National Hospital Cost Data Collection

Public Sector Report, 2021-22

March 2024

IHACPA

NHCDC Public Sector Report 2021-22 — March 2024

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1. Executive summary

Purpose

This report presents a summary of the National Hospital Cost Data Collection (NHCDC) Public Sector 2021-22 results that will be used to develop the national efficient price determination for the funding of public hospitals (including health services). There are 6 activity streams in this report:

- Admitted acute (AR-DRG v11.0)
- Subacute and non-acute (AN-SNAP v5.0)
- Non-admitted (Tier 2 v7.0)
- Emergency (AECC v1.2)
- Admitted mental health (AR-DRG v11.0 for episodes & AMHCC v1.0.1 for phases)
- Community mental health (AMHCC v1.0.1 for episodes and phases).

Key findings

In 2021-22, the Independent Health and Aged Care Pricing Authority (IHACPA) received national hospital cost data that included 48.0 million linked encounters across Australia, a 9% increase compared to 2020-21. The linked expenditure submitted in the NHCDC this year is $61.9 billion, a 9% increase from the previous year of $57.0 billion. Table 1 shows the number of hospitals, records, and expenditure by activity stream. Note that the other activity stream includes research, teaching, other admitted patient care, and organ procurement.

Table 1: NHCDC summary by activity stream, 2021-22

Activity stream		NHCDC records	Cost ($m)	Linked NHCDC records	Linked cost ($m)	Average cost ($)	Change in average cost from 2020-21 (%)
Admitted acute	Episode	6,224,642	36,156	6,224,642	36,156	5,809	9
Admitted subacute and non-acute	Episode	151,706	3,247	151,706	3,247	21,402	10
	Phase	64,477	468	64,477	468	7,258	-2
Emergency department	Presentation	8,339,142	7,420	8,270,175	7,367	891	13
Non-admitted	Service event	33,641,738	10,882	32,394,791	10,504	324	-5
Admitted mental health	Episode	27,918	668	27,918	668	23,910	28
	Phase	79,935	1,910	79,935	1,910	23,888	15
Community mental health	Episode	219,032	84	219,032	84	384	-18
	Phase	555,828	1,511	555,828	1,511	2,718	-6
Other	Episode	17,327	108	13,350	15	1,087	-2
	Phase	704	14	-	-	-	-

Activity stream summary

The admitted acute stream had 6.2 million separations with a cost of $36.2 billion nationally in 2021-22, a 2% decrease and a 7% increase from 2020-21 respectively. The national average cost was $5,809 in 2021-22, a 9% increase nationally from 2020-21.

The admitted subacute and non-acute stream had 151,706 episodes and 64,477 phases with a cost of $3.2 billion and $467.9 million in 2021-22 respectively. The national average cost per episode was $21,402 and $7,258 per phase, a 10% increase and a 2% decrease nationally from 2020-21 respectively.

The emergency department stream had 8.3 million presentations with a cost of $7.4 billion nationally in 2021-22, a 1% decrease and a 11% increase from 2020-21. The national average cost per presentation was $891, a 13% increase nationally from 2020-21.

The non-admitted stream had 32.4 million service events with a cost of $10.5 billion nationally in 2021-22, a 15% and 9% increase respectively from 2020-21. The national average cost per service event was $324, a 5% decrease nationally from 2020-21.

The Australian Mental Health Care Classification (AMHCC) is the preferred method for reporting admitted mental health data. In the absence of admitted mental health phase level data, admitted mental health episodes are classified under the Australian Refined Diagnosis Related Groups (AR-DRGs). The AMHCC v1.0.1 was used to prepare the phase level results and the AR-DRG v11.0 was used to prepare the episode level results.

The admitted mental health stream had 79,935 phases and 27,918 episodes with a cost of $1.9 billion and $667.5 million in 2021-22 respectively. The national average cost per admitted mental health phase was $23,888 and $23,910 per episode, a 15% and 28% increase nationally from 2020-21 respectively.

The community mental health stream had 555,828 phases and 219,032 episodes with a cost of $1.5 billion and $84.1 million in 2021-22 respectively. The national average cost for community mental health is $2,718 per phase and $384 per episode, a 6% and 18% decrease nationally from 2020-21 respectively.

It should be noted that COVID-19 has continued to impact hospital activity and reported costs in 2021-22.

2. Introduction

National Hospital Cost Data Collection (NHCDC)

The NHCDC Public Sector is an annual collection of Australian public hospital cost data that is the primary source of information about the cost of treating patients in Australian public hospitals. The NHCDC is a unique collection and valuable evidence base that is used across the Australian health system, links patient level activity with the cost incurred by hospitals for this activity. IHACPA relies on the NHCDC to calculate the national efficient price used for the funding of public hospital services. The NHCDC Public Sector Report 2021-22 (this report) presents public sector hospital (including health services) cost submitted by the states and territories (jurisdictions) for the following activity streams: admitted acute, admitted subacute and non-acute, non-admitted, emergency department, admitted mental health, and community mental health.

The data in scope for the NHCDC 2021-22 includes all patient level activity for all publicly funded services, provided in public or private hospitals. For all in-scope admitted activity, the episode of care must have finished before the end of the 2021-22 financial year. Admitted subacute and non-acute, admitted mental health, and community mental health activity and cost are presented as episodes and phases in this report. To ensure national consistency, the NHCDC 2021-22 data is costed in accordance with the Australian Hospital Patient Costing Standards Version 4.1.

Reporting requirements

The NHCDC 2021-22 data is costed in accordance with the Australian Patient Costing Standards Version 4.1 (the Standards) available on IHACPA's website. The Standards identify the 6 steps to be undertaken during the costing process, to ensure that there is a consistent allocation of cost to activity.

Refer to the individual chapter methods for admitted acute, admitted subacute and non-acute care, non-admitted, emergency department, admitted mental health, and community mental health for information on the classifications used in this report. Note that admitted episodes that have an episode start date two years before 2021-22 have been removed from this report.

NHCDC and activity-based funding (ABF) data

IHACPA receives the following types of episode and phase level data:

1. Cost data: contains detailed information about the cost associated with a patient's episode, which is submitted annually.
2. Activity-based funding (ABF) data: submitted quarterly in line with data set specifications unique to each activity stream. From these data items, patient episodes are categorised according to clinical classifications.

IHACPA links cost and activity data to minimise duplication of records. Table 2 shows the linked NHCDC records as a proportion of the submitted NHCDC records and the linked NHCDC records

as a proportion of activity data by jurisdiction. The key findings presented in this report utilise the linked records only.

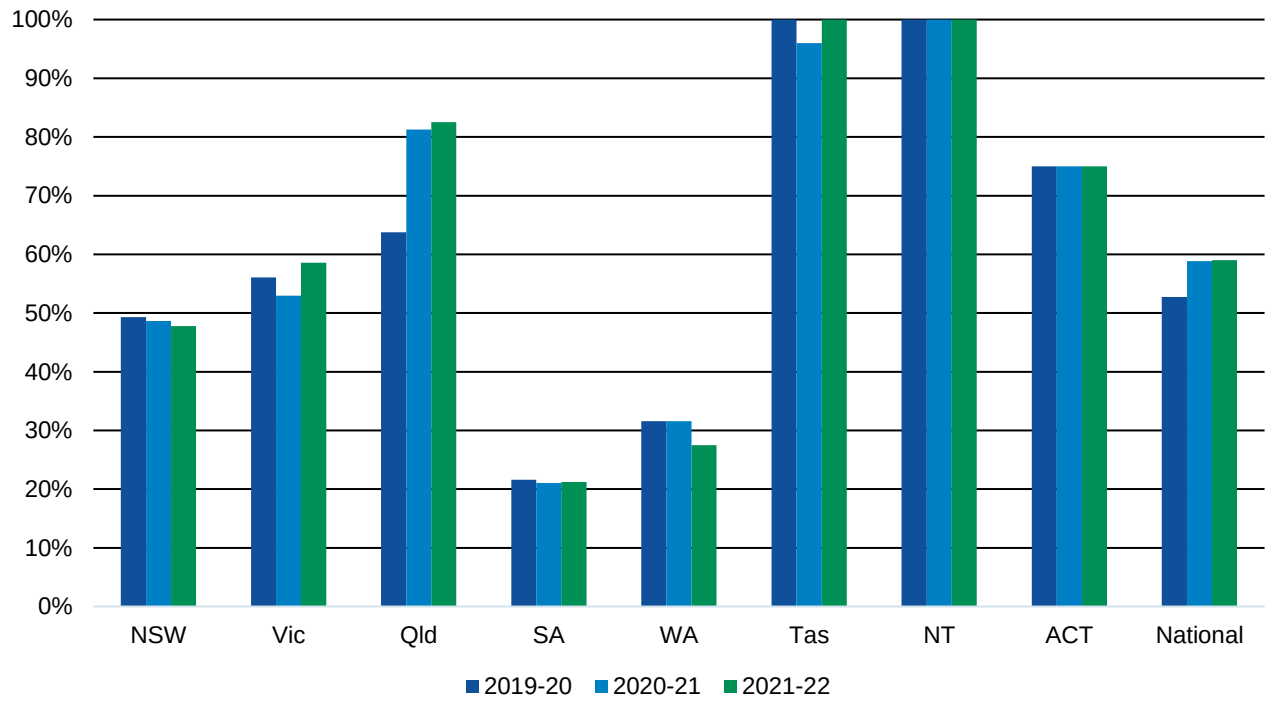
Table 2: NHCDC linked records to activity, 2021-22

Jurisdiction	NHCDC records	Cost ($m)	Linked NHCDC records	Linked cost ($m)	Linked records proportion (%)	Activity	Proportion of linked activity (%)
NSW	14,164,904	17,740	14,164,606	17,740	100	20,946,136	68
Vic	9,425,187	15,226	8,727,944	14,961	93	10,670,652	82
Qld	12,590,900	13,964	12,585,401	13,955	100	16,011,423	79
SA	4,641,692	4,810	4,539,453	4,706	98	4,955,825	92
WA	4,690,163	6,399	4,207,282	6,275	90	5,068,646	83
Tas	1,211,056	1,668	1,177,628	1,618	97	1,749,706	67
NT	650,842	1,240	650,746	1,196	100	942,067	69
ACT	1,950,250	1,480	1,948,810	1,479	100	2,007,572	97
National	**49,324,994**	**62,527**	**48,001,870**	**61,928**	**97**	**62,352,027**	**77**

Participation

The participation of public hospitals (including health services) is calculated using the establishment identifier. Each establishment has a unique identifier at the national level that utilises the METEOR: 269973. In 2021-22, IHACPA received cost data for 667 hospitals, an increase of 18 linked hospitals compared to 2020-21. Note New South Wales (NSW) did not report cost data for the Illawarra Shoalhaven Local Health Network (LHN) in 2021-22. Figure 1 shows the proportion of public hospitals reported in the NHCDC compared to the activity-based funding data from 2019-20 to 2021-22 by jurisdiction.

Figure 1: Proportion of hospitals in NHCDC compared to ABF, 2019-20 to 2021-22



Contracted care

IHACPA uses specified data fields submitted in the activity dataset to link the activity records to the cost associated with contracted care. The ABF data fields below are used to identify contracted care records and determine the contracting arrangement:

- The 'Other hospital or public authority (contracted care)' field identifies any instances where a patient's care is funded from a public source through a contract.
- The 'inter-hospital contracted patient status' field allows IHACPA to identify contracted care records.

Table 3 shows the contracted care records and cost by jurisdiction from 2019-20 to 2021-22. Nationally, contracted care records have increased by 101,683 (or 64%) and associated cost has increased $658.6 million (or 221%) from 2019-20 to 2021-22.

Table 3: Contracted care records and cost, 2019-20 to 2021-22

Jurisdiction	2019-20		2020-21		2021-22	
	Records	Cost ($)	Records	Cost ($)	Records	Cost ($)
NSW	32,266	106,245,289	62,785	295,385,611	68,587	480,422,831
Vic	2,506	42,228,291	13,974	65,466,001	21,293	109,670,608
Qld	3,858	5,822,407	36,293	107,897,456	34,886	132,438,026
SA	13,041	33,854,548	14,713	33,437,984	16,229	46,663,399
WA	101,298	69,905,451	118,686	88,572,624	106,701	87,936,031
Tas	3,928	21,606,254	6,666	35,664,947	9,481	59,071,756
NT	487	5,191,426	418	5,234,820	1,412	20,670,286
ACT	1,558	13,094,221	2,424	26,630,160	2,036	19,702,952
National	**158,942**	**297,947,886**	**255,959**	**658,289,603**	**260,625**	**956,575,889**

National benchmarking portal

The National Benchmarking Portal (NBP) presents the cost per national weighted average unit (NWAU), hospital acquired complications (HACs), and avoidable hospital readmissions (AHRs). The NBP compares the results across jurisdictions, local hospital networks, and hospitals. NHCDC data is incorporated into the cost per NWAU set of dashboards. The criteria for inclusion to the NBP is different to the NHCDC as the focus of the NBP is to enable benchmarking. Supporting documents are available on the IHACPA website to help NBP users navigate the portal and understand the differences between the NHCDC Public Sector Report and NBP data record inclusions and exclusions.

3. Admitted acute

Summary

This chapter outlines the admitted acute care separations, cost, average cost per separation, and weighted average cost per separation from 2019-20 to 2021-22.

An admitted acute care separation represents a formal admission to hospital to receive active, but short-term treatment with a goal to:

- manage labour (obstetrics)
- cure illness or provide definitive treatment of injury
- perform surgery
- relieve symptoms of illness or injury (excluding palliative care)
- reduce severity of an illness or injury
- protect against exacerbation of illness or injury that could threaten life or normal function, and
- perform diagnostic or therapeutic procedures.

For more information about admitted acute care visit IHACPA's website.

Separations are the administrative process a hospital records the treatment, care, and/or accommodation of a patient.

The Australian Refined Diagnosis Related Groups (AR-DRG) version 11.0 was used to prepare this report. Hospital acute admission activity relates to the management of, and the resources used by, the patient in relation to their treatment. A public hospital acute separation is allocated to an AR-DRG, allowing for the relative complexity of episodes to be calculated.

In 2021-22, there were 6.2 million admitted acute care separations nationally, a 2% decrease to the 2020-21 figure of 6.4 million. The associated cost in 2021-22 nationally was $36.2 billion, a 7% increase to the 2020-21 figure of $33.8 billion. The national average cost per acute care separation was $5,809 for 2021-22, a 9% increase to the 2020-21 national average of $5,315.

Admitted acute cost and activity

Nationally, 100% of the submitted NHCDC records were linked to acute activity. Table 4 shows the number of linked NHCDC records as a proportion of the acute activity by jurisdiction from 2019-20 to 2021-22. The national linked NHCDC records increased by 82,794 (or 1%) and activity increased by 181,838 (or 3%) from 2019-20 to 2021-22. Nationally, the linked NHCDC records as a proportion of activity was consistently around 95% from 2019-20 to 2021-22. Note New South Wales did not submit cost data associated with the Nepean Blue Mountains Local Health District (LHD) in 2020-21 and the Illawarra Shoalhaven LHD in 2021-22 due to data quality issues. However, New South Wales submitted admitted acute cost data for approximately 90% of activity data from 2019-20 to 2021-22.

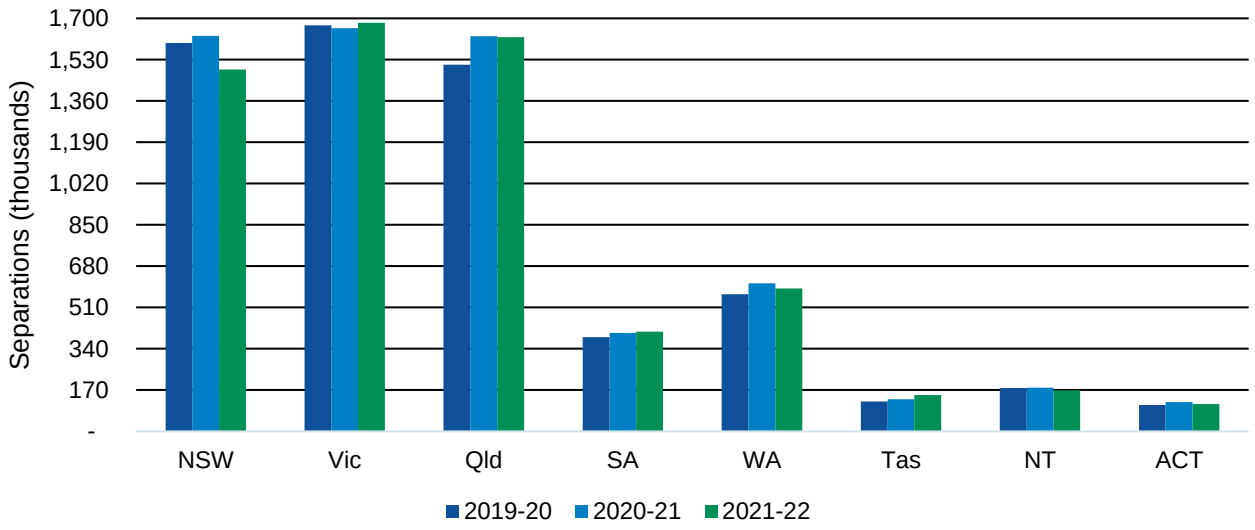
Table 4: Proportion of linked NHCDC records to activity, 2019-20 to 2021-22

Jurisdiction	2019-20			2020-21			2021-22		
	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)
NSW	1,598,193	1,685,318	95	1,627,515	1,790,686	91	1,489,598	1,679,231	89
Vic	1,671,680	1,759,730	95	1,659,307	1,753,495	95	1,682,451	1,746,907	96
Qld	1,509,216	1,516,050	100	1,626,382	1,645,733	99	1,622,556	1,654,508	98
SA	387,506	418,881	93	404,836	437,520	93	409,865	437,405	94
WA	564,900	577,038	98	609,839	619,557	98	588,309	600,836	98
Tas	123,544	123,591	100	132,792	132,841	100	150,054	150,146	100
NT	178,875	178,882	100	179,773	179,780	100	169,314	169,533	100
ACT	107,934	111,123	97	119,815	121,672	98	112,495	113,885	99
National	**6,141,848**	**6,370,613**	**96**	**6,360,259**	**6,681,284**	**95**	**6,224,642**	**6,552,451**	**95**

Admitted acute separations

Figure 2 shows the number of admitted acute care separations reported in the cost data from 2019-20 to 2021-22. In 2021-22, there were 6.2 million admitted acute care separations nationally, a 2% decrease to the 2020-21 figure of 6.4 million. The national decrease in admitted acute care separations was driven by New South Wales, decreasing 137,917 records (or 8%), from 2020-21 to 2021-22. In 2021-22, the number of separations at the jurisdictional level ranged from 112,495 (Australian Capital Territory) to 1.7 million (Victoria).

Figure 2: Admitted acute separations, 2019-20 to 2021-22



Admitted acute separation change

Table 5 shows the admitted acute end-classes that had an impact on the change in the number of separations reported nationally in 2021-22 compared to 2020-21. In 2021-22, the national number of separations was 6.2 million, a decrease of 135,617 separations (or 2%) compared to 2020-21. The national admitted acute separation decrease was driven by G66B, G48B, and C16Z (as defined in table 5). These end-classes decreased nationally 31,348 in 2021-22 compared to 2020-21. The end-classes that had the highest increase were L61Z, T63B, E67B (as defined in table 5), an increase of 85,098 from 2020-21.

