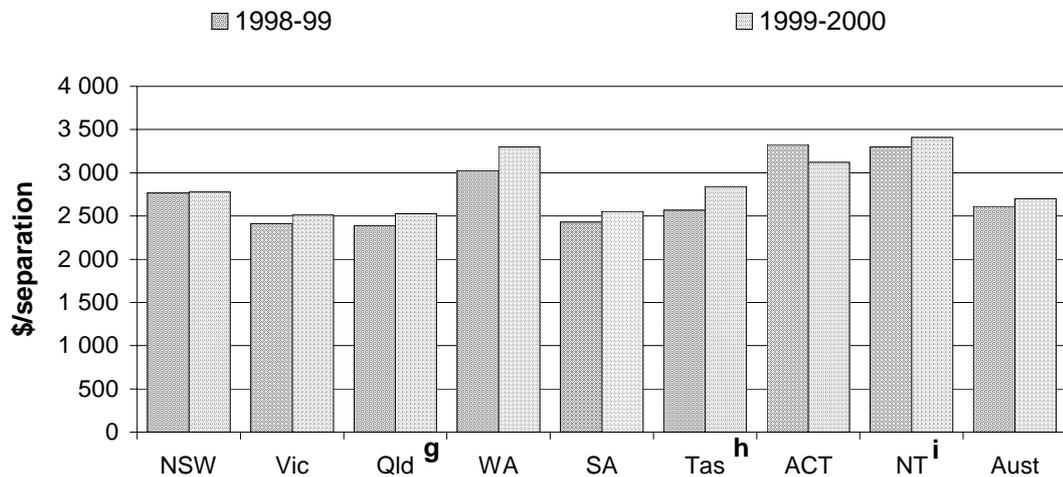


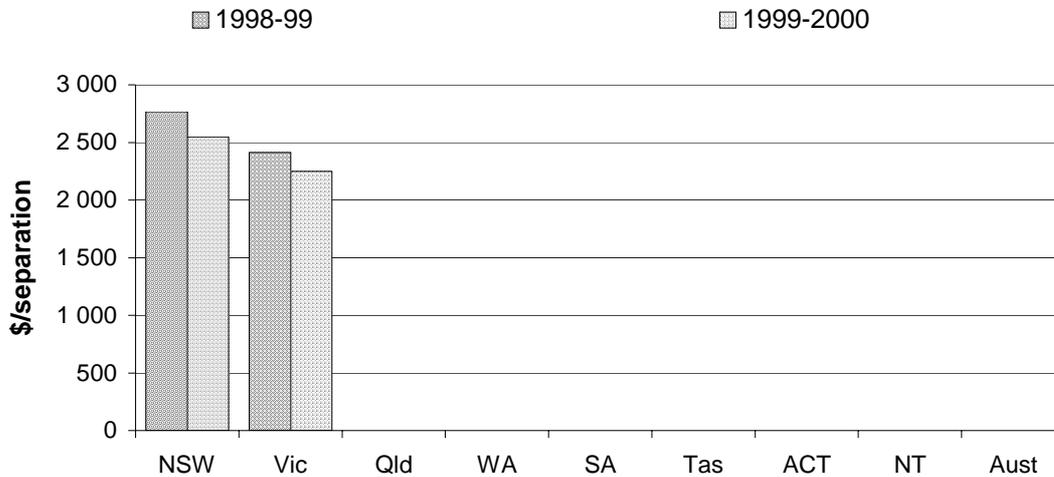
Figure 5.16 Recurrent cost per casemix-adjusted separation (current prices)^{a, b, c, d, e, f}



^a Excludes depreciation. ^b Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute and multi-purpose services are excluded from the data. ^c Separations from the National Hospital Morbidity Database whose type of episode of care is acute, newborn with qualified days or unspecified. ^d Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 1998–99 and 1999–2000 AR-DRG v 4.0/4.1 combined cost weights respectively (DHAC unpublished). ^e Casemix-adjusted separations are the product of total separations and average cost weight. ^f Estimated private patient medical costs calculated as the sum of salary/sessional and VMO 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-medical costs. ^g Queensland pathology services are now being purchased from the State-wide pathology service rather than being provided by each hospitals' employees. ^h Tasmania is the only jurisdiction with a significant payroll tax burden. As a result, payroll tax has been estimated at 6.7 per cent of salary plus superannuation and removed from the above. ⁱ These figures need to be interpreted in conjunction with the consideration of cost disabilities associated with hospital service delivery in the NT.

Sources: AIHW (2001b); table 5A.27.

