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# 10 Public hospitals

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## Attachment tables

Attachment tables are identified in references throughout this Indigenous Compendium by an 'A' prefix (for example, in this chapter, table 10A.1). As the data are directly sourced from the 2012 Report, the Compendium also notes where the original table, figure or text in the 2012 Report can be found. For example, where the Compendium refers to '2012 Report, p. 10.1' this is page 1 of chapter 10 of the 2012 Report, and '2012 Report, table 10A.1' is attachment table 1 of attachment 10A of the 2012 Report. A full list of attachment tables referred to in the Compendium is provided at the end of this chapter, and the attachment tables are available from the Review website at [www.pc.gov.au/gsp](http://www.pc.gov.au/gsp).

The Public hospitals chapter (chapter 10) in the *Report on Government Services 2012* (2012 Report) reports on the performance of public hospitals in each Australian state and territory. Data are reported for Indigenous people for a subset of the performance indicators reported in that chapter — those data are compiled and presented here.

Public hospitals are important providers of government funded health services in Australia. This chapter reports on the performance of State and Territory public hospitals, focusing on acute care services. It also reports separately on a significant component of the services provided by public hospitals — maternity services.

Major improvements in reporting on public hospitals this year include:

- combining a number of indicators with similar characteristics as separate measures under new high level indicators
- reporting national data from the Australian Bureau of Statistics (ABS) *Patient Experience Survey 2010-11* under the 'Patient satisfaction' indicator
- inclusion of some 'data quality information' (DQI) documentation.

The public hospitals chapter in the 2012 Report focuses on services provided to admitted patients and emergency services provided to non-admitted patients in public hospitals. These services comprise the bulk of public hospital activity and, in the case of services to admitted patients, have the most reliable data. Data in the chapter include subacute and non-acute care services.

In some instances, data for stand-alone psychiatric hospitals are included in the 2012 Report. However, under the National Mental Health Strategy, the provision of psychiatric treatment is shifting away from specialised psychiatric hospitals to mainstream public hospitals and the community sector. The performance of

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psychiatric hospitals and psychiatric units of public hospitals is examined more closely in the 'Mental health management' chapter (chapter 12).

## **Size and scope of sector**

There are several ways to measure the size and scope of Australia's public hospital sector. This chapter reports on: the number and size of hospitals; the number and location of public hospital beds; the number and type of public hospital separations; the proportion of separations by age group of the patient; the number of separations and incidence of treatment, by procedure and Indigenous status of the patient; the number of hospital staff; and types of public hospital activity.

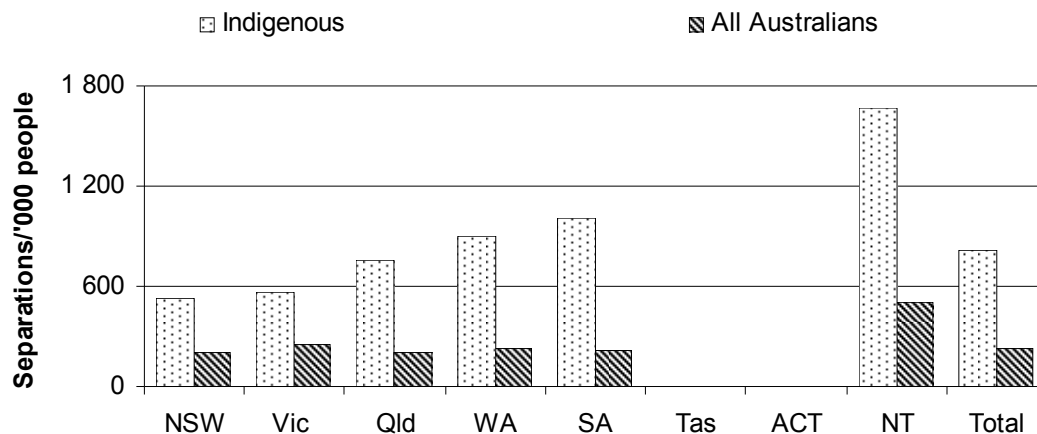
### *Admitted patient care for Indigenous patients*

The completeness of Indigenous identification in hospital admitted patient data varies across states and territories. Efforts to improve Indigenous identification across states and territories are ongoing. In 2009-10, on an age standardised basis, 813.4 public hospital separations (including same day separations) for Indigenous patients were reported per 1000 Indigenous people in NSW, Victoria, Queensland, WA, SA and the NT combined. This rate was markedly higher than the corresponding rate of 224.3 per 1000 for these jurisdictions' combined total population (figure 10.1).

Hospital episodes of care involving dialysis accounted for 42 per cent of all hospitalisations for Indigenous people (compared with 12 per cent for other Australians) in the period July 2006 to June 2008. The Indigenous hospitalisation rate for dialysis was 11 times as high as the rate for other Australians. After adjusting for age differences, the hospitalisation rate (excluding dialysis) for Indigenous people in the two years to June 2008 was 432 per 1000 population compared with 310 per 1000 population for other Australians (1.4 times as high) (AHMAC 2011).

In 2009-10, separations for Indigenous people accounted for around 3.7 per cent of total separations and 5.8 per cent of separations in public hospitals in NSW, Victoria, Queensland, WA, SA and the NT combined (table 10A.10). Indigenous people made up only around 2.5 per cent of the population in these jurisdictions (tables AA.2 and AA.7). Most separations involving Indigenous patients (92.3 per cent) in these jurisdictions occurred in public hospitals (table 10A.10).

**Figure 10.1 Estimates of public hospital separations, by Indigenous status of patient, 2009-10<sup>a, b, c</sup>**



<sup>a</sup> The rates are directly age standardised to the Australian population at 30 June 2001. <sup>b</sup> Identification of Indigenous patients is not considered complete and completeness varies across jurisdictions. <sup>c</sup> Data are reported for NSW, Victoria, Queensland, WA, SA and NT. These six jurisdictions are considered to have acceptable quality of Indigenous identification. The total comprises these jurisdictions only.

Source: AIHW (unpublished), National Hospital Morbidity Database; table 10A.11; 2012 Report, figure 10.8, p. 10.10.

## Framework of performance indicators for public hospitals

Public hospitals performance is reported against objectives that are common to public hospitals in all jurisdictions (2012 Report, box 10.1). The ‘Health sector summary’ explains the performance indicator framework for health services as a whole, including the subdimensions of quality and sustainability that have been added to the standard Review framework.

The Council of Australian Governments (COAG) has agreed six National Agreements to enhance accountability to the public for the outcomes achieved or outputs delivered by a range of government services (see chapter 1 for more detail on reforms to federal financial relations). The National Healthcare Agreement (NHA) covers the area of health, and health indicators in the National Indigenous Reform Agreement (NIRA) establish specific outcomes for reducing the level of disadvantage experienced by Indigenous Australians. Both agreements include sets of performance indicators, for which the Steering Committee collates performance information for analysis by the COAG Reform Council (CRC). Performance indicators reported in this chapter are aligned with health performance indicators in the NHA.

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### **Box 10.1 Objectives for public hospitals**

The common government objectives for public hospitals are to provide acute and specialist services that are:

- safe and of high quality
- appropriate and responsive to individual needs
- affordable, timely and accessible
- equitably and efficiently delivered.

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of public hospitals (figure 10.2). The performance indicator framework shows which data are comparable in the 2012 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 discusses data comparability from a Report-wide perspective (see 2012 Report, section 1.6). Data for Indigenous people are reported for a subset of the performance indicators and are presented here. It is important to interpret these data in the context of the broader performance indicator framework. The framework shows which data are comparable. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary.

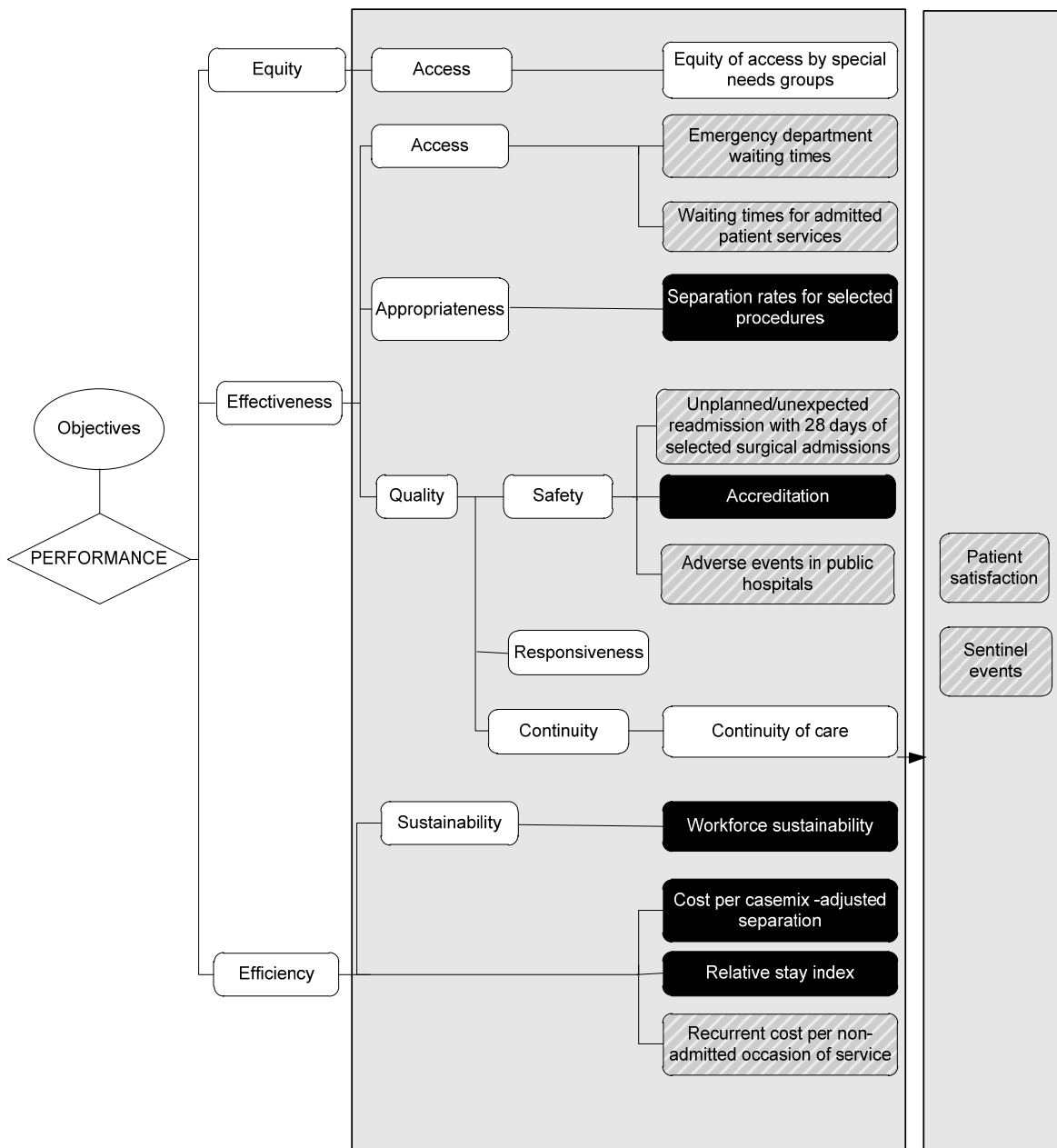
The Report's statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

For this Report, the framework has been revised to report a number of indicators with similar characteristics as separate measures under new high level indicators:

- 'Waiting times for elective surgery' and 'Waiting times for admission following emergency department care' are reported as separate measures under the 'Waiting times for admitted patient services' indicator
- 'Healthcare associated *Staphylococcus aureus* bacteraemia in acute care hospitals', 'Falls resulting in patient harm in hospitals', 'Intentional self harm in hospitals', 'Adverse drug events in hospitals' and 'Pressure ulcers in hospitals' are reported as separate measures under the 'Adverse events in public hospitals' indicator

- ‘Recurrent cost per casemix adjusted separation’ and ‘Total cost per casemix adjusted separation’ are reported as separate measures under the ‘Cost per casemix adjusted separation’ indicator.

**Figure 10.2 Public hospitals performance indicator framework**



**Key to indicators**

- Text** Data for these indicators comparable, subject to caveats to each chart or table
- Text** Data for these indicators not complete or not directly comparable
- Text** These indicators yet to be developed or data not collected for this Report

Source: 2012 Report, figure 10.10, p. 10.15.

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## **Equity of access by special needs groups**

‘Equity of access by special needs groups’ is an indicator of governments’ objective to provide accessible services (box 10.2).

### **Box 10.2 Equity of access by special needs groups**

‘Equity of access by special needs groups’ measures the performance of agencies providing services for three identified special needs groups: Indigenous people; people living in communities outside the capital cities (that is, people living in other metropolitan areas, or rural and remote communities); and people from a non-English speaking background.

‘Equity of access by special needs groups’ has been identified as a key area for development in future Reports. Data for the ‘Emergency department waiting times’ and ‘Waiting times for admitted patient services’ indicators are reported by Indigenous status and remoteness.

### *Emergency department waiting times*

‘Emergency department waiting times’ is an indicator of governments’ objective to provide accessible services (box 10.3).

### **Box 10.3 Emergency department waiting times**

‘Emergency department waiting times’ measures the proportion of patients seen within the benchmarks set by the Australasian Triage Scale. The Australasian Triage Scale is a scale for rating clinical urgency, designed for use in hospital-based emergency services in Australia and New Zealand.

