



2008-09

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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 2008-09 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. Data for 2008-09 in this release has been compared to the data for the 2006-07 reference period.

Brian Pink
Australian Statistician

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ABBREVIATIONS

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

INTRODUCTION

This publication presents data for the private hospital sector in 2008–09. Comparable data for public hospitals are available in Australia Hospital Statistics 2007–08, produced by the Australian Institute of Health and Welfare (AIHW).

HOSPITALS

There were 564 private hospitals operating in Australia in 2008–09 compared with 557 in 2006–07. This represented an overall increase of 1.3% in the total number of private hospitals, the net effect of a decrease of 10 Acute and psychiatric hospitals and an increase of 17 Free-standing day hospitals.

The number of available beds and chairs increased 1.9% from 26,678 in 2006–07 to 27,180 in 2008–09. The number of beds and chairs in Acute psychiatric hospitals increased by 1.1% and those in Free-standing hospitals increased by 11%.

Total patient separations were 10% higher overall in 2008–09 compared to 2006–07. There were 3.4 million patient separations from all private hospitals in 2008–09, compared with 3.1 million in 2006–07.

Private hospitals provided 8.1 million days of hospitalisation to patients in 2008–09, up 6.1% on 2006–07 (7.7 million).

Staff numbers (full-time equivalent) increased by 6.1% to 52,114 in 2008–09 compared to 2006–07 (49,103).

PATIENT CHARACTERISTICS

Sex and Age

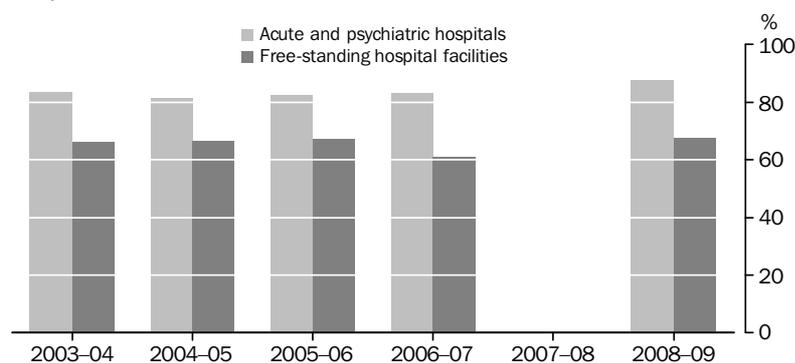
In 2008–09, the ratio of female to male patients remained stable compared to previous cycles. Females accounted for 55% of all patient separations for this cycle. However, people aged 65 and over accounted for 37% of all patient separations, compared to 35% in 2006–07. Based on the estimated resident population at 31 December 2008, there were 170.3 patient separations per 1,000 population for females and 140.4 patient separations per 1,000 population for males.

Insurance

The proportion of patient separations reported as being covered by private hospital insurance increased to 83% in 2008–09, up from 79% in the 2006–07 reference period. Patient separations reported as being covered by private hospital insurance in private Acute and psychiatric hospitals increased by 4.5 percentage points since the 2006–07 cycle, while Free-standing day hospitals saw an increase of 6.7 percentage points.

Insurance continued

ALL PRIVATE HOSPITALS, Separations of patients with private hospital insurance(a) 2003-04 to 2008-09(b)



(a) For definition of insurance status see Glossary.

(b) Data for the 2007-08 reference year are not available. See Explanatory Notes 4-5 and 38 for further information.

Procedures performed

The total number of procedures increased by 16% from 6.3 million in 2006-07 to 7.3 million in 2008-09. Of these procedures, 5.9 million were performed in Acute and psychiatric hospitals and the remaining 1.4 million in Free-standing day hospitals.

The greatest proportion of procedures in private hospitals were in the category of Non-invasive, cognitive and interventions nec (48%), followed by Procedures on the digestive system (13%). 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 nec accounted for 49% of all procedures performed in 2008-09, up from 48% in the previous cycle. The next most common procedures in Acute and psychiatric hospitals were on the Digestive system (11%), the Musculoskeletal system (6.8%) and procedures on the Urinary System (4.0%). For Free-standing day hospitals, Non-invasive, cognitive and other interventions nec accounted for the highest proportion of all procedures performed on patients in 2008-09 at 40%. This was followed by Procedures on the digestive system (21%), Procedures on the eye and adnexa (9.6%), and Procedures on the Urinary system (7.8%)

The most common principle diagnosis for patient separations from all private hospitals was Factors influencing health status and contact with health services (24%). 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 (14%). In comparison with 2006-07, Factors influencing health status and contact with health services rose by 3 percentage points in 2008-09, and Diseases of the digestive system remained steady at 14%.

Mode of Patient Separation

The majority of all patients (97%) were discharged to their place of usual residence in 2008–09. Patient separations discharged to usual residence increased by 16% since the 2006–07 cycle. In 2008–09, a further 1.8% 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 97% of patients to their usual residence, an increase of 3.4% compared to the previous cycle. Free-standing day hospitals released 98% of patients to their usual residence, a considerable rise of 11% since 2006–07.

HOSPITAL CHARACTERISTICS

Income and Expenditure

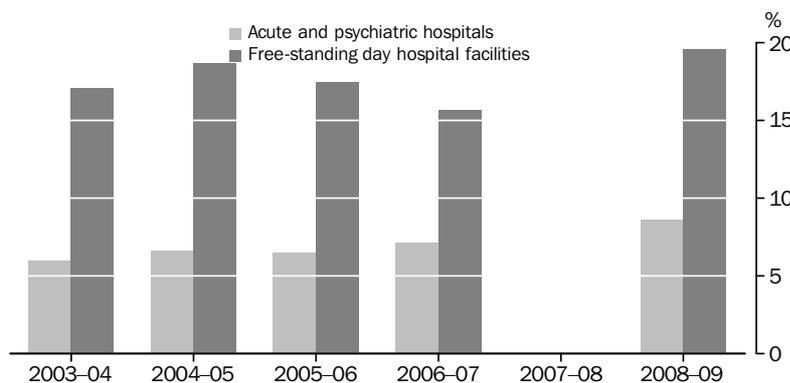
Income from patient activity continued to grow, with income totalling \$8,982m in 2008–09, an increase from \$7,539m in 2006–07. Total income from private Acute and psychiatric hospitals was \$8,353m which accounted for 93% of all private hospital income. Total recurrent expenditure for all private hospitals increased by 17% to \$8,137m in 2008–09 from \$6,967m in 2006–07. For Acute and psychiatric hospitals, wages and salaries as a proportion of recurrent expenses remained steady at 51% in 2008–09; for Free-standing day hospitals the proportion remained consistent with 2006–07 at 40%.

The private hospital sector invested \$637m in building and other capital assets in 2008–09, with Acute and psychiatric hospitals increasing investment from \$440m in 2006–07 to \$589m in 2008–09. Free-standing day hospitals increased investment from \$35m in 2006–07 to \$48m in 2008–09.

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 2008–09 was 8.6%, an increase from 7.1% in 2006–07. The net operating margin for Free-standing day hospital facilities was higher at 20%. This was an increase from the previous cycle's net operating margin of 16%.

ALL PRIVATE HOSPITALS, Net Operating Margin—2003-04 to 2008-09 (a)



(a) Data for the 2007-08 reference year are not available. See Explanatory Notes 4-5 and 38 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 Hospitals 2005–06, produced by Australian Institute of Health and Welfare (AIHW)). As at 30 June 2009, the main organisations used by hospitals to obtain accreditation were Australian

Accreditation continued Council on Healthcare Standards (ACHS) (used by 333 hospitals) and Benchmark Certification (used by 90 hospitals).