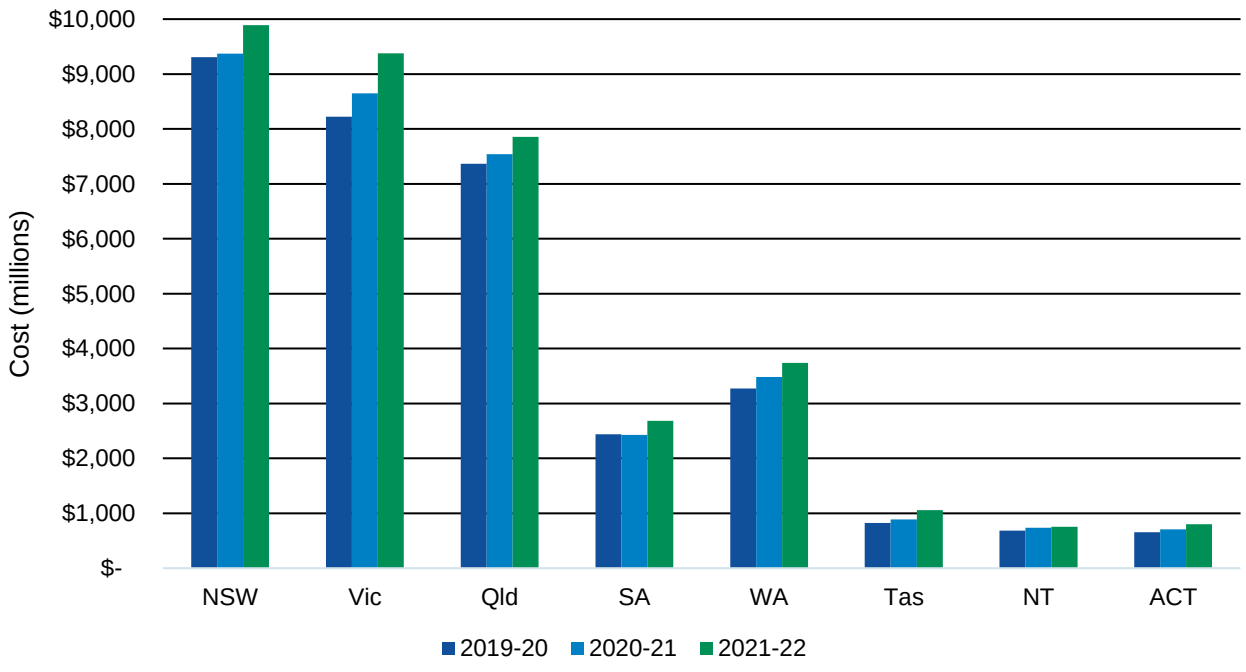
Table 5: Admitted acute separation change, 2020-21 to 2021-22

AR-DRG	Description	Separations		Change (Seps)	Change (%)
		2021-22	2020-21		
L61Z	Haemodialysis	1,368,880	1,332,653	36,227	3
T63B	Viral Illnesses, Minor Complexity	41,510	14,862	26,648	179
E67B	Respiratory Signs and Symptoms, Minor Complexity	45,589	23,366	22,223	95
G66B	Abdominal Pain and Mesenteric Adenitis, Minor Complexity	52,509	61,480	-8,971	-15
G48B	Colonoscopy, Minor Complexity	91,034	100,352	-9,318	-9
C16Z	Lens Interventions	58,537	71,596	-13,059	-18

Admitted acute cost

In 2021-22, the admitted acute care expenditure reported in the NHCDC was approximately $36.2 billion nationally. Figure 3 shows the cost of admitted acute care by jurisdiction from 2019-20 to 2021-22. From 2020-21 to 2021-22, the cost of admitted acute care increased $2.4 billion nationally, a 7% increase to the 2020-21 figure of $33.8 billion. The national increase in the cost of admitted acute care was driven by Victoria, increasing $725.3 million (or 8%) from 2020-21 to 2021-22. In 2021-22, the cost at the jurisdictional level ranged from $754.3 million (Northern Territory) to $9.9 billion (New South Wales).

Figure 3: Admitted acute care cost, 2019-20 to 2021-22



Admitted acute cost change

Table 6 shows the admitted acute end-classes that had an impact on the change in the cost of separations reported nationally in 2021-22 compared to 2020-21. In 2021-22, the national cost of admitted acute care separations was $36.2 billion, an increase of $2.4 billion (or 7%) compared to 2020-21. The national admitted acute cost increase was driven by E62A, E41A, and E41B (as defined in table 6). These end-classes increased nationally $388.4 million in 2021-22 compared to 2020-21. The end-classes that had the highest decrease were G10B, I33B, and I04B (as defined in table 6), a decrease of $107.1 million from 2020-21.

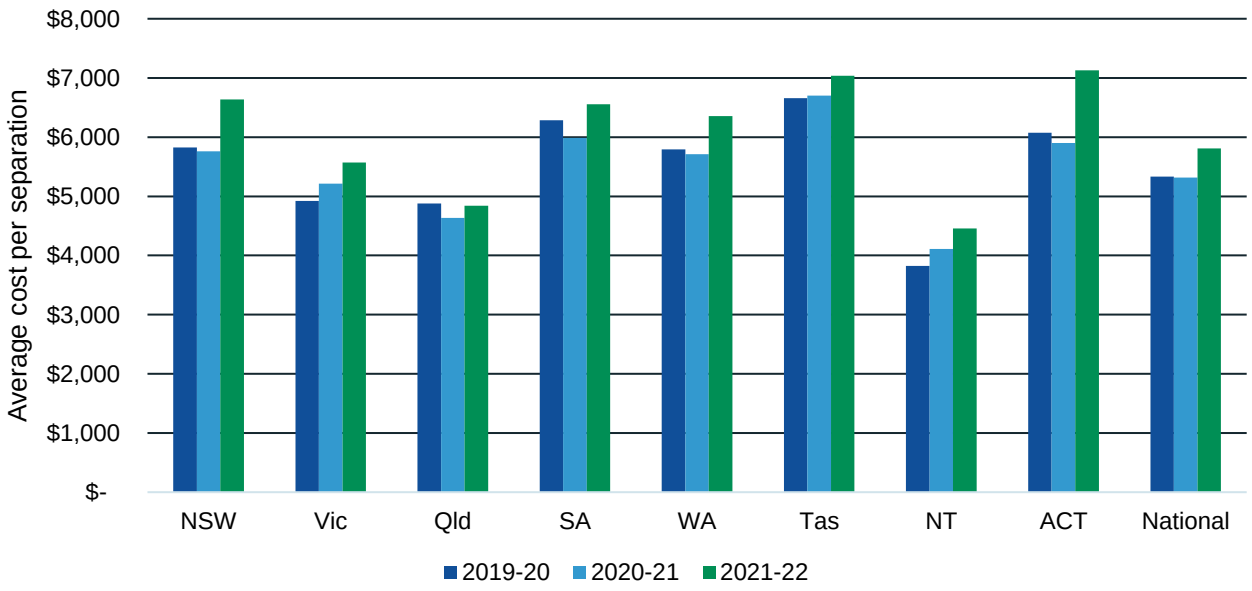
Table 6: Admitted acute cost change, 2020-21 to 2021-22

AR-DRG	Description	Cost ($)		Change ($)	Change (%)
		2021-22	2020-21		
E62A	Respiratory Infections and Inflammations, Major Complexity	502,325,585	339,140,990	163,184,595	48
E41A	Respiratory System Disorders with Non-Invasive Ventilation, Major Complexity	295,657,413	165,010,982	130,646,430	79
E41B	Respiratory System Disorders with Non-Invasive Ventilation, Minor Complexity	239,127,211	144,559,086	94,568,125	65
G10B	Hernia Interventions, Minor Complexity	160,129,291	177,463,010	-17,333,719	-10
I33B	Hip Replacement for Non-Trauma, Minor Complexity	147,666,057	180,968,546	-33,302,490	-18
I04B	Knee Replacement, Minor Complexity	192,322,813	248,795,594	-56,472,781	-23

Admitted acute average cost

Figure 4 shows the average cost of admitted acute separations reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per admitted acute separation was $5,809, a 9% increase from the 2020-21 figure of $5,315. In 2021-22, the average cost per separation at the jurisdictional level ranged from $4,455 (Northern Territory) to $7,128 (Australian Capital Territory). Note the variation in average cost may be affected by differences in admission policies, activity complexity and hospital location.

Figure 4: Admitted acute care average cost, 2019-20 to 2021-22

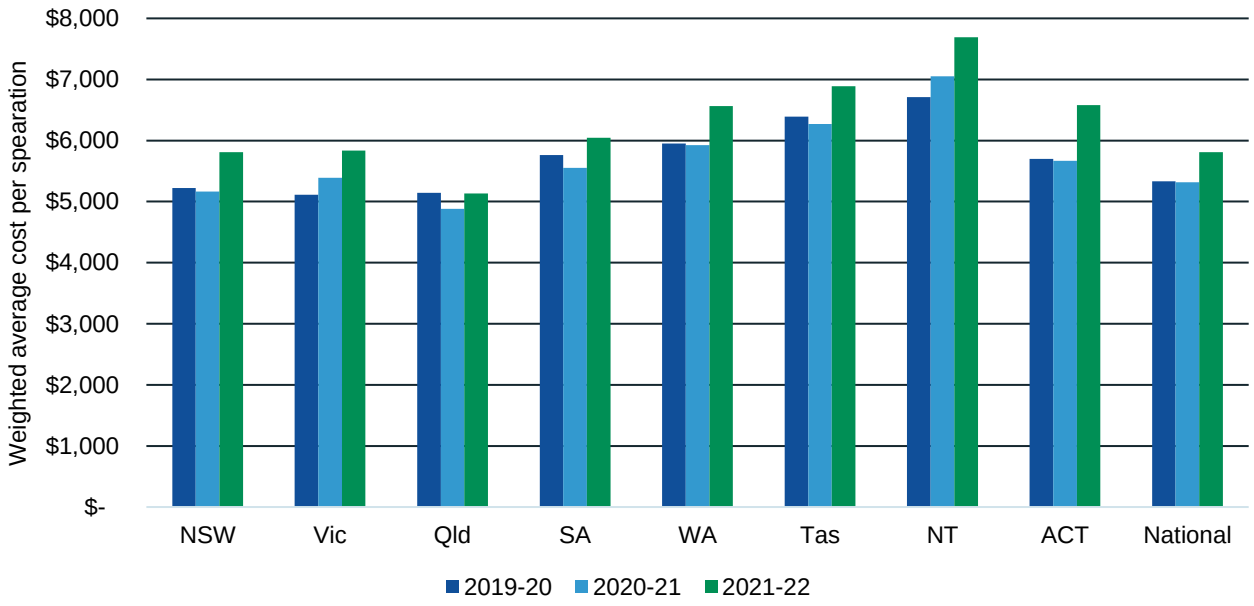


To compare the average cost of admitted acute separations across the jurisdictions, it is necessary to control for the complexity of a jurisdiction's acute activity profile to ensure like for like comparisons are made. Major complexity activities are more expensive than minor complexity activities. This means the average cost tends to be influenced by the complexity of a jurisdiction's activity profile. Comparisons across jurisdictions should be made using weighted averages.

Admitted acute weighted average cost

Figure 5 shows the weighted average cost of admitted acute separations reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national weighted average cost per admitted acute separation was $5,809, a 9% increase from the 2020-21 figure of $5,315. In 2021-22, the average weighted cost per separation at the jurisdictional level ranges from $5,134 (Queensland) to $7,692 (Northern Territory). The Northern Territory's average cost per separation is lower than the weighted separation, which indicates a low proportion of complex admitted acute activity.

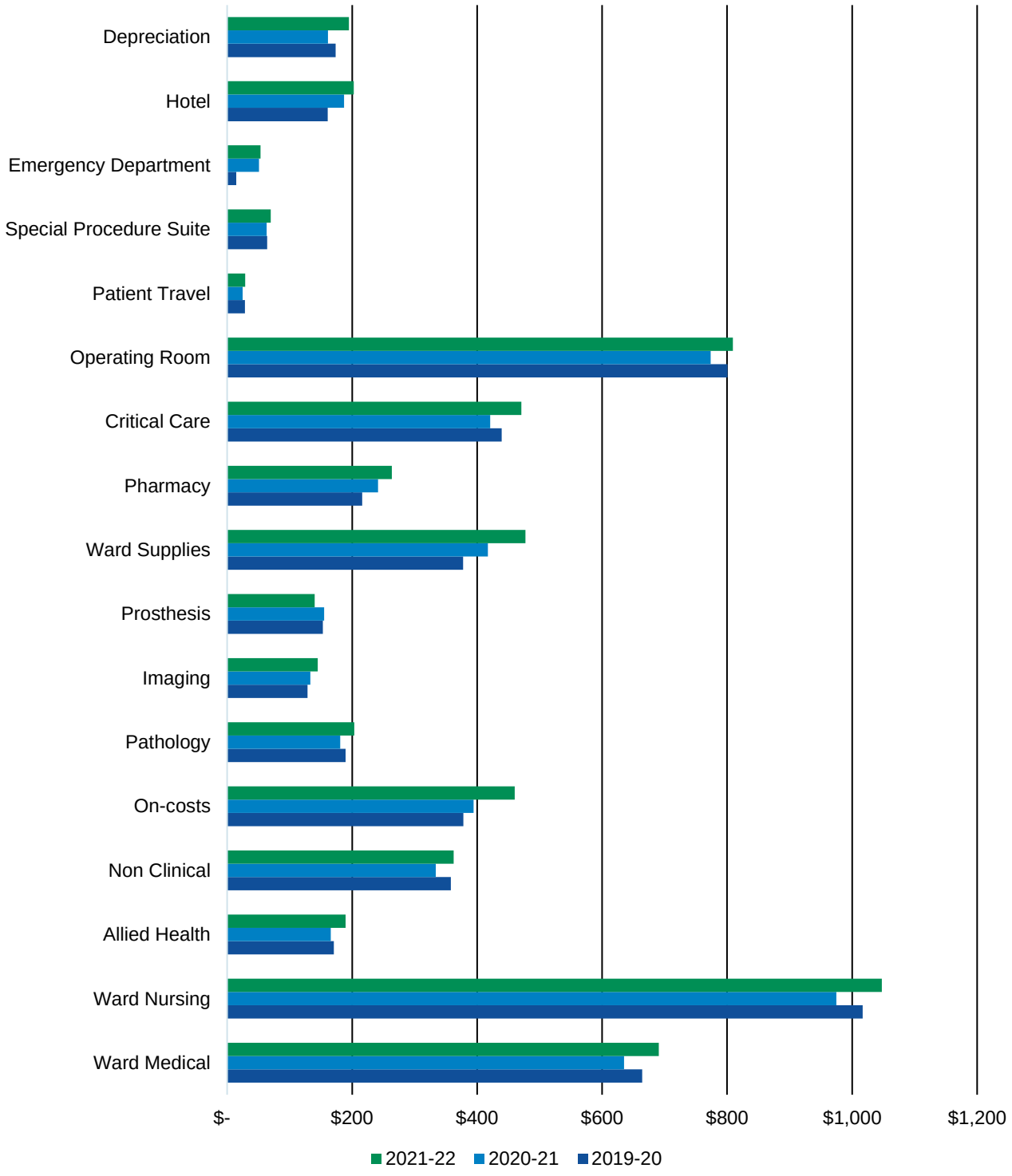
Figure 5: Admitted acute care weighted average cost, 2019-20 to 2021-22



Admitted acute cost buckets

Figure 6 shows the admitted acute national average cost per cost bucket reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per admitted acute separation was $5,809, a 9% increase from the 2020-21 figure of $5,315. The on-costs, ward nursing, and ward medical cost buckets accounted for 39% of the increase in the average cost per admitted acute separation from 2020-21 to 2021-22. The only cost bucket to decrease was prosthesis, decreasing 10% from 2020-21 to 2021-22.

Figure 6: Admitted acute cost buckets national, 2019-20 to 2021-22



4. Admitted subacute and non-acute

Summary

This chapter outlines the admitted subacute and non-acute activity, cost, and average cost per episode or phase, from 2019-20 to 2021-22. Admitted subacute and non-acute care is defined as specialised, multidisciplinary care where the primary need for care is to optimise a patient's functioning and quality of life. A patient's functioning may relate to their whole body or a body part, the whole person, or the whole person in a social context, and to impairment of a body function or structure, activity limitation and/or participation restriction.

There are 4 admitted subacute care types, including: rehabilitation, palliative care, geriatric evaluation, and management (GEM) care and psychogeriatric care. Palliative care is the only admitted subacute care type to be represented by phases. Non-acute care relates to maintenance care where the treatment goal is to support a patient with impairment, activity limitation or participation restriction due to a health condition.

The Australian National Subacute and Non-Acute Patient Classification version 5.0 (AN-SNAP v5.0) was used to prepare this report. AN-SNAP v5.0 classifies episodes of admitted subacute and non-acute patient care based on setting, care type, phase of care, assessment of functional impairment, age, and other measures. AN-SNAP v5.0 is comprised of two main branches:

1. admitted patient episodes (same-day and overnight), and
2. non-admitted episodes (outpatients and community).

In 2021-22, there were 151,706 subacute and non-acute episodes nationally, a 2% increase to the 2020-21 figure of 148,487. There were 64,477 subacute phases reported nationally in 2021-22, a 12% increase to the 2020-21 figure of 57,445.

In 2021-22, the cost reported for subacute and non-acute episodes was $3.2 billion nationally, a 12% increase to the 2020-21 figure of $2.9 billion. The cost reported for subacute phases nationally in 2021-22 was $467.9 million, a 10% increase to the 2020-21 figure of $426.2 million.

The national average cost per subacute and non-acute episode was $21,402 for 2021-22, a 10% increase to the 2020-21 national average of $19,484. The national average cost per subacute phase was $7,258 for 2021-22, a 2% decrease to the 2020-21 national average of $7,419.

Note that subacute and non-acute episodes are combined for reporting purposes. For further information on the breakdown of subacute and non-acute episode activity, please refer to the Appendix Tables.

Admitted subacute and non-acute cost and activity

Nationally, 100% of the submitted NHCDC records were linked to admitted subacute and non-acute activity for both episodes and phases. Table 7 shows the number of linked NHCDC records as a proportion of the admitted subacute and non-acute episode activity by jurisdiction from 2019-20 to 2021-22. The national linked NHCDC episode records decreased by 680 (or less than 1%) and activity increased by 351 (or less than 1%) from 2019-20 to 2021-22. Nationally, the linked NHCDC records as a proportion of activity was consistently around at 76% from 2019-20 to 2021-22.

Table 7: Proportion of linked NHCDC records to episode activity, 2019-20 to 2021-22

	2019-20			2020-21			2021-22		
	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)
NSW	46,946	68,387	69	45,016	67,343	67	35,623	58,449	61
Vic	36,660	45,418	81	30,786	39,579	78	30,342	39,147	78
Qld	37,240	48,763	76	39,850	51,723	77	52,240	64,778	81
SA	10,712	14,213	75	11,840	14,316	83	13,363	15,396	87
WA	12,151	12,664	96	12,396	12,857	96	11,914	12,365	96
Tas	2,671	3,571	75	2,587	3,528	73	2,593	3,605	72
NT	863	1,264	68	765	1,209	63	900	1,341	67
ACT	5,143	5,181	99	5,247	5,248	100	4,731	4,731	100
National	**152,386**	**199,461**	**76**	**148,487**	**195,803**	**76**	**151,706**	**199,812**	**76**

Table 8 shows the number of linked NHCDC records as a proportion of the admitted subacute phase activity by jurisdiction from 2019-20 to 2021-22. The national linked NHCDC phase records increased by 4,249 (or 7%) and activity decreased by 1,651 (or 2%) from 2019-20 to 2021-22. Nationally, the linked NHCDC records as a proportion of activity has increased 7% from 75% in 2019-20 to 82% in 2021-22.

Table 8: Proportion of linked NHCDC records to phase activity, 2019-20 to 2021-22

	2019-20			2020-21			2021-22		
	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)
NSW	32,574	35,766	91	30,691	35,884	86	28,082	33,854	83
Vic	15,492	16,937	91	14,969	16,470	91	15,741	16,472	96
Qld	6,787	15,055	45	9,902	15,914	62	15,871	16,126	98
SA	3,597	3,757	96	-	3,713	-	2,918	3,223	91
WA	-	4,884	-	-	5,980	-	-	5,179	-
Tas	730	755	97	626	649	96	713	736	97
NT	1,048	1,085	97	1,257	1,257	100	1,152	1,152	100
ACT	-	1,605	-	-	1,301	0	-	1,451	-
National	**60,228**	**79,844**	**75**	**57,445**	**81,168**	**71**	**64,477**	**78,193**	**82**

Admitted subacute and non-acute episodes and phases

Figure 7 shows the number of subacute and non-acute episodes reported in the cost data from 2019-20 to 2021-22. In 2021-22, there were 151,706 subacute and non-acute episodes nationally, a 2% increase to the 2020-21 figure of 148,487. The national increase in admitted subacute and non-acute episodes was driven by Queensland, increasing 12,390 episodes (or 31%) from 2020-21 to 2021-22. In 2021-22, the number of episodes at the jurisdictional level ranged from 900 (Northern Territory) to 52,240 (Queensland).

