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# Report on Government Services 2021

PART E, SECTION 12: RELEASED ON 28 JANUARY 2021

## 12 Public hospitals

This section is presented in a new online format. Dynamic data visualisations replace the static chapter format used in previous editions. Machine readable data are also available for download. A guide is available on [accessing information in the new format](#).

### Impact of COVID-19 on data for the Public hospitals section

COVID-19 may affect data in this Report in a number of ways. This includes in respect of actual performance (that is, the impact of COVID-19 on service delivery in 2020 which is reflected in the data results), and the collection and processing of data (that is, the ability of data providers to undertake data collection and process results for inclusion in the Report).

For the Public hospitals section, COVID-19 has had an impact on emergency department presentations and elective surgery data due to the temporary suspension of some elective surgeries in the first half of 2020.

This section reports on the performance of governments in providing public hospitals, with a focus on acute care services.

The **Indicator Results** tab uses data from the data tables to provide information on the performance for each indicator in the **Indicator Framework**. The same data are also available in CSV format.

## Context

### Objectives for public hospitals

Public hospitals aim to alleviate or manage illness and the effects of injury by providing acute, non and sub-acute care along with emergency and outpatient care that is:

- timely and accessible to all
- appropriate and responsive to the needs of individuals throughout their lifespan and communities
- high quality and safe
- well coordinated to ensure continuity of care where more than one service type, and/or ongoing service provision is required
- sustainable.

Governments aim for public hospital services to meet these objectives in an equitable and efficient manner.

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## Service overview

Public hospitals provide a range of services, including:

- acute care services to admitted patients
- subacute and non-acute services to admitted patients (for example, rehabilitation, palliative care and long stay maintenance care)
- emergency, outpatient and other services to non-admitted patients
- mental health services, including services provided to admitted patients by designated psychiatric/psychogeriatric units
- public health services
- teaching and research activities.

This section focuses on services (acute, subacute and non-acute) provided to admitted patients and services provided to non-admitted patients in public hospitals. These services comprise the bulk of public hospital activity.

In some instances, data for stand-alone psychiatric hospitals are included in this section. The performance of psychiatric hospitals and psychiatric units of public hospitals is examined more closely in the 'Services for mental health' section of this Report ([section 13](#)).

## Funding

Total recurrent expenditure on public hospitals (excluding depreciation) was \$72.2 billion in 2018-19 (table 12A.1), with 92 per cent funded by the Australian, State and Territory governments and 8 per cent funded by non-government sources (including depreciation) (AIHW 2020b).

Government real recurrent expenditure (all sources) on public hospitals per person was \$2851 in 2018-19; an increase on 2017-18 (\$2787, table 12A.2).

## Size and scope

### Hospitals

In 2018-19, Australia had 692 public hospitals – 1 fewer than 2017-18 (table 12A.3). Although 68.4 per cent of hospitals had 50 or fewer beds (figure 12.1), these smaller hospitals represented only 13.2 per cent of total available beds (table 12A.3).

Select year (applies to both table 12.1 and figure 12.1):

2018-19

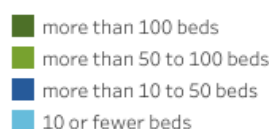


Figure 12.1 Public hospitals (including psychiatric hospitals), 2018-19 (a)  
by jurisdiction, by Hospital size



Source: table 12A.3

(a) The ACT did not have hospitals with 10 or fewer beds or more than 50 to 100 beds. The NT did not have hospitals with 10 or fewer beds.

Data tables are referenced above by a '12A' prefix and all data (footnotes and data sources) are available for download from the supporting material below (both in Excel and CSV format).

Table 12.2 Public hospitals (including psychiatric hospitals), Available beds, 2018-19  
by jurisdiction

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
no.	21,224	15,084	12,597	6,130	4,581	1,416	1,110	977	63,048

Source: table 12A.3



## Hospital beds

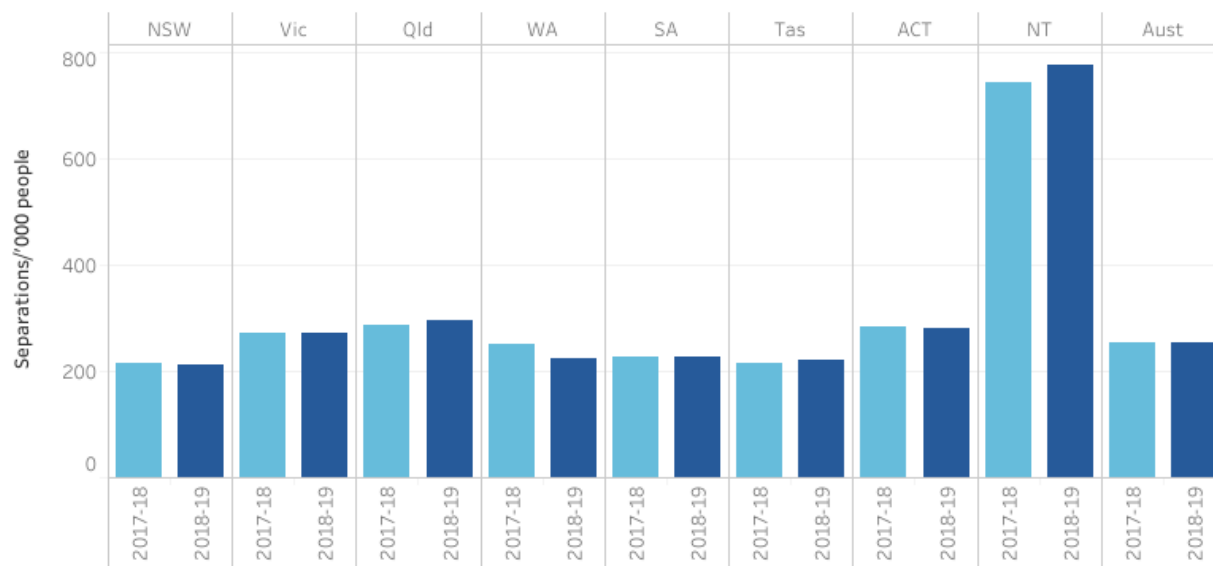
There were 63 048 available beds for admitted patients in public hospitals in 2018-19, equivalent to 2.6 beds per 1000 people (tables 12A.3–4). The concept of an available bed is becoming less important in the overall context of hospital activity, particularly given the increasing significance of same day hospitalisations and hospital-in-the-home (AIHW 2011). Nationally, the number of beds available per 1000 people increased as remoteness increased (table 12A.4).

## Admitted patient care

There were approximately 6.8 million separations from public (non-psychiatric) hospitals in 2018-19, of which just over half were same day patients (table 12A.5). Nationally, this equates to 253.3 separations per 1000 people (figure 12.2). Acute care separations accounted for 93.9 per cent of separations from public hospitals (table 12A.10).

**Select year(s):**

Multiple values

**Figure 12.2 Separations, Per 1000 population, Public acute hospitals**  
by jurisdiction, by year

Source: table 12A.6

Data tables are referenced above by a '12A' prefix and all data (footnotes and data sources) are available for download from the supporting material below (both in Excel and CSV format).



Variations in admission rates can reflect different practices in classifying patients as either admitted same day patients or non-admitted outpatients. The extent of differences in classification practices can be inferred from the variation in the proportion of same day separations across jurisdictions for certain conditions or treatments. This is particularly true of medical separations, where there was significant variation across jurisdictions in the proportion of same day medical separations in 2018-19 (table 12A.7).

In 2018-19, on an age-standardised basis, public hospital separation rates for Aboriginal and Torres Strait Islander people were markedly higher than the corresponding rates for all people. For private hospital separations, rates were higher for all people compared to Aboriginal and Torres Strait Islander people (though separations are lower for private hospitals compared to public hospitals) (table 12A.8).

### Non-admitted patient services

Non-admitted patient services include outpatient services, which may be provided on an individual or group basis, and emergency department services. A total of 37.7 million individual service events were provided to outpatients in public hospitals in 2018-19 and around 1.3 million group service events (table 12A.11). Differing admission practices across states and territories lead to variation among jurisdictions in the services reported (AIHW 2020d). There were 8.2 million presentations to emergency departments in 2019-20 (table 12A.12).

## Staff

In 2018-19, nurses comprised the single largest group of full time equivalent (FTE) staff employed in public hospitals (figure 12.3). Comparing data on FTE staff across jurisdictions should be undertaken with care, as these data are affected by jurisdictional differences in the recording and classification of staff.

