



PRIVATE HOSPITALS AUSTRALIA

EMBARGO: 11:30AM (CANBERRA TIME) WED 24 JUNE 1998

C O N T E N T S

	<i>page</i>
Notes	2
Summary of findings	3
TABLES	
List of tables	11
Summary tables	12
Private acute and psychiatric hospitals	14
Free-standing day hospital facilities	28
Private acute and psychiatric hospitals and free-standing day hospital facilities	32
ADDITIONAL INFORMATION	
Explanatory notes	35
Glossary of terms	40

- For more information about these and related statistics, contact Information Services on 02 6252 6627 or refer to the back cover of this publication.

NOTES

ABOUT THIS PUBLICATION

This publication presents details from the latest national census of private hospitals. Three categories of hospitals are identified: acute hospitals, psychiatric hospitals and free-standing day hospital facilities. The number of psychiatric hospitals is small and a number of them are owned by the same business entity. To maintain their confidentiality, psychiatric hospitals are combined with acute hospitals in most tables in this publication.

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

The Tasmanian health authority was unable to provide satisfactory 1996–97 information for the hospital insurance status of patients. Satisfactory details for other States, however, are available and are shown in table 19.

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



SYMBOLS AND OTHER USAGES

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AN-DRG	Diagnosis Related Groups
billion	thousand million
n.p.	not available for publication
—	nil or rounded to zero

T.J. Skinner
Acting Australian Statistician

SUMMARY OF FINDINGS

INTRODUCTION

The contribution by the private hospital sector to institutionalised health care is significant. One in every four days of hospitalisation are provided by private hospitals.

In 1996–97, revenue generated by private hospitals accounted for 0.7% of gross national product. At the time of publication, recurrent expenditure for public hospitals in 1996–97 was not available. However, in the previous year, total recurrent expenditure for the hospital industry was \$15 billion of which private hospitals contributed about one-fifth.

NUMBER OF PRIVATE HOSPITALS

There were 472 private hospitals in operation during 1996–97 comprising 295 acute hospitals, 24 psychiatric hospitals (table 3) and 153 free-standing day hospital facilities (table 2). When compared to 1995–96, there is a marginal decrease in the number of acute hospitals but a 9% rise in the number of free-standing day hospital facilities.

ACUTE AND PSYCHIATRIC HOSPITALS

The numbers of acute and psychiatric hospitals have not changed greatly over the past five years. After rising from 323 in 1992–93 to 329 in 1993–94, they have declined slightly each year since. The total number for 1996–97 (319) is the same as that recorded for 1991–92. These hospitals provide medical, surgical, obstetric, psychiatric and rehabilitative procedures for overnight-stay and same-day patients. Generally, acute and psychiatric hospitals are combined throughout this publication (see Notes on page 2).

Acute and psychiatric hospitals are distributed unevenly across the States and Territories. However, the size of these hospitals also varies and therefore numbers of hospitals do not necessarily reflect levels of service. As in recent years, Victoria had the largest number of hospitals (101) in 1996–97. The number of hospitals in each State and Territory has changed very little over the last five years (table 1).

FREE-STANDING DAY HOSPITAL FACILITIES

Free-standing day hospital facilities comprise general surgery, specialist endoscopy, ophthalmic and other (fertility management, plastic surgery and sleep disorders) clinics. The Commonwealth Government considers these facilities to be a proven and cost effective alternative to overnight patient care and has encouraged this form of care in recent years. The number of free-standing day hospitals has increased by 63%, from 94 in 1992–93 to 153 in 1996–97 (table 2). Conditions for the growth of these facilities have varied greatly between the States and Territories because of market forces, and State and Commonwealth government initiatives to encourage the establishment of new facilities. Over 40% of the increase over the last five years has occurred in New South Wales (table 2).

Day surgery theatres operating within acute and psychiatric hospitals numbered 165 in 1996–97 (table 8). Details for these are included in the details for acute and psychiatric hospitals throughout this publication.

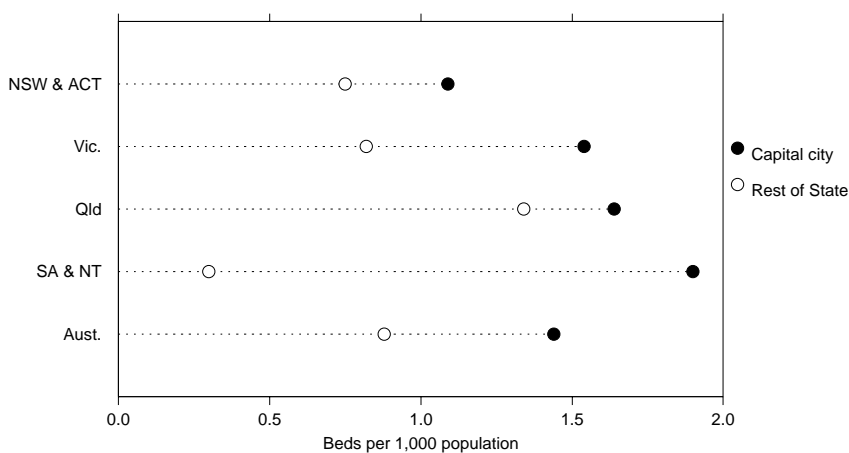
BED SUPPLY

ACUTE AND PSYCHIATRIC HOSPITALS

The average number of available beds for overnight accommodation in acute and psychiatric hospitals increased by 2,106 (10%) to 22,966 beds between 1992–93 and 1996–97 (table 1). Over the five-year period to 1996–97, Queensland's contribution to the increase in the bed supply was the largest (39%) while the contribution by South Australia and Northern Territory combined was the smallest (4%) (see reference to the Northern Territory and the Australian Capital Territory in Notes on page 2).

As in previous years almost three-quarters (74%) of available beds in 1996–97 were in hospitals located within capital city statistical divisions (table 3), where 64% of Australia's population reside. However, in considering this disproportionate supply of private hospital beds in capital city statistical divisions it should be recognised that some large specialised hospitals in the capital cities may service the entire State or even wider areas. South Australia and the Northern Territory combined have the largest variation in bed supply (based on available beds per 1,000 resident population) between capital cities and the rest of State, while Queensland has the smallest.

Hospitals(a), beds per 1,000 population



(a) Private acute and psychiatric hospitals.

FREE-STANDING DAY HOSPITAL FACILITIES

Beds for overnight accommodation are not provided at free-standing day hospital facilities as patients undergo day-only surgical and medical procedures. However, 1,163 beds, chairs, recliners, etc. were in use at these hospital facilities during 1996–97 mainly for post-operative use (table 22). This is a 14% increase over 1995–96 and continues the rapid upward trend in the number of beds, chairs, recliners, etc. used in free-standing day hospital facilities and correlates with the increased number of facilities.

USAGE, OCCUPANCY AND LENGTH OF STAY

In 1996–97 there were 1,765,700 separations of admitted patients recorded at all private hospitals in Australia; 1,539,400 for private acute and psychiatric hospitals and 226,300 for free-standing day hospital facilities. The contribution by free-standing day hospital facilities has risen from 11% of all separations five years ago to 13% in 1996–97.

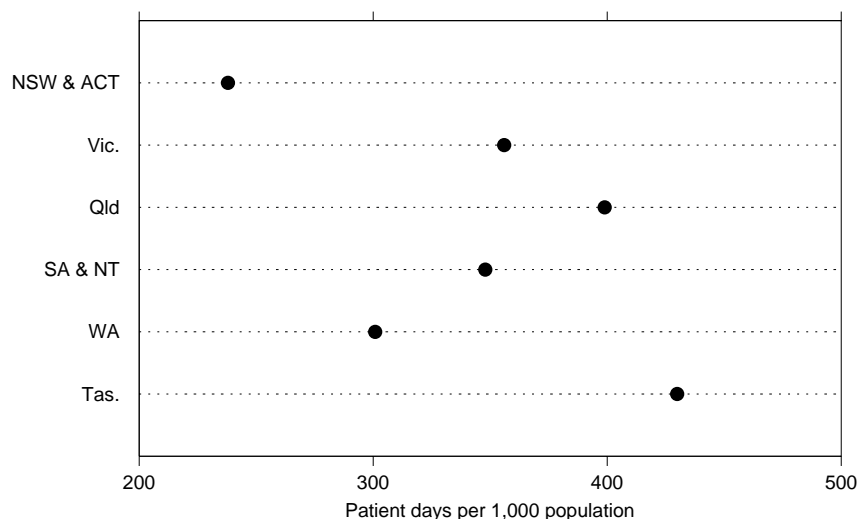
ACUTE AND PSYCHIATRIC HOSPITALS

The number of separations recorded at acute and psychiatric hospitals has increased by 337,200 (28%) over the five years to 1996–97 (table 1). Between 1995–96 and 1996–97, the number of separations increased by 87,100 (6%). New South Wales and the Australian Capital Territory hospitals accounted for 37% of this increase since the previous year and Victorian hospitals accounted for 31%.

The accumulated days of hospitalisation (patient days) associated with all separations in 1996–97 amounted to 5,853,600, an increase of 17% over the five-year period (table 1). Nationally, the number of patient days increased by 9,400 (0.2%) between 1995–96 and 1996–97. This is the smallest annual increase since the survey was first conducted in 1991–92. The latest increase is mainly due to the net effect of an increase of 5% for New South Wales and the Australian Capital Territory combined, an increase of 2% for Victoria and a decrease of 8% for Queensland. This significant decrease for Queensland partly results from actions taken in 1995–96 by Queensland Health for Casemix Classification purposes (see Explanatory Notes, paragraphs 15–19).

