



2009-10

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# PRIVATE HOSPITALS

AUSTRALIA

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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

### IN THIS ISSUE

This publication presents details from the 2009–10 national census of private hospitals. Three categories of private hospitals are identified: Acute hospitals, Psychiatric hospitals and Free-standing day hospital facilities. Within this publication, data for acute and psychiatric hospitals are published together in the same chapter.

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.

The Private Health Establishments Collection was not conducted for the 2007–08 reference period due to ABS budgetary constraints. This represented a break in the time series for the collection.

Ian Ewing  
Acting Australian Statistician

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## ABBREVIATIONS .....

<b>ABS</b>	Australian Bureau of Statistics
<b>ACHS</b>	Australian Council on Healthcare Standards
<b>ACT</b>	Australian Capital Territory
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>AR-DRG</b>	Australian Refined Diagnosis Related Groups
<b>ASGC</b>	Australian Standard Geographical Classification
<b>ATO</b>	Australian Taxation Office
<b>Aust.</b>	Australia
<b>cat. no.</b>	Catalogue number
<b>DoHA</b>	Australian Government Department of Health and Ageing
<b>FTE</b>	full-time equivalent
<b>ICD-10-AM</b>	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
<b>ISO</b>	International Organization for Standardization
<b>nec</b>	not elsewhere classified
<b>no.</b>	number
<b>NSW</b>	New South Wales
<b>NT</b>	Northern Territory
<b>PHEC</b>	Private Health Establishments Collection
<b>Qld</b>	Queensland
<b>SA</b>	South Australia
<b>Tas.</b>	Tasmania
<b>Vic.</b>	Victoria
<b>WA</b>	Western Australia
<b>WHO</b>	World Health Organization

INTRODUCTION

This publication presents data for the private hospital sector in 2009–10. Comparable data for public hospitals are available in Australia Hospital Statistics 2009–10, produced by the Australian Institute of Health and Welfare (AIHW).

HOSPITALS

There were 581 private hospitals operating in Australia in 2009–10 compared with 564 in 2008–09. This represented an overall increase of 3.0% in the total number of private hospitals, the net effect of an unchanged number of Acute and psychiatric hospitals and an increase of 17 Free-standing day hospitals.

The number of available beds and chairs increased 2.1% from 27,180 in 2008–09 to 27,748 in 2009–10. The number of beds and chairs in Acute and psychiatric hospitals increased by 1.0% while those in Free-standing day hospitals increased by 13.1%.

Total patient separations were 6.7% higher overall in 2009–10 compared to 2008–09. There were almost 3.6 million patient separations from all private hospitals in 2009–10, compared with 3.4 million in 2008–09.

Private hospitals provided 8.4 million days of hospitalisation to patients in 2009–10, up 3.7% on 2008–09 (8.1 million).

Staff numbers (full-time equivalent) increased by 8.5% to 56,560 in 2009–10 compared to 2008–09 (52,114).

PATIENT CHARACTERISTICS

*Sex and Age*

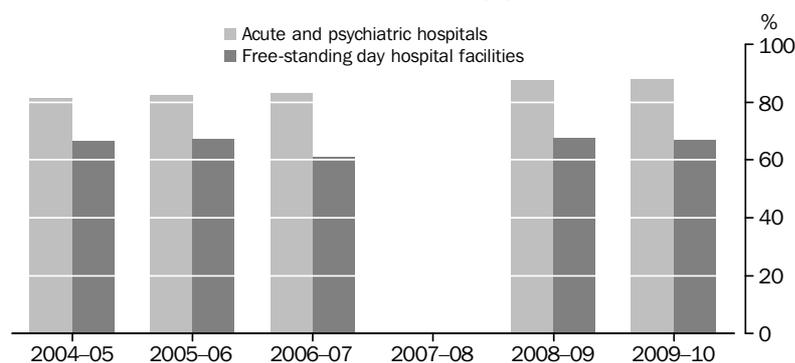
In 2009–10, the ratio of female to male patients remained stable compared to previous cycles. Females accounted for 55.2% of all patient separations for this cycle, and the 55–64 year age group having the highest rate for both males (21.1%) and females (17.6%).

*Insurance*

The proportion of patient separations reported as being covered by private hospital insurance remained at 83.0% in 2009–10, the same as in the 2008–09 reference period. Patient separations reported as being covered by private hospital insurance in private Acute and psychiatric hospitals increased by 0.5 percentage points to 88.1% since the 2008–09 cycle, while Free-standing day hospitals saw a decrease of 0.7 percentage points to 66.8%.

## Insurance continued

## PRIVATE HOSPITALS, Separations of patients with private hospital insurance(a): 2004–05 to 2009–10(b)



(a) For definition of insurance status see Glossary.

(b) Data for the 2007–08 reference year are not available. See Explanatory Note 4 for further information.

## Procedures performed

The total number of procedures increased between 2008–09 and 2009–10 to approximately 7.4 million, an increase of 1.2%. Of these procedures, over 5.7 million were performed in Acute and psychiatric hospitals and the remaining approximate 1.7 million procedures performed in Free-standing day hospitals.

The greatest proportion of procedures in private hospitals were in the category of non-invasive, cognitive and interventions n.e.c. (49.4%), followed by procedures on the digestive system (12.2%). Examples of non-invasive, cognitive and other 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 Acute and psychiatric and Free-standing day hospitals. For Acute and psychiatric hospitals, non-invasive, cognitive and other interventions n.e.c. accounted for 52.9% of all procedures performed in 2009–10, up from 49.4% in the previous cycle. The next most common procedures in Acute and psychiatric hospitals were on the digestive system (10.2%), the musculoskeletal system (6.4%) and procedures on the urinary system (3.7%). For Free-standing day hospitals, non-invasive, cognitive and other interventions n.e.c. accounted for the highest proportion of all procedures performed on patients in 2009–10 at 37.4%. This was followed by procedures on the digestive system (19.1%), procedures on the eye and adnexa (8.3%), and procedures on the urinary system (8.2%)

The most common principle diagnosis for patient separations from all private hospitals was factors influencing health status and contact with health services (25.0%). These data reflect 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 all patient separations was diseases of the digestive system (13.8%). In comparison with 2008–09, factors influencing health status and contact with health services rose by 1.2 percentage points in 2009–10, and diseases of the digestive system experienced a 0.6 of percentage point decrease.

*Mode of Patient Separation*

The majority of all patients (96.5%) were discharged to their place of usual residence in 2009–10, only a 0.6% decrease from the 2008–09 cycle. In 2009–10, a further 1.7% of patients were discharged to another hospital, and 0.4% died during their stay in hospital. These proportions remained stable compared to the previous cycle.

Private acute and psychiatric hospitals discharged 96.7% of patients to their usual residence, a similar figure to the 2008–09 cycle. Free-standing day hospitals released 96.1% of patients to their usual residence, a decrease of 2.0% since 2008–09.

**HOSPITAL CHARACTERISTICS**

*Income and Expenditure*

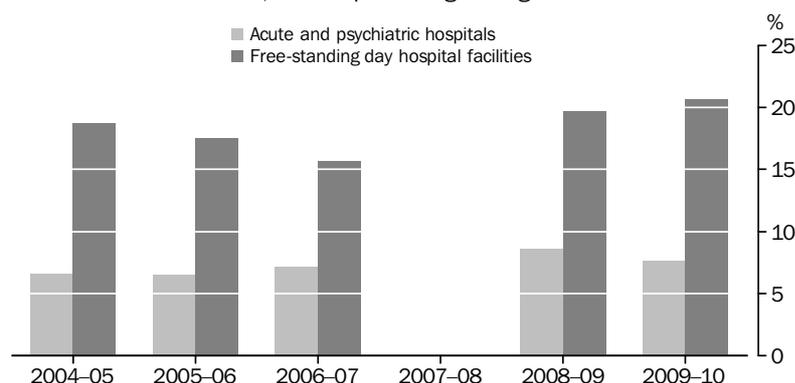
Hospital income continued to grow in 2009–10, with income totalling \$9,790 million, an increase from \$8,982 million in 2008–09. Total income from private Acute and psychiatric hospitals was \$9,044 million which accounted for 92.4% of all private hospital income. Total recurrent expenditure for all private hospitals increased by 9.9% to \$8,946 million in 2009–10 from \$8,137 million in 2008–09. For Acute and psychiatric hospitals, wages and salaries as a proportion of recurrent expenses remained steady at 51.6% in 2009–10; for Free-standing day hospitals the proportion increased 1.5% from 2008–09 to 41.1%.

The private hospital sector invested \$738 million in building and other capital assets in 2009–10, a 15.9% increase from the \$637 million reported in 2008–09. Acute and psychiatric hospitals increasing investment from \$589 million in 2008–09 to \$695 million in 2009–10; while Free-standing day hospital's investment decreased from \$48 million in 2008–09 to \$43 million in 2009–10.

*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 2009–10 was 7.6%, a decrease from 8.6% in 2008–09. The net operating margin for Free-standing day hospital facilities was higher at 20.6%, an increase from the previous cycle's net operating margin of 19.6%.

**PRIVATE HOSPITALS, Net operating margin: 2004–05 to 2009–10(a)**



(a) Data for the 2007–08 reference year are not available. See Explanatory Notes 4 for further information.

*Accreditation*

Hospital accreditation has been identified as an indicator of capability within the National Health Performance Framework (for further information refer to Australian Hospital Statistics 2008–09, produced by the Australian Institute of Health and Welfare (AIHW)). As at 30 June 2010, the main organisations used by hospitals to obtain accreditation were

*Accreditation continued* the Australian Council on Healthcare Standards (ACHS) (used by 309 hospitals) and Benchmark Certification (used by 81 hospitals).

**1.1**

## PRIVATE HOSPITALS, Summary–2009–10

	<i>Acute and psychiatric hospitals</i>	<i>Free standing day hospital facilities</i>	<i>All private hospitals</i>
.....			
Hospitals (no.)			
New South Wales	87	92	179
Victoria	78	83	161
Queensland	53	53	106
South Australia	30	25	55
Western Australia	22	35	57
Tasmania, Northern Territory and Australian Capital Territory(a)	9	14	23
<b>Australia</b>	<b>279</b>	<b>302</b>	<b>581</b>
Beds/Chairs (no.)(b)	24 926	2 822	27 748
Separations ('000)	2 731	860	3 591
Sex ('000)(c)			
Males	1 234	370	1 605
Females	1 496	478	1 974
Aged 65 and over (%)	37.9	39.0	38.1
Patient days ('000)			
Same-day patient(d)	1 561	860	2 421
Overnight-stay patient	6 019	—	6 019
Total	7 580	860	8 440
Operating theatres	1 037	295	1 332
Staff (no.)(e)	53 375	3 185	56 560
Income(f)			
Total (\$'000)	9 043 615	746 273	9 789 888
Patient revenue (%) (g)	96.0	96.4	96.0
Recurrent expenditure(h)			
Total (\$'000)	8 354 222	592 261	8 946 483
Wages and salaries, including on-costs (%)	51.6	41.1	50.9
Gross Capital expenditure (\$'000)(i)	695 066	43 136	738 202

— nil or rounded to zero (including null cells)

- (a) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.
- (b) Available beds/chairs (average for the year).
- (c) Excludes patients with sex not stated, therefore sum will not add to total separations.
- (d) Same-day patients are counted as having a stay of one day.
- (e) Staff numbers represented are full-time equivalent (average for the year). Full-time equivalent represents the sum of full-time staff and full-time equivalent of part-time staff. See Glossary for further information.
- (f) Income includes patient revenue, recoveries and other revenue such as investment income and income from charities, bequests, meals and accommodation but excludes revenue payments from state and territory governments. See Glossary for further information.
- (g) Includes revenue received by, and due to, the hospital in respect of patient liability for 'accommodation and other fees. See Glossary for further information.
- (h) Recurrent expenditure refers to expenditure on goods and services, which does not result in the creation or acquisition of fixed assets (new or second-hand). See Glossary for further information.
- (i) Gross capital expenditure refers to expenditure in a period on the acquisition or enhancement of an asset (excluding financial assets). See Glossary for further information.

