



2004-05

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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

ABOUT THIS PUBLICATION

This publication presents details from the 2004–05 national census of private hospitals. Three categories of hospitals are identified: acute hospitals, psychiatric hospitals and free-standing day hospital facilities.

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

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ABBREVIATIONS

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

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INTRODUCTION

This publication presents data for the private hospital sector in 2004–05. Comparable data for public hospitals are available in *Australian Hospital Statistics 2004–05*, produced by the Australian Institute of Health and Welfare (AIHW). According to this publication, about 4 in 10 hospital patients in Australia were admitted to private hospitals in 2004–05, representing 30% of all days of hospitalisation.

HOSPITALS

There were 532 private hospitals operating in Australia in 2004–05 compared with 525 in 2003–04. This represents an overall increase of 1.3% in the total number of private hospitals, reflecting an increase in free standing day hospitals (5.6%) and a decrease in acute and psychiatric hospitals (2.1%). The number of available beds and chairs decreased 0.6% from 26,589 in 2003–04 to 26,424 in 2004–05, again due to the decline of 1.2% in the number of beds and chairs in acute and psychiatric hospitals. Total patient separations increased by 3.3% (2.7m in 2003–04 to 2.8m in 2004–05). Private hospitals provided 7.3m days of hospitalisation to patients in 2004–05, much the same as for 2003–04. Staff numbers marginally decreased (0.1%) to 48,544 people (full-time equivalent).

PATIENT CHARACTERISTICS

Sex and Age

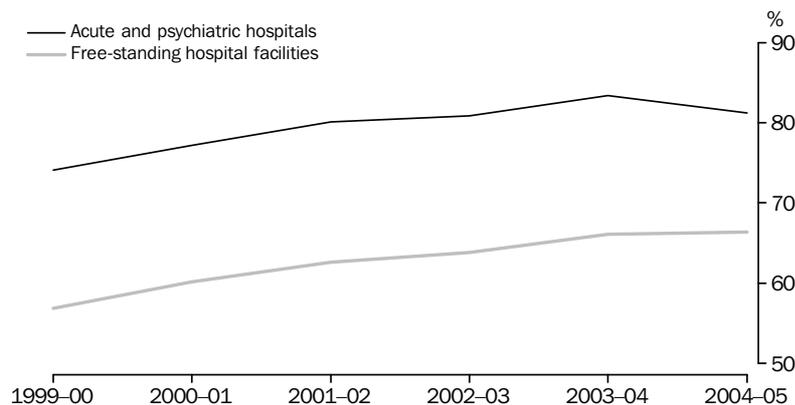
In 2004–05, the demographic profile of private hospital patients has changed very little from the previous year with females accounting for 55% of all patient separations, and people aged 65 and over accounting for 36% of all patient separations. Overall, there were 150 patient separations per 1,000 population for females and 124 patient separations per 1,000 population for males.

Insurance

The proportion of patient separations reported as being covered by hospital insurance decreased for all private hospitals. In 2004–05, 78% of patient separations reported having hospital insurance compared with 80% in 2003–04. Patient separations reported as being covered by hospital insurance in private acute and psychiatric hospitals decreased by 2.6% over the year, while for free-standing day hospitals there was a slight increase of 0.5%.

Insurance continued

ALL PRIVATE HOSPITALS, Hospital insurance (a)



(a) For definition of insurance status see Glossary.

Procedures performed

The total number of procedures increased by 4.2% from 5.9 million in 2003-04 to 6.2 million in 2004-05. Of these procedures, 5.1 million were performed in acute and psychiatric hospitals and the remainder in free-standing day hospitals. The greatest proportion of procedures were non-invasive, cognitive and interventions nec (45%) followed by procedures on the digestive system (13%).

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

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

For acute and psychiatric hospitals, non-invasive, cognitive and interventions, nec accounted for 46% of all procedures performed in 2004-05, up from 44% in the previous year. The next most common procedures in acute and psychiatric hospitals were on the digestive system (11%), the musculoskeletal system (6.6%) and procedures on the urinary system (4.5%).

For free-standing day hospitals, non-invasive, cognitive and interventions nec accounted for the highest proportion of all procedures performed on patients in 2004-05 at 40%. This is followed by procedures on the digestive system (22%), dermatological and plastic procedures (7.5%) and the eye and adnexa (8.1%).

The most common principle diagnosis for separations from all private hospitals was factors influencing health status and contact with health services (21%). This relates to occasions when circumstances other than a disease, injury or external cause are recorded as "diagnoses" or "problems" (see Glossary). The second most common principle diagnosis for separations was diseases of the digestive system (16%). Similarly in 2003-04, factors influencing health status and contact with health services represented 19% of patient separations and diseases of the digestive system represented 16% of patient separations.

Mode of Separation

The majority (97%) of all patients were discharged to their place of usual residence in 2004–05. Patient separations discharged to usual residence increased by 2.5% for private acute and psychiatric hospitals and 6.2% for free-standing day hospitals since 2003–04. For private acute and psychiatric hospitals, South Australia recorded the greatest increase (7.1%) followed by Western Australia (4.9%). These changes can be attributed to the overall increase in patient separations.

The number of patients discharged from a private acute and psychiatric hospital to other hospitals increased by 4.3% from 2003–04 to 2004–05. Queensland and Victoria increased transfers to other hospitals by 9.6% and 6.0% respectively, while New South Wales dropped by 1.7%.

INCOME & EXPENDITURE

Patient activity continued to grow with total income generated totalling \$6,624m in 2004–05, up from \$6,274m in 2003–04. Total income from private acute and psychiatric hospitals was \$6,249m which accounted for 94% of all private hospital income.

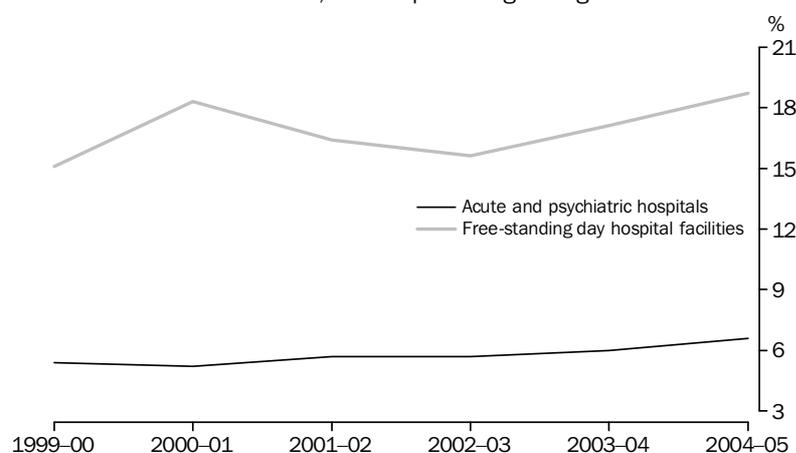
Total recurrent expenditure for all private hospitals increased by 4.9% to \$6,144m in 2004–05 from \$5,859m in 2003–04. For private acute and psychiatric hospitals, the proportion of wages and salaries attributed to recurrent expenses remained steady at 51% in 2004–05, and for free-standing day hospitals was consistent with 2003–04 at 39%.

The private hospital sector invested \$332m in building and other capital assets in 2004–05, with private acute and psychiatric hospitals increasing investment from \$308.8m in 2003–04 to \$309.3m in 2004–05. Free-standing day hospitals increased investment from \$21.7m in 2003–04 to \$22.4m in 2004–05.

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 2004–05 was 7.0%, up from 6.0% in 2003–04. The net operating margin for free-standing day hospital facilities was much higher at 19%, which was 17% higher than the previous year's percentage.

ALL PRIVATE HOSPITALS, Net Operating Margin



ACCREDITATION

Hospital accreditation has been identified as an indicator of capability within the National Health Performance Framework (for further information refer to *Australian Hospitals 2003–04*, produced by Australian Institute of Health and Welfare (AIHW)).

ACCREDITATION

continued

As at the 30 June 2005, the main organisations used by hospitals to obtain accreditation were Australian Council on Healthcare Standards (ACHS)(used by 386 hospitals) and Benchmark Certification (used by 58 hospitals).

1.1

ALL HOSPITALS, Summary Table

	<i>Acute and psychiatric hospitals</i>	<i>Free-standing day hospital facilities</i>	<i>All Hospitals</i>
.....			
Hospitals			
New South Wales	82	96	178
Victoria	81	61	142
Queensland	54	48	102
South Australia	31	22	53
Western Australia	24	12	36
Tasmania, Northern Territory and Australian Capital Territory	13	8	21
Australia	285	247	532
Beds/chairs(a)	24 346	2 078	26 424
Separations ('000)(b)	2 238	538	2 776
Patient days			
Same-day patients ('000)	1 209	538	1 746
Overnight-stay patients ('000)	5 590	—	5 590
Total ('000)	6 799	538	7 336
Sex			
Males ('000)	1 016	227	1 243
Females ('000)	1 215	307	1 522
Aged 65 and over (%)	36	34	36
Operating theatres	819	231	1 050
Staff(c)	46 458	2 086	48 544
Income			
Total (\$'000)	6 248 507	375 567	6 624 074
Patient revenue (%) (d)	95	96	95
Recurrent expenditure			
Total (\$'000)	5 838 895	305 251	6 144 146
Wages and salaries, including on-costs (%) (e)	51	39	51
Gross capital expenditure (\$'000)	309 281	22 382	331 663

— nil or rounded to zero (including null cells)

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

(b) Includes sex not stated

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

(d) As a proportion of total income.