Per head of population, Tasmania recorded the highest number of patient days in 1996–97, followed by Queensland.

Hospitals(a), patient days per 1,000 population



(a) Private acute and psychiatric hospitals.

The average length of stay for patients separating from acute and psychiatric hospitals in 1996–97 was 3.8 days (table 1), a small decline from 4.2 days in 1992–93. This decline in part reflects the increase in the proportion of same-day patients.

SUMMARY OF FINDINGS *continued*

ACUTE AND PSYCHIATRIC HOSPITALS *continued*

Bed occupancy rates provide an indication of the usage of available facilities and services at acute and psychiatric hospitals. The national rate for 1996–97 was 70%, unchanged from 1995–96. This compares with rates under 67% for each of the previous three years (table 1). Generally, occupancy rates increase with the increasing size of the hospital. This is because the larger hospitals are able to offer a wider range of services and they are more often located in centres with high population densities. In 1996–97 the occupancy rate for hospitals with 26–50 beds was unchanged at 59% while the rate for the largest hospitals (with over 200 beds) increased marginally to 83% (table 7). Queensland again recorded the highest occupancy rate (73%) while Western Australia recorded the lowest (65%) (table 5). The special statistical action taken by Queensland Health (see Explanatory Notes, paragraphs 15–19) was partly responsible for that State's high bed occupancy rate (81%) in 1995–96. The 1996–97 rate is more consistent with the rates achieved in previous years.

TYPE OF PATIENTS

PATIENT CLASSIFICATION

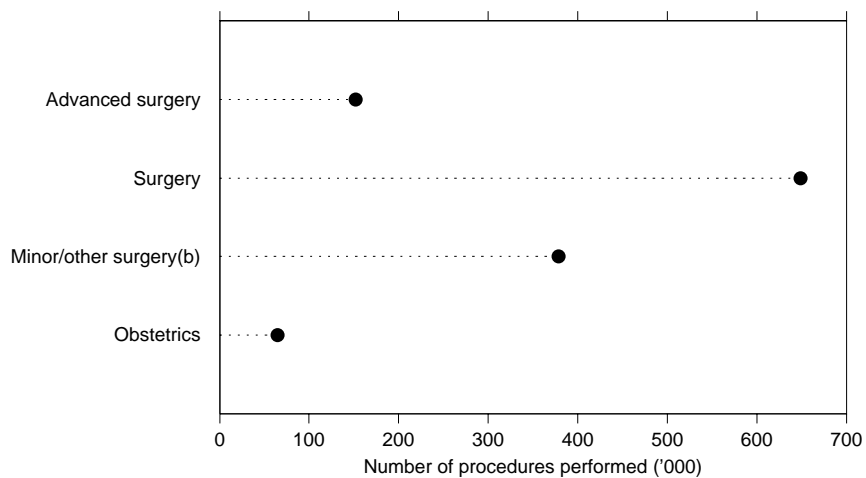
The primary classification of all private hospital patients is into same-day and overnight-stay. Of the 1,539,400 patient separations at acute and psychiatric hospitals in 1996–97, 44% were same-day patient separations. This proportion has been increasing in recent years, from 35% in 1994–95 and 41% in 1995–96 (table 1). All patients treated at free-standing day hospital facilities are classed as same-day patients.

For patient billing purposes, overnight-stay patients are classed as advanced surgery, surgery, obstetric, psychiatric, rehabilitation, nursing home type and medical/other. Surgery and advanced surgery patients represented 52% of all overnight-stay patients separated at acute and psychiatric hospitals in 1996–97 and 38% of all overnight stay patient days (table 15). The average length of stay ranged from 3.3 days for patients classed as surgery, to 125 days for nursing home type patients which is a resumption of previous levels after the effect of the action taken by Queensland Health in 1995–96.

PROCEDURES

There were 1,244,100 surgical and obstetric procedures performed at acute and psychiatric hospitals (mainly at acute hospitals) in 1996–97 (table 18). Of this number, 95% were surgical procedures while 5% were obstetric procedures. Since 1992–93, the number of procedures performed has increased steadily each year, giving an overall increase of 26%, in line with a similar increase in the number of separations over that period. Surgical procedures are further categorised into advanced surgery, surgery and minor/other surgery (table 18).

Hospitals(a), number of procedures performed



(a) Private acute and psychiatric hospitals.

(b) Also includes other surgery not recognised for Medicare purposes (e.g. cosmetic surgery).

Investigative endoscopies (listed as Medicare Benefits Schedule item numbers 30473 and 32090) continue to be the most commonly performed procedures in free-standing day hospital facilities, accounting for 35% of the 272,000 procedures performed in 1996–97 (table 26). The total procedures performed at these facilities, including instances of more than one procedure being performed on a single visit, has increased by 62% since 1992–93. This large growth in procedures performed is associated with the rapid growth of free-standing day hospital facilities during the five-year period.

STAFF

FULL-TIME EQUIVALENT STAFF — ANNUAL AVERAGES

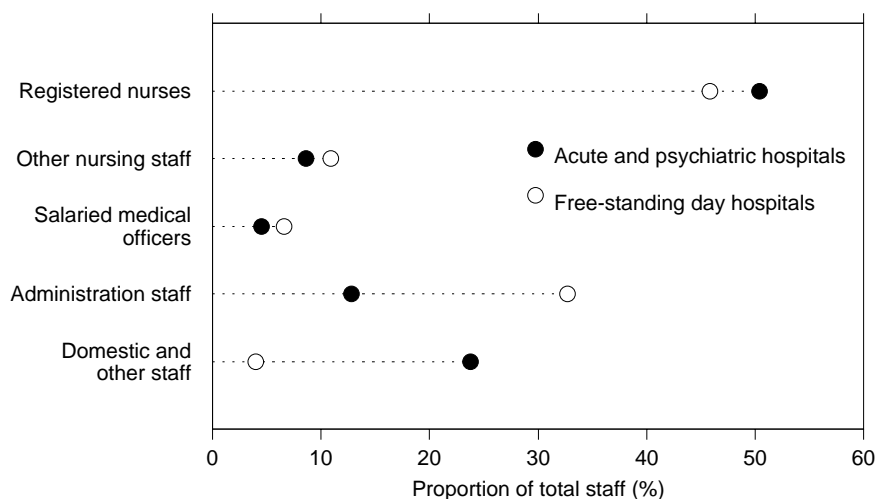
There were 40,900 full-time equivalent staff employed at acute and psychiatric hospitals during 1996–97, 26% up on the total in 1992–93 (table 10). The average number of staff per occupied bed was 2.6 in 1996–97. This ratio has shown little change over the past five years.

Full-time equivalent staff at free-standing day hospital facilities in 1996–97 numbered 1,011 (table 23). This almost doubling of staff numbers since 1992–93 is consistent with the large growth in these facilities over that period.

Staff figures do not include the many visiting medical and other health professionals who use private hospital facilities but are not employed by the hospitals.

The mix of staff employed at acute and psychiatric hospitals differs significantly from that at free-standing day hospital facilities. For both types of hospital, however, registered nurses continues to be the largest group.

All hospitals, staff(a)—by category



(a) Full-time equivalent.

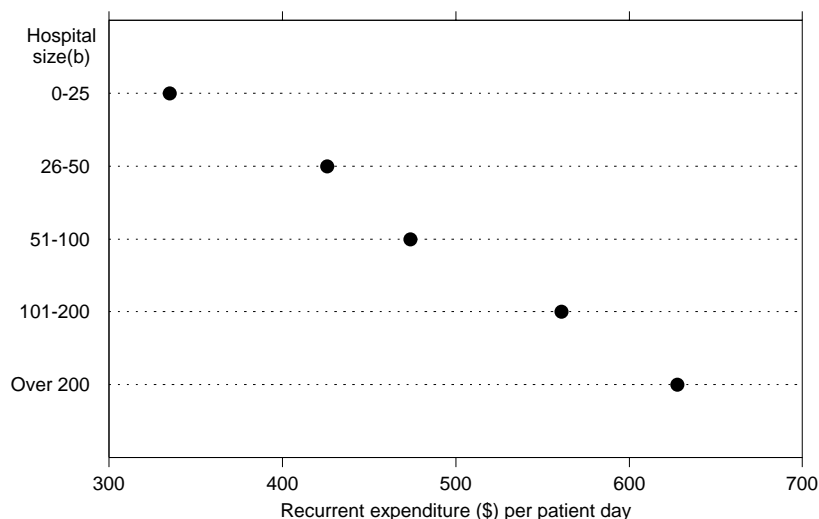
EXPENDITURE

ACUTE AND PSYCHIATRIC HOSPITALS

Total operating expenditure for all private acute and psychiatric hospitals in Australia during 1996–97 was \$3,087.7m (table 1). The corresponding total for 1992–93 was \$2,049.4m. This is an increase of 51% over the five-year period.

The average recurrent expenditure per patient day in 1996–97 was \$527, an increase of 29% on the 1992–93 average (table 1). Unit costs in 1996–97 ranged from an average of \$335 for smaller hospitals (with 25 or fewer beds) to \$628 for the larger hospitals (with over 200 beds) (table 14). It should be noted that these unit costs are based on total costs for services to both admitted patients and non-admitted patients. Generally, larger hospitals tend to provide the more complex procedures involving expensive medical equipment and highly specialised staff. It is also the larger hospitals which tend to spend significant funds on services to non-admitted patients.