The nationally agreed method of calculation for waiting times is to subtract the time at which the patient presents at the emergency department (that is, the time at which the patient is clerically registered or triaged, whichever occurs earlier) from the time of commencement of service by a treating medical officer or nurse. Patients who do not wait for care after being triaged or clerically registered are excluded from the data.

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### Box 10.3 (Continued)

The benchmarks, set according to triage category, are as follows:

- triage category 1: need for resuscitation — patients seen immediately
- triage category 2: emergency — patients seen within 10 minutes
- triage category 3: urgent — patients seen within 30 minutes
- triage category 4: semi-urgent — patients seen within 60 minutes
- triage category 5: non-urgent — patients seen within 120 minutes (HDSC 2008).

A high or increasing proportion of patients seen within the benchmarks set for each triage category is desirable.

Data reported for this indicator are not directly comparable.

Data quality information for this indicator is at [www.pc.gov.au/gsp/reports/rogs/2012](http://www.pc.gov.au/gsp/reports/rogs/2012).

The comparability of emergency department waiting times data across jurisdictions can be influenced by differences in data coverage (2012 Report, table 10.2) and clinical practices — in particular, the allocation of cases to urgency categories.

Emergency department waiting times by Indigenous status and remoteness, for peer group A and B hospitals are reported in the attachment (tables 10A.19 and 2012 Report, 10A.20). Nationally, there was little difference between Indigenous and non-Indigenous people in the percentages of patients treated within national benchmarks across the triage categories, although there were variations across states and territories for some triage categories (table 10A.19).

#### *Waiting times for admitted patient services*

‘Waiting times for admitted patient services’ is an indicator of governments’ objective to provide accessible services (box 10.4). Elective surgery patients who wait longer are likely to suffer discomfort and inconvenience, and more urgent patients can experience poor health outcomes as a result of extended waits.



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## Box 10.4 **Waiting times for admitted patient services**

'Waiting times for admitted patient services' is defined by three measures:

- 'Overall elective surgery waiting times' are calculated by comparing the date on which patients are added to a waiting list with the date on which they are admitted. Days on which the patient was not ready for care are excluded. 'Overall waiting times' are presented as the number of days within which 50 per cent of patients are admitted and the number of days within which 90 per cent of patients are admitted. The proportion of patients who waited more than one year is also shown.
- 'Elective surgery waiting times by clinical urgency category' reports the proportion of patients who were admitted from waiting lists after an extended wait. The three generally accepted clinical urgency categories for elective surgery are:
  - category 1 — admission is desirable within 30 days for a condition that has the potential to deteriorate quickly to the point that it may become an emergency
  - category 2 — admission is desirable within 90 days for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency
  - category 3 — admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency. The desirable timeframe for this category is admission within 365 days.

The term 'extended wait' is used for category 3 patients waiting longer than 12 months for elective surgery, as well as for category 1 and 2 patients waiting more than the agreed desirable waiting times of 30 days and 90 days respectively.

- Waiting times for admission following emergency department care is currently expected to measure the percentage of patients who present to a public hospital emergency department and are admitted to the same hospital, whose time in the emergency department is less than 8 hours. This indicator is being developed as part of the NHA reporting process. Waiting times for admission following emergency department care has been identified as a key area for development in future Reports.

For 'Overall elective surgery waiting times' a low or decreasing number of days waited at the 50th and 90th percentiles, and a low or decreasing proportion of people waiting more than 365 days are desirable.

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**Box 10.4 (Continued)**

For 'Elective surgery waiting times by clinical urgency category' a low or decreasing proportion of patients who have experienced extended waits at admission is desirable. However, variation in the way patients are classified to urgency categories should be taken into account. Rather than comparing jurisdictions, the results for individual jurisdictions should be viewed in the context of the proportions of patients assigned to each of the three urgency categories (2012 Report, table 10.4).

Data reported for this indicator are not directly comparable.

Partial data quality information for this indicator is at [www.pc.gov.au/gsp/reports/rogs/2012](http://www.pc.gov.au/gsp/reports/rogs/2012).

### *Waiting times for elective surgery*

Attachment 10A includes data on 'elective surgery waiting times' by hospital peer group, specialty of surgeon and indicator procedure. It also includes waiting times by remoteness and by Indigenous status (2012 Report, tables 10A.21–10A.25). Those living in regional and very remote areas had longer waiting times than those in major cities at the 50<sup>th</sup> and 90<sup>th</sup> percentiles at the national level (2012 Report, table 10A.24). Nationally, Indigenous people had longer waiting times for elective surgery than non-Indigenous people at the 50<sup>th</sup> percentile and 90<sup>th</sup> percentiles (table 10A.23).

## **Effectiveness — appropriateness**

### *Separation rates for selected procedures*

'Separation rates for selected procedures' is an indicator of the appropriateness of public hospital services (box 10.5).

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### Box 10.5 Separation rates for selected procedures

‘Separation rates for selected procedures’ is defined as separations per 1000 people for certain procedures in public hospitals. The procedures are selected for their frequency, for sometimes being elective and discretionary, and because alternative treatments are sometimes available.

Higher/lower rates are not necessarily associated with inappropriate care. However, large jurisdictional variations in rates for particular procedures can require investigation to determine whether service levels are appropriate.

Care needs to be taken when interpreting the differences in the separation rates for the selected procedures. Variations in rates can be attributable to variations in the prevalence of the conditions being treated, or to differences in clinical practice across states and territories. Higher rates can be acceptable for certain conditions and not for others. Higher rates of angioplasties, for example, can represent appropriate levels of care, whereas higher rates of hysterectomies or tonsillectomies can represent an over-reliance on procedures. Some of the selected procedures, such as angioplasty and coronary artery bypass graft, are alternative treatment options for people diagnosed with similar conditions.

Data reported for this indicator are comparable.

Data quality information for this indicator is at [www.pc.gov.au/gsp/reports/rogs/2012](http://www.pc.gov.au/gsp/reports/rogs/2012).

The ‘separation rates for selected procedures’ reported here reflect the activities of the public health system. In previous Reports data for the public and private systems combined were reported. The most common procedures of those reported in 2009-10 were cataract extraction, cystoscopy, hysterectomy and cholecystectomy (2012 Report, table 10.5).

For all procedures, separation rates varied across jurisdictions. Statistically significant and material differences in the separation rates for these procedures can highlight variations in treatment methods across jurisdictions. Table 10A.42 reports separations for selected procedures by remoteness and Indigenous status.

#### *Safety — unplanned/unexpected readmissions within 28 days of selected surgical admissions*

‘Unplanned/unexpected readmissions within 28 days of selected surgical admissions’ is an indicator of governments’ objective to provide public hospital services that are safe and of high quality (box 10.6). Patients might be re-admitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, if post discharge planning was inadequate, or for reasons outside the control of the hospital (for example poor post-discharge care).

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**Box 10.6 Unplanned/unexpected readmissions within 28 days of selected surgical admissions**

Unplanned/unexpected readmissions within 28 days of selected surgical admissions show the rate at which patients unexpectedly return to hospital within 28 days for further treatment of the same condition.

The indicator is calculated as the number of separations that were unplanned or unexpected readmissions to the same hospital following a separation in which a selected surgical procedure was performed and which occurred within 28 days of the previous date of separation, expressed per 1000 separations in which one of the selected surgical procedures was performed.

Selected surgical procedures are knee replacement, hip replacement, tonsillectomy and adenoidectomy, hysterectomy, prostatectomy, cataract surgery and appendectomy.

‘Unexpected/unplanned’ readmissions are those having a principal diagnosis of a post-operative adverse event for which a specified ICD-10-AM diagnosis code has been assigned.

Low or decreasing rates for this indicator are desirable. Conversely, high rates for this indicator suggest the quality of care provided by hospitals, or post-discharge care or planning, should be examined, because there may be scope for improvement.

Data reported for this indicator are not complete or directly comparable.

Data quality information for this indicator is at [www.pc.gov.au/gsp/reports/rogs/2012](http://www.pc.gov.au/gsp/reports/rogs/2012).

Unplanned/unexpected readmissions within 28 days of selected surgical admissions in public hospitals in 2009-10 are reported in 2012 Report, table 10.6. Unplanned/unexpected readmissions are reported by Indigenous status and remoteness in table 10A.44.

### *Safety — adverse events in public hospitals*

‘Adverse events in public hospitals’ is an indicator of governments’ objective to provide public hospital services that are safe and of high quality (box 10.7). Adverse events in public hospitals can result in serious consequences for individual patients, place a significant burden on the health system and are influenced by the safety of hospital practices and procedures.

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## Box 10.7 Adverse events in public hospitals

'Adverse events in public hospitals' is defined by the following five measures:

- Healthcare associated *Staphylococcus aureus* bacteraemia in acute care hospitals
- Falls resulting in patient harm in hospitals
- Intentional self harm in hospitals
- Adverse drug events in hospitals
- Pressure ulcers in hospitals

### *Healthcare associated Staphylococcus aureus bacteraemia in acute care hospitals*

'Healthcare associated *Staphylococcus aureus* (including Methicillin-resistant *Staphylococcus aureus* [MRSA]) bacteraemia (SAB) in acute care hospitals' is the number of SAB patient episodes associated with acute care public hospitals, expressed as a rate per 10 000 patient days for public acute care hospitals reporting for the SAB indicator.

A patient episode of SAB is defined as a positive blood culture for SAB. Only the first isolate per patient is counted, unless at least 14 days has passed without a positive blood culture, after which an additional episode is recorded.

SAB is considered to be healthcare-associated if the first positive blood culture is collected more than 48 hours after hospital admission or less than 48 hours after discharge, or if the first positive blood culture is collected 48 hours or less after admission and one or more of the following key clinical criteria was met for the patient-episode of SAB:

- SAB is a complication of the presence of an indwelling medical device
- SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site
- an invasive instrumentation or incision related to the SAB was performed within 48 hours
- SAB is associated with neutropenia ( $<1 \times 10^9/L$ ) contributed to by cytotoxic therapy.

Cases where a known previous blood culture has been obtained within the last 14 days are excluded.

A low or decreasing 'Healthcare associated SAB in acute care hospitals' rates is desirable.

Data reported for this measure are not directly comparable.

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## Box 10.7 (Continued)

### *Falls resulting in patient harm in hospitals*

Falls occurring in health care settings and resulting in patient harm is defined as the number of separations with an external cause code for fall and a place of occurrence of public health care setting, expressed as a rate per 1000 hospital separations.

A low or decreasing rate of falls resulting in patient harm in hospitals is desirable.

Data reported for this measure are comparable.

### *Intentional self harm in hospitals*

Intentional self harm in hospitals is defined as the number of hospital separations with an external cause code for intentional self harm and a place of occurrence of public health care setting, expressed as a rate per 1000 hospital separations.

A low or decreasing rate of intentional self harm in hospitals is desirable.

Data reported for this measure are comparable.

### *Adverse drug events in hospitals*

Adverse drug events in hospitals is currently expected to measure the number of separations with an adverse drug event occurring in hospital.

Adverse drug events in hospitals has been identified as a key area for development in future Reports. This indicator is being developed as part of the NHA reporting process.

### *Pressure ulcers in hospitals*

Pressure ulcers in hospitals is currently expected to measure separations with a pressure ulcer in acute and subacute care settings recorded as arising during an episode of care.

Pressure ulcers in hospitals has been identified as a key area for development in future Reports. This indicator is being developed as part of the NHA reporting process.

Data quality information for this indicator is at [www.pc.gov.au/gsp/reports/rogs/2012](http://www.pc.gov.au/gsp/reports/rogs/2012).

## *Safety — falls resulting in patient harm in hospitals*

The measure defines a fall in hospital as a fall for which the place of occurrence is coded as public health care setting. Public health care setting is broader in scope than hospitals, as it includes other health care settings such as day surgery centres or hospices. Data could therefore be an overestimate. Falls resulting in patient harm in public health care settings varied across states and territories in 2009-10, with a national rate of 3.2 falls per 1000 separations (2012 Report, figure 10.14). Data are reported by Indigenous status and remoteness in table 10A.47.

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### *Safety — intentional self harm in hospitals*

Available data for this measure are based on the place of occurrence being a ‘public health care setting’. This place of occurrence is broader in scope than hospitals, as it includes other health care settings, such as day surgery centres or hospices. Data could therefore be an overestimate. Nationally in 2009-10 occurrences of intentional self harm in public health care settings was around 0.2 per 1000 separations (2012 Report, figure 10.15). Data are reported by Indigenous status and remoteness in table 10A.48.

