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# 10 Public Hospitals

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### **Attachment tables**

Attachment tables are identified in references throughout this chapter by an 'A' suffix (for example, table 10A.3). A full list of attachment tables is provided at the end of this chapter, and the attachment tables themselves are available on the CD-ROM enclosed with the Report or from the Review website at <[www.pc.gov.au/gsp](http://www.pc.gov.au/gsp)>.

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.

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## 10.1 Profile of public hospitals

### Definition

A key objective of government is to provide public hospital services to ensure the population has access to cost-effective health services, based on clinical need and within clinically appropriate times, regardless of geographic location. Public hospitals provide a range of services, including:

- acute care services to admitted patients
- sub-acute and non-acute services to admitted patients (for example, rehabilitation, palliative care, and long stay maintenance care)
- emergency, outpatient and other services to non-admitted patients
- mental health services, including services provided to admitted patients by designated psychiatric/psychogeriatric units
- public health services
- teaching and research activities.

This chapter 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 available. Data in the chapter include sub-acute and non-acute care services.

In some instances, stand-alone psychiatric hospitals are included in this chapter, although their role is diminishing in accordance with the National Mental Health Strategy. Under the strategy, the provision of psychiatric treatment is shifting away from specialised psychiatric hospitals to mainstream public hospitals and the community sector. The performance of psychiatric hospitals and psychiatric units of public hospitals is examined more closely in the mental health section of the 'Health management' chapter (see chapter 12).

In WA in 2006-07, two private hospitals which provided a substantial amount of public hospital services through contract arrangements were split, resulting in the creation of two new public hospital reporting units to cover the public separations from these two hospitals. This represents a change in reporting arrangements that may affect comparisons over time.

Some common health terms relating to hospitals are defined in box 10.1. Other terms and definitions are included in section 10.8.

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## Box 10.1 **Some common terms relating to hospitals**

### ***Patients***

**admitted patient:** a patient who has undergone a formal admission process in a public hospital to begin an episode of care. Admitted patients may receive acute, sub-acute or non-acute care services.

**non-admitted patient:** 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.

### ***Types of care***

Classification of care depends on the principal clinical intent of the care received.

**acute care:** 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.

**sub-acute and non-acute care:** clinical services provided to patients suffering from chronic illnesses or recovering from such illnesses. Services include rehabilitation, planned geriatric care, palliative care, geriatric care evaluation and management, and services for nursing home type patients. Clinical services delivered by designated psychogeriatric units, designated rehabilitation units and mothercraft services are considered non-acute.

### ***Hospital outputs***

**separation:** an episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). Admitted patients who receive same day procedures (for example, renal dialysis) are included in separation statistics.

**casemix-adjusted separations:** the number of separations adjusted to account for differences across hospitals in the complexity of their episodes of care. Casemix adjustment is an important step to achieving comparable measures of efficiency across hospitals and jurisdictions.

**non-admitted occasion of service:** occasion of examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service establishment. Services may include emergency department visits, outpatient services (such as pathology, radiology and imaging, and allied health services, including speech therapy and family planning) and other services to non-admitted patients. Hospital non-admitted occasions of service are not yet recorded consistently across states and territories, and relative differences in the complexity of services provided are not yet documented.

(Continued on next page)

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Box 10.1 (Continued)

**Other common health terms**

**AR-DRG (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.

**ICD-10-AM (the Australian modification of the International Standard Classification of Diseases and Related Health Problems):** the current classification of diagnoses and procedures.

*Source:* AIHW (2006a, 2008c); NCCH (2008).

## Funding

Total recurrent expenditure on public hospitals (excluding depreciation) was \$26.3 billion in 2006-07 (table 10A.1). In real terms, expenditure increased by 5.6 per cent between 2005-06 and 2006-07 (AIHW 2008a).

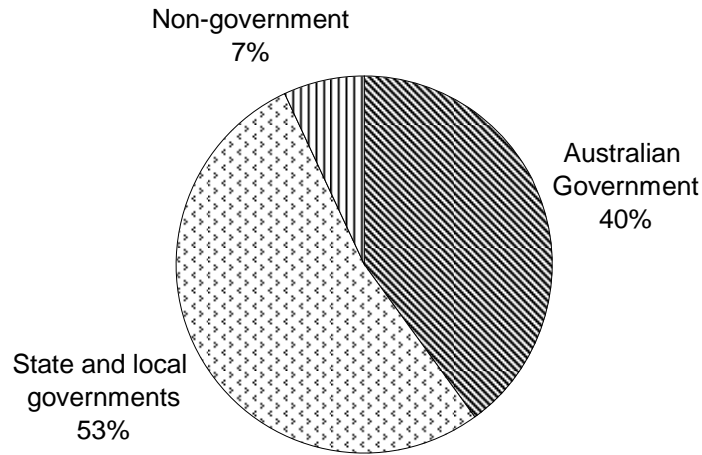
The majority of total public hospital recurrent expenditure is spent on admitted patients. Non-admitted patients account for a much smaller share. For selected public hospitals, in 2006-07, the proportion of total public hospital recurrent expenditure that related to the care of admitted patients (based on the admitted patient cost proportion) ranged from 69.0 per cent to 78.0 per cent across jurisdictions (AIHW 2008a).

Funding for public hospitals comes from a number of sources. The Australian, State and Territory governments, health insurance funds, individuals, and workers compensation and compulsory motor vehicle third party insurance contribute to expenditure on public hospitals. Governments contributed about 93.1 per cent of funding for public hospitals in 2006-07 (figure 10.1). Public hospitals accounted for 40.8 per cent of government recurrent expenditure on health services in 2006-07 (AIHW 2008b).

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Figure 10.1 **Recurrent expenditure, public hospitals, by source of funds, 2006-07**

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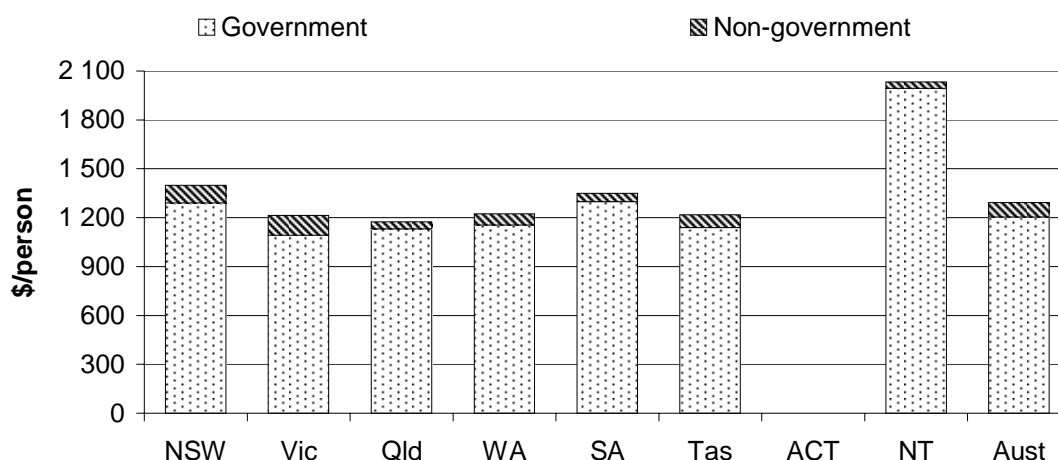


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Source: AIHW 2008, *Health expenditure Australia 2006–07*, AIHW Cat. no. HWE 37 (Health and Welfare Expenditure Series No.30), Canberra.

In 2006-07, public hospitals received \$1.9 billion from non-government sources — an amount that accounted for 6.9 per cent of all recurrent expenditure (table 10A.2). Non-government expenditure in each jurisdiction comprised revenue from health insurance funds, individuals and workers’ compensation and compulsory third-party motor vehicle insurers as well as other sources. The proportion of hospital revenue per person funded from non-government sources varied across jurisdictions in 2006-07 (figure 10.2).

Figure 10.2 Source of public hospital recurrent expenditure, 2006-07<sup>a, b, c</sup>



<sup>a</sup> Government expenditure excludes depreciation. Non-government expenditure on depreciation is included in recurrent expenditure. <sup>b</sup> Non-government expenditure includes expenditure by health insurance funds, individuals, workers' compensation, compulsory third-party motor vehicle insurers and other sources. <sup>c</sup> ACT per person figures are not calculated, as the expenditure numbers for the ACT include substantial expenditures for NSW residents. Thus the ACT population is not the appropriate denominator.

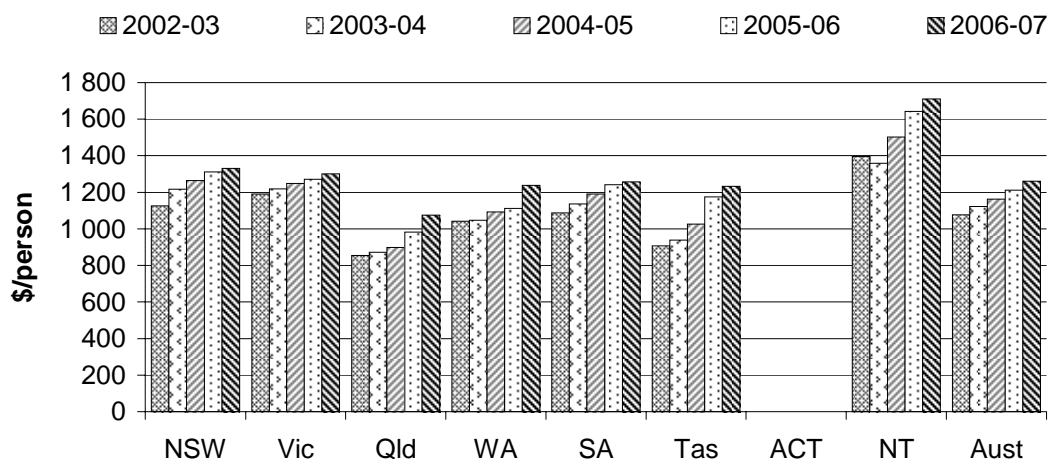
Source: AIHW 2008, *Health expenditure Australia 2006-07*, AIHW Cat. no. HWE 37 (Health and Welfare Expenditure Series No.30), Canberra; ABS (unpublished), derived from Australian Demographic Statistics, December Quarter 2007, Cat. no. 3101.0; table 10A.2.

Expenditure data in figures 10.1 and 10.2 are from *Health Expenditure Australia 2006-07* (AIHW 2008b) and are not directly comparable with other expenditure data used in this chapter, which are drawn from *Australian Hospital Statistics 2006-07* (AIHW 2008a). The data in *Health Expenditure Australia* have a broader scope than the data in *Australian Hospital Statistics* and include some additional expenditures (such as those relating to blood transfusion services) (Australian Institute of Health and Welfare (AIHW) unpublished).

In 2006-07, government real recurrent expenditure on public hospitals (in 2005-06 dollars) was \$1260 per person for Australia, up from \$1078 in 2002-03 (figure 10.3). It is difficult to make comparisons between jurisdictions based on these recurrent expenditure data due to differences in the coverage of the data. Some of the differences are:

- the inclusion by some jurisdictions of expenditure on community health services as well as public hospital services
- the exclusion by some jurisdictions of expenditure on privately owned or privately operated hospitals that have been contracted to provide public hospital services.

Figure 10.3 **Real recurrent expenditure per person, public hospitals (including psychiatric) (2006-07 dollars)<sup>a, b, c, d, e, f, g, h</sup>**



**a** Expenditure data exclude depreciation and interest payments. **b** Recurrent expenditure on purchase of public hospital services at the State, or area health service level, from privately owned and/or operated hospitals is excluded. **c** Expenditure data are deflated using the hospital/nursing home care price index from AIHW (2008b). **d** NSW hospital expenditure recorded against special purposes and trust funds is excluded from 2003-04. **e** Queensland pathology services were purchased from a statewide pathology service rather than being provided by hospital employees. **f** Data for WA for 2006-07 include expenditure for public patients at Joondalup and Peel Health Campuses. Expenditures for these patients are not included in previous years. **g** For 2002-03, data for one small Tasmanian hospital is not included and data for five other small hospitals are incomplete. For 2003-04, data for five small hospitals are not included. For 2004-05 and 2005-06, data for one hospital are not included. **h** ACT per person figures are not calculated, as the expenditure numbers for the ACT include substantial expenditures for NSW residents. Thus the ACT population is not the appropriate denominator.

Source: AIHW (2005a, 2006a, 2006b, 2007a, 2008b), *Health expenditure Australia*, AIHW Cat. no. HWE 35 (Health and Welfare Expenditure Series No.42), Canberra; ABS (unpublished), derived from Australian Demographic Statistics, December Quarter 2007, Cat. no. 3101.0; table 10A.3.

## 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; the number of separations and incidence of treatment by procedure by Indigenous status of the patient; the number of hospital staff; and types of public hospital activity.

### Hospitals

In 2006-07, Australia had 758 public hospitals (table 10A.4) (including 19 psychiatric hospitals) (AIHW 2008a). Although 71.2 per cent of hospitals had 50 or

fewer beds, these smaller hospitals represented only 17.4 per cent of total available beds (figure 10.4 and table 10A.4).

Figure 10.4 **Public hospitals, by size, 2006-07<sup>a, b, c, d</sup>**



<sup>a</sup> The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of hospital buildings or campuses. <sup>b</sup> Size is based on the average number of available beds. <sup>c</sup> The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same day admitted services and other specialised services. <sup>d</sup> The count of hospitals in Victoria is a count of the campuses that report data separately to the National Hospital Morbidity Database.

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.4.

## Beds

There were 55 904 available beds in public hospitals in 2006-07 (table 10A.4). The concept of an available bed (the definition of which is under review) is becoming less important in the overall context of hospital activity, particularly in light of increasing same day hospitalisations and the provision of hospital-in-the-home care (AIHW 2008a).

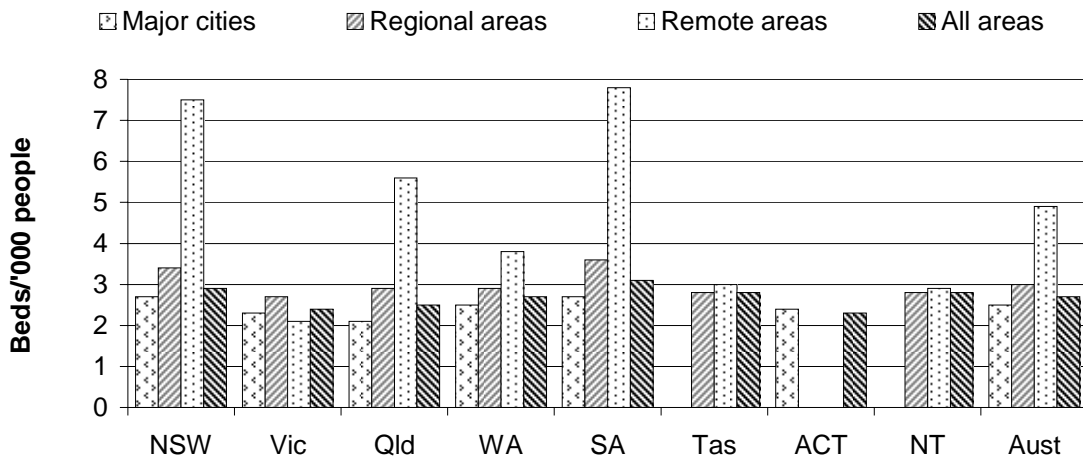
The comparability of bed numbers can be affected by the casemix of hospitals, including the extent to which hospitals provide same day admitted services and other specialised services. There are also differences in how available beds are counted, both across jurisdictions and over time.

Nationally, more beds were available per 1000 people in remote areas (figure 10.5). The patterns of bed availability may reflect a number of factors including patterns of availability of other health care services, patterns of disease and injury and the relatively poor health of Indigenous people, who have higher population



concentrations in remote areas (AIHW 2006a). These data also need to be viewed in the context of the age and sex structure (see appendix A) and the morbidity and mortality (see 'Health preface') of the population in each State and Territory.

Figure 10.5 Available beds, public hospitals, by location, 2006-07<sup>a, b, c, d</sup>



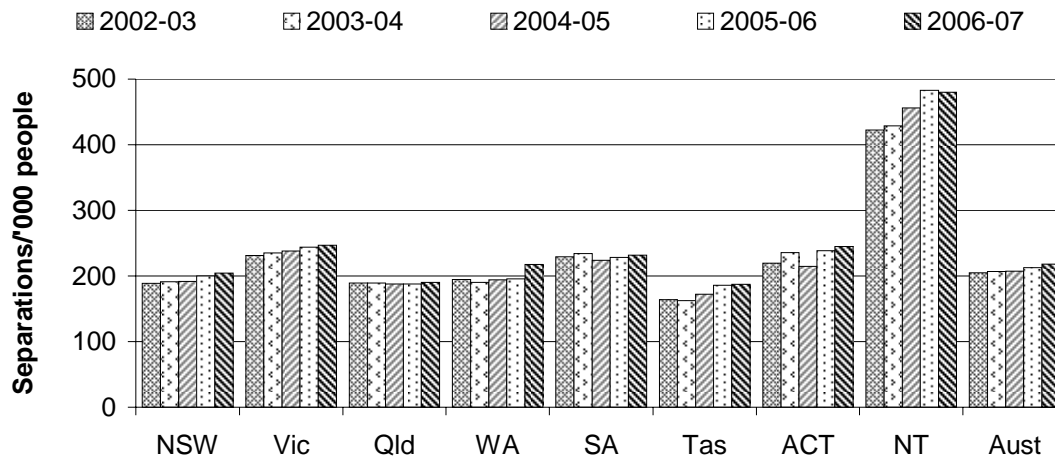
<sup>a</sup> An 'available bed' is one that is immediately available to be used by an admitted patient. A bed is immediately available for use if it is located in a suitable place for care, with nursing and auxiliary staff available within a reasonable period. Both occupied and unoccupied beds are included. Surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency stretchers/beds not normally authorised or funded, and beds designated for same day non-admitted patient care are excluded. Beds in wards that were closed for any reason (except weekend closures for beds/wards staffed and available on weekends only) are also excluded (NHDC 2003). <sup>b</sup> Analysis by remoteness area is of less relevance to geographically smaller jurisdictions and those jurisdictions with small populations residing in remote areas (such as Victoria) (AIHW 2008a). <sup>c</sup> Tasmania and the NT do not have major cities and the ACT does not have remote areas. <sup>d</sup> There were no available beds in regional areas in the ACT.

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.5.

### Total separation rates

There were approximately 4.6 million separations from public (non-psychiatric) hospitals in 2006-07 (table 10A.6). Nationally, this translates into 218.0 separations per 1000 people (figure 10.6).

Figure 10.6 Separation rates in public (non-psychiatric) hospitals<sup>a, b, c</sup>



<sup>a</sup> Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders and posthumous organ procurement. <sup>b</sup> Rates are directly age standardised to the Australian population at 30 June 2001. <sup>c</sup> Data for WA for 2006-07 includes separations for public patients at Joondalup and Peel Health Campuses. Separations for these patients are not included in previous years.

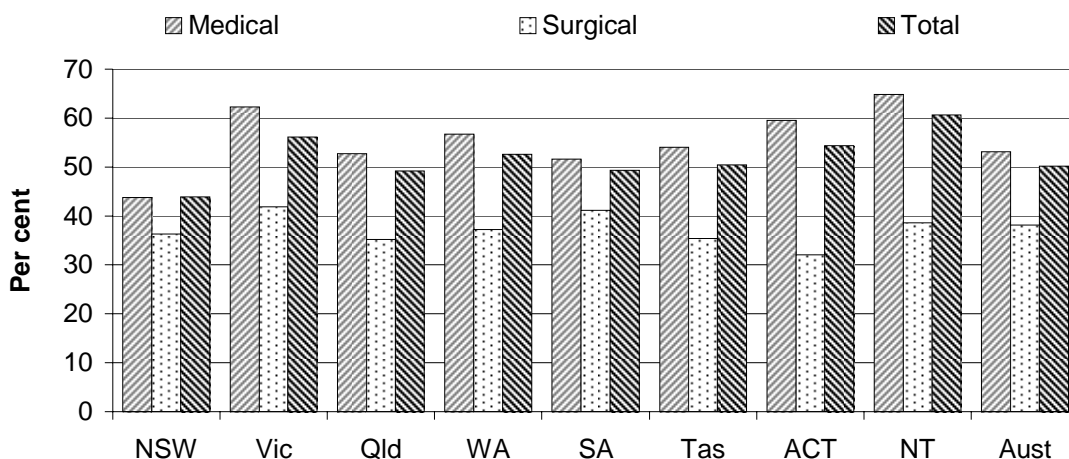
AIHW (various years), *Australian Hospital Statistics*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.7.

Same day separations in public (non-psychiatric) hospitals increased by 5.3 per cent between 2005-06 and 2006-07, although same day separations as a proportion of total separations remained relatively constant over this period. Overnight separations in public (non-psychiatric) hospitals increased by 3.5 per cent between 2005-06 and 2006-07 (table 10A.7).

Differences across jurisdictions in separation rates reflect variations in the health profiles of the people living in each State and Territory, the decisions made by medical staff about the type of care required and people's access to services other than public hospitals (for example, primary care and private hospitals).

Variations in admission rates can reflect different practices in classifying patients as either admitted same day patients or outpatients. The extent of differences in classification practices can be inferred from the variation in the proportion of same day separations across jurisdictions for certain conditions or treatments. This is particularly true of medical separations. Significant variation across jurisdictions in the proportion of same day medical separations was evident in 2006-07 (figure 10.7). Lower jurisdictional variation is likely in admission practices for surgical procedures, as reflected by the lower variability in the proportion of same day surgical separations.

Figure 10.7 Proportion of medical, surgical and total separations that were same day, public (non-psychiatric) hospitals, 2006-07<sup>a</sup>



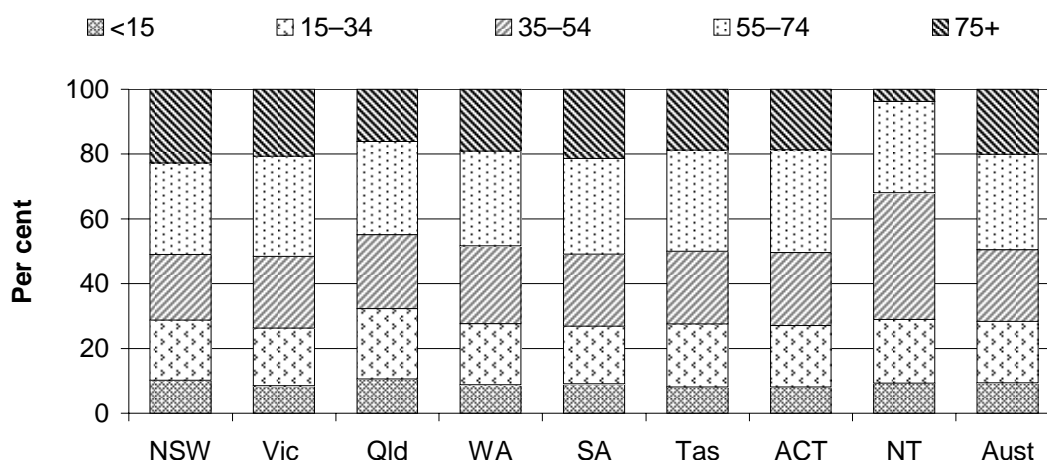
<sup>a</sup> 'Total' includes medical, surgical, chemotherapy, radiotherapy and 'other' separations based on AR-DRG version 5.1 categories.

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database; table 10A.8.

### Separations by age group

Persons aged 55 years and over accounted for almost half of the separations in public hospitals (49.5 per cent) in 2006-07, even though they accounted for only 23.9 per cent of the estimated resident population at 30 June 2006 (figure 10.8 and AIHW 2008a). The proportion of hospital separations for this and other age groups varies across states and territories (figure 10.8). This variation largely reflects differences in the age profiles of jurisdictions (see table AA.1).

Figure 10.8 Separations by age group, public hospitals, 2006-07<sup>a</sup>



<sup>a</sup> Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders and posthumous organ procurement.

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.9.

### Separation rates for Indigenous patients

The completeness of Indigenous identification in hospital admitted patient data varies across states and territories. The AIHW (2005b) report *Improving the Quality of Indigenous Identification in Hospital Separations Data* found that Indigenous patient data was of acceptable quality for analytical purposes only for Queensland, WA, SA, and public hospitals in the NT. Following new assessments of the quality of Indigenous identification in 2007, the National E Health Information Principal Committee (NEHIPC) has approved NSW and Victorian Indigenous patient data as acceptable in quality for analytical purposes, from the 2004-05 reference year. Efforts to improve Indigenous identification across states and territories are ongoing.

The available data are not necessarily representative of other jurisdictions. Because of improvements in data quality over time, caution also should be used in time series analysis of the data.

In 2006-07, separations for Indigenous people accounted for around 3.5 per cent of total separations and 5.3 per cent of separations in public hospitals in NSW, Victoria, Queensland, WA, SA and the NT (table 10.1), but the Indigenous population 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 (94.4 per cent) in these jurisdictions occurred in public hospitals. The low

proportion of private hospital separations for Indigenous people may be due partly to a lower proportion of Indigenous patients being correctly identified in private hospitals in addition to their lower use of private hospitals.

**Table 10.1 Separations, by Indigenous status of patient and hospital sector, 2006-07<sup>a, b</sup>**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Total <sup>c</sup>
Public hospital separations ('000)										
Indigenous	50.6	11.4	60.2	42.3	17.3	np	np	57.9	np	239.6
Non-Indigenous	1 394.5	1 296.1	710.6	408.6	362.1	np	np	27.9	np	4 199.9
Not reported	17.0	6.7	13.8	–	11.2	np	np	–	np	48.8
Total	1 462.1	1 314.2	784.6	450.9	390.6	np	np	85.8	np	4 488.4
Private hospital separations ('000)										
Indigenous	1.1	0.5	3.9	8.3	0.5	np	np	np	np	14.2
Non-Indigenous	797.1	755.4	654.5	280.9	225.5	np	np	np	np	2 713.5
Not reported	10.1	5.5	83.6	–	3.3	np	np	np	np	102.6
Total	808.4	761.4	742.0	289.2	229.3	np	np	np	np	2 830.3
Indigenous separations as proportion of total separations (%)										
Public hospitals	3.5	0.9	7.7	9.4	4.4	np	np	67.4	np	5.3
Private hospitals	0.1	0.1	0.5	2.9	0.2	np	np	np	np	0.5
All hospitals	2.3	0.6	4.2	6.8	2.9	np	np	np	np	3.5
Separations in public hospitals as a proportion of separations in all hospitals (%)										
Indigenous	97.8	96.0	94.0	83.6	97.4	np	np	np	np	94.4
Non-Indigenous	63.6	63.2	52.1	59.3	61.6	np	np	np	np	60.8

<sup>a</sup> Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders and posthumous organ procurement. <sup>b</sup> Identification of Indigenous patients is not considered complete and completeness varies across jurisdictions. The AIHW advised that only data for NSW, Victoria, Queensland, WA, SA and the NT are considered to be acceptable for the purpose of analysis. Nevertheless, data for these jurisdictions should be interpreted with caution as there are jurisdictional differences in data quality. In addition, these jurisdictions are not necessarily representative of the excluded jurisdictions. <sup>c</sup> The total includes data only for NSW, Victoria, Queensland, WA, SA, and the NT. – Nil or rounded to zero. **np** Not published.

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.10.

In 2006-07, on an age standardised basis, 787.5 public hospitals separations (including same day separations) for Indigenous patients were reported per 1000 Indigenous people in NSW, Victoria, Queensland, WA, SA and the NT (table 10.2). This rate was markedly higher than the corresponding rate for these jurisdictions' combined total population of 218.7 per 1000 (table 10.2). Incomplete identification of Indigenous people limits the validity of comparisons over time, as well as across jurisdictions.

**Table 10.2 Estimates of public hospital separations per 1000 people, by Indigenous status of patient<sup>a, b</sup>**

	NSW <sup>c</sup>	Vic	Qld <sup>c</sup>	WA <sup>c,d</sup>	SA <sup>c</sup>	Tas	ACT	NT <sup>c</sup>	Aust	Total <sup>e</sup>
2002-03										
Indigenous	np	np	685.2	809.4	788.1	np	np	1223.3	np	np
Total population	np	np	189.4	195.4	231.0	np	np	422.5	np	np
2003-04										
Indigenous	np	np	710.9	789.3	853.9	np	np	1286.2	np	np
Total population	np	np	189.3	191.0	235.9	np	np	428.9	np	np
2004-05										
Indigenous	np	np	733.6	821.5	822.2	np	np	1441.0	np	907.0
Total population	np	np	188.1	195.2	225.3	np	np	456.2	np	205.2
2005-06										
Indigenous	495.6	np	745.4	845.2	875.0	np	np	1548.0	np	792.1
Total population	204.7	np	188.5	198.8	229.7	np	np	491.4	np	205.7
2006-07										
Indigenous	528.0	624.3	756.7	876.5	929.3	np	np	1584.8	np	787.5
Total population	205.9	246.6	218.7	218.1	232.6	np	np	480.6	np	218.7

<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 and time. <sup>c</sup> AIHW advice on data of acceptable quality limits reporting across jurisdictions for various years. 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 that may include a component due to improved identification. In addition, these jurisdictions are not necessarily representative of the excluded jurisdictions. <sup>d</sup> Data for WA for 2006-07 includes separations for public patients at Joondalup and Peel Health Campuses. Separations for these patients are not included in previous years. <sup>e</sup> Total rates include data for Queensland, WA, SA, and the NT for all years, and for 2005-06 incorporate NSW and for 2006-07 incorporate NSW and Victoria. Total rates before 2005-06 are not comparable with the 2005-06 total and total rates before 2006-07 are not comparable with the 2006-07 total. **np** Not published.

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database; table 10A.11.

### *Separations with a procedure recorded for Indigenous patients*

While Indigenous Australians are more likely to be hospitalised than non-Indigenous Australians, they are less likely to be treated by medical or surgical procedure while in hospital. The underlying reasons for this are not well understood and are likely to reflect a range of factors, including, for example, clinical judgements about the appropriateness of treatment by procedure, patient preferences and concerns, and distance from appropriate facilities (AHMAC 2006). Other factors are also likely to affect the data, including those relating to variations in casemix, comorbidities and stage at presentation.

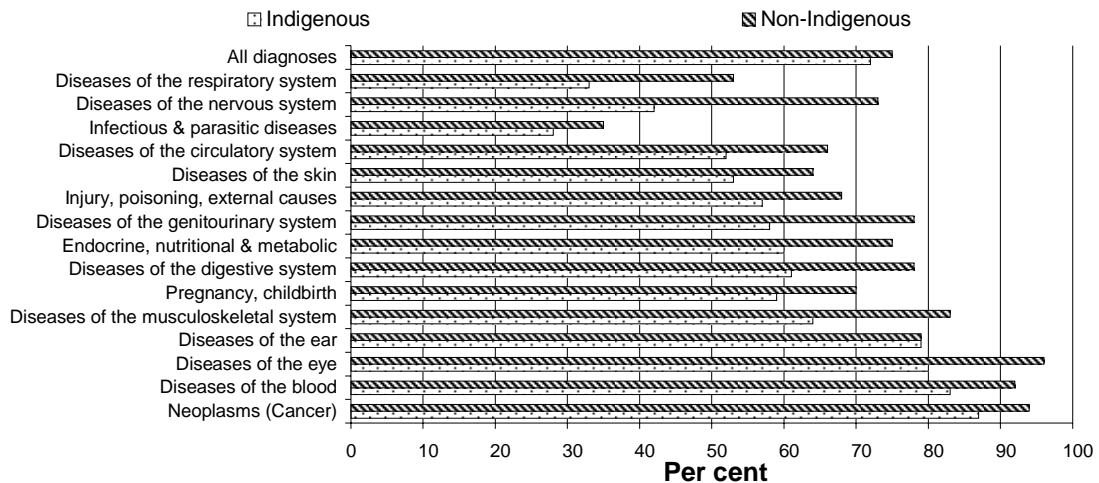
Data for NSW, Victoria, Queensland, WA, SA and NT public hospitals for separations with a procedure recorded by principal diagnosis are presented in figure 10.9. Separations with a procedure recorded both by jurisdiction and by remoteness are presented in figures 10.10 and 10.11, and include data for all

patients treated in public hospitals and public patients treated in private hospitals. Private hospital data are not published for the NT, but the extent to which public patients are treated in private hospitals in that jurisdiction is limited.

In the period July 2005–June 2007, excluding care involving dialysis, consistently lower proportions of separations with a procedure were recorded for Indigenous patients compared with non-Indigenous patients in almost all categories of principal diagnosis (figure 10.9). The differences can be observed across all jurisdictions for which data are available (figure 10.10). While remoteness is associated with progressively reduced rates of separation with a procedure recorded for all patients, differences were more pronounced for Indigenous patients (figure 10.11).

Care involving dialysis accounts for the greatest number of Indigenous separations, with end-stage renal disease requiring frequent dialysis treatments, often several times per week. The alternative to dialysis is a kidney transplant. Indigenous people have very high levels of end-stage renal disease as a consequence of high rates of diabetes, hypertension and related illnesses. In addition, few Indigenous people receive kidney transplants (AHMAC 2006). Without the exclusion of dialysis the result would overestimate the numbers of Indigenous people being treated by procedure for other conditions.

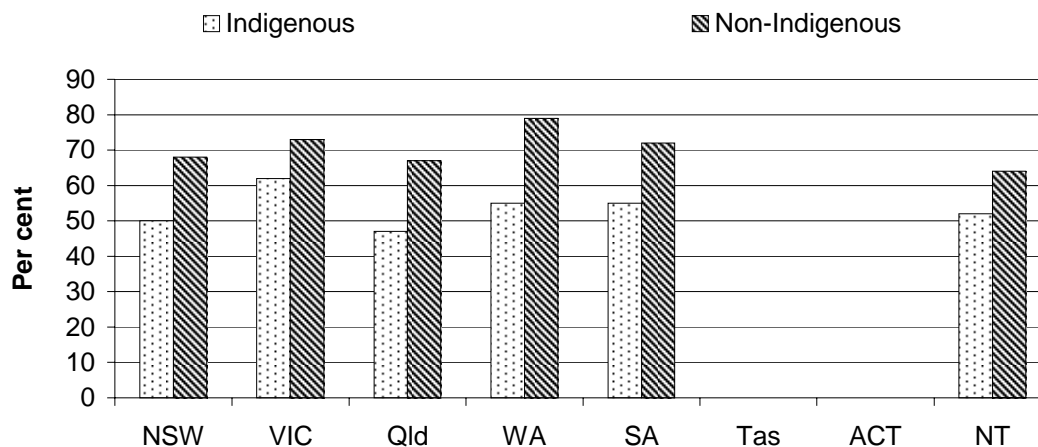
**Figure 10.9 Separations with a procedure recorded by principal diagnosis, by Indigenous status of patient, July 2005–June 2007<sup>a, b</sup>**



<sup>a</sup> Includes patients treated in public hospitals and public patients treated in private hospitals in NSW, Victoria, Queensland, WA, SA and NT. <sup>b</sup> 'All diagnoses' excludes care involving dialysis.

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database, table 10A.12.

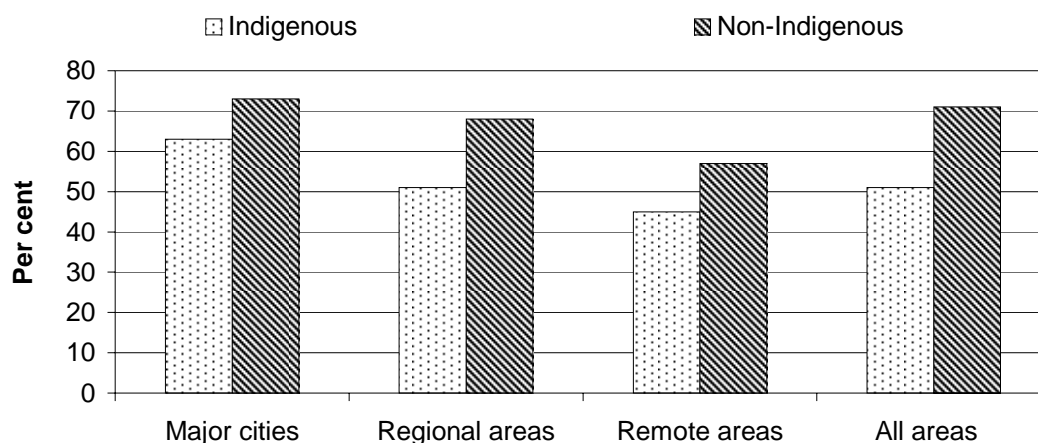
**Figure 10.10 Separations with a procedure recorded, by Indigenous status of patient, July 2005–June 2007<sup>a, b, c</sup>**



<sup>a</sup> Includes all patients treated in public hospitals and public patients treated in private hospitals. Private hospital data for NT were not available therefore results for NT include public hospital data only. <sup>b</sup> The AIHW advised that only data for NSW, Victoria, Queensland, WA, SA and the NT are considered to be acceptable for the purpose of analysis. Nevertheless, data for these jurisdictions should be interpreted with caution as there are jurisdictional differences in data quality. In addition, these jurisdictions are not necessarily representative of the excluded jurisdictions. <sup>c</sup> 'All diagnoses' excludes care involving dialysis.

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database, table 10A.13.

**Figure 10.11 Separations with a procedure recorded, by Indigenous status of patient and remoteness, July 2005–June 2007<sup>a, b</sup>**



<sup>a</sup> Includes all patients treated in public hospitals and public patients treated in private hospitals in NSW, Victoria, Queensland, WA, SA and NT. Private hospital data for NT were not available therefore results for NT include public hospital data only. <sup>b</sup> 'All diagnoses' excludes care involving dialysis.

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database, table 10A.14.

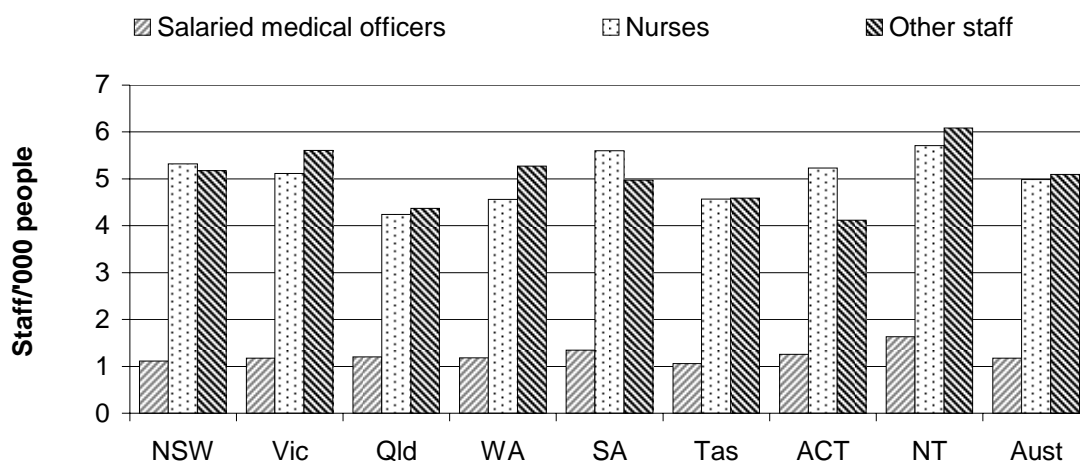


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## Staff

In 2006-07, nurses comprised the single largest group of full time equivalent (FTE) staff employed in public hospitals (5.0 per 1000 people in Australia) (figure 10.12). Comparing data on FTE staff across jurisdictions needs to be undertaken with care because these data are affected by differences across jurisdictions in the recording and classifying of staff. The outsourcing of services with a large labour related component (for example, food services and domestic services) can have a large impact on hospital staffing figures. Differences in outsourcing may explain some of the differences in FTE staff in some staffing categories and across jurisdictions (AIHW 2008a).

Figure 10.12 **Average FTE staff per 1000 people, public hospitals, 2006-07<sup>a, b, c, d, e, f</sup>**



<sup>a</sup> 'Other staff' include diagnostic and allied health professionals, other personal care staff, administrative and clerical staff, and domestic and other staff. <sup>b</sup> Where average FTE staff numbers were not available, staff numbers at 30 June 2006 were used. Staff contracted to provide products (rather than labour) are not included. <sup>c</sup> Staff per 1000 people are calculated from ABS population data at 31 December 2006 (table AA.2). <sup>d</sup> For Victoria, FTEs may be slightly understated. <sup>e</sup> Queensland pathology services staff employed by the State pathology service are not included. <sup>f</sup> Data for two small Tasmanian hospitals are not included.

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; ABS (unpublished), derived from Australian Demographic Statistics, December Quarter 2007, Cat. no. 3101.0; tables 10A.15 and AA.2.

## Activity — admitted patient care

There were around 4.7 million acute, sub-acute and non-acute separations in public hospitals in 2006-07. Of these, acute separations accounted for 96.2 per cent, newborns with some qualified days accounted for 1.0 per cent, and rehabilitation care accounted for 1.5 per cent (table 10A.16). Palliative care, non-acute care and

other care made up the residual. Public psychiatric hospitals accounted for around 0.3 per cent of total separations in public hospitals in 2006-07. Of the total number of separations in public (non-psychiatric) hospitals, 50.2 per cent were for same day patients (table 10A.6).

Table 10.3 shows the 10 AR-DRGs with the highest number of overnight acute separations in public hospitals for 2006-07. These 10 AR-DRGs accounted for 17.6 per cent of all overnight acute separations.

**Table 10.3 Ten AR-DRGs (version 5.1) with the most overnight acute separations, public hospitals, 2006-07<sup>a, b</sup>**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Separations for AR-DRGs as a proportion of all overnight acute separations (%)									
Vaginal Delivery W/O Catastrophic or Severe CC	4.4	4.8	4.6	4.6	3.4	4.2	5.2	3.5	4.5
Chest Pain	2.5	2.1	2.7	1.7	2.7	1.4	0.9	2.2	2.3
Caesarean Delivery W/O Catastrophic or Severe CC	1.8	1.9	2.2	1.9	1.5	1.9	2.0	1.6	1.9
Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>9 W/O Cat/Sev CC	2.0	1.8	1.8	1.8	2.0	1.6	1.4	0.9	1.9
Antenatal & Other Obstetric Admission	1.5	1.3	1.9	2.0	1.3	1.7	1.4	2.8	1.6
Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	1.3	1.3	1.7	1.7	1.3	1.2	1.4	5.3	1.5
Vaginal Delivery Single Uncomplicated W/O Other Condition	1.2	0.6	1.7	1.0	0.8	1.2	1.6	1.3	1.1
Abdominal Pain or Mesenteric Adenitis W/O CC	1.0	1.1	1.0	1.0	1.1	0.8	0.9	0.6	1.0
Bronchitis and Asthma Age <50 W/O CC	1.1	0.9	0.7	0.9	1.2	0.7	0.7	0.7	0.9
Heart Failure and Shock W/O Catastrophic CC	1.0	0.9	0.8	0.9	0.9	1.1	0.7	0.6	0.9
<b>Ten AR-DRGs with the most overnight acute separations (%)</b>	<b>17.9</b>	<b>16.5</b>	<b>19.1</b>	<b>17.5</b>	<b>16.3</b>	<b>15.8</b>	<b>16.2</b>	<b>19.4</b>	<b>17.6</b>
<b>Total overnight acute separations ('000)<sup>c</sup></b>	<b>788</b>	<b>543</b>	<b>381</b>	<b>203</b>	<b>192</b>	<b>46</b>	<b>31</b>	<b>33</b>	<b>2217</b>

cat = catastrophic. cc = complications and comorbidities. sev = severe. w/o = without. w = with. <sup>a</sup> Includes separations for which the care type was reported as 'acute' or 'newborn with qualified days', or was not reported. <sup>b</sup> Excludes same day separations and separations where patients stayed over 366 days. <sup>c</sup> Total is for all overnight separations (not just the ten listed in table).

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database; table 10A.17.

Table 10.4 lists the 10 AR-DRGs that accounted for the most patient days (18.0 per cent of all patient days recorded) in 2006-07. Schizophrenic disorders

associated with mental health legal status accounted for the largest number of patient days, followed by vaginal delivery without complicating diagnosis.

**Table 10.4 Ten AR-DRGs (version 5.1) with the most patient days, public hospitals, 2006-07<sup>a, b</sup>**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Patient days for AR-DRGs as a proportion of patient days (%)									
Schizophrenia Disorders W Mental Health Legal Status	3.0	3.8	4.7	3.9	3.7	1.6	2.7	1.6	3.6
Vaginal Delivery W/O Catastrophic or Severe CC	2.4	2.6	2.4	2.7	1.8	2.1	2.7	2.1	2.4
Tracheostomy or Ventilation >95 hours	2.3	2.3	2.4	2.2	2.5	2.5	2.4	2.2	2.3
Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	1.9	1.8	2.0	2.8	2.8	1.7	2.4	1.0	2.1
Schizophrenia Disorders W/O Mental Health Legal Status	1.9	1.1	1.0	1.9	1.6	3.9	1.2	1.1	1.5
Caesarean Delivery W/O Catastrophic or Severe CC	1.4	1.6	1.6	1.6	1.2	1.3	1.6	1.4	1.5
Chronic Obstructive Airways Disease W Catastrophic or Severe CC	1.4	1.4	1.4	1.1	1.6	1.4	0.9	1.5	1.4
Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	1.0	1.2	1.3	1.4	1.1	1.0	1.1	3.2	1.2
Respiratory Infections/Inflammations W Catastrophic CC	1.1	1.3	0.8	0.7	1.2	0.8	0.9	1.5	1.1
Heart Failure and Shock W/O Catastrophic CC	1.1	0.9	0.9	1.0	1.0	1.3	0.8	0.4	1.0
<b>Ten AR-DRGs with the most patient days (%)</b>	<b>17.6</b>	<b>17.8</b>	<b>18.5</b>	<b>19.1</b>	<b>18.5</b>	<b>17.5</b>	<b>16.7</b>	<b>16.1</b>	<b>18.0</b>
<b>Total patient days ('000)<sup>c</sup></b>	<b>4 404</b>	<b>2 797</b>	<b>1 909</b>	<b>1 053</b>	<b>1 079</b>	<b>279</b>	<b>163</b>	<b>190</b>	<b>11 873</b>

cat = catastrophic. cc = complications and comorbidities. sev = severe. w/o = without. w = with. <sup>a</sup> Includes separations for which the care type was reported as 'acute' or 'newborn with qualified days', or was not reported. <sup>b</sup> Excludes same day separations and separations where patients stayed over 366 days. <sup>c</sup> Total is for all overnight separations (not just the ten listed in table).

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database; table 10A.18.

### Activity — non-admitted patient services

There is no agreed classification system for services to non-admitted patients, so activity is difficult to measure consistently and cannot be compared across

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jurisdictions. As well as differences in the way data are collected, differing admission practices lead to variation in the services reported across jurisdictions. In addition, states and territories may differ in the extent to which these types of service are provided in non-hospital settings (such as community health centres) (AIHW 2006a). Services to non-admitted patients are measured in terms of occasions of service. Differences in the complexity of the occasion of service are not taken into account — for example, a simple urine glucose test is treated equally with a complete biochemical analysis of all body fluids (AIHW 2001a).

A total of 46.1 million individual occasions of service were provided to non-admitted patients in public acute hospitals in 2006-07 (table 10.5). In addition, public hospitals also delivered 345 409 group sessions during this time (a group session is defined as a service provided to two or more patients, excluding services provided to two or more family members) (table 10A.19). In public acute hospitals in 2006-07, accident and emergency services comprised 14.6 per cent of all individual occasions of service to non-admitted patients. ‘Other medical, surgical and obstetric services’ (23.9 per cent), ‘pathology services’ (15.7 per cent) and ‘pharmacy’ (10.0 per cent) were the most common types of non-admitted patient care (table 10.5).

**Table 10.5 Non-admitted patient occasions of service, by type of non-admitted patient care, public acute hospitals, 2006-07<sup>a</sup>**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT<sup>b</sup></i>	<i>Aust</i>
Occasions of service for the most common types of non-admitted patient care as a proportion of all occasions of service for non-admitted patients (%)									
Accident and emergency	11.4	20.2	13.9	15.6	24.1	13.5	19.6	29.4	14.6
Pathology	11.4	10.4	32.9	11.9	..	22.3	7.1	19.7	15.7
Radiology and organ imaging	3.9	7.8	8.8	8.8	10.7	9.0	13.6	14.6	6.7
Pharmacy <sup>c</sup>	16.2	6.0	5.8	4.1	–	8.5	0.2	8.1	10.0
Other medical/surgical/obstetric	23.7	21.7	24.1	14.0	43.4	33.9	49.8	26.0	23.9
Mental health	4.2	9.7	1.2	0.8	0.6	..	0.4	–	3.7
Dental	2.9	2.6	2.7	0.2	0.5	1.5	–	–	2.3
Allied health	4.0	14.7	5.4	19.9	9.2	10.0	3.5	2.3	7.9
Other non-admitted services									
Community health	7.3	3.4	1.8	17.2	0.4	..	1.9	–	5.9
District nursing <sup>d</sup>	6.7	3.1	1.1	3.7	0.6	–	–	–	4.1
<b>Most common types of non-admitted patient care (%)</b>	91.7	99.6	97.5	96.2	89.6	98.7	96.1	100.0	94.8
<b>Total occasions of service for non-admitted patients ('000)</b>	<b>20 285</b>	<b>7 269</b>	<b>9 948</b>	<b>4 667</b>	<b>2 139</b>	<b>923</b>	<b>492</b>	<b>418</b>	<b>46 141</b>

<sup>a</sup> Individual non-admitted patient care services. Excludes group sessions. Reporting arrangements vary significantly across jurisdictions. <sup>b</sup> Radiology figures for the NT are underestimated and pathology figures relate to only three of the five hospitals. <sup>c</sup> Justice Health (formerly known as Corrections Health) in NSW reported a large number of occasions of service that may not be typical of pharmacy. <sup>d</sup> Justice Health (formerly known as Corrections Health) in NSW reported a large number of occasions of service that may not be typical of district nursing. .. Not applicable. – Nil or rounded to zero.

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.19.

## 10.2 Framework of performance indicators for public hospitals

The performance indicator framework is based on the shared government objectives for public hospitals (box 10.2). The performance indicator framework shows which data are comparable in the 2009 Report (figure 10.13). 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. The 'Health preface' 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.

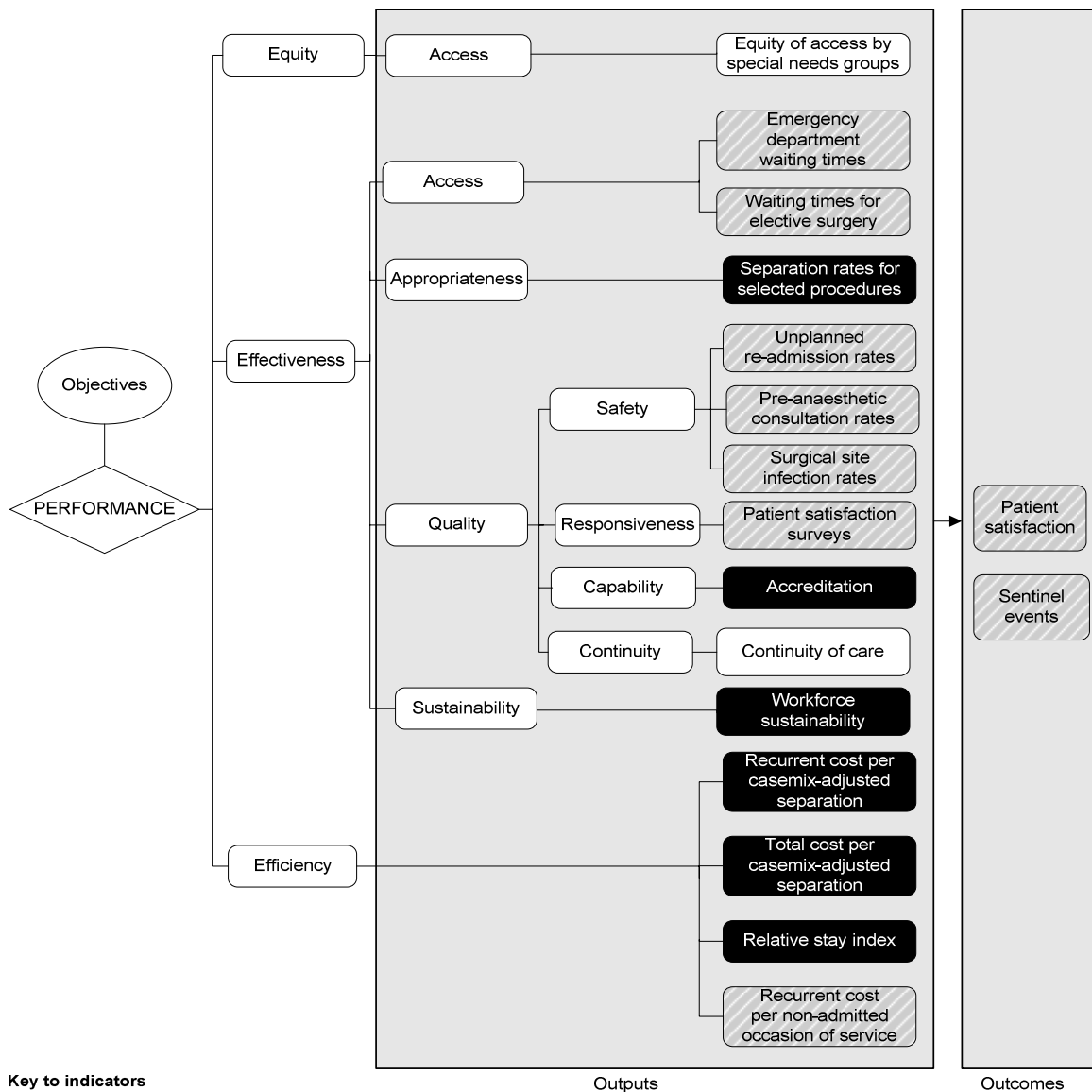
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**Box 10.2 Objectives for public hospitals**

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

- safe and of high quality
- responsive to individual needs
- accessible
- equitably and efficiently delivered.

Figure 10.13 Performance indicators for public hospitals



## 10.3 Key performance indicator results for public hospitals

Different delivery contexts, locations and types of client may affect the equity, effectiveness and efficiency of health services. Appendix A of the Report contains statistical profiles on each State and Territory, which may assist in interpreting the performance indicators presented in this chapter.

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As discussed in section 10.1, public hospitals provide a range of services to admitted patients, including some non-acute services such as rehabilitation and palliative care. The extent to which these non-acute treatments can be identified and excluded from some data differs across jurisdictions. Similarly, psychiatric treatments are provided in public (non-psychiatric) hospitals at different rates across jurisdictions.

## **Outputs**

Outputs are the actual services delivered (while outcomes are the impact of these services on the status of an individual or group) (see chapter 1, section 1.5).

## **Equity — access**

Equity indicators measure how well a service is meeting the needs of certain groups in society (see chapter 1). Public hospitals have a significant influence on the equity of the overall healthcare system. While access to public hospital services is important to the community in general, it is particularly important for people of low socioeconomic status (and others) who may have difficulty in accessing alternative services, such as those provided by private hospitals.

### *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 10.3).

#### **Box 10.3 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.



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## Effectiveness — access

### *Emergency department waiting times*

‘Emergency department waiting times’ is an indicator of governments’ objective to provide accessible services (box 10.4).

#### **Box 10.4 Emergency department waiting times**

‘Emergency department waiting times’ measures the proportion of patients seen within the benchmarks set according to the urgency of treatment required.

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<sup>a</sup>, 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.

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 (NHDC 2003).

It is desirable that a high proportion of patients are seen within the benchmarks set for each triage category. Non-urgent patients who wait longer are likely to suffer discomfort and inconvenience, and more urgent patients may experience poor health outcomes as a result of extended waits.

Data reported for this indicator are not directly comparable.

<sup>a</sup> The triage category indicates the urgency of the patient’s need for medical and nursing care.

The comparability of emergency department waiting times data across jurisdictions may be influenced by differences in data coverage (table 10.6) and clinical practices — in particular, the allocation of cases to urgency categories. The proportion of patients in each triage category who were subsequently admitted may indicate the comparability of triage categorisations across jurisdictions and thus the comparability of the waiting times data (table 10A.20).

Nationally, in 2006-07, 99 per cent of patients were seen within the triage category 1 timeframe and 78 per cent of patients were seen within the triage

category 2 timeframe. For all triage categories, 70 per cent of patients were seen within triage category timeframes (table 10.6).

**Table 10.6 Emergency department patients seen within triage category timeframes, public hospitals, 2006-07 (per cent)**

<i>Triage category</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
1 — Resuscitation <sup>a</sup>	100	100	98	98	99	96	100	100	99
2 — Emergency	87	82	67	71	72	72	77	56	78
3 — Urgent	71	73	57	59	56	62	47	54	65
4 — Semi-urgent	74	67	60	61	63	61	49	48	66
5 — Non-urgent	89	88	87	87	87	87	81	87	88
<b>Total</b>	<b>76</b>	<b>74</b>	<b>61</b>	<b>64</b>	<b>63</b>	<b>64</b>	<b>54</b>	<b>55</b>	<b>70</b>
Data coverage <sup>b</sup>	81	89	64	72	69	96	100	100	78

<sup>a</sup> Resuscitation patients whose waiting time for treatment was less than or equal to two minutes are considered to have been seen on time. <sup>b</sup> Data coverage is estimated as the number of occasions of service with waiting times data divided by the number of emergency department occasions of service. This may underestimate coverage because some occasions of service are for other than emergency presentations, for which waiting times data are applicable. For some jurisdictions, the number of emergency department occasions of service reported to the Non-admitted Patient Emergency Department Care Database exceeded the number of accident and emergency occasions of service reported to the National Public Hospital Establishments Database. For these jurisdictions the coverage has been estimated as 100 per cent.

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.20.

### *Waiting times for elective surgery*

‘Waiting times for elective surgery’ is an indicator of governments’ objective to provide accessible services (box 10.5).

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### Box 10.5 **Waiting times for elective surgery**

Two measures are reported for 'Waiting times for elective surgery':

- 'overall elective surgery waiting times'
- 'elective surgery waiting times by clinical urgency category'.

'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.

Fewer days waited at the 50th and 90th percentile and a smaller proportion of people waiting more than 365 days are desirable.

'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 urgency categories for elective surgery are:

- category 1 — admission is desirable within 30 days
- category 2 — admission is desirable within 90 days
- category 3 — admission at some time in the future is acceptable.

There is no specified or agreed desirable wait for category 3 patients, but the term 'extended wait' is used for 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.

A smaller 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 (table 10.8).

The elective surgery waiting times data are provided for waiting lists managed by public acute hospitals. The data collection covers most public hospitals that undertake elective surgery. In 2006-07, the elective surgery waiting times data covered 87 per cent of separations for elective surgery in public acute hospitals.

Data reported for this indicator are not directly comparable.

Patients on waiting lists who were not subsequently admitted to hospital are excluded from both measures. Patients may be removed from waiting lists because they are admitted as emergency patients for the relevant procedure, no longer need the surgery, die, are treated at another location, decline to have the surgery, or cannot be contacted by the hospital (AIHW 2008a). In 2006-07, 14.5 per cent of

patients were removed from waiting lists for reasons other than elective admission (AIHW 2008a).

Comparisons between jurisdictions should be made with caution due to differences in clinical practices and classification of patients across Australia. The two measures are affected by variations across jurisdictions in the method used to calculate waiting times for patients who transferred from a waiting list managed by one hospital to a waiting list managed by a different hospital. For patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is included in the waiting time reported for some but not all states and territories (AIHW 2008a). NSW, Victoria, Queensland, WA, SA and the ACT reported the total time waited on all waiting lists. This approach may have the effect of increasing the apparent waiting times for admissions in these jurisdictions compared with other jurisdictions. Queensland has indicated that patients rarely switch between waiting lists managed by different hospitals in their jurisdiction (AIHW 2008a).

Nationally, in 2006-07, 90 per cent of patients were admitted within 226 days and 50 per cent were admitted within 32 days (table 10.7). The proportion of patients who waited more than a year was 3.1 per cent. Nationally, waiting times at the 50th percentile increased by four days between 2002-03 and 2006-07. In 2002-03, 28 days were waited at the 50th percentile and this increased to 32 days by 2006-07. However, there were different trends in different jurisdictions and for different sized hospitals over that period (figure 10.14 and table 10A.21).

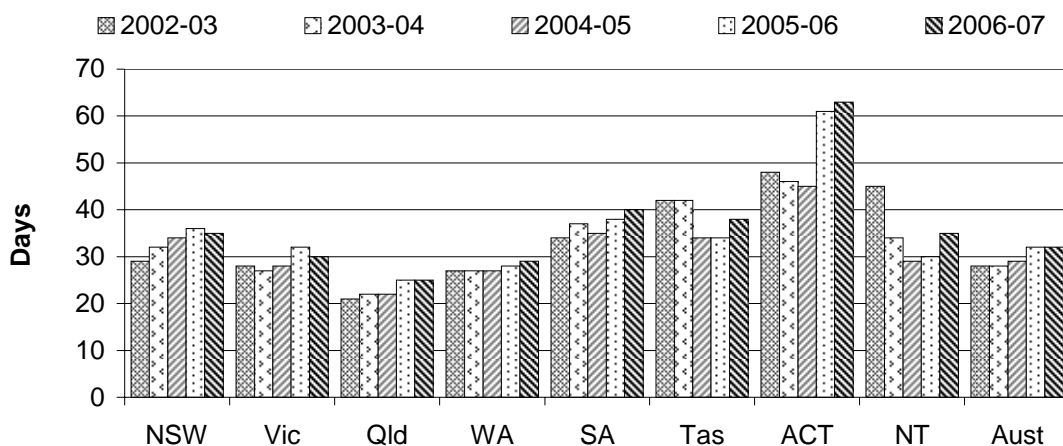
**Table 10.7 Elective surgery waiting times, public hospitals, 2006-07**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Number of days waited at:										
50th percentile	no.	35	30	25	29	40	38	63	35	32
90th percentile	no.	260	208	142	225	206	343	364	370	226
Proportion who waited more than 365 days	%	1.9	3.3	2.5	4.6	3.9	9.2	9.9	10.2	3.1
Estimated coverage of elective surgery separations <sup>a</sup>	%	100.0	79.0	96.0	67.0	64.0	100.0	100.0	100.0	87.0

<sup>a</sup> The number of separations with urgency of admission reported as 'elective' and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with urgency of admission of 'elective' and a surgical procedure for all public hospitals.

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.21.

Figure 10.14 Days waited for elective surgery by the 50th percentile, public hospitals



Source: AIHW (various years), *Australian Hospital Statistics*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.21.

‘Elective surgery waiting times by urgency category’ data not only provide an indication of the extent to which patients are seen within a clinically desirable time, but also draw attention to the variation in the way in which patients are classified across jurisdictions. Jurisdictional differences in the classification of patients by urgency category in 2006-07 are shown in table 10.8. The states and territories with lower proportions of patients in category 1 also had relatively smaller proportions of patients in this category who were ‘not seen on time’. Victoria and the ACT, for example, had the lowest proportions of patients in category 1 and also had the lowest proportions of patients in category 1 who had extended waits (tables 10.8, 10A.26 and 10A.35).

The system of urgency categorisation for elective surgery in public hospitals is important to ensure that priority is given to patients according to their needs. While elective surgery waiting times by urgency category are not comparable across jurisdictions, this measure has the advantage over other measures in that it provides an indication of the extent to which patients are seen within a clinically desirable time period according to the urgency category to which they have been assigned.

**Table 10.8 Classification of elective surgery patients, by clinical urgency category, 2006-07 (per cent)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>
Patients on waiting lists								
Category 1	4.1	2.5	8.5	7.9	7.9	6.6	2.7	10.1
Category 2	28.3	43.9	39.3	34.7	24.6	49.6	50.2	41.6
Category 3	67.7	53.6	52.3	57.4	67.5	43.8	47.1	48.3
<b>Total</b>	100.0	100.0	100.1	100.0	100.0	100.0	100.0	100.0
Patients admitted from waiting lists								
Category 1	33.2	24.5	38.1	33.0	33.8	42.2	29.7	47.7
Category 2	33.0	47.8	43.8	29.2	27.7	37.5	47.5	35.1
Category 3	33.8	27.7	18.1	37.8	38.5	20.3	22.8	17.2
<b>Total</b>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: State and Territory governments (unpublished).

Reporting of 'elective surgery waiting times by clinical urgency category' includes the proportions of patients with extended waits at admission across jurisdictions. The proportions of patients on waiting lists who had already had an extended wait at the date of the census are reported in tables 10A.24, 10A.26, 10A.28, 10A.30, 10A.32, 10A.34, 10A.35 and 10A.37. Census data do not represent the completed waiting time of patients (unlike patients with extended waits at admission).

Of patients admitted from waiting lists in NSW in 2006-07, the percentage of patients classified to each category and the percentage with an extended wait were:

- 33.2 per cent were classified to category 1, of whom 12.9 per cent had an extended wait
- 33.0 per cent were classified to category 2, of whom 25.5 per cent had an extended wait
- 33.8 per cent were classified to category 3, of whom 4.4 per cent had an extended wait.

Overall in NSW, 14.2 per cent of all patients experienced extended waits (table 10A.24).

Of patients admitted from waiting lists in Victoria in 2006-07, the percentage of patients classified to each category and the percentage with an extended wait were:

- 24.5 per cent were classified to category 1, of whom zero per cent had an extended wait
- 47.8 per cent were classified to category 2, of whom 25.3 per cent had an extended wait

- 
- 27.7 per cent were classified to category 3, of whom 8.5 per cent had an extended wait.