1.1

PRIVATE HOSPITALS, Summary—2008-09

	<i>Acute and psychiatric hospitals</i>	<i>Free standing day hospital facilities</i>	<i>All private hospitals</i>
.....			
Hospitals (no.)			
New South Wales	85	91	176
Victoria	77	75	152
Queensland	54	52	106
South Australia	30	24	54
Western Australia	21	29	50
Tasmania, Northern Territory & ACT(a)	12	14	26
Australia	279	285	564
Beds/Chairs (no.)(b)	24 685	2 495	27 180
Separations ('000)	2 599.7	765.3	3 365.0
Sex ('000)(c)			
Males	1 181	331	1 512
Females	1 418	434	1 852
Aged 65 and over (%)	37.4	37.3	37.3
Patient days ('000)			
Same-day patient(d)	1 482	765	2 247
Overnight-stay patient	5 892	—	5 892
Total	7 374	765	8 139
Operating theatres	959	280	1 239
Staff (no.)(e)	49 415	2 700	52 114
Income(f)			
Total (\$'000)	8 353 310	628 594	8 981 904
Patient revenue (%) (g)	95.1	96.9	95.2
Recurrent expenditure (h)			
Total (\$'000)	7 631 728	505 431	8 137 159
Wages and salaries, including on-costs (%)	51.4	39.6	50.7
Gross Capital expenditure (\$'000)(i)	588 772	48 301	637 073

— nil or rounded to zero (including null cells)

(a) 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.

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

(c) Excludes patients with sex not stated, therefore sum may 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 details.

(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 more 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 more 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.

	2004-05	2005-06	2006-07	2007-08(b)	2008-09
.....					
ACUTE AND PSYCHIATRIC HOSPITALS (%)					
Hospital insurance	81.2	82.5	83.1	na	87.6
No hospital insurance	14.9	14.3	11.8	na	11.4
Total (c)	100.0	100.0	100.0	na	100.0
.....					
FREE-STANDING DAY HOSPITAL FACILITIES (%)					
Hospital insurance	66.4	67.1	60.8	na	67.5
No hospital insurance	28.0	28.1	20.3	na	26.4
Total (c)	100.0	100.0	100.0	na	100.0
.....					
ALL PRIVATE HOSPITALS (%)					
Hospital insurance	78.3	79.4	78.5	na	83.0
No hospital insurance	17.5	17.0	13.6	na	14.9
Total (c)	100.0	100.0	100.0	na	100.0
.....					
ALL PATIENT SEPARATIONS ('000)					
Acute and psychiatric hospitals	2 238.4	2 344.9	2 419.5	na	2 599.7
Free-standing day hospital facilities	537.5	579.9	631.3	na	765.3
All private hospitals	2 775.9	2 924.8	3 050.8	na	3 365.0

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 Notes 4-5 and 38 for further information.

(c) Total includes not stated or unknown.

1.3 PRIVATE HOSPITALS, Separations—Patient age and sex—2008–09

	ACUTE AND PSYCHIATRIC HOSPITALS			FREE-STANDING DAY HOSPITAL FACILITIES			ALL PRIVATE HOSPITALS		
	<i>Males</i>	<i>Females</i>	<i>Persons</i>	<i>Males</i>	<i>Females</i>	<i>Persons</i>	<i>Males</i>	<i>Females</i>	<i>Persons</i>
.....									
PROPORTION (%)									
Age group (years)									
0–4	2.8	1.5	2.1	1.1	0.5	0.7	2.5	1.3	1.8
5–14	2.2	1.5	1.8	1.3	1.0	1.1	2.0	1.4	1.7
15–24	5.1	5.6	5.4	3.7	8.7	6.5	4.8	6.3	5.6
25–34	5.3	11.7	8.8	4.9	11.8	8.8	5.2	11.8	8.8
35–44	8.6	13.9	11.5	8.9	14.8	12.3	8.6	14.1	11.7
45–54	12.9	14.9	14.0	14.9	13.1	13.9	13.3	14.5	14.0
55–64	21.1	17.3	19.0	21.2	17.8	19.3	21.1	17.4	19.1
65–74	19.5	14.3	16.7	22.1	15.8	18.5	20.1	14.7	17.1
75–84	16.3	13.5	14.8	17.9	13.0	15.1	16.7	13.4	14.8
85 and over	6.2	5.6	5.9	3.9	3.5	3.7	5.7	5.1	5.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Proportion of persons	45.4	54.6	100.0	43.3	56.7	100.0	44.9	55.1	100.0
.....									
NUMBER ('000)									
All separations	1 181.4	1 418.3	2 599.7	331.0	434.3	765.3	1 512.4	1 852.6	3 365.0
.....									

1.4

PRIVATE HOSPITALS, Separations—Principal diagnosis of patient(a)—2008–09 ..

	<i>Acute and psychiatric hospitals</i>	<i>Free-standing day hospital facilities</i>	<i>All private hospitals</i>
.....			
PROPORTION (%)			
Certain infectious and parasitic diseases	0.6	0.2	0.5
Neoplasms	8.8	8.5	8.7
Diseases of the blood and blood forming organs	0.9	1.3	1.0
Endocrine, nutritional and metabolic diseases	2.0	np	1.9
Mental and behavioural disorders	5.7	np	4.5
Diseases of			
Nervous system	3.1	0.7	2.6
Eye and adnexa	3.1	14.1	5.6
Ear and mastoid process	0.9	0.4	0.8
Circulatory system	5.6	3.8	5.2
Respiratory system	3.4	0.5	2.7
Digestive system	12.8	19.8	14.4
Skin and subcutaneous tissue	1.2	1.2	1.2
Musculoskeletal system and connective tissue	9.8	2.3	8.1
Genitourinary system	6.0	2.0	5.1
Pregnancy, childbirth and the puerperium	4.4	5.9	4.8
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	5.4	5.2	5.3
Injury, poisoning and certain other consequences of external causes	3.7	0.7	3.0
Factors influencing health status and contact with health services	21.8	30.9	23.8
Total(b)	100.0	100.0	100.0
.....			
NUMBER ('000)			
Separations	2 599.7	765.3	3 365.0
.....			

— 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 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)—2008–09

	<i>Acute and psychiatric hospitals</i>	<i>Free-standing day hospital facilities</i>	<i>All private hospitals</i>
.....			
PROPORTION (%)			
Procedures on			
Nervous system	2.1	1.4	1.9
Endocrine system	0.1	—	0.1
Eye and adnexa	1.7	9.6	3.2
Ear and mastoid process	0.5	0.3	0.5
Nose, mouth and pharynx	2.0	1.2	1.9
Dental services	2.3	5.8	3.0
Procedures on			
Respiratory system	0.6	—	0.5
Cardiovascular system	3.8	1.9	3.5
Blood and blood-forming organs	0.4	0.1	0.3
Digestive system	10.9	20.9	12.8
Urinary system	4.0	7.8	4.7
Male genital organs	1.1	0.7	1.0
Gynaecological procedures	3.7	6.6	4.2
Obstetric procedures	2.8	np	2.3
Procedures of musculoskeletal system	6.8	1.5	5.8
Dermatological and plastic procedures	3.8	6.2	4.2
Procedures on breast	0.7	0.5	0.6
Chemotherapeutic and radiation oncology procedures	0.1	np	0.1
Non-invasive, cognitive and interventions n.e.c.	49.4	39.7	47.6
Imaging services	3.4	0.3	2.8
Total procedures (b)	100.0	100.0	100.0
.....			
NUMBER ('000)			
Total procedures	5 936.1	1 394.6	7 330.7
.....			

— 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 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—2008–09

	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	662.7	1.4	12.7	2.2	0.7	3.2	682.8
Victoria	632.8	3.4	17.1	3.0	0.6	2.3	659.3
Queensland	578.0	1.2	6.2	4.7	0.3	5.4	595.8
South Australia	199.5	1.4	4.9	1.3	—	0.6	207.8
Western Australia	321.6	np	np	2.5	np	1.2	331.2
Tasmania, Northern Territory & Australian Capital Territory(e)	120.5	np	np	np	np	np	122.8
Australia	2 515.1	9.5	45.0	np	2.0	np	2 599.7
FREE-STANDING DAY HOSPITAL FACILITIES							
Australia	750.8	—	14.3	np	—	np	765.3
ALL PRIVATE HOSPITALS							
Australia(d)	3 265.9	9.6	59.4	14.1	2.0	14.1	3 365.0

— nil or rounded to zero (including null cells)

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—2008–09

	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	46	39	15	70	30	55	85
Victoria	64	13	8	69	15	62	77
Queensland	47	7	5	49	6	48	54
South Australia	np	np	4	26	6	24	30
Western Australia	np	np	—	21	4	17	21
Tasmania, Northern Territory & Australian Capital Territory(e)	12	—	—	12	—	12	12
Australia	211	68	32	247	63	216	279
FREE-STANDING DAY HOSPITAL FACILITIES							
New South Wales	41	50	20	71	36	55	91
Victoria	23	52	14	61	45	30	75
Queensland	24	28	9	43	25	27	52
South Australia	np	np	np	np	12	12	24
Western Australia	np	np	11	18	7	22	29
Tasmania, Northern Territory & Australian Capital Territory(e)	6	8	np	np	—	14	14
Australia	122	163	58	227	133	152	285
ALL PRIVATE HOSPITALS							
New South Wales	87	89	35	141	66	110	176
Victoria	87	65	22	130	60	92	152
Queensland	71	35	14	92	31	75	106
South Australia	37	17	np	np	18	36	54
Western Australia	33	17	11	39	11	39	50
Tasmania, Northern Territory & Australian Capital Territory(e)	18	8	np	np	—	26	26
Australia	333	231	90	474	196	368	564

— 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 2009.