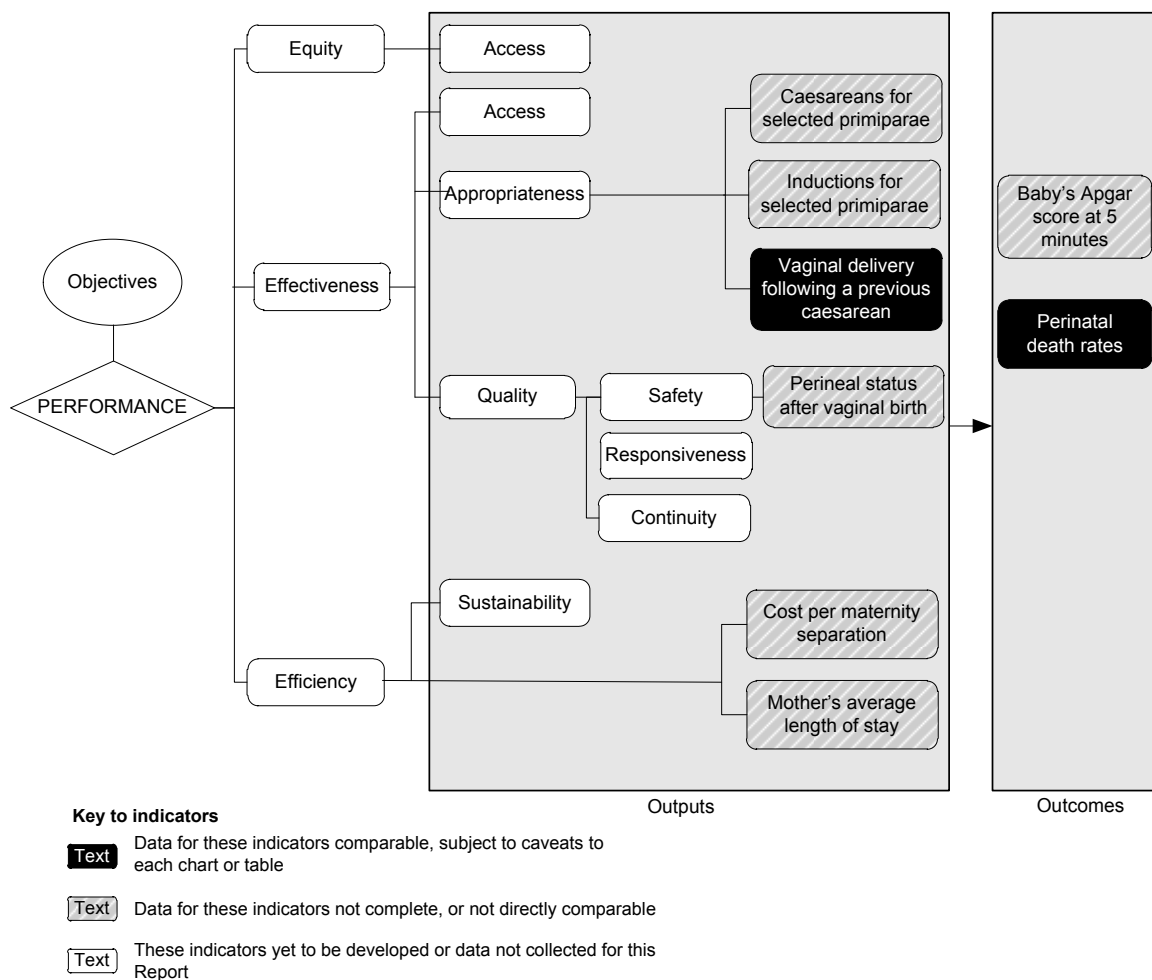
### **Framework of performance indicators for maternity services**

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of maternity services (figure 10.3). The performance indicator framework shows which data are comparable in the 2012 Report. For data that are not considered directly comparable, the text includes relevant caveats and supporting commentary. Chapter 1 of the 2012 Report discusses data comparability from a Report-wide perspective (see 2012 Report, section 1.6). The ‘Health sector summary’ explains the performance indicator framework for health services as a whole, including the subdimensions of quality and sustainability that have been added to the standard Review framework.

The Report’s statistical appendix contains data that may assist in interpreting the performance indicators presented in this chapter. These data cover a range of demographic and geographic characteristics, including age profile, geographic distribution of the population, income levels, education levels, tenure of dwellings and cultural heritage (including Indigenous and ethnic status) (appendix A).

The framework has been revised to combine the previously reported indicators fetal, neonatal and perinatal deaths as separate measures under a new ‘Perinatal deaths’ indicator.

Figure 10.3 Maternity services performance indicator framework



Source: 2012 Report, figure 10.25, p. 10.62.

## Outcomes

Outcomes are the impact of services on the status of an individual or group (while outputs are the services delivered) (see 2012 Report, chapter 1, section 1.5).

### *Perinatal death rate*

‘Perinatal death rate’ is an indicator of governments’ objective to deliver maternity services that are safe and of high quality (box 10.8).



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### Box 10.8 Perinatal death rate

'Perinatal death rate' is defined by the following three measures:

- Fetal death (stillbirth) is the birth of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Fetal deaths by definition include only infants weighing at least 400 grams or of a gestational age of at least 20 weeks. The 'fetal death rate' is calculated as the number of fetal deaths divided by the total number of births (live births and fetal deaths combined), by State or Territory of usual residence of the mother. The rate of fetal deaths is expressed per 1000 total births.
- Neonatal death is the death of a live born infant within 28 days of birth (see section 10.8 for a definition of a live birth). The 'neonatal death rate' is calculated as the number of neonatal deaths divided by the number of live births registered. The rate of neonatal deaths is expressed per 1000 live births, by state or territory of usual residence of the mother.
- A perinatal death is a fetal or neonatal death. The 'perinatal death rate' is calculated as the number of perinatal deaths divided by the total number of births (live births registered and fetal deaths combined) in each jurisdiction. It is expressed per 1000 total births.

Low or decreasing death rates are desirable and can indicate high quality maternity services. The neonatal death rate tends to be higher among premature babies, so a lower neonatal death rate can also indicate a lower percentage of pre-term births.

Differences in the 'fetal death rate' between jurisdictions are likely to be due to factors outside the control of maternity services for admitted patients (such as the health of mothers and the progress of pregnancy before hospital admission). To the extent that the health system influences fetal death rates, the health services that can have an influence include outpatient services, general practice services and maternity services. In jurisdictions where the number of fetal deaths is low, small annual fluctuations in the number affect the annual rate of fetal deaths.

As for fetal deaths, a range of factors contribute to neonatal deaths. However, the influence of maternity services for admitted patients is greater for neonatal deaths than for fetal deaths through the management of labour and the care of sick and premature babies.

Data reported for this indicator are comparable.

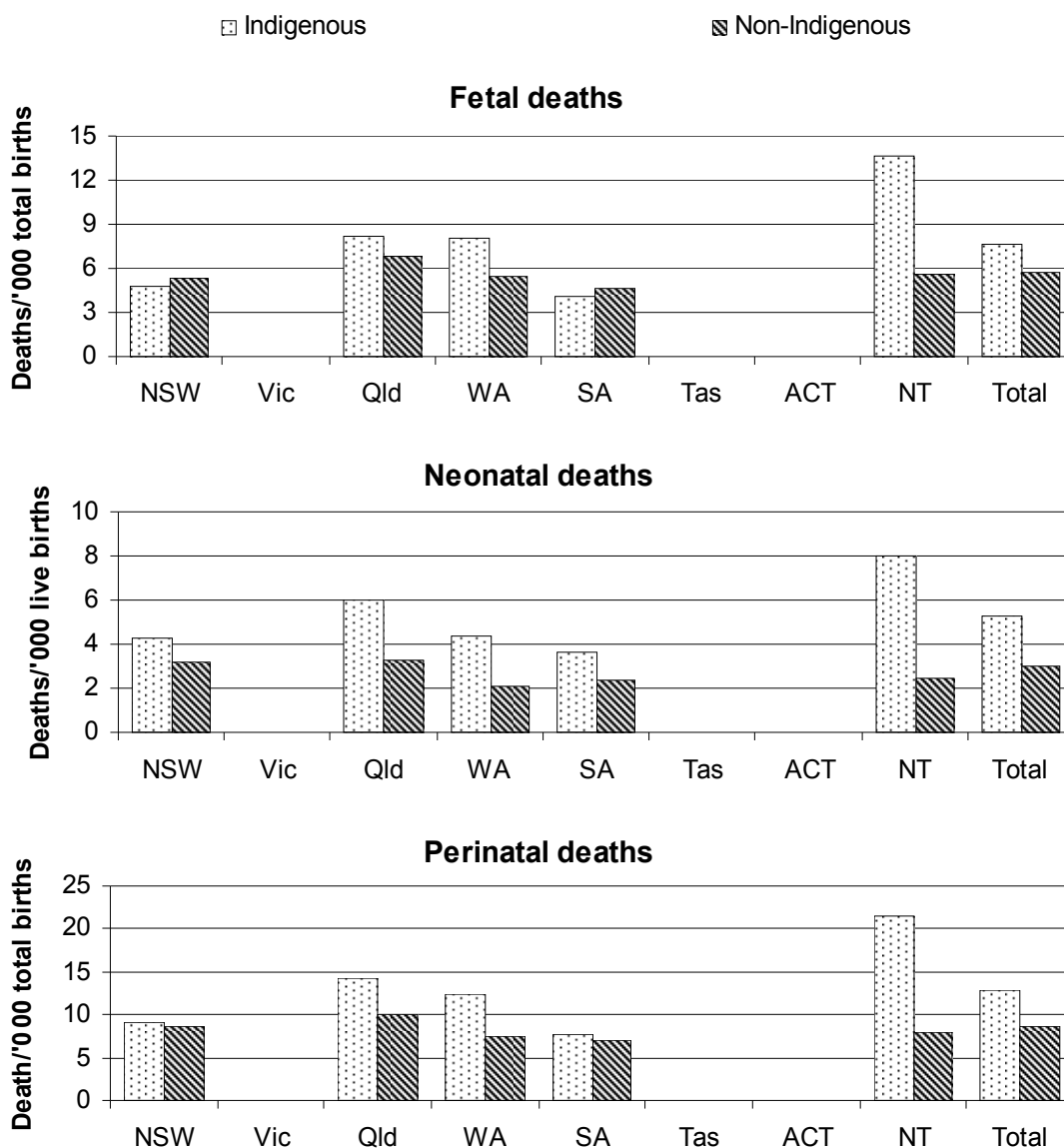
Data quality information for this indicator is at [www.pc.gov.au/gsp/reports/rogs/2012](http://www.pc.gov.au/gsp/reports/rogs/2012).

#### *Fetal, neonatal and perinatal deaths for Indigenous people*

Fetal, neonatal and perinatal deaths data by the Indigenous status of the mother are available for NSW, Queensland, WA, SA and the NT only. Data for other jurisdictions are not included due to small numbers or poor coverage rates

(ABS 2004). In most of the jurisdictions for which data are available, the fetal, neonatal and perinatal death rates for Indigenous people are higher than those for non-Indigenous people (figure 10.4).

**Figure 10.4 Fetal, neonatal and perinatal deaths, by Indigenous status of mother 2005–2009<sup>a</sup>**



<sup>a</sup> Data are reported individually by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. These 5 states have evidence of sufficient levels of identification and sufficient numbers of deaths. The total relates to those jurisdictions for which data are published. Data are not available for other jurisdictions.

Source: ABS (unpublished) *Perinatal deaths, Australia*, Cat. no. 3304.0; table 10A.112; 2012 Report, figure 10.35, p. 10.76.

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## Future directions

Priorities for future reporting on public hospitals and maternity services include the following:

- Improving the comprehensiveness of reporting by filling in gaps in the performance indicator frameworks. Important gaps in reporting for public hospitals include indicators of equity of access to services for special needs groups (particularly Indigenous people), and indicators of continuity of care. Gaps in the maternity services framework include equity of access, effectiveness of access, two aspects of quality — responsiveness and continuity — and the efficiency subdimension of sustainability.
- Improving the quality of Indigenous data. Work on improving Indigenous identification in hospital admitted patient data across states and territories is ongoing. The inclusion of data for Tasmania and the ACT in national totals is a priority for future Reports.

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## Definitions of key terms and indicators

<b>Acute care</b>	Clinical services provided to admitted or non-admitted patients, including managing labour, curing illness or treating injury, performing surgery, relieving symptoms and/or reducing the severity of illness or injury, and performing diagnostic and therapeutic procedures. Most episodes involve a relatively short hospital stay.
<b>Admitted patient</b>	A patient who has undergone a formal admission process in a public hospital to begin an episode of care. Admitted patients can receive acute, subacute or non-acute care services.
<b>AR-DRG</b>	Australian Refined Diagnosis Related Group - a patient classification system that hospitals use to match their patient services (hospital procedures and diagnoses) with their resource needs. AR-DRG version 5.1 is based on the ICD-10-AM classification.
<b>Casemix adjusted</b>	Adjustment of data on cases treated to account for the number and type of cases. Cases are sorted by AR-DRG into categories of patients with similar clinical conditions and requiring similar hospital services. Casemix adjustment is an important step to achieving comparable measures of efficiency across hospitals and jurisdictions.
<b>Casemix adjusted separations</b>	The number of separations adjusted to account for differences across hospitals in the complexity of episodes of care.
<b>Cost per casemix adjusted separation</b>	Recurrent expenditure multiplied by the inpatient fraction and divided by the total number of casemix-adjusted separations plus estimated private patient medical costs.
<b>Elective surgery waiting times</b>	The time elapsed for a patient on the elective surgery waiting list, from the date on which he or she was added to the waiting list for a procedure to admission or a designated census date.
<b>Fetal death</b>	Delivery of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Excludes infants that weigh less than 400 grams or that are of a gestational age of less than 20 weeks.
<b>Fetal death rate</b>	The number of fetal deaths divided by the total number of births (that is, by live births registered and fetal deaths combined).
<b>ICD-10-AM</b>	The Australian modification of the International Standard Classification of Diseases and Related Health Problems. This is the current classification of diagnoses and procedures in Australia.
<b>Inpatient fraction</b>	The ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion.
<b>Live birth</b>	Birth of a child who, after delivery, breathes or shows any other evidence of life, such as a heartbeat. Includes all registered live births regardless of birthweight.
<b>Neonatal death</b>	Death of a live born infant within 28 days of birth. Defined in Australia as the death of an infant that weighs at least 400 grams or that is of a gestational age of at least 20 weeks.
<b>Neonatal death rate</b>	Neonatal deaths divided by the number of live births registered.
<b>Non-acute care</b>	Includes maintenance care and newborn care.

