

# Admitted Patients

## Hospital Quarterly:

Performance of  
NSW public hospitals

### April to June 2013

People can be admitted to hospital for a variety of reasons, such as surgery, illness or childbirth. When a person is admitted to hospital, they begin what is termed an *'episode of care'*. This covers a single type of care such as acute care (typically a short-term admission for immediate care), rehabilitation or palliative care. Sometimes, a change in the medical needs of a person can require that they start a second or third episode during the same period of stay in hospital.

Healthcare professionals monitor episodes to better understand local clinical needs and to allow planning for hospital beds, waiting lists and staffing.

The report shows there were 442,303 admitted patient episodes during April to June 2013, 15,855 (4%) more than the same quarter in 2012 and 28,877 (7%) more than the same quarter

two years ago. The number of admitted patient episodes in this quarter is slightly higher when compared with the January to March quarter, which is typical for this time of year.

Patients admitted for acute care (typically a short term admission for immediate care) or maternity and birth comprised 96% of all admitted episodes. More than half of these patient episodes (55%) were admitted for one night or more (overnight admissions), this percentage is largely unchanged over the past nine quarters. Patients stayed a total of 1,348,743 bed days during the quarter and on average, each episode of care was 3.2 days. There were 17,801 babies born, down 3% from the same quarter one year ago.

This is one of three *Hospital Quarterly* modules. For the Emergency Departments and Elective Surgery modules visit [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

During the quarter	Apr-Jun 2012	Apr-Jun 2013	The difference
Admitted patient episodes	426,448 episodes	442,303 episodes	+ 15,855 (+4%)
Admitted patient episodes (planned)	176,005 planned	187,001 planned	+ 10,996 (+6%)
Babies born	18,278 babies	17,801 babies	-477 (-3%)
Admitted patient episodes (acute)	97% acute	96% acute	-1 percentage point
Acute episodes that were overnight admissions	56% overnight	55% overnight	-1 percentage point
Total bed days for acute admitted patient episodes	1,389,741 days	1,348,743 days	-40,998 (-3%)
Average length of stay for acute admitted patient episodes	3.4 days	3.2 days	-0.2 days (-6%)

## Number of admitted patient episodes

Admitted patient episodes can be either *'planned'* (arranged in advance so the hospital can organise what care is needed) or *'unplanned / other'* (which include emergency admissions or unplanned surgical patients).

During the quarter there were 187,001 planned admitted patient episodes this accounted for 42% of all admitted patient episodes.

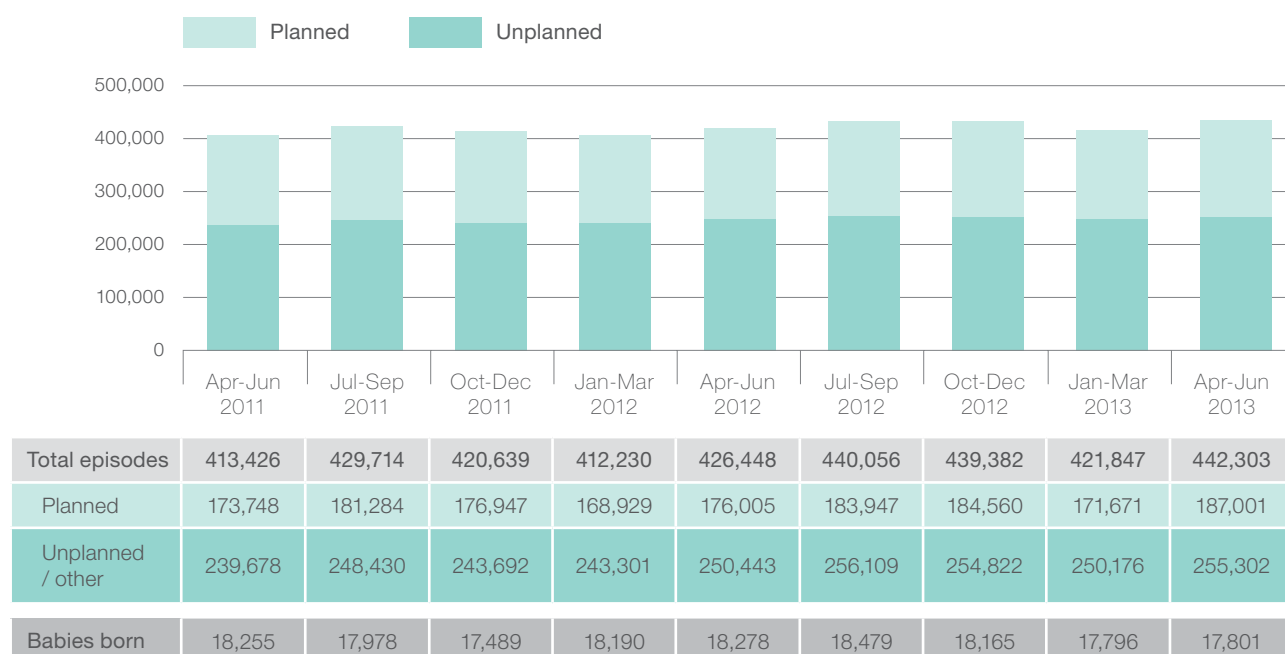
There were 255,302 unplanned episodes in the quarter (Figure 1). Each year there is a seasonal peak in the number of admitted patient episodes during the July to September quarter. The lowest number of admitted patient episodes usually occurs during the January to March quarter.

