

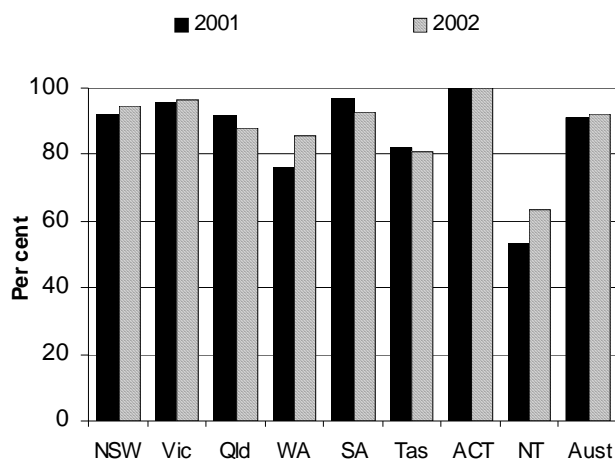
PUBLIC HOSPITALS (CHAPTER 9)

- The 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 \$16.8 billion in 2001-02. The majority of expenditure was financed by Australian, State and Territory governments. Health insurance funds, individuals, workers compensation and compulsory motor vehicle third party insurance cover also contributed (p. 9.4). Governments contributed \$15.7 billion. In real terms, expenditure increased by 5.0 per cent in 2001-02, compared with the 2000-01 level (AIHW 2003a) (p. 9.4).
- Australian public (non-psychiatric) hospitals provided 3.9 million separations in 2001-02 (201.8 separations per 1000 people). The separation rate ranged from 394.3 per 1000 people in the NT to 164.6 per 1000 people in Tasmania (p. 9.30). (A separation refers to the discharge, transfer, death or change of episode of care of an admitted patient.)

Selection of results

Proportion of accredited beds in public hospitals^{a, b, c}
 (p. 9.29)

Recurrent cost per casemix-adjusted separation, public
 hospitals, 2001-02^{d, e, f, g, h, i, j, k} (p. 9.47)



See over for data and footnotes.

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- Public hospitals may seek accreditation through the Australian Council on Healthcare Standards Evaluation and Quality Improvement Program, the Australian Quality Council, the Quality Improvement Council, the International Organisation for Standardization 9000 Quality Management System or other equivalent programs. Ninety-two per cent of public hospital beds were in accredited hospitals at 30 June 2002. Across jurisdictions, the proportion ranged from 100 per cent in the ACT to 64 per cent in the NT (p. 9.29).

[MORE]

- 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 recurrent cost per casemix-adjusted separation in public hospitals nationally in 2001-02 was \$3017. Across jurisdictions it was highest in the ACT (\$3769) and lowest in Queensland (\$2741) (p. 9.47).

Progress since the 2003 Report

- This year, an indicator of surgical site infections is included for the first time, replacing the more general hospital acquired infections rates. In addition, changes have been made to the relative stay index indicator, and a number of indicators have more complete data than in previous reports.

Data for charts on previous page

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<i>Proportion of accredited beds in public hospitals^{a, b, c} (per cent)</i>									
2001	92	96	92	76	97	82	100	53	91
2002	94	97	88	86	93	81	100	64	92
<i>Recurrent cost per casemix-adjusted separation, selected public hospitals (dollars per separation)^{d, e, f, g, h, i, j, k}</i>									
2001-02	3010	3117	2741	3180	2898	3118	3769	3709	3017

^a Accreditation status at 30 June. In 2002, where average available beds for the year were not available, bed numbers at 30 June 2000 were used. ^b Does not indicate that hospitals without accreditation are of lesser quality. Accreditation is voluntary (except in Victoria, where it is now mandatory for most public hospitals). ^c Data include psychiatric hospitals. ^d Excludes depreciation and the user cost of capital, spending on non-admitted patient care, research costs and payroll tax. ^e Excludes psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute hospitals and multipurpose services. ^f Separations from the National Hospital Morbidity Database where the type of episode of care is acute, newborn with qualified days or unspecified. ^g Average cost weights from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 2000-01 AR-DRG v4.1 cost weights (DHA, unpublished) applied to version 4.2 AR DRGs. ^h Casemix-adjusted separations are the product of total separations and average cost weight. ⁱ Estimated private patient medical costs calculated as the sum of salary/sessional and visiting medical officer payments divided by the number of public patient days multiplied by the number of private patient days. This is a notional estimate of the medical costs for all non-public patients. ^j Queensland pathology services are now being purchased from the Statewide pathology service rather than being provided by each hospitals' employees. ^k These figures need to be interpreted in conjunction with the consideration of cost disabilities associated with hospital service delivery in the NT.

Sources: Australian Institute of Health and Welfare (2003a); figure 9.8 and table 9A.13; AIHW (2003a); figure 9.14 and table 9A.4.

[END]

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