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<b>Non-admitted patient</b>	A patient who has not undergone a formal admission process, but who may receive care through an emergency department, outpatient or other non-admitted service.
<b>Perinatal death</b>	Fetal death or neonatal death of an infant that weighs at least 400 grams or that is of a gestational age of at least 20 weeks.
<b>Perinatal death rate</b>	Perinatal deaths divided by the total number of births (that is, live births registered and fetal deaths combined).
<b>Public hospital</b>	A hospital that provides free treatment and accommodation to eligible admitted persons who elect to be treated as public patients. It also provides free services to eligible non-admitted patients and can provide (and charge for) treatment and accommodation services to private patients. Charges to non-admitted patients and admitted patients on discharge can be levied in accordance with the Australian Health Care Agreements (for example, aids and appliances).
<b>Separation</b>	A total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change in the type of care for an admitted patient (for example, from acute to rehabilitation). Includes admitted patients who receive same day procedures (for example, renal dialysis).
<b>Separation rate</b>	Hospital separations per 1000 people or 100 000 people.
<b>Triage category</b>	The urgency of the patient's need for medical and nursing care: category 1 — resuscitation (immediate within seconds) category 2 — emergency (within 10 minutes) category 3 — urgent (within 30 minutes) category 4 — semi-urgent (within 60 minutes) category 5 — non-urgent (within 120 minutes).

## List of attachment tables

Attachment tables for data within this chapter are contained in the attachment to the Compendium. These tables are identified in references throughout this chapter by a '10A' prefix (for example, table 10A.1 is table 1 in the Public hospitals attachment). Attachment tables are on the Review website ([www.pc.gov.au/gsp](http://www.pc.gov.au/gsp)).

<b>Table 10A.10</b>	Separations by hospital sector and Indigenous status of patient, 2009-10
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<b>Table 10A.44</b>	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations)
<b>Table 10A.47</b>	Separations for falls resulting in patient harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10
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<b>Table 10A.112</b>	Perinatal, neonatal and fetal deaths, 2005–2009

## References

- ABS (Australian Bureau of Statistics) 2004, *Deaths, Australia 2003*, Cat. no. 3302.0, Canberra.
- AHMAC (Australian Health Ministers' Advisory Council) 2011, *The Aboriginal and Torres Strait Islander Health Performance Framework 2010 Report*, AHMAC, Canberra.
- HDSC (Health Data Standards Committee) 2008, *National health data dictionary. Version 14*. Cat. no. HWI 101. AIHW, Canberra.

# 10A Public hospitals — attachment

Tables in this attachment are sourced from the Public hospitals attachment of the 2012 Report. Table numbers refer to the 2012 Report, for example, a reference to ‘2012 Report, table 10A.15’ refers to attachment table 15 of attachment 10A of the 2012 Report.

Definitions for indicators and descriptors in this attachment are in the Public hospitals chapter of the Compendium.

Data in this Compendium are examined by the Health Working Group, but have not been formally audited by the Secretariat.

Data reported in the attachment tables are the most accurate available at the time of data collection. Historical data may have been updated since the last edition of RoGS.

This file is available in Adobe PDF format on the Review web page ([www.pc.gov.au/gsp](http://www.pc.gov.au/gsp)).

## Attachment contents

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<b>Table 10A.10</b>	Separations by hospital sector and Indigenous status of patient, 2009-10
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<b>Table 10A.19</b>	Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory
<b>Table 10A.23</b>	Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days)
<b>Table 10A.42</b>	Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population)
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Table 10A.10

Table 10A.10 Separations by hospital sector and Indigenous status of patient, 2009-10 (a), (b)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (c)	Total (c)
Public hospitals											
Indigenous people	no.	59 468	14 034	73 598	45 197	19 702	3 018	1 893	69 431	281 430	np
Non-Indigenous people	no.	1 469 511	1 401 247	834 350	460 712	344 117	96 445	84 771	30 259	4 540 196	-
Not reported	no.	13 989	9 382	15 022	-	19 236	2 210	1 692	4	57 633	-
<b>Total</b>	<b>no.</b>	<b>1 542 968</b>	<b>1 424 663</b>	<b>922 970</b>	<b>505 909</b>	<b>383 055</b>	<b>101 673</b>	<b>88 356</b>	<b>99 694</b>	<b>4 879 259</b>	-
Private hospitals											
Indigenous people	no.	1 535	1 142	3 699	16 405	771	np	np	np	23 552	np
Non-Indigenous people	no.	936 936	871 026	764 773	364 895	239 686	np	np	np	3 177 316	-
Not reported	no.	22 235	13 608	76 481	-	29 558	np	np	np	141 882	-
<b>Total</b>	<b>no.</b>	<b>960 706</b>	<b>885 776</b>	<b>844 953</b>	<b>381 300</b>	<b>270 015</b>	<b>np</b>	<b>np</b>	<b>np</b>	<b>3 342 750</b>	-
Indigenous separations (% of total separations)											
Public hospitals	%	3.9	1.0	8.0	8.9	5.1	3.0	2.1	69.6	5.8	np
Private hospitals	%	0.2	0.1	0.4	4.3	0.3	np	np	np	0.7	np
All hospitals	%	2.4	0.7	4.4	6.9	3.1	np	np	np	3.7	np
Separations in public hospitals (% of total separations)											
Indigenous people	%	97.5	92.5	95.2	73.4	96.2	np	np	np	92.3	np
Non-Indigenous people	%	61.1	61.7	52.2	55.8	58.9	np	np	np	58.8	np

(a) Separations for which the care type was reported as newborn with no qualified days, and records for hospital boarders and posthumous organ procurement have been excluded.

(b) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions.

(c) Total includes data only for NSW, Victoria, Queensland, WA, SA and the NT (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. In addition, these jurisdictions are not necessarily representative of the excluded jurisdictions.

- Nil or rounded to zero. np Not published.

Source: AIHW 2011, *Australian Hospital Statistics 2009-10*, Health Services Series No. 40, Cat no. HSE 107, AIHW, Canberra.

Table 10A.11

**Table 10A.11 Separations per 1000 people, by Indigenous status of patient (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (d)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Total (e)</i>
<b>2005-06</b>									
Public hospitals									
Indigenous people	495.6	np	745.4	845.2	875.0	np	np	1 548.0	792.1
Total population	203.2	243.4	186.2	196.4	228.4	np	np	479.1	213.6
Private Hospitals (f)									
Indigenous people	np	np	np	np	np	np	np	np	np
Total population	108.6	136.4	175.2	157.2	129.2	np	np	np	np
<b>2006-07</b>									
Public hospitals									
Indigenous people	528.0	624.3	756.7	876.5	929.3	np	np	1 584.8	787.5
Total population	206.0	246.7	190.2	218.4	232.6	np	np	480.1	218.8
Private Hospitals (f)									
Indigenous people	np	np	np	np	np	np	np	np	np
Total population	112.9	141.3	177.9	138.4	132.5	np	np	np	141.4
<b>2007-08</b>									
Public hospitals									
Indigenous people	550.5	629.8	785.7	869.4	908.9	np	np	1 670.7	807.7
Total population	202.8	247.8	195.7	215.1	216.4	np	np	486.4	217.6
Private Hospitals (f)									
Indigenous people	15.0	53.7	82.0	315.3	91.3	np	np	np	95.1
Total population	117.6	145.5	181.5	150.9	138.3	np	np	np	147.0
<b>2008-09</b>									
Public hospitals									
Indigenous people	511.5	535.8	732.5	817.3	950.5	np	np	1 656.0	763.3
Total population	205.6	249.5	204.4	215.8	217.7	np	np	495.5	221.3
Private Hospitals									
Indigenous people	17.3	44.1	64.6	373.1	67.4	np	np	np	81.7
Total population	122.9	145.3	186.6	165.3	143.4	np	np	np	145.6
<b>2009-10</b>									
Public hospitals									
Indigenous people	522.5	558.1	752.8	901.8	1 005.2	np	np	1 663.8	813.4
Total population	207.1	251.4	206.7	225.4	219.9	np	np	500.2	224.3
Private Hospitals									
Indigenous people	15.4	62.5	47.4	411.8	52.0	np	np	np	84.0
Total population	127.7	155.4	188.0	168.8	149.0	np	np	np	152.6

(a) Directly age standardised to the Australian population at 30 June 2001.

(b) Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete and completeness varies among jurisdictions.

**Table 10A.11 Separations per 1000 people, by Indigenous status of patient (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (d)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT Total (e)</i>
(c)	The AIHW has advised that data for NSW, Victoria, Queensland, SA, WA and the NT are of acceptable quality. Nevertheless data for these jurisdictions should be interpreted with caution as there are jurisdictional differences in data quality and changes in hospitalisation rates for Indigenous people over time may include a component due to improved identification. Indigenous status should therefore be interpreted cautiously.							
(d)	In WA, separations for public patients at Joondalup and Peel Health Campuses are included from 2006-07 public hospitals figures but not in those for previous years.							
(e)	The totals include data only for NSW, Victoria, Queensland, WA, SA and the NT (public hospitals only), for which the quality of Indigenous identification is considered acceptable for the purposes of analysis. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality							
(f)	Data quality of Indigenous status in the private sector is considered to be unacceptable and therefore data have been suppressed for the private sector.							

**np** Not published.

*Source:* AIHW (unpublished), National Hospital Morbidity Database.

Table 10A.19

**Table 10A.19 Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
2009-10										
<b>Total (Peer group A and B hospitals)</b>										
Indigenous	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	99	98	100	100	100	100	100	1 364
Triage category 2	77	77	81	71	81	69	81	63	74	16 036
Triage category 3	66	73	67	54	59	48	54	52	62	62 170
Triage category 4	68	70	70	61	58	57	54	44	63	80 754
Triage category 5	84	87	91	90	86	86	79	81	87	16 668
<b>Total (d)</b>	<b>71</b>	<b>74</b>	<b>72</b>	<b>62</b>	<b>64</b>	<b>58</b>	<b>59</b>	<b>50</b>	<b>66</b>	<b>..</b>
	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	45 368	14 805	52 389	20 255	4 439	3 593	2 017	34 130	176 996	
Other Australians (e)	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	99	99	100	99	100	100	100	38 576
Triage category 2	82	80	77	68	77	70	83	63	78	480 816
Triage category 3	69	70	59	50	61	49	60	44	64	1 633 816
Triage category 4	71	66	64	60	63	61	56	44	66	2 010 396
Triage category 5	86	84	88	89	85	86	77	86	86	442 530
<b>Total (d)</b>	<b>74</b>	<b>71</b>	<b>65</b>	<b>60</b>	<b>66</b>	<b>60</b>	<b>63</b>	<b>48</b>	<b>69</b>	<b>..</b>
	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d)	1 491 162	1 218 199	900 393	441 225	304 413	104 029	94 078	53 040	4 606 539	
2010-11										
<b>Total (Peer group A and B hospitals)</b>										
Indigenous	%	%	%	%	%	%	%	%	%	no.

Table 10A.19

**Table 10A.19 Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory (a), (b), (c)**

	NSW	Vic	Q/d	WA	SA	Tas	ACT	NT	Aust	Aust
Triage category 1	100	100	100	99	100	100	np	100	100	1 712
Triage category 2	78	78	82	71	76	68	83	66	76	18 154
Triage category 3	66	72	66	50	64	49	50	53	61	69 612
Triage category 4	68	68	70	63	67	58	47	46	63	89 181
Triage category 5	84	87	91	91	85	82	76	78	86	16 987
<b>Total (d)</b>	71	72	71	62	69	57	56	52	66	195 651
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (d), (f)	48 680	15 779	56 129	22 322	9 458	3 992	2 415	36 876	195 651	
Other Australians	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	100	99	100	100	100	100	100	38 676
Triage category 2	83	81	78	69	77	70	82	64	79	514 923
Triage category 3	70	69	59	46	65	51	54	48	64	1 716 844
Triage category 4	71	64	66	61	70	59	49	49	66	2 068 976
Triage category 5	85	85	90	91	88	81	76	86	86	411 851
<b>Total (d)</b>	74	70	66	59	71	59	58	52	69	4 751 403
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (d), (f)	1 509 502	1 247 994	948 290	479 260	308 658	102 408	98 574	56 717	4 751 403	

(a) Data represent the proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.

(b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided approximately 69 per cent of Emergency Department services.

(c) The quality of the identification of Indigenous patients in National Non-admitted Patient Emergency Department Care Database has not been assessed. Identification of Indigenous patients is not considered to be complete, and completeness may vary among the states and territories.

Table 10A.19

**Table 10A.19 Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
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- (d) The totals include records for which the triage category was not assigned or not reported.
- (e) Other Australians includes non-Indigenous patients and those for whom Indigenous status was not stated.
- (f) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.

