

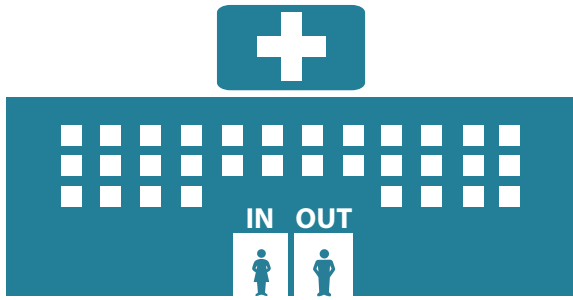


Australian Government
Australian Institute of
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AIHW

Australia's hospitals 2016–17 *at a glance*



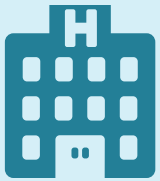


11 million hospitalisations

Where?

695 Public hospitals

630 Private hospitals



3 in 5 in public hospitals

6,587,000

Public hospitalisations

4,426,000

Private hospitalisations

Average length of overnight stay

Public hospitals

5.7 days

Private hospitals

5.2 days

Who?



53%

were for females



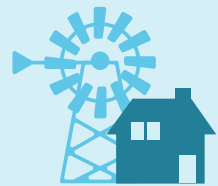
5%

were for Indigenous Australians



42%

were for people aged over 65



People living in *Very remote* areas were

1.9 times

more likely to be hospitalised

What care was provided?



1 in 4

hospitalisations involved a surgical procedure



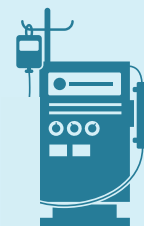
28%

were emergency admissions



159,000

hospitalisations involved a stay in intensive care



1.4 million

hospitalisations for dialysis



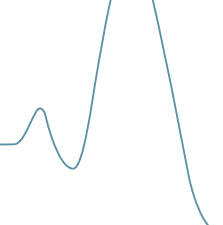
60%

same-day hospitalisations (vs overnight hospitalisations)

Australia's hospitals 2016–17 *at a glance*

Health services series no. 85.
Cat. no. HSE 204





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Introduction

Hospitals are an important part of Australia's health landscape, providing services to many Australians each year. A summary measure of their significant role is the amount that is spent on them—an estimated \$66 billion in 2015–16, about 4% of Australia's gross domestic product, or \$2,741 per person (AIHW 2017c). Hospital spending has been increasing faster than inflation—it increased by 3.3% each year (adjusted for inflation), on average, between 2010–11 and 2015–16.

Access to our hospital services, the quality of the services, and their funding and management arrangements are under constant public scrutiny. This summary report presents an overview of statistics on our hospitals to inform public discussion and debate on these issues.

While most data presented in this report are for 2016–17, data for hospital funding and for private hospital resources were for 2015–16.

More detailed statistics and information on how to interpret the data are in the companion reports:

- *Elective surgery waiting times 2016–17: Australian hospital statistics* (AIHW 2017a)
- *Emergency department care 2016–17: Australian hospital statistics* (AIHW 2017b)
- *Staphylococcus aureus bacteraemia in Australia's hospitals 2016–17: Australian hospital statistics* (AIHW 2017c).
- *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a)
- *Hospital resources 2016–17: Australian hospital statistics* (AIHW 2018b)
- *Non-admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018c).

Information on private hospital resources and private hospital emergency department activity was sourced from the Australian Bureau of Statistics' publication *Private hospitals, Australia, 2015–16* (ABS 2017) at <www.abs.gov.au>.

Further detail is also available in spread sheets and interactive data cubes at <www.aihw.gov.au>. Selected hospital-level information is available at <www.myhospitals.gov.au>.

Hospital resources

In Australia, hospital services are provided by both public and private hospitals. State and territory governments largely own and manage public hospitals. Public hospitals (other than psychiatric) mainly provide 'acute care' for short periods, although some provide longer-term care, such as for some types of rehabilitation. Public psychiatric hospitals specialise in the care of people with mental health problems, sometimes for long periods.

Private hospitals are mainly owned and managed by private organisations—either for-profit companies, or not-for-profit non-government organisations. They include day hospitals that provide services on a day-only basis, and hospitals that provide overnight care.

How many hospitals were there?

There were:

- 695 public hospitals in 2016–17 (compared with 746 in 2012–13) (Table 1)
- 630 private hospitals in 2015–16 (compared with 592 in 2011–12) (Table 2).

The decrease in public hospitals between 2012–13 and 2016–17 was mainly due to the reclassification of about 50 very small hospitals as non-hospital services between 2013–14 and 2014–15.

Table 1. Public hospitals, states and territories, 2016–17

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals (other than psychiatric)	214	148	119	87	75	22	3	5	673
Public psychiatric hospitals	8	3	4	4	2	1	0	0	22
Total	222	151	123	91	77	23	3	5	695

Table 2. Private hospitals, states and territories, 2015–16

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Private free-standing day hospital facilities	109	91	53	40	30	n.a.	n.a.	n.a.	341
Other private hospitals	96	78	56	22	26	n.a.	n.a.	n.a.	289
Total	205	169	109	62	56	n.a.	n.a.	n.a.	630

How many beds?

The number of hospital beds is a better indicator of the availability of hospital services than the number of hospitals, because the size of hospitals, and the range of services provided, can vary considerably. However, the range and types of patients that different hospitals treat (or their 'casemix') can also affect the comparability of hospital bed numbers.

Public hospitals

Between 2012–13 and 2016–17, public hospital bed numbers increased by an average of 1.5% per year—from 58,300 to almost 62,000 beds. This was despite the decrease in the number of public hospitals.

In 2016–17 for public hospitals:

- there were 2.5 beds per 1,000 people
- 13% of beds were same-day beds or chairs, not for overnight stays
- the majority of beds were in larger hospitals, located in the more densely populated areas—42,000 beds were in *Major cities*, compared with about 1,800 beds in *Remote* and *Very remote* areas.

Private hospitals

Between 2011–12 and 2015–16, private hospital bed numbers increased by an average of 3.3% per year—from 29,000 to about 33,100.

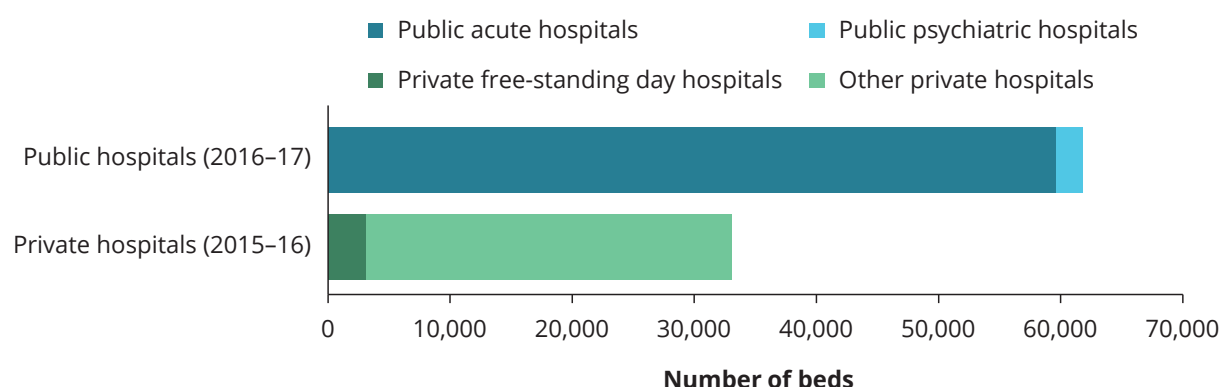
In 2015–16 for private hospitals:

- there were about 1.4 beds for every 1,000 people
- 13% of beds were in hospitals that specialised in same-day care.

For more information on the numbers of public hospitals and beds in each state or territory, see Chapter 2 of *Hospital resources 2016–17: Australian hospital statistics* (AIHW 2018b).

For more information about the number of private hospitals and beds, see *Private hospitals, Australia, 2015–16* (ABS 2017).

Figure 1: Proportion of beds by hospital type, public (2016–17) and private hospitals (2015–16)



How diverse were Australia's public hospitals?

The 695 public hospitals are very diverse in size and in the types of services they provided for admitted and non-admitted patients (Table 3).

In 2016–17, the 31 *Principal referral* hospitals accounted for almost 2.4 million separations—or hospitalisations—about 36% of the total for public hospitals (Figure 2). These hospitals also accounted for 35% of patient days (the number of days of admitted patient care provided) for public hospitals (Figure 3). *Principal referral* hospitals provide some very specialised services that are not available in other types of hospitals.

Most *Public acute group C*, *Public acute group D* and *Very small* hospitals are located in *Regional* and *Remote* areas. They mainly delivered acute care for admitted patients and most had non-admitted patient clinics.

The 38 *Subacute and non-acute* hospitals mainly provided rehabilitation care, geriatric evaluation and management, psychogeriatric care, palliative care and non-acute (maintenance) care.

There were 7 *Outpatient hospitals* located in *Regional* and *Remote* areas. These provided a range of non-admitted patient services (and generally did not admit patients).

For more information on hospital diversity in each state and territory, see Chapter 3 of *Hospital resources 2016–17: Australian hospital statistics* (AIHW 2018b).

Table 3: Public hospital peer groups, 2016–17

	Location				Services provided					
	Major cities	Regional	Remote	Total	Emergency departments	Non-admitted patient clinics	Elective surgery	Intensive care units	Average available beds	Separations (average)
Principal referral	28	3	0	31	31	31	31	30	660	77,533
Women's and children's	12	0	0	12	9	12	12	9	211	23,733
Public acute group A	34	28	1	63	60	63	59	49	276	35,123
Public acute group B	23	20	1	44	44	44	42	12	138	18,499
Public acute group C	9	115	18	142	55	140	98	2	41	3,867
Public acute group D	4	133	52	189	58	167	10	0	16	563
Very small	0	84	39	123	24	87	0	0	8	81
Psychiatric	17	5	0	22	0	3	0	2	99	750
Subacute and non-acute	27	11	0	38	0	33	0	1	66	1,724
Outpatient	0	3	4	7	5	6	0	0	2	46
Other	22	2	0	24	1	15	4	1	35	5,182
Total	176	404	115	695	287	601	256	106	89	9,478

Figure 2: Proportion of hospitalisations, by public hospital peer group, 2016–17

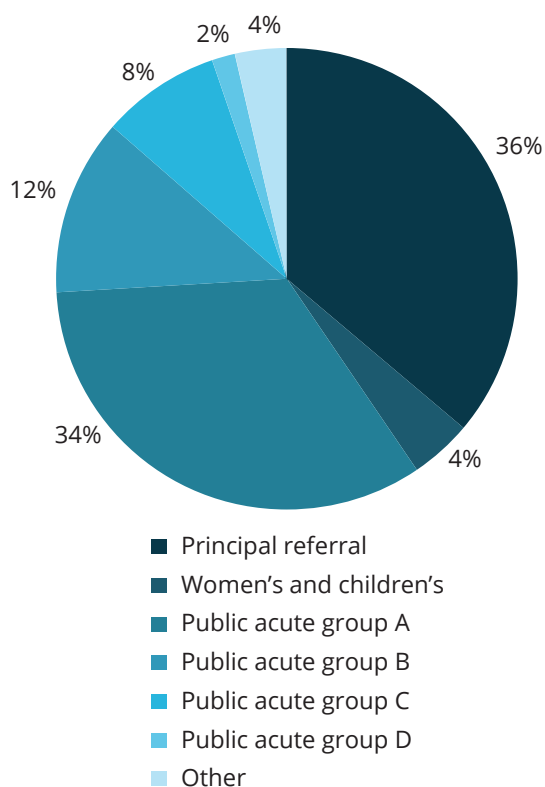
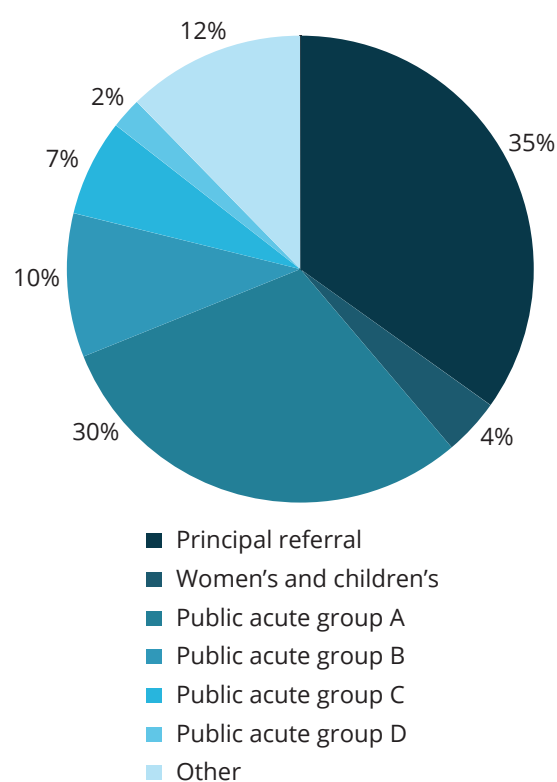


Figure 3: Proportion of patient days, by public hospital peer group, 2016–17



How were hospitals funded?

Hospital funding and expenditure

This report includes information about sources of funding for public and private hospitals, and how they spent the money.

Hospital funding is the money received by hospitals to pay for the services they provide. Public and private hospitals receive funding from Australian Government, state and territory governments, private health insurance funds and out-of-pocket payments by individuals.

Hospital expenditure is the money spent by hospitals on the goods and services they use, such as salary payments, drugs, medical and surgical supplies.

Public and private hospitals are funded from a range of sources, reflecting the types of patients they treat and the services they provide.

Governments funded about 90% of care in public hospitals and 32% of care in private hospitals. For private hospitals, health insurance funds and individuals provided the majority of the remaining funding.

Governments mainly fund emergency department and outpatient services, whereas admitted patient services are commonly funded by private (non-government) and government sources.