Hospitals(a), recurrent expenditure per patient day



(a) Private acute and psychiatric hospitals.
 (b) Based on number of beds.

There was also significant variation in the average cost per patient day across States and Territories. In 1996–97 these ranged from \$459 for South Australia and the Northern Territory combined to \$582 for New South Wales and the Australian Capital Territory combined (table 12). These differences mainly reflect the different sizes of hospitals in the various States. All States and Territories recorded increases in the average recurrent expenditure per patient day when compared with 1995–96.

FREE-STANDING DAY HOSPITAL FACILITIES

Recurrent expenditure at all free-standing day hospital facilities during 1996–97 was \$95.4m, up from \$48.9m in 1992–93 (table 2). Average operating expenditure per patient separation was \$422 in 1996–97. As in previous years this was highest for ophthalmic clinics (\$743) and lowest for specialist endoscopy centres (\$256) (table 25).

SUMMARY OF FINDINGS *continued*

ALL PRIVATE HOSPITALS

Almost 60% of total operating expenditure at private acute and psychiatric hospitals in 1996–97 was for wages and salaries including on-costs (table 12). In contrast, the corresponding proportion for free-standing day hospital facilities was 40% (table 25). This pattern was very similar to 1995–96. A major reason for this difference is that acute and psychiatric hospitals are staffed 24 hours each day, whereas day hospitals mainly operate only during normal business hours. Drugs, medical and surgical supplies are major cost items which accounted for 13% of expenditure at acute and psychiatric hospitals compared with 22% at day hospital facilities. Similarly, administrative expenses comprised 9% of expenditure at acute and psychiatric hospitals and 17% at day hospitals.

LIST OF TABLES

Page

SUMMARY TABLES

1	Private acute and psychiatric hospitals, Australia—1992–93 to 1996–97	12
2	Free-standing day hospital facilities, Australia—1992–93 to 1996–97	13

PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS

3	Numbers, size and beds, States and Territories	14
4	Numbers, size and beds, by hospital classification, Australia	15
5	Separations, patient days, average length of stay and bed occupancy rates, States and Territories—1994–95 to 1996–97	16
6	Separations, patient days, average length of stay and bed occupancy rates, by hospital classification, Australia	17
7	Separations, patient days, average length of stay and bed occupancy rates, by hospital size, Australia	17
8	Operating and day surgery theatres, States and Territories, last week of pay period before 30 June 1997	18
9	Specialised wards and units, numbers, beds and nursing staff, Australia	18
10	Number of full-time equivalent staff and average per bed, States and Territories	19
11	Revenue categories, States and Territories	19
12	Expenditure categories, States and Territories	20
13	Expenditure categories, by hospital classification, Australia	21
14	Expenditure categories, by hospital size, Australia	22
15	Number of hospitals, separations, patient days and average length of stay, by patient classification, Australia	23
16	Average length of stay, by patient classification, States and Territories	23
17	Average length of stay, by patient classification and hospital size, Australia	24
18	Number of hospitals and number and proportion of procedures, by type of procedure, Australia	24
19	Separations and average length of stay, by hospital insurance status, States and Territories	25
20	Number of hospitals with specialised units or wards, States and Territories	26
21	Number of hospitals with designated wards, units or clinics providing non-admitted patient care, States and Territories	27

FREE-STANDING DAY HOSPITAL FACILITIES

22	Numbers of facilities, theatres, procedure rooms, beds/chairs, sessions and separations, Australia	28
23	Full-time equivalent staff, Australia	28
24	Revenue categories, Australia	29
25	Expenditure categories, Australia	29
26	Most commonly performed procedures, Australia	30
27	Separations by type of anaesthesia, Australia	31

PRIVATE ACUTE AND PSYCHIATRIC HOSPITALS AND FREE-STANDING DAY HOSPITAL FACILITIES

28	Separations, by age and sex, Australia	32
29	Separations, by principal diagnosis, Australia	32
30	Separations, by principal procedure, Australia	33
31	Separations, by mode of separation, States and Territories	34

1 HOSPITALS(a), Summary Table

Particulars	1992-93	1993-94	1994-95	1995-96	1996-97
Hospitals (no.)					
New South Wales	90	91	92	91	87
Victoria	113	113	111	104	101
Queensland	49	51	52	50	50
South Australia	39	38	39	42	41
Western Australia	21	24	22	23	27
Tasmania	8	9	9	10	10
Northern Territory	1	1	1	1	1
Australian Capital Territory	2	2	2	2	2
Australia	323	329	328	323	319
Beds(b) (no.)					
Capital city statistical division	15 663	15 809	16 632	16 821	17 014
Rest of Australia	5 197	5 432	5 738	5 936	5 952
Total	20 860	21 241	22 370	22 757	22 966
Separations ('000)					
Same-day patients	313.4	380.6	465.1	597.1	675.9
Overnight-stay patients	888.8	870.1	881.6	855.2	863.5
Total	1 202.2	1 250.7	1 346.7	1 452.3	1 539.4
Patient days ('000)					
Same-day patients	313.4	380.6	465.1	597.1	675.9
Overnight-stay patients	4 692.9	4 791.8	4 956.8	5 247.1	5 177.7
Total	5 006.3	5 172.4	5 421.9	5 844.2	5 853.6
Average length of stay (days)					
Overnight-stay patients	5.3	5.5	5.6	6.1	6.0
All patients	4.2	4.1	4.0	4.0	3.8
Occupancy rate (%)					
Overnight-stay patients	61.6	61.8	60.7	63.2	61.8
All patients	65.8	66.7	66.4	70.4	69.8
Staff(c) (no.)					
Total	32 493	33 758	36 589	39 100	40 908
Revenue					
Total (\$'000)	2 325 497	2 491 674	2 763 174	3 083 859	3 374 271
Patient revenue(d) (%)	95.7	95.1	94.7	94.3	93.7
Recurrent expenditure					
Total (\$'000)	2 049 427	2 225 893	2 503 067	2 823 781	3 087 710
Wages and salaries, including on-costs(e) (%)	61.3	60.3	59.1	58.7	59.2
Per patient day (\$)	409	430	462	483	527
Gross capital expenditure (\$'000)	258 563	369 474	354 211	381 853	307 159

(a) Comprising private acute and psychiatric hospitals.

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

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

(d) As a proportion of total revenue.

(e) As a proportion of total recurrent expenditure.

2

DAY HOSPITALS(a), Summary Table

Particulars	1992-93	1993-94	1994-95	1995-96	1996-97
Hospitals (no.)					
New South Wales	57	63	71	73	81
Victoria	23	24	23	23	22
Queensland	5	9	11	17	21
South Australia	1	3	7	10	12
Western Australia	4	7	8	10	9
Tasmania	—	1	1	2	3
Northern Territory	—	—	—	—	—
Australian Capital Territory	4	4	4	5	5
Australia	94	111	125	140	153
Hospitals by type (no.)					
General surgery	37	46	47	54	57
Specialist endoscopy	29	30	36	37	37
Ophthalmic	14	16	20	23	25
Other(b)	14	19	22	26	34
Total	94	111	125	140	153
Number of operating theatres at 30 June	90	111	122	139	158
Number of procedure rooms at 30 June	90	103	108	130	134
Number of beds/chairs(c)	763	917	939	1 023	1 163
Number of separations ('000)	149.4	182.2	189.9	208.8	226.3
Staff(d) (no.)					
Total	544	653	755	890	1 011
Revenue					
Total (\$'000)	60 825	76 502	85 805	99 305	119 215
Patient revenue(e) (%)	96.1	94.2	96.4	94.8	94.7
Recurrent expenditure					
Total (\$'000)	48 916	61 092	70 044	80 238	95 410
Wages and salaries, including on-costs(f) (%)	40.0	39.7	40.9	42.8	40.1
Per patient day (\$)	327	335	369	384	422
Gross capital expenditure (\$'000)	18 888	15 317	16 717	16 775	21 017

(a) Comprising free-standing day hospital facilities.

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

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

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

(e) As a proportion of total revenue.

(f) As a proportion of total recurrent expenditure.

3

HOSPITALS(a), Numbers and Beds—States and Territories

Particulars	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.
HOSPITALS							
Type							
Acute	79	96	47	39	25	9	295
Psychiatric	10	5	3	3	2	1	24
Total	89	101	50	42	27	10	319
Location							
Capital city statistical division	63	70	19	33	24	5	214
Rest of State or Territory	26	31	31	9	3	5	105
Hospital size(b)							
0–25 beds	4	30	8	16	6	3	67
26–50 beds	35	31	6	12	5	1	90
51–100 beds	35	23	16	8	11	3	96
101–200 beds	12	13	14	4	3	3	49
Over 200 beds	3	4	6	2	2	—	17
BEDS							
Available beds(c)							
Acute hospitals	5 870	5 843	4 797	n.p.	n.p.	n.p.	21 615
Psychiatric hospitals	507	315	224	n.p.	n.p.	n.p.	1 351
Total	6 377	6 158	5 021	2 366	2 263	781	22 966
Capital city statistical division	4 632	5 111	2 536	2 215	n.p.	n.p.	17 014
Rest of State or Territory	1 745	1 047	2 485	151	n.p.	n.p.	5 952
Approved beds(c)	6 500	6 407	5 307	2 467	2 460	855	23 996
PROPORTION OF AUSTRALIAN TOTAL							
	%	%	%	%	%	%	%
Hospitals	27.9	31.7	15.7	13.2	8.5	3.1	100.0
Available beds(c)	27.8	26.8	21.9	10.3	9.9	3.4	100.0

(a) Comprising private acute and psychiatric hospitals.

