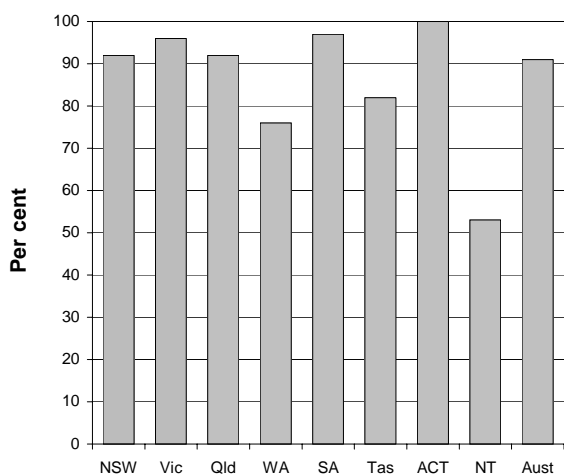


PUBLIC HOSPITALS (CHAPTER 9)

- 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 \$15.5 billion in 2000-01 (current prices). 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. 9.4-9.5). Governments contributed just under \$14.0 billion. Data provided by NSW for 2000-01 contain for the first time since 1995-96 expenditure through community health programs administered by hospitals, and therefore are not comparable with data for previous years. Based on preliminary revised data provided by NSW for 1999-2000, expenditure increased nationally in constant price terms by 2.7 per cent in 2000-01 (in 1999-2000 dollars) (AIHW 2002a) (p. 9.4).
- Australian public hospitals provided 3.9 million separations in 2000-01 (193.0 separations per 1000 people). The separation rate ranged from 360.3 per 1000 people in the NT to 144.9 per 1000 people in Tasmania. (pp. 9.37-9.38). (A separation refers to the discharge, transfer, death or change of episode of care of an admitted patient.)

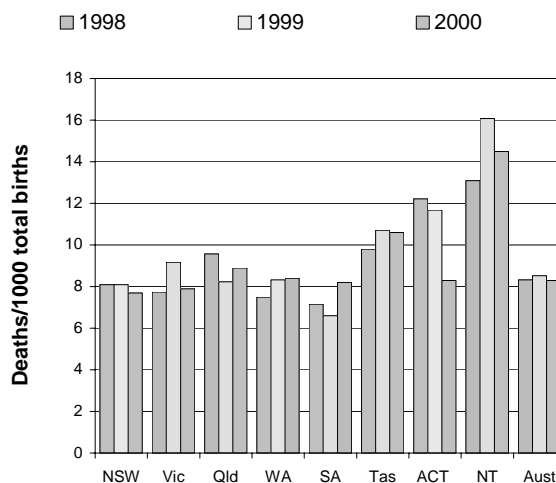
Selection of results

Beds in public hospitals accredited by recognised accreditation programs, 30 June 2001^{a, b, c} (pp. 9.19-9.20)



See over for data and footnotes.

Perinatal death rate (deaths per 1000 total births) 1998, 1999, 2000^{d, e} (pp. 9.69-9.70)



See over for data and footnotes.

[MORE]

- This year, for the first time, data are presented for all hospitals accredited by recognised accreditation programs. Previously data presented in the Report reflected accreditation only by the ACHS. Ninety-one per cent of public hospital beds were in accredited hospitals at 30 June 2001. Across jurisdictions, the proportion ranged from 100 per cent in the ACT to 53 per cent in the NT (pp. 9.19-9.20).

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.

- In 2000, the perinatal death rate Australia-wide was 8.3 deaths per 1000 total births, down slightly from the 1999 rate (8.5) and equal to the 1998 rate. In 2000, the perinatal death rate was highest in the NT (14.5 deaths per 1000 total births) and lowest in NSW (7.7 deaths per 1000 total births) (pp. 9.69-9.70). (See below for definitions.)

Data for charts on previous page

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<i>Beds in public hospitals accredited by recognised accreditation programs at 30 June^{a, b, c} (per cent)</i>									
2001	92	96	92	76	97	82	100	53	91
<i>Perinatal death rate (deaths per 1000 total births)^{d, e}</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
2000	7.7	7.9	8.9	8.4	8.2	10.6	8.3	14.5	8.3

^a This indicator does not suggest that hospitals without accreditation are of lesser quality. Accreditation is voluntary (except in Victoria where it is now mandatory for most public hospitals). 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. ^b Data includes psychiatric hospitals. ^c Data for 30 June 2001 include all hospitals accredited by recognised accreditation programs. These data are not comparable with previous years as in previous years only hospitals accredited by the ACHS were counted. ^d 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). ^e Statistics relate to the number of deaths registered, not those which actually occurred, in the years shown. The ABS estimates that about 5 to 6 per cent of deaths occurring in one year are not registered until the following year or later.

Sources: Australian Institute of Health and Welfare (2002a); table 9.5 and table 9A.11; ABS (2001); figure 9.19 and table 9A.38.

[END]

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Please do not approach other parties for comment before Thursday, 6 February 2003.

Media copies of this report are available from Clair Angel on 02 6240 3239.

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