Figure 7: Admitted subacute and non-acute episodes, 2019-20 to 2021-22

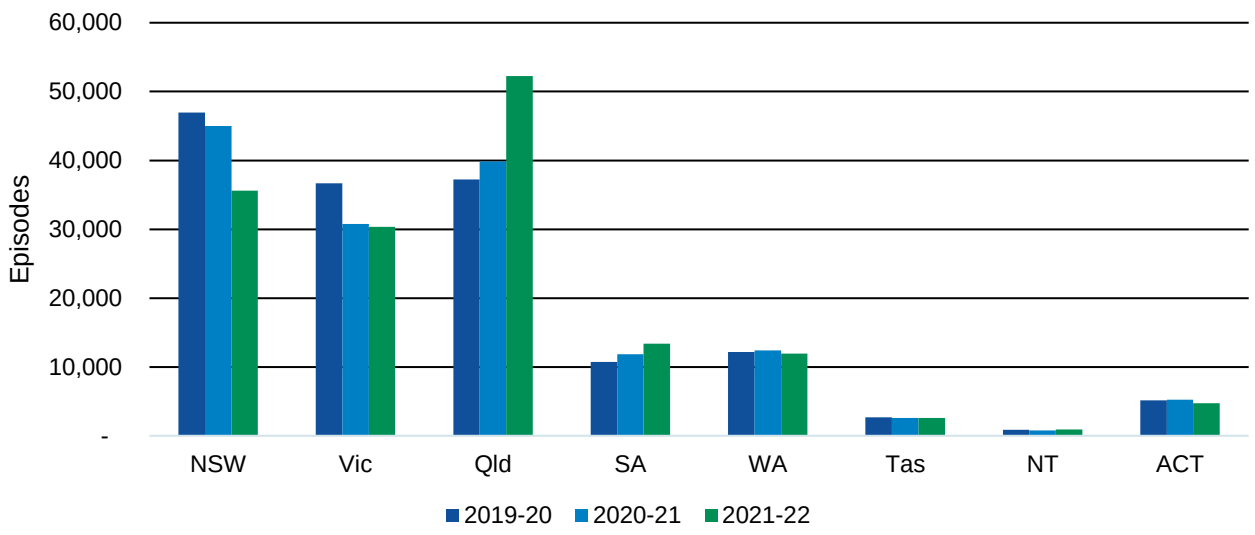
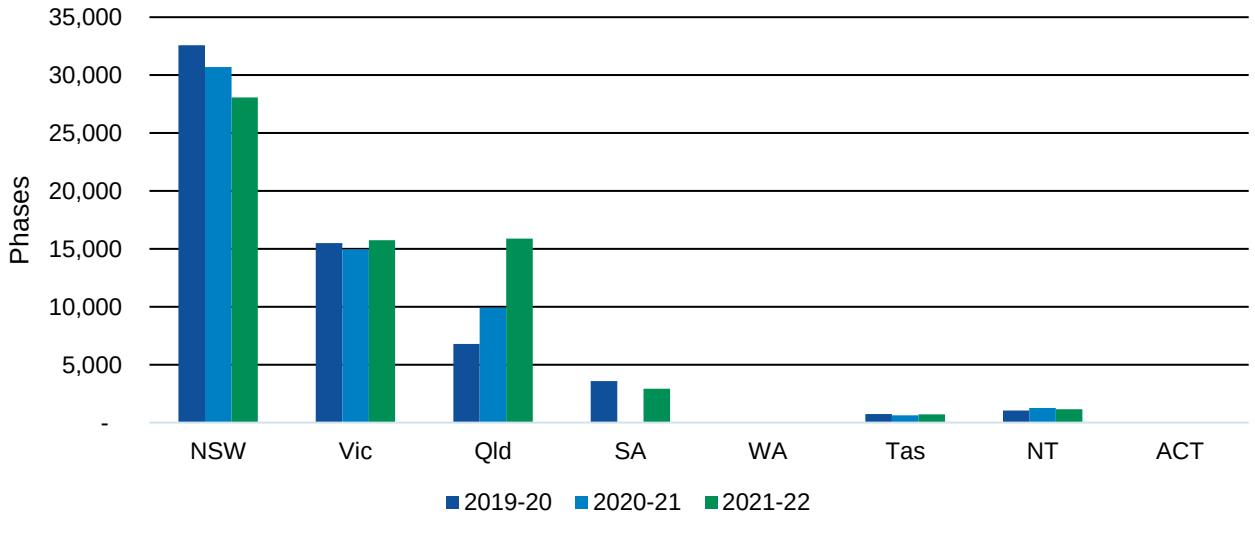


Figure 8 shows the number of subacute phases reported in the cost data from 2019-20 to 2021-22. In 2021-22, there were 64,477 subacute phases reported nationally, a 12% increase to the 2020-21 figure of 57,445. The national increase in admitted subacute phases was driven by Queensland, increasing 5,969 phases (or 60%) from 2020-21 to 2021-22. In 2021-22, the number of phases at the jurisdictional level ranged from 0 (Western Australia and Australian Capital Territory) to 28,082 (New South Wales). Note Western Australia and the Australian Capital Territory do not submit phase level cost data.

Figure 8: Admitted subacute phases, 2019-20 to 2021-22



Admitted subacute and non-acute episode change

Table 9 shows the admitted subacute and non-acute end-classes that had an impact on the change in the number of episodes reported nationally in 2021-22 compared to 2020-21. In 2021-22, the national number of episodes was 151,706, an increase of 3,219 episodes (or 2%) compared to 2020-21. The national admitted subacute and non-acute episode change was driven by 5ES3, 5ES1, and 5ES4 (as defined in table 9). These end-classes increased nationally 13,661 in 2021-22 compared to 2020-21. The end-classes that had the highest decrease were 5CH1, 5ES2, and 5J01 (as defined in table 9), a decrease of 8,729 episodes from 2020-21. Note that due to the volatility in the admitted subacute phases figures, the phase change analysis is not displayed in this report.

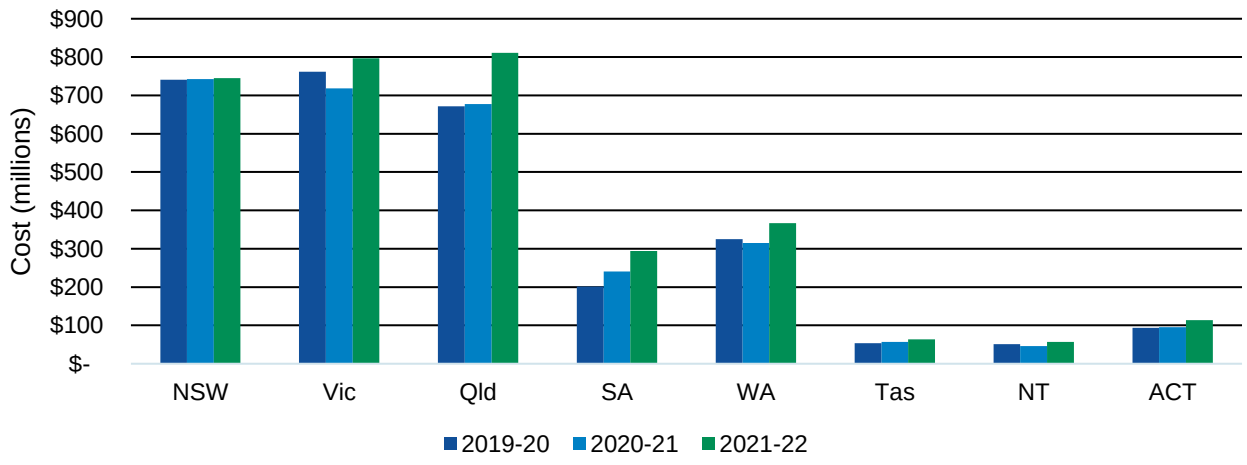
Table 9: Admitted subacute and non-acute episode change, 2020-21 to 2021-22

AN-SNAP	Description	Episodes		Change (episodes)	Change (%)
		2021-22	2020-21		
5ES3	Shorter term care (LOS =< 91), Age = 18-64	11,068	3,993	7,075	177%
5ES1	Shorter term care (LOS =< 91), Age >= 65, Frailty Related Index of Comorbidities (FRIC) Score 0 - 1.9	18,173	12,402	5,771	47%
5ES4	Shorter term care (LOS =< 91), Age =< 17	904	89	815	916%
5CH1	Frailty Related Index of Comorbidities (FRIC) Score >= 7.4, FIM Motor 40 - 91	1,376	2,776	-1,400	-50%
5ES2	Shorter term care (LOS =< 91), Age >= 65, Frailty Related Index of Comorbidities (FRIC) Score >= 2	11,055	13,375	-2,320	-17%
5J01	Adult Same-Day Rehabilitation	11,007	16,016	-5,009	-31%

Admitted subacute and non-acute cost

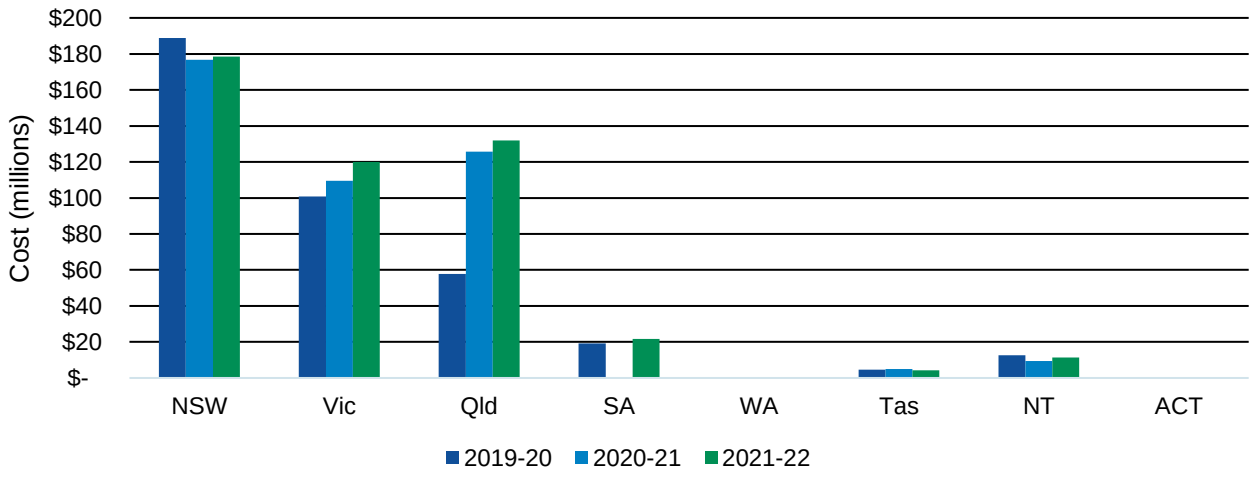
In 2021-22, the admitted subacute and non-acute episodes expenditure reported in the NHCDC was approximately $3.2 billion nationally. Figure 9 shows the cost of admitted subacute and non-acute episodes by jurisdiction from 2019-20 to 2021-22. From 2020-21 to 2021-22, the cost of admitted subacute and non-acute episodes increased $353.8 million nationally, a 12% increase to the 2020-21 figure of $2.9 billion. The national increase in the cost of admitted subacute and non-acute episodes was driven by Queensland, increasing $133.3 million (or 20%) from 2020-21 to 2021-22. In 2021-22, the cost for episodes at the jurisdictional level ranged from $56.9 million (Northern Territory) to $811.0 million (Queensland).

Figure 9: Admitted subacute and non-acute episodes cost, 2019-20 to 2021-22



In 2021-22, the admitted subacute phases expenditure reported in the NHCDC was approximately $467.9 million nationally. Figure 10 shows the cost of admitted subacute phases by jurisdiction from 2019-20 to 2021-22. From 2020-21 to 2021-22, the cost of admitted subacute increased $41.8 million nationally, a 10% increase to the 2020-21 figure of $426.2 million. The national increase in the cost of admitted subacute phases was driven by South Australia as there was no cost data submitted in 2020-21, but $21.7 million submitted in 2021-22. In 2021-22, the cost for phases at the jurisdictional level ranged from $4.3 million (Northern Territory) to $178.5 million (New South Wales). It should be noted that Western Australia and the Australian Capital Territory have not reported phase level cost data for the last 3 years.

Figure 10: Admitted subacute phases cost, 2019-20 to 2021-22



Admitted subacute and non-acute average cost

Figure 11 shows the average cost of admitted subacute and non-acute episodes reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per admitted subacute and non-acute episodes was $21,402, a 10% increase from the 2020-21 figure of $19,484. In 2021-22, the average cost per episode at the jurisdictional level ranged from $15,525 (Queensland) to $63,268 (Northern Territory).

Figure 11: Admitted subacute and non-acute episodes average cost, 2019-20 to 2021-22

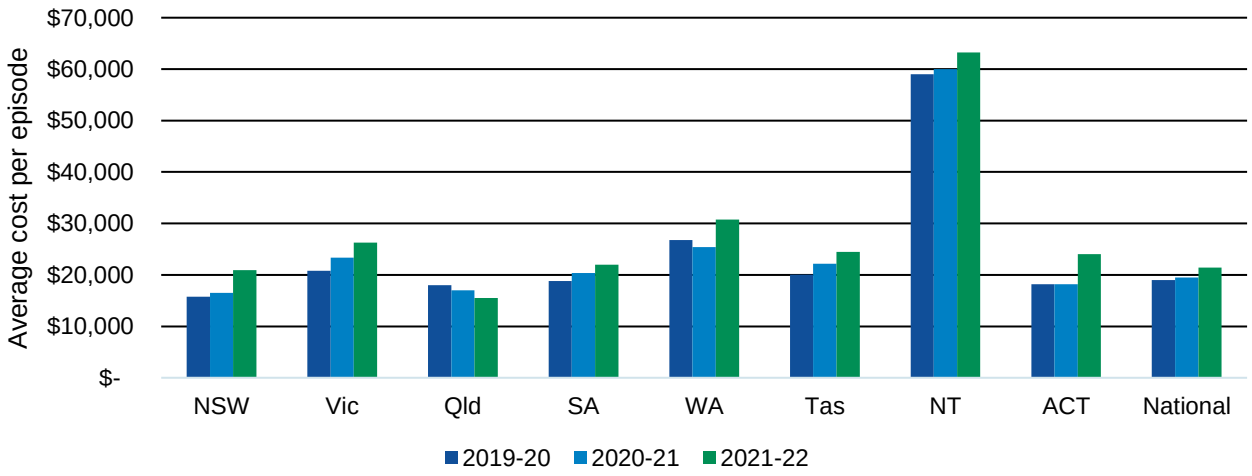
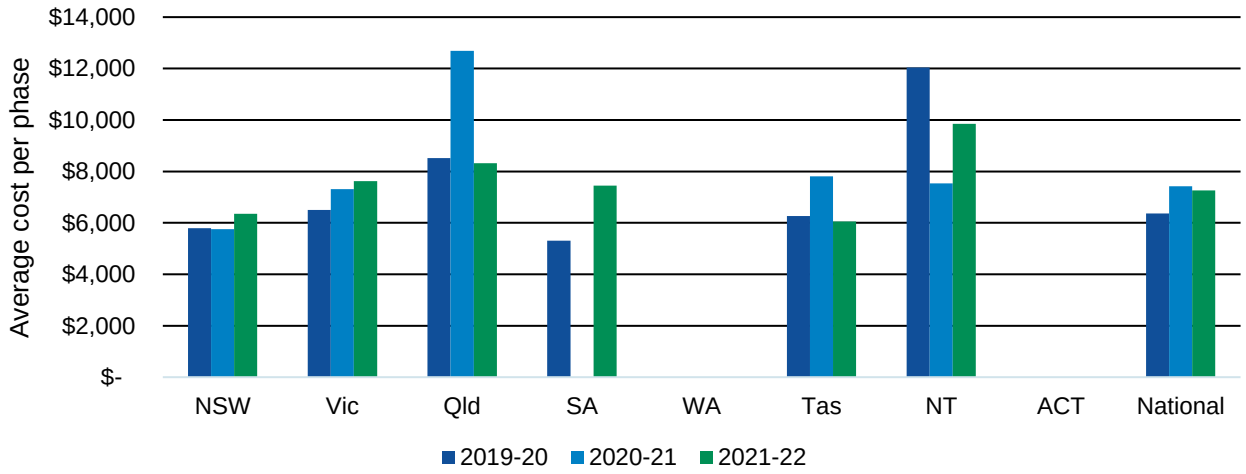


Figure 12 shows the average cost of admitted subacute phases reported in the cost data from 201920 to 2021-22. In 2021-22, the national average cost per admitted subacute phase was $7,258, a 2% decrease from the 2020-21 figure of $7,419. In 2021-22, the average cost per phase at the jurisdictional level ranged from $6,050 (Tasmania) to $9,855 (Northern Territory). The Australian Capital Territory and Western Australia did not submit phase level cost data in 2019-20 to 2021-22.

Figure 12: Admitted subacute phases average cost, 2019-20 to 2021-22



Admitted subacute and non-acute cost buckets

Figure 13 shows the admitted subacute and non-acute episode national average cost per cost bucket reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per admitted subacute and non-acute episode was $21,402, a 10% increase from the 2020-21 figure of $19,484. The ward nursing, ward supplies, and non-clinical cost buckets accounted for 62% of the increase in the average cost per admitted subacute and non-acute episode from 2020-21 to 2021-22.

Figure 13: Admitted subacute and non-acute episodes cost buckets national, 2019-20 to 2021-22

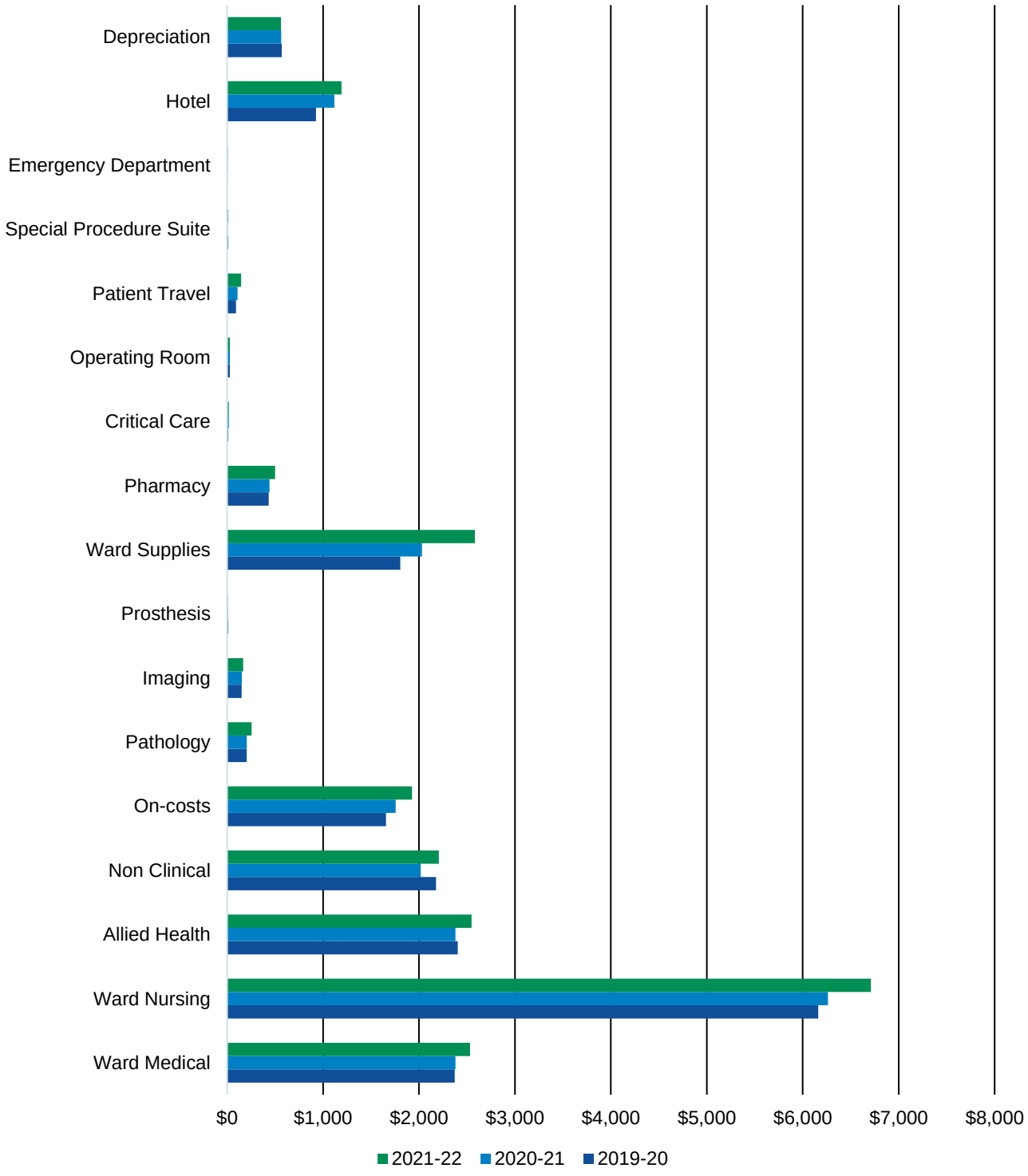
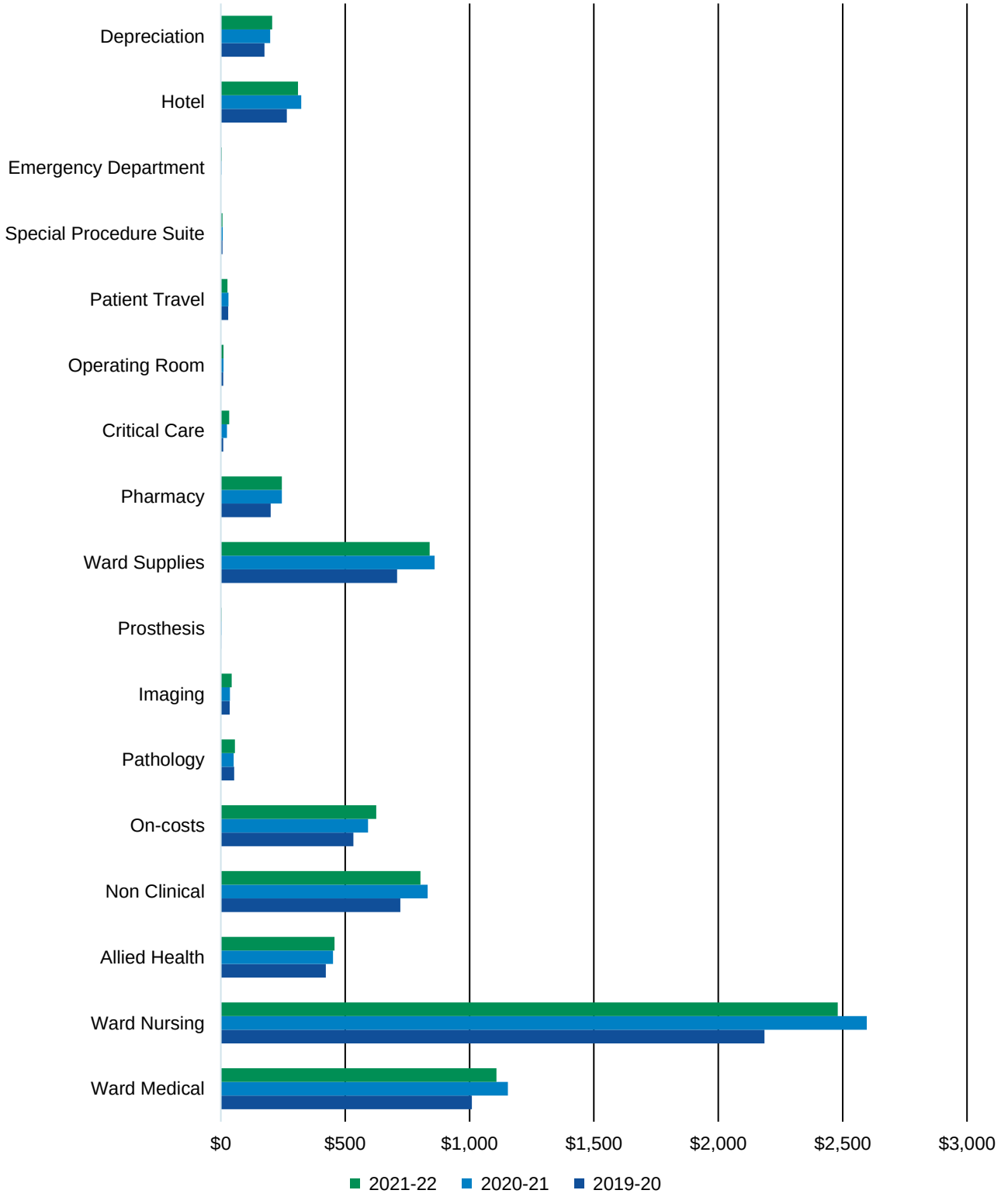


Figure 14 shows the admitted subacute phase average cost per cost bucket reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per admitted subacute phase was $7,258, a 2% decrease from the 2020-21 figure of $7,419. The ward nursing, ward medical, and non-clinical cost buckets accounted for 118% of the decrease in the average cost per admitted subacute phases from 2020-21 to 2021-22. The on-costs cost bucket increased 6% from 2020-21 to 2021-22.