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

(c) Average for the year.

4

HOSPITALS(a), Numbers and Beds—By Hospital Classification

NOT FOR PROFIT.....

<i>Particulars</i>	<i>For profit</i>	<i>Religious or charitable</i>	<i>Other(b)</i>	<i>Total</i>
HOSPITALS				
New South Wales and Australian Capital Territory	64	22	3	89
Victoria	53	15	33	101
Queensland	20	22	8	50
South Australia and Northern Territory	18	5	19	42
Western Australia	17	8	2	27
Tasmania	5	3	2	10
Australia	177	75	67	319
Location				
Capital city statistical division	137	49	28	214
Rest of Australia	40	26	39	105
Hospital size(c)				
0–25 beds	21	9	37	67
26–50 beds	65	10	15	90
51–100 beds	63	21	12	96
101–200 beds	23	24	2	49
Over 200 beds	5	11	1	17
Total	177	75	67	319
BEDS				
Available beds(d)				
Capital city statistical division	8 818	6 580	1 616	17 014
Rest of Australia	2 946	2 245	761	5 952
Total	11 764	8 825	2 377	22 966
Approved beds(d)	12 160	9 381	2 455	23 996

(a) Comprising private acute and psychiatric hospitals.

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

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

(d) Average for the year.

5

HOSPITALS(a), Separations, Days, Average Stay and Occupancy—States and Territories

Particulars	Separations.....		Patient days(b).....		Average length of stay	Bed occupancy rate
	'000	%	'000	%	days	%
1994-95						
New South Wales and Australian Capital Territory	384.3	28.5	1 432.9	26.4	3.7	62.6
Victoria	365.6	27.1	1 521.4	28.1	4.2	68.6
Queensland	293.0	21.8	1 212.5	22.4	4.1	69.5
South Australia and Northern Territory	132.3	9.8	584.8	10.8	4.4	67.1
Western Australia	129.5	9.6	515.3	9.5	4.0	64.2
Tasmania	42.1	3.1	154.9	2.9	3.7	64.5
Australia	1 346.7	100.0	5 421.9	100.0	4.0	66.4
Capital city statistical division	1 009.5	75.0	4 073.7	75.1	4.0	67.1
Rest of Australia	337.2	25.0	1 348.2	24.9	4.0	64.4
1995-96						
New South Wales and Australian Capital Territory	396.6	27.3	1 476.7	25.3	3.7	63.7
Victoria	389.9	26.8	1 603.9	27.4	4.1	71.4
Queensland	332.2	22.9	1 465.7	25.1	4.4	80.9
South Australia and Northern Territory	139.9	9.6	573.9	9.8	4.1	65.7
Western Australia	141.5	9.7	532.0	9.1	3.8	67.9
Tasmania	52.1	3.6	192.1	3.3	3.7	70.0
Australia	1 452.3	100.0	5 844.2	100.0	4.0	70.4
Capital city statistical division	1 088.3	74.9	4 409.0	75.4	4.1	71.8
Rest of Australia	364.0	25.1	1 435.2	24.6	3.9	66.2
1996-97						
New South Wales and Australian Capital Territory	429.0	27.9	1 557.4	26.6	3.6	66.9
Victoria	416.5	27.1	1 631.5	27.9	3.9	72.6
Queensland	340.9	22.1	1 345.0	23.0	3.9	73.4
South Australia and Northern Territory	144.8	9.4	578.8	9.9	4.0	67.0
Western Australia	154.2	10.0	536.8	9.2	3.5	65.0
Tasmania	53.9	3.5	204.0	3.5	3.8	71.6
Australia	1 539.4	100	5 853.6	100	3.8	69.8
Capital city statistical division	1 164.4	75.6	4 407.0	75.3	3.8	71.0
Rest of Australia	375.0	24.4	1 446.6	24.7	3.9	66.6

(a) Comprising private acute and psychiatric hospitals.

(b) See Explanatory Notes, paragraphs 15-19.

6

HOSPITALS(a), Separations, Days, Average Stay and Occupancy—By Hospital Classification

Hospital classification	Separations.....		Patient days.....		Average length of stay	Bed occupancy rate
	'000	%	'000	%	days	%
For profit	766.7	49.8	2 892.9	49.4	3.8	67.4
Not for profit						
Religious or charitable	628.3	40.8	2 378.8	40.6	3.8	73.8
Other(b)	144.3	9.4	581.8	9.9	4.0	67.1
Total	1 539.4	100.0	5 853.6	100.0	3.8	69.8

(a) Comprising private acute and psychiatric hospitals.

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

7

HOSPITALS(a), Separations, Days, Average Stay and Occupancy—By Hospital Size

Hospital size(b)	Separations.....		Patient days.....		Average length of stay	Bed occupancy rate
	'000	%	'000	%	days	%
0–25 beds	46.1	3.0	219.7	3.8	4.8	61.1
26–50 beds	188.7	12.3	742.3	12.7	3.9	58.5
51–100 beds	426.8	27.7	1 625.1	27.8	3.8	63.4
101–200 beds	524.4	34.1	1 853.1	31.7	3.5	74.3
Over 200 beds	353.4	23.0	1 413.4	24.1	4.0	83.4
Total	1 539.4	100.0	5 853.6	100.0	3.8	69.8

(a) Comprising private acute and psychiatric hospitals.

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

8

HOSPITALS(a), Operating and Day Surgery Theatres(b)

Theatres	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.
Operating theatres							
Hospitals with these theatres	64	69	36	22	23	8	222
Theatres	227	185	141	72	85	27	737
Average number of sessions(c)	7.9	7.2	8.0	7.8	6.3	5.1	7.4
Average theatre time used (c)(hours)	27.4	(d)25.2	27.5	22.7	22.1	16.6	25.4
Nurses(e)	1 312.7	974.3	838.4	391.7	420.0	154.5	4 091.6
Day surgery theatres(f)							
Hospitals with these theatres	19	34	25	9	11	6	104
Theatres	23	59	41	15	19	8	165
Average number of sessions(c)	4.5	4.5	5.3	5.9	5.5	(d)3.8	4.9
Average theatre time used (c)(hours)	12.4	12.2	13.3	17.0	19.9	(d)6.6	13.5
Nurses(e)	89.1	149.3	(d)125.9	47.5	71.2	(d)17.3	500.3

(a) Comprising private acute and psychiatric hospitals.

(b) Details for last pay period before 30 June 1997.

(c) Per theatre per week.

(d) Care should be exercised when making comparisons as 1995–96 data has been revised.

(e) Full-time equivalent.

(f) Excluding free-standing day hospital facilities.

9

HOSPITALS(a), Specialised Wards and Units

Particulars	Labour wards	Psychiatric wards(b)	Special care units(c)	Accident or emergency units
Hospitals with specialised wards or units				
New South Wales and Australian Capital Territory	21	12	38	5
Victoria	35	10	37	11
Queensland	19	8	25	7
South Australia and Northern Territory	15	3	12	4
Western Australia	12	5	11	3
Tasmania	3	1	7	3
Australia	105	39	130	33
Beds — last Wednesday in June	336	1 521	1 331	252
Nurses(d) — last pay period in June	1 140	861	1 735	327

(a) Comprising private acute and psychiatric hospitals.

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

(c) Intensive care units, coronary care units, neonatal intensive care units and high dependency units.

(d) Full-time equivalent.

10

HOSPITALS(a), Number of Staff(b) and Average Staff per Bed

Particulars	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.
NUMBER OF STAFF							
Nursing staff	6 670.1	6 419.9	5 633.3	2 320.7	2 259.8	889.4	24 193.2
Registered	5 462.9	5 879.8	4 666.8	1 904.3	2 009.5	778.2	20 701.7
Other	1 207.2	540.1	966.5	416.4	250.2	111.2	3 491.5
Salaried medical officers and other diagnostic health professionals	545.2	654.5	232.8	62.9	167.1	102.1	1 764.5
Administrative and clerical	1 374.4	1 425.3	1 055.9	450.3	693.1	226.4	5 225.4
Domestic and other staff	2 584.6	2 772.8	2 113.3	713.8	1 136.9	403.1	9 724.5
Total	11 174.3	11 272.5	9 035.3	3 547.6	4 256.8	1 621.0	40 907.5
AVERAGE NUMBER OF STAFF PER OCCUPIED BED							
Nursing staff	1.6	1.4	1.5	1.5	1.5	1.6	1.5
Registered	1.3	1.3	1.3	1.2	1.4	1.4	1.3
Other	0.3	0.1	0.3	0.3	0.2	0.2	0.2
Other	1.1	1.1	0.9	0.8	1.4	1.3	1.0
Total	2.6	2.5	2.5	2.2	2.9	2.9	2.6

(a) Comprising private acute and psychiatric hospitals.

(b) Full-time equivalent.

11

HOSPITALS(a), Revenue

Revenue	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.
Revenue (\$'000)							
Patient revenue	921 749	902 651	654 906	268 549	299 994	114 847	3 162 695
Recoveries	51 988	36 369	16 553	9 287	15 768	4 006	133 971
Other(b)	21 213	21 041	18 588	4 179	11 495	1 090	77 605
Total	994 949	960 061	690 046	282 015	327 257	119 943	3 374 271
Patient revenue as a proportion of total revenue (%)	92.6	94.0	94.9	95.2	91.7	95.8	93.7

(a) Comprising private acute and psychiatric hospitals.

(b) Investment income, income from charities, bequests, visitor's meals and accommodation and kiosk sales.