(e) As a proportion of total recurrent expenditure.

1.2 ALL HOSPITALS, Separations—Insurance status(a)

2000-01 2001-02 2002-03 2003-04 2004-05

ACUTE AND PSYCHIATRIC HOSPITALS (%)

Hospital insurance	77.2	80.1	80.8	83.4	81.2
No hospital insurance	19.5	16.0	15.4	15.0	14.9
Not stated	3.3	3.9	3.8	1.6	3.9
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

FREE-STANDING DAY HOSPITAL FACILITIES (%)

Hospital insurance	60.2	62.6	63.8	66.1	66.4
No hospital insurance	35.5	29.9	30.6	31.2	28.0
Not stated	4.3	7.4	5.6	2.7	5.5
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

ALL HOSPITALS (%)

Hospital insurance	74.4	77.2	77.7	80.1	78.3
No hospital insurance	22.2	18.3	18.2	18.0	17.5
Not stated	3.5	4.5	4.1	1.8	4.2
Total	100.0	100.0	100.0	100.0	100.0

ALL SEPARATIONS ('000)

Acute and psychiatric hospitals	1 958.8	2 117.5	2 130.4	2 182.4	2 238.4
Free-standing day hospital facilities	393.8	433.3	471.7	505.6	537.5
All hospitals	2 352.5	2 550.7	2 602.1	2 688.0	2 775.9

(a) For definition of insurance status see Glossary.

1.3 ALL HOSPITALS, Separations—Age & Sex

	ACUTE AND PSYCHIATRIC HOSPITALS			FREE-STANDING DAY HOSPITAL FACILITIES			ALL HOSPITALS		
	Males	Females	Persons(a)	Males	Females	Persons(a)	Males	Females	Persons(a)
PROPORTION (%)									
Age group									
0–4	3.0	1.6	2.3	1.3	0.5	0.8	2.7	1.4	2.0
5–14	2.4	1.7	2.0	1.4	1.2	1.3	2.2	1.6	1.9
15–24	5.3	5.9	5.6	4.1	9.2	7.0	5.1	6.6	5.9
25–34	5.6	12.9	9.6	6.0	13.0	9.9	5.7	13.0	9.7
35–44	9.3	14.2	11.9	10.3	14.9	12.9	9.4	14.4	12.1
45–54	13.8	15.4	14.6	16.2	14.4	15.1	14.2	15.2	14.7
55–64	20.2	15.7	17.7	20.6	16.4	18.1	20.2	15.9	17.8
65–74	17.6	13.4	15.2	20.1	15.1	17.1	18.1	13.7	15.6
75–84	18.2	14.3	16.0	17.2	12.7	14.6	18.0	14.0	15.8
85–over	4.5	4.8	4.6	2.8	2.5	2.6	4.2	4.3	4.2
Total(a)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Proportion of persons	45.5	54.5	100.0	42.6	57.4	100.0	45.0	55.0	100.0
NUMBER ('000)									
All separations	1 015.9	1 215.3	2 238.4	227.4	306.5	537.5	1 243.2	1 521.7	2 775.9

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

1.4 ALL HOSPITALS, Separations—Principal diagnosis(a)

	<i>Acute and psychiatric hospitals</i>	<i>Free-standing day hospital facilities</i>	<i>Total hospitals</i>
PROPORTION (%)			
Certain infectious and parasitic diseases	0.6	0.3	0.5
Neoplasms	8.8	10.1	9.1
Diseases of the blood and blood forming organs	0.9	1.0	0.9
Endocrine, nutritional and metabolic diseases	1.6	1.3	1.5
Mental and behavioural disorders	5.3	—	4.3
Diseases of			
Nervous system	2.8	0.8	2.5
Eye and adnexa	3.1	13.2	5.0
Ear and mastoid process	1.0	0.5	0.9
Circulatory system	6.3	3.1	5.7
Respiratory system	3.5	0.5	2.9
Digestive system	13.9	24.3	15.9
Skin and subcutaneous tissue	1.4	1.9	1.5
Musculoskeletal system and connective tissue	9.9	2.2	8.4
Genitourinary system	6.7	2.5	5.8
Pregnancy, childbirth and the puerperium	4.8	6.5	5.1
Certain conditions originating in the perinatal period	0.5	—	0.4
Congenital malformations, deformations, and chromosomal abnormalities	0.4	0.3	0.4
Symptoms, signs, and abnormal clinical and laboratory findings	5.2	6.0	5.3
Injury, poisoning and certain other consequences of external causes	3.8	0.7	3.2
Factors influencing health status and contact with health services	19.8	24.6	20.7
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

NUMBER ('000)

Separations	2 238.4	537.5	2 775.9
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— nil or rounded to zero (including null cells)

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

1.5 ALL HOSPITALS, Procedures(a)

	<i>Acute and psychiatric hospitals</i>	<i>Free-standing day hospital facilities</i>	<i>Total hospitals</i>
PROPORTION (%)			
Procedures on			
Nervous system	2.1	0.6	1.8
Endocrine system	0.1	np	np
Eye and adnexa	1.7	8.1	2.8
Ear and mastoid process	0.5	0.3	0.5
Nose, mouth and pharynx	1.9	1.0	1.7
Dental services	4.7	6.1	4.9
Procedures on			
Respiratory system	0.7	0.1	0.6
Cardiovascular system	4.3	1.3	3.8
Blood and blood-forming organs	0.4	0.4	0.4
Digestive system	10.5	21.8	12.5
Urinary system	4.5	4.0	4.4
Male genital organs	1.0	0.5	0.9
Gynaecological procedures	3.9	6.3	4.4
Obstetric procedures	3.0	—	2.4
Procedures of Musculoskeletal system	6.6	1.6	5.7
Dermatological and plastic procedures	4.2	7.5	4.8
Procedures on breast	0.7	0.4	0.6
Chemotherapeutic and radiation oncology procedures	0.1	np	np
Non-invasive, cognitive and interventions nec	46.2	39.5	45.0
Imaging services	3.0	0.2	2.5
Total	100.0	100.0	100.0

NUMBER ('000)

Procedures	5 053.1	1 097.0	6 150.0
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— nil or rounded to zero (including null cells)

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

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

1.6 ALL HOSPITALS, Mode of separation

	DISCHARGE OR TRANSFER TO			OTHER			Total
	Usual residence (a)	Residential aged care (b)	Other hospital	Died	Left against advice	Other (c)	
	'000	'000	'000	'000	'000	'000	'000
ACUTE AND PSYCHIATRIC HOSPITALS							
New South Wales	566.9	1.4	11.4	2.5	0.5	1.9	584.6
Victoria	548.8	2.1	14.2	3.2	0.5	2.1	570.9
Queensland	502.6	1.5	5.7	4.6	0.2	3.4	518.0
South Australia	175.2	1.5	4.3	1.2	0.1	0.1	182.4
Western Australia	270.5	np	np	2.2	np	np	278.9
Tasmania, Northern Territory and Australian Capital Territory	100.5	np	np	0.4	np	np	103.6
<i>Australia</i>	2 164.4	8.1	39.2	14.0	1.6	11.1	2 238.4
FREE-STANDING DAY HOSPITAL FACILITIES							
Total	525.8	0.1	10.9	np	—	np	537.5
ALL HOSPITALS							
Total	2 690.2	8.1	50.0	np	1.6	np	2 775.9

— nil or rounded to zero (including null cells)

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

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

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

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

1.7

ALL HOSPITALS, Accreditation/Certification status(a)

	ACHS (b)		BENCHMARK CERTIFICATION		OTHER (c)		All hospitals
	Accredited hospitals	Non-accredited hospitals	Accredited hospitals	Non-accredited hospitals	Accredited hospitals	Non-accredited hospitals	
	no.	no.	no.	no.	no.	no.	
PRIVATE ACUTE & PSYCHIATRIC HOSPITALS							
New South Wales	71	11	4	78	12	70	82
Victoria	73	8	np	np	12	69	81
Queensland	np	np	np	np	np	np	54
South Australia	26	5	—	31	6	25	31
Western Australia	np	np	—	24	np	np	24
Tasmania, Northern Territory and Australian Capital Territory	13	—	—	13	—	13	13
<i>Australia</i>	253	32	10	275	34	251	285
FREE-STANDING DAY HOSPITAL FACILITIES							
New South Wales	49	47	22	74	26	70	96
Victoria	25	36	np	np	15	46	61
Queensland	30	18	10	38	11	37	48
South Australia	15	7	3	19	5	17	22
Western Australia	np	np	—	12	np	np	12
Tasmania, Northern Territory and Australian Capital Territory	np	np	np	np	np	np	8
<i>Australia</i>	133	114	48	199	59	188	247
ALL HOSPITALS							
New South Wales	120	58	26	152	38	140	178
Victoria	98	44	16	126	27	115	142
Queensland	np	np	np	np	np	np	102
South Australia	41	12	3	50	11	42	53
Western Australia	26	10	—	36	4	32	36
Tasmania, Northern Territory and Australian Capital Territory	np	np	np	np	np	np	21
<i>Australia</i>	386	146	58	474	93	439	532

— nil or rounded to zero (including null cells)

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

(a) As at 30 June.