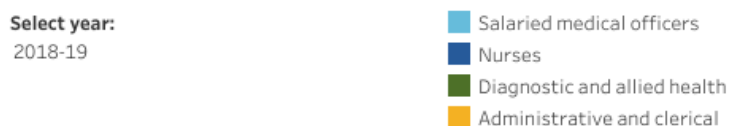
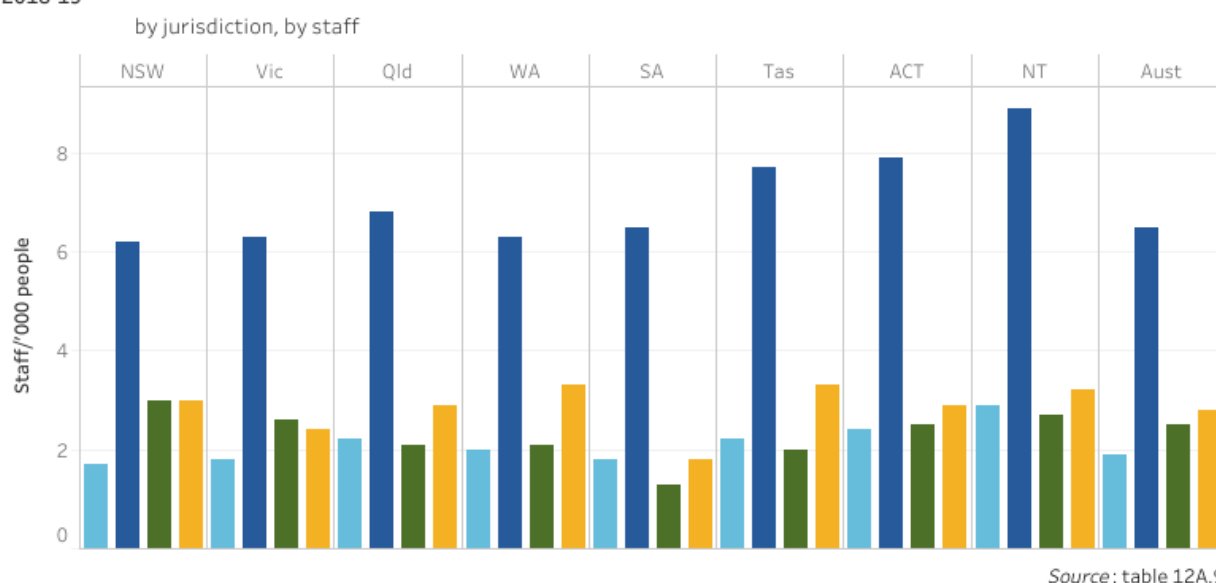


Figure 12.3 Average full time equivalent (FTE) Per 1000 population, Public hospitals (including psychiatric hospitals), 2018-19




Data tables are referenced above by a '12A' prefix and all data (footnotes and data sources) are available for download from the supporting material below (both in Excel and CSV format).




## References

Australian Commission on Safety and Quality in Health Care (ACSQHC) 2019, *Annual Report 2018-19*, ACSQHC, Sydney.

AIHW (Australian Institute of Health and Welfare) 2011, *Australian Hospital Statistics 2009-10*, Health Services Series No. 40, Cat. no. HSE 107 AIHW, Canberra.

— 2020a, *Elective surgery waiting times 2019-20: Australian hospital statistics*, AIHW, Canberra, <https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery>  (accessed 18 December 2020)

— 2020b, *Health expenditure Australia 2018-19*, Health and Welfare Expenditure Series No. 66, Cat. no. HWE 80 AIHW, Canberra.

— 2020c, *Hospital resources 2018-19: Australian hospital statistics*, Health services series, AIHW, Canberra, <https://www.aihw.gov.au/reports/hospitals/hospital-resources-2017-18-ahs/data>  (accessed 9 October 2020).

— 2020d, *Non-admitted patient care 2018-19: Australian hospital statistics*, Health services series, AIHW, Canberra, <https://www.aihw.gov.au/reports/hospitals/non-admitted-patient-care-2017-18-ahs/contents/at-a-glance>  (accessed 9 October 2020).

## Indicator Framework

The performance indicator framework provides information on equity, efficiency and effectiveness, and distinguishes the outputs and outcomes of public hospital services.

The performance indicator framework shows which data are complete and comparable in this Report. For data that are not considered directly comparable, text includes relevant caveats and supporting commentary. [Section 1](#) discusses data comparability and completeness from a Report-wide perspective. In addition to the service area's Profile information, the Report's statistical context ([section 2](#)) contains data that may assist in interpreting the performance indicators presented in this section.

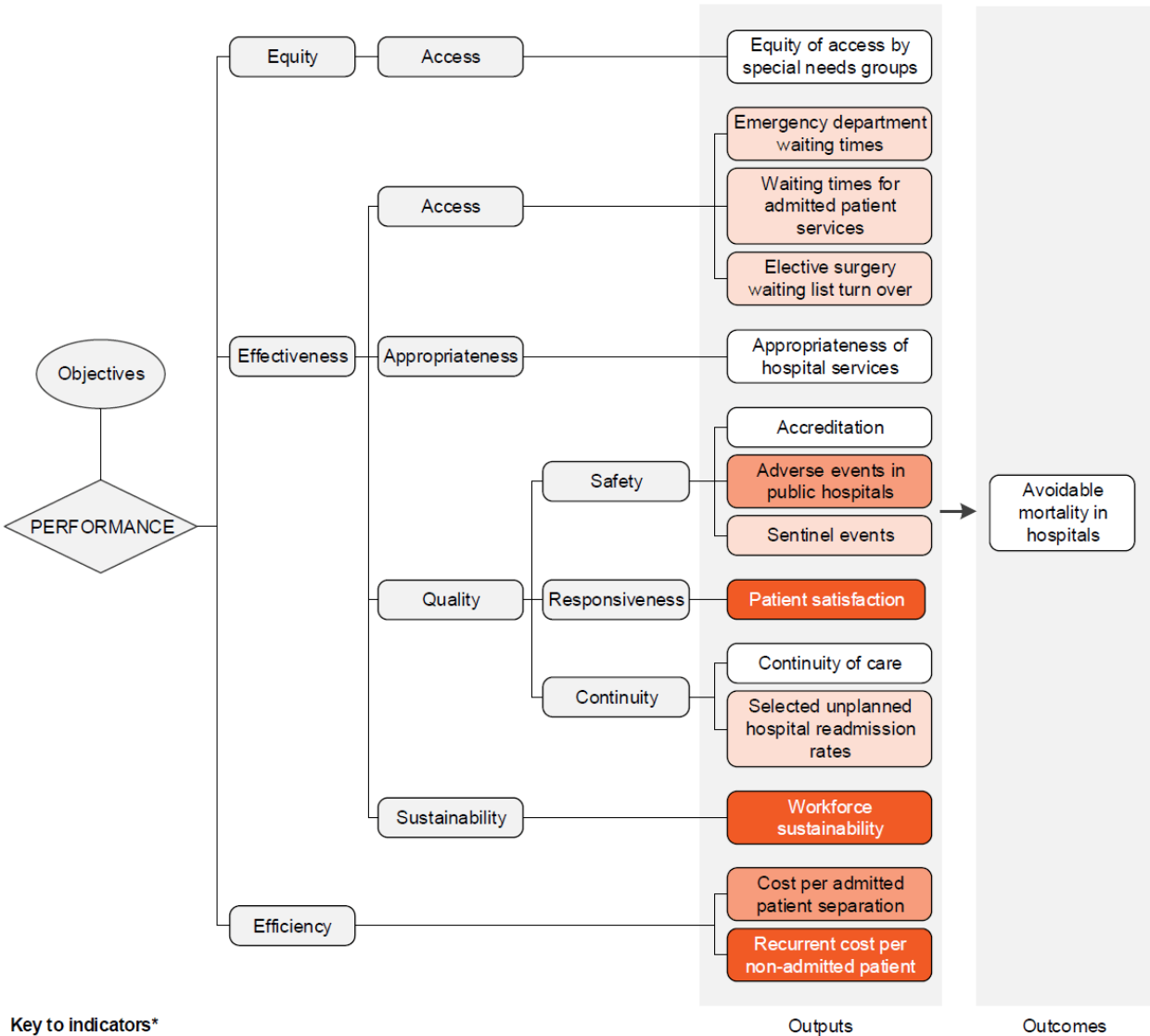
Improvements to performance reporting for public hospital services are ongoing and include identifying data sources to fill gaps in reporting for performance indicators and measures, and improving the comparability and completeness of data.