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

(d) Accreditation or certification with other body. For definition see accredited/certified hospitals in 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 decreased in 2008–09 to 279, down by 10 hospitals compared to 2006–07 (289).

BEDS

The average number of beds available in Acute and psychiatric hospitals during 2008–09 was 24,685, 1.1% higher than in 2006–07 when there were 24,427 beds available.

Acute and psychiatric hospitals operated by religious or charitable institutions provided 43% (10,688) of available beds during 2008–09. Of these, 78% (8,349) 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 21% of the 113 hospitals with up to 50 beds, whereas they accounted for 44% of hospitals with 101–200 beds, and 55% of hospitals with over 200 beds.

Capital City Statistical Divisions accounted for 75% of all available beds in Acute and psychiatric hospitals in Australia in the 2008–09 cycle, similar to 2006–07. At the same time, over 14.7m (69%) of Australia's population lived in these areas (see Regional Population Growth, Australia cat. no. 3218.0). Since the 2006–07 cycle, there has been an increase in the average number of beds available in the capital cities by 313 beds, but a decrease in the average number of beds in regional Australia by 55 beds.

The occupancy rate in Acute and psychiatric hospitals was 82%, compared with 79% in 2006–07. The occupancy rate was higher in hospitals located in the Capital City Statistical Divisions (84%), compared with 76% in the rest of Australia. This was an increase on the previous cycle where 81% and 72% were recorded for Capital City Statistical Division and the Rest of Australia respectively.

PATIENT SEPARATIONS

In 2008–09, there were 2.6 million patient separations from Acute and psychiatric hospitals, an increase of 7.4% since 2006–07. The increase over the two year period was higher than the average annual increase of 2.7% in the five years to 2006–07. During 2008–09, 7.4m patient days were provided in Acute and psychiatric hospitals, up by 4.8% from 2006–07.

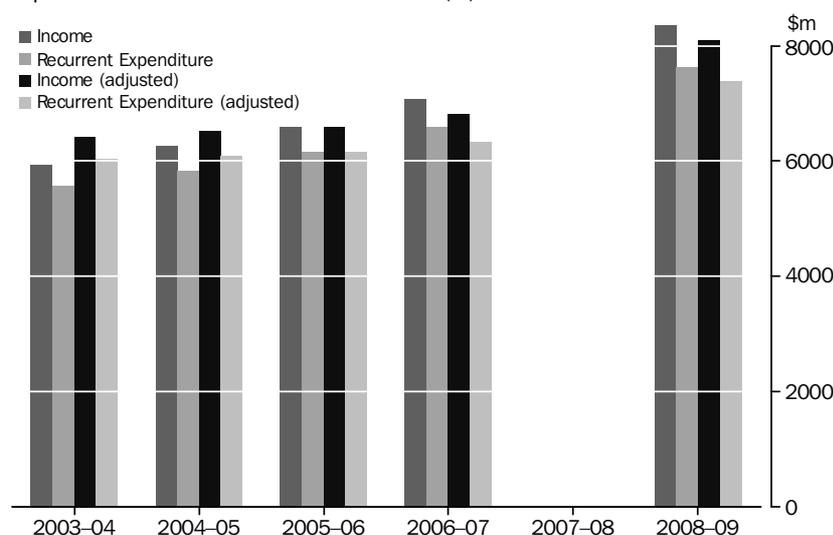
Same day patient separations from Acute and psychiatric hospitals accounted for 57% of all patient separations (1.5 million) in 2008–09, with the remaining 1.1 million separations relating to overnight-stay patients.

The average length of stay for all patients (same-day and overnight-stay) in Acute and psychiatric hospitals was 2.8 days in 2008–09, a decrease from 2006–07 (2.9 days). For overnight-stay patients only, the average length of stay increased to 5.3 days in 2008–09 from 5.2 days in 2006–07.

<p>PATIENT CHARACTERISTICS</p> <p><i>Insurance status</i></p>	<p>During 2008–09, 88% of patient separations from Acute and psychiatric hospitals carried hospital insurance. This proportion was 5 percentage points higher than in 2006–07. There were almost 2.3m separations for insured patients in 2008–09, compared to approximately 300,000 non insured patients.</p>
<p>HOSPITAL CHARACTERISTICS</p>	<p>In 2008–09, there were 195 Acute and psychiatric hospitals with operating theatres, a decrease of two from 2006–07. These hospitals represented a total of 959 operating theatres, 20 less than the previous cycle. 32% were located in New South Wales, 23% in Victoria, and 22% in Queensland. The average number of sessions per operating theatre per week was 7.0 with an average of 70.7 hours of theatre time used, which was more than double the theatre time used in 2006–07 (33.4 hours).</p> <p>There were 201 dedicated day surgery units in Acute and psychiatric hospitals in 2008–09, 13 more than in 2006–07. Of these, 73% are located in New South Wales (21%), Victoria (28%) and Queensland (24%). Per theatre per week, the average number of sessions was 6.2, and the average theatre time used was 34.2 hours. Similar to the operating theatres, the average theatre time in dedicated day surgery units was considerably higher (14.8 hours) in 2008–09 compared to the previous cycle.</p> <p>In 2008–09, there were 39 Acute and psychiatric hospitals in Australia with accident and emergency services. This was a decrease of 8 compared to 2008–09, despite an increase of 47,000 in the number of occasions of service in the same time period. Among the states, Victoria had the largest number of hospitals with accident and emergency services with 11 (a decrease of 4 since 2006–07), followed by Queensland with 10 (a decrease of 3).</p> <p>In 2008–09 there were 2.0 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 (500,645 occasions of service), Allied health services (466,800), and Pathology (190,000).</p>
<p>STAFF</p>	<p>The number of full-time equivalent staff employed at Acute and psychiatric hospitals in Australia during 2008–09 was 49,415, an increase of 5.8% over the 2006–07 cycle (46,718). Nursing staff (28,529) accounted for 58% of total staff, and averaged 1.2 per occupied bed in 2008–09, a drop of 0.2 since 2006–07. Salaried medical officers and other diagnostic professionals accounted for 6.7% of total staff, and Administrative and clerical staff 15%.</p>
<p>INCOME</p>	<p>Income received by Acute and psychiatric hospitals in Australia during 2008–09 amounted to \$8,353m, an increase of 18% over the previous cycle. Patient revenue accounted for 95% of all income generated by Acute and psychiatric hospitals in 2008–09.</p> <p>When income is adjusted to remove the effects of price changes over the period, the average annual increase over the five years from 2003–04 (\$6,416m) to 2008–09 (\$8,094m) was 4.9%. 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.</p>

INCOME *continued*

ACUTE AND PSYCHIATRIC PRIVATE HOSPITALS, Income and expenditure 2003-04 to 2008-09(a)



(a) Data for the 2007-08 reference year are not available. See Explanatory Notes 4-5 and 38 for further information.

EXPENDITURE

Recurrent expenditure for Acute and psychiatric hospitals for the 2008-09 cycle amounted to \$7,632m, a 16% increase over the previous cycle. This rise in percentage was slightly higher than the annual average increase in the five years to 2006-07 of 6.6%.