Overall in Victoria, 14.5 per cent of all patients experienced extended waits (table 10A.26).

Of patients admitted from waiting lists in Queensland in 2006-07, the percentage of patients classified to each category and the percentage with an extended wait were:

- 38.1 per cent were classified to category 1, of whom 13.2 per cent had an extended wait
- 43.8 per cent were classified to category 2, of whom 17.7 per cent had an extended wait
- 18.1 per cent were classified to category 3, of whom 11.7 per cent had an extended wait.

Overall in Queensland, 14.9 per cent of all patients experienced extended waits (table 10A.28).

Of patients admitted from waiting lists in WA in 2006-07, the percentage of patients classified to each category and the percentage with an extended wait were:

- 33.0 per cent were classified to category 1, of whom 28.8 per cent had an extended wait
- 29.2 per cent were classified to category 2, of whom 44.0 per cent had an extended wait
- 37.8 per cent were classified to category 3, of whom 24.3 per cent had an extended wait.

Overall in WA, 31.6 per cent of all patients experienced extended waits (table 10A.30).

Of patients admitted from waiting lists in SA in 2006-07, the percentage of patients classified to each category and the percentage with an extended wait were:

- 33.8 per cent were classified to category 1, of whom 22.5 per cent had an extended wait
- 27.7 per cent were classified to category 2, of whom 22.1 per cent had an extended wait
- 38.5 per cent were classified to category 3, of whom 9.5 per cent had an extended wait.

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Overall in SA, 17.4 per cent of all patients experienced extended waits (table 10A.32).

Of patients admitted from waiting lists in Tasmania in 2006-07, the percentage of patients classified to each category and the percentage with an extended wait were:

- 42.2 per cent were classified to category 1, of whom 25.0 per cent had an extended wait
- 37.5 per cent were classified to category 2, of whom 46.1 per cent had an extended wait
- 20.3 per cent were classified to category 3, of whom 22.6 per cent had an extended wait.

Overall in Tasmania, 32.4 per cent of all patients experienced extended waits (table 10A.34).

Of patients admitted from waiting lists in the ACT in 2006-07, the percentage of patients classified to each category and the percentage with an extended wait were:

- 29.7 per cent were classified to category 1, of whom 7.2 per cent had an extended wait
- 47.5 per cent were classified to category 2, of whom 49.1 per cent had an extended wait
- 22.8 per cent were classified to category 3, of whom 30.4 per cent had an extended wait.

Overall in the ACT, 32.4 per cent of all patients experienced extended waits (table 10A.35).

Of patients admitted from waiting lists in NT in 2006-07, the percentage of patients classified to each category and the percentage with an extended wait were:

- 47.7 per cent were classified to category 1, of whom 19.2 per cent had an extended wait
- 35.1 per cent were classified to category 2, of whom 43.0 per cent had an extended wait
- 17.2 per cent were classified to category 3, of whom 39.9 per cent had an extended wait.

Overall in the NT, 31.1 per cent of all patients experienced extended waits (table 10A.37).



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Attachment 10A includes data on ‘elective surgery waiting times’ by hospital peer group, specialty of surgeon and indicator procedure (tables 10A.21, 10A.22 and 10A.23). All jurisdictions (except Tasmania) also provided data on urgency category waiting times by clinical specialty for 2006-07 (tables 10A.25, 10A.27, 10A.29, 10A.31, 10A.33, 10A.36 and 10A.38).

## **Effectiveness — appropriateness**

### *Separation rates for selected procedures*

‘Separation rates for selected procedures’ is an indicator of the appropriateness of public hospital services (box 10.6).

#### **Box 10.6 Separation rates for selected procedures**

‘Separation rates for selected procedures’ is defined as separations per 1000 people for certain procedures, and for caesarean section separations per 100 in-hospital births. The procedures are selected for their frequency, for 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 may require investigation to determine whether service levels are appropriate.

Care needs to be taken when interpreting the differences in the separation rates of the selected procedures. Variations in rates may be attributable to variations in the prevalence of the conditions being treated, or to differences in clinical practice across states and territories. Higher rates may be acceptable for certain conditions and not for others. Higher rates of angioplasties and lens insertions, for example, may represent appropriate levels of care, whereas higher rates of hysterectomies or tonsillectomies may represent an over-reliance on procedures. No clear inference can be drawn from higher rates of arthroscopies or endoscopies. 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.

The ‘separation rates for selected procedures’ reported here include all hospitals and reflect the activities of both public and private health systems. The most common procedures of those reported in 2006-07 were lens insertions, caesarean sections and cholecystectomies (table 10.9).

For all procedures, separation rates varied across jurisdictions. Statistically significant and material differences in the separation rates for these procedures may highlight variations in treatment methods across jurisdictions. Table 10A.39 presents standardised separation rate ratios — comparing the separation rate in each jurisdiction with the national rate — along with confidence intervals for each ratio.

**Table 10.9 Separations for selected procedures or diagnoses per 1000 people, all hospitals, by patient's usual residence, 2006-07<sup>a, b, c</sup>**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Total<sup>d</sup></i>
<i>Procedure/diagnosis</i>									
Coronary artery bypass	0.7	0.6	0.7	0.4	0.7	0.5	0.4	0.9	0.6
Coronary angioplasty	1.7	1.7	1.3	1.5	1.4	1.5	1.4	1.0	1.6
Caesarean section: separation rate	4.3	4.3	4.9	4.8	4.4	4.2	3.6	4.4	4.4
separations per 100 in-hospital births <sup>e</sup>	29.7	31.4	33.4	33.3	33.2	27.9	28.5	30.5	31.4
Cholecystectomy	2.2	2.3	2.3	2.2	2.3	2.0	2.0	1.8	2.2
Hip replacement	1.3	1.4	1.2	1.6	1.4	1.7	1.5	0.8	1.3
Revision of hip replacement	0.2	0.2	0.1	0.2	0.1	0.2	0.2	0.1	0.2
Hysterectomy <sup>f</sup>	1.3	1.2	1.3	1.3	1.5	1.5	1.3	1.1	1.3
Lens insertion	8.3	7.6	9.3	8.2	7.0	6.2	6.2	7.9	8.1
Tonsillectomy	1.8	1.8	1.8	1.9	2.5	1.3	1.9	1.1	1.8
Myringotomy	1.3	1.6	1.3	1.7	2.9	1.1	1.7	0.6	1.5
Knee replacement	1.7	1.3	1.5	1.7	1.5	1.4	1.7	0.8	1.5
Prostatectomy	1.3	1.5	1.3	1.3	1.3	1.4	1.1	0.9	1.4

<sup>a</sup> Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders and posthumous organ procurement. Excludes multiple procedures/diagnoses for the same separation within the same group. <sup>b</sup> The procedures and diagnoses are defined using ICD-10-AM codes. <sup>c</sup> Rates per 1000 people were directly age standardised to the Australian population at 30 June 2001. <sup>d</sup> Includes other territories. Excludes non-residents and unknown state or territory of residence. <sup>e</sup> Caesarean sections divided by separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by caesarean section because births out of hospital are not included. <sup>f</sup> Includes hysterectomies for females aged 15–69 years only. Rate is determined using total population for state or territory.

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.39.

## Effectiveness — quality

There is no single definition of quality in healthcare, but the Australian Commission on Safety and Quality in Healthcare (ACSQHC) has defined quality as 'the extent to which the properties of a service or product produces a desired outcome' (Runciman 2006). No single indicator can measure quality across all providers. An alternative approach is to identify and report on aspects of quality of care. The aspects of quality recognised in the performance indicator framework are safety,

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responsiveness, capability and continuity. Data are reported against all of these aspects except continuity.

There has been considerable debate and research to develop suitable indicators of the quality of healthcare both in Australia and overseas. All Australian health ministers agreed to the establishment of the Australian Council for Safety and Quality in Health Care in January 2000, with a view to taking a systematic approach to assessing and improving the quality of healthcare. The Australian Council for Safety and Quality in Health Care was replaced in January 2006 by the ACSQHC. A key objective of the ACSQHC is to achieve safe, effective and responsive care for consumers. The ACSQHC will continue to maintain the Council's focus on improving the safety of hospitals and will also seek to improve the quality of primary health care and the private health sector.

Various states and territories publicly report performance indicators for public hospital quality. Some have adopted the same indicators as reported in this chapter. In NSW, for example, reporting of Australian Council on Health Care Standards (ACHS) 'surgical site infection rates' is mandatory for public hospitals. Both the WA and Tasmanian health department annual reports include information on 'unplanned re-admission rates'. All Victorian hospitals are required to publish annual quality care reports that include safety and quality indicators for infection control, medication errors, falls monitoring and prevention, and pressure wound monitoring and prevention. Queensland Health releases an annual public hospitals performance report which shows a wide range of hospital performance information including clinical performance, efficiency and patient satisfaction. There are currently 31 clinical indicators that monitor clinical performance in Queensland Health hospitals spanning Medical, Surgical and Obstetrics, and Gynaecology.

### *Safety*

Improving patient safety is an important issue for all hospitals. Studies on medical errors have indicated that adverse healthcare related events occur in public hospitals in Australia and internationally, and that their incidence is potentially high (for example, Thomas et al. 2000; Runciman and Moller 2001, Runciman et al. 2000 and Davis et al. 2001). These adverse events can result in serious consequences for individual patients, and the associated costs can be considerable (Kohn et al. 1999).

Data for the 'safety' indicators come from the ACHS Comparative Report Service (Clinical Indicators). The ACHS data are collected for internal clinical review by individual hospitals. They are predominantly used to demonstrate the potential for improvement across Australian hospitals, if all hospitals could achieve the same

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outcomes as the hospitals that achieve the best outcomes for patients. When interpreting results of these indicators, emphasis needs to be given to the potential for improvement. Statewide conclusions cannot be drawn because participation by public hospitals in the Comparative Report Service (Clinical Indicators) is generally voluntary, so the data are not necessarily drawn from representative samples of hospitals (box 10.7).

#### **Box 10.7 Reporting of ACHS clinical indicators**

Data for the clinical indicators of 'unplanned re-admissions to hospital', 'pre-anaesthetic consultation rates' and 'surgical site infection rates' come from the ACHS. The ACHS's method for reporting clinical indicators is explained in *Determining the Potential to Improve Quality of Care* (ACHS 2007). The ACHS reports the average (that is, mean) rate of occurrence of an event and the performance of hospitals at the 20th and 80th centiles. Where a lower rate implies better quality, national performance at the 20th centile represents the rate at, or below which, the best performing 20 per cent of ACHS reporting hospitals performed. Where a higher rate implies better quality, national performance at the 80th centile represents the rate at, or above which, the best performing 20 per cent of ACHS reporting hospitals performed. This method is designed to allow hospitals to determine whether their performance is above or below average, and what scope exists for improvement.

Particular attention is paid to systematic variation between hospitals and between different categories of hospital (including different jurisdictions), and to individual hospitals that vary significantly from the average for all hospitals (that is, outliers).

The ACHS calculates the average occurrence of an event for all hospitals and uses the shrinkage estimation method to estimate shrunken rates for individual hospitals. From these shrunken rates, the performance of hospitals at the 20th and 80th centiles is calculated. The potential gains from shifting 'mean' hospitals to the 20th/80th centile are obtained by calculating the change in the occurrence of the event measured if the mean were equal to performance at the 20th/80th centile.

Shrunken rates are used rather than actual rates because actual rates of zero per cent and 100 per cent may be obtained for individual hospitals based on random variation where there are low denominators. Shrinkage estimators adjust each hospital's observed rate using the hospital's numerator and denominator, together with the mean and standard deviations of other hospitals to obtain corrected rates. The smaller the denominator for an individual hospital, the larger is the shift to the overall mean.

Using the shrunken rates, mean rates are calculated for individual categories of hospital (including jurisdictions) to determine stratum rates. If the stratum explains more than 10 per cent of the variation in rates, this is reported as a possible explanatory variable. The potential gains of each category shifting performance to the stratum with the lowest mean are also calculated.

(Continued on next page)

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**Box 10.7 (Continued)**

Finally, using the shrunken rates for individual hospitals, the observed occurrence of the event measured is compared to the expected occurrence of the event, to measure difference from the mean. To avoid responding to random variation, three standard deviations are plotted, and values outside the three standard deviations are assumed to be systematically different from the average rate. The potential gains from shifting the performance of these outliers to the performance of mean hospitals are calculated (outlier gains).

*Source:* ACHS; (unpublished, 2003).

*Safety — unplanned re-admission rates*

‘Unplanned re-admission rates’ is an indicator of governments’ objective to provide public hospital services that are safe and of high quality (box 10.8). The aim of this indicator is to measure unintentional additional hospital care. Patients might be re-admitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, if post discharge planning was inadequate, or for other reasons outside the control of the hospital (for example poor post-discharge care). These estimates should be viewed in the context of the statistical (standard) errors. High standard errors signal that data are potentially unreliable. The statistical terms used to describe this indicator are explained in box 10.9.

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**Box 10.8    Unplanned re-admission rates**

'Unplanned re-admission rates' show the rate at which patients unexpectedly return to hospital within 28 days for further treatment of the same condition or a condition related to the initial admission. The 'unplanned re-admission rate' is the total number of unplanned and unexpected re-admissions within 28 days of separation as a percentage of the total number of separations (excluding patient deaths). 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.

There are some difficulties in identifying re-admissions that were unplanned. A re-admission is considered unplanned if there is no documentation to verify that the re-admission was planned and/or if the re-admission occurred through the accident and emergency department of a hospital.

This indicator identifies only those patients re-admitted to the same hospital, so there is some under-reporting (for example, where patients go to another hospital). Unplanned re-admission rates are not adjusted for casemix or patient risk factors, which may vary across hospitals and across jurisdictions.

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

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### Box 10.9 Definition of terms for ACHS clinical indicators

**centile:** any of the 99 numbered points that divide an ordered set of scores into 100 parts, each of which contains one 100th of the total. Where a lower rate implies better quality, national performance at the 20th centile represents the rate at, or below which, the best performing 20 per cent of ACHS reporting hospitals performed. Where a higher rate implies better quality, national performance at the 80th centile represents the rate at, or above which, the best performing 20 per cent of ACHS reporting hospitals performed.

**centile gains:** the potential gains from shifting mean (average) hospitals to the performance at the 20th/80th centile (depending on whether a high or low rate is desirable), is obtained by calculating the change in the occurrence of an event if the mean were equal to performance at the 20th/80th centile.

**denominator:** the term of a fraction or equation showing the number of parts into which the numerator is being divided (usually written below the line). For the unplanned re-admissions indicator, for example, the denominator is the total number of admissions in the participating hospital.

**mean:** the sum of a set of numbers divided by the amount of numbers in the set, often referred to as an average.

**numerator:** the term of a fraction or equation showing how many parts of the fraction are taken (usually written above the line). For the unplanned re-admissions indicator, the numerator is the total number of unplanned re-admissions in the participating hospital; for the infections indicators, the numerator is the number of infections for the selected procedure in the participating hospital.

**outlier gains:** the potential gains from moving the performance of outlier hospitals to the performance of mean (average) hospitals, obtained by calculating the change in the occurrence of an event if the outlier performance were equal to performance at the mean.

**rate:** the sum of the numerators divided by the sum of the denominators, which is also the weighted mean of the individual rates of the ACHS reporting hospitals. This weighted mean may not be the same as the unweighted mean of the rates, especially if a few ACHS reporting hospitals with large denominators have different rates (extremely high or low) from the other ACHS reporting hospitals.

**stratum gains:** the potential gains from a particular category of hospitals moving to the performance of the stratum with the lowest mean.

**stratum rate:** mean rates for a particular jurisdiction.

*Source:* ACHS (2001).

Nationally, among all public hospitals participating in the ACHS Comparative Report Service in 2007, the mean rate of ‘unplanned re-admissions’ was 2.3 per 100 admissions (table 10.10). The ACHS estimated that if the performance

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of all ACHS reporting public hospitals in Australia matched national performance at the 20th centile, there would be 1.1 per cent (or 9879) fewer re-admissions to these public hospitals (ACHS unpublished). National performance at the 20th centile shows the rate at, or below which, the best performing 20 per cent of ACHS reporting hospitals performed.

These national results are based on approximately one fifth of total public hospital separations. The number of ACHS reporting hospital separations used to derive this indicator was around 903 000 in 2007 (ACHS unpublished), whereas the total number of separations in 2006-07 was around 4.7 million (AIHW 2008a). For jurisdictions with more than five hospitals reporting ‘unplanned re-admissions’ to the ACHS Comparative Report Service, the mean rates of unplanned re-admissions in 2007 are shown in table 10.10. The coverage of the ACHS data may differ across these states. Data for Tasmania, the ACT and the NT are not reported separately because fewer than five hospitals reported ‘unplanned re-admissions’ in each of those jurisdictions.



Table 10.10 **Unplanned re-admissions, ACHS reporting public hospitals, 2007<sup>a</sup>**

	<i>Unit</i>	<i>Results</i>
National rate (per 100 separations)	%	2.3
National performance at 80th centile (rate)	(%)	5.2
National performance at 20th centile (rate)	(%)	1.2
<b>NSW</b>		
Numerator (re-admissions)	no.	7 482
<i>Denominator (separations)</i>	no.	351 684
Rate (per 100 separations)	%	2.1
Standard error ( $\pm$ )		0.2
ACHS reporting hospitals	no.	57
<b>Victoria</b>		
Numerator (re-admissions)	no.	4 005
<i>Denominator (separations)</i>	no.	151 314
Rate (per 100 separations)	%	2.6
Standard error ( $\pm$ )		0.3
ACHS reporting hospitals	no.	33
<b>Queensland</b>		
Numerator (re-admissions)	no.	3 454
<i>Denominator (separations)</i>	no.	109 874
Rate (per 100 separations)	%	3.1
Standard error ( $\pm$ )		0.3
ACHS reporting hospitals	no.	16
<b>WA</b>		
Numerator (re-admissions)	no.	2 038
<i>Denominator (separations)</i>	no.	132 368
Rate (per 100 separations)	%	1.5
Standard error ( $\pm$ )		0.3
ACHS reporting hospitals	no.	22
<b>SA</b>		
Numerator (re-admissions)	no.	1 282
<i>Denominator (separations)</i>	no.	31 115
Rate (per 100 separations)	%	4.1
Standard error ( $\pm$ )		0.6
ACHS reporting hospitals	no.	6

<sup>a</sup> The ACHS data are not designed to measure the performance of states and territories, but are for internal clinical review by individual hospitals. In addition, health organisations contribute data voluntarily to the ACHS, so the samples are not necessarily representative of all hospitals in each jurisdiction. As a result, statewide comparisons and conclusions regarding the performance of individual states cannot be drawn.

Source: ACHS (unpublished); tables 10A.40; 10A.41, 10A.42; 10A.43 and 10A.44.

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## Safety — pre-anaesthetic consultation rates

'Pre-anaesthetic consultation rates' is an indicator of governments' objective to provide public hospital services that are safe and of high quality. Consultation by an anaesthetist is essential for the medical assessment of a patient before anaesthesia for surgery (or another procedure), to ensure that the patient is in an optimal state for anaesthesia and surgery (box 10.10).

Following a redevelopment of the ACHS's anaesthetic indicators between their 2004 and 2005 data collections, there has been a reduction in the number of hospitals providing data for this indicator. Pre-anaesthetic consultation rate estimates should be viewed in the context of the statistical (standard) errors. High standard errors signal that data are potentially unreliable. The statistical terms used to describe this indicator are explained in box 10.9.

### Box 10.10 Pre-anaesthetic consultation rates

The 'pre-anaesthetic consultation rate' is the number of procedures where there is documented evidence that the patient has seen an anaesthetist before entering the operating theatre suite, anaesthetic room, or procedure room, as a percentage of the total number of procedures with an anaesthetist in attendance. Low rates for this indicator suggest the quality of pre-anaesthetic care provided by hospitals should be examined because there may be scope for improvement.

This indicator identifies only pre-anaesthetic consultations for which there is documented evidence, so there may be some under-reporting due to some consultations not being documented. In addition, the data include some pre-anaesthetic consultations not conducted by the attending anaesthetist but by one of the medical members of the same anaesthetic department or group. Consultations by the attending anaesthetist are preferable.

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

Source: ACHS (2004).

Nationally, among all public hospitals participating in the ACHS Comparative Report Service in 2007, the mean rate of 'pre-anaesthetic consultations' was 91.9 per 100 procedures (table 10.11). The ACHS estimated that if the performance of all ACHS reporting public hospitals in Australia matched national performance at the 80th centile, there would be 8.0 per cent (or 701) more pre-anaesthetic consultations in these public hospitals (ACHS unpublished). National performance at the 80th centile shows the rate at, or above which, the best performing 20 per cent of ACHS reporting hospitals performed.

NSW was the only jurisdiction with five or more hospitals reporting ‘pre-anaesthetic consultations’ to the ACHS Comparative Report Service in 2007 (table 10.11). Data for 2007 for other jurisdictions are not reported separately because fewer than five hospitals reported ‘pre-anaesthetic consultations’ in each of those jurisdictions. Data for 2005 are reported for Victoria in table 10A.46.

**Table 10.11 Pre-anaesthetic consultation rates, ACHS reporting public hospitals, 2007<sup>a</sup>**

	<i>Unit</i>	<i>Results</i>
National rate (per 100 separations)	%	91.9
National performance at 80th centile (rate)	(%)	100.0
National performance at 20th centile (rate)	(%)	92.8
<b><i>New South Wales</i></b>		
Numerator (pre anaesthetic consultations)	no.	2 858
Denominator (procedures)	no.	2 858
Rate (per 100 separations)	%	100
Standard error ( $\pm$ )		0.8
ACHS reporting hospitals	no.	6

<sup>a</sup> The ACHS data are not designed to measure the performance of states and territories, but are for internal clinical review by individual hospitals. In addition, health organisations contribute data voluntarily to the ACHS, so the samples are not necessarily representative of all hospitals in each jurisdiction. As a result, statewide comparisons and conclusions regarding the performance of individual states cannot be drawn.

Source: ACHS (unpublished); table 10A.45.

### *Safety — surgical site infection rates*

‘Surgical site infection rates’ is an indicator of governments’ objective to provide public hospital services that are safe and of high quality. Surgical site infections 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. ‘Surgical site infection rates’ are reported for four frequently performed procedures — hip prosthesis, knee prosthesis, lower segment caesarean section and abdominal hysterectomy (box 10.11). These estimates should be viewed in the context of the statistical (standard) errors. High standard errors signal that the data may be potentially unreliable. The statistical terms used to describe this indicator are explained in box 10.9.

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### Box 10.11 **Surgical site infection rates**

‘Surgical site infection rates’ is calculated as the average (that is, mean) rate of post-operative in-hospital occurrence of surgical site infection rates for selected surgical procedures (see section 10.8 for definitions). Rates are reported for hip and knee prosthesis, lower segment caesarean section and abdominal hysterectomy. Low ‘surgical site infection rates’ are consistent with the quality standards required in the public hospital sector.

Reporting by procedure reduces the potential for casemix to influence the rates of infection, but some cases are more susceptible to infection than others. Reporting is also affected by the time period during which infections are recorded — for example, some surgical infections do not present until after discharge from hospital. Surgical infection rates are not reported for each procedure where fewer than five hospitals are included in the data.

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

Nationally, among all public hospitals participating in the ACHS Comparative Report Service in 2007, the mean ‘surgical site infection rate’ for hip prosthesis surgery was 1.3 per 100 separations (table 10.12). The ACHS estimated that if the performance of all ACHS reporting public hospitals in Australia matched national performance at the 20th centile, there would be 0.47 per cent (or 29) fewer infections after hip prosthesis surgery in these public hospitals (ACHS unpublished). National performance at the 20th centile shows the rate at, or below which, the best performing 20 per cent of ACHS reporting hospitals performed.

The mean ‘surgical site infection rate’ following knee prosthesis surgery was 1.2 per 100 separations (table 10.12). The ACHS estimated that if the performance of all ACHS reporting public hospitals in Australia matched national performance at the 20th centile, there would be 0.68 per cent (or 48) fewer infections following knee prosthesis surgery in these public hospitals (ACHS unpublished).

The mean ‘surgical site infection rate’ following lower segment caesarean section surgery was 0.9 per 100 separations (table 10.12). The ACHS estimated that if the performance of all ACHS reporting public hospitals in Australia matched national performance at the 20th centile, there would be 0.57 per cent (or 121) fewer infections following lower segment caesarean section surgery in these public hospitals (ACHS unpublished).

The mean ‘surgical site infection rate’ following abdominal hysterectomy surgery was 1.9 per 100 separations (table 10.12). The ACHS estimated that if the performance of all Australian public hospitals matched national performance at the

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20th centile, there would be 0.3 per cent (or 3) fewer infections following abdominal hysterectomy surgery (ACHS unpublished).

For jurisdictions with more than five hospitals reporting 'surgical site infections' to the ACHS Comparative Report Service, the mean rates in 2007 are shown in table 10.12. The coverage of the ACHS data may differ across these states. 'Surgical site infection rates' for Tasmania, the ACT and the NT are not reported separately because fewer than five hospitals participated in the ACHS Comparative Report Service.

**Table 10.12 Surgical site infections, ACHS reporting public hospitals, by selected procedure, 2007<sup>a, b</sup>**

	<i>Unit</i>	<i>Hip prosthesis</i>	<i>Knee prosthesis</i>	<i>Lower segment caesarean section</i>	<i>Abdominal hysterectomy</i>
National rate (per 100 separations)	%	1.3	1.2	0.9	1.9
National performance at 80th centile (rate)	(%)	1.5	1.7	1.8	2.6
National performance at 20th centile (rate)	(%)	0.9	0.5	0.3	1.6
<b>NSW</b>					
Numerator (infections)	no.	28	35	8	np
Denominator (procedures)	no.	1 489	2 005	2 630	np
Infection rate (per 100 separations)	%	1.9	1.7	0.3	np
Standard error (±)		0.1	0.2	0.2	np
ACHS reporting hospitals	no.	12	11	11	np
<b>Victoria</b>					
Numerator (infections)	no.	21	12	np	np
Denominator (procedures)	no.	1 144	785	np	np
Infection rate (per 100 separations)	%	1.8	1.5	np	np
Standard error (±)		0.2	0.3	np	np
ACHS reporting hospitals	no.	5	5	np	np
<b>Queensland</b>					
Numerator (infections)	no.	6	7	25	13
Denominator (procedures)	no.	1 378	1 726	8 224	728
Infection rate (per 100 separations)	%	0.4	0.4	0.3	1.8
Standard error (±)		0.1	0.2	0.1	0.2
ACHS reporting hospitals	no.	10	10	11	6
<b>WA</b>					
Numerator (infections)	no.	8	7	32	np
Denominator (procedures)	no.	859	1 190	2 443	np
Infection rate (per 100 separations)	%	0.9	0.6	1.3	np
Standard error (±)		0.2	0.3	0.2	np
ACHS reporting hospitals	no.	7	8	9	np

(Continued on next page)

Table 10.12 (Continued)

	<i>Unit</i>	<i>Hip prosthesis</i>	<i>Knee prosthesis</i>	<i>Lower segment caesarean section</i>	<i>Abdominal hysterectomy</i>
<b>SA</b>					
Numerator (infections)	no.	np	np	39	np
Denominator (procedures)	no.	np	np	4 502	np
Infection rate (per 100 separations)	%	np	np	1	np
Standard error ( $\pm$ )		np	np	0.2	np
ACHS reporting hospitals	no.	np	np	5	np

<sup>a</sup> The ACHS data are not designed to measure the performance of states and territories, but are for internal clinical review by individual hospitals. In addition, health organisations contribute data voluntarily to the ACHS, so the samples are not necessarily representative of all hospitals in each jurisdiction. As a result, statewide comparisons and conclusions regarding the performance of individual states cannot be drawn. <sup>b</sup> Since 2003, the ACHS surgical site infection indicators have been collected in pairs, one for each of superficial and deep/organ space surgical site infections. An indirectly standardised rate was derived for each pair. The rate for each combined pair was estimated as the sum of the two rates (deep and superficial). The final rate for each State was calculated as the sum of observed infections divided by the sum of expected infections, multiplied by the rate for the combined pair. **np** Not published.

Source: ACHS (unpublished); tables 10A.49, 10A.50, 10A.51, 10A.52, 10A.53.

### *Responsiveness — patient satisfaction surveys*

‘Patient satisfaction surveys’ is a proxy indicator of governments’ objective to deliver services that are high quality and responsive to individual patient needs (box 10.12). This section reports how jurisdictions use patient satisfaction surveys to improve the quality of public hospital services. The ‘patient satisfaction’ indicator reports satisfaction ratings taken from each jurisdiction’s patient surveys (box 10.20).

#### **Box 10.12 Patient satisfaction surveys**

The ‘Patient satisfaction surveys’ indicator provides information on how jurisdictions used patient satisfaction surveys to improve public hospital quality in recent years.

Surveys can be useful for obtaining information on patient views of both clinical and non-clinical hospital care (such as whether patients feel they were treated with respect and provided with appropriate information regarding their treatment). If public hospitals respond to patient views and modify services, service quality can be improved to better meet patients’ needs. The more public hospitals use patient satisfaction surveys the greater the potential for increasing the quality of public hospital services to better meet patients’ needs.

Data reported for this indicator are not directly comparable.

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Some jurisdictions have provided general information about use of patient satisfaction surveys. Over time this information will be refined to identify more specific examples of how public hospital quality has improved. Jurisdictions provided the following information in relation to their most recent survey.

- In NSW a mailout survey was conducted in February 2007 of overnight admitted patients, same day admitted patients, paediatric admitted patients, adult rehabilitation admitted patients, non-admitted emergency patients, community health patients and non-admitted outpatients. Area health services have developed action plans to respond to top priority areas for improving patient experience identified in the inaugural 2007 patient survey. Improvement in these areas will be measured by repeat surveys in 2008 and 2009 (table 10A.73).
- In Victoria a survey was conducted between 1 March 2007 and 29 February 2008 using a mailout questionnaire to adult acute and sub-acute patients of Victorian public hospitals. Hospitals are provided with a six monthly report (if they have had more than 30 respondents). The report provides them with information and an overall care index score as well as scores for six sub-indices. The scores are benchmarked with similar hospitals and the state average for all hospitals. Using this information the health services can identify areas for improvement (table 10A.74).
- In Queensland, computer assisted telephone interviews were conducted with medical patients discharged between 1st July and 31st December 2007. Each hospital's detailed results are fed back and are used in planning service improvements. The process taking place is as follows:
  - hospital survey results are disseminated to hospitals
  - hospitals review their results in detail and determine areas for improvement
  - hospitals develop Action Plans to address areas for improvement
  - hospitals implement Action Plans
  - governance units at an Area or State level monitor the implementation of Action Plans (table 10A.75).
- In WA, a computer assisted telephone interview survey was conducted between February 2008 and June 2008 for admitted patients and emergency department patients. In WA, each participating hospital in the state receives a detailed survey report, and by request, a workshop to assist in the interpretation of the survey results and communicate the results back to hospital staff. Reports identify aspects of health care that are most important to their patients, scale scores for those aspects of health care, patient rated outcomes and overall indicators of satisfaction. Scale scores are compared with previous years and with peer hospitals and significant differences identified. The hospitals use this



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information to support strategic plans for improvements; identify areas where patients are highly satisfied; and in the accreditation process. Some examples of how hospitals have used the survey to improve public hospital quality include development of bedside patient information packages, improved discharge coordination procedures, improved call bell systems and lighting, and improved pre-admission services (table 10A.76).

- In SA, a computer assisted telephone interview survey was conducted between June 2007 and July 2007 of adult patients who had attended an emergency department. Survey results will inform the public hospital system of the key areas of care and service that are important to patients as well as the areas of care and service that require improvement from the patients perspective (table 10A.77).
- In Tasmania, a mailout survey was conducted for both admitted patients and emergency department patients from 1 June 2007 to 31 August 2007. Each hospital was provided an individual report which was analysed by safety and quality managers and senior management. The information captured has informed business and strategic plans for quality improvement activities in the hospitals. Evaluation of interventions as a result of survey information will be possible with further focused surveying in early 2009 (table 10A.78).
- In the ACT, the three most recent surveys were conducted at two different hospitals, one in 2007 and the other two in 2007-08. Survey 1 covered admitted patients in acute wards, Day surgery patients and Emergency Department patients. Surveys 2 and 3 covered eligible patients who had been discharged from the hospital during the reporting period. Information from surveys has been communicated back to staff in the form of posters, discussions in staff meetings and scoreboard displays. A program called Simply Better has been rolled out to improve communication with patients by staff, regarding patients' plan of care, pain management and duration of care. In addition, as a result of feedback from surveys, a number of quality improvement projects have occurred, including the Fasttrack program, food services projects for older people, changes in car parking and planned improvements to the layout of Emergency Department (table 10A.79).
- In the NT, various surveys were conducted in 2007 and 2008 across a variety of admitted patients in public acute care hospitals and outpatients. There has been an increase in the number of Aboriginal Liaison Officers, and resources have been developed to assist with informing patients of their rights and responsibilities in different languages and using different communication tools. Visual tools have also been developed and seating and facilities in waiting areas have been increased (table 10A.80).

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### *Capability — hospital accreditation*

‘Hospital accreditation’ is an indicator of governments’ objective to provide public hospital services that are of high quality (box 10.13). Data for this indicator are shown in figure 10.15.

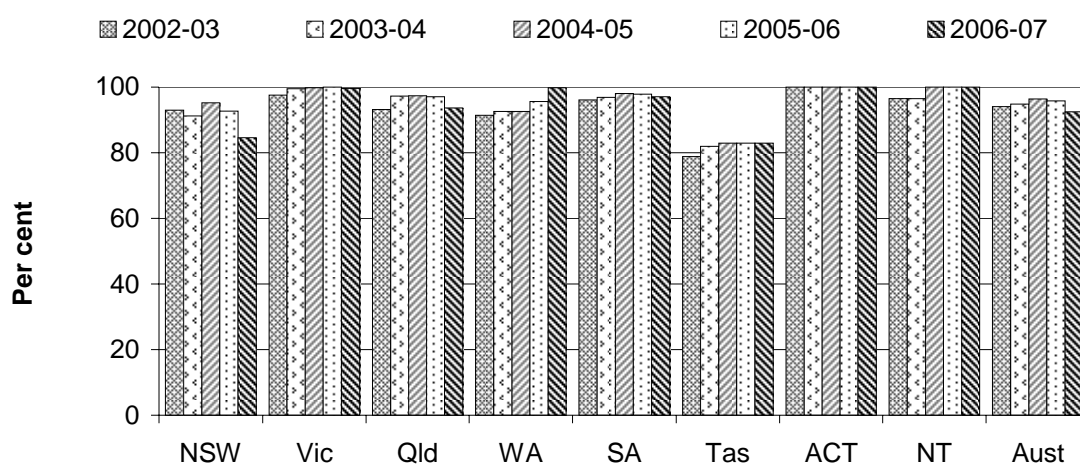
#### **Box 10.13 Accreditation**

‘Accreditation’ is defined as the ratio of accredited beds to all beds in public hospitals. The number of beds indicates the level of hospital capacity or activity. ‘Accreditation’ signifies professional and national recognition awarded to hospitals and other healthcare facilities that meet defined industry standards. Public hospitals may seek accreditation through the ACHS Evaluation and Quality Improvement Program, Business Excellence Australia (previously known as the Australian Quality Council), the Quality Improvement Council, and through certification as compliant with the International Organisation for Standardization’s (ISO) 9000 quality family or other equivalent programs. Jurisdictions apply specific criteria to determine which accreditation programs are suitable. Quality programs require hospitals to demonstrate continual adherence to quality improvement standards to gain and retain accreditation.

It is not possible to draw conclusions about the quality of care in those hospitals that do not have ‘accreditation’. Public hospital accreditation is voluntary in all jurisdictions except Victoria, where it is mandatory for all public hospitals (excluding those that provide only dental or mothercraft services). The costs of preparing a hospital for accreditation are significant, and a low level of accreditation may reflect cost constraints rather than poor quality. Also, the cost of accreditation may not rise proportionally with hospital size. This would be consistent with larger hospitals being more active in seeking accreditation (because it is relatively less costly for them).

Data reported for this indicator are comparable.

Figure 10.15 Proportion of accredited beds, public hospitals<sup>a, b</sup>



<sup>a</sup> Where average available beds for the year were not available, bed numbers at 30 June were used.

<sup>b</sup> Includes psychiatric hospitals.

Source: AIHW (various years), *Australian Hospital Statistics*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.54.

### Continuity — continuity of care

‘Continuity of care’ is an indicator of governments’ objective to provide public hospital services that are of high quality (box 10.14).

#### Box 10.14 Continuity of care

Continuity of care measures the provision of uninterrupted, timely, coordinated healthcare, interventions and actions across programs, practitioners and organisations.

Continuity of care has been identified as a key area for development in future reports.

### Effectiveness — sustainability

#### Workforce sustainability

‘Workforce sustainability’ is an indicator of governments’ objective to provide sustainable public hospital services (box 10.15).

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**Box 10.15 Workforce sustainability**

The 'workforce sustainability' indicator reports age profiles for nurse and medical practitioner workforces. It shows the proportions of registered nurses and medical practitioners in ten year age brackets, both by jurisdiction and by region.

The 'workforce sustainability' indicator helps determine whether sustainability problems might arise in the delivery of current/future public hospitals services. Labour is the most significant and costly resource used in providing public hospital services (figure 10.22). Nurses and medical practitioners are the most significant groups of skilled professionals employed in public hospitals (figure 10.12). The sustainability of the 'public hospital' workforce is affected by a number of factors, in particular, whether the number of new entrants are sufficient to maintain the existing workforce, and the proportion of the workforce who are close to retirement.

The smaller the proportion of the workforce who are new entrants and/or the larger the proportion of the workforce who are close to retirement, the more likely sustainability problems are to arise in the coming decade as the older age group starts to retire.

All registered nurses and medical practitioners are included in these measures as crude indicators of the potential respective workforces for public hospitals.

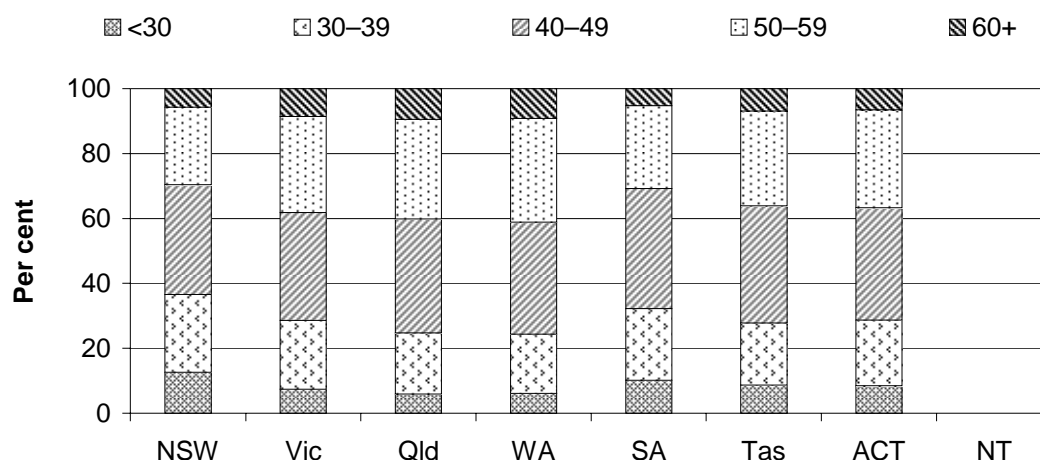
These measures are not a substitute for a full workforce analysis that allows for migration, trends in full-time work and expected demand increases. They can, however, indicate that further attention should be given to workforce sustainability for public hospitals.

Data reported for this indicator are comparable.

*Source:* National Health Performance Committee (2004).

Data for 2006 were available for the medical workforce but not for the nursing workforce. Nursing workforce data for 2005 were first reported in the 2008 Report and are reported again this year. The age profile of the nursing workforce (which includes midwives) for each jurisdiction, except the NT, is shown in figure 10.16. Nursing workforce data by region are shown in figure 10.17.

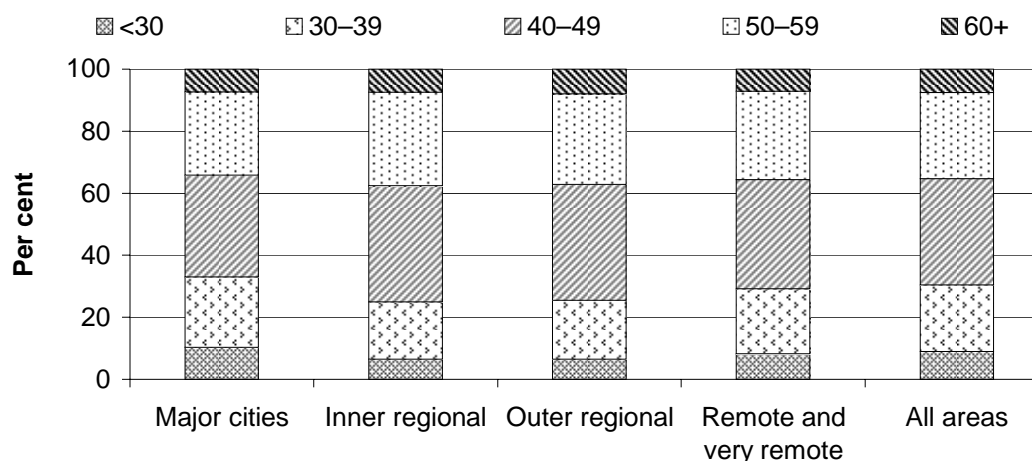
Figure 10.16 Nursing workforce, by age group, 2005<sup>a, b</sup>



<sup>a</sup> Includes registered and enrolled nurses (including midwives) who are employed in nursing, on extended leave and looking for work in nursing. <sup>b</sup> Estimates for the NT are not separately published due to the very low response rate (13.7 per cent) in that jurisdiction to the AIHW Nursing and Midwifery Labour Force Survey.

Source: AIHW (unpublished) *Nursing and Midwifery Labour Force Survey*; table 10A.56.

Figure 10.17 Nursing workforce, by age group and region, 2005<sup>a</sup>

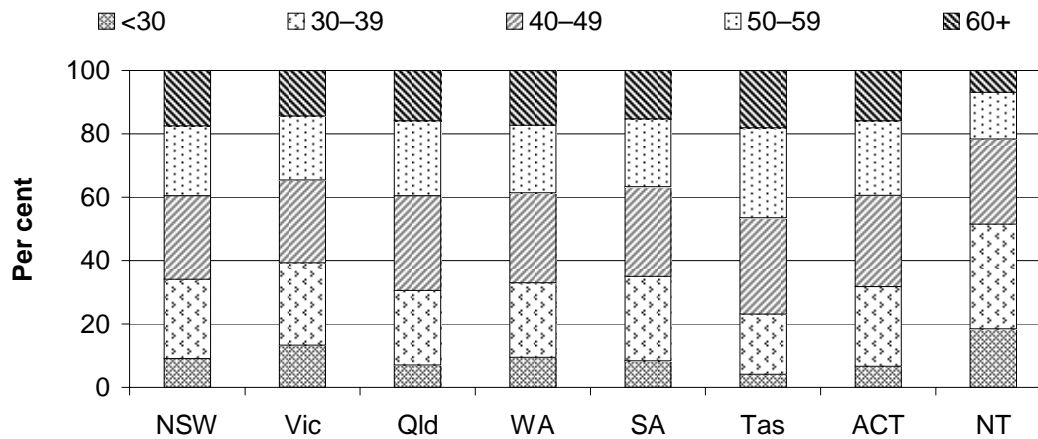


<sup>a</sup> Includes registered and enrolled nurses (including midwives) who are employed in nursing, on extended leave and looking for work in nursing.

Source: AIHW (unpublished) *Nursing and Midwifery Labour Force Survey*; table 10A.55.

The age profile of the medical practitioner workforce in 2006 for each jurisdiction is shown in figure 10.18. Medical practitioner workforce data for 2006 by region are shown in figure 10.19.

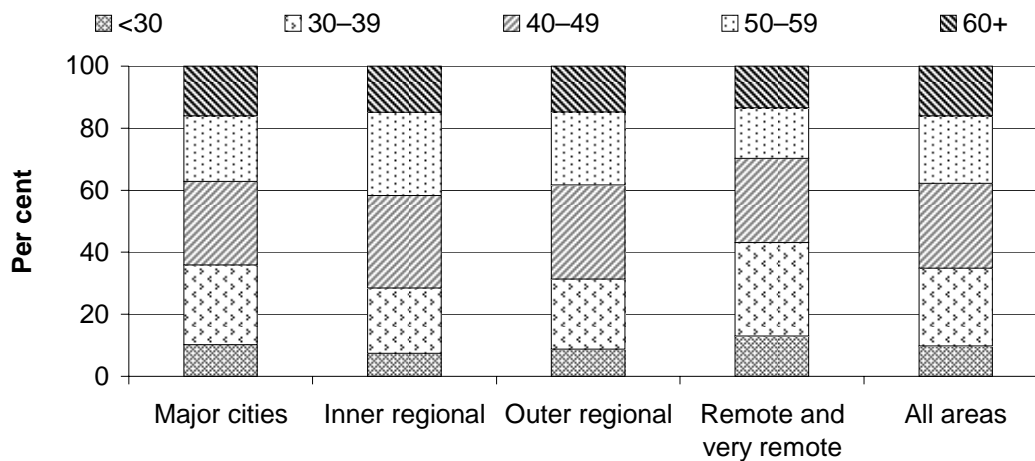
Figure 10.18 Medical practitioner workforce, by age group, 2006<sup>a, b</sup>



<sup>a</sup> Includes employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine. <sup>b</sup> Estimates for the NT should be treated with caution due to the low response rate (28.6 per cent) in that jurisdiction to the AIHW Medical Labour Force Survey.

Source: AIHW (unpublished) *Medical Labour Force Survey*; table 10A.58.

Figure 10.19 Medical practitioner workforce, by age group and region, 2006<sup>a</sup>



<sup>a</sup> Includes employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine.

Source: AIHW (unpublished) *Medical Labour Force Survey*; table 10A.57.

## Efficiency

Two approaches to measuring the efficiency of public hospital services are used in this Report: the 'cost per casemix-adjusted unit of output' (the unit cost) and the

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‘casemix-adjusted relative length of stay index’. The latter is used because costs are correlated with the length of stay at aggregate levels of reporting.

The Steering Committee’s approach is to report the full costs of a service where they are available. Where the full costs of a service cannot be accurately measured, the Steering Committee seeks to report estimated costs that are comparable. Where differences in comparability remain, the differences are documented. The Steering Committee has identified financial reporting issues that have affected the accuracy and comparability of unit costs for acute care services. These include the treatment of payroll tax, superannuation, depreciation and the user cost of capital associated with buildings and equipment. A number of issues remain to further improve the quality of these estimates.

Costs associated with non-current physical assets (such as depreciation and the user cost of capital) are potentially important components of the total costs of many services delivered by government agencies. Differences in the techniques for measuring non-current physical assets (such as valuation methods) may reduce the comparability of cost estimates across jurisdictions. In response to concerns regarding data comparability, the Steering Committee initiated a study, reported in *Asset Measurement in the Costing of Government Services* (SCRCSSP 2001). The study examined the extent to which differences in asset measurement techniques applied by participating agencies may affect the comparability of reported unit costs.

The results reported in the study for public hospitals indicate that different methods of asset measurement could lead to quite large variations in reported capital costs. However, considered in the context of total unit costs, the differences created by these asset measurement effects were relatively small, because capital costs represent a small proportion of total cost (although the differences may affect cost rankings across jurisdictions). A key message from the study was that the adoption of nationally uniform accounting standards across all service areas would be a desirable outcome. The results are discussed in more detail in chapter 2.

Care needs to be taken, therefore, in comparing unit costs across jurisdictions. Differences in counting rules, the treatment of various expenditure items (for example, superannuation) and the allocation of overhead costs have the potential to affect such comparisons. In addition, differences in the use of salary packaging may allow hospitals to lower their wage bills (and thus State or Territory government expenditure) while maintaining the after-tax income of their staff. No data were available for reporting on the effect of salary packaging and any variation in its use across jurisdictions.

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Differences in the scope of services being delivered by public hospitals may also reduce the comparability of efficiency measures. Some jurisdictions admit patients who may be treated as non-admitted patients in other jurisdictions (AIHW 2000).

### *Recurrent cost per casemix-adjusted separation*

‘Recurrent cost per casemix-adjusted separation’ is an indicator of governments’ objective to deliver services in a cost effective manner (box 10.16). ‘Recurrent cost per casemix-adjusted separation’ data are presented in figure 10.20.

#### **Box 10.16 Recurrent cost per casemix-adjusted separation**

‘Recurrent cost per casemix-adjusted separation’ measures the average cost of providing care for an admitted patient (overnight stay or same day) adjusted with AR-DRG cost weights for the relative complexity of the patient’s clinical condition and of the hospital services provided (AIHW 2000).

This measure includes overnight stays, same day separations, private patient separations in public hospitals and private patient recurrent costs. It excludes non-acute hospitals, mothercraft hospitals, multipurpose hospitals, multipurpose services, hospices, rehabilitation hospitals, psychiatric hospitals and hospitals in the ‘unpeered and other’ peer groups. The data exclude expenditure on non-admitted patient care, the user cost of capital and depreciation, and research costs.

All admitted patient separations and their costs are included, and most separations are for acute care. Cost weights are not available for admitted patients who received non-acute care (2.3 per cent of total separations in 2006-07), so the same cost weights for acute care are applied to non-acute separations. The admitted patient cost proportion is an estimate only.

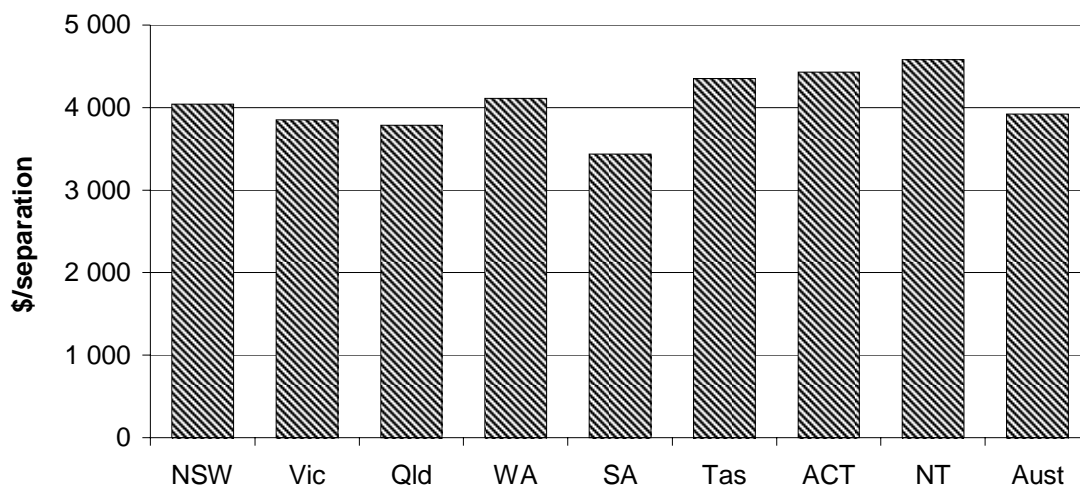
Some jurisdictions have developed experimental cost estimates for non-psychiatric acute patients which are also reported here. Separations for non-acute patients and psychiatric acute care patients are excluded from these estimates because AR-DRG cost weights are a poor predictor of these separations.

Lower ‘recurrent cost per casemix-adjusted separation’ may reflect more efficient service delivery in public hospitals. However, this indicator needs to be viewed in the context of the set of performance indicators as a whole, as cost is not necessarily related to quality and efficiency.

Data reported for this indicator are comparable.



Figure 10.20 **Recurrent cost per casemix-adjusted separation, 2006-07<sup>a, b, c, d,</sup>**  
<sup>e, f, g</sup>

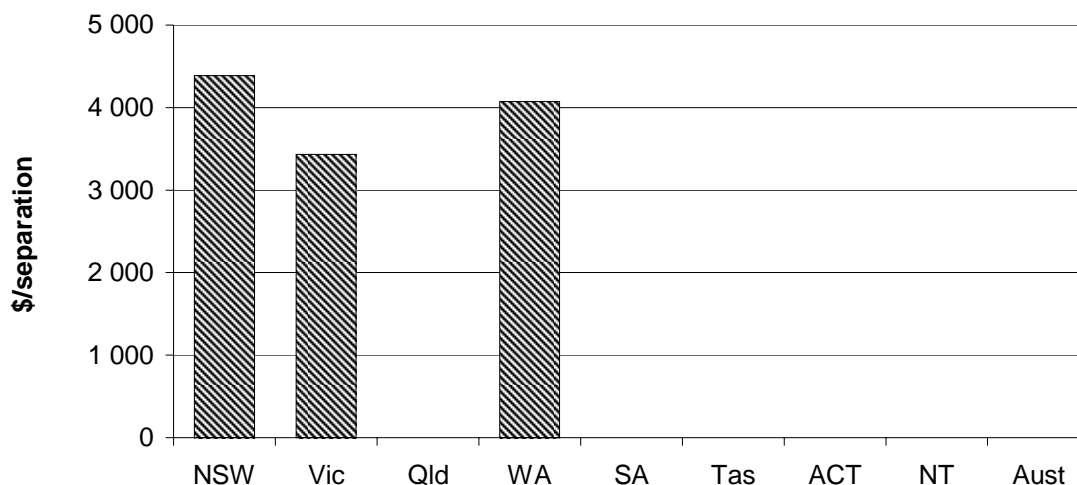


<sup>a</sup> Excludes depreciation and the user cost of capital, spending on non-admitted patient care and research costs. <sup>b</sup> Casemix-adjusted separations are the product of total separations and average cost weight. Average cost weights are from the National Hospital Morbidity Database, based on acute and unspecified separations and newborn episodes of care with qualified days, using the 2005-06 AR-DRG v 5.1 cost weights (DoHA 2006). <sup>c</sup> Excludes separations for which the care type was reported as 'newborn with no qualified days', and records for hospital boarders and posthumous organ procurement. <sup>d</sup> Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other hospitals, hospices, rehabilitation facilities, small non-acute hospitals and multi-purpose services are excluded from these data. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. <sup>e</sup> Of the selected hospitals, three small hospitals had their admitted patient cost proportion estimated by the Health and Allied Services Advisory Council ratio. Admitted patient cost proportion was previously called the inpatient fraction. <sup>f</sup> Hospital recurrent expenditures on Indigenous and non-Indigenous people may differ. These differences may influence jurisdictional variation in unit costs. <sup>g</sup> NT data need to be interpreted in conjunction with the cost disabilities associated with hospital service delivery in the NT.

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.59.

Experimental estimates of 'recurrent cost per casemix-adjusted separation' for acute non-psychiatric patients are reported for NSW, Victoria and WA (figure 10.21). (These estimates relate to a subset of the selected public hospitals reported in figure 10.20 and are not available for other jurisdictions.) The experimental estimates aim to overcome the need to apply cost weights for acute care to non-acute care separations (box 10.16). The effect of restricting the analysis to acute non-psychiatric admitted patients was to increase the estimated recurrent cost per casemix-adjusted separation for the subset of hospitals by 3.9 per cent for NSW, and to decrease this cost by 10.9 per cent for Victoria and 4.1 per cent for WA (AIHW 2008a).

Figure 10.21 **Recurrent cost per acute non-psychiatric casemix-adjusted separation, subset of hospitals, 2006-07<sup>a, b, c, d, e, f</sup>**



<sup>a</sup> Excludes psychiatric hospitals, sub-acute, non-acute and unpeered hospitals. This subset excludes hospitals where the inpatient fraction was equal to the acute inpatient fraction and more than 1000 non-acute patient days were recorded. Also excludes hospitals where the apparent cost of non-acute patients exceeded \$1000 per day and more than \$1 million of apparent expenditure on non-acute patients days was reported.

<sup>b</sup> Separations are those where the care type is acute, newborn with qualified days, or not reported. Psychiatric separations are those with psychiatric care days. <sup>c</sup> Average cost weight from the National Hospital Morbidity Database, based on acute, newborn with at least one qualified day, or not reported, using the 2005-06 AR-DRG version 5.1 cost weights (DoHA 2006). <sup>d</sup> Cost estimates include adjustment for private patient medical costs: \$217 for NSW, \$112 for Victoria and \$148 for WA. <sup>e</sup> These estimates are not available for Queensland, SA, Tasmania, the ACT or the NT. <sup>f</sup> Data are from table A1.11 of AIHW (2008a).

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.59.

‘Recurrent cost per casemix-adjusted separation’ is affected by differences in the mix of admitted patient services produced by hospitals in each jurisdiction. Hospitals have been categorised by ‘peer groups’ to enable those with similar activities to be compared. The public hospital peer groups include ‘Principal referral and Specialist women’s and children’s hospitals’, ‘Large hospitals’, ‘Medium hospitals’ and ‘Small acute hospitals’.

The dominant peer classification is the ‘Principal referral and Specialist women’s and children’s’ category. The 81 hospitals representing this group had an average of 40 979 separations each at a cost of \$3959 (table 10A.60 and table 10.13). Data for each of the hospital peer groups are presented in table 10.13. Detailed data for all peer groups are presented in table 10A.60.

**Table 10.13 Recurrent cost per casemix-adjusted separation, by hospital peer group, 2006-07 (\$ million)<sup>a, b, c</sup>**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Hospital peer group									
Principal referral and Specialist women's and children's	4 139	3 839	3 866	4 084	3 478	4 323	np	4 523	3 959
Large	3 773	3 876	3 554	3 998	3 767	..	np	..	3 833
Medium	3 760	3 724	3 195	4 338	3 053	..	..	..	3 659
Small acute	4 016	4 740	3 314	4 384	3 046	5 358	..	4 969	4 002
All hospitals <sup>d</sup>	4 042	3 853	3 786	4 111	3 436	4 354	4 430	4 580	3 922

<sup>a</sup> Data exclude depreciation and the user cost of capital, spending on non-admitted patient care and research costs. <sup>b</sup> The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. <sup>c</sup> 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. <sup>d</sup> Includes all hospitals in this cost per casemix-adjusted analysis. .. Not applicable. np Not published

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.60.

### *Total cost per casemix-adjusted separation*

'Total cost per casemix-adjusted separation' is an indicator of governments' objective to deliver services in a cost effective manner (box 10.17). Total cost includes both the recurrent costs (as discussed above) and the capital costs associated with hospitals services. Results for this indicator in 2006-07 are reported in figure 10.22. Labour costs accounted for the majority of costs per casemix-adjusted separation in all jurisdictions.

#### **Box 10.17 Total cost per casemix-adjusted separation**

'Total cost per casemix-adjusted separation' is defined as the recurrent cost per casemix-adjusted separation plus the capital costs per casemix-adjusted separation. Recurrent costs include labour and material costs, and capital costs include depreciation and the user cost of capital for buildings and equipment. The indicator is included because it allows the full cost of hospital services to be considered in a single measure. The hospitals included in this measure are the same as for recurrent cost per casemix-adjusted separation (box 10.16).

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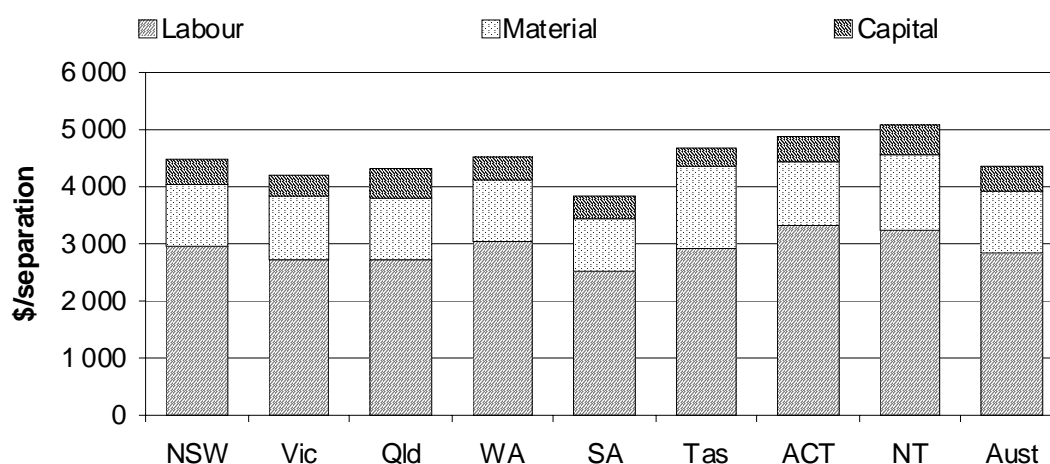
### Box 10.17 (Continued)

Depreciation is defined as the cost of consuming an asset's services. It is measured by the reduction in value of an asset over the financial year. The user cost of capital is the opportunity cost of the capital invested in an asset, and is equivalent to the return foregone from not using the funds to deliver other government services or to retire debt. Interest payments represent a user cost of capital, so are deducted from capital costs in all jurisdictions to avoid double counting.

A lower 'total cost per casemix-adjusted separation' may reflect more efficient service delivery in public hospitals. However, this indicator needs to be viewed in the context of the set of performance indicators as a whole, as cost is not necessarily related to quality and efficiency.

Data reported for this indicator are comparable.

Figure 10.22 **Total cost per casemix-adjusted separation, public hospitals, 2006-07<sup>a, b, c</sup>**



<sup>a</sup> 'Labour' includes medical and non-medical labour costs. 'Material' includes other non-labour recurrent costs, such as repairs and maintenance (table 10A.59). <sup>b</sup> 'Capital cost' includes depreciation and the user cost of capital for buildings and equipment that is associated with the delivery of admitted patient services in the public hospitals as described in the data for recurrent cost per casemix-adjusted separation. 'Capital cost' excludes the user cost of capital associated with land (reported in table 10A.61). <sup>c</sup> Variation across jurisdictions in the collection of capital related data suggests the data are only indicative. The capital cost per casemix-adjusted separation is equal to the capital cost adjusted by the inpatient fraction, divided by the number of casemix-adjusted separations.

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; State and Territory governments (unpublished); tables 10A.59 and 10A.61.

### Relative stay index

'Relative stay index' is an indicator of governments' objective to deliver services efficiently (box 10.18). Data for this indicator are reported in figure 10.23. The

'relative stay index' is reported by patient election status and by medical, surgical and other AR-DRGs in tables 10A.62 and 10A.63 respectively.

#### Box 10.18 Relative stay index

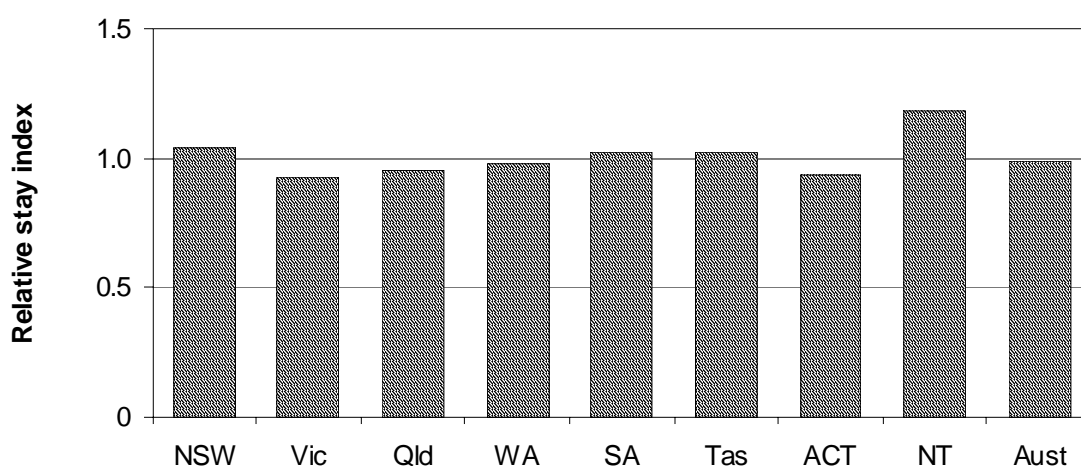
The 'relative stay index' is defined as the actual number of acute care patient days divided by the expected number of acute care patient days adjusted for casemix. Casemix adjustment allows comparisons to take account of variation in types of service provided but not other influences on length of stay, such as the Indigenous status of the patient. Acute care separations only are included. Section 10.8 contains a more detailed definition outlining exclusions from the analysis.

The 'relative stay index' for Australia for all hospitals (public and private) is one. A 'relative stay index' greater than one indicates that average length of patient stay is higher than expected given the jurisdiction's casemix distribution. A 'relative stay index' of less than one indicates that the number of bed days used was less than expected. A low 'relative stay index' is desirable if it is not associated with poorer health outcomes or significant extra costs outside the hospital systems (for example, in-home care).

States and territories vary in their thresholds for classifying patients as either same day admitted patients or outpatients. These variations affect the 'relative stay index'.

Data reported for this indicator are comparable.

Figure 10.23 Relative stay index, public hospitals, 2006-07<sup>a, b</sup>



<sup>a</sup> Includes separations for which the care type was reported as 'acute' or 'newborn with qualified days', or was not reported. <sup>b</sup> The relative stay index is based on all hospitals and is estimated using the indirect standardisation method and AR-DRG version 5.1. The indirectly standardised relative stay index is not strictly comparable between jurisdictions but is a comparison of the jurisdiction with the national average based on the casemix of the jurisdiction.

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; table 10A.62.

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### *Recurrent cost per non-admitted occasion of service*

'Recurrent cost per non-admitted occasion of service' is an indicator of governments' objective to deliver services in a cost effective manner (box 10.19).