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

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

HOSPITALS

The number of private acute and psychiatric hospitals continued to decline in 2004–05 (285), down by 2.1% on 2003–04 (291).

BEDS

The average number of beds available in acute and psychiatric hospitals during 2004–05 was 24,346, 1.2% lower than in 2003–04. This was largely due to a decline in the average number of beds available in regions outside the capital cities. In regional Australia, average bed numbers decreased by 3.3% over the 12 months to 2004–05. Average bed numbers also decreased slightly (0.4%) in capital cities.

Capital City Statistical Divisions accounted for 74% of all available beds in private acute and psychiatric hospitals in Australia, while 63% of Australia's population lived in these areas. (See Explanatory Notes, paragraph 19, concerning population estimates.)

The occupancy rate in private acute and psychiatric hospitals was 77%, compared with 76% in 2003–04. The bed occupancy rate was highest for Queensland (80%). The lowest was for Tasmania, Northern Territory and Australian Capital Territory combined (69%). The occupancy rate was higher in hospitals located in the Capital City Statistical Divisions (78%), compared with 71% in the rest of Australia.

Private acute and psychiatric hospitals operated by religious or charitable institutions provided 39% of the available beds during 2004–05. When compared with for profit acute and psychiatric hospitals, a higher proportion of those operated by religious or charitable institutions had an average of more than 50 beds available - 68% compared with 62%. Although there were fewer religious or charitable hospitals, they accounted for 64% of all private acute and psychiatric hospitals with more than 200 beds.

PATIENT SEPARATIONS

In 2004–05, there were 2.2 million patient separations from private acute and psychiatric hospitals. Total patient separations in these hospitals for 2004–05 increased by 2.6% compared with an increase in the previous year of 2.4%. The average annual growth rate of patient separations for the last five years has been 4.5%, due to higher than average growth rates in 2000-01 and 2001-02. Amongst the States and Territories, patient separations increased over the year in South Australia (6.7%), Western Australia (4.8%), Queensland (3.0%) New South Wales (2.1%) and Victoria (2.1%). For Tasmania, Northern Territory and the Australian Capital Territory combined there was a decrease in separations from 2003–04 of 6.8%.

Same day separations from private acute and psychiatric hospitals accounted for 54% of all separations (1.21 million) in 2004–05 with 1.03 million separations relating to overnight stays.

PATIENT DAYS AND
AVERAGE LENGTH OF
STAY IN HOSPITAL

During 2004–05, 6.8 million patient days were provided in private acute and psychiatric hospitals, down slightly by 0.4% from 2003–04. Tasmania, Northern Territory and Australian Capital Territory combined were the main contributors to this decrease, down 7.6% over the 2004–05 year. Patient days increased in Western Australia (1.6%), Queensland (1.3%) and Victoria (0.3%).

The average length of stay for all patients (same-day and overnight-stay) in private acute and psychiatric hospitals, dropped slightly to 3 days in 2004–05. The decrease is due to the decrease in overnight-stay patients from 5,700 in 2003–04 to 5,600 in 2004–05 and the increase in same-day patients from 1,100 in 2003–04 to 1,200 in 2004–05. Average length of stay has been declining since 1991–92 (4.2 days).

For overnight-stay patients only, the average length of stay remained at 5.4 days in 2004–05.

PATIENT
CHARACTERISTICS
Insurance status

During 2004–05, 81% of patient separations from private acute and psychiatric hospitals carried hospital insurance. The proportion of patient separations with hospital insurance was highest in South Australia (88%) and lowest in Tasmania, Northern Territory and Australian Capital City combined (63%).

HOSPITAL
CHARACTERISTICS

In 2004–05, there were 193 private acute and psychiatric hospitals with operating theatres. Of the 819 operating theatres in acute and psychiatric hospitals in Australia, 29% are located in NSW, 25% in Victoria, and 21% in Queensland.

The average number of sessions per operating theatre per week was highest in Tasmania, Northern Territory and Australian Capital Territory combined (7.9) compared with the average for Australia (7.5). South Australia (6.4) had the lowest average number of sessions per operating theatre per week during 2004–05.

There were 144 dedicated day surgery units in private acute and psychiatric hospitals in 2004–05. Of these 76% are located in New South Wales (42), Victoria (40) and Queensland (28). Per theatre per week, the average theatre time used in day surgery theatres (20.1 hours) was 35.4% less than the average theatre time used in operating theatres (31.1 hours).

Over 2004–05 there were 1.78 million occasions of service in non-admitted patients services in Private Hospitals in Australia. Of these the major non-admitted patient services were accident and emergency (451,700 occasions of service), allied health services (343,700) and pathology (316,400). In 2004–05, there were 47 private hospitals in Australia with accident and emergency services. Among the states, Victoria (14) had the largest number of private hospitals with accident and emergency services, followed closely by Queensland (12).

STAFF

The number of full-time equivalent staff employed at private acute and psychiatric hospitals in Australia during 2004–05 was 46,458, a slight increase of 0.2% over the previous year. Nursing staff (29,255) accounted for 63% of total staff, and averaged 1.6 per occupied bed in 2004–05. This ratio was consistent across all states except Queensland and South Australia where there were 1.5 nursing staff per occupied bed.

STAFF *continued*

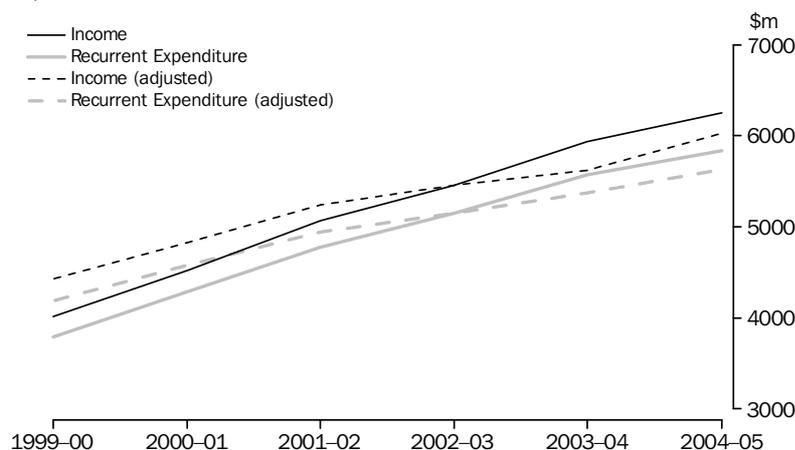
In 2004-05, the average number of total staff per occupied bed was 2.5. Western Australia had the highest average number of total staff per occupied bed, 2.7. South Australia and Queensland had the lowest average number of total staff at 2.4.

INCOME

Income received by private acute and psychiatric hospitals in Australia during 2004-05 amounted to \$6,249m, an increase of 5.3% over the previous year. Over the five years to 2004-05, the average annual increase in income was 9.3%. When costs are adjusted to remove the effects of price changes over the period, the average annual growth was 5.6%. The increase from 2003-04 was 1.6%, which represents a continuation of the slowdown in growth in recent years. Acute and psychiatric hospitals had experienced strong growth in adjusted income in 2000-01 (9%) and 2001-02 (8.7%). The growth slowed in 2002-03 (4.1%) and 2004-05 (4.9%). (See Explanatory Notes paragraph 16, concerning the use of chain volume measures.)

Patient revenue accounted for 95% of all income generated by private acute and psychiatric hospitals in 2004-05. Patient revenue as a proportion of total revenue was highest in Tasmania, Northern Territory, and Australian Capital Territory combined (97%) and lowest in Western Australia (90%).

ACUTE AND PSYCHIATRIC PRIVATE HOSPITALS, Income and expenditure



EXPENDITURE

Recurrent expenditure for acute and psychiatric hospitals during 2004-05 amounted to \$5,839m, a 4.7% increase over the previous year. Over the five years to 2004-05, the average annual increase in recurrent expenditure was 5.4% (adjusted for price changes over the period). (See Explanatory Notes, paragraph 16, concerning the use of chain volume measures.)

For private acute and psychiatric hospitals, wages and salaries (including on-costs such as employer contributions to superannuation and payroll tax), as a proportion of recurrent expenditure was 51% in 2004-05 compared with 52% in 2003-04. This proportion has continued to decrease from 60% in 1993-94. Other large components were drug, medical and surgical supplies (26% of total) and administrative expenses (8.2%).

The average expenditure per patient day in 2004-05 was \$859 compared with \$817 in 2003-04. These average costs have increased from \$462 in 1994-95.

EXPENDITURE

continued

The average cost per patient day is higher as hospital size increases. This is a reflection of the greater complexity of procedures undertaken at the larger hospitals. The more complex procedures necessitate greater use of highly trained staff, expensive equipment, drugs and medical supplies. In 2004–05, recurrent expenditure per patient day at private acute and psychiatric hospitals with over 200 beds was \$1015, compared with the average of \$560 for hospitals with 25 or fewer beds.

There are also considerable differences in the average recurrent expenditure per patient day among the various hospital types. Religious or charitable hospitals had the highest average costs per patient day (\$942) in 2004–05. Other non-profit hospitals and hospitals operated for profit had lower average costs per patient day (\$776 and \$804 respectively).

