



PRIVATE HOSPITALS

AUSTRALIA

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- For further information about these and related statistics, contact the National Information Service on 1300 135 070 or Keith Carter on Brisbane 07 3222 6374.

ABOUT THIS PUBLICATION

This publication presents details from the 1998–99 national census of private hospitals. Three categories of hospitals are identified: acute hospitals, psychiatric hospitals and free-standing day hospital facilities. There are relatively few psychiatric hospitals and some of these are owned by the same parent company. To maintain the confidentiality of their data, psychiatric hospitals are combined with acute hospitals in most tables in this publication.

For confidentiality reasons, also, the details for the three private acute hospitals in the Australian Capital Territory are included with the details for private acute and psychiatric hospitals in New South Wales and the details for the private acute hospital in the Northern Territory are included with such details for South Australian hospitals.

Any differences between the data given in this publication and the data shown in other reports on hospital activity are due to differences in scope and coverage, relative completeness of the data sources and differing error resolution procedures.



ABBREVIATIONS

- ABS Australian Bureau of Statistics
- AIHW Australian Institute of Health and Welfare
- AN-DRG Diagnosis Related Groups
- ICD-9-CM International Classification of Diseases, 9th Revision - Clinical Modification
- ICD-10-AM International Statistical Classification of Diseases and Related Health Problems, 10th Revision - Australian Modification

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SUMMARY OF FINDINGS

INTRODUCTION

One out of every three patients admitted to hospital in Australia are private hospital patients. This large contribution by the private hospital sector is further highlighted by the fact that approximately one quarter of all days of hospitalisation are provided in private hospitals.

There were 502 private hospitals in operation during 1998–99. These comprised 286 acute hospitals, 26 psychiatric hospitals (tables 2 and 3) and 190 free-standing day hospital facilities (table 2).

During 1998–99, private hospitals in Australia (see mainly tables 1 and 2):

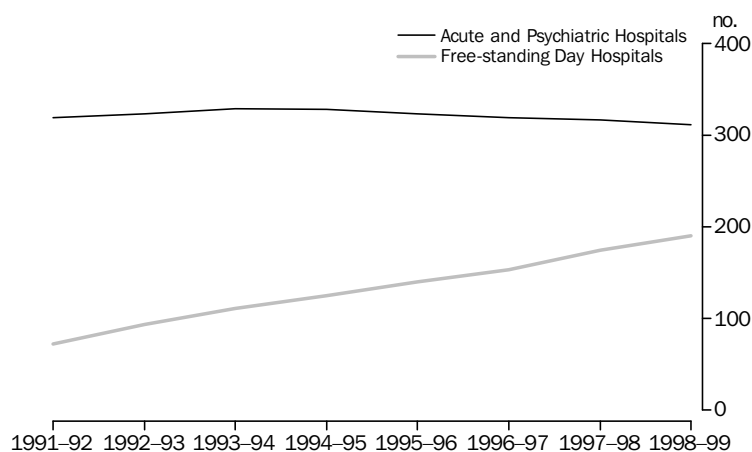
- treated 2 million admitted patients (patient separations);
- provided 6.3 million days of hospitalisation to these patients (patient days);
- performed 1.7 million surgical, obstetric and other procedures;
- employed 44,000 staff (full-time equivalent);
- earned \$3,959m in income (revenue);
- spent \$3,751m for recurrent purposes (recurrent expenditure); and
- invested \$549m in buildings and other capital assets (capital expenditure).

HOSPITALS

The number of private acute and psychiatric hospitals has remained fairly constant since 1991–92. In 1998–99 there were 312 of these hospitals, five fewer than in the previous year (table 1). This decline is the net result of the closure of 19 hospitals and the opening of 14 new hospitals.

The strong growth in the number of (private) free-standing day hospital facilities, which has been evident over the last several years, continued during 1998–99. Between 1997–98 and 1998–99, the number of facilities increased from 175 to 190. Nearly all of this recent growth occurred in Victoria (increase of 11) and in Queensland (increase of 4). Since 1991–92, the total number of free-standing day hospital facilities increased by 164% (table 2).

NUMBER OF PRIVATE HOSPITALS



BEDS

The average number of beds available in acute and psychiatric hospitals during 1998–99 was 23,746, an increase of 3% on the previous year. The total number of beds in private hospitals has increased over time while the number of hospitals has declined (table 1). This indicates an increase in the size of hospitals. For example, the proportion of

SUMMARY OF FINDINGS *continued*

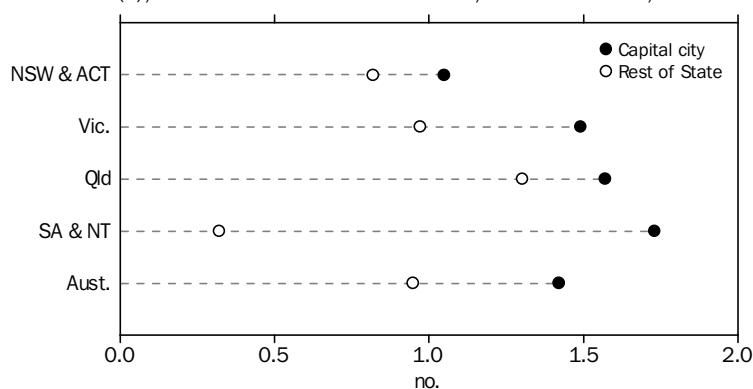
BEDS *continued*

hospitals with more than 100 beds has grown from 18% in 1994–95 to 23% in 1998–99. Similarly, the average number of beds per hospital has grown from 68 to 76, respectively.

Almost 75% of available beds in private acute and psychiatric hospitals during 1998–99 were in hospitals within the Capital City Statistical Divisions, in which 64% of Australia's population lives. There was an average of 1.4 beds available per 1,000 population in the Capital City Statistical Divisions compared with 0.9 beds per 1,000 population in the rest of the States and Territories.

Within States, the variation in the bed availability between the Capital City Statistical Division and the rest of the State/Territory was greatest for South Australia and the Northern Territory combined and least for New South Wales and the Australian Capital Territory combined (table 3).

HOSPITALS(a), AVERAGE AVAILABLE BEDS PER 1,000 POPULATION, 1998-99



(a) Private acute and psychiatric hospitals. For confidentiality reasons the above details are not available for release for Western Australia and Tasmania.

Tasmania had the highest bed availability rate (1.7 beds per 1,000 population) whereas New South Wales and the Australian Capital Territory combined had the lowest (1.0 bed per 1,000 population).

Bed occupancy rates are an indicator of the level of usage of available hospital services. For private acute and psychiatric hospitals, a rate of approximately 70% has been sustained since 1995–96 (table 1). In 1998–99, bed occupancy rates ranged from 60% for Western Australia to 73% for both Victoria and Queensland (table 5).

PATIENT SEPARATIONS

In 1998–99, there were 1.7 million patient separations from private acute and psychiatric hospitals. Of these, 791,500 were of same-day patients and 892,700 were of overnight-stay patients. Total patient separations increased by 6% from 1997–98 to 1998–99, compared to an increase of 3% from 1996–97 to 1997–98 (table 1).

The latest increase in separations comprised an 11% increase in same-day patients and a 2% increase in overnight-stay patients. Since 1991–92, the proportion of same-day patients increased from 27% to 47% (table 1).

Patient separations from free-standing day hospital facilities during 1998–99 numbered 302,100. This is an 11% increase on the previous year's figure, consistent with the growth in the number of free-standing day hospital facilities.