#### **Box 10.19 Recurrent cost per non-admitted occasion of service**

The 'recurrent cost per non-admitted occasion of service' is the proportion of recurrent expenditure allocated to patients who were not admitted, divided by the total number of non-admitted patient occasions of service in public hospitals. Occasions of service include examinations, consultations, treatments or other services provided to patients in each functional unit of a hospital.

Non-admitted occasions of service (including emergency department presentations and outpatient services) account for a significant proportion of hospital expenditure.

Lower recurrent cost per non-admitted occasion of service may reflect more efficient service delivery in public hospitals. However, this indicator needs to be viewed in the context of the set of performance indicators as a whole, as cost is not necessarily related to quality and efficiency. This indicator does not adjust for the complexity of service — for example, a simple urine glucose test is treated equally with a complete biochemical analysis of all body fluids (AIHW 2000).

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

These data are not comparable across jurisdictions. Reporting categories vary across jurisdictions, and further inconsistencies arise as a result of differences in outsourcing practices. In some cases, for example, outsourced occasions of service may be included in expenditure on non-admitted services, but not in the count of occasions of service. Jurisdictions able to supply 2006-07 data for this indicator reported the following results for non-admitted patient services:

- In NSW, the emergency department cost per occasion of service was \$206 for 2.2 million occasions, the outpatient cost per occasion of service was \$98 for 14.5 million occasions and the overall cost per occasion of service (emergency plus outpatient plus other) was \$108 for 19.5 million occasions (table 10A.64).
- In WA, the emergency department cost per occasion of service was \$390 for 643 000 occasions, the outpatient cost per occasion of service was \$201 for 2.6 million occasions and the overall cost per occasion of service (emergency plus outpatient plus other) was \$184 for 3.8 million occasions (table 10A.66).
- In SA, the emergency department cost per occasion of service was \$299 for 515 000 occasions, the outpatient cost per occasion of service was \$234 for 1.4 million occasions and the overall cost per occasion of service (emergency plus outpatient) was \$251 for 1.9 million occasions (table 10A.67).

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- In Tasmania, the emergency department cost per occasion of service was \$308 for 150 000 occasions and the outpatient cost per occasion of service was \$96 for 480 000 occasions. An overall cost per occasion of service was not available (table 10A.68).
  - In the ACT, the emergency department cost per occasion of service was \$518 for 96 000 occasions, the outpatient cost per occasion of service was \$96 for 581 000 occasions and the overall cost per occasion of service (emergency plus outpatient) was \$156 for 677 000 occasions (table 10A.69).

Victoria collects data on the basis of cost per non-admitted patient encounter. An encounter includes the clinic visit and all ancillary services provided within a 30 day period either side of the clinic visit. Based on cost data from 14 hospitals, the average cost per encounter was \$152 for 1.2 million encounters in 2006-07 (table 10A.65).

Given the lack of a nationally consistent non-admitted patient classification system, this Report includes national data from the Australian Government Department of Health and Ageing's National Hospital Cost Data Collection (NHCDC). The NHCDC collects data across a sample of hospitals that is expanding over time. The sample for each jurisdiction is not necessarily representative because hospitals contribute data on a voluntary basis. The NHCDC data are affected by differences in costing and admission practices across jurisdictions and hospitals. Therefore, an estimation process has been carried out to create representative national activity figures from the sample data. In addition, the purpose of the NHCDC is to calculate between-DRG cost weights, not to compare the efficiency of hospitals.

Outpatient data were contributed by 171 public hospitals for all types of public hospital outpatient clinics (tier 0). These data suggest that 'cost per non-admitted clinic occasions of service' for the public hospitals sector in 2006-07 was \$205 for 12.0 million occasions (table 10A.70). 'Cost per non-admitted clinic occasions of service' data are also shown for seven categories of outpatient clinics (tier 1) (table 10.14). These tier 1 outpatient clinics data were provided by 171 public hospitals. Emergency department data, provided by 174 public hospitals, show the 'cost per occasion of service for emergency departments' by triage class (table 10.15).

**Table 10.14 Non-admitted clinic occasions of service for tier 1 clinics, sample results, public sector, 2006-07<sup>a, b, c</sup>**

	<i>Occasions of service</i>	
	no.	Average cost \$/occasion of service
Allied health and/or clinical nurse specialist	1 327 894	114
Dental	15 719	207
Medical	1 841 634	315
Obstetrics and gynaecology	718 055	226
Paediatric	179 148	240
Psychiatric	78 058	245
Surgical	1 041 200	207
<b>Total</b>	<b>5 201 708</b>	<b>226</b>

<sup>a</sup> Includes depreciation costs. <sup>b</sup> Based on 171 public sector hospitals. <sup>c</sup> Excludes Victorian outpatient data.

Source: DoHA, 2008, *National Hospital Cost Data Collection Cost Report, Round 11 (2006-07)*, Australian Government, Canberra; table 10A.72.

**Table 10.15 Emergency department average cost per occasion of service, public hospitals, by triage class, 2006-07 (dollars)<sup>a, b, c, d, e</sup>**

<i>Triage category</i>	<i>Population estimated — average cost per occasion of service<sup>f</sup></i>	<i>Actual — average cost per occasion of service</i>
Admitted triage 1	1 061	1 092
Admitted triage 2	636	658
Admitted triage 3	549	575
Admitted triage 4	475	496
Admitted triage 5	324	354
Non-admitted triage 1	578	615
Non-admitted triage 2	444	456
Non-admitted triage 3	387	403
Non-admitted triage 4	289	302
Non-admitted triage 5	178	192
Did not wait <sup>g</sup>	64	68
<b>Total</b>	<b>358</b>	<b>380</b>

<sup>a</sup> Not all hospitals that submit data to the NHDCDC submit emergency department data. The emergency department national database contains only acute hospitals with emergency department cost and activity.

<sup>b</sup> Based on data from 174 public sector hospitals. <sup>c</sup> Victorian emergency department data are not included.

<sup>d</sup> Costing and admission practices vary across jurisdictions and hospitals. <sup>e</sup> Depreciation costs are included.

<sup>f</sup> Estimated population costs are obtained by weighting the sample results according to the known characteristics of the population. <sup>g</sup> 'Did not wait' means those presentations to an emergency department who were triaged but did not wait until the completion of their treatment, at which time they would have been either admitted to hospital or discharged home.

Source: DoHA, 2008, *National Hospital Cost Data Collection Cost Report, Round 11 (2006-07)*, Australian Government, Canberra; table 10A.71.



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## Outcomes

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

### *Patient satisfaction*

‘Patient satisfaction’ provides a proxy measure of governments’ objective to deliver services that are high quality and responsive to individual patient needs (box 10.20). In 2005, the Steering Committee engaged Health Policy Analysis Pty Ltd to undertake a study reviewing patient satisfaction and responsiveness surveys. The study examined patient satisfaction surveys conducted by State and Territory governments that are relevant to measuring ‘public hospital quality’. A major objective of the study was to identify points of commonality and difference between patient satisfaction surveys and their potential for concordance and/or for forming the basis of a minimum national data set on public hospital ‘patient satisfaction’ or ‘patient experience’.

The study found that, although there is some potential for harmonising approaches (as most surveys assess similar aspects of patient experience and satisfaction), different survey methodologies posed significant impediments to achieving comparable information. It suggested that a starting point for harmonising approaches would be to identify an aspiring body and create a forum through which jurisdictions can exchange ideas and develop joint approaches (Pearse 2005). A copy of this study can be found on the Review web page ([www.pc.gov.au/gsp](http://www.pc.gov.au/gsp)).

#### **Box 10.20 Patient satisfaction**

The ‘patient satisfaction’ indicator reports satisfaction ratings taken from each jurisdiction’s patient surveys. Results are expressed in percentage terms or as scale scores. Patient satisfaction surveys are different from other sources of hospital quality data, because they provide information on hospital quality from the patient’s perspective.

A higher proportion of patients who were satisfied (or a higher score) is desirable, because it suggests the hospital care received was of high quality and better met the expectations and needs of patients.

Given that ‘patient satisfaction surveys’ differ in content, timing and scope across jurisdictions, it is not possible to compare these results nationally. This indicator will be further developed over time as data become more comparable.

Data reported for this indicator are not directly comparable.

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Jurisdictions reported the following results from patient satisfaction surveys:

- In NSW a mailout survey was conducted in February 2007 of overnight admitted patients, same day admitted patients, paediatric admitted patients, adult rehabilitation admitted patients, non-admitted emergency patients, community health patients, non-admitted outpatients. The sample size was 216 575 and the response rate was 37.5 per cent. The overall Care Received Rating (good, very good, excellent) was 88.1 per cent (table 10A.73).
- In Victoria a survey was conducted between 1 March 2007 and 29 February 2008 using a mailout questionnaire to adult acute and sub-acute patients of Victorian public hospitals. During this period, 14 503 patients answered the questionnaire, which represented a response rate of 40.0 per cent. The statewide Overall Care Index was 78.1. The Overall Care Index (used to provide information used in this year's Victorian Patient Satisfaction Monitor (VPSM) annual report) is constructed from 25 individual survey questions from the VPSM survey and provides an overall measure of excellence. The Rating is: 20–40 poor to fair; 40–60 fair to good; 60–80 good to very good; 80–100 very good to excellent. An excellent score would only be achieved if every patient rated every question at the highest level (table 10A.74).
- In Queensland, computer assisted telephone interviews were conducted with medical patients discharged between 1st July and 31st December 2007. The sample size was approximately 15 000 with a response rate of 78.5 per cent. An interim analysis of survey results showed that medical patients in Queensland public hospitals were satisfied overall with their medical care (table 10A.75).
- In WA, a computer assisted telephone interview survey was conducted between February 2008 and June 2008 for admitted patients and emergency department patients. The sample size was 5086 admitted patients and 1585 emergency department patients, with 91.0 per cent of eligible admitted patients responding and 88.6 per cent of eligible emergency patients responding. The patient-rated overall indicator of satisfaction scores for each of the patient groups were as follows; child admitted (0–34 nights), 77.6; adult admitted (0–34 nights), 78.5; older admitted patients (75+ years), 80.5; long stay patients (+35 nights), 74.2; child emergency 76.0; and adult emergency 75.5. These scores are weighted by the importance of each issue as ranked by the patient and scored from 0 to 100, where 100 is the highest possible overall satisfaction score, taking into account all of the satisfaction domains measured (table 10A.76).
- In SA, a computer assisted telephone interview survey was conducted between June 2007 and July 2007 of adult patients who had attended an emergency department. There were 1535 completed interviews with a response rate of 75.9 per cent. The overall satisfaction score was 82.2 (scored from 0 to 100, being least to most satisfied). The highest satisfaction levels were found in the

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Areas of 'Coordination and Consistency of Care' and 'Meeting Personal as well as Clinical Needs'. Statewide satisfaction was lowest for the Area of Residential Aspects of the Hospital (table 10A.77).

- In Tasmania, a mailout survey was conducted for both admitted patients and emergency department patients from 1 June 2007 to 31 August 2007. The sample size was 2868 admitted patients and 1248 emergency department patients, with 47.4 per cent of eligible admitted patients responding and 42.5 per cent of eligible emergency patients responding. For admitted patients the overall mean score for the standard questions was 80.7. For emergency department patients the overall mean score for the standard questions was 79.6 (table 10A.78).
- In the ACT, the three most recent surveys were conducted at two different hospitals, one in 2007 and the other two in 2007-08. Survey 1 covered admitted patients in acute wards, Day surgery patients and Emergency Department patients. Surveys 2 and 3 covered eligible patients who had been discharged from the hospital during the reporting period. Survey 1 sample size was 225 inpatients, 207 day surgery patients and 122 Emergency Department patients. Survey 2 had 453 sent questionnaires, and survey 3 had 459 sent questionnaires. Survey 1 had a 42 per cent response rate for Inpatients, a 59 per cent response rate for day surgery and a 25 per cent response rate for Emergency Department. Survey 2 had a response rate of 41.1 per cent, and Survey 3 had a response rate of 38.3 per cent. The average satisfaction level from the Survey 1 across Day Surgery, Emergency Department and Acute Inpatient areas was 78.6 per cent. The result from Survey 2 indicated that 94 per cent of patients reported that they were either satisfied or very satisfied with their stay at the hospital. This rating slightly decreased by 2 per cent in Survey 3 with 92 per cent of patients surveyed either very satisfied or satisfied with their hospital stay (table 10A.79).
- In the NT, various surveys were conducted in 2007 and 2008 across a variety of admitted patients in public acute care hospitals and outpatients. Surveys are conducted face to face often with the assistance of Aboriginal Liaison officers and members of the volunteer services. Sample sizes of the surveys have differed and on average the response rate has been 40 per cent. 84.3 per cent of respondents agreed medical explanations were provided when necessary, 78.3 per cent agreed they were told about their rights and responsibilities, and 83.5 per cent said the area/ward was clean and tidy (table 10A.80).

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### *Sentinel events*

‘Sentinel events’ is an indicator of governments’ objective to deliver public hospital services that are safe and of high quality (box 10.21). Data for 2006-07 are available for all jurisdictions (table 10.16). For the ACT a total only is included. Data for 2005-06 are reported in table 10A.81.

Sentinel event programs have been implemented by all State and Territory governments. The purpose of these programs is to facilitate a safe environment for patients by reducing the frequency of these events (DHS 2004). The programs are not punitive, and are designed to facilitate self reporting of errors so that the underlying causes of the events can be examined, and action taken to reduce the risk of these events re-occurring.

In 2007 the AIHW, in conjunction with the ACSQHC, published a report that included national sentinel event data for 2004-05 (AIHW and ACSQHC 2007). The report notes that nationally consistent sentinel event definitions have not been agreed and as a result the data are not considered comparable across jurisdictions.

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### Box 10.21 **Sentinel events**

'Sentinel events' is defined as the number of reported adverse events that occur because of hospital system and process deficiencies and which result in the death of, or serious harm to, a patient. Sentinel events occur relatively infrequently and are independent of a patient's condition (DHS 2004). Sentinel events have the potential to seriously undermine public confidence in the healthcare system.

Australian health ministers have agreed on a national core set of sentinel events for which all public hospitals are required to provide data. The eight nationally agreed core sentinel events are:

1. Procedures involving the wrong patient or body part.
2. Suicide of an admitted patient.
3. Retained instruments or other material after surgery requiring re-operation or further surgical procedure.
4. Intravascular gas embolism resulting in death or neurological damage.
5. Haemolytic blood transfusion reaction resulting from ABO (blood group) incompatibility.
6. Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs.
7. Maternal death or serious morbidity associated with labour or delivery.
8. Infant discharged to the wrong family.

A high number of sentinel events may indicate hospital system and process deficiencies that compromise the quality and safety of public hospitals.

Over time an increase in the number of sentinel events reported might reflect improvements in incident reporting mechanisms at a health service level and organisational cultural change, rather than an increase in the frequency of such events. However, trends need to be monitored to establish whether this is the underlying reason (DHS 2004).

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

*Source:* DHS (2004); NSW Department of Health (2005).

**Table 10.16 Nationally agreed core sentinel events, 2006-07 (number)<sup>a</sup>**

<i>Sentinel event</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA<sup>b</sup></i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
1. Procedures involving the wrong patient or body part	9	20	33	6	29	1	np	na	98
2. Suicide of an admitted patient	10	11	2	3	3	–	np	na	29
3. Retained instruments or other material after surgery requiring re-operation or further surgical procedure	9	8	3	2	3	–	np	na	25
4. Intravascular gas embolism resulting in death or neurological damage	–	–	–	–	–	–	np	na	–
5. Haemolytic blood transfusion reaction resulting from ABO incompatibility	–	1	1	–	–	–	np	1	3
6. Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs	3	3	6	2	–	–	np	na	14
7. Maternal death or serious morbidity associated with labour or delivery	1	2	4	2	1	–	np	1	11
8. Infant discharged to the wrong family	–	–	–	–	–	–	np	na	–
<b>Total</b>	<b>32</b>	<b>45</b>	<b>49</b>	<b>15</b>	<b>36</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>187</b>

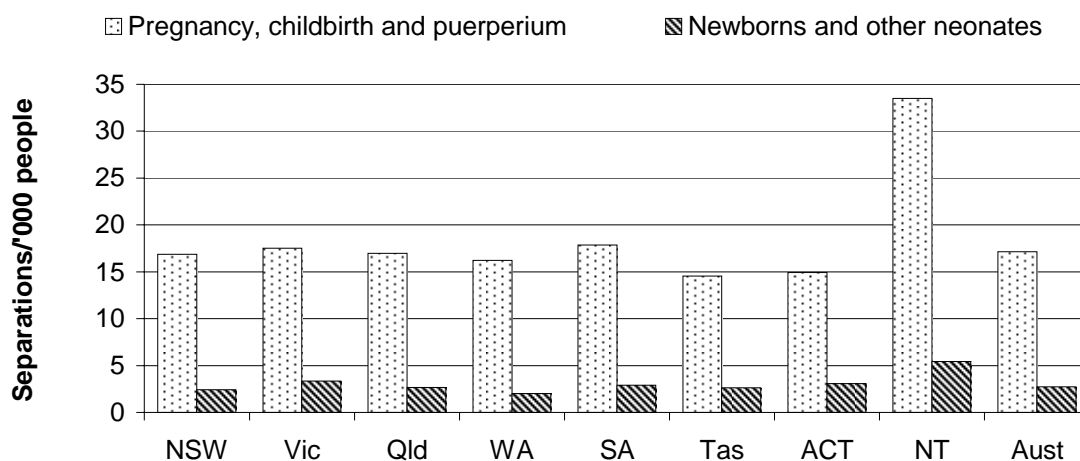
<sup>a</sup> Sentinel event definitions can vary across jurisdictions. <sup>b</sup> Includes public and private hospitals. **na** Not available. – Nil or rounded to zero. **np** Not published.

Source: State and Territory governments (unpublished); table 10A.81.

## 10.4 Profile of maternity services

Maternity services (defined as AR-DRGs relating to pregnancy, childbirth and the puerperium, and newborns and other neonates) accounted for 9.2 per cent of total acute separations in public hospitals (table 10A.83) and around 11.0 per cent of the total cost of all acute separations in public hospitals in 2006-07 (table 10A.82). Figure 10.24 shows the rate of acute separations per 1000 people for maternity services across jurisdictions in 2006-07.

Figure 10.24 **Separation rates for maternity services, public hospitals, 2006-07<sup>a, b</sup>**



<sup>a</sup> The puerperium refers to the period of confinement immediately after labour (around six weeks).

<sup>b</sup> Newborns and other neonates include babies aged less than 28 days or babies aged less than one year with admission weight of less than 2500 grams.

Source: AIHW 2008a, *Australian Hospital Statistics 2006-07*, Health services series no. 31. Cat no. HSE 55, AIHW, Canberra; ABS (unpublished), derived from Australian Demographic Statistics, December Quarter 2007, Cat. no. 3101.0; tables AA.2 and 10A.83.

In Australian public hospitals in 2006-07, vaginal deliveries without complicating diagnosis accounted for a substantial proportion of the separations for pregnancy, childbirth and the puerperium (28.4 per cent) (tables 10A.83 and 10A.84). In the context of all AR-DRGs in public hospitals, vaginal deliveries without complicating diagnosis comprised the largest number of overnight acute separations (4.5 per cent of all separations) (table 10.3) and the second highest cost (\$415.0 million) (table 10A.84).

The complexity of cases across jurisdictions for maternity services is partly related to the mother's age at the time of giving birth. The mean age of mothers giving birth varied across jurisdictions in 2005, 2006 and 2007 (table 10.17).

**Table 10.17 Mean age of mothers at time of giving birth, public hospitals**

	<i>NSW</i>	<i>Vic</i>	<i>Qld<sup>a</sup></i>	<i>WA</i>	<i>SA<sup>b</sup></i>	<i>Tas</i>	<i>ACT<sup>c</sup></i>	<i>NT</i>
2005								
First birth	27.8	27.7	25.5	25.9	26.6	25.1	27.6	24.2
Second birth	29.9	29.9	28.0	28.6	29.4	27.3	29.7	26.3
Third birth	31.4	31.4	29.5	29.9	31.1	29.4	31.0	28.0
All births	29.6	29.5	27.8	28.1	28.9	27.2	29.3	26.5
2006								
First birth	27.1	27.7	25.5	26.0	26.8	24.8	27.7	23.8
Second birth	30.4	29.9	28.1	28.5	29.4	27.7	30.1	26.3
Third birth	31.6	31.5	29.6	29.8	31.0	29.6	31.5	28.2
All births	29.3	29.5	27.9	28.1	29.0	27.2	29.6	26.5
2007								
First birth	28.1	27.8	27.1	26.0	26.9	na	28.0	24.1
Second birth	30.2	30.0	28.0	28.5	29.4	na	30.3	26.4
Third birth	31.4	31.5	29.7	30.0	31.1	na	31.4	27.8
All births	29.1	29.6	27.9	28.1	29.0	na	29.7	26.6

<sup>a</sup> 2006 data exclude mothers whose age was 'not stated'. <sup>b</sup> Age is based on exact age (years) to 4 decimal places. <sup>c</sup> ACT 2007 data are preliminary. Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT. Between 2005 and 2007, 16.1 per cent of women who gave birth in the ACT were not residents. **na** Not available.

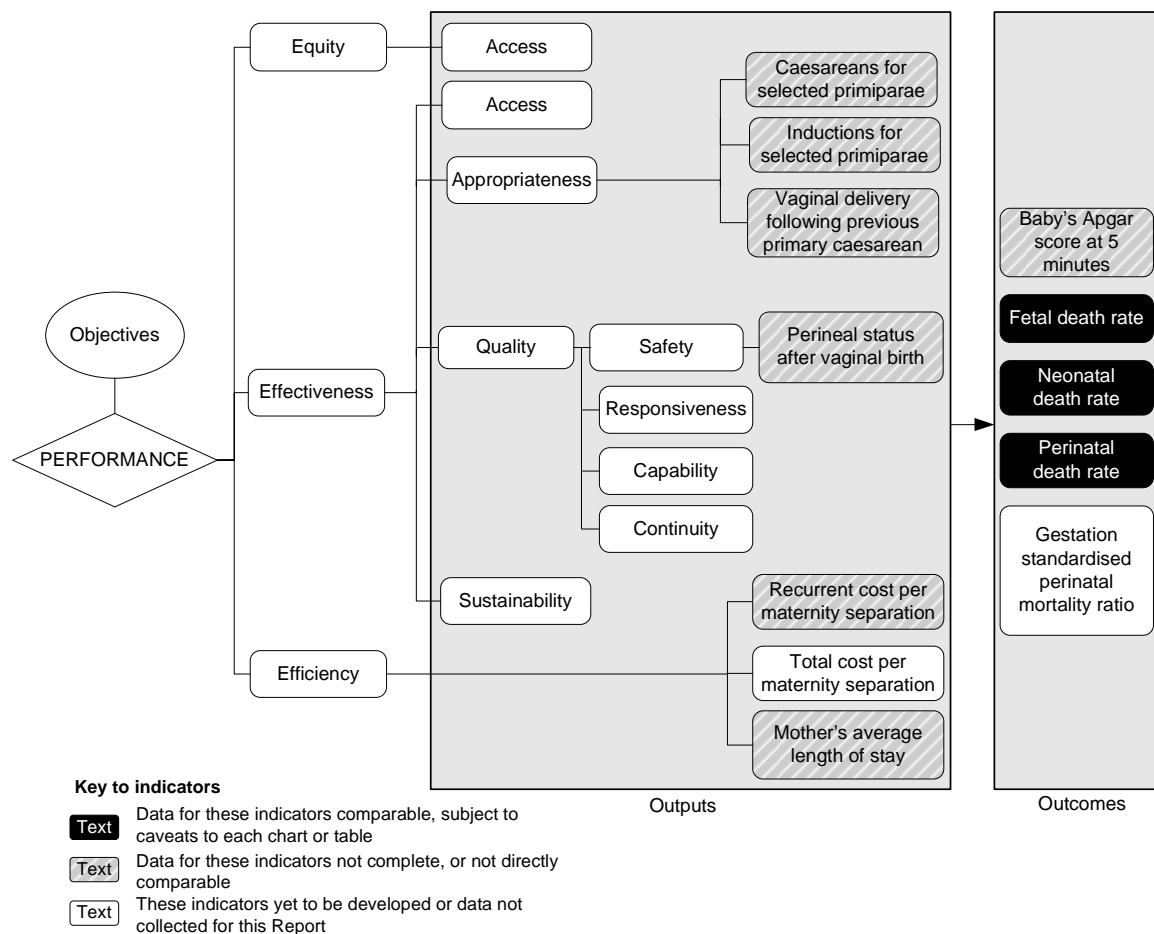
Source: State and Territory governments (unpublished).

## 10.5 Framework of performance indicators for maternity services

The performance framework for maternity services is outlined in figure 10.25, and has the same objectives as those for public hospitals in general. The framework is under development by the Steering Committee and, as with all the performance indicator frameworks, will be subject to regular review. The performance indicator framework shows which data are comparable in the 2009 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 section 1.6). The 'Health preface' explains the performance indicator framework for health services as a whole, including the subdimensions for quality and sustainability that have been added to the standard Review framework for health services.



Figure 10.25 Performance indicators for maternity services



## 10.6 Key performance indicator results for maternity services

### Outputs

Outputs are the actual services delivered (while outcomes are the impact of these services on the status of an individual or group) (see chapter 1, section 1.5).

### Equity — access

The Steering Committee has identified equity of access as an area for development in future reports. Equity of access indicators will measure access to maternity services by special needs groups such as Indigenous people or people in rural and remote areas.

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## Effectiveness — access

The Steering Committee has identified the effectiveness of access to maternity services as an area for development in future reports. Effectiveness of access indicators will measure access to appropriate services for the population as a whole, particularly in terms of affordability and/or timeliness.

## Effectiveness — appropriateness

### *Caesareans and inductions for selected primiparae*

‘Caesareans for selected primiparae’ and ‘Inductions for selected primiparae’ are indicators of the appropriateness of maternity services in public hospitals (box 10.22). Labour inductions and birth by caesarean section are interventions that are appropriate in some circumstances, depending on the health and wellbeing of mothers and babies.

#### **Box 10.22 Caesareans and inductions for selected primiparae**

‘Caesareans and inductions for selected primiparae’ are reported for women aged between 25 and 29 years who have had no previous deliveries, with a vertex presentation (that is, the crown of the baby’s head is at the lower segment of the mother’s uterus) and a gestation length of 37 to 41 weeks. This group is considered to be low risk parturients<sup>a</sup>, so caesarean or induction rates should be low in their population.

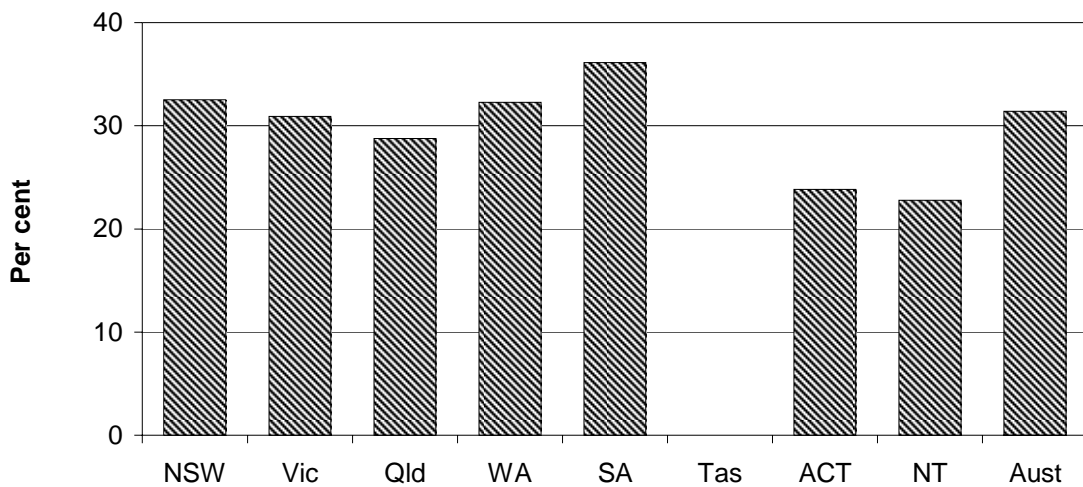
These indicators are defined as the number of inductions or caesareans for the selected primiparae divided respectively by the number of the selected primiparae who give birth. High intervention rates may indicate a need for investigation.

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

<sup>a</sup> Parturient means ‘about to give birth’. Primiparae refers to pregnant women who have had no previous pregnancy resulting in a live birth or stillbirth (Laws and Sullivan 2004).

Induction rates for selected primiparae in public hospitals are reported in figure 10.26. Induction rates for private hospitals are shown in table 10A.85 for comparison. They are higher than the rate for public hospitals in all jurisdictions for which data are available. Data for all jurisdictions for earlier years are included in tables 10A.86–93.

Figure 10.26 Inductions for selected primiparae, public hospitals, 2007<sup>a, b, c</sup>

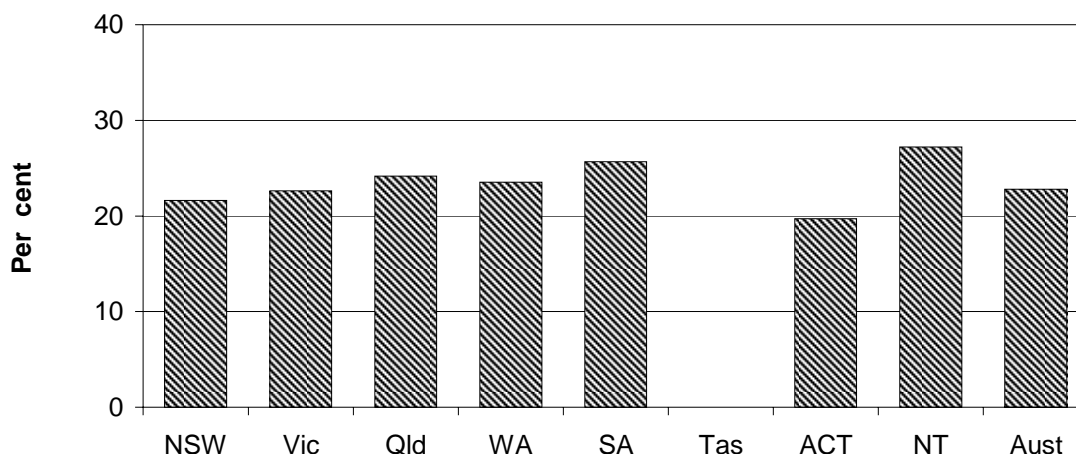


<sup>a</sup> Data for Tasmania are not available. <sup>b</sup> ACT data are preliminary. Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT. In 2007, 16.6 per cent of women who gave birth in the ACT were not residents. <sup>c</sup> Rate for Australia includes only jurisdictions for which data are available.

Source: State and Territory governments (unpublished); table 10A.85.

Caesarean rates for selected primiparae in public hospitals are reported in figure 10.27. Caesarean rates for private hospitals are shown in table 10A.85 for comparison. They are higher than the rate for public hospitals in all jurisdictions for which data are available. Data for all jurisdictions for earlier years are included in tables 10A.86–93.

Figure 10.27 **Caesareans for selected primiparae, public hospitals, 2007<sup>a, b, c</sup>**



<sup>a</sup> Data for Tasmania are not available. <sup>b</sup> ACT data are preliminary. Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT. In 2007, 16.6 per cent of women who gave birth in the ACT were not residents. <sup>c</sup> Rate for Australia includes only jurisdictions for which data are available.

Source: State and Territory governments (unpublished); table 10A.85.

### *Vaginal birth following previous primary caesarean*

‘Vaginal birth following previous primary caesarean’ is an indicator of the appropriateness of maternity services in public hospitals (box 10.23). Birth by caesarean section is appropriate in some circumstances related to the health and wellbeing of mothers and babies. It may also be undertaken inappropriately, resulting in over-medicalisation of labour, poorer health outcomes and/or unnecessary costs.

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**Box 10.23 Vaginal birth following previous primary caesarean**

The rate of 'vaginal delivery following previous primary caesarean section' is defined as the number of women delivering vaginally following a previous primary (first) caesarean section, as a proportion of the total number of women delivering who have had a previous primary caesarean section and no intervening pregnancies of longer than 20 weeks gestation (ACHS 2002).

Interpretation of this indicator is ambiguous. There is ongoing debate about the relative risk to both mother and baby of a repeat caesarean section compared with a vaginal birth following a previous primary caesarean. Low rates of vaginal birth following a previous primary caesarean may warrant investigation, or on the other hand, they may indicate appropriate clinical caution. When interpreting this indicator, emphasis needs to be given to the potential for improvement.

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

Data for 'vaginal birth following a previous primary caesarean' are sourced from the ACHS Comparative Report Service (Clinical Indicators) and collected for internal clinical review by individual hospitals. The ACHS data are predominantly used to demonstrate the potential for improvement across Australian hospitals if all hospitals could achieve the same outcomes as those of hospitals with the best outcomes for patients. Statewide conclusions cannot be drawn from the data because healthcare organisations contribute to the ACHS on a voluntary basis, so the data are not necessarily drawn from representative samples (box 10.7). Estimated rates should be viewed in the context of the statistical (standard) errors. High standard errors signal that data are potentially unreliable. The statistical terms used to describe this indicator are explained in box 10.9.

The mean rates of 'vaginal birth following a primary caesarean' in 2007 are shown in table 10.18 for jurisdictions with more than five hospitals reporting to the ACHS Comparative Report Service. The coverage of the ACHS data may differ across these states. Data for Tasmania, the ACT and the NT are not reported separately because fewer than five hospitals reported 'vaginal birth following a primary caesarean' in each of those jurisdictions.

Nationally, among all public hospitals participating in the ACHS Comparative Report Service in 2007, the mean rate of 'vaginal birth following a previous primary caesarean' was 16.2 per 100 deliveries (table 10.18).

Given the uncertainty regarding whether high/low rates of vaginal birth following a previous primary caesarean are desirable, this Report does not include potential centile gains for this indicator.

**Table 10.18 Vaginal births following previous primary caesarean, public hospitals, 2007<sup>a, b</sup>**

	<i>Unit</i>	<i>Results</i>
National rate	(%)	16.2
National performance at 80th centile (rate)	(%)	22.5
National performance at 20th centile (rate)	(%)	11.2
<b>NSW</b>		
Numerator (no. of VBACs)	no.	427
Denominator (no. of DACs)	no.	2 672
Rate	%	16.0
Standard error (±)		1.1
ACHS reporting hospitals	no.	32
<b>Victoria</b>		
Numerator (no. of VBACs)	no.	449
Denominator (no. of DACs)	no.	2 136
Rate	%	21.0
Standard error (±)		1.3
ACHS reporting hospitals	no.	26
<b>Queensland</b>		
Numerator (no. of VBACs)	no.	185
Denominator (no. of DACs)	no.	2 170
Rate	%	8.5
Standard error (±)		1.2
ACHS reporting hospitals	no.	10
<b>WA</b>		
Numerator (no. of VBACs)	no.	250
Denominator (no. of DACs)	no.	1 469
Rate	%	17.0
Standard error (±)		1.5
ACHS reporting hospitals	no.	12
<b>SA</b>		
Numerator (no. of VBACs)	no.	264
Denominator (no. of DACs)	no.	1 322
Rate	%	20.0
Standard error (±)		1.6
ACHS reporting hospitals	no.	12

VBAC = vaginal birth following primary caesarean. DAC = delivery following primary caesarean. <sup>a</sup> Defined as the number of patients delivering vaginally following a previous primary caesarean section divided by the total number of patients delivering who had a previous primary caesarean section and no intervening pregnancies of longer than 20 weeks gestation. <sup>b</sup> The ACHS data are not designed to measure the performance of states and territories, but are for internal clinical review by individual hospitals. In addition, health organisations contribute data voluntarily to the ACHS, so the samples are not necessarily representative of all hospitals in each jurisdiction. As a result, statewide comparisons and conclusions regarding the performance of individual states cannot be drawn.

Source: ACHS (unpublished); tables 10A.94, 10A.95, 10A.96, 10A.97 and 10A.98.

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## Effectiveness — quality

The Steering Committee has identified four subdimensions of quality for health services: safety; responsiveness; capability; and continuity. For maternity services in this Report, data are reported against the subdimension of safety only. Other subdimensions of quality have been identified by the Steering Committee for future development.

### *Safety — perineal status after vaginal birth*

‘Perineal status after vaginal birth’ is an indicator of governments’ objective to provide safe and high quality services (box 10.24). Perineal lacerations caused by childbirth are painful, take time to heal and may result in ongoing discomfort and debilitating conditions such as faecal incontinence. Maternity services staff aim to minimise lacerations, particularly more severe lacerations (third and fourth degree), through labour management practices.

#### **Box 10.24 Perineal status after vaginal birth**

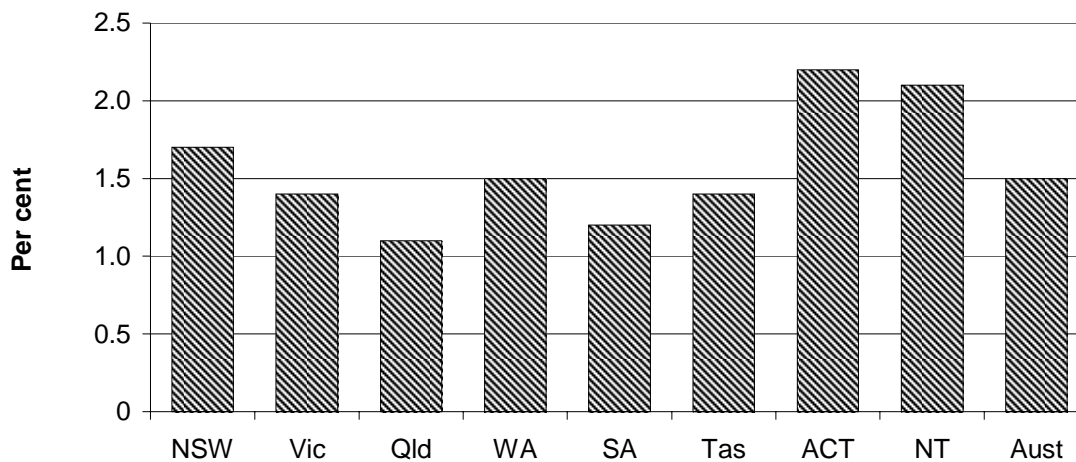
‘Perineal status after vaginal birth’ is the state of the perineum following a vaginal birth (NHDC 2003). A third or fourth degree laceration is a perineal laceration or rupture (or tear following episiotomy) extending to, or beyond, the anal sphincter (see section 10.8 for definitions) (NCCH 2008).

Severe lacerations (third and fourth degree laceration) of the perineum are not avoidable in all cases and so safe labour management is associated with a low (rather than zero) proportion of third or fourth degree lacerations.

Data reported for this indicator are not directly comparable.

The proportion of mothers with third or fourth degree lacerations to their perineum following vaginal births is shown in figure 10.28. More information on ‘perineal status after vaginal birth’ (including the proportion of mothers with intact perineum following vaginal births) is contained in attachment table 10A.99.

Figure 10.28 **Perineal status — mothers with third or fourth degree lacerations after vaginal births, 2006<sup>a, b, c</sup>**



<sup>a</sup> For multiple births, the perineal status after birth of the first child was used. <sup>b</sup> Data include all women who gave birth vaginally, including births in public hospitals, private hospitals and outside of hospital, such as homebirths. <sup>c</sup> Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT. In 2006, 16.3 per cent of women who gave birth in the ACT were not residents.

Source: Laws P. and Hilder L., 2008, Australia's Mothers and Babies 2006, AIHW Cat. No. PER 46, AIHW National Perinatal Statistics Unit (Perinatal Statistics Series No. 22), Sydney; table 10A.99.

### *Responsiveness*

The Steering Committee has identified the responsiveness of maternity services as an area for development in future reports. While there is currently no indicator for the responsiveness of maternity services, the patient satisfaction surveys reported earlier in this chapter generally cover maternity patients.

### *Capability*

The Steering Committee has identified the capability of maternity services as an area for development in future reports.

### *Continuity*

The Steering Committee has identified the continuity of care provided by maternity services as an area for development in future reports.



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## Effectiveness — sustainability

The Steering Committee has identified the sustainability of maternity services as an area for development in future reports.

## Efficiency

### *Recurrent cost per maternity separation*

‘Recurrent cost per maternity separation’ is an indicator of governments’ objective to deliver cost effective services (box 10.25).

#### **Box 10.25 Recurrent cost per maternity separation**

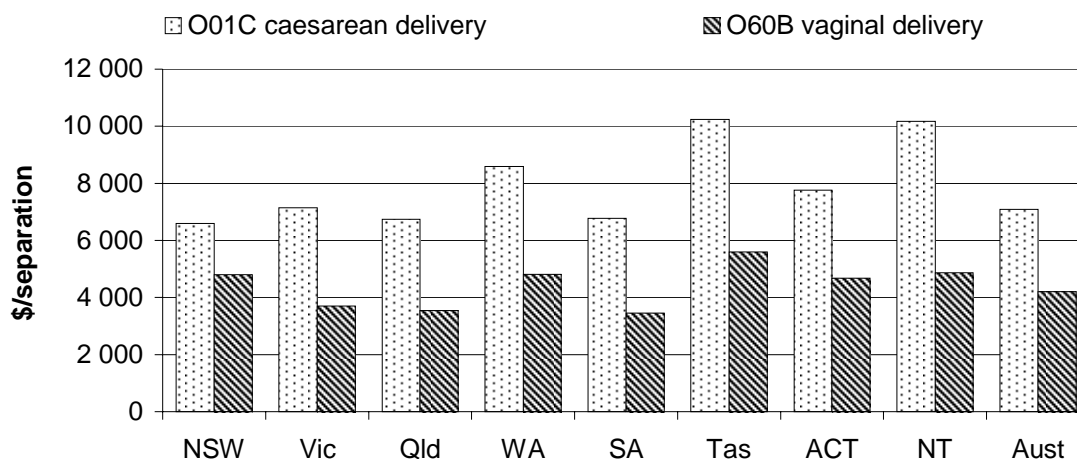
‘Recurrent cost per maternity separation’ is presented for the two AR-DRGs (version 5.1) that account for the largest number of maternity patient days: caesarean delivery without catastrophic or severe complications and comorbidities; and vaginal delivery without catastrophic or severe complications and comorbidities.

Lower ‘recurrent costs per maternity separation’ may reflect higher efficiency in providing maternity services to admitted patients. However, this is only likely to be the case where the low cost maternity services are provided at equal or superior effectiveness.

Data reported for this indicator are not directly comparable.

Data are reported for the two most common maternity AR-DRGs: caesarean delivery without catastrophic or severe complications and comorbidities; and vaginal delivery without catastrophic or severe complications and comorbidities (figure 10.29). Data for a number of other maternity related AR-DRGs are shown in table 10A.100. Data are sourced from the NHCDC. The NHCDC is a voluntary annual collection, the purpose of which is to calculate between-DRG cost weights. The samples are not necessarily representative of the set of hospitals in each jurisdiction. An estimation process has been carried out to create representative national activity figures from the sample data.

Figure 10.29 **Estimated average cost per separation for selected maternity related AR-DRGs, public hospitals, 2006-07<sup>a, b</sup>**



<sup>a</sup> Includes AR-DRG O01C caesarean delivery without catastrophic or severe complications and comorbidities and AR-DRG O60B vaginal delivery without catastrophic or severe complications and comorbidities.

<sup>b</sup> Average cost is affected by a number of factors including admission practices, sample size, remoteness and the types of hospital contributing to the collection. Direct comparisons between jurisdictions are difficult because there are differences in hospital costing systems.

Source: DoHA, 2008, *National Hospital Cost Data Collection Cost Report, Round 11 (2006-07)*, Australian Government, Canberra; table 10A.100.

### *Total cost per maternity separation*

‘Total cost per maternity separation’ (recurrent cost plus capital cost) is an indicator of governments’ objective to deliver cost effective services (box 10.26).

#### **Box 10.26 Total cost per maternity separation**

‘Total cost per maternity separation’ as a measure of the efficiency of public hospital maternity services.

Total cost per maternity separation has been identified as a key area for development in future reports.

### *Mother’s average length of stay*

‘Mother’s average length of stay’ is an indicator of governments’ objective to deliver services efficiently (box 10.27). Data are reported for the two most common maternity AR-DRGs: caesarean delivery without catastrophic or severe

complications and comorbidities; and vaginal delivery without catastrophic or severe complications and comorbidities (figure 10.30).

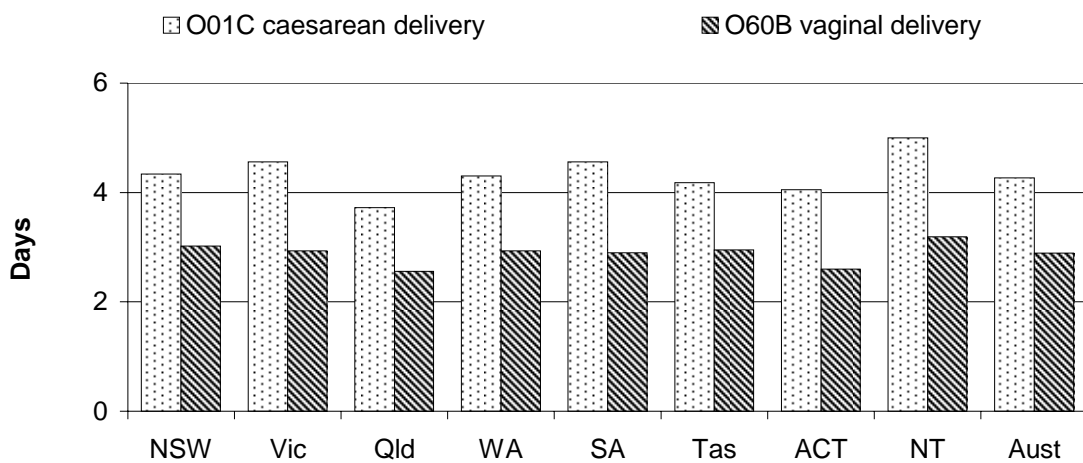
**Box 10.27 Mother’s average length of stay**

‘Mother’s average length of stay’ is defined as the total number of patient days for the selected maternity AR-DRG (version 5.1), divided by the number of separations for that AR-DRG.

Shorter stays for mothers reduce hospital costs but whether they represent genuine efficiency improvements depends on a number of factors. Shorter stays may, for example, have an adverse effect on the health of some mothers and result in additional costs for in-home care. The indicator is not adjusted for multiple births born vaginally and without complications but requiring a longer stay to manage breastfeeding.

Data reported for this indicator are not directly comparable.

**Figure 10.30 Average length of stay for selected maternity-related AR-DRGs, public hospitals, 2006-07<sup>a</sup>**



<sup>a</sup> Includes AR-DRG O01C caesarean delivery without catastrophic or severe complications and comorbidities and AR-DRG O60B vaginal delivery without catastrophic or severe complications and comorbidities.

Source: DoHA, 2008, *National Hospital Cost Data Collection Cost Report, Round 11 (2006-07)*, Australian Government, Canberra. table 10A.100.

**Outcomes**

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

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## *Apgar score*

‘Apgar score at five minutes’ is an indicator of governments’ objective to deliver maternity services that are safe and of high quality (box 10.28). ‘Low’ Apgar scores for babies by birthweight category are contained in table 10.19. The range of Apgar scores for 2003 to 2007 are reported in table 10A.101.

### **Box 10.28 Apgar score at five minutes**

The Apgar score is a numerical score that indicates a baby’s condition shortly after birth. Apgar scores are based on an assessment of the baby’s heart rate, breathing, colour, muscle tone and reflex irritability. Between 0 and 2 points are given for each of these five characteristics and the total score is between 0 and 10. The Apgar score is routinely assessed at one and five minutes after birth, and subsequently at five minute intervals if it is still low at five minutes (Day et al. 1999). The future health of babies with lower Apgar scores is often poorer than those with higher scores.

This indicator is defined as the number of live births with an Apgar score of 3 or less, at five minutes post-delivery, as a proportion of the total number of live births by specified birthweight categories.

Low Apgar scores (defined as less than 4) are strongly associated with babies’ birthweights being low. The management of labour in hospitals does not usually affect birthweights, but can affect the prevalence of low Apgar scores for babies with similar birthweights. Within birthweight categories therefore, Apgar scores may indicate relative performance.

Factors other than hospital maternity services can influence Apgar scores within birthweight categories — for example antenatal care, multiple births and socioeconomic factors.

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

**Table 10.19 Live births with an Apgar score of 3 or lower, five minutes post-delivery, public hospitals, 2007**

<i>Birthweight (grams)</i>	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT<sup>a</sup></i>	<i>NT</i>
Less than 1500	no.	774	658	526	289	215	na	49	57
Low Apgar	%	15.9	17.3	12.6	9.3	12.6	..	20.4	14.0
1500-1999	no.	942	712	606	344	195	na	74	45
Low Apgar	%	1.8	1.3	1.2	1.2	0.5	..	–	–
2000-2499	no.	2 827	2 067	1 654	858	653	na	146	166
Low Apgar	%	0.6	0.5	0.5	0.5	0.7	..	1.4	1.8
2500 and over	no.	66 970	46 496	38 622	16 111	13 194	na	2 876	2 721
Low Apgar	%	0.2	0.1	0.1	0.1	0.1	..	0.4	0.3

<sup>a</sup> ACT data are preliminary. Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT. In 2007, 16.6 per cent of women who gave birth in the ACT were not residents. **na** Not available. **..** Not applicable. **–** Nil or rounded to zero.

Source: State and Territory governments (unpublished); table 10A.101.

### *Fetal death rate*

The ‘fetal death rate’ is an indicator of governments’ objective to deliver maternity services that are safe and of high quality (box 10.29).

#### **Box 10.29 Fetal death rate**

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.

‘Fetal death rate’ is reported as an indicator because maternity services for admitted patients have some potential to reduce the likelihood of fetal deaths. However, this potential is limited and other factors (such as the health of mothers and the progress of pregnancy before hospital admission) are also important.

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. This indicator is also reported by the Indigenous status of the mother.

(Continued on next page)

**Box 10.29 (Continued)**

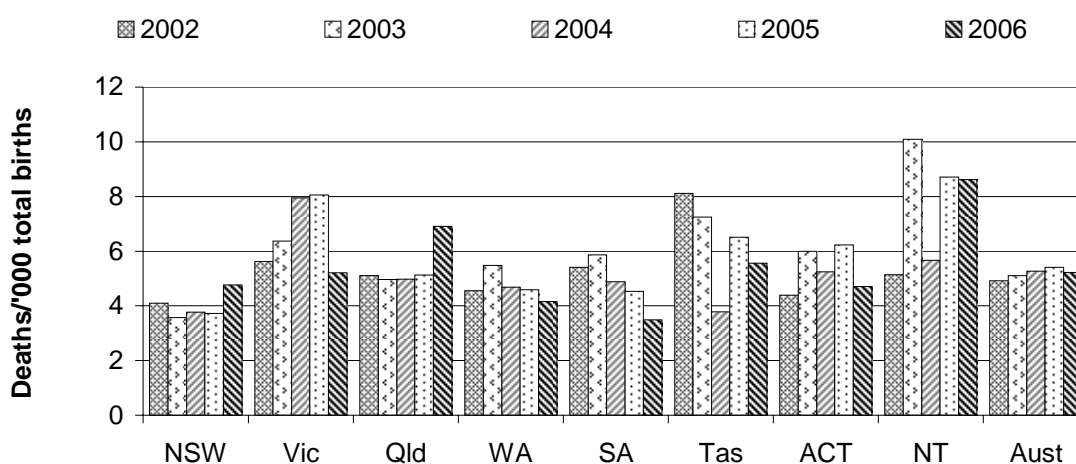
Low fetal death rates may indicate high quality maternity services. In jurisdictions where the number of fetal deaths is low, small annual fluctuations in the number affect the annual rate of fetal deaths.

Differences in the ‘fetal death rate’ between jurisdictions are likely to be due to factors outside the control of maternity services for admitted patients. To the extent that the health system influences fetal death rates, the health services that may have an influence include outpatient services, general practice services and maternity services.

Data reported for this indicator are comparable.

Fetal death rates are reported in figure 10.31. Nationally, fetal death rates remained stable over the period 2002–2006 although there was variation over this period in some jurisdictions (these annual fluctuations are generally a result of the low incidence of fetal deaths and small populations). National time series for fetal death rates for the period 1994 to 2006 are included in table 10A.104. Fetal deaths rates by the Indigenous status of the mother are shown in figure 10.34.

**Figure 10.31 Fetal death rate<sup>a, b</sup>**



<sup>a</sup> Foetal deaths data in 2006 is available by state of registration only. <sup>b</sup> Annual rates fluctuate (in particular, for smaller jurisdictions) as a result of a low incidence of fetal deaths and small populations.

Source: ABS (unpublished) *Causes of Death*, Cat. no. 3303.0; table 10A.102.

**Neonatal death rate**

The ‘neonatal death rate’ is an indicator of governments’ objective to deliver maternity services that are safe and of high quality (box 10.30).

### Box 10.30 Neonatal death rate

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). 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.

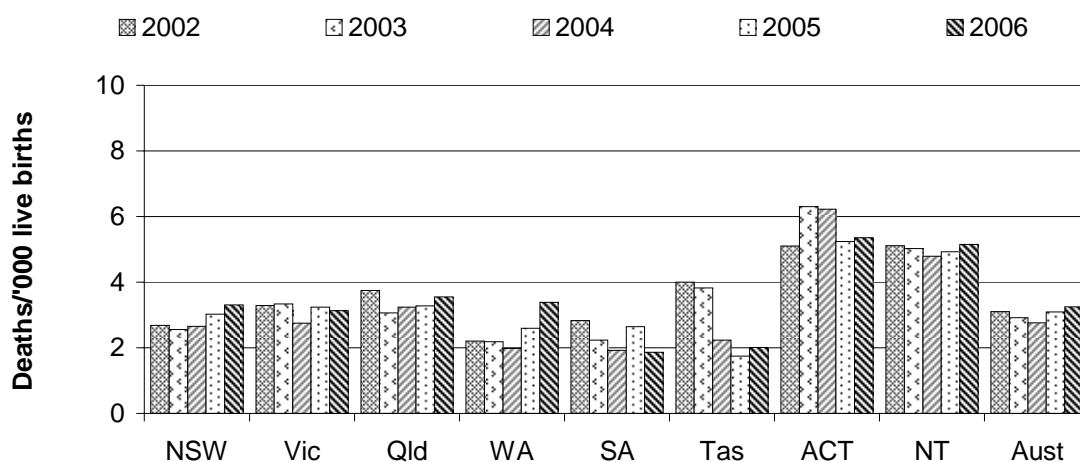
The 'neonatal death rate' is calculated as the number of neonatal deaths divided by the number of live births registered. The rate of neonatal deaths is expressed per 1000 live births, by state or territory of usual residence of the mother. This indicator is also reported by the Indigenous status of the mother.

Low 'neonatal death rates' may indicate high quality maternity services. The rate tends to be higher among premature babies, so a lower neonatal death rate may also indicate a lower percentage of pre-term births.

Data reported for this indicator are comparable.

Neonatal death rates are reported in figure 10.32. Nationally, neonatal death rates have been reasonably steady over the period 2002–2006, although there was variation over this period in some jurisdictions (these annual fluctuations are generally a result of the low incidence of neonatal deaths and small populations). National time series for neonatal death rates for the period 1994 to 2006 are included in table 10A.104. Neonatal death rates by the Indigenous status of the mother are shown in figure 10.34.

Figure 10.32 Neonatal death rate<sup>a, b</sup>



<sup>a</sup> All neonatal deaths of liveborn infants. Birthweight and gestation not available for 2006 data. 2006 data is not directly comparable to earlier years. <sup>b</sup> Annual rates fluctuate (in particular, for smaller jurisdictions) as a result of a low incidence of neonatal deaths and small populations.

Source: ABS (unpublished) *Causes of Death*, Cat. no. 3303.0; table 10A.103.

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### Perinatal death rate

The ‘perinatal death rate’ is an indicator of governments’ objective to deliver maternity services that are safe and of high quality (box 10.31). Perinatal death rates are shown in figure 10.33. Perinatal death rates by the Indigenous status of the mother are shown in figure 10.34. National time series for perinatal death rates for the period 1994 to 2006 are included in table 10A.104.

#### Box 10.31 Perinatal death rate

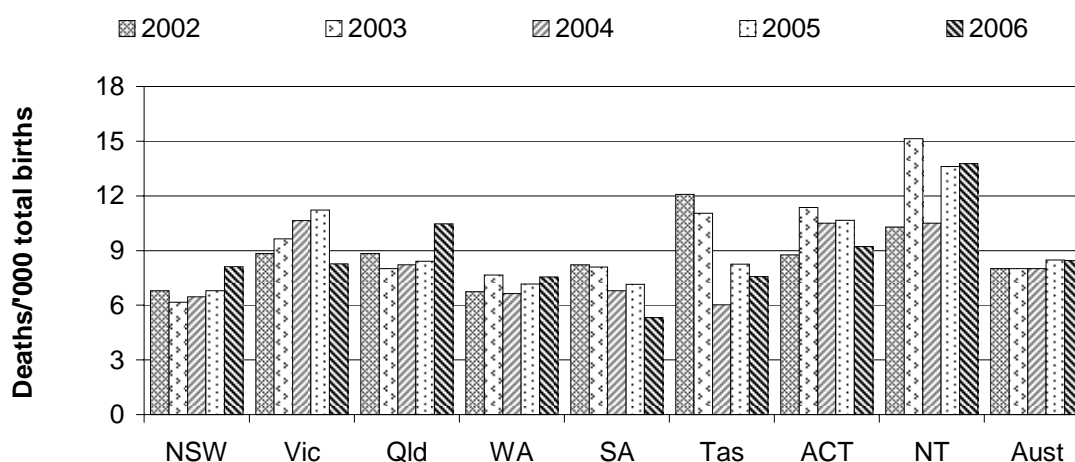
A perinatal death is a fetal or neonatal death (boxes 10.29 and 10.30).

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. This indicator is also reported by the Indigenous status of the mother.

The caveats that apply to fetal and neonatal death rates also apply to perinatal death rates.

Data reported for this indicator are comparable.

Figure 10.33 Perinatal death rate<sup>a, b</sup>



<sup>a</sup> Foetal deaths data in 2006 is available by state of registration only. Perinatal counts for 2006 contain all neonatal deaths of liveborn infants. Birthweight and gestation data was not available for 2006 neonatal deaths. 2006 data is not directly comparable to earlier years. <sup>b</sup> Annual rates fluctuate (in particular, for smaller jurisdictions) as a result of a low incidence of perinatal deaths.

Source: ABS (unpublished) *Causes of Death*, Cat. no. 3303.0; table 10A.105.

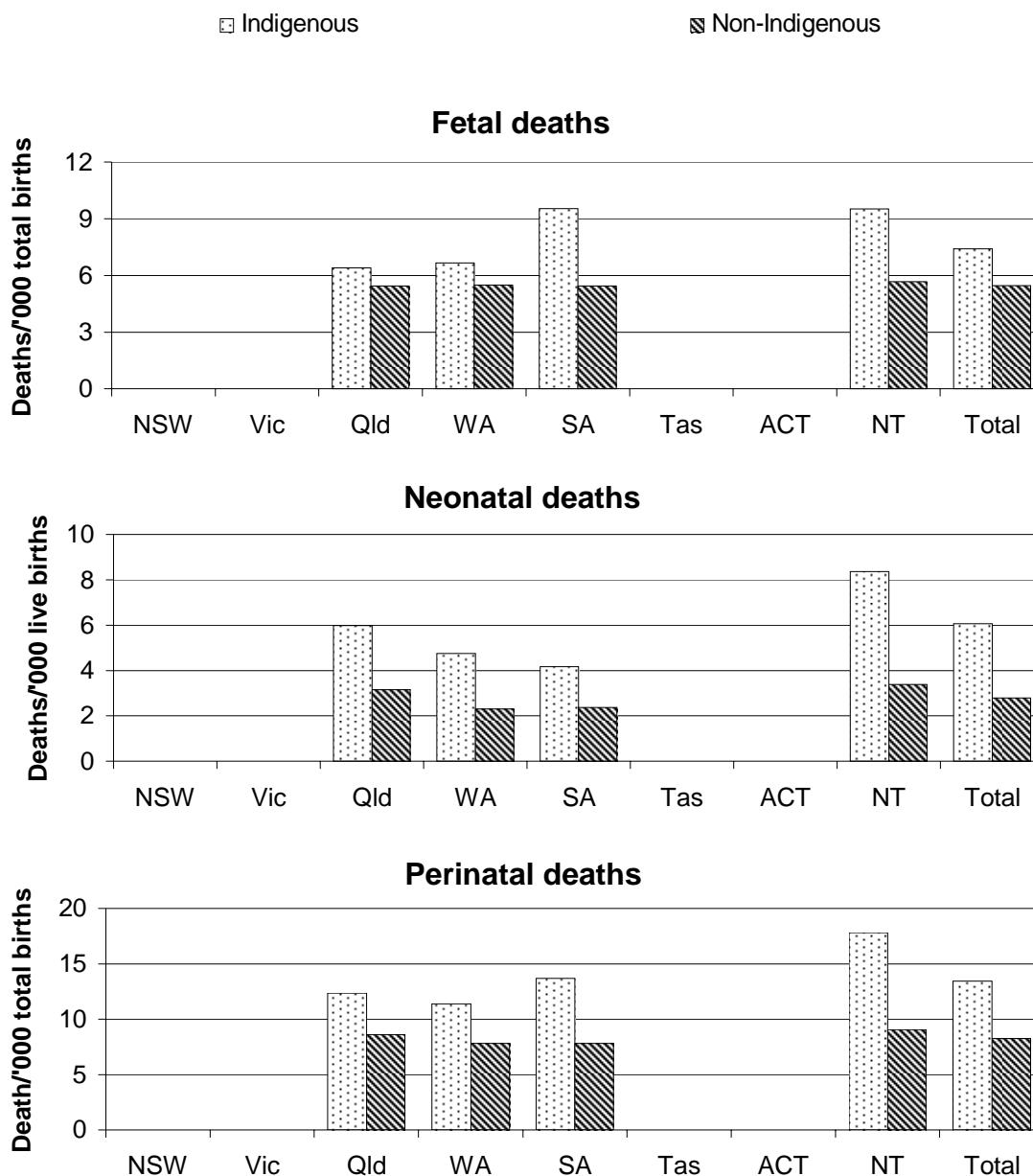


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*Fetal, neonatal and perinatal deaths for Indigenous people*

New data for fetal, neonatal and perinatal deaths for Indigenous people were not available for this report so data for 2001–2005 are reported again this year. Fetal, neonatal and perinatal deaths data by the Indigenous status of the mother are available for 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 those jurisdictions for which data are available, the fetal, neonatal and perinatal death rates for Indigenous people are generally higher than those for non-Indigenous people (figure 10.34).

Figure 10.34 **Fetal, neonatal and perinatal deaths, by Indigenous status of mother 2001–2005<sup>a</sup>**



<sup>a</sup> The total relates to those jurisdictions for which data are published. Data are not available for other jurisdictions.

Source: ABS (unpublished) *Causes of Death*, Cat. no. 3303.0; table 10A.106.

### *Gestation standardised perinatal mortality ratio*

The Steering Committee has identified Gestation standardised perinatal mortality ratio an indicator of the outcomes of maternity services (box 10.32). No data for this indicator are currently available.

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**Box 10.32 Gestation standardised perinatal mortality ratio**

This measure of perinatal mortality (box 10.31) is standardised according to gestational age. It excludes infants less than 20 weeks gestation or where gestation is unknown, weighing less than 400 grams, terminations of pregnancy and deaths due to congenital malformations (DHS 2007). This indicator has been identified for development and reporting in the future. Data were not available for the 2009 Report.

## 10.7 Future directions in performance reporting

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, three aspects of quality — responsiveness, capability and continuity — and the effectiveness subdimension of sustainability.
- Improving currently reported indicators for public hospitals and maternity services where data are not complete or not directly comparable. There is scope to improve reporting of the quality and access dimensions of the public hospitals framework, and the output indicators for maternity services.

The Steering Committee is seeking to improve the reporting of elective surgery waiting times by urgency category in order to achieve greater comparability across jurisdictions in assessing the extent to which patients are seen within a clinically desirable period.

The Steering Committee is seeking to improve the reporting of hospital accreditation in order to provide more meaningful comparative information about the capability of public hospitals across jurisdictions. The ACSQHC is currently undertaking a review of safety and quality accreditation standards in Australia with a view to recommending an alternative model for accreditation including a national set of health standards by which health services would be assessed. The outcomes of the review may inform options for future reporting in this area.

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## Reform of Specific Purpose Payments

In December 2007, COAG agreed to reform Specific Purpose Payments (SPPs). SPPs are financial agreements between the Australian Government and State and Territory governments involving a contribution by the Australian Government to the funding of services which are considered a joint Australian and State and Territory government responsibility. The Australian Health Care Agreement was such an SPP.

At its 29 November 2008 meeting, COAG agreed to six new National Agreements, five of which are associated with a National SPP. In the area of health and ageing, there is a Australian Health Care Agreement associated with the National Health Care SPP (COAG November 2008). Under the reforms, the Australian Health Care Agreement contains the objectives, outcomes, outputs and performance indicators for health and ageing. The performance of governments in achieving these mutually agreed outcomes will be assessed by the COAG Reform Council (CRC). The Steering Committee has been requested by COAG to provide the SPP performance information to the CRC (COAG July 2008).