Figure 14: Admitted subacute phases cost buckets national, 2019-20 to 2021-22



5. Emergency department

Summary

This chapter outlines the emergency department presentations, cost, and average cost per presentation from 2019-20 to 2021-22. Emergency departments (ED) are dedicated hospital-based facilities specifically designed and staffed to provide 24-hour emergency care. The role of the ED is to diagnose, triage, and treat acute and urgent illnesses and injuries.

On arrival in the ED, patients are assessed by a clinician and given a triage score based on the severity of their illness or injury, including resuscitation, emergency, urgent, semi-urgent and non-urgent. A triage score is a ranking from one to five (one being the most urgent and five being non-urgent) used to prioritise or classify patients based on illness or injury severity and need for medical and nursing care. During the treatment phase of their time in ED patients are assessed by a clinician and assigned a diagnosis with treatment provided, if required. For more information about emergency department activity visit IHACPA's website.

The Australian Emergency Care Classification (AECC) Version 1.2 has been used to prepare this report. The AECC has 3 hierarchical levels, which classify emergency department presentations into end-classes. The complexity levels are based on a score assigned to each presentation that is calculated using variables consisting of the patient's type of visit, episode end status, triage category, principal diagnosis, transport mode, and age.

In 2021-22, there were 8.3 million emergency department presentations nationally, a 1% decrease to the 2020-21 figure of 8.4 million. The associated cost in 2021-22 nationally was $7.4 billion, a 11% increase to the 2020-21 figure of $6.6 billion. The national average cost per emergency department presentation was $891 for 2021-22, a 13% increase to the 2020-21 national average of $790.

Emergency department cost and activity

Table 10 shows the number of linked NHCDC records as a proportion of the emergency department activity by jurisdiction from 2019-20 to 2021-22. The national linked NHCDC records increased by 329,056 (or 4%) and activity increased by 470,933 (or 6%) from 2019-20 to 2021-22. Nationally, the linked NHCDC records as a proportion of activity decreased by 1% from 95% in 2019-20 to 94% in 2021-22.

Table 10: Proportion of linked NHCDC records to activity, 2019-20 to 2021-22

Jurisdiction	2019-20			2020-21			2021-22		
	Linked NHCDC Records	Activity	Proportion (%)	Linked NHCDC Records	Activity	Proportion (%)	Linked NHCDC Records	Activity	Proportion (%)
NSW	2,571,745	2,857,259	90	2,520,197	2,958,710	85	2,463,075	2,910,511	85
Vic	1,724,209	1,784,900	97	1,704,061	1,772,271	96	1,817,818	1,856,242	98
Qld	1,947,567	2,005,357	97	2,297,035	2,397,890	96	2,163,308	2,233,663	97
SA	530,195	535,453	99	576,703	580,575	99	572,455	572,931	100
WA	709,208	717,171	99	763,051	767,873	99	765,477	768,875	100
Tas	153,735	153,736	100	170,287	170,287	100	173,276	173,276	100
NT	164,783	164,784	100	177,652	177,699	100	171,415	171,416	100
ACT	139,677	141,021	99	153,456	153,716	100	143,351	143,700	100
National	**7,941,119**	**8,359,681**	**95**	**8,362,442**	**8,979,021**	**93**	**8,270,175**	**8,830,614**	**94**

Table 11 shows the number of linked NHCDC records as a proportion of the NHCDC records by jurisdiction from 2019-20 to 2021-22. The NHCDC records increased by 166,166 (or 2%) from 2019-20 to 2021-22. Nationally, the linked NHCDC records as a proportion of NHCDC records increased by 2% from 97% in 2019-20 to 99% in 2021-22.

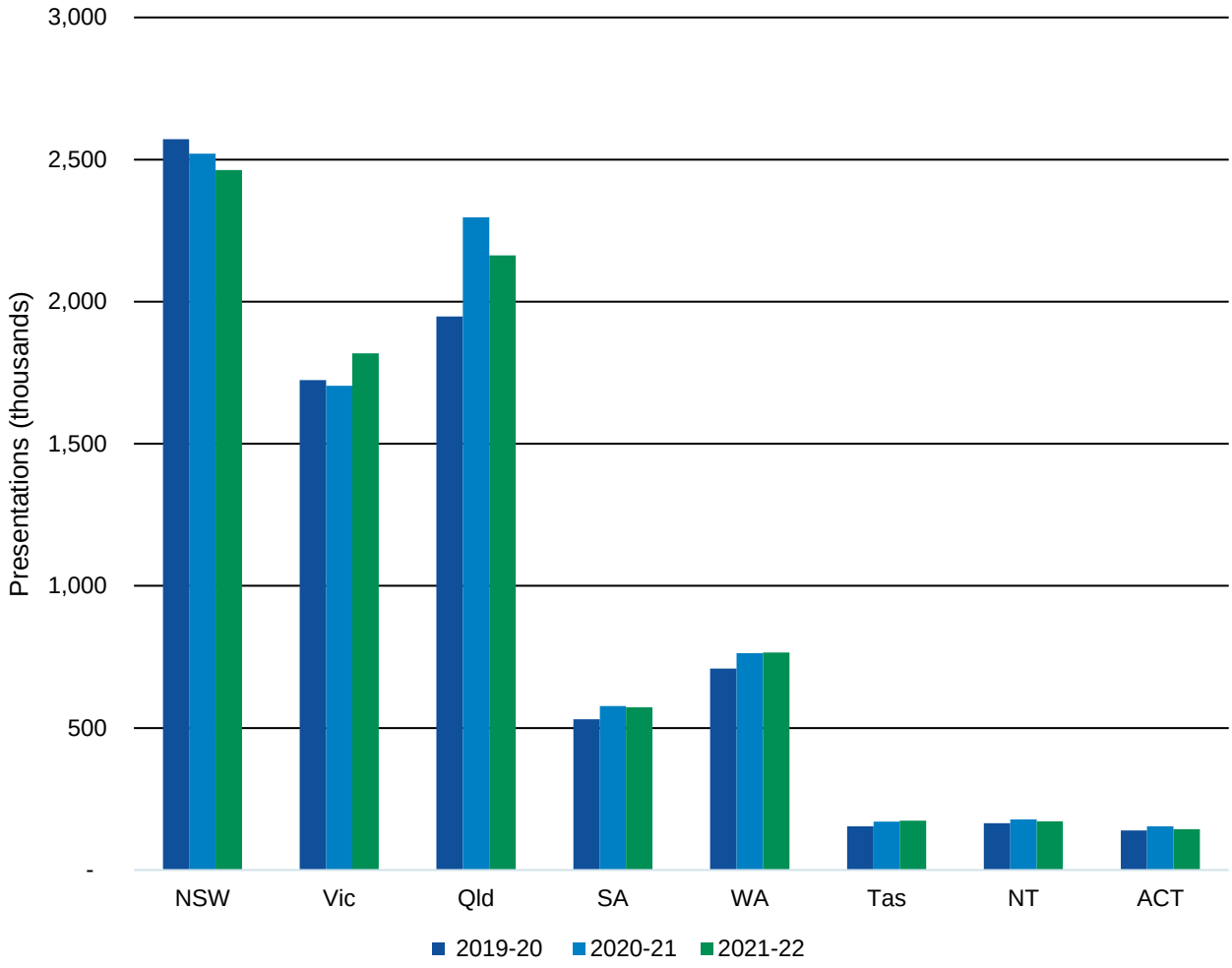
Table 11: Proportion of linked NHCDC records to NHCDC records, 2019-20 to 2021-22

Jurisdiction	2019-20			2020-21			2021-22		
	Linked NHCDC Records	NHCDC records	Proportion (%)	Linked NHCDC Records	NHCDC records	Proportion (%)	Linked NHCDC Records	NHCDC records	Proportion (%)
NSW	2,571,745	2,571,745	100	2,520,197	2,520,197	100	2,463,075	2,463,075	100
Vic	1,724,209	1,916,990	90	1,704,061	1,704,061	100	1,817,818	1,817,818	100
Qld	1,947,567	1,947,567	100	2,297,035	2,301,101	100	2,163,308	2,163,308	100
SA	530,195	530,195	100	576,703	597,695	96	572,455	597,497	96
WA	709,208	747,687	95	763,051	804,175	95	765,477	808,784	95
Tas	153,735	154,249	100	170,287	170,848	100	173,276	173,894	100
NT	164,783	164,784	100	177,652	177,681	100	171,415	171,415	100
ACT	139,677	139,759	100	153,456	153,456	100	143,351	143,351	100
National	**7,941,119**	**8,172,976**	**97**	**8,362,442**	**8,429,214**	**99**	**8,270,175**	**8,339,142**	**99**

Emergency department presentations

Figure 15 shows the number of emergency department presentations reported in the cost data from 2019-20 to 2021-22. In 2021-22, there were 8.3 million emergency department presentations nationally, a 1% decrease to the 2020-21 figure of 8.4 million. The national decrease in emergency department presentations was driven by Queensland, decreasing 133,727 presentations (or 6%) from 2020-21 to 2021-22. In 2021-22, the number of presentations at the jurisdictional level ranges from 143,351 (Australian Capital Territory) to 2.5 million (New South Wales).

Figure 15: Emergency department presentations, 2019-20 to 2021-22



Emergency department presentation change

Table 12 shows the emergency department end-classes that had an impact on the change in the number of presentations reported nationally in 2021-22 compared to 2020-21. In 2021-22, the national number of presentations was 8.3 million, a decrease of 92,267 presentations (or 1%) compared to 2020-21. The national emergency department presentations change was driven by E6090B, E2025C, and E1820C (as defined in table 12). These end-classes decreased nationally 215,624 in 2021-22 compared to 2020-21. The end-classes that had the highest increase were E0001Z, E9902Z, and E1820A (as defined in table 12), an increase of 197,290 presentations from 2020-21. For E0001Z, New South Wales and Victoria accounted for the greatest proportion of these

records, reporting 120,858 and 119,019 records respectively in 2021-22. For E9902Z, Queensland accounted for the greatest proportion of records, reporting 66,382 records in 2021-22.

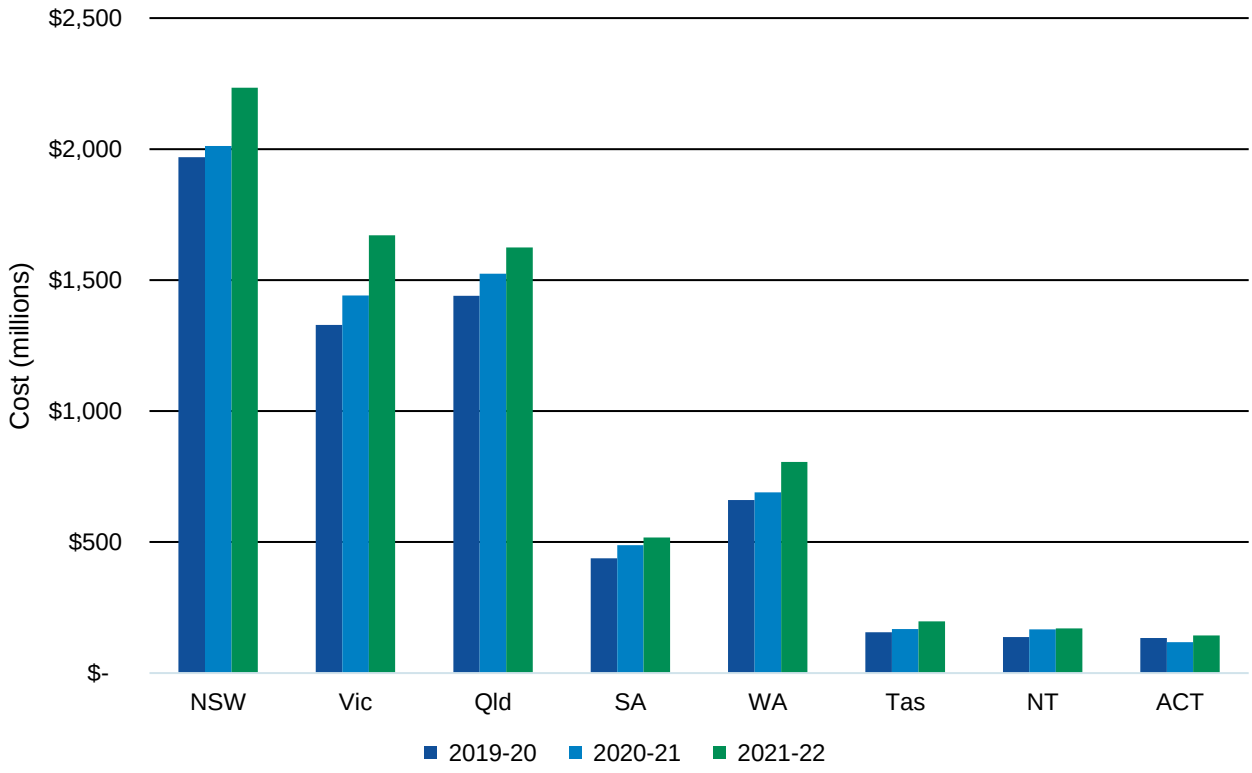
Table 12: Emergency department presentations change, 2020-21 to 2021-22

AECC	Description	Presentations		Change (presentation)	Change (%)
		2021-22	2020-21		
E6090B	Other factors influencing health status Complexity level B	150,142	184,011	-33,869	-18
E2025C	Fractures, dislocations, and ligament injuries Complexity level C	316,397	363,921	-47,524	-13
E1820C	Viral illnesses Complexity level C	188,444	322,675	-134,231	-42
E0001Z	Not attended by a healthcare professional	422,539	351,214	71,325	20
E9902Z	Missing principal ED diagnosis short list code	76,243	7,651	68,592	897
E1820A	Viral illnesses Complexity level A	68,371	10,998	57,373	522

Emergency department cost

In 2021-22, the emergency department expenditure reported in the NHCDC was approximately $7.4 billion nationally. Figure 16 shows the cost of emergency department presentations by jurisdiction from 2019-20 to 2021-22. From 2020-21 to 2021-22, the cost of emergency department presentations increased $758.9 million nationally, an 11% increase to the 2020-21 figure of $6.6 billion. The national increase in the cost of emergency department presentations was driven by Victoria, increasing $230.3 million (or 16%) from 2020-21 to 2021-22. In 2021-22, the cost at the jurisdictional level ranged from $144.1 million (Australian Capital Territory) to $2.2 billion (New South Wales).

Figure 16: Emergency department cost, 2019-20 to 2021-22



Emergency department cost change

Table 13 shows the emergency department end-classes that had an impact on the change in the cost of presentations reported nationally in 2021-22 compared to 2020-21. In 2021-22, the national cost of emergency department presentations was $7.4 billion, an increase of $758.9 million (or 11%) compared to 2020-21. The national emergency department cost increase was driven by E1820A, E0540B, and E1820B (as defined in table 13). These end-classes increased nationally $189.5 million in 2021-22 compared to 2020-21. The end-classes that had the highest decrease were E6090A, E6090B, and E1820C (as defined in table 13), a decrease of $40.1 million from 2020-21. E1820A included patients with coronavirus diseases (COVID-19) activity.

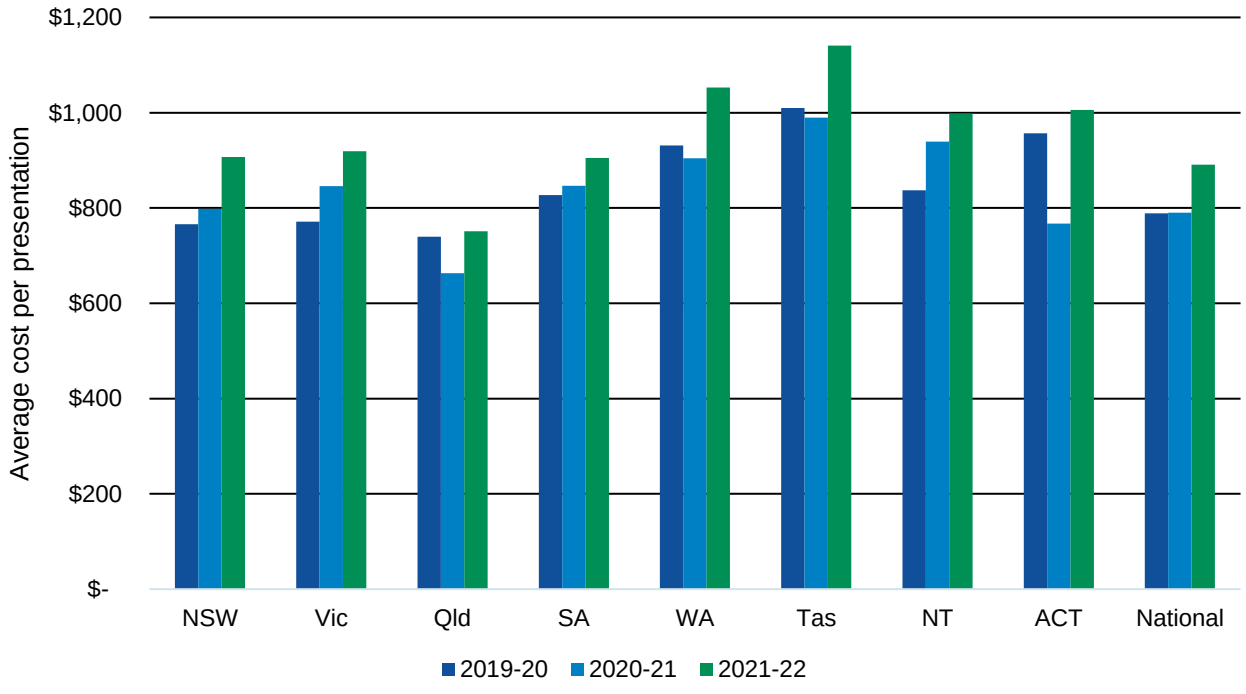
Table 13: Emergency department presentation cost change, 2020-21 to 2021-22

AECC	Description	Cost ($)		Change ($)	Change (%)
		2021-22	2020-21		
E1820A	Viral illnesses Complexity level A	90,639,863	11,426,212	79,213,651	693
E0540B	Chest pain Complexity level B	264,758,191	207,878,952	56,879,239	27
E1820B	Viral illnesses Complexity level B	80,983,706	27,549,725	53,433,981	194
E6090A	Other factors influencing health status Complexity level A	12,508,830	20,351,858.38	-7,843,029	-39
E6090B	Other factors influencing health status Complexity level B	76,679,911	88,977,567.68	-12,297,656	-14
E1820C	Viral illnesses Complexity level C	115,896,194	135,905,106.23	-20,008,912	-15

Emergency department average cost

Figure 17 shows the average cost of emergency department presentations reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per emergency department presentation was $891, a 13% increase from the 2020-21 figure of $790. In 2021-22, the average cost per presentation at the jurisdictional level ranged from $751 (Queensland) to $1,141 (Tasmania).