SUMMARY OF FINDINGS *continued*

PATIENT SEPARATIONS <i>continued</i>	Females comprised 55% of all patient separations from private acute and psychiatric hospitals during 1998–99. The corresponding proportion for free-standing day hospital patients was 58% (table 29).
PATIENT DAYS	During 1998–99, six million patient days were provided in private acute and psychiatric hospitals. This increase of 3% since 1997–98 follows a period of two years of virtually no growth.
AVERAGE LENGTH OF STAY IN HOSPITAL	In 1998–99, the average length of stay for all patients (same-day and overnight-stay) in private acute and psychiatric hospitals was 3.6 days, compared with 3.7 in the previous year. Across the States and Territories the average ranged from 3.9 days in Queensland to 3.3 days in Western Australia (table 5). For overnight-stay patients, the average length of stay in 1998–99 was 5.9 days, the same as in the previous year (table 1).
STAFF	<p>The number of full time equivalent staff employed at private acute and psychiatric hospitals in Australia during 1998–99 was 43,100. This is an increase of 3.6% on the previous year and compares with the 3.1% increase in patient days recorded for the same period (table 1). The average number of staff per occupied bed (2.6) has not changed in the last three years (table 10).</p> <p>Staff numbered 1,300 at free-standing day hospital facilities during 1998–99, an increase of 8% from the previous year. This occurred at the same time as an 11% increase in the number of patient separations from 1997–98 (table 2).</p>
REVENUE	<p>Revenue generated at private acute and psychiatric hospitals in Australia during 1998–99 amounted to \$3,798m, an increase of 8% over the previous year (table 1). Over the five years to 1998–99, the average annual increase in revenue was 7%. Almost 91% of the 1998–99 revenue was patient fees and charges, most of which were paid by health funds on behalf of insured patients.</p> <p>Free-standing day hospital facilities received \$161m in revenue during 1998–99 (table 1). This was an 11% increase on the revenue for the previous year. The average annual increase in revenue over the five years to 1998–99 was 13%. This substantial increase in revenue reflects the strong growth in the number of free-standing day hospitals over the period (table 2).</p>
EXPENDITURE	<p>Recurrent expenditure for acute and psychiatric hospitals during 1998–99 amounted to \$3,614m, a 12% increase over the previous year (table 1). When costs are adjusted to remove the effects of price changes over the period, the increase is 9%. (See Explanatory Notes, paragraph 25, concerning chain volume measures). Over the five years to 1998–99, the average annual increase in recurrent expenditure was 8% (6% when adjusted).</p> <p>In 1998–99, wages and salaries (including on-costs such as employer contributions to superannuation and payroll tax) accounted for 58% of total recurrent expenditure (table 12). Other large components were drug, medical and surgical supplies (15% of total) and administrative expenses (8%).</p>

SUMMARY OF FINDINGS *continued*

EXPENDITURE *continued*

The average expenditure per patient day in 1998–99 was \$598 compared with \$552 in 1997–98. These average costs have increased from \$462 over the five years to 1998–99 (table 1).

Typically, the average cost per patient day increases as hospital size increases. This is a reflection of the greater complexity of procedures undertaken at the larger hospitals. The more complex procedures necessitate greater use of highly trained staff, expensive equipment, drugs and medical supplies. In 1998–99, recurrent expenditure per patient day at hospitals with over 200 beds was \$718 compared to the average of \$393 at hospitals with 25 or fewer beds (table 14).

There are also considerable differences in the average recurrent expenditure per patient day among the various hospital types. Religious or charitable hospitals had the highest average costs per patient day (\$664) in 1998–99 (table 13). Other non-profit hospitals and hospitals operated for profit had considerably lower average costs per patient day (\$552 and \$557, respectively). A higher proportion of religious or charitable hospitals are large hospitals (more than 100 beds) (see table 4) and this may be the major factor in determining the level of costs at these hospitals.

Gross capital expenditure for private acute and psychiatric hospitals during 1998–99 was a record \$528m (table 1). This expenditure represents 14% of the total revenue for that year. The corresponding proportion for 1997–98 was 11%.

Recurrent expenditure recorded in 1998–99 for free-standing day hospital facilities was \$137m. This represents an increase of 12% on the previous year (9% when adjusted). This compares with the average annual increase of 14% (13% when adjusted) over the 5 year period to 1998–99. The average expenditure per patient separation was \$455, a small increase from \$450 in the previous year (table 2).

Gross capital expenditure for free-standing day hospital facilities during 1998–99 was \$22m, a decline from \$27m in the previous year (table 2).

NET OPERATING MARGIN

Net operating margin is derived by subtracting recurrent expenditure from revenue and expressing the result as a proportion of revenue. This margin for acute and psychiatric hospitals during 1998–99 was 5%. The average margin over the five years to 1998–99 was 8% (table 1).

For free-standing day hospital facilities, the net operating margins were much higher. In 1998–99, the margin was 15% compared with 16% in the previous year. The average margin over the five years to 1998–99 was 18% (table 2).

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PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Summary Table

	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99
Hospitals								
New South Wales	90	90	91	92	91	87	89	87
Victoria	111	113	113	111	104	101	97	95
Queensland	49	49	51	52	50	50	51	52
South Australia	37	39	38	39	42	41	40	37
Western Australia	21	21	24	22	23	27	26	28
Tasmania	8	8	9	9	10	10	11	9
Northern Territory	1	1	1	1	1	1	1	1
Australian Capital Territory	2	2	2	2	2	2	2	3
Australia	319	323	329	328	323	319	317	312
Beds(a)								
Capital City Statistical Divisions	15 690	15 663	15 809	16 632	16 821	17 014	16 968	17 246
Rest of Australia	5 055	5 197	5 432	5 738	5 936	5 952	6 123	6 500
Total	20 745	20 860	21 241	22 370	22 757	22 966	23 091	23 746
Separations								
Same-day patients ('000)	311.4	313.4	380.6	465.1	597.1	675.9	713.0	791.5
Overnight-stay patients ('000)	845.8	888.8	870.1	881.6	855.2	863.5	872.3	892.7
Total ('000)	1 157.2	1 202.2	1 250.7	1 346.7	1 452.3	1 539.4	1 585.3	1 684.2
Patient days								
Same-day patients ('000)	311.4	313.4	380.6	465.1	597.1	675.9	713.0	791.5
Overnight-stay patients ('000)	4 579.9	4 692.9	4 791.8	4 956.8	5 247.1	5 177.7	5 145.8	5 249.2
Total ('000)	4 891.3	5 006.3	5 172.4	5 421.9	5 844.2	5 853.6	5 858.8	6 040.7
Average length of stay								
Overnight-stay patients (days)	5.4	5.3	5.5	5.6	6.1	6.0	5.9	5.9
All patients (days)	4.2	4.2	4.1	4.0	4.0	3.8	3.7	3.6
Occupancy rate								
Overnight-stay patients (%)	60.3	61.6	61.8	60.7	63.2	61.8	61.1	60.6
All patients (%)	64.4	65.8	66.7	66.4	70.4	69.8	69.5	69.7
Staff(b)	31 097	32 493	33 758	36 589	39 100	40 908	41 566	43 053
Revenue								
Total (\$'000)	2 177 035	2 325 497	2 491 674	2 763 174	3 083 859	3 374 271	3 517 030	3 797 681
Patient revenue(c) (%)	95.3	95.7	95.1	94.7	94.3	93.7	92.4	90.8
Recurrent expenditure								
Total (\$'000)	1 954 646	2 049 427	2 225 893	2 503 067	2 823 781	3 087 710	3 231 530	3 613 591
Wages & salaries, including on-costs(d) (%)	60.8	61.3	60.3	59.1	58.7	59.2	58.8	58.0
Per patient day (\$)	400	409	430	462	483	527	552	598
Gross capital expenditure (\$'000)	212 331	258 563	369 474	354 211	381 853	307 159	376 415	527 763

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

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

(c) As a proportion of total revenue.

(d) As a proportion of total recurrent expenditure.

FREE-STANDING DAY HOSPITAL FACILITIES, Summary Table

	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99
Hospitals								
New South Wales	37	57	63	71	73	81	84	83
Victoria	22	23	24	23	23	22	30	41
Queensland	4	5	9	11	17	21	26	30
South Australia	1	1	3	7	10	12	14	15
Western Australia	4	4	7	8	10	9	12	11
Tasmania	—	—	1	1	2	3	3	4
Northern Territory	—	—	—	—	—	—	—	—
Australian Capital Territory	4	4	4	4	5	5	6	6
Australia	72	94	111	125	140	153	175	190
Hospitals by type(a)								
General surgery	24	37	46	47	54	57	55	33
Specialist endoscopy	26	29	30	36	37	37	42	50
Ophthalmic	13	14	16	20	23	25	29	33
Other(b)	9	14	19	22	26	34	49	74
Total	72	94	111	125	140	153	175	190
Bed/chairs(c)								
Separations ('000)	123.4	149.4	182.2	189.9	208.8	226.3	271.7	302.1
Operating theatres at 30 June	61	90	111	122	139	158	175	180
Procedure rooms at 30 June	69	90	103	108	130	134	148	162
Staff(d)	429	543	653	755	890	1 011	1 220	1 319
Revenue								
Total (\$'000)	45 486	60 825	76 502	85 805	99 305	119 215	145 278	161 400
Patient revenue(e) (%)	90.0	96.1	94.2	96.4	94.8	94.7	95.7	95.5
Recurrent expenditure								
Total (\$'000)	35 360	48 916	61 092	70 044	80 238	95 410	122 311	137 480
Wages and salaries, including on-costs(f) (%)	41.1	40.0	39.7	40.9	42.8	40.1	41.7	41.5
Per separation (\$)	287	327	335	369	384	422	450	455
Gross capital expenditure (\$'000)	6 052	18 888	15 317	16 717	16 775	21 017	26 967	21 629

— nil or rounded to zero (including null cells)

(a) See Explanatory Notes, paragraphs 17-19 re category changes.

