

- Interpretation of waiting times for jurisdictions should take into consideration these differences. For example, a state could report relatively long median waiting times in association with a relatively high proportion of patients assessed by clinicians in the state as being in Category 3. Conversely, a state in which a relatively high proportion of patients are assessed by clinicians as being in Category 1 or 2 (treatment clinically recommended within 30 days and 90 days, respectively) could have relatively short median waiting times.
- Analyses for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of the hospital. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- The quality of Indigenous status data in the NESWTDC has not been formally assessed for completeness: caution should be exercised when interpreting these data
- Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the Australian Capital Territory.

Outcome Australians receive appropriate high quality and affordable hospital and hospital related care

Indicator Median and 90th percentile waiting times for elective surgery in public

**Measure
(computation)**

hospitals, including by indicator procedure

The number of days' waiting time is calculated by subtracting the listing date for care from the removal date, minus any days when the patient was not ready for care and minus any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at removal.

The 50th percentile (median) represents the number of days within which 50 per cent of patients were admitted; half the waiting times will be shorter than the median and half the waiting times longer. The 90th percentile data represent the number of days within which 90 per cent of patients were admitted.

Data source/s

For 2010–11 and 2011–12, this indicator is calculated using data from the NESWTDC, based on the national Minimum Data Set for elective Surgery Waiting times (removals data).

The NESWTDC was linked to the NHMD (The NHMD is based on the National Minimum Data Set for Admitted Patient Care), to allow disaggregation by remoteness of area of usual residence and SEIFA of usual residence (all jurisdictions).

For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2006 and Estimated Resident Population (ERP) by Statistical Local Area (SLA) as at 30 June 2010 (2010–11) or 30 June 2011 (2011–12). Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: ABS ERP as at 30 June 2010 (2010–11) or June 2011 (2011–12), by remoteness areas, as specified in the Australian Standard Geographical Classification.

**Institutional
environment**

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The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988* (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the

	strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website <www.aihw.gov.au> Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links): <http://www.aihw.gov.au/nhissc/> < http://meteor.aihw.gov.au/content/index.phtml/itemId/182135> The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.
Relevance	The purpose of the NMDS for Elective surgery waiting times (removals data) is to collect information about patients waiting for elective surgery in public hospitals. The scope of this NMDS is patients removed from waiting lists for elective surgery which are managed by public acute hospitals. This includes private patients treated in public hospitals and may include public patients treated in private hospitals. The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included. Analyses by remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient. The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2010 SLAs (used for 2010–11 data) 2011 SLAs (used for 2011–12 data), the 2010/(2011) SLA boundaries are mapped backed to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2010 (2011) due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, data represent the waiting time for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) for the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction. Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.
Timeliness	The reference period for these data is 2010–2011 and 2011–12.
Accuracy	For 2010–11 and 2011–12:

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- Coverage of the NESWTDC was over 90 per cent. Coverage was 100 per cent for the Principal referral and Specialist women's and children's hospitals peer group (peer group A) and was progressively lower for the large hospitals group (peer group B) and the medium hospitals group (peer group C). Coverage also varied by jurisdiction, ranging from 100 per cent in New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory, to 71 per cent in South Australia. For 2011–12, the preliminary estimate of the proportion of public elective surgery that was also reported to the NESWTDC was 92 per cent.
 - Almost all public hospitals provided data for the NHMD in 2010–11, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory.
 - Records from the NESWTDC and the NHMD were linked to assign remoteness areas and SEIFA categories from the admitted patient record to the corresponding elective surgery waiting times record. In 2010–11 approximately 97 per cent of NESWTDC records for removals were linked to the NHMD.
 - There is apparent variation in the assignment of clinical urgency categories, both among and within jurisdictions, and for individual surgical specialties and indicator procedures, as well as overall. Interpretation of waiting times for jurisdictions should take into consideration these differences.
 - There is apparent variation in recording practices for waiting times for elective surgery for patients awaiting 'staged' procedures (such as follow-up care, cystoscopy or the removal of pins or plates) in some public hospitals, that may result in statistics that are not meaningful or comparable between or within jurisdictions.
 - The Indigenous status data were sourced from the NESWTDC for all jurisdictions.
 - From 2009–10, the data for Albury Base Hospital (previously reported in New South Wales hospital statistics) was reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. For 2010–11, the data for Albury base Hospital was not available.
 - For 2011–12 South Australia and Western Australia provided data for a large number of smaller hospitals (32 and 22 respectively) that were not included in the data for previous years.
 - Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the Australian Capital Territory.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual datasets are checked against data from other datasets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Cells based on fewer than 10 elective surgery admissions were suppressed.
- Cells based on data from one public hospital only were suppressed.

Coherence

Caution should be exercised when comparing waiting times data between jurisdictions due to differences in the assignment of clinical urgency categories (see *Australian hospital statistics 2011–12: elective surgery waiting times*, Box 3.1 pp 10–11 Text Box 3.1 <<http://www.aihw.gov.au/publication-detail/?id=10737423188>>).

The data can be meaningfully compared across reference periods, except for the Indigenous disaggregation. Caution should be used in comparing data by peer groups across reference years, as the number of hospitals classified as peer group A or B, or the peer group of a hospital, may vary over time.

Caution is also required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

The information presented for this indicator is based on the same data as published in, *Australian hospital statistics 2011–12: emergency department care* and *Australian hospital statistics 2011–12: elective surgery waiting times* and the *National Healthcare Agreement: performance report 2010–11*.

The data reported for the 2011–12 NEWSTDC are consistent with data reported for previous years for individual hospitals.

In addition, some 2010–11 data reported previously in these publications are different from the equivalent data published here because the hospitals classified as peer groups A and B were based on 2009–10, rather than 2010–11 peer groups. Caution should be exercised when interpreting the 2011–12 data as potential revisions to the 2011–12 NESWTDC data could occur following linking to the 2011–12 NHMD.

Analyses presented in *Australian hospital statistics* and previous *National Healthcare Agreement performance reports* may also differ slightly depending on whether the NESWTDC or linked NESWTDC/NHMD was used.

Interpretability

Metadata information for the ESWT NMDS and ESWT DSS are published in the AIHW's online metadata repository—METeOR, and the *National health data dictionary*.

METeOR and the National health data dictionary can be accessed on the AIHW website:

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/181162>>

<<http://www.aihw.gov.au/publication-detail/?id=6442468385>>

Accessibility

The AIHW provides a variety of products that draw upon the NESWTDC. Published products available on the AIHW website are the:

- *Australian hospital statistics* suite of products with associated Excel tables.

These products may be accessed on the AIHW website <<http://www.aihw.gov.au/hospitals/>>

Data Quality Statement — Indicator 21: Waiting times for emergency hospital care (measure 21 (a))

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 2010–11, 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 2011–12 has similar coverage, although final coverage cannot be calculated until the 2011–12 National Public Hospital Establishments Database (NPHEd) data are available.
- The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data.
- Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer groups A or B, and the peer group for a hospital, may vary over time.

Outcome	Australians receive appropriate high quality and affordable hospital and hospital related care
Indicator	Percentage of patients who are treated within national benchmarks for waiting times for each triage category in public hospital emergency departments
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: <i>Numerator:</i> Number of patients seen within the cut-off point, by triage category <i>Denominator:</i> Number of patients by triage category Inclusions: records with a type of visit of Emergency presentation (or Not reported for South Australia). Restricted to 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). Exclusions: records with an episode end status of Did not wait to be attended by a health care professional or Dead on arrival, not treated in emergency department. Records are also excluded if the waiting time was missing or otherwise invalid.
Data source/s	This indicator is calculated using data from the AIHW's NNAPEDCD, based on the National Minimum Data Set (NMDS) for Non-admitted Patient Emergency Department Care (NAPEDC). For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2006 and Estimated Resident Population (ERP) by Statistical Local Area (SLA) as at 30 June 2010 (2010–11) or 30 June 2011 (2011–12). Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of

Institutional environment

the population and each decile has approximately 10 per cent of the population.

For data by remoteness: ABS ERP as at 30 June (2010–11) or 30 June 2011 (2011–12), by remoteness areas, as specified in the Australian Standard Geographical Classification.

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988* (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <www.aihw.gov.au>

Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

<<http://www.aihw.gov.au/nhissc/>>

< <http://meteor.aihw.gov.au/content/index.phtml/itemId/182135>>

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Relevance

The purpose of the NNAPEDCD is to collect information on the characteristics of emergency department care (including waiting times for care) for non-admitted patients registered for care in emergency departments in selected public hospitals classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or B (Large hospitals). In 2011–1, hospitals in peer groups A and B provided over 80 per cent of all public hospital accident and emergency occasions of service.(for review once publication released)

From August 2011 the scope of the NNAPEDCD has expanded due to reporting for the National Health Reform Agreement (NPA IPHS), the hospital coverage expands to be Peer Group A, B and Other). For the duration of the agreement, hospitals that have not previously reported to

**Timeliness
Accuracy**

the NAPEDC NNMDs can come into scope, subject to agreement between the jurisdiction and the Commonwealth.

The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.

The analyses by remoteness and socioeconomic status are based on the statistical local area (SLA) of usual residence of the patient. However, data are reported by jurisdiction of presentation, regardless of the jurisdiction of usual residence. Hence, data represent the proportion of patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) seen within the benchmark time in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2010 SLAs (used for 2010–11 data) or 2011 SLAs (used for 2011–12 data), the 2009/(2010) SLA boundaries are mapped back to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2010 (2011) due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

The reference period for these data is 2010–11 and 2011–12.

For 2010–11, the coverage of the NNAPEDCD was 100 per cent in all jurisdictions for public hospitals in peer groups A and B. For 2011–12, the preliminary estimate of the proportion of emergency occasions of service reported to the NNAPEDCD was 100 per cent for public hospitals in peer groups A and B. (for review).

In the baseline year (2007–08), the Tasmanian North West Regional Hospital comprised the combined activity of its Burnie Campus and its Mersey Campus. This hospital was a Peer Group B hospital. There was then a change in administrative arrangements for Mersey and it became the only hospital in the country owned and funded by the Australian Government and, by arrangement, operated by the Tasmanian Government. This administrative change necessitated reporting of these campuses as separate hospitals from 2008–09 onwards. On its own the North West Regional Hospital (Burnie Campus only) is a Peer Group B hospital, whilst, on its own the Mersey Community Hospital is a Peer Group C hospital. Burnie and Mersey did not substantially change their activity, rather, it is simply a case that activity is now spread across two hospitals. For National Healthcare Agreement purposes, although it is a Peer Group C hospital, the Mersey Community Hospital continues to be included in reporting for Peer Group B hospitals to ensure comparability over time for Tasmania.

From 2009–10, the data for the Albury Base Hospital (previously reported in New South Wales hospital statistics) was reported in Victorian hospital

Coherence

statistics. This change in reporting arrangements should be factored into any analysis of data for New South Wales and Victoria.

