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PRIVATE HOSPITALS

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INQUIRIES

For further information about these and related statistics, contact the National Information and Referral Service on 1300 135 070.

NOTES

ABOUT THIS PUBLICATION

This publication presents details from the 2005–06 national census of private hospitals. Three categories of hospitals are identified: acute hospitals, psychiatric hospitals and free-standing day hospital facilities.

There are relatively few psychiatric hospitals and some of these are owned by the same parent company. To maintain the confidentiality of their data, psychiatric hospitals are combined with acute hospitals in most tables in this publication. Any differences between the data presented in this publication and the data shown in other reports on private hospital activity are due to differences in scope and coverage, relative completeness of the data sources and differing error resolution procedures.



ABBREVIATIONS

- ABS Australian Bureau of Statistics
- ACHS Australian Council on Healthcare Standards
- AIHW Australian Institute of Health and Welfare
- AN-DRG Diagnosis Related Groups
- ICD-10-AM International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
- ICD-9-CM International Classification of Diseases, 9th Revision, Clinical Modification
- nec not elsewhere classified
- PHEC Private Health Establishments Collection

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INTRODUCTION

This publication presents data for the private hospital sector in 2005–06. Comparable data for public hospitals are available in *Australian Hospital Statistics 2005–06*, produced by the Australian Institute of Health and Welfare (AIHW).

HOSPITALS

There were 547 private hospitals operating in Australia in 2005–06 compared with 532 in 2004–05. This represents an overall increase of 2.8% in the total number of private hospitals, reflecting increases in free standing day hospitals (9) and acute and psychiatric hospitals (6). The number of available beds and chairs decreased 0.7% from 26,424 in 2004–05 to 26,227 in 2005–06, due to the decline of 1.0% in the number of beds and chairs in acute and psychiatric hospitals. Total patient separations increased by 5.4% (2.8m in 2004–05 to 2.9m in 2005–06). Private hospitals provided 7.5m days of hospitalisation to patients in 2005–06, up 1.9% on 2004–05. Staff numbers increased by 3.0% to 50,001 people (full-time equivalent).

PATIENT CHARACTERISTICS

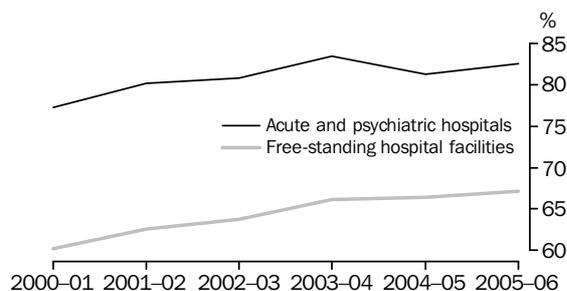
Sex and Age

In 2005–06, the demographic profile of private hospital patients has changed very little from the previous year with females accounting for 55% of all patient separations, and people aged 65 and over accounting for 36% of all patient separations. Overall, there were 156.2 patient separations per 1,000 population for females and 129.6 patient separations per 1,000 population for males.

Insurance

The proportion of patient separations reported as being covered by hospital insurance increased slightly for all private hospitals. In 2005–06, 79% of patient separations reported having hospital insurance compared with 78% in 2004–05. Patient separations reported as being covered by hospital insurance in private acute and psychiatric hospitals increased by 1.3% over the year, while for free-standing day hospitals there was a slight increase of 0.7%.

ALL PRIVATE HOSPITALS, Patient separations covered by hospital insurance (a)



(a) For definition of insurance status see Glossary.

Procedures performed

The total number of procedures increased by 5.9% from 6.2 million in 2004–05 to 6.5 million in 2005–06. Of these procedures, 5.3 million were performed in acute and psychiatric hospitals and the remainder in free-standing day hospitals. The greatest proportion of procedures were non-invasive, cognitive and interventions nec (45%) followed by procedures on the digestive system (12%).

Examples of non-invasive and cognitive interventions are services such as dietary education and exercise therapy (often used for development of treatment plans, programs, case reviews or follow up to previous procedures performed). For further details of the classification refer to Volume 3 International Statistical Classification of Diseases and Related Health Problems, 10th Revision-Australian Modification (ICD-10-AM).

Similar patterns were reflected in both the acute and psychiatric and free-standing day hospitals.

For acute and psychiatric hospitals, non-invasive, cognitive and interventions nec accounted for 47% of all procedures performed in 2005–06, up from 46% in the previous year. The next most common procedures in acute and psychiatric hospitals were on the digestive system (10%), the musculoskeletal system (6.6%) and dental services (4.8%).

For free-standing day hospitals, non-invasive, cognitive and interventions nec accounted for the highest proportion of all procedures performed on patients in 2005–06 at 39%. This is followed by procedures on the digestive system (22%), the eye and adnexa (8.2%) and dermatological and plastic procedures (7.6%).

The most common principle diagnosis for patient separations from all private hospitals was factors influencing health status and contact with health services (21%). This relates to occasions when circumstances other than a disease, injury or external cause are recorded as 'diagnoses' or 'problems' (see Glossary). The second most common principle diagnosis for patient separations was diseases of the digestive system (16%). Similarly in 2004–05, factors influencing health status and contact with health services represented 21% of patient separations and diseases of the digestive system represented 16% of patient separations.

Mode of Patient Separation

The majority (97%) of all patients were discharged to their place of usual residence in 2005–06. Patient separations discharged to usual residence increased by 4.1% for private acute and psychiatric hospitals and 8% for free-standing day hospitals since 2004–05. For private acute and psychiatric hospitals, Queensland recorded the greatest increase (7.8%) followed by New South Wales (4.6%). These changes can be attributed to the overall increase in patient separations.

The number of patients discharged from a private acute and psychiatric hospital to other hospitals increased by 7.1% from 2004–05 to 2005–06. Queensland and South Australia increased transfers to other hospitals by 16% and 7.0% respectively.

INCOME & EXPENDITURE

Patient activity continued to grow with income totalling \$7,001.1m in 2005–06, up from \$6,624.1m in 2004–05. Total income from private acute and psychiatric hospitals was \$6,591.1m which accounted for 94% of all private hospital income.

INCOME & EXPENDITURE

continued

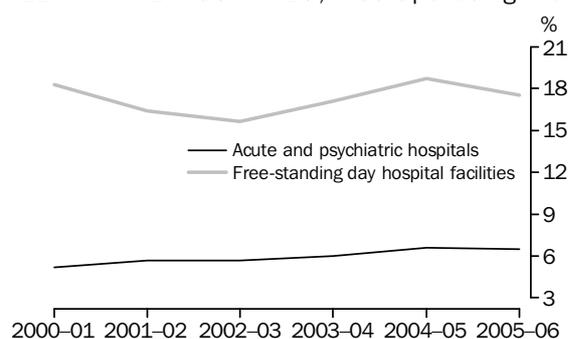
Total recurrent expenditure for all private hospitals increased by 5.8% to \$6,497.9m in 2005–06 from \$6,144.1m in 2004–05. For private acute and psychiatric hospitals, the proportion of wages and salaries attributed to recurrent expenses remained almost steady at 52% in 2005–06, and for free-standing day hospitals was consistent with 2004–05 at 39%.

The private hospital sector invested \$387.4m in building and other capital assets in 2005–06, with private acute and psychiatric hospitals increasing investment from \$309.3m in 2004–05 to \$370.1m in 2005–06. Free-standing day hospitals decreased investment from \$22.4m in 2004–05 to \$17.2m in 2005–06.

NET OPERATING MARGIN

Net operating margin is derived by subtracting recurrent expenditure from income and expressing the result as a proportion of income. The net operating margin for acute and psychiatric hospitals during 2005–06 was 6.5%, down slightly from 6.6% in 2004–05. The net operating margin for free-standing day hospital facilities was much higher at 18%, which was lower than the previous year's percentage of 19%.

ALL PRIVATE HOSPITALS, Net Operating Margin



ACCREDITATION

Hospital accreditation has been identified as an indicator of capability within the National Health Performance Framework (for further information refer to Australian Hospitals 2005–06, produced by Australian Institute of Health and Welfare (AIHW)).

As at the 30 June 2006, the main organisations used by hospitals to obtain accreditation were Australian Council on Healthcare Standards (ACHS) (used by 380 hospitals) and Benchmark Certification (used by 60 hospitals).

1.1

ALL HOSPITALS, Summary Table

	<i>Acute and psychiatric hospitals</i>	<i>Free standing day hospitals</i>	<i>All Hospitals</i>
.....			
Hospitals			
New South Wales	85	93	178
Victoria	83	63	146
Queensland	56	52	108
South Australia	31	25	56
Western Australia	24	13	37
Tasmania, Northern Territory and Australian Capital Territory	12	10	22
Australia	291	256	547
Beds/chairs(a)	24 113	2 114	26 227
Patient Separations ('000)(b)	2 345	580	2 925
Patient days			
Same-day patients	1 269	580	1 849
Overnight-stay patients ('000)	5 624	..	5 624
Total ('000)	6 893	580	7 473
Sex			
Males ('000)	1 070	249	1 319
Females ('000)	1 275	331	1 606
Aged 65 and over (%)	36	35	36
Operating theatres	839	245	1 084
Staff (c)	47 770	2 231	50 001
Income			
Total (\$'000)	6 591 077	410 036	7 001 113
Patient revenue (%) (d)	96	96	96
Recurrent expenditure			
Total (\$'000)	6 159 509	338 421	6 497 930
Wages and salaries including on-costs %(e)	52	39	51
Gross capital expenditure (\$'000)	370 132	17 235	387 366

-
- (a) Available beds/chairs (average for the year).
(b) Includes sex not stated.
(c) Full-time equivalent (average for the year).
(d) As a proportion of total income.
(e) As a proportion of total recurrent expenditure.

1.2

ALL HOSPITALS, Patient Separations—Insurance status(a)

2001-02 2002-03 2003-04 2004-05 2005-06

ACUTE AND PSYCHIATRIC HOSPITALS (%)

Hospital insurance	80.1	80.8	83.4	81.2	82.5
No hospital insurance	16.0	15.4	15.0	14.9	14.3
Not stated	3.9	3.8	1.6	3.9	3.3
Total	100.0	100.0	100.0	100.0	100.0

FREE-STANDING DAY HOSPITAL FACILITIES (%)

Hospital insurance	62.6	63.8	66.1	66.4	67.1
No hospital insurance	29.9	30.6	31.2	28.0	28.1
Not stated	7.4	5.6	2.7	5.5	4.7
Total	100.0	100.0	100.0	100.0	100.0

ALL HOSPITALS (%)

Hospital insurance	77.2	77.7	80.1	78.3	79.4
No hospital insurance	18.3	18.2	18.0	17.5	17.0
Not stated	4.5	4.1	1.8	4.2	3.6
Total	100.0	100.0	100.0	100.0	100.0

ALL PATIENT SEPARATIONS ('000)

Acute and psychiatric hospitals	2 117.5	2 130.4	2 182.4	2 238.4	2 344.9
Free-standing day hospital facilities	433.3	471.7	505.6	537.5	579.9
All hospitals	2 550.7	2 602.1	2 688.0	2 775.9	2 924.8

(a) For definition of insurance status see Glossary.