**1.2**

## PRIVATE HOSPITALS, Separations—Patient insurance status(a)—Selected years.

	2005-06	2006-07	2007-08(b)	2008-09	2009-10
ACUTE AND PSYCHIATRIC HOSPITALS (%)					
Hospital insurance	82.5	83.1	na	87.6	88.1
No hospital insurance	14.3	11.8	na	11.4	10.5
<b>Total (c)</b>	<b>100.0</b>	<b>100.0</b>	na	<b>100.0</b>	<b>100.0</b>
FREE-STANDING DAY HOSPITAL FACILITIES (%)					
Hospital insurance	67.1	60.8	na	67.5	66.8
No hospital insurance	28.1	20.3	na	26.4	25.1
<b>Total (c)</b>	<b>100.0</b>	<b>100.0</b>	na	<b>100.0</b>	<b>100.0</b>
ALL PRIVATE HOSPITALS (%)					
Hospital insurance	79.4	78.5	na	83.0	83.0
No hospital insurance	17.0	13.6	na	14.9	14.0
<b>Total (c)</b>	<b>100.0</b>	<b>100.0</b>	na	<b>100.0</b>	<b>100.0</b>
ALL PATIENT SEPARATIONS ('000)					
Acute and psychiatric hospitals	2 344.9	2 419.5	na	2 599.7	2 730.6
Free-standing day hospital facilities	579.9	631.3	na	765.3	860.3
<b>All private hospitals(d)</b>	<b>2 924.8</b>	<b>3 050.8</b>	na	<b>3 365.0</b>	<b>3 590.8</b>

na not available

(a) For definition of patient insurance status, see Glossary.

(b) Data for the 2007–08 reference year are not available. See Explanatory Note 4 for further information.

(c) Total includes not stated or unknown.

(d) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

### 1.3 PRIVATE HOSPITALS, Separations—Patient age and sex—2009–10 .....

	ACUTE AND PSYCHIATRIC HOSPITALS			FREE-STANDING DAY HOSPITAL FACILITIES			ALL PRIVATE HOSPITALS		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
.....									
PROPORTION (%)									
Age group (years)									
0–4	2.7	1.5	2.0	1.0	0.4	0.6	2.3	1.2	1.7
5–14	2.2	1.5	1.8	1.2	0.9	1.0	1.9	1.3	1.6
15–24	4.9	5.5	5.2	3.5	8.3	6.2	4.6	6.2	5.4
25–34	5.2	11.6	8.7	4.8	11.3	8.5	5.1	11.5	8.7
35–44	8.4	14.0	11.5	8.5	14.1	11.7	8.5	14.0	11.5
45–54	13.0	14.4	13.8	14.2	13.1	13.6	13.3	14.1	13.7
55–64	21.1	17.5	19.1	21.0	17.8	19.2	21.1	17.6	19.2
65–74	20.3	15.0	17.4	22.7	16.4	19.2	20.8	15.3	17.8
75–84	15.7	13.1	14.3	18.6	13.4	15.7	16.4	13.2	14.6
85 and over	6.5	6.0	6.2	4.4	4.0	4.1	6.0	5.5	5.7
<b>Total(a)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Proportion of persons(b)	45.2	54.8	100.0	43.7	56.3	100.0	44.8	55.2	100.0
.....									
NUMBER ('000)									
<b>All separations(a)</b>	<b>1 234.4</b>	<b>1 496.1</b>	<b>2 730.6</b>	<b>370.3</b>	<b>477.8</b>	<b>860.3</b>	<b>1 604.8</b>	<b>1 973.9</b>	<b>3 590.8</b>
.....									

(a) The total may be greater than the sum of its components as it includes separations where age or sex not stated.

(b) Proportions exclude unknown age and gender.

**1.4**

## PRIVATE HOSPITALS, Separations—Principal diagnosis of patient(a)—2009–10 ..

	<i>Acute and psychiatric hospitals</i>	<i>Free-standing day hospital facilities</i>	<i>All private hospitals</i>
.....			
PROPORTION (%)			
Certain infectious and parasitic diseases	0.7	0.3	0.6
Neoplasms	8.8	8.3	8.7
Diseases of the blood and blood forming organs	0.9	1.2	1.0
Endocrine, nutritional and metabolic diseases	1.9	1.8	1.9
Mental and behavioural disorders	5.9	—	4.5
Diseases of			
Nervous system	3.2	0.5	2.5
Eye and adnexa	3.0	13.4	5.4
Ear and mastoid process	0.9	0.4	0.7
Circulatory system	5.5	2.3	4.7
Respiratory system	3.2	0.5	2.6
Digestive system	12.3	18.4	13.8
Skin and subcutaneous tissue	1.2	1.3	1.3
Musculoskeletal system and connective tissue	9.9	2.3	8.1
Genitourinary system	5.9	2.8	5.2
Pregnancy, childbirth and the puerperium	4.3	5.5	4.6
Certain conditions originating in the perinatal period	0.4	—	0.3
Congenital malformations, deformations, and chromosomal abnormalities	0.3	0.2	0.3
Symptoms, signs, and abnormal clinical and laboratory findings	5.6	5.3	5.5
Injury, poisoning and certain other consequences of external causes	3.6	0.9	3.0
Factors influencing health status and contact with health services	22.5	33.2	25.0
<b>Total (b)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
.....			
NUMBER ('000)			
<b>Separations</b>	<b>2 730.6</b>	<b>860.3</b>	<b>3 590.8</b>
.....			

— 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 14–17 for further information.

(b) The total may be greater than the sum of its components as it includes separations where diagnosis was not available.

## 1.5 PRIVATE HOSPITALS, Procedures(a)—2009–10

	<i>Acute and psychiatric hospitals</i>	<i>Free-standing day hospital facilities</i>	<i>All private hospitals</i>
.....			
PROPORTION (%)			
Procedures on			
Nervous system	2.0	1.4	1.9
Endocrine system	0.1	—	0.1
Eye and adnexa	1.4	8.3	3.0
Ear and mastoid process	0.4	0.2	0.4
Nose, mouth and pharynx	2.1	1.1	1.8
Dental services	2.1	4.8	2.7
Procedures on			
Respiratory system	0.6	—	0.4
Cardiovascular system	3.5	0.8	2.9
Blood and blood-forming organs	0.3	0.1	0.3
Digestive system	10.2	19.1	12.2
Urinary system	3.7	8.2	4.7
Male genital organs	0.9	0.5	0.8
Gynaecological procedures	3.2	5.9	3.9
Obstetric procedures	2.6	—	2.0
Procedures of musculoskeletal system	6.4	1.4	5.3
Dermatological and plastic procedures	3.5	5.8	4.0
Procedures on breast	0.6	0.4	0.6
Chemotherapeutic and radiation oncology procedures	0.1	—	—
Non-invasive, cognitive and interventions n.e.c.	52.9	37.4	49.4
Imaging services	3.3	0.3	2.6
<b>Total procedures (b)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
.....			
NUMBER ('000)			
<b>Total procedures</b>	<b>5 738.1</b>	<b>1 679.7</b>	<b>7 417.9</b>
.....			

— 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 14–17 for further information.

(b) The total may be greater than the sum of its components as it includes separations where type of procedure was not available.

## 1.6 PRIVATE HOSPITALS, Mode of patient separation—2009–10

	DISCHARGE OR TRANSFER TO			OTHER			Total separations(d)
	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	719.1	1.4	13.9	2.3	1.0	4.6	742.3
Victoria	680.4	3.2	18.2	3.5	0.8	3.1	709.3
Queensland	608.7	1.1	6.0	4.5	0.3	6.1	626.9
South Australia	203.4	1.1	4.2	1.2	0.1	0.7	210.6
Western Australia	np	np	np	np	np	np	np
Tasmania, Northern Territory & Australian Capital Territory(e)	np	np	np	np	np	np	np
<b>Australia</b>	<b>2 639.6</b>	<b>8.6</b>	<b>46.8</b>	<b>14.2</b>	<b>2.6</b>	<b>18.8</b>	<b>2 730.6</b>
FREE-STANDING DAY HOSPITAL FACILITIES							
<b>Australia</b>	<b>826.7</b>	np	<b>14.5</b>	np	<b>0.1</b>	<b>0.1</b>	<b>860.3</b>
ALL PRIVATE HOSPITALS							
<b>Australia(d)</b>	<b>3 466.3</b>	<b>8.6</b>	<b>61.3</b>	<b>14.2</b>	<b>2.7</b>	<b>18.8</b>	<b>3 590.8</b>

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

(a) Defined as 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 other health care accommodation, statistical discharge and not stated. For definition of statistical discharge, see Glossary.

(d) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

(e) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

## 1.7 PRIVATE HOSPITALS, Accreditation/Certification status(a)(b)—States and Territories—2009–10

	ACHS (c)		BENCHMARK CERTIFICATION		OTHER (d)		All private hospitals
	Accredited hospitals	Non-accredited hospitals	Accredited hospitals	Non-accredited hospitals	Accredited hospitals	Non-accredited hospitals	
	no.	no.	no.	no.	no.	no.	
ACUTE AND PSYCHIATRIC HOSPITALS							
New South Wales	44	43	13	74	36	51	87
Victoria	61	17	6	72	15	63	78
Queensland	42	11	6	47	7	46	53
South Australia	22	8	np	np	np	np	30
Western Australia	19	3	—	22	5	17	22
Tasmania, Northern Territory & Australian Capital Territory(e)	9	—	np	np	np	np	9
<b>Australia</b>	<b>197</b>	<b>82</b>	<b>27</b>	<b>252</b>	<b>72</b>	<b>207</b>	<b>279</b>
FREE-STANDING DAY HOSPITAL FACILITIES							
New South Wales	39	53	19	73	42	50	92
Victoria	20	63	18	65	42	41	83
Queensland	20	33	7	46	26	27	53
South Australia	12	13	np	np	np	np	25
Western Australia	12	23	9	26	10	25	35
Tasmania, Northern Territory & Australian Capital Territory(e)	9	5	np	np	np	np	14
<b>Australia</b>	<b>112</b>	<b>190</b>	<b>54</b>	<b>248</b>	<b>140</b>	<b>162</b>	<b>302</b>
ALL PRIVATE HOSPITALS							
New South Wales	83	96	32	147	78	101	179
Victoria	81	80	24	137	57	104	161
Queensland	62	44	13	93	33	73	106
South Australia	34	21	np	np	21	34	55
Western Australia	31	26	9	48	15	42	57
Tasmania, Northern Territory & Australian Capital Territory(e)	18	5	np	np	8	15	23
<b>Australia</b>	<b>309</b>	<b>272</b>	<b>81</b>	<b>500</b>	<b>212</b>	<b>369</b>	<b>581</b>

— nil or rounded to zero (including null cells)

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

(a) Private hospitals can be accredited with more than one organisation.

(b) As at 30 June 2010.

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

(d) Accreditation or certification with other body. For definition of accredited/certified hospitals, see Glossary.

(e) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

**HOSPITALS**

The number of private Acute and psychiatric hospitals across Australia remained at 279 in 2009–10, the same number as in 2008–09.

**BEDS**

The average number of beds available in Acute and psychiatric hospitals during 2009–10 was 24,926, 1.0% higher than in 2008–09 when there were 24,685 beds available.

