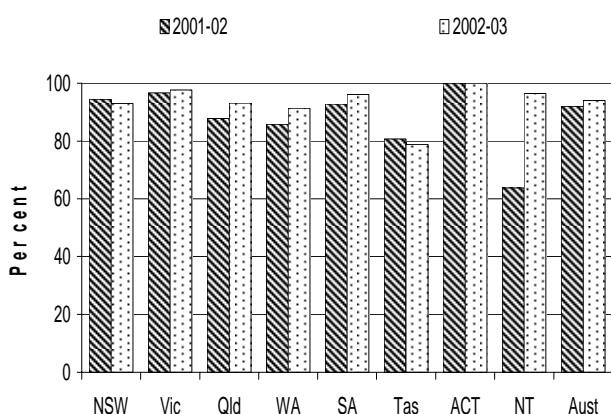


PUBLIC HOSPITALS (CHAPTER 9)

- 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 \$18.3 billion in 2002-03. The majority of this expenditure — 16.9 billion or 92.1 per cent — was financed by Australian, State and Territory governments. Health insurance funds, individuals, workers compensation and compulsory motor vehicle third party insurance cover also contributed. In real terms, total recurrent expenditure on public hospitals increased by 5.1 per cent in 2002-03, compared with the 2001-02 level (AIHW 2004a) (p. 9.4).
- Australian public (non-psychiatric) hospitals provided 4.0 million separations in 2002-03, equal to 204.8 separations per 1000 people. The separation rate ranged from 422.5 per 1000 people in the NT to 163.9 per 1000 people in Tasmania (p. 9.8). (A separation refers to the discharge, transfer, death or change of episode of care of an admitted patient.) Of these public hospital separations, around 9.4 per cent (or 373,000) were for maternity services (defined as AR-DRGs relating to pregnancy, childbirth, the puerperium, newborns and other neonates). The separation rate for maternity services was highest in the NT (40.0 per 1000 people) and lowest in WA (14.0 per 1000 people) in 2002-03 (p.9.57).

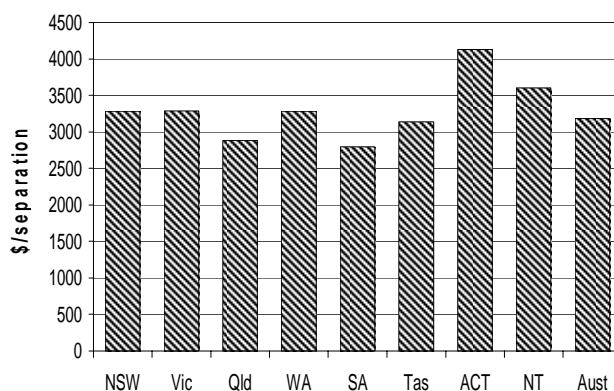
Selection of results

Proportion of accredited beds in public hospitals^{a, b}
 (p. 9.45)



See over for data and footnotes.

Recurrent cost per casemix-adjusted separation, public hospitals, 2002-03^{c, d, e, f, g, h, i} (p. 9.49)



See over for data and footnotes.

- 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-four per cent of public hospital beds were in accredited hospitals in 2002-03 (up from 92 per cent in 2001-02). Across jurisdictions, the proportion ranged from 100 per cent in the ACT to 79 per cent in Tasmania in 2002-03 (p. 9.45).

[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 national recurrent cost per casemix-adjusted separation in public hospitals in 2002-03 was \$3184. Across jurisdictions it was highest in the ACT (\$4128) and lowest in SA (\$2796) (p. 9.48).

Progress since the 2003 Report

- This year, the outcome indicators for maternity services of fetal, neonatal and perinatal death rates are reported by Indigenous status of the mother. National fetal, neonatal and perinatal death rates were higher for babies born to Indigenous mothers than for all babies in 2002.

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} (per cent)</i>									
2001-02	94	97	88	86	93	81	100	64	92
2002-03	93	98	93	91	96	79	100	96	94
<i>Recurrent cost per casemix-adjusted separation, selected public hospitals (dollars per separation) ^{c, d, e, f, g, h, i}</i>									
2002-03	3283	3285	2885	3284	2796	3136	4128	3603	3184

^a. Where average available beds for the year were not available, bed numbers at 30 June 2003 were used. ^b. Includes psychiatric hospitals. ^c. Excludes depreciation and the user cost of capital, spending on non-admitted patient care, research costs and payroll tax. ^d. Casemix-adjusted separations are the product of total separations and average cost weight. Average cost weights, from the National Hospital Morbidity Database, are based on acute and unspecified separations and newborn episodes of care with qualified days, using the 2000-01 AR-DRG v4.2 cost weights (DHA 2003). ^e. Excludes separations for which the care type was reported as 'newborn with no qualified days', and records for hospital boarders and posthumous organ procurement. ^f Excludes psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute hospitals and multipurpose services. ^g Data for NSW are preliminary. ^h NT data need to be interpreted in conjunction with the cost disabilities associated with hospital service delivery in the NT. ⁱ All hospitals in the NT, one very small hospital in Victoria and two very small hospitals in SA have had their inpatient fraction estimated using the HASAC ratio.

Sources: Australian Institute of Health and Welfare 2004, *Australian Hospital Statistics 2002-03*, AIHW cat. no. HSE 32, Canberra; figures 9.13 and 9.14; tables 9A.4 and 9A.13.

[END]

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Please do not approach other parties for comment before Thursday, 27 January 2005.

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