1.3 ALL HOSPITALS, Patient Separations—Age & Sex

	ACUTE AND PSYCHIATRIC HOSPITALS			FREE-STANDING DAY HOSPITAL FACILITIES			ALL HOSPITALS		
	Males	Females	Persons(a)	Males	Females	Persons(a)	Males	Females	Persons(a)
PROPORTION (%)									
Age group									
0-4	2.9	1.6	2.2	1.2	0.5	0.8	2.6	1.4	1.9
5-14	2.3	1.6	2.0	1.4	1.1	1.2	2.2	1.5	1.8
15-24	5.3	5.9	5.6	4.0	9.2	7.0	5.0	6.6	5.9
25-34	5.4	12.6	9.3	5.9	12.2	9.5	5.5	12.5	9.4
35-44	8.9	14.1	11.7	10.1	14.6	12.7	9.2	14.2	11.9
45-54	13.5	15.1	14.4	14.6	14.3	14.4	13.7	14.9	14.4
55-64	20.7	16.2	18.2	20.8	17.3	18.8	20.7	16.4	18.4
65-74	17.8	13.3	15.4	20.5	14.8	17.2	18.3	13.6	15.7
75-84	17.8	14.2	15.8	17.2	12.8	14.7	17.6	13.9	15.6
85-over	5.1	5.1	5.1	3.3	2.5	2.8	4.8	4.5	4.6
Total(a)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Proportion of persons	45.6	54.4	100.0	43.0	57.0	100.0	45.1	54.9	100.0
NUMBER ('000)									
All patient separations	1 069.7	1 275.2	2 344.9	249.2	330.7	579.9	1 318.9	1 605.9	2 924.8

(a) Including not stated. (Not stated counts are not separately identified as they make minor contribution to the total, ranging from 0 to 0.3%.)

1.4 ALL HOSPITALS, Patient Separations—Principal diagnosis(a)

	<i>Acute and psychiatric hospitals</i>	<i>Free-standing day hospital facilities</i>	<i>Total hospitals</i>
PROPORTION (%)			
Certain infectious and parasitic diseases	0.5	0.3	0.5
Neoplasms	9.0	10.0	9.2
Diseases of the blood and blood forming organs	0.9	1.1	1.0
Endocrine, nutritional and metabolic diseases	1.6	1.6	1.6
Mental and behavioural disorders	5.2	—	4.2
Diseases of			
Nervous system	2.8	0.7	2.4
Eye and adnexa	2.9	13.3	5.0
Ear and mastoid process	0.9	0.5	0.8
Circulatory system	6.1	2.8	5.5
Respiratory system	3.4	0.5	2.9
Digestive system	13.8	24.3	15.8
Skin and subcutaneous tissue	1.4	1.7	1.4
Musculoskeletal system and connective tissue	9.7	2.3	8.3
Genitourinary system	6.5	2.2	5.7
Pregnancy, childbirth and the puerperium	4.7	5.5	4.8
Certain conditions originating in the perinatal period	0.5	0.8	0.5
Congenital malformations, deformations, and chromosomal abnormalities	0.4	0.3	0.4
Symptoms, signs, and abnormal clinical and laboratory findings	5.2	6.0	5.4
Injury, poisoning and certain other consequences of external causes	4.0	0.8	3.3
Factors influencing health status and contact with health services	20.3	25.4	21.3
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

NUMBER ('000)

Patient Separations	2 344.9	579.9	2 924.8
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— nil or rounded to zero (including null cells)

(a) Based on the International Statistical Classification of Diseases and Related Health Problems, 10th Revision-Australia Modification (ICD-10-AM). See Explanatory Notes, paragraph 17.

1.5 ALL HOSPITALS, Procedures(a)

	<i>Acute and psychiatric hospitals</i>	<i>Free-standing day hospital facilities</i>	<i>Total hospitals</i>
.....			
PROPORTION (%)			
.....			
Procedures on			
Nervous system	2.0	1.0	1.8
Endocrine system	0.1	—	0.1
Eye and adnexa	1.6	8.2	2.8
Ear and mastoid process	0.5	0.3	0.5
Nose, mouth and pharynx	1.9	1.0	1.7
Dental services	4.8	6.5	5.1
Procedures on			
Respiratory system	0.7	0.1	0.6
Cardiovascular system	4.4	1.1	3.8
Blood and blood-forming organs	0.4	0.4	0.4
Digestive system	10.3	21.9	12.4
Urinary system	4.3	4.3	4.3
Male genital organs	1.0	0.5	1.0
Gynaecological procedures	3.8	6.0	4.2
Obstetric procedures	2.8	—	2.3
Procedures of Musculoskeletal system	6.6	1.6	5.7
Dermatological and plastic procedures	4.3	7.6	4.9
Procedures on breast	0.7	0.4	0.7
Chemotherapeutic and radiation oncology procedures	0.1	—	0.1
Non-invasive, cognitive and interventions nec	46.6	38.9	45.3
Imaging services	3.1	0.1	2.6
Total	100.0	100.0	100.0

.....
NUMBER ('000)

Procedures	5 338.3	1 172.5	6 510.9
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.....
— nil or rounded to zero (including null cells)

(a) Based on the International Statistical Classification of Diseases and Related Health Problems, 10th Revision-Australia Modification (ICD-10-AM). See Explanatory Notes, paragraph 17.

1.6 ALL HOSPITALS, Mode of patient separation

	DISCHARGE OR TRANSFER TO			OTHER			Total
	Usual residence(a)	Residential aged care(b)	Other hospital	Died	Left against advice	Other(c)	
	'000	'000	'000	'000	'000	'000	'000
ACUTE AND PSYCHIATRIC HOSPITALS							
New South Wales	592.7	1.4	12.1	2.3	0.5	2.4	611.3
Victoria	570.5	2.1	14.5	3.1	0.5	2.3	592.8
Queensland	541.7	1.5	6.6	4.9	0.2	4.8	559.7
South Australia	180.6	1.4	4.6	1.2	—	0.2	188.1
Western Australia	282.3	np	np	2.4	np	np	291.6
Tasmania, Northern Territory and Australian Capital Territory	86.3	np	np	0.4	np	np	101.3
Australia	2 254.0	8.1	42.0	14.3	1.5	25.0	2 344.9
FREE-STANDING DAY HOSPITAL FACILITIES							
Total	567.9	—	11.4	np	—	np	579.9
ALL HOSPITALS							
Total	2 821.9	8.2	53.4	np	1.6	np	2 924.8

— nil or rounded to zero (including null cells)

np not available for publication but included in totals where applicable, unless otherwise indicated

(a) Including own accommodation/welfare institution (includes prisons, hostels and group homes primarily providing welfare services).

(b) Unless this is the usual place of residence.

(c) Including discharge or transfer to another health care accommodation, statistical discharge and not stated. For definition of statistical discharge see Glossary.

1.7 ALL HOSPITALS, Accreditation/Certification status(a)

	ACHS (b)		BENCHMARK CERTIFICATION		OTHER (c)		All hospitals
	Accredited hospitals	Non-accredited hospitals	Accredited hospitals	Non-accredited hospitals	Accredited hospitals	Non-accredited hospitals	
	no.	no.	no.	no.	no.	no.	no.
PRIVATE ACUTE & PSYCHIATRIC HOSPITALS							
New South Wales	62	23	6	79	21	64	85
Victoria	76	7	np	np	12	71	83
Queensland	52	4	np	np	7	49	56
South Australia	26	5	—	31	6	25	31
Western Australia	19	5	—	24	np	np	24
Tasmania, Northern Territory and Australian Capital Territory	12	—	—	12	np	np	12
Australia	247	44	12	279	51	240	291
FREE-STANDING DAY HOSPITAL FACILITIES							
New South Wales	50	43	23	70	26	67	93
Victoria	24	39	np	np	23	40	63
Queensland	29	23	11	41	17	35	52
South Australia	16	9	np	np	7	18	25
Western Australia	8	5	np	np	np	np	13
Tasmania, Northern Territory and Australian Capital Territory	6	4	np	np	np	np	10
Australia	133	123	48	208	79	177	256
ALL HOSPITALS							
New South Wales	112	66	29	149	47	131	178
Victoria	100	46	15	131	35	111	146
Queensland	81	27	np	np	24	84	108
South Australia	42	14	np	np	13	43	56
Western Australia	27	10	np	np	8	29	37
Tasmania, Northern Territory and Australian Capital Territory	18	4	np	np	3	19	22
Australia	380	167	60	487	130	417	547

— nil or rounded to zero (including null cells)

np not available for publication but included in totals where applicable, unless otherwise indicated

(a) As at 30 June.

(b) Accredited by the Australian Council on Healthcare Standards (2004).

(c) Accreditation or certification with other body. For definition see accredited/certified hospitals in Glossary.

HOSPITALS

The number of private acute and psychiatric hospitals increased in 2005–06 to 291, up by 6 hospitals or 2.1% compared to 2004–05 (285).

BEDS

The average number of beds available in acute and psychiatric hospitals during 2005–06 was 24,113, 1% lower than in 2004–05. This was largely due to a decline in the average number of beds available in the capital cities where average bed numbers decreased by 1.3% over the 12 months to 2005-06. In regional Australia, average bed numbers decreased very slightly.

Capital City Statistical Divisions accounted for 73% of all available beds in private acute and psychiatric hospitals in Australia, while 63% of Australia's population lived in these areas. (See Explanatory Notes, paragraph 19, concerning population estimates.)

The occupancy rate in private acute and psychiatric hospitals was 78%, compared with 77% in 2004–05. The bed occupancy rate was highest for Queensland 84%. The lowest was for Tasmania, Northern Territory and Australian Capital Territory combined (74%). The occupancy rate was higher in hospitals located in the Capital City Statistical Divisions (81%), compared with 71% in the rest of Australia.

Private acute and psychiatric hospitals operated by religious or charitable institutions provided 40% of the available beds during 2005–06. When compared with for profit acute and psychiatric hospitals, a higher proportion of those operated by religious or charitable institutions had an average of more than 50 beds available, 69% compared with 58%. Although there were fewer religious or charitable hospitals, they accounted for 57% of all private acute and psychiatric hospitals with more than 200 beds.