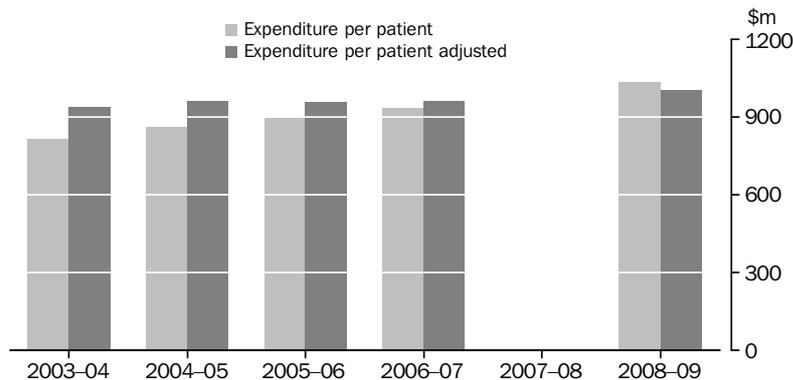
When recurrent expenditure is adjusted to remove the effects of price changes over the period, the average annual increase over the five years from 2003-04 (\$6,030m) to 2008-09 (\$7,395m) was 6.5%. This excluded 2007-08, because the Private Health Establishments Collection was not undertaken for the 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% of recurrent expenditure in 2008-09, comparable with the previous cycle. The next largest component of recurrent expenditure was Drug, medical and surgical supplies, which accounted for 27% of the total. This proportion was the same as 2006-07.

The average expenditure per patient day was \$1,035 in 2008-09 compared with \$935 in 2006-07. These average costs have increased from \$817 in 2003-04. Over the past five years from 2003-04 (\$940) to 2008-09 (\$1,003) the average increase in expenditure per patient day in adjusted terms was 2.9%. 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 2003-04 to 2008-09(a)



(a) Data for the 2007-08 reference period are not available. See Explanatory Notes 4-5 and 38 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 2008-09, recurrent expenditure per patient day (unadjusted) at Acute and psychiatric hospitals with over 200 beds was \$1,207, compared with the average of \$622 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 (\$1,173) in 2008-09. Other non-profit hospitals (comprising bush nursing, community and memorial hospitals) and hospitals operated for profit had lower average costs per patient day (\$932 and \$934 respectively).

Gross capital expenditure for Acute and psychiatric hospitals during 2008-09 increased by 33% over the previous cycle to \$589 million and represented 7.7% 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

	1998-99	2003-04	2004-05	2005-06	2006-07	2007-08(a)	2008-09
Hospitals (no.)							
New South Wales	87	85	82	85	85	na	85
Victoria	95	81	81	83	82	na	77
Queensland	52	54	54	56	57	na	54
South Australia	37	32	31	31	30	na	30
Western Australia	28	25	24	24	23	na	21
Tasmania, Northern Territory & ACT(b)	13	14	13	12	12	na	12
Australia	312	291	285	291	289	na	279
Beds (no.)(c)							
Capital City Statistical Divisions	17 246	17 995	17 916	17 685	18 095	na	18 408
Rest of Australia	6 500	6 647	6 430	6 428	6 332	na	6 277
Total	23 746	24 642	24 346	24 113	24 427	na	24 685
Separations ('000)							
Same-day patients	792	1 126	1 209	1 269	1 323	na	1 482
Overnight-stay patients	893	1 056	1 030	1 076	1 096	na	1 118
Total(d)	1 684	2 182	2 238	2 345	2 420	na	2 600
Patient Days ('000)							
Same-day patients(e)	792	1 126	1 209	1 269	1 323	na	1 482
Overnight-stay patients	5 249	5 697	5 590	5 624	5 714	na	5 892
Total(d)	6 041	6 823	6 799	6 893	7 037	na	7 374
Average length of stay (no.)							
Overnight-stay patients	5.9	5.4	5.4	5.2	5.2	na	5.3
All patients	3.6	3.1	3.0	2.9	2.9	na	2.8
Bed occupancy rate (%) (f)							
Overnight-stay patients	60.6	63.2	62.9	63.9	64.1	na	65.4
All patients	69.7	75.7	76.5	78.3	78.9	na	81.8
Staff (no.)(g)							
	43 053	46 539	46 458	47 770	46 718	na	49 415
Income(h)							
Total (\$'000)	3 797 681	5 932 744	6 248 507	6 591 077	7 082 477	na	8 353 310
Patient revenue (%) (i)	90.8	95.6	95.0	95.6	96.2	na	95.1
Recurrent expenditure(j)							
Total (\$'000)	3 613 591	5 576 246	5 838 895	6 159 509	6 581 711	na	7 631 728
Wages and salaries, including on-costs (%)	58.0	51.5	51.1	51.8	51.7	na	51.4
Per patient day (\$)	598	817	859	894	935	na	1 035
Gross capital expenditure (k) (\$'000)							
	527 763	308 806	309 281	370 132	439 718	na	588 772

na not available

(a) Data for the 2007-08 reference year are not available. See Explanatory Notes 4-5 and 38 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 more 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 more information.

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

(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 definition.

2.2 PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Numbers and beds—States and territories—2008–09

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(a)	Australia
HOSPITALS (NO.)							
Type							
Acute	76	71	50	np	np	np	254
Psychiatric	9	6	4	np	np	np	25
Total acute and psychiatric	85	77	54	30	21	12	279
Location							
Capital City Statistical Division	57	59	22	21	17	8	184
Rest of state/territory	28	18	32	9	4	4	95
Hospital size							
0–25 beds	11	13	9	10	3	—	46
26–50 beds	24	18	9	7	6	3	67
51–100 beds	33	25	15	7	3	6	89
101–200 beds	14	16	15	np	4	np	55
Over 200 beds	3	5	6	np	5	np	22
BEDS (NO.)							
Available beds(b)							
Acute hospitals	5 763	6 247	5 418	np	np	np	23 179
Psychiatric hospitals	505	434	296	np	np	np	1 506
Total beds	6 268	6 681	5 714	1 853	3 008	1 161	24 685
Location							
Capital City Statistical Division	4 423	5 690	3 020	1 736	np	np	18 408
Rest of state/territory	1 845	991	2 694	117	np	np	6 277
PROPORTION OF ALL PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS (%)							
Hospitals	30.5	27.6	19.4	10.8	7.5	4.3	100.0
Available Beds(c)	25.4	27.1	23.1	7.5	12.2	4.7	100.0

— 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) 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)—2008–09

NOT FOR PROFIT

	<i>For profit</i>	<i>Religious or charitable</i>	<i>Other(b)</i>	<i>Total</i>
HOSPITALS (NO.)				
New South Wales	66	19	—	85
Victoria	46	22	9	77
Queensland	27	np	np	54
South Australia	7	8	15	30
Western Australia	11	np	np	21
Tasmania, Northern Territory & Australian Capital Territory(c)	6	np	np	12
Australia	163	87	29	279
Location				
Capital City Statistical Divisions	117	57	10	184
Rest of Australia	46	30	19	95
Hospital size(d)				
0–25 beds	19	11	16	46
26–50 beds	48	13	6	67
51–100 beds	57	27	5	89
101–200 beds	np	24	np	55
Over 200 beds	np	12	np	22

BEDS (NO.)

Available beds(e)				
Capital City Statistical Divisions	9 346	8 349	713	18 408
Rest of Australia	3 555	2 339	383	6 277
Total beds	12 901	10 688	1 096	24 685

— nil or rounded to zero (including null cells)

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

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

(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—2006–07 to 2008–09(a)

	<i>Patient Separations</i>		<i>Patient Days</i>		<i>Average length of stay</i>	<i>Bed occupancy rate</i> (b)
	'000	%	'000	%	Days	%
2006–07						
New South Wales	615	25.4	1 797	25.5	2.9	77.0
Victoria	627	25.9	1 835	26.1	2.9	76.0
Queensland	574	23.7	1 726	24.5	3.0	83.1
South Australia	193	8.0	552	7.8	2.9	80.5
Western Australia	305	12.6	838	11.9	2.7	82.2
Tasmania, Northern Territory & Australian Capital Territory(c)	106	4.4	289	4.1	2.7	74.6
Australia (d)	2 420	100.0	7 037	100.0	2.9	78.9
Location						
Capital City Statistical Divisions	1 810	74.8	5 367	76.3	3.0	81.3
Rest of Australia	610	25.2	1 671	23.7	2.7	72.3
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 & Australian Capital Territory(c)	123	4.7	319	4.3	2.6	75.3
Australia (d)	2 600	100.0	7 374	100.0	2.8	81.8
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

- (a) Data for the 2007-08 reference year are not available. See Explanatory Notes 4-5 and 38 for further information.
- (b) 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.
- (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) 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—2008–09