Figure 17: Emergency department presentation average cost, 2019-20 to 2021-22



6. Non-admitted

Summary

This chapter outlines the non-admitted service events, cost, and average cost per service event from 2019-20 to 2021-22. This includes services delivered in settings such as: hospital outpatient clinics, community-based clinics, and patient homes.

To be included as a non-admitted service, the service must meet the definition of a service event. A service event is defined as an interaction between one or more healthcare provider(s) with one non-admitted patient. This must contain therapeutic or clinical content and result in a dated entry in the patient's medical record. The Tier 2 Classification Version 7.0 was used to prepare this report.

In 2021-22, there were 32.4 million non-admitted service events nationally, a 15% increase from the 2020-21 figure of 28.2 million. The associated cost in 2021-22 nationally was $10.5 billion, a 9% increase to the 2020-21 figure of $9.6 billion. The national average cost per non-admitted service event was $324 for 2021-22, a 5% decrease to the 2020-21 national average of $341.

Non-admitted service event cost and activity

Table 14 shows the number of linked NHCDC records as a proportion of the non-admitted activity by jurisdiction from 2019-20 to 2021-22. The linked NHCDC records increased by 8.9 million (or 38%) and activity increased by 13.3 million (or 43%) from 2019-20 to 2021-22. Nationally, the linked NHCDC records as a proportion of activity decreased 3% from 76% in 2019-20 to 73% in 2021-22.

Table 14: Proportion of linked NHCDC records to activity, 2019-20 to 2021-22

Jurisdiction	2019-20			2020-21			2021-22		
	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)
NSW	7,703,947	12,711,357	61	10,363,280	16,432,690	63	9,923,216	15,749,109	63
Vic	4,125,667	4,922,361	84	4,393,960	5,251,448	84	4,726,182	6,164,187	77
Qld	6,074,761	6,844,676	89	6,774,890	8,220,724	82	8,554,330	11,564,435	74
SA	1,699,229	1,703,749	100	1,960,074	1,971,189	99	3,534,331	3,772,911	94
WA	2,222,967	2,928,638	76	2,683,334	3,369,377	80	2,829,078	3,494,375	81
Tas	556,323	569,806	98	699,461	858,232	82	835,257	1,394,955	60
NT	311,963	604,585	52	357,560	650,857	55	306,629	582,837	53
ACT	815,864	844,055	97	966,537	1,134,228	85	1,685,768	1,688,638	100
National	**23,510,721**	**31,129,227**	**76**	**28,199,096**	**37,888,745**	**74**	**32,394,791**	**44,411,447**	**73**

Table 15 shows the number of linked NHCDC records as a proportion of the NHCDC records by jurisdiction from 2019-20 to 2021-22. The NHCDC records increased by 9.3 million (or 38%) from 2019-20 to 2021-22. Nationally, the linked NHCDC records as a proportion of NHCDC records decreased by 1% from 97% in 2019-20 to 96% in 2021-22.

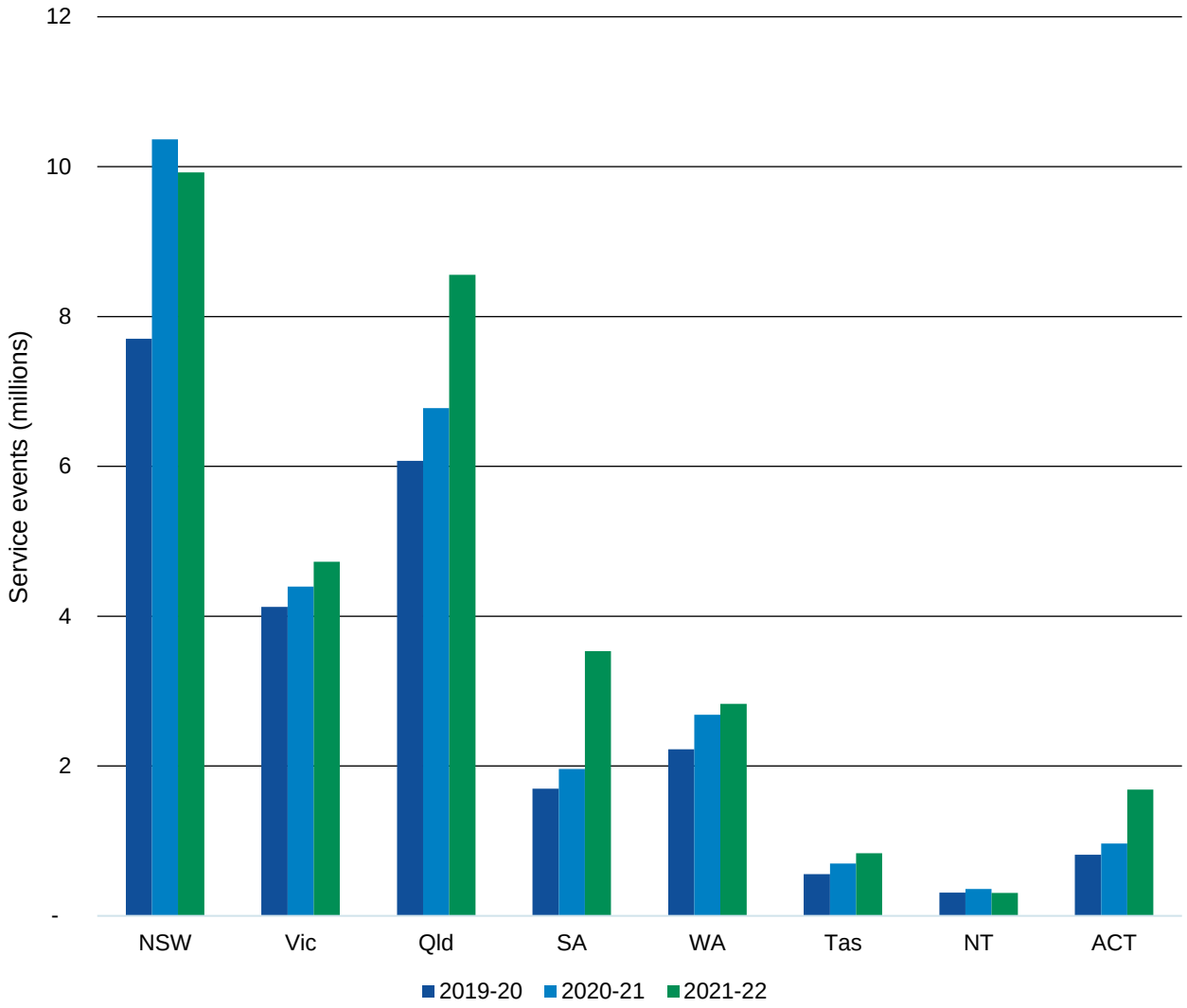
Table 15: Proportion of linked NHCDC records to NHCDC records, 2019-20 to 2021-22

Jurisdiction	2019-20			2020-21			2021-22		
	Linked NHCDC records	NHCDC records	Proportion (%)	Linked NHCDC records	NHCDC records	Proportion (%)	Linked NHCDC records	NHCDC records	Proportion (%)
NSW	7,703,947	7,717,128	100	10,363,280	10,363,280	100	9,923,216	9,923,216	100
Vic	4,125,667	4,872,486	85	4,393,960	5,038,904	87	4,726,182	5,423,425	87
Qld	6,074,761	6,074,761	100	6,774,890	6,774,890	100	8,554,330	8,558,608	100
SA	1,699,229	1,699,229	100	1,960,074	2,086,861	94	3,534,331	3,608,829	98
WA	2,222,967	2,255,748	99	2,683,334	2,734,270	98	2,829,078	3,267,124	87
Tas	556,323	564,802	98	699,461	705,105	99	835,257	866,647	96
NT	311,963	311,963	100	357,560	357,919	100	306,629	306,681	100
ACT	815,864	822,421	99	966,537	972,593	99	1,685,768	1,687,208	100
National	**23,510,721**	**24,318,538**	**97**	**28,199,096**	**29,033,822**	**97**	**32,394,791**	**33,641,738**	**96**

Non-admitted service events

Figure 18 shows the number of non-admitted service events reported in the cost data from 2019-20 to 2021-22. In 2021-22, there were 32.4 million non-admitted service events nationally, a 15% increase from the 2020-21 figure of 28.2 million. The national increase in non-admitted service events was driven by Queensland, increasing 1.8 million records (or 26%) from 2020-21 to 2021-22. In 2021-22, the number of service events at the jurisdictional level ranged from 306,629 (Northern Territory) to 9.9 million (New South Wales).

Figure 18: Non-admitted service events, 2019-20 to 2021-22



Non-admitted service event change

Table 16 shows the non-admitted end-classes that had an impact on the change in the number of service events reported nationally in 2021-22 compared to 2020-21. In 2021-22, the national number of service events was 32.4 million, an increase of 4.2 million service events (or 15%) compared to 2020-21. The national non-admitted service events change was driven by 10.21, 40.08, and OP_XX (as defined in table 16). These end-classes increased nationally 4.4 million in 2021-22 compared to 2020-21. The end-classes that had the highest decrease were 20.29, 40.09, and 30.09 (as defined in table 16), a decrease of 1.5 million service events from 2020-21.

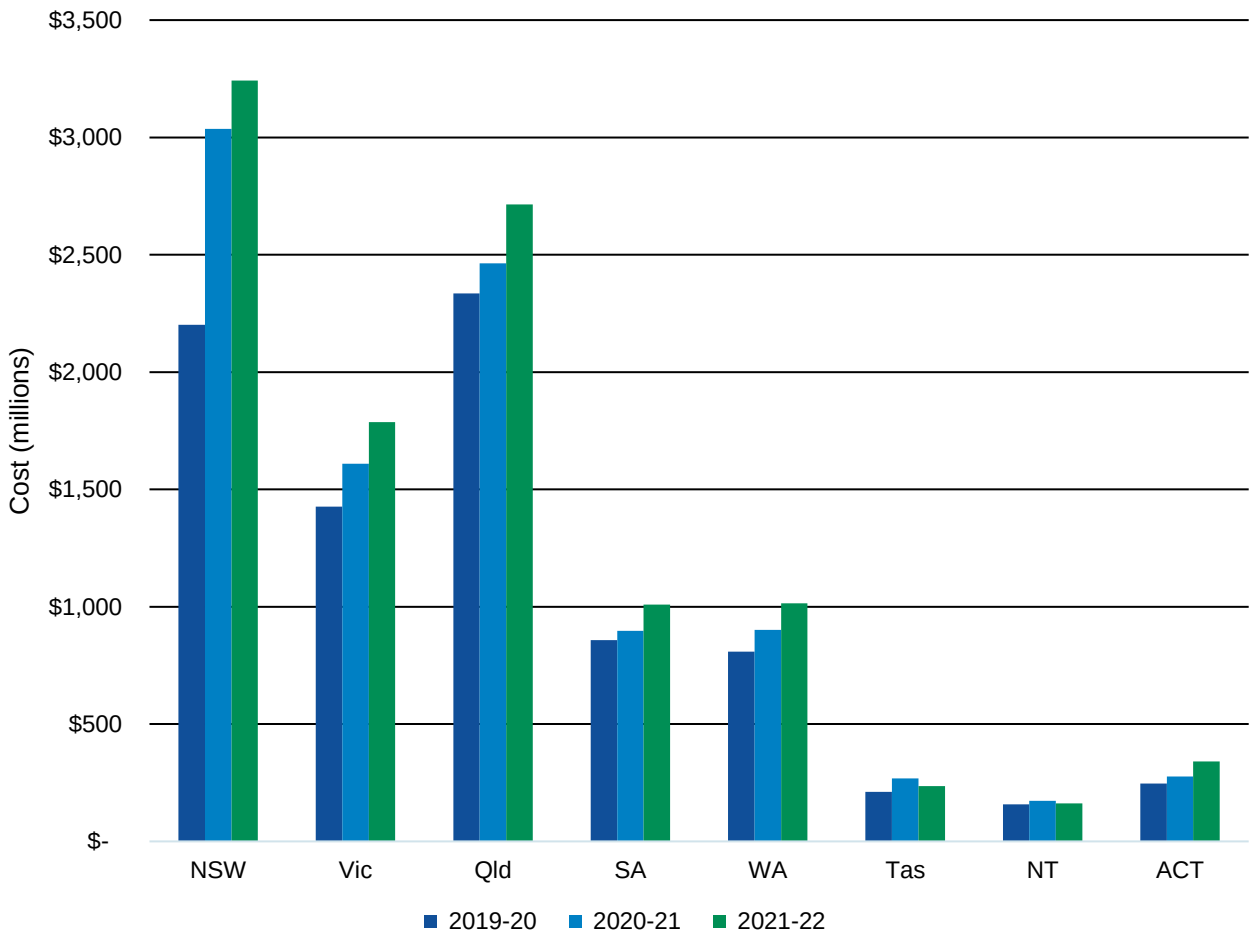
Table 16: Non-admitted service events change, 2020-21 to 2021-22

Tier 2	Description	Service events		Change (#)	Change (%)
		2021-22	2020-21		
10.21	COVID-19 Vaccination	4,572,906	1,263,521	3,309,385	262
40.08	Primary Health Care	1,235,569	530,376	705,193	133
OP_XX	Blank in Non-admitted	1,247,225	834,726	412,499	49
20.29	Orthopaedics	1,025,598	1,109,591	-83,993	-8
40.09	Physiotherapy	867,912	963,320	-95,408	-10
30.09	COVID-19 response diagnostics	696,921	2,005,948	-1,309,027	-65

Non-admitted service events cost

In 2021-22, the non-admitted service event expenditure reported in the NHCDC was approximately $10.5 billion nationally. Figure 19 shows the cost of non-admitted service events by jurisdiction from 2019-20 to 2021-22. From 2020-21 to 2021-22, the cost of non-admitted service events increased $876.8 million nationally, a 9% increase to the 2020-21 figure of $9.6 billion. The national increase in the cost of non-admitted service events was driven by Queensland, increasing $251.2 million (or 10%) from 2020-21 to 2021-22. In 2021-22, the cost at the jurisdictional level ranged from $161.7 million (Northern Territory) to $3.2 billion (New South Wales).

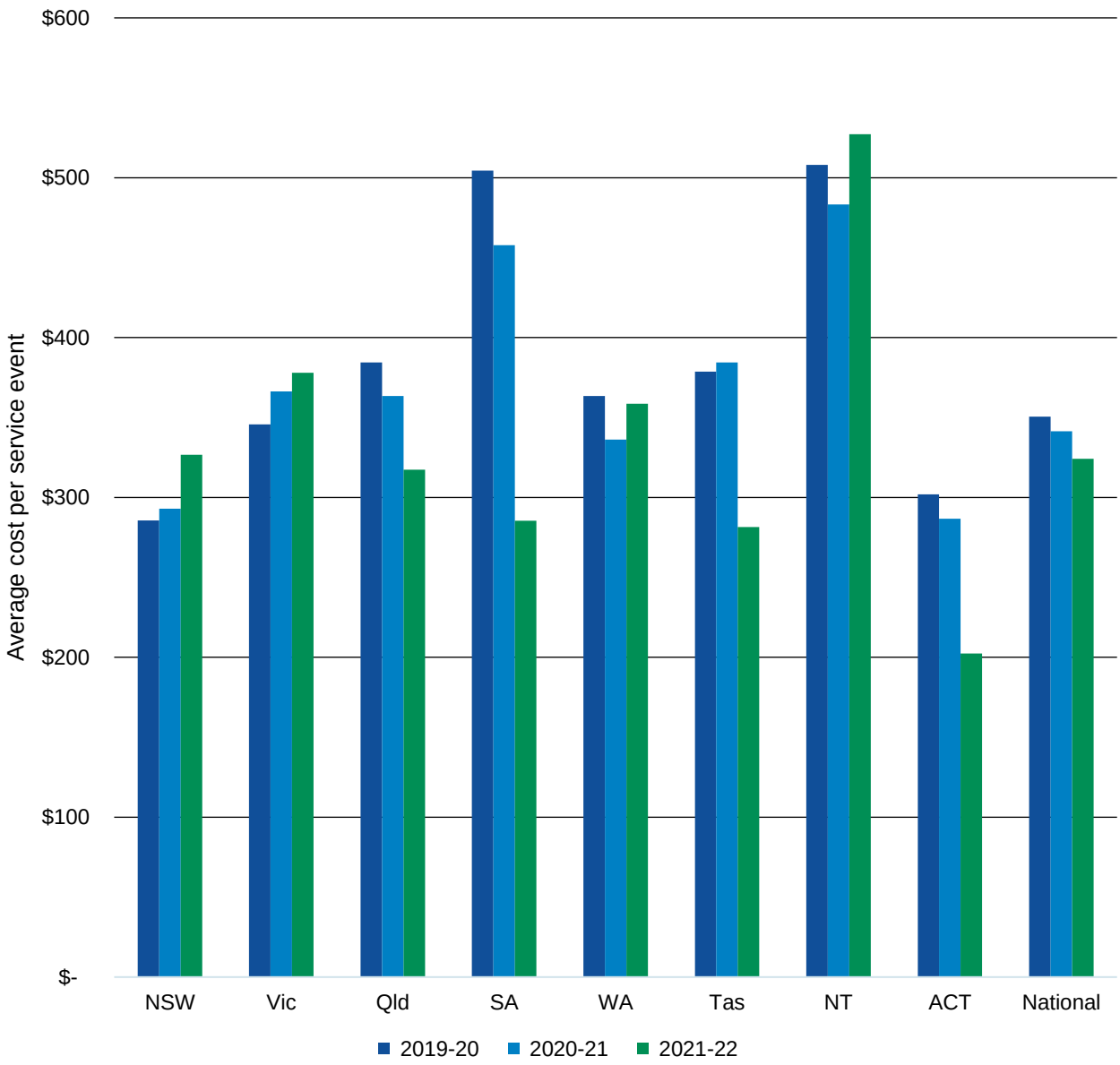
Figure 19: Non-admitted service events cost, 2019-20 to 2021-22



Non-admitted average cost

Figure 20 shows the average cost of non-admitted service events reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per non-admitted service event was $324, a 5% decrease from the 2020-21 figure of $341. In 2021-22, the average cost per service event at the jurisdictional level ranged from $202 (Australian Capital Territory) to $527 (Northern Territory).

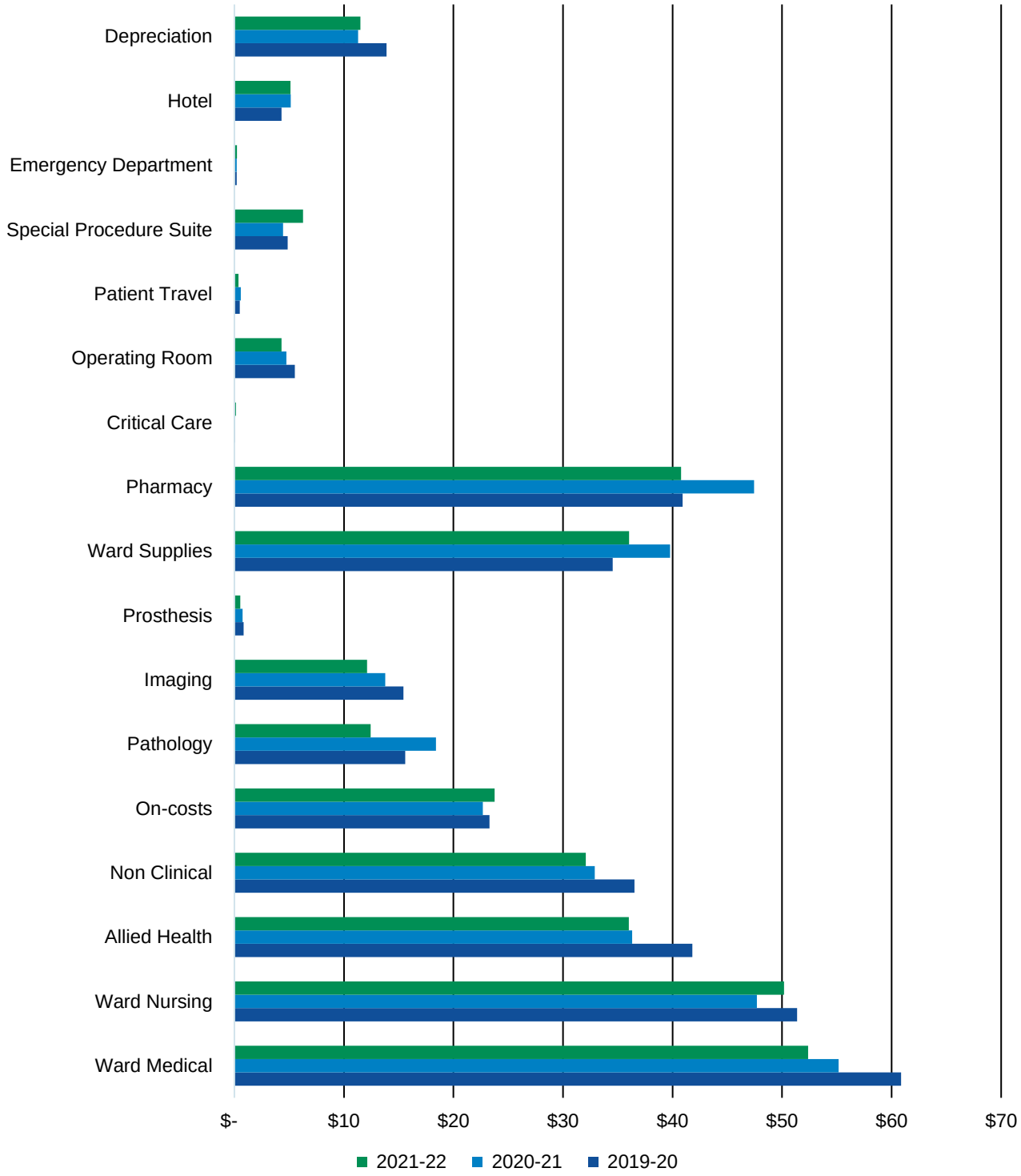
Figure 20: Non-admitted service events average cost, 2019-20 to 2021-22



Non-admitted cost buckets

Figure 21 shows the non-admitted national average cost per cost bucket reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per non-admitted service event was $324, a 5% decrease from the 2020-21 figure of $341. The pathology, pharmacy, and wad supplies cost buckets accounted for 95% of the decrease in the average cost per non-admitted service event from 2020-21 to 2021-22. The ward nursing cost bucket increased 5% from 2020-21 to 2021-22.