12

HOSPITALS(a), Expenditure—States and Territories

Expenditure	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.
Recurrent expenditure (b)(\$'000)							
Wages and salaries including on-costs	502 232	523 401	398 102	162 460	171 362	71 810	1 829 366
Drug, medical and surgical supplies	140 840	107 504	70 016	30 082	37 453	11 827	397 723
Food supplies	18 040	19 172	13 126	5 705	6 508	2 415	64 967
Other domestic services	20 411	15 293	15 507	5 502	7 738	3 252	67 704
Administrative expenses	82 287	84 876	46 113	19 695	22 929	9 537	265 438
Repairs and maintenance	18 705	19 847	12 196	5 122	4 956	1 897	62 724
Other(c)	123 186	104 521	73 815	36 926	48 447	12 894	399 790
Total	905 702	874 615	628 875	265 493	299 394	113 632	3 087 710
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	55.5	59.8	63.3	61.2	57.2	63.2	59.2
Average recurrent expenditure(d)							
Per separation (\$)	2 111	2 100	1 845	1 833	1 941	2 107	2 006
Per patient day (\$)	582	536	468	459	558	557	527
Gross capital expenditure (\$'000)	82 257	101 203	72 607	26 660	11 772	12 660	307 159

(a) Comprising private acute and psychiatric hospitals.

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

(c) Interest, depreciation and contract services.

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

13

HOSPITALS(a), Expenditure—By Hospital Classification

NOT FOR PROFIT.....

<i>Expenditure</i>	<i>For profit</i>	<i>Religious or charitable</i>	<i>Other(b)</i>	<i>Total</i>
Recurrent expenditure (c)(\$'000)				
Wages and salaries including on-costs	832 227	838 154	158 985	1 829 366
Drug, medical and surgical supplies	192 449	179 717	25 556	397 723
Food supplies	31 070	27 555	6 342	64 967
Other domestic services	31 098	31 026	5 579	67 704
Administrative expenses	122 499	125 445	17 494	265 438
Repairs and maintenance	25 631	31 967	5 126	62 724
Other(d)	169 115	197 615	33 060	399 790
Total	1 404 089	1 431 480	252 141	3 087 710
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	59.3	58.6	63.1	59.2
Average expenditure(e)				
Per separation (\$)	1 831	2 278	1 747	2 006
Per patient day (\$)	485	602	433	527
Gross capital expenditure (\$'000)	135 680	126 667	44 813	307 159

(a) Comprising private acute and psychiatric hospitals.

(b) Bush nursing, community and memorial hospitals.

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

(d) Interest, depreciation and contract services.

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

14

HOSPITALS(a), Expenditure—By Hospital Size(b)

HOSPITALS WITH BEDS NUMBERING.....

<i>Expenditure</i>	<i>0–25</i>	<i>26–50</i>	<i>51–100</i>	<i>101–200</i>	<i>Over 200</i>	<i>Total</i>
Recurrent expenditure (c)(\$'000)						
Wages and salaries including on-costs	47 735	187 513	459 761	606 053	528 303	1 829 366
Drug, medical and surgical supplies	4 077	34 099	94 986	142 362	122 199	397 723
Food supplies	2 214	8 510	17 380	18 929	17 933	64 967
Other domestic services	2 120	7 267	18 148	22 933	17 235	67 704
Administrative expenses	7 429	31 830	67 948	92 776	65 454	265 438
Repairs and maintenance	1 525	6 152	14 808	19 930	20 309	62 724
Other(d)	8 522	40 791	96 574	137 255	116 649	399 790
Total	73 621	316 163	769 606	1 040 237	888 083	3 087 710
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	64.8	59.3	59.7	58.3	59.5	59.2
Average recurrent expenditure(e)						
Per separation (\$)	1 597	1 676	1 803	1 984	2 513	2 006
Per patient day (\$)	335	426	474	561	628	527
Gross capital expenditure (\$'000)	3 208	44 096	71 089	119 361	69 406	307 159

(a) Comprising private acute and psychiatric hospitals.

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

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

(d) Interest, depreciation and contract services.

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

15 HOSPITALS(a), Patient Classification

<i>Patient classification</i>	<i>Hospitals(b)</i> no.	<i>Separations</i> '000	<i>Patient days(c)</i> '000	<i>Average length of stay</i> days
Same-day patients(d)	289	675.9	675.9	1.0
Overnight-stay patients				
Advanced surgery	210	120.8	870.8	7.2
Surgery	231	329.1	1 078.2	3.3
Obstetrics	113	65.7	384.6	5.9
Psychiatric	35	18.8	357.5	19.0
Rehabilitation	32	11.9	254.5	21.5
Nursing home type	57	1.1	140.5	124.7
Medical and other(e)	291	316.1	2 091.7	6.6
All overnight-stay patients	318	863.5	5 177.7	6.0
Total	319	1 539.4	5 853.6	3.8

(a) Comprising private acute and psychiatric hospitals.

(b) Most hospitals treat more than one class of patient and so are counted in more than one row.

(c) Each same-day patient is allocated a notional stay of one day.

(d) Patient classification for same-day patients has been discontinued.

(e) Includes minor surgery which was previously included in the category, Surgery and minor surgery. Also includes other surgery not covered by the Medicare Benefits Schedule, e.g. cosmetic surgery.

16 HOSPITALS(a), Average Stay (Days)—By Patient Classification

<i>Patient classification</i>	<i>NSW and ACT</i>	<i>Vic.</i>	<i>Qld</i>	<i>SA and NT</i>	<i>WA</i>	<i>Tas.</i>	<i>Aust.</i>
Same-day patients(b)	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Overnight-stay patients							
Advanced surgery	6.9	7.6	7.7	7.2	6.3	7.6	7.2
Surgery	3.2	3.5	3.3	3.1	3.1	3.7	3.3
Obstetrics	6.1	6.3	5.1	5.7	6.1	5.4	5.9
Psychiatric	18.5	20.0	18.4	n.p.	n.p.	n.p.	19.0
Rehabilitation	20.0	21.8	27.6	n.p.	—	n.p.	21.5
Nursing home type(c)	49.4	213.5	114.5	n.p.	n.p.	n.p.	124.7
Medical and other(d)	6.6	6.8	6.6	6.5	6.9	5.7	6.6
All overnight-stay patients	5.8	6.5	6.2	5.8	5.2	5.5	6.0
All patients	3.6	3.9	3.9	4.0	3.5	3.8	3.8

(a) Comprising private acute and psychiatric hospitals.

(b) Allocated a notional stay of one day. Patient classification for same-day patients has been discontinued.

(c) See Explanatory Notes, paragraph 15-19.

(d) Includes minor surgery which was previously included in the category, Surgery and minor surgery. Also includes other surgery not covered by the Medicare Benefits Schedule, e.g. cosmetic surgery.

17

HOSPITALS(a), Average Stay (Days)—By Patient Classification and Hospital Size(b)

HOSPITALS WITH BEDS NUMBERING.....

<i>Patient classification</i>	0–25	26–50	51–100	101–200	Over 200	<i>Total</i>
Same-day patients(c)	1.0	1.0	1.0	1.0	1.0	1.0
Overnight-stay patients						
Advanced surgery	4.8	4.8	6.2	7.5	8.4	7.2
Surgery	2.5	2.8	3.1	3.3	3.9	3.3
Obstetrics	4.5	5.3	6.0	6.0	5.5	5.9
Psychiatric	27.5	16.2	21.1	n.p.	n.p.	19.0
Rehabilitation	n.p.	n.p.	20.0	23.0	n.p.	21.5
Nursing home type	n.p.	n.p.	29.6	n.p.	n.p.	124.7
Medical and other(d)	9.0	8.6	6.9	5.4	7.0	6.6
All overnight-stay patients	11.2	6.6	6.0	5.3	6.2	6.0
All patients	4.8	3.9	3.8	3.5	4.0	3.8

(a) Comprising private acute and psychiatric hospitals.

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

(c) Allocated a notional stay of one day. Patient classification for same-day patients has been discontinued.

(d) Includes minor surgery which was previously included in the category, Surgery and minor surgery. Also includes other surgery not covered by the Medicare Benefits Schedule, e.g. cosmetic surgery.

18

HOSPITALS(a), Type of Procedure

<i>Type of procedure</i>	<i>Hospitals</i>	<i>Procedures.....</i>	
	no.(b)	no.	%
Advanced surgery	210	152 301	12.2
Surgery	232	648 297	52.1
Minor/other surgery(c)	213	378 898	30.5
Obstetrics	113	64 635	5.2
Total	319	1 244 131	100.0

(a) Comprising private acute and psychiatric hospitals.

(b) Most hospitals provide more than one type of procedure and so are counted in more than one row.

(c) All other surgery, including surgery not covered by the Medicare Benefits Schedule, e.g. cosmetic surgery.

19

HOSPITALS(a), Insurance Status(b)(c)

<i>Insurance status</i>	<i>NSW and ACT</i>	<i>Vic.</i>	<i>Qld</i>	<i>SA and NT</i>	<i>WA</i>
SEPARATIONS					
	no.	no.	no.	no.	no.
Hospital insurance	325 618	338 274	270 803	123 210	114 027
No hospital insurance	102 959	75 421	59 734	21 560	40 162
Not stated	461	2 783	10 350	35	58
Total	429 038	416 478	340 887	144 805	154 247
SEPARATIONS					
	%	%	%	%	%
Hospital insurance	75.9	81.2	79.4	85.1	73.9
No hospital insurance	24.0	18.1	17.5	14.9	26.0
Not stated	0.1	0.7	3.0	—	—
Total	100.0	100.0	100.0	100.0	100.0
AVERAGE LENGTH OF STAY					
	days	days	days	days	days
Hospital insurance	3.8	4.1	3.9	4.2	3.3
No hospital insurance	3.1	3.2	4.5	2.8	3.9
Not stated	5.1	4.8	3.1	8.6	2.4
All hospitals	3.6	3.9	3.9	4.0	3.5

(a) Comprising private acute and psychiatric hospitals.

