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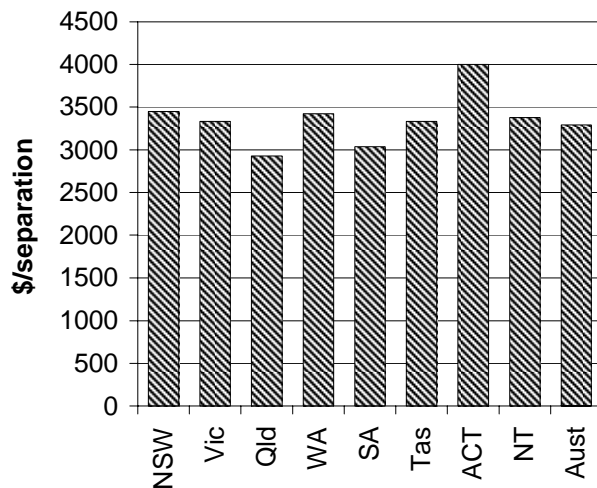
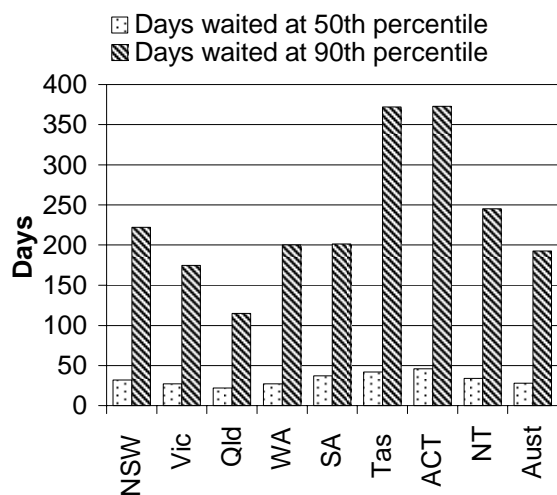
PUBLIC HOSPITALS (CHAPTER 9)

- This chapter reports on the performance of states' and territories' public hospitals, with a focus on acute care services. Maternity services provided by public hospitals — a significant component of public hospital services — are reported separately at the end of the chapter.
- Total recurrent expenditure on public hospitals (excluding depreciation) was \$20.0 billion in 2003-04, this represented a real increase of 5.4 per cent over expenditure in 2002-03 (AIHW 2005a) (p. 9.4).
- The Australian, State and Territory governments financed 92.6 per cent of expenditure on public (non-psychiatric) hospitals in 2003-04 (AIHW 2005b) (p. 9.4).
- Australian public (non-psychiatric) hospitals provided 4.2 million separations in 2003-04, equal to 206.8 separations per 1000 people (p. 9.8). Around 9.3 per cent (or 379 056) of these separations were for maternity services, equal to 19.0 maternity separations per 1000 people (pp. 9.61–62).

Selection of results

Elective surgery waiting times, public hospitals (p. 9.25)

Recurrent cost per casemix-adjusted separation, public hospitals, 2003-04 (p. 9.48)



See over for data and footnotes.

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- In Australian public hospitals during 2003-04, 50 per cent of patients waiting for elective surgery were admitted within 28 days and 90 per cent were admitted within 193 days (p. 9.25).
- In Australian public hospital emergency departments during 2003-04, 99.3 per cent of patients that needed resuscitation (triage category 1) were seen within the benchmark timeframe. In addition, 76.0 per cent of emergency category patients (triage category 2), 62.1 per cent of urgent category patients (triage category 3), 61.3 per cent of semi-urgent category patients (triage category 4) and 81.5 per cent of non-urgent category patients (triage category 5) were seen within the benchmark timeframe for each triage category. For all triage

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categories, 72.1 per cent of patients were seen within triage category benchmark timeframes (p. 9.23).

- Recurrent cost per casemix-adjusted hospital separation measures the average cost of providing care for an admitted patient, adjusted for the relative complexity of the patient's clinical condition and of the hospital services provided. The national recurrent cost per casemix-adjusted separation in public hospitals in 2003-04 was \$3293 (p. 9.48).

## Progress since 2005 Report

Reporting on public hospitals has been improved through the inclusion of three new indicators:

- 'Pre-anaesthetic consultation rates' are reported as an indicator of the safety aspect of quality.
- 'Patient satisfaction' and 'Sentinel events' are reported as indicators of outcomes for public hospitals.

## Data for charts on previous page

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<i>Elective surgery waiting times, public hospitals</i>									
Number of days waited at:									
50th percentile	32	27	22	27	37	42	46	34	28
90th percentile	222	175	115	200	201	372	373	245	193
<i>Recurrent cost per casemix-adjusted separation, selected public hospitals (dollars per separation)<sup>a, b, c, d, e, f</sup></i>									
2003-04	3 451	3 333	2 929	3 422	3 036	3 333	4 002	3 377	3 293

<sup>a</sup> Excludes depreciation and the user cost of capital, spending on non-admitted patient care and research costs. <sup>b</sup> Casemix-adjusted separations are the product of total separations and average cost weight. Average cost weights are from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 2002-03 AR-DRG v 4.2 cost weights (DHA 2004a). <sup>c</sup> Excludes separations for which the care type was reported as 'newborn with no qualified days', and records for hospital boarders and posthumous organ procurement. <sup>d</sup> Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute hospitals and multi-purpose services are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. <sup>e</sup> NT data need to be interpreted in conjunction with the cost disabilities associated with hospital service delivery in the NT. <sup>f</sup> Of the selected hospitals, two small hospitals had their inpatient fraction estimated by the Health and Allied Services Advisory Council ratio (see AIHW 2005a).

Source: AIHW 2005, Australian Hospital Statistics 2003-04, Cat. No. HSE 37; tables 9A.18 and 9A.48.

[END]

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Tables with an 'A' prefix (eg table 9.A5) are in the electronic attachments on the CD-ROM or on the Review website.