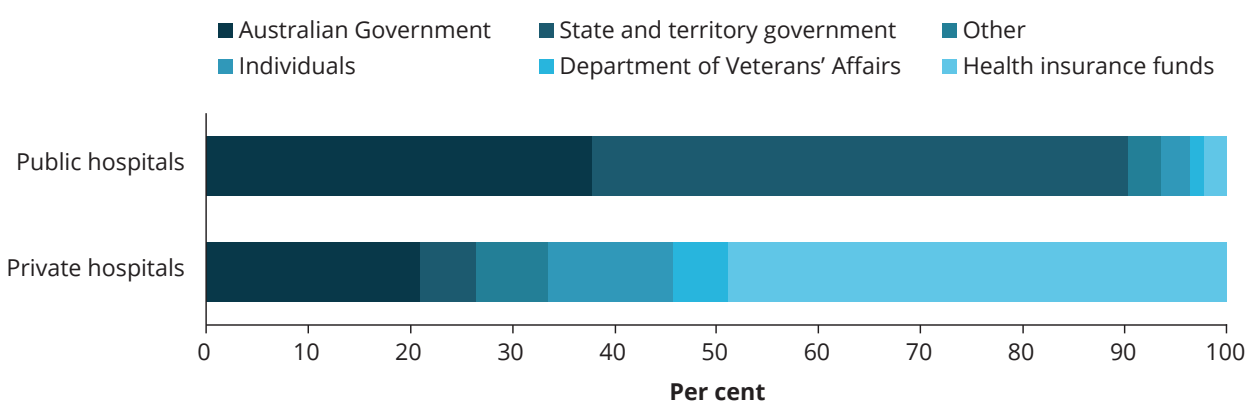
Public hospitals

In general terms, the state and territory governments and the Australian Government provide most of the funds for public hospitals (AIHW 2017c) (Figure 4).

Between 2011–12 and 2015–16:

- after adjusting for inflation, funding increased by an average of 3.2% each year
- the proportion of funding by the Australian Government increased from 38% to 39% (Figure 5).

Figure 4: Funding sources for public and private hospitals, 2015–16



Private hospitals

Private hospitals are mainly funded by private health insurance and out-of-pocket payments by patients (Figure 4).

Between 2011–12 and 2015–16:

- funding increased by an average of 6.0% each year
- the proportion of funding provided by the Australian Government decreased from 33% to 26% (Figure 6).

For more information on hospital funding, see Chapter 4 of *Hospital resources 2016–17: Australian hospital statistics* (AIHW 2018b) and *Health expenditure Australia 2015–16* (AIHW 2017c).

Figure 5: Funding sources for public hospitals, 2011–12 to 2015–16

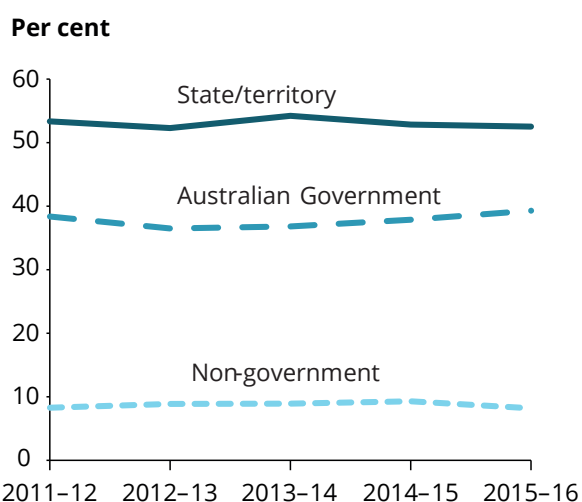
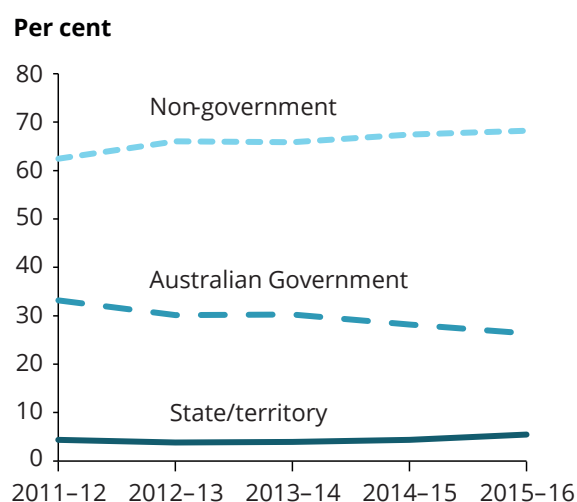


Figure 6: Funding sources for private hospitals, 2011–12 to 2015–16



Source of funding for admitted patients

Between 2012–13 and 2016–17, the number of hospitalisations for which *Private health insurance* was used to fund all or part of the admission increased by an average of 4.3% each year. Hospitalisations for public patients increased by an average of 4.6% and those funded by the *Department of Veterans' Affairs* decreased by an average of 4.0%.

In 2016–17:

- 51% of hospitalisations were for public patients (who were not charged for their stay, funded from governments)—and accounted for 83% of hospitalisations in public hospitals
- 41% were for patients who used *Private health insurance* to fund all or part of their admission—and accounted for 82% of hospitalisations in private hospitals
- *Self-funded* hospitalisations accounted for fewer than 1% of hospitalisations in public hospitals and 7% in private hospitals
- hospitalisations funded by *Workers compensation* or *Motor vehicle third party personal claim* accounted for less than 1% of hospitalisations in public hospitals and 2% in private hospitals.

For more information about admitted patient funding sources, see Chapter 7 of *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a).

How much did hospitals spend?

Recurrent expenditure is expenditure incurred by hospitals on a recurring basis. It includes:

- **salary expenditure**—including salaries and wages
- **non-salary expenditure**—including payments to visiting medical officers; and costs of drug, medical and surgical supplies (other than large equipment, which is regarded as capital expenditure, not reported here).

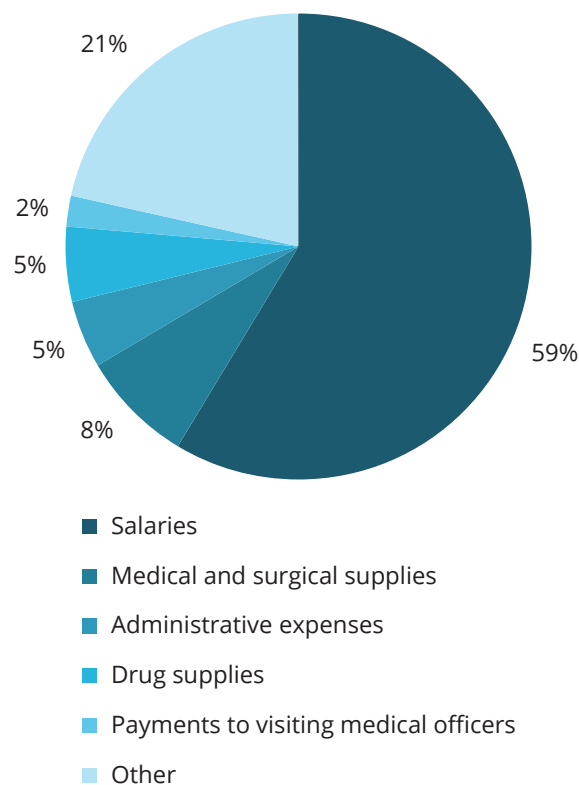
Public hospitals

In 2016–17:

- recurrent expenditure on public hospital services (including by local hospital networks and state/territory health authorities) was about \$64 billion (excluding depreciation)
- salary payments accounted for 59% of recurrent expenditure (Figure 7)
- *Principal referral hospitals* accounted for 37% of recurrent expenditure on public hospital services.

For more information, see Chapter 4 of *Hospital resources 2016–17: Australian hospital statistics* (AIHW 2018b).

Figure 7: Recurrent expenditure (excluding depreciation) on public hospital services, 2016–17



Private hospitals

In 2015–16, recurrent expenditure by private hospitals was more than \$13 billion (including depreciation) (ABS 2017) and almost 49% of this expenditure was for salary payments.

Between 2011–12 and 2015–16, recurrent expenditure by private hospitals increased by an average of 4.9% per year (after adjusting for inflation).

How many people were employed in Australia's hospitals?

Hospital employees include medical officers (such as surgeons, anaesthetists and other specialists), nurses, diagnostic and allied health professionals (such as physiotherapists and occupational therapists), administrative and clerical staff, and domestic and other personal care staff.

For 2016–17, staff numbers were included for public hospital services managed or delivered at the local hospital network-level and the state/territory health authority-level as well as in public hospitals.

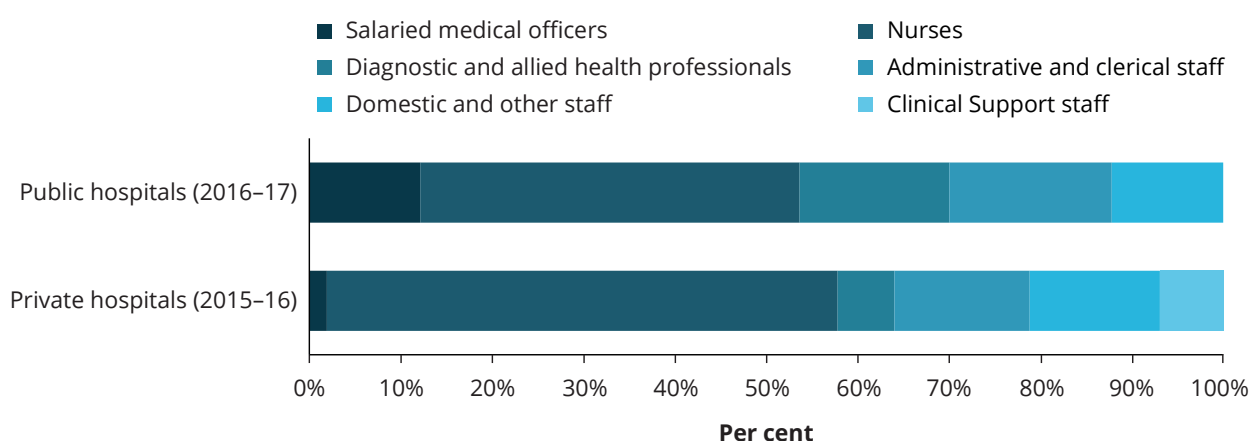
The staff numbers below do not include visiting medical officers in public hospitals and most medical officers who provide services in private hospitals.

Public hospitals

In 2016–17, 365,000 full-time equivalent staff were employed in providing public hospital services, of whom:

- 41% were nurses
- 12% were salaried medical officers
- 16% were diagnostic and allied health professionals (Figure 8).

Figure 8: Average full-time equivalent staff (per cent), public (2016–17) and private hospitals (2015–16)



Note: For public hospitals, a clinical support staff category does not exist. These staff may be included in other categories, for example in Administrative and clerical staff or Domestic and other staff.

For more information on public hospital staffing in each state and territory, see Chapter 5 of *Hospital resources 2016–17: Australian hospital statistics* (AIHW 2018b).

Private hospitals

In 2015–16, Australia's private hospitals employed about 66,800 full-time equivalent staff. Of these, 93% were employed in private hospitals not specialising in same-day care (*Other private hospitals*) (ABS 2017).

Of the staff employed in private hospitals:

- 56% were nurses
- 2% were salaried medical officers
- 6% were diagnostic and allied health professionals (Figure 8).

The staffing mix in private hospitals is different to public hospitals. This is because most medical services are provided by visiting medical specialists (who are not hospital employees), and the range of services is different.

For more information on private hospitals, see *Private hospitals, Australia, 2015–16* (ABS 2017) at <www.abs.gov.au>.

What services do Australia's hospitals provide?

Australia's hospitals provide a range of services for:

- non-admitted patients—including in emergency departments and outpatient clinics
- admitted patients—including emergency and planned (elective) care, maternity services, and medical and surgical services.

Variation in data on hospital services

There are national standards for data on hospital services. However, there are some variations in how hospital services are defined and counted, not only between public and private hospitals but also among the states and territories, and over time.

For example, admission practices vary for some services, such as chemotherapy and endoscopy. As a result, people receiving the same type of service may be counted as same-day admitted patients in some hospitals, and as non-admitted patients in other hospitals.

In addition, some services are provided by hospitals in some jurisdictions, and by non-hospital health services in others. The national data on hospital care does not include care provided by non-hospital providers, such as community health centres.

Non-admitted patient care

Non-admitted patient care provided by public hospitals includes care provided in outpatient clinics at which patients consult specialist medical practitioners, or have diagnostic or other procedures, or are provided with allied health or specialist nursing care, without being admitted to hospital. Some non-admitted patient care is home-delivered, such as dialysis.

Non-admitted patient care can also include the dispensing of medicines to patients not admitted to hospital, and district nursing and some community health services provided by hospitals; those activities are not included in the information presented here.

Changes in coverage, reporting arrangements and counting rules between 2012–13 and 2016–17 mean that data on non-admitted patient care cannot be compared over time.

In 2016–17, 36.7 million non-admitted patient service events were provided by 602 public hospitals and 31 other services (such as local hospital networks and private hospitals that provide public patient services).

In 2016–17:

- 45% of service events occurred in *Allied health and/or clinical nurse specialist intervention clinics* (Figure 9)
- 32% were in *Medical consultation* clinics (Figure 9)
- 56% were for females (Figure 10)
- 32% were for people aged 65 and over (Figure 10)
- 5% of were for Indigenous Australians
- 64% were for people living in *Major cities*.

