National Hospital Cost Data Collection

Public Sector Report, 2022-23

NHCDC Public Sector Report 2022-23 — May 2025

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# Glossary

## Terms

**ABF activity** is activity based funding (ABF) activity data submitted quarterly detailing the different patient services provided by Australian hospitals, to input into the ABF process. From these data items, patient episodes and phases are categorised according to clinical classifications.

**AHPCS** is the Australian Patient Hospital Costing Standards that provide direction for costing practitioners to ensure all in-scope costs are allocated to hospital activity to reflect resource utilisation, in a complete and consistent manner.

**Cost buckets** are an NHCDC reporting mechanism determined by the combination of cost centres and line items. The cost bucket matrix (defined in the AHPCS Version 4.2) shows this intersection.

**Episode** is a continuous period of contact between a client and a service provider that starts at the point of first contact and concludes at discharge.

**In-scope data** all patient level activity for publicly funded services, provided in public or private hospitals. For all in-scope admitted activity, the episode or phase of care must be admitted from 1 July 2021 onwards and discharged within the 2022-23 financial year. Admitted work in progress (WIP) episodes with an admission date before 1 July 2021 and discharge date within the 2022-23 financial year are out of scope for reporting. All costs in the ‘exclude’ line item are out of scope for reporting, including ‘exclude’ cost associated with linked records.

**Line items** are standardised cost categories that are mapped to account codes as defined in the AHPCS Version 4.2.

**NHCDC records** is National Hospital Cost Data Collection data submittedannually containing detailed information about the costs associated with patient activity.

**Phases** are multiple episodes of care – meaning multiple continuous periods of contacts between a client and different service providers.

**Presentation** is an ‘episode’ of care at an emergency department (‘episode’ is not used here as it means admission and discharge in the admitted setting).

**Service event** is an ‘episode’ of non-admitted care (‘episode’ is not used here as it means admission and discharge in the admitted setting).

# Executive summary

## Purpose

This report presents a summary of the National Hospital Cost Data Collection (NHCDC) Public Sector 2022-23 results. There are 6 activity streams in this report:

* Admitted acute
* Admitted subacute and non-acute
* Non-admitted
* Emergency department
* Admitted mental health
* Community mental health.

## Key findings

In 2022-23, the Independent Health and Aged Care Pricing Authority (IHACPA) received NHCDC data that included 44.2 million in-scope encounters across Australia, an 8% decrease compared to 2021‑22. The decrease was driven by a 14% decrease in non-admitted patient activity, specifically services relating to COVID-19. The in-scope cost reported for the NHCDC in 2022-23 was $69.9 billion, a 13% increase from the previous year of $61.9 billion. IHACPA did not receive NHCDC data from the Australian Capital Territory (ACT) for 2022-23 due to a significant health Information Technology (IT) infrastructure project impacting ACT’s ability to submit data. Table 1 shows the total and in-scope records, total and in‑scope cost, and average cost, by activity stream in 2022-23.

Table 1: NHCDC summary by activity stream, 2022-23

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity stream** | | **Total NHCDC records** | **Total NHCDC cost ($m)** | **In-scope NHCDC records** | **In-scope NHCDC cost ($m)** | **Average cost ($)** |
| Admitted acute | Episodes | 6,506,240 | 40,622 | 6,506,233 | 40,595 | 6,239 |
| Admitted subacute and non‑acute | Episodes | 164,459 | 3,870 | 164,415 | 3,840 | 23,356 |
| Phases | 72,890 | 544 | 72,889 | 543 | 7,456 |
| Emergency department | Presentations | 8,619,796 | 8,504 | 8,574,940 | 8,401 | 980 |
| Non-admitted | Service events | 28,999,988 | 11,570 | 27,799,857 | 11,194 | 403 |
| Admitted mental health | Phases | 93,013 | 2,445 | 92,898 | 2,389 | 25,720 |
| Episodes | 29,872 | 701 | 29,812 | 625 | 20,975 |
| Community mental health | Phases | 729,442 | 1,659 | 729,442 | 1,658 | 2,273 |
| Other | 216,179 | 613 | 216,179 | 613 | N/A\*\* |
| Ungroupable mental health\* | Phases | 3,733 | 30 | 141 | 1 | N/A\*\* |
| Episodes | 145 | 2 | 141 | 2 | N/A\*\* |
| Other\* | Episodes | 32,280 | 105 | 15,664 | 19 | 1,215\* |
| Phases | 121 | 0.4 | 0 | 0 | 0 |

*\*Note:* The ‘other’ includes research, teaching and training, other admitted patient care, and organ procurement. The ‘ungroupable mental health’ refers to record without a valid end-class. \*\*Further information is provided in chapter 7.

### Activity stream summary

Data that is in scope for the NHCDC 2022-23 includes all patient level activity for publicly funded services, provided in public or private hospitals. For all in-scope admitted activity, the episode or phase of care must be admitted from 1 July 2021 onwards and discharged within the 2022-23 financial year. Admitted work in progress (WIP) episodes with an admission date before 1 July 2021 and discharge date within the 2022-23 financial year are out of scope for reporting. All costs in the ‘exclude’ line item are out of scope for reporting, including ‘exclude’ cost associated with linked records. The results that are in scope are as follows.

The admitted acute stream included 6.5 million separations with a cost of $40.6 billion nationally in 2022‑23, a 5% increase and a 12% increase from 2021-22 respectively. The national average cost per separation was $6,239 in 2022-23, a 7% increase from 2021-22.