The National Agreements/SPPs will be supplemented by a range of National Partnerships (NPs): project, facilitation and reward agreements. Funding for NPs may be conditional on states and territories meeting agreed milestones and performance benchmarks.

The Steering Committee and the Health Working Group will ensure that reporting in this chapter reflects the COAG priorities identified in the Australian Health Care Agreement, National Health Care SPP and relevant NPs.

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## 10.8 Definitions of key terms and indicators

<b>Accreditation</b>	Professional recognition awarded to hospitals and other healthcare facilities that meet defined industry standards. Public hospitals may seek accreditation through the ACHS Evaluation and Quality Improvement Program, the Australian Quality Council (now known as Business Excellence Australia), the Quality Improvement Council, the International Organisation for Standardization 9000 Quality Management System or other equivalent programs.
<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 may receive acute, sub-acute or non-acute care services.
<b>Admitted patient cost proportion</b>	The ratio of admitted patient costs to total hospital costs, also known as the inpatient fraction.
<b>Allied health (non-admitted)</b>	Occasions of service to non-admitted patients at units/clinics providing treatment/counselling to patients. These include units providing physiotherapy, speech therapy, family planning, dietary advice, optometry and occupational therapy.
<b>Apgar score</b>	Numerical score used to evaluate a baby's condition after birth. The definition of the reported indicator is the number of babies born with an Apgar score of 3 or lower at 5 minutes post delivery, as a proportion of the total number of babies born. Excludes fetal deaths in utero before commencement of labour.
<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>Average length of stay</b>	The mean length of stay for all patient episodes, calculated by dividing total occupied bed days by total episodes of care.
<b>Caesarean section</b>	Operative birth through an abdominal incision.
<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>Catastrophic</b>	An acute or prolonged illness usually considered to be life threatening or with the threat of serious residual disability. Treatment may be radical and is frequently costly.
<b>Community health services</b>	Health services for individuals and groups delivered in a community setting, rather than via hospitals or private facilities.
<b>Cost of capital</b>	The return foregone on the next best investment, estimated at a rate of 8 per cent of the depreciated replacement value of buildings,

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	equipment and land. Also called the 'opportunity cost' of capital.
<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>Cost per non-admitted occasion of service</b>	Recurrent expenditure divided by the inpatient fraction and divided by the total number of non-admitted occasions of service.
<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>Emergency department waiting times to service delivery</b>	The time elapsed for each patient from presentation to the emergency department (that is, the time at which the patient is clerically registered or triaged, whichever occurs earlier) to the commencement of service by a treating medical officer or nurse.
<b>Emergency department waiting times to admission</b>	The time elapsed for each patient from presentation to the emergency department to admission to hospital.
<b>Episiotomy</b>	An obstetrics procedure. A surgical incision into the perineum and vagina to prevent traumatic tearing during delivery.
<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>General practice</b>	The organisational structure with one or more GPs and other staff such as practice nurses. A general practice provides and supervises healthcare for a 'population' of patients and may include services for specific populations, such as women's health or Indigenous health.
<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>Labour cost per casemix-adjusted separation</b>	Salary and wages plus visiting medical officer payments, multiplied by the inpatient fraction, divided by the number of casemix-adjusted separations.
<b>Length of stay</b>	The period from admission to separation less any days spent away from the hospital (leave days).
<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>Medicare</b>	Australian Government funding of private medical and optometrical services (under the Medicare Benefits Schedule). Sometimes defined to include other forms of Australian Government funding such as subsidisation of selected pharmaceuticals (under the Pharmaceutical Benefits Scheme) and public hospital funding (under the Australian Health Care Agreements), which provides public hospital services free of charge to public patients.

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<b>Mortality rate</b>	The number of deaths per 100 000 people.
<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>Nursing workforce</b>	Registered and enrolled nurses who are employed in nursing, on extended leave or looking for work in nursing.
<b>Medical practitioner workforce</b>	Registered medical practitioners who are employed as medical practitioners, on extended leave or looking for work as a medical practitioner.
<b>Non-acute episode of care</b>	Clinical services provided to admitted and non-admitted patients, including planned geriatric respite, palliative care, geriatric evaluation and management and services for nursing home type patients. Clinical services delivery by designated psychiatric or psychogeriatric units, designated rehabilitation units and mothercraft services are also considered non-acute.
<b>Non-admitted occasions of service</b>	Occasion of examination, consultation, treatment or other service provided to a non-admitted patient in a functional unit of a health service establishment. Services may include emergency department visits, outpatient services (such as pathology, radiology and imaging, and allied health services, including speech therapy and family planning) and other services to non-admitted patients. Hospital non-admitted occasions of service are not yet recorded consistently across states and territories, and relative differences in the complexity of services provided are not yet documented.
<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>Perineal laceration (third or fourth degree)</b>	A 'third degree' laceration or rupture during birth (or a tear following episiotomy) involves the anal sphincter, rectovaginal septum and sphincter NOS. A 'fourth degree' laceration, rupture or tear also involves the anal mucosa and rectal mucosa (NCCH 2008).
<b>Perineal status</b>	The state of the perineum following a birth.
<b>Pre-anaesthetic consultation rate</b>	The number of procedures where there is documented evidence that the patient has seen an anaesthetist before entering the operating theatre suite, anaesthetic room, or procedure room as a percentage of the total number of procedures with an anaesthetist in attendance (ACHS 2004).
<b>Primary care</b>	Essential healthcare based on practical, scientifically sound and socially acceptable methods made universally accessible to individuals and families in the community.
<b>Primipara</b>	Pregnant woman who has had no previous pregnancy resulting in a live birth or a still birth.
<b>Public hospital</b>	A hospital that provides free treatment and accommodation to eligible admitted persons who elect to be treated as public patients.

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	It also provides free services to eligible non-admitted patients and may provide (and charge for) treatment and accommodation services to private patients. Charges to non-admitted patients and admitted patients on discharge may be levied in accordance with the Australian Health Care Agreements (for example, aids and appliances).
<b>Puerperium</b>	The period or state of confinement after labour.
<b>Real expenditure</b>	Actual expenditure adjusted for changes in prices.
<b>Relative stay index</b>	The actual number of patient days for acute care separations in selected AR-DRGs divided by the expected number of patient days adjusted for casemix. Includes acute care separations only. Excludes: patients who died or were transferred within 2 days of admission, or separations with length of stay greater than 120 days, AR-DRGs which are for 'rehabilitation', AR-DRGs which are predominantly same day (such as R63Z chemotherapy and L61Z admit for renal dialysis), AR DRGs which have a length of stay component in the definition, and error AR-DRGs.
<b>Same day patients</b>	A patient whose admission date is the same as the separation date.
<b>Sentinel events</b>	Adverse events that cause serious harm to patients and that have the potential to undermine public confidence in the healthcare system.
<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>Selected primiparae</b>	Primiparae with no previous deliveries, aged 25–29 years, singleton, vertex presentation and gestation of 37–41 weeks (inclusive).
<b>Sub-acute and non-acute care</b>	Clinical services provided to patients suffering from chronic illnesses or recovering from such illnesses. Services include rehabilitation, planned geriatric care, palliative care, geriatric care evaluation and management, and services for nursing home type patients. Clinical services delivered by designated psychogeriatric units, designated rehabilitation units and mothercraft services are considered non-acute.
<b>Surgical site infection rate for selected surgical procedures</b>	<p>The number of surgical site infections for a selected procedure (hip and knee prosthesis, lower segment caesarean section or abdominal hysterectomy) performed during the surveillance period divided by the total number of the selected procedures performed during the surveillance period.</p> <p>Since 2003, the ACHS surgical site infection indicators have been collected in pairs, one for each of superficial and deep/organ space surgical site infections.</p> <p>An indirectly standardized rate was derived for each pair. The rate for each combined pair was estimated as the sum of the two rates (deep and superficial). The indirectly standardized rate for each State was calculated as:</p> <p>State rate = (sum of observed infections in State/sum of expected</p>



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	infections for State)*rate for indicator pair
	Where
	Rate of indicator pair = rate of superficial infection + rate of deep/organ infection.
<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).
<b>Unplanned hospital re-admission</b>	An unexpected hospital admission for treatment of: the same condition for which the patient was previously hospitalised; a condition related to one for which the patient was previously hospitalised; or a complication of the condition for which the patient was previously hospitalised.
<b>Unplanned hospital re-admission rate</b>	The number of unplanned re-admissions to the same hospital within 28 days of separation, during the time period under study, divided by the total number of separations (excluding deaths) for the same time period, including day stay patients.
<b>Urgency category for elective surgery</b>	Category 1 patients — 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 patients — admission is desirable within 90 days for a condition that is causing some pain, dysfunction or disability, but that is not likely to deteriorate quickly or become an emergency.  Category 3 patients — admission at some time in the future is acceptable for a condition causing minimal or no pain, dysfunction or disability, that is unlikely to deteriorate quickly and that does not have the potential to become an emergency.

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## 10.9 Attachment tables

Attachment tables are identified in references throughout this chapter by an '10A' suffix (for example, table 10A.3). Attachment tables are provided on the CD-ROM enclosed with the Report and on the Review website ([www.pc.gov.au/gsp](http://www.pc.gov.au/gsp)). Users without access to the CD-ROM or the website can contact the Secretariat to obtain the attachment tables (see contact details on the inside front cover of the Report).

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## 10.10 References

- ABS (Australian Bureau of Statistics) 2004, *Deaths, Australia 2003*, Cat. no. 3302.0, Canberra.
- ACSQHC (Australian Council for Safety and Quality in Health Care) 2002, *Safety Through Action: Improving Patient Safety in Australia*, Third report to the Australian Health Ministers Conference, 19 July.
- ACHS (Australian Council for Healthcare Standards) 2001, *Determining the Potential to Improve the Quality of Care in Australian Health Care Organisations: Results from the ACHS Clinical Indicator Data 1998-2000*, Ultimo, NSW.
- 2002, *Clinical Indicator Users' Manual 2002*, Ultimo, NSW.
- 2004, *ACHS Clinical Indicator Users' Manual 2005*, Sydney, NSW.
- 2007, *Clinical Indicator Report for Australia and New Zealand 1998-2005: Determining the Potential to Improve Quality of Care 7th Edition*, Ultimo, NSW.
- AHMAC (Australian Health Ministers' Advisory Council), 2006, *Aboriginal and Torres Strait Islander Health Performance Framework Report 2006*, AHMAC, Canberra.
- AIHW (Australian Institute of Health and Welfare) 2000, 2001a, 2002, 2003, 2004, 2005a, 2006a, 2007a, 2008a, *Australian Hospital Statistics*, AIHW, Canberra.
- 2001b, *Expenditures on Health Services for Aboriginal and Torres Strait Islander People 1998-99*, AIHW Cat. no. 7, Canberra.
- 2005b, *Improving the Quality of Indigenous Identification in Hospital Separations Data*, AIHW Cat. no. HSE 101, Canberra.
- 2006b, *Health expenditure Australia 2004-05*, AIHW Cat. no. HWE 35 (Health and Welfare Expenditure Series No. 28), Canberra.
- 2007b, *Health expenditure Australia 2005-06*, AIHW Cat. no. HWE 37 (Health and Welfare Expenditure Series No.30), Canberra.
- 2008b, *Health expenditure Australia 2006-07*, AIHW Cat. no. HWE 35 (Health and Welfare Expenditure Series No.30), Canberra.
- 2008c METeOR AIUHW Metadata Online Registry <http://meteor.aihw.gov.au/content/index.phtml/itemId/181162> (accessed 12 November 2008).
- AIHW (Australian Institute of Health and Welfare) and ACSQHC (Australian Commission on Safety and Quality in Health Care 2007). *Sentinel events in Australian public hospitals 2004-05*. Cat. no. HSE. 51 Canberra: AIHW.

- 
- Davis, P., Lay-Yee, R. and Briant, R. 2001, *Adverse Events in New Zealand Public Hospitals: Principal Findings from a National Survey*, NZ Ministry of Health, Wellington.
- Day, P., Sullivan, E.A., Ford, J. and Lancaster, P. 1999, *Australia's Mothers and Babies 1997*, AIHW Cat. no. PER 12, AIHW NPSU, Sydney.
- DoHA (Department of Health and Ageing) 2006, *National Hospital Cost Data Collection Cost Report, Round 9 (2004-05)*, Australian Government, Canberra.
- 2007, *National Hospital Cost Data Collection Cost Report, Round 10 (2005-06)*, Australian Government, Canberra.
- DHS (Department of Human Services) 2004, *Sentinel events program: Annual Report 2003-04*, Victorian Government, Melbourne.
- 2007, *Victorian Maternity Services Performance Indicators: Complete Set 2005-06*, Victorian Government, Melbourne.
- Kohn, L.T., Corrigan, J.M., and Donaldson, M.S. (eds) 1999, *To Err Is Human: Building a Safer Health System, Committee on Quality of Health Care in America*, Institute of Medicine, National Academy Press, Washington DC.
- Laws P. and Hilder L., 2008, *Australia's Mothers and Babies 2006*, AIHW Cat. No. PER 46, AIHW National Perinatal Statistics Unit (Perinatal Statistics Series No. 22), Sydney.
- National Health Performance Committee 2004, *National Report On Health Sector Performance Indicators 2003*, AIHW Cat. no. HWI 78, Australian Institute of Health and Welfare: Canberra.
- NCCH (National Centre for Classification in Health) 2008, *The International Statistical Classification of Diseases and Related Health Problems, 10th Revision*, Australian Modification, 6<sup>th</sup> edition (ICD-10-AM), Sydney.
- NHDC (National Health Data Committee) 2001, *National Health Data Dictionary, Version 10*, AIHW Cat. no. HWI 30, AIHW, Canberra.
- 2003, *National Health Data Dictionary, Version 12*, AIHW Cat. no. HWI 43, AIHW, Canberra.
- NSW Department of Health 2005, *Patient Safety and Clinical Quality Program, First Report on Incident Management in the NSW Public Health System 2003-2004*, North Sydney.
- Pearse 2005, *Review of patient satisfaction and experience surveys conducted for public hospitals in Australia*, A Research Paper for the Steering Committee for the Review of Government Service Provision, prepared by Jim Pearse, Health Policy Analysis Pty Ltd.

---

Runciman, W., Webb, R., Helps, S., Thomas, E., Sexton, E., Studdert, D., and Brennan, T. 2000, 'A comparison of iatrogenic injury studies in Australia and the USA. II: reviewer behaviour and quality of care', *International Journal for Quality Health Care*; vol. 12, pp.379–88.

Runciman W. and Moller J. 2001, *Iatrogenic Injury in Australia*, A report prepared by the Australian Patient Safety Foundation. Australian Patient for the National Health Priorities and Quality Branch of the Department of Health and Aged Care of the Commonwealth Government of Australia, [http://www.apsf.net.au/dbfiles/Iatrogenic\\_Injury.pdf](http://www.apsf.net.au/dbfiles/Iatrogenic_Injury.pdf) (accessed 20 April 2006).

Runciman W. 2006, The Safety and Quality of Health Care: Where Are We Now?, *Medical Journal of Australia*; vol. 184, no. 10: S41-S43.

SCRCSSP (Steering Committee for the Review of Commonwealth/State Service Provision) 2001, *Asset Measurement in the Costing of Government Services*, Productivity Commission, Canberra.

Thomas, E.J., Studdert, D.M. and Burstin, H.R. 2000, 'Incidence and types of adverse events and negligent care in Utah and Colorado', *Medical Care*, vol. 38. pp. 261–71.



# 10A Public hospitals — attachment

Definitions for the indicators and descriptors in this attachment are in section 10.8 of the chapter. Data in this Report are examined by the Health Working Group, but have not been formally audited by the Secretariat. Unsourced information was obtained from the Australian, State and Territory governments.

This file is available in Adobe PDF format on the Review web page ([www.pc.gov.au/gsp](http://www.pc.gov.au/gsp)). Users without Internet access can contact the Secretariat to obtain these tables (details on the inside front cover of the Report).

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Table 10A.1

Table 10A.1 **Recurrent expenditure, public hospitals (including psychiatric hospitals), current prices, (\$ million) (a), (b)**

	NSW (c)	Vic	Qld (d)	WA (e)	SA	Tas (f)	ACT	NT (g)	Aust
2002-03									
Salary and wages	3 898	3 205	1 759	1 103	808	210	178	155	11 317
Non-salary	2 531	1 799	1 006	645	617	160	157	84	7 000
<b>Total</b>	<b>6 430</b>	<b>5 004</b>	<b>2 766</b>	<b>1 748</b>	<b>1 425</b>	<b>370</b>	<b>335</b>	<b>239</b>	<b>18 316</b>
2003-04									
Salary and wages	4 413	3 382	1 879	1 171	920	227	191	150	12 334
Non-salary	2 835	1 988	1 117	676	636	174	160	92	7 679
<b>Total</b>	<b>7 249</b>	<b>5 370</b>	<b>2 996</b>	<b>1 847</b>	<b>1 556</b>	<b>402</b>	<b>351</b>	<b>243</b>	<b>20 013</b>
2004-05									
Salary and wages	4 777	3 657	1 994	1 299	1 020	271	228	181	13 428
Non-salary	3 073	2 117	1 279	730	680	188	161	101	8 329
<b>Total</b>	<b>7 850</b>	<b>5 774</b>	<b>3 274</b>	<b>2 029</b>	<b>1 701</b>	<b>459</b>	<b>389</b>	<b>282</b>	<b>21 758</b>
2005-06									
Salary and wages	5 294	3 884	2 378	1 410	1 134	317	254	216	14 888
Non-salary	3 284	2 340	1 449	782	731	236	169	113	9 103
<b>Total</b>	<b>8 578</b>	<b>6 224</b>	<b>3 827</b>	<b>2 192</b>	<b>1 865</b>	<b>552</b>	<b>423</b>	<b>329</b>	<b>23 991</b>
2006-07									
Salary and wages	5 602	4 234	2 832	1 654	1 232	349	271	237	16 410
Non-salary	3 530	2 482	1 607	931	752	257	194	126	9 879
<b>Total</b>	<b>9 133</b>	<b>6 716</b>	<b>4 439</b>	<b>2 585</b>	<b>1 984</b>	<b>606</b>	<b>464</b>	<b>363</b>	<b>26 290</b>

(a) Expenditure data exclude depreciation.

(b) Recurrent expenditure on the purchase of public hospitals services at the State, or area health service-level, from privately owned and/or operated hospitals is excluded.

(c) From 2003-04 NSW expenditure recorded against special purposes and trust funds is excluded.

(d) Queensland pathology services were purchased from a statewide pathology service rather than being provided by hospital employees.

(e) In WA, expenditure on public patients at Joondalup and Peel Health Campuses is included in 2006-07 figures but not in those for previous years.

(f) Some Tasmanian hospitals data for various years are not included or are incomplete. For 2001-02 data for two small hospitals are not included and data for one small hospital are incomplete. For 2002-03 data for one small hospital are not included and data for five other small hospitals incomplete. For 2003-04, data for five small hospitals are not included. For both 2004-05 and 2005-06 data for one hospital are not included.

(g) Interest payments are not reported.

Source: Australian Institute of Health and Welfare (AIHW), *Australian hospital statistics* (various years), AIHW Cat. nos HSE 32 37, 41, 50 and 55 Canberra.

Table 10A.2

Table 10A.2 Recurrent expenditure, public hospitals, by source of funding, 2006-07 (a), (b)

Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust
Total expenditure									
Government \$'000	8 852 000	5 644 000	4 676 000	2 405 000	2 047 000	560 000	na	424 000	25 097 000
Non-government \$'000	737 000	627 000	174 000	143 000	80 000	39 000	na	8 000	1 867 000
Expenditure per person									
Government \$ per person	1 291.3	1 092.7	1 131.7	1 155.7	1 299.1	1 139.0	na	1 994.8	1 203.6
Non-government \$ per person	107.5	121.4	42.1	68.7	50.8	79.3	na	37.6	89.5

(a) Government expenditure excludes depreciation. Non-government expenditure on depreciation is incorporated in recurrent expenditure.

(b) Non-government expenditure includes expenditure by health insurance funds, individuals, workers' compensation and compulsory third-party motor vehicle insurers as well as other sources.

(c) ACT per person figures are not calculated, as the expenditure numbers for the ACT include substantial expenditures for NSW residents. Thus the ACT population is not the appropriate denominator.

na Not available.

Source: AIHW 2008. *Health expenditure Australia 2006-07*. Health and Welfare Expenditure Series no. 35. Cat. no. HWE 42. Canberra, ABS (*unpublished*), derived from *Australian Demographic Statistics, December Quarter 2007*, Cat. no. 3101.0; table AA.2.

Table 10A.3

Table 10A.3 **Recurrent expenditure per person, public hospitals (including psychiatric) (2006-07 dollars) (a), (b)**

	NSW (c)	Vic	Qld (d)	WA (e)	SA	Tas (f)	ACT (g)	NT	Aust
2002-03	1 125.6	1 190.8	855.3	1 041.6	1 087.6	907.4	na	1 395.2	1 077.7
2003-04	1 217.1	1 218.3	872.7	1 047.0	1 136.5	938.3	na	1 358.5	1 122.5
2004-05	1 263.7	1 247.9	899.0	1 093.3	1 191.4	1 026.9	na	1 501.7	1 163.3
2005-06	1 312.2	1 271.5	983.2	1 112.0	1 241.0	1 174.5	na	1 641.9	1 212.2
2006-07	1 331.4	1 300.2	1 074.3	1 237.6	1 257.6	1 232.6	na	1 710.0	1 259.9

- (a) Expenditure data exclude depreciation and interest payments.
- (b) Recurrent expenditure on the purchase of public hospitals services at the State, or area health service-level, from privately owned and/or operated hospitals is not included.
- (c) NSW expenditure against primary and community care programs is included from 2001-02. From 2003-04, NSW hospital expenditure recorded against special purposes and trust funds is excluded.
- (d) Queensland pathology services were purchased from a statewide pathology service rather than being provided by hospital employees.
- (e) In WA, recurrent expenditure per person for 2006-07 includes expenditure on public patients at Joondalup and Peel Health Campuses. Expenditure for these patients is not included in previous years.
- (f) For 2001-02, data for two small hospitals are not included and data for one small hospital are incomplete. For 2002-03, data for one small hospital are not included and data for five other small hospitals are incomplete. For 2003-04, data for five small hospitals are not included. For 2004-05 and 2005-06, data for one hospital are not included.
- (g) ACT per person figures are not calculated, as the expenditure numbers for the ACT include substantial expenditures for NSW residents. Thus the ACT population is not the appropriate denominator.

na Not available.

Source: AIHW, *Australian hospital statistics* (various years), AIHW Cat. nos HSE 32, 37, 41, 50 and 55 (various years), Canberra; AIHW 2008 *Health expenditure Australia 2006-07*. Health and Welfare Expenditure Series no. 35. Cat. no. HWE 42. Canberra; ABS (*unpublished*), derived from *Australian Demographic Statistics, December Quarter 2007*, Cat. no. 3101.0; table AA.2.



Table 10A.4

Table 10A.4 **Public hospitals (including psychiatric hospitals) by hospital size, 2006-07 (a), (b), (c)**

	NSW	Vic (d)	Qld	WA	SA	Tas	ACT	NT	Aust
No. of hospitals									
10 or fewer beds	20	40	74	21	7	17	1	–	180
more than 10 to 50 beds	128	48	66	52	57	7	–	2	360
more than 50 to 100 beds	30	19	13	7	6	–	–	1	76
more than 100 to 200 beds	23	16	11	9	3	–	1	1	64
more than 200 to 500 beds	20	17	8	4	4	2	–	1	56
more than 500 beds	7	4	5	2	2	1	1	–	22
<b>Total</b>	<b>228</b>	<b>144</b>	<b>177</b>	<b>95</b>	<b>79</b>	<b>27</b>	<b>3</b>	<b>5</b>	<b>758</b>
Proportion of total hospitals (%)									
10 or fewer beds	8.8	27.8	41.8	22.1	8.9	63.0	33.3	–	23.7
more than 10 to 50 beds	56.1	33.3	37.3	54.7	72.2	25.9	–	40.0	47.5
more than 50 to 100 beds	13.2	13.2	7.3	7.4	7.6	–	–	20.0	10.0
more than 100 beds	21.9	25.7	13.6	15.8	11.4	11.1	66.7	40.0	18.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
No. of available beds									
10 or fewer beds	80	223	264	141	45	104	10	..	866
more than 10 to 50 beds	3 338	1 213	1 488	1 131	1 501	164	..	50	8 885
more than 50 to 100 beds	2 231	1 439	864	482	425	..	..	60	5 501
more than 100 to 200 beds	3 611	2 282	1 709	1 401	529	..	200	165	9 897
more than 200 to 500 beds	6 050	4 896	2 349	1 168	1 224	478	..	325	16 488
more than 500 beds	4 615	2 381	3 680	1 236	1 172	607	575	..	14 267
<b>Total</b>	<b>19 924</b>	<b>12 434</b>	<b>10 354</b>	<b>5 558</b>	<b>4 895</b>	<b>1 353</b>	<b>785</b>	<b>600</b>	<b>55 904</b>
Proportion of total beds (%)									
10 or fewer beds	0.4	1.8	2.5	2.5	0.9	7.7	1.3	..	1.5
more than 10 to 50 beds	16.8	9.8	14.4	20.3	30.7	12.1	..	8.3	15.9
more than 50 to 100 beds	11.2	11.6	8.3	8.7	8.7	..	..	10.0	9.8
more than 100 beds	71.7	76.9	74.7	68.5	59.8	80.2	98.7	81.7	72.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

(b) Size is based on the average number of available beds.

(c) The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same day admitted services and other specialised services.

(d) The count of hospitals in Victoria is a count of the campuses that report data separately to the National Hospital Morbidity Database.

.. Not applicable. – Nil or rounded to zero.

Source: AIHW 2008. *Australian hospital statistics 2006-07*. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW

Table 10A.5

Table 10A.5 **Available beds per 1000 people, by region, public hospitals (including psychiatric) (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>Aust</i>
2002-03									
Metropolitan	2.6	2.3	2.4	2.4	2.7	..	2.1	..	2.5
Rural	3.0	2.8	2.6	2.6	3.9	2.4	..	2.7	2.8
Remote	5.4	0.3	6.3	4.3	7.9	3.1	..	3.0	5.1
<b>Total</b>	<b>2.7</b>	<b>2.5</b>	<b>2.7</b>	<b>2.6</b>	<b>3.2</b>	<b>2.4</b>	<b>2.1</b>	<b>2.9</b>	<b>2.7</b>
2003-04									
Major cities	2.7	2.3	2.4	2.4	2.7	..	2.1	..	2.5
Regional	3.4	2.7	2.5	2.5	3.7	2.4	..	2.7	2.9
Remote	6.7	2.4	6.3	4.5	7.8	2.6	..	3.0	5.3
<b>Total</b>	<b>2.9</b>	<b>2.4</b>	<b>2.6</b>	<b>2.5</b>	<b>3.2</b>	<b>2.4</b>	<b>2.1</b>	<b>2.9</b>	<b>2.7</b>
2004-05									
Major cities	2.9	2.3	2.4	2.5	2.9	..	2.1	..	2.6
Regional	3.6	2.7	2.5	2.5	3.7	2.7	–	2.7	3.0
Remote	7.3	2.4	6.3	4.5	7.7	2.6	..	3.0	5.3
<b>Total</b>	<b>3.1</b>	<b>2.4</b>	<b>2.6</b>	<b>2.6</b>	<b>3.3</b>	<b>2.7</b>	<b>2.1</b>	<b>2.9</b>	<b>2.8</b>
2005-06									
Major cities	2.7	2.4	2.4	2.4	2.8	..	2.2	..	2.5
Regional	3.3	2.6	2.5	2.4	3.6	2.7	–	2.7	2.8
Remote	6.5	2.4	5.7	3.9	7.6	2.5	..	2.9	4.9
<b>Total</b>	<b>2.9</b>	<b>2.4</b>	<b>2.5</b>	<b>2.5</b>	<b>3.2</b>	<b>2.7</b>	<b>2.2</b>	<b>2.8</b>	<b>2.7</b>
2006-07									
Major cities	2.7	2.3	2.1	2.5	2.7	..	2.4	..	2.5
Regional	3.4	2.7	2.9	2.9	3.6	2.8	–	2.8	3.0
Remote	7.5	2.1	5.6	3.8	7.8	3.0	..	2.9	4.9
<b>Total</b>	<b>2.9</b>	<b>2.4</b>	<b>2.5</b>	<b>2.7</b>	<b>3.1</b>	<b>2.8</b>	<b>2.3</b>	<b>2.8</b>	<b>2.7</b>

(a) Population calculated based on a crude rate. Data need to be viewed in the context of the age and sex structure and morbidity and mortality of the population in each jurisdiction. The age and sex structure of the population in each jurisdiction is provided in the 'Statistical appendix' and mortality rates in the 'Health preface'.

(b) An 'available bed' is one that is immediately available to be used by an admitted patient. A bed is immediately available for use if it is located in a suitable place for care, with nursing and auxiliary staff available within a reasonable period. Both occupied and unoccupied beds are included. Surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency stretchers/beds not normally authorised or funded, and beds designated for same day non-admitted patient care are excluded. Beds in wards that were closed for any reason (except weekend closures for beds/wards staffed and available on weekends only) are also excluded (National Health Data Dictionary, Version 12).

(c) The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same day admitted services and other specialised services.

(d) In WA, beds available for public patients at Joondalup and Peel Health Campuses are included in 2006-07 figures but not in those for previous years.

.. Not applicable. – Nil or rounded to zero.

**Table 10A.5 Available beds per 1000 people, by region, public hospitals (including psychiatric) (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i> (d)	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Source:	AIHW, <i>Australian hospital statistics</i> (various years), AIHW Cat. nos HSE 32 37, 41, 50 and 55 (various years), Canberra.								

Table 10A.6

Table 10A.6 Summary of separations, public hospitals 2006-07 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Separations										
Public hospitals	no.	1 462 129	1 314 242	784 630	450 896	390 647	97 156	75 767	85 813	4 661 280
Public acute hospitals	no.	1 451 371	1 313 916	784 225	449 451	388 888	96 643	75 767	85 813	4 646 074
Public psychiatric hospitals	no.	10 758	326	405	1 445	1 759	513	..	..	15 206
Overnight separations										
Public hospitals	no.	823 046	576 966	398 797	214 562	198 381	48 386	34 555	33 779	2 328 472
Public acute hospitals	no.	814 045	576 641	398 395	213 182	196 943	47 885	34 555	33 779	2 315 425
Public psychiatric hospitals	no.	9 001	325	402	1 380	1 438	501	..	..	13 047
Same day separations										
Public hospitals	no.	639 083	737 276	385 833	236 334	192 266	48 770	41 212	52 034	2 332 808
Public acute hospitals	no.	637 326	737 275	385 830	236 269	191 945	48 758	41 212	52 034	2 330 649
Public psychiatric hospitals	no.	1 757	1	3	65	321	12	..	..	2 159
Same day separations (per cent of total)										
Public hospitals	%	43.7	56.1	49.2	52.4	49.2	50.2	54.4	60.6	50.0
Public acute hospitals	%	43.9	56.1	49.2	52.6	49.4	50.5	54.4	60.6	50.2
Public psychiatric hospitals	%	16.3	0.3	0.7	4.5	18.2	2.3	..	..	14.2
Separations per 1000 population (b)										
Public hospitals	no.	206.0	246.7	190.2	218.4	232.6	188.5	244.8	480.1	218.8
Public acute hospitals	no.	204.4	246.6	190.1	217.7	231.5	187.5	244.8	480.1	218.0
Public psychiatric hospitals	no.	1.6	0.1	0.1	0.7	1.1	1.1	..	..	0.7

(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) Figures are directly age-standardised to the June 2001 Australian population.

.. Not applicable.

Source: AIHW 2008. Australian hospital statistics 2006-07. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW

Table 10A.7

Table 10A.7 **Separations, public (non-psychiatric) hospitals (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (b)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total separations (no.)										
2002-03	'000	1 280	1 149	702	366	365	80	64	68	4 074
2003-04	'000	1 314	1 187	721	366	377	81	69	70	4 183
2004-05	'000	1 333	1 223	733	382	363	86	64	76	4 261
2005-06	'000	1 409	1 272	750	393	376	94	72	83	4 451
2006-07	'000	1 451	1 314	784	449	389	97	76	86	4 646
Overnight separations (no.)										
2002-03	'000	728	525	358	185	183	41	28	29	2 077
2003-04	'000	751	535	370	184	189	40	30	29	2 129
2004-05	'000	756	545	377	188	191	45	30	31	2 164
2005-06	'000	792	561	383	194	192	48	33	34	2 237
2006-07	'000	814	577	398	213	197	48	35	34	2 315
Same day separations (no.)										
2002-03	'000	552	624	343	181	182	39	36	39	1 997
2003-04	'000	562	652	351	181	187	40	39	41	2 054
2004-05	'000	577	678	356	193	172	42	34	45	2 097
2005-06	'000	617	711	367	200	184	46	39	50	2 214
2006-07	'000	637	737	386	236	192	49	41	52	2 331
Same day separations										
2002-03	%	43.1	54.3	48.9	49.4	49.9	49.1	56.7	56.9	49.0
2003-04	%	42.8	55.0	48.7	49.6	49.8	49.9	56.5	58.2	49.1
2004-05	%	43.3	55.4	48.6	50.6	47.4	48.3	53.1	59.2	49.2
2005-06	%	43.8	55.9	48.9	50.8	48.9	49.0	54.7	59.6	49.7
2006-07	%	43.9	56.1	49.2	52.6	49.4	50.5	54.4	60.6	50.2
Total separations (rate per 1000) (c)										
2002-03	no.	188.6	231.2	189.3	194.4	229.2	163.9	219.7	422.5	204.8
2003-04	no.	191.1	235.0	189.2	190.2	234.2	162.4	235.6	428.9	206.8
2004-05	no.	191.6	238.2	187.9	194.4	224.0	172.2	214.4	456.2	207.3
2005-06	no.	199.8	243.7	187.9	195.7	228.4	185.8	238.4	483.0	212.8
2006-07	no.	204.4	246.6	190.1	217.7	231.5	187.5	244.8	480.1	218.0

(a) Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders and posthumous organ procurement.

(b) In WA, separations for public patients at Joondalup and Peel Health Campuses are included in 2006-07 figures but not in those for previous years.

(c) Rates per 1000 people are directly age standardised to the Australia population at 30 June 2001.

Source: AIHW, *Australian hospital statistics* (various years), AIHW Cat. nos HSE 32 37, 41, 50 and 55 Canberra.

Table 10A.8

**Table 10A.8 Separations, public (non-psychiatric) hospitals, 2006-07 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total separations (no.)										
Medical (b)	'000	1 074	904	570	299	260	69	56	72	3 302
Surgical (c)	'000	288	255	149	90	81	19	15	10	908
Chemotherapy and radiotherapy (d)	'000	4	68	22	21	17	3	0	2	137
Other (e)	'000	86	88	43	39	30	6	4	3	299
<b>Total</b>	<b>'000</b>	<b>1 451</b>	<b>1 314</b>	<b>784</b>	<b>449</b>	<b>389</b>	<b>97</b>	<b>76</b>	<b>86</b>	<b>4 646</b>
Overnight separations (no.)										
Medical (b)	'000	607	409	292	151	143	34	23	27	1 685
Surgical (c)	'000	183	148	97	57	48	12	10	6	562
Chemotherapy and radiotherapy (d)	'000	np	np	np	np	np	np	np	np	np
Other (e)	'000	23	20	10	6	6	1	1	1	68
<b>Total</b>	<b>'000</b>	<b>814</b>	<b>577</b>	<b>398</b>	<b>213</b>	<b>197</b>	<b>48</b>	<b>35</b>	<b>34</b>	<b>2 315</b>
Same day separations (no.)										
Medical (b)	'000	470	562	300	169	134	37	33	46	1 753
Surgical (c)	'000	105	107	52	34	33	7	5	4	346
Chemotherapy and radiotherapy (d)	'000	np	np	np	np	np	np	np	np	np
Other (e)	'000	63	68	33	33	24	5	3	2	231
<b>Total</b>	<b>'000</b>	<b>637</b>	<b>737</b>	<b>386</b>	<b>236</b>	<b>192</b>	<b>49</b>	<b>41</b>	<b>52</b>	<b>2 331</b>
Same day separations (% of total separations)										
Medical (b)	%	43.8	62.2	52.7	56.7	51.6	54.0	59.5	64.9	53.1
Surgical (c)	%	36.3	41.8	35.2	37.2	41.1	35.4	32.1	38.6	38.1
Chemotherapy and radiotherapy (d)	%	..	..	..	..	..	..	..	..	..
Other (e)	%	72.9	77.7	76.8	85.0	79.5	77.6	74.4	67.3	77.2
<b>Total</b>	<b>%</b>	<b>43.9</b>	<b>56.1</b>	<b>49.2</b>	<b>52.6</b>	<b>49.4</b>	<b>50.5</b>	<b>54.4</b>	<b>60.6</b>	<b>50.2</b>

(a) Separations for which care type was reported as Newborn with no qualified days and records for Hospital boarder or Posthumous organ procurement have been excluded. Results derived using AR-DRG version 5.1.

(b) Separations where the second character of the AR-DRG was equal to 6, 7 or 8.

(c) Separations where the second character of the AR-DRG was equal to 0, 1, 2 or 3.

(d) Separations where the first three characters of the AR-DRG was equal to R63 or R64. The breakdowns of overnight and same day chemotherapy and radiotherapy separations have been included in the medical separations categories as applicable.

(e) Separations where the second character of the AR-DRG was equal to 4.

.. Not applicable. **np** Not published.

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database.

Table 10A.9

Table 10A.9		Separations in public hospitals, by age group, 2006-07 (a)									
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	
Age group											
Under 1	'000	38.4	34.8	21.4	9.6	9.4	2.3	1.7	2.6	120.3	
1 to 4	'000	48.1	31.8	26.0	12.5	12.0	2.1	1.7	2.7	137.0	
5 to 9	'000	32.6	23.4	18.6	9.1	7.5	1.7	1.4	1.4	95.6	
10 to 14	'000	29.1	21.1	17.2	8.3	6.7	1.7	1.3	1.3	86.7	
<b>Under 15</b>	<b>'000</b>	<b>148.1</b>	<b>111.2</b>	<b>83.2</b>	<b>39.4</b>	<b>35.5</b>	<b>7.9</b>	<b>6.1</b>	<b>8.0</b>	<b>439.5</b>	
15 to 19	'000	45.2	36.1	29.8	14.4	12.4	3.4	2.3	2.7	146.3	
20 to 24	'000	65.6	52.4	45.1	21.4	17.1	4.5	3.4	4.5	214.0	
25 to 29	'000	76.6	68.0	47.8	23.8	18.9	5.2	4.0	4.6	248.9	
30 to 34	'000	85.5	77.2	47.7	25.6	20.8	5.8	4.8	5.0	272.4	
<b>15 to 34</b>	<b>'000</b>	<b>272.9</b>	<b>233.7</b>	<b>170.4</b>	<b>85.2</b>	<b>69.3</b>	<b>18.9</b>	<b>14.4</b>	<b>16.8</b>	<b>881.6</b>	
35 to 39	'000	77.2	73.4	44.2	25.6	21.3	5.1	4.4	7.1	258.3	
40 to 44	'000	68.8	67.6	41.0	26.7	20.3	4.9	4.1	7.6	240.9	
45 to 49	'000	73.5	71.7	45.2	27.4	22.3	5.7	4.3	8.0	258.1	
50 to 54	'000	75.6	78.4	48.5	28.6	23.3	6.1	4.3	10.9	275.7	
<b>35 to 54</b>	<b>'000</b>	<b>295.1</b>	<b>291.1</b>	<b>178.9</b>	<b>108.2</b>	<b>87.2</b>	<b>21.8</b>	<b>17.1</b>	<b>33.6</b>	<b>1 032.9</b>	
55 to 59	'000	89.3	90.1	54.2	34.0	26.3	7.2	5.5	9.2	315.8	
60 to 64	'000	95.6	98.7	56.8	32.0	27.9	7.6	6.1	6.4	331.0	
65 to 69	'000	107.8	102.0	57.3	33.9	29.9	8.3	5.5	4.9	349.7	
70 to 74	'000	121.1	115.6	57.2	32.2	31.2	7.2	6.9	3.7	375.2	
<b>55 to 74</b>	<b>'000</b>	<b>413.8</b>	<b>406.5</b>	<b>225.5</b>	<b>132.1</b>	<b>115.2</b>	<b>30.4</b>	<b>24.1</b>	<b>24.2</b>	<b>1 371.7</b>	
75 to 79	'000	131.4	116.4	58.2	36.8	33.4	7.6	6.7	2.0	392.5	
80 to 84	'000	106.5	88.1	36.7	27.0	27.7	5.5	4.5	0.7	296.6	
85 and over	'000	94.4	67.2	31.8	22.1	22.2	5.2	3.0	0.5	246.4	
<b>75 and over</b>	<b>'000</b>	<b>332.2</b>	<b>271.8</b>	<b>126.6</b>	<b>85.9</b>	<b>83.4</b>	<b>18.2</b>	<b>14.1</b>	<b>3.2</b>	<b>935.5</b>	
Not reported	'000	np	np	np	np	np	np	np	np	np	
<b>Total (b)</b>	<b>'000</b>	<b>1 462.1</b>	<b>1 314.2</b>	<b>784.6</b>	<b>450.9</b>	<b>390.6</b>	<b>97.2</b>	<b>75.8</b>	<b>85.8</b>	<b>4 661.3</b>	
Proportion of total separations											
Under 15	%	10.1	8.5	10.6	8.7	9.1	8.1	8.1	9.3	9.4	
15 to 34	%	18.7	17.8	21.7	18.9	17.7	19.5	19.0	19.6	18.9	
35 to 54	%	20.2	22.1	22.8	24.0	22.3	22.4	22.5	39.2	22.2	
55 to 74	%	28.3	30.9	28.7	29.3	29.5	31.3	31.7	28.2	29.4	
75 and over	%	22.7	20.7	16.1	19.1	21.4	18.8	18.6	3.7	20.1	

(a) Excludes separations for which the care type was reported as 'newborn with no qualified days' and records for hospital boarders and posthumous organ procurement.

(b) Includes separations for which age group was not reported.

np Not published.

Source: AIHW 2008. *Australian hospital statistics 2006-07*. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW

Table 10A.10

Table 10A.10 Separations by hospital sector and Indigenous status of patient, 2006-07 (a), (b)

Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (c)
Public hospitals									
Indigenous people	no. 50 557	11 444	60 193	42 251	17 278	np	np	57 863	239 586
Non-Indigenous people	no. 1 394 539	1 296 086	710 634	408 645	362 120	np	np	27 914	4 199 938
Not reported	no. 17 033	6 712	13 803	–	11 249	np	np	36	48 833
<b>Total population</b>	<b>no. 1 462 129</b>	<b>1 314 242</b>	<b>784 630</b>	<b>450 896</b>	<b>390 647</b>	<b>np</b>	<b>np</b>	<b>85 813</b>	<b>4 488 357</b>
Private hospitals									
Indigenous people	no. 1 138	480	3 855	8 294	457	np	np	np	14 224
Non-Indigenous people	no. 797 112	755 411	654 547	280 869	225 520	np	np	np	2 713 459
Not reported	no. 10 126	5 526	83 612	–	3 347	np	np	np	102 611
<b>Total population</b>	<b>no. 808 376</b>	<b>761 417</b>	<b>742 014</b>	<b>289 163</b>	<b>229 324</b>	<b>np</b>	<b>np</b>	<b>np</b>	<b>2 830 294</b>
Indigenous separations (% of total separations)									
Public hospitals	% 3.5	0.9	7.7	9.4	4.4	np	np	67.4	5.3
Private hospitals	% 0.1	0.1	0.5	2.9	0.2	np	np	np	0.5
All hospitals	% 2.3	0.6	4.2	6.8	2.9	np	np	np	3.5
Separations in public hospitals (% of total separations)									
Indigenous people	% 97.8	96.0	94.0	83.6	97.4	np	np	np	94.4
Non-Indigenous people	% 63.6	63.2	52.1	59.3	61.6	np	np	np	60.8

(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, 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 2008. Australian hospital statistics 2006-07. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW



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>Aust</i>	<i>Total (e)</i>
2002-03										
Public hospitals										
Indigenous people	np	np	685.2	809.4	788.1	np	np	1 223.3	np	np
Total population	np	np	189.4	195.4	231.0	np	np	422.5	np	np
Private Hospitals										
Indigenous people	np	np	64.1	109.7	16.2	np	np	np	np	np
Total population	np	np	162.8	148.1	130.0	np	np	np	np	np
2003-04										
Public hospitals										
Indigenous people	np	np	710.9	789.3	853.9	np	np	1 286.2	np	np
Total population	np	np	189.3	191.0	235.9	np	np	428.9	np	np
Private Hospitals										
Indigenous people	np	np	70.7	198.3	51.2	np	np	np	np	np
Total population	np	np	167.8	149.8	124.8	np	np	np	np	np
2004-05										
Public hospitals										
Indigenous people	np	np	733.6	821.5	822.2	np	np	1 441.0	np	907.0
Total population	np	np	188.1	195.2	225.3	np	np	456.2	np	205.2
Private Hospitals (f)										
Indigenous people	np	np	np	np	np	np	np	np	np	np
Total population	np	np	np	np	np	np	np	np	np	np
2005-06										
Public hospitals										
Indigenous people	495.6	np	745.4	845.2	875.0	np	np	1 548.0	np	792.1
Total population	204.7	np	188.5	198.8	229.7	np	np	491.4	np	205.7
Private Hospitals (f)										
Indigenous people	np	np	np	np	np	np	np	np	np	np
Total population	np	np	np	np	np	np	np	np	np	np
2006-07										
Public hospitals										
Indigenous people	528.0	624.3	756.7	876.5	929.3	np	np	1 584.8	np	787.5
Total population	205.9	246.6	218.7	218.1	232.6	np	np	480.6	np	218.7
Private Hospitals (f)										
Indigenous people	np	np	np	np	np	np	np	np	np	np
Total population	np	np	np	np	np	np	np	np	np	np

(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. The variation in the number of Indigenous separations per 1000 Indigenous population among the states and territories suggests that there was variation in the proportion of Indigenous persons who were identified as such in the hospital morbidity data collections and/or in the total population.

**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>Aust</i>	<i>Total (e)</i>
(c)	The quality of the data provided for Indigenous status since 2001-02 has improved due to the use of the National Health Data Dictionary definitions by all jurisdictions. It is still in need of improvement, however, the AIHW has advised that data for for NSW, Victoria, Queensland, SA, WA and the NT are of acceptable quality in 2005-06. 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 in 2006-07 public hospitals figures but not in those for previous years.									
(e)	For 2005-06, the total rates include data only for NSW, Queensland, WA, SA, and the NT. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should be noted that data for these jurisdictions are not necessarily representative of the other jurisdictions.									
(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), derived from the National Hospital Morbidity Database.

Table 10A.12

**Table 10A.12 Hospitalisations with a procedure recorded, selected principal diagnoses, by Indigenous status of patient, July 2005 – June 2007 (per cent) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (c)</i>
Procedures for Indigenous patients									
Neoplasms (Cancer)	87	93	86	88	92	np	np	82	87
Diseases of the blood	80	85	80	90	87	np	np	81	83
Diseases of the eye	84	90	77	81	84	np	np	73	80
Diseases of the ear	80	92	77	80	70	np	np	77	79
Diseases of the musculoskeletal system	63	79	59	66	69	np	np	64	64
Pregnancy, childbirth	59	64	55	68	65	np	np	56	59
Diseases of the digestive system	63	72	58	60	60	np	np	60	61
Endocrine, nutritional and metabolic disorders	56	68	50	62	60	np	np	72	60
Diseases of the genitourinary system	63	72	56	55	63	np	np	54	58
Injury, poisoning, external causes	55	65	52	60	55	np	np	61	57
Diseases of the skin	50	60	45	54	57	np	np	60	53
Diseases of the circulatory system	53	63	46	56	65	np	np	49	52
Infectious and parasitic diseases	19	41	21	32	33	np	np	36	28
Diseases of the nervous system	43	60	38	35	44	np	np	50	42
Diseases of the respiratory system	34	48	27	36	31	np	np	32	33
<b>All diagnoses</b>	62	75	67	76	73	np	np	80	72
Procedures for all other patients (d)									
Neoplasms (Cancer)	93	95	92	93	94	np	np	90	94
Diseases of the blood	90	93	91	95	93	np	np	81	92
Diseases of the eye	95	97	93	97	97	np	np	91	96
Diseases of the ear	73	83	80	80	78	np	np	76	79
Diseases of the musculoskeletal system	81	83	81	90	85	np	np	79	83
Pregnancy, childbirth	69	68	67	78	74	np	np	62	70
Diseases of the digestive system	77	78	75	85	78	np	np	78	78
Endocrine, nutritional and metabolic disorders	73	77	70	83	73	np	np	73	75
Diseases of the genitourinary system	76	79	75	83	78	np	np	72	78
Injury, poisoning, external causes	68	70	64	75	65	np	np	70	68
Diseases of the skin	61	66	60	69	72	np	np	59	64
Diseases of the circulatory system	68	67	60	72	66	np	np	59	66
Infectious and parasitic diseases	31	42	31	41	33	np	np	32	35
Diseases of the nervous system	74	73	66	82	76	np	np	76	73
Diseases of the respiratory system	52	57	49	55	48	np	np	42	53
<b>All diagnoses</b>	73	77	71	83	75	np	np	67	75

(a) Includes all patients treated in public hospitals and public patients treated in private hospitals.

(b) Proportions are indirectly age standardised using the age and cause specific rates of other Australians as the standard.

(c) Includes data for NSW, Victoria, Queensland, WA, SA and NT only.

(d) Includes non-Indigenous patients and those for whom Indigenous status was not stated.

**np** Not published.

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database.

**Table 10A.13 Hospitalisations with a procedure recorded, by Indigenous status of patient, July 2005 – June 2007 (per cent) (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i> (c)
Public hospitals and public patients (d)								
Indigenous hospitalisations with procedure reported	50	62	47	55	55	np	np	52
Hospitalisations with procedure reported for all other patients (e)	68	73	67	79	72	np	np	64
Total patients (f)								
Indigenous hospitalisations with procedure reported	51	62	49	55	56	np	np	52
Hospitalisations with procedure reported for all other patients (e)	79	80	80	85	80	np	np	64

(a) Proportions are indirectly age standardised using the age and cause specific rates of other Australians as the standard.

(b) Excludes hospitalisations with a principal diagnosis of care involving dialysis.

(c) Excludes private hospital data for NT.

(d) Includes all patients treated in public hospitals and public patients treated in private hospitals.

(e) Includes non-Indigenous patients and those for whom Indigenous status was not stated.

(f) Includes all patients in public and private hospitals.

**np** Not published.

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database.

**Table 10A.14 Hospitalisations with a procedure recorded, by Indigenous status of patient and remoteness, July 2005 – June 2007 (per cent) (a), (b)**

	<i>Major cities</i>	<i>Regional areas</i>	<i>Remote areas</i>	<i>All areas (c)</i>
Public hospitals and public patients (d)				
Indigenous hospitalisations with procedure reported	63	51	45	51
Hospitalisations with procedure reported for all other patients (e)	73	68	57	71
Total patients (f)				
Indigenous hospitalisations with procedure reported	64	52	45	52
Hospitalisations with procedure reported for all other patients (e)	82	76	65	80

(a) Proportions are indirectly age standardised using the age and cause specific rates of other Australians as the standard.

(b) Excludes hospitalisations with a principal diagnosis of care involving dialysis.

(c) Includes data for NSW, Victoria, Queensland, WA, SA and NT only. Excludes private hospital data for NT.

(d) Includes all patients treated in public hospitals and public patients treated in private hospitals.

(e) Includes non-Indigenous patients and those for whom Indigenous status was not stated.

(f) Includes all patients in public and private hospitals.

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database.

Table 10A.15

Table 10A.15 **Average full time equivalent (FTE) staff per 1000 persons, public hospitals (including psychiatric hospitals) (a)**

	<i>NSW (b)</i>	<i>Vic (c)</i>	<i>Qld (d)</i>	<i>WA(e)</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>2004-05</b>									
Salaried medical officers	1.1	1.1	1.0	1.0	1.1	0.9	1.1	1.3	1.1
Nurses	5.0	4.9	3.8	4.2	5.1	4.5	4.6	5.1	4.6
Registered nurses	na	na	3.3	3.7	4.0	3.9	3.9	4.9	na
Other nurses	na	na	0.5	0.5	1.1	0.5	0.7	0.2	na
Other personal care staff	na	na	0.2	na	na	0.4	0.5	0.1	na
Diagnostic and allied health	1.5	2.3	0.9	1.2	1.3	0.9	1.2	1.4	1.5
Administrative and clerical	1.8	1.8	1.1	1.7	1.8	1.2	1.9	1.9	1.6
Domestic and other staff	1.7	1.4	1.6	1.9	1.3	1.8	0.6	2.6	1.6
<b>Total staff</b>	<b>11.0</b>	<b>11.4</b>	<b>8.4</b>	<b>9.9</b>	<b>10.6</b>	<b>9.7</b>	<b>10.0</b>	<b>12.3</b>	<b>10.5</b>
<b>2005-06</b>									
Salaried medical officers	1.1	1.1	1.0	1.0	1.3	1.0	1.2	1.5	1.1
Nurses	5.2	4.9	3.9	4.3	5.6	4.7	5.1	5.7	4.8
Registered nurses	na	na	3.4	3.9	4.4	4.2	4.3	5.0	na
Other nurses	na	na	0.6	0.3	1.2	0.5	0.8	0.7	na
Other personal care staff	na	na	0.2	na	na	0.2	0.5	0.1	na
Diagnostic and allied health	1.6	2.3	0.9	1.2	1.3	0.9	1.3	1.4	1.6
Administrative and clerical	1.7	1.8	1.1	1.6	1.9	1.3	1.8	2.0	1.6
Domestic and other staff	1.6	1.4	1.6	1.9	1.4	2.1	0.5	2.5	1.6
<b>Total staff</b>	<b>11.4</b>	<b>11.6</b>	<b>8.7</b>	<b>10.0</b>	<b>11.6</b>	<b>10.1</b>	<b>10.4</b>	<b>13.1</b>	<b>10.8</b>
<b>2006-07</b>									
Salaried medical officers	1.1	1.2	1.2	1.2	1.3	1.1	1.3	1.6	1.2
Nurses	5.3	5.1	4.2	4.6	5.6	4.6	5.2	5.7	5.0
Registered nurses	na	na	3.6	4.4	4.4	4.1	4.4	5.0	na
Other nurses	na	na	0.6	0.2	1.2	0.5	0.9	0.7	na
Other personal care staff	na	na	0.2	0.0	0.5	0.2	0.5	0.1	na
Diagnostic and allied health	1.7	2.4	1.1	1.3	1.2	0.9	1.4	1.4	1.6
Administrative and clerical	1.8	1.9	1.3	1.9	2.0	1.5	1.8	2.1	1.8
Domestic and other staff	1.7	1.3	1.7	2.0	1.3	2.0	0.5	2.5	1.6
<b>Total staff</b>	<b>11.6</b>	<b>11.9</b>	<b>9.8</b>	<b>11.0</b>	<b>11.9</b>	<b>10.2</b>	<b>10.6</b>	<b>13.4</b>	<b>11.3</b>

(a) Where average FTE staff numbers are not available for a financial year, staff numbers on the last day of the financial year are used (for example, 30 June 2006, for 2005-06). Staff contracted to provide products (rather than labour) are not included. Numbers per 1000 people are calculated from population estimates for each financial year (table AA.2).

(b) For NSW, 'other personal care staff' are included in 'diagnostic and allied health' and 'domestic and other staff'.

(c) For Victoria, FTEs may be slightly understated. 'Other personal care staff' are included in 'domestic and other staff'.

(d) Queensland pathology services staff employed by the state pathology service are not included.

(e) Many WA hospitals were unable to provide a split between nurse categories and these have been reported as registered nurses.

**Table 10A.15 Average full time equivalent (FTE) staff per 1000 persons, public hospitals (including psychiatric hospitals) (a)**

	<i>NSW (b)</i>	<i>Vic (c)</i>	<i>Qld (d)</i>	<i>WA(e)</i>	<i>SA</i>	<i>Tas (f)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(f)	In 2005-06 and 2006-07, data for two small hospitals are not included. Tasmanian 'other personal care' staff are included in 'domestic and other staff'. In 2004-05, data for five small hospitals are not included.								

**na** Not available.

*Source:* AIHW, *Australian hospital statistics* (various years), AIHW Cat. nos HSE 41, 50 and 55 Canberra; ABS (unpublished), derived from Australian Demographic Statistics, December Quarter 2007, Cat. no. 3101.0; table AA.2.

Table 10A.16

Table 10A.16 Separations, by type of episode of care, public hospitals (including psychiatric), 2006-07 (a)

	Unit	NSW	Vic (b)	Qld	WA	SA	Tas	ACT	NT	Aust
Number of separations										
Acute care	no.	1 406 425	1 267 763	749 127	435 356	376 441	93 812	71 094	83 777	4 483 795
Rehabilitation care	no.	24 686	13 475	14 622	7 261	7 493	984	1 846	455	70 822
Palliative care	no.	8 452	5 182	4 405	1 318	1 324	360	476	268	21 785
Geriatric evaluation and management	no.	1 639	11 009	550	672	1	68	557	174	14 670
Psychogeriatric care	no.	1 079	2 045	492	716	170	165	23	5	4 695
Maintenance care	no.	6 008	2 190	5 525	2 259	1 484	591	868	168	19 093
Newborn total	no.	77 299	54 369	42 752	21 335	14 419	4 409	3 909	3 313	221 805
Newborn — unqualified days only	no.	63 512	41 791	33 144	18 021	10 685	3 233	3 014	2 354	175 754
Other admitted care	no.	..	—	301	—	..	—	8	7	316
Not reported	no.	53	—	—	—	—	—	—	—	53
<b>Total (c)</b>	no.	<b>1 525 641</b>	<b>1 356 033</b>	<b>817 774</b>	<b>468 917</b>	<b>401 332</b>	<b>100 389</b>	<b>78 781</b>	<b>88 167</b>	<b>4 837 034</b>
<b>Total (d)</b>	no.	<b>1 462 129</b>	<b>1 314 242</b>	<b>784 630</b>	<b>450 896</b>	<b>390 647</b>	<b>97 156</b>	<b>75 767</b>	<b>85 813</b>	<b>4 661 280</b>
Proportion of total separations										
Acute care	%	96.2	96.5	95.5	96.6	96.4	96.6	93.8	97.6	96.2
Rehabilitation care	%	1.7	1.0	1.9	1.6	1.9	1.0	2.4	0.5	1.5
Palliative care	%	0.6	0.4	0.6	0.3	0.3	0.4	0.6	0.3	0.5
Geriatric evaluation and management	%	0.1	0.8	0.1	0.1	—	0.1	0.7	0.2	0.3
Psychogeriatric care	%	0.1	0.2	0.1	0.2	—	0.2	—	—	0.1
Maintenance care	%	0.4	0.2	0.7	0.5	0.4	0.6	1.1	0.2	0.4
Newborn total	%	5.3	4.1	5.4	4.7	3.7	4.5	5.2	3.9	4.8
Newborn — some qualified days	%	0.9	1.0	1.2	0.7	1.0	1.2	1.2	1.1	1.0



Table 10A.16

Table 10A.16 Separations, by type of episode of care, public hospitals (including psychiatric), 2006-07 (a)

Unit	NSW	Vic (b)	Qld	WA	SA	Tas	ACT	NT	Aust
Other admitted care	..	-	-	-	..	-	-	-	-
Not reported	-	-	-	-	-	-	-	-	-
<b>Total (d)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Excludes records for hospital boarders or posthumous organ procurement.

(b) The reporting of newborns with unqualified days only is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.

(c) Total separations include 'newborn unqualified days only', which are not normally included as admitted patient care.

(d) Total separations exclude 'newborn unqualified days only', which are not normally included as admitted patient care.

.. Not applicable. – Nil or rounded to zero.

Source: AIHW 2008. *Australian hospital statistics 2006-07*. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW

Table 10A.17

**Table 10A.17 Australian refined diagnosis related groups (AR-DRGs) version 5.1 with the highest number of overnight acute separations, public hospitals, 2006-07 (a), (b), (c)**

Separations (no.)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
O60B Vaginal Delivery W/O Catastrophic or Severe CC	34 698	26 021	17 462	9 326	6 520	1 968	1 605	1 171	98 771
F74Z Chest Pain	19 483	11 212	10 420	3 518	5 257	643	285	722	51 540
O01C Caesarean Delivery W/O Catastrophic or Severe CC	14 307	10 205	8 255	3 753	2 848	875	635	528	41 406
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	15 849	9 578	6 788	3 607	3 888	750	440	301	41 201
O66A Antenatal & Other Obstetric Admission	12 132	7 071	7 274	4 008	2 493	776	432	921	35 107
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	10 573	6 890	6 528	3 517	2 501	542	423	1 735	32 709
O60C Vaginal Delivery Single Uncomplicated W/O Other Condition	9 408	3 270	6 629	2 049	1 464	565	501	422	24 308
G66B Abdominal Pain or Mesenteric Adenitis W/O CC	8 241	5 934	3 648	2 045	2 037	394	273	195	22 767
E69C Bronchitis and Asthma Age <50 W/O CC	8 418	4 993	2 634	1 733	2 359	334	226	215	20 912
F62B Heart Failure and Shock W/O Catastrophic CC	7 987	4 732	3 213	1 874	1 782	502	218	209	20 517
<b>Total acute separations (excluding same day)</b>	<b>787 526</b>	<b>543 360</b>	<b>381 136</b>	<b>202 641</b>	<b>191 529</b>	<b>46 409</b>	<b>31 008</b>	<b>33 020</b>	<b>2 216 629</b>
Separations (per cent)									
O60B Vaginal Delivery W/O Catastrophic or Severe CC	4.4	4.8	4.6	4.6	3.4	4.2	5.2	3.5	4.5
F74Z Chest Pain	2.5	2.1	2.7	1.7	2.7	1.4	0.9	2.2	2.3
O01C Caesarean Delivery W/O Catastrophic or Severe CC	1.8	1.9	2.2	1.9	1.5	1.9	2.0	1.6	1.9
G67B Oesophagitis, Gastroent & Misc Digestive System Disorders Age>9 W/O Cat/Sev CC	2.0	1.8	1.8	1.8	2.0	1.6	1.4	0.9	1.9
O66A Antenatal & Other Obstetric Admission	1.5	1.3	1.9	2.0	1.3	1.7	1.4	2.8	1.6
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	1.3	1.3	1.7	1.7	1.3	1.2	1.4	5.3	1.5

Table 10A.17

**Table 10A.17 Australian refined diagnosis related groups (AR-DRGs) version 5.1 with the highest number of overnight acute separations, public hospitals, 2006-07 (a), (b), (c)**

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
O60C	Vaginal Delivery Single Condition	1.2	0.6	1.7	1.0	0.8	1.2	1.6	1.3	1.1
G66B	Abdominal Pain or Mesenteric Adenitis W/O CC	1.0	1.1	1.0	1.0	1.1	0.8	0.9	0.6	1.0
E69C	Bronchitis and Asthma Age <50 W/O CC	1.1	0.9	0.7	0.9	1.2	0.7	0.7	0.7	0.9
F62B	Heart Failure and Shock W/O Catastrophic CC	1.0	0.9	0.8	0.9	0.9	1.1	0.7	0.6	0.9
	<b>10 AR-DRGs with most acute separations</b>	<b>17.9</b>	<b>16.5</b>	<b>19.1</b>	<b>17.5</b>	<b>16.3</b>	<b>15.8</b>	<b>16.2</b>	<b>19.4</b>	<b>17.6</b>

(a) Includes separations for which the care type was reported as 'acute' or 'newborn with qualified days', or was not reported.

(b) Totals may not add as a result of rounding.

(c) Excludes same day separations and separations where patients stayed over 366 days.

CC=comlications and comorbidities, CD=complicating diagnosis, W/O=without, W=with.

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database.