Back casting of earlier years for this indicator is provided due to data resupply from the Australian Capital Territory.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors (including waiting time outliers) are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data.

As this indicator is limited to public hospitals classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, the data may not cover areas where the proportion of Indigenous Australians (compared with other Australians) is higher than average. Similarly, disaggregation by socioeconomic status and remoteness should be interpreted with caution.

Comparability across jurisdictions may be impacted by variation in the assignment of triage categories.

The data reported for 2011–12 are consistent with data reported for the NNAPEDCD for previous years for individual hospitals.

In addition, the data reported to the NNAPEDCD in previous years has been consistent with the numbers of emergency occasions of services reported to the National Hospital Establishments Database (NPHED) for each hospital for the same reference year.

Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage.

The information presented for this indicator are calculated using the same methodology as data published in *Australian hospital statistics 2011–12: emergency department care* and *Australian hospital statistics 2011–12: elective surgery waiting times* and the *National Healthcare Agreement: performance report 2010–11*.

However, 2010–11 data reported previously in these publications are different from the equivalent data published here because the hospitals classified as peer groups A and B were based on 2009–10, rather than 2010–11 peer groups.

The waiting times data presented in this report for the Australian Capital Territory (ACT) differ from the information presented in previous *Australian hospital statistics* reports for the period 2008–09 to 2010–11. For the period 2008–09 to 2011–12, the ACT has corrected information that is used to calculate the waiting time to commencement of clinical care and length of stay in the emergency department for 12,000 records that were identified as changed contrary to established audit and validation policies.

Caution should be used in comparing data across reference years, as the number of hospitals classified as peer group A or B, or the peer group of a hospital, may vary over time.

Caution is also required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful

Interpretability

consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

Metadata information for the NAPEDC NMDS and the NAPEDC DSS are published in the AIHW's online metadata repository—METeOR, and the *National health data dictionary*.

METeOR and the National health data dictionary can be accessed on the AIHW website at:

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/181162>>

<<http://www.aihw.gov.au/publication-detail/?id=6442468385>>

Accessibility

The AIHW provides a variety of products that draw upon the NNAPEDCD. Published products available on the AIHW website are: *Australian hospital statistics* suite of products with associated Excel tables. These products may be accessed on the AIHW website at: <http://www.aihw.gov.au/hospitals/>

Data Quality Statement — Indicator 21: Waiting times for emergency hospital care (measure 21 (b))

Key data quality points

- The scope of the data used to produce this indicator is all patients presenting to a public hospital emergency department reporting to the National Non-admitted Patient Emergency Department Care Database (NAPEDC) NMDS (Peer Groups A, B and other) as at August 2011 (when the National Health Reform Agreement NPA IPHS was signed), plus any additional hospitals reporting.
- For 2010–11, the coverage of the National Non-admitted Patient Emergency Department Care Database (NAPEDC) collection is complete for public hospitals in peer groups A and B. It is estimated that 2011–12 has similar coverage, although final coverage cannot be calculated until the 2011–12 National Public Hospital Establishments Database (NPHEd) data are available.
- Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer groups A or B, and the peer group for a hospital, may vary over time.

Outcome	Australians receive appropriate high quality and affordable hospital and hospital related care
Indicator	Percentage of presentations to public hospital emergency departments where the time from presentation to physical departure (ED Stay length) is less than or equal to four hours.
Measure (computation)	Waiting times for emergency department care: proportion completed within four hours are:: Calculation includes presentations with any type of visit to emergency department. ED stay length is calculated by subtracting presentation time/date from physical departure time/date, which is recorded as per the business rules included in the NAPEDC NMDS 2012–13: < http://meteor.aihw.gov.au/content/index.phtml/itemId/474371 > The percentage of presentations to public hospital emergency departments completed within four hours is calculated as: <i>Numerator:</i> Number of ED presentations where ED stay is less than or equal to four hours <i>Denominator:</i> Number of ED presentations Calculation includes all presentations with an ED stay completed in the reporting period, including records where the presentation date/time is prior to the reporting period. Invalid records are excluded from the numerator and denominator. Invalid records are records for which: • Length of stay < 0 • Presentation date or time missing • Physical departure date or time missing
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).
Institutional environment	The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the <i>Australian Institute of Health and Welfare Act 1987</i> to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

	The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection. The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting. One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics. The <i>Australian Institute of Health and Welfare Act 1987</i>, in conjunction with compliance to the <i>Privacy Act 1988</i> (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality. For further information see the AIHW website <www.aihw.gov.au> Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links): <http://www.aihw.gov.au/nhissc/> <http://meteor.aihw.gov.au/content/index.phtml/itemId/182135> The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.
Relevance	The purpose of the NAPEDC is to collect information on the characteristics of emergency department care for non-admitted patients registered for care in emergency departments in selected public hospitals classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or B (Large hospitals). In 2011–12, hospitals in peer groups A and B provided over 80 per cent of all public hospital accident and emergency occasions of service. The data presented here are not necessarily representative of the hospitals not included in the NAPEDC. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.
Timeliness	Data are reported by jurisdiction of presentation, regardless of the jurisdiction of usual residence. The reference period for these data is 2011–12. The financial year of 2011-12 is the first reporting period that these data are available according to the agreed specification.
Accuracy	For 2010–11, the coverage of the NAPEDC was 100 per cent in all jurisdictions for public hospitals in peer groups A and B. For 2011–12, the preliminary estimate of the proportion of emergency occasions of service reported to the NAPEDC was 100 per cent for public hospitals in peer groups A and B. In the baseline year (2007-08) for this indicator, the Tasmanian North West Regional Hospital comprised the combined activity of its Burnie Campus and its Mersey Campus. This hospital was a Peer Group B

hospital. There was then a change in administrative arrangements for Mersey and it became the only hospital in the country owned and funded by the Australian Government and, by arrangement, operated by the Tasmanian Government. This administrative change necessitated reporting of these campuses as separate hospitals from 2008-09 onwards. On its own the North West Regional Hospital (Burnie Campus only) is a Peer Group B hospital, whilst, on its own the Mersey Community Hospital is a Peer Group C hospital. Burnie and Mersey did not substantially change their activity, rather, it is simply a case that activity is now spread across two hospitals. For National Healthcare Agreement purposes, although it is a Peer Group C hospital, the Mersey Community Hospital continues to be included in reporting for Peer Group B hospitals to ensure comparability over time for Tasmania.

Data for the Albury Base Hospital (previously reported in New South Wales hospital statistics) were reported in Victorian hospital statistics. This reporting arrangement should be factored into any analysis of data for New South Wales and Victoria.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Coherence

The data reported for 2011–12 are consistent with data reported for the NNAPEDCD for previous years for individual hospitals.

In addition, the data reported to the NNAPEDCD in previous years has been consistent with the numbers of emergency occasions of services reported to the National Hospital Establishments Database (NPHED) for each hospital for the same reference year.

Future time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage.

The information presented for this indicator are calculated using the same methodology as data published in *Australian hospital statistics 2010-11 emergency department care* and *Australian hospital statistics 2010-11* and the *National Healthcare Agreement: performance report 2010–11*.

Interpretability

Metadata information for the NAPEDC NMDS and the NAPEDC DSS are published in the AIHW's online metadata repository—METeOR, and the *National health data dictionary*.

METeOR and the National health data dictionary can be accessed on the AIHW website at:

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/181162>>

<http://www.aihw.gov.au/publication-detail/?id=6442468385>

The Data Quality Statement for the National Non-Admitted Patient Emergency Department Care Database can be accessed on the AIHW website at: <http://meteor.aihw.gov.au/content/index.phtml/itemId/497269>

Accessibility

The AIHW provides a variety of products that draw upon the NNAPEDCD. Published products available on the AIHW website are: *Australian hospital statistics* suite of products with associated Excel tables. These products may be accessed on the AIHW website at: <http://www.aihw.gov.au/hospitals/>

Data Quality Statement — Indicator 22: Healthcare associated infections

Key data quality points

- The indicator uses a definition of a patient episode of *Staphylococcus aureus* bacteraemia (SAB) agreed by all states and territories and used by all states and territories.
- There may be imprecise exclusion of private hospital and non-hospital patient episodes due to the inherent difficulties in determining the origins of SAB episodes.
- For some states and territories there is less than 100 per cent coverage of public hospitals. For those jurisdictions with incomplete coverage of public hospitals (in the numerator), only patient days for those hospitals that contribute data are included (in the denominator). Differences in the types of hospitals not included may impact on the accuracy and comparability of rates.
- The accuracy and comparability of the rates of SAB among jurisdictions and over time is also limited because the count of patient days (denominator) reflects the amount of admitted patient activity, but does not reflect the amount of non-admitted patient activity.
- The data for 2011-12 are comparable with those from 2010-11 except for Queensland.
- The patient day data may be preliminary for some hospitals/jurisdictions.

Target/Outcome	Australians receive appropriate high quality and affordable hospital and hospital related care
Indicator	Healthcare associated infections
Measure (computation)	SAB patient episodes (as defined below) associated with acute care public hospitals. Patient episodes associated with care provided by private hospitals and non-hospital healthcare are excluded. The definition of an acute public hospital is 'all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospital Establishments NMDS'. All types of public hospitals are included, both those focusing on acute care, and those focusing on non-acute or sub-acute care, including psychiatric, rehabilitation and palliative care. Unqualified newborns are included in the indicator. Hospital boarders and posthumous organ procurement are excluded from the indicator. A patient episode of SAB is defined as a positive blood culture for <i>Staphylococcus aureus</i>. 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 <i>Staphylococcus aureus</i> bacteraemia will be considered to be healthcare-associated if: the first positive blood culture is collected more than 48 hours after hospital admission or less than 48 hours after discharge, OR, if the first positive blood culture is collected 48 hours or less after admission and one or more of the following key clinical criteria was met for the patient-episode of SAB: 1. SAB is a complication of the presence of an indwelling medical device (e.g. intravascular line, haemodialysis vascular access, CSF shunt, urinary catheter) 2. SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site 3. An invasive instrumentation or incision related to the SAB was performed within 48 hours 4. SAB is associated with neutropenia ($<1 \times 10^9$) contributed to by cytotoxic therapy This definition of a patient episode of SAB was agreed by all states and

	territories and used by all states and territories for reporting for the 2010-11 year. The <i>denominator</i> is number of patient days for public acute care hospitals (only for hospitals included in the surveillance arrangements). Calculation is $10\,000 \times (\text{Numerator} \div \text{Denominator})$, presented as a number per 10 000 and number only. Coverage: Denominator $\div$ Number of patient days for all public hospitals in the State or Territory.
Data source/s	<i>Numerator:</i> State and Territory healthcare-associated infection surveillance data. <i>Denominator:</i> 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'. All types of public hospitals are included, both those focusing on acute care, and those focusing on non-acute or sub-acute care, including psychiatric, rehabilitation and palliative care. The provision of 'acute' services varies among jurisdictions, so it is not possible to exclude 'non-acute' hospitals from the indicator in a way that would be uniform among the states and territories. Therefore all public hospitals have been included in the scope of the indicator so that the same approach is taken for each State and Territory. The SAB patient episodes reported were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). No denominator is available to describe the total admitted and non-admitted patient activity of public hospitals. However, the number of patient days for admitted patient activity is used as the denominator to take into account the large differences between the sizes of the public hospital sectors among the jurisdictions. The accuracy and comparability of the SAB rates among jurisdictions and over time is limited because the count of patient days reflects the amount of admitted patient activity, but does not reflect the amount of non-admitted patient activity. The amount of hospital activity that patient days reflect varies among jurisdictions and over time because of variation in admission practices. In 2012, the scope of the indicator was revised to include unqualified newborns. Data backcast for 2010-11 are provided in addition to the current reference period. It is not possible to backcast the data for earlier years. Only patient episodes associated with public acute care hospitals in each jurisdiction are counted. If a case is associated with care provided in another jurisdiction then it may be reported (where known) by the jurisdiction where the care associated with the SAB occurred. Almost all patient episodes of SAB will be diagnosed when the patient is

Timeliness**Accuracy**

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.