Gross capital expenditure for private acute and psychiatric hospitals during 2004–05 increased by 0.2% over the previous year to \$309.3m.

Capital expenditure in 2004–05 represented 4.9% of the total income for the year. Amongst the states and territories, capital expenditure as a proportion of total income was highest for Tasmania, Northern Territory, and Australian Capital Territory combined (6.7%) and lowest for New South Wales (4.0%).

2.1 PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Summary table

	1994-95	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05
New South Wales	92	86	87	87	85	85	82
Victoria	111	86	85	84	84	81	81
Queensland	52	56	54	56	55	54	54
South Australia	39	32	32	32	32	32	31
Western Australia	22	28	28	29	27	25	24
Tasmania, Northern Territory and Australian Capital Territory	12	14	13	13	13	14	13
Australia	328	302	299	301	296	291	285
Beds(a)							
Capital City Statistical Divisions	16 632	17 202	17 837	18 119	18 034	17 995	17 916
Rest of Australia	5 738	6 463	6 628	6 629	6 420	6 647	6 430
Total	22 370	23 665	24 465	24 748	24 454	24 642	24 346
Separations							
Same-day patients ('000)	465	857	956	1 092	1 104	1 126	1 209
Overnight-stay patients ('000)	882	942	1 003	1 026	1 026	1 056	1 030
Total ('000)	1 347	1 799	1 959	2 118	2 130	2 182	2 238
Patient days							
Same-day patients ('000)	465	857	956	1 092	1 104	1 126	1 209
Overnight-stay patients ('000)	4 957	5 375	5 569	5 703	5 644	5 697	5 590
Total ('000)	5 422	6 232	6 526	6 794	6 748	6 823	6 799
Average length of stay							
Overnight-stay patients (days)	5.6	5.7	5.6	5.6	5.5	5.4	5.4
All patients (days)	4.0	3.5	3.3	3.2	3.2	3.1	3.0
Occupancy							
Overnight-stay patients (%)	60.7	62.1	62.4	63.1	63.2	63.2	62.9
All patients (%)	66.4	72.0	73.1	75.2	75.6	75.7	76.5
Staff(b)	36 589	43 120	44 720	46 709	45 556	46 539	46 458
Income							
Total (\$'000)	2 763 174	4 012 135	4 517 550	5 065 971	5 456 451	5 932 744	6 248 507
Patient revenue (c) (%)	94.7	90.6	92.7	94.5	95.4	95.6	95.0
Recurrent expenditure							
Total (\$'000)	2 503 067	3 794 034	4 284 272	4 776 566	5 147 409	5 576 246	5 838 895
Wages and salaries, including on-costs(d) (%)	59.1	57.2	55.6	54.7	52.6	51.5	51.1
Per patient day (\$)	462	609	657	703	763	817	859
Gross capital expenditure (\$'000)	354 211	325 254	426 087	446 990	290 291	308 806	309 281

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

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

(c) As a proportion of total income.

(d) As a proportion of total recurrent expenditure.

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

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Total
HOSPITALS							
Type							
Acute	73	75	50	28	22	11	259
Psychiatric	9	6	4	np	np	np	26
Total	82	81	54	31	24	13	285
Location							
Capital City Statistical Division	55	59	21	22	19	8	184
Rest of state/territory	27	22	33	9	5	5	101
Hospital size(a)							
0–25 beds	7	17	8	10	5	np	48
26–50 beds	24	20	10	8	6	np	72
51–100 beds	33	26	16	7	5	np	92
101–200 beds	15	14	13	4	3	np	51
Over 200 beds	3	4	7	np	5	np	22
BEDS							
Available beds(b)							
Acute hospitals	5 908	5 897	5 397	1 769	2 718	1 145	22 834
Psychiatric hospitals	494	423	289	np	np	np	1 512
Total	6 402	6 320	5 686	1 869	2 860	1 209	24 346
Location							
Capital City Statistical Divisions	4 539	5 277	2 913	1 720	2 535	932	17 916
Rest of Australia	1 863	1 043	2 773	149	np	np	6 430
PROPORTION OF ALL AUSTRALIAN HOSPITALS (%)							
Hospitals	29	28	19	11	8	5	100
Available Beds	26	26	23	8	12	5	100

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

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

(b) Average for the year.

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

	NOT FOR PROFIT			
	<i>For profit</i>	<i>Religious or charitable</i>	<i>Other(a)</i>	<i>Total</i>
HOSPITALS				
New South Wales	63	19	—	82
Victoria	51	15	15	81
Queensland	25	24	5	54
South Australia	10	5	16	31
Western Australia	12	11	np	24
Tasmania, Northern Territory and Australian Capital Territory	np	np	np	13
Australia	167	79	39	285
Location				
Capital City Statistical Divisions	124	48	12	184
Rest of Australia	43	31	27	101
Hospital size(b)				
0–25 beds	12	13	23	48
26–50 beds	51	12	9	72
51–100 beds	65	22	5	92
101–200 beds	31	18	np	51
Over 200 beds	8	14	—	22
BEDS				
Available beds(c)				
Capital City Statistical Divisions	10 062	7 131	723	17 916
Rest of Australia	3 521	2 373	536	6 430
Total	13 583	9 504	1 259	24 346

— nil or rounded to zero (including null cells)

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

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

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

(c) Average for the year.

2.4

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, States and territories

	Separations.....		Patient Days.....		Average length of stay	Bed occupancy rate
	'000	%	'000	%	Days	%
.....						
2002-03						
New South Wales	559.2	26.2	1 769.5	26.2	3.2	73.7
Victoria	556.5	26.1	1 743.0	25.8	3.1	77.4
Queensland	469.6	22.0	1 570.3	23.3	3.3	77.1
South Australia	171.4	8.0	556.2	8.2	3.2	77.0
Western Australia	267.2	12.5	780.7	11.6	2.9	73.6
Tasmania, Northern Territory & Australian Capital Territory	106.5	5.0	328.0	4.9	3.1	72.2
Australia	2 130.4	100.0	6 747.7	100.0	3.2	75.6
Location						
Capital City Statistical Divisions	1 588.6	74.6	5 086.3	75.4	3.2	77.3
Rest of Australia	541.9	25.4	1 661.3	24.6	3.1	70.9
.....						
2003-04						
New South Wales	572.3	26.2	1 797.9	26.4	3.1	75.1
Victoria	559.0	25.6	1 735.4	25.4	3.1	75.7
Queensland	503.0	23.0	1 639.1	24.0	3.3	78.6
South Australia	171.0	7.8	545.4	8.0	3.2	76.8
Western Australia	266.0	12.2	776.7	11.4	2.9	73.0
Tasmania, Northern Territory & Australian Capital Territory	111.1	5.1	328.4	4.8	3.0	69.4
Australia	2 182.4	100.0	6 823.0	100.0	3.1	75.7
Location						
Capital City Statistical Divisions	1 619.6	74.2	5 100.0	74.7	3.1	77.4
Rest of Australia	562.7	25.8	1 722.9	25.3	3.1	70.8
.....						
2004-05						
New South Wales	584.6	26.1	1 761.8	25.9	3.0	75.4
Victoria	570.9	25.5	1 741.1	25.6	3.0	75.5
Queensland	518.0	23.1	1 660.9	24.4	3.2	80.0
South Australia	182.4	8.2	541.9	8.0	3.0	79.4
Western Australia	278.9	12.5	789.4	11.6	2.8	75.6
Tasmania, Northern Territory & Australian Capital Territory	103.6	4.6	303.6	4.5	2.9	68.8
Australia	2 238.4	100.0	6 798.7	100.0	3.0	76.5
Location						
Capital City Statistical Divisions	1 670.5	74.6	5 129.5	75.4	3.1	78.4
Rest of Australia	567.9	25.4	1 669.2	24.6	2.9	71.1

2.5

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

	Separations		Patient Days		Average length of stay	Bed occupancy rate
	'000	%	'000	%	Days	%
HOSPITAL TYPE						
For profit	1 276.4	57.0	3 768.1	55.4	3.0	76.0
Not for profit						
Religious or charitable	873.5	39.0	2 755.0	40.5	3.2	79.4
Other(b)	88.5	4.0	275.6	4.1	3.1	60.0
Total	2 238.4	100.0	6 798.7	100.0	3.0	76.5
HOSPITAL SIZE						
0–25 beds	44.3	2.0	123.0	1.8	2.8	60.3
26–50 beds	227.7	10.2	658.9	9.7	2.9	65.7
51–100 beds	559.1	25.0	1 707.1	25.1	3.1	70.2
101–200 beds	716.1	32.0	2 076.9	30.5	2.9	79.2
Over 200 beds	691.3	30.9	2 232.7	32.8	3.2	85.0
Total	2 238.4	100.0	6 798.7	100.0	3.0	76.5

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

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

2.6

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

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
Operating theatres							
Hospitals with these theatres	59	51	37	21	17	8	193
Theatres	237	203	174	76	90	39	819
Average number of sessions(b)	7.3	7.8	7.5	6.4	7.8	7.9	7.5
Average theatre time used (hours)(b)	34.6	28.7	28.3	26.9	35.6	32.1	31.1
Nurses(c)	1 429.5	1 041.3	1 180.0	460.9	499.2	237.8	4 848.7
Day surgery theatres(d)							
Hospitals with these theatres	24	27	21	12	9	7	100
Theatres	33	51	42	17	18	13	174
Average number of sessions(b)	6.7	7.6	5.9	5.9	6.6	6.4	6.7
Average theatre time used (hours)(b)	25.3	20.1	14.2	21.9	25.4	16.0	20.1
Nurses(c)	170.5	255.1	156.0	54.0	80.3	48.0	764.0

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

(b) Per theatre per week.