Table 10A.18

Table 10A.18 Top 10 AR-DRGs (version 5.1) with the most patient days, excluding same day separations, public hospitals, 2006-07 (a), (b)

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Patient days (no.)									
U61A Schizophrenia Disorders W Mental Health Legal Status	133 143	105 579	90 641	41 335	39 711	4 379	4 402	2 966	422 156
O60B Vaginal Delivery W/O Catastrophic or Severe CC	104 825	72 237	45 111	28 327	19 432	5 975	4 329	3 956	284 192
A06Z Tracheostomy or Ventilation >95 hours	99 559	63 250	45 925	22 817	26 806	6 869	3 990	4 162	273 378
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	83 964	50 942	38 788	29 304	30 430	4 616	3 921	1 889	243 854
U61B Schizophrenia Disorders W/O Mental Health Legal Status	82 556	30 449	18 190	19 525	17 475	10 918	2 023	2 140	183 276
O01C Caesarean Delivery W/O Catastrophic or Severe CC	62 284	43 547	30 590	16 466	13 102	3 667	2 568	2 615	174 839
E65A Chronic Obstructive Airways Disease W Catastrophic or Severe CC	62 641	38 304	26 726	11 310	17 527	3 875	1 421	2 925	164 729
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	45 767	33 298	24 875	14 371	11 641	2 814	1 843	6 143	140 752
E62A Respiratory Infections/Inflamations W Catastrophic CC	48 616	36 915	14 619	7 750	13 306	2 168	1 432	2 847	127 653
F62B Heart Failure and Shock W/O Catastrophic CC	50 327	23 891	17 009	10 162	10 359	3 636	1 350	809	117 543
<b>Total (days)</b>	<b>4 403 693</b>	<b>2 797 165</b>	<b>1 908 687</b>	<b>1 052 679</b>	<b>1 079 392</b>	<b>278 767</b>	<b>162 898</b>	<b>189 575</b>	<b>11 872 856</b>
Patient days (per cent)									
U61A Schizophrenia Disorders W Mental Health Legal Status	3.0	3.8	4.7	3.9	3.7	1.6	2.7	1.6	3.6
O60B Vaginal Delivery W/O Catastrophic or Severe CC	2.4	2.6	2.4	2.7	1.8	2.1	2.7	2.1	2.4

Table 10A.18

Table 10A.18 Top 10 AR-DRGs (version 5.1) with the most patient days, excluding same day separations, public hospitals, 2006-07 (a), (b)

AR-DRG	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
A06Z Tracheostomy or Ventilation >95 hours	2.3	2.3	2.4	2.2	2.5	2.5	2.4	2.2	2.3
U63B Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	1.9	1.8	2.0	2.8	2.8	1.7	2.4	1.0	2.1
U61B Schizophrenia Disorders W/O Mental Health Legal Status	1.9	1.1	1.0	1.9	1.6	3.9	1.2	1.1	1.5
O01C Caesarean Delivery W/O Catastrophic or Severe CC	1.4	1.6	1.6	1.6	1.2	1.3	1.6	1.4	1.5
E65A Chronic Obstructive Airways Disease W Catastrophic or Severe CC	1.4	1.4	1.4	1.1	1.6	1.4	0.9	1.5	1.4
J64B Cellulitis (Age >59 W/O Catastrophic or Severe CC) or Age <60	1.0	1.2	1.3	1.4	1.1	1.0	1.1	3.2	1.2
E62A Respiratory Infections/Inflamations W Catastrophic CC	1.1	1.3	0.8	0.7	1.2	0.8	0.9	1.5	1.1
F62B Heart Failure and Shock W/O Catastrophic CC	1.1	0.9	0.9	1.0	1.0	1.3	0.8	0.4	1.0
<b>Per cent of patient days accounted for by ten AR-DRGs with the most patient days</b>	<b>17.6</b>	<b>17.8</b>	<b>18.5</b>	<b>19.1</b>	<b>18.5</b>	<b>17.5</b>	<b>16.7</b>	<b>16.1</b>	<b>18.0</b>

(a) Excludes same day separations and separations where patients stayed over 365 days.

(b) Includes separations for which the care type was reported as 'acute' or 'newborn with qualified days', or was not reported.

CC=comlications and comorbidities, W/O=without, W=with.

Source: AIHW (unpublished), derived from the National Hospital Morbidity Database.

Table 10A.19

Table 10A.19 Non-admitted patient occasions of service, by type of non-admitted patient care, public hospitals, 2006-07 (a)

	Unit	NSW	Vic	Q/d	WA	SA	Tas	ACT	NT (b)	Aust (c)
Public acute hospitals										
Individual occasions of service										
Accident and emergency	no.	2 303 877	1 468 474	1 382 259	726 741	515 928	124 902	96 322	122 801	6 741 304
Dialysis	no.	21 892	-	-	..	-	10 906	-	-	32 798
Pathology	no.	2 322 209	755 109	3 268 395	556 170	..	205 762	35 194	82 219	7 225 058
Radiology and organ imaging	no.	782 283	568 491	872 786	411 248	229 220	83 274	66 940	61 059	3 075 301
Endoscopy and related procedures	no.	11 867	-	9 098	..	-	1 339	2 125	-	24 429
Other medical/surgical/obstetric (d)	no.	4 813 614	1 575 831	2 392 838	653 758	928 863	312 459	245 202	108 586	11 031 151
Mental health	no.	848 381	707 496	121 465	37 664	12 801	..	1 803	-	1 729 610
Alcohol and drug	no.	1 307 495	22 852	94 960	-	-	-	-	-	1 425 307
Dental	no.	595 152	188 335	265 265	11 116	10 841	13 447	-	-	1 084 156
Pharmacy (e)	no.	3 292 540	438 871	574 952	190 223	-	78 178	870	33 652	4 609 286
Allied health	no.	812 920	1 067 213	533 317	930 513	196 570	92 435	17 220	9 575	3 659 763
Other non-admitted services										
Community health	no.	1 473 441	250 466	177 365	801 342	9 002	..	9 420	-	2 721 036
District nursing (f)	no.	1 361 175	221 709	108 112	171 813	13 758	-	-	-	1 876 567
Other outreach	no.	337 919	3 964	147 193	176 258	222 473	..	17 323	-	905 130
<b>Total (individual)</b>	no.	<b>20 284 765</b>	<b>7 268 811</b>	<b>9 948 005</b>	<b>4 666 846</b>	<b>2 139 456</b>	<b>922 702</b>	<b>492 419</b>	<b>417 892</b>	<b>46 140 896</b>
Group sessions										
Allied health	no.	18 252	20 400	6 841	14 850	5 645	na	695	na	66 683
Dental	no.	54	na	na	na	-	na	..	na	54
Other medical/surgical/obstetric (d)	no.	51 608	2 212	4 678	na	6 921	na	1 466	79	66 964

Table 10A.19

Table 10A.19 Non-admitted patient occasions of service, by type of non-admitted patient care, public hospitals, 2006-07 (a)

	Unit	NSW	Vic	Q/d	WA	SA	Tas	ACT	NT (b)	Aust (c)
Mental health	no.	28 854	na	212	2 846	1 374	na	326	na	33 612
Alcohol & drug	no.	1 980	na	70	..	..	na	..	na	2 050
Community health	no.	37 561	na	3 245	34 920	..	na	..	na	75 726
District nursing	no.	4 842	na	300	3 099	..	na	..	na	8 241
Other outreach	no.	4 384	na	422	3 548	83 112	na	74	na	91 540
Other	no.	539	na	-	..	..	na	..	na	539
<b>Total (group sessions)</b>	no.	<b>148 074</b>	<b>22 612</b>	<b>15 768</b>	<b>59 263</b>	<b>97 052</b>	<b>na</b>	<b>2 561</b>	<b>79</b>	<b>345 409</b>
Public psychiatric hospitals										
Emergency and outpatient individual sessions	no.	126 949	2 801	60	16 393	na	na	..	..	146 203
Emergency and outpatient group sessions	no.	9 304	-	-	2 446	na	na	..	..	11 750
Outreach/community individual sessions	no.	-	-	-	-	na	na	..	..	-
Outreach/community group sessions	no.	-	-	-	-	na	na	..	..	-
<b>Total</b>	no.	<b>136 253</b>	<b>2 801</b>	<b>60</b>	<b>18 839</b>	<b>na</b>	<b>na</b>	<b>..</b>	<b>..</b>	<b>157 953</b>
Public acute hospitals										
Accident and emergency	%	11.4	20.2	13.9	15.6	24.1	13.5	19.6	29.4	14.6
Dialysis	%	0.1	-	-	..	-	1.2	-	-	0.1
Pathology	%	11.4	10.4	32.9	11.9	..	22.3	7.1	19.7	15.7
Radiology and organ imaging	%	3.9	7.8	8.8	8.8	10.7	9.0	13.6	14.6	6.7
Endoscopy and related procedures	%	0.1	-	0.1	..	-	0.1	0.4	-	0.1
Other medical/surgical/obstetric (d)	%	23.7	21.7	24.1	14.0	43.4	33.9	49.8	26.0	23.9
Mental health	%	4.2	9.7	1.2	0.8	0.6	..	0.4	-	3.7
Alcohol and drug	%	6.4	0.3	1.0	-	-	-	-	-	3.1
										PUBLIC
										HOSPITALS
REPORT ON GOVERNMENT SERVICES 2009										

Table 10A.19

Table 10A.19 Non-admitted patient occasions of service, by type of non-admitted patient care, public hospitals, 2006-07 (a)

	Unit	NSW	Vic	Q/d	WA	SA	Tas	ACT	NT (b)	Aust (c)
Dental	%	2.9	2.6	2.7	0.2	0.5	1.5	—	—	2.3
Pharmacy (e)	%	16.2	6.0	5.8	4.1	—	8.5	0.2	8.1	10.0
Allied health	%	4.0	14.7	5.4	19.9	9.2	10.0	3.5	2.3	7.9
Other non-admitted services										
Community health	%	7.3	3.4	1.8	17.2	0.4	..	1.9	—	5.9
District nursing (f)	%	6.7	3.1	1.1	3.7	0.6	—	—	—	4.1
Other outreach	%	1.7	0.1	1.5	3.8	10.4	..	3.5	—	2.0
<b>Total (individual)</b>	%	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Group sessions										
Allied health	%	12.3	90.2	43.4	25.1	5.8	na	27.1	na	19.3
Dental	%	—	na	na	na	—	na	..	na	—
Other medical/surgical/obstetric (d)	%	34.9	9.8	29.7	na	7.1	na	57.2	100.0	19.4
Mental health	%	19.5	na	1.3	4.8	1.4	na	12.7	na	9.7
Alcohol & drug	%	1.3	na	0.4	..	..	na	..	na	0.6
Community health	%	25.4	na	20.6	58.9	..	na	..	na	21.9
District nursing	%	3.3	na	1.9	5.2	..	na	..	na	2.4
Other outreach	%	3.0	na	2.7	6.0	85.6	na	2.9	na	26.5
Other	%	0.4	na	—	..	..	na	..	na	0.2
<b>Total (group sessions)</b>	%	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>..</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Public psychiatric hospitals										
Emergency and outpatient individual sessions	%	93.2	100.0	100.0	87.0	na	na	..	..	92.6
Emergency and outpatient group sessions	%	6.8	—	—	13.0	na	na	..	..	7.4



Table 10A.19

Table 10A.19 Non-admitted patient occasions of service, by type of non-admitted patient care, public hospitals, 2006-07 (a)

	Unit	NSW	Vic	Q/d	WA	SA	Tas	ACT	NT (b)	Aust (c)
Outreach/community individual sessions	%	-	-	-	-	na	na	..	..	-
Outreach/community group sessions	%	-	-	-	-	na	na	..	..	-
<b>Total</b>	<b>%</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>100.0</b>

(a) Reporting arrangements have varied significantly across years and across jurisdictions.

(b) Radiology figures for the NT are underestimated and pathology figures relate only to three of the five hospitals.

(c) Includes only those states and territories for which data are available.

(d) Other includes the outpatient services of Gynaecology, Obstetrics, Cardiology, Endocrinology, Oncology, Respiratory, Gastroenterology, Medical, General practice primary care, Paediatric, Plastic surgery, Urology, Orthopaedic surgery, Ophthalmology, Ear, nose and throat, Chemotherapy, Paediatric surgery and Renal medical.

(e) Justice Health (formerly known as Corrections Health) in New South Wales reported a large number of occasions of service that may not be typical of Pharmacy.

(f) Justice Health (formerly known as Corrections Health) in New South Wales reported a large number of occasions of service that may not be typical of District nursing.

na Not available. .. Not applicable. - Nil or rounded to zero.

Source: AIHW 2008. *Australian hospital statistics 2006-07*. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW.

Table 10A.20

Table 10A.20 **Emergency department waiting times, by triage category, public hospitals, 2006-07**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA (a)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Proportion of patients seen on time (b) (c)										
1 – Resuscitation	%	100	100	98	98	99	96	100	100	99
2 – Emergency	%	87	82	67	71	72	72	77	56	78
3 – Urgent	%	71	73	57	59	56	62	47	54	65
4 – Semi-urgent	%	74	67	60	61	63	61	49	48	66
5 – Non-urgent	%	89	88	87	87	87	87	81	87	88
<b>Total</b>	%	<b>76</b>	<b>74</b>	<b>61</b>	<b>64</b>	<b>63</b>	<b>64</b>	<b>54</b>	<b>55</b>	<b>70</b>
Estimated proportion of occasions of service ending in admission (c) (d)										
1 – Resuscitation	%	81	92	71	67	71	82	73	70	79
2 – Emergency	%	64	74	56	46	58	57	58	64	62
3 – Urgent	%	43	53	31	33	40	38	42	43	42
4 – Semi-urgent	%	18	22	10	11	13	13	14	14	16
5 – Non-urgent	%	5	5	3	4	6	3	4	7	5
<b>Total</b>	%	<b>28</b>	<b>33</b>	<b>22</b>	<b>21</b>	<b>32</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>27</b>
Proportion of occasions of service (c)										
1 – Resuscitation	%	1	1	1	1	1	1	1	1	1
2 – Emergency	%	8	8	9	10	12	8	7	6	8
3 – Urgent	%	32	29	37	29	36	34	33	29	32
4 – Semi-urgent	%	45	48	46	51	47	50	48	52	47
5 – Non-urgent	%	15	15	8	9	4	7	11	12	12
<b>Total</b>	%	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
Data coverage										
Estimated proportion of occasions of service with waiting times data (e), (f)	%	81	89	64	72	69	96	100	100	78
Hospitals reporting occasions of service with waiting times data (g)	no.	71	38	21	16	8	3	2	5	164

(a) The estimated proportion of occasions of service ending in admission in SA excludes data for large hospitals.

(b) The proportion of occasions of service for which the waiting time to service delivery was within the time specified in the definition of the triage category. For the triage category Resuscitation, an occasion of service was classified as 'seen on time' if the waiting time to service was reported as less than or equal to 2 minutes.

(c) Includes data that were provided by jurisdictions for hospitals in peer groups in addition to Principal referral and Specialist women's and children's hospitals and Large hospitals.

(d) The proportion of occasions of service for which the emergency department departure status was reported as 'admitted to this hospital'.

(e) The number of occasions of service with waiting times data divided by the number of accident and emergency department occasions of service expressed as a percentage. This may underestimate coverage because some occasions of service are for other than emergency presentations, for which waiting times data are applicable.

**Table 10A.20 Emergency department waiting times, by triage category, public hospitals, 2006-07**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA (a)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(f)	For some jurisdictions, the number of emergency department occasions of service reported to the Non-admitted Patient Emergency Department Care Database exceeded the number of accident and emergency occasions of service reported to the National Public Hospital Establishments Database. For these jurisdictions the coverage has been estimated as 100 per cent.									
(g)	Episode-level data are required for public hospitals which are classified as Principal referral and Specialist women's and children's hospitals and Large hospitals.									

*Source:* AIHW 2008. *Australian hospital statistics 2006-07*. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW

Table 10A.21

**Table 10A.21 Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	Vic	Qld (b)	WA	SA (c)	Tas	ACT	NT	Aust
2002-03									
Principal referral and women's and children's hospitals									
Number of hospitals in peer group	22	19	16	4	5	2	1	1	70
Number of reporting hospitals (d)	22	19	15	4	5	2	1	1	69
Est coverage of surgical separations (e)	100	100	98	100	100	100	100	100	99
Number of admissions (f)	101 424	85 537	81 290	22 857	29 178	10 363	4 535	4 186	339 370
Days waited at 50th percentile	26	27	20	29	34	42	np	np	26
Days waited at 90th percentile	189	203	109	208	187	364	np	np	182
% waited more than 365 days	3.8	4.5	2.7	4.4	2.9	10.0	np	np	3.9
Large hospitals									
Number of hospitals in peer group	21	12	8	2	2	1	1	1	48
Number of reporting hospitals (d)	21	6	8	1	2	1	1	1	41
Est coverage of surgical separations (e)	100	60	100	51	100	100	100	100	82
Number of admissions (f)	42 833	25 959	23 942	3 445	5 502	2 175	3 126	1 760	108 742
Days waited at 50th percentile	34	29	26	21	36	np	np	np	31
Days waited at 90th percentile	254	187	126	150	146	np	np	np	213
% waited more than 365 days	4.9	3.3	2.6	1.4	3.7	np	np	np	4.2
Medium hospitals									
Number of hospitals in peer group	36	30	16	11	13	-	-	-	106
Number of reporting hospitals (d)	36	3	9	8	-	..	..	..	56
Est coverage of surgical separations (e)	100	15	79	69	na	..	..	..	52
Number of admissions (f)	34 231	5 571	4 720	14 587	na	..	..	..	59 109
Days waited at 50th percentile	37	61	27	23	na	..	..	..	34
Days waited at 90th percentile	267	169	141	190	na	..	..	..	234
% waited more than 365 days	4.5	2.8	2.2	2.3	na	..	..	..	3.6
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Table 10A.21

**Table 10A.21 Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	Vic	Qld (b)	WA	SA (c)	Tas	ACT	NT	Aust
<b>Total (g)</b>									
Total number of hospitals	221	145	156	94	79	24	2	5	726
Number of reporting hospitals (d)	106	28	32	16	7	3	2	5	199
Est coverage of surgical separations (e)	100	71	96	77	64	100	100	100	85
Number of admissions (f)	186 443	117 067	109 952	42 649	34 680	12 538	7 661	6 513	517 503
Admissions per 1000 population (h)	28.0	24.0	29.3	22.0	22.8	26.4	23.8	32.9	26.2
Days waited at 50th percentile	29	28	21	27	34	42	48	45	28
Days waited at 90th percentile	227	197	113	207	181	389	300	305	197
% waited more than 365 days	4.2	4.2	2.6	3.9	3.0	10.9	7.1	7.0	4.0
2003-04									
Principal referral and women's and children's hospitals									
Number of hospitals in peer group	20	19	16	4	5	2	1	2	69
Number of reporting hospitals (d)	20	19	15	4	5	2	1	2	68
Est coverage of surgical separations (e)	100	100	97	100	100	100	100	100	99
Number of admissions (f)	92 850	84 822	89 308	26 695	30 267	10 304	4 686	4 498	343 430
Days waited at 50th percentile	27	28	21	26	36	44	np	29	27
Days waited at 90th percentile	188	200	116	181	197	348	np	236	182
% waited more than 365 days	3.7	4.2	3.0	3.9	3.6	9.5	np	5.2	3.9
Large hospitals									
Number of hospitals in peer group	22	13	7	4	2	1	1	-	50
Number of reporting hospitals (d)	22	8	7	1	2	1	1	..	42
Est coverage of surgical separations (e)	100	73	100	31	100	100	100	..	85
Number of admissions (f)	46 249	31 649	16 560	3 474	6 382	2 109	3 861	..	110 284
Days waited at 50th percentile	36	22	23	np	48	np	np	..	30
Days waited at 90th percentile	270	127	106	np	214	np	np	..	206
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Table 10A.21

Table 10A.21 Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)

	NSW	Vic	Qld (b)	WA	SA (c)	Tas	ACT	NT	Aust
% waited more than 365 days	5.4	1.8	2.3	np	4.5	np	np	..	4.2
Medium hospitals									
Number of hospitals in peer group	40	30	15	9	13	-	-	-	107
Number of reporting hospitals (d)	40	4	9	5	-	..	..	..	58
Est coverage of surgical separations (e)	100	30	81	80	-	..	..	..	59
Number of admissions (f)	39 666	10 166	5 325	13 633	na	..	..	..	68 790
Days waited at 50th percentile	41	29	27	27	na	..	..	..	34
Days waited at 90th percentile	242	122	140	216	na	..	..	..	215
% waited more than 365 days	4.0	1.5	1.4	3.3	na	..	..	..	3.3
<b>Total (g)</b>									
<b>Total number of hospitals</b>	<b>230</b>	<b>143</b>	<b>178</b>	<b>93</b>	<b>80</b>	<b>27</b>	<b>2</b>	<b>5</b>	<b>758</b>
<b>Number of reporting hospitals (d)</b>	<b>105</b>	<b>31</b>	<b>31</b>	<b>12</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>196</b>
<b>Est coverage of surgical separations (e)</b>	<b>100</b>	<b>78</b>	<b>96</b>	<b>76</b>	<b>64</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>87</b>
<b>Number of admissions (f)</b>	<b>182 400</b>	<b>126 637</b>	<b>111 193</b>	<b>46 056</b>	<b>36 649</b>	<b>12 413</b>	<b>8 547</b>	<b>5 054</b>	<b>528 949</b>
<b>Admissions per 1000 population (h)</b>	<b>27.2</b>	<b>25.6</b>	<b>28.9</b>	<b>23.4</b>	<b>23.9</b>	<b>25.9</b>	<b>26.5</b>	<b>25.4</b>	<b>26.5</b>
<b>Days waited at 50th percentile</b>	<b>32</b>	<b>27</b>	<b>22</b>	<b>27</b>	<b>37</b>	<b>42</b>	<b>46</b>	<b>34</b>	<b>28</b>
<b>Days waited at 90th percentile</b>	<b>222</b>	<b>175</b>	<b>115</b>	<b>200</b>	<b>201</b>	<b>372</b>	<b>373</b>	<b>245</b>	<b>193</b>
<b>% waited more than 365 days</b>	<b>4.1</b>	<b>3.3</b>	<b>2.8</b>	<b>4.0</b>	<b>3.8</b>	<b>10.3</b>	<b>10.4</b>	<b>5.3</b>	<b>3.9</b>
2004-05									
Principal referral and women's and children's hospitals									
Number of hospitals in peer group	na	na	na	na	na	na	na	na	na
Number of reporting hospitals (d)	26	19	16	4	5	2	1	2	75
Est coverage of surgical separations (e)	100	100	97	100	100	100	100	100	99
Number of admissions (f)	117 762	84 230	90 171	29 258	30 193	10 451	4 994	5 026	372 085
Days waited at 50th percentile	29	28	22	26	36	41	np	25	28
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Table 10A.21

Table 10A.21 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	Vic	Qld (b)	WA	SA (c)	Tas	ACT	NT	Aust
Days waited at 90th percentile	274	216	105	184	203	373	np	252	203
% waited more than 365 days	6.7	4.3	1.9	3.4	3.9	10.3	np	5.5	4.6
<b>Large hospitals</b>									
Number of hospitals in peer group	na	na	na	na	na	na	na	na	na
Number of reporting hospitals (d)	16	8	6	2	2	1	1	..	36
Est coverage of surgical separations (e)	100	73	100	48	100	66	100	..	82
Number of admissions (f)	34 153	32 307	13 272	7 696	6 511	3 354	3 623	..	100 916
Days waited at 50th percentile	41	23	22	np	30	np	np	..	29
Days waited at 90th percentile	330	159	95	np	179	np	np	..	227
% waited more than 365 days	7.6	2.3	1.5	np	4.5	np	np	..	4.8
<b>Medium hospitals</b>									
Number of hospitals in peer group	na	na	na	na	na	na	na	na	na
Number of reporting hospitals (d)	41	5	9	4	-	..	..	..	59
Est coverage of surgical separations (e)	100	37	83	75	-	..	..	..	62
Number of admissions (f)	41 509	12 668	5 433	10 220	na	..	..	..	69 830
Days waited at 50th percentile	47	34	28	23	na	..	..	..	37
Days waited at 90th percentile	316	213	137	182	na	..	..	..	272
% waited more than 365 days	7.3	6.0	1.5	4.0	na	..	..	..	6.1
<b>Total (g)</b>									
<b>Total number of hospitals</b>	na	na	na	na	na	na	na	na	na
<b>Number of reporting hospitals (d)</b>	104	32	31	11	7	3	2	5	195
<b>Est coverage of surgical separations (e)</b>	100	79	96	72	62	90	100	100	87
<b>Number of admissions (f)</b>	197 600	129 205	108 876	49 295	36 704	13 805	8 617	5 644	549 746
<b>Admissions per 1000 population (h)</b>	29.3	25.9	27.7	24.7	23.9	28.5	26.6	28.1	27.2
<b>Days waited at 50th percentile</b>	34	28	22	27	35	34	45	29	29

Table 10A.21

**Table 10A.21 Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	Vic	Qld (b)	WA	SA (c)	Tas	ACT	NT	Aust
<b>Days waited at 90th percentile</b>	<b>294</b>	<b>200</b>	<b>105</b>	<b>197</b>	<b>201</b>	<b>352</b>	<b>368</b>	<b>266</b>	<b>217</b>
<b>% waited more than 365 days</b>	<b>6.9</b>	<b>4.0</b>	<b>1.8</b>	<b>3.8</b>	<b>4.0</b>	<b>9.5</b>	<b>10.1</b>	<b>5.9</b>	<b>4.8</b>
2005-06									
Principal referral and women's and children's hospitals									
Number of hospitals in peer group	28	19	17	4	5	3	1	2	79
Number of reporting hospitals (d)	28	19	16	4	5	3	1	2	78
Est coverage of surgical separations (e)	100	100	97	100	100	100	100	100	99
Number of admissions (f)	127 298	85 425	89 393	28 512	30 352	15 041	5 106	5 076	386 203
Days waited at 50th percentile	31	32	24	30	38	34	np	26	30
Days waited at 90th percentile	278	238	132	208	213	332	np	298	228
% waited more than 365 days	5.6	5.0	2.3	4.5	3.9	8.7	np	7.2	4.7
Large hospitals									
Number of hospitals in peer group	14	15	6	5	2	-	1	-	43
Number of reporting hospitals (d)	14	9	6	2	2	..	1	..	34
Est coverage of surgical separations (e)	100	72	100	52	100	..	100	..	81
Number of admissions (f)	29 741	37 473	12 435	8 630	5 567	..	3 970	..	97 816
Days waited at 50th percentile	43	32	26	22	40	..	np	..	35
Days waited at 90th percentile	312	222	105	224	199	..	np	..	251
% waited more than 365 days	5.4	3.9	1.4	4.5	6.1	..	np	..	4.6
Medium hospitals									
Number of hospitals in peer group	38	23	10	7	11	-	-	-	89
Number of reporting hospitals (d)	36	4	7	4	-	..	..	..	51
Est coverage of surgical separations (e)	100	36	86	78	-	..	..	..	62
Number of admissions (f)	38 306	11 626	4 034	9 675	na	..	..	..	63 641
Days waited at 50th percentile	48	32	28	23	na	..	..	..	38



Table 10A.21

**Table 10A.21 Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	Vic	Qld (b)	WA	SA (c)	Tas	ACT	NT	Aust
Days waited at 90th percentile	304	136	112	145	na	..	..	..	257
% waited more than 365 days	4.8	2.1	1.1	2.7	na	..	..	..	3.8
<b>Total (g)</b>									
<b>Total number of hospitals</b>	<b>230</b>	<b>143</b>	<b>177</b>	<b>91</b>	<b>79</b>	<b>27</b>	<b>3</b>	<b>5</b>	<b>755</b>
<b>Number of reporting hospitals (d)</b>	<b>100</b>	<b>32</b>	<b>31</b>	<b>11</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>191</b>
<b>Est coverage of surgical separations (e)</b>	<b>100</b>	<b>79</b>	<b>96</b>	<b>76</b>	<b>63</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>87</b>
<b>Number of admissions (f)</b>	<b>201 438</b>	<b>134 524</b>	<b>106 323</b>	<b>48 935</b>	<b>35 919</b>	<b>15 041</b>	<b>9 076</b>	<b>5 695</b>	<b>556 951</b>
<b>Admissions per 1000 population (h)</b>	<b>29.6</b>	<b>26.6</b>	<b>26.6</b>	<b>24.1</b>	<b>23.2</b>	<b>30.9</b>	<b>27.8</b>	<b>27.9</b>	<b>27.2</b>
<b>Days waited at 50th percentile</b>	<b>36</b>	<b>32</b>	<b>25</b>	<b>28</b>	<b>38</b>	<b>34</b>	<b>61</b>	<b>30</b>	<b>32</b>
<b>Days waited at 90th percentile</b>	<b>291</b>	<b>224</b>	<b>127</b>	<b>205</b>	<b>212</b>	<b>332</b>	<b>372</b>	<b>313</b>	<b>237</b>
<b>% waited more than 365 days</b>	<b>5.4</b>	<b>4.5</b>	<b>2.1</b>	<b>4.3</b>	<b>4.2</b>	<b>8.7</b>	<b>10.3</b>	<b>7.7</b>	<b>4.6</b>
2006-07									
Principal referral and women's and children's hospitals									
Number of hospitals in peer group	29	20	18	6	5	3	1	2	84
Number of reporting hospitals (d)	29	20	17	5	5	3	1	2	82
Est coverage of surgical separations (e)	100	100	97	84	100	100	100	100	98
Number of admissions (f)	134 093	86 679	91 827	26 002	31 705	14 181	5 129	5 215	394 831
Days waited at 50th percentile	31	29	26	29	39	38	np	31	30
Days waited at 90th percentile	259	224	149	223	207	343	np	363	225
% waited more than 365 days	2.3	4.0	2.6	5.0	3.8	9.2	np	9.8	3.4
Large hospitals									
Number of hospitals in peer group	12	14	5	6	2	—	1	—	40
Number of reporting hospitals (d)	12	8	5	2	2	..	1	..	30
Est coverage of surgical separations (e)	100	70	100	42	100	..	100	..	77
Number of admissions (f)	24 825	33 713	11 658	8 571	5 489	..	4 177	..	88 433
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Table 10A.21

Table 10A.21 **Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	Vic	Qld (b)	WA	SA (c)	Tas	ACT	NT	Aust
Days waited at 50th percentile	39	33	22	23	43	..	np	..	33
Days waited at 90th percentile	266	195	96	233	201	..	np	..	224
% waited more than 365 days	1.3	2.3	1.9	3.8	4.5	..	np	..	2.7
Medium hospitals									
Number of hospitals in peer group	39	24	12	7	11	–	–	–	93
Number of reporting hospitals (d)	37	4	7	4	–	..	..	..	52
Est coverage of surgical separations (e)	100	35	81	80	–	..	..	..	63
Number of admissions (f)	36 573	11 277	4 090	11 718	na	..	..	..	63 658
Days waited at 50th percentile	50	28	27	28	na	..	..	..	39
Days waited at 90th percentile	271	137	125	209	na	..	..	..	231
% waited more than 365 days	1.1	1.2	1.1	4.2	na	..	..	..	1.7
<b>Total (g)</b>									
<b>Total number of hospitals</b>	<b>228</b>	<b>144</b>	<b>177</b>	<b>95</b>	<b>79</b>	<b>27</b>	<b>3</b>	<b>5</b>	<b>758</b>
<b>Number of reporting hospitals (d)</b>	<b>99</b>	<b>32</b>	<b>31</b>	<b>13</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>192</b>
<b>Est coverage of surgical separations (e)</b>	<b>100</b>	<b>79</b>	<b>96</b>	<b>67</b>	<b>64</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>87</b>
<b>Number of admissions (f)</b>	<b>201 630</b>	<b>131 669</b>	<b>107 893</b>	<b>48 986</b>	<b>37 194</b>	<b>14 181</b>	<b>9 306</b>	<b>5 911</b>	<b>556 770</b>
<b>Admissions per 1000 population (h)</b>	<b>29.4</b>	<b>25.5</b>	<b>26.1</b>	<b>23.5</b>	<b>23.6</b>	<b>28.8</b>	<b>27.7</b>	<b>27.8</b>	<b>26.7</b>
<b>Days waited at 50th percentile</b>	<b>35</b>	<b>30</b>	<b>25</b>	<b>29</b>	<b>40</b>	<b>38</b>	<b>63</b>	<b>35</b>	<b>32</b>
<b>Days waited at 90th percentile</b>	<b>260</b>	<b>208</b>	<b>142</b>	<b>225</b>	<b>206</b>	<b>343</b>	<b>364</b>	<b>370</b>	<b>226</b>
<b>% waited more than 365 days</b>	<b>1.9</b>	<b>3.3</b>	<b>2.5</b>	<b>4.6</b>	<b>3.9</b>	<b>9.2</b>	<b>9.9</b>	<b>10.2</b>	<b>3.1</b>

Table 10A.21

**Table 10A.21 Elective surgery waiting times for patients admitted from waiting lists, by hospital peer group, public hospitals (a)**

	NSW	Vic	Qld (b)	WA	SA (c)	Tas	ACT	NT	Aust
(a)	Public hospitals only. Principal referral hospitals and women's and children's hospitals include major cities hospitals with > 20 000 acute casemix adjusted separations a year and regional hospitals with > 16 000 acute casemix adjusted separations a year, as well as specialised acute women's and children's hospitals with > 10 000 acute casemix adjusted separations a year. Large hospitals include major cities acute hospitals treating > 10 000 acute casemix adjusted separations a year, regional acute hospitals treating > 8000 acute casemix adjusted separations a year and remote hospitals with > 5000 acute casemix adjusted separations a year. Medium hospitals include medium acute hospitals in regional and major city areas treating between 5000 and 10 000 acute casemix adjusted separations a year and medium acute hospitals in regional and major city areas treating between 2000 and 5000 acute casemix adjusted separations per year, plus acute hospitals treating < 2000 acute casemix adjusted separations a year but with > 2000 separations a year.								
(b)	For 2005-06 the total number of admissions for Queensland includes 644 admissions that were removed from the waiting list for elective admission before 30 June 2005 and separated before 30 June 2006. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.								
(c)	Before 2004-05, SA counted the waiting time in all urgency categories. For 2004-05 data, SA reported waiting times as per the agreed national standard for calculating waiting times. The national standard counts the time waited in the most recent urgency category plus any time waited in more urgent categories, for example, time waiting in category 2, plus time spent previously in category 1. This should have the effect of decreasing the apparent waiting time for SA admissions in 2004-05 compared with previous reporting periods.								
(d)	Number of hospitals reporting to the National Elective Surgery Waiting Times Data Collection. For NSW, 2004-05 data includes two private hospitals contracted to do elective surgery.								
(e)	The number of separations with urgency of admission reported as 'elective' and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with urgency of admission of 'elective' and a surgical procedure for all public hospitals.								
(f)	Number of admissions for elective surgery reported to the National Elective Surgery Waiting Times Data Collection.								
(g)	Includes data for hospitals not included in the specified hospital peer groups.								
(h)	Crude rate based on the Australian estimated resident population as at 31 December 2005.								
	<b>na</b> Not available. ... Not applicable. – Nil or rounded to zero. <b>np</b> Not published.								
	Source: AIHW, <i>Australian hospital statistics</i> (various years), AIHW Cat. nos HSE 32 37, 41, 50 and 55 Canberra.								

Table 10A.22

**Table 10A.22 Elective surgery waiting times, by specialty of surgeon**

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
2002-03									
Cardio-thoracic									
Days waited at 50th percentile	15	6	11	14	16	34	24	..	12
Days waited at 90th percentile	97	34	83	58	86	245	89	..	79
% waited more than 365 days	–	–	0.1	–	0.1	3.2	–	..	0.2
Ear, nose and throat surgery									
Days waited at 50th percentile	53	38	20	56	44	47	70	79	40
Days waited at 90th percentile	351	269	147	334	276	237	346	421	294
% waited more than 365 days	9.1	6.4	4.0	8.7	5.4	5.2	9.0	15.7	7.0
General surgery									
Days waited at 50th percentile	24	25	22	21	34	37	27	69	24
Days waited at 90th percentile	120	147	107	129	151	358	253	342	133
% waited more than 365 days	1.5	2.7	1.7	1.7	1.9	9.5	5.8	8.9	2.1
Gynaecology									
Days waited at 50th percentile	24	29	22	18	27	38	35	9	24
Days waited at 90th percentile	115	139	90	61	129	179	162	70	110
% waited more than 365 days	1.1	1.5	1.0	0.3	0.9	1.6	1.3	0.7	1.1
Neurosurgery									
Days waited at 50th percentile	17	18	10	26	12	52	46	..	16
Days waited at 90th percentile	71	143	99	170	130	284	191	..	122
% waited more than 365 days	0.5	1.0	1.2	1.3	1.7	3.1	0.9	..	1.0
Ophthalmology									
Days waited at 50th percentile	107	38	27	78	51	188	193	142	61
Days waited at 90th percentile	389	211	443	288	187	721	669	376	358
% waited more than 365 days	12.8	4.5	11.9	4.5	2.5	42.1	25.3	10.7	9.5
Orthopaedic surgery									
Days waited at 50th percentile	53	56	18	64	65	171	89	78	45
Days waited at 90th percentile	351	343	137	400	336	636	331	352	327
% waited more than 365 days	9.1	8.9	3.2	11.4	8.2	25.2	7.3	8.8	8.1
Plastic surgery									
Days waited at 50th percentile	25	22	27	24	27	41	30	178	26
Days waited at 90th percentile	133	159	101	182	156	255	344	375	140
% waited more than 365 days	1.9	3.5	1.6	3.2	2.8	8.0	8.3	13.3	2.8
Urology									
Days waited at 50th percentile	28	24	24	20	29	29	37	42	26
Days waited at 90th percentile	133	182	108	109	122	123	165	218	138
% waited more than 365 days	1.9	4.1	1.6	2.7	2.3	2.4	0.8	3.7	2.5
Vascular surgery									
Days waited at 50th percentile	14	20	15	20	8	26	17	..	15
Days waited at 90th percentile	77	293	101	197	34	337	438	..	116
% waited more than 365 days	0.6	7.5	3.6	2.4	0.2	9.2	12.7	..	3.4

Table 10A.22

Table 10A.22 **Elective surgery waiting times, by specialty of surgeon**

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Other</b>									
Days waited at 50th percentile	8	23	20	13	21	6	36	28	16
Days waited at 90th percentile	57	115	90	43	106	32	251	168	89
% waited more than 365 days	0.1	0.7	0.8	–	4.3	0.2	4.7	2.8	0.8
<b>Total</b>									
<b>Days waited at 50th percentile</b>	<b>29</b>	<b>28</b>	<b>21</b>	<b>27</b>	<b>34</b>	<b>42</b>	<b>48</b>	<b>45</b>	<b>28</b>
<b>Days waited at 90th percentile</b>	<b>227</b>	<b>197</b>	<b>113</b>	<b>207</b>	<b>181</b>	<b>389</b>	<b>300</b>	<b>305</b>	<b>197</b>
<b>% waited more than 365 days</b>	<b>4.2</b>	<b>4.2</b>	<b>2.6</b>	<b>3.9</b>	<b>3.0</b>	<b>10.9</b>	<b>7.1</b>	<b>7.0</b>	<b>4.0</b>
2003-04									
Cardio-thoracic									
Days waited at 50th percentile	14	6	11	9	20	24	29	..	11
Days waited at 90th percentile	76	49	103	36	89	84	106	..	72
% waited more than 365 days	0.1	0.1	0.2	–	–	1.0	0.4	..	0.1
Ear, nose and throat surgery									
Days waited at 50th percentile	55	29	13	57	48	62	85	67	35
Days waited at 90th percentile	352	174	110	379	341	267	656	381	274
% waited more than 365 days	9.3	4.0	3.7	10.5	8.7	5.8	21.3	11.1	6.8
General surgery									
Days waited at 50th percentile	26	26	23	21	30	33	27	56	26
Days waited at 90th percentile	134	159	102	131	151	246	275	296	139
% waited more than 365 days	1.9	2.7	1.9	1.5	1.9	5.7	6.0	6.5	2.2
Gynaecology									
Days waited at 50th percentile	27	25	21	22	29	46	31	6	25
Days waited at 90th percentile	127	110	90	73	144	166	166	57	113
% waited more than 365 days	1.4	1.2	1.4	0.3	0.9	1.4	1.4	0.4	1.2
Neurosurgery									
Days waited at 50th percentile	18	18	11	29	25	50	28	..	19
Days waited at 90th percentile	99	140	84	125	160	337	287	..	127
% waited more than 365 days	0.8	1.4	0.9	1.8	2.4	8.2	2.8	..	1.4
Ophthalmology									
Days waited at 50th percentile	105	31	33	82	62	234	198	134	60
Days waited at 90th percentile	392	162	396	292	212	639	693	375	343
% waited more than 365 days	12.1	2.7	10.8	4.8	2.7	43.3	31.3	10.8	8.7
Orthopaedic surgery									
Days waited at 50th percentile	52	62	21	67	75	176	98	52	46
Days waited at 90th percentile	328	335	138	414	366	689	392	283	316
% waited more than 365 days	8.0	8.6	3.3	11.5	10.0	32.3	13.0	6.1	7.8

Table 10A.22

**Table 10A.22 Elective surgery waiting times, by specialty of surgeon**

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Plastic surgery</b>									
Days waited at 50th percentile	27	22	27	32	32	31	52	28	27
Days waited at 90th percentile	132	152	102	279	182	201	444	374	151
% waited more than 365 days	1.5	2.2	1.2	7.5	4.0	3.7	13.1	12.5	2.7
<b>Urology</b>									
Days waited at 50th percentile	31	24	24	22	42	36	28	28	28
Days waited at 90th percentile	146	177	102	118	180	158	136	232	148
% waited more than 365 days	1.6	3.3	1.8	2.2	2.6	1.5	0.6	5.6	2.2
<b>Vascular surgery</b>									
Days waited at 50th percentile	15	20	16	15	8	45	18	..	16
Days waited at 90th percentile	88	228	108	87	47	371	327	..	119
% waited more than 365 days	1.0	6.8	4.8	3.0	0.2	10.3	9.2	..	3.7
<b>Other</b>									
Days waited at 50th percentile	8	23	26	10	29	5	28	21	15
Days waited at 90th percentile	55	86	126	42	105	27	224	219	99
% waited more than 365 days	0.1	0.3	2.0	0.4	–	0.4	6.5	4.9	1.1
<b>Total</b>									
<b>Days waited at 50th percentile</b>	<b>32</b>	<b>27</b>	<b>22</b>	<b>27</b>	<b>37</b>	<b>42</b>	<b>46</b>	<b>34</b>	<b>28</b>
<b>Days waited at 90th percentile</b>	<b>222</b>	<b>175</b>	<b>115</b>	<b>200</b>	<b>201</b>	<b>372</b>	<b>373</b>	<b>245</b>	<b>193</b>
<b>% waited more than 365 days</b>	<b>4.1</b>	<b>3.3</b>	<b>2.8</b>	<b>4.0</b>	<b>3.8</b>	<b>10.3</b>	<b>10.4</b>	<b>5.3</b>	<b>3.9</b>
<b>2004-05</b>									
<b>Cardio-thoracic</b>									
Days waited at 50th percentile	14	5	8	13	12	24	17	..	11
Days waited at 90th percentile	69	66	69	42	70	86	35	..	62
% waited more than 365 days	0.2	–	0.3	–	0.2	–	–	..	0.1
<b>Ear, nose and throat surgery</b>									
Days waited at 50th percentile	60	29	15	83	50	39	116	55	37
Days waited at 90th percentile	446	192	105	351	314	448	689	384	322
% waited more than 365 days	14.1	4.9	2.9	9.6	8.6	13.0	17.3	10.7	8.4
<b>General surgery</b>									
Days waited at 50th percentile	27	26	25	20	31	28	28	51	27
Days waited at 90th percentile	163	194	99	120	142	199	201	315	155
% waited more than 365 days	3.1	3.7	1.6	1.5	1.9	3.3	2.8	8.1	2.8
<b>Gynaecology</b>									
Days waited at 50th percentile	27	28	21	19	28	29	30	6	25
Days waited at 90th percentile	133	139	87	68	128	141	160	66	113
% waited more than 365 days	2.2	1.7	0.9	0.5	0.6	0.8	0.8	1.2	1.5

Table 10A.22

**Table 10A.22 Elective surgery waiting times, by specialty of surgeon**

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Neurosurgery</b>									
Days waited at 50th percentile	21	21	11	34	21	42	70	..	22
Days waited at 90th percentile	129	149	78	134	153	436	337	..	141
% waited more than 365 days	1.9	1.2	0.4	1.2	2.0	13.7	9.0	..	1.7
<b>Ophthalmology</b>									
Days waited at 50th percentile	140	34	28	78	71	115	209	145	66
Days waited at 90th percentile	450	179	189	314	255	554	531	356	364
% waited more than 365 days	18.2	1.7	2.8	6.1	2.9	35.0	28.4	9.1	9.8
<b>Orthopaedic surgery</b>									
Days waited at 50th percentile	61	64	22	81	69	160	112	36	48
Days waited at 90th percentile	410	358	123	396	363	648	404	289	356
% waited more than 365 days	12.7	9.6	2.3	11.2	9.8	30.8	13.0	7.9	9.6
<b>Plastic surgery</b>									
Days waited at 50th percentile	28	24	25	25	31	22	35	39	27
Days waited at 90th percentile	140	187	97	245	213	192	463	294	162
% waited more than 365 days	2.0	3.8	1.7	5.4	7.2	5.6	13.3	8.3	3.6
<b>Urology</b>									
Days waited at 50th percentile	28	23	26	21	28	37	33	50	26
Days waited at 90th percentile	163	182	109	126	119	174	191	188	155
% waited more than 365 days	3.4	4.0	1.4	2.2	2.7	3.1	2.6	5.7	3.0
<b>Vascular surgery</b>									
Days waited at 50th percentile	18	23	16	16	8	40	23	..	18
Days waited at 90th percentile	101	298	92	66	39	203	534	..	121
% waited more than 365 days	2.4	8.4	2.3	1.2	0.6	5.2	14.2	..	3.9
<b>Other</b>									
Days waited at 50th percentile	7	21	26	9	22	6	35	13	14
Days waited at 90th percentile	66	81	116	43	90	32	332	98	96
% waited more than 365 days	0.4	0.9	3.1	0.1	0.5	0.2	7.4	0.9	1.5
<b>Total</b>									
<b>Days waited at 50th percentile</b>	<b>34</b>	<b>28</b>	<b>22</b>	<b>27</b>	<b>35</b>	<b>34</b>	<b>45</b>	<b>29</b>	<b>29</b>
<b>Days waited at 90th percentile</b>	<b>294</b>	<b>200</b>	<b>105</b>	<b>197</b>	<b>201</b>	<b>352</b>	<b>368</b>	<b>266</b>	<b>217</b>
<b>% waited more than 365 days</b>	<b>6.9</b>	<b>4.0</b>	<b>1.8</b>	<b>3.8</b>	<b>4.0</b>	<b>9.5</b>	<b>10.1</b>	<b>5.9</b>	<b>4.8</b>
2005-06									
<b>Cardio-thoracic</b>									
Days waited at 50th percentile	13	7	7	14	18	36	27	..	12
Days waited at 90th percentile	73	92	78	46	72	135	100	..	73
% waited more than 365 days	–	0.2	0.1	0.2	–	–	–	..	0.1

Table 10A.22

**Table 10A.22 Elective surgery waiting times, by specialty of surgeon**

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Ear, nose and throat surgery</b>									
Days waited at 50th percentile	70	45	20	82	46	45	140	75	47
Days waited at 90th percentile	404	229	143	320	296	491	828	623	331
% waited more than 365 days	13.0	4.9	3.7	8.2	7.8	15.4	23.0	18.4	8.3
<b>General surgery</b>									
Days waited at 50th percentile	29	29	26	21	31	23	27	51	28
Days waited at 90th percentile	175	203	112	132	141	193	159	324	166
% waited more than 365 days	2.3	3.7	1.7	2.5	1.5	3.9	4.2	8.4	2.6
<b>Gynaecology</b>									
Days waited at 50th percentile	28	29	25	16	31	32	36	6	27
Days waited at 90th percentile	126	148	94	77	113	170	186	63	119
% waited more than 365 days	1.6	1.9	0.6	0.2	0.6	1.2	2.2	1.6	1.3
<b>Neurosurgery</b>									
Days waited at 50th percentile	20	26	12	44	18	74	52	..	26
Days waited at 90th percentile	103	177	108	147	121	427	372	..	152
% waited more than 365 days	2.1	2.0	1.0	1.1	1.6	14.1	10.4	..	2.1
<b>Ophthalmology</b>									
Days waited at 50th percentile	132	38	34	71	68	41	180	189	69
Days waited at 90th percentile	362	210	247	291	291	545	504	455	326
% waited more than 365 days	9.4	1.0	3.8	6.0	4.2	30.2	22.5	19.1	6.5
<b>Orthopaedic surgery</b>									
Days waited at 50th percentile	66	69	23	70	77	146	137	36	54
Days waited at 90th percentile	390	392	168	370	404	538	450	340	364
% waited more than 365 days	12.0	11.2	2.9	10.2	12.3	22.4	15.3	8.4	9.9
<b>Plastic surgery</b>									
Days waited at 50th percentile	29	24	29	31	37	25	52	46	29
Days waited at 90th percentile	185	223	134	310	217	146	392	357	197
% waited more than 365 days	3.9	5.3	2.3	8.8	5.0	3.3	12.9	8.9	4.7
<b>Urology</b>									
Days waited at 50th percentile	28	20	28	21	38	36	49	25	26
Days waited at 90th percentile	168	176	118	147	160	184	215	174	162
% waited more than 365 days	2.6	3.9	1.7	3.2	4.0	3.4	3.1	7.2	3.0
<b>Vascular surgery</b>									
Days waited at 50th percentile	19	33	21	17	12	42	22	..	20
Days waited at 90th percentile	122	507	84	76	47	284	552	..	175
% waited more than 365 days	2.0	14.2	2.0	0.8	0.3	4.3	13.6	..	5.0



Table 10A.22

Table 10A.22 **Elective surgery waiting times, by specialty of surgeon**

	<i>NSW</i>	<i>Vic</i>	<i>Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Other (b)</b>									
Days waited at 50th percentile	8	23	24	14	33	12	33	11	16
Days waited at 90th percentile	64	78	111	48	110	133	199	85	91
% waited more than 365 days	0.7	0.5	2.7	–	–	–	1.9	1.2	1.0
<b>Total</b>									
<b>Days waited at 50th percentile</b>	<b>36</b>	<b>32</b>	<b>25</b>	<b>28</b>	<b>38</b>	<b>34</b>	<b>61</b>	<b>30</b>	<b>32</b>
<b>Days waited at 90th percentile</b>	<b>291</b>	<b>224</b>	<b>127</b>	<b>205</b>	<b>212</b>	<b>332</b>	<b>372</b>	<b>313</b>	<b>237</b>
<b>% waited more than 365 days</b>	<b>5.4</b>	<b>4.5</b>	<b>2.1</b>	<b>4.3</b>	<b>4.2</b>	<b>8.7</b>	<b>10.3</b>	<b>7.7</b>	<b>4.6</b>
2006-07									
Cardio-thoracic									
Days waited at 50th percentile	12	7	12	13	18	27	24	..	12
Days waited at 90th percentile	62	63	82	40	74	173	87	..	66
% waited more than 365 days	–	0.1	0.2	–	0.1	0.5	–	..	0.1
Ear, nose and throat surgery									
Days waited at 50th percentile	69	39	23	90	54	57	105	50	46
Days waited at 90th percentile	335	204	159	431	312	521	803	546	308
% waited more than 365 days	4.1	3.5	3.6	13.5	7.4	12.9	23.1	14.8	5.5
General surgery									
Days waited at 50th percentile	28	29	26	25	33	29	29	53	28
Days waited at 90th percentile	158	183	124	177	158	268	164	326	162
% waited more than 365 days	0.7	2.8	2.1	3.5	2.4	6.9	1.5	7.8	2.0
Gynaecology									
Days waited at 50th percentile	29	36	24	21	32	38	39	7	28
Days waited at 90th percentile	145	143	97	94	119	238	209	81	130
% waited more than 365 days	0.7	1.2	0.8	0.2	0.3	3.7	1.8	1.2	0.9
Neurosurgery									
Days waited at 50th percentile	23	21	15	42	21	38	29	..	26
Days waited at 90th percentile	130	162	158	169	89	505	296	..	154
% waited more than 365 days	0.9	1.7	4.0	1.1	0.2	11.9	7.7	..	1.9
Ophthalmology									
Days waited at 50th percentile	123	36	34	77	68	54	173	255	71
Days waited at 90th percentile	339	228	268	304	278	528	510	643	318
% waited more than 365 days	3.5	1.1	4.8	6.7	4.6	23.6	27.7	36.3	4.6
Orthopaedic surgery									
Days waited at 50th percentile	65	63	25	52	69	123	123	49	50
Days waited at 90th percentile	330	340	175	301	345	561	403	399	318
% waited more than 365 days	4.2	8.6	3.5	6.6	9.2	22.5	12.3	11.9	6.0

Table 10A.22

Table 10A.22 **Elective surgery waiting times, by specialty of surgeon**

	NSW	Vic	Qld (a)	WA	SA	Tas	ACT	NT	Aust
<b>Plastic surgery</b>									
Days waited at 50th percentile	28	23	29	29	37	22	62	42	28
Days waited at 90th percentile	167	213	135	312	182	166	371	315	193
% waited more than 365 days	1.3	4.5	2.0	8.2	4.1	3.7	10.1	8.1	3.6
<b>Urology</b>									
Days waited at 50th percentile	28	21	27	19	44	33	52	50	26
Days waited at 90th percentile	167	151	127	133	177	148	237	407	158
% waited more than 365 days	1.4	2.7	2.3	3.1	4.1	2.1	3.4	11.8	2.3
<b>Vascular surgery</b>									
Days waited at 50th percentile	17	25	20	20	12	43	27	..	20
Days waited at 90th percentile	89	273	84	103	71	242	482	..	133
% waited more than 365 days	0.5	6.3	1.6	1.1	1.5	4.2	11.4	..	2.4
<b>Other (b)</b>									
Days waited at 50th percentile	6	23	29	13	21	12	36	20	15
Days waited at 90th percentile	46	86	122	42	82	54	151	251	90
% waited more than 365 days	0.1	0.4	0.6	0.3	0.4	0.6	2.0	5.4	0.6
<b>Total</b>									
<b>Days waited at 50th percentile</b>	<b>35</b>	<b>30</b>	<b>25</b>	<b>29</b>	<b>40</b>	<b>38</b>	<b>63</b>	<b>35</b>	<b>32</b>
<b>Days waited at 90th percentile</b>	<b>260</b>	<b>208</b>	<b>142</b>	<b>225</b>	<b>206</b>	<b>343</b>	<b>364</b>	<b>370</b>	<b>226</b>
<b>% waited more than 365 days</b>	<b>1.9</b>	<b>3.3</b>	<b>2.5</b>	<b>4.6</b>	<b>3.9</b>	<b>9.2</b>	<b>9.9</b>	<b>10.2</b>	<b>3.1</b>

(a) For 2005-06 the total number of admissions for Queensland include 644 admissions that were removed from the waiting list for elective admission before 30 June 2005 and separated before 30 June 2006. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

(b) Includes specialty of surgeon 'not reported'

.. Not applicable. – Nil or rounded to zero.

Source: AIHW, *Australian hospital statistics* (various years), AIHW Cat. nos HSE 32 37, 41, 50 and 55 Canberra.

Table 10A.23

**Table 10A.23 Elective surgery waiting times, by indicator procedure**

	<i>NSW</i>	<i>Vic Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
2002-03									
Cataract extraction									
Days waited at 50th percentile	165	57	34	98	66	440	211	176	88
Days waited at 90th percentile	405	230	553	299	212	883	680	412	390
% waited more than 365 days	15.5	5.1	16.0	4.7	3.4	60.4	27.5	13.2	11.9
Cholecystectomy									
Days waited at 50th percentile	42	42	39	29	45	83	107	120	42
Days waited at 90th percentile	203	190	125	166	183	481	330	427	192
% waited more than 365 days	3.4	3.0	1.9	1.2	0.8	15.5	9.3	15.2	3.3
Coronary artery bypass graft									
Days waited at 50th percentile	26	7	20	16	23	50	20	..	18
Days waited at 90th percentile	133	44	109	54	97	275	89	..	105
% waited more than 365 days	0.1	–	–	–	–	4.6	–	..	0.3
Cystoscopy									
Days waited at 50th percentile	27	26	27	22	30	28	44	53	27
Days waited at 90th percentile	120	182	133	155	117	87	167	243	140
% waited more than 365 days	1.1	4.0	1.9	4.7	2.1	0.6	0.4	4.7	2.4
Haemorrhoidectomy									
Days waited at 50th percentile	39	42	36	26	61	116	72	181	40
Days waited at 90th percentile	182	242	161	121	297	989	500	398	211
% waited more than 365 days	3.1	5.4	3.6	0.7	6.8	33.9	13.0	13.3	4.4
Hysterectomy									
Days waited at 50th percentile	36	38	35	28	47	51	78	50	36
Days waited at 90th percentile	172	175	106	77	161	279	233	132	156
% waited more than 365 days	2.3	1.8	1.3	0.3	1.7	4.6	3.3	–	1.9
Inguinal herniorrhaphy									
Days waited at 50th percentile	37	35	34	27	57	101	107	115	37
Days waited at 90th percentile	190	186	133	137	183	708	368	410	189
% waited more than 365 days	2.7	3.6	2.8	0.7	2.2	20.8	10.3	16.8	3.4
Miringoplasty									
Days waited at 50th percentile	119	131	75	135	82	196	np	154	108
Days waited at 90th percentile	481	571	483	551	308	518	np	495	516
% waited more than 365 days	18.5	23.5	13.8	17.9	6.6	28.6	np	22.0	18.3
Miringotomy									
Days waited at 50th percentile	27	26	27	49	45	22	111	36	29
Days waited at 90th percentile	164	92	120	156	137	61	223	82	123
% waited more than 365 days	1.3	0.2	1.0	2.1	0.8	–	0.8	5.0	0.8
Prostatectomy									
Days waited at 50th percentile	35	25	26	20	31	40	27	50	28
Days waited at 90th percentile	204	258	107	108	230	74	239	336	194
% waited more than 365 days	4.3	5.7	3.1	1.0	4.9	–	2.4	10.0	4.3

Table 10A.23

**Table 10A.23 Elective surgery waiting times, by indicator procedure**

	<i>NSW</i>	<i>Vic Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
<b>Septoplasty</b>									
Days waited at 50th percentile	116	102	62	73	136	272	307	284	106
Days waited at 90th percentile	451	540	857	518	598	1 467	608	430	531
% waited more than 365 days	14.9	17.2	21.1	17.1	18.6	45.5	30.4	30.6	17.6
<b>Tonsillectomy</b>									
Days waited at 50th percentile	98	48	31	84	75	152	102	174	60
Days waited at 90th percentile	415	266	147	358	323	482	426	438	351
% waited more than 365 days	15.7	5.5	3.3	9.6	5.6	15.2	18.9	24.3	9.2
<b>Total hip replacement</b>									
Days waited at 50th percentile	111	113	48	77	107	213	136	113	93
Days waited at 90th percentile	406	425	226	382	344	593	375	423	396
% waited more than 365 days	13.8	12.8	5.9	10.2	8.4	27.6	11.8	14.3	12.0
<b>Total knee replacement</b>									
Days waited at 50th percentile	188	144	58	123	126	330	168	156	137
Days waited at 90th percentile	484	460	402	506	411	808	406	496	474
% waited more than 365 days	23.2	16.6	10.9	19.2	11.9	44.8	16.8	20.7	18.9
<b>Varicose veins stripping and ligation</b>									
Days waited at 50th percentile	61	103	69	41	79	705	326	206	71
Days waited at 90th percentile	262	886	661	409	449	1 621	741	559	525
% waited more than 365 days	5.0	23.0	17.0	11.4	13.4	66.7	44.8	34.3	14.1
<b>Not available/Not stated</b>									
Days waited at 50th percentile	22	23	18	22	28	34	32	34	22
Days waited at 90th percentile	136	164	97	162	156	276	212	246	140
% waited more than 365 days	2.2	3.3	1.5	3.3	2.6	6.9	3.7	5.0	2.6
<b>Total</b>									
<b>Days waited at 50th percentile</b>	<b>29</b>	<b>28</b>	<b>21</b>	<b>27</b>	<b>34</b>	<b>42</b>	<b>48</b>	<b>45</b>	<b>28</b>
<b>Days waited at 90th percentile</b>	<b>227</b>	<b>197</b>	<b>113</b>	<b>207</b>	<b>181</b>	<b>389</b>	<b>300</b>	<b>305</b>	<b>197</b>
<b>% waited more than 365 days</b>	<b>4.2</b>	<b>4.2</b>	<b>2.6</b>	<b>3.9</b>	<b>3.0</b>	<b>10.9</b>	<b>7.1</b>	<b>7.0</b>	<b>4.0</b>
<b>2003-04</b>									
<b>Cataract extraction</b>									
Days waited at 50th percentile	154	42	40	96	83	393	234	149	83
Days waited at 90th percentile	415	180	502	295	238	745	707	378	379
% waited more than 365 days	14.6	3.0	13.9	4.5	3.7	58.2	33.5	11.3	10.9
<b>Cholecystectomy</b>									
Days waited at 50th percentile	44	43	38	29	43	92	65	91	42
Days waited at 90th percentile	216	181	107	149	164	396	400	359	188
% waited more than 365 days	4.0	2.9	1.9	1.3	1.1	11.1	12.9	9.3	3.4
<b>Coronary artery bypass graft</b>									
Days waited at 50th percentile	21	8	20	16	27	33	26	..	18
Days waited at 90th percentile	102	68	119	74	93	91	112	..	100
% waited more than 365 days	0.1	0.2	0.2	-	-	1.0	0.6	..	0.2

Table 10A.23

**Table 10A.23 Elective surgery waiting times, by indicator procedure**

	<i>NSW</i>	<i>Vic Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
<b>Cystoscopy</b>									
Days waited at 50th percentile	32	26	27	24	53	35	35	41	29
Days waited at 90th percentile	138	176	119	155	191	146	156	218	156
% waited more than 365 days	1.0	2.7	1.8	3.6	3.1	0.2	0.6	3.6	2.0
<b>Haemorrhoidectomy</b>									
Days waited at 50th percentile	38	51	34	37	29	101	123	104	39
Days waited at 90th percentile	209	274	152	229	134	933	714	256	223
% waited more than 365 days	4.6	7.3	3.4	3.9	0.8	17.1	21.3	7.1	5.0
<b>Hysterectomy</b>									
Days waited at 50th percentile	40	30	34	29	62	79	69	40	37
Days waited at 90th percentile	183	145	105	83	212	213	260	91	156
% waited more than 365 days	2.6	1.6	1.4	0.2	1.5	4.4	2.9	–	1.9
<b>Inguinal herniorrhaphy</b>									
Days waited at 50th percentile	42	41	35	29	44	70	58	84	40
Days waited at 90th percentile	200	190	126	149	185	394	377	457	189
% waited more than 365 days	2.9	3.4	2.3	1.2	0.9	11.0	10.8	18.3	3.1
<b>Myringoplasty</b>									
Days waited at 50th percentile	122	69	43	125	124	167	327	168	89
Days waited at 90th percentile	498	382	692	720	461	691	1 061	1 163	516
% waited more than 365 days	16.8	11.0	16.1	18.2	23.7	31.3	47.6	23.1	16.4
<b>Myringotomy</b>									
Days waited at 50th percentile	42	23	21	34	34	40	62	45	27
Days waited at 90th percentile	224	74	94	156	98	124	319	135	105
% waited more than 365 days	3.5	0.4	1.0	1.2	0.1	1.4	6.9	–	0.9
<b>Prostatectomy</b>									
Days waited at 50th percentile	40	25	25	23	34	41	21	28	29
Days waited at 90th percentile	194	286	99	119	210	75	97	272	193
% waited more than 365 days	4.5	7.6	2.3	1.5	4.4	–	2.2	3.7	4.7
<b>Septoplasty</b>									
Days waited at 50th percentile	138	70	36	241	170	204	506	253	98
Days waited at 90th percentile	518	553	819	882	640	847	1 045	465	609
% waited more than 365 days	18.0	15.8	18.5	33.6	28.1	31.6	70.1	34.4	19.8
<b>Tonsillectomy</b>									
Days waited at 50th percentile	99	36	27	91	78	134	148	132	50
Days waited at 90th percentile	445	164	158	404	385	574	646	412	327
% waited more than 365 days	14.6	2.0	4.2	13.1	10.6	17.4	28.6	16.2	8.4
<b>Total hip replacement</b>									
Days waited at 50th percentile	91	127	52	98	132	233	154	121	92
Days waited at 90th percentile	392	402	188	396	378	714	427	472	378
% waited more than 365 days	11.9	12.4	3.8	10.8	12.0	35.2	18.6	16.7	11.1

Table 10A.23

**Table 10A.23 Elective surgery waiting times, by indicator procedure**

	<i>NSW</i>	<i>Vic Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
Total knee replacement									
Days waited at 50th percentile	168	152	68	135	160	434	204	157	134
Days waited at 90th percentile	497	448	388	557	441	964	526	314	484
% waited more than 365 days	24.6	16.2	10.7	20.2	16.0	55.0	25.1	6.3	19.6
Varicose veins stripping and ligation									
Days waited at 50th percentile	63	81	74	44	151	106	346	210	75
Days waited at 90th percentile	322	920	827	882	695	1 062	925	686	690
% waited more than 365 days	7.9	23.6	24.0	20.9	26.3	35.7	47.6	45.0	18.5
Not available/Not stated									
Days waited at 50th percentile	24	23	19	21	30	34	28	24	22
Days waited at 90th percentile	144	149	98	159	168	248	241	188	141
% waited more than 365 days	2.1	2.6	1.8	3.4	3.0	6.3	5.0	3.4	2.5
<b>Total</b>									
<b>Days waited at 50th percentile</b>	<b>32</b>	<b>27</b>	<b>22</b>	<b>27</b>	<b>37</b>	<b>42</b>	<b>46</b>	<b>34</b>	<b>28</b>
<b>Days waited at 90th percentile</b>	<b>222</b>	<b>175</b>	<b>115</b>	<b>200</b>	<b>201</b>	<b>372</b>	<b>373</b>	<b>245</b>	<b>193</b>
<b>% waited more than 365 days</b>	<b>4.1</b>	<b>3.3</b>	<b>2.8</b>	<b>4.0</b>	<b>3.8</b>	<b>10.3</b>	<b>10.4</b>	<b>5.3</b>	<b>3.9</b>
2004-05									
Cataract extraction									
Days waited at 50th percentile	182	44	33	94	99	368	240	167	92
Days waited at 90th percentile	475	187	209	317	272	595	531	365	388
% waited more than 365 days	21.2	1.9	2.6	6.1	2.9	51.1	29.9	9.7	12.1
Cholecystectomy									
Days waited at 50th percentile	50	49	40	28	40	64	57	92	46
Days waited at 90th percentile	274	236	104	165	132	217	334	367	217
% waited more than 365 days	6.1	4.4	1.2	2.2	0.8	3.5	6.6	10.6	4.2
Coronary artery bypass graft									
Days waited at 50th percentile	17	7	11	20	20	28	12	..	14
Days waited at 90th percentile	94	129	84	53	78	86	33	..	89
% waited more than 365 days	0.1	0.1	0.4	-	-	-	-	..	0.2
Cystoscopy									
Days waited at 50th percentile	27	23	29	23	22	37	44	47	27
Days waited at 90th percentile	146	174	160	187	100	179	197	182	158
% waited more than 365 days	2.2	3.6	1.4	3.5	1.6	3.0	2.5	3.4	2.6
Haemorrhoidectomy									
Days waited at 50th percentile	49	58	40	33	35	104	105	np	45
Days waited at 90th percentile	338	308	201	170	92	638	370	np	294
% waited more than 365 days	8.7	7.6	6.3	4.3	0.8	27.8	12.1	np	7.4
Hysterectomy									
Days waited at 50th percentile	40	35	34	25	53	45	44	43	36
Days waited at 90th percentile	189	173	105	78	168	161	186	389	153
% waited more than 365 days	3.7	2.2	0.8	0.8	1.1	1.6	2.0	11.5	2.4