	<i>Patient Separations</i>		<i>Patient Days</i>		<i>Average length of stay</i>	<i>Bed occupancy rate</i> (a)
	'000	%	'000	%	Days	%
FOR PROFIT/NOT FOR PROFIT SECTOR (b)						
For profit	1 444	55.6	3 968	53.8	2.7	84.3
Not for profit						
Religious or charitable	1 053	40.5	3 109	42.2	3.0	79.7
Other(c)	103	3.9	297	4.0	2.9	74.1
Total (d)	2 600	100.0	7 374	100.0	2.8	81.8
HOSPITAL SIZE (e)						
0–25 beds	66	2.5	137	1.9	2.1	72.2
26–50 beds	227	8.7	668	9.1	2.9	72.7
51–100 beds	632	24.3	1 828	24.8	2.9	78.2
101–200 beds	886	34.1	2 334	31.7	2.6	82.5
Over 200 beds	790	30.4	2 407	32.6	3.0	88.1
Total	2 600	100.0	7 374	100.0	2.8	81.8

- (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) See Glossary for definition of 'For Profit/not for profit sector'.
- (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—2008–09(a)

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(b)	Aust.
Operating theatres							
Hospitals with these theatres (no.)	57	48	41	23	16	10	195
Theatres (no.)	307	222	208	87	90	45	959
Average number of sessions(c)	6.2	7.0	7.3	7.5	np	np	7.0
Average theatre time used (hours)(c)	85.6	80.4	55.3	27.7	np	np	70.7
Nurses	1 475	1 338	985	404	548	222	4 972
Day surgery theatres							
Hospitals with these theatres (no.)	20	26	24	14	9	7	100
Theatres (no.)	42	57	48	22	np	np	201
Average number of sessions(c)	7.4	4.8	7.3	5.5	np	np	6.2
Average theatre time used (hours)(c)	21.7	50.7	16.9	17.9	np	np	34.2
Nurses	78	222	101	113	np	np	583

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 2009.

(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—2008–09

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(b)	Aust.(c)
PATIENT SEPARATIONS ('000)							
Hospital insurance	598.7	560.9	529.6	197.3	np	np	2 276.1
No hospital insurance	74.6	88.1	64.4	9.1	np	np	297.6
Total(d)	682.8	659.3	595.8	207.8	331.2	122.8	2 599.7
PATIENT SEPARATIONS (%)							
Hospital insurance	87.7	85.1	88.9	95.0	np	np	87.6
No hospital insurance	10.9	13.4	10.8	4.4	np	np	11.4
Total(d)	100.0	100.0	100.0	100.0	100.0	100.0	100.0
AVERAGE LENGTH OF STAY (DAYS)							
Hospital insurance	2.8	2.8	3.0	2.7	np	np	2.8
No hospital insurance	2.9	3.3	2.7	2.6	np	np	3.0
Total(d)	2.8	2.9	3.0	2.8	2.6	2.6	2.8

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—2008–09

	<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.
Hospitals with specialised wards or units					
New South Wales	17	17	54	4	41
Victoria	18	14	41	5	34
Queensland	16	11	35	8	26
South Australia	7	np	14	np	13
Western Australia	9	np	13	np	10
Tasmania, Northern Territory & Australian Capital Territory(d)	7	4	8	3	8
Australia	74	53	165	25	132

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. See definition of emergency departments in 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 wards and units—States and territories—2008–09

HOSPITALS

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(a)	Aust.
	no.	no.	no.	no.	no.	no.	no.
Neonatal intensive care unit	18	15	15	4	8	6	66
Separate intensive care unit (ICU)	14	8	11	4	np	np	41
Separate coronary care unit (CCU)	9	11	7	3	np	np	33
Combined ICU/CCU	4	6	6	—	np	np	22
High dependency unit	19	20	8	7	np	np	57
Obstetric/maternity service	18	19	16	6	9	7	75
Specialised paediatric service	8	5	10	—	np	np	27
Cardiac surgery unit	np	10	6	3	np	—	23
Maintenance renal dialysis	np	3	np	—	3	—	16
Psychiatric unit/ward	17	12	10	np	np	4	50
Oncology unit	12	18	20	8	7	5	70
Rehabilitation unit	24	16	13	3	np	np	64
Sleep centre	17	17	16	4	np	np	61
Residential aged care service(b)	—	np	np	np	—	—	4
Geriatric assessment unit	—	np	3	np	np	—	7
Domiciliary care service	np	np	—	np	—	—	5
Hospice/palliative care unit	np	np	6	np	8	—	23
Dedicated day surgery unit	41	34	26	13	10	8	132
Other specialised units/wards(c)	18	26	28	6	8	5	91
All private acute and psychiatric hospitals(d)	76	67	50	23	18	12	246

— 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—2008–09

	<i>Number of hospitals</i>	<i>Occasions of service</i>
	no.	'000
Accident and emergency(a)	39	500.6
Medical/surgical/diagnostic		
Dialysis	3	11.3
Radiology and organ imaging	7	111.4
Endoscopy	4	np
Pathology	7	190.0
Other	19	229.2
Mental health	8	10.9
Alcohol and drug	1	np
Pharmacy	2	np
Allied health services	38	466.8
Outreach services		
Community Health services	7	17.7
District nursing services	5	128.5
Other outreach services	9	59.8
Other	27	259.6
Total (b)	107	2 025.6

- 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—2008–09

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(b)	Aust.
NUMBER OF STAFF							
Nursing staff							
Registered nursing staff	5 710	6 361	5 436	1 780	3 211	1 233	23 730
Other nursing staff(c)	1 219	1 169	1 198	462	554	196	4 798
Total	6 929	7 530	6 633	2 242	3 765	1 429	28 529
Salaried medical officers and other diagnostic health professionals	1 082	818	546	160	494	207	3 307
Administrative and clerical	1 576	1 772	1 799	529	1 155	344	7 175
Domestic and other staff	2 713	2 652	2 456	738	1 487	358	10 404
Total staff(d)	12 300	12 772	11 434	3 670	6 900	2 338	49 415
AVERAGE NUMBER OF STAFF PER OCCUPIED BED(e)							
Nursing staff							
Registered nursing staff	1.1	1.2	1.1	1.1	1.4	1.4	1.2
Other nursing staff(c)	0.2	0.2	0.2	0.3	0.2	0.2	0.2
Total	1.3	1.4	1.4	1.4	1.6	1.6	1.4
Other(f)	1.0	1.0	1.0	0.9	1.4	1.0	1.0
Total staff(d)	2.4	2.4	2.3	2.3	3.0	2.7	2.5

(a) Full-time equivalent staff.

(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 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.

(f) 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—2008–09

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(a)	Aust.
Income (\$'000)							
Patient revenue(b)	2 158 210	2 026 766	1 830 413	np	1 052 544	np	7 941 535
Recoveries	39 940	49 913	64 665	10 532	18 785	7 728	191 563
Other(c)	35 625	43 567	34 467	np	32 988	np	220 213
Total(d)	2 233 775	2 120 245	1 929 545	575 362	1 104 317	390 066	8 353 310
Patient revenue as a proportion of total income (%)	96.6	95.6	94.9	np	95.3	np	95.1

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 more 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)—2008–09

	NOT FOR PROFIT			Total
	For profit	Religious or charitable	Other(b)	
Income (\$'000)				
Patient revenue(c)	4 094 537	3 580 081	266 916	7 941 534
Recoveries	83 448	102 962	5 153	191 563
Other(d)	94 835	120 412	4 966	220 213
Total income(e)	4 272 820	3 803 455	277 035	8 353 310
Patient revenue as a proportion of total income (%)	95.8	94.1	96.3	95.1

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

(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 more 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 & PSYCHIATRIC HOSPITALS, Income—Hospital size(a)—2008–09

	NUMBER OF BEDS					
	0-25	26-50	51-100	101-200	Over 200	Total(b)
Income (\$'000)						
Patient revenue(c)	105 940	442 021	1 553 247	2 819 514	3 020 812	7 941 534
Recoveries	3 127	9 408	33 039	79 563	66 425	191 563
Other(d)	5 442	8 121	87 278	43 616	75 756	220 213
Total(b)	114 509	459 551	1 673 564	2 942 693	3 162 993	8 353 310
Patient revenue as a proportion of total income (%)	92.5	96.2	92.8	95.8	95.5	95.1