The reference period for this data is 2011-12.

For some states and territories there is less than 100 per cent coverage of public hospitals. For those jurisdictions with incomplete coverage of public hospitals (in the numerator), only patient days for those hospitals (or parts of hospitals) that contribute data are included (in the denominator). Differences in the types of hospitals not included may impact on the accuracy and comparability of rates.

For 2010-11 and previous years, data for Queensland include only patients aged 14 years and over.

Sometimes it is difficult to determine if a case of SAB is associated with care provided by a particular hospital. Counts therefore may not be precise where cases are incorrectly included or excluded. However, it is likely that the number of cases incorrectly included or excluded would be small.

It is possible that there will be less risk of SAB in hospitals not included in the SAB surveillance arrangements, especially if such hospitals undertake fewer invasive procedures than those hospitals which are included.

There may be imprecise exclusion of private hospital and non-hospital patient episodes due to the inherent difficulties in determining the origins of SAB episodes.

For 2011-12 and backcast 2010-11 data, all states and territories used the definition of SAB patient episodes associated with acute care public hospitals as defined above.

The patient day data may be preliminary for some hospitals/jurisdictions.

Coherence

National data for this indicator were first presented in the 2010 COAG Reform Council report. Since that report further work has been undertaken on data development for this indicator, including the definition of an episode of SAB and a suitable denominator, as well as the coverage of public hospitals. The most recent work has been to revise the scope of the indicator to include unqualified newborns. Data have been backcast for the 2010-11 reference period. It is not possible to backcast the data for earlier years. Data for 2011-12 and 2010-11 are therefore not comparable with data for previous years. The 2011-12 and 2010-11 data presented in this report are comparable, except for Queensland, where the 2010-11 data does not include patients aged 13 years and under.

As 2008-09 data were provided prior to the development of agreed national definitions, by only five jurisdictions, and was limited to principal referral and large hospitals, these data are not comparable with 2009-10 data, except for Tasmania.

Some jurisdictions have previously published related data (see Accessibility below).

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.

Accessibility

The following states and territories publish data relating to healthcare-associated SAB in various report formats on their websites:

New 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/peh/tasmanian_infection_prevention_and_control_unit/publications_and_guidelines

Western Australia: Healthcare Associated Infection Unit - Annual Report and aggregate reports.

http://www.public.health.wa.gov.au/3/455/3/reports__healthcare_associated_infection_unit.pm

South Australia: Healthcare Associated Bloodstream Infection Report.

<http://www.health.sa.gov.au/INFECTIONCONTROL/Default.aspx?PageContentID=18&tabid=147>

Queensland: Queensland Health Hospital Performance website.

<http://www.health.qld.gov.au/hospitalperformance/default.aspx>

Data Quality Statement — Indicator 23: Unplanned hospital readmission rates

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- The indicator is an underestimate of all possible unplanned/unexpected readmissions because:
 - it could only be calculated for public hospitals and for readmissions to the same hospital
 - episodes of non-admitted patient care provided in outpatient clinics or emergency departments which may have been related to a previous admission are not included
 - the unplanned and/or unexpected readmissions are limited to those having a principal diagnosis of a post-operative adverse event for which a specified International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) diagnosis code has been assigned. This does not include all possible unplanned/unexpected readmissions.
- Calculation of the indicator for Western Australia was not possible using data from the NHMD. Data for Western Australia were supplied by WA Health and Australian rates and numbers do not include Western Australia.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Outcome	Australians receive appropriate high quality and affordable hospital and hospital related care
Indicator	Unplanned/unexpected readmissions within 28 days of selected surgical admissions. For the 2013 report, the National Health Information Standards and Statistics Committee (NHISSC), on behalf of Australian Health Ministers' Conference, amended the title of this indicator in the NHISSC specifications to: Unplanned hospital readmission rates to better reflect how the indicator is calculated. Readmissions for this indicator are defined within 28 days from the end of the patient's surgical episode of care.
Measure (computation)	<i>Numerator:</i> 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; appendectomy • the readmission occurs within 28 days of the previous date of separation • the principal diagnosis for the readmission is a post-operative complication. <i>Denominator:</i> 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; appendectomy. The denominator is limited to separations with a separation date between 1 July and 19 May in the reference year.
Data source/s	For all jurisdictions except Western Australia, this indicator is calculated by the Australian Institute of Health and Welfare (AIHW) using data from the NHMD, based on the national minimum data set (NMDS) for Admitted patient care. For Western Australia, the indicator was calculated and supplied by WA Health and was not independently verified by the AIHW.

Institutional environment

For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2006 and Estimated Resident Population (ERP) by Statistical Local Area (SLA) as at 30 June 2011. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: each separation is allocated an ABS remoteness area, as specified in the Australian Standard Geographical Classification, based on the Statistical Local Area of usual residence of the patient

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The Australian Institute of *Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988* (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <www.aihw.gov.au>

Data for the NESWTDC were supplied to the AIHW by State and Territory health authorities under the terms of the National Health Information Agreement (see the following links):

<<http://www.aihw.gov.au/nhissc/>>

< <http://meteor.aihw.gov.au/content/index.phtml/itemId/182135>>

The State and Territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation

Relevance

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals

operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

The analyses by remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient. The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2010 SLAs (used for 2010–11 data), 2010 SLA boundaries are mapped back to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2011 due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) divided by the total number of separations for people living in that remoteness area or SEIFA population group and hospitalised in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

The unplanned and/or unexpected readmissions counted in the computation for this indicator have been limited to those having a principal diagnosis of a post-operative adverse event for which a specified ICD 10 AM diagnosis code has been assigned. Unplanned and/or unexpected readmissions attributable to other causes have not been included.

With regard to hysterectomy, there are three procedures that are in scope for the indicator, but currently not included in any NHA reporting (all years). These are (in ICD-10 7th edition), 35750-00—Laparoscopically assisted vaginal hysterectomy; 35753-02—Laparoscopically assisted vaginal hysterectomy with removal of adnexa; 35653-00—Subtotal abdominal hysterectomy. In 2010–11, 1,627 separations involved one of these procedures from public hospitals.

The calculation of the indicator is limited to public hospitals and to readmissions to the same hospital.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

The reference period for this data set is 2010–11.

For 2010–11, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the Australian Capital Territory.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory.

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

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historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The Indigenous status data are of sufficient quality for statistical reporting for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia and Western Australia (public and private hospitals) and Northern Territory (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and Australian Capital Territory (public and private hospitals) should be interpreted with caution until further assessment of Indigenous identification is 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 Western Australia the indicator was calculated and supplied by WA Health.

To calculate this indicator, the readmissions needed to be reported in the 2010–11 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 2010–11.

Data on procedures are recorded uniformly using the Australian Classification of Health Interventions. Data on diagnoses are recorded uniformly using the ICD 10 AM.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example where the denominator is very small. The following rules were applied:

- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 200.
- Rates were suppressed where the numerator was zero and the denominator was less than 200.
- Counts were suppressed when the number was less than 5.
- Data for private hospitals in Tasmania, Australian Capital Territory and the Northern Territory were suppressed.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2010–11* and the *National healthcare agreement: performance report 2010–11*.

The data can be meaningfully compared across reference periods for all jurisdictions.

However, caution is required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat

information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

The *National health data dictionary* can be accessed online at:

<http://www.aihw.gov.au/publication-detail/?id=6442468385>

The Data Quality Statement for the National Hospital Morbidity Database can be accessed on the AIHW website at:
<http://www.aihw.gov.au/publication-detail/?id=10737421633&tab=2>

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are: *Australian hospital statistics* suite of products with associated Excel tables. These products may be accessed on the AIHW website at:
<http://www.aihw.gov.au/hospitals/>

Data Quality Statement — Indicator 25: Rate of community follow up within first seven days of discharge from a psychiatric admission

Key data quality points

- States and territories vary in their capacity to accurately track post discharge follow up between hospital and community service organisations, due to the lack of unique patient identifiers or data matching systems.
- For NHA 2013 reporting, only disaggregation by state and territory is reported, with advice on technical issues associated with additional disaggregations to be sought for future reporting.

