

National Agreement Performance Information 2010-11

National Healthcare
Agreement

*Steering Committee
for the Review of
Government
Service Provision*

December 2011

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**Steering Committee for the
Review of Government
Service Provision**

Mr Paul McClintock AO
Chairman
COAG Reform Council
Level 24, 6 O'Connell Street
SYDNEY NSW 2000

Dear Mr McClintock

In accordance with Schedule C of the *Intergovernmental Agreement on Federal Financial Relations* I am pleased to submit to you the Steering Committee's report on the performance data for the *National Healthcare Agreement*.

This report is one of four Steering Committee reports that provide performance data on the National Agreements related to healthcare, affordable housing, disability and Indigenous reform. A separate appendix provides additional contextual information to assist in interpreting the information in this report.

This report was produced with the assistance of Australian, State and Territory Government departments and agencies, and a number of statistical bodies. The Steering Committee would like to record its appreciation for the efforts of all those involved in the development of this report.

Yours sincerely



Gary Banks AO
Chairman

23 December 2011

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This Report

The Steering Committee for the Review of Government Service Provision was requested by COAG to collate information relevant to the performance indicators in the National Agreements, and to provide it to the COAG Reform Council. The COAG Reform Council subsequently requested the Steering Committee to include information on all categories of performance information set out in each National Agreement, including those variously referred to as performance indicators, progress measures, outputs, benchmarks and targets.

The information in this report is an input to the COAG Reform Council's analysis. To facilitate the COAG Reform Council's work, this report contains the following information:

- background and roles and responsibilities of various parties in National Agreement performance reporting
- contextual information relevant to the *National Healthcare Agreement*
- overview of the outputs, progress measures, performance benchmarks and key issues in performance reporting for the *National Healthcare Agreement*
- individual indicator specifications and summaries of data issues
- attachment tables containing the performance data. The electronic version of this report contains electronic links between indicator specifications and attachment tables, to assist navigation through the report. Attachment tables are also available in excel format.

The original data quality statements provided by data collection agencies are also provided as an attachment to this report.

Steering Committee

This Report was produced under the direction of the Steering Committee for the Review of Government Service Provision (SCRGSP). The Steering Committee comprises the following current members:

Mr Gary Banks	Chairman	Productivity Commission
Mr Ron Perry	Aust. Govt.	Department of Prime Minister and Cabinet
Mr Peter Robinson	Aust. Govt.	Department of the Treasury
Mr Mark Thomman	Aust. Govt.	Department of Finance and Deregulation
Dr Meg Montgomery	NSW	Department of Premier and Cabinet
Mr Kevin Cosgriff	NSW	NSW Treasury
Mr Simon Kent	Vic	Department of Premier and Cabinet
Mr Tony Bates	Vic	Department of Treasury and Finance
Ms Amanda Scanlon	Qld	Department of the Premier and Cabinet
Ms Janelle Thurlby	Qld	Queensland Treasury
Mr Warren Hill	WA	Department of the Premier and Cabinet
Mr David Christmas	WA	Department of Treasury and Finance
Mr Chris McGowan	SA	Department of the Premier and Cabinet
Mr David Reynolds	SA	Department of Treasury and Finance
Ms Rebekah Burton	Tas	Department of Premier and Cabinet
Ms Pam Davoren	ACT	Chief Minister's Department
Ms Jenny Coccetti	NT	Department of the Chief Minister
Mr Craig Graham	NT	NT Treasury
Mr Trevor Sutton		Australian Bureau of Statistics
Mr David Kalisch		Australian Institute of Health and Welfare

People who also served on the Steering Committee during the production of this Report include:

Ms Sue Vroombout	Aust. Govt.	Department of the Treasury
Ms Liz Develin	NSW	Department of Premier and Cabinet
Mr Tony Stubbin	NT	NT Treasury
Mr David de Carvalho	Aust. Govt.	Department of Finance and Deregulation

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National Healthcare Agreement performance reporting

Attachment tables

Data for the performance indicators in this report are presented in a separate set of attachment tables. Attachment tables are identified in references throughout this report by an 'NHA' prefix (for example, table NHA.3.1).

About this report

Background to National Agreement reporting

In November 2008, the Council of Australian Governments (COAG) endorsed a new Intergovernmental Agreement on Federal Financial Relations (IGA) (COAG 2009a). COAG reaffirmed its commitment to the IGA in July 2011 (COAG 2011a). The Ministerial Council for Federal Financial Relations (MCFFR) has general oversight of the operations of the IGA. [para. A4(a)]

The IGA includes six National Agreements (NAs):

- *National Healthcare Agreement 2011*
- *National Education Agreement*
- *National Agreement for Skills and Workforce Development*
- *National Affordable Housing Agreement*
- *National Disability Agreement*
- *National Indigenous Reform Agreement.*

COAG has also agreed to National Partnership (NP) payments — to fund specific projects and to facilitate and/or reward states and territories that deliver on nationally significant reforms.

Five of the NAs are associated with a national Specific Purpose Payment (SPP) that can provide funding to the states and territories for the sector covered by the NA. These five SPPs cover schools, vocational education and training (VET), disability services, healthcare and affordable housing. The *National Indigenous Reform Agreement* is not associated with a SPP, but draws together Indigenous elements from the other NAs and is associated with several NP agreements.

Under the reforms, each NA contains the objectives, outcomes, outputs and performance indicators for each sector, and clarifies the respective roles and responsibilities of the Commonwealth and the states and territories in the delivery of services. The performance of all governments in achieving mutually agreed outcomes and benchmarks specified in each NA will be monitored and assessed by the COAG Reform Council (CRC).

At its 7 December 2009 meeting, COAG agreed to a high level review of the NAs, NPs and implementation plans. On 13 February 2011, COAG noted a report on this review and agreed to further reviews of the performance indicator frameworks within each NA (COAG 2011b). The review of the National Healthcare Agreement (NHA) performance indicator framework is to be completed by 30 April 2012. It is anticipated that the outcomes from the review will be included in future cycles of NHA reporting.

In a separate process, a revised NHA (COAG 2011c) was agreed by COAG in August 2011, to align with the development of the Performance and Accountability Framework under the new National Health Reform Agreement. This report is based on the revised NHA. The only change to the NHA performance indicator framework is the removal of two performance benchmarks (see table 1 for details).

National Agreement reporting roles and responsibilities

The IGA states that:

para C5 — The performance reporting framework for the National Agreements is based on:

- (a) high-level performance indicators for each National Agreement;
- (b) the Steering Committee for the Review of Government Service Provision (the Steering Committee) having overall responsibility for collating the necessary performance data; and
- (c) the COAG Reform Council publishing performance data relating to National Agreements, and National Partnerships to the extent that they support the objectives in National Agreements, within three months of receipt from the Steering Committee, along with a comparative analysis of this performance information that:

-
- i. focuses on the high-level National Agreement performance indicators;
 - ii. highlights examples of good practice;
 - iii. highlights contextual differences between jurisdictions which are relevant to interpreting the data; and
 - iv. reflects COAG's intention to outline transparently the contribution of both levels of government to achieving performance benchmarks and to achieving continuous improvement against the outcomes, outputs and performance indicators.

The CRC is considering the impact of NPs on the achievement of the objectives of the NAs [para. C5(c)]. At the time of preparing this report, the CRC had not requested the Steering Committee to include any performance data related to NPs.

The IGA further specifies that:

The Steering Committee will provide the agreed performance information to the COAG Reform Council, desirably within three months and no later than six months after the reporting period to which the data relates. [para. C10]

Performance information in respect of the education and training sectors will be on a calendar year basis, commencing with performance information for 2008, and for all other sectors will be on a financial year basis, commencing with performance information for 2008-09. [para. C11]

... the Steering Committee will comment on the quality of the performance indicator data using quality statements prepared by the collection agencies which set out the quality attributes of the data using the Australian Bureau of Statistics' Quality Framework. [para. C12]

Role of the CRC

The IGA states that:

... the [CRC] will report to the Prime Minister ... on:

- (a) the publication of performance information for all jurisdictions against National Agreement outcomes and performance benchmarks;
- (b) production of an analytical overview of performance information for each National Agreement, and National Partnership to the extent it supports the objectives in a National Agreement, noting that the [CRC] would draw on a range of sources, including existing subject experts;
- (c) independent assessment of whether predetermined performance benchmarks have been achieved before an incentive payment to reward nationally significant reforms under National Partnerships is made;
- (d) monitoring the aggregate pace of activity in progressing COAG's agreed reform agenda; and

(e) other matters referred by COAG. [para A11]

The IGA further specifies that:

The [CRC] will provide annual reports to COAG containing the performance data. It will also report its own comparative analysis of the performance of governments in meeting the objectives of the National Agreements. The reports will also highlight examples of good practice and performance so that, over time, innovative reforms or methods of service delivery may be adopted by other jurisdictions. The parties [to the IGA] will provide the [CRC] the information necessary for it to fulfil its role, as directed by COAG. [para. C14]

The [CRCs] reports should be provided to COAG no later than three months after receiving the performance information from the Steering Committee. [para. C15]

In preparing its performance information reports, the [CRC] may draw upon other data collection agencies and subject experts it considers relevant to its work. [para C16]

Role of the Steering Committee

The Steering Committee is required to report twice yearly to the CRC on performance under the NAs.

Reports from the Steering Committee to the CRC are required:

- by end-June on the education and training sector (*National Education Agreement* and the *National Agreement for Skills and Workforce Development*), commencing with performance information for 2008
- by end-December on the other sectors (*National Healthcare Agreement*, the *National Affordable Housing Agreement*, the *National Disability Agreement* and the *National Indigenous Reform Agreement*), commencing with performance information for 2008-09
- including the provision of quality statements prepared by the collection agencies (based on the Australian Bureau of Statistics' [ABS] data quality framework).

The CRC has also requested the Steering Committee to collate data on the performance benchmarks for the reward components of the following NP agreements:

- *National Partnership Agreement on Youth Attainment and Transitions*
- *National Partnership Agreement on Essential Vaccines*
- *National Partnership Agreement on the Elective Surgery Waiting List Reduction Plan* (Steering Committee reporting for this NP was completed in May 2011)
- *National Partnership Agreement on Improving Public Hospital Services.*

The Steering Committee reports separately to the CRC on these NP agreements.

Steering Committee report to Heads of Treasuries on data gaps in the National Performance Reporting Framework

The Steering Committee was asked by the Chair of the Heads of Treasuries Committee on Federal Financial Relations to draw together information on data gaps in the *National Performance Reporting Framework*. The first report addressed data gaps in the performance indicators covered in the education and training NAs, and was submitted to the Heads of Treasuries Committee on 17 September 2009. The second report addressed data gaps in the indicators for the performance reporting categories covered in this report, and was submitted to the Heads of Treasuries Committee on 23 April 2010. To date, the Heads of Treasuries Committee has not requested any further data gaps reports.

Role of Ministerial Councils and COAG Working Groups

The IGA states that:

The role of relevant Ministerial Councils, other than the Ministerial Council for Federal Financial Relations, and relevant COAG Working Groups with respect to [the IGA] includes recommending to COAG on:

- (a) development of objectives, outcomes, outputs and performance indicators for National Agreements; and
- (b) proposing new specific projects and reforms which could be supported by National Partnerships. [para. A9]

Ministerial Councils may also be consulted by the MCFFR, in relation to its roles in:

- maintaining a register of the national minimum data sets [para. C28]
- overseeing progress in improving the quality and timeliness of indicator data and the coordination of improvements in data collection processes, data quality and the timeliness of performance reporting for the National Performance Reporting System. [para. C29]

Role of data collection agencies

Data collection agencies are responsible for providing the required data to the Steering Committee, and preparing data quality statements ‘... which set out the quality attributes of the data using the ABS’ Quality Framework’. [para. C12]

As noted above, data collection agencies may also be called upon by the CRC, as the CRC prepares its performance information reports. [para. C16]

Data collection agencies may also be consulted by the MCFFR, in relation to its roles in:

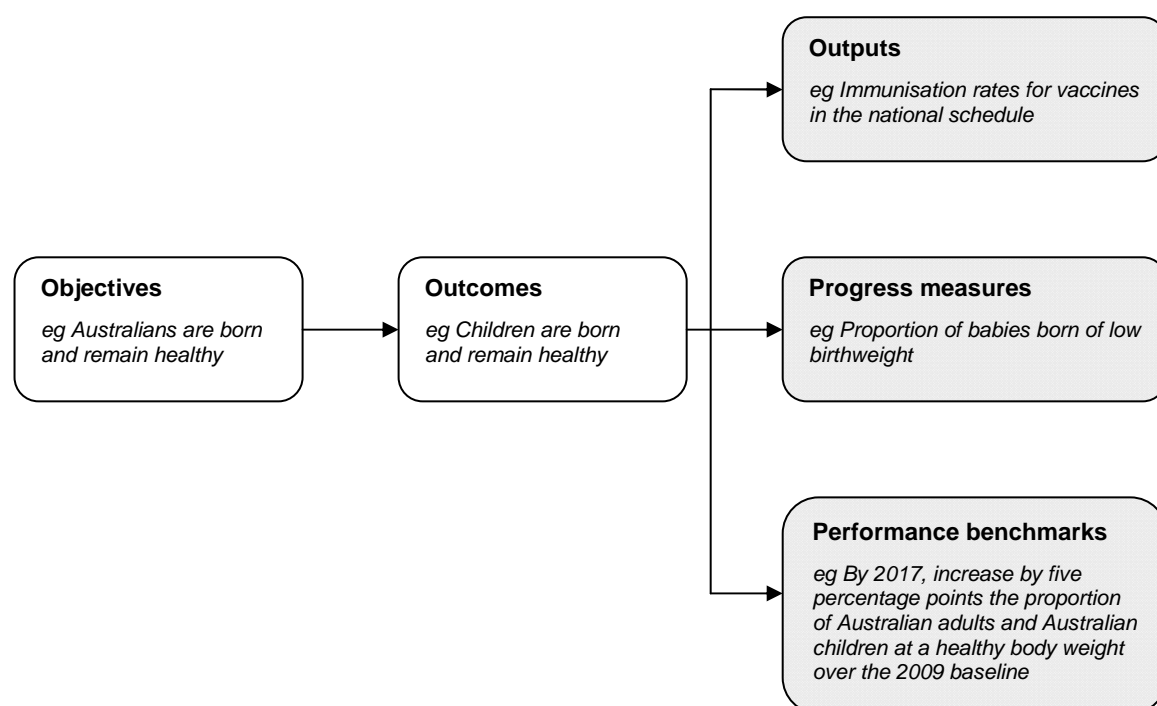
- maintaining a register of the national minimum data sets [para. C28]
- overseeing progress in improving the quality and timeliness of indicator data and the coordination of improvements in data collection processes, data quality and the timeliness of performance reporting for the National Performance Reporting System. [para. C29]

Performance reporting

The Steering Committee is required to collate performance information for the *National Healthcare Agreement* (NHA) (COAG 2011c) and provide it to the CRC no later than 31 December 2011. The CRC has requested the Steering Committee to provide information on all performance categories in the National Agreements (variously referred to as ‘outputs’, ‘progress measures’, ‘performance indicators’, ‘performance benchmarks’ and ‘targets’).

The NHA includes the performance categories of outputs, progress measures and performance benchmarks (the performance indicators in this report are the measures that have been selected to inform outputs and progress measures). The links between the objectives, outcomes and associated performance categories in the NHA are illustrated in figure 1.

Figure 1 **NHA performance reporting^{a, b}**



^a Shaded boxes indicate reportable categories of performance information included in this report. ^b The NHA has multiple outputs, progress measures and performance benchmarks. Only one example of each is included in this figure for illustrative purposes.

This report includes available current year data for:

- NHA outputs

-
- NHA progress measures
 - NHA performance benchmarks.

This is the third NHA performance report prepared by the Steering Committee. The CRC has requested that data included in previous reports not be reproduced in subsequent reports. Therefore, this report contains only data that relate to more recent reporting periods or which have been revised since earlier reports.

This report contains the original data quality statements (DQSs) completed by relevant data collection agencies. In addition, this report includes comments by the Steering Committee on the quality of reported data based on the data quality statements. This report also includes Steering Committee views on areas for development of NHA ‘outputs’, ‘progress measures’ and ‘performance benchmarks’. Box 1 identifies the key issues in reporting on the performance categories in the NHA.

A separate appendix (*National Agreement Performance Information 2010-11: Appendix — Health, Affordable Housing, Disability and Indigenous Reform*) provides general contextual information about each jurisdiction, to assist interpretation of the performance data. Contextual information is provided on population size and trends, family and household characteristics, socioeconomic status and general economic indicators.

Box 1 **Key issues in reporting against the NHA**

General comments

- The NHA includes a very large number of indicators (70 in total). In its baseline 2008-09 NHA performance report, the Steering Committee recommended the development of a conceptual framework to link high level health outcomes with health system outputs. This would assist in determining whether the NHA has achieved its objectives, and provide a basis for rationalisation of indicators. This recommendation was adopted by the CRC in its report, *National Healthcare Agreement: Baseline performance report 2008-09*. The Steering Committee considers that this recommendation should be considered as part of the review of the NHA performance indicator framework being conducted by Heads of Treasuries/Senior Officials during 2011-12.
- There have been some improvements in the quality of data by Indigenous status and availability of data by socioeconomic status (SES). However, data that were available for previous reports were not available for this report for one indicator by SES and for four indicators by Indigenous status. Further work to provide timely disaggregation of all indicators by SES and Indigenous status is required to inform analysis of social inclusion beyond the specific indicators under the social inclusion objective.
- Only limited data on private hospitals is available for some hospital-related indicators. In some cases, comparisons can only be made for peer group A and B public hospitals. Further work is required to ensure hospital data are representative of all hospitals.
- Department of Veterans' Affairs (DVA) data, previously unavailable for reporting, are included for all relevant indicators (eight performance indicators).

Performance benchmarks

- Two performance benchmarks have been removed under the refreshed NHA 2011. Of the seven remaining performance benchmarks:
 - one benchmark (PB 1(a)) has never been reported against. Unless an alternative data source can be identified, data for this performance benchmark are not expected to be available until the 2012-13 NHA performance report
 - three benchmarks (PB1(b), PB1(c), PB4(a)) could not be updated for this report
 - three benchmarks (PB2(a), PB3, PB4(b)) have new data for this report.
- Supplementary measures are provided for one benchmark (performance benchmark 2(a) and related performance indicator 22) for the first time in this report. The supplementary measures provide results against a reduced indicator scope to remove fluctuations that may be due to changes in definitions or coding practices rather than actual changes in outcomes.

(Continued next page)

Box 1 (continued)

Performance indicators (outputs and progress measures)

- Of the 70 performance indicators, 60 indicators are able to be reported against. New data are available for this report for 54 indicators.
- Of the 70 indicators, 27 are interim and five report against proxy measures.
- For one reported indicator, data are not comparable over time (performance indicator 69). For all other reported indicators, prior year data (either published in previous reports, or provided as new or revised data with this report) are available for time series (although the level of comparability varies, as explained in the data quality information).
- As also identified by the CRC, assessing and improving the quality of reporting by Indigenous status, remoteness and SES are priorities.
 - 17 of 54 reported indicators could not be reported by Indigenous status
 - 13 of 54 reported indicators could not be reported by remoteness
 - 14 of 54 reported indicators could not be reported by SES.
- Data sourced from Medicare that were disaggregated by Indigenous status in the previous report are not available for this report, as the required Indigenous status adjustment factors were not available in time (relevant to four indicators). Indigenous identification in the Medicare data set is voluntary, and the data are subject to an adjustment factor to correct for Indigenous under identification. Improved collection of Indigenous status will reduce potential bias associated with these adjustments. The AIHW has advised that a process has been put in place to ensure these data will be available for future reporting cycles.
- Of the 54 reported performance indicators, current year data (2010 or 2010-11) are available for 25 indicators; and data with one year lag (2009 or 2009-10) are available for 25 indicators. Four indicators are lagged two years or more. Further work is required to ensure availability of more timely data.
- Multiple data sources have been used to construct measures for some indicators in this report. Comments on the comparability of different data sources within a measure have been provided where applicable.

Changes from the previous National Healthcare Agreement performance report

Table 1 summarises changes to indicator specifications, measures or data from the second NHA performance report.

In general, this report only includes new data that were not included in previous reports. However, where there has been a change in indicator, measure or data collection, data for previous years have been reported, where possible, to provide a consistent time series.

CRC advice to the Steering Committee on data requirements

Under the IGA, the CRC ‘may advise on where changes might be made to the performance reporting framework’ [IGA para C30]. The CRC recommended changes to outputs and indicators in its first two NHA reports (CRC 2010, 2011), as well as providing additional advice to the Steering Committee. COAG published responses to the CRC recommendations on 19 August 2011 (COAG 2011d, 2011e). Where practicable, the Steering Committee has incorporated the CRC recommendations and advice in this Report.

Changes from the 2009-10 NHA performance report are outlined in table 1, including changes arising from CRC recommendations and advice, and revisions to the NHA endorsed by COAG in August 2011.

Table 1 Changes from the previous NHA performance report

<i>Change</i>	<i>Indicator</i>
Benchmark targets have been restated to provide more certainty about when the benchmark target is to be achieved (COAG 2011c). These changes affect the title only, they do not affect time series or measures reported.	NHA performance benchmarks 1(a), 1(b), 4(b).
Two performance benchmark targets from the 2008 NHA have been removed from the 2011 NHA.	<p>NHA performance benchmark 3(a):</p> <ul style="list-style-type: none"> – This benchmark has never been reported against as data are not available. – Although the benchmark has been removed from the formal reporting requirements of the NHA, the ‘implementation of a national approach to activity based funding for public hospital services wherever appropriate’ remains a priority reform area under the National Health Reform Agenda, including the NHA (p. 33 para A-11). <p>NHA performance benchmark 3(b):</p> <ul style="list-style-type: none"> – Data relating to emergency department presentations continue to be reported through performance indicator 35. – A new national emergency access target for emergency department presentations has been established through the National Health Reform Agenda. Emergency department performance will be reported under the new National Health Reform Agreement — National Partnership Agreement on Improving Public Hospital Services.
One performance benchmark target has been renumbered.	<p>NHA performance benchmark 3(c):</p> <ul style="list-style-type: none"> – renumbered to NHA performance benchmark 3(a).
Historical data have been revised and/or additional information has been included in this report (details are included in the specifications for each indicator).	<p>NHA performance benchmark 2(a) and 3(a)</p> <p>NHA performance indicators 2, 4, 9, 10, 11, 12, 19, 20, 21, 22, 23, 24, 25, 27, 28, 29, 30, 32, 33, 34, 35, 39, 42, 44, 45, 47, 48, 52, 53, 54, 56, 59, 62, 66, 67, 68 and 69.</p>
Minor amendments to the terminology used in the specification – this does not affect scope or time series.	NHA performance indicators 2 and 9.
Methodology for deriving data and/or calculating rates has been updated. Where possible, data have been backcast. (Details are provided in the specifications for each indicator.)	NHA performance indicators 10, 11, 12, 20, 34, 39, 44 and 59.

(Continued next page)

Table 1 (continued)

<i>Change</i>	<i>Indicator</i>
Additional disaggregation by: <ul style="list-style-type: none"> – State and Territory – Age groupings – Remoteness – Sex are provided for various indicators.	<ul style="list-style-type: none"> – NHA performance indicators 14, 16 and 58. – NHA performance indicator 48. – NHA performance indicator 62. – NHA performance indicator 62.
Inclusion of variability bands to improve interpretation of mortality data.	NHA performance indicators 19, 20 and 59.
Supplementary measures provided to improve comparability.	NHA performance benchmark 2(a) and NHA performance indicator 22 <ul style="list-style-type: none"> – supplementary measures remove or restrict data with significant measurement or coding issues.
Revised set of measures provided to improve alignment with indicator concept.	NHA performance indicator 58: <ul style="list-style-type: none"> – seven new patient experience measures, focussing on whether health professionals listened carefully to, showed respect for, and spent enough time with patients, are reported. – two patient experience measures are no longer reported: ‘persons reporting they were provided a reason for prescription medication’, and ‘persons reporting they were provided a reason for pathology / imaging tests’.
Improvement in completeness of data; Department of Veterans Affairs (DVA) data provided for a number of primary care indicators.	NHA performance indicators 21, 24, 25, 27, 29, 30, 32 and 53.

Context for National Healthcare Agreement performance reporting

The overarching objective of the NHA is ‘improving health outcomes for all Australians and the sustainability of the Australian health system’ [NHA para. 12]. The NHA identifies the long-term objectives of Commonwealth, State and Territory governments as:

- (a) Prevention: Australians are born and remain healthy
- (b) Primary and community health: Australians receive appropriate high quality and affordable primary and community health services
- (c) Hospital and related care: Australians receive appropriate high quality and affordable hospital and hospital related care
- (d) Aged care: Older Australians receive appropriate high quality and affordable health and aged care services
- (e) Patient experience: Australians have positive health and aged care experiences which take account of individual circumstances and care needs
- (f) Social inclusion and Indigenous health: Australia’s health system promotes social inclusion and reduces disadvantage, especially for Indigenous Australians
- (g) Sustainability: Australians have a sustainable health system [NHA para. 13].

Underlying these objectives are a number of outcomes [NHA para. 16]:

- Prevention
 - Children are born and remain healthy
 - Australians have access to the support, care and education they need to make healthy choices
 - Australians manage the key risk factors that contribute to ill health
- Primary and community health
 - The primary healthcare needs of all Australians are met effectively through timely and quality care in the community
 - People with complex care needs can access comprehensive, integrated and coordinated services

-
- Hospital and related care
 - Australians receive high quality hospital and hospital related care that is appropriate and timely
 - Aged care
 - Older Australians receive high quality, affordable health and aged care services that are appropriate to their needs and enable choice and seamless, timely transition within and across sectors
 - Patient experience
 - All Australians experience best practice care suited to their needs and circumstances informed by high quality health information
 - Patients experience seamless and safe care when transferring between settings
 - Social inclusion and Indigenous health
 - Indigenous Australians and those living in rural and remote areas or on low incomes achieve health outcomes comparable to the broader population
 - Sustainability
 - Australians have a sustainable health system that can respond and adapt to future needs.

Overview of the health sector in Australia

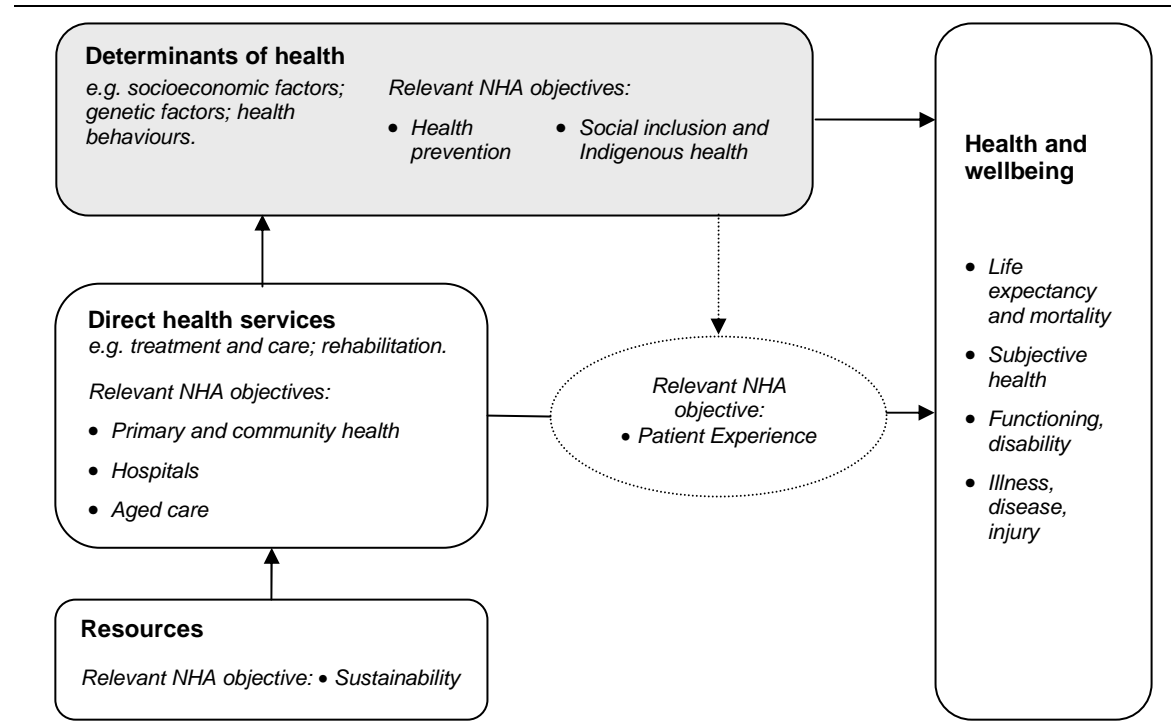
Due to the large size and scope of the health sector, the information provided in this section focuses on a broad overview of the key factors that should be considered in interpreting the performance of Australia's health sector.

The factors that contribute to good health outcomes are complex and have multiple causal links. Health services — such as those delivered by general practitioners (GPs) and hospitals — have a role in preventing illness and improving the health of those who use the services. However, a range of individual factors — such as genetics, diet, exercise and weight — also contribute to health outcomes. Governments and society can influence some of these determinants of health (for example, through vaccinations which prevent infectious diseases or programs supporting smokers to quit).

A simplified presentation of the interactions between the determinants of health, health services and other factors, such as patient experience and health system

sustainability, is shown in figure 2. This figure also identifies the conceptual location of NHA objectives in the healthcare system.

Figure 2 Interactions in the health system



Source: Adapted from AIHW (2010a) *Australia's Health 2010*.

An overview of health services in Australia can be found in the *Report on Government Services 2011*, Health Preface (SCRGSP 2011b) (the 2012 Report, due for release on 31 January 2012, will contain updated information in a Health Sector Summary). The Health Preface in the *Report on Government Services* outlines government roles and responsibilities, funding arrangements, and the size and scope of the health sector. It also provides some contextual information for Indigenous health issues.

Responsibility for healthcare—funding and service delivery

Health services are administered through a mixture of private and public providers. The Australian Institute of Health and Welfare (AIHW) classifies health services into government delivered, mixed private and public services, and private sector services (AIHW 2010a). Health funding is also a mix of private and public monies, with the majority of funding provided by governments (69.7 per cent in 2008-09) (AIHW 2010b; SCRGSP 2011). Funding and service delivery responsibilities in 2010-11, the focus of reporting in this Report, are summarised in table 2. The table draws on information from the AIHW publications *Australia's Health 2010* and

Health expenditure Australia 2008-09 (AIHW 2010a, 2010b) plus other sources (AIHW 2011a, 2011b, 2011c; PC 2011; SCRGSP 2011b).

Table 2 Responsibility for health services, 2010-11

<i>Service</i>	<i>Funding Responsibility</i>	<i>Service Delivery Responsibility</i>
Public hospitals	<ul style="list-style-type: none"> – State and Territory and local governments – Australian Government – Private sector 	<ul style="list-style-type: none"> – State and Territory governments – Private under contract
Private hospitals	<ul style="list-style-type: none"> – Private sector (services provided to patients are partially or fully subsidised from a variety of public and private sources including private health insurance, Department of Veterans' Affairs, Medicare, the Pharmaceuticals Benefits Scheme (PBS), third party insurers) – Australian, State and Territory governments 	<ul style="list-style-type: none"> – Private sector
Community and public health	<ul style="list-style-type: none"> – State and Territory and local governments – Australian Government (through Medicare and the PBS) – Private sector 	<ul style="list-style-type: none"> – State and local government – Mixed private and public sectors
Dental services	<ul style="list-style-type: none"> – Private sector – Australian, State and Territory and local governments and private health insurance provide some funding 	<ul style="list-style-type: none"> – Mixed private and public sectors
Aged care	<ul style="list-style-type: none"> – Australian Government: residential care; community care packages (Community Aged Care Packages, Extended Aged Care at Home (EACH), EACH-Dementia) – Australian and State and Territory governments: Home and Community Care – Private sector 	<ul style="list-style-type: none"> – State and Territory and Local governments – Mixed private and public sectors – Not for profit (i.e. religious, community-based and charitable providers)
Other (e.g. patient transport and aids, physiotherapists and psychologists)	<ul style="list-style-type: none"> – Private sector – Australian, State and Territory and local governments 	<ul style="list-style-type: none"> – Mixed private and public sectors
Medical services	<ul style="list-style-type: none"> – Australian Government – Private sector 	<ul style="list-style-type: none"> – Private sector
Medications	<ul style="list-style-type: none"> – Australian Government (through the PBS) – Private sector 	<ul style="list-style-type: none"> – Private sector
Administration and research	<ul style="list-style-type: none"> – Australian Government – State and Territory governments – Private sector 	<ul style="list-style-type: none"> – Mixed private and public (including universities)

Source: adapted from AIHW 2010a, 2010b, 2011a, 2011b, 2011c; PC 2011; SCRGSP 2011b

From 1 July 2011, the funding and service delivery responsibilities that apply to health services changed (COAG 2011c, 2011f). The National Health Reform Agreement sets out governments' commitments in relation to public hospital

funding, public and private hospital performance reporting, local governance of elements of the health system, policy and planning for primary health care, and rearrangement of responsibilities for aged care (para. 10, COAG 2011c).

Expenditure on healthcare

The healthcare system is a substantial component of Australia's economic output (9.4 per cent of GDP in 2009-10 [AIHW 2011c]). Of the \$121.4 billion in healthcare expenditure in 2009-10, the Australian Government provided \$52.9 billion (43.6 per cent), the states, territories and local government provided \$31.9 billion (26.3 per cent), and the non-government sector provided \$36.6 billion (30.1 per cent) (AIHW 2011c). Funding of health services by expenditure area is summarised in table 3.

Table 3 Total health expenditure, by area of expenditure and source of funds, 2009-10 (\$million)^{a, b, c}

Area of expenditure	Government funding			Non-government ^d	Total
	Australian government	State and Territory and local government	Total		
Total hospitals	17 167	19 904	37 071	9 218	46 288
Public hospitals ^e	13 878	19 522	33 400	2 838	36 238
Private hospitals	3 289	382	3 671	6 379	10 050
Medical services	16 610	–	16 610	4 632	21 242
Dental services	1 257	628	1 885	5 805	7 690
Patient transport, aids and other health practitioners	2 213	1 681	3 894	5 938	9 832
Community health and other ^f	858	4 738	5 595	256	5 851
Public health	937	935	1 872	133	2 005
Medications	8 437	–	8 437	7 866	16 303
Administration and research	4 766	1 170	5 936	1 158	7 094
Total recurrent funding	52 245	29 056	81 301	35 005	116 306
Capital expenditure	134	2 814	2 948	2 101	5 049
Total health funding^g	52 379	31 870	84 249	37 106	121 355
Non-specific tax expenditure	540	..	540	- 540	–
Total health funding	52 919	31 870	84 789	36 566	121 355

^a This table shows funding, in current prices, provided by the Australian Government, State and Territory governments and local government authorities, and by the major non-government sources of funding for health care. It does not show total expenditure on health goods and services. Funding data for Aged Care are not included in this table; Government (Australian and State and Territory) recurrent expenditure on Aged Care (Assessment, Residential and Community care) services in 2009-10 was approximately \$11 014 million (SCRGSP 2011b, Chapter 13). ^b Totals may not add due to rounding ^c Some data in this table have been updated in related performance indicators. ^d Includes expenditure by private health insurance funds and individuals, and on health goods and services by workers compensation and compulsory third-party motor vehicle insurers, as well as other sources of income (for example, rent, interest earned) for service providers. ^e Public hospital services exclude certain services undertaken in hospitals. Can include services provided off-site, such as hospital in the home, dialysis or other services. ^f 'Other' denotes 'other recurrent health services not elsewhere classified'. ^g Total health funding has not been adjusted to include non-specific tax expenditure as funding by the Australian Government. – Nil or rounded to zero. .. Not applicable.

Source: AIHW (unpublished) Health expenditure database.

Overview of the health of the Australian population

Life expectancy is the average number of years that a person can expect to live if the current age-specific mortality rates continue (AIHW 2010a). Australians have among the highest life expectancy at birth in the world (fifth highest in 2009, behind

Japan, Switzerland, Italy and Spain), with male life expectancy at birth of 79.3 years and female life expectancy at birth of 83.9 years (OECD 2011a). Further data on life expectancy at birth (including Indigenous life expectancy) are reported under NHA performance indicator (PI) 18. An international comparative study also ranks Australia highly on ‘healthy lives’, based on measures of mortality and life expectancy (Commonwealth Fund 2010). Mortality data are reported under NHA PI 59.

Premature mortality — which is related to life expectancy — provides useful comparative information on the effectiveness of the health system. Annual comparative tables published by the Organisation for Economic Cooperation and Development (OECD) measure the rate of deaths of people aged under 70¹. An individual dying at the age of 69 is equivalent to one potential year of life lost (PYLL). An individual dying at age three, would be equal to 67 PYLL. Across OECD countries in 2006, Australia ranked 7th highest for females and 6th highest for males — both above the OECD average (a higher ranking indicates fewer years of life lost) (OECD 2011b). Some caution needs to be exercised in interpreting these data, as factors outside the control of the health system, such as homicides, can affect PYLL measures. However, other factors such as infant mortality are key contributors to PYLL, suggesting that this measure is important in understanding, at least in part, the effect of health-related premature mortality. Infant mortality data are reported under NHA PI 19.

A single summary measure of population health which takes into account both illness and death is ‘disability-adjusted life years’ (DALYs). The DALY is the sum of years of life lost due to premature death and the ‘healthy years’ of life lost due to disability. One DALY is considered one lost year of ‘health’. The burden of disease is considered the gap between a person’s current health status and the health status that one could expect with old age, perfect health, and no disability (WHO 2011). In 2010, it is estimated that cancers (19 per cent of total DALYs) were the leading contributor to the burden of disease in Australia, followed by cardiovascular disease (16 per cent), nervous system disorders (13 per cent), mental disorders (13 per cent), and chronic respiratory diseases (7 per cent) (AIHW 2010a).

¹ The OECD uses a benchmark age of 70 for its international comparative tables measuring premature mortality using potential years of life lost (PYLL) method. The AIHW uses a benchmark age of 75 to calculate PYLL in Australia.

NHA Objectives

This section examines elements of the healthcare system categorised according to the seven objectives of the NHA.

Prevention

The long-term objective of prevention in the NHA is that ‘Australians are born and remain healthy’ [NHA para. 13]. Prevention is defined as ‘action to reduce or eliminate the onset, causes, complications or recurrence of disease’ (Russell et al. 2008). It represents interventions that reduce illness, disease and injury, as well as the associated costs and reduced productivity. Well planned prevention programs can enhance both the quality and length of people’s lives (Panattoni et al. 2011).

The health of individuals and populations is influenced by many factors, which act in various combinations. These factors include people’s behaviours, genetics, environment and socioeconomic characteristics (AIHW 2010a, 2011g). The determinants of health can be analysed from the point of view of ‘risk factors’ and/or ‘protective factors’. Risk factors increase the risk of ill health (for example, tobacco smoking, excessive alcohol consumption), while protective factors decrease the risk of ill health (for example, good nutrition, physical activity) (Giskes et al. 2002). Only some of these factors can be directly influenced by governments, either at an individual or community level.

The indicators for the prevention objective in the NHA focus on modifiable risk factors², rates of immunisation, and diagnoses that are amenable to early detection. For example, although age is a major risk factor for many health conditions, it is not modifiable, whereas tobacco smoking is modifiable.

Socioeconomic circumstances or living environments can affect the ability of some Australians to modify behaviours and make healthy life choices (see, for example, Glover et al. 2004; ANHPA 2011). Research shows a social gradient in health prevention for both ‘risk’ factors and ‘protective’ factors (Giskes et al. 2002; White et al. 2003; WHO 2011). Where possible, NHA data are disaggregated by

² The four main modifiable behavioural risk factors identified by the World Health Organisation (WHO) are: tobacco use, physical inactivity, harmful use of alcohol and unhealthy diet (WHO 2011).

socioeconomic status using the ABS Socio-Economic Index for Areas Index of Relative Socio-economic Disadvantage (SEIFA [IRSD]) and remoteness.

Monitoring health and risk factors can help explain and predict trends in health, and provide insight into why some groups have worse health than others. For example, increasing prevalence of obesity among adults foreshadows increases in the occurrence of health problems such as diabetes and cardiovascular disease, and higher healthcare costs in the future (OECD 2011). In contrast, healthy birthweight is positively correlated with long term health (OECD 2011). NHA PIs 1, 5, 6, 7 and 8 report prevalence rates for specific preventative, and health risk, factors.

Health prevention includes population-based prevention approaches and preventative healthcare:

- Population-based prevention *approaches* — such as immunisation and screening programs — aim to reduce disease and illness through interventions at the community level, by preventing the onset of illness or by reducing the likelihood of health risk factors developing into health problems. The prevention indicators in the NHA focus on population-based prevention—NHA PIs 9, 10, 11, 12 and 13 report immunisation and screening rates for selected diseases and treatable diagnoses.
- Preventative *healthcare* includes medical interventions that reduce the progression of disease or illness within a community or cohort, or that manage the impact of disease or illness on overall health status (such as effective management of diabetes). Indicators that could be considered medical interventions are included under the primary and community care objective in the NHA (for example, NHA PIs 30, 31 and 32).

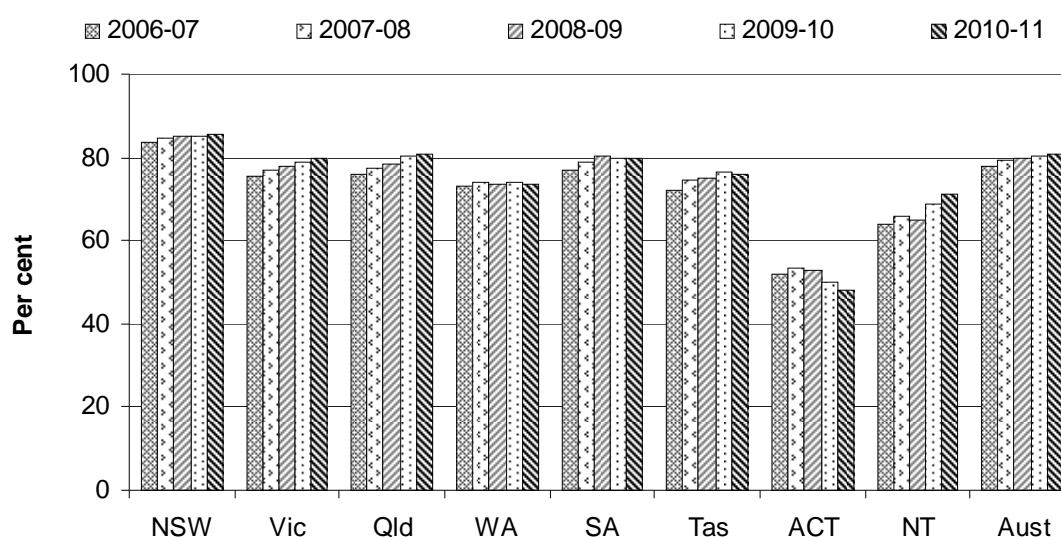
Primary and community health

The long-term objective of primary and community health in the NHA is that ‘Australians receive appropriate high quality and affordable primary and community health services’ [NHA para. 13]. Primary and community healthcare services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings. These settings include general practice, community health services, allied health, the Pharmaceutical Benefits Scheme (PBS) and dental services. The primary and community health sector is the part of the healthcare system most frequently used by Australians. It contributes to preventative health care, and is important in the detection and management of illness and injury, through direct service provision and referral to acute (hospital) or other healthcare services as appropriate (SCRGSP 2011b).

Efficiency of the health care system is heavily dependent on primary healthcare to ensure that individuals progress to other parts of the system only when required (Duckett 2007). Access to general services can influence the use of other, more costly services; for example, perceived or actual lack of access to GP services can lead to presentations at emergency departments for conditions better managed in the primary and community health sector (Van Konkelenberg et al. 2003). Data on selected potentially avoidable GP-type presentations to emergency departments and potential avoidable hospitalisations are reported under NHA PIs 23 and 22 respectively.

Accessibility of GP care is influenced by factors including affordability and geographic location of medical services. Bulk-billing rates can provide an indication of affordability of GP care (figure 3).

Figure 3 Non-referred attendances that were bulk billed (per cent)^{a, b}



^a Data include attendances by practice nurses. ^b Allocation to State/Territory based on patients' Medicare enrolment postcode.

Source: Department of Health and Ageing (2011), Medicare Statistics – June Quarter 2011.

Direct household expenditure on healthcare provides another indication of affordability. In 2009-10, 5.3 per cent of household expenditure on goods and services went towards health and medical care, up from 5.1 per cent in 2003-04. On average in 2009-10, people in the lowest income quintile spent less in absolute terms on health and medical care (\$38) compared to those on higher incomes (\$108), but this expenditure represented a greater proportion of low income earners' household expenditure on goods and services (6.9 per cent) compared to those on

higher incomes (5.0 per cent) (ABS 2011a). Data on people deferring access to healthcare because of cost are reported under NHA PI 16.

The geographic location of medical services can provide an indication of accessibility for people living in remote areas. GP services can have added importance for people in remote areas because of the role of local GPs in responding to a diversity of their healthcare needs. GPs in more rural or remote communities are more likely to be regularly engaged in complex care, including critical emergency treatment (Humphreys et al. 2003; ACRRM 2010). Data on the number of GPs by remoteness 2010-11 are provided in table 4 (data for 2009-10 and 2008-09 are available in the 2009-10 NHA performance report).

Table 4 GPs per 100 000 population, by State and Territory, by remoteness, 2010-11^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>
Major cities									
Number	120	120	127	111	136	..	116	..	122
FTE	103	93	97	74	99	..	67	..	95
Inner regional									
Number	125	125	116	94	138	164	np	..	124
FTE	90	87	88	66	85	92	np	..	87
Outer regional									
Number	98	115	129	128	139	95	..	136	118
FTE	69	84	80	75	88	70	..	59	76
Remote									
Number	np	np	203	146	147	191	..	285	178
FTE	np	np	63	57	77	75	..	57	66
Very remote									
Number	np	..	348	226	np	np	..	np	281
FTE	np	..	55	42	np	np	..	np	50
Total									
Number	120	121	129	114	137	142	116	202	124
FTE	98	91	91	71	95	85	67	58	91

^a For data quality and confidentiality reasons, figures for the following areas have been combined: outer regional, remote and very remote in NSW; outer regional and remote in Victoria; remote and very remote in South Australia, Tasmania and NT; and major cities and inner regional in the ACT. **np** Not published. **..** Not applicable. **FTE** full time equivalent.

Source: DoHA (unpublished) Medicare Statistics; ABS (unpublished) Estimated Resident Population, 30 June 2010; tables NHA.C.1-C.2.

Data on primary care service use for GPs, specialists, dentists, optometrists and community mental health are provided under NHA PIs 24–29.

More information on government roles and responsibilities, funding arrangements, and size and scope of the primary and community health sector can be found in the

Report on Government Services 2011, chapter 11, Primary and community health (SCRGSP 2011b). (The *Report on Government Services 2012* is due to be released on 31 January 2012).

Hospital and related care

The long-term objective of hospital and related care in the NHA is that ‘Australians receive appropriate high quality and affordable hospital and hospital related care’ [NHA para. 13]. Hospitals are key health institutions in Australia, accounting for around one-third of health expenditure, and also contributing to professional education (Duckett 2007).

The hospital sector was comprised of 84 938 beds in 2009-10, 67 per cent of which were in public hospitals and 33 per cent in private hospitals. This equated to 2.6 public and 1.3 private hospital beds per 1000 people in the population (AIHW 2011b).

- Public hospitals are created under State and Territory legislation, and may be operated by government or a third party. Public hospitals range in size from large metropolitan hospitals with a variety of specialist services to small community hospitals, and provide services free of charge to eligible patients. .
- Private hospitals are privately owned and operated, and may be for-profit or not-for-profit entities. Private hospitals range in size and scope of services available, and services are provided on a fee-for-service basis.

The breakdown of hospitals for 2009-10 by hospital type is illustrated in table 5. The number of hospital beds for each jurisdiction is provided in table 6.

Table 5 Number of hospitals, by hospital type, 2009-10 (number)

	<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									
Public acute	218	149	166	94	78	23	3	5	736
Public psychiatric	8	1	4	1	2	1	–	–	17
Total public	226	150	170	95	80	24	3	5	753
Private hospitals									
Private free standing day surgeries	89	82	53	32	25	2	9	1	293
Private other	84	79	53	23	31	6	3	1	280
Total private	173	161	106	55	56	8	12	2	573
Total	399	311	276	150	136	32	15	7	1 326

– Nil or rounded to zero.

Source: AIHW (2011b) *Australian Hospital Statistics 2009-10*, Cat. no. HSE 84, Canberra.

Table 6 Public and private hospital average available beds and number of average available beds per 1000 population, by State and Territory, 2009-10^{a, b}

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld^c</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Public hospitals										
Number of beds in public acute hospitals	no.	18 651	13 032	10 453	5 163	4 632	1 280	907	694	54 812
Number of beds in public psychiatric hospitals	no.	956	154	458	213	227	79	..	..	2 088
Public acute beds per 1000 population	rate	2.6	2.4	2.3	2.3	2.8	2.5	2.6	3.0	2.5
Public psychiatric beds per 1000 population	rate	0.1	<0.1	0.1	0.1	0.1	0.2	..	..	0.1
Private hospitals^d										
Number of beds in private free-standing hospitals	no.	644	621	414	351	150	9	64	7	2 260
Number of beds in other private hospitals	no.	6 323	6 880	5 945	3 085	2 158	939	328	120	25 778
Private free-standing hospital beds per 1000 population	rate	0.1	0.1	0.1	0.2	0.1	<0.1	0.2	<0.1	0.1
Other private hospital beds per 1000 population	rate	0.9	1.3	1.3	1.4	1.3	1.9	0.9	0.5	1.2
Total										
Number of beds	no.	26 575	20 687	17 270	8 812	7 716	2 307	1 299	821	84 938
Beds per 1000 population	rate	3.7	3.8	3.9	3.9	4.4	4.6	3.7	3.6	3.8

^a The number of average available beds presented here may differ from the counts published elsewhere. For example, counts based on bed numbers at a specified date such as 30 June may differ from the average available beds over the reporting period. ^b Average available beds per 1000 population is reported as a crude rate based on the estimated resident population as at 31 December 2009. ^c The count of private and public hospitals and licensed beds in Queensland was based on data as at June 2010. ^d Information on private hospital bed numbers was mainly provided by states and territories. Information on the number of private free-standing day hospital facilities beds for NSW, SA and the NT was sourced from the DoHA. – Nil or rounded to zero. .. Not applicable.

Source: AIHW (2011b) *Australian Hospital Statistics 2009-10*, Cat. no. HSE 84, Canberra.

Hospitals provide different services depending on where they are located, their size, and the way in which they are funded (DoHA 2010). Further, defining the concept of a 'hospital' is becoming more difficult as the nature of acute health services changes (for example, patients being cared for in the community with hospital support, and previously complex procedures no longer requiring overnight hospital stays). Public hospitals can be broadly categorised into similar groups called peer groups. These peer groups are based on a range of factors including the range of

admitted patient activity and geographical location. Examining peer groups allows for more meaningful comparisons (AIHW 2011b).

Most hospital resources are used to provide care for admitted patients. In 2009-10, around 23 000 Australians were admitted to hospital each day. An additional 135 000 non-admitted services were provided per day (such as provision of emergency department services and outpatient clinics) (SCRGSP derived from AIHW 2011a). Non-admitted patient care accounted for around 14 per cent of total hospital expenditure in 2008-09 (17 per cent of public hospital recurrent expenditure in 2008-09) (AIHW 2011c).

The *Report on Government Services 2011*, chapter 10, Public hospitals (SCRGSP 2011b), contains more information on government roles and responsibilities, funding arrangements, and size and scope of public hospitals (the *Report on Government Services 2012* is due to be released on 31 January 2012). *Australian Hospital Statistics 2009-10* (AIHW 2011b) contains additional descriptive information on Australia's public and private hospitals.

Aged care

The long-term objective of aged care in the NHA is that 'older Australians receive appropriate high quality and affordable health and aged care services' [NHA para. 13]. Two types of formal aged care services are provided under the Australian aged care system — residential aged care homes and community care services.

- Residential aged care homes provide full time care in purpose-built aged care homes owned by the care provider.
- Community care services provide older people with care in their own homes from visiting care providers. Community care services include Home and Community Care (HACC) program services (which also provide services to younger people with disability), Community Aged Care Packages (CACPs), the Extended Aged Care at Home (EACH) program, the EACH Dementia (EACHD) program, the Transition Care Program (TCP), the Department of Veterans' Affairs Veterans' Home Care (VHC) Multi-Purpose Services, packages delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program and Aged Care Innovative Pool, the National Respite for Carers Program and Community Nursing programs (DoHA 2008; SCRGSP 2011b; PC 2011).

These 'formal' care services are in addition to the 'informal' care and support provided by family and friends. Approximately 80 per cent of older Australians rely on informal care and support (PC 2011). Access to formal care is contingent on an

aged care assessment, which is therefore a critical point in accessing services. NHA PI 54 reports on the number of Aged Care Assessment Team (ACAT) assessments completed for access to subsidised intensive aged care (including residential care, community care packages and transition care).³

Treasury projections estimate that the number of Australians over 70 will double by 2030 (from 2 to 4 million), and the number of Australians over 85 will quadruple by 2050 (from 0.4 to 1.8 million).⁴ The provision of places for residential aged care is targeted to people aged 70 years and over (AIHW 2011e). The 85 plus age group has been identified as a major driver of demand for aged care services over the next 40 years (Commonwealth of Australia 2010, PC 2011). Consumer demand for higher quality and more diverse care services are also important drivers of demand; for example older people want to age at home (including people living in regional and remote areas), people from non-English speaking backgrounds want culturally appropriate care and people want to have control over choice of services (PC 2011; Ergas and Paolucci 2011). During the period 1995 to 2010, growth in the number of operational residential aged care places (2.0 per cent per year) has not matched the rate of growth in the population aged 70 and over (2.4 per cent per year), meaning that residential aged care is progressively catering for a smaller proportion of the elderly (AIHW 2011e; ABS 2011b). NHA PIs 49–57 provide data on the number of aged care places available, usage rates for selected aged care services and some quality measures.

Future demand for long-term residential care will not only be driven by the ageing population. A number of other factors, including levels of informal care, levels of health, rates of disability and life expectancy, could affect the capacity of ageing people to live independently or within their community, and consequently change the current demographic projections for future needs. However, while age-specific rates of disability have been declining slowly, the limited available evidence suggests that any effect this has on lowering the demand for care is out-weighed by the longevity effect as the rate of disability rises with age (PC 2011; Ergas and Paolucci 2011).

³ ACAT approval is not required for access to HACC services or community-based respite care, where individual service providers make a less formal assessment of individuals against eligibility criteria and available capacity to deliver services.

⁴ The Treasury has also estimated that aged care spending by the Australian Government will increase from approximately 0.8 per cent of GDP in 2009–10 to 1.8 per cent in 2050 — largely due to the quadrupling of the 85+ age group. (Commonwealth of Australia 2010, PC 2011).

The *Report on Government Services 2011*, chapter 13, Aged Care Services (SCRGSP 2011b), contains more information on government roles and responsibilities, funding arrangements, and size and scope of the aged care sector (the *Report on Government Services 2012* is due to be released on 31 January 2012). *Residential aged care in Australia 2009-10* and *Aged Care packages in the community* (AIHW 2011e, 2011f), contain additional information on specific aged care services.

Patient experience

The long-term patient experience objective in the NHA is that ‘Australians have positive health and aged care experiences which take account of individual circumstances and care needs’ [NHA para 13].

While the objective and outcomes identified in the NHA refer to patient ‘experience’, the progress measure refers to patient ‘satisfaction’. Although the terms are often used interchangeably, they represent different concepts. Patient experience usually refers to patients’ self-evaluation of the quality of care they received, based on patients’ perceptions of what happened to them, rather than how satisfied they were with what happened. There is considerable evidence that patient experience data provide more meaningful information about the quality of healthcare delivery than patient satisfaction data (Jenkinson et al. 2002).

Patient experience surveys currently in use include the ABS Patient Experience Survey, the Commonwealth Fund International Health Policy Survey (Commonwealth Fund Survey), the Picker Survey, and various surveys designed to meet the needs of specific stakeholders such as State and Territory governments and private health insurers (box 2).

Meeting the healthcare needs and expectations of individuals is complex, and several aspects of care influence patient health and wellbeing outcomes and experience. Measuring performance around specific aspects of care allows identification of areas for improvement, while global measures provide higher level information about general experience. For the purposes of NA reporting, with its focus on high level outcomes, global measures of experience may be more relevant, potentially supported by a limited number of measures of key aspects of care.

In order to improve specific aspects of service delivery, the aspects of care for which patient experience should be measured should be based on criteria such as:

- what aspects of care are key contributors to patient outcomes
- what aspects of care are readily modified

-
- what experiences of the key aspects of care are associated with improved patient outcomes.

Box 2 Patient experience surveys

The annual ABS Patient Experience Survey provides national data on access and barriers to, as well as satisfaction with, a range of health care services, including general practitioners, specialists and other health professionals, imaging and pathology, after hours care and hospital/emergency visits. Data were collected for the first time in 2009, with the second collection undertaken in 2010-11.

The Commonwealth Fund Survey collects internationally comparable data on patient experience of overall care and key aspects of care. Data are collected every three years through a general population survey, most recently in 2010. The current sample size does not support reliable estimates at State and Territory level (n=2000 for 2010), but the estimates will allow for some reporting at the national level. The Australian Commission on Safety and Quality in Health Care partnered with the Commonwealth Fund on the 2010 survey.

The Picker Survey lists eight key areas for measuring patient experience: access to care; respect for patients' preferences; information and education; physical comfort; emotional support; involvement of family and friends; continuity and transition; and coordination of care (NRC Picker 2011).

States and territories are increasingly using patient experience surveys, many based on the Picker Survey (for example, NSW). State and Territory surveys tend to sample service users rather than the general population, and include only services for which State and Territory governments are responsible (excluding, for example, private hospitals and general practitioners). Use of surveys remains inconsistent across states and territories and cannot provide nationally comparable data.

Social inclusion and Indigenous health

The long-term objective of social inclusion and Indigenous health in the NHA is that 'Australia's health system promotes social inclusion and reduces disadvantage, especially for Indigenous Australians' [NHA para. 13]. Social inclusion can be broadly defined as '... Australians hav[ing] the opportunity and support they need to participate fully in the nation's economic and community life, develop their own potential and be treated with dignity and respect' (DPMC 2009).

Research regularly observes associations between health determinants and socioeconomic status (WHO 2011). In Australia, there are significant health inequalities across population groups, based on factors including gender, geography, ethnicity and socioeconomic status (Duckett 2007). Across groups, exposure to risk factors known to influence health — including smoking, high blood

pressure, the use of health and illness prevention services, and health knowledge, attitudes and behaviours — varies significantly (ASIB 2009). A range of factors is associated with these health inequalities, the most significant including disadvantages in relation to education level, occupation, income, employment status and area of residence (ASIB 2009).

While data support the conclusion that health outcomes are related to a social gradient, the causal effects are complex and multi-directional. Poor socioeconomic circumstances, for instance, are associated with higher prevalence of health risk factors (such as smoking and obesity) and lower prevalence of preventative factors (such as consuming fresh fruit and vegetables) (see discussion in the prevention section). Social exclusion — through financial barriers or limited access due to remoteness — can also act as a barrier to accessing appropriate healthcare services (Duckett 2007). Similarly, poor health can also act as a barrier to engaging in paid employment and social interaction, therefore accentuating social exclusion.

Health inequalities are also evident across a range of outcomes including incidence of illness and injury, life expectancy and mortality rates. In particular, Indigenous Australians experience higher rates of physical and mental illness and disability relative to non-Indigenous Australians. Indigenous disadvantage is apparent across many of the dimensions discussed above, such as health risk and preventative factors, access to services, income, and physical access to services (SCRGSP 2011a). The NHA indicators in this section focus on major areas of Indigenous disadvantage, such as mortality rates.

Further information on the association between social exclusion and health status, are provided through disaggregation of NHA PI data by Indigenous status, remoteness and SEIFA (IRSD), where data are of acceptable quality.

More contextual information on Indigenous health issues can be found in the *Overcoming Indigenous Disadvantage — Key Indicators 2011*, chapter 7, Healthy lives (SCRGSP 2011a). The Steering Committee reports on the National Indigenous Reform Agreement (SCRGSP 2009, 2010, forthcoming) also provide additional information on the health of Indigenous Australians.

Sustainability

A long-term objective of the NHA is that ‘Australians have a sustainable health system’ [NHA para. 13]. In this context, sustainability refers to having adequate resources to meet the needs of the population today and into the future.

A range of factors affect the long term sustainability of the health system, including community demographics, the burden of disease, models of delivering care, community expectations and the health workforce (DoHA 2009; NHHRC 2009). Over the decade to 2007-08, health expenditure increased in real terms by 5.2 per cent per annum (AIHW 2010a). This is well above the rate of inflation, and indicates that health is an increasingly large component of total economic activity in Australia. Recent projections suggest that Australian Government health expenditure will rise from 4 per cent of GDP in 2009-10 to over 7 per cent in 2049-50 (Commonwealth of Australia 2010). The estimated increase in health expenditure is expected to be driven by the ageing population, a higher standard of care and technological innovation (Commonwealth of Australia 2010). As people live longer, the chronic disease burden and associated costs may also increase (WHO 2002). Other factors likely to increase health expenditure include increased fertility and migration, shortages of health professionals and higher incomes (PC 2005).

Governments may be able to influence health outcomes directly by changing the level of resources devoted to the health care system. However, the extent to which increases in resources lead to improvements in health outcomes is not certain. There does not appear to be a strong relationship between total health expenditure and health outcomes across OECD countries (Or 2000; Wilkie and Young 2009; Kaplan and Porter 2011). However, these findings typically measure outcomes through high level measures, such as life expectancy, which may mask improvement to other aspects of health, such as reducing the total burden of disease.

Financial indicators in the NHA focus on the significance of program, and research and development expenditure in recurrent health expenditure, and government capital expenditure on health and aged care facilities (NHA PIs 66–68).

Resources also encompass human resources, through adequate future supply of health practitioners. Practitioner numbers depend on an adequate supply of suitably trained workers across a range of health domains and the retention of these workers in the health system. Contemporary discussion on human resources focuses on two aspects: (a) the extent to which the supply of healthcare professionals is achieved through training, and (b) workforce participation and worker retention, influenced by factors such as burnout, stress and occupational health and safety issues (Carson and Fearnley 2010). Workforce indicators in the NHA focus on growth in the health workforce and clinical training positions (NHA PIs 65 and 70).

Performance benchmarks

The CRC has requested the Steering Committee to report against the performance benchmarks identified in the NAs. For the NHA, the performance benchmarks are grouped into four areas:

1. Prevention
 - (a) reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate for people aged 25 years and over of 7.1 per cent) by 2023
 - (b) by 2018, reduce the national smoking rate to 10 per cent of the population and halve the Indigenous smoking rate, over the 2009 baseline
 - (c) by 2017, increase by five percentage points the proportion of Australian adults and Australian children at a healthy body weight, over the 2009 baseline
2. Primary care
 - (a) by 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions
3. Hospital and related care
 - (a) the rate of *Staphylococcus aureus* (including MRSA) bacteraemia is no more than 2.0 per 10 000 occupied bed days for acute care public hospitals by 2011-12 in each State and Territory
4. Social inclusion and Indigenous health
 - (a) close the life expectancy gap for Indigenous Australians within a generation
 - (b) halve the mortality gap for Indigenous children under five by 2018 [NHA para. 32].

Outlined below are the performance benchmarks, any associated issues, and data for the current reporting year. Links are provided to the related NHA outcome and, where relevant, to the related performance indicator.

Performance benchmark 1(a) — Prevention: reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate, for people aged 25 years and over, of 7.1 per cent) by 2023

Key amendments from second cycle of reporting:	The title of the benchmark has been amended in line with the revised NHA 2011.
Objective:	Australians are born and remain healthy
Interim measure:	Proportion of people with type 2 diabetes The measure is defined as: <ul style="list-style-type: none">• <i>numerator</i> — number of persons with Type 2 diabetes aged 25 years or over• <i>denominator</i> — number of persons aged 25 years or over and is expressed as a <i>percentage</i>
Related performance indicator/s:	Performance indicator 17: Proportion of people with diabetes with HbA1c below 7 per cent Performance indicator 30: Proportion of people with diabetes with a GP annual cycle of care
Data source:	Nil
Data provider:	Nil
Data availability:	Nil
Baseline:	2000, 7.1 per cent
Cross tabulations provided:	Nil

Box 3 Comment on data quality

There are currently no available data for reporting against this benchmark.

The baseline prevalence rate of 7.1 per cent is sourced from the AusDiab study (AusDiab 2001), which was conducted in 1999-2000, and was based on measured levels of diabetes (that is, diagnosed and previously undiagnosed cases).

It is important to capture both diagnosed and undiagnosed cases for comparative reporting of total type 2 diabetes prevalence. The AusDiab study in 1999-2000 found that, for every diagnosed case of type 2 diabetes, there was just over one undiagnosed case (a ratio of 1:1.1). However, it is not known whether this ratio still applies. The ABS is conducting the first Australian Health Survey (general population) (AHS) during 2011-12. The AHS comprises four components, including the National Health Measures Survey (NHMS) — a voluntary biomedical survey, which is likely to be the vehicle for reporting on this performance benchmark in the future. (The NHMS incorporates the biomedical component of the former National Health Risk Survey, previously identified by the Steering Committee as the likely reporting vehicle for this benchmark).

The AHS will gather representative data from adults and children on a three-yearly cycle, and the ABS aims to include the NHMS in every second cycle (every six years). Results from the NHMS component of the 2011-12 AHS are anticipated to be available from May 2013, with data for the Indigenous population (from the Australian Aboriginal and Torres Strait Islander Health Survey [AATSIHS]) anticipated to be available from September 2013, for inclusion in the 2012-13 NHA performance report.

Performance benchmark 1(b) — Prevention: by 2018, reduce the national smoking rate to 10 per cent of the population and halve the Indigenous smoking rate, over the 2009 baseline

Key amendments from second cycle of reporting:	The title of the benchmark has been amended in line with the revised NHA 2011.
Objective:	Australians are born and remain healthy
Measure:	<p>Proportion of adults who are current daily smokers</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> —<ul style="list-style-type: none">– number of adults who are a current daily smoker– number of Indigenous adults who are a current daily smoker• <i>denominator</i> —<ul style="list-style-type: none">– number of adults in the population– number of Indigenous adults in the population <p>and is expressed as an <i>age standardised rate (per cent)</i></p>
Related performance indicator/s:	Performance indicator 6: Proportion of adults who are current daily smokers
Data source:	<i>Numerator and denominator</i> — <u>National Aboriginal and Torres Strait Islander Social Survey (NATSISS)</u> and the <u>National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)</u> for Indigenous data. Data are collected on an alternating three-yearly cycle. <u>National Health Survey (NHS)</u> for non-Indigenous data. Data are collected every three years
Data provider:	ABS
Data availability:	(Total population) 2007-08 (NHS) [no new data available] (Indigenous status) 2008 NATSISS / 2007-08 NHS [no new data available]
Baseline:	Baseline data for 2009 are not available. A baseline for 2007-08 was reported in the baseline report to the CRC
Cross tabulations provided:	Nil

Box 4 Comment on data quality

No new data were available for this report. Data from the 2007-08 National Health Survey (NHS) were included in the baseline 2008-09 NHA performance report.

Future data for Indigenous people will be sourced from the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (replacing the NATSIHS) and are expected to be available for the 2012-13 NHA performance report. Comparator data for the non-Indigenous population will be sourced from the 2011-12 Australian Health Survey (general population) (replacing the NHS).

Performance benchmark 1(c) — Prevention: by 2017, increase by five percentage points the proportion of Australian adults and Australian children at a healthy body weight, over the 2009 baseline

Key amendments from second cycle of reporting:	No amendments have been made
Objective:	Australians are born and remain healthy
Measure:	<p>Proportion of adults and children who are in the 'normal' body mass index (BMI) category</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> —<ul style="list-style-type: none">– Adults: number of persons aged 18 years or over with a healthy body weight (BMI greater or equal to 18.5 and less than 25)– Children: number of persons aged 5–17 years with a healthy body weight as per appropriate age and sex BMI values. <p><i>[Steering Committee can provide the source of these values]</i></p> <ul style="list-style-type: none">• <i>denominator</i> —<ul style="list-style-type: none">– Adults: number of persons aged 18 years or over– Children: number of persons aged 5–17 years <p>and is presented as a <i>directly age standardised rate (per cent)</i></p> <p>Excludes pregnant women where identified and people with an unknown BMI</p>
Related performance indicator/s:	Performance indicator 5: Proportion of people obese
Data source:	<u>National Health Survey</u> (NHS). Data are collected every three years
Data provider:	ABS
Data availability:	2007-08 [no new data available]
Baseline:	Baseline data for 2009 are not available. A baseline for 2007-08 was reported in the baseline report to the CRC
Cross tabulations provided:	Nil

Box 5 Comment on data quality

No new data were available for this report. Data from the 2007-08 National Health Survey (NHS) were included in the baseline 2008-09 NHA performance report.

Data from the 2011-12 Australian Health Survey (general population) (replacing the NHS) are expected to be available for the 2011-12 NHA performance report.

Performance benchmark 2(a) — Primary care: by 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions

Key amendments from second cycle of reporting: Analysis of this indicator over time is problematic because of changes in definitions and coding practices related to the categories diabetes complications and dehydration and gastroenteritis since the baseline. On request of the CRC, supplementary tables are provided with data for these categories removed or restricted to provide a comparable time series. Supplementary data have been backcast. Revised data (due to updates to the national database and changes to Australian counts to include Other territories) for prior years are included in this report.

Objective: Australians receive appropriate high quality and affordable primary and community health services

Interim measure: There are two parts to this performance benchmark:
(1) Improved provision of primary care
(2) Reduced potentially preventable hospital admissions

For part (1) the measure is under development

For part (2), the measure is defined as:

- *numerator* — number of potentially preventable hospitalisations, divided into the following three categories and total:
 - vaccine-preventable conditions (for example, tetanus, measles, mumps, rubella)
 - acute conditions (for example, ear, nose and throat infections, dehydration/gastroenteritis)
 - chronic conditions (for example, diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease)
 - all potentially preventable hospitalisations
- *denominator* — total hospital separations and is presented as a *number and per cent*

Supplementary data are also provided for part (2)

Supplementary measure (a) is defined as:

- *numerator* — number of potentially preventable hospitalisations, divided into the following three categories and total:
 - vaccine-preventable conditions
 - acute conditions, *excluding dehydration and gastroenteritis*
 - chronic conditions *excluding diabetes complications (additional diagnoses only)*
 - all potentially preventable hospitalisations, *excluding diabetes complications (additional diagnoses) and dehydration and gastroenteritis*
- *denominator* — total hospital separations and is presented as a *number and per cent*

Supplementary measure (b) is defined as:

- *numerator* — number of potentially preventable hospitalisations, divided into the following three categories and total:
 - vaccine-preventable conditions
 - acute conditions, *excluding dehydration and gastroenteritis*
 - chronic conditions, *excluding diabetes complications (all diagnoses)*
 - all potentially preventable hospitalisations, *excluding diabetes complications (all diagnoses) and dehydration and gastroenteritis*
 - *denominator* — total hospital separations
- and is presented as a *number* and *per cent*

[The Steering Committee has a list of in-scope ICD-10-AM codes for each measure]

Related performance indicator/s:	Performance indicator 22: Selected potentially preventable hospital admissions
Data source:	Numerator and denominator — <u>National Hospital Morbidity Database</u> (NHMD). Data are collected annually
Data provider:	AIHW
Data availability:	2009-10 2008-09, 2007-08 and 2006-07 revised and backcast for supplementary measures (a) and (b)
Baseline:	2006-07
Cross tabulations provided:	State and Territory (by three groups and total) Nationally (by three groups and total) by SEIFA IRSD deciles

Box 6 Results

For this report, new data for this benchmark are available for 2009-10.

- Data by State and Territory are presented in table NHA.B.2A.1.
 - Data by State and Territory for supplementary measure a) are in table NHA.B.2A.3.
 - Data by State and Territory for supplementary measure b) are in table NHA.B.2A.5.
- Data by socioeconomic status (SES) are presented in table NHA.B.2A.2.
 - Data by SES for supplementary measure a) are in table NHA.B.2A.4.
 - Data by SES for supplementary measure b) are in table NHA.B.2A.6.

Revised and backcast data for supplementary measures for prior years are provided:

- for 2008-09 in tables NHA.B.2A.7–11
- for 2007-08 in tables NHA.B.2A.12–16
- for 2006-07 in tables NHA.B.2A.17–21.

Attachment tables

Table NHA.B.2A.1	Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2009-10
Table NHA.B.2A.2	Selected potentially preventable hospitalisations as a percentage of total hospital separations, by SEIFA deciles, National, 2009-10
Table NHA.B.2A.3	Supplementary measure a) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), as a percentage of total hospital separations, by State and Territory, 2009-10
Table NHA.B.2A.4	Supplementary measure a) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), as a percentage of total hospital separations, by SEIFA deciles, National, 2009-10
Table NHA.B.2A.5	Supplementary measure b) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by State and Territory, 2009-10
Table NHA.B.2A.6	Supplementary measure b) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by SEIFA deciles, National, 2009-10
*Table NHA.B.2A.7	Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2008-09

*Table NHA.B.2A.8	Supplementary measure a) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), as a percentage of total hospital separations, by State and Territory, 2008-09
*Table NHA.B.2A.9	Supplementary measure a) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), as a percentage of total hospital separations, by SEIFA deciles, National, 2008-09
*Table NHA.B.2A.10	Supplementary measure b) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by State and Territory, 2008-09
*Table NHA.B.2A.11	Supplementary measure b) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by SEIFA deciles, National, 2008-09
**Table NHA.B.2A.12	Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2007-08
**Table NHA.B.2A.13	Supplementary measure a) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), as a percentage of total hospital separations, by State and Territory, 2007-08
**Table NHA.B.2A.14	Supplementary measure a) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), as a percentage of total hospital separations, by SEIFA deciles, National, 2007-08
**Table NHA.B.2A.15	Supplementary measure b) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by State and Territory, 2007-08
**Table NHA.B.2A.16	Supplementary measure b) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by SEIFA deciles, National, 2007-08
***Table NHA.B.2A.17	Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2006-07
***Table NHA.B.2A.18	Supplementary measure a) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), as a percentage of total hospital separations, by State and Territory, 2006-07
***Table NHA.B.2A.19	Supplementary measure a) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), as a percentage of total hospital separations, by SEIFA deciles, National, 2006-07

***Table NHA.B.2A.20	Supplementary measure b) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by State and Territory, 2006-07
***Table NHA.B.2A.21	Supplementary measure b) Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by SEIFA deciles, National, 2006-07

*data revised and/or backcast for 2008-09. **data revised and/or backcast for 2007-08. ***data revised and/or backcast for 2006-07.

Box 7 Comment on data quality

Further information on the quality of the data used to inform this performance benchmark is contained in the comment on data quality for performance indicator 22 in the next section on 'Performance indicators'.

Performance benchmark 3(a) — Hospital and related care: the rate of *Staphylococcus aureus* (including MRSA) bacteraemia is no more than 2.0 per 10 000 occupied bed days for acute care public hospitals by 2011-12 in each State and Territory

Key amendments from second cycle of reporting: Following the removal of two benchmarks in the revised NHA 2011, this benchmark has been renumbered from 3(c), to 3(a).

Objective: Australians receive appropriate high quality and affordable hospital and hospital related care

Interim measure: *Staphylococcus aureus* (including Methicillin resistant *Staphylococcus aureus* [MRSA]) bacteraemia (SAB) associated with acute care public hospitals (excluding cases associated with private hospital and non-hospital care)

The measure is defined as:

- *numerator* — SAB patient episodes associated with acute care public hospitals. Cases associated with care provided by private hospitals and non-hospital health care are excluded
- *denominator* — number of patient days for public acute care hospitals (only for hospitals reporting SAB indicator)

and is presented as a *rate per 10 000 patient days*

The definition of an acute care public hospital is 'all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospitals Establishment NMDS'

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

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

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

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

Related performance indicator/s:	Performance indicator 39: Healthcare-associated <i>Staphylococcus aureus</i> (including MRSA) bacteraemia in acute care hospitals
Data source:	<i>Numerator:</i> <u>State and Territory infection surveillance data</u> <i>Denominator:</i> <u>State and Territory admitted patient data</u> Data are available annually
Data provider:	AIHW
Data availability:	2010-11
Baseline:	2009-10
Cross tabulations provided:	State and Territory by: – MRSA and Methicillin-sensitive <i>Staphylococcus aureus</i> (MSSA)

Box 8 **Results**

For this report, new data are available for 2010-11.

- Data by State and Territory are presented in table NHA.39.1.
- Data by MRSA and MSSA are presented in table NHA.39.1.

2009-10 data have been revised and are provided in this report in table NHA.39.2.

(Limited 2008-09 data are available in the 2008-09 baseline NHA performance report. However, these data are not comparable with later years due to changes to the measure since the baseline.)

Attachment tables

Table NHA.39.1	Episodes of <i>Staphylococcus aureus</i> (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA, by State and Territory, 2010-11
*Table NHA.39.2	Episodes of <i>Staphylococcus aureus</i> (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA, by State and Territory, 2009-10

*table contains revised data for 2009-10.

Box 9 Comment on data quality

Further information on the quality of the data used to inform this performance benchmark is contained in the comment on data quality for performance indicator 39 in the next section on 'Performance indicators'.

Performance benchmark 4(a) — Social inclusion and Indigenous health: close the life expectancy gap for Indigenous Australians within a generation

Key amendments from second cycle of reporting:	No amendments have been made
Objective:	Australia's health system promotes social inclusion and reduces disadvantage, especially for Indigenous Australians
Measure:	<p>Difference between Indigenous and non-Indigenous life expectancies at birth</p> <p>Life expectancy — the average number of years a person could expect to live from the day they are born if they experienced mortality rates at each age that are currently experienced by the relevant population</p> <ul style="list-style-type: none">– Life expectancy for total population is calculated for a rolling 3-year period and reported annually.– Life expectancy for Indigenous and non-Indigenous populations is calculated for a rolling 3-year period and reported every 5 years <p>Calculated by direct estimation of life expectancy at birth for all Australians, Indigenous and non-Indigenous Australians using the average number of deaths in the relevant 3-year period and the estimated resident population at the mid-point of that period</p> <p>Presented as <i>number of years</i></p>
Related performance indicator/s:	Performance indicator 18: Life expectancy
Data source:	ABS <u>Population Census and Post Enumeration Survey</u> and ABS <u>mortality data</u> provided by State and Territory Registrars of Births, Deaths and Marriages. Census data are collected every five years. Mortality data are collected annually
Data provider:	ABS
Data availability:	2005–2007 (calculated for three year periods) [no new data available]
Baseline:	2005–2007, a generation is defined as 25 years
Cross tabulations provided:	Nil

Box 10 Comment on data quality

No new data were available for this report. Data from the 2006 Census were included in the 2008-09 baseline NHA performance report. Data from the 2011 Census are anticipated to be available in late 2012, with life expectancy data anticipated to be available in late 2013 or early 2014, for inclusion in the 2013-14 NHA performance report.

All-cause mortality rates (provided as additional data for performance indicator 59) are used in the calculation of life expectancy estimates and are considered the closest proxy for measuring progress against this benchmark.

Performance benchmark 4(b) — Social inclusion and Indigenous health: halve the mortality gap for Indigenous children under five by 2018

Key amendments from second cycle of reporting:	Variability bands (for single year data) are now provided for rates and have been backcast to the baseline. The title of the benchmark has been amended in line with the revised NHA 2011
Objective:	Australia's health system promotes social inclusion and reduces disadvantage, especially for Indigenous Australians
Measure:	<p>Difference in the mortality rate between Indigenous children aged 0–4 years and non-Indigenous children aged 0–4 years</p> <p>The mortality rate for children aged 0–4 years is defined as:</p> <ul style="list-style-type: none"> • <i>numerator</i> — number of deaths among persons aged 0–4 years • <i>denominator</i> — population aged 0–4 years <p>and is presented as a <i>rate (per 100 000 population)</i></p> <p><i>Variability bands (for single year data) are now provided for rates</i></p>
Related performance indicator/s:	Performance indicator 19: Infant/young child mortality
Data source:	<p><i>Numerator</i> — ABS Death Registrations collection</p> <p><i>Denominator</i> — ABS Census Post Enumeration Survey (5 yearly), Estimated Resident Population (total population), Experimental Indigenous estimates and projections (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	ABS
Data availability:	2010 2009, 2008 and 2007 (resupplied with variability bands)
Baseline:	2003–2007 (5 year average for disaggregation by Indigenous status)
Cross tabulations provided:	<p>Single year data (2010, 2009, 2008 and 2007):</p> <p>Nationally, by:</p> <ul style="list-style-type: none"> – Indigenous status <p>Aggregate data (2006–2010):</p> <p>State and Territory, by:</p> <ul style="list-style-type: none"> – Indigenous status <p>Further cross tabulations are available in the NIRA performance report — PI 9</p>

Box 11 Results

For this report, new data for this indicator are available for 2010.

- National data by single year are presented in table NHA.19.1 (including single year data for 2009, 2008 and 2007). Variability bands are provided for these data.
- Data by State and Territory (averaged over three years) are presented in table NHA.19.2.
- Data by Indigenous status (averaged over five years) by selected jurisdictions are presented in tables NHA.19.3–5.

State and Territory data for 2007–2009 and 2006–2008 are available in the 2009-10 NHA performance report.

State and Territory data for 2005–2007 are available in the 2008-09 baseline NHA performance report.

Additional data by Indigenous status are available in the NIRA performance report — NIRA performance indicator 9.

Attachment tables

Table NHA.19.1	All causes, infant and child mortality (less than one year, 1–4 years, and 0–4 years), National, 2007*, 2008*, 2009* and 2010
Table NHA.19.2	All causes infant and child mortality, by age group, by State and Territory, 2008–2010
Table NHA.19.3	All causes infant (<1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2006–2010
Table NHA.19.4	All causes child (1–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2006–2010
Table NHA.19.5	All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2006–2010

*table contains revised data for 2009, 2008 and 2007.

Box 12 Comment on data quality

Further information on the quality of the data used to inform this performance benchmark is contained in the comment on data quality for performance indicator 19 in the next section on 'Performance indicators'.

Performance indicators

The NHA has 26 progress measures and 15 outputs, which are reported against using 70 performance indicators (table 7).

For performance indicators where data quality and/or completeness is an issue, a number of supplementary measures are provided and are identified as such in the text.

Data for the performance indicators in this report are presented in attachments identified in references throughout this report by an 'NHA' prefix.

Table 7 Performance indicators in the National Healthcare Agreement

<i>Progress measure or output</i>	<i>Performance indicator</i>	<i>Page no. of this report</i>
PREVENTION		
Progress measure — proportion of babies born of a low birth weight	1. Proportion of babies born with low birthweight	57
Progress measure — incidence/prevalence of important preventable diseases	2. Incidence of sexually transmissible infections and blood-borne viruses	60
	3. Incidence of end-stage kidney disease	63
	4. Incidence of selected cancers	66
	5. Proportion of persons obese	69
Progress measure — risk factor prevalence	6. Proportion of adults who are current daily smokers	71
	7. Proportion of adults at risk of long-term harm from alcohol	73
	8. Proportion of men reporting unprotected anal intercourse with casual male partners	75
Output measure — immunisation rates for vaccines in the national schedule	9. Immunisation rates for vaccines in the national schedule	76
Output measure — cancer screening rates (breast, cervical, bowel)	10. Breast cancer screening rates	80
	11. Cervical cancer screening rates	83
	12. Bowel cancer screening rates	86
Output measure — proportion of children with 4 th year developmental health check	13. Proportion of children with 4 th year developmental health check	89

(Continued next page)

Table 7 (continued)

<i>Progress measure or output</i>	<i>Performance indicator</i>	<i>Page no. in this report</i>
PRIMARY AND COMMUNITY HEALTH		
Outcome area — access to general practitioners, dental and other primary healthcare professionals	14. Waiting times for GPs	92
	15. Waiting times for public dentistry	95
	16. People deferring access to selected healthcare due to cost	96
Progress measure — proportion of diabetics with HbA1c below 7 per cent	17. Proportion of people with diabetes with HbA1c below seven per cent	100
Progress measure — life expectancy (including the gap between Indigenous and non-Indigenous)	18. Life expectancy	102
Progress measure — infant/young child mortality rate (including the gap between Indigenous and non-Indigenous)	19. Infant and young child mortality rate	104
Progress measure — potentially avoidable deaths	20. Potentially avoidable deaths	108
Progress measure — treated prevalence rates for mental illness	21. Treatment rate for mental illness	111
Progress measure — selected potentially preventable hospitalisations	22. Selected potentially preventable hospitalisations	115
Progress measure — selected potentially avoidable general practitioner type presentations to emergency departments	23. Selected potentially avoidable GP-type presentations to emergency departments	121
Output measure — number of primary care services per 1000 population (by location)	24. GP-type services	125
	25. Specialist services	128
	26. Dental services	131
	27. Optometry services	134
Output measure — number of mental health services	28. Public sector community mental health services	137
	29. Private sector mental health services	140
Output measure — proportion of people with selected chronic disease whose care is planned (asthma, diabetes, mental health)	30. Proportion of people with diabetes with a GP annual cycle of care	143
	31. Proportion of people with asthma with a written asthma plan	146
	32. Proportion of people with mental illness with GP plans	147
Output measure — number of women with at least one antenatal visit in the first trimester of pregnancy	33. Women with at least one antenatal visit in the first trimester of pregnancy	150

(Continued next page)

Table 7 (continued)

<i>Progress measure or output</i>	<i>Performance indicator</i>	<i>Page no. in this report</i>
HOSPITAL AND RELATED CARE		
Progress measure — waiting times for services	34. Waiting times for elective surgery	153
	35. Waiting times for emergency department care	156
	36. Waiting times for admission following emergency department care	159
	37. Waiting times for radiotherapy and orthopaedic specialists	160
Progress measure — selected adverse events in acute and sub-acute care settings	38. Adverse drug events in hospitals	161
	39. Healthcare-associated <i>Staphylococcus aureus</i> (including MRSA) bacteraemia in acute care hospitals	162
	40. Pressure ulcers in hospitals	165
	41. Falls resulting in patient harm in hospitals	166
	42. Intentional self-harm in hospitals	169
Progress measure — unplanned/unexpected readmissions within 28 days of selected surgical admissions	43. Unplanned/unexpected readmissions within 28 days of selected surgical admissions	172
Progress measure — survival of people diagnosed with cancer (five year relative rate)	44. Survival of people diagnosed with cancer	176
Output measure — rates of services provided by public and private hospitals per 1000 weighted population by patient type	45. Rates of services: overnight separations	179
	46. Rates of services: outpatient occasions of service	182
	47. Rates of services: non-acute care separations	184
	48. Rates of services: hospital procedures	187
AGED CARE		
Progress measure — residential and community aged care services per 1000 population aged 70+ years	49. Residential and community aged care places per 1000 population aged 70+ years	191

(Continued next page)

Table 7 (continued)

<i>Progress measure or output</i>	<i>Performance indicator</i>	<i>Page no. in this report</i>
Progress measure — selected adverse events in residential care	50. <i>Staphylococcus aureus</i> (including MRSA) bacteraemia in residential aged care	194
	51. Pressure ulcers in residential aged care	195
	52. Falls in residential aged care resulting in patient harm and treated in hospital	196
Output measure — number of older people receiving aged care services by type (in the community and residential settings)	53. Older people receiving aged care services	199
Output measure — number of aged care assessments conducted	54. Aged care assessments completed	202
Output measure — number of younger people with disabilities using residential, CACP and EACH services	55. Younger people with disabilities using residential, CACP and EACH aged care services	205
Output measure — Number of people 65+ receiving sub-acute and rehabilitation services	56. People aged 65 years or over receiving sub-acute services	207
Output measure — number of hospital patient days by those eligible and waiting for residential aged care	57. Hospital patient days used by those eligible and waiting for residential care	210
PATIENT EXPERIENCE		
Progress measure — nationally comparative information that indicates levels of patient satisfaction around key aspects of care they received	58. Patient satisfaction/experience	213
SOCIAL INCLUSION AND INDIGENOUS HEALTH		
Progress measure — aged standardised mortality	59. Age-standardised mortality by major cause of death	219
Progress measure — access to services by type of service compared to need	60. Access to services by type of service compared to need	223
Progress measure — teenage birth rate	61. Teenage birth rate	225
Progress measure — hospitalisation for injury and poisoning	62. Hospitalisation for injury and poisoning	228
Progress measure — children's hearing loss	63. Children's hearing loss	231
Output measure — Indigenous Australians in the health workforce	64. Indigenous Australians in the health workforce	232

(Continued next page)

Table 7 (continued)

<i>Progress measure or output</i>	<i>Performance indicator</i>	<i>Page no. in this report</i>
SUSTAINABILITY		
Progress measure — net growth in health workforce	65. Net growth in health workforce	235
Progress measure — allocation of health and aged care expenditure	66. Public health program expenditure as a proportion of total health expenditure	238
	67. Capital expenditure on health and aged care facilities as a proportion of capital consumption expenditure on health and aged care facilities	240
	68. Proportion of health expenditure spent on health research and development	242
Progress measure — cost per casemix-adjusted separation for both acute and non-acute care separations	69. Cost per casemix adjusted separation	245
Output measure — number of accredited and filled clinical training position	70. Accredited and filled clinical training positions	248

Indicator 1 — Proportion of babies born of low birthweight

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Prevention
Progress measure:	Proportion of babies born of low birth weight
Measure:	<p>The incidence of low birthweight among live-born babies, of Aboriginal and Torres Strait Islander mothers and other mothers</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of low birthweight liveborn singleton infants• <i>denominator</i> — total number of liveborn singleton infants with known birthweight <p>and is presented as a <i>number</i> and <i>per cent</i></p> <p><i>Low birthweight is defined as less than 2500 grams</i></p> <p><i>Excludes multiple births, stillbirths, and births with unknown birthweight</i></p> <p><i>Indigenous status of infants is currently only available based on the Indigenous status of the mother</i></p>
Data source:	<i>Numerator and denominator</i> — AIHW <u>National Perinatal Data Collection (NPDC)</u> . Data are collected annually
Data provider:	AIHW
Data availability:	2009 (calendar year data)
Cross tabulations provided:	<p>Single year data (2009):</p> <p>State and Territory, by</p> <ul style="list-style-type: none">– Indigenous status (of the mother) <p>Nationally, by</p> <ul style="list-style-type: none">– remoteness (ASGC)– SEIFA IRSD deciles <p>Aggregate data (2007-2009):</p> <p>State and Territory, by</p> <ul style="list-style-type: none">– Indigenous status (of the mother) <p>Further cross tabulations are available in the NIRA performance report — PI 12</p>

Box 13 **Results**

For this report, new data for this indicator are available for 2009.

- Data by State and Territory are presented in tables NHA.1.1–2.
- Data by Indigenous status are presented in table NHA.1.1–2.
- Data by socioeconomic status and remoteness are presented in table NHA.1.3.

Data for 2008 are available in the 2009-10 NHA performance report. Data for 2007 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.1.1	Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2009
Table NHA.1.2	Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2007–2009
Table NHA.1.3	Proportion of live-born singleton babies of low birthweight, by remoteness and SEIFA deciles, National, 2009

Box 14 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of babies born with low birthweight. Data are available by Indigenous status of the mother by State and Territory, and by remoteness and socioeconomic status (SES) nationally.
- Data are collected and published annually. The most recent available data are for 2009. Data in this report are comparable with data provided in previous reports.
- Data are of acceptable accuracy. Latest results are provided as an average of the most recent three years of data due to volatility of the small numbers involved. Single year data are provided for time series.
- The National Perinatal Data Collection provides information on the Indigenous status of the mother only. Changing levels of Indigenous identification over time and across jurisdictions affect the accuracy of Indigenous status time series data.
- Detailed explanatory notes are publicly available to assist in the interpretation of results. Additional data from the data source are available on-line, and on request.

(Continued next page)

Box 14 (continued)

The Steering Committee also notes the following issues:

- Disaggregation of this indicator for SES and remoteness by State and Territory is a priority. Further development work on the current data source is required.
- Data are relatively old and may not be representative of current outcomes. Further work is required to ensure availability of more timely data.
- From 1 July 2012 the Perinatal National Minimum Dataset (NMDS) will include a data element on the Indigenous status of the baby. This will enable babies born to non-Indigenous mothers and Indigenous fathers to be identified in the collection.
- A formal assessment of the extent of under-identification of Indigenous status in the NPDC is required. This will identify whether the data require adjustment, and contribute to improved time series reporting.
- The AIHW is investigating an appropriate method for deriving variability bands for these data.

Indicator 2 — Incidence of sexually transmissible infections and blood-borne viruses

Key amendments from second cycle of reporting:	<p>Minor amendments have been made to the terminology around the scope of the measure. This does not change the data provided.</p> <p>An error was detected in the baseline data supplied for WA, whereby the Indigenous rate of chlamydia infection for WA has been corrected. The revised figure is included in this report (Table NHA.2.5).</p>
Outcome area:	Prevention
Progress measure:	Incidence/prevalence of important preventable diseases
Measure:	<p>Incidence of sexually transmissible infections and blood-borne viruses</p> <p>The measure is defined as:</p> <ul style="list-style-type: none"> • <i>numerator</i> — number of notifications of new diagnoses of syphilis, HIV, hepatitis B, hepatitis C, chlamydia and gonococcal infection • <i>denominator</i> — total population <p>and expressed as a <i>directly age standardised rate (per 100 000 people in the relevant population)</i></p> <p><i>Syphilis data limited to notifications of less than two years duration, and includes notifications of congenital syphilis. HIV data contains notifications of newly diagnosed HIV infection and includes HIV infections known to have been acquired within 12 months prior to diagnosis. Hepatitis B and C data contains notifications of newly diagnosed infections, including diagnoses cases known to have been acquired within 24 months prior to diagnosis. Chlamydia and gonococcal notifications may include cases that are not sexually acquired.</i></p>
Data source:	<p><i>Numerator</i> — <u>National Notifiable Diseases Surveillance System</u> and the <u>National HIV Registry</u></p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	AIHW on behalf of the Kirby Institute for Infection and Immunity in Society and DoHA
Data availability:	<p>2010</p> <p>2008 (revised)</p>
Cross tabulations provided:	<p>State and Territory, by each type of infection, by:</p> <ul style="list-style-type: none"> – Indigenous status – sex – age

- remoteness (ASGC)
 - SEIFA IRSD quintiles
- Nationally, by SEIFA IRSD deciles

Box 15 Results

For this report, new data for this indicator are available for 2010.

- Data by State and Territory are presented in tables NHA.2.1–3.
- Data by Indigenous status are presented in table NHA.2.3.
- Data by socioeconomic status are presented in tables NHA.2.3–4.
- Data by remoteness are presented in table NHA.2.3.
- Data by age group are presented in table NHA.2.2.
- Data by gender are presented in table NHA.2.3.

Revised data are provided for 2008.

- Data by State and Territory disaggregated by Indigenous status, remoteness, gender and socioeconomic status are provided in this report in table NHA.2.5.

Other data for 2008 (State and Territory totals and disaggregation by age group) are available in the 2008-09 baseline NHA performance report. Data for 2009 are available in the 2009-10 NHA performance report.

Attachment tables

Table NHA.2.1	Notification rates of new diagnoses of sexually transmissible infections and blood-borne viruses, by State and Territory, 2010
Table NHA.2.2	Age specific rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by State and Territory, 2010
Table NHA.2.3	Age standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by Indigenous status, remoteness, gender and SEIFA quintiles, by State and Territory, 2010
Table NHA.2.4	Age standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by SEIFA deciles, National, 2010
Table NHA.2.5*	Age standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by gender, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008

*table contains revised data for 2008.

Box 16 Comment on data quality

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the new notifications of important preventable diseases. A major limitation of the notifications data is that, for most diseases, they represent only a proportion of the total cases occurring in the community (that is, only those cases for which health care was sought and a diagnosis made, followed by a notification to health authorities). The degree of under-representation of all cases is unknown and is likely to vary by disease.
- Data are available by State and Territory and socioeconomic status.
- Data are reported by Indigenous status where jurisdictional data are sufficiently complete. Australian totals and rates are based on reported data only. Due to the variable jurisdictional completeness, comparisons of 'national' Indigenous status rates over time may be inaccurate.
- Data have been suppressed if the numerator is less than five, or if Indigenous status completeness is less than fifty per cent.
- Annual data are available. The most recent available data are for 2010.
- Data are of acceptable quality. All notified cases are included in the numerator, even though some diseases included in this indicator are not necessarily sexually acquired.
- Data in this report are comparable with data in previous reports, except for hepatitis B and hepatitis C data for NSW (and Australian totals) which for this report were limited to newly acquired cases (rather than newly diagnosed cases).
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Improved reporting of this indicator by Indigenous status is a priority.
- Notification data provide information on the number of new diagnoses coming to the attention of health services. The indicator would be improved by including information on the prevalence in the community of sexually transmissible infections and blood-borne viruses.

Indicator 3 — Incidence of end-stage kidney disease

Key amendments from second cycle of reporting:	For this report, additional disaggregation by socioeconomic status and remoteness (national level only) are provided for the aggregate years 2005–2007
Outcome area:	Prevention
Progress measure:	Incidence/prevalence of important preventable disease
Interim measure:	Incidence of end-stage kidney disease
	<p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of unique individuals who appeared as new cases on the <u>Australian and New Zealand Dialysis and Transplant Registry</u> (ANZDATA) in the reference year (treated cases) plus the number of individuals who died with a cause of death of chronic renal failure or an associated cause of death of chronic renal failure, end stage and were not on the ANZDATA Registry (untreated cases)• <i>denominator</i> — total population <p>and expressed as a <i>directly age standardised rate (per 100 000 people in the relevant population)</i></p> <p><i>Count new cases on the ANZDATA Registry who died of an end-stage kidney disease in the same year once only</i></p> <p><i>Causes of death in scope: Chronic renal failure (ICD10 codes N18.0, N18.8, N18.9), hypertensive renal failure (ICD10 codes I12.0, I13.1, I13.2) or unspecified renal failure (ICD10 code N19.0) as an underlying cause of death, or chronic renal failure, end-stage (ICD10 code N18.0) as an associated cause of death</i></p>
Data source:	<p><i>Numerator</i> — <u>Australian and New Zealand Dialysis and Transplant Registry</u> (ANZDATA), AIHW <u>National Death Index</u> and AIHW <u>National Mortality Database</u></p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually [subject to AIHW having access to ABS mortality data]</p>
Data provider:	AIHW
Data availability:	2007 (additional data)
Cross tabulations provided:	Aggregate years (2004–2007): State and Territory, by – sex [no new data available]

Nationally, by
– Indigenous status [no new data available]

Aggregate years (2005–2007)
– Remoteness (ASGC)
– SEIFA IRSD quintiles

Single year (2007):
Nationally, by
– sex [no new data available]

Box 17 Results

For this report, new remoteness and socioeconomic status (SES) data are available for the aggregate years 2005–2007 in table NHA.3.2.

Other data for 2007 and for the aggregate years 2004–2007 are available in tables NHA.3.1–2.

Data for 2006 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.3.1	Incidence of end-stage kidney disease, by sex, by State and Territory, 2004–2007
Table NHA.3.2	Incidence of end-stage kidney disease, by sex 2007, remoteness, and SEIFA deciles 2005–2007, and by Indigenous status 2004–2007

Box 18 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the number of people who were treated for or died from end-stage kidney disease in the reference year. Data are available by State and Territory. National data are available by Indigenous status, and by socioeconomic status (SES) and remoteness for the first time in this report.
- Annual data are available, but aggregated years are reported for some cross tabulations to ensure statistical validity, especially for states and territories with small populations.
- Data are reported for 2007 nationally, and for 2004–2007 by State and Territory. Disaggregation by remoteness (2005–2007) and SES (2005–2007) are available nationally. Indigenous disaggregation (2004–2007) is based on data for NSW, Queensland, SA and the NT.
- For treated cases, data are provided by jurisdiction of first treatment. For untreated cases, data are provided by jurisdiction of registration of death.
- Data are of acceptable accuracy. It is likely there is an undercount of untreated cases, as not all death certificates will record chronic renal failure as a cause of death. Although the extent of the expected undercount is unknown, end stage kidney disease was not recorded as a cause of death in 56 per cent of cases for individuals on the Australian and New Zealand Dialysis and Transplant Registry who subsequently died.
- Further analysis is available and can assist in the interpretation of results.

The Steering Committee also notes the following issues:

- More recent data were not available for this report. Data for this indicator are relatively old as mortality data are available only up to 2007. Mortality data for 2008 are yet to be made available to the AIHW by the ABS.
- Further work is required to include untreated cases by linking to hospital data, to identify people with end-stage kidney disease who did not die of end-stage kidney disease.

Indicator 4 — Incidence of selected cancers

Key amendments from second cycle of reporting:	An update has been made to the methodology for remoteness and SEIFA disaggregation. Prior year SEIFA and remoteness data have been backcast and are included in this report to provide context for results.
Outcome area:	Prevention
Progress measure:	Incidence/prevalence of important preventable diseases
Measure:	<p>Incidence of selected cancers of public health importance</p> <p>For melanoma, lung and bowel cancer, the measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of new cases in the reported year• <i>denominator</i> — total population <p>and expressed as a <i>directly age standardised rate (per 100 000 people in the relevant population)</i></p> <p>For breast and cervical cancer in females, the measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of new cases in women in the reported year• <i>denominator</i> — total female population <p>and expressed as <i>directly age standardised rates (per 100 000 people in the relevant population)</i></p> <p><i>Calculated separately for each type of cancer</i></p>
Data source:	<p><i>Numerator</i> — <u>Australian Cancer Database</u></p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	2008 2007 and 2006 [backcast for SEIFA IRSD and remoteness (ASGC), and revised for Indigenous status totals] 2006 (revised)
Cross tabulations provided:	<p>State and Territory (for each cancer type), by:</p> <ul style="list-style-type: none">– Indigenous status– remoteness (ASGC)– SEIFA IRSD quintiles <p>Nationally (for each cancer type), by SEIFA IRSD deciles</p>

Box 19 **Results**

For this report new data are available for 2008.

- Data by State and Territory are presented in tables NHA.4.1–4
- Data by Indigenous status are presented in table NHA.4.2.
- Data by remoteness are presented in table NHA.4.3.
- Data by socioeconomic status are presented in tables NHA.4.4–5.

Remoteness, socioeconomic status and Indigenous status (totals for Indigenous totals only) data have been revised for 2007 and 2006 and are provided in this report:

- Revised data for 2007 are in tables NHA.4.6–8
- Revised data for 2006 are in tables NHA.4.9–11
- Revised Indigenous status totals data for 2007 and 2006 are in table NHA.4.12.

To assist in interpretation, variability bands are provided in the attachment tables for this indicator.

Attachment tables

Table NHA.4.1	Incidence of selected cancers, by State and Territory, 2008
Table NHA.4.2	Incidence of selected cancers by Indigenous status, by State and Territory, 2008
Table NHA.4.3	Incidence of selected cancers by remoteness area, by State and Territory, 2008
Table NHA.4.4	Incidence of selected cancers by SES based on SEIFA quintiles, by State and Territory, 2008
Table NHA.4.5	Incidence of selected cancers by SES based on SEIFA deciles, National, 2008
*Table NHA.4.6	Incidence of selected cancers by remoteness area, by State and Territory, 2007
*Table NHA.4.7	Incidence of selected cancers by SES based on SEIFA quintiles, by State and Territory, 2007
*Table NHA.4.8	Incidence of selected cancers by SES based on SEIFA deciles, National, 2007
**Table NHA.4.9	Incidence of selected cancers by remoteness area, by State and Territory, 2006
**Table NHA.4.10	Incidence of selected cancers by SES based on SEIFA quintiles, by State and Territory, 2006
**Table NHA.4.11	Incidence of selected cancers by SES based on SEIFA deciles, National, 2006
*** Table NHA.4.12	Incidence of selected cancers by Indigenous status, totals, 2007 and 2006

*table contains revised data for 2007. **table contains revised data for 2006. ***table contains revised data for 2007 and 2006.

Box 20 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the incidence of melanoma of the skin, lung cancer and bowel cancer and for females, cervical cancer and breast cancer. State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2008.
- Data are of acceptable accuracy. Incidence rates that are calculated using small numbers can be highly variable, resulting in wide variability bands (variability bands are presented in the attachment tables).
- The quality of Indigenous identification in cancer registry data varies across jurisdictions. Data by Indigenous status are reported for all jurisdictions except the ACT. However, the 95 per cent variability bands for incidence rates by Indigenous status are wide and the data should be interpreted with caution. National disaggregation by Indigenous status is based on jurisdictions with adequate data quality — NSW, Queensland, SA and the NT.
- SES and remoteness data for previous years have been revised and are included in this report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request (including on other types of cancer).

The Steering Committee also notes the following issues:

- The data are relatively old and may not be representative of current incidence. Further work is required to ensure availability of more timely data.

Indicator 5 — Proportion of persons obese

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Prevention
Progress measure:	Risk factor prevalence
Measure:	<p>Prevalence of obesity in adults and children</p> <p>For adults, the measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of persons aged 18 years or over who are obese• <i>denominator</i> — population aged 18 years or over <p>and expressed as a <i>directly age standardised rate (per cent)</i></p> <p>For children, the measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of persons aged 5–17 years who are obese• <i>denominator</i> — population aged 5–17 years <p>and expressed as a <i>directly age standardised rate (per cent)</i></p> <p><i>BMI calculated as weight (in kilograms) divided by the square of height (in metres)</i></p> <p><i>For adults, obesity is defined as a BMI of greater than or equal to 30. For children, obesity is defined as a BMI (appropriate for age and sex) that is likely to be 30 or more at age 18 years, based on centile curves</i></p> <p><i>Excludes pregnant women and people with unknown BMI</i></p>
Data source:	<i>Numerator and denominator</i> — (All) <u>National Health Survey (NHS)</u> . Data are collected every three years. (Indigenous) <u>National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)</u> . Data are collected every six years.
Data provider:	ABS
Data availability:	<p>(All) 2007-08 NHS — based on measured values [No new data are available]</p> <p>(Indigenous status) 2004-05 NHS/NATSIHS — NATSIHS based on self-report [No new data are available]</p> <p>Data are also reported for this indicator under PI 6 in the NIRA performance report [though no new data are available]</p>
Cross tabulations provided:	Nil

Box 21 Comment on data quality

No new data were available for this report. Data from the 2007-08 National Health Survey (NHS) and 2004-05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) were included in the 2008-09 baseline NHA performance report.

Data from the 2011-12 Australian Health Survey (general population) (replacing the NHS) are expected to be available for the 2011-12 NHA performance report. Data from the Australian Aboriginal and Torres Strait Islander Health Survey (replacing the NATSIHS) are expected to be available for the 2012-13 NHA performance report.

Indicator 6 — Proportion of adults who are current daily smokers

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Prevention
Progress measure:	Risk factor prevalence
Measure:	<p>Proportion of adults who are current daily smokers</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of persons aged 18 years or over who smoke tobacco every day• <i>denominator</i> — population aged 18 years or over <p>and is expressed as <i>directly age standardised rates (per cent)</i></p> <p><i>Daily smoking is defined as: currently smokes cigarettes (manufactured or roll-your-own) or equivalent tobacco product every day</i></p>
Data source:	<p><i>Numerator and denominator</i> — (All) <u>National Health Survey (NHS)</u>. Data are collected every three years. (Indigenous) <u>National Aboriginal and Torres Strait Islander Social Survey (NATSISS)</u> and the <u>National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)</u>. Data are collected on an alternating three-yearly cycle</p>
Data provider:	ABS
Data availability:	<p>(All) 2007–08 NHS data provided for baseline report [No new data available]</p> <p>(Indigenous status) 2008 NATSISS and 2007-08 NHS data provided for the baseline report [No new data available]</p> <p>Data are also reported for this indicator under PI 4 in the NIRA performance report [though no new data are available]</p>
Cross tabulations provided:	Nil

Box 22 Comment on data quality

No new data were available for this report. Data from the 2007-08 National Health Survey (NHS) and 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) were included in the 2008-09 baseline NHA performance report.

Data from the 2011-12 Australian Health Survey (general population) (replacing the NHS) are expected to be available for the 2011-12 NHA performance report. Data from the Australian Aboriginal and Torres Strait Islander Health Survey (replacing the NATSIHS) are expected to be available for the 2012-13 NHA performance report.

Indicator 7 — Proportion of adults at risk of long-term harm from alcohol

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Prevention
Progress measure:	Risk factor prevalence
Interim measure:	<p>Proportion of adults at risk of long-term harm from alcohol</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — persons aged 18 years or over assessed as having an alcohol consumption pattern that puts them at risk of long-term alcohol related harm• <i>denominator</i> — population aged 18 years or over <p>and is presented as a <i>directly age standardised rate (per cent)</i></p> <p><i>'At risk of long-term alcohol related harm' defined according to the 2001 National Health and Medical Research Council guidelines: for males, 29 drinks or more per week; for females, 15 drinks or more per week</i></p> <p><i>Excludes people who have not consumed alcohol in the past 12 months</i></p>
Data source:	<i>Numerator and denominator</i> — (All) <u>National Health Survey (NHS)</u> . Data are collected every three years. (Indigenous) <u>National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)</u> . Data are collected every six years
Data provider:	ABS
Data availability:	<p>(All) 2007-08 NHS data provided for baseline report [No new data available]</p> <p>(Indigenous status) 2004-05 (NATSIHS/NHS) data provided for baseline report [No new data available]</p> <p>Data are also reported for this indicator under PI 5 in the NIRA performance report [though no new data are available]</p>
Cross tabulations provided:	Nil

Box 23 Comment on data quality

No new data were available for this report. Data from the 2007-08 National Health Survey (NHS) and 2004-05 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) were included in the 2008-09 baseline NHA performance report.

Data from the 2011-12 Australian Health Survey (general population) (replacing the NHS) are expected to be available for the 2011-12 NHA performance report. Data from the Australian Aboriginal and Torres Strait Islander Health Survey (replacing the NATSIHS) are expected to be available for the 2012-13 NHA performance report.

The Steering Committee also notes the following issue which may affect future reporting against this indicator:

- The indicator is currently based on the 2001 NHMRC definition of drinkers at risk of long-term harm from alcohol. New NHMRC guidelines (effective from 2009) include a revised definition of drinkers at risk of long term harm. The surveys that collect data to report against this indicator are based on the 2001 guidelines.

Indicator 8 — Proportion of men reporting unprotected anal intercourse with casual male partners

Key amendments from second cycle of reporting:	No amendments have been made.
Outcome area:	Prevention
Progress measure:	Risk factor prevalence
Measure:	Proportion of men reporting unprotected anal intercourse with casual male partners
Data source:	Nil
Data provider:	Nil
Data availability:	Not available
Cross tabulations provided:	Nil

Box 24

Comment on data quality

There are currently no available data to inform this indicator.

Indicator 9 — Immunisation rates for vaccines in the national schedule

Key amendments from second cycle of reporting: The definition of 'fully vaccinated' for children has been revised to reflect age appropriate vaccinations. This does not constitute a change in the scope of the data and does not impact on the time series.

Revised data are provided for the numbers of children assessed as fully immunised at five years of age.

Baseline data for older adults did not include relative standard errors and confidence intervals – these are included in this report.

Outcome area: Prevention

Output measure: Immunisation rates for vaccines in the national schedule

Measure: Proportion of children fully vaccinated and proportion of older adults vaccinated against specific infections

For children, the measure is defined as:

- *numerator* — number of persons who turned five years old between 1 January and 31 March who have been recorded as fully vaccinated on the Australian Childhood Immunisation Register by the following 30 June.
 - *denominator* — number of persons who turned five between 1 January and 31 March and are registered on the Australian Childhood Immunisation Register
- and is presented as a *crude rate (per cent)*

Fully vaccinated for children: persons aged 60–63 months vaccinated against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, rubella

For older adults, the measure is defined as:

- *numerator* — number of Indigenous Australians aged 50 years or over, and non-Indigenous Australians aged 65 years or over, who have been vaccinated for influenza and pneumococcal disease
 - *denominator* — population of Indigenous Australians aged 50 years or over, and non-Indigenous Australians aged 65 years or over
- and is presented as a *directly age standardised rate (per cent)*

Data source: *Numerator* — Australian Childhood Immunisation Register (ACIR) (childhood vaccinations); Adult Vaccinations Survey (AVS) (adult vaccinations for influenza and pneumococcal disease); National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) (Indigenous adult vaccinations)

Denominator — ABS Estimated Resident Population (total population); ABS Indigenous experimental estimates and projections (Indigenous population) and ACIR

Data provider: AIHW on behalf of DoHA (ACIR and AVS) and ABS (NATSIHS)

ACIR data are collected quarterly. AVS conducted irregularly. NATSIHS

collected every six years

Data availability: (Indigenous older adults) 2004-05 [no new data available this year, 2004-05 data provided for the baseline report]

(Older adults) 2009 [no new data available this year, 2009 data provided in second cycle report], 2006 [RSEs and CIs provided]

(Children) 30 June 2011, 30 June 2010 [revised]

Cross tabulations provided: (Children)
State and Territory, by:
– Indigenous status
– remoteness (ASGC)
– SEIFA IRSD quintiles
Nationally, by
– SEIFA IRSD deciles

Box 25 **Results**

For this report, new data for this indicator are available for 30 June 2011 for child vaccinations.

- Data by State and Territory are presented in tables NHA.9.1
- Data by Indigenous status are presented in table NHA.9.1.
- Data by socioeconomic status are presented in tables NHA.9.1–2.
- Data by remoteness are presented in tables NHA.9.1

Data for 30 June 2010 for child vaccinations have been revised and are provided in this report in tables NHA.9.3–4.

Data for 2006 for older adults have been resupplied with relative standard errors and confidence intervals added and are provided in this report in table NHA.9.5.

Data for 30 June 2009 for children and 2004-05 for older adults are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.9.1	Proportion of children aged five years who were fully vaccinated, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 30 June 2011
Table NHA.9.2	Proportion of children aged five years who were fully vaccinated, by SEIFA deciles, National, 30 June 2011
*Table NHA.9.3	Proportion of children aged five years who were fully vaccinated, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 30 June 2010
*Table NHA.9.4	Proportion of children aged five years who were fully vaccinated, by SEIFA deciles, National, 30 June 2010
**Table NHA.9.5	Proportion of older adults vaccinated against influenza and pneumococcal disease, by remoteness and SEIFA quintiles, by State and Territory, 2006

*table includes revised data for 2010. **table includes additional data (RSEs and CIs) for 2006.

Box 26 Comment on data quality

The DQS for Australian Childhood Immunisation Register (ACIR) data used to report on this indicator has been prepared by the Department of Health and Ageing, and finalised in conjunction with and provided by, the AIHW. The DQS is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the immunisation rate for children aged five years.
- Data are available by State and Territory by socioeconomic status (SES), remoteness and Indigenous status.
- Data for the ACIR (for children vaccinations) are available annually. The most recent available data are for 30 June 2011. ACIR data in this report are comparable with ACIR data in the baseline report.
- There are possible gaps in ACIR coverage due to unknown vaccination status of children less than five years migrating to Australia and under-reporting by immunisation providers.
- Detailed explanatory notes are publicly available to assist in the interpretation of results. Additional data from the ACIR are available on-line, and on request.

The Steering Committee also notes the following issue:

- Data reported in the NHA for child immunisations cover one quarter of the year. Consideration should be given to reporting the average of all four quarters, in line with CRC reporting against the National Partnership Agreement for Essential Vaccines.
- Data are available on an irregular basis for the Adult Vaccination Survey (AVS). The most recent available data are for 2009 and were provided in last year's report. AVS has been conducted at irregular intervals (2001, 2002, 2003, 2004, 2006 and 2009). An assessment of the relative speed of change in results for this indicator is required to determine the required regularity of data collection.

Indicator 10 — Breast cancer screening rates

Key amendments from second cycle of reporting:	An update has been made to the methodology for remoteness and socioeconomic disaggregation. Prior year socioeconomic and remoteness data have been backcast and are included in this report to provide context for results.
Outcome area:	Prevention
Output measure:	Cancer screening rates (breast, cervical, bowel)
Measure:	<p>Screening rates for breast cancer for women within national target age group</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of women aged 50–69 years who have been screened in a two year period• <i>denominator</i> — population of women aged 50–69 years and is presented as a <i>directly age standardised rate (per cent)</i> <p><i>Analysis by remoteness and SEIFA IRSD is based on the postcode of residential address at the time of screening, not the location of the screening service</i></p>
Data source:	<p><i>Numerator</i> — State and Territory <u>BreastScreen</u> programs</p> <p><i>Denominator</i> — ABS Estimated <u>Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	January 2009–December 2010 (calculated for a two-year period) January 2008–December 2009 [backcast for SEIFA IRSD and remoteness (ASGC)]
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none">– remoteness (ASGC)– SEIFA IRSD quintiles <p>Nationally, by:</p> <ul style="list-style-type: none">– Indigenous status– SEIFA IRSD deciles

Box 27 **Results**

For this report, new data for this indicator are available for 2010 (presented for 2009–2010).

- Data by State and Territory are presented in tables NHA.10.1.
- Data by Indigenous status are presented in table NHA.10.2.
- Data by socioeconomic status are presented in NHA.10.1–2.
- Data by remoteness are presented in table NHA.10.1.

Data for 2008–2009 have been revised and are provided in this report in tables NHA.10.3 and NHA.10.4.

Data for 2007–2008 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.10.1	Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by remoteness and SEIFA quintiles, by State and Territory, January 2009 to December 2010
Table NHA.10.2	Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by Indigenous status and SEIFA deciles, National, January 2009 to December 2010
*Table NHA.10.3	Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by remoteness and SEIFA quintiles, by State and Territory, January 2008 to December 2009
*Table NHA.10.4	Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by Indigenous status and SEIFA deciles, National, January 2008 to December 2009

*table contains revised data for 2008–2009.

Box 28 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of women aged 50–69 years (the national target age group) screened for breast cancer in a two-year period (the recommended screening interval). Data are available by socioeconomic status (SES) by State and Territory. National data are available by Indigenous status.
- Annual data are available. The most recent available data are for the two-year period 1 January 2009 to 31 December 2010.
- Data are of acceptable accuracy. SES and remoteness calculations are based on 2006 postcode concordances. The accuracy of these concordances decreases over time, as demographics within postcodes can change over time. State and Territory data by Indigenous status have large variability bands and significant volatility over time, and are not presented in this report.
- Data in this report are comparable with data in the baseline report, with the exception of SES and remoteness data. Prior year SES and remoteness data have been backcast and are included in this report
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Disaggregation of State and Territory data by Indigenous status is a priority. Further development work on the current data source is required.

Indicator 11 — Cervical screening rates

Key amendments from second cycle of reporting:	An update has been made to part of the methodology used to compile these data. Prior year data have been backcast and included in this report to provide a comparator year.
Outcome area:	Prevention
Output measure:	Cancer screening rates (breast, cervical, bowel)
Measure:	<p>Rates of cervical screening for women within national target age group</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">– <i>numerator</i> — number of women aged 20–69 years who have been screened in a two year period– <i>denominator</i> — total number of women aged 20–69 years and is presented as a <i>directly age standardised rate (per cent)</i> <p><i>The count is based on the jurisdiction of residence, not the jurisdiction of screening</i></p> <p><i>Denominator is adjusted to exclude the estimated number of women who have had a hysterectomy, using national hysterectomy fractions</i></p>
Data source:	<p><i>Numerator</i> — <u>National Cervical Screening Program</u> (all women). Data are collected annually. <u>National Aboriginal and Torres Strait Islander Health Survey</u> (NATSIHS) (Indigenous women). Data are collected every six years</p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (all women) and AIHW <u>National Hospital Morbidity Database</u> (NHMD) (for hysterectomy adjustments) and ABS <u>NATSIHS</u> (Indigenous women)</p>
Data provider:	AIHW (register data) and ABS (NATSIHS)
Data availability:	(All females) January 2009 – December 2010 (calculated for a two-year period for all women), and backcast for January 2008 – December 2009. (Indigenous females) 2004-05 NATSIHS data provided for the baseline report [no new data available]
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none">– SEIFA IRSD quintiles– remoteness (ASGC) <p>Nationally, by:</p> <ul style="list-style-type: none">– SEIFA IRSD deciles

Box 29 **Results**

For this report, new data for this indicator are available for 2010 (presented for 2009–2010).

- Data by State and Territory are presented in tables NHA.11.1.
- Data by socioeconomic status are presented in tables NHA.11.1–11.2.
- Data by remoteness are presented in table NHA.11.1.

Data for 2008–2009 have been revised and are provided in this report in tables NHA.11.3–4.

Data for 2007–2008 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.11.1	Cervical screening rates among women aged 20 to 69 years, by remoteness and SEIFA quintiles, by State and Territory, January 2009 to December 2010
Table NHA.11.2	Cervical screening rates among women aged 20 to 69 years, SEIFA deciles, National, January 2009 to December 2010
*Table NHA.11.3	Cervical screening rates among women aged 20 to 69 years, by remoteness and SEIFA quintiles, by State and Territory, January 2008 to December 2009
*Table NHA.11.4	Cervical screening rates among women aged 20 to 69 years, SEIFA deciles, National, January 2008 to December 2009

*table contains revised data for 2008–2009.

Box 30 Comment on data quality

The DQSs for this indicator have been prepared by the AIHW and the ABS and are included in their original forms in the section of this report titled 'Data Quality Statements'. Key points from the DQSs are summarised below.

- The data provide relevant information on the proportion of women aged 20–69 years (the national target age group) screened for cervical cancer in a two-year period (the recommended screening interval). State and Territory data are available by remoteness and socioeconomic status (SES).
- Data are sourced from State and Territory cervical cytology registers (for number of women screened) and the ABS (for population). Annual data are available. The most recent available data are for the two-year period 1 January 2009 to 31 December 2010.
- Data are of acceptable accuracy. SES and remoteness calculations are based on 2006 postcode concordances. The accuracy of these concordances decreases over time as demographics within postcodes can change over time.
- There has been a revision to methodology since the baseline, and data in this report are not comparable with data in previous reports. Data for 2008–2009 have been backcast and included in this report to provide a comparator year for the change in methodology
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Screening rates for Indigenous women are only available from survey data. The next available data will be from the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (previously the NATSIHS) and are anticipated to be available for the 2012-13 NHA performance report. An assessment of the relative speed of change in outcomes for Indigenous women is required to determine whether more regular data collection is necessary.

Indicator 12 — Bowel cancer screening rates

Key amendments from second cycle of reporting:	An update has been made to the methodology for remoteness and socioeconomic status disaggregation. Prior year socioeconomic status and remoteness data have been backcast and are included in this report.
Outcome area:	Prevention
Output measure:	Cancer screening rates (breast, cervical, bowel)
Interim measure:	<p>Screening rates for bowel cancer for people within national target age groups</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of persons aged 50, 55 and 65 years who have been screened by the National Bowel Cancer Screening Program in the reference calendar year• <i>denominator</i> — population aged 50, 55, and 65 years and is presented as a <i>rate (per cent)</i> <p><i>Excludes people screened outside the National Bowel Cancer Screening Program</i></p> <p><i>The count is based on the postcode of residential address at the time of screening, not the location of the screening service</i></p>
Data source:	<p><i>Numerator</i> — <u>National Bowel Cancer Screening Program</u></p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population)</p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	2010 2009 and 2008 [backcast for SEIFA IRSD and remoteness (ASGC)]
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none">– sex and age (50, 55, 65, total in target ages)– SEIFA IRSD quintiles– remoteness (ASGC) <p>Nationally, by:</p> <ul style="list-style-type: none">– SEIFA IRSD deciles

Box 31 **Results**

For this report, new data for this indicator are available for 2010.

- Data by State and Territory are presented in tables NHA.12.1–12.2.
- Data by socioeconomic status (SES) are presented in tables NHA.12.2–12.3.
- Data by remoteness are presented in table NHA.12.2.
- Data by gender are presented in table NHA.12.1.

SES and remoteness data for 2009 and 2008 have been revised and are provided in this report:

- Revised data for 2009 are presented in tables NHA.12.4–12.5
- Revised data for 2008 are presented in tables NHA.12.6–12.7.

Data by gender for 2009 are available in the 2009-10 NHA performance report. Data by gender for 2008 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.12.1	Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by sex, target age, by State and Territory, 2010
Table NHA.12.2	Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by remoteness of residence and SEIFA quintiles, by State and Territory, 2010
Table NHA.12.3	Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by SEIFA deciles, National, 2010
*Table NHA.12.4	Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by remoteness of residence and SEIFA quintiles, by State and Territory, 2009
*Table NHA.12.5	Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by SEIFA deciles, National, 2009
**Table NHA.12.6	Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by remoteness of residence and SEIFA quintiles, by State and Territory, 2008
**Table NHA.12.7	Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by SEIFA deciles, National, 2008

*table contains revised data for 2009. **table contains revised data for 2008.

Box 32 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of people aged 50, 55 and 65 years (the National Bowel Cancer Screening target ages) screened for bowel cancer. State and Territory data are available by remoteness and socioeconomic status (SES). Data are not available by Indigenous status.
- Data are sourced from the National Bowel Cancer Screening Program (NBCSP) Register, maintained by Medicare Australia (for number of persons screened) and the ABS (for population). Data are collected annually. The most recent available data are for 2010.
- Data by Indigenous status are not available due to high non-response by participants (35 per cent), which results in unreliable participation rates.
- Data are not of acceptable accuracy. The NBCSP was suspended between May 2009 and November 2009. The program resumed in November 2009, but not all test kits were received before 31 December 2009, resulting in an unknown number of individuals scheduled for testing in 2009 being screened in 2010. This has affected the accuracy of screening rates for 2009 and 2010.
- SES and remoteness calculations are based on 2006 postcode concordances. The accuracy of these concordances decreases over time, as demographics within postcodes can change over time.
- Data do not include people screened for bowel cancer outside the NBCSP, resulting in an underestimate of population screening rates.
- Data in this report are not directly comparable with data in the previous report due to the suspension of the screening program between May and November 2009.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request. This indicator can not be compared with regular NBCSP monitoring reports due to different calculation methods.
- SES and remoteness data for previous years have been revised and are included in this report.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by Indigenous status is a priority.

Indicator 13 — Proportion of children with 4th year developmental health check

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Prevention
Output measure:	Proportion of children with 4th year developmental health check
Interim measure:	Proportion of children who have received a four year old developmental health check
	<p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of children aged three, four or five years who have received a developmental health check (Healthy Kids Check) or a health assessment for Aboriginal and Torres Strait Islander children• <i>denominator</i> — population aged four years <p>and is presented as a <i>percentage</i></p>
Data source:	<p><i>Numerator</i> — <u>MBS Statistics</u></p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	AIHW on behalf of DoHA
Data availability:	2010-11
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none">– by type of check (proxy for Indigenous status)– remoteness (ASGC)– SEIFA IRSD quintiles <p>Nationally, by:</p> <ul style="list-style-type: none">– SEIFA IRSD deciles

Box 33 **Results**

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in table NHA.13.1.
- Data by type of health check (proxy for Indigenous status) are presented in table NHA.13.1.
- Data by socioeconomic status are presented in tables NHA.13.1–2.
- Data by remoteness are presented in tables NHA.13.1.

Data for 2009-10 are available in the 2009-10 NHA performance report. Data for 2008-09 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.13.1	Proportion of children receiving a 4th year developmental health check, by health check type, remoteness and SEIFA quintiles, by State and Territory, 2010-11
Table NHA.13.2	Proportion of children receiving a 4th year developmental health check, by SEIFA deciles, National, 2010-11

Box 34 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of children with fourth year developmental checks conducted through identified Medicare services. State and Territory data are available on the number of checks conducted under the Aboriginal and Torres Strait Islander population Child Health Checks program (which is used as a proxy for Indigenous participation), and by socioeconomic status (SES).
- The data do not include all developmental health check activity, such as that conducted through State and Territory early childhood health assessments in preschools and community health centres.
- Annual data are available. The most recent available data are for 2010-11.
- Data are of acceptable accuracy.

(Continued next page)

Box 34 **(continued)**

- Data in this report are comparable with data in the previous reports. On 1 May 2010, MBS items for relevant health checks were changed. The Healthy Kids Check Item 709 has been replaced with four new MBS health assessment items (based on time and complexity) that cover all ages. It is not expected that these changes will affect comparability over time.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Indigenous participation is measured using a proxy based on the type of developmental health check, which is likely to underestimate Indigenous participation. Further work to improve Indigenous identification in the Healthy Kids Check is required.

Indicator 14 — Waiting times for GPs

Key amendments from second cycle of reporting:	Data for the current year are able to be disaggregated into limited remoteness categories by State and Territory due to an increased sample size for the data collection
Outcome area:	Primary and community health
Progress measure:	Access to general practitioners, dental and other primary healthcare professionals
Measure:	<p>Length of time a patient needs to wait to see a GP for an urgent appointment</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of persons who reported seeing a GP for urgent medical care (for their own health) within specified waiting time categories• <i>denominator</i> — total number of persons aged 15 years or over who saw a GP for urgent medical care (for their own health) in the last 12 months <p>and is presented as a <i>directly age standardised rate</i> [per cent calculated separately for each waiting time category (within four hours; more than four hours but within 24 hours; and more than 24 hours)]</p>
Data source:	ABS <u>Patient Experience Survey</u> (PExS). Data are available annually
Data provider:	ABS
Data availability:	2010-11
Cross tabulations provided:	State and Territory by waiting time category by: <ul style="list-style-type: none">– remoteness (ASGC) (limited categories) Nationally by waiting time category by: <ul style="list-style-type: none">– SEIFA IRSD deciles– remoteness (ASGC) (all categories)

Box 35 Results

For this report, data are available for 2010-11.

- Data by State and Territory are presented in tables NHA.14.1–3.
- Data by remoteness are presented in tables NHA.14.1–4.
- Data by socioeconomic status are presented in table. NHA.14.5.

Apparent differences in results between years may not be statistically significant. To assist in interpretation, 95 per cent confidence intervals and relative standard errors are provided in the attachment tables for this indicator.

2009 data provided in the 2008-09 NHA performance report are comparable with data in this report.

Attachment tables

Table NHA.14.1	Reported waiting time to see a GP for an urgent appointment, by remoteness, by State and Territory, 2010-11 (per cent)
Table NHA.14.2	Reported waiting time to see a GP for an urgent appointment, by remoteness, by State and Territory, 2010-11, relative standard errors and confidence intervals (per cent)
Table NHA.14.3	Reported waiting time to see a GP for an urgent appointment, by remoteness, by State and Territory, 2010-11 (number)
Table NHA 14.4	Reported waiting time to see a GP for an urgent appointment, by remoteness, National, 2010-11
Table NHA.14.5	Waiting time for GPs for an urgent appointment, by SEIFA deciles, 2010-11

Box 36 Comment on data quality

The DQS for this indicator has been prepared by the ABS and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on waiting times for GPs for urgent medical care. The data are based on waiting times for self-defined urgent medical care. Data are available by remoteness areas and socioeconomic status (SES) (nationally), and by State and Territory for limited remoteness categories. Data are not available by Indigenous status.
- The most recent available data (for 2010-11 from the Patient Experience Survey [PEXS]) were published in 2011.
- The PEXS does not include people living in very remote areas, which affects the comparability of the NT results.
- Data are of acceptable accuracy. Relative standard errors for some disaggregations are greater than 25 per cent and these data should be used with caution.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- State and Territory disaggregation of this indicator by Indigenous status and SES is a priority.
- The PEXS sample size has increased from 7124 to 26 423 this year. The increased sample size has strengthened the reliability of the population-level estimates.
- However, it remains important to review the standard errors and confidence intervals provided with estimates. Where RSEs are large (greater than 25 per cent) the ABS recommend caution be used when interpreting results. Small year to year movements may be difficult to detect if the size of the RSEs is large compared to the size of the difference between estimates.
- Due to the requirement for sufficient data in specific age groups for the age-standardisation process, remoteness disaggregation of age-standardised data by State and Territory is only available for major cities (with other remoteness categories combined), with no State and Territory disaggregation available for SES.

Indicator 15 — Waiting times for public dentistry

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Primary and community health
Progress measure:	Access to general practitioners, dental and other primary healthcare professionals
Interim Measure:	<p>Waiting time (in days) between being placed on a public dentistry waiting list and an offer of care for dental treatment being made</p> <p>Median waiting time for access to public dental services — from the date the patient was added to the waiting list to the date they were offered dental care — presented as <i>median number of days</i></p> <p><i>Limited to non-emergencies and adult clients. Care defined as 'non emergency' if not involving relief of pain</i></p>
Data source:	State and Territory public dental services data are available annually, but are not comparable.
Data provider:	To be determined
Data availability:	Comparable data not currently available for reporting
Cross tabulations provided:	Nil

Box 37 **Comment on data quality**

There are currently no available data to inform this indicator.

The Steering Committee has been advised that the development of a National Minimum Dataset is continuing, although it is unlikely to occur before 2012-13.

Indicator 16 — People deferring access to selected healthcare due to cost

Key amendments from second cycle of reporting:	The title of this indicator has been amended to reflect the additional healthcare categories able to be reported against Data for the current year are able to be disaggregated into limited remoteness categories by State and Territory due to an increased sample size for the data collection
Outcome area:	Primary and community health
Progress measure:	Access to general practitioners, dental and other primary healthcare professionals
Measure:	Proportion of people who required treatment but deferred that treatment due to cost, by type of health service

There are five measures for this indicator

Measure 16a is defined as:

- *numerator* — number of persons who reported delaying or not seeing a GP in the last 12 months because of cost
 - *denominator* — total number of persons who saw a GP, or needed to see a GP but didn't, in the last 12 months
- and is presented as a *directly age standardised rate (per cent)*

Measure 16b is defined as:

- *numerator* — number of persons who reported delaying or not seeing a medical specialist in the last 12 months because of cost
 - *denominator* — total number of persons aged 15 years or over who received a written referral to a specialist from a GP in the last 12 months
- and is presented as a *directly age standardised rate (per cent)*

Measure 16c is defined as:

- *numerator* — number of persons who reported delaying or not getting a prescription filled for medication in the last 12 months because of cost
 - *denominator* — total number of persons aged 15 years or over who received a prescription for medication from a GP in the last 12 months
- and is presented as a *directly age standardised rate (per cent)*

Measure 16d is defined as:

- *numerator* — number of persons who reported delaying or not seeing a dental practitioner in the last 12 months because of cost
 - *denominator* — total number of persons aged 15 years or over who saw a dental practitioner, or who needed to see a dental practitioner but didn't, in the last 12 months
- and is presented as a *directly age standardised rate (per cent)*

Measure 16e is defined as:

- *numerator* — number of persons who reported delaying or not getting

	<p>pathology or imaging tests in the last 12 months because of cost</p> <ul style="list-style-type: none"> • <i>denominator</i> — total number of persons aged 15 years or over who had a pathology or imaging test, or who needed a pathology or imaging test, but didn't get one, in the last 12 months <p>and is presented as a <i>directly age standardised rate (per cent)</i></p>
Data source:	Numerator and denominator: ABS <u>Patient Experience Survey (PEXS)</u> . Data are available annually
Data provider:	ABS
Data availability:	2010-11
Cross tabulations provided:	<p>State and Territory by type of healthcare by:</p> <ul style="list-style-type: none"> – remoteness (ASGC) (limited categories) <p>Nationally, by type of healthcare by:</p> <ul style="list-style-type: none"> – SEIFA IRSD deciles – remoteness (ASGC) (all categories)

Box 38 **Results**

For this report, data are available for 2010-11.

- Data by State and Territory are presented in tables NHA.16.1–4 and NHA.16.6.
- Data by remoteness are presented in tables NHA.16.1–6.
- Data by socioeconomic status are presented in table NHA.16.7.

Apparent differences in results between years may not be statistically significant. To assist in interpretation, 95 per cent confidence intervals and relative standard errors are provided in the attachment tables for this indicator

2009 data provided in the 2009-10 NHA performance report are comparable with data for measures (a), (b) and (c) in this report. Measures (d) and (e) are included for the first time in this report.

Attachment tables

Table NHA.16.1	Proportion of people who reported delaying or not seeing a GP in the last 12 months because of cost, by State and Territory and remoteness, 2010-11
Table NHA.16.2	Proportion of people who reported delaying or not seeing a medical specialist in the last 12 months because of cost, by State and Territory and remoteness, 2010-11
Table NHA.16.3	Proportion of people who reported delaying or not getting a prescription filled in the last 12 months because of cost, by State and Territory and remoteness, 2010-11

Table NHA.16.4	Proportion of people who reported delaying or not seeing a dental professional in the last 12 months because of cost, by remoteness by State and Territory, 2010-11
Table NHA.16.5	Proportion of people who reported delaying or not seeing a dental professional in the last 12 months because of cost, by remoteness, 2010-11
Table NHA.16.6	Proportion of people who reported delaying or not having a pathology or imaging test in the last 12 months because of cost, by State and Territory and remoteness, 2010-11
Table NHA.16.7	Proportion of people who reported delaying or not accessing selected healthcare in the last 12 months due to cost, by type of healthcare, by SEIFA deciles, 2010-11

Box 39 **Comment on data quality**

The DQS for this indicator has been prepared by the ABS and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on people deferring access to selected health care (GPs, medical specialists, dentists, prescribed medications and pathology and imaging) due to cost. Data are available by remoteness areas and socioeconomic status (SES) (nationally), and by State and Territory for limited remoteness categories. Data are not available by Indigenous status.
- The most recent available data (for 2010-11 from the Patient Experience Survey [PExS]) were published in 2011.
- The PExS does not include people living in very remote areas, which affects the comparability of the NT results.
- Data are of acceptable accuracy. Relative standard errors for some disaggregations are greater than 25 per cent and these data should be used with caution.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- State and Territory disaggregation of this indicator by Indigenous status and SES is a priority.
- The PExS sample size has increased from 7124 to 26 423 this year. The increased sample size has strengthened the reliability of the population-level estimates.

(Continued next page)

Box 39 (continued)

- However, it remains important to review the standard errors and confidence intervals provided with estimates. Where RSEs are large (greater than 25 per cent) the ABS recommend caution be used when interpreting results. Small year to year movements may be difficult to detect if the size of the RSEs is large compared to the size of the difference between estimates.
- Due to the requirement for sufficient data in specific age groups for the age-standardisation process, remoteness disaggregation of age-standardised data by State and Territory is only available for measure (d) dental care, by major cities (with the other remoteness categories combined). No State and Territory disaggregations are available for SES.

Indicator 17 — Proportion of people with diabetes with HbA1c below 7 per cent

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Primary and community health
Progress measure:	Proportion of diabetics with HbA1c below seven per cent
Measure:	<p>Proportion of people with diabetes mellitus who have a HbA1c (glycated haemoglobin) level less than or equal to seven per cent</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of persons with diabetes with HbA1c below or equal to seven per cent• <i>denominator</i> — number of persons with diagnosed diabetes in the community <p>and is presented as a <i>percentage</i></p> <p><i>Excludes children (aged under 18 years) with diabetes and women with gestational diabetes mellitus from both numerator and denominator.</i></p> <p><i>Excludes deceased registrants from the denominator</i></p>
Data source:	Nil
Data provider:	Nil
Data availability:	No data currently available
Cross tabulations provided:	Nil

Box 40 Comment on data quality

There are currently no available data to inform this indicator.

The baseline prevalence rate of 7.1 per cent is sourced from the AusDiab study (AusDiab 2001), which was conducted in 1999-2000, and was based on measured levels of diabetes (that is, diagnosed and previously undiagnosed cases).

It is important to capture both diagnosed and undiagnosed cases for comparative reporting of total type 2 diabetes prevalence. The 1999-2000 AusDiab study found that, for every diagnosed case of type 2 diabetes, there was just over one undiagnosed case (a ratio of 1:1.1). However, it is not known whether this ratio still applies. The ABS is conducting the first Australian Health Survey (AHS) in 2011-12. The AHS comprises four components, including the NHMS — a voluntary biomedical survey which is likely to be the vehicle for reporting on this performance benchmark in the future. (The NHMS incorporates the biomedical component of the former National Health Risk Survey, previously identified by the Steering Committee as the likely reporting vehicle for this benchmark).

The AHS will gather representative data from adults and children on a three-yearly cycle, and aims to include the NHMS in every second cycle (every six years). Results from the NHMS component of the 2011-12 AHS are anticipated to be available from May 2013, with data for the Indigenous population (from the Australian Aboriginal and Torres Strait Islander Health Survey) anticipated to be available from September 2013, for inclusion in the 2012-13 NHA performance report.

Indicator 18 — Life expectancy

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Primary and community health
Progress measure:	Life expectancy (including the gap between Indigenous and non-Indigenous Australians)
Measure:	<p>Life expectancy — the average number of years a person could expect to live from the day they are born if they experienced mortality rates at each age that are currently experienced by the relevant population</p> <ul style="list-style-type: none">– Life expectancy for total population is calculated for a 3-year period and reported annually.– Life expectancy for Indigenous and non-Indigenous populations is calculated for a 3-year period and reported every 5 years <p><i>Calculated by direct estimation of life expectancy at birth for all Australians, Indigenous and non-Indigenous Australians using the average number of deaths in the relevant 3-year period and the estimated resident population at the mid-point of that period</i></p> <p><i>Direct estimation of the life expectancy gap between Indigenous and non-Indigenous Australians using the average number of deaths in the relevant three-year period and the estimated resident population at the mid-point of that three-year period, with adjustments for incomplete identification by Indigenous status.</i></p> <p>Presented as <i>number of years</i></p>
Data source:	<p>ABS <u>Life Tables</u> (annual)</p> <p>ABS <u>Experimental Indigenous and Non-Indigenous Life Tables</u> (5-yearly)</p>
Data provider:	ABS
Data availability:	<p>(All) 2008–2010 (calculated for a three-year period — reported annually for total population)</p> <p>(Indigenous status) 2005–2007 [no new data available. 2005–2007 data provided for the baseline report]</p> <p>Data are also reported for this indicator under the PI 1 in the NIRA performance report [though no new data are available]</p>
Cross tabulations provided:	<p>Aggregate data (2008–2010)</p> <p>State and Territory, by:</p> <ul style="list-style-type: none">– sex

Box 41 Results

For this report, new data for this indicator are available for 2010.

- Data by State and Territory are presented in tables NHA.18.1.
- Data by gender are presented in tables NHA.18.1.

No new data are available by Indigenous status for this report.

Data for 2008 and 2009 are available in the 2009-10 NHA performance report. Data for 2007 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.18.1	Estimated life expectancy at birth by sex, by State and Territory, 2008–2010 (years)
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Box 42 Comment on data quality

The DQS for this indicator has been prepared by the ABS and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on life expectancy at birth. Data are available for all states and territories. Data are not available by remoteness or socioeconomic status (SES).
- Mortality data are available annually. The most recent available data (for 2010) were published in November 2011. The data are calculated as a three year average (with the most recent data for 2008–2010). Data by Indigenous status are available every five years.
- Data are of acceptable accuracy.
- Data in this report are comparable with data in previous reports.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by remoteness and SES is a priority. Further work on the current data, or identification of an alternative data source, is required.
- The measure for this indicator is based on a three year average. Multiple year averages may not be able to determine trends over time as each reporting year incorporates the two previous years. Further work is required to determine what level of disaggregation is reliable for single year data.

Indicator 19 — Infant and young child mortality rate

Key amendments from second cycle of reporting:	Variability bands (for single year data) are now provided for rates and have been backcast to the baseline
Outcome area:	Primary and community health
Progress measure:	Infant/young child mortality rate (including the gap between Indigenous and non-Indigenous Australians)
Measure:	<p>Mortality rates for infants and children aged less than five years</p> <p>For infants, the measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of deaths among persons aged less than a year• <i>denominator</i> — live births <p>and is presented as a <i>rate (per 1000 live births)</i></p> <p>For children, the measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of deaths among persons aged 1–4 years• <i>denominator</i> — population aged 1–4 years <p>and is presented as a <i>rate (per 100 000 population)</i></p> <p>For infants and children, the measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of deaths among persons aged 0–4 years• <i>denominator</i> — population aged 0–4 years <p>and is presented as a <i>rate (per 100 000 population)</i></p> <p>Rate ratios and rate differences are calculated for Indigenous:non-Indigenous Australians.</p> <p>Variability bands (for single year data) are calculated for rates.</p>
Data source:	<p><i>Numerator</i> — ABS <u>Death Registrations Collection</u></p> <p><i>Denominator</i> — ABS <u>Census Post Enumeration Survey</u> (5 yearly), <u>Births registration data</u> (births), <u>Estimated Resident Population</u> (total population), <u>Experimental Indigenous estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	ABS
Data availability:	<p>Single year data:</p> <p>2010</p> <p>2009, 2008 and 2007 (resupplied with variability bands)</p> <p>Aggregate data:</p> <p>2008–2010 (three year average for total population)</p> <p>2006–2010 (five year average for disaggregation by Indigenous status)</p>

Data are also reported for this indicator under PI 9 in the NIRA performance report

Cross tabulations provided:

Single year data:
Nationally for infants and children aged 0–4 years, children aged 1–4 years and infants aged less than a year

Aggregate data:
2008–2010 (three year average for total population)
State and Territory, by selected age group (<1; 1–4; 0–4 years)

2006–2010 (five year average for disaggregation by Indigenous status)
State and Territory, by Indigenous status (only for those five jurisdictions that have Indigenous status of acceptable quality: NSW, Qld, WA, SA and NT and the total for these five jurisdictions), by selected age group (<1; 1–4; 0–4 years).

Further cross tabulations are available in the NIRA performance report — PI 9

Box 43 Results

For this report, new data for this indicator are available for 2010.

- National data by single year are presented in table NHA.19.1 (including single year data for 2009, 2008 and 2007). Variability bands are provided with these data.
- Data by State and Territory (three year aggregate) are presented in table NHA.19.2.
- Data by Indigenous status (five year aggregate) by selected jurisdictions are presented in tables NHA.19.3–5.

State and Territory data for 2007–2009 and 2006–2008 are available in the 2009-10 NHA performance report. State and Territory data for 2005–2007 are available in the 2008-09 baseline NHA performance report.

Additional data by Indigenous status are available in the NIRA performance report — NIRA performance indicator 9.

Attachment tables

Table NHA.19.1	All causes, infant and child mortality (less than one year, 1–4 years, and 0–4 years), National, 2007, 2008, 2009 and 2010
Table NHA.19.2	All causes infant and child mortality, by age group, by State and Territory, 2008–2010
Table NHA.19.3	All causes infant (<1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2006–2010
Table NHA.19.4	All causes child (1–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2006–2010

Table NHA.19.5	All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2006–2010
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Box 44 **Comment on data quality**

The DQS for this indicator has been prepared by the ABS and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on infant and young child mortality rates. Data are available by Indigenous status for selected states and territories. Data by remoteness and socioeconomic status (SES) are not available.
- Annual data are available. Single year data are reported for infant (infants aged less than one year), child (aged one to four years) and infant and child (aged zero to four years) mortality at the national level. Multiple year data are reported for disaggregation by State and Territory and by Indigenous status.
- Data are of acceptable accuracy. Although most deaths of Indigenous Australians are registered, it is likely that some are not identified as Indigenous. Therefore data are likely to underestimate the Indigenous mortality rate.
- A large number of unregistered deaths in Queensland dating back to 1992 were identified and registered in 2010. Data in this report include deaths that occurred from 2007 to 2010 that were registered in 2010, as this most closely approximates the expected registration pattern (as deaths occurring earlier than 2007 could be expected to be registered prior to 2010).
- For data disaggregated by Indigenous status:
 - Data by Indigenous status are reported for NSW, Queensland, SA and the NT only. Only these jurisdictions have evidence of a sufficient level of Indigenous identification, sufficient numbers of Indigenous deaths and do not have significant data quality issues
 - Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report.
- Variability bands accompanying mortality data should be used for the purposes of comparisons at a point in time (within jurisdictions and nationally) and over time (within a jurisdiction). They should not be used for comparing mortality rates at a single point in time across jurisdictions (or between a jurisdiction and the national total) as the variability bands and mortality rates do not take into account differences in under-identification of Indigenous deaths across jurisdictions.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

(Continued next page)

Box 44 (continued)

The Steering Committee also notes the following issues:

- While rates should be used with caution, data are comparable across jurisdictions and over time (although rates have not been adjusted for differences in Indigenous identification across jurisdictions).
- Further work is required to improve the completeness of Indigenous identification for registered deaths.
- Data by Indigenous status for WA for 2007, 2008 and 2009 included in previous NHA reports should not be used (this includes aggregates of years and jurisdictions)
- The WA Registry of Births, Deaths and Marriages and the ABS is investigating the quality of Indigenous status recording in WA deaths data, with an update on progress anticipated in early 2012.
- Disaggregation of this indicator by SES is a priority. Further development work on the current data source, or identification of an alternative data source, is required.

Indicator 20 — Potentially avoidable deaths

Key amendments from second cycle of reporting:	<p>Data have been backcast (single year only) to incorporate the following:</p> <ul style="list-style-type: none">– revised data for causes of death (backcasting required each year for the previous two years)– revised method for age standardisation– inclusion of variability bands (for single year data) for rates <p>Revised data are included in this report</p>
Outcome area:	Primary and community health
Progress measure:	Potentially avoidable deaths
Interim measure:	<p>Deaths that are potentially avoidable within the present health system:</p> <ul style="list-style-type: none">– potentially preventable deaths (those amenable to screening and primary prevention such as immunisation)– deaths from potentially treatable conditions (those amenable to therapeutic interventions) <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of deaths of persons aged less than 75 years categorised as potentially avoidable• <i>denominator</i> — population aged less than 75 years <p>and is presented as <i>number of deaths</i> and a <i>directly age standardised rate (per 100 000 people in the relevant population)</i></p> <p>Calculated separately for preventable and treatable categories and as a total</p> <p><i>[The Steering Committee has a list of in-scope ICD-10 codes]</i></p>
Data source:	<p><i>Numerator</i> — ABS <u>Causes of Death collection</u></p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	ABS
Data availability:	<p>Single year data (for total population) 2009</p> <p>2008 and 2007 (revised for cause of death and resupplied with variability bands)</p> <p>Aggregate data (for disaggregation by Indigenous status) 2005–2009</p>
Cross tabulations provided:	<p>Single year data</p> <p>State and Territory, by preventable and treatable categories</p>

National, by preventable and treatable categories, by:

- Indigenous status (only for those five jurisdictions that have Indigenous status of acceptable quality: NSW, Qld, WA, SA and NT and the total for these five jurisdictions)

Five-year aggregate data

State and Territory, by

- Indigenous status (only for those five jurisdictions that have Indigenous status of acceptable quality: NSW, Qld, WA, SA and NT and the total for these five jurisdictions)

Box 45 **Results**

For this report, new data for this indicator are available for 2009.

- Data by State and Territory are presented in tables NHA.20.1 and NHA.20.3.
- Data by Indigenous status are presented in tables NHA.20.2–3.

Data for 2008 and 2007 (single year data only) have been revised and are included in this report.

- 2008 data are presented in tables NHA.20.4–5
- 2007 data are presented in tables NHA.20.6–7.

Five-year aggregate data for 2004–2008 and 2003–2007 are available in the 2009-10 NHA performance report.

Attachment tables

Table NHA.20.1	Age standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2009
Table NHA.20.2	Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, National, 2009
Table NHA.20.3	Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT, 2005–2009
*Table NHA.20.4	Age standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2008
*Table NHA.20.5	Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, National, 2008
**Table NHA.20.6	Age standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2007
**Table NHA.20.7	Age standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, National, 2007

*table contains revised data for 2008. **table contains revised data for 2007.

Box 46 Comment on data quality

The DQS for this indicator has been prepared by the ABS and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on potentially avoidable (preventable and treatable) deaths. Data are available by Indigenous status for selected states and territories. Data by socioeconomic status (SES) are not available.
- For data disaggregated by Indigenous status:
 - Data by Indigenous status are reported for NSW, Queensland, SA and the NT. Only these jurisdictions have evidence of a sufficient level of Indigenous identification, sufficient numbers of Indigenous deaths and do not have significant data quality issues
 - Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA data for these years (including aggregates of years and jurisdictions) are not included in this report.
- Annual data are available. The most recent available data are for 2009.
- Data are of acceptable accuracy. Although most deaths of Indigenous Australians are registered, it is likely that some are not identified as Indigenous. Therefore data are likely to underestimate the rate of potentially avoidable deaths for Indigenous Australians.
- Variability bands provided with rates describe the range of potential results for mortality rates. Variability bands can be used for comparisons within jurisdictions (for cause of death or over time), but not across jurisdictions and not between jurisdictions and totals.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Further work is required to improve the completeness of Indigenous identification for registered deaths.
- Data by Indigenous status for WA for 2007 and 2008 included in previous NHA reports should not be used (this includes aggregates of years and jurisdictions).
- The WA Registry of Births, Deaths and Marriages and the ABS is investigating the quality of Indigenous status recording in WA deaths data, with an update on progress anticipated in early 2012.
- Disaggregation of this indicator by SES is a priority. Further development work on the current data source, or identification of an alternative data source, is required.

Indicator 21 — Treatment rates for mental illness

Key amendments from second cycle of reporting:	DVA data are available for the first time for this report. Data have been backcast to include DVA data for prior years Indigenous status data have been recalculated for prior years.
Outcome area:	Primary and community health
Progress measure:	Treated prevalence rates for mental illness
Proxy measure:	<p>Proportion of population receiving clinical mental health services</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — the number of persons receiving clinical mental health services• <i>denominator</i> — total population <p>and is presented as a <i>directly age standardised rate (per cent)</i></p> <p><i>Calculated separately for public, private and Medicare Benefits Scheme / Department of Veterans Affairs (DVA) - funded services (cannot aggregate services)</i></p> <p><i>MBS Statistics presented by Indigenous status are adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database</i></p>
Data source:	<p><i>Numerator</i> — <u>State and Territory community mental health care data; Private Mental Health Alliance Centralised Data Management Service (PMHA CDMS); MBS Statistics and Department of Veterans' Affairs (DVA) data</u></p> <p><i>Denominator</i> — <u>ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population)</u></p> <p>Data are available annually</p>
Data provider:	AIHW on behalf of State and Territory Health authorities, DoHA and DVA and Private Mental Health Alliance
Data availability:	2009-10 2008-09 and 2007-08 (backcast to include DVA data [public, private and MBS Statistics data only], and recalculated Indigenous status [Indigenous status not available for private data])
Cross tabulations provided:	<p>State and Territory, by service stream, by:</p> <ul style="list-style-type: none">– 10-year age group (age specific rate)– Indigenous status (public and MBS Statistics data only)– remoteness (ASGC)– SEIFA IRSD quintiles <p>Nationally by SEIFA IRSD deciles</p>

Box 47 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in tables NHA.21.1–5.
- Data by Indigenous status are presented in tables NHA.21.2.
- Data by socioeconomic status are presented in table NHA.21.4 and NHA.21.6.
- Data by remoteness are presented in table NHA.21.3.
- Data by age groups are presented in table NHA.21.5.
- Data by service stream are presented in tables NHA.21.1–6.

Data for 2008-09 and 2007-08 have been revised and are included in this report.

- Revised 2008-09 data are presented in tables NHA.21.7–12.
- Revised 2007-08 data are presented in tables NHA.21.13–18.

Attachment tables

Table NHA.21.1	Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2009-10
Table NHA.21.2	Proportion of people receiving clinical mental health services, by service type and Indigenous status, by State and Territory, 2009-10
Table NHA.21.3	Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2009-10
Table NHA.21.4	Proportion of people receiving clinical mental health services, by service type and SEIFA quintiles, by State and Territory, 2009-10
Table NHA.21.5	Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2009-10
Table NHA.21.6	Proportion of people receiving clinical mental health services by service, type and SEIFA deciles, National, 2009-10 (per cent)
*Table NHA.21.7	Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2008-09
*Table NHA.21.8	Proportion of people receiving clinical mental health services, by service type and Indigenous status, by State and Territory, 2008-09
*Table NHA.21.9	Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2008-09
*Table NHA.21.10	Proportion of people receiving clinical mental health services, by service type and SEIFA quintiles, by State and Territory, 2008-09
*Table NHA.21.11	Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2008-09

*Table NHA.21.12	Proportion of people receiving clinical mental health services by service, type and SEIFA deciles, National, 2008-09 (per cent)
**Table NHA.21.13	Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2007-08
**Table NHA.21.14	Proportion of people receiving clinical mental health services, by service type and Indigenous status, by State and Territory, 2007-08
**Table NHA.21.15	Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2007-08
**Table NHA.21.16	Proportion of people receiving clinical mental health services, by service type and SEIFA quintiles, by State and Territory, 2007-08
**Table NHA.21.17	Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2007-08
**Table NHA.21.18	Proportion of people receiving clinical mental health services by service, type and SEIFA deciles, National, 2007-08 (per cent)

* table contains revised data for 2008-09. ** table contains revised data for 2007-08.

Box 48 Comment on data quality

The DQS for this indicator was initially drafted by the AIHW, and finalised by the AIHW following input from State and Territory health authorities, the Private Mental Health Alliance, DoHA and the DVA. The DQS is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of the population receiving clinical mental health services. Data are reported separately for public, private and MBS and DVA-funded services.
- State and Territory data are available by remoteness and socioeconomic status (SES), and for public and MBS-funded services by Indigenous status. Data for private services and DVA services are not available by Indigenous status.
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy. However, comparisons across states and territories should be made with caution due to differences in counting clients under care and reporting processes (for example, people who are assessed by a mental health service but do not go on to be treated for a mental illness are included in the data by some jurisdictions but not others).
- The quality of Indigenous identification for public services varies across states and territories. Indigenous identification in the MBS data set is voluntary, and the data have been subject to an adjustment factor to correct for Indigenous under-identification.
- Individuals using private services are likely to also be counted in MBS data, as most private patients access MBS items associated with the private hospital service. No estimates are available on the extent of duplication between these categories.
- Caution should be exercised when comparing results for remoteness and SES for public services across jurisdictions and over time, as these data are based on different concepts in different jurisdictions.
- Detailed explanatory notes are publicly available to assist in the interpretation of results. Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Further work is required to obtain comprehensive and consistent data on people with mental illness across the full scope of service streams.
- Disaggregation of this indicator for private patients and those recorded in DVA data by Indigenous status is a priority.

Indicator 22 — Selected potentially preventable hospitalisations

Key amendments from second cycle of reporting: There are two key amendments for this report:

- Analysis of this indicator over time is problematic because of changes in definitions and coding practices related to the categories diabetes complications and dehydration and gastroenteritis since the baseline. On request of the CRC, supplementary tables are provided with data for these categories removed or restricted to provide a comparable time series. Supplementary data have been backcast
- Baseline data have been amended and resupplied for the Indigenous status and SEIFA disaggregations

Outcome area: Primary and community health

Progress measure: Selected potentially preventable hospitalisations

Measure: Admissions to hospital that could have potentially been prevented through the provision of appropriate non-hospital health services

The measure is defined as:

- *numerator* — number of potentially preventable hospitalisations, divided into the following three categories and total:
 - vaccine-preventable conditions (for example, tetanus, measles, mumps, rubella)
 - acute conditions (for example, ear, nose and throat infections, dehydration/gastroenteritis)
 - chronic conditions (for example, diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease)
 - all potentially preventable hospitalisations
- *denominator* — total population

and expressed as a *directly age standardised rate (per 100 000 people in the relevant population)*

Supplementary measure (a) is defined as:

- *numerator* — number of potentially preventable hospitalisations, divided into the following three categories and total:
 - vaccine-preventable conditions
 - acute conditions, *excluding dehydration and gastroenteritis*
 - chronic conditions, *excluding diabetes complications (additional diagnoses only)*
 - all potentially preventable hospitalisations, *excluding diabetes complications (additional diagnoses only) and dehydration and gastroenteritis*
- *denominator* — total population

and expressed as a *directly age standardised rate (per 100 000 people in the relevant population)*

Supplementary measure (b) is defined as:

- *numerator* — number of potentially preventable hospitalisations, divided into the following three categories and total:

- vaccine-preventable conditions
 - acute conditions, *excluding dehydration and gastroenteritis*
 - chronic conditions, *excluding diabetes complications (all diagnoses)*
 - all potentially preventable hospitalisations, *excluding diabetes complications (all diagnoses) and dehydration and gastroenteritis*
 - *denominator* — total population
- and expressed as a *directly age standardised rate (per 100 000 people in the relevant population)*

[The Steering Committee has a list of in-scope ICD-10-AM codes for each measure]

Data source: *Numerator* — AIHW National Hospital Morbidity Database

Denominator — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population)

Data are available annually

Data provider: AIHW

Data availability: 2009-10
2008-09 [backcast for the two supplementary measures]
2007-08 [revised, and backcast for the two supplementary measures]

Cross tabulations provided: State and Territory (by three groups and total) by:

- Indigenous status
- remoteness (ASGC)
- SEIFA IRSD quintiles

Nationally (by three groups and total) by:

- SEIFA IRSD deciles

National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable

Box 49 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.22.1–2.
 - Data for supplementary measure a) by State and Territory are in tables NHA.22.4–5.
 - Data for supplementary measure b) by State and Territory are in tables NHA.22.7–8.

(Continued next page)

Box 49 (continued)

- Data by socioeconomic status are presented in table NHA.22.2–3.
 - Data for supplementary measure a) by socioeconomic status are in tables NHA.22.5–6.
 - Data for supplementary measure b) by socioeconomic status are in table NHA.22.8–9.
- Data by Indigenous status are presented in table NHA.22.2.
 - Data for supplementary measure a) by Indigenous status are in table NHA.22.5.
 - Data for supplementary measure b) by Indigenous status are in table NHA.22.8.
- Data by remoteness are presented in table NHA.22.2.
 - Data for supplementary measure a) by remoteness are in table NHA.22.5.
 - Data for supplementary measure b) by remoteness are in table NHA.22.8.

Backcast data for supplementary measures for prior years are provided in this report:

- for 2008-09 in tables NHA.22.10–15.
- for 2007-08 in tables NHA.22.17–22.

Revised data for 2007-08 are provided in table NHA.22.16.

Other data for 2008-09 are provided in the 2009-10 NHA performance report. Other data for 2007-08 are provided in the 2008-09 baseline NHA performance report).

Attachment tables

Table NHA.22.1	Selected potentially preventable hospitalisations, by State and Territory, 2009-10
Table NHA.22.2	Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table NHA.22.3	Selected potentially preventable hospitalisations, by SEIFA deciles, National, 2009-10
Table NHA.22.4	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by State and Territory, 2009-10
Table NHA.22.5	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table NHA.22.6	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by SEIFA deciles, National, 2009-10
Table NHA.22.7	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by State and Territory, 2009-10

Table NHA.22.8	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (b)
Table NHA.22.9	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by SEIFA deciles, 2009-10
*Table NHA.22.10	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by State and Territory, 2008-09
*Table NHA.22.11	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09
*Table NHA.22.12	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by SEIFA deciles, National, 2008-09
*Table NHA.22.13	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by State and Territory, 2008-09
*Table NHA.22.14	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09
*Table NHA.22.15	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by SEIFA deciles, 2008-09
**Table NHA.22.16	Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08
**Table NHA.22.17	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by State and Territory, 2007-08
**Table NHA.22.18	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08
**Table NHA.22.19	Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), by SEIFA deciles, National, 2007-08
**Table NHA.22.20	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by State and Territory, 2007-08

**Table NHA.22.21	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08
**Table NHA.22.22	Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by SEIFA deciles, 2007-08

* table contains revised data for 2008-09. ** table contains revised data for 2007-08.

Box 50 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on selected potentially preventable hospitalisations. State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy.
- All public hospitals, except a mothercraft hospital in the ACT, provided data (one public hospital in WA was only able to provide partial data). Most private hospitals also provided data (exceptions were private day hospital facilities in the ACT and the single private free-standing hospital facility in the NT; one private hospital in WA was only able to provide partial data).
- Caution should be used in comparing with 2007-08 data as changes between the 5th and 6th editions of the ICD-10-AM and the associated coding standard resulted in decreased reporting of additional diagnoses for diabetes, and increased reporting of gastroenteritis. Other conditions are comparable over time.
- Tasmanian data are not comparable over time as data from two private hospitals included in 2007-08 and 2009-10 data were not available for 2008-09.
- The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. Data for these jurisdictions (and NT private hospitals) are not included in the totals for Indigenous status.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Further work is required to improve the comparability of data across editions of the ICD-10-AM.
- Disaggregation for Indigenous status and SES for 2007-08 have been revised and are included in this report.

Indicator 23 — Selected potentially avoidable GP-type presentations to emergency departments

Key amendments from second cycle of reporting:	Data for the previous year (2009-10) have been revised with updated peer group data. These data are included in this report
Outcome area:	Primary and community health
Progress measure:	Selected potentially avoidable GP-type presentations to emergency departments
Interim measure:	<p>Attendances at public hospital emergency departments that could have potentially been avoided through the provision of appropriate non-hospital services in the community</p> <p>The measure is defined as the number of presentations to public hospital emergency departments with a type of visit of <i>Emergency presentation</i> (for 2009-10 data for South Australia only type of visit can be <i>Emergency presentation</i> or <i>Not Reported</i>) where the patient:</p> <ul style="list-style-type: none">– was allocated a triage category of 4 or 5, and– did not arrive by ambulance or police or correctional vehicle, and– was not admitted to the hospital or referred to another hospital, or did not die <p>and is presented as a <i>number</i></p> <p><i>Measure is limited to public hospitals in peer groups A and B as this is the scope of the collection</i></p>
Data source:	<p><u>Numerator — AIHW National Non-admitted Patient Emergency Department Care Database</u></p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	2010-11 2009-10 (updated for peer group)
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none">– Indigenous status– remoteness (ASGC)– SEIFA IRSD quintiles– peer group and triage category <p>Nationally by:</p> <ul style="list-style-type: none">– SEIFA IRSD deciles

Box 51 Results

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in tables NHA.23.1–2 and NHA.23.4.
- Data by remoteness are presented in table NHA.23.2.
- Data by Indigenous status are presented in table NHA.23.2.
- Data by socioeconomic status (SES) are presented in tables NHA.23.2–3.
- Data by hospital peer group are presented table NHA.23.4.

Data for 2009-10 have been updated for peer group and the revised data included in this report.

- Data by State and Territory are presented in tables NHA.23.5–6 and NHA.23.8.
- Data by remoteness are presented in table NHA.23.6.
- Data by Indigenous status are presented in table NHA.23.6.
- Data by SES are presented in tables NHA.23.6–7.
- Data by hospital peer group are presented table NHA.23.8.

Data for 2008-09 and 2007-08 (State and Territory by remoteness and SES) are available in the 2009-10 NHA performance report. Data for 2007-08 (disaggregated by State and Territory by Indigenous status) are available in the 2008-09 baseline NHA performance report.

(National data disaggregated by SES, and State and Territory data disaggregated by hospital peer group, are not available for 2007-08.)

Attachment tables

Table NHA.23.1	Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, 2010-11 (number)
Table NHA.23.2	Selected potentially avoidable GP-type presentations to emergency departments, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11 (number)
Table NHA.23.3	Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA deciles, National, 2010-11 (number)
Table NHA.23.4	Emergency department presentations, by hospital peer group, by State and Territory, 2010-11 (number)
*Table NHA.23.5	Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, 2009-10 (number)
*Table NHA.23.6	Selected potentially avoidable GP-type presentations to emergency departments, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (number)

*Table NHA.23.7	Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA deciles, National, 2009-10 (number)
*Table NHA.23.8	Emergency department presentations, by hospital peer group, by State and Territory, 2009-10 (number)

* table contains revised data for 2009-10.

Box 52 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on selected potentially avoidable GP-type presentations to emergency departments. State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2010-11.
- Data are of acceptable accuracy. Coverage of the data collection is complete for public hospitals in peer groups A (principal referral and specialist women's and children's hospitals) and B (large hospitals). Peer group A and B hospitals provide approximately 70 per cent of all public hospital emergency outpatient occasions of services. Caution should be exercised when interpreting the data for 2010-11, as it has not been subject to the usual level of confirmation.
- Caution should be exercised when interpreting data by Indigenous status, as the quality of Indigenous identification has not been formally assessed. Further, as peer group A and B hospitals are generally located in major cities, the data might not include regional and rural hospitals, where the representation of Indigenous Australians is higher than in major cities (compared with other Australians). Similarly, data by remoteness and SES should be interpreted with caution.
- Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer group A or B, or the peer group classification for a hospital, may vary over time.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Only 70 per cent of public hospital emergency occasions of service are in scope. Further development work is required to expand the scope to all hospitals, or to construct an appropriate method to ensure data are representative of all hospitals.
- Assessing and improving the quality of Indigenous status and SES reporting is a priority.
- The number of potentially avoidable GP-type presentations to emergency departments does not allow comparisons across states and territories, remoteness or SES. The Steering Committee recommends examining the possibility of reporting this indicator as a rate against the relevant population.

Indicator 24 — GP-type services

Key amendments from second cycle of reporting:	Department of Veterans' Affairs (DVA) data are available for this report. Data have been backcast to include DVA data for prior years Latest year Indigenous status data are not available.
Outcome area:	Primary and community health
Output measure:	Number of primary care services per 1000 population (by location of client)
Measure:	<p>GP-type service use per 1000 population</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of non-referred General Practice (GP) attendances claimed through the Medicare Benefits Scheme or the Department of Veterans' Affairs (DVA)• <i>denominator</i> — total population <p>and is presented as a <i>directly age standardised rate (per 1000 population)</i></p> <p><i>Includes GP / Vocationally Registered GP non-referred attendances; primary care; Practice nurse services; Other non-referred attendances</i></p> <p><i>Non-referred (GP) attendances is kept consistent with Medicare Benefits Schedule (MBS) classifications</i></p> <p><i>MBS Statistics presented by Indigenous status are adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database</i></p> <p><i>[Secretariat has list of MBS items for calculation of this measure]</i></p>
Data source:	<p><i>Numerator</i> — <u>MBS Statistics</u> and <u>Department of Veterans' Affairs</u> (DVA) data</p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	AIHW on behalf of DoHA and DVA
Data availability:	2010-11 and backcast for 2009-10 and 2008-09
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none">– remoteness (ASGC)– SEIFA IRSD quintiles– Indigenous status (MBS Statistics data only) <p>Nationally, by: SEIFA IRSD deciles</p>

Box 53 **Results**

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in table NHA.24.1.
- Data by socioeconomic status (SES) are presented in tables NHA.24.1–2.
- Data by remoteness are presented in table NHA.24.1.

Data for 2009-10 and 2008-09 have been updated to include DVA data and are included in this report:

- Revised 2009-10 data are presented in tables NHA.24.3–4.
- Revised 2008-09 data are presented in tables NHA.24.5–6.

Attachment tables

Table NHA.24.1	GP-type service use, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11
Table NHA.24.2	GP-type service use, by SEIFA deciles, National, 2010-11
*Table NHA.24.3	GP-type service use, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10
*Table NHA.24.4	GP-type service use, by SEIFA deciles, National, 2009-10
**Table NHA.24.5	GP-type service use, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09
**Table NHA.24.6	GP-type service use, by SEIFA deciles, National, 2008-09

* table contains revised data for 2009-10. ** table contains revised data for 2008-09.

Box 54 Comment on data quality

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised by AIHW in consultation with DoHA and DVA. The DQS is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on GP-type service use per 1000 population. State and Territory data are available by Indigenous status (for MBS data only) and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2010-11.
- Data are of acceptable accuracy.
- Indigenous identification in the MBS data set is voluntary, and the data have been subject to an adjustment factor to correct for Indigenous under identification. Improved collection of Indigenous status will reduce potential bias associated with these adjustments. Indigenous status data have been suppressed for 2010-11, as the Indigenous adjustment factor was not available in time for reporting.
- State and Territory and SES data reflect the location of residence of the client, not the location where services were received.
- Data backcast for prior years to incorporate DVA data are included in this report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Latest year (2010-11) data by Indigenous status were not available for this report, as Indigenous status adjustment factors were not available in time. AIHW anticipates that latest year data will be available for future reporting cycles.
- Identification of Indigenous status in DVA data is a priority.

Indicator 25 — Specialist services

Key amendments from second cycle of reporting:	Department of Veterans' Affairs (DVA) data are available for this report. Data have been backcast to include DVA data for prior years Latest year Indigenous status data are not available.
Outcome area:	Primary and community health
Output measure:	Number of primary care services per 1000 population (by location of client)
Proxy measure:	Differential rates for specialist service use (out-of-hospital private patient) per 1000 population The measure is defined as: <ul style="list-style-type: none">• <i>numerator</i> — number of specialist services claimed through the Medicare Benefits Scheme or Department of Veterans' Affairs (DVA)• <i>denominator</i> — total population and is presented as a <i>directly age standardised rate (per 1000 population)</i> <i>MBS Statistics presented by Indigenous status are adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database</i> <i>[Secretariat has list of Medicare Benefits Schedule (MBS) items for calculation of this measure]</i>
Data source:	<i>Numerator</i> — <u>MBS Statistics, Department of Veterans' Affairs (DVA) data</u> <i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population) Data are available annually
Data provider:	AIHW on behalf of DoHA and DVA
Data availability:	2010-11 and backcast for 2009-10 and 2008-09
Cross tabulations provided:	State and Territory, by: <ul style="list-style-type: none">– remoteness (ASGC)– SEIFA IRSD quintiles– Indigenous status (MBS Statistics data only) Nationally, by: <ul style="list-style-type: none">– SEIFA IRSD deciles

Box 55 **Results**

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in table NHA.25.1.
- Data by socioeconomic status (SES) are presented in tables NHA.25.1–2.
- Data by remoteness are presented in table NHA.25.1.

Data for 2009-10 and 2008-09 have been updated to include DVA data and are included in this report:

- Revised 2009-10 data are presented in tables NHA.25.3–4
 - Data by State and Territory are presented in table NHA.25.3.
 - Data by Indigenous status are presented in table NHA.25.3.
 - Data by SES are presented in tables NHA.25.3 and NHA.25.4.
 - Data by remoteness are presented in table NHA.25.3.
- Revised 2008-09 data are presented in tables NHA.25.5–6
 - Data by State and Territory are presented in table NHA.25.5.
 - Data by Indigenous status are presented in table NHA.25.5.
 - Data by SES are presented in tables NHA.25.5 and NHA.25.6.
 - Data by remoteness are presented in table NHA.25.5.

Attachment tables

Table NHA.25.1	Specialist services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11
Table NHA.25.2	Specialist services, by SEIFA deciles, National, 2010-11
Table NHA.25.3	Specialist services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table NHA.25.4	Specialist services, by SEIFA deciles, National, 2009-10
Table NHA.25.5	Specialist services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09
Table NHA.25.6	Specialist services, by SEIFA deciles, National, 2008-09

* table contains revised data for 2009-10. ** table contains revised data for 2008-09.

Box 56 Comment on data quality

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised by AIHW in consultation with DoHA and DVA. The DQS is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on specialist service use for out-of-hospital private patients, per 1000 population. It only includes specialist services reimbursed through Medicare, and does not include specialist services delivered to patients in public hospitals (either inpatient or outpatient) and other settings that are not reimbursed by Medicare. State and Territory data are available by Indigenous status (MBS data only) and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2010-11.
- Data are of acceptable accuracy. Indigenous identification in the MBS data set is voluntary, and the data have been subject to an adjustment factor to correct for Indigenous under identification. Improved collection of Indigenous status will reduce potential bias associated with these adjustments. Indigenous status data have been suppressed for 2010-11, as the Indigenous adjustment factor was not available in time for reporting.
- State and Territory and SES data reflect the location of residence of the client, not the location where services were received.
- Data backcast for prior years to incorporate DVA data are included in this report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Latest year (2010-11) data by Indigenous status were not available for this report, as Indigenous status adjustment factors were not available in time. AIHW anticipate that latest year data will be available for future reporting cycles.

Indicator 26 — Dental services

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Primary and community health
Output measure:	Number of primary care services per 1000 population (by location)
Interim measure:	Differential rates for use of dental services per 1000 population The measure is defined as: <ul style="list-style-type: none">• <i>numerator</i> — number of persons aged 5 years or over (two years or over for Indigenous Australians) who visited a dentist in the last 12 months• <i>denominator</i> — population aged five years or over (two years or over for Indigenous Australians) and is presented as a <i>directly age standardised rate (per 1000 population)</i> <i>Rates are calculated separately for public and private providers and all providers, and for general and emergency and all visits</i> <i>Visits classified as per Australian Dental Association Schedule of Dental Services</i> <i>Service estimates to be restricted to dentate persons</i>
Data source:	<i>Numerator</i> — <u>National Dental Telephone Interview Survey (NDTIS)</u> (all). <u>National Health Survey (NHS)/National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)</u> (Indigenous status) <i>Denominator</i> — ABS <u>Estimated Resident Population</u> (all) and <u>NHS/NATSIHS</u> (Indigenous population) (Total population) NDTIS data are available every 2.5 years (Indigenous status) NATSIHS data are available every six years NHS data available every three years
Data provider:	AIHW (NDTIS) and ABS (NHS/NATSIHS)
Data availability:	(All) 2010 (Indigenous status) 2004-05 data included in the baseline report [no new data available]
Cross tabulations provided:	State and Territory, by service type (general, emergency, total) by provider type (public/private) Nationally, by service type (general, emergency, total) by provider type (public/private), by: <ul style="list-style-type: none">– remoteness (ASGC)– SEIFA IRSD quintiles

Box 57 **Results**

For this report new data for this performance indicator are available for 2010.

- Data by State and Territory are presented in table NHA.26.1
- Data by remoteness are presented in table NHA.26.2
- Data by socioeconomic status are presented in table NHA.26.2

Data for 2008, and for 2004-05 (for Indigenous status), are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.26.1	Use of dental services, by provider and service type, by State and Territory, 2010
Table NHA.26.2	Use of dental services, by provider and service type, by remoteness and SEIFA quintiles, National, 2010

Box 58 **Comment on data quality**

The DQS for this indicator have been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQSs are summarised below.

- The data provide relevant information on number of dental services per 1000 population. Data are available by State and Territory. National data are available by remoteness and socioeconomic status (SES), and State and Territory data are available by Indigenous status.
- Data for all Australians are from the National Dental Telephone Interview Survey (NDTIS). Data exclude children aged 0–4 years and people with no remaining natural teeth. Data are available every 2.5 years.
- The most recent available data are for 2010. Data are comparable with NDTIS data provided in the 2008-09 baseline NHA performance report.
- Data are of acceptable accuracy. Relative standard errors for some remoteness and SES and disaggregation are greater than 25 per cent and these data should be used with caution.
- Detailed explanatory notes are publicly available to assist in interpretation of results.
- Additional data from the data source are available on-line, and on request.

(Continued next page)

Box 58 (continued)

The Steering Committee also notes the following issues:

- Data are only available every 2.5 years (from the NDTIS) for the general population and every six years for the Indigenous population (from the NATSIHS). An assessment of the relative speed of change in results for this indicator is required to determine whether more regular data collection is necessary.
- The size of the standard errors mean that the data may not be adequate for measuring change over time. Small year to year movements may be difficult to detect if the size of the standard errors is large compared to the size of the difference between estimates.
- Data from the Australian Aboriginal and Torres Strait Islander Health Survey (replacing the NATSIHS) are expected to be available for the 2012-13 NHA performance report.

Indicator 27 — Optometry services

Key amendments from second cycle of reporting:	Department of Veterans' Affairs (DVA) data are available for this report. Data have been backcast to include DVA data for prior years Latest year Indigenous status data are not available.
Outcome area:	Primary and community health
Output measure:	Number of primary care services per 1000 population (by location)
Measure:	<p>Optometry service use per 1000 population</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of optometry services claimed through the Medicare Benefits Scheme or Department of Veterans' Affairs (DVA)• <i>denominator</i> — total population <p>and is presented as a <i>directly age standardised rate (per 1000 population)</i></p> <p><i>MBS Statistics presented by Indigenous status are adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database</i></p> <p><i>[Secretariat has list of Medicare Benefits Schedule (MBS) items for calculation of this measure]</i></p>
Data source:	<p><i>Numerator</i> — <u>MBS Statistics</u>, <u>Department of Veterans' Affairs (DVA)</u> data</p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	AIHW on behalf of DoHA and DVA
Data availability:	2010-11 and backcast for 2009-10 and 2008-09
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none">– remoteness (ASGC)– SEIFA IRSD quintiles– Indigenous status (MBS Statistics data only) <p>Nationally, by:</p> <ul style="list-style-type: none">– SEIFA IRSD deciles

Box 59 **Results**

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in table NHA.27.1.
- Data by socioeconomic status are presented in tables NHA.27.1–2.
- Data by remoteness are presented in table NHA.27.1.

Data for 2009-10 and 2008-09 have been updated to include DVA data and are included in this report:

- Revised 2009-10 data are presented in tables NHA.27.3–4.
- Revised 2008-09 data are presented in tables NHA.27.5–6.

Attachment tables

Table NHA.27.1	Optometry services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11
Table NHA.27.2	Optometry services, by SEIFA deciles, National, 2010-11
*Table NHA.27.3	Optometry services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10
*Table NHA.27.4	Optometry services, by SEIFA deciles, National, 2009-10
**Table NHA.27.5	Optometry services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09
**Table NHA.27.6	Optometry services, by SEIFA deciles, National, 2008-09

*table contains revised data for 2009-10. **table contains revised data for 2008-09.

Box 60 Comment on data quality

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised by AIHW in consultation with DoHA and DVA. The DQS is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on optometry services, per 1000 population. State and Territory data are available by Indigenous status (MBS data only) and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2010-11.
- Data are of acceptable accuracy. Indigenous identification in the MBS data set is voluntary, and the data have been subject to an adjustment factor to correct for Indigenous under identification. Improved collection of Indigenous status will reduce potential bias associated with these adjustments. Indigenous status data have been suppressed for 2010-11, as the Indigenous adjustment factor was not available in time for reporting.
- State and Territory and SES data reflect the location of residence of the client, not the location where services were received.
- Data have been backcast for prior years to incorporate DVA data and are included in this report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Latest year (2010-11) data by Indigenous status were not available for this report, as Indigenous status adjustment factors were not available in time. AIHW anticipate that latest year data will be available for future reporting cycles.

Indicator 28 — Public sector community mental health services

Key amendments from second cycle of reporting:	Indigenous status data have been recalculated to the baseline.
Outcome area:	Primary and community health
Output measure:	Number of mental health services
Measure:	<p>Number of public community mental health service contacts per 1000 population</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — total number of community mental health service contacts provided by public sector community mental health services• <i>denominator</i> — total population <p>and is presented as a <i>directly age standardised rate (per 1000 population)</i></p>
Data source:	<p><i>Numerator</i> — <u>National Community Mental Health Care Database</u></p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	2009-10 2008-09 and 2007-08 (revised for Indigenous status)
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none">– sex– Indigenous status– remoteness (ASGC)– SEIFA IRSD quintiles– sex by age (10-year age groups) (age specific rates) <p>Nationally, by:</p> <ul style="list-style-type: none">– SEIFA IRSD deciles

Box 61 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in tables NHA.28.1–2.
- Data by Indigenous status are presented in table NHA.28.1.
- Data by socioeconomic status are presented in tables NHA.28.1 and NHA.28.3.
- Data by remoteness are presented in tables NHA.28.1.
- Data by gender are presented in tables NHA.28.1–2.
- Data by age are presented in table NHA.28.2.

State and Territory Indigenous status data for 2008-09 and 2007-08 have been revised and are provided in this report in tables NHA.28.4–5.

Other data for 2008-09 (State and Territory by gender by age, and national socioeconomic status) are available in the 2009-10 NHA performance report. Other data for 2007-08 (State and Territory by gender and age) are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.28.1	Community mental health service contacts provided by public sector community mental health services, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table NHA.28.2	Community mental health service contacts provided by public sector community mental health services by sex and age, by State and Territory, 2009-10
Table NHA.28.3	Community mental health service contacts provided by public sector community mental health services, by SEIFA deciles, National, 2009-10
*Table NHA.28.4	Community mental health service contacts provided by public sector community mental health services, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09
**Table NHA.28.5	Community mental health service contacts provided by public sector community mental health services, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08

*table contains revised data for 2008-09. **table contains revised data for 2007-08.

Box 62 Comment on data quality

The DQS for this indicator has been prepared by the AIHW in consultation with DoHA and DVA and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on use of community mental health services. Data are available by State and Territory by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy. There is some variation in the types of service contacts included across jurisdictions, which affects comparability. Data are provided by jurisdiction of service, not residence. The interpretation of rates for jurisdictions should take into consideration cross-border flows.
- Coverage for most jurisdictions is estimated to be between 83–100 per cent. Tasmania and the NT estimate an underreporting rate of between 25–35 per cent of service contact records, which may affect results for these jurisdictions.
- The Indigenous status data should be interpreted with caution due to the varying quality of Indigenous identification across states and territories.
- Data in this report are comparable with data in the previous reports for all jurisdictions except Queensland. The adoption of new data management software has effectively established a new baseline of 2009-10 for Queensland.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- This indicator informs the output measure 'number of mental health services'. The Steering Committee recommends that the output measure be amended to 'mental health service contacts', to clarify that the intent is to measure service use, not the number of service providers.

Indicator 29 — Private sector mental health services

Key amendments from second cycle of reporting:	Department of Veterans' Affairs (DVA) data are available for this report. Data have been backcast to include DVA data for prior years Latest year Indigenous status data are not available.
Outcome area:	Primary and community health
Output measure:	Number of mental health services
Interim measure:	<p>Ambulatory mental health services provided by private psychiatrists, GPs and allied health providers (psychologists, occupational therapists, social workers, mental health nurses and Aboriginal health workers)</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of ambulatory mental health service contacts provided by private psychiatrists, general practitioners, clinical psychologists and other allied health providers (including registered psychologists, occupational therapists, social workers, mental health nurses and Aboriginal health workers) claimed through the Medicare Benefits Scheme or Department of Veterans' Affairs (DVA)• <i>denominator</i> — total population <p>and is presented as a <i>directly age standardised rate (per 1000 population)</i></p> <p><i>Includes all mental-health related Medicare Benefits Schedule (MBS) and additional DVA funded items and includes some ambulatory-equivalent admitted patient mental health service contacts</i></p> <p><i>MBS Statistics presented by Indigenous status are adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database</i></p> <p><i>[Secretariat has list of MBS items for calculation of this measure]</i></p>
Data source:	<p><i>Numerator</i> — <u>MBS Statistics</u> and <u>Department of Veterans' Affairs (DVA) data</u></p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	AIHW on behalf of DoHA and DVA
Data availability:	2010-11 2009-10 and 2008-09 (revised to include DVA data)
Cross tabulations provided:	State and Territory, by: <ul style="list-style-type: none">– service streams (Psychiatrist, Clinical Psychologist, General Practitioner and Other Allied Health)

- sex
 - sex by age (10 year groups) (age specific rates)
 - Indigenous status (MBS Statistics data only)
 - remoteness (ASGC)
 - SEIFA IRSD quintiles
- Nationally, by:
- SEIFA IRSD deciles

Box 63 **Results**

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in tables NHA.29.1–3.
- Data by Indigenous status are presented in table NHA.29.2.
- Data by socioeconomic status are presented in tables NHA.29.2 and NHA.29.4.
- Data by remoteness are presented in table NHA.29.2.
- Data by gender are presented in tables NHA.29.2–3.
- Data by age group are presented in table NHA.29.3.
- Data by service stream are presented in table NHA.29.1.

Data for 2009-10 and 2008-09 have been updated to include DVA data and are included in this report.

- Revised 2009-10 data are presented in tables NHA.29.5–8.
- Revised 2008-09 data are presented in tables NHA.29.9–12.

Attachment tables

Table NHA.29.1	Rate of ambulatory mental health services provided, by MBS/DVA service stream, by State and Territory, 2010-11
Table NHA.29.2	Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11
Table NHA.29.3	Rate of ambulatory mental health services provided, by age and sex, by State and Territory, 2010-11
Table NHA.29.4	Rate of ambulatory mental health services provided, by SEIFA deciles, National, 2010-11
*Table NHA.29.5	Rate of ambulatory mental health services provided, by MBS/DVA service stream, by State and Territory, 2009-10
*Table NHA.29.6	Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10
*Table NHA.29.7	Rate of ambulatory mental health services provided, by age and sex, by State and Territory, 2009-10

*Table NHA.29.8	Rate of ambulatory mental health services provided, by SEIFA deciles, National, 2009-10
**Table NHA.29.9	Rate of ambulatory mental health services provided, by MBS/DVA service stream, by State and Territory, 2008-09
**Table NHA.29.10	Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09
**Table NHA.29.11	Rate of ambulatory mental health services provided, by age and sex, by State and Territory, 2008-09
**Table NHA.29.12	Rate of ambulatory mental health services provided, by SEIFA deciles, National, 2008-09

*table contains revised data for 2009-10. **table contains revised data for 2008-09.

Box 64 **Comment on data quality**

The DQS for this indicator was initially drafted by the AIHW, finalised in consultation with the Department of Health and Ageing and the Department of Veterans' Affairs DVA, and provided by the AIHW. The DQS is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the use of private mental health services (as a rate per 1000 population). State and Territory data are available by Indigenous status (MBS data only) and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2010-11.
- Data are of acceptable accuracy. Indigenous identification in the MBS data set is voluntary, and the data are subject to an adjustment factor to correct for Indigenous under identification. Improved collection of Indigenous status will reduce potential bias associated with these adjustments. Indigenous status data have been suppressed for 2010-11, as the Indigenous adjustment factor was not available in time for reporting.
- Data backcast for prior years to incorporate DVA data are included in this report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Latest year (2010-11) data by Indigenous status were not available for this report, as Indigenous status adjustment factors were not available in time. AIHW anticipate that latest year data will be available for future reporting cycles.
- This indicator informs the output measure 'number of mental health services'. The Steering Committee recommends that the output measure be amended to 'mental health service contacts', to clarify that the intent is to measure service use, not the number of service providers.

Indicator 30 — Proportion of people with diabetes with a GP annual cycle of care

Key amendments from second cycle of reporting:	Department of Veterans' Affairs (DVA) data are available for this report. Data have been backcast to include DVA data for prior years
Outcome area:	Primary and community health
Output measure:	Proportion of people with selected chronic disease whose care is planned (asthma, diabetes, mental health)
Measure:	<p>Proportion of people with diabetes mellitus who have received a Medicare Benefits Scheme or Department of Veterans Affairs (DVA) annual cycle of care</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of persons with a completed Medicare Benefits Scheme or DVA diabetes annual cycle of care (includes Medicare Benefits Schedule (MBS) A18.2 or A19.2 codes)• <i>denominator</i> — number of persons with diagnosed type 1 or type 2 diabetes in the community <p>and is presented as a rate (<i>per cent</i>)</p> <p><i>The denominator excludes gestational diabetes mellitus (GDM) and 'other' diabetes cases and deceased registrants</i></p>
Data source:	<p><i>Numerator</i> — <u>MBS Statistics</u> and <u>Department of Veterans' Affairs (DVA)</u> data</p> <p><i>Denominator</i> — <u>National Diabetes Services Scheme (NDSS)</u> database</p> <p>Data are available annually</p>
Data provider:	AIHW on behalf of DoHA and DVA
Data availability:	2010-11 and backcast for 2009-10 and 2008-09
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none">– remoteness (ASGC)– SEIFA IRSD quintiles <p>Nationally, by:</p> <ul style="list-style-type: none">– SEIFA IRSD deciles

Box 65 **Results**

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in table NHA.30.1.
- Data by socioeconomic status are presented in tables NHA.30.1–2.
- Data by remoteness are presented in table NHA.30.1.

Data for 2009-10 and 2008-09 have been updated to include DVA data and are included in this report:

- Revised 2009-10 data are presented in tables NHA.30.3–4.
- Revised 2008-09 data are presented in tables NHA.30.5–6.

Attachment tables

Table NHA.30.1	Proportion of people with diabetes with a GP annual cycle of care, by remoteness and SEIFA quintiles, by State and Territory, 2010-11 (per cent)
Table NHA.30.2	Proportion of people with diabetes with a GP annual cycle of care, by SEIFA deciles, National, 2010-11 (per cent)
*Table NHA.30.3	Proportion of people with diabetes with a GP annual cycle of care, by remoteness and SEIFA quintiles, by State and Territory, 2009-10 (per cent)
*Table NHA.30.4	Proportion of people with diabetes with a GP annual cycle of care, by SEIFA deciles, National, 2009-10 (per cent)
**Table NHA.30.5	Proportion of people with diabetes with a GP annual cycle of care, by remoteness and SEIFA quintiles, by State and Territory, 2008-09 (per cent)
**Table NHA.30.6	Proportion of people with diabetes with a GP annual cycle of care, by SEIFA deciles, National, 2008-09 (per cent)

*table contains revised data for 2009-10. **table contains revised data for 2008-09.

Box 66 Comment on data quality

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised by AIHW in consultation with DoHA and DVA. The DQS is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of people known to have diabetes who have completed a cycle of care through general practice. Data are not available by Indigenous status. Data are available by State and Territory by socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2010-11.
- Registration with the National Diabetes Services Scheme (NDSS) is voluntary. It is estimated that 80 to 90 per cent of diagnosed cases of diabetes are registered, with a lower uptake in remote areas. Undiagnosed cases are not included in the data.
- Data are of acceptable accuracy. Registration on the NDSS requires a diagnosis of diabetes, which may result in an underestimation of diabetes cases in remote areas with low coverage of doctors. Results for the ACT and the NT appear less reliable than other jurisdictions, potentially due to smaller populations and lower coverage of services in the NT.
- Data in this report are not directly comparable with data in previous reports as the denominator (prevalence estimate of diabetes) increases each year with the improved coverage of the NDSS. Comparisons across jurisdictions and population groups may be affected by different population structures (including relative prevalence of Type 1 and Type 2 diabetes), which have not been accounted for in the calculation of this indicator.
- Data backcast for prior years to incorporate DVA data are included in this report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by Indigenous status is a priority.
- Consideration should be given to reporting separately on type 1 and type 2 diabetes.