(c) Full-time equivalent.

(d) Excluding free-standing day hospital facilities.

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

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
SEPARATIONS ('000)							
Hospital Insurance	477.9	472.1	444.8	160.2	196.0	65.6	1 816.6
No hospital insurance	81.5	80.3	71.5	6.5	82.9	11.4	334.1
Not stated	25.2	18.5	np	np	—	np	87.8
Total	584.6	570.9	518.0	182.4	278.9	103.6	2 238.4
SEPARATIONS (%)							
Hospital Insurance	81.7	82.7	85.9	87.8	70.3	63.3	81.2
No hospital insurance	13.9	14.1	13.8	3.5	29.7	11.0	14.9
Not stated	4.3	3.2	0.3	8.6	—	25.7	3.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
AVERAGE LENGTH OF STAY (DAYS)							
Hospital Insurance	3.0	2.9	3.3	3.0	2.7	2.8	3.0
No hospital insurance	3.2	3.6	2.6	2.5	3.1	2.3	3.1
Not stated	3.1	4.4	1.3	2.7	—	3.4	3.4
Total	3.0	3.0	3.2	3.0	2.8	2.9	3.0

— nil or rounded to zero (including null cells)

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

(a) For definition of insurance status see Glossary.

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

	Labour wards	Psychiatric wards(a)	Special care units(b)	Emergency departments(c)	Dedicated day surgery unit
	no.	no.	no.	no.	no.
Hospitals with specialised wards or units					
New South Wales	19	14	50	4	42
Victoria	18	10	43	6	40
Queensland	19	11	34	7	28
South Australia	7	2	11	3	10
Western Australia	10	4	16	3	13
Tasmania, Northern Territory and Australian Capital Territory	5	3	10	2	11
Australia	78	44	164	25	144

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

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

(c) Bona fide emergency departments.

2.9 PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Specialised units or wards

HOSPITALS

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
	no.	no.	no.	no.	no.	no.	no.
Neonatal intensive care unit	16	16	16	3	8	6	65
Separate intensive care unit (ICU)	12	11	9	3	2	1	38
Separate coronary care unit (CCU)	7	11	7	2	2	1	30
Combined ICU/CCU	7	3	8	—	3	2	23
High dependency unit	16	17	8	6	1	4	52
Obstetric/maternity service	21	17	16	6	8	7	75
Specialised paediatric service	9	3	10	—	3	3	28
Cardiac surgery unit	9	6	7	np	np	—	25
Maintenance renal dialysis	3	3	7	—	3	—	16
Psychiatric unit/ward(a)	14	9	10	np	4	3	42
Oncology unit	12	19	21	6	6	5	69
Rehabilitation unit	23	15	10	3	2	1	54
Sleep centre	20	18	11	2	4	4	59
Residential aged care service(b)	—	2	1	1	—	—	4
Geriatric assessment unit	—	3	2	1	2	—	8
Domiciliary care service	—	4	1	—	—	1	6
Hospice/palliative care unit	4	1	4	1	7	1	18
Dedicated day surgery unit	42	40	28	10	13	11	144
Other specialised units/wards(c)	16	26	20	6	5	4	77
All hospitals(d)	73	65	45	19	20	13	235

— nil or rounded to zero (including null cells)

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

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

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

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

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

2.10

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Non-admitted patient services

HOSPITALS

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.	Occasions of service
	no.	no.	no.	no.	no.	no.	no.	'000
Accident and emergency (a)	5	14	12	9	4	3	47	451.7
Medical/surgical/diagnostic								
Dialysis	1	1	1	—	—	—	3	13.8
Radiology and organ imaging	3	3	—	—	—	—	6	175.1
Endoscopy	1	1	1	1	2	—	6	33.2
Pathology	1	3	1	1	—	1	7	316.4
Other	4	6	7	2	7	—	26	178.3
Mental health	2	2	1	2	1	—	8	9.1
Alcohol and drug	1	1	—	1	1	—	4	2.8
Pharmacy	1	—	—	—	—	—	1	13.4
Allied health services	7	15	2	3	1	—	28	343.7
Outreach services								
Community Health services	3	3	—	—	—	2	8	93.2
District nursing services	2	4	—	—	—	—	6	89.1
Other outreach services	1	3	2	1	1	—	8	21.1
Other	5	3	4	2	5	4	23	39.3
All hospitals (b)	19	34	24	15	14	8	114	1 780.2

— nil or rounded to zero (including null cells)

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

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

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

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
NUMBER OF STAFF							
Nursing staff							
Registered nursing staff	5 386	6 081	5 119	1 694	2 671	1 140	22 091
Other nursing staff(b)	2 272	1 657	1 637	569	804	226	7 165
Total	7 658	7 738	6 756	2 262	3 475	1 366	29 255
Salaried medical officers and other diagnostic health professionals	778	991	548	118	490	106	3 031
Administrative and clerical	1 708	1 816	2 010	527	924	310	7 295
Domestic and other staff	1 713	1 875	1 417	604	939	329	6 877
Total	11 856	12 421	10 731	3 511	5 829	2 111	46 458

AVERAGE NUMBER OF STAFF PER OCCUPIED BED

Nursing staff							
Registered nursing staff	1.1	1.3	1.1	1.1	1.2	1.4	1.2
Other nursing staff(b)	0.5	0.3	0.4	0.4	0.4	0.3	0.4
Total	1.6	1.6	1.5	1.5	1.6	1.6	1.6
Other(c)	0.9	1.0	0.9	0.8	1.1	0.9	0.9
Total	2.5	2.6	2.4	2.4	2.7	2.5	2.5

(a) Full-time equivalent.

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

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

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

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
Income							
Patient revenue(a) (\$'000)	1 631 353	1 555 268	1 325 944	439 517	716 878	269 098	5 938 059
Recoveries (\$'000)	26 962	38 867	40 479	6 886	36 970	4 674	154 837
Other(b) (\$'000)	31 627	46 788	27 992	6 673	39 500	3 032	155 611
Total (\$'000)	1 689 942	1 640 922	1 394 415	453 076	793 348	276 803	6 248 507
Patient revenue as a proportion of total revenue (%)	96.5	94.8	95.1	97.0	90.4	97.2	95.0

(a) Including prostheses.

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

2.13

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Income—Hospital Type

NOT FOR PROFIT

	<i>For profit</i>	<i>Religious or charitable</i>	<i>Other(a)</i>	<i>Total</i>
Income				
Patient revenue(b) (\$'000)	3 202 678	2 535 784	199 596	5 938 059
Recoveries (\$'000)	75 816	76 016	3 005	154 837
Other(c) (\$'000)	61 847	82 932	10 833	155 611
Total (\$'000)	3 340 342	2 694 732	213 433	6 248 507
Patient revenue as a proportion of total revenue (%)	95.9	94.1	93.5	95.0

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

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

2.14

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

HOSPITALS WITH BEDS NUMBERING

	0-25	26-50	51-100	101-200	Over 200	<i>Total</i>
Income						
Patient revenue(b) (\$'000)	63 772	378 859	1 273 057	1 947 418	2 274 953	5 938 059
Recoveries (\$'000)	1 093	5 641	21 357	53 592	73 153	154 837
Other(c) (\$'000)	7 991	5 180	18 464	58 750	65 227	155 611
Total (\$'000)	72 856	389 680	1 312 878	2 059 760	2 413 333	6 248 507
Patient revenue as a proportion of total revenue (%)	87.5	97.2	97.0	94.5	94.3	95.0

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

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

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

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT	Aust.
Wages and salaries including on-costs (\$'000)	775 270	836 909	649 323	213 735	364 691	144 526	2 984 455
Drug, medical and surgical supplies (\$'000)	442 480	369 687	335 620	122 818	154 228	67 923	1 492 756
Food supplies (\$'000)	22 467	23 954	17 682	5 966	10 927	4 135	85 132
Other domestic services (\$'000)	26 580	21 624	21 270	6 136	12 189	5 318	93 117
Administrative expenses (\$'000)	103 063	116 401	117 691	38 974	77 039	26 117	479 286
Repairs and maintenance (\$'000)	31 234	22 642	23 555	6 393	13 046	1 997	98 867
Other (\$'000)	159 610	151 939	134 991	54 773	81 075	22 894	605 283
Total (\$'000)	1 560 705	1 543 157	1 300 132	448 796	713 195	272 911	5 838 895
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	49.7	54.2	49.9	47.6	51.1	53.0	51.1
Average recurrent expenditure							
Per separation (\$)	2 670	2 703	2 510	2 460	2 557	2 635	2 608
Per patient day (\$)	886	886	783	828	903	899	859
Gross capital expenditure (\$'000)	68 327	81 181	72 875	24 103	44 167	18 628	309 281

2.16 PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Expenditure—Hospital Type

	NOT FOR PROFIT			Total
	For profit	Religious or charitable	Other(a)	
Recurrent expenditure(b)				
Wages and salaries including on-costs (\$'000)	1 558 031	1 306 147	120 277	2 984 455
Drug, medical and surgical supplies(c) (\$'000)	792 917	659 058	40 781	1 492 756
Food supplies (\$'000)	44 318	36 169	4 645	85 132
Other domestic services (\$'000)	43 685	44 274	5 158	93 117
Administrative expenses (\$'000)	243 199	220 823	15 265	479 286
Repairs and maintenance (\$'000)	60 757	35 033	3 077	98 867
Other(d) (\$'000)	286 056	294 460	24 767	605 283
Total (\$'000)	3 028 962	2 595 964	213 968	5 838 895
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	51.4	50.3	56.2	51.1
Average recurrent expenditure(e)				
Per separation (\$)	2 373	2 972	2 417	2 608
Per patient day (\$)	804	942	776	859
Gross capital expenditure (\$'000)	131 893	156 343	21 046	309 281

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

(b) See Explanatory Notes, paragraph 1.1. Expenditure on non-admitted patient services is included by default because such expenditure is not separately available.