Figure 21: Non admitted service events cost buckets national, 2021-22



7. Admitted mental health

Summary

This chapter outlines the admitted mental health activity, cost, and average cost per phase and episode from 2019-21 to 2021-22.

The admitted mental health setting includes patients that are admitted for mental health care. The mental health episode of care is defined as the period between the commencement and completion of care, characterised by the mental health care type. The patient may be admitted to a general ward or a designated psychiatric unit in a general hospital or a psychiatric hospital.

There are 5 phases of care: assessment only, acute, functional gain, intensive extended and consolidating gain. The classification also provides for 'unknown phase.' Mental health phase of care is defined as the 'primary goal of care that is reflected in the consumer's mental health treatment plan at the time of collection, for the next stage in the patient's care.' It reflects the prospective assessment of the primary goal of care, rather than a retrospective assessment.

The Australian Mental Health Care Classification (AMHCC) is the preferred method for reporting admitted mental health data. In the absence of phase level data, episodes are classified under the Australian Refined Diagnosis Related Groups (AR-DRGs). The AMHCC v1.0.1 was used to prepare the phase level results and the AR-DRG v11.0 was used to prepare the episode level results.

In 2021-22, there were 79,935 admitted mental health phases reported nationally in 2021-22, a 15% increase to the 2020-21 figure of 69,419. There were 27,918 admitted mental health episodes nationally, a 38% decrease to the 2020-21 figure of 45,096.

In 2021-22, the cost reported for admitted mental health phases nationally in 2021-22 was $1.9 billion, a 33% increase to the 2020-21 figure of $1.4 billion. The cost reported for admitted mental health episodes was $667.5 million nationally, a 21% decrease to the 2020-21 figure of $842.1 million.

The national average cost per admitted mental health phase was $23,888 for 2021-22, a 15% increase to the 2020-21 national average of $20,699. The national average cost per admitted mental health episode was $23,910 for 2021-22, a 28% increase to the 2020-21 national average of $18,673.

Admitted mental health cost and activity

Nationally, 100% of the submitted NHCDC records were linked to admitted mental health episode and phase activity. Table 17 shows the number of linked NHCDC records as a proportion of the admitted mental health phase activity by jurisdiction from 2019-20 to 2021-22. The national linked NHCDC records increased by 6,907 (or 9%) and activity increased by 4,965 (or 4%) from 2019-20 to 2021-22. Nationally, the linked NHCDC records as a proportion of activity increased 3% from 64% in 2019-20 to 67% in 2021-22.

Table 17: Proportion of linked NHCDC records to phases (AMHCC) activity, 2019-20 to 2021-22

Jurisdiction	2019-20			2020-21			2021-22		
	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)
NSW	37,523	42,156	89	36,387	43,292	84	32,181	38,942	83
Vic	17,993	21,744	83	26,470	28,160	94	25,507	27,057	94
Qld	10,241	23,256	44	6,562	23,281	28	15,763	21,221	74
SA	7,271	8,962	81	-	10,653	-	6,484	9,310	70
WA	-	11,446	-	-	11,269	-	-	10,676	-
Tas	-	1,558	-	-	2,388	-	-	3,086	-
NT	-	-	-	-	-	-	-	1,192	-
ACT	-	4,651	-	-	5,264	-	-	7,254	-
National	**73,028**	**113,773**	**64**	**69,419**	**124,307**	**56**	**79,935**	**118,738**	**67**

Table 18 shows the number of linked NHCDC records as a proportion of the admitted mental health episode activity by jurisdiction from 2019-20 to 2021-22. The national linked NHCDC records decreased by 17,483 (or 39%) and activity decreased by 7,654 (or 5%) from 2019-20 to 2021-22. Nationally, the linked NHCDC records as a proportion of activity decreased by 11% from 32% in 2019-20 to 21% in 2021-22.

Table 18: Proportion of linked NHCDC records to episodes (AR-DRG) activity, 2019-20 to 2021-22

Jurisdiction	2019-20			2020-21			2021-22		
	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)
NSW	15	43,406	0	527	42,398	1	94	38,950	0
Vic	8,304	28,683	29	423	30,035	1	448	29,302	2
Qld	10,813	33,859	32	17,667	32,492	54	7,991	30,785	26
SA	6,260	14,745	42	6,344	15,869	40	5	14,143	0
WA	12,959	12,963	100	12,839	12,856	100	12,458	12,458	100
Tas	3,281	3,339	98	3,297	3,914	84	3,133	3,690	85
NT	1,346	1,346	100	1,377	1,377	100	1,332	1,332	100
ACT	2,423	2,430	100	2,622	2,623	100	2,457	2,457	100
National	**45,401**	**140,771**	**32**	**45,096**	**141,564**	**32**	**27,918**	**133,117**	**21**

Admitted mental health phases and episodes

Figure 22 shows the number of admitted mental health phases reported in the cost data from 2019-20 to 2021-22. In 2021-22, there were 79,935 admitted mental health phases reported nationally, a 15% increase to the 2020-21 figure of 69,419. The national increase in admitted mental health phases was driven by Queensland, increasing 9,201 records (or 140%) from 2020-21 to 2021-22. In 2021-22, the number of phases at the jurisdictional level ranged from 6,484 (South Australia) to 32,181 (New South Wales). Note Western Australia, Tasmania, Northern Territory, and Australian Capital Territory did not report admitted mental health phase level cost data from 2019-20 to 2021-22.

Figure 22: Admitted mental health phases, 2019-20 to 2021-22

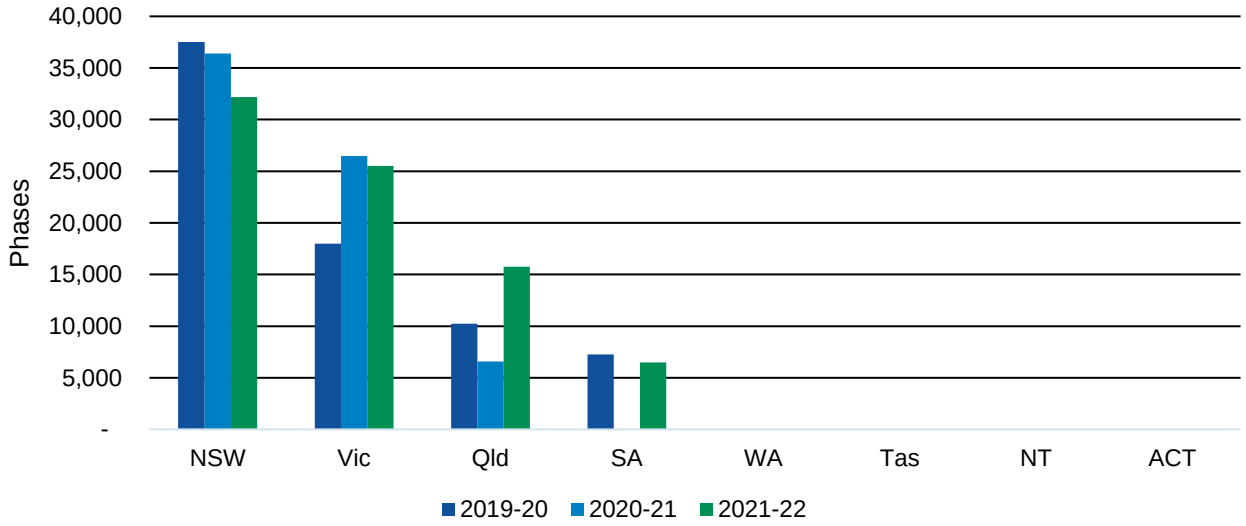
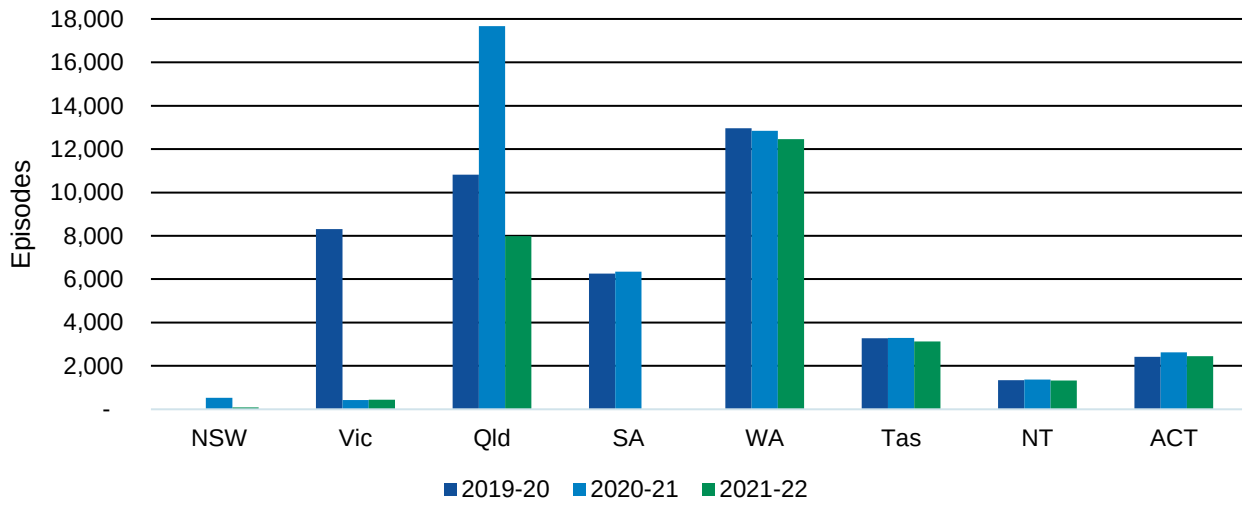


Figure 23 shows the number of admitted mental health episodes reported in the cost data from 2019-20 to 2021-22. In 2021-22, there were 27,918 admitted mental health episodes nationally, a 38% decrease to the 2020-21 figure of 45,096. The national decrease in admitted mental health episodes was driven by Queensland, decreasing 9,676 records (or 55%) from 2020-21 to 2021-22. In 2021-22, the number of episodes at the jurisdictional level ranged from 5 (South Australia) to 12,458 (Western Australia).

Figure 23: Admitted mental health episodes, 2019-20 to 2021-22



Admitted mental health phases and episodes change

Table 19 shows the admitted mental health end-classes that had an impact on the change in the number of phases reported nationally in 2021-22 compared to 2020-21. In 2021-22, the national number of phases was 79,935, an increase of 10,516 phases (or 15%) compared to 2020-21. The national admitted mental health phase change was driven by 1122B, 1121A, and 1121B (as defined in table 20). These end-classes increased nationally 6,296 in 2021-22 compared to 2020-21. The end-classes that had the highest decrease were 142Z, 111B, and 142A (as defined in table 20), a decrease of 2,071 phases from 2020-21.

Table 19: Admitted mental health phases change, 2020-21 to 2021-22

AMHCC	Description	Phases		Change (phases)	Change (%)
		2021-22	2020-21		
1122B	Admitted, Acute, 18-64 years, Voluntary, Moderate HoNOS Complexity	12,663	10,010	2,653	27
1121A	Admitted, Acute, 18-64 years, Involuntary, High HoNOS Complexity	13,158	11,122	2,036	18
1121B	Admitted, Acute, 18-64 years, Involuntary, Moderate HoNOS Complexity	9,327	7,720	1,607	21
142Z	Admitted, Consolidating Gain, 18-64 years, Unknown HoNOS	87	515	-428	-83
111B	Admitted, Acute, 0-17 years, Moderate HoNOS Complexity	1504	1933	-429	-22
142A	Admitted, Consolidating Gain, 18-64 years, High HoNOS Complexity	96	1310	-1214	-93

Table 20 shows the admitted mental health end-classes that had an impact on the change in the number of episodes reported nationally in 2021-22 compared to 2020-21. In 2021-22, the national number of episodes was 27,918, a decrease of 17,178 episodes (or 38%) compared to 2020-21. The national admitted mental health episodes change was driven by U61B, U63B, and U67B (as defined in table 19). These end-classes decreased nationally 6,049 in 2021-22 compared to 2020-21. The admitted mental health end-classes that increased from 2020-21 to 2021-22 did not have an impact on the stream and were not included in table 19 as a result.

Table 20: Admitted mental health episodes change, 2020-21 to 2021-22

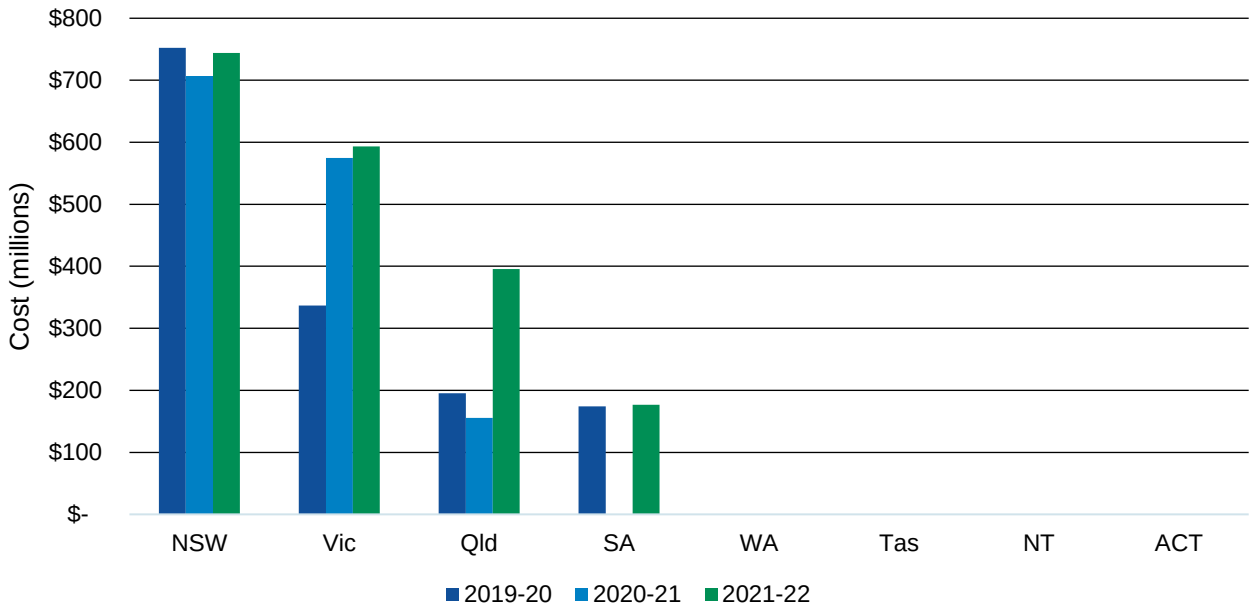
AR-DRG	Description	Episodes		Change (episodes)	Change (%)
		2021-22	2020-21		
U61B	Schizophrenia Disorders, Minor Complexity	3,292	5,300	-2,008	-38
U63B	Major Affective Disorders, Minor Complexity	2,913	4,928	-2,015	-41
U67B	Personality Disorders and Acute Reactions, Minor Complexity	3,649	5,675	-2,026	-36

Admitted mental health cost

In 2021-22, the admitted mental health phases expenditure reported in the NHCDC was approximately $1.9 billion nationally. Figure 24 shows the cost of admitted mental health phases by jurisdiction from 2019-20 to 2021-22. From 2020-21 to 2021-22, the cost of admitted mental health phases increased $472.6 million nationally, a 33% increase to the 2020-21 figure of $1.4 billion. The national increase in the cost of admitted mental health phases was driven by Queensland, increasing $239.8 million (or 154%) from 2020-21 to 2021-22. In 2021-22, the cost at the jurisdictional level ranged from $176.5 million (South Australia) to $744.1 million (New South

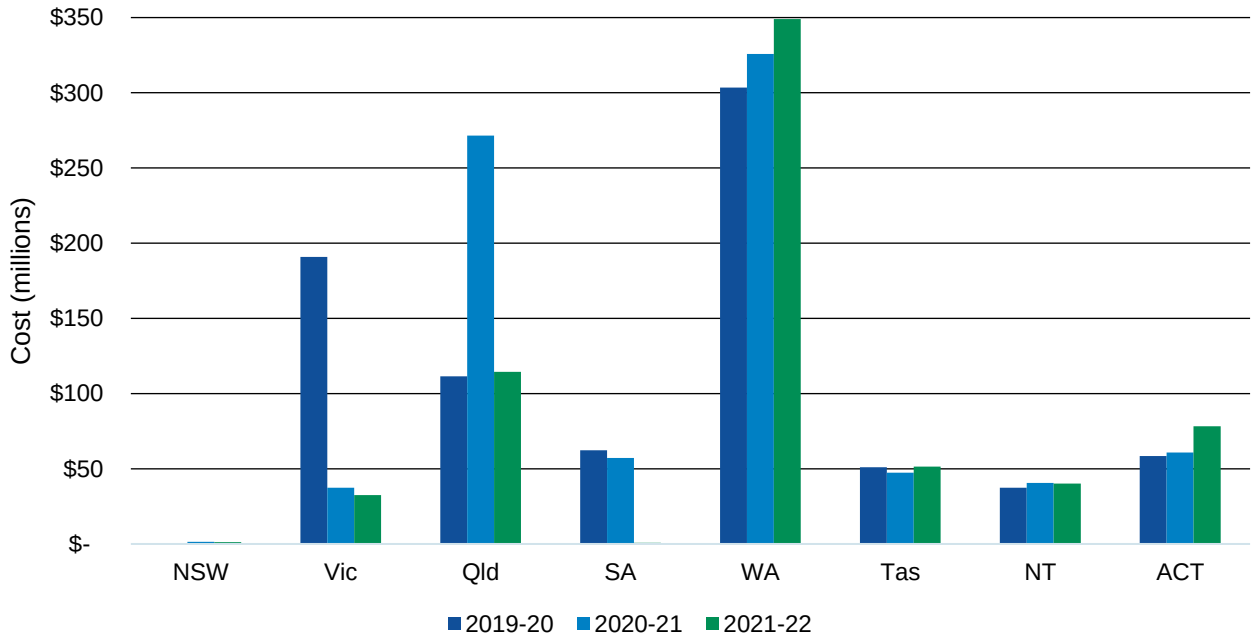
Wales). Note Western Australia, Tasmania, Northern Territory, and the Australian Capital Territory have not submitted admitted mental health phase cost data from 2019-20 to 2021-22.

Figure 24: Admitted mental health phases cost, 2019-20 to 2021-22



In 2021-22, the admitted mental health episodes expenditure reported in the NHCDC was approximately $667.5 million nationally. Figure 25 shows the cost of admitted mental health episodes by jurisdiction from 2019-20 to 2021-22. From 2020-21 to 2021-22, the cost of admitted mental health episodes decreased $174.6 million nationally, a 21% decrease to the 2020-21 figure of $842.1 million. The national decrease in the cost of admitted mental health episodes was driven by Queensland, decreasing $157.1 million (or 58%) from 2020-21 to 2021-22. In 2021-22, the cost at the jurisdictional level ranged from $673,426 (South Australia) to $348.9 million (Western Australia).

Figure 25: Admitted mental health episodes cost, 2019-20 to 2021-22



Admitted mental health episodes cost change

Table 21 shows the admitted mental health end-classes that had an impact on the change in the cost of episodes reported nationally in 2021-22 compared to 2020-21. In 2021-22, the national cost of admitted mental health episodes was $1.9 billion, a decrease of $472.6 million (or 33%) compared to 2020-21. The national admitted mental health cost decrease was driven by U61A, U61B, and U63B (as defined in table 21). These end-classes decreased nationally $80.2 million in 2021-22 compared to 2020-21. The end-classes that had the highest increase were U40Z, U60Z, and B81A (as defined in table 21), an increase of $8.8 million from 2020-21. Note that due to the volatility in the admitted mental health phases figures, this cost change analysis is not displayed in this report.