Figure 9: Non-admitted patient service events by Tier 2 clinic type, public hospitals, 2016–17

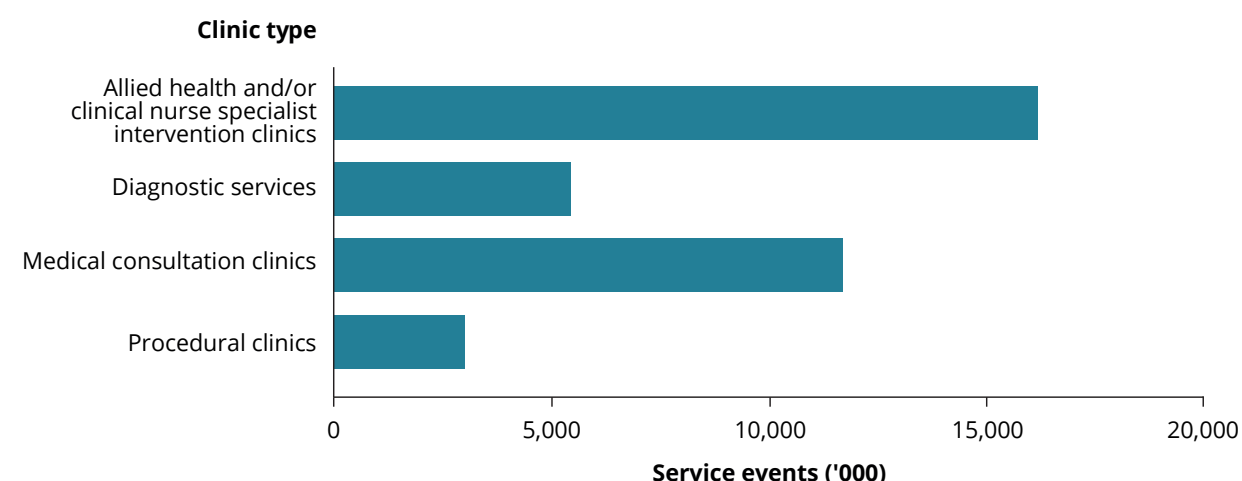
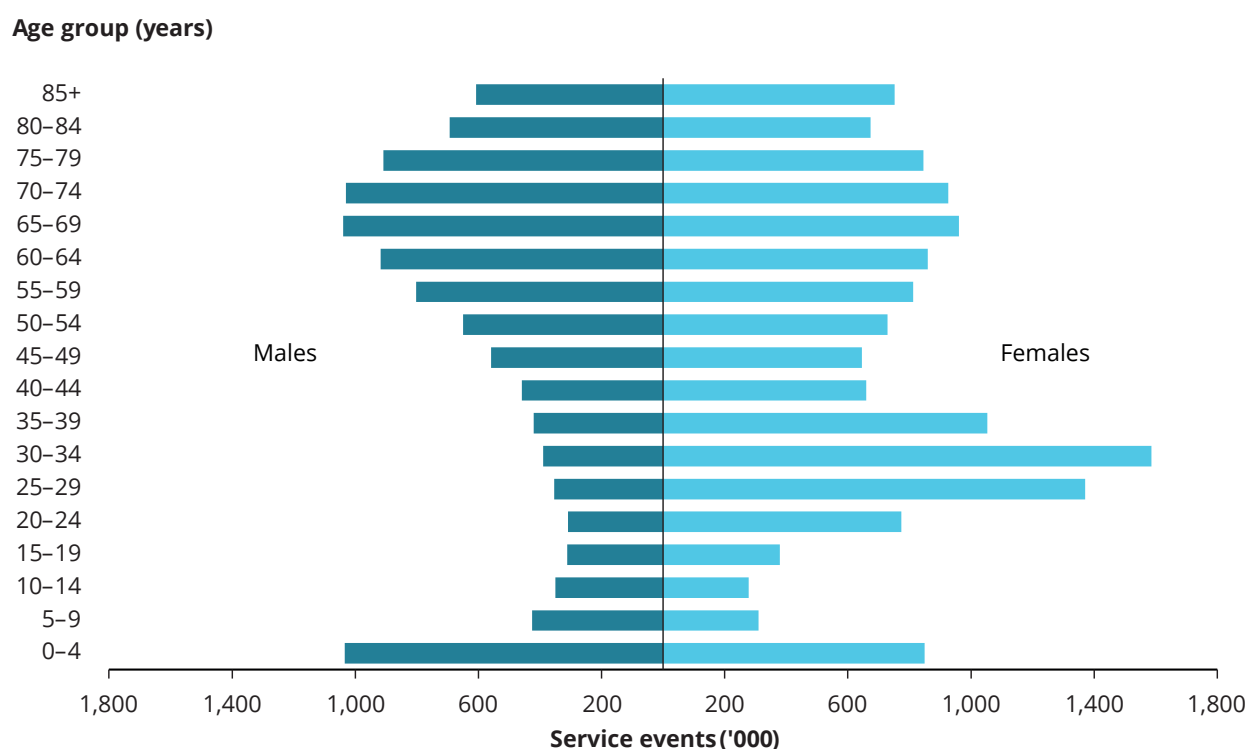


Figure 10: Non-admitted patient service events by age group and sex, public hospitals, 2016–17



For more information, see *Non-admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018c).

Emergency department services

Emergency departments provide care for patients who may have an urgent need for medical, surgical or other care. Most emergency department services (93%) are provided by public hospitals. In 2015–16, 34 private hospitals reported about 538,000 accident and emergency presentations (ABS 2017). The remainder of this section relates to emergency department services provided by public hospitals.

Public hospitals

Between 2012–13 and 2016–17, emergency department presentations increased by 3.7% on average each year, after adjusting for coverage changes (such as changes in the number of hospitals reporting over this period).

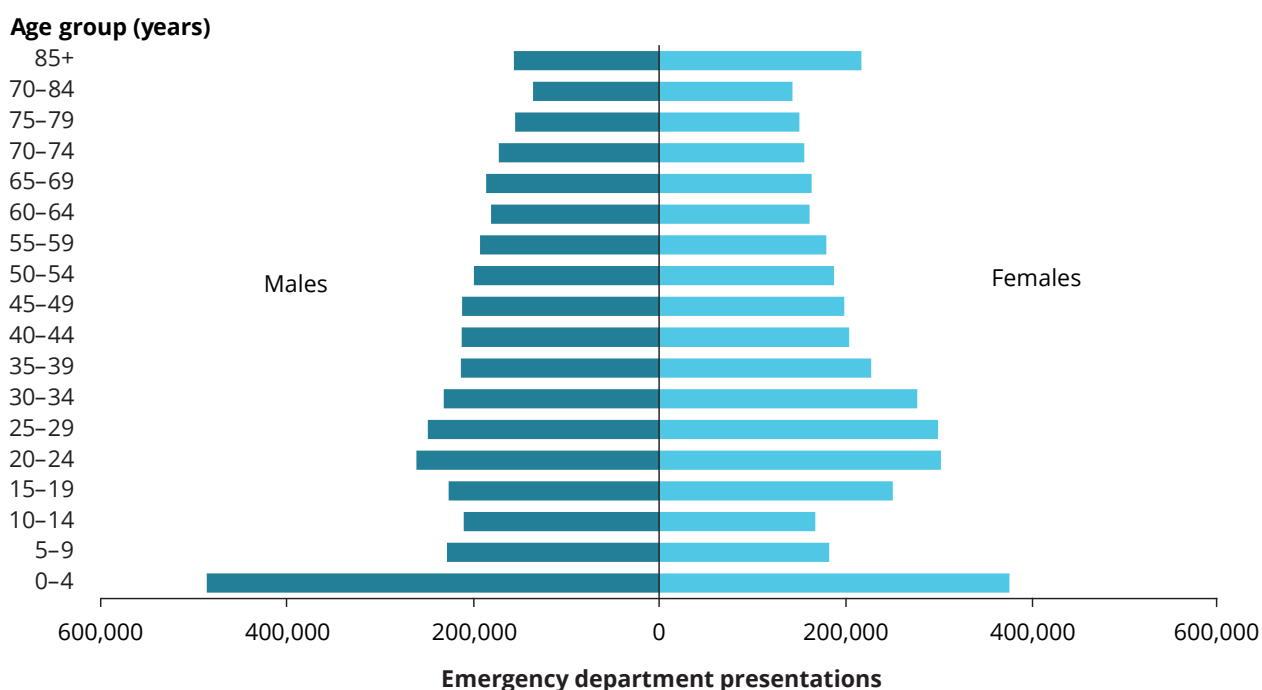
In 2016–17, there were 7.8 million presentations to public hospital emergency departments—over 21,000 presentations each day.

Who used these services?

In 2016–17, emergency department presentations were evenly split between males and females (Figure 11). However, substantially more boys than girls aged 0 to 14 presented to emergency departments (56% and 44%, respectively). This was particularly the case for male patients aged 4 and under. This age group was also the most commonly reported for emergency department presentations among both males and females (11%).

People aged 65 years and over accounted for 21% of all emergency department presentations in 2016–17, although they account for 15% of the population.

Figure 11: Emergency department presentations, by age group and sex, public hospital emergency departments, 2016–17



How did people arrive and how urgent was the care?

Most people presenting to emergency departments (75%) had an arrival mode of *Other* (meaning they walked in to the emergency department or came by private transport, public transport, community transport or taxi). About 25% arrived by *Ambulance, air ambulance or helicopter rescue service*.

When patients arrive at an emergency department they are assigned a triage category of either *Resuscitation* (should be seen immediately), *Emergency* (within 10 minutes), *Urgent* (within 30 minutes), *Semi-urgent* (within 60 minutes) or *Non-urgent* (within 2 hours).

In 2016–17, 77% of patients were assessed as *Urgent* or *Semi-urgent*. Fewer than 1% of patients needed to be seen immediately.

Performance indicator: Waiting times for emergency department care—proportion seen on time

The proportion of emergency presentations that were seen on time was 73% in 2012–13, 75% in 2013–14, 74% in 2014–15 and 2015–16, and 73% in 2016–17.

In 2016–17 the proportion seen on time varied among jurisdictions, ranging from 61% in the Northern Territory to 81% in New South Wales (Table 3).

Almost 100% of *Resuscitation* patients were seen immediately (within 2 minutes), 77% of *Emergency* patients were seen within 10 minutes, and 92% of *Non-urgent* patients were seen within 120 minutes.

For more information, see Chapter 5 of *Emergency department care 2016–17: Australian hospital statistics* (AIHW 2017b).

Table 4: Presentations to public hospital emergency departments and proportion (%) seen on time by triage category, states and territories, 2016–17

	NSW	Vic	Qld	WA ^(a)	SA	Tas	ACT	NT	Total
Total presentations ('000)	2,685	1,718	1,443	828	489	153	142	151	7,610
Triage category									
Resuscitation	100	100	100	100	100	100	99	100	100
Emergency	81	77	72	80	67	75	77	66	77
Urgent	76	70	60	50	52	57	50	55	66
Semi-urgent	81	73	74	65	69	65	63	58	74
Non-urgent	94	89	94	92	92	89	91	88	92
Total	81	73	69	64	64	65	62	61	73

(a) For 2016–17, waiting times information could not be calculated for about 23,000 emergency department presentations for a *Public acute group B* hospital in Western Australia.

How was the care completed?

Most patients who go to the emergency department go home after treatment (61%), but almost a third of patients (31%) were admitted to hospital for further care.

In 2016–17, about 75% of *Resuscitation* patients were subsequently admitted, compared with 5% of *Non-urgent* patients.

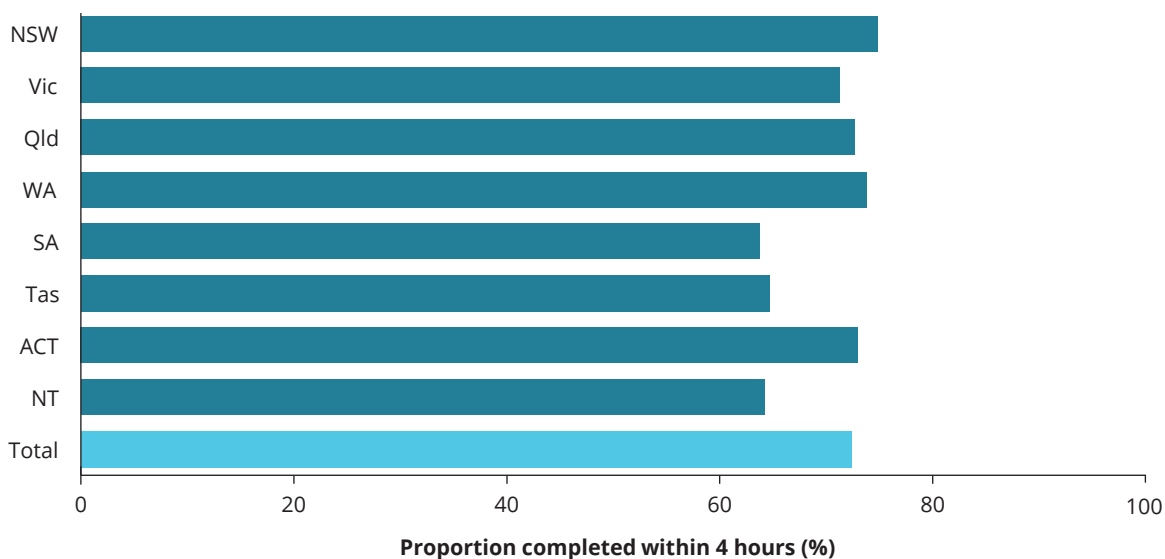
Performance indicator: Waiting times for emergency department care—proportion completed within 4 hours

Between 2012–13 and 2016–17 the proportion of presentations completed (for example, the patient was discharged or admitted) within 4 hours increased from 67% to 72% (not adjusted for coverage changes).

In 2016–17, the proportion completed within 4 hours varied among jurisdictions, ranging from 64% in South Australia and the Northern Territory to 75% in New South Wales (Figure 12).

For more information, see Chapter 6 of *Emergency department care 2016–17: Australian hospital statistics* (AIHW 2017b).

Figure 12: Proportion of presentations completed within 4 hours, public hospital emergency departments, states and territories, 2016–17



Performance indicator: Admission to hospital from emergency departments

For patients who are subsequently admitted, the length of stay indicates the amount of time spent in the emergency department before being moved to another ward in the hospital. This indicator is also known by the common name of 'Access block indicator'. It includes the percentage of presentations for patients who go on to be admitted, where the length of stay is less than or equal to 4 hours, and the length of stay at the 90th percentile.

Proportion admitted within 4 hours

Between 2012–13 and 2016–17, the proportion of presentations completed within 4 hours increased from 36% to 49% for patients subsequently admitted to hospital.

In 2016–17, the proportion admitted within 4 hours ranged from 26% in Tasmania to 55% in Victoria and Queensland (Figure 13).

90th percentile time to admission

Between 2012–13 and 2016–17, the 90th percentile time to admission decreased from 13 hours and 41 minutes to 10 hours and 44 minutes.

In 2016–17, the 90th percentile time to admission ranged from 9 hours 7 minutes for Western Australia to 17 hours and 59 minutes for Tasmania (Figure 14).

For more information, see Chapter 6 of *Emergency department care 2016–17: Australian hospital statistics* (AIHW 2017b).