PATIENT SEPARATIONS

In 2005–06, there were 2.3 million patient separations from private acute and psychiatric hospitals. Total patient separations in these hospitals for 2005–06 increased by 4.8% compared with an increase in the previous year of 2.6%. The average annual growth rate of patient separations for the last five years was 3.7%. Among the States and Territories, patient separations increased over the year in Queensland (8.1%), New South Wales and Western Australia both (4.6%), Victoria (3.8%) and South Australia (3.1%). For Tasmania, Northern Territory and the Australian Capital Territory combined there was a decrease in patient separations from 2004–05 of 2.2%.

Same day patient separations from private acute and psychiatric hospitals accounted for 54% of all patient separations (1.3 million) in 2005–06 with 1.1 million separations relating to overnight stays.

PATIENT DAYS AND
AVERAGE LENGTH OF
STAY IN HOSPITAL

During 2005–06, 6.9 million patient days were provided in private acute and psychiatric hospitals, up by 1.4% from 2004–05. Patient days increased in Western Australia (4.2%), Queensland (2.6%), Victoria (1.4%) and South Australia (1%). Tasmania, Northern Territory and Australian Capital Territory combined were down 3.7% over the 2005–06 year.

The average length of stay for all patients (same-day and overnight-stay) in private acute and psychiatric hospitals, dropped slightly to 2.9 days in 2005–06 from 3 days in 2004–05. The average length of stay has been declining since 1995–96 (4 days).

For overnight-stay patients only, the average length of stay declined to 5.2 days in 2005–06 compared with 5.4 days in 2004–05.

PATIENT
CHARACTERISTICS

Insurance status

During 2005–06, 83% of patient separations from private acute and psychiatric hospitals carried hospital insurance. The proportion of patient separations with hospital insurance was highest in South Australia (89%) and lowest in Tasmania, Northern Territory and Australian Capital Territory combined (63%).

HOSPITAL
CHARACTERISTICS

In 2005–06, there were 192 private acute and psychiatric hospitals with operating theatres. In these hospitals there was a total of 839 operating theatres, 30% are located in NSW, 24% in Victoria, and 22% in Queensland.

The average number of sessions per operating theatre per week was highest in Western Australia (8.4) compared with the average for Australia (7.3). Queensland (6.3) had the lowest average number of sessions per operating theatre per week during 2005–06.

There were 168 dedicated day surgery units in private acute and psychiatric hospitals in 2005–06. Of these 70% are located in New South Wales (28), Victoria (47) and Queensland (43). Per theatre per week, the average theatre time used in day surgery theatres (18.1 hours) was 61% less than the average theatre time used in operating theatres (46.4 hours).

Over 2005–06 there were 1.7 million occasions of service in non-admitted patients services in Private Hospitals in Australia. Of these the major non-admitted patient services were accident and emergency (423,300 occasions of service), pathology (351,700) and allied health services (320,500). In 2005–06, there were 43 private hospitals in Australia with accident and emergency services. Among the states, Victoria (15) had the largest number of private hospitals with accident and emergency services, followed closely by Queensland (11).

STAFF

The number of full-time equivalent staff employed at private acute and psychiatric hospitals in Australia during 2005–06 was 47,770, an increase of 2.8% over the previous year. Nursing staff (30,212) accounted for 63% of total staff, and averaged 1.6 per occupied bed in 2005–06. South Australia and Western Australia had the same ratio of nursing staff per occupied bed as the Australian total (1.6). While the ratio for New South Wales, Victoria and Tasmania, Northern Territory and Australian Capital Territory combined was higher at 1.7. Queensland had the lowest ratio of 1.5 nursing staff per occupied bed.

STAFF *continued*

In 2005-06, the average number of total staff per occupied bed was 2.5. Western Australia and Victoria had the highest average number of total staff per occupied bed, 2.7. Queensland had the lowest average number of total staff per bed at 2.3.

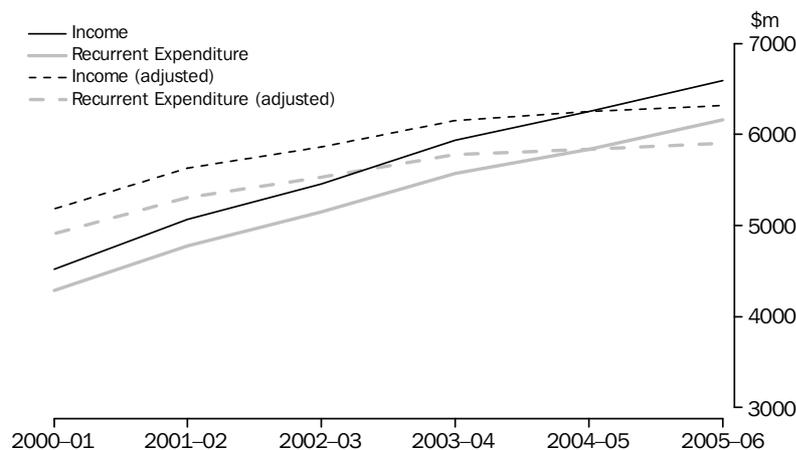
INCOME

Income received by private acute and psychiatric hospitals in Australia during 2005-06 amounted to \$6,591.1m, an increase of 5.5% over the previous year. Over the five years to 2005-06, the average annual increase in income was 7.9%.

Patient revenue accounted for 96% of all income generated by private acute and psychiatric hospitals in 2005-06. Patient revenue as a proportion of total revenue was highest in South Australia (97%) and lowest in Western Australia (94%).

When income is adjusted to remove the effects of price changes over the period, the average annual growth over the five years to 2005-06 was 4.1%. The increase from 2004-05 was 1.1%, which represents a continuation of the slowdown in growth in recent years. Acute and psychiatric hospitals experienced strong growth in adjusted income in 2001-02 (8.7%). The growth slowed in 2002-03 (4.1%) and 2004-05 (1.6%). (See Explanatory Notes paragraph 16, concerning the use of chain volume measures to adjust income and expenditure.)

ACUTE AND PSYCHIATRIC PRIVATE HOSPITALS, Income and expenditure



EXPENDITURE

Recurrent expenditure for acute and psychiatric hospitals during 2005-06 amounted to \$6,160m, a 5.5% increase over the previous year.

For private acute and psychiatric hospitals, wages and salaries (including on-costs such as employer contributions to superannuation and payroll tax), as a proportion of recurrent expenditure was 52% in 2005-06 compared with 51% in 2004-05. This proportion has continued to decrease from 59% in 1995-96. Other large components were drug, medical and surgical supplies (26% of the total) and administrative expenses (7.2%).

The average expenditure per patient day in 2005-06 was \$894 compared with \$859 in 2004-05. These average costs have increased from \$483 in 1995-96.

EXPENDITURE

continued

The average cost per patient day is higher as hospital size increases. This is a reflection of the greater complexity of procedures undertaken at the larger hospitals. The more complex procedures necessitate greater use of highly trained staff, expensive equipment, drugs and medical supplies. In 2005–06, recurrent expenditure per patient day at private acute and psychiatric hospitals with over 200 beds was \$1060, compared with the average of \$575 for hospitals with 25 or fewer beds.

There are also considerable differences in the average recurrent expenditure per patient day among the various hospital types. Religious or charitable hospitals had the highest average costs per patient day (\$1008) in 2005–06. Other non-profit hospitals and hospitals operated for profit had lower average costs per patient day (\$836 and \$812 respectively).

Over the five years to 2005–06, the average annual increase in recurrent expenditure was 3.8% (adjusted for price changes over the period). (See Explanatory Notes, paragraph 16, concerning the use of chain volume measures.)

Gross capital expenditure for private acute and psychiatric hospitals during 2005–06 increased by 20% over the previous year to \$370.1m.

Capital Expenditure is volatile in the Private Health sector due to the exceptional nature of such expenditure. Significant purchases or construction undertaken in any given year are unlikely to be repeated for some time. Figures for 2005–06 show a return to expected levels following low levels of expenditure during the past three years.

Capital expenditure in 2005–06 represented 5.6% of the total income for the year. Amongst the states and territories, capital expenditure as a proportion of total income was highest for Tasmania, Northern Territory, and Australian Capital Territory combined (16%) and lowest for South Australia (2.3%).

2.1 PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Summary table

	1995-96	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
New South Wales	91	87	87	85	85	82	85
Victoria	104	85	84	84	81	81	83
Queensland	50	54	56	55	54	54	56
South Australia	42	32	32	32	32	31	31
Western Australia	23	28	29	27	25	24	24
Tasmania, Northern Territory and Australian Capital Territory	13	13	13	13	14	13	12
Australia	323	299	301	296	291	285	291
Beds(a)							
Capital City Statistical Divisions	16 821	17 837	18 119	18 034	17 995	17 916	17 685
Rest of Australia	5 936	6 628	6 629	6 420	6 647	6 430	6 428
Total	22 757	24 465	24 748	24 454	24 642	24 346	24 113
Separations							
Same-day patients ('000)	597	956	1 092	1 104	1 126	1 209	1 269
Overnight-stay patients ('000)	855	1 003	1 026	1 026	1 056	1 030	1 076
Total ('000)	1 452	1 959	2 118	2 130	2 182	2 238	2 345
Patient days							
Same-day patients ('000)	597	956	1 092	1 104	1 126	1 209	1 269
Overnight-stay patients ('000)	5 247	5 569	5 703	5 644	5 697	5 590	5 624
Total ('000)	5 844	6 526	6 794	6 748	6 823	6 799	6 893
Average length of stay							
Overnight-stay patients (days)	6.1	5.6	5.6	5.5	5.4	5.4	5.2
All patients (days)	4.0	3.3	3.2	3.2	3.1	3.0	2.9
Occupancy							
Overnight-stay patients (%)	63.0	62.4	63.1	63.2	63.2	62.9	63.9
All patients (%)	70.2	73.1	75.2	75.6	75.7	76.5	78.3
Staff(b)	39 100	44 720	46 709	45 556	46 539	46 458	47 770
Income							
Total (\$'000)	3 083 859	4 517 550	5 065 971	5 456 451	5 932 744	6 248 507	6 591 077
Patient revenue (c) (%)	94.3	92.7	94.5	95.4	95.6	95.0	95.6
Recurrent expenditure							
Total (\$'000)	2 823 781	4 284 272	4 776 566	5 147 409	5 576 246	5 838 895	6 159 509
Wages and salaries, including on-costs(d) (%)	58.7	55.6	54.7	52.6	51.5	51.1	51.8
Per patient day (\$)	483	657	703	763	817	859	894
Gross capital expenditure (\$'000)	381 853	426 087	446 990	290 291	308 806	309 281	370 132

(a) Available beds/chairs (average for the year).

(b) Full-time equivalent (average for the year).

(c) As a proportion of total income.

(d) As a proportion of total recurrent expenditure.