Acute and psychiatric hospitals operated by religious or charitable institutions provided 42.8% (10,661) of available beds during 2009–10. Of these, 76.9% (8,193) were located within capital cities. Acute and psychiatric hospitals operated by religious or charitable institutions were more likely to be larger, in terms of number of beds, accounting for 62.5% of hospitals with over 200 beds, 41.1% of hospitals with 101–200 beds and 23.2% of the 112 hospitals with up to 50 beds.

Capital City Statistical Divisions accounted for 74.5% of all available beds in Acute and psychiatric hospitals in Australia in the 2009–10 cycle, similar to 2008–09. At the same time, over 15.1 million (68.6%) of Australia's population lived in these areas (see Regional Population Growth, Australia cat. no. 3218.0). Since the 2008–09 cycle, there has been an increase in the average number of beds available in the capital cities by 151 beds, while a smaller increase of 90 beds was reported in regional Australia.

The occupancy rate in Acute and psychiatric hospitals for 2009–10 was 83.3%, compared with 81.8% in 2008–09. The occupancy rate was higher in hospitals located in the Capital City Statistical Divisions (85.6%), compared with 76.5% in the rest of Australia. This was an increase on the previous cycle where 83.9% and 75.7% were recorded for Capital City Statistical Division and the Rest of Australia respectively.

**PATIENT SEPARATIONS**

In 2009–10, there were over 2.7 million patient separations from Acute and psychiatric hospitals, an increase of 5.0% since 2008–09. During 2009–10, almost 7.6 million patient days were provided in Acute and psychiatric hospitals, up 2.8% from 2008–09.

Same day patient separations from Acute and psychiatric hospitals accounted for 57.2% of all patient separations (approximately 1.6 million) in 2009–10, with the remaining number of almost 1.2 million separations relating to overnight-stay patients.

The average length of stay for all patients (same-day and overnight-stay) in Acute and psychiatric hospitals was 2.8 days in 2009–10, comparable to 2008–09 (2.8 days). For overnight-stay patients only, the average length of stay decreased to 5.1 days in 2009–10 from 5.3 days in 2008–09.

**PATIENT CHARACTERISTICS**

*Insurance status*

During 2009–10, 88.1% of patient separations from Acute and psychiatric hospitals carried hospital insurance. This proportion was a slight increase on the 87.6% of insured patients in 2008–09. There were over 2.4 million separations for insured patients in 2009–10, compared to approximately 286,000 non-insured patients.

HOSPITAL  
CHARACTERISTICS

In 2009–10, there were 193 Acute and psychiatric hospitals with operating theatres, a decrease of two from 2008–09. These hospitals represented a total of 1037 operating theatres, 78 greater than the previous cycle. New South Wales had 32.8% of Australia's operating theatres, while the percentages were 24.5% in Victoria, and 21.8% in Queensland. The average number of sessions per operating theatre per week was 7.0 with an average of 36.6 hours of theatre time used.

There were 247 dedicated day surgery theatres in Acute and psychiatric hospitals in 2009–10, 46 more than in 2008–09. Of these, 70.0% are located in New South Wales (21.9%), Victoria (28.7%) and Queensland (19.4%). Per theatre per week, the average number of sessions was 5.7, and the average theatre time used was 19.4 hours.

In 2009–10, there were 41 Acute and psychiatric hospitals in Australia which offered accident and emergency services. This was an increase of two hospitals when compared to 2008–09, and an increase of 26,000 occasions of service. Among the states, Victoria had the largest number of hospitals with accident and emergency services with 14 (an increase of 3 since 2008–09), followed by Queensland with 10 (the same as reported in 2008–09).

In 2009–10 there were 2.1 million occasions of service in non-admitted patients services in Acute and psychiatric private hospitals in Australia. Of these the most common services provided were Accident and emergency (527,000 occasions of service), Allied health services (468,000), and Pathology (253,000).

STAFF

The number of full-time equivalent staff employed at Acute and psychiatric hospitals in Australia during 2009–10 was 53,375, an increase of 8.0% from the 2008–09 cycle (49,415). Nursing staff (30,568) accounted for 57.3% of total staff, and averaged 1.5 per occupied bed in 2009–10, the same figure observed in 2008–09. Administrative and clerical staff accounted for 15.3%, and Salaried medical officers and other diagnostic professionals accounted for 7.2% of total staff.

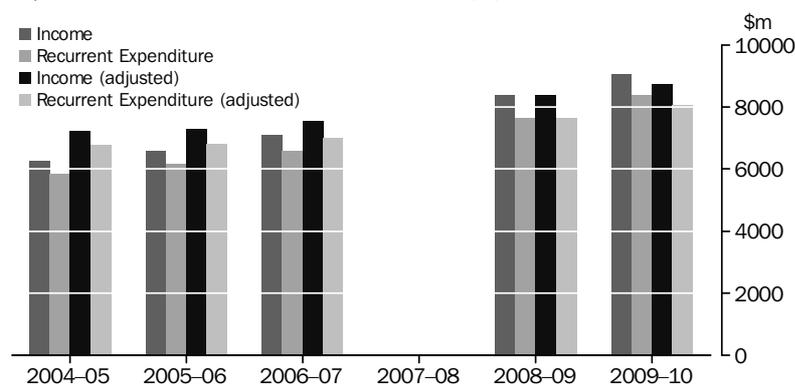
INCOME

Income received by Acute and psychiatric hospitals in Australia during 2009–10 amounted to \$9,044 million, an increase of 8.3% over the 2008–09 cycle. Patient revenue accounted for 96.0% of all income generated by Acute and psychiatric hospitals in 2009–10.

When income is adjusted to remove the effects of price changes over the period, the average annual increase over the five years from 2004–05 (\$7,225 million) to 2009–10 (\$8,719 million) was 3.8%. This excluded 2007–08, because the Private Health Establishments Collection was not undertaken for the cycle. For further information on the use of chain volume measures to adjust income and expenditure, see Explanatory Note 23.

INCOME *continued*

## ACUTE AND PSYCHIATRIC PRIVATE HOSPITALS, Income and expenditure: 2004–05 to 2009–10(a)



(a) Data for the 2007–08 reference period are not available. See Explanatory Note 4 for further information.

## EXPENDITURE

Recurrent expenditure for Acute and psychiatric hospitals for the 2009–10 cycle amounted to \$8,354 million, a 9.5% increase over the previous cycle. This rise in percentage was higher than the annual average increase in the five years from 2004–05 of 7.4%.

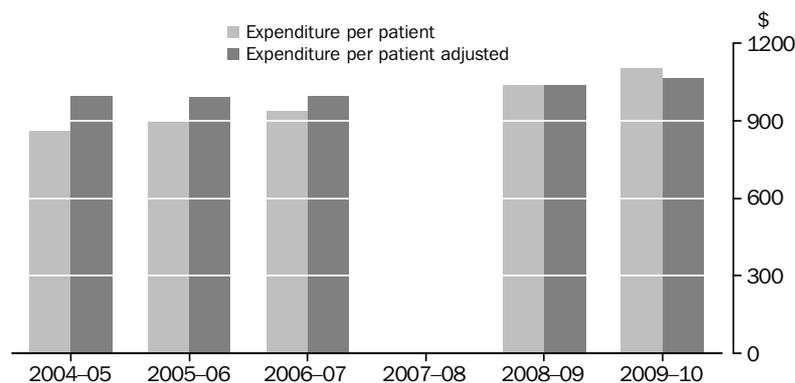
When recurrent expenditure is adjusted to remove the effects of price changes over the period, the average annual increase over the five years from 2004–05 (\$6,751 million) to 2009–10 (\$8,054 million) was 3.6%. This excluded 2007–08, because the Private Health Establishments Collection was not undertaken for the cycle. For further information on the use of chain volume measures to adjust income and expenditure, see Explanatory Note 23.

Wages and salaries (including on-costs such as employer contributions to superannuation and payroll tax) represented 51.6% of recurrent expenditure in 2009–10, comparable with the previous cycle. The next largest component of recurrent expenditure was Drug, medical and surgical supplies, which accounted for 27.7% of the total. This proportion was similar to the figure reported in 2008–09.

The average expenditure per patient day was \$1,102 in 2009–10 compared with \$1,035 in 2008–09. These average costs have increased from \$859 in 2004–05. Over the past five years from 2004–05 (\$993) to 2009–10 (\$1,062) the average increase in expenditure per patient day in adjusted terms was 1.4%. This excluded 2007–08, because the Private Health Establishment Collection was not undertaken for the cycle.

EXPENDITURE  
*continued*

ACUTE AND PSYCHIATRIC PRIVATE HOSPITALS, Expenditure per patient: 2004-05 to 2009-10(a)



(a) Data for the 2007-08 reference period are not available. See Explanatory Note 4 for further information.

The average cost per patient day rises as hospital size increases. This reflects 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, as well as administrative expenses, maintenance and food supplies. In 2009-10, recurrent expenditure per patient day (unadjusted for price changes) at Acute and psychiatric hospitals with over 200 beds was \$1,316 compared with the average of \$684 for hospitals with 26-50 beds.

There were considerable differences in the average recurrent expenditure per patient day between the 'Profit' and 'Not for profit' sectors. Religious or charitable hospitals had the highest average costs per patient day (\$1,248) in 2009-10. Other non-profit hospitals (comprising bush nursing, community and memorial hospitals) and hospitals operated for profit had lower average costs per patient day (\$1,044 and \$994 respectively).

Gross capital expenditure for Acute and psychiatric hospitals during 2009-10 increased by 18.1% over the previous cycle to \$695 million and represented 8.3% of the total expenditure for the year. 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 on a regular basis.

## 2.1 PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Summary—Selected years .....

	1999-2000	2004-05	2005-06	2006-07	2007-08(a)	2008-09	2009-10
Hospitals (no.)							
New South Wales	86	82	85	85	na	85	87
Victoria	86	81	83	82	na	77	78
Queensland	56	54	56	57	na	54	53
South Australia	32	31	31	30	na	30	30
Western Australia	28	24	24	23	na	21	22
Tasmania, Northern Territory & ACT(b)	14	13	12	12	na	12	9
<b>Australia</b>	<b>302</b>	<b>285</b>	<b>291</b>	<b>289</b>	na	<b>279</b>	<b>279</b>
Beds (no.)(c)							
Capital City Statistical Divisions	17 202	17 916	17 685	18 095	na	18 408	18 559
Rest of Australia	6 463	6 430	6 428	6 332	na	6 277	6 367
<b>Total</b>	<b>23 665</b>	<b>24 346</b>	<b>24 113</b>	<b>24 427</b>	na	<b>24 685</b>	<b>24 926</b>
Separations ('000)							
Same-day patients	857	1 209	1 269	1 323	na	1 482	1 561
Overnight-stay patients	942	1 030	1 076	1 096	na	1 118	1 170
<b>Total(d)</b>	<b>1 799</b>	<b>2 238</b>	<b>2 345</b>	<b>2 420</b>	na	<b>2 600</b>	<b>2 731</b>
Patient Days ('000)							
Same-day patients(e)	857	1 209	1 269	1 323	na	1 482	1 561
Overnight-stay patients	5 375	5 590	5 624	5 714	na	5 892	6 019
<b>Total(d)</b>	<b>6 232</b>	<b>6 799</b>	<b>6 893</b>	<b>7 037</b>	na	<b>7 374</b>	<b>7 580</b>
Average length of stay (no.)							
Overnight-stay patients	5.7	5.4	5.2	5.2	na	5.3	5.1
<b>All patients</b>	<b>3.5</b>	<b>3.0</b>	<b>2.9</b>	<b>2.9</b>	na	<b>2.8</b>	<b>2.8</b>
Bed occupancy rate (%) (f)							
Overnight-stay patients	62.1	62.9	63.9	64.1	na	65.4	66.2
<b>All patients</b>	<b>72.0</b>	<b>76.5</b>	<b>78.3</b>	<b>78.9</b>	na	<b>81.8</b>	<b>83.3</b>
Staff (no.)(g)	43 120	46 458	47 770	46 718	na	49 415	53 375
Income(h)							
Total (\$'000)	4 012 135	6 248 507	6 591 077	7 082 477	na	8 353 310	9 043 615
Patient revenue (%) (i)	90.6	95.0	95.6	96.2	na	95.1	96.0
Recurrent expenditure(j)							
Total (\$'000)	3 794 034	5 838 895	6 159 509	6 581 711	na	7 631 728	8 354 222
Wages and salaries, including on-costs (%)	57.2	51.1	51.8	51.7	na	51.4	51.6
Per patient day (\$)	609	859	894	935	na	1 035	1 102
Gross capital expenditure (k) (\$'000)							
	325 254	309 281	370 132	439 718	na	588 772	695 066

na not available

(a) Data for the 2007-08 reference year are not available. See Explanatory Note 4 for further information.