Indicator 31 — Proportion of people with asthma with a written asthma plan

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Primary and community health
Output measure:	Proportion of people with selected chronic disease whose care is planned (asthma, diabetes, mental health)
Interim measure:	<p>Proportion of people with asthma who have a written asthma plan</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of persons with asthma who have a written asthma plan• <i>denominator</i> — estimated number of persons with asthma and is presented as a <i>directly age standardised rate (per cent)</i>
Data source:	<i>Numerator and denominator</i> — ABS <u>National Health Survey (NHS)</u> (all). Data are collected every three years. ABS <u>National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)</u> (Indigenous). Data are collected every six years
Data provider:	ABS
Data availability:	(Total population) 2007-08 NHS data provided for the baseline report [No new data available] (Indigenous status) 2004-05 NHS/NATSIHS data provided for the baseline report [No new data available]
Cross tabulations provided:	Nil

Box 67 **Comment on data quality**

No new data are available for this indicator. Data for 2007-08 are available in the 2008-09 baseline NHA performance report.

For the general population, data from the 2011-12 Australian Health Survey (general population) (replacing the NHS) are expected to be available for the 2011-12 NHA performance report. For the Indigenous population, data from the Australian Aboriginal and Torres Strait Islander Health Survey (replacing the NATSIHS) are expected to be available for the 2012-13 NHA performance report.

Indicator 32 — Proportion of people with mental illness with GP plans

Key amendments from second cycle of reporting:	Department of Veterans' Affairs (DVA) data are available for this report. Data have been backcast to include DVA data for prior years
Outcome area:	Primary and community health
Output measure:	Proportion of people with selected chronic disease whose care is planned (asthma, diabetes, mental health)
Interim measure:	Proportion of people with mental illness with General Practice (GP) Mental Health Treatment Plans
	<p>The measure is defined as:</p> <ul style="list-style-type: none"> • <i>numerator</i> — number of persons with a GP Mental Health Treatment Plan • <i>denominator</i> — estimated number of persons with mental illness and is presented as <i>directly age-standardised rates (per cent)</i> <p><i>The measure is presented by State and Territory as an overall rate, age-specific rate and number. The overall rate is limited to people aged 16–84 years. The age-specific rates are presented for all ages</i></p> <p><i>Denominator is calculated by applying the estimated proportion (age and sex-specific) of the population with mental illness (from the most recent ABS <u>National Survey of Mental Health and Wellbeing</u>) to the <u>Estimated Resident Population</u></i></p>
Data source:	<p><i>Numerator</i> — <u>MBS Statistics</u> and <u>Department of Veterans Affairs (DVA)</u> data</p> <p><i>Denominator</i> — ABS <u>Survey of Mental Health and Wellbeing</u> and ABS <u>Estimated Resident Population</u> data</p> <p>Data are available annually for MBS Statistics, DVA and ERP and infrequently for the ABS <u>Survey of Mental Health and Wellbeing</u></p>
Data provider:	<i>Numerator and denominator</i> — AIHW on behalf of ABS, DoHA and DVA
Data availability:	<p>2010-11</p> <p>2009-10 and 2008-09 (backcast to include DVA data)</p> <p>(all based on 2007 survey, adjusted to current Estimated Resident Population, as denominator for measure)</p>
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none"> – 10 year age group (age specific numbers of persons) – age specific rates <p>Nationally, by:</p> <ul style="list-style-type: none"> – remoteness (ASGC) – SEIFA IRSD quintiles

Box 68 **Results**

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in tables NHA.32.1–2.
- Data by socioeconomic status are presented in table NHA.32.3.
- Data by remoteness are presented in table NHA.32.3.
- Data by age group are presented in table NHA.32.2.

Data for 2009-10 and 2008-09 have been updated to include DVA data and are included in this report.

- Revised 2009-10 data are presented in tables NHA.32.4–6.
- Revised 2008-09 data are presented in tables NHA.32.7–9.

Attachment tables

Table NHA.32.1	People with mental illness aged 16—84 years with GP treatment plans, by State and Territory, 2010-11
Table NHA.32.2	People with mental illness with GP treatment plans, by age, by State and Territory, 2010-11
Table NHA.32.3	People with mental illness aged 16—84 years with GP treatment plans, by remoteness and SEIFA quintiles, National, 2010-11
*Table NHA.32.4	People with mental illness aged 16—84 years with GP treatment plans, by State and Territory, 2009-10
*Table NHA.32.5	People with mental illness with GP treatment plans, by age, by State and Territory, 2009-10
*Table NHA.32.6	People with mental illness aged 16—84 years with GP treatment plans, by remoteness and SEIFA quintiles, National, 2009-10
**Table NHA.32.7	People with mental illness aged 16—84 years with GP treatment plans, by State and Territory, 2008-09
**Table NHA.32.8	People with mental illness with GP treatment plans, by age, by State and Territory, 2008-09
**Table NHA.32.9	People with mental illness aged 16—84 years with GP treatment plans, by remoteness and SEIFA quintiles, National, 2008-09

*table contains revised data for 2009-10. **table contains revised data for 2008-09.

Box 69 Comment on data quality

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised by AIHW in consultation with DoHA and DVA. The DQS is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of people with a mental illness who have a GP mental health treatment plan. The National Survey of Mental Health and Wellbeing (denominator for the measure) does not capture all disorders (for example, low-prevalence disorders such as psychosis). This means that the numerator may potentially include some people who are not included in the denominator, resulting in a potential over-estimate for the proportion.
- Data are available by State and Territory. Data are not available by Indigenous status. National data are available for remoteness and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2010-11.
- Data have been backcast for prior years to incorporate DVA data and are included in this report.
- Data are of acceptable accuracy.
- Data from 2009-10 onwards are not directly comparable with data for previous years. From 1 July 2009, a diagnosis of a mental illness was required before accessing the relevant MBS item (prior to this date a diagnosis of mental illness was not required).
- Detailed explanatory notes are publicly available to assist in the interpretation of results. Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Further work is required to obtain more comprehensive data on people with mental illness across the full spectrum of disorders.
- Disaggregation of this indicator by Indigenous status and SES, by State and Territory is a priority. Further development work on the current data sources is required.

Indicator 33 — Women with at least one antenatal visit in the first trimester of pregnancy

Key amendments from second cycle of reporting:	Indigenous status data for prior years have been revised and are included with this report
Outcome area:	Primary and community health
Output measure:	Number of women with at least one antenatal visit in the first trimester of pregnancy
Interim measure:	<p>The number of women who gave birth, where an antenatal visit was reported in the trimester, as a proportion of women who gave birth</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of women who attended at least one antenatal visit in the first trimester (up to and including 13 weeks gestation) for at least one live or stillborn baby• <i>denominator</i> — total number of women who gave birth to at least one live or stillborn baby where gestation at first antenatal visit is known and is presented as a <i>percentage</i> <p>Births defined as all live births and still births where birthweight was at least 400 grams or the gestational age was at least 20 weeks</p> <p>First trimester is defined as before 14 weeks of pregnancy</p>
Data source:	<p><i>Numerator and denominator</i> — <u>National Perinatal Data Collection</u></p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	<p>2009 (data only available for NSW, Qld, SA and the NT for this reporting cycle)</p> <p>2008 and 2007 (revised for Indigenous status)</p> <p>Data are also reported for this indicator under PI 14 in the NIRA performance report</p>
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none">– Indigenous status (sourced from NIRA PI 14)– remoteness (ASGC)– SEIFA IRSD quintiles <p>Nationally, by SEIFA IRSD deciles</p> <p>Further cross tabulations are available in the NIRA performance report — PI 14</p>

Box 70 **Results**

For this report, new data for this indicator are available for 2009.

- Data by State and Territory are presented in table NHA.33.1 and NHA.33.3.
- Data by Indigenous status are presented in table NHA.33.3.
- Data by socioeconomic status are presented in tables NHA.33.1–2.
- Data by remoteness are presented in table NHA.33.1.

Indigenous status data for 2008 and 2007 have been revised and are presented in this report in table NHA.33.3.

Other data for 2008 are available in the 2009-10 NHA performance report. Other data for 2007 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.33.1	Proportion of pregnancies with an antenatal visit in the first trimester, remoteness and SEIFA quintiles, by State and Territory, 2009
Table NHA.33.2	Proportion of pregnancies with an antenatal visit in the first trimester, by SEIFA deciles, National, 2009 (per cent)
Table NHA.33.3	Age standardised rate of women who gave birth and attended at least one antenatal visit in the first trimester, by Indigenous status, by State and Territory, 2009, 2008, 2007

Box 71 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of women with at least one antenatal visit in the first trimester of a pregnancy that resulted in birth.
- Data are not available for Victoria, WA and Tasmania. Data are available for the ACT but are not of sufficient quality to report. For other states and territories, data can be disaggregated by Indigenous status (Indigenous status of mother only) and socioeconomic status (SES). National data are not available — reported totals are the sum of available data.
- Annual data are available. The most recent available data are for 2009.
- Data are of acceptable accuracy. However, no formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers in the Perinatal NMDS.
- Data in this report are comparable with data in previous reports. The completeness of data for the NT has improved since the baseline report, which affects comparisons over time. Data for 2009 include Queensland for the first time (Queensland data are available from 1 July 2009), which affects the comparability of totals. Data are not comparable across jurisdictions, because non-standard definitions were used and response rates varied.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- The interim measure reports data from the National Perinatal Data Collection (NPDC), which uses non-standard definitions for relevant data items. Standardisation of the definitions for the relevant NMDS has been completed and comparable data are expected to be available from the 2011 reference year (for reporting in the 2012-13 NHA performance report) onwards.
- The data are relatively old and may not be representative of current incidence. Further work is required to ensure availability of more timely data.
- The AIHW is currently investigating an appropriate method for deriving variability bands for these data.

Indicator 34 — Waiting times for elective surgery

Key amendments from second cycle of reporting:	A change has been made to the method for deriving these data. To ensure a consistent time series previous years data for selected disaggregations have been revised and are included in this report
Outcome area:	Hospital and related care
Progress measure:	Waiting times for services
Measure:	<p>Median and 90th percentile waiting times for elective surgery in public hospitals, including by indicator procedure</p> <p>The measure is calculated by:</p> <ul style="list-style-type: none">– subtracting the listing date for care from the removal date, minus any days when the patient was ‘not ready for care’, and also minus any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at removal <p>and is presented as the <i>number of days by percentile</i> (i.e. at the 50th and 90th percentile)</p> <p>Calculated overall and for each indicator procedure</p> <p><i>Waiting times are calculated for patients whose reason for removal from an elective surgery waiting list was ‘Admitted as an elective patient’. Includes the proportion of removals for elective admission that waited more than 365 days</i></p>
Data source:	<p><u>National Elective Surgery Waiting Times Data Collection</u>.</p> <p>For disaggregation by remoteness and SEIFA IRSD, and for some Indigenous status data, the Collection is linked to the <u>National Hospital Morbidity Database</u></p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	<p>2010-11</p> <p>2009-10 [additional disaggregation and revised]</p> <p>2008-09 and 2007-08 [revised]</p>
Cross tabulations provided:	<p>2010-11 and 2009-10 — State and Territory (by indicator procedure), by:</p> <ul style="list-style-type: none">– peer group– Indigenous status <p>2009-10 — State and Territory by:</p> <ul style="list-style-type: none">– remoteness (ASGC)– SEIFA IRSD quintiles <p>2009-10 — Nationally, by SEIFA IRSD deciles</p> <p>2008-09 and 2007-08 — State and Territory (by indicator procedure), by:</p> <ul style="list-style-type: none">– peer group

Box 72 **Results**

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in tables NHA.34.1–3
- Data by Indigenous status are presented in table NHA.34.3.
- Data by hospital peer group are presented table NHA.34.2.

Data for 2009-10 have been updated for peer group and methodology and are presented in this report in tables NHA.34.4–8.

Results by hospital peer group for 2008-09 and 2007-08 have been revised and are presented in this report in tables NHA.34.9–10.

Other data for 2008-09 are available in the second cycle 2009-10 NHA performance report. Other data for 2007-08 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.34.1	Waiting times for elective surgery in public hospitals, by State and Territory, 2010-11 (days)
Table NHA.34.2	Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2010-11 (days)
Table NHA.34.3	Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory, 2010-11 (days)
*Table NHA.34.4	Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2009-10 (days)
*Table NHA.34.5	Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory, 2009-10 (days)
*Table NHA.34.6	Waiting times for elective surgery in public hospitals, by remoteness area, by State and Territory, 2009-10 (days)
*Table NHA.34.7	Waiting times for elective surgery in public hospitals, by SEIFA quintiles, by State and Territory, 2009-10 (days)
*Table NHA.34.8	Waiting times for elective surgery in public hospitals, by SEIFA deciles, National, 2009-10 (days)
**Table NHA.34.9	Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2008-09 (days)
***Table NHA.34.10	Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2007-08 (days)

*table contains revised data for 2009-10, **table contains revised data for 2008-09, ***table contains revised data for 2007-08

Box 73 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on waiting times for elective surgery. State and Territory data are available by Indigenous status, remoteness and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2010-11 (State and Territory disaggregated by Indigenous status) and 2009-10 (State and Territory disaggregated by remoteness and SES).
- Data on Indigenous status should be interpreted with caution as these data have not been assessed for completeness. Data on Indigenous status for NSW in 2009-10 were extracted from a different source than for other jurisdictions, and may not be directly comparable.
- Data are of acceptable accuracy. For 2009-10, coverage of the National Elective Surgery Waiting Times Data Collection was about 91 per cent of elective surgery in Australian public hospitals. Caution should be exercised when interpreting the data for 2010-11, as they have not been subjected to the usual level of confirmation.
- The linkage of admitted patient data with elective surgery waiting times data was not possible for Tasmania for 2009-10.
- Data in this report are comparable with data in prior year reports, subject to the points above regarding comparability for NSW for 2009-10 and coverage and accuracy for 2010-11 data.
- Detailed explanatory notes are publicly available to assist in the interpretation of results
- Additional data from the data source are available on-line, and on request.

The Steering Committee notes also notes the following issue:

- The calculation of waiting times has varied across states and territories and over time (for example, treatment of inter-hospital transfers and patients not ready for care). Further work is required to understand the differences and their affect on the data.

Indicator 35 — Waiting times for emergency department care

Key amendments since the first cycle of reporting:	Prior year (2009-10) data have been revised for peer group and are included in this report
Outcome area:	Hospital and related care
Progress measure:	Waiting times for services
Interim measure:	<p>Percentage of patients who are treated within national benchmarks for waiting times for each triage category in public hospital emergency departments</p> <p>For each triage category, the measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — the number of presentations to public hospital emergency departments that were treated within benchmarks for each triage category• <i>denominator</i> — total presentations to public hospital emergency departments <p>and is presented as a <i>percentage</i></p> <p>Calculated overall and separately for each triage category</p> <p>Triage categories are:</p> <ul style="list-style-type: none">– triage category 1: seen within seconds, calculated as less than or equal to 2 minutes– triage category 2: seen within 10 minutes– triage category 3: seen within 30 minutes– triage category 4: seen within 60 minutes– triage category 5: seen within 120 minutes <p><i>Includes records with a Type of visit of 'Emergency presentation' (for SA only, Type of Visit can be 'Emergency presentation' or 'Not reported')</i></p> <p><i>Excludes where episode end status is either 'Did not wait to be attended by a health professional' or 'Dead on arrival, not treated in emergency department' or if the waiting time to service is missing or invalid</i></p> <p><i>Limited to public hospitals in peer groups A and B, as this is the scope of this collection</i></p>
Data source:	<i>Numerator and denominator</i> — AIHW <u>National Non-admitted Patient Emergency Department Care Database</u> . Data are available annually
Data provider:	AIHW
Data availability:	2010-11 and 2009-10 (revised data for peer group)
Cross tabulations provided:	<p>State and Territory, by Triage category, by:</p> <ul style="list-style-type: none">– peer group– Indigenous status– remoteness (ASGC)– SEIFA IRSD quintiles <p>Nationally, by Triage category, by:</p> <p>SEIFA IRSD deciles</p>

Box 74 **Results**

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in NHA.35.1–5.
- Data by remoteness are presented in table NHA.35.4.
- Data by Indigenous status are presented in table NHA.35.3.
- Data by socioeconomic status are presented in tables NHA.35.5–6.
- Data by hospital peer group are presented table NHA.35.2.

Data for 2009-10 have been updated for peer group and are presented in this report in tables NHA.35.7–11.

Data for 2008-09 and 2007-08 are available in the 2009-10 NHA performance report.

Attachment tables

Table NHA.35.1	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2010-11
Table NHA.35.2	Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2010-11
Table NHA.35.3	Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2010-11
Table NHA.35.4	Patients treated within national benchmarks for emergency department waiting time, by remoteness area, by State and Territory, 2010-11
Table NHA.35.5	Patients treated within national benchmarks for emergency department waiting time, by SEIFA quintiles, by State and Territory, 2010-11
Table NHA.35.6	Patients treated within national benchmarks for emergency department waiting time, by SEIFA deciles, National, 2010-11
*Table NHA.35.7	Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory, 2009-10
*Table NHA.35.8	Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2009-10
*Table NHA.35.9	Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory, 2009-10
*Table NHA.35.10	Patients treated within national benchmarks for emergency department waiting time, by SEIFA quintiles, by State and Territory, 2009-10
*Table NHA.35.11	Patients treated within national benchmarks for emergency department waiting time, by SEIFA deciles, National, 2009-10

*table contains revised data for 2009-10.

Box 75 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of patients who were treated within specified waiting times for different triage categories in emergency departments in peer group A and B hospitals. State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are 2010-11.
- Data are of acceptable accuracy. Data are complete for hospitals in peer group A (principal referral and specialist women's and children's hospitals) and B (large hospitals). Peer group A and B hospitals provide approximately 70 per cent of all public hospital emergency outpatient occasions of service.
- Caution should be exercised when interpreting the data for 2010-11 as it has not been subjected to the normal level of confirmation. Caution is advised when interpreting data by Indigenous status, as the quality of Indigenous identification has not been formally assessed. As peer group A and B hospitals are generally located in major cities, the data might not include hospitals in regional and rural areas where the representation of Indigenous patients is higher than in capital cities. Similarly, disaggregations by SES and remoteness should be used with caution.
- Caution should be used in comparing these data with prior years as numbers of hospitals classified in a peer group, or the peer group for a hospital, may vary over time.
- Detailed explanatory notes are publicly available to assist in interpretation of results. Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Only 70 per cent of public hospital emergency occasions of service are in scope. Further development work is needed to expand the scope to all hospitals, or to construct an appropriate method to ensure data are representative of all hospitals.
- Assessing and improving the quality of Indigenous data is a priority.

Indicator 36 — Waiting times for admission following emergency department care

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Hospital and related care
Progress measure:	Waiting times for services
Measure:	<p>Percentage of patients who present to a public hospital emergency department and are admitted to the same hospital, whose time in the emergency department is less than eight hours</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — presentations to public hospital emergency departments with an episode end status of 'admitted to this hospital' who were physically in the emergency department for less than eight hours• <i>denominator</i> — all presentations with an episode end status of 'admitted to this hospital' <p>and is presented as a <i>percentage</i></p>
Data source:	AIHW <u>National Non-admitted Patient Emergency Department Care Database</u>
Data provider:	Nil
Data availability:	Data are not currently available
Cross tabulations provided:	Nil

Box 76 **Comment on data quality**

No data are currently available to inform this indicator.

The Steering Committee has been advised that waiting time data could become part of the National Non-admitted Patient Emergency Department Database. Data development work emerging from the National Partnership Agreement on Hospital and Health Workforce Reform Implementation Group includes work on defining Emergency Departments (ED) and data items used in the calculation of waiting times.

It is anticipated that data for this indicator will be available for the reference year 2012-13, for publication in the 2013-14 NHA performance report.

Indicator 37 — Waiting times for radiotherapy and orthopaedic specialists

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Hospital and related care
Progress measure:	Waiting times for services
Measure:	<p>Length of time patient needs to wait to see selected specialists for radiotherapy and orthopaedic services</p> <p>The measure is calculated as:</p> <ul style="list-style-type: none">• the waiting time from the date the patient first sought an appointment, following a GP or other appropriate referral, to:<ul style="list-style-type: none">– for radiotherapy <i>patients</i>, the date of the first appointment at which treatment is provided– for orthopaedic <i>patients</i>, the date of their first appointment with a medical specialist <p>and is presented as the <i>number of days, by percentile</i> (i.e. at the 50th and 90th percentile), for each specialist type</p>
Data source:	There is no current national data source
Data provider:	Nil
Data availability:	Data are not currently available
Cross tabulations provided:	Nil

Box 77 **Comment on data quality**

No data are currently available to inform this indicator.

The Steering Committee noted in its 2009-10 NHA performance report that a working group of the National Health Information Standards and Statistics Committee (NHISSC) was developing a National Minimum Dataset on waiting for radiotherapy services for consideration by the Australian Health Ministers Advisory Committee. This work is still being completed.

Indicator 38 — Adverse drug events in hospitals

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Hospital and related care
Progress measure:	Selected adverse events in acute and sub-acute care settings
Measure:	<p>Adverse drug events occurring in hospital and requiring treatment</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of separations with an adverse drug event which occurred in hospital• <i>denominator</i> — total number of separations from hospital and is presented as a <i>rate</i>
Data source:	There is no current national data source
Data provider:	Nil
Data availability:	Data are not currently available
Cross tabulations provided:	Nil

Box 78 **Comment on data quality**

No data are currently available to inform this indicator.

The Steering Committee noted in its 2009-10 NHA performance report that a working group of the National Health Information Standards and Statistics Committee (NHISSC) is developing advice about necessary coding changes and additional data items required to report against this indicator. This work is still under development.

Indicator 39 — Healthcare-associated *Staphylococcus aureus* (including MRSA) bacteraemia in acute care hospitals

Key amendments from second cycle of reporting: Prior year (2009-10) data have been revised and are included in this report.

Outcome area: Hospital and related care

Progress measure: Selected adverse events in acute and sub-acute care settings

Interim measure: *Staphylococcus aureus* (including Methicillin resistant *Staphylococcus aureus* [MRSA]) bacteraemia (SAB) associated with acute care public hospitals (excluding cases associated with private hospital and non-hospital care)

The measure is defined as:

- *numerator* — SAB patient episodes associated with acute care public hospitals. Cases associated with care provided by private hospitals and non-hospital health care are excluded
 - *denominator* — number of patient days for public acute care hospitals (only for hospitals reporting SAB indicator)
- and is presented as a *rate per 10 000 patient days*

The definition of an acute care public hospital is 'all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospitals Establishment NMDS'

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

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

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

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

Data source: *Numerator:* State and Territory infection surveillance data
 Denominator: State and Territory admitted patient data
 Data are available annually

Data provider: AIHW

Data availability: 2010-11
 2009-10 (revised)

Cross tabulations provided: State and Territory by:
 – type of bacteraemia: Methicillin-resistant *Staphylococcus aureus* (MRSA) and Methicillin-sensitive *Staphylococcus aureus* (MSSA)

Box 79 **Results**

For this report, new data are available for 2010-11.

- Data by State and Territory are presented in table NHA.39.1.
- Data by MRSA and MSSA are presented in table NHA.39.1.

2009-10 data have been revised and are provided in this report in table NHA.39.2.

(Limited 2008-09 data are available in the 2008-09 baseline NHA performance report. However, these data are not comparable with later years due to changes to the measure since the baseline.)

Attachment tables

Table NHA.39.1	Episodes of <i>Staphylococcus aureus</i> (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA, by State and Territory, 2010-11
*Table NHA.39.2	Episodes of <i>Staphylococcus aureus</i> (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA, by State and Territory, 2009-10

*table contains revised data for 2009-10

Box 80 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the rate of healthcare-associated *Staphylococcus aureus* (Methicillin-resistant (MRSA) and Methicillin-sensitive (MSSA)) bacteraemia (SAB) in public acute care hospitals. Data are available by State and Territory.
- Annual data are available. The most recent available data are for 2010-11.
- The data used to calculate the indicator were collected by states and territories through their healthcare-associated infections surveillance programs.
- Data are of acceptable accuracy. For some states and territories, there is incomplete coverage of public acute care hospitals that provide data used to produce this indicator.
- The data have not been adjusted for any differences in casemix across jurisdictions, affecting comparability across states and territories and over time.
- All jurisdictions reported under an agreed definition this year, and an Australian total is reported for the first time this year. NSW used a different definition in 2009-10 and the NT have changed their data collection and verification method since 2009-10. NSW data should not be compared to other jurisdictions in 2009-10. NSW and NT data are not comparable within the respective jurisdictions between 2009-10 and 2010-11.
- The comparability of the rates of SAB across jurisdictions is limited, because the count of patient days (denominator) reflects admitted patient activity, while the incidence of SAB (numerator) includes non-admitted and admitted patient activity.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request, for some jurisdictions.

The Steering Committee also notes the following issues:

- Improved comparability across jurisdictions is a priority.
- Disaggregation of this indicator by Indigenous status and socioeconomic status would improve reporting but may not be feasible due to the small number of episodes.

Indicator 40 — Pressure ulcers in hospitals

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Hospital and related care
Progress measure:	Selected adverse events in acute and sub-acute care settings
Measure:	<p>Pressure ulcers arising in acute and sub-acute hospital care</p> <p>The measure is calculated as:</p> <ul style="list-style-type: none">• the <i>number</i> of separations with a grade II to IV pressure ulcer recorded as arising during the episode of care
Data source:	There is no current national data source
Data provider:	Nil
Data availability:	Data are not currently available
Cross tabulations provided:	Nil

Box 81 **Comment on data quality**

No data are currently available to inform this indicator.

The Steering Committee noted in its 2009-10 NHA performance report that a working group of the National Health Information Standards and Statistics Committee (NHISSC) is developing advice about necessary coding changes and additional data items required to report against this indicator. This work is still being completed.

Indicator 41 — Falls resulting in patient harm in hospitals

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Hospital and related care
Progress measure:	Selected adverse events in acute and sub-acute care settings
Interim measure:	<p>Falls occurring in health care settings and resulting in patient harm treated in hospital</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of separations with an external cause code for fall and a place of occurrence of health service area• <i>denominator</i> — total number of hospital separations and is presented as <i>number</i> and <i>rate (per 1000 separations)</i> <p><i>[Secretariat has list of in-scope ICD-10-AM codes for calculation purposes]</i></p>
Data source:	<p><i>Numerator and denominator</i> — <u>National Hospital Morbidity Database (NHMD)</u></p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	2009-10
Cross tabulations provided:	<p>Nationally, by:</p> <ul style="list-style-type: none">– SEIFA IRSD deciles <p>State and Territory, by:</p> <ul style="list-style-type: none">– hospital sector– Indigenous status– remoteness (ASGC)– SEIFA IRSD quintiles <p><i>National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable</i></p>

Box 82 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.41.1.
- Data by Indigenous status are presented in table NHA.41.1.
- Data by socioeconomic status are presented in tables NHA.41.1–2.
- Data by remoteness are presented in table NHA.41.1.
- Data by hospital sector are presented in table NHA.41.1.

Data for 2008-09 are available in the 2009-10 NHA performance report. Data for 2007-08 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.41.1	Separations for falls resulting in patient harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table NHA.41.2	Separations for falls resulting in patient harm in hospitals, by SEIFA deciles, National, 2009-10

Box 83 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the number of hospital separations resulting from falls in health care settings (not the total number of falls in healthcare settings — that is, the data do not provide information on falls that did not require hospitalisation). State and Territory data are available by Indigenous status and socioeconomic status.
- Annual data are available. The most recent available data are for 2009-10.
- All public hospitals, except a mothercraft hospital in the ACT, provided data (one public hospital in WA provided partial data). Most private hospitals also provided data, except private day hospital facilities in the ACT and the NT, the single private free-standing hospital facility in the NT and a small private hospital in Tasmania (one private hospital in WA provided partial data).
- Data on Indigenous status for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. Data for these jurisdictions (and NT private hospitals) are not included in the totals for Indigenous status.
- Data are of acceptable accuracy. However, some data are suppressed to protect confidentiality, or where rates could be misleading (for example because of cross border flows, which is a particular issue for some ACT data). The recorded number of falls occurring in healthcare settings may be an underestimate, as around 24 per cent of the records of separations involving falls did not have a code assigned for the place of occurrence.
- Data in this report are comparable with data in previous reports for all states and territories except Tasmania. Tasmanian data are not comparable over time as data from two private hospitals included in 2007-08 and 2009-10 were not available for 2008-09. Data have not been adjusted for differences in casemix, which may affect the comparability of the data across jurisdictions and over time, as the measure is based on hospital separations.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Developing a methodology to adjust for differences in casemix across jurisdictions is a priority (if the measure continues to be based on hospital separations).

Indicator 42 — Intentional self-harm in hospitals

Key amendments from second cycle of reporting:	No amendments have been made to the specification. Prior year data have been revised and are provided in this report.
Outcome area:	Hospital and related care
Progress measure:	Selected adverse events in acute and sub-acute care settings
Interim measure:	<p>Separations in which a patient self-harmed during an admission</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of hospital separations with an external cause code for intentional self-harm and a place of occurrence of Health service area• <i>denominator</i> — total number of hospital separations <p>and is presented as a <i>number</i> and <i>rate</i> (<i>per 1000 separations</i>)</p> <p><i>Excludes separations with a principal diagnosis of an injury or poisoning</i></p> <p><i>Includes place of occurrence code Y92.22 (Health service area)</i></p>
Data source:	<p><i>Numerator and denominator</i> — <u>National Hospital Morbidity Database (NHMD)</u></p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	2009-10 2008-09 and 2007-08 (revised)
Cross tabulations provided:	<p>Nationally, by:</p> <ul style="list-style-type: none">– SEIFA IRSD deciles <p>State and Territory, by:</p> <ul style="list-style-type: none">– hospital sector– Indigenous status– remoteness (ASGC)– SEIFA IRSD quintiles <p><i>National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable</i></p>

Box 84 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.42.1.
- Data by Indigenous status are presented in table NHA.42.1.
- Data by socioeconomic status are presented in tables NHA.42.1–2.
- Data by remoteness are presented in table NHA.42.1.
- Data by hospital sector are presented in table NHA.42.1.

Prior year data have been revised and are included in this report.

- Revised data for 2008-09 are available in tables NHA.42.3–4.
- Revised data for 2007-08 are available in tables NHA.42.5–6.

Attachment tables

Table NHA.42.1	Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table NHA.42.2	Separations for intentional self-harm in hospitals, by SEIFA deciles, National, 2009-10
*Table NHA.42.3	Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2008-09
*Table NHA.42.4	Separations for intentional self-harm in hospitals, by SEIFA deciles, National, 2008-09
**Table NHA.42.5	Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2007-08
**Table NHA.42.6	Separations for intentional self-harm in hospitals, by SEIFA deciles, National, 2007-08

*table contains revised data for 2008-09. **table contains revised data for 2007-08.

Box 85 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on intentional self harm by admitted public and private hospital patients in healthcare settings. Data are available by State and Territory for Indigenous status and socioeconomic status.
- Annual data are available. The most recent available data are for 2009-10.
- All public hospitals, except a mothercraft hospital in the ACT, provided data (one public hospital in WA provided partial data). Most private hospitals also provided data, except private day hospital facilities in the ACT and the NT, the single private free-standing hospital facility in the NT and a small private hospital in Tasmania (one private hospital in WA provided partial data).
- Data on Indigenous status for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. Data for these jurisdictions (and NT private hospitals) are not included in the totals for Indigenous status.
- Data are of acceptable accuracy. However, some data are suppressed to protect confidentiality, or where rates could be misleading (for example because of cross border flows, which is a particular issue for some ACT data). The rates may underestimate intentional self-harm that occurred in healthcare settings as around 35 per cent of the records of self-harm incidents did not specify place of occurrence.
- Tasmanian data are not comparable over time, as data from two private hospitals included for 2007-08 and 2009-10 were not available for 2008-09.
- Data have not been adjusted for differences in casemix, which may affect the comparability of the data across jurisdictions and over time, as the measure is based on hospital separations.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Developing a methodology to adjust for differences in casemix across jurisdictions is a priority (if the measure continues to be based on hospital separations).

Indicator 43 — Unplanned/unexpected readmissions within 28 days of selected surgical admissions

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Hospital and related care
Progress measure:	Unplanned/unexpected readmissions within 28 days of selected surgical admissions
Interim measure:	Unplanned and unexpected hospital readmissions within 28 days for selected surgical procedures

The measure is defined as:

- *numerator* — number of separations for public hospitals which meet all of the following criteria:
 - the separation is a readmission to the same hospital following a separation in which one of the following procedures was performed (knee replacement; hip replacement; tonsillectomy and adenoidectomy; hysterectomy; prostatectomy; cataract surgery; appendectomy)
 - the readmission occurs within 28 days of the previous date of separation
 - a principal diagnosis for the readmission has one of the following ICD-10-AM codes: T80-88, T98.3, E89, G97, H59, H95, I97, J95, K91, M96 or N99
 - *denominator* — number of public hospital separations in which one of the following surgical procedures was undertaken: knee replacement; hip replacement; tonsillectomy and adenoidectomy; hysterectomy; prostatectomy; cataract surgery; appendectomy
- and is presented as a *rate (per 1000 separations)*

'Unexpected/unplanned' is identified by specifying an adverse event code as the principal diagnosis on readmission

Calculated separately for each of the specified procedures

Both the numerator and denominator are limited to separations with a separation date between 1 July and 19 May in the reference year. The denominator excludes separations where the patient died in hospital

Data source:	<i>Numerator and denominator</i> — <u>National Hospital Morbidity Database (NHMD)</u>
	Data are available annually
Data provider:	AIHW
Data availability:	2009-10 2008-09 and 2007-08 (revised)

Cross tabulations
provided:

Nationally, by specified procedures, by:

- SEIFA IRSD deciles

State and Territory, by specified procedure, by:

- peer group
- Indigenous status
- remoteness (ASGC)
- SEIFA IRSD quintiles

National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable

Box 86 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data for 2009-10 are presented in tables NHA.43.1–3.

Data for 2008-09 and 2007-08 have been revised.

- Data for 2008-09 are presented in tables NHA.43.4–6.
- Data for 2007-08 are presented in tables NHA.43.7–9.

Data for 2008-09 and 2007-08 published in the 2009-10 NHA performance report and in the 2008-09 baseline NHA performance report, are not comparable with data provided in this report.

Attachment tables

Table NHA.43.1	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by State and Territory, 2009-10
Table NHA.43.2	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table NHA.43.3	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by SEIFA deciles, National, 2009-10
*Table NHA.43.4	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by State and Territory, 2008-09
*Table NHA.43.5	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2008-09
*Table NHA.43.6	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by SEIFA deciles, National, 2008-09
**Table NHA.43.7	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by State and Territory, 2007-08
**Table NHA.43.8	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2007-08
**Table NHA.43.9	Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by SEIFA deciles, National, 2007-08

*table contains revised data for 2008-09. **table contains revised data for 2007-08.

Box 87 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on unexpected/unplanned readmissions to hospitals, but only to the extent that readmission was to the same public hospital and within 28 days. This limitation means that the measure is likely to be an underestimate.
- Data are available by State and Territory by Indigenous status, remoteness and socioeconomic status.
- Historical data for Tasmania are not included with the revised 2008-09 and 2007-08 data in this report. Re-calculation of 2008-09 and 2007-08 data for Tasmania was not possible due to data linkage issues.
- Calculation of the indicator for WA was not possible using data from the National Hospital Morbidity Database (NHMD). WA data were supplied by WA Health. Reported totals do not include WA data.
- Data on Indigenous status reported for the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. Data for the ACT (and NT private hospitals) are not included in the totals for Indigenous status.
- Annual data are available. The most recent available data are for 2009-10.
- Data included in this report are comparable over time.
- The interpretation of rates for jurisdictions should take cross border flows into consideration, particularly between NSW and the ACT.
- Data are of acceptable accuracy. However, some data are suppressed to protect confidentiality, or where rates could be misleading (for example because of cross border flows, which is a particular issue for some ACT data).
- All public hospitals provided data, except a mothercraft hospital in the ACT (one public hospital in WA provided partial data).
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Further linkage is required to capture readmissions to different public hospitals and private hospitals.
- The definitions for this indicator are under clinical review to ensure the conditions included for readmissions are clinically relevant.

Indicator 44 — Survival of people diagnosed with cancer

Key amendments from second cycle of reporting:	New data are available this year. These data are derived using a different method than that used to derive the data for the baseline report. New baseline data are provided with this report.
Outcome area:	Hospital and related care
Progress measure:	Survival of people diagnosed with cancer (five-year relative survival)
Measure:	<p>Five-year relative survival proportions for people diagnosed with cancer</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — Probability of surviving for five years in people diagnosed with cancer.• <i>denominator</i> — Probability of surviving for five years in the general population <p>and is presented as a <i>percentage</i></p> <p>Numerator and denominator for disaggregation are matched for sex, age and calendar year</p>
Data source:	<p><i>Numerator</i> — AIHW <u>National Death Index and Australian Cancer Database</u></p> <p><i>Denominator</i> — AIHW <u>National Mortality database</u> and ABS <u>Estimated Resident Population</u> (generated life tables)</p>
Data provider:	AIHW
Data availability:	2006–2010 2002–2006 (new baseline)
Cross tabulations provided:	Nationally, by: <ul style="list-style-type: none">– sex– remoteness (ASGC)– SEIFA (IRSD) quintiles

Box 88 **Results**

For this report, new data for this indicator are available for 2006–2010 (table NHA.44.1) and for 2002–2006 (table NHA.44.2).

- Data by socioeconomic status are presented in tables NHA.44.1–2.
- Data by remoteness are presented in tables NHA.44.1–2.
- Data by gender are presented in tables NHA.44.1–2.

Data for 1998–2004, published in the 2008-09 baseline NHA performance report, are not comparable with data provided in this report.

Attachment tables

Table NHA.44.1	Five-year relative survival proportions for people diagnosed with cancer (relative rate), by sex, remoteness and SEIFA quintiles, National, 2006–2010
Table NHA.44.2	Five-year relative survival proportions for people diagnosed with cancer (relative rate), by sex, remoteness and SEIFA quintiles, National, 2002–2006

Box 89 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on five-year relative survival rates for people diagnosed with cancer — the ratio of five-year survival rates for people diagnosed with cancer to five-year survival rates for similar people in the general population.
- Data are not available by State and Territory.
- National data are available by socioeconomic status (SES), remoteness and gender. Data are not available by Indigenous status.
- Data are sourced from the Australian Cancer Database (for cancer incidence) and the National Death Index (for deaths), the National Mortality Database, and the ABS (for life tables on expected survival rates).
- The AIHW produce these data irregularly (by funded adhoc requests). The data in this report have not been previously published. The measure is based on cancers diagnosed between 2006 and 2010, and 2002 and 2006.

(Continued next page)

Box 89 (continued)

- Data are of acceptable accuracy.
- Data are not available by State and Territory or by Indigenous status. For geographic analyses (remoteness and SES), results should be interpreted with care. Mortality data might reflect where people were living at the time of their treatment, rather than their usual residence. It is common for people from remote or outer regional areas to move to major centres for treatment for significant illnesses, and they may be included in 'major centres' for deaths, but in 'remote' for census (population) counts.
- Data in this report are not comparable to data published in the 2008-09 baseline NHA performance report due to changes in the method to derive the data.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line and on request.

The Steering Committee also notes the following issues:

- Data are relatively old and are reported irregularly. It is not clear when data will be updated. The Steering Committee has been advised that reporting every three years would be appropriate given small changes in survival rates over time.
- Disaggregation by State and Territory and by Indigenous status is a priority. Further development work on the current data source, or identification of an alternative data source, is required.
- Disaggregation of the data for cancer survival rate (numerator) and general survival rate (denominator) would assist in improving interpretation of this indicator.

Indicator 45 — Rates of services: Overnight separations

Key amendments from second cycle of reporting:	Selected baseline data for 2007-08 have been amended and are included in this report
Outcome area:	Hospital and related care
Output measure:	Rates of services provided by public and private hospitals per 1000 weighted population by patient type
Measure:	<p>Number of overnight hospital separations per 1000 population</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of overnight separations• <i>denominator</i> — total population <p>and is presented as <i>directly age standardised rates</i></p> <p><i>An overnight separation is where length of stay in hospital was at least one night (admission date and separation date are different)</i></p> <p><i>Excludes newborns without qualified days</i></p>
Data source:	<p><i>Numerator</i> — AIHW <u>National Hospital Morbidity Database</u> (NHMD)</p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	2009-10 2007-08 (revised)
Cross tabulations provided:	<p>Nationally, by:</p> <ul style="list-style-type: none">– SEIFA IRSD deciles <p>State and Territory, by:</p> <ul style="list-style-type: none">– hospital sector– Indigenous status (2007-08 revised)– remoteness (ASGC)– SEIFA IRSD quintiles (2007-08 revised) <p><i>National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable</i></p>

Box 90 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.45.1.
- Data by Indigenous status are presented in table NHA.45.1.
- Data by socioeconomic status are presented in tables NHA.45.1–2.
- Data by remoteness are presented in table NHA.45.1.
- Data by hospital sector are presented in table NHA.45.1.

Data for 2007-08 have been revised and are included in this report in table NHA.45.3.

Data for 2008-09 are available in the 2009-10 NHA performance report.

Attachment tables

Table NHA.45.1	Overnight separations, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table NHA 45.2	Overnight separations, by SEIFA deciles, National, 2009-10
*Table NHA.45.3	Overnight separations, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08

*table contains revised data for 2007-08.

Box 91 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on rates of overnight separations for public and private hospitals. Data are available by State and Territory by Indigenous status, remoteness and socioeconomic status (SES).
- All public hospitals provided data, except a mothercraft hospital in the ACT (one public hospital in WA provided partial data). Most private hospitals also provided data, except private day hospital facilities in the ACT and the NT, the single private free-standing hospital facility in the NT and a small private hospital in Tasmania (one private hospital in WA provided partial data).
- Annual data are available. The most recent available data are for 2009-10.
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. Data for these jurisdictions (and NT private hospitals) are not included in the totals for Indigenous status.
- Separations are reported for the State or Territory where the hospital was located, not the State or Territory of the patient's usual residence (this is a particular issue in interpreting data for the ACT). Analysis by remoteness and SES are based on the patient's usual residential address, but separations are counted in the State or Territory where the hospital was located, rather than the State or Territory of usual residential address.
- Data in this report are comparable with data in previous reports for all states and territories except Tasmania. Tasmanian data are not comparable over time, as data from two private hospitals included in 2007-08 and 2009-10 were not available for 2008-09.
- Data are of acceptable accuracy. However, some data are suppressed to protect confidentiality, or where rates could be misleading (for example because of cross border flows, which is a particular issue for some ACT data).
- For 2009-10, Tasmania was not able to provide occasions of service data for one hospital that reported about 280 000 occasions of service to the National Public Hospitals Establishment Database in 2008-09. This represented a little under one-third of total Tasmanian occasions of service in 2008-09.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly between NSW and the ACT.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee has no additional issues for noting for this indicator.

Indicator 46 — Rates of services: Outpatient occasions of service

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Hospital and related care
Output measure:	Rates of services provided by public and private hospitals per 1000 weighted population by patient type
Interim measure:	<p>Number of hospital outpatient occasions of service per 1000 population</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of outpatient occasions of service in hospitals• <i>denominator</i> — total population <p>and is presented as a <i>crude rate</i> (age not available)</p> <p><u>Excludes:</u> Private hospitals (which are not in scope of the data collection), and Public psychiatric hospitals</p> <p><u>Excludes:</u> <i>occasions of service for diagnostic imaging, pathology and pharmacy, as different counting methods apply to these categories, and methods vary by State and Territory</i></p> <p><u>Outpatient:</u> <i>a patient who does not undergo a hospital's formal admission process, excluding patients receiving services through emergency departments, community health settings and other outreach</i></p> <p><u>Outpatient occasion of service:</u> <i>an interaction between one or more health care professionals with one or more non-admitted patients, for assessment, consultation and/or treatment intended to be unbroken in time. A service event means that a dated entry is made in the patient/client's medical record</i></p> <p><u>Outpatient care categories:</u> <i>allied health, dental, dialysis, drug and alcohol, endoscopy, mental health, other medical/surgical/obstetric</i></p>
Data source:	<p><i>Numerator</i> — AIHW <u>National Public Hospital Establishments Database</u></p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u></p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	2009-10
Cross tabulations provided:	State and Territory, by type of outpatient care (major categories and total) (no demographic information available)

Box 92 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.46.1.
- Data by outpatient care type are presented in table NHA.46.1.

Data for 2008-09 are available in the 2009-10 NHA performance report. Data for 2007-08 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.46.1	Public hospital outpatient occasions of service, by State and Territory, 2009-10
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Box 93 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the number of public hospital outpatient occasions of service (as a crude rate per 1000 population). Data are available by State and Territory. Data are not available for private hospitals. Data are not available by Indigenous status or socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy.
- Data in this report are comparable with data in previous reports. However, comparability of the data across jurisdictions may be affected by differences in counting and admission practices.
- For 2009-10, Tasmania was not able to provide occasions of service data for one hospital that reported about 280 000 occasions of service to the National Public Hospitals Establishment Database in 2008-09. This represented a little under one-third of total Tasmanian occasions of service in 2008-09.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by Indigenous status and SES is a priority.
- Further development work is required to expand the scope from public hospitals to all hospitals, or to ensure data are representative of all hospitals.

Indicator 47 — Rates of services: Non-acute care separations

Key amendments from second cycle of reporting:	Selected baseline data for 2007-08 have been amended and are included in this report
Outcome area:	Hospital and related care
Output measure:	Rates of services provided by public and private hospitals per 1000 weighted population by patient type
Measure:	<p>Number of non-acute care overnight separations per 1000 population, by care type</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of non-acute care overnight separations (overnight admissions only)• <i>denominator</i> — total population <p>and are expressed as a <i>directly age standardised rate</i> for each care type and total</p> <p>Non-acute care includes separations with care type of rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care, or maintenance care</p>
Data source:	<p><i>Numerator</i> — AIHW <u>Admitted Patient Care National Minimum Data Set</u></p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	2009-10 2007-08 (revised)
Cross tabulations provided:	<p>Nationally, by:</p> <ul style="list-style-type: none">– SEIFA IRSD deciles <p>State and Territory, by care type (and total), by:</p> <ul style="list-style-type: none">– hospital sector– Indigenous status (2007-08 revised)– remoteness (ASGC)– SEIFA IRSD quintiles (2007-08 revised) <p><i>National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable</i></p>

Box 94 **Results**

For this report, new data for this indicator are available for 2009-10

- Data by State and Territory are presented in tables NHA.47.1–2.
- Data by Indigenous status are presented in tables NHA.47.1–2.
- Data by socioeconomic status are presented in tables NHA.47.1–3.
- Data by remoteness are presented in tables NHA.47.1–2.
- Data by hospital sector are presented in tables NHA.47.1–2.
- Data by procedure are presented in tables NHA.47.2–3.

Data for 2007-08 have been revised and are included in this report in tables NHA.47.4–5.

Data for 2008-09 are available in the 2009-10 NHA performance report.

Attachment tables

Table NHA.47.1	Non-acute care separations, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table NHA 47.2	Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table NHA.47.3	Non-acute care separations, by SEIFA deciles, National, 2009-10 (age-standardised rate per 1000 population)
*Table NHA.47.4	Non-acute care separations, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08
*Table NHA 47.5	Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08

*table contains revised data for 2007-08.

Box 95 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the number of non-acute care overnight separations in public and private hospitals (as a rate per 1000 population). State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy. However, some data are suppressed to protect confidentiality, or where rates could be misleading (for example, because of cross border flows, which is a particular issue for some ACT data).
- All public hospitals provided data, except a mothercraft hospital in the ACT (one public hospital in WA provided partial data). Most private hospitals also provided data, except private day hospital facilities in the ACT and the NT, the single private free-standing hospital facility in the NT and a small private hospital in Tasmania (one private hospital in WA provided partial data).
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. Data for these jurisdictions (and NT private hospitals) are not included in the totals for Indigenous status.
- Separations are reported for the State or Territory where the hospital was located, not the State or Territory of the patient's usual residence (this is a particular issue in interpreting data for the ACT). Analysis by SES is based on the patient's usual residential address, but separations are counted in the State or Territory where the hospital was located rather than the State or Territory of usual residential address.
- Data in this report are comparable with data in previous reports for all states and territories except Tasmania. However, comparability of the data across jurisdictions may be affected by variation in the assignment of non-acute care types. Tasmanian data are not comparable over time, as data from two private hospitals included in 2007-08 and 2009-10 report were not available for 2008-09.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available.

The Steering Committee has no additional issues for noting with this indicator.

Indicator 48 — Rates of services: Hospital procedures

Key amendments from second cycle of reporting:	The CRC requested an additional disaggregation for selected age groupings. Revised data are also provided for hysterectomy and prostatectomy rates. Data for the current year and backcast to the baseline year are included in this report.
Outcome area:	Hospital and related care
Output measure:	Rates of services provided by public and private hospitals per 1000 weighted population by patient type
Measure:	<p>Rates at which selected hospital procedures are performed for different population groups and in public and private hospital sectors</p> <p>The measure for this indicator is:</p> <ul style="list-style-type: none"> • <i>numerator</i> — number of hospital separations involving selected hospital procedures**## (hysterectomy limited to females aged 15–69 years) • <i>denominator</i> — total population (male population for prostatectomy; female population aged 15–69 years for hysterectomy) <p>presented as <i>directly age standardised rates</i>^^</p> <p>** Cataract extraction; cholecystectomy; coronary artery bypass graft; coronary angioplasty; cytoscopy; haemorrhoidectomy; hip replacement; inguinal herniorrhaphy; knee replacement; myriomgotomy; tonsillectomy; varicose veins stripping and ligation; septoplasty; prostatectomy; hysterectomy</p> <p>##Excludes: multiple procedures for the same separation within the same procedure group; separations with care type newborn with no qualified days, hospital boarders and posthumous organ procurement</p> <p>^^Calculated separately for each procedure and total Hysterectomy limited to female patients aged 15–69 years Prostatectomy limited to males</p> <p>[The Secretariat has list of in-scope ACHI procedure codes for calculation purposes]</p>
Data source:	<p><i>Numerator</i> — AIHW <u>National Hospital Morbidity Database</u></p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	<p>2009-10</p> <p>2008-09 and 2007-08 backcast for disaggregation by age groupings and</p>

revised hysterectomy and prostatectomy rates

Cross tabulations provided:

State and Territory, by procedure type, by:

- hospital sector
- Indigenous status
- remoteness (ASGC)
- SEIFA IRSD quintiles
- selected age groups (50–64 years, and 65 years and over) [and backcast for 2008-09 and 2007-08]

Nationally, by procedure type by:

- SEIFA IRSD deciles

National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable

Box 96 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in tables NHA.48.1–3.
- Data by Indigenous status are presented in table NHA.48.2.
- Data by socioeconomic status are presented in tables NHA.48.2 and NHA.48.4.
- Data by remoteness are presented in table NHA.48.2.
- Data by age group are presented in tables NHA.48.3.
- Data by hospital procedure are presented in table NHA.48.1–4.

Data for 2008-09 and 2007-08 have additional disaggregation available, or are revised, and are included in this report.

- 2008-09 data are presented in tables NHA.48.5–8.
- 2007-08 data are presented in tables NHA.48.9–11.

Attachment tables

Table NHA.48.1	Selected hospital procedures, by State and Territory, 2009-10
Table NHA.48.2	Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population)
Table NHA.48.3	Selected hospital procedures, by selected age groups, by State and Territory, 2009-10 (age-standardised rate per 1000 population)
Table NHA.48.4	Selected hospital procedures, by SEIFA deciles, National, 2009-10 (age standardised rate per 1000 population)
*Table NHA 48.5	Selected hospital procedures, by State and Territory, 2008-09

*Table NHA 48.6	Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (age standardised rate per 1000 population)
*Table NHA.48.7	Selected hospital procedures, by selected age groups, by State and Territory, 2008-09 (age-standardised rate per 1000 population)
*Table NHA 48.8	Selected hospital procedures, by SEIFA deciles, National, 2008-09 (aged standardised rate per 1000 population)
**Table NHA 48.9	Selected hospital procedures, by State and Territory, 2007-08
**Table NHA 48.10	Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (age standardised rate per 1000 population)
**Table NHA.48.11	Selected hospital procedures, by selected age groups, by State and Territory, 2007-08

*table contains revised data for 2008-09. **table contains revised data for 2007-08.

Box 97 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on selected procedures in public and private hospitals (separations as a rate per 1000 population). State and Territory data are available by Indigenous status and socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy. However, some data are suppressed to protect confidentiality, or where rates could be misleading (for example, because of cross border flows, which is a particular issue for some ACT data).
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. Data for these jurisdictions (and NT private hospitals) are not included in the totals for Indigenous status.
- Separations are reported for the State or Territory where the hospital was located, not the State or Territory of the patient's usual residence (this is a particular issue in interpreting data for the ACT). Analysis by remoteness and SES are based on the patient's usual residential address, but separations will be counted in the State or Territory where the hospital was located rather than the State or Territory of usual residential address.
- With the exception of hysterectomy and prostatectomy rates (revised data in this report), data in this report are comparable with data in previous reports for all states and territories except Tasmania. Tasmanian data are not comparable over time as data from two private hospitals included in 2007-08 and 2009-10 were not available for 2008-09.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available.

The Steering Committee has no additional issues for noting with this indicator.

Indicator 49 — Residential and community aged care places per 1000 population aged 70+ years

Key amendments from second cycle of reporting: No amendments have been made

Outcome area: Aged care

Progress measure: Residential and community aged care places per 1000 population aged 70+ years

Interim measure: Operational residential and community aged care places per 1000 persons aged 70 years or over plus Aboriginal and Torres Strait Islander persons aged 50–69 years, excluding services funded through Home and Community Care

The measure for this indicator is defined as:

- *numerator* — number of operational aged care places as at 30 June^^
 - *denominator* — population aged 70 years or over (plus Indigenous persons aged 50–69 years)
- and is presented as a *rate***

^^Residential aged care – includes Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Aged Care Innovative Pool

^^Community aged care – includes Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), EACH Dementia, Transition Care Program, Multi-Purpose Services and packages delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care Strategy and Aged Care Innovative Pool

**Calculated separately for residential and community aged care services

Data source: *Numerator* — Australian Government Department of Health and Ageing's Aged Care data warehouse

Denominator — DoHA population projections.

- Total population projection based on 2006 Census as prepared for DOHA by ABS according to the assumptions agreed to by DOHA as at 30 June 2011.
- Indigenous population projection based on ABS Indigenous Experimental 2006 ERP data and aligned to published ABS Indigenous data Experimental Estimates and Projections (ABS Cat. No. 3238.0 series B)

For data by Aged Care Planning Regions: ABS small area population data developed for the DoHA.

Data are available annually

Data provider: AIHW on behalf of DoHA

Data availability: 2011 (at 30 June)

Cross tabulations provided: State and Territory by service type
Nationally, by service type (residential and community care), by:
– Aged Care Planning Region
– remoteness (ASGC)

Box 98 **Results**

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in table NHA.49.1.
- Data by remoteness are presented in table NHA.49.3.
- Data by service type are presented in tables NHA.49.1–3.
- Data by planning region are presented in table NHA.49.2.

Data for 2009-10 and 2008-09 are available in the 2009-10 NHA performance report.

Attachment tables

Table NHA.49.1	Residential and community aged care places, by State and Territory, 2011 (at 30 June)
Table NHA.49.2	Residential and community aged care places per 1000 population, by planning region, 2011 (at 30 June)
Table NHA.49.3	Residential and community aged care places per 1000 population, by remoteness, National, 2011 (at 30 June)

Box 99 Comment on data quality

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on residential and community aged care services. Data for services funded under the Home and Community Care (HACC) program are not available. Data are available by State and Territory. Data are not available by Indigenous status remoteness or socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2010-11.
- Data are of acceptable accuracy.
- Data in this report are comparable with data in the 2009-10 NHA performance report.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by Indigenous status, remoteness and SES is a priority.
- Data development is required in order to develop a measure of capacity available under the HACC program.

Indicator 50 — *Staphylococcus aureus* (including MRSA) bacteraemia in residential aged care

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Aged care
Progress measure:	Selected adverse events in residential care
Measure:	People in residential aged care with <i>Staphylococcus aureus</i> (including MRSA) bacteraemia leading to hospitalisation A measure has yet to be developed for this indicator
Data source:	No suitable data source currently available
Data provider:	Nil
Data availability:	Nil
Cross tabulations provided:	Nil

Box 100 Comment on data quality

There is currently no agreed measure for this indicator.
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Indicator 51 — Pressure ulcers in residential aged care

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Aged care
Progress measure:	Selected adverse events in residential care
Measure:	Pressure ulcers in hospitalised patients arising in residential aged care A measure has yet to be developed for this indicator
Data source:	No suitable data source has been identified for this measure
Data provider:	Nil
Data availability:	Nil
Cross tabulations provided:	Nil

Box 101 **Comment on data quality**

There is currently no agreed measure for this indicator.

Indicator 52 — Falls in residential aged care resulting in patient harm and treated in hospital

Key amendments from second cycle of reporting:	Prior year data have been revised and are included in this report.
Outcome area:	Aged care
Progress measure:	Selected adverse events in residential care
Proxy measure:	Falls occurring in residential aged care and resulting in patient harm treated in hospital
	<p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — the number of hospital separations with a diagnosis of injury resulting from a fall, where the event occurred in residential aged care• <i>denominator</i> — number of resident occupied place days <p>and is presented as a <i>number</i> and a <i>rate per 10 000 resident occupied place days</i></p> <p><i>Injury resulting from a fall defined by ICD-10-AM external cause codes of W00-W19 inclusive</i></p> <p><i>Numerator only to include those separations where the ICD-10-AM code for the principal diagnosis is in the range of S00–T14 (inclusive)</i></p> <p><i>Place of occurrence code of Y92.14 (Aged care facility)</i></p>
Data source:	<p><i>Numerator</i> — <u>National Hospital Morbidity Database (NMHD)</u></p> <p><i>Denominator</i> — <u>Aged and Community Care Management Information System</u></p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	2009-10 2008-09 [revised]
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none">– Indigenous status– remoteness (ASGC)– SEIFA IRSD quintiles <p>Nationally, by:</p> <ul style="list-style-type: none">– SEIFA IRSD deciles <p><i>National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable</i></p>

Box 102 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.52.1.
- Data by Indigenous status are presented in table NHA.52.1.
- Data by socioeconomic status are presented in tables NHA.52.1–2.
- Data by remoteness are presented in table NHA.52.1.

Data for 2008-09 have been revised and are included in this report in tables NHA.52.3–4.

Data for 2007-08 are available in the 2009-10 NHA performance report.

Attachment tables

Table NHA.52.1	Falls resulting in patient harm in residential aged care and treated in hospital, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table NHA.52.2	Falls resulting in patient harm in residential aged care and treated in hospital, by SEIFA deciles, National, 2009-10
*Table NHA.52.3	Falls resulting in patient harm in residential aged care and treated in hospital, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09
*Table NHA.52.4	Falls resulting in patient harm in residential aged care and treated in hospital, by SEIFA deciles, National, 2008-09

*table contains revised data for 2008-09.

Box 103 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on admitted patient services for people hospitalised after a fall in an aged care facility (which is broader than residential aged care and includes retirement villages) resulting in patient harm where they are treated in hospital (number and rate). The data do not provide information on falls which did not require hospitalisation. Data are available by State and Territory by Indigenous status, remoteness and socioeconomic status.
- Annual data are available. The most recent available data are for 2009-10.
- Data on Indigenous status data for Tasmania and the ACT should be interpreted with caution until an assessment of Indigenous identification is completed. Data for these jurisdictions (and NT private hospitals) are not included in the totals for Indigenous status.
- Data are of acceptable accuracy. However, some data are suppressed to protect confidentiality, or where rates could be misleading (for example, because of cross border flows, which is a particular issue for some ACT data). Rates may underestimate separations due to falls requiring hospitalisation, because around 24 per cent of the records of separations involving falls requiring treatment in hospital did not specify the place of occurrence.
- Data in this report (2009-10 and 2008-09) are comparable with data in the 2009-10 NHA performance report (2007-08) for all states and territories except Tasmania. Tasmanian data are not strictly comparable over time due to changes in the inclusions/exclusions of hospitals.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- NSW HACC service levels for 2010-11 may be understated. NSW have advised that a large provider of HACC services in NSW experienced data quality issues, which has resulted in under reporting in a range of service types.
- Disaggregation of this indicator by Indigenous status for all jurisdictions is a priority.

Indicator 53 — Older people receiving aged care services

Key amendments from second cycle of reporting:	Department of Veterans' Affairs (DVA) data are available for this report. DVA data for Veterans' Home Care for prior years have been provided with this report.
Outcome area:	Aged care
Output measure:	Number of older people receiving aged care services by type (in the community and residential settings)
Interim measure:	<p>Number of persons aged 70 years or over, and Indigenous persons aged 50–69 years, receiving aged care services in community settings or residential settings</p> <p>The measure is defined as:</p> <ul style="list-style-type: none"> • <i>numerator</i> — the number of persons using residential aged care or community-based aged programs during the 12 months to 30 June** • <i>denominator</i> — projected total population aged 70 years or over, plus projected Indigenous population aged 50–69 years at 30 June <p>and is presented as <i>number</i> and <i>rate (per 1000 people in the relevant population)</i>^{^^}</p> <p>^{^^}<i>Calculated separately for each program and total</i></p> <p><i>**Programs and services included are Home and Community Care (HACC), Veterans' Home Care (VHC), Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), EACH Dementia (EACHD), residential aged care, residential respite, Transition Care Program</i></p>
Data source:	<p><u>Numerator — Australian Government Department of Health and Ageing's Aged Care data warehouse, HACC Minimum Data Set (MDS), Department of Veterans' Affairs (DVA)</u></p> <p><u>Denominator — DoHA population projections.</u></p> <ul style="list-style-type: none"> • Total population projection based on 2006 <u>Census</u> as prepared for DOHA by ABS according to the assumptions agreed to by DOHA as at 30 June 2011 • Indigenous population projection based on ABS Indigenous Experimental 2006 ERP data and aligned to published ABS Indigenous data Experimental Estimates and Projections (ABS Cat. no. 3238.0 series B) <p>Data are available annually</p>
Data provider:	AIHW on behalf of DoHA and DVA
Data availability:	<p>2010-11</p> <p>2009-10 and 2008-09 (Veterans' Home Care data only)</p>

Cross tabulations provided:

State and Territory, by each program (and total), by:

- age group (50-69 (HACC only); 70-74; 75-79; 80-84; 85-89; 90 years or over)
- Indigenous status
- remoteness (ASGC)

Box 104 Results

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in tables NHA.53.1–3.
- Data by Indigenous status are presented in tables NHA.53.2–3.
- Data by remoteness are presented in tables NHA.53.2–3.
- Data by age group are presented in tables NHA.53.2–3.
- Data by program are presented in tables NHA.53.1–3.

Data from DVA (on the Veterans' Home Care program) for 2009-10 and 2008-09 are included in this report in tables NHA.53.4–8.

Other data for 2009-10 are available in the 2009-10 NHA performance report. Other data for 2008-09 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.53.1	Older people receiving aged care services, by State and Territory, 2010-11
Table NHA.53.2	Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (number)
Table NHA.53.3	Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (rate per 1000 people in the relevant population)
*Table NHA.53.4	Older people receiving aged care services (Veterans' Home Care), by State and Territory, 2009-10
*Table NHA.53.5	Older people receiving aged care services (Veterans' Home Care), by age, Indigenous status and remoteness, by State and Territory, 2009-10 (number)
*Table NHA.53.6	Older people receiving aged care services (Veterans' Home Care), by age, Indigenous status and remoteness, by State and Territory, 2009-10 (rate per 1000 people in the relevant population)
**Table NHA.53.7	Older people receiving aged care services (Veterans' Home Care), by State and Territory, 2008-09
**Table NHA.53.8	Older people receiving aged care services (Veterans' Home Care), by age, Indigenous status and remoteness, by State and Territory, 2008-09 (number)

**Table NHA.53.9	Older people receiving aged care services (Veterans' Home Care), by age, Indigenous status and remoteness, by State and Territory, 2008-09 (rate per 1000 people in the relevant population)
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*table contains new data for Veterans' Home Care for 2009-10. **table contains new data for Veterans' Home Care for 2008-09.

Box 105 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on older people receiving aged care services. Data are available by State and Territory by Indigenous status (though Indigenous status is not available for DVA data). Data are not available by socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2010-11.
- Data are incomplete for the Home and Community Care (HACC) program and data are unavailable for multi-purpose services and the Aboriginal and Torres Strait Islander Aged Care Strategy. Around 6 per cent of HACC data does not have Indigenous status recorded.
- Veterans' Home Care program (VHC) (sourced from DVA) are included for the first time in this report, for both current and prior years. VHC data are reported for persons aged 70 years and over only, and are not available disaggregated by Indigenous status.
- Data are of acceptable accuracy. A person receiving aged care services may be counted more than once as they may have had multiple care types, or care across multiple state and territories, during the 12 months period.
- Data in this report are comparable with data in previous reports.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Disaggregation of this indicator by SES is a priority. Further development work on the current data source is required.

Indicator 54 — Aged care assessments completed

Key amendments from second cycle of reporting:	Selected baseline data for 2007-08 have been amended and are included in this report
Outcome area:	Aged care
Output measure:	Number of aged care assessments conducted
Measure:	<p>Number of aged care assessments completed under the Aged Care Assessment Program (ACAP)</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — the number of ACAP assessments completed• <i>denominator</i> — the total population <p>and is presented as a <i>number</i> and <i>rates</i> (<i>per 1000 people in the total population, and per 1000 people in the relevant target population</i> [persons aged 70 years or over and Indigenous population aged 50–69 years])</p>
Data source:	<p><i>Numerator</i> — <u>Australian Government Department of Health and Ageing's Aged Care data warehouse</u></p> <p><i>Denominator</i> — DoHA population projections.</p> <ul style="list-style-type: none">– Total population projection based on 2006 <u>Census</u> as prepared for DOHA by ABS according to the assumptions agreed to by DOHA as at 30 June 2011.– Indigenous population projection based on ABS Indigenous Experimental 2006 ERP data and aligned to published ABS Indigenous data Experimental Estimates and Projections (ABS Cat. no. 3238.0 series B) <p>Data are available annually</p>
Data provider:	<p>AIHW on behalf of DoHA</p> <p>AIHW to provide combined data</p>
Data availability:	<p>2009-10</p> <p>2007-08 (revised for remoteness and SEIFA)</p>
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none">– age group (<50, 50–64, 65–69, 70–74, 75–79, 80–84, 85 years or over)– Indigenous status– remoteness (ASGC)– SEIFA IRSD quintiles <p>Nationally, by SEIFA IRSD deciles</p>

Box 106 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.54.1.
- Data by Indigenous status are presented in table NHA.54.1.
- Data by socioeconomic status (SES) are presented in tables NHA.54.1–2.
- Data by remoteness are presented in table NHA.54.1.
- Data by age group are presented in table NHA.54.1.

Revised SES and remoteness data for 2007-08 are provided in this report in table NHA.54.3.

Data for 2008-09 are available in the 2009-10 NHA performance report.

Attachment tables

Table NHA.54.1	Aged care assessments completed under the ACAP, by age, Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10
Table NHA.54.2	Aged care assessments completed under the ACAP, by SEIFA, National, 2009-10
*Table NHA.54.3	Aged care assessments completed under the ACAP, by State and Territory, 2007-08

*table contains revised data for 2007-08.

Box 107 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on aged care assessments completed under the Aged Care Assessment Program (ACAP). Data are available by State and Territory by Indigenous status and socioeconomic status.
- Annual data are available. The most recent available data are for 2009-10.
- Data are of acceptable accuracy.
- 2007-08 data in this report are comparable with 2008-09 data in the 2009-10 NHA performance report. However, 2009-10 data are not directly comparable to prior years, due to changes under the *Aged Care Amendment (2008 Measures No.2) Act 2008*, which commenced on 1 July 2009.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee has no additional issues for noting with this indicator.

Indicator 55 — Younger people with disabilities using residential, CACP and EACH aged care services

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Aged care
Output measure:	Number of younger people with disabilities using residential, Community Aged Care Packages (CACP) and Extended Aged Care at Home (EACH) / EACH Dementia EACHD) aged care services
Measure:	<p>Number of persons under 65 years of age with disability using residential and community aged care services funded under the Aged Care Act 1997</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• the number of persons aged less than 65 years living in permanent residential care or receiving packaged community aged care services in the 12 months to 30 June <p>and is presented as a <i>number</i></p>
Data source:	<u>Department of Health and Ageing's Aged Care data warehouse</u>
	Data are available annually
Data provider:	AIHW on behalf of DoHA
Data availability:	2010-11
Cross tabulations provided:	State and Territory, by – service type (residential, community), by age group (under 50 years, 50–64 years, total)

Box 108 Results

For this report, new data for this indicator are available for 2010-11.

- Data by State and Territory are presented in table NHA.55.1.
- Data by age group are presented in table NHA.55.1.
- Data by service type are presented in table NHA.55.1.

Data for 2009-10 are available in the 2009-10 NHA performance report. Data for 2008-09 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.55.1	Number of younger people with a disability using residential, CACP, EACH and EACHD aged care services, by State and Territory, 2010-11
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Box 109 **Comment on data quality**

The DQS for this indicator was initially drafted by the Department of Health and Ageing, and finalised in consultation with and provided by the AIHW. The DQS is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on younger people using residential, Community Aged Care Packages and Extended Aged Care at Home services. Data are available by State and Territory. Data are not available by Indigenous status, remoteness or socioeconomic status (SES).
- Annual data are available. The most recent available data are for 2010-11.
- Data are of acceptable accuracy. A person receiving aged care services may be counted more than once as they may have had multiple care types, or care across multiple states, during the 12 month period.
- Data in this report are comparable with data in the previous reports.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Disaggregation of this indicator by Indigenous status, remoteness and SES is a priority. However, reporting may be limited because cells would need to be suppressed for confidentiality reasons.

Indicator 56 — People aged 65 years or over receiving sub-acute services

Key amendments from second cycle of reporting:	Selected baseline data for 2007-08 have been amended and are included in this report
Outcome area:	Aged care
Output measure:	Number of people 65+ receiving sub-acute and rehabilitation services
Interim measure:	Number and rate of admitted sub-acute services to persons 65 years or over
	<p>The measure is defined as:</p> <ul style="list-style-type: none"> • <i>numerator</i> — the number of sub-acute care separations for persons aged 65 years or over** • <i>denominator</i> — the total population aged 65 years or over <p>and is presented as a <i>number</i> and as a <i>rate</i> (<i>per 1000 people in the relevant population</i>), <i>rates directly age-standardised for disaggregation by remoteness and SEIFA IRSD only</i></p> <p><i>**Sub-acute care includes separations with a care type of rehabilitation, palliative care, geriatric evaluation and management, and psychogeriatric care</i></p>
Data source:	<p><i>Numerator</i> — AIHW <u>National Hospital Morbidity Database</u> (NHMD)</p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	2009-10 2007-08 (revised)
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none"> – age group (65-69, 70-74, 75-79, 80-84, 85 years and over) – Indigenous status (2007-08 revised) – remoteness (ASGC) – SEIFA IRSD quintiles (2007-08 revised) <p>Nationally, by</p> <ul style="list-style-type: none"> – SEIFA IRSD deciles <p><i>National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable</i></p>

Box 110 Results

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.56.1.
- Data by Indigenous status are presented in table NHA.56.1.
- Data by socioeconomic status are presented in tables NHA.56.1–56.2.
- Data by remoteness are presented in table NHA.56.1.
- Data by age group are presented in table NHA.56.1.

Revised data for 2007-08 are provided in this report in table NHA.56.3.

Data for 2008-09 are available in the 2009-10 NHA performance report.

Attachment tables

Table NHA.56.1	Separations for persons aged 65 years or over, receiving sub-acute services, by age, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table NHA.56.2	Separations for persons aged 65 years or over, receiving subacute services, by SEIFA deciles, National, 2009-10
*Table NHA.56.3	Separations for persons aged 65 years or over, receiving sub-acute services, by age group, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08

*table contains revised data for 2007-08.

Box 111 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on people aged 65 years or over receiving sub-acute and rehabilitation services in public and private hospitals. Data are available by State and Territory by Indigenous status and socioeconomic status.
- Annual data are available. The most recent available data are for 2009-10
- All public hospitals provided data, except a mothercraft hospital in the ACT (one public hospital in WA provided partial data). Most private hospitals also provided data, except private day hospital facilities in the ACT and the NT, the single private free-standing hospital facility in the NT and a small private hospital in Tasmania (one private hospital in WA provided partial data).
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. Data for these jurisdictions (and NT private hospitals) are not included in the totals for Indigenous status.
- Data are of acceptable accuracy. However, some data are suppressed to protect confidentiality, or where rates could be misleading (for example, because of cross border flows, which is a particular issue for some ACT data). There may be differences across jurisdictions in the treatment of conditions, which should be considered in interpreting the data. The numerator is a count of separations, and a person may be hospitalised more than once in a year.
- Data in this report (2009-10 and 2007-08) are comparable with data in the 2009-10 NHA performance report (2008-09) for all states and territories except Tasmania. However, comparability of the data across jurisdictions may be affected by variation in the assignment of non-acute care types. Tasmanian data are not strictly comparable over time, due to changes in the inclusions/exclusions of hospitals.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Data are based on the number of separations and not the number of people receiving services. Further development is required to report the number of people receiving services.

Indicator 57 — Hospital patient days used by those eligible and waiting for residential aged care

Key amendments from second cycle of reporting: No amendments have been made

Outcome area: Aged care

Output measure: Number of hospital patient days used by those eligible and waiting for residential aged care

Proxy measure: Number of hospital bed days used by patients whose acute or sub-acute episode of admitted patient care have finished and who have been assessed by an Aged Care Assessment Team (ACAT) and approved for residential aged care

As there is no accurate measure for this indicator, a proxy measure is reported

The proxy measure is defined as:

- *numerator* — the number of patient days used by patients who are waiting for residential aged care, where
 - the care type was maintenance, and
 - a diagnosis (either principal or additional) was ‘person awaiting admission to residential aged care service’, and
 - the separation mode was ‘discharge/transfer to (an)other acute hospital’, ‘discharge, transfer to residential aged care, unless this is usual place of residence’, ‘statistical discharge—type change’, ‘died’, ‘discharge/transfer to other health care accommodation (including mothercraft hospitals)’ or ‘left against medical advice/discharge at own risk; statistical discharge from leave; discharge/transfer to (an)other psychiatric hospital’, and
 - the separation was overnight only
- *denominator* — total patient days (including overnight and same-day separations)

and is presented as a *number* and a *rate per 1000 patient days*

Data source: *Numerator and denominator* — AIHW National Hospital Morbidity Database (NHMD)

Data are available annually

Data provider: AIHW

Data availability: 2009-10

Cross tabulations provided: State and Territory, by

- Indigenous status
- remoteness (ASGC)
- SEIFA IRSD quintiles

Nationally, by:

– SEIFA IRSD deciles

National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable

Box 112 Results

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.57.1.
- Data by Indigenous status are presented in table NHA.57.1.
- Data by socioeconomic status are presented in tables NHA.57.1–2.
- Data by remoteness are presented in table NHA.57.1.

Data for 2008-09 and 2007-08 are available in the 2009-10 NHA performance report.

Attachment tables

Table NHA.57.1	Hospital patient days used by those eligible and waiting for residential aged care, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table NHA.57.2	Hospital patient days used by those eligible and waiting for residential aged care, by SEIFA deciles, National, 2009-10

Box 113 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data do not provide a count of patient days in public and private hospitals used by those eligible and waiting for residential aged care (as assessed and approved by an Aged Care Assessment Team [ACAT]). The data provided are a proxy indicator based on patients' care status. Data are available by State and Territory by Indigenous status and socioeconomic status.
- Annual data are available. The most recent available data are for 2009-10.
- All public hospitals provided data, except a mothercraft hospital in the ACT (one public hospital in WA provided partial data). Most private hospitals also provided data, except private day hospital facilities in the ACT and the NT, the single private free-standing hospital facility in the NT and a small private hospital in Tasmania (one private hospital in WA provided partial data).
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. Data for these jurisdictions (and NT private hospitals) are not included in the totals for Indigenous status.
- Data are of acceptable accuracy. However, some data are suppressed to protect confidentiality, or where rates could be misleading (for example, because of cross border flows, which is a particular issue for some ACT data)
- Data in this report (2009-10 and 2007-08) are comparable with data in the 2009-10 NHA performance report (2008-09) for all states and territories except Tasmania. However, comparability of the data across jurisdictions may be affected by variation in the assignment of non-acute care types. Tasmanian data are not strictly comparable over time due to changes in the inclusions/exclusions of hospitals.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly between NSW and the ACT.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Further development is required to enable reporting on the number of days waited by people in hospitals who have received ACAT assessments and are deemed eligible for residential aged care.

Indicator 58 — Patient satisfaction/experience

Key amendments from second cycle of reporting:	<p>There are two key amendments for this report:</p> <ul style="list-style-type: none">– two measures included in the previous report have been removed due to conceptual issues (reasons provided for prescription medications and for pathology and imaging)– seven new measures are included in this report (not able to be backcast) <p>Data for the current year are able to be disaggregated into limited remoteness categories by State and Territory due to an increased sample size for the data collection</p>
Outcome area:	Patient experience
Progress measure:	Nationally comparative information that indicates levels of patient satisfaction around key aspects of the care they received
Interim measure:	<p>Nationally comparative information that indicates levels of patient satisfaction around key aspects of the care they received</p> <p>There are nine measures [(a) to (i)] for this indicator. Indicators 58(c) through to 58(i) each have three sub-indicators: Whether [particular health professional] listened carefully to, showed respect for and spent enough time with person.</p> <p>Measure (58a) is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of persons who saw a GP (for their own health) in the last 12 months who waited longer than felt acceptable to get an appointment• <i>denominator</i> — total number of persons who saw a GP (for their own health) in the last 12 months <p>and is presented as a <i>directly age standardised rate (per cent)</i></p> <p>Measure (58b) is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of persons who were referred to a medical specialist by a GP in the last 12 months who waited longer than they felt acceptable to get an appointment• <i>denominator</i> — total number of persons who were referred to a medical specialist by a GP in the last 12 months <p>and is presented as a <i>directly age standardised rate (per cent)</i></p> <p>Measure (58c) is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of persons who saw a GP in the last 12 months who reported the GP always or often: listened carefully to them; showed respect; and spent enough time with them• <i>denominator</i> — total number of persons who saw a GP (for their own health) in the last 12 months <p>and is presented as a <i>directly age standardised rate (per cent)</i></p> <p>Measure (58d) is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of persons who saw a medical specialist in the

last 12 months who reported the medical specialist always or often: listened carefully to them showed respect; and spent enough time with them

- *denominator* — total number of persons who saw a medical specialist in the last 12 months

and is presented as a *directly age standardised rate (per cent)*

Measure (58e) is defined as:

- *numerator* — number of persons who saw a dental practitioner in the last 12 months who reported the dental practitioner always or often: listened carefully to them; showed respect; and spent enough time with them
- *denominator* — total number of persons who saw a dental practitioner in the last 12 months

and is presented as a *directly age standardised rate (per cent)*

Measure (58f) is defined as:

- *numerator* — number of persons who have been to a hospital emergency department in the last 12 months who reported doctors or specialists always or often: listened carefully to them; showed respect; and spent enough time with them
- *denominator* — total number of persons who have been to a hospital emergency department in the last 12 months

and is presented as a *directly age standardised rate (per cent)*

Measure (58g) is defined as:

- *numerator* — number of persons who have been to a hospital emergency department in the last 12 months who reported nurses always or often: listened carefully to them; showed respect; and spent enough time with them
- *denominator* — total number of persons who have been to a hospital emergency department in the last 12 months

and is presented as a *directly age standardised rate (per cent)*

Measure (58h) is defined as:

- *numerator* — number of persons who have been admitted to a hospital in the last 12 months who reported doctors or specialists always or often: listened carefully to them; showed respect; and spent enough time with them
- *denominator* — total number of persons who have been admitted to a hospital in the last 12 months

and is presented as a *directly age standardised rate (per cent)*

Measure (58i) is defined as:

- *numerator* — number of persons who have been admitted to a hospital in the last 12 months who reported nurses always or often: listened carefully to them; showed respect; and spent enough time with them
- *denominator* — total number of persons who have been admitted to a hospital in the last 12 months

and is presented as a *directly age standardised rate (per cent)*

Population is limited to persons aged 15 years or over

Data source:	<i>Numerator and denominator</i> — ABS <u>Patient Experience Survey (PEXS)</u> . Data are available annually
Data provider:	ABS
Data availability:	2010-11
Cross tabulations provided:	State and Territory for (a) to (i) by: <ul style="list-style-type: none"> – remoteness (ASGC) (selected categories) Nationally for (a) to (i) by: <ul style="list-style-type: none"> – SEIFA IRSD deciles – remoteness (ASGC) (all categories)

Box 114 Results

For this report, data are available for 2010-11.

- Data by State and Territory are presented in tables NHA.58.1, 3, 5, 7, 9, 11, 13, 15 and 17.
- Data by remoteness are presented in tables NHA.58.1–18.
- Data by socioeconomic status are presented in tables NHA.58.19–27.

Apparent differences in results between years may not be statistically significant. To assist in interpretation, 95 per cent confidence intervals and relative standard errors are provided in the attachment tables for this indicator.

2009 data provided in the 2009-10 NHA performance report are comparable with data for measures (a) and (b) in this report. The seven additional measures (c to i) are included for the first time in this report.

Attachment tables

Table NHA.58.1	Proportion of persons who saw a GP (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by remoteness, by State and Territory 2010-11
Table NHA.58.2	Proportion of persons who saw a GP (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by remoteness, 2010-11
Table NHA.58.3	Proportion of persons referred to a medical specialist (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by remotenes, by State and Territory 2010-11
Table NHA.58.4	Proportion of persons who were referred to a medical specialist (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by remoteness, 2010-11

Table NHA.58.5	Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory 2010-11
Table NHA.58.6	Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2010-11
Table NHA.58.7	Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory 2010-11
Table NHA.58.8	Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2010-11
Table NHA.58.9	Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory 2010-11
Table NHA.58.10	Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2010-11
Table NHA.58.11	Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory 2010-11
Table NHA.58.12	Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2010-11
Table NHA.58.13	Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory 2010-11
Table NHA.58.14	Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2010-11
Table NHA.58.15	Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory 2010-11
Table NHA.58.16	Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2010-11
Table NHA.58.17	Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory 2010-11

Table NHA.58.18	Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2010-11
Table NHA.58.19	Proportion of persons who saw a GP (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by SEIFA deciles, 2010-11
Table NHA.58.20	Proportion of persons who were referred to a medical specialist by a GP in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by SEIFA deciles, 2010-11
Table NHA.58.21	Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA deciles, 2010-11
Table NHA.58.22	Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA deciles, 2010-11
Table NHA.58.23	Proportion of persons who saw a dental practitioner in the last 12 months reporting the dental practitioner always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA deciles, 2010-11
Table NHA.58.24	Proportion of persons who have been to a hospital emergency department in the last 12 months reporting ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA deciles, 2010-11
Table NHA.58.25	Proportion of persons who have been to a hospital emergency department in the last 12 months reporting ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA deciles, 2010-11
Table NHA.58.26	Proportion of persons who have been admitted to a hospital in the last 12 months reporting hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA deciles, 2010-11
Table NHA.58.27	Proportion of persons who have been admitted to a hospital in the last 12 months reporting hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA deciles, 2010-11

Box 115 Comment on data quality

The DQS for this indicator has been prepared by the ABS and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on elements of patient experience and satisfaction with key elements of care patients reported receiving. The data are based on peoples' self reported attitudes on whether they felt they waited too long for an appointment, and whether the health professional they saw spent enough time with them, listened carefully and showed them respect. Data are available by remoteness areas and socioeconomic status (SES) (nationally), and by State and Territory for limited remoteness categories. Data are not available by Indigenous status.
- The most recent available data (for 2010-11 from the Patient Experience Survey [PExS]) were published in 2011.
- The PExS does not include people living in very remote areas, which affects the comparability of the NT results.
- Data are of acceptable accuracy.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- State and Territory disaggregation of this indicator by Indigenous status and SES is a priority.
- The PExS sample size has increased from 7124 to 26 423 this year. The increased sample size has strengthened the reliability of the population-level estimates.
- Due to the requirement for sufficient data in specific age groups for the age-standardisation process, remoteness disaggregation of age-standardised data by State and Territory is only available by major cities (with the other remoteness categories combined), with no State and Territory disaggregation available for SES.

Indicator 59 — Age-standardised mortality by major cause of death

Key amendments from second cycle of reporting:	<p>Data have been backcast (single year data only) to incorporate the following:</p> <ul style="list-style-type: none">– revised data for causes of death (backcasting required each year for the previous two years)– revised method for age standardisation– inclusion of variability bands for rates <p>Revised data are included in this report</p>
Outcome area:	Social inclusion and Indigenous health
Progress measure:	Age-standardised mortality
Measure:	<p>Age-standardised mortality rate by major cause of death</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of deaths• <i>denominator</i> — total population <p>and is presented as a <i>directly age standardised rate (per 100 000 people in the relevant population)</i></p> <p><i>Variability bands (for single year data) are applied to rates.</i></p> <p><i>Calculated overall and for major causes of death**</i></p> <p><i>**Major causes of death categories are: circulatory diseases; external causes; neoplasms (including cancers); endocrine, metabolic and nutritional disorders; respiratory diseases; digestive diseases; conditions originating in the perinatal period; nervous system diseases; kidney diseases; infectious and parasitic diseases; other causes and all causes</i></p>
Data source:	<p><i>Numerator</i> — ABS <u>Causes of Death Collection</u></p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	ABS
Data availability:	<p>Single year data:</p> <p>2010 (all causes only)</p> <p>2009 (by cause of death)</p> <p>2008 and 2007 (revised for cause of death, age standardisation, and resupplied with variability bands)</p> <p>Aggregate data (Indigenous status):</p> <p>2005–2009 (by cause of death)</p>

Data are also reported for this indicator under PI 2 in the NIRA performance report

Cross tabulations provided:

2010 — State and Territory, by all causes of death
2009 [and 2008 and 2007 revised] — State and Territory, by major causes of death and total

(2005–2009) — State and Territory, by major cause of death and total, by
– Indigenous status (only for those five jurisdictions that have Indigenous status data of acceptable quality: NSW, Qld, WA, SA and NT and the total for these five jurisdictions)

Further cross tabulations are available in the NIRA performance report — PI 2

Box 116 Results

For this report, new data for this indicator are available for 2010 (all causes) and 2009 (by cause of death).

- 2010 data by State and Territory (all-cause totals only) are presented in table NHA.59.5 (this table also includes additional time series data for prior years: 2009, 2008 and 2007).
- 2009 data by State and Territory by cause of death are presented in table NHA.59.1.
- 2005–2009 data by Indigenous status are presented in table NHA.59.4.

Data for 2008 and 2007 have been revised for cause of death and are included in this report in tables NHA.59.2–3.

Additional data by Indigenous status are available in the NIRA performance report — NIRA performance indicator 2.

Attachment tables

Table NHA.59.1	Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2009
Table NHA.59.2	Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2008
Table NHA.59.3	Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2007
Table NHA.59.4	Age standardised mortality rates by major cause of death, by Indigenous status, by State and Territory, 2005–2009
Table NHA.59.5	Age standardised mortality rate (all causes), by State and Territory, 2010, 2009, 2008 and 2007

Box 117 Comment on data quality

The DQS for this indicator has been prepared by the ABS and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on age-standardised mortality by major cause of death. Data are available for all states and territories, and by Indigenous status for selected jurisdictions. Data are not available by socioeconomic status (SES).
- Data are available annually. The most recent available data are for 2010 (all-cause totals only — no disaggregation by cause of death available). The most recent available data by cause of death are for 2009.
- A large number of unregistered deaths in Queensland dating back to 1992 were identified and registered in 2010. Data in this report include deaths that occurred from 2007 to 2010 that were registered in 2010, as this most closely approximates the expected registration pattern (as deaths occurring earlier than 2007 could be expected to be registered prior to 2010).
- For data disaggregated by Indigenous status:
 - Data by Indigenous status are reported for NSW, Queensland, SA and the NT. Only these jurisdictions have evidence of a sufficient level of Indigenous identification, sufficient numbers of Indigenous deaths and do not have significant data quality issues.
 - Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report.
- Data are of acceptable accuracy. Although most deaths of Indigenous Australians are registered, it is likely that some are not identified as Indigenous. Therefore data are likely to underestimate the Indigenous mortality rate. Rates should be used with caution.
- Variability bands provided with rates describe the range of potential results for mortality rates. Variability bands can be used for comparisons within jurisdictions (for cause of death or over time), but not across jurisdictions and not between jurisdictions and totals.
- Detailed explanatory notes are publicly available to assist in the interpretation of results. Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- While rates should be used with caution, data are comparable across jurisdictions and over time (although rates have not been adjusted for differences in Indigenous identification across jurisdictions).

(Continued next page)

Box 117 (continued)

- Further work is required to improve the completeness of Indigenous identification for registered deaths.
- Data by Indigenous status for WA for 2007, 2008 and 2009 included in previous NHA reports should not be used (this includes aggregates of years and jurisdictions). The WA Registry of Births, Deaths and Marriages and the ABS is investigating the quality of Indigenous status recording in WA deaths data, with an update on progress from the ABS anticipated in early 2012.
- Disaggregation of this indicator by remoteness and SES is a priority. Further development work on the current data source, or identification of an alternative data source, is required.

Indicator 60 — Access to services by type of service compared to need

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Social inclusion and Indigenous health
Progress measure:	Access to services by type of service compared to need
Interim measure:	<p>Proportion of people who accessed health services by health status</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — number of persons aged 15 years or over who accessed a particular health service in the past 12 months (for hospital admissions) or two weeks (for other health services)• <i>denominator</i> — population aged 15 years or over <p>and is presented as a <i>directly age standardised rate (per cent)</i></p> <p><u>Service types</u> are: Admitted hospitalisations; Casualty/outpatients; GP and/or specialist doctor consultations; Consultations with other health professional; Dental consultation</p> <p><u>Self assessed health status</u> is: categorised as (excellent/very good/good) and (fair/poor)</p> <p><i>Calculated separately for each type of service and by categories of self assessed health status</i></p>
Data source:	<i>Numerator and denominator</i> — <u>National Health Survey (NHS)</u> . Data are collected every three years. <u>National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)</u> . Data are collected every six years.
Data provider:	ABS
Data availability:	2004-05 [no new data available]
	Data are also reported for this indicator under PI 8 in the NIRA performance report [no new data available]
Cross tabulations provided:	Nil

Box 118 Comment on data quality

No new data were available for this report. Data for 2004-05 are available in the 2008-09 baseline NHA performance report.

Data from the 2011-12 Australian Health Survey (general population) (replacing the NHS) are expected to be available for the 2011-12 NHA performance report. Data from the Australian Aboriginal and Torres Strait Islander Health Survey (replacing the NATSIHS) are expected to be available for the 2012-13 NHA performance report.

Indicator 61 — Teenage birth rate

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Social inclusion and Indigenous health
Progress measure:	Teenage birth rate
Measure:	<p>Teenage birth rate</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — the number of babies born to mothers aged less than 20 years at the time of the birth (includes births to mothers aged less than 15 years)• <i>denominator</i> — total population of females aged 15–19 years and is presented as a <i>rate</i> (<i>per 1000 females aged 15–19 years</i>) <p>Births defined as all live births and stillbirths where birthweight was at least 400 grams or gestation age was at least 20 weeks</p> <p>Data exclude Australian non-residents, residents of external territories and records where State or Territory of residence was not stated.</p>
Data source:	<p><i>Numerator</i> — AIHW National Perinatal Data Collection</p> <p><i>Denominator</i> — ABS Estimated Resident Population (total population) and ABS Indigenous experimental estimates and projections (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	2009
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none">– Indigenous status– remoteness (ASGC)– SEIFA IRSD quintiles <p>Nationally, by:</p> <ul style="list-style-type: none">– SEIFA IRSD deciles

Box 119 **Results**

For this report, new data for this indicator are available for 2009.

- Data by State and Territory are presented in table NHA.61.1.
- Data by Indigenous status are presented in table NHA.61.1.
- Data by socioeconomic status are presented in tables NHA.61.1–2.
- Data by remoteness are presented in table NHA.61.1.

Data for 2008 are available in the 2009-10 NHA performance report. Data for 2007 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.61.1	Births to mothers aged less than 20 years, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009
Table NHA.61.2	Births to mothers aged less than 20 years, by SEIFA deciles, National, 2009

Box 120 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the teenage birth rate (births to females aged less than 20 years as a proportion of females aged 15–19 years).
- State and Territory data are available by Indigenous status and socioeconomic status.
- Annual data are available. The most recent available data are for 2009.
- Data are of acceptable accuracy. However, no formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers in the Perinatal NMDS. The numerator includes births to females aged less than 15 years, while the denominator includes females aged 15–19 years. This may result in an over-estimate of the teenage birth rate.
- Data in this report are comparable with data in previous reports. Maternal age is derived from the date of birth of the mother for all jurisdictions except NSW, which provides direct data on the mother's reported age at time of birth. Data for NSW may not be directly comparable with other jurisdictions.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- The AIHW is currently investigating an appropriate method for deriving variability bands for these data.

Indicator 62 — Hospitalisation for injury and poisoning

Key amendments from second cycle of reporting:	The CRC has requested additional disaggregation (national data by remoteness and sex). Data for the current year and backcast to the baseline year are included in this report. Revised baseline data are also provided for Indigenous status and SEIFA
Outcome area:	Social inclusion and Indigenous health
Progress measure:	Hospitalisation for injury and poisoning
Measure:	<p>The number of hospital separations with a principal diagnosis of injury and poisoning</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — the number of separations with a principal diagnosis of injury and poisoning**• <i>denominator</i> — total population <p>and is presented as a <i>directly age standardised rate (per 1000 persons in the relevant population)</i></p> <p><i>**Injury and poisoning diagnoses defined by ICD-10-AM codes S00-T98</i></p>
Data source:	<p><i>Numerator</i> — AIHW <u>National Hospital Morbidity Database</u> (NHMD)</p> <p><i>Denominator</i> — ABS <u>Estimated Resident Population</u> (total population) and ABS <u>Indigenous experimental estimates and projections</u> (Indigenous population)</p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	<p>2009-10</p> <p>2008-09 and 2007-08 (backcast)</p> <p>Data are also reported for this indicator as a subset of PI 3 in the NIRA performance report</p>
Cross tabulations provided:	<p>State and Territory, by:</p> <ul style="list-style-type: none">– sex– Indigenous status– remoteness (ASGC)– SEIFA IRSD quintiles– Age (0–14; 15–24; 25–34; 35–44; 45–54; 55–64; 65 years and over) <p>Nationally, by:</p> <ul style="list-style-type: none">– SEIFA IRSD deciles– remoteness (ASGC), by sex <p><i>National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable</i></p>

Box 121 Results

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in tables NHA.62.1–2.
- Data by Indigenous status are presented in table NHA.62.1.
- Data by socioeconomic status are presented in tables NHA.62.1 and NHA.62.4.
- Data by remoteness are presented in tables NHA.62.1 and NHA.62.3.
- Data by gender is presented in tables NHA.62.1 and NHA.62.3
- Data by age group is presented in table NHA.62.2.

Revised data for remoteness and sex at the national level for 2008-09 and 2007-08 are included in this report (table NHA.62.5 and table NHA.62.6 respectively).

Revised data for Indigenous status and SEIFA IRSD at the State and Territory level for 2007-08 are included in this report in table NHA.62.7.

All other data for 2008-09 and 2007-08 are available in the 2009-10 NHA performance report and 2008-09 baseline performance report.

Additional data by Indigenous status are available in the NIRA performance report — NIRA performance indicator 3.

Attachment tables

Table NHA.62.1	Hospital separations for injury or poisoning, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10
Table NHA.62.2	Age-specific separation rates for injury or poisoning, by State and Territory, 2009-10 (per 1000 population)
Table NHA.62.3	Age-standardised separation rates for injury or poisoning, by remoteness and sex, National, 2009-10
Table NHA.62.4	Hospital separations for injury or poisoning, by SEIFA deciles, National, 2009-10
#Table NHA.62.5	Age-standardised separation rates for injury or poisoning, by remoteness and sex, National, 2008-09
#Table NHA.62.6	Age-standardised separation rates for injury or poisoning, by remoteness and sex, National, 2007-08
*Table NHA.62.7	Hospital separations for injury or poisoning, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08

*revised data provided due to technical revisions or corrections. #data backcast for additional disaggregation.

Box 122 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the number of separations in public and private hospitals with a principal diagnosis of injury and poisoning. Data are available by State and Territory by Indigenous status and socioeconomic status.
- Annual data are available. The most recent available data are for 2009-10.
- All public hospitals provided data, except a mothercraft hospital in the ACT (one public hospital in WA provided partial data). Most private hospitals also provided data, except private day hospital facilities in the ACT and the NT, the single private free-standing hospital facility in the NT and a small private hospital in Tasmania (one private hospital in WA provided partial data).
- Data on Indigenous status reported for Tasmania and the ACT should be interpreted with caution until further assessment of Indigenous identification is completed. Data for these jurisdictions (and NT private hospitals) are not included in the totals for Indigenous status.
- Data are of acceptable accuracy. However, some data are suppressed to protect confidentiality, or where rates could be misleading (for example because of cross border flows, which is a particular issue for some ACT data).
- Separations are reported for the State or Territory where the hospital was located, not the State or Territory of the patient's usual residence (this is a particular issue in interpreting data for the ACT). Analyses by remoteness and SES are based on patients' usual residential address, but separations will be counted in the State or Territory where the hospital was located rather than the State or Territory of usual residential address.
- Data in this report are comparable with data in previous reports for all states and territories except Tasmania. Tasmanian data are not comparable over time as data from two private hospitals included in 2007-08 and 2009-10 data were not available for 2008-09.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available.

The Steering Committee also notes the following issue:

- Improving the quality of data disaggregation by Indigenous status for all states and territories to allow national reporting is a priority.

Indicator 63 — Children's hearing loss

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Social inclusion and Indigenous health
Progress measure:	Children's hearing loss
Measure:	<p>Prevalence of hearing loss and otitis media in children</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — the number of children aged 0–14 years with hearing loss or otitis media**• <i>denominator</i> — the number of children aged 0–14 years <p>and is presented as a <i>directly age standardised rate (per 1000 children in the relevant population)</i></p> <p><i>**Hearing loss conditions included are: complete and partial deafness; complete and partial deafness and otitis media; all disease of the ear and mastoid</i></p>
Data source:	<i>Numerator and denominator — <u>National Health Survey (NHS)</u>. Data are collected every three years. <u>National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)</u>. Data are collected every six years</i>
Data provider:	ABS
Data availability:	(All) 2007-08 NHS data provided for the baseline report [no new data available] (Indigenous status) 2004-05 NHS/NATSIHS data provided for the baseline report [no new data available]
Cross tabulations provided:	Nil

Box 123 Comment on data quality

No new data were available for this report. Data for 2007-08 are available in the 2008-09 baseline NHA performance report.

Data from the 2011-12 Australian Health Survey (general population) (replacing the NHS) are expected to be available for the 2011-12 NHA performance report. Data from the Australian Aboriginal and Torres Strait Islander Health Survey (replacing the NATSIHS) are expected to be available for the 2012-13 NHA performance report.

Indicator 64 — Indigenous Australians in the health workforce

Key amendments
from second cycle
of reporting:

No amendments have been made

Outcome area:

Social inclusion and Indigenous health

Output measure:

Indigenous Australians in the health workforce

Interim measure:

Indigenous Australians in the health workforce

There are two measures for this indicator

Measure 64a is defined as:

- *numerator* — number of Indigenous Australians in the health workforce for selected professions (employed in the selected professions)
- *denominator* — total health workforce for selected professions excluding the workforce for whom the Indigenous status is unknown and is presented as a *percentage*

Selected professions are: medical practitioners and nurses/midwives. No other data currently available

Measure 64b is defined as:

- *numerator* — number of Indigenous Australians in the health workforce (employed in the specified health occupations)
- *denominator* — total health workforce and is presented as a *percentage*

Occupation groupings are: medical practitioners; medical imaging workers; dental workers; nursing workers; pharmacists; allied health workers; complementary therapists and other health workers (see AIHW's *Health and community services labour force 2006* publication for definitions of health occupations)

Data source:

Measure 64a Numerator and denominator — Health Labour Force Surveys. Data are collected annually for medicine, nursing and midwifery data and State and Territory registration board data. The number of Indigenous Australians registered on the National Registration and Accreditation Scheme (NRAS) at 1 January 2011 could possibly be supplied for the 2012 report (with caveats)

Measure 64b Numerator and denominator — Census of Population and Housing. Data are collected every five years

Data provider:

Measure 64a — AIHW
Measure 64b — ABS

Data availability:

Measure 64a 2009
Measure 64b 2006 data provided for the baseline report [no new data available]

Cross tabulations Measure 64a — State and Territory, by selected profession
provided:

Box 124 Results

For this report, new data for this indicator (for measure [a]) are available for 2009.

- Data by State and Territory for selected professions are presented in table NHA.64.1.

For measure (a), data for 2008 are available in the 2009-10 NHA performance report and data for 2007 are available in the 2008-09 baseline NHA performance report.

For measure (b), data for 2006 are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.64.1	Proportion of the health workforce that is Indigenous, by selected professions, by State and Territory, 2009
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Box 125 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of the health workforce who are Indigenous Australians, for selected health professions. Data exclude Aboriginal Health Workers, which make up a large segment of the Indigenous health workforce. Data are available by State and Territory.
- Data are available annually. The most recent data are for 2009.
- Data are of acceptable accuracy. However, data are limited because of the small numbers of Indigenous Australians identified in the surveys. The national response rate was 53.1 per cent for medical practitioners and 44.4 per cent for nurses and midwives. State and Territory comparisons should be made with caution.
- Caution should be used when comparing data in this report with data in previous reports. There is significant unexplained year-on-year variation in the data. Care is also advised with State and Territory comparisons because of low response rates in some jurisdictions.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Better quality data may be available for future reports from the National Registration and Accreditation Scheme. The scheme was due to be implemented nationally from 1 July 2010. All jurisdictions had implemented the scheme by this date, with the exception of WA, which implemented the scheme in October 2010. Long term indicators using NRAS data are expected to be available in 2012. From 2012, Aboriginal Health Workers will also be registered through this scheme, and data will become available for this occupational group from 2014.

Indicator 65 — Net growth in health workforce

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Sustainability
Progress measure:	Net growth in health workforce
Interim measure:	<p>Net growth in health workforce (for professions of medical practitioners, nurses/midwives and dentists)</p> <p>The measure is defined as:</p> <ul style="list-style-type: none"> • <i>numerator</i> — full time equivalent (FTE) number in the workforce in the reference year • <i>denominator</i> — FTE in the workforce in the year prior to the reference year <p>and is presented as a <i>percentage growth rate</i> calculated thus: $(((\text{numerator}/\text{denominator})-1)\times 100)$</p> <p><u>FTE</u> = Total hours worked by workforce ÷ standard working week for selected professions (medical practitioners 40 hours, nurses/midwives and dentists 38 hours)</p> <p><u>Net growth reference years:</u> (Medical practitioners) between 2008 and 2009; (Nurses/midwives) between 2008 and 2009</p>
Data source:	<p><i>Numerator and denominator</i> — AIHW <u>National Health Labour Force Surveys</u> and <u>State and Territory health practitioner registration board data</u></p> <p>Data are collected annually for selected health professions and State and Territory registration board data</p>
Data provider:	AIHW
Data availability:	<p>(Medical practitioners) 2009 to 2008</p> <p>(Nurses) 2009 to 2008</p> <p>(Dentists) [no new data available]</p>
Cross tabulations provided:	State and Territory, by profession, by clinician/non-clinician status

Box 126 Results

For this report, new data for this indicator are available for 2009 (compared to 2008).

- Data by State and Territory by profession are presented in tables NHA.65.1–2.
- Data by clinician/non clinician status are presented in table NHA.65.2.

Data for 2008 (compared to 2007) are available in the 2009-10 NHA performance report. Data for 2007 (compared to earlier years) are available in the 2008-09 baseline NHA performance report.

Attachment tables

Table NHA.65.1	Net growth in health workforce, selected professions, by State and Territory, 2008 to 2009
Table NHA.65.2	Net growth in health workforce, by clinical/non-clinical status, by State and Territory, 2008 to 2009 (per cent)

Box 127 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the growth in the health workforce (measured as the percentage increase in the full time equivalent number of health workers for selected professions). State and Territory data are available.
- Data are for selected professions (medical practitioners, nurses and midwives, and dentists) from the National Health Labour Force Survey (NHLFS) (collected annually). The most recent data are for 2009 (though no new data are available for dentists).
- Data are of acceptable accuracy. The national response rate was 53.1 per cent for medical practitioners and 44.4 per cent for nurses and midwives (with lower response rates in some states and territories). State and Territory comparisons should be undertaken with caution as response rates varied considerably across jurisdictions.
- Comparability of estimates for the medical workforce between 2008 and 2009 is limited by differences in response rates across years. Care should be taken when drawing conclusions about the size of the differences between estimates across these years.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Better quality data may be available for future reports from the National Registration and Accreditation Scheme (NRAS). The scheme was due to be implemented nationally from 1 July 2010. All jurisdictions had implemented the scheme by this date, with the exception of WA, which implemented the scheme in October 2010. Long term indicators using NRAS data are expected to be available in 2012.

Indicator 66 — Public health program expenditure as a proportion of total health expenditure

Key amendments from second cycle of reporting:	Revised data are provided for all prior years reported.
Outcome area:	Sustainability
Progress measure:	Allocation of health and aged care expenditure
Measure:	<p>Public health program expenditure as a proportion of total recurrent health expenditure</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — total public health program expenditure by governments• <i>denominator</i> — total recurrent health expenditure <p>and is presented as a <i>percentage</i></p> <p>Public health expenditure is defined by the National Public Health Expenditure Project (AIHW 2008: <i>National Public Health Expenditure Report 2005-06</i>, Appendix B)</p>
Data source:	<i>Numerator and denominator</i> — AIHW Health expenditure database Data are available annually
Data provider:	AIHW
Data availability:	2009-10 2008-09 and 2007-08 [continuous backcasting required for expenditure data]
Cross tabulations provided:	State and Territory by: – funding source

Box 128 Results

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory and funding source are presented in table NHA.66.1.

Data for 2008-09 and 2007-08 have been revised.

- Revised 2008-09 data are presented in table NHA.66.2.
- Revised 2007-08 data are presented in table NHA.66.3.

Attachment tables

Table NHA.66.1	Public health and recurrent health expenditure, by funding source, by State and Territory, 2009-10
*Table NHA.66.2	Public health and recurrent health expenditure, by funding source, by State and Territory, 2008-09
**Table NHA.66.3	Public health and recurrent health expenditure, by funding source, by State and Territory, 2007-08

*table contains revised data for 2008-09. **table contains revised data for 2007-08.

Box 129 **Comment on data quality**

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on public health program expenditure as a proportion of total health expenditure. Data are available by State and Territory.
- Annual data are available. The most recent available data are for 2009-10. Revised data for 2008-09 and 2007-08 have been provided as continuous backcasting of expenditure data is required.
- Health expenditure funded by the states and territories excludes expenditure by non-government sources that cannot be allocated to individual activities. The scope of public health expenditure is limited to State and Territory health department expenditure. It also excludes any expenditure on public health activities undertaken or funded by the Department of Veterans' Affairs.
- Data are of acceptable accuracy.
- Data are comparable over time.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee has no additional issues for noting with this indicator.

Indicator 67 — Capital expenditure on health and aged care facilities as a proportion of capital consumption expenditure on health and aged care facilities

Key amendments from second cycle of reporting:	Local government expenditure is included in data for the first time this year. Revised data are provided for all prior years reported.
Outcome area:	Sustainability
Progress measure:	Allocation of health and aged care expenditure
Interim measure:	<p>Government funded capital expenditure on publicly-owned health and aged care facilities as a proportion of government funded capital consumption expenditure on publicly-owned health and aged care facilities</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — government gross fixed capital formation on publicly owned health and aged care facilities• <i>denominator</i> — government funded capital consumption expenditure on publicly-owned health and aged care facilities <p>and is presented as a <i>ratio</i></p> <p><i>Capital expenditure on health and aged care facilities as defined by the Australian Bureau of Statistics (ABS) Government Finance Statistics Limited to government expenditure on publicly-funded facilities</i></p>
Data source:	<p><i>Numerator and denominator</i> — AIHW health expenditure database based on ABS Government Finance Statistics data (capital expenditure and capital consumption)</p> <p>Data are available annually</p>
Data provider:	AIHW
Data availability:	2009-10 2008-09 and 2007-08 [continuous backcasting required for expenditure data]
Cross tabulations provided:	State and Territory

Box 130 Results

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory are presented in table NHA.67.1.

Data for 2008-09 and 2007-08 have been revised.

- Revised 2008-09 data are presented in table NHA.67.2.
- Revised 2007-08 data are presented in table NHA.67.3

Attachment tables

Table NHA.67.1	Capital expenditure on health and aged care facilities to capital consumption expenditure on health and aged care facilities, by State and Territory, 2009-10
*Table NHA.67.2	Capital expenditure on health and aged care facilities to capital consumption expenditure on health and aged care facilities, by State and Territory, 2008-09
**Table NHA.67.3	Capital expenditure on health and aged care facilities to capital consumption expenditure on health and aged care facilities, by State and Territory, 2007-08

*table contains revised data for 2008-09 **table contains revised data for 2007-08

Box 131 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on capital expenditure on health and aged care facilities as a proportion of capital consumption expenditure on health and aged care facilities. State and Territory data are available.
- Annual data are available. The most recent available data are for 2009-10. Revised data have been provided for 2008-09 and 2007-08 as continuous backcasting of expenditure data is required.
- Data are of acceptable accuracy.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- Data are limited to government expenditure on publicly funded facilities. Further work is required to expand the scope to include private facilities.

Indicator 68 — Proportion of health expenditure spent on health research and development

Key amendments from second cycle of reporting:	Revised data are provided for all years, including the baseline.
Outcome area:	Sustainability
Progress measure:	Allocation of health and aged care expenditure
Measure:	<p>Proportion of health expenditure spent on health research and development</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — health research and experimental development expenditure• <i>denominator</i> — total recurrent health expenditure <p>and is presented as a <i>percentage</i></p> <p><u>Health research and development expenditure</u> comprises health research expenditure, undertaken at tertiary institutions, in private non-profit organisations and in government facilities that has a health socioeconomic objective, excluding that funded by private business</p> <p><u>Excludes</u> commercially oriented research carried out or funded by private business, the costs of which are assumed to be included in the prices charged for the goods and services</p>
Data source:	<p><i>Numerator</i> — AIHW <u>health expenditure database</u> (AIHW estimates are based on ABS Surveys of research and experimental development available every second year with estimates interpolated in between years [8111.0 <u>Research and Experimental Development, Higher Education Organisations</u>; and 8109.0 <u>Research and Experimental Development, Government and Private Non-Profit, Australia</u>])</p> <p><i>Denominator</i> — AIHW <u>health expenditure database</u></p> <p>Data are available annually (survey data are collected every two years)</p>
Data provider:	AIHW
Data availability:	2009-10 2008-09 and 2007-08 [revised]
Cross tabulations provided:	State and Territory by: – funding source

Box 132 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory and funding source are presented in table NHA.68.1.

Data for 2008-09 and 2007-08 have been revised.

- Revised 2008-09 data are presented in table NHA.68.2.
- Revised 2007-08 data are presented in table NHA.68.3.

Attachment tables

Table NHA.68.1	Health expenditure on health research and development, by State and Territory, 2009-10
*Table NHA.68.2	Health expenditure on health research and development, by State and Territory, 2008-09
**Table NHA.68.3	Health expenditure on health research and development, by State and Territory, 2007-08

*table contains revised data for 2008-09. **table contains revised data for 2007-08.

Box 133 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the proportion of total health expenditure spent on health research and development. State and Territory data are available.
- Annual data are available. The most recent available data are for 2009-10. Revised data for 2008-09 and 2007-08 have been provided as continuous backcasting of expenditure data is required.
- The estimates of research and development are based on the ABS Research and Experimental Development Surveys, which are conducted biennially. Data from the 2008 survey was extrapolated to estimate expenditure on health research for 2009-10.
- Data are of acceptable accuracy.
- Disaggregation by State and Territory is by the location of health research expenditure, not by funding source.
- Data are comparable over time.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issue:

- The extrapolated results for 2009-10 should be treated with caution pending availability of new ABS data.

Indicator 69 — Cost per casemix adjusted separation

Key amendments from second cycle of reporting:	Revised data are provided for all prior years reported.
Outcome area:	Sustainability
Progress measure:	Cost per casemix adjusted separation for both acute and non-acute care episodes
Interim measure:	<p>Average cost per casemix adjusted separation for acute and non-acute care in public and private hospitals</p> <p>The measure is defined as:</p> <ul style="list-style-type: none">• <i>numerator</i> — total reported recurrent expenditure (excluding depreciation) multiplied by the admitted patient cost proportion** reported for each hospital• <i>denominator</i> — total casemix adjusted separations reported for acute and non-acute care in public hospitals <p>and is expressed in <i>dollars</i></p> <p>Total separations excludes newborns without qualified days, and records that do not relate to admitted patients (hospital boarders and posthumous organ procurement)</p> <p>Data currently limited to public hospitals.</p> <p>National Hospital Cost Data Collection (NHCDC) cost weights for the reporting year (or most recently available) will be used to calculate casemix-adjusted separations.</p> <p>Casemix adjustment is based on Australian Refined Diagnosis Related Group (AR-DRG) assigned to each separation</p> <p>Data are not comparable over time due to changes in the DRG and cost weights between years. Data are provided in both current and constant prices (<i>using the ABS [unpublished] Government Final Consumptions Expenditure, State and Local – Hospitals and Nursing Homes</i> deflator)</p> <p>**the estimated proportion of total hospital expenditure that relates to admitted patient care</p>
Data source:	<p><i>Numerator</i> — <u>National Public Hospital Establishments Database (NPHEd)</u></p> <p><i>Denominator</i> — <u>Admitted Patient Care National Minimum Data Set (APC NMDS)</u> and <u>National Hospital Cost Data Collection (NHCDC)</u></p> <p>Data are available annually for public hospitals (NPHEd). [Data are available every two years for private hospitals (PHS), although current reporting is limited to public hospitals]</p>
Data provider:	AIHW

Data availability:	2009-10 2008-09 and 2007-08 [revised]
Cross tabulations provided:	State and Territory, by public hospital peer group (previous years data also presented in current and constant prices)

Box 134 **Results**

For this report, new data for this indicator are available for 2009-10.

- Data by State and Territory and peer group are presented in table NHA.69.1.

Data for 2008-09 and 2007-08 have been revised.

- Revised 2008-09 data are presented in table NHA.69.2.
- Revised 2007-08 data are presented in table NHA.69.3.

Attachment tables

Table NHA.69.1	Average cost per casemix adjusted separation, by hospital peer group, by State and Territory, 2009-10 (\$)
*Table NHA.69.2	Average cost per casemix adjusted separation, by hospital peer group, by State and Territory, 2008-09 (\$)
**Table NHA 69.3	Average cost per casemix adjusted separation, by hospital peer group, by State and Territory, 2007-08 (\$)

*table contains revised data for 2008-09. **table contains revised data for 2007-08.

Box 135 Comment on data quality

The DQS for this indicator has been prepared by the AIHW and is included in its original form in the section of this report titled 'Data Quality Statements'. Key points from the DQS are summarised below.

- The data provide relevant information on the average cost per casemix adjusted separation in public hospitals.
- State and Territory data are available for public hospitals for selected peer groups (principal referral and specialist women's and children's hospitals, large and medium hospital and small acute hospitals). Data are not available for private hospitals.
- Public hospital data exclude small non-acute hospitals, multi-purpose services, hospices, rehabilitation hospitals, mothercraft hospitals, other non-acute hospitals and psychiatric hospitals.
- Annual data are available. The most recent available data are for 2009-10. Revised data have been provided for 2008-09 and 2007-08 as continuous backcasting of expenditure data is required.
- Data are of acceptable accuracy. Capital costs are excluded from the numerator, which affects the calculation of the total average cost per casemix adjusted separation. Patients other than public patients treated privately at in-scope hospitals are excluded from these data. The proportions of patients other than public patients vary across states and territories, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error.
- There is no agreed methodology for time series analysis. Costs per casemix adjusted separation may be affected by changes to the AR-DRG, ICD-10-AM codes and cost weights.
- Detailed explanatory notes are publicly available to assist in the interpretation of results.
- Additional data from the data source are available on-line, and on request.

The Steering Committee also notes the following issues:

- Data do not include all public hospitals or any private hospitals. The scope has been limited to public hospitals that have predominately acute care admitted patient activity in order to ensure comparable reporting. Consideration should be given to expanding reporting to all hospitals, reported by hospital type (public and private).
- A proposed method to provide time series data was developed by the AIHW (using a single version of the AR-DRG and holding prices constant) was not agreed by the National Health Information Standards and Statistics Committee (NHISSC). The development of an agreed method to measure change in the cost per casemix adjusted separation over time is a priority.

Indicator 70 — Accredited and filled clinical training positions

Key amendments from second cycle of reporting:	No amendments have been made
Outcome area:	Sustainability
Output measure:	Number of accredited and filled clinical training positions
Measure:	Number of accredited and filled clinical training positions, by undergraduate/graduate status
	Will apply to medical practitioners only
	A measure for this indicator has yet to be developed
Data source:	No data source currently available
Data provider:	Nil
Data availability:	Data not currently available
Cross tabulations provided:	Nil

Box 136 **Comment on data quality**

There is currently no agreed measure, nor data available, to inform this indicator.

The national health workforce agency, *Health Workforce Australia*, has been tasked with producing Australia's first national database on accredited and filled clinical training positions.

National Agreement performance reporting: National Healthcare Agreement

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NHA Benchmark 1B

NHA Benchmark 1C

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NHA Benchmark 1A:

No data are currently available to inform this benchmark

Prevention: reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate, for people aged 25 years and over, of 7.1 per cent) by 2023

NHA Benchmark 1B:

No new data available for this benchmark.

Prevention: by 2018, reduce the national smoking rate to 10 per cent of the population and halve the Indigenous smoking rate, over the 2009 baseline

NHA Benchmark 1C:

No new data available for this benchmark.

Prevention: by 2017, increase by five percentage points the proportion of Australian adults and Australian children at a healthy body weight, over the 2009 baseline

NHA Benchmark 2A:

**Primary care: by 2014-15,
improve the provision of primary
care and reduce the proportion
of potentially preventable
hospital admissions by 7.6 per
cent over the 2006-07 baseline
to 8.5 per cent of total hospital
admissions**

Table NHA.B.2A.1 **Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2009-10 (a), (b)**

	<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>
Vaccine-preventable conditions	no.	5 495	4 076	3 887	1 891	1 512	354	169	489	17 887
Acute conditions	no.	93 497	80 263	65 541	30 771	24 819	5 600	3 324	4 505	308 574
Chronic conditions	no.	105 293	88 275	83 386	51 764	27 228	7 095	3 218	4 433	370 879
Total PPH	no.	203 391	171 872	152 021	84 014	53 290	12 982	6 688	9 305	694 015
Total hospital separations (c)	no.	2 567 325	2 277 694	1 736 392	887 050	647 889	170 970	102 931	110 238	8 531 003
PPH/Total hospital separations	%	7.9	7.5	8.8	9.5	8.2	7.6	6.5	8.4	8.1

(a) Data are presented by the State/Territory of usual residence of the patient, not by State of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Caution should be used when comparing data across time due to changes between the ICD-10-AM 5th edition (used in 2006-07 and 2007-08) and ICD-10-AM 6th edition (used after 2007--08) and the associated Australian Coding Standards. In addition, as the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.

(c) More than one category and/or condition may be reported during the same hospitalisation. Therefore, the totals are not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.2 Selected potentially preventable hospitalisations as a percentage of total hospital separations, by SEIFA deciles, National, 2009-10 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (b)		
Decile 1	0.3	2 718
Decile 2	0.3	2 278
Decile 3	0.2	1 884
Decile 4	0.2	1 882
Decile 5	0.2	1 733
Decile 6	0.2	1 721
Decile 7	0.2	1 553
Decile 8	0.2	1 449
Decile 9	0.2	1 360
Decile 10	0.2	1 282
Acute conditions		
SEIFA of residence (b)		
Decile 1	4.1	37 563
Decile 2	3.9	35 057
Decile 3	3.9	32 268
Decile 4	3.7	32 849
Decile 5	3.7	31 873
Decile 6	3.5	30 326
Decile 7	3.6	27 032
Decile 8	3.5	29 472
Decile 9	3.1	27 380
Decile 10	3.1	24 206
Chronic conditions		
SEIFA of residence (b)		
Decile 1	5.7	51 529
Decile 2	5.4	48 751
Decile 3	5.3	43 391
Decile 4	4.9	43 013
Decile 5	4.7	39 821
Decile 6	4.4	37 676
Decile 7	3.8	28 606
Decile 8	3.4	29 012
Decile 9	3.2	27 839
Decile 10	2.7	20 906

Table NHA.B.2A.2 **Selected potentially preventable hospitalisations as a percentage of total hospital separations, by SEIFA deciles, National, 2009-10 (a)**

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
All potentially preventable hospitalisations (c)		
SEIFA of residence (b)		
Decile 1	10.0	91 281
Decile 2	9.5	85 646
Decile 3	9.4	77 175
Decile 4	8.8	77 325
Decile 5	8.5	73 065
Decile 6	8.1	69 417
Decile 7	7.5	56 924
Decile 8	7.0	59 685
Decile 9	6.4	56 361
Decile 10	5.9	46 232

(a) Data are presented by the State/Territory of usual residence of the patient, not by State of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.3

Table NHA.B.2A.3 Supplementary measure a) **Selected potentially preventable hospitalisations (PPH) *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, as a percentage of total hospital separations, by State and Territory, 2009-10 (a), (b), (c)**

	<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>
Vaccine-preventable conditions	no.	5 495	4 076	3 887	1 891	1 512	354	169	489	17 887
Acute conditions <i>excluding dehydration and gastroenteritis</i>	no.	73 033	61 201	52 166	24 952	19 813	4 419	2 670	3 878	242 335
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>	no.	93 573	80 793	62 853	28 293	24 993	6 573	2 966	3 856	304 061
Total PPH excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)	no.	171 410	145 501	118 294	54 821	46 104	11 290	5 784	8 130	561 710
Total hospital separations (c)	no.	2 567 325	2 277 694	1 736 392	887 050	647 889	170 970	102 931	110 238	8 531 003
PPH / Total hospital separations	%	6.7	6.4	6.8	6.2	7.1	6.6	5.6	7.4	6.6

- (a) Data are presented by the State/Territory of usual residence of the patient, not by State of hospitalisation. Separations for patients usually resident overseas are excluded.
- (b) Caution should be used when comparing data across time. In addition, as the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.
- (c) More than one category and/or condition may be reported during the same hospitalisation. Therefore, the totals are not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.4 Supplementary measure a) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)**, as a percentage of total hospital separations, by SEIFA deciles, National, 2009-10 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence		
Decile 1	0.3	2 717
Decile 2	0.3	2 278
Decile 3	0.2	1 884
Decile 4	0.2	1 882
Decile 5	0.2	1 733
Decile 6	0.2	1 721
Decile 7	0.2	1 553
Decile 8	0.2	1 449
Decile 9	0.2	1 360
Decile 10	0.2	1 282
Acute conditions <i>excluding dehydration and gastroenteritis</i>		
SEIFA of residence		
Decile 1	3.3	29 763
Decile 2	3.0	27 039
Decile 3	3.1	25 413
Decile 4	3.0	26 140
Decile 5	2.9	25 218
Decile 6	2.7	23 644
Decile 7	2.8	21 448
Decile 8	2.7	23 081
Decile 9	2.4	21 208
Decile 10	2.4	18 926
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>		
SEIFA of residence		
Decile 1	4.5	40 663
Decile 2	4.3	38 850
Decile 3	4.3	35 429
Decile 4	3.9	34 574
Decile 5	3.7	31 487
Decile 6	3.4	29 178
Decile 7	3.3	24 762
Decile 8	3.0	25 210
Decile 9	2.8	24 654

Table NHA.B.2A.4 Supplementary measure a) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)**, as a percentage of total hospital separations, by SEIFA deciles, National, 2009-10 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Decile 10	2.4	18 943
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (b)		
SEIFA of residence		
Decile 1	8.0	72 759
Decile 2	7.5	67 833
Decile 3	7.6	62 450
Decile 4	7.1	62 263
Decile 5	6.8	58 144
Decile 6	6.3	54 307
Decile 7	6.3	47 554
Decile 8	5.8	49 553
Decile 9	5.4	47 041
Decile 10	5.0	39 016

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(b) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.5 Supplementary measure b) **Selected potentially preventable hospitalisations (PPH) *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, as a percentage of total hospital separations, by State and Territory, 2009-10 (a), (b)**

	<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>
Vaccine-preventable conditions	no.	5 495	4 076	3 887	1 891	1 512	354	169	489	17 887
Acute conditions <i>excluding dehydration and gastroenteritis</i>	no.	73 033	61 201	52 166	24 952	19 813	4 419	2 670	3 878	242 335
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>	no.	68 522	57 413	45 305	18 550	18 982	4 537	2 118	2 685	218 240
Total PPH excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)	no.	146 325	122 388	100 951	45 231	40 190	9 274	4 939	6 996	476 637
Total hospital separations (c)	no.	2 567 325	2 277 694	1 736 392	887 050	647 889	170 970	102 931	110 238	8 531 003
PPH / Total hospital separations	%	5.7	5.4	5.8	5.1	6.2	5.4	4.8	6.3	5.6

(a) Data are presented by the State/Territory of usual residence of the patient, not by State/Territory of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Caution should be used when comparing data across time. As the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.

(c) More than one category and/or condition may be reported during the same hospitalisation. Therefore, the totals are not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.6 Supplementary measure b) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by SEIFA deciles, National, 2009-10 (a)**

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence		
Decile 1	0.3	2 717
Decile 2	0.3	2 278
Decile 3	0.2	1 884
Decile 4	0.2	1 882
Decile 5	0.2	1 733
Decile 6	0.2	1 721
Decile 7	0.2	1 553
Decile 8	0.2	1 449
Decile 9	0.2	1 360
Decile 10	0.2	1 282
Acute conditions excluding dehydration and gastroenteritis		
SEIFA of residence		
Decile 1	3.3	29 763
Decile 2	3.0	27 039
Decile 3	3.1	25 413
Decile 4	3.0	26 140
Decile 5	2.9	25 218
Decile 6	2.7	23 644
Decile 7	2.8	21 448
Decile 8	2.7	23 081
Decile 9	2.4	21 208
Decile 10	2.4	18 926
Chronic conditions excluding diabetes complications (all diagnoses)		
SEIFA of residence		
Decile 1	3.2	29 215
Decile 2	3.1	27 975
Decile 3	3.2	26 068
Decile 4	2.8	24 901
Decile 5	2.6	22 416
Decile 6	2.4	20 482
Decile 7	2.4	17 863
Decile 8	2.1	18 035
Decile 9	2.0	17 525

Table NHA.B.2A.6 Supplementary measure b) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by SEIFA deciles, National, 2009-10 (a)**

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Decile 10	1.7	13 298
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses) (b)		
SEIFA of residence		
Decile 1	6.7	61 460
Decile 2	6.3	57 090
Decile 3	6.5	53 176
Decile 4	6.0	52 741
Decile 5	5.8	49 196
Decile 6	5.3	45 699
Decile 7	5.4	40 728
Decile 8	5.0	42 449
Decile 9	4.6	39 981
Decile 10	4.3	33 416

- (a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.
- (b) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.7 **Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2008-09 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Vaccine-preventable conditions	no.	5 169	4 227	3 364	1 345	1 224	324	166	500	16 354
Acute conditions	no.	90 085	78 504	62 002	29 223	24 022	5 188	3 805	4 428	297 692
Chronic conditions	no.	107 157	88 620	81 085	57 518	29 204	7 311	3 545	4 135	378 933
Total PPH	no.	201 631	170 664	145 796	87 805	54 200	12 763	7 491	8 945	690 115
Total hospital separations (d)	no.	2 456 086	2 172 986	1 667 630	829 969	625 055	152 100	102 966	106 524	8 148 448
PPH/Total hospital separations	%	8.2	7.9	8.7	10.6	8.7	8.4	7.3	8.4	8.5

(a) Data are presented by the State/Territory of usual residence of the patient, not by State of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Caution should be used when comparing data across time due to changes between the ICD-10-AM 5th edition (used in 2006-07 and 2007-08) and ICD-10-AM 6th edition (used after 2007-08) and the associated Australian Coding Standards. In addition, as the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.

(c) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations

(d) More than one category and/or condition may be reported during the same hospitalisation. Therefore, the totals are not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.8 Supplementary measure a) **Selected potentially preventable hospitalisations (PPH) *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, as a percentage of total hospital separations, by State and Territory, 2008-09 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Vaccine-preventable conditions	no.	5 169	4 227	3 364	1 345	1 224	324	166	500	16 354
Acute conditions <i>excluding dehydration and gastroenteritis</i>	no.	71 742	59 395	50 109	23 933	19 241	4 083	3 108	3 911	235 905
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>	no.	92 932	79 126	61 606	27 359	26 424	6 826	3 234	3 663	301 478
Total PPH excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)	no.	169 198	142 231	114 551	52 415	46 673	11 174	6 489	7 998	551 450
Total hospital separations (d)	no.	2 456 086	2 172 986	1 667 630	829 969	625 055	152 100	102 966	106 524	8 148 448
PPH / Total hospital separations	%	6.9	6.5	6.9	6.3	7.5	7.3	6.3	7.5	6.8

(a) Data are presented by the State/Territory of usual residence of the patient, not by State/Territory of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Caution should be used when comparing data across time. As the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.

(c) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations

(d) More than one category and/or condition may be reported during the same hospitalisation. Therefore, the totals are not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.9 Supplementary measure a) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)**, as a percentage of total hospital separations, by SEIFA deciles, National, 2008-09 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence		
Decile 1	0.3	2 537
Decile 2	0.2	1 912
Decile 3	0.2	1 716
Decile 4	0.2	1 688
Decile 5	0.2	1 589
Decile 6	0.2	1 600
Decile 7	0.2	1 377
Decile 8	0.2	1 312
Decile 9	0.2	1 359
Decile 10	0.2	1 196
Acute conditions <i>excluding dehydration and gastroenteritis</i>		
SEIFA of residence		
Decile 1	3.4	28 838
Decile 2	3.1	26 482
Decile 3	3.0	25 227
Decile 4	3.0	25 005
Decile 5	3.0	23 987
Decile 6	2.8	23 060
Decile 7	2.9	20 983
Decile 8	2.8	22 056
Decile 9	2.5	20 564
Decile 10	2.5	19 026
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>		
SEIFA of residence		
Decile 1	4.7	40 158
Decile 2	4.5	38 812
Decile 3	4.4	36 356
Decile 4	4.2	34 493
Decile 5	3.8	30 932
Decile 6	3.5	28 780
Decile 7	3.4	25 074
Decile 8	3.1	24 337
Decile 9	2.9	23 958
Decile 10	2.4	18 043

Table NHA.B.2A.9 Supplementary measure a) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)**, as a percentage of total hospital separations, by SEIFA deciles, National, 2008-09 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (b)		
SEIFA of residence		
Decile 1	8.3	71 172
Decile 2	7.7	66 898
Decile 3	7.6	63 034
Decile 4	7.3	60 906
Decile 5	7.0	56 299
Decile 6	6.5	53 247
Decile 7	6.4	47 229
Decile 8	6.0	47 547
Decile 9	5.6	45 704
Decile 10	5.0	38 140

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(b) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.10 Supplementary measure b) **Selected potentially preventable hospitalisations (PPH) *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, as a percentage of total hospital separations, by State and Territory, 2008-09 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Vaccine-preventable conditions	no.	5 169	4 227	3 364	1 345	1 224	324	166	500	16 354
Acute conditions <i>excluding dehydration and gastroenteritis</i>	no.	71 742	59 395	50 109	23 933	19 241	4 083	3 108	3 911	235 905
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>	no.	68 290	56 779	44 576	17 954	19 314	4 755	2 266	2 465	216 621
Total PPH excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)	no.	144 804	120 091	97 726	43 140	39 645	9 121	5 524	6 842	467 532
Total hospital separations (d)	no.	2 456 086	2 172 986	1 667 630	829 969	625 055	152 100	102 966	106 524	8 148 448
PPH / Total hospital separations	%	5.9	5.5	5.9	5.2	6.3	6.0	5.4	6.4	5.7

(a) Data are presented by the State/Territory of usual residence of the patient, not by State/Territory of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Caution should be used when comparing data across time. As the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.

(c) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations

(d) More than one category and/or condition may be reported during the same hospitalisation. Therefore, the totals are not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.11 Supplementary measure b) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)**, as a percentage of total hospital separations, by SEIFA deciles, National, 2008-09 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence		
Decile 1	0.3	2 537
Decile 2	0.2	1 912
Decile 3	0.2	1 716
Decile 4	0.2	1 688
Decile 5	0.2	1 589
Decile 6	0.2	1 600
Decile 7	0.2	1 377
Decile 8	0.2	1 312
Decile 9	0.2	1 359
Decile 10	0.2	1 196
Acute conditions excluding dehydration and gastroenteritis		
SEIFA of residence		
Decile 1	3.4	28 838
Decile 2	3.1	26 482
Decile 3	3.0	25 227
Decile 4	3.0	25 005
Decile 5	3.0	23 987
Decile 6	2.8	23 060
Decile 7	2.9	20 983
Decile 8	2.8	22 056
Decile 9	2.5	20 564
Decile 10	2.5	19 026
Chronic conditions excluding diabetes complications (<u>all diagnoses</u>)		
SEIFA of residence		
Decile 1	3.3	28 738
Decile 2	3.3	28 163
Decile 3	3.2	26 517
Decile 4	3.0	24 763
Decile 5	2.8	22 237
Decile 6	2.5	20 243
Decile 7	2.4	17 902
Decile 8	2.2	17 516
Decile 9	2.1	17 045

Table NHA.B.2A.11 Supplementary measure b) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)**, as a percentage of total hospital separations, by SEIFA deciles, National, 2008-09 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Decile 10	1.7	13 112
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (b)		
SEIFA of residence		
Decile 1	7.0	59 914
Decile 2	6.5	56 358
Decile 3	6.4	53 314
Decile 4	6.2	51 290
Decile 5	5.9	47 694
Decile 6	5.5	44 791
Decile 7	5.5	40 131
Decile 8	5.2	40 793
Decile 9	4.8	38 858
Decile 10	4.4	33 260

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(b) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.12 **Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2007-08 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (d)</i>
Vaccine-preventable conditions	no.	4 926	3 722	3 247	1 366	1 256	220	239	457	15 440
Acute conditions	no.	87 797	76 940	57 815	27 725	25 008	5 635	3 405	3 711	288 198
Chronic conditions	no.	116 275	103 586	83 908	78 665	31 441	11 933	3 321	4 215	433 569
Total PPH	no.	207 991	183 509	144 262	107 348	57 382	17 695	6 940	8 248	733 767
Total hospital separations (e)	no.	2 369 882	2 135 508	1 584 385	784 135	607 757	167 531	94 306	100 448	7 873 945
PPH/Total hospital separations	%	8.8	8.6	9.1	13.7	9.4	10.6	7.4	8.2	9.3

(a) Data are presented by the State/Territory of usual residence of the patient, not by State of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Caution should be used when comparing data across time due to changes between the ICD-10-AM 5th edition (used in 2006-07 and 2007-08) and ICD-10-AM 6th edition (used after 2007-08) and the associated Australian Coding Standards. In addition, as the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.

(c) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations

(d) Australian totals include Other territories

(e) More than one category and/or condition may be reported during the same hospitalisation. Therefore, the totals are not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.13

Table NHA.B.2A.13 *Supplementary measure a)* **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), as a percentage of total hospital separations, by State and Territory, 2007-08 (a), (b)**

	<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>
Vaccine-preventable conditions	no.	4 926	3 722	3 247	1 366	1 256	220	239	457	15 440
Acute conditions <i>excluding dehydration and gastroenteritis</i>	no.	72 448	59 662	47 343	23 316	19 110	4 444	2 867	3 390	232 701
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>	no.	92 172	79 798	62 606	26 479	26 369	7 543	2 642	3 588	301 379
Total PPH excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)	no.	168 861	142 745	112 694	50 891	46 508	12 131	5 728	7 351	547 218
Total hospital separations (c)	no.	2 369 882	2 135 508	1 584 385	784 135	607 757	167 531	94 306	100 448	7 873 945
PPH / Total hospital separations	%	7.1	6.7	7.1	6.5	7.7	7.2	6.1	7.3	6.9

(a) Data are presented by the State/Territory of usual residence of the patient, not by State/Territory of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Caution should be used when comparing data across time. As the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.

(c) More than one category and/or condition may be reported during the same hospitalisation. Therefore, the totals are not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.14 Supplementary measure a) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)**, as a percentage of total hospital separations, by SEIFA deciles, National, 2007-08 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence		
Decile 1	0.3	2 133
Decile 2	0.2	1 768
Decile 3	0.2	1 733
Decile 4	0.2	1 587
Decile 5	0.2	1 374
Decile 6	0.2	1 516
Decile 7	0.2	1 423
Decile 8	0.2	1 291
Decile 9	0.2	1 329
Decile 10	0.2	1 248
Acute conditions excluding dehydration and gastroenteritis		
SEIFA of residence		
Decile 1	3.4	28 382
Decile 2	3.1	26 362
Decile 3	3.1	24 894
Decile 4	3.1	24 886
Decile 5	3.1	23 683
Decile 6	2.8	22 446
Decile 7	2.9	20 280
Decile 8	2.8	21 601
Decile 9	2.6	20 785
Decile 10	2.6	18 849
Chronic conditions excluding diabetes complications (additional diagnoses only)		
SEIFA of residence		
Decile 1	4.7	39 435
Decile 2	4.8	40 228
Decile 3	4.5	35 870
Decile 4	4.3	33 897
Decile 5	4.0	30 529
Decile 6	3.6	28 456
Decile 7	3.5	25 056
Decile 8	3.3	24 808
Decile 9	3.1	24 607

Table NHA.B.2A.14 Supplementary measure a) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only), as a percentage of total hospital separations, by SEIFA deciles, National, 2007-08 (a)**

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Decile 10	2.5	18 002
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (b)		
SEIFA of residence		
Decile 1	8.3	69 612
Decile 2	8.0	68 046
Decile 3	7.8	62 249
Decile 4	7.6	60 096
Decile 5	7.2	55 351
Decile 6	6.6	52 202
Decile 7	6.5	46 546
Decile 8	6.2	47 543
Decile 9	5.8	46 551
Decile 10	5.2	37 966

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(b) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.15

Table NHA.B.2A.15 Supplementary measure b) **Selected potentially preventable hospitalisations (PPH) *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, as a percentage of total hospital separations, by State and Territory, 2007-08 (a), (b)**

	<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>
Vaccine-preventable conditions	no.	4 926	3 722	3 247	1 366	1 256	220	239	457	15 440
Acute conditions <i>excluding dehydration and gastroenteritis</i>	no.	72 448	59 662	47 343	23 316	19 110	4 444	2 867	3 390	232 701
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>	no.	68 736	57 682	45 123	18 072	19 372	5 133	1 893	2 260	218 362
Total PPH excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)	no.	145 675	120 835	95 428	42 642	39 612	9 760	4 986	6 068	465 224
Total hospital separations (c)	no.	2 369 882	2 135 508	1 584 385	784 135	607 757	167 531	94 306	100 448	7 873 945
PPH / Total hospital separations	%	6.1	5.7	6.0	5.4	6.5	5.8	5.3	6.0	5.9

- (a) Data are presented by the State/Territory of usual residence of the patient, not by State/Territory of hospitalisation. Separations for patients usually resident overseas are excluded.
- (b) Caution should be used when comparing data across time. As the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.
- (c) More than one category and/or condition may be reported during the same hospitalisation. Therefore, the totals are not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.16 Supplementary measure b) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by SEIFA deciles, National, 2007-08 (a)**

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence		
Decile 1	0.3	2 133
Decile 2	0.2	1 768
Decile 3	0.2	1 733
Decile 4	0.2	1 587
Decile 5	0.2	1 374
Decile 6	0.2	1 516
Decile 7	0.2	1 423
Decile 8	0.2	1 291
Decile 9	0.2	1 329
Decile 10	0.2	1 248
Acute conditions excluding dehydration and gastroenteritis		
SEIFA of residence		
Decile 1	3.4	28 382
Decile 2	3.1	26 362
Decile 3	3.1	24 894
Decile 4	3.1	24 886
Decile 5	3.1	23 683
Decile 6	2.8	22 446
Decile 7	2.9	20 280
Decile 8	2.8	21 601
Decile 9	2.6	20 785
Decile 10	2.6	18 849
Chronic conditions excluding diabetes complications (all diagnoses)		
SEIFA of residence		
Decile 1	3.4	28 230
Decile 2	3.5	29 396
Decile 3	3.3	26 377
Decile 4	3.1	24 661
Decile 5	2.8	21 985
Decile 6	2.6	20 200
Decile 7	2.6	18 123
Decile 8	2.4	17 994
Decile 9	2.2	17 828

Table NHA.B.2A.16 Supplementary measure b) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by SEIFA deciles, National, 2007-08 (a)**

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Decile 10	1.8	13 243
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses) (b)		
SEIFA of residence		
Decile 1	7.0	58 582
Decile 2	6.8	57 348
Decile 3	6.6	52 865
Decile 4	6.4	50 974
Decile 5	6.1	46 911
Decile 6	5.6	44 049
Decile 7	5.6	39 712
Decile 8	5.3	40 793
Decile 9	5.0	39 841
Decile 10	4.6	33 257

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(b) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.17

Table NHA.B.2A.17 **Selected potentially preventable hospitalisations (PPH) as a percentage of total hospital separations, by State and Territory, 2006-07 (a), (b)**

	<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 (c)</i>
Vaccine-preventable conditions	no.	4 357	2 997	2 513	1 060	874	245	129	366	12 546
Acute conditions	no.	86 110	72 201	53 666	27 065	23 277	5 274	3 298	3 728	274 768
Chronic conditions	no.	115 077	99 288	78 743	70 964	32 153	11 816	3 315	4 174	415 723
Total PPH	no.	204 674	173 770	134 293	98 682	56 005	17 271	6 717	8 142	699 901
Total hospital separations (d)	no.	2 306 218	2 057 381	1 501 304	740 068	614 542	159 215	90 052	97 253	7 602 917
PPH/Total hospital separations	%	8.9	8.4	8.9	13.3	9.1	10.8	7.5	8.4	9.2

- (a) Data are presented by the State/Territory of usual residence of the patient, not by State of hospitalisation. Separations for patients usually resident overseas are excluded.
- (b) Caution should be used when comparing data across time due to changes between the ICD-10-AM 5th edition (used in 2006-07 and 2007-08) and ICD-10-AM 6th edition (used after 2007-08) and the associated Australian Coding Standards. In addition, as the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.
- (c) Australian totals include Other territories.
- (d) More than one category and/or condition may be reported during the same hospitalisation. Therefore, the totals are not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.18

Table NHA.B.2A.18 Supplementary measure a) **Selected potentially preventable hospitalisations (PPH) *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, as a percentage of total hospital separations, by State and Territory, 2006-07 (a), (b)**

	<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>
Vaccine-preventable conditions	no.	4 357	2 997	2 513	1 060	874	245	129	366	12 546
Acute conditions <i>excluding dehydration and gastroenteritis</i>	no.	70 449	55 489	43 733	22 527	18 590	4 167	2 721	3 398	221 195
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>	no.	91 430	77 134	56 928	25 818	25 238	6 960	2 689	3 412	289 759
Total PPH excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)	no.	165 636	135 201	102 747	49 153	44 497	11 322	5 528	7 097	521 457
Total hospital separations (c)	no.	2 306 218	2 057 381	1 501 304	740 068	614 542	159 215	90 052	97 253	7 602 917
PPH / Total hospital separations	%	7.2	6.6	6.8	6.6	7.2	7.1	6.1	7.3	6.9

(a) Data are presented by the State/Territory of usual residence of the patient, not by State/Territory of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Caution should be used when comparing data across time. As the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.

(c) More than one category and/or condition may be reported during the same hospitalisation. Therefore, the totals are not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.19 Supplementary measure a) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)**, as a percentage of total hospital separations, by SEIFA deciles, National, 2006-07 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence		
Decile 1	0.2	1 843
Decile 2	0.2	1 495
Decile 3	0.2	1 250
Decile 4	0.2	1 574
Decile 5	0.2	1 117
Decile 6	0.2	1 149
Decile 7	0.1	1 015
Decile 8	0.1	1 079
Decile 9	0.1	1 031
Decile 10	0.1	965
Acute conditions <i>excluding dehydration and gastroenteritis</i>		
SEIFA of residence		
Decile 1	3.3	26 764
Decile 2	3.1	26 230
Decile 3	3.1	23 775
Decile 4	3.1	23 579
Decile 5	3.0	21 749
Decile 6	2.8	20 990
Decile 7	2.8	19 403
Decile 8	2.8	20 550
Decile 9	2.6	19 720
Decile 10	2.6	18 078
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>		
SEIFA of residence		
Decile 1	4.7	38 654
Decile 2	4.6	38 370
Decile 3	4.4	34 483
Decile 4	4.3	32 922
Decile 5	4.0	29 345
Decile 6	3.6	26 857
Decile 7	3.5	23 918
Decile 8	3.3	23 752
Decile 9	3.0	23 478
Decile 10	2.5	17 657

Table NHA.B.2A.19 Supplementary measure a) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)**, as a percentage of total hospital separations, by SEIFA deciles, National, 2006-07 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (b)		
SEIFA of residence		
Decile 1	8.2	66 978
Decile 2	7.9	65 807
Decile 3	7.6	59 292
Decile 4	7.5	57 812
Decile 5	7.1	52 018
Decile 6	6.5	48 806
Decile 7	6.4	44 161
Decile 8	6.2	45 204
Decile 9	5.7	44 098
Decile 10	5.2	36 574

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(b) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.20 Supplementary measure b) **Selected potentially preventable hospitalisations (PPH) *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, as a percentage of total hospital separations, by State and Territory, 2006-07 (a), (b)**

	<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>
Vaccine-preventable conditions	no.	4 357	2 997	2 513	1 060	874	245	129	366	12 546
Acute conditions <i>excluding dehydration and gastroenteritis</i>	no.	70 449	55 489	43 733	22 527	18 590	4 167	2 721	3 398	221 195
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>	no.	68 089	56 357	41 744	18 083	18 868	4 839	1 946	2 225	212 210
Total PPH excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)	no.	142 543	114 634	87 751	41 599	38 225	9 225	4 789	5 952	444 903
Total hospital separations (c)	no.	2 306 218	2 057 381	1 501 304	740 068	614 542	159 215	90 052	97 253	7 602 917
PPH / Total hospital separations	%	6.2	5.6	5.8	5.6	6.2	5.8	5.3	6.1	5.9

(a) Data are presented by the State/Territory of usual residence of the patient, not by State/Territory of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Caution should be used when comparing data across time. As the benchmark is specified as a proportion of separations rather than a population rate, variation in rates across years may reflect variation in jurisdictional admission practices rather than variation in potentially preventable hospitalisations.

(c) More than one category and/or condition may be reported during the same hospitalisation. Therefore, the totals are not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.B.2A.21 Supplementary measure b) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by SEIFA deciles, National, 2006-07 (a)**

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence		
Decile 1	0.2	1 843
Decile 2	0.2	1 495
Decile 3	0.2	1 250
Decile 4	0.2	1 574
Decile 5	0.2	1 117
Decile 6	0.2	1 149
Decile 7	0.1	1 015
Decile 8	0.1	1 079
Decile 9	0.1	1 031
Decile 10	0.1	965
Acute conditions excluding dehydration and gastroenteritis		
SEIFA of residence		
Decile 1	3.3	26 764
Decile 2	3.1	26 230
Decile 3	3.1	23 775
Decile 4	3.1	23 579
Decile 5	3.0	21 749
Decile 6	2.8	20 990
Decile 7	2.8	19 403
Decile 8	2.8	20 550
Decile 9	2.6	19 720
Decile 10	2.6	18 078
Chronic conditions excluding diabetes complications (all diagnoses)		
SEIFA of residence		
Decile 1	3.5	28 320
Decile 2	3.4	28 066
Decile 3	3.3	25 539
Decile 4	3.1	24 270
Decile 5	2.9	21 302
Decile 6	2.6	19 256
Decile 7	2.6	17 583
Decile 8	2.4	17 359
Decile 9	2.3	17 439

Table NHA.B.2A.21 Supplementary measure b) **Selected potentially preventable hospitalisations (PPH) excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), as a percentage of total hospital separations, by SEIFA deciles, National, 2006-07 (a)**

	<i>Aust</i>	<i>Aust</i>
	<i>per cent of total hospital separations</i>	<i>no.</i>
Decile 10	1.8	12 913
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses) (b)		
SEIFA of residence		
Decile 1	7.0	56 787
Decile 2	6.7	55 645
Decile 3	6.5	50 449
Decile 4	6.4	49 273
Decile 5	6.0	44 063
Decile 6	5.5	41 309
Decile 7	5.5	37 909
Decile 8	5.3	38 908
Decile 9	4.9	38 126
Decile 10	4.5	31 886

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(b) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database.

NHA Benchmark 3A:

2010-11 data are presented in table NHA.39.1.

Hospital and related care: the rate of *Staphylococcus aureus* (including MRSA) bacteraemia is no more than 2.0 per 10 000 occupied bed days for acute care public hospitals by 2011-12 in each State and Territory

NHA Benchmark 4A:

No new data available for this benchmark.

Social inclusion and Indigenous health: close the life expectancy gap for Indigenous Australians within a generation

NHA Benchmark 4B:

2010 data are presented in table NHA.9.1.

Social inclusion and Indigenous health: halve the mortality gap for Indigenous children under five by 2018

NHA Indicator 1:

Proportion of babies born of low birth weight

Table NHA.1.1

Table NHA.1.1 **Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2009 (a), (b), (c), (d), (e)**

	<i>unit</i>	<i>NSW</i>	<i>Vic (f)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (g)</i>	<i>ACT (g)</i>	<i>NT</i>	<i>Aust</i>
Proportion low birthweight babies born to:										
Indigenous mothers	%	10.0	12.2	9.8	13.0	10.4	8.3	13.9	12.5	10.9
Non-Indigenous mothers	%	4.2	4.6	4.7	4.3	5.0	5.0	3.7	5.0	4.5
Total (h)	%	4.4	4.7	4.9	4.8	5.1	5.1	3.8	7.7	4.7
Number of low birthweight babies born to:										
Indigenous mothers	no.	294	91	320	223	63	23	11	174	1 199
Non-Indigenous mothers	no.	3 813	3 076	2 637	1 221	921	290	172	117	12 247
Total (h)	no.	4 124	3 231	2 961	1 444	984	313	184	291	13 532

(a) Data are sourced from the 2010-11 National Indigenous Reform Agreement Performance Report.

(b) Low birthweight is defined as less than 2500 grams.

(c) Disaggregation by State/Territory are by place of usual residence of the mother.

(d) Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated.

(e) Data relate to live births. Excludes stillbirths and multiple births. Births were included if they were at least 20 weeks gestation or at least 400 grams birthweight.

(f) Totals for Victoria have not been confirmed by the Victorian Perinatal Data Collection due to the nature of this collection. This is because the data are collected by place of birth but are published by place of residence. Therefore totals include women who gave birth in other states and territories but resided in Victoria.

(g) Birthweight data on babies born to Indigenous mothers residing in the ACT and Tasmania should be viewed with caution as they are based on small numbers of births.

(h) Includes births to mothers whose Indigenous status was not stated.

Source: AIHW (unpublished) National Perinatal Data Collection.

Table NHA.1.2

Table NHA.1.2 **Proportion of live-born singleton babies of low birthweight, by maternal Indigenous status, by State and Territory, 2007—2009 (a), (b), (c), (d), (e)**

	<i>unit</i>	<i>NSW</i>	<i>Vic (f)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (g)</i>	<i>NT</i>	<i>Aust</i>
Proportion of low birthweight babies born to:										
Indigenous mothers	%	10.3	12.0	9.6	13.8	12.2	7.8	10.3	12.9	11.1
Non-Indigenous mothers	%	4.3	4.6	4.5	4.4	4.7	5.1	3.9	4.4	4.4
Total (h)	%	4.5	4.7	4.7	4.9	5.0	5.2	4.0	7.5	4.7
Number of low birthweight babies born to:										
Indigenous mothers	no.	906	241	922	705	219	61	22	528	3 604
Non-Indigenous mothers	no.	11 648	9 290	7 473	3 648	2 631	902	534	304	36 430
Total (h)	no.	12 616	9 601	8 405	4 353	2 850	963	559	832	40 179

(a) Data are sourced from the 2010-11 National Indigenous Reform Agreement Performance Report.

(b) Low birthweight is defined as less than 2500 grams.

(c) Disaggregation by State/Territory are by place of usual residence of the mother.

(d) Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated.

(e) Data relate to live births. Excludes stillbirths and multiple births. Births were included if they were at least 20 weeks gestation or at least 400 grams birthweight.

(f) Totals for Victoria have not been confirmed by the Victorian Perinatal Data Collection due to the nature of this collection. This is because the data are collected by place of birth but are published by place of residence. Therefore totals include women who gave birth in other states and territories but resided in Victoria.

(g) Birthweight data on babies born to Indigenous mothers residing in the ACT should be viewed with caution as they are based on small numbers of births.

(h) Includes births to mothers whose Indigenous status was not stated.

Source: AIHW (unpublished) National Perinatal Data Collection.

Table NHA.1.3 Proportion of live-born singleton babies of low birthweight, by remoteness and SEIFA deciles, National, 2009 (a), (b), (c)

	<i>Aust</i> %	<i>Aust</i> no.
Remoteness of residence (d)		
Major cities	4.4	8 930
Inner regional	4.9	2 547
Outer regional	5.5	1 465
Remote	5.9	296
Very remote	9.4	288
SEIFA of residence (e)		
Decile 1	6.4	2 117
Decile 2	5.3	1 518
Decile 3	5.1	1 449
Decile 4	5.0	1 507
Decile 5	4.6	1 259
Decile 6	4.4	1 336
Decile 7	4.3	1 157
Decile 8	4.1	1 197
Decile 9	3.9	1 049
Decile 10	3.4	835
Total (f)	4.7	13 532

(a) Low birthweight is defined as less than 2500 grams.

(b) Excludes multiple births, stillbirths and births with unknown birthweight. Births were included if they were at least 20 weeks gestation or if gestation was not known at least 400 grams birthweight.

(c) Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated.

(d) Disaggregation by remoteness area is by place of usual residence of the mother, not by place of birth.

(e) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Disaggregation by SEIFA is based on the place of usual residence of the mother, not by place of birth.

(f) Total includes number of babies for which remoteness areas and/or SEIFA categories for the mothers could not be assigned.

Source: AIHW (unpublished) National Perinatal Data Collection.

NHA Indicator 2:

Incidence of sexually transmissible infections and blood-borne viruses

Table NHA.2.1

Table NHA.2.1 **Notification rates of new diagnoses of sexually transmissible infections and blood-borne viruses, by State and Territory, 2010 (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>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Syphilis (b)	5.9	5.2	5.0	3.8	1.3	1.3	3.8	17.2	5.0	1 101
HIV (c)	5.0	5.0	5.5	4.4	2.6	2.4	3.3	3.7	4.8	1 044
Hepatitis B (d)	0.5	35.0	25.4	35.2	27.2	12.7	26.4	68.3	21.1	4 675
Hepatitis C (d)	0.6	47.0	62.0	46.9	33.7	57.0	59.2	73.8	34.7	7 648
Chlamydia	251.9	287.4	416.6	429.2	272.1	429.0	284.1	1018.0	327.8	74 305
Gonococcal infection	32.4	31.0	44.4	60.0	29.7	4.3	14.0	747.0	44.6	9 970

(a) Rates are directly age-standardised to the Australian population as at 30 June 2001.

(b) Syphilis limited to cases of less than two years duration, and cases of congenital syphilis.

(c) HIV data contain notifications of newly diagnosed HIV infection and includes HIV infections known to have been acquired within 12 months prior to diagnosis.

(d) Includes all reports of hepatitis B and C regardless of whether they were notified as 'newly acquired' or as 'greater than two years or unspecified period of infection', with the exception of New South Wales which only includes 'newly acquired' notifications. The New South Wales and Australian data are not comparable with data from previous years.

Source: DoHA (unpublished) National Notifiable Diseases Surveillance System; the Kirby Institute for Infection and Immunity in Society (formerly the National Centre in HIV Epidemiology and Clinical Research) (unpublished) analysis of the National HIV Register; ABS (unpublished) Estimated Resident Population, 30 June 2010

Table NHA.2.2

Table NHA.2.2 **age-specific rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by State and Territory, 2010**

	<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>
Syphilis (a), (b)									
0–4 years	–	–	np	np	–	–	–	–	np
5–9 years	–	–	–	–	–	–	–	–	–
10–14 years	–	–	–	–	–	–	–	–	–
15–19 years	1.3	np	8.6	3.2	–	–	np	–	2.9
20–24 years	6.5	7.6	14.2	8.1	3.4	–	np	52.6	8.7
25–34 years	10.6	10.7	9.6	9.3	2.8	np	np	30.0	9.7
35–44 years	14.0	11.5	6.2	4.8	1.8	np	3.8	42.2	9.9
45–54 years	9.0	6.7	4.6	3.8	0.9	np	10.3	np	6.3
55–64 years	3.2	2.9	2.5	2.3	1.5	–	np	np	2.8
65 years and over	0.9	1.1	0.9	np	0.8	–	np	–	0.9
Total	5.8	5.2	4.9	3.8	1.3	1.2	3.9	18.7	4.9
HIV (b), (c)									
0–4 years	np	np	–	–	–	–	–	–	np
5–9 years	–	np	–	–	np	–	–	–	np
10–14 years	–	np	np	–	–	–	–	–	np
15–19 years	1.3	5.5	1.9	np	–	–	–	–	1.0
20–24 years	5.7	12.3	7.6	4.1	np	np	np	–	5.3
25–34 years	12.0	11.2	11.2	11.4	4.7	np	np	np	11.0
35–44 years	10.5	8.9	10.6	8.7	5.8	7.5	np	np	9.9
45–54 years	4.7	4.0	7.4	4.7	3.9	–	10.3	–	5.4
55–64 years	3.5	1.5	3.7	4.3	np	–	–	–	3.1
65 years and over	np	np	1.2	–	np	–	–	np	0.8
Total	4.9	5.0	5.4	4.4	2.5	2.0	3.3	2.6	4.7

Table NHA.2.2

Table NHA.2.2 **age-specific rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by State and Territory, 2010**

	<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>
Hepatitis B (d)									
0–4 years	np	1.7	np	np	2.0	–	–	np	1.1
5–9 years	np	1.8	3.8	np	2.1	np	np	–	1.9
10–14 years	np	6.6	6.7	np	4.0	np	np	np	4.6
15–19 years	np	15.9	14.0	24.2	25.0	17.1	24.8	59.3	12.7
20–24 years	1.1	51.7	31.4	44.1	28.4	np	16.1	68.4	27.8
25–34 years	0.9	78.8	55.1	85.9	60.9	40.0	51.9	104.9	47.4
35–44 years	0.5	56.2	40.2	55.2	42.4	21.0	57.1	106.8	33.9
45–54 years	np	36.3	30.6	33.3	34.6	5.4	30.9	94.6	22.9
55–64 years	np	31.4	21.4	28.0	15.4	7.5	np	78.1	17.1
65 years and over	np	11.6	7.2	10.5	10.1	np	np	71.0	6.6
Total	0.5	35.3	25.0	35.2	26.1	11.2	26.8	69.7	20.9
Hepatitis C (d)									
0–4 years	np	2.3	1.9	np	np	–	–	–	1.4
5–9 years	–	np	np	np	np	–	–	–	0.7
10–14 years	–	np	np	np	np	–	–	–	0.8
15–19 years	np	16.1	22.3	16.5	13.9	31.4	np	np	12.7
20–24 years	1.0	54.8	80.1	60.3	25.8	72.3	70.7	31.6	41.7
25–34 years	1.3	94.8	127.7	84.7	62.3	118.3	118.9	99.9	68.6
35–44 years	0.9	85.2	110.8	89.4	64.7	109.3	93.3	137.7	63.7
45–54 years	np	72.5	104.1	86.8	61.5	93.9	98.9	159.8	58.0
55–64 years	np	35.4	37.6	24.1	20.8	27.1	53.5	96.4	22.7
65 years and over	np	10.4	7.0	6.9	7.8	np	21.5	np	5.7
Total	0.6	46.9	60.7	46.8	32.3	51.8	62.2	74.9	34.3

Table NHA.2.2

Table NHA.2.2 **age-specific rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by State and Territory, 2010**

	<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>
Chlamydia (b)									
0–4 years	7.1	4.0	np	np	–	np	–	26.6	3.8
5–9 years	–	np	np	np	–	–	–	68.4	1.5
10–14 years	21.1	22.9	75.0	101.4	35.9	66.3	28.6	369.6	47.9
15–19 years	917.7	1 000.6	1 951.1	1 812.7	1 039.4	2 339.9	1 131.2	4 343.7	1 331.8
20–24 years	1 217.8	1 464.6	2 118.8	2 139.9	1 404.7	2 202.9	1 543.1	4 440.2	1 634.0
25–34 years	471.5	538.6	682.5	769.2	504.9	607.3	497.2	1 803.0	583.5
35–44 years	159.4	172.1	161.7	188.0	141.0	119.8	127.5	576.1	168.1
45–54 years	63.3	70.1	52.7	61.7	49.4	28.6	43.3	169.6	61.5
55–64 years	22.6	26.2	21.8	31.9	12.4	15.1	20.4	101.0	23.9
65 years and over	4.3	3.8	6.2	5.4	1.9	np	np	47.3	4.7
Total	252.7	297.0	425.7	443.9	263.3	395.6	322.7	1 158.8	332.8
Gonococcal infection (b)									
0–4 years	1.1	–	np	–	–	–	np	–	0.6
5–9 years	–	–	np	–	–	–	–	np	np
10–14 years	1.1	np	10.8	39.6	np	np	–	387.5	12.0
15–19 years	34.2	34.5	189.1	228.9	68.5	–	–	3 180.6	123.6
20–24 years	97.2	88.7	175.9	193.1	103.2	28.3	61.1	2 777.8	150.2
25–34 years	78.5	71.3	77.0	108.4	71.2	np	26.8	1 331.0	92.4
35–44 years	48.0	47.7	28.0	54.0	29.9	np	15.2	595.8	47.9
45–54 years	24.6	26.4	14.6	19.5	14.7	np	16.5	140.2	22.3
55–64 years	9.4	9.9	9.2	14.0	6.4	–	np	45.9	9.8
65 years and over	1.7	2.2	1.8	1.8	1.6	np	–	np	1.9
Total	32.1	31.5	44.9	60.9	28.5	3.9	15.6	841.1	44.7

Table NHA.2.2 **age-specific rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by State and Territory, 2010**

	<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>
(a)	Syphilis limited to cases of less than two years duration, and cases of congenital syphilis. Cases reported in the 0–4 years age group were notified as being congenitally acquired. Congenital syphilis is transmitted transplacentally from an infected pregnant woman to her foetus, and is not considered to be sexually transmitted.								
(b)	The national case definitions for chlamydial, gonococcal, syphilis and HIV infections do not distinguish between site of infection or mode of transmission. Infections in children may be acquired by non-sexual means (eg perinatal infections, epidemic gonococcal conjunctivitis).								
(c)	HIV data contain notifications of newly diagnosed HIV infection and includes HIV infections known to have been acquired within 12 months prior to diagnosis.								
(d)	Includes all reports of hepatitis B and C regardless of whether they were notified as 'newly acquired' or as 'greater than two years or unspecified period of infection', with the exception of New South Wales which only includes 'newly acquired' notifications. The New South Wales and Australian data are not comparable with data from previous years.								
	– Nil or rounded to zero. np Not published (numerator < 5 or Indigenous status completeness < 50 per cent)								

Source: DoHA (unpublished) analysis of National Notifiable Diseases Surveillance System; the Kirby Institute for Infection and Immunity in Society (formerly the National Centre in HIV Epidemiology and Clinical Research) (unpublished) analysis of the National HIV registry; ABS (unpublished) Estimated Resident Population, 30 June 2010

Table NHA.2.3

Table NHA.2.3 **Age-standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by Indigenous status, remoteness, gender and SEIFA quintiles, by State and Territory, 2010 (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>
Syphilis (b)	<i>age-standardised rate per 100 000 population</i>								
Sex									
Males	11.4	9.6	8.7	6.0	1.9	2.2	7.1	22.3	9.0
Females	0.5	0.9	1.3	1.4	0.6	np	np	11.9	1.0
Indigenous status									
Indigenous	6.3	np	31.8	24.4	np	–	–	63.2	23.2
Non-Indigenous	5.9	5.3	3.8	3.0	1.1	1.3	3.9	np	4.5
Remoteness of residence (c)									
Major cities	7.3	5.6	4.3	3.4	1.3	..	3.8	..	5.4
Inner regional	1.0	1.7	0.9	np	–	1.9	–	..	1.2
Outer regional	np	np	9.8	2.6	np	np	..	4.4	4.3
Remote	np	–	15.3	np	np	–	..	28.4	11.2
Very remote	np	..	30.9	27.8	np	–	..	40.4	30.4
SEIFA of residence (d)									
Quintile 1	2.4	3.3	4.8	12.3	1.4	np	np	23.8	3.7
Quintile 2	2.0	1.9	5.2	3.8	np	–	np	44.1	2.7
Quintile 3	10.5	5.1	3.2	2.7	2.1	np	np	np	5.5
Quintile 4	13.6	4.3	7.0	3.1	np	np	np	9.1	7.0
Quintile 5	4.2	7.7	3.9	3.0	np	..	4.0	np	4.9
HIV (e)	<i>age-standardised rate per 100 000 population</i>								
Sex									
Males	9.0	8.8	9.0	6.3	4.6	4.4	5.6	6.1	8.2
Females	0.9	1.2	1.9	2.5	0.6	np	np	np	1.3

Table NHA.2.3

Table NHA.2.3 **Age-standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by Indigenous status, remoteness, gender and SEIFA quintiles, by State and Territory, 2010 (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>
Indigenous status									
Indigenous	5.3	np	5.0	np	np	–	–	np	4.2
Non-Indigenous	5.0	5.1	5.4	4.4	2.6	2.5	3.3	4.1	4.8
Remoteness of residence (c)									
Major cities	6.0	5.9	7.0	5.2	3.6	..	3.1	..	5.7
Inner regional	1.6	2.5	2.5	1.9	–	3.5	np	..	2.2
Outer regional	1.5	np	3.5	3.1	–	np	..	6.2	2.3
Remote	–	–	np	np	–	–	..	–	np
Very remote	–	..	np	np	–	–	..	–	np
SEIFA of residence (d)									
Quintile 1	2.9	5.9	4.1	2.7	–	np	np	np	3.3
Quintile 2	3.1	2.7	4.3	5.4	–	–	np	np	3.2
Quintile 3	6.7	5.7	3.8	4.9	17.9	np	np	np	5.9
Quintile 4	9.7	4.5	8.1	3.3	–	11.4	np	np	6.3
Quintile 5	3.7	6.3	5.7	4.3	–	..	3.6	np	4.7
Hepatitis B (f)	<i>age-standardised rate per 100 000 population</i>								
Sex									
Males	0.6	36.0	26.8	42.8	26.7	11.5	33.5	67.6	22.6
Females	0.3	32.3	23.9	27.4	27.9	13.9	19.6	68.8	19.2
Indigenous status (g)									
Indigenous	np	np	np	94.1	129.4	np	np	157.3	112.7
Non-Indigenous	0.5	np	np	34.3	26.2	13.2	25.8	48.6	30.2
Remoteness of residence (c)									

Table NHA.2.3

Table NHA.2.3 **Age-standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by Indigenous status, remoteness, gender and SEIFA quintiles, by State and Territory, 2010 (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>
Major cities	0.4	40.5	30.8	30.9	28.8	..	24.5	..	22.6
Inner regional	0.7	11.2	11.0	13.3	8.2	16.2	–	..	8.2
Outer regional	np	16.5	21.1	17.2	4.7	5.5	..	55.9	15.9
Remote	np	np	17.3	25.1	21.6	np	..	68.7	27.4
Very remote	np	..	74.6	75.7	64.5	–	..	106.6	74.7
SEIFA of residence (d)									
Quintile 1	0.6	66.5	33.0	39.5	34.9	12.7	np	67.9	28.3
Quintile 2	0.4	27.5	23.6	35.3	23.6	np	np	85.8	15.7
Quintile 3	0.5	27.7	17.5	27.5	23.1	10.1	np	61.2	18.1
Quintile 4	np	27.3	26.3	28.7	14.1	20.9	21.3	61.6	19.7
Quintile 5	np	29.5	25.9	18.0	14.0	..	24.9	68.0	17.3
Hepatitis C (f)	<i>age-standardised rate per 100 000 population</i>								
Sex									
Males	0.5	55.5	80.0	59.9	40.4	75.4	75.8	98.2	43.3
Females	0.7	35.0	44.2	33.6	27.1	39.4	42.8	48.3	25.4
Indigenous status (h)									
Indigenous	4.8	np	np	182.9	254.1	80.7	np	42.7	135.6
Non-Indigenous	0.5	np	np	42.3	29.6	55.8	np	83.2	41.4
Remoteness of residence (c)									
Major cities	0.3	43.2	61.4	40.3	27.1	..	58.5	..	30.4
Inner regional	1.1	49.8	61.9	63.1	26.7	58.8	–	..	37.5
Outer regional	1.7	59.9	67.2	53.7	28.7	47.4	..	76.4	47.3
Remote	np	np	43.0	66.4	24.5	88.0	..	103.3	54.4

Table NHA.2.3

Table NHA.2.3 **Age-standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by Indigenous status, remoteness, gender and SEIFA quintiles, by State and Territory, 2010 (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>
Very remote	np	..	29.6	59.1	61.2	np	..	35.8	41.2
SEIFA of residence (d)									
Quintile 1	0.8	63.3	109.0	59.2	41.8	53.3	np	38.3	47.1
Quintile 2	0.9	55.7	63.6	56.4	27.6	46.9	82.6	183.9	31.6
Quintile 3	0.5	49.5	47.0	47.6	25.5	86.2	71.7	82.4	35.3
Quintile 4	0.5	36.9	54.2	50.7	16.7	40.0	69.9	88.8	33.7
Quintile 5	np	28.4	35.1	22.7	11.2	..	49.9	71.0	20.3
Chlamydia	<i>age-standardised rate per 100 000 population</i>								
Sex									
Males	222.3	247.0	322.0	354.6	220.3	301.5	278.5	813.9	272.4
Females	279.7	325.1	510.3	506.2	323.9	557.0	289.9	1 233.5	382.0
Indigenous status (i)									
Indigenous	np	223.7	1 414.5	1 545.1	750.8	121.4	np	1 736.3	1 268.2
Non-Indigenous	np	287.8	366.6	377.4	260.4	449.0	np	681.6	332.6
Remoteness of residence (c)									
Major cities	234.9	269.2	377.4	390.6	265.0	..	283.1	..	290.3
Inner regional	283.0	331.9	311.4	389.1	199.6	442.2	–	..	318.0
Outer regional	238.6	267.0	564.2	426.7	222.7	397.1	..	793.6	430.9
Remote	432.3	np	734.4	708.8	247.1	422.0	..	1 242.7	709.6
Very remote	650.9	..	2 056.2	1 483.9	1 184.9	np	..	1 326.3	1 499.1
SEIFA of residence (d)									
Quintile 1	208.2	261.3	498.9	923.9	296.3	445.3	np	943.2	345.8
Quintile 2	281.2	286.6	442.7	400.7	258.6	345.9	271.6	1 486.8	324.1

Table NHA.2.3

Table NHA.2.3 **Age-standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by Indigenous status, remoteness, gender and SEIFA quintiles, by State and Territory, 2010 (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>
Quintile 3	266.4	303.9	394.2	407.9	228.7	436.2	255.3	701.8	331.6
Quintile 4	260.9	260.9	422.5	413.7	234.2	398.1	277.1	1 333.5	332.5
Quintile 5	197.4	282.2	317.7	355.3	238.6	..	288.7	665.2	272.5
Gonococcal infection	<i>age-standardised rate per 100 000 population</i>								
Sex									
Males	55.0	51.8	55.1	72.2	38.2	6.3	22.6	715.3	61.2
Females	9.9	10.2	33.5	47.2	21.2	2.2	5.4	779.6	28.0
Indigenous status (j)									
Indigenous	np	36.4	336.1	878.2	661.5	np	–	2 091.4	729.9
Non-Indigenous	np	31.0	30.0	24.6	15.0	4.3	14.2	96.2	27.6
Remoteness of residence (c)									
Major cities	37.8	32.5	35.2	28.8	16.8	..	13.8	..	32.9
Inner regional	11.6	11.8	14.3	17.7	5.6	5.6	–	..	11.9
Outer regional	6.5	10.7	92.3	33.1	21.6	np	..	183.7	54.2
Remote	np	–	97.3	263.9	34.4	np	..	1 183.7	317.1
Very remote	np	..	392.9	1 063.9	1 505.8	–	..	1 630.9	1 050.8
SEIFA of residence (d)									
Quintile 1	18.3	25.4	61.2	466.2	48.1	3.3	np	1 042.2	70.8
Quintile 2	20.0	16.5	50.4	41.8	11.7	np	np	927.9	29.0
Quintile 3	44.0	29.1	29.0	26.0	16.9	np	np	521.9	36.2
Quintile 4	55.1	21.2	51.2	45.8	13.1	10.4	11.5	419.7	44.3
Quintile 5	29.3	43.2	27.7	28.8	15.3	..	12.9	300.6	33.0

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

Table NHA.2.3 **Age-standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by Indigenous status, remoteness, gender and SEIFA quintiles, by State and Territory, 2010 (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>
(b) Syphilis limited to cases of less than two years duration, and cases of congenital syphilis.									
(c) Not all remoteness areas are represented in each State or Territory. Cases where a postcode was not available or was not assigned a remoteness category within a State or Territory were excluded.									
(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Cases where a postcode was not available or was not assigned a SEIFA within a State or Territory were excluded.									
(e) HIV data contain notifications of newly diagnosed HIV infection and includes HIV infections known to have been acquired within 12 months prior to diagnosis. Notification postcode data used to assign SEIFA and remoteness areas associated with South Australian HIV diagnoses represent the postcode of treatment and not the postcode of residence.									
(f) Includes all reports of hepatitis B and C regardless of whether they were notified as 'newly acquired' or as 'greater than two years or unspecified period of infection', with the exception of New South Wales which only includes 'newly acquired' notifications. The New South Wales and Australian data are not comparable with data from previous years.									
(g) Victoria and Queensland cases and populations have not been included in the calculation of this national figure due to Indigenous status completeness being less than 50 per cent.									
(h) Victoria, Queensland and the ACT cases and populations have not been included in the calculation of this national figure due to Indigenous status completeness being less than 50 per cent.									
(i) NSW and the ACT cases and populations have not been included in the calculation of this national figure due to Indigenous status completeness being less than 50 per cent.									
(j) NSW cases and populations have not been included in the calculation of this national figure due to Indigenous status completeness being less than 50 per cent.									

.. Not applicable. – Nil or rounded to zero. **np** Not published (numerator < 5 or Indigenous status completeness < 50 per cent)

Source: DoHA (unpublished) analysis of National Notifiable Diseases Surveillance System; the Kirby Institute for Infection and Immunity in Society (formerly the National Centre in HIV Epidemiology and Clinical Research) (unpublished) analysis of the National HIV registry; ABS (unpublished) Estimated Resident Population, 30 June 2010

Table NHA.2.4

Table NHA.2.4 **Age-standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by SEIFA deciles, National, 2010 (a), (b)**

	<i>Syphilis (c)</i>		<i>HIV (d)</i>		<i>Hepatitis B (e)</i>		<i>Hepatitis C (e)</i>		<i>Chlamydia</i>		<i>Gonococcal infection</i>	
	<i>rate</i>	<i>no.</i>	<i>rate</i>	<i>no.</i>	<i>rate</i>	<i>no.</i>	<i>rate</i>	<i>no.</i>	<i>rate</i>	<i>no.</i>	<i>rate</i>	<i>no.</i>
Decile 1	5.0	109	3.7	79	39.8	863	56.4	1 204	395.6	8 921	110.8	2 467
Decile 2	2.2	46	2.9	58	16.5	340	37.4	764	292.2	6 104	27.6	568
Decile 3	2.3	47	3.4	71	18.2	383	35.2	728	308.7	6 624	24.9	530
Decile 4	3.1	68	2.9	63	13.4	291	28.2	607	339.1	7 568	32.9	727
Decile 5	2.9	62	3.4	73	16.3	347	36.1	773	333.0	7 304	31.6	684
Decile 6	7.9	187	8.1	191	19.8	471	34.8	812	329.8	8 040	40.2	970
Decile 7	5.1	118	5.1	115	22.8	522	38.8	878	336.0	7 999	34.9	810
Decile 8	8.8	199	7.5	171	16.5	376	28.7	655	329.0	7 588	53.8	1 235
Decile 9	5.9	136	5.5	125	23.3	540	25.5	586	310.0	7 265	40.6	940
Decile 10	3.7	84	3.8	84	11.2	248	15.0	337	234.5	5 430	25.2	570
Total	4.8	1 056	4.7	1 031	19.8	4 381	33.4	7 346	321.5	72 843	42.6	9 501

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Cases where a postcode was not available or was not assigned a SEIFA within a State or Territory were excluded.

(c) Syphilis limited to cases of less than two years duration, and cases of congenital syphilis.

(d) HIV data contain notifications of newly diagnosed HIV infection and includes HIV infections known to have been acquired within 12 months prior to diagnosis. Notification postcode data used to assign SEIFA and remoteness areas associated with South Australian HIV diagnoses represent the postcode of treatment and not the postcode of residence.

(e) Includes all reports of hepatitis B and C regardless of whether they were notified as 'newly acquired' or as 'greater than two years or unspecified period of infection', with the exception of New South Wales which only includes 'newly acquired' notifications. The New South Wales and Australian data are not comparable with data from previous years.

Table NHA.2.4 Age-standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by SEIFA deciles, National, 2010 (a), (b)

	<i>Syphilis (c)</i>	<i>HIV (d)</i>	<i>Hepatitis B (e)</i>	<i>Hepatitis C (e)</i>	<i>Chlamydia</i>	<i>Gonococcal infection</i>
<i>Source:</i>	DoHA (unpublished) analysis of National Notifiable Diseases Surveillance System; the Kirby Institute for Infection and Immunity in Society (formerly the National Centre in HIV Epidemiology and Clinical Research) (unpublished) analysis of the National HIV registry; ABS (unpublished) Estimated Resident Population, 30 June 2010					

Table NHA.2.5

Table NHA.2.5 Age-standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by gender, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008

	<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>
Syphilis (a)	<i>age-standardised rate per 100 000 population</i>								
Sex									
Males	11.9	13.4	8.1	11.9	5.6	2.2	np	41.5	11.0
Females	0.6	0.6	1.0	4.3	0.8	np	–	28.9	1.4
Indigenous status									
Indigenous	5.0	np	14.7	83.2	19.6	–	np	103.5	31.8
Non-Indigenous	6.2	7.0	4.1	4.8	2.9	1.6	1.1	10.6	5.4
Remoteness of residence (b)									
Major cities	7.7	7.2	4.8	6.2	3.7	..	np	..	6.5
Inner regional	1.5	2.6	1.2	np	np	2.2	np	..	1.7
Outer regional	np	np	7.2	np	np	–	..	14.5	3.9
Remote	–	np	np	27.7	np	np	..	35.6	15.3
Very remote	np	..	np	110.1	np	np	..	86.2	59.6
SEIFA of residence (c)									
Quintile 1	2.9	5.6	3.4	41.3	2.9	np	np	55.1	5.8
Quintile 2	2.7	3.0	4.0	9.0	1.8	np	np	np	3.5
Quintile 3	8.7	6.7	3.0	4.3	5.5	np	np	np	6.0
Quintile 4	14.8	4.2	6.7	7.4	np	np	np	24.8	7.9
Quintile 5	5.0	9.9	4.8	5.4	4.7	..	np	24.9	6.3
HIV (d)	<i>age-standardised rate per 100 000 population</i>								
Sex									
Males	9.6	9.6	8.1	5.2	5.6	np	7.7	np	8.2
Females	1.2	1.3	1.4	1.8	0.7	np	np	np	1.3

Table NHA.2.5

Table NHA.2.5 Age-standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by gender, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008

	<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>
Indigenous status									
Indigenous	5.3	—	np	np	np	—	np	np	3.8
Non-Indigenous	5.3	5.5	4.8	3.4	2.9	np	1.8	5.8	4.7
Remoteness of residence (b)									
Major cities	6.0	5.9	5.0	3.8	4.2	..	1.8	..	5.3
Inner regional	1.8	3.2	1.8	2.0	—	0.9	np	..	2.0
Outer regional	3.0	2.1	7.9	3.7	—	1.0	..	6.2	4.4
Remote	np	np	np	np	—	np	..	np	2.7
Very remote	np	..	np	np	—	np	..	np	np
SEIFA of residence (c)									
Quintile 1	2.4	4.5	3.8	4.3	—	np	np	np	2.8
Quintile 2	3.0	2.3	3.6	3.5	—	np	np	np	2.8
Quintile 3	7.3	5.6	3.5	2.7	21.4	np	np	np	5.8
Quintile 4	10.9	4.5	6.5	4.0	—	np	np	np	6.2
Quintile 5	3.9	8.3	5.5	4.2	—	..	np	np	5.1
Hepatitis B (e)	<i>age-standardised rate per 100 000 population</i>								
Sex									
Males	42.1	38.1	21.4	34.3	27.9	21.0	21.0	116.2	35.0
Females	32.7	32.8	20.4	26.9	27.6	10.6	12.1	70.6	28.8
Indigenous status									
Indigenous (f)	np	np	np	118.2	151.2	—	np	253.4	158.3
Non-Indigenous (f)	np	np	np	28.8	26.5	16.3	np	53.9	27.6
Remoteness of residence (b)									

Table NHA.2.5

Table NHA.2.5 Age-standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by gender, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008

	<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>
Major cities	45.8	43.0	23.1	33.4	29.2	..	14.8	..	22.6
Inner regional	9.1	10.3	10.1	8.4	4.9	–	np	..	8.5
Outer regional	12.7	10.8	21.1	16.8	7.9	7.5	..	68.7	16.8
Remote	42.3	np	15.7	26.2	np	np	..	107.2	30.5
Very remote	np	..	83.9	117.7	117.4	np	..	162.1	110.7
SEIFA of residence (c)									
Quintile 1	64.1	70.6	25.1	54.4	38.0	15.6	np	103.8	51.2
Quintile 2	24.2	26.6	20.6	41.7	17.7	–	np	153.6	25.6
Quintile 3	39.5	29.5	14.2	27.8	21.7	15.3	np	69.6	28.5
Quintile 4	33.5	28.3	21.4	27.3	14.7	18.7	12.5	80.2	27.0
Quintile 5	26.0	30.1	21.6	19.9	15.8	..	15.1	66.1	24.8
Hepatitis C (e)	<i>age-standardised rate per 100 000 population</i>								
Sex									
Males	66.0	57.6	79.8	79.0	45.6	105.9	70.0	120.9	67.0
Females	38.0	33.0	45.2	44.9	30.4	51.3	41.9	78.0	39.0
Indigenous status									
Indigenous (f)	np	np	np	157.0	153.5	106.4	np	44.7	110.6
Non-Indigenous (f)	np	np	np	58.0	34.9	76.1	np	115.2	53.8
Remoteness of residence (b)									
Major cities	44.0	42.5	60.7	56.6	30.1	..	55.2	..	47.0
Inner regional	72.4	47.2	68.2	79.6	32.4	86.6	np	..	64.9
Outer regional	82.1	51.5	63.9	65.2	38.6	56.6	..	108.8	65.8
Remote	132.2	np	43.9	74.6	42.2	np	..	99.2	71.4

Table NHA.2.5

Table NHA.2.5 Age-standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by gender, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008

	<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>
Very remote	np	..	53.9	59.9	np	np	..	44.3	55.8
SEIFA of residence (c)									
Quintile 1	73.4	64.1	104.7	71.1	47.7	59.6	np	46.1	73.2
Quintile 2	51.7	52.1	66.4	77.8	34.0	50.7	np	147.3	55.9
Quintile 3	49.7	43.8	51.8	53.0	29.3	143.8	81.4	81.1	50.0
Quintile 4	51.7	34.7	54.3	80.4	18.1	83.8	56.6	130.7	50.2
Quintile 5	22.8	31.6	35.6	33.4	10.5	..	50.5	112.9	30.2
Chlamydia	<i>age-standardised rate per 100 000 population</i>								
Sex									
Males	173.1	186.3	264.6	326.3	190.9	241.0	206.8	698.3	220.4
Females	231.5	264.6	434.9	456.0	283.6	402.7	295.7	1 154.8	323.3
Indigenous status									
Indigenous (g)	np	164.3	1 169.7	1 379.4	608.6	82.5	np	1 708.4	1 102.4
Non-Indigenous (g)	np	226.9	310.3	345.6	228.5	336.0	np	536.8	278.1
Remoteness of residence (b)									
Major cities	189.2	212.2	314.8	344.0	241.5	..	310.1	..	193.2
Inner regional	224.8	233.1	250.1	364.7	181.8	330.4	np	..	194.5
Outer regional	231.8	226.9	504.2	435.6	178.1	299.7	..	591.4	337.8
Remote	332.4	112.6	586.3	719.7	186.2	295.0	..	1 024.9	587.8
Very remote	413.2	..	1 498.8	1 337.3	995.2	398.4	..	1 503.4	1 364.6
SEIFA of residence (c)									
Quintile 1	165.7	204.1	404.6	880.0	257.8	320.8	np	1 047.0	288.3
Quintile 2	228.1	224.6	363.2	430.7	227.6	285.9	204.7	1 082.3	272.7

Table NHA.2.5

Table NHA.2.5 Age-standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by gender, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008

	<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>
Quintile 3	212.2	230.0	337.7	341.9	192.8	314.3	233.2	610.4	268.7
Quintile 4	210.8	198.7	356.8	347.0	227.1	339.2	247.9	875.9	270.8
Quintile 5	166.3	220.6	275.0	325.5	226.9	..	246.9	551.4	230.8
Gonococcal infection	<i>age-standardised rate per 100 000 population</i>								
Sex									
Males	32.1	28.0	48.9	87.1	44.3	9.2	8.6	617.5	47.1
Females	6.9	6.0	27.4	67.4	20.9	2.1	2.6	652.4	25.2
Indigenous status									
Indigenous (g)	np	21.2	348.6	1 401.3	423.4	–	np	1 723.7	764.9
Non-Indigenous (g)	np	17.0	23.8	22.2	23.3	5.9	np	103.6	21.2
Remoteness of residence (b)									
Major cities	22.6	17.2	27.9	27.9	28.5	..	5.6	..	22.7
Inner regional	7.2	5.4	10.1	16.3	9.6	7.1	np	..	8.1
Outer regional	6.4	10.3	79.9	71.5	16.4	np	..	181.3	53.8
Remote	np	np	129.5	391.6	27.0	np	..	758.9	289.1
Very remote	np	..	387.3	1 480.2	893.6	np	..	1 483.7	1 075.0
SEIFA of residence (c)									
Quintile 1	9.7	13.2	58.1	752.4	47.1	4.0	np	956.3	71.1
Quintile 2	13.5	7.5	39.4	51.6	23.5	np	np	692.6	23.4
Quintile 3	24.2	16.1	25.9	31.2	20.1	np	–	301.6	25.5
Quintile 4	33.7	13.9	37.3	44.4	20.4	14.1	4.9	327.5	32.4
Quintile 5	19.0	21.2	27.0	19.7	18.5	..	5.4	277.8	22.0

(a) Syphilis limited to cases of less than 2 years duration, and cases of congenital syphilis.

Table NHA.2.5 Age-standardised rates per 100 000 population for notifications of new diagnoses of sexually transmissible infections and blood-borne viruses, by gender, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008

	<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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- (b) Directly age-standardised rate. Not all remoteness areas are represented in each State or Territory.
- (c) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged.
- (d) HIV data contain notifications of newly diagnosed HIV infection and includes HIV infections known to have been acquired within 12 months prior to diagnosis.
- (e) Includes all reports of hepatitis B and C regardless of whether they were notified as 'newly acquired' or as 'greater than two years or unspecified period of infection'.
- (f) ACT, NSW, Queensland and Victoria cases and populations have not been included in the calculation of this national figure due to Indigenous status completeness being <50 per cent.
- (g) ACT and NSW cases and populations have not been included in the calculation of this national figure due to Indigenous status completeness being <50 per cent.

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

Source: Department of Health and Ageing (unpublished) National Notifiable Diseases Surveillance System and the National HIV registry; ABS (unpublished) Estimated Residential Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections*

NHA Indicator 3:

Incidence of end-stage kidney disease

Table NHA.3.1

Table NHA.3.1 **Incidence of end-stage kidney disease, by sex, by State and Territory, 2004–2007 (a), (b)**

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
Sex		<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Males	2004–2007	23.3	25.0	23.6	25.0	26.9	23.1	36.5	66.8	24.8	9 480
Females	2004–2007	15.1	15.9	16.9	16.1	15.7	17.5	20.0	80.1	16.3	8 029
Total (c)	2004–2007	18.8	20.0	20.0	20.1	20.5	20.0	27.2	72.5	20.1	17 509
		<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number	2004–2007	5 567	4 426	3 205	1 592	1 559	456	302	402	17 509	..
Sex		<i>95 per cent confidence intervals (\pm age-standardised rate per 100 000 population)</i>									
Males	\pm	0.8	1.0	1.1	1.7	1.8	3.0	5.5	12.4	0.5	..
Females	\pm	0.6	0.7	0.9	1.2	1.2	2.3	3.6	12.4	0.4	..
Total (c)	\pm	0.5	0.6	0.7	1.0	1.0	1.8	3.1	8.6	0.3	..

(a) Rates are directly age-standardised to the Australian population as at 30 June 2001.

(b) Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the ACT. Data are reported by the State or Territory that delivered the first treatment (for treated cases) and by the State or Territory of registration of death (for untreated cases). The numerator includes people who received treatment or whose death was registered in one jurisdiction, but who reside(d) in another.

(c) Includes persons whose sex is not stated or not known

.. Not applicable.

Source: AIHW (unpublished) Australia and New Zealand Dialysis and Transplant Registry; AIHW (unpublished) National Death Index; AIHW (unpublished) National Mortality Database; ABS (unpublished) Estimated Resident Population, 2004–2007.

Table NHA.3.2 Incidence of end-stage kidney disease, by sex 2007, remoteness, and SEIFA deciles 2005-2007, and by Indigenous status, 2004-2007 (a)

	<i>Year</i>	<i>Aust</i>	<i>Aust</i>
		<i>age-standardised rate per 100 000</i>	<i>no.</i>
Sex			
Males	2007	25.5	2 551
Females	2007	17.0	2 189
Total	2007	20.9	4 740
Indigenous status (b)			
Indigenous	2004-2007	108.0	781
Non-Indigenous	2004-2007	18.6	9 917
Total (c)	2004-2007	20.0	10 733
Remoteness			
Major cities	2005-2007	19.9	8 825
Inner regional	2005-2007	19.4	2 806
Outer regional	2005-2007	23.2	1 449
Remote	2005-2007	35.7	290
Very remote	2005-2007	81.1	299
SEIFA			
Quintile 1	2005-2007	25.8	3 520
Quintile 2	2005-2007	21.3	2 976
Quintile 3	2005-2007	20.2	2 599
Quintile 4	2005-2007	19.4	2 325
Quintile 5	2005-2007	16.3	2 198
<i>95 per cent confidence intervals for rates (\pm age-standardised rate per 100 000)</i>			
Sex			
Males	2007	1.0	
Females	2007	0.7	
Total	2007	0.6	
Indigenous status (b)			
Indigenous	2004-2007	8.9	
Non-Indigenous	2004-2007	0.4	
Total (c)	2004-2007	0.4	
Remoteness			
Major cities	2005-2007	0.4	
Inner regional	2005-2007	0.7	
Outer regional	2005-2007	1.2	
Remote	2005-2007	4.2	
Very remote	2005-2007	10.0	
SEIFA			
Quintile 1	2005-2007	0.9	

Table NHA.3.2 Incidence of end-stage kidney disease, by sex 2007, remoteness, and SEIFA deciles 2005-2007, and by Indigenous status, 2004-2007 (a)

	<i>Year</i>	<i>Aust</i>	<i>Aust</i>
Quintile 2	2005—2007	0.8	
Quintile 3	2005—2007	0.8	
Quintile 4	2005—2007	0.8	
Quintile 5	2005—2007	0.7	

(a) Rates are directly age-standardised to the Australian population as at 30 June 2001.