Outcome	Australians receive appropriate high quality and affordable hospital and related care
Indicator	Proportion of separations from the mental health service organisation's acute psychiatric inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated, was recorded in the seven days following that separation
Measure (computation)	The <i>numerator</i> is the number of in-scope separations from the mental health service organisation's acute psychiatric inpatient unit(s) for which a community ambulatory service contact, in which the consumer participated, was recorded in the seven days following that separation. The <i>denominator</i> is the number of in-scope separations for the mental health service organisation's acute psychiatric inpatient unit(s). Calculation is $100 \times (\text{Numerator} \div \text{Denominator})$
Data source/s Institutional environment	State/territory admitted patient and community mental health care data. The tables for this indicator were prepared by the Department of Health and Ageing (DoHA) and quality-assessed by the AIHW. AIHW drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) in consultation with DoHA. 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. The data were supplied to DoHA by state and territory health authorities. The state and territory health authorities receive these data from public sector community mental health services and public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Community mental health services and public 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 for publication in the <i>National mental health report 2013</i>, <i>COAG national action plan on mental health—progress report 2010–11</i>, and <i>Report on government services 2013</i>.
Relevance	Estimates are based on all 'in scope' separations from state and territory psychiatric acute inpatient units, where 'in scope' is defined as those separations for which it is meaningful to examine community follow-up rates. The following separations were excluded: same day separations; overnight separations that occur through discharge/transfer to another hospital; statistical discharge – type change; left against medical advice/discharge at own risk and death Data for all years reflect full financial year activity – that is, all in scope separations from public sector acute psychiatric units between the period 1 July and 30 June for each financial year. Community mental health contacts counted for determining whether follow-up occurred are restricted to those in which the consumer

	participated. These may be face-to-face or 'indirect' (e.g., by telephone), but not contacts delivered 'on behalf of the client' in which they did not participate, with the exception of the Northern Territory which includes all contacts, but advised that the impact on the indicator is believed to be marginal. Contacts made on the day of discharge are also excluded for all jurisdictions. Only community mental health contacts made by state and territory public mental health services are included. Where responsibility for clinical follow-up is managed outside the state/territory mental health system (e.g., by private psychiatrists, general practitioners), these contacts are not included. States and territories vary in their capacity to accurately track post discharge follow up between hospital and community service organisations, due to the lack of unique patient identifiers or data matching systems. Two jurisdictions —Tasmania and South Australia —indicated that the data submitted were not based on unique patient identifier or data matching approaches. This factor can contribute to an appearance of lower follow-up rates for these jurisdictions. For 2013 NHA reporting, only disaggregation by state and territory is reported, with advice on technical issues associated with additional disaggregations to be sought from the Mental Health Information Strategy Subcommittee (MHISS) and National Mental Health Performance Subcommittee (NMHPSC) for future reports.
Timeliness	The reference periods for these data are 2007–08, 2008–09, 2009–10 and 2010–11.
Accuracy	State and territory jurisdictions differ in their capacity to accurately track post discharge follow up between hospital and community service organisations (see Relevance section above for further information).
Coherence	Specifications for this indicator were revised for the National Healthcare Agreement to align with specifications for the nationally agreed key performance indicators for public mental health services. Specifically, the revised indicator focuses on follow up care for people discharged from acute psychiatric units only, rather than discharges from all psychiatric units. To align the indicator with the national specifications, revised data for all years were re-submitted by all states and territories so the indicator is comparable across the reported reference periods. This indicator is currently reported in progress reports of the <i>COAG national action plan on mental health</i>, and the <i>Report on government services</i> (sourced from the COAG report). It is also equivalent to the Key Performance Indicators for Australian Public Mental Health Services: MHS PI 12—<i>Post-discharge community care</i> (which this new indicator is based on) and the Fourth National Mental Health Plan: NMHP PI 16—<i>Rates of post-discharge community care</i> (which is expected be reported in the <i>National mental health report</i> in June 2013 and revised to match MHS PI 12)).
Interpretability	Information will be available in the forthcoming <i>COAG national action plan on mental health—progress report 2010–11</i>
Accessibility	<i>COAG national action plan on mental health progress reports</i> available at: http://www.coag.gov.au <i>Report on government services</i> available at: http://www.pc.gov.au/gsp/rogs <i>National mental health report</i> available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-data

Data Quality Statement — Indicator 26: 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.

Outcome	Older Australians receive appropriate high quality and affordable health and aged care services
Indicator	Operational residential and community aged care places per 1000 people aged 70 years or over (and Aboriginal and Torres Strait Islander people aged 50 years and over), excluding services funded through Home and Community Care (HACC)
Measure (computation)	<i>Numerator:</i> Number of operational residential and community aged care places at 30 June (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 and the Innovative 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 (except when broken down into aged care region); Multi-Purpose Services; and places delivered under the Aboriginal and Torres Strait Islander Aged Care Strategy in the community as well as Innovative Care Programs (including Consumer Directed Care) provided in the community. <i>Denominator:</i> 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 ($1000 \times \text{numerator} \div \text{denominator}$). Rate (per 1000 population) calculated separately for residential and community aged care places.
Data source/s	<i>Numerator:</i> 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 (DoHA). <i>Denominator:</i> For total population: Population projections based on 2006 Census prepared for DoHA by the Australian Bureau of Statistics (ABS) according to the assumptions agreed to by DoHA as at 30 June 2012. For June 2012, DoHA Indigenous population projections were prepared from ABS Indigenous Experimental 2006 ERP data (at SLA level) projected forward so as to align with published ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at the state level and at Remoteness Area level. The Indigenous Estimated Resident Population at 30 June 2006 (ABS cat no 3238.0.55.001) was used to proportionally split the remoteness areas classification of Inner

	Regional/Outer Regional and Remote/Very Remote. The resulting projections of the Indigenous population were created by DoHA and are not ABS projections.
Institutional environment	Approved services submit data to Department of Human Services, Medicare to claim subsidies from the Australian Government. This data is provided to DoHA to administer services under the <i>Aged Care Act 1997</i> 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 DoHA 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 includes all places offered by aged care services subsidised by the Australian Government under the programs identified above. Residential places are those 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 2012, 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. Community care places are those allocated to an Aged Care Planning Region which were operational at 30 June 2012 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 (including Consumer Directed Care) provided in the community. Note that it does not include places allocated under the Transition Care Program only for Aged Care Planning Region, as it is not possible to disaggregate these places by Aged Care Planning Region.
Timeliness	This indicator does not include services funded through HACC. Based on a stocktake of aged care places which were operational at 30 June 2012. 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 for the numerator in this indicator are consistent and comparable over time. This indicator is consistent with other publicly available information about aged care places. Indigenous population projections have been calculated using a different method compared with that used in previous years. This will have a small effect on comparability with results from previous years.
Interpretability	Further information on definitions is available in the <i>Aged Care Act 1997</i> and Aged Care Principles, in the Residential Aged Care Manual 2009, draft Community Packaged Care Guidelines 2007, and Transition Care Program guidelines.
Accessibility	Aggregated data items are published in the SCRGSP's Report on Government Services, the Reports on the Operation of the <i>Aged Care Act 1997</i> prepared by DoHA, and in the AIHW's Aged care statistics series.

Data Quality Statement — Indicator 27: Number of 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 data set 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 is 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 Australian Capital Territory.

Outcome	Older Australians receive appropriate high quality and affordable health and aged care services
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 <i>numerator</i> is the number of patient days used by patients who are waiting for residential aged care 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). Includes overnight separations only. The <i>denominator</i> 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 $1,000 \times (\text{numerator} \div \text{denominator})$.
Data source/s	<i>Numerator and denominator:</i> 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 Australian Bureau of Statistics (ABS) Index of Relative Socio-Economic Disadvantage 2006 and ERP by statistical local area (SLA) as at 30 June 2010. 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) is a major national agency set up by the Australian Government under the <i>Australian Institute of Health and Welfare Act 1987</i> to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through

the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The Australian Institute of *Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988* (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <www.aihw.gov.au>

Data for the NESWTDC were supplied to the AIHW by State and Territory health authorities under the terms of the National Health Information Agreement (see the following links):

<<http://www.aihw.gov.au/nhissc/>>

< <http://meteor.aihw.gov.au/content/index.phtml/itemId/182135>>

The State and Territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation

Relevance

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

This indicator is a proxy indicator.

Analyses by remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient. The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2010 SLAs (used for 2010–11 data), 2010 SLA boundaries are mapped backed to 2006 SLA boundaries.

It is possible that the demographic profile of some areas may have changed between 2006 and 2011 due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Patient days are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of residence. Hence, rates represent the number of patient days for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of usual residence) divided by the total number of patient days for patients living in that remoteness area or SEIFA population group hospitalised in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction (for example, the Australian Capital Territory). Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness
Accuracy

The reference period for these data is 2010–11.

For 2010–11 almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW 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 against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

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 for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia and Western Australia (public and private hospitals) and Northern Territory (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and Australian Capital Territory (public and private hospitals) 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 service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Counts less than 3 were suppressed.
- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1,000.
- Rates which appear misleading (for example, because of cross border flows) were also suppressed.
- Consequential suppression was applied where appropriate to protect

confidentiality.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2010–11*.

The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in National Healthcare Agreement reports.

However, caution is required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

The *National health data dictionary* can be accessed online at:

<http://www.aihw.gov.au/publication-detail/?id=6442468385>

The Data Quality Statement for the National Hospital Morbidity Database can be accessed on the AIHW website at:
<http://www.aihw.gov.au/publication-detail/?id=10737421633&tab=2>

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are: Australian hospital statistics suite of products with associated Excel tables. These products may be accessed on the AIHW website at:
<http://www.aihw.gov.au/hospitals/>

Interpretability	The Patient Experience survey provides the only national data available for this indicator. At this stage, there are no other comparable data sources. Context: This data was collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey. Other Supporting information: The ABS Patient Experience data is published in Patient Experiences in Australia: Summary of Findings, 2011-12 (cat. no. 4839.0). This publication includes explanatory and technical notes. Socioeconomic status definition: The SEIFA Index of Relative Socio-economic Disadvantage uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households. Socioeconomic status derivation: The SEIFA index of relative socio-economic disadvantage is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles. Socioeconomic status deciles derivation: Deciles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1000 and roughly two-thirds of the scores lie between 900 and 1100. The CDs are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom 10 per cent of CDs, Decile 2 contains the next 10 per cent of CDs and so on.
Accessibility	Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in Patient Experiences in Australia: Summary of Findings, 2011-12 (cat. no. 4839.0). Data publicly available in Health Services: Patient Experiences in Australia, 2009 (cat. no. 4839.0.55.001), Patient Experiences in Australia: Summary of Findings, 2010-11 and Patient Experiences in Australia: Summary of Findings, 2011-12 (cat. no. 4839.0). Data for this indicator is shown by age, sex, SEIFA and remoteness. Jurisdictional data is not currently publically available but may be made available in the future. Data is not available prior to public access. Supplementary data is available. Additional data from the Patient Experience Survey is available upon request. Access permission/Restrictions: Customised data requests may incur a charge. Contact Details: For more information, please call the ABS National Information and Referral Service on 1300 135 070.

are coherent.

The 'accreditation period' only shows the decision in effect at 30 June of that year. The figures will not necessarily be consistent with the accreditation decisions made in the previous year because those decisions may not yet have taken effect, or may have been superseded. The data vary across years according to how many homes were due for assessment during the year. The year 2010-11 is a period between the accreditation peaks and consequently the number of decisions is much lower than for 2009-10. The comparison across reference periods of the number of homes assessed is not meaningful. The comparison across reference periods of the proportions of re-accredited homes is meaningful and comparable.

The measure excludes those homes where there are reasonable grounds to believe there may be significant and systemic failure. The possible decisions available following a review audit of this kind are:

- to revoke the service's accreditation,
- not revoke and not vary the period of accreditation, or
- not revoke and to vary the period of accreditation.

'Re-accreditation' is not a decision available following a review audit under the Accreditation Grant Principles 2011.

Interpretability

The data are collected by the Aged Care Standards and Accreditation Agency and are readily available.

Accessibility

The data are restricted to re-accreditations within the previous financial year and exclude those homes that are reviewed during a financial year for possible systemic failures.

Terms used in the dataset may be ambiguous because a user may not understand that the data has limitations as a proxy measure of the industry's performance.