(b) Tasmania, the Northern Territory and the Australian Capital Territory (ACT) have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

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

(d) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

(e) Same-day patients are counted as having a stay of one day.

(f) Calculated by dividing patient days by the product of average number of beds and the number of days in the year and expressed as a percentage. See Glossary for further information.

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

(h) Income includes patient revenue, recoveries and other revenue such as investment income and income from charities, bequests, meals and accommodation but excludes revenue payments from state and territory governments. See Glossary for further information.

(i) Includes revenue received by, and due to, the hospital in respect of patient liability for accommodation and other fees. See Glossary for further information.

(j) Recurrent expenditure refers to expenditure on goods and services, which does not result in the creation or acquisition of fixed assets (new or second-hand). See Glossary for further information.

(k) Gross capital expenditure refers to expenditure in a period on the acquisition or enhancement of an asset (excluding financial assets). See Glossary for further information.

## 2.2 PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Numbers and beds—States and territories—2009–10

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(a)	Australia
HOSPITALS (NO.)							
Type							
Acute	78	72	49	np	np	np	255
Psychiatric	9	6	4	np	np	np	24
<b>Total acute and psychiatric</b>	<b>87</b>	<b>78</b>	<b>53</b>	<b>30</b>	<b>22</b>	<b>9</b>	<b>279</b>
Location							
Capital City Statistical Division	59	58	21	21	np	np	183
Rest of state/territory	28	20	32	9	np	np	96
Hospital size							
0–25 beds	13	13	9	9	np	np	48
26–50 beds	21	20	7	8	np	np	64
51–100 beds	36	22	16	7	np	np	87
101–200 beds	13	19	14	np	3	np	56
Over 200 beds	4	4	7	np	6	np	24
BEDS (NO.)							
Available beds(b)							
Acute hospitals	6 083	6 136	5 576	np	np	np	23 465
Psychiatric hospitals	501	420	301	np	np	np	1 461
<b>Total beds</b>	<b>6 584</b>	<b>6 556</b>	<b>5 877</b>	<b>1 889</b>	<b>np</b>	<b>np</b>	<b>24 926</b>
Location							
Capital City Statistical Division	4 707	5 407	3 211	1 755	np	np	18 559
Rest of state/territory	1 877	1 149	2 666	134	np	np	6 367
PROPORTION OF ALL PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS (%)							
Hospitals	31.2	28.0	19.0	10.8	7.9	3.2	100.0
Available beds(c)	26.4	26.3	23.6	7.6	np	np	100.0

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

(a) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

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

(c) Average for the year.

**2.3**

## PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS(a), Numbers and beds—For profit/not for profit sector(a)—2009–10

## NOT FOR PROFIT

	<i>For profit</i>	<i>Religious or charitable</i>	<i>Other(b)</i>	<i>Total</i>
HOSPITALS (NO.)				
New South Wales	67	np	np	87
Victoria	46	25	7	78
Queensland	27	np	np	53
South Australia	7	8	15	30
Western Australia	np	9	np	22
Tasmania, Northern Territory & Australian Capital Territory(c)	np	np	np	9
<b>Australia</b>	<b>162</b>	<b>88</b>	<b>29</b>	<b>279</b>
Location				
Capital City Statistical Divisions	116	55	12	183
Rest of Australia	46	33	17	96
Hospital size(d)				
0–25 beds	17	14	17	48
26–50 beds	47	12	5	64
51–100 beds	58	24	5	87
101–200 beds	np	23	np	56
Over 200 beds	np	15	np	24
BEDS (NO.)				
Available beds(e)				
Capital City Statistical Divisions	9 567	8 193	799	18 559
Rest of Australia	3 604	2 468	295	6 367
<b>Total beds</b>	<b>13 171</b>	<b>10 661</b>	<b>1 094</b>	<b>24 926</b>

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

(a) For definition of 'For Profit/not for profit sector', see Glossary.

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

(c) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

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

(e) Average for the year.

## 2.4 PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, States and territories, 2008–09 to 2009–10

	<i>Patient Separations</i>		<i>Patient Days</i>		<i>Average length of stay</i>	<i>Bed occupancy rate (a)</i>
	'000	%	'000	%	Days	%
2008–09						
New South Wales	683	26.3	1 901	25.8	2.8	83.1
Victoria	659	25.4	1 941	26.3	2.9	79.6
Queensland	596	22.9	1 792	24.3	3.0	85.9
South Australia	208	8.0	573	7.8	2.8	84.7
Western Australia	331	12.7	848	11.5	2.6	77.2
Tasmania, Northern Territory and Australian Capital Territory(b)	123	4.7	319	4.3	2.6	75.3
<b>Australia(c)</b>	<b>2 600</b>	<b>100.0</b>	<b>7 374</b>	<b>100.0</b>	<b>2.8</b>	<b>81.8</b>
Location						
Capital City Statistical Divisions	1 954	75.2	5 640	76.5	2.9	83.9
Rest of Australia	645	24.8	1 734	23.5	2.7	75.7
2009–10						
New South Wales	742	27.2	2 026	26.7	2.7	84.3
Victoria	709	26.0	2 028	26.8	2.9	84.7
Queensland	627	23.0	1 835	24.2	2.9	85.5
South Australia	211	7.7	561	7.4	2.7	81.3
Western Australia	np	np	np	np	np	np
Tasmania, Northern Territory and Australian Capital Territory(b)	np	np	np	np	np	np
<b>Australia(c)</b>	<b>2 731</b>	<b>100.0</b>	<b>7 580</b>	<b>100.0</b>	<b>2.8</b>	<b>83.3</b>
Location						
Capital City Statistical Divisions	2 055	75.3	5 801	76.5	2.8	85.6
Rest of Australia	676	24.7	1 779	23.5	2.6	76.5

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

(a) Calculated by dividing patient days by the product of average number of beds and the number of days in the year and expressed as a percentage. See Glossary for more information.

(b) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

(c) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

**2.5**

## PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, For profit/not for profit sector and hospital size—2009–10

	<i>Patient Separations</i> .....		<i>Patient Days</i> .....		<i>Average length of stay</i>	<i>Bed occupancy rate(a)</i>
	'000	%	'000	%	Days	%
FOR PROFIT/NOT FOR PROFIT SECTOR (b)						
For profit	1 517	55.6	4 131	54.5	2.7	85.9
Not for profit						
Religious or charitable	1 122	41.1	3 177	41.9	2.8	81.6
Other(c)	92	3.4	271	3.6	3.0	67.9
<b>Total(d)</b>	<b>2 731</b>	<b>100.0</b>	<b>7 580</b>	<b>100.0</b>	<b>2.8</b>	<b>83.3</b>
HOSPITAL SIZE (e)						
0–25 beds	58	2.1	134	1.8	2.3	66.3
26–50 beds	229	8.4	621	8.2	2.7	69.9
51–100 beds	666	24.4	1 869	24.7	2.8	81.5
101–200 beds	908	33.2	2 377	31.4	2.6	82.4
Over 200 beds	869	31.8	2 578	34.0	3.0	91.2
<b>Total</b>	<b>2 731</b>	<b>100.0</b>	<b>7 580</b>	<b>100.0</b>	<b>2.8</b>	<b>83.3</b>

(a) Calculated by dividing patient days by the product of average number of beds and the number of days in the year and expressed as a percentage. See Glossary for further information.

(b) For definition of 'For Profit/not for profit sector', see Glossary.

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

(d) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

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

**2.6** PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Operating and day surgery theatres—States and territories—2009–10(a)

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(b)	Aust.
<b>Operating theatres</b>							
Hospitals with these theatres (no.)	60	49	38	22	16	8	193
Theatres (no.)	340	254	226	83	np	np	1 037
Average number of sessions(c)	6.3	7.5	7.1	7.6	np	np	7.0
Average theatre time used (hours)(c)	51.2	30.4	27.9	28.8	29.6	33.5	36.6
Nurses (no.)	1 781	1 912	1 349	488	np	np	6 417
<b>Day surgery theatres</b>							
Hospitals with these theatres (no.)	22	29	24	13	np	np	103
Theatres (no.)	54	71	48	23	np	np	247
Average number of sessions(c)	5.9	5.1	7.1	4.1	np	np	5.7
Average theatre time used (hours)(c)	21.4	21.3	21.3	15.2	np	np	19.4
Nurses (no.)	162	520	194	150	np	np	1 214

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

(a) Details are for the last week of the pay period ending on or before 30 June 2010.

(b) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

(c) Per theatre per week.

**2.7**

## PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Patient insurance

status(a)—States and territories—2009–10

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(b)	Aust. (c)
PATIENT SEPARATIONS ('000)							
Hospital insurance	653.6	595.3	579.2	200.3	np	np	2 405.9
No hospital insurance	77.5	105.0	46.8	10.1	38.2	8.8	286.3
<b>Total(d)</b>	<b>742.3</b>	<b>709.3</b>	<b>626.9</b>	<b>210.6</b>	np	np	<b>2 730.6</b>
PATIENT SEPARATIONS (%)							
Hospital insurance	88.1	83.9	92.4	95.1	np	np	88.1
No hospital insurance	10.4	14.8	7.5	4.8	np	np	10.5
<b>Total(d)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	np	np	<b>100.0</b>
AVERAGE LENGTH OF STAY (DAYS)							
Hospital insurance	2.7	2.7	2.9	2.7	np	np	2.7
No hospital insurance	2.6	3.3	2.7	2.7	3.6	1.6	3.0
<b>Total(d)</b>	<b>2.7</b>	<b>2.9</b>	<b>2.9</b>	<b>2.7</b>	np	np	<b>2.8</b>

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

(a) For definition of patient insurance status, see Glossary.

(b) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

(c) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

(d) Total includes patient separations where insurance status is not stated.