(c) Including surgically implanted prostheses and homograft items.

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

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

2.17

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

	HOSPITALS WITH BEDS NUMBERING					
	0-25	26-50	51-100	101-200	Over 200	Total
Recurrent expenditure(b)						
Wages and salaries including on-costs (\$'000)	46 101	209 149	655 017	925 506	1 148 682	2 984 455
Drug, medical and surgical supplies(c) (\$'000)	6 220	60 594	256 429	558 232	611 281	1 492 756
Food supplies (\$'000)	1 571	6 672	20 073	24 389	32 427	85 132
Other domestic services (\$'000)	1 583	7 116	20 480	28 262	35 676	93 117
Administrative expenses (\$'000)	5 762	36 674	110 316	161 013	165 520	479 286
Repairs and maintenance (\$'000)	980	6 584	21 004	34 014	36 285	98 867
Other(d) (\$'000)	6 723	37 067	119 241	206 558	235 693	605 283
Total (\$'000)	68 940	363 857	1 202 560	1 937 974	2 265 564	5 838 895
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	66.9	57.5	54.5	47.8	50.7	51.1
Average recurrent expenditure(e)						
Per separation (\$)	1 555	1 598	2 151	2 706	3 277	2 608
Per patient day (\$)	560	552	704	933	1 015	859
Gross capital expenditure (\$'000)	2 759	24 964	69 048	89 206	123 305	309 281

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

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

(c) Including surgically implanted prostheses and homograft items.

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

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

HOSPITALS

The number of private free-standing day hospital facilities has grown fairly steadily in the last ten years from 125 establishments in 1994-95 to 247 in 2004-05. Victoria experienced the largest increase of all the states and territories, with 7 more hospitals than in 2003-04. The number of beds/chairs in private free-standing day hospital facilities increased by 6.7% from 2003-04 from 1,947 to 2,078, with an average of 259 separations per bed/chair. The number of operating theatres increased by 5.0% from 220 to 231 over the year, while the number of procedure rooms rose by 8.4% to 193 rooms.

The four main types of free-standing day hospitals in 2004-05 were specialist endoscopy (28%), ophthalmic (22%), plastic/cosmetic (13%) and general (7.7%). Specialist endoscopy centres had the highest number of separations with 173,697 in 2004-05 followed by ophthalmic centres with 83,760.

Patient separations

Patient separations from free-standing day hospital facilities continued to increase from 505,600 in 2003-04 to 537,518 in 2004-05, representing an increase of 6.3%. The average annual growth rate for the five years ending 2004-05 was 9%.

Staff

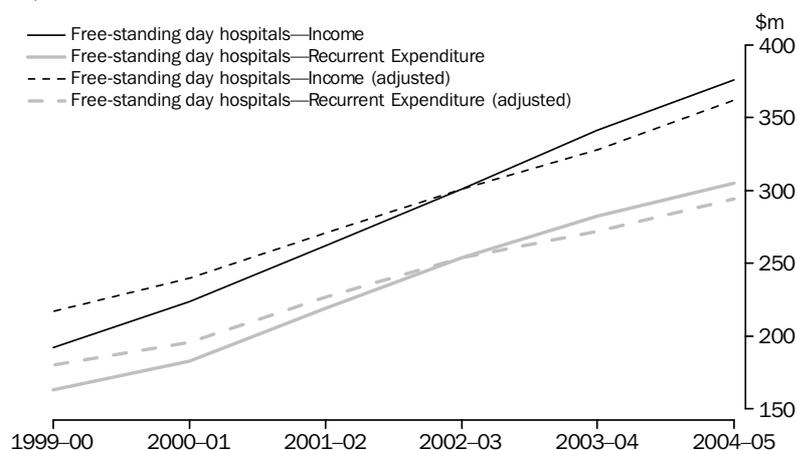
The total number of full-time equivalent staff in free-standing day hospital facilities increased by 2.4% to 2,086 in 2004-05. Nursing staff accounted for 61% of total staff in 2004-05, unchanged from 2003-04.

INCOME

Free-standing day hospital facilities received \$376m in income during 2004-05, a 10% increase from the previous year. The average annual increase in income over the five years to 2004-05 was 14%. In adjusted terms, these increases were 6.3% from 2003-04 and 11% over the five years to 2004-05. (See Explanatory Notes, paragraph 16, concerning chain volume measures.) Most income generated in free-standing day hospitals is sourced from patient revenue (96%). This proportion was highest for Western Australia (99.5%) and lowest for Victoria (93%).

INCOME *continued*

PRIVATE FREE-STANDING DAY HOSPITAL FACILITIES, Income and expenditure



EXPENDITURE

Recurrent expenditure recorded for free-standing day hospital facilities in 2004–05 was \$305m. This represents an increase of 8.1% over the previous year (11% when adjusted for price changes). The average annual growth rate was 9.6% over the five year period to 2004–05 (adjusted for price changes over the period). (See Explanatory Notes, paragraph 16, concerning the use of chain volume measures.)

The average expenditure per patient separation continued to increase from \$559 in 2003–04 to \$568 in 2004–05. Gross capital expenditure for free-standing day hospital facilities during 2004–05 was \$22m.

Capital expenditure represented 6.0% of total income in 2004–05. This proportion was highest for Queensland (12%) and lowest for Tasmania, Northern Territory, and Australian Capital Territory combined (2.0%).

3.1 FREE-STANDING DAY HOSPITAL FACILITIES, Summary Table

	1994-95	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05
Hospitals							
New South Wales	71	83	89	93	98	93	96
Victoria	23	50	51	52	56	54	61
Queensland	11	33	36	47	44	46	48
South Australia	7	18	19	23	23	22	22
Western Australia	8	13	13	12	12	11	12
Tasmania, Northern Territory and Australian Capital Territory	5	10	9	9	7	8	8
Australia	125	207	217	236	240	234	247
Hospitals by type(a)							
General surgery	47	23	20	18	13	13	19
Specialist endoscopy	36	53	62	71	76	75	70
Ophthalmic	20	43	46	52	52	51	53
Plastic/cosmetic	—	—	27	31	29	27	32
Other(b)	22	88	62	64	70	68	73
Total	125	207	217	236	240	234	247
Beds/chairs(c)	939	1 581	1 688	1 764	1 910	1 947	2 078
Separations ('000)	189.9	349.0	393.8	433.3	471.7	505.6	537.5
Operating theatres at 30 June	122	197	202	215	217	220	231
Procedure rooms at 30 June	108	168	180	179	188	178	193
Staff(d)	755	1 537	1 594	1 797	1 955	2 038	2 086
Income							
Total (\$'000)	85 805	191 614	224 239	262 028	301 080	340 730	375 567
Patient revenue(e) (%)	96.4	95.5	95.9	96.3	95.7	94.7	95.6
Recurrent expenditure							
Total (\$'000)	70 044	162 710	183 115	219 091	254 024	282 401	305 251
Wages and salaries, including on-costs(f) (%)	40.9	41.2	42.3	42.1	41.1	39.2	39.3
Per separation (\$)	369	466	465	506	539	559	568
Gross capital expenditure (\$'000)							
	16 717	26 489	26 380	27 285	23 533	21 695	22 382

— nil or rounded to zero (including null cells)

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

(b) Including fertility and sleep disorders clinics.

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

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

(e) As a proportion of total income.

(f) As a proportion of total recurrent expenditure.

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

	<i>General surgery</i>	<i>Specialist endoscopy</i>	<i>Ophthalmic</i>	<i>Plastic/cosmetic</i>	<i>Other(b)</i>	<i>Total</i>
	no.	no.	no.	no.	no.	no.
New South Wales	12	21	25	9	29	96
Victoria	3	28	8	9	13	61
Queensland	np	13	11	np	16	48
South Australia	—	4	4	8	6	22
Western Australia	—	np	np	np	np	12
Tasmania, Northern Territory & Australian Capital Territory	np	np	np	—	np	8
Australia	19	70	53	32	73	247
Operating theatres at 30 June	38	24	72	39	58	231
Procedure rooms at 30 June	5	79	21	17	71	193
Average number of sessions	5	5	4	4	5	4
Average theatre room time used(c)	19	20	16	16	18	18
Average number of beds/chairs	279	574	392	163	670	2 078
Separations	59.2	173.7	83.8	34.8	186.1	537.5
Avg number of separations per bed/chair	212	303	214	214	278	259

— nil or rounded to zero (including null cells)

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

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

(b) Including fertility and sleep disorders clinics.