Table 10A.23

Table 10A.23 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days)**

	Indigenous										Non-Indigenous							
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2009-10 (a), (b), (c)																		
<b>All hospitals</b>																		
50th percentile																		
Cataract extraction	213	72	95	92	71	129	np	112	105	211	63	36	41	61	99	162	133	85
Cholecystectomy	63	55	40	53	56	120	np	75	47	63	50	40	30	46	76	73	49	51
Coronary artery bypass graft (d)	12	np	34	17	17	-	np	..	26	18	23	5	20	12	16	16	..	15
Cystoscopy	38	40	33	37	np	42	np	136	41	25	22	30	28	30	25	86	82	25
Haemorrhoidectomy	66	np	np	np	np	np	-	53	64	68	77	60	32	45	51	111	70	66
Hysterectomy	58	64	50	41	55	np	np	np	51	52	52	39	49	56	58	69	89	50
Inguinal herniorrhaphy	48	30	64	63	np	27	np	89	51	71	52	47	37	49	68	90	69	57
Myringoplasty	259	np	111	133	np	np	-	68	92	299	85	59	98	117	49	372	125	104
Myringotomy	77	27	58	51	34	np	np	6	48	70	49	33	60	50	49	148	40	48
Prostatectomy	81	np	46	53	np	np	np	np	61	61	31	39	41	56	54	69	91	46
Septoplasty	314	np	73	np	np	np	-	np	127	310	104	56	80	98	156	373	157	144
Tonsillectomy	225	88	85	84	83	87	np	133	89	223	86	50	75	77	72	326	143	91
Total hip replacement	96	np	110	np	-	np	np	np	135	168	119	69	78	120	293	224	137	116
Total knee replacement	354	np	122	187	np	np	np	np	151	301	155	93	100	162	431	364	220	180
Varicose veins stripping & ligation	64	125	49	-	-	np	np	np	89	77	119	70	70	144	111	256	157	96
<b>Total (e)</b>	<b>50</b>	<b>41</b>	<b>35</b>	<b>34</b>	<b>33</b>	<b>46</b>	<b>69</b>	<b>49</b>	<b>38</b>	<b>45</b>	<b>36</b>	<b>27</b>	<b>32</b>	<b>36</b>	<b>36</b>	<b>74</b>	<b>42</b>	<b>35</b>
90th percentile																		
Cataract extraction	364	198	321	237	306	242	np	391	327	363	228	221	182	314	298	371	301	336
Cholecystectomy	248	165	145	195	119	772	np	237	164	239	156	137	168	116	530	279	261	187
Coronary artery bypass graft (d)	30	np	94	101	114	-	np	..	104	69	122	48	70	132	75	53	..	78

Table 10A.23

Table 10A.23 Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days)

	Indigenous											Non-Indigenous										
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust				
Cystoscopy	203	148	117	182	np	259	np	390	187	132	108	117	162	90	98	276	245	126				
Haemorrhoidectomy	168	np	np	np	np	np	-	315	315	284	245	190	220	189	931	320	302	260				
Hysterectomy	281	319	153	103	148	np	np	np	152	281	149	133	154	177	268	275	257	197				
Inguinal herniorrhaphy	212	93	179	354	np	63	np	265	204	318	171	153	195	160	463	268	242	250				
Myringoplasty	491	np	266	365	np	np	-	615	519	418	288	280	287	386	907	708	469	371				
Myringotomy	299	103	164	133	106	np	np	134	148	318	147	115	151	109	134	379	127	151				
Prostatectomy	360	np	271	np	np	np	np	np	234	230	197	175	111	113	127	672	658	188				
Septoplasty	428	np	368	np	np	np	-	285	350	461	382	368	317	342	1 028	676	403	415				
Tonsillectomy	398	218	291	174	371	227	np	327	291	388	318	206	182	331	250	488	474	357				
Total hip replacement	400	np	401	np	-	np	np	np	435	392	352	264	209	327	737	507	360	372				
Total knee replacement	457	np	387	378	np	np	np	np	414	416	417	367	274	337	896	568	518	414				
Varicose veins stripping & ligation	388	479	1 134	-	-	np	np	np	479	336	474	386	308	343	680	435	489	389				
<b>Total (e)</b>	<b>338</b>	<b>220</b>	<b>184</b>	<b>187</b>	<b>184</b>	<b>354</b>	<b>326</b>	<b>338</b>	<b>232</b>	<b>331</b>	<b>196</b>	<b>148</b>	<b>160</b>	<b>189</b>	<b>331</b>	<b>357</b>	<b>242</b>	<b>247</b>				
2010-11																						
<b>All hospitals</b>																						
50th percentile																						
Cataract extraction	265	50	69	42	61	214	119	119	118	226	57	47	35	87	247	141	132	90				
Cholecystectomy	55	41	62	42	52	74	np	97	58	61	50	51	27	49	68	71	57	53				
Coronary artery bypass graft	12	np	20	26	23	np	np	-	20	16	22	7	14	23	28	12	-	16				
Cystoscopy	28	24	31	26	46	24	154	117	28	23	23	28	27	35	28	72	64	25				
Haemorrhoidectomy	48	101	37	np	np	-	-	69	67	66	62	61	35	54	33	126	57	60				
Hysterectomy	59	np	37	21	74	69	np	82	53	55	48	40	44	54	47	53	62	49				
Inguinal herniorrhaphy	50	32	51	32	np	33	30	76	43	70	54	58	33	43	55	84	55	57				
Myringoplasty	325	np	76	84	186	np	np	154	104	315	84	67	92	181	180	351	112	110				

PUBLIC HOSPITALS



Table 10A.23

Table 10A.23 Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days)

	Indigenous										Non-Indigenous									
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
Myringotomy	70	35	48	44	43	106	np	21	49		67	50	33	43	48	123	164	22	47	
Prostatectomy	68	np	76	np	-	np	np	np	63		62	29	44	33	49	80	82	62	47	
Septoplasty	309	np	92	np	np	np	-	np	189		313	110	56	92	137	214	404	np	158	
Tonsillectomy	168	100	81	86	73	154	351	59	100		195	97	54	78	71	112	336	65	93	
Total hip replacement	186	np	60	np	np	np	np	np	140		149	98	78	78	118	196	254	133	108	
Total knee replacement	312	106	110	np	np	np	np	np	227		295	133	109	94	136	378	326	220	173	
Varicose veins stripping & ligation	128	90	np	np	-	np	np	np	104		100	104	63	67	204	85	330	94	100	
<b>Total (e)</b>	50	34	33	32	33	40	67	42	39		47	36	28	29	38	38	77	30	36	
90th percentile																				
Cataract extraction	362	223	311	193	301	393	169	315	352		361	196	333	158	349	436	301	281	343	
Cholecystectomy	204	168	151	308	132	400	np	300	177		243	137	139	162	99	464	250	223	170	
Coronary artery bypass graft	79	np	75	63	92	np	np	-	76		77	87	54	61	88	89	49	-	74	
Cystoscopy	112	85	136	203	141	44	368	234	131		105	99	126	176	97	112	381	224	115	
Haemorrhoidectomy	362	310	129	np	np	-	-	250	250		310	248	155	214	220	366	286	235	257	
Hysterectomy	267	np	135	82	274	342	np	182	244		302	137	141	127	168	206	202	224	200	
Inguinal herniorrhaphy	297	296	130	139	np	401	494	313	222		329	161	161	168	136	588	290	197	259	
Myringoplasty	381	np	166	282	321	np	np	551	441		383	355	192	238	355	694	672	469	367	
Myringotomy	314	99	118	97	85	176	np	138	125		297	139	105	114	110	197	384	105	140	
Prostatectomy	118	np	442	np	-	np	np	np	173		226	174	168	119	91	191	749	148	170	
Septoplasty	370	np	431	np	np	np	-	np	416		385	384	262	345	301	715	894	np	381	
Tonsillectomy	366	322	190	213	297	317	564	348	355		370	331	181	210	262	300	644	396	350	
Total hip replacement	358	np	447	np	np	np	np	np	362		363	323	272	236	312	623	593	261	357	
Total knee replacement	368	300	374	np	np	np	np	np	386		372	383	350	306	351	715	588	404	376	

Table 10A.23

**Table 10A.23    Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days)**

	Indigenous										Non-Indigenous							
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Venous thrombectomy & ligation	300	520	np	np	-	np	np	np	358	434	302	267	411	421	591	462	368	
<b>Total (e)</b>	337	209	155	189	157	360	366	276	265	333	182	148	158	209	358	378	204	252

(a) The data presented for this indicator are sourced from the National Elective Surgery Waiting Times Data Collection (NESWTDC) for all states except New South Wales (sourced from linked records in the NESWTDC and the National Hospital Morbidity Database).

(b) The quality of Indigenous status data in the NESWTDC has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data. Indigenous status data from the National Hospital Morbidity Database (used for NSW data) are of sufficient quality for statistical reporting. Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

(c) Data are suppressed where there are fewer than 10 elective surgery admissions in the category.

(d) Coronary artery bypass graft is not performed in NT hospitals. Residents of the NT requiring this procedure receive treatment interstate.

(e) Total includes all removals for elective surgery procedures, including but not limited to the procedures listed above.

.. Not applicable. **np** Not published. – Nil or rounded to zero.

Source: AIHW (unpublished) National Elective Surgery Waiting Times Data Collection; AIHW (unpublished) linked National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection (NSW only).

Table 10A.42

**Table 10A.42 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
<b>Cataract extraction</b>									
Hospital sector									
Private	6.4	5.1	7.7	5.6	4.9	np	np	np	6.1
Public	2.5	3.1	1.7	4.2	2.8	np	np	np	2.7
Indigenous status (d)									
Indigenous	5.4	4.3	7.4	7.4	8.8	2.8	9.0	5.6	6.4
Other Australians	8.9	8.3	9.2	9.6	7.8	9.5	6.7	8.0	8.7
Remoteness of residence (e)									
Major cities	8.8	8.2	9.0	10.0	7.5	..	6.0	..	8.6
Inner regional	9.3	8.2	9.8	10.7	7.6	7.1	np	..	9.0
Outer regional	8.9	8.6	10.1	8.2	9.5	7.6	..	9.9	9.2
Remote	7.8	11.2	8.5	7.6	7.8	4.9	..	4.5	7.8
Very remote	5.1	..	8.6	5.7	7.2	6.5	..	5.5	7.1
SEIFA of residence (f)									
Quintile 1	9.2	8.2	9.3	8.9	8.2	7.3	np	7.6	8.8
Quintile 2	8.0	8.2	10.5	9.8	7.6	9.6	24.6	6.5	8.5
Quintile 3	9.9	8.4	9.2	9.7	7.8	7.6	13.9	9.2	9.2
Quintile 4	8.3	8.1	9.2	10.1	7.3	5.3	7.8	8.0	8.5
Quintile 5	9.6	8.5	8.8	10.1	7.4	..	5.7	10.9	8.9
<b>Cholecystectomy</b>									
Hospital sector									
Private	0.8	0.9	1.1	1.0	0.9	np	np	np	0.9
Public	1.3	1.4	1.2	1.1	1.4	np	np	np	1.3
Indigenous status (d)									

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Table 10A.42

**Table 10A.42 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Indigenous	2.5	3.3	2.9	2.4	2.5	1.9	4.7	2.2	2.6
Other Australians	2.1	2.3	2.3	2.0	2.3	2.3	2.2	1.6	2.2
Remoteness of residence (e)									
Major cities	2.1	2.2	2.3	2.0	2.3	..	1.9	..	2.1
Inner regional	2.2	2.7	2.6	2.5	2.6	2.3	np	..	2.5
Outer regional	2.3	2.5	2.2	2.2	2.6	2.5	..	1.6	2.3
Remote	2.7	2.2	2.3	2.1	2.4	1.6	..	1.8	2.2
Very remote	1.7	..	2.1	1.6	2.2	1.7	..	2.0	1.9
SEIFA of residence (f)									
Quintile 1	2.4	2.5	2.6	2.6	2.8	2.4	np	1.8	2.5
Quintile 2	2.0	2.5	2.5	2.3	2.2	3.1	9.6	2.4	2.3
Quintile 3	2.3	2.4	2.3	2.1	2.3	2.3	3.0	2.5	2.3
Quintile 4	2.1	2.3	2.3	2.2	2.1	1.8	2.6	1.3	2.2
Quintile 5	1.7	1.8	2.0	1.5	1.8	..	1.9	0.9	1.8
<b>Coronary artery bypass graft (h)</b>									
Hospital sector									
Private	0.2	0.3	0.3	0.1	0.3	np	np	np	0.2
Public	0.3	0.3	0.3	0.2	0.3	np	np	np	0.3
Indigenous status (d)									
Indigenous	0.8	0.9	1.6	0.6	3.1	0.3	2.5	..	1.0
Other Australians	0.5	0.6	0.6	0.3	0.5	0.4	0.7	..	0.5
Remoteness of residence (e)									
Major cities	0.5	0.6	0.6	0.3	0.5	..	0.4	..	0.5
Inner regional	0.4	0.7	0.7	0.3	0.5	0.4	np	..	0.6