**2.8** PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Selected specialised wards and units—States and territories—2009–10

	<i>Labour wards</i>	<i>Psychiatric Wards/Drug and Alcohol Units(a)</i>	<i>Special care units(b)</i>	<i>Emergency departments(c)</i>	<i>Dedicated day surgery unit</i>
	no.	no.	no.	no.	no.
<b>Hospitals with specialised wards or units</b>					
New South Wales	18	17	58	4	38
Victoria	19	14	43	6	36
Queensland	15	11	33	8	29
South Australia	6	np	17	np	11
Western Australia	9	6	15	3	9
Tasmania, Northern Territory & Australian Capital Territory(d)	6	np	6	np	7
<b>Australia</b>	<b>73</b>	<b>53</b>	<b>172</b>	<b>26</b>	<b>130</b>

- np not available for publication but included in totals where applicable, unless otherwise indicated
- (a) Number of hospitals with a psychiatric unit and/or drug and alcohol unit.
- (b) Including 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. For definition of emergency departments, see Glossary.
- (d) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

## 2.9 PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Specialised facilities—States and territories—2009–10

	HOSPITALS						
	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(a)	Aust.
	no.	no.	no.	no.	no.	no.	no.
Neonatal intensive care unit	18	13	14	5	8	5	63
Separate intensive care unit (ICU)	15	10	13	np	3	np	45
Separate coronary care unit (CCU)	11	11	8	np	3	np	37
Combined ICU/CCU	3	6	7	np	np	np	22
High dependency unit	17	21	8	7	np	np	56
Obstetric/maternity service	20	20	14	6	9	6	75
Specialised paediatric service	10	8	10	—	np	np	34
Cardiac surgery unit	4	8	6	np	np	—	22
Maintenance renal dialysis	3	np	np	np	3	—	12
Psychiatric unit/ward	17	12	10	np	6	np	50
Oncology unit	13	17	22	np	7	np	68
Rehabilitation unit	31	19	14	3	np	np	75
Sleep centre	18	14	17	np	5	np	60
Residential aged care service(b)	—	—	np	np	—	—	4
Geriatric assessment unit	—	np	4	np	np	np	9
Domiciliary care service	np	np	—	—	—	—	3
Hospice/palliative care unit	np	np	8	6	8	—	28
Dedicated day surgery unit	38	36	29	11	9	7	130
Other specialised units/wards(c)	26	29	30	6	np	np	102
<b>All private acute and psychiatric hospitals(d)</b>	<b>82</b>	<b>69</b>	<b>49</b>	<b>24</b>	<b>20</b>	<b>9</b>	<b>253</b>

— nil or rounded to zero (including null cells)

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

(a) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

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

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

(d) Not every hospital has specialised units or wards, however some hospitals have more than one type of specialised unit or ward and so are counted in more than one row.

**2.10** PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Non-admitted patient services—2009–10

	<i>Number of hospitals</i>	<i>Occasions of service</i>
	no.	'000
Accident and emergency(a)	41	526.9
Medical/surgical/diagnostic		
Dialysis	3	10.9
Radiology and organ imaging	8	139.6
Endoscopy	np	np
Pathology	12	253.4
Other	15	113.1
Mental health	14	15.6
Alcohol and drug	np	np
Pharmacy	np	np
Allied health services	44	468.3
Outreach services		
Community Health services	12	97.6
District nursing services	np	np
Other outreach services	12	62.8
Other	25	222.9
<b>Total(b)</b>	<b>111</b>	<b>2 076.7</b>

- 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) Not every hospital has specialised units or wards, however some hospitals have more than one type of specialised unit or ward and so are counted in more than one row.

**2.11**

## PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Number of staff and average staff per bed(a)—States and territories—2009–10

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(b)	Aust.
NUMBER OF STAFF							
Nursing staff							
Registered nursing staff	6 264	7 316	5 963	1 853	np	np	25 676
Other nursing staff(c)	1 270	1 307	1 155	448	np	np	4 892
<b>Total</b>	<b>7 533</b>	<b>8 622</b>	<b>7 118</b>	<b>2 301</b>	np	np	<b>30 568</b>
Salaried medical officers and other diagnostic health professionals	1 024	1 342	616	192	586	83	3 842
Administrative and clerical	1 968	2 181	2 110	519	np	np	8 182
Domestic and other staff	2 863	3 071	2 400	701	np	np	10 782
<b>Total staff(d)</b>	<b>13 388</b>	<b>15 216</b>	<b>12 244</b>	<b>3 713</b>	np	np	<b>53 375</b>
AVERAGE NUMBER OF STAFF PER OCCUPIED BED(e)							
Nursing staff(f)							
Registered nursing staff	1.1	1.3	1.2	1.2	np	np	1.2
Other nursing staff(c)	0.2	0.2	0.2	0.3	np	np	0.2
<b>Total</b>	<b>1.4</b>	<b>1.6</b>	<b>1.4</b>	<b>1.5</b>	np	np	<b>1.5</b>
Other(g)	1.1	1.2	1.0	0.9	np	np	1.1
<b>Total staff(d)</b>	<b>2.4</b>	<b>2.7</b>	<b>2.4</b>	<b>2.4</b>	np	np	<b>2.6</b>

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

(a) Full-time equivalent staff. Full-time equivalent represents the sum of full-time staff and the full-time equivalent of part-time staff. See Glossary for further details.

(b) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

(c) Including enrolled nurses.

(d) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

(e) Calculated by dividing the number of FTE staff by the number of occupied beds. The number of occupied beds is calculated by multiplying the number of average available beds by the occupancy rate. See Occupancy rate in Glossary for more information.

(f) Includes nurses in operating and day theatres, labour wards, psychiatric units, alcohol and drug rehabilitation units, other special care units, and emergency departments and units.

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

**2.12** PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Income—States and territories—2009–10

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(a)	Aust.
Income (\$'000)							
Patient revenue(b)	2 323 901	2 298 458	1 971 315	np	1 176 303	np	8 679 434
Recoveries	34 516	37 007	61 077	np	21 943	np	176 919
Other(c)	44 232	34 939	55 696	np	41 064	np	187 262
<b>Total(d)</b>	<b>2 402 649</b>	<b>2 370 403</b>	<b>2 088 088</b>	np	<b>1 239 309</b>	np	<b>9 043 615</b>
Patient revenue as a proportion of total income (%)	96.7	97.0	94.4	np	94.9	np	96.0

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

(a) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

(b) Includes revenue received by, and due to, the hospital in respect of patient liability for accommodation and other fees. See Glossary for further information.

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

(d) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

**2.13** PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Income—For profit/not for profit sector(a)—2009–10

	NOT FOR PROFIT			Total
	For profit	Religious or charitable	Other(b)	
Income (\$'000)				
Patient revenue(c)	4 482 286	3 930 148	267 000	8 679 434
Recoveries	np	102 388	np	176 919
Other(d)	np	126 542	np	187 262
<b>Total income(e)</b>	<b>4 605 133</b>	<b>4 159 079</b>	<b>279 403</b>	<b>9 043 615</b>
Patient revenue as a proportion of total income (%)	97.3	94.5	95.6	96.0

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

- (a) For definition of 'For Profit/not for profit sector', see Glossary.
- (b) Comprising bush nursing, community and memorial hospitals.
- (c) Includes revenue received by, and due to, the hospital in respect of patient liability for accommodation and other fees. See Glossary for further information.
- (d) Includes investment income, income from charities, bequests, visitors' meals, and accommodation and kiosk sales.
- (e) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

**2.14**

## PRIVATE ACUTE &amp; PSYCHIATRIC HOSPITALS, Income—Hospital size(a)—2009–10

	NUMBER OF BEDS					
	0–25	26–50	51–100	101–200	Over 200	Total(b)
Income (\$'000)						
Patient revenue(c)	111 514	440 116	1 647 883	2 971 965	3 507 956	8 679 434
Recoveries	3 241	9 053	36 840	59 099	68 686	176 919
Other(d)	6 657	4 572	19 920	51 172	104 941	187 262
<b>Total(b)</b>	<b>121 413</b>	<b>453 740</b>	<b>1 704 643</b>	<b>3 082 236</b>	<b>3 681 583</b>	<b>9 043 615</b>
Patient revenue as a proportion of total income (%)	91.8	97.0	96.7	96.4	95.3	96.0

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

(b) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

(c) Includes revenue received by, and due to, the hospital in respect of patient liability for accommodation and other fees. See Glossary for further information.

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

## 2.15 PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Expenditure—State and territories—2009–10

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(a)	Aust.
Recurrent expenditure (\$'000)(b)							
Wages and salaries including on-costs	1 122 228	1 163 572	969 410	np	594 629	np	4 309 150
Drug, medical and surgical supplies(c)	671 436	596 260	496 981	np	283 935	np	2 316 893
Food supplies	30 595	31 199	23 766	np	16 197	np	111 706
Other domestic services	39 397	27 808	33 635	np	18 574	np	132 654
Administrative expenses	152 165	147 935	111 477	46 795	51 250	17 016	526 638
Repairs and maintenance	33 942	21 914	28 856	8 930	13 801	2 884	110 326
Other(d)	205 086	212 502	229 149	np	110 307	np	846 854
<b>Total(e)</b>	<b>2 254 848</b>	<b>2 201 191</b>	<b>1 893 274</b>	np	<b>1 088 693</b>	np	<b>8 354 222</b>
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	49.8	52.9	51.2	np	54.6	np	51.6
Average recurrent expenditure (\$) (f)							
Per patient separation	3 038	3 104	3 020	np	3 304	np	3 060
Per patient day	1 113	1 086	1 032	np	1 287	np	1 102
Gross capital expenditure (\$'000)(g)	248 996	173 157	195 503	13 487	49 898	14 025	695 066

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

(a) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

(b) Recurrent expenditure refers to expenditure on goods and services, which does not result in the creation or acquisition of fixed assets (new or second-hand). See Glossary for further information.

(c) Including surgically implanted prostheses and homograft items.

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

(e) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

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

(g) Gross capital expenditure refers to expenditure in a period on the acquisition or enhancement of an asset (excluding financial assets). See Glossary for further information.

**2.16**

## PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Expenditure—For profit/not for profit sector(a)—2009–10

	NOT FOR PROFIT			Total
	For profit	Religious or charitable	Other(b)	
Recurrent expenditure (\$'000)(c)				
Wages and salaries including on-costs	2 176 114	1 981 533	151 503	4 309 150
Drug, medical and surgical supplies(d)	1 119 986	1 121 395	75 512	2 316 893
Food supplies	54 124	53 303	4 280	111 707
Other domestic services	63 164	65 084	4 406	132 654
Administrative expenses	239 574	269 644	17 420	526 638
Repairs and maintenance	54 579	52 870	2 877	110 326
Other(e)	397 732	421 936	27 187	846 854
<b>Total(f)</b>	<b>4 105 273</b>	<b>3 965 765</b>	<b>283 184</b>	<b>8 354 222</b>
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	53.0	50.0	53.5	51.6
Average recurrent expenditure (\$)(g)				
Per patient separation	2 706	3 535	3 088	3 060
Per patient day	994	1 248	1 044	1 102
Gross capital expenditure (\$'000)(h)	np	283 346	np	695 066

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

(a) For definition of 'For Profit/not for profit sector', see Glossary.

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

(c) Recurrent expenditure refers to expenditure on goods and services, which does not result in the creation or acquisition of fixed assets (new or second-hand). See Glossary for further information.

(d) Including surgically implanted prostheses and homograft items.

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

(f) Total may include figures where providers were able to provide a total recurrent expenditure figure, without further breakdown of expenditure items, therefore the total will not equate to the sum of the individual items.

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

(h) Gross capital expenditure refers to expenditure in a period on the acquisition or enhancement of an asset (excluding financial assets). See Glossary for further information.

## 2.17 PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Expenditure—Hospital size(a)—2009–10

	NUMBER OF BEDS					Total
	0–25	26–50	51–100	101–200	Over 200	
Recurrent expenditure (\$'000)(b)						
Wages and salaries including on-costs	60 684	244 436	850 024	1 429 383	1 724 623	4 309 150
Drug, medical and surgical supplies(c)	26 060	77 785	348 099	844 523	1 020 426	2 316 893
Food supplies	1 791	7 307	23 563	33 617	45 428	111 706
Other domestic services	2 222	7 792	26 979	43 079	52 582	132 654
Administrative expenses	12 245	35 995	104 686	179 585	194 126	526 638
Repairs and maintenance	1 398	7 389	20 698	35 776	45 066	110 326
Other(d)	12 711	44 134	151 491	327 178	311 341	846 854
<b>Total(e)</b>	<b>117 111</b>	<b>424 838</b>	<b>1 525 540</b>	<b>2 893 141</b>	<b>3 393 592</b>	<b>8 354 222</b>
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	51.8	57.5	55.7	49.4	50.8	51.6
Average recurrent expenditure (\$)(f)						
Per patient separation	2 006	1 853	2 290	3 187	3 906	3 060
Per patient day	873	684	816	1 217	1 316	1 102
Gross capital expenditure (\$'000)(g)	7 372	39 436	85 764	370 850	191 644	695 066

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

(b) Recurrent expenditure refers to expenditure on goods and services, which does not result in the creation or acquisition of fixed assets (new or second-hand). See Glossary for further information.

