
Recent growth in public hospital separations – more than meets the eye?

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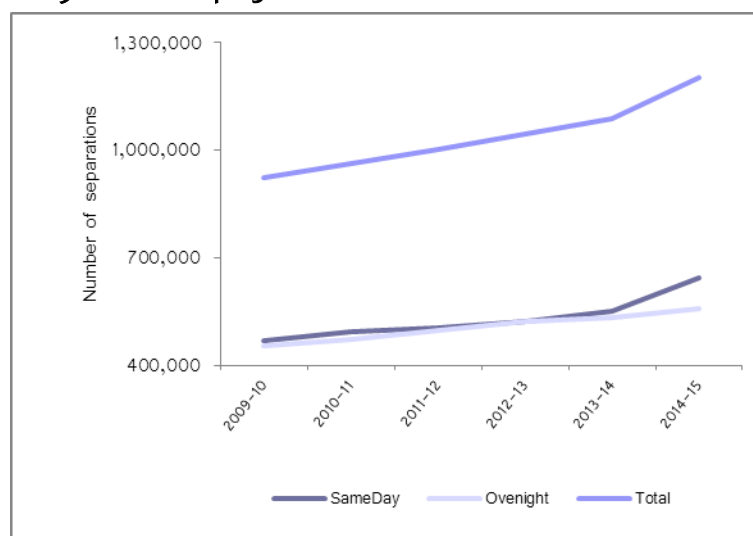
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Traditionally, the number of public hospital separations in Queensland rises steadily each year. Between 2009-10 and 2013-14 the average annual change in Queensland's public hospital separations has been +4.2% (Australian Institute of Health and Welfare, 2015). However, between 2013-14 and 2014-15 the number of public acute hospital separations rose substantially from 1,086,658 to 1,202,495 (an increase of 10.7%). For same-day separations, this increase was 16.7% (a rise from 552,255 to 644,388) compared to only 4.4% for overnight separations for that year (Figure 1).

Figure 1. Public acute hospital separations, Queensland, 2009-10 to 2014-15



Source: Queensland Hospital Admitted Patient Data Collection (QHAPDC).

Excludes separations for unqualified newborns, posthumous organ procurement and boarders.

Note: 2014/2015 data are preliminary and subject to change.

A number of specific AR-DRGs (Australian Refined Diagnosis Related Groups) showed a very large increase between 2013-14 and 2014-15 (e.g. same-day separations for DRG R63Z Chemotherapy increased by 321.9%, from 9,178 to 38,725 separations).

These DRGs and the increase in admitted patient same-day separations are shown in Table 1 (Note: DRGs relating to Colonoscopy, Gastroscopy and Endoscopy have been grouped together into the one category):

Table 1: Selected same-day separations, public acute hospitals, Queensland 2013-14 to 2014-15

DRG V6.x	DRG V6.x Description	2013-14	2014-15	Diff	Growth
R63Z	Chemotherapy	9,178	38,725	29,547	321.9%
L61Z	Haemodialysis	167,555	175,031	7,476	4.5%
Z64B	Other Factors Influencing Health Status	8,447	13,713	5,266	62.3%
F74Z	Chest Pain	17,289	19,797	2,508	14.5%
Q61B	Red Blood Cell Disorders	4,753	7,186	2,433	51.2%
R61C	Lymphoma and Non-acute Leukaemia	1,359	3,261	1,902	140.0%
G48C, G47C, Z40Z, G46C	Colonoscopy/Gastroscopy/Endoscopy*	16,926	27,533	10,607	62.7%

(* G48C Colonoscopy Same-day, G47C Other Gastroscopy Same-day, Z40Z Endoscopy with Diagnoses of Other Contacts with Health Services Sameday, G46C Complex Gastroscopy Same-day.

Excludes separations for unqualified newborns, posthumous organ procurement and boarders.)

These DRGs were responsible for 59,739 extra separations in 2014-15, and accounted for 64.8% of the total increase for all same-day separations between 2013-14 and 2014-15.

For same-day separations grouped to DRG Z64B, the largest growth was seen for those separations with Principal Diagnosis (PD) related to chemotherapy and/or dialysis.

Table 2: Principal Diagnoses for separations grouped to DRG Z64 public acute hospitals, Queensland 2013-14 to 2014-15p

PD	Principal Diagnosis Description	2013-14	2014-15	Diff	Growth
Z45.1	Adjustment and management of drug delivery device	651	2,063	1,412	216.9%
Z45.2	Adjustment and management of vascular access device	1,520	3,716	2,196	144.5%
Z45.81	Adjustment and management of venous catheter	1,478	2,451	973	65.8%

(Excludes separations for unqualified newborns, posthumous organ procurement and boarders.)

Patients receiving dialysis have traditionally been treated in Queensland hospitals as admitted patients, rather than outpatients. The increase in separations for Haemodialysis (L61Z) is in line with expectations, given growth in demand.

A number of factors can influence how many separations a hospital completes during a financial year e.g. increase in resources, population growth and disease patterns, and changes in hospital admission policy and practices. To see if admission practices may have contributed to this growth, the change in non-admitted patient activity between these years was assessed for outpatient clinics related to endoscopies, chemotherapy, and dialysis. Table 3 shows a marked fall in non-admitted patient activity for these categories:

Table 3: Non-admitted patient occasions of service/service events for endoscopy- and chemotherapy-related outpatient clinics, public acute hospitals, Queensland 2013-14 to 2014-15

Non-admitted outpatient clinics	2013-14	2014-15	Diff	Fall
Chemotherapy-related occasions of service/service events	104,180	68,471	35,709	34.3%
Endoscopy-related clinic occasions of service/service events	50,708	44,516	6,192	12.2%

(Includes occasions of service/service events for private patients seen in public hospitals.)

Conclusion:

The substantial increase in separations between 2013-14 and 2014-15, attributable largely to same-day chemotherapy and endoscopic activity, has been accompanied by a similarly substantial decrease in non-admitted patient activity for chemotherapy and endoscopy-related clinics. This is most likely due to a change in admission practices, in that these services previously performed on a non-admitted basis in 2013-14 were treated via formal hospital admission in 2014-15. Care should be taken when comparing trends in hospital separations between 2009-10 and 2014-15 in light of the data and analysis presented in this *Statbite*.

References

Australian Institute of Health and Welfare. Australian Hospital Statistics: Admitted patient care 2013-14; 2015.