(b) Indigenous disaggregation is based on data from NT, Qld, SA and NSW only.

(c) Total includes people whose Indigenous status was not known or not stated

Source: AIHW (unpublished) Australia and New Zealand Dialysis and Transplant Registry; AIHW (unpublished) National Death Index; AIHW (unpublished) National Mortality Database; ABS (unpublished) Estimated Resident Population, 2004-2007; ABS (2009) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, Series B, Cat. no. 3238.0.

NHA Indicator 4:

Incidence of selected cancers

Table NHA.4.1

Table NHA.4.1 **Incidence of selected cancers, by State and Territory, 2008**

	<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>
<i>age-standardised rate per 100 000 population</i>										
Bowel cancer (a)	rate	60.3	60.6	64.7	57.7	65.4	77.8	63.7	47.3	61.8
Lung cancer (a)	rate	42.8	41.1	46.4	44.1	43.5	44.7	35.5	73.0	43.3
Melanoma (a)	rate	47.9	39.0	67.5	49.2	39.5	49.4	44.7	34.6	48.8
Female breast cancer (b)	rate	113.1	114.9	120.4	118.5	117.3	102.4	118.3	97.2	115.4
Cervical cancer (b)	rate	6.6	6.5	6.9	8.9	8.1	6.8	3.8	13.8	7.0
<i>number of new cases</i>										
Bowel cancer (a)	no.	4 666	3 495	2 825	1 249	1 271	468	192	59	14 225
Lung cancer (a)	no.	3 293	2 375	2 026	947	852	269	107	85	9 954
Melanoma (a)	no.	3 624	2 201	2 951	1 077	733	277	144	50	11 057
Female breast cancer (b)	no.	4 398	3 395	2 730	1 340	1 117	304	208	75	13 567
Cervical cancer (b)	no.	247	181	149	98	67	17	7	12	778
<i>variability band (age-standardised rate per 100 000 population)</i>										
Bowel cancer (a)		58.6–62.1	58.6–62.7	62.3–67.1	54.5–61.0	61.8–69.2	70.8–85.2	54.8–73.5	34.3–63.0	60.8–62.8
Lung cancer (a)		41.3–44.3	39.4–42.8	44.3–48.4	41.3–47.0	40.6–46.6	39.5–50.4	29.0–43.0	55.7–93.2	42.5–44.2
Melanoma (a)		46.3–49.5	37.4–40.6	65.1–70.0	46.3–52.2	36.6–42.5	43.7–55.7	37.6–52.8	24.0–47.7	47.9–49.7
Female breast cancer (b)		109.7–116.5	111.1–118.9	115.9–125.0	112.2–125.1	110.4–124.5	91.1–114.8	102.6–135.6	74.1–124.7	113.5–117.4
Cervical cancer (b)		5.8–7.5	5.6–7.5	5.9–8.1	7.2–10.9	6.2–10.3	3.9–11.1	1.5–7.9	6.1–25.7	6.5–7.5

(a) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(b) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.4.2

Table NHA.4.2 Incidence of selected cancers by Indigenous status, by State and Territory, 2008

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (a)	Total (a)
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Bowel cancer (b)										
Indigenous	68.2	109.5	34.2	30.2	np	–	np	np	45.9	70
Other Australians (c)	60.5	60.7	64.8	58.1	66.4	79.0	62.6	56.2	62.6	8 751
Lung cancer (b)										
Indigenous	77.5	np	54.6	96.0	57.6	np	np	124.3	75.4	115
Other Australians (c)	42.4	41.1	45.8	43.2	43.7	44.7	34.7	52.6	43.7	6 141
Melanoma of the skin (b)										
Indigenous	np	28.5	np	np	–	–	np	–	4.1	6
Other Australians (c)	48.5	39.1	68.6	49.9	40.4	50.8	44.6	40.1	53.8	7 352
Female breast cancer (d)										
Indigenous	100.5	157.8	94.0	99.9	np	np	np	64.3	87.9	93
Other Australians (c)	112.9	115.3	121.0	119.4	117.0	104.0	119.4	111.4	115.9	8 227
Cervical cancer (d)										
Indigenous	np	np	20.4	22.2	–	np	–	np	12.2	17
Other Australians (c)	6.6	6.5	6.7	8.6	8.3	6.6	3.9	np	6.9	458
Bowel cancer (b)	<i>variability band (age-standardised rate per 100 000 population)</i>									
Indigenous	47.6–94.2	58.0–186.6	20.5–53.0	11.3–62.6	np	–	np	np	34.9–59.0	..
Other Australians (c)	58.8–62.3	58.7–62.7	62.4–67.2	54.9–61.4	62.7–70.1	72.0–86.6	53.9–72.3	41.5–74.1	61.2–63.9	..
Lung cancer (b)										
Indigenous	55.6–104.6	np	35.4–79.7	60.2–144.2	17.7–136.3	np	np	80.7–181.5	61.1–91.8	..
Other Australians (c)	40.9–43.9	39.5–42.8	43.8–47.9	40.4–46.1	40.8–46.8	39.5–50.4	28.3–42.2	38.5–70.0	42.7–44.9	..
Melanoma of the skin (b)										
Indigenous	np	8.2–68.5	np	np	–	–	np	–	1.2–9.3	..
Other Australians (c)	47.0–50.1	37.5–40.8	66.2–71.2	47.0–53.0	37.5–43.5	44.9–57.3	37.5–52.6	28.8–54.1	52.5–55.0	..

Table NHA.4.2

Table NHA.4.2 Incidence of selected cancers by Indigenous status, by State and Territory, 2008

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (a)	Total (a)
Female breast cancer (d)										
Indigenous	71.2–137.1	85.2–264.9	62.7–134.2	50.3–175.1	np	np	np	28.5–120.6	69.6–109.3	..
Other Australians (c)	109.5–116.3	111.4–119.2	116.5–125.7	113.1–126.1	110.1–124.2	92.5–116.6	103.6–137.0	83.1–145.5	113.4–118.4	..
Cervical cancer (d)										
Indigenous	np	np	8.3–40.4	7.8–48.9	–	np	–	np	6.8–20.0	..
Other Australians (c)	5.8–7.5	5.5–7.5	5.6–7.9	7.0–10.6	6.4–10.5	3.7–10.9	1.6–8.0	np	6.3–7.6	..

(a) Totals include jurisdictions for whom the quality of Indigenous status data are considered acceptable (NSW, Queensland, SA and the NT).

(b) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 64 years, and expressed per 100 000 persons.

(c) 'Other' includes non-Indigenous people and those for whom Indigenous status was not stated.

(d) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 64 years, and expressed per 100 000 females.

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

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2007, Series B, Cat.

Table NHA.4.3

Table NHA.4.3 Incidence of selected cancers by remoteness area, by State and Territory, 2008 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
Bowel cancer (b)	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Major cities	58.9	57.3	61.6	55.6	63.7	..	63.8	..	59.1	8 964
Inner regional	63.5	68.2	67.5	65.1	66.6	73.7	–	..	66.6	3 440
Outer regional	61.2	69.3	65.4	63.6	73.2	84.9	–	49.7	66.8	1 541
Remote	66.9	77.1	78.9	59.4	62.1	79.6	..	55.9	66.4	190
Very remote	np	..	69.2	46.7	86.7	np	..	np	58.0	65
Lung cancer (b)										<i>no.</i>
Major cities	42.0	39.8	45.6	43.1	43.3	..	35.5	..	42.2	6 359
Inner regional	43.5	44.9	44.4	48.6	36.5	44.8	–	..	44.0	2 289
Outer regional	45.9	40.2	44.7	41.1	54.1	45.8	–	63.8	45.7	1 054
Remote	58.9	np	53.0	51.6	35.8	np	..	86.2	50.6	144
Very remote	np	..	70.2	44.2	np	np	..	83.5	61.4	72
Melanoma (b)										<i>no.</i>
Major cities	43.6	36.8	68.6	47.0	39.3	..	44.8	..	46.0	6 968
Inner regional	60.7	46.0	68.0	53.8	33.5	47.6	–	..	56.0	2 720
Outer regional	50.9	40.5	61.7	56.6	42.3	53.4	–	41.7	51.9	1 148
Remote	27.8	np	71.9	57.0	58.8	np	..	35.9	53.2	163
Very remote	–	..	43.1	33.6	51.4	np	..	np	32.4	45
Female breast cancer (c)										<i>no.</i>
Major cities	113.8	115.6	123.0	120.0	117.4	..	118.4	..	116.9	9 223
Inner regional	113.8	114.3	112.0	116.8	123.8	104.7	–	..	113.4	2 871
Outer regional	102.7	107.1	118.7	109.2	106.9	98.7	–	92.2	108.1	1 215
Remote	119.3	np	117.5	129.0	139.6	93.7	..	111.8	121.5	178
Very remote	np	..	96.0	95.5	73.3	114.5	..	91.1	93.9	62

Table NHA.4.3

Table NHA.4.3 Incidence of selected cancers by remoteness area, by State and Territory, 2008 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
Cervical cancer (c)										no.
Major cities	6.8	6.6	6.6	9.3	8.5	..	3.8	..	7.0	541
Inner regional	6.2	6.7	6.7	9.7	np	6.6	–	..	6.7	148
Outer regional	5.7	np	8.3	5.1	11.9	7.8	–	np	7.3	72
Remote	np	–	np	9.7	–	–	..	np	6.6	10
Very remote	–	..	np	–	–	–	..	np	8.8	5
Bowel cancer (b)	<i>variability band (age-standardised rate per 100 000 population)</i>									
Major cities	56.8–61.0	55.0–59.7	58.5–64.7	51.9–59.5	59.6–68.1	..	54.8–73.5	..	57.9–60.3	..
Inner regional	59.9–67.3	63.7–72.9	62.7–72.6	56.3–74.6	56.7–77.7	65.3–82.8	–	..	64.3–68.8	..
Outer regional	55.0–67.8	60.7–78.5	59.1–72.2	53.0–75.3	62.5–85.1	72.5–98.5	–	33.7–69.7	63.5–70.3	..
Remote	43.5–98.1	24.9–162.4	59.5–101.1	41.2–81.3	42.1–86.0	31.2–156.8	..	26.6–98.7	56.9–76.5	..
Very remote	np	..	45.9–99.8	23.4–81.4	41.2–152.7	np	..	np	43.9–74.5	..
Lung cancer (b)										
Major cities	40.3–43.9	37.9–41.8	43.0–48.3	39.8–46.5	39.9–46.9	..	28.9–42.9	..	41.1–43.2	..
Inner regional	40.5–46.6	41.3–48.7	40.6–48.6	41.1–56.9	29.1–44.7	38.1–52.0	–	..	42.2–45.9	..
Outer regional	40.6–51.7	33.8–47.3	39.4–50.3	32.7–50.6	45.1–64.4	36.9–55.8	–	43.2–88.8	42.9–48.5	..
Remote	37.2–88.5	np	37.7–71.7	34.6–72.1	21.4–55.2	np	..	47.0–138.1	42.4–59.6	..
Very remote	np	..	45.9–99.9	21.2–79.0	np	np	..	44.4–137.3	47.1–77.8	..
Melanoma (b)										
Major cities	41.8–45.4	35.0–38.7	65.4–71.9	43.7–50.6	36.0–42.9	..	37.6–52.7	..	44.9–47.1	..
Inner regional	57.0–64.5	42.2–50.1	63.0–73.3	45.8–62.6	26.2–41.9	40.6–55.3	–	..	53.9–58.2	..
Outer regional	44.9–57.4	33.5–48.2	55.7–68.2	46.7–67.7	33.7–51.9	43.0–65.2	–	26.9–60.6	48.9–55.0	..
Remote	13.1–50.9	np	54.5–92.4	40.5–76.8	39.4–83.3	np	..	14.6–66.3	45.2–62.1	..
Very remote	–	..	26.0–66.5	14.7–59.5	19.2–105.7	np	..	np	23.1–43.9	..

Table NHA.4.3

Table NHA.4.3 Incidence of selected cancers by remoteness area, by State and Territory, 2008 (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>	<i>Aust</i>
Female breast cancer (c)										
Major cities	109.8–118.0	111.0–120.3	117.1–129.1	112.5–127.8	109.3–125.9	..	102.6–135.7	..	114.5–119.3	..
Inner regional	106.7–121.3	106.0–123.0	103.2–121.4	100.5–134.9	104.2–145.7	90.3–120.5	–	..	109.3–117.7	..
Outer regional	90.7–115.4	91.5–124.5	106.8–131.2	89.9–131.1	87.8–128.5	79.6–120.0	–	63.2–128.0	102.1–114.4	..
Remote	72.7–180.8	np	85.7–156.4	92.6–171.3	95.8–192.5	22.9–242.6	..	62.0–176.3	104.0–140.7	..
Very remote	np	..	58.0–143.8	49.7–156.2	22.6–163.5	13.9–413.8	..	41.2–158.0	71.1–121.2	..
Cervical cancer (c)										
Major cities	5.9–7.9	5.5–7.8	5.3–8.2	7.2–11.6	6.3–11.1	..	1.5–7.9	..	6.4–7.7	..
Inner regional	4.4–8.3	4.7–9.1	4.5–9.5	5.2–16.1	np	3.2–11.8	–	..	5.6–7.8	..
Outer regional	3.0–9.6	np	5.3–12.1	1.6–11.9	5.5–21.9	2.3–16.4	–	np	5.7–9.2	..
Remote	np	–	np	2.9–23.4	–	–	..	np	3.1–11.9	..
Very remote	–	..	np	–	–	–	..	np	2.1–20.8	..

(a) Remoteness areas are classified according to the Australian Standard Geographical classification (ASGC) Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory.

(b) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(c) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

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

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) concordances from Postal Area to Remoteness Area; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.4.4

Table NHA.4.4 Incidence of selected cancers by SES based on SEIFA quintiles, by State and Territory, 2008 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)	Aust	Aust
Bowel cancer (c)	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Quintile 1	62.5	63.4	66.0	54.5	70.6	85.4	–	np	65.0	3 181
Quintile 2	62.2	63.0	61.7	61.8	67.3	63.4	..	np	62.6	3 059
Quintile 3	61.0	61.8	66.4	55.0	65.7	92.5	–	np	62.5	2 862
Quintile 4	58.7	61.2	64.1	55.7	59.0	78.0	63.9	np	60.9	2 616
Quintile 5	55.5	53.9	59.8	57.4	58.3	54.7	63.7	..	56.2	2 464
Lung cancer (c)										<i>no.</i>
Quintile 1	52.2	49.8	51.5	56.7	54.2	50.6	–	np	52.1	2 558
Quintile 2	45.5	44.9	48.7	49.3	44.3	45.3	..	np	46.3	2 263
Quintile 3	42.2	45.1	47.5	45.2	42.0	37.3	–	np	44.6	2 036
Quintile 4	35.7	37.5	41.7	43.8	38.0	36.0	34.8	np	39.0	1 665
Quintile 5	32.8	30.2	34.1	32.2	28.1	14.9	36.2	..	31.8	1 378
Melanoma (c)										<i>no.</i>
Quintile 1	41.6	29.3	61.6	40.1	35.6	49.8	–	np	41.2	1 918
Quintile 2	53.4	38.0	64.5	49.3	40.2	54.1	..	np	50.8	2 379
Quintile 3	41.7	35.7	69.5	42.6	36.3	42.2	–	np	47.1	2 126
Quintile 4	47.6	41.2	69.3	44.1	42.1	41.9	43.7	np	50.1	2 187
Quintile 5	54.4	47.8	71.0	61.1	46.7	56.7	45.2	..	54.4	2 415
Female breast cancer (d)										<i>no.</i>
Quintile 1	102.3	99.7	110.0	111.8	108.2	93.0	–	np	103.4	2 470
Quintile 2	110.9	115.2	115.5	115.8	119.2	103.9	..	np	113.4	2 751
Quintile 3	110.3	121.7	125.4	105.8	124.9	104.2	–	np	117.0	2 738
Quintile 4	111.1	117.1	118.8	118.4	116.7	130.0	117.6	np	116.1	2 641
Quintile 5	129.5	117.7	127.5	126.9	121.5	102.7	118.1	..	124.5	2 920

Table NHA.4.4

Table NHA.4.4 Incidence of selected cancers by SES based on SEIFA quintiles, by State and Territory, 2008 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)	Aust	Aust
Cervical cancer (d)										no.
Quintile 1	7.6	7.3	9.4	21.7	10.5	7.2	–	np	8.7	192
Quintile 2	6.8	8.3	7.1	6.4	10.2	np	..	np	7.3	162
Quintile 3	4.9	7.0	7.8	8.5	4.2	np	–	np	6.7	149
Quintile 4	6.1	5.3	5.3	8.4	6.7	np	np	np	5.8	132
Quintile 5	7.3	5.1	4.9	7.6	6.1	np	np	..	6.3	142
Bowel cancer (c)										
										<i>variability band (per 100 000 population)</i>
Quintile 1	58.9–66.2	58.9–68.2	60.4–72.0	44.8–65.6	63.8–77.8	74.8–97.0	–	np	62.8–67.3	..
Quintile 2	58.7–65.9	58.0–68.4	56.6–67.1	55.5–68.8	59.8–75.6	51.9–76.7	..	np	60.4–64.9	..
Quintile 3	57.2–65.0	57.0–66.9	61.7–71.4	48.2–62.6	57.0–75.3	66.8–124.7	–	np	60.2–64.8	..
Quintile 4	53.5–64.3	57.2–65.5	59.4–69.0	48.8–63.2	50.7–68.3	59.2–100.8	51.0–79.0	np	58.6–63.3	..
Quintile 5	51.9–59.3	49.8–58.1	52.9–67.4	51.0–64.2	49.7–67.9	32.0–87.1	51.9–77.4	..	54.0–58.5	..
Lung cancer (c)										
Quintile 1	48.9–55.6	45.9–54.0	46.5–56.8	46.8–68.1	48.4–60.6	42.6–59.6	–	np	50.1–54.2	..
Quintile 2	42.5–48.7	40.7–49.4	44.1–53.5	43.6–55.5	38.2–51.1	35.5–56.9	..	np	44.4–48.3	..
Quintile 3	39.0–45.5	41.0–49.5	43.5–51.7	39.0–52.1	35.2–49.6	21.6–60.0	–	np	42.6–46.6	..
Quintile 4	31.7–40.0	34.3–40.9	37.9–45.8	37.7–50.6	31.4–45.5	23.8–52.3	25.4–46.3	np	37.1–40.9	..
Quintile 5	30.0–35.7	27.2–33.5	28.8–40.0	27.4–37.5	22.2–35.0	4.8–34.9	27.4–46.9	..	30.1–33.5	..
Melanoma (c)										
Quintile 1	38.6–44.7	26.1–32.7	55.9–67.6	31.9–49.7	30.7–41.0	41.4–59.5	–	np	39.4–43.1	..
Quintile 2	50.0–56.9	34.1–42.2	59.2–70.2	43.4–55.6	34.3–46.9	42.8–67.4	..	np	48.7–52.9	..
Quintile 3	38.6–45.1	32.1–39.6	64.7–74.6	36.6–49.3	29.8–43.8	24.8–67.0	–	np	45.1–49.1	..
Quintile 4	43.0–52.7	37.9–44.7	64.5–74.4	38.2–50.7	35.0–50.3	28.3–59.6	33.6–56.0	np	48.0–52.3	..
Quintile 5	50.9–58.1	44.0–51.9	63.7–78.9	54.7–68.0	38.9–55.6	33.3–90.1	35.6–56.5	..	52.2–56.6	..

Table NHA.4.4

Table NHA.4.4 Incidence of selected cancers by SES based on SEIFA quintiles, by State and Territory, 2008 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)	Aust	Aust
Female breast cancer (d)										
Quintile 1	95.7–109.3	91.5–108.5	99.6–121.1	92.3–134.2	96.1–121.4	77.4–110.8	–	np	99.3–107.6	..
Quintile 2	104.1–118.1	105.7–125.3	105.7–126.1	103.4–129.3	104.8–134.9	82.3–129.4	..	np	109.2–117.8	..
Quintile 3	103.1–117.9	112.3–131.6	116.5–134.9	92.6–120.3	107.6–144.3	67.0–154.5	–	np	112.7–121.5	..
Quintile 4	101.2–121.7	109.4–125.2	110.1–128.0	104.8–133.4	99.9–135.3	96.4–171.5	94.8–144.1	np	111.7–120.7	..
Quintile 5	121.9–137.4	109.4–126.4	114.1–142.0	114.2–140.6	104.3–140.7	58.1–167.6	97.1–142.2	..	120.0–129.2	..
Cervical cancer (d)										
Quintile 1	5.8–9.7	5.2–10.1	6.4–13.3	13.5–32.8	6.7–15.5	3.0–14.3	–	np	7.5–10.1	..
Quintile 2	5.1–8.8	5.9–11.5	4.7–10.2	3.6–10.5	6.0–16.1	np	..	np	6.2–8.5	..
Quintile 3	3.5–6.8	4.9–9.8	5.6–10.5	5.0–13.4	1.5–9.2	np	–	np	5.6–7.8	..
Quintile 4	4.0–9.0	3.8–7.3	3.6–7.6	5.2–12.8	2.9–12.9	np	np	np	4.9–6.9	..
Quintile 5	5.6–9.3	3.5–7.3	2.7–8.3	4.6–11.6	2.6–12.0	np	np	..	5.3–7.4	..

(a) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on postcode of usual residence. Not all quintiles are represented in every jurisdiction. Socio-Economic Indexes for Areas quintiles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006.

(b) Rates suppressed due to small cells sizes and the fact that usual residence postcode is often incorrectly recorded for Indigenous Australians from remote communities who are temporary residents in major urban centres whilst undergoing treatment.

(c) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(d) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

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

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) concordances from Postal Area to SLA; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.4.5 **Incidence of selected cancers by SES based on SEIFA deciles, National, 2008 (a)**

	<i>Bowel cancer (b)</i>	<i>Lung Cancer (b)</i>	<i>Melanoma (b)</i>	<i>Female breast cancer (c)</i>	<i>Cervical cancer (c)</i>
<i>age-standardised rate per 100 000 population</i>					
Decile 1	64.0	56.1	32.7	96.4	9.8
Decile 2	65.9	48.7	49.0	109.6	7.8
Decile 3	65.4	47.6	51.9	115.0	7.4
Decile 4	59.8	45.0	49.7	111.9	7.1
Decile 5	65.8	44.9	48.3	115.9	5.6
Decile 6	59.0	44.2	45.9	118.1	7.7
Decile 7	61.5	39.9	50.4	117.9	5.7
Decile 8	60.3	38.0	49.8	114.3	5.9
Decile 9	58.0	33.4	50.5	123.2	6.5
Decile 10	54.6	30.2	58.4	126.0	6.0
<i>variability band (age-standardised rate per 100 000 population)</i>					
Decile 1	60.8–67.4	53.1–59.3	30.3–35.2	90.7–102.4	8.0–11.9
Decile 2	62.8–69.1	46.0–51.4	46.2–51.9	103.8–115.6	6.2–9.6
Decile 3	62.2–68.7	44.9–50.4	48.9–54.9	109.0–121.3	5.9–9.3
Decile 4	56.8–63.0	42.4–47.8	46.9–52.6	105.9–118.0	5.6–8.9
Decile 5	62.5–69.2	42.3–47.8	45.5–51.2	109.8–122.2	4.3–7.2
Decile 6	55.8–62.3	41.4–47.1	43.1–48.8	111.9–124.6	6.1–9.5
Decile 7	58.2–64.9	37.2–42.7	47.4–53.5	111.6–124.4	4.4–7.3
Decile 8	57.1–63.7	35.4–40.8	46.9–52.9	108.2–120.8	4.6–7.5
Decile 9	54.8–61.3	31.0–35.9	47.5–53.5	116.8–129.8	5.1–8.2
Decile 10	51.5–57.8	27.9–32.6	55.2–61.7	119.6–132.7	4.7–7.7

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence. Socio-Economic Indexes for Areas quintiles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006.

(b) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(c) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

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

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) concordances from Postal Area to SLA; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.4.6

Table NHA.4.6 Incidence of selected cancers by remoteness area, by State and Territory, 2007 (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>	<i>Aust</i>
Bowel cancer (b)	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Major cities	62.4	61.6	67.4	56.2	62.9	..	61.2	..	62.4	9 258
Inner regional	65.1	66.1	61.2	61.8	73.5	82.0	–	..	65.9	3 306
Outer regional	66.3	72.4	62.4	56.8	67.5	81.7	–	79.2	67.1	1 492
Remote	70.0	np	49.6	61.2	69.6	46.9	..	76.6	60.5	171
Very remote	118.7	..	46.1	29.5	76.6	np	..	np	48.7	55
Lung cancer (b)										<i>no.</i>
Major cities	42.6	43.6	42.2	42.5	40.2	..	37.9	..	42.5	6 281
Inner regional	42.2	46.5	45.5	40.0	31.1	51.1	–	..	44.0	2 220
Outer regional	47.1	48.1	49.4	42.7	50.5	50.2	–	58.2	48.4	1 081
Remote	61.6	69.3	58.8	48.6	43.8	np	..	59.6	52.8	151
Very remote	93.1	..	77.6	58.3	36.6	np	..	np	59.8	69
Melanoma (b)										<i>no.</i>
Major cities	44.4	36.0	62.9	42.5	32.9	..	33.5	..	43.8	6 480
Inner regional	58.7	48.8	67.7	61.6	35.4	42.6	–	..	56.1	2 645
Outer regional	55.2	45.3	61.0	43.6	43.9	41.3	–	28.0	50.8	1 088
Remote	35.5	np	58.7	57.1	29.4	np	..	30.7	47.0	142
Very remote	np	..	29.0	32.3	np	np	..	np	26.7	35
Female breast cancer (c)										<i>no.</i>
Major cities	108.9	111.8	116.6	104.1	119.9	..	114.2	..	111.6	8 645
Inner regional	114.1	108.8	105.1	100.3	100.6	101.0	–	..	108.2	2 657
Outer regional	109.8	100.7	98.4	90.3	121.0	91.8	–	99.7	101.9	1 123
Remote	68.3	np	97.4	90.2	63.4	np	..	70.7	81.4	118
Very remote	np	..	97.3	99.5	95.2	np	..	np	80.2	51

Table NHA.4.6

Table NHA.4.6 Incidence of selected cancers by remoteness area, by State and Territory, 2007 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust no.
Cervical cancer (c)										
Major cities	8.0	6.1	6.7	7.6	4.9	..	4.4	..	6.9	517
Inner regional	6.8	4.9	6.4	5.3	9.8	5.5	–	..	6.2	136
Outer regional	7.1	5.5	6.2	6.3	np	12.9	–	np	6.4	65
Remote	np	–	np	17.0	np	–	..	np	10.8	16
Very remote	–	..	21.2	np	np	–	..	np	14.9	10
Bowel cancer (b)	<i>variability band (age-standardised rate per 100 000 population)</i>									
Major cities	60.3–64.6	59.2–64.1	64.2–70.7	52.5–60.2	58.7–67.3	..	52.4–70.9	..	61.2–63.7	..
Inner regional	61.3–68.9	61.6–70.8	56.5–66.1	53.1–71.3	63.0–85.1	73.0–91.8	–	..	63.7–68.2	..
Outer regional	59.8–73.3	63.5–81.9	56.1–69.2	46.7–68.3	57.1–78.9	69.5–95.2	–	56.2–106.8	63.7–70.6	..
Remote	45.9–101.8	np	34.7–67.8	42.4–85.1	49.2–95.3	12.2–109.0	..	42.3–123.5	51.6–70.5	..
Very remote	39.0–258.4	..	26.2–71.7	12.6–53.3	35.1–142.6	np	..	np	35.6–64.0	..
Lung cancer (b)										
Major cities	40.8–44.4	41.6–45.7	39.7–44.9	39.2–46.0	36.9–43.7	..	30.9–45.7	..	41.4–43.6	..
Inner regional	39.2–45.3	42.8–50.5	41.5–49.8	33.0–47.6	24.4–39.1	43.9–59.0	–	..	42.2–45.9	..
Outer regional	41.6–52.9	40.9–55.9	43.8–55.5	34.0–52.8	41.6–60.6	40.6–60.9	–	39.2–80.6	45.6–51.4	..
Remote	39.0–90.7	20.3–151.4	42.3–78.3	31.9–70.4	27.6–65.0	np	..	30.8–96.8	44.5–62.0	..
Very remote	25.2–212.8	..	52.8–109.5	31.0–95.5	10.4–79.3	np	..	np	45.7–76.1	..
Melanoma (b)										
Major cities	42.6–46.2	34.2–37.9	59.8–66.1	39.2–45.9	29.8–36.2	..	27.2–40.5	..	42.7–44.9	..
Inner regional	55.0–62.6	44.9–53.0	62.7–73.1	52.7–71.2	27.8–44.1	36.0–49.9	–	..	54.0–58.3	..
Outer regional	48.9–62.0	37.6–53.7	54.9–67.6	34.7–53.8	35.0–54.2	32.4–51.5	–	18.2–40.4	47.8–53.9	..
Remote	18.0–58.9	np	42.3–77.8	40.9–76.7	15.7–48.0	np	..	17.2–49.8	39.3–55.3	..
Very remote	np	..	14.6–50.8	13.6–59.5	np	np	..	np	18.0–37.8	..

Table NHA.4.6

Table NHA.4.6 Incidence of selected cancers by remoteness area, by State and Territory, 2007 (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>	<i>Aust</i>
Female breast cancer (c)										
Major cities	105.0–113.0	107.3–116.4	110.8–122.6	97.1–111.5	111.8–128.5	..	98.6–131.3	..	109.3–114.0	..
Inner regional	106.9–121.6	100.7–117.4	96.3–114.3	84.6–117.6	83.1–120.4	86.9–116.6	–	..	104.1–112.5	..
Outer regional	97.4–123.1	85.1–118.0	87.5–110.1	72.2–110.5	101.0–143.6	73.3–112.6	–	66.3–140.2	96.0–108.1	..
Remote	34.6–117.4	np	68.0–133.8	60.5–126.7	34.2–103.6	np	..	31.5–129.4	67.1–97.6	..
Very remote	np	..	59.1–147.2	47.8–168.9	36.1–201.3	np	..	np	58.8–106.3	..
Cervical cancer (c)										
Major cities	6.9–9.1	5.1–7.3	5.3–8.2	5.7–9.7	3.2–6.9	..	1.9–8.7	..	6.3–7.5	..
Inner regional	5.0–9.0	3.1–7.0	4.2–9.1	2.0–11.0	4.5–18.1	2.4–9.9	–	..	5.1–7.3	..
Outer regional	3.9–11.6	2.1–10.5	3.7–9.7	2.2–13.5	np	6.2–22.5	–	np	4.9–8.1	..
Remote	np	–	np	5.9–35.7	np	–	..	np	5.9–17.2	..
Very remote	–	..	6.1–49.7	np	np	–	..	np	6.7–26.5	..

(a) Remoteness areas are classified according to the Australian Standard Geographical classification (ASGC) Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory.

(b) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(c) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

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

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) concordances from Postal Area to Remoteness Area; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.4.7

Table NHA.4.7 Incidence of selected cancers by SES based on SEIFA quintiles, by State and Territory, 2007 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)	Aust	Aust
Bowel cancer (c)	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Quintile 1	66.3	63.8	61.7	51.9	67.8	81.1	—	np	65.4	3 123
Quintile 2	62.8	64.8	67.0	60.1	64.6	84.2	..	np	64.4	3 058
Quintile 3	62.5	65.4	61.0	57.7	62.7	70.9	—	np	62.7	2 787
Quintile 4	60.7	62.1	67.0	56.3	70.4	83.1	56.0	np	63.2	2 644
Quintile 5	63.1	60.2	68.9	53.0	58.8	87.4	66.1	..	61.6	2 649
Lung cancer (c)										<i>no.</i>
Quintile 1	51.6	52.8	53.3	57.6	54.3	58.6	—	np	53.4	2 559
Quintile 2	45.2	52.0	53.8	47.0	36.3	46.7	..	np	47.4	2 257
Quintile 3	41.7	44.7	44.8	44.3	37.4	52.3	—	np	43.3	1 927
Quintile 4	42.6	41.8	36.7	39.9	33.1	32.5	41.4	np	39.8	1 653
Quintile 5	32.2	34.3	31.4	33.1	30.6	37.2	35.3	..	32.9	1 399
Melanoma (c)										<i>no.</i>
Quintile 1	42.6	28.1	60.1	37.8	34.7	39.8	—	np	40.4	1 841
Quintile 2	53.6	42.6	56.5	47.5	29.8	43.4	..	np	48.8	2 230
Quintile 3	43.9	35.8	67.6	40.2	30.5	29.9	—	np	46.6	2 055
Quintile 4	43.1	39.2	65.6	42.3	42.4	45.8	24.2	np	47.0	2 002
Quintile 5	54.6	48.9	64.9	52.8	35.7	67.7	40.6	..	52.2	2 246
Female breast cancer (d)										<i>no.</i>
Quintile 1	104.4	102.3	96.4	99.8	117.7	92.8	—	np	102.7	2 380
Quintile 2	107.1	100.0	110.9	87.1	104.0	109.5	..	np	103.7	2 466
Quintile 3	107.9	103.6	111.8	112.9	94.8	107.7	—	np	107.0	2 459
Quintile 4	114.2	124.1	112.2	98.1	145.3	81.3	89.4	np	116.1	2 578
Quintile 5	118.2	114.9	125.1	107.3	123.5	103.7	136.3	..	117.7	2 700

Table NHA.4.7

Table NHA.4.7 Incidence of selected cancers by SES based on SEIFA quintiles, by State and Territory, 2007 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)	Aust	Aust no.
Cervical cancer (d)										
Quintile 1	8.7	7.6	6.9	11.0	5.3	6.4	—	np	7.9	167
Quintile 2	10.2	5.8	8.5	6.7	5.7	12.6	..	np	8.3	180
Quintile 3	7.8	5.2	6.5	7.9	4.2	—	—	np	6.6	147
Quintile 4	5.2	5.8	5.8	7.8	4.4	np	np	np	5.8	127
Quintile 5	5.5	5.3	4.9	6.6	5.4	np	5.4	..	5.5	123
Bowel cancer (c)	<i>variability band (age-standardised rate per 100 000 population)</i>									
Quintile 1	62.6–70.3	59.2–68.6	56.2–67.5	42.4–62.9	61.1–75.0	70.8–92.5	—	np	63.1–67.7	..
Quintile 2	59.2–66.5	59.7–70.3	61.6–72.8	53.7–67.1	57.1–72.7	70.7–99.5	..	np	62.2–66.8	..
Quintile 3	58.6–66.6	60.4–70.7	56.4–65.8	50.6–65.6	54.1–72.2	48.1–100.8	—	np	60.4–65.1	..
Quintile 4	55.3–66.4	58.0–66.4	62.2–72.2	49.3–64.0	61.2–80.6	62.7–108.0	43.6–70.7	np	60.8–65.7	..
Quintile 5	59.2–67.1	55.9–64.8	61.2–77.2	46.9–59.6	50.1–68.6	56.6–128.7	54.0–80.2	..	59.3–64.1	..
Lung cancer (c)										
Quintile 1	48.3–55.1	48.7–57.2	48.2–58.7	47.5–69.2	48.4–60.8	49.8–68.5	—	np	51.3–55.5	..
Quintile 2	42.2–48.4	47.4–56.9	49.0–59.0	41.3–53.2	30.8–42.5	36.7–58.6	..	np	45.5–49.4	..
Quintile 3	38.5–45.0	40.6–49.1	40.9–49.0	38.1–51.2	30.9–44.9	32.7–79.3	—	np	41.4–45.3	..
Quintile 4	38.2–47.5	38.4–45.4	33.1–40.6	34.0–46.5	27.0–40.2	21.0–48.1	30.7–54.5	np	37.9–41.8	..
Quintile 5	29.5–35.2	31.1–37.8	26.3–37.2	28.2–38.6	24.4–37.8	18.2–67.2	26.6–45.8	..	31.2–34.7	..
Melanoma (c)										
Quintile 1	39.6–45.8	25.0–31.4	54.5–66.1	29.8–47.2	29.8–40.2	32.4–48.4	—	np	38.5–42.3	..
Quintile 2	50.2–57.2	38.4–47.2	51.5–61.9	41.7–53.9	24.6–35.7	33.6–55.2	..	np	46.8–50.9	..
Quintile 3	40.6–47.3	32.1–39.8	62.8–72.6	34.3–46.7	24.6–37.5	15.9–51.1	—	np	44.6–48.6	..
Quintile 4	38.7–48.0	35.9–42.7	60.9–70.6	36.4–48.9	35.1–50.8	31.6–64.2	16.8–33.8	np	44.9–49.1	..
Quintile 5	51.0–58.3	45.0–53.0	57.7–72.7	46.7–59.5	29.0–43.4	40.7–105.4	31.5–51.5	..	50.0–54.4	..

Table NHA.4.7

Table NHA.4.7 Incidence of selected cancers by SES based on SEIFA quintiles, by State and Territory, 2007 (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (b)</i>	<i>Aust</i>	<i>Aust</i>
Female breast cancer (d)										
Quintile 1	97.6–111.5	93.9–111.3	86.5–107.1	81.4–121.0	105.0–131.5	77.2–110.7	–	np	98.5–106.9	..
Quintile 2	100.4–114.1	91.0–109.6	101.2–121.4	76.2–99.2	90.5–118.9	87.4–135.5	..	np	99.7–108.0	..
Quintile 3	100.7–115.4	94.9–112.9	103.3–120.9	99.1–128.1	79.9–111.5	68.8–160.6	–	np	102.8–111.3	..
Quintile 4	104.1–125.1	116.1–132.6	103.6–121.2	85.6–112.0	126.5–166.1	55.4–115.1	69.5–113.3	np	111.6–120.7	..
Quintile 5	110.9–125.8	106.6–123.6	111.6–139.8	95.6–120.1	106.1–142.9	59.7–167.1	113.6–162.3	..	113.2–122.2	..
Cervical cancer (d)										
Quintile 1	6.8–11.1	5.4–10.5	4.4–10.4	5.5–19.8	2.9–9.0	2.7–12.8	–	np	6.7–9.2	..
Quintile 2	8.1–12.6	3.8–8.6	5.9–11.9	3.8–10.8	2.7–10.5	5.8–24.0	..	np	7.1–9.6	..
Quintile 3	5.9–10.1	3.4–7.6	4.5–8.9	4.5–12.9	1.5–9.3	–	–	np	5.6–7.8	..
Quintile 4	3.2–7.8	4.1–7.8	4.0–8.1	4.6–12.3	1.4–10.2	np	np	np	4.8–6.9	..
Quintile 5	4.0–7.4	3.6–7.5	2.7–8.3	3.9–10.3	2.1–11.2	np	1.8–12.7	..	4.6–6.6	..

(a) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on postcode of usual residence. Not all quintiles are represented in every jurisdiction.

(b) Rates suppressed due to small cells sizes and the fact that usual residence postcode is often incorrectly recorded for Indigenous Australians from remote communities who are temporary residents in major urban centres whilst undergoing treatment.

(c) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(d) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

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

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) concordances from Postal Area to SEIFA; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.4.8 **Incidence of selected cancers by SES based on SEIFA deciles, National, 2007 (a)**

	<i>Bowel cancer (b)</i>	<i>Lung Cancer (b)</i>	<i>Melanoma (b)</i>	<i>Female breast cancer (c)</i>	<i>Cervical cancer (c)</i>
<i>age-standardised rate per 100 000 population</i>					
Decile 1	65.1	57.7	32.9	97.9	8.5
Decile 2	65.7	49.7	47.1	107.5	7.3
Decile 3	65.5	49.3	49.0	102.4	8.8
Decile 4	63.4	45.5	48.6	105.0	7.8
Decile 5	63.4	43.4	44.6	104.1	6.4
Decile 6	61.9	43.2	48.5	110.2	6.8
Decile 7	66.4	40.7	49.6	117.4	5.3
Decile 8	60.0	38.9	44.4	114.7	6.2
Decile 9	61.6	35.8	50.3	116.9	6.3
Decile 10	61.9	30.1	54.2	118.5	4.8
<i>variability band (age-standardised rate per 100 000 population)</i>					
Decile 1	61.8–68.6	54.6–61.0	30.5–35.4	92.1–103.9	6.8–10.5
Decile 2	62.6–68.9	47.0–52.5	44.4–50.0	101.6–113.6	5.8–9.1
Decile 3	62.3–68.8	46.5–52.2	46.1–52.0	96.7–108.3	7.1–10.8
Decile 4	60.2–66.7	42.8–48.3	45.8–51.6	99.2–111.1	6.2–9.6
Decile 5	60.2–66.8	40.8–46.2	41.9–47.5	98.3–110.2	5.0–8.1
Decile 6	58.6–65.4	40.5–46.1	45.7–51.6	104.1–116.5	5.4–8.5
Decile 7	62.9–70.0	38.0–43.5	46.6–52.7	111.1–124.0	4.0–6.9
Decile 8	56.7–63.4	36.2–41.7	41.6–47.3	108.4–121.2	4.8–7.9
Decile 9	58.3–65.0	33.3–38.5	47.3–53.4	110.6–123.4	4.9–7.9
Decile 10	58.5–65.3	27.8–32.6	51.0–57.4	112.3–125.1	3.6–6.4

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence.

(b) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(c) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

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

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) concordances from Postal Area to SEIFA; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.4.9

Table NHA.4.9 Incidence of selected cancers by remoteness area, by State and Territory, 2006 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
Bowel cancer (b)	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Major cities	61.0	61.1	66.0	53.4	60.8	..	62.7	..	61.1	8 843
Inner regional	66.4	66.8	68.6	52.0	59.6	71.9	–	..	66.3	3 211
Outer regional	65.3	66.0	64.1	61.3	63.3	67.9	–	73.3	64.5	1 394
Remote	48.0	np	56.4	33.7	85.5	55.2	..	53.3	55.2	149
Very remote	np	..	41.8	47.8	65.6	–	..	np	42.5	45
Lung cancer (b)										<i>no.</i>
Major cities	42.5	44.3	45.0	44.1	42.7	..	34.0	..	43.4	6 256
Inner regional	43.7	43.1	48.2	49.2	37.0	58.3	–	..	45.5	2 218
Outer regional	43.1	38.7	49.2	47.5	44.8	53.6	–	63.9	46.0	993
Remote	90.1	79.0	60.4	47.4	39.7	67.5	..	47.1	56.5	155
Very remote	np	..	70.9	64.6	59.8	np	..	66.7	68.4	72
Melanoma (b)										<i>no.</i>
Major cities	45.0	36.0	60.0	51.5	36.6	..	42.4	..	44.9	6 487
Inner regional	63.7	51.7	62.2	58.0	34.6	48.3	–	..	57.4	2 605
Outer regional	50.8	55.4	61.4	53.1	30.8	45.2	–	22.0	51.7	1 081
Remote	45.8	np	48.6	61.4	36.0	np	..	41.6	50.3	147
Very remote	np	..	40.5	51.4	47.0	np	..	np	39.5	49
Female breast cancer (c)										<i>no.</i>
Major cities	112.3	112.4	119.4	114.7	114.0	..	127.6	..	114.3	8 638
Inner regional	107.0	115.0	108.2	124.8	133.7	113.2	–	..	112.0	2 691
Outer regional	106.9	105.6	115.7	137.8	74.6	93.4	–	87.4	107.4	1 152
Remote	120.2	–	123.3	74.8	122.2	np	..	85.0	100.2	142
Very remote	np	..	82.0	65.6	81.0	–	..	np	68.3	42

Table NHA.4.9

Table NHA.4.9 Incidence of selected cancers by remoteness area, by State and Territory, 2006 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust no.
Cervical cancer (c)										
Major cities	6.4	6.3	9.0	7.0	5.8	..	4.6	..	6.8	505
Inner regional	5.5	4.9	7.3	6.5	7.7	5.3	–	..	5.9	128
Outer regional	5.2	4.2	9.5	np	np	6.0	–	np	6.0	58
Remote	np	–	np	np	np	–	..	np	7.4	11
Very remote	–	..	np	np	–	–	..	np	20.2	13
Bowel cancer (b)	<i>variability band (age-standardised rate per 100 000 population)</i>									
Major cities	58.9–63.2	58.7–63.6	62.8–69.4	49.7–57.3	56.6–65.1	..	53.6–72.6	..	59.9–62.4	..
Inner regional	62.6–70.4	62.3–71.6	63.5–73.9	43.8–61.1	49.9–70.4	63.4–81.1	–	..	64.0–68.6	..
Outer regional	58.8–72.2	57.4–75.3	57.5–71.0	50.6–73.3	53.3–74.5	56.7–80.6	–	47.5–105.6	61.1–68.0	..
Remote	28.0–76.4	np	39.9–76.7	20.1–51.8	61.7–114.2	14.1–126.4	..	26.0–89.7	46.5–64.9	..
Very remote	np	..	23.4–68.8	23.5–83.4	23.1–129.5	–	..	np	30.2–57.6	..
Lung cancer (b)										
Major cities	40.7–44.3	42.2–46.4	42.3–47.8	40.7–47.6	39.3–46.4	..	27.2–41.6	..	42.3–44.5	..
Inner regional	40.6–46.9	39.4–46.9	44.0–52.7	41.2–57.9	29.5–45.6	50.6–66.7	–	..	43.7–47.5	..
Outer regional	37.9–48.7	32.1–45.8	43.5–55.4	37.9–58.2	36.4–54.4	43.7–64.8	–	40.9–92.0	43.1–48.9	..
Remote	61.6–125.7	27.1–162.1	43.5–80.7	31.1–68.2	24.3–60.5	20.6–141.9	..	20.2–88.5	47.7–66.3	..
Very remote	np	..	45.7–104.3	33.8–107.3	22.1–114.9	np	..	33.6–113.1	52.6–87.3	..
Melanoma (b)										
Major cities	43.2–46.9	34.2–38.0	56.9–63.1	47.9–55.3	33.3–40.2	..	35.2–50.4	..	43.8–46.0	..
Inner regional	59.7–67.8	47.6–56.1	57.2–67.4	49.3–67.7	26.8–43.4	41.0–56.3	–	..	55.1–59.6	..
Outer regional	44.7–57.3	47.0–64.6	55.2–68.1	43.1–64.3	23.4–39.2	35.6–56.1	–	14.1–32.0	48.7–54.9	..
Remote	26.0–73.4	np	33.8–66.4	44.9–81.2	20.6–56.5	np	..	19.2–71.3	42.3–59.2	..
Very remote	np	..	23.0–65.5	27.5–83.2	15.7–105.2	np	..	np	28.3–52.9	..

Table NHA.4.9

Table NHA.4.9 Incidence of selected cancers by remoteness area, by State and Territory, 2006 (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>	<i>Aust</i>
Female breast cancer (c)										
Major cities	108.3–116.5	107.8–117.1	113.5–125.6	107.3–122.5	106.0–122.5	..	110.7–146.0	..	111.9–116.8	..
Inner regional	100.0–114.3	106.5–123.9	99.3–117.7	106.8–144.4	112.7–156.8	98.0–129.7	–	..	107.8–116.4	..
Outer regional	94.7–120.1	89.5–123.2	103.8–128.6	115.3–162.8	58.6–92.7	74.7–114.6	–	59.1–123.0	101.2–113.8	..
Remote	72.1–183.1	–	89.5–163.0	47.4–108.0	81.8–171.8	np	..	39.8–152.4	84.1–118.1	..
Very remote	np	..	46.7–130.4	28.5–119.7	24.2–188.3	–	..	np	48.3–93.0	..
Cervical cancer (c)										
Major cities	5.5–7.5	5.2–7.4	7.4–10.8	5.2–9.1	4.0–8.1	..	2.0–9.0	..	6.2–7.4	..
Inner regional	3.9–7.4	3.2–7.1	5.0–10.3	2.4–12.9	3.3–14.8	2.3–10.2	–	..	4.9–7.1	..
Outer regional	2.5–9.4	1.3–9.7	6.2–13.6	np	np	1.7–13.4	–	np	4.5–7.8	..
Remote	np	–	np	np	np	–	..	np	3.6–12.9	..
Very remote	–	..	np	np	–	–	..	np	10.0–35.5	..

(a) Remoteness areas are classified according to the Australian Standard Geographical classification (ASGC) Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory.

(b) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(c) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

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

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) concordances from Postal Area to Remoteness Area; ABS (unpublished) Estimated Resident Population, 30 June 2006.

Table NHA.4.10

Table NHA.4.10 Incidence of selected cancers by SES based on SEIFA quintiles, by State and Territory, 2006 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)	Aust	Aust
Bowel cancer (c)	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Quintile 1	64.9	63.7	62.0	52.6	71.1	70.3	—	np	64.4	3 014
Quintile 2	65.0	67.4	67.4	54.3	54.3	71.4	..	np	63.9	2 950
Quintile 3	62.4	57.3	66.8	49.5	59.6	58.0	—	np	61.0	2 641
Quintile 4	59.8	63.0	65.2	62.8	57.6	76.1	67.3	np	62.9	2 540
Quintile 5	59.0	62.3	70.5	46.7	59.7	66.6	59.0	..	59.8	2 485
Lung cancer (c)										<i>no.</i>
Quintile 1	48.7	50.9	54.5	72.2	55.4	60.4	—	np	52.7	2 480
Quintile 2	46.0	43.9	52.2	49.9	42.1	52.0	..	np	47.1	2 183
Quintile 3	45.0	45.4	46.9	41.3	32.1	68.4	—	np	44.4	1 922
Quintile 4	36.8	43.8	42.8	46.9	41.7	50.6	38.5	np	42.4	1 705
Quintile 5	34.3	35.6	32.8	32.1	27.9	43.0	30.8	..	33.8	1 393
Melanoma (c)										<i>no.</i>
Quintile 1	42.0	32.2	58.2	43.0	30.1	42.9	—	np	40.7	1 816
Quintile 2	55.0	49.5	58.0	52.5	39.5	48.1	..	np	52.5	2 334
Quintile 3	48.8	39.3	60.1	48.0	31.6	40.6	—	np	47.9	2 049
Quintile 4	47.9	37.4	64.0	51.1	42.3	55.1	41.3	np	48.4	2 002
Quintile 5	52.7	45.3	59.3	61.3	38.9	64.8	42.9	..	51.1	2 150
Female breast cancer (d)										<i>no.</i>
Quintile 1	104.9	101.6	106.2	101.4	93.1	85.0	—	np	101.0	2 330
Quintile 2	107.4	107.5	119.8	128.8	112.7	118.9	..	np	112.8	2 590
Quintile 3	105.4	112.0	115.0	110.7	119.6	100.2	—	np	110.3	2 466
Quintile 4	112.6	113.2	112.1	106.6	119.9	135.9	125.9	np	113.3	2 438
Quintile 5	124.6	123.7	135.3	121.0	126.3	131.0	129.4	..	125.5	2 829

Table NHA.4.10

Table NHA.4.10 Incidence of selected cancers by SES based on SEIFA quintiles, by State and Territory, 2006 (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT (b)	Aust	Aust no.
Cervical cancer (d)										
Quintile 1	5.8	5.2	8.2	11.2	9.1	7.4	—	np	7.0	150
Quintile 2	5.9	7.5	9.6	4.3	4.8	np	..	np	6.5	141
Quintile 3	6.7	7.7	8.9	7.1	3.8	np	—	np	7.4	160
Quintile 4	6.9	4.8	8.7	7.1	4.6	np	6.0	np	6.5	139
Quintile 5	5.8	5.2	8.2	6.3	np	np	np	..	5.7	125
Bowel cancer (c)	<i>variability band (age-standardised rate per 100 000 population)</i>									
Quintile 1	61.2–68.8	59.1–68.5	56.4–67.9	43.0–63.8	64.2–78.5	60.7–81.0	—	np	62.1–66.8	..
Quintile 2	61.3–68.8	62.1–73.0	61.9–73.3	48.1–61.0	47.5–61.9	58.7–86.1	..	np	61.6–66.2	..
Quintile 3	58.5–66.5	52.5–62.3	62.0–72.0	42.9–56.9	51.3–68.9	37.5–85.8	—	np	58.7–63.4	..
Quintile 4	54.4–65.5	58.8–67.4	60.3–70.4	55.2–71.1	49.2–66.9	57.0–99.4	53.5–83.6	np	60.5–65.4	..
Quintile 5	55.2–63.0	57.9–67.0	62.6–79.0	40.9–53.2	50.8–69.6	39.7–104.6	47.6–72.4	..	57.4–62.2	..
Lung cancer (c)										
Quintile 1	45.5–52.1	46.9–55.3	49.3–60.1	60.6–85.4	49.4–62.0	51.4–70.5	—	np	50.7–54.9	..
Quintile 2	42.9–49.3	39.6–48.5	47.4–57.3	44.0–56.3	36.0–48.8	41.4–64.5	..	np	45.1–49.1	..
Quintile 3	41.7–48.6	41.2–49.9	42.8–51.2	35.2–48.1	26.1–39.0	45.8–98.4	—	np	42.5–46.5	..
Quintile 4	32.6–41.3	40.3–47.5	38.8–47.0	40.3–54.3	34.7–49.7	35.0–70.5	28.0–51.6	np	40.4–44.5	..
Quintile 5	31.4–37.4	32.3–39.2	27.6–38.8	27.2–37.5	21.9–35.0	22.6–74.0	22.6–41.1	..	32.0–35.7	..
Melanoma (c)										
Quintile 1	38.9–45.2	28.8–35.8	52.7–64.2	34.3–53.1	25.5–35.3	35.0–51.9	—	np	38.8–42.6	..
Quintile 2	51.5–58.7	44.9–54.4	52.9–63.5	46.3–59.2	33.3–46.4	37.2–61.1	..	np	50.4–54.7	..
Quintile 3	45.3–52.5	35.4–43.5	55.5–65.0	41.4–55.2	25.3–38.8	23.6–65.1	—	np	45.8–50.0	..
Quintile 4	43.2–53.1	34.2–40.9	59.2–69.0	44.4–58.4	35.0–50.6	38.9–75.8	31.2–53.6	np	46.3–50.6	..
Quintile 5	49.1–56.4	41.5–49.3	52.4–66.9	54.7–68.5	31.8–47.2	37.9–103.0	33.3–54.4	..	48.9–53.3	..

Table NHA.4.10 Incidence of selected cancers by SES based on SEIFA quintiles, by State and Territory, 2006 (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (b)</i>	<i>Aust</i>	<i>Aust</i>
Female breast cancer (d)										
Quintile 1	98.1–112.1	93.2–110.6	95.8–117.3	82.6–123.1	81.9–105.4	70.0–102.3	–	np	96.9–105.3	..
Quintile 2	100.6–114.6	98.0–117.6	109.4–130.8	115.3–143.4	98.4–128.4	95.7–145.9	..	np	108.5–117.3	..
Quintile 3	98.3–113.0	102.8–121.8	106.1–124.3	96.9–125.9	102.6–138.6	61.9–153.3	–	np	106.0–114.8	..
Quintile 4	102.4–123.5	105.4–121.4	103.4–121.4	93.2–121.4	103.0–138.9	101.0–178.9	101.4–154.5	np	108.9–118.0	..
Quintile 5	117.0–132.5	115.0–132.8	121.2–150.7	108.4–134.6	108.6–146.0	80.1–201.5	106.8–155.2	..	120.9–130.3	..
Cervical cancer (d)										
Quintile 1	4.2–7.7	3.3–7.6	5.3–12.1	5.6–20.1	5.7–13.8	3.3–14.1	–	np	5.9–8.3	..
Quintile 2	4.3–7.9	5.1–10.5	6.8–13.1	2.1–7.9	2.1–9.2	np	..	np	5.5–7.7	..
Quintile 3	5.0–8.9	5.4–10.6	6.5–11.9	3.9–11.9	1.2–8.8	np	–	np	6.3–8.6	..
Quintile 4	4.6–10.0	3.3–6.7	6.4–11.5	4.1–11.6	1.7–10.2	np	1.9–14.0	np	5.5–7.7	..
Quintile 5	4.3–7.8	3.5–7.5	5.0–12.5	3.6–10.1	np	np	np	..	4.8–6.8	..

(a) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on postcode of usual residence. Not all quintiles are represented in every jurisdiction.

(b) Rates suppressed due to small cells sizes and the fact that usual residence postcode is often incorrectly recorded for Indigenous Australians from remote communities who are temporary residents in major urban centres whilst undergoing treatment.

(c) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(d) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

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

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) concordances from Postal Area to SEIFA; ABS (unpublished) Estimated Resident Population, 30 June 2006.

Table NHA.4.11 **Incidence of selected cancers by SES based on SEIFA deciles, National, 2006 (a)**

	<i>Bowel cancer (b)</i>	<i>Lung Cancer (b)</i>	<i>Melanoma (b)</i>	<i>Female breast cancer (c)</i>	<i>Cervical cancer (c)</i>
<i>age-standardised rate per 100 000 population</i>					
Decile 1	63.3	54.0	33.1	99.5	7.3
Decile 2	65.4	51.7	47.3	103.0	6.8
Decile 3	61.9	47.6	52.1	112.6	6.9
Decile 4	65.9	46.6	52.9	113.0	6.1
Decile 5	60.0	42.3	46.9	106.5	7.1
Decile 6	62.1	46.8	49.0	114.1	7.7
Decile 7	63.5	43.1	49.0	110.2	6.6
Decile 8	62.3	41.7	47.8	116.5	6.4
Decile 9	58.0	35.9	50.7	118.0	5.1
Decile 10	61.6	31.7	51.5	133.1	6.4
<i>variability band (age-standardised rate per 100 000 population)</i>					
Decile 1	60.0–66.8	50.9–57.2	30.7–35.7	93.7–105.7	5.7–9.2
Decile 2	62.3–68.6	48.9–54.5	44.5–50.2	97.3–109.0	5.3–8.5
Decile 3	58.7–65.2	44.8–50.5	49.2–55.2	106.5–118.9	5.4–8.7
Decile 4	62.6–69.3	43.8–49.4	49.9–56.0	106.8–119.4	4.7–7.8
Decile 5	56.8–63.3	39.7–45.1	44.0–49.8	100.5–112.7	5.6–8.9
Decile 6	58.8–65.6	43.9–49.8	46.0–52.1	107.8–120.6	6.1–9.6
Decile 7	60.0–67.1	40.3–46.1	46.0–52.1	104.0–116.7	5.2–8.4
Decile 8	58.9–65.9	38.9–44.7	44.9–50.9	110.1–123.2	5.0–8.1
Decile 9	54.7–61.4	33.4–38.6	47.7–53.9	111.7–124.6	3.8–6.6
Decile 10	58.2–65.1	29.3–34.3	48.4–54.7	126.4–140.1	5.0–8.1

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence.

(b) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 persons.

(c) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 84 years, and expressed per 100 000 females.

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

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) concordances from Postal Area to SEIFA; ABS (unpublished) Estimated Resident Population, 30 June 2006.

Table NHA.4.12 **Incidence of selected cancers by Indigenous status, totals, 2007 and 2006 (a)**

	2007		2006	
	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Bowel cancer (b)				
Indigenous	40.4	61	41.1	55
Other Australians (c)	64.4	8 788	63.7	8 452
Lung cancer (b)				
Indigenous	67.5	104	71.1	103
Other Australians (c)	42.8	5 858	43.5	5 795
Melanoma of the skin (b)				
Indigenous	np	np	4.3	10
Other Australians (c)	50.3	6 721	51.2	6 673
Female breast cancer (d)				
Indigenous	66.3	65	80.8	76
Other Australians (c)	111.0	7 729	113.0	7 682
Cervical cancer (d)				
Indigenous	13.2	16	19.5	23
Other Australians (c)	6.9	455	6.9	443
	variability band (age-standardised rate per 100 000 population)		variability band (age-standardised rate per 100 000 population)	
Bowel cancer (b)				
Indigenous	30.0–53.0	..	30.2–54.6	..
Other Australians (c)	63.1–65.8	..	62.3–65.0	..
Lung cancer (b)				
Indigenous	54.1–83.1	..	57.0–87.5	..
Other Australians (c)	41.7–43.9	..	42.4–44.6	..
Melanoma of the skin (b)				
Indigenous	np	..	1.7–8.3	..
Other Australians (c)	49.1–51.5	..	50.0–52.5	..
Female breast cancer (d)				
Indigenous	49.8–86.2	..	62.2–102.9	..
Other Australians (c)	108.6–113.6	..	110.5–115.6	..
Cervical cancer (d)				
Indigenous	7.0–22.3	..	11.6–30.3	..
Other Australians (c)	6.3–7.6	..	6.2–7.5	..

(a) Totals include jurisdictions for whom the quality of Indigenous status data are considered acceptable (NSW, Queensland, SA and the NT).

(b) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 64 years, and expressed per 100 000 persons.

(c) 'Other' includes non-Indigenous people and those for whom Indigenous status was not stated.

Table NHA.4.12 **Incidence of selected cancers by Indigenous status, totals, 2007 and 2006 (a)**

(d) Age-standardised to the Australian population as at 30 June 2001, using five-year age groups to 64 years, and expressed per 100 000 females.

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

Source: AIHW (unpublished) Australian Cancer Database; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2007, Series B, Cat.

NHA Indicator 5:

No new data are available for this indicator

Proportion of persons obese

NHA Indicator 6:

No new data are available for this indicator

**Proportion of adults who are
current daily smokers**

NHA Indicator 7:

No new data are available for this indicator

Proportion of adults at risk of long-term harm from alcohol

NHA Indicator 8:

No data are currently available to inform this indicator

**Proportion of men reporting
unprotected anal intercourse
with casual male partners**

NHA Indicator 9:

Immunisation rates for vaccines in the national schedule

Table NHA.9.1

Table NHA.9.1 **Proportion of children aged five years who were fully vaccinated, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 30 June 2011 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
Indigenous status										
Indigenous	85.9	86.5	88.5	84.0	78.7	89.0	90.9	88.7	86.5	2 860
Other Australians (c)	89.8	91.1	90.4	86.2	87.3	90.4	90.6	87.7	89.7	62 139
Remoteness of residence (d)										
Major cities	89.9	91.2	90.3	85.1	86.3	..	90.6	..	89.5	44 164
Inner regional	89.5	90.9	89.9	87.7	88.8	90.1	np	..	89.8	12 860
Outer regional	87.9	90.8	90.7	87.2	88.8	91.1	..	85.7	89.3	6 200
Remote	87.1	98.6	90.0	88.9	89.7	80.9	..	87.9	88.9	1 091
Very remote	90.0	..	91.0	90.4	83.9	np	..	93.7	91.3	683
SEIFA of residence (e)										
Quintile 1	88.5	90.4	90.9	89.6	85.8	90.4	np	90.8	89.3	13 563
Quintile 2	90.1	91.1	90.5	85.8	87.2	91.1	90.3	85.8	89.7	13 280
Quintile 3	91.2	92.4	89.6	86.0	87.5	91.3	90.6	85.4	90.0	13 052
Quintile 4	89.7	91.1	89.7	85.6	87.5	88.3	91.1	85.4	89.4	12 777
Quintile 5	89.3	90.1	90.9	85.5	88.2	..	90.8	91.9	89.4	12 274
Total	89.7	91.1	90.3	86.0	87.0	90.0	90.6	88.1	89.6	64 999
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (f)	23 532	17 305	15 480	7 735	4 755	1 630	1 228	902	72 567	

(a) Includes children born 1 January 2006 to 31 March 2006.

(b) A child is assessed as fully immunised at five years of age if they have received age appropriate immunisations against diphtheria, tetanus, pertussis, polio, measles, mumps and rubella.

(c) 'Other' includes records of non-Indigenous people and those for whom Indigenous status was not stated.

(d) Disaggregation by remoteness area is by usual residence of child. Excludes 1 record where postcode did not map to a remoteness category.

Table NHA.9.1 **Proportion of children aged five years who were fully vaccinated, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 30 June 2011 (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>	<i>Aust</i>
(e)	Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Excludes 53 records where postcodes did not map to a SEIFA quintile.									
(f)	Total number of children aged five years (date of birth 1 January 2006 to 31 March 2006) on the Australian Childhood Immunisation Register.									
	.. Not applicable. np Not published (numerator < 10).									

Source: DoHA (unpublished) Australian Childhood Immunisation Register.

Table NHA.9.2 **Proportion of children aged five years who were fully vaccinated, by SEIFA deciles, National, 30 June 2011 (a), (b), (c)**

	<i>Aust</i>	<i>Aust</i>
	%	no.
Decile 1	88.9	7 116
Decile 2	89.7	6 447
Decile 3	89.6	6 403
Decile 4	89.8	6 877
Decile 5	90.0	6 450
Decile 6	90.1	6 602
Decile 7	89.3	6 014
Decile 8	89.5	6 763
Decile 9	89.5	5 982
Decile 10	89.4	6 292
Total	89.6	64 999

(a) Includes children born 1 January 2006 to 31 March 2006.

(b) A child is assessed as fully immunised at five years of age if they have received age appropriate immunisations against diphtheria, tetanus, pertussis, polio, measles, mumps and rubella.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Excludes 53 records where postcodes did not map to a SEIFA decile.

Source: DoHA (unpublished) Australian Childhood Immunisation Register.

Table NHA.9.3

Table NHA.9.3 **Proportion of children aged five years who were fully vaccinated, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 30 June 2010 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
Indigenous status										
Indigenous	85.4	88.4	87.0	80.6	76.3	89.0	90.9	90.0	85.7	2 701
Other Australians (c)	89.6	91.2	90.4	87.1	87.5	90.7	88.9	85.0	89.7	59 309
Remoteness of residence (d)										
Major cities	89.3	91.1	89.9	86.3	86.4	..	89.0	..	89.3	42 237
Inner regional	90.4	91.8	90.3	87.4	86.6	90.0	91.1	..	90.3	11 996
Outer regional	89.4	90.0	91.3	87.0	91.2	91.9	..	83.0	89.8	6 002
Remote	87.0	79.6	89.6	88.9	94.2	81.6	..	89.4	89.4	1 056
Very remote	83.0	..	89.8	87.1	77.8	np	..	93.7	89.5	683
SEIFA of residence (e)										
Quintile 1	88.3	90.6	89.8	86.4	86.9	90.8	np	90.2	89.0	12 937
Quintile 2	90.4	91.2	90.2	86.4	86.7	93.2	86.1	86.4	89.8	12 640
Quintile 3	90.8	91.3	90.7	87.4	88.0	91.8	84.9	83.2	90.1	12 418
Quintile 4	89.1	91.7	89.8	85.8	87.5	87.6	89.5	85.7	89.5	12 184
Quintile 5	89.0	90.8	90.7	86.6	87.2	..	88.9	87.3	89.4	11 729
Total	89.5	91.2	90.2	86.6	87.2	90.6	89.0	87.3	89.6	62 010
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (f)	22 746	16 244	14 854	7 308	4 652	1 442	1 124	869	69 239	

(a) Includes children born 1 January 2005 to 31 March 2005.

(b) A child is assessed as fully immunised at five years of age if they have received age appropriate immunisations against diphtheria, tetanus, pertussis, polio, measles, mumps and rubella.

(c) Includes records for people whose Indigenous status is not known or not stated.

Table NHA.9.3 Proportion of children aged five years who were fully vaccinated, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 30 June 2010 (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>	<i>Aust</i>
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(d) Disaggregation by remoteness area is by usual residence of child. Excludes 36 records where postcode was invalid or did not map to a remoteness category.

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Excludes 102 records where postcodes did not map to a SEIFA quintile.

(f) Total number of children aged five years (date of birth 1 January 2005 to 31 March 2005) on the Australian Childhood Immunisation Register.

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

Source: Department of Health and Ageing (unpublished) Australian Childhood Immunisation Register.

Table NHA.9.4 Proportion of children aged five years who were fully vaccinated, by SEIFA deciles, National, 30 June 2010 (a), (b), (c)

	<i>Aust</i>	<i>Aust</i>
	%	no.
Decile 1	88.2	6 699
Decile 2	89.9	6 238
Decile 3	89.7	6 023
Decile 4	90.0	6 617
Decile 5	89.9	6 114
Decile 6	90.3	6 304
Decile 7	89.5	5 822
Decile 8	89.4	6 362
Decile 9	89.7	5 688
Decile 10	89.1	6 041
Total	89.6	62 010

(a) Includes children born 1 January 2005 to 31 March 2005.

(b) A child is assessed as fully immunised at five years of age if they have received age appropriate immunisations against diphtheria, tetanus, pertussis, polio, measles, mumps and rubella.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Excludes 102 records where postcodes did not map to a SEIFA decile.

Source: DoHA (unpublished) Australian Childhood Immunisation Register.

Table NHA.9.5

Table NHA.9.5 **Proportion of older adults vaccinated against influenza and pneumococcal disease, by remoteness and SEIFA quintiles, by State and Territory, 2006 (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>	<i>Aust</i>
	<i>proportion of older adults</i>									
	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>no.</i>
Remoteness of residence (b)										
Major city	55.8	62.7	53.4	56.3	62.4	..	55.4	..	58.0	1 028 100
Inner regional	63.7	61.1	57.8	54.9	59.8	62.9	np	..	60.7	372 400
Outer regional	51.9	72.3	57.0	57.3	63.8	59.9	..	47.5	60.5	160 500
Remote, very remote	63.7	71.5	76.3	50.6	53.4	60.6	..	57.8	58.8	23 200
SEIFA of residence (c)										
Quintile 1	56.2	59.7	57.9	56.0	67.3	61.2	np	42.9	58.9	343 500
Quintile 2	61.2	71.4	61.5	53.7	60.3	73.1	np	np	63.0	369 900
Quintile 3	58.1	59.7	50.5	55.4	58.2	72.6	np	60.4	57.1	299 500
Quintile 4	62.6	58.5	52.9	54.6	55.2	44.8	np	45.8	57.1	268 500
Quintile 5	50.1	66.4	53.5	59.6	62.2	..	55.7	42.8	57.3	296 600
Total (e)	57.4	63.4	55.5	56.0	62.1	60.4	56.2	48.8	58.8	1 582 200
	<i>relative standard errors (d)</i>									
Remoteness of residence (b)	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>no.</i>
Major city	3.9	3.6	4.6	5.3	4.0	..	4.8	..	1.9	1.9
Inner regional	5.2	6.2	6.4	12.5	9.9	5.6	np	..	2.9	2.9
Outer regional	11.3	9.2	9.4	14.1	10.7	8.6	..	7.5	3.7	3.7
Remote, very remote	26.3	56.2	17.5	24.6	21.4	35.6	..	9.3	7.8	7.8
SEIFA of residence (c)										
Quintile 1	7.1	8.6	6.3	22.2	5.8	6.2	np	15.7	3.2	3.2
Quintile 2	5.0	5.5	8.3	9.3	7.4	13.4	np	np	3.0	3.0
Quintile 3	7.2	7.1	8.4	8.8	9.6	7.9	np	8.9	3.4	3.4
Quintile 4	8.0	6.8	7.4	12.1	9.5	18.4	np	11.6	3.4	3.4

Table NHA.9.5

Table NHA.9.5 **Proportion of older adults vaccinated against influenza and pneumococcal disease, by remoteness and SEIFA quintiles, by State and Territory, 2006 (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>	<i>Aust</i>
Quintile 5	7.6	5.4	9.0	8.0	8.6	..	5.8	23.5	3.1	3.1
Total (e)	3.0	2.9	3.4	4.5	3.4	4.8	4.6	6.1	1.4	1.4
<i>95 per cent confidence intervals</i>										
	<i>± %</i>	<i>± %</i>	<i>± %</i>	<i>± %</i>	<i>± %</i>	<i>± %</i>	<i>± %</i>	<i>± %</i>	<i>± %</i>	<i>± no.</i>
Remoteness of residence (b)										
Major city	4.2	4.4	4.8	5.9	4.9	..	5.2	..	2.1	22 000
Inner regional	6.4	7.4	7.3	13.5	11.6	7.0	np	..	3.4	12 800
Outer regional	11.4	13.0	10.5	15.8	13.4	10.1	..	7.0	4.3	7 000
Remote, very remote	32.8	78.7	26.1	24.4	22.4	42.3	..	10.6	9.0	2 100
SEIFA of residence (c)										
Quintile 1	7.8	10.1	7.2	24.4	7.6	7.5	np	13.2	3.7	12 600
Quintile 2	5.9	7.7	10.0	9.8	8.7	19.3	np	np	3.7	13 500
Quintile 3	8.2	8.3	8.3	9.6	11.0	11.2	np	10.6	3.8	11 400
Quintile 4	9.8	7.8	7.7	12.9	10.2	16.2	np	10.4	3.8	10 200
Quintile 5	7.4	7.0	9.4	9.4	10.5	..	6.3	19.7	3.5	10 400
Total (e)	3.4	3.6	3.7	5.0	4.2	5.7	5.1	5.8	1.6	26 000

(a) Rates are age-standardised to the Australian population at 30 June 2001.

(b) Remote and very remote categories have been aggregated due to small cell sizes. Not all remoteness areas are represented in each State or Territory.

(c) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.

(d) Estimates with relative standard errors (RSEs) between 25 per cent and 50 per cent should be used with caution. Proportions and confidence intervals with RSEs greater than 50 per cent are considered too unreliable for general use and are not published.

(e) Total includes people for whom a SEIFA category or remoteness category could not be assigned as the place of residence was unknown or not stated.

.. Not applicable. np Not published.

Table NHA.9.5 **Proportion of older adults vaccinated against influenza and pneumococcal disease, by remoteness and SEIFA quintiles, by State and Territory, 2006 (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>	<i>Aust</i>
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Source: AIHW (unpublished) 2006 Adult Vaccination Survey.

NHA Indicator 10:

Breast cancer screening rates

Table NHA.10.1 Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by remoteness and SEIFA quintiles, by State and Territory, January 2009 to December 2010 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
Remoteness of residence (b), (c), (d)										
Major cities	51.3	53.2	56.2	59.0	55.3	..	52.8	..	53.9	876 952
Inner regional	55.2	57.5	57.6	56.4	59.3	59.1	np	..	56.9	309 698
Outer regional	55.5	58.0	62.9	54.7	61.3	57.4	..	45.6	58.2	140 873
Remote	58.2	np	58.5	56.1	51.5	51.0	..	39.5	53.9	17 265
Very remote	np	..	55.7	45.8	45.6	np	..	29.0	47.2	6 710
SEIFA of residence (b), (e), (f)										
Quintile 1	52.1	51.5	57.8	54.5	54.8	55.4	np	26.7	53.3	261 777
Quintile 2	52.3	54.7	58.8	54.9	54.1	58.3	..	40.3	54.6	277 299
Quintile 3	52.0	53.0	59.4	57.8	56.6	61.3	np	47.0	55.0	269 657
Quintile 4	51.8	55.3	56.5	56.2	58.3	62.6	51.9	43.4	55.2	262 166
Quintile 5	53.7	56.0	52.5	60.8	59.2	67.6	53.5	..	55.6	275 629
Total (g)	52.6	54.5	57.6	57.9	56.4	58.4	52.7	41.3	55.0	1 352 133

(a) Rates are the number of women aged 50 to 69 years screened through BreastScreen Australia as a proportion of the average of the ABS estimated resident population for 2009 and 2010 for women aged 50 to 69 years, and age-standardised to the Australian population as at 30 June 2001 using five year age groups.

(b) Based on State or Territory of residence.

(c) Remoteness areas are classified according to the Australian Standard Geographical classification Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory.

(d) Remoteness areas are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006.

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on postcode of usual residence. Not all quintiles are represented in every jurisdiction.

Table NHA.10.1 **Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by remoteness and SEIFA quintiles, by State and Territory, January 2009 to December 2010 (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>	<i>Aust</i>
(f)	Socio-Economic Indexes for Areas quintiles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006.									
(g)	Total includes women for which remoteness and /or SEIFA could not be assigned as the place of residence was unknown, not stated or could not be allocated.									

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

Source: AIHW (unpublished) State and Territory BreastScreen program register data; ABS (unpublished) Estimated Resident Population, 2009-2010.

Table NHA.10.2 Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by Indigenous status and SEIFA deciles, National, January 2009 to December 2010 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>%</i>	<i>no.</i>
Indigenous status (b)		
Indigenous	36.2	11 370
Non-Indigenous	54.9	1 332 554
SEIFA of residence (c), (d)		
Decile 1	50.2	117 819
Decile 2	56.1	143 958
Decile 3	54.3	138 559
Decile 4	54.9	138 740
Decile 5	55.7	138 568
Decile 6	54.3	131 089
Decile 7	55.6	131 881
Decile 8	54.8	130 285
Decile 9	55.8	136 685
Decile 10	55.5	138 944

(a) Rates are the number of women aged 50 to 69 years screened through BreastScreen Australia as a proportion of the average of the ABS estimated resident population for 2009 and 2010 for women aged 50 to 69 years, and age-standardised to the Australian population as at 30 June 2001 using five year age groups.

(b) Indigenous status data comprise numbers too small to allow for meaningful breakdown by State and Territory.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on postcode of usual residence.

(d) Socio-Economic Indexes for Areas deciles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006.

Source: AIHW (unpublished) State and Territory BreastScreen program register data; ABS (unpublished) Estimated Resident Population, 2008–2009; ABS (2010) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 2009–2010, Series B, Cat. no. 3238.0.

Table NHA.10.3 Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by remoteness and SEIFA quintiles, by State and Territory, January 2008 to December 2009 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
Remoteness of residence (b), (c), (d)										
Major cities	52.2	52.5	56.6	57.1	58.1	..	53.8	..	54.1	856 125
Inner regional	56.8	55.6	58.8	54.5	59.3	58.1	np	..	57.0	300 313
Outer regional	56.7	58.0	63.6	57.6	59.5	56.3	..	45.5	58.7	138 310
Remote	61.1	np	59.5	55.8	67.4	53.4	..	39.2	57.2	17 908
Very remote	np	..	58.0	42.5	51.6	np	..	29.2	48.0	6 628
SEIFA of residence (b), (e), (f)										
Quintile 1	52.6	51.3	59.3	54.4	56.0	54.6	np	27.2	53.8	257 313
Quintile 2	53.2	53.4	59.7	54.2	57.6	57.8	..	39.8	55.0	271 163
Quintile 3	54.0	52.5	60.2	55.6	59.1	59.8	np	45.8	55.6	264 623
Quintile 4	52.8	54.4	56.8	55.2	60.5	60.1	53.0	45.0	55.2	254 330
Quintile 5	54.8	54.6	52.0	58.7	61.2	67.3	54.5	..	55.4	267 125
Total (g)	53.7	53.5	58.2	56.5	58.6	57.4	53.8	41.1	55.2	1 319 771

(a) Rates are the number of women aged 50 to 69 years screened through BreastScreen Australia as a proportion of the average of the ABS estimated resident population for 2008 and 2009 for women aged 50 to 69 years, and age-standardised to the Australian population as at 30 June 2001 using five year age groups.

(b) Based on State or Territory of residence.

(c) Remoteness areas are classified according to the Australian Standard Geographical classification Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory.

(d) Remoteness areas are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006. These and the above sources of inaccuracy particularly affect rates based on small numbers, and these rates should be interpreted with caution.

Table NHA.10.3 Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by remoteness and SEIFA quintiles, by State and Territory, January 2008 to December 2009 (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>	<i>Aust</i>
(e)	Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on postcode of usual residence. Not all quintiles are represented in every jurisdiction.									
(f)	Socio-Economic Indexes for Areas quintiles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006.									
(g)	Total includes women for which remoteness and /or SEIFA could not be assigned as the place of residence was unknown, not stated or could not be allocated.									

.. Not applicable.

Source: AIHW (unpublished) State and Territory BreastScreen program register data; ABS (unpublished) Estimated Resident Population, 2008-2009.

Table NHA.10.4 Breast cancer screening rates for women aged 50 to 69 years participating in BreastScreen programs, by Indigenous status and SEIFA deciles, National, January 2008 to December 2009 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>%</i>	<i>no.</i>
Indigenous status (b)		
Indigenous	36.5	10 902
Non-Indigenous	55.2	1 302 050
SEIFA of residence (c), (d)		
Decile 1	50.7	115 926
Decile 2	56.6	141 387
Decile 3	54.7	135 862
Decile 4	55.3	135 301
Decile 5	56.0	135 340
Decile 6	55.3	129 283
Decile 7	55.8	128 331
Decile 8	54.7	125 999
Decile 9	55.8	133 041
Decile 10	55.1	134 084

(a) Rates are the number of women aged 50 to 69 years screened through BreastScreen Australia as a proportion of the average of the ABS estimated resident population for 2008 and 2009 for women aged 50 to 69 years, and age-standardised to the Australian population as at 30 June 2001 using five year age groups.

(b) Indigenous status data comprise numbers too small to allow for meaningful breakdown by State and Territory.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on postcode of usual residence.

(d) Socio-Economic Indexes for Areas deciles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006.

Source: AIHW (unpublished) State and Territory BreastScreen program register data; ABS (unpublished) Estimated Resident Population, 2008–2009; ABS (2010) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 2008-2009, Series B, Cat. no. 3238.0.

NHA Indicator 11:

Cervical screening rates

Table NHA.11.1 **Cervical screening rates among women aged 20 to 69 years, by remoteness and SEIFA quintiles, by State and Territory, January 2009 to December 2010 (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (b)</i>	<i>SA (b)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (b)</i>	<i>Aust</i>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
Remoteness of residence (c), (d), (e)										
Major cities	55.8	60.9	56.6	58.5	58.3	..	59.0	..	57.9	2 568 785
Inner regional	57.0	60.0	52.1	55.1	60.4	58.8	np	..	56.8	678 299
Outer regional	53.9	59.9	54.9	56.8	53.8	54.4	..	56.1	55.4	309 567
Remote	50.1	53.4	49.5	52.2	63.3	np	..	67.9	55.0	49 415
Very remote	70.5	..	52.4	48.3	76.3	np	..	66.1	57.1	27 126
SEIFA of residence (c), (f), (g)										
Quintile 1	50.7	56.3	50.0	50.6	53.3	52.1	np	44.8	52.1	616 641
Quintile 2	52.5	58.1	51.8	52.1	56.2	58.6	..	41.1	53.9	668 585
Quintile 3	55.6	58.0	55.6	55.5	59.8	62.3	np	55.9	56.4	723 425
Quintile 4	56.9	61.6	57.2	57.1	61.3	62.3	58.3	41.1	58.7	772 590
Quintile 5	62.6	66.0	60.9	62.0	65.2	64.2	58.9	..	63.2	828 701
Total (h)	55.8	60.7	55.3	57.5	59.2	57.3	58.9	55.0	57.4	3 635 929

- (a) Rates are the number of women aged 20 to 69 years screened as a proportion of the average of the ABS estimated resident population for 2009 and 2010 for women aged 20 to 69 years (adjusted for the estimated proportion of women who have had a hysterectomy), and age-standardised to the Australian population as at 30 June 2001 using five year age groups.
- (b) Due to cross-border issues, rates for *Remote* and *Very remote* areas of SA and the NT should be treated as indicative. Data presented for WA, SA and the NT are estimates and subject to data considerations (see DQS for details).
- (c) Based on State or Territory of residence. State or Territory of residence was difficult to establish for some women.
- (d) Remoteness areas are classified according to the Australian Standard Geographical classification Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory. Some women's postcodes could not be matched to a remoteness area; these women were excluded from the State and Territory calculations, but included in the State and Territory and Australia totals. Some postcodes supplied by women may not accurately reflect their usual residence.

Table NHA.11.1 **Cervical screening rates among women aged 20 to 69 years, by remoteness and SEIFA quintiles, by State and Territory, January 2009 to December 2010 (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (b)</i>	<i>SA (b)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (b)</i>	<i>Aust</i>	<i>Aust</i>
(e)	Remoteness areas are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006. These and the above sources of inaccuracy particularly affect rates based on small numbers, and these rates should be interpreted with caution.									
(f)	Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on postcode of usual residence. Not all quintiles are represented in every jurisdiction. Some women's postcodes could not be matched to a SEIFA quintile; these women were excluded from the State and Territory calculations, but included in the State and Territory and Australia totals. Some postcodes supplied by women may not accurately reflect their usual residence.									
(g)	SEIFA quintiles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006.									
(h)	Total includes women for which remoteness and /or SEIFA could not be assigned as the place of residence was unknown, not stated or could not be allocated.									

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

Source: AIHW (unpublished) State and Territory cervical cytology register data; ABS (unpublished) Estimated Resident Population, 2009-2010.

Table NHA.11.2 Cervical screening rates among women aged 20 to 69 years, SEIFA deciles, National, January 2009 to December 2010 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>%</i>	<i>no.</i>
SEIFA of residence (b), (c)		
Decile 1	50.7	299 957
Decile 2	53.6	316 684
Decile 3	53.2	321 974
Decile 4	54.5	346 611
Decile 5	56.7	358 392
Decile 6	56.1	365 033
Decile 7	57.9	371 570
Decile 8	59.6	401 020
Decile 9	62.1	406 071
Decile 10	64.3	422 630

(a) Rates are the number of women aged 20 to 69 years screened as a proportion of the average of the ABS estimated resident population for 2009 and 2010 for women aged 20 to 69 years (adjusted for the estimated proportion of women who have had a hysterectomy), and age-standardised to the Australian population as at 30 June 2001 using five year age groups.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on postcode of usual residence.

(c) SEIFA deciles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006.

Source: AIHW (unpublished) State and Territory cervical cytology register data; ABS (unpublished) Estimated Resident Population, 2009-2010.

Table NHA.11.3 **Cervical screening rates among women aged 20 to 69 years, by remoteness and SEIFA quintiles, by State and Territory, January 2008 to December 2009 (a)**

	NSW	Vic	Qld	WA (b)	SA (b)	Tas	ACT	NT (b)	Aust	Aust
	%	%	%	%	%	%	%	%	%	no.
Remoteness of residence (c), (d), (e)										
Major cities	57.3	61.3	58.2	59.0	59.1	..	59.9	..	58.9	2 564 180
Inner regional	59.2	60.5	54.4	56.7	61.6	59.0	np	..	58.3	681 296
Outer regional	55.9	61.9	56.5	58.3	55.6	54.7	..	58.6	57.1	314 081
Remote	51.6	48.6	51.4	51.5	64.4	np	..	70.4	56.5	50 325
Very remote	73.1	..	52.1	48.8	74.5	np	..	66.4	57.1	26 864
SEIFA of residence (c), (f), (g)										
Quintile 1	52.1	57.3	51.5	51.1	54.0	53.1	np	45.1	53.3	621 439
Quintile 2	54.5	58.6	53.9	52.6	56.9	58.5	..	42.0	55.3	671 631
Quintile 3	57.0	58.4	57.3	56.3	60.5	62.7	np	58.8	57.6	723 622
Quintile 4	58.4	61.8	58.8	57.4	62.6	62.2	59.0	44.1	59.7	769 760
Quintile 5	64.1	66.3	62.5	63.2	66.2	64.9	59.7	..	64.3	827 690
Total (h)	57.4	61.1	57.0	58.1	60.1	57.3	60.0	56.5	58.6	3 638 941

(a) Rates are the number of women aged 20 to 69 years screened as a proportion of the average of the ABS estimated resident population for 2008 and 2009 for women aged 20 to 69 years (adjusted for the estimated proportion of women who have had a hysterectomy), and age-standardised to the Australian population as at 30 June 2001 using five year age groups.

(b) Due to cross-border issues, rates for *Remote* and *Very remote* areas of SA and the NT should be treated as indicative. Data presented for WA, SA and the NT are estimates and subject to data considerations (see DQS for details).

(c) Based on State or Territory of residence. State or Territory of residence was difficult to establish for some women.

(d) Remoteness areas are classified according to the Australian Standard Geographical classification Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory. Some women's postcodes could not be matched to a remoteness area; these women were excluded from the State and Territory calculations, but included in the State and Territory and Australia totals. Some postcodes supplied by women may not accurately reflect their usual residence.

Table NHA.11.3 **Cervical screening rates among women aged 20 to 69 years, by remoteness and SEIFA quintiles, by State and Territory, January 2008 to December 2009 (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA (b)</i>	<i>SA (b)</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (b)</i>	<i>Aust</i>	<i>Aust</i>
(e)	Remoteness areas are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006. These and the above sources of inaccuracy particularly affect rates based on small numbers, and these rates should be interpreted with caution.									
(f)	Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on postcode of usual residence. Not all quintiles are represented in every jurisdiction. Some women's postcodes could not be matched to a SEIFA quintile; these women were excluded from the State and Territory calculations, but included in the State and Territory and Australia totals. Some postcodes supplied by women may not accurately reflect their usual residence.									
(g)	SEIFA quintiles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006.									
(h)	Total includes women for which remoteness and /or SEIFA could not be assigned as the place of residence was unknown, not stated or could not be allocated.									

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

Source: AIHW (unpublished) State and Territory cervical cytology register data; ABS (unpublished) Estimated Resident Population, 2008-2009.

Table NHA.11.4 Cervical screening rates among women aged 20 to 69 years, SEIFA deciles, National, January 2008 to December 2009 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>%</i>	<i>no.</i>
SEIFA of residence (b), (c)		
Decile 1	51.6	300 959
Decile 2	55.1	320 480
Decile 3	54.8	325 646
Decile 4	55.7	345 985
Decile 5	58.0	359 595
Decile 6	57.2	364 027
Decile 7	58.8	370 865
Decile 8	60.5	398 895
Decile 9	62.9	404 897
Decile 10	65.7	422 793

- (a) Rates are the number of women aged 20 to 69 years screened as a proportion of the average of the ABS estimated resident population for 2008 and 2009 for women aged 20 to 69 years (adjusted for the estimated proportion of women who have had a hysterectomy), and age-standardised to the Australian population as at 30 June 2001 using five year age groups.
- (b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on postcode of usual residence.
- (c) SEIFA deciles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006.

Source: AIHW (unpublished) State and Territory cervical cytology register data; ABS (unpublished) Estimated Resident Population, 2008-2009.

NHA Indicator 12:

Bowel cancer screening rates

Table NHA.12.1

Table NHA.12.1 **Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by sex, target age, by State and Territory, 2010 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
Males										
Aged 50 years	41.3	42.9	40.9	43.6	45.4	46.3	53.2	37.2	42.4	63 957
Aged 55 years	44.7	45.8	44.7	48.5	48.5	51.3	59.6	45.5	46.1	62 538
Aged 65 years	56.9	54.4	56.8	61.4	60.7	64.6	79.3	49.8	57.4	58 428
Total in target age groups	46.6	46.9	46.5	49.7	50.5	53.0	61.5	42.8	47.6	184 923
Females										
Aged 50 years	44.1	48.6	45.7	49.7	50.6	54.4	56.0	45.8	47.1	73 011
Aged 55 years	51.1	55.3	52.3	57.7	58.5	62.0	64.1	50.9	54.1	75 259
Aged 65 years	59.8	59.4	60.1	64.3	62.4	68.3	79.1	54.4	60.9	62 589
Total in target age groups	50.7	53.7	51.8	56.1	56.6	60.8	64.4	49.2	53.1	210 859
Persons										
Aged 50 years	42.7	45.8	43.3	46.6	48.0	50.4	54.6	41.3	44.8	136 968
Aged 55 years	47.9	50.6	48.5	53.1	53.5	56.8	61.9	48.2	50.1	137 797
Aged 65 years	58.4	56.9	58.4	62.8	61.6	66.5	79.2	51.8	59.2	121 017
Total in target age groups	48.7	50.3	49.2	52.9	53.6	57.0	63.0	45.8	50.4	395 782

(a) Rates are age-specific.

(b) Excludes people screened outside the National Bowel Cancer Screening Program.

.. Not applicable. **np** Not provided.

Source: AIHW (unpublished) National Bowel Cancer Screening Program register data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table NHA.12.2 **Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by remoteness of residence and SEIFA quintiles, by State and Territory, 2010 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	<i>no.</i>
Remoteness of residence (d)										
Major cities	47.6	47.9	47.7	54.2	52.2	..	62.8	..	49.1	254 090
Inner regional	51.2	57.2	49.0	48.9	56.5	57.3	np	..	52.8	90 199
Outer regional	51.6	54.7	54.9	54.2	57.6	57.1	np	55.5	54.5	43 546
Remote	43.3	np	52.4	48.6	61.0	np	..	29.3	48.5	5 709
Very remote	np	..	44.4	37.5	np	np	..	34.2	40.1	2 231
SEIFA of residence (e)										
Quintile 1	47.2	47.7	50.9	45.8	51.5	55.4	np	10.8	48.4	75 039
Quintile 2	49.2	50.9	50.2	48.1	52.4	56.6	..	np	50.0	80 594
Quintile 3	47.7	49.1	48.0	52.6	54.8	56.5	np	38.8	48.9	76 803
Quintile 4	48.5	50.5	48.0	49.6	53.9	59.6	61.0	36.8	50.0	76 892
Quintile 5	49.2	50.7	48.8	55.2	56.4	56.7	63.4	..	51.5	81 468

(a) Rates are age-specific.

(b) Excludes people screened outside the National Bowel Cancer Screening Program.

(c) Based on the jurisdiction of residence.

(d) Classified according to the Australian Standard Geographical classification Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory.

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. SEIFA quintiles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006. Not all quintiles are represented in every jurisdiction.

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

Table NHA.12.2 **Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by remoteness of residence and SEIFA quintiles, by State and Territory, 2010 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
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Source: AIHW (unpublished) National Bowel Cancer Screening Program register data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table NHA.12.3 Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by SEIFA deciles, National, 2010 (a), (b), (c)

	<i>Aust</i>	<i>Aust</i>
	%	no.
SEIFA of residence (d)		
Decile 1	44.6	33 319
Decile 2	51.9	41 720
Decile 3	49.9	40 063
Decile 4	50.2	40 531
Decile 5	49.2	38 772
Decile 6	48.6	38 031
Decile 7	49.4	37 951
Decile 8	50.6	38 941
Decile 9	50.6	39 436
Decile 10	52.3	42 032

(a) Rates are age-specific.

(b) Excludes people screened outside the National Bowel Cancer Screening Program.

(c) Based on the jurisdiction of residence.

(d) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. SEIFA quintiles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006.

Source: AIHW (unpublished), National Bowel Cancer Screening Program, register data; ABS (unpublished), Estimated Resident Population, 30 June 2010.

Table NHA.12.4 **Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by remoteness of residence and SEIFA quintiles, by State and Territory, 2009 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	<i>no.</i>
Remoteness of residence (d)										
Major cities	19.6	21.3	18.0	25.8	22.2	..	24.5	..	20.8	104 622
Inner regional	20.8	20.3	18.2	24.9	23.3	18.6	np	..	20.4	33 902
Outer regional	21.5	24.1	17.1	26.2	23.0	19.5	np	15.6	20.6	15 946
Remote	17.0	np	14.1	19.6	23.7	np	..	8.2	16.9	1 953
Very remote	np	..	13.0	13.2	np	np	..	9.5	13.1	704
SEIFA of residence (e)										
Quintile 1	19.4	20.3	17.3	21.6	20.3	17.8	np	2.7	19.2	28 846
Quintile 2	19.9	20.1	17.6	22.7	22.3	19.3	..	np	20.0	31 234
Quintile 3	19.5	20.3	17.5	23.8	23.1	21.3	np	10.8	19.7	29 997
Quintile 4	19.5	21.0	17.7	24.3	22.9	18.7	22.4	10.3	20.2	30 437
Quintile 5	20.7	23.0	18.8	26.8	24.7	19.9	25.9	..	22.4	34 579

(a) Rates are age-specific.

(b) Excludes people screened outside the National Bowel Cancer Screening Program.

(c) Based on the jurisdiction of residence.

(d) Classified according to the Australian Standard Geographical classification Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory.

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Socioeconomic status calculations are based on 2006 postcode concordances, the accuracy of these concordances decreases over time as demographics within postcodes can change over time.

.. Not applicable. **np** Not provided.

Table NHA.12.4 **Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by remoteness of residence and SEIFA quintiles, by State and Territory, 2009 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
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Source: AIHW (unpublished) National Bowel Cancer Screening Program register data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.12.5 Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by SEIFA deciles, National, 2009 (a), (b), (c)

	<i>Aust</i>	<i>Aust</i>
	%	<i>no.</i>
SEIFA of residence (d)		
Decile 1	17.8	12 904
Decile 2	20.4	15 942
Decile 3	20.0	15 552
Decile 4	20.0	15 682
Decile 5	19.5	14 907
Decile 6	19.8	15 090
Decile 7	19.8	14 864
Decile 8	20.7	15 573
Decile 9	22.0	16 747
Decile 10	22.8	17 832

(a) Rates are age-specific.

(b) Excludes people screened outside the National Bowel Cancer Screening Program.

(c) Based on the jurisdiction of residence.

(d) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Socioeconomic status calculations are based on 2006 postcode concordances, the accuracy of these concordances decreases over time as demographics within postcodes can change over time.

Source: AIHW (unpublished), National Bowel Cancer Screening Program, register data; ABS (unpublished), Estimated Resident Population, 30 June 2009.

Table NHA.12.6 **Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by remoteness of residence and SEIFA quintiles, by State and Territory, 2008 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	<i>no.</i>
Remoteness of residence (d), (e)										
Major cities	29.7	30.7	36.7	37.3	45.8	..	34.8	..	33.5	163 160
Inner regional	33.1	34.8	48.5	48.7	45.3	45.2	np	..	39.4	63 202
Outer regional	32.9	34.1	45.7	55.4	46.3	44.4	np	31.3	41.2	31 181
Remote	25.4	np	41.0	49.2	53.6	np	..	12.0	39.2	4 445
Very remote	np	..	40.8	31.4	np	np	..	14.8	31.0	1 655
SEIFA of residence (f), (g)										
Quintile 1	29.5	29.5	44.0	35.6	43.7	42.7	np	5.1	34.4	50 345
Quintile 2	31.4	31.9	44.5	43.7	45.5	46.3	..	np	37.0	56 021
Quintile 3	30.6	30.5	42.1	40.9	47.8	43.3	np	19.1	35.5	52 227
Quintile 4	29.7	32.0	37.9	36.5	47.7	44.8	33.8	21.0	34.8	50 472
Quintile 5	30.9	33.3	34.9	38.8	46.3	48.0	34.7	..	34.4	51 691

(a) Rates are age-specific.

(b) Excludes people screened outside the National Bowel Cancer Screening Program.

(c) Based on the jurisdiction of residence.

(d) Classified according to the Australian Standard Geographical classification Remoteness Area. Disaggregation by remoteness area is based on postcode of usual residence. Not all remoteness areas are represented in each State or Territory.

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Socioeconomic status calculations are based on 2006 postcode concordances, the accuracy of these concordances decreases over time as demographics within postcodes can change over time.

.. Not applicable. **np** Not provided.

Table NHA.12.6 **Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by remoteness of residence and SEIFA quintiles, by State and Territory, 2008 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
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Source: AIHW (unpublished) National Bowel Cancer Screening Program register data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.12.7 Bowel cancer screening rates for people aged 50, 55 and 65 years participating in the National Bowel Cancer Screening Program, by SEIFA deciles, National, 2008 (a), (b), (c)

	<i>Aust</i>	<i>Aust</i>
	%	no.
SEIFA of residence (d)		
Decile 1	31.5	22 334
Decile 2	37.0	28 011
Decile 3	37.3	28 377
Decile 4	36.8	27 644
Decile 5	36.3	26 809
Decile 6	34.8	25 418
Decile 7	35.1	25 541
Decile 8	34.5	24 931
Decile 9	34.2	25 394
Decile 10	34.6	26 297

(a) Rates are age-specific.

(b) Excludes people screened outside the National Bowel Cancer Screening Program.

(c) Based on the jurisdiction of residence.

(d) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged.

Source: AIHW (unpublished), National Bowel Cancer Screening Program, register data; ABS (unpublished), Estimated Resident Population, 30 June 2008.

NHA Indicator 13:

Proportion of children with 4th year developmental health check

Table NHA.13.1

Table NHA.13.1 **Proportion of children receiving a 4th year developmental health check, by health check type, remoteness and SEIFA quintiles, by State and Territory, 2010-11 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	<i>no.</i>
Type of health check (b)										
Aboriginal and Torres Strait Islander Peoples Health Assessment (c)	37.7	23.2	47.7	36.2	17.9	5.2	9.9	63.6	40.1	5 362
Healthy Kids Check (d)	25.7	7.1	34.4	16.3	12.5	22.8	12.8	31.2	20.7	55 808
Remoteness of residence										
Major cities (e)	23.1	6.9	32.9	17.6	11.7	..	12.8	..	18.9	36 657
Inner regional	37.6	8.4	37.5	16.0	16.4	23.4	..	..	26.7	14 180
Outer regional	29.2	9.4	42.8	19.3	14.4	18.4	..	22.6	28.3	7 643
Remote / Very remote	46.4	np	27.4	16.8	15.4	8.7	..	69.0	32.7	2 656
SEIFA of residence (f)										
Quintile 1	22.7	8.3	34.6	24.0	11.3	21.9	np	40.9	22.0	13 239
Quintile 2	27.0	7.9	35.7	18.3	14.1	22.2	np	38.9	22.7	12 872
Quintile 3	31.0	8.1	38.5	18.8	14.9	19.8	13.9	25.7	23.0	13 074
Quintile 4	22.4	5.5	36.3	14.7	12.6	20.3	13.4	29.6	19.8	11 065
Quintile 5	27.5	6.8	29.8	12.0	11.9	..	12.1	24.7	19.2	10 062
Total (g)	26.3	7.3	35.2	17.5	12.7	21.5	12.8	44.6	21.7	61 170
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (g)	23 501	4 995	21 416	5 208	2 434	1 398	595	1 623	61 170	

(a) Disaggregation by State/Territory, remoteness area and Socio-Economic Indexes for Areas (SEIFA) is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(b) Children are counted only once in the numerator. Where a child received both a healthy kids check and an Aboriginal and Torres Strait Islander people's health assessment during the reference period they were counted against the Aboriginal and Torres Strait Islander health assessment.

Table NHA.13.1 **Proportion of children receiving a 4th year developmental health check, by health check type, remoteness and SEIFA quintiles, by State and Territory, 2010-11 (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>	<i>Aust</i>
(c)	Includes claims for Medicare Benefits Schedule (MBS) Item 715 (Aboriginal and Torres Strait Islander Peoples Health Assessment) for children aged three to five years.									
(d)	Includes claims for Medicare Benefits Schedule (MBS) Items 701, 703, 705, 707 and 10986 (Healthy Kids Check) for children aged three to five years. The MBS items included in this indicator do not cover all developmental health check activity such as that conducted through State and Territory early childhood health assessments in preschools and community health centres. This is known to be a particular issue for Victoria, where the Victorian Maternal and Child Health Service provided a 3.5 year old Key Ages and Stages consultation to 45 923 children in the 2010-11 financial year.									
(e)	Includes inner regional in the ACT as the numbers are too small to appear separately.									
(f)	Socio-Economic Indexes for Areas quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Socio-Economic Indexes for Areas quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.									
(g)	Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.									
	.. Not applicable. np Not published (numerator < 10).									

Source: DoHA (unpublished) Medicare Statistics; ABS (unpublished) Estimated Resident Population, 30 June 2010; ABS (2010), Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2010.

Table NHA.13.2 **Proportion of children receiving a 4th year developmental health check, by SEIFA deciles, National, 2010-11 (a), (b)**

	<i>Aust</i>	<i>Aust</i>
	%	no.
SEIFA of residence		
Decile 1	19.6	6 356
Decile 2	24.7	6 883
Decile 3	22.0	6 277
Decile 4	23.5	6 595
Decile 5	26.4	7 447
Decile 6	19.6	5 627
Decile 7	19.3	5 269
Decile 8	20.2	5 796
Decile 9	16.6	4 319
Decile 10	21.8	5 743

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

(b) Disaggregation by SEIFA is based on the patient's postcode as at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

Source: DoHA (unpublished) Medicare Statistics; ABS (unpublished) Estimated Resident Population, 30 June 2010.

NHA Indicator 14:

Waiting times for GPs

Table NHA.14.1

Table NHA.14.1 **Reported waiting time to see a GP for an urgent appointment, by remoteness, by State and Territory, 2010-11 (per cent) (a), (b), (c)**

	<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>
People seen by a GP within four hours									
Remoteness of residence					<i>proportion (per cent)</i>				
Major cities	%	71.2	58.7	60.7	56.9	56.4	na	na	na
Other (d)	%	47.5	56.4	59.4	59.6	66.8	na	na	na
Total	%	64.2	57.7	60.7	57.5	59.1	55.5	56.1	44.9
People waiting longer than four hours, but seen by a GP within 24 hours									
Remoteness of residence					<i>proportion (per cent)</i>				
Major cities	%	19.6	32.8	29.8	31.4	33.4	na	na	na
Other (d)	%	37.4	31.0	28.2	26.5	17.3	na	na	na
Total	%	24.8	32.6	29.0	30.3	29.2	29.0	34.0	34.5
People waiting more than 24 hours to be seen by a GP									
Remoteness of residence					<i>proportion (per cent)</i>				
Major cities	%	9.2	8.6	9.6	11.7	10.2	na	na	na
Other (d)	%	15.1	12.6	12.4	13.9	15.9	na	na	na
Total	%	11.1	9.8	10.3	12.3	11.7	15.6	10.0	20.6

Relative Standard Errors and Confidence Intervals for these proportions are provided in table NHA.14.2. Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Time waited between making an appointment and seeing the GP for urgent medical care. The definition of urgent was left up to the respondent, although discretionary interviewer advice was that obtaining a certificate for work for a cold would not be considered urgent.

(b) Persons aged 15 years and over who saw a GP for urgent medical care for their own health in the last 12 months.

(c) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).

(d) Includes inner and outer regional and remote areas. Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.14.2 **Reported waiting time to see a GP for an urgent appointment, by remoteness, by State and Territory, 2010-11, relative standard errors and confidence intervals (per cent) (a), (b), (c)**

	<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>
People seen by a GP within four hours									
Remoteness of residence				<i>relative standard error of proportion (per cent)</i>					
Major cities	%	2.4	4.8	4.5	6.9	5.5	na	na	na
Other (d)	%	7.3	6.9	4.2	7.8	5.8	na	na	na
Total	%	2.4	3.4	3.6	5.7	4.2	6.8	5.6	11.1
People waiting longer than four hours, but seen by a GP within 24 hours									
Remoteness of residence				<i>relative standard error of proportion (per cent)</i>					
Major cities	%	9.2	6.4	9.0	12.6	8.5	na	na	na
Other (d)	%	8.7	13.6	10.1	16.5	17.4	na	na	na
Total	%	5.8	5.1	7.5	10.2	7.6	10.8	10.1	14.5
People waiting more than 24 hours to be seen by a GP									
Remoteness of residence				<i>relative standard error of proportion (per cent)</i>					
Major cities	%	12.1	16.7	16.0	18.8	15.0	na	na	na
Other (d)	%	12.9	17.0	19.2	20.2	22.2	na	na	na
Total	%	9.5	10.8	11.8	13.2	9.9	12.7	20.2	25.6
People seen by a GP within four hours									
Remoteness of residence				<i>confidence interval of proportion (\pm per cent)</i>					
Major cities	\pm %	3.4	5.5	5.4	7.7	6.1	na	na	na
Other (d)	\pm %	6.8	7.6	4.9	9.1	7.6	na	na	na
Total	\pm %	3.0	3.9	4.2	6.4	4.8	7.4	6.2	9.8
People waiting longer than four hours, but seen by a GP within 24 hours									
Remoteness of residence				<i>confidence interval of proportion (\pm per cent)</i>					
Major cities	\pm %	3.5	4.1	5.3	7.8	5.6	na	na	na
Other (d)	\pm %	6.4	8.3	5.6	8.6	5.9	na	na	na

Table NHA.14.2 Reported waiting time to see a GP for an urgent appointment, by remoteness, by State and Territory, 2010-11, relative standard errors and confidence intervals (per cent) (a), (b), (c)

	<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>
Total	± %	2.8	3.2	4.3	6.0	4.3	6.2	6.7	9.8
People waiting more than 24 hours to be seen by a GP									
Remoteness of residence				<i>confidence interval of proportion (± per cent)</i>					
Major cities	± %	2.2	2.8	3.0	4.3	3.0	na	na	na
Other (d)	± %	3.8	4.2	4.7	5.5	6.9	na	na	na
Total	± %	2.1	2.1	2.4	3.2	2.3	3.9	3.9	10.3

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Time waited between making an appointment and seeing the GP for urgent medical care. The definition of urgent was left up to the respondent, although discretionary interviewer advice was that obtaining a certificate for work for a cold would not be considered urgent.

(b) Persons aged 15 years and over who saw a GP for urgent medical care for their own health in the last 12 months.

(c) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).

(d) Includes inner and outer regional and remote areas. Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.14.3

Table NHA.14.3 **Reported waiting time to see a GP for an urgent appointment, by remoteness, by State and Territory, 2010-11 (number) (a), (b), (c)**

	<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>
People seen by a GP within four hours									
Remoteness of residence					<i>number ('000)</i>				
Major cities	'000	392.3	275.5	209.5	104.6	91.7	na	na	na
Other (d)	'000	127.3	96.8	140.8	39.7	43.5	na	na	na
Total	'000	519.6	372.2	350.4	144.3	135.2	39.6	26.3	8.4
People waiting longer than four hours, but seen by a GP within 24 hours									
Remoteness of residence					<i>number ('000)</i>				
Major cities	'000	113.7	153.6	99.1	56.7	57.5	na	na	na
Other (d)	'000	88.9	54.9	65.7	18.2	12.3	na	na	na
Total	'000	202.6	208.5	164.7	75.0	69.9	20.2	16.9	5.9
People waiting more than 24 hours to be seen by a GP									
Remoteness of residence					<i>number ('000)</i>				
Major cities	'000	55.5	38.9	33.8	21.3	17.5	na	na	na
Other (d)	'000	40.0	23.4	25.7	9.3	10.7	na	na	na
Total	'000	95.6	62.3	59.5	30.6	28.2	11.2	5.4	3.1

(a) Time waited between making an appointment and seeing the GP for urgent medical care. The definition of urgent was left up to the respondent, although discretionary interviewer advice was that obtaining a certificate for work for a cold would not be considered urgent.

(b) Persons aged 15 years and over who saw a GP for urgent medical care for their own health in the last 12 months.

(c) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).

(d) Includes inner and outer regional and remote areas. Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA 14.4 **Reported waiting time to see a GP for an urgent appointment, by remoteness, National, 2010-11 (a) (b) (c)**

	<i>Aust</i>			<i>Aust</i>
	<i>proportion</i> <i>(per cent)</i>	<i>relative standard</i> <i>error of proportion</i> <i>(per cent)</i>	<i>95 per cent confidence</i> <i>interval of proportion (±</i> <i>per cent)</i>	<i>number '000</i>
People seen by a GP within four hours				
Remoteness of residence				
Major cities	62.4	2.2	2.7	1 100.0
Inner regional	54.7	3.5	3.7	328.0
Outer regional	58.2	4.6	5.3	148.9
Remote	48.7	15.6	14.9	19.0
Total (d)	60.2	1.6	1.8	1 596.0
People waiting longer than four hours, but seen by a GP within 24 hours				
Remoteness of residence				
Major cities	28.0	4.3	2.3	497.5
Inner regional	31.3	5.4	3.3	186.2
Outer regional	28.3	8.7	4.8	67.1
Remote	31.4	23.6	14.5	12.7
Total (d)	28.8	2.9	1.6	763.6
People waiting more than 24 hours to be seen by a GP				
Remoteness of residence				
Major cities	9.5	6.9	1.3	172.4
Inner regional	14.0	9.3	2.5	82.6
Outer regional	13.5	12.1	3.2	35.0
Remote	19.9	41.9	16.3	5.8
Total (d)	11.0	5.1	1.1	295.8

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

- (a) Time waited between making an appointment and seeing the GP for urgent medical care. The definition of urgent was left up to the respondent, although discretionary interviewer advice was that obtaining a certificate for work for a cold would not be considered urgent.
- (b) Persons aged 15 years and over who saw a GP for urgent medical care for their own health in the last 12 months.
- (c) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).
- (d) Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.14.5 **Waiting time for GPs for an urgent appointment, by SEIFA deciles, 2010-11 (a) (b) (c)**

	<i>People seen by a GP within four hours</i>	<i>People waiting four to 24 hours to be seen by a GP</i>	<i>People waiting greater than 24 hours to be seen by a GP</i>
SEIFA of residence	<i>proportion (per cent)</i>		
Decile 1	57.1	32.2	10.7
Decile 2	63.3	27.6	9.1
Decile 3	65.1	23.6	11.3
Decile 4	54.9	32.6	12.5
Decile 5	62.6	25.2	12.3
Decile 6	57.9	31.3	10.8
Decile 7	56.0	28.6	15.4
Decile 8	60.9	27.4	11.6
Decile 9	64.0	24.3	11.7
Decile 10	57.2	34.8	8.1
SEIFA of residence	<i>relative standard error of proportion (per cent)</i>		
Decile 1	4.3	9.9	14.7
Decile 2	4.4	10.4	14.9
Decile 3	3.2	8.9	16.8
Decile 4	5.7	8.6	14.1
Decile 5	4.7	9.5	13.8
Decile 6	5.4	10.6	19.1
Decile 7	7.5	11.7	16.8
Decile 8	5.5	11.2	18.1
Decile 9	5.9	11.6	16.6
Decile 10	5.5	9.0	18.6
SEIFA of residence	<i>confidence interval of proportion (\pm per cent)</i>		
Decile 1	4.8	6.3	3.1
Decile 2	5.4	5.6	2.7
Decile 3	4.1	4.1	3.7
Decile 4	6.1	5.5	3.5
Decile 5	5.8	4.7	3.3
Decile 6	6.2	6.5	4.0
Decile 7	8.2	6.6	5.1
Decile 8	6.6	6.0	4.1
Decile 9	7.4	5.5	3.8
Decile 10	6.1	6.1	2.9
SEIFA of residence	<i>number ('000)</i>		
Decile 1	139.4	75.6	24.9
Decile 2	157.6	69.7	23.0
Decile 3	179.0	69.3	30.0
Decile 4	153.1	90.4	33.5

Table NHA.14.5 Waiting time for GPs for an urgent appointment, by SEIFA deciles, 2010-11 (a) (b) (c)

	<i>People seen by a GP within four hours</i>	<i>People waiting four to 24 hours to be seen by a GP</i>	<i>People waiting greater than 24 hours to be seen by a GP</i>
Decile 5	170.8	71.1	35.4
Decile 6	147.4	76.9	27.4
Decile 7	161.4	82.7	39.6
Decile 8	149.7	67.6	28.3
Decile 9	178.6	68.8	29.6
Decile 10	149.6	88.0	21.5

Rates with relative standard errors (RSE) greater than 25 per cent should be used with caution. Rates with RSEs higher than 50 per cent are considered too unreliable for general use.

- (a) Time waited between making an appointment and seeing the GP for urgent medical care. The definition of urgent was left up to the respondent, although discretionary interviewer advice was that obtaining a certificate for work for a cold would not be considered urgent.
- (b) Persons aged 15 years and over who saw a GP for urgent medical care for their own health in the last 12 months.
- (c) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).

Source: ABS (unpublished) Patient Experience Survey 2010.

NHA Indicator 15:

No data are currently available to inform this indicator

Waiting times for public dentistry

NHA Indicator 16:

**People deferring access to
selected healthcare due to cost**

Table NHA.16.1

Table NHA.16.1 **Proportion of people who reported delaying or not seeing a GP in the last 12 months because of cost, by State and Territory and remoteness, 2010-11 (a) (b) (c)**

	<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>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Aust</i>
		<i>proportion (per cent)</i>								<i>proportion (per cent)</i>				
Total	%	7.6	7.9	9.9	10.0	8.3	11.0	14.9	14.8	8.3	10.4	8.5	9.0	8.7
		<i>relative standard error of proportion (per cent)</i>								<i>relative standard error of proportion (per cent)</i>				
Total	%	5.5	5.7	5.5	6.4	8.2	8.2	7.5	9.9	2.6	3.9	8.5	21.7	2.2
		<i>95 per cent confidence interval of proportion (\pm per cent)</i>								<i>95 per cent confidence interval of proportion (\pm per cent)</i>				
Total	\pm %	0.8	0.9	1.1	1.2	1.3	1.8	2.2	2.9	0.4	0.8	1.4	3.8	0.4
		<i>number ('000)</i>								<i>number ('000)</i>				
Total	'000	350.3	280.0	274.1	134.8	82.0	32.6	35.7	15.9	822.6	272.6	94.7	15.5	1 205.4

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons who needed to see a GP in the last 12 months and delayed seeing or did not see one at any time in the last 12 months due to cost.

(b) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).

(c) Very remote data were not collected in the 2010-11 Patient Experience Survey

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.16.2

Table NHA.16.2 **Proportion of people who reported delaying or not seeing a medical specialist in the last 12 months because of cost, by State and Territory and remoteness, 2010-11 (a) (b) (c)**

	<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>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Aust</i>
		<i>proportion (per cent)</i>								<i>proportion (per cent)</i>				
Total	%	15.4	11.7	14.9	9.7	9.0	12.1	12.8	16.9	13.1	14.0	13.6	5.2	13.2
		<i>relative standard error of proportion (per cent)</i>								<i>relative standard error of proportion (per cent)</i>				
Total	%	7.2	6.4	6.6	12.3	14.9	14.9	12.5	38.9	4.5	8.7	13.9	35.4	3.7
		<i>95 per cent confidence interval of proportion (\pm per cent)</i>								<i>95 per cent confidence interval of proportion (\pm per cent)</i>				
Total	\pm %	2.2	1.5	1.9	2.3	2.6	3.5	3.1	12.9	1.2	2.4	3.7	3.6	1.0
		<i>number ('000)</i>								<i>number ('000)</i>				
Total	'000	290.7	163.0	154.2	49.8	37.0	15.6	12.7	4.3	514.6	148.0	61.0	3.6	727.3

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons who were referred to a medical specialist in the last 12 months and delayed seeing or did not see one at any time in the last 12 months due to cost.

(b) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).

(c) Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.16.3

Table NHA.16.3 **Proportion of people who reported delaying or not getting a prescription filled in the last 12 months because of cost, by State and Territory and remoteness, 2010-11 (a) (b) (c)**

	<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>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Aust</i>
<i>proportion (per cent)</i>														
Total	%	9.3	9.1	11.4	9.1	11.1	11.5	9.4	9.1	9.5	10.7	10.6	9.0	9.8
<i>relative standard error of proportion (per cent)</i>														
Total	%	5.3	5.3	5.8	8.1	8.8	8.4	14.6	20.8	3.5	6.2	10.4	16.1	2.9
<i>95 per cent confidence interval of proportion (\pm per cent)</i>														
Total	\pm %	1.0	1.0	1.3	1.4	1.9	1.9	2.7	3.7	0.7	1.3	2.2	2.8	0.6
<i>number ('000)</i>														
Total	'000	352.1	268.1	255.4	101.5	95.6	28.7	18.2	7.1	773.1	237.6	101.6	14.5	1 126.9

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were prescribed medication in the last 12 months and delayed using or did not get medication at any time in the last 12 months due to the cost.

(b) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).

(c) Very remote data were not collected in the 2010-11 Patient Experience Survey

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.16.4

Table NHA.16.4 **Proportion of people who reported delaying or not seeing a dental professional in the last 12 months because of cost, by remoteness by State and Territory, 2010-11 (a) (b)**

	<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>proportion (per cent)</i>									
Remoteness									
Major cities	%	25.6	24.6	28.2	23.0	21.6	na	na	na
Other (c)	%	28.3	28.1	35.8	23.5	34.1	na	na	na
Total	%	26.1	25.3	30.9	23.1	24.0	26.2	27.8	27.7
<i>relative standard error of proportion (per cent)</i>									
Remoteness									
Major cities	%	3.8	3.7	6.0	6.1	6.5	na	na	na
Other (c)	%	6.2	7.7	5.5	11.6	6.9	na	na	na
Total	%	3.6	3.6	3.6	5.2	6.0	6.6	6.6	11.0
<i>95 per cent confidence interval of proportion (\pm per cent)</i>									
Remoteness									
Major cities	\pm %	1.9	1.8	3.3	2.8	2.8	na	na	na
Other (c)	\pm %	3.4	4.2	3.8	5.4	4.6	na	na	na
Total	\pm %	1.9	1.8	2.2	2.3	2.8	3.4	3.6	6.0
<i>number '000</i>									
Remoteness									
Major cities	%	635.7	499.5	364.2	177.9	120.9	na	na	na
Other (c)	%	226.6	151.8	265.9	57.7	50.0	na	na	na
Total	%	862.4	651.3	630.1	235.6	170.9	53.9	51.9	20.0

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who needed to see a dental professional in the last 12 months, and delayed or did not see one at any time in the last 12 months due to cost.

Table NHA.16.4 Proportion of people who reported delaying or not seeing a dental professional in the last 12 months because of cost, by remoteness by State and Territory, 2010-11 (a) (b)

(b) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional and remote areas. Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.16.5 Proportion of people who reported delaying or not seeing a dental professional in the last 12 months because of cost, by remoteness, 2010-11 (a) (b)

	<i>Aust</i>			<i>Aust</i>
	<i>relative standard error of proportion</i>	<i>95 per cent confidence interval of proportion</i>	<i>(± per cent)</i>	<i>number '000</i>
	<i>%</i>	<i>(per cent)</i>	<i>per cent)</i>	
People delaying or not seeing a dental professional in the last 12 months because of cost				
Remoteness of residence				
Major cities	25.2	2.1	1.0	1 850.1
Inner regional	29.7	4.5	2.6	552.5
Outer regional	31.5	5.6	3.5	239.2
Remote	24.1	17.0	8.0	34.2
Total (c)	26.4	1.8	0.9	2 676.0

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

- (a) Persons 15 years and over who needed to see a dental professional in the last 12 months, and delayed or did not see one at any time in the last 12 months due to cost.
- (b) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).
- (c) Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.16.6

Table NHA.16.6 **Proportion of people who reported delaying or not having a pathology or imaging test in the last 12 months because of cost, by State and Territory and remoteness, 2010-11 (a) (b) (c)**

	<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>Major cities</i>	<i>Inner regional</i>	<i>Outer regional</i>	<i>Remote</i>	<i>Aust</i>
		<i>proportion (per cent)</i>								<i>proportion (per cent)</i>				
Total	%	5.6	4.7	6.4	6.1	4.6	4.7	8.2	7.0	5.3	6.4	6.3	4.1	5.6
		<i>relative standard error of proportion (per cent)</i>								<i>relative standard error of proportion (per cent)</i>				
Total	%	7.3	9.5	7.3	10.3	11.6	15.8	17.5	18.0	4.7	7.5	14.5	32.7	3.9
		<i>95 per cent confidence interval of proportion (\pm per cent)</i>								<i>95 per cent confidence interval of proportion (\pm per cent)</i>				
Total	\pm %	0.8	0.9	0.9	1.2	1.0	1.5	2.8	2.5	0.5	0.9	1.8	2.7	0.4
		<i>number ('000)</i>								<i>number ('000)</i>				
Total	'000	186.5	112.9	127.0	61.8	32.6	9.6	13.6	4.6	361.4	126.1	55.5	5.6	548.7

Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who needed a pathology or imaging test in the last 12 months, and delayed or did not have one at any time in the last 12 months due to cost.

(b) Rates are age-standardised to the 2001 estimated resident population (5 year ranges).

(c) Very remote data were not collected in the 2010-11 Patient Experience Survey

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.16.7 Proportion of people who reported delaying or not accessing selected healthcare in the last 12 months due to cost, by type of healthcare, by SEIFA deciles, 2010-11 (a) (b)

Aust				Aust
Persons reporting delaying or not seeing a GP in the last 12 months because of cost				
SEIFA	proportion %	RSE of proportion %	CI of proportion ± %	number '000
Decile 1	9.3	9.7	1.8	102.3
Decile 2	9.3	8.8	1.6	111.1
Decile 3	9.0	7.7	1.4	116.2
Decile 4	8.5	7.6	1.3	110.0
Decile 5	6.9	7.5	1.0	103.2
Decile 6	9.2	9.2	1.7	126.9
Decile 7	9.9	6.8	1.3	150.3
Decile 8	8.8	9.2	1.6	125.9
Decile 9	9.0	10.5	1.9	147.6
Decile 10	7.4	8.4	1.2	107.0
Persons reporting delaying or not seeing a medical specialist in the last 12 months because of cost (c)				
SEIFA	proportion %	RSE of proportion %	CI of proportion ± %	number '000
Decile 1	19.7	11.2	4.3	72.1
Decile 2	12.6	13.0	3.2	58.0
Decile 3	13.5	12.5	3.3	64.0
Decile 4	16.2	13.7	4.3	73.9
Decile 5	10.9	10.8	2.3	66.2
Decile 6	12.7	13.8	3.4	68.9
Decile 7	15.2	8.1	2.4	106.6
Decile 8	12.5	12.4	3.0	70.4
Decile 9	13.5	16.0	4.2	87.3
Decile 10	8.9	15.7	2.7	55.6
Persons reporting delaying or not getting a prescription filled in the last 12 months because of cost (d)				
SEIFA	proportion %	RSE of proportion %	CI of proportion ± %	number '000
Decile 1	13.7	7.8	2.1	125.2
Decile 2	12.5	7.5	1.8	125.6
Decile 3	9.7	10.5	2.0	103.5
Decile 4	11.6	7.4	1.7	127.0
Decile 5	10.0	8.5	1.7	126.3
Decile 6	9.9	12.7	2.5	109.5
Decile 7	9.7	8.1	1.5	123.5
Decile 8	8.9	9.9	1.7	101.5
Decile 9	7.9	8.7	1.4	106.1
Decile 10	6.4	12.9	1.6	74.7

Table NHA.16.7 Proportion of people who reported delaying or not accessing selected healthcare in the last 12 months due to cost, by type of healthcare, by SEIFA deciles, 2010-11 (a) (b)

<i>Aust</i>				<i>Aust</i>
Persons reporting delaying or not seeing a dental practitioner in the last 12 months because of cost				
SEIFA	<i>proportion %</i>	<i>RSE of proportion %</i>	<i>CI of proportion ± %</i>	<i>number '000</i>
Decile 1	35.3	3.6	2.5	245.4
Decile 2	32.4	5.4	3.5	254.6
Decile 3	30.4	5.6	3.3	254.3
Decile 4	30.1	5.2	3.1	275.7
Decile 5	29.5	5.7	3.3	299.5
Decile 6	28.3	6.1	3.4	280.3
Decile 7	26.4	5.3	2.8	301.5
Decile 8	22.7	5.6	2.5	250.7
Decile 9	21.8	5.2	2.2	287.8
Decile 10	16.9	6.5	2.2	216.3
Persons reporting delaying or not getting pathology or imaging tests in the last 12 months because of cost				
SEIFA	<i>proportion %</i>	<i>RSE of proportion %</i>	<i>CI of proportion ± %</i>	<i>number '000</i>
Decile 1	7.1	13.6	1.9	55.2
Decile 2	5.4	15.5	1.6	44.6
Decile 3	6.2	12.8	1.6	57.0
Decile 4	6.6	14.4	1.9	64.7
Decile 5	5.8	12.4	1.4	60.4
Decile 6	5.0	13.6	1.3	47.4
Decile 7	7.4	8.8	1.3	77.7
Decile 8	4.6	17.1	1.5	47.1
Decile 9	4.7	16.3	1.5	56.2
Decile 10	3.3	19.4	1.2	36.2

RSE = relative standard error. CI = 95 per cent confidence interval. Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

- (a) Persons aged 15 years or over who needed to use health services in the last 12 months (except where otherwise specified, see footnote c and d), and delayed using or did not use service at any time in the last 12 months due to cost.
- (b) Rates are age-standardised to the 2001 estimated resident population (5-year ranges).
- (c) Persons aged 15 years and over who were referred to a specialist in the last 12 months.
- (d) Persons aged 15 years and over who received a prescription for medication in the last 12 months.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

NHA Indicator 17:

No data are currently available to inform this indicator

**Proportion of people with
diabetes with HbA1c below
7 per cent**

NHA Indicator 18:

Life expectancy

Table NHA.18.1

Table NHA.18.1 **Estimated life expectancy at birth by sex, by State and Territory, 2008–2010 (years) (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>
Life expectancy at birth									
Males	79.6	80.0	79.4	79.7	79.4	78.0	80.5	74.0	79.5
Females	84.1	84.3	83.9	84.3	83.8	82.3	84.7	79.2	84.0
Difference between male and female life expectancy at birth (b)	4.5	4.3	4.5	4.7	4.5	4.3	4.2	5.2	4.5

(a) Life expectancy is calculated using three years of data

(b) Differences are based on unrounded estimates.

Source: ABS (2011) *Life Tables, Australia, States and Territories, 2008-2010* (cat. nos. 3302.0.55.001 to 3302.8.55.001)

NHA Indicator 19:

Infant and young child mortality rate

Table NHA.19.1 **All causes, infant and child mortality (less than one year, 1–4 years, and 0–4 years), 2007, 2008, 2009 and 2010 (a), (b), (c)**

	<i>unit</i>	<i>Infant mortality (d)</i> <i>(aged less than one year)</i>	<i>Child mortality (e)</i> <i>(aged 1-4 years)</i>	<i>Infant and child mortality</i> <i>(f)</i> <i>(aged 0-4 years)</i>
		<i>rate per 1000 live births</i>	<i>rate per 100 000 ERP</i>	
2010 (g)				
Number of deaths	<i>no.</i>	1 210	217	1 427
Death rate	<i>rate</i>	4.1	18.7	97.7
<i>variability band for rate (±)</i>		0.2	2.5	5.1
2009				
Number of deaths	<i>no.</i>	1 261	230	1 491
Death rate	<i>rate</i>	4.3	20.4	104.8
<i>variability band for rate (±)</i>		0.2	2.6	5.3
2008				
Number of deaths	<i>no.</i>	1 226	233	1 459
Death rate	<i>rate</i>	4.1	21.4	105.9
<i>variability band for rate (±)</i>		0.2	2.7	5.4
2007				
Number of deaths	<i>no.</i>	1 203	225	1 428
Death rate	<i>rate</i>	4.2	21.2	106.7
<i>variability band for rate (±)</i>		0.2	2.8	5.5

(a) Data based on reference year. See data quality statements for a more detailed explanation.

(b) Infant deaths include all deaths within the first year of life.

(c) Child deaths 0–4 years includes all deaths aged 0–4 years.

(d) For infant deaths, the rates represent the number of deaths per 1000 live births registered in the reference period.

(e) For child deaths (1–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (1–4 years) at 30 June of the reference period.

(f) For child deaths (0–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (0–4 years) at 30 June of the reference period.

(g) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality statements for a more detailed explanation.

Source: ABS (unpublished) Deaths, Australia; ABS (unpublished) Births, Australia; ABS (unpublished) Estimated Resident Population.

Table NHA.19.2

Table NHA.19.2 **All causes infant and child mortality, by age group, by State and Territory, 2008–2010 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (e)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (f)</i>
Infants (<1 year) (g)										
Number of deaths	<i>no.</i>	1 189	772	992	320	208	76	60	79	3 697
Rate	<i>per 1000 live births (h)</i>	4.3	3.6	5.0	3.5	3.5	3.8	4.1	6.9	4.2
Child (1–4 years)										
Number of deaths	<i>no.</i>	197	147	158	78	50	18	11	21	680
Rate	<i>per 100 000 population (i)</i>	18.2	17.9	22.1	22.0	21.8	22.7	20.2	48.0	20.1
Child (0–4 years)										
Number of deaths	<i>no.</i>	1 386	919	1 150	398	258	94	71	100	4 377
Rate	<i>per 100 000 population (j)</i>	101.9	88.7	126.2	88.9	89.4	94.4	102.8	180.5	102.6

(a) State or Territory of usual residence.

(b) Data are presented in three-year groupings due to volatility of the small numbers involved.

(c) Data based on reference year.

(d) 2009 Estimated Resident Population used for calculating rates is revised and will be subject to a further revision process.

(e) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality statements for a more detailed explanation.

(f) All states and territories including other territories.

(g) Includes all deaths within the first year of life.

(h) For infant deaths (less than one year), the rates represent the number of deaths per 1000 live births.

(i) For child deaths (1–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (1–4 years) at 30 June of the mid point year of the reference period.

(j) For child deaths (0–4 years), the rates represent the number of deaths per 100 000 Estimated Resident Population (0–4 years) at 30 June of the mid point year of the reference period.

Source: ABS (unpublished) Deaths, Australia; ABS (unpublished) Births, Australia; ABS (unpublished) Estimated Resident Population.

Table NHA.19.3 All causes infant (<1 year) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Total, 2006–2010 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Qld (e)</i>	<i>WA (f)</i>	<i>SA</i>	<i>NT</i>	<i>Total (g)</i>
Number of deaths							
Indigenous	<i>no.</i>	129	182	np	26	102	np
Non-Indigenous	<i>no.</i>	1 835	1 340	np	321	43	np
Percentage							
Indigenous	%	6.6	12.0	np	7.5	70.3	np
Non-Indigenous	%	93.4	88.0	np	92.5	29.7	np
Rate (h)							
Indigenous	<i>per 1000 live births</i>	6.4	8.3	np	5.3	13.1	np
Non-Indigenous	<i>per 1000 live births</i>	4.1	4.6	np	3.4	3.6	np
Rate ratio (i)		1.6	1.8	np	1.6	3.6	np
Rate difference (j)		2.4	3.7	np	1.9	9.5	np

(a) Includes all deaths within the first year of life.

(b) Deaths where Indigenous status was not stated are excluded. As a result, infant death rates by Indigenous status may be underestimated.

(c) Data based on reference year. See data quality statements for a more detailed explanation.

(d) Data are presented in five-year groupings due to volatility of the small numbers involved.

(e) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality statements for a more detailed explanation.

(f) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.

(g) Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(h) For infant deaths (less than one year), the rates represent the number of deaths per 1000 live births.

(i) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(j) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

Source: ABS (unpublished) Deaths, Australia; ABS (unpublished) Births, Australia.

Table NHA.19.4 All causes child (1–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2006–2010 (a), (b) (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Qld (e)</i>	<i>WA (f)</i>	<i>SA</i>	<i>NT</i>	<i>Total (f)(g)</i>
Number of deaths							
Indigenous	<i>no.</i>	27	38	np	5	21	np
Non-Indigenous	<i>no.</i>	310	233	np	74	7	np
Percentage							
Indigenous	%	8.0	14.0	np	6.3	75.0	np
Non-Indigenous	%	92.0	86.0	np	93.7	25.0	np
Rate (h)(i)							
Indigenous	<i>per 100 000 population</i>	34.6	49.0	np	37.5	69.4	np
Non-Indigenous	<i>per 100 000 population</i>	18.4	22.0	np	20.7	17.2	np
Rate ratio (j)		1.9	2.2	np	1.8	4.0	np
Rate difference (k)		16.2	27.0	np	16.8	52.3	np

(a) Includes all deaths of persons aged 1 to 4 years.

(b) Deaths where Indigenous status was not stated are excluded. As a result, mortality rates by Indigenous status may be understated.

(c) Data based on reference year. See data quality statements for a more detailed explanation.

(d) Data are presented in five-year groupings due to volatility of the small numbers involved.

(e) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality statements for a more detailed explanation.

(f) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.

(g) Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(h) Child death rates based on the average number of death registrations between 2006–2010, divided by the Estimated Resident Population (ERP) at 30 June 2008.

(i) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(j) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(k) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

Source: ABS (unpublished) Deaths, Australia; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 2006–2010, Series B, Cat. no. 3238.0.

Table NHA.19.5 **All causes child (0–4 years) mortality, by Indigenous status, NSW, Queensland, WA, SA, NT and Australia, 2006–2010 (a), (b), (c), (d)**

	<i>unit</i>	<i>NSW</i>	<i>Qld (e)</i>	<i>WA (f)</i>	<i>SA</i>	<i>NT</i>	<i>Total (f)(g)</i>
Number of deaths							
Indigenous	<i>no.</i>	156	220	np	31	123	np
Non-Indigenous	<i>no.</i>	2 145	1 573	np	395	50	np
Percentage							
Indigenous	%	6.8	12.3	np	7.3	71.1	np
Non-Indigenous	%	93.2	87.7	np	92.7	28.9	np
Rate (h)(i)							
Indigenous	<i>per 100 000 population</i>	157.4	224.3	np	184.1	322.2	np
Non-Indigenous	<i>per 100 000 population</i>	100.9	116.7	np	87.4	95.9	np
Rate ratio (j)		1.6	1.9	np	2.1	3.4	np
Rate difference (k)		56.5	107.6	np	96.7	226.2	np

(a) Includes all deaths of persons aged 0 to 4 years.

(b) Deaths where Indigenous status was not stated are excluded. As a result, mortality rates by Indigenous states may be understated.

(c) Data based on reference year. See data quality statements for a more detailed explanation.

(d) Data are presented in five-year groupings because of small numbers each year.

(e) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality statements for a more detailed explanation.

(f) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.

(g) Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(h) Child death rates based on the average number of death registrations between 2006–2010, divided by the Estimated Resident Population (ERP) at 30 June 2008.

(i) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(j) Rate ratio is the Indigenous mortality rate divided by the non-Indigenous mortality rate.

(k) Rate difference is the Indigenous mortality rate less the non-Indigenous mortality rate.

Source: ABS (unpublished) Deaths, Australia; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 2006–2010*, Series B, Cat. no. 3238.0.

NHA Indicator 20:

Potentially avoidable deaths

**Table NHA.20.1 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2009
(a), (b), (c), (d), (e), (f)**

	<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 (g)</i>
Potentially preventable deaths (h)										
Number of deaths	<i>no.</i>	6 354	4 865	4 219	2 065	1 608	669	245	335	20 360
Rate	<i>per 100 000 persons</i>	84.3	85.6	92.8	90.9	90.3	116.9	71.3	176.2	88.8
variability band (\pm rate per 100 000 persons)		2.1	2.4	2.8	3.9	4.5	9.0	9.1	20.2	1.2
Potentially treatable deaths (i)										
Number of deaths	<i>no.</i>	4 195	3 030	2 684	1 210	1 072	384	157	190	12 921
Rate	<i>per 100 000 persons</i>	55.3	53.3	58.6	53.1	59.0	65.5	46.7	108.3	56.1
variability band (\pm rate per 100 000 persons)		1.7	1.9	2.2	3.0	3.6	6.6	7.4	16.7	1.0
All potentially avoidable deaths (b)										
Number of deaths	<i>no.</i>	10 548	7 895	6 902	3 275	2 679	1 052	401	525	33 281
Rate	<i>per 100 000 persons</i>	139.6	138.9	151.5	143.9	149.2	182.4	118.0	284.5	144.9
variability band (\pm rate per 100 000 persons)		2.7	3.1	3.6	5.0	5.7	11.2	11.7	26.2	1.6

- (a) Age-standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. SDRs in this table have been calculated using the direct method, age-standardised by 5 year age groups to less than 75 years.
- (b) Avoidable mortality has been defined in the Public Health Information Development Unit's report, Australian and New Zealand Atlas of Avoidable Mortality (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.
- (c) Data based on reference year. See data quality statements for a more detailed explanation.
- (d) Causes of death data for 2009 are preliminary and subject to a revisions process. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.
- (e) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the projected Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

Table NHA.20.1 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2009**
(a), (b), (c), (d), (e), (f)

	<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 (g)</i>
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(f) Some totals and figures may not compute due to the effects of rounding.

(g) All states and territories including other territories.

(h) Preventable deaths are those which are amenable to screening and primary prevention, such as immunisation, and reflect the effectiveness of the current preventative health activities of the health sector.

(i) Treatable deaths are those which are amenable to therapeutic interventions, and reflecting the safety and quality of the current treatment system.

Source: ABS (unpublished) *Causes of Death, Australia*, Cat. no. 3303.0.

Table NHA.20.2 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, National, 2009 (a), (b), (c), (d), (e), (f), (g)

	<i>unit</i>	<i>Total (h)(i)</i>
Potentially preventable deaths (j)		
Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (\pm rate per 100 000 persons)</i>	np
Non-Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (\pm rate per 100 000 persons)</i>	np
Deaths from potentially treatable conditions (k)		
Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (\pm rate per 100 000 persons)</i>	np
Non-Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (\pm rate per 100 000 persons)</i>	np
All potentially avoidable deaths (b)		
Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (\pm rate per 100 000 persons)</i>	np
Non-Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (\pm rate per 100 000 persons)</i>	np

(a) Age-standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. SDRs in this table have been calculated using the direct method, age-standardised by 5 year age groups to less than 75 years.

(b) Avoidable mortality has been defined in the Public Health Information Development Unit's report, Australian and New Zealand Atlas of Avoidable Mortality (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.

Table NHA.20.2 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, National, 2009 (a), (b), (c), (d), (e), (f), (g)

	<i>unit</i>	<i>Total (h)(i)</i>
(c) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.		
(d) Data based on reference year. See data quality statements for a more detailed explanation.		
(e) Some totals and figures may not compute due to the effects of rounding.		
(f) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.		
(g) Causes of death data for 2009 are preliminary and subject to a revisions process. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.		
(h) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.		
(i) Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.		
(j) Preventable deaths are those which are amenable to screening and primary prevention such as immunisation, and reflecting the effectiveness of the current preventative health activities of the health sector).		
(k) Deaths from potentially treatable conditions are those which are amenable to therapeutic interventions, and reflecting the safety and quality of the current treatment system.		
<i>Source:</i> ABS (unpublished), Causes of Death, Australia, 2009; ABS (unpublished) Estimated Resident Population; ABS (2009) <i>Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021</i> , 2009, Series B, Cat. no. 3238.0.		

Table NHA.20.3

Table NHA.20.3 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT, 2005–2009 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k)

	<i>unit</i>	<i>NSW</i>	<i>Qld</i>	<i>WA (l)</i>	<i>SA</i>	<i>NT</i>	<i>Total (l)(m)</i>
Potentially preventable deaths (n)							
Indigenous							
Number of deaths	<i>no.</i>	996	1 034	np	277	907	np
Rate (a)	<i>per 100 000</i>	226.3	267.0	np	306.2	455.6	np
Non-Indigenous							
Number of deaths	<i>no.</i>	29 875	18 419	np	7 583	855	np
Rate (a)	<i>per 100 000</i>	84.0	88.1	np	89.0	132.1	np
Deaths from potentially treatable conditions (o)							
Indigenous							
Number of deaths	<i>no.</i>	550	691	np	178.5	577	np
Rate (a)	<i>per 100 000</i>	127.9	182.6	np	219.7	311.0	np
Non-Indigenous							
Number of deaths	<i>no.</i>	20 659	12 001	np	5 069	389	np
Rate (a)	<i>per 100 000</i>	58.0	57.4	np	58.7	65.9	np
All potentially avoidable deaths (b)							
Indigenous							
Number of deaths	<i>no.</i>	1 546	1 724	np	455	1 483	np
Rate (a)	<i>per 100 000</i>	354.2	449.5	np	525.9	766.5	np
Non-Indigenous							
Number of deaths	<i>no.</i>	50 534	30 419	np	12 651	1 243	np
Rate (a)	<i>per 100 000</i>	142.0	145.6	np	147.7	198.0	np

Table NHA.20.3 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT, 2005–2009 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k)

	<i>unit</i>	<i>NSW</i>	<i>Qld</i>	<i>WA (l)</i>	<i>SA</i>	<i>NT</i>	<i>Total (l)(m)</i>
(a) Age-standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. SDRs in this table have been calculated using the direct method, age-standardised by 5 year age groups to less than 75 years.							
(b) Avoidable mortality has been defined in the Public Health Information Development Unit's report, Australian and New Zealand Atlas of Avoidable Mortality (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.							
(c) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.							
(d) Data based on reference year. See data quality statements for a more detailed explanation.							
(e) Some totals and figures may not compute due to the effects of rounding.							
(f) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.							
(g) Data are presented in five-year groupings due to the volatility of small numbers each year.							
(h) Some totals and figures may not compute due to the effects of rounding.							
(i) Causes of death data for 2007 have undergone two years of revisions. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.							
(j) Causes of death data for 2008 have been revised and are subject to further revisions. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.							
(k) Causes of death data for 2009 are preliminary and subject to a revisions process. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.							
(l) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.							

Table NHA.20.3 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, NSW, Queensland, WA, SA, NT, 2005–2009 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k)**

	<i>unit</i>	<i>NSW</i>	<i>Qld</i>	<i>WA (l)</i>	<i>SA</i>	<i>NT</i>	<i>Total (l)(m)</i>
(m)	Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.						
(n)	Preventable deaths are those which are amenable to screening and primary prevention such as immunisation, and reflecting the effectiveness of the current preventative health activities of the health sector.						
(o)	Deaths from potentially treatable conditions are those which are amenable to therapeutic interventions, and reflecting the safety and quality of the current treatment system.						

Source: ABS (unpublished), Causes of Death, Australia, 2009; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 2005–2009, Series B, Cat. no. 3238.0.

Table NHA.20.4 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2008 (a), (b), (c), (d), (e), (f)

	<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 (g)</i>
Potentially preventable deaths (h)										
Number of deaths	<i>no.</i>	6 359	4 704	4 205	2 098	1 554	612	247	374	20 151
Rate	<i>per 100 000 persons</i>	86.5	85.0	95.6	95.2	88.8	110.0	74.5	203.2	90.4
variability band (\pm rate per 100 000 persons)		2.1	2.4	2.9	4.1	4.5	8.9	9.4	22.3	1.3
Potentially treatable deaths (i)										
Number of deaths	<i>no.</i>	4 315	2 969	2 655	1 208	1 021	389	170	185	12 911
Rate	<i>per 100 000 persons</i>	58.5	53.5	60.3	55.0	57.1	67.3	53.2	102.9	57.7
variability band (\pm rate per 100 000 persons)		1.8	1.9	2.3	3.1	3.5	6.8	8.1	16.1	1.0
All potentially avoidable deaths (b)										
Number of deaths	<i>no.</i>	10 673	7 672	6 859	3 306	2 574	1 000	417	558	33 062
Rate	<i>per 100 000 persons</i>	145.0	138.5	156.0	150.2	145.8	177.2	127.7	306.2	148.1
variability band (\pm rate per 100 000 persons)		2.8	3.1	3.7	5.2	5.7	11.1	12.4	27.5	1.6

- (a) Age-standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. SDRs in this table have been calculated using the direct method, age-standardised by 5 year age groups to less than 75 years.
- (b) Avoidable mortality has been defined in the Public Health Information Development Unit's report, Australian and New Zealand Atlas of Avoidable Mortality (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.
- (c) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.
- (d) Data based on reference year. See data quality statements for a more detailed explanation.
- (e) Causes of death data for 2008 are revised and subject to a further revisions process. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.

Table NHA.20.4 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2008**
(a), (b), (c), (d), (e), (f)

	<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 (g)</i>
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(f) Some totals and figures may not compute due to the effects of rounding.

(g) All states and territories including other territories.

(h) Preventable deaths are those which are amenable to screening and primary prevention, such as immunisation, and reflect the effectiveness of the current preventative health activities of the health sector.

(i) Treatable deaths are those which are amenable to therapeutic interventions, and reflecting the safety and quality of the current treatment system.

Source: ABS (unpublished) *Causes of Death, Australia*, Cat. no. 3303.0.

Table NHA.20.5 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2008 (a), (b), (c), (d), (e), (f), (g)**

	<i>unit</i>	<i>Total (h)(i)</i>
Potentially preventable deaths (j)		
Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (\pm rate per 100 000 persons)</i>	np
Non-Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (\pm rate per 100 000 persons)</i>	np
Deaths from potentially treatable conditions (k)		
Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (\pm rate per 100 000 persons)</i>	np
Non-Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (\pm rate per 100 000 persons)</i>	np
All potentially avoidable deaths (b)		
Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (\pm rate per 100 000 persons)</i>	np
Non-Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (\pm rate per 100 000 persons)</i>	np

(a) Age-standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. SDRs in this table have been calculated using the direct method, age-standardised by 5 year age groups to less than 75 years.

(b) Avoidable mortality has been defined in the Public Health Information Development Unit's report, Australian and New Zealand Atlas of Avoidable Mortality (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.

Table NHA.20.5 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2008 (a), (b), (c), (d), (e), (f), (g)

	<i>unit</i>	<i>Total (h)(i)</i>
(c) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.		
(d) Data based on reference year. See data quality statements for a more detailed explanation.		
(e) Some totals and figures may not compute due to the effects of rounding.		
(f) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.		
(g) Causes of death data for 2008 are revised and subject to a further revisions process. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.		
(h) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.		
(i) Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.		
(j) Preventable deaths are those which are amenable to screening and primary prevention such as immunisation, and reflecting the effectiveness of the current preventative health activities of the health sector).		
(k) Deaths from potentially treatable conditions are those which are amenable to therapeutic interventions, and reflecting the safety and quality of the current treatment system.		
<i>Source:</i> ABS (unpublished), Causes of Death, Australia, 2009; ABS (unpublished) Estimated Resident Population; ABS (2010) <i>Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021</i> , 2008, Series B, Cat. no. 3238.0.		

Table NHA.20.6 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2007 (a), (b), (c), (d), (e), (f)

	<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 (g)</i>
Potentially preventable deaths (h)										
Number of deaths	<i>no.</i>	6 365	4 461	3 959	2 044	1 624	637	240	382	19 712
Rate	<i>per 100 000 persons</i>	88.3	82.6	92.9	96.0	94.6	116.5	73.6	211.7	90.6
variability band (\pm rate per 100 000 persons)		2.2	2.4	2.9	4.2	4.6	9.2	9.5	23.2	1.3
Potentially treatable deaths (i)										
Number of deaths	<i>no.</i>	4 313	2 889	2 630	1 203	1 075	352	175	210	12 846
Rate	<i>per 100 000 persons</i>	59.6	53.5	61.8	56.6	62.0	62.5	55.3	130.0	59.0
variability band (\pm rate per 100 000 persons)		1.8	2.0	2.4	3.2	3.7	6.6	8.3	19.7	1.0
All potentially avoidable deaths (b)										
Number of deaths	<i>no.</i>	10 677	7 349	6 589	3 247	2 698	989	414	592	32 557
Rate	<i>per 100 000 persons</i>	148.0	136.1	154.8	152.6	156.6	179.0	128.8	341.7	149.6
variability band (\pm rate per 100 000 persons)		2.8	3.1	3.8	5.3	6.0	11.3	12.6	30.4	1.6

- (a) Age-standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. SDRs in this table have been calculated using the direct method, age-standardised by 5 year age groups to less than 75 years.
- (b) Avoidable mortality has been defined in the Public Health Information Development Unit's report, Australian and New Zealand Atlas of Avoidable Mortality (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.
- (c) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.
- (d) Data based on reference year. See data quality statements for a more detailed explanation.
- (e) Causes of death data for 2007 have undergone two years of revisions. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.

Table NHA.20.6 **Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by State and Territory, 2007**
(a), (b), (c), (d), (e), (f)

	<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 (g)</i>
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(f) Some totals and figures may not compute due to the effects of rounding.

(g) All states and territories including other territories.

(h) Preventable deaths are those which are amenable to screening and primary prevention, such as immunisation, and reflect the effectiveness of the current preventative health activities of the health sector.

(i) Treatable deaths are those which are amenable to therapeutic interventions, and reflecting the safety and quality of the current treatment system.

Source: ABS (unpublished) *Causes of Death, Australia*, Cat. no. 3303.0.

Table NHA.20.7 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2007 (a), (b), (c), (d), (e), (f), (g)

	<i>unit</i>	<i>Total (h)(i)</i>
Potentially preventable deaths (j)		
Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (± rate per 100 000 persons)</i>	np
Non-Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (± rate per 100 000 persons)</i>	np
Deaths from potentially treatable conditions (k)		
Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (± rate per 100 000 persons)</i>	np
Non-Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (± rate per 100 000 persons)</i>	np
All potentially avoidable deaths (b)		
Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (± rate per 100 000 persons)</i>	np
Non-Indigenous		
Number of deaths	<i>no.</i>	np
Rate (a)	<i>per 100 000 persons</i>	np
	<i>variability band (± rate per 100 000 persons)</i>	np

(a) Age-standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 1000 or 100 000 persons. SDRs in this table have been calculated using the direct method, age-standardised by 5 year age groups to less than 75 years.

(b) Avoidable mortality has been defined in the Public Health Information Development Unit's report, Australian and New Zealand Atlas of Avoidable Mortality (2006), and in reports by NSW Health and Victorian Department of Human Services as mortality before the age of 75 years, from conditions which are potentially avoidable within the present health system.

Table NHA.20.7 Age-standardised mortality rates of potentially avoidable deaths, under 75 years, by Indigenous status, 2007 (a), (b), (c), (d), (e), (f), (g)

	<i>unit</i>	<i>Total (h)(i)</i>
(c) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.		
(d) Data based on reference year. See data quality statements for a more detailed explanation.		
(e) Some totals and figures may not compute due to the effects of rounding.		
(f) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.		
(g) Causes of death data for 2007 have undergone two years of revisions. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.		
(h) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.		
(i) Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.		
(j) Preventable deaths are those which are amenable to screening and primary prevention such as immunisation, and reflecting the effectiveness of the current preventative health activities of the health sector).		
(k) Deaths from potentially treatable conditions are those which are amenable to therapeutic interventions, and reflecting the safety and quality of the current treatment system.		

Source: ABS (unpublished) Causes of Death, Australia, 2007; ABS (unpublished) Estimated Resident Population; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 2007, Series B, Cat. no. 3238.0.

NHA Indicator 21:

Treatment rates for mental illness

Table NHA.21.1 **Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2009-10**

	<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>
<i>age-standardised rates (a)</i>										
Public (b)										
Number	no.	113 875	59 080	72 232	42 271	30 818	7 425	7 639	5 830	339 170
Rate	%	1.6	1.1	1.7	1.9	2.0	1.5	2.1	2.5	1.6
Private (c)										
Number	no.	8 145	6 544	5 392	3 047	np	np	np	..	25 536
Rate	%	0.1	0.1	0.1	0.1	np	np	np	..	0.1
MBS and DVA										
Number: Total MBS and DVA (d)	no.	460 708	385 085	265 357	119 533	103 225	27 741	18 871	6 146	1 387 297
Rate: Total MBS and DVA (d)	%	6.5	7.1	6.0	5.3	6.4	5.7	5.2	2.7	6.3
Rate: Psychiatrist (e)	%	1.4	1.5	1.3	1.1	1.6	1.1	1.1	0.4	1.3
Rate: Clinical psychologist (f)	%	0.9	0.9	0.7	1.4	1.3	1.4	0.9	0.3	1.0
Rate: GP (g)	%	4.9	5.3	4.6	4.0	4.7	4.3	3.8	2.2	4.8
Rate: Other allied health (h)	%	2.0	2.5	2.0	1.0	1.2	1.5	1.7	0.7	1.9

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) South Australia submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making inter-jurisdictional comparisons.

(c) Private psychiatric hospital figures are not published for South Australia, Tasmania, and the Australian Capital Territory due to confidentiality reasons but are included in the Australia figures.

(d) MBS/DVA services are those provided under any of the Medicare/DVA-funded service types described at (e) to (h). Persons seen by more than one provider type are counted only once in the total.

(e) Consultant psychiatrist services are MBS items 134, 136, 138, 140, 142, 289, 291, 293, 296, 297, 299, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344, 346, 348, 350, 352, 353, 355, 356, 357, 358, 359, 361, 364, 366, 367, 369, 370, 855, 857, 858, 861, 864, 866, 14224.

Table NHA.21.1 **Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2009-10**

	<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>
(f)	Clinical psychologist services are MBS items 80000, 80005, 80010, 80015, 80020 and and DVA items US01, US02, US03, US04, US05, US06, US07, US08, US50, US51, US99.									
(g)	GP services are MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2702, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2721, 2723, 2725, 2727.									
(h)	Other allied health services are MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 81325, 81355, 82000, 82015 and DVA items CL20, CL25, CL30, US11, US12, US13, US14, US15, US16, US17, US18, US21, US22, US23, US24, US25, US26, US27, US31, US32, US33, US34, US35, US36, US37, US52, US53, US96, US97, US98.									

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

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; Department of Health and Ageing (DoHA) (unpublished) MBS Statistics; Department of Veterans' Affairs (DVA) (unpublished) data; Australian Bureau of Statistics (ABS) (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.21.2

Table NHA.21.2 **Proportion of people receiving clinical mental health services, by service type and Indigenous status, by State and Territory, 2009-10**

	<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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
	<i>age-standardised rate (a)</i>									
Public (b), (c)										
Indigenous	4.9	3.2	4.0	4.2	5.7	np	5.8	3.7	4.3	22 930
Non-Indigenous	1.2	1.0	1.6	1.7	1.6	1.3	1.8	2.0	1.3	282 620
Private (d)										
Indigenous	na	na	na	na	na	na	na	..	na	na
Non-Indigenous	na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)										
Indigenous	8.1	10.2	4.7	3.0	6.1	7.2	8.6	1.3	5.6	28 303
Non-Indigenous	6.3	7.0	5.9	5.3	6.3	5.6	5.1	3.2	6.2	1 337 882

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) The Indigenous status rates should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions.

(c) South Australia submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making inter-jurisdictional comparisons.

(d) Indigenous information is not collected for private psychiatric hospitals.

(e) DVA data not available by Indigenous status. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (51 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.

Table NHA.21.2 **Proportion of people receiving clinical mental health services, by service type and Indigenous status, by State and Territory, 2009-10**

	<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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.

na Not available. .. Not applicable. **np** Not published.

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Services data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2009, Series B, Cat. no. 3238.0*.

Table NHA.21.3

Table NHA.21.3 **Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2009-10 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
	<i>age-standardised rate (b)</i>									
Public (c), (d)										
Major cities	1.4	0.9	1.6	1.3	1.8	..	2.0	..	1.3	198 917
Inner regional	2.2	1.5	1.7	4.2	2.1	1.4	np	..	2.0	81 749
Outer regional	2.6	2.0	1.7	2.2	2.4	1.2	..	2.0	2.0	39 579
Remote	3.6	0.9	1.5	1.0	2.5	–	..	2.8	1.8	5 798
Very remote	5.4	..	2.4	6.9	2.2	0.6	..	2.5	3.7	6 416
Private (d), (e)										
Major cities	0.1	0.1	0.2	0.2	np	..	np	..	0.1	21 149
Inner regional	0.1	0.1	0.1	0.1	np	np	np	..	0.1	3 416
Outer regional	–	–	–	–	np	np	..	..	0.0	674
Remote	0.1	0.1	–	–	np	np	..	..	0.0	105
Very remote	–	..	–	–	np	np	..	..	0.0	31
MBS and DVA (d)										
Major cities	6.6	7.2	6.6	5.7	6.8	..	5.2	..	6.7	1 011 181
Inner regional	6.6	7.1	6.0	5.1	6.4	6.3	6.2	..	6.5	270 641
Outer regional	5.1	5.1	4.5	4.7	4.5	4.8	..	3.4	4.6	93 109
Remote	3.0	6.1	2.8	2.2	4.3	2.9	..	1.6	2.7	8 759
Very remote	4.7	..	1.7	1.2	2.3	4.7	..	1.9	1.8	2 963

(a) Not all remoteness areas are represented in each State or Territory. Excludes people for whom demographic information was missing and/or not reported.

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

(c) South Australia submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making jurisdictional comparisons.

Table NHA.21.3 **Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2009-10 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.

(d) Disaggregation by Remoteness Area is based on a person's usual residence, not the location of the service provider.

(e) Private psychiatric hospital figures are not published for South Australia, Tasmania, and the Australian Capital Territory due to confidentiality reasons but are included in the Australia figures.

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

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Services data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.21.4

Table NHA.21.4 **Proportion of people receiving clinical mental health services, by service type and SEIFA quintiles, by State and Territory, 2009-10 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
	<i>age-standardised rate (b)</i>									
Public (c), (d)										
Quintile 1 (most disadvantaged)	1.9	1.5	2.6	2.2	2.7	1.0	np	2.6	2.0	85 633
Quintile 2	1.9	1.3	1.8	1.5	2.1	4.1	4.9	2.4	1.8	75 384
Quintile 3	1.5	1.2	1.6	2.1	1.7	1.3	3.9	3.2	1.6	69 386
Quintile 4	1.4	0.8	1.3	2.1	1.2	1.0	2.5	1.7	1.3	56 689
Quintile 5 (least disadvantaged)	1.1	0.7	1.0	1.4	1.0	..	1.7	1.6	1.0	45 247
Private (d), (e)										
Quintile 1 (most disadvantaged)	—	0.1	—	0.1	np	np	np	..	0.0	1 939
Quintile 2	0.1	—	0.1	0.1	np	np	np	..	0.1	2 864
Quintile 3	0.1	0.1	0.1	0.1	np	np	np	..	0.1	4 121
Quintile 4	0.1	0.1	0.2	0.2	np	np	np	..	0.1	5 993
Quintile 5 (least disadvantaged)	0.2	0.2	0.2	0.3	np	..	np	..	0.2	10 565
MBS and DVA (d)										
Quintile 1 (most disadvantaged)	5.8	6.4	5.8	3.1	6.3	5.3	6.3	1.1	5.7	246 684
Quintile 2	6.7	6.8	5.6	5.1	6.6	5.1	5.5	2.9	6.3	274 627
Quintile 3	6.5	7.1	6.2	5.2	6.1	5.7	5.3	2.5	6.3	277 661
Quintile 4	6.5	7.0	6.2	4.9	6.1	7.4	5.3	2.3	6.3	278 258
Quintile 5 (least disadvantaged)	6.6	7.5	6.1	5.7	6.8	..	5.0	2.0	6.6	293 715

(a) Socio-Economic Indexes for Areas quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Excludes people for whom demographic information was missing and/or not reported.

Table NHA.21.4 **Proportion of people receiving clinical mental health services, by service type and SEIFA quintiles, by State and Territory, 2009-10 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

(c) South Australia submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making jurisdictional comparisons.

(d) Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.

(e) Private psychiatric hospital figures are not published for South Australia, Tasmania, and the Australian Capital Territory due to confidentiality reasons but are included in the Australia figures.

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

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Services data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.21.5

Table NHA.21.5 Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2009-10

	<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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
	<i>age-specific rate</i>									
Public (a)										
Less than 15 years	0.9	0.5	1.3	0.9	2.0	1.1	0.7	1.4	1.0	40 794
15–24 years	2.2	1.3	2.4	2.3	2.4	2.1	3.2	3.6	2.1	64 692
25–34 years	2.1	1.3	2.2	2.5	2.4	2.0	2.8	3.7	2.0	62 569
35–44 years	2.2	1.4	1.9	2.4	2.4	1.8	2.8	3.3	2.0	62 730
45–54 years	1.6	1.1	1.4	1.8	1.8	1.3	2.1	2.3	1.5	45 256
55–64 years	1.1	0.9	1.0	1.4	1.2	0.9	1.5	1.5	1.1	26 574
65+ years	1.2	1.1	1.1	2.1	1.0	1.2	2.1	1.5	1.2	36 341
All ages (b)	1.6	1.1	1.6	1.9	1.9	1.5	2.2	2.6	1.5	339 170
Private (c)										
Less than 15 years	–	–	–	–	–	–	–	..	–	–
15–24 years	0.1	0.1	0.1	0.1	np	np	np	..	0.1	2 393
25–34 years	0.1	0.1	0.1	0.2	np	np	np	..	0.1	4 014
35–44 years	0.2	0.2	0.2	0.2	np	np	np	..	0.2	5 526
45–54 years	0.2	0.2	0.2	0.2	np	np	np	..	0.2	5 180
55–64 years	0.2	0.2	0.2	0.2	np	np	np	..	0.2	4 626
65+ years	0.1	0.1	0.2	0.1	np	np	np	..	0.1	3 690
All ages (b)	0.1	0.1	0.1	0.1	np	np	np	..	0.1	25 536
MBS and DVA										
Less than 15 years	2.3	2.8	2.2	1.8	2.6	1.8	1.9	0.6	2.3	97 209
15–24 years	6.4	6.9	6.1	5.8	6.8	7.0	5.9	2.5	6.4	198 761
25–34 years	8.2	9.3	7.8	7.5	8.6	8.6	7.2	3.6	8.3	257 228

Table NHA.21.5

Table NHA.21.5 **Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2009-10**

	<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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
35–44 years	9.6	10.7	8.9	7.8	9.1	8.8	7.8	4.3	9.4	296 095
45–54 years	8.6	9.3	7.7	6.5	8.1	6.8	6.4	3.8	8.2	247 231
55–64 years	7.3	7.6	6.7	5.5	7.1	5.4	5.4	3.1	7.0	172 202
65+ years	4.4	4.3	4.1	3.3	3.8	2.6	3.1	1.8	4.1	118 570
All ages (b)	6.5	7.1	6.0	5.3	6.4	5.5	5.4	2.7	6.3	1 387 297

(a) South Australia submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making interjurisdictional comparisons.

(b) Includes people whose age was missing or not reported.

(c) Private psychiatric hospital figures are not published for South Australia, Tasmania, and the Australian Capital Territory due to confidentiality reasons but are included in the Australia figures.

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

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.21.6 Proportion of people receiving clinical mental health services by service, type and SEIFA deciles, National, 2009-10 (per cent) (a)

	<i>Public (b), (c)</i>	<i>Private (c)</i>	<i>MBS and DVA (c)</i>
	<i>age-standardised rates (d)</i>		
Decile 1 (most disadvantaged)	2.1	–	5.5
Decile 2	2.0	–	6.0
Decile 3	1.8	0.1	6.3
Decile 4	1.7	0.1	6.4
Decile 5	1.6	0.1	6.2
Decile 6	1.6	0.1	6.4
Decile 7	1.4	0.1	6.2
Decile 8	1.2	0.1	6.4
Decile 9	1.1	0.2	6.7
Decile 10 (least disadvantaged)	1.0	0.2	6.4

(a) SEIFA deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Excludes people for whom information was missing and/or not reported.

(b) South Australia submitted data that was not based on unique patient identifier or data matching approaches.

(c) Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.

(d) Rates are age-standardised to the Australian population as at 30 June 2001.

– Nil or rounded to zero.

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management System data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.21.7

Table NHA.21.7 **Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2008-09**

	<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>
		<i>age-standardised rate (a)</i>								
Public (b)										
Number	<i>no.</i>	113 759	57 860	72 989	39 547	30 423	9 362	7 348	5 008	336 296
Rate	%	1.6	1.1	1.7	1.8	2.0	1.9	2.1	2.2	1.6
Private (c)										
Number	<i>no.</i>	7 575	6 308	5 270	2 629	np	np	np	..	24 348
Rate	%	0.1	0.1	0.1	0.1	np	np	np	..	0.1
MBS and DVA										
Number: Total MBS and DVA (d)	<i>no.</i>	419 027	345 880	234 972	106 981	91 733	24 476	17 108	5 097	1 245 285
Rate: Total MBS and DVA (d)	%	6.0	6.5	5.5	4.9	5.7	5.1	4.8	2.3	5.8
Rate: Psychiatrist (e)	%	1.3	1.5	1.3	1.1	1.6	1.0	1.1	0.4	1.3
Rate: Clinical psychologist (f)	%	0.8	0.8	0.6	1.2	1.1	1.2	0.8	0.2	0.8
Rate: GP (g)	%	4.5	4.8	4.1	3.7	4.1	3.9	3.5	1.8	4.3
Rate: Other allied health (h)	%	1.7	2.2	1.7	0.8	1.1	1.3	1.5	0.5	1.7

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) South Australia and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making inter-jurisdictional comparisons.

(c) Private psychiatric hospital figures are not published for South Australia, Tasmania, and the Australian Capital Territory due to confidentiality reasons but are included in the Australia figures.

(d) MBS/DVA services are those provided under any of the Medicare/DVA-funded service types described at (e) to (h). Persons seen by more than one provider type are counted only once in the total.

(e) Consultant psychiatrist services are MBS items 134, 136, 138, 140, 142, 289, 291, 293, 296, 297, 299, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344, 346, 348, 350, 352, 353, 355, 356, 357, 358, 359, 361, 364, 366, 367, 369, 370, 855, 857, 858, 861, 864, 866, 14224.

Table NHA.21.7 **Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2008-09**

	<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>
(f)	Clinical psychologist services are MBS items 80000, 80005, 80010, 80015, 80020 and and DVA items US01, US02, US03, US04, US05, US06, US07, US08, US50, US51, US99.									
(g)	GP services are MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2721, 2723, 2725, 2727.									
(h)	Other allied health services are MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 81325, 81355, 82000, 82015 and DVA items CL20, CL25, CL30, US11, US12, US13, US14, US15, US16, US17, US18, US21, US22, US23, US24, US25, US26, US27, US31, US32, US33, US34, US35, US36, US37, US52, US53, US96, US97, US98.									

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

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.21.8

Table NHA.21.8 **Proportion of people receiving clinical mental health services, by service type and Indigenous status, by State and Territory, 2008-09**

	<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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
	<i>age-standardised rate (a)</i>									
Public (b), (c)										
Indigenous	4.7	3.2	3.8	3.8	5.7	1.3	5.6	3.1	4.0	20 616
Non-Indigenous	1.2	1.1	1.6	1.6	1.6	1.3	1.7	1.9	1.3	277 321
Private (d)										
Indigenous	na	na	na	na	na	na	na	..	na	na
Non-Indigenous	na	na	na	na	na	na	na	..	na	na
MBS and DVA (e)										
Indigenous	7.2	9.2	4.5	2.7	5.5	6.5	7.8	1.0	5.1	24 603
Non-Indigenous	5.9	6.4	5.3	4.9	5.6	5.0	4.6	2.7	5.7	1 200 337

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) The Indigenous status rates should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions.

(c) South Australia and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making inter-jurisdictional comparisons.

(d) Indigenous information is not collected for private psychiatric hospitals.

(e) DVA data not available by Indigenous status. Medicare data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (51 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.

na Not available. .. Not applicable.

Table NHA.21.8 **Proportion of people receiving clinical mental health services, by service type and Indigenous status, by State and Territory, 2008-09**

	<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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Services data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2008, Series B, Cat. no. 3238.0.*

Table NHA.21.9

Table NHA.21.9 **Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2008-09 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
	<i>age-standardised rate (b)</i>									
Public (c)										
Major cities	1.2	0.9	1.4	1.3	1.8	..	1.9	..	1.2	180 087
Inner regional	2.6	1.5	2.3	4.0	1.9	np	np	..	2.1	85 135
Outer regional	3.9	2.0	2.1	2.2	2.5	np	..	2.0	2.3	44 963
Remote	5.6	1.5	1.5	0.9	2.5	np	..	2.5	2.0	6 193
Very remote	15.5	..	3.1	5.9	2.4	np	..	2.2	3.8	6 554
Private (d), (e)										
Major cities	0.1	0.1	0.2	0.1	np	..	np	..	0.1	20 251
Inner regional	0.1	–	0.1	0.1	np	np	np	..	0.1	3 205
Outer regional	–	–	–	–	np	np	..	..	–	645
Remote	0.1	–	–	–	np	np	..	..	–	98
Very remote	–	..	–	–	np	np	..	..	–	30
MBS and DVA (d)										
Major cities	6.1	6.7	6.0	5.3	6.2	..	4.8	..	6.1	915 697
Inner regional	6.0	6.4	5.5	4.6	5.4	5.6	5.9	..	5.8	239 309
Outer regional	4.6	4.3	3.8	4.3	4.0	4.2	..	3.0	4.1	80 256
Remote	2.9	5.9	2.4	1.9	3.3	2.7	..	1.3	2.3	7 448
Very remote	4.0	..	1.5	1.0	2.4	6.0	..	1.5	1.6	2 551

(a) Not all remoteness areas are represented in each State or Territory. Excludes people for whom demographic information was missing and/or not reported.

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

Table NHA.21.9 **Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2008-09 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.

(c) These data should be interpreted with caution as the methodology used to allocate remoteness varies across jurisdictions. Disaggregation by RA is based on a person's usual residence, the location of the service provider or a combination of both. Due to system-related issues impacting data quality, Tasmania is unable to provide data by remoteness area. South Australia and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making jurisdictional comparisons.

(d) Disaggregation by Remoteness Area is based on a person's usual residence, not the location of the service provider.

(e) Private psychiatric hospital figures are not published for South Australia, Tasmania, and the Australian Capital Territory due to confidentiality reasons but are included in the Australia figures.

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

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Services data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.21.10 **Proportion of people receiving clinical mental health services, by service type and SEIFA quintiles, by State and Territory, 2008-09 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
	<i>age-standardised rate (b)</i>									
Public (c)										
Quintile 1 (most disadvantaged)	1.9	1.5	1.6	2.2	2.6	np	14.4	1.5	1.7	71 838
Quintile 2	1.9	1.3	2.6	1.5	1.4	np	4.7	6.2	1.8	77 478
Quintile 3	1.5	1.2	2.2	2.1	1.2	np	3.9	4.0	1.7	71 007
Quintile 4	1.4	0.8	1.3	2.0	0.9	np	2.4	0.6	1.2	51 637
Quintile 5 (least disadvantaged)	1.2	0.7	1.0	1.4	3.5	..	1.6	2.3	1.2	50 795
Private (d), (e)										
Quintile 1 (most disadvantaged)	—	0.1	—	0.1	np	np	np	..	—	2 036
Quintile 2	—	—	0.1	0.1	np	np	np	..	0.1	2 578
Quintile 3	0.1	0.1	0.1	0.1	np	np	np	..	0.1	3 888
Quintile 4	0.1	0.1	0.2	0.1	np	np	np	..	0.1	6 212
Quintile 5 (least disadvantaged)	0.2	0.2	0.2	0.2	np	..	np	..	0.2	9 553
MBS and DVA (d)										
Quintile 1 (most disadvantaged)	5.2	5.7	5.3	2.7	5.5	4.7	5.7	0.9	5.2	217 906
Quintile 2	6.1	6.1	5.0	4.7	5.9	4.7	5.0	2.5	5.7	244 443
Quintile 3	6.0	6.5	5.6	4.7	5.6	4.9	4.9	2.1	5.7	247 790
Quintile 4	6.0	6.5	5.7	4.5	5.7	6.6	4.9	2.1	5.8	249 928
Quintile 5 (least disadvantaged)	6.2	7.1	5.6	5.4	6.2	..	4.6	1.8	6.2	270 753

(a) Socio-Economic Indexes for Areas quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Excludes people for whom demographic information was missing and/or not reported.

Table NHA.21.10 **Proportion of people receiving clinical mental health services, by service type and SEIFA quintiles, by State and Territory, 2008-09 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

(c) These data should be interpreted with caution as the methodology used to allocate SEIFA varies across jurisdictions. Disaggregation by SEIFA is based on a person's usual residence, the location of the service provider or a combination of both. Due to system-related issues impacting data quality, Tasmania is unable to provide data by SEIFA. South Australia and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making jurisdictional comparisons.

(d) Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.

(e) Private psychiatric hospital figures are not published for South Australia, Tasmania, and the Australian Capital Territory due to confidentiality reasons but are included in the Australia figures.

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

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Services data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.21.11

Table NHA.21.11 Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2008-09

	<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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
	<i>age-specific rate</i>									
Public (a)										
Less than 15 years	0.9	0.5	1.4	0.9	2.0	0.9	0.6	1.2	1.0	39 907
15–24 years	2.2	1.3	2.4	2.2	2.3	2.0	3.0	3.2	2.0	61 893
25–34 years	2.2	1.4	2.3	2.5	2.5	1.8	2.8	3.4	2.1	63 074
35–44 years	2.2	1.4	2.0	2.3	2.4	1.7	2.8	3.0	2.0	62 550
45–54 years	1.6	1.1	1.5	1.7	1.8	1.2	2.1	2.0	1.5	44 334
55–64 years	1.2	0.9	1.0	1.3	1.2	0.9	1.6	1.2	1.1	25 934
65+ years	1.2	1.2	1.2	2.0	1.1	1.2	2.2	1.3	1.3	35 817
All ages (b)	1.6	1.1	1.7	1.8	1.9	1.9	2.1	2.3	1.6	336 296
Private (c)										
Less than 15 years	–	–	–	–	–	–	–	..	–	–
15–24 years	0.1	0.1	0.1	0.1	np	np	np	..	0.1	2 333
25–34 years	0.1	0.1	0.1	0.1	np	np	np	..	0.1	3 821
35–44 years	0.2	0.2	0.2	0.2	np	np	np	..	0.2	5 007
45–54 years	0.2	0.2	0.2	0.2	np	np	np	..	0.2	4 816
55–64 years	0.2	0.2	0.2	0.2	np	np	np	..	0.2	4 707
65+ years	0.1	0.2	0.2	0.1	np	np	np	..	0.1	3 552
All ages (b)	0.1	0.1	0.1	0.1	np	np	np	..	0.1	24 348
MBS and DVA										
Less than 15 years	1.9	2.2	1.8	1.5	2.1	1.4	1.4	0.4	1.9	78 762
15–24 years	5.7	6.2	5.4	5.3	6.0	6.1	5.2	2.1	5.7	173 340
25–34 years	7.8	8.9	7.3	7.3	7.9	7.8	6.8	3.2	7.8	235 699

Table NHA.21.11 **Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2008-09**

	<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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
35–44 years	9.0	9.8	8.1	7.1	8.2	7.8	7.1	3.7	8.6	269 552
45–54 years	8.1	8.6	7.1	6.0	7.5	6.4	6.0	3.2	7.6	226 246
55–64 years	6.9	7.1	6.4	5.2	6.6	4.9	5.2	2.5	6.6	158 299
65+ years	4.0	3.9	3.6	2.9	3.3	2.2	2.8	1.5	3.7	103 387
All ages (b)	6.0	6.5	5.5	4.9	5.7	4.9	4.9	2.3	5.8	1 245 285

(a) South Australia and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making interjurisdictional comparisons.

(b) Includes people whose age was missing or not reported.

(c) Private psychiatric hospital figures are not published for South Australia, Tasmania, and the Australian Capital Territory due to confidentiality reasons but are included in the Australia figures.

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

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.21.12 Proportion of people receiving clinical mental health services by service, type and SEIFA deciles, National, 2008-09 (per cent) (a)

	<i>Public (b)</i>	<i>Private (c)</i>	<i>MBS and DVA (c)</i>
	<i>age-standardised rates (d)</i>		
Decile 1 (most disadvantaged)	1.8	—	5.0
Decile 2	1.9	—	5.3
Decile 3	1.8	0.1	5.7
Decile 4	1.8	0.1	5.8
Decile 5	1.8	0.1	5.7
Decile 6	1.6	0.1	5.8
Decile 7	1.2	0.1	5.7
Decile 8	1.2	0.1	5.9
Decile 9	1.2	0.2	6.3
Decile 10 (least disadvantaged)	1.1	0.2	6.0

(a) SEIFA deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Excludes people for whom information was missing and/or not reported.

(b) These data should be interpreted with caution as the methodology used to allocate SEIFA varies across jurisdiction. Disaggregation by SEIFA is based on a person's usual residence, the location of the service provider or a combination of both. Due to system-related issues impacting data quality, Tasmania is unable to provide data by SEIFA. South Australia and Tasmania submitted data that was not based on unique patient identifier or data matching approaches.

(c) Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.

(d) Rates are age-standardised to the Australian population as at 30 June 2001.

— Nil or rounded to zero.

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management System data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.21.13 **Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2007-08**

	<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>
<i>age-standardised rate (a)</i>										
Public (b)										
Number	no.	108 755	57 197	75 541	37 566	27 793	9 499	6 801	4 721	327 873
Rate	%	1.6	1.1	1.8	1.8	1.8	2.0	2.0	2.1	1.6
Private (c)										
Number	no.	7 256	6 170	4 791	2 183	np	np	np	..	23 044
Rate	%	0.1	0.1	0.1	0.1	np	np	np	..	0.1
MBS and DVA										
Number: Total MBS and DVA (d)	no.	349 679	287 210	189 005	87 638	75 116	20 527	14 163	3 981	1 027 330
Rate: Total MBS and DVA (d)	%	5.1	5.5	4.5	4.1	4.7	4.3	4.0	1.8	4.9
Rate: Psychiatrist (e)	%	1.3	1.5	1.3	1.0	1.6	1.0	1.1	0.4	1.3
Rate: Clinical psychologist (f)	%	0.6	0.6	0.4	1.0	0.7	0.9	0.6	0.1	0.6
Rate: GP (g)	%	3.7	3.9	3.2	3.0	3.2	3.2	2.8	1.4	3.5
Rate: Other allied health (h)	%	1.3	1.8	1.4	0.6	0.9	1.1	1.2	0.4	1.3

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) South Australia and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making inter-jurisdictional comparisons.

(c) Private psychiatric hospital figures are not published for South Australia, Tasmania, and the Australian Capital Territory due to confidentiality reasons but are included in the Australia figures.

(d) MBS/DVA services are those provided under any of the Medicare/DVA-funded service types described at (e) to (h). Persons seen by more than one provider type are counted only once in the total.

(e) Consultant psychiatrist services are MBS items 134, 136, 138, 140, 142, 289, 291, 293, 296, 297, 299, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344, 346, 348, 350, 352, 353, 355, 356, 357, 358, 359, 361, 364, 366, 367, 369, 370, 855, 857, 858, 861, 864, 866, 14224.

Table NHA.21.13 **Proportion of people receiving clinical mental health services, by service type, by State and Territory, 2007-08**

	<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>
(f)	Clinical psychologist services are MBS items 80000, 80005, 80010, 80015, 80020 and and DVA items US01, US02, US03, US04, US05, US06, US07, US08, US50, US51, US99.									
(g)	GP services are MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2721, 2723, 2725, 2727.									
(h)	Other allied health services are MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 82000, 82015 and DVA items CL20, CL25, CL30, US11, US12, US13, US14, US15, US16, US17, US18, US21, US22, US23, US24, US25, US26, US27, US31, US32, US33, US34, US35, US36, US37, US52, US53, US96, US97, US98.									

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

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.21.14 **Proportion of people receiving clinical mental health services, by service type and Indigenous status, by State and Territory, 2007-08**

	<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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
	<i>age-standardised rate (a)</i>									
Public (b), (c)										
Indigenous	4.5	3.1	3.9	3.5	5.0	1.5	5.1	2.9	3.8	19 187
Non-Indigenous	1.2	1.1	1.7	1.6	1.5	2.0	1.6	1.9	1.3	276 005
Private (d)										
Indigenous	na	na	na	na	na	na	na	..	na	na
Non-Indigenous	na	na	na	na	na	na	na	..	na	na
MBS (e)										
Indigenous	np	np	np	np	np	np	np	np	np	np
Non-Indigenous	np	np	np	np	np	np	np	np	np	np

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) The Indigenous status rates should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions.

(c) South Australia and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making inter-jurisdictional comparisons.

(d) Indigenous information is not collected for private psychiatric hospitals.

(e) DVA data not available by Indigenous status. MBS data not published.

na Not available. **..** Not applicable. **np** Not published.

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Services data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2007, Series B, Cat. no. 3238.0*.

Table NHA.21.15 **Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2007-08 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
	<i>age-standardised rate (b)</i>									
Public (c)										
Major cities	1.2	0.9	1.4	1.3	1.6	..	3.7	..	1.2	173 288
Inner regional	2.6	1.6	2.5	3.8	1.7	np	np	..	2.2	85 003
Outer regional	3.4	1.8	2.1	2.1	2.6	np	..	2.0	2.3	43 447
Remote	4.3	1.1	1.8	0.9	1.9	np	..	2.2	1.8	5 744
Very remote	12.5	..	3.8	5.3	2.1	np	..	2.1	3.7	6 297
Private (d), (e)										
Major cities	0.1	0.1	0.1	0.1	np	..	np	..	0.1	19 261
Inner regional	0.1	–	0.1	0.1	np	np	np	..	0.1	2 973
Outer regional	–	–	–	–	np	np	..	..	–	579
Remote	–	–	–	–	np	np	..	..	–	69
Very remote	–	..	–	–	np	np	..	..	–	30
MBS and DVA (d)										
Major cities	5.2	5.7	5.1	4.6	5.2	..	4.0	..	5.2	764 089
Inner regional	5.0	5.1	4.4	3.7	4.5	4.8	4.6	..	4.8	192 134
Outer regional	3.6	3.5	3.0	3.5	3.2	3.4	..	2.4	3.2	62 986
Remote	2.5	4.6	1.8	1.4	2.5	2.1	..	0.9	1.8	5 668
Very remote	2.4	..	1.2	0.7	2.6	5.5	..	1.2	1.3	2 070

(a) Not all remoteness areas are represented in each State or Territory. Excludes people for whom demographic information was missing and/or not reported.

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

Table NHA.21.15 **Proportion of people receiving clinical mental health services, by service type and remoteness area, by State and Territory, 2007-08 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.

(c) These data should be interpreted with caution as the methodology used to allocate remoteness varies across jurisdictions. Disaggregation by RA is based on a person's usual residence, the location of the service provider or a combination of both. Due to system-related issues impacting data quality, Tasmania is unable to provide data by remoteness area. South Australia and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making jurisdictional comparisons.

(d) Disaggregation by Remoteness Area is based on a person's usual residence, not the location of the service provider.

(e) Private psychiatric hospital figures are not published for South Australia, Tasmania, and the Australian Capital Territory due to confidentiality reasons but are included in the Australia figures.

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

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Services data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.21.16 **Proportion of people receiving clinical mental health services, by service type and SEIFA quintiles, by State and Territory, 2007-08 (a)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
	%	%	%	%	%	%	%	%	%	no.
	<i>age-standardised rate (b)</i>									
Public (c)										
Quintile 1 (most disadvantaged)	1.7	1.5	1.9	2.0	2.7	2.0	18.8	1.7	1.9	76 062
Quintile 2	1.9	1.4	2.6	1.5	1.3	2.9	4.4	3.8	1.8	74 912
Quintile 3	1.5	1.2	1.9	2.1	1.0	1.3	3.8	3.8	1.6	67 321
Quintile 4	1.4	0.9	1.6	2.0	1.3	0.8	2.3	0.6	1.4	56 048
Quintile 5 (least disadvantaged)	1.2	0.7	1.2	1.4	2.1	..	1.5	2.4	1.1	48 651
Private (d), (e)										
Quintile 1 (most disadvantaged)	—	0.1	—	0.1	np	np	np	..	0.1	2 556
Quintile 2	—	—	0.1	—	np	np	np	..	0.1	2 351
Quintile 3	0.1	—	0.1	0.1	np	np	np	..	0.1	3 572
Quintile 4	0.1	0.1	0.2	0.1	np	np	np	..	0.1	5 383
Quintile 5 (least disadvantaged)	0.2	0.2	0.2	0.2	np	..	np	..	0.2	9 074
MBS and DVA (d)										
Quintile 1 (most disadvantaged)	4.3	4.8	4.2	2.3	4.4	3.8	5.4	0.8	4.3	176 364
Quintile 2	5.2	5.1	4.2	3.9	4.8	3.9	4.3	1.3	4.8	200 248
Quintile 3	5.1	5.4	4.4	3.9	4.4	4.2	4.0	1.6	4.7	202 268
Quintile 4	5.2	5.4	4.8	3.9	5.0	6.0	4.1	1.7	5.0	206 586
Quintile 5 (least disadvantaged)	5.3	6.2	4.9	4.8	5.4	..	4.0	1.4	5.3	231 002

(a) Socio-Economic Indexes for Areas quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Excludes people for whom demographic information was missing and/or not reported.

Table NHA.21.16 **Proportion of people receiving clinical mental health services, by service type and SEIFA quintiles, by State and Territory, 2007-08 (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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

(c) These data should be interpreted with caution as the methodology used to allocate SEIFA varies across jurisdictions. Disaggregation by SEIFA is based on a person's usual residence, the location of the service provider or a combination of both. Due to system-related issues impacting data quality, Tasmania is unable to provide data by SEIFA. South Australia and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making jurisdictional comparisons.

(d) Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.

(e) Private psychiatric hospital figures are not published for South Australia, Tasmania, and the Australian Capital Territory due to confidentiality reasons but are included in the Australia figures.

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

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Services data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.21.17

Table NHA.21.17 Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2007-08

	<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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
	<i>age-specific rate</i>									
Public (a)										
Less than 15 years	0.8	0.5	1.4	0.9	1.7	1.1	0.6	1.1	0.9	37 781
15–24 years	2.1	1.3	2.6	2.1	2.2	2.7	2.9	3.1	2.0	60 555
25–34 years	2.2	1.4	2.5	2.5	2.4	2.2	2.6	3.2	2.1	62 785
35–44 years	2.2	1.4	2.2	2.3	2.2	2.1	2.6	2.9	2.0	61 863
45–54 years	1.6	1.1	1.6	1.6	1.7	1.6	1.9	2.0	1.5	43 397
55–64 years	1.1	0.9	1.1	1.3	1.1	1.1	1.3	1.2	1.1	25 134
65+ years	1.1	1.3	1.3	1.9	0.9	1.7	2.0	1.4	1.3	35 186
All ages (b)	1.6	1.1	1.8	1.8	1.8	1.9	2.0	2.2	1.6	327 873
Private (c)										
Less than 15 years	–	–	–	–	–	–	–	..	–	–
15–24 years	0.1	0.1	0.1	0.1	np	np	np	..	0.1	2 139
25–34 years	0.1	0.1	0.1	0.1	np	np	np	..	0.1	3 488
35–44 years	0.2	0.2	0.1	0.1	np	np	np	..	0.2	4 713
45–54 years	0.2	0.2	0.2	0.1	np	np	np	..	0.2	4 674
55–64 years	0.2	0.2	0.2	0.2	np	np	np	..	0.2	4 501
65+ years	0.1	0.2	0.1	0.1	np	np	np	..	0.1	3 356
All ages (b)	0.1	0.1	0.1	0.1	np	np	np	..	0.1	23 044
MBS and DVA										
Less than 15 years	1.4	1.6	1.3	1.2	1.5	1.0	1.0	0.3	1.4	57 986
15–24 years	4.7	5.1	4.3	4.5	4.8	5.1	4.2	1.7	4.7	138 781
25–34 years	6.7	7.7	6.1	6.2	6.7	6.9	5.7	2.7	6.7	196 524

Table NHA.21.17 **Proportion of people receiving clinical mental health services, by service type and age, by State and Territory, 2007-08**

	<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>	<i>Aust</i>
	%	%	%	%	%	%	%	%	%	no.
35–44 years	7.6	8.3	6.7	6.0	6.8	6.5	6.2	2.9	7.3	225 154
45–54 years	7.0	7.5	6.0	5.1	6.3	5.4	5.0	2.6	6.5	190 277
55–64 years	6.1	6.2	5.5	4.5	5.7	4.3	4.5	2.1	5.7	133 303
65+ years	3.4	3.3	3.0	2.3	2.7	1.8	2.8	1.2	3.1	85 304
All ages (b)	5.1	5.5	4.5	4.1	4.7	4.2	4.2	1.9	4.9	1 027 330

(a) South Australia and Tasmania submitted data that was not based on unique patient identifier or data matching approaches. Therefore caution needs to be taken when making interjurisdictional comparisons.

(b) Includes people whose age was missing or not reported.

(c) Private psychiatric hospital figures are not published for South Australia, Tasmania, and the Australian Capital Territory due to confidentiality reasons but are included in the Australia figures.

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

Source: State and Territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management Service data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.21.18 Proportion of people receiving clinical mental health services by service, type and SEIFA deciles, National, 2007-08 (per cent) (a)

	<i>Public (b)</i>	<i>Private (c)</i>	<i>MBS and DVA (c)</i>
	<i>age-standardised rates (d)</i>		
Decile 1 (most disadvantaged)	1.8	0.1	4.1
Decile 2	1.9	—	4.4
Decile 3	1.9	0.1	4.7
Decile 4	1.9	0.1	4.9
Decile 5	1.6	0.1	4.7
Decile 6	1.6	0.1	4.8
Decile 7	1.3	0.1	4.9
Decile 8	1.5	0.1	5.0
Decile 9	1.2	0.2	5.5
Decile 10 (least disadvantaged)	1.1	0.2	5.2

(a) SEIFA deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Excludes people for whom information was missing and/or not reported.

(b) These data should be interpreted with caution as the methodology used to allocate SEIFA varies across jurisdiction. Disaggregation by SEIFA is based on a person's usual residence, the location of the service provider or a combination of both. Due to system-related issues impacting data quality, Tasmania is unable to provide data by SEIFA. South Australia and Tasmania submitted data that was not based on unique patient identifier or data matching approaches.

(c) Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.

(d) Rates are age-standardised to the Australian population as at 30 June 2001.

— Nil or rounded to zero.

Source: State and territory (unpublished) community mental health care data; Private Mental Health Alliance (unpublished) Centralised Data Management System data; DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2007.

NHA Indicator 22:

Selected potentially preventable hospitalisations

Table NHA.22.1

Table NHA.22.1 **Selected potentially preventable hospitalisations, by State and Territory, 2009-10 (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>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Vaccine-preventable conditions	74.2	72.3	87.3	84.1	89.5	66.1	50.8	243.0	79.6	17 887
Acute conditions	1 270.9	1 435.5	1 472.0	1 374.7	1 459.2	1 071.0	983.6	2 113.4	1 377.8	308 574
Chronic conditions	1 357.9	1 508.5	1 861.3	2 314.3	1 439.0	1 213.2	1 041.5	2 607.0	1 594.8	370 879
Total (d)	2 691.3	3 003.7	3 403.1	3 754.7	2 972.7	2 338.5	2 068.8	4 899.5	3 037.8	694 015

(a) Separations are reported by jurisdiction of usual residence, not jurisdiction of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian population at 30 June 2001.

(c) Caution should be used when comparing data across time due to changes between the ICD-10-AM 5th edition (used in 2006-07 and 2007-08) and ICD-10-AM 6th edition (used after 2007–08) and the associated Australian Coding Standards.