The Report on Government Services includes footnotes and explanations on this measure.

Data Quality Statement — Indicator 30: Elapsed times for aged care services

Key data quality points

- The measure of 'elapsed time' is used as a proxy for demand for aged care services, however there are many factors that cannot be categorised as time spent 'waiting' and not all 'waiting' time is included in this measure.

Outcome	Older Australians receive appropriate high quality and affordable health and aged care services.
Indicator	The elapsed time between an Aged Care Assessment Team (ACAT) approval and entry into a residential aged care service or commencement of a Community Aged Care Package (CACP), Extended Aged Care at Home (EACH) package or Extended Aged Care at Home Dementia (EACHD) package.
Measure (computation)	<i>Numerator:</i> Number of new aged care recipients who commence a service within the following elapsed time periods during 2011-12: • Within two days or less • Seven days or less • Less than one month • Less than three months • Less than nine months <i>Denominator:</i> Total number of new aged care recipients during 2011-12. Expressed as percentage of people admitted by length of entry period and service type ($100 \times \text{numerator} \div \text{denominator}$) calculated separately for each service type and elapsed time period.
Data source/s	Australian Government Department of Health and Ageing's Aged Care Assessment Program (ACAP) Minimum Data Set. Australian Government Department of Health and Ageing's Aged Care Data Warehouse.
Institutional environment	Approved service providers submit data to the Department of Human Services to claim subsidies from the Australian Government for services delivered under the <i>Aged Care Act 1997</i> and Aged Care Principles. These data are provided to the DoHA and are stored in the Ageing and Aged Care data warehouse. The tables for this indicator were prepared by the Department of Health and Ageing (DoHA) and quality-assessed by the Australian Institute of Health and Welfare (AIHW). The data quality statement was developed by DoHA and includes comments from the AIHW. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator.
Relevance	The measure of 'elapsed time' is utilised because the period of time between the ACAT approval and entry into residential care or commencement of community care may be influenced by factors that cannot be categorised as time spent 'waiting' and not all 'waiting' time is included. Factors that influence this indicator are: • care placement offers that are not accepted • the availability of alternative community care, informal care and respite services • variations in care fee regimes that influence client choice of preferred service • building quality and perceptions about quality of care that influence client choice of preferred service.
Timeliness	The reference period for this data set is 2011-12.
Accuracy	The elapsed time between an Aged Care Assessment Team (ACAT) approval and entry into an aged care service is retrospective i.e. the

	elapsed time is calculated once a person has obtained entry into an aged care service. The data for elapsed time by remoteness and SEIFA were sourced at a later date than the data for elapsed time by state/territory resulting in slightly larger total numbers of admissions. The variance between each breakdown of this indicator is less than 0.5 per cent.
Coherence	The state/territory level data items used to construct this performance indicator are consistent and comparable over time. As noted in the accuracy section, there is variance between the state/territory level data items and the data for remoteness and SEIFA for the 2011-12 data. The data for remoteness and SEIFA will be sourced at the same time as the state/territory level data in future years to ensure the admission totals for each breakdown of elapsed time are consistent. The data items for 2012-2013 onwards used to construct this performance indicator will be consistent and comparable over time.
Interpretability	The Report on Government Services includes footnotes and explanations on this measure.
Accessibility	The data for this indicator are also used to report in the Report on Government Services.

Data Quality Statement — Indicator 32: Patient satisfaction/experience

Outcome	Australians have positive health and aged care experiences which take account of individual circumstances and care needs
Indicator	Patient satisfaction/experience
Measure (computation)	<i>Measure:</i> Nationally comparable information that indicates levels of patient satisfaction around key aspects of care they received.

Numerator:

32.1 - persons who saw a GP for their own health in the last 12 months reporting they waited longer than felt acceptable to get an appointment.

32.2 - persons who saw a GP for their own health in the last 12 months reporting they waited longer than felt acceptable to get an appointment.

32.3 - persons who were referred to a medical specialist in the last 12 months who waited longer than they felt acceptable to get an appointment.

32.4 - persons who were referred to a medical specialist in the last 12 months who waited longer than they felt acceptable to get an appointment.

32.5 - persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them.

32.6 - persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them.

32.7 - persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them.

32.8 - persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them.

32.9 - persons who saw a dental practitioner in the last 12 months reporting the dental practitioner always or often: listened carefully, showed respect, and spent enough time with them.

32.10 - persons who saw a dental practitioner in the last 12 months reporting the dental practitioner always or often: listened carefully, showed respect, and spent enough time with them.

32.11 - persons who had been to a hospital emergency department in the last 12 months reporting doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them.

32.12 - persons who had been to a hospital emergency department in the last 12 months reporting doctors or specialists always or often: listened

carefully, showed respect, and spent enough time with them.

32.13 - persons who had been to a hospital emergency department in the last 12 months reporting nurses always or often: listened carefully, showed respect, and spent enough time with them.

32.14 - persons who had been to a hospital emergency department in the last 12 months reporting nurses always or often: listened carefully, showed respect, and spent enough time with them.

32.15 - persons who had been admitted to a hospital in the last 12 months reporting doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them.

32.16 - persons who had been admitted to a hospital in the last 12 months reporting doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them.

32.17 - persons who have been admitted to a hospital in the last 12 months reporting nurses always or often: listened carefully, showed respect, and spent enough time with them.

32.18 - persons who have been admitted to a hospital in the last 12 months reporting nurses always or often: listened carefully, showed respect, and spent enough time with them.

32.19 - persons who saw a GP for their own health in the last 12 months reporting they waited longer than felt acceptable to get an appointment.

32.20 - persons who were referred to a medical specialist in the last 12 months who waited longer than they felt acceptable to get an appointment.

32.21 - persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them.

32.22 - persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them.

32.23 - persons who saw a dental practitioner in the last 12 months reporting the dental practitioner always or often: listened carefully, showed respect, and spent enough time with them.

32.24 - persons who had been to a hospital emergency department in the last 12 months reporting doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them.

32.25 - persons who had been to a hospital emergency department in the last 12 months reporting nurses always or often: listened carefully, showed respect, and spent enough time with them.

32.26 - persons who had been admitted to a hospital in the last 12 months reporting doctors or specialists always or often: listened carefully, showed

respect, and spent enough time with them.

32.27 - persons who have been admitted to a hospital in the last 12 months reporting nurses always or often: listened carefully, showed respect, and spent enough time with them.

Denominator:

32.1 - persons who saw a GP for their own health in the last 12 months, excluding persons who were interviewed by proxy.

32.2 - persons who saw a GP for their own health in the last 12 months, excluding persons who were interviewed by proxy.

32.3 - persons who were referred to a medical specialist in the last 12 months, excluding persons who were interviewed by proxy.

32.4 - persons who were referred to a medical specialist in the last 12 months, excluding persons who were interviewed by proxy.

32.5 - persons who saw a GP for their own health in the last 12 months, excluding persons who were interviewed by proxy.

32.6 - persons who saw a GP for their own health in the last 12 months, excluding persons who were interviewed by proxy.

32.7 - persons who saw a medical specialist in the last 12 months, excluding persons who were interviewed by proxy.

32.8 - persons who saw a medical specialist in the last 12 months, excluding persons who were interviewed by proxy.

32.9 - persons who saw a dental professional in the last 12 months, excluding persons who were interviewed by proxy.

32.10 - persons who saw a dental professional in the last 12 months, excluding persons who were interviewed by proxy.

32.11 - persons who had been to a hospital emergency department in the last 12 months, excluding persons who were interviewed by proxy.

32.12 - persons who had been to a hospital emergency department in the last 12 months, excluding persons who were interviewed by proxy.

32.13 - persons who had been to a hospital emergency department in the last 12 months, excluding persons who were interviewed by proxy.

32.14 - persons who had been to a hospital emergency department in the last 12 months, excluding persons who were interviewed by proxy.

32.15 - persons who had been admitted to a hospital in the last 12 months, excluding persons who were interviewed by proxy.

32.16 - persons who had been admitted to a hospital in the last 12

months, excluding persons who were interviewed by proxy.

32.17 - persons who have been admitted to a hospital in the last 12 months, excluding persons who were interviewed by proxy.

32.18 - persons who have been admitted to a hospital in the last 12 months, excluding persons who were interviewed by proxy.

32.19 - persons who saw a GP for their own health in the last 12 months, excluding persons who were interviewed by proxy.

32.20 - persons who were referred to a medical specialist in the last 12 months, excluding persons who were interviewed by proxy.

32.21 - persons who saw a GP for their own health in the last 12 months, excluding persons who were interviewed by proxy.

32.22 - persons who saw a medical specialist in the last 12 months, excluding persons who were interviewed by proxy.

32.23 - persons who saw a dental professional in the last 12 months, excluding persons who were interviewed by proxy.

32.24 - persons who had been to a hospital emergency department in the last 12 months, excluding persons who were interviewed by proxy.

32.25 - persons who had been to a hospital emergency department in the last 12 months, excluding persons who were interviewed by proxy.

32.26 - persons who had been admitted to a hospital in the last 12 months, excluding persons who were interviewed by proxy.

32.27 - persons who have been admitted to a hospital in the last 12 months, excluding persons who were interviewed by proxy.

**Data source/s
Institutional
environment**

ABS Patient Experience Survey, 2011-12

Data Collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey. It is collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment

Collection authority: The *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*.

Relevance

Data Compiler(s): Data is compiled by the Health section of the Australian Bureau of Statistics (ABS).

Statistical confidentiality is guaranteed under the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*. The ABS notifies the public through a note on the website when an error in data has been identified. The data is withdrawn, and the publication is re-released with the correct data. Key users are also notified where possible.

Level of Geography: Data is available by State/Territory, and by Remoteness (major cities, inner and outer regional, remote and very remote Australia).

Data Completeness: All data is available for this indicator from this source.

Indigenous Statistics: There are no indigenous data able to be published for this indicator.

Socioeconomic status data: Data is available by the 2006 SEIFA index of disadvantage.

Numerator/Denominator Source: Same data source.

Data for this indicator was collected for all persons in Australia, excluding the following people:

- members of the Australian permanent defence forces
- diplomatic personnel of overseas governments, customarily excluded from census and estimated population counts
- overseas residents in Australia
- members of non-Australian defence forces (and their dependents)
- people living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, retirement homes, homes for people with disabilities, and prisons.
- People living in discrete indigenous communities

The 2011-12 iteration of the Patient Experience survey was the first to include households in very remote areas, (although it still excluded discrete indigenous communities). The inclusion of very remote areas will serve to improve the coverage of the estimates, particularly for the Northern Territory. Small differences evident in the NT estimates between 2010-11 and 2011-12 may in part be due to the inclusion of households in very remote areas.