2.2 PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Numbers & beds—States/territories

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Total
HOSPITALS							
Type							
Acute	76	77	52	np	np	np	265
Psychiatric	9	6	4	np	np	np	26
Total	85	83	56	31	24	12	291
Location							
Capital City Statistical Division	57	61	21	22	18	8	187
Rest of state/territory	28	22	35	9	6	4	104
Hospital size(a)							
0–25 beds	9	19	13	np	6	np	57
26–50 beds	25	21	8	np	5	np	70
51–100 beds	32	23	16	np	4	np	88
101–200 beds	16	15	12	np	5	np	55
Over 200 beds	3	5	7	np	4	np	21
BEDS							
Available beds(b)							
Acute hospitals	5 914	6 012	5 265	np	np	np	22 540
Psychiatric hospitals	512	437	278	np	np	np	1 573
Total	6 426	6 449	5 543	1 916	2 696	1 083	24 113
Location							
Capital City Statistical Divisions	4 549	5 422	2 746	1 774	np	np	17 685
Rest of Australia	1 877	1 027	2 797	142	np	np	6 428
PROPORTION OF ALL AUSTRALIAN HOSPITALS (%)							
Hospitals	29	29	19	11	8	4	100
Available Beds	27	27	23	8	11	4	100

np not available for publication but included in totals where applicable, unless otherwise indicated

(a) Based on the number of available beds (average for the year).

(b) Average for the year.

2.3 PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Numbers & beds—Hospital type

	NOT FOR PROFIT			
	<i>For profit</i>	<i>Religious or charitable</i>	<i>Other(a)</i>	<i>Total</i>
HOSPITALS				
New South Wales	66	19	—	85
Victoria	52	16	15	83
Queensland	26	25	5	56
South Australia	7	7	17	31
Western Australia	np	np	np	24
Tasmania, Northern Territory and Australian Capital Territory	np	np	np	12
Australia	168	83	40	291
Location				
Capital City Statistical Divisions	123	51	13	187
Rest of Australia	45	32	27	104
Hospital size(b)				
0–25 beds	18	15	24	57
26–50 beds	52	11	7	70
51–100 beds	59	23	6	88
101–200 beds	np	22	np	55
Over 200 beds	np	12	np	21
BEDS				
Available beds(c)				
Capital City Statistical Divisions	9 395	7 347	943	17 685
Rest of Australia	3 551	2 389	488	6 428
Total	12 946	9 736	1 431	24 113

— nil or rounded to zero (including null cells)

np not available for publication but included in totals where applicable, unless otherwise indicated

(a) Comprising bush nursing, community and memorial hospitals.

(b) Based on available beds (average for the year).

(c) Average for the year.

2.4 PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, States and territories

	<i>Patient Separations</i>		<i>Patient Days</i>		<i>Average length of stay</i>	<i>Bed occupancy rate</i>
	'000	%	'000	%	Days	%
.....						
2003-04						
New South Wales	572.3	26.2	1 797.9	26.4	3.1	75.1
Victoria	559.0	25.6	1 735.4	25.4	3.1	75.7
Queensland	503.0	23.0	1 639.1	24.0	3.3	78.6
South Australia	171.0	7.8	545.4	8.0	3.2	76.8
Western Australia	266.0	12.2	776.7	11.4	2.9	73.0
Tasmania, Northern Territory and Australian Capital Territory	111.1	5.1	328.4	4.8	3.0	69.4
Australia	2 182.4	100.0	6 823.0	100.0	3.1	75.7
Location						
Capital City Statistical Divisions	1 619.6	74.2	5 100.0	74.7	3.1	77.4
Rest of Australia	562.7	25.8	1 722.9	25.3	3.1	70.8
.....						
2004-05						
New South Wales	584.6	26.1	1 761.8	25.9	3.0	75.4
Victoria	570.9	25.5	1 741.1	25.6	3.0	75.5
Queensland	518.0	23.1	1 660.9	24.4	3.2	80.0
South Australia	182.4	8.2	541.9	8.0	3.0	79.4
Western Australia	278.9	12.5	789.4	11.6	2.8	75.6
Tasmania, Northern Territory and Australian Capital Territory	103.6	4.6	303.6	4.5	2.9	68.8
Australia	2 238.4	100.0	6 798.7	100.0	3.0	76.5
Location						
Capital City Statistical Divisions	1 670.5	74.6	5 129.5	75.4	3.1	78.4
Rest of Australia	567.9	25.4	1 669.2	24.6	2.9	71.1
.....						
2005-06						
New South Wales	611.3	26.1	1 760.6	25.5	2.9	75.1
Victoria	592.8	25.3	1 766.0	25.6	3.0	75.0
Queensland	559.7	23.9	1 703.9	24.7	3.0	84.2
South Australia	188.1	8.0	547.3	7.9	2.9	78.3
Western Australia	291.6	12.4	822.7	11.9	2.8	83.6
Tasmania, Northern Territory and Australian Capital Territory	101.3	4.3	292.3	4.2	2.9	73.9
Australia	2 344.9	100.0	6 892.8	100.0	2.9	78.3
Location						
Capital City Statistical Divisions	1 737.5	74.1	5 217.1	75.7	3.0	80.8
Rest of Australia	607.4	25.9	1 675.7	24.3	2.8	71.4

2.5

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Hospital type & hospital size(a)

	<i>Patient Separations</i>		<i>Patient Days</i>		<i>Average length of stay</i>	<i>Bed occupancy rate</i>
	'000	%	'000	%	Days	%
.....						
HOSPITAL TYPE						
For profit	1 319.1	56.3	3 710.6	53.8	2.8	78.5
Not for profit						
Religious or charitable	906.1	38.6	2 818.1	40.9	3.1	79.3
Other(b)	119.7	5.1	364.1	5.3	3.0	69.7
Total	2 344.9	100.0	6 892.8	100.0	2.9	78.3
.....						
HOSPITAL SIZE						
0–25 beds	46.2	2.0	143.9	2.1	3.1	58.0
26–50 beds	221.1	9.4	633.1	9.2	2.9	66.0
51–100 beds	568.7	24.3	1 653.0	24.0	2.9	71.9
101–200 beds	813.6	34.7	2 257.0	32.7	2.8	80.2
Over 200 beds	695.4	29.7	2 205.7	32.0	3.2	89.0
Total	2 344.9	100.0	6 892.8	100.0	2.9	78.3

(a) Based on available beds (average for the year).

(b) Comprising bush nursing, community and memorial hospitals.

2.6

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Operating & day surgery theatres(a)

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
.....							
Operating theatres							
Hospitals with these theatres	57	51	38	21	17	8	192
Theatres	248	202	187	75	88	39	839
Average number of sessions(b)	7.5	7.6	6.3	6.9	8.4	8.0	7.3
Average theatre time used (hours)(b)	68.1	49.6	27.1	27.4	41.8	32.3	46.4
Nurses(c)	1 599.8	1 192.4	1 157.2	459.4	498.7	253.4	5 160.8
Day surgery theatres(d)							
Hospitals with these theatres	20	25	20	13	9	7	94
Theatres	28	47	43	18	19	13	168
Average number of sessions(b)	7.2	6.4	4.7	5.8	6.8	5.2	6.0
Average theatre time used (hours)(b)	25.4	18.3	12.7	15.6	24.5	13.2	18.1
Nurses(c)	129.8	253.3	130.1	52.7	78.5	23.7	668.0

(a) Details are for last week of pay period before 30 June.

(b) Per theatre per week.

(c) Full-time equivalent.

(d) Excluding free-standing day hospital facilities.

2.7 PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Insurance status(a)

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
PATIENT SEPARATIONS ('000)							
Hospital Insurance	519.3	493.5	484.1	166.6	206.6	63.8	1 933.9
No hospital insurance	80.0	np	np	7.0	85.1	np	334.4
Not stated	11.9	np	np	14.5	—	np	76.6
Total	611.3	592.8	559.7	188.1	291.6	101.3	2 344.9
PATIENT SEPARATIONS (%)							
Hospital Insurance	85.0	83.2	86.5	88.6	70.8	62.9	82.5
No hospital insurance	13.1	np	np	3.7	29.2	np	14.3
Not stated	1.9	np	np	7.7	—	np	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
AVERAGE LENGTH OF STAY (DAYS)							
Hospital Insurance	2.9	2.9	3.1	3.0	2.7	3.0	2.9
No hospital insurance	3.0	np	np	2.4	3.0	np	3.0
Not stated	3.3	np	np	2.4	—	np	3.1
Total	2.9	3.0	3.0	2.9	2.8	2.9	2.9

— nil or rounded to zero (including null cells)

np not available for publication but included in totals where applicable, unless otherwise indicated

(a) For definition of insurance status see Glossary.

2.8 PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Selected specialised wards & units

	<i>Labour wards</i>	<i>Psychiatric wards(a)</i>	<i>Special care units(b)</i>	<i>Emergency departments(c)</i>	<i>Dedicated day surgery unit</i>
	no.	no.	no.	no.	no.
Hospitals with specialised wards or units					
New South Wales	18	14	53	3	41
Victoria	18	10	44	7	41
Queensland	17	11	37	8	29
South Australia	6	np	13	np	13
Western Australia	9	4	17	3	12
Tasmania, Northern Territory and Australian Capital Territory	5	np	8	np	9
Australia	73	45	172	24	145

np not available for publication but included in totals where applicable, unless otherwise indicated

(a) Including alcohol and drug rehabilitation or treatment units.

(b) Intensive care units, coronary care units, neonatal care units, high dependency units, hospice care units and post-acute rehabilitation units.

(c) Bona fide emergency departments. (See definition of emergency departments in Glossary.)

2.9

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Specialised units or wards

HOSPITALS

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
	no.	no.	no.	no.	no.	no.	no.
Neonatal intensive care unit	17	16	17	5	8	5	68
Separate intensive care unit (ICU)	15	10	12	5	np	np	45
Separate coronary care unit (CCU)	8	11	8	3	np	np	33
Combined ICU/CCU	6	np	4	np	np	np	20
High dependency unit	17	19	11	8	np	np	60
Obstetric/maternity service	20	18	17	5	8	6	74
Specialised paediatric service	8	5	8	—	np	np	24
Cardiac surgery unit	6	7	7	np	np	—	24
Maintenance renal dialysis	3	3	np	—	np	—	15
Psychiatric unit/ward(a)	14	9	10	np	np	4	44
Oncology unit	11	20	21	8	6	5	71
Rehabilitation unit	28	15	11	3	np	np	60
Sleep centre	18	17	13	np	4	np	58
Residential aged care service(b)	—	4	np	np	—	—	9
Geriatric assessment unit	—	np	np	np	np	—	6
Domiciliary care service	—	5	—	—	np	np	7
Hospice/palliative care unit	4	np	6	np	10	np	23
Dedicated day surgery unit	41	41	29	13	12	9	145
Other specialised units/wards(c)	22	31	25	6	5	5	94
All hospitals(d)	75	70	48	24	22	12	251

— nil or rounded to zero (including null cells)

np not available for publication but included in totals where applicable, unless otherwise indicated

(a) Designated as such by registered health benefits funds.