Figure 1 illustrates these seasonal patterns.

An admission for childbirth is considered *'unplanned'* and approximately one in every 14 unplanned episodes was for childbirth. During the quarter, there were 17,801 babies born in NSW public hospitals, down 3% from the same time one year ago.

There has been a gradual increase in total admitted patient episodes in NSW over the last two years with planned and unplanned in this quarter amongst the highest they have been over that period.

Figure 1: Planned and unplanned admitted patient episodes in NSW public hospitals, April 2011 to June 2013



Note: Only babies born in NSW public hospitals and multi-purpose services are included in this count.

Source: NSW Health, Health Information Exchange, Admitted Patient Data Collection. Data extracted on 19 July 2013.

## Number of acute patient episodes

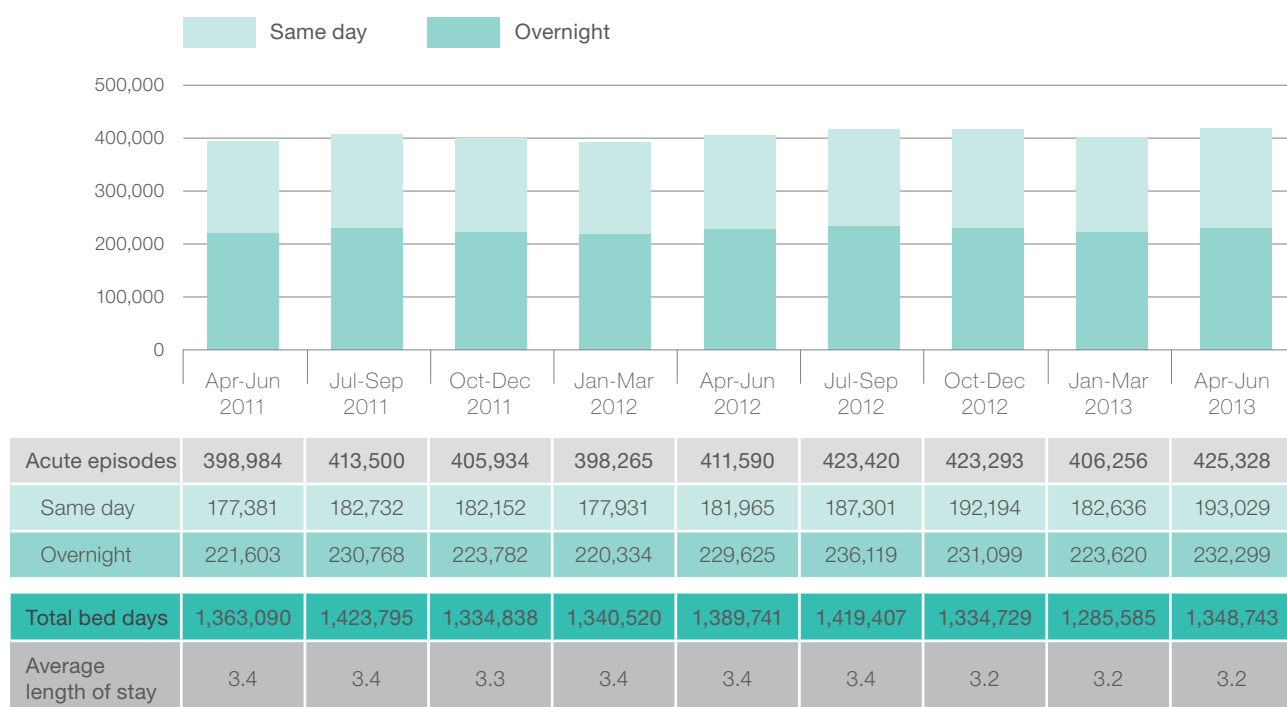
Admitted patient episodes may be for acute care or subacute care (such as rehabilitation or palliative care). This section focuses on acute care, which is typically a short-term admission for immediate care. Acute admitted patient episodes can be either same day (admitted for a single day or part of a day to have a test, to receive surgery or another procedure) or overnight (admitted for one or more nights in hospital). For this report, maternal and newborn admissions are also included under the category of acute episodes. Examples of acute care include hip replacement surgery and medical care following a heart attack. Acute episode activity is presented in **Figure 2**.