(b) Clinics specialising in fertility management, plastic surgery and sleep disorders.

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

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

(e) As a proportion of total revenue.

(f) As a proportion of total recurrent expenditure.

	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.
HOSPITALS							
Type							
Acute	81	89	47	36	25	8	286
Psychiatric	9	6	5	2	3	1	26
Total	90	95	52	38	28	9	312
Location							
Capital City Statistical Divisions	60	65	21	28	24	4	202
Rest of Australia	30	30	31	10	4	5	110
Hospital size(a)							
0–25 beds	7	27	10	13	7	2	66
26–50 beds	31	26	8	10	3	1	79
51–100 beds	35	24	14	9	10	3	95
101–200 beds	14	12	14	5	5	3	53
Over 200 beds	3	6	6	1	3	—	19
BEDS							
Available beds(b)							
Acute hospitals	6 050	6 031	4 657	np	np	np	22 275
Psychiatric hospitals	478	326	333	np	np	np	1 471
Total	6 528	6 357	4 990	2 199	2 894	778	23 746
Location							
Capital City Statistical Divisions	4 583	5 098	2 515	2 038	np	np	17 246
Rest of Australia	1 945	1 259	2 475	161	np	np	6 500
Approved beds(b)	6 756	6 605	5 480	2 377	2 987	851	25 056
PROPORTION OF AUSTRALIAN TOTAL							
Hospitals (%)	28.9	30.5	16.7	12.2	9.0	2.9	100.0
Available beds(b) (%)	27.5	26.8	21.0	9.3	12.2	3.3	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) Based on available beds (average for the year).

(b) Average for the year.

	NOT FOR PROFIT			Total
	For profit	Religious or charitable	Other(a)	
.....				
HOSPITALS				
New South Wales and Australian Capital Territory	70	18	2	90
Victoria	56	16	23	95
Queensland	22	24	6	52
South Australia and Northern Territory	15	6	17	38
Western Australia	17	10	1	28
Tasmania	3	3	3	9
Australia	183	77	52	312
Location				
Capital City Statistical Divisions	138	46	18	202
Rest of Australia	45	31	34	110
Hospital size(b)				
0–25 beds	21	14	31	66
26–50 beds	57	12	10	79
51–100 beds	68	18	9	95
101–200 beds	30	22	1	53
Over 200 beds	7	11	1	19
Total	183	77	52	312
.....				
BEDS				
Available beds(c)				
Capital City Statistical Divisions	9 802	6 304	1 140	17 246
Rest of Australia	3 422	2 436	642	6 500
Total	13 224	8 740	1 782	23 746
Approved beds(c)	13 815	9 366	1 875	25 056

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

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

(c) Average for the year.

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, State & Location

	Separations . . .		Patient days(a).		Average length of stay	Occupancy rate
	'000	%	'000	%	days	%
1996-97						
New South Wales and Australian Capital Territory	429.0	27.9	1 557.4	26.6	3.6	66.9
Victoria	416.5	27.1	1 631.5	27.9	3.9	72.6
Queensland	340.9	22.1	1 345.0	23.0	3.9	73.4
South Australia and Northern Territory	144.8	9.4	578.8	9.9	4.0	67.0
Western Australia	154.2	10.0	536.8	9.2	3.5	65.0
Tasmania	53.9	3.5	204.0	3.5	3.8	71.6
Australia	1 539.4	100.0	5 853.6	100.0	3.8	69.8
Location						
Capital City Statistical Divisions	1 164.4	75.6	4 407.0	75.3	3.8	71.0
Rest of Australia	375.0	24.4	1 446.6	24.7	3.9	66.6
1997-98						
New South Wales and Australian Capital Territory	445.6	28.1	1 592.1	27.2	3.6	67.4
Victoria	437.8	27.6	1 628.9	27.8	3.7	72.8
Queensland	339.0	21.4	1 338.3	22.8	4.0	73.2
South Australia and Northern Territory	146.5	9.2	559.7	9.6	3.8	67.6
Western Australia	165.2	10.4	551.3	9.4	3.3	62.7
Tasmania	51.1	3.2	188.5	3.2	3.7	64.9
Australia	1 585.3	100.0	5 858.8	100.0	3.7	69.5
Location						
Capital City Statistical Divisions	1 185.3	74.8	4 373.3	74.6	3.7	70.6
Rest of Australia	400.0	25.2	1 485.6	25.4	3.7	66.5
1998-99						
New South Wales and Australian Capital Territory	467.3	27.7	1 634.0	27.1	3.5	68.6
Victoria	480.0	28.5	1 702.6	28.2	3.6	73.4
Queensland	340.8	20.2	1 336.9	22.1	3.9	73.4
South Australia and Northern Territory	148.9	8.8	543.8	9.0	3.7	67.8
Western Australia	192.9	11.5	634.2	10.5	3.3	60.0
Tasmania	54.4	3.2	189.2	3.1	3.5	66.6
Australia	1 684.2	100.0	6 040.7	100.0	3.6	69.7
Location						
Capital City Statistical Divisions	1 244.4	73.9	4 481.3	74.2	3.6	71.2
Rest of Australia	439.8	26.1	1 559.4	25.8	3.6	65.7

(a) See Explanatory Notes, paragraphs 20-24.

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PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Hospital Type

	Separations. . . .		Patient Days. . .		Average length of stay	Occupancy rate
	'000	%	'000	%	days	%
For profit	926.1	55.0	3 261.1	54.0	3.5	67.6
Not for profit						
Religious or charitable	648.4	38.5	2 342.0	38.8	3.6	73.4
Other(a)	109.7	6.5	437.7	7.3	4.0	67.3
Total	1 684.2	100.0	6 040.7	100.0	3.6	69.7

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

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PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Hospital Size(a)

	Separations. . . .		Patient Days. . .		Average length of stay	Occupancy rate
	'000	%	'000	%	days	%
0–25 beds	40.9	2.4	168.9	2.8	4.1	53.4
26–50 beds	184.4	10.9	672.8	11.1	3.6	60.8
51–100 beds	441.6	26.2	1 541.4	25.5	3.5	61.7
101–200 beds	583.3	34.6	2 012.0	33.3	3.4	74.8
Over 200 beds	434.0	25.8	1 645.6	27.2	3.8	80.0
Total	1 684.2	100.0	6 040.7	100.0	3.6	69.7

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

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PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Operating & Day Surgery Theatres(a)

	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.
Operating theatres							
Hospitals with these theatres	66	59	37	20	21	7	210
Theatres	242	189	150	77	91	25	774
Average number of sessions(b)	8.3	7.4	7.5	7.4	7.2	5.2	7.6
Average theatre time used(b) (hours)	26.7	25.5	22.8	20.3	26.7	18.2	24.7
Nurses(c)	1 356.3	1 084.4	863.3	314.2	415.8	129.8	4 164.1
Day surgery theatres(d)							
Hospitals with these theatres	23	32	24	9	11	5	104
Theatres	32	58	41	14	23	6	174
Average number of sessions(b)	6.0	5.7	5.9	5.5	5.0	5.0	5.7
Average theatre time used(b) (hours)	20.3	17.7	12.0	10.0	18.1	11.8	16.1
Nurses(c)	102.6	184.7	141.8	24.4	65.2	14.9	533.7

- (a) Details are for last week of pay period before 30 June.
 (b) Per theatre per week.
 (c) Full-time equivalent.
 (d) Excluding free-standing day hospital facilities.

9

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Specialised Wards & Units

	Labour wards	Psychiatric wards(a)	Special care units(b)	Accident or emergency units
Hospitals with specialised wards or units				
New South Wales and Australian Capital Territory	22	13	40	6
Victoria	29	12	43	13
Queensland	21	10	27	9
South Australia and Northern Territory	13	3	12	3
Western Australia	13	7	11	4
Tasmania	3	1	7	3
Australia	101	46	140	38
Beds-last Wednesday in June	380	1 775	1 511	341
Nurses-last pay period in June(c)	1 172	1 084	1 981	436

- (a) Including alcohol and drug rehabilitation or treatment units.
 (b) Intensive care units, coronary care units, neonatal intensive care units and high dependency units.
 (c) Full-time equivalent.