(b) Including those which are an integral part of the hospital only.

(c) For definition of other specialised units/wards see Glossary.

(d) Many hospitals have more than one type of specialised unit or ward and so are counted in more than one row.

2.10 PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Non-admitted patient services

HOSPITALS

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.	Occasions of service
	no.	no.	no.	no.	no.	no.	no.	'000
Accident and emergency(a)	4	15	11	7	np	np	43	423.3
Medical/surgical/diagnostic								
Dialysis	np	np	—	—	—	—	np	np
Radiology and organ imaging	3	4	—	—	—	—	7	169.9
Endoscopy	np	np	np	—	np	—	5	33.6
Pathology	np	3	np	—	—	—	8	351.7
Other	np	5	5	4	9	np	26	149.2
Mental health	np	np	—	np	np	np	7	7.0
Alcohol and drug	—	np	—	np	np	—	4	11.1
Pharmacy	np	—	—	—	—	—	np	np
Allied health services	8	15	np	np	3	—	31	320.5
Outreach services								
Community Health services	np	3	np	np	—	np	10	84.4
District nursing services	np	np	—	—	—	—	6	82.4
Other outreach services	np	np	np	—	np	—	5	16.2
Other	5	6	6	np	4	np	26	63.1
All hospitals(b)	17	35	23	15	15	6	111	1 723.6

— nil or rounded to zero (including null cells)

np not available for publication but included in totals where applicable, unless otherwise indicated

(a) Including hospitals which do not have a formal accident and emergency unit but which treated accident and emergency patients during the year.

(b) Many hospitals have more than one type of designated unit or ward and so are counted in more than one row.

2.11 PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Number of staff & average staff per bed(a)

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
NUMBER OF STAFF							
Nursing staff							
Registered nursing staff	5 718	6 313	5 383	1 787	2 868	1 084	23 154
Other nursing staff(b)	2 263	1 697	1 532	580	741	246	7 058
Total	7 980	8 010	6 915	2 367	3 609	1 330	30 212
Salaried medical officers and other diagnostic health professionals	862	996	516	141	423	93	3 029
Administrative and clerical	1 634	1 848	1 945	491	869	305	7 092
Domestic and other staff	1 929	1 961	1 462	614	1 164	306	7 437
Total	12 406	12 815	10 838	3 612	6 065	2 034	47 770

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
AVERAGE NUMBER OF STAFF PER OCCUPIED BED							
Nursing staff							
Registered nursing staff	1.2	1.3	1.2	1.2	1.3	1.4	1.2
Other nursing staff(b)	0.5	0.4	0.3	0.4	0.3	0.3	0.4
Total	1.7	1.7	1.5	1.6	1.6	1.7	1.6
Other(c)	0.9	1.0	0.8	0.8	1.1	0.9	0.9
Total	2.6	2.7	2.3	2.4	2.7	2.5	2.5

(a) Full-time equivalent.

(b) Including other personal care staff e.g. warders, orderlies and hospital attendants.

(c) Including salaried medical officers and other diagnostic health professionals, administrative, domestic and other staff.

2.12 PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Income—States & territories

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
Income							
Patient revenue(a) (\$'000)	1 718 100	1 613 993	1 435 251	466 693	799 213	267 133	6 300 382
Recoveries (\$'000)	31 437	27 365	42 366	8 132	21 616	5 760	136 675
Other(b) (\$'000)	42 140	36 294	35 542	7 015	29 416	3 613	154 020
Total (\$'000)	1 791 677	1 677 652	1 513 159	481 839	850 245	276 506	6 591 077
Patient revenue as a proportion of total revenue (%)	95.9	96.2	94.9	96.9	94.0	96.6	95.6

(a) Including prostheses.

(b) Including investment income, income from charities, bequests, visitors' meals, and accommodation and kiosk sales.

2.13

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Income—Hospital Type

NOT FOR PROFIT

	<i>For profit</i>	<i>Religious or charitable</i>	<i>Other(a)</i>	<i>Total</i>
Income				
Patient revenue(b) (\$'000)	3 267 601	2 736 640	296 142	6 300 382
Recoveries (\$'000)	54 896	76 107	5 672	136 675
Other(c) (\$'000)	40 686	105 674	7 660	154 020
Total (\$'000)	3 363 183	2 918 421	309 473	6 591 077
Patient revenue as a proportion of total revenue (%)	97.2	93.8	95.7	95.6

- (a) Comprising bush nursing, community and memorial hospitals.
- (b) Including revenue from sale of prostheses.

- (c) Including investment income, income from charities, bequests, visitors' meals, and accommodation and kiosk sales.

2.14

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Income—Hospital size(a)

HOSPITALS WITH BEDS NUMBERING

	0-25	26-50	51-100	101-200	Over 200	<i>Total</i>
Income						
Patient revenue(b) (\$'000)	75 223	364 038	1 262 636	2 232 036	2 366 450	6 300 382
Recoveries (\$'000)	2 091	5 970	23 709	58 354	46 551	136 675
Other(c) (\$'000)	5 709	3 421	15 068	54 222	75 601	154 020
Total (\$'000)	83 022	373 429	1 301 412	2 344 612	2 488 602	6 591 077
Patient revenue as a proportion of total revenue (%)	90.6	97.5	97.0	95.2	95.1	95.6

- (a) Based on number of available beds (average for the year).
- (b) Including revenue from sale of prostheses.

- (c) Including investment income, income from charities, bequests, visitors' meals, and accommodation and kiosk sales.

2.15 PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Expenditure—State & territories . . .

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT	Aust.
Wages and salaries including on-costs (\$'000)	848 275	869 844	697 305	227 855	408 466	141 613	3 193 357
Drug, medical and surgical supplies (\$'000)	470 501	399 617	364 010	128 994	180 527	67 818	1 611 468
Food supplies (\$'000)	26 947	23 953	23 970	6 848	11 690	3 430	96 839
Other domestic services (\$'000)	32 753	21 585	24 354	5 410	12 758	4 363	101 224
Administrative expenses (\$'000)	111 451	115 816	110 861	40 674	np	np	443 604
Repairs and maintenance (\$'000)	29 245	19 768	22 443	6 595	12 356	3 284	93 691
Other (\$'000)	149 384	162 856	142 940	49 448	np	np	619 309
Total (\$'000)	1 668 574	1 613 440	1 385 884	465 824	759 210	266 578	6 159 509
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	50.8	53.9	50.3	48.9	53.8	53.1	51.8
Average recurrent expenditure							
Per patient separation (\$)	2 730	2 722	2 476	2 476	2 603	2 631	2 627
Per patient day (\$)	948	914	813	851	923	912	894
Gross capital expenditure (\$'000)	81 465	89 951	79 722	11 152	np	np	370 132

np not available for publication but included in totals where applicable, unless otherwise indicated

2.16 PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Expenditure—Hospital Type

	NOT FOR PROFIT			Total
	For profit	Religious or charitable	Other(a)	
Recurrent expenditure(b)				
Wages and salaries including on-costs (\$'000)	1 606 502	1 424 726	162 129	3 193 357
Drug, medical and surgical supplies(c) (\$'000)	795 866	739 531	76 070	1 611 468
Food supplies (\$'000)	45 956	45 167	5 716	96 839
Other domestic services (\$'000)	44 822	51 965	4 437	101 224
Administrative expenses (\$'000)	197 127	229 049	17 428	443 604
Repairs and maintenance (\$'000)	49 594	39 766	4 331	93 691
Other(d) (\$'000)	274 859	310 123	34 327	619 309
Total (\$'000)	3 014 744	2 840 327	304 439	6 159 509
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	53.3	50.2	53.3	51.8
Average recurrent expenditure(e)				
Per patient separation (\$)	2 285	3 135	2 543	2 627
Per patient day (\$)	812	1 008	836	894
Gross capital expenditure (\$'000)	114 893	204 801	50 438	370 132

(a) Comprising bush nursing, community and memorial hospitals.

(b) See Explanatory Notes, paragraph 11. Expenditure on non-admitted patient services is included by default because such expenditure is not separately available.

(c) Including surgically implanted prostheses and homograft items.

(d) Including interest, depreciation, contract services and transport.

(e) Average expenditure figures can vary considerably between hospitals depending on the type of services they provide.

2.17

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Expenditure—Hospital size(a)

	HOSPITALS WITH BEDS NUMBERING					
	0-25	26-50	51-100	101-200	Over 200	Total
Recurrent expenditure(b)						
Wages and salaries including on-costs (\$'000)	50 788	202 993	665 490	1 096 460	1 177 625	3 193 357
Drug, medical and surgical supplies(c) (\$'000)	11 254	53 701	255 617	610 874	680 021	1 611 468
Food supplies (\$'000)	1 805	6 437	19 714	33 399	35 483	96 839
Other domestic services (\$'000)	1 656	6 383	20 081	33 570	39 533	101 224
Administrative expenses (\$'000)	8 112	33 625	99 132	161 863	140 873	443 604
Repairs and maintenance (\$'000)	1 293	5 531	17 347	34 570	34 950	93 691
Other(d) (\$'000)	7 832	36 731	116 984	228 702	229 061	619 309
Total (\$'000)	82 741	345 419	1 194 365	2 199 438	2 337 546	6 159 509
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	61.4	58.8	55.7	49.9	50.4	51.8
Average recurrent expenditure(e)						
Per patient separation (\$)	1 793	1 562	2 100	2 703	3 362	2 627
Per patient day (\$)	575	546	723	974	1 060	894
Gross capital expenditure (\$'000)	7 241	17 605	64 591	118 791	161 905	370 132

(a) Based on number of available beds (average for the year).

(b) See Explanatory Notes, paragraph 11. Expenditure on non-admitted patient services is included by default because such expenditure is not separately available.

(c) Including surgically implanted prostheses and homograft items.

(d) Including interest, depreciation, contract services and transport.

(e) Average expenditure figures can vary considerably between hospitals depending on the type of services they provide.

HOSPITALS

The number of private free-standing day hospital facilities has grown fairly steadily in the last ten years from 140 establishments in 1995-96 to 256 in 2005-06. The largest increase of all the states and territories was in Queensland, with 4 more hospitals than in 2004-05. The number of beds/chairs in private free-standing day hospital facilities increased by 1.7% from 2004-05, from 2,078 to 2,114, with an average of 274 patient separations per bed/chair. The number of operating theatres increased by 6.1% from 231 to 245 over the year, while the number of procedure rooms rose by 3.6% to 200 rooms.

The four main types of free-standing day hospitals in 2005-06 were specialist endoscopy (28%), ophthalmic (22%), plastic/cosmetic (13%) and general (6.6%). Specialist endoscopy centres had the highest number of patient separations with 188,707 in 2005-06 followed by ophthalmic centres with 99,046.