Figure 13: Admission to hospital from emergency department—percentage of presentations where the length of stay is less than or equal to 4 hours, states and territories, 2016–17

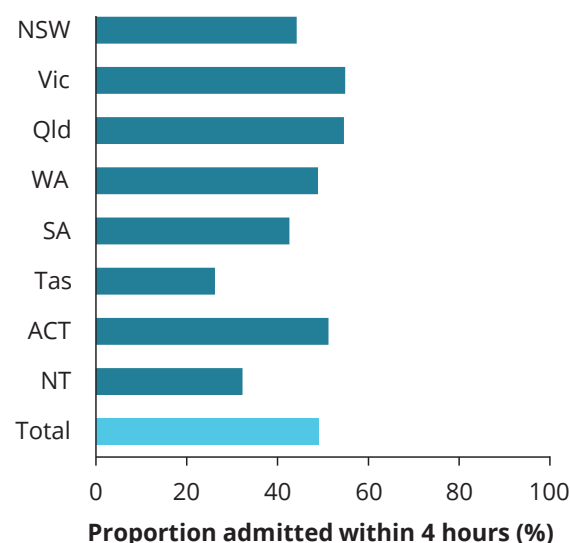
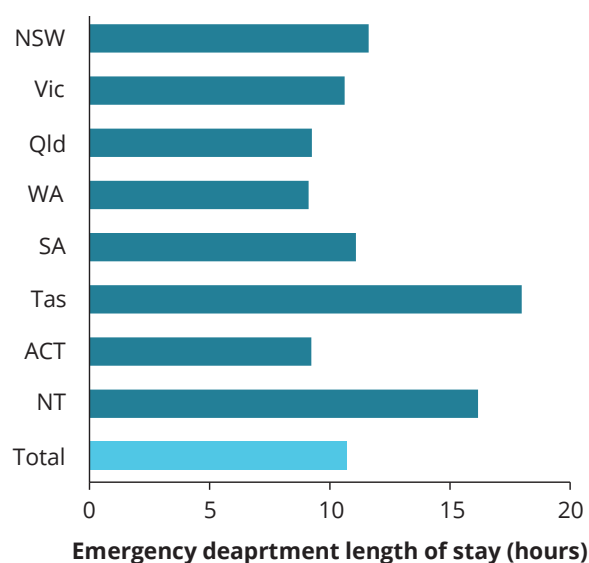


Figure 14: Admission to hospital from emergency department—emergency department length of stay at 90th percentile, states and territories, 2016–17



Admitted patient care

Admission to hospital is a formal process. It follows a medical officer's decision that a patient needs to be admitted for appropriate management or treatment of their condition, and/or for appropriate care or assessment of their needs.

Admitted patient services are either provided on a same-day basis or can involve a stay in hospital overnight or longer.

How much activity was there?

The main measure of admitted patient care provided in Australian hospitals is the number of hospitalisations, or episodes of admitted patient care. Because hospitalisations can vary in length, another useful measure is patient days—the total number of days spent in hospital by patients, or days of patient care.

Hospitalisations

Between 2012–13 and 2016–17, hospitalisations:

- overall increased by 4.1% on average each year, faster than the average population growth of 1.6% over the same period
- increased by 4.3% on average each year in public hospitals (after adjusting for coverage changes)
- increased by 3.6% on average each year in private hospitals
- that were same-day hospitalisations increased by 5.2% on average each year, compared with 2.6% for overnight hospitalisations.

In 2016–17, there were 11.0 million hospitalisations in Australia—6.6 million in public hospitals and 4.4 million in private hospitals (Table 5).

Same-day hospitalisations accounted for over half of hospitalisations in public hospitals (3.5 million) and 71% in private hospitals (3.1 million) (Figure 15).

Figure 15: Same-day and overnight hospitalisations, public and private hospitals, 2016–17

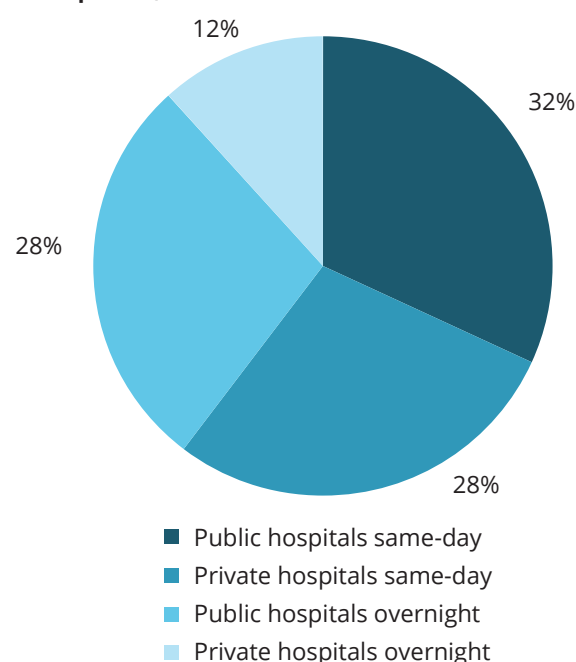


Table 5: Hospitalisations ('000s), public and private hospitals, states and territories, 2016–17

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public hospitals (other than psychiatric)	1,923	1,770	1,394	648	435	123	115	158	6,570
Public psychiatric hospitals	7	1	<1	3	2	1	..	..	16
<i>Total public hospitals</i>	<i>1,931</i>	<i>1,772</i>	<i>1,394</i>	<i>652</i>	<i>437</i>	<i>124</i>	<i>115</i>	<i>158</i>	<i>6,587</i>
Private hospitals									
Private free-standing day hospital facilities	252	217	226	152	73	n.p.	n.p.	n.p.	939
Other private hospitals	1,039	826	875	354	245	n.p.	n.p.	n.p.	3,486
<i>Total private hospitals</i>	<i>1,292</i>	<i>1,044</i>	<i>1,102</i>	<i>507</i>	<i>319</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>4,426</i>
All hospitals	3,224	2,817	2,497	1,159	756	n.p.	n.p.	n.p.	11,013

How does Australia compare?

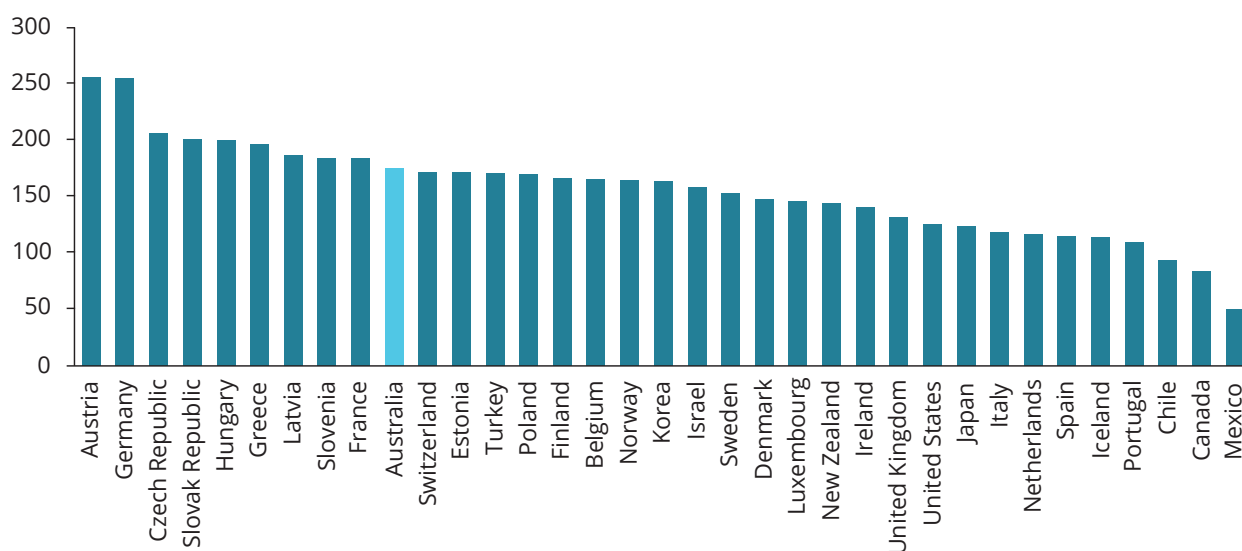
For the number of overnight hospitalisations per 1,000 population in 2016–17, Australia ranked in the upper range reported for Organisation for Economic Co-operation and Development (OECD) countries and other selected countries in 2015 (Figure 16) (OECD 2017).

Differences in definitions of hospitals, collection periods and admission practices are likely to affect the comparability of international hospitalisation rates.

For more international comparisons, see chapters 2 and 6 of *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a).

Figure 16: Overnight hospitalisations per 1,000 population, Australia (2016–17), OECD countries and other selected countries

Hospitalisations per 1,000 population



Days of patient care

Between 2012–13 and 2016–17:

- patient days increased by an average of 2.2% each year—from 27.7 million to 31.0 million (after adjusting for public hospital coverage changes)
- patient days in public hospitals increased by an average of 2.9% each year (unadjusted), and the proportion of patient days that were in public hospitals was around 68% each year
- patient days in private hospitals increased by an average of 2.7% each year, and the proportion of patient days that were in private hospitals was around 32%.

In 2016–17, 6% of public hospital patient days were in *Public psychiatric hospitals* (Table 6).

For more information on patient days, see Chapter 2 of *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a).

Table 6: Patient days ('000s), public and private hospitals, states and territories, 2016–17

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public hospitals (other than psychiatric)	6,618	5,106	3,774	1,782	1,435	388	359	346	19,812
Public psychiatric hospitals	972	57	101	82	70	21	..	..	1,305
<i>Total public hospitals</i>	<i>7,591</i>	<i>5,163</i>	<i>3,875</i>	<i>1,864</i>	<i>1,506</i>	<i>409</i>	<i>359</i>	<i>346</i>	<i>21,118</i>
Private hospitals									
Private free-standing day hospital facilities	252	217	226	152	73	n.p.	n.p.	n.p.	940
Other private hospitals	2,576	2,323	2,273	860	564	n.p.	n.p.	n.p.	8,932
<i>Total private hospitals</i>	<i>2,829</i>	<i>2,541</i>	<i>2,500</i>	<i>1,013</i>	<i>637</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>9,872</i>
All hospitals	10,421	7,705	6,376	2,877	2,143	n.p.	n.p.	n.p.	30,991

Length of stay

Between 2012–13 and 2016–17, the average length of stay in public and private hospitals decreased:

- from 3.4 to 3.2 days in public hospitals—a decrease of 1.5% on average each year
- from 2.3 to 2.2 days in private hospitals—a decrease of 0.9% on average each year.

In 2016–17, the average length of stay was generally higher for subacute and non-acute care than for acute care. The average length of stay was:

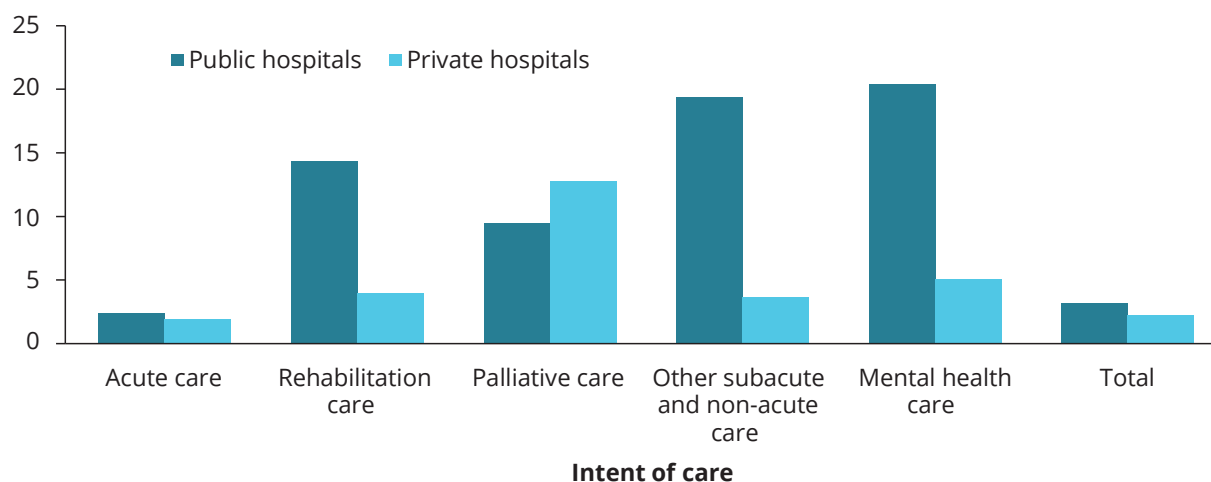
- 2.4 days in public hospitals and 1.9 days in private hospitals for acute care (Figure 17)
- 14.3 days in public hospitals and 3.9 days in private hospitals for rehabilitation care.

For patients who spent at least 1 night in hospital, the average length of stay was 5.7 days in public hospitals and 5.2 days in private hospitals.

For more information on length of stay, see chapters 2 and 4 of *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a).

Figure 17: Average length of stay (days) by care type, public and private hospitals, 2016–17

Average length of stay (days)



Performance indicator: Relative stay index

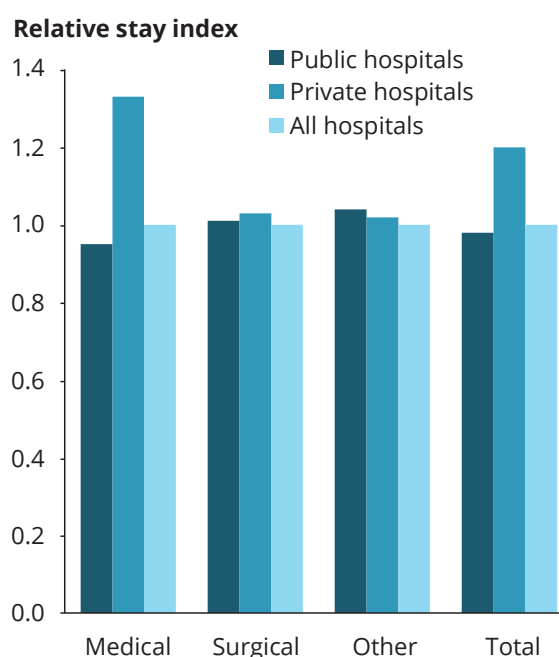
Relative stay indexes summarise the length of stay for admitted patients, with adjustments for 'casemix' (the types of patients treated and the types of treatments provided). They are regarded as indicators of the efficiency and sustainability of hospitals.