(b) Details are not available for Tasmania (see page 2).

(c) See Explanatory Notes, paragraphs 15-19.

20 HOSPITALS(a), Specialised Units or Wards

Specialised units or wards	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.
Neonatal intensive care unit	14	17	16	3	4	2	56
Separate intensive care unit (ICU)	11	6	5	4	1	1	28
Separate coronary care unit (CCU)	6	6	2	3	1	1	19
Combined ICU/CCU	10	6	9	—	3	3	31
High dependency unit	20	31	11	13	6	5	86
Obstetric/maternity service	24	27	20	11	10	4	96
Specialist paediatric service	3	6	9	—	1	1	20
Cardiac surgery unit	4	3	4	1	—	—	12
Neurosurgical unit	3	4	—	—	—	—	7
Acute spinal cord injury unit	—	—	—	—	—	—	—
Burns unit	—	—	—	—	—	—	—
Major plastic/reconstructive surgery unit	—	1	1	—	—	—	2
Transplantation units	—	—	1	—	—	—	1
Acute renal dialysis unit	—	2	1	—	—	—	3
Maintenance renal dialysis centre	2	3	2	3	—	—	10
Infectious diseases unit	—	—	1	—	—	—	1
Psychiatric unit/ward(b)	11	8	7	3	5	1	35
Oncology unit	2	14	9	1	2	1	29
Rehabilitation unit(b)	12	11	4	2	—	2	31
Refractory epilepsy unit	1	—	1	—	—	—	2
Clinical genetics unit	—	—	—	—	—	—	—
Sleep centre	11	8	7	1	2	—	29
AIDS unit	—	—	—	—	—	—	—
Diabetes unit	—	—	1	—	—	—	1
In-vitro fertilisation unit	1	2	2	—	2	1	8
Alcohol and drug unit	5	4	2	1	1	—	13
Nursing home care unit(c)	—	—	—	4	—	—	4
Geriatric assessment unit	—	1	1	1	—	—	3
Domiciliary care service	—	3	1	—	1	1	6
Hospice/palliative care unit	2	1	3	1	4	1	12
Dedicated day surgery unit	28	27	22	9	10	4	100
Other specialised services	—	3	3	2	1	—	9
All hospitals(d)	66	63	36	27	25	9	226

(a) Comprising private acute and psychiatric hospitals.

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

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

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

21

HOSPITALS(a), Designated Units/Wards for Non-admitted Patients

HOSPITALS.....

Designated units or wards	NSW and ACT	Vic.	Qld	SA and NT	WA	Tas.	Aust.	Occasions of service
	no.	no.	no.	no.	no.	no.	no.	'000
Accident and emergency(b)	7	26	15	9	4	4	65	357.4
Medical/surgical/diagnostic								
Dialysis	—	1	—	—	—	—	1	n.p.
Radiology and organ imaging	6	16	2	1	3	—	28	312.0
Endoscopy	2	6	3	2	6	—	19	20.4
Pathology	1	3	—	—	—	—	4	174.6
Other	3	6	8	4	9	1	31	(c)117.6
Psychiatric	5	1	1	3	4	—	14	32.1
Alcohol and drug	3	—	1	1	1	—	6	4.4
Dental	1	—	—	—	1	—	2	n.p.
Pharmacy	2	—	—	—	—	—	2	n.p.
Allied health services	6	10	1	2	3	1	23	456.1
Community health	2	1	2	—	—	—	5	32.1
District nursing services	1	5	—	—	—	—	6	16.0
Non-medical and social services	3	1	—	1	3	—	8	n.p.
Other	8	8	4	3	6	1	30	83.1
All hospitals(d)	24	40	17	13	22	3	119	1 623.4

(a) Comprising private acute and psychiatric hospitals.

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

(c) Care should be exercised when making comparisons as 1995–96 data has been revised.

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

22

DAY HOSPITALS(a), Theatres and Rooms, Sessions, Beds/Chairs and Separations

Particulars	General surgery	Specialist endoscopy	Ophthalmic	Other(b)	Total
Number of hospitals					
New South Wales and Australian Capital Territory	32	21	14	19	86
Victoria	8	10	3	1	22
Queensland	9	4	5	3	21
South Australia and Northern Territory	3	1	1	7	12
Western Australia	4	1	1	3	9
Tasmania	1	—	1	1	3
Australia	57	37	25	34	153
Operating theatres at 30 June (no.)	94	n.p.	29	n.p.	158
Procedure rooms at 30 June (no.)	30	53	11	40	134
Average number of sessions(c)	3	4	2	4	4
Average theatre/room time used (hours)(c)	12	17	10	27	16
Average number of beds/chairs	586	281	97	199	1 163
Separations (no.)	86 242	80 228	18 724	41 072	226 266
Average number of separations per bed/chair	147	286	193	206	195

(a) Free-standing day hospital facilities.

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

(c) Per theatre/room per week.

23

DAY HOSPITALS(a), Number of Full-time Equivalent Staff

Staff	General surgery	Specialist endoscopy	Ophthalmic	Other(b)	Total
Nursing staff	262.1	129.4	55.3	124.3	571.1
Administrative and clerical	106.3	106.4	50.1	69.1	331.8
Other(c)	25.9	14.3	20.9	46.6	107.6
Total	394.2	250.1	126.3	240.0	1 010.6

(a) Free-standing day hospital facilities.

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

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

24 DAY HOSPITALS(a), Revenue

Revenue	General surgery	Specialist endoscopy	Ophthalmic	Other(b)	Total
Revenue (\$'000)					
Patient revenue	41 723	25 698	17 862	27 647	112 930
Other(c)	1 960	1 959	1 121	1 245	6 286
Total	43 684	27 657	18 982	28 892	119 215
Patient revenue as a proportion of total revenue (%)	95.5	92.9	94.1	95.7	94.7

(a) Free-standing day hospital facilities.

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

(c) Investment income, income from charities, bequests, visitor's meals and accommodation and kiosk sales.

25 DAY HOSPITALS(a), Recurrent Expenditure

Particulars	General surgery	Specialist endoscopy	Ophthalmic	Other(b)	Total
Recurrent expenditure (c)(\$'000)					
Wages and salaries including on-costs	13 985	9 796	5 007	9 470	38 259
Drug, medical and surgical supplies	7 890	2 415	4 349	6 477	21 131
Administrative expenses	7 721	3 614	1 972	3 298	16 605
Other(d)	7 173	4 487	2 445	3 340	17 444
Total	37 535	20 499	13 905	23 472	95 410
Wages and salaries including on-costs as a proportion of total recurrent expenditure (%)	37.3	47.8	36.0	40.3	40.1
Average recurrent expenditure(e) Per separation (\$)	435	256	743	571	422
Gross capital expenditure (\$'000)	13 449	1 629	2 303	3 636	21 017

(a) Free-standing day hospital facilities.

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

(c) See Explanatory Notes, paragraph 11.

(d) Comprising repairs and maintenance, interest, depreciation and contract services.

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

Description and Medicare Benefits Schedule (MBS) item number(b)	Procedures.....	
	no.	%
Oesophagoscopy, gastroscopy, duodenoscopy or panendoscopy, one or more such procedures (30473)	52 945	19.4
Fibre optic colonoscopy — examination of colon beyond the hepatic flexure (32090)	43 477	16.0
Evacuation of the contents of the gravid uterus by curettage or suction curettage (35643)	16 287	6.0
Lens extraction and insertion of artificial lens (42702)(c)	15 403	5.7
Fibre optic colonoscopy — examination of colon beyond the hepatic flexure with removal of one or more polyps (32093)	12 265	4.5
Insertion of artificial lens (42701)	6 443	2.4
Lens extraction (42698)	6 048	2.2
Oocyte retrieval by any means for the purposes of assisted reproductive technologies (13212)	3 022	1.1
Transfer of embryos or both ova and sperm to the female reproductive system, by any means but excluding artificial insemination or the transfer of frozen or donated embryos (13215)	2 922	1.1
Uterus, curettage of, (including curettage for incomplete miscarriage) under general anaesthesia, or under epidural or spinal (intrathecal) nerve block (35639 and 35640)	2 832	1.0
Tumour, cyst, ulcer or scar, (excluding a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, where the removal is by surgical excision and suture (30117 and 30118)	2 655	1.0
All other procedures	107 676	39.6
Total	271 975	100.0

(a) Free-standing day hospital facilities.

(b) Certain MBS item numbers shown in previous years have been recategorised and allocated to two or more new MBS item numbers.

(c) New MBS item number. Related item numbers 42701 and 42698 are also shown above.