## Outputs

Outputs are the services delivered (while outcomes are the impact of these services on the status of an individual or group) (see section 1). Output information is also critical for equitable, efficient and effective management of government services.

## Outcomes

Outcomes are the impact of services on the status of an individual or group (see section 1).



**Key to indicators\***

- Text Most recent data for all measures are comparable and complete
- Text Most recent data for at least one measure are comparable and complete
- Text Most recent data for all measures are either not comparable and/or not complete
- Text No data reported and/or no measures yet developed

\* A description of the comparability and completeness of each measure is provided in indicator interpretation boxes within the section



## Indicator Results

An overview of the public hospital services performance indicator results are presented. Different delivery contexts, locations and types of clients can affect the equity, effectiveness and efficiency of public hospital services.

Information to assist the interpretation of these data can be found in the public hospital services supporting interpretative material and data tables. Data tables are identified by a '12A' prefix (for example, table 12A.1).

All data are available for download as an excel spreadsheet and as a CSV dataset — refer to [Download supporting material](#). Specific data used in figures can be downloaded by clicking in the figure area, navigating to the bottom of the visualisation to the grey toolbar, clicking on the 'Download' icon and selecting 'Data' from the menu. Selecting 'PDF' or 'Powerpoint' from the 'Download' menu will download a static view of the performance indicator results.

**Equity of access by special needs groups** is an indicator of governments' objective to provide hospital services in an equitable manner.

**Measure:** The percentage of people who delayed going to hospital due to distance from hospital, by region.

**Guidance:** Similar rates across regions can indicate equity of access to hospital services across regions.

Data are not yet available for reporting against this indicator.

Emergency department waiting times is an indicator of governments' objective to provide timely and accessible services to all. It is defined by two measures.

**Measure 1:** Emergency department waiting times by triage category — the proportion of patients seen within the benchmarks set by the Australasian Triage Scale.

**Measure 2:** Percentage of patients staying for four hours or less — the percentage of presentations to public hospital emergency departments where the time from presentation to admission, transfer or discharge is less than or equal to four hours.

**Guidance:** High or increasing proportions for both measures are desirable.

■ Data are not comparable across jurisdictions, but are comparable (subject to caveats) within jurisdictions over time.

■ Data are complete (subject to caveats) for the current reporting period.

Select year(s) (applies to table 12.3):

(Multiple values) ▼

Table 12.3 Measure 1: Emergency department waiting times, Patients seen on time (per cent) by jurisdiction, by triage category timeframes, by year

		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
1 - Resuscitation	2019-20	100	100	100	100	100	100	100	100	100
	2018-19	100	100	100	100	100	100	100	100	100
	2014-15	100	100	99	100	100	100	100	100	100
	2011-12	100	100	100	99	100	100	100	100	100
2 - Emergency	2019-20	80	67	74	80	68	66	75	72	75
	2018-19	79	75	72	78	60	72	74	67	75
	2014-15	82	80	77	83	69	83	78	62	79
	2011-12	82	83	82	76	79	77	76	64	80
3 - Urgent	2019-20	76	65	71	52	55	58	34	60	67
	2018-19	74	66	61	48	46	56	32	54	63
	2014-15	76	73	64	57	57	64	48	54	68
	2011-12	71	72	63	52	70	64	50	49	66
4 - Semi-urgent	2019-20	81	72	81	67	71	66	50	69	76
	2018-19	79	72	75	64	65	64	47	65	73
	2014-15	81	73	74	69	69	67	53	59	74
	2011-12	74	67	69	67	77	71	47	49	70
5 - Non-urgent	2019-20	95	90	96	91	91	87	83	93	93
	2018-19	93	89	93	91	89	85	83	92	91
	2014-15	95	89	93	93	89	89	86	88	92
	2011-12	89	87	90	94	92	88	81	89	89
Total excluding unknown triage category	2019-20	81	70	76	66	65	65	48	68	74
	2018-19	78	71	69	63	58	64	46	64	71
	2014-15	81	75	71	68	66	70	59	60	74
	2011-12	76	72	69	65	76	71	55	54	72

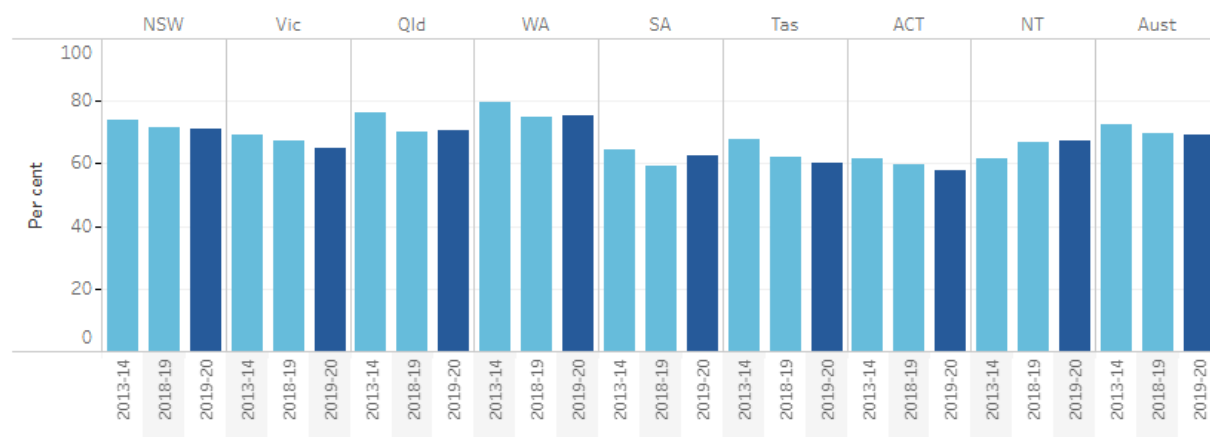
Source: table 12A.13  
na Not available.

Nationally in 2019-20, all patients in triage category 1 were seen within the clinically appropriate timeframe. For all triage categories combined, an estimated 74 per cent of patients were seen within triage category timeframes.

Select year(s) (applies to figure 12.4):

(Multiple values) ▼

Figure 12.4 Measure 2: Patients staying for four hours or less, ED stay length is within four hours by jurisdiction, by year (a)



Source: table 12A.18

(a) Data were not available for the ACT for 2015-16 and have not been included in the Australian total for that year.

The proportion of patients staying for four hours or less in an emergency department was 69.2 per cent in 2019-20; down from 73.2 per cent in 2014-15 and 2015-16.

**Waiting times for admitted patient services** is an indicator of governments' objective to provide timely and accessible services to all. It is defined by three measures.

**Measure 1:** Overall elective surgery waiting times — the number of days within which 50 per cent of patients are admitted and the number of days within which 90 per cent of patients are admitted.

**Measure 2:** Elective surgery waiting times by clinical urgency category — the proportion of patients who were admitted from waiting lists after an extended wait.

**Measure 3:** Presentations to emergency departments with a length of stay of 4 hours or less ending in admission — the proportion of presentations to public hospital emergency departments where the time from presentation to admission to hospital is less than or equal to 4 hours.

**Guidance:** A low or decreasing number of days waited are desirable (measure 1). A low or decreasing proportion of patients who have experienced extended waits at admission is desirable (measure 2). A high or increasing proportion of presentations to emergency departments with a length of stay of 4 hours or less ending in admission is desirable (measure 3).

■ Data are not comparable across jurisdictions, but are comparable (subject to caveats) within jurisdictions over time.

■ Data are complete (subject to caveats) for the current reporting period.

Select year(s) (applies to figure 12.5):

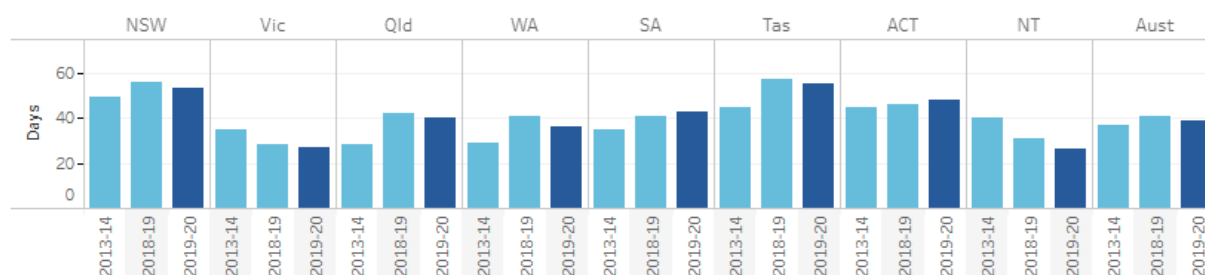
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Select percentile:

50th percentile

90th percentile

Figure 12.5 Measure 1: Elective surgery: waiting times (days), 50th percentile by jurisdiction, by year



Source: table 12A.19

Nationally in 2019-20, 50 per cent of patients were admitted within 39 days and 90 per cent of patients were admitted within 281 days. Data are available on elective surgery waiting times by hospital peer group and indicator procedure, Indigenous status, remoteness and socioeconomic status (tables 12A.19–22).