(c) Including surgically implanted prostheses and homograft items.

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

(e) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

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

(g) Gross capital expenditure refers to expenditure in a period on the acquisition or enhancement of an asset (excluding financial assets). See Glossary for further information.

HOSPITALS

The total number of private Free-standing day hospital facilities increased by 17 establishments, from 285 in 2008–09 to 302 in 2009–10. The largest number of Free-standing day hospitals were situated in New South Wales (92 facilities or 30.5% of all Free-standing day hospitals across Australia). The largest increase of all the states and territories was in Victoria and Western Australia, with net increases of eight and six private Free-standing day hospitals since 2008–09 respectively.

The average number of beds/chairs in Free-standing day hospital facilities increased by 327 (13.1%), from 2,495 in 2008–09 to 2,822 in 2009–10. New South Wales accounted for the largest proportion of beds/chairs with 841 beds/chairs or 29.8% of the total average number of beds across Australia.

The number of operating theatres increased by 5.4% from 280 to 295 over the year period, while the number of procedure rooms rose by 9.8% to 258 rooms.

The four main types of specialised Free-standing day hospitals in 2009–10 and their proportion of the total were Specialist endoscopy (25.5%), Ophthalmic (17.5%), Plastic/cosmetic (10.9%) and General surgery (7.0%).

*Patient separations*

Patient separations from Free-standing day hospital facilities continued to increase from 765,264 in 2008–09 to 860,252 in 2009–10, an increase of 12.4%. This increase was comparable with previous increasing trends; on average, the annual increase in patient separations was 12.6% over the five years to 2009–10.

*Staff*

The total number of full-time equivalent staff in Free-standing day hospital facilities increased by 18.0% to 3,185 in 2009–10. Nursing staff accounted for 54.9% (1,748) of total staff in 2009–10, a proportional decrease of 1.1% from 2008–09. Over this period administrative and clerical staff increased by 8.9% to 928 full-time equivalent staff.

INCOME

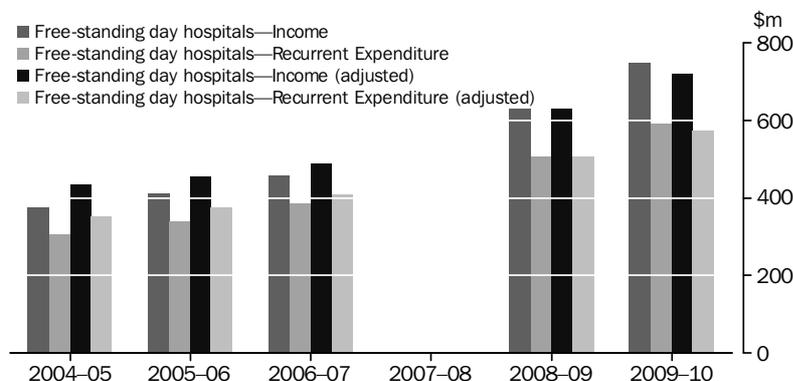
Free-standing day hospital facilities received \$746 million in income during 2009–10, a 18.7% increase from 2008–09 where \$629 million in income was received. The increase over the twelve month period was higher than the average annual increase in income of 14.7% over the five years to 2009–10. Most income generated in Free-standing day hospitals was sourced from patient revenue (96.4%), as distinct from income derived from other sources such as investments and bequests.

In adjusted terms, income increased by 14.5% from 2008–09 (\$91 million) and the average annual increase in income was 10.6% over the five years from 2004–05 (\$434 million) to 2009–10 (\$719 million). This did not include 2007–08 because the Private Health Establishments Collection was not undertaken for the cycle. See Explanatory Note

INCOME *continued*

23 for more information concerning the use of chain volume measures to adjust income and expenditure.

PRIVATE FREE-STANDING DAY HOSPITAL FACILITIES, Income and expenditure: 2004–05 to 2009–10(a)



(a) Data for 2007–08 reference year are not available. See Explanatory Note 4 for further information.

EXPENDITURE

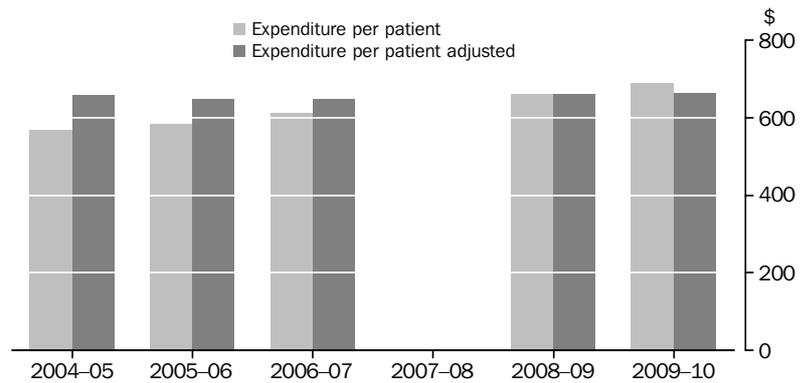
Recurrent expenditure recorded for Free-standing day hospital facilities in 2009–10 was \$592 million. This was an increase of 17.2% since 2008–09, when \$505 million was recorded. When adjusted for price changes, recurrent expenditure increased by 13.0% from the previous cycle (\$655 million) and the average annual increase in recurrent expenditure was 10.1% over the five year period from 2004–05 (\$353 million) to 2009–10 (\$571 million). This did not include 2007–08 because the Private Health Establishments Collection was not undertaken for the cycle. See Explanatory Note 23 for more information concerning the use of chain volume measures to adjust income and expenditure.

The average expenditure per patient separation increased from \$660 in 2008–09 to \$688 in 2009–10. In price adjusted terms, the average expenditure per patient separation in 2009–10 increased by 0.2% over the previous five cycles, from \$657 in 2004–05 to \$664 in 2009–10. The average annual movement in expenditure per patient separation has remained steady from 2004–05 to 2009–10. This did not include 2007–08 because the Private Health Establishments Collection was not undertaken for the cycle. See Explanatory Note 23 for more information concerning the use of chain volume measures to adjust income and expenditure.

Gross capital expenditure for Free-standing day hospital facilities during 2009–10 was \$43 million, a decrease of 10.7%. Capital expenditure represented 7.3% of total expenditure in 2009–10, down from 9.6% in 2008–09.

EXPENDITURE  
*continued*

FREE STANDING DAY HOSPITALS, Expenditure per patient: 2004-05 to 2009-10(a)



(a) Data for the 2007-08 reference year are not available. See Explanatory Note 4 for further information.

### 3.1 PRIVATE FREE STANDING DAY HOSPITAL FACILITIES, Summary—Selected years . . .

	1999-2000	2004-05	2005-06	2006-07	2007-08(a)	2008-09	2009-10
Hospitals (no.)							
New South Wales	83	96	93	90	na	91	92
Victoria	50	61	63	73	na	75	83
Queensland	33	48	52	52	na	52	53
South Australia	18	22	25	24	na	24	25
Western Australia	13	12	13	17	na	29	35
Tasmania, Northern Territory & ACT(b)	10	8	10	12	na	14	14
<b>Australia</b>	<b>207</b>	<b>247</b>	<b>256</b>	<b>268</b>	na	<b>285</b>	<b>302</b>
Hospitals by type (no.)(c)							
General surgery	23	19	17	15	na	14	21
Specialist endoscopy	53	70	71	76	na	74	77
Ophthalmic	43	53	57	57	na	61	53
Plastic/cosmetic	—	32	33	28	na	34	33
Other(d)	88	73	78	92	na	102	118
<b>Total</b>	<b>207</b>	<b>247</b>	<b>256</b>	<b>268</b>	na	<b>285</b>	<b>302</b>
Beds/chairs(e) (no.)	1 581	2 078	2 114	2 251	na	2 495	2 822
Separations ('000)	349.0	537.5	579.9	631.3	na	765.3	860.3
Operating theatres(f) (no.)	197	231	245	264	na	280	295
Procedure rooms(f) (no.)	168	193	200	205	na	235	258
Staff(g) (no.)	1 537	2 086	2 231	2 385	na	2 700	3 185
Income							
Total ('000)	191 614	375 567	410 036	456 937	na	628 594	746 273
Patient Revenue(h) (%)	95.5	95.6	95.9	96.3	na	96.9	96.4
Expenditure(i)							
Total (\$)	162 710	305 251	338 421	384 986	na	505 431	592 261
Wages and salaries including on-costs (%)	41.2	39.3	39.1	40.2	na	39.6	41.1
Per separation (\$)	466	568	584	610	na	660	688
Gross capital expenditure(j)							
(\$)	26 489	22 382	17 235	35 225	na	48 301	43 136

— nil or rounded to zero (including null cells)

na not available

(a) Data for 2007–08 reference year are not available. See Explanatory Note 4 for further information.

(b) Tasmania, the Northern Territory and the Australian Capital Territory (ACT) have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

(c) See Explanatory Note 22 for further information on categories.

(d) Including fertility and sleep disorders clinics.

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

(f) Details are for the last week of the pay period ending on or before 30 June 2010.

(g) Full-time equivalent (average for the year). Full-time equivalent represents the sum of full-time staff and full-time equivalent of part-time staff. See Glossary for further information.

(h) Includes revenue received by, and due to, the hospital in respect of patient liability for accommodation and other fees. See Glossary for further information.

(i) Recurrent expenditure refers to expenditure on goods and services, which does not result in the creation or acquisition of fixed assets (new or second-hand). See Glossary for further information.

(j) Gross capital expenditure refers to expenditure in a period on the acquisition or enhancement of an asset (excluding financial assets). See Glossary for further information.

### 3.2 PRIVATE FREE-STANDING DAY HOSPITALS, Type of centre(a)—States and territories—2009–10

	<i>General surgery</i>	<i>Specialist endoscopy</i>	<i>Ophthalmic</i>	<i>Plastic/cosmetic</i>	<i>Other(b)</i>	<i>Total(c)</i>
Hospitals (no.)						
New South Wales	9	22	24	4	33	92
Victoria	5	32	9	10	27	83
Queensland	3	14	12	3	21	53
South Australia	np	3	np	9	10	25
Western Australia	np	3	np	np	23	35
Tasmania, Northern Territory & Australian Capital Territory(d)	np	3	3	np	4	14
<b>Australia</b>	<b>21</b>	<b>77</b>	<b>53</b>	<b>33</b>	<b>118</b>	<b>302</b>
Operating theatres (no.)(e)	44	32	90	41	88	295
Procedure rooms (no.)(e)	7	82	20	18	131	258
Average number of sessions (e)	5.9	5.3	4.9	2.9	5.7	5.2
Average time used (hours)(f)	28.3	22.6	21.7	18.3	22.5	22.4
Beds/chairs (no.)(g)	335	618	472	163	1 234	2 822
Separations ('000)	77.3	233.6	131.0	31.1	387.4	860.3
Avg number of separations per bed/chair	230.7	378.0	277.5	190.5	313.9	304.8

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

(a) See Explanatory Note 22 for further information on categories.

(b) Including fertility and sleep disorders clinics.

(c) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

(d) Tasmania, the Northern Territory and the Australian Capital Territory (ACT) have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

(e) Details are for the last week of the pay period ending on or before 30 June 2010.

(f) Per operating theatre and procedure room per week.