Table 10A.23

**Table 10A.23 Elective surgery waiting times, by indicator procedure**

	<i>NSW</i>	<i>Vic Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
Inguinal herniorrhaphy									
Days waited at 50th percentile	47	48	38	25	45	72	77	84	43
Days waited at 90th percentile	246	255	111	151	153	273	311	379	216
% waited more than 365 days	4.7	5.3	1.5	2.6	1.1	5.6	3.5	11.3	4.0
Myringoplasty									
Days waited at 50th percentile	210	64	46	123	115	38	96	49	88
Days waited at 90th percentile	629	434	489	419	544	489	1 093	730	550
% waited more than 365 days	32.5	12.4	12.6	14.1	26.1	15.0	30.0	23.8	19.9
Myringotomy									
Days waited at 50th percentile	34	23	21	77	43	46	127	65	29
Days waited at 90th percentile	200	80	103	168	111	157	241	263	119
% waited more than 365 days	3.3	0.6	1.0	0.9	–	–	3.9	4.8	0.9
Prostatectomy									
Days waited at 50th percentile	40	25	28	28	39	36	30	53	32
Days waited at 90th percentile	265	267	98	123	155	52	162	188	216
% waited more than 365 days	6.9	6.5	1.9	1.1	3.1	–	3.7	3.2	5.2
Septoplasty									
Days waited at 50th percentile	179	63	46	176	173	np	354	149	96
Days waited at 90th percentile	662	565	1 031	649	614	np	952	433	642
% waited more than 365 days	30.4	19.0	20.4	29.0	24.7	np	50.0	13.0	24.2
Tonsillectomy									
Days waited at 50th percentile	110	39	28	127	73	75	173	76	62
Days waited at 90th percentile	516	205	128	406	306	402	734	369	360
% waited more than 365 days	19.1	3.1	2.0	14.0	7.0	15.0	22.4	10.5	9.8
Total hip replacement									
Days waited at 50th percentile	106	141	50	114	125	355	173	96	102
Days waited at 90th percentile	481	400	179	377	375	668	427	402	433
% waited more than 365 days	18.9	12.8	4.0	10.5	10.9	48.5	15.1	16.7	14.4
Total knee replacement									
Days waited at 50th percentile	218	176	60	165	140	411	207	217	152
Days waited at 90th percentile	604	463	267	450	418	747	587	503	542
% waited more than 365 days	33.1	17.6	7.2	17.8	14.2	57.9	28.7	33.3	23.5
Varicose veins stripping and ligation									
Days waited at 50th percentile	68	90	68	29	169	96	519	243	78
Days waited at 90th percentile	483	1 145	808	147	668	510	1 087	876	775
% waited more than 365 days	13.8	27.9	20.0	4.8	26.1	22.2	67.1	47.6	21.1
Not available/Not stated									
Days waited at 50th percentile	25	23	19	21	29	27	29	21	23
Days waited at 90th percentile	173	174	93	150	163	245	262	212	154
% waited more than 365 days	3.6	3.3	1.4	3.0	3.8	6.4	5.6	4.7	3.1

Table 10A.23

Table 10A.23 **Elective surgery waiting times, by indicator procedure**

	<i>NSW</i>	<i>Vic Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
<b>Total</b>									
Days waited at 50th percentile	34	28	22	27	35	34	45	29	29
Days waited at 90th percentile	294	200	105	197	201	352	368	266	217
% waited more than 365 days	6.9	4.0	1.8	3.8	4.0	9.5	10.1	5.9	4.8
2005-06									
Cataract extraction									
Days waited at 50th percentile	161	49	41	83	96	389	182	246	93
Days waited at 90th percentile	368	225	272	293	314	566	496	464	342
% waited more than 365 days	10.5	0.8	4.2	5.9	4.5	50.8	22.7	21.6	7.5
Cholecystectomy									
Days waited at 50th percentile	50	48	41	31	29	47	48	71	45
Days waited at 90th percentile	261	210	138	175	96	264	169	568	211
% waited more than 365 days	4.4	3.3	1.5	3.3	–	4.9	6.4	15.0	3.4
Coronary artery bypass graft									
Days waited at 50th percentile	16	10	8	20	25	45	22	..	15
Days waited at 90th percentile	90	159	93	62	79	138	98	..	100
% waited more than 365 days	–	0.2	0.1	–	–	–	–	..	0.1
Cystoscopy									
Days waited at 50th percentile	24	21	32	23	35	38	55	51	25
Days waited at 90th percentile	141	159	140	198	137	180	216	211	155
% waited more than 365 days	1.8	2.8	1.7	4.8	3.5	2.7	2.9	5.0	2.5
Haemorrhoidectomy									
Days waited at 50th percentile	54	70	42	32	47	53	70	np	51
Days waited at 90th percentile	292	366	171	322	105	353	379	np	286
% waited more than 365 days	5.3	10.0	3.3	8.3	–	8.5	12.5	np	6.3
Hysterectomy									
Days waited at 50th percentile	41	40	39	26	54	48	49	47	40
Days waited at 90th percentile	209	161	110	90	138	184	276	372	157
% waited more than 365 days	3.4	1.9	0.7	0.2	0.2	1.3	4.2	11.6	2.1
Inguinal herniorrhaphy									
Days waited at 50th percentile	51	56	41	24	44	41	47	71	48
Days waited at 90th percentile	259	257	133	148	142	308	202	517	233
% waited more than 365 days	3.5	5.6	2.1	3.1	0.8	5.3	3.3	17.9	3.8
Myringoplasty									
Days waited at 50th percentile	190	83	60	99	72	69	631	364	98
Days waited at 90th percentile	574	361	376	440	367	1 903	1 000	1 144	463
% waited more than 365 days	26.7	9.4	10.2	10.4	10.0	38.9	61.1	45.7	16.3
Myringotomy									
Days waited at 50th percentile	40	34	29	75	38	23	144	30	37
Days waited at 90th percentile	210	107	118	220	117	153	329	187	139
% waited more than 365 days	1.8	0.2	2.7	0.3	0.2	–	6.5	–	1.1



Table 10A.23

**Table 10A.23 Elective surgery waiting times, by indicator procedure**

	<i>NSW</i>	<i>Vic Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
<b>Prostatectomy</b>									
Days waited at 50th percentile	48	21	28	25	50	41	52	62	35
Days waited at 90th percentile	281	278	126	116	324	70	239	250	246
% waited more than 365 days	6.0	7.8	3.0	1.5	7.5	–	3.9	9.1	5.9
<b>Septoplasty</b>									
Days waited at 50th percentile	266	96	66	147	130	np	312	130	128
Days waited at 90th percentile	613	430	945	503	522	np	847	468	542
% waited more than 365 days	32.9	14.7	19.0	16.2	20.1	np	41.8	19.4	22.4
<b>Tonsillectomy</b>									
Days waited at 50th percentile	129	56	40	119	74	57	203	118	72
Days waited at 90th percentile	406	215	182	390	231	648	894	389	336
% waited more than 365 days	13.6	3.9	3.9	11.3	2.0	26.5	30.3	13.3	8.1
<b>Total hip replacement</b>									
Days waited at 50th percentile	119	154	61	99	106	238	149	120	111
Days waited at 90th percentile	418	408	187	359	418	552	477	345	406
% waited more than 365 days	16.0	13.0	3.3	9.2	14.9	32.2	16.8	8.3	13.3
<b>Total knee replacement</b>									
Days waited at 50th percentile	242	188	74	138	193	326	219	137	178
Days waited at 90th percentile	519	463	287	498	505	639	633	1 060	492
% waited more than 365 days	29.1	18.6	6.4	20.0	26.0	41.0	29.6	22.2	23.1
<b>Varicose veins stripping and ligation</b>									
Days waited at 50th percentile	70	182	71	33	203	52	241	352	98
Days waited at 90th percentile	358	726	699	416	504	252	927	635	596
% waited more than 365 days	9.5	29.1	19.9	10.3	29.4	3.9	46.3	47.6	19.6
<b>Not available/Not stated</b>									
Days waited at 50th percentile	27	26	21	23	32	28	36	22	25
Days waited at 90th percentile	191	195	109	167	176	253	290	237	174
% waited more than 365 days	3.3	4.1	1.6	3.6	3.7	5.7	6.7	5.6	3.3
<b>Total</b>									
<b>Days waited at 50th percentile</b>	<b>36</b>	<b>32</b>	<b>25</b>	<b>28</b>	<b>38</b>	<b>34</b>	<b>61</b>	<b>30</b>	<b>32</b>
<b>Days waited at 90th percentile</b>	<b>291</b>	<b>224</b>	<b>127</b>	<b>205</b>	<b>212</b>	<b>332</b>	<b>372</b>	<b>313</b>	<b>237</b>
<b>% waited more than 365 days</b>	<b>5.4</b>	<b>4.5</b>	<b>2.1</b>	<b>4.3</b>	<b>4.2</b>	<b>8.7</b>	<b>10.3</b>	<b>7.7</b>	<b>4.6</b>
<b>2006-07</b>									
<b>Cataract extraction</b>									
Days waited at 50th percentile	152	50	40	85	96	111	177	320	93
Days waited at 90th percentile	343	237	292	297	288	625	516	641	330
% waited more than 365 days	3.9	0.8	5.8	6.3	3.9	35.7	29.3	40.3	5.0
<b>Cholecystectomy</b>									
Days waited at 50th percentile	47	45	38	32	36	61	71	111	43
Days waited at 90th percentile	202	170	133	279	107	258	239	503	182
% waited more than 365 days	1.2	1.8	1.1	5.2	–	6.4	2.9	14.1	1.7

Table 10A.23

**Table 10A.23 Elective surgery waiting times, by indicator procedure**

	<i>NSW</i>	<i>Vic Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Coronary artery bypass graft								
Days waited at 50th percentile	15	9	15	26	24	43	19	.. 17
Days waited at 90th percentile	76	80	91	67	83	196	77	.. 88
% waited more than 365 days	0.1	0.2	0.1	–	–	0.4	–	.. 0.1
Cystoscopy								
Days waited at 50th percentile	25	21	29	16	42	35	66	48 25
Days waited at 90th percentile	151	141	168	167	195	146	257	260 157
% waited more than 365 days	1.0	2.0	3.1	3.4	5.1	0.9	4.0	7.5 2.1
Haemorrhoidectomy								
Days waited at 50th percentile	44	53	42	36	32	94	81	np 44
Days waited at 90th percentile	237	265	201	359	158	298	160	np 241
% waited more than 365 days	2.1	3.7	4.8	8.2	0.7	8.8	–	np 3.3
Hysterectomy								
Days waited at 50th percentile	45	43	36	32	52	62	53	32 43
Days waited at 90th percentile	204	146	116	118	154	241	252	129 165
% waited more than 365 days	1.0	1.1	1.2	0.4	0.4	3.2	4.4	4.8 1.1
Inguinal herniorrhaphy								
Days waited at 50th percentile	48	45	40	32	47	77	79	77 45
Days waited at 90th percentile	231	198	168	232	141	424	224	362 217
% waited more than 365 days	1.2	2.4	2.4	5.0	1.5	13.6	1.4	9.5 2.4
Myringoplasty								
Days waited at 50th percentile	125	62	62	143	186	154	252	440 93
Days waited at 90th percentile	354	278	379	485	434	1 106	952	863 378
% waited more than 365 days	6.5	6.2	11.0	14.8	22.6	28.6	35.7	58.3 11.4
Myringotomy								
Days waited at 50th percentile	42	28	38	68	49	37	61	13 39
Days waited at 90th percentile	232	92	150	301	133	114	321	116 152
% waited more than 365 days	1.1	0.2	1.1	5.5	0.6	–	6.1	5.0 1.3
Prostatectomy								
Days waited at 50th percentile	44	23	28	23	55	51	30	45 35
Days waited at 90th percentile	223	225	128	122	232	83	218	441 206
% waited more than 365 days	2.6	5.2	1.9	1.9	4.3	–	5.1	15.4 3.4
Septoplasty								
Days waited at 50th percentile	203	75	56	159	129	np	167	205 113
Days waited at 90th percentile	370	376	545	561	354	np	851	1 814 405
% waited more than 365 days	11.4	10.7	16.9	19.1	9.5	np	29.4	42.9 13.6
Tonsillectomy								
Days waited at 50th percentile	123	53	42	112	80	117	194	154 75
Days waited at 90th percentile	345	199	183	461	364	1 278	943	683 332
% waited more than 365 days	4.3	2.0	3.8	17.5	9.8	35.5	35.8	20.2 6.1

Table 10A.23

Table 10A.23 **Elective surgery waiting times, by indicator procedure**

	<i>NSW</i>	<i>Vic Qld (a)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	
Total hip replacement									
Days waited at 50th percentile	134	132	62	83	111	244	140	164	106
Days waited at 90th percentile	356	361	245	326	468	617	330	413	358
% waited more than 365 days	5.9	9.4	5.3	7.1	16.5	38.3	8.1	27.3	8.6
Total knee replacement									
Days waited at 50th percentile	221	170	74	115	171	392	233	203	162
Days waited at 90th percentile	365	437	343	399	559	654	527	434	390
% waited more than 365 days	9.9	15.6	9.0	12.0	28.5	54.0	24.1	36.4	13.4
Varicose veins stripping and ligation									
Days waited at 50th percentile	59	109	77	51	284	39	218	305	83
Days waited at 90th percentile	230	431	770	336	747	254	957	1 269	426
% waited more than 365 days	1.9	14.0	22.6	8.9	35.5	3.3	41.3	46.7	12.8
Not available/Not stated									
Days waited at 50th percentile	26	26	21	24	33	32	38	26	26
Days waited at 90th percentile	184	189	114	183	163	280	239	246	174
% waited more than 365 days	1.2	3.3	1.8	3.8	2.7	6.9	5.1	5.9	2.4
<b>Total</b>									
<b>Days waited at 50th percentile</b>	<b>35</b>	<b>30</b>	<b>25</b>	<b>29</b>	<b>40</b>	<b>38</b>	<b>63</b>	<b>35</b>	<b>32</b>
<b>Days waited at 90th percentile</b>	<b>260</b>	<b>208</b>	<b>142</b>	<b>225</b>	<b>206</b>	<b>343</b>	<b>364</b>	<b>370</b>	<b>226</b>
<b>% waited more than 365 days</b>	<b>1.9</b>	<b>3.3</b>	<b>2.5</b>	<b>4.6</b>	<b>3.9</b>	<b>9.2</b>	<b>9.9</b>	<b>10.2</b>	<b>3.1</b>

(a) For 2005-06, the total number of admissions for Queensland includes 644 admissions that were removed from the waiting list for elective admission before 30 June 2005 and separated before 30 June 2006. It is expected that these admissions would be counterbalanced overall by the number of admissions occurring in a similar way in future reporting periods.

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

Source: AIHW, *Australian hospital statistics* (various years), AIHW Cat. nos HSE 32 37, 41, 50 and 55 Canberra.

**Table 10A.24 NSW elective surgery waiting times by clinical urgency category, public hospitals (per cent) (a), (b)**

	2002-03	2003-04	2004-05	2005-06	2006-07
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	na	na	38.9	15.7	5.1
Category 2 (over 90 days)	na	na	40.2	38.7	28.9
Category 3 (over 12 months)	na	na	10.6	0.1	0.2
All patients	na	na	22.7	13.7	8.5
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	na	na	21.7	22.8	12.9
Category 2 (over 90 days)	na	na	28.8	29.5	25.5
Category 3 (over 12 months)	na	na	20.8	15.8	4.4
All patients	na	na	23.6	22.9	14.2
Waiting time data coverage					
Per cent of elective surgery separations	na	na	100.0	100.0	100.0

(a) Waiting times are counted as the time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so 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 longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2003, 2004, 2005, 2006 and 2007.

**na** Not available.

Source: NSW Government (unpublished).

Table 10A.25

Table 10A.25 NSW elective surgery waiting times, public hospitals, by speciality, 2006-07

	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Waiting time at Census date											
Category 1											
No. patients on waiting list	79	113	722	375	59	75	168	137	407	112	50
No. of extended wait patients	8	1	14	13	4	1	3	23	42	5	3
% overdue	10.1	0.9	1.9	3.5	6.8	1.3	1.8	16.8	10.3	4.5	6.0
Category 2											
No. patients on waiting list	251	1 425	5 009	2 331	332	953	2 352	672	2 348	214	118
No. of extended wait patients	85	556	1 348	581	108	171	852	136	733	44	10
% overdue	33.9	39.0	26.9	24.9	32.5	17.9	36.2	20.2	31.2	20.6	8.5
Category 3											
No. patients on waiting list	48	5 138	5 077	3 028	339	10 695	11 178	950	1 501	294	77
No. of extended wait patients	na	26	4	2	1	9	14	1	na	3	na
% overdue	na	0.5	0.1	0.1	0.3	0.1	0.1	0.1	na	1.0	na
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	2 533	3 437	21 656	9 781	1 429	2 165	7 197	3 551	6 696	2 884	1 877
No. of extended wait patients	285	423	2 333	1 421	126	141	646	440	1 894	372	64
% overdue	11.3	12.3	10.8	14.5	8.8	6.5	9.0	12.4	28.3	12.9	3.4
Category 2											
No. patients admitted from waiting list	999	4 631	20 619	10 976	1 324	3 874	7 906	2 571	7 938	1 107	900
No. of extended wait patients	136	1 762	4 738	2 187	242	866	3 030	621	2 207	190	58
% overdue	13.6	38.0	23.0	19.9	18.3	22.4	38.3	24.2	27.8	17.2	6.4

Table 10A.25

## Table 10A.25 NSW elective surgery waiting times, public hospitals, by specialty, 2006-07

Waiting time at Census date	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Category 3											
No. patients admitted from waiting list	342	5 712	12 406	6 936	788	17 307	14 273	2 293	3 222	880	272
No. of extended wait patients	na	426	231	128	21	743	1 049	79	155	10	1
% overdue	na	7.5	1.9	1.8	2.7	4.3	7.3	3.4	4.8	1.1	0.4

na Not available.

Source: NSW Government (unpublished).

**Table 10A.26 Victorian elective surgery waiting times by clinical urgency category, public hospitals (per cent) (a), (b)**

	2002-03	2003-04	2004-05	2005-06	2006-07
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	–	0.1	0.7	–	–
Category 2 (over 90 days)	39.1	43.3	42.3	36.8	34.0
Category 3 (over 12 months)	27.1	24.8	20.8	14.2	10.5
All patients	31.1	31.8	29.7	23.8	20.5
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	–	–	–	–	–
Category 2 (over 90 days)	20.5	20.4	23.6	27.7	25.3
Category 3 (over 12 months)	8.8	7.5	8.7	10.3	8.5
All patients	12.4	11.9	13.7	16.2	14.5
Waiting time data coverage					
Per cent of elective surgery separations	70.1	76.3	77.0	77.9	77.9

(a) Waiting times are counted as the time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so 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 longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2003, 2004, 2005, 2006 and 2007.

– Nil or rounded to zero.

Source: Victorian Government (unpublished).

Table 10A.27

Table 10A.27 Victorian elective surgery waiting times, public hospitals, by specialty, 2006-07

		Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Waiting time at Census date												
Category 1												
No. patients on waiting list		30	51	238	103	25	18	53	126	250	49	26
No. of extended wait patients		-	-	-	-	-	-	-	-	-	-	-
% overdue		-	-	-	-	-	-	-	-	-	-	-
Category 2												
No. patients on waiting list		142	1 072	3 858	1 839	513	482	4 148	1 629	2 554	261	223
No. of extended wait patients		31	175	1 069	287	175	11	2 065	626	1 127	103	8
% overdue		21.8	16.3	27.7	15.6	34.1	2.3	49.8	38.4	44.1	39.5	3.6
Category 3												
No. patients on waiting list		3	2 592	4 161	1 547	122	3 561	3 880	2 364	939	919	331
No. of extended wait patients		-	143	414	64	13	35	679	526	140	116	10
% overdue		-	5.5	9.9	4.1	10.7	1.0	17.5	22.3	14.9	12.6	3.0
Waiting time at admission												
Category 1												
No. patients admitted from waiting list		1 769	1 681	8 368	3 254	922	1 118	2 244	4 551	6 637	992	777
No. of extended wait patients		-	-	-	1	-	-	-	-	-	-	1
% overdue		-	-	-	-	-	-	-	-	-	-	0.1
Category 2												
No. patients admitted from waiting list		737	6 169	15 194	8 406	1 417	6 237	10 190	4 701	7 084	822	1 949
No. of extended wait patients		155	951	3 970	1 711	407	337	4 329	1 681	2 109	254	39
% overdue		21.0	15.4	26.1	20.4	28.7	5.4	42.5	35.8	29.8	30.9	2.0



Table 10A.27

Table 10A.27 Victorian elective surgery waiting times, public hospitals, by specialty, 2006-07

Waiting time at Census date	Cardio-thoracic	Ear, Nose & Throat	General	Gynaecology	Neuro-surgery	Ophthalmology	Orthopaedic	Plastic	Urology	Vascular	Other
Category 3											
No. patients admitted from waiting list	35	4 657	7 537	3 289	190	9 117	4 721	2 838	2 320	643	1 103
No. of extended wait patients	-	431	719	148	18	179	875	452	146	125	12
% overdue	-	9.3	9.5	4.5	9.5	2.0	18.5	15.9	6.3	19.4	1.1

- Nil or rounded to zero.

Source: Victorian Government (unpublished).

Table 10A.28

**Table 10A.28 Queensland elective surgery waiting times, by clinical urgency category, public hospitals (per cent) (a), (b)**

	2002-03	2003-04	2004-05	2005-06	2006-07
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	2.3	1.1	5.4	11.0	6.4
Category 2 (over 90 days)	5.3	2.3	11.3	20.5	20.5
Category 3 (over 12 months)	38.2	34.1	30.5	32.8	32.5
All patients	26.0	21.8	22.2	26.5	25.6
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	9.3	9.5	10.4	14.3	13.2
Category 2 (over 90 days)	11.8	10.1	9.4	15.6	17.7
Category 3 (over 12 months)	13.0	12.7	8.5	10.2	11.7
All patients	11.1	10.5	9.6	14.1	14.9
Waiting time data coverage					
Per cent of elective surgery separations	95.0	95.0	95.0	95.0	95.0

(a) Waiting times are counted as the time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so 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 longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2003, 2004, 2005, 2006 and 2007.

Source: Queensland Government (unpublished).

Table 10A.29

Table 10A.29 Queensland elective surgery waiting times, public hospitals, by speciality, 2006-07

Waiting time at Census date (a)		Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Category 1												
No. patients on waiting list		175	118	804	366	35	71	303	287	598	120	40
No. of extended wait patients		10	7	39	14	4	5	13	31	58	7	-
% overdue		5.7	5.9	4.9	3.8	11.4	7.0	4.3	10.8	9.7	5.8	-
Category 2												
No. patients on waiting list		316	1 212	3 519	1 564	295	570	3 403	1 323	978	191	156
No. of extended wait patients		34	243	642	101	158	72	928	343	205	49	3
% overdue		10.8	20.0	18.2	6.5	53.6	12.6	27.3	25.9	21.0	25.7	1.9
Category 3												
No. patients on waiting list		99	2 150	2 873	1 339	159	3 176	4 986	1 663	1 105	300	160
No. of extended wait patients		14	1 149	920	130	91	406	1 493	1 049	373	193	44
% overdue		14.1	53.4	32.0	9.7	57.2	12.8	29.9	63.1	33.8	64.3	27.5
Waiting time at admission												
Category 1												
No. patients admitted from waiting list		3 045	2 272	11 369	5 628	907	1 002	8 683	3 477	4 420	1 501	696
No. of extended wait patients		309	272	1 210	868	82	118	477	654	1 355	282	61
% overdue		10.1	12.0	10.6	15.4	9.0	11.8	5.5	18.8	30.7	18.8	8.8
Category 2												
No. patients admitted from waiting list		1 860	4 789	12 978	7 885	674	3 627	9 142	3 898	3 136	619	810
No. of extended wait patients		234	1 099	2 303	960	195	344	1 812	935	592	96	153
% overdue		12.6	22.9	17.7	12.2	28.9	9.5	19.8	24.0	18.9	15.5	18.9

Table 10A.29

## Table 10A.29 Queensland elective surgery waiting times, by specialty, 2006-07

Category 3	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
No. patients admitted from waiting list	61	2 512	3 696	2 260	84	4 416	4 843	915	949	138	500
No. of extended wait patients	4	339	501	132	15	418	665	132	134	25	12
% overdue	6.6	13.5	13.6	5.8	17.9	9.5	13.7	14.4	14.1	18.1	2.4

(a) Patients on the waiting list at 1 July 2006.

– Nil or rounded to zero.

Source: Queensland Government (unpublished).

Table 10A.30

**Table 10A.30 WA elective surgery waiting times, by clinical urgency category, public hospitals (per cent) (a), (b)**

	2002-03	2003-04	2004-05	2005-06	2006-07
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	39.2	37.5	40.9	27.4	26.2
Category 2 (over 90 days)	48.0	47.2	52.4	53.0	46.2
Category 3 (over 12 months)	29.7	23.5	24.9	19.7	6.5
All patients	34.8	31.1	34.2	31.8	21.9
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	15.3	16.4	17.8	18.9	28.8
Category 2 (over 90 days)	23.5	28.7	31.8	32.1	44.0
Category 3 (over 12 months)	6.4	7.4	7.6	8.3	24.3
All patients	13.6	15.8	17.3	18.4	31.6
Waiting time data coverage					
Per cent of elective surgery separations	77.0	76.0	72.0	76.0	67.0

(a) Waiting times are counted as the time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so 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 longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2003, 2004, 2005, 2006 and 2007.

Source: WA Government (unpublished).

Table 10A.31

Table 10A.31 WA elective surgery waiting times, public hospitals, by speciality, 2006-07

Waiting time at Census date (a)		Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Category 1												
No. patients on waiting list		115	47	164	20	18	36	80	93	322	49	43
No. of extended wait patients		9	11	31	7	4	9	19	15	132	19	3
% overdue		7.8	23.4	18.9	35.0	22.2	25.0	23.8	16.1	41.0	38.8	7.0
Category 2												
No. patients on waiting list		39	1 010	774	130	192	257	963	394	508	72	12
No. of extended wait patients		2	724	247	18	79	91	392	190	215	49	2
% overdue		5.1	71.7	31.9	13.8	41.1	35.4	40.7	48.2	42.3	68.1	16.7
Category 3												
No. patients on waiting list		55	1 214	1 165	311	339	1 718	1 243	402	643	65	42
No. of extended wait patients		-	167	39	-	14	80	35	70	63	3	-
% overdue		-	13.8	3.3	-	4.1	4.7	2.8	17.4	9.8	4.6	-
Waiting time at admission												
Category 1												
No. patients admitted from waiting list		2 180	858	3 289	785	444	631	1 472	2 026	3 155	639	680
No. of extended wait patients		569	261	831	159	118	189	398	601	1 177	202	146
% overdue		26.1	30.4	25.3	20.3	26.6	30.0	27.0	29.7	37.3	31.6	21.5
Category 2												
No. patients admitted from waiting list		300	1 161	3 634	987	537	1 237	3 032	1 254	1 782	301	96
No. of extended wait patients		51	709	1 297	203	205	726	1 516	767	681	123	27
% overdue		17.0	61.1	35.7	20.6	38.2	58.7	50.0	61.2	38.2	40.9	28.1

Table 10A.31

## Table 10A.31 WA elective surgery waiting times, public hospitals, by speciality, 2006-07

Category 3	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
No. patients admitted from waiting list	741	1 588	3 379	1 745	1 281	3 983	2 135	757	2 219	91	587
No. of extended wait patients	121	560	805	235	191	1 004	621	332	474	35	125
% overdue	16.3	35.3	23.8	13.5	14.9	25.2	29.1	43.9	21.4	38.5	21.3

(a) Data show patients on the waiting list at 30 June 2006.

– Nil or rounded to zero.

Source: WA Government (unpublished).

Table 10A.32

**Table 10A.32 SA elective surgery waiting times, by clinical urgency category, public hospitals (a), (b)**

	2002-03	2003-04	2004-05	2005-06	2006-07
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	17.0	27.1	19.8	22.9	21.6
Category 2 (over 90 days)	22.1	26.0	27.9	20.8	16.8
Category 3 (over 12 months)	18.3	20.7	13.5	12.2	11.3
All patients	18.8	22.2	17.1	15.1	13.5
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	13.5	17.6	20.0	22.4	22.5
Category 2 (over 90 days)	15.6	18.6	24.9	22.9	22.1
Category 3 (over 12 months)	4.9	6.2	9.4	10.5	9.5
All patients	10.1	13.0	16.9	18.0	17.4
Waiting time data coverage					
Per cent of elective surgery separations	62.3	62.5	62.2	60.4	61.6

(a) For 2004-05, waiting times are counted as time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1. In previous periods, SA counted the waiting time in all urgency categories.

(b) There is no specified or agreed desirable wait for category 3 patients, so 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 longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2003, 2004, 2005, 2006 and 2007.

Source: SA Government (unpublished).



Table 10A.33

Table 10A.33 SA elective surgery waiting times, public hospitals, by specialty, 2006-07

	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Waiting time at Census date											
Category 1											
No. patients on waiting list	19	40	162	109	12	18	20	166	277	22	-
No. of extended wait patients	1	4	29	13	1	5	2	38	89	1	-
% overdue	5.3	10.0	17.9	11.9	8.3	27.8	10.0	22.9	32.1	4.5	..
Category 2											
No. patients on waiting list	88	323	624	389	43	75	274	370	418	25	1
No. of extended wait patients	15	52	50	36	5	10	56	91	126	-	-
% overdue	17.0	16.1	8.0	9.3	11.6	13.3	20.4	24.6	30.1	-	-
Category 3											
No. patients on waiting list	4	1 312	1 237	526	8	1 135	1 984	568	405	37	-
No. of extended wait patients	-	141	83	5	-	54	317	145	69	3	-
% overdue	-	10.7	6.7	1.0	-	4.8	16.0	25.5	17.0	8.1	..
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	441	931	3 229	1 970	322	325	776	1 917	2 090	601	60
No. of extended wait patients	63	112	452	281	43	45	64	626	1 086	72	10
% overdue	14.3	12.0	14.0	14.3	13.4	13.8	8.2	32.7	52.0	12.0	16.7
Category 2											
No. patients admitted from waiting list	373	1 226	2 453	1 812	274	451	1 103	1 379	1 042	203	9
No. of extended wait patients	41	313	470	260	44	106	255	362	403	41	-
% overdue	11.0	25.5	19.2	14.3	16.1	23.5	23.1	26.3	38.7	20.2	-

Table 10A.33

Table 10A.33 SA elective surgery waiting times, public hospitals, by specialty, 2006-07

Category 3	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
No. patients admitted from waiting list	32	1 968	2 734	1 947	39	3 468	2 521	671	863	98	1
No. of extended wait patients	1	292	194	16	–	196	401	144	116	9	–
% overdue	3.1	14.8	7.1	0.8	–	5.7	15.9	21.5	13.4	9.2	–

– Nil or rounded to zero. .. Not applicable.

Source: SA Government (unpublished).

**Table 10A.34 Tasmanian elective surgery waiting times, by clinical urgency category, public hospitals (a), (b)**

	2002-03	2003-04	2004-05	2005-06	2006-07
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	na	na	na	52.0	39.7
Category 2 (over 90 days)	na	na	na	66.0	64.8
Category 3 (over 12 months)	na	na	na	31.0	32.0
All patients	na	na	na	49.0	48.8
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	na	na	na	28.0	25.0
Category 2 (over 90 days)	na	na	na	43.0	46.1
Category 3 (over 12 months)	na	na	na	23.0	22.6
All patients	na	na	na	32.0	32.4
Waiting time data coverage					
Per cent of elective surgery separations	na	na	na	100.0	100.0

(a) Waiting times are counted as time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so 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 longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2003, 2004, 2005, 2006 and 2007.

**na** Not available.

Source: Tasmanian Government (unpublished).

**Table 10A.35 ACT elective surgery waiting times, by clinical urgency category, public hospitals (a), (b)**

	2002-03	2003-04	2004-05	2005-06	2006-07
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	6.6	–	0.8	0.9	6.8
Category 2 (over 90 days)	55.8	52.1	60.9	54.2	54.0
Category 3 (over 12 months)	32.5	30.2	34.2	34.1	24.3
All patients	41.5	38.6	45.3	42.8	38.7
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	8.8	2.2	9.2	3.7	7.2
Category 2 (over 90 days)	47.1	47.5	55.6	48.3	49.1
Category 3 (over 12 months)	18.1	28.2	30.2	27.0	30.4
All patients	26.6	27.3	32.5	29.9	32.4
Waiting time data coverage					
Per cent of elective surgery separations	100.0	100.0	100.0	100.0	100.0

(a) Waiting times are counted as time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) There is no specified or agreed desirable wait for category 3 patients, so 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 longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2003, 2004, 2005, 2006 and 2007.

– Nil or rounded to zero.

Source: ACT Government (unpublished).

Table 10A.36

Table 10A.36 ACT elective surgery waiting times, public hospitals, by specialty, 2006-07

	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Waiting time at Census date											
Category 1											
No. patients on waiting list	6	np	35	25	6	-	np	10	31	17	9
No. of extended wait patients	-	-	np	-	np	-	np	-	5	-	np
% overdue	-	np	np	-	np	..	np	-	16.1	-	np
Category 2											
No. patients on waiting list	18	476	386	212	100	23	859	169	362	45	74
No. of extended wait patients	7	319	155	49	60	np	574	67	190	30	17
% overdue	38.9	67.0	40.2	23.1	60.0	np	66.8	39.6	52.5	66.7	23.0
Category 3											
No. patients on waiting list	np	495	46	167	61	968	322	130	166	155	43
No. of extended wait patients	np	134	np	17	34	93	130	98	38	72	np
% overdue	np	27.1	np	10.2	55.7	9.6	40.4	75.4	22.9	46.5	np
Waiting time at admission											
Category 1											
No. patients admitted from waiting list	100	115	690	474	123	31	204	126	413	259	225
No. of extended wait patients	np	np	29	28	12	-	9	6	51	47	9
% overdue	np	np	4.2	5.9	9.8	-	4.4	4.8	12.3	18.1	4.0
Category 2											
No. patients admitted from waiting list	131	570	747	529	121	91	992	316	494	36	396
No. of extended wait patients	19	297	340	186	69	35	656	156	263	11	139
% overdue	14.5	52.1	45.5	35.2	57.0	38.5	66.1	49.4	53.2	30.6	35.1

Table 10A.36

Table 10A.36 ACT elective surgery waiting times, public hospitals, by specialty, 2006-07

Category 3	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
No. patients admitted from waiting list	-	229	82	201	np	1 110	162	44	145	81	65
No. of extended wait patients	-	143	5	14	np	340	53	27	13	39	11
% overdue	..	62.4	6.1	7.0	np	30.6	32.7	61.4	9.0	48.1	16.9

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

Source: ACT Government (unpublished).

Table 10A.37

**Table 10A.37 NT elective surgery waiting times, by clinical urgency category, public hospitals (a), (b)**

	2002-03	2003-04	2004-05	2005-06	2006-07
Per cent of patients on waiting lists with extended waits (c)					
Category 1 (over 30 days)	57.8	41.9	61.4	53.6	53.7
Category 2 (over 90 days)	52.0	55.8	64.2	57.0	51.7
Category 3 (over 12 months)	26.5	34.7	42.2	42.6	39.3
All patients	35.8	42.6	55.9	49.0	45.9
Per cent of patients admitted from waiting lists with extended waits					
Category 1 (over 30 days)	14.5	19.0	17.2	16.7	19.2
Category 2 (over 90 days)	24.0	30.5	30.5	31.0	43.0
Category 3 (over 12 months)	14.6	14.8	14.9	22.7	39.9
All patients	17.9	22.1	21.5	22.5	31.1
Waiting time data coverage (d)					
Per cent of elective surgery separations	70.6	68.3	71.7	100.0	100.0

(a) Waiting times are counted as time waited in the most recent urgency category plus any time waited in more urgent categories, for example time in category 2, plus time spent previously in category 1.

(b) Extended waits include those patients overdue in any category, that is, it is not restricted to patients waiting greater than 365 days. There is no specified or agreed desirable wait for category 3 patients, so 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 longer than the agreed desirable waits of 30 and 90 days respectively.

(c) Data show patients on the waiting list at 30 June 2003, 2004, 2005, 2006 and 2007.

(d) In previous reports, waiting times coverage data were derived including scopes. Data from 2004-05 exclude these scopes.

Source: NT Government (unpublished).

Table 10A.38

Table 10A.38 NT elective surgery waiting times, public hospitals, by specialty, 2006-07

Waiting time at Census date		Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Category 1												
No. patients on waiting list		na	23	112	39	na	40	55	11	8	na	5
No. of extended wait patients		na	14	49	13	na	32	38	5	4	na	2
% overdue		na	60.9	43.8	33.3	na	80.0	69.1	45.5	50.0	na	40.0
Category 2												
No. patients on waiting list		na	116	384	128	na	365	137	29	19	na	34
No. of extended wait patients		na	77	134	40	na	252	88	13	6	na	16
% overdue		na	66.4	34.9	31.3	na	69.0	64.2	44.8	31.6	na	47.1
Category 3												
No. patients on waiting list		na	313	368	96	na	343	177	47	17	na	42
No. of extended wait patients		na	204	89	50	na	102	76	23	1	na	6
% overdue		na	65.2	24.2	52.1	na	29.7	42.9	48.9	5.9	na	14.3
Waiting time at admission												
Category 1												
No. patients admitted from waiting list		na	198	948	1 134	na	83	288	44	37	na	99
No. of extended wait patients		na	32	226	97	na	33	94	16	13	na	33
% overdue		na	16.2	23.8	8.6	na	39.8	32.6	36.4	35.1	na	33.3
Category 2												
No. patients admitted from waiting list		na	236	779	458	na	295	184	24	30	na	85
No. of extended wait patients		na	105	384	62	na	170	112	20	10	na	37
% overdue		na	44.5	49.3	13.5	na	57.6	60.9	83.3	33.3	na	43.5



Table 10A.38

Table 10A.38 NT elective surgery waiting times, public hospitals, by specialty, 2006-07

Waiting time at Census date	Cardio- thoracic	Ear, Nose & Throat	General	Gynae- cology	Neuro- surgery	Ophthal- mology	Ortho- paedic	Plastic	Urology	Vascular	Other
Category 3											
No. patients admitted from waiting list	na	115	351	73	na	300	80	2	16	na	84
No. of extended wait patients	na	60	93	13	na	186	30	1	3	na	20
% overdue	na	52.2	26.5	17.8	na	62.0	37.5	50.0	18.8	na	23.8

na Not available.

Source: NT Government (unpublished).

Table 10A.39

**Table 10A.39 Separations for selected procedures or diagnoses per 1000 people, all hospitals, by patient's usual residence 2006-07 (a), (b), (c), (d), (e)**

<i>Selected procedures</i>	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
<b>Coronary artery bypass graft</b>										
Separations	no.	4 823	3 477	3 026	849	1 263	311	120	125	14 012
Separations not within State of residence	%	8	1	1	—	1	6	10	100	..
Separation rate		0.66	0.63	0.73	0.41	0.68	0.54	0.42	0.93	0.64
SRR		1.03	0.99	1.14	0.64	1.07	0.84	0.66	1.46	..
Lower bound for 95% confidence interval of SRR		1.00	0.96	1.10	0.60	1.01	0.75	0.54	1.20	..
Upper bound for 95% confidence interval of SRR		1.06	1.02	1.18	0.68	1.13	0.93	0.78	1.72	..
<b>Coronary angioplasty</b>										
Separations	no.	12 321	9 398	5 625	3 192	2 599	855	438	152	34 609
Separations not within State of residence	%	9	1	2	1	1	3	5	100	..
Separation rate		1.67	1.71	1.33	1.53	1.42	1.49	1.44	1.03	1.57
SRR		1.06	1.09	0.85	0.97	0.90	0.95	0.92	0.66	..
Lower bound for 95% confidence interval of SRR		1.04	1.07	0.83	0.94	0.87	0.89	0.83	0.56	..
Upper bound for 95% confidence interval of SRR		1.08	1.11	0.87	1.00	0.93	1.01	1.01	0.76	..
<b>Caesarean section</b>										
Separations	no.	28 041	21 445	19 231	9 582	6 242	1 739	1 293	1 050	88 632
Separations not within State of residence (%)	%	3	—	1	—	—	1	2	2	..
Separation rate		4.26	4.25	4.86	4.79	4.43	4.20	3.63	4.36	4.43
SRR		0.96	0.96	1.10	1.08	1.00	0.95	0.82	0.99	..
Lower bound for 95% confidence interval of SRR		0.95	0.95	1.08	1.06	0.98	0.91	0.78	0.93	..
Upper bound for 95% confidence interval of SRR		0.97	0.97	1.12	1.10	1.02	0.99	0.86	1.05	..
In-hospital birth separations	no.	94 441	68 259	57 514	28 736	18 783	6 242	4 533	3 441	281 985
Proportion of births to public patients	%	67	65	67	64	68	60	64	79	66
In-hospital birth separation rate		14.3	13.5	14.4	14.3	13.3	15.0	12.5	14.2	14.0
Separations per 100 in-hospital birth separations (f)		29.7	31.4	33.4	33.3	33.2	27.9	28.5	30.5	31.4

Table 10A.39

**Table 10A.39 Separations for selected procedures or diagnoses per 1000 people, all hospitals, by patient's usual residence 2006-07 (a), (b), (c), (d), (e)**

<i>Selected procedures</i>	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Public hospitals		26.4	28.2	27.3	27.3	29.1	27.0	23.5	27.6	27.3
Public patients		25.1	27.7	26.9	27.0	28.5	25.2	23.1	27.2	26.5
Private patients		36.1	37.2	37.8	33.0	37.0	41.0	30.5	35.8	36.4
Private hospitals		40.0	38.7	47.5	45.8	44.5	29.8	38.6	44.2	42.0
<b>Cholecystectomy</b>										
Separations	no.	15 615	11 988	9 385	4 512	3 778	1 013	654	331	47 331
Separations not within State of residence	%	2	1	1	–	–	1	7	8	..
Separation rate		2.21	2.25	2.26	2.15	2.26	1.95	1.98	1.80	2.22
SRR		1.00	1.02	1.02	0.97	1.02	0.88	0.89	0.81	..
Lower bound for 95% confidence interval of SRR		0.98	1.00	1.00	0.94	0.99	0.83	0.82	0.72	..
Upper bound for 95% confidence interval of SRR		1.02	1.04	1.04	1.00	1.05	0.93	0.96	0.90	..
<b>Hip replacement</b>										
Separations	no.	9 562	7 573	4 830	3 279	2 598	1 008	419	83	29 387
Separations not within State of residence	%	6	1	2	–	–	3	7	36	..
Separation rate		1.28	1.35	1.17	1.60	1.35	1.73	1.48	0.75	1.32
SRR		0.96	1.02	0.88	1.21	1.02	1.31	1.12	0.57	..
Lower bound for 95% confidence interval of SRR		0.94	1.00	0.86	1.17	0.98	1.23	1.01	0.45	..
Upper bound for 95% confidence interval of SRR		0.98	1.04	0.90	1.25	1.06	1.39	1.23	0.69	..
<b>Revision of hip replacement</b>										
Separations	no.	1 168	942	590	366	235	127	61	8	3 507
Separations not within State of residence	%	8	2	1	–	–	6	13	75	..
Separation rate		0.16	0.17	0.14	0.18	0.12	0.22	0.22	0.06	0.16
Proportion of hip replacements		0.12	0.12	0.12	0.11	0.09	0.13	0.15	0.10	0.12
SRR		0.98	1.06	0.90	1.12	0.78	1.39	1.36	0.38	..
Lower bound for 95% confidence interval of SRR		0.92	0.99	0.83	1.01	0.68	1.15	1.02	0.12	..

Table 10A.39

**Table 10A.39 Separations for selected procedures or diagnoses per 1000 people, all hospitals, by patient's usual residence 2006-07 (a), (b), (c), (d), (e)**

<i>Selected procedures</i>	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Upper bound for 95% confidence interval of SRR		1.04	1.13	1.23	0.88	1.63	1.70	0.64	..
<b>Hysterectomy (g)</b>									
Separations	no.	8 717	6 207	2 861	2 487	753	457	233	27 203
Separations not within State of residence	%	5	1	–	–	1	12	9	..
Separation rate		1.25	1.18	1.34	1.53	1.47	1.33	1.09	1.28
SRR		0.98	0.92	1.02	1.19	1.15	1.04	0.85	..
Lower bound for 95% confidence interval of SRR		0.96	0.90	1.00	1.14	1.07	0.94	0.74	..
Upper bound for 95% confidence interval of SRR		1.00	0.94	1.05	1.24	1.23	1.14	0.96	..
<b>Lens insertion</b>									
Separations	no.	62 135	42 088	16 318	13 499	3 558	1 663	813	177 999
Separations not within State of residence	%	4	1	–	–	1	4	17	..
Separation rate		8.33	7.55	9.28	7.01	6.17	6.20	7.90	8.12
SRR		1.03	0.93	1.14	0.86	0.76	0.76	0.97	..
Lower bound for 95% confidence interval of SRR		1.02	0.92	1.13	0.85	0.74	0.72	0.91	..
Upper bound for 95% confidence interval of SRR		1.04	0.94	1.15	0.87	0.78	0.80	1.03	..
<b>Tonsillectomy</b>									
Separations	no.	11 807	8 627	7 312	3 514	598	633	252	36 638
Separations not within State of residence	%	5	2	–	–	1	3	8	..
Separation rate		1.80	1.75	1.79	2.45	1.28	1.89	1.06	1.82
SRR		0.98	0.96	0.98	1.34	0.70	1.03	0.58	..
Lower bound for 95% confidence interval of SRR		0.96	0.94	0.96	1.30	0.64	0.95	0.51	..
Upper bound for 95% confidence interval of SRR		1.00	0.98	1.00	1.38	0.76	1.11	0.65	..
<b>Myringotomy (with insertion of tube)</b>									
Separations	no.	8 502	7 573	5 259	4 085	532	523	136	30 044
Separations not within State of residence	%	6	2	–	–	1	3	13	..

Table 10A.39

**Table 10A.39 Separations for selected procedures or diagnoses per 1000 people, all hospitals, by patient's usual residence 2006-07 (a), (b), (c), (d), (e)**

<i>Selected procedures</i>	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Separation rate		1.29	1.56	1.30	1.69	2.89	1.13	1.68	0.55	1.50
SRR		0.86	1.04	0.86	1.13	1.92	0.75	1.12	0.36	..
Lower bound for 95% confidence interval of SRR		0.84	1.02	0.84	1.09	1.86	0.69	1.02	0.30	..
Upper bound for 95% confidence interval of SRR		0.88	1.06	0.88	1.17	1.98	0.81	1.22	0.42	..
Knee replacement										
Separations	no.	12 660	7 068	6 241	3 506	2 737	824	505	113	33 743
Separations not within State of residence	%	6	2	1	–	–	3	5	58	..
Separation rate		1.71	1.28	1.51	1.72	1.47	1.42	1.73	0.79	1.54
SRR		1.11	0.84	0.98	1.12	0.96	0.93	1.13	0.52	..
Lower bound for 95% confidence interval of SRR		1.09	0.82	0.96	1.08	0.92	0.87	1.03	0.44	..
Upper bound for 95% confidence interval of SRR		1.13	0.86	1.00	1.16	1.00	0.99	1.23	0.60	..
Prostatectomy										
Separations	no.	9 942	8 468	5 262	2 629	2 382	806	335	97	29 974
Separations not within State of residence	%	6	1	2	–	–	2	8	31	..
Separation rate		1.33	1.52	1.25	1.27	1.25	1.37	1.14	0.91	1.35
SRR		0.99	1.13	0.93	0.94	0.93	1.02	0.84	0.68	..
Lower bound for 95% confidence interval of SRR		0.97	1.11	0.90	0.90	0.89	0.95	0.75	0.54	..
Upper bound for 95% confidence interval of SRR		1.01	1.15	0.96	0.98	0.97	1.09	0.93	0.82	..

(a) The procedures and diagnoses are defined using ICD-10-AM codes.

(b) Australian totals includes other territories and excludes overseas residents and unknown state of residence.

(c) Separations for each procedure exclude multiple procedures for the same separation within the same group.

(d) Rate per 1000 population was directly age standardised to the Australian population at 30 June 2001.

(e) Excludes separations for which the care type was reported as 'newborn with no qualified days', and records for hospital boarders and posthumous organ procurement.

Table 10A.39

**Table 10A.39 Separations for selected procedures or diagnoses per 1000 people, all hospitals, by patient's usual residence  
2006-07 (a), (b), (c), (d), (e)**

<i>Selected procedures</i>	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
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(f) Caesarean sections separations divided by separations for which in-hospital birth was reported. This is an approximate measure of the proportion of all births that are by caesarean section, as births out of hospital are not included.

(g) Females aged 15–69 years only.

.. Not applicable. – Nil or rounded to zero.

SRR = Standardised separation rate ratio.

Source: AIHW 2008. *Australian hospital statistics 2006-07*. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW.

Table 10A.40

Table 10A.40 **Unplanned re-admissions, public hospitals, NSW (a)**

	Unit	2003	2004	2005	2006	2007
Hospitals reporting	no.	57	60	63	58	57
Reports	no.	88	96	107	102	103
Numerator (re-admissions)	no.	15 426	12 954	15 791	13 410	7 482
Denominator (separations)	no.	433 906	395 528	451 498	395 782	351 684
Re-admission rate	per 100 admissions	3.6	3.3	3.5	3.4	2.1
Standard error ( $\pm$ )		0.2	0.2	0.2	0.3	0.2
National performance at 80th centile (re-admission rate)	%	4.7	4.8	5.0	5.1	5.2
National performance at 20th centile (re-admission rate)	%	0.9	0.9	0.9	1.2	1.2
Potential centile gains (re-admissions)	no.	11 695	9 390	11 526	8 627	3 222
Change represented by potential gains	%	2.7	2.4	2.6	2.2	0.9
Potential outlier gains (re-admissions)	no.	4 665	3 929	5 991	4 503	1 956
Potential stratum gains (re-admissions)	no.	12 401	9 701	11 722	10 669	3 771

(a) Health organisations contribute data voluntarily to the Australian Council on Health Care Standards (ACHS) and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

Source: Australian Council on Health Care Standards (ACHS) (unpublished).

Table 10A.41

**Table 10A.41 Unplanned re-admissions, public hospitals, Victoria (a)**

	Unit	2003	2004	2005	2006	2007
Hospitals reporting	no.	36	34	33	30	33
Reports	no.	60	63	58	57	49
Numerator (re-admissions)	no.	6 022	8 910	6 742	5 857	4 005
Denominator (separations)	no.	217 702	294 183	277 856	233 809	151 314
Re-admission rate	per 100 admissions	2.8	3.0	2.4	2.5	2.6
Standard error ( $\pm$ )		0.3	0.2	0.3	0.3	0.3
National performance at 80th centile (re-admission rate)	%	4.7	4.8	5.0	5.1	5.2
National performance at 20th centile (re-admission rate)	%	0.9	0.9	0.9	1.2	1.2
Potential centile gains (re-admissions)	no.	4 150	6 259	4 117	3 031	2 172
Change represented by potential gains	%	1.9	2.1	1.5	1.3	1.4
Potential outlier gains (re-admissions)	no.	1 107	2 447	1 030	1 601	1 326
Potential stratum gains (re-admissions)	no.	4 504	6 491	4 238	4 237	2 408

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

Source: ACHS (unpublished).



Table 10A.42

Table 10A.42 **Unplanned re-admissions, public hospitals, Queensland (a)**

	Unit	2003	2004	2005	2006	2007
Hospitals reporting	no.	11	10	13	14	16
Reports	no.	20	20	24	26	25
Numerator (re-admissions)	no.	4 998	3 679	3 162	7 373	3 454
Denominator (separations)	no.	125 108	111 542	125 852	224 206	109 874
Re-admission rate	per 100 admissions	4.0	3.3	2.5	3.3	3.1
Standard error (±)		0.4	0.3	0.4	0.3	0.3
National performance at 80th centile (re-admission rate)	%	4.7	4.8	5.0	5.1	5.2
National performance at 20th centile (re-admission rate)	%	0.9	0.9	0.9	1.2	1.2
Potential centile gains (re-admissions)	no.	3 922	2 674	1 973	4 663	2 123
Change represented by potential gains	%	3.1	2.4	1.6	2.1	1.9
Potential outlier gains (re-admissions)	no.	1 440	1 259	775	2 443	973
Potential stratum gains (re-admissions)	no.	4 126	2 762	2 028	5 820	2 294

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

Source: ACHS (unpublished).

Table 10A.43

Table 10A.43 **Unplanned re-admissions, public hospitals, WA (a)**

	Unit	2003	2004	2005	2006	2007
Hospitals reporting	no.	13	25	31	23	22
Reports	no.	20	43	52	38	38
Numerator (re-admissions)	no.	1 955	1 563	1 944	1 295	2 038
Denominator (separations)	no.	115 103	119 846	148 147	86 270	132 368
Re-admission rate	per 100 admissions	1.7	1.3	1.3	1.5	1.5
Standard error ( $\pm$ )		0.4	0.3	0.4	0.5	0.3
National performance at 80th centile (re-admission rate)	%	4.7	4.8	5.0	5.1	5.2
National performance at 20th centile (re-admission rate)	%	0.9	0.9	0.9	1.2	1.2
Potential centile gains (re-admissions)	no.	965	483	545	252	434
Change represented by potential gains	%	0.8	0.4	0.4	0.3	0.3
Potential outlier gains (re-admissions)	no.	217	59	231	208	386
Potential stratum gains (re-admissions)	no.	1 152	577	609	697	641

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

Source: ACHS (unpublished).

Table 10A.44

Table 10A.44 **Unplanned re-admissions, public hospitals, SA (a)**

	Unit	2003	2004	2005	2006	2007
Hospitals reporting	no.	10	11	11	9	6
Reports	no.	15	15	16	14	10
Numerator (re-admissions)	no.	2 397	1 219	3 855	2 641	1 282
Denominator (separations)	no.	48 505	44 087	80 099	58 097	31 115
Re-admission rate	per 100 admissions	4.9	2.8	4.8	4.5	4.1
Standard error ( $\pm$ )		0.6	0.5	0.5	0.7	0.6
National performance at 80th centile (re-admission rate)	%	4.7	4.8	5.0	5.1	5.2
National performance at 20th centile (re-admission rate)	%	0.9	0.9	0.9	1.2	1.2
Potential centile gains (re-admissions)	no.	1 980	822	3 098	1 939	905
Change represented by potential gains	%	4.1	1.9	3.9	3.3	2.9
Potential outlier gains (re-admissions)	no.	987	242	3 029	1 092	624
Potential stratum gains (re-admissions)	no.	2 059	856	3 133	2 239	954

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

Source: ACHS (unpublished).

Table 10A.45

**Table 10A.45 Pre-anaesthetic consultations, public hospitals, NSW (a)**

	<i>Unit</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Hospitals reporting	no.	5	6	6
Reports	no.	5	11	6
Numerator (pre-anaesthetic consultations)	no.	1 794	6 400	2 858
Denominator (procedures)	no.	1 949	6 428	2 858
Consultation rate	per 100 procedures	92.05	99.6	100.0
Standard error (+)		9.5	1.0	0.8
National performance at 80th centile (consultation rate)	%	100	100	100
National performance at 20th centile (consultation rate)	%	85	92	93
Potential centile gains (consultations)	no.	152	27	-1
Change represented by potential gains	%	7.80	0.4	–
Potential outlier gains (consultations)	no.	–	–	–
Potential stratum gains (consultations)	no.	155	28	–

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

– Nil or rounded to zero.

Source: ACHS (unpublished).

Table 10A.46

Table 10A.46 **Pre-anaesthetic consultations, public hospitals, Victoria (a)**

	<i>Unit</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Hospitals reporting	no.	3	np	np
Reports	no.	3	np	np
Numerator (pre-anaesthetic consultations)	no.	1 326	np	np
Denominator (procedures)	no.	1 439	np	np
Consultation rate	per 100 procedures	92	np	np
Standard error ( $\pm$ )		11	np	np
National performance at 80th centile (consultation rate)	%	100	np	np
National performance at 20th centile (consultation rate)	%	85	np	np
Potential centile gains (consultations)	no.	111	np	np
Change represented by potential gains	%	7.70	np	np
Potential outlier gains (consultations)	no.	–	np	np
Potential stratum gains (consultations)	no.	113	np	np

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

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

Source: ACHS (unpublished).

Table 10A.47

**Table 10A.47 Pre-anaesthetic consultations, public hospitals, Queensland (a)**

	<i>Unit</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Hospitals reporting	no.	np	np	np
Reports	no.	np	np	np
Numerator (pre-anaesthetic consultations)	no.	np	np	np
Denominator (procedures)	no.	np	np	np
Consultation rate	per 100 procedures	np	np	np
Standard error (+)		np	np	np
National performance at 80th centile (consultation rate)	%	np	np	np
National performance at 20th centile (consultation rate)	%	np	np	np
Potential centile gains (consultations)	no.	np	np	np
Change represented by potential gains	%	np	np	np
Potential outlier gains (consultations)	no.	np	np	np
Potential stratum gains (consultations)	no.	np	np	np

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

**np** Not published.

*Source:* ACHS (unpublished).

Table 10A.48

Table 10A.48 **Pre-anaesthetic consultations, public hospitals, SA (a)**

	<i>Unit</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Hospitals reporting	no.	np	np	np
Reports	no.	np	np	np
Numerator (pre-anaesthetic consultations)	no.	np	np	np
Denominator (procedures)	no.	np	np	np
Consultation rate	per 100 procedures	np	np	np
Standard error (+)		np	np	np
National performance at 80th centile (consultation rate)	%	np	np	np
National performance at 20th centile (consultation rate)	%	np	np	np
Potential centile gains (consultations)	no.	np	np	np
Change represented by potential gains	%	np	np	np
Potential outlier gains (consultations)	no.	np	np	np
Potential stratum gains (consultations)	no.	np	np	np

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

**np** Not published.

Source: ACHS (unpublished).

Table 10A.49

Table 10A.49 Surgical site infections for selected procedures, NSW public hospitals, 2007 (a), (b), (c)

	Unit	Hip prosthesis	Knee prosthesis	Lower segment caesarean section	Abdominal hysterectomy
Hospitals reporting	no.	12	11	11	np
Reports	no.	27	26	26	np
Numerator (infections)	no.	28	35	8	np
Denominator (procedures)	no.	1 489	2 005	2 630	np
Infection rate	per 100 procedures	1.9	1.7	0.3	np
Standard error ( $\pm$ )		0.1	0.2	0.2	np
National performance at 80th centile (infection rate)	%	1.5	1.7	1.8	np
National performance at 20th centile (infection rate)	%	0.9	0.5	0.3	np
Potential centile gains (infections)	no.	15	25	1	np
Change represented by potential gains	%	1.0	1.3	–	np
Potential outlier gains (infections)	no.	–	14.0	–	np
Potential stratum gains (infections)	no.	22	27	–	np

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

(b) Data for procedures with less than five reporting hospitals are not published.

(c) Since 2003, the ACHS surgical site infection indicators have been collected in pairs, one for each of superficial and deep/organ space surgical site infections. An indirectly standardised rate was derived for each pair. The rate for each combined pair was estimated as the sum of the two rates (deep and superficial). The final rate for each state was calculated as the sum of observed infections divided by the sum of expected infections, multiplied by the rate for the pair. The combined indicator results depend on the composition of each State's submission of surgical site infections and so comparisons between state rates may not be valid.

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

Source: ACHS (unpublished).



Table 10A.50

Table 10A.50 Surgical site infections for selected procedures, Victorian public hospitals, 2007 (a), (b), (c)

	Unit	Hip prosthesis	Knee prosthesis	Lower segment caesarean section	Abdominal hysterectomy
Hospitals reporting	no.	5	5	np	np
Reports	no.	16	15	np	np
Numerator (infections)	no.	21	12	np	np
Denominator (procedures)	no.	1144	785	np	np
Infection rate	per 100 procedures	1.8	1.5	np	np
Standard error ( $\pm$ )		0.2	0.3	np	np
National performance at 80th centile (infection rate)	%	1.5	1.7	np	np
National performance at 20th centile (infection rate)	%	0.9	0.5	np	np
Potential centile gains (infections)	no.	11	8	np	np
Change represented by potential gains	%	1.0	1.0	np	np
Potential outlier gains (infections)	no.	1.0	1.0	np	np
Potential stratum gains (infections)	no.	16	9	np	np

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

(b) Data for procedures with less than five reporting hospitals are not published.

(c) Since 2003, the ACHS surgical site infection indicators have been collected in pairs, one for each of superficial and deep/organ space surgical site infections. An indirectly standardised rate was derived for each pair. The rate for each combined pair was estimated as the sum of the two rates (deep and superficial). The final rate for each state was calculated as the sum of observed infections divided by the sum of expected infections, multiplied by the rate for the pair. The combined indicator results depend on the composition of each State's submission of surgical site infections and so comparisons between state rates may not be valid.

np Not published.

Source: ACHS (unpublished).

Table 10A.51

Table 10A.51 Surgical site infections for selected procedures, Queensland public hospitals, 2007 (a), (b)

	Unit	Hip prosthesis	Knee prosthesis	Lower segment caesarean section	Abdominal hysterectomy
Hospitals reporting	no.	10	10	11	6
Reports	no.	28	28	32	18
Numerator (infections)	no.	6	7	25	13
Denominator (procedures)	no.	1 378	1 726	8 224	728
Infection rate	per 100 procedures	0.4	0.4	0.3	1.8
Standard error ( $\pm$ )		0.1	0.2	0.1	0.2
National performance at 80th centile (infection rate)	%	1.5	1.7	1.8	2.6
National performance at 20th centile (infection rate)	%	0.9	0.5	0.3	1.6
Potential centile gains (infections)	no.	- 5.7	-1	2	1.4
Change represented by potential gains	%	- 0.4	- 0.1	-	0.2
Potential outlier gains (infections)	no.	-	-	-	-
Potential stratum gains (infections)	no.	-	-	-	13

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

(b) Since 2003, the ACHS surgical site infection indicators have been collected in pairs, one for each of superficial and deep/organ space surgical site infections. An indirectly standardised rate was derived for each pair. The rate for each combined pair was estimated as the sum of the two rates (deep and superficial). The final rate for each state was calculated as the sum of observed infections divided by the sum of expected infections, multiplied by the rate for the pair. The combined indicator results depend on the composition of each State's submission of surgical site infections and so comparisons between state rates may not be valid.

- Nil or rounded to zero.

Source: ACHS (unpublished).

Table 10A.52

Table 10A.52 Surgical site infections for selected procedures, WA public hospitals, 2007 (a), (b)

	Unit	Hip prosthesis	Knee prosthesis	Lower segment caesarean section	Abdominal hysterectomy
Hospitals reporting	no.	7	8	9	np
Reports	no.	18	19	28	np
Numerator (infections)	no.	8	7	32	np
Denominator (procedures)	no.	859	1 190	2 443	np
Infection rate	per 100 procedures	0.9	0.6	1.3	np
Standard error ( $\pm$ )		0.2	0.3	0.2	np
National performance at 80th centile (infection rate)	%	1.5	1.7	1.8	np
National performance at 20th centile (infection rate)	%	0.9	0.5	0.3	np
Potential centile gains (infections)	no.	1	1	25	np
Change represented by potential gains	%	0.1	0.1	1.0	np
Potential outlier gains (infections)	no.	–	–	10.0	np
Potential stratum gains (infections)	no.	4	2	25	np

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

(b) Since 2003, the ACHS surgical site infection indicators have been collected in pairs, one for each of superficial and deep/organ space surgical site infections. An indirectly standardised rate was derived for each pair. The rate for each combined pair was estimated as the sum of the two rates (deep and superficial). The final rate for each state was calculated as the sum of observed infections divided by the sum of expected infections, multiplied by the rate for the pair. The combined indicator results depend on the composition of each State's submission of surgical site infections and so comparisons between state rates may not be valid.

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

Source: ACHS (unpublished).