Select year (applies to table 12.4a):

2019-20 ▾

**Table 12.4a Measure 2: Patients admitted from waiting lists with extended waits (per cent), 2019-20**  
by jurisdiction, by clinical urgency category

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Category 1 (>30 days)	0.2	-	3.6	11.8	10.1	31.8	2.6	8.7
Category 2 (>90 days)	7.2	23.9	12.5	17.3	21.4	63.3	35.9	19.1
Category 3 (>12 months)	8.8	4.7	8.9	7.1	11.3	40.7	24.1	12.7
All patients	6.1	11.5	8.4	11.9	14.9	44.3	21.5	13.5

Source: tables 12A.24-12A.31  
- Nil or rounded to zero. na Not available.

Jurisdictional differences in the classification of patients by urgency category are shown. The proportions of patients on waiting lists who already had an extended wait at the date of assessment are reported in tables 12A.24-31.

Select year (applies to table 12.4b):

2019-20 ▾

**Table 12.4b Measure 3: Emergency department presentations, ED stay length is within four hours ending in admission, All public hospitals (per cent), 2019-20**  
by jurisdiction, by triage category

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
1 - Resuscitation	47	53	55	66	56	53	53	41	53
2 - Emergency	40	50	56	58	48	31	44	36	48
3 - Urgent	37	46	53	48	39	24	30	34	44
4 - Semi-urgent	43	50	56	52	45	25	35	37	48
5 - Non-urgent	63	63	66	61	71	44	42	51	63
Total	40	48	54	52	43	27	35	36	46

Source: table 12A.32  
na Not available.

Nationally in 2019-20, 46 per cent of people who presented to an emergency department and were admitted, waited 4 hours or less to be admitted to a public hospital.

**Elective surgery waiting list turn over** is an indicator of governments' objective to provide timely and accessible services to all.

**Measure:** The number of additions to, and removals from, public hospital elective surgery waiting lists. It is measured by dividing the number of people removed from public hospital elective surgery waiting lists during the reference year by the number of people added to public hospital elective surgery waiting lists during the same year, multiplied by 100.

**Guidance:** A higher and increasing per cent of patient turn over is desirable as it indicates the public hospital system is keeping pace with demand for elective surgery.

- Data are not comparable across jurisdictions, but are comparable (subject to caveats) within jurisdictions over time.
- Data are complete (subject to caveats) for the current reporting period.

Select year(s):

(Multiple values) ▼

Table 12.5 Elective surgery waiting list turn over  
by jurisdiction, by year

		Additions to public hospital elective surgery waiting lists	Removals following admission for surgery	Turn over following admissions for surgery
		no.	no.	%
NSW	2019-20	248,266	207,539	83.6
	2018-19	263,338	229,851	87.3
	2013-14	246,461	216,675	87.9
Vic	2019-20	210,428	174,253	82.8
	2018-19	230,043	198,517	86.3
	2013-14	187,038	170,314	91.1
Qld	2019-20	170,569	133,098	78.0
	2018-19	177,414	142,358	80.2
	2013-14	145,260	127,494	87.8
WA	2019-20	99,604	82,414	82.7
	2018-19	103,472	88,673	85.7
	2013-14	102,141	86,882	85.1
SA	2019-20	65,887	55,082	83.6
	2018-19	70,112	58,835	83.9
	2013-14	71,416	62,968	88.2
Tas	2019-20	18,851	15,195	80.6
	2018-19	22,157	17,858	80.6
	2013-14	18,849	15,315	81.3
ACT	2019-20	14,456	12,885	89.1
	2018-19	16,355	14,017	85.7
	2013-14	13,848	11,781	85.1
NT	2019-20	9,778	7,836	80.1
	2018-19	10,140	8,027	79.2
	2013-14	9,388	7,594	80.9
Aust	2019-20	837,839	688,302	82.2
	2018-19	893,031	758,136	84.9
	2013-14	794,401	699,023	88.0



*Source: table 12A.33*

Nationally in 2019-20, 837 839 people were added to public hospital elective surgery waiting lists, while 688 302 people were removed following admission for surgery, resulting in a national public hospital elective surgery waiting list turn over of 82.2 per cent.

**Appropriateness of hospital services** is an indicator of government's objective to provide care that is appropriate and responsive to the needs of individuals throughout their lifespan and communities.

*Measure:* Yet to be defined.

This indicator has been identified for development and future reporting.

**Accreditation** is an indicator of government's objective to provide public hospital services that are high quality and safe.

**Measure:** The proportion of hospitals accredited to the National Safety and Quality Health Service standards.

It is mandatory for all hospitals and day procedure services to be accredited to the Standards. Health service organisations must demonstrate that they meet all of the requirements in the Standards to achieve accreditation. Reaccreditation against the Standards is required every three years. The standards are:

- Clinical governance
- Partnering with consumers
- Preventing and controlling healthcare-associated infection
- Medication safety
- Comprehensive care
- Communicating for safety
- Blood management
- Recognising and responding to acute deterioration.

**Guidance:** A high or increasing rate of accreditation is desirable. Accreditation against the Standards is evidence that a hospital has been able to demonstrate compliance with the Standards. It does not mean that an accredited hospital will always provide high quality and safe care. This indicator should be interpreted in conjunction with other indicators of public hospital quality and safety.

Data are not available for reporting against this indicator.

The AIHW (2020c) provides some information on the number of hospitals accredited to various accreditation standards, but no longer produces a proportion of all public hospitals that are accredited due to data quality concerns (data for 2015 are in table 12A.34).

The Australian Commission on Safety and Quality in Health Care (ACSQHC) reports some summary accreditation data based on its National Safety and Quality Health Service Standards (NSQHSS) accreditation program. All hospitals and day procedure services are required to implement the NSQHSS. Health service organisations have to demonstrate they meet all of the requirements in the NSQHSS to achieve accreditation.

The first edition of the National Standards were in operation January 2013 to December 2018. The second edition of the National Standards commenced operation January 2019. Since January 2013, all hospitals and day procedure services in Australia (1312 organisations) have been assessed at least once to the National Standards (first edition), and 906 health service organisations have completed at least two assessment cycles. Of these organisations, 75 per cent (675 organisations) met all core actions at the initial assessment for their second accreditation cycle, compared to 67 per cent (609 organisations) for their first accreditation cycle, demonstrating an improvement in accreditation results over time.

During 2018-19, 182 public hospitals were assessed against the National Standards (144 public hospitals were accredited to the first edition of the National Standards between July – December 2018, and 38 were accredited to the second edition of the National Standards between January – June 2019) (ACSQHC 2019).

From July 2019 to March 2020, 343 hospitals and day procedure services in Australia were assessed to the National Standards. Of these organisations, 72 per cent (247 organisations) met all actions at the initial assessment. In March 2020, the ACSQHC temporarily suspended the national accreditation program to comply with social distancing requirements and support health service organisations to focus on responding to the COVID-19 pandemic. Until the national accreditation program resumes, hospitals and day procedure services will maintain their existing accreditation status (ACSQHC 2020).

**Adverse events in public hospitals** is an indicator of governments' objective to provide public hospital services that are high quality and safe. It is defined by three measures.

**Measure 1:** Selected healthcare-associated infections — the number of *Staphylococcus aureus* (including Methicillin-resistant *Staphylococcus aureus* [MRSA]) bacteraemia (SAB) patient episodes associated with public hospitals (admitted and non-admitted patients), expressed as a rate per 10 000 patient days for public hospitals.

**Measure 2:** Adverse events treated in hospitals — the number of separations in public hospitals that had an adverse event (including infections, falls resulting in injuries and problems with medication and medical devices) that occurred during hospitalisation, expressed as a rate per 100 public hospital separations.

**Measure 3:** Falls resulting in patient harm in hospitals — the number of separations with an external cause code for fall and a place of occurrence of health service area, expressed as a rate per 1000 hospital separations.