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

### 3.3 PRIVATE FREE-STANDING DAY HOSPITALS, Full-time equivalent staff(a)—Type of centre(b)—2009–10

	<i>General surgery</i>	<i>Specialist endoscopy</i>	<i>Ophthalmic</i>	<i>Plastic/cosmetic</i>	<i>Other(c)</i>	<i>Total(d)</i>
Nursing staff	210	364	341	115	719	1 748
Administrative and clerical	68	263	165	65	367	928
Other(e)	35	54	93	12	315	509
<b>Total(d)</b>	<b>313</b>	<b>680</b>	<b>600</b>	<b>192</b>	<b>1 401</b>	<b>3 185</b>

(a) Full-time equivalent represents the sum of full-time staff and the full-time equivalent of part-time staff. See Glossary for further information.

(b) See Explanatory Note 22 for further information on categories.

(c) Including family planning centres, fertility, sleep disorder and dialysis clinics.

(d) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

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

**3.4** PRIVATE FREE STANDING DAY HOSPITALS, Full-time equivalent staff(a)—States and territories—2009–10

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(b)	Aust.(c)
Nursing staff	522	367	450	119	222	67	1 748
Administrative and clerical	294	207	210	91	77	49	928
Other(d)	128	158	76	50	73	24	509
<b>Total(c)</b>	<b>944</b>	<b>731</b>	<b>736</b>	<b>261</b>	<b>372</b>	<b>141</b>	<b>3 185</b>

- (a) Full-time equivalent represents the sum of full-time staff and the full-time equivalent of part-time staff. See Glossary for further information.
- (b) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.
- (c) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.
- (d) Including salaried medical officers and other diagnostic health professionals, domestic and other staff.

**3.5** PRIVATE FREE-STANDING DAY HOSPITALS, Income—Type of centre(a)—2009–10

	General surgery	Specialist endoscopy	Ophthalmic	Plastic/cosmetic	Other(b)	Total(c)
Income (\$000)						
Patient revenue(d)	62 691	132 831	187 806	36 353	299 930	719 611
Other(e)	153	11 429	3 407	1 288	10 384	26 662
<b>Total(c)</b>	<b>62 844</b>	<b>144 260</b>	<b>191 213</b>	<b>37 641</b>	<b>310 314</b>	<b>746 273</b>
Patient revenue as a proportion of total income (%)	99.8	92.1	98.2	96.6	96.7	96.4

- (a) See Explanatory Note 22 for further information of categories.
- (b) Including fertility and sleep disorders clinics.
- (c) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.
- (d) Includes revenue received by, and due to, the hospital in respect of patient liability for accommodation and other fees. See Glossary for further information.
- (e) Including investment income, income from charities, bequests, visitors' meals, and accommodation and kiosk sales.

### 3.6 PRIVATE FREE-STANDING DAY HOSPITALS, Income—States and territories—2009–10

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(a)	Aust.(b)
Income (\$'000)							
Patient revenue(c)	237 032	151 541	158 711	np	82 548	np	719 611
Other	9 974	11 308	2 336	np	1 215	np	26 662
<b>Total(b)</b>	<b>247 007</b>	<b>162 849</b>	<b>161 047</b>	<b>59 588</b>	<b>83 763</b>	<b>32 020</b>	<b>746 273</b>
Patient revenue as a proportion of total income (%)	96.0	93.1	98.5	np	98.5	np	96.4

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

(a) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.

(b) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

(c) Includes revenue received by, and due to, the hospital in respect of patient liability for accommodation and other fees. See Glossary for further information.

### 3.7 PRIVATE FREE-STANDING DAY HOSPITALS, Expenditure—Type of centre(a)—2009–10

	General surgery	Specialist endoscopy	Ophthalmic	Plastic/cosmetic	Other(b)	Total(c)
Recurrent expenditure (\$'000)(d)						
Wages and salaries including on-costs	21 194	47 313	47 217	13 298	114 283	243 305
Drug, medical and surgical supplies(e)	18 229	16 831	52 410	7 794	50 483	145 747
Administrative expenses	5 342	18 476	20 554	6 455	43 111	93 938
Other(f)	7 677	20 895	21 709	4 534	54 455	109 270
<b>Total(c)</b>	<b>52 442</b>	<b>103 515</b>	<b>141 890</b>	<b>32 081</b>	<b>262 333</b>	<b>592 261</b>
Wages and salaries, including on-costs as a proportion of total recurrent expenditure (%)	40.4	45.7	33.3	41.5	43.6	41.1
Average recurrent expenditure per separation (\$)(g)	679	443	1 083	1 033	677	688
Gross capital expenditure (\$'000)(h)	8 774	5 169	5 753	1 942	21 498	43 137

(a) See Explanatory Note 22 for further information of categories.

(b) Including fertility and sleep disorders clinics.

(c) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.

(d) Recurrent expenditure refers to expenditure on goods and services, which does not result in the creation or acquisition of fixed assets (new or second-hand). See Glossary for further information.

(e) Including surgically implanted prostheses and homograft items.

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

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

(h) Gross capital expenditure refers to expenditure in a period on the acquisition or enhancement of an asset (excluding financial assets). See Glossary for further information.

### 3.8 PRIVATE FREE-STANDING DAY HOSPITALS, Expenditure—States and territories—2009–10

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(a)	Aust.(b)
Recurrent expenditure (\$'000)(c)							
Wages and salaries including on-costs	71 284	57 687	54 687	22 318	26 378	10 951	243 305
Drug, medical and surgical supplies(d)	57 883	24 726	31 329	8 444	15 680	7 686	145 747
Administrative expenses	31 938	22 800	17 428	8 229	10 003	3 540	93 938
Other(e)	30 738	20 953	24 531	18 887	10 740	3 422	109 270
<b>Total(b)</b>	<b>191 843</b>	<b>126 166</b>	<b>127 974</b>	<b>57 878</b>	<b>62 801</b>	<b>25 599</b>	<b>592 261</b>
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	37.2	45.7	42.7	38.6	42.0	42.8	41.1
Average recurrent expenditure per separation (\$)(f)	852	594	580	953	585	757	688
Gross capital expenditure (\$'000)(g)	9 943	10 592	5 415	3 227	12 639	1 322	43 137

- (a) Tasmania, the Northern Territory and the Australian Capital Territory have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories.
- (b) Figures have been rounded and discrepancies may occur between totals and the sums of the component items.
- (c) Recurrent expenditure refers to expenditure on goods and services, which does not result in the creation or acquisition of fixed assets (new or second-hand). See Glossary for further information.
- (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.
- (g) Gross capital expenditure refers to expenditure in a period on the acquisition or enhancement of an asset (excluding financial assets). See Glossary for further information.

## EXPLANATORY NOTES .....

### INTRODUCTION

**1** This publication contains statistical information for the 2009–10 financial year and previous financial years, obtained from an annual census of all licensed private hospitals in Australia. It contains details about the facilities, activities, staffing and finances of all private hospitals, including both private Acute and/or 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 2009–10*.

**3** The data presented in this publication are supported by a series of data cubes that are available on the ABS website.

**4** The Private Health Establishments Collection was not conducted for the 2007–08 reference period due to ABS budgetary constraints. This represents a break in the time series for the collection. The collection was reinstated in the 2008–09 reference period.

**5** Data presented in this publication for the 2009–10 reference period have been compared to data from the 2008–09 reference period.

**6** A Glossary is provided detailing definitions of terminology used within this publication and the associated data cubes.

### SCOPE

**7** All private Acute and psychiatric hospitals licensed by state and territory health authorities and all Free-standing day hospital facilities approved by the Australian Government Department of Health and Aging (DoHA) for the purpose of health insurance benefits, including those registered with their respective state health authority, are within the scope of this collection.

### COVERAGE

**8** 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.

**9** All private hospitals in Australia which operated for all or part of the reference period are included in the collection.

**10** Private patients treated in public hospitals are not part of the Private Health Establishments Collection. However, public patients treated in licensed private establishments are included in the private hospitals statistics.

### DEFINITIONS

**11** The data items and definitions in this collection are based on the National Health Data Dictionary published by the AIHW, with some additional data items requested by private hospital associations and health authorities. Refer to the Glossary for further definitions of the data items used in this publication.

### CLASSIFICATIONS

*Australian Standard  
Geographical Classification  
(ASGC)*

**12** The ASGC is an hierarchical classification system consisting of six interrelated classification structures. The ASGC provides a common framework of statistical geography and thereby enables the production of statistics which are comparable and can be spatially integrated. These provide private hospital statistics with a ‘where’ dimension.

**13** For further information about the ASGC refer to Australian Standard Geographical Classification (ASGC), Jul 2010 (cat.no. 1216.0).

*International Classification of Diseases*

**14** The International Classification of Diseases (ICD) is the international standard classification for epidemiological purposes and is designed to promote international comparability in the collection, processing, classification, and presentation of health statistics. The classification is used to classify diseases and causes of disease or injury. The ICD has been revised periodically to incorporate changes in the medical field.

**15** Principal diagnosis and procedure for admitted patients are reported in this collection using the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision - Australian Modification, 6th edition (ICD-10-AM)*.

**16** For further information about the ICD refer to WHO International Classification of Diseases (ICD).

**17** Further information about the ICD-10-AM 6th edition can be found online.

*Australian Refined Diagnosis Related Groups (AR-DRG)*

**18** In Australia, a system of Australian Refined Diagnosis Related Groups (AR-DRG) is used as a means of classifying patients for Casemix purposes. Casemix refers to the range and types of patients (the mix of cases) treated by a hospital or other health service. Each AR-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.

**19** 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.

**20** The ABS uses this classification to produce tables that provide data on major diagnostic categories. These tables are available on the ABS website in the data cubes associated with this publication.

**21** For further information about AR-DRG refer to the Australian Government Department of Health and Ageing (DoHA) website.

DAY HOSPITALS CATEGORIES

**22** Free-standing day hospital facilities are classified by the main income earning activity of the centre. The four main types are general surgery, specialist endoscopy, ophthalmic and plastic/cosmetic. Plastic/cosmetic facilities were collected as a separate category for the first time in 2000–01. Other types of centres, including fertility and sleep disorder clinics, are included in a residual category.

CHAIN VOLUME MEASURES

**23** Chain volume measures have been used in this publication to enable analysis of the changes to income and expenditure for private hospitals over time in 'real' terms. It is considered that these measures provide better indicators of movement in real income and expenditures 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 period for the chain volume measure is 2009. 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 Australian System of National Accounts, 2009–10 (cat. no. 5204.0).

METHODOLOGY

**24** Questionnaires are sent each year to all private hospitals in Australia for completion and return to the ABS. In addition to this, for a large proportion of hospitals, data on admitted patients is sent to the ABS by state and territory health authorities on behalf of hospitals.

## DATA QUALITY

*Response Rate*

**25** The 2009–10 reference period saw an overall response rate of 92.6%, an increase of 2.7 percentage points compared to 89.9% in 2008–09. Acute and psychiatric hospitals increased 93.2% in 2009–10 from 92.8% in 2008–09, while Free-standing day hospitals increased from 87.0% in 2008–09 to 92.1% in 2009–10.

**26** Non-responding establishments were contacted both by telephone and follow-up letters in order to obtain the information required for the collection.

*Imputation*

**27** 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 items 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.

**28** Establishments which did not respond had all data items imputed by ABS staff.

**29** The imputation strategy employed for the 2009–10 reference period utilised historical and donor imputation; imputation was based on data received in previous years (historical) and/or on the results of the data provided by all responding hospitals of the same type, state/territory and size (donor). Data from state or territory health authorities was also used to supplement the imputation of the collection data provided the establishments gave consent.

*Reliability of data*

**30** As the Private Health Establishments Collection does not have a sample component, the data is not subject to sampling variability. However, the statistics from the collection are subject to non-sampling errors which affect the data. These non-sampling errors may arise from a number of sources, including:

- errors in reporting of data by respondents (e.g. misunderstanding of questions or unwillingness of respondents to reveal all details);
- errors in capturing or processing of the data (e.g. coding, data recording);
- estimation for missing or misreported data;
- definition and classification errors.