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Table 10A.42

**Table 10A.42 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Outer regional	0.5	0.5	0.7	0.3	0.9	0.5	..	..	0.6
Remote	0.6	0.3	0.5	0.4	1.1	0.5	..	..	0.5
Very remote	1.6	..	0.9	0.5	2.1	-	..	..	0.8
SEIFA of residence (f)									
Quintile 1	0.5	0.6	0.7	0.4	0.6	0.4	np	..	0.6
Quintile 2	0.5	0.7	0.7	0.3	0.5	0.8	13.0	..	0.5
Quintile 3	0.5	0.6	0.6	0.3	0.5	0.4	1.3	..	0.5
Quintile 4	0.4	0.6	0.6	0.3	0.5	0.5	0.6	..	0.5
Quintile 5	0.5	0.5	0.5	0.2	0.5	..	0.4	..	0.5
<b>Coronary angioplasty (h)</b>									
Hospital sector									
Private	0.6	0.8	0.7	0.6	0.5	np	np	np	0.7
Public	0.9	0.8	0.7	0.8	1.0	np	np	np	0.9
Indigenous status (d)									
Indigenous	2.1	1.5	1.4	2.3	6.6	2.0	3.0	..	1.9
Other Australians	1.5	1.6	1.4	1.4	1.4	1.4	3.1	..	1.5
Remoteness of residence (e)									
Major cities	1.6	1.6	1.5	1.5	1.4	..	2.1	..	1.6
Inner regional	1.2	1.7	1.4	1.4	1.2	1.3	np	..	1.4
Outer regional	1.2	1.6	1.3	1.1	2.1	1.6	..	..	1.4
Remote	1.8	1.8	1.1	1.4	2.5	1.5	..	..	1.4
Very remote	1.6	..	1.3	1.1	3.8	np	..	..	1.3
SEIFA of residence (f)									
Quintile 1	1.4	1.6	1.5	1.6	1.7	1.4	np	..	1.5

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Table 10A.42

Table 10A.42 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Quintile 2	1.4	1.7	1.6	1.5	1.5	2.5	np	..	1.6
Quintile 3	1.5	1.7	1.4	1.5	1.5	1.2	7.0	..	1.5
Quintile 4	1.6	1.6	1.4	1.4	1.4	1.0	3.3	..	1.5
Quintile 5	1.6	1.5	1.2	1.3	1.3	..	1.8	..	1.5
<b>Cystoscopy</b>									
Hospital sector									
Private	2.4	2.6	3.4	3.8	3.0	np	np	np	2.9
Public	1.5	2.7	1.8	2.9	2.4	np	np	np	2.1
Indigenous status (d)									
Indigenous	2.2	3.3	2.9	4.0	2.6	5.3	1.8	2.2	2.7
Other Australians	3.9	5.2	5.1	6.8	5.5	5.5	4.8	3.2	4.9
Remoteness of residence (e)									
Major cities	4.1	5.4	5.3	6.9	5.7	..	3.8	..	5.1
Inner regional	3.5	5.0	4.9	7.2	4.7	5.9	np	..	4.7
Outer regional	3.7	4.2	5.0	5.8	4.5	4.8	..	3.6	4.6
Remote	2.8	5.5	3.7	5.3	4.8	4.3	..	2.5	4.1
Very remote	2.6	..	2.9	4.5	4.5	2.8	..	2.1	3.4
SEIFA of residence (f)									
Quintile 1	3.5	4.8	5.0	5.9	5.4	4.8	np	2.5	4.5
Quintile 2	3.5	5.2	5.4	6.3	5.5	5.6	28.5	3.3	4.6
Quintile 3	4.6	5.2	4.8	6.9	5.9	6.7	7.8	3.9	5.3
Quintile 4	3.9	5.3	5.2	6.5	5.3	6.9	5.3	3.2	5.0
Quintile 5	4.5	5.6	5.2	7.3	5.3	..	3.7	3.6	5.3

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Table 10A.42

**Table 10A.42 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
<b>Haemorrhoidectomy</b>									
Hospital sector									
Private	1.7	0.8	1.1	0.6	0.9	np	np	np	1.2
Public	0.8	0.7	0.3	0.5	0.4	np	np	np	0.6
Indigenous status (d)									
Indigenous	1.1	1.7	0.5	0.5	0.5	1.3	np	0.5	0.8
Other Australians	2.6	1.5	1.4	1.1	1.3	2.0	1.1	2.7	1.8
Remoteness of residence (e)									
Major cities	2.6	1.3	1.4	0.9	1.2	..	1.0	..	1.7
Inner regional	2.5	2.2	1.8	1.7	1.4	1.7	np	..	2.1
Outer regional	2.8	1.7	1.1	1.6	1.9	2.3	..	3.0	1.9
Remote	1.7	1.4	0.9	1.1	0.8	3.5	..	0.8	1.1
Very remote	1.0	..	0.5	0.6	0.3	2.8	..	0.8	0.7
SEIFA of residence (f)									
Quintile 1	2.7	1.6	1.4	1.6	1.3	1.9	np	1.7	1.9
Quintile 2	2.2	1.8	1.4	1.3	1.1	3.1	2.0	2.8	1.8
Quintile 3	3.1	1.5	1.4	1.0	1.3	1.9	1.3	2.4	1.8
Quintile 4	3.9	5.3	5.2	6.5	5.3	6.9	5.3	3.2	5.0
Quintile 5	2.5	1.4	1.3	1.0	1.5	..	1.1	3.6	1.7
<b>Hip replacement</b>									
Hospital sector									
Private	0.7	0.9	0.8	0.9	1.0	np	np	np	0.8
Public	0.6	0.7	0.5	0.7	0.6	np	np	np	0.6
Indigenous status (d)									

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Table 10A.42

**Table 10A.42 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Indigenous	0.8	0.8	0.8	0.3	np	1.2	np	0.2	0.6
Other Australians	1.4	1.6	1.3	1.6	1.6	1.9	2.3	0.5	1.4
Remoteness of residence (e)									
Major cities	1.3	1.4	1.2	1.5	1.5	..	1.7	..	1.4
Inner regional	1.4	1.9	1.4	1.9	1.7	1.8	np	..	1.6
Outer regional	1.3	1.9	1.2	1.8	1.8	1.9	..	0.6	1.5
Remote	1.7	2.4	1.1	1.5	1.8	1.5	..	0.4	1.4
Very remote	1.2	..	0.6	1.0	1.8	np	..	0.3	0.8
SEIFA of residence (f)									
Quintile 1	1.2	1.3	1.2	1.7	1.5	1.7	np	0.5	1.3
Quintile 2	1.2	1.7	1.4	1.4	1.5	2.5	18.5	0.5	1.4
Quintile 3	1.4	1.6	1.2	1.6	1.8	1.9	5.0	0.9	1.5
Quintile 4	1.4	1.7	1.3	1.7	1.5	2.1	2.4	0.5	1.5
Quintile 5	1.5	1.6	1.2	1.7	1.7	..	1.6	-	1.5
<b>Inguinal herniorrhaphy</b>									
Hospital sector									
Private	1.1	1.1	1.4	1.2	1.0	np	np	np	1.2
Public	1.0	1.1	0.9	1.0	1.1	np	np	np	1.0
Indigenous status (d)									
Indigenous	1.0	1.8	1.4	1.0	1.2	0.6	0.8	0.7	1.1
Other Australians	2.1	2.2	2.3	2.3	2.1	2.4	2.3	2.5	2.2
Remoteness of residence (e)									
Major cities	2.2	2.2	2.3	2.3	2.0	..	1.9	..	2.2
Inner regional	2.1	2.4	2.3	2.2	2.1	2.4	np	..	2.2

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Table 10A.42

**Table 10A.42 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Outer regional	2.0	2.3	2.3	2.2	2.2	2.5	..	2.5	2.3
Remote	1.7	3.4	1.8	2.2	2.3	2.9	..	1.8	2.0
Very remote	2.3	..	1.6	1.7	2.5	np	..	1.1	1.6
SEIFA of residence (f)									
Quintile 1	2.2	2.1	2.2	2.5	2.0	2.2	np	1.6	2.2
Quintile 2	1.8	2.3	2.4	2.1	2.1	3.0	6.3	2.4	2.1
Quintile 3	2.3	2.2	2.2	2.2	2.4	2.8	4.4	3.2	2.3
Quintile 4	2.2	2.3	2.4	2.4	1.9	2.3	2.7	2.1	2.3
Quintile 5	2.3	2.2	2.2	2.2	2.0	..	1.9	2.1	2.2
<b>Knee replacement</b>									
Hospital sector									
Private	1.1	1.0	1.3	1.2	1.3	np	np	np	1.1
Public	0.7	0.5	0.5	0.6	0.6	np	np	np	0.6
Indigenous status (d)									
Indigenous	1.2	0.7	1.4	0.5	np	1.0	5.4	np	0.9
Other Australians	1.7	1.5	1.8	1.8	1.9	1.5	2.5	0.6	1.7
Remoteness of residence (e)									
Major cities	1.7	1.3	1.7	1.7	1.7	..	1.8	..	1.6
Inner regional	1.8	1.9	2.1	2.1	1.9	1.5	np	..	1.9
Outer regional	1.9	1.8	1.9	2.2	2.9	1.6	..	0.6	2.0
Remote	1.7	2.3	1.6	1.8	2.5	1.0	..	0.5	1.7
Very remote	0.8	..	1.2	1.0	2.0	np	..	0.3	1.1
SEIFA of residence (f)									
Quintile 1	1.8	1.3	1.9	2.2	2.1	1.5	np	0.3	1.7

Table 10A.42

**Table 10A.42 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Quintile 2	1.6	1.8	2.1	1.8	1.8	2.1	np	0.4	1.8
Quintile 3	2.0	1.6	1.8	1.8	2.1	1.8	4.2	1.0	1.8
Quintile 4	1.7	1.5	1.8	1.8	1.7	1.4	2.4	0.4	1.7
Quintile 5	1.7	1.4	1.5	1.6	1.4	..	1.8	0.6	1.6
<b>Myringotomy</b>									
Hospital sector									
Private	1.0	1.0	0.9	1.2	1.9	np	np	np	1.0
Public	0.4	0.8	0.6	0.7	1.3	np	np	np	0.7
Indigenous status (d)									
Indigenous	1.2	1.9	1.2	1.7	1.9	0.6	2.0	1.2	1.4
Other Australians	1.4	1.8	1.5	2.0	3.3	1.4	2.5	1.0	1.7
Remoteness of residence (e)									
Major cities	1.4	1.7	1.5	2.1	3.4	..	2.1	..	1.7
Inner regional	1.3	2.2	1.6	2.1	3.1	1.3	np	..	1.8
Outer regional	1.3	1.8	1.3	1.6	2.4	1.1	..	0.9	1.4
Remote	1.2	2.9	1.3	1.3	2.1	np	..	1.1	1.4
Very remote	np	..	1.4	1.6	1.8	-	..	1.4	1.4
SEIFA of residence (f)									
Quintile 1	1.1	1.3	1.4	1.8	2.8	1.1	np	1.3	1.4
Quintile 2	1.2	1.9	1.5	1.9	3.3	1.4	9.6	1.2	1.6
Quintile 3	1.4	1.8	1.5	1.9	3.3	1.4	4.1	1.2	1.7
Quintile 4	1.5	1.9	1.5	1.8	3.7	1.3	2.8	0.9	1.8
Quintile 5	2.0	1.9	1.5	2.3	3.6	..	2.1	0.6	2.0

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Table 10A.42

**Table 10A.42 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
<b>Tonsillectomy</b>									
Hospital sector									
Private	1.3	1.0	1.4	1.5	1.5	np	np	np	1.3
Public	0.8	1.3	0.9	1.0	1.4	np	np	np	1.0
Indigenous status (d)									
Indigenous	1.3	2.1	1.1	0.9	1.5	1.4	2.0	0.4	1.2
Other Australians	2.1	2.3	2.3	2.5	2.9	1.8	3.1	1.3	2.3
Remoteness of residence (e)									
Major cities	2.0	1.9	2.1	2.5	2.8	..	2.5	..	2.1
Inner regional	2.2	3.3	2.7	2.8	2.9	1.8	np	..	2.7
Outer regional	2.2	3.4	2.0	2.2	3.0	1.9	..	1.2	2.3
Remote	3.0	4.4	2.0	1.8	3.0	1.7	..	1.1	2.0
Very remote	1.9	..	1.5	1.4	3.6	np	..	0.3	1.2
SEIFA of residence (f)									
Quintile 1	1.9	2.3	2.2	1.9	3.0	1.8	np	0.5	2.1
Quintile 2	1.9	2.8	2.4	2.4	2.7	2.5	9.4	1.5	2.3
Quintile 3	2.1	2.4	2.3	2.5	3.2	1.7	4.0	1.9	2.3
Quintile 4	2.0	2.2	2.1	2.4	2.8	1.6	3.8	1.0	2.2
Quintile 5	2.4	1.8	2.1	2.5	2.7	..	2.4	0.7	2.2
<b>Varicose veins stripping and ligation</b>									
Hospital sector									
Private	0.3	0.4	0.4	0.4	0.4	np	np	np	0.4
Public	0.2	0.4	0.1	0.1	0.3	np	np	np	0.2
Indigenous status (d)									