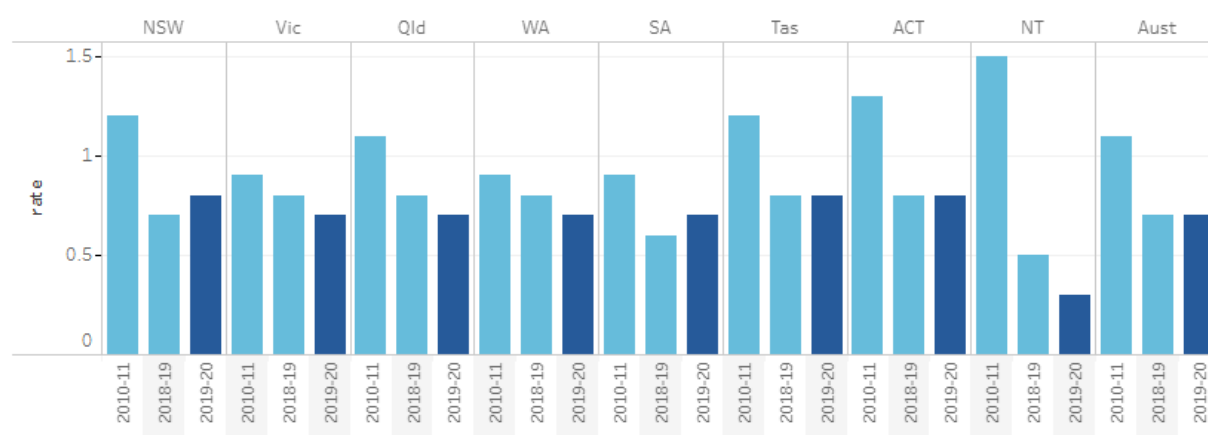
**Guidance:** Low or decreasing rates/events are desirable.

- (measure 1) Data are not comparable across jurisdictions, but are comparable (subject to caveats) within jurisdictions over time.
- (measures 2 and 3) Data are comparable (subject to caveats) across jurisdictions and over time.
- (all measures) Data are complete (subject to caveats) for the current reporting period.

Select year(s) (applies to figure 12.6a):

(Multiple values) ▼

Figure 12.6a Measure 1: Selected healthcare-associated infections, Per 10 000 patient days by jurisdiction, by year



Source: table 12A.35

Nationally in 2019-20, the rate of selected healthcare-associated infections was 0.7 per 10 000 patient days.

Select year(s) (applies to table 12.6):

(Multiple values) ▼

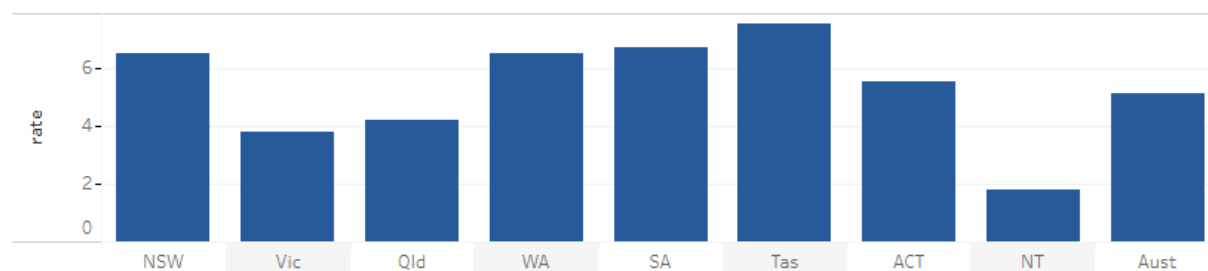
Table 12.6 Measure 2: Adverse events treated in hospitals, Per 100 separations, Public hospitals (including psychiatric hospitals) by jurisdiction, by year

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
2018-19	7.2	5.8	6.3	7.9	7.6	7.8	7.0	3.4	6.6
2017-18	7.1	5.6	6.3	7.3	7.4	8.3	6.6	3.7	6.5
2014-15	6.8	6.6	6.4	7.1	7.5	8.0	7.3	3.5	6.7

Source: table 12A.36

Nationally in 2018-19, 6.6 per cent of separations in public hospitals had an adverse event reported during hospitalisation, similar to previous years in this Report. Results by category (diagnosis, external cause and place of occurrence (of the injury or poisoning)) are in table 12A.36.

Figure 12.6b Measure 3: Falls resulting in patient harm in hospitals, Per 1000 separations, All public hospitals, 2018-19 by jurisdiction



Source: table 12A.37

Nationally in 2018-19, the rate of falls resulting in patient harm was 5.1 per 1000 hospital separations; results varied across states and territories. Data are reported by Indigenous status and remoteness in table 12A.37.

**Sentinel events** is an indicator of governments' objective to deliver public hospital services that are high quality and safe.

**Measure:** The number of reported adverse events that occur because of hospital system and process deficiencies, and which result in the death of, or serious harm to, a patient.

**Guidance:** A low or decreasing number of sentinel events is desirable.

- Data are not comparable across jurisdictions, but are comparable (subject to caveats) within jurisdictions over time.
- Data are complete (subject to caveats) for the current reporting period.

Select year(s):

(Multiple values) ▼

**Table 12.7 Numbers of Sentinel events and separations**  
by jurisdiction, by year

		Selected sentinel events	Separations
NSW	2018-19	23	1,881,814
	2017-18	20	1,860,985
	2014-15	45	1,813,998
Vic	2018-19	22	1,899,314
	2017-18	24	1,846,342
	2014-15	19	1,587,951
Qld	2018-19	7	1,567,524
	2017-18	11	1,486,922
	2014-15	10	1,202,798
WA	2018-19	6	616,435
	2017-18	7	679,851
	2014-15	4	600,723
SA	2018-19	4	449,386
	2017-18	11	440,060
	2014-15	9	422,295
Tas	2018-19	3	135,528
	2017-18	3	128,746
	2014-15	2	119,506
ACT	2018-19	1	118,483
	2017-18	3	116,053
	2014-15	4	100,784
NT	2018-19	-	176,812
	2017-18	2	167,816
	2014-15	2	132,283
Aust	2018-19	66	6,845,296
	2017-18	81	6,726,775
	2014-15	95	5,980,338

Source: tables 12A.5 and 12A.38-46  
- Nil or rounded to zero.

In 2018-19, there was a total of 66 sentinel events. As larger states and territories will tend to have more sentinel events than smaller jurisdictions, the numbers of separations are also presented to provide context. Data disaggregated by the type of sentinel event are reported in tables 12A.38-46.

**Patient satisfaction** provides a proxy measure of governments' objective to deliver services that are responsive to individuals throughout their lifespan and communities. It is defined by six measures.

**Measures 1-3:** Proportion of people who went to an emergency department in the last 12 months for their own health reporting that the emergency department doctors, specialists or nurses 'always' or 'often':

- listened carefully to them
- showed respect to them
- spent enough time with them.

**Measures 4-6:** Proportion of people who were admitted to hospital in the last 12 months reporting that the hospital doctors, specialists or nurses 'always' or 'often':

- listened carefully to them
- showed respect to them
- spent enough time with them.

**Guidance:** A high or increasing proportion of patients who were satisfied is desirable, as it suggests the hospital care was of high quality and better met the expectations and needs of patients.

■ Data are comparable (subject to caveats) across jurisdictions and over time.

■ Data are complete (subject to caveats) for the current reporting period.