Table 10A.53

Table 10A.53 Surgical site infections for selected procedures, SA public hospitals, 2007 (a), (b)

	Unit	Hip prosthesis	Knee prosthesis	Lower segment caesarean section	Abdominal hysterectomy
Hospitals reporting	no.	np	np	5	np
Reports	no.	np	np	20	np
Numerator (infections)	no.	np	np	39	np
Denominator (procedures)	no.	np	np	4 502	np
Infection rate	per 100 procedures	np	np	0.9	np
Standard error ( $\pm$ )		np	np	0.2	np
National performance at 80th centile (infection rate)	%	np	np	1.8	np
National performance at 20th centile (infection rate)	%	np	np	0.3	np
Potential centile gains (infections)	no.	np	np	27	np
Change represented by potential gains	%	np	np	0.6	np
Potential outlier gains (infections)	no.	np	np	2.0	np
Potential stratum gains (infections)	no.	np	np	25	np

(a) Health organisations contribute data voluntarily to the ACHS and therefore the samples are not necessarily representative of all hospitals in each jurisdiction.

(b) Since 2003, the ACHS surgical site infection indicators have been collected in pairs, one for each of superficial and deep/organ space surgical site infections. An indirectly standardised rate was derived for each pair. The rate for each combined pair was estimated as the sum of the two rates (deep and superficial). The final rate for each state was calculated as the sum of observed infections divided by the sum of expected infections, multiplied by the rate for the pair. The combined indicator results depend on the composition of each State's submission of surgical site infections and so comparisons between state rates may not be valid.

np Not published.

Source: ACHS (unpublished).

Table 10A.54

**Table 10A.54 Proportion of accredited beds in public hospitals (per cent) (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total beds accredited by ACHS or other agency									
2002-03	93	98	93	91	96	79	100	96	94
2003-04	91	99	97	93	97	82	100	96	95
2004-05	95	100	97	93	98	83	100	100	96
2005-06	93	100	97	96	98	83	100	100	96
2006-07	85	100	94	100	97	83	100	100	93

(a) Accreditation status at 30 June. Where average available beds for various years were not available, bed numbers at 30 June were used.

Source: AIHW, *Australian hospital statistics* (various years), AIHW Cat. nos. HSE 32 37, 41, 50 and 55, Canberra.

Table 10A.55

Table 10A.55 **Nursing workforce (includes midwives), by age group and region (a), (b)**

	<i>Unit</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>
<b>Nurses (registered and enrolled) in workforce</b>						
Major cities	no.	na 150 435.3	157 352.3	157 500.2		na
Inner regional	no.	na 49 289.4	51 241.3	53 144.6		na
Outer regional	no.	na 23 221.8	23 964.4	25 371.1		na
Remote and very remote	no.	na 5 984.7	5 634.6	5 658.3		na
<b>Total (c)</b>	<b>no.</b>	<b>na 245 531.1</b>	<b>253 592.3</b>	<b>254 956.1</b>		<b>na</b>
Proportion of Nurses aged under 30						
Major cities	%	na	14.1	13.6	10.3	na
Inner regional	%	na	8.2	8.5	6.5	na
Outer regional	%	na	8.4	8.4	6.5	na
Remote and very remote	%	na	8.2	9.7	8.2	na
<b>Total (c)</b>	<b>%</b>	<b>na</b>	<b>12.1</b>	<b>11.8</b>	<b>9.0</b>	<b>na</b>
Proportion of Nurses aged 30 to 39						
Major cities	%	na	25.3	25.1	22.7	na
Inner regional	%	na	22.5	21.5	18.4	na
Outer regional	%	na	23.0	21.8	19.0	na
Remote and very remote	%	na	24.7	23.9	21.0	na
<b>Total (c)</b>	<b>%</b>	<b>na</b>	<b>24.5</b>	<b>24.0</b>	<b>21.4</b>	<b>na</b>
Proportion of Nurses aged 40 to 49						
Major cities	%	na	33.6	33.0	32.9	na
Inner regional	%	na	40.4	39.2	37.5	na
Outer regional	%	na	38.4	38.2	37.3	na
Remote and very remote	%	na	35.9	34.7	35.2	na
<b>Total (c)</b>	<b>%</b>	<b>na</b>	<b>35.5</b>	<b>34.8</b>	<b>34.3</b>	<b>na</b>
Proportion of Nurses aged 50 to 59						
Major cities	%	na	21.8	22.7	26.8	na
Inner regional	%	na	23.7	25.1	30.1	na
Outer regional	%	na	24.0	25.0	29.2	na
Remote and very remote	%	na	24.4	24.9	28.5	na
<b>Total (c)</b>	<b>%</b>	<b>na</b>	<b>22.5</b>	<b>23.5</b>	<b>27.8</b>	<b>na</b>
Proportion of Nurses aged 60+						
Major cities	%	na	5.2	5.6	7.3	na
Inner regional	%	na	5.3	5.8	7.4	na
Outer regional	%	na	6.1	6.6	7.9	na
Remote and very remote	%	na	6.8	6.7	7.1	na
<b>Total (c)</b>	<b>%</b>	<b>na</b>	<b>5.4</b>	<b>5.9</b>	<b>7.5</b>	<b>na</b>

(a) Nurses are allocated to a region based on postcode of main job. Region is based on Australian Standard Geographical Classification (ASGC) — Remoteness Areas.

(b) Includes registered and enrolled nurses in the workforce: those who are employed in nursing, on extended leave and looking for work in nursing.

(c) Total includes 'not stated' for ASGC Remoteness Areas.

na Not available.

Source: AIHW Nursing and Midwifery Labour Force Surveys (unpublished)

Table 10A.56

Table 10A.56 Nursing workforce (includes midwives), by age group (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)
2002									
Nurses (registered and enrolled) in workforce									
	Nurses aged under 30	%	na	na	na	na	na	na	na
	Nurses aged 30 to 39	%	na	na	na	na	na	na	na
	Nurses aged 40 to 49	%	na	na	na	na	na	na	na
	Nurses aged 50 to 59	%	na	na	na	na	na	na	na
	Nurses aged 60+	%	na	na	na	na	na	na	na
	<b>Total nurses in workforce</b>	<b>no.</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>
2003									
Nurses (registered and enrolled) in workforce									
	Nurses aged under 30	%	13.2	9.5	8.0	11.8	6.8	7.7	8.9
	Nurses aged 30 to 39	%	24.4	24.6	21.0	24.7	20.0	21.6	26.3
	Nurses aged 40 to 49	%	36.3	34.6	35.2	38.8	37.8	39.0	35.3
	Nurses aged 50 to 59	%	20.8	24.4	28.3	21.1	28.3	26.7	24.5
	Nurses aged 60+	%	5.2	6.9	7.5	3.7	7.1	5.0	5.0
	<b>Total nurses in workforce</b>	<b>no.</b>	<b>77 462.7</b>	<b>40 839.1</b>	<b>21 857.7</b>	<b>22 686.8</b>	<b>6 499.2</b>	<b>3 962.9</b>	<b>3 322.9</b>
2004									
Nurses (registered and enrolled) in workforce									
	Nurses aged under 30	%	12.6	9.4	8.1	11.4	6.9	8.0	14.6
	Nurses aged 30 to 39	%	24.0	24.1	21.2	23.7	19.5	20.2	27.5
	Nurses aged 40 to 49	%	35.4	33.8	35.8	38.2	38.0	36.7	30.6
	Nurses aged 50 to 59	%	22.4	25.0	27.0	22.5	28.4	28.9	23.6
	Nurses aged 60+	%	5.6	7.7	7.9	4.2	7.3	6.2	3.7
	<b>Total nurses in workforce</b>	<b>no.</b>	<b>79 293.2</b>	<b>42 690.2</b>	<b>23 895.3</b>	<b>23 836.4</b>	<b>6 347.1</b>	<b>4 048.1</b>	<b>2 495.6</b>

Table 10A.56

Table 10A.56 Nursing workforce (includes midwives), by age group (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)	
2005										
Nurses (registered and enrolled) in workforce										
	Nurses aged under 30	%	12.7	7.4	5.9	6.1	10.1	8.7	8.5	na
	Nurses aged 30 to 39	%	23.9	21.1	18.9	18.2	22.1	19.1	20.2	na
	Nurses aged 40 to 49	%	33.9	33.2	35.1	34.5	37.0	36.1	34.6	na
	Nurses aged 50 to 59	%	23.8	29.6	30.7	31.9	25.5	29.2	30.2	na
	Nurses aged 60+	%	5.7	8.6	9.5	9.2	5.2	6.9	6.5	na
	<b>Total nurses in workforce</b>	<b>no.</b>	<b>77 074.6</b>	<b>72 153.0</b>	<b>42 972.8</b>	<b>23 839.2</b>	<b>24 279.3</b>	<b>6 823.3</b>	<b>4 284.1</b>	<b>np</b>
2006										
Nurses (registered and enrolled) in workforce										
	Nurses aged under 30	%	na	na	na	na	na	na	na	na
	Nurses aged 30 to 39	%	na	na	na	na	na	na	na	na
	Nurses aged 40 to 49	%	na	na	na	na	na	na	na	na
	Nurses aged 50 to 59	%	na	na	na	na	na	na	na	na
	Nurses aged 60+	%	na	na	na	na	na	na	na	na
	<b>Total nurses in workforce</b>	<b>no.</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>

(a) Includes registered and enrolled nurses in the workforce: those who are employed in nursing, on extended leave and looking for work in nursing.

(b) Estimates for the NT for 2005 are not separately published due to the very low response rate (13.7 per cent) in that jurisdiction to the AIHW Nursing and Midwifery Labour Force Survey.

na Not available. np Not published.

Source: AIHW Nursing and Midwifery Labour Force Surveys (unpublished)



Table 10A.57

Table 10A.57 **Medical practitioner workforce, by age group and region (a), (b)**

	<i>Unit</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>
<b>Medical practitioners in workforce</b>						
<b>Major cities</b>	<b>no.</b>	<b>41 786.0</b>	<b>43 358.0</b>	<b>45 392.0</b>	<b>46 972.0</b>	<b>49 835.0</b>
<b>Inner regional</b>	<b>no.</b>	<b>7 186.0</b>	<b>7 485.0</b>	<b>7 924.0</b>	<b>8 072.0</b>	<b>7 816.0</b>
<b>Outer regional</b>	<b>no.</b>	<b>2 915.0</b>	<b>3 198.0</b>	<b>2 880.0</b>	<b>3 212.0</b>	<b>3 061.0</b>
<b>Remote and very remote</b>	<b>no.</b>	<b>677.0</b>	<b>745.0</b>	<b>576.0</b>	<b>728.0</b>	<b>886.0</b>
<b>Total (c)</b>	<b>no.</b>	<b>54 784.0</b>	<b>57 043.0</b>	<b>59 004.0</b>	<b>61 165.0</b>	<b>63 688.0</b>
Medical practitioners under 30						
Major cities	%	8.1	9.9	11.1	12.5	10.2
Inner regional	%	6.3	7.7	8.9	8.8	7.4
Outer regional	%	8.5	10.7	7.6	7.5	8.8
Remote and very remote	%	5.3	7.0	5.9	8.1	13.0
Total (c)	%	8.0	9.6	10.6	11.6	9.8
Medical practitioners aged 30 to 39						
Major cities	%	26.2	25.9	26.3	26.5	25.7
Inner regional	%	20.6	20.9	21.1	21.3	21.1
Outer regional	%	25.4	25.5	23.7	24.1	22.6
Remote and very remote	%	34.7	33.3	30.4	29.1	30.1
Total (c)	%	25.5	25.4	25.7	25.8	25.0
Medical practitioners aged 40 to 49						
Major cities	%	28.3	27.7	27.3	26.9	27.0
Inner regional	%	34.6	33.3	32.7	32.0	29.8
Outer regional	%	31.4	31.6	31.2	31.4	30.3
Remote and very remote	%	30.9	29.8	29.3	29.0	27.2
Total (c)	%	29.1	28.4	28.0	27.6	27.4
Medical practitioners aged 50 to 59						
Major cities	%	21.7	21.6	20.8	20.3	21.1
Inner regional	%	24.4	24.0	24.1	25.1	26.9
Outer regional	%	19.0	18.6	22.2	22.4	23.6
Remote and very remote	%	17.3	18.5	20.7	20.5	16.3
Total (c)	%	21.7	21.4	21.1	20.9	21.7
Medical practitioners aged 60+						
Major cities	%	15.6	14.8	14.5	13.9	16.0
Inner regional	%	14.0	14.0	13.3	12.9	14.8
Outer regional	%	15.6	13.6	15.3	14.6	14.7
Remote and very remote	%	11.7	11.5	13.5	13.5	13.4
Total (c)	%	15.8	15.1	14.7	14.0	16.0

(a) Medical practitioners are allocated to a region based on postcode of main job. Region is based on Australian Standard Geographical Classification (ASGC) — Remoteness Areas.

(b) Includes employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine.

(c) Total includes 'not stated' for ASGC Remoteness Areas.

Source: AIHW Medical Labour Force Surveys (unpublished)

Table 10A.58

Table 10A.58 Medical practitioner workforce, by age group (a)

	Unit	NSW	Vic	Qld	WA (b)	SA	Tas	ACT	NT (c)
2002									
Medical practitioners in workforce									
Medical practitioners under 30	%	5.2	11.4	6.7	7.6	10.2	6.7	6.5	16.8
Medical practitioners aged 30 to 39	%	25.2	26.5	24.0	23.7	27.9	20.4	23.1	38.1
Medical practitioners aged 40 to 49	%	28.7	27.9	31.1	29.9	27.8	33.5	33.1	27.1
Medical practitioners aged 50 to 59	%	22.8	20.1	22.1	21.6	22.2	24.2	23.4	11.4
Medical practitioners aged 60+	%	18.1	14.0	16.1	17.2	11.9	15.2	13.9	6.5
<b>Total Medical practitioners in workforce</b>	<b>no.</b>	<b>18 936.6</b>	<b>14 931.8</b>	<b>8 268.1</b>	<b>4 692.9</b>	<b>4 762.6</b>	<b>1 249.4</b>	<b>1 234.5</b>	<b>708.2</b>
2003									
Medical practitioners in workforce									
Medical practitioners under 30	%	9.3	10.9	8.7	8.3	10.0	6.0	7.4	20.3
Medical practitioners aged 30 to 39	%	25.6	25.6	24.6	24.1	28.0	18.7	21.4	34.9
Medical practitioners aged 40 to 49	%	27.4	28.3	29.7	28.6	27.8	33.5	34.3	27.3
Medical practitioners aged 50 to 59	%	21.7	20.9	21.2	22.4	21.8	25.4	24.2	10.9
Medical practitioners aged 60+	%	16.1	14.3	15.7	16.6	12.4	16.5	12.8	6.7
<b>Total Medical practitioners in workforce</b>	<b>no.</b>	<b>19 464.7</b>	<b>14 993.2</b>	<b>9 284.0</b>	<b>4 791.4</b>	<b>4 989.5</b>	<b>1 373.4</b>	<b>1 231.0</b>	<b>915.8</b>
2004									
Medical practitioners in workforce									
Medical practitioners under 30	%	11.3	13.1	7.8	8.0	9.2	5.6	6.8	13.1
Medical practitioners aged 30 to 39	%	26.7	25.9	24.4	23.5	27.6	17.6	21.7	32.8
Medical practitioners aged 40 to 49	%	26.3	27.5	30.7	29.2	28.5	32.1	33.3	27.5
Medical practitioners aged 50 to 59	%	20.3	20.2	22.3	21.8	21.6	27.6	25.5	17.8
Medical practitioners aged 60+	%	15.4	13.4	14.8	17.5	13.0	17.2	12.6	8.8
<b>Total Medical practitioners in workforce</b>	<b>no.</b>	<b>21 406.2</b>	<b>15 757.2</b>	<b>8 718.0</b>	<b>4 895.4</b>	<b>5 011.4</b>	<b>1 416.4</b>	<b>1 302.1</b>	<b>497.1</b>

Table 10A.58

Table 10A.58 Medical practitioner workforce, by age group (a)

	Unit	NSW	Vic	Qld	WA (b)	SA	Tas	ACT	NT (c)
2005									
Medical practitioners in workforce									
Medical practitioners under 30	%	13.6	14.4	6.5	8.8	8.7	4.5	6.7	19.9
Medical practitioners aged 30 to 39	%	26.7	26.5	24.4	23.2	27.8	17.4	21.1	34.0
Medical practitioners aged 40 to 49	%	26.0	27.3	30.5	28.4	27.6	32.6	33.2	22.6
Medical practitioners aged 50 to 59	%	19.9	19.4	22.8	22.3	21.8	28.5	26.1	15.6
Medical practitioners aged 60+	%	13.8	12.4	15.8	17.3	14.1	17.0	13.0	7.9
<b>Total Medical practitioners in workforce</b>	<b>no.</b>	<b>22 015.4</b>	<b>16 084.8</b>	<b>9 474.3</b>	<b>4 989.5</b>	<b>5 006.5</b>	<b>1 481.3</b>	<b>1 380.6</b>	<b>732.5</b>
2006									
Medical practitioners in workforce									
Medical practitioners under 30	%	9.1	13.3	7.1	9.5	8.3	4.2	6.7	18.5
Medical practitioners aged 30 to 39	%	25.1	26.0	23.5	23.6	26.7	18.9	25.1	33.1
Medical practitioners aged 40 to 49	%	26.4	26.1	29.9	28.3	28.3	30.4	28.8	26.9
Medical practitioners aged 50 to 59	%	22.0	20.2	23.6	21.3	21.4	28.4	23.6	14.7
Medical practitioners aged 60+	%	17.4	14.3	15.8	17.3	15.3	18.0	15.8	6.9
<b>Total Medical practitioners in workforce</b>	<b>no.</b>	<b>21 655.5</b>	<b>16 900.2</b>	<b>9 936.9</b>	<b>6 378.3</b>	<b>5 177.7</b>	<b>1 384.5</b>	<b>1 363.8</b>	<b>891.1</b>

(a) Includes employed medical practitioners, registered medical practitioners on extended leave and registered medical practitioners looking for work in medicine.

(b) Estimates for the NT should be treated with caution due to the low response rate (31.8 per cent in 2005 and 28.6 per cent in 2006) in that jurisdiction to the AIHW Medical Labour Force Survey.

(c) Estimates for the NT for 2005 should be treated with caution due to the low response rate (31.8 per cent) in that jurisdiction to the AIHW Medical Labour Force Survey.

Source: AIHW Medical Labour Force Surveys (unpublished)

Table 10A.59

Table 10A.59 Recurrent cost per casemix-adjusted separation, selected public hospitals, 2006-07 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)	Aust
Total separations (c)	'000	1 401	1 288	754	415	368	95	76	86	4 483
Acute separations (d)	'000	np	np	np	np	np	np	np	np	np
Proportion of separations not acute	%	1.6	2.4	3.1	2.1	2.2	1.9	5.0	1.3	2.3
Average cost weight (e)	no.	1.06	0.95	1.02	0.97	1.02	1.04	1.01	0.72	1.00
Casemix-adjusted separations (f)	'000	1 491	1 224	771	402	376	99	77	62	4 501
Total admitted patient days (c)	'000	5 123	4 209	2 577	1 315	1 278	364	260	258	15 383
Admitted patient days for acute patients	'000	np	np	np	np	np	np	np	np	np
Proportion of bed days not acute	%	7.6	17.1	13.8	11.0	8.2	15.2	20.8	6.3	11.9
Total recurrent expenditure	\$m	8 153	6 505	4 145	2 290	1 775	582	462	363	24 274
Admitted patient cost proportion (g)	\$m	0.70	0.70	0.69	0.70	0.70	0.71	0.71	0.78	0.70
Total admitted patient recurrent expenditure	\$m	5 742	4 582	2 870	1 605	1 245	415	328	282	17 070
Public patient day proportion (h)		0.78	0.84	0.92	0.87	0.85	0.81	0.85	0.96	0.84
Newborn episodes with no qualified days	'000	63.0	41.0	32.0	17.0	10.0	3.0	3.0	2.0	173.0
Relative stay index (i)		1.06	0.91	0.97	0.99	1.06	1.05	0.92	1.20	1.00
<i>Average cost data for selected included hospitals</i>										
<i>Non-medical labour costs per casemix-adjusted separation</i>										
Nursing	\$	1 068	1 039	972	1 005	954	1 053	1 183	1 275	1 033
Diagnostic/allied health (j)	\$	310	318	236	295	182	243	301	274	285
Administrative	\$	305	257	222	324	226	247	303	345	272
Other staff	\$	193	210	277	286	164	374	149	353	223
Superannuation	\$	215	207	218	208	177	248	384	211	213
Total non-medical labour costs	\$	2 091	2 032	1 925	2 118	1 703	2 165	2 320	2 458	2 027

Table 10A.59

Table 10A.59 Recurrent cost per casemix-adjusted separation, selected public hospitals, 2006-07 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)	Aust
<i>Other recurrent costs per casemix-adjusted separation</i>										
Domestic services	\$	86	87	99	103	68	39	149	141	89
Repairs/maintenance	\$	88	71	73	96	96	70	51	86	81
Medical supplies (j)	\$	416	337	422	326	237	374	374	310	370
Drug supplies	\$	209	208	209	263	177	149	138	225	209
Food supplies	\$	49	40	26	27	18	40	39	35	38
Administration	\$	188	241	219	144	67	365	226	200	199
Other	\$	50	138	23	126	277	396	154	331	108
Total other recurrent costs	\$	1 086	1 122	1 071	1 086	940	1 434	1 131	1 327	1 093
<i>Total excluding medical labour costs</i>	\$	3 177	3 154	2 996	3 204	2 642	3 599	3 451	3 785	3 119
<i>Medical labour costs per casemix-adjusted separation</i>										
Public patients										
Salaried/sessional staff	\$	473	530	646	638	498	487	558	721	540
Visiting medical officer payments	\$	202	59	81	147	173	127	275	38	133
Private patients (estimated) (k)	\$	190	110	63	122	123	140	147	36	130
Total medical labour costs	\$	866	699	790	907	794	755	979	795	803
<i>Total labour costs (medical + non-medical)</i>	\$	2 957	2 731	2 715	3 025	2 497	2 920	3 299	3 253	2 830
<b>Total recurrent cost per casemix-adjusted separation</b>	<b>\$</b>	<b>4 042</b>	<b>3 853</b>	<b>3 786</b>	<b>4 111</b>	<b>3 436</b>	<b>4 354</b>	<b>4 430</b>	<b>4 580</b>	<b>3 922</b>
<b>Experimental estimates of recurrent cost per casemix-adjusted acute non-psychiatric separations (l)</b>	<b>\$</b>	<b>4 389</b>	<b>3 433</b>	<b>na</b>	<b>4 071</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>

(a) Psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other, hospices, rehabilitation facilities, small non-acute hospitals and multi-purpose services are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. Expenditure data exclude depreciation.

(b) These figures should be interpreted in conjunction with the consideration of cost disabilities associated with hospital service delivery in the NT.

Table 10A.59

**Table 10A.59 Recurrent cost per casemix-adjusted separation, selected public hospitals, 2006-07 (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)	Aust	
(c)	Excludes separations for which the care type was reported as newborn with no qualified days, and records for hospital boarders and posthumous organ procurement.										
(d)	Separations for which the care type was reported as acute and unspecified and newborn episodes of care with qualified days.										
(e)	Average cost weight from the National Hospital Morbidity Database, using the 2005-06 AR-DRG version 5.1 cost weights for separations for which the care type was reported as acute, newborn with at least one qualified day or was not reported.										
(f)	Casemix-adjusted separations are the product of total separations and average cost weight.										
(g)	Of the selected hospitals, three small hospitals had their admitted patient cost proportion estimated by the Health and Allied Services Advisory Council ratio. Admitted patient cost proportion was previously called the inpatient fraction.										
(h)	Eligible public patient days as a proportion of total patient days, excluding newborns with no qualified days. Public patients defined by patient election status equal to public.										
(i)	Relative stay index based on public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. Relative stay index based on AR-DRG version 5.1.										
(j)	Queensland pathology services are purchased from the statewide pathology service rather than being provided by each hospital's employees resulting in higher medical supplies costs and lower diagnostic staff costs.										
(k)	Estimated private patient medical costs calculated as the sum of salary/sessional and visiting medical officer payments divided by the number of public patient days multiplied by the number of private patient days. This is a notional estimate of the medical costs for all non-public patients, including those self funded and those funded by private health insurance, compensation and the Department of Veterans' Affairs.										
(l)	Estimates relate to a subset of the selected public hospitals only. This subset excludes hospitals where the inpatient fraction was equal to the acute inpatient fraction and more than 1000 non-acute patient days were recorded. Also excludes hospitals where the apparent cost of non-acute patients exceeded \$1000 per day and more than \$1 000 000 of apparent expenditure on non-acute patients days was reported. These data are provided by states and territories on a voluntary basis.										
	<b>na</b> Not available. <b>np</b> Not published.										

Source: AIHW 2008. *Australian hospital statistics 2006-07*. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW

Table 10A.60

**Table 10A.60 Costs and utilisation by hospital peer group, public hospitals (including psychiatric), 2006-07 (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Principal referral: major cities (>20 000 acute weighted separations) and regional (>16 000 acute weighted separations)										
Number of hospitals	no.	26	15	15	4	4	3	1	2	70
Separations per hospital (b)	no.	35 120	65 860	36 681	52 228	53 348	30 488	58 168	35 773	44 210
AR-DRGs (5+) per hospital (c)	no.	443	480	415	480	494	440	547	399	450
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		1.12	0.97	1.07	1.06	1.09	1.05	1.00	0.76	1.05
Relative stay index (f)		1.09	0.89	1.00	np	np	1.03	np	1.22	1.00
Cost per casemix adjusted separation (d)	\$	4 108	3 842	3 825	np	np	4 323	np	4 523	3 940
Specialist women's and children's (>10 000 acute weighted separations)										
Number of hospitals	no.	3	2	3	2	1	—	—	—	11
Separations per hospital (b)	no.	17 800	30 801	13 322	19 730	30 162	..	..	..	20 417
AR-DRGs (5+) per hospital (c)	no.	236	239	202	196	302	..	..	..	226
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		1.23	1.21	1.19	1.22	1.10	..	..	..	1.20
Relative stay index (f)		1.12	0.98	0.93	np	np	..	..	..	1.05
Cost per casemix adjusted separation (d)	\$	4 684	3 826	4 401	np	np	..	..	..	4 208
Total principal referral and specialist women's and children's										
Number of hospitals	no.	29	17	18	6	5	3	1	2	81
Separations per hospital (b)	no.	33 328	61 735	32 788	41 396	48 710	30 488	58 168	35 773	40 979
AR-DRGs (5+) per hospital (c)	no.	422	452	380	385	456	440	547	399	420
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		1.13	0.99	1.08	1.09	1.09	1.05	1.00	0.76	1.06
Relative stay index (f)		1.09	0.89	1.00	1.02	1.09	1.03	np	1.22	1.01
Cost per casemix adjusted separation (d)	\$	4 139	3 839	3 866	4 084	3 478	4 323	np	4 523	3 959

Table 10A.60

Table 10A.60 Costs and utilisation by hospital peer group, public hospitals (including psychiatric), 2006-07 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Large major cities (>10 000 acute weighted separations)										
Number of hospitals	no.	8	2	2	2	2	-	1	-	17
Separations per hospital (b)	no.	13 707	17 467	16 783	18 015	17 963	..	17 599	..	15 748
AR-DRGs (5+) per hospital (c)	no.	290	114	274	276	304	..	328	..	269
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		1.10	0.82	0.94	0.76	1.14	..	1.05	..	1.00
Relative stay index (f)		0.97	0.91	0.90	0.96	1.02	..	np	..	0.96
Cost per casemix adjusted separation (d)	\$	3 739	4 764	2 896	3 778	3 767	..	np	..	3 794
Large regional (>8 000 acute weighted separations) and remote (>5 000 acute weighted separations)										
Number of hospitals	no.	4	7	3	4	-	-	-	-	18
Separations per hospital (b)	no.	14 388	13 573	13 909	13 600	..	..	..	..	13 816
AR-DRGs (5+) per hospital (c)	no.	314	281	272	264	..	..	..	..	283
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		0.91	0.84	0.77	0.76	..	..	..	..	0.83
Relative stay index (f)		0.99	0.96	0.90	0.92	..	..	..	..	0.95
Cost per casemix adjusted separation (d)	\$	3 848	3 615	4 189	4 142	..	..	..	..	3 873
Total large hospitals										
Number of hospitals	no.	12	9	5	6	2	-	1	-	35
Separations per hospital (b)	no.	13 934	14 438	15 058	15 072	17 963	..	17 599	..	14 754
AR-DRGs (5+) per hospital (c)	no.	298	244	273	268	304	..	328	..	276
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		1.03	0.83	0.84	0.76	1.14	..	1.05	..	0.91
Relative stay index (f)		0.98	0.95	0.90	0.93	1.02	..	np	..	0.96
Cost per casemix adjusted separation (d)	\$	3 773	3 876	3 554	3 998	3 767	..	np	..	3 833



Table 10A.60

Table 10A.60 Costs and utilisation by hospital peer group, public hospitals (including psychiatric), 2006-07 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Medium (5000 to 10 000 acute weighted separations)										
Number of hospitals	no.	16	4	2	5	4	-	-	-	31
Separations per hospital (b)	no.	8 048	8 327	7 028	8 298	9 560	..	..	..	8 253
AR-DRGs (5+) per hospital (c)	no.	202	212	193	143	211	..	..	..	194
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		0.91	0.75	0.83	0.85	0.75	..	..	..	0.85
Relative stay index (f)		0.98	0.95	0.67	0.96	0.99	..	..	..	0.95
Cost per casemix adjusted separation (d)	\$	3 634	3 648	3 136	4 414	2 948	..	..	..	3 648
Medium (2000 to 5000 acute weighted separations)										
Number of hospitals	no.	23	13	10	2	7	-	-	-	55
Separations per hospital (b)	no.	3 731	3 841	3 996	3 438	3 887	..	..	..	3 814
AR-DRGs (5+) per hospital (c)	no.	121	113	146	125	139	..	..	..	126
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		0.79	0.72	0.78	0.82	0.85	..	..	..	0.78
Relative stay index (f)		1.03	1.06	0.85	0.92	0.91	..	..	..	0.98
Cost per casemix adjusted separation (d)	\$	3 980	3 786	3 213	3 864	3 180	..	..	..	3 670
Total medium										
Number of hospitals	no.	39	17	12	7	11	-	-	-	86
Separations per hospital (b)	no.	5 502	4 896	4 502	6 909	5 950	..	..	..	5 415
AR-DRGs (5+) per hospital (c)	no.	154	136	154	138	165	..	..	..	151
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		0.87	0.73	0.79	0.84	0.79	..	..	..	0.82
Relative stay index (f)		1.00	1.02	0.80	0.95	0.95	..	..	..	0.97

Table 10A.60

Table 10A.60 Costs and utilisation by hospital peer group, public hospitals (including psychiatric), 2006-07 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Cost per casemix adjusted separation (d)	\$	3 760	3 724	3 195	4 338	3 053	..	..	..	3 659
Small regional acute (<2000 acute weighted separations and less than 40 per cent not acute or outlier bed days)										
Number of hospitals	no.	40	22	20	4	13	6	-	-	105
Separations per hospital (b)	no.	1 222	1 171	1 124	1 188	1 342	514	..	..	1 166
AR-DRGs (5+) per hospital (c)	no.	57	42	49	57	63	21	..	..	51
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		0.81	0.73	0.76	0.82	0.79	0.88	..	..	0.78
Relative stay index (f)		1.04	1.22	0.89	1.15	0.97	1.51	..	..	1.06
Cost per casemix adjusted separation (d)	\$	3 843	4 740	2 921	5 410	3 019	5 379	..	..	3 845
Remote acute (<5000 acute weighted separations)										
Number of hospitals	no.	4	-	16	12	4	1	-	3	40
Separations per hospital (b)	no.	1 005	..	748	1 884	1 499	332	..	4 756	1 480
AR-DRGs (5+) per hospital (c)	no.	43	..	35	72	62	13	..	108	55
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		0.67	..	0.77	0.82	0.85	0.72	..	0.54	0.73
Relative stay index (f)		1.11	..	0.98	0.87	0.88	np	..	1.09	0.95
Cost per casemix adjusted separation (d)	\$	6 493	..	4 044	4 159	3 119	np	..	4 969	4 311
Total small acute										
Number of hospitals	no.	44	22	36	16	17	7	-	3	145
Separations per hospital (b)	no.	1 202	1 171	957	1 710	1 379	488	..	4 756	1 252
AR-DRGs (5+) per hospital (c)	no.	55	42	43	68	63	20	..	108	52
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		0.80	0.73	0.76	0.82	0.81	0.86	..	0.54	0.77
Relative stay index (f)		1.04	1.22	0.93	0.93	0.95	1.48	..	1.09	1.03
Cost per casemix adjusted separation (d)	\$	4 016	4 740	3 314	4 384	3 046	5 358	..	4 969	4 002

**Total hospitals in cost per casemix adjusted separation analysis**

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Table 10A.60

Table 10A.60 Costs and utilisation by hospital peer group, public hospitals (including psychiatric), 2006-07 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<b>Number of hospitals</b>	no.	124	65	71	35	35	10	2	5	347
<b>Separations per hospital (b)</b>	no.	11 300	19 822	10 619	11 844	10 525	9 488	37 884	17 163	12 919
<b>AR-DRGs (5+) per hospital (c)</b>	no.	196	202	163	171	165	146	438	224	185
<b>Total expenditure (d)</b>	\$'000	np	np	np	np	np	np	np	np	np
<b>Average cost weight (e)</b>		1.06	0.95	1.02	0.97	1.02	1.04	1.01	0.72	1.00
<b>Relative stay index (f)</b>		1.06	0.91	0.97	0.99	1.06	1.05	0.92	1.20	1.00
<b>Cost per casemix adjusted separation (d)</b>	\$	4 042	3 853	3 786	4 111	3 436	4 354	4 430	4 580	3 922
Small non-acute (<2000 acute weighted separations more than 40 per cent not acute or outlier bed days)										
<b>Number of hospitals</b>	no.	25	4	21	7	20	1	-	-	78
<b>Separations per hospital (b)</b>	no.	659	737	864	1 051	569	256	..	..	725
<b>Total expenditure</b>	\$'000	108 108	23 396	78 622	43 269	56 431	1 833	..	..	311 661
<b>Multi-purpose service</b>										
<b>Number of hospitals</b>	no.	18	7	9	37	4	2	-	-	77
<b>Separations per hospital (b)</b>	no.	279	694	629	246	826	87	..	..	365
<b>Total expenditure</b>	\$'000	53 040	39 502	32 187	63 447	18 015	5 548	..	..	211 739
<b>Hospice</b>										
<b>Number of hospitals</b>	no.	3	-	-	-	-	1	-	-	4
<b>Separations per hospital (b)</b>	no.	1 787	..	..	..	..	250	..	..	1 403
<b>Total expenditure</b>	\$'000	54 865	..	..	..	..	np	..	..	np
<b>Rehabilitation</b>										
<b>Number of hospitals</b>	no.	5	-	-	1	2	-	-	-	8
<b>Separations per hospital (b)</b>	no.	540	..	..	16 314	976	..	..	..	2 621
<b>Total expenditure</b>	\$'000	69 975	..	..	np	38 071	..	..	..	np

Table 10A.60

Table 10A.60 Costs and utilisation by hospital peer group, public hospitals (including psychiatric), 2006-07 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<b>Mothercraft</b>										
Number of hospitals	no.	3	2	1	-	-	-	1	-	7
Separations per hospital (b)	no.	1 932	2 256	1 815	..	..	..	na	..	1 732
Total expenditure	\$'000	16 851	9 409	np	..	..	..	np	..	32 592
<b>Other non-acute</b>										
Number of hospitals	no.	11	-	-	-	-	-	-	-	11
Separations per hospital (b)	no.	867	..	..	..	..	..	..	..	867
Total expenditure	\$'000	137 817	..	..	..	..	..	..	..	137 817
<b>Total non-acute</b>										
Number of hospitals	no.	65	13	31	45	26	4	1	-	185
Separations per hospital (b)	no.	691	947	827	728	640	170	na	..	719
Total expenditure	\$'000	np	np	np	np	np	np	np	np	np
<b>Psychiatric (g)</b>										
Number of hospitals	no.	9	1	4	1	1	-	-	-	16
Separations per hospital (b)	no.	1 195	125	101	1 445	1 759	..	..	..	906
Total expenditure	\$'000	355 754	np	98 923	np	np	..	..	..	622 514
<b>Unpeered and other acute (includes hospitals with fewer than 200 separations)</b>										
Number of hospitals	no.	29	12	68	14	11	9	-	-	143
Separations per hospital (b)	no.	181	859	68	153	350	117	..	..	191
Total expenditure	\$'000	183 637	75 126	80 395	56 401	19 562	13 846	..	..	428 966
<b>Total</b>										
<b>Number of hospitals used in this analysis</b>	<b>no.</b>	<b>227</b>	<b>91</b>	<b>174</b>	<b>95</b>	<b>73</b>	<b>23</b>	<b>3</b>	<b>5</b>	<b>691</b>
<b>Average beds per hospital (h)</b>	<b>no.</b>	<b>87</b>	<b>86</b>	<b>58</b>	<b>59</b>	<b>62</b>	<b>50</b>	<b>262</b>	<b>120</b>	<b>74</b>
<b>Number of hospitals</b>	<b>no.</b>	<b>228</b>	<b>144</b>	<b>177</b>	<b>95</b>	<b>79</b>	<b>27</b>	<b>3</b>	<b>5</b>	<b>758</b>
<b>Separations per hospital</b>	<b>no.</b>	<b>6 441</b>	<b>14 409</b>	<b>4 509</b>	<b>4 746</b>	<b>5 351</b>	<b>4 200</b>	<b>25 256</b>	<b>17 163</b>	<b>6 740</b>
<b>Total expenditure</b>	<b>\$'000</b>	<b>9 132 810</b>	<b>6 716 122</b>	<b>4 438 913</b>	<b>2 584 816</b>	<b>1 983 575</b>	<b>606 006</b>	<b>464 057</b>	<b>363 462</b>	<b>26 289 762</b>

Table 10A.60

Table 10A.60 Costs and utilisation by hospital peer group, public hospitals (including psychiatric), 2006-07 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Teaching (excluding psychiatric)										
Number of hospitals	no.	17	5	22	6	6	3	2	2	63
Separations per hospital (b)	no.	41 500	29 743	27 924	39 259	43 660	30 488	37 884	35 773	34 998
AR-DRGs (5+) per hospital (c)	no.	441	238	351	336	424	440	438	399	381
Total expenditure (d)	\$'000	np	np	np	np	np	np	np	np	np
Average cost weight (e)		1.15	1.07	1.08	1.09	1.10	1.05	1.01	0.76	1.09
Relative stay index (f)		1.11	0.98	1.00	1.02	1.09	1.03	0.92	1.22	1.05
Cost per casemix adjusted separation (d)	\$	4 225	4 152	3 924	4 195	3 573	4 323	4 430	4 523	4 067

(a) The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included.

(b) 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.

(c) The number of different version 5.1 AR-DRGs provided by a hospital for which there were at least five acute separations.

(d) Expenditure and cost per casemix adjusted separation data exclude depreciation.

(e) Average cost weight from the National Hospital Morbidity Database, based on acute and unspecified separations and Newborn episodes of care with qualified days, using the 2005-06 AR-DRG version 5.1 cost weights.

(f) Relative stay index based on observed vs expected length of stay based on age and AR-DRG Version 5.1, public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group.

(g) Psychiatric hospitals consist of a mix of short-term acute, long-term, psychogeriatric and forensic psychiatric hospitals.

(h) Calculated by dividing total number of available beds across all hospitals by total number of hospitals.

– Nil or rounded to zero. na Not available. .. Not applicable. np Not published.

Source AIHW 2008. *Australian hospital statistics 2006-07*. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW

Table 10A.61

**Table 10A.61 Capital cost per casemix-adjusted separation — indicative estimates for inpatient services at major public acute hospitals, 2006-07 (a), (b), (c)**

	Unit	NSW	Vic (d)	Qld	WA	SA	Tas	ACT	NT (e)	Aust
<b>Land</b>										
Asset value at 30 June	\$m	1 510	na	429	247	215	10	19	12	2 442
User cost of capital	\$m	121	na	34	20	17	1	2	1	195
Casemix-adjusted separations	'000	1 491	1 224	771	402	376	99	77	62	4 501
Inpatient fraction		0.70	0.70	0.69	0.70	0.70	0.71	0.71	0.78	0.70
Cost per casemix-adj. separation	\$	57	na	31	49	32	6	14	12	30
<b>Buildings</b>										
Asset value at 30 June	\$m	6 469	2 590	4 493	1 138	1 445	287	382	305	18 219
User cost of capital	\$m	517	207	359	91	116	23	31	24	1 458
Annual depreciation	\$m	262	84	130	32	58	10	9	11	633
Casemix-adjusted separations	'000	1 491	1 224	771	402	376	99	77	62	4 501
Inpatient fraction		0.70	0.70	0.69	0.70	0.70	0.71	0.71	0.78	0.70
Cost per casemix-adj. separation	\$	366	238	438	306	324	239	366	444	325
<b>Equipment</b>										
Asset value at 30 June	\$m	724	452	736	150	126	63	33	16	2 493
User cost of capital	\$m	58	36	59	12	10	5	3	1	199
Annual depreciation	\$m	134	90	58	32	27	6	7	3	394
Casemix-adjusted separations	'000	1 491	1 224	771	402	376	99	77	62	4 501
Inpatient fraction		0.70	0.70	0.69	0.70	0.70	0.71	0.71	0.78	0.70
Cost per casemix-adj. separation	\$	90	103	104	109	68	79	85	52	92
Interest payments	\$m	6.4	-	-	9.4	1.9	na	0.1	na	17.8
Interest payments per separation	\$	3.0	-	-	23.3	3.6	na	0.7	na	2.8
<b>Total capital cost (excl. land) per casemix-adj. separation</b>	<b>\$</b>	<b>453</b>	<b>341</b>	<b>543</b>	<b>392</b>	<b>388</b>	<b>318</b>	<b>450</b>	<b>497</b>	<b>415</b>

Table 10A.61

**Table 10A.61 Capital cost per casemix-adjusted separation — indicative estimates for inpatient services at major public acute hospitals, 2006-07 (a), (b), (c)**

<i>Unit</i>	<i>NSW</i>	<i>Vic (d)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>
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(a) Capital cost is defined as the user cost of capital (calculated at 8 per cent of the current value of non-current physical assets) plus the depreciation amount. The capital cost per casemix-adjusted separation is equal to the capital cost adjusted by the inpatient fraction, divided by the number of casemix-adjusted separations.

(b) Where possible, data relate to inpatients in public acute hospitals, with the scope the same as that for recurrent cost per casemix adjusted separations calculated by the AIHW, that is - psychiatric hospitals, drug and alcohol services, mothercraft hospitals, unpeered and other, hospices, rehabilitation facilities and small non-acute and multi-purpose services are excluded.

(c) Inpatient fractions sourced from AIHW's Australian Hospital Statistics for all jurisdictions.

(d) The asset values and depreciation amounts for Victoria and WA relate to inpatients only and so have not been adjusted by the inpatient fraction.

(e) Interest payments are not reported.

**na** Not available. – Nil or rounded to zero.

*Source:* State and Territory governments (unpublished); AIHW 2008. *Australian hospital statistics 2006-07*. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW

Table 10A.62

Table 10A.62 Relative stay index for patients in public hospitals, by patient election status, 2006-07 (a), (b)

Accommodation status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Public patients (c)	1.03	0.91	0.95	0.98	1.02	1.01	0.93	1.18	0.98
Public (d)	1.03	0.91	0.95	0.98	1.02	1.01	0.93	1.18	0.98
Private patients	1.08	0.94	0.99	1.02	1.06	1.05	0.96	1.32	1.03
Private health insurance	1.09	0.96	0.99	1.03	1.06	1.01	1.03	1.00	1.04
Self-funded	1.02	0.89	0.80	0.79	0.99	..	0.84	1.59	0.94
Workers compensation	1.15	1.05	1.15	1.07	1.11	1.22	0.92	1.44	1.12
Motor vehicle 3rd party personal claim	1.21	0.88	1.25	1.12	1.31	1.34	0.89	1.79	1.09
Department of Veterans' Affairs	1.00	0.92	0.94	0.96	1.03	1.04	0.84	1.03	0.98
Other private (e)	2.14	1.10	1.07	1.10	0.90	0.94	0.89	1.21	1.41
Patient election status not reported	0.82	1.15	..	..	..	1.04	..	..	1.13
<b>Total</b>	<b>1.04</b>	<b>0.92</b>	<b>0.95</b>	<b>0.98</b>	<b>1.02</b>	<b>1.02</b>	<b>0.93</b>	<b>1.18</b>	<b>0.99</b>

(a) Separations for which the care type was reported as acute or newborn with qualified days, or was not reported.

(b) Relative stay index based on all hospitals using the indirect method using AR-DRG version 5.1. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average based on the casemix of that group.

(c) Includes separations whose patient election status was Public and whose funding source was reported as *Australian Health Care Agreements, Reciprocal Health Care Agreements*, other hospital or public authority, other or not reported, and most patients in Public psychiatric hospitals.

(d) Includes patients whose funding source was reported as *Australian Health Care Agreements*, other hospital or public authority and most patients in Public psychiatric hospitals.

(e) Includes patients whose funding source was reported as other compensation, Department of Defence, Correctional facilities, other hospital or public authority, other and unknown.

.. Not applicable.

Source: AIHW 2008. *Australian hospital statistics 2006-07*. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW



**Table 10A.63 Relative stay index, indirectly standardised, patients in public hospitals, by medical, surgical and other type of diagnosis related group, 2006-07 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Medical	1.02	0.88	0.93	0.97	1.00	1.01	0.92	1.14	0.96
Surgical	1.08	0.99	1.01	1.02	1.07	1.03	0.95	1.31	1.04
Other	1.18	0.96	1.07	0.98	1.04	1.04	0.89	1.25	1.06
<b>All public hospitals</b>	<b>1.04</b>	<b>0.92</b>	<b>0.95</b>	<b>0.98</b>	<b>1.02</b>	<b>1.02</b>	<b>0.93</b>	<b>1.18</b>	<b>0.99</b>

(a) Separations for which the care type was reported as acute or newborn with qualified days, or was not reported. Relative stay index based on all hospitals using AR-DRG version 5.1.

(b) The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average based on the casemix of that group.

Source: AIHW 2008. *Australian hospital statistics 2006-07*. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW

Table 10A.64

Table 10A.64 NSW recurrent cost per non-admitted patient occasion of service, public hospitals, 2006-07 (a)

	Emergency dept.		Outpatient		Other		Total	
	\$	no.	\$	no.	\$	no.	\$	no.
Public acute								
Principal referral and specialist women's and children's	221	1 145 326	124	8 618 087	107	1 260 046	132	11 023 459
Large	223	319 212	80	1 178 791	56	281 727	102	1 779 730
Medium	185	539 550	100	1 221 134	105	540 442	121	2 301 126
Small	148	171 629	185	143 694	105	164 783	144	480 106
Unpeered and other	190	34 706	33	3 325 918	17	590 057	32	3 950 681
<b>Total</b>	<b>206</b>	<b>2 210 423</b>	<b>98</b>	<b>14 487 624</b>	<b>83</b>	<b>2 837 055</b>	<b>108</b>	<b>19 535 102</b>
Public psychiatric	na	na	1450	69 712	na	na	1458	69 712

(a) These data are based on the hospitals that participated in the 2006-07 National Hospital Cost Data Collection.

na Not available.

Source: NSW Government (unpublished).

Table 10A.65 **Victorian recurrent cost per encounter, public hospitals (a)**

	<i>Encounters (no.)</i>	<i>Cost per encounter (\$)</i>
2000-01	1 023 125	114
2001-02	1 065 594	116
2002-03	1 096 883	125
2003-04	1 116 425	133
2004-05	1 141 593	140
2005-06	1 190 007	146
2006-07	1 228 145	152

(a) Data for 2000-01 based on data from 13 major hospitals of the 18 hospitals included in the VACS system. 2001-02 cost per encounter information based on 13 hospitals. Data for 2002-03 based on 12–14 hospitals. Data for 2003-04 based on 16 hospitals. Data for 2004-05 based on nine hospitals. Data for 2005-06 based on 14 hospitals.

Source: Victorian Government (unpublished).

Table 10A.66

Table 10A.66 WA recurrent cost per non-admitted patient occasion of service, public hospitals, 2006-07 (a)

	Emergency dept.		Outpatient		Other		Total	
	\$	no.	\$	no.	\$	no.	\$	no.
Public acute								
Principal referral and specialist women's and children's	457	215 392	254	1 335 689	67	244 268	253	1 795 349
Large	330	145 057	130	298 897	67	182 817	121	626 771
Medium	154	79 304	96	418 837	67	168 150	87	666 291
Small	na	140 710	190	352 478	67	158 649	152	511 127
Unpeered and other	na	62 552	195	172 865	67	29 135	176	202 000
<b>Total (b)</b>	<b>390</b>	<b>643 015</b>	<b>201</b>	<b>2 578 866</b>	<b>67</b>	<b>783 019</b>	<b>184</b>	<b>3 801 538</b>
Public psychiatric	na	na	na	na	na	na	na	na

(a) These data are based on the hospitals that participated in the 2006-07 National Hospital Cost Data Collection.

(b) Total cost per emergency department calculated using data for metropolitan hospitals only.

na Not available.

Source: WA Government (unpublished).

Table 10A.67

Table 10A.67 SA recurrent cost per non-admitted patient occasion of service, public hospitals, 2006-07 (a)

	Emergency dept.		Outpatient		Other		Total	
	\$	no.	\$	no.	\$	no.	\$	no.
Public acute								
Principal referral and specialist women's and children's	432	260 095	287	926 281	na	na	319	1 186 376
Large	250	40 579	222	154 127	na	na	228	194 706
Medium	177	133 408	68	151 228	na	na	119	284 636
Small	73	72 453	37	116 025	na	na	51	188 478
Unpeered and other	-	8 868	-	19 416	na	na	-	28 284
<b>Total</b>	<b>299</b>	<b>515 403</b>	<b>234</b>	<b>1 367 077</b>	<b>na</b>	<b>na</b>	<b>251</b>	<b>1 882 480</b>
Public psychiatric	na	na	na	na	na	na	na	na

(a) These data are based on the hospitals that participated in the 2006-07 National Hospital Cost Data Collection.

na Not available.

Source: SA Government (unpublished).

Table 10A.68

Table 10A.68 Tasmanian recurrent cost per non-admitted patient occasion of service, public hospitals, 2006-07 (a)

	Emergency dept.		Outpatient		Other		Total	
	\$	no.	\$	no.	\$	no.	\$	no.
Public acute								
Principal referral and specialist women's and children's	363	78 124	95	473 202	na	na	na	na
Large	270	46 436	na	na	na	na	na	na
Medium	..	..	..	..	na	na	na	na
Small	..	..	..	..	na	na	na	na
Unpeered and other	142	25 345	152	6 984	na	na	na	na
<b>Total</b>	<b>308</b>	<b>149 905</b>	<b>96</b>	<b>480 186</b>	<b>na</b>	<b>na</b>	<b>na</b>	<b>na</b>
Public psychiatric	na	na	na	na	na	na	na	na

(a) These data are based on the hospitals that participated in the 2006-07 National Hospital Cost Data Collection.

na Not available. .. Not applicable.

Source: Tasmanian Government (unpublished).

Table 10A.69

Table 10A.69 ACT recurrent cost per non-admitted patient occasion of service, public hospitals, 2006-07 (a)

	Emergency dept.		Outpatient		Other		Total	
	\$	no.	\$	no.	\$	no.	\$	no.
Public acute								
Principal referral and specialist women's and children's	na	51 143	na	512 913	na	na	na	564 056
Large	na	45 176	na	67 656	na	na	na	112 832
Medium	na	na	na	na	na	na	na	na
Small	na	na	na	na	na	na	na	na
Unpeered and other	na	na	na	na	na	na	na	na
<b>Total</b>	<b>518</b>	<b>96 319</b>	<b>96</b>	<b>580 569</b>	<b>na</b>	<b>na</b>	<b>156</b>	<b>676 888</b>
Public psychiatric	na	na	na	na	na	na	na	na

(a) These data are based on the hospitals that participated in the 2006-07 National Hospital Cost Data Collection.

na Not available.

Source: ACT Government (unpublished).

**Table 10A.70 Non-admitted clinic occasions of service reported at Tier 0 clinics, sample results, public sector, Australia, 2006-07 (a), (b), (c), (d)**

<i>Tier 0 clinic</i>	<i>Occasions of service</i>	<i>Average cost per occasion of service</i>
	no.	\$
<b>Total</b>	<b>11 982 120</b>	<b>205</b>

(a) Depreciation costs are included.

(b) Tier 0 figures stated here represent the total of all non-admitted clinical activity reported at any level of detail. That is, Tier 0 results incorporate all non-admitted clinic data reported at Tier 0 and both Tier 1 and Tier 2.

(c) Based on data from 171 public sector hospitals.

(d) Victorian outpatient data is not included. Victoria is working on to rectify this problem in the future.

Source: Australian Government Department of Health and Ageing (DoHA), *National Hospital Cost Data Collection (NHCDC), Round 11 (2006-07)*.



Table 10A.71

Table 10A.71 **Emergency department average cost per occasion of service, by triage class, public sector, Australia, 2006-07 (a), (b), (c), (d), (e)**

<i>Emergency triage category</i>	<i>Estimated (f)</i>		<i>Sample</i>	
	<i>Occasions of service</i>	<i>Average cost per occasion of service</i>	<i>Occasions of service</i>	<i>Average cost per occasion of service</i>
	no.	\$	no.	\$
Admitted triage 1	27 892	1 061	24 743	1 092
Admitted triage 2	244 354	636	213 684	658
Admitted triage 3	599 622	549	523 289	575
Admitted triage 4	318 801	475	278 290	496
Admitted triage 5	33 701	324	27 250	354
Non-admitted triage 1	5 359	578	4 445	615
Non-admitted triage 2	141 272	444	120 086	456
Non-admitted triage 3	851 139	387	719 102	403
Non-admitted triage 4	1 736 212	289	1 414 197	302
Non-admitted triage 5	614 071	178	463 641	192
Did not wait (g)	154 371	64	133 838	68
<b>Total</b>	<b>4 726 794</b>	<b>358</b>	<b>3 922 565</b>	<b>380</b>

(a) Not all hospitals that submit data to the National Hospital Cost Data Collection submit emergency department data. The emergency department national database contains only acute hospitals with emergency department cost and activity.

(b) Based on data from 174 public sector hospitals.

(c) Victorian emergency department data are not included. Victoria is working to rectify this problem in the future.

(d) Costing and admission practices vary between jurisdictions and hospitals.

(e) Depreciation costs are included.

(f) Estimated population costs are obtained by weighting the sample results according to the known characteristics of the population.

(g) 'Did not wait' means those presentations to an emergency department who were triaged but did not wait until the completion of their treatment at which time they would have been either admitted to hospital or discharged home.

Source: DoHA, *NHCDC Round 11 (2006-07)*.

Table 10A.72

**Table 10A.72 Non-admitted clinic occasions of service for Tier 1 clinics, sample results, public sector, Australia, 2006-07 (a), (b), (c), (d)**

<i>Tier 1 clinic</i>	<i>Occasions of service</i>	<i>Average cost per occasion of service</i>
	no.	\$
Allied health and/or clinical nurse specialist	1 327 894	114
Dental	15 719	207
Medical	1 841 634	315
Obstetrics and gynaecology	718 055	226
Paediatric	179 148	240
Psychiatric	78 058	245
Surgical	1 041 200	207
<b>Total</b>	<b>5 201 708</b>	<b>226</b>

(a) Depreciation costs are included.

(b) The Tier 1 figures stated here represent the non-admitted clinical activity which is reported in speciality categories listed above or at a lower level of detail that is mapped to the above specialities (that is, Tier 1 results incorporate Tier 2 results rolled into Tier 1 clinic data).

(c) Based on data from 171 public sector hospitals.

(d) Victorian outpatient data are not included. Victoria is working to rectify this problem in the future.

Source: DoHA, *NHCDC Round 11 (2006-07)*.

**Table 10A.73 NSW patient evaluation of hospital services**

<i>Time period</i>	February 2007
<i>Sampling details</i>	Mailout
<i>Respondents</i>	Overnight Admitted Patients, Same Day Admitted Patients, Paediatric Admitted Patients, Adult Rehabilitation Admitted Patients, Non-admitted Emergency Patients, Community Health Patients, Non-admitted Outpatients
<i>Sample size</i>	216 575
<i>Response rate</i>	37.5 per cent
<i>Size of underlying population</i>	2.0 million (estimate)
<i>Organisation conducting and funding the survey</i>	NSW Health - all participating Area Health Services (8) and Childrens' Hospital at Westmead
<i>Survey results</i>	Statewide Results (includes all patient categories): Overall Care Received Rating (good, very good, excellent) 88.1 per cent; Advocacy Rating (would definitely recommend facility/service) 62.5 per cent; Overall Facilities and Amenities Score 74.3 per cent. Positive Score by Picker Dimension of Care: Access to Care 71.7 per cent; Information and Education 62.7 per cent; Emotional Support 61.7 per cent; Coordination of Care 71.2 per cent; Respect for Patient Preferences 74.4 per cent; Involvement of Family and Friends 59.4 per cent; Physical Comfort 69.8 per cent; Continuity and Transition 64.0 per cent. NOTE: The NSW Health Patient Survey measures patient and carer experience with health services received, as opposed to patient satisfaction. The survey questionnaires include some rating questions but the majority have frequency responses to measure the extent to which things that should happen do happen, based on the patient's experience. The results can be disaggregated by patient category but not by clinical and non-clinical aspects of care.
<i>How information from the survey was used to help improve public hospital quality</i>	Area Health Services have developed Action Plans to respond to top priority areas for improving patient experience identified in the inaugural 2007 patient survey. Improvement in these areas will be measured by repeat surveys in 2008 and 2009.
<i>Source:</i>	NSW Government (unpublished).

Table 10A.74

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**Table 10A.74 Victorian patient evaluation of hospital services**

*Time period* 1 March 2007- 29 February 2008

*Sampling details* Mailed questionnaires

*Respondents* Admitted adult patients in public acute and sub acute care hospitals. The following categories of patients are excluded from the survey:- Patients under 18; Patients who decline participation; Episodes involving perinatal death; Episodes involving termination of pregnancy; Patients in the following care types:- Drug and Alcohol, Mental Health, Palliative Care; HITH, Patients who die in hospital

*Sample size* 14 503 surveys were completed

*Response rate* 36 984 surveys were mailed out and 14 503 returned. Response rate 40 per cent.

*Size of underlying population* Adult

*Organisation conducting the survey* UltraFeedback

*Organisation funding the survey* Department of Human Services, Victoria

**Table 10A.74 Victorian patient evaluation of hospital services**

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*Survey results*

Statewide Results 2007-08 (Possible range 20-100) Overall Care Index 78.1;

Sub-Indices Scores -:

1. Access and Admission	77.0
2. General Patient Information	82.5
3. Treatment Information	78.6
4. Complaints Management	80.2
5. Physical Environment	75.8
6. Discharge and Follow-up	76.1

The Overall Care Index (used to provide information used in this year's Victorian Patient Satisfaction Monitor (VPSM) annual report) is constructed from 25 individual survey questions from the VPSM survey and provides an overall measure of excellence.

Rating is:

20-40	Poor to fair
40-60	Fair to Good
60-80	Good to Very Good
80-100	Very Good to Excellent

An excellent score would only be achieved if every patient rated every question at the highest level.

*How information from the survey was used to help improve public hospital quality*

Hospitals are provided with a six monthly report (if they have had >30 respondents). It provides them with information and an Overall Care Index score as well as scores for six sub-indices. The scores are benchmarked with similar hospitals and the state average for all hospitals. Using this information the health services can identify areas for improvement

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Source: Victorian Government (unpublished).

Table 10A.75

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**Table 10A.75 Queensland patient evaluation of hospital services**


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<i>Time period</i>	September 2007 to April 2008
<i>Sampling details</i>	Computer Assisted Telephone Interviewing (CATI)
<i>Respondents</i>	Medical patients discharged between 1st July and 31st December 2007. 76 Public Hospitals were included in the study, with 63 reported individually.
<i>Sample size</i>	Approximately 15 000
<i>Response rate</i>	78.5 per cent
<i>Size of underlying population</i>	na
<i>Organisation conducting the survey</i>	Office of Economical and Statistical Research
<i>Organisation funding the survey</i>	Clinical Practice Improvement Centre
<i>Survey results</i>	<p>During 2007-2008, a Medical Patient Satisfaction Survey was conducted involving approximately 15 000 inpatients across Queensland Health facilities. An interim analysis of survey results showed that medical patients in Queensland public hospitals were satisfied overall with their medical care. In particular, patients were asked:</p> <p>Thinking about all aspects of your hospital stay, how satisfied were you?</p> <p>The percentage of those who answered very satisfied or fairly satisfied to the care they received overall during their hospital stay. Results were reported for the total State public hospitals, peer group and individual hospitals in that peer group. Hospitals performing statistically different (statistical testing was performed at 95 per cent confidence level) were identified and their performance displayed as either favourable or unfavourable compared to the state. In summary nine hospitals were identified as being favourable and no hospitals were identified as being unfavourable i.e. no hospitals had a statistically significant lower rate of satisfaction than the rest of the state.</p> <p>Each hospital's detailed results are fed back and are used in planning service improvements. The process taking place is as follows;</p> <ul style="list-style-type: none"> <li>• Hospital survey results are disseminated to hospitals</li> <li>• Hospitals review their results in detail and determine areas for improvement</li> <li>• Hospitals develop Action Plans to address areas for improvement</li> <li>• Hospitals implement Action Plans</li> <li>• Governance units at an Area or State level monitor the implementation of Action Plans</li> </ul>

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**Table 10A.75 Queensland patient evaluation of hospital services**

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Source: Queensland Government (unpublished).

Table 10A.76

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**Table 10A.76 WA patient evaluation of hospital services**

<i>Time period</i>	February 2008 to June 2008
<i>Sampling details</i>	CATI self report adult and parent/guardian reported child.
<i>Respondents</i>	Survey conducted on admitted patients and emergency department patients, including adults and children. Scope was all public patients in WA hospitals. Six groups are reported on, child and adult admitted for 0 to 34 nights, 75+ years admitted patients, patients admitted for 35 or more days, and child and adult emergency department patients.
<i>Sample size</i>	5086 Admitted patients , 1585 Emergency department patients.
<i>Response rate</i>	91.0 per cent of eligible Admitted respondents, 88.6 per cent of eligible Emergency respondents.
<i>Size of underlying population</i>	Previously we have used the WA state population as our underlying population but a more accurate measure would be of people who have attended a WA public hospital, which is 198 768.
<i>Organisation conducting the survey</i>	UWA Survey Research Centre
<i>Organisation funding the survey</i>	WA Department of Health
<i>Survey results</i>	The patient-rated overall indicator of satisfaction scores for each of the patient groups were as follows; child admitted (0-34 nights), 77.6; adult admitted (0-34 nights), 78.5 older admitted patients (75+ years), 80.5; long stay patients (+35 nights), 74.2; child emergency 76.0; and adult emergency 75.5. These scores are weighted by the importance of each issue as ranked by the patient and scored from 0 to 100, where 100 is the highest possible overall satisfaction score, taking into account all of the satisfaction domains measured.
<i>How information from the survey was used to help improve public hospital quality</i>	In WA, each participating hospital in the state receives a detailed survey report, and by request, a workshop to assist in the interpretation of the survey results and communicate the results back to hospital staff. Reports identify aspects of health care that are most important to their patients, scale scores for those aspects of health care, patient rated outcomes and overall indicators of satisfaction. Scale scores are compared with previous years and with peer hospitals and significant differences identified. The hospitals use this information to support strategic plans for improvements; identify areas where patients are highly satisfied; and in the accreditation process. Some examples of how hospitals have used the survey to improve public hospital quality include development of bedside patient information packages, improved discharge coordination procedures, improved call bell systems and lighting, and improved pre-admission services.

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Source: WA Government (unpublished).



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**Table 10A.77 SA patient evaluation of hospital services**

<i>Time period</i>	June 2007 to July 2007
<i>Sampling details</i>	Computer Assisted Telephone Interview (CATI)
<i>Respondents</i>	Adult patients aged 16 years and over (n=1535) who had attended an Emergency Department in the South Australian public hospital system during April 2007.
<i>Sample size</i>	1535 completed interviews
<i>Response rate</i>	75.9 per cent participation rate
<i>Size of underlying population</i>	2427 patients were initially identified as eligible for inclusion in the survey.
<i>Organisation conducting the survey</i>	Population Research and Outcome Studies Unit, Health Intelligence, SA Department of Health.
<i>Organisation funding the survey</i>	South Australian Department of Health
<i>Survey results</i>	<p>The overall satisfaction score for the 2007 Emergency Departments in South Australian Public Hospitals Patient Satisfaction Survey was 82.2 (scored from 0 to 100, being least to most satisfied). The highest satisfaction levels were found in the Areas of "Coordination and Consistency of Care" and "Meeting Personal as well as Clinical Needs". Statewide satisfaction was lowest for the Area of Residential Aspects of the Hospital.</p> <p>The seven individual Area scores were as follows:</p> <ul style="list-style-type: none"> <li>- 'Coordination and Consistency of Care' received a satisfaction score of 87.8.</li> <li>- 'Information and Communication Between Patient and Service Providers' received a satisfaction score of 84.7.</li> <li>- 'Availability of People Caring for the Patient' received a satisfaction score of 78.6.</li> <li>- 'Patient's Involvement in their Care and Treatment' received a satisfaction score of 80.6.</li> <li>- 'Access to the Hospital' received a satisfaction score of 80.4.</li> <li>- 'Meeting Personal as well as Clinical Needs' received a satisfaction score of 85.8.</li> <li>- 'Residential Aspects of the Hospital' received a satisfaction score of 75.1.</li> </ul>

**Table 10A.77 SA patient evaluation of hospital services**

*How information from the survey was used to help improve public hospital quality* The survey results will inform the public hospital system of the key areas of care and service that are important to patients as well as the areas of care and service that require improvement from the patients perspective.