(d) More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.22.2 **Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c), (d)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust no.
	<i>age-standardised rate per 100 000 population</i>									
Vaccine preventable conditions										
Indigenous status (e)										
Indigenous	197.4	130.1	370.8	550.0	415.4	75.9	np	749.3	374.5	1 515
Other Australians	72.6	72.4	79.8	72.5	85.6	65.3	51.1	87.7	75.0	15 827
Remoteness of residence (f)										
Major cities	67.1	74.4	85.4	68.6	82.8	..	50.9	..	73.2	11 179
Inner regional	88.4	67.3	71.1	74.5	77.2	67.3	np	..	76.2	3 492
Outer regional	105.5	72.2	93.4	129.6	126.7	66.0	..	127.1	98.7	2 089
Remote	110.5	87.7	226.0	181.3	107.3	np	..	290.1	182.8	594
Very remote	190.2	..	189.9	291.8	293.5	np	..	520.4	309.3	515
SEIFA of residence (g)										
Quintile 1	93.0	106.1	112.2	226.2	114.8	np	np	387.8	110.5	4 996
Quintile 2	73.6	71.5	103.1	99.7	90.2	np	24.1	185.7	81.9	3 766
Quintile 3	76.2	71.1	80.5	79.1	84.6	48.8	33.8	243.5	77.2	3 454
Quintile 4	65.6	65.7	75.3	80.7	65.1	45.7	64.4	115.3	69.3	3 002
Quintile 5	59.2	58.4	68.5	45.5	68.8	..	46.5	70.4	59.0	2 642
Acute conditions										
Indigenous status (e)										
Indigenous	2 290.7	2 026.5	3 075.2	4 201.8	3 639.3	1 077.7	np	4 502.5	3 131.5	14 883
Other Australians	1 260.6	1 445.5	1 429.1	1 296.4	1 446.3	1 075.1	982.9	1 156.6	1 360.0	284 123
Remoteness of residence (f)										
Major cities	1 164.6	1 390.5	1 338.4	1 292.9	1 364.3	..	983.2	..	1 281.8	195 794
Inner regional	1 485.6	1 592.0	1 571.6	1 304.2	1 418.7	1 023.9	np	..	1 480.0	66 304

Table NHA.22.2 **Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c), (d)**

	<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>	<i>Aust</i>
Outer regional	1 755.1	1 598.9	1 598.7	1 547.7	2 026.9	1 159.2	..	1 231.9	1 600.0	33 585
Remote	2 604.0	2 044.9	2 717.0	1 973.7	1 539.4	1 390.0	..	3 028.1	2 305.0	7 402
Very remote	2 811.8	..	2 934.7	2 606.6	2 907.8	1 231.2	..	3 364.4	2 956.0	5 049
SEIFA of residence (g)										
Quintile 1	1 443.7	1 477.3	1 836.9	2 473.5	1 719.8	1 086.7	np	2 746.7	1 602.8	72 620
Quintile 2	1 290.8	1 596.0	1 569.9	1 433.7	1 418.6	1 358.0	1 087.0	1 239.8	1 423.9	65 117
Quintile 3	1 337.1	1 426.4	1 467.0	1 285.1	1 575.2	1 007.2	1 440.6	2 932.7	1 399.7	62 199
Quintile 4	1 177.3	1 465.3	1 353.0	1 257.7	1 151.4	971.1	1 101.4	1 127.8	1 299.7	56 504
Quintile 5	1 061.1	1 274.5	1 095.4	1 268.5	1 226.8	..	910.3	1 148.4	1 153.7	51 586
Chronic conditions										
Indigenous status (e)										
Indigenous	4 662.6	3 827.7	9 021.8	34 036.7	6 434.0	1 390.2	1 784.5	6 545.4	10 282.0	27 374
Other Australians	1 333.9	1 520.3	1 733.5	1 809.8	1 426.1	1 206.8	1 027.2	1 500.8	1 513.4	332 330
Remoteness of residence (f)										
Major cities	1 249.4	1 484.1	1 631.8	2 025.3	1 362.2	..	1 040.1	..	1 462.3	226 182
Inner regional	1 485.9	1 539.1	2 253.4	2 562.4	1 453.9	1 171.5	np	..	1 706.4	86 890
Outer regional	1 892.6	1 708.4	1 963.0	1 876.7	1 814.6	1 280.0	..	1 843.0	1 818.1	41 467
Remote	2 454.5	1 576.6	2 423.8	6 835.7	1 436.0	1 644.4	..	3 289.0	3 519.0	10 959
Very remote	2 451.7	..	3 227.6	4 388.7	2 500.3	813.1	..	4 080.8	3 637.7	5 112
SEIFA of residence (g)										
Quintile 1	1 712.4	1 818.0	2 620.9	6 261.4	1 852.9	1 278.0	np	3 435.7	2 076.0	100 280
Quintile 2	1 471.4	1 752.3	2 077.0	2 700.1	1 447.9	1 692.4	1 279.1	1 738.5	1 727.8	86 404
Quintile 3	1 429.8	1 507.0	1 830.8	2 445.5	1 458.4	1 113.6	1 280.9	3 512.1	1 709.6	77 497
Quintile 4	1 101.5	1 414.4	1 447.1	1 895.6	1 067.2	840.2	1 220.0	1 462.6	1 343.5	57 618

Table NHA.22.2

Table NHA.22.2 **Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c), (d)**

	<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>	<i>Aust</i>
Quintile 5	913.2	1 172.2	1 181.0	1 189.6	958.2	..	949.1	1 988.0	1 066.0	48 745
All potentially preventable hospitalisations (h)										
Indigenous status (e)										
Indigenous	7 098.9	5 948.5	12 327.8	38 618.5	10 384.4	2 488.4	2 926.5	11 564.6	13 162.9	43 405
Other Australians	2 655.9	3 025.7	3 227.3	3 163.4	2 943.7	2 336.3	2 054.1	2 728.2	2 912.1	629 416
Remoteness of residence (f)										
Major cities	2 470.2	2 936.8	3 039.2	3 372.2	2 795.1	..	2 067.1	..	2 804.6	431 183
Inner regional	3 046.3	3 185.8	3 882.9	3 926.7	2 937.0	2 250.7	np	..	3 249.6	156 033
Outer regional	3 739.5	3 361.9	3 635.5	3 523.9	3 948.0	2 493.5	..	3 175.2	3 497.8	76 714
Remote	5 156.3	3 691.2	5 306.1	8 938.1	3 068.9	3 055.9	..	6 529.7	5 962.1	18 813
Very remote	5 387.6	..	6 290.3	7 231.9	5 669.1	2 123.7	..	7 801.3	6 824.4	10 550
SEIFA of residence (g)										
Quintile 1	3 233.7	3 384.7	4 544.9	8 911.3	3 670.7	2 425.3	np	6 457.9	3 768.7	176 927
Quintile 2	2 823.4	3 402.0	3 728.5	4 211.8	2 942.5	3 123.8	2 390.2	3 134.8	3 217.6	154 500
Quintile 3	2 829.0	2 992.4	3 363.6	3 794.5	3 091.2	2 161.8	2 755.3	6 626.3	3 171.8	142 482
Quintile 4	2 335.4	2 935.0	2 861.2	3 215.0	2 274.9	1 849.7	2 373.9	2 677.9	2 700.6	116 609
Quintile 5	2 027.2	2 497.2	2 333.0	2 491.9	2 246.1	..	1 900.4	3 195.1	2 270.3	102 593

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

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

(d) Caution should be used when comparing data across time due to changes between the ICD-10-AM 5th edition (used in 2006-07 and 2007-08) and ICD-10-AM 6th edition (used after 2007-08) and the associated Australian Coding Standards.

Table NHA.22.2 **Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c), (d)**

	<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>	<i>Aust</i>
(e)	Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(f)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.									
(g)	Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of people in that SEIFA quintile in the jurisdiction.									
(h)	More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.									
	.. Not applicable np Not published									

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

Table NHA.22.3 Selected potentially preventable hospitalisations, by SEIFA deciles, National, 2009-10 (a), (b)

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (c)		
Decile 1	134.5	2 718
Decile 2	106.9	2 278
Decile 3	90.4	1 884
Decile 4	88.9	1 882
Decile 5	82.5	1 733
Decile 6	88.2	1 721
Decile 7	75.5	1 553
Decile 8	74.3	1 449
Decile 9	65.5	1 360
Decile 10	44.2	1 282
Acute conditions		
SEIFA of residence (c)		
Decile 1	1 845.2	37 563
Decile 2	1 659.2	35 057
Decile 3	1 561.0	32 268
Decile 4	1 559.7	32 849
Decile 5	1 529.2	31 873
Decile 6	1 551.6	30 326
Decile 7	1 319.7	27 032
Decile 8	1 503.1	29 472
Decile 9	1 326.7	27 380
Decile 10	835.0	24 206
Chronic conditions		
SEIFA of residence (c)		
Decile 1	2 489.2	51 529
Decile 2	2 079.5	48 751
Decile 3	1 887.2	43 391
Decile 4	1 888.6	43 013
Decile 5	1 768.5	39 821
Decile 6	1 993.7	37 676
Decile 7	1 393.8	28 606
Decile 8	1 493.8	29 012
Decile 9	1 314.4	27 839
Decile 10	721.2	20 906

Table NHA.22.3 **Selected potentially preventable hospitalisations, by SEIFA deciles, National, 2009-10 (a), (b)**

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
All potentially preventable hospitalisations (d)		
SEIFA of residence (c)		
Decile 1	4 443.0	91 281
Decile 2	3 826.6	85 646
Decile 3	3 522.0	77 175
Decile 4	3 518.7	77 325
Decile 5	3 363.7	73 065
Decile 6	3 617.6	69 417
Decile 7	2 776.1	56 924
Decile 8	3 058.5	59 685
Decile 9	2 696.4	56 361
Decile 10	1 594.8	46 232

- (a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA decile divided by the total number of people in that SEIFA decile in the jurisdiction.
- (d) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2009.

Table NHA.22.4

Table NHA.22.4 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by State and Territory, 2009-10 (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>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Vaccine-preventable conditions	74.2	72.3	87.3	84.1	89.5	66.1	50.8	243.0	79.6	17 887
Acute conditions <i>excluding dehydration and gastroenteritis</i>	998.0	1 099.8	1 172.8	1 116.7	1 177.8	855.8	790.9	1 795.8	1 086.6	242 335
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>	1 208.4	1 382.2	1 408.5	1 280.1	1 326.4	1 127.5	959.4	2 251.8	1 309.4	304 061
Total <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (c)</i>	2 271.6	2 544.7	2 655.1	2 466.9	2 581.7	2 039.6	1 794.6	4 242.2	2 464.4	561 710

(a) Separations are reported by jurisdiction of usual residence, not jurisdiction of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

(c) More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.22.5 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10**

	<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>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Vaccine preventable conditions										
Indigenous status (d)										
Indigenous	197.4	130.1	370.8	550.0	415.4	75.9	np	749.3	361.4	1 515
Other Australians	72.6	72.4	79.8	72.5	85.6	65.3	51.1	87.7	74.4	15 827
Remoteness of residence (e)										
Major cities	67.1	74.4	85.4	68.6	82.8	..	50.9	..	73.2	11 179
Inner regional	88.4	67.3	71.1	74.5	77.2	67.3	—	..	76.2	3 492
Outer regional	105.5	72.2	93.4	129.6	126.7	66.0	..	127.1	98.7	2 089
Remote	110.5	np	226.0	181.3	107.3	np	..	290.1	182.8	594
Very remote	190.2	..	189.9	291.8	293.5	np	..	520.4	309.3	515
SEIFA of residence (f)										
Quintile 1	93.0	106.1	112.2	226.2	114.8	74.6	np	387.8	110.5	4 996
Quintile 2	73.6	71.5	103.1	99.7	90.2	86.7	np	185.7	81.9	3 766
Quintile 3	76.2	71.1	80.5	79.1	84.6	48.8	np	243.5	77.2	3 454
Quintile 4	65.6	65.7	75.3	80.7	65.1	45.7	64.4	115.3	69.3	3 002
Quintile 5	59.2	58.4	68.5	45.5	68.8	..	46.5	70.4	59.0	2 642
Acute conditions <i>excluding dehydration and gastroenteritis</i>										
Indigenous status (d)										
Indigenous	1 924.5	1 688.2	2 656.4	3 646.6	3 160.4	909.4	1 012.8	3 938.7	2 610.0	13 023
Other Australians	986.9	1 106.9	1 133.2	1 046.0	1 163.5	857.4	786.8	956.8	1 059.0	221 650
Remoteness of residence (e)										
Major cities	923.5	1 056.5	1 068.2	1 052.3	1 124.6	..	790.8	..	1 011.3	153 910

Table NHA.22.5 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10**

	<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>	<i>Aust</i>
Inner regional	1 162.1	1 244.6	1 232.5	1 048.4	1 101.2	817.3	np	..	1 161.3	51 630
Outer regional	1 305.7	1 267.5	1 293.1	1 262.9	1 565.5	928.0	..	1 033.0	1 260.3	26 340
Remote	1 838.3	1 643.8	2 206.6	1 610.3	1 147.7	1 158.9	..	2 577.4	1 844.7	5 967
Very remote	2 159.5	..	2 292.4	2 066.9	2 299.6	814.6	..	2 852.0	2 389.0	4 124
SEIFA of residence (f)										
Quintile 1	1 094.2	1 148.5	1 470.3	1 995.2	1 381.0	876.6	np	2 368.1	1 259.6	56 814
Quintile 2	1 036.0	1 229.4	1 255.7	1 166.2	1 150.3	1 076.1	949.0	949.3	1 133.8	51 553
Quintile 3	1 057.3	1 094.4	1 169.9	1 042.0	1 224.9	803.5	1 212.4	2 452.9	1 103.9	48 862
Quintile 4	936.3	1 117.1	1 074.2	1 024.5	960.2	752.8	912.3	954.7	1 026.6	44 529
Quintile 5	829.8	964.0	866.3	1 032.7	1 005.1	..	716.1	1 032.6	902.5	40 134
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>										
Indigenous status (d)										
Indigenous	3 472.4	2 911.1	4 615.1	5 315.2	4 736.1	1 309.8	1 625.7	5 632.0	4 228.9	12 682
Other Australians	1 194.2	1 395.9	1 349.3	1 198.1	1 324.2	1 121.9	946.2	1 277.1	1 278.9	281 215
Remoteness of residence (e)										
Major cities	1 114.1	1 373.4	1 351.8	1 157.0	1 263.6	..	958.9	..	1 237.1	191 537
Inner regional	1 328.9	1 387.9	1 380.1	1 387.4	1 293.1	1 094.3	np	..	1 336.9	67 687
Outer regional	1 648.5	1 487.3	1 505.7	1 580.9	1 684.0	1 177.8	..	1 599.9	1 534.9	34 766
Remote	2 193.0	1 458.0	2 129.2	1 831.3	1 350.8	1 561.7	..	2 854.8	2 006.6	6 072
Very remote	2 075.4	..	2 602.0	2 292.1	2 182.6	757.7	..	3 466.2	2 684.3	3 757
SEIFA of residence (f)										
Quintile 1	1 517.3	1 666.6	1 782.5	2 190.3	1 688.9	1 184.1	np	2 930.9	1 647.6	79 527
Quintile 2	1 301.1	1 560.8	1 472.8	1 512.5	1 336.1	1 549.9	1 097.4	1 344.5	1 404.9	70 003

Table NHA.22.5 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10**

	<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>	<i>Aust</i>
Quintile 3	1 280.7	1 374.5	1 378.7	1 303.6	1 359.2	1 044.2	1 191.0	3 198.1	1 338.8	60 665
Quintile 4	985.9	1 317.3	1 250.4	1 196.5	991.8	794.0	1 141.1	1 263.7	1 163.4	49 972
Quintile 5	819.5	1 096.8	1 072.4	896.7	894.1	..	868.8	1 574.9	954.5	43 597
All potentially preventable hospitalisations <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)</i> (g)										
Indigenous status (d)										
Indigenous	5 554.7	4 697.6	7 552.4	9 391.0	8 257.8	2 239.7	2 681.4	10 146.5	7 119.5	26 971
Other Australians	2 244.9	2 565.6	2 550.2	2 304.6	2 561.7	2 035.7	1 777.7	2 307.8	2 402.1	516 447
Remoteness of residence (e)										
Major cities	2 096.3	2 495.0	2 492.2	2 266.7	2 459.4	..	1 794.1	..	2 311.7	355 082
Inner regional	2 569.1	2 690.7	2 673.6	2 499.5	2 460.8	1 968.7	np	..	2 564.5	122 308
Outer regional	3 049.3	2 812.1	2 877.8	2 949.6	3 360.6	2 162.7	..	2 740.5	2 879.2	62 863
Remote	4 129.2	3 171.5	4 524.2	3 585.0	2 592.0	2 742.1	..	5 665.4	4 002.1	12 533
Very remote	4 393.8	..	5 035.5	4 608.2	4 767.5	1 651.6	..	6 707.4	5 324.2	8 304
SEIFA of residence (f)										
Quintile 1	2 693.1	2 909.0	3 346.9	4 376.8	3 171.7	2 122.4	np	5 603.8	3 002.5	140 619
Quintile 2	2 401.1	2 847.6	2 815.6	2 762.2	2 565.7	2 703.4	2 070.5	2 450.3	2 608.3	124 713
Quintile 3	2 403.1	2 531.1	2 616.6	2 412.6	2 644.8	1 893.1	2 437.2	5 848.5	2 508.2	112 451
Quintile 4	1 980.9	2 492.3	2 388.5	2 288.3	2 010.2	1 586.8	2 107.9	2 309.7	2 250.1	97 107
Quintile 5	1 703.3	2 112.9	1 997.5	1 964.9	1 962.2	..	1 625.8	2 671.1	1 909.1	86 057

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

Table NHA.22.5 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10**

	<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>	<i>Aust</i>
(c)	Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.									
(d)	Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(e)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.									
(f)	Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of people in that SEIFA quintile in the jurisdiction.									
(g)	More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.									
	.. Not applicable. – Nil or rounded to zero. np Not published.									

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

Table NHA.22.6 **Supplementary measure a) Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and***

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (c)		
Decile 1	134.4	2 717
Decile 2	106.9	2 278
Decile 3	90.4	1 884
Decile 4	88.9	1 882
Decile 5	82.5	1 733
Decile 6	88.2	1 721
Decile 7	75.5	1 553
Decile 8	74.3	1 449
Decile 9	65.5	1 360
Decile 10	44.2	1 282
Acute conditions <i>excluding dehydration and gastroenteritis</i>		
SEIFA of residence (c)		
Decile 1	1 462.6	29 763
Decile 2	1 288.5	27 039
Decile 3	1 237.0	25 413
Decile 4	1 246.8	26 140
Decile 5	1 216.6	25 218
Decile 6	1 210.9	23 644
Decile 7	1 050.6	21 448
Decile 8	1 179.5	23 081
Decile 9	1 034.1	21 208
Decile 10	654.9	18 926
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>		
SEIFA of residence (c)		
Decile 1	1 968.1	40 663
Decile 2	1 660.4	38 850
Decile 3	1 549.4	35 429
Decile 4	1 522.2	34 574
Decile 5	1 402.8	31 487
Decile 6	1 544.7	29 178
Decile 7	1 206.6	24 762
Decile 8	1 293.6	25 210
Decile 9	1 166.0	24 654
Decile 10	651.9	18 943

Table NHA.22.6 **Supplementary measure a) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and**

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (d)		
SEIFA of residence (c)		
Decile 1	3 546.2	72 759
Decile 2	3 041.4	67 833
Decile 3	2 864.4	62 450
Decile 4	2 843.2	62 263
Decile 5	2 688.5	58 144
Decile 6	2 831.5	54 307
Decile 7	2 322.7	47 554
Decile 8	2 537.9	49 553
Decile 9	2 257.2	47 041
Decile 10	1 346.4	39 016

(a) Data are presented by the jurisdiction of usual residence of the patient, not by jurisdiction of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian population at 30 June 2001.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(d) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.22.7

Table NHA.22.7 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by State and Territory, 2009-10 (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>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Vaccine-preventable conditions	74.2	72.3	87.3	84.1	89.5	66.1	50.8	243.0	79.6	17 887
Acute conditions <i>excluding dehydration and gastroenteritis</i>	998.0	1 099.8	1 172.8	1 116.7	1 177.8	855.8	790.9	1 795.8	1 086.6	242 335
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>	882.8	980.3	1 013.0	837.2	1 002.4	769.2	691.9	1 569.8	937.6	218 240
Total <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses) (c)</i>	1 945.8	2 147.2	2 264.0	2 030.7	2 263.4	1 685.0	1 528.0	3 579.7	2 095.8	476 637

(a) Separations are reported by jurisdiction of usual residence, not jurisdiction of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian population at 30 June 2001.

(c) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.22.8 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (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>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Vaccine preventable conditions										
Indigenous status (d)										
Indigenous	197.4	130.1	370.8	550.0	415.4	75.9	np	749.3	361.4	1 515
Other Australians	72.6	72.4	79.8	72.5	85.6	65.3	51.1	87.7	74.4	15 827
Remoteness of residence (e)										
Major cities	67.1	74.4	85.4	68.6	82.8	..	50.9	..	73.2	11 179
Inner regional	88.4	67.3	71.1	74.5	77.2	67.3	np	..	76.2	3 492
Outer regional	105.5	72.2	93.4	129.6	126.7	66.0	..	127.1	98.7	2 089
Remote	110.5	np	226.0	181.3	107.3	np	..	290.1	182.8	594
Very remote	190.2	..	189.9	291.8	293.5	np	..	520.4	309.3	515
SEIFA of residence (f)										
Quintile 1	93.0	106.1	112.2	226.2	114.8	74.6	np	387.8	110.5	4 996
Quintile 2	73.6	71.5	103.1	99.7	90.2	86.7	np	185.7	81.9	3 766
Quintile 3	76.2	71.1	80.5	79.1	84.6	48.8	np	243.5	77.2	3 454
Quintile 4	65.6	65.7	75.3	80.7	65.1	45.7	64.4	115.3	69.3	3 002
Quintile 5	59.2	58.4	68.5	45.5	68.8	..	46.5	70.4	59.0	2 642
Acute conditions <i>excluding dehydration and gastroenteritis</i>										
Indigenous status (d)										
Indigenous	1 924.5	1 688.2	2 656.4	3 646.6	3 160.4	909.4	1 012.8	3 938.7	2 610.0	13 023
Other Australians	986.9	1 106.9	1 133.2	1 046.0	1 163.5	857.4	786.8	956.8	1 059.0	221 650
Remoteness of residence (e)										
Major cities	923.5	1 056.5	1 068.2	1 052.3	1 124.6	..	790.8	..	1 011.3	153 910

Table NHA.22.8 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (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>	<i>Aust</i>
Inner regional	1 162.1	1 244.6	1 232.5	1 048.4	1 101.2	817.3	np	..	1 161.3	51 630
Outer regional	1 305.7	1 267.5	1 293.1	1 262.9	1 565.5	928.0	..	1 033.0	1 260.3	26 340
Remote	1 838.3	1 643.8	2 206.6	1 610.3	1 147.7	1 158.9	..	2 577.4	1 844.7	5 967
Very remote	2 159.5	..	2 292.4	2 066.9	2 299.6	814.6	..	2 852.0	2 389.0	4 124
SEIFA of residence (f)										
Quintile 1	1 094.2	1 148.5	1 470.3	1 995.2	1 381.0	876.6	1 729.7	2 368.1	1 259.6	56 814
Quintile 2	1 036.0	1 229.4	1 255.7	1 166.2	1 150.3	1 076.1	949.0	949.3	1 133.8	51 553
Quintile 3	1 057.3	1 094.4	1 169.9	1 042.0	1 224.9	803.5	1 212.4	2 452.9	1 103.9	48 862
Quintile 4	936.3	1 117.1	1 074.2	1 024.5	960.2	752.8	912.3	954.7	1 026.6	44 529
Quintile 5	829.8	964.0	866.3	1 032.7	1 005.1	..	716.1	1 032.6	902.5	40 134
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>										
Indigenous status (d)										
Indigenous	2 640.1	1 960.1	3 008.5	3 242.3	2 997.7	948.0	1 026.6	3 900.2	2 878.0	8 756
Other Australians	876.6	997.0	978.0	790.7	1 011.8	768.6	683.8	855.2	922.3	202 537
Remoteness of residence (e)										
Major cities	800.8	964.1	981.1	751.8	951.5	..	691.5	..	880.2	136 880
Inner regional	982.0	1 011.8	991.8	882.9	1 011.7	754.9	np	..	967.7	49 174
Outer regional	1 254.0	1 048.6	1 045.9	1 094.1	1 260.4	782.7	..	997.8	1 097.9	24 903
Remote	1 725.7	1 037.8	1 564.1	1 194.1	1 045.8	1 048.9	..	2 277.5	1 477.9	4 462
Very remote	1 582.1	..	1 789.3	1 592.7	1 418.9	711.4	..	2 426.2	1 901.6	2 641
SEIFA of residence (f)										
Quintile 1	1 108.8	1 152.7	1 277.9	1 522.9	1 267.8	796.4	np	2 022.5	1 182.4	57 199
Quintile 2	973.8	1 116.7	1 069.2	966.9	1 030.7	1 056.8	766.1	766.7	1 021.5	51 019

Table NHA.22.8 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (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>	<i>Aust</i>
Quintile 3	895.7	979.3	1 012.6	849.8	990.1	721.7	776.9	2 443.6	944.3	42 907
Quintile 4	724.2	934.8	901.4	780.6	770.1	572.8	818.2	807.4	833.5	35 943
Quintile 5	589.8	783.2	719.6	585.2	666.9	..	633.0	1 101.6	671.9	30 959
All potentially preventable hospitalisations <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)</i> (g)										
Indigenous status (d)										
Indigenous	4 731.0	3 768.6	5 986.4	7 379.8	6 552.8	1 904.0	2 082.3	8 482.8	5 803.0	23 147
Other Australians	1 926.9	2 171.1	2 182.8	1 902.9	2 254.6	1 685.8	1 516.3	1 890.8	2 048.4	438 392
Remoteness of residence (e)										
Major cities	1 781.1	2 090.3	2 124.4	1 866.9	2 153.1	..	1 527.6	..	1 957.0	300 767
Inner regional	2 225.0	2 317.8	2 289.9	2 000.2	2 183.0	1 630.6	np	..	2 198.6	103 967
Outer regional	2 658.4	2 379.1	2 425.5	2 472.6	2 943.1	1 774.9	..	2 143.7	2 448.6	53 143
Remote	3 664.6	2 769.4	3 971.5	2 968.3	2 293.0	2 257.3	..	5 120.3	3 488.6	10 971
Very remote	3 900.5	..	4 253.2	3 933.8	4 012.0	1 605.4	..	5 716.4	4 570.1	7 231
SEIFA of residence (f)										
Quintile 1	2 288.1	2 400.6	2 850.5	3 724.6	2 754.6	1 739.2	2 732.6	4 733.8	2 543.2	118 572
Quintile 2	2 074.5	2 410.6	2 417.4	2 224.8	2 263.8	2 214.4	1 739.1	1 878.7	2 228.6	105 917
Quintile 3	2 021.0	2 139.8	2 254.1	1 964.4	2 294.3	1 571.6	2 023.1	5 115.2	2 118.2	94 895
Quintile 4	1 717.0	2 113.0	2 042.7	1 878.9	1 791.6	1 369.6	1 786.5	1 859.2	1 922.4	83 177
Quintile 5	1 466.5	1 802.1	1 646.1	1 658.7	1 737.6	..	1 390.8	2 197.9	1 625.8	73 397

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

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

Table NHA.22.8 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (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>	<i>Aust</i>
(d)	Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(e)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.									
(f)	Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of people in that SEIFA quintile in the jurisdiction.									
(g)	More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.									
	.. Not applicable. np Not published.									

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

Table NHA.22.9 **Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (all diagnoses), by SEIFA deciles, 2009-10 (a), (b)**

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (c)		
Decile 1	134.4	2 717
Decile 2	106.9	2 278
Decile 3	90.4	1 884
Decile 4	88.9	1 882
Decile 5	82.5	1 733
Decile 6	88.2	1 721
Decile 7	75.5	1 553
Decile 8	74.3	1 449
Decile 9	65.5	1 360
Decile 10	44.2	1 282
Acute conditions excluding dehydration and gastroenteritis		
SEIFA of residence (c)		
Decile 1	1 462.6	29 763
Decile 2	1 288.5	27 039
Decile 3	1 237.0	25 413
Decile 4	1 246.8	26 140
Decile 5	1 216.6	25 218
Decile 6	1 210.9	23 644
Decile 7	1 050.6	21 448
Decile 8	1 179.5	23 081
Decile 9	1 034.1	21 208
Decile 10	654.9	18 926
Chronic conditions excluding diabetes complications (all diagnoses)		
SEIFA of residence (c)		
Decile 1	1 412.6	29 215
Decile 2	1 194.3	27 975
Decile 3	1 138.9	26 068
Decile 4	1 094.7	24 901
Decile 5	996.3	22 416
Decile 6	1 082.6	20 482
Decile 7	868.7	17 863
Decile 8	923.3	18 035
Decile 9	824.9	17 525

Table NHA.22.9 **Supplementary measure b) Selected potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes compliations (all diagnoses), by SEIFA deciles, 2009-10 (a), (b)**

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Decile 10	452.0	13 298
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes compliations (all diagnoses) (d)		
SEIFA of residence (c)		
Decile 1	2 998.2	61 460
Decile 2	2 581.0	57 090
Decile 3	2 457.8	53 176
Decile 4	2 422.2	52 741
Decile 5	2 287.8	49 196
Decile 6	2 373.9	45 699
Decile 7	1 988.2	40 728
Decile 8	2 171.0	42 449
Decile 9	1 919.2	39 981
Decile 10	1 148.0	33 416

(a) Data are presented by the jurisdiction of usual residence of the patient, not by jurisdiction of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian population at 30 June 2001.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(d) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.22.10 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by State and Territory, 2008-09 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust no.</i>
	<i>age-standardised rate per 100 000 population</i>									
Vaccine-preventable conditions	71.1	76.9	77.7	62.2	71.5	60.1	51.1	239.0	74.2	16 354
Acute conditions <i>excluding dehydration and gastroenteritis</i>	998.8	1 094.6	1 162.0	1 108.1	1 168.7	809.3	953.0	1 862.9	1 083.9	235 905
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>	1 222.6	1 386.8	1 423.0	1 280.7	1 417.4	1 193.8	1 079.2	2 332.9	1 329.3	301 478
Total <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)</i> (d)	2 284.0	2 549.2	2 650.7	2 440.8	2 645.3	2 053.1	2 077.5	4 393.8	2 477.3	551 450

(a) Separations are reported by jurisdiction of usual residence, not jurisdiction of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

(c) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.

(d) More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2008.

Table NHA.22.11 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09, (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Vaccine preventable conditions										
Indigenous status (e)										
Indigenous	161.3	127.8	192.1	344.6	334.7	34.0	np	679.7	260.0	1 117
Other Australians	69.7	77.0	75.4	54.9	68.4	61.0	51.2	90.1	70.7	14 721
Remoteness of residence (f)										
Major cities	62.5	82.3	83.8	58.5	66.8	..	51.2	..	71.2	10 617
Inner regional	87.9	59.8	70.6	49.1	77.2	62.6	–	..	72.2	3 271
Outer regional	100.1	73.6	59.9	65.9	81.6	50.6	..	125.5	76.1	1 604
Remote	131.0	104.0	94.0	112.5	64.1	80.1	..	328.9	130.7	407
Very remote	140.4	..	135.8	148.1	283.8	221.7	..	436.7	238.8	399
SEIFA of residence (g)										
Quintile 1	93.0	110.3	96.2	119.6	81.1	58.6	np	315.8	99.0	4 449
Quintile 2	70.9	78.1	73.7	77.8	77.3	118.8	96.0	266.1	75.1	3 404
Quintile 3	72.0	73.8	75.7	62.4	81.4	48.7	92.0	275.1	73.2	3 189
Quintile 4	58.0	68.7	72.1	53.6	51.0	51.5	53.7	112.1	63.8	2 689
Quintile 5	55.0	63.8	69.2	40.5	58.0	..	46.7	135.4	58.3	2 555
Acute conditions <i>excluding dehydration and gastroenteritis</i>										
Indigenous status (e)										
Indigenous	1 959.2	1 712.4	2 758.6	3 667.9	3 113.9	649.2	1 319.1	3 969.5	2 641.6	13 035
Other Australians	988.5	1 099.8	1 121.6	1 032.2	1 151.6	817.2	947.4	1 001.9	1 054.4	215 083
Remoteness of residence (f)										
Major cities	918.7	1 051.9	1 069.3	1 024.2	1 117.0	..	951.9	..	1 007.8	149 675

Table NHA.22.11 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09, (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Inner regional	1 175.9	1 214.4	1 171.1	1 054.0	1 115.6	774.2	np	..	1 143.0	49 410
Outer regional	1 343.9	1 352.1	1 303.4	1 327.8	1 445.1	851.1	..	1 149.6	1 275.9	26 047
Remote	1 962.9	1 317.8	2 033.0	1 618.4	1 333.9	1 264.5	..	2 555.0	1 834.6	5 831
Very remote	2 488.6	..	2 628.3	2 243.9	2 484.2	1 561.7	..	2 893.5	2 579.8	4 400
SEIFA of residence (g)										
Quintile 1	1 094.6	1 193.4	1 455.0	2 077.0	1 338.2	848.0	np	2 115.9	1 255.3	55 328
Quintile 2	1 050.3	1 219.7	1 236.6	1 134.9	1 121.1	1 013.8	1 179.4	2 527.5	1 134.2	50 232
Quintile 3	1 049.7	1 078.0	1 164.4	1 018.3	1 227.4	737.2	1 509.7	2 480.6	1 091.2	47 047
Quintile 4	937.8	1 083.9	1 054.4	1 049.9	985.2	667.0	1 037.2	1 079.5	1 020.1	43 039
Quintile 5	822.3	960.4	879.5	1 005.7	1 040.5	..	887.3	1 011.3	907.9	39 590
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>										
Indigenous status (e)										
Indigenous	3 606.3	2 698.0	4 972.6	5 560.6	5 576.3	1 660.9	2 360.2	5 344.5	4 406.7	12 385
Other Australians	1 211.6	1 401.7	1 364.1	1 195.0	1 412.4	1 190.1	1 067.1	1 492.7	1 300.5	278 423
Remoteness of residence (f)										
Major cities	1 109.0	1 371.7	1 361.9	1 154.5	1 345.2	..	1 079.7	..	1 245.8	188 468
Inner regional	1 385.5	1 410.2	1 368.3	1 414.5	1 365.1	1 143.8	np	..	1 368.3	67 550
Outer regional	1 711.0	1 495.0	1 569.8	1 591.5	1 857.0	1 267.4	..	1 745.5	1 605.2	35 502
Remote	2 291.3	1 572.0	2 131.2	1 693.3	1 384.5	1 488.2	..	3 048.8	2 012.0	5 920
Very remote	1 950.2	..	2 723.0	2 421.9	2 207.4	1 874.2	..	3 230.6	2 700.6	3 646
SEIFA of residence (g)										
Quintile 1	1 546.2	1 678.6	1 776.4	2 234.6	1 775.7	1 286.0	np	2 431.1	1 669.4	78 986
Quintile 2	1 349.1	1 569.8	1 531.9	1 516.6	1 478.6	1 659.9	1 623.8	3 174.3	1 455.4	70 849

Table NHA.22.11 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09, (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Quintile 3	1 267.9	1 406.8	1 431.4	1 284.5	1 377.5	958.1	1 514.9	3 128.8	1 351.7	59 712
Quintile 4	994.7	1 305.4	1 278.9	1 201.0	1 108.4	919.3	1 265.0	1 512.1	1 186.0	49 411
Quintile 5	798.4	1 083.7	986.9	910.4	941.1	..	958.0	1 627.0	938.1	42 001
All potentially preventable hospitalisations excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (h)										
Indigenous status (e)										
Indigenous	5 703.4	4 518.8	7 823.3	9 423.2	8 959.5	2 323.9	3 805.2	9 823.4	7 228.6	26 321
Other Australians	2 261.3	2 569.5	2 550.3	2 274.2	2 620.7	2 058.2	2 059.5	2 574.8	2 416.3	506 235
Remoteness of residence (f)										
Major cities	2 082.3	2 496.5	2 502.8	2 228.9	2 518.0	..	2 076.9	..	2 315.6	347 362
Inner regional	2 639.7	2 677.1	2 599.9	2 509.2	2 542.4	1 970.6	1 685.4	..	2 574.3	119 772
Outer regional	3 142.7	2 908.5	2 921.9	2 975.6	3 369.5	2 159.0	..	2 996.7	2 944.8	62 878
Remote	4 380.1	2 993.7	4 246.4	3 391.4	2 768.2	2 832.8	..	5 875.2	3 954.4	12 085
Very remote	4 579.3	..	5 424.6	4 754.7	4 957.4	3 580.0	..	6 482.0	5 461.8	8 366
SEIFA of residence (g)										
Quintile 1	2 722.4	2 970.9	3 310.0	4 396.3	3 182.6	2 181.9	3 347.2	4 806.7	3 009.3	138 092
Quintile 2	2 460.0	2 856.4	2 830.3	2 716.3	2 663.5	2 778.1	2 899.2	5 921.8	2 653.3	123 940
Quintile 3	2 381.7	2 550.0	2 660.8	2 358.0	2 671.6	1 739.8	3 116.6	5 818.7	2 507.0	109 546
Quintile 4	1 984.5	2 450.1	2 394.5	2 294.9	2 134.5	1 625.5	2 345.9	2 695.8	2 261.3	94 776
Quintile 5	1 670.3	2 100.5	1 927.3	1 949.4	2 029.0	..	1 887.4	2 748.8	1 897.4	83 844

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

Table NHA.22.11 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09, (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (d)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
(c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.										
(d) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.										
(e) Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.										
(f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.										
(g) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of people in that SEIFA quintile in the jurisdiction.										
(h) More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.										
.. Not applicable. – Nil or rounded to zero. np Not published.										

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA.22.12 **Supplementary measure a) Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and***

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (c)		
Decile 1	124.2	2 537
Decile 2	88.2	1 912
Decile 3	82.1	1 716
Decile 4	79.0	1 688
Decile 5	74.7	1 589
Decile 6	82.3	1 600
Decile 7	67.0	1 377
Decile 8	67.3	1 312
Decile 9	65.8	1 359
Decile 10	41.3	1 196
Acute conditions <i>excluding dehydration and gastroenteritis</i>		
SEIFA of residence (c)		
Decile 1	1 418.5	28 838
Decile 2	1 269.0	26 482
Decile 3	1 235.1	25 227
Decile 4	1 195.4	25 005
Decile 5	1 157.5	23 987
Decile 6	1 179.7	23 060
Decile 7	1 030.0	20 983
Decile 8	1 127.8	22 056
Decile 9	1 000.7	20 564
Decile 10	656.9	19 026
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>		
SEIFA of residence (c)		
Decile 1	1 944.4	40 158
Decile 2	1 653.9	38 812
Decile 3	1 587.4	36 356
Decile 4	1 517.8	34 493
Decile 5	1 372.6	30 932
Decile 6	1 524.1	28 780
Decile 7	1 223.6	25 074
Decile 8	1 251.3	24 337
Decile 9	1 133.5	23 958
Decile 10	618.0	18 043
All potentially preventable hospitalisations <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)</i> (d)		
SEIFA of residence (c)		
Decile 1	3 469.5	71 172

Table NHA.22.12 Supplementary measure a) Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and*

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Decile 2	2 997.9	66 898
Decile 3	2 892.8	63 034
Decile 4	2 779.6	60 906
Decile 5	2 595.3	56 299
Decile 6	2 776.1	53 247
Decile 7	2 310.7	47 229
Decile 8	2 438.4	47 547
Decile 9	2 191.5	45 704
Decile 10	1 311.9	38 140

- (a) Data are presented by the jurisdiction of usual residence of the patient, not by jurisdiction of hospitalisation. Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian population at 30 June 2001.
- (c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.
- (d) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.22.13 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by State and Territory, 2008-09 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Vaccine-preventable conditions	71.1	76.9	77.7	62.2	71.5	60.1	51.1	239.0	74.2	16 354
Acute conditions <i>excluding dehydration and gastroenteritis</i>	998.8	1 094.6	1 162.0	1 108.1	1 168.7	809.3	953.0	1 862.9	1 083.9	235 905
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>	895.9	992.0	1 027.6	839.4	1 032.6	820.8	762.3	1 573.5	952.3	216 621
Total <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses) (d)</i>	1 960.6	2 158.0	2 259.9	2 005.3	2 265.2	1 683.3	1 761.5	3 659.2	2 104.5	467 532

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

(c) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.

(d) More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2008.

Table NHA.22.14 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Vaccine preventable conditions										
Indigenous status (d)										
Indigenous	161.3	127.8	192.1	344.6	334.7	34.0	np	679.7	270.4	1 117
Other Australians	69.7	77.0	75.4	54.9	68.4	61.0	51.2	90.1	71.3	14 721
Remoteness of residence (e)										
Major cities	62.5	82.3	83.8	58.5	66.8	..	51.2	..	71.2	10 617
Inner regional	87.9	59.8	70.6	49.1	77.2	62.6	–	..	72.2	3 271
Outer regional	100.1	73.6	59.9	65.9	81.6	50.6	..	125.5	76.1	1 604
Remote	131.0	104.0	94.0	112.5	64.1	80.1	..	328.9	130.7	407
Very remote	140.4	..	135.8	148.1	283.8	221.7	..	436.7	238.8	399
SEIFA of residence (f)										
Quintile 1	93.0	110.3	96.2	119.6	81.1	58.6	73.0	315.8	99.0	4 449
Quintile 2	70.9	78.1	73.7	77.8	77.3	118.8	96.0	266.1	75.1	3 404
Quintile 3	72.0	73.8	75.7	62.4	81.4	48.7	92.0	275.1	73.2	3 189
Quintile 4	58.0	68.7	72.1	53.6	51.0	51.5	53.7	112.1	63.8	2 689
Quintile 5	55.0	63.8	69.2	40.5	58.0	..	46.7	135.4	58.3	2 555
Acute conditions <i>excluding dehydration and gastroenteritis</i>										
Indigenous status (d)										
Indigenous	1 959.2	1 712.4	2 758.6	3 667.9	3 113.9	649.2	1 319.1	3 969.5	2 742.8	13 035
Other Australians	988.5	1 099.8	1 121.6	1 032.2	1 151.6	817.2	947.4	1 001.9	1 061.4	215 083
Remoteness of residence (e)										
Major cities	918.7	1 051.9	1 069.3	1 024.2	1 117.0	..	951.9	..	1 007.8	149 675

Table NHA.22.14 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Inner regional	1 175.9	1 214.4	1 171.1	1 054.0	1 115.6	774.2	np	..	1 143.0	49 410
Outer regional	1 343.9	1 352.1	1 303.4	1 327.8	1 445.1	851.1	..	1 149.6	1 275.9	26 047
Remote	1 962.9	1 317.8	2 033.0	1 618.4	1 333.9	1 264.5	..	2 555.0	1 834.6	5 831
Very remote	2 488.6	..	2 628.3	2 243.9	2 484.2	1 561.7	..	2 893.5	2 579.8	4 400
SEIFA of residence (f)										
Quintile 1	1 094.6	1 193.4	1 455.0	2 077.0	1 338.2	848.0	np	2 115.9	1 255.3	55 328
Quintile 2	1 050.3	1 219.7	1 236.6	1 134.9	1 121.1	1 013.8	1 179.4	2 527.5	1 134.2	50 232
Quintile 3	1 049.7	1 078.0	1 164.4	1 018.3	1 227.4	737.2	1 509.7	2 480.6	1 091.2	47 047
Quintile 4	937.8	1 083.9	1 054.4	1 049.9	985.2	667.0	1 037.2	1 079.5	1 020.1	43 039
Quintile 5	822.3	960.4	879.5	1 005.7	1 040.5	–	887.3	1 011.3	907.9	39 590
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>										
Indigenous status (d)										
Indigenous	2 672.8	1 990.0	3 209.3	3 243.1	3 637.7	1 228.9	1 178.4	3 542.7	3 028.7	8 345
Other Australians	892.9	1 008.3	995.3	791.8	1 040.3	822.2	757.4	947.5	944.9	200 957
Remoteness of residence (e)										
Major cities	800.8	966.4	1 000.8	744.4	984.2	..	763.2	..	887.4	134 916
Inner regional	1 024.3	1 044.8	975.8	910.5	990.3	766.3	np	..	988.6	48 967
Outer regional	1 310.3	1 094.3	1 105.0	1 144.9	1 330.9	898.7	..	1 101.7	1 165.0	25 762
Remote	1 867.0	1 099.7	1 518.3	1 177.1	1 003.0	1 180.8	..	2 297.8	1 475.3	4 304
Very remote	1 490.0	..	1 699.6	1 582.7	1 581.5	1 710.4	..	2 129.9	1 785.1	2 391
SEIFA of residence (f)										
Quintile 1	1 145.2	1 181.3	1 266.2	1 528.5	1 289.2	879.9	np	1 657.4	1 200.0	56 912
Quintile 2	991.7	1 141.6	1 100.1	980.1	1 080.0	1 211.9	1 165.2	2 220.9	1 050.2	51 280

Table NHA.22.14 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
Quintile 3	912.1	1 012.0	1 033.4	839.2	1 009.9	680.2	1 013.0	2 261.3	959.8	42 480
Quintile 4	727.3	930.5	939.1	783.4	799.7	583.3	872.4	911.6	846.9	35 418
Quintile 5	581.0	771.8	710.5	597.0	693.3	..	685.1	960.5	667.9	30 157
All potentially preventable hospitalisations <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)</i> (f)										
Indigenous status (d)										
Indigenous	4 777.8	3 821.8	6 128.7	7 216.6	7 050.9	1 912.2	2 623.3	8 127.6	6 012.0	22 419
Other Australians	1 945.9	2 179.6	2 185.1	1 875.2	2 253.0	1 693.4	1 750.8	2 035.5	2 071.9	429 549
Remoteness of residence (e)										
Major cities	1 777.5	2 094.7	2 145.2	1 822.9	2 161.3	..	1 761.3	..	1 960.8	294 347
Inner regional	2 281.9	2 315.1	2 211.5	2 011.3	2 170.7	1 596.2	np	..	2 198.2	101 369
Outer regional	2 745.5	2 513.5	2 463.2	2 534.6	2 849.8	1 794.1	..	2 369.6	2 510.3	53 259
Remote	3 958.5	2 521.5	3 638.9	2 897.9	2 396.6	2 525.4	..	5 154.8	3 431.4	10 513
Very remote	4 119.0	..	4 457.6	3 961.1	4 342.5	3 416.2	..	5 428.2	4 587.9	7 166
SEIFA of residence (f)										
Quintile 1	2 325.6	2 478.3	2 807.6	3 712.5	2 700.3	1 778.5	np	4 061.5	2 545.9	116 291
Quintile 2	2 106.7	2 433.3	2 403.2	2 188.5	2 270.3	2 334.7	2 440.6	4 995.0	2 253.1	104 604
Quintile 3	2 029.4	2 158.6	2 267.1	1 916.3	2 309.4	1 464.2	2 614.8	4 995.3	2 119.0	92 485
Quintile 4	1 719.1	2 078.1	2 058.7	1 882.4	1 829.1	1 295.1	1 955.5	2 101.7	1 925.4	80 924
Quintile 5	1 455.3	1 791.2	1 652.6	1 639.9	1 787.0	..	1 614.9	2 103.8	1 629.9	72 118

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

(c) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.

Table NHA.22.14 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
(d)	Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(e)	Disaggregation by remoteness area is by usual residence, not remoteness of hospital.									
(f)	SEIFA quintiles are based on the SEIFA IRSD, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.									
.. Not applicable. – Nil or rounded to zero. np Not published.										

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA.22.15 **Supplementary measure b) Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and***

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (c)		
Decile 1	124.2	2 537
Decile 2	88.2	1 912
Decile 3	82.1	1 716
Decile 4	79.0	1 688
Decile 5	74.7	1 589
Decile 6	82.3	1 600
Decile 7	67.0	1 377
Decile 8	67.3	1 312
Decile 9	65.8	1 359
Decile 10	41.3	1 196
Acute conditions <i>excluding dehydration and gastroenteritis</i>		
SEIFA of residence (c)		
Decile 1	1 418.5	28 838
Decile 2	1 269.0	26 482
Decile 3	1 235.1	25 227
Decile 4	1 195.4	25 005
Decile 5	1 157.5	23 987
Decile 6	1 179.7	23 060
Decile 7	1 030.0	20 983
Decile 8	1 127.8	22 056
Decile 9	1 000.7	20 564
Decile 10	656.9	19 026
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>		
SEIFA of residence (c)		
Decile 1	1 388.6	28 738
Decile 2	1 198.1	28 163
Decile 3	1 156.4	26 517
Decile 4	1 085.5	24 763
Decile 5	984.5	22 237
Decile 6	1 071.1	20 243
Decile 7	871.5	17 902
Decile 8	897.8	17 516
Decile 9	801.9	17 045
Decile 10	444.6	13 112
All potentially preventable hospitalisations <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)</i> (d)		
SEIFA of residence (c)		
Decile 1	2 921.7	59 914

Table NHA.22.15 Supplementary measure b) Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and*

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Decile 2	2 546.9	56 358
Decile 3	2 467.1	53 314
Decile 4	2 352.6	51 290
Decile 5	2 211.3	47 694
Decile 6	2 327.2	44 791
Decile 7	1 962.1	40 131
Decile 8	2 088.3	40 793
Decile 9	1 863.1	38 858
Decile 10	1 140.2	33 260

(a) Data are presented by the jurisdiction of usual residence of the patient, not by jurisdiction of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian population at 30 June 2001.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(d) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.22.16 **Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
	age-standardised rate per 100 000 population									no.
Vaccine preventable conditions										
Indigenous status (e)										
Indigenous	143.7	142.4	175.4	424.0	344.5	np	np	691.8	266.5	1 049
Other Australians	68.1	69.0	75.1	56.0	73.3	np	np	102.9	68.5	13 879
Remoteness of residence (f)										
Major cities	60.9	71.0	78.7	52.2	75.4	..	77.6	..	67.3	9 810
Inner regional	81.9	58.4	78.8	53.9	66.8	42.9	–	..	69.8	3 081
Outer regional	104.4	89.2	62.8	99.1	80.6	41.1	..	151.2	82.8	1 693
Remote	124.7	np	97.2	163.0	65.6	–	..	314.7	143.1	447
Very remote	107.2	..	113.4	248.4	274.7	np	..	390.8	236.4	383
SEIFA of residence (g)										
Quintile 1	81.3	90.9	84.4	182.3	86.2	43.5	–	361.9	89.3	3 902
Quintile 2	69.5	68.4	82.1	83.3	96.1	77.2	np	183.5	75.3	3 320
Quintile 3	68.5	66.5	72.3	56.5	66.3	40.4	70.7	247.9	67.6	2 890
Quintile 4	62.3	64.7	78.7	55.6	57.6	23.9	80.5	156.4	66.4	2 714
Quintile 5	58.5	61.3	68.4	43.2	59.0	..	79.2	103.2	60.2	2 577
Potentially preventable acute conditions										
Indigenous status (e)										
Indigenous	2 334.3	1 900.2	3 204.5	4 484.8	4 224.6	np	np	3 952.1	3 070.6	13 775
Other Australians	1 228.8	1 449.8	1 333.9	1 237.0	1 512.8	np	np	1 148.0	1 320.9	264 863
Remoteness of residence (f)										
Major cities	1 121.3	1 401.4	1 233.4	1 212.5	1 398.6	..	1 060.8	..	1 246.2	181 677
Inner regional	1 459.4	1 536.7	1 468.5	1 323.9	1 497.5	1 089.6	np	..	1 444.4	61 574
Outer regional	1 829.8	1 732.7	1 554.4	1 503.9	2 251.4	1 127.3	..	1 323.3	1 629.9	32 725

Table NHA.22.16 **Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (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>	<i>Aust</i>
Remote	2 765.6	1 963.6	2 603.4	2 050.3	1 776.0	1 418.3	..	2 635.8	2 300.4	7 158
Very remote	2 668.5	..	3 034.5	2 925.4	3 611.7	2 105.6	..	2 717.6	2 931.5	4 625
SEIFA of residence (g)										
Quintile 1	1 417.9	1 526.8	1 708.3	2 601.6	1 797.6	1 101.0	1 317.8	2 319.6	1 576.2	68 185
Quintile 2	1 274.9	1 612.4	1 522.2	1 373.4	1 462.0	1 466.4	910.3	1 581.6	1 411.3	61 253
Quintile 3	1 257.5	1 436.5	1 344.3	1 201.2	1 508.3	1 166.4	1 383.2	2 593.8	1 337.0	56 972
Quintile 4	1 155.3	1 409.1	1 287.0	1 250.1	1 330.2	923.6	1 105.0	1 248.9	1 272.0	51 897
Quintile 5	1 041.5	1 303.1	1 037.9	1 199.8	1 354.0	..	1 032.9	1 578.6	1 149.7	49 305
Potentially preventable chronic conditions (c)										
Indigenous status (e)										
Indigenous	6 418.9	9 676.3	8 570.9	62 574.2	8 997.3	np	np	6 305.1	14 850.0	38 307
Other Australians	1 521.9	1 853.3	1 883.9	2 710.7	1 679.6	np	np	1 872.7	1 808.5	379 260
Remoteness of residence (f)										
Major cities	1 382.3	1 693.4	1 822.9	3 382.4	1 591.3	..	1 126.8	..	1 758.9	259 539
Inner regional	1 761.6	2 154.1	2 293.7	2 583.3	1 629.5	2 071.7	np	..	2 039.8	98 621
Outer regional	2 395.3	2 720.0	2 024.3	4 019.5	2 369.5	2 213.6	..	2 276.8	2 475.1	53 788
Remote	3 906.7	2 181.7	2 716.4	10 739.4	1 750.3	2 085.8	..	3 391.9	5 006.3	15 232
Very remote	2 727.0	..	3 197.2	7 722.3	3 007.1	1 512.9	..	3 862.0	4 562.6	6 060
SEIFA of residence (g)										
Quintile 1	2 044.7	2 411.6	2 512.5	9 644.8	2 215.2	2 434.3	1 172.1	3 474.5	2 506.7	116 002
Quintile 2	1 665.4	2 165.4	2 439.0	4 648.2	1 731.4	2 499.4	1 465.2	2 619.4	2 169.1	102 884
Quintile 3	1 621.2	1 912.9	1 961.8	3 717.3	1 534.3	1 641.1	1 266.9	3 526.3	2 121.8	92 038
Quintile 4	1 271.3	1 623.6	1 717.0	2 921.9	1 385.0	1 255.4	1 317.1	1 920.3	1 639.1	65 785
Quintile 5	1 010.3	1 352.4	1 255.0	2 172.4	1 102.8	..	1 033.7	1 890.7	1 289.9	56 426

Table NHA.22.16 **Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (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>	<i>Aust</i>
All potentially preventable hospitalisations (d)										
Indigenous status (e)										
Indigenous	8 848.5	11 688.4	11 836.9	67 253.0	13 412.3	np	np	10 645.1	18 061.6	52 762
Other Australians	2 805.4	3 358.8	3 277.9	3 988.6	3 248.5	np	np	3 101.6	3 183.7	655 058
Remoteness of residence (f)										
Major cities	2 552.2	3 152.2	3 120.5	4 631.8	3 047.3	..	2 256.9	..	3 058.6	449 006
Inner regional	3 287.3	3 737.5	3 825.2	3 948.9	3 179.0	3 186.4	np	..	3 539.5	162 589
Outer regional	4 310.3	4 524.5	3 619.5	5 596.7	4 679.5	3 365.3	..	3 712.5	4 166.1	87 746
Remote	6 764.8	4 241.5	5 379.4	12 895.3	3 576.3	3 489.5	..	6 245.0	7 403.7	22 695
Very remote	5 464.8	..	6 295.4	10 792.0	6 843.9	3 717.3	..	6 772.8	7 637.6	10 940
SEIFA of residence (g)										
Quintile 1	3 527.7	4 010.9	4 281.8	12 369.4	4 077.1	3 557.9	2 489.9	6 017.6	4 150.1	187 096
Quintile 2	2 994.3	3 831.3	4 022.8	6 082.7	3 268.0	4 030.7	2 393.8	4 316.9	3 638.2	166 647
Quintile 3	2 931.8	3 402.1	3 364.1	4 957.2	3 090.6	2 830.2	2 709.8	6 320.9	3 510.9	151 227
Quintile 4	2 477.4	3 085.3	3 067.3	4 211.8	2 759.3	2 198.1	2 492.2	3 273.7	2 964.2	119 854
Quintile 5	2 101.4	2 707.4	2 352.1	3 403.5	2 504.0	..	2 138.0	3 557.7	2 490.2	107 895

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

(c) There is some variation in the recording of diabetes as an additional diagnosis. The number of separations for WA was markedly higher for chronic potentially preventable conditions, mainly due to the inclusion of renal dialysis admissions in the chronic d

(d) More than one category of potentially preventable conditions may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

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

Table NHA.22.16 **Selected potentially preventable hospitalisations, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
(f)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.									
(g)	SEIFA quintiles SEIFA quintiles are based on the SEIFA IRSD, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.									
.. Not applicable. – Nil or rounded to zero. np Not published.										

Source: AIHW; ABS (unpublished) Estimated Residential Population, 30 June 2007; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2007, Series B, Cat. no. 3238.0.

Table NHA.22.17 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by State and Territory, 2007-08 (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>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Vaccine-preventable conditions	68.9	68.8	77.0	65.3	76.2	41.9	77.5	238.0	71.7	15 440
Acute conditions <i>excluding dehydration and gastroenteritis</i>	1 029.0	1 123.1	1 130.5	1 114.8	1 182.1	884.3	893.4	1 692.7	1 093.5	232 701
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>	1 238.3	1 431.8	1 488.5	1 274.6	1 438.9	1 337.0	907.6	2 376.5	1 361.0	301 379
Total <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only) (c)</i>	2 326.9	2 615.9	2 684.1	2 441.8	2 684.3	2 249.2	1 871.9	4 256.4	2 515.8	547 218

(a) Separations are reported by jurisdiction of usual residence, not jurisdiction of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

(c) More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2007.

Table NHA.22.18 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08**

	<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>	<i>Aust no.</i>
	<i>age-standardised rate per 100 000 population</i>									
Vaccine preventable conditions										
Indigenous status (d)										
Indigenous	143.7	142.4	175.4	424.0	344.5	np	np	691.8	274.6	1 049
Other Australians	68.1	69.0	75.1	56.0	73.3	np	np	102.9	68.5	13 879
Remoteness of residence (e)										
Major cities	60.9	71.0	78.7	52.2	75.4	..	77.6	..	67.3	9 810
Inner regional	81.9	58.4	78.8	53.9	66.8	42.9	—	..	69.8	3 081
Outer regional	104.4	89.2	62.8	99.1	80.6	41.1	..	151.2	82.8	1 693
Remote	124.7	np	97.2	163.0	65.6	—	..	314.7	143.1	447
Very remote	107.2	..	113.4	248.4	274.7	np	..	390.8	236.4	383
SEIFA of residence (f)										
Quintile 1	81.3	90.9	84.4	182.3	86.2	43.5	np	361.9	89.3	3 902
Quintile 2	69.5	68.4	82.1	83.3	96.1	77.2	np	183.5	75.3	3 320
Quintile 3	68.5	66.5	72.3	56.5	66.3	40.4	70.7	247.9	67.6	2 890
Quintile 4	62.3	64.7	78.7	55.6	57.6	23.9	80.5	156.4	66.4	2 714
Quintile 5	58.5	61.3	68.4	43.2	59.0	..	79.2	103.2	60.2	2 577
Acute conditions <i>excluding dehydration and gastroenteritis</i>										
Indigenous status (d)										
Indigenous	2 034.0	1 570.7	2 801.4	3 991.0	3 252.8	np	np	3 551.8	2 673.0	12 532
Other Australians	1 017.4	1 130.1	1 087.3	1 032.7	1 163.3	np	np	995.4	1 066.3	212 399
Remoteness of residence (e)										
Major cities	941.2	1 085.6	1 013.9	1 017.5	1 114.9	..	893.7	..	1 013.0	146 999

Table NHA.22.18 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08**

	<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>	<i>Aust</i>
Inner regional	1 195.0	1 224.3	1 196.4	1 103.1	1 093.5	877.1	np	..	1 166.8	49 352
Outer regional	1 450.1	1 366.5	1 265.5	1 265.9	1 577.4	891.2	..	1 131.8	1 294.3	25 922
Remote	2 261.6	1 412.3	2 151.4	1 764.5	1 310.9	1 030.4	..	2 410.7	1 924.1	6 066
Very remote	2 345.5	..	2 486.2	2 521.3	2 683.4	1 582.7	..	2 392.6	2 459.4	3 995
SEIFA of residence (f)										
Quintile 1	1 149.6	1 198.4	1 410.2	2 267.8	1 362.6	878.6	np	2 071.2	1 272.1	54 785
Quintile 2	1 069.2	1 265.9	1 252.7	1 151.3	1 133.1	1 143.7	872.1	1 423.6	1 154.7	49 780
Quintile 3	1 051.8	1 104.1	1 117.1	1 011.8	1 156.8	945.5	1 238.9	2 301.9	1 086.9	46 129
Quintile 4	974.6	1 097.8	1 042.1	1 039.5	1 039.4	734.1	899.3	1 109.0	1 028.8	41 881
Quintile 5	856.3	1 019.5	838.7	1 005.3	1 070.5	..	876.7	1 077.5	929.6	39 634
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>										
Indigenous status (d)										
Indigenous	3 625.9	2 522.2	4 898.7	5 908.4	6 078.0	np	np	5 160.5	4 418.6	11 857
Other Australians	1 227.5	1 447.3	1 432.4	1 190.7	1 430.0	np	np	1 587.0	1 334.1	278 744
Remoteness of residence (e)										
Major cities	1 112.6	1 420.4	1 383.9	1 169.1	1 353.1	..	907.7	..	1 263.2	186 787
Inner regional	1 412.7	1 440.5	1 546.2	1 312.4	1 374.9	1 309.2	np	..	1 432.8	68 892
Outer regional	1 766.4	1 549.4	1 622.3	1 513.7	1 918.4	1 381.4	..	1 898.4	1 655.4	35 672
Remote	2 462.7	1 648.2	2 346.1	1 867.5	1 522.3	1 842.8	..	2 953.8	2 163.3	6 206
Very remote	2 427.6	..	2 708.4	2 602.5	2 576.3	1 405.2	..	3 115.1	2 756.0	3 537
SEIFA of residence (f)										
Quintile 1	1 560.3	1 713.1	1 852.2	2 250.8	1 841.3	1 426.7	np	2 853.7	1 720.9	79 777
Quintile 2	1 358.0	1 597.8	1 628.6	1 475.4	1 458.8	1 633.1	1 185.6	2 243.1	1 472.9	69 767

Table NHA.22.18 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08**

	<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>	<i>Aust</i>
Quintile 3	1 273.8	1 452.4	1 432.2	1 224.3	1 334.0	1 147.4	1 058.8	3 066.8	1 357.2	58 985
Quintile 4	1 026.3	1 354.8	1 367.7	1 269.3	1 169.5	1 092.5	1 104.2	1 600.6	1 241.7	49 864
Quintile 5	813.2	1 146.2	1 061.1	947.0	939.8	..	812.3	1 510.9	970.8	42 609
All potentially preventable hospitalisations <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)</i> (g)										
Indigenous status (d)										
Indigenous	5 783.9	4 219.1	7 808.5	10 164.9	9 596.9	np	np	9 228.3	7 284.9	25 233
Other Australians	2 303.6	2 638.5	2 583.8	2 269.2	2 653.9	np	np	2 665.6	2 459.2	503 026
Remoteness of residence (e)										
Major cities	2 106.5	2 569.0	2 465.7	2 229.3	2 530.1	..	1 872.4	..	2 334.4	342 252
Inner regional	2 678.5	2 716.3	2 810.3	2 461.7	2 526.6	2 214.5	np	..	2 659.4	120 848
Outer regional	3 308.8	2 995.3	2 936.1	2 859.4	3 562.4	2 300.9	..	3 149.0	3 018.0	62 979
Remote	4 822.9	3 156.7	4 576.2	3 751.6	2 887.0	2 858.5	..	5 607.4	4 198.7	12 622
Very remote	4 864.8	..	5 278.3	5 291.2	5 498.7	3 086.8	..	5 813.2	5 396.8	7 841
SEIFA of residence (f)										
Quintile 1	2 780.5	2 992.6	3 330.7	4 657.0	3 274.6	2 332.2	np	5 218.3	3 067.9	137 814
Quintile 2	2 486.2	2 923.5	2 949.6	2 697.6	2 675.0	2 841.6	2 076.0	3 801.2	2 691.6	122 345
Quintile 3	2 383.5	2 614.8	2 611.3	2 280.9	2 543.7	2 118.1	2 357.4	5 581.2	2 501.2	107 553
Quintile 4	2 056.4	2 510.0	2 476.8	2 352.6	2 256.8	1 846.9	2 076.2	2 820.8	2 327.9	94 089
Quintile 5	1 721.1	2 220.8	1 961.6	1 987.2	2 058.4	..	1 761.9	2 676.8	1 953.5	84 517

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.

Table NHA.22.18 Supplementary measure a) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08**

	<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>	<i>Aust</i>
(c)	Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.									
(d)	Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(e)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of people living in that remoteness area in the jurisdiction.									
(f)	Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of people in that SEIFA quintile in the jurisdiction.									
(g)	More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.									
	.. Not applicable. – Nil or rounded to zero. np Not published.									

Source: AIHW; ABS (unpublished) Estimated Residential Population, 30 June 2007; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2007, Series B, Cat. no. 3238.0.

Table NHA.22.19 **Supplementary measure a) Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and***

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (c)		
Decile 1	105.1	2 133
Decile 2	81.7	1 768
Decile 3	83.7	1 733
Decile 4	73.7	1 587
Decile 5	64.9	1 374
Decile 6	78.4	1 516
Decile 7	69.0	1 423
Decile 8	66.1	1 291
Decile 9	64.0	1 329
Decile 10	43.4	1 248
Acute conditions <i>excluding dehydration and gastroenteritis</i>		
SEIFA of residence (c)		
Decile 1	1 397.6	28 382
Decile 2	1 266.9	26 362
Decile 3	1 220.2	24 894
Decile 4	1 192.1	24 886
Decile 5	1 146.6	23 683
Decile 6	1 149.9	22 446
Decile 7	995.8	20 280
Decile 8	1 106.0	21 601
Decile 9	1 014.1	20 785
Decile 10	652.3	18 849
Chronic conditions <i>excluding diabetes complications (additional diagnoses only)</i>		
SEIFA of residence (c)		
Decile 1	1 907.2	39 435
Decile 2	1 715.8	40 228
Decile 3	1 564.9	35 870
Decile 4	1 492.7	33 897
Decile 5	1 360.1	30 529
Decile 6	1 508.4	28 456
Decile 7	1 225.1	25 056
Decile 8	1 275.5	24 808
Decile 9	1 164.9	24 607
Decile 10	617.1	18 002
All potentially preventable hospitalisations <i>excluding dehydration and gastroenteritis and diabetes complications (additional diagnoses only)</i> (d)		
SEIFA of residence (c)		
Decile 1	3 393.4	69 612

Table NHA.22.19 Supplementary measure a) Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and*

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Decile 2	3 050.8	68 046
Decile 3	2 857.7	62 249
Decile 4	2 746.3	60 096
Decile 5	2 560.7	55 351
Decile 6	2 725.5	52 202
Decile 7	2 279.4	46 546
Decile 8	2 439.7	47 543
Decile 9	2 234.9	46 551
Decile 10	1 308.1	37 966

(a) Data are presented by the jurisdiction of usual residence of the patient, not by jurisdiction of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian population at 30 June 2001.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(d) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2007.

Table NHA.22.20 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by State and Territory, 2007-08 (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>	<i>Aust no.</i>
	<i>age-standardised rate per 100 000 population</i>									
Vaccine-preventable conditions	68.9	68.8	77.0	65.3	76.2	41.9	77.5	238.0	71.7	15 440
Acute conditions <i>excluding dehydration and gastroenteritis</i>	1 029.0	1 123.1	1 130.5	1 114.8	1 182.1	884.3	893.4	1 692.7	1 093.5	232 701
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>	921.4	1 032.7	1 071.0	870.1	1 056.9	908.1	650.0	1 499.3	984.3	218 362
Total <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses) (c)</i>	2 013.4	2 220.4	2 271.8	2 044.7	2 307.9	1 827.7	1 616.6	3 408.2	2 143.7	465 224

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded.

(b) Rates are age-standardised to the Australian estimated population at 30 June 2001.

(d) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2007.

Table NHA.22.21 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (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>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Vaccine preventable conditions										
Indigenous status (c)										
Indigenous	143.7	142.4	175.4	424.0	344.5	np	np	691.8	274.6	1 049
Other Australians	68.1	69.0	75.1	56.0	73.3	np	np	102.9	68.8	13 879
Remoteness of residence (d)										
Major cities	60.9	71.0	78.7	52.2	75.4	..	77.6	..	67.3	9 810
Inner regional	81.9	58.4	78.8	53.9	66.8	42.9	–	..	69.8	3 081
Outer regional	104.4	89.2	62.8	99.1	80.6	41.1	..	151.2	82.8	1 693
Remote	124.7	np	97.2	163.0	65.6	–	..	314.7	143.1	447
Very remote	107.2	..	113.4	248.4	274.7	np	..	390.8	236.4	383
SEIFA of residence (e)										
Quintile 1	81.3	90.9	84.4	182.3	86.2	43.5	–	361.9	89.3	3 902
Quintile 2	69.5	68.4	82.1	83.3	96.1	77.2	np	183.5	75.3	3 320
Quintile 3	68.5	66.5	72.3	56.5	66.3	40.4	70.7	247.9	67.6	2 890
Quintile 4	62.3	64.7	78.7	55.6	57.6	23.9	80.5	156.4	66.4	2 714
Quintile 5	58.5	61.3	68.4	43.2	59.0	..	79.2	103.2	60.2	2 577
Acute conditions <i>excluding dehydration and gastroenteritis</i>										
Indigenous status (c)										
Indigenous	2 034.0	1 570.7	2 801.4	3 991.0	3 252.8	np	np	3 551.8	2 756.5	12 532
Other Australians	1 017.4	1 130.1	1 087.3	1 032.7	1 163.3	np	np	995.4	1 072.3	212 399
Remoteness of residence (d)										
Major cities	941.2	1 085.6	1 013.9	1 017.5	1 114.9	..	893.7	..	1 013.0	146 999

Table NHA.22.21 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (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>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Inner regional	1 195.0	1 224.3	1 196.4	1 103.1	1 093.5	877.1	np	..	1 166.8	49 352
Outer regional	1 450.1	1 366.5	1 265.5	1 265.9	1 577.4	891.2	..	1 131.8	1 294.3	25 922
Remote	2 261.6	1 412.3	2 151.4	1 764.5	1 310.9	1 030.4	..	2 410.7	1 924.1	6 066
Very remote	2 345.5	..	2 486.2	2 521.3	2 683.4	1 582.7	..	2 392.6	2 459.4	3 995
SEIFA of residence (e)										
Quintile 1	1 149.6	1 198.4	1 410.2	2 267.8	1 362.6	878.6	np	2 071.2	1 272.1	54 785
Quintile 2	1 069.2	1 265.9	1 252.7	1 151.3	1 133.1	1 143.7	872.1	1 423.6	1 154.7	49 780
Quintile 3	1 051.8	1 104.1	1 117.1	1 011.8	1 156.8	945.5	1 238.9	2 301.9	1 086.9	46 129
Quintile 4	974.6	1 097.8	1 042.1	1 039.5	1 039.4	734.1	899.3	1 109.0	1 028.8	41 881
Quintile 5	856.3	1 019.5	838.7	1 005.3	1 070.5	..	876.7	1 077.5	929.6	39 634
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>										
Indigenous status (c)										
Indigenous	2 658.8	1 882.6	3 277.5	3 693.8	3 912.8	np	np	3 333.2	3 078.6	8 092
Other Australians	917.9	1 048.5	1 038.4	819.4	1 061.0	np	np	950.6	977.1	202 958
Remoteness of residence (d)										
Major cities	819.5	1 009.3	1 010.2	794.7	1 001.3	..	650.5	..	912.2	135 373
Inner regional	1 060.0	1 070.6	1 087.6	886.5	1 009.5	878.5	np	..	1 041.3	50 158
Outer regional	1 341.9	1 163.3	1 161.5	1 080.0	1 358.3	950.8	..	1 132.5	1 197.6	25 782
Remote	1 928.0	1 287.3	1 686.8	1 272.2	1 136.8	1 326.1	..	2 049.7	1 552.9	4 404
Very remote	2 131.1	..	1 870.2	1 805.8	1 837.0	1 225.4	..	1 908.7	1 905.9	2 425
SEIFA of residence (e)										
Quintile 1	1 173.9	1 219.3	1 323.4	1 530.2	1 336.6	978.8	np	1 751.2	1 243.0	57 672

Table NHA.22.21 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (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>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>
Quintile 2	1 007.4	1 178.1	1 179.9	991.3	1 069.9	1 195.4	977.4	1 246.6	1 075.3	51 038
Quintile 3	927.3	1 032.1	1 022.2	847.6	984.8	779.8	829.9	2 206.7	968.9	42 185
Quintile 4	770.2	981.8	990.9	863.5	871.0	655.3	750.7	903.5	896.7	36 117
Quintile 5	605.8	824.8	761.1	643.5	707.2	..	589.8	1 082.9	702.9	31 071
All potentially preventable hospitalisations <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)</i> (f)										
Indigenous status (c)										
Indigenous	4 824.5	3 579.4	6 228.1	8 046.1	7 469.6	np	np	7 506.7	5 899.7	21 586
Other Australians	1 997.4	2 243.4	2 194.2	1 903.4	2 290.5	np	np	2 040.4	2 100.9	428 097
Remoteness of residence (d)										
Major cities	1 816.7	2 161.6	2 095.7	1 860.4	2 184.2	..	1 617.5	..	1 987.3	291 418
Inner regional	2 329.7	2 349.6	2 356.1	2 040.6	2 164.2	1 790.7	np	..	2 272.0	102 303
Outer regional	2 887.4	2 614.7	2 484.5	2 431.7	3 007.6	1 878.8	..	2 401.5	2 566.9	53 232
Remote	4 297.6	2 795.8	3 931.6	3 187.9	2 508.1	2 356.5	..	4 741.2	3 608.7	10 882
Very remote	4 583.8	..	4 464.4	4 539.7	4 789.1	2 907.0	..	4 661.4	4 583.2	6 778
SEIFA of residence (e)										
Quintile 1	2 398.3	2 504.0	2 809.2	3 963.1	2 777.7	1 893.9	np	4 157.8	2 597.0	116 018
Quintile 2	2 139.5	2 508.1	2 507.0	2 220.1	2 291.5	2 410.8	1 867.8	2 837.2	2 299.0	103 839
Quintile 3	2 041.9	2 197.8	2 206.5	1 911.4	2 198.5	1 754.9	2 128.5	4 732.8	2 117.8	90 960
Quintile 4	1 802.5	2 140.7	2 105.1	1 951.1	1 962.5	1 413.3	1 726.3	2 149.2	1 986.8	80 505
Quintile 5	1 515.5	1 901.9	1 663.1	1 689.6	1 831.1	..	1 541.5	2 263.5	1 688.3	73 098

(a) Data are presented by the state of usual residence of the patient, not by state of hospitalisation. Separations for patients usually resident overseas are excluded.

Table NHA.22.21 Supplementary measure b) **Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)*, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (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>	<i>Aust</i>
	<i>age-standardised rate per 100 000 population</i>									<i>no.</i>

- (b) Rates are age-standardised to the Australian estimated resident population at 30 June 2001.
- (c) More than one category may be reported during the same hospitalisation. Therefore, the total is not necessarily equal to the sum of the components.
- (d) Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.
- (e) Disaggregation by remoteness area is by usual residence, not remoteness of hospital.
- (f) SEIFA quintiles are based on the SEIFA IRSD, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.
- .. Not applicable. – Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2007; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2007, Series B, Cat. no. 3238.0.

Table NHA.22.22 **Supplementary measure b) Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and***

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Vaccine preventable conditions		
SEIFA of residence (c)		
Decile 1	105.1	2 133
Decile 2	81.7	1 768
Decile 3	83.7	1 733
Decile 4	73.7	1 587
Decile 5	64.9	1 374
Decile 6	78.4	1 516
Decile 7	69.0	1 423
Decile 8	66.1	1 291
Decile 9	64.0	1 329
Decile 10	43.4	1 248
Acute conditions <i>excluding dehydration and gastroenteritis</i>		
SEIFA of residence (c)		
Decile 1	1 397.6	28 382
Decile 2	1 266.9	26 362
Decile 3	1 220.2	24 894
Decile 4	1 192.1	24 886
Decile 5	1 146.6	23 683
Decile 6	1 149.9	22 446
Decile 7	995.8	20 280
Decile 8	1 106.0	21 601
Decile 9	1 014.1	20 785
Decile 10	652.3	18 849
Chronic conditions <i>excluding diabetes complications (all diagnoses)</i>		
SEIFA of residence (c)		
Decile 1	1 363.9	28 230
Decile 2	1 253.0	29 396
Decile 3	1 149.0	26 377
Decile 4	1 083.3	24 661
Decile 5	976.6	21 985
Decile 6	1 070.1	20 200
Decile 7	884.7	18 123
Decile 8	922.0	17 994
Decile 9	839.5	17 828
Decile 10	450.2	13 243
All potentially preventable hospitalisations <i>excluding dehydration and gastroenteritis and diabetes complications (all diagnoses)</i> (d)		
SEIFA of residence (c)		
Decile 1	2 858.7	58 582

Table NHA.22.22 Supplementary measure b) Selected potentially preventable hospitalisations *excluding dehydration and gastroenteritis and*

	<i>age-standardised rate per 100 000 population</i>	<i>no.</i>
Decile 2	2 594.1	57 348
Decile 3	2 446.7	52 865
Decile 4	2 342.3	50 974
Decile 5	2 182.2	46 911
Decile 6	2 292.4	44 049
Decile 7	1 943.9	39 712
Decile 8	2 089.4	40 793
Decile 9	1 912.7	39 841
Decile 10	1 142.9	33 257

- (a) Data are presented by the jurisdiction of usual residence of the patient, not by jurisdiction of hospitalisation. Separations for patients usually resident overseas are excluded.
- (b) Rates are age-standardised to the Australian population at 30 June 2001.
- (c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.
- (d) More than one category may be reported during the same hospitalisation. Therefore, the total rate is not necessarily equal to the sum of the components.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2007.

NHA Indicator 23:

Selected potentially avoidable GP-type presentations to emergency departments

Table NHA.23.1

Table NHA.23.1 **Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, 2010-11 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total	712 615	554 891	375 002	213 875	117 416	47 630	48 508	42 269	2 112 206

(a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.

(b) Data are presented by the state/territory of usual residence of the patient, not by the state/territory of hospitalisation.

(c) Limited to peer group A and B public hospitals.

Source: AIHW (unpublished) National Non-admitted Emergency Department Care Database.

Table NHA.23.2 **Selected potentially avoidable GP-type presentations to emergency departments, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Indigenous status (d)									
Indigenous	26 267	6 921	23 033	8 896	3 833	1 962	1 096	13 483	82 433
Other Australians	686 348	547 970	351 969	204 979	113 583	45 668	47 412	28 786	1 933 635
Remoteness of residence (e)									
Major cities	500 562	376 756	214 427	154 384	109 455	..	48 290	..	1 403 874
Inner regional	192 050	153 904	99 783	41 568	4 582	29 433	47	..	521 367
Outer regional	16 387	24 002	42 308	15 139	1 777	17 761	..	24 871	142 245
Remote	1 234	206	16 777	1 641	482	349	..	12 547	33 236
Very remote	125	..	1 687	939	969	85	..	4 838	8 643
SEIFA of residence (f)									
Quintile 1	144 641	97 290	105 539	13 608	40 137	30 412	84	11 232	442 943
Quintile 2	218 832	105 407	68 562	48 142	26 718	3 776	1 279	2 620	475 336
Quintile 3	145 073	157 383	73 643	65 361	16 638	8 527	1 856	16 406	484 887
Quintile 4	95 170	110 156	78 225	47 227	20 371	4 913	14 089	9 202	379 353
Quintile 5	106 642	84 631	49 013	39 333	13 401	..	30 678	2 791	326 489
Total (g)	712 615	554 891	375 002	213 875	117 416	47 630	48 508	42 269	2 112 206

(a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.

(b) Data are presented by the state/territory of usual residence of the patient, not by the state/territory of hospitalisation.

(c) Limited to peer group A and B public hospitals.

(d) The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data. Other Australians includes non-Indigenous patients and those for whom Indigenous status was not stated.

Table NHA.23.2 **Selected potentially avoidable GP-type presentations to emergency departments, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(e)	Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Not all remoteness areas are represented in each State or Territory. The remoteness area 'Major city' does not exist within Tasmania or the Northern Territory, 'Inner regional' does not exist within the Northern Territory, 'Remote' does not exist in the Australian Capital Territory and 'Very remote' does not exist in Victoria or the Australian Capital Territory. However, interstate visitors residing in these remoteness areas may be treated in those states and territories and rates cannot be calculated for those cases.								
(f)	SEIFA quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Disaggregation by SEIFA area is by usual residence, not SEIFA of hospital 'site'. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.								
(g)	Total includes separations for which a SEIFA category or remoteness area could not be assigned as the place of residence was unknown or not stated.								
	.. Not applicable.								

Source: AIHW (unpublished) National Non-admitted Emergency Department Care Database.

Table NHA.23.3 Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA deciles, National, 2010-11 (number) (a), (b), (c)

	<i>Aust</i>
SEIFA of residence	
Decile 1	202 650
Decile 2	240 293
Decile 3	236 319
Decile 4	239 017
Decile 5	263 619
Decile 6	221 268
Decile 7	187 182
Decile 8	192 171
Decile 9	176 367
Decile 10	150 122

- (a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.
- (b) Limited to peer group A and B public hospitals.
- (c) SEIFA deciles are based on the SEIFA IRSD, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

Source: AIHW (unpublished) National Non-admitted Emergency Department Care Database.

Table NHA.23.4

Table NHA.23.4 **Emergency department presentations, by hospital peer group, by State and Territory, 2010-11 (number) (a), (b), (c), (d)**

	<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>
Peer group A									
Triage category 4	533 631	439 283	355 958	170 253	116 321	np	np	52 944	1 731 110
Triage category 5	175 880	85 396	45 506	16 439	22 643	np	np	4 319	364 119
Peer group B									
Triage category 4	227 543	173 316	64 772	73 400	16 388	np	np	238	592 135
Triage category 5	55 080	43 395	15 886	9 377	4 115	np	np	80	136 477
Total	992 134	741 390	482 122	269 469	159 467	62 133	59 545	57 581	2 823 841

(a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.

(b) Includes all triage category 4 and 5 emergency department presentations.

(c) Data are presented by the State/Territory of usual residence of the patient, not by the State/Territory of hospitalisation.

(d) Limited to peer group A and B public hospitals.

np Not published.

Source: AIHW (unpublished) National Non-admitted Emergency Department Care Database.

Table NHA.23.5 **Selected potentially avoidable GP-type presentations to emergency departments, by State and Territory, 2009-10 (number) (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Total	705 661	550 995	371 434	207 465	117 014	47 841	46 221	35 877	2 082 508

(a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.

(b) Data are presented by the State/Territory of usual residence of the patient, not by the State/Territory of hospitalisation.

(c) Limited to peer group A and B public hospitals.

Source: AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.

Table NHA.23.6

Table NHA.23.6 Selected potentially avoidable GP-type presentations to emergency departments, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (number) (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Indigenous status (d)									
Indigenous	24 714	6 777	23 153	8 529	2 302	1 759	951	11 490	79 675
Other Australians	680 947	544 218	348 281	198 936	114 712	46 082	45 270	24 387	2 002 833
Remoteness of residence (e)									
Major cities	491 153	375 480	218 104	143 149	109 204	..	46 121	..	1 383 211
Inner regional	194 697	151 016	92 336	41 253	4 687	28 216	47	..	512 252
Outer regional	16 958	24 284	40 305	15 033	1 767	19 210	..	19 978	137 535
Remote	1 151	205	18 708	1 596	514	337	..	11 385	33 896
Very remote	123	..	1 971	837	825	72	..	4 435	8 263
SEIFA of residence (f)									
Quintile 1	143 647	99 760	103 836	12 887	39 719	31 068	60	9 997	440 974
Quintile 2	224 832	102 845	69 090	45 644	25 582	3 752	1 262	1 646	474 653
Quintile 3	144 288	154 219	71 282	64 778	17 774	8 062	1 719	14 460	476 582
Quintile 4	88 471	110 301	78 210	39 195	19 841	4 953	12 932	7 657	361 560
Quintile 5	102 844	83 860	49 004	39 364	14 078	..	29 820	2 036	321 006
Total (g)	705 661	550 995	371 434	207 465	117 014	47 841	46 221	35 877	2 082 508

(a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.

(b) Data are presented by the State/Territory of usual residence of the patient, not by the State/Territory of hospitalisation.

(c) Limited to peer group A and B public hospitals.

(d) The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data. Other Australians includes non-Indigenous patients and those for whom Indigenous status was not stated.

(e) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, data represent the number of presentations for patients living in each remoteness area regardless of the jurisdiction of the hospital where they presented.

Table NHA.23.6 Selected potentially avoidable GP-type presentations to emergency departments, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (number) (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, data represent the number of presentations for patients living in each SEIFA quintile regardless of the jurisdiction of the hospital where they presented.									
(g) Total includes separations for which a SEIFA category or remoteness area could not be assigned as the place of residence was unknown or not stated.									
.. Not applicable.									

Source: AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.

Table NHA.23.7 Selected potentially avoidable GP-type presentations to emergency departments, by SEIFA deciles, National, 2009-10 (number) (a), (b), (c)

	<i>Aust</i>
SEIFA of residence	
Decile 1	200 249
Decile 2	240 725
Decile 3	235 437
Decile 4	239 216
Decile 5	261 396
Decile 6	215 186
Decile 7	174 659
Decile 8	186 901
Decile 9	171 719
Decile 10	149 287

- (a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.
- (b) Limited to peer group A and B public hospitals.
- (c) SEIFA deciles are based on the SEIFA IRSD, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital. Hence, data represent the number of presentations for patients living in each SEIFA decile regardless of the jurisdiction of the hospital where they presented.

Source: AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.

Table NHA.23.8

Table NHA.23.8 **Emergency department presentations, by hospital peer group, by State and Territory, 2009-10 (number) (a), (b), (c), (d)**

	<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>
Peer group A									
Triage category 4	526 193	428 029	346 437	162 185	116 396	np	np	44 174	1 682 526
Triage category 5	175 648	85 370	46 534	17 011	23 948	np	np	3 022	362 818
Peer group B									
Triage category 4	217 769	155 968	62 144	69 595	15 398	np	np	221	555 959
Triage category 5	55 197	61 152	18 399	9 649	3 091	np	np	103	159 826
Total	974 807	730 519	473 514	258 440	158 833	61 056	56 440	47 520	2 761 129

(a) GP-type emergency department presentations were defined as presentations for which the Type of visit was reported as Emergency presentation, which did not arrive by Ambulance or by Police or other correctional vehicle, with a Triage category of Semi-urgent or Non-urgent, and where the episode end status was not Admitted to this hospital, or Referred to another hospital, or Died.

(b) Includes all triage category 4 and 5 emergency department presentations.

(c) Data are presented by the State/Territory of usual residence of the patient, not by the State/Territory of hospitalisation.

(d) Limited to peer group A and B public hospitals.

np Not published.

Source: AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.

NHA Indicator 24:

GP-type services

Table NHA.24.1

Table NHA.24.1 **GP-type service use, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11 (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
	<i>age-standardised rate per 1000 population</i>									<i>no. services</i>
Indigenous status (c)										
Indigenous	na	na	na	na	na	na	na	na	na	na
Non-Indigenous	na	na	na	na	na	na	na	na	na	na
Remoteness of residence										
Major cities	6 300.6	5 782.2	5 971.1	4 819.6	5 683.2	..	4 519.6	..	5 853.3	91 063 222
Inner regional	5 146.0	5 258.5	5 502.0	4 744.6	5 287.1	5 163.6	5 319.4	..	5 232.1	24 609 702
Outer regional	4 730.5	4 979.8	5 159.5	4 303.9	5 329.6	5 174.2	..	4 044.9	4 901.3	10 697 952
Remote	5 416.5	5 149.8	4 906.7	3 580.9	4 740.1	4 724.4	..	2 330.8	4 214.6	1 335 878
Very remote	6 182.4	..	3 947.3	2 880.5	4 549.0	5 383.6	..	4 011.6	3 771.7	599 187
SEIFA of residence (d)										
Quintile 1	6 723.6	6 409.6	5 917.4	3 703.2	6 083.8	5 223.5	5 563.2	1 926.0	6 127.5	28 215 183
Quintile 2	5 880.5	5 655.2	5 570.7	4 812.3	5 673.0	4 922.4	4 413.5	3 646.3	5 642.3	26 570 518
Quintile 3	5 784.3	5 632.3	5 821.8	4 657.3	5 293.1	4 958.2	4 425.0	2 899.9	5 481.2	24 935 605
Quintile 4	5 821.0	5 431.1	5 774.7	4 606.7	5 082.0	5 004.5	4 463.8	2 889.6	5 440.5	24 317 827
Quintile 5	5 267.7	5 052.2	5 278.7	4 239.0	4 958.2	..	4 438.4	2 855.2	5 017.1	22 860 530
Total (e)	5 956.6	5 631.5	5 705.4	4 676.2	5 554.2	5 154.3	4 520.8	3 670.6	5 598.9	128 381 713
	<i>no. services</i>									
Total number (e)	44 583 383	32 161 759	26 037 151	10 754 297	9 727 661	2 792 282	1 581 877	742 876	128 381 713	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State and Territory, remoteness area and Socio-Economic Indexes for Areas (SEIFA) is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Department of Veterans' Affairs (DVA) data by Indigenous status are not available. Department of Health and Ageing (DoHA) Medicare Benefits Schedule (MBS) data by Indigenous status are not available for this indicator in 2010-11 (please see the data quality statement).

Table NHA.24.1 **GP-type service use, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11 (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>	<i>Aust</i>
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(d) SEIFA quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.

(e) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

.. Not applicable. **na** Not available.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table NHA.24.2 **GP-type service use, by SEIFA deciles, National, 2010-11 (a), (b), (c)**

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>	<i>no. services</i>
SEIFA of residence		
Decile 1	6 471.1	14 642 099
Decile 2	5 777.0	13 573 085
Decile 3	5 865.7	13 677 493
Decile 4	5 423.9	12 893 025
Decile 5	5 388.3	12 285 208
Decile 6	5 580.7	12 650 398
Decile 7	5 290.7	11 918 277
Decile 8	5 594.9	12 399 550
Decile 9	5 055.4	11 679 093
Decile 10	4 979.6	11 181 437

- (a) Rates are age-standardised to the Australian population as at 30 June 2001.
- (b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.
- (c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table NHA.24.3

Table NHA.24.3 **GP-type service use, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
	<i>age-standardised rate per 1000 population</i>									<i>no. services</i>
Indigenous status (c), (d)										
Indigenous	6 524.5	6 895.4	5 485.3	4 498.4	6 524.4	5 992.6	5 400.7	3 869.6	5 627.1	2 621 678
Non-Indigenous	5 904.9	5 502.0	5 665.9	4 698.3	5 558.9	5 155.4	4 466.5	3 404.3	5 548.9	121 656 344
Remoteness of residence										
Major cities	6 401.4	5 782.5	6 112.2	4 992.3	5 805.2	..	4 619.3	..	5 944.2	90 601 280
Inner regional	5 182.0	5 206.3	5 687.3	4 842.8	5 377.3	5 389.8	6 418.1	..	5 300.8	24 376 804
Outer regional	4 858.1	4 859.8	5 294.7	4 337.6	5 391.4	5 281.8	..	4 002.7	4 974.8	10 668 354
Remote	5 736.5	5 202.6	4 966.7	3 566.1	5 011.0	5 182.5	..	2 310.7	4 315.7	1 346 212
Very remote	6 551.2	..	3 949.0	2 835.6	4 470.0	5 453.8	..	4 073.5	3 780.0	587 507
SEIFA of residence (e)										
Quintile 1	6 855.4	6 354.3	6 063.5	3 692.2	6 110.6	5 376.6	5 320.7	1 966.1	6 212.6	28 144 477
Quintile 2	5 934.7	5 637.1	5 654.5	4 946.5	5 764.1	4 989.9	4 471.4	3 553.3	5 697.5	26 261 497
Quintile 3	5 909.7	5 578.0	5 961.8	4 811.1	5 503.5	5 191.6	4 610.4	2 824.7	5 571.4	24 842 330
Quintile 4	5 880.0	5 422.1	5 916.1	4 744.6	5 268.2	5 308.3	4 632.2	2 827.8	5 524.7	24 040 204
Quintile 5	5 355.1	5 090.1	5 459.5	4 401.4	5 084.6	..	4 511.6	3 023.3	5 116.6	22 928 617
Total (f)	6 043.5	5 612.1	5 845.4	4 808.3	5 666.4	5 341.4	4 621.9	3 633.1	5 678.9	127 585 958
	<i>no. services</i>									
Total number (f)	44 442 110	31 399 462	26 052 664	10 786 179	9 756 924	2 848 115	1 582 848	717 268	127 585 958	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State and Territory, remoteness area and Socio-Economic Indexes for Areas (SEIFA) is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) DoHA Medicare Benefits Schedule (MBS) data only. DVA data not available by Indigenous status.

Table NHA.24.3 **GP-type service use, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (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>	<i>Aust</i>
(d) DoHA MBS data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (51 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.										
(e) SEIFA quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.										
(f) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.										
.. Not applicable										

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (2010) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2010, Series B, Cat. no. 3238.0.

Table NHA.24.4 **GP-type service use, by SEIFA deciles, National, 2009-10 (a), (b), (c)**

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>	<i>no. services</i>
SEIFA of residence		
Decile 1	6 563.7	14 575 527
Decile 2	5 856.3	13 568 950
Decile 3	5 886.6	12 845 162
Decile 4	5 529.2	13 416 335
Decile 5	5 485.2	12 152 248
Decile 6	5 662.6	12 690 083
Decile 7	5 369.1	11 415 394
Decile 8	5 674.8	12 624 809
Decile 9	5 155.9	11 771 699
Decile 10	5 076.5	11 156 918

- (a) Rates are age-standardised to the Australian population as at 30 June 2001.
- (b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.
- (c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source: DoHA (unpublished) MBS Statistics; Department of Veterans' Affairs (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.24.5

Table NHA.24.5 **GP-type service use, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
	<i>age-standardised rate per 1000 population</i>									<i>no. services</i>
Indigenous status (c), (d)										
Indigenous	6 288.7	6 580.0	5 081.4	4 056.4	6 178.8	5 517.0	5 586.1	3 219.4	5 248.0	2 388 035
Non-Indigenous	5 807.9	5 373.3	5 475.8	4 637.5	5 411.7	4 884.8	4 332.9	3 301.5	5 421.6	116 124 684
Remoteness of residence										
Major cities	6 345.1	5 671.6	5 907.0	4 936.8	5 661.3	..	4 491.9	..	5 839.1	87 035 084
Inner regional	4 980.6	5 066.0	5 578.6	4 713.3	5 199.3	5 104.8	5 905.6	..	5 139.9	23 007 840
Outer regional	4 769.9	4 696.6	5 063.6	4 394.9	5 276.7	5 034.0	..	3 779.3	4 811.5	10 080 545
Remote	5 658.6	5 241.4	4 749.2	3 524.0	4 836.3	5 053.6	..	2 182.5	4 184.8	1 283 425
Very remote	6 731.1	..	3 659.1	2 372.1	4 142.0	5 357.0	..	3 612.7	3 454.1	517 653
SEIFA of residence (e)										
Quintile 1	6 748.2	6 181.2	5 866.5	3 482.1	5 939.6	5 126.6	4 861.7	1 740.9	6 049.7	26 865 473
Quintile 2	5 806.2	5 545.4	5 461.8	4 877.3	5 619.9	4 784.1	4 275.1	3 368.3	5 570.9	25 087 600
Quintile 3	5 844.3	5 451.7	5 755.1	4 735.1	5 347.4	4 875.2	4 466.5	2 608.7	5 449.4	23 686 244
Quintile 4	5 788.7	5 284.1	5 738.5	4 706.3	5 163.7	5 014.6	4 519.5	2 676.9	5 399.6	22 904 371
Quintile 5	5 314.5	5 018.0	5 294.4	4 393.7	4 958.7	..	4 387.9	2 794.4	5 037.3	22 118 146
Total (f)	5 951.8	5 491.1	5 656.2	4 740.2	5 519.4	5 072.6	4 494.6	3 363.1	5 552.9	121 929 618
	<i>no. services</i>									
Total number (f)	42 947 204	30 010 445	24 500 748	10 298 452	9 352 961	2 664 213	1 511 699	643 627	121 929 618	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State and Territory, remoteness area and Socio-Economic Indexes for Areas (SEIFA) is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) DoHA Medicare Benefits Schedule (MBS) data only. DVA data not available by Indigenous status.

Table NHA.24.5 **GP-type service use, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (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>	<i>Aust</i>
(d) DoHA MBS data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (51 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.										
(e) SEIFA quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.										
(f) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.										
.. Not applicable										
Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2009, Series B, Cat. no. 3238.0.										

Table NHA.24.6 **GP-type service use, by SEIFA deciles, National, 2008-09 (a), (b), (c)**

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>	<i>no. services</i>
SEIFA of residence		
Decile 1	6 399.8	13 938 576
Decile 2	5 694.7	12 926 897
Decile 3	5 718.3	12 202 788
Decile 4	5 439.8	12 884 812
Decile 5	5 370.7	11 582 514
Decile 6	5 534.1	12 103 730
Decile 7	5 211.3	10 828 290
Decile 8	5 580.9	12 076 081
Decile 9	5 090.4	11 407 641
Decile 10	4 983.3	10 710 504

- (a) Rates are age-standardised to the Australian population as at 30 June 2001.
- (b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.
- (c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

NHA Indicator 25:

Specialist services

Table NHA.25.1

Table NHA.25.1 **Specialist services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11 (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
	<i>age-standardised rate per 1000 population</i>									<i>no. services</i>
Indigenous status (c)										
Indigenous	na	na	na	na	na	na	na	na	na	na
Non-Indigenous	na	na	na	na	na	na	na	na	na	na
Remoteness of residence										
Major cities	7 710.7	6 896.1	7 193.9	6 097.8	6 607.9	..	6 479.1	..	7 106.7	112 242 088
Inner regional	6 836.3	6 585.2	6 301.2	6 158.4	6 339.2	6 333.7	8 624.8	..	6 546.1	31 899 052
Outer regional	6 198.3	5 951.3	5 940.9	5 705.1	6 040.0	5 659.2	..	5 162.3	5 905.1	13 147 094
Remote	5 741.5	5 504.0	5 204.1	4 781.8	5 729.6	4 992.4	..	3 525.8	5 045.3	1 583 142
Very remote	7 606.0	..	4 074.2	4 276.5	4 614.5	5 131.3	..	6 300.4	4 878.8	760 647
SEIFA of residence (d)										
Quintile 1	7 424.5	6 788.8	6 390.7	5 039.7	6 460.0	5 896.7	6 732.9	2 941.0	6 711.8	31 560 285
Quintile 2	7 236.5	6 465.3	6 326.3	5 783.6	6 397.3	5 733.0	6 160.1	4 587.4	6 700.5	32 545 149
Quintile 3	7 239.5	6 702.0	6 768.1	5 678.2	6 309.2	6 242.5	5 993.8	3 744.5	6 625.7	30 568 023
Quintile 4	7 203.8	6 679.5	7 014.9	5 850.7	6 348.8	6 405.1	6 288.1	3 551.7	6 733.5	30 352 576
Quintile 5	7 617.7	6 888.4	7 205.4	6 041.1	6 720.1	..	6 455.9	3 967.6	7 033.3	32 798 064
Total (e)	7 409.9	6 771.5	6 749.9	5 993.5	6 457.4	6 074.1	6 483.7	5 077.8	6 835.5	159 747 798
	<i>no. services</i>									
Total number (e)	56 880 137	39 577 162	31 022 362	13 866 794	11 760 539	3 395 682	2 244 693	998 377	159 747 798	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State/Territory, remoteness area and SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Department of Veterans' Affairs (DVA) data by Indigenous status is not available. Department of Health and Ageing (DoHA) Medicare Benefits Schedule (MBS) data by Indigenous status is not available for this indicator in 2010-11 (please see the data quality statement).

Table NHA.25.1 **Specialist services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11**
(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>	<i>Aust</i>
(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.										
(e) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.										
.. Not applicable. na Not available.										

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table NHA.25.2 **Specialist services, by SEIFA deciles, National, 2010-11 (a), (b), (c)**

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 100 000</i>	<i>no. services</i>
SEIFA of residence		
Quintile 1	6 762.1	15 361 762
Quintile 2	6 650.1	16 198 523
Quintile 3	6 773.8	16 277 613
Quintile 4	6 630.5	16 267 536
Quintile 5	6 555.6	15 250 286
Quintile 6	6 698.6	15 317 738
Quintile 7	6 549.5	14 975 656
Quintile 8	6 926.3	15 376 920
Quintile 9	6 900.2	16 431 305
Quintile 10	7 178.7	16 366 759

- (a) Rates are age-standardised to the Australian population as at 30 June 2001.
- (b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.
- (c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSDD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table NHA.25.3

Table NHA.25.3 **Specialist services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10**
(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>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no. services</i>
Indigenous status (c), (d)										
Indigenous	6 556.3	6 356.8	4 508.2	4 969.1	5 803.2	5 848.1	5 531.5	5 972.3	5 629.5	2 248 576
Non-Indigenous	6 847.4	6 314.5	5 981.6	5 614.7	6 121.5	5 516.0	5 788.5	4 402.1	6 297.6	140 551 177
Remoteness of residence										
Major cities	7 662.5	6 870.3	7 078.8	6 139.8	6 644.5	..	6 393.3	..	7 068.9	109 278 860
Inner regional	6 664.8	6 505.8	6 152.5	6 110.1	6 228.1	6 275.1	9 853.4	..	6 424.9	30 572 943
Outer regional	6 219.9	5 935.6	5 864.2	5 590.2	5 913.5	5 629.6	..	5 181.4	5 858.9	12 795 122
Remote	5 574.3	5 545.4	5 094.2	4 688.3	5 618.5	5 156.0	..	3 505.8	4 959.6	1 527 085
Very remote	7 554.4	..	3 922.4	4 228.7	4 573.3	4 920.2	..	6 499.3	4 847.4	736 209
SEIFA of residence (e)										
Quintile 1	7 355.2	6 733.7	6 260.1	4 871.9	6 348.8	5 816.4	6 291.3	2 998.6	6 628.3	30 637 168
Quintile 2	7 128.5	6 408.7	6 177.9	5 818.8	6 337.3	5 757.2	6 012.0	4 472.1	6 618.1	31 425 261
Quintile 3	7 182.2	6 652.4	6 651.6	5 717.8	6 389.1	6 207.3	5 963.4	3 725.2	6 584.1	29 741 164
Quintile 4	7 148.7	6 649.2	6 888.7	5 833.4	6 461.1	6 422.7	6 294.0	3 568.5	6 686.9	29 294 483
Quintile 5	7 575.0	6 878.0	7 095.1	6 113.0	6 794.1	..	6 335.1	4 301.7	6 998.3	32 057 696
Total (f)	7 334.8	6 730.9	6 623.6	5 993.9	6 451.4	6 026.2	6 398.3	5 089.0	6 773.7	154 921 440
	<i>no. services</i>									
Total number (f)	55 264 990	38 452 743	29 683 933	13 515 173	11 550 891	3 321 435	2 164 984	965 485	154 921 440	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State/Territory, remoteness area and SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) DoHA Medicare Benefits Schedule (MBS) data only. DVA data not available by Indigenous status.

Table NHA.25.3 **Specialist services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10**
(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>	<i>Aust</i>
(d)	DoHA MBS data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (51 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.									
(e)	Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.									
(f)	Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.									
	.. Not applicable.									

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (2011) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2009, Series B, Cat. no. 3238.0.

Table NHA.25.4 **Specialist services, by SEIFA deciles, National, 2009-10 (a), (b), (c)**

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 100 000</i>	<i>no. services</i>
SEIFA of residence		
Quintile 1	6 680.5	14 873 684
Quintile 2	6 567.1	15 763 483
Quintile 3	6 654.8	14 962 861
Quintile 4	6 588.1	16 462 400
Quintile 5	6 507.8	14 695 801
Quintile 6	6 661.0	15 045 363
Quintile 7	6 488.6	13 960 522
Quintile 8	6 880.4	15 333 961
Quintile 9	6 874.0	16 168 452
Quintile 10	7 136.0	15 889 244

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.25.5

Table NHA.25.5 **Specialist services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
	<i>age-standardised rate per 1000 population</i>									<i>no. services</i>
Indigenous status (c), (d)										
Indigenous	6 507.4	6 242.3	4 335.1	4 914.6	5 689.4	5 686.8	5 775.2	5 621.4	5 502.1	2 140 743
Non-Indigenous	6 803.6	6 159.1	6 090.7	5 639.0	6 006.1	5 377.4	5 864.8	4 478.5	6 259.4	136 450 637
Remoteness of residence										
Major cities	7 600.4	6 748.7	7 146.9	6 170.9	6 511.0	..	6 460.0	..	7 021.9	106 005 616
Inner regional	6 698.8	6 282.8	6 300.7	6 100.7	6 185.0	6 125.5	9 210.3	..	6 400.6	29 637 997
Outer regional	6 235.1	5 881.0	6 018.1	5 630.8	5 886.9	5 539.0	..	5 136.8	5 902.6	12 581 034
Remote	5 966.8	5 669.8	5 276.6	4 651.5	5 604.3	5 247.0	..	3 542.2	5 066.2	1 531 902
Very remote	8 356.9	..	4 067.5	4 318.4	4 443.1	4 781.2	..	6 421.2	4 896.7	721 353
SEIFA of residence (e)										
Quintile 1	7 333.8	6 548.4	6 352.0	4 922.0	6 243.0	5 708.3	5 892.1	2 955.6	6 585.7	29 812 218
Quintile 2	7 105.1	6 300.5	6 266.5	5 850.2	6 218.7	5 786.8	5 972.2	4 484.2	6 593.9	30 567 066
Quintile 3	7 159.7	6 443.6	6 730.0	5 721.3	6 288.5	6 060.1	6 072.5	3 657.2	6 534.2	28 740 878
Quintile 4	7 128.5	6 526.8	7 012.6	5 851.4	6 364.4	6 182.6	6 377.6	3 589.4	6 674.2	28 446 867
Quintile 5	7 495.7	6 809.9	7 208.0	6 160.1	6 681.0	..	6 400.8	4 184.0	6 974.7	31 244 577
Total (f)	7 299.0	6 592.2	6 723.4	6 017.1	6 344.1	5 898.1	6 465.9	5 046.7	6 741.3	150 487 120
	<i>no. services</i>									
Total number (f)	53 851 727	36 769 914	29 273 731	13 126 918	11 198 536	3 198 360	2 135 119	931 617	150 487 120	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State/Territory, remoteness area and SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) DoHA Medicare Benefits Schedule (MBS) data only. DVA data not available by Indigenous status.

Table NHA.25.5 Specialist services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (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>	<i>Aust</i>
(d) DoHA MBS data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (51 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.										
(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.										
(f) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.										
.. Not applicable.										

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2011) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA.25.6 **Specialist services, by SEIFA deciles, National, 2008-09 (a), (b), (c)**

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 100 000</i>	<i>no. services</i>
SEIFA of residence		
Quintile 1	6 627.1	14 453 491
Quintile 2	6 536.0	15 358 727
Quintile 3	6 606.8	14 524 216
Quintile 4	6 585.1	16 042 851
Quintile 5	6 492.1	14 261 328
Quintile 6	6 578.8	14 479 550
Quintile 7	6 471.7	13 572 734
Quintile 8	6 871.2	14 874 132
Quintile 9	6 845.5	15 774 880
Quintile 10	7 116.7	15 469 697

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSDD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

NHA Indicator 26:

Number of dental services

Table NHA.26.1

Table NHA.26.1 Use of dental services, by provider and service type, by State and Territory, 2010 (a), (b)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust no.
	<i>age-standardised rate per 1000 population</i>									
Emergency services										
Public providers	9.6	10.4	26.9	12.4	13.3	29.3	14.6	25.6	14.5	292 900
Private providers	100.8	91.9	79.7	94.6	89.7	70.7	74.5	78.1	91.1	1 893 000
Total providers	110.4	102.3	106.6	107.0	102.9	100.0	89.2	103.7	105.6	2 185 900
General services										
Public providers	34.1	45.0	71.0	113.6	84.1	106.2	81.7	157.7	59.9	1 188 300
Private providers	498.3	500.7	437.9	456.3	474.1	426.0	520.5	312.5	477.7	9 807 000
Total providers	532.3	545.7	508.9	569.9	558.2	532.1	602.2	470.1	537.6	10 995 300
All services										
Public providers	43.7	55.4	97.9	126.0	97.3	135.4	96.3	183.3	74.4	1 481 200
Private providers	599.0	592.6	517.6	550.9	563.8	496.7	595.1	390.6	568.8	11 700 000
Total	642.7	648.0	615.5	676.9	661.1	632.1	691.4	573.9	643.2	13 181 200

	<i>number</i>									
Total	4 287 000	3 287 200	2 531 400	1 413 900	1 011 300	299 300	226 000	122 600	13 181 200	

	<i>95 per cent confidence interval (\pm age-standardised rate per 1000 population)</i>									
Emergency services										
Public providers	4.6	5.9	11.0	7.4	7.8	14.9	14.3	14.3	3.2	
Private providers	19.7	17.3	15.8	24.7	22.5	18.5	30.7	24.0	9.0	
Total providers	20.1	18.1	18.7	25.6	23.7	23.0	33.3	26.9	9.4	
General services										
Public providers	9.2	10.6	16.6	19.9	16.8	16.9	28.0	28.7	5.9	
Private providers	29.5	31.0	31.0	39.8	40.7	40.5	49.2	48.2	14.9	

Table NHA.26.1

Table NHA.26.1 Use of dental services, by provider and service type, by State and Territory, 2010 (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>	<i>Aust</i>
Total providers	29.5	30.9	31.6	38.5	40.7	41.0	46.4	50.6	14.9	
All services										
Public providers	10.2	12.0	19.2	20.9	17.8	22.0	31.0	30.8	6.5	
Private providers	29.9	30.7	32.1	40.5	40.5	41.4	49.3	50.1	15.0	
Total	29.6	30.1	31.8	38.0	39.7	41.4	44.5	50.1	14.8	
<i>relative standard error (per cent)</i>										
Emergency services										
Public providers	24.6	28.8	20.9	30.4	29.9	25.9	50.0	28.5	11.3	
Private providers	10.0	9.6	10.1	13.3	12.8	13.4	21.0	15.7	5.0	
Total providers	9.3	9.0	9.0	12.2	11.7	11.7	19.0	13.2	4.6	
General services										
Public providers	13.8	12.0	11.9	9.0	10.2	8.1	17.5	9.3	5.0	
Private providers	3.0	3.2	3.6	4.5	4.4	4.9	4.8	7.9	1.6	
Total providers	2.8	2.9	3.2	3.4	3.7	3.9	3.9	5.5	1.4	
All services										
Public providers	11.9	11.1	10.0	8.4	9.3	8.3	16.4	8.6	4.5	
Private providers	2.5	2.6	3.2	3.7	3.7	4.3	4.2	6.5	1.3	
Total	2.4	2.4	2.6	2.9	3.1	3.3	3.3	4.5	1.2	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Limited to dentate persons aged 5 years or over

Source: AIHW (unpublished) National Dental Telephone Interview Survey 2010; ABS (unpublished) Estimated Residential Population, 30 June 2010.

Table NHA.26.2 **Use of dental services, by provider and service type, by remoteness and SEIFA quintiles, National, 2010**
(a), (b)

	<i>Emergency services</i>				<i>General services</i>				<i>All services</i>			
	<i>Aust</i>			<i>Aust no.</i>	<i>Aust</i>			<i>Aust no.</i>	<i>Aust</i>			<i>Aust no.</i>
	<i>rate per 1000 population</i>	<i>CI (±)</i>	<i>RSE (%)</i>		<i>rate per 1000 population</i>	<i>CI (±)</i>	<i>RSE (%)</i>		<i>rate per 1000 population</i>	<i>CI (±)</i>	<i>RSE (%)</i>	
Public providers												
Remoteness of residence (c)												
Major cities	11.4	1.8	16.0	154 200	49.1	6.9	7.2	641 900	60.5	7.7	6.5	796 100
Inner regional	20.6	4.5	21.9	83 800	76.2	13.9	9.3	302 300	96.9	16.1	8.5	386 100
Outer regional	22.1	5.2	23.4	45 400	88.4	19.1	11.0	176 600	110.4	21.3	9.8	222 000
Remote/Very remote	21.8	9.3	42.8	9 600	158.3	39.6	12.8	67 600	180.1	42.7	12.1	77 200
SEIFA of residence (d)												
Quintile 1	23.0	4.9	21.5	80 700	76.3	17.7	11.9	283 200	99.3	19.5	10.0	363 900
Quintile 2	23.4	5.4	23.2	82 400	79.0	16.0	10.3	298 200	102.5	19.0	9.5	380 600
Quintile 3	19.6	4.1	20.8	70 700	62.6	13.0	10.6	234 000	82.3	15.0	9.3	304 700
Quintile 4	12.8	3.8	29.7	44 500	65.9	14.4	11.2	248 000	78.7	15.7	10.2	292 500
Quintile 5	4.1	1.5	37.6	14 700	35.3	7.9	11.4	124 800	39.4	8.4	10.9	139 500
Private providers												
Remoteness of residence (c)												
Major cities	85.5	5.6	6.6	1 217 300	515.6	18.8	1.9	7 288 400	601.2	18.8	1.6	8 505 700
Inner regional	98.9	9.6	9.7	403 800	399.4	27.9	3.6	1 643 400	498.3	29.4	3.0	2 047 200
Outer regional	105.4	12.9	12.2	207 400	388.8	42.7	5.6	750 800	494.2	44.1	4.6	958 200
Remote/Very remote	125.5	28.9	23.0	64 500	271.8	76.3	14.3	124 400	397.4	84.0	10.8	188 900
SEIFA of residence (d)												
Quintile 1	109.2	15.6	14.2	420 600	394.9	41.6	5.4	1 640 400	504.1	40.8	4.1	2 061 000
Quintile 2	104.0	10.6	10.2	425 500	388.4	35.2	4.6	1 677 500	492.3	36.4	3.8	2 103 000
Quintile 3	93.6	9.9	10.6	383 200	430.7	31.0	3.7	1 852 700	524.3	31.7	3.1	2 235 900

Table NHA.26.2 **Use of dental services, by provider and service type, by remoteness and SEIFA quintiles, National, 2010**
(a), (b)

	<i>Emergency services</i>				<i>General services</i>				<i>All services</i>			
	<i>Aust</i>			<i>Aust no.</i>	<i>Aust</i>			<i>Aust no.</i>	<i>Aust</i>			<i>Aust no.</i>
	<i>rate per 1000 population</i>	<i>CI (±)</i>	<i>RSE (%)</i>		<i>rate per 1000 population</i>	<i>CI (±)</i>	<i>RSE (%)</i>		<i>rate per 1000 population</i>	<i>CI (±)</i>	<i>RSE (%)</i>	
Quintile 4	82.9	10.1	12.2	335 400	481.0	30.9	3.3	2 098 100	563.9	31.7	2.9	2 433 500
Quintile 5	81.2	7.4	9.2	328 300	592.0	28.6	2.5	2 538 400	673.2	27.9	2.1	2 866 700

RSE = relative standard error. CI = 95 per cent confidence interval.

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Limited to dentate persons aged 5 years or over.

(c) Remoteness is based on the ABS' Australian Standard Geographical Classification.

(d) SEIFA quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged.

np not published

Source: AIHW (unpublished) National Dental Telephone Interview Survey 2010; ABS (unpublished) Estimated Residential Population, 30 June 2010.

NHA Indicator 27:

Optometry services

Table NHA.27.1

Table NHA.27.1 **Optometry services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11 (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>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no. services</i>
Indigenous status (c)										
Indigenous	na	na	na	na	na	na	na	na	na	na
Non-Indigenous	na	na	na	na	na	na	na	na	na	na
Remoteness of residence										
Major cities	312.5	295.0	326.7	279.5	276.9	..	303.2	..	303.5	4 689 793
Inner regional	293.9	286.6	296.1	251.0	266.7	308.7	308.3	..	289.4	1 392 825
Outer regional	267.6	273.2	273.5	221.6	247.5	266.6	..	316.0	266.8	594 976
Remote	238.7	209.3	243.1	207.5	241.5	198.7	..	152.3	219.6	69 917
Very remote	302.2	..	208.3	155.1	198.0	173.4	..	234.9	195.1	29 764
SEIFA of residence (d)										
Quintile 1	307.8	281.3	284.6	181.5	257.2	272.8	319.7	105.5	281.7	1 302 711
Quintile 2	298.7	285.4	297.2	241.5	267.0	261.3	315.3	245.8	287.1	1 362 496
Quintile 3	304.5	287.4	304.6	251.6	272.4	306.9	300.5	220.1	288.1	1 307 390
Quintile 4	290.3	288.0	323.2	260.4	275.9	335.4	291.6	203.3	293.4	1 311 504
Quintile 5	312.8	304.3	333.3	288.1	292.3	..	300.2	207.2	307.9	1 407 119
Total (e)	306.4	293.1	309.5	265.1	270.8	291.6	303.1	263.9	295.8	6 782 074
	<i>no. services</i>									
Total number (e)	2 289 909	1 666 466	1 412 763	614 344	479 497	161 266	106 261	51 526	6 782 074	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State and Territory, remoteness area and SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Department of Veterans' Affairs (DVA) data by Indigenous status is not available. Department of Health and Ageing (DoHA) Medicare Benefits Schedule (MBS) data by Indigenous status is not available for this indicator in 2010-11 (please see the data quality statement).

Table NHA.27.1 **Optometry services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11**
(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>	<i>Aust</i>
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(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.

(e) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

.. Not applicable. **na** Not available.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table NHA.27.2 **Optometry services, by SEIFA deciles, National, 2010-11 (a), (b), (c)**

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>	<i>no. services</i>
SEIFA of residence		
Decile 1	279.9	631 160
Decile 2	283.0	671 551
Decile 3	293.5	690 692
Decile 4	280.9	671 804
Decile 5	286.4	654 937
Decile 6	289.5	652 453
Decile 7	289.2	651 327
Decile 8	297.6	660 177
Decile 9	304.7	699 658
Decile 10	311.4	707 461

- (a) Rates are age-standardised to the Australian population as at 30 June 2001.
- (b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.
- (c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table NHA.27.3

Table NHA.27.3 **Optometry services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (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>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no. services</i>
Indigenous status (c), (d)										
Indigenous	212.4	217.2	193.0	116.3	171.7	246.3	238.2	136.7	184.1	72 532
Non-Indigenous	295.7	284.6	300.7	256.2	261.1	291.3	298.0	301.0	287.1	6 336 691
Remoteness of residence										
Major cities	304.5	289.9	321.9	268.0	270.5	..	302.9	..	296.8	4 501 484
Inner regional	287.8	284.0	289.5	246.5	253.6	313.7	383.9	..	284.9	1 344 471
Outer regional	263.8	268.5	270.6	221.9	241.9	273.9	..	317.0	264.7	582 070
Remote	230.5	224.8	244.9	205.2	247.4	215.5	..	151.8	219.7	68 982
Very remote	289.8	..	221.3	160.4	177.2	204.7	..	246.4	202.1	30 104
SEIFA of residence (e)										
Quintile 1	299.6	275.1	279.7	183.6	248.1	280.2	313.0	111.3	276.3	1 259 727
Quintile 2	290.1	280.2	289.2	231.9	258.6	267.5	310.6	235.7	279.5	1 302 094
Quintile 3	296.0	285.8	299.4	244.8	265.4	317.2	305.8	215.2	283.1	1 261 759
Quintile 4	283.8	283.6	319.1	252.0	272.2	334.9	291.8	203.4	288.4	1 256 652
Quintile 5	309.6	299.0	329.2	275.6	288.3	..	300.4	219.5	303.0	1 363 914
Total (f)	299.0	288.5	304.4	256.1	263.9	297.7	303.0	264.7	289.9	6 527 451
	<i>no. services</i>									
Total number (f)	2 200 504	1 608 723	1 359 702	580 227	461 193	162 624	104 128	50 318	6 527 451	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State and Territory, remoteness area and SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) DoHA Medicare Benefits Schedule (MBS) data only. DVA data not available by Indigenous status.

Table NHA.27.3 **Optometry services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10**
(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>	<i>Aust</i>
(d) DoHA MBS data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (51 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.										
(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.										
(f) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.										
.. Not applicable.										

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (2010) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2009, Series B, Cat. no. 3238.0.

Table NHA.27.4 **Optometry services, by SEIFA deciles, National, 2009-10 (a), (b), (c)**

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>	<i>no. services</i>
SEIFA of residence		
Decile 1	273.8	607 042
Decile 2	278.2	652 685
Decile 3	284.3	628 034
Decile 4	275.2	674 059
Decile 5	281.0	625 705
Decile 6	284.8	636 054
Decile 7	283.9	604 259
Decile 8	292.8	652 393
Decile 9	297.8	677 104
Decile 10	308.6	686 810

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.27.5

Table NHA.27.5 **Optometry services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (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>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no. services</i>
Indigenous status (c), (d)										
Indigenous	214.7	202.8	187.4	114.0	183.2	222.8	254.3	136.9	182.0	69 430
Non-Indigenous	291.0	273.5	297.7	252.1	255.2	281.4	294.7	299.0	281.1	6 068 208
Remoteness of residence										
Major cities	299.9	277.6	317.2	264.6	264.6	..	300.2	..	290.2	4 309 184
Inner regional	283.1	278.7	288.6	240.6	250.2	301.4	380.2	..	280.3	1 290 256
Outer regional	260.7	261.1	272.9	219.1	238.1	267.8	..	311.7	262.1	563 759
Remote	229.0	216.9	249.4	198.8	242.0	206.5	..	153.9	218.7	67 557
Very remote	304.5	..	211.3	152.6	186.3	196.3	..	246.6	197.0	28 816
SEIFA of residence (e)										
Quintile 1	300.4	270.9	277.9	174.2	244.4	269.4	306.1	110.0	273.8	1 225 580
Quintile 2	284.7	269.3	288.4	232.7	253.4	260.1	304.6	234.4	274.1	1 250 411
Quintile 3	292.9	275.6	295.9	238.8	260.3	303.9	305.8	209.4	277.2	1 205 732
Quintile 4	276.8	270.8	316.5	248.3	267.6	328.8	291.8	201.3	281.6	1 197 202
Quintile 5	303.6	285.5	325.1	273.5	278.6	..	296.7	214.0	295.3	1 301 907
Total (f)	294.5	277.8	301.7	252.2	258.6	287.6	300.3	261.0	284.1	6 259 869
	<i>no. services</i>									
Total number (f)	2 127 852	1 515 512	1 312 676	554 471	445 005	154 593	101 457	48 285	6 259 869	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State and Territory, remoteness area and SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) DoHA Medicare Benefits Schedule (MBS) data only. DVA data not available by Indigenous status.

Table NHA.27.5 **Optometry services, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (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>	<i>Aust</i>
(d) DoHA MBS data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (51 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.										
(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.										
(f) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.										
.. Not applicable.										

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA.27.6 **Optometry services, by SEIFA deciles, National, 2008-09 (a), (b), (c)**

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>	<i>no. services</i>
SEIFA of residence		
Decile 1	272.4	593 492
Decile 2	274.7	632 088
Decile 3	279.7	605 789
Decile 4	269.1	644 623
Decile 5	276.1	599 471
Decile 6	277.9	606 262
Decile 7	276.8	576 099
Decile 8	286.2	621 102
Decile 9	290.0	647 641
Decile 10	300.8	654 265

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

NHA Indicator 28:

Public sector community mental health services

Table NHA.28.1

Table NHA.28.1 **Community mental health service contacts provided by public sector community mental health services, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10**
(a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population (c)</i>									<i>no.</i>
Sex										
Males	372.6	329.0	217.2	284.2	354.4	419.8	665.3	183.7	323.3	3 498 939
Females	237.1	305.3	187.5	316.0	300.0	417.7	784.5	141.8	268.6	2 959 989
Indigenous status (d)										
Indigenous	1 459.1	971.2	530.2	554.4	941.3	1 211.1	1 767.0	217.4	841.8	430 894
Non-Indigenous	231.7	309.4	190.6	284.5	288.8	380.4	649.0	141.6	262.0	5 583 400
Remoteness of residence (e)										
Major cities	268.8	293.1	211.6	320.7	361.1	..	702.0	..	288.0	4 362 941
Inner regional	375.5	377.7	185.1	227.4	212.7	444.9	np	..	320.2	1 310 094
Outer regional	392.4	442.4	193.8	281.3	194.9	343.2	..	158.5	279.5	550 200
Remote	538.4	307.2	199.4	274.9	247.7	182.6	..	232.2	265.1	84 112
Very remote	np	..	177.3	195.6	237.6	67.6	..	102.3	180.5	31 931
SEIFA of residence (f)										
Quintile 1 (most disadvantaged)	327.9	352.7	320.9	394.3	399.3	483.9	np	121.1	348.1	1 469 346
Quintile 2	319.5	355.7	189.5	371.5	364.7	181.5	1 419.8	652.3	315.2	1 347 000
Quintile 3	342.7	320.0	164.1	283.1	287.5	565.1	1 306.6	98.7	291.1	1 280 278
Quintile 4	198.2	343.0	177.5	361.6	277.5	57.6	1 003.3	131.8	268.5	1 174 965
Quintile 5 (least disadvantaged)	271.2	227.3	158.2	188.8	175.7	..	540.9	101.1	238.5	1 062 940
Total (g)	317.7	317.5	202.5	303.6	344.9	435.2	729.1	163.4	302.4	6 594 064
	<i>number of contacts</i>									
Total (g)	2 242 034	1 736 010	883 458	680 134	543 348	212 599	257 497	38 984	6 594 064	

Table NHA.28.1 **Community mental health service contacts provided by public sector community mental health services, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10**
(a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
(a)	Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.									
(b)	The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.									
(c)	Rates are age-standardised to the Australian population as at 30 June 2001.									
(d)	The Indigenous status rates should be interpreted with caution due to the varying, and in some instances unknown, quality of Indigenous identification across jurisdictions.									
(e)	Disaggregation by remoteness area is based on a person's usual residence, not the location of the service provider. Not all remoteness areas are represented in each State or Territory. Hence, rates represent the number of contacts for people living in each remoteness area (regardless of their jurisdiction of residence) divided by the total number of people living in each remoteness area in the reporting jurisdiction.									
(f)	Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the service provider. Hence, rates represent the number of contacts for patients living in each SEIFA quintile (regardless of their jurisdiction of residence) divided by the total number of people living in each SEIFA quintile in the reporting jurisdiction.									
(g)	Includes contacts where sex, Indigenous status, Statistical Local Area or postcode of residence was missing or not reported.									
..	Not applicable. np Not published.									

Source: Australian Institute of Health and Welfare (AIHW) (unpublished) National Community Mental Health Care Database; Australian Bureau of Statistics (ABS) (unpublished) Estimated Resident Population, 30 June 2009; ABS (2009) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2009, Series B, Cat. no. 3238.0.

Table NHA.28.2

Table NHA.28.2 **Community mental health service contacts provided by public sector community mental health services by sex and age, by State and Territory, 2009-10**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (a)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-specific rates per 1000 population</i>									<i>no.</i>
Males										
Less than 15 years	80.5	114.0	140.3	160.5	245.5	230.0	317.5	106.0	128.5	276 188
15–24 years	379.5	338.9	232.8	258.5	326.0	433.6	842.3	220.5	330.6	529 666
25–34 years	708.9	536.8	360.0	410.9	564.7	742.9	1 028.7	326.9	556.1	870 572
35–44 years	645.3	507.3	305.7	386.2	544.6	533.2	850.8	281.9	503.7	787 294
45–54 years	421.4	352.8	210.4	302.7	409.5	427.4	543.0	168.8	348.3	519 501
55–64 years	239.1	244.6	138.4	227.0	221.6	262.6	380.3	102.9	218.7	269 436
65 years and over	148.4	243.3	108.9	253.6	119.3	291.4	699.9	63.1	182.1	241 896
All ages (b)	367.7	329.1	214.1	282.3	343.7	397.5	672.9	194.4	320.1	3 498 939
Females										
Less than 15 years	63.9	79.1	101.2	117.6	130.3	206.9	360.1	46.3	93.4	190 511
15–24 years	286.8	407.4	253.4	377.7	297.5	519.2	1 394.0	201.8	343.7	518 812
25–34 years	307.9	374.5	240.6	356.3	435.9	491.6	901.6	231.0	338.3	521 114
35–44 years	359.9	400.0	239.7	391.9	471.2	568.7	760.2	216.2	366.5	580 190
45–54 years	291.7	359.9	195.7	381.5	355.0	435.9	584.3	134.7	310.0	471 225
55–64 years	218.7	264.3	139.8	290.9	251.1	314.0	512.0	118.6	230.2	286 418
65 years and over	175.6	327.8	146.9	377.7	180.6	458.0	1 027.7	60.4	245.4	389 281
All ages (b)	236.2	308.8	185.2	317.9	292.2	416.1	783.7	149.0	268.5	2 959 989
Persons (c)										
Less than 15 years	72.4	97.0	121.3	139.7	189.1	219.3	338.4	77.1	111.4	466 814
15–24 years	334.6	372.0	242.9	315.7	312.1	477.0	1 110.1	211.6	337.0	1 048 818
25–34 years	508.8	456.4	300.8	384.7	501.2	616.7	967.0	279.4	448.3	1 392 334
35–44 years	501.8	453.1	272.5	389.0	508.2	552.9	806.0	249.9	435.0	1 368 473

Table NHA.28.2 **Community mental health service contacts provided by public sector community mental health services by sex and age, by State and Territory, 2009-10**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (a)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
45-54 years	356.1	356.5	203.0	341.8	382.0	432.7	564.9	152.4	329.1	991 200
55-64 years	229.6	254.6	139.1	258.5	236.6	289.1	447.5	110.1	224.8	556 504
65 years and over	163.4	289.7	129.1	320.0	153.4	382.3	879.8	61.9	216.6	631 398
All ages (b)	314.3	318.9	199.6	302.9	334.7	422.4	731.1	172.5	300.3	6 594 064
<i>number of contacts</i>										
Males (b)	1 300 584	888 610	473 593	321 343	275 600	98 681	117 749	22 779	3 498 939	
Females (b)	849 771	847 150	409 855	351 908	240 123	106 109	138 868	16 205	2 959 989	
Total (c)	2 242 034	1 736 010	883 458	680 134	543 348	212 599	257 497	38 984	6 594 064	

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

(b) Includes contacts where age was missing or not reported.

(c) Includes contacts where sex was missing or not reported.

Source: AIHW (unpublished) National Community Mental Health Care Database; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.28.3 Community mental health service contacts provided by public sector community mental health services, by SEIFA deciles, National, 2009-10 (a)

	<i>Aust</i>	<i>Aust</i>
<i>age-standardised rate per 1000 population</i>		<i>no.</i>
SEIFA of residence (b)		
Decile 1 (most disadvantaged)	389.2	829 851
Decile 2	304.6	639 495
Decile 3	311.2	628 271
Decile 4	318.0	718 729
Decile 5	270.1	572 190
Decile 6	310.8	708 088
Decile 7	327.3	697 577
Decile 8	212.4	477 388
Decile 9	206.5	463 432
Decile 10 (least disadvantaged)	270.4	599 508

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the service provider. Hence, rates represent the number of contacts for patients in each SEIFA decile divided by the total number of people in that SEIFA decile in the jurisdiction.

Source: AIHW (unpublished) National Community Mental Health Care Database; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.28.4

Table NHA.28.4 **Community mental health service contacts provided by public sector community mental health services, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population (c)</i>									<i>no.</i>
Sex										
Males	336.5	332.0	243.3	259.9	341.8	330.1	586.0	190.0	311.5	3 303 010
Females	228.5	298.1	206.5	295.0	294.7	334.1	673.7	145.2	262.0	2 833 759
Indigenous status (d)										
Indigenous	1 224.2	975.0	556.7	482.7	943.6	269.5	1 108.3	188.1	731.2	366 125
Non-Indigenous	211.5	308.8	212.1	264.5	283.8	300.5	549.2	131.3	254.0	5 305 986
Remoteness of residence (e)										
Major cities	246.6	294.0	229.4	293.7	342.8	..	608.8	..	277.6	4 122 379
Inner regional	342.5	372.4	220.3	228.9	200.8	355.2	np	..	308.9	1 238 568
Outer regional	366.9	437.2	218.0	258.0	234.5	283.8	..	181.5	280.7	543 271
Remote	502.8	335.6	182.6	244.5	238.6	200.5	..	196.4	241.9	76 387
Very remote	np	..	229.2	174.6	202.2	17.8	..	92.8	192.1	33 694
SEIFA of residence (f)										
Quintile 1 (most disadvantaged)	287.5	448.8	313.0	321.8	416.7	336.9	np	130.5	342.7	1 427 162
Quintile 2	338.9	345.6	227.9	288.6	349.2	206.8	1 039.1	280.1	317.3	1 329 218
Quintile 3	270.1	357.5	233.6	284.6	274.7	350.4	1 082.3	307.5	293.2	1 261 154
Quintile 4	237.3	248.8	199.0	273.1	226.2	332.6	760.5	144.4	245.7	1 049 781
Quintile 5 (least disadvantaged)	218.0	220.4	145.9	248.6	166.5	..	518.7	61.0	222.6	972 120
Total (g)	295.3	315.3	225.1	280.2	336.6	352.5	633.9	168.1	293.3	6 270 765
	<i>number of contacts</i>									
Total (g)	2 051 579	1 689 328	958 921	609 276	525 217	173 788	223 328	39 328	6 270 765	

Table NHA.28.4 **Community mental health service contacts provided by public sector community mental health services, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
(a)	Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.									
(b)	The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.									
(c)	Rates are age-standardised to the Australian population as at 30 June 2001.									
(d)	The Indigenous status rates should be interpreted with caution due to the varying, and in some instances unknown, quality of Indigenous identification across jurisdictions.									
(e)	Disaggregation by remoteness area is based on a person's usual residence, not the location of the service provider. Not all remoteness areas are represented in each State or Territory.									
(f)	SEIFA quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider. SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.									
(g)	Includes contacts where sex, Indigenous status, Statistical Local Area or postcode of residence was missing or not reported.									
	.. Not applicable. np Not published.									

Source: AIHW (unpublished) National Community Mental Health Care Database; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA.28.5

Table NHA.28.5 **Community mental health service contacts provided by public sector community mental health services, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population (c)</i>									<i>no.</i>
Sex										
Males	355.0	350.7	301.1	245.4	306.0	266.6	562.7	178.5	327.9	3 407 402
Females	227.1	310.2	257.6	273.5	252.9	294.4	626.5	143.2	267.8	2 841 436
Indigenous status (d)										
Indigenous	1 231.3	942.6	678.6	412.4	729.1	193.9	1 077.4	172.1	736.8	362 429
Non-Indigenous	239.1	324.2	265.5	247.9	255.6	254.2	522.3	133.2	272.2	5 577 420
Remoteness of residence (e)										
Major cities	252.3	304.4	277.4	278.3	308.0	..	576.8	..	285.7	4 164 097
Inner regional	380.4	414.6	301.1	222.6	160.2	306.7	np	..	343.9	1 340 584
Outer regional	341.5	425.5	254.6	212.5	198.4	229.3	..	175.1	273.6	520 190
Remote	446.2	400.2	224.5	230.6	164.4	227.0	..	193.9	233.4	72 893
Very remote	848.3	..	365.9	144.9	117.1	219.1	..	85.1	209.9	35 317
SEIFA of residence (f)										
Quintile 1 (most disadvantaged)	299.2	453.4	381.1	283.9	364.7	282.2	np	134.5	351.5	1 431 701
Quintile 2	362.3	377.2	303.8	283.5	311.6	220.3	945.9	169.2	342.4	1 393 252
Quintile 3	284.9	369.8	290.5	270.6	222.0	266.3	946.2	299.7	304.3	1 290 545
Quintile 4	227.1	273.7	250.4	244.5	213.7	315.0	710.6	140.0	258.2	1 068 000
Quintile 5 (least disadvantaged)	219.9	229.4	171.3	235.7	146.8	..	498.1	58.8	227.0	971 510
Total (g)	303.6	330.6	279.6	262.3	295.3	300.4	598.0	160.9	304.1	6 374 267
	<i>number of contacts</i>									
Total (g)	2 072 440	1 736 456	1 162 557	554 558	456 942	147 701	207 467	36 146	6 374 267	

Table NHA.28.5 **Community mental health service contacts provided by public sector community mental health services, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
(a)	Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.									
(b)	The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.									
(c)	Rates are age-standardised to the Australian population as at 30 June 2001.									
(d)	The Indigenous status rates should be interpreted with caution due to the varying, and in some instances unknown, quality of Indigenous identification across jurisdictions.									
(e)	Disaggregation by remoteness area is based on a person's usual residence, not the location of the service provider. Not all remoteness areas are represented in each State or Territory.									
(f)	SEIFA quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider. SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.									
(g)	Includes contacts where sex, Indigenous status, Statistical Local Area or postcode of residence was missing or not reported.									
	.. Not applicable. np Not published.									

Source: AIHW (unpublished) National Community Mental Health Care Database; ABS (unpublished) Estimated Resident Population, 30 June 2007; ABS (2009) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2007, Series B, Cat. no. 3238.0.

NHA Indicator 29:

Private sector mental health services

Table NHA.29.1

Table NHA.29.1 **Rate of ambulatory mental health services provided, by MBS / DVA service stream, by State and Territory, 2010-11 (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>	<i>Aust</i>
	<i>age-standardised rate per 1000 population (a)</i>									<i>no.</i>
Service stream										
Psychiatrist (c)	88.9	113.9	91.1	62.5	102.6	83.9	62.5	19.6	92.7	2 105 689
Clinical psychologist (d)	56.1	60.8	41.5	76.5	73.1	73.0	63.3	12.7	57.7	1 272 247
GP (e)	97.4	107.3	91.4	77.1	94.0	81.6	67.1	38.2	94.8	2 113 940
Other allied health (f)	109.3	143.1	107.8	56.1	58.3	87.2	83.8	30.8	106.3	2 343 672
Total	351.8	425.1	331.9	272.2	328.0	325.7	276.7	101.3	351.4	7 835 548

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State and Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Consultant psychiatrist services are Medicare Benefits Schedule (MBS) items 134, 136, 138, 140, 142, 289, 291, 293, 296, 297, 299, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344, 346, 348, 350, 352, 353, 355, 356, 357, 358, 359, 361, 364, 366, 367, 369, 370, 855, 857, 858, 861, 864, 866, 14224.

(d) Clinical psychologist services are MBS items 80000, 80005, 80010, 80015, 80020 and DVA items US01, US02, US03, US04, US05, US06, US07, US08, US50, US51, US99.

(e) GP services are MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2702, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2721, 2723, 2725, 2727.

(f) Other allied health services are MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 81325, 81355, 82000, 82015 and DVA items CL20, CL25, CL30, US11, US12, US13, US14, US15, US16, US17, US18, US21, US22, US23, US24, US25, US26, US27, US31, US32, US33, US34, US35, US36, US37, US52, US53, US96, US97, US98.

Source: Department of Health and Ageing (DoHA) (unpublished) MBS Statistics; Department of Veterans' Affairs (DVA) (unpublished) data; Australian Bureau of Statistics (ABS) (unpublished) Estimated Resident Population, 30 June 2010.

Table NHA.29.2

Table NHA.29.2 **Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11 (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>	<i>Aust</i>
	<i>age-standardised rate per 1000 population (b)</i>									<i>no.</i>
Sex										
Males	270.9	311.5	248.7	191.2	251.4	228.5	205.8	71.1	262.3	2 914 126
Females	431.6	537.4	414.6	356.7	404.3	420.2	347.5	133.9	440.2	4 921 422
Indigenous status (c)										
Indigenous	na	na	na	na	na	na	na	na	na	na
Non-Indigenous	na	na	na	na	na	na	na	na	na	na
Remoteness of residence (d)										
Major cities	381.3	460.7	392.6	312.3	372.9	..	276.7	..	394.4	6 080 986
Inner regional	303.7	342.8	292.3	214.5	287.2	383.6	265.1	..	309.9	1 324 642
Outer regional	189.5	210.0	196.4	185.4	153.4	223.3	..	133.1	188.3	384 812
Remote	71.3	194.5	106.3	83.1	120.4	100.3	..	58.4	91.2	29 604
Very remote	116.4	..	58.6	47.2	57.5	227.6	..	57.2	57.7	9 857
SEIFA of residence (e)										
Quintile 1 (most disadvantaged)	267.3	345.6	287.7	126.8	283.4	260.5	255.3	37.4	279.1	1 208 938
Quintile 2	323.6	349.5	286.1	249.5	328.9	242.6	319.0	115.2	314.5	1 384 923
Quintile 3	353.7	415.6	332.0	246.4	313.8	352.8	276.9	99.8	342.9	1 537 396
Quintile 4	375.6	436.3	364.3	251.4	340.5	526.7	272.1	88.1	370.7	1 671 895
Quintile 5 (least disadvantaged)	437.0	518.6	374.9	339.2	411.5	..	272.4	74.1	425.3	1 930 581

(a) Disaggregation by State and Territory, remoteness area and SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

(c) DVA data by Indigenous status are not available. DoHA Medicare Benefits Schedule (MBS) data by Indigenous status are not available for this indicator in 2010-11 (please see the data quality statement).

Table NHA.29.2 **Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2010-11 (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>	<i>Aust</i>
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(d) Not all remoteness areas are represented in each State or Territory.

(e) DVA data are not available by SEIFA for the Northern Territory. Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Not all quintiles are represented in each State or Territory.

.. Not applicable. **na** Not available.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table NHA.29.3

Table NHA.29.3 **Rate of ambulatory mental health services provided, by age and sex, by State and Territory, 2010-11 (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>	<i>Aust</i>
	<i>age-specific rate per 1000 population</i>									<i>no.</i>
Males										
Less than 15 years	146.0	181.6	135.2	98.6	159.7	114.9	110.7	36.1	145.5	315 847
15–24 years	230.8	260.5	204.0	189.1	220.4	225.7	193.3	55.5	224.8	364 321
25–34 years	304.3	364.1	279.7	241.8	292.3	312.3	255.2	79.0	303.5	488 850
35–44 years	405.3	465.2	352.7	270.2	335.7	355.8	274.2	106.5	383.5	603 123
45–54 years	371.8	421.2	331.1	233.9	318.7	282.1	269.5	96.1	350.3	527 845
55–64 years	323.6	356.8	319.8	223.0	321.9	233.7	216.4	104.7	314.3	395 706
65 and over	161.8	165.6	176.3	119.7	156.2	97.0	148.2	43.1	158.7	218 433
All ages (b)	270.1	310.7	248.5	193.1	251.8	220.6	208.3	72.3	262.1	2 914 126
Females										
Less than 15 years	98.9	127.0	95.6	76.4	97.0	84.6	81.4	19.7	100.9	207 760
15–24 years	449.9	536.1	402.2	401.3	415.7	476.0	437.2	134.2	451.0	689 019
25–34 years	559.0	724.5	548.2	523.4	556.9	624.6	483.3	178.8	590.3	935 051
35–44 years	686.6	856.3	661.9	556.5	610.4	666.5	530.7	213.0	697.7	1 111 878
45–54 years	616.5	772.9	596.4	483.7	577.2	573.3	449.6	201.9	626.6	963 114
55–64 years	497.7	607.5	485.4	370.2	481.2	433.9	368.9	162.7	502.0	641 358
65 and over	228.7	270.3	227.7	171.6	200.5	178.6	160.4	78.0	228.8	373 242
All ages (b)	429.5	537.8	413.0	357.1	398.7	405.3	357.6	136.6	439.0	4 921 422
Persons										
Less than 15 years	123.1	155.0	115.9	87.9	129.0	100.2	96.3	28.1	123.8	523 607
15–24 years	337.3	394.0	300.8	290.7	315.5	347.0	310.9	92.3	334.5	1 053 340
25–34 years	431.5	543.0	413.1	377.2	422.9	471.5	367.8	128.6	445.7	1 423 901
35–44 years	547.5	663.1	508.3	411.2	473.1	515.6	403.5	158.5	541.6	1 715 001
45–54 years	495.6	599.4	465.3	357.9	449.3	430.5	361.8	147.1	489.8	1 490 959

Table NHA.29.3

Table NHA.29.3 **Rate of ambulatory mental health services provided, by age and sex, by State and Territory, 2010-11 (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>	<i>Aust</i>
	<i>age-specific rate per 1000 population</i>									<i>no.</i>
55–64 years	411.4	484.5	402.5	295.7	403.1	334.7	294.4	131.5	408.8	1 037 064
65 and over	198.3	222.8	203.6	147.3	180.7	141.1	154.9	59.3	196.7	591 675
All ages (b)	350.5	425.1	330.8	273.9	326.1	314.2	283.3	103.3	350.9	7 835 548

(a) Disaggregation by State and Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(b) Includes services where age was missing or not reported.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table NHA.29.4 Rate of ambulatory mental health services provided, by SEIFA deciles, National, 2010-11 (a), (b)

	<i>Aust</i>	<i>Aust</i>
<i>age-standardised rate per 1000 population</i>		<i>no.</i>
SEIFA of residence (c)		
Decile 1 (most disadvantaged)	271.3	591 279
Decile 2	287.6	617 659
Decile 3	311.5	677 258
Decile 4	317.6	707 665
Decile 5	318.1	694 303
Decile 6	366.5	843 092
Decile 7	366.8	825 536
Decile 8	374.8	846 359
Decile 9	431.6	981 899
Decile 10 (least disadvantaged)	419.6	948 681

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010

Table NHA.29.5

Table NHA.29.5 **Rate of ambulatory mental health services provided, by MBS/DVA service stream, by State and Territory, 2009-10 (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>	<i>Aust</i>
	<i>age-standardised rate per 1000 population (a)</i>									<i>no.</i>
Service stream										
Psychiatrist (c)	88.0	116.1	90.5	64.0	107.7	87.9	58.2	19.6	93.3	2 085 023
Clinical psychologist (d)	48.9	51.4	33.5	74.6	61.9	69.2	48.4	11.3	50.0	1 087 169
GP (e)	85.0	94.5	78.9	69.7	81.7	69.1	59.8	35.1	83.0	1 820 208
Other allied health (f)	97.4	132.7	96.3	47.7	53.8	67.5	82.0	28.3	95.9	2 082 980
Total	319.2	394.7	299.2	256.0	305.1	293.7	248.3	94.4	322.2	7 075 380

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State and Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Consultant psychiatrist services are MBS items 134, 136, 138, 140, 142, 289, 291, 293, 296, 297, 299, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344, 346, 348, 350, 352, 353, 355, 356, 357, 358, 359, 361, 364, 366, 367, 369, 370, 855, 857, 858, 861, 864, 866, 14224.

(d) Clinical psychologist services are MBS items 80000, 80005, 80010, 80015, 80020 and DVA items US01, US02, US03, US04, US05, US06, US07, US08, US50, US51, US99.

(e) GP services are MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2702, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2721, 2723, 2725, 2727.

(f) Other allied health services are MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 81325, 81355, 82000, 82015 and DVA items CL20, CL25, CL30, US11, US12, US13, US14, US15, US16, US17, US18, US21, US22, US23, US24, US25, US26, US27, US31, US32, US33, US34, US35, US36, US37, US52, US53, US96, US97, US98.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.29.6

Table NHA.29.6 **Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (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>	<i>Aust</i>
	<i>age-standardised rate per 1000 population (b)</i>									<i>no.</i>
Sex										
Males	246.0	285.9	223.0	181.4	232.0	200.2	179.5	66.4	239.2	2 619 542
Females	391.6	502.2	375.3	333.8	377.7	384.8	316.4	124.5	404.9	4 455 838
Indigenous status (c)										
Indigenous	299.2	394.4	176.5	88.8	192.1	305.7	325.3	31.5	202.5	98 728
Non-Indigenous	315.6	391.9	294.9	256.7	301.5	290.7	242.1	116.2	320.3	6 864 685
Remoteness of residence (d)										
Major cities	346.3	430.8	356.5	297.1	345.5	..	248.2	..	363.5	5 515 915
Inner regional	274.2	310.6	266.4	192.9	270.2	348.1	274.8	..	281.3	1 182 437
Outer regional	177.1	185.6	168.1	170.6	144.1	198.6	..	125.7	168.7	341 586
Remote	69.0	199.0	84.1	66.0	138.0	102.3	..	51.0	81.2	26 269
Very remote	126.0	..	51.9	35.6	57.4	164.5	..	55.4	51.1	8 650
SEIFA of residence (e)										
Quintile 1 (most disadvantaged)	237.2	311.7	259.4	112.5	255.9	232.7	207.5	34.9	250.5	1 073 305
Quintile 2	290.4	317.4	253.3	238.2	305.8	209.6	264.9	102.4	284.6	1 233 205
Quintile 3	323.7	381.2	295.5	233.0	298.8	318.4	243.3	91.6	314.2	1 387 153
Quintile 4	342.5	408.2	324.9	234.4	318.0	483.7	250.5	84.5	340.4	1 501 633
Quintile 5 (least disadvantaged)	404.7	495.9	351.0	320.6	391.9	..	241.8	69.1	399.6	1 793 886

(a) Disaggregation by State and Territory, remoteness area and SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

Table NHA.29.6 Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (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>	<i>Aust</i>
(c)	DVA data by Indigenous status are not available. DoHA MBS Statistics data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (51 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.									
(d)	Not all remoteness areas are represented in each State or Territory.									
(e)	DVA data are not available by SEIFA for the Northern Territory. Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Not all quintiles are represented in each State or Territory.									
..	Not applicable.									

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2009, Series B, Cat. no. 3

Table NHA.29.7

Table NHA.29.7 **Rate of ambulatory mental health services provided, by age and sex, by State and Territory, 2009-10 (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>	<i>Aust</i>
	<i>age-specific rate per 1000 population</i>									<i>no.</i>
Males										
Less than 15 years	121.5	153.0	114.6	90.6	140.3	87.6	89.0	29.2	123.2	264 721
15–24 years	198.5	227.9	179.6	171.3	194.7	192.4	166.0	56.2	196.6	314 925
25–34 years	284.7	343.0	245.7	232.7	272.9	273.6	232.8	72.7	281.5	440 617
35–44 years	373.7	435.5	319.8	256.3	313.0	309.1	233.0	103.6	354.5	554 053
45–54 years	342.8	395.2	304.0	225.4	302.2	263.5	252.9	95.1	326.3	486 665
55–64 years	307.7	337.2	301.6	218.8	317.4	220.2	194.8	85.3	299.1	368 414
65 and over	145.1	152.3	155.8	115.4	135.1	89.9	122.2	42.7	143.1	190 147
All ages (b)	245.8	285.8	223.4	183.5	233.2	195.2	183.2	67.4	239.6	2 619 542
Females										
Less than 15 years	81.4	106.8	79.5	66.1	80.4	69.5	57.8	18.2	84.0	171 318
15–24 years	378.4	471.1	352.2	358.3	369.0	422.5	343.1	100.1	390.7	589 764
25–34 years	521.1	683.7	506.8	491.2	527.5	563.0	459.8	169.4	552.1	850 548
35–44 years	632.2	825.4	603.3	534.7	572.2	616.6	513.3	211.5	654.1	1 035 335
45–54 years	575.9	735.6	542.8	460.9	557.7	549.1	438.0	180.9	588.6	894 734
55–64 years	458.6	571.2	447.4	355.6	457.1	406.2	342.9	150.1	468.2	582 423
65 and over	204.4	253.7	204.9	156.3	190.2	159.2	142.1	87.1	209.1	331 713
All ages (b)	390.0	503.2	374.3	334.7	373.8	372.2	327.1	125.4	404.2	4 455 838
Persons										
Less than 15 years	101.9	130.5	97.5	78.7	111.0	78.8	73.7	23.9	104.1	436 039
15–24 years	285.9	345.5	263.9	261.0	279.6	304.5	251.4	77.0	290.7	904 689
25–34 years	402.9	512.2	375.3	357.3	398.4	420.8	344.9	120.5	415.7	1 291 165
35–44 years	504.3	632.8	462.5	393.2	442.7	466.9	374.5	156.1	505.2	1 589 388
45–54 years	460.7	567.6	424.7	342.3	431.2	408.6	348.0	136.5	458.7	1 381 399

Table NHA.29.7

Table NHA.29.7 **Rate of ambulatory mental health services provided, by age and sex, by State and Territory, 2009-10 (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>	<i>Aust</i>
	<i>age-specific rate per 1000 population</i>									<i>no.</i>
55–64 years	383.6	456.1	374.1	286.1	388.8	314.1	270.3	114.9	384.1	950 837
65 and over	177.6	207.9	181.9	137.3	165.7	127.6	133.1	63.4	179.0	521 860
All ages (b)	318.5	395.4	298.9	258.0	304.4	284.9	255.6	95.3	322.3	7 075 380

(a) Disaggregation by State and Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(b) Includes services where age was missing or not reported.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.29.8 Rate of ambulatory mental health services provided, by SEIFA deciles, National, 2009-10 (a), (b)

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>	<i>no.</i>
SEIFA of residence (c)		
Decile 1 (most disadvantaged)	240.4	516 783
Decile 2	261.2	556 522
Decile 3	277.7	566 835
Decile 4	290.9	666 370
Decile 5	291.7	621 258
Decile 6	335.2	765 895
Decile 7	335.1	717 661
Decile 8	345.5	783 972
Decile 9	404.6	916 486
Decile 10 (least disadvantaged)	394.9	877 400

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009

Table NHA.29.9

Table NHA.29.9 **Rate of ambulatory mental health services provided, by MBS/DVA service stream, by State and Territory, 2008-09 (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>	<i>Aust</i>
	<i>age-standardised rate per 1000 population (a)</i>									<i>no.</i>
Service stream										
Psychiatrist (c)	88.5	119.8	90.7	62.7	109.9	87.6	61.0	20.0	94.5	2 069 578
Clinical psychologist (d)	43.1	42.9	26.2	66.4	49.9	61.0	39.9	7.9	42.5	904 835
GP (e)	77.6	84.8	70.0	64.2	72.8	61.2	54.0	30.2	74.9	1 610 144
Other allied health (f)	82.8	114.5	78.9	40.4	45.5	55.8	73.2	22.2	81.4	1 734 895
Total	291.9	362.0	265.8	233.7	278.2	265.6	228.1	80.3	293.2	6 319 452

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by State and Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Consultant psychiatrist services are MBS items 134, 136, 138, 140, 142, 289, 291, 293, 296, 297, 299, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 319, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 342, 344, 346, 348, 350, 352, 353, 355, 356, 357, 358, 359, 361, 364, 366, 367, 369, 370, 855, 857, 858, 861, 864, 866, 14224.

(d) Clinical psychologist services are MBS items 80000, 80005, 80010, 80015, 80020 and DVA items US01, US02, US03, US04, US05, US06, US07, US08, US50, US51, US99.

(e) GP services are MBS items 170, 171, 172, 2574, 2575, 2577, 2578, 2704, 2705, 2707, 2708, 2710, 2712, 2713, 2721, 2723, 2725, 2727.

(f) Other allied health services are MBS items 10956, 10968, 80100, 80105, 80110, 80115, 80120, 80125, 80130, 80135, 80140, 80145, 80150, 80155, 80160, 80165, 80170, 81325, 81355, 82000, 82015 and DVA items CL20, CL25, CL30, US11, US12, US13, US14, US15, US16, US17, US18, US21, US22, US23, US24, US25, US26, US27, US31, US32, US33, US34, US35, US36, US37, US52, US53, US96, US97, US98.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.29.10

Table NHA.29.10 Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (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>	<i>Aust</i>
	<i>age-standardised rate per 1000 population (b)</i>									<i>no.</i>
Sex										
Males	224.8	261.0	196.8	164.5	211.6	179.8	163.3	57.7	217.0	2 333 526
Females	358.2	461.6	334.5	305.4	344.4	349.2	292.2	104.6	369.0	3 985 926
Indigenous status (c)										
Indigenous	265.3	361.1	156.8	72.8	181.0	254.3	332.0	23.4	179.5	83 226
Non-Indigenous	288.4	359.2	260.4	234.1	274.3	264.1	221.8	99.9	291.0	6 123 623
Remoteness of residence (d)										
Major cities	319.1	398.7	319.0	272.8	319.8	..	228.1	..	333.7	4 970 058
Inner regional	243.7	274.2	236.5	172.1	226.4	318.3	274.6	..	249.8	1 028 773
Outer regional	155.6	159.7	141.1	153.0	122.2	171.6	..	111.1	145.7	290 256
Remote	74.6	214.8	76.4	54.2	111.8	103.7	..	39.9	71.2	22 879
Very remote	100.6	..	42.2	27.7	60.2	205.9	..	41.9	43.3	7 105
SEIFA of residence (e)										
Quintile 1 (most disadvantaged)	211.4	277.1	230.7	94.7	226.0	205.6	183.5	27.8	222.6	939 844
Quintile 2	261.8	280.4	222.4	214.2	272.6	200.4	236.0	87.1	254.3	1 081 833
Quintile 3	295.7	342.8	258.4	211.8	282.7	292.9	225.7	77.5	283.6	1 225 728
Quintile 4	315.5	374.6	288.2	211.1	298.1	447.0	229.2	70.8	310.2	1 338 793
Quintile 5 (least disadvantaged)	378.5	475.5	319.3	301.1	361.3	..	223.7	60.6	375.2	1 656 695

(a) Disaggregation by State and Territory, remoteness area and SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(b) Rates are age-standardised to the Australian population as at 30 June 2001.

Table NHA.29.10 Rate of ambulatory mental health services provided, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (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>	<i>Aust</i>
(c)	DVA data by Indigenous status are not available. DoHA MBS Statistics data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (51 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. Indigenous rates should also be interpreted with caution due to small population numbers in some jurisdictions.									
(d)	Not all remoteness areas are represented in each State or Territory.									
(e)	DVA data are not available by SEIFA for the Northern Territory. Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Not all quintiles are represented in each State or Territory.									
	.. Not applicable.									

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021, 30 June 2008, Series B, Cat. no. 3

Table NHA.29.11

Table NHA.29.11 **Rate of ambulatory mental health services provided, by age and sex, by State and Territory, 2008-09 (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>	<i>Aust</i>
	<i>age-specific rate per 1000 population</i>									<i>no.</i>
Males										
Less than 15 years	97.8	120.1	89.0	75.3	111.5	72.0	66.9	19.2	97.8	207 361
15–24 years	172.2	201.9	150.4	150.2	173.7	165.8	124.9	34.1	170.4	266 067
25–34 years	271.3	327.7	220.4	225.9	255.3	253.6	221.3	72.3	265.8	401 889
35–44 years	347.4	401.3	280.3	227.8	290.7	267.1	238.4	99.4	324.1	502 067
45–54 years	318.5	371.5	270.1	205.4	288.8	255.7	216.8	87.8	302.0	443 050
55–64 years	300.3	321.2	302.9	216.6	311.9	206.7	216.2	78.8	292.4	351 782
65 and over	126.1	139.5	136.7	97.1	111.1	75.2	106.1	34.8	125.5	161 310
All ages (b)	225.3	261.9	198.3	166.9	213.7	176.0	167.1	58.8	218.2	2 333 526
Females										
Less than 15 years	64.0	78.0	60.6	53.2	62.6	52.4	41.4	12.8	64.2	129 078
15–24 years	333.5	426.2	293.5	323.6	329.0	376.1	315.3	93.8	345.0	508 169
25–34 years	490.2	653.5	462.2	473.3	489.9	519.0	422.4	161.6	519.4	776 537
35–44 years	581.6	760.3	544.0	489.7	522.7	568.9	494.6	178.6	599.5	941 886
45–54 years	538.2	686.4	498.7	416.2	522.8	501.9	416.7	146.9	546.4	817 083
55–64 years	422.6	530.3	406.9	322.1	420.4	377.6	292.6	122.1	430.5	521 162
65 and over	185.2	230.9	182.6	141.0	170.5	140.2	136.0	51.4	188.9	292 011
All ages (b)	357.2	463.2	334.5	306.3	341.2	338.9	302.3	107.4	369.0	3 985 926
Persons										
Less than 15 years	81.3	99.6	75.2	64.6	87.6	62.5	54.4	16.1	81.5	336 439
15–24 years	250.6	310.5	220.4	233.6	249.4	268.5	216.8	62.6	255.2	774 236
25–34 years	380.9	489.9	340.5	346.0	371.0	388.7	321.3	116.4	391.9	1 178 426
35–44 years	465.7	583.1	413.2	356.8	406.8	421.9	367.9	137.9	462.8	1 443 953
45–54 years	429.5	530.9	385.6	310.2	407.2	380.9	319.8	116.3	425.4	1 260 133

Table NHA.29.11 **Rate of ambulatory mental health services provided, by age and sex, by State and Territory, 2008-09 (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>	<i>Aust</i>
	<i>age-specific rate per 1000 population</i>									<i>no.</i>
55–64 years	361.7	427.4	354.5	268.4	367.2	292.5	255.2	98.4	361.7	872 944
65 and over	158.6	189.8	161.2	120.7	144.2	110.6	122.6	42.6	160.1	453 321
All ages (b)	291.9	363.5	266.4	235.8	278.3	258.6	235.3	82.2	293.9	6 319 452

(a) Disaggregation by State and Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(b) Includes services where age was missing or not reported.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.29.12 Rate of ambulatory mental health services provided, by SEIFA deciles, National, 2008-09 (a), (b)

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>	<i>no.</i>
SEIFA of residence (c)		
Decile 1 (most disadvantaged)	213.3	451 429
Decile 2	232.5	488 415
Decile 3	246.1	493 257
Decile 4	261.7	588 575
Decile 5	261.7	545 052
Decile 6	304.0	680 677
Decile 7	306.0	642 930
Decile 8	314.3	695 864
Decile 9	378.4	845 917
Decile 10 (least disadvantaged)	372.3	810 779

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by SEIFA is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008

NHA Indicator 30:

**Proportion of people with
diabetes with a GP annual cycle
of care**

Table NHA.30.1 Proportion of people with diabetes with a GP annual cycle of care, by remoteness and SEIFA quintiles, by State and Territory, 2010-11 (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>	<i>Aust</i>
Remoteness of residence									
Major cities	15.9	18.1	17.0	16.3	20.2	..	14.0	..	17.0
Inner regional	25.7	21.8	20.2	16.1	30.5	24.8	np	..	23.0
Outer regional	20.0	16.0	19.2	22.0	26.4	25.3	..	11.0	20.1
Remote	13.2	17.9	14.5	11.0	27.0	15.6	..	9.6	14.9
Very remote	10.3	..	3.9	17.8	8.5	np	..	11.3	9.4
SEIFA of residence (a)									
Quintile 1	15.5	20.5	18.7	19.8	22.4	27.0	np	6.8	18.7
Quintile 2	23.0	18.3	18.9	17.2	23.4	26.5	15.2	8.7	20.9
Quintile 3	20.7	19.4	18.2	17.1	18.4	23.0	15.5	10.8	19.1
Quintile 4	15.4	18.9	17.5	15.7	23.5	14.5	13.4	11.0	17.4
Quintile 5	13.1	16.1	14.8	12.9	22.8	..	13.8	8.1	14.8
Total (b)	18.3	18.8	17.9	16.7	22.4	24.8	14.0	10.9	18.6

(a) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA area is based on a person's usual residence, not the location of the service provider.

(b) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

.. Not applicable. **np** Not published (numerator < 10).

Source: Department of Health and Ageing (DoHA) (unpublished) Medicare Benefits Schedule (MBS) Statistics; Department of Veterans' Affairs (DVA) (unpublished) data; DoHA (unpublished) National Diabetes Services Scheme (NDSS) database.

Table NHA.30.2 Proportion of people with diabetes with a GP annual cycle of care, by SEIFA deciles, National, 2010-11 (per cent) (a)

	<i>Aust</i>
SEIFA of residence (b)	
Decile 1	16.3
Decile 2	21.4
Decile 3	19.5
Decile 4	22.3
Decile 5	20.0
Decile 6	18.1
Decile 7	18.0
Decile 8	16.9
Decile 9	15.6
Decile 10	13.9

(a) Excludes records where postcode was invalid or did not map to a SEIFA category.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; DoHA (unpublished) National Diabetes Services Scheme (NDSS) database.

Table NHA.30.3 Proportion of people with diabetes with a GP annual cycle of care, by remoteness and SEIFA quintiles, by State and Territory, 2009-10 (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>	<i>Aust</i>
Remoteness of residence									
Major cities	15.6	19.1	17.3	18.2	19.7	..	14.7	..	17.4
Inner regional	25.6	22.7	20.7	17.1	26.7	21.9	np	..	23.0
Outer regional	21.4	17.7	20.2	20.8	27.7	23.8	..	12.3	21.0
Remote	17.2	26.1	11.9	6.4	28.8	14.9	..	11.4	14.4
Very remote	11.4	..	4.1	8.9	8.5	18.4	..	13.9	8.9
SEIFA of residence (a)									
Quintile 1	15.8	21.7	19.2	15.6	21.8	23.4	np	8.9	18.8
Quintile 2	22.8	19.4	19.0	18.6	22.5	27.4	16.7	9.4	21.1
Quintile 3	19.9	20.4	19.0	18.4	19.1	21.8	15.9	12.0	19.5
Quintile 4	15.7	19.9	17.9	17.2	23.4	15.1	14.4	12.2	18.0
Quintile 5	12.8	17.1	14.7	14.8	21.5	..	14.6	9.5	15.2
Total (b)	18.1	19.9	18.3	17.7	21.9	22.4	14.7	12.5	18.9

(a) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA area is based on a person's usual residence, not the location of the service provider.

(b) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

.. Not applicable. **np** Not published (numerator < 10).

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; DoHA (unpublished) National Diabetes Services Scheme (NDSS) database.

Table NHA.30.4 Proportion of people with diabetes with a GP annual cycle of care, by SEIFA deciles, National, 2009-10 (per cent) (a)

	<i>Aust</i>
SEIFA of residence (b)	
Decile 1	16.4
Decile 2	21.4
Decile 3	19.5
Decile 4	22.7
Decile 5	20.4
Decile 6	18.6
Decile 7	18.6
Decile 8	17.5
Decile 9	16.4
Decile 10	13.8

(a) Excludes records where postcode was invalid or did not map to a SEIFA category.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; DoHA (unpublished) National Diabetes Services Scheme (NDSS) database.

Table NHA.30.5 Proportion of people with diabetes with a GP annual cycle of care, by remoteness and SEIFA quintiles, by State and Territory, 2008-09 (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>	<i>Aust</i>
Remoteness of residence									
Major cities	16.3	21.0	18.4	19.1	20.8	..	14.9	..	18.5
Inner regional	27.0	24.4	21.8	19.1	27.8	22.3	np	..	24.4
Outer regional	22.0	20.0	21.1	19.3	30.2	25.6	..	11.9	22.0
Remote	17.9	28.8	13.4	6.6	28.6	15.9	..	10.4	14.8
Very remote	20.2	..	2.7	6.9	10.4	16.5	..	13.5	8.2
SEIFA of residence (a)									
Quintile 1	16.0	25.5	20.2	14.2	23.7	24.4	np	8.1	20.1
Quintile 2	23.2	20.5	20.7	19.7	23.0	30.5	17.6	9.2	22.0
Quintile 3	21.8	22.0	19.4	19.4	19.6	21.3	15.9	12.1	20.7
Quintile 4	17.3	21.2	18.7	17.1	24.5	16.7	14.3	11.9	19.1
Quintile 5	14.1	18.7	16.4	16.2	23.0	..	14.9	8.8	16.6
Total (b)	18.9	21.7	19.3	18.4	23.0	23.3	14.8	11.9	19.9

(a) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA area is based on a person's usual residence, not the location of the service provider.

(b) Total includes persons whose place of residence was not stated or who could not be assigned to a remoteness or SEIFA category.

.. Not applicable. **np** Not published (numerator < 10).

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; DoHA (unpublished) National Diabetes Services Scheme (NDSS) database.

Table NHA.30.6 Proportion of people with diabetes with a GP annual cycle of care, by SEIFA deciles, National, 2008-09 (per cent) (a)

	<i>Aust</i>
SEIFA of residence (b)	
Decile 1	17.5
Decile 2	22.9
Decile 3	20.6
Decile 4	23.3
Decile 5	21.8
Decile 6	19.5
Decile 7	19.4
Decile 8	18.8
Decile 9	17.9
Decile 10	15.1

(a) Excludes records where postcode was invalid or did not map to a SEIFA category.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on a person's usual residence, not the location of the service provider.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; DoHA (unpublished) National Diabetes Services Scheme (NDSS) database.

NHA Indicator 31:

No new data are available for this indicator

Proportion of people with asthma with a written asthma plan

NHA Indicator 32:

Proportion of people with mental illness with GP treatment plans

Table NHA.32.1 People with mental illness aged 16–84 years with GP treatment plans, by State and Territory, 2010-11 (a), (b), (c)

	<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>
Age standardised rate (d)	%	20.9	22.2	19.1	16.1	18.8	18.0	16.2	7.9	19.9
Number of people	no.	227 726	190 713	131 437	56 566	47 014	13 761	9 369	3 076	679 666

(a) Includes Medicare Benefits Schedule (MBS) items 2702 and 2710.

(b) The denominator for the rate is people aged 16–84 with selected 12-month mental disorders as captured through the *National Survey of Mental Health and Wellbeing, 2007*. People with a selected 12-month mental disorder experienced symptoms in the 12 months prior to the survey interview.

(c) Disaggregation by State/Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(d) Rates are age standardised to the Australian population aged 16–84 years as at 30 June 2001.

Source: Department of Health and Ageing (DoHA) (unpublished) MBS Statistics; Department of Veterans' Affairs (DVA) (unpublished) data; Australian Bureau of Statistics (ABS) (unpublished) Estimated Resident Population, 30 June 2010; ABS (unpublished) National Survey of Mental Health and Wellbeing, 2007.

Table NHA.32.2

Table NHA.32.2 **People with mental illness with GP treatment plans, by age, by State and Territory, 2010-11 (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>	<i>Aust</i>
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>age specific rate (%)</i>
0–15 years	25 650	21 581	15 608	6 205	6 020	1 381	1 009	264	77 718	..
16–24 years	39 249	33 411	23 548	10 363	8 983	2 780	2 033	567	120 935	16.0
25–34 years	50 306	45 067	30 231	13 483	10 504	2 986	2 426	812	155 816	19.8
35–44 years	54 325	46 032	31 215	13 554	10 495	3 078	2 136	718	161 553	21.9
45–54 years	42 473	34 578	24 163	9 993	8 511	2 508	1 526	593	124 346	18.8
55–64 years	26 193	20 852	14 844	5 983	5 526	1 638	853	296	76 186	21.7
65–74 years	10 722	7 794	5 528	2 332	2 179	578	308	69	29 509	20.6
75–84 years	4 458	2 979	1 908	858	816	193	87	21	11 321	19.0
85 years and over	1 130	727	470	240	170	49	24	–	2 810	..
Total (c)	254 507	213 021	147 515	63 011	53 204	15 191	10 402	3 340	760 195	

(a) Includes MBS items 2702 and 2710.

(b) Disaggregation by State/Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Includes people whose age was missing or not reported.

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

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table NHA.32.3 People with mental illness aged 16–84 years with GP treatment plans, by remoteness and SEIFA quintiles, National, 2010-11 (a), (b), (c)

	<i>Aust</i>	<i>Aust</i>
	<i>age standardised rate (%) (d)</i>	<i>no.</i>
Remoteness of residence		
Major cities	19.8	485 867
Inner regional	21.3	139 055
Outer regional	15.7	48 904
Remote	8.5	4 220
Very remote	4.5	1 245
SEIFA of residence (e)		
Quintile 1 (most disadvantaged)	17.4	76 621
Quintile 2	20.8	151 797
Quintile 3	19.0	136 825
Quintile 4	19.5	161 819
Quintile 5 (least disadvantaged)	18.7	144 993

(a) Includes MBS items 2702 and 2710.

(b) The denominator for the rate is people aged 16–84 with selected 12 month mental disorders as captured through the *National Survey of Mental Health and Wellbeing, 2007*. People with a selected 12-month mental disorder experienced symptoms in the 12 months prior to the survey interview.

(c) Disaggregation by Socio-Economic Indexes for Areas (SEIFA) and remoteness area is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received. Excludes people for whom demographic information was missing or not reported.

(d) Rates are age-standardised to the Australian population aged 16–84 years as at 30 June 2001.

(e) Socio-Economic Indexes for Areas quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles have an equal number of statistical local areas nationally, but do not necessarily have the same population size nationally or within any State or Territory.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2010; ABS (unpublished) National Survey of Mental Health and Wellbeing, 2007.

Table NHA.32.4 People with mental illness aged 16–84 years with GP treatment plans, by State and Territory, 2009-10 (a), (b), (c)

	<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>
Age standardised rate (d)	%	18.7	20.3	16.9	14.8	16.3	16.3	14.8	7.9	17.8
Number of people	no.	201 589	170 887	114 206	51 148	40 251	12 342	8 425	3 006	601 854

(a) Includes MBS items 2702 and 2710.

(b) The denominator for the rate is people aged 16–84 with selected 12-month mental disorders as captured through the *National Survey of Mental Health and Wellbeing 2007*. People with a selected 12-month mental disorder experienced symptoms in the 12 months prior to the survey interview.

(c) Disaggregation by State/Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(d) Rates are age standardised to the Australian population aged 16–84 years as at 30 June 2001.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (unpublished) National Survey of Mental Health and Wellbeing, 2007.

Table NHA.32.5

Table NHA.32.5 **People with mental illness with GP treatment plans, by age, by State and Territory, 2009-10 (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>	<i>Aust</i>
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>age-specific rate (%)</i>
0–15 years	21 106	18 116	13 037	5 258	5 002	1 174	854	213	64 761	..
16–24 years	33 469	28 562	20 052	8 949	7 331	2 512	1 705	473	103 053	13.8
25–34 years	45 068	39 975	26 217	12 171	8 757	2 659	2 170	768	137 786	18.0
35–44 years	48 682	42 612	28 028	12 572	9 183	2 876	1 977	808	146 738	20.0
45–54 years	38 379	31 609	21 036	9 173	7 565	2 207	1 398	552	111 919	17.1
55–64 years	23 279	18 582	12 689	5 468	4 868	1 424	832	308	67 451	19.7
65–74 years	8 866	6 900	4 618	2 043	1 833	493	251	76	25 080	18.2
75–84 years	3 846	2 647	1 566	772	714	171	92	21	9 829	16.6
85 years and over	993	632	368	172	140	35	21	5	2 366	..
Total (c)	223 688	189 635	127 611	56 578	45 393	13 551	9 300	3 224	668 984	

(a) Includes MBS items 2702 and 2710.

(b) Disaggregation by State/Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Includes people whose age was missing or not reported.

.. Not applicable.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.32.6 People with mental illness aged 16–84 years with GP treatment plans, by remoteness and SEIFA quintiles, National, 2009-10 (a), (b), (c)

	<i>Aust</i>	<i>Aust</i>
	<i>age standardised rate (%) (d)</i>	<i>no.</i>
Remoteness of residence		
Major cities	17.8	428 543
Inner regional	19.4	124 651
Outer regional	14.2	43 567
Remote	7.9	3 889
Very remote	4.3	1 179
SEIFA of residence (e)		
Quintile 1 (most disadvantaged)	15.4	66 672
Quintile 2	18.6	134 103
Quintile 3	17.3	122 092
Quintile 4	17.4	142 130
Quintile 5 (least disadvantaged)	17.1	130 237

(a) Includes MBS items 2702 and 2710.

(b) The denominator for the rate is people aged 16–84 with selected 12 month mental disorders as captured through the *National Survey of Mental Health and Wellbeing, 2007*. People with a selected 12-month mental disorder experienced symptoms in the 12 months prior to the survey interview.

(c) Disaggregation by Socio-Economic Indexes for Areas (SEIFA) and remoteness area is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received. Excludes people for whom demographic information was missing or not reported.

(d) Rates are age standardised to the Australian population aged 16–84 years as at 30 June 2001.

(e) Socio-Economic Indexes for Areas quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles have an equal number of statistical local areas nationally, but do not necessarily have the same population size nationally or within any State or Territory.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2009; ABS (unpublished) National Survey of Mental Health and Wellbeing, 2007.

Table NHA.32.7 People with mental illness aged 16–84 years with GP treatment plans, by State and Territory, 2008-09 (a), (b), (c)

	<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>
Age standardised rate (d)	%	17.7	19.0	15.6	14.2	14.8	14.5	14.2	7.3	16.8
Number of people	no.	187 072	156 737	102 656	47 724	36 086	10 940	7 960	2 429	551 604

(a) Includes MBS item 2710.

(b) The denominator for the rate is people aged 16–84 with selected 12-month mental disorders as captured through the *National Survey of Mental Health and Wellbeing, 2007*. People with a selected 12-month mental disorder experienced symptoms in the 12 months prior to the survey interview.

(c) Disaggregation by State/Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(d) Rates are age standardised to the Australian population aged 16–84 years as at 30 June 2001.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (unpublished) National Survey of Mental Health and Wellbeing, 2007.

Table NHA.32.8

Table NHA.32.8 **People with mental illness with GP treatment plans, by age, by State and Territory, 2008-09 (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>	<i>Aust</i>
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>age specific rate (%)</i>
0–15 years	17 500	14 008	10 503	4 350	3 926	913	640	159	51 999	..
16–24 years	29 581	25 631	17 290	8 209	6 362	2 117	1 487	380	91 057	12.6
25–34 years	42 626	37 511	23 688	11 702	7 924	2 364	2 092	653	128 560	17.4
35–44 years	46 076	39 183	25 544	11 776	8 372	2 518	1 874	659	136 002	18.7
45–54 years	35 635	28 910	19 099	8 455	6 934	2 139	1 393	469	103 034	16.0
55–64 years	21 436	17 046	11 509	5 076	4 247	1 259	783	204	61 560	18.6
65–74 years	8 151	6 047	4 097	1 796	1 570	408	246	50	22 365	17.3
75–84 years	3 567	2 409	1 429	710	677	135	np	np	9 026	16.1
85 years and over	727	589	328	153	156	24	np	np	2 001	..
Total (c)	205 299	171 334	113 487	52 227	40 168	11 877	8 622	2 590	605 604	

(a) Includes MBS item 2710.

(b) Disaggregation by State/Territory is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received.

(c) Includes people whose age was missing or not reported.

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

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA.32.9 People with mental illness aged 16–84 years with GP treatment plans, by remoteness and SEIFA quintiles, National, 2008-09 (a), (b), (c)

	<i>Aust</i>	<i>Aust</i>
	<i>age standardised rate (%) (d)</i>	<i>no.</i>
Remoteness of residence		
Major cities	16.8	394 725
Inner regional	18.3	114 290
Outer regional	12.7	38 051
Remote	6.8	3 318
Very remote	3.8	1 014
SEIFA of residence (e)		
Quintile 1 (most disadvantaged)	14.0	59 576
Quintile 2	17.1	119 836
Quintile 3	16.5	113 109
Quintile 4	16.5	130 275
Quintile 5 (least disadvantaged)	16.5	122 973

(a) Includes MBS item 2710.

(b) The denominator for the rate is people aged 16–84 with selected 12 month mental disorders as captured through the *National Survey of Mental Health and Wellbeing, 2007*. People with a selected 12-month mental disorder experienced symptoms in the 12 months prior to the survey interview.

(c) Disaggregation by Socio-Economic Indexes for Areas (SEIFA) and remoteness area is based on the patient's postcode at the date their last service was processed in the reference period. This is not necessarily the location where the service was received. Excludes people for whom demographic information was missing or not reported.

(d) Rates are age standardised to the Australian population aged 16–84 years as at 30 June 2001.

(e) Socio-Economic Indexes for Areas quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. SEIFA quintiles have an equal number of statistical local areas nationally, but do not necessarily have the same population size nationally or within any State or Territory.

Source: DoHA (unpublished) MBS Statistics; DVA (unpublished) data; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (unpublished) National Survey of Mental Health and Wellbeing, 2007.

NHA Indicator 33:

**Women with at least one antenatal
visit in the first trimester of
pregnancy**

Table NHA.33.1 Proportion of pregnancies with an antenatal visit in the first trimester, remoteness and SEIFA quintiles, by State and Territory, 2009 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (e)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Total</i>
Remoteness of residence (f)										
Major cities	%	78.2	na	61.9	na	80.1	na	na	..	75.7
Inner regional	%	85.3	na	56.3	na	78.5	na	na	..	77.3
Outer regional	%	83.2	na	47.6	na	68.4	na	na	77.1	67.7
Remote and very remote	%	77.3	na	52.8	na	71.7	na	na	60.7	62.4
SEIFA of residence (g)										
Quintile 1	%	73.0	na	48.4	na	73.6	na	na	57.2	67.9
Quintile 2	%	84.0	na	52.0	na	77.4	na	na	77.4	78.5
Quintile 3	%	72.8	na	54.8	na	82.0	na	na	79.1	69.6
Quintile 4	%	83.3	na	60.8	na	83.7	na	na	80.0	76.8
Quintile 5	%	84.4	na	73.8	na	83.0	na	na	76.9	82.4
Total (h)	%	79.7	na	58.1	na	78.3	na	na	69.2	74.8
Total number (h)	no.	74 158	na	17 207	na	13 626	na	na	2 601	107 592

(a) Percentages calculated after excluding records with missing or null values.

(b) First trimester includes gestational age of 13 completed weeks or less.

(c) Data are by place of usual residence of the mother. Women who gave birth in NSW, Qld, SA or the NT but reside in another jurisdiction are not reported for this reason. Data excludes Australian non-residents, residents of external territories and not stated State/Territory of residence.

(d) Data are not available for Victoria, WA and Tasmania. Data are available in the ACT but are of insufficient quality to publish.

(e) For Queensland, antenatal visit in the first trimester data were collected from 1 July 2009

(f) Disaggregation by remoteness area is by place of usual residence of the mother, not by place of birth.

(g) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Disaggregation by SEIFA is based on the place of usual residence of the mother, not by place of birth.

(h) Total includes number of babies for which remoteness areas and/or SEIFA categories could not be assigned.

na Not available. **..** Not applicable.

Source: AIHW (unpublished) National Perinatal Data Collection.

Table NHA.33.2 Proportion of pregnancies with an antenatal visit in the first trimester, by SEIFA deciles, National, 2009 (per cent) (a), (b), (c)

	<i>Total</i>
SEIFA of residence	
Decile 1	65.4
Decile 2	70.9
Decile 3	78.9
Decile 4	78.2
Decile 5	71.1
Decile 6	68.0
Decile 7	76.2
Decile 8	77.2
Decile 9	76.1
Decile 10	86.9

(a) Excludes records with missing or null values.

(b) First trimester includes gestational age of 13 completed weeks or less.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Disaggregation by SEIFA is based on the place of usual residence of the mother, not by place of birth.

Source: AIHW (unpublished) National Perinatal Data Collection.

Table NHA.33.3 Age standardised rate of women who gave birth and attended at least one antenatal visit in the first trimester, by Indigenous status, by State and Territory, 2009, 2008, 2007 (a), (b), (c), (d)

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (e)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Total (f)</i>
2009										
Indigenous	%	70.3	na	36.4	na	57.7	na	na	52.2	56.3
Non-Indigenous	%	79.8	na	60.0	na	79.2	na	na	81.6	75.5
2008										
Indigenous	%	72.2	na	na	na	50.8	na	na	52.5	64.5
Non-Indigenous	%	83.0	na	na	na	74.8	na	na	81.0	81.6
2007										
Indigenous	%	67.5	na	na	na	40.7	na	na	47.3	59.4
Non-Indigenous	%	78.0	na	na	na	72.5	na	na	59.7	76.9

- (a) Data are sourced from the National Indigenous Reform Agreement Performance Report (various years).
- (b) Women who gave birth in the period, whether resulting in a live or still birth, if the birthweight is at least 400 grams or the gestational age is 20 weeks or more. Excludes births where mother's Indigenous status was not stated. First trimester is up to and including 13 completed weeks. Antenatal visits relates to care provided by skilled birth attendants for reasons related to pregnancy.
- (c) Gestation at first antenatal visit is not part of the Perinatal NMDS. The current question is not consistent across jurisdictions, therefore, caution should be used when interpreting these numbers. Data are not available for WA and Tasmania. Data are available in Victoria and the ACT but are not of sufficient quality to publish. Data are by place of usual residence of the mother. Women who gave birth in NSW, Qld, SA or the NT but reside in another jurisdiction are not reported due to small numbers.
- (d) Data are directly age-standardised using the Australian female population who gave birth in the reference year as the standard.
- (e) For Queensland, antenatal visit in the first trimester data were collected from 1 July 2009.
- (f) For 2007 and 2008 data, total includes NSW, SA and the NT only. For 2009 data, total includes NSW, Qld, SA and the NT only. These data are not generalisable to Australia.

Source: AIHW (unpublished) National Perinatal Data Collection.

NHA Indicator 34:

Waiting times for elective surgery

Table NHA.34.1 **Waiting times for elective surgery in public hospitals, by State and Territory, 2010-11 (days) (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>
All hospitals									
50th percentile	47	36	29	29	38	38	76	33	36
90th percentile	333	182	148	159	208	359	378	223	252

(a) The data presented for this indicator are sourced from the National Elective Surgery Waiting Times Data Collection.

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

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

Source: AIHW National Elective Surgery Waiting Times Data Collection.

Table NHA.34.2 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2010-11 (days) (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>
Peer group A hospitals									
50th percentile									
Cataract extraction	218	49	45	96	152	246	np	140	97
Cholecystectomy	62	54	55	33	64	134	np	59	57
Coronary artery bypass graft	16	22	7	14	23	28	np	–	17
Cystoscopy	23	23	31	37	35	29	np	63	25
Haemorrhoidectomy	77	66	62	42	68	150	np	55	67
Hysterectomy	52	57	39	56	61	44	np	71	50
Inguinal herniorrhaphy	62	54	57	33	55	122	np	55	57
Myringoplasty	323	121	70	120	167	186	np	174	118
Myringotomy	67	55	35	45	50	119	np	22	47
Prostatectomy	62	30	49	46	50	82	np	56	50
Septoplasty	334	127	57	164	106	238	np	277	172
Tonsillectomy	238	106	56	84	71	120	np	69	94
Total hip replacement	168	95	77	78	116	350	np	148	106
Total knee replacement	305	132	110	128	150	576	np	213	181
Varicose veins stripping & ligation	79	128	58	70	174	117	np	92	99
Total (b)	39	34	29	29	38	38	np	30	34
90th percentile									
Cataract extraction	364	161	338	268	361	461	np	281	355
Cholecystectomy	250	144	148	189	110	568	np	204	180
Coronary artery bypass graft	77	87	58	63	88	86	np	–	75
Cystoscopy	110	102	133	189	98	112	np	223	115
Haemorrhoidectomy	343	278	178	263	324	649	np	235	284
Hysterectomy	316	146	133	146	174	135	np	224	194
Inguinal herniorrhaphy	330	172	157	204	205	863	np	215	254
Myringoplasty	385	433	190	323	355	975	np	545	379
Myringotomy	304	155	109	110	111	197	np	106	143
Prostatectomy	205	191	176	157	91	191	np	154	179
Septoplasty	393	441	258	532	297	721	np	489	397
Tonsillectomy	373	344	181	231	285	309	np	392	356
Total hip replacement	364	315	277	265	332	702	np	273	359
Total knee replacement	377	381	351	348	361	909	np	404	380
Varicose veins stripping & ligation	339	487	268	230	428	455	np	352	404
Total (b)	332	188	151	171	214	389	np	211	242
Peer group B hospitals									
50th percentile									
Cataract extraction	230	63	30	33	75	np	np	..	76
Cholecystectomy	63	42	36	21	32	np	np	..	46

Table NHA.34.2 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2010-11 (days) (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>
Coronary artery bypass graft	—	—	—	—	—	np	np	..	—
Cystoscopy	20	23	14	9	42	np	np	..	22
Haemorrhoidectomy	62	51	57	29	40	np	np	..	51
Hysterectomy	64	35	50	35	70	np	np	..	45
Inguinal herniorrhaphy	76	51	46	22	43	np	np	..	56
Myringoplasty	338	69	np	69	192	np	np	..	81
Myringotomy	61	45	np	52	28	np	np	..	48
Prostatectomy	44	26	26	24	41	np	np	..	27
Septoplasty	298	85		58	210	np	np	..	128
Tonsillectomy	126	71	76	89	98	np	np	..	91
Total hip replacement	234	126	87	76	118	np	np	..	139
Total knee replacement	312	151	105	91	119	np	np	..	221
Varicose veins stripping & ligation	190	50	74	62	284	np	np	..	96
Total (b)	63	40	28	26	48	np	np	..	42
90th percentile									
Cataract extraction	344	270	148	104	108	np	np	..	296
Cholecystectomy	238	120	100	308	85	np	np	..	154
Coronary artery bypass graft	—	—	—	—	—	np	np	..	—
Cystoscopy	91	84	55	49	102	np	np	..	98
Haemorrhoidectomy	198	149	110	374	109	np	np	..	160
Hysterectomy	299	115	233	89	194	np	np	..	224
Inguinal herniorrhaphy	320	126	105	308	82	np	np	..	231
Myringoplasty	386	188	np	266	245	np	np	..	348
Myringotomy	176	114	np	119	65	np	np	..	129
Prostatectomy	207	138	124	77	91	np	np	..	123
Septoplasty	385	329	—	200	280	np	np	..	362
Tonsillectomy	356	290	113	218	211	np	np	..	316
Total hip replacement	365	364	261	250	229	np	np	..	362
Total knee replacement	376	399	341	306	314	np	np	..	389
Varicose veins stripping & ligation	364	189	266	352	369	np	np	..	348
Total (b)	335	167	125	132	236	np	np	..	263
Peer group C hospitals									
50th percentile									
Cataract extraction	227	57	83	23	28	np	..	..	84
Cholecystectomy	56	48	63	35	11	np	..	..	47
Coronary artery bypass graft	—	—	—	—	—	np	..	..	—
Cystoscopy	25	37	20	44	7	np	..	..	32
Haemorrhoidectomy	61	62	49	35	14	np	..	..	48
Hysterectomy	57	66	35	42	18	np	..	..	47

Table NHA.34.2 Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2010-11 (days) (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>
Inguinal herniorrhaphy	85	55	89	40	13	np	..	..	61
Myringoplasty	313	np	np	58	np	np	..	..	98
Myringotomy	np	60	74	18	–	np	..	..	31
Prostatectomy	71	85	34	36	16	np	..	..	49
Septoplasty	225	295	np	72	81	np	..	..	143
Tonsillectomy	197	105	28	45	76	np	..	..	76
Total hip replacement	66	83	–	80	–	np	..	..	71
Total knee replacement	70	86	–	84	–	np	..	..	75
Varicose veins stripping & ligation	97	114	122	70	np	np	..	..	107
Total (b)	63	56	29	33	15	np	..	..	46
90th percentile									
Cataract extraction	351	155	160	118	83	np	..	..	336
Cholecystectomy	210	125	162	97	51	np	..	..	132
Coronary artery bypass graft	–	–	–	–	–	np	..	..	–
Cystoscopy	90	109	42	298	38	np	..	..	168
Haemorrhoidectomy	322	140	141	142	55	np	..	..	164
Hysterectomy	268	118	105	101	76	np	..	..	211
Inguinal herniorrhaphy	339	129	244	124	48	np	..	..	278
Myringoplasty	356	np	np	178	np	np	..	..	329
Myringotomy	np	348	97	87	–	np	..	..	118
Prostatectomy	343	198	68	161	88	np	..	..	209
Septoplasty	358	390	np	206	349	np	..	..	353
Tonsillectomy	350	228	356	144	217	np	..	..	307
Total hip replacement	346	212	–	187	–	np	..	..	323
Total knee replacement	350	256	–	216	–	np	..	..	344
Varicose veins stripping & ligation	313	289	376	451	np	np	..	..	319
Total (b)	331	165	139	148	91	np	..	..	273
All hospitals (c)									
50th percentile									
Cataract extraction	227	57	48	35	87	246	140	126	90
Cholecystectomy	61	50	52	28	49	68	70	68	54
Coronary artery bypass graft	16	22	7	14	23	28	13	–	17
Cystoscopy	23	23	28	27	35	28	73	83	25
Haemorrhoidectomy	66	63	61	34	55	33	126	60	60
Hysterectomy	55	49	40	43	54	48	55	71	49
Inguinal herniorrhaphy	70	54	58	33	43	54	82	58	57
Myringoplasty	316	84	68	90	182	180	317	147	108
Myringotomy	68	49	35	43	48	119	164	22	47
Prostatectomy	62	29	45	33	49	82	82	56	47

Table NHA.34.2 **Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2010-11 (days) (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>
Septoplasty	312	110	58	94	137	231	404	277	159
Tonsillectomy	192	97	56	78	71	120	336	64	94
Total hip replacement	149	98	78	80	118	194	253	148	108
Total knee replacement	295	133	109	94	136	377	328	213	173
Varicose veins stripping & ligation	101	104	63	68	204	85	319	94	100
Total (b)	47	36	29	29	38	38	76	33	36
90th percentile									
Cataract extraction	361	196	333	159	349	435	300	285	343
Cholecystectomy	240	137	141	163	99	454	261	234	171
Coronary artery bypass graft	77	87	58	63	88	86	49	–	75
Cystoscopy	105	99	126	176	98	112	380	224	115
Haemorrhoidectomy	310	248	155	212	220	366	286	250	255
Hysterectomy	300	137	141	127	169	210	218	224	201
Inguinal herniorrhaphy	329	161	159	168	136	587	290	241	259
Myringoplasty	383	356	190	246	354	694	672	539	369
Myringotomy	297	139	108	114	110	197	384	106	139
Prostatectomy	222	174	169	119	91	191	749	154	170
Septoplasty	385	384	263	349	301	721	894	489	382
Tonsillectomy	370	330	183	210	263	302	637	385	351
Total hip replacement	363	323	273	237	312	635	581	273	357
Total knee replacement	372	382	350	306	351	717	585	404	376
Varicose veins stripping & ligation	350	434	305	274	411	421	584	462	368
Total (b)	333	182	148	159	208	359	378	223	252

(a) The data presented for this indicator are sourced from the National Elective Surgery Waiting Times Data Collection for 2010-11.