10

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Number of Staff(a) & Average Staff per Bed

	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.
NUMBER OF STAFF							
Nursing Staff							
Registered	6 348	6 497	4 612	1 862	2 360	732	22 412
Other	1 180	483	809	358	315	113	3 258
Total	7 529	6 981	5 421	2 220	2 675	845	25 670
Salaried medical officers and other diagnostic health professionals	685	750	265	78	221	126	2 125
Administrative and clerical	1 442	1 606	1 220	465	783	171	5 687
Domestic and other staff	2 631	2 596	2 094	678	1 247	325	9 571
Total	12 287	11 933	9 000	3 441	4 926	1 467	43 053
AVERAGE NUMBER OF STAFF PER OCCUPIED BED							
Nursing Staff							
Registered Nursing Staff	1.4	1.4	1.3	1.3	1.4	1.4	1.4
Other Nursing Staff	0.3	0.1	0.2	0.2	0.2	0.2	0.2
Nursing Staff	1.7	1.5	1.5	1.5	1.5	1.6	1.6
Other	1.1	1.1	1.0	0.8	1.3	1.2	1.1
Total	2.8	2.6	2.5	2.3	2.8	2.8	2.6

(a) Full-time equivalent.

11

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Revenue

	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.
Revenue							
Patient revenue (\$'000)	992 705	993 543	688 923	264 425	391 401	117 104	3 448 100
Recoveries (\$'000)	79 903	77 631	41 980	17 004	23 619	8 237	248 373
Other(a) (\$'000)	34 622	26 175	24 228	4 894	10 634	655	101 208
Total (\$'000)	1 107 229	1 097 348	755 131	286 324	425 654	125 995	3 797 681
Patient revenue as a proportion of total revenue (%)	89.7	90.5	91.2	92.4	92.0	92.9	90.8

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

	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.
Recurrent expenditure(a)							
Wages and salaries including on-costs (\$'000)	598 904	609 677	423 569	162 816	225 153	75 329	2 095 448
Drug, medical and surgical supplies(b) (\$'000)	189 817	144 844	94 848	37 950	55 606	15 252	538 316
Food supplies (\$'000)	20 781	20 355	14 253	6 142	7 969	2 280	71 779
Other domestic services (\$'000)	20 829	21 227	17 168	5 928	10 170	2 852	78 174
Administrative expenses (\$'000)	87 203	95 136	50 308	21 212	34 235	9 371	297 465
Repairs and maintenance (\$'000)	20 982	21 332	14 076	4 443	6 108	2 005	68 946
Other(c) (\$'000)	127 647	138 056	83 379	37 303	62 155	14 924	463 463
Total (\$'000)	1 066 163	1 050 625	697 601	275 794	401 396	122 012	3 613 591
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	56.2	58.0	60.7	59.0	56.1	61.7	58.0
Average recurrent expenditure(d)							
Per separation (\$)	2 282	2 189	2 047	1 853	2 081	2 242	2 146
Per patient day (\$)	653	617	522	507	633	645	598
Gross capital expenditure (\$'000)	166 669	124 614	138 066	14 317	75 939	8 157	527 763

- (a) See Explanatory Notes, paragraph 13. Expenditure on non-admitted patient services is included by default because such expenditure is not separately available.
- (b) Including surgically implanted prostheses and homograft items.
- (c) Including interest, depreciation and contract services.
- (d) Average expenditure figures can vary considerably between hospitals depending on the type of services they provide.

	NOT FOR PROFIT			
	<i>For profit</i>	<i>Religious or charitable</i>	<i>Other(a)</i>	<i>Total</i>
.....				
Recurrent expenditure(b)				
Wages and salaries including on-costs (\$'000)	1 066 828	894 909	133 712	2 095 448
Drug, medical and surgical supplies(c) (\$'000)	272 221	226 744	39 351	538 316
Food supplies (\$'000)	36 340	30 482	4 956	71 779
Other domestic services (\$'000)	39 138	33 765	5 271	78 174
Administrative expenses (\$'000)	145 444	134 776	17 245	297 465
Repairs and maintenance (\$'000)	32 620	30 699	5 627	68 946
Other(d) (\$'000)	224 368	203 633	35 461	463 463
Total (\$'000)	1 816 960	1 555 008	241 623	3 613 591
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	58.7	57.6	55.3	58.0
Average recurrent expenditure(e)				
Per separation (\$)	1 962	2 398	2 202	2 146
Per patient day (\$)	557	664	552	598
Gross Capital Expenditure (\$'000)	342 468	175 366	9 929	527 763

-
- (a) Bush nursing, community and memorial hospitals.
 - (b) See Explanatory Notes, paragraph 13. Expenditure on non-admitted patient services is included by default because such expenditure is not separately available.
 - (c) Including surgically implanted prostheses and homograft items.
 - (d) Interest, depreciation and contract services.
 - (e) Average expenditure figures can vary considerably between hospitals depending on the type of services they provide.

	Hospitals(a) no.	Separations '000	Patient days(b) '000	Average length of stay days
Same-day patients	284	791.5	791.5	1.0
Overnight stay patients				
Advanced surgery	212	131.9	894.2	6.8
Surgery	224	316.0	1 052.6	3.3
Obstetrics	114	63.5	360.7	5.7
Psychiatric	42	22.5	388.4	17.3
Rehabilitation	41	16.2	305.5	18.9
Nursing home type	56	1.3	130.5	99.5
Medical and other(c)	279	341.3	2 117.3	6.2
All overnight-stay patients	310	892.7	5 249.2	5.9
Total	312	1 684.2	6 040.7	3.6

- (a) Most hospitals treat more than one class of patient and so are counted in more than one row.
 (b) Each same day patient separation is allocated a notional stay of one day.
 (c) Includes minor surgery. Also includes other surgery not covered by the Medicare Benefits Schedule, e.g. cosmetic surgery.

	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.
Same-day patients(a)	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Overnight-stay patients							
Advanced surgery	6.2	6.9	7.8	6.6	6.6	7.4	6.8
Surgery	3.1	3.5	3.6	3.2	3.2	3.7	3.3
Obstetrics	5.6	5.8	5.7	np	6.0	np	5.7
Psychiatric	19.2	15.5	18.2	np	np	np	17.3
Rehabilitation	18.5	18.6	23.1	np	np	np	18.9
Nursing home type(b)	47.1	203.1	103.9	178.3	np	np	99.5
Medical and other(c)	6.5	6.3	6.2	6.1	5.9	5.3	6.2
All overnight-stay patients	5.7	6.1	6.4	5.7	5.2	5.2	5.9
All patients	3.5	3.6	3.9	3.7	3.3	3.5	3.6

- np not available for publication but included in totals where applicable, unless otherwise indicated
 (a) Allocated a notional stay of one day.
 (b) See Explanatory notes, paragraphs 20–24.
 (c) Includes minor surgery. Also includes other surgery not covered by the Medicare Benefits Schedule, e.g. cosmetic surgery.

17

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Average Stay (Days)—Hospital Size(a)

HOSPITALS WITH BEDS NUMBERING

	0-25	26-50	51-100	101-200	Over 200	Total
Same-day patients(b)	1.0	1.0	1.0	1.0	1.0	1.0
Overnight-stay patients						
Advanced surgery	3.3	4.3	5.8	7.3	7.7	6.8
Surgery	3.1	2.5	3.0	3.4	3.9	3.3
Obstetrics	5.1	4.9	5.8	5.5	5.8	5.7
Psychiatric	np	16.8	np	np	16.8	17.3
Rehabilitation	21.1	22.2	15.7	16.9	23.7	18.9
Nursing home type	np	206.5	np	np	35.3	99.5
Medical and other(c)	7.0	7.9	6.6	5.5	6.3	6.2
All overnight-stay patients	8.7	6.9	5.8	5.4	6.0	5.9
All patients	4.1	3.7	3.5	3.5	3.8	3.6

- np not available for publication but included in totals where applicable, unless otherwise indicated
- (a) Based on number of available beds (average for the year).
- (b) Allocated a notional stay of one day.
- (c) Includes minor surgery. Also includes other surgery not covered by the Medicare Benefits Schedule, e.g. cosmetic surgery.

18

PRIVATE ACUTE & PSYCHIATRIC HOSPITALS, Type of Procedure

	Hospitals(a)	Procedures.	
	no.	no.	%
Advanced surgery	214	181 374	13.6
Surgery	227	700 193	52.5
Minor or other surgery(b)	196	388 054	29.1
Obstetrics	114	63 964	4.8
Total	233	1 333 585	100.0

- (a) Most hospitals provide more than one type of procedure and so are counted in more than one row.
- (b) All other surgery, including surgery not covered by the Medicare Benefits Schedule, e.g. cosmetic surgery.