(c) Per theatre/room per week.

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

	<i>General surgery</i>	<i>Specialist endoscopy</i>	<i>Ophthalmic</i>	<i>Plastic/cosmetic</i>	<i>Other(b)</i>	<i>Total</i>
Nursing staff(c)	182.4	298.0	253.5	114.5	414.1	1 262.5
Administrative and clerical	50.0	233.0	117.6	68.7	177.3	646.7
Other(d)	12.4	33.3	38.0	9.7	83.4	176.8
Total	244.8	564.3	409.1	193.0	674.8	2 086.0

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

(b) Including fertility and sleep disorders clinics.

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

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

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

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
Nursing staff(a)	484.1	221.5	383.4	76.3	58.1	39.2	1 262.5
Administrative and clerical	263.8	128.3	157.4	48.8	25.0	23.4	646.7
Other(b)	104.8	20.9	33.7	12.1	2.2	3.1	176.8
Total	852.7	370.7	574.5	137.2	85.2	65.8	2 086.0

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

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

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

	General surgery	Specialist endoscopy	Ophthalmic	Plastic/cosmetic	Other(b)	Total
Income						
Patient revenue (\$'000)	38 029	72 557	101 783	30 145	116 556	359 070
Other(c) (\$'000)	153	8 858	3 230	1 024	3 232	16 497
Total (\$'000)	38 182	81 415	105 013	31 169	119 787	375 567
Patient revenue as a proportion of total revenue	99.6	89.1	96.9	96.7	97.3	95.6

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

(b) Including fertility and sleep disorders clinics.

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

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

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT	Aust.
Income							
Patient revenue (\$'000)	159 903	58 087	90 986	21 406	16 028	12 660	359 070
Other (\$'000)	7 535	4 674	3 183	955	np	np	16 497
Total (\$'000)	167 438	62 761	94 169	22 361	16 104	12 733	375 567
Patient revenue as a proportion of total revenue (%)	95.5	92.6	96.6	95.7	99.5	99.4	95.6

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

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

	General surgery	Specialist endoscopy	Ophthalmic	Plastic/cosmetic	Other(b)	Total
Recurrent expenditure(c)						
Wages and salaries including on-costs (\$'000)	13 567	30 464	25 431	10 748	39 608	119 818
Drug, medical and surgical supplies(d) (\$'000)	9 409	8 904	27 443	5 084	25 960	76 799
Administrative expenses (\$'000)	5 641	11 672	13 276	4 288	19 874	54 750
Other(e) (\$'000)	6 545	13 381	10 853	5 137	17 968	53 884
Total (\$'000)	35 161	64 421	77 002	25 257	103 410	305 251
Wages and salaries, including on-costs as a proportion of total recurrent expenditure (%)	38.6	47.3	33.0	42.6	38.3	39.3
Average recurrent expenditure per separation(f) (\$)	594	371	919	725	556	568
Gross capital expenditure (\$'000)	2 390	4 482	7 506	642	7 361	22 382

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

(b) Including fertility and sleep disorders clinics.

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

(d) Including surgically implanted prostheses and homograft items.

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

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

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

	NSW	Vic.	Qld	SA	WA	Tas., NT and ACT	Aust.
Recurrent expenditure(a)							
Wages and salaries including on-costs (\$'000)	51 839	21 304	30 306	8 286	4 663	3 420	119 818
Drug, medical and surgical supplies(b) (\$'000)	37 114	9 948	19 464	3 664	3 807	2 803	76 799
Administrative expenses (\$'000)	28 405	7 808	11 842	3 397	1 606	1 694	54 750
Other(c) (\$'000)	23 158	8 553	13 738	3 644	2 701	2 090	53 884
Total (\$'000)	140 515	47 612	75 350	18 991	12 777	10 007	305 251
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	36.9	44.7	40.2	43.6	36.5	34.2	39.3
Average recurrent expenditure per separation(d) (\$)	786	373	481	510	614	612	568
Gross capital expenditure (\$'000)	6 220	2 922	11 281	731	628	600	22 382

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

(b) Including surgically implanted prostheses and homograft items.

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

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

EXPLANATORY NOTES

INTRODUCTION

1 This publication contains statistical information for 2004–05 and previous years, obtained from annual censuses of all licensed private hospitals in Australia. It contains details about the facilities, activities, staffing and finances of all private acute and psychiatric hospitals and free-standing day hospital facilities.

2 Corresponding statistics for public hospitals are compiled by the Australian Institute of Health and Welfare (AIHW) in their annual publication, *Australian Hospital Statistics*.

SCOPE

3 All private acute and psychiatric hospitals licensed by state and territory health authorities and all free-standing day hospital facilities approved by the Commonwealth Department of Health and Ageing for the purpose of health insurance benefits are included in the collection.

COLLECTION METHODOLOGY

4 Forms are sent each year to all private hospitals in Australia for completion and return to the ABS. A large component of the required data on admitted patients is sent to the ABS by state and territory health authorities on behalf of hospitals.

COVERAGE

5 All private hospitals in Australia which operated for all or only part of the reference year are included in the collection.

6 Updated lists of private hospitals are received from state, territory and Commonwealth health authorities and every effort is made to include all hospitals in scope.

DEFINITIONS

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

DATA QUALITY

8 Establishments which provided incomplete data were contacted to obtain the missing details. Hospital staff were asked to provide estimates in cases where records for the data item were not kept. If reasonable estimates could not be provided by the establishment then the data item was either left blank or imputed by ABS staff. Imputation was based on data received in previous years and on the results of the data provided by all responding hospitals. Due to the high response rates (95%), imputation rates were very low.

9 The statistics from this collection may be subject to various sources of error. These may be errors in reporting (e.g. because estimates may have been used in the case of actual data not being available, misunderstanding of questions or unwillingness of respondents to reveal all details) or errors arising during processing (e.g. coding, data recording). Every effort is made to reduce errors in the collection to a minimum by careful design of questionnaires and by processing procedures designed to detect errors and enable them to be corrected. These procedures include external coverage checks, clerical and computer editing of input data, error resolution including referral back to the source, and clerical scrutiny of preliminary aggregates.

10 Hospital morbidity data, providing admitted patient's details such as age, principal diagnosis and procedure, are routinely provided by hospitals to state and territory health authorities. Arrangements were made, with consent of the hospitals, for state health authorities to provide the ABS with the relevant morbidity data. Any significant

DATA QUALITY *continued*

inconsistencies between the data collated by health authorities and by hospitals were followed up and resolved. As a result of this reconciliation of the 2004–05 data, the final total for patient separations was 1.6% higher than that reported by consenting hospitals and 0.3% higher than that compiled from data supplied by state health authorities.

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

DAY HOSPITALS CATEGORIES

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

CASEMIX

13 In Australia, a system of Diagnosis Related Groups (AN–DRG) is used as a means of classifying patients for Casemix purposes. Each AN–DRG represents a class of patients with similar clinical conditions requiring similar total hospital resources for their treatment.

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

15 The ABS uses this classification to produce tables that provide data on major diagnostic categories. These tables are not provided in this publication but are available in *Private Health Establishments: Acute and Psychiatric Hospitals Data Report, Australia, 2004-05* (cat. no. 4391.0.40.001) and *Private Health Establishments: Free Standing Day Hospital Facilities Data Report, Australia, 2004-05* (cat. no. 4391.0.40.002).

CHAIN VOLUME MEASURES

16 Chain volume measures have been used in the Summary of Findings in this publication to enable analysis of the changes to recurrent expenditure for private hospitals in 'real' terms. It is considered that these measures provide better indicators of movement in real output 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 2003–2004. 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 March quarter 2006 *Australian National Accounts: National Income, Expenditure and Product* (cat. no. 5206.0). Detailed information on chain volume measures and their use in the Australian National Accounts are contained in:

Information Paper: Australian National Accounts, Introduction of Chain Volume and Price Indexes, Sep 1997 (cat. no. 5248.0); and
Information Paper: Upgraded Australian National Accounts, 1998 (cat. no. 5253.0)

CLASSIFICATIONS

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

CLASSIFICATIONS *continued*

18 The locations of all private health establishments are coded according to the *Australian Standard Geographical Classification, 2004 Edition* (cat. no. 1216.0).

19 The proportion of population in Capital City Statistical Divisions is calculated using the population as at 31 December 2004, *Australian Demographic Statistics, December 2005* (cat. no. 3101.0).

GENERAL

ACKNOWLEDGEMENT

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

RELATED PUBLICATIONS

21 Other ABS publications that may be of interest include:

Private Health Establishments: Acute and Psychiatric Hospitals Data Report, Australia, 2004-05 (cat. no. 4391.0.40.001)

Private Health Establishments: Free Standing Day Hospital Facilities Data Report, Australia, 2004-05 (cat. no. 4391.0.40.002)

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

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

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

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

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

The following related publications are issued by other organisations.