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

(c) All hospitals data may include peer groups not observed in individual peer group A, B and C breakdowns.

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

Source: AIHW National Elective Surgery Waiting Times Data Collection.

Table NHA.34.3

Table NHA.34.3 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory, 2010-11 (days)**

	<i>Indigenous</i>									<i>Non-Indigenous</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>	<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>
All hospitals																		
50th percentile																		
Cataract extraction	265	50	69	42	61	214	119	119	118	226	57	47	35	87	247	141	132	90
Cholecystectomy	55	41	62	42	52	74	np	97	58	61	50	51	27	49	68	71	57	53
Coronary artery bypass graft	12	np	20	26	23	np	np	–	20	16	22	7	14	23	28	12	–	16
Cystoscopy	28	24	31	26	46	24	154	117	28	23	23	28	27	35	28	72	64	25
Haemorrhoidectomy	48	101	37	np	np	–	–	69	67	66	62	61	35	54	33	126	57	60
Hysterectomy	59	np	37	21	74	69	np	82	53	55	48	40	44	54	47	53	62	49
Inguinal herniorrhaphy	50	32	51	32	np	33	30	76	43	70	54	58	33	43	55	84	55	57
Myringoplasty	325	np	76	84	186	np	np	154	104	315	84	67	92	181	180	351	112	110
Myringotomy	70	35	48	44	43	106	np	21	49	67	50	33	43	48	123	164	22	47
Prostatectomy	68	np	76	np	–	np	np	np	63	62	29	44	33	49	80	82	62	47
Septoplasty	309	np	92	np	np	np	–	np	189	313	110	56	92	137	214	404	np	158
Tonsillectomy	168	100	81	86	73	154	351	59	100	195	97	54	78	71	112	336	65	93
Total hip replacement	186	np	60	np	np	np	np	np	140	149	98	78	78	118	196	254	133	108
Total knee replacement	312	106	110	np	np	np	np	np	227	295	133	109	94	136	378	326	220	173
Varicose veins stripping & ligation	128	90	np	np	–	np	np	np	104	100	104	63	67	204	85	330	94	100
Total (a)	50	34	33	32	33	40	67	42	39	47	36	28	29	38	38	77	30	36
90th percentile																		
Cataract extraction	362	223	311	193	301	393	169	315	352	361	196	333	158	349	436	301	281	343
Cholecystectomy	204	168	151	308	132	400	np	300	177	243	137	139	162	99	464	250	223	170

Table NHA.34.3

Table NHA.34.3 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory, 2010-11 (days)**

	<i>Indigenous</i>									<i>Non-Indigenous</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>	<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>
Coronary artery bypass graft	79	np	75	63	92	np	np	–	76	77	87	54	61	88	89	49	–	74
Cystoscopy	112	85	136	203	141	44	368	234	131	105	99	126	176	97	112	381	224	115
Haemorrhoidectomy	362	310	129	np	np	–	–	250	250	310	248	155	214	220	366	286	235	257
Hysterectomy	267	np	135	82	274	342	np	182	244	302	137	141	127	168	206	202	224	200
Inguinal herniorrhaphy	297	296	130	139	np	401	494	313	222	329	161	161	168	136	588	290	197	259
Myringoplasty	381	np	166	282	321	np	np	551	441	383	355	192	238	355	694	672	469	367
Myringotomy	314	99	118	97	85	176	np	138	125	297	139	105	114	110	197	384	105	140
Prostatectomy	118	np	442	np	–	np	np	np	173	226	174	168	119	91	191	749	148	170
Septoplasty	370	np	431	np	np	np	–	np	416	385	384	262	345	301	715	894	np	381
Tonsillectomy	366	322	190	213	297	317	564	348	355	370	331	181	210	262	300	644	396	350
Total hip replacement	358	np	447	np	np	np	np	np	362	363	323	272	236	312	623	593	261	357
Total knee replacement	368	300	374	np	np	np	np	np	386	372	383	350	306	351	715	588	404	376
Varicose veins stripping & ligation	300	520	np	np	–	np	np	np	358	350	434	302	267	411	421	591	462	368
Total (a)	337	209	155	189	157	360	366	276	265	333	182	148	158	209	358	378	204	252

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

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

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

Table NHA.34.4 Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2009-10 (days) (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Peer group A hospitals									
50th percentile									
Cataract extraction	180	63	34	104	89	99	np	119	88
Cholecystectomy	64	52	41	34	62	153	np	67	55
Coronary artery bypass graft	19	23	5	20	12	16	np	..	15
Cystoscopy	23	22	32	41	30	26	np	82	25
Haemorrhoidectomy	72	83	68	46	51	182	np	69	74
Hysterectomy	49	59	37	62	58	47	np	89	49
Inguinal herniorrhaphy	67	50	46	49	64	163	np	64	57
Myringoplasty	298	140	66	108	164	70	np	189	119
Myringotomy	73	64	34	72	55	50	np	39	51
Prostatectomy	63	32	43	54	56	55	np	109	50
Septoplasty	337	133	56	91	98	153	np	177	159
Tonsillectomy	243	93	54	96	80	64	np	144	95
Total hip replacement	164	115	66	77	113	406	np	134	113
Total knee replacement	294	152	91	123	181	588	np	172	180
Varicose veins stripping & ligation	60	173	52	64	126	186	np	138	99
Total (d)	37	33	27	31	36	36	np	42	33
90th percentile									
Cataract extraction	360	171	244	242	326	221	np	327	337
Cholecystectomy	247	160	140	195	146	676	np	260	191
Coronary artery bypass graft	69	122	53	70	132	75	np	..	80
Cystoscopy	127	113	124	189	97	113	np	247	127
Haemorrhoidectomy	290	278	190	292	217	983	np	315	284
Hysterectomy	285	167	123	168	181	135	np	263	191
Inguinal herniorrhaphy	316	181	145	210	193	745	np	242	243
Myringoplasty	434	361	263	376	396	963	np	766	397
Myringotomy	322	192	119	160	114	137	np	127	160
Prostatectomy	220	198	184	157	113	127	np	462	194
Septoplasty	473	411	362	429	349	1 028	np	403	435
Tonsillectomy	400	342	196	197	348	243	np	496	364
Total hip replacement	384	351	268	226	334	769	np	360	371
Total knee replacement	405	417	368	364	344	959	np	494	408
Varicose veins stripping & ligation	342	497	376	233	345	699	np	471	409
Total (d)	322	198	150	172	197	363	np	256	234
Peer group B hospitals									
50th percentile									
Cataract extraction	215	74	61	36	50	np	np	..	83
Cholecystectomy	57	46	28	28	28	np	np	..	45

Table NHA.34.4 Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2009-10 (days) (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Coronary artery bypass graft	..	..	..	..	..	..	np	..	..
Cystoscopy	24	23	15	11	36	np	np	..	21
Haemorrhoidectomy	60	72	54	21	40	np	np	..	57
Hysterectomy	56	41	54	35	75	np	np	..	50
Inguinal herniorrhaphy	74	53	49	29	44	np	np	..	57
Myringoplasty	262	62	np	121	101	np	np	..	79
Myringotomy	36	32	np	56	36	np	np	..	39
Prostatectomy	46	38	21	23	67	np	np	..	33
Septoplasty	244	68	—	79	106	np	np	..	96
Tonsillectomy	130	57	67	86	54	np	np	..	76
Total hip replacement	267	146	86	112	125	np	np	..	157
Total knee replacement	345	185	105	104	149	np	np	..	238
Varicose veins stripping & ligation	110	52	225	128	166	np	np	..	92
Total (d)	56	41	29	27	43	np	np	..	42
90th percentile									
Cataract extraction	358	260	201	122	101	np	np	..	296
Cholecystectomy	187	129	104	279	72	np	np	..	155
Coronary artery bypass graft	..	..	..	..	..	..	np	..	..
Cystoscopy	98	87	75	70	77	np	np	..	97
Haemorrhoidectomy	244	170	211	288	125	np	np	..	231
Hysterectomy	302	112	198	99	183	np	np	..	205
Inguinal herniorrhaphy	284	142	316	283	91	np	np	..	226
Myringoplasty	366	161	np	207	209	np	np	..	335
Myringotomy	193	93	np	144	78	np	np	..	134
Prostatectomy	152	228	163	71	198	np	np	..	167
Septoplasty	377	295	—	211	231	np	np	..	340
Tonsillectomy	371	208	139	189	188	np	np	..	305
Total hip replacement	420	374	278	218	291	np	np	..	400
Total knee replacement	444	437	372	244	313	np	np	..	442
Varicose veins stripping & ligation	341	403	424	393	343	np	np	..	373
Total (b)	337	200	174	142	181	np	np	..	256
Peer group C hospitals									
50th percentile									
Cataract extraction	270	47	68	29	7	np	..	..	77
Cholecystectomy	63	65	44	33	10	np	..	..	47
Coronary artery bypass graft	..	..	..	..	..	..	..	..	..
Cystoscopy	29	28	43	36	7	np	..	..	31
Haemorrhoidectomy	70	55	49	33	7	np	..	..	52
Hysterectomy	70	—	54	43	24	np	..	..	55

Table NHA.34.4 Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2009-10 (days) (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Inguinal herniorrhaphy	86	83	56	38	13	np	..	..	57
Myringoplasty	279	np	np	49	np	np	..	..	56
Myringotomy	91	106	69	23	np	np	..	..	36
Prostatectomy	56	21	27	37	20	np	..	..	35
Septoplasty	330	333	369	78	66	np	..	..	181
Tonsillectomy	176	214	34	23	80	np	..	..	64
Total hip replacement	43	63	–	63	–	np	..	..	53
Total knee replacement	51	109	–	71	–	np	..	..	69
Varicose veins stripping & ligation	81	70	166	45	np	np	..	..	79
Total (d)	65	48	30	34	14	np	..	..	43
90th percentile									
Cataract extraction	364	127	125	145	52	np	..	..	344
Cholecystectomy	243	285	137	105	43	np	..	..	182
Coronary artery bypass graft	..	..	..	..	..	..	..	..	..
Cystoscopy	125	100	104	196	21	np	..	..	149
Haemorrhoidectomy	300	171	167	121	68	np	..	..	223
Hysterectomy	279	–	126	126	63	np	..	..	239
Inguinal herniorrhaphy	342	302	223	127	49	np	..	..	297
Myringoplasty	364	np	np	185	np	np	..	..	349
Myringotomy	353	243	335	123	np	np	..	..	167
Prostatectomy	299	68	50	91	68	np	..	..	172
Septoplasty	516	490	404	269	349	np	..	..	419
Tonsillectomy	348	326	384	127	272	np	..	..	333
Total hip replacement	361	160	–	127	–	np	..	..	341
Total knee replacement	364	269	–	152	–	np	..	..	357
Varicose veins stripping & ligation	308	235	369	143	np	np	..	..	308
Total (b)	341	165	124	143	91	np	..	..	287
All hospitals (e)									
50th percentile									
Cataract extraction	211	63	37	41	61	100	162	123	86
Cholecystectomy	62	50	40	31	47	76	72	65	51
Coronary artery bypass graft	19	23	5	20	12	16	16	..	15
Cystoscopy	25	22	30	28	30	26	85	88	25
Haemorrhoidectomy	68	77	60	33	46	51	111	69	66
Hysterectomy	52	52	39	49	56	59	70	89	50
Inguinal herniorrhaphy	72	52	47	37	50	63	88	75	57
Myringoplasty	291	85	66	100	132	56	372	78	103
Myringotomy	71	48	34	59	50	50	148	31	48
Prostatectomy	61	31	40	41	56	55	71	109	47

Table NHA.34.4 Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2009-10 (days) (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Septoplasty	311	104	56	81	98	153	373	173	144
Tonsillectomy	220	86	53	76	77	73	331	143	91
Total hip replacement	167	119	69	78	120	291	222	134	116
Total knee replacement	301	155	93	100	162	431	366	172	180
Varicose veins stripping & ligation	77	119	70	70	144	113	254	119	96
Total (d)	44	36	27	32	36	36	73	44	35
90th percentile									
Cataract extraction	363	228	224	183	313	297	371	341	336
Cholecystectomy	233	156	138	171	117	562	273	259	186
Coronary artery bypass graft	69	122	53	70	132	75	55	..	80
Cystoscopy	130	108	117	162	90	103	274	247	126
Haemorrhoidectomy	284	245	190	220	189	931	320	315	260
Hysterectomy	284	149	134	150	176	259	275	263	196
Inguinal herniorrhaphy	319	170	155	198	162	461	270	265	250
Myringoplasty	418	294	280	350	386	907	708	597	382
Myringotomy	319	147	120	149	108	137	376	134	151
Prostatectomy	227	198	179	111	114	127	672	462	188
Septoplasty	460	381	368	317	342	931	676	403	413
Tonsillectomy	387	318	213	181	331	247	498	474	357
Total hip replacement	391	352	269	209	327	740	505	360	373
Total knee replacement	415	417	368	277	337	896	568	494	414
Varicose veins stripping & ligation	338	474	386	308	343	680	435	471	389
Total (d)	330	197	150	161	189	332	357	271	246

(a) The data presented for this indicator are sourced from the National Elective Surgery Waiting Times Data Collection for 2009-10.

(b) Data are suppressed where there are fewer than 10 elective surgery admissions in the category or only one public hospital represented in the cell.

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

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

(d) All hospitals data may include peer groups not observed in individual peer group A, B and C breakdowns.

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

Source: AIHW National Elective Surgery Waiting Times Data Collection.

Table NHA.34.5

Table NHA.34.5 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory, 2009-10 (days) (a), (b), (c)**

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

Table NHA.34.5

Table NHA.34.5 **Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory, 2009-10 (days) (a), (b), (c)**

	<i>Indigenous</i>									<i>Non-Indigenous</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>	<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>
Cystoscopy	203	148	117	182	np	259	np	390	187	132	108	117	162	90	98	276	245	126
Haemorrhoidectomy	168	np	np	np	np	np	–	315	315	284	245	190	220	189	931	320	302	260
Hysterectomy	281	319	153	103	148	np	np	np	152	281	149	133	154	177	268	275	257	197
Inguinal herniorrhaphy	212	93	179	354	np	63	np	265	204	318	171	153	195	160	463	268	242	250
Myringoplasty	491	np	266	365	np	np	–	615	519	418	288	280	287	386	907	708	469	371
Myringotomy	299	103	164	133	106	np	np	134	148	318	147	115	151	109	134	379	127	151
Prostatectomy	360	np	271	np	np	np	np	np	234	230	197	175	111	113	127	672	658	188
Septoplasty	428	np	368	np	np	np	–	285	350	461	382	368	317	342	1 028	676	403	415
Tonsillectomy	398	218	291	174	371	227	np	327	291	388	318	206	182	331	250	488	474	357
Total hip replacement	400	np	401	np	–	np	np	np	435	392	352	264	209	327	737	507	360	372
Total knee replacement	457	np	387	378	np	np	np	np	414	416	417	367	274	337	896	568	518	414
Varicose veins stripping & ligation	388	479	1 134	–	–	np	np	np	479	336	474	386	308	343	680	435	489	389
Total (e)	338	220	184	187	184	354	326	338	232	331	196	148	160	189	331	357	242	247

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

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

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

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

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

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

Table NHA.34.5 Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory, 2009-10 (days) (a), (b), (c)

<i>Indigenous</i>										<i>Non-Indigenous</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>		<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>	

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

Table NHA.34.6 Waiting times for elective surgery in public hospitals, by remoteness area, by State and Territory, 2009-10 (days) (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i> (d)	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
All hospitals									
50th percentile									
Major cities	42	37	27	33	37	na	77	4	35
Inner regional	54	34	28	27	31	na	68	7	37
Outer regional	62	28	31	31	28	na	57	45	39
Remote	35	24	33	28	29	na	41	37	33
Very remote	41	13	34	29	27	na	np	50	37
90th percentile									
Major cities	315	196	148	162	194	na	354	144	231
Inner regional	348	184	153	143	164	na	363	332	280
Outer regional	350	178	152	160	161	na	364	263	280
Remote	321	143	174	167	168	na	278	182	209
Very remote	266	222	221	172	162	na	np	342	260

(a) The data presented for this indicator are sourced from linked records in the National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection. The linked records represent about 85 per cent of all records in the National Elective Surgery Waiting Times Data Collection for 2009-10.

(b) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Data are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, the data represent the waiting times for patients living in each remoteness area (regardless of their jurisdiction of residence) in the reporting jurisdiction.

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

(d) The linkage of admitted patient data with elective surgery waiting times data was not possible.

na Not available. **np** Not published.

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

Table NHA.34.7 Waiting times for elective surgery in public hospitals, by SEIFA quintiles, by State and Territory, 2009-10 (days) (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i> (c)	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
All hospitals									
50th percentile									
Quintile 1	51	42	29	29	37	na	56	48	40
Quintile 2	58	34	28	31	36	na	63	60	41
Quintile 3	41	36	27	30	36	na	74	35	34
Quintile 4	38	35	27	35	34	na	80	45	34
Quintile 5	27	31	25	33	34	na	73	49	30
90th percentile									
Quintile 1	339	208	163	165	202	na	400	299	276
Quintile 2	345	191	155	161	195	na	351	297	291
Quintile 3	324	190	141	150	178	na	362	190	209
Quintile 4	317	194	147	174	169	na	365	254	217
Quintile 5	201	176	140	169	160	na	345	268	189

(a) The data presented for this indicator are sourced from linked records in the National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection. The linked records represent about 85 per cent of all records in the National Elective Surgery Waiting Times Data Collection for 2009-10.

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

(c) The linkage of admitted patient data with elective surgery waiting times data was not possible.

na Not available

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

Table NHA.34.8 **Waiting times for elective surgery in public hospitals, by SEIFA deciles, National, 2009-10 (days) (a), (b), (c)**

	<i>50th percentile</i>	<i>90th percentile</i>
SEIFA of residence		
Decile 1	41	261
Decile 2	38	293
Decile 3	41	295
Decile 4	41	287
Decile 5	35	225
Decile 6	33	195
Decile 7	33	209
Decile 8	34	224
Decile 9	31	188
Decile 10	29	191
Total (d)	35	246

(a) The data presented for this indicator are sourced from linked records in the National Hospital Morbidity Database and National Elective Surgery Waiting Times Data Collection. The linked records represent about 85 per cent of all records in the National Elective Surgery Waiting Times Data Collection for 2009-10.

(b) Data for Tasmania are excluded as linkage of admitted patient data with elective surgery waiting times data was not possible.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

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

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

Table NHA.34.9 Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2008-09 (days) (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>
Peer group A hospitals									
50th percentile									
Cataract extraction	127	53	38	102	91	266	121	146	87
Cholecystectomy	50	48	39	42	61	109	85	72	48
Coronary artery bypass graft (c)	15	16	10	15	17	29	11	..	14
Cystoscopy	25	19	33	28	36	36	80	49	26
Haemorrhoidectomy	50	83	43	43	38	340	84	73	59
Hysterectomy	47	52	36	63	50	51	77	56	47
Inguinal herniorrhaphy	48	50	47	34	71	222	87	80	51
Myringoplasty	175	133	71	114	253	106	273	256	111
Myringotomy	46	42	33	52	50	49	119	35	43
Prostatectomy	55	25	37	33	57	51	42	108	43
Septoplasty	272	123	69	120	124	165	420	105	147
Tonsillectomy	171	80	49	109	77	114	346	62	87
Total hip replacement	137	107	67	71	94	350	170	59	101
Total knee replacement	247	141	87	105	148	448	249	172	154
Varicose veins stripping & ligation	59	128	48	99	84	158	298	105	90
Total (d)	33	29	26	29	39	49	75	38	31
90th percentile									
Cataract extraction	344	178	236	236	286	566	339	356	328
Cholecystectomy	191	190	117	159	178	549	226	227	178
Coronary artery bypass graft (c)	80	192	74	35	119	142	51	..	97
Cystoscopy	120	138	145	168	104	152	394	213	141
Haemorrhoidectomy	201	302	196	168	182	591	164	309	258
Hysterectomy	217	148	104	190	186	146	235	208	168
Inguinal herniorrhaphy	240	230	148	181	256	686	272	206	232
Myringoplasty	369	385	328	404	479	497	689	2 114	398
Myringotomy	176	153	120	251	111	154	353	126	146
Prostatectomy	169	273	112	82	126	109	467	216	179
Septoplasty	373	408	414	414	344	909	728	1 203	416
Tonsillectomy	367	269	165	364	299	246	560	413	345
Total hip replacement	369	351	244	263	337	685	489	391	364
Total knee replacement	380	456	358	306	394	773	589	409	401
Varicose veins stripping & ligation	267	456	249	393	292	584	749	459	378
Total (d)	273	211	133	181	208	460	378	243	218
Peer group B hospitals									
50th percentile									
Cataract extraction	280	75	109	73	26	np	..	..	89
Cholecystectomy	55	47	41	28	30	np	..	..	42

Table NHA.34.9 Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2008-09 (days) (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>
Coronary artery bypass graft (c)	..	..	..	..	..	..	..	..	..
Cystoscopy	24	11	35	14	37	np	..	..	16
Haemorrhoidectomy	54	46	41	26	44	np	..	..	44
Hysterectomy	54	40	68	33	95	np	..	..	49
Inguinal herniorrhaphy	71	49	40	25	37	np	..	..	48
Myringoplasty	244	66	1	np	np	np	..	..	74
Myringotomy	43	43	1	77	34	np	..	..	49
Prostatectomy	57	18	48	23	91	np	..	..	33
Septoplasty	231	74	–	206	70	np	..	..	101
Tonsillectomy	100	77	np	130	48	np	..	..	84
Total hip replacement	180	103	75	85	196	np	..	..	121
Total knee replacement	291	146	83	99	253	np	..	..	181
Varicose veins stripping & ligation	67	84	80	50	223	np	..	..	83
Total (d)	45	41	37	31	41	np	..	..	40
90th percentile									
Cataract extraction	358	222	222	233	66	np	..	..	279
Cholecystectomy	169	127	108	185	82	np	..	..	140
Coronary artery bypass graft (c)	..	..	..	..	..	np	..	..	..
Cystoscopy	111	90	157	69	94	np	..	..	94
Haemorrhoidectomy	174	170	97	275	204	np	..	..	171
Hysterectomy	187	140	188	110	237	np	..	..	172
Inguinal herniorrhaphy	231	139	137	218	133	np	..	..	189
Myringoplasty	366	238	2	np	np	np	..	..	298
Myringotomy	251	94	2	227	57	np	..	..	119
Prostatectomy	232	183	201	73	419	np	..	..	159
Septoplasty	351	297	–	417	259	np	..	..	325
Tonsillectomy	344	282	np	300	111	np	..	..	306
Total hip replacement	364	319	173	293	454	np	..	..	402
Total knee replacement	370	436	203	349	459	np	..	..	414
Varicose veins stripping & ligation	279	508	398	295	393	np	..	..	473
Total (d)	301	200	146	199	263	np	..	..	230
Peer group C hospitals									
50th percentile									
Cataract extraction	195	42	57	34	6	np	..	..	69
Cholecystectomy	58	25	48	27	7	np	..	..	41
Coronary artery bypass graft (c)	..	..	..	..	..	..	..	..	..
Cystoscopy	27	28	34	35	9	np	..	..	29
Haemorrhoidectomy	53	49	47	28	17	np	..	..	43
Hysterectomy	69	np	61	47	16	np	..	..	51

Table NHA.34.9 Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2008-09 (days) (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>
Inguinal herniorrhaphy	73	68	55	33	19	np	..	..	51
Myringoplasty	211	np	np	69	np	np	..	..	78
Myringotomy	np	48	47	31	np	np	..	..	38
Prostatectomy	51	23	55	26	10	np	..	..	29
Septoplasty	197	106	np	72	9	np	..	..	109
Tonsillectomy	107	64	27	41	8	np	..	..	66
Total hip replacement	75	43	–	45	–	np	..	..	56
Total knee replacement	95	55	–	52	–	np	..	..	70
Varicose veins stripping & ligation	88	56	120	48	np	np	..	..	77
Total (d)	59	42	29	26	8	np	..	..	38
90th percentile									
Cataract extraction	342	96	159	172	12	np	..	..	307
Cholecystectomy	222	154	118	74	59	np	..	..	155
Coronary artery bypass graft (c)	..	..	..	..	..	..	..	..	..
Cystoscopy	94	101	119	230	25	np	..	..	141
Haemorrhoidectomy	204	170	133	76	55	np	..	..	176
Hysterectomy	226	np	159	119	71	np	..	..	194
Inguinal herniorrhaphy	257	187	132	99	63	np	..	..	187
Myringoplasty	350	np	np	299	np	np	..	..	348
Myringotomy	np	145	95	121	np	np	..	..	125
Prostatectomy	292	63	81	70	56	np	..	..	117
Septoplasty	354	376	np	263	308	np	..	..	354
Tonsillectomy	311	158	359	202	158	np	..	..	270
Total hip replacement	315	187	–	131	–	np	..	..	288
Total knee replacement	358	234	–	128	–	np	..	..	339
Varicose veins stripping & ligation	274	151	299	306	np	np	..	..	260
Total (d)	300	128	123	132	94	np	..	..	215
All hospitals (e)									
50th percentile									
Cataract extraction	168	56	42	57	59	197	121	146	83
Cholecystectomy	53	48	40	29	44	59	85	82	46
Coronary artery bypass graft (c)	15	16	10	15	17	29	11	..	14
Cystoscopy	26	18	33	24	35	36	80	49	25
Haemorrhoidectomy	51	66	42	28	38	204	84	73	50
Hysterectomy	50	48	41	49	50	55	77	56	48
Inguinal herniorrhaphy	58	50	47	29	48	68	87	80	50
Myringoplasty	190	83	70	96	153	71	273	82	91
Myringotomy	45	43	33	55	48	49	119	35	44
Prostatectomy	55	24	40	27	56	51	42	108	41

Table NHA.34.9 Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2008-09 (days) (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>
Septoplasty	237	91	69	119	106	136	420	105	127
Tonsillectomy	145	77	48	102	74	113	346	66	85
Total hip replacement	125	104	68	68	102	370	170	59	99
Total knee replacement	223	137	86	84	182	493	249	172	143
Varicose veins stripping & ligation	69	110	55	65	116	104	298	118	86
Total (d)	39	34	27	29	36	44	75	40	34
90th percentile									
Cataract extraction	348	200	224	212	259	570	339	372	316
Cholecystectomy	189	174	117	125	148	426	226	253	168
Coronary artery bypass graft (c)	80	192	74	35	119	142	51	..	97
Cystoscopy	118	124	145	152	100	158	394	213	131
Haemorrhoidectomy	191	252	166	133	179	591	164	318	214
Hysterectomy	215	146	119	151	184	280	235	208	170
Inguinal herniorrhaphy	241	210	145	128	217	622	272	206	215
Myringoplasty	366	299	328	392	451	450	689	593	370
Myringotomy	195	121	119	202	109	154	353	128	140
Prostatectomy	182	232	121	75	136	109	467	216	175
Septoplasty	369	344	413	376	337	909	728	1 203	377
Tonsillectomy	361	274	168	316	277	244	560	413	332
Total hip replacement	364	344	242	238	374	757	489	391	363
Total knee replacement	376	448	343	294	429	825	589	409	392
Varicose veins stripping & ligation	270	488	275	350	344	584	749	524	385
Total (d)	283	203	133	170	207	448	378	256	220

(a) The data presented for this indicator are sourced from the National Elective Surgery Waiting Times Data Collection for 2008-09.

(b) Data are suppressed where there are fewer than 10 elective surgery admissions in the category or only one public hospital represented in the cell.

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

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

(e) All hospitals data may include peer groups not observed in individual peer group A, B and C breakdowns.

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

Source: AIHW National Elective Surgery Waiting Times Data Collection.

Table NHA.34.10 Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2007-08 (days) (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>
Peer group A hospitals									
50th percentile									
Cataract extraction	125	49	45	110	92	584	np	185	85
Cholecystectomy	51	53	37	45	58	92	np	71	48
Coronary artery bypass graft (c)	14	11	9	24	20	31	np	..	14
Cystoscopy	24	21	35	22	34	48	np	49	26
Haemorrhoidectomy	54	89	38	61	49	92	np	79	57
Hysterectomy	48	57	35	44	53	51	np	78	47
Inguinal herniorrhaphy	45	55	36	52	63	132	np	76	48
Myringoplasty	161	91	60	194	276	541	np	319	109
Myringotomy	65	29	36	129	56	44	np	40	46
Prostatectomy	47	23	38	39	58	39	np	np	41
Septoplasty	260	183	68	198	162	508	np	157	160
Tonsillectomy	196	73	41	207	111	96	np	92	92
Total hip replacement	142	124	59	84	102	311	np	129	106
Total knee replacement	263	173	76	131	175	394	np	292	172
Varicose veins stripping & ligation	56	186	52	126	222	52	np	124	93
Total (d)	33	30	27	29	42	39	np	39	31
90th percentile									
Cataract extraction	329	249	330	324	243	774	np	461	333
Cholecystectomy	219	222	117	201	165	406	np	348	196
Coronary artery bypass graft (c)	102	151	67	56	113	140	np	..	97
Cystoscopy	152	189	156	141	122	169	np	185	165
Haemorrhoidectomy	308	300	238	300	167	630	np	307	288
Hysterectomy	248	169	120	192	172	161	np	158	196
Inguinal herniorrhaphy	213	258	149	215	202	567	np	461	226
Myringoplasty	371	422	342	410	559	1 378	np	830	430
Myringotomy	325	140	168	434	160	151	np	95	205
Prostatectomy	238	303	157	148	200	135	np	np	223
Septoplasty	377	442	632	479	497	1 557	np	1 913	445
Tonsillectomy	356	269	184	480	408	449	np	385	360
Total hip replacement	363	387	226	283	373	666	np	928	363
Total knee replacement	373	495	294	368	476	756	np	618	389
Varicose veins stripping & ligation	279	517	332	603	640	381	np	987	479
Total (d)	275	232	143	225	203	400	np	329	233
Peer group B hospitals									
50th percentile									
Cataract extraction	285	73	87	41	31	np	np	..	92
Cholecystectomy	50	50	34	33	41	np	np	..	47

Table NHA.34.10 Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2007-08 (days) (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>
Coronary artery bypass graft (c)	..	..	..	..	..	..	..	..	..
Cystoscopy	31	18	24	10	39	np	np	..	20
Haemorrhoidectomy	48	48	22	40	65	np	np	..	45
Hysterectomy	44	42	45	35	83	np	np	..	48
Inguinal herniorrhaphy	64	51	48	29	43	np	np	..	54
Myringoplasty	166	51	–	133	np	np	np	..	63
Myringotomy	29	49	–	70	58	np	np	..	54
Prostatectomy	51	21	28	13	112	np	np	..	27
Septoplasty	138	79	–	167	153	np	np	..	105
Tonsillectomy	83	59	np	110	107	np	np	..	75
Total hip replacement	175	156	70	165	146	np	np	..	147
Total knee replacement	248	181	82	188	393	np	np	..	198
Varicose veins stripping & ligation	77	79	86	40	337	np	np	..	84
Total (d)	43	40	27	27	53	np	np	..	39
90th percentile									
Cataract extraction	363	258	158	237	87	np	np	..	316
Cholecystectomy	181	133	118	267	127	np	np	..	172
Coronary artery bypass graft (c)	..	..	..	..	..	..	..	..	..
Cystoscopy	191	119	67	50	112	np	np	..	124
Haemorrhoidectomy	231	197	93	316	323	np	np	..	213
Hysterectomy	190	151	123	114	180	np	np	..	162
Inguinal herniorrhaphy	241	147	134	295	215	np	np	..	224
Myringoplasty	356	289	–	290	np	np	np	..	321
Myringotomy	283	108	–	176	134	np	np	..	126
Prostatectomy	214	201	105	58	337	np	np	..	192
Septoplasty	343	336	–	286	354	np	np	..	343
Tonsillectomy	318	287	np	224	287	np	np	..	301
Total hip replacement	349	530	244	321	685	np	np	..	381
Total knee replacement	359	579	289	319	718	np	np	..	485
Varicose veins stripping & ligation	299	442	462	191	499	np	np	..	381
Total (d)	287	211	112	189	276	np	np	..	238
Peer group C hospitals									
50th percentile									
Cataract extraction	183	23	48	32	6	..	..	..	79
Cholecystectomy	59	28	42	25	13	..	..	..	44
Coronary artery bypass graft (c)	..	..	..	..	..	..	..	..	..
Cystoscopy	27	19	28	37	7	..	..	..	29
Haemorrhoidectomy	52	43	52	25	np	..	..	..	43
Hysterectomy	78	22	68	38	29	..	..	..	62

Table NHA.34.10 Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2007-08 (days) (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>
Inguinal herniorrhaphy	78	31	45	28	17	..	..	..	51
Myringoplasty	277	np	np	146	np	..	..	..	195
Myringotomy	np	78	33	42	—	..	..	..	42
Prostatectomy	49	18	59	28	7	..	..	..	28
Septoplasty	287	56	78	105	9	..	..	..	160
Tonsillectomy	147	41	25	70	7	..	..	..	88
Total hip replacement	63	52	—	57	—	..	..	..	59
Total knee replacement	80	55	—	56	—	..	..	..	68
Varicose veins stripping & ligation	98	90	103	110	np	..	..	..	96
Total (d)	60	29	34	31	8	..	..	..	42
90th percentile									
Cataract extraction	340	58	124	209	68	..	..	..	315
Cholecystectomy	180	109	120	87	48	..	..	..	149
Coronary artery bypass graft (c)	..	..	..	..	..	..	..	..	..
Cystoscopy	120	97	89	316	41	..	..	..	167
Haemorrhoidectomy	220	159	140	116	np	..	..	..	190
Hysterectomy	261	43	126	142	63	..	..	..	218
Inguinal herniorrhaphy	253	138	160	97	63	..	..	..	218
Myringoplasty	350	np	np	417	np	..	..	..	378
Myringotomy	np	200	161	184	—	..	..	..	184
Prostatectomy	250	80	117	105	39	..	..	..	168
Septoplasty	363	246	351	329	28	..	..	..	357
Tonsillectomy	316	90	246	291	193	..	..	..	303
Total hip replacement	336	242	—	149	—	..	..	..	306
Total knee replacement	356	268	—	158	—	..	..	..	344
Varicose veins stripping & ligation	307	421	390	268	np	..	..	..	311
Total (d)	290	124	117	177	83	..	..	..	238
All hospitals									
50th percentile									
Cataract extraction	168	43	48	59	73	417	175	184	87
Cholecystectomy	53	50	37	33	50	78	83	76	47
Coronary artery bypass graft (c)	14	11	9	24	20	31	13	..	14
Cystoscopy	26	21	33	20	35	49	51	52	26
Haemorrhoidectomy	50	65	37	39	48	68	72	79	50
Hysterectomy	52	52	36	42	54	66	85	78	49
Inguinal herniorrhaphy	56	52	40	35	51	98	90	74	50
Myringoplasty	177	63	62	166	200	441	417	406	104
Myringotomy	63	39	36	73	57	44	94	44	48
Prostatectomy	47	22	36	28	58	39	45	50	36

Table NHA.34.10 Waiting times for elective surgery in public hospitals, by procedure and hospital peer group, by State and Territory, 2007-08 (days) (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>
Septoplasty	224	105	68	156	148	507	196	153	141
Tonsillectomy	148	67	40	146	109	96	289	95	88
Total hip replacement	134	121	62	84	114	294	185	129	107
Total knee replacement	235	166	77	118	207	381	226	292	160
Varicose veins stripping & ligation	71	140	57	66	258	46	401	123	91
Total (d)	39	33	27	30	42	36	72	43	34
90th percentile									
Cataract extraction	340	231	317	265	225	737	484	498	326
Cholecystectomy	202	194	117	194	154	420	227	384	188
Coronary artery bypass graft (c)	102	151	67	56	113	140	84	..	97
Cystoscopy	156	163	137	146	119	174	279	181	157
Haemorrhoidectomy	249	260	167	245	168	440	168	307	245
Hysterectomy	239	161	121	161	167	221	308	158	192
Inguinal herniorrhaphy	231	232	145	196	201	424	237	461	225
Myringoplasty	365	322	358	408	551	1 432	860	1 043	411
Myringotomy	315	113	168	355	159	150	418	106	182
Prostatectomy	232	234	155	105	217	135	178	160	203
Septoplasty	369	364	625	382	459	1 557	645	1 913	389
Tonsillectomy	350	271	188	443	399	539	677	385	349
Total hip replacement	357	405	230	246	484	679	478	928	359
Total knee replacement	367	505	294	307	656	762	496	618	386
Varicose veins stripping & ligation	290	480	353	397	603	331	867	987	430
Total (d)	278	221	137	206	208	369	372	337	235

(a) The data presented for this indicator are sourced from the National Elective Surgery Waiting Times Data Collection for 2007–08.

(b) Data are suppressed where there are fewer than 10 elective surgery admissions in the category or only one public hospital represented in the cell.

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

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

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

Source: AIHW National Elective Surgery Waiting Times Data Collection.

NHA Indicator 35:

Waiting times for emergency department care

Table NHA.35.1

Table NHA.35.1 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2010-11 (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>	<i>Aust</i>
Total (Peer group A and B hospitals)										
	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	100	99	100	100	100	100	100	40 388
Triage category 2	83	81	78	69	77	70	82	65	79	533 077
Triage category 3	70	69	59	46	65	51	54	50	64	1 786 456
Triage category 4	71	64	67	61	70	59	49	48	66	2 158 157
Triage category 5	85	85	90	91	88	81	76	83	86	428 838
Total (c)	74	70	66	59	71	59	58	52	68	4 947 054
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (c), (d)	1 558 182	1 263 773	1 004 419	501 582	318 116	106 400	100 989	93 593	4 947 054	

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

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

(c) The totals include records for which the triage category was not assigned or not reported.

(d) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.

Source: AIHW (unpublished), National Non-admitted Patient Emergency Department Care Database.

Table NHA.35.2

Table NHA.35.2 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2010-11 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT (c)</i>	<i>NT (c)</i>	<i>Aust</i>	<i>Aust</i>
Peer group A hospitals										
	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	100	100	100	100	np	100	100	36 258
Triage category 2	83	82	77	68	77	67	np	65	79	448 451
Triage category 3	68	68	58	46	63	41	np	50	62	1 431 124
Triage category 4	70	65	65	63	68	49	np	48	65	1 604 224
Triage category 5	84	87	89	91	87	76	np	83	85	311 011
Total (d)	73	70	65	60	69	50	np	52	67	3 831 180
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (d), (e)	1 172 976	937 034	859 878	356 158	276 139	np	np	93 593	3 831 180	
Peer group B hospitals										
	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	97	96	100	np	np	..	99	4 130
Triage category 2	83	78	88	70	80	np	np	..	80	84 626
Triage category 3	75	74	71	45	76	np	np	..	70	355 332
Triage category 4	73	64	77	58	79	np	np	..	69	553 933
Triage category 5	89	82	93	90	97	np	np	..	87	117 827
Total (d)	76	70	77	57	80	np	np	..	72	1 115 874
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (d), (e)	385 206	326 739	144 541	145 424	41 977	np	np	..	1 115 874	
Total (Peer group A and B hospitals)										
	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	100	99	100	100	100	100	100	40 388
Triage category 2	83	81	78	69	77	70	82	65	79	533 077

Table NHA.35.2

Table NHA.35.2 **Patients treated within national benchmarks for emergency department waiting time, by State and Territory, 2010-11 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT (c)</i>	<i>NT (c)</i>	<i>Aust</i>	<i>Aust</i>
Triage category 3	70	69	59	46	65	51	54	50	64	1 786 456
Triage category 4	71	64	67	61	70	59	49	48	66	2 158 157
Triage category 5	85	85	90	91	88	81	76	83	86	428 838
Total (d)	74	70	66	59	71	59	58	52	68	4 947 054
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (d), (e)	1 558 182	1 263 773	1 004 419	501 582	318 116	106 400	100 989	93 593	4 947 054	

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

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

(c) Data for peer group A and B for the ACT have been suppressed as there is only one hospital in each category. Data for peer group B in Tasmania have been suppressed as there is only one hospital in this category. There are no peer group B public hospitals in the NT.

(d) The totals include records for which the triage category was not assigned or not reported.

(e) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.

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

Source: AIHW (unpublished), National Non-admitted Patient Emergency Department Care Database.

Table NHA.35.3

Table NHA.35.3 **Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2010-11 (a), (b), (c)**

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

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

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

Table NHA.35.3 Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2010-11 (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
(c) The quality of the identification of Indigenous patients in National Non-admitted Patient Emergency Department Care Database has not been assessed. Identification of Indigenous patients is not considered to be complete, and completeness may vary among the states and territories.										
(d) The totals include records for which the triage category was not assigned or not reported.										
(e) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.										

Source: AIHW (unpublished), National Non-admitted Patient Emergency Department Care Database.

Table NHA.35.4

Table NHA.35.4 Patients treated within national benchmarks for emergency department waiting time, by remoteness area, by State and Territory, 2010-11 (a), (b), (c), (d)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>	<i>Aust</i>
Total (Peer group A and B hospitals)										
Major cities	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	100	100	100	100	99	100	100	28 168
Triage category 2	85	82	76	70	77	76	82	65	79	392 790
Triage category 3	71	68	55	43	64	47	54	49	63	1 249 389
Triage category 4	72	62	65	59	69	57	49	50	66	1 440 179
Triage category 5	85	83	89	89	88	83	76	85	85	280 122
Total (e)	75	68	63	57	70	59	57	53	68	3 390 740
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	1 150 439	879 272	606 274	369 056	289 040	1 807	91 925	2 927	3 390 740	
Inner regional	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	99	96	100	100	100	np	99	6 950
Triage category 2	78	79	83	60	77	67	85	64	77	93 976
Triage category 3	66	72	66	49	65	42	55	50	65	363 119
Triage category 4	68	69	70	63	72	49	51	48	67	499 097
Triage category 5	85	89	90	92	89	76	80	90	87	109 401
Total (f)	71	73	71	61	72	50	61	53	69	1 072 584
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	347 573	319 572	230 655	86 060	16 934	64 795	5 650	1 345	1 072 584	
Outer regional	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	100	98	100	100	100	100	100	3 214
Triage category 2	78	73	84	83	78	76	85	61	78	32 846

Table NHA.35.4

Table NHA.35.4 **Patients treated within national benchmarks for emergency department waiting time, by remoteness area, by State and Territory, 2010-11 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>	<i>Aust</i>
Triage category 3	65	75	65	74	66	68	55	42	65	119 810
Triage category 4	66	71	65	80	73	75	49	47	65	147 796
Triage category 5	84	90	89	95	89	91	79	81	89	23 832
Total (f)	70	75	68	80	72	74	60	48	69	327 500
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	36 480	53 100	116 708	29 993	7 485	37 180	1 564	44 990	327 500	
Remote	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	np	100	100	100	np	–	100	100	463
Triage category 2	75	71	92	73	79	72	np	70	78	5 035
Triage category 3	64	70	84	58	68	72	47	56	69	24 238
Triage category 4	70	67	83	70	74	70	48	52	68	31 656
Triage category 5	86	88	92	95	88	90	75	86	90	6 121
Total (f)	70	72	85	68	74	73	56	57	71	67 513
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	3 375	1 072	29 548	4 251	1 983	1 031	57	26 196	67 513	
Very remote	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	np	–	100	100	100	np	–	100	100	306
Triage category 2	72	91	85	74	73	71	np	67	72	2 424
Triage category 3	71	79	72	56	63	67	np	56	60	10 077
Triage category 4	65	67	74	69	71	60	np	47	55	11 674
Triage category 5	96	94	93	92	86	100	np	82	88	1 454
Total (f)	72	76	77	67	71	66	44	54	61	25 935

Table NHA.35.4

Table NHA.35.4 **Patients treated within national benchmarks for emergency department waiting time, by remoteness area, by State and Territory, 2010-11 (a), (b), (c), (d)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT (e)</i>	<i>Aust</i>	<i>Aust</i>
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	381	139	5 169	2 295	928	260	16	16 747	25 935	

- (a) Data represent the proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.
- (b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided approximately 69 per cent of Emergency Department services.
- (c) Area of usual residence was not reported or not mappable to remoteness areas for approximately 78 000 records.
- (d) Remoteness areas are based on the usual residential address of the patient. Not all remoteness areas are represented in each State or Territory. The remoteness area 'Major city' does not exist within Tasmania or the NT, 'Inner regional' does not exist within the NT, 'Remote' does not exist in the ACT and 'Very remote' does not exist in Victoria or the ACT. However, data are reported for the state/territory where the hospital was located. This means, for example, that although there is no 'major city' classification in Tasmania, Tasmanian hospitals may treat some patients whose usual residence is a major city in another jurisdiction.
- (e) The totals include records for which the triage category was not assigned or not reported.
- (f) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (g) Total includes records for which a remoteness area could not be assigned as the place of residence was unknown or not stated.

np Not published. – Nil or rounded to zero.

Source: AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.

Table NHA.35.5

Table NHA.35.5 Patients treated within national benchmarks for emergency department waiting time, by SEIFA quintiles, by State and Territory, 2010-11 (a), (b), (c), (d)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
Total (Peer group A and B hospitals)										
Quintile 1	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	99	98	100	100	np	100	100	9 366
Triage category 2	83	78	80	85	79	71	86	65	80	113 208
Triage category 3	70	67	60	77	61	57	56	51	64	400 114
Triage category 4	70	61	65	81	64	64	48	46	65	450 592
Triage category 5	85	84	88	96	86	85	76	81	85	88 173
Total (e), (f)	73	67	66	82	67	64	60	51	68	1 061 473
	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (e), (f), (g)	334 412	225 603	272 034	26 201	107 740	64 841	1 367	29 275	1 061 473	
Quintile 2	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	100	99	100	100	100	100	100	7 916
Triage category 2	79	82	80	70	77	65	85	63	78	109 189
Triage category 3	66	75	65	45	66	51	57	50	65	363 310
Triage category 4	67	69	71	59	71	61	54	47	67	460 845
Triage category 5	83	87	90	89	90	84	81	85	85	115 254
Total (e), (f)	71	74	71	57	71	59	62	51	70	1 056 565
	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (e), (f), (g)	447 665	233 443	172 406	110 008	72 148	8 969	4 550	7 376	1 056 565	
Quintile 3	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	100	98	100	100	100	100	100	7 913
Triage category 2	83	81	78	68	76	68	79	68	78	108 245

Table NHA.35.5

Table NHA.35.5 **Patients treated within national benchmarks for emergency department waiting time, by SEIFA quintiles, by State and Territory, 2010-11 (a), (b), (c), (d)**

	<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>	<i>Aust</i>
Triage category 3	69	71	60	45	65	44	57	54	63	376 998
Triage category 4	71	65	67	61	70	51	52	51	66	495 911
Triage category 5	86	85	90	91	88	77	78	86	87	87 066
Total (e), (f)	73	70	66	59	71	52	60	55	68	1 076 156
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	286 729	335 353	198 759	154 317	44 476	19 182	5 415	31 925	1 076 156	
Quintile 4	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	100	100	100	100	99	100	100	7 724
Triage category 2	83	82	75	68	78	73	82	60	78	107 663
Triage category 3	68	67	55	43	68	34	53	43	60	348 520
Triage category 4	70	63	64	59	74	39	48	47	64	392 950
Triage category 5	85	84	90	90	91	75	74	81	85	65 815
Total (e), (f)	73	68	63	56	73	46	57	49	66	922 697
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	217 586	263 773	219 051	106 726	55 678	11 473	30 989	17 421	922 697	
Quintile 5	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	100	100	100	np	100	100	100	6 181
Triage category 2	91	83	79	67	75	77	82	59	82	88 739
Triage category 3	77	68	60	42	66	43	53	42	65	277 561
Triage category 4	79	63	68	61	77	58	49	46	68	329 806
Triage category 5	90	84	93	92	90	88	76	81	87	64 531
Total (e), (f)	81	69	68	57	73	60	58	48	71	766 834

Table NHA.35.5 Patients treated within national benchmarks for emergency department waiting time, by SEIFA quintiles, by State and Territory, 2010-11 (a), (b), (c), (d)

	<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>	<i>Aust</i>
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	251 843	194 979	126 098	94 401	36 324	607	56 384	6 198	766 834	

- (a) Data represent the proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.
- (b) SEIFA quintiles are based on the SEIFA IRSD, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.
- (c) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided approximately 69 per cent of Emergency Department services.
- (d) Area of usual residence was not reported or not mappable to SEIFA categories for approximately 78 000 records.
- (e) The totals include records for which the triage category was not assigned or not reported.
- (f) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (g) Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown or not stated.

np Not published.

Source: AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.

Table NHA.35.6 Patients treated within national benchmarks for emergency department waiting time, by SEIFA deciles, National, 2010-11 (a), (b), (c), (d)

	<i>Triage category 1</i>	<i>Triage category 2</i>	<i>Triage category 3</i>	<i>Triage category 4</i>	<i>Triage category 5</i>	<i>Total (e)</i>	<i>Total (e)</i>
Total (Peer group A and B hospitals)							<i>no.</i>
	%	%	%	%	%	%	
Decile 1	100	80	63	64	85	67	514 472
Decile 2	100	80	66	67	86	70	547 001
Decile 3	100	79	65	67	84	70	530 322
Decile 4	100	78	65	68	86	70	526 243
Decile 5	99	76	61	65	87	67	564 046
Decile 6	100	80	65	66	86	69	512 110
Decile 7	100	78	62	64	85	67	457 452
Decile 8	100	78	59	63	85	65	465 245
Decile 9	100	81	64	67	87	69	421 144
Decile 10	100	83	67	70	88	72	345 690
Total (f), (g)	100	79	64	66	86	68	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>		
Total number (f), (g)	40 388	533 077	1 786 456	2 158 157	428 838	4 947 054	

- (a) Data represent the proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.
- (b) SEIFA deciles are based on the SEIFA IRSD, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.
- (c) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided approximately 69 per cent of Emergency Department services.
- (d) Area of usual residence was not reported or not mappable to SEIFA categories for approximately 78 000 records.
- (e) The totals include records for which the triage category was not assigned or not reported.
- (f) The total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown or not stated.

Table NHA.35.6 Patients treated within national benchmarks for emergency department waiting time, by SEIFA deciles, National, 2010-11 (a), (b), (c), (d)

	<i>Triage category 1</i>	<i>Triage category 2</i>	<i>Triage category 3</i>	<i>Triage category 4</i>	<i>Triage category 5</i>	<i>Total (e)</i>	<i>Total (e)</i>
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(g) The totals exclude presentations for which the waiting time to service was invalid, and presentations for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.

.. Not applicable.

Source: AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.

Table NHA.35.7

Table NHA.35.7 Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory, 2009-10 (a), (b)

	NSW	Vic	Qld	WA	SA	Tas (c)	ACT (c)	NT (c)	Aust	Aust
Peer group A hospitals										
	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	99	100	100	99	np	100	100	35 878
Triage category 2	81	81	76	68	78	66	np	63	77	419 618
Triage category 3	67	69	58	50	60	40	np	47	62	1 367 807
Triage category 4	69	65	62	60	61	50	np	44	64	1 564 416
Triage category 5	85	89	86	88	84	79	np	84	86	316 417
Total (d)	72	70	63	60	65	50	np	49	67	..
	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d), (e)	1 158 261	911 425	817 252	327 848	269 093	np	np	87 170	3 704 425	
Peer group B hospitals										
	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	98	96	100	np	np	..	99	4 062
Triage category 2	85	77	89	69	72	np	np	..	80	77 234
Triage category 3	76	77	69	51	68	np	np	..	72	328 179
Triage category 4	75	68	76	60	75	np	np	..	71	526 734
Triage category 5	90	79	93	91	94	np	np	..	85	142 781
Total (d)	78	73	76	60	73	np	np	..	74	..
	no.	no.	no.	no.	no.	no.	no.	no.	no.	
Total number (d), (e)	378 269	321 579	135 530	133 632	39 759	np	np	..	1 079 110	
Total (Peer group A and B hospitals)										
	%	%	%	%	%	%	%	%	%	no.
Triage category 1	100	100	99	99	100	99	100	100	100	39 940
Triage category 2	82	80	77	68	77	70	83	63	78	496 852

Table NHA.35.7

Table NHA.35.7 **Patients treated within national benchmarks for emergency department waiting time, by hospital peer group, by State and Territory, 2009-10 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT (c)</i>	<i>NT (c)</i>	<i>Aust</i>	<i>Aust</i>
Triage category 3	69	70	59	51	61	49	60	47	64	1 695 986
Triage category 4	71	66	65	60	62	61	56	44	66	2 091 150
Triage category 5	86	84	88	89	85	86	77	84	86	459 198
Total (d)	73	71	65	60	66	60	63	49	68	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (d), (e)	1 536 530	1 233 004	952 782	461 480	308 852	107 622	96 095	87 170	4 783 535	

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

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

(c) Data for peer group A and B for the ACT have been suppressed as there is only one hospital in each category. Data for peer group B in Tasmania have been suppressed as there is only one hospital in this category. There are no peer group B public hospitals in the NT.

(d) The totals include records for which the triage category was not assigned or not reported.

(e) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.

np Not published. .. Not applicable.

Source: AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.

Table NHA.35.8

Table NHA.35.8 Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2009-10 (a), (b), (c)

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

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

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

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

Table NHA.35.8 Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory, 2009-10 (a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
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(d) The totals include records for which the triage category was not assigned or not reported.

(e) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.

.. Not applicable

Source: AIHW (unpublished) National Non-admitted Patient Emergency Department Care Database.

Table NHA.35.9

Table NHA.35.9 Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory, 2009-10 (a), (b), (c), (d)

	<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>	<i>Aust</i>
Total (Peer group A and B hospitals)										
Major cities	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	99	100	100	np	100	100	100	28 240
Triage category 2	83	80	75	69	77	65	83	66	79	365 117
Triage category 3	71	69	54	48	61	47	60	47	63	1 182 048
Triage category 4	72	63	61	58	62	59	56	46	65	1 401 663
Triage category 5	86	81	87	88	85	86	77	84	84	296 324
Total (e)	75	69	61	58	66	60	63	50	68	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	1 129 025	857 881	578 661	334 217	281 392	1 547	88 426	2 552	3 273 701	
Inner regional	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	98	94	100	99	100	100	99	7 121
Triage category 2	75	81	75	59	78	67	83	62	75	87 141
Triage category 3	65	75	65	50	61	40	59	38	64	347 690
Triage category 4	68	72	67	59	65	51	56	41	67	480 604
Triage category 5	86	90	89	89	84	80	80	81	88	118 438
Total (f)	70	77	68	59	67	51	63	44	69	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	347 669	308 604	212 723	81 015	16 331	65 127	5 707	3 897	1 041 073	
Outer regional	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	100	99	100	100	100	100	100	2 602
Triage category 2	76	70	86	83	81	74	86	61	78	31 265

Table NHA.35.9

Table NHA.35.9 Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory, 2009-10 (a), (b), (c), (d)

	<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>	<i>Aust</i>
Triage category 3	65	72	71	79	64	66	56	34	66	114 309
Triage category 4	66	71	70	84	68	77	55	39	67	139 208
Triage category 5	85	90	90	97	89	93	79	83	90	26 230
Total (f)	69	75	73	84	71	75	63	41	70	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	35 879	53 333	110 000	28 446	7 238	38 031	1 568	39 123	313 618	
Remote	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	np	98	100	100	np	–	100	99	388
Triage category 2	81	77	91	75	80	75	np	65	76	4 770
Triage category 3	72	72	84	62	66	62	63	61	71	21 567
Triage category 4	70	73	86	70	68	74	67	54	71	29 675
Triage category 5	86	88	94	91	86	83	np	87	92	7 919
Total (f)	74	76	87	70	71	70	69	59	74	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	3 016	1 007	29 527	4 050	1 990	974	48	23 708	64 320	
Very remote	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	np	np	100	100	100	np	–	100	100	291
Triage category 2	82	82	85	73	81	68	np	65	71	2 677
Triage category 3	63	55	76	62	68	62	np	54	59	9 903
Triage category 4	73	67	77	68	67	75	np	45	55	10 848
Triage category 5	94	83	92	94	91	80	np	81	88	1 369
Total (f)	72	67	79	69	72	70	77	53	61	..

Table NHA.35.9 Patients treated within national benchmarks for emergency department waiting time, by remoteness, by State and Territory, 2009-10 (a), (b), (c), (d)

	<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>	<i>Aust</i>
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	442	129	5 391	1 869	843	196	13	16 207	25 090	

- (a) Data represent the proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.
- (b) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided approximately 69 per cent of Emergency Department services.
- (c) Area of usual residence was not reported or not mappable to remoteness areas for approximately 70 000 records.
- (d) Remoteness areas are based on the usual residential address of the patient. Not all remoteness areas are represented in each State or Territory. The remoteness area 'Major city' does not exist within Tasmania or the NT, 'Inner regional' does not exist within the NT, 'Remote' does not exist in the ACT and 'Very remote' does not exist in Victoria or the ACT. However, data are reported for the state/territory where the hospital was located. This means, for example, that although there is no 'major city' classification in Tasmania, Tasmanian hospitals may treat some patients whose usual residence is a major city in another jurisdiction.
- (e) The totals include records for which the triage category was not assigned or not reported.
- (f) The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.
- (g) Total includes records for which a remoteness area could not be assigned as the place of residence was unknown or not stated.
- .. Not applicable. **np** Not published. – Nil or rounded to zero.

Table NHA.35.10

Table NHA.35.10 Patients treated within national benchmarks for emergency department waiting time, by SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c), (d)

	<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>	<i>Aust</i>
Total (Peer group A and B hospitals)										
Quintile 1	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	98	100	100	100	100	100	99	8 864
Triage category 2	83	79	77	85	79	69	83	63	79	104 433
Triage category 3	70	69	60	81	59	53	58	48	65	382 631
Triage category 4	70	63	64	85	57	66	53	42	65	440 842
Triage category 5	86	83	87	97	82	89	80	82	86	95 435
Total (e), (f)	73	69	66	85	63	64	63	48	68	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	328 920	224 819	256 954	23 663	103 641	65 484	1 283	27 555	1 032 319	
Quintile 2	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	98	99	100	98	100	100	100	7888
Triage category 2	76	81	79	69	77	65	85	60	77	101834
Triage category 3	65	74	63	48	62	50	61	41	64	345105
Triage category 4	67	70	69	57	63	63	61	41	66	452322
Triage category 5	84	88	90	87	85	86	80	81	85	122453
Total (e), (f)	70	75	70	57	67	60	66	44	69	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	448 338	226 231	163 323	101 431	68 679	9 087	4 574	7 999	1 029 662	
Quintile 3	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	99	98	100	98	100	100	99	8 222
Triage category 2	82	81	77	67	76	67	81	64	77	101 509
Triage category 3	70	72	59	50	61	41	63	56	64	357 918

Table NHA.35.10

Table NHA.35.10 Patients treated within national benchmarks for emergency department waiting time, by SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c), (d)

	<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>	<i>Aust</i>
Triage category 4	73	66	64	60	63	53	60	50	66	478 064
Triage category 5	87	85	89	90	86	82	76	87	86	92 419
Total (e), (f)	74	72	65	60	67	52	65	55	68	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	280 341	324 515	187 099	146 772	46 179	19 055	5 022	29 203	1 038 186	
Quintile 4	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	99	100	100	100	100	100	100	7 333
Triage category 2	82	80	74	69	76	77	83	62	77	97 140
Triage category 3	68	67	54	49	64	37	57	35	61	317 066
Triage category 4	70	65	61	58	66	45	54	39	63	368 267
Triage category 5	86	84	88	88	89	78	77	83	85	69 333
Total (e), (f)	72	69	61	58	68	50	61	42	66	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	197 397	254 927	208 242	87 673	53 306	11 796	30 302	15 563	859 206	
Quintile 5	%	%	%	%	%	%	%	%	%	<i>no.</i>
Triage category 1	100	100	99	100	100	np	100	100	100	6 258
Triage category 2	87	80	80	66	76	81	83	58	80	83 794
Triage category 3	76	69	60	47	64	43	60	38	66	262 334
Triage category 4	78	65	66	59	69	60	57	40	68	317 468
Triage category 5	90	82	90	89	89	86	77	82	86	69 647
Total (e), (f)	80	70	67	58	70	60	63	43	71	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (e), (f), (g)	242 678	190 458	120 679	90 058	35 979	453	54 093	5 145	739 543	

Table NHA.35.10 Patients treated within national benchmarks for emergency department waiting time, by SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c), (d)

	<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>	<i>Aust</i>
(a)	Data represent the proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.									
(b)	SEIFA quintiles are based on the SEIFA IRSD, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.									
(c)	It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided approximately 69 per cent of Emergency Department services.									
(d)	Area of usual residence was not reported or not mappable to SEIFA categories for approximately 70 000 records.									
(e)	The totals include records for which the triage category was not assigned or not reported.									
(f)	The totals exclude records for which the waiting time to service was invalid, and records for which the episode end status was either 'Did not wait to be attended by a health care professional' or 'Dead on arrival, not treated in emergency department'.									

Table NHA.35.11 Patients treated within national benchmarks for emergency department waiting time, by SEIFA deciles, National, 2009-10 (a), (b), (c), (d)

	<i>Triage category 1</i>	<i>Triage category 2</i>	<i>Triage category 3</i>	<i>Triage category 4</i>	<i>Triage category 5</i>	<i>Total (e)</i>	<i>Total (e)</i>
Total (Peer group A and B hospitals)							<i>no.</i>
	%	%	%	%	%	%	
Decile 1	99	80	63	63	85	67	497 249
Decile 2	100	78	66	67	86	70	535 455
Decile 3	100	76	63	64	84	68	517 247
Decile 4	100	77	65	68	87	70	512 873
Decile 5	99	76	63	67	88	68	549 521
Decile 6	100	79	65	65	84	68	489 823
Decile 7	100	77	62	64	86	67	430 395
Decile 8	100	77	59	62	84	65	443 878
Decile 9	100	79	65	67	85	69	404 541
Decile 10	100	82	67	70	87	72	336 267
Total (f), (g)	100	78	64	66	86	68	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (f), (g)	39 940	496 852	1 695 986	2 091 150	459 198	4 783 535	

- (a) Data represent the proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.
- (b) SEIFA deciles are based on the SEIFA IRSD, with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.
- (c) It should be noted that the data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Peer group A and B hospitals provided approximately 69 per cent of Emergency Department services.
- (d) Area of usual residence was not reported or not mappable to SEIFA categories for approximately 70 000 records.
- (e) The totals include records for which the triage category was not assigned or not reported.
- (f) The total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown or not stated.

NHA Indicator 36:

No data are currently available to inform this indicator

**Waiting times for admission
following emergency department
care**

NHA Indicator 37:

No data are currently available to inform this indicator

Waiting times for radiotherapy and orthopaedic specialists

NHA Indicator 38:

No data are currently available to inform this indicator

Adverse drug events in hospitals

NHA Indicator 39:

Healthcare-associated Staphylococcus aureus (including MRSA) bacteraemia in acute care hospitals

Table NHA.39.1

Table NHA.39.1 **Episodes of *Staphylococcus aureus* (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA, by State and Territory, 2010-11 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (b)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Infection rates										
Methicillin resistant <i>Staphylococcus aureus</i>	<i>rate per 10 000 patient days</i>	0.4	0.2	0.3	0.2	0.2	0.2	0.2	0.6	0.3
Methicillin sensitive <i>Staphylococcus aureus</i>	<i>rate per 10 000 patient days</i>	0.9	0.7	0.9	0.9	0.7	1.1	0.7	0.8	0.8
Total (c)	<i>rate per 10 000 patient days</i>	1.2	0.9	1.2	1.0	0.9	1.3	0.9	1.4	1.1
Number of infections										
Methicillin resistant <i>Staphylococcus aureus</i>	<i>no.</i>	232	118	72	23	30	6	6	18	505
Methicillin sensitive <i>Staphylococcus aureus</i>	<i>no.</i>	535	322	218	117	93	35	23	25	1 368
Total	<i>no.</i>	767	440	290	140	123	41	29	43	1 873
Coverage (d), (e)	<i>%</i>	97	99	77	83	81	81	98	100	91

(a) The SAB patient episodes were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). The comparability of the SAB rates among jurisdictions and over time is limited because of coverage differences and because the count of patient days reflects the amount of admitted patient activity, but does not necessarily reflect the amount of non-admitted patient activity.

(b) Only includes patients 14 years of age and over.

(c) Total may not equal sum of components due to rounding.

(d) Coverage estimates may be preliminary.

(e) Coverage is the number of patient days for hospitals included in the SAB surveillance arrangements as a proportion of total patient days for all public hospitals.

Source: AIHW (unpublished) sourced from State and Territory healthcare-associated infection surveillance data.

Table NHA.39.2 Episodes of *Staphylococcus aureus* (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA, by State and Territory, 2009-10 (a)

	<i>unit</i>	<i>NSW (b), (c)</i>	<i>Vic (d)</i>	<i>Qld (e), (f)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (g)</i>
Infection rates										
Methicillin resistant <i>Staphylococcus aureus</i>	<i>rate per 10 000 patient days</i>	0.4	0.2	0.3	0.2	0.3	0.0	0.3	0.7	np
Methicillin sensitive <i>Staphylococcus aureus</i>	<i>rate per 10 000 patient days</i>	0.7	0.6	0.8	0.8	0.9	1.3	0.9	1.3	np
Total	<i>rate per 10 000 patient days</i>	1.0	0.9	1.1	1.1	1.2	1.3	1.2	2.0	np
Number of infections										
Methicillin resistant <i>Staphylococcus aureus</i>	<i>no.</i>	109	76	90	28	30	1	9	19	np
Methicillin sensitive <i>Staphylococcus aureus</i>	<i>no.</i>	184	236	201	108	111	37	28	36	np
Total	<i>no.</i>	574	312	291	136	141	38	37	55	np
Coverage (h)	<i>%</i>	85	100	83	81	77	77	100	100	

(a) The SAB patient episodes were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). No denominator is available to describe the total admitted and non-admitted patient activity of public hospitals. However, the number of patient days for admitted patient activity is used as the denominator to take into account the large differences between the sizes of the public hospital sectors among the jurisdictions. The comparability of the SAB rates among jurisdictions and over time is limited because the count of patient days reflects the amount of admitted patient activity, but does not necessarily reflect the amount of non-admitted patient activity. The amount of hospital activity that patient days reflect varies among jurisdictions and over time because of variation in admission practices.

(b) Total SAB patient episodes and rates include data for the whole financial year; SAB patient episodes and rates for Methicillin sensitive *Staphylococcus aureus* (MSSA) only and Methicillin resistant *Staphylococcus aureus* (MRSA) are only for the period 1 January 2010 to 30 June 2010. MRSA only and MSSA only data are not available for the period 1 July 2009 to 31 December 2009.

(c) Data do not comply with the definition of SAB as used by the other jurisdictions, and are therefore not comparable (see Data Quality Statement for definition used).

Table NHA.39.2 Episodes of *Staphylococcus aureus* (including MRSA) bacteraemia (SAB) in acute care hospitals, by MRSA and MSSA, by State and Territory, 2009-10 (a)

	<i>unit</i>	<i>NSW (b), (c)</i>	<i>Vic (d)</i>	<i>Qld (e), (f)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (g)</i>
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(d) The denominator has been calculated by excluding rehabilitation beds. When the patient day data for a particular quarter were incomplete for a hospital, data from that quarter were excluded from both the numerator and denominator.

(e) Only includes patients 14 years of age and over.

(f) Coverage estimates are preliminary.

(g) The calculation of an Australian total is not appropriate given that NSW data are not comparable with other jurisdictions.

(h) Number of patient days for hospitals included in the surveillance data as a proportion of total patient days for all public hospitals. The provision of 'acute' services varies among jurisdictions, so it is not possible to exclude 'non-acute' hospitals from the indicator in a way that would be uniform among the states and territories. Therefore all public hospitals have been included in the scope (and coverage) so that the same approach is taken for each State and Territory.

np Not published.

Source: AIHW (unpublished) sourced from State and Territory healthcare-associated infection surveillance data.

NHA Indicator 40:

No data are currently available to inform this indicator

Pressure ulcers in hospitals

NHA Indicator 41:

Falls resulting in patient harm in hospitals

Table NHA.41.1

Table NHA.41.1 **Separations for falls resulting in patient harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)**

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

Table NHA.41.1 Separations for falls resulting in patient harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)

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

- (a) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (b) Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.
- (c) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area (regardless of their jurisdiction of residence) divided by the total number of separations for patients living in each remoteness area and hospitalised in the reporting jurisdiction.

Table NHA.41.1 Separations for falls resulting in patient harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)

	<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>
(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each SEIFA quintile (regardless of their jurisdiction of residence) divided by the total number of separations for patients living in each SEIFA quintile and hospitalised in the reporting jurisdiction.									
(e) Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown, not stated or could not be allocated a SEIFA index.									

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

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.41.2 Separations for falls resulting in patient harm in hospitals, by SEIFA deciles, National, 2009-10

	<i>Aust</i>	<i>Aust</i>
	<i>rate per 1000 separations</i>	<i>no.</i>
SEIFA of residence (a)		
Decile 1	2.2	1 981
Decile 2	2.9	2 620
Decile 3	2.5	2 013
Decile 4	2.7	2 382
Decile 5	2.5	2 121
Decile 6	2.5	2 178
Decile 7	2.2	1 680
Decile 8	2.0	1 726
Decile 9	2.2	1 922
Decile 10	2.2	1 708

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA decile divided by the total number of people in that SEIFA decile in the jurisdiction.

Source: AIHW (unpublished) National Hospital Morbidity Database.

NHA Indicator 42:

Intentional self-harm in hospitals

Table NHA.42.1

Table NHA.42.1 **Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (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>
	<i>number</i>								
Hospital sector									
Private	92	134	145	85	7	np	np	np	467
Public	229	141	215	270	59	np	np	np	957
Indigenous status (b)									
Indigenous	10	np	13	9	np	np	np	4	40
Other Australians	311	np	347	346	np	np	np	4	1 345
Remoteness of residence (c)									
Major cities	208	200	243	268	47	–	21	–	987
Inner regional	83	58	59	27	10	18	–	–	255
Outer regional	22	15	50	47	7	–	–	4	145
Remote and Very remote	np	–	4	9	np	–	–	4	19
SEIFA of residence (d)									
Quintile 1	58	35	65	39	24	6	np	np	229
Quintile 2	81	46	67	57	19	np	np	np	274
Quintile 3	55	71	75	78	5	np	np	np	290
Quintile 4	52	60	89	67	12	7	np	np	298
Quintile 5	68	61	60	110	5	np	10	np	315
Total (e)	321	275	360	355	66	18	21	8	1 424
	<i>rate per 1000 separations</i>								
Hospital sector									
Private	0.1	0.2	0.2	0.2	0.0	np	np	np	0.1
Public	0.1	0.1	0.2	0.5	0.2	np	np	np	0.2
Indigenous status (b)									
Indigenous	0.2	np	0.2	0.1	np	np	np	np	0.1
Other Australians	0.1	np	0.2	0.4	np	np	np	np	0.2
Remoteness of residence (c)									
Major cities	0.1	0.1	0.2	0.4	0.1	–	0.2	–	0.2
Inner regional	0.2	0.1	0.1	0.2	0.1	0.2	–	–	0.1
Outer regional	0.1	0.1	0.2	0.6	0.1	–	–	np	0.2
Remote and Very remote	np	–	0.1	0.2	np	–	–	np	0.1
SEIFA of residence (d)									
Quintile 1	0.1	0.1	0.2	0.6	0.1	0.1	–	np	0.1
Quintile 2	0.1	0.1	0.2	0.3	0.1	np	np	np	0.2
Quintile 3	0.1	0.1	0.2	0.3	0.1	np	–	np	0.2
Quintile 4	0.2	0.1	0.2	0.4	0.1	0.3	0.2	np	0.2
Quintile 5	0.1	0.1	0.2	0.6	0.1	np	0.2	np	0.2
Total (e)	0.1	0.1	0.2	0.4	0.1	0.1	0.2	0.1	0.2

Table NHA.42.1

Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (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>
(a) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.									
(b) Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(c) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area (regardless of their jurisdiction of residence) divided by the total number of separations for patients living in each remoteness area and hospitalised in the reporting jurisdiction.									
(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each SEIFA quintile (regardless of their jurisdiction of residence) divided by the total number of separations for patients living in each SEIFA quintile and hospitalised in the reporting jurisdiction.									
(e) Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown, not stated or could not be allocated a SEIFA index.									
– Nil or rounded to zero. np Not published.									

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.42.2 **Separations for intentional self-harm in hospitals, by SEIFA deciles, National, 2009-10**

	<i>Aust</i>	<i>Aust</i>
	<i>rate per 1000 separations</i>	<i>no.</i>
SEIFA of residence (a)		
Decile 1	0.1	92
Decile 2	0.2	137
Decile 3	0.1	116
Decile 4	0.2	158
Decile 5	0.2	161
Decile 6	0.1	129
Decile 7	0.2	163
Decile 8	0.2	135
Decile 9	0.2	148
Decile 10	0.2	167

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.42.3

Table NHA.42.3 Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
	<i>number</i>								
Hospital sector									
Private	67	71	128	121	9	np	np	np	404
Public	220	115	213	229	61	np	np	np	893
Indigenous status (c)									
Indigenous	14	np	16	6	np	np	np	np	40
Other Australians	273	np	325	344	np	np	np	7	1 202
Remoteness of residence (d)									
Major cities	194	143	245	259	51	–	30	np	923
Inner regional	61	28	58	38	5	17	4	–	211
Outer regional	18	13	32	38	8	3	np	6	119
Remote and Very remote	np	–	4	13	np	–	–	np	23
SEIFA of residence (e)									
Quintile 1	54	26	80	19	27	8	np	np	215
Quintile 2	79	23	39	64	15	2	np	np	227
Quintile 3	47	43	55	89	13	5	np	np	257
Quintile 4	34	39	92	81	8	5	12	np	274
Quintile 5	60	53	73	95	5	np	15	np	303
Total (f)	287	186	341	350	70	20	35	8	1 297
	<i>rate per 1000 separations</i>								
Hospital sector									
Private	0.1	0.1	0.2	0.3	–	np	0.2	np	0.1
Public	0.1	0.1	0.2	0.5	0.2	0.2	0.3	0.1	0.2
Indigenous status (c)									
Indigenous	0.2	np	0.2	0.1	np	np	np	np	0.1
Other Australians	0.1	0.1	0.2	0.4	0.1	0.1	0.3	0.2	0.2
Remoteness of residence (d)									
Major cities	0.1	0.1	0.2	0.4	0.1	np	0.3	np	0.2
Inner regional	0.1	0.1	0.2	0.4	0.1	0.2	np	np	0.1
Outer regional	0.1	0.1	0.1	0.5	0.1	np	np	0.1	0.2
Remote and Very remote	np	np	np	0.2	np	–	np	np	0.1
SEIFA of residence (e)									
Quintile 1	0.1	0.1	0.2	0.3	0.1	0.1	–	np	0.1
Quintile 2	0.1	0.1	0.1	0.4	0.1	np	np	np	0.1
Quintile 3	0.1	0.1	0.2	0.3	0.1	0.2	np	np	0.2
Quintile 4	0.1	0.1	0.2	0.6	0.1	0.2	0.3	np	0.2
Quintile 5	0.1	0.1	0.3	0.5	0.1	np	0.2	np	0.2
Total (f)	0.1	0.1	0.2	0.4	0.1	0.1	0.3	0.1	0.2

Table NHA.42.3 Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
(a)	Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.								
(b)	Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations'								
(c)	Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.								
(d)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area (regardless of their jurisdiction of residence) divided by the total number of separations for patients living in each remoteness area and hospitalised in the reporting jurisdiction.								
(e)	Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each SEIFA quintile (regardless of their jurisdiction of residence) divided by the total number of separations for patients living in each SEIFA quintile and hospitalised in the reporting jurisdiction.								
(f)	Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown, not stated or could not be allocated a SEIFA index.								
	– Nil or rounded to zero. np Not published.								

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.42.4 Separations for intentional self-harm in hospitals, by SEIFA deciles, National, 2008-09

	<i>Aust</i>	<i>Aust</i>
	<i>rate per 1000 separations</i>	<i>no.</i>
SEIFA of residence (a)		
Decile 1	0.1	102
Decile 2	0.1	113
Decile 3	0.1	89
Decile 4	0.2	138
Decile 5	0.1	120
Decile 6	0.2	137
Decile 7	0.2	159
Decile 8	0.1	115
Decile 9	0.2	154
Decile 10	0.2	149

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital.

Source: AIHW (unpublished) National Hospital Morbidity Database (Admitted Patient Care National Minimum Data Set).

Table NHA.42.5

Table NHA.42.5 Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (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>
	<i>number</i>								
Hospital sector									
Private	73	94	104	102	32	np	np	np	410
Public	306	146	230	214	81	np	np	np	1 024
Indigenous status (b)									
Indigenous	12	np	12	6	np	np	np	np	38
Other Australians	367	237	322	310	np	np	np	5	1 350
Remoteness of residence (c)									
Major cities	270	173	224	266	75	np	27	–	1 036
Inner regional	81	50	69	27	13	12	np	–	253
Outer regional	20	14	37	18	15	4	–	4	112
Remote and Very remote	np	np	np	4	np	–	–	3	20
SEIFA of residence (d)									
Quintile 1	77	31	69	12	41	8	np	np	238
Quintile 2	95	39	36	65	21	1	np	np	258
Quintile 3	77	57	68	77	18	3	np	np	306
Quintile 4	42	53	97	75	20	4	8	np	300
Quintile 5	80	58	62	86	13	np	18	np	318
Total (e)	379	240	334	316	113	17	28	7	1 434
	<i>rate per 1000 separations</i>								
Hospital sector									
Private	0.1	0.1	0.1	0.3	0.1	np	np	np	0.1
Public	0.2	0.1	0.3	0.5	0.2	0.2	0.3	0.1	0.2
Indigenous status (b)									
Indigenous	0.2	np	0.2	0.1	np	np	np	np	0.1
Other Australians	0.2	0.1	0.2	0.4	0.2	0.1	0.2	0.1	0.2
Remoteness of residence (c)									
Major cities	0.2	0.1	0.2	0.5	0.2	np	0.3	–	0.2
Inner regional	0.2	0.1	0.2	0.3	0.2	0.1	np	–	0.2
Outer regional	0.1	0.1	0.2	0.2	0.2	np	–	np	0.1
Remote and Very remote	np	np	np	np	0.4	–	–	np	0.1
SEIFA of residence (d)									
Quintile 1	0.2	0.1	0.2	0.2	0.2	0.1	–	–	0.1
Quintile 2	0.2	0.1	0.1	0.4	0.2	np	np	–	0.2
Quintile 3	0.2	0.1	0.2	0.3	0.2	np	–	0.3	0.2
Quintile 4	0.1	0.1	0.3	0.6	0.2	np	0.2	np	0.2
Quintile 5	0.2	0.1	0.3	0.5	0.2	np	0.3	–	0.2
Total (e)	0.2	0.1	0.2	0.4	0.2	0.1	0.2	0.1	0.2

Table NHA.42.5 Separations for intentional self-harm in hospitals, by Indigenous status, hospital sector, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (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>
(a)	Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.								
(b)	Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.								
(c)	Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area (regardless of their jurisdiction of residence) divided by the total number of separations for patients living in each remoteness area and hospitalised in the reporting jurisdiction.								
(d)	Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each SEIFA quintile (regardless of their jurisdiction of residence) divided by the total number of separations for patients living in each SEIFA quintile and hospitalised in the reporting jurisdiction.								
(e)	Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown, not stated or could not be allocated a SEIFA index.								
	– Nil or rounded to zero. np Not published.								

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.42.6 Separations for intentional self-harm in hospitals, by SEIFA deciles, National, 2007-08

	<i>Aust</i>	<i>Aust</i>
	<i>rate per 1000 separations</i>	<i>no.</i>
SEIFA of residence (a)		
Decile 1	0.1	119
Decile 2	0.1	119
Decile 3	0.2	121
Decile 4	0.2	137
Decile 5	0.2	154
Decile 6	0.2	152
Decile 7	0.2	159
Decile 8	0.2	141
Decile 9	0.2	157
Decile 10	0.2	161

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital.

Source: AIHW (unpublished) National Hospital Morbidity Database (Admitted Patient Care National Minimum Data Set).

NHA Indicator 43:

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

Table NHA.43.1

Table NHA.43.1 **Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by State and Territory, 2009-10 (rate per 1000 separations) (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>	<i>Aust (d)</i>		
	<i>rate per 1000 separations</i>									<i>no.</i>	<i>rate per 1000 separations</i>	<i>no.</i>
Surgical procedure prior to separation												
Knee replacement	24.5	26.0	37.1	15.0	16.1	27.6	np	np	26.2	233	26.2	240
Hip replacement	16.0	18.0	21.9	14.6	np	26.1	np	np	16.4	112	16.7	118
Tonsillectomy and Adenoid	20.1	26.0	30.4	30.7	33.3	52.5	np	np	26.5	503	27.1	525
Hysterectomy	30.8	31.5	36.4	30.8	23.2	65.7	np	np	31.3	288	32.4	307
Prostatectomy	33.1	23.5	33.6	44.3	34.4	np	np	np	30.9	212	30.9	217
Cataract surgery	4.0	3.3	4.1	4.1	4.4	7.8	np	10.9	3.8	173	3.9	179
Appendicectomy	21.6	25.8	24.9	29.5	36.4	20.0	25.9	50.6	25.1	510	25.0	519

(a) The reported rate is the number of unplanned/unexpected readmissions per 1000 separations.

(b) This indicator is limited to public hospitals.

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

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

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

Table NHA.43.2 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations) (a), (b)

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

Table NHA.43.2 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations) (a), (b)

	<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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Peer group B	16.9	12.7	np	np	np	np	np	..	15.8	23
Other peer groups	np	np	–	np	np	–	..	–	np	3
Indigenous status (d)										
Indigenous	np	np	np	np	np	np	np	np	np	np
Other Australians	16.2	18.0	22.3	14.7	np	26.5	np	np	16.6	110
Remoteness of residence (e)										
Major cities	18.7	23.2	22.7	16.9	np	–	np	–	18.8	75
Inner regional	14.8	12.7	23.8	np	np	np	np	–	14.7	28
Outer regional	np	np	np	np	np	np	np	np	9.4	np
Remote & Very remote	np	np	np	np	np	np	–	np	np	np
SEIFA of residence (f)										
Quintile 1	12.6	16.4	28.9	np	np	np	np	np	15.3	26
Quintile 2	17.2	16.6	np	np	np	np	np	np	14.5	28
Quintile 3	14.3	23.5	22.9	np	np	np	np	np	19.1	25
Quintile 4	21.9	14.3	33.8	np	np	np	np	np	20.4	23
Quintile 5	14.8	np	np	np	np	–	np	–	13.1	10
Tonsillectomy and Adenoidectomy										
Hospital peer group										
Peer group A	22.8	30.3	32.4	56.5	41.1	62.3	np	np	30.3	389
Peer group B	7.9	28.1	np	8.5	55.2	np	np	..	23.5	72
Other peer groups	15.1	14.8	np	12.7	13.4	np	..	np	13.7	42
Indigenous status (d)										

Table NHA.43.2 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations) (a), (b)

	<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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Indigenous	np	np	24.4	np	np	np	np	np	17.5	16
Other Australians	20.7	26.1	30.9	np	33.8	53.9	np	np	27.2	483
Remoteness of residence (e)										
Major cities	22.3	25.3	38.0	29.6	42.3	–	np	–	29.0	328
Inner regional	13.3	23.8	21.8	27.9	16.6	63.0	np	–	20.2	105
Outer regional	23.0	38.0	13.7	38.2	23.6	np	np	np	32.3	64
Remote & Very remote	np	np	np	np	np	np	–	np	13.6	6
SEIFA of residence (f)										
Quintile 1	14.4	23.6	26.3	np	29.6	np	np	np	23.0	122
Quintile 2	24.9	23.6	20.9	32.2	np	np	np	np	24.8	125
Quintile 3	19.3	24.2	31.5	29.3	np	np	np	np	26.5	104
Quintile 4	27.9	31.9	35.0	31.6	47.4	np	np	np	33.8	99
Quintile 5	14.7	34.9	49.6	29.7	np	–	np	np	30.4	53
Hysterectomy										
Hospital peer group										
Peer group A	32.5	37.4	38.7	39.4	31.7	np	np	np	34.7	207
Peer group B	40.4	27.5	20.9	25.0	np	np	np	..	30.0	61
Other peer groups	np	25.4	np	19.2	np	np	..	–	16.7	20
Indigenous status (d)										
Indigenous	np	np	np	np	np	np	np	np	45.3	11
Other Australians	31.3	31.4	34.4	31.1	22.6	67.4	np	np	31.0	274
Remoteness of residence (e)										

Table NHA.43.2 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations) (a), (b)

	<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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Major cities	32.8	30.9	33.1	37.7	29.0	np	np	–	31.9	172
Inner regional	31.0	34.4	48.7	np	17.5	np	np	–	34.4	85
Outer regional	19.5	26.0	31.3	np	9.5	np	np	np	21.7	25
Remote & Very remote	np	np	np	np	42.6	np	–	np	35.5	6
SEIFA of residence (f)										
Quintile 1	24.9	30.0	40.6	np	16.4	np	np	np	27.8	69
Quintile 2	31.4	36.1	35.9	28.8	44.8	np	np	np	34.5	80
Quintile 3	40.3	30.3	29.0	36.0	np	np	np	np	31.1	60
Quintile 4	24.9	35.4	41.1	np	np	np	np	np	34.0	52
Quintile 5	37.7	20.1	np	np	np	–	np	np	29.1	27
Prostatectomy										
Hospital peer group										
Peer group A	35.6	26.1	30.0	64.4	51.5	34.2	np	np	34.2	161
Peer group B	np	29.2	np	43.9	12.6	–	np	..	26.0	29
Other peer groups	35.4	9.8	np	np	29.4	–	..	–	20.9	22
Indigenous status (d)										
Indigenous	np	np	np	np	np	np	–	np	np	5
Other Australians	32.7	23.6	34.5	44.9	33.1	np	np	np	30.5	206
Remoteness of residence (e)										
Major cities	29.2	24.2	34.1	47.5	36.4	–	np	–	28.6	118
Inner regional	39.9	25.7	35.7	np	np	np	np	–	32.9	59
Outer regional	36.6	np	np	np	np	np	np	np	33.9	28

Table NHA.43.2 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations) (a), (b)

	<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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Remote & Very remote	np	np	np	np	np	np	–	np	44.2	5.0
SEIFA of residence (f)										
Quintile 1	28.5	19.9	38.6	np	37.6	np	np	np	30.9	63
Quintile 2	32.5	18.7	np	np	np	np	np	np	27.0	48
Quintile 3	47.9	32.4	31.1	35.9	np	np	np	np	38.0	52
Quintile 4	32.7	21.0	41.7	np	np	np	np	np	31.0	31
Quintile 5	np	26.7	np	np	np	–	np	np	23.7	16
Cataract surgery										
Hospital peer group										
Peer group A	4.0	5.8	4.7	12.5	10.2	np	np	np	5.3	103
Peer group B	np	4.3	np	np	np	–	np	..	3.4	34
Other peer groups	4.5	0.9	np	np	np	np	..	np	2.3	36
Indigenous status (d)										
Indigenous	np	np	np	np	np	np	np	np	8.6	6
Other Australians	3.8	3.3	3.9	3.8	4.4	7.9	np	np	3.8	165
Remoteness of residence (e)										
Major cities	5.3	3.4	3.9	4.8	7.2	–	np	–	4.5	117
Inner regional	2.1	3.4	5.3	np	np	np	np	–	3.0	34
Outer regional	3.4	np	np	np	–	np	np	np	2.7	17
Remote & Very remote	np	np	np	np	–	np	–	np	4.8	5
SEIFA of residence (f)										
Quintile 1	4.2	2.8	8.2	np	2.6	np	np	np	4.2	54

Table NHA.43.2 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations) (a), (b)

	<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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Quintile 2	3.1	3.0	np	3.2	8.1	np	np	np	3.3	40
Quintile 3	1.8	4.1	np	3.3	np	np	np	np	2.7	23
Quintile 4	5.0	3.4	4.8	np	np	np	np	np	4.5	30
Quintile 5	10.6	3.5	np	12.2	np	np	np	np	5.7	26
Appendicectomy										
Hospital peer group										
Peer group A	24.6	27.2	23.3	32.7	38.2	20.9	np	51.2	26.5	416
Peer group B	12.6	20.4	37.5	21.7	np	np	np	..	19.6	70
Other peer groups	14.5	28.3	np	19.4	30.0	np	..	np	23.4	24
Indigenous status (d)										
Indigenous	24.6	np	32.6	np	np	np	np	np	33.9	21
Other Australians	21.5	25.7	24.5	28.3	35.9	18.2	26.3	np	24.8	475
Remoteness of residence (e)										
Major cities	19.7	29.1	24.8	31.2	40.5	np	29.8	np	25.4	336
Inner regional	27.6	20.4	26.8	26.4	33.5	np	np	np	24.7	111
Outer regional	16.7	20.1	20.7	np	11.2	25.6	np	np	20.7	39
Remote & Very remote	np	np	np	np	44.8	np	np	np	46.6	17
SEIFA of residence (f)										
Quintile 1	19.5	26.9	31.9	np	29.7	27.0	np	np	25.8	112
Quintile 2	21.8	21.9	29.0	34.6	24.8	np	np	np	23.1	101
Quintile 3	23.3	30.2	17.7	25.2	59.5	np	np	np	27.8	110
Quintile 4	15.1	26.7	26.1	37.7	53.1	np	np	np	25.0	100

Table NHA.43.2 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (rate per 1000 separations) (a), (b)

	<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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Quintile 5	26.0	23.3	18.8	26.2	np	np	30.0	np	24.2	80

(a) This indicator is limited to public hospitals.

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

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

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

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

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

np Not published.

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

Table NHA.43.3

Table NHA.43.3 **Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by SEIFA deciles, National, 2009-10 (rate per 1000 separations) (a), (b), (c)**

	<i>Knee replacement</i>	<i>Hip replacement</i>	<i>Tonsillectomy and Adenoidectomy</i>	<i>Hysterectomy</i>	<i>Prostatectomy</i>	<i>Cataract surgery</i>	<i>Appendicectomy</i>
SEIFA by residence (d)							
Decile 1	21.6	13.6	26.4	31.2	27.2	4.7	26.9
Decile 2	20.8	16.8	19.2	24.3	34.4	3.7	24.7
Decile 3	25.6	15.2	23.3	39.0	32.6	3.0	25.8
Decile 4	35.5	13.7	26.5	29.2	19.5	3.6	20.4
Decile 5	20.1	10.2	28.6	35.6	43.4	2.4	26.5
Decile 6	39.1	29.0	24.3	26.4	32.2	3.0	29.1
Decile 7	26.8	23.2	40.7	24.9	24.8	4.7	25.4
Decile 8	28.2	17.6	27.2	42.2	36.8	4.3	24.7
Decile 9	30.1	16.3	34.7	27.5	27.2	6.7	23.2
Decile 10	np	np	25.9	30.6	18.5	3.8	25.2

(a) This indicator is limited to public hospitals.

(b) Excludes WA and Tasmania.

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

(d) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

np Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.43.4

Table NHA.43.4 **Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by State and Territory, 2008-09 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Surgical procedure prior to separation										
Knee replacement	23.3	25.3	38.8	15.9	13.9	na	np	np	25.8	213
Hip replacement	17.9	19.2	31.5	14.2	15.3	na	np	np	20.2	128
Tonsillectomy and Adenoidectomy	21.9	26.7	27.1	30.2	36.5	na	np	np	26.2	499
Hysterectomy	31.9	32.4	33.2	32.1	35.0	na	np	np	33.1	310
Prostatectomy	35.2	23.0	38.0	33.8	29.1	na	np	np	30.4	211
Cataract surgery	2.9	4.1	3.6	3.2	4.8	na	np	24.7	3.9	171
Appendicectomy	24.6	18.3	22.4	28.0	31.8	na	25.9	29.5	23.1	442

(a) The reported rate is the number of unplanned/unexpected readmissions per 1000 separations.

(b) This indicator is limited to public hospitals.

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

na Not available. **np** Not published.

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

Table NHA.43.5

Table NHA.43.5 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Knee replacement										
Hospital peer group										
Peer group A	28.9	26.2	37.8	24.7	22.2	na	np	np	29.8	167
Peer group B	14.4	24.5	np	17.8	np	na	..	..	19.2	27
Other peer groups	15.1	21.9	np	9.5	np	na	..	np	15.8	19
Indigenous status (d)										
Indigenous	np	np	np	np	np	na	np	np	np	np
Other Australians	23.4	25.3	39.6	16.0	14.0	na	11.5	81.1	26.3	np
Remoteness of residence (e)										
Major cities	18.0	28.1	42.0	10.1	15.7	na	np	–	24.6	120
Inner regional	32.1	21.8	38.2	28.7	np	na	np	–	28.1	62
Outer regional	31.4	np	28.8	26.2	np	na	np	np	26.2	27
Remote & Very remote	np	np	np	np	np	na	np	np	24.6	3
SEIFA of residence (f)										
Quintile 1	19.3	25.0	41.7	46.5	12.3	na	np	np	24.2	59
Quintile 2	31.3	28.8	43.2	12.8	np	na	np	np	30.3	70
Quintile 3	17.1	15.8	31.4	7.8	np	na	np	np	20.4	30
Quintile 4	17.9	27.3	40.5	21.6	np	na	np	np	26.3	33
Quintile 5	21.5	33.3	np	19.8	np	na	np	np	25.9	20
Hip replacement										
Hospital peer group										
Peer group A	22.0	24.4	30.2	22.5	16.0	na	np	np	23.9	106

Table NHA.43.5 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Peer group B	np	np	np	18.6	np	na	..	..	12.1	12
Other peer groups	12.3	np	np	3.6	np	na	..	np	11.6	10
Indigenous status (d)										
Indigenous	np	np	np	np	np	na	np	np	np	np
Other Australians	17.6	19.2	31.8	14.2	15.3	na	np	np	20.0	np
Remoteness of residence (e)										
Major cities	13.6	23.3	25.5	15.2	17.3	na	np	–	19.1	73
Inner regional	28.7	15.2	38.3	23.9	np	na	np	–	23.9	39
Outer regional	19.5	np	np	np	np	na	np	np	21.6	16
Remote & Very remote	np	np	np	0.1	np	na	np	np	np	np
SEIFA of residence (f)										
Quintile 1	16.5	np	34.4	np	np	na	np	np	15.1	24
Quintile 2	22.7	22.0	np	6.5	np	na	np	np	23.6	41
Quintile 3	27.4	22.7	np	13.2	np	na	np	np	22.8	27
Quintile 4	np	24.7	42.7	28.0	np	na	np	np	24.9	26
Quintile 5	np	24.5	np	17.5	np	na	np	np	13.4	10
Tonsillectomy and Adenoidectomy										
Hospital peer group										
Peer group A	24.2	32.6	28.5	53.2	47.8	na	np	np	29.6	361
Peer group B	14.2	27.5	np	4.3	np	na	..	..	24.8	91
Other peer groups	20.3	15.2	np	24.3	11.3	na	..	np	15.0	47
Indigenous status (d)										

Table NHA.43.5 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Indigenous	19.5	np	23.7	29.2	np	na	np	np	26.0	24
Other Australians	22.0	26.5	27.4	30.3	36.2	na	np	np	26.7	473
Remoteness of residence (e)										
Major cities	23.6	30.8	36.6	30.1	46.0	na	np	np	30.8	350
Inner regional	15.5	20.5	9.8	18.1	17.2	na	np	–	16.9	85
Outer regional	26.3	26.6	15.9	43.2	23.8	na	np	np	25.5	54
Remote & Very remote	np	np	np	44.3	np	na	np	np	17.6	8
SEIFA of residence (f)										
Quintile 1	21.6	24.5	24.1	41.5	32.7	na	np	np	24.7	128
Quintile 2	23.5	21.0	21.3	34.0	34.9	na	np	np	23.3	112
Quintile 3	20.1	27.3	24.6	27.6	54.7	na	np	np	27.5	105
Quintile 4	19.5	34.0	37.0	28.1	46.9	na	np	np	32.2	102
Quintile 5	21.0	34.0	28.7	26.0	np	na	np	np	25.0	50
Hysterectomy										
Hospital peer group										
Peer group A	33.3	34.2	33.5	40.8	38.8	na	np	np	34.6	218
Peer group B	18.6	36.3	35.6	32.0	np	na	..	..	32.8	56
Other peer groups	37.8	17.6	np	np	27.1	na	..	np	27.0	36
Indigenous status (d)										
Indigenous	np	np	np	66.7	np	na	np	np	61.7	15
Other Australians	30.6	32.4	32.3	30.8	34.7	na	np	np	32.0	288
Remoteness of residence (e)										

Table NHA.43.5 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Major cities	27.5	34.5	31.0	36.7	47.1	na	np	–	33.1	178
Inner regional	39.4	35.1	40.4	34.8	np	na	np	–	35.6	94
Outer regional	29.1	np	30.3	29.0	np	na	np	np	26.1	30
Remote & Very remote	np	np	np	0.1	np	na	–	np	np	5
SEIFA of residence (f)										
Quintile 1	42.6	26.1	39.3	22.5	39.8	na	np	np	37.9	97
Quintile 2	35.6	38.4	30.0	22.1	np	na	np	np	34.9	86
Quintile 3	11.4	38.5	39.7	35.1	np	na	np	np	30.3	57
Quintile 4	27.5	35.6	23.7	44.6	np	na	np	np	30.3	46
Quintile 5	22.5	np	np	28.8	np	na	np	np	22.6	21
Prostatectomy										
Hospital peer group										
Peer group A	37.8	25.8	28.8	38.8	38.1	na	np	np	32.4	147
Peer group B	34.2	21.1	np	32.3	np	na	..	..	33.8	41
Other peer groups	20.9	18.8	np	29.9	23.9	na	..	np	19.6	23
Indigenous status (d)										
Indigenous	np	np	np	np	np	na	np	np	np	np
Other Australians	35.4	23.0	38.4	32.8	29.2	na	np	np	30.6	209
Remoteness of residence (e)										
Major cities	37.5	22.0	44.8	32.6	34.8	na	np	–	32.5	138
Inner regional	25.1	22.1	31.4	40.4	np	na	np	–	23.6	41
Outer regional	43.6	32.9	np	26.3	np	na	np	np	32.9	28

Table NHA.43.5

Table NHA.43.5 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Remote & Very remote	np	np	np	38.6	np	na	–	np	39.6	4.0
SEIFA of residence (f)										
Quintile 1	31.1	21.5	41.4	41.7	41.9	na	np	np	31.2	62
Quintile 2	36.7	29.2	np	19.4	np	na	np	np	32.8	60
Quintile 3	40.4	16.9	np	22.6	np	na	np	np	25.9	35
Quintile 4	49.4	23.1	33.7	74.1	np	na	np	np	32.3	33
Quintile 5	np	26.2	np	40.5	np	na	np	np	28.4	21
Cataract surgery										
Hospital peer group										
Peer group A	2.7	4.9	3.7	8.2	8.8	na	np	np	4.4	88
Peer group B	np	6.6	np	1.5	np	na	..	..	5.8	50
Other peer groups	3.3	np	np	2.3	1.9	na	..	np	2.1	33
Indigenous status (d)										
Indigenous	np	np	np	5.8	np	na	np	np	11.2	8
Other Australians	3.0	4.2	3.3	3.2	4.9	na	np	18.9	3.8	161
Remoteness of residence (e)										
Major cities	3.7	5.6	3.6	2.8	6.7	na	np	np	4.7	119
Inner regional	np	1.9	2.1	1.0	np	na	np	–	2.0	23
Outer regional	np	np	4.7	9.3	4.7	na	np	24.5	3.9	23
Remote & Very remote	np	np	np	5.7	np	na	–	np	5.0	6
SEIFA of residence (f)										
Quintile 1	3.1	3.0	6.5	9.6	5.3	na	np	np	4.3	54

Table NHA.43.5 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Quintile 2	1.9	2.5	np	2.5	np	na	np	np	2.3	28
Quintile 3	2.3	5.7	np	1.0	np	na	np	np	3.9	32
Quintile 4	np	5.4	np	5.1	np	na	—	np	4.3	28
Quintile 5	9.7	5.2	np	4.8	np	na	np	np	6.4	29
Appendicectomy										
Hospital peer group										
Peer group A	27.4	16.4	21.7	31.6	30.6	na	25.9	30.5	23.3	347
Peer group B	18.4	24.4	23.5	24.0	np	na	..	..	22.8	66
Other peer groups	19.0	21.1	np	17.0	27.5	na	..	np	22.9	29
Indigenous status (d)										
Indigenous	30.7	np	np	36.5	np	na	np	np	36.8	21
Other Australians	24.4	17.9	21.5	27.5	30.2	na	26.3	np	22.5	408
Remoteness of residence (e)										
Major cities	22.6	18.8	22.1	31.5	29.3	na	20.5	np	22.0	276
Inner regional	31.2	19.5	19.5	26.3	np	na	np	np	25.3	106
Outer regional	24.4	np	25.4	18.3	33.7	na	np	np	24.9	43
Remote & Very remote	np	np	np	15.4	np	na	—	np	24.3	9
SEIFA of residence (f)										
Quintile 1	20.9	15.8	22.0	30.4	30.9	na	np	np	21.8	91
Quintile 2	29.5	13.1	29.2	26.5	44.2	na	np	np	26.7	110
Quintile 3	25.3	26.1	22.2	28.0	np	na	np	np	24.1	95
Quintile 4	18.1	13.0	18.0	34.3	23.4	na	np	np	17.8	65

Table NHA.43.5 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Quintile 5	26.4	23.0	24.1	21.3	np	na	np	np	24.7	73

- (a) The reported rate is the number of unplanned/unexpected readmissions per 1000 separations.
- (b) The denominator for calculating the reported rate is limited to those separations which have a separation date between 1 July 2008 and 19 May 2009. In addition, the denominator excludes those separations where the patient died in hospital.
- (c) Total rates and numbers for Australia do not include WA and Tasmania.
- (d) The Australian totals for Indigenous/Other Australians do not include data for the ACT or Tasmania.
- (e) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of separations for people living in that remoteness area and hospitalised in the reporting jurisdiction.
- (f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of separations for people living in that SEIFA quintile and hospitalised in the reporting jurisdiction.
- .. Not applicable. – Nil or rounded to zero. **np** Not published.

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

Table NHA.43.6 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by SEIFA deciles, National, 2008-09 (rate per 1000 separations) (a), (b), (c)

	<i>Knee replacement</i>	<i>Hip replacement</i>	<i>Tonsillectomy and Adenoidectomy</i>	<i>Hysterectomy</i>	<i>Prostatectomy</i>	<i>Cataract surgery</i>	<i>Appendicectomy</i>
SEIFA by residence (d)							
Decile 1	23.4	11.6	21.8	40.5	30.4	6.3	27.3
Decile 2	25.0	18.4	27.8	35.4	32.0	2.4	15.8
Decile 3	28.9	16.3	24.4	36.0	30.3	2.5	28.3
Decile 4	31.7	31.7	22.0	33.6	36.2	2.1	25.1
Decile 5	24.5	22.2	24.5	21.9	22.5	3.1	25.1
Decile 6	15.9	23.4	30.9	39.1	29.2	4.7	23.1
Decile 7	25.4	22.0	30.1	32.6	28.5	4.9	18.4
Decile 8	27.1	27.5	34.0	28.3	36.2	3.8	17.2
Decile 9	22.5	20.5	23.6	22.3	31.3	5.5	27.9
Decile 10	30.5	np	26.7	22.9	24.1	8.3	21.3

(a) The reported rate is the number of unplanned/unexpected readmissions per 1000 separations.

(b) This indicator is limited to public hospitals.

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

(d) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

np Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database.

Table NHA.43.7

Table NHA.43.7 **Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by State and Territory, 2007-08 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Surgical procedure prior to separation										
Knee replacement	29.7	21.5	36.3	23.5	20.0	na	np	np	28.3	221
Hip replacement	14.8	23.5	21.1	15.4	15.1	na	np	np	18.1	111
Tonsillectomy and Adenoidectomy	23.7	27.3	31.6	38.5	20.7	na	26.1	np	26.5	442
Hysterectomy	27.8	32.4	34.7	31.2	23.5	na	np	np	30.1	291
Prostatectomy	30.6	25.2	36.8	30.1	33.1	na	np	np	30.2	205
Cataract surgery	3.1	2.8	3.3	3.7	3.8	na	np	12.0	3.2	136
Appendicectomy	19.7	23.2	23.7	27.3	25.6	na	13.6	np	21.8	398

(a) The reported rate is the number of unplanned/unexpected readmissions per 1000 separations.

(b) This indicator is limited to public hospitals.

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

na Not available. **np** Not published.

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

Table NHA.43.8

Table NHA.43.8 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Knee replacement										
Hospital peer group										
Peer group A	36.1	22.6	37.5	29.1	21.6	na	np	np	32.5	165
Peer group B	23.3	15.3	31.1	38.0	np	na	np	..	21.8	36
Other peer groups	18.1	24.3	–	15.5	np	na	..	–	20.0	20
Indigenous status (d)										
Indigenous	np	np	np	np	np	na	np	np	np	np
Other Australians	30.0	21.6	36.5	23.7	20.0	na	np	np	28.6	217
Remoteness of residence (e)										
Major cities	30.9	21.2	43.3	28.5	22.2	na	np	–	30.6	146
Inner regional	28.8	24.1	24.6	np	np	na	np	–	25.2	51
Outer regional	24.0	np	np	np	np	na	np	np	24.1	np
Remote & Very remote	np	np	np	np	np	na	np	np	20.4	np
SEIFA of residence (f)										
Quintile 1	23.5	23.2	32.0	np	20.2	na	np	np	25.3	58
Quintile 2	38.3	15.7	26.4	31.5	np	na	np	np	30.5	64
Quintile 3	36.4	20.3	47.9	np	np	na	np	np	31.4	46
Quintile 4	30.5	28.7	36.7	np	np	na	np	np	31.8	37
Quintile 5	np	np	np	np	np	na	np	np	20.5	16
Hip replacement										
Hospital peer group										
Peer group A	18.3	22.1	22.4	np	18.3	na	np	np	19.9	82

Table NHA.43.8 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Peer group B	12.9	37.4	np	np	np	na	np	..	17.1	20
Other peer groups	np	np	–	15.9	np	na	..	–	11.8	9
Indigenous status (d)										
Indigenous	np	np	np	np	np	na	np	np	np	np
Other Australians	14.9	23.5	21.2	15.5	15.3	na	np	np	18.7	111
Remoteness of residence (e)										
Major cities	13.4	30.3	20.3	19.5	np	na	np	–	18.0	65
Inner regional	20.5	17.1	27.6	np	np	na	np	–	20.0	34
Outer regional	np	np	np	np	np	na	np	np	16.1	12
Remote & Very remote	np	np	np	np	np	na	–	np	np	np
SEIFA of residence (f)										
Quintile 1	12.4	12.9	26.6	np	17.9	na	np	np	16.4	26
Quintile 2	15.5	12.2	np	np	np	na	np	np	13.1	22
Quintile 3	18.3	28.2	27.8	21.1	np	na	np	np	23.2	28
Quintile 4	np	40.3	np	np	np	na	np	np	20.5	19
Quintile 5	16.8	35.1	np	np	np	na	np	np	22.2	16
Tonsillectomy and Adenoidectomy										
Hospital peer group										
Peer group A	25.4	29.4	33.5	57.0	23.8	na	np	np	28.9	312
Peer group B	26.6	24.5	np	14.2	np	na	np	..	24.5	76
Other peer groups	10.0	27.7	np	26.7	16.0	na	..	np	19.8	54
Indigenous status (d)										

Table NHA.43.8 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Indigenous	21.3	np	33.0	np	np	na	np	np	23.4	15
Other Australians	23.9	27.4	31.5	39.2	21.2	na	27.2	np	26.6	418
Remoteness of residence (e)										
Major cities	23.6	25.7	43.0	49.7	22.2	na	29.3	–	28.0	281
Inner regional	24.0	27.7	13.1	47.1	np	na	np	–	22.5	102
Outer regional	21.8	33.8	14.7	np	26.7	na	np	np	29.0	51
Remote & Very remote	np	np	np	np	np	na	–	np	21.9	8
SEIFA of residence (f)										
Quintile 1	20.0	30.3	25.2	94.9	21.8	na	np	np	24.0	110
Quintile 2	23.9	31.5	31.7	44.0	14.4	na	np	np	27.0	117
Quintile 3	19.4	27.0	27.2	np	np	na	np	np	24.2	84
Quintile 4	22.8	23.6	44.3	38.5	29.2	na	np	np	31.4	83
Quintile 5	43.8	14.2	28.8	28.6	np	na	np	np	29.0	48
Hysterectomy										
Hospital peer group										
Peer group A	27.2	37.0	31.1	35.1	18.3	na	np	np	29.7	182
Peer group B	25.6	28.8	37.4	32.6	np	na	np	..	28.9	55
Other peer groups	34.3	26.5	np	24.6	30.3	na	..	–	33.5	54
Indigenous status (d)										
Indigenous	np	np	np	np	np	na	np	np	44.2	10
Other Australians	27.7	31.6	35.0	31.3	24.1	na	np	np	30.1	280
Remoteness of residence (e)										

Table NHA.43.8 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Major cities	23.1	33.3	30.3	49.3	17.6	na	np	–	26.9	150
Inner regional	37.2	30.3	39.5	np	np	na	np	–	34.2	90
Outer regional	27.6	33.9	42.0	33.0	28.7	na	np	np	33.7	43
Remote & Very remote	np	np	np	np	np	na	–	np	np	5
SEIFA of residence (f)										
Quintile 1	24.0	32.4	35.8	np	29.1	na	np	np	29.7	80
Quintile 2	35.2	26.4	26.6	37.0	np	na	np	np	30.1	77
Quintile 3	22.0	38.3	46.2	np	np	na	np	np	33.6	65
Quintile 4	24.5	36.9	25.8	np	np	na	np	np	27.8	43
Quintile 5	21.7	24.9	np	np	np	na	np	np	25.0	23
Prostatectomy										
Hospital peer group										
Peer group A	34.5	28.7	32.5	50.0	38.3	na	np	np	32.8	141
Peer group B	17.2	12.7	62.5	23.6	29.6	na	np	..	22.1	30
Other peer groups	27.3	34.4	48.8	np	30.1	na	..	–	32.2	34
Indigenous status (d)										
Indigenous	np	np	np	np	np	na	np	np	42.6	np
Other Australians	30.5	25.2	37.4	28.6	33.2	na	np	np	30.0	np
Remoteness of residence (e)										
Major cities	30.6	20.0	35.0	46.4	35.4	na	np	–	28.3	117
Inner regional	33.2	32.8	26.4	84.2	np	na	np	–	30.9	52
Outer regional	21.2	32.3	np	np	np	na	np	np	32.4	28

Table NHA.43.8 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Remote & Very remote	np	np	np	np	np	na	–	np	np	6.0
SEIFA of residence (f)										
Quintile 1	30.3	26.9	24.4	np	23.9	na	np	np	27.5	55
Quintile 2	30.8	28.8	np	np	np	na	np	np	30.3	53
Quintile 3	26.8	25.9	50.9	69.0	np	na	np	np	30.8	39
Quintile 4	32.3	21.3	51.9	21.3	np	na	np	np	34.4	35
Quintile 5	29.1	19.6	np	np	np	na	np	np	28.1	21
Cataract surgery										
Hospital peer group										
Peer group A	3.8	2.8	3.6	13.8	7.8	na	np	np	4.2	78
Peer group B	np	3.8	np	np	np	na	np	..	2.8	27
Other peer groups	2.9	1.4	np	np	np	na	..	np	2.1	31
Indigenous status (d)										
Indigenous	np	np	np	np	np	na	np	np	6.8	5
Other Australians	3.1	2.8	3.1	3.4	3.6	na	np	np	3.1	130
Remoteness of residence (e)										
Major cities	4.6	3.7	2.0	np	5.0	na	np	np	3.9	96
Inner regional	0.9	1.3	5.1	7.2	–	na	np	–	1.4	15
Outer regional	np	np	5.4	np	np	na	np	np	3.6	21
Remote & Very remote	np	np	np	np	np	na	–	np	np	4
SEIFA of residence (f)										
Quintile 1	4.5	2.3	3.3	np	np	na	np	np	3.3	40

Table NHA.43.8 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Quintile 2	1.3	1.7	0.9	np	7.2	na	np	np	1.9	23
Quintile 3	2.2	3.7	6.4	5.3	np	na	np	np	3.8	31
Quintile 4	4.3	2.1	2.4	6.5	np	na	—	np	3.0	19
Quintile 5	7.2	5.3	1.9	np	np	na	np	np	5.1	23
Appendicectomy										
Hospital peer group										
Peer group A	21.1	22.7	23.1	27.1	28.9	na	np	np	22.3	308
Peer group B	17.0	25.0	28.6	27.8	np	na	np	..	22.1	66
Other peer groups	18.9	22.2	np	27.8	np	na	..	np	18.8	24
Indigenous status (d)										
Indigenous	np	np	np	41.4	np	na	np	np	17.9	10
Other Australians	19.8	22.8	24.1	26.2	26.1	na	13.8	np	22.1	381
Remoteness of residence (e)										
Major cities	19.6	23.8	26.5	33.1	30.6	na	12.7	np	22.6	269
Inner regional	22.5	22.6	15.6	np	np	na	np	np	20.9	83
Outer regional	13.2	23.3	20.3	np	np	na	np	np	19.3	35
Remote & Very remote	np	np	np	np	np	na	np	np	20.9	8
SEIFA of residence (f)										
Quintile 1	14.6	26.6	27.7	np	30.1	na	np	np	22.6	92
Quintile 2	20.2	21.0	31.7	np	18.7	na	np	np	21.9	85
Quintile 3	28.4	24.6	17.9	np	np	na	np	np	23.7	85
Quintile 4	17.4	22.6	17.7	np	29.4	na	np	np	19.9	72

Table NHA.43.8 Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by Indigenous status, hospital peer group, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (rate per 1000 separations) (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>	<i>Aust (c)</i>
	<i>rate per 1000 separations</i>									<i>no.</i>
Quintile 5	19.2	22.3	25.8	np	np	na	np	np	20.9	61

- (a) The reported rate is the number of unplanned/unexpected readmissions per 1000 separations.
- (b) The denominator for calculating the reported rate is limited to those separations which have a separation date between 1 July 2008 and 19 May 2009. In addition, the denominator excludes those separations where the patient died in hospital.
- (c) Total rates and numbers for Australia do not include WA and Tasmania.
- (d) The Australian totals for Indigenous/Other Australians do not include data for the ACT or Tasmania.
- (e) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Hence, rates represent the number of separations for patients living in each remoteness area divided by the total number of separations for people living in that remoteness area and hospitalised in the reporting jurisdiction.
- (f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Hence, rates represent the number of separations for patients in each SEIFA quintile divided by the total number of separations for people living in that SEIFA quintile and hospitalised in the reporting jurisdiction.
- .. Not applicable. – Nil or rounded to zero. **np** Not published.

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

Table NHA.43.9

Table NHA.43.9 **Rate of unplanned/unexpected readmission within 28 days of selected surgical admissions, by SEIFA deciles, National, 2007-08 (rate per 1000 separations) (a), (b), (c)**

	<i>Knee replacement</i>	<i>Hip replacement</i>	<i>Tonsillectomy and Adenoidectomy</i>	<i>Hysterectomy</i>	<i>Prostatectomy</i>	<i>Cataract surgery</i>	<i>Appendicectomy</i>
SEIFA by residence (d)							
Decile 1	27.1	12.8	24.5	32.9	28.3	4.6	27.3
Decile 2	23.4	19.8	23.6	26.4	26.8	2.0	17.3
Decile 3	22.1	8.3	31.2	27.8	29.4	2.3	18.4
Decile 4	39.4	17.9	22.1	32.7	31.3	1.5	25.7
Decile 5	30.5	23.1	23.0	37.1	33.2	3.3	23.6
Decile 6	32.4	23.2	25.5	29.6	27.8	4.3	23.8
Decile 7	24.5	16.2	35.4	28.0	25.1	3.2	21.2
Decile 8	37.9	24.3	27.5	27.6	45.7	2.9	18.7
Decile 9	20.0	29.9	28.2	24.0	30.8	5.0	18.7
Decile 10	21.2	np	29.9	26.5	23.9	5.3	23.2

(a) The reported rate is the number of unplanned/unexpected readmissions per 1000 separations.

(b) This indicator is limited to public hospitals.

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

(d) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

np Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database.

NHA Indicator 44:

Survival of people diagnosed with cancer

Table NHA.44.1 Five-year relative survival proportions for people diagnosed with cancer (relative rate), by sex, remoteness and SEIFA quintiles, National, 2006–2010 (a)

	<i>per cent</i>	<i>variability band (per cent)</i>
Sex		
Males	65.0	64.7–65.2
Females	67.2	66.9–67.5
Remoteness of residence		
Major cities	66.3	66.1–66.5
Inner regional	65.7	65.3–66.1
Outer regional	64.6	64.0–65.2
Remote and Very remote	62.3	60.7–63.8
SEIFA of residence (b)		
Quintile 1	62.8	62.4–63.2
Quintile 2	64.2	63.8–64.6
Quintile 3	65.4	65.0–65.9
Quintile 4	67.1	66.7–67.5
Quintile 5	70.5	70.1–70.9

(a) Excluding basal cell and squamous cell carcinoma of the skin which are not mandated for collection. Cancer cases diagnosed up to and including 2007 were followed for deaths (from any cause) to 31 December 2010.

(b) SEIFA quintiles are based on the SEIFA IRSD, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. SEIFA quintiles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006. Not all quintiles are represented in every jurisdiction.

Source: ABS (unpublished) concordances from Postal Area to Remoteness Area; ABS (unpublished) concordances from Postal Area to Statistical Local Area; ABS (unpublished) concordances between Statistical Local Areas; ABS (unpublished) Estimated Residential Population, 30 June 2006 and 30 June 2007; ABS (2008) *Socio-economic Indexes for Areas (SEIFA), Data only, 2006*, 26 March 2008; AIHW (unpublished) Australian Cancer Database; AIHW (unpublished) National Mortality Database.

Table NHA.44.2 Five-year relative survival proportions for people diagnosed with cancer (relative rate), by sex, remoteness and SEIFA quintiles, National, 2002–2006 (a)

	<i>per cent</i>	<i>variability band (per cent)</i>
Sex		
Males	60.2	60.0–60.5
Females	65.2	64.9–65.5
Remoteness of residence (b)		
Major cities	62.9	62.6–63.1
Inner regional	62.1	61.7–62.5
Outer regional	60.6	60.1–61.2
Remote and Very remote	59.7	58.3–61.1
SEIFA of residence (c)		
Quintile 1	58.2	57.8–58.7
Quintile 2	61.3	60.8–61.7
Quintile 3	62.2	61.7–62.6
Quintile 4	64.4	63.9–64.8
Quintile 5	67.2	66.7–67.6

(a) Excluding non-melanocytic skin cancer which is not mandated for collection. Cancer cases diagnosed up to and including 2004 were followed for deaths (from any cause) up to 31 December 2006.

(b) Cancers diagnosed in 1997 to 2004.

(c) SEIFA quintiles are based on the SEIFA IRSD, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory. SEIFA quintiles are based on 2006 classifications. The accuracy of these classifications decreases over time due to changes in demographics within postcode boundaries since 2006. Not all quintiles are represented in every jurisdiction.

Source: ABS (unpublished) concordances from Postal Area to Remoteness Area; ABS (unpublished) concordances from Postal Area to Statistical Local Area; ABS (unpublished) concordances between Statistical Local Areas; ABS (unpublished) Estimated Residential Population, 30 June 2002–30 June 2005; ABS (2006) *Socio-economic Indexes for Areas (SEIFA) 2001, Australia*, 5 October 2006; AIHW (unpublished) Australian Cancer Database; AIHW (unpublished) National Mortality Database.

NHA Indicator 45:

Rates of services: Overnight separations

Table NHA.45.1

Table NHA.45.1 **Overnight separations, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Hospital sector										
Private	38.2	51.7	60.6	53.5	51.2	np	np	np	48.7	1 118 150
Public	114.0	108.4	102.0	105.5	119.6	95.0	122.0	184.7	110.2	2 495 229
Indigenous status (d)										
Indigenous	244.2	234.6	281.7	360.9	354.6	117.9	273.8	370.4	293.0	119 263
Other Australians	151.8	161.4	159.6	153.4	170.5	143.2	168.8	150.1	157.3	3 355 776
Remoteness of residence (e)										
Major cities	146.3	152.6	152.7	147.8	161.2	..	138.5	..	150.3	2 326 367
Inner regional	157.8	179.3	173.3	169.1	165.1	139.5	np	..	167.7	775 397
Outer regional	181.0	191.8	167.2	185.3	225.6	142.7	..	160.8	179.1	382 385
Remote	240.7	268.0	221.6	209.9	210.0	143.0	..	219.4	218.0	67 658
Very remote	256.3	..	251.3	232.8	230.4	160.9	..	303.4	260.6	41 434
SEIFA of residence (f)										
Quintile 1	167.3	163.8	188.3	247.8	198.5	137.1	np	255.1	177.3	815 293
Quintile 2	149.6	175.9	179.4	168.8	168.9	186.8	np	203.9	164.4	772 007
Quintile 3	157.2	163.2	157.7	153.9	179.8	139.7	303.0	252.2	160.1	721 239
Quintile 4	140.1	157.0	151.7	152.9	142.7	137.3	191.0	137.7	150.0	654 948
Quintile 5	138.3	143.8	131.2	138.6	137.4	..	128.7	174.0	138.4	629 066
Total (g)	152.2	160.2	162.6	159.0	170.8	np	np	np	158.9	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (g)	1 139 801	913 872	724 964	356 538	303 127	np	np	np	3 613 379	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

Table NHA.45.1 Overnight separations, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
<p>(b) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.</p> <p>(c) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.</p> <p>(d) Indigenous status data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.</p> <p>(e) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area (regardless of their jurisdiction of residence) divided by the total number of people living in that remoteness area in the reporting jurisdiction.</p> <p>(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients in each SEIFA quintile (regardless of their jurisdiction of residence) divided by the total number of people in that SEIFA quintile in the reporting jurisdiction.</p> <p>(g) Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown, not stated or could not be allocated a SEIFA index.</p> <p>.. Not applicable. np Not published.</p>										

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

Table NHA 45.2 Overnight separations, by SEIFA deciles, National, 2009-10 (a), (b)

	<i>Aust</i>	<i>Aust</i>
<i>age-standardised rate per 1000 population</i>		<i>no.</i>
SEIFA of residence		
Decile 1	180.6	403 657
Decile 2	173.8	411 636
Decile 3	169.6	377 676
Decile 4	159.8	394 331
Decile 5	164.6	368 897
Decile 6	156.1	352 342
Decile 7	145.9	312 752
Decile 8	154.0	342 196
Decile 9	142.2	333 371
Decile 10	134.3	295 695

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital.

Source: AIHW (unpublished), National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2009.

Table NHA.45.3

Table NHA.45.3 **Overnight separations, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Hospital sector										
Private	37.2	51.1	60.9	54.6	52.3	np	np	np	48.6	1 064 784
Public	115.3	108.1	101.2	106.6	120.7	89.2	117.8	186.3	110.4	2 380 460
Indigenous status (c)										
Indigenous	234.2	202.4	279.3	379.6	377.8	110.8	291.0	350.4	281.3	111 090
Other Australians	152.3	160.4	159.4	155.0	172.4	145.1	164.5	158.0	157.5	3 201 928
Remoteness of residence (d)										
Major cities	144.8	152.1	149.8	149.9	161.9	..	135.3	..	149.4	2 205 304
Inner regional	163.8	176.3	176.1	169.2	169.3	138.1	np	..	169.6	743 467
Outer regional	182.5	193.6	170.5	189.2	231.4	150.2	..	176.4	183.0	372 111
Remote	252.4	248.1	231.4	208.9	212.1	170.2	..	216.8	222.7	66 475
Very remote	271.2	..	256.8	256.6	256.6	173.8	..	270.6	263.3	39 807
SEIFA of residence (e)										
Quintile 1	166.3	166.0	188.7	260.6	199.7	139.9	np	241.3	177.7	780 334
Quintile 2	153.0	176.1	179.4	171.2	168.3	191.8	np	229.3	166.4	740 505
Quintile 3	158.5	159.3	153.3	151.2	171.1	146.7	284.1	264.9	157.9	680 570
Quintile 4	141.7	155.6	155.0	160.0	155.9	130.1	183.7	149.5	152.3	623 263
Quintile 5	135.5	144.2	131.6	142.1	142.1	—	127.2	172.3	138.1	601 366
Total	152.5	159.2	162.2	161.1	173.0	np	np	np	159.0	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number	1 096 829	865 632	681 609	337 839	296 833	np	np	np	3 445 244	

(a) Rates are age standardised to the Australian population as at 30 June 2001.

(b) The high rates for ACT are due to in part to ACT separations that include interstate separations, and use ACT population as the denominator.

Table NHA.45.3 Overnight separations, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
(c) Indigenous status data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.										
(d) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness population group (regardless of where they reside) divided by the number of people in that remoteness population group in the jurisdiction of hospitalisation.										
(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each SEIFA population group (regardless of where they reside) divided by the number of people in that SEIFA population group in the jurisdiction of hospitalisation.										

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

Source: AIHW (unpublished), National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2007; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2007, Series B, Cat. no. 3238.0.

NHA Indicator 46:

Rates of service: Outpatient occasions of service

Table NHA.46.1

Table NHA.46.1 **Public hospital outpatient occasions of service, by State and Territory, 2009-10 (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas (c)	ACT	NT	Aust	Aust
	rate per 1000 population									no.
Type of outpatient care										
Allied health	96.9	199.9	145.2	487.7	108.5	220.8	85.4	52.0	175.2	3 848 123
Dental	68.0	65.4	..	5.6	5.5	2.7	..	..	39.4	864 430
Dialysis	7.0	..	—	..	..	..	..	..	2.3	50 045
Drug and alcohol	197.5	15.8	24.4	..	..	..	..	..	73.0	1 602 611
Endoscopy	2.4	..	2.5	..	14.5	1.2	7.4	..	2.5	54 723
Mental health	97.3	127.8	17.3	35.5	16.9	3.2	5.0	..	71.8	1 577 636
Other medical/ surgical/obstetric	730.0	302.6	607.9	353.1	570.9	440.9	984.8	596.2	545.0	11 972 166
Total outpatient care (d), (e)	1 199.1	711.5	797.3	881.8	716.3	668.7	1 082.6	648.2	909.1	19 969 734

(a) Crude rate based on the ABS Estimated Resident Population at 30 June 2009.

(b) Outpatient services delivered in group sessions by in-scope hospitals are excluded. All outpatient occasions of services delivered in public psychiatric hospitals are excluded.

(c) For 2009–10, Tasmania was not able to provide occasions of service data for one hospital that reported about 280,000 occasions of service to the National Public Hospitals Establishment Database in 2008-09. This represented a little under one third of total Tasmanian occasions of service in 2008-09.

(d) Total excludes the following types of non-admitted care: Accident and Emergency, Pharmacy, Community Health, District nursing, Pathology, Radiology and organ imaging, and Other outreach.

(e) It is possible that a single occasion of service may have more than one outpatient type recorded if a person attends multiple clinics in a single 'session', so the total could be less than the sum of the components.

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

Source: AIHW (unpublished), National Public Hospital Establishments Database; ABS (unpublished) Estimated Residential Population, 30 June 2009.

NHA Indicator 47:

Rates of services: Non-acute care separations

Table NHA.47.1

Table NHA.47.1 **Non-acute care separations, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Hospital sector										
Private	2.3	3.0	2.2	2.0	2.1	np	np	np	2.4	57 867
Public	5.0	5.7	5.0	5.6	4.5	np	np	np	5.3	127 544
Indigenous status (e)										
Indigenous	7.1	12.1	13.5	12.2	7.3	3.0	33.2	11.7	10.6	2 566
Other Australians	7.6	9.0	7.1	7.6	6.9	5.1	19.2	5.1	7.8	173 759
Remoteness of residence (f)										
Major cities	7.8	9.2	7.9	7.8	7.2	..	15.7	..	8.3	133 214
Inner regional	6.3	7.9	6.3	6.7	4.1	5.8	np	..	6.7	35 304
Outer regional	6.1	6.9	5.7	6.9	4.8	3.3	..	7.6	6.0	13 752
Remote	7.6	8.3	4.9	7.9	4.6	2.9	..	4.8	5.9	1 630
Very remote	5.1	..	7.4	6.6	5.4	5.7	..	10.5	7.6	895
SEIFA of residence (g)										
Quintile 1	7.1	7.8	7.3	7.8	6.8	3.9	np	8.8	7.1	35 443
Quintile 2	5.8	8.0	7.6	8.2	6.4	4.9	np	5.3	6.9	36 079
Quintile 3	8.3	8.8	6.7	7.4	6.8	6.0	34.9	10.2	7.9	36 673
Quintile 4	6.8	9.0	7.6	8.4	6.3	7.9	20.5	4.7	8.0	34 835
Quintile 5	9.1	9.7	6.5	6.8	5.9	..	14.5	8.0	8.7	41 752
Total (h)	7.3	8.7	7.2	7.6	6.5	5.0	19.4	7.6	7.7	
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (h)	59 680	53 128	32 053	16 859	13 663	np	np	np	185 411	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Caution should be used in the interpretation of these data as there is some variation in the use of care type categories between jurisdictions.

Table NHA.47.1 **Non-acute care separations, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (d)	NT	Aust	Aust
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>

- (c) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (d) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.
- (e) Indigenous status data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.
- (f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area (regardless of their jurisdiction of residence) divided by the total number of people living in that remoteness area in the reporting jurisdiction.
- (g) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients in each SEIFA quintile (regardless of their jurisdiction of residence) divided by the total number of people in that SEIFA quintile in the reporting jurisdiction.
- (h) Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown, not stated or could not be allocated a SEIFA index.

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

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

Table NHA 47.2

Table NHA 47.2 **Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Rehabilitation										
Hospital sector										
Private	2.3	2.7	1.5	0.8	1.9	np	np	np	2.0	49 038
Public	2.6	2.5	2.2	3.8	1.7	np	np	np	2.6	61 166
Indigenous status (e)										
Indigenous	4.0	7.7	5.5	6.2	4.1	1.7	17.5	3.0	4.9	1 285
Other Australians	5.1	5.3	3.6	4.6	3.8	3.6	10.1	0.8	4.7	103 637
Remoteness of residence (f)										
Major cities	5.4	5.4	4.2	5.1	4.0	..	8.2	..	5.1	81 126
Inner regional	4.0	4.7	3.3	3.3	2.5	4.3	np	..	4.0	20 720
Outer regional	3.2	4.5	2.2	2.8	2.8	2.1	..	1.0	3.0	6 778
Remote	3.7	6.0	1.8	4.0	3.2	1.9	..	1.5	2.9	836
Very remote	2.2	..	2.0	3.0	3.5	1.5	..	2.2	2.5	320
SEIFA of residence (g)										
Quintile 1	4.5	4.1	3.7	3.4	3.5	2.6	np	1.6	4.0	19 541
Quintile 2	3.6	4.7	3.8	4.8	3.6	3.4	np	0.5	4.0	20 846
Quintile 3	5.3	4.9	3.3	4.5	3.8	4.4	16.1	2.0	4.5	21 065
Quintile 4	4.6	5.4	4.0	5.3	3.8	6.2	10.5	0.8	4.8	20 815
Quintile 5	6.9	6.2	3.7	4.3	3.9	..	7.7	0.8	5.8	27 506
Total (h)	4.9	5.1	3.7	4.6	3.7	3.5	10.2	1.3	4.6	
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (h)	39 722	30 939	16 367	10 143	7 526	np	np	np	110 204	
Palliative care										

Table NHA 47.2

Table NHA 47.2 **Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Hospital sector										
Private	0.1	0.1	0.4	0.8	0.1	np	np	np	0.2	4 528
Public	1.1	1.0	1.2	0.5	0.8	np	np	np	1.0	24 021
Indigenous status (e)										
Indigenous	1.6	1.7	2.4	2.0	1.3	0.8	np	1.4	1.9	441
Other Australians	1.1	1.1	1.6	1.3	0.9	0.6	2.0	2.7	1.2	27 100
Remoteness of residence (f)										
Major cities	1.1	1.2	1.7	1.0	1.0	..	1.8	..	1.2	19 084
Inner regional	1.1	1.0	1.5	2.0	0.8	0.8	np	..	1.2	6 158
Outer regional	1.3	0.7	1.3	2.3	0.7	0.4	..	3.8	1.2	2 878
Remote	1.0	np	0.7	1.4	0.4	np	..	0.4	0.8	228
Very remote	np	..	0.9	1.4	0.5	–	..	1.4	1.0	150
SEIFA of residence (g)										
Quintile 1	1.3	1.1	1.7	2.4	1.1	0.5	np	2.7	1.3	6 410
Quintile 2	0.9	0.9	1.8	1.4	0.8	0.4	5.9	2.9	1.1	5 593
Quintile 3	1.2	1.3	1.6	1.3	0.9	0.8	2.9	2.8	1.3	5 998
Quintile 4	1.0	1.1	1.5	1.3	0.8	1.1	2.1	2.3	1.2	5 247
Quintile 5	1.1	1.1	1.3	0.9	0.6	..	1.8	3.4	1.1	5 248
Total (h)	1.1	1.1	1.6	1.3	0.9	0.6	2.0	2.7	1.2	
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (h)	8 864	6 632	7 087	2 874	1 772	np	np	np	28 549	

Geriatric evaluation and management

Hospital sector

Table NHA 47.2

Table NHA 47.2 **Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Private	–	–	–	np	–	np	np	np	–	66
Public	0.4	2.1	0.4	0.3	0.6	np	np	np	0.9	20 985
Indigenous status (e)										
Indigenous	0.2	2.1	0.6	0.2	np	np	3.9	0.6	0.5	103
Other Australians	0.4	2.2	0.4	0.3	0.7	0.1	2.1	0.1	0.9	20 274
Remoteness of residence (f)										
Major cities	0.5	2.3	0.5	0.4	0.8	–	1.8	..	1.0	16 966
Inner regional	0.2	1.8	0.2	0.0	0.1	0.1	np	..	0.6	3 251
Outer regional	0.2	1.1	0.2	–	–	–	..	–	0.3	736
Remote	0.2	0.9	np	0.1	np	–	..	0.5	0.2	42
Very remote	np	..	0.1	np	–	–	..	0.5	0.2	21
SEIFA of residence (g)										
Quintile 1	0.2	2.3	0.3	–	0.8	–	9.5	0.2	0.7	3 762
Quintile 2	0.3	2.1	0.3	0.4	0.6	0.2	12.7	np	0.7	3 994
Quintile 3	0.8	2.2	0.4	0.3	0.6	0.1	4.4	0.5	1.0	4 673
Quintile 4	0.3	2.1	0.5	0.5	0.5	0.1	2.4	np	1.0	4 235
Quintile 5	0.5	1.8	0.4	0.2	0.3	..	1.6	–	0.9	4 352
Total (h)	0.4	2.1	0.4	0.3	0.6	0.1	2.1	0.2	0.9	
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (h)	3 459	13 200	1 697	657	1 334	np	np	np	21 051	
Psychogeriatric care										
Hospital sector										
Private	–	0.3	–	0.4	–	np	np	np	0.1	2 406

Table NHA 47.2

Table NHA 47.2 **Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Public	0.1	–	0.1	0.3	0.1	np	np	np	0.1	2 182
Indigenous status (e)										
Indigenous	0.2	np	np	0.1	np	–	–	np	0.1	19
Other Australians	0.3	0.1	0.7	0.1	–	np	0.1	np	0.2	4 542
Remoteness of residence (f)										
Major cities	0.1	0.3	0.2	0.9	0.2	..	0.1	..	0.3	4 002
Inner regional	0.1	0.1	–	0.4	0.1	np	np	..	0.1	430
Outer regional	0.1	–	–	0.2	–	–	–	–	0.1	116
Remote	–	np	np	0.2	np	–	–	–	0.1	19
Very remote	–	..	np	np	np	–	–	np	–	4
SEIFA of residence (g)										
Quintile 1	0.1	0.1	0.1	0.2	0.1	np	–	np	0.1	508
Quintile 2	0.1	0.1	0.1	0.7	0.2	–	np	–	0.1	750
Quintile 3	0.1	0.2	0.1	0.6	0.1	–	np	–	0.2	885
Quintile 4	0.1	0.3	0.2	0.8	0.1	–	0.1	–	0.2	935
Quintile 5	0.1	0.5	0.1	0.9	0.2	–	0.1	–	0.3	1 493
Total (h)	0.1	0.3	0.1	0.7	0.1	np	0.1	np	0.2	
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (h)	706	1 486	522	1 587	259	np	np	np	4 588	
Maintenance care										
Hospital sector										
Private	–	–	0.3	0.1	–	np	np	np	0.1	1 829
Public	0.8	0.1	1.1	0.6	1.2	np	np	np	0.8	19 190

Table NHA 47.2

Table NHA 47.2 **Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Indigenous status (e)										
Indigenous	1.2	0.5	4.9	3.4	1.5	np	9.5	6.7	3.1	718
Other Australians	0.9	0.1	1.4	0.7	1.4	0.8	4.9	1.6	0.8	18 206
Remoteness of residence (f)										
Major cities	0.7	–	1.3	0.5	1.3	..	3.8	..	0.7	12 036
Inner regional	1.0	0.4	1.3	0.9	0.7	0.7	np	..	0.9	4 745
Outer regional	1.4	0.5	1.9	1.6	1.2	0.8	..	2.8	1.4	3 244
Remote	2.7	0.5	2.3	2.2	1.0	0.5	..	2.4	2.0	505
Very remote	1.3	..	4.3	2.2	1.4	4.2	..	6.2	3.8	400
SEIFA of residence (g)										
Quintile 1	0.9	0.2	1.6	1.8	1.3	0.7	np	4.2	1.0	5 222
Quintile 2	0.9	0.2	1.6	0.9	1.3	1.0	np	1.6	0.9	4 896
Quintile 3	0.9	0.2	1.3	0.7	1.4	0.7	11.3	5.0	0.9	4 052
Quintile 4	0.7	0.1	1.5	0.6	1.1	0.6	5.3	1.5	0.8	3 603
Quintile 5	0.6	–	1.0	0.5	1.1	..	3.3	3.7	0.6	3 153
Total (h)	0.8	0.1	1.4	0.7	1.2	0.7	5.0	3.4	0.9	
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (h)	6 929	871	6 380	1 598	2 772	np	np	np	21 019	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Caution should be used in the interpretation of these data as there is some variation in the use of care type categories between jurisdictions.

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

Table NHA 47.2 Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b), (c)

<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (d)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
<i>age-standardised rate per 1000 population</i>									<i>no.</i>

- (d) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.
- (e) Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.
- (f) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area (regardless of their jurisdiction of residence) divided by the total number of people living in that remoteness area in the reporting jurisdiction.
- (g) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients in each SEIFA quintile (regardless of their jurisdiction of residence) divided by the total number of people in that SEIFA quintile in the reporting jurisdiction.
- (h) Total includes separations for which a SEIFA category could not be assigned as the place of residence was unknown, not stated or could not be allocated a SEIFA index.
- .. Not applicable. – Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished) National Hospital Morbidity database (Admitted Patient Care National Minimum Data Set); ABS (unpublished) Estimated Residential Population, 30 June 2009.

Table NHA.47.3 Non-acute care separations, by SEIFA deciles, National, 2009-10 (age-standardised rate per 1000 population)
(a), (b)

	<i>Rehabilitation</i>	<i>Palliative care</i>	<i>Geriatric evaluation and management</i>	<i>Psychogeriatric care</i>	<i>Maintenance care</i>	<i>Total</i>
	<i>age-standardised rate per 1000 population</i>					
SEIFA of residence (c)						
Decile 1	4.0	1.2	0.9	0.1	1.0	7.1
Decile 2	3.9	1.3	0.6	0.1	1.1	7.1
Decile 3	3.9	1.2	0.7	0.1	1.0	6.9
Decile 4	4.2	1.0	0.7	0.1	0.9	6.9
Decile 5	4.5	1.3	0.8	0.2	1.0	7.7
Decile 6	4.5	1.3	1.2	0.2	0.7	8.0
Decile 7	4.5	1.1	1.0	0.2	0.9	7.8
Decile 8	5.1	1.3	0.9	0.2	0.7	8.2
Decile 9	5.7	1.1	1.1	0.4	0.6	9.0
Decile 10	5.9	1.1	0.6	0.2	0.6	8.4
Total (d)	4.6	1.2	0.9	0.2	0.9	7.7

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Caution should be used in the interpretation of these data as there is some variation in the use of care type categories between jurisdictions.

(c) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

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

Source: AIHW (unpublished) National Hospital Morbidity database; ABS (unpublished) Estimated Residential Population, 30 June 2009.

Table NHA.47.4

Table NHA.47.4 **Non-acute care separations, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Hospital sector										
Private	2.0	2.7	2.0	1.5	1.9	np	np	np	2.1	48 165
Public	4.6	5.6	4.4	6.3	3.9	3.4	15.1	9.3	5.0	114 516
Indigenous status (d)										
Indigenous	6.4	9.4	10.1	12.8	7.0	np	np	10.0	9.1	2 100
Other Australians	6.9	8.6	6.3	7.8	6.2	np	np	7.2	7.2	152 919
Remoteness of residence (e)										
Major cities	6.9	8.8	6.9	8.2	6.3	..	13.0	..	7.6	116 105
Inner regional	6.1	7.2	5.3	6.1	4.1	6.0	np	..	6.2	30 891
Outer regional	6.1	6.5	5.5	7.2	4.9	3.3	..	12.3	6.0	12 939
Remote	6.4	6.6	5.1	6.8	5.2	4.4	..	2.1	5.5	1 419
Very remote	5.3	..	6.7	8.4	6.8	2.8	..	6.9	7.3	783
SEIFA of residence (f)										
Quintile 1	6.3	7.4	6.5	8.9	5.9	4.1	np	8.8	6.5	30 777
Quintile 2	5.4	7.6	6.9	8.6	5.6	5.1	np	4.6	6.5	31 721
Quintile 3	7.3	8.2	5.6	7.4	5.9	6.0	27.5	19.3	7.2	31 796
Quintile 4	6.6	8.3	6.7	8.3	6.0	8.1	17.1	5.3	7.5	30 244
Quintile 5	8.3	9.5	6.1	7.0	5.9	..	12.0	5.2	8.2	37 583
Total (g)	6.7	8.3	6.3	7.8	5.8	np	np	np	7.1	
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (g)	51 734	47 931	26 620	16 128	11 668	np	np	np	162 681	

(a) Rates are age standardised to the Australian population as at 30 June 2001.

Table NHA.47.4 **Non-acute care separations, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
(b) Non-acute care separations are for overnight admissions only and include the care types Rehabilitation, Palliative care, Geriatric evaluation and management, Psychogeriatric care and Maintenance care. Caution should be used in the interpretations of these data as there is some variation in the use of care type categories between jurisdictions.										
(c) The estimated resident populations for Inner regional areas in the ACT and for Quintile 1 in the ACT are very low. The high rates for the ACT in these areas reflects the relatively large number of interstate resident patients hospitalised in the ACT.										
(d) Indigenous status data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.										
(e) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness population group (regardless of where they reside) divided by the number of people in that remoteness population group in the jurisdiction of hospitalisation.										
(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each SEIFA population group (regardless of where they reside) divided by the number of people in that SEIFA population group in the jurisdiction of hospitalisation.										
(g) Total includes separations for which a SEIFA category or remoteness area could not be assigned as the place of residence was unknown or not stated.										
.. Not applicable. np Not published.										

Source: AIHW (unpublished) National Hospital Morbidity database; ABS (unpublished) Estimated Residential Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA 47.5

Table NHA.47.5 **Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Rehabilitation										
Hospital sector										
Private	2.0	2.4	1.2	0.6	1.8	np	np	np	1.8	40 250
Public	2.6	2.3	1.9	4.0	1.9	1.9	7.0	1.4	2.5	56 805
Indigenous status (d)										
Indigenous	3.7	6.2	3.9	7.0	2.8	np	np	2.0	4.2	1 035
Other Australians	4.7	4.8	3.1	4.6	3.9	np	np	1.0	4.3	91 680
Remoteness of residence (e)										
Major cities	5.0	5.0	3.6	5.1	4.1	..	6.3	..	4.7	72 059
Inner regional	3.9	3.9	2.6	2.9	2.5	4.2	np	..	3.6	17 617
Outer regional	3.1	3.9	2.1	2.6	2.7	2.0	..	1.5	2.8	5 976
Remote	3.0	4.9	1.9	3.4	3.1	2.4	..	0.9	2.7	715
Very remote	2.7	..	2.0	4.2	3.4	np	..	1.7	2.8	321
SEIFA of residence (f)										
Quintile 1	3.9	3.8	3.1	3.7	3.6	2.6	np	1.5	3.6	16 857
Quintile 2	3.6	4.2	3.3	5.0	3.4	3.3	np	1.5	3.8	18 738
Quintile 3	4.8	4.4	2.7	4.3	3.7	4.4	14.8	1.9	4.1	18 234
Quintile 4	4.6	5.0	3.5	5.1	4.1	6.0	8.2	1.0	4.5	18 204
Quintile 5	6.4	5.8	3.3	4.3	4.0	..	5.8	0.4	5.4	24 642
Total (g)	4.6	4.7	3.2	4.6	3.7	np	np	np	4.3	
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (g)	35 400	27 078	13 250	9 462	7 347	np	np	np	97 055	
Palliative care										

Table NHA 47.5

Table NHA.47.5 **Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Hospital sector										
Private	0.1	0.1	0.4	0.8	0.1	np	np	np	0.2	4 718
Public	1.0	0.9	0.9	0.6	0.7	0.5	1.9	2.8	0.9	20 059
Indigenous status (d)										
Indigenous	1.1	1.0	2.1	2.0	1.3	np	np	1.4	1.6	338
Other Australians	1.0	1.0	1.4	1.4	0.8	np	np	2.7	1.1	23 567
Remoteness of residence (e)										
Major cities	1.0	1.0	1.5	1.2	0.8	..	1.7	..	1.1	16 754
Inner regional	1.0	0.9	1.2	1.8	0.7	0.7	np	..	1.0	5 107
Outer regional	1.2	0.5	1.2	2.7	0.7	0.3	..	4.2	1.2	2 544
Remote	0.9	0.5	0.8	1.3	0.6	np	..	0.3	0.8	224
Very remote	np	..	0.9	1.4	0.8	np	..	0.9	1.0	108
SEIFA of residence (f)										
Quintile 1	1.2	1.0	1.4	3.1	0.8	0.5	np	3.2	1.2	5 460
Quintile 2	0.9	0.9	1.7	1.4	0.7	0.6	7.3	2.2	1.0	4 967
Quintile 3	1.2	1.0	1.2	1.4	0.9	0.7	2.6	3.0	1.2	5 120
Quintile 4	1.1	0.9	1.3	1.3	0.8	0.7	1.9	2.4	1.1	4 465
Quintile 5	0.9	1.0	1.3	1.2	0.6	..	1.7	2.9	1.1	4 723
Total (g)	1.0	1.0	1.4	1.4	0.8	np	np	np	1.1	
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (g)	7 808	5 507	5 814	2 981	1 506	np	np	np	24 777	
Geriatric evaluation and management										
Hospital sector										

Table NHA 47.5

Table NHA.47.5 **Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust	Aust
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Private	–	–	–	–	–	np	np	np	–	67
Public	0.2	1.8	0.1	0.3	0.1	–	1.9	1.1	0.6	14 593
Indigenous status (d)										
Indigenous	0.2	1.5	0.3	np	np	np	np	np	0.3	57
Other Australians	0.2	2.0	0.1	0.3	0.1	np	np	0.9	0.7	14 059
Remoteness of residence (e)										
Major cities	0.2	2.0	0.2	0.4	0.1	..	1.7	..	0.7	11 226
Inner regional	0.2	1.6	0.1	–	0.1	–	np	..	0.5	2 623
Outer regional	0.3	1.2	0.2	np	–	np	..	1.7	0.4	771
Remote	0.3	0.6	np	np	–	np	..	–	0.1	18
Very remote	–	..	np	np	np	–	..	0.2	–	5
SEIFA of residence (f)										
Quintile 1	0.1	2.0	0.1	–	0.1	–	7.7	0.9	0.5	2 475
Quintile 2	0.1	1.8	0.1	0.4	0.1	–	10.1	–	0.5	2 616
Quintile 3	0.4	2.1	0.1	0.3	np	np	2.4	3.2	0.7	3 258
Quintile 4	0.3	1.7	0.2	0.5	0.1	np	2.1	0.4	0.7	2 859
Quintile 5	0.2	1.7	0.2	0.2	0.1	..	1.7	–	0.7	3 435
Total (g)	0.2	1.8	0.1	0.3	0.1	np	np	np	0.6	
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (g)	1 655	10 991	581	602	217	np	np	np	14 660	
Psychogeriatric care										
Hospital sector										
Private	–	0.2	–	–	–	np	np	np	0.1	1 495

Table NHA 47.5

Table NHA.47.5 **Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust	Aust no.
	<i>age-standardised rate per 1000 population</i>									
Public	0.1	0.4	0.1	0.3	0.1	–	0.1	0.1	0.2	4 330
Indigenous status (d)										
Indigenous	0.1	0.7	np	np	np	np	np	–	0.1	19
Other Australians	0.1	0.6	0.1	0.4	0.1	np	np	0.1	0.3	5 779
Remoteness of residence (e)										
Major cities	0.2	0.7	0.2	0.4	0.2	..	0.1	..	0.3	4 914
Inner regional	–	0.4	–	0.2	0.1	np	-	..	0.1	682
Outer regional	–	0.3	–	0.1	–	np	..	0.2	0.1	192
Remote	np	np	np	np	np	-	..	-	–	9
Very remote	–	..	np	np	-	-	..	-	np	np
SEIFA of residence (f)										
Quintile 1	0.1	0.4	0.1	0.1	0.1	0.0	–	–	0.2	784
Quintile 2	0.0	0.4	0.2	0.5	0.2	–	–	–	0.2	910
Quintile 3	0.1	0.5	0.1	0.3	0.0	np	np	0.4	0.2	1 083
Quintile 4	0.1	0.6	0.2	0.4	0.2	–	0.1	np	0.3	1 154
Quintile 5	0.2	0.9	0.1	0.3	0.2	..	0.1	–	0.4	1 868
Total (g)	0.1	0.6	0.1	0.4	0.1	np	np	np	0.3	
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (g)	914	3 422	496	705	255	np	np	np	5 825	
Maintenance care										
Hospital sector										
Private	–	–	0.3	0.1	–	np	np	np	0.1	1 635
Public	0.7	0.1	1.3	1.0	1.1	1.0	4.1	4.0	0.8	18 729

Table NHA 47.5

Table NHA.47.5 **Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Indigenous status (d)										
Indigenous	1.2	–	3.7	3.6	2.4	np	np	6.3	2.8	651
Other Australians	0.8	0.2	1.5	1.1	1.2	np	np	2.4	0.8	17 834
Remoteness of residence (e)										
Major cities	0.5	0.1	1.5	1.0	1.1	..	3.2	..	0.7	11 152
Inner regional	1.0	0.4	1.3	1.1	0.7	1.0	np	..	1.0	4 862
Outer regional	1.6	0.5	2.1	1.8	1.4	1.0	..	4.8	1.6	3 456
Remote	2.2	np	2.3	1.9	1.5	1.5	..	0.9	1.9	453
Very remote	2.0	..	3.8	2.6	2.6	np	..	4.2	3.4	347
SEIFA of residence (f)										
Quintile 1	1.0	0.2	1.7	1.9	1.2	0.9	np	3.2	1.1	5 201
Quintile 2	0.8	0.3	1.6	1.3	1.1	1.3	np	0.9	0.9	4 490
Quintile 3	0.8	0.2	1.4	1.1	1.1	0.9	7.5	10.7	0.9	4 101
Quintile 4	0.6	0.1	1.6	1.1	0.9	1.4	4.8	1.5	0.9	3 562
Quintile 5	0.4	0.0	1.2	0.9	1.0	..	2.8	1.9	0.6	2 915
Total (g)	0.7	0.2	1.5	1.2	1.1	np	np	np	0.9	
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (g)	5 957	933	6 479	2 378	2 343	np	np	np	20 364	

(a) Rates are age standardised to the Australian population as at 30 June 2001.

(b) Non-acute care separations are for overnight admissions only and include the care types Rehabilitation, Palliative care, Geriatric evaluation and management, Psychogeriatric care and Maintenance care. Caution should be used in the interpretations of these data as there is some variation in the use of care type categories between jurisdictions.

(c) The estimated resident populations for Inner regional areas in the ACT and for Quintile 1 in the ACT are very low. The high rates for the ACT in these areas reflects the relatively large number of interstate resident patients hospitalised in the ACT.

Table NHA.47.5 **Non-acute care separations, by care type, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (a), (b)**

	NSW	Vic	Qld	WA	SA	Tas	ACT (c)	NT	Aust	Aust
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>

- (d) Indigenous status data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.
- (e) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness population group (regardless of where they reside) divided by the number of people in that remoteness population group in the jurisdiction of hospitalisation.
- (f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each SEIFA population group (regardless of where they reside) divided by the number of people in that SEIFA population group in the jurisdiction of hospital.
- (g) Total includes separations for which a SEIFA category or remoteness area could not be assigned as the place of residence was unknown or not stated.

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

Source: AIHW (unpublished) National Hospital Morbidity database (Admitted Patient Care National Minimum Data Set); ABS (unpublished) Estimated Residential Population, 30 June 2008.

NHA Indicator 48:

Rates of services: hospital procedures

Table NHA.48.1

Table NHA.48.1

Selected hospital procedures, by State and Territory, 2009-10

	<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>
Procedure		<i>number</i>								
Cataract extraction	no.	70 076	48 960	41 131	21 101	15 551	5 864	2 027	914	205 624
Cholecystectomy	no.	15 604	12 790	10 405	4 677	4 043	1 219	790	364	49 892
Coronary artery bypass graft (a)	no.	3 888	3 465	2 826	624	1 083	277	212	..	12 375
Coronary angioplasty (a)	no.	11 754	9 554	6 498	3 286	2 876	850	1 033	..	35 851
Cystoscopy	no.	30 410	30 442	23 019	15 095	10 287	3 299	1 539	476	114 567
Haemorrhoidectomy	no.	19 036	8 456	6 333	2 524	2 296	1 074	391	438	40 548
Hip replacement	no.	10 655	9 337	5 686	3 553	3 189	1 137	712	65	34 334
Inguinal herniorrhaphy	no.	15 979	12 616	10 239	5 051	3 665	1 335	769	380	50 034
Knee replacement	no.	13 748	8 847	8 262	3 981	3 657	960	809	73	40 337
Myringotomy	no.	9 537	9 084	6 531	4 302	4 718	676	836	281	35 965
Tonsillectomy	no.	13 873	11 618	9 663	5 328	4 218	855	1 040	249	46 844
Varicose veins stripping and ligation	no.	3 993	4 608	2 422	1 185	1 209	386	343	82	14 228
Septoplasty	no.	7 503	7 771	4 095	2 057	2 346	246	445	100	24 563
Prostatectomy	no.	10 612	9 591	5 904	2 767	2 573	871	508	93	32 919
Hysterectomy	no.	8 185	6 081	5 745	2 843	2 331	711	434	187	26 517
Procedure		<i>age-standardised rate per 1000 population (b)</i>								
Cataract extraction	rate	8.9	8.3	9.4	9.8	7.7	9.6	6.9	8.1	8.8
Cholecystectomy	rate	2.1	2.3	2.3	2.1	2.3	2.3	2.3	1.8	2.2
Coronary artery bypass graft (a)	rate	0.5	0.6	0.6	0.3	0.6	0.5	0.7	..	0.5
Coronary angioplasty (a)	rate	1.5	1.6	1.4	1.4	1.5	1.4	3.2	..	1.5
Cystoscopy	rate	3.9	5.2	5.1	6.8	5.4	5.5	4.8	3.1	4.9
Haemorrhoidectomy	rate	2.6	1.5	1.4	1.1	1.3	2.0	1.1	2.2	1.8
Hip replacement	rate	1.3	1.6	1.3	1.6	1.6	1.8	2.3	0.5	1.4
Inguinal herniorrhaphy	rate	2.1	2.2	2.3	2.2	2.1	2.4	2.3	2.1	2.2

Table NHA.48.1

Table NHA.48.1

Selected hospital procedures, by State and Territory, 2009-10

	<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>
Knee replacement	rate	1.7	1.5	1.8	1.8	1.9	1.5	2.5	0.5	1.7
Myringotomy	rate	1.4	1.8	1.5	2.0	3.2	1.4	2.5	1.1	1.7
Tonsillectomy	rate	2.1	2.3	2.2	2.4	2.9	1.8	3.0	1.0	2.2
Varicose veins stripping and ligation	rate	0.5	0.8	0.5	0.5	0.7	0.7	1.0	0.4	0.6
Septoplasty	rate	1.0	1.4	0.9	0.9	1.4	0.5	1.2	0.4	1.1
Prostatectomy	rate	2.6	3.2	2.5	2.4	2.6	2.7	3.2	1.5	2.7
Hysterectomy	rate	3.2	3.1	3.7	3.6	3.9	3.9	3.4	2.5	3.4

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

(b) Rates are standardised to the Australian population as at 30 June 2001 and are calculated for the total population for all procedures except prostatectomy (rates calculated for the male population only) and hysterectomy (rates calculated for females aged 15–69 years).

.. Not applicable.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2009.

Table NHA.48.2

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

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

Table NHA.48.2

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

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

Table NHA.48.2

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

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

Table NHA.48.2

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

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

Table NHA.48.2

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

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

Table NHA.48.2

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

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

Table NHA.48.2

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

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

Table NHA.48.2

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

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

Table NHA.48.2

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

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

Table NHA.48.2

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

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

Table NHA.48.2

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

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

Table NHA.48.2

Table NHA.48.2 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)**

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

Table NHA.48.2 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>
(a) Rates are standardised to the Australian population as at 30 June 2001 and are calculated for the total population for all procedures except prostatectomy (rates calculated for the male population only) and hysterectomy (rates calculated for females aged 15–69 years).									
(b) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.									
(c) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.									
(d) Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(e) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area (regardless of their jurisdiction of residence) divided by the total number of people living in that remoteness area in the reporting jurisdiction.									
(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients in each SEIFA quintile (regardless of their jurisdiction of residence) divided by the total number of people in that SEIFA quintile in the reporting jurisdiction.									
(g) For ACT and Tasmania, the population denominator is people aged 15 years and over (not 15–69 years) as data on the Indigenous population aged 65–69 years is not available for these jurisdictions. Therefore, data for Tasmania and ACT may underestimate rates of hysterectomy for women aged 15–69 years.									
(h) Coronary artery bypass graft and coronary angioplasty are not performed in NT hospitals. Residents of the NT requiring these procedures receive treatment interstate.									
.. Not applicable. np Not published. — Nil									

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

Table NHA.48.3 **Selected hospital procedures, by selected age groups, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Separations for persons aged 50 to 64 years										
Procedure		<i>number of separations for persons aged 50 to 64 years</i>								
Cataract extraction	no.	10 842	7 621	7 982	3 454	2 093	820	376	288	33 476
Cholecystectomy	no.	4 457	3 546	2 925	1 369	1 153	338	240	96	14 124
Coronary artery bypass graft (c)	no.	1 273	984	916	228	348	104	64	..	3 917
Coronary angioplasty (c)	no.	4 238	3 485	2 424	1 297	1 073	325	420	..	13 262
Cystoscopy	no.	8 263	8 138	6 921	4 127	2 798	988	465	196	31 896
Haemorrhoidectomy	no.	7 261	2 907	2 402	905	912	402	160	154	15 103
Hip replacement	no.	2 755	2 298	1 461	976	764	341	180	25	8 800
Inguinal herniorrhaphy	no.	4 598	3 653	3 005	1 458	1 076	428	219	123	14 560
Knee replacement	no.	4 404	2 766	2 654	1 394	1 294	312	323	41	13 188
Myringotomy	no.	394	456	229	158	219	32	51	15	1 554
Tonsillectomy	no.	141	145	134	74	72	14	np	np	596
Varicose veins stripping and ligation	no.	1 423	1 662	919	419	454	148	128	25	5 178
Septoplasty	no.	1 647	1 645	1 037	432	592	68	107	18	5 546
Prostatectomy	no.	3 330	3 004	2 017	983	763	305	197	30	10 629
Hysterectomy	no.	2 814	2 113	1 882	841	821	204	154	57	8 886
Procedure		<i>age-standardised rate per 1000 population aged 50 to 64 years</i>								
Cataract extraction	rate	8.0	7.5	9.6	8.3	6.3	7.4	5.8	8.3	8.1
Cholecystectomy	rate	3.5	3.7	3.7	3.4	3.7	3.3	3.9	2.7	3.6
Coronary artery bypass graft (c)	rate	1.0	1.0	1.1	0.6	1.1	1.0	1.0	..	1.0
Coronary angioplasty (c)	rate	3.2	3.5	3.0	3.2	3.4	3.1	6.7	..	3.3
Cystoscopy	rate	6.3	8.3	8.5	10.1	8.8	9.4	7.4	5.6	7.9
Haemorrhoidectomy	rate	5.7	3.0	3.0	2.3	2.9	3.9	2.6	4.4	3.8

Table NHA.48.3

Table NHA.48.3 **Selected hospital procedures, by selected age groups, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Hip replacement	rate	2.1	2.3	1.8	2.4	2.3	3.2	2.8	0.7	2.1
Inguinal herniorrhaphy	rate	3.5	3.7	3.8	3.6	3.4	4.2	3.5	3.5	3.6
Knee replacement	rate	3.3	2.8	3.2	3.4	4.0	2.9	5.1	1.2	3.2
Myringotomy	rate	0.3	0.5	0.3	0.4	0.7	0.3	0.8	0.4	0.4
Tonsillectomy	rate	0.1	0.2	0.2	0.2	0.2	0.1	np	np	0.2
Varicose veins stripping and ligation	rate	1.1	1.7	1.2	1.0	1.5	1.5	2.0	0.7	1.3
Septoplasty	rate	1.3	1.7	1.3	1.1	1.9	0.7	1.7	0.5	1.4
Prostatectomy	rate	5.0	6.0	4.8	4.6	4.7	5.7	6.2	1.6	5.1
Hysterectomy	rate	4.5	4.4	4.9	4.4	5.3	4.1	5.0	3.5	4.6

Separations for persons aged 65 years and over

Procedure	<i>number of separations for persons aged 65 years and over</i>									
Cataract extraction	no.	57 751	40 239	31 900	17 113	13 130	4 928	1 606	572	167 239
Cholecystectomy	no.	4 030	3 272	2 436	989	1 077	323	149	34	12 310
Coronary artery bypass graft (c)	no.	2 377	2 323	1 762	351	666	159	143	..	7 781
Coronary angioplasty (c)	no.	6 382	5 121	3 383	1 606	1 449	429	509	..	18 879
Cystoscopy	no.	17 442	16 438	12 013	8 419	5 708	1 860	835	144	62 859
Haemorrhoidectomy	no.	4 490	1 877	1 438	396	499	264	52	53	9 069
Hip replacement	no.	7 306	6 487	3 916	2 355	2 298	734	486	33	23 615
Inguinal herniorrhaphy	no.	5 522	4 422	3 239	1 527	1 326	445	220	71	16 772
Knee replacement	no.	8 963	5 813	5 464	2 440	2 201	630	451	31	25 993
Myringotomy	no.	421	475	172	138	157	34	48	4	1 449
Tonsillectomy	no.	49	53	38	24	25	np	np	np	193
Varicose veins stripping and ligation	no.	885	962	479	204	201	94	61	6	2 892
Septoplasty	no.	678	520	388	141	237	26	np	np	2 015

Table NHA.48.3 **Selected hospital procedures, by selected age groups, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Prostatectomy	no.	7 067	6 423	3 754	1 707	1 771	557	306	61	21 646
Hysterectomy (d)	no.	524	450	350	163	176	50	20	7	1 740
Procedure		<i>age-standardised rate per 1000 population aged 65 years and over</i>								
Cataract extraction	rate	59.0	54.5	60.2	65.8	51.8	65.2	46.5	52.2	58.1
Cholecystectomy	rate	4.1	4.5	4.5	3.7	4.4	4.2	4.2	3.0	4.3
Coronary artery bypass graft (c)	rate	2.5	3.2	3.3	1.4	2.7	2.1	4.2	..	2.7
Coronary angioplasty (c)	rate	6.5	7.0	6.3	6.1	5.9	5.7	14.6	..	6.6
Cystoscopy	rate	17.7	22.3	22.3	31.8	22.7	24.3	23.7	13.4	21.7
Haemorrhoidectomy	rate	4.6	2.6	2.6	1.5	2.1	3.4	1.5	4.1	3.1
Hip replacement	rate	7.3	8.7	7.2	8.9	9.0	9.5	13.8	3.0	8.0
Inguinal herniorrhaphy	rate	5.7	6.0	6.0	5.8	5.4	5.9	6.2	6.5	5.8
Knee replacement	rate	9.3	8.1	10.2	9.3	9.1	8.3	13.0	2.5	9.1
Myringotomy	rate	0.4	0.6	0.3	0.5	0.6	0.5	1.3	0.3	0.5
Tonsillectomy	rate	0.1	0.1	0.1	0.1	0.1	np	np	np	0.1
Varicose veins stripping and ligation	rate	0.9	1.3	0.9	0.8	0.8	1.2	1.7	0.5	1.0
Septoplasty	rate	0.7	0.7	0.7	0.5	1.0	0.3	np	np	0.7
Prostatectomy	rate	15.9	19.2	14.8	13.8	15.9	15.8	18.8	11.1	16.3
Hysterectomy (d)	rate	3.6	4.1	4.1	3.9	4.9	4.3	3.4	3.0	4.0

(a) Rates are standardised to the Australian population as at 30 June 2001 and are calculated for the total population for all procedures except prostatectomy (rates calculated for the male population only) and hysterectomy (rates calculated for females aged 50–69 years).

(b) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only. Data for private free standing day hospitals in the ACT are not included.

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

(d) Calculated for females aged 65–69 years only.

Table NHA.48.3

Selected hospital procedures, by selected age groups, by State and Territory, 2009-10 (age standardised rate per 1000 population) (a)

<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
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.. Not applicable. **np** Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2009.

Table NHA.48.4 Selected hospital procedures, by SEIFA deciles, National, 2009-10 (age standardised rate per 1000 population) (a), (b)

	<i>Decile 1</i>	<i>Decile 2</i>	<i>Decile 3</i>	<i>Decile 4</i>	<i>Decile 5</i>	<i>Decile 6</i>	<i>Decile 7</i>	<i>Decile 8</i>	<i>Decile 9</i>	<i>Decile 10</i>
Procedure										
Cataract extraction	8.2	9.2	8.3	8.7	9.3	9.1	7.8	9.2	8.9	8.9
Cholecystectomy	2.6	2.5	2.3	2.2	2.4	2.2	2.1	2.4	1.8	1.8
Coronary artery bypass graft	0.6	0.6	0.6	0.5	0.5	0.5	0.5	0.5	0.5	0.4
Coronary angioplasty	1.5	1.5	1.6	1.6	1.6	1.5	1.4	1.7	1.6	1.4
Cystoscopy	4.4	4.5	4.4	4.8	5.3	5.3	4.8	5.3	5.6	4.9
Haemorrhoidectomy	1.8	2.0	1.8	1.8	1.9	1.8	1.5	1.8	1.7	1.7
Hip replacement	1.2	1.4	1.4	1.5	1.6	1.4	1.4	1.6	1.5	1.5
Inguinal herniorrhaphy	2.1	2.2	2.1	2.1	2.3	2.2	2.1	2.4	2.2	2.2
Knee replacement	1.6	1.9	1.7	1.9	1.9	1.7	1.5	1.8	1.6	1.6
Myringotomy	1.3	1.5	1.6	1.7	1.7	1.7	1.7	1.8	2.0	2.0
Tonsillectomy	1.9	2.4	2.3	2.3	2.4	2.3	2.1	2.3	2.2	2.3
Varicose veins stripping and ligation	0.6	0.6	0.5	0.5	0.6	0.7	0.6	0.7	0.7	0.8
Septoplasty	0.9	1.0	1.0	1.0	1.1	1.2	1.1	1.3	1.3	1.2
Prostatectomy	2.4	2.7	2.6	2.6	2.7	2.8	2.5	2.9	3.1	3.1
Hysterectomy	3.3	3.8	3.6	3.6	3.8	3.5	3.0	3.4	2.7	3.0

(a) Rates are standardised to the Australian population as at 30 June 2001 and are calculated for the total population for all procedures except prostatectomy (rates calculated for the male population only) and hysterectomy (rates calculated for females aged 15–69 years).

(b) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2009.

Table NHA 48.5

Selected hospital procedures, by State and Territory, 2008-09

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (a)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Procedure		<i>number</i>								
Cataract extraction	no.	65 701	47 067	41 562	20 465	15 412	4 810	1 928	917	197 862
Cholecystectomy	no.	15 293	11 974	10 023	4 442	3 944	964	793	330	47 763
Coronary artery bypass graft (b)	no.	4 388	3 512	3 086	752	1 240	241	203	..	13 422
Coronary angioplasty (b)	no.	11 570	9 271	6 326	3 348	2 775	845	912	..	35 047
Cystoscopy	no.	30 366	28 144	22 094	13 760	10 205	2 499	1 610	428	109 106
Haemorrhoidectomy	no.	18 072	7 999	5 739	2 319	2 181	692	333	385	37 720
Hip replacement (c)	no.	9 747	8 307	5 224	3 232	3 041	891	703	84	31 229
Inguinal herniorrhaphy	no.	15 897	12 266	10 259	4 946	3 745	1 018	758	333	49 222
Knee replacement	no.	12 795	7 853	7 509	3 802	3 534	706	806	112	37 117
Myringotomy	no.	9 964	9 218	7 405	4 802	4 570	560	867	279	37 665
Tonsillectomy	no.	14 241	10 685	10 023	5 679	4 092	640	1 069	231	46 660
Varicose veins stripping and ligation	no.	3 985	4 618	2 380	1 170	1 168	245	409	86	14 061
Septoplasty	no.	7 014	7 167	3 755	1 924	2 364	235	490	107	23 056
Prostatectomy	no.	10 893	9 255	5 722	2 721	2 611	668	620	96	32 586
Hysterectomy	no.	8 025	6 018	5 821	2 627	2 371	667	510	184	26 223
Procedure		<i>age-standardised rate per 1000 population (d)</i>								
Cataract extraction	rate	8.5	8.1	9.8	9.8	7.8	8.1	6.8	9.1	8.7
Cholecystectomy	rate	2.1	2.2	2.3	2.0	2.3	1.9	2.3	1.7	2.2
Coronary artery bypass graft (b)	rate	0.6	0.6	0.7	0.3	0.7	0.4	0.7	..	0.6
Coronary angioplasty (b)	rate	1.5	1.6	1.4	1.5	1.5	1.4	2.9	..	1.5
Cystoscopy	rate	4.0	5.0	5.1	6.3	5.5	4.3	5.3	3.0	4.8
Haemorrhoidectomy	rate	2.5	1.5	1.3	1.0	1.3	1.3	1.0	2.0	1.7
Hip replacement (c)	rate	1.3	1.4	1.2	1.5	1.5	1.5	2.4	0.8	1.4
Inguinal herniorrhaphy	rate	2.2	2.2	2.3	2.3	2.1	1.9	2.3	1.9	2.2
Knee replacement	rate	1.7	1.4	1.7	1.8	1.8	1.2	2.6	0.9	1.6
Myringotomy	rate	1.5	1.8	1.7	2.3	3.2	1.2	2.7	1.1	1.8
Tonsillectomy	rate	2.1	2.1	2.4	2.7	2.8	1.4	3.2	0.9	2.3

Table NHA 48.5

Selected hospital procedures, by State and Territory, 2008-09

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (a)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Varicose veins stripping and ligation	rate	0.5	0.8	0.5	0.5	0.7	0.4	1.2	0.5	0.6
Septoplasty	rate	1.0	1.3	0.9	0.9	1.5	0.5	1.4	0.5	1.1
Prostatectomy	rate	2.8	3.2	2.5	2.4	2.7	2.2	4.0	1.5	2.8
Hysterectomy	rate	3.2	3.1	3.8	3.4	4.0	3.7	4.0	2.5	3.4

- (a) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.
- (b) Coronary artery bypass graft and coronary angioplasty are not performed in NT hospitals. Residents of the NT who require these procedures receive treatment interstate.
- (c) Hip replacement data were not calculated according to the NHA specifications. Separations involving the procedure Partial arthroplasty of hip were excluded (385 separations nationally).
- (d) Rates are age-standardised to the Australian population as at 30 June 2001 and are calculated for the total population for all procedures except prostatectomy (rates calculated for the male population only) and hysterectomy (rates calculated for females aged 15–69 years).
- .. Not applicable.

Source: AIHW (unpublished) National Hospital Morbidity database (Admitted Patient Care National Minimum Data Set); ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA 48.6 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>
Cataract extraction									
Hospital sector									
Private	6.1	5.0	8.1	5.6	5.0	np	np	np	6.0
Public	2.5	3.1	1.7	4.3	2.8	np	np	np	2.7
Indigenous status (d)									
Indigenous	5.5	5.1	8.3	7.7	5.4	4.3	20.3	5.8	6.5
Other Australians (e)	8.5	8.2	9.6	9.7	7.9	8.1	6.7	9.0	8.7
Remoteness of residence (f)									
Major cities	8.4	8.1	9.3	10.0	7.4	..	5.9	..	8.5
Inner regional	9.2	8.0	10.5	10.8	8.2	4.6	np	..	8.9
Outer regional	7.7	9.0	10.6	8.2	9.1	5.6	..	11.5	8.8
Remote	8.0	9.2	9.0	7.4	10.5	4.6	..	5.1	8.4
Very remote	7.5	..	9.8	6.5	8.1	1.5	..	4.0	7.7
SEIFA of residence (g)									
Quintile 1	8.3	8.4	9.9	9.0	8.0	4.7	np	6.6	8.4
Quintile 2	8.4	7.8	10.6	10.1	7.9	5.3	16.0	10.7	8.6
Quintile 3	8.9	8.2	9.9	9.5	8.0	4.2	13.4	11.5	8.9
Quintile 4	8.0	8.2	9.4	9.6	7.4	6.4	8.1	9.2	8.4
Quintile 5	9.1	8.2	9.1	10.3	7.5	..	5.6	12.4	8.7
Cholecystectomy									
Hospital sector									
Private	0.9	0.8	1.2	0.9	0.9	np	np	np	0.9
Public	1.3	1.4	1.1	1.1	1.4	np	np	np	1.2
Indigenous status (d)									
Indigenous	2.4	2.7	2.3	2.3	2.5	2.6	3.2	2.2	2.4
Other Australians (e)	2.1	2.2	2.3	2.0	2.3	1.8	2.3	1.5	2.2
Remoteness of residence (f)									

Table NHA 48.6 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>
Major cities	2.1	2.1	2.3	2.0	2.3	..	2.0	..	2.1
Inner regional	2.3	2.5	2.4	2.1	2.2	1.6	np	..	2.3
Outer regional	2.3	2.5	2.1	2.1	2.5	2.3	..	1.5	2.2
Remote	2.2	3.1	2.0	1.9	2.6	3.2	..	1.5	2.1
Very remote	2.5	..	1.9	1.5	1.8	np	..	2.0	1.8
SEIFA of residence (g)									
Quintile 1	2.3	2.4	2.5	2.2	2.7	2.0	np	1.7	2.4
Quintile 2	2.1	2.3	2.4	2.2	2.3	2.5	9.7	3.0	2.2
Quintile 3	2.3	2.3	2.2	2.0	2.4	1.5	3.5	1.9	2.2
Quintile 4	2.0	2.3	2.3	2.1	2.0	1.4	3.2	1.1	2.2
Quintile 5	1.8	1.8	2.1	1.7	1.8	..	1.7	1.8	1.8
Coronary artery bypass graft (h)									
Hospital sector									
Private	0.2	0.3	0.3	0.2	0.3	np	np	np	0.3
Public	0.3	0.4	0.4	0.2	0.4	np	np	np	0.3
Indigenous status (d)									
Indigenous	1.0	0.5	1.4	0.9	2.5	np	np	..	1.0
Other Australians (e)	0.6	0.6	0.7	0.3	0.6	0.4	0.7	..	0.6
Remoteness of residence (f)									
Major cities	0.6	0.6	0.7	0.3	0.5	..	0.4	..	0.6
Inner regional	0.5	0.7	0.8	0.3	0.6	0.4	np	..	0.6
Outer regional	0.4	0.6	0.7	0.3	1.1	0.4	..	..	0.6
Remote	0.5	np	0.5	0.3	1.1	np	..	..	0.5
Very remote	1.6	..	0.8	0.4	1.1	–	..	..	0.6
SEIFA of residence (g)									
Quintile 1	0.6	0.6	0.8	0.4	0.8	0.4	np	..	0.6
Quintile 2	0.5	0.6	0.8	0.3	0.7	0.5	10.4	..	0.6

Table NHA 48.6 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i> (b)	<i>ACT</i> (c)	<i>NT</i>	<i>Aust</i>
Quintile 3	0.6	0.7	0.7	0.4	0.6	0.4	1.3	..	0.6
Quintile 4	0.5	0.7	0.7	0.3	0.5	0.5	0.6	..	0.6
Quintile 5	0.5	0.5	0.6	0.4	0.5	..	0.4	..	0.5
Coronary angioplasty (h)									
Hospital sector									
Private	0.6	0.8	0.7	0.7	0.5	np	np	np	0.7
Public	0.9	0.9	0.7	0.8	1.0	np	np	np	0.9
Indigenous status (d)									
Indigenous	2.1	2.0	1.5	1.8	4.6	1.1	8.6	..	1.8
Other Australians (e)	1.5	1.6	1.4	1.5	1.4	1.4	2.9	..	1.5
Remoteness of residence (f)									
Major cities	1.6	1.6	1.5	1.6	1.4	..	1.7	..	1.6
Inner regional	1.2	1.7	1.5	1.4	1.3	1.4	np	..	1.5
Outer regional	1.1	1.5	1.1	1.3	1.8	1.5	..	..	1.3
Remote	1.2	2.4	1.0	1.3	2.1	1.9	..	..	1.2
Very remote	1.1	..	0.9	1.1	3.3	–	..	..	1.0
SEIFA of residence (g)									
Quintile 1	1.4	1.7	1.4	1.5	1.6	1.5	np	..	1.5
Quintile 2	1.4	1.5	1.6	1.6	1.6	2.1	42.8	..	1.5
Quintile 3	1.6	1.8	1.4	1.6	1.6	1.4	7.6	..	1.6
Quintile 4	1.6	1.7	1.4	1.5	1.3	1.0	2.5	..	1.5
Quintile 5	1.7	1.5	1.4	1.4	1.2	..	1.6	..	1.5
Cystoscopy									
Hospital sector									
Private	2.5	2.3	3.4	3.5	2.8	np	np	np	2.7
Public	1.6	2.6	1.7	2.9	2.7	np	np	np	2.1
Indigenous status (d)									

Table NHA 48.6 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i> (b)	<i>ACT</i> (c)	<i>NT</i>	<i>Aust</i>
Indigenous	1.7	3.0	2.8	3.2	4.7	4.1	3.8	2.0	2.5
Other Australians (e)	4.0	5.0	5.1	6.4	5.5	4.3	5.2	3.1	4.8
Remoteness of residence (f)									
Major cities	4.2	5.1	5.3	6.6	5.8	..	4.1	..	5.0
Inner regional	3.6	4.7	4.8	6.1	4.7	4.7	np	..	4.5
Outer regional	3.4	4.1	4.7	5.8	5.1	3.7	..	3.3	4.4
Remote	2.9	5.8	3.9	4.7	4.6	2.6	..	2.4	3.9
Very remote	2.5	..	3.0	3.4	4.2	np	..	1.9	3.0
SEIFA of residence (g)									
Quintile 1	3.3	4.7	4.8	5.8	5.6	3.8	np	1.9	4.3
Quintile 2	3.7	4.6	5.0	6.2	5.5	3.9	33.2	3.8	4.5
Quintile 3	4.8	5.1	5.0	5.9	5.6	4.4	8.5	3.9	5.1
Quintile 4	3.8	5.1	5.2	6.6	5.2	6.2	5.3	2.9	5.0
Quintile 5	4.6	5.0	5.3	7.1	5.5	..	4.1	4.0	5.1
Haemorrhoidectomy									
Hospital sector									
Private	1.6	0.8	1.0	0.6	0.8	np	np	np	1.1
Public	0.8	0.7	0.3	0.5	0.5	np	np	np	0.6
Indigenous status (d)									
Indigenous	1.3	1.6	0.6	0.5	0.6	0.8	np	0.4	0.8
Other Australians (e)	2.5	1.4	1.3	1.1	1.3	1.3	1.0	2.4	1.7
Remoteness of residence (f)									
Major cities	2.5	1.3	1.2	0.9	1.2	..	0.9	..	1.6
Inner regional	2.6	2.1	1.7	1.6	1.4	1.0	np	..	2.0
Outer regional	2.4	1.6	1.1	1.4	1.7	1.8	..	2.7	1.7
Remote	2.1	2.1	0.7	0.9	0.9	0.6	..	0.9	1.0
Very remote	np	..	0.7	0.8	0.9	np	..	0.4	0.7

Table NHA 48.6 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i> (b)	<i>ACT</i> (c)	<i>NT</i>	<i>Aust</i>
SEIFA of residence (g)									
Quintile 1	2.5	1.6	1.4	1.1	1.4	1.4	–	1.3	1.8
Quintile 2	2.2	1.6	1.3	1.2	1.1	1.8	1.7	2.5	1.8
Quintile 3	2.8	1.5	1.2	1.0	1.3	1.0	1.7	2.5	1.7
Quintile 4	2.7	1.3	1.4	1.2	1.1	1.1	1.1	2.0	1.6
Quintile 5	2.4	1.3	1.2	0.9	1.4	..	0.9	2.2	1.6
Hip replacement (i)									
Hospital sector									
Private	0.6	0.8	0.7	0.8	0.9	np	np	np	0.7
Public	0.6	0.7	0.5	0.7	0.7	np	np	np	0.6
Indigenous status (d)									
Indigenous	0.4	0.7	0.4	0.6	0.5	1.0	np	0.5	0.5
Other Australians (e)	1.3	1.4	1.2	1.5	1.6	1.5	2.3	0.8	1.3
Remoteness of residence (f)									
Major cities	1.2	1.3	1.2	1.5	1.5	..	1.7	..	1.3
Inner regional	1.3	1.7	1.3	1.6	1.5	1.5	np	..	1.5
Outer regional	1.1	1.8	1.2	1.8	1.8	1.5	..	0.8	1.4
Remote	1.3	1.4	1.0	1.0	1.9	1.1	..	0.6	1.2
Very remote	1.7	..	0.5	0.9	0.9	np	..	0.5	0.8
SEIFA of residence (g)									
Quintile 1	1.0	1.3	1.3	1.8	1.6	1.4	np	0.7	1.2
Quintile 2	1.2	1.5	1.3	1.3	1.5	1.7	21.9	0.7	1.4
Quintile 3	1.3	1.4	1.1	1.3	1.7	1.5	4.7	0.7	1.3
Quintile 4	1.3	1.5	1.2	1.6	1.4	1.8	2.4	0.8	1.4
Quintile 5	1.4	1.4	1.1	1.6	1.7	..	1.6	np	1.4
Inguinal herniorrhaphy									
Hospital sector									

Table NHA 48.6 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i> (b)	<i>ACT</i> (c)	<i>NT</i>	<i>Aust</i>
Private	1.2	1.1	1.4	1.3	1.0	np	np	np	1.2
Public	1.0	1.2	0.9	1.0	1.1	np	np	np	1.0
Indigenous status (d)									
Indigenous	1.3	1.0	1.5	0.8	1.2	1.8	np	0.4	1.1
Other Australians (e)	2.2	2.2	2.4	2.3	2.1	1.9	2.3	2.3	2.2
Remoteness of residence (f)									
Major cities	2.2	2.2	2.4	2.3	2.1	..	2.0	..	2.2
Inner regional	2.2	2.3	2.3	2.3	2.2	1.8	np	..	2.2
Outer regional	2.0	2.3	2.3	2.1	2.2	2.1	..	2.3	2.2
Remote	1.9	4.1	1.8	1.5	2.5	2.1	..	1.2	1.8
Very remote	1.2	..	1.7	1.6	1.9	np	..	1.0	1.5
SEIFA of residence (g)									
Quintile 1	2.1	2.2	2.2	2.2	2.1	1.8	np	1.3	2.1
Quintile 2	2.0	2.1	2.3	2.1	2.1	2.5	7.4	2.7	2.1
Quintile 3	2.4	2.2	2.4	2.2	2.3	1.7	2.9	2.2	2.3
Quintile 4	2.2	2.4	2.5	2.4	2.0	2.0	2.6	1.9	2.3
Quintile 5	2.3	2.2	2.3	2.4	2.2	..	2.0	2.8	2.2
Knee replacement									
Hospital sector									
Private	1.0	0.9	1.2	1.2	1.3	np	np	np	1.1
Public	0.6	0.5	0.5	0.6	0.6	np	np	np	0.6
Indigenous status (d)									
Indigenous	1.3	0.5	1.3	0.5	0.6	np	np	0.3	1.0
Other Australians (e)	1.6	1.4	1.7	1.7	1.8	1.2	2.6	1.0	1.6
Remoteness of residence (f)									
Major cities	1.6	1.2	1.6	1.6	1.7	..	1.8	..	1.5
Inner regional	1.8	1.7	2.0	2.2	1.9	1.2	np	..	1.8

Table NHA 48.6 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>
Outer regional	1.7	1.7	1.8	2.0	2.5	1.2	..	1.2	1.8
Remote	1.6	1.9	1.4	1.6	2.4	1.1	..	0.4	1.6
Very remote	1.3	..	1.6	1.1	2.0	–	..	0.4	1.3
SEIFA of residence (g)									
Quintile 1	1.6	1.4	1.8	1.9	1.9	1.1	np	0.5	1.6
Quintile 2	1.7	1.5	2.0	1.8	1.9	1.2	25.1	1.0	1.7
Quintile 3	1.7	1.3	1.7	1.8	1.8	1.2	6.1	1.1	1.6
Quintile 4	1.7	1.5	1.6	1.7	2.0	1.4	2.7	1.1	1.7
Quintile 5	1.6	1.2	1.5	1.6	1.6	..	1.7	1.7	1.5
Myringotomy									
Hospital sector									
Private	1.0	0.9	1.1	1.4	1.8	np	np	np	1.1
Public	0.5	0.9	0.6	0.9	1.4	np	np	np	0.7
Indigenous status (d)									
Indigenous	1.2	1.6	1.3	1.8	1.6	0.7	1.9	1.4	1.4
Other Australians (e)	1.5	1.8	1.8	2.3	3.2	1.2	2.7	0.9	1.8
Remoteness of residence (f)									
Major cities	1.5	1.7	1.8	2.5	3.3	..	2.2	..	1.9
Inner regional	1.4	2.2	1.9	2.2	3.3	1.0	np	..	1.9
Outer regional	1.2	2.0	1.5	1.7	2.4	0.9	..	0.9	1.5
Remote	1.4	4.5	1.4	1.3	2.7	0.8	..	1.0	1.5
Very remote	np	..	1.7	1.6	1.6	np	..	1.5	1.6
SEIFA of residence (g)									
Quintile 1	1.1	1.4	1.7	1.9	2.6	0.9	np	1.1	1.4
Quintile 2	1.3	1.7	1.8	2.3	3.2	1.2	9.9	2.1	1.7
Quintile 3	1.6	1.8	1.6	2.1	3.5	1.0	4.6	1.0	1.9
Quintile 4	1.4	2.1	1.8	2.2	3.6	1.1	3.2	0.8	2.0

Table NHA 48.6 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>
Quintile 5	2.2	2.0	1.9	2.7	3.7	..	2.1	0.8	2.2
Tonsillectomy									
Hospital sector									
Private	1.3	0.9	1.5	1.5	1.5	np	np	np	1.3
Public	0.8	1.2	0.9	1.2	1.4	np	np	np	1.0
Indigenous status (d)									
Indigenous	1.2	1.6	1.1	1.1	1.6	1.0	2.2	0.3	1.1
Other Australians (e)	2.2	2.1	2.4	2.8	2.9	1.4	3.2	1.3	2.3
Remoteness of residence (f)									
Major cities	2.1	1.8	2.3	2.8	2.7	..	2.7	..	2.2
Inner regional	2.3	3.0	2.8	3.0	2.7	1.4	np	..	2.6
Outer regional	2.4	3.3	2.1	2.4	3.1	1.3	..	1.2	2.3
Remote	2.0	4.7	1.9	1.7	3.6	1.6	..	0.9	1.9
Very remote	1.8	..	1.3	1.6	2.8	np	..	0.3	1.2
SEIFA of residence (g)									
Quintile 1	1.9	2.2	2.2	2.2	2.8	1.3	np	0.5	2.1
Quintile 2	2.0	2.5	2.4	2.8	2.6	2.0	8.1	1.5	2.3
Quintile 3	2.4	2.2	2.3	2.8	3.3	1.4	5.5	1.5	2.4
Quintile 4	2.1	2.2	2.5	2.5	2.7	1.5	4.1	1.0	2.3
Quintile 5	2.4	1.7	2.3	2.7	2.9	..	2.6	1.1	2.3
Varicose veins stripping and ligation									
Hospital sector									
Private	0.3	0.4	0.4	0.4	0.4	np	np	np	0.4
Public	0.2	0.4	0.1	0.1	0.3	np	np	np	0.2
Indigenous status (d)									
Indigenous	0.1	0.3	0.1	0.1	0.6	0.5	np	np	0.2
Other Australians (e)	0.6	0.8	0.6	0.5	0.7	0.4	1.2	0.6	0.6

Table NHA 48.6 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>
Remoteness of residence (f)									
Major cities	0.5	0.8	0.6	0.6	0.7	..	0.9	..	0.6
Inner regional	0.6	0.9	0.5	0.5	0.8	0.5	np	..	0.7
Outer regional	0.4	0.6	0.4	0.5	0.7	0.4	..	0.5	0.5
Remote	0.2	1.2	0.4	0.4	0.9	np	..	0.6	0.5
Very remote	np	..	0.3	0.2	0.6	–	..	np	0.2
SEIFA of residence (g)									
Quintile 1	0.5	0.8	0.4	0.5	0.7	0.4	np	0.3	0.6
Quintile 2	0.5	0.8	0.5	0.5	0.6	0.5	8.3	0.8	0.6
Quintile 3	0.5	0.9	0.5	0.4	0.8	0.4	1.5	0.7	0.6
Quintile 4	0.6	0.9	0.6	0.5	0.7	0.7	1.1	0.4	0.7
Quintile 5	0.7	0.8	0.6	0.7	0.8	..	1.0	0.4	0.7
Septoplasty									
Hospital sector									
Private	0.8	0.8	0.7	0.6	1.0	np	np	np	0.7
Public	0.2	0.5	0.2	0.2	0.5	np	np	np	0.3
Indigenous status (d)									
Indigenous	0.2	0.4	0.3	0.3	0.4	0.4	np	0.2	0.3
Other Australians (e)	1.0	1.3	0.9	0.9	1.5	0.5	1.4	0.6	1.1
Remoteness of residence (f)									
Major cities	1.1	1.3	0.8	0.9	1.6	..	1.1	..	1.1
Inner regional	0.8	1.4	0.9	0.8	1.4	0.4	np	..	1.0
Outer regional	0.6	1.4	1.2	0.9	1.0	0.5	..	0.6	1.0
Remote	0.5	1.6	0.6	0.5	1.0	0.8	..	0.3	0.6
Very remote	np	..	0.5	0.3	1.5	–	..	0.1	0.5
SEIFA of residence (g)									
Quintile 1	0.8	1.3	0.8	0.8	1.3	0.4	np	0.3	0.9

Table NHA 48.6 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i> (b)	<i>ACT</i> (c)	<i>NT</i>	<i>Aust</i>
Quintile 2	0.9	1.2	0.8	0.8	1.4	0.8	7.7	0.5	1.0
Quintile 3	1.0	1.4	0.8	0.8	1.6	0.5	3.1	0.6	1.1
Quintile 4	1.0	1.3	1.0	0.8	1.6	0.5	1.4	0.6	1.1
Quintile 5	1.3	1.4	0.8	1.1	1.6	..	1.1	0.3	1.2
Prostatectomy									
Hospital sector									
Private	1.8	2.0	1.8	1.6	1.5	np	np	np	1.8
Public	1.0	1.2	0.7	0.8	1.2	np	np	np	1.0
Indigenous status (d)									
Indigenous	1.4	1.7	1.0	1.1	1.2	1.9	2.0	0.9	1.2
Other Australians (e)	2.8	3.2	2.5	2.4	2.7	2.2	4.0	1.6	2.8
Remoteness of residence (f)									
Major cities	2.8	3.2	2.5	2.4	2.6	..	2.7	..	2.8
Inner regional	2.8	3.0	2.8	2.6	2.7	2.5	np	..	2.8
Outer regional	2.7	2.9	2.2	2.3	3.0	1.6	..	1.9	2.5
Remote	2.2	4.1	2.1	1.7	2.9	2.0	..	0.9	2.1
Very remote	1.9	..	1.4	1.5	1.0	np	..	0.9	1.4
SEIFA of residence (g)									
Quintile 1	2.5	2.8	2.4	2.2	2.6	1.6	np	1.0	2.5
Quintile 2	2.6	3.1	2.8	2.2	2.6	2.2	45.0	1.0	2.7
Quintile 3	3.0	3.0	2.4	2.4	3.0	2.8	8.6	1.9	2.7
Quintile 4	2.7	3.5	2.4	2.4	2.6	3.8	3.7	1.9	2.9
Quintile 5	3.3	3.4	2.5	2.8	2.8	..	2.7	2.3	3.1
Hysterectomy									
Hospital sector									
Private	1.7	1.4	2.4	2.1	2.0	np	np	np	1.8
Public	1.5	1.8	1.4	1.3	2.0	np	np	np	1.6

Table NHA 48.6 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>
Indigenous status (d), (j)									
Indigenous	3.1	3.3	2.6	1.8	3.1	2.6	4.0	2.2	2.7
Other Australians (e)	3.2	3.1	3.8	3.4	4.1	3.8	4.0	2.6	3.4
Remoteness of residence (f)									
Major cities	3.0	2.7	3.6	3.4	3.8	..	3.4	..	3.1
Inner regional	4.1	4.4	4.3	3.3	4.6	3.7	np	..	4.2
Outer regional	3.5	5.0	3.8	4.1	5.2	3.7	..	2.7	4.0
Remote	2.3	4.6	3.9	3.1	4.5	5.6	..	2.0	3.3
Very remote	np	..	2.8	2.3	4.1	np	..	2.0	2.5
SEIFA of residence (g)									
Quintile 1	3.2	3.4	3.9	3.6	4.6	3.8	np	1.9	3.6
Quintile 2	3.6	3.8	4.1	3.2	3.8	4.8	13.5	5.7	3.7
Quintile 3	3.7	3.5	3.8	3.4	4.2	3.6	5.3	2.8	3.6
Quintile 4	3.0	3.0	3.8	3.5	3.7	3.2	4.6	2.4	3.3
Quintile 5	2.5	2.3	3.5	3.4	3.5	..	3.4	1.1	2.8

(a) Rates are age-standardised to the Australian population as at 30 June 2001 and are calculated for the total population for all procedures except prostatectomy (rates calculated for the male population only) and hysterectomy (rates calculated for females aged 15–69 years).