**31** Every effort is made to reduce errors in the collection to a minimum by careful design of questionnaires and 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;
- clerical scrutiny of preliminary aggregates.

*Hospital Morbidity Data*

**32** 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 and territory 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 2009–10 data, the final total for patient separations was 3.5% higher than that reported by consenting hospitals and 1.5% higher than that compiled from data supplied by state and territory health authorities.

**33** The percentage of hospitals for which hospital morbidity data was supplied to the ABS by state and territory health authorities was 95.0% for Acute and psychiatric hospitals and 84.5% for Free-standing day hospital facilities. Due to data quality issues and failure of an establishment to provide patient data to the relevant state or territory health authority, two smaller jurisdictions were unable to provide hospital data to the ABS for Free-standing day hospitals in the 2009–10 reference period.

*Accounting Practices*

**34** 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.

SPECIFIC ISSUES FOR  
2009–10 DATA

**35** Acquisitions in the private health sector have resulted in, and will continue to further, changes to the number of hospitals operated by several large organisations. Ownership by some companies of a large proportion of Acute and psychiatric hospitals has impacted on the amount of data that can be released by state for Tasmania, Northern Territory and Australian Capital Territory combined. These data have been confidentialised to protect the small number of establishments in these states/territories and consequential analysis has resulted in necessary suppression other state's data.

**36** From the establishment coverage for the 2008–09 Private Health Establishments Collection to the end of 2009–10 reference period, there were a number of changes in establishment counts. In 2009–10 there were four establishments that changed sector, two establishments which re-entered scope, two occasions of two campuses reporting as a singular establishment, nine establishments closures or fell out of scope, and 26 new establishments.

## EFFECTS OF ROUNDING

**37** Where figures have been rounded, discrepancies may occur between totals and sums of the component items. Rounding may also cause discrepancies between publication tables and data represented in the respective data cubes.

## ACKNOWLEDGEMENT

**38** 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

**39** Other ABS publications that may be of interest include:

National Health Survey: Summary of Results, 2007–08 (cat. no. 4364.0)

**40** The following related publications are issued by other organisations.

- Available from the Australian Institute of Health and Welfare (AIHW) website:

Australian Hospital Statistics, 2009–10

Australia's Health, 2010

Australian Health Expenditure by Remoteness; A comparison of remote, regional and city health expenditure, 2011

Health Expenditure Australia, 2008–09

Health and Community Services Labour Force, 2006 - Produced jointly with ABS Medical Labour Force, 2008

National Health Data Dictionary, Version 15, 2010

National Report on Health Sector Performance Indicators 2003

Nursing and Midwifery Labour Force, 2008

- Available from the Mental Health and Wellbeing in Australia website:

National Mental Health Report 2010

National Mental Health Report 2007: Summary of Twelve Years of Reform in Australia's Mental Health Services under the National Mental Health Strategy 1993–2005

Available from the Private Health Insurance Administration Council, Canberra (PHIAC) website:

PHIAC A Reports - Released quarterly

Statistical Trends in Membership and Benefits - Released quarterly

## RELATED PUBLICATIONS

*continued*

**41** ABS products and publications are available free of charge from the ABS website. Click on Statistics to gain access to the full range of ABS statistical and reference information. For details on products scheduled for release in the coming week, click on the Upcoming Releases link on the ABS home page.

ABS DATA AVAILABLE ON  
REQUEST

**42** 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 or by email to [client.services@abs.gov.au](mailto:client.services@abs.gov.au).

## GLOSSARY

<b>Accredited/certified hospitals</b>	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.
<b>Acute hospitals</b>	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.
<b>Administrative expenses</b>	Includes management and administrative support expenditure such as rates and taxes (other than income tax), printing, telephone, stationery, insurance (other than workers compensation) and motor vehicle running expenses.
<b>Admitted patient</b>	An admitted patient undergoes a hospital's formal admission process. See also Patient.
<b>Allied health services</b>	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.
<b>Australian Refined Diagnosis Related Groups (AR-DRG)</b>	An Australian patient classification system comprising a description of body systems, a separation of medical and surgical procedures, and a description of a hierarchy of procedures, medical problems and other factors that differentiate processes of care (Australian Government Department of Health and Ageing, 2008)
<b>Australian Standard Geographical Classification (ASGC)</b>	The ASGC provides a common framework of statistical geography and thereby enables the production of statistics which are comparable and can be spatially integrated. See Explanatory Notes 12–13 for further information.
<b>Available beds</b>	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. See also Beds and Occupied beds.
<b>Average length of stay in hospital</b>	This is calculated by dividing the aggregate number of patient days by the number of separations associated with those patient days.
<b>Beds/chairs</b>	These are provided for the care and treatment of admitted (same-day and overnight-stay) patients. See also Available beds and Occupied beds.
<b>Capital expenditure</b>	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.
<b>Chain volume measures</b>	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. See Explanatory Note 23 for further information.

<b>Emergency departments</b>	<p>A bona fide emergency department is a department that provides levels 4 to 6 of emergency services as defined by the guide to the <i>Role Delineation of Health Services, 3rd edition, New South Wales, Department of Health, 2002</i>. Six levels of emergency services roles are identified:</p> <p>Level 0 - No service</p> <p>Level 1 - No planned emergency service</p> <p>Level 2 - Emergency service in small hospital. Designated assessment and treatment area. Visiting medical officer on call.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Level 6 - As Level 5 plus has neurosurgery and cardiothoracic surgery on site. Sub-specialists available on rosters. Has registrar on site 24 hours.</p>
<b>Factors influencing health status and contact with health service</b>	<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"> <li>■ 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;</li> <li>■ when some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.</li> </ul>
<b>Frame</b>	<p>The list of units available for selection in a census or sample survey. In this case, all licensed private hospitals operating during the reference period comprise the frame. This list is supplied by the State and Territory Health Authorities (SHAs) and the Private Health Insurance branch of the Department of Health and Aging (DoHA).</p>
<b>Free-standing day hospital facilities</b>	<p>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.</p>
<b>For profit/not for profit sector</b>	<p>'Not-for-profit' hospitals are those which qualify as a non-profit organisation with either the Australian Taxation Office (ATO) 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'.</p>
<b>Full-time equivalent staff</b>	<p>Full-time equivalent staff represent the sum of full-time staff and the full-time equivalent of part-time staff. See also Staff.</p>
<b>Gross capital expenditure</b>	<p>Gross capital expenditure refers to expenditure in a period on the acquisition or enhancement of an asset (excluding financial assets), such as buildings and building construction, information technology, major medical equipment and transport.</p>
<b>ICD</b>	<p><i>International Statistical Classification of Diseases and Related Health Problems</i>. 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 &lt;<a href="http://www.who.int">www.who.int</a>&gt;.</p>

<b>Income</b>	<p>Three categories of income are identified:</p> <p>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).</p> <p><i>Recoveries</i> includes income received from items such as staff meals and accommodation, and facility fees paid by medical practitioners.</p> <p><i>Other income</i> 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.</p>
<b>Insurance status</b>	<p>Indicates whether or not hospital insurance is held by a patient 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.</p>
<b>Net operating margin</b>	<p>Net operating margin is derived by subtracting recurrent expenditure from income and expressing the result as a proportion of income.</p>
<b>Occasions of service</b>	<p>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.</p>
<b>Occupancy rate</b>	<p>Is calculated by dividing patient days by the product of average number of beds and the number of days in the year (365 days in 2008–09) and expressed as a percentage.</p> $\text{occupancy rate (\%)} = \frac{\text{patient days} \times 100}{\text{average available beds} \times 365}$
<b>Occupied beds</b>	<p>The number of occupied beds is calculated by multiplying the number of average available beds by the occupancy rate. See also Beds, Available beds and Occupancy Rate.</p>
<b>Other domestic services</b>	<p>Includes staff services, accommodation, bedding and linen, hardware, crockery, cutlery, laundering and cleaning of uniforms.</p>
<b>Other specialised units/wards</b>	<p>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.</p>
<b>Patient</b>	<p><i>A patient</i> is a person for whom a hospital accepts responsibility for treatment and/or care.</p> <p>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.</p> <p><i>Overnight-stay patients</i> are admitted to and separated from hospital on different dates (i.e. they stay at least one night in hospital).</p> <p><i>Same-day patients</i> are admitted and separated on the same day (i.e. they are in hospital for a period that does not include an overnight stay).</p> <p><i>Non-admitted patients</i> do not undergo a hospital's formal admission process. These include outpatients, accident and emergency patients and off-site (community/outreach) patients.</p>
<b>Patient days</b>	<p>These are the aggregate number of days of stay (i.e. calculated as 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.</p>

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<b>Patient revenue</b>	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).
<b>Patient separation</b>	Occurs when an admitted patient: <ul style="list-style-type: none"> <li>■ is discharged</li> <li>■ is transferred to another institution</li> <li>■ leaves against medical advice</li> <li>■ dies whilst in care</li> <li>■ changes their type of care from/to acute, rehabilitation, palliative or non-acute care (known as statistical discharge), or</li> <li>■ leaves hospital for a period of seven or more days.</li> </ul>
<b>Procedure</b>	A clinical intervention that: <ul style="list-style-type: none"> <li>■ is surgical in nature; and/or</li> <li>■ carries a procedural risk; and/or</li> <li>■ carries an anaesthetic risk; and/or</li> <li>■ requires specialised training; and/or</li> <li>■ requires special facilities or equipment only available in an acute care setting.</li> </ul> <p>For admitted patients, procedures undertaken during an episode of care are recorded in accordance with ICD-10-AM 6th edition.</p>
<b>Psychiatric hospitals</b>	Psychiatric hospitals are licensed/approved by each state or territory health authority and cater primarily for admitted patients with psychiatric, mental or behavioural disorders.
<b>Recurrent Expenditure</b>	Comprises expenditure on wages and salaries, drug, medical and surgical supplies, food supplies, domestic services, administrative expenses, repairs and maintenance, contract services and other recurrent expenditure. For further information refer to the <i>National Health Data Dictionary</i> which is available on the AIHW web site <a href="http://www.aihw.gov.au">www.aihw.gov.au</a> .
<b>Repairs and maintenance</b>	Includes costs of maintaining, repairing, replacing and providing additional equipment, maintaining and renovating buildings, and minor additional works.
<b>Separation</b>	Discharge from private hospital facility. See Patient separation.
<b>Specialised service</b>	A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics.
<b>Staff</b>	Includes: <ul style="list-style-type: none"> <li>■ staff employed by the hospital and contract staff employed through an agency in cases where the contract is for the supply of labour;</li> <li>■ nursing staff, comprising registered nurses and enrolled nurses;</li> <li>■ administrative and clerical staff, including computing staff, finance staff and civil engineers;</li> <li>■ domestic and other staff includes staff, includes including trades people, maintenance staff and staff engaged in cleaning, laundry services, the provision of food;</li> <li>■ diagnostic and health professionals, including qualified diagnostic health professionals, allied health professionals and laboratory technicians.</li> </ul> <p>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.</p>

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<b>Statistical discharge - type change</b>	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.
<b>Statistical divisions</b>	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.
<b>Type of centre</b>	Free-standing day hospital centres are categorised by type according to their main economic activity. The following types of centres are separately categorised: <ul style="list-style-type: none"><li>■ general surgery</li><li>■ specialist endoscopy</li><li>■ ophthalmic</li><li>■ plastic/cosmetic</li><li>■ other (which includes fertility, family planning centres, sleep disorder clinics and dialysis clinics).</li></ul>
<b>Wages and salaries (including on-costs)</b>	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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