A relative stay index greater than 1.0 indicates that an average patient's length of stay is longer than expected, given the casemix for the hospitalisations being considered. An index of less than 1.0 indicates that the length of stay was less than expected.

In 2016–17, the relative length of stay for public hospitals was lower than that for private hospitals.

There were relatively shorter lengths of stay for *Medical* hospitalisations in public hospitals (0.98, compared with 1.33 in private hospitals), and similar lengths of stay for *Surgical* hospitalisations in public hospitals and private hospitals (1.01 and 1.03, respectively) (Figure 18).

Figure 18: Relative stay index (directly standardised), for medical, surgical and other care, public and private hospitals, 2016–17



For more information on relative stay indexes, see Chapter 2 of *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a).

Performance indicator: Average length of stay for selected types of hospitalisations

The average length of stay for selected types of hospitalisations is regarded as an indicator of the efficiency and sustainability of hospitals.

There were notable differences (more than 1 day) in the average length of stay between public and private hospitals for 7 of the 20 selected types of hospitalisations (Figure 19). For example, the average length of stay for *Chronic obstructive airways disease* was 2.9 days for public hospitals and 5.9 days for private hospitals. The average lengths of stay were also notably longer in private hospitals for *Heart failure and shock*, *Respiratory infections and inflammations* and *Bronchitis and asthma*.

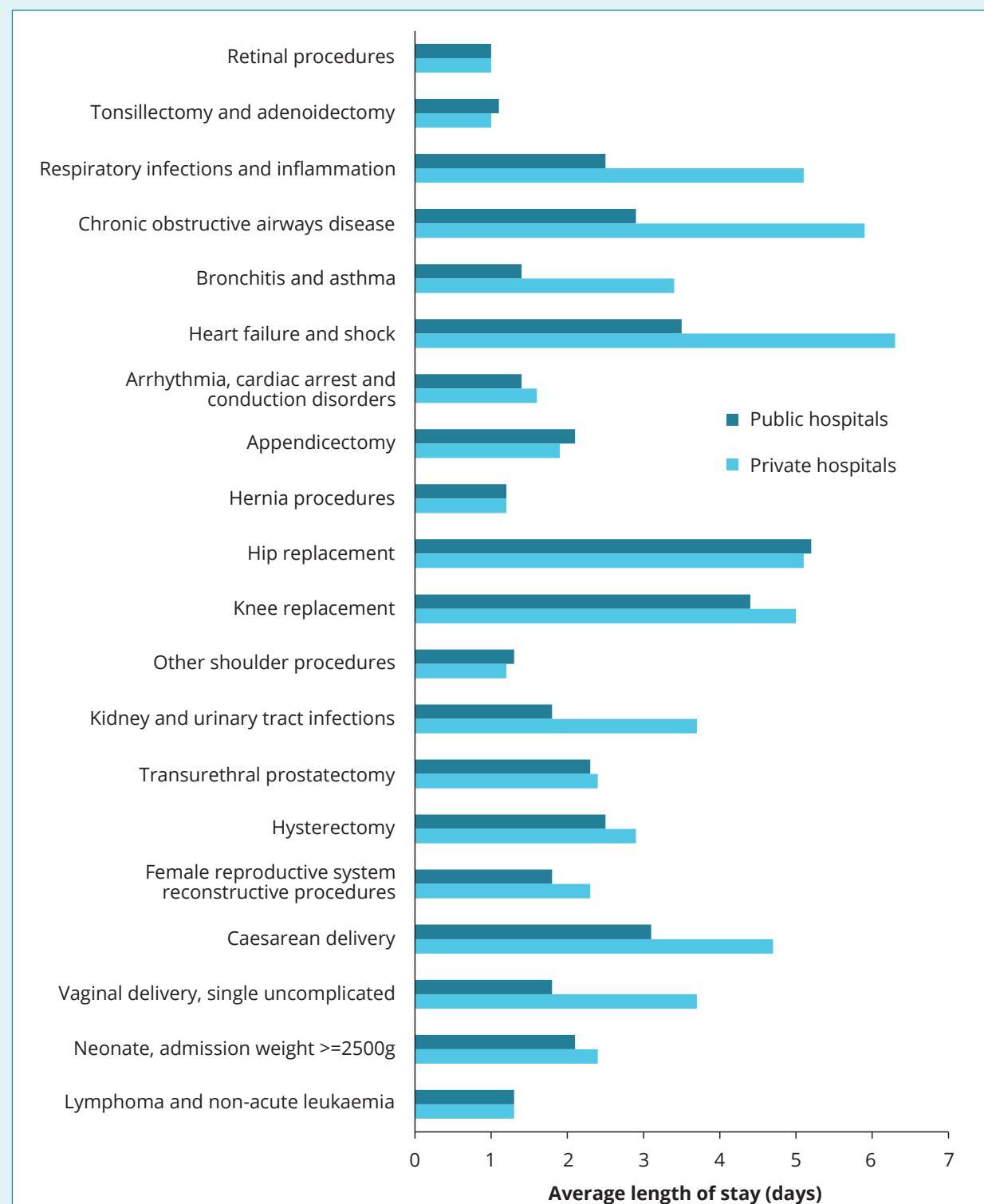
In contrast, for example, there was little difference in the average lengths of stay for *Tonsillectomy and/or adenoidectomy*, *Hernia procedures*, *Retinal procedures*, and *Hip replacement*.

For more information on length of stay, see Chapter 2 of *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a).

(continued)

Performance indicator: Average length of stay for selected types of hospitalisations (continued)

Figure 19: Average length of stay (days) for selected types of hospitalisations, public and private hospitals, 2016–17



Note: The average lengths of stay were compared for episodes with minor complexity, using AR-DRG version 8.0.

Who used admitted patient care services?

Age group and sex

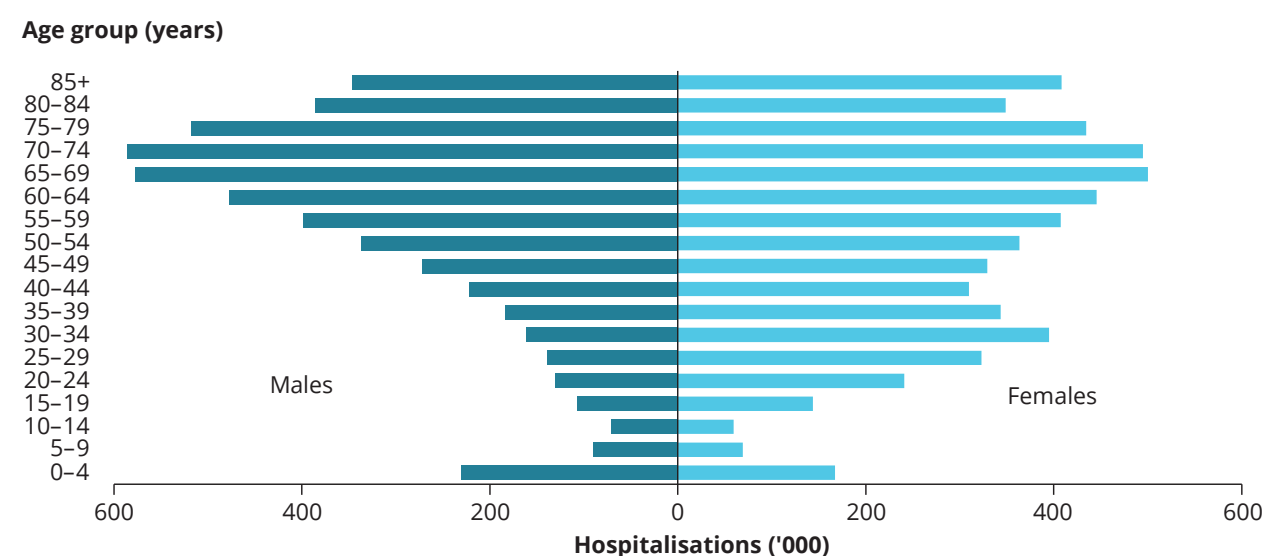
Between 2012–13 and 2016–17, hospitalisations for people aged:

- 65 to 74 increased by an average of 6.3% each year, faster than the population growth for this age group (4.1% each year over the same period)
- 85 and over increased by an average of 5.0% each year, faster than the population growth for this age group (3.5% each year).

In 2016–17, there were 5.8 million hospitalisations for females and 5.2 million hospitalisations for males. Females accounted for 65% of hospitalisations for people aged 15 to 44.

People aged 65 and over, who make up 15% of Australia's population, accounted for 42% of hospitalisations (Figure 20) and 48% of patient days.

Figure 20: Hospitalisations, by age group and sex, 2016–17

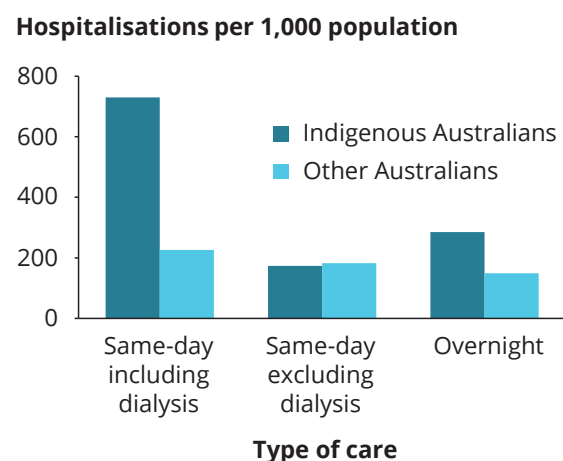


Aboriginal and Torres Strait Islander people

In 2016–17, compared with other Australians, Aboriginal and Torres Strait Islander people were hospitalised:

- 2.6 times as often overall (after accounting for age)
- 1.9 times as often for overnight stays (Figure 21)
- 3.2 times as often for same-day care. However, if same-day dialysis is excluded, Indigenous Australians were hospitalised for same-day care at a lower rate than other Australians.

Figure 21: Hospitalisations per 1,000 population, by Indigenous status, 2016–17



Remoteness

Remoteness area categories divide Australia into areas depending on distances from population centres. Access to services can be measured by the number of hospitalisations per 1,000 population for these areas.

In 2016–17:

- overall, hospitalisation rates were highest for patients living in *Very remote* areas (Figure 22)
- for public hospitals, the rates were highest for patients living in *Very remote* areas and lowest for patients living in *Major cities*
- for private hospitals, the rates were highest for patients living in *Major cities* and lowest for patients living in *Remote* areas
- for patients who stayed at least 1 night in hospital, the rate for patients living in *Very remote* areas was 80% higher than the national rate.

Socioeconomic status

The patient's area of residence data can be used to derive an approximation of their socioeconomic status (SES), which in turn, can be categorised into five equal population groups of socioeconomic disadvantage/advantage. If use of admitted patient services is equal for all SES groups, we would expect an equal number of hospitalisations for each group.

Overall, hospitalisation rates varied across SES groups. In 2016–17:

- for public hospitals, the rates were highest for patients living in areas classified in the lowest (most disadvantaged) SES group (Figure 23)
- for private hospitals, the rates were highest for patients living in areas classified in the highest (least disadvantaged) SES group.

Figure 22: Hospitalisations per 1,000 population, by remoteness area of usual residence, public and private hospitals, 2016–17

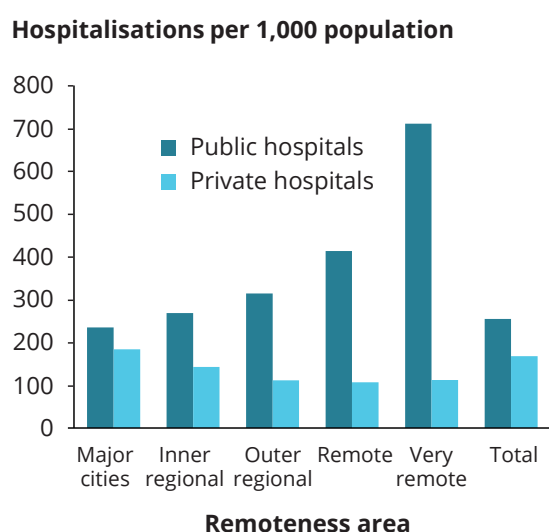
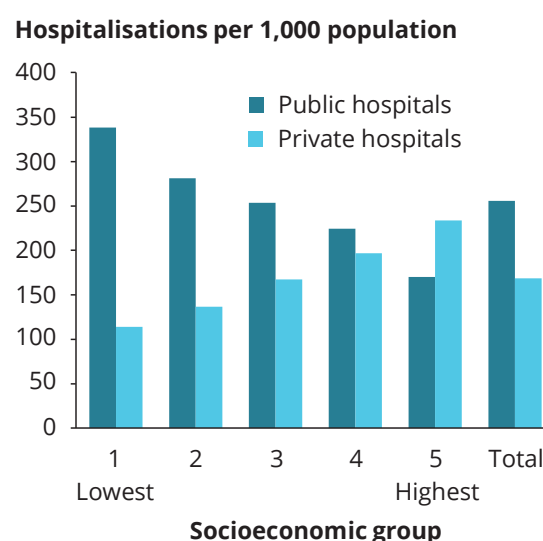
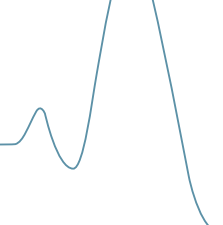


Figure 23: Hospitalisations per 1,000 population, by socioeconomic status of area of usual residence, public and private hospitals, 2016–17





Why did people receive care?

The reason that a patient receives admitted patient care can be described in a number of ways. These include how people are admitted to hospital, the urgency of admission, the type of care required and the principal diagnosis.

How people are admitted to hospital

In 2016–17:

- most hospitalisations (94%) began as a new admission to hospital
- 5% of hospitalisations in public hospitals and 3% in private hospitals began as a transfer from another hospital
- the remaining hospitalisations began as a statistical admission: care type change—where a new admitted patient episode is created as a result of a change of clinical intent of care, for example from acute care to rehabilitation or palliative care, within the same hospital.

Urgency of admission

Admission to hospital can be categorised as *Emergency* (required within 24 hours), or *Elective* (required at some stage beyond 24 hours). Urgency is not assigned for some admissions (for example, obstetric care, and planned care, such as dialysis).