- (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 more 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—2008–09

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(a)	Aust.
Recurrent expenditure (\$'000)(b)							
Wages and salaries including on-costs	1 010 082	1 023 700	886 409	271 522	528 347	203 521	3 923 582
Drug, medical and surgical supplies(c)	586 287	500 327	482 681	160 529	250 793	98 305	2 078 922
Food supplies	27 460	28 971	30 161	6 672	15 064	3 868	112 196
Other domestic services	36 574	29 773	30 690	8 417	14 890	7 221	127 565
Administrative expenses	134 635	150 116	115 008	49 832	48 268	33 734	531 593
Repairs and maintenance	30 277	20 475	26 834	7 484	11 746	4 289	101 105
Other(d)	179 254	199 887	179 837	46 284	109 125	42 380	756 767
Total(e)	2 004 568	1 953 248	1 751 621	550 740	978 233	393 318	7 631 728
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	50.4	52.4	50.6	49.3	54.0	51.7	51.4
Average recurrent expenditure (\$)(f)							
Per patient separation	2 936	2 963	2 940	2 650	2 953	3 204	2 936
Per patient day	1 054	1 006	977	962	1 154	1 232	1 035
Gross capital expenditure (\$'000)(g)	185 543	124 992	208 671	15 346	45 911	8 309	588 772

(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 definition.

(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 definition.

2.16 PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Expenditure—For Profit/not for profit sector(a)—2008–09

	NOT FOR PROFIT			Total
	For profit	Religious or charitable	Other(b)	
Recurrent expenditure (\$'000)(c)				
Wages and salaries including on-costs	1 956 423	1 817 570	149 588	3 923 582
Drug, medical and surgical supplies(d)	1 013 538	991 500	73 884	2 078 922
Food supplies	51 442	56 237	4 517	112 196
Other domestic services	56 748	66 987	3 831	127 565
Administrative expenses	243 193	272 431	15 968	531 593
Repairs and maintenance	53 440	44 479	3 185	101 105
Other(e)	332 337	399 120	25 310	756 767
Total(f)	3 707 120	3 648 325	276 283	7 631 728
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	52.8	49.8	54.1	51.4
Average recurrent expenditure (\$)(g)				
Per patient separation	2 567	3 465	2 691	2 936
Per patient day	934	1 173	932	1 035
Gross capital expenditure (\$'000)(h)	236 030	338 560	14 182	588 772

- (a) See Glossary for definition of 'For Profit/not for profit sector'.
- (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 definition.
- (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 definition.

2.17 PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS, Expenditure—Hospital size(a)—2008–09

	NUMBER OF BEDS					Total
	0-25	26-50	51-100	101-200	Over 200	
Recurrent expenditure (\$'000)(b)						
Wages and salaries including on-costs	58 469	236 534	840 890	1 291 235	1 496 453	3 923 582
Drug, medical and surgical supplies(c)	24 554	78 017	333 143	800 842	842 365	2 078 922
Food supplies	1 769	7 940	23 584	34 311	44 591	112 196
Other domestic services	2 224	8 562	27 654	44 732	44 394	127 565
Administrative expenses	10 360	30 285	121 042	199 153	170 752	531 593
Repairs and maintenance	1 219	6 956	24 237	35 926	32 767	101 105
Other(d)	12 240	46 923	158 566	264 722	274 315	756 767
Total(e)	110 836	415 217	1 529 116	2 670 921	2 905 637	7 631 728
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	52.8	57.0	55.0	48.3	51.5	51.4
Average recurrent expenditure (\$)(f)						
Per patient separation	1 687	1 832	2 420	3 016	3 678	2 936
Per patient day	809	622	837	1 144	1 207	1 035
Gross capital expenditure (\$'000)(g)	6 777	32 329	115 672	248 139	185 855	588 772

(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 definition.

(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 definition.

PRIVATE FREE-STANDING DAY HOSPITAL FACILITIES

HOSPITALS

The total number of private Free-standing day hospital facilities increased by 17 establishments, from 268 in 2006–07 to 285 in 2008–09. The largest number of Free-standing day hospitals were situated in New South Wales (91 facilities or 32%). The largest increase of all the states and territories was in Western Australia, with a net increase of 12 private Free-standing day hospitals since 2006–07.

The number of beds/chairs in Free-standing day hospital facilities increased by 244 (11%), from 2,251 in 2006–07 to 2,495 in 2008–09. New South Wales accounted for the largest proportion of beds/chairs (784 beds/chairs or 31%).

The number of operating theatres increased by 6.1% from 264 to 280 over the two year period, while the number of procedure rooms rose by 15% to 235 rooms.

The four main types of specialised Free-standing day hospitals in 2008–09 and their proportion of the total were Specialist endoscopy (26%), Ophthalmic (21%), Plastic/cosmetic (12%) and General surgery (4.9%).

Patient separations

Patient separations from Free-standing day hospital facilities continued to increase from 631,327 in 2006–07 to 765,264 in 2008–09, an increase of 21%. This was compared with previous increasing trends; on average, the annual increase in patient separations was 7.8% over the five years to 2006–07. The increase since the 2006–07 cycle was consistent with the number of new establishments in the intervening years.

Staff

The total number of full-time equivalent staff in Free-standing day hospital facilities increased by 13% to 2,700 in 2008–09. Nursing staff accounted for 56% (1,511.3) of total staff in 2008–09, a proportional decrease of 1.6% from 2006–07. Administrative and clerical staff increased by 12% to 852.4 full-time equivalent staff.

INCOME

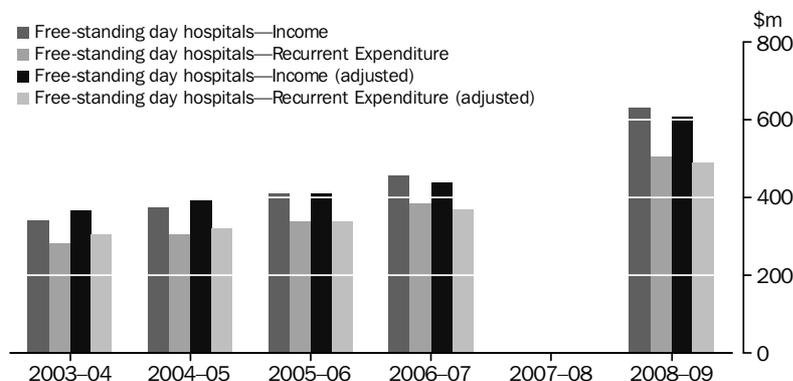
Free-standing day hospital facilities received \$629m in income during 2008–09, a 38% increase from 2006–07 when \$457m in income was received. The increase over the two year period was higher than the average annual increase in income over the five years to 2006–07, which was 12%. The large increase at the Australia level was predominantly due to the opening of 13 new establishments in Western Australia. Most income generated in Free-standing day hospitals was sourced from patient revenue (97%), as distinct from income derived from other sources such as investments and bequests.

In adjusted terms, income increased by 9.2% from 2006–07 (\$440m) and the average annual increase in income was 13% over the five years from 2003–04 (\$368m) to 2008–09 (\$609m). This did not include 2007–08 because the Private Health Establishments Collection was not undertaken for the cycle. See Explanatory Note 23 for more

INCOME *continued*

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

PRIVATE FREE-STANDING DAY HOSPITAL FACILITIES, Income and expenditure 2003-04 to 2008-09(a)



(a) Data for the 2007-08 reference year are not available. See Explanatory Notes 4-5 and 38 for further information.