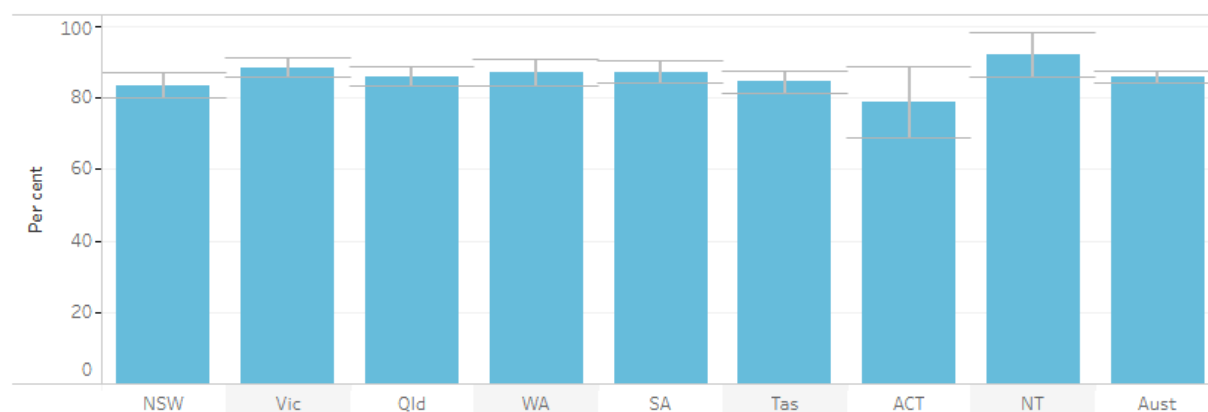
Select:

- ED doctors or specialists  
 ED nurses

Select measure (applies to figures 12.7a and 12.7b):

- always or often listened carefully to them  
 always or often showed respect to them  
 always or often spent enough time with them

**Figure 12.7a Measures 1-3: Patient satisfaction with ED doctors or specialists, ED doctors or specialists, always or often listened carefully to them, 2019-20**  
by jurisdiction



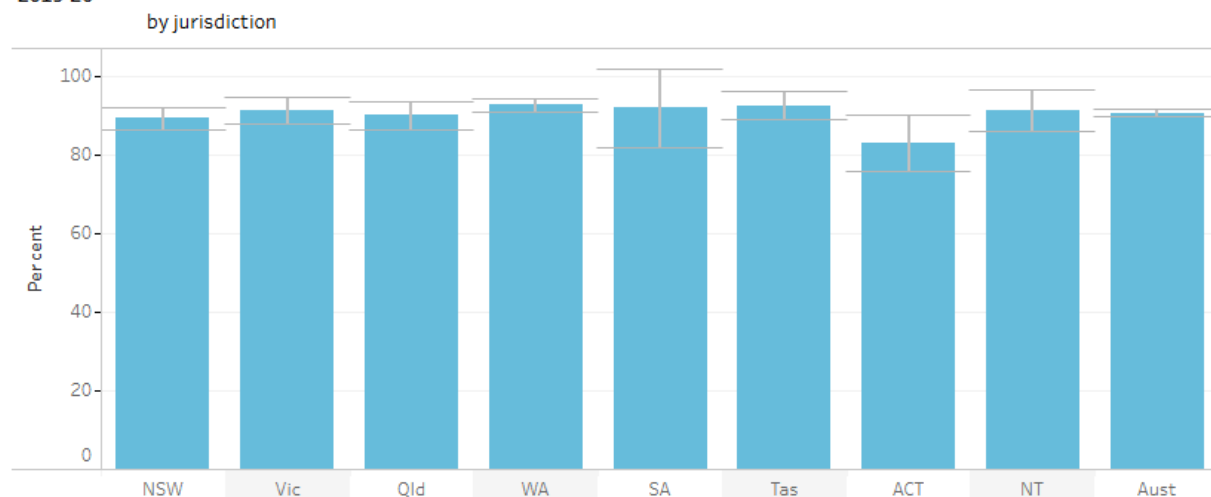
Source: table 12A.47



Select:

- hospital doctors or specialists
- hospital nurses

Figure 12.7b Measures 4-6: Patient satisfaction with hospital doctors or specialists, always or often listened carefully to them, 2019-20



Source: table 12A.49

In 2019-20, nationally for all measures, the rate of respondents reporting that doctors and nurses listened carefully, showed respect and spent enough time with them was above 80 per cent, with results generally higher for nurses compared to doctors/specialists and hospitals compared to Emergency departments.

---

**Continuity of care** is an indicator of governments' objective to provide care that is well co-ordinated to ensure continuity of care where more than one service type, and/or ongoing service provision is required. It is defined by four measures:

**Measure 1:** the number of hospital patients with complex needs for which a discharge plan is provided within 5 days of discharge divided by all hospital patients with complex care needs expressed as a rate per 1000 separations

**Guidance:** High or increasing rates of discharge plans provided to patients with complex care needs within 5 days is desirable.

**Measure 2:** the proportion of patients reporting that their usual GP, or others in their usual place of care, did not seem informed of their follow up needs or medication changes after the last time they went to a hospital emergency department

**Measure 3:** the proportion of patients reporting that their usual GP, or others in their usual place of care, did not seem informed of their follow up needs or medication changes after the last time they were admitted to hospital

**Measure 4:** the proportion of patients who reported that arrangements were not made by their hospital for any services needed after leaving hospital when last admitted.

**Guidance:** Low or decreasing proportions of patients reporting that their GP, or others in their usual place of care, did not seem informed of their follow up needs or medication changes after the last time they went to a hospital emergency department or were admitted to hospital are desirable. A low or decreasing proportion of patients reporting arrangements were not made by their hospital for any services needed after leaving hospital when last admitted is desirable.

Data are not yet available for reporting against these measures. However, summary data from the 2016 ABS survey of health care are available to report as contextual information for measures 2-4 for people aged 45 years and over in table 12A.51.

Selected unplanned hospital readmission rates is an indicator of governments' objective to provide public hospital services that are of high quality and well-coordinated to ensure continuity of care.

**Measure:** The rate at which patients unexpectedly return to the same hospital within 28 days for further treatment where the original admission involved one of a selected set of procedures, and the readmission is identified as a post-operative complication. It is expressed as a rate per 1000 separations in which one of the selected surgical procedures was performed.

**Guidance:** Low or decreasing rates of unplanned readmissions are desirable. Conversely, high or increasing rates suggest the quality of care provided by hospitals, or post-discharge care or planning, should be examined, because there may be scope for improvement.

■ Data are not comparable across jurisdictions, but are comparable (subject to caveats) within jurisdictions over time.

■ Data are complete (subject to caveats) for the current reporting period.

Select year (applies to table 12.8):

2018-19

Table 12.8 Unplanned hospital readmissions, All public hospitals, rate Per 1000 separations, 2018-19  
by jurisdiction, by selected surgical procedure

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Appendicectomy	23.4	17.7	25.9	29.0	24.8	31.7	17.5	54.8	23.1
Cataract surgery	3.2	2.0	3.1	2.3	3.4	5.0	0.9	5.6	2.8
Hip replacement	18.1	17.1	30.1	15.7	25.1	39.5	4.5	np	21.2
Hysterectomy	24.5	22.8	42.8	37.8	27.6	58.1	28.0	np	30.1
Knee replacement	16.9	24.8	31.4	20.9	25.2	25.5	-	np	22.4
Prostatectomy	24.4	27.3	38.1	38.4	28.1	43.1	15.9	np	29.0
Tonsillectomy and Adenoidectomy	36.0	26.5	55.8	65.3	51.7	56.3	54.0	101.2	39.4

Source: table 12A.52  
np Not published. - Nil or rounded to zero.

Of the selected surgical procedures, readmission rates are highest nationally, and for most jurisdictions, for tonsillectomy and adenoidectomy. Selected unplanned hospital readmission rates are reported by hospital peer group, Indigenous status, remoteness and socioeconomic status in table 12A.53.

**Workforce sustainability** is an indicator of governments' objective to provide sustainable public hospital services.

**Measure:** The proportions of registered nurses (including midwives) and medical practitioners in ten year age brackets, by jurisdiction and by region.

**Guidance:** High or increasing proportions of the workforce that are new entrants and/or low or decreasing proportions of the workforce that are close to retirement is desirable.

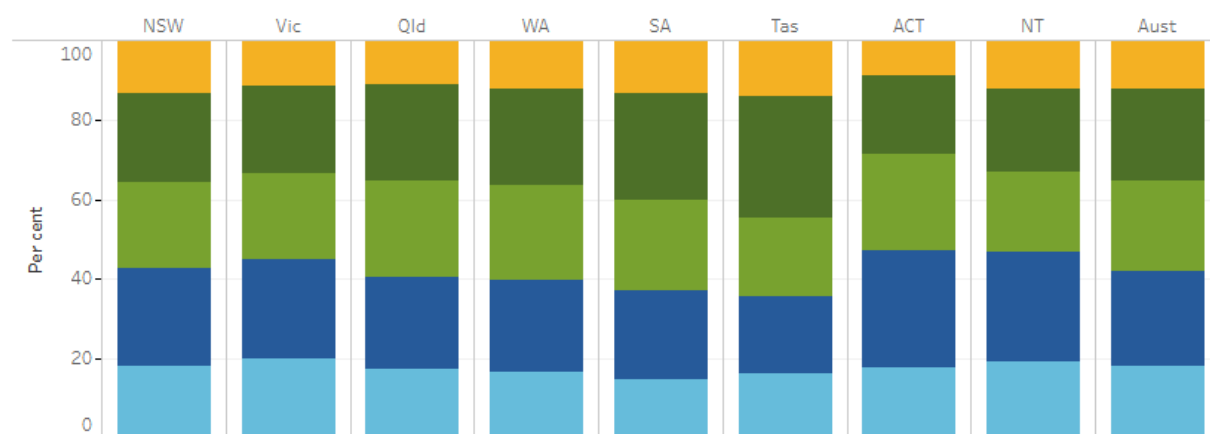
■ Data are comparable (subject to caveats) across jurisdictions and over time.