Patient separations

Patient separations from free-standing day hospital facilities continued to increase from 537,518 in 2004-05 to 579,907 in 2005-06, representing an increase of 7.9%. The average annual growth rate for the five years ending 2005-06 was 8.1%.

Staff

The total number of full-time equivalent staff in free-standing day hospital facilities increased by 7.0% to 2,231 in 2005-06. Nursing staff accounted for 62% of total staff in 2005-06, a proportional increase of (1.5%) from 2004-05.

INCOME

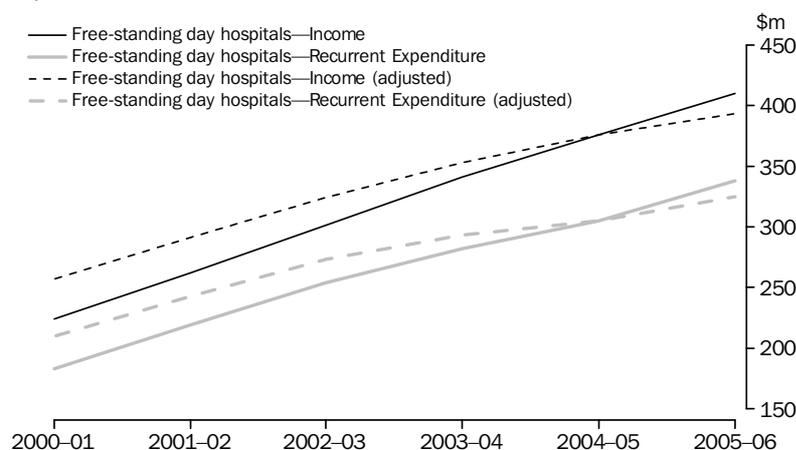
Free-standing day hospital facilities received \$410.0m in income during 2005-06, a 9.2% increase from the previous year. The average annual increase in income over the five years to 2005-06 was 13%.

Most income generated in free-standing day hospitals is sourced from patient revenue (96%), as distinct from income derived from other sources such as investments and bequests. This proportion was highest for Tasmania, Northern Territory and Australian Capital Territory combined (99%) and lowest for Victoria (94%).

In adjusted terms, income increased by 4.7% from 2004-05 and the average annual increase in income was 8.9% over the five years to 2005-06. (See Explanatory Notes, paragraph 16, concerning the use of chain volume measures to adjust income and expenditure.)

INCOME *continued*

PRIVATE FREE-STANDING DAY HOSPITAL FACILITIES, Income and expenditure



EXPENDITURE

Recurrent expenditure recorded for free-standing day hospital facilities in 2005-06 was \$338.4m. This represents an increase of 11% over the previous year. The average expenditure per patient separation continued to increase from \$568 in 2004-05 to \$584 in 2005-06.

In adjusted terms, the average expenditure per patient separation in 2005-06 decreased by 1.4% over the previous year. While the average annual increase in expenditure per patient separation was 1.0% over the five years to 2005-06. (See Explanatory Notes, paragraph 16, concerning the use of chain volume measures to adjust income and expenditure.)

When adjusted for price changes, recurrent expenditure increased by 6.3% which was 4.6% lower than the non-adjusted figure. The average annual growth rate was 9.1% over the five year period to 2005-06.

Gross capital expenditure for free-standing day hospital facilities during 2005-06 was \$17.2m. Capital expenditure represented 4.2% of total income in 2005-06. This proportion was highest for Western Australia (6.7%) and lowest for South Australia (1.6%).

3.1 FREE-STANDING DAY HOSPITAL FACILITIES, Summary Table

	1995-96	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
Hospitals							
New South Wales	73	89	93	98	93	96	93
Victoria	23	51	52	56	54	61	63
Queensland	17	36	47	44	46	48	52
South Australia	10	19	23	23	22	22	25
Western Australia	10	13	12	12	11	12	13
Tasmania, Northern Territory and Australian Capital Territory	7	9	9	7	8	8	10
Australia	140	217	236	240	234	247	256
Hospitals by type(a)							
General surgery	54	20	18	13	13	19	17
Specialist endoscopy	37	62	71	76	75	70	71
Ophthalmic	23	46	52	52	51	53	57
Plastic/cosmetic	—	27	31	29	27	32	33
Other(b)	26	62	64	70	68	73	78
Total	140	217	236	240	234	247	256
Beds/chairs(c)	1 023	1 688	1 764	1 910	1 947	2 078	2 114
Separations ('000)	208.8	393.8	433.3	471.7	505.6	537.5	579.9
Operating theatres at 30 June	139	202	215	217	220	231	245
Procedure rooms at 30 June	130	180	179	188	178	193	200
Staff(d)	890	1 594	1 797	1 955	2 038	2 086	2 231
Income(e)							
Total (\$'000)	99 305	224 239	262 028	301 080	340 730	375 567	410 036
Patient revenue(f) (%)	94.8	95.9	96.3	95.7	94.7	95.6	95.9
Recurrent expenditure(e)							
Total (\$'000)	80 238	183 115	219 091	254 024	282 401	305 251	338 421
Wages and salaries, including on-costs(g) (%)	42.8	42.3	42.1	41.1	39.2	39.3	39.1
Per separation (\$)	384	465	506	539	559	568	584
Gross capital expenditure(e) (\$'000)							
	16 775	26 380	27 285	23 533	21 695	22 382	17 235

— nil or rounded to zero (including null cells)

(a) See Explanatory Notes, paragraph 12 for category changes.

(b) Including fertility and sleep disorders clinics.

(c) Available beds/chairs (average for the year).

(d) Full-time equivalent (average for the year).

(e) Non-adjusted income

(f) As a proportion of total income.

(g) As a proportion of total recurrent expenditure.

3.2 FREE-STANDING DAY HOSPITALS, Type of centre(a)

	<i>General surgery</i>	<i>Specialist endoscopy</i>	<i>Ophthalmic</i>	<i>Plastic/cosmetic</i>	<i>Other(b)</i>	<i>Total</i>
	no.	no.	no.	no.	no.	no.
New South Wales	9	21	26	10	27	93
Victoria	3	28	8	8	16	63
Queensland	5	14	np	np	17	52
South Australia	—	4	4	10	7	25
Western Australia	—	np	np	np	8	13
Tasmania, Northern Territory & Australian Capital Territory	—	np	4	np	3	10
Australia	17	71	57	33	78	256
Operating theatres at 30 June	37	24	86	40	58	245
Procedure rooms at 30 June	8	79	28	23	62	200
Average number of sessions	5	5	4	4	6	5
Average theatre room time used(c)	20	20	16	18	26	20
Average number of beds/chairs	274	577	465	164	634	2 114
Separations	56.6	188.7	99.0	35.6	199.9	579.9
Avg number of separations per bed/chair	207	327	213	217	315	274

— nil or rounded to zero (including null cells)

np not available for publication but included in totals where applicable, unless otherwise indicated

(a) See Explanatory Notes, paragraph 12 for category changes.

(b) Including fertility and sleep disorders clinics.

(c) Per theatre/room per week.

3.3 FREE-STANDING DAY HOSPITALS, Full-time equivalent staff—Type of centre(a)

	<i>General surgery</i>	<i>Specialist endoscopy</i>	<i>Ophthalmic</i>	<i>Plastic/cosmetic</i>	<i>Other(b)</i>	<i>Total</i>
Nursing staff(c)	201.6	319.0	335.5	126.4	399.9	1 382.4
Administrative and clerical	52.5	246.1	143.3	66.2	180.7	688.7
Other(d)	9.6	28.5	40.0	6.9	75.1	160.0
Total	263.7	593.6	518.7	199.4	655.6	2 231.1

(a) See Explanatory Notes, paragraph 12 for category changes.

(b) Including fertility and sleep disorders clinics.

(c) Including other personal care staff e.g. warders, orderlies, and hospital attendants.

(d) Including salaried medical officers and other diagnostic health professionals, domestic and other staff.

3.4 FREE-STANDING DAY HOSPITALS, Full-time equivalent staff—States & territories

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
Nursing staff(a)	505.9	254.5	430.0	81.9	64.0	46.2	1 382.4
Administrative and clerical	287.4	120.4	174.6	47.1	25.9	33.3	688.7
Other(b)	87.3	19.3	37.5	12.4	2.1	1.5	160.0
Total	880.6	394.1	642.1	141.3	92.0	81.0	2 231.1

- (a) Including other personal care staff e.g. warders, orderlies, and hospital attendants.
 (b) Including salaried medical officers and other diagnostic health professionals, domestic and other staff.

3.5 FREE-STANDING DAY HOSPITALS, Income—Type of centre(a)

	General surgery	Specialist endoscopy	Ophthalmic	Plastic/cosmetic	Other(b)	Total
Income						
Patient revenue (\$'000)	37 883	83 091	118 540	31 974	121 825	393 312
Other(c) (\$'000)	130	8 571	3 217	848	3 958	16 723
Total (\$'000)	38 012	91 661	121 757	32 822	125 783	410 036
Patient revenue as a proportion of total	99.7	90.6	97.4	97.4	96.9	95.9

- (a) See Explanatory Notes, paragraph 12 for category changes.
 (b) Including fertility and sleep disorders clinics.
 (c) Including investment income, income from charities, bequests, visitors' meals, and accommodation and kiosk sales.

3.6 FREE-STANDING DAY HOSPITALS, Income—States & territories

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT	Aust.
Income							
Patient revenue (\$'000)	167 315	61 517	105 258	23 609	18 559	17 055	393 312
Other (\$'000)	7 652	4 143	3 611	846	257	214	16 723
Total (\$'000)	174 967	65 659	108 870	24 455	18 816	17 269	410 036
Patient revenue as a proportion of total revenue (%)	95.6	93.7	96.7	96.5	98.6	98.8	95.9

3.7 FREE-STANDING DAY HOSPITALS, Expenditure—Type of centre(a)

	General surgery	Specialist endoscopy	Ophthalmic	Plastic/cosmetic	Other(b)	Total
Recurrent expenditure(c)						
Wages and salaries including on-costs (\$'000)	13 430	33 080	30 940	11 829	43 143	132 421
Drug, medical and surgical supplies(d) (\$'000)	9 201	9 889	35 341	5 269	28 964	88 664
Administrative expenses (\$'000)	5 331	13 120	14 623	5 394	20 903	59 371
Other(e) (\$'000)	5 075	17 110	13 774	4 647	17 358	57 965
Total (\$'000)	33 037	73 199	94 678	27 140	110 368	338 421
Wages and salaries, including on-costs as a proportion of total recurrent expenditure (%)	40.7	45.2	32.7	43.6	39.1	39.1
Average recurrent expenditure per separation(f) (\$)	583	388	956	763	552	584
Gross capital expenditure (\$'000)	777	4 558	7 875	1 032	2 993	17 235

(a) See Explanatory Notes, paragraph 12 for category changes.