27

DAY HOSPITALS(a), Separations—By Type Of Anaesthesia

<i>Particulars</i>	<i>General surgery</i>	<i>Specialist endoscopy</i>	<i>Ophthalmic</i>	<i>Other(b)</i>	<i>Total</i>
PROPORTION					
	%	%	%	%	%
Nil or local					
Nil	1.3	n.p.	n.p.	18.2	4.2
Local/topical	14.8	n.p.	n.p.	31.1	14.3
<i>Total</i>	16.0	1.5	34.0	49.4	18.4
Other types of anaesthesia					
General	41.6	n.p.	0.9	n.p.	22.8
Regional	n.p.	n.p.	42.7	n.p.	6.1
Intravenous/neuroleptic	37.0	92.7	9.1	12.8	50.1
Multiple	n.p.	n.p.	13.4	n.p.	2.7
<i>Total</i>	84.0	98.5	66.0	50.6	81.6
Total	100.0	100.0	100.0	100.0	100.0
NUMBER					
All separations	86 242	80 228	18 724	41 072	226 266

(a) Free-standing day hospital facilities.

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

28

ALL HOSPITALS, Separations—By Age and Sex

Age group (years)	ACUTE AND PSYCHIATRIC HOSPITALS.....			FREE-STANDING DAY HOSPITAL FACILITIES.....			TOTAL HOSPITALS.....		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
PROPORTION									
	%	%	%	%	%	%	%	%	%
0–14	7.7	4.4	5.8	3.3	1.9	2.5	7.1	4.1	5.4
15–44	25.3	38.8	32.9	27.6	42.1	36.1	25.6	39.3	33.3
45–64	30.6	27.1	28.7	35.5	28.4	31.3	31.2	27.3	29.0
65 and over	36.4	29.6	32.6	33.5	27.6	30.1	36.0	29.3	32.3
Total(a)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Proportion of persons	44.2	55.8	100.0	41.5	58.5	100.0	43.8	56.2	100.0
NUMBER									
All separations	680 300	859 077	1 539 377	93 874	132 392	226 266	774 174	991 469	1 765 643

(a) Including not stated.

29

ALL HOSPITALS, Separations—By Principal Diagnosis

Principal diagnosis	Acute and psychiatric hospitals	Free-standing day hospital facilities	Total hospitals
PROPORTION			
	%	%	%
Infectious diseases	0.7	0.4	0.7
Neoplasms	8.5	9.8	8.6
Endocrine disorders	0.9	0.5	0.8
Diseases of blood	0.8	0.8	0.8
Mental disorders	3.9	—	3.4
Diseases of nervous system	7.2	13.5	8.0
Diseases of circulatory system	7.2	3.7	6.7
Diseases of respiratory system	4.5	0.4	4.0
Diseases of digestive system	15.7	33.5	18.0
Diseases of genitourinary system	8.4	3.8	7.8
Complications of pregnancy	5.8	7.1	6.0
Diseases of skin	1.6	2.8	1.7
Diseases of musculoskeletal system	10.7	2.7	9.6
Congenital anomalies	0.6	n.p.	n.p.
Conditions of perinatal period	0.5	n.p.	n.p.
Symptoms, signs and ill-defined conditions	4.7	9.3	5.3
Injury and poisoning	4.8	0.8	4.2
Supplementary classifications	13.7	10.6	13.3
Total	100.0	100.0	100.0

NUMBER

All separations	1 539 377	226 266	1 765 643
-----------------	-----------	---------	-----------

<i>Principal procedure</i>	<i>Acute and psychiatric hospitals</i>	<i>Free-standing day hospital facilities</i>	<i>Total hospitals</i>
PROPORTION			
	%	%	%
Operations on			
Nervous system	2.5	1.0	2.3
Endocrine system	0.3	—	0.2
Eye	5.0	13.3	6.3
Ear	2.1	1.4	2.0
Nose, mouth, pharynx	7.6	5.2	7.2
Respiratory system	0.8	n.p.	n.p.
Cardiovascular system	7.5	1.7	6.6
Hemic and lymphatic system	0.4	0.2	0.4
Digestive system	20.8	47.5	25.0
Urinary system	3.7	2.0	3.4
Male genital organs	2.4	0.8	2.2
Female genital organs	7.6	12.8	8.4
Obstetric procedures	4.2	n.p.	n.p.
Musculoskeletal system	13.1	2.8	11.5
Breast	1.7	0.6	1.5
Other operations on skin and subcutaneous tissue	4.0	6.4	4.4
Diagnostic radiology and related techniques	2.4	—	2.0
Other miscellaneous diagnostic and therapeutic procedures	14.0	3.2	12.3
Total	100.0	100.0	100.0
NUMBER			
All separations	1 210 236	223 249	1 433 485

31 ALL HOSPITALS, Separations—By Mode of Separation

DISCHARGE OR TRANSFER TO.....

<i>Particulars</i>	<i>Usual residence(a)</i>	<i>Nursing home</i>	<i>Other hospital</i>	<i>Died</i>	<i>Left against advice</i>	<i>Other(b)</i>	<i>Total</i>
ACUTE AND PSYCHIATRIC HOSPITALS							
New South Wales and Australian Capital Territory	417 116	1 335	5 966	2 326	794	1 501	429 038
Victoria	400 253	1 696	10 100	3 708	245	476	416 478
Queensland(c)	328 982	1 489	5 037	3 444	209	1 726	340 887
South Australia and Northern Territory	135 680	2 137	4 485	1 341	158	1 004	144 805
Western Australia	150 292	n.p.	1 741	1 524	126	n.p.	154 247
Tasmania	52 869	n.p.	193	383	186	n.p.	53 922
<i>Australia</i>	<i>1 485 192</i>	<i>7 214</i>	<i>27 522</i>	<i>12 726</i>	<i>1 718</i>	<i>5 005</i>	<i>1 539 377</i>
FREE-STANDING DAY HOSPITAL FACILITIES							
<i>Total</i>	<i>222 604</i>	<i>163</i>	<i>3 273</i>	<i>—</i>	<i>194</i>	<i>32</i>	<i>226 266</i>
ALL HOSPITALS							
Total	1 707 796	7 377	30 795	12 726	1 912	5 037	1 765 643

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

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

(c) See Explanatory Notes, paragraphs 17-19.

EXPLANATORY NOTES

INTRODUCTION

1 This publication contains statistical information for 1996–97 and previous years, obtained from annual censuses of all private hospitals in Australia. It contains details about the facilities, activities, staffing and finances of all private acute and psychiatric hospitals and free-standing day hospital facilities.

2 Corresponding statistics for public hospitals are compiled by the Australian Institute of Health and Welfare (AIHW) in their annual publication *Hospital Statistics, Australia. Hospitals, Australia, 1991–92* (Cat. no. 4391.0), provides a comparison between the public and private hospital sectors in 1991–92 and was released jointly by AIHW and the Australian Bureau of Statistics (ABS) in May 1995.

SCOPE

3 Included are all private acute and psychiatric hospitals licensed by State and Territory health authorities and all free-standing day hospital facilities approved by the Commonwealth Department of Health and Family Services.

COLLECTION METHODOLOGY

4 Data collection forms are sent each year to all private hospitals in Australia for completion and return to the ABS. A large component of the required data on admitted patients is sent to the ABS by State and Territory health authorities on behalf of hospitals, thus relieving hospitals of the task of collating this information for the ABS. All data received are subjected to clerical and computer editing. Inconsistencies which are detected are referred to hospitals for resolution. Further clerical editing of aggregates is carried out to detect and resolve any remaining errors.

COVERAGE

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

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

DEFINITIONS

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

DATA QUALITY

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

DATA QUALITY *continued*

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

10 Hospital morbidity data, providing admitted patients' details such as age, principal diagnosis and procedure, are routinely provided by hospitals to State and Territory health authorities. Arrangements were made, with consent of the hospitals, for State and Territory health authorities to provide the ABS with the relevant morbidity data. Any significant inconsistencies between the data collated by health authorities and by hospitals were followed up and resolved.

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

CASEMIX

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

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

14 This classification is used by most States and Territories as a management tool for public hospitals and, to varying degrees, for their funding. The classification is becoming more widely used by private hospitals as a reporting tool. Some contracting between health funds and private hospitals is gradually incorporating charging for patients based on their Casemix classification. As a result, there may be a reduction in the number of patients for whom a patient accommodation classification (which currently categorises overnight-stay patients into advanced surgery, surgery and obstetrics) is available.

COUNTING METHODS

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

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

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

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

EXPLANATORY NOTES *continued*

COUNTING METHODS - *continued*

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

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

CLASSIFICATIONS

20 The principal diagnosis and principal procedure for admitted patients are reported using the International Classification of Diseases, 9th Revision — Clinical Modification.

21 The locations of all private health establishments are coded according to the Australian Standard Geographical Classification, 1996 Edition.

GENERAL ACKNOWLEDGMENT

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

RELATED PUBLICATIONS

23 Other ABS publications which may be of interest include:

Health Insurance Survey, Australia, June 1992 (Cat. no. 4335.0) —

Latest issue: 1993 (\$15.30)

Hospitals, Australia, 1991–92 (Cat. no. 4391.0) — Latest issue: 1995 (\$22.00)

(Issued co-jointly with the AIHW) released 1995

National Health Survey: Private Health Insurance, 1995 (Cat. no. 4334.0) —

Latest issue: 1998 (\$17.00)

National Health Survey: Summary of Results 1995 (Cat. no. 4364.0) — Latest issue: 1997 (\$23.00)

National Health Survey: Summary Results, Australian States and Territories, 1995 (Cat. no. 4368.0) — Latest issue: 1997 (\$23.00)

EXPLANATORY NOTES *continued*

RELATED PUBLICATIONS *continued*

24 The following related publications are issued by other organisations.

Available from the AIHW Distribution Centre, GPO Box 84, Canberra ACT 2601:

Australian Hospital Statistics, 1993–95: An Overview

Australian Hospital Statistics, 1996–97

National Health Data Dictionary, Version 6.0, 1997

Medical Labour Force, 1995

National Health Labour Force Bulletin

Nursing Labour Force, 1993 and 1994

Pharmacy Labour Force, 1994

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

Australian Casemix Report, 1995–96

First National Report on Health Sector Performance Indicators: Public Hospitals — The State of Play

Available from the National Mental Health Report Service (Mental Health Branch, Department of Health and Family Services — telephone Canberra 02 6289 3985):

National Mental Health Report, 1996

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

UNPUBLISHED STATISTICS

26 As well as the statistics included in this and related publications, the ABS may have other relevant unpublished data available. Inquiries should be directed to Keith Carter on Brisbane 07 3222 6374.

