Appendix 5: Hospitals contributing to this report and public hospital peer groups

Introduction

This appendix includes information on the public and private hospitals contributing to the National Hospital Morbidity Database, the National Public Hospital Establishments Database and the National Elective Surgery Waiting Times Data Collection. Also included is information on the coverage of private hospitals in the National Hospital Morbidity Database that can assist interpretation of the data on private hospital activity.

The entities that are reported as hospitals in the databases and in this report vary, depending on the type of information being reported. Explanatory information is therefore included on this variation, with a summary table on the counts of public hospitals presented for different analyses.

Information on the public hospital peer group classification used in Chapters 4 and 5 is also included.

Throughout this report, unless otherwise specified:

- public acute hospitals and public psychiatric hospitals are included in the public hospital (public sector) category.
- all public hospitals other than public psychiatric hospitals are included in the public acute hospital category.
- private psychiatric hospitals, private free-standing day hospital facilities and other private hospitals are included in the private hospital (private sector) category.
- all private hospitals other than private free-standing day hospital facilities are included in the other private hospitals category.

The National Hospital Morbidity Database

The National Hospital Morbidity Database includes data relating to admitted patients from almost all hospitals: public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities.

Public sector hospitals that are not included are those not within the jurisdiction of a State or Territory health authority (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in offshore territories). In addition, for 2000–01, data were not supplied for one small 'outpatient clinic' in Queensland, a small rural hospital and a forensic hospital in Tasmania and a mothercraft hospital in the Australian Capital Territory.

Within the private sector, data were not provided for 2000-01 for 11 free-standing day hospital facilities in Victoria, all private free-standing day hospital facilities in the Australian Capital Territory, and the one private hospital in the Northern Territory. For South Australia, data were not available for one private free-standing day hospital facility and were missing for January to June 2001 for another, and for May to June 2001 for one private hospital (non-day only). Data have only been provided for the periods from August 2000 to June 2001, January 2001 to June 2001 and April 2001 to June 2001 respectively for three other South Australian private free-standing day hospital facilities.

Table A5.1 summarises this coverage information by State and Territory and by hospital sector, and tables accompanying this report on the Internet at http://www.aihw.gov.au/ publications/ health/hse/ahs00-01.html list the public and private hospitals that contributed to the National Hospital Morbidity Database for 2000–01 (Tables A5.2 and A5.3). For public hospitals, also included in the Internet tables is information on their average available bed numbers, their peer group (see below) and the Statistical Local Area and RRMA category of their location. With the list of private hospitals in information on whether each was a private free-standing day hospital facility.

Table A5.1: Coverage of hospitals in the National Hospital Morbidity Database, by hospital sector, States and Territories, 2000–01

	Public acute hospitals	Public psychiatric hospitals	Private free-standing day hospital facilities	Other private hospitals
NSW	Complete	Complete	Complete	Complete
Vic	Complete	Complete	Incomplete	Complete
Qld	Incomplete	Complete	Complete	Complete
WA	Complete	Complete	Complete	Complete
SA	Complete	Complete	Incomplete	Incomplete
Tas	Incomplete	Complete	Complete	Incomplete
ACT	Incomplete	Not applicable	Not included	Complete
NT	Complete	Not applicable	Not applicable	Not included

Note: Complete—all facilities in this sector reported data to the National Hospital Morbidity Database. Incomplete—some facilities in this sector for this State or Territory did not provide data to the National Hospital Morbidity Database. See text for more details. Not included—there are facilities in this sector for this State or Territory, however, no data were provided. Not applicable—there are no facilities in this sector for this State or Territory.

Coverage estimates for private hospital separations

As not all private hospital separations are included in the National Hospital Morbidity Database, the counts of private hospital separations presented in this report are likely to be underestimates of the actual counts. Over recent years, there have been slightly fewer separations reported to the National Hospital Morbidity Database (particularly for private free-standing day hospital facilities) than to the Australian Bureau of Statistics' Private Health Establishments Collection (Table A5.3). The latter collection includes all private acute and psychiatric hospitals licensed by State and Territory health authorities and all private free-standing day hospital facilities approved by the Commonwealth Department of Health and Ageing. In 1999–00, the difference was 122,154 separations (5.7%).

Table A5.4: Differences between private hospital separations reported to the National Hospital Morbidity Database and the ABS' Private Health Establishments Collection, 1993–94 to 1999–00

	Private free-standing day hospital facilities		Other private hospitals		Total	
Year	Separations	Per cent	Separations	Per cent	Separations	Per cent
1993–94	n.a.	n.a.	n.a.	n.a.	119,554	8.3
1994–95	n.a.	n.a.	n.a.	n.a.	76,274	5.0
1995–96	n.a.	n.a.	n.a.	n.a.	83,619	5.0
1996–97	4,868	2.2	75,850	4.9	80,718	4.6
1997–98	23,662	8.7	40,369	2.5	64,031	3.4
1998–99	40,980	13.6	69,961	4.2	110,941	5.6
1999–00	68,907	19.7	53,247	3.0	122,154	5.7

Source for private hospital data: ABS, unpublished Private Health Establishments Collection data.