Table 21: Admitted mental health episodes cost change, 2020-21 to 2021-22

AR-DRG	Description	Cost ($)		Change ($)	Change (%)
		2021-22	2020-21		
U61A	Schizophrenia Disorders, Major Complexity	146,992,595	171,067,759	-24,075,164	-14
U61B	Schizophrenia Disorders, Minor Complexity	128,273,880	154,332,132	-26,058,252	-17
U63B	Major Affective Disorders, Minor Complexity	68,094,477	98,204,533	-30,110,056	-31
U40Z	Mental Health Treatment with ECT, Sameday	21,185,819	15,811,411	5,374,408	34
U60Z	Mental Health Treatment without ECT, Sameday	9,227,241	6,595,955	2,631,286	40
B81A	Other Disorders of the Nervous System, Major Complexity	2,848,935	2,089,820	759,115	36

Admitted mental health average cost

Figure 26 shows the average cost of admitted mental health phases reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per admitted mental health phase was $23,888, a 15% increase from the 2020-21 figure of $20,699. In 2021-22, the average cost per phases at the jurisdictional level ranged from $23,123 (New South Wales) to $27,228 (South Australia).

Figure 26: Admitted mental health phases average cost, 2019-20 to 2021-22

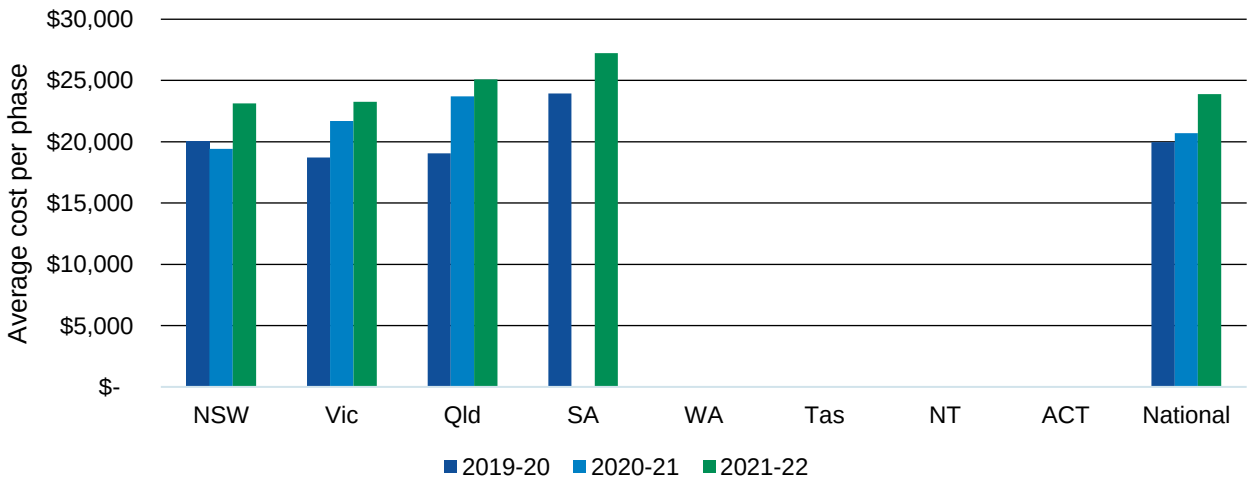
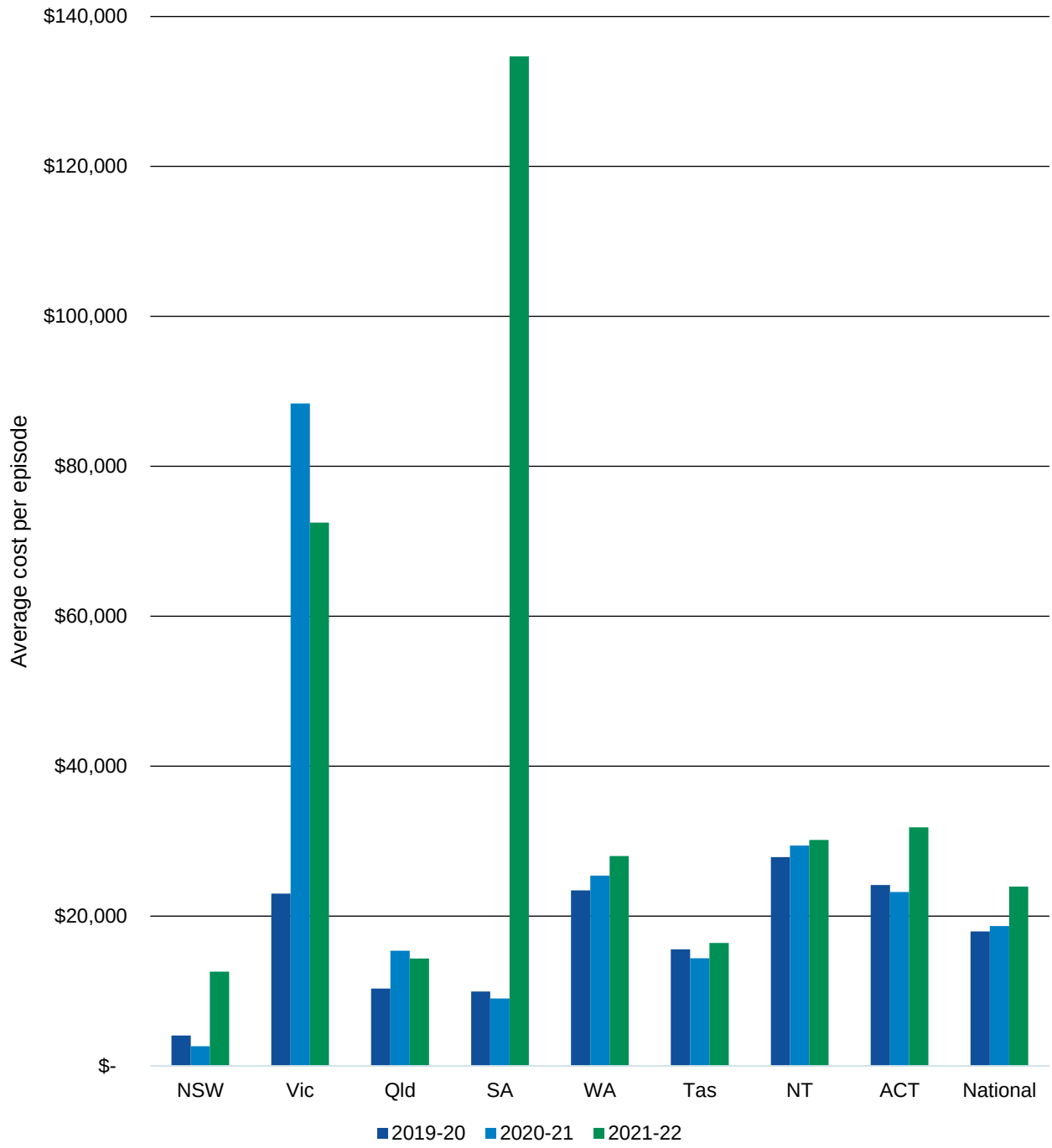


Figure 27 shows the average cost of admitted mental health episodes reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per admitted mental health episode was $23,910, a 28% increase from the 2020-21 figure of $18,673. In 2021-22, the average cost per episode at the jurisdictional level ranged from $12,569 (New South Wales) to $134,685 (South Australia).

Figure 27: Admitted mental health episodes average cost, 2019-20 to 2021-22



Admitted mental health cost buckets

Figure 28 shows the admitted mental health national average cost per phase by cost bucket reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per admitted mental health phase was $23,888, a 15% increase from the 2020-21 figure of $20,699. The ward nursing, ward medical, and ward supplies cost buckets accounted for 68% of the increase in the average cost per admitted mental health phase from 2020-21 to 2021-22.

Figure 28: Admitted mental health phases cost buckets national, 2019-20 to 2021-22

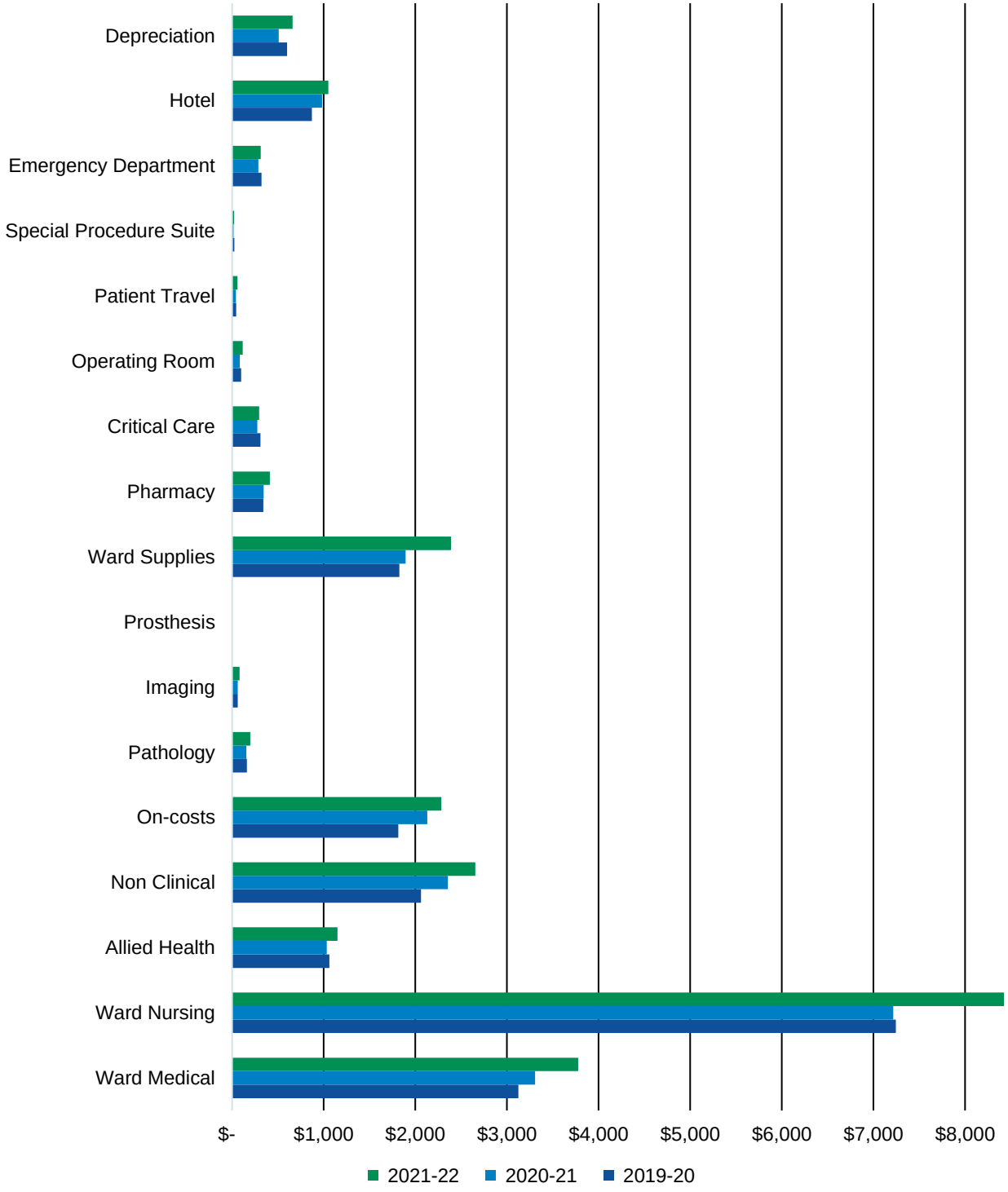
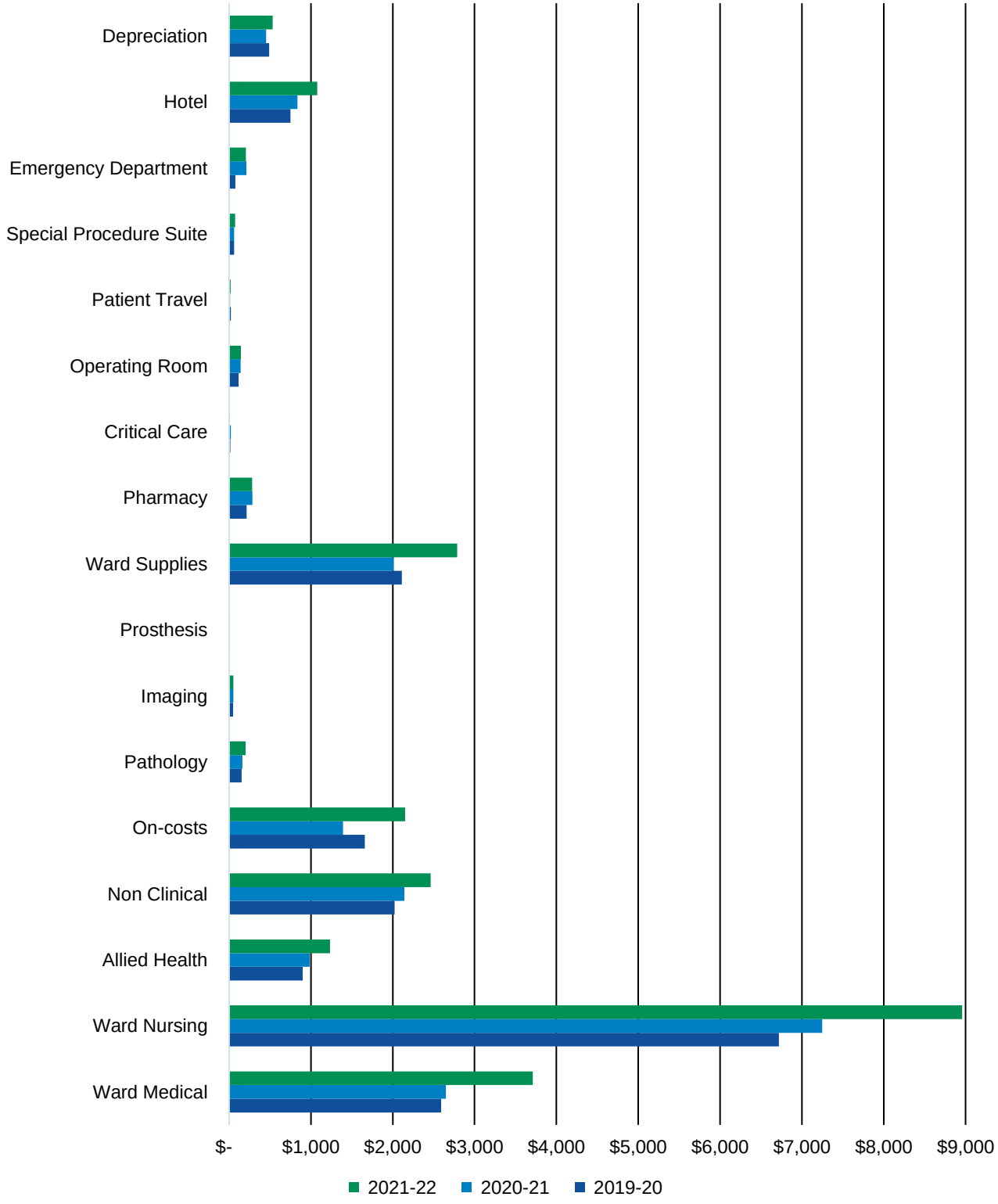


Figure 29 shows the admitted mental health national average cost per episode by cost bucket reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per admitted mental health episode was $23,910, a 28% increase from the 2020-21 figure of $18,673. The ward nursing, ward medical, and ward supplies cost buckets accounted for 68% of the increase in the average cost per admitted mental health episodes from 2020-21 to 2021-22.

Figure 29: Admitted mental health episodes cost buckets national, 2019-20 to 2021-22



8. Community mental health

Summary

This chapter outlines the community mental health activity, cost, and average cost per phase and episode from 2019-20 to 2021-22. The mental health episode of care is defined as the period between the commencement and completion of care characterised by the mental health care type.

There are 5 phases of mental health care: acute, functional gain, intensive extended, consolidated gain, and assessment only. Due to separate methods for the linking of episodes and phases, the linked numbers and linking percentages for episodes and phases are presented separately in all circumstances. The Australian Mental Health Care Classification (AMHCC) v1.0.1 was used to prepare results for phase and episode level data in this chapter. Note that a community mental health episode of care can be split into defined mental health phases of care.

In 2021-22, there were 555,828 community mental health phases nationally in 2021-22, a 37% increase to the 2020-21 figure of 405,815. There were 219,032 community mental health episodes nationally, a 4% decrease to the 2020-21 figure of 228,356.

In 2021-22, the cost of community mental health phases was $1.5 billion nationally in 2021-22, a 29% increase to the 2020-21 figure of $1.2 billion. The cost reported for community mental health episodes was $84.1 million nationally, a 22% decrease to the 2020-21 figure of $107.2 million.

The national average cost per community mental health phase was $2,718 for 2021-22, a 6% decrease to the 2020-21 national average of $2,882. The national average cost per community mental health episode was $384 for 2021-22, an 18% decrease to the 2020-21 national average of $469.

Community mental health cost and activity

Nationally, 100% of the submitted NHCDC records, episode, and phase level, were linked to community mental health activity. Table 22 shows the number of linked NHCDC records as a proportion of the community mental health phase activity, by jurisdiction from 2019-20 to 2021-22. Nationally, the linked NHCDC phase records increased by 150,013 (37%) and activity increased by 24,393 (3%) from 2019-20 to 2021-22. Nationally, the linked NHCDC records as a proportion of activity decreased by 6% from 56% in 2019-20 to 50% in 2021-22.

Table 22: Proportion of linked NHCDC records to phase (AMHCC) activity, 2019-20 to 2021-22

Jurisdiction	2019-20			2020-21			2021-22		
	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)
NSW	187,015	218,690	86	200,186	236,491	85	192,668	221,779	87
Vic	131,828	235,099	56	119,841	233,530	51	223,996	270,156	83
Qld	126,405	183,818	69	82,904	214,448	39	135,181	202,344	67
SA	-	51,927	-	-	63,633	-	-	66,836	-
WA	-	84,370	-	-	85,649	-	-	79,848	-
Tas	-	5,203	-	2,884	8,707	33	3,983	5,849	68
NT	-	-	-	-	5,323	-	-	4,284	-
ACT	-	12,247	-	-	11,921	-	-	32,999	-
National	**445,248**	**791,354**	**56**	**405,815**	**859,702**	**47**	**555,828**	**884,095**	**63**

Table 23 shows the number of linked NHCDC records as a proportion of the activity for community mental health episodes, by jurisdiction from 2019-20 to 2021-22. Nationally, the linked NHCDC episode records decreased by 32,417 (or 13%) and activity decreased by 18,001 (or 2%) from 2019-20 to 2021-22. Nationally, the linked NHCDC records as a proportion of activity decreased by 3% from 23% in 2019-20 to 20% in 2021-22.

Table 23: Proportion of linked NHCDC records to episode (AMHCC) activity, 2019-20 to 2021-22

Jurisdiction	2019-20			2020-21			2021-22		
	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)	Linked NHCDC records	Activity	Proportion (%)
NSW	-	208,279	-	-	225,711	-	-	212,685	-
Vic	234,517	568,235	41	205,750	547,678	38	205,348	508,424	40
Qld	8,860	184,109	5	9,266	214,009	4	6,681	203,500	3
SA	-	45,895	-	-	58,153	-	-	60,122	-
WA	-	86,027	-	-	88,272	-	-	81,599	-
Tas	8,072	10,163	79	6,483	11,893	55	7,003	11,648	60
NT	-	-	-	-	4,060	-	-	4,203	-
ACT	-	9,922	-	6,857	9,165	75	-	12,448	-
National	**251,449**	**1,112,630**	**23**	**228,356**	**1,158,941**	**20**	**219,032**	**1,094,629**	**20**

Community mental health phases and episodes

Figure 30 shows the number of community mental health phases reported in the cost data from 2019-20 to 2021-22. In 2021-22, there were 555,828 community mental health phases nationally, a 37% increase to the 2020-21 figure of 405,815. The national increase in community mental health phases was driven by Victoria, increasing 104,155 records (87%) from 2020-21 to 2021-22. In 2021-22, the number of phases at the jurisdictional level ranges from 3,983 (Tasmania) to 223,996 (Victoria). Note South Australia, Western Australia, Northern Territory, and the Australian Capital Territory did not submit phase level cost data in 2019-20 to 2021-22.