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

Australian Hospital Statistics, 1993-95: An Overview

Australian Hospital Statistics, 2004-05 - Released annually

Australia's Health, 2004

Health Expenditure Australia, 2003-04

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

Medical Labour Force, 2003

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

National Health Data Dictionary, Version 12, 2003

Nursing Labour Force, 2002

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

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

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

National Mental Health Report, 2004

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

Membership Statistics – Released quarterly

PHIAC A Report, – Released quarterly

Statistical Trends in Membership and Benefits, – Released quarterly

RELATED PUBLICATIONS

continued

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

ABS DATA AVAILABLE ON
REQUEST

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

EFFECTS OF ROUNDING

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

GLOSSARY

Accredited/certified hospitals	Hospitals that are accredited/certified by the Australian Council on Healthcare Standards (ACHS 2003), Benchmark Certification, Business Excellence Australia (SAI-Global Ltd) or any other body approved for private sector quality criteria certification or ISO 9000 quality family standards. Participation in these schemes is voluntary and accreditation is awarded when hospitals demonstrate a continuing adherence to quality assurance standards. Hospital accreditation/certification is regarded as one of the few indicators of hospital quality that is available nationally.
Acute hospitals	These provide at least minimal medical, surgical or obstetrical services for admitted patient treatment and/or care and provide round-the-clock comprehensive qualified nursing services as well as other necessary professional services. They must be licensed by the state or territory health authority. Most of the patients have acute conditions or temporary ailments.
Administrative expenses	Includes management and administrative support expenditure such as rates and taxes, printing, telephone, stationery, insurances and motor vehicle running expenses.
Allied health services	These are provided by units and clinics for the treatment and counselling of patients. They mainly comprise physiotherapy, speech therapy, family planning, dietary advice, optometry and occupational therapy.
Average length of stay in hospital	This is calculated by dividing the aggregate number of patient days by the number of separations associated with those patient days.
Beds	These are provided for the care and treatment of admitted (same-day and overnight-stay) patients. <ul style="list-style-type: none">■ Available beds are those immediately available (occupied and unoccupied) for the care of admitted patients as required. In the case of free-standing day hospital facilities, they include chairs, trolleys, recliners and cots and are used mainly for post-surgery recovery purposes only.■ Occupied beds are calculated by dividing total patient days by the number of days in the year (366 in 2003–04).
Capital expenditure	Comprises expenditure on land and buildings, computer facilities, major medical equipment, plant and other equipment, and expenditure in relation to intangible assets, having regard to guidelines followed as to the differentiation between capital and recurrent costs.
Factors influencing health status and contact with health service	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: <ul style="list-style-type: none">■ When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination or to discuss a problem which is in itself not a disease or injury.■ When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury. Such factors may be elicited during population surveys, when the person may or may not be currently sick, or be recorded as an additional factor to be borne in mind when the person is receiving care for some illness or injury.

Free-standing day hospital facilities	These provide investigation and treatment for acute conditions on a day-only basis and are approved by the Commonwealth for the purposes of basic table health insurance benefits.
Hospital type	'Not-for-profit' hospitals are those which qualify as a nonprofit organisation with either the Australian Taxation Office or the Australian Securities and Investment Commission. These are further categorised as 'religious or charitable' and 'other'. All other hospitals are classed as 'for profit'.
ICD	International Statistical Classification of Diseases and Related Health Problems. The purpose of the ICD is to permit the systematic recording, analysis, interpretation and comparison of mortality and morbidity data collected in different countries or areas and at different times. The ICD, which is endorsed by the World Health Organisation (WHO), is primarily designed for the classification of diseases and injuries with a formal diagnosis. Further information is available from the WHO web site <<www.who.int>>.
Income	<p>Three categories of income are identified:</p> <ul style="list-style-type: none"> ■ Patient revenue includes revenue received by, and due to, the hospital in respect of patient liability for accommodation and other fees, regardless of source of payment (Commonwealth, health fund, insurance company, direct from patient) or status of patient (whether admitted or non-admitted patient). ■ Recoveries includes income received from items such as staff meals and accommodation, and facility fees paid by medical practitioners. ■ Other income includes revenue such as investment income from temporarily surplus funds and income from charities, bequests, meals and accommodation provided to visitors, and kiosk sales. Revenue payments received from state or territory governments are excluded.
Insurance status	Indicates whether or not hospital insurance is held with a registered health insurance fund, or a general insurance company. Patients who have insurance cover only for ancillary services are regarded as not having hospital insurance.
Occasions of service	Any services provided to a non-admitted patient in a functional unit (e.g.radiology) of the hospital. Each diagnostic test or simultaneous set of related diagnostic tests is counted as one occasion of service.
Occupancy rate	<p>Is calculated by dividing patient days by the product of average number of beds and the number of days in the year (366 in 2003–04) and expressed as a percentage.</p> $\text{occupancy rate (\%)} = \frac{\text{patient days} \times 100}{\text{average available beds} \times 365}$
Other domestic services	Includes staff services, accommodation, bedding and linen, hardware, crockery, cutlery, laundering and cleaning of uniforms.
Other specialised units/wards	Includes neurosurgical unit, acute spinal cord injury unit, burns unit, major plastic/reconstructive surgery unit, transplantation units, acute renal dialysis unit, infectious diseases unit, comprehensive epilepsy centre, clinical genetics unit, AIDS unit, diabetes unit, in-vitro fertilisation unit, alcohol and drug unit and other specialised services.
Patient	<p>A patient is a person for whom a hospital accepts responsibility for treatment and/or care.</p> <ul style="list-style-type: none"> ■ An admitted patient undergoes a hospital's formal admission process. Babies born in hospital are excluded unless they are provided with medical care other than that which would normally be provided to a newborn, or they remain in hospital after the mother has been discharged, or are the second or subsequent live born infant of a multiple birth and the mother is currently an admitted patient. Persons accompanying a sick patient (e.g. nursing mothers and parents accompanying sick children) are also excluded. ■ Overnight-stay patients are admitted to and separated from hospital on different dates (i.e. they stay at least one night in hospital).

Patient continued	<ul style="list-style-type: none"> ■ Same-day patients are admitted and separated on the same day (i.e. they are in hospital for a period that does not include an overnight stay). ■ Non-admitted patients do not undergo a hospital's formal admission process. These include outpatients, accident and emergency patients and off-site (community/outreach) patients.
Patient days	These are the aggregate number of days of stay (i.e. 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.
Procedure	<p>A clinical intervention that:</p> <ul style="list-style-type: none"> ■ is surgical in nature; and/or ■ carries a procedural risk; and/or ■ carries an anaesthetic risk; and/or ■ requires specialised training; and/or ■ requires special facilities or equipment only available in an acute care setting. <p>For admitted patients, procedures undertaken during an episode of care are recorded in accordance with ICD-10-AM (2nd edition).</p>
Psychiatric hospitals	Psychiatric hospitals are licensed/approved by each state or territory health authority and cater primarily for admitted patients with psychiatric, mental or behavioural disorders.
Recurrent Expenditure	Comprises expenditure on wages and salaries, drug, medical and surgical supplies, food supplies, domestic services, administrative expenses, repairs and maintenance, and other recurrent expenditure. For further information refer to the National Health Data Dictionary V12 which is available on the AIHW web site << www.aihw.gov.au >>.
Repairs and maintenance	Includes costs of maintaining, repairing, replacing and providing additional equipment, maintaining and renovating buildings, and minor additional works.
Separation	<p>Occurs when an admitted patient:</p> <ul style="list-style-type: none"> ■ is discharged ■ is transferred to another institution ■ leaves against medical advice ■ dies whilst in care ■ changes their type of care from/to acute, rehabilitation, palliative or non-acute care (known as statistical discharge), or ■ leaves hospital for a period of seven or more days.
Specialised service	A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics.
Staff	<p>Includes staff employed by the hospital and contract staff employed through an agency in cases where the contract is for the supply of labour.</p> <ul style="list-style-type: none"> ■ Nursing staff comprises registered nurses, enrolled nurses, student nurses, trainee/pupil nurses and other personal care staff (e.g. orderlies, warders and nursing assistants). ■ Administrative and clerical staff includes computing staff, finance staff and civil engineers. ■ Domestic and other staff includes staff engaged in cleaning, laundry services, the provision of food, trades people and maintenance staff. ■ Diagnostic and health professionals includes qualified diagnostic health professionals, allied health professionals and laboratory technicians. ■ Full-time equivalent staff represents the sum of full-time staff and the full-time equivalent of part-time staff. It is derived by adding the on-job hours worked and hours of paid leave (sick, recreation, long service, workers' compensation leave) by/for a staff member (or contract employee where applicable) divided by the number of hours normally worked by a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement.

Statistical discharge – type change	The process by which a hospital records a patient discharge when changing type of care. This occurs when the type of care changes from/to acute, rehabilitation, palliative or non-acute care.
Statistical divisions	These are groupings of the whole or part of legal local government areas. They are designed to be relatively homogeneous regions characterised by identifiable social and economic units within the region. Capital City Statistical Divisions, shown in some tables of this publication, comprise Sydney, Melbourne, Brisbane, Adelaide, Perth, Greater Hobart, Darwin and Canberra.
Type of centre	Free-standing day hospital centres are categorised by type according to their main economic activity. The following types of centres are separately categorised: General surgery, specialist endoscopy, ophthalmic, plastic/cosmetic and other.
Wages and salaries (including on-costs)	Includes wages and salaries, superannuation employer contributions, payroll tax, workers' compensation and workcare premiums, uniforms, education, personnel costs and fringe benefits tax.

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