These discrepancies may have been due to the use of differing definitions or different interpretations of definitions, or differences in the quality of the data provided for different purposes. It is also likely to reflect the omission of some private hospitals from the National Hospital Morbidity Database and also some separations for some private hospitals that were otherwise included in the database.

At the time of publication of this report, Private Health Establishments Collection data for 2000-01 were not available. When they become available, an estimate will be made of under-enumeration of separations in the National Hospital Morbidity Database for 2000–01, by comparing it with the 2000-01 Private Health Establishments Collection data. This estimate will be included with *Australian Hospital Statistics 2000-01* on the Internet.

The National Public Hospital Establishments Database

The National Public Hospital Establishments Database holds establishment-level data for each public hospital in Australia, including public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all States and Territories. The collection only covers hospitals within the jurisdiction of the State and Territory health authorities. Hence, public hospitals not administered by the State and Territory health authorities (hospitals operated by the Department of Defence or correctional authorities, for example, and hospitals located in offshore territories) are not included.

For 2000–01, data were additionally not available for one small hospice in the Australian Capital Territory.

Public hospitals are categorised by the Institute into peer groups, as described below.

Table A5.2 accompanying this report on the Internet at http://www.aihw.gov.au/publications/health/hse/ahs00-01.html lists the public hospitals that contributed to the National Public Hospital Establishments Database for 2000–01. Also included is information on their average available bed numbers, their peer group and the Statistical Local Area and RRMA category of their location.

The National Elective Surgery Waiting Times Data Collection

The National Elective Surgery Waiting Times Data Collection holds patient-level data on elective surgery waiting times provided by the States and Territories. The collection covers public acute hospitals only. Private hospitals are not included, except for two hospitals in New South Wales that were funded by the New South Wales Health Department to provide services for public patients. Some public patients treated under contract in private hospitals in Victoria and Tasmania are also included.

In the Northern Territory, all public acute hospitals were included in the data collection. In the other States and the Australian Capital Territory, all public hospitals that undertake elective surgery were generally included, although data were not collected for some smaller hospitals.

Table 5.1 provides further information on the coverage by public hospital peer group. The list of public hospitals that contributed to the National Public Hospital Establishments Database (Table A5.2 accompanying this report on the Internet at http://www.aihw.gov.au/publications/ health/hse/ahs00-01.html) includes information on which hospitals were also included in the National Elective Surgery Waiting Times Data Collection for 2000–01.

Counting public hospitals

Different counts of hospitals are used this report, depending on the type of information being presented and the way in which the hospitals were reported to the National Hospital Morbidity Database, the National Public Hospital Establishments Database and the National Elective Surgery Waiting Times Data Collection. In summary, three counts of hospitals are used:

- In Chapter 2 and Chapter 3, hospitals are counted generally as they were reported to the National Public Hospital Establishments Database. These entities are generally 'physical hospitals' (buildings or campuses) but can include some outposted locations such as dialysis units. Conversely, however, hospitals on the one 'campus' can be reported as separate entities to this Database if, for example, they are managed separately and have separate purposes, such as specialist women's services, and specialist children's services. Although most of the hospitals counted in this way report separations to the National Hospital Morbidity Database, some small hospitals do not have separations every year.
- In the cost per casemix-adjusted separation analysis (Tables 4.2 and 4.3), entities for which there was expenditure information were reported as hospitals. The small numbers of hospitals in the National Public Hospital Establishments Database with incomplete expenditure information were omitted. In some jurisdictions, hospitals exist in networks, and expenditure data were only available for these networks, so the networks are the entities counted as hospitals for those jurisdictions for these tables.
- In Chapter 5 (on elective surgery waiting times), hospitals are counted generally if they report as separate entities to the National Elective Surgery Waiting Times Data Collection and/or the National Hospital Morbidity Database. Almost all public hospitals are reported in the same way to these two databases and, since the coverage estimates are based on data from the National Hospital Morbidity Database, some minor

adjustment is made to ensure that the counts of hospitals align completely. In these databases, reporting entities are more likely than in the National Public Hospital Establishments Database to represent physical campuses (with, for example, outposted units reported as separate hospitals). Hospitals are not included if they did not report separations for 2000–01.

A summary of the counts of public hospitals reported in this publication is presented in Table A5.5.