Source: SA Government (unpublished).

Table 10A.78

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**Table 10A.78 Tasmanian patient evaluation of hospital services**


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<i>Time period</i>	1 June 2007 to 31 August 2007
<i>Sampling details</i>	Mailout
<i>Respondents</i>	Two concurrent surveys were conducted, one for Emergency Department patients and the other for admitted patients. Both surveys were for Tasmanian public acute care hospitals.
<i>Sample size</i>	Emergency: 1248 Inpatients: 2868
<i>Response rate</i>	Emergency: 42.46 per cent Inpatients: 47.38 per cent
<i>Size of underlying population</i>	Approximately 495 800 (ABS December 2007)
<i>Organisation conducting the survey</i>	Press Ganey
<i>Organisation funding the survey</i>	Department of Health and Human Services
<i>Survey results</i>	<p>Emergency: the overall mean score for the standard questions was 79.6. This score is 1.6 points lower than the All Systems DB external benchmark of 81.2, which means that 40 per cent of the All systems DB systems have scores lower than this. This score is 0.2 points lower than the Public external benchmark of 79.8, which means that 63 per cent of the Public systems have scores lower than this. The top ten key priority questions (ie lowest score relative to respondents) are: informed about delays; likelihood of recommending; staff cared about you as a person; how well your pain was controlled; patient's understanding of problem; doctor's concern for comfort; overall rating of care; nurse's concern to keep informed; doctor's concern for comfort; family/friends informed re status. Inpatients: the overall mean score for the standard questions was 80.7. This score is 2.6 points lower than the All Systems DB external benchmark of 83.3, which means that 24 per cent of the All systems DB systems have scores lower than this. This score is 1.1 points lower than the Public external benchmark of 81.8, which means that 56 per cent of the Public systems have scores lower than this.</p> <p>The top ten key priority questions (ie lowest score relative to respondents) are: made aware of rights/responsibilities; communication between doctors and nurses re care; staff address emotional/spiritualness; made aware how to voice complaint; information to family re condition/treatment; nurses kept you informed; instructions re care at home; staff concern for your privacy; time doctor spent with you; doctor kept you informed.</p>
<i>How information from the survey was used to help improve public hospital quality</i>	Each hospital was provided an individual report which was analysed by safety and quality managers and senior management. The information captured has informed business and strategic plans for quality improvement activities in the hospitals. Evaluation of interventions as a result of survey information will be possible with further focused surveying using the Press Ganey survey tool in early 2009.

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**Table 10A.78 Tasmanian patient evaluation of hospital services**

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Source: Tasmanian Government (unpublished).

**Table 10A.79 ACT patient evaluation of hospital services**

<i>Time period</i>	The three most recent surveys were conducted at two different hospitals - one in 2007 and the other two in 2007-08. Survey 1 was conducted between September-November 2007; Survey 2 between March - August 2007 and Survey 3 between September 2007 - February 2008
<i>Sampling details</i>	Mail out
<i>Respondents</i>	Survey 1 used admitted patients in acute wards, Day Surgery patients and Emergency Departments patients.
<i>Sample size</i>	Survey 1 used samples of 225 inpatients, 207 Day Surgery patients and 122 Emergency Department patients. Survey 2 had 453 sent questionnaires, and survey 3 had 459 sent questionnaires.
<i>Response rate</i>	Survey a had a 42 per cent response rate for inpatients, a 59 per cent response rate for Day Surgery and a 25 per cent response rate for Emergency Department. Survey 2 had a response rate of 41.1 per cent, and Survey 3 had a response rate of 38.3 per cent.
<i>Size of underlying population</i>	Survey 1 had an underlying population of 11 579 for Emergency Department (total number of adult presentations in the survey period) and 3271 for Day Surgery and inpatients (total number of adult separations in the survey period).
<i>Organisation conducting the survey</i>	Survey 1 was conducted by Press Ganey; Survey 2 and 3 were conducted by Ultrafeedback.
<i>Organisation funding the survey</i>	ACT Health
<i>Survey results</i>	The average satisfaction level from the Survey 1 across Day Surgery, Emergency Department and Acute Inpatient areas was 78.6 per cent. The result from Survey 2 indicated that 94 per cent of patients reported that they were either satisfied or very satisfied with their stay at the hospital. This rating has slightly decreased by 2 per cent in the Survey 3 with 92 per cent of patients surveyed either very satisfied or satisfied with their hospital stay. Areas where the hospital performed well in the Survey 3 with a satisfaction rate of 90 per cent or above, included 'respect of culture and religious needs', 'personal safety', 'courtesy of nurses', 'respect for privacy' and other 13 areas more. Areas where improvement can be made, with satisfaction rate below 80 per cent, included amount of time to plan when the patients going home, waiting time, time waiting for a bed, privacy of room.
<i>How information from the survey was used to help improve public hospital quality</i>	Information from Survey 1 has been communicated back to staff in the form of posters, discussions in staff meetings and scoreboard displays. A program called Simply Better has been rolled out to improve communication with patients by staff regarding their plan of care, pain management and duration of care. As a result from feedback of Survey 2 and 3, a number of quality improvement projects occurred including the Fasttrack program, food services projects for older people, changes in car parking and planned improvements to the layout of Emergency Department.

Source: ACT Government (unpublished).

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**Table 10A.80 NT patient evaluation of hospital services**
*Time period* 2007 and 2008

<i>Sampling details</i>	Surveys are conducted face to face often with the assistance of Aboriginal Liaison officers and members of the volunteer services.
<i>Respondents</i>	Across our hospitals various surveys have been completed. The surveys to date have included a variety of admitted patients in public acute care hospitals as well as outpatients.
<i>Sample size</i>	Various. As an example, at one hospital, the sample size equated to 2.5 per cent of total separations for the month.
<i>Response rate</i>	On average we have a 40 per cent response rate.
<i>Size of underlying population</i>	The population of the NT is 217 600 of this 30.4 per cent are Indigenous (according to the ABS website).
<i>Organisation conducting the survey</i>	Each of the public hospitals across the NT.
<i>Organisation funding the survey</i>	Department of Health and Families
<i>Survey results</i>	<p>Were you told why you were in hospital, 95.3 per cent Yes</p> <p>Medical explanations provided when necessary, 84.3 per cent Yes</p> <p>Hospital routine and procedures explained to you, 89 per cent Yes</p> <p>Where you told about services that are available to you, 48 per cent Yes</p> <p>Where you told about your rights and responsibilities, 78.3 per cent Yes</p> <p>Where you advised how to complain, 95 per cent Yes</p> <p>Where staff friendly and helpful, 93.2 per cent Yes</p> <p>Was the area/ward clean and tidy, 83.5 per cent Yes</p> <p>Meals hot and appetising 100 per cent Yes</p>
<i>How information from the survey was used to help improve public hospital quality</i>	Increase in Aboriginal Liaison Officers. Resources developed to assist with informing patients of their rights and responsibilities in different languages and using different communication tools. Visual tools developed. Increasing seating and facilities in waiting areas.

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*Source:* NT Government (unpublished).

Table 10A.81

Table 10A.81 **Nationally agreed core sentinel events (number) (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (b)</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Total (c)</i>
2005-06									
Procedures involving the wrong patient or body part	18	25	6	5	11	–	np	na	65
Suicide of a patient in an in-patient unit	6	7	4	5	3	–	na	na	25
Retained instruments or other material after surgery requiring re-operation or further surgical procedure	11	6	6	1	1	–	np	na	25
Intravascular gas embolism resulting in death or neurological damage	–	–	–	–	1	–	np	na	1
Haemolytic blood transfusion reaction resulting from ABO incompatibility	–	–	1	–	–	–	na	na	1
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs	–	2	1	1	1	–	na	na	5
Maternal death or serious morbidity associated with labour or delivery	3	2	1	1	3	–	np	na	10
Infant discharged to the wrong family	–	–	–	–	–	–	na	na	–
<b>Total</b>	<b>38</b>	<b>42</b>	<b>19</b>	<b>13</b>	<b>20</b>	<b>–</b>	<b>7</b>	<b>na</b>	<b>139</b>
2006-07									
Procedures involving the wrong patient or body part	9	20	33	6	29	1	np	na	98
Suicide of a patient in an in-patient unit	10	11	2	3	3	–	np	na	29
Retained instruments or other material after surgery requiring re-operation or further surgical procedure	9	8	3	2	3	–	np	na	25
Intravascular gas embolism resulting in death or neurological damage	–	–	–	–	–	–	np	na	–
Haemolytic blood transfusion reaction resulting from ABO incompatibility	–	1	1	–	–	–	np	1	3
Medication error leading to the death of a patient reasonably believed to be due to incorrect administration of drugs	3	3	6	2	–	–	np	na	14
Maternal death or serious morbidity associated with labour or delivery	1	2	4	2	1	–	np	1	11
Infant discharged to the wrong family	–	–	–	–	–	–	np	na	–
<b>Total</b>	<b>32</b>	<b>45</b>	<b>49</b>	<b>15</b>	<b>36</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>187</b>

(a) Sentinel events definitions can vary across jurisdictions.

(b) Includes public and private hospitals.

(c) Includes totals for those jurisdictions providing data only.

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

Source: State and Territory governments (unpublished).

Table 10A.82

**Table 10A.82 Separations, same day separations, patient days, average length of stay and costs for MDC 14 and MDC 15, public hospitals, Australia, 2006-07**

	AR-DRG			Total (all acute separations in public hospitals) (a)
	Unit	Pregnancy, childbirth and the puerperium (MDC14)	Newborns and other neonates (MDC15)	
Separations	no.	357 330	57 312	4 529 899
Same day separations	no.	92 691	7 200	2 313 270
Per cent same day separations	%	25.9	12.6	51.1
Separations per 10 000 population (b)	no.	171.4	27.5	2 172.4
Patient days	no.	942 185	477 512	14 395 684
Patient days per 10 000 population	no.	451.8	229.0	6 903.7
Average length of stay (ALOS)	days	2.6	8.3	3.2
ALOS (days) excluding same day	days	3.2	9.4	5.5
Cost by volume (c)	\$'000	1 265 631	499 974	16 065 978
Cost by proportion	%	7.9	3.1	100.0

(a) Separations for which the care type was reported as acute, or newborn with qualified patient days, or was not reported.

(b) Crude rate based on the Australian population as at 31 December 2006.

(c) Based on the 2005-06 AR-DRG v 5.1 cost estimates.

Abbreviations: ALOS—average length of stay, MDC—Major Diagnostic Category, DRG—Diagnosis Related Group, ECMO—extracorporeal membrane oxygenation.

Source: AIHW 2008. *Australian hospital statistics 2006-07*. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW



Table 10A.83

Table 10A.83 Separations by major diagnostic category (AR-DRGs) version 5.1, public hospitals, 2006-07

Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Separations									
Pregnancy, childbirth and puerperium	no. 115 578	90 395	70 165	33 760	28 137	7 157	5 018	7 120	357 330
Newborns and other neonates	no. 16 638	17 338	11 043	4 226	4 578	1 300	1 038	1 151	57 312
Total acute (a) separations	no. 1 420 265	1 280 341	758 735	438 670	380 175	94 988	71 989	84 736	4 529 899
Proportion of all separations									
Pregnancy, childbirth and puerperium	% 8.1	7.1	9.2	7.7	7.4	7.5	7.0	8.4	7.9
Newborns and other neonates	% 1.2	1.4	1.5	1.0	1.2	1.4	1.4	1.4	1.3
Separations per 1000 population									
Pregnancy, childbirth and puerperium	no. 16.9	17.5	17.0	16.2	17.9	14.6	14.9	33.5	17.1
Newborns and other neonates	no. 2.4	3.4	2.7	2.0	2.9	2.6	3.1	5.4	2.7

(a) Includes separations for which the type of episode of care was reported as 'acute', or 'newborn with qualified patient days', or was not reported.

Source: AIHW 2008. *Australian hospital statistics 2006-07*. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW; ABS (unpublished), derived from Australian Demographic Statistics, December Quarter 2007, Cat. no. 3101.0; table AA.2.

Table 10A.84

Table 10A.84 10 Diagnosis related groups with highest cost, by volume, public hospitals, Australia, 2006-07

AR-DRG	Separations		Same day separations		Separations per 10 000 population (a)		Patient days per 10 000 population (a)		ALOS (days)		Cost by volume \$'000
	no.	no.	no.	%	per 10 000	no.	per 10 000	no.	no.	no.	
Tracheostomy or Ventilation >95 hours	8 677	42	0.5	4.2	281 852	135.2	32.5	32.6	728 217		
Vaginal Delivery W/O complications	101 634	2 863	2.8	48.7	287 790	138.0	2.8	2.9	414 972		
Admit For Renal Dialysis	784 106	781 949	99.7	376.0	784 772	376.4	1.0	1.3	370 098		
Caesarean Delivery W/O complications	41 501	95	0.2	19.9	174 934	83.9	4.2	4.2	285 112		
Schizophrenia Disorders W Mental Health Legal Status	16 102	-	-	7.7	513 152	246.1	31.9	31.9	225 879		
Knee Replacement and Reattachment	11 628	13	0.1	5.6	86 027	41.3	7.4	7.4	196 641		
Major Affective Disorder Age<70 W/O Catastrophic or Severe CC	17 382	-	-	8.3	253 162	121.4	14.6	14.6	152 562		
Chronic Obstructive Airway Disease W Catastrophic or Severe CC	21 618	1 128	5.2	10.4	165 857	79.5	7.7	8.0	136 712		
Major Small and Large Bowel Pr+Ccc	4 751	23	0.5	2.3	85 540	41.0	18.0	18.1	119 008		
Chemotherapy	134 572	134 370	99.8	64.5	134 926	64.7	1.0	2.8	123 403		

(a) Crude rate based on Australian population as at 31 December 2006.

ALOS = Average Length of Stay. CC = complication or comorbidity. W = with. W/O = without.

- Nil or rounded to zero.

Source: AIHW 2008. Australian hospital statistics 2006-07. Health Services series no. 31. Cat. No. HSE 55. Canberra: AIHW

Table 10A.85

Table 10A.85 Intervention rates for selected primiparae, 2007 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Aust (c)
Proportion of inductions for selected primiparae										
Public hospitals										
Selected primiparae who gave birth	no.	7 641	6 101	3 674	1 776	1 534	na	411	180	21 317
Selected primiparae inductions	no.	2 484	1 885	1 057	573	554	na	98	41	6 692
Rate	%	32.5	30.9	28.8	32.3	36.1	na	23.8	22.8	31.4
Private hospitals										
Selected primiparae who gave birth	no.	2 570	1 849	2 125	1 452	632	na	196	na	8 824
Selected primiparae inductions	no.	916	659	693	573	275	na	57	na	3 173
Rate	%	35.6	35.6	32.6	39.5	43.5	na	29.1	na	36.0
Proportion of caesareans for selected primiparae										
Public hospitals										
Selected primiparae who gave birth	no.	7 641	6 101	3 674	1 776	1 534	na	411	180	21 317
Selected primiparae caesareans	no.	1 652	1 380	888	418	394	na	81	49	4 862
Rate	%	21.6	22.6	24.2	23.5	25.7	na	19.7	27.2	22.8
Private hospitals										
Selected primiparae who gave birth	no.	2 570	1 849	2 125	1 452	632	na	196	na	8 824
Selected primiparae caesareans	no.	751	530	831	460	208	na	71	na	2 851
Rate	%	29.2	28.7	39.1	31.7	32.9	na	36.2	na	32.3

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

(b) ACT data are preliminary. Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT. In 2007, 16.6 per cent of women who gave birth in the ACT were not residents.

(c) Totals for Australia include only jurisdictions for which data are available.

na Not available.

Source: State and Territory governments.

Table 10A.86

**Table 10A.86 Intervention rates for selected primiparae, NSW (a)**

	<i>Unit</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	6 957	6 882	6 946	6 930	7 641
Selected primiparae inductions	no.	1 845	1 848	1 988	1 968	2 484
Rate	%	26.5	26.9	28.6	28.4	32.5
Private hospitals						
Selected primiparae who gave birth	no.	2 618	2 479	2 520	2 195	2 570
Selected primiparae inductions	no.	988	866	935	778	916
Rate	%	37.7	34.9	37.1	35.4	35.6
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	6 957	6 882	6 946	6 930	7 641
Selected primiparae caesareans	no.	1 385	1 399	1 471	1 432	1 652
Rate	%	19.9	20.3	21.2	20.7	21.6
Private hospitals						
Selected primiparae who gave birth	no.	2 618	2 479	2 520	2 195	2 570
Selected primiparae caesareans	no.	675	641	699	659	751
Rate	%	25.8	25.9	27.7	30.0	29.2

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

Source: NSW Government (unpublished).

Table 10A.87

**Table 10A.87 Intervention rates for selected primiparae, Victoria (a)**

	<i>Unit</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	5 122	4 841	5 230	5 622	6 101
Selected primiparae inductions	no.	1 689	1 577	1 609	1 734	1 885
Rate	%	33.0	32.6	30.8	30.8	30.9
Private hospitals						
Selected primiparae who gave birth	no.	1 965	1 635	1 802	1 818	1 849
Selected primiparae inductions	no.	743	565	656	676	659
Rate	%	37.8	34.6	36.4	37.2	35.6
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	5 122	4 841	5 230	5 622	6 101
Selected primiparae caesareans	no.	1 187	1 022	1 173	1 312	1 380
Rate	%	23.2	21.1	22.4	23.3	22.6
Private hospitals						
Selected primiparae who gave birth	no.	1 965	1 635	1 802	1 818	1 849
Selected primiparae caesareans	no.	514	420	488	500	530
Rate	%	26.2	25.7	27.1	27.5	28.7

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

Source: Victorian Government (unpublished).

Table 10A.88

**Table 10A.88 Intervention rates for selected primiparae, Queensland (a)**

	<i>Unit</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	3 135	3 255	3 389	3 453	3 674
Selected primiparae inductions	no.	943	916	936	1 028	1 057
Rate	%	30.1	28.1	27.6	29.8	28.8
Private hospitals						
Selected primiparae who gave birth	no.	1 987	1 949	2 000	2 034	2 125
Selected primiparae inductions	no.	694	663	713	678	693
Rate	%	34.9	34.0	35.7	33.3	32.6
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	3 135	3 255	3 389	3 453	3 674
Selected primiparae caesareans	no.	763	728	810	846	888
Rate	%	24.3	22.4	23.9	24.5	24.2
Private hospitals						
Selected primiparae who gave birth	no.	1 987	1 949	2 000	2 034	2 125
Selected primiparae caesareans	no.	682	698	736	796	831
Rate	%	34.3	35.8	36.8	39.1	39.1

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

Source: Queensland Government (unpublished).

Table 10A.89

**Table 10A.89 Intervention rates for selected primiparae, WA (a)**

	<i>Unit</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	1 413	1 459	1 474	1 606	1 776
Selected primiparae inductions	no.	476	449	496	504	573
Rate	%	33.7	30.8	33.6	31.4	32.3
Private hospitals						
Selected primiparae who gave birth	no.	1 199	1 182	1 215	1 280	1 452
Selected primiparae inductions	no.	468	472	475	501	573
Rate	%	39.0	39.9	39.1	39.1	39.5
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	1 413	1 459	1 474	1 606	1 776
Selected primiparae caesareans	no.	287	340	364	372	418
Rate	%	20.3	23.3	24.7	23.2	23.5
Private hospitals						
Selected primiparae who gave birth	no.	1 199	1 182	1 215	1 280	1 452
Selected primiparae caesareans	no.	400	435	464	479	460
Rate	%	33.4	36.8	38.2	37.4	31.7

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

Source: WA Government (unpublished).

Table 10A.90

Table 10A.90 **Intervention rates for selected primiparae, SA (a)**

	<i>Unit</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	1 332	1 344	1 393	1 338	1 534
Selected primiparae inductions	no.	478	446	483	487	554
Rate	%	35.9	33.2	34.7	36.4	36.1
Private hospitals						
Selected primiparae who gave birth	no.	643	591	586	634	632
Selected primiparae inductions	no.	250	225	233	246	275
Rate	%	38.9	38.1	39.8	38.8	43.5
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	1 332	1 344	1 393	1 338	1 534
Selected primiparae caesareans	no.	312	333	357	341	394
Rate	%	23.4	24.8	25.6	25.5	25.7
Private hospitals						
Selected primiparae who gave birth	no.	643	591	586	634	632
Selected primiparae caesareans	no.	220	221	222	197	208
Rate	%	34.2	37.4	37.9	31.1	32.9

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

Source: SA Government (unpublished).



Table 10A.91

Table 10A.91 **Intervention rates for selected primiparae, Tasmania (a)**

	<i>Unit</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	270	296	268	325	na
Selected primiparae inductions	no.	93	93	74	80	na
Rate	%	34.4	31.4	27.6	24.6	na
Private hospitals						
Selected primiparae who gave birth	no.	238	237	215	235	na
Selected primiparae inductions	no.	87	86	95	95	na
Rate	%	36.6	36.3	44.2	40.4	na
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	270	296	268	325	na
Selected primiparae caesareans	no.	24	34	10	15	na
Rate	%	8.9	11.5	3.7	4.6	na
Private hospitals						
Selected primiparae who gave birth	no.	238	237	215	235	na
Selected primiparae caesareans	no.	25	22	17	18	na
Rate	%	10.5	9.3	7.9	7.7	na

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

na Not available.

Source: Tasmanian Government (unpublished).

Table 10A.92

**Table 10A.92 Intervention rates for selected primiparae, ACT (a), (b)**

	<i>Unit</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007 (c)</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	397	354	345	397	411
Selected primiparae inductions	no.	93	66	83	74	98
Rate	%	23.4	18.6	24.1	18.6	23.8
Private hospitals						
Selected primiparae who gave birth	no.	201	223	225	241	196
Selected primiparae inductions	no.	59	47	53	84	57
Rate	%	29.4	21.1	23.6	34.9	29.1
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	397	354	345	397	411
Selected primiparae caesareans	no.	83	68	71	73	81
Rate	%	20.9	19.2	20.6	18.4	19.7
Private hospitals						
Selected primiparae who gave birth	no.	201	223	225	241	196
Selected primiparae caesareans	no.	47	53	64	62	71
Rate	%	23.4	23.8	28.4	25.7	36.2

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

(b) Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT. Between 2003 and 2007, 16.0 per cent of women who gave birth in the ACT were not residents.

(c) Data are preliminary.

Source: ACT Government (unpublished).

Table 10A.93

Table 10A.93 **Intervention rates for selected primiparae, NT (a)**

	<i>Unit</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Proportion of inductions for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	163	155	189	178	134
Selected primiparae inductions	no.	57	39	49	48	41
Rate	%	35.0	25.2	25.9	27.0	30.6
Private hospitals						
Selected primiparae who gave birth	no.	96	74	80	54	na
Selected primiparae inductions	no.	30	27	34	43	na
Rate	%	31.3	36.5	42.5	79.6	na
Proportion of caesareans for selected primiparae						
Public hospitals						
Selected primiparae who gave birth	no.	163	155	189	178	134
Selected primiparae caesareans	no.	48	36	50	53	66
Rate	%	29.4	23.2	26.5	29.8	49.3
Private hospitals						
Selected primiparae who gave birth	no.	96	74	80	54	na
Selected primiparae caesareans	no.	29	22	38	22	na
Rate	%	30.2	29.7	47.5	40.7	na

(a) Selected primiparae: mothers with no previous deliveries, 25–29 years of age (inclusive), singleton pregnancy, gestation 37 to 41 weeks (inclusive), and vertex presentation.

**na** Not available.

Source: NT Government (unpublished).

**Table 10A.94 Rate of vaginal delivery following primary caesarean, public hospitals, NSW (a), (b)**

	<i>Unit</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Hospitals reporting	no.	40	39	35	36	32
Reports	no.	63	67	63	67	57
Numerator (no. VBAC)	no.	577	553	598	542	427
Denominator (no. of DACs)	no.	3 083	3 393	3 581	3 387	2 672
VBAC rate	per 100 deliveries	18.7	16.3	16.7	16.0	16.0
Standard error ( $\pm$ )		0.5	0.6	0.6	0.7	1.1
National performance at 80th centile (rate)	%	21.0	20.9	21.6	19.9	22.5
National performance at 20th centile (rate)	%	14.9	14.6	13.5	12.4	11.2

(a) Defined as the number of patients delivering vaginally following a previous primary caesarean section divided by the total number of patients delivering who have had a previous primary caesarean section and no intervening pregnancies of greater than 20 weeks gestation.

(b) Health organisations contribute data voluntarily to the ACHS and the samples are therefore not necessarily representative of all hospitals in each jurisdiction.

VBAC = vaginal birth following primary caesarean. DAC = delivery following primary caesarean.

Source: ACHS (unpublished).

**Table 10A.95 Rate of vaginal delivery following primary caesarean, public hospitals, Victoria (a), (b)**

	<i>Unit</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Hospitals reporting	no.	20	16	22	23	26
Reports	no.	34	30	35	42	44
Numerator (no. VBAC)	no.	295	329	328	389	449
Denominator (no. of DACs)	no.	1 646	1 878	2 000	2 413	2 136
VBAC rate	per 100 deliveries	17.9	17.5	16.4	16.1	21.0
Standard error ( $\pm$ )		0.7	0.7	0.8	0.8	1.3
National performance at 80th centile (rate)	%	21.0	20.9	21.6	19.9	22.5
National performance at 20th centile (rate)	%	14.9	14.6	13.5	12.4	11.2

(a) Defined as the number of patients delivering vaginally following a previous primary caesarean section divided by the total number of patients delivering who have had a previous primary caesarean section and no intervening pregnancies of greater than 20 weeks gestation.

(b) Health organisations contribute data voluntarily to the ACHS and the samples are therefore not necessarily representative of all hospitals in each jurisdiction.

VBAC = vaginal birth following primary caesarean. DAC = delivery following primary caesarean.

Source: ACHS (unpublished).

**Table 10A.96 Rate of vaginal delivery following primary caesarean, public hospitals, Queensland (a), (b)**

	<i>Unit</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Hospitals reporting	no.	9	10	8	10	10
Reports	no.	15	17	14	18	15
Numerator (no. VBAC)	no.	217	301	164	230	185
Denominator (no. of DACs)	no.	1 337	1 323	693	1 383	2 170
VBAC rate	per 100 deliveries	16.2	22.8	23.7	16.6	8.5
Standard error ( $\pm$ )		0.8	0.9	1.4	1.0	1.2
National performance at 80th centile (rate)	%	21.0	20.9	21.6	19.9	22.5
National performance at 20th centile (rate)	%	14.9	14.6	13.5	12.4	11.2

(a) Defined as the number of patients delivering vaginally following a previous primary caesarean section divided by the total number of patients delivering who have had a previous primary caesarean section and no intervening pregnancies of greater than 20 weeks gestation.

(b) Health organisations contribute data voluntarily to the ACHS and the samples are therefore not necessarily representative of all hospitals in each jurisdiction.

VBAC = vaginal birth following primary caesarean. DAC = delivery following primary caesarean.

Source: ACHS (unpublished).

**Table 10A.97 Rate of vaginal delivery following primary caesarean, public hospitals, WA (a), (b)**

	<i>Unit</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Hospitals reporting	no.	11	15	12	11	12
Reports	no.	17	22	19	19	18
Numerator (no. VBAC)	no.	148	179	164	209	250
Denominator (no. of DACs)	no.	1 097	1 139	1 108	1 176	1 469
VBAC rate	per 100 deliveries	13.5	15.7	14.8	17.8	17.0
Standard error ( $\pm$ )		0.9	1.0	1.1	1.1	1.5
National performance at 80th centile (rate)	%	21.0	20.9	21.6	19.9	22.5
National performance at 20th centile (rate)	%	14.9	14.6	13.5	12.4	11.2

(a) Defined as the number of patients delivering vaginally following a previous primary caesarean section divided by the total number of patients delivering who have had a previous primary caesarean section and no intervening pregnancies of greater than 20 weeks gestation.

(b) Health organisations contribute data voluntarily to the ACHS and the samples are therefore not necessarily representative of all hospitals in each jurisdiction.

VBAC = vaginal birth following primary caesarean. DAC = delivery following primary caesarean.

Source: ACHS (unpublished).

**Table 10A.98 Rate of vaginal delivery following primary caesarean, public hospitals, SA (a), (b)**

	<i>Unit</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Hospitals reporting	no.	7	10	10	12	12
Reports	no.	12	15	16	21	23
Numerator (no. VBAC)	no.	194	160	202	239	264
Denominator (no. of DACs)	no.	671	807	944	1 308	1 322
VBAC rate	per 100 deliveries	28.9	19.8	21.4	18.3	20.0
Standard error ( $\pm$ )		1.1	1.1	1.2	1.1	1.6
National performance at 80th centile (rate)	%	21.0	20.9	21.6	19.9	22.5
National performance at 20th centile (rate)	%	14.9	14.6	13.5	12.4	11.2

(a) Defined as the number of patients delivering vaginally following a previous primary caesarean section divided by the total number of patients delivering who have had a previous primary caesarean section and no intervening pregnancies of greater than 20 weeks gestation.

(b) Health organisations contribute data voluntarily to the ACHS and the samples are therefore not necessarily representative of all hospitals in each jurisdiction.

VBAC = vaginal birth following primary caesarean. DAC = delivery following primary caesarean.

Source: ACHS (unpublished).



Table 10A.99

Table 10A.99 Perineal status after vaginal births, 2006 (a), (b), (c)

Number	Unit	NSW	Vic	Qld	WA	SA	Tas (d)	ACT (e)	NT	Aust
Intact	no.	17 326	19 664	14 361	7 543	3 836	2 224	1 239	1 190	67 383
1st degree laceration	no.	16 622	6 124	7 440	3 102	3 010	688	643	644	38 273
2nd degree laceration	no.	16 428	10 693	8 208	4 139	3 227	856	1 258	487	45 296
3rd/4th degree laceration	no.	1 125	647	401	277	153	62	82	56	2 803
Episiotomy	no.	8 539	9 752	4 351	2 938	1 805	593	429	218	28 625
Combined laceration and episiotomy	no.	1 058	760	474	367	370	—	96	14	3 139
Other (f), (g)	no.	3 526	—	1 966	651	19	—	—	13	6 175
Not stated	no.	127	1	2	—	1	—	—	4	135
<b>Total confinements</b>	no.	<b>64 751</b>	<b>47 641</b>	<b>37 203</b>	<b>19 017</b>	<b>12 421</b>	<b>4 423</b>	<b>3 747</b>	<b>2 626</b>	<b>191 829</b>
Proportion of perineal										
Intact	%	26.8	41.3	38.6	39.7	30.9	50.3	33.1	45.3	35.1
1st degree laceration	%	25.7	12.9	20.0	16.3	24.2	15.6	17.2	24.5	20.0
2nd degree laceration	%	25.4	22.4	22.1	21.8	26.0	19.4	33.6	18.5	23.6
3rd/4th degree laceration	%	1.7	1.4	1.1	1.5	1.2	1.4	2.2	2.1	1.5
Episiotomy	%	13.2	20.5	11.7	15.4	14.5	13.4	11.4	8.3	14.9
Combined laceration and episiotomy	%	1.6	1.6	1.3	1.9	3.0	—	2.6	0.5	1.6
Other (f), (g)	%	5.4	—	5.3	3.4	0.2	—	—	0.5	3.2
Not stated	%	0.2	—	—	—	—	—	—	0.2	0.1
<b>Total</b>	%	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) 1st degree laceration: perineal laceration, rupture or tear during delivery involving fourchette, labia, skin, slight, vagina, vulva; 2nd degree laceration: perineal laceration, rupture or tear during delivery as with 1st degree also involving pelvic floor, perineal muscles, vaginal muscles; 3rd degree laceration: perineal laceration, rupture or tear during delivery as with 2nd degree also involving anal sphincter, rectovaginal septum, sphincter NOS; 4th degree laceration: perineal laceration, rupture or tear during delivery as with 3rd degree also involving anal mucosa, rectal mucosa.

(b) For multiple births, the perineal status after delivery of the first born was used.

(c) Data include all women who gave birth vaginally, including births in public hospitals, private hospitals and outside of hospital, such as homebirths.

Table 10A.99

Table 10A.99 **Perineal status after vaginal births, 2006 (a), (b), (c)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT (e)</i>	<i>NT</i>	<i>Aust</i>
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(d) For Tasmania cases where both a laceration and episiotomy occurred were coded as episiotomy.

(e) Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT. In 2006, 16.3 per cent of women who gave birth in the ACT were not residents.

(f) For NSW includes unspecified perineal tear and vulval or perinatal haematoma.

(g) For Queensland and WA, this category includes cases where the perineum was intact but a graze was reported.  
 – Nil or rounded to zero.

*Source:*

Laws P. and Hilder L., 2008, Australia's Mothers and Babies 2006, AIHW Cat. No. PER 46, AIHW National Perinatal Statistics Unit (Perinatal Statistics Series No. 22), Sydney.

Table 10A.100

**Table 10A.100 Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 5.1) in public hospitals, 2006-07 (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<b>O01A — Caesarean Delivery W Ccc</b>										
Separations	no.	1 021	1 094	684	423	325	74	76	78	3 775
Patient days	no.	10 551	11 345	5 063	4 104	3 548	562	586	905	36 666
ALOS	days	10.33	10.37	7.41	9.70	10.92	7.59	7.71	11.60	9.71
Sample size (b)	no. hospitals	44	25	23	13	13	3	2	3	126
Average cost (c)	\$/DRG	10 296	15 257	11 280	16 891	14 423	16 360	11 847	18 508	13 326
Direct	\$/DRG	7 414	11 942	9 571	13 620	11 531	11 766	8 080	11 096	10 342
Overhead	\$/DRG	2 882	3 315	1 709	3 271	2 892	4 594	3 768	7 412	2 985
<b>O01B — Caesarean Delivery W Scc</b>										
Separations	no.	3 233	2 679	1 950	1 106	824	180	179	178	10 329
Patient days	no.	20 563	16 307	9 941	6 270	5 397	1 028	1 030	1 423	61 959
ALOS	days	6.36	6.09	5.10	5.67	6.55	5.71	5.75	7.99	6.00
Sample size (b)	no. hospitals	58	26	26	14	20	3	2	4	153
Average cost (c)	\$/DRG	7 584	9 387	8 572	9 525	9 174	12 863	9 458	13 831	8 805
Direct	\$/DRG	5 393	7 302	7 121	7 408	7 196	9 382	6 208	8 324	6 708
Overhead	\$/DRG	2 192	2 084	1 451	2 117	1 978	3 480	3 250	5 507	2 097
<b>O01C — Caesarean Delivery W/O Csc</b>										
Separations	no.	14 463	10 450	9 287	3 838	2 819	875	635	534	42 901
Patient days	no.	62 766	47 646	34 502	16 509	12 866	3 654	2 571	2 668	183 181
ALOS	days	4.34	4.56	3.72	4.30	4.56	4.18	4.05	5.00	4.27
Sample size (b)	no. hospitals	59	26	27	13	24	3	2	4	158
Average cost (c)	\$/DRG	6 593	7 139	6 738	8 596	6 775	10 242	7 760	10 175	7 085
Direct	\$/DRG	4 631	5 536	5 580	6 460	5 051	7 524	4 934	6 130	5 330
Overhead	\$/DRG	1 962	1 603	1 158	2 136	1 724	2 718	2 826	4 046	1 755

Table 10A.100

**Table 10A.100 Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 5.1) in public hospitals, 2006-07 (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<b>O02A — Vaginal Delivery W Or Pr W Csc</b>										
Separations	no.	676	591	407	273	127	40	58	31	2 203
Patient days	no.	3 278	2 599	1 711	1 306	564	160	263	206	10 088
ALOS	days	4.85	4.40	4.20	4.78	4.43	4.00	4.53	6.65	4.58
Sample size (b)	no. hospitals	52	25	24	12	14	3	2	4	136
Average cost (c)	\$/DRG	6 517	6 804	7 198	8 901	6 352	8 967	8 623	13 223	7 200
Direct	\$/DRG	4 587	5 301	6 042	7 051	4 892	6 237	5 332	7 713	5 464
Overhead	\$/DRG	1 930	1 503	1 156	1 849	1 460	2 730	3 292	5 510	1 736
<b>O02B — Vaginal Delivery W Or Pr W/O Csc</b>										
Separations	no.	1 047	648	513	222	162	62	68	34	2 757
Patient days	no.	3 621	2 117	1 602	795	567	214	218	131	9 265
ALOS	days	3.46	3.27	3.12	3.58	3.50	3.45	3.21	3.85	3.36
Sample size (b)	no. hospitals	55	24	25	13	16	3	2	3	141
Average cost (c)	\$/DRG	5 438	5 029	4 797	6 823	4 417	7 314	6 463	6 111	5 350
Direct	\$/DRG	3 796	3 927	3 999	4 909	3 371	5 061	3 976	3 701	3 961
Overhead	\$/DRG	1 642	1 102	798	1 914	1 046	2 254	2 487	2 409	1 389
<b>O03Z — Ectopic Pregnancy</b>										
Separations	no.	783	753	558	325	137	36	66	51	2 709
Patient days	no.	1 681	1 341	1 225	624	278	79	155	148	5 531
ALOS	days	2.15	1.78	2.20	1.92	2.03	2.19	2.35	2.90	2.04
Sample size (b)	no. hospitals	52	25	23	12	12	3	2	3	132
Average cost (c)	\$/DRG	3 678	3 930	5 507	5 096	4 874	6 134	5 507	8 623	4 525
Direct	\$/DRG	2 708	3 083	4 802	3 551	3 971	4 528	3 930	6 149	3 527
Overhead	\$/DRG	969	846	705	1 545	903	1 607	1 577	2 474	998

Table 10A.100

**Table 10A.100 Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 5.1) in public hospitals, 2006-07 (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<b>O04Z — Postpartum &amp; Post Abortn W Or Pr</b>										
Separations	no.	540	460	396	215	107	72	32	25	1 846
Patient days	no.	1 073	900	773	523	312	116	69	87	3 852
ALOS	days	1.99	1.96	1.95	2.44	2.93	1.61	2.16	3.48	2.09
Sample size (b)	no. hospitals	63	33	28	15	15	3	2	3	162
Average cost (c)	\$/DRG	3 181	3 408	3 645	4 064	4 825	3 185	4 029	5 825	3 586
Direct	\$/DRG	2 247	2 703	3 037	2 990	3 855	2 295	2 738	3 750	2 740
Overhead	\$/DRG	934	705	608	1 074	971	890	1 290	2 075	846
<b>O05Z — Abortn W Or Pr</b>										
Separations	no.	8 616	9 237	3 610	2 110	3 373	519	306	1 106	28 877
Patient days	no.	9 268	9 552	4 072	2 316	3 510	556	342	1 191	30 807
ALOS	days	1.08	1.03	1.13	1.10	1.04	1.07	1.12	1.08	1.07
Sample size (b)	no. hospitals	68	32	29	14	26	3	2	5	179
Average cost (c)	\$/DRG	1 954	1 491	2 302	2 397	1 535	2 437	2 418	1 682	1 836
Direct	\$/DRG	1 388	1 148	1 920	1 613	1 192	1 735	1 666	1 248	1 375
Overhead	\$/DRG	566	343	383	784	343	701	752	434	461
<b>O60A — Vaginal Delivery W Csc</b>										
Separations	no.	4 652	4 117	2 507	1 765	1 123	317	246	307	15 034
Patient days	no.	22 256	17 192	9 395	8 086	5 321	1 364	1 115	1 535	66 264
ALOS	days	4.78	4.18	3.75	4.58	4.74	4.30	4.53	5.00	4.41
Sample size (b)	no. hospitals	60	26	27	14	21	4	2	5	159
Average cost (c)	\$/DRG	6 008	5 607	5 377	6 986	5 906	8 175	6 591	7 955	5 995
Direct	\$/DRG	4 178	4 370	4 468	5 581	4 551	5 794	4 071	4 510	4 510
Overhead	\$/DRG	1 830	1 237	909	1 405	1 355	2 381	2 520	3 446	1 484

Table 10A.100

**Table 10A.100 Separations, patient days, ALOS and estimated cost per separation for selected maternity AR-DRG (version 5.1) in public hospitals, 2006-07 (a)**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
<b>O60B — Vaginal delivery W/O Csc</b>										
Separations	no.	36 204	27 698	19 733	9 620	6 807	2 049	1 699	1 240	105 050
Patient days	no.	109 270	81 175	50 477	28 179	19 725	6 039	4 424	3 960	303 250
ALOS	days	3.02	2.93	2.56	2.93	2.90	2.95	2.60	3.19	2.89
Sample size (b)	no. hospitals	65	30	29	13	25	6	2	5	175
Average cost (c)	\$/DRG	4 804	3 705	3 547	4 809	3 449	5 599	4 678	4 865	4 205
Direct	\$/DRG	3 304	2 886	2 874	3 668	2 554	3 978	2 618	2 739	3 093
Overhead	\$/DRG	1 500	819	673	1 141	895	1 621	2 060	2 126	1 112
<b>O60C — Vaginal Delivery Single Uncomplicated</b>										
Separations	no.	10 226	3 117	8 037	2 203	1 663	621	581	471	26 920
Patient days	no.	22 881	7 620	14 872	4 754	3 458	1 375	1 076	1 240	57 276
ALOS	days	2.24	2.44	1.85	2.16	2.08	2.21	1.85	2.63	2.13
Sample size (b)	no. hospitals	65	28	31	13	24	7	2	5	175
Average cost (c)	\$/DRG	4 340	3 016	2 552	3 778	2 351	4 402	3 360	4 203	3 462
Direct	\$/DRG	2 950	2 327	2 046	2 858	1 705	3 137	1 824	2 342	2 493
Overhead	\$/DRG	1 389	689	506	920	646	1 265	1 536	1 861	969

(a) Estimated population costs are obtained by weighting the sample results according to the known characteristics of the population.

(b) The sample size is the number of hospitals contributing to the cost and activity data for each AR-DRG.

(c) Average cost is affected by a number of factors, some of which are admission practices, sample size, remoteness and the type of hospitals contributing to the collection. Direct comparison between jurisdictions is difficult as there are differences in hospital costing systems.

ALOS = patient's Average Length of Stay. c = catastrophic. cc = complications and co-morbidities. Or Pr = operating room procedure. s = severe. w/o = without. w = with.

Source: DoHA, NHCDC Round 11 (2006-07).

Table 10A.101

Table 10A.101 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	NSW	Vic	Qld	WA	SA (a)	Tas	ACT (b)	NT (c)	Aust
2003										
Birthweight less than 1500g	no. of live births	787	539	488	208	191	52	57	38	2 360
Apgar score 0	% of live births	1.8	3.2	3.3	2.4	2.1	1.9	3.5	5.3	2.6
Apgar score 1-3	% of live births	11.7	16.1	7.8	5.3	9.9	3.9	15.8	7.9	11.0
Apgar score 4-6	% of live births	12.1	11.5	10.7	12.0	6.8	5.8	24.6	13.2	11.4
Apgar score 7-10	% of live births	73.3	68.5	77.7	79.3	81.2	88.5	56.1	73.7	74.2
Birthweight 1500-1999g	no. of live births	913	627	492	251	204	66	69	47	2 669
Apgar score 0	% of live births	0.1	0.2	0.2	—	—	—	—	—	0.1
Apgar score 1-3	% of live births	0.8	1.6	1.4	1.6	—	1.5	—	2.1	1.1
Apgar score 4-6	% of live births	5.0	3.0	3.1	2.8	2.0	4.6	4.4	8.5	3.8
Apgar score 7-10	% of live births	93.4	95.1	94.9	95.6	98.0	93.9	95.7	89.4	94.7
Birthweight 2000-2499g	no. of live births	2 596	1 878	1 445	713	534	133	140	198	7 637
Apgar score 0	% of live births	—	0.1	—	0.1	0.4	—	—	—	0.1
Apgar score 1-3	% of live births	0.5	0.3	0.3	0.6	0.7	0.8	0.7	—	0.4
Apgar score 4-6	% of live births	2.3	1.8	2.0	1.5	2.1	1.5	0.7	5.6	2.1
Apgar score 7-10	% of live births	96.8	97.5	97.7	97.5	96.8	97.8	98.6	94.4	97.2
Birthweight 2500g and over	no. of live births	60 606	40 478	31 674	13 295	11 715	2 901	2 842	2 529	166 040
Apgar score 0	% of live births	—	—	—	—	—	—	—	—	—
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.2	0.3	0.2	0.1
Apgar score 4-6	% of live births	1.1	0.9	0.8	0.8	0.9	1.0	0.8	1.2	0.9
Apgar score 7-10	% of live births	98.6	98.8	99.0	99.0	98.9	98.8	99.0	98.5	98.8
2004										
Birthweight less than 1500g	no. of live births	813	544	483	270	190	49	60	51	2 460
Apgar score 0	% of live births	1.6	2.0	5.0	2.2	2.1	—	—	3.9	2.4

Table 10A.101

Table 10A.101 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	NSW	Vic	Qld	WA	SA (a)	Tas	ACT (b)	NT (c)	Aust
Apgar score 1-3	% of live births	12.2	13.6	12.4	5.6	13.7	4.1	10.0	17.7	11.8
Apgar score 4-6	% of live births	12.9	7.4	9.3	10.4	6.3	8.2	13.3	11.8	10.1
Apgar score 7-10	% of live births	72.1	75.7	72.7	81.1	77.9	87.8	76.7	66.7	74.7
Birthweight 1500-1999g	no. of live births	910	575	512	280	213	50	89	34	2 663
Apgar score 0	% of live births	0.1	-	-	-	-	-	-	-	-
Apgar score 1-3	% of live births	0.9	0.9	0.8	0.7	-	-	1.1	-	0.8
Apgar score 4-6	% of live births	5.0	2.6	2.9	1.4	2.8	6.0	5.6	-	3.5
Apgar score 7-10	% of live births	93.9	96.3	96.3	97.1	97.2	94.0	93.3	100.0	95.5
Birthweight 2000-2499g	no. of live births	2 593	1 926	1 488	690	558	159	166	175	7 755
Apgar score 0	% of live births	-	0.1	0.1	-	-	-	-	-	0.1
Apgar score 1-3	% of live births	0.5	0.3	0.5	0.1	0.5	-	0.6	0.6	0.4
Apgar score 4-6	% of live births	1.9	2.2	2.0	2.5	3.4	1.3	1.2	4.0	2.2
Apgar score 7-10	% of live births	97.1	97.1	97.2	97.1	96.1	98.8	98.2	95.4	97.1
Birthweight 2500g and over	no. of live births	60 011	40 353	31 948	13 662	11 601	2 949	2 777	2 451	165 752
Apgar score 0	% of live births	-	-	-	-	-	-	0.1	-	-
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.3	0.1
Apgar score 4-6	% of live births	1.0	0.9	0.9	0.7	0.8	1.4	1.0	1.9	0.9
Apgar score 7-10	% of live births	98.6	98.8	98.9	99.1	99.1	98.5	98.7	97.8	98.8
2005										
Birthweight less than 1500g	no. of live births	767	620	484	267	240	44	69	46	2 537
Apgar score 0	% of live births	3.3	2.3	3.7	1.5	2.1	2.3	2.9	4.4	2.8
Apgar score 1-3	% of live births	15.1	16.9	11.4	8.6	13.3	6.8	7.3	19.6	13.7
Apgar score 4-6	% of live births	12.8	10.8	8.1	10.9	7.9	11.4	11.6	10.9	10.6
Apgar score 7-10	% of live births	67.4	68.9	76.5	78.3	76.7	79.5	78.3	65.2	72.0



Table 10A.101

Table 10A.101 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	NSW	Vic	Qld	WA	SA (a)	Tas	ACT (b)	NT (c)	Aust
Birthweight 1500-1999g	no. of live births	910	586	565	282	224	52	66	59	2 744
Apgar score 0	% of live births	-	0.2	-	0.4	-	-	-	-	0.1
Apgar score 1-3	% of live births	1.4	0.7	0.7	1.1	-	-	1.5	-	0.9
Apgar score 4-6	% of live births	4.2	3.9	2.8	3.9	4.5	1.9	3.0	3.4	3.7
Apgar score 7-10	% of live births	93.5	94.7	96.5	94.7	95.5	98.1	95.5	96.6	94.9
Birthweight 2000-2499g	no. of live births	2 701	1 953	1 650	741	621	174	159	169	8 168
Apgar score 0	% of live births	0.1	0.1	-	-	-	0.5	-	-	0.1
Apgar score 1-3	% of live births	0.4	0.5	0.4	0.3	0.3	-	1.3	1.2	0.4
Apgar score 4-6	% of live births	2.5	2.4	1.6	1.6	2.1	1.7	0.6	2.4	2.1
Apgar score 7-10	% of live births	96.4	96.9	97.7	97.8	97.6	97.1	98.1	96.5	97.0
Birthweight 2500g and over	no. of live births	62 819	42 376	34 917	14 659	12 078	3 652	2 811	2 607	175 919
Apgar score 0	% of live births	-	-	-	-	-	-	-	0.1	-
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1
Apgar score 4-6	% of live births	1.0	0.9	0.7	0.8	1.3	1.0	0.6	2.1	0.9
Apgar score 7-10	% of live births	98.7	98.9	99.1	99.1	98.6	98.9	99.3	97.6	98.8
2006										
Birthweight less than 1500g	no. of live births	1 014	455	585	299	196	40	75	52	2 716
Apgar score 0	% of live births	3.7	2.4	3.3	2.3	2.0	2.5	-	-	2.9
Apgar score 1-3	% of live births	10.6	12.6	13.2	7.4	4.6	7.5	18.7	17.3	11.0
Apgar score 4-6	% of live births	12.5	12.6	9.2	13.0	9.7	20.0	5.3	7.7	11.5
Apgar score 7-10	% of live births	71.4	71.4	73.7	76.3	83.7	70.0	76.0	75.0	73.5
Birthweight 1500-1999g	no. of live births	1 012	641	590	308	193	54	73	56	2 927
Apgar score 0	% of live births	0.2	0.1	-	-	-	1.9	-	5.4	0.2
Apgar score 1-3	% of live births	1.1	1.2	1.0	0.3	-	1.9	-	-	0.9
Apgar score 4-6	% of live births	5.1	4.7	3.7	4.9	3.1	3.7	5.5	-	4.5
Apgar score 7-10	% of live births	93.2	93.7	95.1	94.8	96.9	92.6	94.5	94.6	94.1

Table 10A.101

Table 10A.101 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	NSW	Vic	Qld	WA	SA (a)	Tas	ACT (b)	NT (c)	Aust
Birthweight 2000-2499g	no. of live births	2 872	2 042	1 673	798	616	194	172	187	8 554
Apgar score 0	% of live births	-	0.1	0.1	-	-	-	-	-	0.1
Apgar score 1-3	% of live births	0.5	0.4	0.3	0.6	0.5	0.5	1.7	-	0.4
Apgar score 4-6	% of live births	1.9	2.1	1.4	2.8	2.1	1.0	3.5	1.6	1.9
Apgar score 7-10	% of live births	97.0	97.1	97.6	96.6	97.4	98.5	94.8	98.4	97.2
Birthweight 2500g and over	no. of live births	64 305	44 192	35 847	15 734	12 538	3 845	3 145	2 637	182 243
Apgar score 0	% of live births	-	-	-	-	-	0.1	-	0.1	-
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1
Apgar score 4-6	% of live births	1.0	0.9	0.7	0.8	1.0	0.9	1.1	1.7	0.9
Apgar score 7-10	% of live births	98.6	98.8	99.1	98.9	98.9	99.0	98.7	98.1	98.8
2007										
Birthweight less than 1500g	no. of live births	774	658	526	289	215	na	49	57	2 568
Apgar score 0	% of live births	2.1	3.0	2.3	1.4	1.4	na	-	-	na
Apgar score 1-3	% of live births	13.8	14.3	10.3	8.0	11.2	na	20.4	14.0	na
Apgar score 4-6	% of live births	14.3	15.5	11.4	15.9	9.3	na	20.4	22.8	na
Apgar score 7-10	% of live births	69.8	66.1	75.7	74.7	78.1	na	59.2	59.6	na
Birthweight 1500-1999g	no. of live births	942	712	606	344	195	na	74	45	2 918
Apgar score 0	% of live births	0.1	0.1	-	-	-	na	-	-	na
Apgar score 1-3	% of live births	1.7	1.1	1.2	1.2	0.5	na	-	-	na
Apgar score 4-6	% of live births	5.4	5.1	5.3	5.2	7.2	na	8.1	8.8	na
Apgar score 7-10	% of live births	92.8	93.4	93.1	93.0	92.3	na	91.9	88.9	na
Birthweight 2000-2499g	no. of live births	2 827	2 067	1 654	858	653	na	146	166	8 371
Apgar score 0	% of live births	-	-	0.1	0.2	0.2	na	-	-	na
Apgar score 1-3	% of live births	0.6	0.5	0.5	0.2	0.5	na	1.4	1.8	na
Apgar score 4-6	% of live births	2.9	3.1	1.6	2.2	1.5	na	0.7	3.0	na
Apgar score 7-10	% of live births	96.4	96.1	97.6	97.1	97.9	na	98.0	95.8	na

Table 10A.101

Table 10A.101 **Baby's Apgar scores at five minutes, by birthweight, public hospitals**

	Unit	NSW	Vic	Qld	WA	SA (a)	Tas	ACT (b)	NT (c)	Aust
Birthweight 2500g and over	no. of live births	66 970	46 496	38 622	16 111	13 194	na	2 876	2 721	186 990
Apgar score 0	% of live births	—	—	—	—	—	na	—	—	na
Apgar score 1-3	% of live births	0.1	0.1	0.1	0.1	0.1	na	0.4	0.3	na
Apgar score 4-6	% of live births	1.0	1.2	0.7	1.0	1.1	na	1.2	1.8	na
Apgar score 7-10	% of live births	98.9	98.6	99.0	98.8	98.7	na	98.5	97.8	na

(a) SA data exclude live births if Apgar scores are not recorded.

(b) Care must be taken when interpreting percentages as these data include both ACT and non-ACT residents where the birth occurred in the ACT. The ACT is a referral centre for the surrounding area — between 2001 and 2004, 44.8 per cent (110 of 251) of live births weighing less than 1500 grams were born to non-ACT residents. 2006 ACT data are preliminary. In 2006 16.2 per cent of women who gave birth in the ACT were not residents.

(c) For the NT, 2003 data exclude two babies with birthweight 0–1499g with unknown Apgar scores, one baby with birthweight 1500–1900g with unknown Apgar score, one baby with birthweight 2000–2499g with unknown Apgar score and four babies with birthweight 2500g and over with unknown Apgar score; 2005 data exclude one baby with birthweight 0–1499g with unknown Apgar score.

na Not available. — Nil or rounded to zero.

Source: State and Territory governments (unpublished).

Table 10A.102

Table 10A.102 **Fetal deaths, by state of registration**

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2002										
Total relevant births (a)	no.	85 537	62 691	47 963	23 729	17 760	6 038	4 789	3 695	252 202
Fetal deaths (b)	no.	350	352	245	108	96	49	21	19	1 240
Fetal death rate	per 1000 total relevant births	4.1	5.6	5.1	4.6	5.4	8.1	4.4	5.1	4.9
2003										
Total relevant births (a)	no.	85 123	62 369	48 535	24 440	17 549	5 794	4 838	3 766	252 414
Fetal deaths (b)	no.	304	397	241	134	103	42	29	38	1 288
Fetal death rate	per 1000 total relevant births	3.6	6.4	5.0	5.5	5.9	7.2	6.0	10.1	5.1
2004										
Total relevant births (a)	no.	84 803	63 902	49 901	25 430	17 223	5 817	4 955	3 526	255 557
Fetal deaths (b)	no.	320	508	248	119	84	22	26	20	1 347
Fetal death rate	per 1000 total relevant births	3.8	7.9	5.0	4.7	4.9	3.8	5.2	5.7	5.3
2005										
Total relevant births (a)	no.	85 575	64 778	51 516	26 348	17 889	6 304	4 973	3 672	261 055
Fetal deaths (b)	no.	319	522	264	121	81	41	31	32	1 411
Fetal death rate	per 1000 total relevant births	3.7	8.1	5.1	4.6	4.5	6.5	6.2	8.7	5.4
2006										
Total relevant births (a)	no.	86 306	66 577	52 592	27 883	18 349	6 478	5 307	3 712	267 204
Fetal deaths (b)	no.	411	347	363	116	64	36	25	32	1 394
Fetal death rate	per 1000 total relevant births	4.8	5.2	6.9	4.2	3.5	5.6	4.7	8.6	5.2

(a) Total relevant births is the number of adjusted live births and fetal deaths combined. Live births adjusted to exclude those records where birthweight was known to be less than 400 grams or of a gestational age less than 20 weeks.

(b) 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.

Source: ABS, *Causes of Death, Cat. no. 3303.0*, Canberra (unpublished).

Table 10A.103

## Table 10A.103 Neonatal deaths, by state of registration

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2002										
	Live births (a)	no.	61 478	47 771	23 600	17 656	6 002	4 112	3 717	250 962
	Neonatal deaths (b)	no.	202	179	52	50	24	21	19	779
	Neonatal death rate per 1000 live births		3.3	3.7	2.2	2.8	4.0	5.1	5.1	3.1
2003										
	Live births (a)	no.	61 058	48 342	24 271	17 432	5 750	4 128	3 780	251 126
	Neonatal deaths (b)	no.	204	148	53	39	22	26	19	732
	Neonatal death rate per 1000 live births		3.3	3.1	2.2	2.2	3.8	6.3	5.0	2.9
2004										
	Live births (a)	no.	62 415	49 940	25 290	17 128	5 809	4 174	3 548	254 210
	Neonatal deaths (b)	no.	172	162	50	33	13	26	17	701
	Neonatal death rate per 1000 live births		2.8	3.2	2.0	1.9	2.2	6.2	4.8	2.8
2005										
	Live births (a)	no.	63 285	51 596	26 225	17 783	6 305	4 203	3 657	259 644
	Neonatal deaths (b)	no.	205	169	68	47	11	22	18	802
	Neonatal death rate per 1000 live births		3.2	3.3	2.6	2.6	1.7	5.2	4.9	3.1
2006										
	Live births (a)	no.	65 235	52 589	27 757	18 256	6 467	4 477	3 691	265 810
	Neonatal deaths (c)	no.	204	187	94	34	13	24	19	864
	Neonatal death rate per 1000 live births		3.1	3.6	3.4	1.9	2.0	5.4	5.1	3.3

(a) Live births weighing at least 400 grams and of a gestational age of at least 20 weeks.

(b) Neonatal deaths of liveborn infants within 28 days of birth and weighing at least 400 grams and of a gestational age of at least 20 weeks.

(c) All neonatal deaths of liveborn infants. Birthweight and gestation not available for 2006 data. 2006 data is not directly comparable to earlier years.

Source: ABS, Causes of Death, Cat. no. 3303.0, Canberra (unpublished).

Table 10A.104 **Neonatal, fetal and perinatal death rates, Australia**

	<i>Fetal death rate (a)</i>	<i>Neonatal death rate (b)</i>	<i>Perinatal death rate (c)</i>
1994	5.4	3.7	9.1
1995	5.9	3.5	9.4
1996	6.5	3.5	10.0
1997	6.0	3.2	9.2
1998	5.3	3.0	8.3
1999	5.1	3.4	8.5
2000	5.2	3.1	8.3
2001	5.2	3.3	8.4
2002	4.9	3.1	8.0
2003	5.1	2.9	8.0
2004	5.3	2.8	8.0
2005	5.4	3.1	8.5
2006	5.2	3.3	8.5

(a) Fetal deaths data in 2006 is available by state of registration only. 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.

(b) Neonatal deaths of liveborn infants within 28 days of birth and weighing at least 400 grams and of a gestational age of at least 20 weeks. All neonatal deaths of liveborn infants. Birthweight and gestation not available for 2006 data. 2006 data is not directly comparable to earlier years.

(c) Perinatal deaths are fetal and neonatal deaths combined. Fetal and neonatal deaths exclude those records where birthweight was known to be less than 400 grams or of a gestational age less than 20 weeks unless otherwise stated. Perinatal counts for 2006 contain all neonatal deaths of liveborn infants. Birthweight and gestation data was not available for 2006 neonatal deaths. 2006 data is not directly comparable to earlier years.

Source: ABS, *Causes of Death, Cat. no. 3303.0*, Canberra (unpublished).

Table 10A.105

## Table 10A.105 Perinatal deaths, by state of registration

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2002										
	Total relevant births (a)	no. 85 537	62 691	47 963	23 729	17 760	6 038	4 789	3 695	252 202
	Perinatal deaths (b)	582	554	424	160	146	73	42	38	2 019
	Perinatal death rate per 1000 total births	6.8	8.8	8.8	6.7	8.2	12.1	8.8	10.3	8.0
2003										
	Total relevant births (a)	no. 85 123	62 369	48 535	24 440	17 549	5 794	4 838	3 766	252 414
	Perinatal deaths (b)	525	601	389	187	142	64	55	57	2 020
	Perinatal death rate per 1000 total births	6.2	9.6	8.0	7.7	8.1	11.0	11.4	15.1	8.0
2004										
	Total relevant births (a)	no. 84 803	63 902	49 901	25 430	17 223	5 817	4 955	3 526	255 557
	Perinatal deaths (b)	548	680	410	169	117	35	52	37	2 048
	Perinatal death rate per 1000 total births	6.5	10.6	8.2	6.6	6.8	6.0	10.5	10.5	8.0
2005										
	Total relevant births (a)	no. 85 575	64 778	51 516	26 348	17 889	6 304	4 973	3 672	261 055
	Perinatal deaths (b)	581	727	433	189	128	52	53	50	2 213
	Perinatal death rate per 1000 total births	6.8	11.2	8.4	7.2	7.2	8.2	10.7	13.6	8.5
2006										
	Total relevant births (a)	no. 86 306	66 577	52 592	27 883	18 349	6 478	5 307	3 712	267 204
	Perinatal deaths (b), (c), (d)	700	551	550	210	98	49	49	51	2 258
	Perinatal death rate per 1000 total births	8.1	8.3	10.5	7.5	5.3	7.6	9.2	13.8	8.5

(a) Total relevant births is the number of adjusted live births and fetal deaths combined. Live births adjusted to exclude those records where birthweight was known to be less than 400 grams or of a gestational age less than 20 weeks.

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

(c) Perinatal counts for 2006 contain all neonatal deaths of liveborn infants. Birthweight and gestation data was not available for 2006 neonatal deaths. 2006 data is not directly comparable to earlier years.

Table 10A.105

**Table 10A.105 Perinatal deaths, by state of registration**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
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(d) Fetal deaths data in 2006 is available by state of registration only.

Source: ABS, *Causes of Death, Cat. no. 3303.0*, Canberra (unpublished).



Table 10A.106

Table 10A.106 Perinatal, neonatal and fetal deaths, by Indigenous status of mother 2001–2005 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (b)
Fetal deaths										
Indigenous										
Total births (c)	no.	np	np	17 333	8 261	3 144	np	np	8 084	36 822
Fetal deaths	no.	np	np	111	55	30	np	np	77	273
Fetal death rate	per 1000 total births	np	np	6.4	6.7	9.5	np	np	9.5	7.4
Non-Indigenous										
Total births (c)	no.	np	np	223 793	109 944	82 780	np	np	10 389	426 906
Fetal deaths	no.	np	np	1 220	605	451	np	np	59	2 335
Fetal death rate	per 1000 total births	np	np	5.5	5.5	5.4	np	np	5.7	5.5
Neonatal deaths										
Indigenous										
Adjusted live births (d)	no.	np	np	17 222	8 206	3 114	np	np	8 007	36 549
Neonatal deaths	no.	np	np	103	39	13	np	np	67	222
Neonatal death rate	per 1000 live births	np	np	6.0	4.8	4.2	np	np	8.4	6.1
Non-Indigenous										
Adjusted live births (d)	no.	np	np	222 573	109 339	82 329	np	np	10 330	424 571
Neonatal deaths	no.	np	np	705	253	196	np	np	35	1 189
Neonatal death rate	per 1000 live births	np	np	3.2	2.3	2.4	np	np	3.4	2.8
Perinatal deaths										
Indigenous										
Total births (c)	no.	np	np	17 333	8 261	3 144	np	np	8 084	36 822
Perinatal deaths	no.	np	np	214	94	43	np	np	144	495
Perinatal death rate	per 1000 total births	np	np	12.3	11.4	13.7	np	np	17.8	13.4
Non-Indigenous										
Total births (c)	no.	np	np	223 793	109 944	82 780	np	np	10 389	426 906
Perinatal deaths	no.	np	np	1 925	858	647	np	np	94	3 524

Table 10A.106

## Table 10A.106 Perinatal, neonatal and fetal deaths, by Indigenous status of mother 2001–2005 (a)

	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (b)
Perinatal death rate	per 1000 total births	np	np	8.6	7.8	7.8	np	np	9.0	8.3

(a) Rates are expressed per 1000 total births for fetal and perinatal deaths and per 1000 adjusted live births for neonatal deaths.

(b) Total relates to the jurisdictions for which data are published.

(c) Total births is the sum of adjusted live births and fetal deaths.

(d) Live births adjusted to exclude those records where birthweight was known to be less than 400 grams.  
np Not published.

Source: ABS, *Causes of Death*, Cat. no. 3303.0, Canberra (unpublished).