	<i>NSW and ACT</i>	<i>Vic.</i>	<i>Qld</i>	<i>SA and NT</i>	<i>WA</i>	<i>Tas.</i>	<i>Aust.</i>
SEPARATIONS ('000)							
Hospital insurance	321.8	362.3	267.8	125.4	128.1	20.7	1 226.1
No hospital insurance	141.9	117.6	64.3	23.5	64.8	2.6	414.7
Not stated	3.5	—	8.8	—	—	31.1	43.5
Total	467.3	480.0	340.8	148.9	192.9	54.4	1 684.2
SEPARATIONS (%)							
Hospital insurance	68.9	75.5	78.6	84.2	66.4	38.1	72.8
No hospital insurance	30.4	24.5	18.9	15.8	33.6	4.7	24.6
Not stated	0.8	—	2.6	—	—	57.2	2.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
AVERAGE LENGTH OF STAY (days)							
Hospital insurance	3.6	3.8	3.9	3.8	3.2	3.4	3.7
No hospital insurance	3.2	2.7	4.1	2.7	3.5	1.9	3.2
Not stated	3.5	1.0	2.7	—	—	3.7	3.5
Total	3.5	3.6	3.9	3.7	3.3	3.5	3.6

— nil or rounded to zero (including null cells)

	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.
Neonatal intensive care unit	18	20	17	5	7	2	69
Separate intensive care unit (ICU)	13	7	7	6	2	—	35
Separate coronary care unit (CCU)	8	8	3	4	2	—	25
Combined ICU/CCU	11	7	9	1	3	3	34
High dependency unit	19	33	10	11	3	5	81
Obstetric/maternity service	26	28	20	8	11	4	97
Specialist paediatric service	5	5	10	—	1	1	22
Cardiac surgery unit	6	5	4	1	1	—	17
Neurosurgical unit	4	3	—	—	—	1	8
Acute spinal cord injury unit	—	—	—	—	—	—	—
Burns unit	—	—	—	—	—	—	—
Major plastic/reconstructive surgery unit	1	1	1	—	—	—	3
Transplantation units	—	—	1	—	—	—	1
Acute renal dialysis unit	—	1	3	—	—	—	4
Maintenance renal dialysis centre	2	7	2	1	1	—	13
Infectious diseases unit	—	—	—	—	—	—	—
Psychiatric unit/ward(a)	12	10	9	3	7	1	42
Oncology unit	8	22	11	3	4	1	49
Rehabilitation unit(a)	15	12	5	2	1	1	36
Comprehensive epilepsy unit	1	—	1	—	—	—	2
Clinical genetics unit	—	—	—	—	—	—	—
Sleep centre	13	16	9	1	2	1	42
AIDS unit	—	—	—	—	—	—	—
Diabetes unit	—	—	—	—	—	—	—
In-vitro fertilisation unit	2	2	—	—	1	1	6
Alcohol and drug unit	4	4	1	1	—	—	10
Nursing home care unit(b)	—	2	—	3	—	1	6
Geriatric assessment unit	1	1	—	2	—	—	4
Domiciliary care service	1	6	1	1	2	2	13
Hospice/palliative care unit	1	—	2	1	6	1	11
Dedicated day surgery unit	29	33	20	12	11	4	109
Other specialised services	4	3	3	1	1	—	12
All hospitals(c)	74	70	38	25	26	9	242

— nil or rounded to zero (including null cells)

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

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

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

	HOSPITALS							Occasions of service
	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.	
	no.	no.	no.	no.	no.	no.	no.	
Accident and emergency(a)	9	23	17	10	6	5	70	487.0
Medical/surgical/diagnostic								
Dialysis	—	—	1	—	1	—	2	np
Radiology and organ imaging	3	15	1	—	—	1	20	224.4
Endoscopy	—	1	1	1	2	—	5	5.3
Pathology	1	3	—	—	—	1	5	np
Other	6	5	7	6	12	1	37	186.8
Psychiatric	4	3	3	3	2	—	15	168.5
Alcohol and drug	3	—	1	1	—	—	5	4.0
Dental	—	1	—	—	—	—	1	np
Pharmacy	2	1	—	—	—	1	4	np
Allied health services	10	14	1	3	3	1	32	368.6
Community health services	3	2	1	1	1	1	9	42.3
District nursing services	2	4	—	—	1	—	7	35.9
Non-medical and social services	1	3	—	—	4	—	8	3.5
Other	4	7	3	5	7	—	26	59.7
All hospitals(b)	25	47	25	20	20	7	144	1 712.1

— nil or rounded to zero (including null cells)

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

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

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

FREE-STANDING DAY HOSPITALS, Type of Centre(a)

	General surgery	Specialist endoscopy	Ophthalmic	Other(b)	Total
Number of hospitals					
New South Wales and Australian Capital Territory	19	21	14	35	89
Victoria	8	21	5	7	41
Queensland	5	5	10	10	30
South Australia and Northern Territory	—	2	1	12	15
Western Australia	1	1	2	7	11
Tasmania	—	—	1	3	4
Australia	33	50	33	74	190
Operating theatres at 30 June	50	10	42	78	180
Procedure rooms at 30 June	12	67	14	69	162
Average number of sessions(c)	4	4	2	3	3
Average theatre/room time used(c) (hours)	15	17	10	18	16
Average number beds/chairs	354	391	165	550	1 460
Separations ('000)	61.5	104.4	31.3	104.9	302.1
Average number of separations per bed/chair	174	267	190	191	207

— nil or rounded to zero (including null cells)

(a) See Explanatory Notes, paragraphs 17–19 re category changes.

(b) Including fertility, plastic surgery and sleep disorders clinics.

(c) Per theatre/room per week.

FREE-STANDING DAY HOSPITALS, Full-time Equivalent Staff —Type of Centre(a)

	General surgery	Specialist endoscopy	Ophthalmic	Other(b)	Total
Nursing staff	186.4	161.7	94.7	302.8	745.6
Administrative and clerical	75.5	132.3	72.0	163.5	443.2
Other(c)	17.4	23.8	22.8	65.9	129.9
Total	279.3	317.8	189.5	532.2	1 318.7

(a) See Explanatory Notes, paragraph 17–19 re category changes.

(b) Including fertility, plastic surgery and sleep disorders clinics.

(c) Including diagnostic and health professionals, orderlies, domestic and maintenance staff.

FREE-STANDING DAY HOSPITALS, Revenue—Type of Centre(a)

	General surgery	Specialist endoscopy	Ophthalmic	Other(b)	Total
Revenue					
Patient revenue (\$'000)	31 205	32 267	31 480	59 106	154 058
Other(c) (\$'000)	774	3 465	1 122	1 982	7 342
Total	31 979	35 732	32 601	61 088	161 400
Patient revenue as a proportion of total revenue (%)	97.6	90.3	96.6	96.8	95.5

(a) See Explanatory Notes, paragraphs 17–19 re category changes.

(b) Including fertility, plastic surgery and sleep disorders clinics.

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

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

	General surgery	Specialist endoscopy	Ophthalmic	Other(b)	Total
Recurrent expenditure(c)					
Wages and salaries including on-costs (\$'000)	11 214	13 736	7 880	24 260	57 090
Drug, medical and surgical supplies(d) (\$'000)	6 655	4 270	7 616	11 431	29 972
Administrative expenses (\$'000)	4 772	5 024	4 109	10 334	24 238
Other(e) (\$'000)	5 306	6 224	5 247	9 402	26 180
Total (\$'000)	27 947	29 253	24 852	55 427	137 480
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	40.1	47.0	31.7	43.8	41.5
Average recurrent expenditure per separation(f) (\$)	454	280	795	529	455
Gross capital expenditure (\$'000)	4 661	3 026	5 933	8 009	21 629

(a) See Explanatory Notes, paragraphs 17–19 re category changes.

(b) Including fertility, plastic surgery and sleep disorders clinics.

(c) See Explanatory Notes, paragraph 13.

(d) Including surgically implanted prostheses and homograft items.

(e) Including repairs and maintenance, interest, depreciation and contract services.