Between 2012–13 and 2016–17:

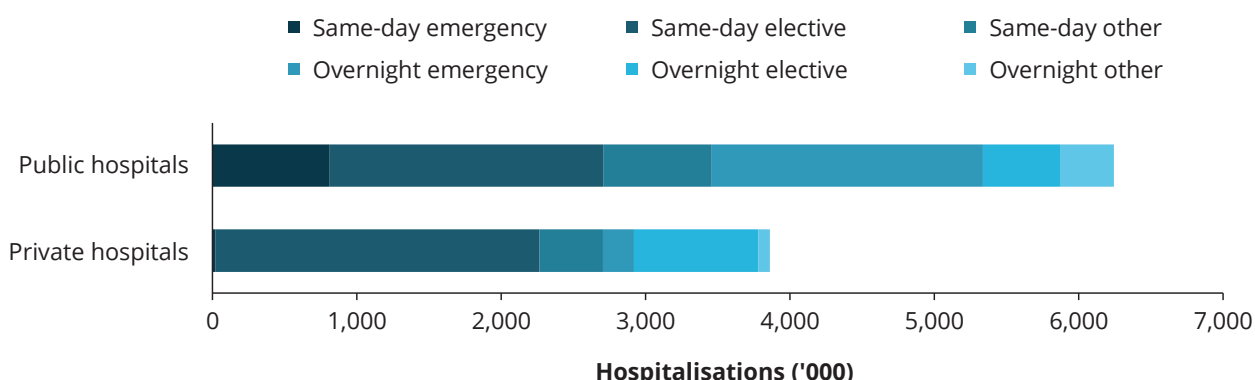
- emergency admissions in public hospitals increased by an average of 5.2% each year, compared with 3.8% each year in private hospitals
- elective admissions in private hospitals increased by an average of 3.4% each year, compared with 2.9% in public hospitals.

In 2016–17:

- 43% of hospitalisations in public hospitals were emergency admissions, compared to 5% in private hospitals
- public hospitals accounted for 92% of emergency admissions, and 67% of these were acute overnight admissions
- private hospitals accounted for 59% of elective admissions, and 62% of these were acute same-day admissions (Figure 24)

For more information, see Chapter 4 of *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a).

Figure 24: Hospitalisations by same-day/overnight status and urgency of admission, public and private hospitals 2016–17



Care type

The care type can be classified as:

- acute care (including newborns if they required acute care)
- mental health care
- subacute and non-acute care (such as *Rehabilitation*, *Palliative care*, *Geriatric evaluation and management*, *Maintenance care* and *Psychogeriatric care*).

Most hospitalisations are for acute care, that is, care with the intent to cure the condition, alleviate symptoms or manage childbirth.

Between 2012–13 and 2016–17:

- *Maintenance care* increased by an average of 5.1% each year in public hospitals
- *Rehabilitation care* increased by an average of 9.8% each year in private hospitals.

In 2016–17:

- there were about 10.1 million acute care hospitalisations (including newborns) that accounted for:
 - 92% of hospitalisations (Figure 25) and 73% of patient days (Figure 26) overall
 - 95% of hospitalisations and 72% of patient days for public hospitals
 - 87% of hospitalisations and 75% of patient days for private hospitals
- subacute and non-acute care accounted for 5% of hospitalisations and 14% of patient days
- mental health care accounted for 3% of hospitalisations and 12% of patient days.

Figure 25: Hospitalisations by care type, public and private hospitals, 2016–17

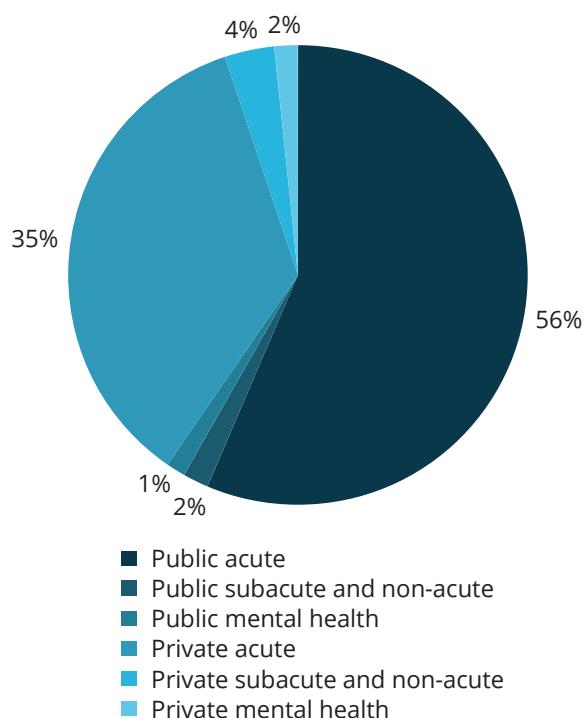
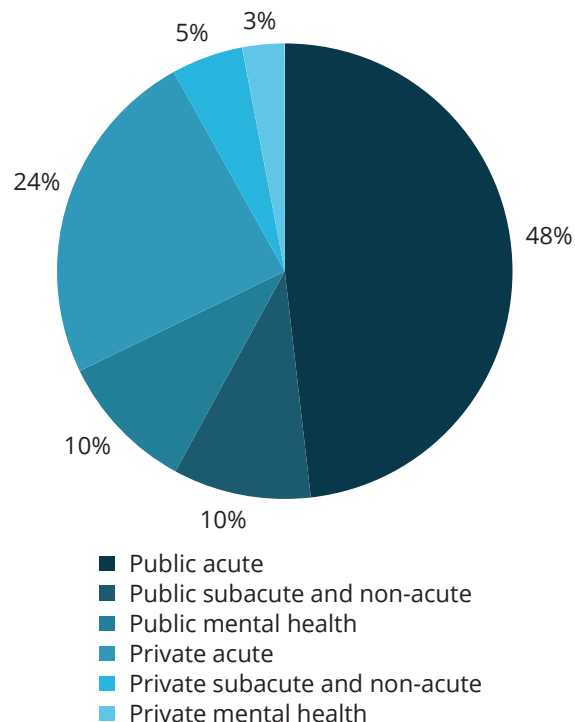


Figure 26: Patient days by care type, public and private hospitals, 2016–17



Principal diagnosis

The reason that a patient receives admitted patient care can be described in terms of a principal diagnosis (of a disease, injury or poisoning) or as a treatment for an ongoing condition (for example, dialysis for kidney failure).

In 2016–17:

- 2.6 million hospitalisations had a principal diagnosis in the ICD-10-AM chapter titled *Factors influencing health status and contact with health services*—which includes dialysis, radiotherapy, chemotherapy and palliative care
- the most common single reason for care was dialysis for kidney disease, and this was also the most common principal diagnosis for same-day acute care hospitalisations
- the most common principal diagnoses reported for overnight acute hospitalisations were for births (*Single spontaneous delivery* and *Single delivery by caesarean section*) followed by *Sleep disorders* and *Pneumonia, organism unspecified*.

For more information about common principal diagnoses, see the infographic on pages 26–27.

For more information on principal diagnoses for same-day and overnight acute hospitalisations see Chapter 4 of *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a).

Injury and poisoning

In 2016–17, 7.1% of hospitalisations (783,000) were for injury or poisoning. Of these, about 8.9% were admitted for rehabilitation care. The majority (78%) of hospitalisations for injury or poisoning were treated in public hospitals. Over 45% of hospitalisations (including those for rehabilitation) were for injuries to arms and legs.

Indigenous Australians were hospitalised for injury or poisoning at close to twice the rate for other Australians.

Performance indicator: Potentially preventable hospitalisations

Potentially preventable hospitalisations (PPH) are hospitalisations that are thought to have been avoidable if timely and adequate non-hospital care had been provided, either to prevent the condition occurring, or to prevent the hospitalisation for the condition. They are identified based on the diagnoses reported for admitted patients and divided into three categories—vaccine-preventable, acute and chronic conditions.

Between 2012–13 and 2016–17:

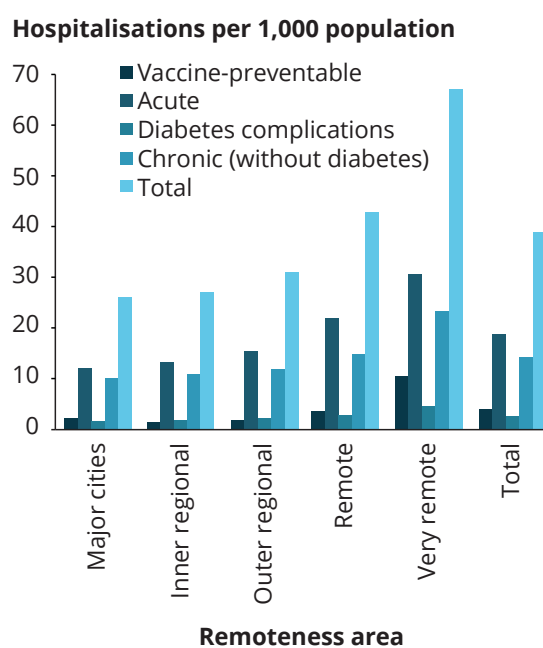
- the overall rate of PPHs increased from 23.9 to 27.3 per 1,000 population
- for vaccine-preventable conditions, the PPH rate increased from 0.9 to 2.1 per 1,000 population
- for acute conditions, the PPH rate increased from 11.9 to 13.0 per 1,000 population
- for chronic conditions, the PPH rate fluctuated between 11.2 and 12.5 per 1,000 population.

In 2016–17:

- 6.5% of all hospitalisations were potentially preventable (715,000)
- for Indigenous Australians, the overall rate of PPHs was 3 times the rate for other Australians
- people living in *Very remote* areas had the highest PPH rates for vaccine-preventable conditions (11 per 1,000), chronic conditions (including diabetes, 28 per 1,000), and acute conditions (31 per 1,000)
- the overall PPH rate generally decreased with increasing levels of socioeconomic advantage (Figure 27).

For more information on PPHs, see Chapter 4 of *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a).

Figure 27: Potentially preventable hospitalisations by remoteness area of usual residence, all hospitals, 2016–17



Performance indicator: Waiting for residential aged care

This indicator reports the number of hospital patient days for Australians eligible and waiting for a residential aged care place.

In 2016–17:

- about 11 out of every 1,000 patient days (1%) reported were for patients waiting for a residential aged care place
- the highest rates were reported for patients living in *Very remote* areas and for those living in areas classified to the three most disadvantaged SES groups.

Why did people go to hospital in 2016–17?



Dialysis for kidney disease



1.4 million hospitalisations

99%
same-day

Cancer



1.3 million hospitalisations

Skin	128,000
Breast	36,000
Prostate	39,000
Bowel	32,000
Lung	20,000

79%
same-day

Chemotherapy
540,000

Cancer screening
60,000

Follow-up examination
57,000

Palliative care
24,000

Digestive system



1.1 million hospitalisations

Diseases of the intestines	352,000
Hernia	97,000
Embedded and impacted teeth	74,000
Reflux	73,000
Gallstones	68,000
Appendicitis	40,000

62%
same-day

40%
involved an endoscopy

24%
involved other surgery

Injury and poisoning



783,000 hospitalisations

Fractures	272,000
Complications related to medical and surgical care	134,000
Open wounds	83,000
Dislocation/sprain	39,000

37%
same-day

9%
involved rehabilitation

32%
involved surgery

2%
involved a stay in ICU

Musculoskeletal and connective tissue



773,000 hospitalisations

Arthritis/osteoarthritis	272,000
Neck/back pain	91,000
Internal knee injury	57,000
Shoulder pain	34,000

51%
same-day

28%
involved rehabilitation

45%
involved surgery

Circulatory



577,000 hospitalisations

Arrhythmia	95,000
Heart failure	64,000
Stroke	61,000
Heart attack	57,000
Angina	42,000

28%
same-day

9%
involved rehabilitation

7%
involved a stay in ICU

23%
involved surgery

Pregnancy and childbirth



570,000 hospitalisations

Vaginal delivery	197,000
Caesarean section	105,000
IVF treatment	69,000

6%
of normal
deliveries
were
same-day

35%
of childbirth
hospitalisations
involved a
caesarean section

Respiratory



499,000 hospitalisations

Pneumonia	100,000
COPD*	86,000
Tonsillectomy	43,000
Asthma	42,000

21%
same-day

2%
involved rehabilitation

3%
involved a stay in ICU

19%
involved surgery

Eye diseases



410,000 hospitalisations

Cataracts	253,000
Macular degeneration	54,000
Glaucoma	8,000

97%
of cataract
extractions
were
same-day

97%
involved surgery

*COPD—Chronic obstructive pulmonary disease.

What services were provided?

The nature of services provided for admitted patients is described here by broad category of service including hospitalisations for *Childbirth*, *Mental health care*, *Medical* (not involving a procedure), *Surgical* (involving an operating room procedure) or a non-surgical procedure, such as endoscopy (*Other*).

Information is also presented on hospitalisations that include intensive care and hospitalisations for *Rehabilitation* and *Palliative care*.

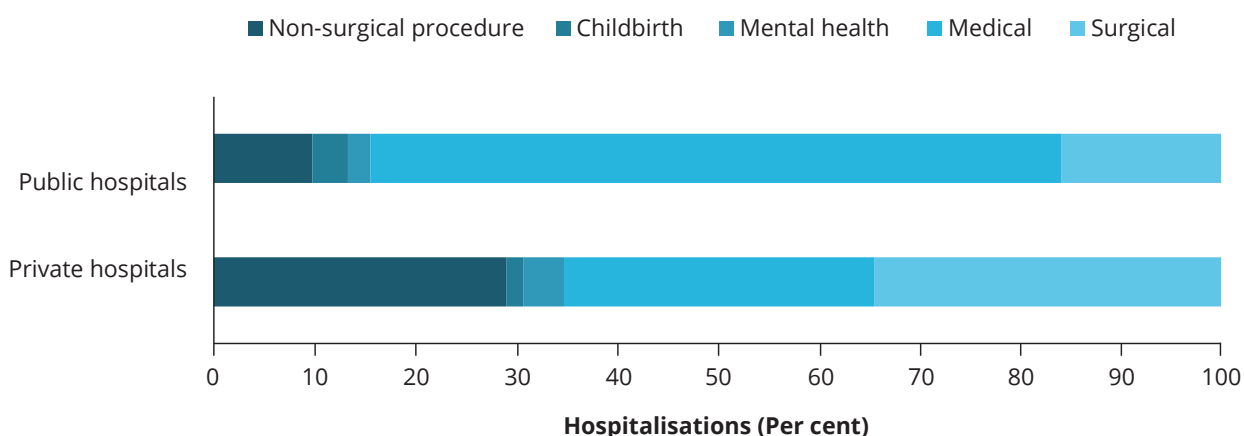
Broad category of service

Between 2012–13 and 2016–17, *Other acute care* hospitalisations increased for both public and private hospitals (by an average of 7.3% and 4.1% each year, respectively).