The number of acute episodes in NSW public hospitals has been increasing for comparable quarters, up from 411,590 episodes (3%) in the same quarter one year ago and from 398,984 episodes (7%) two years ago.

During April to June, there were 193,029 same day episodes (45% of acute admitted episodes) and 232,299 overnight episodes (representing 55%) as shown in **Figure 2**.

There has been an increase in the number of acute admitted patients episodes over the last two years with same day and overnight admissions amongst the highest reported over that period.

**Figure 2: Same day and overnight acute admitted patient episodes in NSW public hospitals, April 2011 to June 2013**



Source: NSW Health, Health Information Exchange, Admitted Patient Data Collection. Data extracted on 19 July 2013.

## Hospital bed use for acute patients

Total acute bed days is the total time, in days, that acute patients who were discharged from hospital during the quarter had stayed in NSW hospitals. This quarter there were 1,348,743 total acute bed days. This is 3% lower than the same quarter one year ago (1,389,741) and 1% lower than the same quarter two years ago (1,363,090).

The average length of stay for acute admitted patient episodes (including same day patients) decreased to 3.2 days during the April to June 2013 quarter, from 3.4 days in the same quarter a year ago and two years ago (Figure 2).

While there were more admitted patient episodes, on average each episode was of shorter duration.

## Appendix table 1a: activity by hospital and local health district

Appendix table 1a presents the admitted patient episode activity for public hospitals in NSW. Data are presented by local health district for all principal referral, paediatric specialist, ungrouped acute – tertiary referral, major and district groups 1 and 2 hospitals. Information from smaller hospitals is presented for each local health district under the *'other'* category.

[Download Appendix 1](#) information by *'local health district'* in a PDF file

[Download Appendix 1](#) information by *'local health district'* in an Excel file

## Appendix table 2a: activity by hospital and peer group

Appendix table 2a presents the admitted patient episode activity for public hospitals in NSW. Data are presented by peer group for all principal referral, paediatric specialist, ungrouped acute – tertiary referral, major and district groups 1 and 2 hospitals. Information from smaller hospitals is presented under the *'other'* category.

[Download Appendix 2](#) information by *'peer group'* in a PDF file

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- Three core modules titled *Admitted Patients*, *Elective Surgery* and *Emergency Departments*
- Activity and performance profiles about emergency department care and elective surgery for more than 80 hospitals and NSW as a whole
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The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system. The work of the Bureau helps to improve and enhance accountability in the NSW health system and assists in ensuring the system benefits the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.