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

<i>Description and Medicare Benefits Schedule (MBS) item number</i>	<i>Procedures. . . .</i>	
	<i>no.</i>	<i>%</i>
Oesophagoscopy, gastroscopy, duodenoscopy or panendoscopy, one or more such procedures (30473)	64 245	18.9
Fibre optic colonoscopy examination of colon beyond the hepatic flexure (32090)	48 495	14.2
Lens extraction and insertion of artificial lens (42702)	28 001	8.2
Administration of chemotherapy, either by intravenous push technique, of intravenous infusion (13915,13918, 13921 and 13924)	17 007	5.0
Evacuation of the contents of the gravid uterus by curettage or suction curettage (35643)	15 670	4.6
Fibre optic colonoscopy examination of colon beyond the hepatic flexure with removal of one or more polyps (32093)	14 204	4.2
Dialysis, supervision in hospital by a medical specialist (13100)	np	np
Administration of blood or bone marrow already collected (13706)	np	np
Transfer of embryos or both ova and sperm to the female reproductive system, by any means but excluding artificial insemination or the transfer of frozen or donated embryos (13215)	4 128	1.2
Oocyte retrieval by any means for the purposes of assisted reproductive technologies (13212)	4 007	1.2
Free grafting (full thickness) (45451)	2 863	0.8
Uterus, curettage of, (including curettage for incomplete miscarriage) under general anaesthesia, or under epidural or spinal (intrathecal) nerve block (35639 and 35640)	2 363	0.7
All other procedures	126 923	37.2
Total	340 801	100.0

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

FREE-STANDING DAY HOSPITALS, Separations—Type of Anaesthesia —Type of Centre(a)

	<i>General surgery</i>	<i>Specialist endoscopy</i>	<i>Ophthalmic</i>	<i>Other(b)</i>	<i>Total</i>
PROPORTION (%)					
Nil or local					
Nil	4.9	np	np	31.5	12.3
Local/topical	10.4	np	np	23.2	14.0
Total	15.3	1.7	34.1	54.7	26.2
Other types of anaesthesia					
General	43.8	np	4.2	np	19.3
Regional	2.2	np	28.3	np	5.9
Intravenous/neuroleptic	32.9	91.4	25.5	12.7	45.4
Multiple	5.9	—	7.9	3.5	3.2
Total	84.7	98.3	65.9	45.3	73.8
Total	100.0	100.0	100.0	100.0	100.0
NUMBER ('000)					
Separations ('000)	61.6	104.5	31.3	104.9	302.1

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

— nil or rounded to zero (including null cells)

(a) See Explanatory Notes, paragraphs 17–19 re category changes.

(b) Including fertility, plastic surgery and sleep disorders clinics.

ALL HOSPITALS, Separations—Insurance Status

	<i>Acute and psychiatric hospitals</i>	<i>Free-standing day hospital facilities</i>	<i>Total hospitals</i>
PROPORTION (%)			
Hospital insurance	72.8	53.1	69.8
No hospital insurance	24.6	44.3	27.6
Not stated	2.6	2.6	2.6
Total	100.0	100.0	100.0
NUMBER ('000)			
Separations	1 684.2	302.1	1 986.3

ALL HOSPITALS, Separations—Age and Sex

	ACUTE AND PSYCHIATRIC HOSPITALS			FREE-STANDING DAY HOSPITAL FACILITIES . .			TOTAL HOSPITALS		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
PROPORTION (%)									
Age group (years)									
0–14	6.9	4.2	5.4	2.7	1.7	2.1	6.3	3.8	4.9
15–44	23.4	36.1	30.4	22.2	35.4	29.8	23.2	36.0	30.3
45–64	30.6	27.9	29.1	34.0	29.3	31.3	31.1	28.1	29.4
65 and over	38.9	31.6	34.9	36.1	29.3	32.2	38.5	31.2	34.4
Total(a)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Proportion of persons	44.8	55.2	100.0	42.4	57.6	100.0	44.4	55.6	100.0
NUMBER ('000)									
All separations	754.7	929.5	1 684.2	128.1	174.0	302.1	882.8	1 103.5	1 986.3

(a) Including not stated.

ALL HOSPITALS, Separations—Principal Diagnosis(a)

	<i>Acute and psychiatric hospitals</i>	<i>Free-standing day hospital facilities</i>	<i>Total hospitals</i>
..... PROPORTION (%)			
Certain infectious and parasitic diseases	0.8	0.5	0.8
Neoplasms	8.4	9.7	8.6
Diseases of the blood and blood-forming organs	0.8	1.0	0.9
Endocrine, nutritional and metabolic diseases	0.8	0.4	0.7
Mental and behavioural disorders	5.0	—	4.2
Diseases of the nervous system	2.5	1.7	2.4
Diseases of the eye and adnexa	3.7	12.9	5.1
Diseases of the ear and mastoid process	1.3	0.7	1.2
Diseases of the circulatory system	7.1	3.1	6.5
Diseases of the respiratory system	4.4	0.4	3.8
Diseases of the digestive system	15.3	31.3	17.7
Diseases of the skin and subcutaneous tissue	1.5	2.1	1.6
Diseases of the musculoskeletal system and connective tissue	10.5	1.9	9.2
Diseases of the genitourinary system	8.1	5.6	7.7
Pregnancy, childbirth and the puerperium	5.4	5.5	5.5
Certain conditions originating in the perinatal period	0.6	—	0.5
Congenital malformations, deformations and chromosomal abnormalities	0.5	0.4	0.5
Symptoms, signs and abnormal clinical and laboratory findings	4.5	7.2	4.9
Injury, poisoning and certain other consequences of external causes	4.7	1.2	4.2
Factors influencing health status and contact with health services	14.3	14.4	14.4
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
..... NUMBER ('000)			
Separations	1 684.2	302.1	1 986.3

— nil or rounded to zero (including null cells)

(a) Based on the International Statistical Classification of Diseases and Related Health Problems, 10th Revision - Australian Modification (ICD-10-AM). See Explanatory Notes, paragraphs 26-28.

ALL HOSPITALS, Separations—Principal Procedure(a)

	<i>Acute and psychiatric hospitals</i>	<i>Free-standing day hospital facilities</i>	<i>Total hospitals</i>
.....			
PROPORTION (%)			
.....			
Procedures on			
Nervous system	3.0	0.9	2.7
Endocrine system	0.3	—	0.2
Eye and adnexa	4.2	13.9	5.9
Ear and mastoid process	1.4	0.7	1.3
Nose, mouth and pharynx	2.9	1.8	2.7
Dental services	3.3	2.8	3.2
Procedures on			
Respiratory system	0.8	0.1	0.7
Cardiovascular system	4.6	1.7	4.1
Blood and blood-forming organs	0.3	0.4	0.4
Digestive system	20.2	41.5	23.8
Urinary system	7.4	3.5	6.8
Male genital organs	2.1	0.6	1.9
Gynaecological procedures	6.6	10.5	7.3
Obstetric procedures	4.4	0.1	3.7
Procedures on musculoskeletal system	12.6	2.0	10.8
Dermatological and plastic procedures	5.1	8.6	5.7
Procedures on breast	1.6	np	np
Chemotherapeutic and radiation oncology procedures	4.9	5.8	5.0
Miscellaneous procedures	6.9	3.9	6.4
Imaging services	2.7	—	2.2
Allied health interventions	4.6	np	np
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

		
	NUMBER ('000)		
Separations	1 445.4	294.9	1 740.3

— 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 - Australian Modification (ICD-10-AM). See Explanatory Notes, paragraphs 26–28.

	DISCHARGE OR TRANSFER				<i>Left against advice</i>	<i>Other(b)</i>	<i>Total</i>
	<i>Usual residence(a)</i>	<i>Nursing home</i>	<i>Other hospital</i>	<i>Died</i>			
	'000	'000	'000	'000	'000	'000	'000
ACUTE AND PSYCHIATRIC HOSPITALS							
New South Wales and Australian Capital Territory	450.7	1.3	9.7	2.6	0.5	2.5	467.3
Victoria	460.4	1.8	12.7	3.9	0.3	1.0	480.0
Queensland	329.9	1.4	3.9	3.7	0.1	1.9	340.8
South Australia and Northern Territory	140.5	2.2	4.4	1.4	—	0.3	148.9
Western Australia	187.4	np	2.2	1.6	0.2	np	192.9
Tasmania	53.5	np	0.3	0.3	0.2	np	54.4
<i>Australia</i>	1 622.3	7.1	33.1	13.5	1.4	6.9	1 684.2
FREE-STANDING DAY HOSPITAL FACILITIES							
<i>Total</i>	293.9	1.0	6.9	np	np	0.2	302.1
ALL HOSPITALS							
Total	1 916.2	8.1	40.0	np	np	7.0	1 986.3

— nil or rounded to zero (including null cells)

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

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

(b) Includes discharge or transfer to another health care accommodation, status change, statistical discharge or not stated.