In 2016–17:

- 69% of hospitalisations in public hospitals were for *Medical* care and almost 4% were for *Childbirth* (Figure 28)
- public hospitals accounted for the majority of *Childbirth* (76%) and *Medical* hospitalisations (77%)
- 34% of hospitalisations in private hospitals were for *Surgical* care and 1.6% were for *Childbirth*
- private hospitals accounted for 59% of all *Surgical* and 55% of all *Mental health* hospitalisations.

Figure 28: Hospitalisations (%) by broad category of service, public and private hospitals, 2016–17



Intensive care

An intensive care unit can provide complex, multi-system life support. In public hospitals, these units are mostly located in *Principal referral*, *Women's and children's* and *Public acute group A* hospitals and can provide continuous mechanical ventilation, extracorporeal renal support and invasive cardiac monitoring for children or adults. Intensive care units are also located in some private hospitals.

In 2016–17:

- overall, 1.4% of hospitalisations (159,000) involved a stay in an intensive care unit:
 - 113,000 of these were in public hospitals and 29% included a period of ventilation support
 - 46,000 were in private hospitals (for which data were available) in New South Wales, Victoria, Queensland, Western Australia and South Australia and 15% included a period of ventilation support
- the average length of stay in an intensive care unit was almost 4 days in public hospitals and just over 2 days in private hospitals.

Rehabilitation care

Rehabilitation care is aimed at improved functioning.

Between 2012–13 and 2016–17, rehabilitation care increased by an average of 9.8% per year in private hospitals and was relatively stable in public hospitals. For private hospitals, the number of rehabilitation care hospitalisations increased by 5.4% between 2015–16 and 2016–17.

In 2016–17, rehabilitation care was reported for:

- 445,000 hospitalisations, with 79% occurring in private hospitals
- 1.4% of hospitalisations and 6.3% of patient days in public hospitals
- 7.8% of hospitalisations and 13.7% of patient days in private hospitals.

The most common reasons for rehabilitation care were osteoarthritis of the knee and hip. About 81% of hospitalisations for rehabilitation care were for people aged over 60.

Palliative care

Palliative care is care in which the primary clinical purpose or treatment goal is to optimise the quality of life of a patient with an active and advanced life-limiting illness.

Between 2012–13 and 2016–17, hospitalisations for palliative care decreased by an average of 0.7% per year for private hospitals and increased by an average of 3.9% for public hospitals.

In 2016–17:

- there were more than 43,000 hospitalisations for palliative care (0.4% of all hospitalisations)
- Indigenous Australians had a higher hospitalisation rate for palliative care (2.7 per 1,000 population) than other Australians (1.5 per 1,000)
- the rate of palliative care in public hospitals varied among SES groups—from 1.0 per 1,000 population for people living in areas classified as the least disadvantaged SES group to 1.6 per 1,000 for people living in areas classified as the most disadvantaged SES group
- 56% of palliative care hospitalisations had a principal diagnosis that was related to cancer. Other common principal diagnoses included heart failure and respiratory disorders.

What procedures were performed?

Procedures reported for admitted patients can include surgical procedures, non-operating room procedures, procedures of a patient support nature and other interventions.

Apart from general anaesthesia, *Haemodialysis* (dialysis) is the most common single procedure reported by Australian hospitals. Between 2012–13 and 2016–17, the number of procedures reported for dialysis increased by an average of 3.4% each year, rising from almost 1.3 million to almost 1.5 million.

In 2016–17:

- 22.5 million procedures were reported—11.5 million in public hospitals and 11.0 million in private hospitals
- about 75% of public hospital hospitalisations and 95% of private hospital hospitalisations involved a procedure
- public hospitals accounted for 73% of *Procedures on the urinary system* (mainly for dialysis), 76% of *Procedures on the respiratory system*, 75% of *Obstetric procedures* (including for childbirth) and 66% of *Radiation oncology procedures*
- private hospitals accounted for 74% of *Dental services procedures* and 73% of *Procedures on the eye and adnexa* (including cataract surgery).

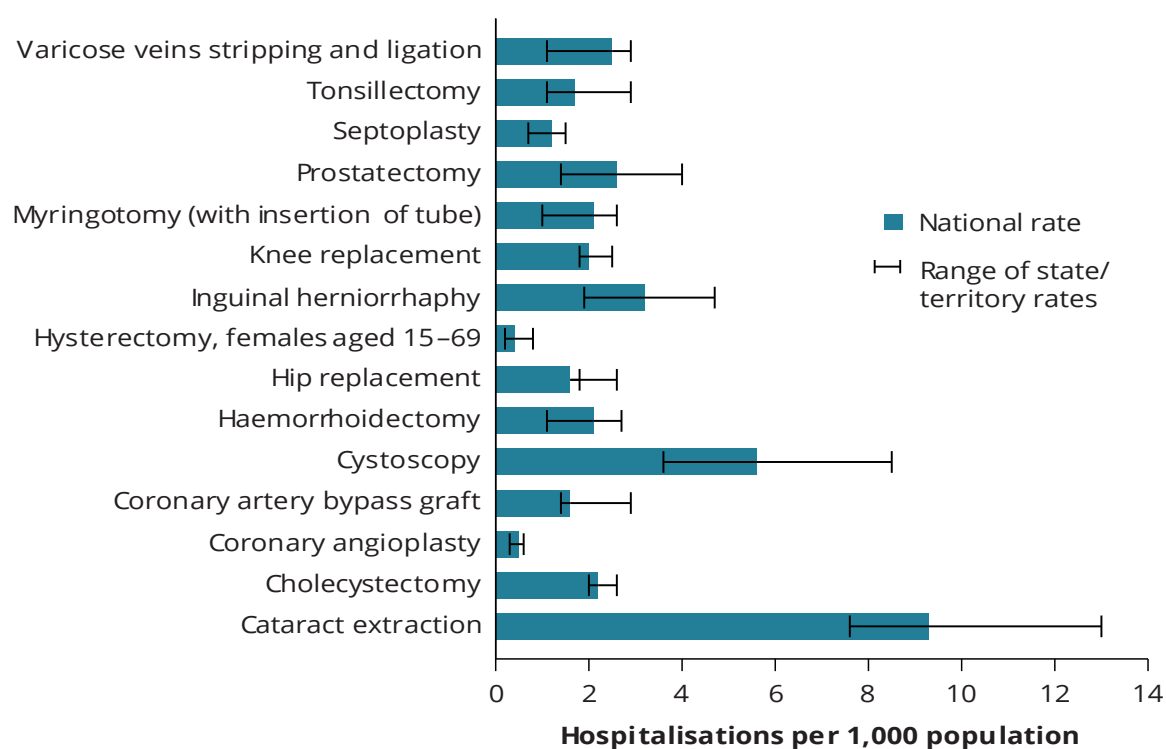
Performance indicator: Differential access to hospital procedures

The rates for these hospital procedures are presented as an indicator of appropriateness and may also be indicators of accessibility of care.

Figure 29 presents hospitalisations per 1,000 population for selected hospital procedures. The national rate is accompanied by the range of rates for these procedures for states and territories. There was some variation among states and territories for the selected procedures: for example, the national rate for cataract extraction was 9.3 per 1,000 population, but the state/territory rate ranged from 7.6 to 10.5 per 1,000 population (not including the Australian Capital Territory, Tasmania and the Northern Territory).

For more information on surgical procedures, see the section 'Surgery in Australia's hospitals' in this report and Chapter 6 of *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a).

Figure 29: Hospitalisations per 1,000 population for selected procedures, all hospitals, 2016–17



What was the safety and quality of the care?

Some information is available on the safety and quality of admitted patient care in hospitals, but this does not provide a complete picture. There is no routinely available information on some aspects of quality, such as the continuity and responsiveness of hospital services.

Performance indicator: Adverse events

Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries, and problems with medication and medical devices. Some of these adverse events may be preventable.

In 2016–17:

- 1 or more adverse events resulted in, or affected about 601,000 hospitalisations (5.5% of all hospitalisations) (Table 7)
- 6.6% of hospitalisations in public hospitals and 3.7% in private hospitals had an adverse event recorded; the differences may reflect the different casemixes of public and private hospitals.

The proportion of hospitalisations for which an adverse event was reported was generally higher for:

- overnight hospitalisations compared with same-day hospitalisations (11.1% and 1.8%, respectively)
- subacute and non-acute care (for which lengths of stay are typically longer) compared with acute care hospitalisations (7.6% and 5.3%, respectively)
- emergency admissions compared with non-emergency admissions (9.7% and 3.9%, respectively).

Table 7: Hospitalisations with an adverse event per 100 hospitalisations, public and private hospitals, 2016–17

	Public hospitals	Private hospitals	Total
Hospitalisations with an adverse event	437,468	163,828	601,296
Hospitalisations with an adverse event per 100 hospitalisations			
Same-day hospitalisations	2.1	1.4	1.8
Overnight hospitalisations	11.8	9.3	11.1
Acute care hospitalisations	6.3	3.6	5.3
Subacute and non-acute care hospitalisations	12.4	4.7	7.6
Emergency admissions	9.5	11.2	9.7
Non-emergency admissions	4.5	3.3	3.9
Total	6.6	3.7	5.5

For more information on hospitalisations with adverse events, see Chapter 8 of *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a).

Performance indicator: Falls resulting in patient harm in hospital

In 2016–17:

- 38,000 hospitalisations reported a fall that occurred in a health service area and resulted in harm
- the rate of falls was higher for public hospitals than for private hospitals (4.9 and 1.4 per 1,000 hospitalisations, respectively)
- the rate of falls was lower for Indigenous Australians compared with the rate for other Australians (1.6 and 3.6 per 1,000 hospitalisations, respectively)
- patients living in *Major cities* had a higher rate of falls than those living in *Remote and very remote* areas (3.6 and 2.0 per 1,000 hospitalisations, respectively).

Performance indicator: Unplanned readmissions

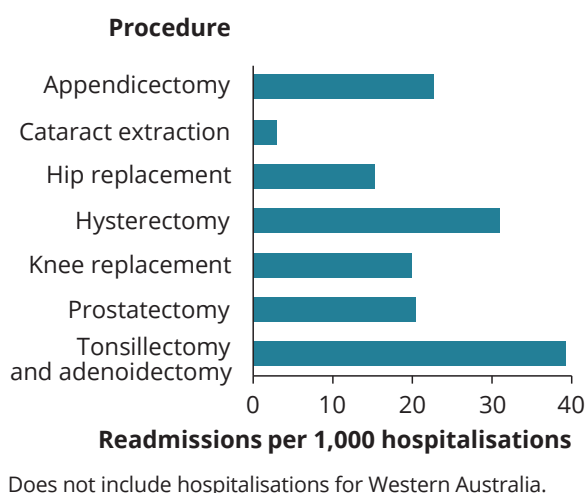
Unplanned or unexpected readmissions within 28 days of selected types of surgery are identified as those with a principal diagnosis related to an adverse event.

In 2016–17:

- rates of unplanned or unexpected readmissions were highest for *Tonsillectomy and adenoidectomy* and *Hysterectomy* (40 and 33 per 1,000, respectively)
- for *Cataract extraction*, 3 per 1,000 hospitalisations were followed by a readmission within 28 days (Figure 30).

For more information on unplanned or unexpected readmissions, see Chapter 8 of *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a).

Figure 30: Unplanned or unexpected readmissions within 28 days of selected surgical procedures, public hospitals, 2016–17



Performance indicator: Healthcare-associated infections—*Staphylococcus aureus* bacteraemia in public hospitals

The rate of *Staphylococcus aureus* bacteraemia (SAB), also known as golden staph bloodstream infection, is an important measure of the safety of hospital care. The aim is to have as few cases of SAB as possible. One of the most effective ways to minimise the risk of SAB and other healthcare-associated infections is good hand hygiene.

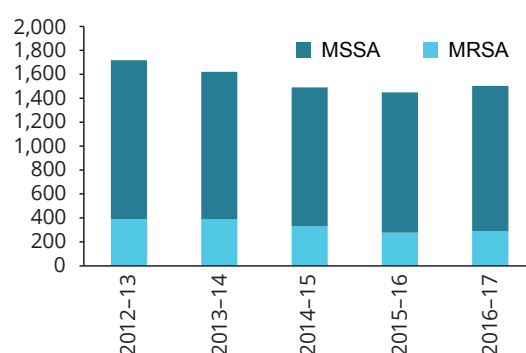
Between 2012–13 and 2016–17, the overall number of SAB cases in public hospitals decreased from 1,717 to 1,502. The number of methicillin-sensitive cases (MSSA) (treatable with commonly used antibiotics) decreased from 1,326 to 1,160 in 2014–15, then increased to 1,212 in 2016–17 and the number of methicillin-resistant cases (MRSA) decreased from 391 to 290 (Figure 31).

In 2016–17:

- 1,500 cases were reported for public hospitals for almost 19.9 million days of patient care under surveillance
- all states and territories had SAB rates below the national benchmark of 2.0 cases per 10,000 days of patient care
- four out of five SAB cases were methicillin-sensitive.

For more information, see *Staphylococcus aureus bacteraemia in Australian hospitals 2016–17: Australian hospital statistics* (AIHW 2017d).

Figure 31: Cases of *Staphylococcus aureus* bacteraemia, public hospitals, 2012–13 to 2016–17



How was the care completed?

In 2016–17, about 92% of admitted patients were discharged home (to their place of usual residence) at the end of their hospitalisation (97% in private hospitals and 89% in public hospitals). A small proportion of hospitalisations (less than 5%) were transferred to some other health care accommodation, including another acute or psychiatric hospital, residential aged care or other health care accommodation. Fewer than 1% died in hospital.