(b) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.

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

(d) Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT or Tasmania.

(e) 'Other Australians' includes procedures for non-Indigenous people and those for whom Indigenous status was not stated.

(f) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness population group (regardless of where they reside) divided by the number of people in that remoteness population group in the jurisdiction of hospitalisation.

Table NHA 48.6 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)

	NSW	Vic	Qld	WA	SA	Tas (b)	ACT (c)	NT	Aust
<p>(g) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.</p> <p>(h) Coronary artery bypass graft and coronary angioplasty are not performed in NT hospitals. Residents of the NT who require these procedures receive treatment interstate.</p> <p>(i) Hip replacement data were not calculated according to the NHA specifications. Separations involving the procedure Partial arthroplasty of hip were excluded (385 separations nationally).</p> <p>(j) For ACT and Tasmania, the population denominator is people aged 15 years and over (not 15–69 years) as data on the Indigenous population aged 65–69 years is not available for these jurisdictions. Therefore, data for Tasmania and ACT may underestimate rates of hysterectomy for women aged 15–69 years.</p> <p>.. Not applicable – Nil or rounded to zero. np Not published</p>									

Source: AIHW (unpublished) National Hospital Morbidity database; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA.48.7

Table NHA.48.7 **Selected hospital procedures, by selected age groups, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>
Separations for persons aged 50 to 64 years										
Procedure		<i>number of separations for persons aged 50 to 64 years</i>								
Cataract extraction	no.	9 766	7 272	7 525	3 308	2 141	637	268	249	31 166
Cholecystectomy	no.	4 401	3 345	2 837	1 261	1 184	286	256	96	13 666
Coronary artery bypass graft (d)	no.	1 442	1 040	961	281	372	74	71	..	4 241
Coronary angioplasty (d)	no.	4 188	3 288	2 403	1 271	1 035	318	359	..	12 862
Cystoscopy	no.	8 364	7 575	6 824	4 028	2 690	714	478	165	30 838
Haemorrhoidectomy	no.	6 818	2 797	2 171	838	882	249	137	132	14 024
Hip replacement	no.	2 343	1 938	1 313	878	732	238	183	28	7 653
Inguinal herniorrhaphy	no.	4 522	3 476	3 018	1 391	1 124	275	240	93	14 139
Knee replacement	no.	4 036	2 419	2 315	1 346	1 267	222	310	56	11 971
Myringotomy	no.	404	460	214	185	198	29	35	9	1 534
Tonsillectomy	no.	139	109	111	76	56	4	12	6	513
Varicose veins stripping and ligation	no.	1 425	1 613	897	438	448	113	157	28	5 119
Septoplasty	no.	1 524	1 519	912	401	602	62	111	22	5 153
Prostatectomy	no.	3 453	2 869	1 947	964	768	196	230	34	10 461
Hysterectomy	no.	2 708	2 109	1 864	815	822	199	184	49	8 750
Procedure		<i>age-standardised rate per 1000 population aged 50 to 64 years</i>								
Cataract extraction	rate	7.4	7.4	9.3	8.2	6.6	6.0	4.3	7.5	7.7
Cholecystectomy	rate	3.5	3.6	3.7	3.3	3.9	2.9	4.3	2.8	3.6
Coronary artery bypass graft (d)	rate	1.1	1.1	1.2	0.7	1.2	0.7	1.1	..	1.1
Coronary angioplasty (d)	rate	3.3	3.4	3.0	3.2	3.3	3.1	5.9	..	3.3
Cystoscopy	rate	6.5	7.9	8.6	10.2	8.6	7.0	7.8	4.9	7.8
Haemorrhoidectomy	rate	5.5	3.0	2.8	2.2	2.9	2.5	2.3	3.9	3.6

Table NHA.48.7 **Selected hospital procedures, by selected age groups, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>
Hip replacement	rate	1.8	2.0	1.6	2.2	2.3	2.3	3.0	0.8	1.9
Inguinal herniorrhaphy	rate	3.6	3.7	3.9	3.6	3.6	2.7	3.9	2.7	3.6
Knee replacement	rate	3.1	2.5	2.8	3.4	4.0	2.1	5.0	1.7	3.0
Myringotomy	rate	0.3	0.5	0.3	0.5	0.6	0.3	0.6	0.3	0.4
Tonsillectomy	rate	0.1	0.1	0.1	0.2	0.2	np	0.2	0.2	0.1
Varicose veins stripping and ligation	rate	1.1	1.7	1.2	1.1	1.5	1.1	2.6	0.8	1.3
Septoplasty	rate	1.2	1.6	1.2	1.0	2.0	0.6	1.9	0.6	1.4
Prostatectomy	rate	5.3	5.9	4.7	4.7	4.8	3.7	7.5	1.9	5.2
Hysterectomy	rate	4.4	4.5	5.0	4.3	5.5	4.2	6.0	3.0	4.6

Separations for persons aged 65 years and over

Procedure	<i>number of separations for persons aged 65 years and over</i>									
Cataract extraction	no.	54 572	38 731	32 868	16 635	12 896	4 085	1 604	626	162 017
Cholecystectomy	no.	3 955	3 045	2 433	995	1 066	236	148	31	11 909
Coronary artery bypass graft (d)	no.	2 720	2 283	1 955	427	771	149	125	..	8 430
Coronary angioplasty (d)	no.	6 268	5 028	3 218	1 699	1 388	426	445	..	18 472
Cystoscopy	no.	17 149	15 271	11 320	7 401	5 567	1 418	896	138	59 160
Haemorrhoidectomy	no.	4 100	1 748	1 291	355	490	171	51	39	8 245
Hip replacement	no.	6 960	6 005	3 692	2 170	2 278	624	482	48	22 259
Inguinal herniorrhaphy	no.	5 307	4 168	3 144	1 538	1 324	372	205	68	16 126
Knee replacement	no.	8 396	5 195	5 062	2 344	2 124	462	452	54	24 089
Myringotomy	no.	392	444	178	165	170	34	np	np	1 413
Tonsillectomy	no.	42	29	31	17	17	4	np	np	143
Varicose veins stripping and ligation	no.	872	1 007	443	173	233	46	65	14	2 853
Septoplasty	no.	600	513	335	132	200	np	41	np	1 850
Prostatectomy	no.	7 197	6 210	3 668	1 703	1 820	465	379	61	21 503

Table NHA.48.7

Table NHA.48.7 **Selected hospital procedures, by selected age groups, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>
Hysterectomy (e)	no.	470	452	335	139	159	42	13	3	1 613
<i>age-standardised rate per 1000 population aged 65 years and over</i>										
Cataract extraction	rate	56.9	53.7	64.0	65.9	51.8	55.4	47.7	61.7	57.7
Cholecystectomy	rate	4.2	4.3	4.7	3.9	4.4	3.2	4.4	2.7	4.3
Coronary artery bypass graft (d)	rate	2.9	3.3	3.8	1.7	3.2	2.0	3.7	..	3.0
Coronary angioplasty (d)	rate	6.6	7.1	6.2	6.7	5.8	5.8	13.0	..	6.6
Cystoscopy	rate	17.9	21.3	21.7	29.0	22.6	19.0	26.5	13.5	21.0
Haemorrhoidectomy	rate	4.3	2.5	2.5	1.4	2.1	2.3	1.5	3.4	2.9
Hip replacement	rate	7.1	8.3	7.0	8.4	9.1	8.3	14.2	4.9	7.8
Inguinal herniorrhaphy	rate	5.6	5.8	6.0	6.0	5.4	5.0	6.1	6.0	5.7
Knee replacement	rate	8.9	7.4	9.8	9.2	8.9	6.3	13.3	5.1	8.7
Myringotomy	rate	0.4	0.6	0.3	0.6	0.7	0.5	np	np	0.5
Tonsillectomy	rate	0.0	0.0	0.1	0.1	0.1	0.1	np	np	0.1
Varicose veins stripping and ligation	rate	0.9	1.4	0.8	0.7	1.0	0.6	1.9	1.2	1.0
Septoplasty	rate	0.6	0.7	0.6	0.5	0.9	np	1.2	np	0.7
Prostatectomy	rate	16.6	19.1	15.0	14.4	16.7	13.8	24.4	11.0	16.7
Hysterectomy (e)	rate	3.4	4.3	4.1	3.5	4.6	3.7	2.3	1.4	3.8

(a) Rates are standardised to the Australian population as at 30 June 2001 and are calculated for the total population for all procedures except prostatectomy (rates calculated for the male population only) and hysterectomy (rates calculated for females aged 50–69 years).

(b) Data for Tasmania does not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.

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

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

Table NHA.48.7 **Selected hospital procedures, by selected age groups, by State and Territory, 2008-09 (age standardised rate per 1000 population) (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (b)</i>	<i>ACT (c)</i>	<i>NT</i>	<i>Aust</i>
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(e) Calculated for females aged 65–69 years only.

.. Not applicable. np Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2008.

**Table NHA 48.8 Selected hospital procedures, by SEIFA deciles, National, 2008-09 (age standardised rate per 1000 population)
(a), (b)**

	<i>Decile 1</i>	<i>Decile 2</i>	<i>Decile 3</i>	<i>Decile 4</i>	<i>Decile 5</i>	<i>Decile 6</i>	<i>Decile 7</i>	<i>Decile 8</i>	<i>Decile 9</i>	<i>Decile 10</i>
Procedure										
Cataract extraction	7.9	8.7	8.9	8.4	8.9	8.8	8.1	8.8	8.5	9.0
Cholecystectomy	2.4	2.3	2.4	2.1	2.3	2.2	2.1	2.2	1.8	1.8
Coronary artery bypass graft	0.6	0.6	0.6	0.6	0.6	0.6	0.5	0.6	0.5	0.5
Coronary angioplasty	1.5	1.5	1.6	1.4	1.6	1.6	1.4	1.7	1.5	1.5
Cystoscopy	4.3	4.3	4.5	4.6	5.2	5.0	4.9	5.0	5.3	5.0
Haemorrhoidectomy	1.7	1.9	1.9	1.7	1.7	1.7	1.7	1.6	1.5	1.7
Hip replacement (c)	1.2	1.3	1.4	1.3	1.4	1.3	1.3	1.5	1.4	1.4
Inguinal herniorrhaphy	2.1	2.1	2.2	2.0	2.3	2.2	2.2	2.5	2.3	2.2
Knee replacement	1.4	1.8	1.7	1.7	1.7	1.5	1.6	1.7	1.5	1.5
Myringotomy	1.3	1.6	1.7	1.8	1.8	1.9	1.9	2.0	2.2	2.2
Tonsillectomy	1.8	2.3	2.3	2.3	2.5	2.4	2.2	2.4	2.1	2.4
Varicose veins stripping and ligation	0.6	0.6	0.6	0.6	0.6	0.7	0.6	0.7	0.7	0.8
Septoplasty	0.9	1.0	1.0	0.9	1.0	1.1	1.0	1.2	1.2	1.2
Prostatectomy	2.3	2.5	2.8	2.5	2.6	2.7	2.8	2.7	2.9	3.2
Hysterectomy	3.3	3.8	3.8	3.6	3.8	3.3	3.2	3.2	2.7	2.8

(a) Rates are age-standardised to the Australian population as at 30 June 2001 and are calculated for the total population for all procedures except prostatectomy (rates calculated for the male population only) and hysterectomy (rates calculated for females aged 15–69 years).

(b) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA deciles represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

(c) Hip replacement data were not calculated according to the NHA specifications. Separations involving the procedure Partial arthroplasty of hip were excluded (385 separations nationally).

Source: AIHW (unpublished) National Hospital Morbidity database (Admitted Patient Care National Minimum Data Set); ABS (unpublished) Estimated Resident Population, 30 June 2008.

Table NHA 48.9 **Selected hospital procedures, by State and Territory, 2007-08**

	<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>
Procedure	<i>number</i>								
Cataract extraction (a)	62 766	45 065	40 312	18 047	14 493	6 110	1 882	887	189 562
Cholecystectomy	15 198	11 852	9 798	4 563	3 785	1 115	715	350	47 376
Coronary artery bypass graft (b)	4 434	3 469	3 025	843	1 343	286	212	..	13 612
Coronary angioplasty (b)	11 167	9 307	6 381	3 107	2 781	802	836	..	34 381
Cystoscopy	29 080	26 163	20 913	12 552	10 048	3 144	1 742	429	104 071
Haemorrhoidectomy	16 916	7 365	5 411	2 188	2 183	855	292	325	35 535
Hip replacement	9 576	8 098	5 070	3 247	2 818	919	676	61	30 465
Inguinal herniorrhaphy	15 646	11 932	9 903	4 931	3 686	1 191	774	356	48 419
Knee replacement	12 685	7 574	7 101	3 652	3 417	860	796	63	36 148
Lens insertion (a)	62 733	45 414	40 421	18 311	14 543	6 117	1 881	887	190 307
Myringotomy	9 282	8 449	6 312	4 051	4 096	689	765	176	33 820
Tonsillectomy	13 097	9 505	8 514	4 521	3 906	580	960	256	41 339
Varicose veins stripping and ligation	4 066	4 584	2 562	1 229	1 150	389	385	104	14 469
Septoplasty	6 653	7 095	3 583	1 845	2 357	204	622	138	22 497
Prostatectomy	9 923	8 598	5 374	2 648	2 639	881	544	100	30 707
Hysterectomy	8 489	6 300	5 737	2 707	2 483	692	498	209	27 115
Procedure	<i>age-standardised rate per 1000 population (c)</i>								
Cataract extraction (a)	8.3	8.0	9.8	8.9	7.5	10.5	7.0	9.0	8.5
Cholecystectomy	2.1	2.2	2.3	2.1	2.2	2.2	2.1	1.8	2.2
Coronary artery bypass graft (b)	0.6	0.6	0.7	0.4	0.7	0.5	0.7	..	0.6
Coronary angioplasty (b)	1.5	1.7	1.5	1.5	1.5	1.4	2.7	..	1.5
Cystoscopy	3.9	4.7	4.9	6.0	5.5	5.5	5.7	3.4	4.7
Haemorrhoidectomy	2.4	1.4	1.3	1.0	1.3	1.6	0.9	1.8	1.6
Hip replacement	1.3	1.4	1.2	1.6	1.5	1.6	2.4	0.6	1.4
Inguinal herniorrhaphy	2.2	2.2	2.3	2.3	2.1	2.2	2.4	2.0	2.2
Knee replacement	1.7	1.4	1.7	1.8	1.8	1.5	2.7	0.5	1.6

Table NHA 48.9 **Selected hospital procedures, by State and Territory, 2007-08**

	<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>
Lens insertion (a)	8.3	8.0	9.8	9.0	7.5	10.5	7.0	9.0	8.6
Myringotomy	1.4	1.7	1.5	2.0	2.9	1.5	2.4	0.7	1.7
Tonsillectomy	2.0	1.9	2.1	2.2	2.7	1.2	2.9	1.0	2.0
Varicose veins stripping and ligation	0.6	0.8	0.6	0.6	0.7	0.7	1.1	0.5	0.7
Septoplasty	1.0	1.3	0.8	0.9	1.5	0.4	1.8	0.6	1.1
Prostatectomy	2.6	3.0	2.4	2.4	2.8	2.9	3.7	1.9	2.7
Hysterectomy	3.4	3.3	3.8	3.6	4.3	3.9	4.0	2.9	3.6

- (a) Cataract extraction and Lens insertion are usually undertaken during the same hospital episode, such that there were 188 439 separations common to both categories, nationally (over 99 per cent of each category). Therefore, the number of separations and the separation rates for these categories should not be summed.
- (b) Coronary artery bypass graft and coronary angioplasty are not performed in NT hospitals. Residents of the NT requiring these procedures receive treatment interstate.
- (c) Rates are standardised to the Australian population as at 30 June 2001 and are calculated for the total population for all procedures except prostatectomy (rates calculated for the male population only) and hysterectomy (rates calculated for females aged 15–69 years).
- .. Not applicable.

Source: AIHW (unpublished) National Hospital Morbidity database (Admitted Patient Care National Minimum Data Set); ABS (unpublished) Estimated Residential Population, 30 June 2007.

Table NHA 48.10 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Cataract extraction									
Hospital sector									
Private	5.8	5.0	8.1	5.3	4.8	np	np	np	5.9
Public	2.5	3.0	1.7	3.6	2.7	np	np	np	2.6
Indigenous status (c)									
Indigenous	5.5	4.9	9.7	6.0	7.2	np	np	7.8	7.0
Other Australians (d)	8.3	8.0	9.6	8.8	7.6	np	np	8.5	8.5
Remoteness of residence (e)									
Major cities	8.2	8.0	9.1	9.3	7.1	..	6.1	..	8.3
Inner regional	8.9	7.6	11.2	8.7	7.4	7.5	np	..	8.9
Outer regional	7.8	8.4	10.0	7.2	8.9	8.0	..	10.9	8.7
Remote	6.9	9.6	8.3	7.1	8.7	6.4	..	4.6	7.6
Very remote	7.0	..	9.4	5.7	11.2	2.9	..	7.4	8.2
SEIFA of residence (f)									
Quintile 1	8.3	7.9	10.0	8.0	7.8	7.1	np	8.2	8.5
Quintile 2	7.9	7.9	10.7	9.3	7.3	10.9	24.8	8.0	8.4
Quintile 3	8.7	7.8	9.7	8.2	7.4	8.5	11.0	9.9	8.5
Quintile 4	8.0	7.8	9.3	9.1	7.2	7.0	8.9	8.8	8.3
Quintile 5	8.7	8.4	8.9	9.6	7.1	..	5.5	15.2	8.5
Cholecystectomy									
Hospital sector									
Private	0.8	0.9	1.2	1.0	0.9	np	np	np	1.0
Public	1.3	1.3	1.1	1.2	1.3	np	np	np	1.2
Indigenous status (c)									
Indigenous	2.2	2.5	2.4	2.7	2.3	np	np	2.4	2.4
Other Australians (d)	2.1	2.2	2.3	2.1	2.2	np	np	1.7	2.2

Table NHA 48.10 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Remoteness of residence (e)									
Major cities	2.1	2.1	2.3	2.1	2.2	..	1.9	..	2.1
Inner regional	2.3	2.5	2.5	2.4	2.2	2.1	np	..	2.4
Outer regional	2.2	2.7	2.2	2.1	2.4	2.3	..	1.9	2.2
Remote	3.1	3.3	1.9	1.7	2.4	2.7	..	1.6	2.1
Very remote	1.5	..	1.7	1.9	1.6	np	..	1.9	1.7
SEIFA of residence (f)									
Quintile 1	2.4	2.3	2.5	2.4	2.6	2.2	np	1.8	2.4
Quintile 2	2.1	2.5	2.4	2.3	2.3	2.7	9.4	2.1	2.3
Quintile 3	2.4	2.3	2.3	2.1	2.1	2.4	2.3	2.5	2.3
Quintile 4	2.2	2.2	2.3	2.4	2.1	1.6	2.3	1.4	2.2
Quintile 5	1.7	1.8	2.2	1.7	1.8	..	1.8	1.9	1.8
Coronary artery bypass graft (g)									
Hospital sector									
Private	0.3	0.3	0.4	0.2	0.3	np	np	..	0.3
Public	0.3	0.4	0.4	0.2	0.4	np	np	..	0.4
Indigenous status (c)									
Indigenous	0.8	0.9	1.3	1.2	3.5	np	np	..	1.0
Other Australians (d)	0.6	0.6	0.7	0.4	0.7	np	np	..	0.6
Remoteness of residence (e)									
Major cities	0.6	0.6	0.7	0.4	0.6	..	0.4	..	0.6
Inner regional	0.5	0.7	0.8	0.4	0.7	0.5	np	..	0.6
Outer regional	0.5	0.6	0.7	0.4	1.0	0.5	..	..	0.6
Remote	0.9	–	0.6	0.3	1.2	0.5	..	..	0.6
Very remote	1.1	..	0.7	0.3	1.5	..	..	..	0.6
SEIFA of residence (f)									

Table NHA 48.10 **Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Quintile 1	0.6	0.7	0.7	0.5	0.8	0.5	np	..	0.7
Quintile 2	0.6	0.6	0.8	0.5	0.6	0.6	12.0	..	0.6
Quintile 3	0.7	0.6	0.7	0.4	0.7	0.5	2.4	..	0.6
Quintile 4	0.6	0.6	0.7	0.4	0.7	0.5	0.6	..	0.6
Quintile 5	0.5	0.6	0.7	0.3	0.6	..	0.4	..	0.5
Coronary angioplasty (g)									
Hospital sector									
Private	0.6	0.8	0.7	0.7	0.6	np	np	..	0.7
Public	0.9	0.9	0.7	0.8	1.0	np	np	..	0.9
Indigenous status (c)									
Indigenous	1.4	1.8	1.7	1.8	5.4	np	np	..	1.6
Other Australians (d)	1.5	1.7	1.5	1.4	1.5	np	np	..	1.5
Remoteness of residence (e)									
Major cities	1.7	1.6	1.5	1.5	1.4	..	1.7	..	1.6
Inner regional	1.1	1.8	1.6	1.5	1.2	1.4	np	..	1.5
Outer regional	1.0	1.6	1.1	1.4	1.8	1.4	..	..	1.3
Remote	1.0	1.2	1.2	1.1	2.2	1.7	..	..	1.2
Very remote	1.5	..	1.2	0.8	3.3	np	..	..	1.1
SEIFA of residence (f)									
Quintile 1	1.4	1.6	1.5	1.7	1.6	1.4	np	..	1.5
Quintile 2	1.4	1.7	1.6	1.5	1.6	2.4	40.9	..	1.5
Quintile 3	1.6	1.8	1.4	1.5	1.5	1.3	4.5	..	1.6
Quintile 4	1.5	1.7	1.5	1.5	1.5	1.1	2.4	..	1.6
Quintile 5	1.7	1.6	1.3	1.3	1.2	..	1.7	..	1.5
Cystoscopy									
Hospital sector									
Private	2.4	2.3	3.3	3.2	2.8	np	np	np	2.7

Table NHA 48.10 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Public	1.6	2.4	1.6	2.8	2.7	np	np	np	2.0
Indigenous status (c)									
Indigenous	1.8	2.7	2.6	3.1	3.6	np	np	2.7	2.5
Other Australians (d)	3.9	4.7	4.9	6.0	5.5	np	np	3.3	4.7
Remoteness of residence (e)									
Major cities	4.1	4.9	5.0	6.3	5.8	..	4.5	..	4.8
Inner regional	3.5	4.5	4.8	5.8	4.5	5.8	np	..	4.5
Outer regional	3.2	3.6	4.7	5.0	4.8	5.0	..	3.6	4.2
Remote	3.2	4.6	3.9	4.2	5.6	3.8	..	3.7	4.1
Very remote	3.0	..	2.6	3.2	3.9	3.4	..	1.7	2.8
SEIFA of residence (f)									
Quintile 1	3.3	4.3	4.6	4.9	5.5	4.9	np	2.8	4.2
Quintile 2	3.7	4.6	5.0	5.9	5.6	6.8	30.5	2.4	4.5
Quintile 3	4.8	4.7	4.7	5.4	5.6	7.0	7.8	6.1	5.0
Quintile 4	3.7	4.7	5.2	6.5	5.2	5.3	6.6	2.6	4.8
Quintile 5	4.4	5.1	5.2	6.8	5.6	..	4.3	3.1	5.0
Haemorrhoidectomy									
Hospital sector									
Private	1.5	0.7	1.0	0.5	0.7	np	np	np	1.0
Public	0.8	0.6	0.3	0.5	0.6	np	np	np	0.6
Indigenous status (c)									
Indigenous	1.0	1.3	0.5	0.5	0.8	np	np	0.5	0.7
Other Australians (d)	2.4	1.4	1.3	1.0	1.3	np	np	2.1	1.6
Remoteness of residence (e)									
Major cities	2.3	1.2	1.2	0.8	1.3	..	0.8	..	1.6
Inner regional	2.5	2.0	1.6	1.8	1.3	1.4	np	..	2.0
Outer regional	2.2	1.4	1.0	1.5	1.2	1.9	..	2.6	1.6

Table NHA 48.10 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Remote	1.9	1.5	0.8	1.0	0.8	0.9	..	0.5	1.0
Very remote	1.6	..	0.4	0.7	0.4	1.8	..	0.4	0.6
SEIFA of residence (f)									
Quintile 1	2.4	1.5	1.3	1.2	1.5	1.6	np	1.3	1.8
Quintile 2	2.2	1.7	1.2	1.2	1.1	2.6	1.7	1.5	1.7
Quintile 3	2.7	1.4	1.2	0.9	1.2	1.6	0.9	2.0	1.6
Quintile 4	2.5	1.3	1.4	1.2	1.2	1.0	1.0	1.8	1.6
Quintile 5	2.2	1.1	1.2	0.8	1.3	..	0.8	3.7	1.4
Hip replacement									
Hospital sector									
Private	0.6	0.8	0.7	0.8	0.8	np	np	np	0.7
Public	0.6	0.6	0.5	0.7	0.6	np	np	np	0.6
Indigenous status (c)									
Indigenous	0.5	0.8	0.6	0.3	1.7	np	np	0.4	0.6
Other Australians (d)	1.3	1.4	1.2	1.6	1.5	np	np	0.6	1.3
Remoteness of residence (e)									
Major cities	1.2	1.3	1.2	1.5	1.4	..	1.6	..	1.3
Inner regional	1.3	1.7	1.4	1.6	1.6	1.6	np	..	1.5
Outer regional	1.3	1.6	1.1	2.0	1.8	1.6	..	0.7	1.5
Remote	1.3	1.4	1.0	1.4	1.6	0.8	..	0.5	1.2
Very remote	np	..	0.9	0.8	1.8	1.5	..	0.8	1.0
SEIFA of residence (f)									
Quintile 1	1.1	1.2	1.2	2.0	1.5	1.4	np	0.6	1.2
Quintile 2	1.2	1.6	1.3	1.5	1.4	2.3	28.1	0.4	1.4
Quintile 3	1.4	1.4	1.1	1.4	1.5	1.8	5.0	0.9	1.4
Quintile 4	1.2	1.4	1.2	1.6	1.4	1.7	2.2	0.7	1.4
Quintile 5	1.4	1.5	1.1	1.6	1.5	..	1.6	0.6	1.4

Table NHA 48.10 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Inguinal herniorrhaphy									
Hospital sector									
Private	1.2	1.1	1.5	1.2	1.0	np	np	np	1.2
Public	1.0	1.1	0.9	1.1	1.1	np	np	np	1.0
Indigenous status (c)									
Indigenous	1.1	1.3	1.2	0.8	1.7	np	np	0.5	1.1
Other Australians (d)	2.2	2.2	2.4	2.3	2.1	np	np	2.5	2.2
Remoteness of residence (e)									
Major cities	2.2	2.1	2.3	2.4	2.1	..	2.0	..	2.2
Inner regional	2.2	2.4	2.4	2.4	2.1	2.1	np	..	2.3
Outer regional	1.9	2.6	2.3	2.2	2.3	2.5	..	2.3	2.3
Remote	2.3	1.8	2.0	1.8	2.4	2.2	..	2.1	2.0
Very remote	2.4	..	1.7	1.4	1.9	np	..	1.0	1.5
SEIFA of residence (f)									
Quintile 1	2.1	2.3	2.2	2.2	2.1	2.1	np	1.4	2.2
Quintile 2	2.0	2.3	2.3	2.3	2.1	3.0	9.4	2.9	2.2
Quintile 3	2.4	2.1	2.3	2.2	2.3	2.4	3.3	2.9	2.3
Quintile 4	2.3	2.3	2.5	2.4	2.1	2.2	2.6	1.8	2.3
Quintile 5	2.2	2.2	2.4	2.4	2.3	..	2.0	2.4	2.3
Knee replacement									
Hospital sector									
Private	1.0	0.9	1.2	1.1	1.3	np	np	np	1.1
Public	0.6	0.5	0.5	0.6	0.5	np	np	np	0.6
Indigenous status (c)									
Indigenous	1.0	0.7	0.5	0.6	0.4	np	np	np	0.6
Other Australians (d)	1.7	1.3	1.7	1.7	1.8	np	np	0.6	1.6
Remoteness of residence (e)									

Table NHA 48.10 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Major cities	1.6	1.2	1.6	1.7	1.7	..	1.9	..	1.5
Inner regional	1.8	1.6	1.9	2.0	1.7	1.5	np	..	1.8
Outer regional	1.7	1.7	1.7	2.2	2.5	1.5	..	0.7	1.8
Remote	1.5	1.8	1.5	1.7	2.2	0.9	..	0.1	1.5
Very remote	1.6	..	1.4	1.0	0.9	np	..	0.1	1.0
SEIFA of residence (f)									
Quintile 1	1.7	1.2	1.8	2.2	1.8	1.2	np	0.4	1.6
Quintile 2	1.7	1.6	1.8	1.8	1.8	2.4	25.4	0.3	1.7
Quintile 3	1.8	1.4	1.5	1.7	1.8	1.8	4.3	0.6	1.6
Quintile 4	1.6	1.4	1.7	1.9	1.9	1.5	3.2	0.7	1.6
Quintile 5	1.7	1.2	1.4	1.5	1.7	..	1.6	0.6	1.5
Myringotomy									
Hospital sector									
Private	0.9	0.9	1.0	1.3	1.7	np	np	np	1.0
Public	0.5	0.9	0.6	0.7	1.2	np	np	np	0.7
Indigenous status (c)									
Indigenous	1.1	1.4	1.0	1.5	1.4	np	np	0.6	1.1
Other Australians (d)	1.4	1.7	1.6	2.0	2.9	np	np	0.8	1.7
Remoteness of residence (e)									
Major cities	1.5	1.6	1.5	2.2	3.0	..	2.0	..	1.7
Inner regional	1.3	1.9	1.8	1.9	2.8	1.4	np	..	1.7
Outer regional	1.1	2.0	1.2	1.5	2.3	1.2	..	0.9	1.4
Remote	1.3	4.0	1.3	1.2	2.3	0.7	..	0.6	1.3
Very remote	1.4	..	1.2	1.3	1.6	np	..	0.4	1.0
SEIFA of residence (f)									
Quintile 1	1.0	1.3	1.4	1.7	2.5	1.2	np	0.4	1.4
Quintile 2	1.2	1.8	1.5	2.0	2.7	1.7	9.0	1.1	1.6

Table NHA 48.10 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Quintile 3	1.5	1.6	1.5	1.8	2.8	1.4	4.5	0.9	1.6
Quintile 4	1.4	1.8	1.6	2.1	3.4	1.3	2.9	0.9	1.8
Quintile 5	2.0	2.0	1.6	2.5	3.4	..	1.9	0.7	2.1
Tonsillectomy									
Hospital sector									
Private	1.2	0.8	1.3	1.3	1.3	np	np	np	1.2
Public	0.7	1.1	0.7	0.9	1.4	np	np	np	0.9
Indigenous status (c)									
Indigenous	1.0	1.3	0.9	0.7	1.3	np	np	0.3	0.9
Other Australians (d)	2.0	1.9	2.1	2.3	2.8	np	np	1.5	2.1
Remoteness of residence (e)									
Major cities	1.9	1.7	1.9	2.3	2.7	..	2.4	..	2.0
Inner regional	2.1	2.7	2.7	2.3	2.7	1.2	np	..	2.4
Outer regional	2.1	2.7	1.8	1.8	2.7	1.3	..	1.3	2.0
Remote	1.8	4.3	1.7	1.4	3.2	1.8	..	1.3	1.8
Very remote	1.9	..	1.4	1.3	2.2	np	..	0.3	1.1
SEIFA of residence (f)									
Quintile 1	1.8	1.8	1.9	1.7	2.9	1.3	np	0.5	1.9
Quintile 2	1.8	2.4	2.3	2.4	2.4	1.5	9.0	1.3	2.1
Quintile 3	2.2	2.0	2.1	2.1	2.8	1.1	4.0	2.0	2.1
Quintile 4	1.8	1.8	2.1	2.3	2.8	1.0	3.8	0.9	2.0
Quintile 5	2.4	1.6	1.9	2.3	2.6	..	2.3	1.3	2.1
Varicose veins stripping and ligation									
Hospital sector									
Private	0.3	0.5	0.4	0.5	0.4	np	np	np	0.4
Public	0.2	0.4	0.2	0.1	0.3	np	np	np	0.2
Indigenous status (c)									

Table NHA 48.10 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Indigenous	0.2	0.4	0.3	np	0.6	np	np	0.1	0.2
Other Australians (d)	0.6	0.8	0.6	0.6	0.7	np	np	0.7	0.7
Remoteness of residence (e)									
Major cities	0.6	0.8	0.7	0.6	0.6	..	0.9	..	0.7
Inner regional	0.6	0.9	0.6	0.5	0.8	0.8	np	..	0.7
Outer regional	0.5	0.8	0.5	0.5	0.8	0.6	..	0.7	0.6
Remote	0.4	np	0.3	0.3	0.7	0.7	..	0.4	0.4
Very remote	0.4	..	0.3	0.3	1.0		..	0.1	0.4
SEIFA of residence (f)									
Quintile 1	0.5	0.8	0.5	0.5	0.7	0.6	np	0.3	0.6
Quintile 2	0.5	0.9	0.5	0.6	0.6	0.7	6.8	0.5	0.6
Quintile 3	0.5	0.8	0.5	0.4	0.7	0.9	1.5	0.8	0.6
Quintile 4	0.6	0.9	0.7	0.5	0.7	1.1	1.2	0.5	0.7
Quintile 5	0.7	0.8	0.7	0.8	0.7	..	0.9	0.9	0.8
Septoplasty									
Hospital sector									
Private	0.7	0.8	0.7	0.6	1.0	np	np	np	0.7
Public	0.2	0.5	0.2	0.2	0.5	np	np	np	0.3
Indigenous status (c)									
Indigenous	0.3	0.8	0.1	0.1	0.6	np	np	0.1	0.3
Other Australians (d)	1.0	1.3	0.9	0.9	1.5	np	np	0.8	1.1
Remoteness of residence (e)									
Major cities	1.0	1.3	0.8	0.9	1.6	..	1.5	..	1.1
Inner regional	0.8	1.3	0.9	0.7	1.3	0.4	np	..	1.0
Outer regional	0.6	1.5	1.2	0.8	1.1	0.4	..	0.8	1.0
Remote	0.5	1.7	0.8	0.5	0.9	np	..	0.4	0.6
Very remote	np	..	0.4	0.3	1.1	np	..	0.2	0.4

Table NHA 48.10 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
SEIFA of residence (f)									
Quintile 1	0.8	1.3	0.8	0.9	1.2	0.4	np	0.4	0.9
Quintile 2	0.8	1.4	0.8	0.7	1.6	0.6	7.0	0.4	1.0
Quintile 3	1.0	1.3	0.8	0.8	1.5	0.4	2.1	0.9	1.0
Quintile 4	1.0	1.3	0.9	0.9	1.5	0.3	1.9	0.5	1.1
Quintile 5	1.3	1.5	0.8	1.1	1.7	..	1.5	1.0	1.3
Prostatectomy									
Hospital sector									
Private	1.7	1.9	1.7	1.5	1.6	np	np	np	1.7
Public	0.9	1.1	0.7	0.9	1.2	np	np	np	1.0
Indigenous status (c)									
Indigenous	1.2	np	1.9	1.2	2.2	np	np	1.4	1.4
Other Australians (d)	2.6	3.0	2.4	2.5	2.8	np	np	1.7	2.7
Remoteness of residence (e)									
Major cities	2.6	3.2	2.4	2.5	2.7	..	2.6	..	2.7
Inner regional	2.5	2.7	2.7	2.8	2.5	3.0	np	..	2.7
Outer regional	2.5	2.7	2.3	2.1	3.4	2.8	..	2.2	2.6
Remote	2.1	2.4	1.9	1.6	2.7	1.9	..	1.6	2.0
Very remote	np	..	1.4	0.8	2.6	2.2	..	0.8	1.3
SEIFA of residence (f)									
Quintile 1	2.4	2.6	2.5	2.2	2.8	2.5	np	1.4	2.5
Quintile 2	2.4	3.0	2.6	2.2	2.7	4.5	43.2	1.1	2.6
Quintile 3	2.5	2.7	2.2	2.3	2.7	3.7	6.7	3.3	2.5
Quintile 4	2.6	3.2	2.4	2.7	2.7	2.9	3.6	1.4	2.7
Quintile 5	3.2	3.5	2.5	2.7	2.9	..	2.5	3.5	3.1
Hysterectomy									
Hospital sector									

Table NHA 48.10 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Private	1.8	1.5	2.3	2.1	2.2	np	np	np	1.9
Public	1.7	1.8	1.5	1.4	2.1	np	np	np	1.7
Indigenous status (c), (h)									
Indigenous	2.9	3.0	2.8	2.1	4.0	np	np	2.0	2.7
Other Australians (d)	3.4	3.3	3.9	3.6	4.3	np	np	3.2	3.6
Remoteness of residence (e)									
Major cities	3.2	3.0	3.6	3.6	4.0	..	3.4	..	3.3
Inner regional	4.0	4.2	4.5	3.4	4.7	3.7	np	..	4.2
Outer regional	3.9	4.7	3.9	4.3	5.9	4.2	..	3.5	4.2
Remote	3.9	np	3.6	3.3	4.2	2.6	..	1.6	3.3
Very remote	np	..	3.6	3.2	5.1	np	..	2.5	3.3
SEIFA of residence (f)									
Quintile 1	3.3	3.5	4.2	4.7	4.8	3.8	np	2.5	3.8
Quintile 2	4.0	4.1	4.5	3.4	4.1	4.1	15.8	2.3	4.1
Quintile 3	3.8	3.6	3.4	3.6	4.0	3.7	7.6	3.3	3.7
Quintile 4	3.1	3.2	3.9	3.4	4.1	4.0	4.7	3.0	3.5
Quintile 5	2.9	2.6	3.3	3.6	3.9	..	3.2	4.2	3.0

(a) Rates are standardised to the Australian population as at 30 June 2001 and are calculated for the total population for all procedures except prostatectomy (rates calculated for the male population only) and hysterectomy (rates calculated for females aged 15–69 years).

(b) The estimated resident population in quintile 2 of the ACT is very low. The high rate for the ACT in this area reflects the relatively large number of interstate resident patients hospitalised in the ACT.

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

(d) 'Other Australians' includes procedures for non-Indigenous people and those for whom Indigenous status was not stated.

(e) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness population group (regardless of where they reside) divided by the number of people in that remoteness population group in the jurisdiction of hospitalisation.

Table NHA 48.10 Selected hospital procedures, by hospital sector, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (age standardised rate per 1000 population) (a)

	NSW	Vic	Qld	WA	SA	Tas	ACT (b)	NT	Aust
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(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each SEIFA population group (regardless of where they reside) divided by the number of people in that SEIFA population group in the jurisdiction of hospital.

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

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

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

Source: AIHW (unpublished) National Hospital Morbidity database; ABS (unpublished) Estimated Resident Population, 30 June 2008; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2008, Series B, Cat. no. 3238.0.

Table NHA.48.11

Selected hospital procedures, by selected age groups, by State and Territory, 2007-08 (a)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Separations for persons aged 50 to 64 years										
Procedure		<i>number of separations for persons aged 50 to 64 years</i>								
Cataract extraction	no.	9 144	6 559	7 231	2 959	2 003	851	259	268	29 274
Cholecystectomy	no.	4 372	3 343	2 899	1 392	1 090	321	227	88	13 732
Coronary artery bypass graft (c)	no.	1 490	1 033	1 019	298	411	104	66	..	4 421
Coronary angioplasty (c)	no.	4 116	3 435	2 454	1 190	1 014	290	338	..	12 837
Cystoscopy	no.	7 883	6 880	6 622	3 453	2 641	880	593	150	29 102
Haemorrhoidectomy	no.	6 312	2 521	2 041	815	806	342	95	101	13 033
Hip replacement	no.	2 281	1 961	1 171	892	654	242	177	23	7 401
Inguinal herniorrhaphy	no.	4 532	3 245	2 932	1 451	1 083	379	222	108	13 952
Knee replacement	no.	3 962	2 288	2 151	1 174	1 243	277	296	28	11 419
Myringotomy	no.	412	503	209	189	218	32	51	8	1 622
Tonsillectomy	no.	131	97	132	55	58	np	15	np	502
Varicose veins stripping and ligation	no.	1 474	1 697	996	418	453	166	160	31	5 395
Septoplasty	no.	1 402	1 409	899	368	572	49	149	39	4 887
Prostatectomy	no.	3 068	2 411	1 780	910	697	276	193	27	9 362
Hysterectomy	no.	2 833	2 182	1 764	785	843	218	170	51	8 846
Procedure		<i>age-standardised rate per 1000 population aged 50 to 64 years</i>								
Cataract extraction	rate	7.2	6.9	9.3	7.7	6.4	8.3	4.3	8.5	7.5
Cholecystectomy	rate	3.6	3.7	3.9	3.7	3.6	3.3	3.9	2.7	3.7
Coronary artery bypass graft (c)	rate	1.2	1.1	1.3	0.8	1.3	1.0	1.1	..	1.1
Coronary angioplasty (c)	rate	3.3	3.7	3.2	3.1	3.3	2.9	5.7	..	3.4
Cystoscopy	rate	6.3	7.4	8.7	9.1	8.7	8.8	10.0	4.7	7.6
Haemorrhoidectomy	rate	5.2	2.8	2.7	2.2	2.7	3.5	1.6	3.0	3.5
Hip replacement	rate	1.8	2.1	1.5	2.3	2.1	2.4	3.0	0.7	1.9

Table NHA.48.11

Table NHA.48.11 **Selected hospital procedures, by selected age groups, by State and Territory, 2007-08 (a)**

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Inguinal herniorrhaphy	rate	3.7	3.5	3.9	3.8	3.6	3.8	3.7	3.3	3.7
Knee replacement	rate	3.1	2.4	2.7	3.1	4.0	2.7	4.9	0.9	2.9
Myringotomy	rate	0.3	0.5	0.3	0.5	0.7	0.3	0.9	0.2	0.4
Tonsillectomy	rate	0.1	0.1	0.2	0.1	0.2	np	0.2	np	0.1
Varicose veins stripping and ligation	rate	1.2	1.8	1.3	1.1	1.5	1.7	2.7	0.9	1.4
Septoplasty	rate	1.2	1.6	1.2	1.0	1.9	0.5	2.5	1.2	1.3
Prostatectomy	rate	4.8	5.1	4.5	4.6	4.5	5.4	6.5	1.5	4.8
Hysterectomy	rate	4.8	4.8	4.9	4.3	5.7	4.6	5.7	3.3	4.8

Separations for persons aged 65 years and over

Procedure	<i>number of separations for persons aged 65 years and over</i>									
Cataract extraction	no.	52 277	37 466	31 991	14 569	12 169	5 144	1 593	567	155 776
Cholecystectomy	no.	4 006	3 059	2 421	964	1 060	273	138	38	11 959
Coronary artery bypass graft (c)	no.	2 703	2 236	1 830	477	826	164	133	..	8 369
Coronary angioplasty (c)	no.	5 836	4 937	3 256	1 549	1 394	411	410	..	17 793
Cystoscopy	no.	16 364	14 299	10 575	6 863	5 509	1 817	875	156	56 458
Haemorrhoidectomy	no.	3 749	1 603	1 204	350	490	228	55	40	7 719
Hip replacement	no.	6 813	5 862	3 712	2 166	2 125	641	460	36	21 815
Inguinal herniorrhaphy	no.	5 197	4 042	3 145	1 542	1 273	413	198	58	15 868
Knee replacement	no.	8 356	5 069	4 822	2 386	2 026	573	469	27	23 728
Myringotomy	no.	389	441	154	158	181	43	np	np	1 408
Tonsillectomy	no.	27	29	49	17	17	np	np	—	144
Varicose veins stripping and ligation	no.	909	947	449	258	223	90	65	9	2 950
Septoplasty	no.	599	477	322	134	241	np	45	np	1 838
Prostatectomy	no.	6 656	6 084	3 497	1 694	1 898	589	341	70	20 829
Hysterectomy (d)	no.	545	455	314	138	147	32	29	4	1 664

Table NHA.48.11

Table NHA.48.11

Selected hospital procedures, by selected age groups, by State and Territory, 2007-08 (a)

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
Procedure		<i>age-standardised rate per 1000 population aged 64 years and over</i>								
Cataract extraction	rate	55.3	52.9	63.9	59.2	49.5	70.8	49.3	59.0	56.5
Cholecystectomy	rate	4.3	4.4	4.8	3.9	4.5	3.8	4.1	3.5	4.4
Coronary artery bypass graft (c)	rate	2.9	3.2	3.7	1.9	3.5	2.3	4.1	..	3.1
Coronary angioplasty (c)	rate	6.3	7.1	6.4	6.3	5.9	5.7	12.5	..	6.5
Cystoscopy	rate	17.4	20.3	20.9	27.6	22.6	24.9	26.5	16.6	20.5
Haemorrhoidectomy	rate	4.1	2.3	2.3	1.4	2.1	3.1	1.6	3.6	2.8
Hip replacement	rate	7.1	8.2	7.3	8.7	8.6	8.8	14.1	4.1	7.8
Inguinal herniorrhaphy	rate	5.6	5.8	6.2	6.2	5.3	5.7	6.0	5.7	5.8
Knee replacement	rate	9.0	7.3	9.6	9.7	8.6	7.9	14.2	2.6	8.7
Myringotomy	rate	0.4	0.6	0.3	0.6	0.8	0.6	np	np	0.5
Tonsillectomy	rate	0.0	0.0	0.1	0.1	0.1	np	np	–	0.1
Varicose veins stripping and ligation	rate	1.0	1.4	0.9	1.0	1.0	1.2	1.9	0.7	1.1
Septoplasty	rate	0.7	0.7	0.6	0.5	1.1	np	1.4	np	0.7
Prostatectomy	rate	15.7	19.2	14.8	14.7	17.6	17.7	22.9	14.3	16.6
Hysterectomy (d)	rate	4.0	4.5	4.0	3.6	4.3	2.9	5.4	2.0	4.1

(a) Rates are standardised to the Australian population as at 30 June 2001 and are calculated for the total population for all procedures except prostatectomy (rates calculated for the male population only) and hysterectomy (rates calculated for females aged 50–69 years).

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

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

(d) Calculated for females aged 65–69 years only.

.. Not applicable. **np** Not published. – Nil

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Resident Population, 30 June 2007.

NHA Indicator 49:

**Residential and community aged
care services per 1000 population
aged 70+ years**

Table NHA.49.1

Table NHA.49.1 **Residential and community aged care places, by State and Territory, 2011 (at 30 June) (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>
Residential aged care places (b)									
<i>number</i>	63 966	47 630	33 450	15 777	17 268	4 752	2 031	685	185 559
<i>rate per 1000 population</i>	84.8	85.7	79.7	76.2	90.1	80.9	76.4	46.1	83.3
Community aged care places (c)									
<i>number</i>	19 494	14 462	11 983	7 442	4 752	1 586	1 167	934	61 820
<i>rate per 1000 population</i>	25.8	26.0	28.5	36.0	24.8	27.0	43.9	62.8	27.7

(a) Population is people aged 70 years or over plus Indigenous Australians aged 50–69 years at 30 June 2011.

(b) Count is of operational residential places allocated to a State or Territory which were delivered in Australian Government subsidised residential aged care facilities at 30 June 2011, and includes Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs provided in a residential aged care facility.

(c) Count is of operational community care places including: CACP, EACH and EACHD, Transition Care Program, and Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs (including Consumer Directed Care) provided in the community.

Source: DoHA (unpublished) Australian Government DoHA Ageing and Aged Care data warehouse; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DOHA by ABS according to the assumptions agreed to by DOHA. For June 2011, DoHA Indigenous population projections were prepared from ABS Indigenous Experimental 2006 ERP data (at SLA level) projected forward so as to align with published ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at the state level. The resulting projections of the Indigenous population were created by DoHA and are not ABS projections.

Table NHA.49.2 Residential and community aged care places per 1000 population, by planning region, 2011 (at 30 June) (a)

	<i>Residential aged care places per 1000 population (b)</i>	<i>Community aged care places per 1000 population (c)</i>
NSW		
Central Coast	81.6	24.7
Central West	82.7	23.8
Far North Coast	83.5	24.7
Hunter	85.6	24.3
Illawarra	77.7	24.5
Inner West	107.2	24.3
Mid North Coast	78.3	24.7
Nepean	81.5	27.7
New England	78.8	23.1
Northern Sydney	95.7	23.7
Orana Far West	79.7	24.1
Riverina/Murray	83.2	22.5
South East Sydney	76.7	23.6
South West Sydney	82.8	24.3
Southern Highlands	88.8	24.2
Western Sydney	85.8	25.6
Victoria		
Barwon-South Western	90.5	25.4
Eastern Metro	85.2	23.8
Gippsland	78.7	24.6
Grampians	81.9	25.2
Hume	87.1	24.9
Loddon-Mallee	84.1	25.7
Northern Metro	84.9	26.6
Southern Metro	87.3	22.8
Western Metro	86.8	25.1
Queensland		
Brisbane North	100.9	27.6
Brisbane South	90.2	24.1
Cabool	74.9	25.0
Central West	92.9	64.7
Darling Downs	81.3	23.8
Far North	62.7	27.7
Fitzroy	84.1	27.7
Logan River Valley	75.0	26.8
Mackay	70.7	27.2
North West	47.0	51.0
Northern	79.6	25.2

Table NHA.49.2 Residential and community aged care places per 1000 population, by planning region, 2011 (at 30 June) (a)

	<i>Residential aged care places per 1000 population (b)</i>	<i>Community aged care places per 1000 population (c)</i>
South Coast	80.3	26.8
South West	92.8	44.0
Sunshine Coast	74.8	28.9
West Moreton	69.2	36.5
Wide Bay	65.8	26.1
Western Australia		
Goldfields	71.8	26.0
Great Southern	78.5	36.7
Indian Ocean Territories	—	—
Kimberley	56.4	36.7
Metropolitan East	83.8	40.4
Metropolitan North	76.5	32.6
Metropolitan South East	91.2	34.2
Metropolitan South West	71.1	34.5
Mid West	54.6	42.0
Pilbara	37.3	39.6
South West	69.6	28.3
Wheatbelt	61.8	34.7
South Australia		
Eyre Peninsula	84.7	30.4
Hills, Mallee & Southern	78.2	25.6
Metropolitan East	114.3	22.7
Metropolitan North	92.9	22.3
Metropolitan South	88.2	24.2
Metropolitan West	85.2	18.9
Mid North	77.0	16.6
Riverland	69.9	25.8
South East	81.3	25.1
Whyalla, Flinders & Far North	70.6	35.5
Yorke, Lower North & Barossa	85.9	24.8
Tasmania		
North Western	73.0	22.1
Northern	87.1	25.3
Southern	81.2	27.1
Australian Capital Territory		
Australian Capital Territory	76.4	42.1
Northern Territory		
Alice Springs	49.5	71.9
Barkly	26.6	58.8

Table NHA.49.2 Residential and community aged care places per 1000 population, by planning region, 2011 (at 30 June) (a)

	<i>Residential aged care places per 1000 population (b)</i>	<i>Community aged care places per 1000 population (c)</i>
Darwin	50.8	54.3
East Arnhem	11.1	66.8
Katherine	53.8	66.2

(a) Population is people aged 70 years or over plus Indigenous Australians aged 50–69 years at 30 June 2011.

(b) Count is of residential places allocated to an Aged Care Planning Region which were delivered in an Australian Government subsidised residential aged care facility and were operational at 30 June 2011, and includes Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs provided in a residential aged care facility.

(c) Count is community care places allocated to an Aged Care Planning Region which were operational at 30 June 2011 and includes: CACP, EACH and EACHD, and Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs (including Consumer Directed Care) provided in the community. Note that it does not include places allocated under the Transition Care Program as it is not possible to disaggregate these places by Aged Care Planning Region.

– Nil or rounded to zero.

Source: DoHA (unpublished) stocktake from the Australian Government DoHA Ageing and Aged Care data warehouse; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DOHA by ABS according to the assumptions agreed to by DOHA. For June 2011, DoHA Indigenous population projections were prepared from ABS Indigenous Experimental 2006 ERP data (at SLA level) projected forward so as to align with published ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at the state level. The resulting projections of the Indigenous population were created by DoHA and are not ABS projections.

Table NHA.49.3 Residential and community aged care places per 1000 population, by remoteness, National, 2011 (at 30 June) (a)

	<i>Aust</i>	<i>Aust</i>
	<i>Residential aged care places per 1000 population (b)</i>	<i>Community aged care places per 1000 population (c)</i>
Remoteness of residence		
Major cities	86.8	28.6
Inner regional	80.8	26.7
Outer regional	72.1	22.8
Remote	60.5	32.4
Very remote	43.2	42.9

(a) Population people aged 70 years and over plus Indigenous Australians aged 50–69 years at 30 June 2011.

(b) Count is of operational residential places delivered in Australian Government subsidised residential aged care facilities at 30 June 2011 and includes Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs delivered in a residential aged care facility.

(c) Count is of operational community care places at 30 June 2011 and includes: CACP, EACH and EACHD, Transition Care Program, and Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs (including Consumer Directed Care) provided in the community.

Source: DoHA (unpublished) Australian Government DoHA Ageing and Aged Care data warehouse; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DOHA by ABS according to the assumptions agreed to by DOHA. For June 2011, DoHA Indigenous population projections were prepared from ABS Indigenous Experimental 2006 ERP data (at SLA level) projected forward so as to align with published ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at the state level. An Iterative Proportional Fitting technique was applied to align the projections with ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at Remoteness Area level. The Indigenous Estimated Resident Population at 30 June 2006 (ABS cat no 3238.0.55.001) was used to proportionally split the remoteness areas classification of Inner Regional/Outer Regional and Remote/Very Remote. The resulting projections of the Indigenous population were created by DoHA and are not ABS projections.

NHA Indicator 50:

There is currently no agreed measure, nor data available, to inform this indicator

**Staphylococcus aureus (including
MRSA) bacteraemia in residential
aged care**

NHA Indicator 51:

There is currently no agreed measure, nor data available, to inform this indicator

Pressure ulcers in residential aged care

NHA Indicator 52:

**Falls in residential aged care
resulting in patient harm and
treated in hospital**

Table NHA.52.1

Table NHA.52.1 Falls in residential aged care resulting in patient harm and treated in hospital, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
	<i>number</i>								
Indigenous status (c)									
Indigenous	23	12	15	16	7	–	–	13	86
Other Australians	7 123	5 743	3 481	1 669	1 438	265	346	28	19 482
Remoteness of residence (d)									
Major cities	4 990	4 515	2 323	1 388	1 105	–	326	–	14 647
Inner regional	1 518	1 018	726	154	137	192	10	–	3 755
Outer regional	586	222	386	106	160	np	10	np	1 556
Remote and very remote	35	–	61	37	43	np	–	np	203
SEIFA of residence (e)									
Quintile 1	1 369	873	891	98	475	131	np	np	3 857
Quintile 2	2 126	1 008	573	277	287	24	10	–	4 305
Quintile 3	1 185	1 024	859	417	296	58	44	23	3 906
Quintile 4	866	1 396	760	297	190	51	np	np	3 664
Quintile 5	1 583	1 454	413	596	197	–	186	–	4 429
Total (f)	7 146	5 755	3 496	1 685	1 445	265	346	41	20 179
	<i>rate per 10 000 resident-occupied place days</i>								
Indigenous status (c)									
Indigenous	2.9	4.6	1.5	1.6	3.5	–	–	2.2	2.2
Other Australians	3.4	3.7	3.3	3.4	2.5	1.7	5.7	2.6	3.3
Remoteness of residence (d)									
Major cities	3.5	4.1	3.5	3.5	2.5	–	5.4	–	3.6
Inner regional	3.2	2.9	2.7	2.6	2.2	1.8	62.4	–	2.8
Outer regional	4.0	2.5	2.9	3.0	2.8	np	–	np	3.0
Remote and very remote	4.7	–	2.9	2.7	4.6	np	–	np	3.2

Table NHA.52.1

Table NHA.52.1 Falls in residential aged care resulting in patient harm and treated in hospital, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (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>
SEIFA of residence (e)									
Quintile 1	3.3	3.3	3.2	3.9	2.6	1.4	np	np	3.1
Quintile 2	3.5	3.4	3.1	2.9	2.4	2.6	8.3	–	3.3
Quintile 3	3.3	3.5	4.1	2.8	3.4	2.1	24.2	5.9	3.4
Quintile 4	3.2	4.3	3.1	3.3	1.8	1.8	np	np	3.4
Quintile 5	3.9	4.1	2.6	4.3	2.3	–	4.5	–	3.7
Total (f)	3.4	3.7	3.2	3.3	2.5	1.7	5.7	2.5	3.4

(a) Refers to the number of hospital separations involving falls in an aged care facility that were treated in hospital, not the number of falls that occurred in aged care facilities.

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

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

(d) Disaggregation by remoteness is by the patient's usual residence (numerator) and client postcode prior to admission to residential aged care (denominator), not the location of the hospital or the residential aged care facility. Hence, rates represent the number of separations for patients living in each remoteness area (regardless of their jurisdiction of usual residence) divided by the total number of resident occupied place days for clients resident in aged care facilities in the reporting jurisdiction and living in that remoteness area prior to admission to the aged care facility.

(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence (numerator) and client postcode prior to admission to residential aged care (denominator), not the location of the hospital or the residential aged care facility. Hence, rates represent the number of separations for patients living in each SEIFA quintile regardless of their jurisdiction of usual residence) divided by the total number of resident occupied place days for clients resident in aged care facilities in the reporting jurisdiction and living in that SEIFA quintile prior to admission to the aged care facility.

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

Table NHA.52.1 Falls in residential aged care resulting in patient harm and treated in hospital, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (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>
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.. Not applicable. – Nil or rounded to zero. **np** Not published.

Source: AIHW (unpublished) National Hospital Morbidity Database; DoHA (unpublished) Ageing and Aged Care Data Warehouse.

Table NHA.52.2 Falls in residential aged care resulting in patient harm and treated in hospital, by SEIFA deciles, National, 2009-10 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>rate per 10 000 resident-occupied place</i>	<i>no.</i>
<i>days</i>		
SEIFA of residence		
Decile 1	2.9	1 622
Decile 2	3.2	2 235
Decile 3	3.2	2 023
Decile 4	3.3	2 282
Decile 5	3.2	1 908
Decile 6	3.7	1 998
Decile 7	3.1	1 740
Decile 8	3.6	1 924
Decile 9	3.7	2 294
Decile 10	3.8	2 135

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital or the residential aged care facility.

Source: AIHW (unpublished), National Hospital Morbidity Database; DoHA (unpublished) Ageing and Aged Care Data Warehouse.

Table NHA.52.3

Table NHA.52.3 **Falls in residential aged care resulting in patient harm and treated in hospital, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (a), (b)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
	<i>number</i>								
Indigenous status (d)									
Indigenous	17	4	32	17	3	–	–	6	79
Other Australians	6 814	5 372	3 275	1 387	1 521	318	386	25	18 394
Remoteness of residence (e)									
Major cities	4 624	4 320	2 169	1 059	1 113	..	345	..	13 630
Inner regional	1 583	857	683	193	159	230	30	..	3 735
Outer regional	553	191	389	123	198	87	11	18	1 570
Remote and very remote	38	np	63	29	54	np	np	13	201
SEIFA of residence (f)									
Quintile 1	1 271	772	828	114	483	174	3	3	3 648
Quintile 2	2 003	895	586	239	313	24	24	3	4 087
Quintile 3	1 086	874	806	362	329	58	49	16	3 580
Quintile 4	904	1 385	673	245	191	62	117	9	3 586
Quintile 5	1 533	1 445	411	444	208	..	193	..	4 234
Total (g)	6 831	5 376	3 307	1 404	1 524	318	386	31	19 177
	<i>rate per 10 000 resident-occupied place days</i>								
Indigenous status (d)									
Indigenous	2.3	np	3.5	1.8	np	–	–	1.1	2.2
Other Australians	3.4	3.6	3.1	2.9	2.6	2.1	6.7	2.5	3.1
Remoteness of residence (e)									
Major cities	3.3	4.0	3.4	2.8	2.5	..	6.0	..	3.4
Inner regional	3.4	2.5	2.6	3.3	2.6	2.1	np	..	2.9
Outer regional	3.8	2.2	3.0	3.4	3.4	2.0	..	2.2	3.1

Table NHA.52.3

Table NHA.52.3 Falls in residential aged care resulting in patient harm and treated in hospital, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2008-09 (a), (b)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas (c)</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Remote and very remote	5.4	..	3.1	2.2	5.9	..	..	1.8	3.3
SEIFA of residence (f)									
Quintile 1	3.1	3.0	3.1	4.8	2.7	1.9	np	np	3.0
Quintile 2	3.4	3.1	3.2	2.5	2.6	2.8	np	np	3.2
Quintile 3	3.1	3.1	3.9	2.5	3.8	2.1	np	4.2	3.2
Quintile 4	3.4	4.4	2.9	2.7	1.8	2.3	7.8	2.2	3.4
Quintile 5	3.8	4.1	2.7	3.2	2.4	..	4.9	..	3.6
Total (g)	3.4	3.6	3.1	2.8	2.6	2.1	6.7	2.0	3.3

(a) Refers to the number of hospital separations involving falls in an aged care facility that were treated in hospital, not the number of falls that occurred in aged care facilities.

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

(c) Data for Tasmania do not include two private hospitals that account for approximately one eighth of Tasmania's total hospital separations.

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

(e) Disaggregation by remoteness is by the patient's usual residence (numerator) and client postcode prior to admission to residential aged care (denominator), not the location of the hospital or the residential aged care facility. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence or residential aged care facility.

(f) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence (numerator) and client postcode prior to admission to residential aged care (denominator), not the location of the hospital or the residential aged care facility.

(g) Total includes separations for which place of residence was not known, not stated or could not be allocated a SEIFA index.

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

Source: AIHW (unpublished), National Hospital Morbidity Database; DoHA (unpublished) Ageing and Aged Care Data Warehouse.

Table NHA.52.4 Falls resulting in patient harm in residential aged care and treated in hospital, by SEIFA deciles, National, 2008-09 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>rate per 10 000 resident-occupied place</i>	<i>no.</i>
	<i>days</i>	
SEIFA of residence		
Decile 1	2.8	1 540
Decile 2	3.1	2 108
Decile 3	3.3	2 028
Decile 4	3.1	2 059
Decile 5	3.1	1 772
Decile 6	3.4	1 808
Decile 7	3.1	1 683
Decile 8	3.7	1 903
Decile 9	3.6	2 213
Decile 10	3.6	2 021

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital or the residential aged care facility.

Source: AIHW (unpublished), National Hospital Morbidity Database; DoHA (unpublished) Ageing and Aged Care Data Warehouse.

NHA Indicator 53:

Older people receiving aged care services

Table NHA.53.1

Table NHA.53.1 Older people receiving aged care services, by State and Territory, 2010-11 (a), (b), (c)

	NSW (d)	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
	<i>number</i>								
Aged care service									
Veterans' Home Care (e)	24 871	16 346	14 678	5 982	5 761	2 846	1 190	70	71 745
Home and Community Care	196 375	181 210	125 640	50 170	69 139	19 116	8 449	2 352	652 451
Community aged care packages	19 454	13 576	9 519	5 498	4 844	1 462	852	731	55 904
Extended aged care at home	2 776	1 955	1 794	1 331	563	205	266	143	9 028
EACH dementia	1 314	1 016	930	612	315	135	92	35	4 443
Residential aged care	70 537	53 366	36 999	17 135	19 583	5 431	2 320	526	205 530
Residential respite	17 781	10 609	5 744	2 957	4 102	1 179	567	250	43 041
Transition care	5 291	4 638	2 866	1 541	1 559	372	200	94	16 549
	<i>rate per 1000 population</i>								
Aged care service									
Veterans' Home Care (e)	33.9	29.7	36.5	30.2	30.6	50.7	45.7	9.6	33.2
Home and Community Care	260.3	326.2	299.2	242.4	360.9	325.5	318.0	158.3	292.8
Community aged care packages	25.8	24.4	22.7	26.6	25.3	24.9	32.1	49.2	25.1
Extended aged care at home	3.7	3.5	4.3	6.4	2.9	3.5	10.0	9.6	4.1
EACH dementia	1.7	1.8	2.2	3.0	1.6	2.3	3.5	2.4	2.0
Residential aged care	93.5	96.1	88.1	82.8	102.2	92.5	87.3	35.4	92.2
Residential respite	23.6	19.1	13.7	14.3	21.4	20.1	21.3	16.8	19.3
Transition care	7.0	8.3	6.8	7.4	8.1	6.3	7.5	6.3	7.4

(a) Recipient numbers in care is a distinct count of clients at any time in the 12 month period to 30 June 2011. Clients may have care under multiple types or states, so a client may be counted twice. Population is people aged 70 years and over plus Indigenous Australians aged 50–69 years at 30 June 2011, except for Veterans' Home Care where population is people aged 70 years and over.

(b) Data are presented at the program level only. Since an individual may receive services under more than one aged care program throughout the year, the number of unique individuals assessing aged care cannot be determined.

(c) State and Territory is based on the location of the service provider outlet.

Table NHA.53.1 Older people receiving aged care services, by State and Territory, 2010-11 (a), (b), (c)

	<i>NSW (d)</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) The NSW figures are based on provisional data. Consequently, some assistance types are under-reported for NSW and the level of under-reporting may be substantial.

(e) Data for Indigenous persons aged 50-69 years are not available for Veterans' Home Care Services. Includes people aged 70 years and over only.

Source: DoHA (unpublished) stocktake from the Australian Government DoHA Ageing and Aged Care data warehouse; DVA (unpublished) Veterans' Home Care data; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DOHA by ABS according to the assumptions agreed to by DOHA.

Table NHA.53.2

Table NHA.53.2 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (number) (a), (b), (c)**

	<i>NSW (d)</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>
Veterans' Home Care (c)									
Age group									
70–74 years total population	569	292	655	221	134	83	59	10	2 023
75–79 years total population	1 335	701	1 086	408	260	177	115	8	4 090
80–84 years total population	4 701	2 966	2 901	1 078	953	564	215	15	13 393
85–89 years total population	11 720	7 886	6 464	2 740	2 848	1 352	523	27	33 560
90+ years total population	6 546	4 501	3 572	1 535	1 566	670	278	10	18 679
Indigenous status									
Indigenous 50+ age group	na	na	na	na	na	na	na	na	na
Non-Indigenous 70+ age group	na	na	na	na	na	na	na	na	na
Not Stated 70+ age group	na	na	na	na	na	na	na	na	na
Remoteness of residence - Total 70 years and over (e)									
Major cities	15 034	11 109	9 699	4 661	4 387	..	1 182	..	46 072
Inner regional	7 759	4 197	3 402	850	706	2 093	6	..	19 010
Outer regional	1 971	1 015	1 422	403	560	710	..	60	6 144
Remote	66	5	101	56	95	28	..	9	360
Very remote	np	..	30	5	np	10	..	–	49
Home and Community Care									
Age group									
50–69 years Indigenous only (c)	3 839	1 104	2 027	1 187	848	144	74	765	9 988
70–74 years total population	29 827	32 965	20 867	7 587	11 518	3 278	1 473	522	108 037
75–79 years total population	41 748	42 342	27 659	11 030	15 118	4 627	1 877	426	144 827
80–84 years total population	53 685	49 407	34 833	14 020	18 920	5 321	2 197	342	178 725
85–89 years total population	43 013	36 288	26 008	10 720	14 989	3 722	1 689	205	136 634

Table NHA.53.2

Table NHA.53.2 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (number) (a), (b), (c)**

	<i>NSW (d)</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>
90+ years total population	24 263	19 104	14 246	5 626	7 746	2 024	1 139	92	74 240
Indigenous status									
Indigenous 50+ age group	6 448	1 603	3 884	1 827	1 517	337	98	1 231	16 945
Non-Indigenous 70+ age group	181 060	166 627	111 788	46 379	62 261	17 316	7 628	1 061	594 120
Not Stated 70+ age group	8 867	12 980	9 968	1 964	5 361	1 463	723	60	41 386
Remoteness of residence - Total 70 years and over plus Indigenous 50-69 years of age (e)									
Major cities	124 258	118 838	73 847	34 406	48 401	..	8 422	..	408 193
Inner regional	48 490	46 871	30 876	7 826	9 124	12 507	—	..	155 694
Outer regional	20 306	14 922	16 572	5 561	8 426	6 083	..	1 099	72 978
Remote	1 725	413	2 428	1 398	2 310	324	..	481	9 079
Very remote	219	..	1 769	934	801	134	..	767	4 625
Community Aged Care Packages									
Age group									
70–74 years total population	1 604	1 473	831	485	347	116	64	124	5 041
75–79 years total population	2 832	2 266	1 450	824	619	236	108	124	8 451
80–84 years total population	5 074	3 628	2 465	1 418	1 256	388	205	146	14 573
85–89 years total population	5 662	3 611	2 674	1 502	1 501	401	275	65	15 682
90+ years total population	4 028	2 417	1 963	1 146	1 080	315	171	40	11 155
Indigenous status									
Indigenous 50+ age group	475	271	330	263	90	26	38	439	1 932
Non-Indigenous 70+ age group	18 971	13 287	9 189	5 236	4 751	1 436	814	292	53 944
Not Stated 70+ age group	8	18	1	—	4	—	—	—	31
Remoteness of residence - Total 70 years and over plus Indigenous 50-69 years of age (e)									
Major cities	13 596	10 399	5 705	4 266	3 497	..	852	..	38 303

Table NHA.53.2

Table NHA.53.2 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (number) (a), (b), (c)**

	<i>NSW (d)</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>
Inner regional	4 898	2 589	2 232	596	843	1 137	—	..	12 293
Outer regional	922	599	1 380	404	411	281	..	269	4 266
Remote	34	15	124	227	78	42	..	165	685
Very remote	np	..	129	21	20	np	..	299	481
Extended Aged Care at Home									
Age group									
70–74 years total population	328	303	220	171	52	26	36	25	1 161
75–79 years total population	489	406	278	242	77	36	33	25	1 585
80–84 years total population	676	453	450	338	146	41	69	32	2 203
85–89 years total population	653	424	436	299	149	50	65	22	2 097
90+ years total population	606	348	399	269	132	50	61	21	1 885
Indigenous status									
Indigenous 50+ age group	48	32	23	19	10	np	np	23	159
Non-Indigenous 70+ age group	2 729	1 923	1 770	1 312	553	203	264	120	8 869
Not Stated 70+ age group	—	—	1	—	—	—	—	—	1
Remoteness of residence - Total 70 years and over plus Indigenous 50-69 years of age (e)									
Major cities	1 905	1 366	1 032	1 012	416	..	266	..	5 996
Inner regional	686	456	531	210	71	190	—	..	2 144
Outer regional	188	103	218	91	62	13	..	109	783
Remote	—	np	7	20	14	np	..	35	79
Very remote	—	..	13	—	—	—	..	—	13
EACH Dementia									
Age group									
70–74 years total population	140	136	102	59	28	13	9	6	493

Table NHA.53.2

Table NHA.53.2 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (number) (a), (b), (c)**

	<i>NSW (d)</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>
75–79 years total population	233	200	143	120	44	26	14	10	789
80–84 years total population	390	285	283	177	88	29	30	6	1 286
85–89 years total population	346	249	247	169	94	50	23	7	1 183
90+ years total population	201	144	150	86	61	19	16	3	679
Indigenous status									
Indigenous 50+ age group	8	13	14	np	np	–	np	10	52
Non-Indigenous 70+ age group	1 306	1 003	916	607	314	137	91	25	4 393
Not Stated 70+ age group	–	–	–	–	–	–	–	–	–
Remoteness of residence - Total 70 years and over plus Indigenous 50-69 years of age (e)									
Major cities	836	765	595	488	248	..	92	..	3 020
Inner regional	378	218	235	93	18	106	–	..	1 048
Outer regional	101	35	104	32	42	34	..	22	370
Remote	–	–	–	np	np	–	..	14	22
Very remote	–	..	–	–	–	–	..	–	–
Residential aged care - permanent									
Age group									
70–74 years total population	4 098	2 913	2 305	1 057	996	314	125	73	11 845
75–79 years total population	7 449	5 643	4 070	1 865	1 863	598	236	77	21 759
80–84 years total population	14 774	11 210	7 795	3 632	4 056	1 145	488	116	43 133
85–89 years total population	21 203	16 125	10 986	4 851	6 004	1 602	745	105	61 508
90+ years total population	22 920	17 456	11 707	5 609	6 653	1 768	723	80	66 823
Indigenous status									
Indigenous 50+ age group	332	110	357	331	62	38	8	199	1 437
Non-Indigenous 70+ age group	69 500	53 034	36 099	16 719	19 324	5 384	2 306	324	202 324

Table NHA.53.2

Table NHA.53.2 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (number) (a), (b), (c)**

	<i>NSW (d)</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>
Not Stated 70+ age group	705	223	543	86	197	9	6	3	1 771
Remoteness of residence - Total 70 years and over plus Indigenous 50-69 years of age (e)									
Major cities	48 745	38 022	23 365	13 338	15 318	..	2 320	..	140 941
Inner regional	17 645	12 631	8 889	2 367	2 176	4 049	—	..	47 722
Outer regional	4 373	2 851	4 495	1 192	1 948	1 311	..	308	16 472
Remote	108	56	300	228	208	74	..	170	1 144
Very remote	—	..	132	108	—	22	..	51	313
Residential respite									
Age group									
70–74 years total population	1 265	791	490	240	257	96	44	56	3 226
75–79 years total population	2 297	1 451	852	448	516	188	60	30	5 819
80–84 years total population	4 506	2 724	1 389	787	1 061	276	157	39	10 902
85–89 years total population	5 540	3 316	1 722	801	1 305	373	196	27	13 240
90+ years total population	4 133	2 316	1 267	642	960	244	108	28	9 663
Indigenous status									
Indigenous 50+ age group	117	29	80	84	18	np	np	142	478
Non-Indigenous 70+ age group	17 663	10 579	5 664	2 873	4 084	1 173	565	108	42 561
Not Stated 70+ age group	—	—	—	—	—	—	—	—	—
Remoteness of residence - Total 70 years and over plus Indigenous 50-69 years of age (e)									
Major cities	11 579	6 694	3 353	1 995	2 852	..	567	..	26 974
Inner regional	4 968	3 295	1 587	573	678	849	—	..	11 928
Outer regional	1 435	767	812	341	530	315	..	114	4 304
Remote	26	14	75	63	105	50	..	107	440
Very remote	—	..	28	44	—	8	..	37	117

Table NHA.53.2

Table NHA.53.2 Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (number) (a), (b), (c)

	<i>NSW (d)</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>
Transition Care									
Age group									
70–74 years total population	678	441	453	156	160	48	26	20	1 981
75–79 years total population	1 111	758	606	239	227	73	43	17	3 072
80–84 years total population	1 485	1 236	818	400	451	101	57	23	4 567
85–89 years total population	1 269	1 323	632	418	457	94	50	16	4 254
90+ years total population	740	876	341	325	255	55	np	np	2 617
Indigenous status									
Indigenous 50+ age group	24	14	24	11	19	np	np	25	123
Non-Indigenous 70+ age group	5 267	4 624	2 842	1 530	1 540	368	198	69	16 426
Not Stated 70+ age group	–	–	–	–	–	–	–	–	–
Remoteness of residence - Total 70 years and over plus Indigenous 50-69 years of age (e)									
Major cities	3 359	3 662	1 610	1 333	1 179	..	200	..	11 337
Inner regional	1 718	952	852	88	387	333	–	..	4 326
Outer regional	221	30	408	121	–	39	..	63	882
Remote	–	–	–	–	–	–	..	32	32
Very remote	–	..	–	–	–	–	..	–	–

(a) Recipient numbers in care is a distinct count of clients at any time in the 12 month period to 30 June 2011. Clients may have care under multiple types, multiple states or multiple remoteness areas, so a client may be counted twice or more.

(b) Client age is calculated as at 30 June 2011 if the recipient is in care on that date, or at the date of their latest discharge during the reporting period if not.

(c) Data for Indigenous persons aged 50-69 are published for HACC services only. Data for Indigenous persons aged 50-69 for Veterans' Home Care services are not available and thus are not published or included in other disaggregations. Data for Indigenous persons aged 50-69 are not published separately for other programs, but are included in other disaggregations such as Remoteness of residence and Indigenous status. Age group data for other programs will therefore not add to state or Australian totals.

Table NHA.53.2 Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (number) (a), (b), (c)

	<i>NSW (d)</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) The NSW figures are based on provisional data. Consequently, some assistance types are under-reported for NSW and the level of under-reporting may be substantial.

(e) Remoteness category is based on location of service provider, except for the HACC program and Veterans' Home Care services where State or Territory is based on the location of the HACC Agency or service provider and the Remoteness Category is based on the postcode of the care recipient.

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

Source: DoHA (unpublished) Ageing and Aged Care data warehouse and HACC Minimum Data Set; DVA (unpublished) Veterans' Home Care data; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DOHA by ABS according to the assumptions agreed to by DOHA. For June 2011, DoHA Indigenous population projections were prepared from ABS Indigenous Experimental 2006 ERP data (at SLA level) projected forward so as to align with published ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at the state level. An Iterative Proportional Fitting technique was applied to align the projections with ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at Remoteness Area level. The Indigenous Estimated Resident Population at 30 June 2006 (ABS cat no 3238.0.55.001) was used to proportionally split the remoteness areas classification of Inner Regional/Outer Regional and Remote/Very Remote. The resulting projections of the Indigenous population were created by DoHA and are not ABS projections.

Table NHA.53.3

Table NHA.53.3 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (rate per 1000 people in the relevant population) (a), (b)**

	<i>NSW (c)</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>
Veterans' Home Care (d)									
Age group									
70–74 years total population	2.3	1.6	4.6	3.2	2.2	4.2	6.3	2.8	2.8
75–79 years total population	7.0	4.9	10.4	7.8	5.4	12.0	16.9	4.4	7.3
80–84 years total population	30.6	25.6	36.1	27.1	23.6	49.8	42.2	13.3	29.9
85+ years total population (e)	125.9	114.3	133.3	117.9	111.4	191.9	164.3	47.6	124.2
90+ years total population	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous 50+ age group	na	na	na	na	na	na	na	na	na
Non-Indigenous 70+ age group	na	na	na	na	na	na	na	na	na
Not Stated 70+ age group	na	na	na	na	na	na	na	na	na
Remoteness of residence – Total 70 years and over (f)									
Major cities	30.5	28.4	40.7	33.0	32.3	..	45.4	..	32.3
Inner regional	43.4	33.8	33.2	26.8	29.8	57.5	236.8	..	38.2
Outer regional	33.9	29.3	27.1	21.7	24.7	38.0	..	12.6	29.2
Remote	20.0	6.8	17.1	11.4	19.1	36.1	..	6.1	16.3
Very remote	np	..	10.0	2.8	np	35.6	..	–	6.7
Home and Community Care									
Age group									
50–69 years Indigenous only (b)	190.6	244.7	115.3	136.7	251.2	55.9	143.7	100.8	153.7
70–74 years total population	121.9	179.8	146.2	108.2	191.6	167.4	158.4	147.3	147.3
75–79 years total population	218.7	294.7	266.0	211.8	314.7	314.7	276.6	233.4	257.7
80–84 years total population	349.6	427.2	433.3	351.9	468.1	470.0	431.3	303.5	399.5
85+ years total population (e)	463.9	511.3	534.7	450.7	573.8	545.2	580.0	382.2	501.2

Table NHA.53.3

Table NHA.53.3 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (rate per 1000 people in the relevant population) (a), (b)**

	<i>NSW (c)</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>
90+ years total population	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous 50+ age group	269.0	295.4	191.1	179.7	379.0	112.2	184.8	138.3	222.0
Non-Indigenous 70+ age group	247.9	302.9	279.8	235.6	331.9	310.8	292.9	178.0	276.1
Not Stated 70+ age group	na	na	na	na	na	na	na	na	na
Remoteness of residence – Total 70 years and over plus Indigenous 50–69 years of age (f)									
Major cities	247.4	302.0	303.9	238.7	352.3	..	317.3	..	282.1
Inner regional	261.9	372.1	291.0	241.4	380.2	331.9	–	..	304.5
Outer regional	326.2	422.5	286.6	278.9	356.6	306.2	..	168.1	323.8
Remote	409.6	551.3	330.0	210.1	450.0	391.6	..	147.2	321.9
Very remote	395.1	..	314.7	243.8	566.3	396.0	..	151.6	275.0
Community Aged Care Packages									
Age group									
70–74 years total population	6.6	8.0	5.8	6.9	5.8	5.9	6.9	35.0	6.9
75–79 years total population	14.8	15.8	13.9	15.8	12.9	16.1	15.9	67.9	15.0
80–84 years total population	33.0	31.4	30.7	35.6	31.1	34.3	40.2	129.5	32.6
85+ years total population (e)	66.8	55.6	61.6	73.0	65.1	67.9	91.5	135.1	63.8
90+ years total population	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous 50+ age group	19.8	49.9	16.2	25.9	22.5	8.7	71.7	49.3	25.3
Non-Indigenous 70+ age group	26.0	24.2	23.0	26.6	25.3	25.8	31.3	49.0	25.1
Not Stated 70+ age group	na	na	na	na	na	na	na	na	na
Remoteness of residence – Total 70 years and over plus Indigenous 50–69 years of age (f)									
Major cities	27.1	26.4	23.5	29.6	25.5	..	32.1	..	26.5

Table NHA.53.3

Table NHA.53.3 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (rate per 1000 people in the relevant population) (a), (b)**

	<i>NSW (c)</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>
Inner regional	26.5	20.6	21.0	18.4	35.1	30.2	–	..	24.0
Outer regional	14.8	17.0	23.9	20.3	17.4	14.1	..	41.2	18.9
Remote	8.1	20.0	16.9	34.1	15.2	50.7	..	50.5	24.3
Very remote	np	..	22.9	5.5	14.1	np	..	59.1	28.6
Extended Aged Care at Home									
Age group									
70–74 years total population	1.3	1.7	1.5	2.4	0.9	1.3	3.9	7.1	1.6
75–79 years total population	2.6	2.8	2.7	4.6	1.6	2.4	4.9	13.7	2.8
80–84 years total population	4.4	3.9	5.6	8.5	3.6	3.6	13.5	28.4	4.9
85+ years total population (e)	8.7	7.1	11.1	15.7	7.1	9.5	25.8	55.3	9.5
90+ years total population	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous 50+ age group	2.0	5.9	1.1	1.9	2.5	np	np	2.6	2.1
Non-Indigenous 70+ age group	3.7	3.5	4.4	6.7	2.9	3.6	10.1	20.1	4.1
Not Stated 70+ age group	na	na	na	na	na	na	na	na	na
Remoteness of residence – Total 70 years and over plus Indigenous 50–69 years of age (f)									
Major cities	3.8	3.5	4.2	7.0	3.0	..	10.0	..	4.1
Inner regional	3.7	3.6	5.0	6.5	3.0	5.0	–	..	4.2
Outer regional	3.0	2.9	3.8	4.6	2.6	0.7	..	16.7	3.5
Remote	–	np	1.0	3.0	2.7	np	..	10.7	2.8
Very remote	–	..	2.3	–	–	–	..	–	0.8
EACH Dementia									
Age group									
70–74 years total population	0.6	0.7	0.7	0.8	0.5	0.7	1.0	1.7	0.7

Table NHA.53.3

Table NHA.53.3 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (rate per 1000 people in the relevant population) (a), (b)**

	<i>NSW (c)</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>
75–79 years total population	1.2	1.4	1.4	2.3	0.9	1.8	2.1	5.5	1.4
80–84 years total population	2.5	2.5	3.5	4.4	2.2	2.6	5.9	5.3	2.9
85+ years total population (e)	3.8	3.6	5.3	7.0	3.9	6.5	8.0	12.9	4.4
90+ years total population	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous 50+ age group	0.3	2.4	0.7	np	np	–	np	1.1	0.7
Non-Indigenous 70+ age group	1.8	1.8	2.3	3.1	1.7	2.5	3.5	4.2	2.0
Not Stated 70+ age group	na	na	na	na	na	na	na	na	na
Remoteness of residence – Total 70 years and over plus Indigenous 50–69 years of age (f)									
Major cities	1.7	1.9	2.4	3.4	1.8	..	3.5	..	2.1
Inner regional	2.0	1.7	2.2	2.9	0.8	2.8	–	..	2.0
Outer regional	1.6	1.0	1.8	1.6	1.8	1.7	..	3.4	1.6
Remote	–	–	–	np	np	–	..	4.3	0.8
Very remote	–	..	–	–	–	–	..	–	–
Residential aged care - permanent									
Age group									
70–74 years total population	16.7	15.9	16.2	15.1	16.6	16.0	13.4	20.6	16.2
75–79 years total population	39.0	39.3	39.1	35.8	38.8	40.7	34.8	42.2	38.7
80–84 years total population	96.2	96.9	97.0	91.2	100.4	101.1	95.8	102.9	96.4
85+ years total population (e)	304.2	310.0	301.4	288.4	319.4	319.8	301.1	238.1	305.0
90+ years total population	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous 50+ age group	13.9	20.3	17.6	32.6	15.5	12.6	15.1	22.4	18.8
Non-Indigenous 70+ age group	95.2	96.4	90.3	84.9	103.0	96.6	88.5	54.4	94.0

Table NHA.53.3

Table NHA.53.3 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (rate per 1000 people in the relevant population) (a), (b)**

	<i>NSW (c)</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>
Not Stated 70+ age group	na	na	na	na	na	na	na	na	na
Remoteness of residence – Total 70 years and over plus Indigenous 50–69 years of age (f)									
Major cities	97.1	96.6	96.2	92.5	111.5	..	87.4	..	97.4
Inner regional	95.3	100.3	83.8	73.0	90.7	107.4	–	..	93.3
Outer regional	70.3	80.7	77.7	59.8	82.5	66.0	..	47.1	73.1
Remote	25.6	74.8	40.8	34.3	40.5	89.4	..	52.0	40.6
Very remote	–	..	23.5	28.2	–	65.1	..	10.1	18.6
Residential respite									
Age group									
70–74 years total population	5.2	4.3	3.4	3.4	4.3	4.9	4.7	15.8	4.4
75–79 years total population	12.0	10.1	8.2	8.6	10.7	12.8	8.8	16.4	10.4
80–84 years total population	29.3	23.6	17.3	19.8	26.3	24.4	30.8	34.6	24.4
85+ years total population (e)	66.7	52.0	39.7	39.8	57.2	58.5	62.3	70.8	54.4
90+ years total population	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous 50+ age group	4.9	5.3	3.9	8.3	4.5	np	np	16.0	6.3
Non-Indigenous 70+ age group	24.2	19.2	14.2	14.6	21.8	21.1	21.7	18.1	19.8
Not Stated 70+ age group	na	na	na	na	na	na	na	na	na
Remoteness of residence – Total 70 years and over plus Indigenous 50–69 years of age (f)									
Major cities	23.1	17.0	13.8	13.8	20.8	..	21.4	..	18.6
Inner regional	26.8	26.2	15.0	17.7	28.3	22.5	–	..	23.3
Outer regional	23.1	21.7	14.0	17.1	22.4	15.9	..	17.4	19.1
Remote	6.2	18.7	10.2	9.5	20.5	60.4	..	32.8	15.6
Very remote	–	..	5.0	11.5	–	23.7	..	7.3	7.0

Table NHA.53.3

Table NHA.53.3 **Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (rate per 1000 people in the relevant population) (a), (b)**

	<i>NSW (c)</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>
Transition Care									
Age group									
70–74 years total population	2.8	2.4	3.2	2.2	2.7	2.5	2.8	5.6	2.7
75–79 years total population	5.8	5.3	5.8	4.6	4.7	5.0	6.3	9.3	5.5
80–84 years total population	9.7	10.7	10.2	10.0	11.2	8.9	11.2	20.4	10.2
85+ years total population (e)	13.9	20.3	12.9	20.5	18.0	14.1	15.0	23.2	16.3
90+ years total population	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous 50+ age group	1.0	2.6	1.2	1.1	4.7	np	np	2.8	1.6
Non-Indigenous 70+ age group	7.2	8.4	7.1	7.8	8.2	6.6	7.6	11.6	7.6
Not Stated 70+ age group	na	na	na	na	na	na	na	na	na
Remoteness of residence - Total 70 years and over plus Indigenous 50-69 years of age (f)									
Major cities	6.7	9.3	6.6	9.2	8.6	..	7.5	..	7.8
Inner regional	9.3	7.6	8.0	2.7	16.1	8.8	–	..	8.5
Outer regional	3.6	0.8	7.1	6.1	–	2.0	..	9.6	3.9
Remote	–	–	–	–	–	–	..	9.8	1.1
Very remote	–	..	–	–	–	–	..	–	–

(a) Populations are derived as follows;

Age Group: Total population within each age bracket by state.

Indigenous Status, Indigenous: Total indigenous population aged 50+ by state.

Indigenous Status, Non-Indigenous: Total non-indigenous and not stated population aged 70+ by state.

Indigenous Status, Not Stated: Figures are not provided as population data is not available.

Remoteness: Total indigenous population aged 50+ plus total non-indigenous or not stated population aged 70+, except for Veterans' Home Care which is total population aged 70+

(b) Client age is calculated as at 30 June 2011 if the recipient is in care on that date, or at the date of their latest discharge during the reporting period if not. For HACC the row labelled 50–69 years includes Indigenous persons only.

Table NHA.53.3 Older people receiving aged care services, by age, Indigenous status and remoteness, by State and Territory, 2010-11 (rate per 1000 people in the relevant population) (a), (b)

	<i>NSW (c)</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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(c) The NSW figures are based on provisional data. Consequently, some assistance types are under-reported for NSW and the level of under-reporting may be substantial.

(d) Data for Indigenous persons aged 50–69 years for Veterans' Home Care services are not available and thus are not included in other disaggregations.

(e) Population figure for 90 plus is not available, so rate per 1000 for 85+ is supplied based on sum of age groups 85–89 and 90 plus. The 90+ row will not contain figures.

(f) Remoteness category is based on location of service provider, except for the HACC program and Veterans' Home Care services where State or Territory is based on the location of the HACC Agency or service provider and the Remoteness Category is based on the postcode of the care recipient.

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

Source: DoHA (unpublished) Ageing and Aged Care data warehouse and HACC Minimum Data Set; DVA (unpublished) Veterans' Home Care data; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DoHA by ABS according to the assumptions agreed to by DoHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

Table NHA.53.4 Older people receiving aged care services (Veterans' Home Care), by State and Territory, 2009-10 (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>
	<i>number</i>								
Aged care service									
Veterans' Home Care	26 262	17 411	15 136	6 313	6 095	3 015	1 247	81	75 563
	<i>rate per 1000 population</i>								
Aged care service									
Veterans' Home Care	36.6	32.4	39.0	32.9	33.0	55.0	49.6	11.9	35.9

(a) Data for Indigenous persons aged 50–69 years are not available for Veterans' Home Care Services. Includes people aged 70 years and over only. Population is people aged 70 years and over as at 30 June 2010.

Source: DVA (unpublished) Veterans' Home Care data; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DoHA by ABS according to the assumptions agreed to by DoHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

Table NHA.53.5 Older people receiving aged care services (Veterans' Home Care), by age, Indigenous status and remoteness, by State and Territory, 2009-10 (number) (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>
Veterans' Home Care									
Age group									
70–74 years total population	556	300	595	209	143	76	47	8	1 936
75–79 years total population	1 590	855	1 123	433	308	211	129	9	4 658
80–84 years total population	5 798	3 772	3 448	1 357	1 262	715	255	21	16 628
85–89 years total population	12 634	8 556	6 937	2 931	3 072	1 430	564	34	36 159
90+ years total population	5 684	3 928	3 033	1 383	1 310	583	252	9	16 182
Indigenous status									
Indigenous 50+ age group	na	na	na	na	na	na	na	na	na
Non-Indigenous 70+ age group	na	na	na	na	na	na	na	na	na
Not Stated 70+ age group	na	na	na	na	na	na	na	na	na
Remoteness of residence – Total 70 years and over (b)									
Major cities	15 863	11 890	10 128	4 907	4 693	..	1 239	..	48 720
Inner regional	8 181	4 450	3 426	885	724	2 258	8	..	19 932
Outer regional	2 141	1 061	1 432	447	558	731	..	65	6 435
Remote	71	9	110	65	117	18	..	16	406
Very remote	np	..	36	9	np	8	..	–	58

(a) Data for Indigenous persons aged 50–69 years are not available for Veterans' Home Care Services. Includes people aged 70 years and over only. Population is people aged 70 years and over as at 30 June 2010.

(b) Remoteness category is based on the location of the client.

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

Source: DVA (unpublished) Veterans' Home Care data; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DoHA by ABS according to the assumptions agreed to by DoHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

Table NHA.53.6 Older people receiving aged care services (Veterans' Home Care), by age, Indigenous status and remoteness, by State and Territory, 2009-10 (rate per 1000 people in the relevant population) (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>
Veterans' Home Care									
Age group									
70–74 years total population	2.3	1.7	4.3	3.1	2.4	4.0	5.3	2.5	2.7
75–79 years total population	8.4	6.0	11.0	8.5	6.4	14.5	19.6	5.2	8.4
80–84 years total population	38.2	33.0	43.9	35.0	31.2	63.6	50.4	19.3	37.7
85+ years total population (b)	132.1	120.9	139.4	125.3	116.0	199.2	178.1	59.1	130.5
90+ years total population	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous 50+ age group	na	na	na	na	na	na	na	na	na
Non-Indigenous 70+ age group	na	na	na	na	na	na	na	na	na
Not Stated 70+ age group	na	na	na	na	na	na	na	na	na
Remoteness of residence - Total 70 years and over (c)									
Major cities	32.8	31.1	43.9	35.8	35.0	..	49.4	..	35.0
Inner regional	47.1	36.8	34.8	29.3	31.6	63.2	315.7	..	41.3
Outer regional	37.6	31.3	28.3	24.9	25.2	40.3	..	14.7	31.5
Remote	22.0	12.6	19.0	13.7	24.0	24.3	..	11.3	18.9
Very remote	np	..	12.4	5.3	np	29.6	..	–	8.2

(a) Data for Indigenous persons aged 50–69 years are not available for Veterans' Home Care Services. Includes people aged 70 years and over only. Population is people aged 70 years and over as at 30 June 2010.

(b) Population figure for 90 plus is not available, so rate per 1000 for 85 plus years is supplied based on the sum of age groups 85 to 89 and 90 plus.

(c) Remoteness category is based on the location of the client.

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

Source: DVA (unpublished) Veterans' Home Care data; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DoHA by ABS according to the assumptions agreed to by DoHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

Table NHA.53.7 Older people receiving aged care services (Veterans' Home Care), by State and Territory, 2008-09 (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>
	<i>number</i>								
Aged care service									
Veterans' Home Care	26 440	18 348	15 463	6 603	6 232	3 180	1 253	90	77 611
	<i>rate per 1000 population</i>								
Aged care service									
Veterans' Home Care	37.7	34.9	41.2	35.6	34.3	59.3	51.7	14.2	37.8

(a) Data for Indigenous persons aged 50-69 years are not available for Veterans' Home Care Services. Includes people aged 70 years and over only. Population is people aged 70 years and over as at 30 June 2009.

Source: DVA (unpublished) Veterans' Home Care data; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DoHA by ABS according to the assumptions agreed to by DoHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

Table NHA.53.8 Older people receiving aged care services (Veterans' Home Care), by age, Indigenous status and remoteness, by State and Territory, 2008-09 (number) (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>
Veterans' Home Care									
Age group									
70–74 years total population	383	223	413	164	103	53	40	6	1 385
75–79 years total population	1 383	790	1 005	403	268	203	110	8	4 170
80–84 years total population	5 322	3 597	3 217	1 307	1 180	689	242	21	15 576
85–89 years total population	12 878	8 981	7 242	3 072	3 142	1 520	580	39	37 455
90+ years total population	6 474	4 757	3 586	1 657	1 539	715	281	16	19 025
Indigenous status									
Indigenous 50+ age group	na	na	na	na	na	na	na	na	na
Non-Indigenous 70+ age group	na	na	na	na	na	na	na	na	na
Not Stated 70+ age group	na	na	na	na	na	na	na	na	na
Remoteness of residence - Total 70 years and over (b)									
Major cities	15 925	12 450	10 309	5 136	4 804	..	1 245	..	49 869
Inner regional	8 238	4 765	3 478	898	706	2 377	8	..	20 470
Outer regional	2 206	1 118	1 511	489	578	766	..	71	6 739
Remote	65	11	122	65	138	27	..	18	446
Very remote	np	..	40	13	5	7	..	np	70

(a) Data for Indigenous persons aged 50–69 years are not available for Veterans' Home Care Services. Includes people aged 70 years and over only. Population is people aged 70 years and over as at 30 June 2009.

(b) Remoteness category is based on the location of the client.

na Not available. **..** Not applicable. **np** Not published.

Source: DVA (unpublished) Veterans' Home Care data; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DoHA by ABS according to the assumptions agreed to by DoHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

Table NHA.53.9 Older people receiving aged care services (Veterans' Home Care), by age, Indigenous status and remoteness, by State and Territory, 2008-09 (rate per 1000 people in the relevant population) (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>
Veterans' Home Care									
Age group									
70–74 years total population	1.7	1.3	3.2	2.5	1.8	2.9	4.7	2.0	2.0
75–79 years total population	7.3	5.6	10.0	8.0	5.6	13.9	17.2	4.7	7.6
80–84 years total population	35.6	32.1	41.8	34.8	29.4	62.1	48.2	20.4	35.9
85+ years total population (b)	146.7	139.7	159.8	144.7	129.7	230.4	200.6	80.1	148.1
90+ years total population	na	na	na	na	na	na	na	na	na
Indigenous status									
Indigenous 50+ age group	na	na	na	na	na	na	na	na	na
Non-Indigenous 70+ age group	na	na	na	na	na	na	na	na	na
Not Stated 70+ age group	na	na	na	na	na	na	na	na	na
Remoteness of residence – Total 70 years and over (c)									
Major cities	33.7	33.3	46.1	38.6	36.4	..	51.4	..	36.7
Inner regional	48.7	40.5	36.8	31.3	31.9	67.8	315.7	..	43.8
Outer regional	39.6	33.6	31.0	28.3	26.7	43.5	..	17.3	34.0
Remote	20.6	15.5	21.7	14.1	28.7	37.5	..	13.2	21.2
Very remote	np	..	14.0	8.0	5.5	26.2	..	np	10.1

(a) Data for Indigenous persons aged 50–69 years are not available for Veterans' Home Care Services. Includes people aged 70 years and over only. Population is people aged 70 years and over as at 30 June 2009.

(b) Population figure for 90 plus is not available, so rate per 1000 for 85 plus years is supplied based on the sum of age groups 85–89 and 90 plus.

(c) Remoteness category is based on the location of the client.

na Not available. **..** Not applicable. **np** Not published.

Source: DVA (unpublished) Veterans' Home Care data; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DoHA by ABS according to the assumptions agreed to by DoHA and Indigenous population based on the ABS (unpublished) Indigenous experimental estimates and projections (series B).

NHA Indicator 54:

Aged care assessments completed

Table NHA.54.1

Table NHA.54.1 Aged care assessments completed under the ACAP, by age, Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10

	<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>
	<i>number</i>								
Age (a)									
<50 years	271	145	96	55	59	17	8	20	671
50–64 years	2 013	1 485	1 204	717	483	185	86	169	6 342
65–69 years	2 640	2 174	1 391	936	620	238	90	113	8 202
70–74 years	5 165	3 949	2 571	1 780	1 190	403	189	174	15 421
75–79 years	9 572	7 721	4 601	3 189	2 284	751	320	158	28 596
80–84 years	15 669	12 878	7 310	5 026	4 378	1 263	562	178	47 264
85+ years	25 232	21 424	11 923	7 744	7 519	2 137	957	147	77 083
Indigenous status									
Indigenous	677	252	472	565	143	35	19	350	2 513
Non-Indigenous (b)	59 885	49 524	28 624	18 882	16 390	4 959	2 193	609	181 066
Remoteness of residence (c)									
Major cities	39 428	35 417	16 615	14 473	11 418	..	2 156	..	119 507
Inner regional	15 576	10 948	7 575	2 353	2 462	3 574	5	..	42 492
Outer regional	5 291	3 251	4 065	1 671	2 134	1 339	..	515	18 265
Remote	292	60	445	581	414	56	..	236	2 085
Very remote	35	..	294	371	88	28	..	194	1 010
SEIFA of residence (c), (d)									
Quintile 1	12 922	9 068	7 456	1 341	5 225	2 860	np	310	39 182
Quintile 2 (e)	18 430	9 590	4 936	3 708	3 732	305	53	129	40 882
Quintile 3	10 435	9 180	5 913	6 112	2 580	997	66	200	35 482
Quintile 4	7 825	10 042	6 740	3 143	2 868	830	573	216	32 235
Quintile 5	11 001	11 758	3 929	5 117	2 104	..	1 461	65	35 435

Table NHA.54.1

Table NHA.54.1 **Aged care assessments completed under the ACAP, by age, Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10**

	<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 aged care assessments completed (f)	60 562	49 776	29 096	19 447	16 533	4 994	2 212	959	183 579
	<i>rate per 1000 population</i>								
Age (a)									
<50 years	0.1	—	—	—	0.1	0.1	—	0.1	—
50–64 years	1.6	1.5	1.5	1.7	1.5	1.8	1.4	4.7	1.6
65–69 years	8.8	9.8	7.5	10.7	8.5	9.7	7.3	19.5	9.0
70–74 years	21.6	22.1	18.8	26.3	20.2	21.3	21.2	53.4	21.7
75–79 years	50.8	54.5	45.3	62.6	47.8	51.4	48.6	91.6	51.7
80–84 years	103.2	112.6	93.0	129.7	108.1	112.4	111.0	163.3	107.1
85+ years	182.0	207.5	166.6	225.0	199.0	211.5	208.9	202.2	192.2
Indigenous status									
Indigenous	4.1	6.8	2.9	7.4	4.7	1.7	4.0	5.1	4.5
Non-Indigenous (b)	8.6	9.2	6.6	8.7	10.2	10.2	6.3	3.8	8.5
Remoteness of residence (c)									
Major cities	7.6	8.7	6.2	9.0	9.6	..	6.1	..	7.9
Inner regional	10.8	10.0	7.7	8.1	12.2	10.9	9.9	..	9.8
Outer regional	11.8	12.6	6.1	8.3	11.6	8.0	..	4.0	8.9
Remote	8.9	12.5	4.9	6.0	8.9	7.2	..	4.9	6.4
Very remote	7.6	..	5.6	6.9	6.4	10.6	..	3.7	5.6
SEIFA of residence (c), (d)									
Quintile 1	8.5	10.5	7.8	10.4	10.2	9.8	np	3.9	9.0
Quintile 2 (e)	9.6	10.1	7.2	8.8	10.7	8.3	7.1	5.5	9.3
Quintile 3	8.9	7.7	6.4	8.1	10.9	10.5	5.6	5.0	8.0

Table NHA.54.1

Table NHA.54.1 **Aged care assessments completed under the ACAP, by age, Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10**

	<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>
Quintile 4	7.2	8.3	5.9	7.0	9.5	10.2	5.9	3.7	7.3
Quintile 5	7.8	9.5	5.1	10.4	9.1	..	6.3	2.6	8.1
Total (f)	8.5	9.2	6.5	8.7	10.1	9.9	6.3	4.2	8.3
Total rate per relevant population (g)	82.4	91.9	72.1	97.5	88.0	87.6	86.6	70.8	84.8

(a) Rate is expressed as number of people in the nominated age group who have had an Aged Care Assessment Team (ACAT) assessment in that State, Territory or nationally, per 1000 people in that age group in that State, Territory or nationally.

(b) Includes non-Indigenous people and those for whom Indigenous status was not stated.

(c) Data disaggregation by remoteness and Socio-Economic Indexes for Areas (SEIFA) based on the ABS Index of Relative Socio-economic Disadvantage (IRSD) are by place of usual residence of the client. As disaggregation by State for the Age and Indigenous tables is based on the location of the Aged Care Assessment Team, the State totals of these tables will not match.

(d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each State or Territory.

(e) In the ACT, includes Quintile 1 as numbers are too small to appear separately.

(f) Data for New South Wales and South Australia in the Ageing and Aged Care Data Warehouse includes an unknown number of duplicate records created by a range of database changes and/or Aged Care Assessment Team amalgamations undertaken by the respective state governments. This has a flow-on effect on the national figures.

(g) Relevant population is people aged 70 years and over plus Indigenous Australians aged 50–69 years.

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

Table NHA.54.1 Aged care assessments completed under the ACAP, by age, Indigenous status, remoteness and SEIFA, by State and Territory, 2009-10

	<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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Source: DoHA (unpublished) Ageing and Aged Care data warehouse; Population projections by SLA for 2007–2027 based on 2006 Census prepared for DOHA by ABS according to the assumptions agreed to by DOHA. For June 2011, DoHA Indigenous population projections were prepared from ABS Indigenous Experimental 2006 ERP data (at SLA level) projected forward so as to align with published ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at the state level. An Iterative Proportional Fitting technique was applied to align the projections with ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at Remoteness Area level. The Indigenous Estimated Resident Population at 30 June 2006 (ABS cat no 3238.0.55.001) was used to proportionally split the remoteness areas classification of Inner Regional/Outer Regional and Remote/Very Remote. The resulting projections of the Indigenous population were created by DoHA and are not ABS projections.

Table NHA.54.2 **Aged care assessments completed under the ACAP, by SEIFA, National, 2009-10 (a)**

	<i>Aust</i>	<i>Aust</i>
	<i>number per 1000 people (b)</i>	<i>no.</i>
SEIFA of residence		
Decile 1	7.9	17 166
Decile 2	10.1	22 016
Decile 3	9.1	19 850
Decile 4	9.5	21 032
Decile 5	8.8	19 177
Decile 6	7.3	16 305
Decile 7	7.6	16 715
Decile 8	7.0	15 520
Decile 9	8.9	19 604
Decile 10	7.2	15 831

(a) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. The SEIFA deciles represent approximately 10 per cent of the national population, but do not necessarily represent 10 per cent of the population in each State or Territory. Data disaggregation by SEIFA IRSD are by place of usual residence of the client.

(b) Rate is expressed as number of people in the nominated decile group who have had an Aged Care Assessment Team (ACAT) assessment in that decile group per 1000 people.

Source: DoHA (unpublished) Ageing and Aged Care data warehouse.

Table NHA.54.3

Table NHA.54.3 **Aged care assessments completed under the ACAP, by State and Territory, 2007-08**

	<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>
	<i>number</i>								
Age (a)									
<50 years	572	294	178	86	62	21	49	37	1 299
50–64 years	2 597	1 882	1 393	772	488	232	82	199	7 645
65–69 years	3 069	2 238	1 449	929	621	251	82	161	8 800
70–74 years	6 024	4 431	2 653	1 665	1 198	436	165	179	16 751
75–79 years	11 956	8 616	5 045	3 367	2 455	875	300	160	32 774
80–84 years	18 371	13 845	8 161	4 747	4 402	1 389	601	165	51 681
85+ years	28 429	21 726	12 854	7 608	6 988	2 413	795	176	80 989
Indigenous status									
Indigenous	687	299	449	488	122	41	16	450	2 552
Non-Indigenous (b)	70 331	52 733	31 284	18 686	16 092	5 576	2 058	627	197 387
Remoteness of residence (c)									
Major cities	47 988	37 308	18 412	14 508	11 255	..	2 012	..	131 484
Inner regional	16 936	12 177	8 058	2 292	2 344	3 922	np	..	45 730
Outer regional	5 547	3 437	4 369	1 567	2 004	1 608	..	478	19 010
Remote	326	58	420	491	456	61	..	316	2 127
Very remote	42	..	394	316	134	21	..	265	1 173
SEIFA of residence (c), (d)									
Quintile 1	15 039	9 637	8 190	1 146	5 260	3 295	np	389	42 956
Quintile 2	20 363	9 987	5 184	3 819	3 654	335	43	165	43 550
Quintile 3	12 299	10 301	6 614	5 793	2 358	1 044	62	204	38 674
Quintile 4	8 658	10 770	7 320	2 977	2 829	938	526	215	34 234
Quintile 5	14 481	12 285	4 336	5 448	2 084	..	1 378	75	40 087

Table NHA.54.3

Table NHA.54.3 **Aged care assessments completed under the ACAP, by State and Territory, 2007-08**

	<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 aged care assessments completed	71 018	53 032	31 733	19 174	16 214	5 617	2 074	1 077	199 939
	<i>rate per 1000 population</i>								
Age (a)									
<50 years	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1
50–64 years	2.1	2.0	1.8	2.0	1.6	2.3	1.4	5.9	2.0
65–69 years	11.1	10.9	8.8	11.6	9.2	11.2	7.4	31.6	10.6
70–74 years	26.7	26.4	21.3	26.8	21.5	24.6	20.2	64.2	25.2
75–79 years	63.1	60.8	50.5	67.9	50.6	60.6	48.0	96.7	59.4
80–84 years	125.1	125.7	109.0	130.1	111.2	126.6	121.1	169.1	121.7
85+ years	226.5	232.5	199.2	245.6	202.9	258.2	198.3	269.5	223.2
Indigenous status									
Indigenous	4.5	8.7	3.0	6.7	4.3	2.2	3.7	6.9	4.8
Non-Indigenous (b)	10.1	10.0	7.3	8.7	10.1	11.2	6.0	2.9	9.2
Remoteness of residence (c)									
Major cities	9.5	9.4	7.2	9.4	9.7	..	5.9	..	9.0
Inner regional	12.0	11.4	8.6	8.3	12.0	12.2	np	..	10.9
Outer regional	12.4	13.5	6.8	8.0	11.0	9.8	..	3.9	9.5
Remote	9.9	12.0	4.7	5.2	9.9	7.9	..	6.7	6.6
Very remote	8.9	..	7.6	6.1	9.8	8.0	..	5.3	6.7
SEIFA of residence (c), (d)									
Quintile 1	10.1	11.4	8.9	9.0	10.4	11.4	np	5.1	10.1
Quintile 2	10.8	10.9	7.9	9.4	10.8	9.4	5.9	7.2	10.2
Quintile 3	10.8	8.9	7.5	8.1	10.3	11.2	5.6	5.2	9.1
Quintile 4	8.2	9.3	6.8	7.1	9.5	11.8	5.6	4.0	8.1

Table NHA.54.3 **Aged care assessments completed under the ACAP, by State and Territory, 2007-08**

	<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>
Quintile 5	10.5	10.2	5.9	11.3	9.1	..	6.0	3.2	9.3
Total	10.2	10.0	7.4	8.9	10.1	11.3	6.0	4.9	9.4
Total rate per relevant population (e)	100.9	102.6	84.0	102.9	89.6	103.1	87.2	86.3	97.2

- (a) Rate is expressed as number of people in the nominated age group who have had an Aged Care Assessment Team (ACAT) assessment in that state, territory or nationally, per 1000 people in that age group in that state, territory or nationally.
- (b) Includes non-Indigenous people and those for whom Indigenous status was not stated.
- (c) Data disaggregation by remoteness and Socio-Economic Indexes for Areas (SEIFA) based on the ABS Index of Relative Socio-economic Disadvantage (IRSD) are by place of usual residence of the client. As disaggregation by State for the Age and Indigenous tables is based on the location of the Aged Care Assessment Team, the State totals of these tables will not match.
- (d) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. The SEIFA quintiles represent approximately 20 per cent of the national population, but do not necessarily represent 20 per cent of the population in each state or territory.
- (e) Relevant population is people aged 70 years and over plus Indigenous people aged 50–69 years.
- .. Not applicable. **np** Not published.

Source: Department of Health and Ageing (unpublished) aged care data warehouse; Population projections by SLA for 2007-2027 based on 2006 Census prepared for Department of Health and Ageing (DOHA) by ABS according to the assumptions agreed to by DOHA and Indigenous population based on the ABS (Unpublished) Indigenous experimental estimates and projections (series B).

NHA Indicator 55:

**Younger people with disabilities
using residential, CACP, EACH
and EACHD aged care services**

Table NHA.55.1

Table NHA.55.1 **Number of younger people with a disability using residential, CACP, EACH and EACHD aged care services, by State and Territory, 2010-11 (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>
Residential aged care services (c)									
Age									
<50 years	340	186	142	63	68	15	<5	<15	826
50–64 years	2 429	1 637	1 342	606	543	181	<80	<60	6 857
Total	2 769	1 823	1 484	669	611	196	82	69	7 683
Community aged care services (d)									
Age									
<50 years	33	32	46	12	<5	–	<5	20	147
50–64 years	627	730	535	283	<129	56	<59	197	2 612
Total	660	762	581	295	129	56	59	217	2 759

(a) Number is younger people, under 65, receiving aged care services at any time in the 12 month period to 30 June 2011. Number is provided as a count of distinct clients, however, an individual may have had more than one care type, or care in different states. Hence, number of clients in Australia total is not a sum of the states figures.

(b) For information about the confidentiality method for these data please refer to the Data Quality Statement.

(c) Residential aged care services includes permanent residential care only.

(d) Community care services includes recipients of CACP, EACH and EACHD services only.

– Nil or rounded to zero.

Source: DoHA (unpublished) Ageing and Aged Care data warehouse.

NHA Indicator 56:

**People aged 65 years or over
receiving sub-acute services**

Table NHA.56.1

Table NHA.56.1 **Separations for persons aged 65 years or over, receiving sub-acute services, by age, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
<i>number of separations (for persons aged 65 years or over receiving sub-acute services)</i>										
Age group										
65–69 years	no.	17 042	6 158	5 365	1 245	3 267	260	822	74	34 233
70–74 years	no.	18 735	7 878	6 275	1 577	3 498	301	809	79	39 152
75–79 years	no.	20 011	9 294	7 244	2 270	3 841	408	853	55	43 976
80–84 years	no.	21 145	11 371	7 726	3 007	4 033	435	907	35	48 659
85+ years	no.	22 750	12 990	7 802	4 365	4 120	590	1 181	27	53 825
Indigenous status (c)										
Indigenous	no.	176	100	216	78	27	10	16	25	622
Other Australians	no.	99 507	47 591	34 196	12 386	18 732	1 984	4 556	245	212 657
Remoteness of residence (d)										
Major cities	no.	84 809	38 167	26 626	9 784	17 088	np	4 016	np	180 491
Inner regional	no.	12 199	7 796	5 873	1 623	852	1 620	350	–	30 313
Outer regional	no.	2 418	1 659	1 698	767	648	343	172	224	7 929
Remote	no.	115	33	112	232	135	17	4	20	668
Very remote	no.	10	3	61	43	22	np	–	np	169
SEIFA of residence (e)										
Quintile 1	no.	14 283	6 332	6 036	470	4 565	847	75	82	32 690
Quintile 2	no.	16 603	7 272	5 831	2 542	3 683	123	309	25	36 388
Quintile 3	no.	18 290	8 711	6 931	4 021	3 417	479	244	73	42 166
Quintile 4	no.	12 105	10 681	9 239	2 230	4 140	537	1 143	72	40 147
Quintile 5	no.	38 268	14 662	6 333	3 186	2 938	–	2 770	17	68 174
Total (f)	no.	99 683	47 691	34 412	12 464	18 759	1 994	4 572	270	219 845

Table NHA.56.1

Table NHA.56.1 **Separations for persons aged 65 years or over, receiving sub-acute services, by age, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
<i>rate of separations (for persons aged 65 years or over receiving sub-acute services) per 1000 population</i>										
Age group (g)										
65–69 years	rate	59.1	28.8	31.0	14.9	46.8	11.1	70.8	13.6	39.4
70–74 years	rate	80.9	45.5	48.3	24.4	61.1	16.5	95.4	26.2	57.1
75–79 years	rate	105.9	65.3	72.4	45.5	79.9	27.9	133.9	32.1	79.7
80–84 years	rate	141.8	101.6	101.2	80.6	100.6	39.4	181.7	33.9	112.6
85+ years	rate	175.0	134.2	117.6	136.0	116.2	62.3	277.3	39.2	143.5
Indigenous status (c), (h)										
Indigenous	rate	30.4	71.9	47.4	33.3	26.7	15.4	202.5	12.3	36.3
Other Australians	rate	101.3	64.6	63.2	46.8	75.0	26.0	127.7	24.8	76.4
Remoteness of residence (d), (h)										
Major cities	rate	124.8	70.1	82.7	49.3	91.6	..	112.2	..	91.8
Inner regional	rate	49.5	45.1	42.9	41.1	26.5	31.1	np	..	44.6
Outer regional	rate	30.5	34.8	23.3	30.7	21.1	13.9	..	34.6	27.7
Remote	rate	25.4	30.5	13.5	33.6	19.5	14.7	..	9.2	21.2
Very remote	rate	21.8	..	13.8	17.2	14.3	np	..	np	15.5
SEIFA of residence (e), (h)										
Quintile 1	rate	66.7	47.0	42.6	31.1	54.8	18.2	np	22.7	51.2
Quintile 2	rate	54.0	48.6	66.1	47.3	61.2	23.4	np	22.9	54.5
Quintile 3	rate	111.6	59.6	59.7	45.3	92.8	32.7	174.2	37.9	73.6
Quintile 4	rate	92.4	67.7	75.0	53.1	93.0	45.8	114.3	23.4	76.5
Quintile 5	rate	197.3	82.8	85.7	43.9	87.0	..	116.6	30.0	119.5
Total (f), (h)	rate	98.6	62.3	63.3	46.0	72.4	25.5	128.2	26.4	73.9

Table NHA.56.1 Separations for persons aged 65 years or over, receiving sub-acute services, by age, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)

<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>
<p>(a) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.</p> <p>(b) The ACT rates of services should be interpreted with caution since ACT services include a relatively large number of services provided to interstate resident patients while the denominator used in deriving the rates is for ACT population only.</p> <p>(c) Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.</p> <p>(d) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area (regardless of their jurisdiction of residence) divided by the total number of people living in that remoteness area in the reporting jurisdiction.</p> <p>(e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients in each SEIFA quintile (regardless of their jurisdiction of residence) divided by the total number of people in that SEIFA quintile in the reporting jurisdiction.</p> <p>(f) Total includes separations for which place of residence was not known, not stated or could not be mapped to a SEIFA index.</p> <p>(g) Crude rates.</p> <p>(h) Age-standardised to the Australian population as at 30 June 2001.</p> <p>– Nil or rounded to zero. .. Not applicable. np Not published.</p>									

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

Table NHA.56.2 Separations for persons aged 65 years or over, receiving sub-acute services, by SEIFA deciles, National, 2009-10 (a), (b)

	<i>Aust</i>	<i>Aust</i>
<i>rate per 1000 people in the relevant population</i>		<i>no.</i>
SEIFA of residence		
Decile 1	49.4	14 146
Decile 2	52.7	18 544
Decile 3	49.7	15 876
Decile 4	59.0	20 512
Decile 5	69.6	20 984
Decile 6	77.9	21 182
Decile 7	68.9	18 163
Decile 8	84.2	21 984
Decile 9	101.5	30 960
Decile 10	140.2	37 214
Total	73.9	219 845

(a) Age-standardised to the Australian population as at 30 June 2001.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2009.

Table NHA.56.3

Table NHA.56.3 **Separations for persons aged 65 years or over, receiving sub-acute services, by age group, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (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>
<i>number of separations (for persons aged 65 years or over receiving sub-acute services)</i>										
Age group										
65–69 years	no.	12 211	5 282	4 781	1 161	1 567	213	278	78	25 571
70–74 years	no.	13 743	7 189	4 940	1 516	1 611	294	407	78	29 778
75–79 years	no.	15 908	9 390	5 806	2 230	2 069	405	465	51	36 324
80–84 years	no.	16 023	10 882	5 850	2 633	2 547	503	657	81	39 176
85+ years	no.	15 686	11 018	5 375	3 622	2 300	497	658	42	39 198
Indigenous status (b)										
Indigenous	no.	171	76	111	84	15	np	np	19	476
Other Australians	no.	73 400	43 685	26 641	11 078	10 079	np	np	311	165 194
Remoteness of residence (c)										
Major cities	no.	62 710	35 320	21 424	8 871	8 704	np	2 100	np	139 135
Inner regional	no.	8 429	6 856	3 761	1 317	739	1 557	np	–	22 865
Outer regional	no.	2 177	1 514	1 344	731	493	328	np	307	7 048
Remote	no.	104	32	140	174	122	18	np	np	604
Very remote	no.	11	np	66	52	27	np	–	12	173
SEIFA of residence (d)										
Quintile 1	no.	10 145	5 914	4 564	510	2 704	818	42	95	24 792
Quintile 2	no.	13 590	6 464	3 919	2 315	2 210	113	239	55	28 905
Quintile 3	no.	12 792	7 502	4 612	3 528	1 516	455	119	102	30 626
Quintile 4	no.	10 421	9 566	7 533	1 850	1 917	523	715	70	32 595
Quintile 5	no.	26 481	14 278	6 107	2 942	1 732	np	1 348	np	52 898
Total (e)	no.	73 571	43 761	26 752	11 162	10 094	1 912	2 465	330	170 047

Table NHA.56.3

Table NHA.56.3 **Separations for persons aged 65 years or over, receiving sub-acute services, by age group, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (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>
<i>rate of separations (for persons aged 65 years or over receiving sub-acute services) per 1000 population (e)</i>										
Age group (f)										
65–69 years	rate	45.5	26.3	30.2	15.0	23.9	9.8	26.2	16.3	31.7
70–74 years	rate	62.3	43.8	41.2	25.5	29.4	17.1	51.8	30.9	46.0
75–79 years	rate	83.4	66.1	58.4	45.4	42.1	28.1	75.0	30.9	65.7
80–84 years	rate	111.4	101.1	80.5	74.6	65.2	46.4	135.3	np	94.4
85+ years	rate	132.6	125.1	88.4	124.6	70.9	55.9	178.5	np	114.7
Indigenous status (b), (f)										
Indigenous	rate	32.3	59.2	26.7	38.1	15.6	np	np	9.9	30.1
Other Australians	rate	78.4	62.3	52.5	44.6	42.0	np	np	36.3	62.5
Remoteness of residence (c), (g)										
Major cities	rate	96.5	68.3	70.3	47.8	47.2	..	63.5	..	74.2
Inner regional	rate	36.3	42.1	29.3	37.0	24.4	31.0	np	..	35.8
Outer regional	rate	29.2	33.4	20.1	31.2	16.6	14.1	..	58.8	26.2
Remote	rate	24.1	31.7	18.5	27.9	18.4	17.9	..	np	20.7
Very remote	rate	np	..	16.2	25.0	20.4	np	..	10.2	18.0
SEIFA of residence (d), (g)										
Quintile 1	rate	49.7	46.1	34.2	35.7	33.5	18.5	np	36.4	40.8
Quintile 2	rate	47.3	45.8	47.0	46.3	38.2	23.2	np	36.4	46.1
Quintile 3	rate	80.2	54.0	40.7	42.5	39.3	33.0	90.7	61.0	55.5
Quintile 4	rate	83.3	64.4	66.6	49.2	45.3	44.4	80.3	29.1	66.4
Quintile 5	rate	142.6	84.7	88.8	42.5	51.4	np	60.8	np	97.2
Total (g)	rate	76.4	60.3	52.2	44.2	39.9	25.6	74.7	38.7	60.2

Table NHA.56.3 **Separations for persons aged 65 years or over, receiving sub-acute services, by age group, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (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>
(a) Sub-acute services includes separations where the type of care was reported as rehabilitation, palliative care, geriatric evaluation and management or psychogeriatric care.									
(b) The Australian totals for Indigenous/Other Australians do not include data for the ACT or Tasmania.									
(c) Not all remoteness areas are represented in each State or Territory. The remoteness area 'Major city' does not exist within Tasmania or the NT, 'Inner regional' does not exist within the NT, 'Remote' does not exist in the ACT and 'Very remote' does not exist in Victoria or the ACT. However, interstate visitors residing in these remoteness areas may be treated in those states and territories.									
(d) SEIFA quintiles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Disaggregation by SEIFA area is by usual residence, not SEIFA of hospital 'site'. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory.									
(e) Total includes separations for which place of residence was not known or not stated.									
(f) Crude rates.									
(g) Age-standardised to the Australian population as at 30 June 2001.									
– Nil or rounded to zero. .. Not applicable. np Not published.									

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2007; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2007, Series B, Cat. no. 3238.0.

NHA Indicator 57:

**Hospital patient days used by those
eligible and waiting for residential
aged care**

Table NHA.57.1

Table NHA.57.1 Hospital patient days used by those eligible and waiting for residential aged care, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)

	<i>NSW</i>	<i>Vic (b)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
	<i>number</i>								
Indigenous status (c)									
Indigenous	375	69	4 251	1 539	303	–	34	2 775	9 312
Other Australians	64 424	25 624	123 481	31 410	57 499	7 149	4 817	3 378	305 816
Remoteness of residence (d)									
Major cities	27 754	1 075	47 657	9 308	26 947	303	4 823	–	117 867
Inner regional	24 682	14 965	21 456	1 828	2 792	4 581	12	–	70 316
Outer regional	11 870	9 280	46 238	12 956	14 677	2 059	16	3 357	100 453
Remote	107	np	9 720	8 651	10 402	np	–	1 165	30 047
Very remote	–	–	2 284	206	2 961	–	–	1 631	7 082
SEIFA of residence (e)									
Quintile 1	18 717	5 977	48 683	1 788	17 708	4 291	24	2 686	99 874
Quintile 2	16 656	8 255	23 463	15 494	18 051	353	62	246	82 580
Quintile 3	19 140	8 457	18 778	7 784	13 523	1 100	204	2 117	71 103
Quintile 4	4 859	2 164	25 333	3 948	4 650	896	1 463	768	44 081
Quintile 5	5 041	469	11 098	3 935	3 847	303	3 098	336	28 127
Total (f)	64 799	25 693	127 732	32 949	57 802	7 149	4 851	6 153	327 128
	<i>rate per 1000 patient days</i>								
Indigenous status (c)									
Indigenous	2.0	1.6	18.5	10.6	4.7	–	5.4	16.5	11.1
Other Australians	8.0	3.8	24.9	13.1	26.8	12.0	12.7	26.0	12.5
Remoteness of residence (d)									
Major cities	4.7	0.2	15.8	5.2	17.5	np	15.1	–	6.7
Inner regional	14.7	10.3	17.8	5.6	12.0	11.1	0.3	–	13.1

Table NHA.57.1

Table NHA.57.1 Hospital patient days used by those eligible and waiting for residential aged care, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)

	<i>NSW</i>	<i>Vic (b)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Outer regional	20.2	23.7	61.6	53.3	45.3	12.1	np	27.5	38.5
Remote	2.0	np	87.4	75.3	123.1	np	–	17.8	67.4
Very remote	–	–	32.2	3.8	127.3	–	–	15.8	27.0
SEIFA of residence (e)									
Quintile 1	10.2	5.0	34.9	9.4	23.1	13.1	2.3	17.6	17.1
Quintile 2	7.4	6.5	26.7	28.9	36.0	7.0	1.7	13.0	15.0
Quintile 3	13.5	5.9	18.7	9.6	38.7	10.6	9.0	35.7	13.7
Quintile 4	4.3	1.5	21.5	9.0	14.3	7.9	12.1	16.6	9.2
Quintile 5	3.2	0.3	15.8	6.9	15.1	np	16.0	18.4	5.8
Total (f)	7.8	3.8	24.6	12.9	26.2	11.9	12.6	20.6	12.4

- (a) Cells have been suppressed to protect confidentiality where the presentation could identify a patient or service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. See the Data Quality Statement for further details.
- (b) Victoria has developed alternative care pathways for older people waiting for residential aged care to be supported outside the acute hospital system. These alternative care pathways impact on the data reporting the number of hospital patient days by those eligible and waiting for residential aged care.
- (c) Data for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed. The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.
- (d) Disaggregation by remoteness is by the patient's usual residence, not the location of the hospital. Patient days are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of residence. Hence, rates represent the number of patient days for patients living in each remoteness area (regardless of their jurisdiction of usual residence) divided by the total number of patient days for patients living in that remoteness area and hospitalised in the reporting jurisdiction.
- (e) Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Patient days are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of residence. Hence, rates represent the number of patient days for patients living in each SEIFA quintile (regardless of their jurisdiction of usual residence) divided by the total number of patient days for patients living in that SEIFA quintile and hospitalised in the reporting jurisdiction.

Table NHA.57.1 Hospital patient days used by those eligible and waiting for residential aged care, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a)

	<i>NSW</i>	<i>Vic (b)</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) Total includes separations for which place of residence was not known, not stated or could not be mapped to a SEIFA index.

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

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

Table NHA.57.2 Hospital patient days used by those eligible and waiting for residential aged care, by SEIFA deciles, National, 2009-10 (a), (b)

	<i>Aust</i>	<i>Aust</i>
	<i>rate per 1000 patient days</i>	<i>no.</i>
SEIFA of residence		
Decile 1	17.5	50 824
Decile 2	16.6	49 050
Decile 3	16.9	45 196
Decile 4	13.1	37 384
Decile 5	13.9	36 619
Decile 6	13.5	34 484
Decile 7	12.4	28 291
Decile 8	6.3	15 790
Decile 9	5.9	15 123
Decile 10	5.7	13 004

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2009.

NHA Indicator 58:

Patient satisfaction/experience

Table NHA.58.1

Table NHA.58.1 **Proportion of persons who saw a GP (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>proportion (per cent)</i>									
Remoteness									
Major cities	%	14.0	14.5	10.0	16.5	15.7	na	na	na
Other (c)	%	21.7	19.4	17.6	15.1	21.8	na	na	na
Total	%	16.1	15.6	12.8	16.1	16.9	18.8	19.3	17.6
<i>relative standard error of proportion (per cent)</i>									
Remoteness									
Major cities	%	5.2	4.5	7.8	5.8	4.9	na	na	na
Other (c)	%	8.4	9.6	5.8	12.8	10.0	na	na	na
Total	%	4.6	3.9	5.4	5.5	5.4	5.3	7.1	9.8
<i>95 per cent confidence interval of proportion (\pm per cent)</i>									
Remoteness									
Major cities	\pm %	1.4	1.3	1.5	1.9	1.5	na	na	na
Other (c)	\pm %	3.6	3.7	2.0	3.8	4.2	na	na	na
Total	\pm %	1.4	1.2	1.4	1.7	1.8	2.0	2.7	3.4

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a GP in the last 12 months for their own health, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional and remote areas. Very remote data were not collected in the 2010-11 Patient Experience Survey.

na Not available.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.2 Proportion of persons who saw a GP (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by remoteness, 2010-11 (a), (b)

	<i>Aust</i>			<i>Aust</i>
	<i>%</i>	<i>relative standard error of proportion (per cent)</i>	<i>95 per cent confidence interval of proportion (± per cent)</i>	<i>number '000</i>
Remoteness of residence				
Major cities	13.9	2.3	0.6	1 357.9
Inner regional	19.2	4.6	1.7	546.2
Outer regional	19.2	7.2	2.7	223.5
Remote	22.0	10.8	4.7	38.8
Total (c)	15.5	2.2	0.7	2 166.4

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a GP in the last 12 months for their own health, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.3

Table NHA.58.3 **Proportion of persons referred to a medical specialist (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by remoteness, by State and Territory 2010-11 (a), (b)**

	<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>proportion (per cent)</i>									
Remoteness									
Major cities	%	19.7	20.7	20.9	21.4	16.3	na	na	na
Other (c)	%	24.8	22.4	20.5	23.1	31.7	na	na	na
Total	%	21.0	21.2	21.1	21.7	18.8	25.4	25.5	19.4
<i>relative standard error of proportion (per cent)</i>									
Remoteness									
Major cities	%	6.0	6.4	7.6	8.6	8.1	na	na	na
Other (c)	%	9.5	11.1	8.2	12.6	17.2	na	na	na
Total	%	4.7	5.5	6.2	6.9	7.0	9.4	8.0	19.2
<i>95 per cent confidence interval of proportion (\pm per cent)</i>									
Remoteness									
Major cities	\pm %	2.3	2.6	3.1	3.6	2.6	na	na	na
Other (c)	\pm %	4.6	4.9	3.3	5.7	10.7	na	na	na
Total	\pm %	1.9	2.3	2.6	2.9	2.6	4.7	4.0	7.3

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were referred to a medical specialist in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional and remote areas. Very remote data were not collected in the 2010-11 Patient Experience Survey.

na Not available.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.4 Proportion of persons who were referred to a medical specialist (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by remoteness, 2010-11 (a), (b)

	<i>Aust</i>			<i>Aust</i>
	<i>%</i>	<i>relative standard error of proportion (per cent)</i>	<i>95 per cent confidence interval of proportion (\pm per cent)</i>	<i>number '000</i>
Remoteness of residence				
Major cities	20.2	2.7	1.1	835.2
Inner regional	22.8	4.8	2.2	284.3
Outer regional	25.4	10.4	5.2	122.2
Remote	22.4	17.1	7.5	14.9
Total (c)	21.2	1.7	0.7	1 256.6

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

- (a) Persons 15 years and over who had been referred to a medical specialist in last 12 months, excluding interviews by proxy.
- (b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).
- (c) Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.5

Table NHA.58.5 **Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory 2010-11 (a), (b)**

	<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>
Proportion of persons who saw a GP in the last 12 months reporting the GP always or often <u>listened carefully</u> to them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	90.5	90.1	88.6	89.5	88.8	na	na	na
Other (c)	%	88.1	87.3	87.2	88.9	84.7	na	na	na
Total	%	89.8	89.4	88.0	89.3	88.0	88.6	87.6	83.3
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	0.9	0.8	1.0	0.9	1.1	na	na	na
Other (c)	%	1.1	1.2	1.0	1.5	2.1	na	na	na
Total	%	0.7	0.7	0.8	0.7	0.9	1.2	1.8	2.3
<i>95 per cent confidence interval (± per cent)</i>									
Remoteness									
Major cities	± %	1.5	1.4	1.7	1.5	1.8	na	na	na
Other (c)	± %	2.0	2.1	1.7	2.6	3.5	na	na	na
Total	± %	1.2	1.2	1.4	1.3	1.5	2.1	3.1	3.7
Proportion of persons who saw a GP in the last 12 months reporting the GP always or often <u>showed respect</u> to them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	93.9	92.5	91.4	92.2	92.1	na	na	na
Other (c)	%	92.2	90.6	90.2	92.2	88.8	na	na	na
Total	%	93.4	92.1	91.0	92.2	91.4	91.2	91.6	86.1

Table NHA.58.5

Table NHA.58.5 **Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory 2010-11 (a), (b)**

	<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>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	0.5	0.6	0.8	0.8	0.7	na	na	na
Other (c)	%	0.8	1.2	1.2	1.3	1.8	na	na	na
Total	%	0.5	0.5	0.6	0.7	0.5	1.0	1.4	2.1
<i>95 per cent confidence interval (± per cent)</i>									
Remoteness									
Major cities	%	1.0	1.1	1.4	1.5	1.2	na	na	na
Other (c)	%	1.5	2.1	2.1	2.4	3.1	na	na	na
Total	%	0.8	1.0	1.2	1.2	0.9	1.8	2.5	3.5
Proportion of persons who saw a GP in the last 12 months reporting the GP always or often <u>spent enough time</u> with them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	88.6	86.9	87.8	86.7	85.7	na	na	na
Other (c)	%	86.8	87.8	85.2	88.7	84.4	na	na	na
Total	%	88.0	87.2	86.8	87.2	85.4	85.7	85.1	82.9
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	0.8	1.0	0.9	0.9	1.2	na	na	na
Other (c)	%	1.2	1.3	1.4	1.4	2.4	na	na	na
Total	%	0.7	0.7	0.8	0.8	1.0	1.3	1.9	2.5
<i>95 per cent confidence interval (± per cent)</i>									

Table NHA.58.5

Table NHA.58.5 **Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory 2010-11 (a), (b)**

	<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>
Remoteness									
Major cities	± %	1.3	1.6	1.5	1.5	2.0	na	na	na
Other (c)	± %	2.1	2.3	2.3	2.4	4.0	na	na	na
Total	± %	1.2	1.2	1.4	1.3	1.7	2.2	3.2	4.1

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a GP in the last 12 months for their own health, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional and remote areas. Very remote data were not collected in the 2010-11 Patient Experience Survey.

na Not available.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.6 Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2010-11 (a), (b)

<i>Aust</i>				<i>Aust</i>
	<i>%</i>	<i>relative standard error of proportion (per cent)</i>	<i>95 per cent confidence interval of proportion (± per cent)</i>	<i>number '000</i>
Proportion of persons who saw a GP in the last 12 months reporting the GP always or often <u>listened carefully</u> to them				
Remoteness of residence				
Major cities	89.8	0.3	0.6	8 855.1
Inner regional	87.7	0.7	1.2	2 583.2
Outer regional	86.8	0.9	1.6	1 018.5
Remote	87.8	1.9	3.2	159.7
Total (c)	89.1	0.3	0.5	12 616.5
Proportion of persons who saw a GP in the last 12 months reporting the GP always or often <u>showed respect</u> to them				
Remoteness of residence				
Major cities	92.7	0.3	0.6	9 144.9
Inner regional	91.6	0.6	1.0	2 681.5
Outer regional	89.5	1.0	1.7	1 047.6
Remote	91.8	1.6	2.9	167.7
Total (c)	92.2	0.3	0.6	13 041.5
Proportion of persons who saw a GP in the last 12 months reporting the GP always or often <u>spent enough time</u> with them				
Remoteness of residence				
Major cities	87.5	0.4	0.7	8 642.5
Inner regional	87.0	0.8	1.4	2 558.5
Outer regional	84.9	1.2	2.0	1 001.4
Remote	87.2	1.9	3.3	159.4
Total (c)	87.2	0.3	0.5	12 361.8

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a GP in the last 12 months for their own health, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.7

Table NHA.58.7 **Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>
Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often <u>listened carefully</u> to them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	91.9	91.5	91.1	90.6	92.4	na	na	na
Other (c)	%	94.0	91.8	90.4	87.0	83.2	na	na	na
Total	%	92.4	91.5	90.6	89.7	91.1	89.7	90.5	91.8
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	0.8	0.9	1.9	1.7	1.5	na	na	na
Other (c)	%	1.2	1.5	1.6	2.0	6.4	na	na	na
Total	%	0.6	0.8	1.4	1.4	1.5	1.7	2.7	1.7
<i>95 per cent confidence interval (± per cent)</i>									
Remoteness									
Major cities	± %	1.4	1.7	3.5	2.9	2.7	na	na	na
Other (c)	± %	2.2	2.6	2.8	3.4	10.5	na	na	na
Total	± %	1.1	1.5	2.4	2.5	2.6	3.0	4.8	3.1
Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often <u>showed respect</u> to them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	92.8	92.7	93.2	91.0	93.1	na	na	na
Other (c)	%	94.6	92.2	85.1	88.2	84.9	na	na	na
Total	%	93.1	92.5	90.6	90.3	92.1	91.7	91.0	92.2

Table NHA.58.7

Table NHA.58.7 **Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	0.8	1.0	1.8	1.3	1.3	na	na	na
Other (c)	%	1.1	1.3	3.7	2.1	6.4	na	na	na
Total	%	0.6	0.8	1.6	1.2	1.4	1.6	2.8	1.7
<i>95 per cent confidence interval (± per cent)</i>									
Remoteness									
Major cities	%	1.5	1.8	3.2	2.3	2.3	na	na	na
Other (c)	%	2.0	2.4	6.1	3.6	10.6	na	na	na
Total	%	1.2	1.4	2.8	2.2	2.6	2.8	5.1	3.0

Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often spent enough time with them

<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	90.1	90.0	89.8	89.2	90.5	na	na	na
Other (c)	%	91.2	92.0	88.8	83.9	84.0	na	na	na
Total	%	90.2	90.6	89.3	88.1	89.9	88.8	88.7	90.5
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	0.8	1.2	2.1	1.4	1.7	na	na	na
Other (c)	%	1.7	1.2	2.0	3.1	6.1	na	na	na
Total	%	0.7	0.9	1.7	1.2	1.8	1.8	3.0	1.9
<i>95 per cent confidence interval (± per cent)</i>									

Table NHA.58.7

Table NHA.58.7 **Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>
Remoteness									
Major cities	\pm %	1.4	2.1	3.6	2.5	3.1	na	na	na
Other (c)	\pm %	3.0	2.2	3.5	5.1	10.1	na	na	na
Total	\pm %	1.2	1.6	2.9	2.1	3.1	3.1	5.2	3.4

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

- (a) Persons 15 years and over who were known to have seen a medical specialist in the last 12 months, excluding interviews by proxy. Due to a sequencing error, 868 000 persons who had not seen a specialist for their most recent referral (14 per cent) were not included in this population. They may have seen a specialist in the last year.
- (b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).
- (c) Includes inner and outer regional and remote areas. Very remote data were not collected in the 2010-11 Patient Experience Survey.
- na** Not available.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.8 Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2010-11 (a), (b)

<i>Aust</i>				<i>Aust</i>
	<i>%</i>	<i>relative standard error of proportion (per cent)</i>	<i>95 per cent confidence interval of proportion (± per cent)</i>	<i>number '000</i>
Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often <u>listened carefully</u> to them				
Remoteness of residence				
Major cities	91.6	0.6	1.0	3 686.7
Inner regional	90.8	0.8	1.5	1 090.5
Outer regional	91.6	1.6	2.8	398.1
Remote	93.4	1.5	2.8	59.9
Total (c)	91.4	0.4	0.8	5 235.2
Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often <u>showed respect</u> to them				
Remoteness of residence				
Major cities	92.7	0.5	1.0	3 726.6
Inner regional	90.7	1.3	2.2	1 096.2
Outer regional	91.0	1.9	3.4	397.5
Remote	93.2	1.8	3.3	60.4
Total (c)	92.2	0.5	0.8	5 280.8
Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often <u>spent enough time</u> with them				
Remoteness of residence				
Major cities	90.1	0.6	1.1	3 623.9
Inner regional	89.6	1.1	1.9	1 079.9
Outer regional	89.1	1.7	3.0	389.8
Remote	91.8	2.4	4.3	59.2
Total (c)	89.9	0.5	1.0	5 152.9

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

- (a) Persons 15 years and over who were known to have seen a medical specialist in the last 12 months, excluding interviews by proxy. Due to a sequencing error, 868 000 persons who had not seen a specialist for their most recent referral (14 per cent) were not included in this population. They may have seen a specialist in the last year.
- (b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).
- (c) Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.9

Table NHA.58.9 **Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>
Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often <u>listened carefully</u> to them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	94.1	95.0	95.4	93.8	95.0	na	na	na
Other (c)	%	91.6	92.3	93.4	94.2	95.0	na	na	na
Total	%	93.6	94.5	94.7	93.8	94.9	93.3	94.8	93.1
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	0.6	0.5	0.6	1.0	0.7	na	na	na
Other (c)	%	1.5	1.3	0.9	1.3	1.8	na	na	na
Total	%	0.5	0.5	0.5	0.8	0.8	1.3	1.2	1.4
<i>95 per cent confidence interval (\pm per cent)</i>									
Remoteness									
Major cities	\pm %	1.1	1.0	1.1	1.8	1.4	na	na	na
Other (c)	\pm %	2.7	2.4	1.7	2.5	3.3	na	na	na
Total	\pm %	1.0	1.0	0.9	1.5	1.5	2.4	2.2	2.6
Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often <u>showed respect</u> to them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	95.2	96.1	96.1	94.4	95.4	na	na	na
Other (c)	%	93.9	94.2	94.0	95.7	94.6	na	na	na
Total	%	95.0	95.7	95.3	94.6	95.1	94.0	95.9	94.5

Table NHA.58.9

Table NHA.58.9 **Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	0.6	0.5	0.5	0.9	0.7	na	na	na
Other (c)	%	1.1	1.3	0.9	1.1	1.8	na	na	na
Total	%	0.5	0.5	0.5	0.7	0.8	1.2	0.9	1.2
<i>95 per cent confidence interval (± per cent)</i>									
Remoteness									
Major cities	%	1.1	0.9	0.9	1.6	1.4	na	na	na
Other (c)	%	2.1	2.4	1.7	2.1	3.3	na	na	na
Total	%	1.0	0.9	0.9	1.3	1.4	2.2	1.6	2.3
Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often <u>spent enough time</u> with them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	94.9	96.0	95.8	94.5	96.4	na	na	na
Other (c)	%	94.0	93.7	93.5	95.8	94.6	na	na	na
Total	%	94.7	95.5	95.1	94.8	95.9	92.5	95.0	94.6
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	0.6	0.5	0.8	0.8	0.7	na	na	na
Other (c)	%	0.9	1.3	1.1	1.2	2.1	na	na	na
Total	%	0.4	0.5	0.6	0.7	0.8	1.4	1.5	1.6
<i>95 per cent confidence interval (± per cent)</i>									

Table NHA.58.9

Table NHA.58.9 **Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>
Remoteness									
Major cities	\pm %	1.1	1.0	1.6	1.4	1.2	na	na	na
Other (c)	\pm %	1.7	2.5	1.9	2.2	3.9	na	na	na
Total	\pm %	0.8	1.0	1.2	1.2	1.5	2.5	2.9	3.0

(a) Persons 15 years and over who saw a dental professional in the last 12 months for their own health, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional and remote areas. Very remote data were not collected in the 2010-11 Patient Experience Survey.

na Not available.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.10 Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2010-11 (a), (b)

<i>Aust</i>				<i>Aust</i>
	<i>%</i>	<i>relative standard error of proportion (per cent)</i>	<i>95 per cent confidence interval of proportion (\pm per cent)</i>	<i>number '000</i>
Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often <u>listened carefully</u> to them				
Remoteness of residence				
Major cities	94.7	0.3	0.6	5 835.8
Inner regional	92.9	0.6	1.0	1 453.4
Outer regional	92.2	1.2	2.1	583.4
Remote	96.6	1.7	3.2	99.3
Total (c)	94.2	0.3	0.5	7 972.0
Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often <u>showed respect</u> to them				
Remoteness of residence				
Major cities	95.6	0.3	0.6	5 894.3
Inner regional	94.4	0.5	0.9	1 475.8
Outer regional	93.7	1.0	1.8	594.5
Remote	97.2	1.6	3.0	99.7
Total (c)	95.2	0.2	0.5	8 064.3
Proportion of persons who saw a dental professional in the last 12 months reporting the dental professional always or often <u>spent enough time</u> with them				
Remoteness of residence				
Major cities	95.5	0.3	0.6	5 893.6
Inner regional	94.1	0.6	1.1	1 474.0
Outer regional	93.3	1.1	2.1	593.2
Remote	96.8	1.5	2.8	99.8
Total (c)	95.1	0.3	0.5	8 060.6

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a dental professional for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.11 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often <u>listened carefully</u> to them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	83.8	83.6	87.6	84.2	79.0	na	na	na
Other (c)	%	83.5	80.4	85.3	88.9	79.3	na	na	na
Total	%	83.4	82.3	86.4	86.2	79.3	82.2	89.6	82.7
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	1.9	2.9	2.0	2.3	4.0	na	na	na
Other (c)	%	2.9	3.9	3.1	3.3	4.3	na	na	na
Total	%	1.5	2.0	1.8	1.9	2.9	3.7	2.3	5.2
<i>95 per cent confidence interval (± per cent)</i>									
Remoteness									
Major cities	± %	3.1	4.8	3.4	3.8	6.1	na	na	na
Other (c)	± %	4.7	6.1	5.2	5.7	6.7	na	na	na
Total	± %	2.4	3.2	3.1	3.2	4.5	5.9	4.1	8.4

Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often showed respect to them

proportion (per cent)

Remoteness									
Major cities	%	88.1	84.5	90.7	87.5	82.7	na	na	na
Other (c)	%	83.8	80.3	87.9	89.3	77.3	na	na	na

Table NHA.58.11

Table NHA.58.11 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>
Total	%	86.1	82.9	89.3	88.4	81.5	85.2	90.4	82.9
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	1.7	2.8	1.5	2.1	2.6	na	na	na
Other (c)	%	2.5	3.8	2.9	3.3	5.8	na	na	na
Total	%	1.5	2.3	1.4	1.6	2.2	2.9	2.5	4.9
<i>95 per cent confidence interval (± per cent)</i>									
Remoteness									
Major cities	%	2.9	4.7	2.6	3.6	4.2	na	na	na
Other (c)	%	4.2	6.0	4.9	5.8	8.8	na	na	na
Total	%	2.6	3.7	2.5	2.7	3.6	4.8	4.5	7.9

Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often spent enough time with them

<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	81.8	74.3	84.8	80.0	76.0	na	na	na
Other (c)	%	76.6	76.1	78.8	84.2	76.2	na	na	na
Total	%	79.5	74.4	82.5	82.2	76.3	77.9	83.6	80.8
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	1.9	4.1	2.3	2.2	4.0	na	na	na
Other (c)	%	2.8	3.9	3.5	3.8	6.3	na	na	na

Table NHA.58.11 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>
Total	%	1.8	3.1	2.4	1.9	3.5	4.2	3.7	4.9
<i>95 per cent confidence interval (± per cent)</i>									
Remoteness									
Major cities	± %	3.1	6.0	3.9	3.5	6.0	na	na	na
Other (c)	± %	4.2	5.8	5.4	6.3	9.5	na	na	na
Total	± %	2.8	4.5	3.8	3.1	5.3	6.4	6.1	7.8

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who went to an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional and remote areas. Very remote data were not collected in the 2010-11 Patient Experience Survey.

na Not available.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.12 Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2010-11 (a), (b)

<i>Aust</i>				<i>Aust</i>
	<i>relative standard error of proportion</i>	<i>95 per cent confidence interval of proportion</i>	<i>(± per cent)</i>	<i>number '000</i>
	<i>%</i>	<i>(per cent)</i>	<i>per cent</i>	
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often <u>listened carefully</u> to them				
Remoteness of residence				
Major cities	84.3	1.2	1.9	1 225.8
Inner regional	84.4	1.7	2.8	493.5
Outer regional	78.9	3.6	5.6	209.2
Remote	85.1	6.8	11.4	30.1
Total (c)	83.7	0.8	1.2	1 958.6
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often <u>showed respect</u> to them				
Remoteness of residence				
Major cities	87.2	1.0	1.7	1 270.3
Inner regional	85.6	1.7	2.8	498.5
Outer regional	79.8	3.6	5.6	212.0
Remote	85.5	6.6	11.1	30.1
Total (c)	85.8	0.8	1.3	2 011.0
Proportion of persons who went to an emergency department in the last 12 months reporting the ED doctors or specialists always or often <u>spent enough time with</u> them				
Remoteness of residence				
Major cities	79.7	1.3	2.1	1 162.0
Inner regional	78.6	2.3	3.5	462.6
Outer regional	74.4	3.5	5.0	198.2
Remote	88.4	5.8	10.0	31.2
Total (c)	78.9	1.0	1.6	1 854.0

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who went to an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.13

Table NHA.58.13 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often <u>listened carefully</u> to them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	86.1	84.9	90.3	86.8	87.2	na	na	na
Other (c)	%	84.2	83.7	90.2	91.1	85.2	na	na	na
Total	%	85.3	84.2	90.1	88.3	86.8	87.5	89.7	90.6
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	1.8	2.2	1.9	1.9	2.9	na	na	na
Other (c)	%	2.9	3.5	2.3	2.5	5.7	na	na	na
Total	%	1.3	2.1	1.7	1.2	2.9	2.5	3.3	2.2
<i>95 per cent confidence interval (± per cent)</i>									
Remoteness									
Major cities	± %	3.1	3.7	3.3	3.2	5.0	na	na	na
Other (c)	± %	4.8	5.7	4.0	4.4	9.5	na	na	na
Total	± %	2.2	3.5	3.0	2.1	4.9	4.3	5.8	4.0
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often <u>showed respect</u> to them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	88.1	87.3	90.4	88.1	88.1	na	na	na
Other (c)	%	86.0	85.5	91.5	92.2	89.6	na	na	na
Total	%	87.1	86.5	90.7	89.2	88.8	89.7	88.7	89.7

Table NHA.58.13

Table NHA.58.13 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	1.9	1.9	1.8	2.0	2.4	na	na	na
Other (c)	%	2.4	3.6	2.2	2.4	4.4	na	na	na
Total	%	1.4	2.0	1.6	1.4	2.3	2.2	3.9	2.7
<i>95 per cent confidence interval (± per cent)</i>									
Remoteness									
Major cities	%	3.2	3.3	3.2	3.4	4.1	na	na	na
Other (c)	%	4.0	6.0	4.0	4.3	7.7	na	na	na
Total	%	2.4	3.3	2.8	2.4	3.9	3.8	6.7	4.8

Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often spent enough time with them

proportion (per cent)

Remoteness									
Major cities	%	83.2	79.8	87.9	82.1	83.1	na	na	na
Other (c)	%	81.8	80.4	86.5	91.6	81.5	na	na	na
Total	%	82.6	79.7	87.2	85.3	83.3	85.9	87.4	86.3
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	1.9	3.2	2.3	2.4	2.4	na	na	na
Other (c)	%	3.2	4.1	2.8	2.5	6.2	na	na	na
Total	%	1.6	2.8	1.9	1.6	2.3	2.2	3.7	3.2
<i>95 per cent confidence interval (± per cent)</i>									

Table NHA.58.13 **Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>
Remoteness									
Major cities	\pm %	3.1	4.9	3.9	3.8	3.9	na	na	na
Other (c)	\pm %	5.1	6.5	4.7	4.4	9.9	na	na	na
Total	\pm %	2.6	4.4	3.3	2.7	3.8	3.6	6.3	5.3

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who went to an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional and remote areas. Very remote data were not collected in the 2010-11 Patient Experience Survey.

na Not available.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.14 Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2010-11 (a), (b)

<i>Aust</i>				<i>Aust</i>
	<i>%</i>	<i>relative standard error of proportion (per cent)</i>	<i>95 per cent confidence interval of proportion (\pm per cent)</i>	<i>number '000</i>
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often <u>listened carefully</u> to them				
Remoteness of residence				
Major cities	86.7	1.1	1.9	1 261.0
Inner regional	86.0	1.7	2.8	502.9
Outer regional	85.9	2.0	3.3	228.2
Remote	91.4	3.3	5.8	32.3
Total (c)	86.5	0.8	1.4	2 024.3
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often <u>showed respect</u> to them				
Remoteness of residence				
Major cities	88.2	1.1	1.8	1 280.0
Inner regional	87.3	1.6	2.8	510.7
Outer regional	88.4	1.8	3.1	234.8
Remote	93.5	3.2	5.9	32.9
Total (c)	88.1	0.8	1.3	2 058.4
Proportion of persons who went to an emergency department in the last 12 months reporting the ED nurses always or often <u>spent enough time with</u> them				
Remoteness of residence				
Major cities	83.2	1.4	2.3	1 211.2
Inner regional	83.2	1.9	3.1	488.0
Outer regional	82.9	2.8	4.6	219.7
Remote	93.7	3.1	5.7	33.2
Total (c)	83.4	1.1	1.7	1 952.1

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

- (a) Persons 15 years and over who visited an emergency department for their own health in the last 12 months, excluding interviews by proxy.
- (b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).
- (c) Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.15

Table NHA.58.15 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often <u>listened carefully</u> to them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	90.4	89.8	91.7	89.4	89.4	na	na	na
Other (c)	%	92.0	86.4	88.5	89.3	89.3	na	na	na
Total	%	90.9	89.0	90.2	89.4	89.4	86.5	95.1	88.6
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	1.6	1.9	2.3	2.1	2.1	na	na	na
Other (c)	%	2.9	3.2	2.5	3.4	4.0	na	na	na
Total	%	1.5	1.4	1.5	2.1	2.1	2.6	2.0	4.4
<i>95 per cent confidence interval (± per cent)</i>									
Remoteness									
Major cities	± %	2.9	3.4	4.2	3.6	3.7	na	na	na
Other (c)	± %	5.3	5.5	4.3	5.9	7.0	na	na	na
Total	± %	2.6	2.4	2.7	3.6	3.7	4.5	3.7	7.6

Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often showed respect to them

proportion (per cent)

Remoteness									
Major cities	%	91.1	90.3	91.9	89.0	91.5	na	na	na
Other (c)	%	91.8	88.2	90.2	88.5	90.2	na	na	na
Total	%	91.4	89.4	91.3	88.9	91.1	87.0	94.2	89.5

Table NHA.58.15

Table NHA.58.15 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	1.5	2.1	2.6	2.2	1.8	na	na	na
Other (c)	%	2.9	2.6	2.2	3.4	3.5	na	na	na
Total	%	1.4	1.6	1.8	2.3	1.7	2.7	2.5	3.4
<i>95 per cent confidence interval (± per cent)</i>									
Remoteness									
Major cities	%	2.7	3.7	4.6	3.9	3.3	na	na	na
Other (c)	%	5.3	4.5	3.9	6.0	6.1	na	na	na
Total	%	2.5	2.8	3.1	4.0	3.1	4.5	4.5	6.0

Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often spent enough time with them

proportion (per cent)

Remoteness									
Major cities	%	86.1	84.5	88.8	84.7	87.5	na	na	na
Other (c)	%	89.4	82.9	83.2	83.8	86.0	na	na	na
Total	%	87.1	84.0	86.2	84.9	87.2	85.7	88.6	86.5
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	1.9	2.7	2.7	3.2	2.4	na	na	na
Other (c)	%	3.7	3.7	3.9	4.0	5.9	na	na	na
Total	%	1.7	2.4	2.4	2.8	2.0	3.1	4.4	3.7
<i>95 per cent confidence interval (± per cent)</i>									

Table NHA.58.15

Table NHA.58.15 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>
Remoteness									
Major cities	\pm %	3.2	4.5	4.7	5.3	4.2	na	na	na
Other (c)	\pm %	6.5	6.1	6.3	6.6	10.0	na	na	na
Total	\pm %	2.9	3.9	4.1	4.7	3.4	5.3	7.7	6.3

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional and remote areas. Very remote data were not collected in the 2010-11 Patient Experience Survey.

na Not available.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.16 Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2010-11 (a), (b)

<i>Aust</i>				<i>Aust</i>
	<i>%</i>	<i>relative standard error of proportion (per cent)</i>	<i>95 per cent confidence interval of proportion (\pm per cent)</i>	<i>number '000</i>
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often <u>listened carefully</u> to them				
Remoteness of residence				
Major cities	90.4	0.8	1.5	1 352.7
Inner regional	90.1	1.5	2.7	472.3
Outer regional	86.4	3.2	5.4	184.3
Remote	90.8	3.1	5.5	32.9
Total (c)	90.0	0.6	1.1	2 042.2
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often <u>showed respect</u> to them				
Remoteness of residence				
Major cities	90.9	0.8	1.5	1 359.1
Inner regional	90.3	1.3	2.4	471.8
Outer regional	88.4	2.9	5.0	188.9
Remote	90.0	3.2	5.6	32.3
Total (c)	90.5	0.7	1.2	2 052.2
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital doctors or specialists always or often <u>spent enough time</u> with them				
Remoteness of residence				
Major cities	86.1	1.2	2.0	1 292.3
Inner regional	86.6	2.2	3.8	455.2
Outer regional	82.5	3.8	6.1	178.4
Remote	84.0	3.3	5.4	30.3
Total (c)	85.8	1.1	1.8	1 956.2

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.17

Table NHA.58.17 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often <u>listened carefully</u> to them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	88.9	89.5	92.5	90.6	90.4	na	na	na
Other (c)	%	88.3	87.6	91.7	92.9	92.6	na	na	na
Total	%	89.0	89.1	92.2	91.2	90.8	88.8	89.0	88.8
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	1.9	1.6	2.1	2.1	2.4	na	na	na
Other (c)	%	3.1	2.6	2.0	1.9	3.4	na	na	na
Total	%	1.7	1.3	1.4	1.4	2.3	2.7	4.2	3.8
<i>95 per cent confidence interval (\pm per cent)</i>									
Remoteness									
Major cities	\pm %	3.3	2.9	3.8	3.8	4.2	na	na	na
Other (c)	\pm %	5.3	4.4	3.6	3.5	6.1	na	na	na
Total	\pm %	2.9	2.3	2.5	2.6	4.0	4.7	7.3	6.6
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often <u>showed respect</u> to them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	91.2	90.4	95.3	90.9	91.5	na	na	na
Other (c)	%	88.5	88.3	92.1	91.1	98.1	na	na	na
Total	%	90.6	90.0	93.7	90.9	93.2	91.1	90.4	92.9

Table NHA.58.17 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	1.6	1.7	1.5	2.2	2.5	na	na	na
Other (c)	%	3.0	2.5	2.3	2.3	0.9	na	na	na
Total	%	1.4	1.3	1.7	1.4	1.8	2.1	4.1	2.8
<i>95 per cent confidence interval (± per cent)</i>									
Remoteness									
Major cities	%	2.8	3.0	2.9	3.8	4.4	na	na	na
Other (c)	%	5.1	4.4	4.1	4.2	1.7	na	na	na
Total	%	2.6	2.3	3.2	2.5	3.3	3.7	7.3	5.2
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often <u>spent enough time</u> with them									
<i>proportion (per cent)</i>									
Remoteness									
Major cities	%	87.7	87.5	90.3	89.5	85.6	na	na	na
Other (c)	%	85.3	87.0	87.2	89.0	86.4	na	na	na
Total	%	87.2	87.3	88.9	88.8	85.8	85.6	92.8	89.3
<i>relative standard error (per cent)</i>									
Remoteness									
Major cities	%	2.1	1.5	2.3	2.5	3.0	na	na	na
Other (c)	%	2.9	2.3	3.2	2.7	4.9	na	na	na
Total	%	1.8	1.3	1.7	2.4	2.3	3.6	2.6	4.1
<i>95 per cent confidence interval (± per cent)</i>									

Table NHA.58.17

Table NHA.58.17 **Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, by State and Territory, 2010-11 (a), (b)**

	<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>
Remoteness									
Major cities	\pm %	3.6	2.5	4.1	4.3	5.0	na	na	na
Other (c)	\pm %	4.9	4.0	5.5	4.7	8.3	na	na	na
Total	\pm %	3.0	2.2	3.0	4.3	3.9	6.0	4.6	7.2

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Includes inner and outer regional and remote areas. Very remote data were not collected in the 2010-11 Patient Experience Survey.

na Not available.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.18 Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by remoteness, 2010-11 (a), (b)

<i>Aust</i>				<i>Aust</i>
	<i>%</i>	<i>relative standard error of proportion (per cent)</i>	<i>95 per cent confidence interval of proportion (\pm per cent)</i>	<i>number '000</i>
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often <u>listened carefully</u> to them				
Remoteness of residence				
Major cities	89.9	0.9	1.6	1 341.9
Inner regional	89.2	1.6	2.9	468.1
Outer regional	91.9	1.6	2.8	194.8
Remote	91.3	3.0	5.3	32.5
Total (c)	90.1	0.8	1.3	2 037.2
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often <u>showed respect</u> to them				
Remoteness of residence				
Major cities	91.6	0.8	1.5	1 363.9
Inner regional	89.6	1.6	2.7	470.1
Outer regional	93.3	2.0	3.6	196.9
Remote	95.9	2.6	4.9	34.3
Total (c)	91.4	0.7	1.3	2 065.2
Proportion of persons who were admitted to hospital in the last 12 months reporting the hospital nurses always or often <u>spent enough time</u> with them				
Remoteness of residence				
Major cities	88.1	1.1	1.8	1 315.1
Inner regional	86.6	1.5	2.5	452.3
Outer regional	87.3	2.5	4.3	185.5
Remote	89.3	4.9	8.6	31.6
Total (c)	87.6	0.8	1.4	1 984.5

Rates with RSEs greater than 25 per cent should be used with caution. Rates with an RSE greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

(c) Very remote data were not collected in the 2010-11 Patient Experience Survey.

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.19 Proportion of persons who saw a GP (for their own health) in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by SEIFA deciles, 2010-11 (a), (b)

	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>
SEIFA			
Decile 1	17.8	7.3	2.5
Decile 2	17.2	8.3	2.8
Decile 3	16.5	6.1	2.0
Decile 4	16.1	6.8	2.2
Decile 5	17.6	7.6	2.6
Decile 6	16.5	7.7	2.5
Decile 7	15.6	6.4	2.0
Decile 8	14.4	6.9	1.9
Decile 9	12.5	6.3	1.5
Decile 10	12.5	6.7	1.6

RSE = relative standard error. CI = 95 per cent confidence interval. Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a GP for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.20 Proportion of persons who were referred to a medical specialist by a GP in the last 12 months reporting they waited longer than felt acceptable to get an appointment, by SEIFA deciles, 2010-11 (a), (b)

	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>
SEIFA			
Decile 1	23.1	10.2	4.6
Decile 2	22.3	8.0	3.5
Decile 3	19.9	9.2	3.6
Decile 4	21.4	7.3	3.1
Decile 5	23.4	8.4	3.8
Decile 6	22.7	8.3	3.7
Decile 7	21.2	8.9	3.7
Decile 8	19.2	8.2	3.1
Decile 9	19.7	6.3	2.4
Decile 10	20.7	9.3	3.8

RSE = relative standard error. CI = 95 per cent confidence interval. Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were referred to a medical specialist by a GP in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.21 **Proportion of persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA deciles, 2010-11 (a), (b)**

	<i>Listened carefully</i>			<i>Showed respect</i>			<i>Spent enough time with them</i>		
	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>
SEIFA									
Decile 1	86.5	1.1	1.9	89.7	0.9	1.6	85.2	1.1	1.9
Decile 2	88.5	0.8	1.5	90.4	1.0	1.8	85.6	1.1	1.9
Decile 3	89.8	0.9	1.6	92.9	0.8	1.5	88.4	0.9	1.6
Decile 4	87.4	1.1	2.0	90.9	1.0	1.7	87.3	1.0	1.6
Decile 5	87.9	1.1	1.8	91.5	0.8	1.4	86.5	1.2	2.1
Decile 6	89.8	0.9	1.5	92.1	0.9	1.6	86.6	1.1	1.8
Decile 7	88.3	1.0	1.8	92.4	0.8	1.4	87.4	1.1	2.0
Decile 8	90.8	0.7	1.3	92.9	0.7	1.4	87.6	1.0	1.8
Decile 9	89.7	1.0	1.8	93.3	0.8	1.5	88.3	1.0	1.7
Decile 10	91.0	0.9	1.5	94.1	0.8	1.4	87.7	1.3	2.2

RSE = relative standard error. CI = 95 per cent confidence interval. Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a GP for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.22 **Proportion of persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA deciles, 2010-11 (a), (b)**

	<i>Listened carefully</i>			<i>Showed respect</i>			<i>Spent enough time with them</i>		
	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>
SEIFA									
Decile 1	87.7	2.3	3.9	87.1	1.8	3.2	87.0	1.9	3.3
Decile 2	90.2	2.0	3.5	90.2	2.3	4.1	87.9	1.8	3.1
Decile 3	90.8	1.1	1.9	91.9	0.9	1.7	89.2	1.1	2.0
Decile 4	90.0	1.4	2.5	92.0	1.3	2.3	89.6	1.5	2.6
Decile 5	93.2	1.0	1.9	93.3	1.0	1.8	92.5	0.9	1.7
Decile 6	91.2	1.6	2.9	92.1	1.3	2.4	90.3	1.4	2.5
Decile 7	91.5	1.2	2.1	92.7	1.3	2.3	89.0	1.6	2.8
Decile 8	92.0	1.7	3.1	93.9	1.3	2.3	90.2	2.0	3.6
Decile 9	91.0	1.2	2.2	92.1	1.2	2.2	90.3	1.3	2.3
Decile 10	94.9	1.0	1.8	93.9	1.2	2.3	91.7	1.5	2.6

RSE = relative standard error. CI = 95 per cent confidence interval. Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who were known to have seen a medical specialist in the last 12 months for their own health, excluding interviews by proxy. Excludes 868 000 persons who had not seen a specialist for their most recent referral (14 per cent) but may have seen a specialist in the last 12 months.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.23 **Proportion of persons who saw a dental practitioner in the last 12 months reporting the dental practitioner always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA deciles, 2010-11 (a), (b)**

	<i>Listened carefully</i>			<i>Showed respect</i>			<i>Spent enough time with them</i>		
	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>
SEIFA									
Decile 1	92.7	1.2	2.3	93.8	1.3	2.3	92.7	1.2	2.2
Decile 2	93.4	0.8	1.4	93.9	1.0	1.8	93.8	1.3	2.3
Decile 3	92.3	1.0	1.7	94.4	0.9	1.7	94.6	1.0	1.8
Decile 4	93.0	1.1	1.9	93.9	1.0	1.9	94.7	1.1	2.1
Decile 5	93.1	1.2	2.3	95.1	0.9	1.7	93.1	1.1	1.9
Decile 6	94.6	0.9	1.7	94.9	0.8	1.6	95.4	0.9	1.7
Decile 7	94.2	0.7	1.4	95.0	0.7	1.3	95.3	0.6	1.1
Decile 8	94.8	0.9	1.7	96.2	0.7	1.3	95.0	0.9	1.7
Decile 9	95.7	0.7	1.3	96.1	0.7	1.4	96.7	0.6	1.1
Decile 10	95.6	0.8	1.5	96.8	0.7	1.2	97.0	0.7	1.2

RSE = relative standard error. CI = 95 per cent confidence interval. Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who saw a dental professional in the last 12 months for their own health, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.24 **Proportion of persons who have been to a hospital emergency department in the last 12 months reporting ED doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA deciles, 2010-11 (a), (b)**

	<i>Listened carefully</i>			<i>Showed respect</i>			<i>Spent enough time with them</i>		
	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>
SEIFA									
Decile 1	81.0	3.1	4.9	82.2	2.7	4.4	77.4	3.2	4.9
Decile 2	79.4	4.0	6.2	80.0	3.9	6.1	74.8	4.3	6.3
Decile 3	85.9	2.0	3.3	88.3	1.4	2.4	84.4	2.2	3.7
Decile 4	86.9	2.4	4.2	89.8	1.8	3.1	85.7	2.1	3.5
Decile 5	82.3	2.5	4.0	84.1	2.6	4.2	76.6	3.1	4.7
Decile 6	85.1	2.8	4.7	85.8	2.9	4.9	75.9	3.6	5.4
Decile 7	80.3	4.1	6.4	81.6	4.2	6.8	75.5	4.2	6.2
Decile 8	84.8	3.6	5.9	86.4	3.3	5.7	78.5	4.5	7.0
Decile 9	82.6	3.7	6.0	88.4	2.4	4.2	80.4	4.0	6.3
Decile 10	87.4	2.4	4.0	89.4	2.2	3.9	79.1	5.1	7.9

RSE = relative standard error. CI = 95 per cent confidence interval. Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who had visited an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.25 **Proportion of persons who have been to a hospital emergency department in the last 12 months reporting ED nurses always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA deciles, 2010-11 (a), (b)**

	<i>Listened carefully</i>			<i>Showed respect</i>			<i>Spent enough time with them</i>		
	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>
SEIFA									
Decile 1	82.5	3.1	5.1	86.7	2.9	5.0	82.2	2.8	4.5
Decile 2	83.5	2.9	4.8	86.1	2.2	3.7	80.8	3.0	4.7
Decile 3	89.8	1.6	2.7	89.4	1.3	2.3	86.5	2.0	3.4
Decile 4	91.9	1.6	2.8	92.7	1.5	2.8	89.7	1.7	3.0
Decile 5	89.0	2.0	3.5	90.7	1.8	3.2	86.2	2.2	3.8
Decile 6	84.8	2.7	4.5	87.6	2.4	4.2	81.7	2.5	4.0
Decile 7	84.5	3.5	5.8	85.4	3.3	5.5	82.0	3.8	6.1
Decile 8	86.2	3.6	6.1	87.3	3.4	5.9	79.3	4.5	7.0
Decile 9	86.3	3.2	5.5	87.1	3.1	5.3	82.8	4.1	6.7
Decile 10	85.6	3.1	5.2	87.4	2.9	4.9	83.4	3.7	6.0

RSE = relative standard error. CI = 95 per cent confidence interval. Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who had visited an emergency department for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.26 **Proportion of persons who have been admitted to a hospital in the last 12 months reporting hospital doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA deciles, 2010-11 (a), (b)**

	<i>Listened carefully</i>			<i>Showed respect</i>			<i>Spent enough time with them</i>		
	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>
SEIFA									
Decile 1	87.3	3.2	5.5	88.3	3.1	5.4	84.0	3.7	6.1
Decile 2	82.9	3.6	5.8	82.4	3.6	5.8	80.2	3.7	5.9
Decile 3	92.3	1.4	2.6	90.8	2.5	4.4	88.1	2.5	4.4
Decile 4	91.6	2.3	4.1	92.2	2.2	4.0	88.0	2.6	4.5
Decile 5	91.7	1.6	2.9	91.9	1.8	3.2	85.7	2.8	4.7
Decile 6	91.1	1.4	2.5	90.9	1.9	3.4	86.3	2.4	4.1
Decile 7	87.3	3.9	6.7	86.8	4.1	6.9	81.3	4.9	7.8
Decile 8	91.5	2.3	4.1	93.0	2.0	3.6	88.3	3.2	5.6
Decile 9	92.3	1.5	2.7	92.9	1.4	2.6	88.2	1.8	3.1
Decile 10	90.3	3.6	6.4	91.2	3.6	6.4	86.7	4.5	7.7

RSE = relative standard error. CI = 95 per cent confidence interval. Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who had been admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source: ABS (unpublished) Patient Experience Survey 2010-11.

Table NHA.58.27 **Proportion of persons who have been admitted to a hospital in the last 12 months reporting hospital nurses always or often: listened carefully, showed respect, and spent enough time with them, by SEIFA deciles, 2010-11 (a), (b)**

	<i>Listened carefully</i>			<i>Showed respect</i>			<i>Spent enough time with them</i>		
	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>	<i>proportion %</i>	<i>RSE %</i>	<i>CI ± %</i>
SEIFA									
Decile 1	87.1	2.7	4.6	88.2	2.4	4.1	87.7	2.5	4.2
Decile 2	87.8	2.7	4.7	89.1	2.5	4.4	83.9	3.2	5.2
Decile 3	92.4	2.0	3.6	93.9	1.8	3.4	90.8	2.3	4.1
Decile 4	90.6	2.3	4.1	91.6	2.2	4.0	88.2	2.8	4.8
Decile 5	90.0	3.4	6.0	93.4	1.8	3.2	88.1	1.9	3.4
Decile 6	91.2	1.7	3.0	93.1	1.6	2.9	90.3	1.6	2.8
Decile 7	86.9	3.9	6.6	89.2	3.8	6.6	84.7	4.2	6.9
Decile 8	89.5	2.7	4.7	90.1	2.3	4.1	87.3	2.9	5.0
Decile 9	93.0	1.6	3.0	92.9	1.6	2.9	87.3	2.9	4.9
Decile 10	90.3	3.7	6.5	91.5	3.4	6.1	88.0	4.0	7.0

RSE = relative standard error. CI = 95 per cent confidence interval. Rates with RSEs greater than 25 per cent should be used with caution. Rates with RSEs greater than 50 per cent are considered too unreliable for general use.

(a) Persons 15 years and over who had been admitted to hospital for their own health in the last 12 months, excluding interviews by proxy.

(b) Rates are age standardised to the 2001 estimated resident population (5 year ranges).

Source: ABS (unpublished) Patient Experience Survey 2010-11.

NHA Indicator 59:

Age standardised mortality by major cause of death

Table NHA.59.1

Table NHA.59.1 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2009 (a), (b), (c), (d), (e)**

	<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 (f)</i>
Cause of death	<i>rate (per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)	8.1	7.2	6.5	7.9	7.9	7.0	6.7	13.5	7.5
Neoplasms (C00-D48)	172.5	174.4	180.0	176.3	174.6	198.7	156.0	211.6	175.6
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	1.7	1.6	1.4	2.4	2.4	2.2	1.2	5.9	1.8
Endocrine, nutritional and metabolic diseases (E00-E90)	21.0	26.1	24.4	24.4	23.1	33.6	26.0	64.7	24.0
Mental and behavioural disorders (F00-F99)	24.7	25.6	22.9	26.2	25.4	35.1	30.1	45.7	25.2
Diseases of the nervous system (G00-G99)	21.3	24.7	23.8	26.4	28.8	27.9	25.9	37.2	24.0
Diseases of the eye and adnexa (H00-H59)	—	—	—	—	—	—	0.3	—	—
Diseases of the ear and mastoid process (H60-H95)	—	—	—	—	—	—	—	—	—
Diseases of the circulatory system (I00-I99)	184.9	177.9	186.2	170.6	187.4	214.4	189.2	191.2	183.4
Diseases of the respiratory system (J00-J99)	46.0	43.6	46.2	39.5	43.4	54.8	30.6	70.3	44.8
Diseases of the digestive system (K00-K93)	20.8	20.7	19.1	19.5	20.7	21.0	20.3	40.5	20.5
Diseases of the skin and subcutaneous tissue (L00-L99)	1.9	1.1	1.5	1.7	1.1	1.2	0.3	1.0	1.5
Diseases of the musculoskeletal system and connective tissue (M00-M99)	4.2	4.1	4.8	4.8	3.4	6.7	4.4	5.1	4.3
Diseases of the genitourinary system (N00-N99)	13.3	15.4	11.1	12.1	14.4	11.7	13.4	19.5	13.5
Pregnancy, childbirth and the puerperium (O00-O99)	—	—	0.1	—	—	—	—	—	—
Certain conditions originating in the perinatal period (P00-P96)	3.2	2.8	3.8	2.0	2.3	3.0	1.1	6.1	3.0

Table NHA.59.1

Table NHA.59.1 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2009 (a), (b), (c), (d), (e)**

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (f)
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)		2.4	3.1	3.4	2.2	3.3	2.7	2.5	3.4	2.9
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)		6.4	2.4	5.2	3.7	2.8	2.0	1.5	3.5	4.4
External causes of morbidity and mortality (V01-Y98)		33.1	39.8	40.7	43.1	39.5	53.2	36.9	72.9	38.6
Total		565.7	570.7	581.0	562.9	580.6	675.2	546.5	792.1	575.1
Cause of Death		<i>variability band (\pm rate per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)	\pm	0.6	0.7	0.8	1.2	1.2	2.1	3.0	7.6	0.3
Neoplasms (C00-D48)	\pm	2.9	3.4	4.0	5.6	5.8	11.3	14.2	30.9	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	\pm	0.3	0.3	0.3	0.6	0.7	1.2	1.2	5.3	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	\pm	1.0	1.3	1.5	2.1	2.1	4.6	5.8	17.0	0.6
Mental and behavioural disorders (F00-F99)	\pm	1.0	1.2	1.4	2.1	2.0	4.5	6.3	17.1	0.6
Diseases of the nervous system (G00-G99)	\pm	1.0	1.2	1.4	2.2	2.3	4.2	5.9	15.2	0.6
Diseases of the eye and adnexa (H00-H59)	\pm	—	—	—	0.1	—	—	0.7	—	—
Diseases of the ear and mastoid process (H60-H95)	\pm	—	—	—	—	0.1	—	—	—	—
Diseases of the circulatory system (I00-I99)	\pm	2.9	3.3	4.0	5.4	5.7	11.4	15.9	31.2	1.7
Diseases of the respiratory system (J00-J99)	\pm	1.5	1.6	2.0	2.6	2.8	5.8	6.5	19.0	0.8
Diseases of the digestive system (K00-K93)	\pm	1.0	1.1	1.3	1.8	2.0	3.6	5.1	12.5	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	\pm	0.3	0.3	0.4	0.5	0.4	0.9	0.6	1.3	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	\pm	0.4	0.5	0.6	0.9	0.8	2.0	2.4	4.7	0.3

Table NHA.59.1

Table NHA.59.1 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2009 (a), (b), (c), (d), (e)**

		<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 (f)</i>
Diseases of the genitourinary system (N00-N99)	\pm	0.8	1.0	1.0	1.5	1.6	2.7	4.2	9.6	0.5
Pregnancy, childbirth and the puerperium (O00-O99)	\pm	–	0.1	0.1	0.1	–	–	–	–	–
Certain conditions originating in the perinatal period (P00-P96)	\pm	0.4	0.5	0.6	0.6	0.8	1.5	1.1	2.9	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	\pm	0.4	0.5	0.5	0.6	0.9	1.5	1.6	2.2	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	\pm	0.6	0.4	0.7	0.8	0.8	1.2	1.3	2.3	0.3
External causes of morbidity and mortality (V01-Y98)	\pm	1.3	1.6	1.9	2.7	3.0	6.3	6.5	14.3	0.8
Total	\pm	5.2	6.0	7.1	9.9	10.4	20.7	26.7	60.7	3.0

(a) Causes of death data for 2009 are preliminary and subject to a revisions process. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.

(b) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100,000 persons. SDRs in this table have been calculated using the direct method, age standardised by 5 year age group to 95 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(c) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(d) Data based on reference year. See data quality statements for a more detailed explanation.

(e) Some totals and figures may not compute due to the effects of rounding.

(f) All states and territories including other territories.

– Nil or rounded to zero.

Source: ABS (unpublished) Causes of Death, Australia, 2009.

Table NHA.59.2

Table NHA.59.2 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2008 (a), (b), (c), (d), (e)**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (f)
Cause of death	<i>rate (per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)	10.5	6.5	7.1	6.6	8.8	6.4	8.2	28.4	8.3
Neoplasms (C00-D48)	178.2	182.2	188.6	176.0	184.5	205.6	169.0	228.9	182.3
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	1.9	2.2	1.7	2.8	2.7	2.1	1.4	1.0	2.1
Endocrine, nutritional and metabolic diseases (E00-E90)	21.4	25.9	26.6	26.5	24.4	32.3	22.5	83.9	24.8
Mental and behavioural disorders (F00-F99)	25.6	26.8	22.7	25.1	26.2	33.3	29.3	43.0	25.7
Diseases of the nervous system (G00-G99)	22.3	25.3	24.4	30.0	27.9	27.0	34.9	23.8	24.9
Diseases of the eye and adnexa (H00-H59)	—	—	—	0.1	0.1	—	—	—	—
Diseases of the ear and mastoid process (H60-H95)	—	—	—	—	0.1	—	—	—	—
Diseases of the circulatory system (I00-I99)	206.8	185.7	208.5	184.5	191.4	222.5	187.7	214.6	198.7
Diseases of the respiratory system (J00-J99)	48.3	45.2	47.8	43.3	45.5	57.6	35.8	90.2	47.0
Diseases of the digestive system (K00-K93)	20.6	20.6	20.2	21.4	20.0	24.7	19.7	41.8	20.8
Diseases of the skin and subcutaneous tissue (L00-L99)	2.1	1.4	1.3	1.6	1.3	1.3	1.1	2.8	1.6
Diseases of the musculoskeletal system and connective tissue (M00-M99)	4.8	4.4	4.8	5.0	4.2	8.0	9.8	9.9	4.8
Diseases of the genitourinary system (N00-N99)	13.9	12.7	13.4	11.9	15.2	12.4	14.5	38.3	13.6
Pregnancy, childbirth and the puerperium (O00-O99)	—	—	0.1	—	—	—	—	—	—
Certain conditions originating in the perinatal period (P00-P96)	3.2	2.5	3.2	1.8	2.1	2.1	5.3	4.8	2.9

Table NHA.59.2

Table NHA.59.2 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2008 (a), (b), (c), (d), (e)**

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (f)
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)		2.8	2.8	3.6	2.2	2.6	2.0	1.1	2.7	2.8
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)		4.8	3.2	8.8	5.0	2.9	2.7	4.3	9.0	5.0
External causes of morbidity and mortality (V01-Y98)		35.0	37.7	40.6	46.8	39.5	49.8	37.8	99.9	39.2
Total		602.5	585.2	623.4	590.6	599.4	689.8	582.5	923.6	604.8
Cause of Death		<i>variability band (\pm rate per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)	\pm	0.7	0.6	0.8	1.1	1.3	2.0	3.3	11.6	0.4
Neoplasms (C00-D48)	\pm	3.0	3.5	4.1	5.6	6.0	11.5	15.1	33.7	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	\pm	0.3	0.4	0.4	0.7	0.7	1.1	1.4	1.3	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	\pm	1.0	1.3	1.5	2.2	2.1	4.5	5.6	21.1	0.6
Mental and behavioural disorders (F00-F99)	\pm	1.1	1.3	1.4	2.1	2.1	4.5	6.3	16.6	0.6
Diseases of the nervous system (G00-G99)	\pm	1.0	1.3	1.5	2.3	2.3	4.1	6.9	10.7	0.6
Diseases of the eye and adnexa (H00-H59)	\pm	—	0.1	—	0.1	0.1	—	—	—	—
Diseases of the ear and mastoid process (H60-H95)	\pm	—	—	—	—	0.1	—	—	—	—
Diseases of the circulatory system (I00-I99)	\pm	3.1	3.4	4.3	5.7	5.8	11.7	16.1	34.2	1.8
Diseases of the respiratory system (J00-J99)	\pm	1.5	1.7	2.1	2.8	2.9	6.0	7.1	21.9	0.9
Diseases of the digestive system (K00-K93)	\pm	1.0	1.2	1.3	2.0	2.0	4.0	5.1	14.4	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	\pm	0.3	0.3	0.3	0.5	0.5	0.9	1.3	4.4	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	\pm	0.5	0.5	0.6	0.9	0.9	2.2	3.6	6.9	0.3

Table NHA.59.2 Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2008 (a), (b), (c), (d), (e)

		<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 (f)</i>
Diseases of the genitourinary system (N00-N99)	\pm	0.8	0.9	1.1	1.5	1.6	2.7	4.5	14.3	0.5
Pregnancy, childbirth and the puerperium (O00-O99)	\pm	–	0.1	0.1	–	–	–	–	–	–
Certain conditions originating in the perinatal period (P00-P96)	\pm	0.4	0.4	0.5	0.6	0.8	1.3	2.5	2.6	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	\pm	0.4	0.5	0.6	0.6	0.8	1.3	1.1	2.0	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	\pm	0.5	0.5	0.9	0.9	0.8	1.4	2.3	5.8	0.3
External causes of morbidity and mortality (V01-Y98)	\pm	1.4	1.6	1.9	2.9	3.0	6.2	6.8	17.7	0.8
Total	\pm	5.4	6.1	7.4	10.3	10.6	21.0	28.0	67.8	3.1

(a) Causes of death data for 2008 are revised and are subject to further revisions. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.

(b) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100,000 persons. SDRs in this table have been calculated using the direct method, age standardised by 5 year age group to 95 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(c) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(d) Data based on reference year. See data quality statements for a more detailed explanation.

(e) Some totals and figures may not compute due to the effects of rounding.

(f) All states and territories including other territories.

– Nil or rounded to zero.

Source: ABS (unpublished) Causes of Death, Australia, 2009

Table NHA.59.3

Table NHA.59.3 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2007 (a), (b), (c), (d), (e)**

	<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 (f)</i>
Cause of death	<i>rate (per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)	10.1	6.8	7.5	6.1	7.8	3.7	5.0	24.6	8.1
Neoplasms (C00-D48)	178.2	178.8	169.8	180.5	180.2	202.8	173.0	225.8	178.0
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	2.2	2.0	2.2	1.8	2.1	1.6	2.0	2.5	2.1
Endocrine, nutritional and metabolic diseases (E00-E90)	20.1	25.5	21.4	25.9	24.3	36.4	24.8	62.8	23.3
Mental and behavioural disorders (F00-F99)	25.0	24.4	18.8	20.8	25.0	27.2	31.4	40.0	23.6
Diseases of the nervous system (G00-G99)	21.7	24.6	21.8	29.5	25.6	25.7	29.9	16.8	23.7
Diseases of the eye and adnexa (H00-H59)	—	—	—	—	—	—	—	—	—
Diseases of the ear and mastoid process (H60-H95)	—	—	—	—	—	0.2	—	0.4	—
Diseases of the circulatory system (I00-I99)	203.1	185.7	208.3	185.2	204.7	229.8	179.2	251.2	199.0
Diseases of the respiratory system (J00-J99)	49.1	46.7	58.9	45.7	45.4	58.7	38.3	68.2	49.9
Diseases of the digestive system (K00-K93)	19.9	19.8	22.1	22.7	20.3	22.3	18.1	38.7	20.8
Diseases of the skin and subcutaneous tissue (L00-L99)	1.8	1.2	1.5	1.0	1.9	1.7	2.6	4.8	1.5
Diseases of the musculoskeletal system and connective tissue (M00-M99)	4.4	5.1	3.7	5.4	4.8	7.8	5.0	11.8	4.7
Diseases of the genitourinary system (N00-N99)	13.8	13.6	14.5	13.5	14.4	17.2	9.7	34.7	14.0
Pregnancy, childbirth and the puerperium (O00-O99)	—	—	—	0.1	0.1	—	—	—	—
Certain conditions originating in the perinatal period (P00-P96)	3.0	2.8	3.4	1.3	2.9	3.0	3.7	5.2	2.9

Table NHA.59.3

Table NHA.59.3 **Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2007 (a), (b), (c), (d), (e)**

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust (f)
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)		2.6	2.8	3.4	2.2	2.8	3.6	2.8	5.6	2.8
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)		4.6	3.1	8.6	2.4	2.8	2.7	1.4	4.7	4.5
External causes of morbidity and mortality (V01-Y98)		34.5	32.1	42.3	44.7	39.4	48.2	37.1	92.2	37.7
Total		594.3	575.1	608.0	588.6	604.4	692.7	564.0	889.2	596.7
Cause of Death		<i>variability band (\pm rate per 100 000 persons)</i>								
Certain infectious and parasitic diseases (A00-B99)	\pm	0.7	0.7	0.8	1.1	1.2	1.5	2.7	11.2	0.4
Neoplasms (C00-D48)	\pm	3.0	3.5	3.9	5.8	6.0	11.5	15.3	33.6	1.7
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	\pm	0.3	0.4	0.4	0.6	0.6	1.0	1.6	3.1	0.2
Endocrine, nutritional and metabolic diseases (E00-E90)	\pm	1.0	1.3	1.4	2.2	2.1	4.9	6.0	17.5	0.6
Mental and behavioural disorders (F00-F99)	\pm	1.1	1.2	1.3	1.9	2.1	4.1	6.7	17.0	0.6
Diseases of the nervous system (G00-G99)	\pm	1.0	1.3	1.4	2.3	2.2	4.1	6.5	8.7	0.6
Diseases of the eye and adnexa (H00-H59)	\pm	—	—	—	—	—	—	—	—	—
Diseases of the ear and mastoid process (H60-H95)	\pm	—	—	—	—	—	0.4	—	0.7	—
Diseases of the circulatory system (I00-I99)	\pm	3.1	3.4	4.3	5.9	6.1	12.0	15.9	37.7	1.8
Diseases of the respiratory system (J00-J99)	\pm	1.5	1.7	2.3	2.9	2.9	6.2	7.4	19.2	0.9
Diseases of the digestive system (K00-K93)	\pm	1.0	1.1	1.4	2.0	2.0	3.8	4.9	13.1	0.6
Diseases of the skin and subcutaneous tissue (L00-L99)	\pm	0.3	0.3	0.4	0.4	0.6	1.0	1.9	5.8	0.2
Diseases of the musculoskeletal system and connective tissue (M00-M99)	\pm	0.5	0.6	0.6	1.0	0.9	2.2	2.7	9.0	0.3

Table NHA.59.3 Age standardised mortality rates by cause of death (with variability bands), by State and Territory, 2007 (a), (b), (c), (d), (e)

		<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 (f)</i>
Diseases of the genitourinary system (N00-N99)	\pm	0.8	0.9	1.2	1.6	1.6	3.3	3.7	14.4	0.5
Pregnancy, childbirth and the puerperium (O00-O99)	\pm	0.1	–	–	0.1	0.1	–	–	–	–
Certain conditions originating in the perinatal period (P00-P96)	\pm	0.4	0.5	0.6	0.5	0.9	1.6	2.1	2.7	0.2
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	\pm	0.4	0.5	0.6	0.6	0.9	1.7	1.9	4.0	0.2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	\pm	0.5	0.5	0.9	0.7	0.8	1.4	1.4	5.0	0.3
External causes of morbidity and mortality (V01-Y98)	\pm	1.4	1.5	2.0	2.9	3.0	6.1	6.9	16.1	0.8
Total	\pm	5.4	6.2	7.5	10.5	10.8	21.3	28.0	67.3	3.2

(a) Causes of death data for 2007 have undergone two years of revisions. See Causes of Death, Australia, 2009 (cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.