Data on numbers of hospitals should therefore be interpreted taking these notes into consideration. Reflecting these notes, changes in the numbers of hospitals over time can be due to changes in administrative or reporting arrangements and not necessarily to changes in the number of hospital campuses or buildings.

Table A5.5: Numbers of public hospitals reported in this publication, States and Territories, 2000–01

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Chapter 2 and Chapter 3	219	145	183	90	80	24	3	5	749
Tables 4.2 and 4.3 (with expenditure data)	214	94	181	86	75	18	3	5	676
Table 5.1 (reporting hospital morbidity/elective surgery waiting times data)	219	145	155	90	79	24	2	5	719

Counts of private hospitals can also vary, depending on the source of the information. Thus, there may be discrepancies between counts of private hospitals from the Australian Bureau of Statistics' Private Health Establishments Collection presented in Chapter 2 and the lists of private hospitals contributing to the National Hospital Morbidity Database. The States and Territories provided the latter information, which may not correspond with the way in which private hospitals report to the Private Health Establishments Collection.

Public hospital peer groups

When making comparisons it is useful if the units being compared have been grouped into categories so that variation in the variable of interest is explained by the attributes defining the group (Hindle 1999).

The Australian Institute of Health and Welfare worked with the National Health Ministers' Benchmarking Working Group (NHMBWG) and the National Health Performance Committee (NHPC) to develop a national public hospital peer group classification for use in presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow.

The peer groups were therefore designed to explain variability in the average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activities, and their geographical location, with the peer groups allocated names that are broadly descriptive of the types of hospitals included in each category.

The peer group classification is summarised in Table A5.6, and the method used to assign the categories is summarised in Figure A5.1. Details of the derivation of the peer groups are in Appendix 11 of *Australian Hospital Statistics 1998–99* (AIHW 2000a). As some of the

categories are defined in terms of numbers of separations and numbers of acute care separations, the classification is not strictly mutually exclusive.

The flow chart is used for assignment of peer groups for almost all hospitals. However, a very small number are assigned without using this logic, usually in special circumstances such as the opening or closing of a hospital during the year. These 'manual' assignments of peer groups for 2000–01 are noted in Table A5.2.

Table A5.6: Public hospital peer group classification[(a)]

Peer group	Sub-group	Definition
Principal referral and specialist women's & children's	Principal referral	Metropolitan hospitals with >20,000 acute casemix-adjusted separations and rural hospitals with >16,000 acute casemix-adjusted separations per annum.
	Specialist women's and children's	Specialised acute women's and children's hospitals with >10,000 acute casemix-adjusted separations per annum.
Large hospitals	Metropolitan	Metropolitan acute hospitals treating more than 10,000 acute casemix-adjusted separations per annum.
	Rural and remote	Rural acute hospitals treating >8,000 acute casemix-adjusted separations per annum, and remote hospitals with >5,000 acute casemix-weighted separations.
Medium hospitals	Group 1	Acute hospitals in metropolitan areas treating between 5,000 and 10,000 acute casemix-adjusted separations per annum, and in rural areas treating between 5,000 and 8,000 acute casemix-adjusted separations per annum.
	Group 2	Acute hospitals in rural and metropolitan areas treating between 2,000 and 5,000 acute casemix-adjusted separations per annum, and acute hospitals treating <2,000 casemix-adjusted separations per annum but with >2,000 separations per annum.
Small acute hospitals	Rural	Small rural acute hospitals (mainly small country town hospitals), acute hospitals treating <2,000 separations per annum, and with less than 40% non-acute and outlier patient days of total patient days.
	Remote	Small remote hospitals (<5,000 acute casemix-weighted separations but not 'MPS' and not 'community non-acute'). Most are <2,000 separations.
Sub-acute and non-acute hospitals	Small non-acute	Small non-acute hospitals, treating <2,000 separations per annum, and with more than 40% non-acute and outlier patient days of total patient days.
	Multi-purpose services	
	Hospices	
	Rehabilitation	
	Mothercraft	
	Other non-acute	For example, geriatric treatment centres combining rehabilitation and palliative care with a small number of acute patients
Un-peered and other hospitals		Prison medical services, special circumstance hospitals, metropolitan hospitals with <2,000 acute casemix-adjusted separations, hospitals with <200 separations, etc.
Psychiatric hospitals		

(a) Peer groups above the dashed line are included in the cost per casemix-adjusted separation analyses presented in Chapter 4; those below it are not.

Selected characteristics of the hospitals assigned to each peer group for 2000–01 are presented in Table 4.2 (at a national level) and in Table 4.3 (for each State and Territory).