EFFECTS OF ROUNDING

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

GLOSSARY

Acute hospitals	These provide at least minimal medical, surgical or obstetrical services for admitted patient treatment and/or care and provides round-the-clock comprehensive qualified nursing service as well as other necessary professional services. They must be licensed by the State or Territory health authority. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short.
Administrative expenses	Includes management and administrative support expenditure such as rates and taxes, printing, telephone, stationery, insurances and motor vehicle running expenses.
Allied health services	These are provided by units and clinics for the treatment and counselling of patients. They mainly comprise physiotherapy, speech therapy, family planning, dietary advice, optometry and occupational therapy.
Average length of stay in hospital	This is calculated by dividing the aggregate number of patient days by the number of separations associated with those patient days.
Beds	These are provided for the care and treatment of same-day and overnight-stay patients. <i>Approved beds</i> for acute and psychiatric hospitals are those for which the hospital is licensed to operate under the relevant State or Territory government legislation. <i>Available beds</i> are those immediately available (occupied and unoccupied) for the care of admitted patients as required. In the case of free-standing day hospital facilities, they include chairs, trolleys, recliners and cots. <i>Occupied beds</i> are calculated by dividing total patient days by the number of days in the year (365 in 1996–97).
Capital expenditure	Comprises expenditure on land and buildings, computer facilities, major medical equipment, plant and other equipment, and expenditure in relation to intangible assets, having regard to guidelines followed as to the differentiation between capital and recurrent costs.
Free-standing day hospital facilities	These provide investigation and treatment for acute conditions on a day-only basis and are approved by the Commonwealth for the purposes of basic table health insurance benefits.
Insurance status	Indicates whether or not hospital insurance is held with a registered health insurance fund, with a general insurance company or with an employer health plan. Patients who have insurance cover only for ancillary services are regarded as not having hospital insurance.
Legal local government area	Is the geographical area under the responsibility of an incorporated local government council.
Occasions of service	Any services provided to a non-admitted patient in a functional unit (e.g. radiology) of the hospital. Each diagnostic test or simultaneous set of related diagnostic tests is counted as one occasion of service.

- Occupancy rate** Is calculated by dividing patient days by the product of average number of beds and the number of days in the year (365 in 1996–97) and expressed as a percentage,
- $$\text{i.e. occupancy rate (\%)} = \frac{\text{patient days} \times 100}{\text{average available beds} \times 365}$$
- Other domestic services** Includes staff services, accommodation, bedding and linen, hardware, crockery, cutlery, laundering and cleaning of uniforms.
- Patient** A patient is a person for whom a hospital accepts responsibility for treatment and/or care.
- An *admitted patient* undergoes a hospital's formal admission process. Babies born in hospital are excluded unless they are provided with medical care other than that which would normally be provided to a newborn, or they remain in hospital after the mother has been discharged, or are the second or subsequent live born infant of a multiple birth and the mother is currently an admitted patient. Persons accompanying a sick patient (e.g. nursing mothers and parents accompanying sick children) are also excluded.
- Overnight-stay patients* are admitted to and separated from hospital on different dates (i.e. they stay at least one night in hospital).
- Same-day patients* are admitted and separated on the same day (i.e. they are in hospital for a period that does not include an overnight stay).
- Non-admitted patients* do not undergo a hospital's formal admission process. These include outpatients, accident and emergency patients and off-site (community/outreach) patients.
- Patient classification** Applies to all overnight-stay patients and is used to facilitate patient billing. It includes the categories, advanced surgery, surgery and obstetrics as defined by the Commonwealth Department of Health and Family Services for health fund benefits purposes. The other categories included under patient classification are psychiatric, rehabilitation and nursing home type. Psychiatric includes all admitted patients of an approved psychiatric program. Similarly, rehabilitation includes all admitted patients of an approved rehabilitation program. Nursing home type relates to admitted patients staying 35 days or more for whom an acute care certificate has not been provided at the time of discharge. Patients not included in the previously defined categories are shown under 'medical and other' in this publication.
- In previous years, same-day patients were categorised according to patient classification but this practice has been discontinued for the 1995–96 and future surveys.

Patient days	These are the aggregate number of days of stay (i.e. separation date minus admission date) for all overnight-stay patients who were separated from hospital during the year. Periods of approved leave are subtracted from these calculations. Same-day patients are each counted as having a stay of one day.
Procedures	Comprise advanced surgery, surgery and obstetrics as defined by the Commonwealth Department of Health and Family Services for health insurance fund benefit purposes. Surgical procedures, other than those defined above, are shown as minor/other surgery in this publication. This latter category includes surgery not covered under Medicare, e.g. cosmetic surgery. Total procedures performed during the year relate to all such procedures regardless of type of patient (admitted or non-admitted patient).
Psychiatric hospitals	These are devoted primarily to the treatment and care of admitted patients with psychiatric, mental or behavioural disorders. Psychiatric hospitals are licensed/approved by each State or Territory health authority and cater primarily for patients with psychiatric or behavioural disorders.
Repairs and maintenance	Includes costs of maintaining, repairing, replacing and providing additional equipment, maintaining and renovating buildings, and minor additional works.
Revenue	Three categories of revenue are identified: <p><i>Patient revenue</i> includes revenue received by and due to the hospital in respect of patient liability for accommodation and other fees, regardless of source of payment (Commonwealth, health fund, insurance company, direct from patient) or status of patient (whether admitted or non-admitted patient).</p> <p><i>Recoveries</i> includes income received from items such as staff meals, accommodation and facility fees paid by medical practitioners.</p> <p><i>Other revenues</i> includes revenue such as investment income from temporarily surplus funds and income from charities, bequests, meals and accommodation provided to visitors, and kiosk sales. Revenue payments received from State or Territory Governments are excluded.</p>
Separation	Occurs when an admitted patient: <ul style="list-style-type: none"> ▪ is discharged; ▪ is transferred to another institution; ▪ leaves against medical advice; ▪ dies whilst in care; ▪ changes status, e.g. from acute to nursing home type; or ▪ leaves hospital for a period of seven or more days.

Staff Includes staff employed by the hospital and contract staff employed through an agency in cases where the contract is for the supply of labour.

Nursing staff comprises registered nurses, enrolled nurses, student nurses, trainee/pupil nurses and assistants in nursing.

Administrative and clerical staff includes computing and finance staff.

Domestic and other staff includes staff engaged in cleaning, laundry services, the provision of food and also orderlies, porters, hospital attendants, and engineering and maintenance staff.

Full-time equivalent staff represents the sum of full-time staff and the full-time equivalent of part-time staff. It is derived by adding the on-job hours worked and hours of paid leave (sick, recreation, long service, workers' compensation leave) by/for a staff member (or contract employee where applicable) divided by the number of hours normally worked by a full-time staff member when on the job (or contract employee where applicable) under the relevant award or agreement.

Statistical divisions These are groupings of the whole or part of legal local government areas, are designed to be relatively homogeneous regions characterised by identifiable social and economic units within the region. Capital city statistical divisions, shown in some tables of this publication, comprise Sydney, Melbourne, Brisbane, Adelaide, Perth, Greater Hobart, Darwin and Canberra.

Wages and salaries (including on-costs) Includes wages and salaries, superannuation employer contributions, payroll tax, workers' compensation and workcare premiums, uniforms, education, personnel costs and fringe benefits tax.

SELF-HELP ACCESS TO STATISTICS

PHONE Call 1900 986 400 for the latest statistics on CPI, Labour Force, Earnings, National Accounts, Balance of Payments and other topics. (Call cost is 75c per minute)

INTERNET <http://www.abs.gov.au>

LIBRARY A range of ABS publications is available from public and tertiary libraries Australia wide. Contact your nearest library to determine whether it has the ABS statistics you require.

WHY NOT SUBSCRIBE?

PHONE +61 1300 366 323

FAX +61 3 9615 7848

CONTACTING THE ABS

ABS provides a range of services, including: a telephone inquiry service; information consultancy tailored to your needs; survey, sample and questionnaire design; survey evaluation and methodological reviews; and statistical training.

<i>INQUIRIES</i>	<i>By phone</i>	<i>By fax</i>
Canberra	02 6252 6627	02 6253 1404
Sydney	02 9268 4611	02 9268 4668
Melbourne	03 9615 7755	03 9615 7798
Brisbane	07 3222 6351	07 3222 8283
Perth	08 9360 5140	08 9360 5955
Adelaide	08 8237 7400	08 8237 7566
Hobart	03 6222 5800	03 6222 5995
Darwin	08 8943 2111	08 8981 1218

POST Client Services, ABS, PO Box 10, Belconnen, ACT 2616

EMAIL client.services@abs.gov.au



2439000007968
ISSN 1039-3005

RRP \$18.50