(b) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100,000 persons. SDRs in this table have been calculated using the direct method, age standardised by 5 year age group to 95 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(c) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

(d) Data based on reference year. See data quality statements for a more detailed explanation.

(e) Some totals and figures may not compute due to the effects of rounding.

(f) All states and territories including other territories.

– Nil or rounded to zero.

Source: ABS (unpublished) Causes of Death, Australia, 2009

Table NHA.59.4 **Age standardised mortality rates by major cause of death, by Indigenous status, 2005–2009 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k)**

	NSW	Qld	WA (k)	SA	NT	Total (k), (l)
Indigenous persons						
Cause of death	<i>rate (per 100 000 population)</i>					
Circulatory diseases (I00-I99)	351.9	329.6	np	311.3	380.4	np
Neoplasms (cancer) (C00-D48)	218.8	234.1	np	196.6	277.9	np
External causes of morbidity and mortality (V01-Y98)	52.3	69.1	np	108.0	139.8	np
Endocrine, metabolic and nutritional disorders (E00-E90)	54.2	135.5	np	76.8	200.8	np
Respiratory diseases (J00-J99)	98.5	93.3	np	102.6	155.6	np
Digestive diseases (K00-K93)	46.2	56.0	np	49.9	93.6	np
Kidney Diseases (N00-N29)	23.1	33.0	np	np	79.8	np
Conditions originating in the perinatal period (P00-P96)	4.6	6.6	np	np	9.6	np
Infectious and parasitic diseases (A00-B99)	18.4	22.1	np	np	45.9	np
Nervous system diseases (G00-G99)	21.9	17.8	np	42.7	30.1	np
Other causes (m)	64.1	67.2	np	83.2	128.6	np
All causes	954.1	1 064.4	np	1 024.8	1 542.1	np
Non-Indigenous persons (per 100 000 persons)						
Cause of death	<i>rate (per 100 000 population)</i>					
Circulatory diseases (I00-I99)	209.3	207.3	np	207.3	174.7	np
Neoplasms (cancer) (C00-D48)	178.9	177.1	np	182.1	205.7	np
External causes of morbidity and mortality (V01-Y98)	33.9	38.4	np	37.8	64.9	np
Endocrine, metabolic and nutritional disorders (E00-E90)	20.0	22.4	np	24.2	30.1	np
Respiratory diseases (J00-J99)	49.6	50.1	np	49.5	62.8	np
Digestive diseases (K00-K93)	20.4	19.8	np	20.9	25.3	np
Kidney Diseases (N00-N29)	11.6	10.3	np	13.1	13.9	np
Conditions originating in the perinatal period (P00-P96)	3.2	3.2	np	2.2	2.7	np

Table NHA.59.4 **Age standardised mortality rates by major cause of death, by Indigenous status, 2005–2009 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k)**

	NSW	Qld	WA (k)	SA	NT	Total (k), (l)
Infectious and parasitic diseases (A00-B99)	10.0	6.7	np	8.2	12.6	np
Nervous system diseases (G00-G99)	21.8	22.0	np	25.8	20.6	np
Other causes (m)	43.4	41.2	np	42.5	54.1	np
All causes	602.1	598.5	np	613.6	667.3	np

- (a) Causes of death data for 2009 are preliminary and subject to a revisions process. See Causes of Death, Australia, 2009 (Cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.
- (b) Causes of death data for 2008 are revised and subject to a further revisions process. See Causes of Death, Australia, 2009 (Cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.
- (c) Causes of death data for 2007 have undergone two years of revisions. See Causes of Death, Australia, 2009 (Cat. No. 3303.0) Technical Note: Causes of Death Revisions for further information.
- (d) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100,000 persons. SDRs in this table have been calculated using the direct method, age standardised by 5 year age group to 95 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.
- (e) Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.
- (f) Data are reported by jurisdiction of residence for NSW, Queensland, WA, SA and the NT only. Only these five states and territories have evidence of a sufficient level of Indigenous identification and sufficient numbers of Indigenous deaths to support mortality analysis.
- (g) Data are presented in five-year groupings due to the volatility of small numbers each year.
- (h) Data based on reference year. See data quality statements for a more detailed explanation.
- (i) Census year non-Indigenous and Indigenous estimates are sourced from Experimental Estimates of Aboriginal and Torres Strait Islander Australians (cat. no. 3238.0.55.001).
- (j) Some totals and figures may not compute due to the effects of rounding.

Table NHA.59.4 **Age standardised mortality rates by major cause of death, by Indigenous status, 2005–2009 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k)**

	<i>NSW</i>	<i>Qld</i>	<i>WA (k)</i>	<i>SA</i>	<i>NT</i>	<i>Total (k), (l)</i>
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(k) Due to potential over-reporting of WA Indigenous deaths for 2007, 2008 and 2009, WA mortality data for these years (including aggregates of years and jurisdictions) are not included in this report. See data quality statements for further information.

(l) Total includes data for NSW, Queensland, WA, SA and the NT only. These 5 states and territories have been included due to there being evidence of sufficient levels of identification and sufficient numbers of deaths to support mortality analysis.

(m) Other causes' consist of all conditions excluding the selected causes displayed in the table.

np Not published.

Source: ABS (unpublished) Causes of Death, Australia, various years.

Table NHA.59.5

Table NHA.59.5 **Age standardised mortality rate (all causes), by State and Territory, 2010, 2009, 2008 and 2007 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld (c)</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (d)</i>
2010										
Rate	<i>per 100 000 persons</i>	556.3	548.1	570.8	546.3	583.8	667.9	527.1	772.7	564.3
	<i>variability band ±</i>	5.0	5.8	6.9	9.6	10.3	20.3	25.5	58.0	2.9
2009										
Rate	<i>per 100 000 persons</i>	565.7	570.7	581.0	562.9	580.6	675.2	546.5	792.1	575.1
	<i>variability band ±</i>	5.2	6.0	7.1	9.9	10.4	20.7	26.7	60.7	3.0
2008										
Rate	<i>per 100 000 persons</i>	602.5	585.2	623.4	590.6	599.4	689.8	582.5	923.6	604.8
	<i>variability band ±</i>	5.4	6.1	7.4	10.3	10.6	21.0	28.0	67.8	3.1
2007										
Rate	<i>per 100 000 persons</i>	594.3	575.1	608.0	588.6	604.4	692.7	564.0	889.2	596.7
	<i>variability band ±</i>	5.4	6.2	7.5	10.5	10.8	21.3	28.0	67.3	3.2

(a) Age standardised death rates enable the comparison of death rates between populations with different age structures by relating them to a standard population. The current ABS standard population is all persons in the Australian population at 30 June 2001. Standardised death rates (SDRs) are expressed per 100 000 persons. SDRs in this table have been calculated using the direct method, age standardised by 5 year age group to 95 years and over. Rates calculated using the direct method are not comparable to rates calculated using the indirect method.

(b) Data based on reference year. See data quality statements for a more detailed explanation.

(c) Care should be taken when interpreting deaths data for Queensland as they are affected by recent changes in the timeliness of birth and death registrations. Queensland deaths data for 2010 have been adjusted to minimise the impact of late registration of deaths on mortality indicators. See data quality statements for a more detailed explanation.

(d) All states and territories including other territories.

Source: ABS (unpublished) Deaths, Australia; ABS (unpublished) Estimated Resident Population.

NHA Indicator 60:

No new data are available for this indicator

Access to services by type of service compared to need

NHA Indicator 61:

Teenage birth rate

Table NHA.61.1 **Births to mothers aged less than 20 years, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009 (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>	<i>Aust</i>
	<i>rate per 1000 female residents aged 15–19 years</i>									<i>no.</i>
Indigenous status										
Indigenous	62.5	53.0	74.2	97.2	71.9	41.4	68.0	89.7	72.6	2 213
Non-Indigenous	12.4	9.2	19.0	15.2	13.5	25.5	9.1	18.1	13.6	9 475
Remoteness of residence (c)										
Major cities	11.1	7.6	16.5	14.6	13.8	..	10.4	..	11.8	5 818
Inner regional	21.0	15.7	26.0	24.4	14.4	24.8	np	..	21.0	3 195
Outer regional	27.1	19.1	33.4	31.2	25.3	29.7	..	25.7	28.5	1 895
Remote	48.4	np	49.6	45.6	20.8	39.8	..	60.4	45.7	420
Very remote	51.9	..	73.1	81.8	38.2	np	..	85.5	75.4	417
SEIFA of residence (d)										
Quintile 1	23.4	16.9	42.5	45.8	29.5	35.8	np	79.7	29.8	4 366
Quintile 2	18.9	17.0	31.9	27.5	15.6	19.2	np	24.3	21.1	3 098
Quintile 3	12.4	10.2	18.8	21.6	11.3	16.9	25.9	35.8	15.0	2 149
Quintile 4	9.7	6.5	12.7	14.7	5.0	9.1	14.9	15.9	10.0	1 443
Quintile 5 (e)	2.5	2.2	6.3	4.6	4.3	..	7.6	21.8	3.9	569
Total (f)	14.4	9.9	22.2	19.5	15.5	26.6	10.4	48.9	16.1	
	<i>number</i>									
Total number (f)	3 375	1 761	3 354	1 473	814	448	123	398	11 746	

(a) The rate is the number of births to mothers aged less than 20 years (including mothers aged less than 15 years) per 1000 female residents aged 15–19 years. This may result in slightly overestimated rates.

(b) Data excludes Australian non-residents, residents of external territories and where State/Territory of residence was not stated.

(c) Disaggregation by remoteness area is by place of usual residence of the mother, not by place of birth.

(d) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Disaggregation by SEIFA is based on the place of usual residence of the mother, not by place of birth.

Table NHA.61.1 Births to mothers aged less than 20 years, by Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009 (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>	<i>Aust</i>
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(e) The rate of NT teenage births in SEIFA quintile 5 may be artificially inflated as place of usual residence is often incorrectly recorded for Indigenous antenates from remote communities who are temporary residents in major urban centres prior to birth.

(f) Total includes number of babies for which maternal Indigenous status, remoteness areas and/or SEIFA categories could not be assigned.

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

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

Table NHA.61.2 Births to mothers aged less than 20 years, by SEIFA deciles, National, 2009 (a)

	<i>Aust</i>	<i>Aust</i>
	<i>rate per 1000 female residents</i>	<i>no.</i>
	<i>aged 15–19 years</i>	
SEIFA of residence (b)		
Decile 1	33.3	2 462
Decile 2	26.3	1 904
Decile 3	21.9	1 525
Decile 4	20.4	1 573
Decile 5	17.5	1 253
Decile 6	12.6	896
Decile 7	10.7	754
Decile 8	9.3	689
Decile 9	4.9	338
Decile 10	3.0	231

(a) The rate is the number of births to mothers aged less than 20 years (including mothers aged less than 15 years) per 1000 female residents aged 15–19 years. This may result in slightly overestimated rates.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Disaggregation by SEIFA is based on the place of usual residence of the mother, not by place of birth.

Source: AIHW (unpublished) National Perinatal Data Collection; ABS (unpublished) Estimated Resident Population, 30 June 2010

NHA Indicator 62:

Hospitalisation for injury and poisoning

Table NHA.62.1

Table NHA.62.1 Hospital separations for injury or poisoning, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (a), (b)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Sex										
Males	26.5	27.5	30.8	27.6	28.9	23.4	31.6	43.2	28.1	313 906
Females	19.9	21.7	22.4	21.8	22.2	18.0	25.0	35.7	21.4	243 552
Indigenous status (c)										
Indigenous	35.6	36.8	43.6	64.0	57.4	13.3	43.7	70.4	48.1	22 700
Other Australians	23.2	24.9	26.2	23.6	25.3	21.0	28.1	27.5	24.5	513 802
Remoteness of residence (d)										
Major cities	21.5	23.6	23.5	22.7	22.7	..	23.1	..	22.7	350 872
Inner regional	25.5	27.3	29.3	24.8	28.3	20.2	np	..	26.8	119 995
Outer regional	30.7	26.3	29.4	26.8	37.2	20.1	..	26.5	29.0	60 280
Remote	45.2	36.8	44.8	37.9	34.7	19.6	..	46.0	40.8	12 800
Very remote	52.5	..	49.3	44.4	40.3	28.7	..	57.1	49.4	8 346
SEIFA of residence (e)										
Quintile 1	24.8	24.0	32.8	41.0	29.1	19.1	np	46.4	27.5	123 651
Quintile 2	23.5	27.1	29.7	25.7	25.5	29.1	np	39.5	25.9	118 404
Quintile 3	23.7	24.7	26.9	23.5	27.8	20.8	51.5	49.5	25.0	112 013
Quintile 4	21.8	25.1	23.5	23.4	20.8	20.6	32.9	27.0	23.5	103 034
Quintile 5	20.4	21.9	19.0	21.7	20.7	..	21.5	27.1	20.9	95 076
Total (f)	23.2	24.6	26.6	24.7	25.5	20.7	28.3	39.6	24.7	
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (f)	171 692	138 754	118 379	55 658	43 941	10 796	9 707	8 532	557 459	

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

Table NHA.62.1 Hospital separations for injury or poisoning, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2009-10 (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>	<i>Aust</i>
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(b) Rates are age-standardised to the Australian population as at 30 June 2001.

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

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

(e) Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each state or territory. Disaggregation by SEIFA is by the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients in each SEIFA quintile (regardless of their jurisdiction of residence) divided by the total number of people in that SEIFA quintile in the reporting jurisdiction.

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

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

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

Table NHA.62.2

Table NHA.62.2 **Age-specific separation rates for injury or poisoning, by State and Territory, 2009-10 (per 1000 population) (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>
Age									
0–14 years	15.8	15.6	20.0	16.1	16.7	11.8	16.9	22.4	16.7
15–24 years	23.9	25.4	28.1	27.2	27.7	22.5	31.8	43.8	26.1
25–34 years	18.6	20.2	22.9	23.0	22.8	19.8	21.0	45.4	21.0
35–44 years	18.3	19.7	21.8	21.0	21.3	18.3	21.9	45.4	20.2
45–54 years	18.5	20.3	21.7	19.8	20.9	16.5	22.7	36.9	20.1
55–64 years	21.3	22.7	24.2	22.2	24.3	20.6	26.6	33.6	22.7
65 years and over	54.7	58.1	54.2	51.0	55.0	42.3	66.6	49.2	55.0
Total (b)	23.2	24.6	26.6	24.7	25.5	20.7	28.3	39.6	24.7

(a) Rates for age groups are age-specific crude rates, based on the June 2009 estimated resident population.

(b) The total rate is age-standardised to the Australian population as at 30 June 2001.

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

Table NHA.62.3 Age-standardised separation rates for injury or poisoning, by remoteness and sex, National, 2009-10 (a), (b)

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 people</i>	<i>no.</i>
Males		
Remoteness of residence		
Major cities	25.4	193 477
Inner regional	31.5	68 769
Outer regional	34.0	35 800
Remote	46.9	7 848
Very remote	51.3	4 719
Females		
Remoteness of residence		
Major cities	20.1	157 394
Inner regional	22.2	51 226
Outer regional	23.9	24 480
Remote	34.2	4 952
Very remote	46.5	3 627

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2009

Table NHA.62.4 Hospital separations for injury or poisoning, by SEIFA deciles, National, 2009-10 (a), (b)

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 people</i>	<i>no.</i>
SEIFA of residence		
Decile 1	28.3	62 410
Decile 2	26.7	61 241
Decile 3	26.5	57 368
Decile 4	25.3	61 036
Decile 5	26.3	58 179
Decile 6	23.8	53 834
Decile 7	23.3	49 909
Decile 8	23.8	53 125
Decile 9	21.7	50 348
Decile 10	20.0	44 728
Total (c)	24.7	557 459

(a) The total rate is age-standardised to the Australian population as at 30 June 2001.

(b) Socio-Economic Indexes for Areas (SEIFA) deciles are based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD), with decile 1 being the most disadvantaged and decile 10 being the least disadvantaged. Each SEIFA decile represents approximately 10 per cent of the national population, but does not necessarily represent 10 per cent of the population in each state or territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital.

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

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2009.

Table NHA.62.5 Age-standardised separation rates for injury or poisoning, by remoteness and sex, National, 2008-09 (a), (b)

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 people</i>	<i>no.</i>
Males		
Remoteness of residence		
Major cities	25.3	187 981
Inner regional	31.9	67 907
Outer regional	35.2	36 248
Remote	45.9	7 569
Very remote	51.0	4 586
Females		
Remoteness of residence		
Major cities	19.7	150 358
Inner regional	22.5	50 473
Outer regional	24.3	24 332
Remote	34.0	4 835
Very remote	44.2	3 427

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2008

Table NHA.62.6 Age-standardised separation rates for injury or poisoning, by remoteness and sex, National, 2007-08 (a), (b)

	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 people</i>	<i>no.</i>
Males		
Remoteness of residence		
Major cities	24.6	179 069
Inner regional	32.1	66 731
Outer regional	34.9	35 064
Remote	47.5	7 712
Very remote	53.6	4 677
Females		
Remoteness of residence		
Major cities	18.9	141 561
Inner regional	21.6	47 635
Outer regional	23.6	23 211
Remote	33.6	4 735
Very remote	48.5	3 607

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

(b) Disaggregation by remoteness area is by the patient's usual residence, not the location of hospital.

Source: AIHW (unpublished) National Hospital Morbidity Database; ABS (unpublished) Estimated Residential Population, 30 June 2007

Table NHA.62.7

Table NHA.62.7 **Hospital separations for injury or poisoning, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (a)**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
	<i>age-standardised rate per 1000 population</i>									<i>no.</i>
Sex										
Males	26.3	27.2	31.0	26.9	28.3	25.5	29.7	42.4	27.9	296 124
Females	18.9	21.4	21.1	19.9	21.1	18.4	22.1	33.3	20.4	222 354
Indigenous status (c)										
Indigenous	31.6	29.3	40.1	62.1	54.1	np	np	65.0	44.1	19 919
Other Australians	22.6	24.5	25.6	22.2	24.6	np	np	27.5	23.9	478 593
Remoteness of residence (d)										
Major cities	20.3	24.0	21.6	21.0	21.8	..	20.8	..	21.8	320 634
Inner regional	26.8	25.0	30.4	24.0	27.9	21.2	np	..	26.8	114 367
Outer regional	30.8	24.6	30.9	27.5	35.7	21.5	..	26.1	29.3	58 276
Remote	47.6	31.5	47.5	35.2	33.7	23.9	..	44.7	40.8	12 447
Very remote	46.4	..	53.6	48.8	48.4	37.7	..	50.7	51.1	8 284
SEIFA of residence (e)										
Quintile 1	24.1	24.2	31.0	43.7	28.3	20.8	np	43.4	26.9	115 709
Quintile 2	22.8	26.8	29.3	24.6	23.9	29.6	np	41.2	25.2	109 654
Quintile 3	24.0	23.6	27.3	21.4	25.5	23.0	47.2	46.4	24.5	105 036
Quintile 4	21.3	24.9	23.1	22.6	21.2	19.6	29.3	26.3	23.1	95 179
Quintile 5	19.5	22.0	18.6	20.3	21.0	–	19.2	27.3	20.3	88 203
Total (f)	22.6	24.3	26.0	23.4	24.7	21.9	25.8	37.9	24.1	..
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Total number (f)	160 727	130 682	109 373	49 378	41 075	11 031	8 495	7 725	518 486	

(a) Rates are age-standardised to the Australian population as at 30 June 2001.

Table NHA.62.7 Hospital separations for injury or poisoning, by sex, Indigenous status, remoteness and SEIFA quintiles, by State and Territory, 2007-08 (a)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT (b)</i>	<i>NT</i>	<i>Aust</i>	<i>Aust</i>
(b)	The estimated resident population in quintile 2 of the ACT is very low. The high rate for the ACT in this area reflects the relatively large number of interstate resident patients hospitalised in the ACT.									
(c)	The Australian totals for Indigenous/Other Australians do not include data for the ACT, Tasmania and NT (private hospitals only). 'Other Australians' includes separations for non-Indigenous people and those for whom Indigenous status was not stated.									
(d)	Disaggregation by remoteness area is by usual residence, not remoteness of hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness population group (regardless of where they reside) divided by the number of people in that remoteness population group in the jurisdiction of hospitalisation.									
(e)	Socio-Economic Indexes for Areas (SEIFA) quintiles are based on the ABS Index of Relative Socio-economic Disadvantage, with quintile 1 being the most disadvantaged and quintile 5 being the least disadvantaged. Each SEIFA quintile represents approximately 20 per cent of the national population, but does not necessarily represent 20 per cent of the population in each State or Territory. Disaggregation by SEIFA is based on the patient's usual residence, not the location of the hospital. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each SEIFA population group (regardless of where they reside) divided by the number of people in that SEIFA population group in the jurisdiction of hospital.									
(f)	Total includes separations where place of residence was not stated.									
	– Nil or rounded to zero. .. Not applicable. np Not published.									

Source: AIHW (unpublished) National Hospital Morbidity database; ABS (unpublished) Estimated Residential Population, 30 June 2007; ABS (2009) *Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021*, 30 June 2007, Series B, Cat. no. 3238.0.

NHA Indicator 63:

No new data are available for this indicator

Children's hearing loss

NHA Indicator 64:

Indigenous Australians in the health workforce

Table NHA.64.1 Proportion of the health workforce that is Indigenous, by selected professions, by State and Territory, 2009 (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>	
	%	%	%	%	%	%	%	%	%	<i>no.</i>
Selected professions										
Medical practitioners (c)	0.2	0.3	0.3	0.1	0.1	np	np	1.3	0.2	174
Nurses/midwives (d)	0.8	0.2	0.8	0.3	0.5	1.1	0.4	0.9	0.6	1 606
Total	0.7	0.3	0.7	0.3	0.4	0.9	0.3	0.9	0.5	1 780

(a) Due to the small population size, the overall response rate and unexplained variation between years, data for Indigenous medical practitioners should be treated with caution.

(b) Excludes the response category 'Indigenous status—Not stated'.

(c) The total number of medical practitioners in New South Wales, Queensland and Tasmania are underestimates, as the benchmark figures did not include all registered medical practitioners. For Western Australia the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age by sex proportions. For Western Australia in 2008 and 2009, the benchmark data were inflated by a significant number of registered medical practitioners that are no longer active in the workforce.

(d) State and Territory estimates from the 2009 Nursing and Midwifery Labour Force Survey should be treated with caution due to low response rates in some jurisdictions, particularly Victoria, Queensland, Western Australia, Tasmania and the Northern Territory.

np Not published.

Source: AIHW (unpublished) Medical Labour Force Survey; AIHW (unpublished) Nursing and Midwifery Labour Force Survey; State and Territory registration board data.

NHA Indicator 65:

Net growth in health workforce

Table NHA.65.1

Table NHA.65.1 **Net growth in health workforce, selected professions, by State and Territory, 2008 to 2009 (a), (b)**

	<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 (c)</i>
Medical practitioners (d), (e)										
FTE in workforce in 2008	no.	23 404	18 773	13 865	7 165	5 770	1 518	1 695	882	73 076
FTE in workforce in 2009	no.	23 257	19 341	15 733	7 916	5 907	1 826	1 792	1 069	76 740
Net growth from 2008 to 2009	%	- 0.6	3.0	13.5	10.5	2.4	20.2	5.7	21.2	5.0
Nurses/midwives (f)										
FTE in workforce in 2008	no.	71 129	63 001	43 691	22 694	22 502	6 479	4 050	4 028	237 236
FTE in workforce in 2009	no.	71 631	63 559	46 166	22 624	23 860	6 441	4 114	4 072	242 521
Net growth from 2008 to 2009	%	0.7	0.9	5.7	- 0.3	6.0	- 0.6	1.6	1.1	2.2

(a) Net growth measures the change in the full time equivalent (FTE) number in the workforce in the reference year compared to the year prior to the reference year.

(b) FTEs calculated based on a 40 hour standard working week for medical practitioners and a 38 hour week for nurses and midwives.

(c) Due to rounding of average hours worked, the total FTE for Australia may not add up to the sum of states and territories.

(d) 2008 and 2009 data for New South Wales, Queensland and Tasmania are underestimates, as the benchmark figures did not include all registered medical practitioners. For Western Australia the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age by sex proportions. For Western Australia in 2008 and 2009, the benchmark data were inflated by a significant number of registered medical practitioners that are no longer active in the workforce.

(e) For the NT, benchmarks for 2007 and 2009 were based on the medical board newsletter relating to medical practitioners who had been registered during any part of the year, while the 2008 benchmarks were based on data analysis by the NT health department which was restricted to practitioners registered at a point in time (but included the only source for data by age group). The difference between these two sources for 2008 was concentrated in conditionally registered medical practitioners (i.e. short term registrations). The small decline in the survey data for 2008 and subsequent apparent large increase in the 2009 data is attributable to this difference in the benchmark data source. In contrast, AIHW calculations show that the increase in FTE between 2007 and 2009 was a more reasonable 10.3 per cent over two years.

(f) For 2009, state and territory estimates should be treated with caution due to low response rates in some jurisdictions, particularly Victoria, Queensland, Western Australia, Tasmania and the Northern Territory. In 2008 Victorian data was affected by large numbers of online survey records not being able to be used for technical reasons.

Source: AIHW (unpublished) Medical Health Labour Force Surveys (2008 and 2009); AIHW (unpublished) Nursing and Midwifery Labour Force Surveys (2008 and 2009); State and Territory registration board data.

Table NHA.65.2 Net growth in health workforce, by clinical/non-clinical status, by State and Territory, 2008 to 2009 (per cent) (a), (b), (c)

	<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>
Net growth from 2008 to 2009										
					Medical practitioners (d), (e)					
Clinician status										
Clinician	%	- 0.6	0.7	13.2	11.0	1.7	20.0	5.5	21.6	4.6
Non-clinician	%	- 2.5	31.6	20.6	- 1.2	15.5	22.7	7.5	20.4	13.4
Net growth from 2008 to 2009										
					Nurses/midwives (f)					
Clinician status										
Clinician	%	0.8	0.4	4.7	- 0.5	5.5	- 1.7	1.4	0.4	1.6
Non-clinician	%	- 1.2	7.0	15.5	0.1	8.9	9.8	3.1	7.5	5.4

(a) Net growth measures the change in the full time equivalent number in the workforce in the reference year compared to the year prior to the reference year.

(b) FTEs calculated based on a 40 hour standard working week for medical practitioners and a 38 hour week for nurses, midwives.

(c) Clinicians are those mainly working in clinical work (i.e. direct patient care). Non-clinicians are those mainly working in the profession as a researcher, lecturer, teacher, educator, other non-clinical work in the relevant professional field. The number of non-clinicians is very small in comparison to the number of clinicians and small changes in numbers may result in large percentage changes.

(d) 2008 and 2009 data for New South Wales, Queensland and Tasmania are underestimates, as the benchmark figures did not include all registered medical practitioners. For Western Australia the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age by sex proportions. For Western Australia in 2008 and 2009, the benchmark data were inflated by a significant number of registered medical practitioners that are no longer active in the workforce.

(e) For the NT, benchmarks for 2007 and 2009 were based on the medical board newsletter relating to medical practitioners who had been registered during any part of the year, while the 2008 benchmarks were based on data analysis by the NT health department which was restricted to practitioners registered at a point in time (but included the only source for data by age group). The difference between these two sources for 2008 was concentrated in conditionally registered medical practitioners (i.e. short term registrations). The small decline in the survey data for 2008 and subsequent apparent large increase in the 2009 data is attributable to this difference in the benchmark data source. In contrast AIHW calculations show that the increase in FTE between 2007 and 2009 was a more reasonable 10.3 per cent over two years.

(f) For 2009, state and territory estimates should be treated with caution due to low response rates in some jurisdictions, particularly Victoria, Queensland, Western Australia, Tasmania and the Northern Territory. In 2008 Victorian data was affected by large numbers of online survey records not being able to be used for technical reasons.

Table NHA.65.2 Net growth in health workforce, by clinical/non-clinical status, by State and Territory, 2008 to 2009 (per cent) (a), (b), (c)

	<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>
<i>Source:</i> AIHW (unpublished) Medical Health Labour Force Surveys (2008 and 2009); AIHW (unpublished) Nursing and Midwifery Labour Force Surveys (2008 and 2009); State and Territory registration board data.										

NHA Indicator 66:

**Public health program
expenditure as a proportion of
total recurrent health expenditure**

Table NHA.66.1 **Public health and recurrent health expenditure, by funding source, by State and Territory, 2009-10 (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>Total</i>
Public Health Expenditure (b)										
Australian Government funded	\$m	283	228	185	95	68	29	18	31	937
State and Territory government funded	\$m	217	175	215	95	106	28	28	71	935
Total public health expenditure (c)	\$m	500	403	400	191	174	57	46	101	1 872
Recurrent Health Expenditure										
Australian Government funded	\$m	17 628	12 856	10 024	4 816	4 112	1 318	861	630	52 245
State and Territory government funded	\$m	8 371	6 266	6 713	3 056	2 657	616	758	621	29 056
Non-government sector funded	\$m	11 359	9 612	6 539	3 768	2 309	668	508	242	35 005
Total recurrent health expenditure, all funding sources	\$m	37 358	28 734	23 276	11 639	9 077	2 601	2 128	1 493	116 306
Total public health expenditure as a proportion of total recurrent health expenditure	%	1.3	1.4	1.7	1.6	1.9	2.2	2.2	6.8	1.6

(a) In some cases, State and Territory programs funded by the National Healthcare Agreement Specific Purpose Payment may not meet the definition of public health activities used. As a result the Australian Government funded component may be overstated and the State and Territory government funded be understated by that figure.

(b) State and Territory government indicators are based on State and Territory government funding of public health expenditure as a proportion of total recurrent health expenditure (all reported sources of funding) in the State/Territory in which the expenditure is incurred. State and Territory government expenditure comprises expenditure reported by State and Territory government health departments. It excludes public health expenditure incurred by local governments, non-health state government departments and other agencies.

(c) Total public health expenditure excludes \$133 million of non-government funding of public health services.

Source: AIHW (unpublished) health expenditure database.

Table NHA.66.2 **Public health and recurrent health expenditure, by funding source, by State and Territory, 2008-09 (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>Total</i>
Public Health Expenditure (b)										
Australian Government funded	\$m	369	279	228	117	83	37	23	23	1 159
State and Territory government funded	\$m	250	201	203	90	84	25	27	71	951
Total public health expenditure (c)	\$m	619	480	430	207	167	63	50	94	2 110
Recurrent Health Expenditure										
Australian Government funded	\$m	16 649	12 335	9 440	4 539	3 880	1 205	868	576	49 492
State and Territory government funded	\$m	7 670	5 177	5 734	2 936	2 390	582	663	645	25 798
Non-government sector funded	\$m	10 501	8 704	6 051	3 596	2 182	702	477	243	32 455
Total recurrent health expenditure, all funding sources	\$m	34 819	26 216	21 225	11 072	8 452	2 490	2 007	1 464	107 745
Total public health expenditure as a proportion of total recurrent health expenditure	%	1.8	1.8	2.0	1.9	2.0	2.5	2.5	6.4	2.0

(a) In some cases, State and Territory programs funded by Public Health Outcomes Funding Agreement payments may not meet the definition of public health activities used. As a result the Australian Government funded component may be overstated and the State and Territory government funded be understated by that figure.

(b) State and Territory government indicators are based on State and Territory government funding of public health expenditure as a proportion of total recurrent expenditure (all sources of funding) in the State/Territory in which the expenditure is incurred.

(c) Total public health expenditure excludes \$129 million of non-government funding of public health services.

Source: AIHW (unpublished) health expenditure database.

Table NHA.66.3 **Public health and recurrent health expenditure, by funding source, by State and Territory, 2007-08 (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>Total</i>
Public Health Expenditure (b)										
Australian Government funded	\$m	442	334	261	132	98	43	27	27	1 363
State and Territory government funded	\$m	163	189	156	70	74	21	23	62	758
Total public health expenditure (c)	\$m	605	523	418	202	172	64	50	89	2 122
Recurrent Health Expenditure										
Australian Government funded	\$m	14 924	10 888	8 478	4 085	3 495	1 093	807	513	44 283
State and Territory government funded	\$m	7 516	5 082	5 161	2 714	2 194	569	572	562	24 369
Non-government sector funded	\$m	9 585	7 795	5 419	3 214	2 028	632	466	225	29 364
Total recurrent health expenditure, all funding sources	\$m	32 025	23 765	19 058	10 013	7 718	2 294	1 845	1 300	98 017
Total public health expenditure as a proportion of total recurrent health expenditure	%	1.9	2.2	2.2	2.0	2.2	2.8	2.7	6.8	2.2

(a) In some cases, State and Territory programs funded by Public Health Outcomes Funding Agreement payments may not meet the definition of public health activities used. As a result the Australian Government funded component may be overstated and the State and Territory government funded be understated by that figure.

(b) State and Territory government indicators are based on State and Territory government funding of public health expenditure as a proportion of total recurrent health expenditure (all reported sources of funding) in the State/Territory in which the expenditure is incurred. State and Territory government expenditure comprises expenditure reported by State and Territory government health departments. It excludes public health expenditure incurred by local governments, non-health state government departments and other agencies.

(c) Total public health expenditure excludes \$142 million of non-government funding of public health services.

Source: AIHW (unpublished) health expenditure database.

NHA Indicator 67:

Capital expenditure on health and aged care facilities as a proportion of capital consumption expenditure on health and aged care facilities

Table NHA.67.1

Table NHA.67.1 **Capital expenditure on health and aged care facilities to capital consumption expenditure on health and aged care facilities, by State and Territory, 2009-10 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic (c)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust (d)</i>
Capital expenditure	\$m	698	182	1 121	490	288	39	80	51	2 946
Capital consumption expenditure	\$m	520	687	400	120	135	36	32	28	1 959
Ratio of capital expenditure on health and aged care facilities to capital consumption expenditure on health and aged care	ratio	1.3	0.3	2.8	4.1	2.1	1.1	2.5	1.9	1.5

(a) Includes local government.

(b) Includes expenditure on publicly owned health and aged care facilities only. A very small amount of capital expenditure for the community aged care sector by State health authorities has been excluded, as it is so small it would be unreliable to report it.

(c) Capital expenditure by Victoria as reported does not take account of projects completed under the Partnership Victoria policy for the design, construction, finance and maintenance of major public hospitals by private consortiums. (See Data Quality Statement.)

(d) Totals may not add due to rounding.

Source: AIHW (unpublished) sourced from the ABS Government Finance Statistics data.

Table NHA.67.2 **Capital expenditure on health and aged care facilities to capital consumption expenditure on health and aged care facilities, by State and Territory, 2008-09 (a), (b)**

	<i>unit</i>	<i>NSW</i>	<i>Vic (c)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Capital expenditure	\$m	707	526	884	363	205	30	55	20	2 791
Capital consumption expenditure	\$m	505	376	366	104	114	28	21	25	1 539
Ratio of capital expenditure on health and aged care facilities to capital consumption expenditure on health and aged care	ratio	1.4	1.4	2.4	3.5	1.8	1.1	2.6	0.8	1.8

(a) Includes local government.

(b) Includes expenditure on publicly owned health and aged care facilities only. A very small amount of capital expenditure for the community aged care sector by State health authorities has been excluded, as it is so small it would be unreliable to report it.

(c) Capital expenditure by Victoria as reported does not take account of projects completed under the Partnership Victoria policy for the design, construction, finance and maintenance of major public hospitals by private consortiums. (See Data Quality Statement.)

Source: AIHW (unpublished) sourced from the ABS Government Finance Statistics data.

Table NHA.67.3 Capital expenditure on health and aged care facilities to capital consumption expenditure on health and aged care facilities, by State and Territory, 2007-08 (a), (b)

	<i>unit</i>	<i>NSW</i>	<i>Vic (c)</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Capital expenditure	\$m	651	326	675	241	141	40	38	17	2 127
Capital consumption expenditure	\$m	474	348	370	98	114	25	20	24	1 472
Ratio of capital expenditure on health and aged care facilities to capital consumption expenditure on health and aged care	ratio	1.4	0.9	1.8	2.5	1.2	1.6	1.9	0.7	1.4

(a) Includes local government.

(b) Includes expenditure on publicly owned health and aged care facilities only. A very small amount of capital expenditure for the community aged care sector by State health authorities has been excluded, as it is so small it would be unreliable to report it.

(c) Capital expenditure by Victoria as reported does not take account of projects completed under the Partnership Victoria policy for the design, construction, finance and maintenance of major public hospitals by private consortiums. (See Data Quality Statement.)

Source: AIHW (unpublished) sourced from the ABS Government Finance Statistics data.

NHA Indicator 68:

Proportion of health expenditure spent on health research and development

Table NHA.68.1

Table NHA.68.1 **Health expenditure on health research and development, by State and Territory, 2009-10 (a), (b)**

	<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>Total</i>
Research and development expenditure										
Australian Government funded	\$m	1 086	1 046	347	255	272	52	168	12	3 238
State and Territory government funded	\$m	159	212	192	66	27	13	27	45	740
Non-government sector funded	\$m	84	97	33	17	13	3	5	1	252
Total research and development, all funding sources	\$m	1 328	1 355	571	338	312	67	199	58	4 229
Health expenditure										
Australian Government funded	\$m	17 628	12 856	10 024	4 816	4 112	1 318	861	630	52 245
State and Territory government funded	\$m	8 371	6 266	6 713	3 056	2 657	616	758	621	29 056
Non-government sector funded	\$m	11 359	9 612	6 539	3 768	2 309	668	508	242	35 005
Total recurrent health expenditure, all funding sources	\$m	37 358	28 734	23 276	11 639	9 077	2 601	2 128	1 493	116 306
Proportion of health expenditure spent on research and development (c)	%	3.6%	4.7%	2.5%	2.9%	3.4%	2.6%	9.4%	3.9%	3.6%

(a) The government of the State in which the related research was undertaken is not necessarily the only source of State government research funding. For example, research undertaken in Victoria could be partly or wholly funded by the New South Wales Government.

(b) Numerator does not include research funded by private commercial (business) organisations, as that expenditure is captured elsewhere in the health expenditure matrix (eg in the price of health goods and services such as pharmaceuticals).

(c) Indicator is based on total research and development, all funding sources and total recurrent health expenditure, all funding sources. The estimates of the numerator are based on data from the ABS Research and Experimental Development Survey.

Source: ABS (unpublished) Survey of Research and Experimental Development; AIHW (unpublished) health expenditure database.

Table NHA.68.2

Table NHA.68.2 Health expenditure on health research and development, by State and Territory, 2008-09 (a), (b)

	<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>Total</i>
Research and development expenditure										
Australian Government funded	\$m	886	885	308	228	236	43	159	12	2 758
State and Territory government funded	\$m	147	177	167	59	22	10	25	11	620
Non-government sector funded	\$m	149	88	25	15	13	3	5	1	300
Total research and development, all funding sources	\$m	1 183	1 151	501	302	272	56	189	24	3 678
Health expenditure										
Australian Government funded	\$m	16 649	12 335	9 440	4 539	3 880	1 205	868	576	49 492
State and Territory government funded	\$m	7 670	5 177	5 734	2 936	2 390	582	663	645	25 798
Non-government sector funded	\$m	10 501	8 704	6 051	3 596	2 182	702	477	243	32 455
Total recurrent health expenditure, all funding sources	\$m	34 819	26 216	21 225	11 072	8 452	2 490	2 007	1 464	107 745
Proportion of health expenditure spent on research and development (c)	%	3.4%	4.4%	2.4%	2.7%	3.2%	2.2%	9.4%	1.7%	3.4%

(a) The government of the State in which the related research was undertaken is not necessarily the only source of State government research funding. For example, research undertaken in Victoria could be partly or wholly funded by the New South Wales Government.

(b) Numerator does not include research funded by private commercial (business) organisations, as that expenditure is captured elsewhere in the health expenditure matrix (eg in the price of health goods and services such as pharmaceuticals).

(c) Indicator is based on total research and development, all funding sources and total recurrent health expenditure, all funding sources. The estimates of the numerator are based on data from the ABS Research and Experimental Development Survey.

Source: ABS (unpublished) Survey of Research and Experimental Development; AIHW (unpublished) health expenditure database.

Table NHA.68.3

Table NHA.68.3 **Health expenditure on health research and development, by State and Territory, 2007-08 (a), (b)**

	<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>Total</i>
Research and development expenditure										
Australian Government funded	\$m	642	695	272	181	176	32	124	10	2 133
State and Territory government funded	\$m	110	153	47	30	24	8	14	–	387
Non-government sector funded	\$m	71	86	27	15	9	1	4	–	213
Total research and development, all funding sources (c)	\$m	823	934	347	225	209	42	142	11	2 732
Health expenditure										
Australian Government funded	\$m	14 924	10 888	8 478	4 085	3 495	1 093	807	513	44 283
State and Territory government funded	\$m	7 516	5 082	5 161	2 714	2 194	569	572	562	24 369
Non-government sector funded	\$m	9 585	7 795	5 419	3 214	2 028	632	466	225	29 364
Total recurrent health expenditure, all funding sources (c)	\$m	32 025	23 765	19 058	10 013	7 718	2 294	1 845	1 300	98 017
Proportion of health expenditure spent on research and development (d)	%	2.6%	3.9%	1.8%	2.3%	2.7%	1.8%	7.7%	0.8%	2.8%

(a) The government of the State in which the related research was undertaken is not necessarily the only source of State government research funding. For example, research undertaken in Victoria could be partly or wholly funded by the New South Wales Government.

(b) Numerator does not include research funded by private commercial (business) organisations, as that expenditure is captured elsewhere in the health expenditure matrix (eg in the price of health goods and services such as pharmaceuticals).

(c) Due to rounding to nearest million, totals may not add up to the sum of states and territories or to the sum of funding sources.

(d) Indicator is based on total research and development, all funding sources and total recurrent health expenditure, all funding sources. The estimates of the numerator are based on data from the ABS Research and Experimental Development Survey.

– Nil or rounded to zero.

Source: ABS (unpublished) *Survey of Research and Experimental Development*; AIHW (unpublished) health expenditure database.

NHA Indicator 69:

Cost per case-mix adjusted separation

Table NHA.69.1 Average cost per casemix adjusted separation, by hospital peer group, by State and Territory, 2009-10 (\$)
(a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Total</i>
<i>current prices</i>									
Hospital peer group (d)									
Principal referral and specialist women's and children's hospitals	4 565	4 561	5 216	4 551	4 510	5 143	np	5 458	4 722
Large hospitals	4 279	4 240	3 751	4 322	4 245	np	np	..	4 291
Medium hospitals	4 647	4 178	4 681	5 292	3 909	np	..	..	4 593
Total hospitals (e)	4 550	4 525	5 093	4 722	4 372	5 363	4 989	5 517	4 684
<i>constant prices</i>									
Hospital peer group (d)									
Principal referral and specialist women's and children's hospitals	na	na	na	na	na	na	na	na	na
Large hospitals	na	na	na	na	na	na	na	na	na
Medium hospitals	na	na	na	na	na	na	na	na	na
Total hospitals (e)	na	na	na	na	na	na	na	na	na

(a) Average cost weight from the National Hospital Morbidity Database, using the 2008–09 AR-DRG version 5.2 cost weights (DoHA 2010) for separations for which the care type was reported as *Acute*, *Newborn* with at least one qualified day or was *Not reported*.

(b) Data represent the average cost per casemix adjusted separation excluding depreciation.

(c) Limited to public hospitals.

(d) Hospital peer groups as defined in Appendix 2 of *Australian hospital statistics 2009-10*.

(e) 'Total hospitals' includes Small acute hospitals as well as Principal referral and specialist women's and children's hospitals, Large hospitals and Medium hospitals. The data are based on public hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions.

.. Not applicable. **np** Not published. **na** Not available.

Source: AIHW (unpublished) National Hospital Morbidity Database; AIHW (unpublished) National Public Hospital Establishments Database.

Table NHA.69.2 Average cost per casemix adjusted separation, by hospital peer group, by State and Territory, 2008-09 (\$)
(a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Total</i>
<i>current prices</i>									
Hospital peer group (d)									
Principal referral and specialist women's and children's hospitals	4 455	4 336	4 569	4 841	4 122	4 706	4 621	5 297	4 467
Large hospitals	4 202	3 925	3 697	4 240	3 881	np	..	..	4 117
Medium hospitals	4 512	4 014	4 000	5 090	3 675	np	..	..	4 949
Total hospitals (e)	4 441	4 297	4 497	4 823	4 066	4 817	4 621	5 369	4 439
<i>constant prices</i>									
Hospital peer group (d)									
Principal referral and specialist women's and children's hospitals	na	na	na	na	na	na	na	na	na
Large hospitals	na	na	na	na	na	na	na	na	na
Medium hospitals	na	na	na	na	na	na	na	na	na
Total hospitals (e)	na	na	na	na	na	na	na	na	na

(a) Average cost weight from the National Hospital Morbidity Database, using the 2008–09 AR-DRG version 5.2 cost weights (DoHA 2010) for separations for which the care type was reported as *Acute*, *Newborn* with at least one qualified day or was *Not reported*.

(b) Data represent the average cost per casemix adjusted separation excluding depreciation.

(c) Limited to public hospitals.

(d) Hospital peer groups as defined in Appendix 2 of *Australian hospital statistics 2008-09*.

(e) 'Total hospitals' includes Small acute hospitals as well as Principal referral and specialist women's and children's hospitals, Large hospitals and Medium hospitals. The data are based on public hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions.

.. Not applicable. **np** Not published. **na** Not available.

Source: AIHW (unpublished) National Hospital Morbidity Database; AIHW (unpublished) National Public Hospital Establishments Database.

Table NHA 69.3 Average cost per casemix adjusted separation, by hospital peer group, by State and Territory, 2007-08 (\$)
(a), (b), (c)

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Total</i>
<i>current prices</i>									
Hospital peer group (d)									
Principal referral and specialist women's and children's hospitals	4 302	4 161	4 180	4 320	3 885	4 431	np	4 516	4 215
Large hospitals	4 072	3 963	3 934	4 262	4 113	np	np	..	4 125
Medium hospitals	4 336	4 050	3 504	4 632	3 660	..	..	..	4 129
Total hospitals (e)	4 284	4 153	4 146	4 386	3 887	4 581	4 510	4 619	4 215
<i>constant prices</i>									
Hospital peer group (d)									
Principal referral and specialist women's and children's hospitals	na	na	na	na	na	na	na	na	na
Large hospitals	na	na	na	na	na	na	na	na	na
Medium hospitals	na	na	na	na	na	na	na	na	na
Total hospitals (e)	na	na	na	na	na	na	na	na	na

(a) Average cost weight from the National Hospital Morbidity Database, using the 2007–08 AR-DRG version 5.1 cost weights (DoHA 2009) for separations for which the care type was reported as Acute, Newborn with at least one qualified day or was Not reported.

(b) Data represent the average cost per casemix adjusted separation excluding depreciation.

(c) Limited to public hospitals.

(d) Hospital peer groups as defined in Appendix 2 of *Australian hospital statistics 2007-08*.

(e) 'Total hospitals' includes Small acute hospitals as well as Principal referral and specialist women's and children's hospitals, Large hospitals and Medium hospitals. The data are based on public hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions.

.. Not applicable. **np** Not published. **na** Not available.

Source: AIHW (unpublished) National Hospital Morbidity Database; AIHW (unpublished) National Public Hospital Establishments Database.

NHA Indicator 70:

There is currently no agreed measure, nor data available, to inform this indicator

**Accredited and filled clinical
training positions**

NHA Contextual Data:

Number of GPs by remoteness category

Table NHA C.1

Table NHA C.1 **Full-time Workload Equivalent GPs per 100 000 population, by remoteness, by State and Territory, 2010-11**
(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>
Major cities	103	93	97	74	99	..	67	..	95
Inner regional	90	87	88	66	85	92	np	..	87
Outer regional	69	84	80	75	88	70	..	59	76
Remote	np	np	63	57	77	75	..	57	66
Very remote	np	..	55	42	np	np	..	np	50
Total	98	91	91	71	95	85	67	58	91

(a) For data quality and confidentiality reasons, figures for the following areas have been combined: outer regional, remote and very remote in NSW; outer regional and remote in Victoria; remote and very remote in South Australia, Tasmania and Northern Territory; and major cities and inner regional in the ACT.

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

Source: DoHA (unpublished) Medicare Statistics; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Table NHA C.2

Table NHA C.2 **Number of GPs per 100 000 population, by remoteness, by State and Territory, 2010-11 (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>
Major cities	120	120	127	111	136	..	116	..	122
Inner regional	125	125	116	94	138	164	np	..	124
Outer regional	98	115	129	128	139	95	..	136	118
Remote	np	np	203	146	147	191	..	285	178
Very remote	np	..	348	226	np	np	..	np	281
Total	120	121	129	114	137	142	116	202	124

(a) For data quality and confidentiality reasons, figures for the following areas have been combined: outer regional, remote and very remote in NSW; outer regional and remote in Victoria; remote and very remote in South Australia, Tasmania and Northern Territory; and major cities and inner regional in the ACT.

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

Source: DoHA (unpublished) Medicare Statistics; ABS (unpublished) Estimated Resident Population, 30 June 2010.

Data Quality Statements

This attachment includes copies of all DQSs as provided by the data providers. The Steering Committee has not made any amendments to the content of these DQSs.

Table 8 lists the NHA performance benchmarks and the page reference for the associated DQSs.

Table 8 Data quality statements for performance benchmarks in the National Healthcare Agreement

<i>Performance benchmark</i>	<i>Page no. in this report</i>
1(a) Prevention: reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate, for people aged 25 years and over, of 7.1 per cent) by 2023	..
1(b) Prevention: by 2018, reduce the national smoking rate to 10 per cent of the population and halve the Indigenous smoking rate, over the 2009 baseline	..
1(c) Prevention: by 2017, increase by five percentage points the proportion of Australian adults and Australian children at a healthy body weight, over the 2009 baseline	..
2(a) Primary care: by 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions	1038
3(a) Hospital and related care: the rate of <i>Staphylococcus aureus</i> (including MRSA) bacteraemia is no more than 2.0 per 10 000 occupied bed days for acute care public hospitals by 2011-12 in each State and Territory	1086
4(a) Social inclusion and Indigenous health: close the life expectancy gap for Indigenous Australians within a generation	..
4(b) Social inclusion and Indigenous health: halve the mortality gap for Indigenous children under five by 2018	1027

Table 9 lists the NHA performance indicators and the page reference for the associated DQSs.

Table 9 Data quality statements for performance indicators in the National Healthcare Agreement

<i>Performance indicator</i>	<i>Page no. in this report</i>
1. Proportion of babies born with low birthweight	984
2. Incidence of sexually transmissible infections and blood-borne viruses	987
3. Incidence of end-stage kidney disease	992
4. Incidence of selected cancers	996
5. Proportion of persons obese	..
6. Proportion of adults who are current daily smokers	..
7. Proportion of adults at risk of long-term harm from alcohol	..
8. Proportion of men reporting unprotected anal intercourse with casual male partners	..
9. Immunisation rates for vaccines in the national schedule	1000
10. Breast cancer screening rates	1003
11. Cervical cancer screening rates	1007
12. Bowel cancer screening rates	1011
13. Proportion of children with 4 th year developmental health check	1014
14. Waiting times for GPs	1017
15. Waiting times for public dentistry	..
16. People deferring access to selected healthcare due to cost	1021
17. Proportion of people with diabetes with HbA1c below seven per cent	..
18. Life expectancy	1025
19. Infant and young child mortality rate	1027
20. Potentially avoidable deaths	1030
21. Treatment rate for mental illness	1033
22. Selected potentially preventable hospitalisations	1038
23. Selected potentially avoidable GP-type presentations to emergency departments	1043
24. GP-type services	1047
25. Specialist services	1050
26. Dental services	1053
27. Optometry services	1056
28. Public sector community mental health services	1059
29. Private sector mental health services	1062
30. Proportion of people with diabetes with a GP annual cycle of care	1065
31. Proportion of people with asthma with a written asthma plan	..
32. Proportion of people with mental illness with GP plans	1069
33. Women with at least one antenatal visit in the first trimester of pregnancy	1073
34. Waiting times for elective surgery	1077
35. Waiting times for emergency department care	1082
36. Waiting times for admission following emergency department care	..
37. Waiting times for radiotherapy and orthopaedic specialists	..

(Continued next page)

Table 9 (continued)

<i>Performance indicator</i>	<i>Page no. in this report</i>
38. Adverse drug events in hospitals	..
39. Healthcare-associated <i>Staphylococcus aureus</i> (including MRSA) bacteraemia in acute care hospitals	1086
40. Pressure ulcers in hospitals	..
41. Falls resulting in patient harm in hospitals	1090
42. Intentional self-harm in hospitals	1094
43. Unplanned/unexpected readmissions within 28 days of selected surgical admissions	1098
44. Survival of people diagnosed with cancer	1103
45. Rates of services: overnight separations	1107
46. Rates of services: outpatient occasions of service	1111
47. Rates of services: non-acute care separations	1113
48. Rates of services: hospital procedures	1117
49. Residential and community aged care places per 100 population aged 70+ years	1121
50. <i>Staphylococcus aureus</i> (including MRSA) bacteraemia in residential aged care	..
51. Pressure ulcers in residential aged care	..
52. Falls in residential aged care resulting in patient harm and treated in hospital	1123
53. Older people receiving aged care services	1128
54. Aged care assessments completed	1132
55. Younger people with disabilities using residential, CACP and EACH aged care services	1134
56. People aged 65 years or over receiving sub-acute services	1136
57. Hospital patient days used by those eligible and waiting for residential care	1140
58. Patient satisfaction/experience	1144
59. Age-standardised mortality by major cause of death	1149
60. Access to services by type of service compared to need	..
61. Teenage birth rate	1153
62. Hospitalisation for injury and poisoning	1157
63. Children's hearing loss	..
64. Indigenous Australians in the health workforce	1161
65. Net growth in health workforce	1166
66. Public health program expenditure as a proportion of total health expenditure	1171
67. Capital expenditure on health and aged care facilities as a proportion of capital consumption expenditure on health and aged care facilities	1173
68. Proportion of health expenditure spent on health research and development	1175
69. Cost per casemix adjusted separation	1177
70. Accredited and filled clinical training positions	..

Data Quality Statement — Indicator 1: Proportion of babies born of low birthweight

Key data quality points

- Birthweight is included in the Perinatal National Minimum Data Set (NMDS) and data are complete for over 99.9 per cent of babies.
- This measure only includes births of at least 20 weeks gestation or 400 grams birthweight. It excludes multiple births and stillbirths and the measure may therefore differ slightly from information presented in other publications on low birthweight.
- The National Perinatal Data Collection (NPDC) includes information on the Indigenous status of the mother only. Since 2005, all jurisdictions have collected information on Indigenous status of the mother in accordance with the Perinatal NMDS.
- No formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers in the NPDC. The current data have not been adjusted for under-identification of Indigenous status of the mother and thus jurisdictional comparisons of Indigenous data should not be made.

Target/Outcome	Prevention
Indicator	The incidence of low birthweight among liveborn babies of Aboriginal and Torres Strait Islander mothers and other mothers as a proportion of liveborn infants.
Measure (computation)	<p><i>Numerator:</i> Number of low birthweight live-born singleton infants born in a calendar year.</p> <p>Low birthweight is defined as less than 2500 grams.</p> <p><i>Denominator:</i> Number of live-born singleton infants born in a calendar year.</p> <p>Calculation: $100 \times (\text{Numerator} \div \text{Denominator})$</p>
Data source/s	<p>This indicator is calculated using data from the AIHW National Perinatal Data Collection (NPDC).</p> <p><u>For data by socioeconomic status:</u> calculated by AIHW using the ABS' Socioeconomic Index for Areas (SEIFA) Index of Relative Socioeconomic Disadvantage (IRSD). Each Statistical Local Area in Australia is ranked and divided into quintiles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.</p> <p><u>For data by remoteness:</u> ABS' Australian Standard Geographical Classification.</p>
Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data were supplied by State and Territory health authorities to the National Perinatal Epidemiology and Statistics Unit (NPESU), a collaborating unit of the Institute. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.
Relevance	The National Perinatal Data Collection comprises data items as specified in the Perinatal NMDS plus additional items collected by the states and territories. The purpose of the Perinatal NMDS is to collect information at birth for monitoring pregnancy, childbirth and the neonatal period for both

the mother and baby(s).

The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation. It includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth; and data items relating to the baby, including birth status (live or stillbirth), sex, gestational age at birth, birth weight, Apgar score and neonatal length of stay.

The NPDC includes all relevant data elements of interest for this indicator. Birthweight is a Perinatal NMDS item. In 2009, very few (0.04 per cent) records for live-born singleton babies were missing the data for birthweight. While each jurisdiction has a unique perinatal form for collecting data on which the format of the Indigenous status question and recording categories varies slightly, all systems include the NMDS item on Indigenous status of mother.

No formal national assessment has been undertaken to determine completeness of the coverage of Indigenous mothers in the Perinatal NMDS. However, the proportion of Indigenous mothers for the period 2000–2009 has been consistent, at 3.4–3.8 per cent of women who gave birth. For maternal records where Indigenous status was not stated (0.4 per cent), data were excluded from Indigenous and non-Indigenous analyses.

The indicator is presented by SEIFA IRSD. The data supplied to the NPDC include a code for SLA from all states and territories. Reporting by remoteness is in accordance with the Australian Standard Geographical Classification (ASGC).

Timeliness

The reference period for the data is 2008. Collection of data for the NPDC is annual.

Accuracy

Inaccurate responses may occur in all data provided to the Institute. The Institute does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Institute undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The AIHW does not adjust data to account for possible data errors.

Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the Institute. This indicator is calculated on data that has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for checking and review. The Institute does not adjust the data to correct for missing values. Note that because of data editing and subsequent updates of State/Territory databases, and because data are being reported by place of residence rather than place of birth the numbers reported for this indicator differ from those in reports published by the states and territories. The data are not rounded.

The data supplied for the 2009 Perinatal NMDS by Victoria to prepare this indicator was not the final data. Further minor changes to the data are unlikely to produce any detectable change to the indicator.

The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Only 0.2 per cent of records

were non-residents or could not be assigned to a state or territory of residence. There is no scope in the data element Area of usual residence of mother to discriminate temporary residence of mother for the purposes of accessing birthing services from usual residence. The former may differentially impact populations from remote and very remote areas, where services are not available locally.

Birthweight is nearly universally reported. Less than 0.08 per cent of records were missing overall. Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers which is likely to differ among jurisdictions. Approximately 0.4 per cent of mothers who gave birth in the reference period had missing Indigenous status information. No adjustments have been made for under-identification or missing Indigenous status information and thus jurisdictional comparisons of Indigenous data should not be made.

Disaggregated data by Indigenous status is reported by single year for time series and by three-year combined data for the current reporting period. Single year data by Indigenous status should be used with caution due to the small number of low birthweight infants born to Indigenous mothers each year.

Coherence

Data for this indicator are published annually in Australia's mothers and babies; and biennially in reports such as the Aboriginal and Torres Strait Islander Health Performance Framework report, the Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, and the Overcoming Indigenous Disadvantage report. The numbers presented in these publications will differ slightly from those presented here as this measure excludes multiple births and stillbirths.

Changing levels of Indigenous identification over time and across jurisdictions may also affect the accuracy of compiling a consistent time series in future years.

Accessibility

The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are:

- Australia's mothers and babies annual report
- Indigenous mothers and their babies, Australia 2001–2004
- METeOR – online metadata repository
- National health data dictionary.

Ad-hoc data are also available on request (charges apply to recover costs).

Interpretability

Supporting information on the use and quality of the Perinatal NMDS are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum Data Set compliance evaluation 2001 to 2005. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Indigenous data that might affect interpretation of the indicator was published in Indigenous mothers and their babies, Australia 2001–2004 (Chapter 1 and Chapter 5).

Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Metadata information for the Perinatal NMDS are also published in METeOR, and the National health data dictionary.

Data Quality Statement — Indicator 2: Incidence of sexually transmissible infections and blood-borne viruses

Key data quality points

- The data used to calculate this indicator are from an administrative data collection designed for real-time surveillance of communicable diseases. Data are reportable under jurisdictional public health legislation.
- A major limitation of the notifications data is that, for most diseases, they represent only a proportion of the total cases occurring in the community, that is, only those cases for which health care was sought and a diagnosis made, followed by a notification to health authorities. The degree of under-representation of all cases is unknown and is likely to vary by disease, state or territory and over time.
- All notified cases are included in the numerator, even though some diseases included in this indicator, are not necessarily sexually acquired, or acquired within the period of reporting.
- For some diseases, in some jurisdictions, the high level of non-reporting of Indigenous status made disaggregation by Indigenous status too unreliable for publication.

Target/Outcome Prevention

Indicator Incidence of sexually transmissible infections and blood-borne viruses

Measure (computation) The *numerator* is the number of notifications of new diagnoses of syphilis, HIV, hepatitis B, hepatitis C, chlamydial and gonococcal infection.
The *denominator* is the estimated resident population.
Calculation is $100\,000 \times (\text{Numerator} \div \text{Denominator})$, presented as a rate per 100 000 and age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years, with ages over 84 combined. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so Indigenous disaggregations were standardised to 64 years, with ages over 64 combined.

Data source/s *Numerator:* National Notifiable Diseases Surveillance System (NNDSS) and the Kirby Institute for Infection and Immunity in Society (formerly the National Centre in HIV Epidemiology and Clinical Research (NCHECR)) reported case data.
Denominators:
For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2010.
For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2010.
For data by socioeconomic status: calculated using the ABS' SEIFA IRSD and ERP by Statistical Local Area (SLA) as at 30 June 2010. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.
For data by remoteness: ABS ERP as at 30 June 2010, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment Cases are reported to state and territory governments from clinicians and laboratories under relevant public health legislation. The Department of

Health and Ageing receives data for all notified diseases, except for HIV, on to the NNDSS and acts as the custodian of that data. The Kirby Institute for Infection and Immunity in Society, a research institute based at the University of NSW, is responsible for maintaining national HIV data reported by the jurisdictions.

The tables for this indicator were prepared by the Department of Health and Ageing and quality-assessed by the AIHW. The Department of Health and Ageing drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with the Department. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

Syphilis

All cases reported in the 0–4 years age group were notified as being congenitally acquired cases. Congenital syphilis is transmitted transplacentally from an infected pregnant woman to her foetus, and is not considered to be sexually transmitted.

STIs are not necessarily sexually acquired

Not all notifications of chlamydial infection, gonococcal infection, and syphilis are sexually acquired. The national case definitions for these infections do not specifically distinguish between sites of infection or modes of transmission. In children aged under 4 years an STI, even of the genital area, may have been acquired from the mother at the time of delivery or via inadvertent non-sexual spread. For example, rectal and genital infection with *Chlamydia trachomatis* in young children may be due to persistent perinatally acquired infections, which may persist for up to three years; and gonococcal conjunctivitis can be acquired at the time of delivery or transmitted from child to child. Also, congenital syphilis is transmitted transplacentally from an infected pregnant woman to her foetus, and is not sexually transmitted.

Indigenous status

Information about Indigenous status is only presented for jurisdictions with response rates of 50 per cent or more to the Indigenous status data item. The Australian rate provided is a summary of those jurisdictions where completeness of the Indigenous status data item was greater than 50 per cent for 2010. Due to the variable jurisdictional completeness, comparisons of 'national' Indigenous status rates over time may be inaccurate. See Table 10.

Table 10: Completeness of response rates to the Indigenous status data item by jurisdiction and infection/virus, 2010 (per cent)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Syphilis	90.9	95.5	98.2	100.0	100.0	100.0	100.0	100.0
HIV	94.6	94.3	94.2	97.0	97.6	100.0	100.0	100.0
Hepatitis B	82.9	33.2	32.7	91.0	98.1	63.2	100.0	85.6
Hepatitis C	65.0	29.5	39.3	94.1	94.4	70.7	24.7	90.7
Chlamydia	4.1	56.3	55.2	87.8	90.6	73.4	1.8	92.3
Gonococcal infection	15.2	66.2	57.7	99.7	95.3	90.0	100.0	98.2

Remoteness and socioeconomic status

The analyses by State and Territory, remoteness and socioeconomic status are based on residential postcode of the case at the time of

diagnosis and as recorded in the NNDSS. Where a postcode for a case was not available or was not assigned a category by the ABS, they were not included in the remoteness and SEIFA disaggregations. These postcodes consisted of post office box numbers, special NNDSS postcode formats which indicate the state of residence but not the specific postcode location, invalid postcodes, missing postcodes and new postcodes that have not yet been assigned a category by the ABS. Over 94 per cent of records had a postcode assigned that was able to be included in disaggregations by remoteness and socioeconomic status.

Where a postcode was allocated to more than one SEIFA or remoteness category, cases were allocated based on the proportion of the population allocated to the respective SEIFA or remoteness category within a postcode.

Postcode information usually reflects the residential location of a case, however in some jurisdictions it may be based on the postcode at the time of testing. Notification postcode data associated with South Australian HIV diagnoses represent the postcode of treatment and not the postcode of residence.

Timeliness

Data relates to 2010.

Accuracy

All jurisdictions have approved the provided data.

A major limitation of the notification data is that, for most diseases, they represent only a proportion of the total cases occurring in the community, that is, only those cases for which health care was sought and a diagnosis made, followed by a notification to health authorities. This proportion may vary between diseases and over time, with infections diagnosed by a laboratory test more likely to be notified. States and territories may have varying reporting requirements by medical practitioners, laboratories and hospitals, and differing levels of case follow-up.

Notifications were extracted using 'diagnosis date' for 2010. Please note the date of diagnosis is the onset date or where the date of onset was not supplied, the earliest of the specimen collection date, the notification date, or the notification receive date. As considerable time may have elapsed between the onset and diagnosis dates for hepatitis B and C unspecified cases, the earliest of specimen date, health professional notification date or public health unit notification receive date was used for these conditions.

The Department of Health and Ageing used tables and concordance files to construct population estimates. These tables and concordance files were provided by the AIHW, based on ABS statistical products.

Cells have been suppressed where the numerator is less than five to protect confidentiality or where data quality is known to be of insufficient quality (for example, where Indigenous status identification rates are less than 50 per cent). These cells have been recorded as 'not published'.

Indigenous status

The level of completeness of the Indigenous status data item is highly variable by disease and jurisdiction.

For table NHA.2.3, incomplete notifications where Indigenous status was

'not stated' or blank or unknown were counted as 'not Indigenous' and included as 'Other Australians'. In each jurisdiction where more than 50 per cent of notifications had a 'not stated', blank or 'unknown' response to Indigenous status data item, the disaggregation between Indigenous and Other Australians has not been provided as the data are not considered of sufficient quality to report this disaggregation.

These data need to be interpreted cautiously. Due to the high proportion of asymptomatic presentations of STI infections, diagnoses are heavily influenced by testing patterns. High rates of STI diagnoses in Indigenous populations may be due to higher levels of screening and not necessarily associated with increased levels of transmission among Indigenous persons.

Hepatitis B and C

All notifications of hepatitis B and C have been included regardless of whether they were notified as 'newly acquired' or as 'greater than 2 years or unspecified period of infection'. The two categories have been combined to represent all new diagnoses of hepatitis B and C in 2010 and not just newly acquired infections. This is due to inconsistent follow-up of cases between jurisdictions, which is required to determine the date of acquisition and hence period of infection.

New South Wales hepatitis B and C data excludes notifications classified as 'greater than 2 years or unspecified period of infection'. The exclusion of these notifications is due to a data quality issue associated with duplicate notifications within this dataset. Therefore NSW hepatitis B and C data only contains 'newly acquired' notifications. This issue also affects the combined Australian data. Thus New South Wales and Australian hepatitis B and hepatitis C data are not comparable with data from previous years.

Sex of cases

Where the sex of the case was either unknown or not reported, these cases were included in the 'total' data for each state and territory, and Australia.

Coherence

Changes in surveillance and testing practices or promotion over time and by jurisdiction may make comparisons both over time and across jurisdictions difficult.

Changes in the national case definitions for the requirements of what constitutes a case will also affect the coherence of the data over time. The current NNDSS case definitions, including any historical edits, can be found at <www.health.gov.au/casedefinitions>.

For 2010, hepatitis B and C notifications classified as 'greater than 2 years or unspecified period of infection' for New South Wales have been excluded. The exclusion of these notifications is due to a data quality issue associated with duplicate notifications within this dataset. This issue also affects the combined Australian data. Thus, New South Wales and Australian hepatitis B and hepatitis C data are not comparable with data from previous years.

Accessibility

The NNDSS website enables the public to access the following levels of data for all of these infections, except HIV:

- Age group

-
- Sex
 - Disease
 - State

This is provided in both case count and rates outputs. See:
<www9.health.gov.au/cda/source/cda-index.cfm>

Interpretability

The current NNDSS case definitions, including any historical edits, can be found at <www.health.gov.au/casedefinitions>.

Data Quality Statement — Indicator 3: Incidence of end-stage kidney disease

Key data quality points

- This indicator estimates the incidence of end-stage kidney disease (ESKD) from linked mortality and Australia and New Zealand Dialysis and Transplant Registry (ANZDATA) data. It does not include people with ESKD who were not on the ANZDATA Registry and did not die in the reference period.
- The coding list used to estimate ESKD from mortality data is conservative.
- For disaggregation by state and Indigenous status, data have been reported for four aggregated years to ensure statistical validity. Reporting one year's data would mean that smaller states could not be reported.
- For disaggregation by remoteness and socioeconomic status (SEIFA), data have been reported for three aggregated years to ensure statistical validity whilst using data collected as close the census year as possible. Reporting on years too far removed from a census year for remoteness and SEIFA decreases the data's validity.

Target/Outcome	Prevention
Indicator	Incidence of end-stage kidney disease
Measure (computation)	<p>100 000 x (Numerator ÷ Denominator)</p> <p><i>Numerator</i></p> <p>The number of unique individuals who appeared as new cases on the ANZDATA Registry in the reference year (treated cases), plus the number of people who died in the reference year and ESKD was recorded as a cause of death in the mortality data (untreated cases).</p> <p>ESKD in mortality data was defined as a person who died of chronic renal failure, hypertensive renal failure, or unspecified renal failure as an underlying cause of death (ICD-10 Codes N18.0, N18.8, N18.9, I12.0, I13.1, I13.2, N19) or, chronic renal failure, end-stage (ICD-10 code N18.0) as an associated cause of death in the reference period.</p> <p><i>Denominator</i></p> <p>Total population.</p> <p>Mortality data and the ANZDATA Registry were linked to eliminate double counting.</p> <p>Rates were directly age-standardised to the Australian population as at 30 June 2001 using the age groups 0–29 years, 10 year age groups to 79 years, and 80 and over.</p>
Data source/s	<p><i>Numerator</i></p> <p>ANZDATA Registry, National Death Index (NDI), Australian Institute of Health and Welfare (AIHW) National Mortality Database (NMD).</p> <p><i>Denominator</i></p> <p><u>For total population:</u> Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2007 (or aggregated for combined years).</p> <p><u>For data by Indigenous status:</u> ABS Indigenous Experimental Estimates and Projections (Indigenous population) Series B.</p> <p><u>For data by socioeconomic status:</u> calculated by AIHW using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA). Each SLA in Australia is ranked and divided into</p>

quintiles in a population-based manner, such that each quintile has approximately 20 per cent of the population.

For data by remoteness: ABS ERP by remoteness areas, as specified in the ABS Australian Standard Geographical Classification.

Institutional environment

The AIHW has calculated this indicator.

The AIHW linked data from the ANZDATA Registry, the NDI and NMD to calculate the numerator.

Completed ANZDATA records were supplied to the AIHW by ANZDATA.

Mortality data were provided by the ABS to the AIHW.

The NDI is a national compilation of data on all deaths occurring in Australia. Data are supplied to the AIHW by Registrars of Births Deaths and Marriages (RBDM) from each State and Territory and this results in a database which contains all deaths occurring in Australia since 1980.

Relevance

This is an interim indicator. The total indicator requires linkage to hospital data to count people with ESKD who were not on the ANZDATA Registry and did not die in the reference period.

ANZDATA is a register of all people in Australia receiving dialysis or kidney transplant (where the intention to treat is long term) to survive — that is, people with treated ESKD — and therefore is highly relevant to this indicator. We are confident that we have good counts of treated cases. Treated cases are grouped by state of first treatment. The AIHW is not involved in collecting and validating the data however, ANZDATA report that they employ checks for validity on data received and query possible errors with the renal units who provide the data (ANZDATA 2009).

Mortality data are of high quality, however it is not certain that all untreated cases have been counted because it is possible that some cases have not been included when people die of an unrelated cause or do not have ESKD recorded on their death certificates, even though it contributed to their death (Li et al. 2003).

Data are reported by the State or Territory that delivered treatment (for treated cases) and by the State or Territory of registration of death (for untreated cases). The numerator include people who received treatment or whose death was registered in one jurisdiction, but who reside(d) in another. These cross-border flows are particularly relevant in interpreting ACT data.

Mortality data have incomplete Indigenous identification rates, therefore care should be taken when interpreting the data. Only states where identification is considered to be accurate enough for reporting are included in the estimate (NSW, Qld, SA and NT) – see ABS 2011.

ANZDATA Registry Indigenous identification is based on self-identification in hospital records. However it is believed that Indigenous identification in the Registry is more complete than in general hospital data (Cass et al. 2001).

For remoteness and SEIFA allocations, different geographic variables are used to allocate persons to categories. For those records sourced from the ANZDATA Registry data, postcode at entry is used as a proxy for postal area to concord to 2006 SLAs and then to remoteness and SEIFA categories. For records based on NMD data, SLA of usual residence is used to concord to 2006 SLAs (where necessary) and then to remoteness and SEIFA categories.

ABS 2011. Deaths, Australia Nov 2010. ABS Cat. no. 3302.0 Canberra: ABS.

ANZDATA 2009. Adelaide: Australian and New Zealand Dialysis and Transplant Registry. Viewed 14 September 2010, <www.anzdata.org.au/v1/data_collection.html#validation>.

Cass A, Cunningham J, Wang Z & Hoy W 2001. Regional variation in the incidence of end-stage renal disease in Indigenous Australians. *Medical Journal of Australia* 175:24–7.

Li SQ, Cass A & Cunningham J 2003. Cause of death in patients with end-stage renal disease: assessing concordance of death certificates with registry reports. *Australian and New Zealand Journal of Public Health* 27:419–24.

Timeliness

The reference period of the total Australian population is 2007. This is the most recent year for which mortality data are available to the AIHW.

Due to small numbers, four years of data (2004, 2005, 2006 and 2007) were combined to provide estimates for the State and Territory and Indigenous disaggregations.

Three years of data (2005, 2006 and 2007) were combined to provide estimates by remoteness and SEIFA quintiles, to manage issues with small numbers whilst keeping as close to the census year as possible. Reporting on years too far removed from a census year for remoteness and SEIFA decreases the data's validity.

Accuracy

Each data source used in the construction of this indicator has broad population coverage and local data-checking and validation processes.

Reporting of ESKD incidence, including untreated cases, greatly increases the accuracy of the estimate compared to estimates only including treated cases.

Confidence intervals were calculated to assess differences between states and territories, males and females Indigenous and non-Indigenous populations, remoteness areas and SEIFA quintiles.

The count of untreated cases is likely to have missed some cases and included other non-cases due to coding issues. On balance, it appears likely that this is an undercount, as indicated by 56 per cent of ANZDATA cases incident in the reference period 2003-2007 who died in the same period having no mention of ESKD as defined in this indicator on their death certificate.

Linkage of ANZDATA to the NDI and then the NMD found some discrepancies between the data sources:

- For matched records, data items found on both the ANZDATA and NMD may be different. Where there was a discrepancy the ANZDATA data was used.

Caution should be exercised in interpreting differences across remoteness and SEIFA categories.

- First, for ANZDATA records, postcode at entry (used for categorisation) may not be indicative in all cases of usual residence. People could, for example, move to access treatment, or give a different address for postal reasons to where they live. This is not a problem for NMD records as the data item used for categorisation is based on usual residence.
- Second, for ANZDATA and NMD data the need to transform SLA-level or postcode-level data using concordances (in both the numerator and denominator) can lead to inaccuracies. However, a sensitivity analysis was conducted to test if there was any difference in categorisation for those ANZDATA records that linked to mortality records and died in the

same year. Using SLA from the mortality records resulted in little difference to the rates for SEIFA and ASGC categorisations.

- Third, for all data where postcode or SLA is not valid or available, data are excluded from the analysis. Transformation based on concordances also resulted in a small number of records being excluded due to rounding. In all 0.1 per cent of records in the remoteness analysis and 0.5 per cent of records in the SEIFA analysis were excluded.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in the National Healthcare Agreement: baseline performance report 2008-09. The national and State and Territory estimates can be meaningfully compared across reference periods. The Indigenous estimates cannot be compared across reference periods.

Previous estimates of ESKD incidence only included treated cases.

Accessibility

Aggregate ANZDATA reports are available free at their website <www.anzdata.org.au>.

The AIHW provides a variety of products that draw upon the NMD including online data cubes and reports.

Linked data are subject to regulations governing research ethics and are not available publically.

Interpretability

Information on how ANZDATA data are collected can be found at <www.anzdata.org.au>.

Information on the NMD can be found on the AIHW website and information on the ICD-10 on the World Health Organization's website.

The AIHW has recently released a comprehensive report on this indicator. AIHW 2011. *End-stage kidney disease in Australia: total incidence 2003-2007*. Cat. no. PHE 143. Canberra: AIHW.

Data Quality Statement — Indicator 4: Incidence of selected cancers

Key data quality points

- This indicator only counts one year of incidence data. For jurisdictions that record relatively small numbers of cancers, rates may fluctuate from year to year; these changes should be interpreted with caution.
- The quality of Indigenous identification in cancer registry data varies between jurisdictions. Western Australia, South Australia, Queensland, New South Wales and the Northern Territory have indicated their Indigenous data quality are sufficient for reporting. Indigenous data for other jurisdictions should be interpreted with caution. Even with adequate data quality, the small numbers behind many disaggregations means certain Indigenous data are not robust enough for meaningful comparisons. Information on adequacy of Indigenous identification in cancer registry data is provided to AIHW by each jurisdictional cancer registry.
- Remoteness and socioeconomic status are based on postcode of residential address at the time of diagnosis. The necessary use of postcode-based data also leads to socioeconomic status interpretability issues at the State and Territory level. For example, some postcodes in the Northern Territory cover a vast geographical area including towns and very remote areas, yet all people in a given postcode will be given the same socioeconomic status quantiles. For this reason, the Northern Territory column is suppressed for the socioeconomic status table.
- Some State and Territory jurisdictions may use different methodologies for particular subgroups (for example, some may use an imputation method for determining Indigenous cancers). This may lead to differences in rates between this Indicator and those shown in jurisdictional cancer incidence reports.
- Some data cells have been suppressed for confidentiality and reliability reasons (for example, if the denominator is less than 1000, the numerator is less than 5 (or less than 10 for the Northern Territory), or the rate could not be sensibly estimated).

Target/Outcome Prevention

Indicator Incidence of selected cancers

Measure (computation) Selected cancers of public health importance are: melanoma of the skin, bowel cancer, lung cancer, cervical cancer and breast cancer occurring in females.

For melanoma, bowel cancer and lung cancer the numerator is the number of new cases occurring in the Australian population in the reported year. The denominator is the total Australian population for the same year.

For cervical and breast cancer the numerator is the number of new cases occurring in the Australian female population in the reported year. The denominator is the total Australian female population for the same year.

Calculation is $100\,000 \times (\text{Numerator} \div \text{Denominator})$, calculated separately for each type of cancer, presented as a rate per 100 000 and age-standardised to the Australian population as at 30 June 2001.

Data source/s *Numerator:* Australian Cancer Database (ACD)
Denominators:
For melanoma, bowel cancer and lung cancer: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP)
For cervical and breast cancer: ABS ERPs for female population
For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous population) Series B.
For data by socioeconomic status: calculated by AIHW using the ABS'

2006 Index of Relative Socioeconomic Disadvantage (IRSD) and ERP by Postal area (POA). Each POA in Australia is ranked by IRSD score and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: calculated by AIHW using the ABS' Australian Standard Geographical Classification (ASGC), and ERP by Postal area (POA).

Institutional environment

The National Cancer Statistics Clearing House (NCSCH) housed at the AIHW is a collaborative partnership between the AIHW and the Australasian Association of Cancer Registries (AACR).

Cancer incidence data are supplied to the AIHW by State and Territory cancer registries. These data are compiled by AIHW to form the Australian Cancer Database (ACD). All jurisdictions have legislation requiring mandatory reporting of all cancer cases (with the exception of basal cell carcinoma and squamous cell carcinoma of the skin). This means cancer incidence ascertainment is complete for cancers reported in this indicator.

Relevance

The data used to calculate this indicator are accurate and of high quality. The mandatory reporting of cancers and the use of ERPs based on Census data for denominators provides the most comprehensive data coverage possible. The data are appropriate for this indicator.

For participation by Indigenous status, the numerator for Indigenous is the number of people who self-reported that they were Indigenous at the time of diagnosis. 'Other' includes those who self-reported that they were not Indigenous at the time of diagnosis and those who chose not to identify as either Indigenous or non-Indigenous.

Caution is required when examining differences across Indigenous status, as some states and territories do not have adequate data quality for this indicator. Western Australia, South Australia, Queensland, New South Wales and the Northern Territory have indicated that their Indigenous data quality is sufficient for reporting; however, recent issues with the Indigenous status noted on Western Australia mortality records (which are a source of some cancer incidence records) means Western Australia have also been excluded while the issue is remedied.

A POA to remoteness concordance and a POA to socioeconomic status concordance were used to allocate persons diagnosed with these reported cancers to remoteness and socioeconomic status categories based on their postcode of residence.

Caution is required when examining differences across remoteness and socioeconomic status categories for several reasons. First, while the postcode of persons diagnosed is interpreted as postcode of residence, some may have supplied an address other than where they reside, or their postcode may be invalid or missing. Second, because the concordances are based on the 2006 census, postcodes and boundaries may have changed over time, creating inaccuracies. Third, some newer postcodes are absent from these concordances, meaning that some people diagnosed with cancers are unable to be allocated to a socioeconomic status or remoteness category. Where postcodes are not available in these concordances, the person's data are excluded from the relevant disaggregation reported.

Socioeconomic status rankings (by IRSD score) are calculated by POA using a population-based method at the Australia-wide level. These ranked socioeconomic status POAs are then allocated to their relevant

jurisdiction, meaning quintiles should contain similar socioeconomic groups across states and territories.

Timeliness

Data available for the 2012 COAG Reform Council report are based on cancers diagnosed in 2008.

Accuracy

Analyses by remoteness and socioeconomic index for areas are based on postcode of usual residence. There may be differences in the collection of data for allocation of 'usual residence'. Census data are rigorous when applying the definition for 'usual residence'. However, people may not be so rigorous when reporting their 'usual residence' to clinicians.

Incidence rates which are calculated using small numbers, e.g. for infrequent cancers, can be highly variable. Variability bands have been provided to indicate the extent to which conclusions can be made about the relative risk of different population subgroups.

This indicator is calculated on data that have been supplied to the AIHW. Prior to publication, the results of State and Territory analyses are referred back to jurisdictions for checking and clearance. Any errors found by jurisdictions are corrected by the AIHW once confirmed.

While previous reports can be used to verify these data at the national level, incidence by remoteness and socioeconomic status categories has never before been disaggregated by a postal area (POA) to remoteness concordance and a POA to socioeconomic status concordance, by State and Territory across all of Australia, and has thus not been verified by State and Territory jurisdictions.

Due to the very small numbers involved, disaggregation of participation by Indigenous status by State and Territory is not robust and leads to issues around confidentiality and comparability. The necessary use of postcode-based data also leads to socioeconomic status interpretability issues at the State and Territory level. For example, some postcodes in the Northern Territory cover a vast geographical area including towns and very remote areas, yet all people in a given postcode will be given the same socioeconomic status quantiles (quintile and decile). For this reason, the Northern Territory column is suppressed for the socioeconomic status table.

This indicator only counts one year of incidence data. For jurisdictions that record relatively small numbers of cancers, rates may fluctuate from year to year; these changes should be interpreted with caution.

There are several sources of missing values. First, the state or territory may not have a postcode included for all incidence records, or the postcode supplied may not be valid. For those incidence records that do have a valid postcode, many cannot be allocated to a remoteness or socioeconomic category, as their postcode may not be included in the concordances. This may affect some remoteness and socioeconomic categories more than others.

Some data cells have been suppressed for confidentiality and reliability reasons (for example, if the denominator is less than 1000, the numerator is less than 5 (or less than 10 for the Northern Territory), or the rate could not be sensibly estimated).

Coherence

These data are published annually by the AIHW. While there are sometimes changes to coding for particular cancers, it is possible to map coding changes to make meaningful comparisons over time.

Not all Australian State and Territory cancer registries use the same ICD-10 code groupings to classify certain cancers. Further, the national

cancer data presented here may use different code groupings to some jurisdictions. This may mean that data presented here are different to that reported by individual jurisdictional cancer registries, for certain cancers.

The AIHW define the PI4 cancers by the following ICD 10 codes:

Cancer	ICD10 codes
Bowel	C18–C20
Lung	C34
Melanoma	C43
Female breast	C50
Cervical	C53

Some State and Territory jurisdictions may use different methodologies for particular subgroups (for example, some may use an imputation method for determining Indigenous cancers). This may lead to differences in rates between this Indicator and those shown in jurisdictional cancer incidence reports.

Accessibility

The NCSCH provides cancer incidence and mortality data annually, via the AIHW website where they can be downloaded free of charge. A biennial report Cancer in Australia is published and is also available on the AIHW website where it can be downloaded without charge.

Interpretability

While numbers of new cancers are easy to interpret, calculation of age-standardised rates is more complex and the concept may be confusing to some users. Information on how and why the age-standardised rates have been calculated and how to interpret them is available in all AIHW cancer publications presenting data in this format, for example, Cancer in Australia: an overview, 2010. Information on all of the AIHW-held data sets, in this case the ACD, is available on the AIHW website.

Data Quality Statement — Indicator 9: Immunisation rates for vaccines in the national schedule (Australian Childhood Immunisation Register)

Key data quality points

- The data used to calculate this indicator are from an administrative data collection—the Australian Childhood Immunisation Register (ACIR)—for which there is an incentive payment for notification, and there are further incentives for parents to have their child's vaccination status up to date. The Register is linked to the Medicare enrolment register, and approximately 99 per cent of children are registered with Medicare by 12 months of age.
- Data has been reported using the ACIR definition of fully-immunised children; that is, children who have received all age appropriate immunisations.

Target/Outcome	Prevention
Indicator	Proportion of children fully vaccinated
Measure (computation)	<p>The <i>numerator</i> is the number of children who turned five between 1 January 2011 and 31 March 2011 who have been recorded as fully vaccinated on the Australian Childhood Immunisation Register (ACIR) as at 30 June 2011.</p> <p>The <i>denominator</i> is the number of children who turned five between 1 January 2011 and 31 March 2011 registered on ACIR as at 30 June 2011.</p> <p>Calculation is $100 \times (\text{Numerator} \div \text{Denominator})$, presented as a rate per 100 children aged 5 years.</p>
Data source/s	<p>The Australian Childhood Immunisation Register (ACIR).</p> <p><u>For data by socioeconomic status:</u> calculated using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) as at 30 June 2010. Each SLA in Australia is ranked and divided into quintiles (or deciles) in a population-based manner, such that each quintile has approximately 20 per cent of the population (and each decile has approximately 10 per cent of the population).</p> <p><u>For data by remoteness:</u> ABS ERP, by remoteness areas, as specified in the Australian Standard Geographical Classification.</p>
Institutional environment	<p>The ACIR is administered and operated by Medicare Australia for the Australian Government Department of Health and Ageing (DoHA). Medicare Australia provides DoHA with quarterly coverage reports at the national and state level.</p> <p>Immunisations are notified to Medicare Australia by a range of immunisation providers including General Practitioners, Councils, Aboriginal Medical Services, State and Territory Health departments.</p> <p>For information on the institutional environment of the ACIR, including the legislative obligations of the ACIR, financing and governance arrangements, and mechanisms for scrutiny of ACIR operations, please see www.medicareaustralia.gov.au/public/services/acir/index.jsp.</p> <p>The tables for this indicator were prepared by Medicare Australia and quality-assessed by DoHA and the AIHW. DoHA drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with DoHA. The AIHW did not have the relevant datasets required to independently verify the data tables</p>

for this indicator. For further information see the AIHW website.

Relevance

The ACIR records details of vaccinations given to children under seven years of age who live in Australia, however reporting for the Australian Healthcare Agreement is only for those children aged five years, which for this report, are those children born between 1 January 2006 and 31 March 2006.

A child is assessed as fully immunised at five years of age if they have received age appropriate immunisations against diphtheria, tetanus, pertussis, polio, measles, mumps and rubella.

There are possible gaps in coverage due to unknown vaccination status of children less than 5 years migrating to Australia. The extent of this is not currently quantifiable.

The analyses by State/Territory remoteness and socioeconomic status are based on postcode of residence of the child as recorded on ACIR. As children may receive vaccinations in locations other than where they live, this data does not necessarily reflect the location in which services were received.

Indigenous status in the ACIR can be notified in three ways:

- When the child is registered with Medicare if the parent/guardian had marked the Medicare enrolment form.
- The immunisation provider can provide this information through the Record Encounter screen on the ACIR secure site or on the Immunisation encounter form.
- A parent/guardian can submit a Voluntary Indigenous Identifier to update their child's Medicare record which will then update their ACIR record.

Timeliness

ACIR data are reported quarterly. The data presented are for children born between 1 January 2006 and 31 March 2006. Data were processed on 30 June 2011 as a minimum 3-month lag period is allowed for late notification of immunisations to ACIR.

Accuracy

Vaccination coverage rates calculated using ACIR data are believed to underestimate actual vaccination rates because of under-reporting by immunisation providers. However, the extent of any under-reporting has not been estimated.

Programs, such as the General Practice Immunisation Incentive (GPII), and provider incentive payments have helped minimise under-reporting by providing a financial incentive to report clean and accurate data.

The data contains minimal if any duplication of immunisations, as children are identified via their Medicare number. Approximately 99 per cent of children are registered with Medicare by 12 months of age.

The ACIR covers virtually all children, particularly because participation in the ACIR is via an 'opt-out' arrangement.

ACIR is considered to have high levels of Indigenous identification (estimated to be 95 per cent in 2005).

Medicare Australia used tables and concordance files prepared by the AIHW to construct rates by remoteness and socioeconomic status.

Coherence

The definitions of numerators and denominators have been consistent since the inception of the ACIR in 1996.

Accessibility

Information contained within the indicator for disaggregations by Indigenous, SEIFA and Remoteness are not currently publicly accessible. Current total percentage and total numbers however can be viewed on Medicare Australia's web site.

Medicare Australia publishes current immunisation coverage from the ACIR on its web site, <www.medicareaustralia.gov.au>. Authorised immunisation providers can access detailed reports via a secured area of the Medicare Australia web site.

Immunisation coverage data derived from the ACIR have been reported in Communicable Disease Intelligence since early 1998. Data for 3 key milestone ages (12 months, 24 months and 5 years (6 years prior to 2008)), nationally and by jurisdiction are published quarterly.

Interpretability

Further information on the ACIR can be found at: <www.medicareaustralia.gov.au/public/services/acir/index.jsp>.

Information on the National Immunisation Program and vaccinations can be found at <www.immunise.health.gov.au/>.

Data Quality Statement — Indicator 10: Breast cancer screening rates

Key data quality points

- Remoteness and socioeconomic status are based on postcode of residential address at the time of screening, not the location of screening. State/Territory disaggregation by remoteness and socioeconomic status is subject to data quality considerations.
- Indigenous status data are only available at the national level as numbers are too small to provide meaningful comparison between jurisdictions.

Target/Outcome	Prevention
Indicator	Screening rates for breast cancer for women within the national target age group
Measure (computation)	<p>This indicator presents the number of women within the national target age group (50–69 years) screened in a 2-year period as a proportion of the total female population aged 50–69 years and age-standardised to the Australian standard population at 30 June 2001.</p> <p>The total female population aged 50–69 years is the average of the Australian Bureau of Statistics (ABS) estimated resident female population aged 50–69 years for the 2-year reporting period.</p> <p><i>Numerator:</i> Total number of women aged 50–69 years who were screened in the 2-year period.</p> <p><i>Denominator:</i> Average number of women aged 50–69 years in the same 2-year period.</p> <p><i>Calculation:</i> $100 \times (\text{Numerator} \div \text{Denominator})$ and age-standardised to the Australian population at 30 June 2001.</p>
Data source/s	<p><i>Numerator:</i> State and Territory BreastScreen program registers</p> <p><i>Denominators:</i></p> <p><u>For BreastScreen participation:</u> Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) for females aged 50–69</p> <p><u>For data by Indigenous status:</u> ABS Indigenous Experimental Estimates and Projections (Indigenous population) Series B.</p> <p><u>Other:</u></p> <p><u>For data by socioeconomic status:</u> calculated by AIHW using the ABS' SEIFA Index of Relative Socioeconomic Disadvantage (IRSD), and ERP by Postal area (POA). Each POA in Australia is ranked by IRSD score and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.</p> <p><u>For data by remoteness:</u> calculated by AIHW using the ABS' Australian Standard Geographical Classification (ASGC), and ERP by Postal area (POA).</p>
Institutional environment	<p>BreastScreen Australia is a joint program of the Australian Government and State and Territory governments. The target age group is women aged 50–69 years.</p> <p>BreastScreen Australia program registers in each State and Territory are maintained by jurisdictional Program managers. Data from State and Territory registers are provided to the AIHW annually as unit record data.</p> <p>BreastScreen Australia is monitored annually. Results are compiled and reported at the national level by the AIHW in an annual BreastScreen</p>

Relevance

BreastScreen Australia registers collect information on all breast cancer screening undertaken as part of BreastScreen Australia. The use of ERP based on Census data for denominators provide the most comprehensive data coverage possible. While BreastScreen data are complete, some breast cancer screening may occur outside the program, and thus this is not a measure of all breast cancer screening in Australia. It is not possible to estimate the number of women screened outside BreastScreen Australia. The BreastScreen Australia data used to calculate this indicator are of high quality.

For participation nationally, the numerator is the number of women aged 50–69 years screened in each State and Territory in 2009 and 2010, extracted from unit record data supplied by each State and Territory. The denominator is the average of the 2009 and 2010 ABS ERP for women aged 50–69 years.

Caution is required when examining differences across states and territories of Australia due to the substantial differences in population, area, geographic structure, policies and other factors.

For participation by Indigenous status, the numerator for Indigenous is the number of women aged 50–69 years screened in each State and Territory in 2009 and 2010 who self-reported that they were Indigenous at the time of their screen. Non-Indigenous is the number of women aged 50–69 years screened in each State and Territory in 2009 and 2010 who self-reported that they were not Indigenous at the time of their screen. Women who choose not to identify as either Indigenous or non-Indigenous are classified as 'not stated' and are not included in either numerator.

Caution is required when examining differences across Indigenous status, as some States and Territories do not allow for the 'not stated' category, and some Indigenous women may choose not to identify as such when presenting to a BreastScreen Australia service. Thus, some Indigenous women may be incorrectly assigned non-Indigenous status in the data presented.

For participation by remoteness and socioeconomic status, the numerator is the number of women screened in 2009 and 2010 aged 50–69 years who reside in each of the remoteness and socioeconomic status categories. A postal area (POA) to remoteness concordance and a POA to socioeconomic status concordance are used to allocate women screened to remoteness and socioeconomic status categories based on their postcode nationally. The denominator is the average of the 2009 and 2010 ABS ERP for women aged 50–69 years in each remoteness and socioeconomic status category, generated by applying a POA to remoteness concordance and a POA to socioeconomic status concordance to POA ERP.

Caution is required when examining differences across remoteness and socioeconomic status categories for several reasons. First, while the postcode of women screened is interpreted as postcode of residence, some women may supply an address other than where they reside, or their postcode may be invalid or missing. Second, because the concordances are based on the 2006 Census, the accuracy of both ASGC and SEIFA IRSD diminishes due to subsequent changes in demographics within some postcode boundaries, and some boundaries themselves may have changed over time. Third, many valid postcodes are omitted from the socioeconomic status concordance in particular, meaning that many screened women are unable to be allocated to a socioeconomic status category (the remoteness concordance contains a more comprehensive

list of postcodes, but some women will still be missed).

Breakdown of remoteness and socioeconomic status categories by State and Territory may introduce an additional source of inaccuracy, since screened women, once allocated a category, also need to be allocated to the State or Territory. Because some postcodes cross State and Territory boundaries, there is the potential for some women to be allocated to a State or Territory different to the one in which they reside.

Timeliness

Data available for the 2012 COAG Reform Council report is based on the two-year calendar period 1 January 2009 to 31 December 2010. Data are presented as a rate for the two-year period to reflect the recommended screening interval.

Accuracy

This indicator is calculated on data that have been supplied to the AIHW by individual State and Territory registers. Prior to publication, the results of analyses are referred back to States and Territories for checking and clearance. Any errors found by states and territories are corrected once confirmed. Thus participation by State and Territory, based on the State or Territory in which the woman was screened, is both robust and readily verified.

However, States and Territories are unable to check or verify participation by State and Territory of residence.

States and Territories are also unable to check or verify participation by Indigenous status, participation by remoteness or participation by socioeconomic status, since their data, once supplied to the AIHW, are nationalised and thereby lose their State or Territory identity. Further, due to the very small numbers involved, disaggregation of participation by Indigenous status by State and Territory is not robust, and leads to issues around confidentiality and comparability.

The number of women who choose not to identify as either Indigenous or non-Indigenous, and the number of Indigenous women who choose not to identify as Indigenous are sources of inaccuracy in the data. While the latter cannot be quantified, the former can for those States and Territories that use the 'not stated' category; in 2009-2010, 8209 women did not identify as either Indigenous or non-Indigenous nationally.

The allocation of women screened to a remoteness area and socioeconomic status by their postcode introduces a level of inaccuracy

These concordances are based on 2006 boundaries and classifications, while the current data for this indicator are for 2009-2010. Overall, many new postcodes may not have valid socioeconomic status or remoteness data available, and many may have changed classification group since 2006 and be giving inaccurate information now.

Further, there may not be a postcode for all women screened, or the postcode supplied may not be valid. For those women that do have a valid postcode, many cannot be allocated to a remoteness or socioeconomic category, as their postcode may not be included in the concordances — this is a greater issue for socioeconomic status, since this concordance contains fewer postcodes than does the remoteness concordance. This may affect some remoteness and socioeconomic categories more than others.

The number of women screened in 2009-2010 that are unable to be allocated to a category are as follows (based on State or Territory of postcode):

Remoteness: 456 women excluded (NSW: 392 excluded; Vic: 29 excluded; Qld: 16 excluded; WA: 0 excluded; SA: 0 excluded; Tas: 0

excluded; ACT: 1 excluded; NT: 0 excluded).

Socioeconomic status: 6,515 women excluded (NSW: 1,710 excluded; Vic: 1,253 excluded; Qld: 860 excluded; WA: 1,945 excluded; SA: 327 excluded; Tas: 104 excluded; ACT: 18 excluded; NT: 298 excluded).

No adjustments have been made to account for excluded women in the data.

Women residing in postcodes that cross boundaries are allocated to the state or territory according to ABS classifications (e.g. 0872 includes women who reside in NT, SA and WA, but are allocated to NT).

Women are counted only once in the two-year period 1 January 2009 to 31 December 2010, even if they were screened more than once during this period. All women screened in each State and Territory are included in order to present the most accurate national picture of breast cancer screening.

Cell suppression was required for some data due to denominators less than 1000.

The Estimated Resident Population data are provided by the ABS.

Coherence

Some of these data are published annually in Program monitoring reports prepared by the AIHW. These reports include participation by State and Territory, participation by Indigenous status, and participation by remoteness and socioeconomic status categories nationally. Data for 2009–2010 will not be published until 2012.

State and Territory participation will differ between these data and those published in BreastScreen Australia monitoring report 2009–2010, because State and Territory participation in BreastScreen Australia monitoring reports is based on State or Territory of screen, rather than State or Territory of residence, since this is more appropriate for program monitoring. However, participation by Indigenous status, remoteness areas and socioeconomic status categories nationally will be the same.

Accessibility

The BreastScreen Australia annual reports are available via the AIHW website where they can be downloaded free of charge.

Interpretability

While numbers of women screened are easy to interpret, calculation of age-standardised rates is more complex and the concept may be confusing to some users. Information on how and why age-standardised rates have been calculated and how to interpret them is available in all AIHW BreastScreen Australia monitoring reports, for example, the BreastScreen Australia monitoring report 2008–2009.

Data Quality Statement — Indicator 11: Cervical screening rates

Key data quality points

- Remoteness and socioeconomic status are based on postcode of residential address at the time of screening, not the location of screening. State/territory disaggregation by remoteness and socioeconomic status is subject to data quality considerations.
- Hysterectomy fractions are derived from the AIHW National Hospitals Morbidity Database.
- Indigenous status is not collected by cervical cytology registers.

Target/Outcome Prevention

Indicator Rates of cervical screening for women within national target age group

Measure (computation) This indicator presents the number of women within the national target age group (20–69 years) screened in a 2-year period as a proportion of the eligible female population and age-standardised to the Australian standard population at 30 June 2001.

The eligible female population is the average of the Australian Bureau of Statistics (ABS) estimated resident female population for the 2 year reporting period. This population is adjusted for the estimated proportion of women who have had a hysterectomy using national hysterectomy fractions derived from the AIHW National Hospitals Morbidity Database.

Numerator: Total number of women aged 20–69 years who were screened in the 2-year period.

Denominator: Average number of women aged 20–69 years in the same 2-year period, adjusted using national hysterectomy fractions to exclude the estimated number of women who have had a hysterectomy,

Calculation: $100 \times (\text{Numerator} \div \text{Denominator})$ and age-standardised to the Australian population at 30 June 2001.

Data source/s *Numerator:* State and Territory cervical cytology registers

Denominators:

For cervical screening participation: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) for females aged 20–69 adjusted using national hysterectomy fractions derived from the AIHW National Hospitals Morbidity Database.

For data by socioeconomic status: calculated by AIHW using the ABS' Index of Relative Socioeconomic Disadvantage (IRSD), and ERP by Postal area (POA). Each POA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: calculated by AIHW using the ABS' Australian Standard Geographical Classification (ASGC), and ERP by Postal area (POA).

Institutional environment The National Cervical Screening Program (NCSP) is a joint program of the Australian Government and State and Territory governments. The target age group is women aged 20–69 years.

Cervical cytology registers in each State and Territory are maintained by jurisdictional Program managers. Data are supplied for inclusion on registers by pathology laboratories. Data from cervical cytology registers

are provided to the AIHW annually in an aggregated format.

The NCSP is monitored annually. Results are compiled and reported at the national level by the AIHW in an annual Cervical screening in Australia report.

Relevance

The data used to calculate this indicator are accurate and of high quality. The cervical cytology registers collect information on all Pap tests undertaken in Australia except where women advise the clinician they do not wish to have their data collected. The use of ERP based on Census data for denominators provide the most comprehensive data coverage possible. The data are entirely appropriate for this indicator.

For participation nationally, the numerator is the number of women aged 20–69 years screened in each State and Territory in 2009 and 2010, supplied as aggregated data, with the level of aggregation being at postcode level, by each State and Territory. The denominator is the average of the 2009 and 2010 ABS ERP for women aged 20–69 years, adjusted to exclude the estimated number of women who have had a hysterectomy, using national hysterectomy fractions.

Caution is required when examining differences across states and territories of Australia due to the substantial differences in population, area, geographic structure, policies and other factors.

For participation by remoteness and socioeconomic status, the numerator is the number of women screened in 2009 and 2010 aged 20–69 years who reside in each of the remoteness and socioeconomic status categories. A postal area (POA) to remoteness concordance and a POA to socioeconomic status concordance were used to allocate women screened to remoteness and socioeconomic status categories based on their postcode. Aggregated postcode data are supplied from each State and Territory, and summed to generate the number of women screened by remoteness and socioeconomic status at the national level. The denominator is the average of the 2009 and 2010 ABS ERP for women aged 20–69 years in each remoteness and socioeconomic status category, generated by applying a POA to remoteness concordance and a POA to socioeconomic status concordance to POA ERP, adjusted to exclude the estimated number of women who have had a hysterectomy, using national hysterectomy fractions.

Caution is required when examining differences across remoteness and socioeconomic status categories for several reasons. First, while the postcode of women screened is interpreted as postcode of residence, some women may supply an address other than where they reside, or their postcode may be invalid or missing. Second, because the concordances are based on the 2006 Census, the accuracy of both ASGC and SEIFA IRSD diminishes due to subsequent changes in demographics within some postcode boundaries, and some boundaries themselves may have changed over time. Third, many valid postcodes are omitted from the socioeconomic status concordance in particular, meaning that many screened women are unable to be allocated to a socioeconomic status category (the remoteness concordance contains a more comprehensive list of postcodes, but some women will still be missed).

Breakdown of remoteness and socioeconomic status categories by State and Territory introduces an additional source of inaccuracy because of the potential for some women to be allocated to a state or territory different to the one in which they reside. State and territory totals for South Australia, Western Australia and the Northern Territory

are affected by cross-border issues that make it impossible to allocate State or Territory of residence with absolute accuracy. Therefore rates for these jurisdictions should be treated as estimates only.

Timeliness

Data available for the 2012 COAG Reform Council report are based on the two-year calendar period 1 January 2009 to 31 December 2010. Data are presented as a rate for the two-year period to reflect the recommended screening interval.

Accuracy

This indicator is calculated on data that have been supplied to the AIHW by individual State and Territory registries. Prior to publication, the results of analyses are referred back to states and territories for checking and clearance. Any errors found by states and territories are corrected once confirmed. Thus participation by State and Territory, based on the state or territory in which the woman was screened, is both robust and readily verified.

However, States and Territories are unable to check or verify participation by State and Territory of residence.

States and Territories are also unable to check or verify participation by remoteness or participation by socioeconomic status, since their data, once supplied to the AIHW, are nationalised and thereby lose their state or territory identity.

The allocation of women screened to a remoteness area and socioeconomic status by their postcode introduces a level of inaccuracy. Postcode does not always provide adequate information to establish State or Territory of residence. Due to issues with cross-boundary postcodes, and beyond the control of the State and Territory cervical cytology registers involved, participation rates in South Australia, Western Australia and the Northern Territory could not be accurately calculated, and should therefore be treated as estimates with the potential for significant levels of error. Issues with cross-boundary postcodes also means that participation in *Remote* and *Very remote* areas in South Australia and the Northern Territory are particularly difficult to estimate, and as such have the potential for greater levels of error than other remoteness areas.

Concordances to allocate women screened to a remoteness area and socioeconomic status by their postcode are based on 2006 boundaries and classifications, while the current data for this indicator are for 2009–2010. Overall, many postcodes may not have valid POA-based socioeconomic status or remoteness data available, and many may have changed classification group since 2006 and be giving inaccurate information now.

Further, there may not be a postcode for all women screened, or the postcode supplied may not be valid. For those women that do have a valid postcode, many cannot be allocated to a remoteness or socioeconomic category, as their postcode may not be included in the concordances — this is a greater issue for socioeconomic status, since this concordance contains fewer postcodes than does the remoteness concordance. Further, this may affect some remoteness and socioeconomic categories more than others.

The number of women screened in 2009–2010 that are unable to be allocated to a category are as follows (based on state or territory of postcode):

Remoteness: 1138 women excluded (NSW: 97 excluded; Vic: 564 excluded; Qld: 256 excluded; WA: 2 excluded; SA: 8 excluded; Tas: 11

excluded; ACT: 11 excluded; NT: 189 excluded).

Socioeconomic status: 25,414 women excluded (NSW: 3,200 excluded; Vic: 3,992 excluded; Qld: 1,223 excluded; WA: 7,285 excluded; SA: 521 excluded; Tas: 203 excluded; ACT: 457 excluded; NT: 8,533 excluded).

No adjustments have been made to account for excluded women in the data.

Women residing in postcodes that cross boundaries are allocated to the state or territory according to ABS classifications. Women are counted only once in the two-year period 1 January 2009 to 31 December 2010, even if they were screened more than once during this period. All women screened in each State and Territory are included in order to present the most accurate national picture of cervical screening. This may lead to a small amount of double-counting, since one woman could be screened, and therefore counted, in two different jurisdictions over this two-year period, or a woman's screening record may appear on two cervical cytology registers.

Women who opt off the cervical cytology register are not included in the participation data, but this is thought to only exclude around 1 per cent of all women screened.

Cell suppression was required for some data due to denominators less than 1000 or due to rates that were unable to be sensibly estimated.

The Estimated Resident Population data are provided by the ABS.

Coherence

Some of these data are published annually in Program monitoring reports prepared by the AIHW. These reports include participation by State and Territory and participation by remoteness and socioeconomic status categories nationally. Data for 2009–2010 will be published in 2012.

State and Territory participation will differ between these data and those published in Cervical screening in Australia 2009–2010, because State and Territory participation in cervical screening monitoring reports is based on State or Territory of screen, rather than State or Territory of residence, since this is more appropriate for program monitoring. However, participation by remoteness areas and socioeconomic status categories nationally will be the same.

Accessibility

The NCSP annual reports are available via the AIHW website where they can be downloaded free of charge.

Interpretability

While numbers of women screened are easy to interpret, calculation of age-standardised rates with allowance for the proportion of the population who have had a hysterectomy is more complex and the concept may be confusing to some users. Information on how and why age-standardised rates have been calculated and how to interpret them as well as the hysterectomy fraction is available in all AIHW NCSP monitoring reports, for example, Cervical screening in Australia 2008–2009.

Data Quality Statement — Indicator 12: Bowel cancer screening rates

Key data quality points

- The suspension of the NBCSP due to a fault in the FOBT kit, and the subsequent remediation process, greatly affected the COAG participation rates for 2009 and 2010. This should be taken into account when comparing these years to previous or future COAG data for this indicator.
- Remoteness and socioeconomic status are based on postcode of residential address at the time of screening.
- Indigenous status is self-reported by participating individuals. However, high non-response by participants means this data item currently does not give meaningful results.
- Lack of inclusion of people screened outside the NBCSP will result in an underestimate of the population screening rates in the target ages.
- Some data cells have been suppressed for confidentiality and reliability reasons (for example, if the denominator is less than 1000, the numerator is less than 5, or the rate could not be sensibly estimated).

Target/Outcome Prevention

Indicator Bowel cancer screening rates

Measure (computation) This indicator presents the number of people in the national target ages (50, 55 and 65 years) screened annually as a proportion of the total Australian population aged 50, 55 and 65 years.
Numerator: Number of persons aged 50, 55 and 65 years who have been screened by the National Bowel Cancer Screening Program (NBCSP) in the reference calendar year.
Denominator: Estimated total number of people in Australia aged 50, 55 and 65 in the reference calendar year.
 Calculation: $100 \times (\text{Numerator} \div \text{Denominator})$

Data source/s *Numerator:* NBCSP Register maintained by Medicare Australia
Denominators:
For bowel cancer screening participation: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) aged 50, 55 and 65.
For data by socioeconomic status: calculated by AIHW using the ABS' 2006 Index of Relative Socioeconomic Disadvantage (IRSD) and ERP by Postal area (POA). Each POA in Australia is ranked by IRSD score and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.
For data by remoteness: calculated by AIHW using the ABS' Australian Standard Geographical Classification (ASGC), and ERP by Postal area (POA).

Institutional environment The NBCSP is a joint program of the Australian Government and State and Territory governments. The target ages are 50, 55 and 65 years.
 The NBCSP is monitored annually. Results are compiled and reported at the national level by the AIHW in an annual National bowel cancer screening program monitoring report.
 NBCSP data depend on the return of data forms from participants, general practitioners, colonoscopists and pathologists to the NBCSP register. The register is maintained by Medicare Australia. Data from the register are provided to the AIHW six monthly as unit record data.

Relevance

This indicator is interim. It is important to note that additional bowel cancer screening is undertaken outside of the NBCSP. Data on people screened outside the program are not routinely collected; therefore, the level of underestimation of overall bowel cancer screening in Australia is unknown.

A postal area (POA) to remoteness concordance and a POA to socioeconomic status concordance are used to allocate persons screened to remoteness and socioeconomic status categories based on their postcode of residence. Concordances are based on the 2006 Census and postcodes, boundaries and socioeconomic status and remoteness regions may have changed over time, creating inaccuracies. Where postcodes are not available in these concordances, the person's participation data are excluded from the relevant disaggregation reported.

Socioeconomic status IRSD rankings are calculated by POA using a population-based method at the Australia-wide level. These ranked socioeconomic status POAs are then allocated to their relevant jurisdiction, meaning quintiles should contain similar socioeconomic groups across states and territories.

Some data cells have been suppressed for confidentiality and reliability reasons (for example, if the denominator is less than 1000, the numerator is less than 5, or the rate could not be sensibly estimated).

Timeliness

Data available for the 2012 COAG Reform Council report is based on the calendar period 1 January 2010 to 31 December 2010.

Accuracy

Self-reporting of Indigenous status within the program is poor, with around 35 per cent of participants generally not responding to this question on the NBCSP Participant details form. Thus, participation rates based on Indigenous status are considered too unreliable to be included.

The need to apply concordances to numerators and denominators introduces an unavoidable level of inaccuracy. These concordances are based on 2006 boundaries and classifications, while the current data for this indicator are for 2010. Overall, new postcodes may not have valid socioeconomic status or remoteness concordance data available, and many may have changed classification group since 2006 and be giving inaccurate information now. Data for participants whose postcode is not available in the socioeconomic status or remoteness concordance are excluded from the relevant disaggregation reported.

Persons are counted only once in the one-year reporting period 1 January 2010 to 31 December 2010, even if they were screened more than once during this period.

Coherence

Similar data are published annually in NBCSP monitoring reports prepared by the AIHW. The most recent of these reports is *National bowel cancer screening program Monitoring report Phase 2, July 2008–June 2011*. In the NBCSP reports, screening rates are presented as a proportion of the number of invitations to participate in a given time. In this indicator screening rates are presented as a proportion of the ERP for people aged 50, 55 and 65 in the reference year.

NBCSP monitoring reports base a person's participation date as the date they were sent their kit, while this report bases participation by the date the pathology laboratory received their completed kit for testing, which may not be the same year as they were sent the kit. Consequently, results of this indicator will vary from Program participation presented in annual

NBCSP reports and the results should not be compared.

The NBCSP was suspended between May 2009 and November 2009 and no invitations were sent out in this time period. Remediation processes took place in late 2009 and early 2010 and these greatly affected the COAG participation rates for 2009 and 2010. This should be taken into account when comparing data from these years to previous or future COAG data for this indicator.

Accessibility

The NBCSP annual reports are available via the AIHW website where they can be downloaded free of charge.

Interpretability

While numbers of people screened are easy to interpret, the NBCSP screening pathway may be confusing to some users. Information on the NBCSP is available in all AIHW NBCSP monitoring reports, for example, *National bowel cancer screening program monitoring report 2009*.

Data Quality Statement — Indicator 13: Proportion of children with 4th year developmental health check

Key data quality points

- The Medicare Benefits Schedule (MBS) items included in this indicator do not cover all developmental health check activity such as that conducted through State and Territory early childhood health assessments in preschools and community health centres.
- The analyses by State and Territory, remoteness and SEIFA are based on postcode of residence of the client as recorded by Medicare Australia at the date the last service was processed in the reference period. As clients may receive services in locations other than where they live, this data does not necessarily reflect the location in which services were received.
- No adjustment was made to this indicator to account for under-identification of Indigenous children in Medicare data.

Target/Outcome	Prevention
Indicator	Proportion of children who have received a 4 year old development health check
Measure (computation)	<p>The <i>numerator</i> is the number of persons aged 3–5 years with an MBS claim processed for Items 701, 703, 705, 707 and 10986 (Healthy Kids Check) or 715 (Aboriginal and Torres Strait Islander Peoples Health Assessment) in the reference period.</p> <p>The <i>denominator</i> is the population aged 4 years, estimated by the AIHW using ERP data from the ABS. It was calculated by multiplying the 0–4 years ERP in each disaggregation (Indigenous status, remoteness and SEIFA) by the percentage of children aged 4 in this age group nationally.</p> <p><i>Calculation</i> is $100 \times (\text{Numerator} \div \text{Denominator})$, presented as a percentage.</p>
Data source/s	<p><i>Numerator:</i></p> <p>Australian Government Department of Health and Ageing (DoHA) Medicare MBS Statistics.</p> <p><i>Denominators:</i></p> <p><u>For total population:</u> Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2010.</p> <p><u>For data by Indigenous status:</u> ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2010.</p> <p><u>For data by socioeconomic status:</u> calculated using the ABS' SEIFA IRSD and ERP by Statistical Local Area (SLA) as at 30 June 2010. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population</p> <p><u>For data by remoteness:</u> ABS ERPs as at 30 June 2010, by remoteness areas, as specified in the Australian Standard Geographical Classification.</p>
Institutional environment	<p>Medicare Australia processes claims made through the MBS under the <i>Medicare Australia Act 1973</i>. These data are then regularly provided to DoHA.</p> <p>The indicator was calculated by DoHA, using a denominator supplied by the AIHW. DoHA drafted the initial data quality statement (including providing input about the methodology used to extract the data and any</p>

data anomalies) and then further comments were added by the AIHW, in consultation with DoHA. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

The measure relates to specific identified MBS services for which Medicare Australia has processed a claim.

The MBS items included in this indicator do not cover all developmental health check activity such as that conducted through State and Territory early childhood health assessments in preschools and community health centres.

The figures for the Northern Territory exclude children receiving Northern Territory Emergency Response Child Health Checks.

Analyses by State and Territory, remoteness and socioeconomic status (SEIFA) are based on postcode of residence of the client as recorded by Medicare Australia at the date the last service was processed in the reference period. As clients may receive services in locations other than where they live, this data does not necessarily reflect the location in which services were received.

Timeliness

The indicator relates to all claims processed in the 2010-11 financial year.

Accuracy

As with any administrative system a small degree of error may be present in the data captured.

MBS data used for statistical purposes is based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

The data provided are based on the date on which a Medicare claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed, rather than when the service was rendered, produces little difference in the total number of persons included in the numerator for the reference period.

Children who received more than one type of health check are counted once only in the calculations for this indicator. Where a child received both a healthy kids check and an Aboriginal and Torres Strait Islander people's health assessment during the reference period, the child was counted once against the Aboriginal and Torres Strait Islander health assessment.

The MBS data presented for Aboriginal and Torres Strait Islander Peoples Health Assessments have not been adjusted to account for known under-identification of Indigenous status.

Cells have been suppressed where numerator is less than 10 to protect confidentiality.

Coherence

Claims for historical MBS items (708, 709 and 711) may still be processed by Medicare Australia and extracted for this indicator but will not impact on the time series. Details of the changes to MBS items are set out below.

As of 1 May 2010, the Healthy Kids Check Item 709 was replaced with four new MBS health assessment items (based on time and complexity) that cover all ages — Items 701 (brief), 703 (standard), 705 (long) and 707 (prolonged).

Under these new reporting arrangements it is possible that health assessments for refugees and humanitarian entrants and for people with an intellectual disability (previously claimed under items 714, 718 or 719 and now claimed under the new MBS health assessment items) have

been counted. This is likely to have little impact on the totals reported as the usage rates for these health assessments are low to extremely low for children aged 3–5 years.

A Healthy Kids Check provided by a practice nurse or a registered Aboriginal health worker on behalf of a medical practitioner (previously item 711) has been retained under a new MBS item number – 10986. The change to the MBS item number does not impact time series analysis.

The Aboriginal and Torres Strait Islander Child Health Check (previously item 708) has been replaced by the Aboriginal and Torres Strait Islander People's Health Assessment (715) that has no designated time or complexity requirements and covers all ages. The change to the MBS item number does not impact time series analysis.

Accessibility

MBS statistics are available at:

www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

www.medicareaustralia.gov.au/statistics/mbs_item.shtml

Disaggregation of MBS data by SEIFA and remoteness area are not publicly available elsewhere.

Interpretability

Information about services subsidised through Medicare is available from MBS online:

www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1

Data quality statement — Indicator 14: Waiting times for GPs

Target/Outcome Primary and community care

Indicator Waiting times for GPs

Measure(s) (computation): Length of time a patient needs to wait to see a GP for an urgent appointment.
Numerator: Number of people who reported seeing a GP for urgent medical care (for their own health) within specified waiting time categories (within 4 hours, more than 4 hrs but within 24 hours, more than 24 hours).
Denominator: Number of persons aged 15 years and over who saw a GP for urgent medical care (for their own health) in the last 12 months.

Data Source Patient Experience Survey, ABS

Institutional Environment Data Collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey, collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment

Collection authority: The Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975.

Data Compiler(s): Data is compiled by the Health and Disability section of the Australian Bureau of Statistics (ABS).

Statistical confidentiality is guaranteed under the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. The ABS notifies the public through a note on the website when an error in data has been identified. The data is withdrawn, and the publication is re-released with the correct data. Key users are also notified where possible.

Relevance Level of Geography: Data are available by State/Territory, and by remoteness (major cities, inner and outer regional and remote Australia).
Data Completeness: All data are available for this indicator from this source.
Indigenous Statistics: There are no indigenous data able to be published for this indicator.
Socioeconomic status data: Data are available by the SEIFA index of disadvantage.
Numerator/Denominator Source: Same data source.

Data for this indicator were collected for all persons in Australia, excluding persons in very remote communities, as well as the following people:

- members of the Australian permanent defence forces
- diplomatic personnel of overseas governments, customarily excluded

from census and estimated population counts

- overseas residents in Australia
- members of non-Australian defence forces (and their dependents)
- people living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, retirement homes, homes for people with disabilities, and prisons.

The exclusion of persons usually resident in very remote communities only has a small impact on estimates, except for the Northern Territory, where such persons represent 24% of the population. Patient Experience data are weighted to account for non-response.

As data are drawn from a sample survey, the indicator is subject to sampling error, which occurs because a proportion of the population is used to produce estimates that represent the whole population. Rates should be considered with reference to their corresponding relative standard errors (RSEs) and 95% confidence intervals. Estimates with a relative standard error between 25% and 50% should be used with caution, and estimates with a relative standard error over 50% are considered too unreliable for general use.

Data were self-reported for this indicator. The definition of 'urgent medical care' was left up to the respondent, although discretionary interviewer advice was that going to the GP for a medical certificate for work for a cold would not be considered urgent.

Timeliness

Collection interval/s: Patient Experience data are collected annually.

Data available: The 2010-11 data used for this indicator became available in November 2011.

Referenced Period: July 2010 to June 2011.

There are not likely to be revisions to these data after their release.

Accuracy

Method of Collection: The data were collected by computer assisted telephone interview.

Data Adjustments: Data were weighted to represent the total Australian population, and were adjusted to account for confidentiality, non-response and partial response.

Sample/Collection size: the sample for the 2010-11 patient experience data was 26,423 fully-responding households.

Response rate: Response rate for the survey was 81.4%

Standard Errors: The standard errors for the key data items in this indicator are relatively low and provide reliable state and territory data.

Known Issues: Data were self-reported and interpretation of urgent medical care was left up the respondent.

Year to year change: As the sample for 2010/11 and future patient experience surveys is around 27,000 the data should be sensitive to small year to year changes.

The data are self-reported but not attitudinal, as respondents are reporting their experiences of using the health system (in this instance, the time they waited between making an appointment for urgent medical care and the

time they got to see the GP).

Explanatory footnotes are provided for each table.

Coherence

Consistency over time: 2009 was the first year data was collected for this indicator. Data from 2009 and 2010-11 have shown some small changes.

Numerator/denominator: The numerator and denominator are directly comparable, one being a sub-population of the other.

The numerator and denominator are compiled from a single source.

Jurisdiction estimate calculation: Jurisdiction estimates are calculated the same way, although the exclusion of very remote communities in the sample will affect the NT more than it affects other jurisdictions as people usually resident in very remote areas account for about 24% of persons in NT.

Jurisdiction/Australia estimate calculation: All estimates are compiled the same way.

Collections across populations: Data are collected the same way across all jurisdictions.

The 2009 and 2010-11 PEx provide the only national data available for this indicator. At this stage, there are no other comparable data sources.

Interpretability

Context: These data were collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey.

Other Supporting information: The ABS Patient Experience data are published in Patient Experiences in Australia: Summary of Findings, 2010-11 (Cat. no. 4839.0). This publication includes explanatory and technical notes.

Socioeconomic status definition: The SEIFA Index of Relative Socio-economic Disadvantage uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households.

Socioeconomic status derivation: The SEIFA index of relative socio-economic disadvantage is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Socioeconomic status deciles derivation: Deciles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1000 and roughly two-thirds of the scores lie between 900 and 1100. The CDs are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom ten per cent of CDs, Decile 2 contains the next ten per cent of CDs and so on.

Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in Patient Experiences in Australia: Summary of Findings, 2010-11 (cat. no. 4839.0).

Accessibility

Data are publicly available. Tables showing waiting times for GPs are available in Health Services: Patient Experiences in Australia, 2009 (Cat. no. 4839.0.55.001) and Patient Experiences in Australia: Summary of Findings, 2010-11 (Cat. no. 4839.0). Waiting times are expressed differently, however, as they are shown within 4 hours, after 4 hours but same day, next day, and two or more days. The data are shown by SEIFA, country of birth, self-assessed health status and remoteness, but not by jurisdiction.

Data are not available prior to public access.

Supplementary data are available. Additional data from the Patient Experience Survey are available upon request.

Access permission/Restrictions: Customised data requests may incur a charge.

Contact Details: For more information, please call the Health and Disability section of the ABS on (02) 6252 5000.

Spreadsheets can be downloaded from the ABS website and a confidentialised unit record file will be available in 2012. Data are confidentialised for privacy reasons.

Data quality statement — Indicator 16: People deferring access to selected healthcare due to cost

Target/Outcome Primary and community care

Indicator People deferring access to selected healthcare (GPs, medical specialists, dentists, prescribed medications, and pathology and imaging) due to cost

Measure(s) (computation) Proportion of people that required treatment but deferred that treatment due to cost, by type of health service – including persons who needed to see a GP or dentist; persons referred to a specialist, persons who were prescribed medication, and persons who needed a pathology or imaging test in the last 12 months.

Numerator:

16a - People reporting deferring access to a GP in the last 12 months due to cost

16b - People reporting deferring access to a medical specialist in the last 12 months due to cost

16c - People reporting delaying getting a prescription filled in the last 12 months due to cost

16d - People reporting deferring access to a dental practitioner in the last 12 months due to cost

16e - People reporting delaying getting pathology or imaging tests in the last 12 months due to cost

Denominator:

16a - People aged 15 years and over who saw or needed to see a GP in the last 12 months

16b - People aged 15 years and over who had been referred to a medical specialist in the last 12 months

16c - People aged 15 years and over who had received a prescription for medication in the last 12 months

16d - People aged 15 years and over who saw or needed to see a dental professional in the last 12 months

16e - People aged 15 years and over who had or needed to have pathology or imaging tests in the last 12 months

Data Source ABS Patient Experience Survey

Institutional Environment Data Collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey, collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment

Collection authority: The Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975.

Data Compiler(s): Data are compiled by the Health and Disability section of the Australian Bureau of Statistics (ABS).

Statistical confidentiality is guaranteed under the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975.

The ABS notifies the public through a note on the website when any error in data is identified. The data are withdrawn, and the publication is re-released with correct data. Key users are notified by email.

Relevance

Level of Geography: Data are available by State/Territory, and by Remoteness (major cities, inner and outer regional and remote Australia).

Data Completeness: All data are available for this indicator from this source.

Indigenous Statistics: There are no indigenous data able to be published for this indicator.

Socioeconomic status data: Data are available by the SEIFA index of disadvantage.

Numerator/Denominator Source: Same data source.

Data for this indicator were collected for all persons in Australia, excluding persons in very remote communities, as well as the following people:

- members of the Australian permanent defence forces
- diplomatic personnel of overseas governments, customarily excluded from census and estimated population counts
- overseas residents in Australia
- members of non-Australian defence forces (and their dependents)
- people living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, retirement homes, homes for people with disabilities, and prisons.

The exclusion of persons usually resident in very remote communities only has a small impact on estimates, except for the Northern Territory, where such persons represent 24% of the population. Patient Experience data are weighted to account for non-response.

As data are drawn from a sample survey, the indicator is subject to sampling error, which occurs because a proportion of the population is used to produce estimates that represent the whole population. Rates should be considered with reference to their corresponding relative standard errors (RSEs) and 95% confidence intervals. Estimates with a relative standard error between 25% and 50% should be used with caution, and estimates with a relative standard error over 50% are considered too unreliable for general use.

Data were self-reported for this indicator.

Timeliness

Collection interval/s: Patient Experience data are collected annually.

Data available: The 2010-11 data used for this indicator became available in November 2011.

Referenced Period: July 2010 to June 2011.

There are not likely to be revisions to these data after their release.

Accuracy

Method of Collection: The data were collected by computer assisted telephone interview.

Data Adjustments: Data were weighted to represent the total Australian population, and were adjusted to account for confidentiality, non-response and partial response.

Sample/Collection size: the sample for the 2010-11 patient experience data was 26 423 fully-responding households.

Response rate: Response rate for the survey was 81.4%

Standard Errors: The standard errors for the key data items in this indicator are relatively low and provide reliable state and territory data.

Known Issues: Data were self-reported

Year to year change: As the sample for 2010/11 and future patient experience surveys is around 27 000, the data should be sensitive to small year to year changes.

The data are self-reported but not attitudinal as people are reporting instances where they did not see a health professional, have a test, or get a prescription filled at any time in the past 12 months due to cost. Explanatory footnotes are provided with the data.

Coherence

Consistency over time: 2009 was the first year data were collected for this indicator. Data from 2009 and 2010-11 have shown some small changes.

Numerator/denominator: The numerator and denominator are directly comparable, one being a sub-population of the other.

The numerator and denominator are compiled from a single source.

Jurisdiction estimate calculation: Jurisdiction estimates are calculated the same way, although the exclusion of very remote communities in the sample will affect the NT more than it affects other jurisdictions as people usually resident in very remote areas account for about 24 percent of people in NT.

Jurisdiction/Australia estimate calculation: All estimates are compiled the same way.

Collections across populations: Data are collected the same way across all jurisdictions.

The 2009 and 2010-11 PEx data are the only data available for this indicator. At this stage, there are no other directly comparable data sources, although the ABS Aboriginal and Torres Strait Islander Health Survey asks a multi-response question about whether respondents did not see a GP or specialist when they needed to, with cost being one of the possible responses. This question is matched in the PEx for non-Indigenous comparisons.

Interpretability

Context: These data were collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey.

The ABS Patient Experience data are published in Patient Experiences in Australia: Summary of Findings, 2010-11 (Cat. no. 4839.0). This publication includes explanatory and technical notes.

Socioeconomic status definition: The SEIFA Index of Relative Socio-

economic Disadvantage uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households.

Socioeconomic status derivation: The SEIFA index of relative socio-economic disadvantage is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Socioeconomic status deciles derivation: Deciles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1000 and roughly two-thirds of the scores lie between 900 and 1100. The CDs are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom ten per cent of CDs, Decile 2 contains the next ten per cent of CDs and so on.

Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in Patient Experiences in Australia: Summary of Findings, 2010-11 (Cat. no. 4839.0).

Accessibility

Data publicly available. These data are available in Health Services: Patient Experiences in Australia, 2009 (Cat. no. 4839.0.55.001), and Patient Experiences in Australia: Summary of Findings, 2010-11 (cat. no. 4839.0). The data are shown by remoteness and jurisdiction.

Data are not available prior to public access.

Supplementary data are available. Additional data from the patient experience survey are available upon request.

Access permission/Restrictions: Customised data requests may incur a charge.

Contact Details: For more information, please call the Health and Disability section of the ABS on (02) 6252 5000.

Spreadsheets of data can be freely downloaded from the ABS website. A confidentialised unit record file (CURF) will be released in 2012. Data are confidentialised for privacy reasons.

Data quality statement — Indicator 18: Life expectancy at birth

Target/Outcome	Primary and community health
Indicator	Life expectancy at birth
Measure (computation)	<p>Life tables for the Australian population, from which life expectancy at birth is obtained.</p> <p>Age/sex-specific death rates used in the construction of the life tables are calculated as:</p> <p><i>Numerator:</i> For 18.1: death registrations for 2008–2010 provided by State and Territory Registrars of Births, Deaths and Marriages.</p> <p><i>Denominator:</i> For 18.1: estimated resident population (ERP) for the period 2008–2010.</p>
Data source/s	<i>Life Tables, Australia, 2008–2010</i> (Cat. no. 3302.0.55.001), <i>Life Tables, States and Territories</i> (Cat. nos. 3302.1.55.001–3302.8.55.001)
Institutional environment	<p>For information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment.</p> <p>Death statistics are sourced from death registrations systems administered by the various State and Territory Registrars of Births, Deaths and Marriages. It is a legal requirement of each State and Territory that all deaths are registered. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred.</p>
Relevance	<p>The life tables are current or period life tables, based on death rates for a short period of time during which mortality has remained much the same. Mortality rates for the Australian and State and Territory life tables are based on death registrations and estimated resident population for the period 2008–2010. The life tables do not take into account future assumed improvements in mortality.</p> <p>Life tables are presented separately for males and females. The life table depicts the mortality experience of a hypothetical group of newborn babies throughout their entire lifetime. It is based on the assumption that this group is subject to the age-specific mortality rates of the reference period. Typically this hypothetical group is 100 000 in size.</p>
Timeliness	ABS estimates of life expectancy at birth are published on an annual basis.
Accuracy	<p>Compilation of life tables requires complete and accurate data on deaths that occur in a period, and reliable estimates of the population exposed to the risk of dying during that period. These data are required by age and sex so as to calculate age-sex specific death rates.</p> <p>Information on deaths is obtained from a complete enumeration of deaths registered during a specified period and are not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the</p>

data.

Sources of non-sample error include:

- completeness of an individual record at a given point in time;
- completeness of the dataset (e.g. impact of registration lags, processing lags and duplicate records);
- extent of coverage of the population (whilst all deaths are legally required to be registered, some cases may not be registered for an extended time, if at all); and
- lack of consistency in the application of questions or forms used by data providers, both through time and between different jurisdictions.

In November 2010, the Queensland Registry of Births, Deaths and Marriages registered 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). The ABS life tables are based on deaths by year of occurrence, and are therefore unaffected by this late registration of deaths.

Every effort is made to minimise error by working closely with data providers, the careful design of forms, training of processing staff, and efficient data processing procedures.

ERP is based on Census counts by place of usual residence, adjusted for net Census undercount and the number of Australian residents temporarily overseas on Census night, and backdated from the Census date to 30 June. For post-censal years, ERP is obtained by adding post-censal births, deaths and migrations to the Census ERP.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Accessibility

ABS life expectancy estimates are published on the ABS website <www.abs.gov.au> (see Life Tables, Australia, 2008–2010 (Cat. no. 3302.0.55.001), and *Life Tables, States and Territories* (Cat. nos. 3302.1.55.001–3302.8.55.001).

Interpretability

Please view:

- Explanatory Notes
<www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3302.0.55.001Explanatory%20Notes12008-2010?OpenDocument>
- Glossary
<www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/3302.0Glossary12010?opendocument&tabname=Notes&prodno=3302.0&issue=2010&num=&view=>>

that provide information on the data sources, terminology, classifications and other technical aspects associated with these statistics.

Data Quality Statement — Indicator 19: Infant and young child mortality rate

Target/Outcome	Close the life expectancy gap within a generation.
Indicator	NHA 19– Infant and young child mortality rate
Measure (computation)	<p><i>Numerator:</i> death registrations for the period 2007-2010 (single years) provided by state and territory Registrars of Births, Deaths and Marriages.</p> <p>Infant: Number of deaths among children aged under 1 year</p> <p>Child 0-4: Number of deaths among children aged 0 to 4 years</p> <p>Child 1-4: Number of deaths among children aged 1 to 4 years</p> <p><i>Denominator:</i></p> <p>Infant: Number of live births in the period</p> <p>Child 0-4: Population aged 0 to 4 years</p> <p>Child 1-4: Population aged 1 to 4 years</p>
Data source/s	<p><i>Numerator:</i> ABS Deaths Collection (3302.0)</p> <p><i>Denominator:</i> ABS Births Collection, ABS Estimated Residential Population (3101.0)</p> <p>Infant: ABS Births Collection (3301.0)</p> <p>Child 0-4: ABS Estimated Residential Population (3101.0)</p> <p>Child 1-4: ABS Estimated Residential Population (3101.0)</p> <p>Indigenous: ABS Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians (3238.0)</p>
Institutional environment	<p>These collections are conducted under the Census and Statistics Act 1905. For information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, see ABS Institutional Environment</p> <p><www.abs.gov.au/websitedbs/d3310114.nsf/4a256353001af3ed4b2562bb00121564/10ca14cb967e5b83ca2573ae00197b65!OpenDocument>.</p>
Relevance	<p>Deaths data are published on an annual basis. The ABS Deaths collection includes all deaths that occurred and were registered in Australia, including deaths of persons whose usual residence is overseas. Deaths of Australian residents that occurred outside Australia may be registered by individual Registrars, but are not included in ABS deaths or causes of death statistics.</p> <p>The ABS Births collection includes all births that are live born and have not been previously registered, births to temporary visitors to Australia, births occurring within Australian Territorial waters, births occurring in Australian Antarctic Territories and other external territories, births occurring in transit (i.e. on ships or planes) if registered in the state or territory of "next port of call", births to Australian nationals employed overseas at Australian legations and consular offices and births that occurred in earlier years that have not been previously registered (late registrations). Births data exclude foetal deaths, adoptions, sex changes, legitimations and corrections, and births to foreign diplomatic staff, and births occurring on Norfolk Island.</p> <p>For further information on the ABS Deaths and Births collections, see the relevant Data Quality Statements.</p>

Timeliness

Death records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis. One dimension of timeliness in death registrations data is the interval between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.

Births records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis. One dimension of timeliness in birth registrations data is the interval between the occurrence and registration of a birth. As a result, some births occurring in one year are not registered until the following year or even later. This can be caused by either a delay by the parent(s) in submitting a completed form to the registry, or a delay by the registry in processing the birth (for example, due to follow up activity due to missing information on the form, or resource limitations).

Preliminary ERP data are compiled and published quarterly and are generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP data are further disaggregated by sex and single year of age, and are made available five to six months after end of the reference quarter. Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous financial year, once more accurate births, deaths and net overseas migration data become available. In the case of births and deaths, the revised data are compiled on a date of occurrence basis. In the case of net overseas migration, final data are based on actual traveller behaviour. Final estimates are made available every 5 years after a census and revisions are made to the previous intercensal period. ERP data are not changed once they have been finalised. Releasing preliminary, revised and final ERP involves a balance between timeliness and accuracy.

For further information on ABS Estimated Resident Population, see the relevant Data Quality Statement.

Accuracy

Information on births and deaths is obtained from a complete enumeration of births and deaths registered during a specified period and are not subject to sampling error. However, births and deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

All ERP data sources are subject to non-sampling error. Non-sampling error can arise from inaccuracies in collecting, recording and processing the data. In the case of Census and Post Enumeration Survey (PES) data every effort is made to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. The ABS does not have control over any non-sampling error associated with births, deaths and migration data. For more information see the *Demography Working Paper 1998/2 - Quarterly birth*

and death estimates, 1998 (Cat. no. 3114.0) and Australian Demographic Statistics (Cat. no. 3101.0).

Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

Non-Indigenous data from the Deaths and Births collection do not include death registrations with a 'not stated' Indigenous status.

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

Mortality indicators presented in the previous National Indigenous Reform Agreement and National Healthcare Agreement reports were compiled using deaths data on a year of registration basis. If this practice is followed for reporting data for the 2010 reference year, mortality indicators for Queensland and any aggregates including Queensland will be overstated and prevent meaningful comparisons over time.

To minimise the impact of these outstanding death registrations on mortality indicators used in various Council of Australian Government (COAG) reports, a decision was made by the ABS and key stakeholders to use 'adjusted' deaths for Queensland for 2010 reference year. The 'adjusted' deaths were calculated by adding together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010.

ABS is currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, the ABS and NIRAPIMG agreed that mortality indicators which include WA deaths data for 2007, 2008 and 2009 (including aggregates of years and jurisdictions) should be excluded from analysis.

Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading for example where the non-Indigenous mortality rate is higher than the Indigenous mortality rate. All rates in this indicator must be used with caution.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Accessibility

Deaths data are available in a variety of formats on the ABS website under the 3302.0 product family. Births data are available in a variety of formats on the ABS website under the 3301.0 product family. ERP data is available in a variety of formats on the ABS website under the 3101.0 and 3201.0 product families. Further information on deaths and mortality may be available on request. The ABS observes strict confidentiality protocols as required by the Census and Statistics Act (1905). This may restrict access to data at a very detailed level.

Interpretability

Data for this indicator have been presented as crude rates, either per 1000 live births or 1000 estimated resident population.

Data Quality Statement — Indicator 20: Potentially avoidable deaths

Target/Outcome	Primary and community health
Indicator	NHA 20–Potentially avoidable deaths
Measure (computation)	<p>Numerator: death registrations for 2005–2009 (5 year aggregate, and single years) provided by state and territory Registrars of Births, Deaths and Marriages which have an ICD-10 code which has been further classified as preventable or treatable as per the NHA Technical Manual.</p> <p>Denominator: Estimated Resident Population, Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians.</p>
Data source/s	<p>Numerator – ABS Causes of Death collection (3303.0)</p> <p>Denominator - ABS Estimated Resident Population (3101.0); Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, August 2009 (Cat. no. 3238).</p>
Institutional environment	These collections are conducted under the Census and Statistics Act 1905. For information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, see ABS Institutional Environment.
Relevance	<p>The ABS Causes of Death collection includes all deaths that occurred and were registered in Australia, including deaths of persons whose usual residence is overseas. Deaths of Australian residents that occurred outside Australia may be registered by individual Registrars, but are not included in ABS deaths or causes of death statistics.</p> <p>Data in the Causes of Death collection include demographic items, as well as causes of death information, which is coded according to the International Classification of Diseases (ICD). ICD is the international standard classification for epidemiological purposes and is designed to promote international comparability in the collection, processing, classification, and presentation of causes of death statistics. The classification is used to classify diseases and causes of disease or injury as recorded on many types of medical records as well as death records. The ICD has been revised periodically to incorporate changes in the medical field. The 10th revision of ICD (ICD-10) has been used by the ABS to code cause of death since 1997.</p> <p>For further information on the ABS Causes of Death collection, see the relevant Data Quality Statement.</p>
Timeliness	<p>Causes of death data is published on an annual basis. Death records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis. One dimension of timeliness in death registrations data is the interval between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.</p> <p>Preliminary ERP data is compiled and published quarterly and is generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP is further disaggregated by sex and single year of age, and is made available five to six months</p>

after end of the reference quarter. Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous financial year, once more accurate births, deaths and net overseas migration data becomes available. In the case of births and deaths, the revised data is compiled on a date of occurrence basis. In the case of net overseas migration, final data is based on actual traveller behaviour. Final estimates are made available every 5 years after a census and revisions are made to the previous intercensal period. ERP data is not changed once it has been finalised. Releasing preliminary, revised and final ERP involves a balance between timeliness and accuracy.

For further information on ABS Estimated Resident Population, see the relevant Data Quality Statement.

Accuracy

Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period and are not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

All coroner certified deaths registered after 1 January 2007 are subject to a revision process. Causes of death data for 2007 has been subject to two rounds of revision, while the 2008 causes of death data has been subject to the single round of revision, and the 2009 causes of death are preliminary and therefore have not been subject to the revisions process. This is a change from previous years where all ABS processing of causes of death data for a particular reference period was finalised approximately 13 months after the end of the reference period. Where insufficient information was available to code a cause of death (e.g. a coroner certified death was yet to be finalised by the Coroner), less specific ICD codes were assigned as required by the ICD coding rules. The revision process enables the use of additional information relating to coroner certified deaths as it becomes available over time. This results in increased specificity of the assigned ICD-10 codes. See Technical Note: Causes of Death Revisions in Causes of Death, Australia, 2009 (Cat. no. 3303.0).

All ERP data sources are subject to non-sampling error. Non-sampling error can arise from inaccuracies in collecting, recording and processing the data. In the case of Census and Post Enumeration Survey (PES) data every effort is made to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. The ABS does not have control over any non-sampling error associated with births, deaths and migration data. For more information see the *Demography Working Paper 1998/2 - Quarterly birth and death estimates, 1998* (Cat. no. 3114.0). and *Australian Demographic Statistics* (Cat. no. 3101.0).

Non-Indigenous estimates are available for census years only. In the

intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

Non-Indigenous data from the Causes of Death collection do not include death registrations with a 'not stated' Indigenous status.

ABS is currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, the ABS and NIRAPIMG agreed that mortality indicators which include WA deaths data for 2007, 2008 and 2009 (including aggregates of years and jurisdictions) should be excluded from analysis.

Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading for example where the non-Indigenous mortality rate is higher than the Indigenous mortality rate. All rates in this indicator must be used with caution.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Accessibility

Causes of death data are available in a variety of formats on the ABS website under the 3303.0 product family. ERP data is available in a variety of formats on the ABS website under the 3101.0 and 3201.0 product families. Further information on deaths and mortality may be available on request. The ABS observes strict confidentiality protocols as required by the Census and Statistics Act (1905). This may restrict access to data at a very detailed level.

Interpretability

Data for this indicator have been age-standardised, using the direct method, to 'under 75 years' of age. Direct age-standardisation to the 2001 total Australian population was used. Age-standardised results provide a measure of relative difference only between populations.

Data Quality Statement — Indicator 21: Treatment rate for mental illness

Key data quality points

- State and Territory jurisdictions differ in their approaches to counting clients under care, including different thresholds for registering a client. Additionally, they differ in their capacity to provide accurate estimates of individual persons receiving mental health services. Therefore comparisons between jurisdictions need to be made with caution.
- The Indigenous status data should be interpreted with caution:
 - public sector community mental health services (Public) data: There is varying and, in some instances, unknown quality of Indigenous identification across jurisdictions.
 - private sector admitted patient (Private) data: Indigenous status is not collected by the Private Mental Health Alliance (PMHA)
 - Medicare Benefits Schedule (MBS) data: have been adjusted for under-identification of Indigenous status in the Medicare Australia Voluntary Indigenous Identifier (VII) database.
 - Department of Veterans' Affairs (DVA) data: is not available by Indigenous status.
- Persons can receive services from more than one type of service provider during the period. The extent to which this occurs is unknown. However, it is likely that there is considerable overlap between the private data and the Department of Health and Ageing (DoHA) MBS and the DVA Treatment Account System (TAS) data.
- A small number of persons receiving mental health treatment are not included in any of the data sources used for this performance indicator, so using these numbers to provide a count of individuals receiving services is cautioned.

Target/Outcome	Primary and community health
Indicator	Proportion of population receiving clinical mental health services
Measure (computation)	<p>The <i>numerator</i> is the number of people receiving mental health services, separately for three service types.</p> <p>The <i>denominator</i> is the Estimated Resident Population (ERP) as at 30 June 2009.</p> <p><i>Calculation</i> is $100 \times (\text{Numerator} \div \text{Denominator})$, presented as a percentage and age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years with ages over 84 years combined. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so Indigenous disaggregations were standardised to 64 years with ages over 64 years combined.</p> <p>These are calculated separately for public, private, Medicare Benefits Scheme- and Department of Veterans' Affairs (DVA)-funded services.</p>
Data source/s	<p><i>Numerators:</i></p> <p>For Public data: State/Territory community mental health care data.</p> <p>For Private data: Private Mental Health Alliance (PMHA) Centralised Data Management Service (CDMS) data.</p> <p>For MBS data: Australian Government Department of Health and Ageing (DoHA) MBS Statistics.</p> <p>For DVA data: Australian Government Department of Veterans' Affairs (DVA) Statistical Services and Nominal Rolls using the Departmental Management Information System (DMIS). These data are known as Treatment Account System (TAS) data.</p>

Denominator:

Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2009.

For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2009.

For data by socioeconomic status: calculated by AIHW using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) and, where applicable, ABS Postal Area to SLA concordance. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: ABS' Australian Standard Geographical Classification and, where applicable, ABS Postal Area to Remoteness Area concordance.

Institutional environment

The AIHW prepared the denominator and calculated the indicator based on numerators supplied by other data providers. The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

Numerators for this indicator were prepared by State and Territory health authorities, the PMHA, DoHA and DVA and quality-assessed by the AIHW.

The AIHW drafted the initial data quality statement. The statement was finalised by AIHW following input from State and Territory health authorities, PMHA, DoHA and DVA. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator.

Public data

The State and Territory health authorities receive these data from public sector community mental health services. States and territories use these data for service planning, monitoring and internal and public reporting.

Private data

The PMHA's Centralised Data Management Service provided data submitted by private hospitals with psychiatric beds. The data are used by hospitals for activities such as quality improvement.

DoHA MBS and DVA TAS data

Medicare Australia (now Department of Human Services – Medicare) processes claims made under the *Medicare Australia Act 1973*. These data are then regularly provided to DoHA. Medicare Australia also processes claims for DVA Treatment Card holders made through the MBS under the *Veterans' Entitlements Act 1986*; *Military Rehabilitation and Compensation Act 2004* and *Medicare Australia Act 1973*. All claiming data is regularly provided to DVA as per the Memorandum of Understanding between Medicare Australia and DVA.

Relevance

Estimates are based on counts of individuals receiving care within the year, by each service type, where each individual is generally counted once regardless of the number of services received. Persons can receive services of more than one type within the year; a count of persons receiving services regardless of type is not available.

A number of persons receiving mental health treatment are not captured in these data sources. These include:

- individuals receiving only admitted and/or residential services from State

and Territory public sector specialised mental health services.

- individuals receiving mental health services (other than as admitted patients in private hospitals) funded through other third party funders (e.g. transport accident insurers, workers compensation insurers) or out of pocket sources.

There is likely to be considerable overlap between the DoHA MBS and DVA TAS data and private data, as most patients accessing private hospital services would also access MBS services.

Public data

Person counts for State and Territory mental health services are counts of persons receiving one or more service contacts provided by public sector community mental health services. South Australia submitted data that were not based on unique patient identifier or data matching approaches.

Private data

Private hospital estimates are counts of individuals receiving admitted patient specialist psychiatric care in private hospitals.

DoHA MBS and DVA TAS data

Data are counts of individuals receiving mental health-specific MBS services for which Medicare Australia has processed a claim.

Analyses by State and Territory, remoteness and socioeconomic status are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service processed in the reference period. As clients may receive services in locations other than where they live, these data do not necessarily reflect the location in which services were received.

DVA clients comprised less than 2 per cent of people receiving Australian Government (Medicare Benefits Scheme- and DVA-funded) clinical mental health services.

Timeliness

The reference period for these data is 2009-10.

Accuracy

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider).

Public data

State and Territory jurisdictions differ in their capacity to provide accurate estimates of person receiving services (see above). Additionally, jurisdictions differ in their approaches to counting clients under care. For example, people who are assessed by a mental health service but do not go on to be treated for a mental illness are included in the data by some jurisdictions but not others. Therefore, comparisons between jurisdictions should be made with caution.

The Indigenous status data should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. Indigenous status was missing or not reported for around 10 per cent of all clients.

Private data

Not all private psychiatric hospitals are included in the PMHA's CDMS.

In 2009–10, those that are included account for approximately 85 per cent of all activity in the sector. The data provided are an estimate of overall activity.

Actual counts are multiplied by a factor that accounts for the proportion of data missing from the CDMS collection. That adjustment is performed at the level of State and Territory and also financial year, since non-

participation rates varied from state to state and financial year.

Indigenous status information is not collected for these data.

DoHA MBS and DVA TAS data

As with any administrative system a small degree of error may be present in the data captured.

Data used for statistical purposes are based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

The data provided are based on the date on which the claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed, rather than when the service was rendered, produces little difference in the total number of persons included in the numerator for the reference period.

People who received more than one type of service are counted once only in the calculations for this indicator.

DoHA MBS data presented by Indigenous status have been adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Indigenous rates are therefore modelled and should be interpreted with caution. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. The statistics have been adjusted to reflect demographic characteristics of the overall Indigenous population, but this adjustment may not address all the differences in the service use patterns of the enrolled population relative to the total Indigenous population. The level of VII enrolment (51 per cent nationally as at August 2010) varies across age-sex-remoteness-State/Territory sub-groups and over time which means that the extent of adjustment required varies across jurisdictions and over time. The methodology for this adjustment was developed and verified by the AIHW and DoHA for assessment of MBS and PBS service use and expenditure for Indigenous Australians. For an explanation of the methodology, see *Expenditure on health for Aboriginal and Torres Strait Islander people 2006-07*.

DVA TAS data are not available by Indigenous status.

Coherence

Public data

There has been no major change to the methodology used to collect the data in 2009-10 for the majority of jurisdictions, therefore data is comparable across years.

However, New South Wales implemented a state wide unique patient identifier for mental health care in 2009. New South Wales has indicated that there are differences in the completeness of coverage between areas and over time.

In 2009–10 Tasmania has implemented a system to reduce duplication of clients accessing mental health services across the state. This has resulted in an apparent decrease in the number of clients.

In past years there has been variation in the underlying concept used to allocate remoteness and socioeconomic status across jurisdictions (i.e. location of service provider, location of client or a combination of both). In addition, the underlying concordances used by jurisdictions to allocate remoteness may vary. In 2009–10, remoteness and socioeconomic status have been allocated using the SLA of the client at last contact. For 2009–10 data all jurisdictions have used the same concordance and proportionally allocated records to remoteness and SEIFA categories. Comparisons over time for remoteness and socioeconomic status should

therefore be interpreted with caution.

Private data

There has been no change to the methodology used to collect the data in 2009-10. Therefore, the data are comparable to previous reporting periods.

DoHA MBS and DVA TAS data

The same methodology to attribute demographic information to the data has been used in 2009-10 as in previous reporting periods.

MBS items 81325 and 81355 were added from 1 November 2008. These items relate to mental health or psychological services provided to a person who identified as being of Aboriginal or Torres Strait Islander descent.

As of 1 January 2010, a new item (2702) has been introduced for patients of GPs who have not undertaken mental health skills training. Changes have been made to the existing item 2710 to allow patients of GPs who have undertaken mental health skills training to access a higher rebate. Both of these items relate to the preparation of a GP mental health treatment plan.

Caution should be taken when interpreting Indigenous rates over time. All other data can be meaningfully compared across reference periods.

Other publications

The AIHW publication series *Mental health services in Australia* contains data that is comparable in coverage (using different MBS item splits) and includes a summary of MBS mental health-related items.

The data used in this indicator are also published in the *COAG National Action Plan on Mental Health — progress report 2009-10*. There may be some differences between the data published in these two sources as:

- rates may be calculated using different ERPs other than the June 2009 ERPs used for this indicator,
- in the *COAG National Action Plan on Mental Health — progress report 2009-10* the figures are based on preliminary data for the public and private sectors and may not cover the full financial year,
- MBS numbers are extracted using a different methodology. The *COAG National Action Plan on Mental Health — progress report 2009-10* counts a patient in each state they resided in during the reference period but only once in the total whereas this indicator counts a patient in only one State/Territory.

The indicator specifications and analysis methodology used for this report are equivalent to the *National Healthcare Agreement: Performance report for 2009-10*.

Accessibility

Information is available in the *COAG National Action Plan on Mental Health — progress report 2009-10*.

MBS statistics are available at:

www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

www.medicareaustralia.gov.au/statistics/mbs_item.shtml

Disaggregation of MBS data by SEIFA is not publicly available elsewhere.

Interpretability

Information is available for MBS data from:

www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1

Data Quality Statement—Indicator 22: Selected potentially preventable hospitalisations

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- Separations are reported by the jurisdiction of usual residence of the patient, not the jurisdiction of hospitalisation.
- Caution should be used in comparing 2007–08 data with later years as changes between the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) 5th edition (used in 2007–08) and ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and the associated Australian Coding Standards resulted in decreased reporting of additional diagnoses for diabetes, and increased reporting of gastroenteritis (chronic and acute categories, respectively, affected). These changes should also be taken into consideration in interpretation of these data against the National Healthcare Agreement performance benchmark for potentially preventable hospitalisations.
- In addition, interpretation of the related performance benchmark over time is problematic because the benchmark is specified as a proportion of separations rather than a population rate, and admission practices vary across jurisdictions and over time.
- The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Target/Outcome Primary and community health

Indicator Admissions to hospital that could have potentially been prevented through the provision of appropriate non-hospital health services.

Measure (computation) The *numerator* is the number of separations for selected potentially preventable hospitalisations, divided into three groups:

- vaccine-preventable conditions (for example, tetanus, measles, mumps, rubella)
- acute conditions (for example, ear, nose and throat infections, dehydration/gastroenteritis)
- chronic conditions (for example, diabetes, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease).

The *denominator* is the Estimated Resident Population (ERP).

A separation is 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 care to rehabilitation).

Potentially preventable hospitalisations are defined by ICD-10-AM diagnosis codes. For some conditions, certain hospitalisations are excluded based on procedures reported using defined Australian Classification of Health Interventions (ACHI) procedure codes (see Appendix 5, *Australian hospital statistics 2009–10*).

Calculation is $100\,000 \times (\text{numerator} \div \text{denominator})$, presented as a number per 100 000 and age-standardised to the Australian population as at 30 June 2001 using 5-year age groups to 84 years,

Data source/s

with ages over 84 combined. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so the Indigenous disaggregation was standardised to 64 years, with ages over 64 combined.

Numerator:

This indicator is calculated using data from the NHMD, based on the national minimum data set (NMDS) for Admitted patient care.

Denominators:

For total population: Australian Bureau of Statistics (ABS) ERP as at 30 June 2009.

For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2009.

For data by socioeconomic status: calculated by AIHW using the ABS Socio-Economic Indexes For Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) 2006 and ERP by Statistical Local Area (SLA) as at 30 June 2009. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: ABS ERP as at 30 June 2009, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.

The data were supplied to the Institute by state and territory health authorities. The state and territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788

Relevance

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-

admitted patient care provided in outpatient clinics or emergency departments.

The analyses by state and territory, remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient, not the location of the hospital. Hence rates represent the number separations for patients living in each State or Territory, remoteness area or SEIFA population group (regardless of the jurisdiction of the hospital they were admitted to) divided by the total number of people living in that remoteness area or SEIFA group in the State or Territory.

The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data), 2009 SLA boundaries are mapped backed to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2009 due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for this data set is 2009–10.

Accuracy

For 2009–10 almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory and about 2,400 separations for one public hospital in Western Australia.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory. In addition, Western Australia was not able to provide about 10,600 separations for one private hospital.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The Indigenous status data are of sufficient quality for statistical reporting for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia and Western Australia (public and private hospitals) and Northern Territory (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and Australian Capital Territory (public and private hospitals) should be interpreted with caution until further assessment of Indigenous identification is completed.

Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example where the denominator is very small. The following rule was applied:

- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1000.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2009–10* and the *National healthcare agreement: performance report 2009–10*.

However, caution should be used when comparing 2007–08 with later years due to changes between the ICD-10-AM 5th edition (used in 2007–08) and ICD-10-AM 6th edition (used in 2008–09 and 2009–10) and the associated Australian Coding Standards that resulted in:

- decreased reporting of additional diagnoses for diabetes
- increased reporting of diagnoses for dehydration and gastroenteritis.

In light of these comparability issues, supplementary data (as specified below) have also been supplied and may assist in the interpretation of time series. However it should be acknowledged that these data are not consistent with the original intent of the indicator.

- Diabetes complications (all diagnoses) and Dehydration and gastroenteritis excluded
- Diabetes complications (additional diagnoses only) and Dehydration and gastroenteritis excluded.

In addition, Tasmanian data are not comparable over time as 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in the National Healthcare Agreement performance reports.

Interpretation of the related performance benchmark over time is also problematic because the benchmark is specified as a proportion of separations rather than a population rate, and admission practices vary across jurisdictions and over time. Changes in a jurisdiction's denominator (separations) can artificially increase or decrease the results of the benchmark. Therefore the data provided in 2014–15 (and interim years) may not be directly comparable to the baseline data from which the target is based.

Caution is also required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables

-
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

Some data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and variation in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Data Quality Statement—Indicator 23: Selected potentially avoidable GP-type presentations to emergency departments

Key data quality points

- The scope of the data used to produce this indicator is non-admitted patients registered for care in emergency departments in public hospitals classified as either peer group A (*Principal referral and Specialist women's and children's hospitals*) or peer group B (*Large hospitals*). Most of the hospitals in peer groups A and B are in major cities. Therefore, disaggregation by remoteness, socioeconomic status and Indigenous status should be interpreted with caution.
- For 2009–10, the coverage of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) collection is complete for public hospitals in peer groups A and B. It is estimated that 2010–11 has similar coverage, although final coverage cannot be calculated until the 2010–11 National Public Hospital Establishments Database (NPHEd) data are available.
- The definition of potentially avoidable GP type presentations is an interim measure, pending development of new methodology to more closely approximate the population that could be receiving services in the primary care sector.
- The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data.
- Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer group A or B, and the peer group classification for a hospital, may vary over time.

Target/Outcome Primary and community health

Indicator Attendances at public hospital emergency departments that could have potentially been avoided through the provision of appropriate non-hospital services in the community

Measure (computation) The number of presentations to public hospital emergency departments in hospitals that were classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or peer group B (Large hospitals) where:
there was a type of visit of Emergency presentation (or Emergency presentation or Not reported for South Australia for 2009–10 only); and
a triage category of 4 or 5 was allocated; and
the patient did not arrive by ambulance or police or correctional vehicle; and
the patient was not admitted to the hospital, was not referred to another hospital, and did not die.

Data source/s This indicator is calculated using data from the NNAPEDCD, based on the national minimum data set (NMDS) for Non-admitted patient emergency department care (NAPEDC).
For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2006 and Estimated Resident Population (ERP) by Statistical Local Area (SLA) as at 30 June 2009 (2009–10) or 30 June 2010 (2010–11). Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.
For data by remoteness: each presentation is allocated an ABS

remoteness area, as specified in the Australian Standard Geographical Classification, based on the Statistical Local Area of usual residence of the patient.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister or Health and Ageing. For further information see the AIHW website.

The data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring, and internal and public reporting. Hospitals may be required to provide data to states and territories through administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link below).

<www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788>

Relevance

The purpose of the NNAPEDCD is to collect information on the characteristics of emergency department care (including waiting times for care) for non-admitted patients registered for care in emergency departments in selected public hospitals classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or B (Large hospitals). In 2009–10, hospitals in peer groups A and B provided approximately 70 per cent of all public hospital emergency occasions of service.

The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.

The definition of potentially avoidable GP type presentations is an interim measure, pending development of new methodology to more closely approximate the population that could be receiving services in the primary care sector.

The indicator includes only peer group A (Principal referral and Specialist women's and children's hospitals) and peer group B (Large hospitals).

The analyses by State and Territory, remoteness and socioeconomic status are based on the statistical local area (SLA) of usual residence of the patient. Hence, data represent the number of presentations for patients living in each State or Territory, remoteness area or SEIFA population group (regardless of the jurisdiction of the hospital where they presented).

The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data) or 2010 SLAs (used for 2010–11 data), the 2009/2010 SLA boundaries are mapped backed to 2006 SLA boundaries. It is possible that the demographic profile of some areas

may have changed between 2006 and 2009 (2010) due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Other Australians includes presentations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for these data is 2009–10 and 2010–11.

Accuracy

For 2009–10, the coverage of the NNAPEDCD was 100 per cent in all jurisdictions for public hospitals in peer groups A and B. For 2010–11, the preliminary estimates of the proportion of emergency occasions of service reported to the NNAPEDCD was 100 per cent for public hospitals in peer groups A and B.

From 2009–10, the data for the Albury Base Hospital (previously reported in New South Wales hospital statistics) were reported in Victorian hospital statistics. This change in reporting arrangements should be factored into any analysis of data for New South Wales and Victoria.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The quality of the data reported for Indigenous status in the NNAPEDCD has not been formally assessed for completeness; therefore, caution should be exercised when interpreting these data.

As this indicator is limited to public hospitals classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, the data may not cover areas where the proportion of Indigenous Australians (compared with other Australians) is higher than average. Similarly, disaggregation by socioeconomic status and remoteness should be interpreted with caution.

Area of usual residence was not reported, or not mappable to a remoteness area or SEIFA population group, for approximately 70,000 records in 2009–10 and about 78,000 records in 2010–11.

Comparability across jurisdictions may be impacted by variation in the assignment of triage categories.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in Australian Hospital Statistics: emergency department care and elective surgery waiting times (report series) and the National healthcare agreement: performance report 2009–10.

However, 2009–10 data reported previously in these publications are different from the equivalent data published here because the hospitals classified as peer groups A and B were based on 2008–09, rather than 2009–10 peer groups.

Caution should be used in comparing these data with earlier years, as

the number of hospitals classified as peer group A or B, or the peer group of a hospital, may vary over time.

Caution is also required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

The Northern Territory has advised that there are errors in its remoteness data for 2009–10. This affects both the Northern Territory and national remoteness disaggregation for Performance Indicator 23 and 35 for 2009–10. Caution should be exercised when interpreting National and Northern Territory remoteness disaggregation over time.

Accessibility

The AIHW provides a variety of products that draw upon the NNAPEDCD data. Published products available on the AIHW website include Australian hospital statistics, and associated Excel tables. Some data are also included on the *MyHospitals* website.

Interpretability

Supporting information on the quality and use of the NNAPEDCD are published annually in *Australian hospital statistics* (Chapter 5 and technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage that might affect interpretation of the published data. Metadata information for the NAPEDC NMDS are published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Data Quality Statement — Indicator 24: GP-type services

Key data quality points

- The data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to service providers and has accurate data on the number of services provided.
- Information about Indigenous status is not available for this indicator in 2010-11.

Target/Outcome Primary and community health

Indicator GP-type service use per 1000 population

Measure (computation) The *numerator* is the number of non-referred GP attendances, Enhanced Primary Care and Practice Nurse services, as defined by Medicare Benefits Schedule (MBS) Items under broad type of service groups A, B, M and O for which Medicare Australia has processed a claim within the reference period.

The *denominator* is the estimated resident population.

Calculation is $1000 \times (\text{Numerator} \div \text{Denominator})$, presented as a rate per 1000 and directly age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so Indigenous disaggregations were standardised to 64 years with ages over 64 years combined.

Data source/s *Numerator:* Australian Government Department of Health and Ageing (DoHA) MBS Statistics

Australian Government Department of Veterans' Affairs (DVA) Statistical Services and Nominal Rolls using the Departmental Management Information System (DMIS). These data are known as Treatment Account System (TAS) data.

Denominators:

For total population: Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2010.

For data by socioeconomic status: calculated by AIHW using the ABS' SEIFA IRSD and ERP by Statistical Local Area (SLA) as at 30 June 2010. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: ABS ERP as at 30 June 2010, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment Medicare Australia (now Department of Human Services – Medicare) processes claims made through the MBS under the *Medicare Australia Act 1973*. These data are then regularly provided to DoHA. Medicare Australia also processes claims for DVA Treatment Card holders made through the MBS under the *Veterans' Entitlements Act 1986*; *Military Rehabilitation and Compensation Act 2004* and *Medicare Australia Act 1973*. All claiming data is regularly provided to DVA as per the Memorandum of Understanding between Medicare Australia and DVA.

The tables for this indicator were prepared by DoHA and DVA and quality-assessed by the AIHW. DoHA drafted the initial data quality statement

(including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with DoHA and DVA. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance The measure relates to specific identified MBS services for which Medicare Australia has processed a claim.

Analyses by State/Territory, remoteness and socioeconomic status (SEIFA) are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service processed in the reference period. As clients may receive services in locations other than where they live, this data does not necessarily reflect the location in which services were received.

For 2010-11, DVA clients comprised less than 3 per cent of people who received GP-type services.

Timeliness The indicator relates to all claims processed in the 2010-11 financial year.

Accuracy As with any administrative system a small degree of error may be present in the data captured.

DoHA MBS Statistics and DVA TAS data used for statistical purposes is based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

The data provided are based on the date on which the claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produces little difference in the total number of persons included in the numerator for the reference period.

Information about Indigenous status is not available for this indicator in 2010-11. The underlying data source for Indigenous status is the Medicare Australia Voluntary Indigenous Identifier (VII) database. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. Indigenous status statistics in previous CRC reports have therefore been adjusted to reflect demographic characteristics of the overall Indigenous population. The Indigenous population estimates required to determine the appropriate adjustments for 2010-11 VII data were not available when this measure was calculated. Since the data relating to Indigenous status could not be adjusted for under-identification, these data are not presented in this report.

DVA TAS data are not available by Indigenous status.

Coherence The data items used to construct the measures are consistently collected, comparable, and support assessment of annual change. They are consistent with service numbers published by Medicare Australia.

Caution should be taken when interpreting Indigenous rates over time.

Data presented by Indigenous status for 2008-09 and 2009-10 were adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Such adjustment is necessary because VII statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. VII statistics were

therefore adjusted to reflect demographic characteristics of the overall Indigenous population and readers were advised that Indigenous rates were therefore modelled and should be interpreted with caution. The Indigenous population estimates required to determine the appropriate adjustments for 2010-11 VII data were not available when this measure was calculated. Since the data relating to Indigenous status could not be adjusted for under-identification, these data are not presented in this report. As of 1 January 2010, a new item (2702) was introduced for patients of GPs who have not undertaken mental health skills training. Changes have been made to the existing item 2710 to allow patients of GPs who have undertaken mental health skills training to access a higher rebate.

Accessibility

MBS statistics are available at:

www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

www.medicareaustralia.gov.au/statistics/mbs_item.shtml

Disaggregation of MBS data by SEIFA and remoteness area are not publicly available elsewhere.

Interpretability

Information about services subsidised through Medicare is available from MBS online:

www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1

Data Quality Statement — Indicator 25: Specialist services

Key data quality points

- This is a proxy measure for the indicator as it only includes specialist services reimbursed through the Medicare system (for out-of-hospital private patients) and not specialist services provided in public hospital outpatient and other settings (which are not reimbursed through the Medicare system).
- This measure does not reflect total Medicare-reimbursed specialist activity as it excludes specialist services provided to hospital inpatients (and reimbursed through the Medicare system).
- Information about Indigenous status is not available for this indicator in 2010-11.
- The data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to service providers and has accurate data on the number of services provided.

Target/Outcome	Primary and community health
Indicator	Differential rates for specialist service use (out-of-hospital private patient) per 1000 population
Measure (computation)	<p>The <i>numerator</i> is the number of specialist services claimed through Medicare, all Medicare Benefits Schedule (MBS) Items excluding broad type of service groups A, B, M, O, J, P and Q (i.e. GP Non-Referred Attendances, Enhanced Primary Care, Practice Nurse, Optometry, Other Allied Health and Dental services).</p> <p>The <i>denominator</i> is the estimated resident population.</p> <p><i>Calculation</i> is $1000 \times (\text{Numerator} \div \text{Denominator})$, presented as a rate per 1000 and age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so Indigenous disaggregations were standardised to 64 years with ages over 64 years combined.</p>
Data source/s	<p><i>Numerator:</i> Australian Government Department of Health and Ageing (DoHA) MBS Statistics</p> <p>Australian Government Department of Veterans' Affairs (DVA) Statistical Services and Nominal Rolls using the Departmental Management Information System (DMIS). These data are known as Treatment Account System (TAS) data.</p> <p><i>Denominators:</i></p> <p><u>For total population:</u> Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2010.</p> <p><u>For data by socioeconomic status:</u> calculated using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) as at 30 June 2010. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.</p> <p><u>For data by remoteness:</u> ABS ERP as at 30 June 2010, by remoteness areas, as specified in the Australian Standard Geographical Classification.</p>
Institutional environment	Medicare Australia (now Department of Human Services – Medicare) processes claims made through the MBS under the <i>Medicare Australia</i>

Act 1973. These data are then regularly provided to DoHA. Medicare Australia also processes claims for DVA Treatment Card holders made through the MBS under the *Veterans' Entitlements Act 1986*; *Military Rehabilitation and Compensation Act 2004* and *Medicare Australia Act 1973*. All claiming data is regularly provided to DVA as per the Memorandum of Understanding between Medicare Australia and DVA.

The tables for this indicator were prepared by DoHA and DVA and quality-assessed by the AIHW. DoHA drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with DoHA and DVA. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

The measure relates to specific identified Medicare services. This is a proxy measure for the indicator as it only includes specialist services reimbursed through the Medicare system (for out-of-hospital private patients) and not specialist services provided in public hospital outpatient and other settings (which are not reimbursed through the Medicare system).

This measure does not reflect total Medicare-reimbursed specialist activity as it excludes specialist services provided to hospital inpatients (and reimbursed through the Medicare system).

The analyses by State/Territory, remoteness and socioeconomic status are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service processed in the reference period. As clients may receive services in locations other than where they live, data does not necessarily reflect the location in which services were received.

For 2010-11, DVA clients comprised less than 8 per cent of people who received specialist services.

Timeliness

The indicator relates to all claims processed in the 2010-11 financial year.

Accuracy

As with any administrative system a small degree of error may be present in the data captured.

DoHA MBS Statistics and DVA TAS data used for statistical purposes are based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

The data provided are based on the date on which the claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produces little difference in the total number of persons included in the numerator for the reference period.

Information about Indigenous status is not available for this indicator in 2010-11. The underlying data source for Indigenous status is the Medicare Australia Voluntary Indigenous Identifier (VII) database. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. Indigenous status statistics in previous CRC reports have therefore been adjusted to reflect demographic characteristics of the overall Indigenous population. The Indigenous population estimates required to determine the appropriate adjustments for 2010-11 VII data were not available when this measure was calculated. Since the data relating to Indigenous status could not be

adjusted for under-identification, these data are not presented in this report.

DVA TAS data are not available by Indigenous status.

Coherence

The data items used to construct the measures are consistently collected, comparable, and support assessment of annual change. They are consistent with service numbers published by Medicare Australia.

Caution should be taken when interpreting Indigenous rates over time.

Data presented by Indigenous status for 2008-09 and 2009-10 were adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Such adjustment is necessary because VII statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. VII statistics were therefore adjusted to reflect demographic characteristics of the overall Indigenous population and readers were advised that Indigenous rates were therefore modelled and should be interpreted with caution. The Indigenous population estimates required to determine the appropriate adjustments for 2010-11 VII data were not available when this measure was calculated. Since the data relating to Indigenous status could not be adjusted for under-identification, these data are not presented in this report.

Accessibility

MBS statistics are available at:

www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

www.medicareaustralia.gov.au/statistics/mbs_item.shtml

Disaggregation of MBS data by SEIFA and remoteness areas are not publicly available elsewhere.

Interpretability

Information about services subsidised through Medicare is available from MBS online:

www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1

Data Quality Statement — Indicator 26: Number of dental services (National Dental Telephone Interview Survey data)

Key data quality points

- The NDTIS is the most comprehensive source of population data on dental health and use of dental services in Australia.
- Children aged 0-4 years were excluded from service usage rates.
- Edentulous persons were excluded from service usage rates.
- As with all survey data, the indicator is subject to sampling error and non-response bias. To indicate the magnitude of sampling error, relative standard errors (RSE per cents) have been provided for rate estimates.

Target/Outcome	Primary and community health
Indicator	Differential rates for use of dental services per 1000 population
Measure (computation)	<p><i>Numerator:</i> Number of dentate persons aged 5 years and older visiting a dental provider within last 12 months</p> <p><i>Denominator:</i> Number of dentate persons aged 5 years and older</p> <p>The computation: is $1000 \times (\text{Numerator} \div \text{Denominator})$, age-standardised.</p> <p>Data are presented separately for the reason for the last visit (emergency and general) and the provider (public or private) of the most recent service.</p> <p>An emergency visit is classified as a visit for relief of pain. Other visits are classified as general.</p> <p>Public providers include government clinics, school dental services, and services provided to members of the armed services/defence force. Private providers include private practitioners, dental prosthetists and clinics operated by private health insurance funds.</p>
Data source/s	<p><i>Numerator and denominator :</i> National Dental Telephone Interview Survey (NDTIS) 2010</p> <p><u>For data by socioeconomic status:</u> ABS' Postal Area (POA) Index of Relative Socio-economic Disadvantage 2006 (Cat. no. 2033.0.55.001). The index is divided into quintiles such that each quintile has an equal number of Statistical Local Areas; however, they do not necessarily have equal population sizes.</p> <p><u>For data by remoteness:</u> ABS' Australian Standard Geographical Classification (ASGC) Remoteness Classification for Postcodes 2006</p> <p>The total number of people who received dental services in each jurisdiction and nationally was estimated by multiplying service usage rates by the State/Territory or Australian Estimated Resident Population aged 5 years or over as at 30 June 2010.</p>
Institutional environment	This indicator was calculated by the Dental Statistics Research Unit (DSRU), a collaborating unit of the AIHW. DRSU is located in the Australian Research Centre for Population Oral Health (ARCPOH) at the University of Adelaide. ARCPOH is Australia's pre-eminent population oral health research body undertaking dental research and providing a broad range of dental and oral health statistics for Australia.

The AIHW is Australia's national agency for health and welfare statistics and information. The role of the AIHW is to provide information on Australia's health and welfare, through statistics and data development that inform discussion and decisions on policy and services.

The AIHW works closely with all State, Territory and Australian Government health authorities in collecting, analysing and disseminating data. However, the Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

Relevance

The NDTIS is a random sample survey that collects information on the dental health and use of dental services of Australians in all States and Territories. The scope of the survey includes both public and private dental services, and emergency as well as general visits (i.e. check ups and consultations for problems not classified as emergencies).

The indicator is limited to dentate people (that is, people with at least one remaining natural tooth) aged 5 years or over, whose telephone number was listed in the electronic White Pages. Participation in the survey is voluntary. In 2010, the response rate was 48 per cent.

The indicator does not provide information about oral health services provided to edentulous persons. As NDTIS does not specifically identify dental services provided through hospitals or services provided for orthodontic reasons it was not possible to exclude these services from usage rates.

Timeliness

The reference period for data collection is July 2010 to February 2011.

Accuracy

The indicator provides a non-duplicative count of the number of people who received a dental service over a 12 month period. Information about the reason for visit and the type of provider relates to the most recent service received. As some people may have received more than one dental service over the period, the total rates for each separate type of service may be an underestimate.

Rates were age-standardised to the Australian population to enable comparison between jurisdictions and population groups. Estimated numbers of people receiving dental services were calculated by multiplying service usage rates by the Estimated Resident Population aged 5 years or over. However, variability in the percentage of dentate persons between jurisdictions or population groups, particularly at older ages, will affect comparability.

As with all survey data, the indicator is subject to sampling error and non-response bias. To indicate the magnitude of sampling error RSE per cents have been provided for rate estimates. It is not possible to quantify the effect of non-response bias but survey data has been weighted to the age/sex distribution of the Australian population to limit the effect of this bias.

Cells have been suppressed to protect confidentiality (where the presentation could identify patient or a single service provider), where rates are highly volatile (i.e. the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Coherence

The NDTIS has been conducted regularly since 1994. The data items used to derive classifications are consistent over time.

Accessibility

The DSRU produces a number of statistical reports based on the NDTIS, available free of charge from its website: [<www.arcpoh.adelaide.edu.au/publications/report/statistics/>](http://www.arcpoh.adelaide.edu.au/publications/report/statistics/)
Customised tables are available on request (on a fee for service basis).

Interpretability

Supporting information on the NDTIS 2010 will be publicly available on the ARCPH website.

Data Quality Statement — Indicator 27: Optometry services

Key data quality points

- The data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to service providers and has accurate data on the number of services provided.
- Information about Indigenous status is not available for this indicator in 2010-11.

Target/Outcome	Primary and community health
Indicator	Optometry service use per 1000 population
Measure (computation)	<p>The <i>numerator</i> is the number of optometry services claimed through Medicare, defined by Medicare Benefits Schedule (MBS) items in broad type of service group J.</p> <p>The <i>denominator</i> is the estimated resident population.</p> <p><i>Calculation</i> is $1000 \times (\text{Numerator} \div \text{Denominator})$, presented as a rate per 1000 and age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so Indigenous disaggregations were standardised to 64 years with ages over 64 years combined.</p>
Data source/s	<p><i>Numerator:</i> Australian Government Department of Health and Ageing (DoHA) MBS Statistics.</p> <p>Australian Government Department of Veterans' Affairs (DVA) Statistical Services and Nominal Rolls using the Departmental Management Information System (DMIS). These data are known as Treatment Account System (TAS) data.</p> <p><i>Denominators:</i></p> <p><u>For total population:</u> Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2010.</p> <p><u>For data by socioeconomic status:</u> calculated using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) as at 30 June 2010. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.</p> <p><u>For data by remoteness:</u> ABS ERP as at 30 June 2010, by remoteness areas, as specified in the Australian Standard Geographical Classification.</p>
Institutional environment	<p>Medicare Australia (now Department of Human Services – Medicare) processes claims made through the MBS under the <i>Medicare Australia Act 1973</i>. These data are then regularly provided to DoHA. Medicare Australia also processes claims for DVA Treatment Card holders made through the MBS under the <i>Veterans' Entitlements Act 1986</i>; <i>Military Rehabilitation and Compensation Act 2004</i> and <i>Medicare Australia Act 1973</i>. All claiming data is regularly provided to DVA as per the Memorandum of Understanding between Medicare Australia and DVA.</p> <p>The tables for this indicator were prepared by DoHA and DVA and quality-assessed by the AIHW. DoHA drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the</p>

AIHW, in consultation with DoHA and DVA. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

The measure relates to specific identified MBS services.

The analyses by State/Territory, remoteness and socioeconomic status are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service processed in the reference period. As clients may receive services in locations other than where they live, this data does not necessarily reflect the location in which services were received.

For 2010-11, DVA clients comprised less than 2 per cent of people who received optometry services.

Timeliness

The indicator relates to all claims processed in the 2010-11 financial year.

Accuracy

As with any administrative system a small degree of error may be present in the data captured.

DoHA MBS Statistics and DVA TAS data used for statistical purposes is based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

Data are based on the date on which the MBS claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produce little difference in the total number of persons included in the numerator for the reference period.

Information about Indigenous status is not available for this indicator in 2010-11. The underlying data source for Indigenous status is the Medicare Australia Voluntary Indigenous Identifier (VII) database. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. Indigenous status statistics in previous CRC reports have therefore been adjusted to reflect demographic characteristics of the overall Indigenous population. The Indigenous population estimates required to determine the appropriate adjustments for 2010-11 VII data were not available when this measure was calculated. Since the data relating to Indigenous status could not be adjusted for under-identification, these data are not presented in this report.

DVA TAS data are not available by Indigenous status.

Coherence

The data items used to construct the measures are consistently collected, comparable, and support assessment of annual change. They are consistent with service numbers published by Medicare Australia.

Caution should be taken when interpreting Indigenous rates over time.

Data presented by Indigenous status for 2008-09 and 2009-10 were adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Such adjustment is necessary because VII statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. VII statistics were therefore adjusted to reflect demographic characteristics of the overall Indigenous population and readers were advised that

Accessibility

Indigenous rates were therefore modelled and should be interpreted with caution. The Indigenous population estimates required to determine the appropriate adjustments for 2010-11 VII data were not available when this measure was calculated. Since the data relating to Indigenous status could not be adjusted for under-identification, these data are not presented in this report.

MBS statistics are available at:

www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

www.medicareaustralia.gov.au/statistics/mbs_item.shtml

Disaggregation of MBS data by SEIFA and remoteness area are not publicly available elsewhere.

Interpretability

Information about services subsidised through Medicare is available from MBS online:

www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1

Data Quality Statement — Indicator 28: Public sector community mental health services

Key data quality points

- The National Community Mental Health Care Database is a near-comprehensive collection of data on service contacts provided by specialised mental health services for patients/clients of all public sector community mental health services in Australia.
- There is some variation in the types of service contacts included across jurisdictions.
- The Indigenous status data should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions.
- Data are reported by the State or Territory that delivered the service and will include people receiving services in one jurisdiction who reside in another. These cross-border flows are particularly relevant in interpreting ACT data.

Target/Outcome	Primary and community health
Indicator	Public community mental health service utilisation
Measure (computation)	<p>The <i>numerator</i> is the number of community mental health service contacts provided by public sector community mental health services.</p> <p>The <i>denominator</i> is the Estimated Resident Population (ERP) as at 30 June 2009.</p> <p><i>Calculation</i> is $1000 \times (\text{Numerator} \div \text{Denominator})$, presented as a number per 1000 population and age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years with ages over 84 years combined. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so Indigenous disaggregations were standardised to 64 years with ages over 64 years combined.</p>
Data source/s	<p><i>Numerator:</i></p> <p>National Community Mental Health Care Database (NCMHCD) as specified by the Community Mental Health Care National Minimum Data Set (CMHC NMDS).</p> <p><i>Denominator:</i></p> <p>Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2009.</p> <p><u>For data by Indigenous status:</u> ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2009.</p> <p><u>For data by socioeconomic status:</u> calculated by AIHW using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) and, where applicable, ABS Postal Area to SLA concordance. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile about 10 per cent of the population.</p> <p><u>For data by remoteness:</u> ABS' Australian Standard Geographical Classification and, where applicable, ABS Postal Area to Remoteness Area concordance.</p>
Institutional environment	The AIHW has calculated this indicator. The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is

accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the AIHW by State and Territory health authorities. The State and Territory health authorities receive these data from public sector community mental health services. States and territories use these data for service planning, monitoring and internal and public reporting.

Community mental health services may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

<www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788>

Relevance

The CMHC NMDS specification defines a mental health service contact as the provision of a 'clinically significant service' by a specialised mental health service provider. The scope of the CMHC NMDS is service contacts provided by specialised mental health services in the community for patients/clients, other than those admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24-hour staffed specialised residential mental health services, i.e. the scope of the CMHC NMDS is non-admitted, non-residential care.

There is some variation in the types of service contacts included across jurisdictions. For example, some jurisdictions include written correspondence as service contacts while others do not.

Tasmania and the Northern Territory estimates that there could be a deficit of between 25–35 per cent of service contact records, while coverage for the remainder of the jurisdictions is estimated to be between 83–100 per cent.

The numerator includes people who receive a service in one jurisdiction but normally reside in another. There will be some mismatch between numerator and denominator in areas with cross-border flows.

Timeliness

The reference period for the CMHC NMDS data is 2009-10.

Accuracy

Inaccurate responses may occur in all data provided to the AIHW, and the AIHW does not have direct access to jurisdictional records to determine the accuracy of data provided. However, routine data quality checks are conducted by the states and territories prior to submission to the AIHW. The AIHW then undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors.

These data are subject to a quality process to examine possible inclusion of some duplicate counts. Based on preliminary analysis of Victorian data, over-recording is estimated to account for less than 5 per cent of total.

The Indigenous status data should be interpreted with caution due to the varying and, in some instances, unknown quality of Indigenous identification across jurisdictions. Indigenous status is missing for 9 per cent of contacts.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider), where rates are likely to be highly volatile (for example, the denominator is very

small. The following rules were applied:

- Rates were suppressed where the denominator was less than 1000 or where the rates appear misleading (for example, because of cross border flows).

Coherence

There has been no change to the methodology used to collect the data in 2009-10 in most jurisdictions. Data for all jurisdictions, except Queensland, are comparable to 2008-09.

During 2008-09, Queensland introduced a new state-wide clinical information system. Consequently, data for the 2008-09 reference period has been sourced from both the legacy applications and the new information system. Whilst the new system provided an improved mechanism for the capture of clinical, legislative and activity data for mental health, there were a number of implementation issues which impacted on the entry of data. In addition, the underpinning data model is a modification from the model implemented in the legacy applications and effectively sets a new baseline for reporting from 2009-10.

The data used in this indicator are routinely published in the AIHW publication *Mental health services in Australia*. However, there may be some differences in the calculated rates in that publication due to the use of different ERPs other than June 2009 ERPs used for this indicator.

Accessibility

The AIHW produces the annual series *Mental health services in Australia* (available electronically on the AIHW website.)

Interpretability

Supporting information on the quality and use of the NCMHCD are published annually in *Mental health services in Australia* (Section 4), which is available electronically on the AIHW website. Supporting information includes discussion of the quality of Indigenous data, the quality of principal diagnosis data, and estimates of the number of patients. Metadata information for the CMHC NMDS is published in the AIHW's online metadata repository — METeOR, and the *National health data dictionary*.

Data Quality Statement — Indicator 29: Private sector mental health services

Key data quality points

- The numerator data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to patients and has accurate data on the number of services provided.
- Information about Indigenous status is not available for Medicare Benefits Schedule (MBS) data in 2010–11.
- Department of Veterans' Affairs (DVA) data is not available by Indigenous status.

Target/Outcome	Primary and community health
Indicator	Ambulatory mental health services provided by private psychiatrists, GPs and allied health providers (psychologists, occupational therapists, social workers, mental health nurses and Aboriginal health workers)
Measure (computation)	<p>The <i>numerator</i> is the number of MBS mental health services processed by Medicare Australia within the reference period which have been provided by private psychiatrists, clinical psychologists, GPs and other allied health workers.</p> <p>The <i>denominator</i> is the Estimated Resident Population (ERP).</p> <p><i>Calculation</i> is $1000 \times (\text{Numerator} \div \text{Denominator})$, presented as a rate per 1000 and age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so the Indigenous disaggregation was standardised to 64 years with ages over 64 years combined.</p>
Data source/s	<p><i>Numerator:</i></p> <p>Australian Government Department of Health and Ageing (DoHA) MBS Statistics.</p> <p>Australian Government Department of Veterans' Affairs (DVA) Statistical Services and Nominal Rolls using the Departmental Management Information System (DMIS). These data are known as Treatment Account System (TAS) data.</p> <p><i>Denominators:</i></p> <p>Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2010.</p> <p><u>For data by Indigenous status:</u> ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2010.</p> <p><u>For data by socioeconomic status:</u> calculated by AIHW using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) and, where applicable, ABS Postal Area to SLA concordance. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent and each decile has approximately 10 per cent of the population.</p> <p><u>For data by remoteness:</u> ABS' Australian Standard Geographical Classification and, where applicable, ABS Postal Area to Remoteness Area concordance.</p>

Institutional environment

Medicare Australia (now Department of Human Services – Medicare) processes claims made through the MBS under the *Medicare Australia Act 1973*. These data are then regularly provided to DoHA. Medicare Australia also processes claims for DVA Treatment Card holders made through the MBS under the *Veterans' Entitlements Act 1986*; *Military Rehabilitation and Compensation Act 2004* and *Medicare Australia Act 1973*. All claiming data is regularly provided to DVA as per the Memorandum of Understanding between Medicare Australia and DVA.

The AIHW prepared and calculated the indicator based on data supplied by other data providers. The AIHW drafted the initial data quality statement. The statement was finalised by AIHW following input from DoHA and DVA. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

Relevance

The measure relates to mental health-specific MBS services for which Medicare Australia has processed a claim.

Analyses by State/Territory, remoteness and socioeconomic status (SEIFA) are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service processed in the reference period. As clients may receive services in locations other than where they live, these data do not necessarily reflect the location in which services were received.

Timeliness

The indicator relates to all claims processed in the 2010–11 financial year.

Accuracy

As with any administrative system a small degree of error may be present in the data captured.

DoHA MBS Statistics and DVA TAS data used for statistical purposes are based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

The data provided are based on the date on which the MBS claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produces little difference in the total number of persons included in the numerator for the reference period.

The MBS items used to construct this indicator include services that may be rendered in a hospital setting.

Information about Indigenous status for DoHA MBS data is not available for this indicator in 2010–11. The underlying data source for Indigenous status is the Medicare Australia Voluntary Indigenous Identifier (VII) database. These statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. Indigenous status statistics in previous CRC reports have therefore been adjusted to reflect demographic characteristics of the overall Indigenous population. The Indigenous population estimates required to determine the appropriate adjustments for 2010–11 VII data were not available when this measure was calculated. Since the data relating to Indigenous status could not be adjusted for under-

identification, these data are not presented in this report.
DVA TAS data are not available by Indigenous status.

Coherence

The data used in this indicator are routinely published in *Mental health services in Australia*. However, in that publication, rates may be calculated using different ERPs rather than June 2010 ERPs that are used for this indicator. Consequently, there may be some differences in the calculated rates.