(b) Including fertility and sleep disorders clinics.

(c) See Explanatory Notes, paragraph 11. Expenditure on non-admitted patient services is included by default because such expenditure is not separately available.

(d) Including surgically implanted prostheses and homograft items.

(e) Including repairs and maintenance, interest, depreciation, contract services and payments to sessional medical officers.

(f) Average expenditure figures can vary considerably between hospitals depending on the type of services they provide.

3.8 FREE-STANDING DAY HOSPITALS, Expenditure—States & territories

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
Recurrent expenditure(a)							
Wages and salaries including on-costs (\$'000)	54 283	22 753	35 914	9 607	5 267	4 597	132 421
Drug, medical and surgical supplies(b) (\$'000)	40 150	10 853	24 512	4 624	4 669	3 857	88 664
Administrative expenses (\$'000)	28 335	8 049	14 624	3 233	1 857	3 273	59 371
Other(c) (\$'000)	23 480	10 245	15 232	4 205	2 855	1 947	57 965
Total (\$'000)	146 248	51 901	90 283	21 668	14 648	13 674	338 421
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	37.1	43.8	39.8	44.3	36.0	33.6	39.1
Average recurrent expenditure per separation(d) (\$)	800	373	508	545	656	756	584
Gross capital expenditure (\$'000)	8 671	3 036	2 966	395	1 261	906	17 235

(a) See Explanatory Notes, paragraph 11. Expenditure on non-admitted patient services is included by default because such expenditure is not separately available.

(b) Including surgically implanted prostheses and homograft items.

(c) Including repairs and maintenance, interest, depreciation, contract services and payments to sessional medical officers.

(d) Average expenditure figures can vary considerably between hospitals depending on the type of services they provide.

EXPLANATORY NOTES

- INTRODUCTION**
- 1** This publication contains statistical information for 2005–06 and previous years, obtained from annual censuses of all licensed private hospitals in Australia. It contains details about the facilities, activities, staffing and finances of all private acute and psychiatric hospitals and free-standing day hospital facilities.
- 2** Corresponding statistics for public hospitals are compiled by the Australian Institute of Health and Welfare (AIHW) in their annual publication, *Australian Hospital Statistics*.
- SCOPE**
- 3** All private acute and psychiatric hospitals licensed by state and territory health authorities and all free-standing day hospital facilities approved by the Commonwealth Department of Health and Ageing for the purpose of health insurance benefits are included in the collection.
- COLLECTION METHODOLOGY**
- 4** Forms are sent each year to all private hospitals in Australia for completion and return to the ABS. A large component of the required data on admitted patients is sent to the ABS by state and territory health authorities on behalf of hospitals.
- COVERAGE**
- 5** All private hospitals in Australia which operated for all or only part of the reference year are included in the collection.
- 6** Updated lists of private hospitals are received from state, territory and Commonwealth health authorities and every effort is made to include all hospitals in scope.
- DEFINITIONS**
- 7** The data items and definitions are based on the *National Health Data Dictionary* published by the AIHW, with the addition of data items requested by private hospital associations and health authorities. For 2005-06 the data item Non-registered nurses was changed to Enrolled nurses. Information on Student and Trainee nurses was not collected. Refer to the Glossary for definitions of the data items used in this publication.
- DATA QUALITY**
- 8** Establishments which provided incomplete data were contacted to obtain the missing details. Hospital staff were asked to provide estimates in cases where records for the data item were not kept. If reasonable estimates could not be provided by the establishment then the data item was either left blank or imputed by ABS staff. Imputation was based on data received in previous years and on the results of the data provided by all responding hospitals. Due to the high response rates (95%), imputation rates were very low.
- 9** The statistics from this collection may be subject to various sources of error. These may be errors in reporting (e.g. because estimates may have been used in the case of actual data not being available, misunderstanding of questions or unwillingness of respondents to reveal all details) or errors arising during processing (e.g. coding, data recording). Every effort is made to reduce errors in the collection to a minimum by careful design of questionnaires and by processing procedures designed to detect errors and enable them to be corrected. These procedures include external coverage checks, clerical and computer editing of input data, error resolution including referral back to the source, and clerical scrutiny of preliminary aggregates.

DATA QUALITY *continued*

10 Hospital morbidity data, providing admitted patient's details such as age, principal diagnosis and procedure, are routinely provided by hospitals to state and territory health authorities. Arrangements were made, with consent of the hospitals, for state health authorities to provide the ABS with the relevant morbidity data. Any significant inconsistencies between the data collated by health authorities and by hospitals were followed up and resolved. As a result of this reconciliation of the 2005–06 data, the final total for patient separations was 1.6% higher than that reported by consenting hospitals and 0.3% higher than that compiled from data supplied by state health authorities.

11 Differences in accounting policy and practices lead to some inconsistencies in the financial data provided by hospitals. Measurement of expenditure is affected by management policy on such things as depreciation rates, bad debt and goodwill write-off. Further inconsistency occurs in cases where all property and fixed assets accounts are administered by a parent body or religious order headquarters and details are not available for the individual hospitals.

DAY HOSPITALS CATEGORIES

12 Free-standing day hospital facilities are classified by the main income earning activity of the centre. The four main types are general, specialist endoscopy, ophthalmic & plastic/cosmetic. Plastic/cosmetic facilities were collected as a separate category for the first time in 2000–01.

CASEMIX

13 Casemix refers to the range and types of patients (the mix of cases) treated by a hospital or other health service. In Australia, a system of Diagnosis Related Groups (AN–DRG) is used as a means of classifying patients for Casemix purposes. Each AN–DRG represents a class of patients with similar clinical conditions requiring similar total hospital resources for their treatment. This provides a way of describing and comparing hospitals and other services for management purposes.

14 This classification is used by most states and territories as a management tool for public hospitals and, to varying degrees, for their funding. The classification is becoming more widely used by private hospitals as a reporting tool. Some contracting between health funds and private hospitals is gradually incorporating charging for patients based on their Casemix classification.

15 The ABS uses this classification to produce tables that provide data on major diagnostic categories. These tables are available on the ABS web site <<http://www.abs.gov.au>> in data cube 4390.0.

CHAIN VOLUME MEASURES

16 Chain volume measures have been used in the Summary of Findings in this publication to enable analysis of the changes to income and expenditure for private hospitals in 'real' terms. It is considered that these measures provide better indicators of movement than constant price estimates. Unlike constant price estimates, they take account of changes to price relativities that occur from one year to the next. Chain volume measures are derived by revaluing the original current price series of recurrent expenditure for private hospitals by a specifically compiled measure of price change. The reference year for the chain volume measure is 2005. In this publication the Laspeyres input cost index for hospitals was used. This was specifically designed to measure price change in hospital recurrent expenditures. The data are consistent with the December quarter 2006 *Australian National Accounts: National Income, Expenditure and Product* (cat. no. 5206.0). Detailed information on chain volume measures and their use in the Australian National Accounts are contained in: *Information Paper: Australian National Accounts, Introduction of Chain Volume and Price Indexes, Sep 1997* (cat. no. 5248.0); and *Information Paper: Upgraded Australian National Accounts, 1998* (cat. no. 5253.0).

CLASSIFICATIONS

17 Principal diagnosis and procedure for admitted patients are reported using the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision – Australian Modification (ICD-10-AM)*.

18 The locations of all private health establishments are coded according to the *Australian Standard Geographical Classification, 2005 Edition* (cat. no. 1216.0).

19 The proportion of population in Capital City Statistical Divisions is calculated using the population as at 31 December 2005, *Australian Demographic Statistics, June 2006* (cat. no. 3101.0).

GENERAL

ACKNOWLEDGEMENT

20 ABS publications draw extensively on information provided by individuals, businesses, governments and other organisations. Their continued cooperation is very much appreciated. Information received by the ABS is treated in strict confidence as required by the *Census and Statistics Act 1905*.

RELATED PUBLICATIONS

21 Other ABS publications that may be of interest include:

Hospitals Australia, 1991–92 (cat. no. 4391.0) – Produced jointly with AIHW, released 1995

Information Paper: Australian National Accounts, Introduction of Chain Volume and Price Indexes, 1997 (cat. no. 5248.0) – Released 19 March 1998

Information Paper: Upgraded Australian National Accounts, 1998 (cat. no. 5253.0) – Released 4 November 1998

National Health Survey: Private Health Insurance, Australia, 1995 (cat. no. 4334.0) – Released 28 May 1998

National Health Survey: Summary of Results, 2004-05 (cat. no. 4364.0) – Released 27 February 2006

The following related publications are issued by other organisations.

- Available from the AIHW Distribution Centre, GPO Box 84, Canberra ACT 2601 or from its web site <www.aihw.gov.au>:

Australian Hospital Statistics, 1993–95: An Overview

Australian Hospital Statistics, 2004–05 - Released annually

Australia's Health, 2006

Health Expenditure Australia, 2004-05

Health and Community Services Labour Force, 2001 – Produced jointly with ABS

Medical Labour Force, 2004

Medical Workforce Supply and Demand in Australia: a discussion paper, 1998

National Health Data Dictionary, Version 13, 2006

Nursing Labour Force, 2002

- Available from the New South Wales Health Department, Sydney – telephone 0293919000 or from its web site <www.health.nsw.gov.au>:

Fourth National Report on Health Sector Performance Indicators – by the National Health Ministers' Benchmarking working group, July 2000

- Available from the National Mental Health Report Service (Mental Health Branch, Department of Health and Ageing – telephone 1800 066 247) or from its web site <www.mentalhealth.gov.au>:

National Mental Health Report, 2004

- Available from the Private Health Insurance Administration Council, Canberra (PHIAC) ACT 2600 – telephone 02 6215 7900 or from its website <www.phiac.gov.au>:

Membership Statistics – Released quarterly

PHIAC A Report, – Released quarterly

Statistical Trends in Membership and Benefits, – Released quarterly

RELATED PUBLICATIONS

continued

22 Current publications and other products released by the ABS are listed in the *Catalogue of Publications and Products* (cat. no. 1101.0). The Catalogue is available from any ABS office or the ABS web site <<http://www.abs.gov.au>>. The ABS also issues a daily Release Advice on the web site which details products to be released in the week ahead.

ABS DATA AVAILABLE ON
REQUEST

23 As well as the statistics included in this and related publications, the ABS may have other relevant data available. Inquiries should be directed to the National Information and Referral Service on 1300 135 070.