EXPENDITURE

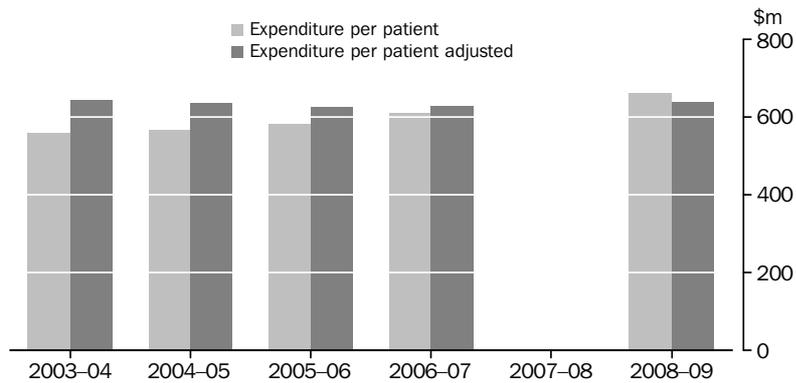
Recurrent expenditure recorded for Free-standing day hospital facilities in 2008-09 was \$505m. This was an increase of 31% since 2006-07, when \$385m was recorded. When adjusted for price changes, recurrent expenditure increased by 8.6% from the previous cycle (\$870m) and the average annual increase in recurrent expenditure was 12% over the five year period from 2003-04 (\$305m) to 2008-09 (\$489m). 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 \$610 in 2006-07 to \$660 in 2008-09. In price adjusted terms, the average expenditure per patient separation in 2008-09 decreased by 0.1% over the previous five cycles, from \$643 in 2003-04 to \$640 in 2008-09. The average annual movement in expenditure per patient separation has remained steady from 2003-04 to 2008-09. 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 2008-09 was \$48m. Capital expenditure represented 9.6% of total expenditure in 2008-09.

EXPENDITURE
continued

FREE STANDING DAY HOSPITALS, Expenditure per patient 2003-04 to 2008-09(a)



(a) Data for the 2007-08 reference year are not available. See Explanatory Notes 4-5 and 38 for further information.

3.1 PRIVATE FREE-STANDING DAY HOSPITAL FACILITIES, Summary—Selected years(a)

	1998-99	2003-04	2004-05	2005-06	2006-07	2007-08(a)	2008-09
.....							
Hospitals (no.)							
New South Wales	83	93	96	93	90	na	91
Victoria	41	54	61	63	73	na	75
Queensland	30	46	48	52	52	na	52
South Australia	15	22	22	25	24	na	24
Western Australia	11	11	12	13	17	na	29
Tasmania, Northern Territory & ACT(b)	10	8	8	10	12	na	14
Australia	190	234	247	256	268	na	285
Hospitals by type (no.)(c)							
General surgery	33	13	19	17	15	na	14
Specialist endoscopy	50	75	70	71	76	na	74
Ophthalmic	33	51	53	57	57	na	61
Plastic/cosmetic	—	27	32	33	28	na	34
Other(d)	74	68	73	78	92	na	102
Total	190	234	247	256	268	na	285
Beds/chairs (no.)(e)	1 460	1 947	2 078	2 114	2 251	na	2 495
Separations ('000)	302.1	505.6	537.5	579.9	631.3	na	765.3
Operating theatres (no.)(f)	180	220	231	245	264	na	280
Procedure rooms (no.)(f)	162	178	193	200	205	na	235
Staff (no.)(g)	1 319	2 038	2 086	2 231	2 385	na	2 700
Income							
Total (\$'000)	161 400	340 730	375 567	410 036	456 937	na	628 594
Patient revenue (%) (h)	95.5	94.7	95.6	95.9	96.3	na	96.9
Expenditure(i)							
Total (\$'000)	137 480	282 401	305 251	338 421	384 986	na	505 431
Wages and salaries including on-costs (%)	41.5	39.2	39.3	39.1	40.2	na	39.6
Per separation (\$)	455	559	568	584	610	na	660
Gross capital expenditure (\$'000)(j)	21 628	21 695	22 382	17 235	35 225	na	48 301
.....							

— nil or rounded to zero (including null cells)

na not available

(a) Data for the 2007-08 reference year are not available. See Explanatory Notes 4-5 and 38 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 detail 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 2009.

(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 more 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—2008–09

	<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	7	20	29	5	30	91
Victoria	np	np	11	10	22	75
Queensland	3	14	13	3	19	52
South Australia	—	3	3	9	9	24
Western Australia	np	4	np	np	17	29
Tasmania, Northern Territory & Australian Capital Territory(d)	np	np	np	np	5	14
Australia	14	74	61	34	102	285
Operating theatres (no.)(e)	34	30	97	41	78	280
Procedure rooms (no.)(e)	np	79	28	np	109	235
Average number of sessions (e)	6.0	5.1	4.2	5.8	4.8	4.9
Average time used (hours)(f)	21.1	23.3	19.7	21.8	19.9	20.9
Beds/chairs (no.)(g)	229	632	496	146	992	2 495
Separations ('000)	45.1	218.9	139.8	30.5	331.0	765.3
Avg number of separations per bed/chair	197.0	346.3	281.8	208.9	333.7	306.7

— 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 Note 22 for further detail 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 2009.

(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—Type of centre(a)—2008–2009

	<i>General surgery</i>	<i>Specialist endoscopy</i>	<i>Ophthalmic</i>	<i>Plastic/cosmetic</i>	<i>Other(b)</i>	<i>Total(c)</i>
Nursing staff	133.8	322.0	363.0	117.2	575.2	1 511.3
Administrative and clerical	41.3	238.6	186.9	58.6	327.0	852.4
Other(d)	17.1	46.6	101.8	13.3	157.3	336.1
Total(c)	192.2	607.2	651.7	189.2	1 059.5	2 699.8

(a) See Explanatory Note 22 for further detail 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) 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—2008–09

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(b)	Aust.(c)
Nursing staff	482.7	285.4	411.3	75.9	194.6	61.4	1 511.3
Administrative and clerical	299.0	157.6	235.9	55.6	63.8	40.6	852.4
Other(d)	122.6	60.9	68.5	8.4	45.5	30.3	336.1
Total(c)	904.2	503.9	715.6	139.9	303.9	132.3	2 699.8

- (a) 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) 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)—2008–09

	General surgery	Specialist endoscopy	Ophthalmic	Plastic/cosmetic	Other(b)	Total(c)
Income (\$000)						
Patient revenue(d)	39 111	121 157	187 055	36 218	225 717	609 257
Other(e)	137	7 809	2 466	935	7 991	19 338
Total(c)	39 248	128 965	189 520	37 153	233 708	628 594
Patient revenue as a proportion of total income (%)	99.7	93.9	98.7	97.5	96.6	96.9

- (a) See Explanatory Note 22 for further detail 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 more 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—2008–09

	NSW	Vic.	Qld	SA	WA	Tas., NT & ACT(a)	Aust.(b)
Income (\$'000)							
Patient revenue(c)	220 297	105 631	146 659	27 925	71 322	37 423	609 257
Other	7 916	4 931	4 393	1 146	752	200	19 338
Total(b)	228 213	110 562	151 052	29 071	72 073	37 623	628 594
Patient revenue as a proportion of total income (%)	96.5	95.5	97.1	96.1	99.0	99.5	96.9

- (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 more information.

3.7 PRIVATE FREE-STANDING DAY HOSPITALS, Expenditure—Type of centre(a)—2008–09

	General surgery	Specialist endoscopy	Ophthalmic	Plastic/cosmetic	Other(b)	Total(c)
Recurrent expenditure (\$'000)(d)						
Wages and salaries including on-costs	12 893	42 431	52 130	13 077	79 855	200 386
Drug, medical and surgical supplies(e)	9 845	14 585	50 751	7 269	49 353	131 803
Administrative expenses	3 647	15 919	18 099	5 944	39 272	82 881
Other(f)	5 421	20 368	23 859	5 182	35 531	90 361
Total(c)	31 806	93 303	144 840	31 472	204 010	505 431
Wages and salaries, including on-costs as a proportion of total recurrent expenditure (%)	40.5	45.5	36.0	41.6	39.1	39.6
Average recurrent expenditure per separation (\$)(g)	705	426	1 036	1 032	616	660
Gross capital expenditure (\$'000)(h)	4 171	15 247	12 696	2 065	14 122	48 301

- (a) See Explanatory Note 22 for further detail 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 refer 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—2008–09

	NSW	Vic.	Qld	SA	WA	Tas, NT & ACT(a)	Aust.(b)
Recurrent expenditure (\$'000)(c)							
Wages and salaries including on-costs	67 115	36 714	53 384	10 752	21 884	10 537	200 386
Drug, medical and surgical supplies(d)	49 997	20 398	32 175	5 674	17 091	6 469	131 803
Administrative expenses	31 447	12 263	21 444	4 106	6 999	6 622	82 881
Other(e)	31 285	17 643	23 344	4 564	9 585	3 939	90 361
Total(b)	179 844	87 018	130 346	25 096	55 559	27 567	505 431
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	37.3	42.2	41.0	42.8	39.4	38.2	39.6
Average recurrent expenditure per separation (\$)(f)	816	486	629	589	653	891	660
Gross capital expenditure (\$'000)(g)	12 720	16 387	11 334	1 388	5 343	1 130	48 301

- (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 refer 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 2008–09 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.
- 3** The data presented in this publication are supported by a series of spreadsheets 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 for the 2008–09 reference period, and will be conducted for the 2009-10 reference period.
- 5** Data presented in this publication for the 2008–09 reference period have been compared to data from the 2006–07 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 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 2009 (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 2008. 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, 2008–09 (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 2008–09 reference period saw an overall response rate of 89.9%, a drop of 2.4 percentage points compared to 92.3% in 2006–07. Acute and psychiatric hospitals decreased slightly from 93.4% in 2006–07 to 92.8% in 2008–09 while Free standing Day Hospitals dropped considerably from 91.1% in 2006–07 to 87.0% in 2008–09.