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Table 10A.42

**Table 10A.42 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Indigenous	0.2	0.5	0.2	np	0.3	np	np	0.2	0.2
Other Australians	0.5	0.8	0.5	0.5	0.7	0.7	1.0	0.4	0.6
Remoteness of residence (e)									
Major cities	0.5	0.8	0.6	0.5	0.7	..	0.8	..	0.6
Inner regional	0.6	0.9	0.5	0.5	0.8	0.7	np	..	0.7
Outer regional	0.5	0.7	0.5	0.5	0.7	0.8	..	0.4	0.6
Remote	0.5	1.2	0.3	0.4	0.9	0.5	..	0.6	0.5
Very remote	np	..	0.2	0.4	np	-	..	np	0.2
SEIFA of residence (f)									
Quintile 1	0.5	0.8	0.5	0.5	0.7	0.7	np	0.2	0.6
Quintile 2	0.4	0.8	0.5	0.4	0.6	0.8	5.8	0.5	0.5
Quintile 3	0.5	0.9	0.5	0.4	0.7	0.7	1.6	0.8	0.6
Quintile 4	0.6	0.8	0.6	0.5	0.7	0.8	0.9	0.3	0.7
Quintile 5	0.7	0.8	0.6	0.7	0.7	..	0.8	0.4	0.7
<b>Septoplasty</b>									
Hospital sector									
Private	0.8	0.9	0.7	0.6	1.0	np	np	np	0.8
Public	0.2	0.5	0.2	0.3	0.5	np	np	np	0.3
Indigenous status (d)									
Indigenous	0.2	0.7	0.3	0.1	0.3	0.4	np	np	0.2
Other Australians	1.1	1.4	0.9	0.9	1.4	0.5	1.2	0.5	1.1
Remoteness of residence (e)									
Major cities	1.1	1.3	0.9	0.9	1.6	..	1.0	..	1.2
Inner regional	0.8	1.7	0.8	1.0	1.0	0.5	np	..	1.1

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Table 10A.42

**Table 10A.42 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Outer regional	0.7	1.3	1.2	0.9	1.2	0.5	..	0.6	1.0
Remote	0.5	2.3	0.8	0.5	0.8	0.5	..	0.3	0.6
Very remote	np	..	0.6	0.6	1.2	-	..	np	0.5
SEIFA of residence (f)									
Quintile 1	0.9	1.4	0.8	0.8	1.3	0.5	np	0.2	1.0
Quintile 2	0.8	1.3	0.9	0.8	1.5	0.6	6.3	1.0	1.0
Quintile 3	1.0	1.6	0.9	0.9	1.6	0.5	2.2	0.5	1.1
Quintile 4	1.2	1.3	1.0	0.9	1.5	0.4	1.3	0.5	1.2
Quintile 5	1.4	1.5	0.9	1.0	1.5	..	0.9	0.4	1.3
<b>Prostatectomy</b>									
Hospital sector									
Private	1.7	2.0	1.8	1.6	1.4	np	np	np	1.8
Public	0.9	1.2	0.8	0.7	1.2	np	np	np	0.9
Indigenous status (d)									
Indigenous	1.6	1.5	2.4	1.1	1.1	1.4	2.0	1.0	1.7
Other Australians	2.7	3.2	2.5	2.4	2.6	2.8	3.2	1.4	2.7
Remoteness of residence (e)									
Major cities	2.7	3.3	2.5	2.3	2.5	..	2.2	..	2.8
Inner regional	2.5	3.0	2.7	2.8	2.5	3.0	np	..	2.8
Outer regional	2.6	3.1	2.1	2.1	3.1	2.3	..	1.6	2.5
Remote	2.8	2.6	2.0	1.7	3.3	3.0	..	1.5	2.2
Very remote	2.4	..	1.4	2.0	1.7	0.5	..	1.3	1.6
SEIFA of residence (f)									
Quintile 1	2.6	2.7	2.4	2.2	2.6	2.3	np	1.3	2.6

Table 10A.42

**Table 10A.42 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Quintile 2	2.2	3.2	2.8	2.3	2.7	2.9	32.9	1.6	2.6
Quintile 3	2.8	2.9	2.5	2.4	2.9	3.3	7.6	2.1	2.7
Quintile 4	2.6	3.4	2.4	2.2	2.4	3.6	2.7	1.6	2.7
Quintile 5	3.2	3.6	2.5	2.6	2.6	..	2.3	1.3	3.1
<b>Hysterectomy</b>									
Hospital sector									
Private	1.7	1.4	2.3	2.2	2.1	np	np	np	1.8
Public	1.5	1.7	1.4	1.4	1.9	np	np	np	1.5
Indigenous status (d), (g)									
Indigenous	2.8	2.7	3.2	2.9	3.9	2.2	3.5	1.9	2.8
Other Australians	3.2	3.1	3.7	3.6	3.9	4.0	3.4	2.7	3.4
Remoteness of residence (e)									
Major cities	3.1	2.7	3.5	3.4	3.6	..	2.9	..	3.1
Inner regional	3.6	4.2	4.1	4.2	4.6	3.6	np	..	4.0
Outer regional	3.8	4.9	3.7	4.3	5.1	4.3	..	3.0	4.0
Remote	4.0	8.2	3.6	3.3	5.7	6.4	..	1.8	3.7
Very remote	3.4	..	3.7	3.8	3.7	4.6	..	1.8	3.2
SEIFA of residence (f)									
Quintile 1	3.4	3.1	3.8	4.7	4.3	3.8	np	2.5	3.6
Quintile 2	3.3	3.7	4.0	3.6	4.1	5.5	10.0	2.5	3.6
Quintile 3	3.7	3.6	3.7	3.5	4.1	4.2	6.9	2.9	3.7
Quintile 4	3.0	3.0	3.5	3.7	3.5	3.0	3.6	1.9	3.2
Quintile 5	2.7	2.4	3.4	3.4	3.2	..	3.0	3.5	2.8

**Table 10A.42 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
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(a) Rates are standardised to the Australian population as at 30 June 2001 and are calculated for the total population for all procedures except prostatectomy (rates calculated for the male population only) and hysterectomy (rates calculated for females aged 15–69 years).

(b) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

(c) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.

(d) Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

(e) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area (regardless of their jurisdiction of residence) divided by the total number of people living in that remoteness area in the reporting jurisdiction.

(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients in each SEIFA quintile (regardless of their jurisdiction of residence) divided by the total number of people in that SEIFA quintile in the reporting jurisdiction.

(g) For ACT and Tasmania, the population denominator is people aged 15 years and over (not 15–69 years) as data on the Indigenous population aged 65–69 years is not available for these jurisdictions. Therefore, data for Tasmania and ACT may underestimate rates of hysterectomy for women aged 15–69 years.

(h) Coronary artery bypass graft and coronary angioplasty are not performed in NT hospitals. Residents of the NT requiring these procedures receive treatment interstate.

.. Not applicable. **np** Not published. — Nil

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2009; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2009, Series B, Cat. no. 3238.0.

Table 10A.44

**Table 10A.44 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (c)	Aust (c)	no.
<i>rate per 1000 separations</i>											
<b>Knee replacement</b>											
Hospital peer group											
Peer group A	29.9	30.6	38.9	28.7	20.3	np	np	np	31.7	182	
Peer group B	13.2	15.8	27.8	np	18.0	np	np	..	15.6	33	
Other peer groups	21.7	16.3	–	np	np	–	..	–	17.2	18	
<b>Indigenous status (d)</b>											
Indigenous	np	np	np	np	np	np	np	np	np	4	
Other Australians	24.3	26.0	36.6	15.1	16.2	28.1	np	np	26.5	229	
<b>Remoteness of residence (e)</b>											
Major cities	22.1	30.2	41.3	14.6	20.2	–	np	–	26.9	143	
Inner regional	28.2	22.8	31.2	np	np	np	np	–	26.3	63	
Outer regional	33.3	np	32.4	np	np	np	np	np	24.6	np	
Remote & Very remote	np	np	np	np	np	np	–	np	np	np	
<b>SEIFA of residence (f)</b>											
Quintile 1	14.3	31.0	35.7	np	np	np	np	np	21.2	54	
Quintile 2	38.5	18.9	28.8	np	np	np	np	np	30.5	76	
Quintile 3	25.6	26.4	37.1	13.4	np	np	np	np	28.5	48	
Quintile 4	18.3	20.6	52.9	np	np	np	np	np	27.5	36	
Quintile 5	np	41.7	np	np	np	–	np	np	22.1	19	
<b>Hip replacement</b>											
Hospital peer group											
Peer group A	17.9	21.2	19.7	28.5	np	np	np	np	18.6	86	

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Table 10A.44

**Table 10A.44 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (c)	Aust (c)
Peer group B	16.9	12.7	np	np	np	np	np	..	15.8	23
Other peer groups	np	np	-	np	np	-	..	-	np	3
Indigenous status (d)										
Indigenous	np	np	np	np	np	np	np	np	np	np
Other Australians	16.2	18.0	22.3	14.7	np	26.5	np	np	16.6	110
Remoteness of residence (e)										
Major cities	18.7	23.2	22.7	16.9	np	-	np	-	18.8	75
Inner regional	14.8	12.7	23.8	np	np	np	np	-	14.7	28
Outer regional	np	np	np	np	np	np	np	np	9.4	np
Remote & Very remote	np	np	np	np	np	np	-	np	np	np
SEIFA of residence (f)										
Quintile 1	12.6	16.4	28.9	np	np	np	np	np	15.3	26
Quintile 2	17.2	16.6	np	np	np	np	np	np	14.5	28
Quintile 3	14.3	23.5	22.9	np	np	np	np	np	19.1	25
Quintile 4	21.9	14.3	33.8	np	np	np	np	np	20.4	23
Quintile 5	14.8	np	np	np	np	-	np	-	13.1	10
<b>Tonsillectomy and Adenoidectomy</b>										
Hospital peer group										
Peer group A	22.8	30.3	32.4	56.5	41.1	62.3	np	np	30.3	389
Peer group B	7.9	28.1	np	8.5	55.2	np	np	..	23.5	72
Other peer groups	15.1	14.8	np	12.7	13.4	np	..	np	13.7	42
Indigenous status (d)										
Indigenous	np	np	24.4	np	np	np	np	np	17.5	16

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Table 10A.44

**Table 10A.44 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (c)	Aust (c)
Other Australians	20.7	26.1	30.9	np	33.8	53.9	np	np	27.2	483
Remoteness of residence (e)										
Major cities	22.3	25.3	38.0	29.6	42.3	-	np	-	29.0	328
Inner regional	13.3	23.8	21.8	27.9	16.6	63.0	np	-	20.2	105
Outer regional	23.0	38.0	13.7	38.2	23.6	np	np	np	32.3	64
Remote & Very remote	np	np	np	np	np	np	-	np	13.6	6
SEIFA of residence (f)										
Quintile 1	14.4	23.6	26.3	np	29.6	np	np	np	23.0	122
Quintile 2	24.9	23.6	20.9	32.2	np	np	np	np	24.8	125
Quintile 3	19.3	24.2	31.5	29.3	np	np	np	np	26.5	104
Quintile 4	27.9	31.9	35.0	31.6	47.4	np	np	np	33.8	99
Quintile 5	14.7	34.9	49.6	29.7	np	-	np	np	30.4	53
<b>Hysterectomy</b>										
Hospital peer group										
Peer group A	32.5	37.4	38.7	39.4	31.7	np	np	np	34.7	207
Peer group B	40.4	27.5	20.9	25.0	np	np	np	..	30.0	61
Other peer groups	np	25.4	np	19.2	np	np	..	-	16.7	20
Indigenous status (d)										
Indigenous	np	np	np	np	np	np	np	np	45.3	11
Other Australians	31.3	31.4	34.4	31.1	22.6	67.4	np	np	31.0	274
Remoteness of residence (e)										
Major cities	32.8	30.9	33.1	37.7	29.0	np	np	-	31.9	172
Inner regional	31.0	34.4	48.7	np	17.5	np	np	-	34.4	85

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Table 10A.44

**Table 10A.44 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (c)	Aust (c)
Outer regional	19.5	26.0	31.3	np	9.5	np	np	np	21.7	25
Remote & Very remote	np	np	np	np	42.6	np	-	np	35.5	6
SEIFA of residence (f)										
Quintile 1	24.9	30.0	40.6	np	16.4	np	np	np	27.8	69
Quintile 2	31.4	36.1	35.9	28.8	44.8	np	np	np	34.5	80
Quintile 3	40.3	30.3	29.0	36.0	np	np	np	np	31.1	60
Quintile 4	24.9	35.4	41.1	np	np	np	np	np	34.0	52
Quintile 5	37.7	20.1	np	np	np	-	np	np	29.1	27
<b>Prostatectomy</b>										
Hospital peer group										
Peer group A	35.6	26.1	30.0	64.4	51.5	34.2	np	np	34.2	161
Peer group B	np	29.2	np	43.9	12.6	-	np	.	26.0	29
Other peer groups	35.4	9.8	np	np	29.4	-	.	-	20.9	22
Indigenous status (d)										
Indigenous	np	np	np	np	np	np	-	np	np	5
Other Australians	32.7	23.6	34.5	44.9	33.1	np	np	np	30.5	206
Remoteness of residence (e)										
Major cities	29.2	24.2	34.1	47.5	36.4	-	np	-	28.6	118
Inner regional	39.9	25.7	35.7	np	np	np	np	-	32.9	59
Outer regional	36.6	np	np	np	np	np	np	np	33.9	28
Remote & Very remote	np	np	np	np	np	np	-	np	44.2	5.0
SEIFA of residence (f)										
Quintile 1	28.5	19.9	38.6	np	37.6	np	np	np	30.9	63