EXPLANATORY NOTES

- INTRODUCTION**
- 1** This publication contains statistical information for 1998–99 and previous years, obtained from annual censuses of all private hospitals in Australia. It contains details about the facilities, activities, staffing and finances of all private acute and psychiatric hospitals and free-standing day hospital facilities.
 - 2** Corresponding statistics for public hospitals are compiled by the Australian Institute of Health and Welfare (AIHW) in their annual publication, *Hospital Statistics, Australia*.
- SCOPE**
- 3** Included are all private acute and psychiatric hospitals licensed by State and Territory health authorities and all free-standing day hospital facilities approved by the Commonwealth Department of Health and Aged Care.
- COLLECTION METHODOLOGY**
- 4** Data collection forms are sent each year to all private hospitals in Australia for completion and return to the ABS. A large component of the required data on admitted patients is sent to the ABS by State and Territory health authorities on behalf of hospitals, thus relieving hospitals of the task of collating this information for the ABS.
- COVERAGE**
- 5** All private hospitals in Australia which operated for all or only part of the reference year are included in the collection.
 - 6** Updated lists of private hospitals are received from State, Territory and Commonwealth health authorities and every effort is made to include all hospitals in scope.
- DEFINITIONS**
- 7** The data items and definitions are based on the *National Health Data Dictionary* published by the AIHW, with the addition of data items requested by private hospital associations and health authorities. Refer to the Glossary for definitions of the data items used in this publication.
- DATA QUALITY**
- 8** Establishments which provided incomplete data were contacted to obtain the missing details. Hospital staff were asked to provide estimates in cases where records for the data item were not kept. If reasonable estimates could not be provided by the establishment then the data item was either left blank or imputed by ABS staff. Imputation was based on data received in previous years and on the results of the data provided by all responding hospitals.
 - 9** The statistics from this collection may be subject to various sources of error. These may be errors in reporting (e.g. because estimates may have been used in the case of actual data not being available, misunderstanding of questions or unwillingness of respondents to reveal all details) or errors arising during processing (e.g. coding, data recording). Every effort is made to reduce errors in the collection to a minimum by careful design of questionnaires and by processing procedures designed to detect errors and enable them to be corrected. These procedures include external coverage checks, clerical and computer editing of input data, error resolution including referral back to the source, and clerical scrutiny of preliminary aggregates.
 - 10** Hospital morbidity data, providing admitted patient's details such as age, principal diagnosis and procedure, are routinely provided by hospitals to State and Territory health authorities. Arrangements were made, with consent of the hospitals, for State health authorities to provide the ABS with the relevant morbidity data. Any significant inconsistencies between the data collated by health authorities and by hospitals were followed up and resolved. As a result of this reconciliation of the 1998–99 data, the final total for patient separations was 0.2% lower than that reported by consenting hospitals and 2% higher than that compiled from data supplied by State health authorities.

EXPLANATORY NOTES *continued*

DATA QUALITY *continued*

11 Preliminary 1998–99 hospital morbidity data was provided by the Western Australian Department of Health because final data were not ready in time for inclusion in this publication. The preliminary data excluded approximately 2% of the total patient records. The data have been adjusted upwards to agree with the complete totals for separations and patient days as provided directly by individual hospitals.

12 Morbidity data for 1998–99 were not available from the Tasmanian Department of Health and Human Services for two acute hospitals and two day hospital facilities. This represents 18% of Tasmanian patient separations for 1998–99. Estimates for the missing data have been included in morbidity data provided in this publication.

13 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.

CASEMIX

14 Casemix is an information tool which recognises that there are similarities between groups of hospital patients. A special feature of a Casemix classification is that for each class, patients will have clinical similarities and will be homogeneous with respect to another variable such as the cost of care.

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

16 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. As a result, there may be a reduction in the number of patients for whom a patient accommodation classification (which currently categorises overnight-stay patients into advanced surgery, surgery and obstetrics) is available.

CHANGE IN CATEGORIES OF DAY HOSPITALS

17 The categorisation of type of centre (general surgery, specialist endoscopy, ophthalmic, other) for free-standing day hospital facilities has been changed. In 1998–99, these hospital facilities were categorised to type based on their main income earning activity. Previously, no basis for categorisation had been specified on the collection forms.

18 While this change will result in more accurate and consistent data henceforth, it affects comparisons with the data collected in previous years. The result is that 15 facilities which were categorised as general surgery centres in 1997–98 have now been categorised as 'other' centres because of this change. General surgery had been reported by nearly all of these facilities as one of the various specialised services provided but the 1998–99 information shows that general surgery was not the main income earning activity.

19 The change in categorisation of type of centre had little impact on specialist endoscopy and ophthalmic centres because these centres mainly provide only endoscopy and ophthalmic services, respectively.

EXPLANATORY NOTES *continued*

COUNTING METHODS

20 The method of counting patient separations and patient days was changed for 1995–96 in accordance with procedures outlined in the National Health Data Dictionary. Previously, a patient separation was recorded only when the patient left hospital, and total hospital stay was attributed to that separation. The concept of 'episode of care' has now been introduced to facilitate Casemix classification and cost analysis of patient treatment. Under this concept, if there is a change in the type of clinical treatment, a statistical separation is recorded. For example, if a patient is admitted for acute care and subsequently receives non-acute care (e.g. nursing home type care) until discharged, then one separation and the number of days are recorded for the acute care episode and one separation and the number of days for the non-acute episode are also recorded.

21 Generally, these changes have only a small effect on the data for private hospitals. However, this change in counting method has initial impact on the data for 1995–96, as towards the end of that year there were fewer patient days being carried forward into the 1996–97 financial year. This reduction in patient days in 1996–97, in conjunction with the increase in the number of separations, may have contributed to the reduction in the average length of time that patients spent in hospital in 1996–97 compared to 1995–96. The new method provides a more realistic measure of the actual number of patient days occurring in any one year and annual data from 1996–97 onwards are directly comparable. However, the effect of its introduction on 1995–96 data should be taken into account when comparing post 1995–96 data with earlier years.

22 In order to prepare for this new reporting procedure, all nursing home type patients in Queensland hospitals were statistically discharged and re-admitted on 1 July 1995. The premature reporting of patient days associated with these statistical separations produced an overstatement of the number of patient days in Queensland for 1995–96. Therefore, care should be exercised when comparing across States and Territories.

23 Although the total number of nursing home type separations was relatively small (approximately 1,000) for Queensland private hospitals in 1995–96, there were 232,000 patient days associated with them. As a consequence, the occupancy rate and average length of stay were affected at State and national levels.

24 The effects of overstatement of patient days in 1995–96 is shown in the following table. The figures in brackets have been adjusted to reduce nursing home type patient days to the same levels as for 1994–95.

EXPLANATORY NOTES *continued*

	1995-96	(1995-96)	1996-97
.....			
QUEENSLAND			
Patient days			
Number ('000)	1 466	(1 348)	1 345
Increase since previous year (%)	20.9	(11.2)	-8.2
Occupancy rate (%)	80.9	(74.4)	73.4
Average length of stay (days)	4.4	(4.1)	3.9
.....			
AUSTRALIA			
Patient days			
Number ('000)	5 844	(5 744)	5 854
Increase since previous year (%)	7.8	(5.9)	0.2
Occupancy rate (%)	70.4	(69.2)	69.8
Average length of stay (days)	4.0	(4.0)	3.8
.....			

CHAIN VOLUME MEASURES

25 Chain volume measures have been used in the Summary of Findings in this publication to enable analysis of the changes to recurrent expenditure for private hospitals in 'real' terms. It is considered that these measures provide better indicators of movement in real output and expenditures than do 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 1997-98. In this publication the index used was specifically designed to measure price change in hospital recurrent expenditures. The data are consistent with the December quarter 1999 *Australian National Accounts: National Income, Expenditure and Product* (Cat. no. 5206.0). Detailed information on chain volume measures and their introduction into the Australian National Accounts are contained in:

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

CLASSIFICATIONS

26 For 1998-99 the principal diagnosis and principal procedure for admitted patients were reported using the International Statistical Classification of Diseases and Related Health Problems, 10th Revision—Australian Modification (ICD-10-AM).

27 The corresponding data for previous years were coded and reported according to the International Classification of Diseases, 9th Revision—Clinical Modification (ICD-9-CM) and hence they are not comparable with the data for 1998-99.

28 Some States (Queensland, South Australia, Western Australia and Tasmania) did not change over to ICD-10-AM coding for 1998-99. Arrangements were made for these States to forward map their data to ICD-10-AM before sending it to the ABS. The South Australian Department of Human Services made available forward mapping tables for this purpose. Some Victorian hospitals continued to use ICD-9-CM but were required to convert their data to ICD-10-AM in-house.