As data is drawn from a sample survey, the indicator is subject to sampling error, which occurs because a proportion of the population is used to produce estimates that represent the whole population. Rates should be considered with reference to their corresponding relative standard errors (RSEs) and 95 per cent confidence intervals. Estimates with a relative standard error between 25 per cent and 50 per cent should be used with caution, and estimates with a relative standard error over 50 per cent are considered too unreliable for general use.

Data was self-reported for this indicator. Persons who were interviewed by proxy were excluded.

Timeliness	Collection interval/s: Patient Experience data is collected annually. Data available: The 2011-12 data used for this indicator became available from 23 November 2012. Referenced Period: July 2011 to June 2012.
Accuracy	There are not likely to be revisions to this data after its release Method of Collection: The data was collected by computer assisted telephone interview. Data Adjustments: Data was weighted to represent the total Australian population, and was adjusted to account for confidentiality, non-response and partial response. Sample/Collection size: The sample for the 2011-12 patient experience data was 26,437 fully-responding households. Response rate: Response rate for the survey was 79.6 per cent Standard Errors: The standard errors for the key data items in this indicator are relatively low and provide reliable state and territory data. The data for this indicator is attitudinal, as it collects whether people felt they waited too long to get an appointment with a GP or specialist, and whether the person felt the health professional in question spent enough time with them, listened carefully and showed them respect (the 'patient satisfaction' questions).
Coherence	Data is used from personal interviews only (i.e. excluding proxy interviews). Explanatory footnotes are provided for each table. Consistency over time: 2009 was the first year data was collected for this indicator. Questions relating to waiting times for GPs were asked in a different section of the questionnaire in the 2011-12 survey from where they were asked in 2010-11. This change in question ordering may impact on a person's response. <i>Numerator/denominator:</i> The numerator and denominator are directly comparable, one being a sub-population of the other. The numerator and denominator are compiled from a single source. Jurisdiction estimate calculation: Jurisdiction estimates are calculated the same way, although the exclusion of discrete indigenous communities in the sample will affect the NT more than it affects other jurisdictions. Jurisdiction/Australia estimate calculation: All estimates are compiled the same way. Collections across populations: Data is collected the same way across all jurisdictions.

Interpretability

The Patient Experience survey provides the only national data available for this indicator. At this stage, there are no other comparable data sources.

Context: This data was collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey.

Other Supporting information: The ABS Patient Experience data is published in Patient Experiences in Australia: Summary of Findings, 2011-12 (cat. no. 4839.0). This publication includes explanatory and technical notes.

Socioeconomic status definition: The SEIFA Index of Relative Socio-economic Disadvantage uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households.

Socioeconomic status derivation: The SEIFA index of relative socio-economic disadvantage is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Socioeconomic status deciles derivation: Deciles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1000 and roughly two-thirds of the scores lie between 900 and 1100. The CDs are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom 10 per cent of CDs, Decile 2 contains the next 10 per cent of CDs and so on.

Accessibility

Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in Patient Experiences in Australia: Summary of Findings, 2011-12 (cat. no. 4839.0).

Data publicly available in Health Services: Patient Experiences in Australia, 2009 (cat. no. 4839.0.55.001) and Patient Experiences in Australia: Summary of Findings, 2010-11 (cat. no. 4839.0). Data for this indicator is shown by age, sex, SEIFA and remoteness. Jurisdictional data is not currently publically available but may be made available in the future.

Data is not available prior to public access.

Supplementary data is available. Additional data from the Patient Experience Survey is available upon request.

Access permission/Restrictions: Customised data requests may incur a charge.

Contact Details: For more information, please call the ABS National Information and Referral Service on 1300 135 070.

Data Quality Statement — Indicator 33: Full time equivalent employed health practitioners per 1000 population (by age group)

Key data quality points

- Due to the differences in data collection methods, including survey design and questionnaire, it is recommended that comparisons between workforce data from the NHWDS and the previous AIHW Labour Force Survey be made with caution.
- 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 when response rates are low. So care should be taken when drawing conclusions about the size of the differences between estimates.
- Data have been revised since the publication of Medical Practitioner Workforce 2010 and Nursing and Midwifery Workforce 2011 so these data will not match data previously published.

Outcome	Australians have a sustainable health system.
Indicator	Full time equivalent employed health practitioners per 1,000 population (by age group).
Measure (computation)	Workforce sustainability reports age profiles for nurse and midwife, medical practitioner and dental workforces. It shows the numbers of each of these registered professions in ten year age brackets, both by jurisdiction and by region.
Data source/s	National Health Workforce Data Set: medical practitioners 2010 and 2011; National Health Workforce Data Set: nurses and midwives 2011; National Health Workforce Data Set: dental practitioners 2011.
Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. The data are estimates from the National Health Workforce Data Set. Under agreement with AHMAC's Health Workforce Principal Committee, the AIHW receives registration information on health practitioners via the mandatory national registration process administered by Australian Health Practitioner Regulation Agency (AHPRA) and the voluntary Health Workforce Survey data collected at the time of registration renewal. The registration and workforce survey data are combined, cleansed and adjusted for non-response to form the National Health Workforce Data Set (NHWDS), and the findings reported by profession. AIHW is the data custodian of the NHWDS. These data are used for workforce planning, monitoring and reporting. The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.
Relevance	Medical practitioners, dental practitioners and nurses/midwives are required by law to be registered with their relevant national board to practise in Australia. All medical practitioners, dental practitioners and nurses/midwives must complete the formal registration renewal form(s) to practise in Australia. This is the compulsory component of the renewal process. The Health Workforce Surveys for each of these professions is voluntary and only practitioners who renew their registration receive a questionnaire for completion. New registrants will not receive a survey form until they renew their registration the following year, during the registration renewal period. Practitioners with limited registration are due for renewal on the anniversary of their first registration and can thus renew and complete a survey at any time through the year.

Timeliness

National Health Workforce Data Set: medical practitioners 2010 and 2011

The NHWDS: medical practitioners 2010 and 2011 contain registration details of all registered medical practitioners in Australia, as at 30 September on the annual renewal date. Data were extracted from the AHPRA database as at the end of November of the same year.

The NHWDS also contains workforce data of respondents whose principal state of practice was not Queensland or Western Australia, obtained from the Medical Workforce Survey 2010. These states were excluded from the survey because not all registrations in these states expired prior to the national registration deadline.

In 2011 the NHWDS contains workforce data obtained from the Medical Workforce Survey 2011 for all states and territories.

National Health Workforce Data Set: dental practitioners 2011

The NHWDS: dental practitioners 2011 contain registration details of all registered dental practitioners in Australia, as at 30 November 2011 renewal date.

Data were extracted from the AHPRA database as at the end of January 2012. It also contains workforce data obtained from the Dental Workforce Survey 2011.

National Health Workforce Data Set: nurses and midwives 2011

The NHWDS: nurses and midwives 2011 contain registration details of all registered nurses/midwives in Australia as at 31 May 2011 renewal date. Data were extracted from the AHPRA database as at the end of November 2011. The NHWDS also contains workforce data obtained from the Nursing and Midwifery Workforce Survey 2011.

National Health Workforce Data Set:

The NHWDS for each of the registered professions will be produced annually during the national registration renewal process. Each profession will also be administered a Workforce Survey as part of the registration renewal process.

- medical practitioners 2010 and 2011

The NHWDS: medical practitioners will be produced annually during the national registration renewal process, conducted between 1 July and 30 September each year, including the collection of the Medical Workforce Survey. The period for the 2010 renewal process was extended to the end of January 2011. Despite this extension, there were still Queensland and Western Australia registrants with expiry dates after January. Therefore data from these states were not included in the 2010 data set.

- nurses and midwives 2011

The NHWDS: nurses and midwives will be produced annually during the national registration renewal process, conducted between 1 April and 31 May each year, including the collection of the Nursing and Midwifery Workforce Survey. The period for the 2011 renewal process was extended to the end of June 2011 for Queensland and end of December 2011 for Western Australia registrants.

- dental practitioners 2011

The NHWDS: dental practitioners will be produced annually during the national registration renewal process, conducted between 1 September and 30 November each year, including the collection of the Dental Workforce Survey.

Practitioners with limited registration are due for renewal on the anniversary of their first registration and can thus renew and complete a survey at any time through the year.

Accuracy

Data manipulation and estimation processes

The registration and workforce survey data for each health profession are combined, cleansed and adjusted for non-response to form the National Health Workforce Data Set (NHWDS). The cleaning and editing procedures included range and logic checks, clerical scrutiny at unit record level, and validation of unit record and aggregate data.

The data have undergone imputation for item non-response and are 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 when response rates are low. Care should be taken when drawing conclusions about the size of the differences between estimates.

As a result of the estimation method to adjust for non-response, numbers of medical practitioners, dental practitioners or nurses/midwives may have been in fractions, but have been rounded to whole numbers for publication. The FTE rate calculations are based on rounded numbers.

Registration data from the NRAS

Registration details were migrated from the respective state and territory professional board (or council) for practitioners with registrations expiring after the official AHPRA closing date for their profession.

Some data items previously collected by the AIHW Labour Force Surveys are now collected by the NRAS. However, some data quality issues due to migrated data items from the respective state medical boards may have affected the weighting method.

Medical practitioners, dental practitioners and nurses/midwives who reside overseas have been included with practitioners whose state or territory of principal practice and state or territory of main job, respectively, could not be determined.

Health Workforce Survey

The online survey questionnaire does not include electronic sequencing of questions to automatically guide the respondent to the next appropriate question based on previous responses to questions. This resulted in a number of inconsistent responses.

The order of the response categories for some questions may have also impacted on the accuracy of the information captured. In addition, there was variation in some responses between the online and paper surveys.

NHWDS data by profession

The following should be noted when comparing state and territory indicator data from both surveys:

- The data include employed professionals who did not state or adequately describe their state of principal practice and employed professionals who reside overseas. Therefore, the national estimates include this group.

National Health Workforce Data Set: medical practitioners 2010 and 2011

- The overall response rate for 2010 (excluding Queensland and Western Australia) was 76.6 per cent. Of these respondents, 65.4 per cent completed the survey online and 34.6 per cent used the paper form.
- The overall response rate for 2011 was 85.3 per cent. Of these respondents, 84.7 per cent completed the survey online and 15.3 per cent used paper.

National Health Workforce Data Set: nurses and midwives 2011

- The overall response rate was 85.1 per cent. Of these respondents, 86.7 per cent completed the survey online and 13.3 per cent used paper.

Coherence

National Health Workforce Data Set: dental practitioners 2011

- The overall response rate was 80.3 per cent. Of these respondents, 84.5 per cent completed the survey online and 15.5 per cent used paper.

Health Workforce Survey—coherence with previous surveys

Labour force data published by the AIHW before the NRAS was established in July 2010, were the result of collated jurisdiction-level occupation-specific surveys.

The current Health Workforce Survey gathers the same information from each professional group through a separate questionnaire, tailored slightly to take account of profession-specific responses to certain questions, e.g. work setting of main job.