Figure 30: Community mental health phases, 2019-20 to 2021-22

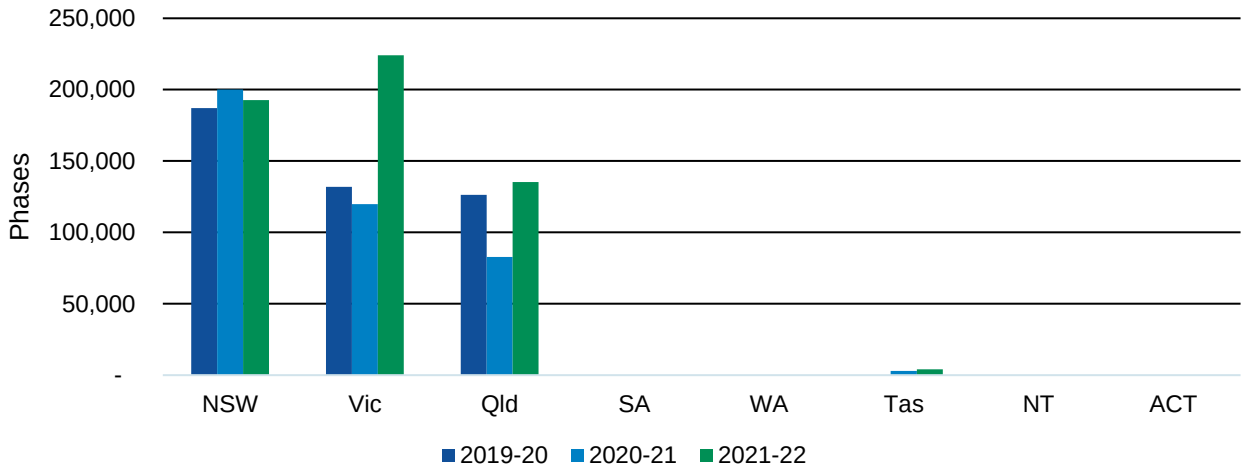
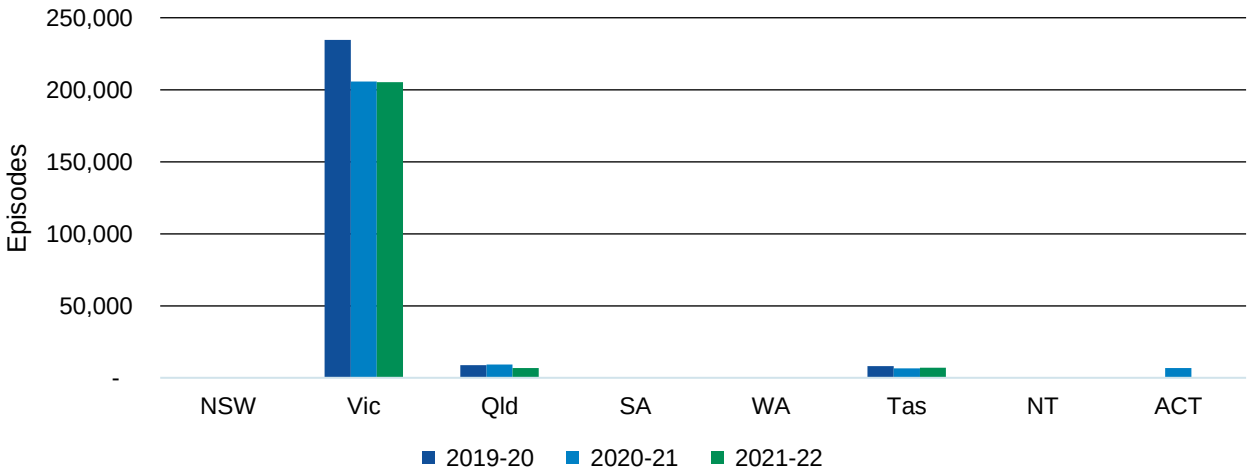


Figure 31 shows the number of community mental health episodes reported in the cost data from 2019-20 to 2021-22. In 2021-22, there were 219,032 community mental health episodes nationally, a 4% decrease to the 2020-21 figure of 228,356. The national decrease in community mental health episodes was driven by the Australian Capital Territory who submitted community mental health episodes in 2020-21, but not in 2021-22. In 2021-22, the number of episodes at the jurisdictional level ranged from 6,681 (Queensland) to 205,348 (Victoria).

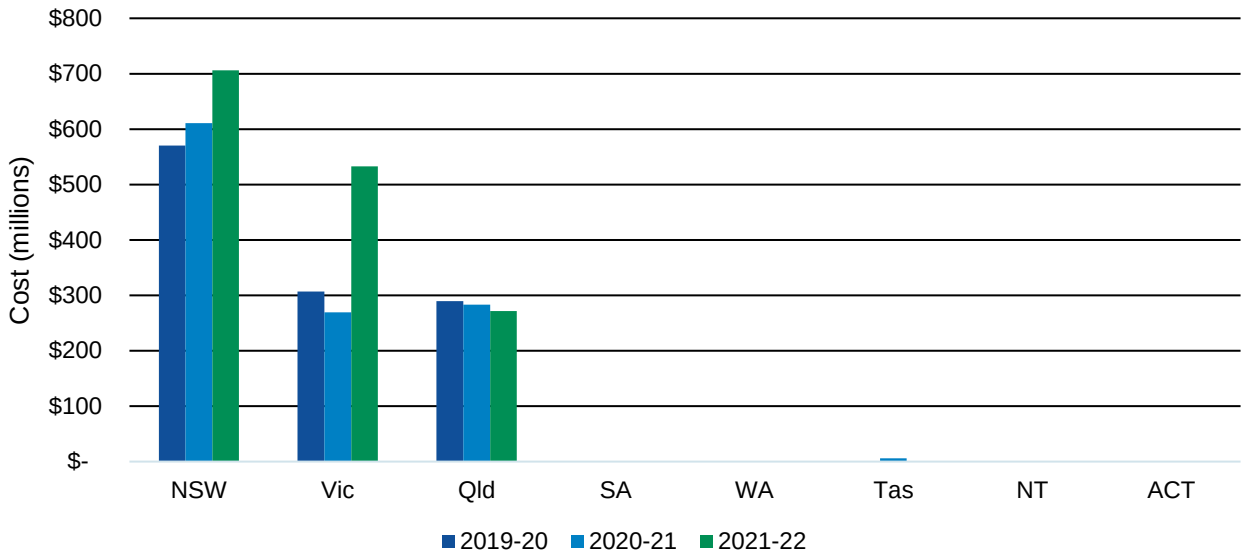
Figure 31: Community mental health episodes, 2019-20 to 2021-22



Community mental health cost

In 2021-22, the community mental health phases expenditure reported in the NHCDC was approximately $1.5 billion nationally. Figure 32 shows the cost of community mental health phases by jurisdiction from 2019-20 to 2021-22. From 2020-21 to 2021-22, the cost of community mental health phases increased $341.5 million nationally, a 29% increase to the 2020-21 figure of $1.2 billion. The national increase in the cost of community mental health phases was driven by Victoria, increasing $263.4 million (98%) from 2020-21 to 2021-22. In 2021-22, the cost at the jurisdictional level ranged from $153,155 (Tasmania) to $705.9 million (New South Wales). Note South Australia, Western Australia, Northern Territory, and the Australian Capital Territory have not submitted community mental health phase cost data from 2019-20 to 2021-22.

Figure 32: Community mental health phases cost, 2019-20 to 2021-22



In 2021-22, the community mental health episodes expenditure reported in the NHCDC was approximately $84.1 million nationally. Figure 33 shows the cost of community mental health episodes by jurisdiction from 2019-20 to 2021-22. From 2020-21 to 2021-22, the cost of community mental health episodes decreased $23.1 million nationally, a 22% decrease to the 2020-21 figure of $107.2 million. The national decrease in the cost of community mental health episodes was driven by the Australia Capital Territory as there was no cost data submitted in 2021-22, but $33.8 million submitted in 2020-21. In 2021-22, the cost at the jurisdictional level ranged from $9.0 million (Tasmania) to $49.0 million (Victoria).

Note New South Wales, South Australia, Western Australia, and the Northern Territory have not submitted community mental health episode cost data from 2019-20 to 2021-22.

Figure 33: Community mental health episodes cost, 2019-20 to 2021-22

Community mental health average cost

Figure 34 shows the average cost of community mental health phase reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per phase was $2,718, a 6% decrease from the 2020-21 figure of $2,882. In 2021-22, the average cost per phase at the jurisdictional level ranged from $38 (Tasmania) to $3,664 (New South Wales).

Figure 34: Community mental health average cost per phase, 2019-20 to 2021-22

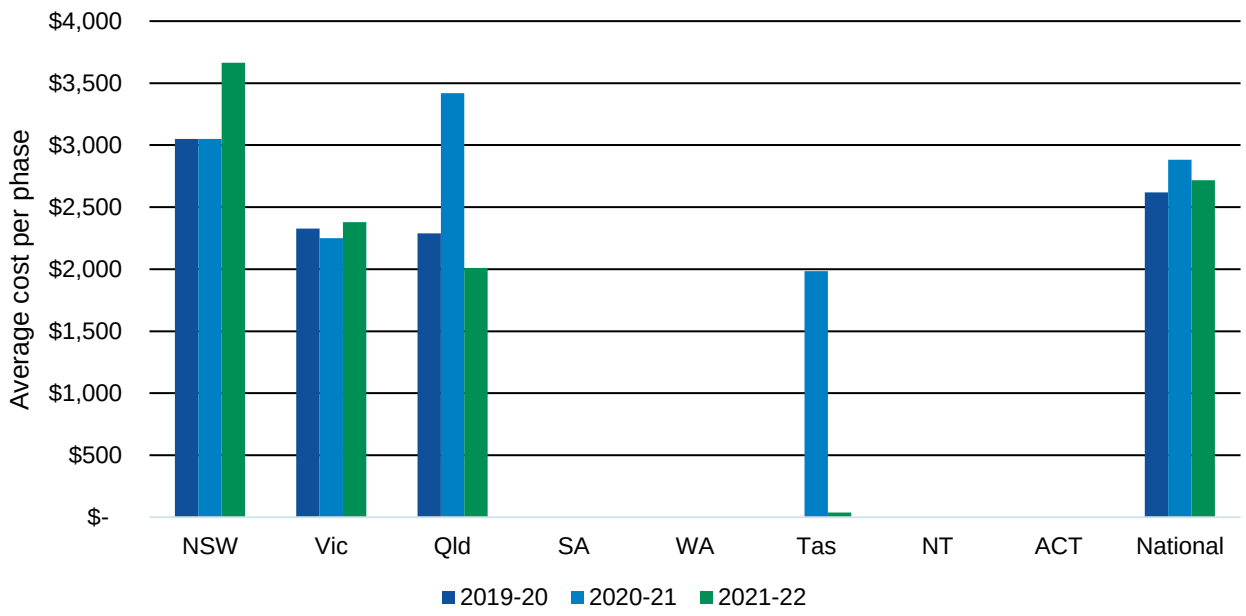
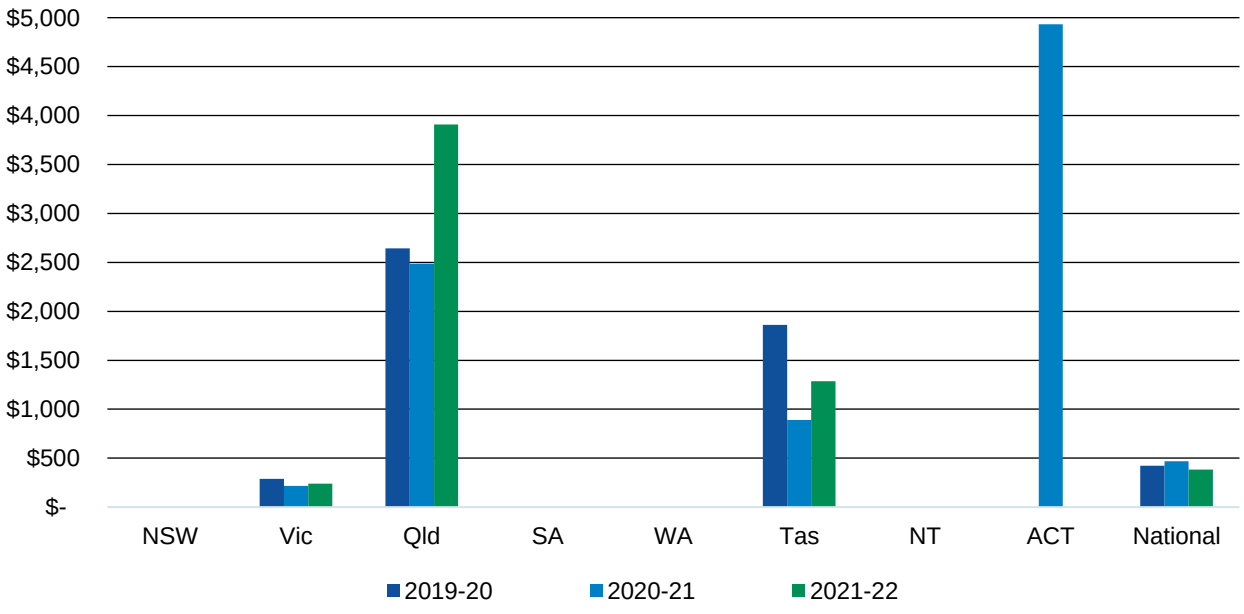


Figure 35 shows the average cost of community mental health episodes reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per community mental health episode was $384, an 18% decrease from the 2020-21 figure of $469. In 2021-22, the average cost per episode at the jurisdictional level ranged from $238 (Victoria) to $3,909 (Queensland).

Figure 35: Community mental health average cost per episode, 2019-20 to 2021-22



Community mental health cost buckets

Figure 36 shows the community mental health national average cost per phase by cost bucket reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per phase was $2,718, a 6% decrease from the 2020-21 figure of $2,882. The allied health, ward supplies and depreciation cost buckets accounted for 83% of the decrease in the average cost per community mental health phase from 2020-21 to 2021-22.

Figure 36: Community mental health phases cost buckets national, 2019-20 to 2021-22

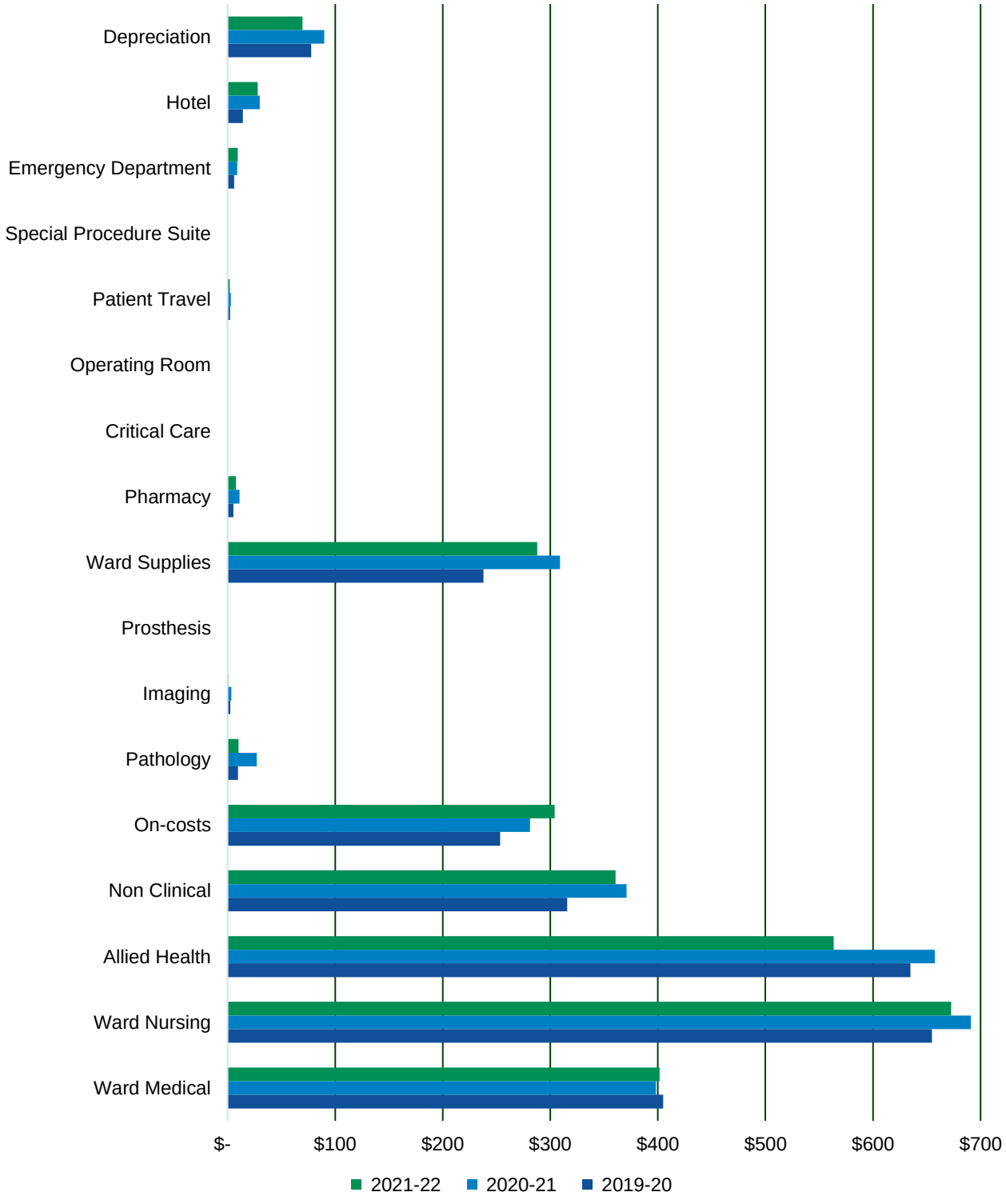
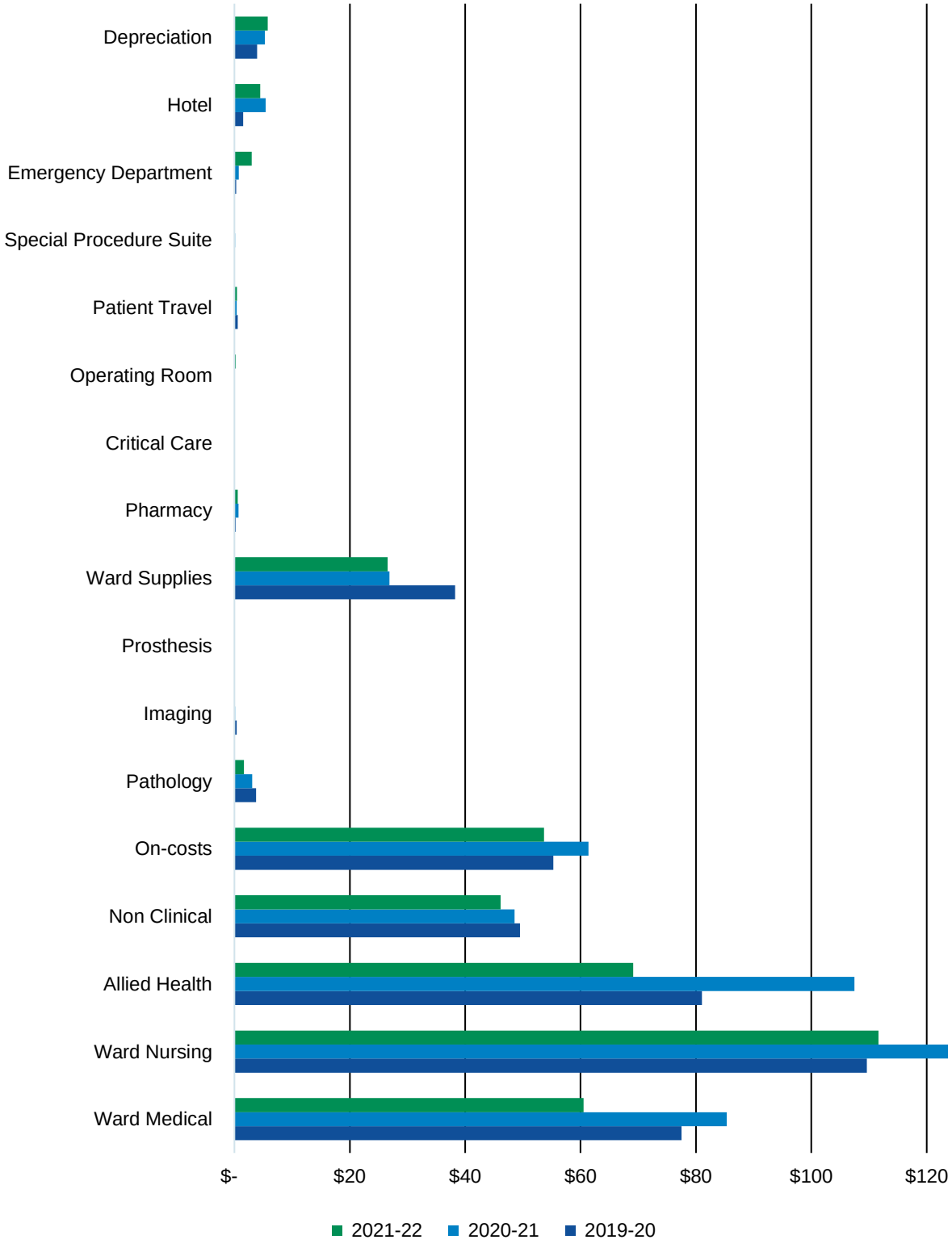


Figure 37 shows the community mental health national average cost per episode by cost bucket reported in the cost data from 2019-20 to 2021-22. In 2021-22, the national average cost per community mental health episode was $384, an 18% decrease from the 2020-21 figure of $469. The allied health, ward medical, and ward nursing cost buckets accounted for 88% of the decrease in the average cost per community mental health episode from 2020-21 to 2021-22.

Figure 37: Community mental health episodes cost buckets national, 2019-20 to 2021-22



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