Figure 5.17 Recurrent cost per casemix-adjusted acute non-psychiatric separation (current prices)^{a, b, c, d, e}



^a Excludes psychiatric; mothercraft; hospices; small non-acute, unpeered and other hospitals; rehabilitation facilities; and multi-purpose services. ^b Acute separations are separations where the type of episode of care is acute, newborn with qualified days, or unspecified. Psychiatric unit separations are those psychiatric separations with at least some days in designated psychiatric units. ^c The acute non-psychiatric admitted patient fraction is that portion of recurrent costs which are for acute admitted patients and which exclude the costs of psychiatric care in a designated psychiatric unit. ^d Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 1998–99 and 1999–2000 AR-DRG v 4.0/4.1 combined cost weights respectively. ^e The cost per non-acute separation and including psychiatric unit separations is \$5711 for NSW and \$6303 for Victoria.

Source: AIHW (2001b); table 5A.29 and table 5A.28.

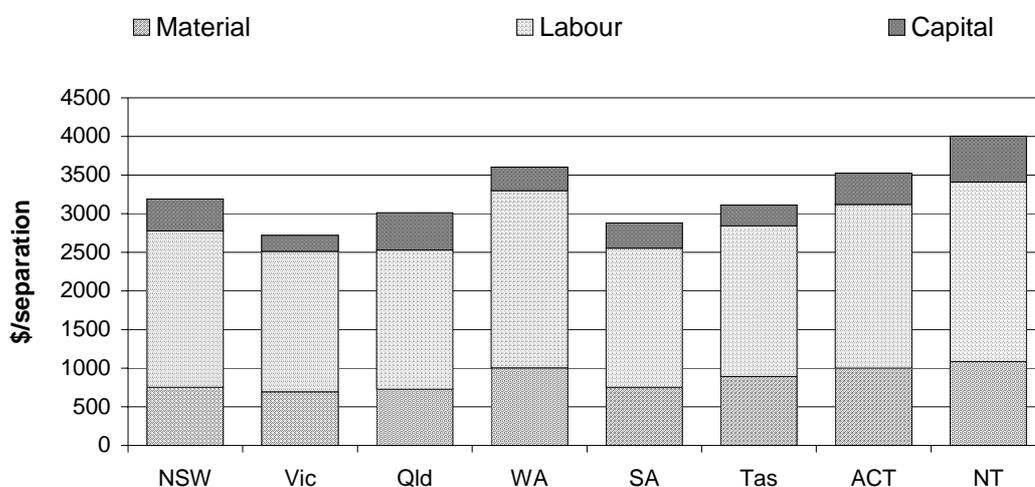
Table 5.13 Recurrent cost per casemix-adjusted separation, principal referral hospitals (public), 1999-2000^{a, b, c}

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT^d</i>	<i>Aust</i>
No. of hospitals	20	11	11	3	3	2	1	1	52
Av. beds per hospital	402	771	421	593	461	364	503	268	496
Separations per hospital	35 088	65 590	35 514	58 394	55 466	30 939	48 537	32 046	44 192
Av. cost weight	1.10	1.02	1.08	1.01	1.07	1.08	0.93	0.80	1.06
Cost per casemix-adjusted separation (\$)	2 844	2 534	2 672	np	np	2 518	np	np	2 731
Expenditure									
Principal referral hospitals (\$m)	2 922	2 618	1 330	np	np	233	np	np	8 680
Total (\$m)	5 071	3 507	2 348	1 442	1 197	333	259	197	14 353

^a Principal referral hospitals are classified as metropolitan hospitals with greater than 20 000 acute casemix-adjusted separations and rural hospitals with greater than 16 000 acute casemix-adjusted separations per annum. ^b Expenditure data exclude depreciation. ^c Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using 1999–2000 AR-DRG v 4.0/4.1 combined cost weights (DHAC unpublished). ^d The NT average cost weight of 0.80 reflects the high number of patients receiving renal dialysis treatments and the low average cost of this treatment compared with other DRGs. If treatment for renal dialysis is excluded, the NT average cost weight is 1.11.

Source: AIHW (2001b); table 5A.32.

Figure 5.18 Total cost per casemix-adjusted separation, 1999-2000^{a, b, c, d}



^a 'Labour' includes medical and non-medical labour costs. 'Material' includes other non-labour recurrent costs. 'Capital' is defined to include the user cost of capital plus depreciation associated with the delivery of inpatient services in the public hospitals described in the data for recurrent cost per casemix-adjusted separation.

^b Excludes the user cost of capital associated with land. This is reported in table 5A.24. ^c Variation across jurisdictions in the collection of capital related data suggests that the data should be treated as indicative.

^d Data based on 1999-2000 cost weights.

Source: AIHW (2001b); State and Territory governments; table 5A.24 and table 5A.27.