For this indicator, the Workforce Surveys for medical practitioners, dental practitioners and nurses and midwives collect similar data items, but the methodology differs from previous years. The AHPRA is now the single source of benchmark data instead of eight state and territories bodies for each profession, and there is greater consistency between jurisdictions and years in the scope of benchmark data.

The scope and coverage of the Health Workforce Survey is also different from that of the previous series of AIHW Labour Force Surveys as not all jurisdictions surveyed all types of registered health practitioners.

If the location of principal practice recorded in the registration data was different from the corresponding details of their main job self-reported by practitioners in the survey, the location was derived based on main job information and then on principal practice location.

Date of birth is one of many data items previously collected by the AIHW Labour Force Surveys, which is now collected by the NRAS.

The three employment-related questions in the new survey are now nationally consistent, but vary from the previous AIHW Labour Force Survey. Due to the differences in data collection methods, including survey design and questionnaire, it is recommended that comparisons between workforce data from the NHWDS and the previous AIHW Labour Force Survey be made with caution.

Health Workforce Survey—coherence with other data sources

ABS Census

The ABS Census of Population and Housing, conducted every 5 years, is the other main source of data on health workforce numbers in Australia, but is not directly comparable with numbers from the NRAS or estimates from the Workforce Surveys. The 2011 Census results include data on occupations classified using the Australian and New Zealand Standard Classification of Occupations revision 1 (ANZSCO). Occupation data reports on the main job held during the week before Census night.

The ANZSCO definition of medical practitioners and dentists effectively excludes non-clinicians, but the nursing and midwifery group includes categories for nurse managers, educators and researchers.

The 2011 Census included:

- 70 229 medical practitioners, compared to 73 980 employed clinicians in the NHWDS: medical practitioners 2011 (5.3 per cent higher). This is consistent with the differences found between the 2006 census and the earlier AIHW survey.
- 10 986 dentists, compared to 12 154 employed clinician dentists in the NHWDS: dental practitioners 2011 (10.6 per cent higher). This is consistent with the differences found between the 2006 census and the earlier AIHW survey.
- 257 182 nurses and midwives, compared to 286 701 employed nurses

and midwives in the NHWDS: nurses and midwives 2011 (11.5 per cent higher). There was no nursing survey conducted in 2006 so no comparator for the 2006 Census, but the difference is marginally higher than that for Medical practitioners and may reflect some nurses being reported in non-nursing categories. There were 227 712 employed clinical nurses and midwives in the NHWDS: nurses and midwives 2011. There were 189 017 not stated and unknown responses to the occupation field in the census plus 32 125 Professionals (no further description) plus 2 114 Health professionals (no further description) coded in the Census, which, if evenly distributed, would increase the figures approximately 4 per cent.

Medicare claims data from DoHA

According to the Medicare claims systems, 27 639 medical practitioners provided General practice services claimed for on Medicare during to 2010/11 financial year, equivalent to 20 226 full time working equivalents. In the NHWDS: medical practitioners 2011, there were 25 056 general practitioners working on average 39.1 hours in the week prior to the survey.

There are a number of possible reasons for this difference, including that not all activities being undertaken by general practitioners are Medicare claimable.

AIHW Published Numbers

The rates in this report are based on people in the medical practitioner and nursing and midwifery workforce, while the AIHW generally reports only on those who are employed. As a result, the rates in this report are slightly higher than those published elsewhere. Dental practitioner data are restricted to persons employed in the public sector and are thus not comparable to figures published elsewhere.

Registration data from the NRAS—coherence with published Board data

AIHW numbers are a point in time estimate while the AHPRA numbers include people registered in the previous 12 months, thereby including registrants whose registration terminated during that period (including short term registrants).

Medical practitioners in 2010 and 2011

Data for 2010 is consistent with data reported in the 2010–11 AHPRA annual report, with 84 516 total registrations for 2010 and 87 790 total registrations on the files used by AIHW for 2011, compared with 88 293 registrations at 30 June 2011 in the AHPRA annual report. Furthermore, the Medical Board of Australia in their quarterly data tables reported 91 354 for March 2012 and 91 645 for June 2012.

Nurses/midwives in 2011

Data for 2011 is consistent with data reported in the 2010–11 AHPRA annual report, with 330 680 total registrations on the files used by AIHW for 2011, compared with 332 185 registrations at 30 June 2011 in the AHPRA annual report. The Nursing and Midwifery Board of Australia in their quarterly data tables reported 341 189 for March 2012 and 343 703 for June 2012.

Dental practitioners in 2011

Data for 2011 is consistent with data reported in the 2010–11 AHPRA annual report, with 18 803 total registrations on the files used by AIHW for 2011, compared with 18 319 registrations at 30 June 2012 in the AHPRA annual reports. The Dental Board of Australia in their quarterly data tables reported 19 087 for June 2012.

Interpretability

Extensive explanatory information for the Medical Workforce Survey,

Accessibility

Dental Workforce Survey and the Nursing and Midwifery Workforce Survey is contained in the published reports, supplementary detailed tables and data quality statements to the data set for each. This includes collection method, scope and coverage, survey response, imputation and weighting procedures, and assessment of data quality (including comparability with other data sources).

These are available via the AIHW website and readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator.

Published products available on the AIHW website include workforce reports with survey questionnaires, user guides to the data sets and supplementary detailed tables, for medical practitioners, dental practitioners and nurses and midwives.

Data Quality Statement — Cause of death

Indicator	NHA 8 and 16
Measure (computation)	Causes 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 <i>Census and Statistics Act 1905</i>. 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. From the 2006 reference year, the scope of the collection is: • all deaths registered in Australia for the reference year and which are received by the ABS by the end of the March quarter of the subsequent year; and • deaths registered prior to the reference year but not previously received from the Registrar, nor included in any statistics reported for an earlier period. For example, records received by the ABS during the March quarter of 2010 which were initially registered in 2009 or prior (but not forwarded to the ABS until 2010) are assigned to the 2009 reference year. Any registrations relating to 2009 which are received by the ABS after the end of the March quarter are assigned to the 2010 reference year. Data in the Causes of Death collection include demographic items, as well as causes of death information, which is coded according to the International Statistical Classification of Diseases and Related Health Problems (ICD). The 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 by the ABS to code cause of death since 1997.

Timeliness

See Causes of Death, Australia, 2010 (cat.no. 3303.0) for further detail on scope and coverage of the collection.

Death records are provided electronically to the ABS by individual Registrars and the National Coroners Information System (NCIS) 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.

Causes of Death data and Causes of Death, Doctor Certified Deaths are published annually, following the publication of Deaths, Australia (ABS cat 3302.0) in November of each year.

There is a focus on fitness for purpose when causes of death statistics are released. To meet user requirements for accurate causes of death data, it is necessary to obtain information from other administrative sources before all information for the reference period is available (e.g. information from finalisation of coronial proceedings to code an accurate cause of death). A balance therefore needs to be maintained between accuracy (completeness) of data and timeliness. The ABS provides the data in a timely manner, ensuring that all coding possible can be undertaken with accuracy prior to publication.

Accuracy

In addition, to address the issues which arise through the publication of causes of death data for open coroners' cases, these data are now subject to a revisions process. This process enables the use of additional information relating to coroner certified deaths either 12 or 24 months after initial processing. See Causes of Death, Australia, 2010 (cat.no. 3303.0) Explanatory Notes and Technical Note: Causes of Death Revisions for further information on the revision process.

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. The most significant of these errors are: mis-reporting of data items; deficiencies in coverage; incomplete records; and processing errors. Every effort is made to minimise non-sample error by working closely with data providers, running quality checks throughout the data processing cycle, training of processing staff, and efficient data processing 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.

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 (e.g. finalisation of coronial proceedings). A balance needs to be maintained between accuracy (completeness) of data and timeliness, taking account of the different needs of users.

Previous COAG reporting and Causes of Death, Australia (cat. no. 3303.0) publications prior to the 2010 edition indicated that all coroner certified deaths registered after 1 January 2007 are now subject to a revisions process. In order to improve the quality of historical data, the 2006 reference year data has also been revised. Therefore, in this round of COAG reporting, 2006, 2007 and 2008 data is final, 2009 data is revised and 2010 data is preliminary. Data for 2009 and 2010 is subject to further revisions. This is a change from previous years (up to the 2005 reference year) 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.

Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See Technical Note: Causes of Death Revisions 2006 and Causes of Death Revisions 2008 and 2009 and in Causes of Death, Australia, 2010 (cat.no. 3303.0).

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

The ABS discussed different methods of adjustment of Queensland death registrations data for 2010 with key stakeholders. Following the discussion, a decision was made by the ABS and key stakeholders to use an adjustment method that added together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010. This method minimises the impact on mortality indicators used in various government reports. However, care should still be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010. Please note that there are differences between data output in the Causes of Death, Australia, 2010 publication (cat. No. 3303.0) and 2010 data reported for COAG, as this adjustment was not

applied in the publication. For further details see Technical Note: Registration of outstanding deaths, Queensland 2010, from the Deaths, Australia, 2010 publication (cat. no. 3302.0) and Explanatory Note 103 in the Causes of Death, Australia, 2010 publication (cat. no. 3303.0).

Investigation conducted by the WA Registrar of Births, Deaths and Marriages indicated that some deaths of non-Indigenous people were wrongly recorded as deaths of Indigenous people in WA for 2007, 2008 and 2009. The ABS discussed this issue with a range of key stakeholders and users of Aboriginal and Torres Strait Islander deaths statistics. Following this discussion, the ABS did not release WA Aboriginal and Torres Strait Islander deaths data for the years 2007, 2008 and 2009 in the 2010 issue of Deaths, Australia publication, or in the 2011 COAG data supply. The WA Registry corrected the data and resupplied the corrected data to the ABS. These corrected data were then released by the ABS in spreadsheets attached to Deaths, Australia, 2010 (ABS, 2011) publication on 24 May 2012, and are now included in this round of COAG reporting.

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

Interpretability

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.

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.

Data Quality Statement — Deaths

Indicator	7, 8, 16
Measure	Deaths
(computation)	
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 <i>Census and Statistics Act 1905</i>. 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/fetal 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).

Accuracy

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.

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 (e.g. impact of registration lags, processing lags and duplicate records);
- extent of coverage of the population (whilst all deaths are legally required to be registered, some cases may not be registered for an extended time, if at all); 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.

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

The ABS discussed different methods of adjustment of Queensland death registrations data for 2010 with key stakeholders. Following the discussion, a decision was made by the ABS and key stakeholders to use an adjustment method that added together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010. This method minimises the impact on mortality indicators used in

various government reports. However, care should still be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010. Please note that there are differences between data output in the Causes of Death, Australia, 2010 publication (cat. No. 3303.0) and 2010 data reported for COAG, as this adjustment was not applied in the publication. For further details see Technical Note: Registration of outstanding deaths, Queensland 2010, from the Deaths, Australia, 2010 publication (cat. no. 3302.0) and Explanatory Note 103 in the Causes of Death, Australia, 2010 publication (cat. no. 3303.0).

