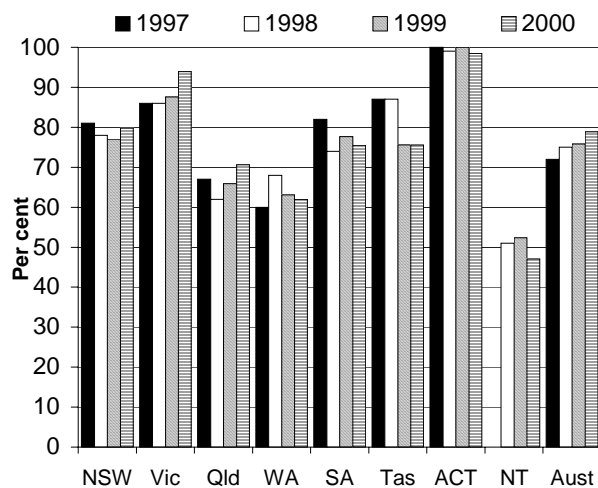


## PUBLIC HOSPITALS (CHAPTER 5)

- 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 \$14.4 billion in 1999-2000 (current prices). In real terms, expenditure increased 2.6 per cent between 1998-99 and 1999-2000 (AIHW 2001b) (p. 184). The majority of expenditure was financed by Commonwealth, State and Territory governments. Health insurance funds, individuals, workers' compensation and compulsory motor vehicle third party insurance cover also contributed (pp. 184, 185).
- Australian public hospitals provided 3.9 million separations in 1999-2000 (196.5 separations per 1000 people). The separation rate ranged from 360.3 per 1000 people in the NT to 154.3 per 1000 people in Tasmania. (p. 204). (A separation refers to the discharge, transfer, death or change of episode of care of an admitted patient.)

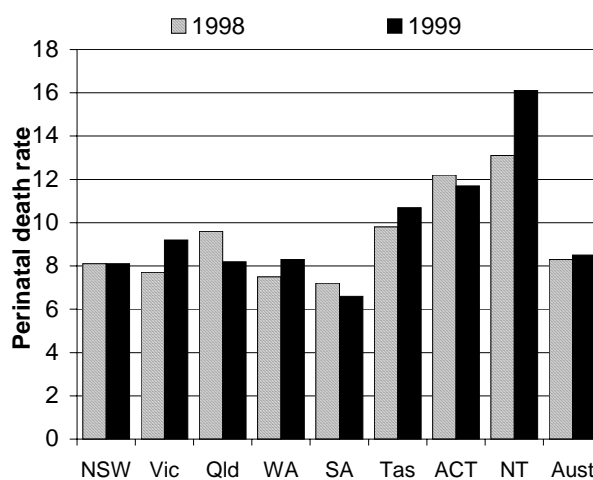
### Selection of results

Beds in public hospitals accredited by the ACHS  
June 1997, 1998, 1999, 2000<sup>a</sup> (p. 198)



See over for data and footnotes.

Perinatal death rate (deaths per 1000 total births)  
1998, 1999 (p. 233)



See over for data and footnotes.

- Seventy-nine per cent of public hospital beds were in ACHS accredited hospitals at 20 June 2000. Across jurisdictions, the proportion ranged from 99 per cent in the ACT to 47 per cent in the NT (p. 198). In some jurisdictions, hospitals sought (and obtained) alternative forms of accreditation not reflected in these data. This indicator does not suggest that hospitals without accreditation are of lesser quality. Accreditation is voluntary (except in Victoria). The costs of accreditation are significant so a low level of accreditation may reflect cost constraints rather than poor quality. Accreditation costs may not rise proportionally with hospital size, so larger hospitals may find it relatively less costly to obtain accreditation.

[MORE]

- In 1999, the perinatal death rate Australia wide was 8.5 deaths per 1000 total births — highest in the NT (16.1 deaths per 1000 total births) and lowest in SA (6.6 deaths per 1000 total births) (p. 233). (See over for definitions.)

## Data for charts on previous page

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<i>Beds in public hospitals accredited by Australian Council on Healthcare Standards, 30 June<sup>a, b, c, d</sup> (per cent)</i>									
1997	81	86	67	60	82	87	100	na	72
1998	78	86	62	68	74	87	99	51	75
1999	77	88	66	63	78	76	100	52	76
2000	80	94	71	62	75	76	99	47	79
<i>Perinatal death rate (deaths per 1000 total births)<sup>e</sup></i>									
1998	8.1	7.7	9.6	7.5	7.2	9.8	12.2	13.1	8.3
1999	8.1	9.2	8.2	8.3	6.6	10.7	11.7	16.1	8.5

<sup>a</sup> In some jurisdictions, hospitals sought alternative forms of accreditation not reflected in these figures. <sup>b</sup> This indicator does not suggest that hospitals without accreditation are of lesser quality. Accreditation is voluntary (except in Victoria where it is now mandatory). The costs of accreditation are significant so a low level of accreditation may reflect cost constraints rather than poor quality. Accreditation costs may not rise proportionally with hospital size, so larger hospitals may find it relatively less costly to obtain accreditation. <sup>c</sup> 1997 data for NSW, Queensland, WA, SA, Tasmania and the NT are not the same in Australian Institute of Health and Welfare, Australian Hospital Statistics 1996-97 and were supplied by the respective jurisdiction. <sup>d</sup> 1998 data for NSW and Victoria are not the same in Australian Institute of Health and Welfare Australian Hospital of Statistics 1997-98 and were supplied by those jurisdictions. The figure for Australia in 1998 is adjusted to reflect the change in the data for NSW and Victoria. <sup>e</sup> A perinatal death is a fetal death (stillbirth) or neonatal death (death of a live born infant within 28 days of birth) weighing at least 400 grams or of gestational age of at least 20 weeks. The death rate is expressed per 1000 total births (that is, live births plus fetal deaths combined).

Sources: Australian Institute of Health and Welfare (2001b); figure 5.9 and table 5A.11; ABS (2000); figure 5.23 and table 5A.43.

[END]

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**Please do not approach other parties for comment before Wednesday 30 January 2002.**

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