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

27 Response rates may have been impacted by the absence of a collection cycle in 2007–08, with a number of aspects potentially contributing to the observed decrease:

- births of units to the frame (in particular, the 33 new free-standing day hospitals in the 2008–09 reference period) introducing new providers unfamiliar with the collection;
- deaths of units from the frame during the 2007–08 reference period removing providers who were familiar with the collection;
- death of units from the frame during the 2008–09 reference period where the provider was no longer contactable;
- staff turnover over the two years resulting in loss of continuity and expertise in completing the forms.

Imputation

28 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.

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

30 The imputation strategy employed for the 2008–09 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.

31 Imputation rates were higher for the 2008–09 reference period compared to the 2006–07 period. A small proportion of units required full imputation in the 2008–09 reference period, which was lower in comparison to 2006–07. In the 2008–09 reference period, the majority of units requiring imputation were partial respondents thereby lessening the impact of imputation on the quality of data for these units.

Reliability of data

32 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 (eg 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.

33 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;

<i>Hospital Morbidity Data</i>	<p>34 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 2008–09 data, the final total for patient separations was 2.2% higher than that reported by consenting hospitals and 2.3% higher than that compiled from data supplied by state and territory health authorities.</p> <p>35 The percentage of hospitals for which hospital morbidity data was supplied to the ABS by state and territory health authorities was 95% for Acute and psychiatric hospitals and 86% 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 2008–09 reference period.</p>
<i>Accounting Practices</i>	<p>36 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.</p>
SPECIFIC ISSUES FOR 2008–09 DATA	<p>37 'Other personal care staff' was excluded from the staffing categories collected for the financial year 2006–07, and was therefore not included in Full-Time Equivalent (FTE) and Wages and Salary data. However, these staff have been included in the 2008–09 collection and included in the 'Other staff' category.</p> <p>38 The data presented for the private hospital sector in 2008–09 have been compared across a two year time difference (i.e. from 2006–07 to 2008–09). Data from previous private hospital collections have been presented as annual movements.</p> <p>39 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.</p> <p>40 During the 2008–09 reference period, two establishments changed sector. There were a total of 30 closures and 37 new establishments.</p>
EFFECTS OF ROUNDING	<p>41 Where figures have been rounded, discrepancies may occur between totals and sums of the component items.</p>
ACKNOWLEDGEMENT	<p>42 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 <i>Census and Statistics Act 1905</i>.</p>
RELATED PUBLICATIONS	<p>43 Other ABS publications that may be of interest include: National Health Survey: Summary of Results, 2007–08 (cat. no. 4364.0)</p> <p>44 The following related publications are issued by other organisations.</p>

RELATED PUBLICATIONS

continued

- Available from the Australian Institute of Health and Welfare (AIHW) website:
 - Australian Hospital Statistics, 2007–08
 - Australia's Health, 2008
 - Health Expenditure Australia, 2007–08
 - Health and Community Services Labour Force, 2006 - Produced jointly with ABS
 - Medical Labour Force, 2007
 - National Health Data Dictionary, Version 14, 2008
 - National Report on Health Sector Performance Indicators 2003
 - Nursing and Midwifery Labour Force, 2007
- Available from the Mental Health and Wellbeing in Australia website:
 - 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

45 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

46 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*.

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 (other than income tax), printing, telephone, stationery, insurance (other than workers compensation) 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.
Australian Refined Diagnosis Related Groups (AR-DRG)	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)
Australian Standard Geographical Classification (ASGC)	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.
Available beds	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.
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. See also Available beds and Occupied beds.
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.
Chain volume measures	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.

Emergency departments	<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>
Factors influencing health status and contact with health service	<p>These factors relate to occasions when circumstances other than a disease, injury or external cause are recorded as "diagnoses" or "problems". This can arise in two main ways:</p> <ul style="list-style-type: none"> ■ when a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination or to discuss a problem which is in itself not a disease or injury; ■ when some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.
Frame	<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>
Free-standing day hospital facilities	<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>
For profit/not for profit sector	<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>
Gross capital expenditure	<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>
ICD	<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 <www.who.int>.</p>
Income	<p>Three categories of income are identified:</p>

Income continued	<p><i>Patient revenue</i> 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>
Insurance status	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.
Net operating margin	Net operating margin is derived by subtracting recurrent expenditure from income and expressing the result as a proportion of income.
Occasions of service	Any services provided to a non-admitted patient in a functional unit (e.g. radiology) of the hospital. Each diagnostic test or simultaneous set of related diagnostic tests is counted as one occasion of service.
Occupancy rate	Is calculated by dividing patient days by the product of average number of beds and the number of days in the year (365 days in 2008-09) and expressed as a percentage. $\text{occupancy rate (\%)} = \frac{\text{patient days} \times 100}{\text{average available beds} \times 365}$
Occupied beds	Occupied beds are calculated by dividing total patient days by the number of days in the year (365 in 2008-09). See also Beds and Available beds.
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 <i>patient</i> is a person for whom a hospital accepts responsibility for treatment and/or care.</p> <p>An <i>admitted patient</i> 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>
Patient days	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.

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Patient revenue	Includes revenue received by, and due to, the hospital in respect of patient liability for accommodation and other fees, regardless of source of payment (Commonwealth, health fund, insurance company, direct from patient) or status of patient (whether admitted or non-admitted patient). It does not include recoveries (i.e. income received from items such as staff meals and accommodation, and facility fees paid by medical practitioners) or Other income (i.e. revenue such as investment income from temporarily surplus funds and income from charities, bequests, meals and accommodation provided to visitors, and kiosk sales).
Patient separation	Occurs when an admitted patient: <ul style="list-style-type: none"> ■ is discharged ■ is transferred to another institution ■ leaves against medical advice ■ dies whilst in care ■ changes their type of care from/to acute, rehabilitation, palliative or non-acute care (known as statistical discharge), or ■ leaves hospital for a period of seven or more days.
Procedure	A clinical intervention that: <ul style="list-style-type: none"> ■ is surgical in nature; and/or ■ carries a procedural risk; and/or ■ carries an anaesthetic risk; and/or ■ requires specialised training; and/or ■ requires special facilities or equipment only available in an acute care setting. <p>For admitted patients, procedures undertaken during an episode of care are recorded in accordance with ICD-10-AM 6th 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 <i>National Health Data Dictionary</i> 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	Discharge from private hospital facility.
Specialised service	A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics.
Staff	Includes: <ul style="list-style-type: none"> ■ staff employed by the hospital and contract staff employed through an agency in cases where the contract is for the supply of labour; ■ nursing staff, comprising registered nurses, enrolled nurses and other personal care staff (e.g. orderlies, warders and nursing assistants); ■ administrative and clerical staff, including computing staff, finance staff and civil engineers; ■ domestic and other staff includes staff, includes including trades people, maintenance staff and staff engaged in cleaning, laundry services, the provision of food; ■ diagnostic and health professionals, including qualified diagnostic health professionals, allied health professionals and laboratory technicians. <p><i>Full-time equivalent staff</i> 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</p>

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Staff <i>continued</i>	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: <ul style="list-style-type: none">■ general surgery■ specialist endoscopy■ ophthalmic■ plastic/cosmetic■ other (which includes fertility and sleep disorder clinics).
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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INTERNET **www.abs.gov.au** the ABS website is the best place for data from our publications and information about the ABS.

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