For more information about how the care was completed, see Chapter 5 of *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a).

Surgery in Australia's hospitals

In 2016–17:

- 1 in 4 (24%) hospitalisations involved surgery (2.7 million)
- 58% of hospitalisations involving surgery occurred in private hospitals.

Hospitalisations involving surgery can be categorised as emergency admissions or elective admissions. An emergency admission involving surgery is a hospitalisation that included a 'surgical procedure' for which the urgency of admission was reported as *Emergency*—indicating that the patient required admission within 24 hours.

An elective admission involving surgery is a hospitalisation that included a 'surgical procedure' for which the urgency of admission was reported as *Elective*—indicating that the admission could be delayed.

Emergency surgery

Between 2012–13 and 2016–17, emergency admissions involving surgery:

- increased by an average of 2.6% each year for public hospitals and by 3.6% each year for private hospitals
- for public hospitals, the Northern Territory had the highest increase (4.6% on average each year)
- for private hospitals, Victoria had the highest increase (6.2% on average each year).

In 2016–17:

- 340,000 emergency admissions involved surgery
- public hospitals accounted for 87% of emergency admissions involving surgery
- for overnight emergency admissions involving surgery, the average length of stay was 7.3 days
- nationally, there were 13 emergency admissions involving surgery per 1,000 population, ranging from 12 per 1,000 population in New South Wales to 16 per 1,000 in South Australia
- the 3 most common reasons for emergency admissions involving surgery were appendicitis, hip fracture (fracture of femur) and heart attack (acute myocardial infarction).

Elective surgery

Between 2012–13 and 2016–17, elective admissions involving surgery:

- rose by an average of 2.0% each year—2.1% in public hospitals and 1.9% in private hospitals
- in public hospitals, increased in all states and territories, except South Australia
- in private hospitals, increased in all states and territories. Western Australia had the highest increase (3.2% on average each year).

In 2016–17:

- there were over 2.2 million elective admissions involving surgery in Australia's public and private hospitals
- public hospitals provided 29 elective admissions involving surgery per 1,000 population and private hospitals provided 58 per 1,000
- for overnight elective admissions involving surgery, the average length of stay was 3.6 days in public hospitals and 3.1 days in private hospitals
- the most common reasons for elective admissions involving surgery were cataracts and malignant skin lesions.

For more information on admissions involving surgery, see Chapter 6 of *Admitted patient care 2016–17: Australian hospitals statistics* (AIHW 2018a).

How many patients were admitted from elective surgery waiting lists?

Between 2012–13 and 2016–17, the number of admissions from public hospital elective surgery waiting lists increased by an average of 2.8% each year, and by 5.1% between 2015–16 and 2016–17.

In 2016–17, about 748,000 patients were admitted from public hospital elective surgery waiting lists (Table 8).

Table 8: Admissions ('000) from public hospital elective surgery waiting lists and waiting time statistics, states and territories, 2016–17

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Total admissions ('000)	223	196	143	87	59	19	13	8	748
Waiting time statistics									
50th percentile time to admission (days)	54	30	32	34	39	45	46	28	38
90th percentile time to admission (days)	327	162	211	185	237	313	279	202	258
Per cent waited more than 365 days (%)	1.6	2.0	0.4	1.5	1.8	6.6	3.8	4.2	1.7

How long did patients wait to be admitted from elective surgery waiting lists?

Waiting times for admission from elective surgery waiting lists vary by the remoteness area and SES of an individual's usual residence, and by funding source.

In 2016–17:

- median waiting times (the number of days within which 50% of patients were admitted) ranged from 34 days for people living in areas classified as the highest SES group to 43 days for people living in areas classified as the lowest SES group
- the median waiting time varied by remoteness, ranging from 34 days for people living in *Remote* areas to 42 days for people living in *Inner regional* and *Outer regional* areas
- overall, public patients had a median waiting time of 42 days, compared with 21 days for private health insurance patients and 19 days for other patients
- the greatest difference in median waiting times was for *Septoplasty* (238 days for public patients, 27 days for private health insurance-funded patients and 211 days for other patients), followed by *Total knee replacement* (211 days, 57 days and 154 days, respectively).

Performance indicator: Waiting times for elective surgery

Waiting times for elective surgery are an indicator of the provision of timely care.

Median waiting times (the number of days within which 50% of patients were admitted) increased from 36 days in both 2012–13 and 2013–14, 35 days in 2014–15, and from 37 days in 2015–16.

In 2016–17:

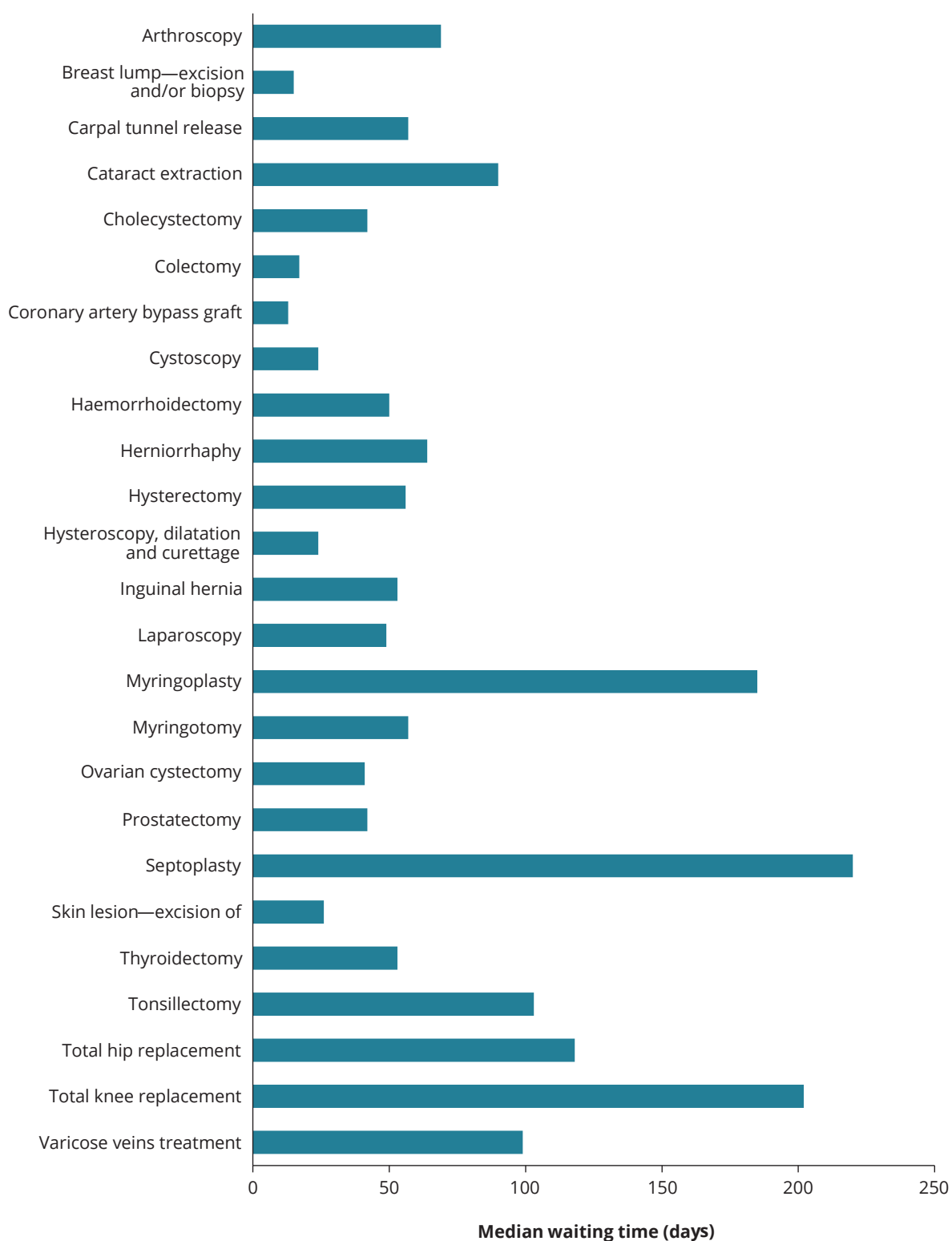
- 50% of patients who had been placed on a public hospital elective surgery waiting list waited 38 days or less to be admitted for their surgery
- 50% of patients waiting for:
 - a coronary artery bypass graft were admitted within 13 days
 - a septoplasty were admitted within 220 days
 - a total knee replacement were admitted within 202 days (Figure 32)
- the median waiting time varied between states and territories, ranging from 30 days in Victoria to 54 days in New South Wales (Table 8)
- patients with cancer-related principal diagnoses had shorter waiting times (50% admitted within 21 days) compared with patients overall (50% admitted within 39 days) (Figure 33)
- 1.7% of patients waited more than 1 year.

For more information on surgery in Australia's hospitals, see 'Performance indicator: Rates of selected hospital procedures' and 'Performance indicator: Unplanned readmissions' in this report, Chapter 6 of *Admitted patient care 2016–17: Australian hospital statistics* (AIHW 2018a) and *Elective surgery waiting times 2016–17: Australian hospital statistics* (AIHW 2017a).

(continued)

Performance indicator: Waiting times for elective surgery (continued)

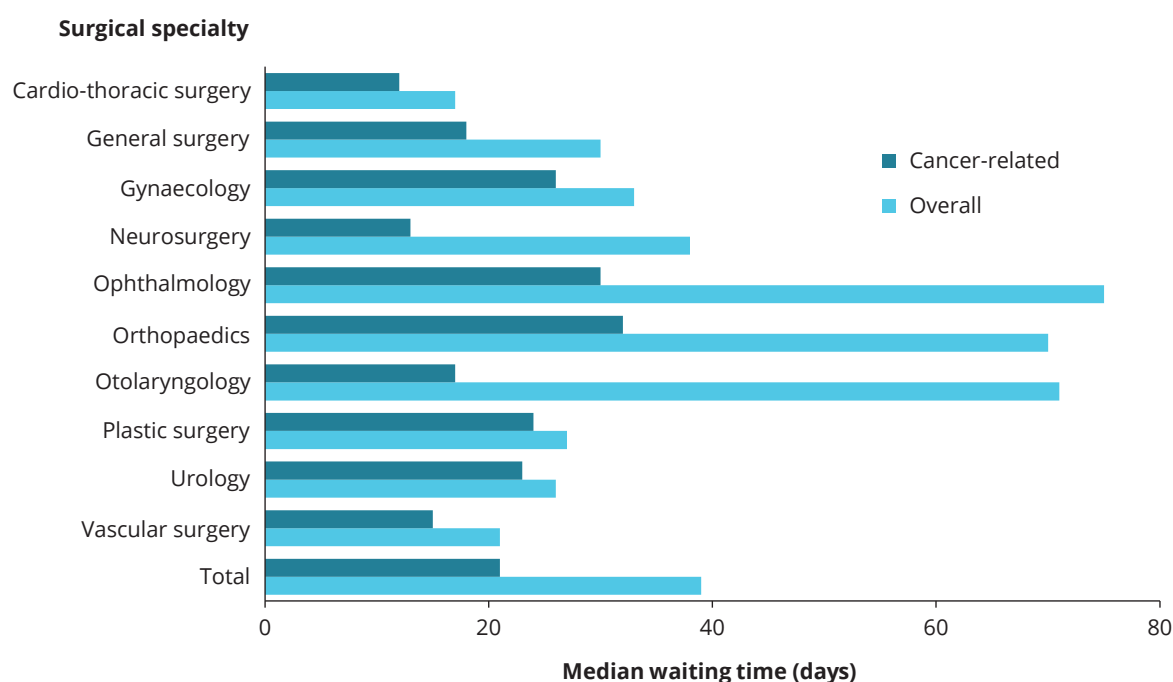
Figure 32: Median waiting times for elective surgery, by intended procedure, public hospitals, 2016–17



(continued)

Performance indicator: Waiting times for elective surgery (continued)

Figure 33: Median waiting times, overall and cancer-related, by specialty of surgeon, public hospitals, 2016–17



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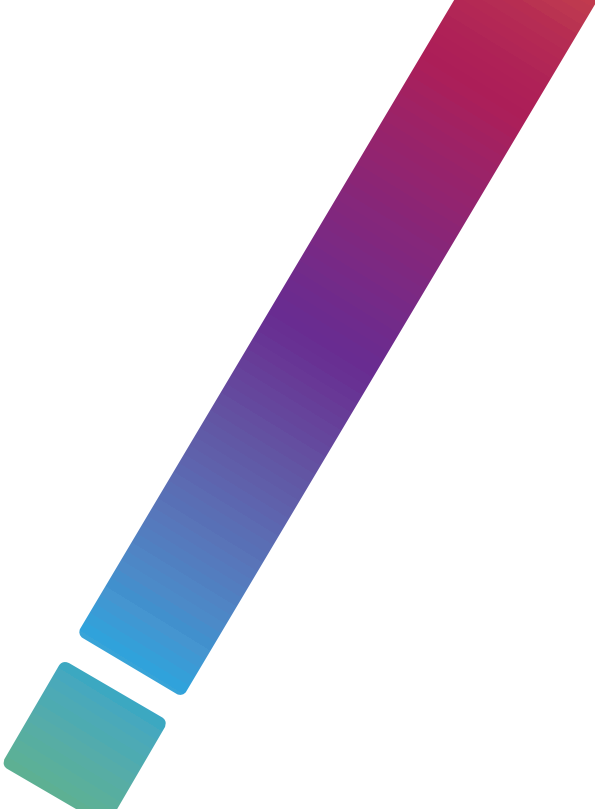
Board Chair
Mrs Louise Markus

Director
Mr Barry Sandison

Any enquiries about or comments on this publication should be directed to:
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Tel: (02) 6244 1000
Email: info@aihw.gov.au

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Australia's hospitals 2016–17 at a glance provides summary information on Australia's public and private hospitals.

In 2016–17, there were 11.0 million hospitalisations in public and private hospitals combined, including 2.7 million involving surgery.

Public hospitals also provided care for 7.8 million patients presenting to emergency departments, with 73% of patients seen within recommended times for their triage category and 72% completed within 4 hours.

This publication is a companion to the 2016–17 Australian hospital statistics suite of publications.

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