EXPLANATORY NOTES *continued*

29 The locations of all private health establishments are coded according to the *Australian Standard Geographical Classification, 1998 Edition* (Cat. no. 1216.0).

GENERAL ACKNOWLEDGMENT

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

RELATED PUBLICATIONS

31 Other ABS publications which may be of interest include:
Hospitals Australia, 1991–92 (Cat. no. 4391.0)—Issued co-jointly with the AIHW, released 1995 (\$22.00)
Information Paper: Australian National Accounts, Introduction of Chain Volume and Price Indexes (Cat. no. 5248.0)—Released 19 March 1998 (\$10.00)
Information Paper: Upgraded Australian National Accounts, 1998 (Cat. no. 5253.0)—Released 4 November 1998 (\$10.00)
National Health Survey: Private Health Insurance, Australia, 1995 (Cat. no. 4334.0)—Released 28 May 1998 (\$17.00)
National Health Survey: Summary of Results, 1995 (Cat. no. 4364.0)—Released 28 August 1997 (\$23.00)
National Health Survey: Summary Results, Australian States and Territories, 1995 (Cat. no. 4368.0)—Released 23 December 1997 (\$21.00)

32 The following related publications are issued by other organisations. Available from the AIHW Distribution Centre, GPO Box 84, Canberra ACT 2601:

Australian Hospital Statistics, 1993–95: An Overview
Australian Hospital Statistics, 1997–98
Australia's Health 2000
Medical Labour Force, 1998
Medical Workforce Supply and Demand in Australia: a discussion paper, 1999
National Health Data Dictionary, Version 7.0, 1998
National Health Labour Force Bulletin
Nursing Labour Force, 1998
Pharmacy Labour Force, 1995

Available from the Australian Government Info Shop, 10 Mort Street, Braddon ACT 2612:

Australian Casemix Report on Hospital Activity, 1995–96
Third National Report on Health Sector Performance Indicators – by the National Health Ministers' Benchmarking working group, July 1999

Available from the National Mental Health Report Service (Mental Health Branch, Department of Health and Aged Care—telephone 1800 066 247):

National Mental Health Report, 1997

33 Current publications produced by the ABS are listed in the *Catalogue of Publications and Products* (Cat. no. 1101.0). The ABS also issues the *Release Advice* (Cat. no. 1105.0) on Tuesdays and Fridays which lists publications to be released in the next few days. Both the Catalogue and the Release Advice are available from any ABS office.

EXPLANATORY NOTES *continued*

UNPUBLISHED STATISTICS

34 As well as the statistics included in this and related publications, the ABS may have other relevant unpublished data available. Inquiries should be directed to Keith Carter on Brisbane 07 3222 6374, or at keith.carter@abs.gov.au.

EFFECTS OF ROUNDING

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

GLOSSARY

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 and the average stay per admission is relatively short.
Administrative expenses	Includes management and administrative support expenditure such as rates and taxes, printing, telephone, stationery, insurances and motor vehicle running expenses.
Allied health services	These are provided by units and clinics for the treatment and counselling of patients. They mainly comprise physiotherapy, speech therapy, family planning, dietary advice, optometry and occupational therapy.
Average length of stay in hospital	This is calculated by dividing the aggregate number of patient days by the number of separations associated with those patient days.
Beds	These are provided for the care and treatment of admitted (same-day and overnight-stay) patients. <ul style="list-style-type: none"> ■ <i>Approved beds</i> for acute and psychiatric hospitals are those for which the hospital is licensed to operate under the relevant State or Territory government legislation. ■ <i>Available beds</i> 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. ■ <i>Occupied beds</i> are calculated by dividing total patient days by the number of days in the year (365 in 1998–99).
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.
Free-standing day hospital facilities	These provide investigation and treatment for acute conditions on a day-only basis and are approved by the Commonwealth for the purposes of basic table health insurance benefits.
Hospital type	'Not-for-profit' hospitals are those which qualify as a non-profit organisation with either the Australian Taxation Office or the Australian Securities and Investment Commission. These are further categorised as 'religious or charitable' and 'other'. All other hospitals are classed as 'for profit'.
Insurance status	Indicates whether or not hospital insurance is held with a registered health insurance fund, or a general insurance company. Patients who have insurance cover only for ancillary services are regarded as not having hospital insurance.
Legal Local Government Area	Is the geographical area under the responsibility of an incorporated local government council.
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 in 1998–99) and expressed as a percentage.

$$\text{occupancy rate (\%)} = \frac{\text{patient days} \times 100}{\text{average available beds} \times 365}$$

GLOSSARY *continued*

Other domestic services	Includes staff services, accommodation, bedding and linen, hardware, crockery, cutlery, laundering and cleaning of uniforms.
Patient	<p>A patient is a person for whom a hospital accepts responsibility for treatment and/or care.</p> <ul style="list-style-type: none">■ An <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.■ <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).■ <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).■ <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.
Patient classification	<p>Applies to all overnight-stay patients and is used to facilitate patient billing. It includes the categories, advanced surgery, surgery and obstetrics as defined by the Commonwealth Department of Health and Aged Care for health fund benefits purposes. The other categories included under patient classification are psychiatric, rehabilitation and nursing home type.</p> <ul style="list-style-type: none">■ <i>Psychiatric</i> includes all admitted patients of an approved psychiatric unit or program.■ <i>Rehabilitation</i> includes all admitted patients of an approved rehabilitation unit or program.■ <i>Nursing home type</i> relates to admitted patients staying 35 days or more for whom an acute care certificate had not been provided at the time of discharge. <p>In previous years, same-day patients were categorised according to patient classification but this practice was discontinued for 1995–96 and later years.</p>
Patient days	These are the aggregate number of days of stay (i.e. separation date minus admission date) for all overnight-stay patients who were separated from hospital during the year. Periods of approved leave are subtracted from these calculations. Same-day patients are each counted as having a stay of one day.
Procedures	Comprise advanced surgery, surgery and obstetrics as defined by the Commonwealth Department of Health and Aged Care for health insurance fund benefit purposes. Surgical procedures, other than those defined above, are shown as minor/other surgery in this publication. This latter category includes surgery not covered under Medicare, e.g. cosmetic surgery. Total procedures performed during the year relate to all such procedures regardless of type of patient (admitted or non-admitted patient).
Psychiatric hospitals	Psychiatric hospitals are licensed/approved by each State or Territory health authority and cater primarily for admitted patients with psychiatric or behavioural disorders.
Repairs and maintenance	Includes costs of maintaining, repairing, replacing and providing additional equipment, maintaining and renovating buildings, and minor additional works.
Revenue	<p>Three categories of revenue are identified:</p> <ul style="list-style-type: none">■ <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).

GLOSSARY *continued*

Revenue <i>continued</i>	<ul style="list-style-type: none">■ <i>Recoveries</i> includes income received from items such as staff meals and accommodation, and facility fees paid by medical practitioners.■ <i>Other revenues</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.
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 status, e.g. from acute to nursing home type; or■ leaves hospital for a period of seven or more days.
Staff	Includes staff employed by the hospital and contract staff employed through an agency in cases where the contract is for the supply of labour. <ul style="list-style-type: none">■ <i>Nursing staff</i> comprises registered nurses, enrolled nurses, student nurses, trainee/pupil nurses and assistants in nursing.■ <i>Administrative and clerical staff</i> includes computing and finance staff.■ <i>Domestic and other staff</i> includes staff engaged in cleaning, laundry services, the provision of food, and also orderlies, porters, hospital attendants, and engineering and maintenance staff.■ <i>Full-time equivalent</i> staff represents the sum of full-time staff and the full-time equivalent of part-time staff. It is derived by adding the on-job hours worked and hours of paid leave (sick, recreation, long service, workers' compensation leave) by/for a staff member (or contract employee where applicable) divided by the number of hours normally worked by a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement.
Statistical divisions	These are groupings of the whole or part of legal Local Government Areas. They are designed to be relatively homogeneous regions characterised by identifiable social and economic units within the region. Capital City Statistical Divisions, shown in some tables of this publication, comprise Sydney, Melbourne, Brisbane, Adelaide, Perth, Greater Hobart, Darwin and Canberra.
Type of centre	Free-standing day hospital centres are categorised by type according to their main economic activity. The following types of centres are separately categorised: General surgery, specialist endoscopy, ophthalmic and other.
Wages and salaries (including on-costs)	Includes wages and salaries, superannuation employer contributions, payroll tax, workers' compensation and workcare premiums, uniforms, education, personnel costs and fringe benefits tax.

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	Brisbane	07 3222 6351	07 3222 6283
	Perth	08 9360 5140	08 9360 5955
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