■ Data are complete (subject to caveats) for the current reporting period.

Select remoteness area (applies to figures 12.8a and 12.8b):

- Major cities
- Inner regional
- Outer regional
- Remote and very remote
- All areas

Figure 12.8a Workforce sustainability, Nurses (registered and enrolled) and midwives, All areas, 2019 (a)  
by jurisdiction, by age group

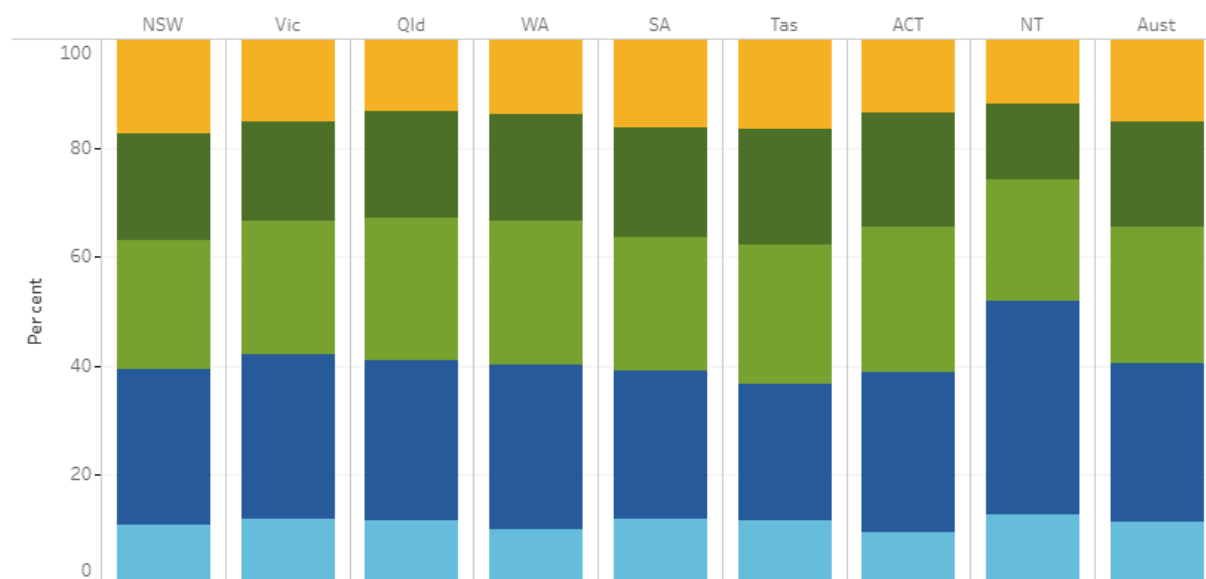


Source: tables 12A.54-12A.55

(a) There are no major cities in Tasmania, no outer regional or remote areas in the ACT, and no inner regional or major cities in the NT.

- 60+ years old
- 50-59 years old
- 40-49 years old
- 30-39 years old
- <30 years old

Figure 12.8b Workforce sustainability, Medical practitioners, All areas, 2019 (a)  
by jurisdiction, by age group



Source: tables 12A.56-12A.57

(a) There are no major cities in Tasmania, no outer regional or remote areas in the ACT, and no inner regional or major cities in the NT.

Nationally in 2019, 15.4 per cent of the FTE medical practitioner workforce and 12.2 per cent of the FTE nursing workforce were aged 60 years and over, reflecting a small increase across the 6 years of reported data for nurses (table 12A.54) and medical practitioners (table 12A.56). For nurses, this may be offset by a corresponding increase over the 6 years of reported data in the proportion aged under 30 years (table 12A.54). State and territory data are available in tables 12A.55 (nurses) and 12A.57 (medical practitioners).

Cost per admitted patient separation is an indicator of governments' objective to deliver services in an efficient manner. It is defined by two measures.

**Measure 1:** Recurrent cost per weighted separation — the average cost of providing care for an admitted patient (overnight stay or same day) adjusted for casemix.

**Measure 2:** Capital cost per weighted separation — calculated as the user cost of capital (calculated as 8 per cent of the value of non-current physical assets including buildings and equipment but excluding land) plus depreciation, divided by the number of weighted separations.

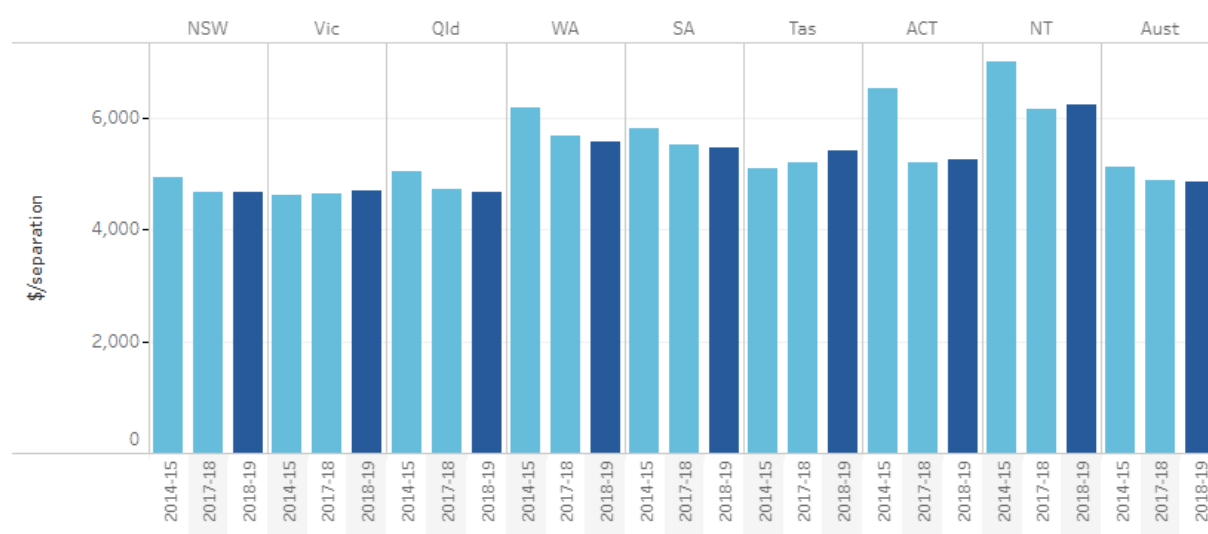
**Guidance:** A low or decreasing recurrent cost per weighted separation or capital cost per weighted separation can reflect more efficient service delivery in public hospitals. However, this indicator needs to be viewed in the context of the set of performance indicators as a whole, as decreasing cost could also be associated with decreasing quality and effectiveness.

- (measure 1) Data are comparable (subject to caveats) across jurisdictions and over time.
- (measure 2) Data are not comparable across jurisdictions, but are comparable (subject to caveats) within jurisdictions over time.
- (both measures) Data are complete (subject to caveats) for the current reporting period.

Select year(s) (applies to figure 12.9a):

(Multiple values) ▼

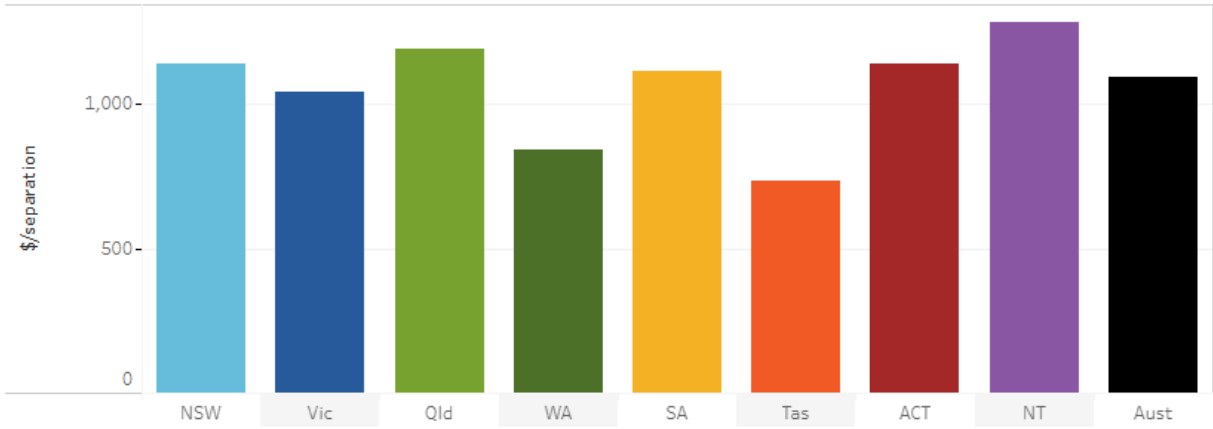
Figure 12.9a Measure 1: Recurrent cost per weighted separation, All public hospitals, 2018-19 dollars by jurisdiction, by year



Source: table 12A.58

Nationally in 2018-19, the recurrent cost per weighted separation was \$4864. Data on the average cost per admitted patient separation are available on the subset of presentations that are acute emergency department presentations (table 12A.60).