DoHA MBS data presented by Indigenous status for 2008–09 and 2009–10 were adjusted for under-identification in the Medicare Australia Voluntary Indigenous Identifier (VII) database. Such adjustment is necessary because VII statistics are not derived from the total Australian Indigenous population, but from those Aboriginal and Torres Strait Islander people who have voluntarily identified as Indigenous to Medicare Australia. VII statistics were therefore adjusted to reflect demographic characteristics of the overall Indigenous population and readers were advised that Indigenous rates were therefore modelled and should be interpreted with caution. The Indigenous population estimates required to determine the appropriate adjustments for 2010–11 VII data were not available when this measure was calculated. Since the data relating to Indigenous status could not be adjusted for under-identification, these data are not presented in this report.

All psychologist items have been reported under the general heading of Psychologist services in *Mental health services in Australia* whereas this indicator reports Clinical psychologists separately and all other psychologist items are reported as Other allied health.

As of 1 January 2010, a new item (2702) has been introduced for patients of GPs who have not undertaken mental health skills training. Changes have been made to the existing item 2710 to allow patients of GPs who have undertaken mental health skills training to access a higher rebate. Both of these items relate to the preparation of a GP mental health treatment plan.

Caution should be taken when interpreting Indigenous rates over time. All other data can be meaningfully compared across reference periods.

Accessibility

MBS statistics are available at:

www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

www.medicareaustralia.gov.au/statistics/mbs_item.shtml

Disaggregation of MBS data by SEIFA is not publicly available elsewhere.

The AIHW produces the annual series *Mental health services in Australia* (available in hard copy or electronically on the AIHW website.)

Interpretability

Information about services subsidised through Medicare is available from MBS online:

www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1

Data Quality Statement — Indicator 30: Proportion of people with diabetes who have a GP annual cycle of care

Key data quality points

- This indicator appears reliable at a national level. However comparisons between jurisdictions and population groups may be problematic due to different population structures (including relative prevalence of Type 1 and Type 2 diabetes) which have not been accounted for in the calculation of this indicator.
- Compared with other jurisdictions, results for the Australian Capital Territory and Northern Territory appear to be less reliable, perhaps due to their smaller population and lower coverage of services in the NT.
- The NDSS gives the best available approximation of people with diagnosed diabetes in Australia as at 30 June 2011 but it does not cover all people with diabetes and its uptake is lower in remote areas.

Target/Outcome	Primary and community health
Indicator	Proportion of people with diabetes mellitus who have received a Medicare Benefits Schedule (MBS) annual cycle of care.
Measure (computation)	<p><i>Numerator</i> — Number of people with a completed MBS diabetes annual cycle of care processed by Medicare Australia within the reference period.</p> <p><i>Denominator</i> — Number of people diagnosed with Type 1 and Type 2 diabetes in the community.</p> <p>The calculation is $100 \times (\text{Numerator} \div \text{Denominator})$</p>
Data source/s	<p><u><i>Numerator:</i></u></p> <p>Australian Government Department of Health and Ageing (DoHA) MBS Statistics.</p> <p>Australian Government Department of Veterans' Affairs (DVA) Statistical Services and Nominal Rolls using the Departmental Management Information System (DMIS). These data are known as Treatment Account System (TAS) data.</p> <p><u><i>Denominator:</i></u></p> <p><u>National Diabetes Services Scheme (NDSS)</u></p> <p>An administrative database that provides counts of people known to have diabetes (through certification of diagnosis by a doctor or diabetes educator) who access NDSS services.</p> <p><u>For data by socioeconomic status:</u> calculated using the ABS' SEIFA IRSD and ERP by Statistical Local Area (SLA) as at 30 June 2010. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.</p> <p><u>For data by remoteness:</u> ABS ERP as at 30 June 2010, by remoteness areas, as specified in the Australian Standard Geographical Classification.</p>
Institutional environment	<p><u>DoHA MBS Statistics and DVA TAS data</u></p> <p>Medicare Australia (now Department of Human Services – Medicare) processes claims made through the MBS under the <i>Medicare Australia Act 1973</i>. These data are then regularly provided to DoHA. Medicare Australia also processes claims for DVA Treatment Card holders made</p>

through the MBS under the *Veterans' Entitlements Act 1986*; *Military Rehabilitation and Compensation Act 2004* and *Medicare Australia Act 1973*. All claiming data is regularly provided to DVA as per the Memorandum of Understanding between Medicare Australia and DVA.

NDSS

The NDSS is a subsidy scheme administered by Diabetes Australia Ltd, since its establishment in 1987, on behalf of DoHA.

At the point of registration with the Scheme, people provide demographic data, details of the type of diabetes they have and how it is treated. This information is held on a central database by Diabetes Australia Ltd and is uploaded monthly.

Diabetes Australia Ltd is a national federated body supporting people with diabetes and professional and research bodies concerned with the treatment and prevention of diabetes; see www.diabetesaustralia.com.au/en/About-Diabetes-Australia/.

The tables for this indicator were prepared by DoHA and DVA and quality-assessed by the AIHW. DoHA drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, in consultation with DoHA and DVA. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

DoHA MBS Statistics and DVA TAS data

The measure relates to specific identified MBS services for which Medicare Australia has processed a claim.

For 2010-11 DVA clients comprised less than 4 per cent of people who received a GP annual cycle of care.

Analyses by State/Territory, remoteness and socioeconomic status (SEIFA) are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service processed in the reference period. As clients may receive services in locations other than where they live, these data do not necessarily reflect the location in which services were received. There were a small number of DoHA MBS records with a postcode that was invalid or did not map to a remoteness area (59 records) and/or SEIFA category (1,879 records). These records were excluded from the analysis.

NDSS

The number of registrants on the NDSS can be counted to estimate diabetes prevalence. However, registration is voluntary and therefore it is likely that a proportion of people with diagnosed diabetes are not registered with the Scheme. Diabetes Australia estimates that the NDSS covers 80 per cent to 90 per cent of people with diagnosed diabetes.

NDSS data allow for disaggregations by area (based on postcode). As with the MBS data, there were a small number of records with a postcode that was invalid or did not concord to a remoteness area (310 records) and/or SEIFA category (6,745 records).

The indicator aggregates people with Type 1 and Type 2 diabetes (as using data linkage to disaggregate the data would raise Privacy Act concerns). However, while people with Type 1 diabetes are significantly more likely to require a care plan, Type 2 diabetes comprises around 85 per cent of all records. Consequently, aggregating data does not give an accurate proportion of persons with each type of diabetes who have an MBS annual cycle of care.

The denominator includes only Type 1 and Type 2 diabetes. Therefore,

5,043 people diagnosed with 'other diabetes' were excluded in the 2010-11 data.

Timeliness

DoHA MBS Statistics and DVA TAS data

Data used in this indicator relate to all claims processed in the 2010-11 financial year.

NDSS

NDSS data are updated continuously. Data are available on a monthly basis from Diabetes Australia Ltd. The NDSS data used for this indicator relate to all registrants as at 30 June 2011.

Accuracy

DoHA MBS Statistics and DVA TAS data

As with any administrative system a small degree of error may be present in the data captured.

Data used for statistical purposes are based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if an address change has not been notified to Medicare Australia.

Data are based on the date on which the MBS claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produces little difference in the total number of persons included in the numerator term for the reference period.

NDSS

The AIHW estimates the number of duplicate records in the NDSS to be small (only 0.4 per cent of records from a subset of NDSS data as at June 2009). A number of people who have died are likely to be still in the database.

The NDSS requires certification of a diagnosis of diabetes before an individual can register. This eliminates any self-report bias, but excludes those people with undiagnosed diabetes.

The NDSS may underestimate the prevalence of diabetes in remote areas due to a shortage of doctors/diabetes educators needed to approve registration application.

Postcodes (used for disaggregation by SEIFA and remoteness area) relate to the registrant's place of residence as recorded at the point of registration. This is likely to be accurate, as registrants have an incentive to update this information if and when they move so as to ensure products supplied to them under the NDSS are delivered to their correct place of residence.

Cells have been suppressed where the numerator is less than 10 to protect confidentiality.

Coherence

The reference period is not consistent across the data sources: the MBS data relate to all claims processed over the 2010-11 financial year; while the NDSS data include all registrants on the database at a point in time (30 June 2011).

Interpretation of rates over time should not be undertaken as the prevalence estimate (denominator) increases each year with the increased coverage of the NDSS.

Accessibility

MBS

MBS statistics are available at:

www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statist

tics-1>

<www.medicareaustralia.gov.au/statistics/mbs_item.shtml>

Disaggregation of MBS data by SEIFA and Remoteness Area are not publicly available elsewhere.

NDSS

NDSS data are not publicly accessible.

Interpretability

Information about services subsidised through Medicare is available from MBS online:

<www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1>

Further information on the NDSS is available at <www.ndss.com.au>.

Data Quality Statement — Indicator 32: Proportion of people with a mental illness with GP treatment plans

Key data quality points

- The numerator data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to patients and has accurate data on the number of services provided.
- There are issues with the consistency of the numerator and denominator for this indicator, as they are drawn from differently defined populations and different data sources.

Target/Outcome	Primary and community health
Indicator	Proportion of people with mental illness with GP Mental Health Treatment Plans
Measure (computation)	<p>The <i>numerator</i> is the number of people aged between 16–84 for which Medicare Australia has processed a GP Mental Health Treatment Plan (Medicare Benefits Schedule (MBS) items 2702 and 2710) during the reference period.</p> <p>The <i>denominator</i> is the estimated proportion (age- and sex-specific) of the population with mental illness applied to the Estimated Resident Population (ERP).</p> <p><i>Calculation</i> is $100 \times (\text{Numerator} \div \text{Denominator})$, presented as a percentage and age-standardised to the Australian population aged 16–84 as at 30 June 2001, using the following age groups: 16–19 then 5-year age groups to 84 years.</p>
Data source/s	<p><i>Numerator:</i></p> <p>Australian Government Department of Health and Ageing (DoHA) MBS Statistics.</p> <p>Australian Government Department of Veterans' Affairs (DVA) Statistical Services and Nominal Rolls using the Departmental Management Information System (DMIS). These data are known as Treatment Account System (TAS) data.</p> <p><i>Denominator:</i></p> <p>Calculated by the Australian Bureau of Statistics (ABS) by multiplying the age- and sex-specific 12-month prevalence rate of selected mental disorders (from the National Survey of Mental Health and Wellbeing 2007) by the age- and sex-specific ABS Estimated Resident Population (ERP) as at 30 June 2010 in each State/Territory, remoteness area and SEIFA quintile. SEIFA is calculated using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) as at 30 June 2010. Each SLA in Australia is ranked and divided into quintiles such that each quintile has an equal number of SLAs. However, quintiles do not necessarily have the same population size.</p>
Institutional environment	<p>Medicare Australia (now Department of Human Services – Medicare) processes claims made through the MBS data under the <i>Medicare Australia Act 1973</i>. These data are then regularly provided to DoHA. Medicare Australia also processes claims for DVA Treatment Card holders made through the MBS under the <i>Veterans' Entitlements Act 1986</i>; <i>Military Rehabilitation and Compensation Act 2004</i> and <i>Medicare Australia Act 1973</i>. All claiming data is regularly provided to DVA as per the</p>

Memorandum of Understanding between Medicare Australia and DVA.

The ABS is Australia's official national statistical agency. The ABS operates within a framework that includes the *Australian Bureau of Statistics Act 1975* and the *Census and Statistics Act 1905*. For more information see the ABS Institutional Environment.

The numerator for this indicator was prepared by DoHA and DVA, the denominator was prepared by the ABS—both were quality-assessed by the Australian Institute of Health and Welfare (AIHW). The AIHW calculated the indicator based on the numerator and denominator supplied by DoHA/DVA and ABS, respectively. DoHA drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) and then further comments were added by the AIHW, DVA and ABS, in consultation with the Department. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

There are issues with the consistency of the numerator and denominator for this indicator, as they are drawn from differently defined populations and different data sources.

DoHA MBS Statistics and DVA TAS data

Data relates to mental health-specific MBS services for which Medicare Australia has processed a claim.

Analyses by State/Territory, remoteness and socioeconomic status are based on postcode of residence of the client as recorded by Medicare Australia at the date of last service processed in the reference period. As clients may receive services in locations other than where they live, this data does not necessarily reflect the location in which services were received.

National Survey of Mental Health and Wellbeing 2007

The National Survey of Mental Health and Wellbeing (SMHWB) was conducted with a representative sample of people aged 16–85 years who lived in private dwellings across Australia.

The survey provides information on diagnostic prevalence of mental disorders in the Australian population as assessed for the last 12 months using the World Health Organization's (WHO) Composite International Diagnostic Interview.

This survey only captures common/high prevalence mental disorders by three major disorder groups — Anxiety disorders (e.g. Social Phobia), Affective disorders (e.g. Depression) and Substance Use disorders (e.g. Alcohol Harmful Use). It does not capture low-prevalence disorders, such as psychosis.

Timeliness

DoHA MBS Statistics and DVA TAS data

The indicator relates to all claims processed in the 2010–11 financial year.

National Survey of Mental Health and Wellbeing 2007

The SMHWB was conducted from August to December 2007, and adjusted to generate 2010 prevalence estimates.

Accuracy

DoHA MBS Statistics and DVA TAS data

As with any administrative system a small degree of error may be present in the data captured.

Data used for statistical purposes are based on enrolment postcode of the patient. This postcode may not reflect the current postcode of the patient if

an address change has not been notified to Medicare Australia.

The data provided are based on the date on which the MBS claim was processed by Medicare Australia, not when the service was rendered. The use of data based on when the claim was processed rather than when the service was rendered produces little difference in the total number of persons included in the numerator for the reference period.

People who received more than one GP Mental Health Treatment Plan (MBS items 2702 and 2710) are counted once only in the calculations for this indicator.

National Survey of Mental Health and Wellbeing 2007

Data measuring the size of the population with mental illness for the denominator were not available for the specified time point. Synthetic estimates of the population with a mental illness were derived by applying national level age- and sex-specific rates of persons with any 12 month mental disorder from the 2007 Survey of Mental Health and Wellbeing to the 30 June 2010 ERPs in various strata (SEIFA quintiles, remoteness, etc). This methodology assumes that age- and sex-specific rates of persons with a mental disorder are consistent across geography and over time.

Estimated Resident Population

ERPs were not available for the 16–85 age range specified for this indicator. Therefore, the ERPs for the 16–84 age range were used and the numerator adjusted accordingly.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider), where rates are likely to be highly volatile (for example, the denominator is very small), or data quality is known to be of insufficient quality.

Coherence

DoHA MBS Statistics and DVA TAS data

As of 1 January 2010, a new item (2702) has been introduced for patients of GPs who have not undertaken mental health skills training. Changes have been made to the existing item 2710 to allow patients of GPs who have undertaken mental health skills training to access a higher rebate. As both of these items relate to the preparation of a GP mental health treatment plan they are both included in 2010–11 data.

National Survey of Mental Health and Wellbeing 2007

The data are not comparable with data previously published using the National Survey of Mental Health and Wellbeing 2007, as the data have been adjusted to reflect the population in 2010.

Accessibility

MBS statistics are available at:

www.health.gov.au/internet/main/publishing.nsf/Content/Medicare+Statistics-1

www.medicareaustralia.gov.au/statistics/mbs_item.shtml

Disaggregations of MBS data by SEIFA and remoteness area are not publicly available elsewhere.

National Survey of Mental Health and Wellbeing 2007 information is available at:

www.abs.gov.au/ausstats/abs@.nsf/PrimaryMainFeatures/4327.0?OpenDocument

www.abs.gov.au/ausstats/abs@.nsf/PrimaryMainFeatures/4326.0?OpenDocument

Interpretability

Information about services subsidised through Medicare is available from MBS online:

www.health.gov.au/internet/mbsonline/publishing.nsf/content/medicare-benefits-schedule-mbs-1 >

Information is available for the National Survey of Mental Health and Wellbeing from *National Survey of Mental Health and Wellbeing: Summary of Results* (Cat. no. 4326.0). It contains a Summary of Findings and tables with footnoted data to aid the interpretation of the survey results. The supporting documentation released with the survey data can assist in understanding the relationships between data variables within the dataset and in comparisons with data from other sources.

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Data Quality Statement — Indicator 33: Women with at least one antenatal visit in the first trimester of pregnancy

Key data quality points

- The Perinatal NMDS did not include antenatal care data items in 2009 and national data are not currently available. Information about antenatal care in the first trimester was provided to the National Perinatal Data Collection (NPDC) for births in New South Wales, Queensland, South Australia and the Northern Territory only. Antenatal care data items were collected using non-standardised definitions and with variable response rates. The validity of the data is unknown. Completeness of the data varies widely between jurisdictions and comparisons are not advised.
- The NPDC includes information on the Indigenous status of the mother only. Since 2005, all jurisdictions have collected information on Indigenous status of the mother in accordance with the Perinatal NMDS.
- No formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers in the Perinatal NMDS. The current data have not been adjusted for potential under-identification of Indigenous status of the mother and thus jurisdictional comparisons of Indigenous data should not be made.

Target/Outcome	Primary and community health
Indicator	This indicator presents the number of pregnancies resulting in a birth, where an antenatal visit was reported in the first trimester (up to and including 13 completed weeks) as a proportion of pregnancies resulting in at least one live or stillborn baby.
Measure (computation)	<p><i>Numerator:</i> Number of women who attended at least 1 antenatal visit in the first trimester (up to and including 13 completed weeks gestation) and gave birth to at least one live or stillborn baby in a calendar year.</p> <p><i>Denominator:</i> Total number of women who gave birth to at least one live or stillborn baby in a calendar year (where gestation at first antenatal visit is known)</p> <p>Calculation: $100 \times (\text{Numerator} \div \text{Denominator})$</p>
Data source/s	<p>This indicator is calculated using data from the AIHW National Perinatal Data Collection (NPDC).</p> <p><u>For data by socioeconomic status:</u> calculated by AIHW using the ABS' SEIFA IRSD. Each Statistical Local Area in Australia is ranked and divided into quintiles of approximately equal population size.</p> <p><u>For data by remoteness:</u> ABS' Australian Standard Geographical Classification</p>
Institutional environment	<p>The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data collected as part of the National Perinatal Data Collection include a National Minimum Data Set and were supplied by State and Territory health authorities to the National Perinatal Epidemiology and Statistics Unit (NPESU), a collaborating unit of the Institute. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.</p> <p>For further information see the AIHW Institutional Environment.</p>

Relevance

The National Perinatal Data Collection comprises data items as specified in the Perinatal National Minimum Data Set (NMDS) plus additional items collected by the states and territories. The purpose of the Perinatal NMDS is to collect information at birth for monitoring pregnancy, childbirth and the neonatal period for both the mother and baby(s)

The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation. It includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth; and data items relating to the baby, including birth status (live or stillbirth), sex, gestational age at birth, birthweight, Apgar score and neonatal length of stay.

Although the NPDC includes all relevant data elements of interest for this indicator, the Perinatal NMDS did not include antenatal care data items in 2009, therefore data are not available for all states and territories. Data reported for 2009 on number of women who gave birth who attended at least one antenatal visit in the first trimester are for New South Wales, Queensland, South Australia and the Northern Territory only. Although data on gestation at first antenatal visit are also collected in the Australian Capital Territory, they were not considered of sufficient quality to publish. Totals reported for this indicator are not generalisable to Australia.

Information collected on antenatal care differ among the jurisdictions. Comparisons between states and territories should therefore be interpreted with caution.

While each jurisdiction has a unique perinatal form for collecting data on which the format of the Indigenous status question and recording categories varies slightly, all systems include the NMDS item on Indigenous status of mother.

No formal national assessment has been undertaken to determine completeness of the coverage of Indigenous mothers in the Perinatal NMDS. However, the proportion of Indigenous mothers for the period 2000–2009 has been consistent, at 3.4–3.8 per cent of women who gave birth. . For maternal records (0.4 per cent) where Indigenous status was not stated, data were excluded from Indigenous and non-Indigenous analyses.

SEIFA quintiles based on the Index of Relative Socio-economic Disadvantage (IRSD) for the total population have been applied for this indicator for reporting by SEIFA. Reporting by remoteness is in accordance with the Australian Standard Geographical Classification (ASGC).

Cells have been suppressed to protect confidentiality (where the numerator is less than 5 or would identify a single service provider), where rates are highly volatile (i.e. the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Timeliness

The reference period for the data is 2009. Collection of data for the NPDC is annual.

Accuracy

Inaccurate responses may occur in all data provided to the Institute. The Institute does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Institute undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are

queried with jurisdictions, and corrections and resubmissions are made in response to these edit queries. The AIHW does not adjust data to account for possible data errors.

Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the Institute. This indicator is calculated on data that has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for review. The Institute does not adjust the data to correct for missing values. Note that because of data editing and subsequent updates of State/Territory databases, and because data are being reported by place of residence rather than place of birth the numbers reported for this indicator differ from those in reports published by the states and territories. The data are not rounded.

National data are not available for antenatal care. Data reported for 2009 on number of women who gave birth who attended at least 1 antenatal visit in the first trimester are available for births in New South Wales, South Australia and the Northern Territory for the whole year and for the second half of the year from Queensland. Residents of these jurisdictions who gave birth in a different jurisdiction would not have data collected on antenatal care.

The proportion of records missing information on whether the first antenatal visit was in the first trimester differed depending on the women's jurisdiction of residence. Improvements in data validation in the Northern Territory, including the date of first ultrasound examination attended, has led to improved data quality and a decrease in the proportion of records missing antenatal care information, since 2007. The timing of the first visits for women missing data may be distributed differently to those whose data have been reported. Therefore, computation of the indicator includes data with completed information about gestation at first antenatal visit.

The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Only 0.2 per cent of records were non-residents or could not be assigned to a state or territory of residence. There is no scope in the data element Area of usual residence of mother to discriminate temporary residence of mother for the purposes of accessing birthing services from usual residence. The former may differentially impact populations from remote and very remote areas, where services are not available locally.

Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers which is likely to differ among jurisdictions. Approximately 0.4 per cent of mothers who gave birth in the reference period had missing Indigenous status information. No adjustments have been made for under-identification or missing Indigenous status information and thus jurisdictional comparisons of Indigenous data should not be made.

The indicator is presented by SEIFA IRSD. The NPDC receives a code for SLA from all states and territories.

Reporting by remoteness is in accordance with the Australian Standard Geographical Classification (ASGC). Remoteness is assigned from SLA or postal area codes.

Coherence

An interim measure is presented for this indicator, pending development and implementation of standard data definitions in the Perinatal NMDS. The data for 2009 include Queensland data for the first time, changing

the composition of the total population to which this indicator applies. Data presented in future years may not be consistent or comparable with data presented here. Changing levels of Indigenous identification over time and across jurisdictions may affect the accuracy of compiling a consistent time series in future years.

Data for this indicator are published biennially in the Aboriginal and Torres Strait Islander Health Performance Framework report and the Overcoming Indigenous Disadvantage report (although minor differences may arise due to small variations in the definition of 'first trimester').

Accessibility

The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are:

- Australia's mothers and babies annual report
- Indigenous mothers and their babies, Australia 2001–2004
- METeOR — online metadata repository
- National health data dictionary.

Ad hoc data are also available on request (charges apply to recover costs).

Interpretability

Supporting information on the use and quality of the NPDC are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum Data Set compliance evaluation 2001 to 2005. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Indigenous data that might affect interpretation of the indicator was published in Indigenous mothers and their babies, Australia 2001–2004 (Chapter 1 and Chapter 5).

Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Once nationally consistent data items on antenatal care are added to the Perinatal NMDS, metadata information for this indicator will be revised in METeOR, and published in the National Health Data Dictionary as a national standard. In December 2009, a data item on 'pregnancy duration at the first antenatal care visit' was added to the Perinatal NMDS and included in METeOR. This will be available for data collected about births from July 2010.

Data Quality Statement—Indicator 34: Waiting times for elective surgery

Key data quality points

- The National Elective Surgery Waiting Times Data Collection (NESWTDC) contains records for patients removed from waiting lists for elective surgery which are managed by public acute hospitals. For 2009–10, coverage of the NESWTDC was about 91 percent of elective surgery in Australian public hospitals. For 2010–11, the preliminary estimate of the proportion of public elective surgery that was also reported to the NESWTDC was 93 per cent.
- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- For 2009–10 records from the NESWTDC and the NHMD were linked to produce disaggregations by remoteness and socioeconomic status (all jurisdictions), and Indigenous status (NSW only). Approximately 85 percent of NESWTDC records were linked to the NHMD. Data for Tasmania were not able to be linked due to the implementation of a new information system in public hospitals. For 2010–11, an estimate of the proportion of public hospital elective surgery covered by the NESWTDC is not available as the corresponding National Hospital Morbidity Database (NHMD) data were not available as at November 2011.
- Analyses for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of the hospital. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- The quality of Indigenous status data in the NESWTDC has not been formally assessed for completeness: caution should be exercised when interpreting these data. Indigenous status data from the NHMD (used for NSW data in 2009–10) are of sufficient quality for statistical reporting.
- Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the Australian Capital Territory.
- For 2010–11, data for the Albury Base Hospital were not available.

Target/Outcome	Hospital and related care
Indicator	Median and 90th percentile waiting times for elective surgery in public hospitals, including by indicator procedure
Measure (computation)	<p>The number of days' waiting time is calculated by subtracting the listing date for care from the removal date, minus any days when the patient was not ready for care and minus any days the patient was waiting with a less urgent clinical urgency category than their clinical urgency category at removal.</p> <p>The 50th percentile (median) represents the number of days within which 50 per cent of patients were admitted; half the waiting times will be shorter than the median and half the waiting times longer. The 90th percentile data represent the number of days within which 90 per cent of patients were admitted.</p>
Data source/s	<p>For 2009–10 and 2010–11, this indicator is calculated using data from the NESWTDC, based on the national Minimum Data Set for elective Surgery Waiting times (removals data).</p> <p>For 2009–10, the NESWTDC was linked to the NHMD, based on the National Minimum Data Set for Admitted Patient Care, to allow disaggregation by remoteness of area of usual residence and SEIFA of usual residence (all jurisdictions), and Indigenous status (NSW only)</p>

in 2009–10).

For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2006 and Estimated Resident Population (ERP) by Statistical Local Area (SLA) as at 30 June 2009 (2009–10) or 30 June 2010 (2010–11). Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: ABS ERP as at 30 June 2009 (2010), by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The AIHW has calculated this indicator.

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.

The data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring, and internal and public reporting. Hospitals may be required to provide data to states and territories through administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link below).

<www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&ibID=6442472788>

Relevance

The purpose of the NMDS for Elective surgery waiting times (removals data) is to collect information about patients waiting for elective surgery in public hospitals. The scope of this NMDS is patients removed from waiting lists for elective surgery which are managed by public acute hospitals. This includes private patients treated in public hospitals and may include public patients treated in private hospitals.

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

Analyses by remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient. The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each

SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data) or 2010 SLAs (used for 2010–11 data), the 2009/2010 SLA boundaries are mapped back to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2009 (2010) due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, data represent the waiting time for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) for the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for these data is 2009–10 and 2010–2011.

Accuracy

For 2009–10 and 2010–11:

- For 2009–10, coverage of the NESWTDC was about 91 per cent. Coverage was 100 per cent for the *Principal referral and Specialist women's and children's hospitals* peer group (peer group A) and was progressively lower for the *Large hospitals* group (peer group B) and the *Medium hospitals* group (peer group C). Coverage also varied by jurisdiction, ranging from 100 per cent in New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory, to 69 per cent in South Australia. For 2010–11, the preliminary estimate of the proportion of public elective surgery that was also reported to the NESWTDC was 93 per cent.
- Almost all public hospitals provided data for the NHMD in 2009–10, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory and about 2,400 separations for one public hospital in Western Australia.
- Records from the NESWTDC and the NHMD were linked to assign remoteness areas and SEIFA categories from the admitted patient record to the corresponding elective surgery waiting times record. In 2009–10 approximately 85 per cent of NESWTDC records were linked to the NHMD. Data for Tasmania in 2009–10 were not able to be linked due to the implementation of a new information system in public hospitals.
- The Indigenous status data were sourced from the NESWTDC for all jurisdictions, except NSW only in 2009–10. NSW data for Indigenous status were sourced from the NHMD as NSW information on Indigenous status was not reported to the NESWTDC. New South Wales first provided Indigenous status for the NESWTDC in 2010–11. The quality of Indigenous status data in the NESWTDC has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data. Indigenous status data from the NHMD are of sufficient quality for statistical reporting in

NSW.

- There is apparent variation in recording practices for waiting times for elective surgery for patients awaiting 'staged' procedures (such as follow-up care, cystoscopy or the removal of pins or plates) in some public hospitals, that may result in statistics that are not meaningful or comparable between or within jurisdictions.
- From 2009–10 onwards data for the Albury Base Hospital (previously reported in New South Wales hospital statistics) was reported in Victorian hospital statistics. This change in reporting arrangements should be factored into any analysis of New South Wales' and Victoria's waiting times. For 2010–11, data for the Albury Base Hospital were not available.

Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the Australian Capital Territory.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual datasets are checked against data from other datasets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Cells based on fewer than 10 elective surgery admissions were suppressed.
- Cells based on data from one public hospital only were suppressed.

Coherence

The data can be meaningfully compared across reference periods, except for the Indigenous disaggregation. Caution should be used in comparing data by peer groups across reference years, as the number of hospitals classified as peer group A or B, or the peer group of a hospital, may vary over time.

Caution is also required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

The information presented for this indicator is based on the same data as published in, *Australian hospital statistics 2009–10*, *Australian hospital statistics: emergency department care and elective surgery waiting times* (report series) and the *National Healthcare Agreement: performance report 2009–10*.

However, some 2009–10 data reported previously in these publications are different from the equivalent data published here

because the hospitals classified as peer groups A and B were based on 2008–09, rather than 2009–10 peer groups. Caution should be exercised when interpreting the 2011–10 data as potential revisions to the 2011–2010 NESWTDC data could exist once both the availability and linking to the 2011–10 NHMD has occurred.

Analyses presented in *Australian hospital statistics* and previous National Healthcare Agreement performance reports may also differ slightly depending on whether the NESWTDC or linked NESWTDC/NHMD was used.

Accessibility

The AIHW provides a variety of products that draw upon NESWTDC and NHMD data. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables
- interactive data cube for elective surgery waiting times.

Some data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NESWTDC and NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDSs for Elective Surgery Waiting Times and Admitted Patient Care are published in the AIHW's online metadata repository METeOR, and the *National health data dictionary*.

Data Quality Statement—Indicator 35: Waiting times for emergency department care

Key data quality points

- The scope of the data used to produce this indicator is non-admitted patients registered for care in emergency departments in public hospitals classified as either peer group A (*Principal referral and Specialist women's and children's hospitals*) or peer group B (*Large hospitals*). Most of the hospitals in peer groups A and B are in major cities. Therefore, disaggregation by remoteness, socioeconomic status and Indigenous status should be interpreted with caution.
- For 2009–10, the coverage of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) collection is complete for public hospitals in peer groups A and B. It is estimated that 2010–11 has similar coverage, although final coverage cannot be calculated until the 2010–11 National Public Hospital Establishments Database (NPHEd) data are available.
- The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data.
- Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer groups A or B, and the peer group for a hospital, may vary over time.

Target/Outcome Hospital and related care

Indicator Percentage of patients who are treated within national benchmarks for waiting times for each triage category in public hospital emergency departments, in hospitals that were classified as either peer group A (*Principal referral and Specialist women's and children's hospitals*) or peer group B (*Large hospitals*).

Measure (computation) The national benchmark waiting times are:

- Triage category 1: seen within seconds, calculated as less than or equal to 2 minutes
- Triage category 2: seen within 10 minutes
- Triage category 3: seen within 30 minutes
- Triage category 4: seen within 60 minutes
- Triage category 5: seen within 120 minutes

The proportion of patients seen on time is calculated as:

Numerator—Number of patients seen within the cut-off point, by triage category

Denominator—Number of patients by triage category

Inclusions: records with a type of visit of *Emergency presentation* (or *Not reported* for South Australia, for 2009-10 only).

Exclusions: records with an episode end status of *Did not wait to be attended by a health care professional* or *Dead on arrival, not treated in emergency department*. Records are also excluded if the waiting time was missing or otherwise invalid.

Data source/s This indicator is calculated using data from the AIHW's NNAPEDCD, based on the National Minimum Data Set (NMDS) for Non-admitted Patient Emergency Department Care (NAPEDC).

For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2006 and Estimated Resident Population (ERP) by statistical local area (SLA) as at 30 June 2009. Each SLA in Australia is ranked and divided into

quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: ABS ERP as at 30 June 2009 (2010), by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.

The data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring, and internal and public reporting. Hospitals may be required to provide data to states and territories through administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link below).

<www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788>

Relevance

The purpose of the NNAPEDCD is to collect information on the characteristics of emergency department care (including waiting times for care) for non-admitted patients registered for care in emergency departments in selected public hospitals classified as either peer group A (*Principal referral and Specialist women's and children's hospitals*) or B (*Large hospitals*). In 2009–10, hospitals in peer groups A and B provided approximately 70 per cent of all public hospital emergency occasions of service.

The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.

The indicator includes only peer group A (*Principal referral and Specialist women's and children's hospitals*) and peer group B (*Large hospitals*).

The analyses by remoteness and socioeconomic status are based on the statistical local area (SLA) of usual residence of the patient. However, data are reported by jurisdiction of presentation, regardless of the jurisdiction of usual residence. Hence, data represent the proportion of patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) seen within the benchmark time in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data) or 2010 SLAs (used for 2010–11 data), the 2009/2010 SLA boundaries are mapped backed to 2006 SLA boundaries.

It is possible that the demographic profile of some areas may have changed between 2006 and 2009 (2010) due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for these data is 2009–10 and 2010–11.

Accuracy

For 2009–10, the coverage of the NNAPEDCD was 100 per cent in all jurisdictions for public hospitals in peer groups A and B. For 2010–11, the preliminary estimates of the proportion of emergency occasions of service reported to the NNAPEDCD was 100 per cent for public hospitals in peer groups A and B and 81 per cent for all public hospitals.

From 2009–10, the data for the Albury Base Hospital (previously reported in New South Wales hospital statistics) was reported in Victorian hospital statistics. This change in reporting arrangements should be factored into any analysis of data for New South Wales and Victoria.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors (including waiting time outliers) are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data.

As this indicator is limited to public hospitals classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, the data may not cover areas where the proportion of Indigenous Australians (compared with other Australians) is higher than average. Similarly, disaggregation by socioeconomic status and remoteness should be interpreted with caution.

Area of usual residence was not reported or not mappable to remoteness areas for approximately 70,000 records in 2009–10 and about 78,000 records in 2010–11.

Comparability across jurisdictions may be impacted by variation in the assignment of triage categories.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Cells based on fewer than 10 presentations were suppressed.
- Cells based on data from one public hospital only were suppressed.

Coherence

The information presented for this indicator are calculated using the same methodology as data published in *Australian hospital statistics 2009–10*, *Australian hospital statistics: emergency department care and elective surgery waiting times* (report series) and the *National Healthcare*

Agreement: performance report 2009–10.

However, 2009–10 data reported previously in these publications are different from the equivalent data published here because the hospitals classified as peer groups A and B were based on 2008–09, rather than 2009–10 peer groups.

Caution should be used in comparing data across reference years, as the number of hospitals classified as peer group A or B, or the peer group of a hospital, may vary over time.

Caution is also required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

The Northern Territory has advised that there are errors in its remoteness data for 2009–10. This affects both the Northern Territory and National remoteness disaggregation for Performance Indicator 23 and 35 for 2009–10. Caution should be exercised when interpreting National and Northern Territory remoteness disaggregation over time.

Accessibility

The AIHW provides a variety of products that draw upon the NNAPEDCD data. Published products available on the AIHW website include *Australian hospital statistics*, and associated Excel tables.

Data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NNAPEDCD are published annually in *Australian hospital statistics* (Chapter 5 and technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage that might affect interpretation of the published data. Metadata information for the NAPEDC NMDS are published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Data Quality Statement — Indicator 39: Healthcare-associated *Staphylococcus aureus* (including MRSA) bacteraemia in acute care hospitals

Key data quality points

- The indicator uses a definition of a patient episode of *Staphylococcus aureus* bacteraemia (SAB) agreed by all states and territories and used by all states and territories.
- There may be imprecise exclusion of private hospital and non-hospital patient episodes due to the inherent difficulties in determining the origins of SAB episodes.
- For some states and territories there is less than 100 per cent coverage of public hospitals. For those jurisdictions with incomplete coverage of public hospitals (in the numerator), only patient days for those hospitals that contribute data are included (in the denominator). Differences in the types of hospitals not included may impact on the accuracy and comparability of rates.
- The accuracy and comparability of the rates of SAB among jurisdictions and over time is also limited because the count of patient days (denominator) reflects the amount of admitted patient activity, but does not reflect the amount of non-admitted patient activity.
- The data for 2010-11 are comparable with those from 2009-10 except for New South Wales and the Northern Territory.
- The patient day and coverage data may be preliminary for some hospitals/jurisdictions.

Target/Outcome	Hospital and related care
Indicator	Healthcare-associated <i>Staphylococcus aureus</i> (including MRSA) bacteraemia in acute care hospitals
Measure (computation)	<p>SAB patient episodes (as defined below) associated with acute care public hospitals.</p> <p>Patient episodes associated with care provided by private hospitals and non-hospital healthcare are excluded.</p> <p>The definition of an acute public hospital is 'all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospital Establishments NMDS'.</p> <p>A patient episode of SAB is defined as a positive blood culture for <i>Staphylococcus aureus</i>. For surveillance purposes, only the first isolate per patient is counted, unless at least 14 days has passed without a positive blood culture, after which an additional episode is recorded.</p> <p>A <i>Staphylococcus aureus</i> bacteraemia will be considered to be healthcare-associated if: the first positive blood culture is collected more than 48 hours after hospital admission or less than 48 hours after discharge, OR, if the first positive blood culture is collected 48 hours or less after admission and one or more of the following key clinical criteria was met for the patient-episode of SAB:</p> <ol style="list-style-type: none"> 1. SAB is a complication of the presence of an indwelling medical device (e.g. intravascular line, haemodialysis vascular access, CSF shunt, urinary catheter) 2. SAB occurs within 30 days of a surgical procedure where the SAB is related to the surgical site 3. An invasive instrumentation or incision related to the SAB was performed within 48 hours 4. SAB is associated with neutropenia ($<1 \times 10^9$) contributed to by cytotoxic therapy <p>This definition of a patient episode of SAB was agreed by all states and</p>

	<p>territories and used by all states and territories for reporting for the 2010-11 year.</p> <p>The denominator is number of patient days for public acute care hospitals (only for hospitals included in the surveillance arrangements).</p> <p>Calculation is $10\,000 \times (\text{Numerator} \div \text{Denominator})$, presented as a number per 10 000 and number only.</p> <p>Coverage: Denominator \div Number of patient days for all public hospitals in the State or Territory.</p>
Data source/s	<p>Numerator: State and Territory healthcare-associated infection surveillance data.</p> <p>Denominator: State and Territory admitted patient data.</p>
Institutional environment	<p>The AIHW calculated the indicator from data provided by states and territories.</p> <p>The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.</p> <p>The data supplied by the states and territories were collected from hospitals through the healthcare associated infection surveillance programs run by the states and territories. The arrangements for the collection of data by hospitals and the reporting to State and Territory health authorities vary among the jurisdictions.</p>
Relevance	<p>This indicator is for patient episodes of SAB acquired, diagnosed and treated in public acute care hospitals. The definition of a public acute care hospital is 'all public hospitals including those hospitals defined as public psychiatric hospitals in the Public Hospital Establishments NMDS'. While the indicator is intended to describe SAB rates in 'acute' care public hospitals, the provision of 'acute' services varies among jurisdictions, so it is not possible to exclude 'non-acute' hospitals from the indicator in a way that would be uniform among the states and territories. Therefore all public hospitals have been included in the scope of the indicator so that the same approach is taken for each State and Territory.</p> <p>The SAB patient episodes reported were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). No denominator is available to describe the total admitted and non-admitted patient activity of public hospitals. However, the number of patient days for admitted patient activity is used as the denominator to take into account the large differences between the sizes of the public hospital sectors among the jurisdictions. The accuracy and comparability of the SAB rates among jurisdictions and over time is limited because the count of patient days reflects the amount of admitted patient activity, but does not reflect the amount of non-admitted patient activity. The amount of hospital activity that patient days reflect varies among jurisdictions and over time because of variation in admission practices.</p> <p>Only patient episodes associated with public acute care hospitals in each jurisdiction are counted. If a case is associated with care provided in another jurisdiction then it may be reported (where known) by the jurisdiction where the care associated with the SAB occurred.</p> <p>Almost all patient episodes of SAB will be diagnosed when the patient is an admitted patient. However, the intention is that patient episodes are reported whether they were determined to be associated with admitted</p>

patient care or non-admitted patient care in public acute care hospitals.
The data presented have not been adjusted for any differences in case-mix between the states and territories.
Analysis by State and Territory is based on the location of the hospital.

Timeliness

The reference period for this data is 2010-11.

Accuracy

For some states and territories there is less than 100 percent coverage of public hospitals. For those jurisdictions with incomplete coverage of public hospitals (in the numerator), only patient days for those hospitals (or parts of hospitals) that were covered by the SAB surveillance arrangements are included (in the denominator). Differences in the types of hospitals not included may impact on the accuracy and comparability of rates.

Rates should be interpreted in conjunction with information about SAB surveillance coverage.

Data for Queensland include only patients aged 14 years and over.

Sometimes it is difficult to determine if a case of SAB is associated with care provided by a particular hospital. Counts therefore may not be precise where cases are incorrectly included or excluded. However, it is likely that the number of cases incorrectly included or excluded would be small.

It is possible that there will be less risk of SAB in hospitals not included in the SAB surveillance arrangements, especially if such hospitals undertake fewer invasive procedures than those hospitals which are included.

There may be imprecise exclusion of private hospital and non-hospital patient episodes due to the inherent difficulties in determining the origins of SAB episodes.

For 2010-11, all states and territories used the definition of SAB patient episodes associated with acute care public hospitals as defined above.

The patient day data may be preliminary for some hospitals/jurisdictions.

Coherence

National data for this indicator were first presented in the 2010 COAG Reform Council report. Since that report further work has been undertaken on data development for this indicator, including the definition of an episode of SAB and a suitable denominator, as well as the coverage of public hospitals. As 2008-09 data were provided prior to the development of agreed national definitions, by only five jurisdictions, and was limited to principal referral and large hospitals, these data are not comparable with those reported subsequently. Tasmania has advised that their SAB data are comparable across the three reporting years (2008-09, 2009-10, 2010-11).

For the data presented in the 2011 COAG Reform Council report, New South Wales used a definition of SAB that differed from the national definition. The definition of SAB used by New South Wales for the 2012 report conforms to the national definition. Thus 2009-10 and 2010-11 data for New South Wales are not comparable.

The Northern Territory data for 2009-10 is not comparable with the Northern Territory data for 2010-11 data as the collection method and verification process has changed.

Some jurisdictions have previously published related data (see Accessibility below).

Accessibility

The following states and territories publish data relating to healthcare-

associated SAB in various report formats on their websites:

NSW South Wales: Your Health Service public website reports SAB by individual hospital:

<http://www.health.nsw.gov.au/hospitals/search.asp>

New South Wales: Healthcare associated infections reporting for 8 infection indicators by state.

<http://www.health.nsw.gov.au/quality/hai/index.asp>

Tasmania: Acute public hospitals healthcare associated infection surveillance report.

http://www.dhhs.tas.gov.au/peh/tasmanian_infection_prevention_and_control_unit/publications_and_guidelines

Western Australia: Healthcare Associated Infection Unit - Annual Report

http://www.public.health.wa.gov.au/3/455/3/reports_healthcare_associated_infection_unit.pm

South Australia: Health Care Associated Bloodstream infection report

<http://www.health.sa.gov.au/INFECTIONCONTROL/Default.aspx?PageContentID=18&tabid=147>

Victoria: VICNISS hospital-acquired infection surveillance annual report

[http://docs.health.vic.gov.au/docs/doc/3DED99B14180EA3CCA25787600167809/\\$FILE/1101018_VICNISS%20AR2010_Web_FA.pdf](http://docs.health.vic.gov.au/docs/doc/3DED99B14180EA3CCA25787600167809/$FILE/1101018_VICNISS%20AR2010_Web_FA.pdf)

Interpretability

Jurisdictional manuals should be referred to for full details of the definitions used in healthcare-associated infection surveillance.

Definitions for this indicator are published in the performance indicator specifications.

Data Quality Statement—Indicator 41: Falls resulting in patient harm in hospitals

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- Data on falls are recorded uniformly using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM).
- The recorded number of falls occurring in hospitals may be an underestimate as around 24 per cent of the records of separations involving falls did not have a code assigned for the place of occurrence. Underestimation and overestimation may also have occurred due to other limitations of the data.
- The indicator provides a count of separations involving one or more falls. It does not provide a count of falls.
- Comparability is affected by data not being adjusted for differences in casemix (for example, patient age).

Target/Outcome	Hospital and related care
Indicator	Falls resulting in patient harm in hospitals
Measure (computation)	<p><i>Numerator:</i> Number of hospital separations with an external cause code for a fall and a place of occurrence of <i>health service area</i>.</p> <p><i>Denominator:</i> Total number of hospital separations.</p> <p>A fall is identified by ICD-10-AM external cause codes W00, W01, W03–W11, W13, W14, W16–W19. Excluded from the numerator are those separations where the ICD-10-AM code for the principal diagnosis is in the range of S00 to T14 (inclusive). Also excluded from the numerator are separations where the principal diagnosis has the ICD-10-AM code Z50.9 (<i>Care involving use of rehabilitation procedure, unspecified</i>) and the second diagnosis is in the range of S00 to T14 (inclusive).</p> <p>A separation is 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 care to rehabilitation).</p> <p><i>Calculation:</i> Numerator only; and $1000 \times (\text{numerator} \div \text{denominator})$</p>
Data source/s	<p>This indicator is calculated using data from the National Hospital Morbidity Database (NHMD), based on the national minimum data set (NMDS) for Admitted patient care.</p> <p><u>For data by socioeconomic status:</u> calculated by AIHW using the ABS Socio-Economic Indexes For Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) 2006 and ERP by Statistical Local Area (SLA) as at 30 June 2009. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.</p> <p><u>For data by remoteness:</u> each separation is allocated an ABS remoteness area, as specified in the Australian Standard Geographical Classification, based on the Statistical Local Area of usual residence of the patient.</p>
Institutional	The Australian Institute of Health and Welfare (AIHW) has calculated this

environment

indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.

The data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring, and internal and public reporting. Hospitals may be required to provide data to states and territories through administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link below).

www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788

Relevance

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

The analyses by remoteness and socioeconomic status are based on Statistical Local Area of usual residence of the patient. The Australian Bureau of Statistics Socio-Economic Indexes For Areas (SEIFA) categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data), 2009 SLA boundaries are mapped back to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2009 due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area of SEIFA population group (regardless of their jurisdiction of residence) divided by the total number of separations for patients living in each remoteness area and hospitalised in the reporting jurisdiction.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for this data set is 2009–10.

Accuracy

For 2009–10 almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory and about 2,400 separations for one public hospital in Western Australia.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory. In addition, Western Australia was not able to provide about 10,600 separations for one private hospital.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors.

The Indigenous status data are of sufficient quality for statistical reporting for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia and Western Australia (public and private hospitals) and Northern Territory (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and Australian Capital Territory (public and private hospitals) should be interpreted with caution until further assessment of Indigenous identification is completed.

The specification for the indicator defines a fall in hospital as being one for which the place of occurrence is coded as *Health service area*. The *Health service area* as a place of occurrence is broader in scope than hospitals—it includes other health service settings such as day surgery centres and hospices. Hence the numbers presented could be an overestimate as they include falls in health care settings other than hospitals.

Around 24 per cent of the records of separations involving falls did not have a code assigned for the place of occurrence. Consequently, the recorded number of falls occurring in hospitals may be an underestimate.

For separations having multiple external causes, it is not possible to establish (from the NHMD) whether the nominated place of occurrence is associated with the fall or with some other external cause. As a consequence, the count of separations may also be overestimated.

To minimise the chance of overestimation, separations where a person was admitted to hospital with a principal diagnosis of an injury were excluded on the basis that if the injury was the principal diagnosis it was associated with an external cause relating to an event occurring prior to admission. However, these exclusions may result in an underestimation of the indicator as the indicator does not count separations where a person is injured and admitted to hospital and then subsequently experiences a fall in hospital.

Data on falls are recorded uniformly using the ICD-10-AM.

The indicator provides a count of separations involving one or more falls. It does not provide a count of falls.

Comparability is affected by data not being adjusted for differences in casemix (for example, patient age).

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

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- Rates were suppressed where the numerator was less than 5.
 - Data for private hospitals in Tasmania, Australian Capital Territory and the Northern Territory were suppressed.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2009–10* and the *National healthcare agreement: performance report 2009–10*.

The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in the National Healthcare Agreement performance reports.

However, caution is required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website include:

- *Australian hospital statistics* with associated Excel tables
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

Some data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Data Quality Statement—Indicator 42: Intentional self-harm in hospitals

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- Data on self-harm are recorded uniformly using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM).
- The recorded number of separations involving intentional self-harm may be an underestimate as around 35 per cent of separations involving intentional self-harm did not have a code assigned for the place of occurrence. Underestimation and overestimation may also have occurred due to other limitations of the data.
- Comparability is affected by data not being adjusted for differences in casemix (for example, patient age)

Target/Outcome	Hospital and related care
Indicator	Intentional self-harm in hospitals
Measure (computation)	<p><i>Numerator:</i> Number of separations where an admitted patient self-harmed.</p> <p>Intentional self-harm is identified by ICD-10-AM external cause codes X60–X84. Self-harm is defined in ICD-10-AM as ‘Intentional self-harm: includes purposefully-inflicted poisoning or injury, suicide and attempted suicide.’</p> <p>A separation is 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).</p> <p>Excludes separations with an ICD-10-AM principal diagnosis code of an injury or poisoning (S00–T98, inclusive).</p> <p><i>Denominator:</i> Total number of separations.</p> <p><i>Calculation:</i> Numerator only; and $1000 \times (\text{numerator} \div \text{denominator})$.</p>
Data source/s	<p>This indicator is calculated using data from the NHMD, based on the national minimum data set (NMDS) for Admitted patient care.</p> <p><u>For data by socioeconomic status:</u> calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2006 and Estimated Resident Population (ERP) by Statistical Local Area (SLA) as at 30 June 2009. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.</p> <p><u>For data by remoteness:</u> each separation is allocated an ABS remoteness area, as specified in the Australian Standard Geographical Classification, based on the Statistical Local Area of usual residence of the patient.</p>
Institutional environment	<p>The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.</p> <p>The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia</p>

through the Minister for Health and Ageing. For further information see the AIHW website.

The data were supplied to the Institute by state and territory health authorities. The state and territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link below).

www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788

Relevance

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments

The analyses by remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient. The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data), 2009 SLA boundaries are mapped back to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2009 due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area (regardless of their jurisdiction of residence) divided by the total number of separations for patients living in each remoteness area and hospitalised in the reporting jurisdiction.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for these data is 2009–10.

Accuracy

For 2009–10 almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory and about 2,400 separations for one public hospital in Western Australia.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory. In addition, Western Australia was not able to provide about 10,600 separations for one private hospital.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The specification for the indicator defines a separation involving self-harm as being one for which the place of occurrence is a *Health service area*. The *Health service area* as a place of occurrence is broader in scope than hospitals—it includes other health care settings such as day surgery centres or hospices. Hence, the numbers presented could be an overestimate as they may include separations involving intentional self-harm occurring in health service areas other than hospitals.

Around 35 per cent of all separations involving intentional self-harm did not have a code assigned for the place of occurrence. Consequently, the recorded number of separations involving intentional self-harm in hospital may be an underestimate.

For separations having multiple external causes, it is not possible to establish (from the NHMD) whether the nominated place of occurrence is associated with the intentional self-harm or with some other external cause. As a consequence, the count of separations may also be overestimated.

In the calculation of the indicator, separations with a principal diagnosis of an injury or poisoning have been excluded on the assumption that the self-harm occurred prior to admission to hospital. However, it is possible that some of these separations would have additionally involved self-harm that occurred in hospital.

The issue of whether a patient self-harms while on leave from hospital has not been addressed in the specification of the indicator.

Data on self-harm are recorded uniformly using the ICD-10-AM. Comparability is affected by data not being adjusted for differences in casemix (for example, patient age).

The Indigenous status data are of sufficient quality for statistical reporting for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia and Western Australia (public and private hospitals) and Northern Territory (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and Australian Capital Territory (public and private hospitals) should be interpreted with caution until further assessment of Indigenous identification is completed.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example where the denominator is very small. The following rules were applied:

- Counts less than 3 were suppressed.

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- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1000.
 - Data for private hospitals in Tasmania, Australian Capital Territory and the Northern Territory were suppressed.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2009–10* and the *National healthcare agreement: performance report for 2009–10*.

The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in the National Healthcare Agreement performance reports.

However, caution is required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website include:

- *Australian hospital statistics* with associated Excel tables
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

Some data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Data Quality Statement—Indicator 43: Unplanned/unexpected readmissions within 28 days of selected surgical admissions

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- The indicator is an underestimate of all possible unplanned/unexpected readmissions because:
 - it could only be calculated for public hospitals and for readmissions to the same hospital
 - episodes of non-admitted patient care provided in outpatient clinics or emergency departments which may have been related to a previous admission are not included
 - the unplanned and/or unexpected readmissions are limited to those having a principal diagnosis of a post-operative adverse event for which a specified International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) diagnosis code has been assigned. This does not include all possible unplanned/unexpected readmissions.
- Calculation of the indicator for Western Australia was not possible using data from the NHMD. Data for Western Australia were supplied by WA Health and Australian rates and numbers do not include Western Australia.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Target/Outcome Hospital and related care

Indicator Unplanned/unexpected readmissions within 28 days of selected surgical admissions.
For the 2012 report, the National Health Information Standards and Statistics Committee (NHISSC) amended the title of this indicator in the NHISSC specifications to: *Unplanned/unexpected readmissions within 28 days of selected surgical episodes of care* to better reflect how the indicator is calculated. Readmissions for this indicator are defined within 28 days from the end of the patient's surgical episode of care.

Measure (computation) *Numerator:* the number of separations for public hospitals which meet all of the following criteria:

- the separation is a readmission to the same hospital following a separation in which one of the following procedures was performed: knee replacement; hip replacement; tonsillectomy and adenoidectomy; hysterectomy; prostatectomy; cataract surgery; appendicectomy
- the readmission occurs within 28 days of the previous date of separation
- the principal diagnosis for the readmission is a post-operative complication.

Denominator: the number of separations in which one of the following surgical procedures was undertaken: knee replacement; hip replacement; tonsillectomy and adenoidectomy; hysterectomy; prostatectomy; cataract surgery; appendicectomy.
The denominator is limited to separations with a separation date between 1 July and 19 May in the reference year.

Data source/s For all jurisdictions except Western Australia, this indicator is calculated by the Australian Institute of Health and Welfare (AIHW) using data from the NHMD, based on the national minimum data set (NMDS) for Admitted patient care.

For Western Australia, the indicator was calculated and supplied by WA Health and was not independently verified by the AIHW.

For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2006 and Estimated Resident Population (ERP) by Statistical Local Area (SLA) as at 30 June 2009. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: each separation is allocated an ABS remoteness area, as specified in the Australian Standard Geographical Classification, based on the Statistical Local Area of usual residence of the patient.

Institutional environment

The AIHW has calculated this indicator.

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.

The data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link below).

www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788

Relevance

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

The analyses by remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient. The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data), 2009 SLA boundaries are mapped back to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2009 due to changes in the socioeconomic status of the existing population, or changes to population

size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) divided by the total number of separations for people living in that remoteness area or SEIFA population group and hospitalised in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

The unplanned and/or unexpected readmissions counted in the computation for this indicator have been limited to those having a principal diagnosis of a post-operative adverse event for which a specified ICD-10-AM diagnosis code has been assigned. Unplanned and/or unexpected readmissions attributable to other causes have not been included.

In regards to hysterectomy, there are three procedures that are in scope of the indicator, but currently not included in any NHA reporting (all years). These are (in ICD-10 6th edition), 35750-00—*Laparoscopically assisted vaginal hysterectomy*; 35753-02—*Laparoscopically assisted vaginal hysterectomy with removal of adnexa*; 35653-00—*Subtotal abdominal hysterectomy*. In 2009–10, 4,460 separations involved one of these procedures, representing approximately 40 per cent of all separations involving hysterectomy and in scope for this indicator.

The calculation of the indicator is limited to public hospitals and to readmissions to the same hospital.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for this data set is 2009–10.

Accuracy

For 2009–10, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the Australian Capital Territory and about 2 400 separations for one public hospital in Western Australia.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory. Western Australia was not able to provide about 10 600 separations for one private hospital.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The Indigenous status data are of sufficient quality for statistical reporting for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia and Western Australia (public and private hospitals) and Northern Territory (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and Australian Capital Territory (public and private hospitals) should be interpreted with caution until further assessment of Indigenous

identification is completed.

For this indicator, the linkage of separations records is based on the patient identifiers which are reported for public hospitals. As a consequence, only readmissions to the same public hospital are in scope; and readmissions to different public hospitals and readmissions involving private hospitals are not included.

For Western Australia the indicator was calculated and supplied by WA Health.

To calculate this indicator, the readmissions needed to be reported in the 2009–10 financial year. This led to the specification of 19 May as the cut-off date for the initial separations. This cut-off date ensures that about 98 per cent of all eligible readmissions will be reported in 2009–10.

Data on procedures are recorded uniformly using the Australian Classification of Health Interventions. Data on diagnoses are recorded uniformly using the ICD-10-AM.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example where the denominator is very small. The following rules were applied:

- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 200.
- Rates were suppressed where the numerator was zero and the denominator was less than 200.
- Counts were suppressed when the number was less than 3.
- Data for private hospitals in Tasmania, Australian Capital Territory and the Northern Territory were suppressed.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2009–10* and the *National healthcare agreement: performance report 2009–10*.

The data can be meaningfully compared across reference periods for all jurisdictions.

However, caution is required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

Some data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in

service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the National health data dictionary.

Data Quality Statement — Indicator 44: Survival of people diagnosed with cancer

Key data quality points

- Data are currently only available from the AIHW at the national level. To date this indicator has been produced by the AIHW irregularly, according to funded ad-hoc requests.
- The indicator cannot be reported by Indigenous status this year as Indigenous identification in the data is not adequate to support analysis or generation of life tables.
- The indicator as currently specified is not age adjusted which limits comparability across groups and over time.
- Cancer staging and treatment data are not currently available nationally and cancer survival analysis would benefit greatly from this additional information.
- Cancer survival varies by cancer type. As this indicator is based on all cancers (except two types of skin cancer), differences in the relative incidence of different types of cancer between groups may affect comparability.

• New method for calculating survival

For the third reporting cycle (2012 CRC report), the period method has been used to calculate relative survival. Previously, survival data for PI 44 were taken from the report *Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004* and were calculated using the cohort method. The cohort method produces relative survival estimates for a distinct cohort of people diagnosed with cancer (for example, those diagnosed in 1998–2004). In contrast, the period method produces relative survival estimates for a distinct follow-up period, during which people were at risk of dying (for example, those who were at risk of dying in 2006–2010). The main difference between the two methods is the selection of the years of diagnosis and follow-up. Because the period method is based on more recent years of follow-up, it produces survival estimates that are more up-to-date and accurate for a person diagnosed with cancer today. For this reason, and for comparability because the period method is increasingly used in major cancer survival reports, this method was selected for PI 44.

The period survival estimates for the 2012 CRC report should not be compared with the cohort survival estimates from previous CRC reports. Given improvements in survival over time and the fact that the period method uses more recent data, the latest survival estimates produced by the period method will be higher than those produced by the cohort method. For this reason, baseline data have been recalculated using the period method (PI44.2). This approach uses an at-risk period of 2002–06, and is based on data available at the time the original baseline survival data had been calculated.

Target/Outcome Hospital and related care

Indicator Survival of people diagnosed with cancer

Measure (computation) Five-year relative survival for people diagnosed with cancer is calculated by dividing the proportion of people diagnosed with cancer who survived for five years after diagnosis by the proportion of similar people in the general population who survived for the same period.

People in the numerators and denominators are matched on sex, age (to match to 'age at diagnosis' for people in the cancer cohort) and calendar year.

Analysis was undertaken using the 'period' method of calculation. See Chapter 5 in AIHW 2008 Cancer Series no. 42. Cat. no. CAN 38. *Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004*.

Data source/s

Numerator: National Death Index & Australian Cancer Database

Denominator: National Mortality Database & ABS Estimated Resident Population (generated life tables) with relevant concordances between postcodes, statistical local areas, Australian Standard Geographical Classification Remoteness Areas and Socio-Economic Indexes for Areas.

Institutional environment

The AIHW has calculated this indicator with assistance from the Australasian Association of Cancer Registries (AACR).

Cancer incidence data used for the numerator are supplied by cancer registries with additional death information updated from linkage to the National Death Index (NDI). Expected survival data in the denominator are calculated using life tables from the Australian Bureau of Statistics (ABS) and data from the National Mortality Database (NMD). Both data sources are robust and the matching of numerator to denominator is appropriate.

Numerator

Cancer incidence data are supplied to the AIHW by state and territory cancer registries under a protocol last revised in 2011. These data are compiled to form the Australian Cancer Database (ACD). All jurisdictions have legislation requiring mandatory reporting of all cancer cases with the exception of basal cell carcinoma and squamous cell carcinoma. This means cancer incidence ascertainment is complete for all other cancers.

Cancer incidence data sent to the AIHW already contain some mortality information. In addition to this, cancer records on the ACD are linked to the NDI to obtain date of death. The NDI is a national compilation of data on all deaths occurring in each jurisdiction. Data are supplied by Registrars of Births Deaths and Marriages (RBDM) from each state and territory and this results in a database which contains all deaths occurring in Australia since 1980. RBDM have legislation to collect information on all deaths occurring in their jurisdiction. NDI data are provided by state and territory RBDM to AIHW on a monthly basis under an MOU. This is a robust data source and appropriate to apply to cancer data.

Denominator

Life tables are needed to calculate expected survival in the general population although life tables by remoteness or socioeconomic status are not readily available. Therefore it is necessary to derive approximate life tables for these subpopulations. In order to build a life table for subpopulation 'S', the following two pieces of information are required for each combination of calendar year, sex and 1-year age group:

- the mid-year population of S for that calendar year, sex and age
- the number of deaths in S for that calendar year, sex and age.

The methods used by AIHW to construct those data and the subsequent life tables are explained on pp 73–76 of the publication *Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004*.

The AIHW is Australia's national agency for health and welfare statistics and information. The role of the AIHW is to provide information on Australia's health and welfare, through statistics and data development that inform discussion and decisions on policy and services.

The AIHW works closely with all state, territory and Australian government health authorities in collecting, analysing and disseminating data. However, the AIHW is an independent statutory authority within the Health and Ageing portfolio, and is responsible to the Minister for Health and Ageing. The Institute is governed by a Board, which is accountable to the parliament of Australia through the Minister.

When errors are found in published data, those errors are corrected

immediately with the revised version posted on the AIHW website and where necessary in online tables and online interactive data cubes. Corrections are documented on the AIHW website.

Relevance The data used to calculate this PI at the national level are of high quality. While it is possible to calculate relative survival using different methods, the method used to calculate the indicator this year is adequate for reporting against the indicator at the national level.

Timeliness Data submitted for the 2012 CRC report have not been previously published. The indicator is based on the survival of people diagnosed with cancer up to the end of 2007 and followed up between 2006 and 2010.

The collation of cancer incidence data at cancer registries is a complex process which includes vetting data from numerous sources. The cancer registry processes ensure good quality data but to achieve this quality, a significant time lag between cancer diagnosis and finalisation of an incident case in the cancer registry transpires. Once data are supplied to the AIHW, cancer diagnoses which have been reported to more than one jurisdiction are identified and the data adjusted accordingly. This ensures a high quality national cancer incidence dataset. The time from cancer diagnosis to availability at the national level is approximately three years.

Accuracy Inaccurate responses may occur in all data provided to the AIHW, and the AIHW does not have direct access to data held by cancer registries ABS or RBDM to determine the accuracy of the data provided. However, each of these data sources has broad population coverage and local data checking and validation processes leading to high quality data. In addition, the AIHW undertakes extensive validations on receipt of data. Data are checked for compliance with data definitions, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. Registries continually update their historical data in the light of new information (such as when a new pathology report or a death notification triggers a revision of old information) and when AIHW is advised of such changes, these are incorporated in the ACD leading to slight changes over time.

Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the AIHW. This PI is calculated on data that have been reported by the AIHW. Prior to publication, the results of analysis are referred back to jurisdictions for checking and clearance. Any errors found by jurisdictions are corrected once confirmed. The AIHW does not adjust the data to correct for missing or incorrect values unless agreed by the jurisdiction supplying the data. Where errors are found post publication, the AIHW corrects as soon as possible, with resubmission of data by the affected states or territories as required.

Other factors which may affect accuracy are:

- For analyses by remoteness and socioeconomic status, there may be differences in the definition for 'usual residence'. Census data are rigorous when applying the definition for 'usual residence'. However, mortality data may use the place that clients are living at the time of their treatment. It is common for people from remote and outer regional

areas to move to major centres at the time of treatment for a significant illness. This will result in them being reported for example as 'Major cities' in death data, but as 'Remote' in census counts. The discrepancy becomes evident when comparing mortality rates, which may be lower in very remote areas and inconsistent with the population age structure from census estimates. The poorer outcome for more remote localities could be a significant underestimate of the true discrepancy, particularly in small jurisdictions.

- For the denominator, 2007 expected survival probabilities of the general population were used as proxies for the 2008–2010 survival probabilities, as mortality data from 2008 and onwards were not available at the time of calculation.

Coherence

As discussed in detail above, the current survival estimates were calculated using the period method of survival, which produces slightly different—but more up-to-date—results compared with the cohort method. Survival estimates can also vary due to differences in cancer registration practices, data exclusion criteria, time periods of analysis and methods of calculation.

Accessibility

Previously, the AIHW with the assistance of the AACR and funding from Cancer Australia has published survival data in *Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004*. This report is available on the AIHW website where it can be downloaded and printed without charge. Hard copies are also available for purchase from the AIHW. The AIHW is also planning to publish a new survival report in 2012, containing the latest survival data, which can be accessed both in electronic and hard copy.

Interpretability

Calculation of relative survival is complex and the concept may be confusing to some users. Information on how relative survival has been calculated and how to interpret it is available in the publication *Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004*. Information on all of the AIHW held data sets (ACD, NMD & NDI) is available on the AIHW website. Information on ABS data is available on the ABS website. Extensive information is also available on cancer coding and interpretation of cancer data both electronically and in hard copy.

Data Quality Statement—Indicator 45: Rates of services: Overnight separations

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- The number of overnight separations is considered to be more comparable than the total number of separations among jurisdictions and between the public and private sectors. This is because variation in admission practices and policies mainly lead to variation in the number of same-day admissions among providers.
- Numerators for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of the hospital. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the Australian Capital Territory.

Target/Outcome Hospital and related care

Indicator Number of overnight hospital separations per 1000 population

Measure (computation) The *numerator* is the number of overnight (hospital) separations.
The *denominator* is the Estimated Resident Population (ERP).
An overnight separation is an episode of care for an admitted patient that involves at least one overnight stay—that is, the date of admission and date of separation are different. A separation is 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 care to rehabilitation).
Calculation is $1000 \times (\text{numerator} \div \text{denominator})$, presented as a number per 1000 and age-standardised to the Australian population as at 30 June 2001 using 5-year age groups to 84 years, with ages over 84 combined. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so the Indigenous disaggregation was standardised to 64 years, with ages over 64 combined.

Data source/s *Numerator:* This indicator is calculated using data from the NHMD, based on the National Minimum Data Set for Admitted Patient Care.
Denominators:
For total population: Australian Bureau of Statistics (ABS) ERP as at 30 June 2009.
For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections Series B as at 30 June 2009.
For data by socioeconomic status: calculated by AIHW using the ABS Socio-Economic Indexes For Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) 2006 and ERP by statistical local area (SLA) as at 30 June 2009. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.
For data by remoteness: ABS ERP as at 30 June 2009, by remoteness

areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.

The data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring, and internal and public reporting. Hospitals may be required to provide data to states and territories through administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link below).

<www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788>

Relevance

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

The analyses by remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient. The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data), 2009 SLA boundaries are mapped backed to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2009 due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) divided by the total number of people living in that remoteness area or SEIFA population group in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction

(for example, the Australian Capital Territory).

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for these data is 2009–10.

Accuracy

For 2009–10 almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory and about 2,400 separations for one public hospital in Western Australia.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory. In addition, Western Australia was not able to provide about 10,600 separations for one private hospital.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The number of overnight separations is considered more comparable than the total number of separations among jurisdictions and between the public and private sectors. This is because variation in admission practices and policies mainly lead to variation in the number of same-day admissions among providers.

The Indigenous status data are of sufficient quality for statistical reporting for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia and Western Australia (public and private hospitals) and Northern Territory (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and Australian Capital Territory (public and private hospitals) should be interpreted with caution until further assessment of Indigenous identification is completed.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1000.
- Data for private hospitals in Tasmania, Australian Capital Territory and the Northern Territory were suppressed.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2009–10* and the *National Healthcare Agreement: performance report 2009–10*.

The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in National Healthcare Agreement performance reports.

Caution is also required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance

indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

Some data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and variation in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Data Quality Statement—Indicator 46: Rates of services: Outpatient occasions of service

Key data quality points

- Variations in counting and classification practices and in admission practices and policies across jurisdictions may affect the comparability of these data. For 2009–10 Tasmania was not able to provide occasions of service data for one hospital that reported about 280,000 non-admitted patient occasions of service to the NPHED in 2008–09. This represented a little under one third of total Tasmanian occasions of service in 2008–09. Therefore, Tasmanian data cannot be meaningfully compared across periods.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the Australian Capital Territory.

Target/Outcome	Hospital and related care
Indicator	Number of hospital outpatient occasions of service per 1000 population.
Measure (computation)	The <i>numerator</i> is the number of outpatient occasions of service. The <i>denominator</i> is the Estimated Resident Population (ERP). The <i>rate</i> is calculated as $\text{numerator} \div \text{denominator}$.
Data source/s	<i>Numerator:</i> This indicator is calculated using data from the National Public Hospital Establishments Database (NPHED). The NPHED is based on the National Minimum Data Set (NMDS) for Public Hospital Establishments. <i>Denominator:</i> Australian Bureau of Statistics (ABS) ERP as at 30 June 2009.
Institutional environment	<p>The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.</p> <p>The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.</p> <p>The data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring, and internal and public reporting. Hospitals may be required to provide data to states and territories through administrative arrangements, contractual requirements or legislation.</p> <p>States and territories supplied these data under the terms of the National Health Information Agreement (see link below).</p> <p><www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788></p>
Relevance	The purpose of the NMDS for Public hospital establishments is to collect information on the characteristics of public hospitals and summary information on non-admitted services provided by them. The scope is establishment level data for public hospitals in Australia, including public acute, psychiatric, alcohol and drug treatment and dental hospitals. The collection covers hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (for example, hospitals operated by correctional authorities and hospitals located in offshore territories) are not

included.

Timeliness

The reference period for these data is 2009–10.

Accuracy

For 2009–10, coverage of the NPHED was essentially complete, except Tasmania was not able to provide occasions of service data for one hospital that reported about 280,000 non-admitted patient occasions of service to the NPHED in 2008–09. This represented a little under one third of total Tasmanian occasions of service in 2008–09. The data are defined and/or documented in the NMDS for Public hospital establishments. However, differences in admission practices, counting and classification practices across jurisdictions may affect the comparability of these data.

Outpatient services delivered in group sessions by in-scope hospitals are excluded from this indicator. All outpatient occasions of services delivered in public psychiatric hospitals are also excluded.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validation on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2009–10* and the *National healthcare agreement: performance report 2009–10*.

The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania.

Accessibility

The AIHW provides a variety of products that draw upon the NPHED data. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables
- interactive data cubes for public hospital establishments data.

Some data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NPHED is published annually in *Australian hospital statistics* (chapter 4 and technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for public hospital establishments is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Data Quality Statement—Indicator 47: Rates of services: Non-acute care separations

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- There is some variation among jurisdictions in the assignment of care type categories.
- The number of overnight separations is considered to be more comparable than the total number of separations among jurisdictions and between the public and private sectors. This is because variation in admission practices and policies can lead to variation in the number of same-day admissions among providers.
- Numerators for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of the hospital. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the Australian Capital Territory.

Target/Outcome	Hospital and related care
Indicator	Number of non-acute care overnight separations per 1000 population, by care type
Measure (computation)	<p>The <i>numerator</i> is the number of non-acute care overnight (hospital) separations. The <i>denominator</i> is the Estimated Resident Population (ERP).</p> <p>An overnight separation is an episode of care for an admitted patient that involves at least one overnight stay—that is, the date of admission and date of separation are different. A separation is 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 care to rehabilitation).</p> <p>A non-acute care separation is defined where the type of care is reported as rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care or maintenance care.</p> <p><i>Calculation</i> is $1000 \times (\text{numerator} \div \text{denominator})$, presented as a number per 1000 and age-standardised to the Australian population as at 30 June 2001, using 5-year age groups to 84 years, with ages over 84 years combined. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so the Indigenous disaggregation was standardised to 64 years, with ages over 64 years combined.</p>
Data source/s	<p><i>Numerator:</i></p> <p>This indicator is calculated using data from the NHMD, based on the National Minimum Data Set for Admitted Patient Care.</p> <p><i>Denominators:</i></p> <p><u>For total population:</u> Australian Bureau of Statistics (ABS) ERP as at 30 June 2009.</p> <p><u>For data by Indigenous status:</u> ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2009.</p>

For data by socioeconomic status: calculated by AIHW using the ABS Socio-Economic Indexes For Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) 2006 and ERP by statistical local area (SLA) as at 30 June 2009. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: ABS ERP as at 30 June 2009, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.

The data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring, and internal and public reporting. Hospitals may be required to provide data to states and territories through administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link below).

<www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788>

Relevance

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

The analyses by remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient. The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data), 2009 SLA boundaries are mapped backed to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2009 due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement

or renewal.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) divided by the total number of people living in that remoteness area or SEIFA population group in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction (for example, the Australian Capital Territory).

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for these data is 2009–10.

Accuracy

For 2009–10 almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory and about 2,400 separations for one public hospital in Western Australia.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory. In addition, Western Australia was not able to provide about 10,600 separations for one private hospital.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validation on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The number of overnight separations is considered to be more comparable than the total number of separations among jurisdictions and between the public and private sectors. This is because variation in admission practices and policies lead to variation in the number of same-day admissions among providers.

There is some variation among jurisdictions in the assignment of care type categories.

The Indigenous status data are of sufficient quality for statistical reporting for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia and Western Australia (public and private hospitals) and Northern Territory (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and Australian Capital Territory (public and private hospitals) should be interpreted with caution until further assessment of Indigenous identification is completed.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Counts less than 3 were suppressed.
- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1000.
- Data for private hospitals in Tasmania, Australian Capital Territory and

the Northern Territory were suppressed.

- Rates which appear misleading (for example, because of cross border flows) were also suppressed.
- Consequential suppression was applied where appropriate to protect confidentiality.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2009–10* and the *National healthcare agreement: performance report for 2009–10*. Although almost 29 000 separations were recorded with a care type of Palliative care, there were over 54 000 separations identified as providing some form of palliative care regardless of the care type specified.

The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in *National healthcare agreement* reports.

Caution is also required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website include:

- *Australian hospital statistics* with associated Excel tables
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

Data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Data Quality Statement—Indicator 48: Rates of services: hospital procedures

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.
- Numerators for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of the hospital. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the Australian Capital Territory.

Target/Outcome	Hospital and related care
Indicator	Rates at which selected hospital procedures are performed for different population groups and in public and private hospital sectors.
Measure (computation)	<p>The <i>numerator</i> is the number of hospital separations involving the procedures: cataract extraction, cholecystectomy, coronary artery bypass graft, coronary angioplasty, cystoscopy, haemorrhoidectomy, hip replacement, inguinal herniorrhaphy, knee replacement, myringotomy, tonsillectomy, varicose veins stripping and ligation, septoplasty, prostatectomy and hysterectomy.</p> <p>The <i>denominator</i> is the Estimated Resident Population (ERP), with the exception of prostatectomy, where only the male ERP is used, and hysterectomy, where only the female ERP aged 15–69 years is used.</p> <p>A separation is 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 care to rehabilitation).</p> <p><i>Calculation</i> is $1000 \times (\text{numerator} \div \text{denominator})$, presented as a number per 1000 and age-standardised to the Australian population as at 30 June 2001 using 5-year age groups to 84 years, with ages over 84 combined. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so the Indigenous disaggregation was standardised to 64 years, with ages over 64 combined.</p> <p>For hysterectomy only: Total population data were age-standardised using 5 year age groups between 15–69 years. Indigenous disaggregation for the Australian Capital Territory and Tasmania was age-standardised using 5-year age groups from 15–64, with ages over 64 combined. Indigenous disaggregation for all other jurisdictions was standardised using 5-year age groups between 15–69 years as data on the Indigenous population aged 65–69 years were available for these jurisdictions.</p>
Data source/s	<p><i>Numerator:</i></p> <p>This indicator is calculated using data from the NHMD, based on the National Minimum Data Set for Admitted patient care.</p> <p><i>Denominators:</i></p> <p><u>For total population:</u> Australian Bureau of Statistics (ABS) ERP as at 30 June 2009.</p>

For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2009.

For data by socioeconomic status: calculated by AIHW using the ABS Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) and ERP by statistical local area (SLA) as at 30 June 2009. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: ABS ERP as at 30 June 2009, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.

The data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring, and internal and public reporting. Hospitals may be required to provide data to states and territories through administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link below).

<www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788>

Relevance

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

Analyses by remoteness and socioeconomic status are based on the reported area of usual residence of the patient. The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data), 2009 SLA boundaries are mapped backed to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2009 due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time.

This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) divided by the total number of people living in that remoteness area or SEIFA population group in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Indigenous and Other Australians' rates of hysterectomy in Tasmania and the Australian Capital Territory may underestimate rates of hysterectomy for women aged 15–69 years due to the age-standardisation method used (see above).

Timeliness

The reference period for these data is 2009–10.

Accuracy

For 2009–10 almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory and about 2,400 separations for one public hospital in Western Australia.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the single private free-standing day hospital facility in the Northern Territory. In addition, Western Australia was not able to provide about 10,600 separations for one private hospital.

Coronary artery bypass graft and coronary angioplasty are not performed in Northern Territory hospitals. Residents of the Northern Territory requiring these procedures receive treatment interstate.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Data on procedures are recorded uniformly using the Australian Classification of Health Interventions.

Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

The Indigenous status data are of sufficient quality for statistical reporting for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia, Western Australia, Northern Territory (Northern Territory public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and Australian Capital Territory (public and private hospitals) should be interpreted with caution until further assessment of Indigenous identification is completed.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

Coherence

- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1000.
- Data for private hospitals in Tasmania, Australian Capital Territory and the Northern Territory were suppressed.
- Rates which appear misleading (for example, because of cross border flows) were also suppressed.

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2009–10* and the *National healthcare agreement: performance report 2009–10*.

The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in National Healthcare Agreement performance reports.

Caution is also required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

Data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Data Quality Statement — Indicator 49: Residential and community aged care places per 1000 population aged 70+ years

Key data quality points

- The data used to calculate this indicator is from an administrative data collection designed for payment of subsidies to service providers and has accurate data on the number and location of funded aged care places.
- The presented measure excludes information about services delivered to older people under the Home and Community Care (HACC) program.

Target/Outcome Aged Care

Indicator Operational residential and community aged care places per 1000 people aged 70 years or over (or Aboriginal and Torres Strait Islander people aged 50 years and over), excluding services funded through Home and Community Care (HACC)

Measure (computation) *Numerator:* Number of operational residential and community aged care places at 30 June 2011 (excluding services funded through Home and Community Care).

Residential aged care places is a count of operational residential care places delivered in Australian Government subsidised residential aged care facilities. It includes Multi-Purpose Services and places delivered under the National Aboriginal Torres Strait Islander Flexible Aged Care Program and the Innovative Care program provided in a residential aged care facility.

Community Aged Care places is a count of operational packages under the following programs: Community Aged Care Packages (CACP); Extended Aged Care at Home (EACH); EACH Dementia (EACHD); Transition Care Program; Multi-Purpose Services; and places delivered under the Aboriginal and Torres Strait Islander Aged Care Strategy in the community as well as Innovative Care Programs (including Consumer Directed Care) provided in the community.

Denominator: Estimated population aged 70 years and over for the total population plus the estimated Indigenous population aged 50–69 years as at 30 June of the current reporting period.

Expressed as numerator only and rate ($1000 \times \text{numerator} \div \text{denominator}$).

Rate (per 1000 population) calculated separately for residential and community aged care places.

Data source/s *Numerator:* Australian Government Department of Health and Ageing's Ageing and Aged Care data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the Department of Health and Ageing.

Denominator: For total population: Population projections based on 2006 Census prepared for Department of Health and Ageing (DoHA) by Australian Bureau of Statistics (ABS) according to the assumptions agreed to by DoHA as at 30 June 2011.

For June 2011, DoHA Indigenous population projections were prepared from ABS Indigenous Experimental 2006 ERP data (at SLA level) projected forward so as to align with published ABS Indigenous

	<p>Experimental Estimates and Projections (ABS cat no 3238.0, series B) at the state level and at Remoteness Area level. The Indigenous Estimated Resident Population at 30 June 2006 (ABS cat no 3238.0.55.001) was used to proportionally split the remoteness areas classification of Inner Regional/Outer Regional and Remote/Very Remote. The resulting projections of the Indigenous population were created by DoHA and are not ABS projections.</p>
Institutional environment	<p>Approved services submit data to Medicare Australia to claim subsidies from the Australian Government. This data is provided to the Department of Health and Ageing to administer services under the Aged Care Act 1997 and the Aged Care Principles and to administer places delivered under the Aboriginal and Torres Strait Islander Aged Care Strategy.</p> <p>The data quality statement was developed by the Department of Health and Ageing and includes comments from the AIHW. The AIHW did not have all of the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.</p>
Relevance	<p><i>Numerator:</i> The data includes all places offered by aged care services subsidised by the Australian Government under the programs identified above.</p> <p>This indicator does not include services funded through HACC. Further data development is required to develop an indicator of capacity (i.e. places) available under HACC. As an indication of the relative magnitude of the HACC program, in 2010-11 HACC provided assistance to around 930 000 clients (642 000 clients 70 years or older).</p>
Timeliness	<p><i>Numerator:</i> Based on a stocktake of aged care places which were operational at 30 June 2011. Data for the current reporting period is available October each year.</p>
Accuracy	<p>The data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to service providers and have accurate data on the number and location of funded aged care places.</p>
Coherence	<p>The data items used in this indicator are consistent and comparable over time. This indicator is consistent with other publicly available information about aged care places.</p> <p>Indigenous population projections have been calculated using a different method compared with that used in previous years. This will have a small effect on comparability with results from previous years.</p>
Accessibility	<p>Aggregated data items are published in the SCRGSP's <i>Report on Government Services</i>, the <i>Reports on the Operation of the Aged Care Act 1997</i> prepared by the Department of Health and Ageing, and in the AIHW's Aged care statistics series.</p>
Interpretability	<p>Further information on definitions is available in the Aged Care Act 1997 and Aged Care Principles, in the Residential Aged Care Manual 2009, draft Community Packaged Care Guidelines 2007, and Transition Care Program guidelines.</p>

Data Quality Statement—Indicator 52: Falls in residential aged care resulting in patient harm and treated in hospital

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- This indicator provides a count of patients who experience a fall in an aged care facility and required admission to hospital as a result of the fall. It does not provide an indication of the falls which occur in aged care facilities that do not require hospitalisation.
- The Australian Government Department of Health and Ageing's (DoHA) Ageing and Aged Care Data Warehouse is an administrative data collection that has data on the number of days residents occupy aged care facilities that are subsidised by the Australian Government.
- Data on falls are recorded uniformly using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM).
- The specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as Aged Care Facility.
- Around 24 per cent of the records of separations involving falls did not have a code assigned for the place of occurrence. Consequently, the recorded number of falls occurring in aged care facilities may be an under-estimate.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Target/Outcome Aged care

Indicator Falls in residential aged care resulting in patient harm and treated in hospital

Measure (computation) *Numerator:* Number of separations with a diagnosis of injury resulting from a fall and a place of occurrence of *Aged care facility*.
A separation is 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).
Denominator: Total number of permanent and respite resident days for residential aged care facilities (including pre-leave days).
Reported as a *number* and a *rate per 10 000 resident-occupied place days*.

Data source/s *Numerator:* calculated using data from the NHMD, based on the national minimum data set (NMDS) for Admitted patient care.
Denominator: calculated using data from the DoHA Ageing and Aged Care Data Warehouse.
For data by socioeconomic status: calculated by AIHW using the Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (SEIFA), Index of Relative Socio-Economic Disadvantage (IRSD) 2006 and Estimated Resident Population (ERP) by Statistical Local Area (SLA) as at 30 June 2009. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.
For data by remoteness: each separation/resident day is allocated an

ABS remoteness area, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated the numerator for this indicator.

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.

The hospital separations data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals are required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link below).

www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788

The Australian Government Department of Health and Ageing provided the denominator for this indicator to the AIHW. Approved providers submit data to Medicare Australia to claim subsidies from the Australian Government. This data is provided to the Department of Health and Ageing to administer services under the Aged Care Act 1997 and the Aged Care Principles.

Relevance

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free-standing day hospital facilities and alcohol and drug treatment centres and dental hospitals in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

This indicator is a proxy indicator. This indicator provides a count of patients who experience a fall in an aged care facility and required admission to hospital as a result of the fall. It does not provide an indication of the falls which occur in aged care facilities that do not require hospitalisation.

The specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as *Aged care facility*. The *Aged care facility* as a place of occurrence is broader in scope than residential aged care—it includes other facilities such as retirement villages.

The analyses by remoteness and socioeconomic status are based on Statistical Local Area of usual residence of the patient (numerator) and client postcode prior to admission to residential aged care (denominator).

The Australian Bureau of Statistics Socio-Economic Indexes For Areas (SEIFA) categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each

SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data), 2009 SLA boundaries are mapped backed to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2009 due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of usual residence) divided by the total number of resident occupied place days for clients resident in aged care facilities in the reporting jurisdiction and living in that remoteness area or SEIFA population group prior to admission to the aged care facility.

The DoHA Ageing and Aged Care Data Warehouse is a consolidated data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the Department of Health and Ageing.

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for this data set is 2009–10.

Accuracy

For 2009–10, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the Australian Capital Territory and about 2,400 separations for one public hospital in Western Australia.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory. Western Australia was not able to provide about 10,600 separations for one private hospital.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia, Western Australia and Northern Territory (Northern Territory public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and the Australian Capital Territory (public and private hospitals) should be interpreted with caution until further assessment of Indigenous identification is completed.

The specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded

as *Aged care facility*. The *Aged care facility* as a place of occurrence is broader in scope than residential aged care—it includes other facilities such as retirement villages. Hence, the numbers presented could be an overestimate, as they include falls in aged care facilities other than residential aged care.

Around 24 per cent of the records of separations involving falls did not have a code assigned for the place of occurrence. Consequently, the recorded number of falls occurring in aged care facilities could be an underestimate.

For separations having multiple external causes, it is not possible to establish (from the NHMD) whether the nominated place of occurrence is associated with the fall or with some other external cause. As a consequence, the count of separations may also be overestimated (for example, a person who falls in hospital after being admitted for a non-fall related cause in an aged care facility). To minimise overestimation, only separations where a person was admitted to hospital with a principal diagnosis of an injury were included (S00 to T14 inclusive).

Data on falls are recorded uniformly using the ICD-10-AM.

The specification for this indicator only enable the identification of patients who experience a fall in residential aged care and require admission to hospital as a result of the fall. It does not provide an indication of the falls which occur in residential aged care facilities that do not require hospitalisation.

For 2009–10, the number of resident days collected by the Aged Care Data Warehouse was accurate at the time of calculation.

Disaggregation by remoteness and SEIFA is by the client's postcode prior to admission to an aged care facility. In some instances, the postcode was not provided or the input was inaccurate, or in other cases, the SEIFA may not have been provided. As a consequence, around 0.5 per cent of the total resident days were excluded from the analysis by SEIFA.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example where the denominator is very small. The following rules were applied:

- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1000.
- Counts less than 3 were suppressed.
- Rates which appear misleading (for example, because of cross border flows) were also suppressed.

Coherence

The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in National Healthcare Agreement performance reports.

However, caution is required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

The number of separations involving an ICD-10-AM external cause code for falls has been reported in the National Injury Surveillance Unit (NISU) publication *Hospitalisations due to falls by older people, Australia*

2005-06. It should be noted that the methodology used in that report differs from the National Healthcare Agreement indicator, in that a broader set of principal diagnoses are used to specify separations involving a fall,

The denominator provided from the Aged Care Data Warehouse is consistent with other publicly available information about aged care residency.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

Some data are also included on the MyHospitals website.

Aggregated aged care data items are published in the Steering Committee for the Review of Government Service Provision *Report on Government Services*, and in the annual *Report on the Operation of Aged Care Act 1997* prepared by the Department of Health and Ageing

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Further information on aged care definitions is available in the *Aged care act 1997* and the aged care principles in the *Residential Care Manual*.

Data Quality Statement — Indicator 53: Older people receiving aged care services

Key data quality points

- The Department of Health and Ageing (DOHA) Ageing and Aged Care data warehouse is derived from an administrative data collection designed for payment of subsidies to service providers and has accurate data on the numbers of clients, their age and Indigenous status.
- Information about geographical location (remoteness) is based on location of service provider for all programs except Home and Community Care (HACC) and Veterans' Home Care (VHC) (where remoteness is based on location of client).
- VHC data are not available by Indigenous status; therefore all VHC data are reported for total persons aged 70 years and over only.
- HACC data are not as complete as the data presented for other aged care programs.

Target/Outcome Aged Care

Indicator Number of people aged 70 years and over plus Indigenous Australians aged 50–69 years receiving aged care services in community settings or residential settings
Note the term 'older people' used in this indicator refers to the target group of persons 70 years and over plus Indigenous Australians aged 50–69 years.

Measure (computation) *Numerator:* Number of individuals, within a defined population group, using residential aged care or community based aged programs during the 12 months to 30 June 2011. The population group is people aged 70 years and over plus Indigenous people aged 50–69 years, except for Veterans' Home Care where the population group is people aged 70 years and over.

Denominator: Projected total population aged 70 years and over plus projected Indigenous population aged 50–69 years as at 30 June of the current reporting period, except for Veterans' Home Care where the denominator is projected total population aged 70 years and over as at 30 June of the current reporting period.

Expressed as numerator only and rate ($1000 \times (\text{numerator} \div \text{denominator})$), and calculated separately for each program: Veterans' Home Care (VHC); Home and Community Care (HACC); Community Aged Care Packages (CACP); Extended Aged Care at Home (EACH); EACH Dementia (EACHD); Residential Aged Care; Residential Respite; and Transition Care Program.

VHC data are not available by Indigenous status; therefore all VHC data are for total persons aged 70 years and over only.

For other programs, data for Indigenous persons aged 50–69 are published for HACC services only. Data for Indigenous persons aged 50–69 are not published separately for other programs, but are included in other disaggregations and totals. In particular,

Table 53.1

Client numbers and rates are for total persons 70 years and over plus Indigenous Australians aged 50–69 years combined.

Tables 53.2 and 53.3

For age categories, specified age groups refer to the total population (except for the HACC 50–69 row which refers to Indigenous 50–69 years only).

For categories of Indigenous status, client numbers and rates are displayed separately for Indigenous 50 years and over, Non-Indigenous 70 years and over, and Not Stated 70 years and over.

For remoteness categories, numbers and rates are for total persons 70 years and over plus Indigenous Australians aged 50-69 years combined.

Data source/s

Numerator: HACC National Data Repository and the Australian Government Department of Health and Ageing's Ageing and Aged Care data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the Department of Health and Ageing.

Department of Veterans' Affairs (DVA) VHC data.

Denominator: For total population: Population projections based on 2006 Census prepared for DoHA by Australian Bureau of Statistics (ABS) according to the assumptions agreed to by DoHA as at 30 June 2011.

For Indigenous population: Population projections were prepared from ABS Indigenous Experimental 2006 ERP data (at SLA level) projected forward so as to align with published ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at the state level and at Remoteness Area level. The Indigenous Estimated Resident Population at 30 June 2006 (ABS cat no 3238.0.55.001) was used to proportionally split the remoteness areas classification of Inner Regional/Outer Regional and Remote/Very Remote. The resulting projections of the Indigenous population were created by DoHA and are not ABS projections.

Institutional environment

HACC National Data Repository

The HACC program is funded and governed through a cooperative working agreement between the Australian and State and Territory governments. Service providers receiving funding under the HACC program are required to provide data to populate the HACC Minimum Data Set (MDS) to the State and Territory governments. This is supplied to the National Data Repository managed by the Department of Health and Ageing.

Ageing and Aged care data warehouse

Approved providers submit data to Medicare Australia to claim subsidies from the Australian Government for services delivered under the Aged Care Act 1997 (the Act) and Aged Care Principles (the Principles). These data are provided to the Department of Health and Ageing and are stored in the Ageing and Aged Care data warehouse.

The flexible care places used in the Transition Care Program are legislated by the Act and the Principles made under the Act. The Transition Care Program is funded and governed in partnership between the Australian and State and Territory governments. Service providers submit claims to Medicare Australia to claim for services delivered under the Transition Care Program. These data are provided to the Department of Health and Ageing and are stored in the Ageing and Aged Care data warehouse.

DVA Veterans' Home Care data

The in-house VHC system records and processes claims for payments made to Assessment/Coordination Agencies and Service Providers under the *Veterans' Entitlements Act 1986*. All claiming data complies with all requirements of the Chief Executive's Instruction no 8.5 on Internal Controls CEI 5.4 Payments of Accounts and associated Statements of

Approved Systems Controls.

The data quality statement was developed by the Department of Health and Ageing and includes comments from the AIHW and DVA. The AIHW did not have all of the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.

Relevance

HACC: In 2010-11, 97 per cent of all providers receiving funding under the HACC program submitted data to the HACC MDS. There is no information about the characteristics nor quantity of clients of the non-reporting agencies. Therefore, it is difficult to assess the impact these non-reporting agencies have on the reported data.

Other programs: The data provides complete coverage of aged care services subsidised by the Australian Government under the programs identified above.

Data linkage is needed to estimate the number of individuals receiving aged care services across aged care programs.

People receiving services under Multi-purpose services or the Aboriginal and Torres Strait Islander Aged Care Strategy are not included since data are collected on places only (i.e. not people).

Timeliness

HACC NMDS

HACC data is submitted to the HACC MDS National Data Repository (NDR) on a quarterly basis. HACC Agencies in Qld, SA, WA and the ACT send HACC MDS data directly to the NDR. Agencies in other jurisdictions send their data to the NDR via a State Data Repository.

Aged care data warehouse

Claims are submitted by service providers on a monthly basis for services delivered under residential aged care and residential respite care, CACP, EACH & EACHD, and Transition Care. Data for the current reporting period is available October each year.

Accuracy

HACC: Around 6 per cent of HACC data for clients aged 70 year or more is missing Indigenous status. Missing data for clients aged 70 year or more for remoteness and age is less than 1 per cent.

Other programs (except VHC): Subsidies to service providers of Aged Care under the Act and the Principles is contingent on their submitting claims to Medicare Australia. Service providers' claims are audited annually.

The data presented against this indicator is people who have accessed a service delivered under that program in the financial year. Because a person may receive services under more than one program in a year, the number of unique individuals accessing aged care is less than the total of people accessing the services listed above. The methodology to link individuals is under development.

A client may be counted more than once as they may have had multiple care types, or care across multiple states, during the 12 months period. Australian total is not necessarily the total sum of its components.

Coherence

The data items used to construct this performance indicator will be consistent and comparable over time.

Indigenous population projections have been calculated using a different method compared with that used in previous years. This will have a small effect on comparability with results from previous years.

Information about Indigenous status is not available for VHC data. Population rates for VHC data are calculated for the total population aged 70 and over only.

Accessibility

Further information on definitions is available in the: Aged Care Act 1997 and Aged Care Principles; the Residential Aged Care Manual 2009; Residential Respite Care Manual; draft Community Packaged Care Guidelines 2007; the HACC Data Dictionary; and the Transition Care Guidelines.

Interpretability

Aggregated data items are published in the SCRGSP's Report on Government Services, the Reports on the Operation of the Aged Care Act 1997 prepared by the Department of Health and Ageing, and in the AIHW aged care statistic series.

Aggregated HACC data are published in the HACC MDS Statistical Bulletin on an annual basis.

Data Quality Statement — Indicator 54: Aged care assessments completed

Key data quality points

- This data collection is used for approval for clients to access Australian Government-funded aged care programs and coverage of clients is comprehensive.
- This indicator does not represent all assessment activity undertaken by Aged Care Assessment Teams (ACATs), only those completed. Note that completed assessments include both assessments where the delegate has and has not approved the client to receive aged care services.

Target/Outcome	Aged Care
Indicator	Number of Aged Care Assessments completed under the Aged Care Assessment Program (ACAP).
Measure (computation)	<p><i>Numerator:</i> Number of ACAP assessments completed.</p> <p><i>Denominator:</i> Estimated population at 30 June of the current reporting period.</p> <p>Expressed as numerator only and rate ($1000 \times (\text{numerator} \div \text{denominator})$).</p>
Data source/s	<p><i>Numerator:</i></p> <p><u>ACAP Minimum Data Set</u> in the Australian Government Department of Health and Ageing's Ageing and Aged Care data warehouse.</p> <p><i>Denominator:</i></p> <p><u>For total population:</u> Population projections based on 2006 Census prepared for Department of Health and Ageing (DOHA) by Australian Bureau of Statistics (ABS) according to the assumptions agreed to by DOHA.</p> <p><u>For Indigenous population:</u> Population projections were prepared from ABS Indigenous Experimental 2006 ERP data (at SLA level) projected forward so as to align with published ABS Indigenous Experimental Estimates and Projections (ABS cat no 3238.0, series B) at the state level and at Remoteness Area level. The Indigenous Estimated Resident Population at 30 June 2006 (ABS cat no 3238.0.55.001) was used to proportionally split the remoteness areas classification of Inner Regional/Outer Regional and Remote/Very Remote. The resulting projections of the Indigenous population were created by DoHA and are not ABS projections.</p>
Institutional environment	<p>ACATs are funded and governed through a cooperative working agreement between the Australian and State and Territory governments. Submitting data to the ACAP Minimum Data Set (MDS) is a condition of ACATs receiving Commonwealth funding. ACATs submit their data to the State evaluation unit. The state evaluation unit submits their data to the Ageing and Aged Care Data Warehouse managed by the Department of Health and Ageing.</p> <p>The data quality statement was developed by the Department of Health and Ageing and includes comments from the AIHW. The AIHW did not have all of the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.</p>

Relevance	<p>The data collection provides comprehensive information on ACAT assessments.</p> <p>This indicator does not represent all assessment activity undertaken by ACATs, only those completed. Note that completed assessments include both assessments where the delegate has and has not approved the client to receive aged care services.</p>
Timeliness	<p>Data is provided to the Ageing and Aged Care Data Warehouse on a quarterly basis. The data is reliable for any financial year by June the following year. Data for financial year 2009-10 has been used for the 2012 report. Data for 2010-11 will be reported on in the 2013 report.</p>
Accuracy	<p>Less than one per cent of ACAP records do not have a valid postcode for the client. These records have been excluded for analysis by remoteness and SEIFA, but are included in the totals.</p> <p>Data for New South Wales and South Australia in the Ageing and Aged Care Data Warehouse includes an unknown number of duplicate records created by a range of database changes and/or Aged Care Assessment Team amalgamations undertaken by the respective state governments. This has a flow-on effect on the national figures.</p> <p>For ACAP assessment data, where Indigenous status was not stated, those records were included in the Non-Indigenous row of data.</p>
Coherence	<p>2009-10 ACAP data is not directly comparable to previous years due to the <i>Aged Care Amendment (2008 Measures No. 2) Act 2008</i> which commenced on 1 July 2009. These amendments had as an objective to reduce the number of unnecessary assessments performed by Aged Care Assessment Teams.</p> <p>Indigenous population projections have been calculated using a different method compared with that used in previous years. This will have a small effect on comparability with results from previous years.</p>
Accessibility	<p>Further information on definitions is available in the Aged Care Assessment and Approval Guidelines 2006 and the ACAP Data Dictionary.</p>
Interpretability	<p>Aggregated data items from the ACAP MDS are published in the SCRGSP's Report on Government Services, and in the Reports on the Operation of the Aged Care Act 1997 prepared by the Department of Health and Ageing.</p>

Data Quality Statement — Indicator 55: Younger people with disabilities using residential, CACP and EACH aged care services

Key data quality points

- The data used to produce this indicator are from an administrative data collection designed for payment of subsidies to services providers and contain accurate data on client numbers and characteristics.

Target/Outcome	Aged Care
Indicator	Number of people under 65 years of age with disabilities using residential and community aged care services funded under the Aged Care Act 1997.
Measure (computation)	<p>Numerator only: Number of people aged less than 65 years living in permanent residential care or receiving packaged community aged care services in the 12 months to 30 June 2011.</p> <p>Calculated separately for residential and community aged care services. Residential aged care services includes permanent residential care only (i.e., does not include respite care). Community aged care services includes CACP, EACH and EACHD services only.</p> <p>A client may be counted more than once as they may have had multiple admissions during the 12 months period and/or multiple care types.</p>
Data source/s	Australian Government Department of Health and Ageing's (DoHA) Ageing and Aged Care data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the Department of Health and Ageing.
Institutional environment	<p>Approved providers of residential and community care submit data to Medicare Australia to claim subsidies from the Australian Government. This data is provided to DoHA to administer services under the Aged Care Act 1997 and the Aged Care Principles.</p> <p>The data quality statement was developed by the Department of Health and Ageing and includes comments from the AIHW. The AIHW did not have all of the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.</p>
Relevance	The data provide complete coverage of aged care services funded by the Australian Government under the programs identified above.
Timeliness	Claims are submitted by approved providers on a monthly basis for services delivered under residential aged care, CACP, EACH and EACHD. Data for the current reporting period is available in October each year.
Accuracy	<p>No issues, other than a client may be counted more than once as they may have had multiple care types, or care across multiple states, during the 12 months period.</p> <p>Australian total is not necessarily the sum of its components.</p> <p><u>Confidentiality</u></p> <p>Some cells have been suppressed to protect confidentiality. In order to</p>

present as much information as possible without compromising confidentiality, the following practice has been adopted for this indicator:

Small cells: Cells with a value of less than five have been replaced with '<5'.

Other cells: Where necessary for consequential confidentiality, the next smallest cells have been replaced with '<x', where x is its value rounded up to the nearest multiple of 5. If this results in a number greater than the total of the cells, the total value is substituted.

Coherence	The data items used to construct this indicator are consistent and comparable over time.
Accessibility	Information on definitions used in the indicators is available in the Aged Care Act 1997 and Aged Care Principles, in the Residential Aged Care Manual 2009 and draft Community Packaged Care Guidelines 2007.
Interpretability	Aggregated data can be obtained on request from the Department of Health and Ageing and from AIHW's Younger People with Disability in Residential Aged Care Program report.

Data quality statement—Indicator 56: People aged 65 years or over receiving sub-acute services

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- This indicator is a count of separations, not a count of persons. The same person may be hospitalised on more than one occasion during the year. Services other than admitted patient services are not included.
- There is some variation among jurisdictions in the assignment of care type categories.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.
- Numerators for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of hospital. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the Australian Capital Territory.

Target/Outcome Aged care

Indicator Number of admitted sub-acute services to people 65 years or over

Measure (computation) The *numerator* is the number of sub-acute care separations for people aged 65 years or over. The *denominator* is the Estimated Resident Population (ERP) for this age group.

A separation is 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 care to rehabilitation).

A sub-acute care separation is defined where the type of care is reported as rehabilitation, palliative care, geriatric evaluation and management or psychogeriatric care.

Calculation is $1000 \times (\text{numerator} \div \text{denominator})$, presented as a number per 1000 and age-standardised to the Australian population as at 30 June 2001 using 5-year age groups to 84 years, with ages over 84 combined.

Data source/s *Numerator:*

This indicator is calculated using data from the NHMD, based on the National Minimum Data Set for Admitted Patient Care.

Denominators:

For total population: Australian Bureau of Statistics (ABS) ERP as at 30 June 2009.

For data by Indigenous status: ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2009.

For data by socioeconomic status: calculated by AIHW using the ABS Socio-Economic Indexes For Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) 2006 and ERP by statistical local area (SLA) as at 30 June 2009. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: ABS ERP as at 30 June 2009, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.

The data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring, and internal and public reporting. Hospitals may be required to provide data to states and territories through administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link below).

www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788

Relevance

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

This indicator is a count of separations, not a count of persons. The same person may be hospitalised on more than one occasion during the year. The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

Analyses by remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient. The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data), 2009 SLA boundaries are mapped back to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2009 due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area or SEIFA

population group (regardless of their jurisdiction of residence) divided by the total number of people living in that remoteness area or SEIFA population group in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction (for example, the Australian Capital Territory).

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for these data is 2009–10.

Accuracy

For 2009–10 almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory and about 2,400 separations for one public hospital in Western Australia.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory. In addition, Western Australia was not able to provide about 10,600 separations for one private hospital.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

There is some variation among jurisdictions in the assignment of care type categories.

The Indigenous status data are of sufficient quality for statistical reporting for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia and Western Australia (public and private hospitals) and Northern Territory (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and Australian Capital Territory (public and private hospitals) should be interpreted with caution until further assessment of Indigenous identification is completed.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Counts less than 3 were suppressed.
- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1000.
- Rates which appear misleading (for example, because of cross border flows) were also suppressed.
- Consequential suppression was applied where appropriate to protect confidentiality.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2009–10* and the *National healthcare agreement: performance report 2009–10*.

The data can be meaningfully compared across reference periods for all

jurisdictions except Tasmania. 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in *National healthcare agreement* reports.

Caution is also required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

Some data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Data quality statement—Indicator 57: Hospital patient days used by those eligible and waiting for residential aged care

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- The indicator as presented is a proxy measure based on available data items in the NHMD. The indicator is not a count of patient days used by those eligible (as assessed and approved by an Aged Care Assessment Team (ACAT)) and waiting for residential aged care. The indicator as presented is the number of patient days (and proportion of all patient days) used by patients where the care type is *Maintenance*, a diagnosis was reported as *Person awaiting admission to residential aged care service* and the separation mode was not *Other (includes discharge to place of usual residence)*.
- There is some variation among jurisdictions in the assignment of care type categories.
- Numerators for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of hospital. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the Australian Capital Territory.

Target/Outcome	Aged Care
Indicator	Number of hospital bed days used by patients whose acute (or sub-acute) episode of admitted patient care has finished and who have been assessed by an ACAT and approved for residential aged care.
Measure (computation)	<p>The <i>numerator</i> is the number of patient days used by patients who are waiting for residential aged care where the care type is <i>Maintenance</i>, a diagnosis was reported as <i>Person awaiting admission to residential aged care service</i> and the separation mode was not <i>Other (includes discharge to place of usual residence)</i>. Includes overnight separations only.</p> <p>The <i>denominator</i> is the total number of patient days (including overnight and same-day separations).</p> <p>An overnight separation is an episode of care for an admitted patient that involves at least one overnight stay—that is, the date of admission and date of separation are different.</p> <p>Calculation is $1000 \times (\text{numerator} \div \text{denominator})$.</p>
Data source/s	<p><i>Numerator and denominator:</i></p> <p>This indicator is calculated using data from the NHMD, based on the National Minimum Data Set (NMDS) for Admitted Patient Care.</p> <p>Data for socioeconomic status was calculated by AIHW using the Australian Bureau of Statistics (ABS) Index of Relative Socio-Economic Disadvantage 2006 and ERP by statistical local area (SLA) as at 30 June 2008. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.</p>
Institutional environment	<p>The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.</p> <p>The AIHW is an independent statutory authority within the Health and</p>

Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.

The data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring, and internal and public reporting. Hospitals may be required to provide data to states and territories through administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link below).

www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788

Relevance

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

This indicator is a proxy indicator.

Analyses by remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient. The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data), 2009 SLA boundaries are mapped back to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2009 due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Patient days are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of residence. Hence, rates represent the number of patient days for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of usual residence) divided by the total number of patient days for patients living in that remoteness area or SEIFA population group hospitalised in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction (for example, the Australian Capital Territory). Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for these data is 2009–10.

Accuracy

For 2009–10 almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory and about 2,400 separations for one public hospital in Western Australia.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory. In addition, Western Australia was not able to provide about 10,600 separations for one private hospital.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validation on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

There is some variation among jurisdictions in the assignment of care type categories.

The AIHW NHMD does not include data on ACAT assessments.

The Indigenous status data are of sufficient quality for statistical reporting for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia and Western Australia (public and private hospitals) and Northern Territory (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and Australian Capital Territory (public and private hospitals) should be interpreted with caution until further assessment of Indigenous identification is completed.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Counts less than 3 were suppressed.
- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1000.
- Rates which appear misleading (for example, because of cross border flows) were also suppressed.
- Consequential suppression was applied where appropriate to protect confidentiality.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2009–10*.

The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in *National healthcare agreement* reports.

However, caution is required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index

used and the approach taken to derive quintiles and deciles.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website include:

- *Australian hospital statistics* with associated Excel tables
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

Some data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Data quality statement — Indicator 58: Patient experience/satisfaction

Target/Outcome Patient satisfaction/experience

Indicator Indicator 58: Patient satisfaction/experience

**Measure(s)
(computation)** Nationally comparable information that indicates levels of patient satisfaction around key aspects of care they received.

Numerators:

58a - persons who saw a GP for their own health in the last 12 months who waited longer than felt acceptable for an appointment.

58b - persons who were referred to a medical specialist in the last 12 months who waited longer than they felt acceptable to get an appointment.

58c - persons who saw a GP in the last 12 months reporting the GP always or often: listened carefully, showed respect, and spent enough time with them

58d - persons who saw a medical specialist in the last 12 months reporting the medical specialist always or often: listened carefully, showed respect, and spent enough time with them

58e - persons who saw a dental practitioner in the last 12 months reporting the dental practitioner always or often: listened carefully, showed respect, and spent enough time with them

58f - persons who had been to a hospital emergency department in the last 12 months reporting doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them

58g - persons who had been to a hospital emergency department in the last 12 months reporting nurses always or often: listened carefully, showed respect, and spent enough time with them

58h - persons who had been admitted to a hospital in the last 12 months reporting doctors or specialists always or often: listened carefully, showed respect, and spent enough time with them

58i - persons who have been admitted to a hospital in the last 12 months reporting nurses always or often: listened carefully, showed respect, and spent enough time with them

Denominators:

58a - persons who saw a GP for their own health in the last 12 months, excluding persons who were interviewed by proxy.

58b - persons who were referred to a medical specialist in the last 12 months, excluding persons who were interviewed by proxy.

58c - persons who saw a GP for their own health in the last 12 months, excluding persons who were interviewed by proxy

58d - persons who saw a medical specialist in the last 12 months, excluding persons who were interviewed by proxy. This population is incomplete (see below).

58e - persons who saw a dental professional in the last 12 months, excluding persons who were interviewed by proxy

58f - persons who had been to a hospital emergency department in the last 12 months, excluding persons who were interviewed by proxy

58g - persons who had been to a hospital emergency department in the last 12 months, excluding persons who were interviewed by proxy

58h - persons who had been admitted to a hospital in the last 12 months, excluding persons who were interviewed by proxy

58i - persons who have been admitted to a hospital in the last 12 months,

excluding persons who were interviewed by proxy

Data Source Patient Experience Survey, ABS

Institutional Environment Data Collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey, collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment.

Collection authority: The Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975.

Data Compiler(s): Data are compiled by the Health and Disability section of the Australian Bureau of Statistics (ABS).

Statistical confidentiality is guaranteed under the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975.

The ABS notifies the public through a note on the website when an error in data has been identified. The data are withdrawn, and the publication is re-released with the correct data. Key users are also notified where possible.

Relevance Level of Geography: Data are available by State/Territory, and by remoteness (major cities, inner and outer regional and remote Australia).

Data Completeness: All data are available for this indicator from this source.

Indigenous Statistics: There are no indigenous data able to be published for this indicator.

Socioeconomic status data: Data are available by the SEIFA index of disadvantage.

Numerator/Denominator Source: Same data source.

Data for this indicator were collected for all persons in Australia, excluding persons in very remote communities, as well as the following people:

- members of the Australian permanent defence forces
- diplomatic personnel of overseas governments, customarily excluded from census and estimated population counts
- overseas residents in Australia
- members of non-Australian defence forces (and their dependents)
- people living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, retirement homes, homes for people with disabilities, and prisons.

The exclusion of persons usually resident in very remote communities only has a small impact on estimates, except for the Northern Territory, where such persons represent 24% of the population. Patient Experience data are weighted to account for non-response.

As data are drawn from a sample survey, the indicator is subject to sampling error, which occurs because a proportion of the population is used to produce estimates that represent the whole population. Rates should be considered with reference to their corresponding relative standard errors (RSEs) and 95% confidence intervals. Estimates with a relative standard error between 25% and 50% should be used with caution, and estimates with a relative standard error over 50% are considered too unreliable for general use.

Data were self-reported for this indicator.

Timeliness

Collection interval/s: Patient Experience data are collected annually.

Data available: The 2010-11 data used for this indicator became available in November 2011.

Referenced Period: July 2010 to June 2011.

There are not likely to be revisions to this data after its release.

Accuracy

Method of Collection: The data were collected by computer assisted telephone interview.

Data Adjustments: Data were weighted to represent the total Australian population, and were adjusted to account for confidentiality, non-response and partial response.

Sample/Collection size: the sample for the 2010-11 patient experience data was 26 423 fully-responding households.

Response rate: Response rate for the survey was 81.4%

Standard Errors: The standard errors for the key data items in this indicator are relatively low and provide reliable state and territory data.

Known Issues: Data were self-reported, and as questions are attitudinal, data is only reported for people who gave personal interviews (i.e. excludes proxy interviews). There is also an issue with the population of people who saw a medical specialist in the last 12 months (affecting measure 58(d)), as there was a sequencing error which meant that 868 000 people (14%) were not correctly sequenced to the 'patient satisfaction' questions for medical specialists (spent enough time, listened carefully and showed respect). These people were those who had not seen the medical specialist from their most recent referral. Measure 58b does not have this issue as the population are those who were referred to a medical specialist in the last 12 months, who were all asked the question about acceptable waiting times (excluding proxy interviews).

Year to year change: As the sample for 2010-11 and future patient experience surveys is around 27 000 the data should be sensitive to small year to year changes.

The data for this indicator are attitudinal, as they collect information on whether people felt they waited too long to get an appointment with a GP or specialist, and whether the person felt the health professional in question spent enough time with them, listened carefully and showed them respect (the 'patient satisfaction' questions). Data are used from personal interviews only (i.e. excluding proxy interviews).

Coherence

Consistency over time: 2009 was the first year data was collected for the first two measures for this indicator, and data from 2010-11 were the first data collected for the patient satisfaction questions.

Numerator/denominator: The numerator and denominator are directly comparable, one being a sub-population of the other.

The numerator and denominator are compiled from a single source.

Jurisdiction estimate calculation: Jurisdiction estimates are calculated the same way, although the exclusion of very remote communities in the sample will affect the NT more than it affects other jurisdictions as people usually resident in very remote areas account for about 24% of people in NT.

Jurisdiction/Australia estimate calculation: All estimates are compiled the same way.

Collections across populations: Data are collected the same way across all jurisdictions.

The 2009 and 2010-11 PEx provide the only national data available for this indicator. At this stage, there are no other comparable data sources.

Interpretability

Context: These data were collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey.

Other Supporting information: The ABS Patient Experience data are published in Patient Experiences in Australia: Summary of Findings, 2010-11 (Cat. no. 4839.0). This publication includes explanatory and technical notes.

Socioeconomic status definition: The SEIFA Index of Relative Socio-economic Disadvantage uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households.

Socioeconomic status derivation: The SEIFA index of relative socio-economic disadvantage is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Socioeconomic status deciles derivation: Deciles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1000 and roughly two-thirds of the scores lie between 900 and 1100. The CDs are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom 10% of CDs, Decile 2 contains the next 10% of CDs and so on.

Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in Patient Experiences in Australia: Summary of Findings, 2010-11 (Cat. no. 4839.0).

Accessibility

Data are publicly available in Health Services: Patient Experiences in Australia, 2009 (Cat. no. 4839.0.55.001) and Patient Experiences in Australia: Summary of Findings, 2010-11 (Cat. no. 4839.0). Data for this indicator are shown by age, sex, remoteness and disadvantage.

Data are not available prior to public access.

Supplementary data are available. Additional data from the Patient Experience Survey are available upon request.

Access permission/Restrictions: Customised data requests may incur a charge.

Contact Details: For more information, please call the Health and Disability section of the ABS on (02) 6252 5000.

Spreadsheets can be downloaded from the ABS website and a confidentialised unit record file will be available in 2012. Data must be confidentialised for privacy reasons.

Data quality statement—Indicator 59: Age standardised mortality by major cause of death

Target/Outcome	Primary and community health
Indicator	NHA 59—Age standardised mortality by major cause of death
Measure (computation)	<p>Numerator: death registrations for 2005–2009 (5 year aggregate, and single years) provided by state and territory Registrars of Births, Deaths and Marriages.</p> <p>Denominator: Estimated Resident Population , Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians</p>
Data source/s	<p>Numerator – ABS Causes of Death collection (3303.0)</p> <p>Denominator – ABS Estimated Residential Population (3101.0)</p> <p>Indigenous: ABS Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians (3238.0)</p>
Institutional environment	<p>These collections are conducted under the Census and Statistics Act 1905. For information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, see ABS Institutional Environment.</p> <p>www.abs.gov.au/websitedbs/d3310114.nsf/4a256353001af3ed4b2562bb00121564/10ca14cb967e5b83ca2573ae00197b65!OpenDocument</p>
Relevance	<p>The ABS Causes of Death collection includes all deaths that occurred and were registered in Australia, including deaths of persons whose usual residence is overseas. Deaths of Australian residents that occurred outside Australia may be registered by individual Registrars, but are not included in ABS deaths or causes of death statistics.</p> <p>Data in the Causes of Death collection include demographic items, as well as causes of death information, which is coded according to the International Classification of Diseases (ICD). ICD is the international standard classification for epidemiological purposes and is designed to promote international comparability in the collection, processing, classification, and presentation of causes of death statistics. The classification is used to classify diseases and causes of disease or injury as recorded on many types of medical records as well as death records. The ICD has been revised periodically to incorporate changes in the medical field. The 10th revision of ICD (ICD-10) has been used by the ABS to code cause of death since 1997.</p> <p>For further information on the ABS Causes of Death collection, see the relevant Data Quality Statement.</p>
Timeliness	<p>Causes of death data is published on an annual basis. Death records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis. One dimension of timeliness in death registrations data is the interval between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.</p> <p>Preliminary ERP data are compiled and published quarterly and is</p>

generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP is further disaggregated by sex and single year of age, and is made available five to six months after end of the reference quarter. Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous financial year, once more accurate births, deaths and net overseas migration data becomes available. In the case of births and deaths, the revised data are compiled on a date of occurrence basis. In the case of net overseas migration, final data are based on actual traveller behaviour. Final estimates are made available every 5 years after a census and revisions are made to the previous intercensal period. ERP data are not changed once it has been finalised. Releasing preliminary, revised and final ERP involves a balance between timeliness and accuracy.

For further information on ABS Estimated Resident Population, see the relevant Data Quality Statement.

Accuracy

Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period and are not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

All coroner certified deaths registered after 1 January 2007 are subject to a revision process. Causes of death data for 2007 has been subject to two rounds of revision, while the 2008 causes of death data has been subject to the single round of revision, and the 2009 causes of death are preliminary and therefore have not been subject to the revisions process. This is a change from previous years where all ABS processing of causes of death data for a particular reference period was finalised approximately 13 months after the end of the reference period. Where insufficient information was available to code a cause of death (e.g. a coroner certified death was yet to be finalised by the Coroner), less specific ICD codes were assigned as required by the ICD coding rules. The revision process enables the use of additional information relating to coroner certified deaths as it becomes available over time. This results in increased specificity of the assigned ICD-10 codes. See Technical Note: Causes of Death Revisions in Causes of Death, Australia, 2009 (Cat. no. 3303.0).

All ERP data sources are subject to non-sampling error. Non-sampling error can arise from inaccuracies in collecting, recording and processing the data. In the case of Census and Post Enumeration Survey (PES) data every effort is made to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. The ABS does not have control over any non-sampling error associated with births, deaths and migration

data. For more information see the *Demography Working Paper 1998/2 - Quarterly birth and death estimates, 1998* (Cat. no. 3114.0) and *Australian Demographic Statistics* (Cat. no. 3101.0).

Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

Non-Indigenous data from the Causes of Death collection do not include death registrations with a 'not stated' Indigenous status.

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

Mortality indicators presented in the previous National Indigenous Reform Agreement and National Healthcare Agreement reports were compiled using deaths data on a year of registration basis. If this practice is followed for reporting data for the 2010 reference year, mortality indicators for Queensland and any aggregates including Queensland will be overstated and prevent meaningful comparisons over time.

To minimise the impact of these outstanding death registrations on mortality indicators used in various Council of Australian Government (COAG) reports, a decision was made by the ABS and key stakeholders to use 'adjusted' deaths for Queensland for 2010 reference year. The 'adjusted' deaths were calculated by adding together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010.

ABS is currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, the ABS and NIRAPIMG agreed that mortality indicators which include WA deaths data for 2007, 2008 and 2009 (including aggregates of years and jurisdictions) should be excluded from analysis.

Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading for example where the non-Indigenous mortality rate is higher than the Indigenous mortality rate. All rates in this indicator must be used with caution.

Coherence

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Accessibility

Causes of death data are available in a variety of formats on the ABS website under the 3303.0 product family. ERP data are available in a variety of formats on the ABS website under the 3101.0 and 3201.0 product families. Further information on deaths and mortality may be available on request. The ABS observes strict confidentiality protocols as required by the Census and Statistics Act (1905). This may restrict access to data at a very detailed level.

Interpretability

Data for all deaths in this indicator have been age-standardised, using the direct method, to 95 years +. Data for Indigenous deaths in this indicator have been age-standardised, using the direct method, to 75 years + to account for differences between the age structures of the Indigenous and non-Indigenous populations. Direct age-standardisation to the 2001 total Australian population was used. Age-standardised results provide a measure of relative difference only between populations.

Data Quality Statement — Indicator 61: Teenage birth rate

Key data quality points

- The numerator includes births to mothers aged less than 15 years, however, the denominator only includes women aged 15 to 19 years. This may result in the rate being slightly overstated.
- The National Perinatal Data Collection (NPDC) includes information on the Indigenous status of the mother only. Since 2005, all jurisdictions have collected information on Indigenous status of the mother in accordance with the Perinatal National Minimum Data Set (NMDS).
- No formal national assessment has been undertaken to determine completeness of the coverage or identification of Indigenous mothers in the NPDC. The current data have not been adjusted for under-identification of Indigenous status of the mother and thus jurisdictional comparisons should not be made.

Target/Outcome	Social inclusion and Indigenous health
Indicator	This indicator presents the number of births to females aged less than 20 years as a proportion of all females aged 15–19 years in the population.
Measure (computation)	<i>Numerator:</i> Number of births to teenagers aged less than 20 years. <i>Denominator:</i> Number of females aged 15–19 years in the population. <i>Computation:</i> $1000 \times (\text{Numerator} \div \text{Denominator})$
Data source/s	<i>Numerator:</i> AIHW National Perinatal Data Collection (NPDC) <i>Denominator:</i> <u>For total population:</u> Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) as at 30 June 2009. <u>For data by Indigenous status:</u> ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at 30 June 2009. <u>For data by socioeconomic status:</u> calculated using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA). Each SLA in Australia is ranked and divided into quintiles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population. <u>For data by remoteness:</u> ABS' Australian Standard Geographical Classification.
Institutional environment	The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. Data were supplied by State and Territory health authorities to the National Perinatal Epidemiology and Statistics Unit (NPESU), a collaborating unit of the Institute. The State and Territory health authorities receive these data from patient administrative and clinical records. This information is usually collected by midwives or other birth attendants. States and territories use these data for service planning, monitoring and internal and public reporting.
Relevance	The NPDC comprises data items as specified in the Perinatal NMDS plus additional items collected by the states and territories. The purpose of the Perinatal NMDS is to collect information at birth for monitoring pregnancy, childbirth and the neonatal period for both the mother and baby(s).

The Perinatal NMDS is a specification for data collected on all births in Australia in hospitals, birth centres and the community. It includes information for all live births and stillbirths of at least 400 grams birthweight or at least 20 weeks gestation. It includes data items relating to the mother, including demographic characteristics and factors relating to the pregnancy, labour and birth; and data items relating to the baby, including birth status (live or stillbirth), sex, gestational age at birth, birthweight, Apgar score and neonatal length of stay.

The Perinatal NMDS includes all relevant data elements of interest for the numerator of this indicator. While each jurisdiction has a unique perinatal form for collecting data on which the format of the Indigenous status question and recording categories varies slightly, all systems include the NMDS item on Indigenous status of mother.

No formal national assessment has been undertaken to determine completeness of the coverage of Indigenous mothers in the Perinatal NMDS. However, the proportion of Indigenous mothers for the period 2000–2009 has been consistent, at 3.4–3.8 per cent of women who gave birth. For maternal records where Indigenous status was not stated (0.4 per cent), data were excluded from Indigenous and non-Indigenous analyses.

Maternal age is calculated using the date of birth of the mother and the baby. Both of these items are included in the Perinatal NMDS. For 2009 data, New South Wales was non-compliant with the Perinatal NMDS and provided maternal age rather than maternal dates of birth. South Australia provided confidentialised dates, adjusted based on the baby's date of birth (recorded as the first of the month). South Australian legislation prevents the release of potentially identifiable data from its perinatal data collection.

The indicator is presented by Socio-Economic Indexes for Areas (SEIFA) Index for Relative Socio-Economic Disadvantage (IRSD). The data supplied to the NPDC include a code for SLA from all states and territories.

Reporting by remoteness is in accordance with the Australian Standard Geographical Classification (ASGC). Remoteness is assigned from SLA or postal area codes. The numerator and denominator for the calculation of rates for this indicator come from different sources (numerator from the NPDC and denominator from ABS population data). While population data are adjusted for undercount and missing responses to the Indigenous status question, data from the NPDC are not. This, along with changing levels of Indigenous identification over time and across jurisdictions in both the numerator and denominator may affect the accuracy of compiling a consistent time series.

Cells have been suppressed to protect confidentiality (where the numerator is less than 5 or would identify a single service provider), where rates are highly volatile (i.e. the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Timeliness

The reference period for the data is 2009. Collection of data for the NPDC is annual.

Accuracy

Inaccurate responses may occur in all data provided to the Institute. The Institute does not have direct access to perinatal records to determine the accuracy of the data provided. However, the Institute undertakes validation on receipt of data. Data received from states and territories are checked for completeness, validity and logical errors. Potential errors are queried with jurisdictions, and corrections and resubmissions are made in

response to these edit queries. The AIHW does not adjust data to account for possible data errors.

Errors may occur during the processing of data by the states and territories or at the AIHW. Processing errors prior to data supply may be found through the validation checks applied by the Institute. This indicator is calculated on data that has been reported to the AIHW. Prior to publication, these data are referred back to jurisdictions for checking and review. The Institute does not adjust the data to correct for missing values. Note that because of data editing and subsequent updates of State/Territory databases, and because data are being reported by place of residence rather than place of birth, the numbers reported for this indicator differ from those in reports published by the states and territories. The data are not rounded.

The data supplied for the 2009 Perinatal NMDS from Victoria to prepare this indicator was not the final data. Further minor changes to the data are unlikely to produce any detectable change to the indicator.

There is not full compliance with the Perinatal NMDS for maternal age. New South Wales did not provide full maternal dates of birth for 2009, instead supplying calculated maternal age. In 2009 0.1 per cent of records were missing mothers age. The geographical location code for the area of usual residence of the mother is included in the Perinatal NMDS. Only 0.2 per cent of records were non-residents or could not be assigned to a state or territory of residence. There is no scope in the data element Area of usual residence of mother to discriminate temporary residence of mother for the purposes of accessing birthing services from usual residence. The former may differentially impact populations from remote and very remote areas, where services are not available locally.

Data presented by Indigenous status are influenced by the quality and completeness of Indigenous identification of mothers which is likely to differ among jurisdictions. Approximately 0.4 per cent of mothers who gave birth in the reference period had missing Indigenous status information. No adjustments have been made for under-identification or missing Indigenous status information and thus jurisdictional comparisons should not be made.

Coherence

Changing levels of Indigenous identification over time and across jurisdictions may affect the accuracy of compiling a consistent time series. Differential supply of NMDS item Date of birth (used for calculating maternal age) may impact adversely on the cohesion of the data to report over time and across jurisdictions.

Accessibility

The AIHW provides a variety of products that draw upon the NPDC. Published products available on the AIHW website are:

- Australia's mothers and babies annual report
- Indigenous mothers and their babies, Australia 2001–2004
- METeOR – online metadata repository
- National health data dictionary.

Ad-hoc data are also available on request (charges apply to recover costs).

Interpretability

Supporting information on the quality and use of the NPDC are published annually in Australia's mothers and babies (Chapter 1), available in hard copy or on the AIHW website. Comprehensive information on the quality of Perinatal NMDS elements are published in Perinatal National Minimum

Data Set compliance evaluation 2001–2005. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. More detailed information on the quality of Indigenous data that might affect interpretation of the indicator was published in *Indigenous mothers and their babies, Australia 2001–2004* (Chapter 1 and Chapter 5).

Metadata information for this indicator has been published in the AIHW's online metadata repository — METeOR. Metadata information for the Perinatal NMDS are published in METeOR, and the National health data dictionary.

Data quality statement—Indicator 62: Hospitalisation for injury and poisoning

Key data quality points

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- Data on diagnoses are recorded uniformly using the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM 6th edition).
- The hospital separations data do not include injuries that are treated in the emergency department and do not require admission to hospital.
- Multiple separations may arise from a single injury or poisoning event.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.
- Numerators for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of hospital. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly for the Australian Capital Territory.

Target/Outcome	Social inclusion and Indigenous health
Indicator	The number of hospital separations with a principal diagnosis of injury or poisoning.
Measure (computation)	<p>The <i>numerator</i> is the number of hospital separations with a principal diagnosis of injury or poisoning.</p> <p>The <i>denominator</i> is the Estimated Resident Population (ERP).</p> <p>A separation is 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 care to rehabilitation).</p> <p>Injury and poisoning diagnoses are defined by ICD-10-AM codes S00-T98.</p> <p><i>Calculation</i> is $1000 \times (\text{numerator} \div \text{denominator})$, presented as a number per 1000 and age-standardised to the Australian population as at 30 June 2001 using 5-year age groups to 84 years, with ages over 84 combined. Indigenous population data are not available for all states and territories for 5-year age groups beyond 64 years, so the Indigenous disaggregation was standardised to 64 years, with ages over 64 combined.</p>
Data source/s	<p><i>Numerator:</i></p> <p>This indicator is calculated using data from the NHMD, based on the National Minimum Data Set (NMDS) for Admitted Patient Care.</p> <p><i>Denominators:</i></p> <p><u>For total population:</u> Australian Bureau of Statistics (ABS) ERP as at 30 June 2009.</p> <p><u>For data by Indigenous status:</u> ABS Indigenous Experimental Estimates and Projections (Indigenous Population) Series B as at</p>

30 June 2009.

For data by socioeconomic status: calculated by AIHW using the ABS Socio-Economic Indexes For Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) 2006 and ERP by statistical local area (SLA) as at 30 June 2009. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

For data by remoteness: ABS ERP as at 30 June 2009, by remoteness areas, as specified in the Australian Standard Geographical Classification.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.

The data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring, and internal and public reporting. Hospitals may be required to provide data to states and territories through administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link below).

<www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788>

Relevance

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

Hospital separations data do not include injuries that are treated in the emergency department that do not require admission to hospital. The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics.

Multiple separations may arise from a single injury or poisoning event.

Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Separations are reported by jurisdiction of hospitalisation. The injury event will not necessarily have occurred in the state or territory of hospitalisation.

Analyses by remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient. The

SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data), 2009 SLA boundaries are mapped back to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2009 due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) divided by the total number of people living in that remoteness area or SEIFA population group in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction (for example, the Australian Capital Territory).

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Timeliness

The reference period for this data set is 2009–10.

Accuracy

For 2009–10 almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory and about 2,400 separations for one public hospital in Western Australia.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory. In addition, Western Australia was not able to provide about 10,600 separations for one private hospital.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Data on diagnoses are recorded uniformly using the ICD-10-AM.

The Indigenous status data are of sufficient quality for statistical reporting for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia and Western Australia (public and private hospitals) and Northern Territory (public hospitals only). National totals include these six jurisdictions only. Indigenous

status data reported for Tasmania and Australian Capital Territory (public and private hospitals) should be interpreted with caution until further assessment of Indigenous identification is completed.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1000.
- Rates which appear misleading (for example, because of cross border flows) were also suppressed.

Coherence

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2009–10* and the *National healthcare agreement: performance report 2009–10*.

The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. 2008–09 data for Tasmania does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in *National healthcare agreement* reports.

However, caution is required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

Accessibility

The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables
- interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

Some data are also included on the MyHospitals website.

Interpretability

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR and the *National health data dictionary*.

Data quality statement — Indicator 64a: Indigenous Australians in the health workforce (for selected professions of medical practitioners and nurses/midwives)

Key data quality points

- The AIHW Medical Labour Force Survey and the AIHW Nursing and Midwifery Labour Force Survey, which are the data sources for the indicator, were conducted with a focus on the overall professions, rather than Indigenous Australians. For the indicator, data are limited because of the small numbers of Indigenous Australians identified in the surveys. Small numbers are a result of:
 - small Indigenous representation in the Australian population;
 - small Indigenous representation in the Australian health workforce;
 - voluntary Indigenous self-identification in the surveys.
- There is significant unexplained year-on-year variation in the data.
- Care is also advised with State and Territory comparisons because of low response rates in some jurisdictions.

Target/Outcome	Social inclusion and Indigenous health
Indicator	Indigenous Australians in the health workforce (for selected professions of medical practitioners and nurses/midwives)
Measure (computation)	<p><i>Numerator</i> — number of Indigenous Australians in the health workforce for selected professions (employed in the selected professions)</p> <p><i>Denominator</i> — total health workforce for selected professions</p> <p><i>Calculation</i> — per cent of total health workforce (for selected professions) who were Indigenous Australians.</p>
Data source/s	<u>AIHW Medical Labour Force Survey (2009); AIHW Nursing and Midwifery Labour Force Survey (2009); State and Territory registration board data</u>
Institutional environment	<p>The AIHW has calculated this indicator. The data are estimates from the AIHW National Health Labour Force Survey series, which are annual surveys managed by State and Territory health authorities. The survey questionnaire is administered by the relevant registration board in each jurisdiction as part of the registration renewal process. Under agreement with AHMAC's Health Workforce Principal Committee, the AIHW cleans, collates, manipulates and weights the State and Territory survey results to obtain national estimates of the total medical labour force and reports the findings. These data are used for workforce planning, monitoring and reporting.</p> <p>The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.</p>
Relevance	This indicator is an interim measure, pending the implementation of the National Registration and Accreditation Scheme (NRAS) in mid-2010. Long-term indicators using NRAS data are expected to be available in 2012 and will include a much larger group of health professions. To date, there have been difficulties collecting consistent, quality data on the health workforce and many of these difficulties are expected to be resolved by the shift to NRAS data, particularly that of national

consistency.

The estimates for this indicator are based on the weighted responses from the Medical Labour Force Survey and the Nursing and Midwifery Labour Force Survey. The two surveys have been conducted using very similar methods and measures similar concepts. The survey populations have been drawn from the medical register and the nursing and midwifery register maintained in each State and Territory. The registers contain demographic information on all professionals allowed to practise in that state or territory and have been the most suitable framework for surveying the professions.

The states and territories have agreed on the core content of the data collected, but there has been some variation in actual questions asked and in the format of the questionnaire. Where necessary and possible, the AIHW has mapped responses to provide nationally comparable estimates from each survey dataset. The Australian Bureau of Statistics' (ABS) standard question was used in the survey to identify Aboriginal and Torres Strait Islander people working in the two health professions, although Victoria and WA combined response categories. This has not affected the aggregate figures for 'Indigenous'.

The focus of the surveys was the overall profession, rather than Indigenous Australians. For the indicator, data are limited because the numbers of Indigenous Australians identified in the surveys were small. Small numbers are a result of:

- small Indigenous representation in the Australian population;
- small Indigenous representation in the Australian health workforce;
- voluntary Indigenous self-identification in the surveys.

Reference periods differed across jurisdictions but were within a single calendar year. In both surveys, the questionnaire was sent out with registration renewal papers by the respective registration boards and the timing depended on the registration practices for each profession within each jurisdiction.

The indicators are disaggregated by State/Territory information primarily sourced from the registration boards. It should be noted that, in both surveys, response rates varied considerably across jurisdictions. This, coupled with small numbers, resulted in some variation in the reliability of the estimates across jurisdictions. Care should be taken when drawing conclusions about the size of the differences between estimates.

Data are presented on medical practitioners and nurses/midwives only. These professions are only part of the health workforce and exclude Aboriginal Health Workers, a large segment of the Indigenous health workforce.

Timeliness

The reference period for the data in the indicator is the 2009 calendar year.

Accuracy

Data capture and initial processing for the surveys were conducted by the individual State/Territory health authorities and the procedures varied. AIHW conducts independent cleaning, editing and manipulation of the data received in order to produce more nationally consistent data. The cleaning and editing procedures included range and logic checks, clerical scrutiny at unit record level and validation of unit record and aggregate data.

The surveys were conducted in conjunction with the registration renewal process, which means people registering as a medical practitioner, nurse or midwife for the first time in the reference year were not sent a

questionnaire. In addition, for the Medical Labour Force Survey, overseas-trained medical practitioners doing postgraduate or supervised training were not surveyed and interns were surveyed in some jurisdictions only.

There was no sampling undertaken for the data collection: the entire population of re-registrants was targeted. The national response rate in 2009 was 53.1 per cent for the Medical Labour Force Survey and 44.4 per cent for the Nursing and Midwifery Labour Force Survey.

The data have undergone imputation for item non response and weighting to adjust for population non response. It should be noted that these adjustments are likely to introduce some bias in the final survey data and any bias is likely to become more pronounced as response rates decline.

Where possible, benchmark data were the number of registered medical practitioners or nurses/midwives in each State and Territory, supplied to the AIHW by the State and Territory registration boards for each profession. If possible, benchmarks were broken down by age group and sex and if the data were not available from the boards this way, benchmark figures were obtained from other sources, such as medical board annual reports. Where available, benchmark data relate to the time the survey was conducted. Details of the benchmarks supplied by the states and territories for each survey can be found in the published survey reports on the AIHW website.

When comparing the 2009 AIHW Medical Labour Force Survey estimates of Indigenous medical practitioners across states and territories, note that:

- The number of medical practitioners in New South Wales, Queensland and Tasmania are slightly underestimated, as the benchmark figures did not include all registered medical practitioners. New South Wales only sent questionnaires to financial registrants holding general, conditional specialist, limited prescribing or non-practising registration. Only medical practitioners holding general, specialist or non-practising registration were surveyed in Queensland. In Tasmania, only general registrants, conditionally registered specialists and non-practising practitioners received a questionnaire.
- For Western Australia the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age-by-sex proportions. For Western Australia the benchmark data was inflated by an unknown number of registered medical practitioners that are no longer active in the workforce.
- Data for Indigenous medical practitioners should be treated with caution due to the small population size, the overall response rate and unexplained variation between years.

Estimates were produced from the survey data, after weighting to adjust for non-response. The estimation process for non-response produces numbers of workers in fractions, but these were rounded to whole numbers for publication. For this indicator, data are presented as a percentage which is calculated excluding any records for which Indigenous status was not reported. Percentages for this indicator are calculated on the rounded figures.

When comparing estimates from the 2009 Nursing and Midwifery Labour Force Survey data, State and Territory estimates should be treated as indicative only because of low response rates in some jurisdictions, particularly Victoria (33.3 per cent) Queensland (32.9 per cent), Western Australia (34.4 per cent) and the Northern Territory (34.9 per cent). In

2008 Victorian data was affected by large numbers of online survey records being unusable for technical reasons.

Coherence

Estimates of Indigenous medical practitioners from the 2006 Medical Labour Force Survey have been compared with the ABS 2006 Census of Population and Housing estimates and the AIHW figures were noticeably higher than those from the Census. There are complex reasons for the difference.

The approach to identifying Indigenous Australians has been very similar in the two data collections. Both have used the same self-identification question to collect Indigenous status, and both have used a self-enumeration questionnaire. However, it is also possible in both collections for another person to complete the form on behalf of the respondent. Further, there has been investigative work done which shows that a person's propensity to identify as Indigenous can change in different settings. Both these factors can result in different information being collected about Indigenous Australians.

In addition, a range of significant differences in collection methods exists between the two data sources and, to varying degrees, these contribute to the differences in the figures between the two sources. Please refer to the Data Quality Statements for PI 64(b) in National Agreement Performance information 2008-09) for information on the main factors which need to be taken into account when comparing results from the Census and the AIHW Health Labour Force Survey series.

Comparability of estimates for the medical workforce between 2007 and 2008 is limited by differences in coverage of the available benchmark across years (see Accuracy above). Care should be taken when drawing conclusions about the size of the differences between estimates across these years.

Currently there is no information available about the effect of these differences on the indicator data.

Some broad-level comparisons of workforce percentage growth have been made between Medical Labour Force Surveys, the ABS Census of Population and Housing and Medicare administrative data. All sources showed upward trends, although comparisons are limited by the significant differences in collection method, scope, coverage and definitions between the data sources.

There are variations in reported numbers of Indigenous health professionals across years which we are unable to explain directly.

Accessibility

Published products available on the AIHW website are:

- Medical Labour Force Survey reports with associated Excel tables.
- Nursing and Midwifery Labour Force Survey reports with associated Excel tables.

Ad-hoc data are available on request (cost recovery charges apply).

Interpretability

Extensive explanatory information for the Medical Labour Force Survey and the Nursing and Midwifery Labour Force Surveys is contained in the published reports and supplementary Excel tables for each, including collection method, scope and coverage, survey response, imputation and weighting procedures, and limitations on utility of estimates for Indigenous Australians. These are available via the AIHW website and readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator.

For more information comparing data sources of Indigenous health

labour force statistics, see the AIHW publication Aboriginal and Torres Islander health labour force statistics and data quality assessment.

Data quality statement — Indicator 65: Net growth in health workforce (for professions of medical practitioners and nurses/midwives)

Key data quality points

- Results of the surveys are estimates because the raw data have undergone imputation and weighting to adjust for non response. It should be noted that any of these adjustments may have introduced some bias in the final survey data and any bias is likely to become more pronounced as response rates decline.
- Care should be taken when drawing conclusions about the size of the differences between estimates.
- Care is also advised with State and Territory comparisons because of low response rates in some jurisdictions.

Target/Outcome	Sustainability
Indicator	Net growth in health workforce (for professions of medical practitioners and nurses/midwives)
Measure (computation)	Percentage change in the full-time equivalent number of health workers (medical practitioners and nurses/midwives) between two reference years.
Data source/s	AIHW <u>Medical Labour Force Surveys</u> (2008 and 2009); AIHW <u>Nursing and Midwifery Labour Force Surveys</u> (2008 and 2009); <u>State and Territory registration board data</u> .
Institutional environment	<p>The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. The data are estimates from the AIHW National Health Labour Force Survey series, which are annual surveys managed by State and Territory health authorities. The survey questionnaire is administered by the relevant registration boards in each jurisdiction as part of the registration renewal process. Under agreement with AHMAC's Health Workforce Principal Committee, the AIHW cleans, manipulates, collates and weights the State and Territory survey results to obtain national estimates of the total medical labour force and reports the findings. These data are used for workforce planning, monitoring and reporting.</p> <p>The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.</p>
Relevance	<p>This indicator is an interim measure, pending the implementation of the National Registration and Accreditation Scheme (NRAS) in mid-2010. Long-term indicators using NRAS data are expected to be available in 2012 and will include a much larger group of health professions. To date, there have been difficulties collecting consistent, quality data on the health workforce and many of these difficulties are expected to be resolved by the shift to NRAS data, particularly that of national consistency.</p> <p>The estimates for this indicator are based on the weighted responses from the AIHW surveys of the Medical Labour Force and the Nursing and Midwifery Labour Force. The two surveys have been conducted using very similar methods and measure similar concepts. The survey populations have been drawn from the respective professional registers for these occupations, maintained by each State and Territory registration</p>

board. The registers contain demographic information on all professionals allowed to practise in that state or territory and have been the most suitable framework for surveying the professions. The surveys have been designed to measure employment-related activity for each profession.

The states and territories have agreed on the core content of the data collected, but there has been some variation in actual questions asked and in the questionnaire format. Where necessary and possible, the AIHW has mapped responses to provide nationally comparable estimates from each survey.

Reference periods differed across jurisdictions but were within a single calendar year. The questionnaires were generally sent out with registration renewal papers by the respective registration boards for the professions, with survey timing depending on the registration practices for each profession within each jurisdiction.

The indicators are disaggregated by State/Territory information primarily sourced from the registration boards. It should be noted that response rates varied considerably across jurisdictions resulting in some variation in the reliability of the estimates.

Estimates were produced from the survey data, after weighting to adjust for non-response. For this indicator, data are presented as a full-time equivalent (FTE) number of health professionals. $FTE = (\text{number of employed professionals in each profession} \times \text{average hours worked}) \div \text{the hours in a standard working week for each profession}$. For the indicator reporting, the standard working week for medical practitioners is 40 hours and the standard for nurses/midwives is 38 hours. The clinician/non-clinician disaggregation is based on work activity of main job.

Postcode information was collected, although for the indicator reporting, its quality does not support disaggregation by variables based on postcode. Data disaggregation by the Socio-Economic Indexes for Areas (SEIFA) and AGSC Remoteness Areas is to be assessed for possible inclusion in future indicator reporting, pending further investigation into the quality of postcode information available.

Timeliness

The reference periods for the indicator data from the Medical Labour Force Survey are the 2008 and 2009 calendar years. The reference periods for the indicator data from the Nursing and Midwifery Labour Force Survey are the 2008 and 2009 calendar years.

Accuracy

Data capture and initial processing of the survey data were undertaken by the individual State/Territory health authorities, whose procedures varied. AIHW conducts independent cleaning, editing and manipulation of the data received in order to produce more nationally consistent data. The cleaning and editing procedures included range and logic checks, clerical scrutiny at unit record level and validation of unit record and aggregate data.

The surveys were conducted in conjunction with the registration renewal process and, as a result, people registering in a profession for the first time in the reference year were not sent a questionnaire. For the medical survey, practitioners with conditional registration have not always been included. Overseas-trained medical practitioners doing postgraduate or supervised training were not surveyed and interns were surveyed in some jurisdictions, only.

There was no sampling undertaken for the data collection: the entire

population of re-registrants was targeted. The national response rate for the Medical Labour Force Survey was 68.7 per cent in 2008 and 53.1 per cent in 2009. The national response rate for the Nursing and Midwifery Labour Force Survey was 46.6 per cent in 2008 and 44.4 per cent in 2009.

The data have undergone imputation for item non response and weighting to adjust for population non response. It should be noted that both of these kinds of non-response is likely to introduce some bias in the final survey data and any bias is likely to become more pronounced as response rates decline. Care should be taken when drawing conclusions about the size of the differences between estimates.

Where possible, benchmark data were the number of registered medical practitioners or nurses/midwives in each State and Territory supplied to the AIHW by the State and Territory registration boards for each profession. Also if possible, benchmarks were broken down by age group and sex and if the data were not available from the boards this way, benchmark figures were obtained from other sources, such as registration board annual reports. Where available, benchmark data relate to the time the survey was conducted. Details of the benchmarks supplied by the states and territories for each survey can be found in the published survey reports on the AIHW website.

It should be noted that in the Medical Labour Force Survey and the Nursing and Midwifery Labour Force Survey comparability between jurisdictions is limited by differences between the surveyed population and the available benchmark data. Currently there is no information available about the effect of these differences on the indicator data. As a result, the following should be noted when comparing State and Territory indicator data from both surveys:

Medical Labour Force Survey

- In 2008 and 2009, NSW registration numbers were based on financial general registrants, conditionally registered specialists, limited prescribing and referring and non-practising medical practitioners only, resulting in an underestimate of the total number of practitioners in that state.
- In 2008 and 2009, the Queensland registration numbers did not include all conditionally registered medical practitioners, resulting in an underestimate of the total number of practitioners.
- In Queensland, unlike in 2008 and previous years, there was no option or prompt to fill out the survey forms presented as part of the online re-registration process. This may have been contributed to the low response rate, particularly for those who would normally re-register and fill out their survey form online.
- The Queensland benchmarks for 2009 were taken from the Queensland medical board annual report which included an age breakdown in 10 year increments whilst the estimates for previous years was done using 5 year increments. Given that the response rates have fallen between 2008 and 2009 and that the response rates for some age groups are particularly small, (notably the response rate for 25-34 year olds was only 7.8 per cent for males and 11.4 per cent for females), Queensland data should be treated with caution, particularly for the younger groups, such as specialists-in-training and RACGP trainees.
- For WA, the 2008 benchmark used was the total number of registered practitioners in 2008 using 2007 age-by-sex proportions. For WA in 2008, the benchmark data was inflated by an unknown number of registered medical practitioners that are no longer active in the

workforce. It is also unknown how significantly past years have been affected.

- In 2008 and 2009, Tasmanian registration numbers were based on general registrants, conditionally registered specialists and non-practising practitioners only, resulting in an underestimate of the total number of practitioners.
- Benchmarks for 2008 for the Australian Capital Territory have been revised so 2008 data does not match previously published data. The Northern Territory response rate for 2009 is based on responses to the 2009 Medical Labour Force Survey weighted to 2009 number of registered practitioners published in the Medical Board of the Northern Territory Newsletter September 2009 using 2008 age by sex proportions.
- For the Northern Territory, benchmarks for 2007 (1,968 registrations) and 2009 (2,068 registrations) were based on the totals from the medical board newsletter relating to doctors who had been registered during any part of the year, while the 2008 benchmarks (1,677 registrations) were based on data analysis by Northern Territory health department which was restricted to practitioners registered at a point in time (but included the only source for data by age group). The difference between these two sources for 2008 (1,925 in the medical board newsletter vs. 1,677 on the database) was concentrated in conditionally registered medical practitioners (i.e. short term registrations). The small decline in the survey data for 2008 and subsequent apparent large increase in the 2009 data is attributable to this difference in the benchmark data source. In contrast AIHW calculations show that the increase in FTE between 2007 and 2009 was a more reasonable 10.3 per cent over two years.
- The overall response rate fell from 68.9 per cent in 2008 to 53.1 per cent in 2009. Jurisdictions with large decreases between 2008 and 2009 include Victoria (from 68.4 per cent to 40.3 per cent), Queensland (from 65.2 per cent to 31.9 per cent), Western Australia (from 51.6 per cent to 42.8 per cent), Tasmania (from 59.6 per cent to 46.1 per cent) and the Northern Territory (from 44.4 per cent to 37.3 per cent). Changes between years may be affected by biases introduced by these falls in the response rate.

Nursing and Midwifery Labour Force Survey

- For 2008, State and Territory estimates should be treated with caution due to low response rates in some jurisdictions, particularly Victoria (33.3 per cent), Queensland (32.9 per cent), WA (34.4 per cent) and NT (24.9 per cent). In 2008 Victorian data was affected by large numbers of online survey records not being able to be used for technical reasons (see below). 2008 data for Victoria has been revised due to a correction of an error in processing.
- Due to concerns regarding interaction between clinical status, data quality and the low response rate the growth rates for the ACT should be treated with caution.
- For 2009, benchmark data for Western Australia was estimated by using the total from the Nursing board annual report prorated to the 2008 age distribution.
- The response rate for the Northern Territory is affected by the transient nature of the nursing labour force in that jurisdiction. According to the Nursing Board Annual Report, approximately one-third of all nurses do not re-register each year, primarily because they no longer practise in

the jurisdiction. There has been some variation across years in the degree to which nurses who are interstate have been removed from the renewal process and hence the survey. Benchmark data for the Northern Territory in 2009 was estimated by using the total from the Nursing board quarterly bulletin report prorated to the 2008 age distribution.

As a result of the estimation process used for non-response, numbers of medical practitioners or nurses/midwives may have been in fractions, but were rounded to whole numbers for publication. The FTE calculation for medical practitioners and nurses/midwives is based on rounded numbers.

Coherence

Comparability of estimates for the medical workforce between 2008 and 2009 is limited by differences in coverage of the available benchmark across years (see Accuracy above). Care should be taken when drawing conclusions about the size of the differences between estimates across these years.

Currently there is no information available about the effect of these differences on the indicator data.

Some broad-level comparisons of workforce percentage growth have been made between Medical Labour Force Surveys, the ABS Census of Population and Housing and Medicare administrative data. All sources showed upward trends, although comparisons are limited by significant differences in collection method, scope, coverage and definitions between the data sources.

Accessibility

Published products available on the AIHW website are:

- Medical Labour Force Survey reports with associated Excel tables.
- Nursing and Midwifery Labour Force Survey reports with associated Excel tables.

Ad-hoc data are available on request (cost recovery charges apply).

Interpretability

Extensive explanatory information for the Medical Labour Force Surveys and the Nursing and Midwifery Labour Force Surveys is contained in the published reports and supplementary Excel tables for each, including collection method, scope and coverage, survey response, imputation and weighting procedures. These are available via the AIHW website and readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator.

Data quality statement — Indicator 66: Public health program expenditure as a proportion of total health expenditure

Key data quality points

- The AIHW health expenditure database is a comprehensive collection of expenditure data across all jurisdictions, and the private sector, and encompasses all areas of health expenditure from hospitals to medical services to public health activities.
- The indicator excludes small amounts of expenditure by State and Territory governments that are funded by non-government sources (in the form of fees-for-service, etc).
- The numerator includes only expenditure from the Australian government and by the health departments in the various jurisdictions. It does not include activities undertaken, for example, in education departments that do not receive funding from the health department in a state or territory. It also currently excludes any expenditure on public health activities undertaken or funded by the Department of Veterans' Affairs (DVA).

Target/Outcome	Sustainability
Indicator	Public health expenditure as a proportion of total recurrent health expenditure
Measure (computation)	<p>The <i>numerator</i> used in the compilation of this indicator is the estimate of spending on public health from the AIHW's health expenditure database.</p> <p>The <i>denominator</i> is the estimate of total recurrent health expenditure from the AIHW's health expenditure database.</p> <p>Reported as a <i>percentage</i>.</p>
Data source/s	All data are sourced from the Australian Institute of Health and Welfare (AIHW) health expenditure database.
Institutional environment	<p>The AIHW has calculated this indicator.</p> <p>The data that are incorporated into the AIHW health expenditure database were supplied by a variety of data providers, including the DVA and DoHA, State and Territory health authorities, PHIAC, ABS and injury compensation insurers. In the case of medical services and benefit-paid pharmaceuticals, they are sourced from the Medicare and the Pharmaceutical Benefits Scheme statistics, respectively. Many of the ultimate sources of these data are the financial reporting systems of the various organisations.</p> <p>The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.</p>
Relevance	<p>The AIHW health expenditure database is a comprehensive collection of expenditure data across all jurisdictions, and the private sector, and encompasses all areas of health expenditure from hospitals to medical services to public health activities.</p> <p>This indicator is regarded as a long-term indicator of public health effort and sustainability.</p> <p>Public health activities that are not the subject of funding by State and Territory governments or the Australian Government through the major jurisdictional health departments are not included in the estimates on which the indicator is based. Therefore, State and Territory government</p>

expenditure excludes public health expenditure incurred by local governments, non-Health state government departments and other agencies. This results in a lower proportion of public health expenditure in comparison with total recurrent health expenditure.

Public health expenditure funded by the states and territories excludes funding by non-government sources that cannot be allocated to individual activities. In some cases, State and Territory programs funded by Public Health Outcome Funding Agreements payments or, from 2009-10, the National Healthcare Agreement Specific Purpose Payments may not meet the definition of public health activities. As a result the Australian Government-funded component may be overstated and the State and Territory government-funded be understated by that figure.

Timeliness	The reference period for this data set is 2009–10.
Accuracy	<p>The AIHW develops, on advice from the National Public Health Expenditure Project's Technical Advisory Committee, comprehensive guidelines to accompany the annual questionnaires that are sent to the Australian government and State and Territory health departments. These guidelines assist in ensuring that the data provided are consistent and comprehensive across jurisdictions. The AIHW undertakes checking of the data including comparisons of jurisdictions and over time.</p> <p>Data are collected from states and territories for AIHW's estimate of total recurrent health expenditure using a standard data collection template based on the Government Health Expenditure National Minimum Data Set (GHE NMDS).</p>
Coherence	The data here are consistent with what are published in the Appendix B tables in <i>Health expenditure Australia 2009–10</i> .
Accessibility	<p>The AIHW publishes a number of products that draw upon its health expenditure database. Published products available on the AIHW website are:</p> <p><i>Health expenditure Australia</i> and associated Excel tables</p> <p><i>Public health expenditure Australia</i> (up to 2008-09) and associated Excel tables. Interactive data cubes.</p>
Interpretability	Supporting information on the quality and use of data from the Institute's health expenditure database are published annually in <i>Health expenditure Australia</i> and <i>Public health expenditure in Australia</i> (up to 2008–09 only).

Data quality statement — Indicator 67: Capital expenditure on health and aged care facilities as a proportion of capital consumption expenditure on health and aged care facilities

Key data quality points

- The Australian Institute of Health and Welfare (AIHW) health expenditure database is a comprehensive collection of expenditure data across all jurisdictions, and the private sector, and encompasses all areas of health expenditure from hospitals to medical services to public health activities.
- The indicator includes expenditure on publicly owned and/or controlled health and aged care facilities only. A very small amount of capital expenditure for the community aged care sector by State health authorities has been excluded, as it is so small it would be unreliable to report it.
- Expenditure by local government is included but expenditure by non-government providers of health and aged care services is excluded.

Target/Outcome	Sustainability
Indicator	Government capital expenditure on publicly owned and/or controlled health and aged care facilities as a proportion of government funded capital consumption expenditure on publicly owned and/or controlled health and aged care facilities
Measure (computation)	<p><i>Numerator:</i> Estimate of capital expenditure on publicly owned and/or controlled health and aged care facilities (including local government facilities).</p> <p><i>Denominator:</i> Estimate of capital consumption on publicly owned and/or controlled health and aged care facilities (including local government facilities).</p> <p><i>Computation:</i> Numerator ÷ Denominator</p> <p>Reported as a <i>ratio</i>.</p>
Data source/s	Data are sourced from the AIHW health expenditure database. The underlying data for capital expenditure and capital consumption are sourced from the ABS collection of Government Finance Statistics.
Institutional environment	<p>The AIHW has calculated this indicator.</p> <p>The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.</p> <p>For information on the institutional environment of the ABS, please see the ABS Institutional Environment.</p>
Relevance	<p>The AIHW health expenditure database is a comprehensive collection of expenditure data across all jurisdictions, and the private sector, and encompasses all areas of health expenditure from hospitals to medical services to public health activities.</p> <p>Capital expenditure represents additions to the gross capital stock for the health and aged care sector. Capital consumption (depreciation) represents subtractions from the gross capital stock. The ratio of the two therefore gives an indication of whether the gross capital stock is increasing or decreasing. GFS enables policy makers and users to analyse the financial operations and financial position of the public sector</p>

by the level of government, institutional sector or set of transactions.

Capital expenditure by Victoria as reported does not take account of projects completed under the Partnership Victoria policy for the design, construction, finance and maintenance of major public hospitals by private consortiums. Examples since 2004-05 have been the Royal Women's Hospital, Casey Hospital, St. Vincent's Hospital and the new Royal Children's Hospital. For the latter the underlying arrangements are recognised by the hospital through a finance lease. There is no capital expenditure by the State, however; the department's 2009-10 accounts recognise total expenditure commitments of \$5,548.6 million for these projects, and similar arrangements that apply for the Mildura and St. Vincent's hospitals.

Timeliness

The reference period for this data set is 2009–10.

Accuracy

National and State/Territory estimates of capital expenditure and capital consumption for 2009–10 were derived from the Government Finance Statistics (GFS) series published by the ABS.

The system of GFS provides details of revenues, expenses, cash flows and assets and liabilities of the Australian public sector and comprises units which are owned by the Commonwealth, state and local governments. The Australian system of GFS is designed to provide statistical information on public sector entities in Australia classified in a uniform and systematic way.

The system of GFS is based on international standards set out in the System of National Accounts 2008 (SNA2008) and the International Monetary Fund's Government Finance Statistics Manual 2001.

The main influence on the accuracy of the ABS Government Finance Statistics data is non-sampling error. Non-sampling error arises from inaccuracies in collecting, recording and processing the data. The most significant of these errors are misreporting of data and processing errors. Every effort is made by the ABS to minimise error by working closely with data providers, training processing staff and having efficient data processing procedures.

For practical reasons the ABS does not attempt to cover all economic activity of the public sector. Under-coverage can arise because units are omitted or because some activities are not covered. This only occurs when the economic activity of these units is relatively insignificant.

Revisions are made as required as a result of new and updated information available from providers.

Coherence

The data here are consistent with what are published in *Health expenditure Australia*.

Accessibility

The data that are used in the development of this indicator are sourced from the AIHW's health expenditure database. The AIHW publishes a number of products that draw upon its health expenditure database. Published products available on the AIHW website are:

- *Health expenditure Australia* and associated Excel tables.
- Interactive health expenditure data cubes

Interpretability

Supporting information on the quality and use of data from the Institute's health expenditure database are published annually in *Health expenditure Australia*.

Data quality statement — Indicator 68: Proportion of health expenditure spent on health research and development

Key data quality points

- The Australian Institute of Health and Welfare (AIHW) health expenditure database is a comprehensive collection of expenditure data across all jurisdictions, and the private sector, and encompasses all areas of health expenditure from hospitals to medical services to public health activities.
- The estimation of expenditure on health research for 2009–10 is based on an extrapolation of results from the ABS Research and Experimental Development Surveys. State and Territory expenditure data are not collected directly, but are estimated by the AIHW; estimates should be treated with caution.
- Research in higher education organisations is reported on a calendar year basis, and the expenditure for calendar year 2010 is included by the ABS and AIHW in reporting for overall research expenditure for fiscal year 2009–10.
- Expenditure on research, and total health expenditure, reported for each State and Territory refers to expenditure occurring within that state or territory, regardless of the source of the funds. Hence, research undertaken in one state could be partly funded by the government of another state.

Target/Outcome	Sustainability
Indicator	Proportion of health expenditure spent on health research and development
Measure (computation)	<p>The <i>numerator</i> used in the compilation of this indicator is the estimate of spending on health research from the AIHW's health expenditure database.</p> <p>The <i>denominator</i> is the estimate of total recurrent health expenditure from the AIHW's health expenditure database.</p> <p><i>Calculation:</i> $100 \times (\text{Numerator} \div \text{Denominator})$</p> <p>Reported as a <i>percentage</i>.</p>
Data source/s	All data are sourced from the AIHW health expenditure database. The AIHW estimates of research expenditure are derived from unpublished ABS data collected from government, private and non-profit organisation, and higher education institutions, in the biennial Survey(s) of Research and Experimental Development.
Institutional environment	<p>The AIHW has calculated this indicator.</p> <p>The data that are incorporated into the AIHW health expenditure database were supplied by a variety of data providers, including the Department of Veterans' Affairs (DVA) and the Department of Health and Ageing (DoHA), State and Territory health authorities, Public Health Insurance Administration Council (PHIAC), ABS and injury compensation insurers. In the case of medical services and benefit-paid pharmaceuticals, they are sourced from the Medicare and the Pharmaceutical Benefits Scheme statistics, respectively. Many of the ultimate sources of these data are the financial reporting systems of the various organisations.</p> <p>The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.</p>

Relevance	<p>The AIHW health expenditure database is a comprehensive collection of expenditure data across all jurisdictions, and the private sector, and encompasses all areas of health expenditure from hospitals to medical services to public health activities.</p> <p>This indicator is regarded as a long-term indicator of research effort and sustainability in Australia.</p> <p>Research that is funded by commercial business enterprises is not included in the estimates of expenditure on research, because that expenditure is an input to the production of health goods and services and is therefore implicitly included in the expenditure on health goods and services, such as pharmaceuticals, to which the research relates.</p> <p>When making comparisons between jurisdictions, it should be borne in mind that the state or territory identified in the numerator is the state or territory in which the research activity, to which the expenditure relates, was undertaken. It is not necessarily the state or territory that provided the funding for that research.</p>
Timeliness	<p>The reference period for this data set is 2009–10.</p>
Accuracy	<p>National and State/Territory estimates of expenditure on health research for 2009–10 have been derived by the AIHW by extrapolating national results from the ABS Research and Experimental Development Surveys, and estimating State and Territory expenditures. While the ABS makes every effort to ensure correct and consistent reporting the data collected has been self-classified by respondents and may be affected by non-sampling errors. In particular, many smaller institutions do not maintain records of health research effort by specific field of research or socioeconomic objective.</p> <p>Where possible data for use in constructing the denominator are sought and received using standard data collection instruments with guidelines.</p> <p>Data are collected from states and territories for AIHW's estimate of total recurrent health expenditure using a standard data collection template based on the Government Health Expenditure National Minimum Data Set (GHE NMDS). The AIHW also develops, with advice from major data providers, comprehensive guidelines to accompany the annual data collection templates that are sent to State and Territory health departments. These guidelines assist in ensuring that the data provided are consistent and comprehensive across jurisdictions. The AIHW undertakes checking of the data including comparisons of jurisdictions and over time.</p>
Coherence	<p>The data here are consistent with what is published in <i>Health expenditure Australia</i>.</p>
Accessibility	<p>The data that are used in the development of this indicator are sourced from the AIHW's health expenditure database. The AIHW publishes a number of products that draw upon its health expenditure database. Published products available on the AIHW website are:</p> <ul style="list-style-type: none"> • <i>Health expenditure Australia</i> and associated Excel tables. • Interactive health expenditure data cubes
Interpretability	<p>Supporting information on the quality and use of data from the Institute's health expenditure database are published annually in <i>Health expenditure Australia</i>.</p>

Data quality statement — Indicator 69: Average cost per casemix adjusted separation

Key data quality points

- The National Hospital Morbidity Database (NHMD) and National Public Hospital Establishments Database (NPHEd) are comprehensive datasets. The NHMD has records for all separations of admitted patients from essentially all public hospitals in Australia. The NPHEd contains information on hospital recurrent expenditure for essentially all public hospitals in Australia.
- The comparability of the cost per casemix-adjusted separation in any one year is sensitive to a number of deficiencies in available data:
 - the proportion of recurrent expenditure that relates to admitted patient care is estimated in different ways in different hospitals and is not always comparable
 - capital costs are not included in the numerator. While depreciation information is provided by most jurisdictions, this may vary across states and territories
 - only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3 per cent that were not acute. The proportions of separations that are not acute vary across states and territories.
 - the proportions of patients other than public patients vary across states and territories, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error.
- The denominator for the indicator is based on the reported admitted patient activity, adjusted using cost-weights to derive a 'standard' unit of output as an artificial construct.
- Interpretation of the cost per casemix adjusted separation should also take into account variations in costs that may be beyond the call of jurisdictions. For example, the Northern Territory has high staffing and transport costs and treats a greater proportion of Aboriginal and Torres Strait Islander patients than other jurisdictions.

Target/Outcome	Sustainability
Indicator	Average cost per case mix-adjusted separation for acute and non-acute care in public and private hospitals
Measure (computation)	<p>The average cost per case mix-adjusted separation in public hospitals. The formula used to calculate the cost per casemix adjusted separation is: $(\text{Recurrent expenditure} \times \text{IFRAC}) \div (\text{Total separations} \times \text{Average cost weight})$</p> <p>Where:</p> <ul style="list-style-type: none">• Recurrent expenditure is as defined by the recurrent expenditure data elements in the National Minimum Data Set for Public Hospital Establishments.• IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital expenditure that relates to admitted patient care.• Average cost weight is calculated from the National Hospital Morbidity Database, using the 2008-09 Australian Refined Diagnosis Related Group (AR-DRG) version 5.2 cost weights published by the Department of Health and Ageing.
Data source/s	This indicator is calculated using data from the NPHEd and the NHMD. The NPHEd contains information on public hospital expenditure and estimates of the proportion of recurrent expenditure attributed to admitted patient care. The NPHEd is based on the National Minimum Data Set (NMDS) for Public hospital establishments.

Institutional environment

The NHMD is the source of data on casemix adjusted separations for public hospitals. The NHMD is based on the NMDS for Admitted patient care.

Casemix adjusted separations are calculated by the application of cost weights sourced from the Department of Health and Ageing's National Hospital Cost Data Collection for each separation's recorded AR-DRG.

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

<www.aihw.gov.au/committees/simc/final_nhia_signed.doc>

Relevance

The purpose of the NMDS for Public hospital establishments is to collect information on the characteristics of public hospitals and summary information on non-admitted services provided by them. The scope is public hospitals in Australia, including public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. The collection covers hospitals within the jurisdiction of the State and Territory health authorities. Hence, public hospitals not administered by the State and Territory health authorities (hospitals operated by correctional authorities for example, and hospitals located in offshore territories) are not included. The collection does not include data for private hospitals.

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free-standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

The scope of the analysis includes public hospitals that provide mainly acute care. These are the hospitals in the public hospital peer groups of Principal referral and specialist women's and children's hospitals, Large hospitals, Medium hospitals, and Small acute hospitals. Excluded are Small non-acute hospitals, Multi-purpose services, Hospices, Rehabilitation hospitals, Mothercraft hospitals, Other non-acute hospitals, Psychiatric hospitals, and hospitals in the Unpeered and other hospitals peer group. Also excluded are hospitals for which expenditure or admitted patient care data were incomplete, although most of these were excluded for other reasons (for example they are small non-acute hospitals).

This indicator is an efficiency indicator, in which the numerator represents

the amount of resources used (expenditure) to generate outputs (measured in a standardised way, that is, as cost-weighted separations).

Timeliness	The reference period for this data set is 2009-10.
Accuracy	<p>For 2009-10, coverage of the NPHEd was essentially complete. Almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT.</p> <p>States and territories are primarily responsible for the quality of the data they provide. However, the Institute undertakes extensive validation on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.</p> <p>The data are defined in the NMDs detailed above.</p> <p>However, the comparability of the cost per casemix-adjusted separation in any one year is sensitive to a number of deficiencies in available data:</p> <ul style="list-style-type: none">• the proportion of recurrent expenditure that relates to admitted patient care is estimated in different ways in different hospitals and is not always comparable• capital costs are not included in the numerator. While depreciation information is provided by most jurisdictions, this may vary across states and territories• only cost weights applicable to acute care separations are available, so these have been applied to all separations, including the 3 per cent that were not acute. The proportions of separations that are not acute vary across states and territories.• the proportions of patients other than public patients vary across states and territories, and the estimation of medical costs for these patients (undertaken to adjust expenditure to resemble what it would be if all patients had been public patients) is subject to error. <p>Cells have been suppressed to protect confidentiality (where the numerator would identify a single service provider).</p>
Coherence	<p>The information presented for this indicator is calculated using the same methodology as data published in <i>Australian hospital statistics 2009-10</i>, although is based on more recent data than presented in that publication.</p> <p>The denominator for the indicator is based on the reported admitted patient activity, adjusted using cost-weights to derive a 'standard' unit of output as an artificial construct. The estimated number of cost-weighted separations (particularly using constant AR-DRGs and AR-DRG cost weights over time) is for comparison purposes only.</p> <p>Time series analysis of this indicator is not recommended.</p>
Accessibility	<p>The AIHW provides a variety of products that draw upon the NHMD and the NPHEd. Published products available on the AIHW website include:</p> <ul style="list-style-type: none">• <i>Australian hospital statistics</i> with associated Excel tables• Interactive data cubes for Public hospital establishments.
Interpretability	Supporting information on the quality and use of the NPHEd and NHMD are published annually in <i>Australian hospital statistics</i> (technical appendixes), available in hard copy or on the AIHW website. Readers are

advised to read caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, changes in accounting methods and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Public hospital establishments and Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data quality statement — Births

Data source/s	ABS <u>Birth Statistics</u> are sourced from birth registration systems administered by the various State and Territory Registrars of Births, Deaths and Marriages, based on data provided on a registration form completed by the parent(s) of the child. Registration of births is compulsory in Australia under relevant State/Territory legislation. Birth records are provided electronically to the ABS by individual Registrars, on a monthly basis.
Institutional environment	<p>This collection is conducted under the Census and Statistics Act 1905. For information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, see <u>ABS Institutional Environment</u>:</p> <p><www.abs.gov.au/websitedbs/d3310114.nsf/4a256353001af3ed4b2562bb00121564/10ca14cb967e5b83ca2573ae00197b65!OpenDocument></p>
Relevance	<p>Birth statistics are one of the components in the production of estimates of natural increase (the difference between numbers of births and deaths) used as a component of population change in the calculation of population estimates of Australia and the states and territories. The primary uses of population estimates are in the determination of seats in the House of Representatives for each State and Territory, as well as in the distribution of Australian Government funds to state, territory and local governments. Population estimates are also used for a wide range of government, business and community decisions, both directly and indirectly, by contributing to a range of other social and economic indicators.</p> <p>Birth statistics are also essential in the analysis of fertility in Australia, and inform on the population's ability to reproduce itself. Trends in fertility are used in the development of assumptions on future levels of fertility for population projections.</p>
Timeliness	<p>Births records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis.</p> <p>Quarterly estimates of births on a preliminary basis are published five to six months after the reference period in <i>Australian Demographic Statistics</i> (Cat. no. 3101.0), and revised 21 months after the end of each financial year. Annual estimates on a year of registration basis are published within ten months of the end of the reference year in <i>Births, Australia</i> (Cat. no. 3301.0).</p> <p>One dimension of timeliness in birth registrations data is the interval between the occurrence and registration of a birth. As a result, some births occurring in one year are not registered until the following year or even later. This can be caused by either a delay by the parent(s) in submitting a completed form to the registry, or a delay by the registry in processing the birth (for example, due to follow up activity due to missing information on the form, or resource limitations).</p>
Accuracy	<p>Information on births is obtained from a complete enumeration of births registered during a specified period and are not subject to sampling error. However, births data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.</p> <p>Sources of non-sample error include:</p>

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- completeness of an individual record at a given point in time;
 - completeness of the dataset (e.g. impact of registration lags, processing lags and duplicate records);
 - extent of coverage of the population (whilst all births are legally required to be registered, some cases may not be registered for an extended time, if at all); and
 - lack of consistency in the application of questions or forms used by data providers, both through time and between different jurisdictions.

Every effort is made to minimise error by working closely with data providers, the careful design of forms, training of processing staff, and efficient data processing procedures.

Coherence

The international standards and recommendations for the definition and scope of birth statistics in a vital statistics system are set out in the Principles and Recommendations for a Vital Statistics System Revision 2, published by the United Nations Statistical Division (UNSD). Consistent with the UNSD recommendations, the ABS defines a birth as the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered liveborn. In addition, the UNSD recommends that the births to be counted include all births "occurring in every geographic area and in every population group comprising the national area". For the purposes of Australia, this includes all births occurring within Australia as defined by the *Australian Standard Geographical Classification* (ASGC) that applies at the time.

Registration of births is compulsory in Australia under relevant State/Territory legislation. However, each State/Territory Registrar has its own birth registration form. Most data items are collected in all states and territories and therefore statistics at a national level are available for most characteristics. In some cases, different wording of questions asked on the registration form may result in different answers, which may affect final figures.

Use of supporting documentation released with *Births, Australia* (Cat. no. 3301.0) is important for assessing coherence within the dataset and when comparing statistics with data from other sources. Changing business rules over time and/or across State/Territory registries can affect consistency and hence interpretability of statistical output. Explanatory Notes in each issue contains information pertinent to that release which may impact on comparison over time.

Birth registrations data are not the only statistical series on births in Australia. The National Perinatal Data Collection (NPDC) is a national collection on pregnancy and childbirth, based on births reported to the Perinatal Data Collection in each State and Territory in Australia. Midwives and other health professionals who attend births complete notification forms for each birth, using information obtained from mothers and hospital or other records. This information is compiled and published annually by the National Perinatal Epidemiology and Statistics Unit (NPESU) of the Australian Institute of Health and Welfare (AIHW) in Australia's Mothers and Babies. As information from these two collections are from different sources, the statistics obtained vary. The number of births in the Perinatal Data Collection are generally greater, which may reflect the likelihood of parent(s) to delay or fail to register the birth of a child.

Accessibility

Births data are available in a variety of formats on the ABS website under the 3301.0 product family. Further information on births and fertility may be available on request. The ABS observes strict confidentiality protocols as required by the Census and Statistics Act (1905). This may restrict access to data at a very detailed level which is sought by some users.

Interpretability

Births statistics are generally straightforward and easy to interpret. It should be noted, however, that changes in numbers of births over time can be due to two factors: changes in fertility, and changes in the number of women in child-bearing ages. For this reason, births data need to be considered in relation to the size of the relevant population(s) through the use of fertility rates.

Another aspect that may be overlooked is plurality, or the fact that each birth of a multiple birth is counted individually in births data. Confinement statistics remove the effect of plurality and are used when analysing characteristics of the mother or father; for example, for calculating median ages.

Data quality statement — Variability bands

Target/Outcome Variability bands accompanying mortality data should be used for the purposes of comparisons over time. They should not be used for comparing mortality rates at a single point in time between jurisdictions as the variability bands and mortality rates do not take into account differences in under-identification of Indigenous deaths between jurisdictions.

Indicator Measure (computation) Indicators – NIRA 2 and 9 – NHA 19, 20 and 59
'Standard method' for variability band computation: Rates derived from administrative data counts are not subject to sampling error but may still be subject to natural random variation, especially for small counts. A 95 per cent confidence interval for an estimate is a range of values which is very likely (95 times out of 100) to contain the true unknown value. Where the confidence intervals do not overlap it can be concluded that there is a statistically significant difference between the true. This is the standard method used in AIHW publications for which formulas can be sourced from Breslow and Day (1987) in the publication 'Statistical methods in cancer research'. Typically in the standard method, the observed rate is assumed to have natural variability in the numerator count (e.g. deaths, hospital visits) but not in the population denominator count. Variations in Indigenous death rates may arise from uncertainty in the recording of Indigenous status on the death registration forms (in particular, under-identifications of Indigenous deaths) and in the Census, from which population estimates are derived. These variations are not considered in this method. Also, the rate is assumed to have been generated from a Normal distribution ("Bell curve"). Random variation in the numerator count is assumed to be centred around the true value - i.e. there is no systematic bias.

Variability band: to be calculated using the standard method for estimating 95 per cent confidence intervals as used by the AIHW for administrative data as follows:

Crude rate (CR):

$$CI (CR)_{95\%} = CR \pm 1.96 \times \frac{CR}{\sqrt{\sum_{i=1}^I d}}$$

Where d = the number of deaths.

Age-standardised rate (ASR):

$$CI (ASR)_{95\%} = ASR \pm 1.96 \times \sqrt{\sum_{i=1}^I \frac{w_i^2 d_i}{n_i^2}}$$

Where w_i = the proportion of the standard population in age group i .

d_i = the number of deaths in age group i .

n_i = the number of people in the population in age group i .

Infant mortality rate (IMR):

$$CI (IMR)_{95\%} = IMR \pm 1.96 \times \frac{IMR}{\sqrt{d_0}}$$

Where d_0 = the number of deaths aged less than 1 year.

Data source/s	<p><u>Numerator</u> – ABS Deaths collection, Causes of Death collection (3303.0), ABS Perinatal Deaths Collection (3304.0)</p> <p><u>Denominator</u> – ABS Estimated Residential Population (3101.0), ABS Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians (3238.0), ABS Births Collection (3301.0), ABS Perinatal Deaths Collection (3304.0)</p>
Institutional environment	<p>These collections are conducted under the Census and Statistics Act 1905. For information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, see ABS Institutional Environment.</p>
Relevance	<p>The ABS Deaths, Causes of Death and Perinatal Deaths collections include all deaths that occurred and were registered in Australia, including deaths of persons whose usual residence is overseas. Deaths of Australian residents that occurred outside Australia may be registered by individual Registrars, but are not included in ABS deaths or causes of death statistics.</p> <p>Data in the Causes of Death and Perinatal Deaths collections include demographic items, as well as Causes of death information, which is coded according to the International Classification of Diseases (ICD). ICD is the international standard classification for epidemiological purposes and is designed to promote international comparability in the collection, processing, classification, and presentation of causes of death statistics. The classification is used to classify diseases and causes of disease or injury as recorded on many types of medical records as well as death records. The ICD has been revised periodically to incorporate changes in the medical field. The 10th revision of ICD (ICD-10) has been used since 1997.</p>
Timeliness	<p>Death records are provided electronically to the ABS by individual Registrars and the National Coroners Information System on a monthly basis for compilation into aggregate statistics on an annual basis. One dimension of timeliness in death registrations data is the interval between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.</p>
Accuracy	<p>Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period and are not subject to sampling error. However, causes of death data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data. Variability bands are applied to the data to give a 95 per cent confidence interval range around the estimated figure.</p> <p>Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous</p>

deaths and mortality should be avoided.

ABS is currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, the ABS and NIRAPIMG agreed that mortality indicators which include WA deaths data for 2007, 2008 and 2009 (including aggregates of years and jurisdictions) should be excluded from analysis.

Causes of death statistics are released with a view to ensuring that they are fit for purpose when released. Supporting documentation for causes of death statistics are published and should be considered when interpreting the data to enable the user to make informed decisions on the relevance and accuracy of the data for the purpose the user is going to use those statistics. To meet user requirements for timely data it is often necessary to obtain information from the administrative source before all information for the reference period is available (e.g. finalisation of coronial proceedings). A balance needs to be maintained between accuracy (completeness) of data and timeliness, taking account of the different needs of users.

All coroner certified deaths registered after 1 January 2007 will be subject to a revision process. Causes of death data for 2007 has been subject to two rounds of revision, while the 2008 causes of death data has been subject to the single round of revision, and the 2009 causes of death are preliminary and therefore have not been subject to the revisions process. This is a change from previous years where all ABS processing of causes of death data for a particular reference period was finalised approximately 13 months after the end of the reference period. Where insufficient information was available to code a cause of death (e.g. a coroner certified death was yet to be finalised by the Coroner), less specific ICD codes were assigned as required by the ICD coding rules. The revision process enables the use of additional information relating to coroner certified deaths as it becomes available over time. This results in increased specificity of the assigned ICD-10 codes.

'Revised' causes of death data for 2007 was published in the 2008 Causes of death publication, released in March 2010. 2007 causes of death has now been subject to a second round of revisions and published again in 2011 for the publication relating to the 2009 collection. At this time, the first round of revisions for 2008 causes of death data was also published. Revisions will only impact on coroner certified deaths, as further information becomes available to the ABS about the causes of these deaths. See Technical Note: Causes of Death Revisions in Causes of Death, Australia, 2009 (Cat. no. 3303.0).

Coherence

The international standards and recommendations for the definition and scope of causes of deaths statistic in a vital statistics system are set out in the Principles and Recommendations for a Vital Statistics System Revision 2, published by the United Nations Statistical Division (UNSD). Consistent with the UNSD recommendations, the ABS defines a death as the permanent disappearance of all evidence of life at any time after live birth has taken place. In addition, the UNSD recommends that the deaths to be counted include all deaths "occurring in every geographic area and in every population group comprising the national area". For the purposes of Australia, this includes all deaths occurring within Australia as defined by the Australian Standard Geographical Classification (ASGC) that applies at the time.

Registration of deaths is compulsory in Australia under relevant State and Territory legislation. However, each State or Territory Registrar has its own death registration form. Most data items are collected in all states and territories and therefore statistics at a national level are available for

most characteristics. In some cases, different wording of questions asked on the registration form may result in different answers, which may affect final figures.

Use of the supporting documentation released with the statistics is important for assessing coherence within the dataset and when comparing the statistics with data from other sources. Changing business rules over time and/or across data sources can affect consistency and hence interpretability of statistical output. The Explanatory Notes in each issue contains information pertinent to this particular release which may impact on comparison over time

Accessibility

Causes of death data are available in a variety of formats on the ABS website under the 3303.0 product family. Further information on deaths and mortality may be available on request. The ABS observes strict confidentiality protocols as required by the Census and Statistics Act (1905). This may restrict access to data at a very detailed level.

Interpretability

Information on some aspects of statistical quality may be hard to obtain as information on the source data has not been kept over time. This is related to the issue of the administrative rather than statistical purpose of the collection of the source data. Information on data sources, terminology, classifications and other technical aspects associated with death statistics can be found in Causes of Death, Australia, (cat.no 3303.0) in the Explanatory Notes, Appendices and Glossary on the ABS website.

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Acronyms and Abbreviations

AATSIHS	Australian Aboriginal and Torres Strait Islander Health Survey
AACR	Australian Association of Cancer Registries
ABF	activity based funding
ABS	Australian Bureau of Statistics
ACAP	Aged Care Assessment Program
ACAT	Aged Care Assessment Team
ACD	Australian Cancer Database
ACHI	Australian College of Health Informatics
ACIR	Australian Childhood Immunisation Register
ACSQHC	Australian Commission on Safety and Quality in Health Care
ACT	Australian Capital Territory
AHS	Australian Health Survey (general population)
AIHW	Australian Institute of Health and Welfare
ANZDATA	Australian and New Zealand Dialysis and Transplant Register
APC NMDS	Admitted Patient Care National Minimum Data Set
AR-DRG	Australian Refined Diagnosis Related Group
ARIA	Accessibility/Remoteness Index of Australia
ASGC	Australian Standard Geographical Classification
ASIB	Australian Social Inclusion Board
AVS	Adult Vaccination Survey
BMI	body mass index
CACP	Community Aged Care Packages
CDMS	Centralised Data Management Service
Census	ABS Census of Population and Housing
CMHC	Community Mental Health Care
COAG	Council of Australian Governments

CRC	COAG Reform Council
DALY	disability-adjusted life years
DIAC	Department of Immigration and Citizenship
DoHA	Department of Health and Ageing
DPMC	Department of Prime Minister and Cabinet
DQS	Data Quality Statement
DRG	Diagnosis Related Group
DVA	Department of Veterans' Affairs
EACH	Extended Aged Care at Home
ED	emergency department
ERP	ABS Estimated Resident Population
ESKD	end stage kidney disease
FTE	full time equivalent
GDM	Gestational diabetes mellitus
GDP	Gross Domestic Product
GFS	Government Finance Statistics
GHE NMDS	Government Health Expenditure National Minimum Data Set
GP	general practitioner
GPII	General Practice Immunisation Incentive
HACC	Home and Community Care
HIV	Human Immunodeficiency Virus
ICD	International Classification of Diseases
ICD 10	International Statistical Classification of Diseases and Related Health Problems 10th Revision
ICD 10 AM	International Statistical Classification of Diseases and Related Health Problems 10th Revision, Australian modification
IGA	Intergovernmental Agreement on Federal Financial Relations
IRSD	Index of Relative Socio-economic Disadvantage
MBS	Medicare Benefits Schedule

MCFFR	Ministerial Council for Federal Financial Relations
MDS	Minimum Data Set
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
MSSA	Methicillin-sensitive <i>Staphylococcus aureus</i>
NA	National Agreement
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NBCSP	National Bowel Cancer Screening Program
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCIS	National Coroners Information System
NCMHCD	National Community Mental Health Care Database
NCSCH	National Cancer Statistics Clearing House
NCSP	National Cervical Screening Program
NDR	National Data Repository
NDSS	National Diabetes Services Scheme
NDTIS	National Dental Telephone Interview Survey
NESWTDC	National Elective Surgery Waiting Times Data Collection
NHA	National Healthcare Agreement
NHCDC	National Hospital Cost Data Collection
NHHRC	National Health and Hospitals Reform Commission
NHISSC	National Health Information Standards and Statistics Committee
NHLFS	National Health Labour Force Survey
NHMD	National Hospital Morbidity Database
NHMS	National Health Measures Survey
NHS	National Health Survey
NIPS	National Immunisation Program Schedule
NIRA	National Indigenous Reform Agreement
NIRAPIMG	National Indigenous Reform Agreement Performance Information Management Group

NISU	National Injury Surveillance Unit
NMDS	National Minimum Data Set
NNAPEDCD	National Non-Admitted Patient Emergency Department Care Database
NNDSS	National Notifiable Disease Surveillance systems
NOM	net overseas migration
NP	National Partnerships
NPDC	National Perinatal Data Collection
NPHEd	National Public Hospital Establishment Database
NPHT	National Preventative Health Taskforce
NPESU	National Perinatal Epidemiology and Statistics Unit
NRAS	National Registration and Accreditation Scheme
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Cooperation and Development
PBS	Pharmaceutical Benefits Scheme
PC	Productivity Commission
PES	Post Enumeration Survey
PExS	ABS Patient Experience Survey
PHIAC	Public Health Insurance Administration Council
PMHA	Private Mental Health Alliance
POA	postal area
PPH	potentially preventable hospitalisations
PYLL	potential years of life lost
Qld	Queensland
RSE	relative standard error
SA	South Australia
SAB	<i>Staphylococcus aureus</i> bacteraemia
SCRGSP	Steering Committee for the Review of Government Services Provision
SEIFA	Socio-Economic Index for Areas

SEIFA IRSD	ABS Socio-Economic Index for Areas Index of Relative Socio-economic Disadvantage
SES	socioeconomic status
SLA	Statistical Local Area
SMHWB	National Survey of Mental Health and Wellbeing
SPP	Specific Purpose Payment
STI	sexually transmissible infection
Tas	Tasmania
TCP	Transition Care Program
UNSD	United Nations Statistical Division
VET	vocational education and training
VHC	Veterans' Home Care
Vic	Victoria
VII	voluntary Indigenous identifier
WA	Western Australia
WHO	World Health Organisation

Glossary

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.
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.
Age standardised	Removing the effect of different age distributions (across jurisdictions, population subgroups or over time) when making comparisons, by weighting the age-specific rates for each jurisdiction by the national age distribution.
Allied health (non-admitted)	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.
Casemix adjusted separations	The number of separations adjusted to account for differences across hospitals in the complexity of episodes of care.
Data provider	As used in this report, the data provider is the agency or organisation which supplies data to the SCRGSP.
Emergency department waiting times to service delivery	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.
ICD-10-AM	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.
IFRAC	The ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion.
Non-acute care	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.
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.
Non-referred attendances	GP services, emergency attendances after hours, other prolonged attendances, group therapy and acupuncture. All attendances for specialist services are excluded because these must be 'referred' to receive Medicare reimbursement.
Prevalence	The proportion of the population suffering from a disorder at a given point in time (point prevalence) or during a given period (period prevalence).
Primary and community health services	Primary health care services are health services that provide the first point of contact with the health system, have a particular focus on prevention of illness and/or early intervention and are intended to maintain people's independence and maximise their quality of life through care and support at home or in local community settings. Community health services are health services for individuals and

	groups delivered in a community setting, rather than via hospitals or private facilities.
Public hospital	A hospital that provides free treatment and accommodation to eligible admitted persons who elect to be treated as public patients. It also provides free services to eligible non-admitted patients and 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).
Relative standard error (RSE)	The relative standard error (RSE) of a survey data estimate is a measure of the reliability of the estimate and depends on both the number of people giving a particular answer in the survey and the size of the population. The RSE is expressed as a percentage of the estimate. The higher the RSE, the less reliable the estimate. Relative standard errors for survey estimates are included in the attachment tables. See also 'statistical significance'.
Screening	The performance of tests on apparently well people to detect a medical condition at an earlier stage than would otherwise be possible without the test.
Separation	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).
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.
Subjective health	Self-assessed health status; a person's general assessment of their own health
Statistical significance	<p>Statistical significance is a measure of the degree of difference between survey data estimates. The potential for sampling error — that is, the error that occurs by chance because the data are obtained from only a sample and not the entire population — means that reported responses may not indicate the true responses.</p> <p>Using the relative standard errors (RSE) of survey data estimates, it is possible to use a formula to test whether the difference is statistically significant. If there is an overlap between confidence intervals for different data items, it cannot be stated for certain that there is a statistically significant difference between the results. See 'variability bands' and 'relative standard error'.</p>
Triage category	<p>The urgency of the patient's need for medical and nursing care:</p> <ul style="list-style-type: none"> – 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).
Variability bands	In the NAs a variability band gives a range of values which is very likely to contain the true unknown rate. Variability bands accompanying mortality data should be used for the purposes of

comparisons at a point in time and over time (within a jurisdiction). They should not be used for comparing mortality rates at a single point in time between jurisdictions as the variability bands and mortality rates do not take into account differences in under-identification of Indigenous deaths between jurisdictions.