

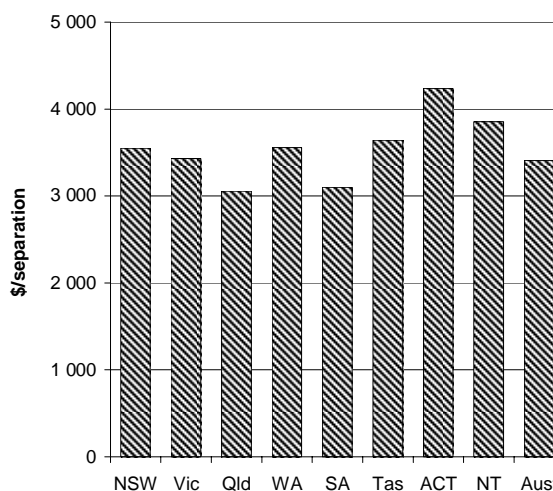
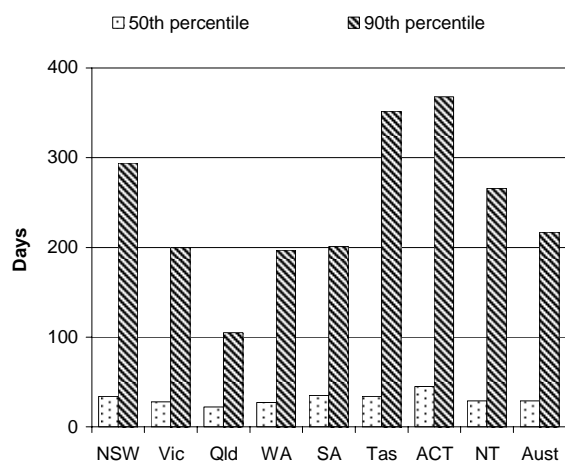
PUBLIC HOSPITALS (CHAPTER 9)

- 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 \$21.8 billion in 2004-05, a real increase of 4.9 per cent over expenditure in 2003-04 (p. 9.4).
- The Australian, State and Territory governments financed 92.2 per cent of expenditure on public (non-psychiatric) hospitals in 2004-05 (p. 9.4).
- Australian public (non-psychiatric) hospitals provided 4.3 million separations in 2004-05, equal to 207.3 separations per 1000 people (p. 9.8). Around 9.3 per cent (or 383 619) of these separations (excluding sub/non-acute) were for maternity services, equal to 19.0 maternity separations per 1000 people (p. 9.63 and table 9A.78).

Selection of results

Elective surgery waiting times, public hospitals, 2004-05 (p. 9.24)

Recurrent cost per casemix-adjusted separation, public hospitals, 2004-05 (p. 9.50)



See over for data and footnotes.

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- In Australian public hospitals during 2004-05, 50 per cent of patients waiting for elective surgery were admitted within 29 days and 90 per cent were admitted within 217 days (p. 9.24).
- In Australian public hospital emergency departments during 2004-05, 100 per cent of patients that needed resuscitation (triage category 1) were seen within the benchmark timeframe. In addition, 76 per cent of emergency category patients (triage category 2), 64 per cent of urgent category patients (triage category 3), 65 per cent of semi-urgent category patients (triage category 4) and 88 per cent of non-urgent category patients (triage category 5) were seen within the benchmark timeframe for each triage category. For all triage categories, 69 per cent of patients were seen within triage category benchmark timeframes (p. 9.22).

[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 2004-05 was \$3410 (p. 9.50 and table 9A.54).

Progress since 2006 Report

- Reporting on public hospitals has been improved this year through the development of an indicator on 'workforce sustainability'. The indicator reports the following measures for each of the nurse and medical practitioner workforces by region and over time: proportion of the workforce who are new entrants (aged under 30 years) and proportion of the workforce who are near retirement (aged 55 years or over).

Data for charts on previous page

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<i>Elective surgery waiting times, public hospitals, 2004-05</i>									
Number of days waited at:									
50th percentile	34	28	22	27	35	34	45	29	29
90th percentile	294	200	105	197	201	352	368	266	217
<i>Recurrent cost per casemix-adjusted separation, selected public hospitals (dollars per separation)^{a, b, c, d, e, f, g}</i>									
2004-05	3 551	3 430	3 057	3 557	3 100	3 642	4 237	3 856	3 410

^a Excludes depreciation and the user cost of capital, spending on non-admitted patient care and research costs.

^b 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 2003-04 AR-DRG v 5.0 cost weights (DHA 2005). ^c Excludes separations for which the care type was reported as 'newborn with no qualified days', and records for hospital boarders and posthumous organ procurement. ^d 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. ^e Of the selected hospitals, three small hospitals had their admitted patient cost proportion estimated by the Health and Allied Services Advisory Council ratio. Admitted patient cost proportion was previously called the inpatient fraction. ^f Hospital recurrent expenditures on Indigenous and non-Indigenous people may differ (AIHW 2001b). These differences may influence jurisdictional variation in unit costs. ^g NT data need to be interpreted in conjunction with the cost disabilities associated with hospital service delivery in the NT.

Source: AIHW (2006a); tables 9A.18 and 9A.54.

[END]

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