Although not specifically designed for purposes other than the cost per casemix-adjusted separation analysis, the peer group classification is becoming recognised as a useful way to categorise hospitals for other purposes, including the presentation of other types of statistics. For example, the classification has been used to present data from the National Hospital Cost Data Collection (see Appendix 8) (DHAC 2001) and elective surgery waiting times data in this report (Chapter 5), and for 1999–00 (AIHW 2002a).

The peer group to which each public hospital was assigned for 2000–01 is included in the list of public hospitals contributing to this report (Table A5.2). As noted above, in some cases, the establishments defined as hospitals for the cost per casemix-adjusted separation analysis differ from those defined as hospitals for the elective surgery waiting times data (and they may also differ from establishments defined for counts of hospitals presented in Chapters 2 and 3). In these cases, their peer groups may also differ, and these differences are indicated in Table A5.2.

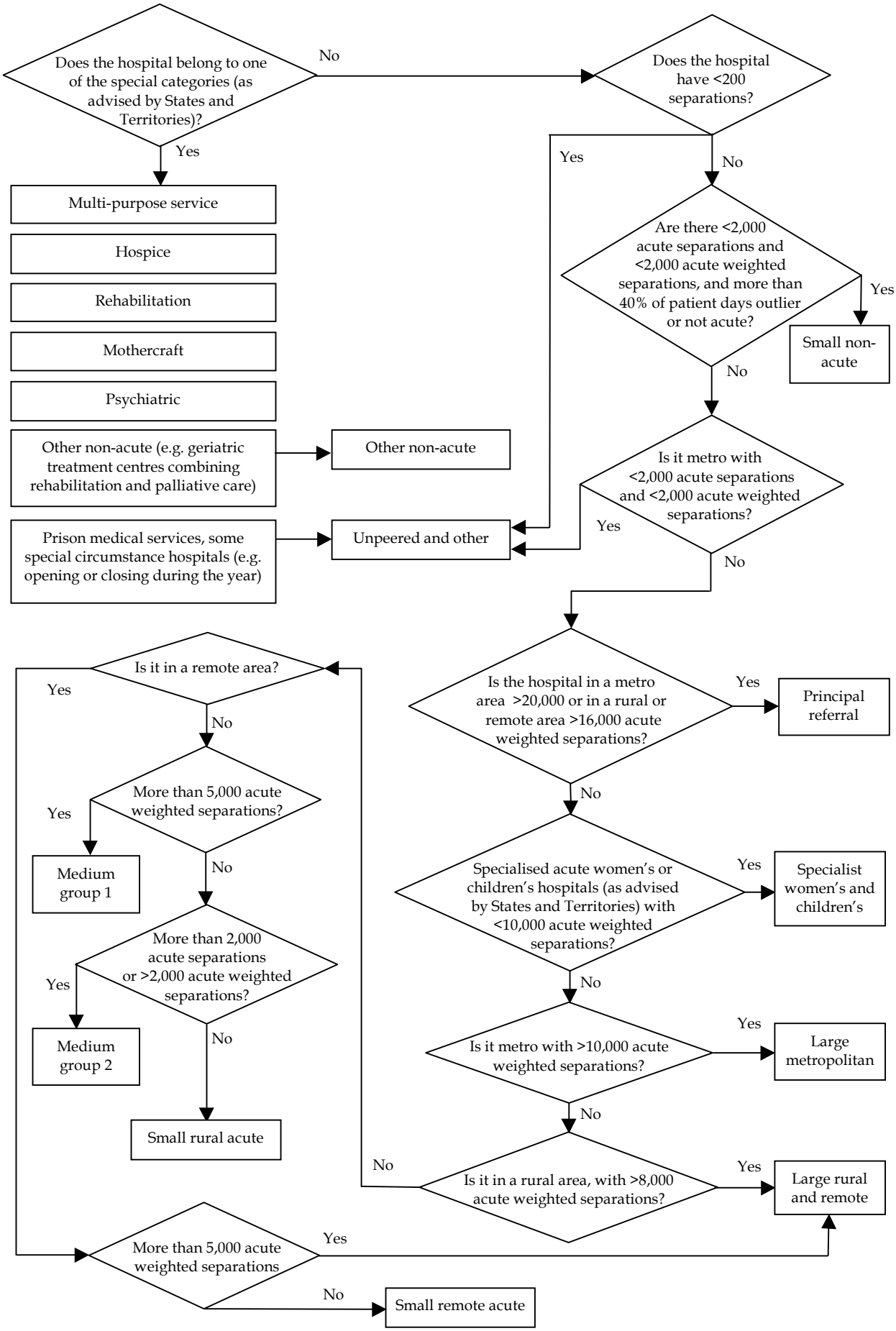

Figure A5.1: Flow chart for assignment of public hospital peer groups