Figure 12.9b Measure 2: Capital cost per weighted separation, All public hospitals, 2018-19 by jurisdiction



Source: table 12A.59

Costs associated with non-current physical assets are important components of the total costs of many services delivered by government agencies. Nationally in 2018-19, the total capital cost (excluding land) per weighted separation was \$1092.

The 'Relative stay index' can provide useful context for interpreting the cost per separation indicator as the length of stay per separation can influence cost. The relative stay index for public hospitals is reported in table 12A.61.

Recurrent cost per non-admitted patient is an indicator of governments' objective to deliver services in an efficient manner. It is defined by two measures.

**Measure 1:** Average cost per non-admitted acute emergency department presentation.

**Measure 2:** Average cost per non-admitted service event.

A service event is an interaction between one or more health-care provider(s) with a non-admitted patient, whilst an emergency department presentation is the arrival of a patient at an emergency department and is the earliest occasion of being registered clinically or triaged.

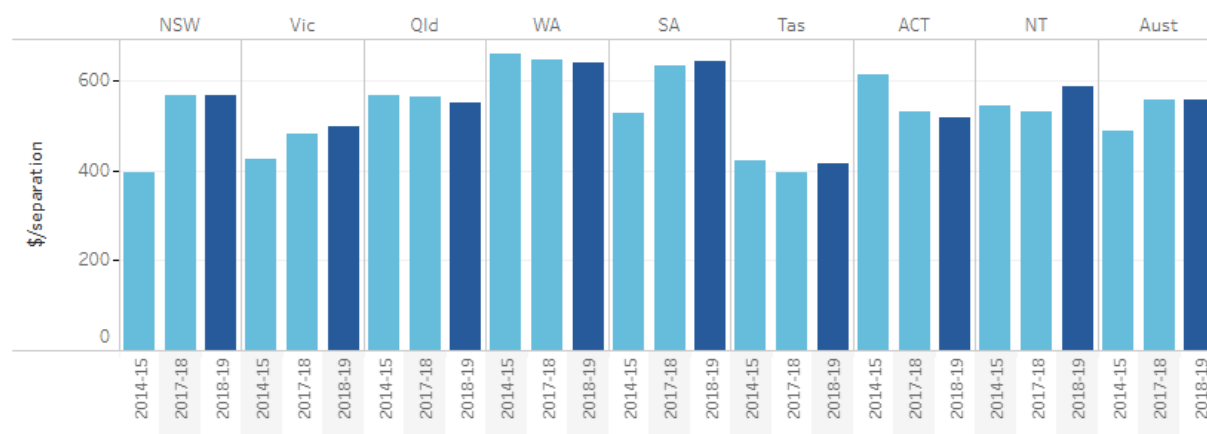
**Guidance:** A low or decreasing recurrent cost per non-admitted patient can reflect more efficient service delivery in public hospitals.

- Data are comparable (subject to caveats) across jurisdictions and over time.
- Data are complete (subject to caveats) for the current reporting period.

Select year(s) (applies to both figures 12.10a and 12.10b):

(Multiple values) ▼

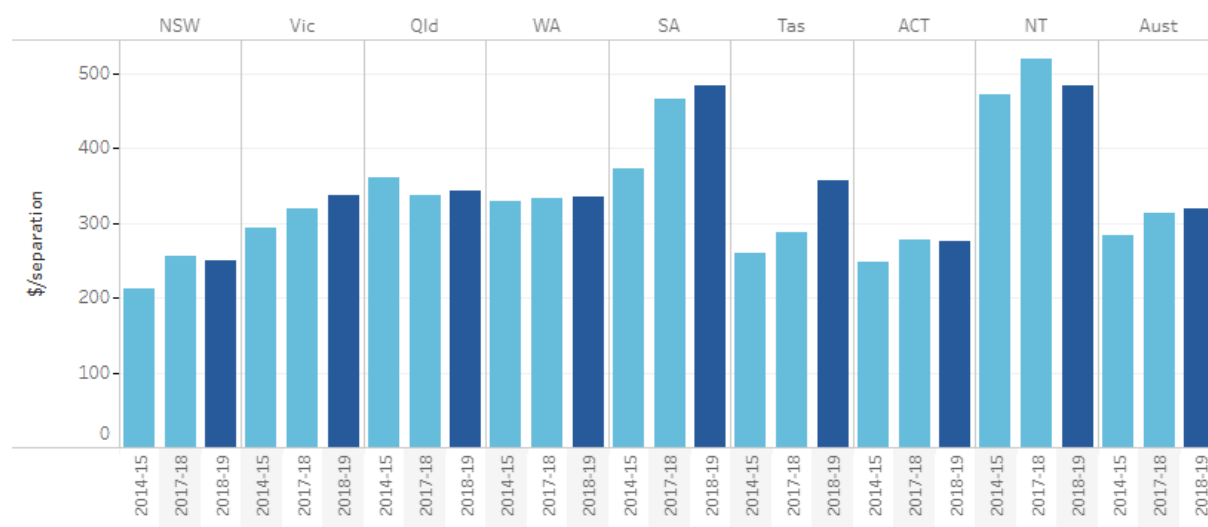
Figure 12.10a Measure 1: Recurrent cost per non-admitted patient, Average cost per presentation, Emergency department (non-admitted) by jurisdiction, by year



Source: table 12A.60



Figure 12.10b Measure 2: Recurrent cost per non-admitted patient, Average cost per service event by jurisdiction, by year



Source: table 12A.62

Nationally in 2018-19, the average cost per non-admitted emergency department presentation was \$559 (ranging across jurisdictions from \$418 to \$645, and similar to 2017-18) and per non-admitted service event was \$320 (ranging across jurisdictions from \$250 to \$484, and similar to 2017-18).

**Avoidable mortality in hospitals** is an indicator of governments' objective to alleviate or manage illness and the effects of injury.

**Measure:** Death in low-mortality diagnostic related groups expressed as a rate.

**Guidance:** Low or decreasing rates of avoidable mortality in hospitals indicate more successful management of illness and the effects of injury.

Data are not yet available for reporting against this measure. However, table 12.1 in the interpretative materials provides an overview of the review mechanisms in place across states and territories for examining in-hospital deaths in low mortality diagnostic groups.

[Refer to the interpretative material for detailed indicator interpretation, definitions and caveats. www.pc.gov.au/rogs](http://www.pc.gov.au/rogs)

Data tables are referenced above by a '12A' prefix and all data (footnotes and data sources) are available for download from the supporting material below (both in Excel and CSV format).

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## Indigenous Data

Performance indicator data for Aboriginal and Torres Strait Islander people in this section are available in the data tables listed below. Contextual data and further supporting information can be found in the section.

### Public hospitals data disaggregated for Aboriginal and Torres Strait Islander people

Table number	Table title
Table 12A.15	Patients treated within national benchmarks for emergency department waiting time, by Indigenous status, by State and Territory
Table 12A.20	Waiting times for elective surgery in public hospitals, by Indigenous status and procedure, by State and Territory (days)
Table 12A.37	Separations for falls resulting in patient harm in hospitals, per 1000 separations
Table 12A.53	Unplanned hospital readmission rates, by Indigenous status, hospital peer group, remoteness and SEIFA IRSD quintiles

## Download supporting material

[12 Public hospitals interpretative material \(PDF - 254 Kb\)](#)

[12 Public hospitals interpretative material \(Word - 98 Kb\)](#)

[12 Public hospitals data tables \(XLSX - 849 Kb\)](#)

[12 Public hospitals dataset \(CSV - 2102 Kb\)](#)

See the interpretative material and corresponding table number in the data tables for detailed definitions, caveats, footnotes and data source(s).