Investigation conducted by the WA Registrar of Births, Deaths and Marriages indicated that some deaths of non-Indigenous people were wrongly recorded as deaths of Indigenous people in WA for 2007, 2008 and 2009. The ABS discussed this issue with a range of key stakeholders and users of Aboriginal and Torres Strait Islander deaths statistics. Following this discussion, the ABS did not release WA Aboriginal and Torres Strait Islander deaths data for the years 2007, 2008 and 2009 in the 2010 issue of Deaths, Australia publication, or in the 2011 COAG data supply. The WA Registry corrected the data and resupplied the corrected data to the ABS. These corrected data were then released by the ABS in spreadsheets attached to Deaths, Australia, 2010 (ABS, 2011) publication on 24 May 2012, and are now included in this round of COAG reporting.

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 in 2011 as defined by the Australian Statistical Geography Standard (ASGS). However, Causes of death data up to and including 2010 are still based on the Australian Standard Geographical Classification (ASGC). This difference is not an issue for present reporting purposes, as the geographical boundaries of Australian states and territories, as defined in the ASGS and ASGC, are identical.

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.

Interpretability

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.

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.

Data Quality Statement — Estimated Resident Population

Indicator	7, 8, 16
Measure (computation)	Estimated Resident Population
Data source/s	Estimated Residential Population 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).
Institutional environment	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. These collections are conducted under the <i>Census and Statistics Act 1905</i>. 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 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 and is released 6 – 12 months after the reference period. In the case of net overseas migration, final data is based on actual traveller behaviour and is released 12 – 18 months after the reference period.
Accuracy	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. 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).

Coherence

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).

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 and 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

Interpretability

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.

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.

Accessibility

ERP data is available in a variety of formats on the ABS website under the 3101.0 product family. 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.

Data Quality Statement — Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians

Indicator	7, 8, 16
Measure (computation)	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. 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 <i>Census and Statistics Act 1905</i> . 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 Post Enumeration Survey (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 supercede 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.

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.

Accessibility

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.

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.

Data Quality Statement — Variability bands

Indicator	7, 8, 16
Measure (computation)	'Standard method' for variability band computation: Rates derived from administrative data counts are not subject to sampling error but may still be subject to natural random variation, especially for small counts. A 95 per cent confidence interval for an estimate is a range of values which is very likely (95 times out of 100) to contain the true unknown value. Where the confidence intervals do not overlap it can be concluded that there is a statistically significant difference between the two estimates compared. This is the standard method used in AIHW publications for which formulas can be sourced from Breslow and Day (1987) in the publication 'Statistical methods in cancer research'. Typically in the standard method, the observed rate is assumed to have natural variability in the numerator count (e.g. deaths, hospital visits) but not in the population denominator count. Variations in Indigenous death rates may arise from uncertainty in the recording of Indigenous status on the death registration forms (in particular, under-identifications of Indigenous deaths) and in the Census, from which population estimates are derived. These variations are not considered in this method. Also, the rate is assumed to have been generated from a Normal distribution ("Bell curve"). Random variation in the numerator count is assumed to be centred around the true value - i.e. there is no systematic bias.

Crude rate (CR):

$$CI (CR)_{95\%} = CR \pm 1.96 \times \frac{CR}{\sqrt{\sum_{i=1}^I d}}$$

Where d = the number of deaths.

Age-standardised rate (ASR):

$$CI (ASR)_{95\%} = ASR \pm 1.96 \times \sqrt{\sum_{i=1}^I \frac{w_i^2 d_i}{n_i^2}}$$

Where w_i = the proportion of the standard population in age group i .

d_i = the number of deaths in age group i .

n_i = the number of people in the population in age group i .

Infant mortality rate (IMR):

$$CI (IMR)_{95\%} = IMR \pm 1.96 \times \frac{IMR}{\sqrt{d_0}}$$

Where d_0 = the number of deaths aged less than 1 year.

Data source/s	<i>Numerator:</i> ABS Deaths collection, Causes of Death collection (3303.0), ABS Perinatal Deaths Collection (3304.0) <i>Denominator:</i> ABS Estimated Residential Population (3101.0), ABS Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians (3238.0), ABS Births Collection (3301.0), ABS Perinatal Deaths Collection (3304.0)

Institutional environment	These collections are conducted under the <i>Census and Statistics Act 1905</i> . 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 Deaths, Causes of Death and Perinatal Deaths 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 and Perinatal Deaths collections 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 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. Variability bands are applied to the data to give a 95 per cent confidence interval range around the estimated figure.

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.

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

The ABS discussed different methods of adjustment of Queensland death registrations data for 2010 with key stakeholders. Following the

discussion, a decision was made by the ABS and key stakeholders to use an adjustment method that added together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010. This method minimises the impact on mortality indicators used in various government reports. However, care should still be taken when interpreting Aboriginal and Torres Strait Islander death data for Queensland for 2010. Please note that there are differences between data output in the Causes of Death, Australia, 2010 publication (cat. No. 3303.0) and 2010 data reported for COAG, as this adjustment was not applied in the publication. For further details see Technical Note: Registration of outstanding deaths, Queensland 2010, from the Deaths, Australia, 2010 publication (cat. no. 3302.0) and Explanatory Note 103 in the Causes of Death, Australia, 2010 publication (cat. no. 3303.0).

Investigation conducted by the WA Registrar of Births, Deaths and Marriages indicated that some deaths of non-Indigenous people were wrongly recorded as deaths of Indigenous people in WA for 2007, 2008 and 2009. The ABS discussed this issue with a range of key stakeholders and users of Aboriginal and Torres Strait Islander deaths statistics. Following this discussion, the ABS did not release WA Aboriginal and Torres Strait Islander deaths data for the years 2007, 2008 and 2009 in the 2010 issue of Deaths, Australia publication, or in the 2011 COAG data supply. The WA Registry corrected the data and resupplied the corrected data to the ABS. These corrected data were then released by the ABS in spreadsheets attached to Deaths, Australia, 2010 (ABS, 2011) publication on 24 May 2012, and are now included in this round of COAG reporting.

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 (e.g. finalisation of coronial proceedings). A balance needs to be maintained between accuracy (completeness) of data and timeliness, taking account of the different needs of users.

Previous COAG reporting and Causes of Death, Australia (cat. no. 3303.0) publications prior to the 2010 edition indicated that all coroner certified deaths registered after 1 January 2007 are now subject to a revisions process. In order to improve the quality of historical data, the 2006 reference year data has also been revised. Therefore, in this round of COAG reporting, 2006, 2007 and 2008 data is final, 2009 data is revised and 2010 data is preliminary. Data for 2009 and 2010 is subject to further revisions. This is a change from previous years (up to the 2005 reference year) 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.

Coherence

Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See Technical Note: Causes of Death Revisions 2006 and Causes of Death Revisions 2008 and 2009 and in Causes of Death, Australia, 2010 (cat.no. 3303.0).

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 in 2011 as defined by the Australian Statistical Geography Standard (ASGS). However, Causes of death data up to and including 2010 are still based on the Australian Standard Geographical Classification (ASGC). This difference is not an issue for present reporting purposes, as the geographical boundaries of Australian states and territories, as defined in the ASGS and ASGC, are identical.

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.

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.

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.

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Acronyms and Abbreviations

AACR	Australian Association of Cancer Registries
AATSIHS	Australian Aboriginal and Torres Strait Islander Health Survey
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
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
ASGC	Australian Standard Geographical Classification
ASIB	Australian Social Inclusion Board
BMI	body mass index
CACP	Community Aged Care Packages
CDMS	Centralised Data Management Service
Census	ABS Census of Population and Housing
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
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

FTE	full time equivalent
GDM	Gestational diabetes mellitus
GDP	Gross Domestic Product
GP	general practitioner
HACC	Home and Community Care
ICD	International Classification of Diseases
ICD 10	International Statistical Classification of Diseases and Related Health Problems 10th Revision
ICD 10 AM	International Statistical Classification of Diseases and Related Health Problems 10th Revision, Australian modification
IGA	Intergovernmental Agreement
IRSD	Index of Relative Socio-economic Disadvantage
K10	Kessler Psychological Distress Scale-10
K5	Kessler Psychological Distress Scale-5
MBS	Medicare Benefits Schedule
MDS	Minimum Data Set
MHISS	Mental Health Information Strategy Subcommittee
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
MSSA	Methicillin-sensitive <i>Staphylococcus aureus</i>
NA	National Agreement
NAPEDC	Non-admitted Patient Emergency Department Care
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NCIS	National Coroners Information System
NCSCH	National Cancer Statistics Clearing House
NESWTDC	National Elective Surgery Waiting Times Data Collection
NHA	National Healthcare Agreement
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
NIRA	National Indigenous Reform Agreement
NMD	National Mortality Database
NMDS	National Minimum Data Set
NNAPEDCD	National Non-Admitted Patient Emergency Department Care Database
NOM	net overseas migration
NP	National Partnerships
NPDC	National Perinatal Data Collection
NPHEd	National Public Hospital Establishment Database
NPESU	National Perinatal Epidemiology and 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
PMHA	Private Mental Health Alliance
POA	postal area
PPH	potentially preventable hospitalisations
Qld	Queensland
RSE	relative standard error
SA	South Australia
SAB	<i>Staphylococcus aureus</i> bacteraemia
SCFFR	Standing Committee on Federal Financial Relations

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
SPP	Special Purpose Payment
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.
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.
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).
Relative standard error (RSE)	The relative standard error (RSE) of a survey data estimate is a measure of the reliability of the estimate and depends on both the number of people giving a particular answer in the survey and the size of the population. The RSE is expressed as a percentage of the estimate. The higher the RSE, the less reliable the estimate. Relative standard errors for survey estimates are included in the attachment tables. See also 'statistical significance'.
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.
Subjective health	Self-assessed health status; a person's general assessment of their own health
Statistical significance	Statistical significance is a measure of the degree of difference between survey data estimates. The potential for sampling error — that is, the error that occurs by chance because the data are obtained from only a sample and not the entire population — means that reported responses may not indicate the true responses. Using the relative standard errors (RSE) of survey data estimates, it is possible to use a formula to test whether the difference is statistically significant. If there is an overlap between confidence intervals for different data items, it cannot be stated for certain that there is a statistically significant difference between the results. See

‘variability bands’ and ‘relative standard error’.

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).

Variability bands

In the NAs a variability band gives a range of values which is very likely to contain the true unknown rate. Variability bands accompanying mortality data should be used for the purposes of comparisons at a point in time and over time (within a jurisdiction). They should not be used for comparing mortality rates at a single point in time between jurisdictions as the variability bands and mortality rates do not take into account differences in under-identification of Indigenous deaths between jurisdictions.