EFFECTS OF ROUNDING

24 Where figures have been rounded, discrepancies may occur between totals and sums of the component items.

GLOSSARY

Accredited/certified hospitals	Hospitals that are accredited/certified by the Australian Council on Healthcare Standards (ACHS 2003), Benchmark Certification, Business Excellence Australia (SAI-Global Ltd) or any other body approved for private sector quality criteria certification or ISO 9000 quality family standards. Participation in these schemes is voluntary and accreditation is awarded when hospitals demonstrate a continuing adherence to quality assurance standards. Hospital accreditation/certification is regarded as one of the few indicators of hospital quality that is available nationally.
Acute hospitals	These provide at least minimal medical, surgical or obstetrical services for admitted patient treatment and/or care and provide round-the-clock comprehensive qualified nursing services as well as other necessary professional services. They must be licensed by the state or territory health authority. Most of the patients have acute conditions or temporary ailments.
Administrative expenses	Includes management and administrative support expenditure such as rates and taxes, printing, telephone, stationery, insurances and motor vehicle running expenses.
Allied health services	These are provided by units and clinics for the treatment and counselling of patients. They mainly comprise physiotherapy, speech therapy, family planning, dietary advice, optometry and occupational therapy.
Average length of stay in hospital	This is calculated by dividing the aggregate number of patient days by the number of patient separations associated with those patient days.
Beds	These are provided for the care and treatment of admitted (same-day and overnight-stay) patients. <ul style="list-style-type: none">■ Available beds are those immediately available (occupied and unoccupied) for the care of admitted patients as required. In the case of free-standing day hospital facilities, they include chairs, trolleys, recliners and cots and are used mainly for post-surgery recovery purposes only.■ Occupied beds are calculated by dividing total patient days by the number of days in the year (366 days in 2003–04).
Capital expenditure	Comprises expenditure on land and buildings, computer facilities, major medical equipment, plant and other equipment, and expenditure in relation to intangible assets, having regard to guidelines followed as to the differentiation between capital and recurrent costs.
Emergency departments	A bona fide emergency department is a department that provides levels 4 to 6 of emergency services as defined by the guide to the Role Delineation of Health Services, third edition, New South Wales, Department of Health, 2002. Six levels of emergency services roles are identified: <ul style="list-style-type: none">■ Level 0 - No service■ Level 1 - No planned emergency service■ Level 2 - Emergency service in small hospital. Designated assessment and treatment area. Visiting medical officer on call.■ Level 3 - As Level 2 plus designated nursing staff available 24 hours. Has 24 hour access to medical officer(s) on site or available within 10 minutes. Specialists in general surgery, anaesthetics, paediatrics and medicine available for consultation. Full resuscitation facilities in separate area.

Emergency departments <i>continued</i>	<ul style="list-style-type: none"> ■ Level 4 - As Level 3 plus can manage most emergencies. Purpose designed area. Full-time director. Experienced medical officer(s) and nursing staff on site 24 hours. Specialists in general surgery, paediatrics, orthopaedics, anaesthetics and medicine on call 24 hours. ■ Level 5 - As Level 4 plus can manage all emergencies and provide definitive care for most. Has undergraduate teaching and undertake research. Has designated registrar. May have neurosurgery service. ■ Level 6 - As Level 5 plus has neurosurgery and cardiothoracic surgery on site. Sub-specialists available on rosters. Has registrar on site 24 hours.
Factors influencing health status and contact with health service	<p>These factors relate to occasions when circumstances other than a disease, injury or external cause are recorded as "diagnoses" or "problems". This can arise in two main ways:</p> <ul style="list-style-type: none"> ■ When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination or to discuss a problem which is in itself not a disease or injury. ■ When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury. Such factors may be elicited during population surveys, when the person may or may not be currently sick, or be recorded as an additional factor to be borne in mind when the person is receiving care for some illness or injury.
Free-standing day hospital facilities	These provide investigation and treatment for acute conditions on a day-only basis and are approved by the Commonwealth for the purposes of basic table health insurance benefits.
Hospital type	'Not-for-profit' hospitals are those which qualify as a nonprofit organisation with either the Australian Taxation Office or the Australian Securities and Investment Commission. These are further categorised as 'religious or charitable' and 'other'. All other hospitals are classed as 'for profit'.
ICD	International Statistical Classification of Diseases and Related Health Problems. The purpose of the ICD is to permit the systematic recording, analysis, interpretation and comparison of mortality and morbidity data collected in different countries or areas and at different times. The ICD, which is endorsed by the World Health Organisation (WHO), is primarily designed for the classification of diseases and injuries with a formal diagnosis. Further information is available from the WHO web site <<www.who.int>>.
Income	<p>Three categories of income are identified:</p> <ul style="list-style-type: none"> ■ Patient revenue includes revenue received by, and due to, the hospital in respect of patient liability for accommodation and other fees, regardless of source of payment (Commonwealth, health fund, insurance company, direct from patient) or status of patient (whether admitted or non-admitted patient). ■ Recoveries includes income received from items such as staff meals and accommodation, and facility fees paid by medical practitioners. ■ Other income includes revenue such as investment income from temporarily surplus funds and income from charities, bequests, meals and accommodation provided to visitors, and kiosk sales. Revenue payments received from state or territory governments are excluded.
Insurance status	Indicates whether or not hospital insurance is held with a registered health insurance fund, or a general insurance company. Patients who have insurance cover only for ancillary services are regarded as not having hospital insurance.
Occasions of service	Any services provided to a non-admitted patient in a functional unit (e.g.radiology) of the hospital. Each diagnostic test or simultaneous set of related diagnostic tests is counted as one occasion of service.

Occupancy rate	Is calculated by dividing patient days by the product of average number of beds and the number of days in the year (366 days in 2003–04) and expressed as a percentage. $\text{occupancy rate (\%)} = \frac{\text{patient days} \times 100}{\text{average available beds} \times 365}$
Other domestic services	Includes staff services, accommodation, bedding and linen, hardware, crockery, cutlery, laundering and cleaning of uniforms.
Other specialised units/wards	Includes neurosurgical unit, acute spinal cord injury unit, burns unit, major plastic/reconstructive surgery unit, transplantation units, acute renal dialysis unit, infectious diseases unit, comprehensive epilepsy centre, clinical genetics unit, AIDS unit, diabetes unit, in-vitro fertilisation unit, alcohol and drug unit and other specialised services.
Patient	A patient is a person for whom a hospital accepts responsibility for treatment and/or care. <ul style="list-style-type: none"> ■ An admitted patient undergoes a hospital's formal admission process. Babies born in hospital are excluded unless they are provided with medical care other than that which would normally be provided to a newborn, or they remain in hospital after the mother has been discharged, or are the second or subsequent live born infant of a multiple birth and the mother is currently an admitted patient. Persons accompanying a sick patient (e.g. nursing mothers and parents accompanying sick children) are also excluded. ■ Overnight-stay patients are admitted to and separated from hospital on different dates (i.e. they stay at least one night in hospital). ■ Same-day patients are admitted and separated on the same day (i.e. they are in hospital for a period that does not include an overnight stay). ■ Non-admitted patients do not undergo a hospital's formal admission process. These include outpatients, accident and emergency patients and off-site (community/outreach) patients.
Patient days	These are the aggregate number of days of stay (i.e. patient separation date minus admission date) for all overnight-stay patients who were separated from hospital during the year. Periods of approved leave are subtracted from these calculations. Same-day patients are each counted as having a stay of one day.
Patient revenue	Includes revenue received by, and due to, the hospital in respect of patient liability for accommodation and other fees, regardless of source of payment (Commonwealth, health fund, insurance company, direct from patient) or status of patient (whether admitted or non-admitted patient). It does not include recoveries i.e. income received from items such as staff meals and accommodation, and facility fees paid by medical practitioners or Other income i.e. revenue such as investment income from temporarily surplus funds and income from charities, bequests, meals and accommodation provided to visitors, and kiosk sales.
Patient separation	Occurs when an admitted patient: <ul style="list-style-type: none"> ■ is discharged ■ is transferred to another institution ■ leaves against medical advice ■ dies whilst in care ■ changes their type of care from/to acute, rehabilitation, palliative or non-acute care (known as statistical discharge), or ■ leaves hospital for a period of seven or more days.
Procedure	A clinical intervention that: <ul style="list-style-type: none"> ■ is surgical in nature; and/or ■ carries a procedural risk; and/or ■ carries an anaesthetic risk; and/or ■ requires specialised training; and/or ■ requires special facilities or equipment only available in an acute care setting.

Procedure <i>continued</i>	For admitted patients, procedures undertaken during an episode of care are recorded in accordance with ICD-10-AM (2nd edition).
Psychiatric hospitals	Psychiatric hospitals are licensed/approved by each state or territory health authority and cater primarily for admitted patients with psychiatric, mental or behavioural disorders.
Recurrent Expenditure	Comprises expenditure on wages and salaries, drug, medical and surgical supplies, food supplies, domestic services, administrative expenses, repairs and maintenance, and other recurrent expenditure. For further information refer to the National Health Data Dictionary which is available on the AIHW web site <<www.aihw.gov.au>>.
Repairs and maintenance	Includes costs of maintaining, repairing, replacing and providing additional equipment, maintaining and renovating buildings, and minor additional works.
Specialised service	A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics.
Staff	Includes staff employed by the hospital and contract staff employed through an agency in cases where the contract is for the supply of labour. <ul style="list-style-type: none"> ■ Nursing staff comprises registered nurses, enrolled nurses and other personal care staff (e.g. orderlies, warders and nursing assistants). ■ Administrative and clerical staff includes computing staff, finance staff and civil engineers. ■ Domestic and other staff includes staff engaged in cleaning, laundry services, the provision of food, trades people and maintenance staff. ■ Diagnostic and health professionals includes qualified diagnostic health professionals, allied health professionals and laboratory technicians. ■ Full-time equivalent staff represents the sum of full-time staff and the full-time equivalent of part-time staff. It is derived by adding the on-job hours worked and hours of paid leave (sick, recreation, long service, workers' compensation leave) by/for a staff member (or contract employee where applicable) divided by the number of hours normally worked by a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement.
Statistical discharge – type change	The process by which a hospital records a patient discharge when changing type of care. This occurs when the type of care changes from/to acute, rehabilitation, palliative or non-acute care.
Statistical divisions	These are groupings of the whole or part of legal local government areas. They are designed to be relatively homogeneous regions characterised by identifiable social and economic units within the region. Capital City Statistical Divisions, shown in some tables of this publication, comprise Sydney, Melbourne, Brisbane, Adelaide, Perth, Greater Hobart, Darwin and Canberra.
Type of centre	Free-standing day hospital centres are categorised by type according to their main economic activity. The following types of centres are separately categorised: General surgery, specialist endoscopy, ophthalmic, plastic/cosmetic and other.
Wages and salaries (including on-costs)	Includes wages and salaries, superannuation employer contributions, payroll tax, workers' compensation and workcare premiums, uniforms, education, personnel costs and fringe benefits tax.

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