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Table 10A.44

**Table 10A.44 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (c)	Aust (c)
Quintile 2	32.5	18.7	np	np	np	np	np	np	27.0	48
Quintile 3	47.9	32.4	31.1	35.9	np	np	np	np	38.0	52
Quintile 4	32.7	21.0	41.7	np	np	np	np	np	31.0	31
Quintile 5	np	26.7	np	np	np	-	np	np	23.7	16
<b>Cataract surgery</b>										
Hospital peer group										
Peer group A	4.0	5.8	4.7	12.5	10.2	np	np	np	5.3	103
Peer group B	np	4.3	np	np	np	-	np	..	3.4	34
Other peer groups	4.5	0.9	np	np	np	np	..	np	2.3	36
Indigenous status (d)										
Indigenous	np	np	np	np	np	np	np	np	8.6	6
Other Australians	3.8	3.3	3.9	3.8	4.4	7.9	np	np	3.8	165
Remoteness of residence (e)										
Major cities	5.3	3.4	3.9	4.8	7.2	-	np	-	4.5	117
Inner regional	2.1	3.4	5.3	np	np	np	np	-	3.0	34
Outer regional	3.4	np	np	np	-	np	np	np	2.7	17
Remote & Very remote	np	np	np	np	-	np	-	np	4.8	5
SEIFA of residence (f)										
Quintile 1	4.2	2.8	8.2	np	2.6	np	np	np	4.2	54
Quintile 2	3.1	3.0	np	3.2	8.1	np	np	np	3.3	40
Quintile 3	1.8	4.1	np	3.3	np	np	np	np	2.7	23
Quintile 4	5.0	3.4	4.8	np	np	np	np	np	4.5	30
Quintile 5	10.6	3.5	np	12.2	np	np	np	np	5.7	26

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Table 10A.44

**Table 10A.44 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (c)	Aust (c)
<b>Appendicectomy</b>										
Hospital peer group										
Peer group A	24.6	27.2	23.3	32.7	38.2	20.9	np	51.2	26.5	416
Peer group B	12.6	20.4	37.5	21.7	np	np	np	..	19.6	70
Other peer groups	14.5	28.3	np	19.4	30.0	np	..	np	23.4	24
Indigenous status (d)										
Indigenous	24.6	np	32.6	np	np	np	np	np	33.9	21
Other Australians	21.5	25.7	24.5	28.3	35.9	18.2	26.3	np	24.8	475
Remoteness of residence (e)										
Major cities	19.7	29.1	24.8	31.2	40.5	np	29.8	np	25.4	336
Inner regional	27.6	20.4	26.8	26.4	33.5	np	np	np	24.7	111
Outer regional	16.7	20.1	20.7	np	11.2	25.6	np	np	20.7	39
Remote & Very remote	np	np	np	np	44.8	np	np	np	46.6	17
SEIFA of residence (f)										
Quintile 1	19.5	26.9	31.9	np	29.7	27.0	np	np	25.8	112
Quintile 2	21.8	21.9	29.0	34.6	24.8	np	np	np	23.1	101
Quintile 3	23.3	30.2	17.7	25.2	59.5	np	np	np	27.8	110
Quintile 4	15.1	26.7	26.1	37.7	53.1	np	np	np	25.0	100
Quintile 5	26.0	23.3	18.8	26.2	np	np	30.0	np	24.2	80

(a) This indicator is limited to public hospitals.

(b) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

(c) Total rates and numbers for Australia do not include WA and Tasmania.

Table 10A.44

**Table 10A.44 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations) (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (c)	Aust (c)
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(d) Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT and Tasmania. 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

(e) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of separations for people living in that remoteness area and hospitalised in the reporting jurisdiction.

(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of separations for people living in that SEIFA quintile and hospitalised in the reporting jurisdiction.

**np** Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database; WA Health (unpublished).

Table 10A.47

**Table 10A.47 Separations for falls resulting in patient harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
	<i>number</i>								
Hospital sector									
Private	1 439	963	1 099	431	306	np	np	np	4 422
Public	6 318	3 970	2 448	1 405	1 148	np	np	np	15 973
Indigenous status (b)									
Indigenous	73	19	87	54	14	7	np	42	289
Other Australians	7 684	4 914	3 460	1 782	1 440	470	268	78	19 358
Remoteness of residence (c)									
Major cities	5 785	3 317	2 072	1 336	1 067	np	247	np	13 825
Inner regional	1 456	1 263	808	252	169	356	19	np	4 325
Outer regional	449	334	546	160	171	114	np	65	1 844
Remote and Very remote	29	11	109	87	46	np	–	52	338
SEIFA of residence (d)									
Quintile 1	1 730	888	1 006	136	553	235	np	np	4 601
Quintile 2	2 045	964	617	387	314	40	np	np	4 395
Quintile 3	1 501	1 150	669	585	238	114	17	25	4 299
Quintile 4	953	938	818	299	191	85	96	26	3 406
Quintile 5	1 490	985	424	428	157	–	140	6	3 630
<b>Total (e)</b>	<b>7 757</b>	<b>4 933</b>	<b>3 547</b>	<b>1 836</b>	<b>1 454</b>	<b>477</b>	<b>271</b>	<b>120</b>	<b>20 395</b>
	<i>rate per 1000 separations</i>								
Hospital sector									
Private	1.5	1.1	1.3	1.1	1.1	np	np	np	1.3
Public	4.1	2.8	2.7	2.8	3.0	np	np	np	3.2
Indigenous status (b)									

Table 10A.47

**Table 10A.47 Separations for falls resulting in patient harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Indigenous	1.2	1.3	1.1	0.9	0.7	2.1	np	0.6	0.9
Other Australians	3.1	2.1	2.0	2.2	2.3	2.8	2.2	1.9	2.4
Remoteness of residence (c)									
Major cities	3.2	1.9	2.0	2.1	2.2	np	2.3	np	2.4
Inner regional	2.8	2.7	2.0	2.2	2.4	3.2	1.4	np	2.5
Outer regional	2.6	2.8	2.2	2.1	2.1	2.2	np	1.4	2.3
Remote and Very remote	1.8	3.4	1.9	1.5	2.0	np	–	0.8	1.5
SEIFA of residence (d)									
Quintile 1	3.1	2.3	2.3	2.1	2.5	2.6	np	np	2.5
Quintile 2	3.2	2.3	2.1	2.1	2.3	2.6	np	np	2.6
Quintile 3	3.5	2.4	1.9	2.0	2.4	3.4	2.8	1.1	2.5
Quintile 4	2.8	1.9	2.0	1.9	1.8	3.1	2.3	1.6	2.1
Quintile 5	2.8	1.9	1.6	2.2	1.9	–	2.1	np	2.2
<b>Total (e)</b>	<b>3.1</b>	<b>2.1</b>	<b>2.0</b>	<b>2.1</b>	<b>2.2</b>	<b>2.8</b>	<b>2.2</b>	<b>1.1</b>	<b>2.4</b>

(a) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

(b) Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

(c) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area (regardless of their jurisdiction of residence) divided by the total number of separations for patients living in each remoteness area and hospitalised in the reporting jurisdiction.



Table 10A.47

**Table 10A.47 Separations for falls resulting in patient harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
(d)	<p>Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each SEIFA quintile (regardless of their jurisdiction of residence) divided by the total number of separations for patients living in each SEIFA quintile and hospitalised in the reporting jurisdiction.</p>								

(e) Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown, not stated or could not be allocated a SEIFA index.

– Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table 10A.48

**Table 10A.48 Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
	<i>number</i>								
Hospital sector									
Private	92	134	145	85	7	np	np	np	467
Public	229	141	215	270	59	np	np	np	957
Indigenous status (b)									
Indigenous	10	np	13	9	np	np	np	4	40
Other Australians	311	np	347	346	np	np	np	4	1 345
Remoteness of residence (c)									
Major cities	208	200	243	268	47	–	21	–	987
Inner regional	83	58	59	27	10	18	–	–	255
Outer regional	22	15	50	47	7	–	–	4	145
Remote and Very remote	np	–	4	9	np	–	–	4	19
SEIFA of residence (d)									
Quintile 1	58	35	65	39	24	6	np	np	229
Quintile 2	81	46	67	57	19	np	np	np	274
Quintile 3	55	71	75	78	5	np	np	np	290
Quintile 4	52	60	89	67	12	7	np	np	298
Quintile 5	68	61	60	110	5	np	10	np	315
<b>Total (e)</b>	<b>321</b>	<b>275</b>	<b>360</b>	<b>355</b>	<b>66</b>	<b>18</b>	<b>21</b>	<b>8</b>	<b>1 424</b>
	<i>rate per 1000 separations</i>								
Hospital sector									
Private	0.1	0.2	0.2	0.2	0.0	np	np	np	0.1
Public	0.1	0.1	0.2	0.5	0.2	np	np	np	0.2
Indigenous status (b)									

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Table 10A.48

**Table 10A.48 Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Indigenous	0.2	np	0.2	0.1	np	np	np	np	0.1
Other Australians	0.1	np	0.2	0.4	np	np	np	np	0.2
Remoteness of residence (c)									
Major cities	0.1	0.1	0.2	0.4	0.1	–	0.2	–	0.2
Inner regional	0.2	0.1	0.1	0.2	0.1	0.2	–	–	0.1
Outer regional	0.1	0.1	0.2	0.6	0.1	–	–	np	0.2
Remote and Very remote	np	–	0.1	0.2	np	–	–	np	0.1
SEIFA of residence (d)									
Quintile 1	0.1	0.1	0.2	0.6	0.1	0.1	–	np	0.1
Quintile 2	0.1	0.1	0.2	0.3	0.1	np	np	np	0.2
Quintile 3	0.1	0.1	0.2	0.3	0.1	np	–	np	0.2
Quintile 4	0.2	0.1	0.2	0.4	0.1	0.3	0.2	np	0.2
Quintile 5	0.1	0.1	0.2	0.6	0.1	np	0.2	np	0.2
<b>Total (e)</b>	<b>0.1</b>	<b>0.1</b>	<b>0.2</b>	<b>0.4</b>	<b>0.1</b>	<b>0.1</b>	<b>0.2</b>	<b>0.1</b>	<b>0.2</b>

(a) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.

(b) Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

(c) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area (regardless of their jurisdiction of residence) divided by the total number of separations for patients living in each remoteness area and hospitalised in the reporting jurisdiction.

Table 10A.48

**Table 10A.48 Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
(d)	<p>Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each SEIFA quintile (regardless of their jurisdiction of residence) divided by the total number of separations for patients living in each SEIFA quintile and hospitalised in the reporting jurisdiction.</p>								

(e) Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown, not stated or could not be allocated a SEIFA index.

– Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table 10A.112

Table 10A.112 Perinatal, neonatal and fetal deaths, 2005–2009 (a), (b)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Fetal deaths (c)										
Indigenous										
Total all births (d)	no.	18 595	na	21 389	10 770	4 141	na	na	7 835	62 730
Fetal deaths	no.	89	na	176	87	17	na	na	107	476
Fetal death rate	per 1000 total births	4.8	na	8.2	8.1	4.1	na	na	13.7	7.6
Non-Indigenous (e)										
Total all births (d)	no.	434 104	na	273 228	129 891	90 186	na	na	11 327	938 736
Fetal deaths	no.	2 316	na	1 854	697	417	na	na	63	5 347
Fetal death rate	per 1000 total births	5.3	na	6.8	5.4	4.6	na	na	5.6	5.7
Neonatal deaths (f)										
Indigenous										
Total live births (g)	no.	18 506	na	21 213	10 683	4 124	na	na	7 728	62 254
Neonatal deaths	no.	80	na	128	47	15	na	na	62	332
Neonatal death rate	per 1000 live births	4.3	na	6.0	4.4	3.6	na	na	8.0	5.3
Non-Indigenous (e)										
Total live births (g)	no.	431 788	na	271 374	129 194	89 769	na	na	11 264	933 389
Neonatal deaths	no.	1 399	na	900	270	213	na	na	28	2 810
Neonatal death rate	per 1000 live births	3.2	na	3.3	2.1	2.4	na	na	2.5	3.0
Perinatal deaths (h)										
Indigenous										
Total all births (d)	no.	18 595	na	21 389	10 770	4 141	na	na	7 835	62 730
Perinatal deaths	no.	169	na	304	134	32	na	na	169	808
Perinatal death rate	per 1000 total births	9.1	na	14.2	12.4	7.7	na	na	21.6	12.9
Non-Indigenous (e)										
Total all births (d)	no.	434 104	na	273 228	129 891	90 186	na	na	11 327	938 736
Perinatal deaths	no.	3 715	na	2 754	967	630	na	na	91	8 157

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Table 10A.112 Perinatal, neonatal and fetal deaths, 2005–2009 (a), (b)

Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Perinatal death rate per 1000 total births	8.6	na	10.1	7.4	7.0	na	na	8.0	8.7

(a) Perinatal deaths (including fetal and neonatal deaths) for years 2005-2007 have been subject to a revision of scope rules. See ABS Perinatal Deaths, Australia, 2007 (cat.no. 3304.0) Explanatory Notes 18-20 for further information.

(b) Data are reported individually by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. These 5 states have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths.

(c) Fetal death (stillbirth) is the birth of a child who did not at any time after delivery breathe or show any other evidence of life, such as a heartbeat. Fetal deaths by definition include only infants of a gestational age of at least 20 weeks or weighing at least 400 grams.

(d) Total all births is the number of live births and fetal deaths combined. Fetal deaths by definition include only infants of a gestational age of at least 20 weeks or weighing at least 400 grams

(e) Non-Indigenous includes Indigenous status not stated.

(f) A neonatal death is the death within 28 days of birth of a child who after delivery, breathes or shows any evidence of life such as a heartbeat.

(g) Total live births are all live births registered in the calendar year.

(h) Perinatal deaths are fetal and neonatal deaths combined. Fetal deaths exclude those records where gestational age was less than 20 weeks or birthweight was known to be less than 400 grams.

na Not available.

Source: ABS Perinatal deaths, Australia, Cat. no. 3304.0, Canberra (unpublished).