The admitted subacute and non-acute stream included 164,415 episodes with a cost of $3.8 billion nationally in 2022-23, an 8% and 18% increase from 2021-22, respectively. The national average cost per episode was $23,356, a 9% increase from 2021-22.

The admitted subacute stream included 72,889 phases with a cost of $543.5 million nationally in 2022‑23, a 13% and 16% increase from 2021-22 respectively. The national average cost per phase was $7,456, a 3% increase from 2021‑22.

The emergency department stream included 8.6 million presentations with a cost of $8.4 billion nationally in 2022-23, a 4% increase and a 14% increase from 2021-22, respectively. The national average cost per presentation was $980, a 10% increase from 2021-22.

The non-admitted stream included 27.8 million service events with a cost of $11.2 billion nationally in 2022-23, a 14% decrease and a 7% increase from 2021-22, respectively. The decrease was largely driven by a decrease in services for COVID-19 treatment. The national average cost per service event was $403, a 24% increase from 2021-22.

The admitted mental health stream included:

* 92,898 phases with a cost of $2.4 billion nationally in 2022‑23, a 16% and 25% increase from 2021-22, respectively. The national average cost per phase was $25,720, an 8% increase from 2021-22.
* 29,812 episodes with a cost of $625.3 million nationally in 2022-23, a 7% increase and 6% decrease from 2021-22, respectively. The national average cost per episode was $20,975, a 12% decrease from 2021-22.

The community mental health stream included:

* 729,442 phases with a cost of $1.7 billion nationally in 2022-23, a 31% and 10% increase from 2021‑22. The national average cost per phase was $2,273, a 16% decrease from 2021‑22.
* $612.9 million associated with community mental health records that could not be grouped to a valid phase end-class using the Australian Mental Health Care Classification (AMHCC).

# 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, linking patient level activity with the cost incurred by hospitals for this activity. The Independent Health and Aged Care Pricing Authority (IHACPA) relies on the NHCDC to calculate the national efficient price (NEP) used for the funding of public hospital services, to develop and maintain classifications and publish benchmarking reports. The NHCDC Public Sector Report 2022‑23 (this report) presents public sector hospital (including health services) costs 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.

## Data and reporting requirements

IHACPA receives the following types of data:

1. Activity based funding (ABF) activity data: information submitted quarterly about the different patient services provided by Australian hospitals, to input into the ABF process. From these data items, patient episodes and phases are categorised according to clinical classifications.
2. NHCDC cost data: an annual submission containing detailed information about the costs associated with patient activity.

IHACPA links ABF activity data with NHCDC data and reports this under 6 different patient activity streams: admitted acute care, admitted subacute and non-acute care, emergency department care, non-admitted care, admitted mental health care, and community mental health care.

|  |  |  |  |
| --- | --- | --- | --- |
| **Stream** | **Measure** | **Classification** | **Description** |
| Admitted acute | Separations | Australian Refined Diagnosis Related Groups (AR-DRG) | Represents a formal admission to hospital to receive short-term treatment. |
| Admitted subacute and non-acute | Episodes and Phases | Australian National Subacute and Non-Acute Patient (AN‑SNAP) | Represents the delivery of a specialised care service relating to the optimisation of a patient’s functioning and quality of life. There are 4 subacute care types: rehabilitation, palliative care, geriatric evaluation and management, and psychogeriatric care; and one non-acute care type. |
| Emergency department | Presentations | Australian Emergency Care Classification (AECC) | Represents the delivery of a service provided to a patient in a hospital’s emergency department. |
| Non-admitted | Service events | Tier 2 Non-Admitted Services (Tier 2) | Represents a patient encounter that has not undergone the formal hospital admission process and do not occupy a hospital bed. |
| Admitted mental health | Phases and episodes | Australian Mental Health Care Classification (AMHCC)  Australian Refined Diagnosis Related Groups (AR-DRG) | Represents the delivery a mental health care service to a patient in an admitted setting. Where only episode level data is available for admitted mental health care, then these episodes are classified under the AR‑DRG classification. |
| Community mental health | Phases and episodes | Australian Mental Health Care Classification (AMHCC) | Represents the delivery a mental health care service to a patient in a community setting. |

The NHCDC 2022-23 data is prepared in accordance with the Australian Hospital Patient Costing Standards Version 4.2 (the Standards) available on [IHACPA’s website](https://www.ihacpa.gov.au/resources/australian-hospital-patient-costing-standards-version-42). The Standards identify the 6 stages of the costing process to ensure the consistent allocation of cost to activity.

### Reporting changes from 2021-22

IHACPA has removed the emergency department (ED) cost bucket, redistributing the costs to nursing, allied health, non-clinical, clinical supplies, imaging, pathology, and pharmacy cost buckets, to facilitate more meaningful analysis into cost drivers of the ED stream.

IHACPA has renamed the ‘Ward Medical’, ‘Ward Nursing’, and ‘Ward Supplies’ cost buckets to ‘Medical’, ‘Nursing’, and ‘Clinical Supplies’, respectively. This change removes the inpatient bias associated with the word ‘Ward', more accurately reflecting both inpatient and outpatient data.

‘Unlinked Mental Health’ has been renamed to ‘Ungroupable Mental Health’ to more accurately describe the data in this stream. AMHCC requires several demographic and clinical characteristics for its grouper. If any information is missing the record will default to an ungroupable class. For more information on AMHCC visit [IHACPA’s website](https://www.ihacpa.gov.au/sites/default/files/2022-01/Australian%20Mental%20Health%20Care%20Classification%20%28AMHCC%29%20v1.0%20User%20manual%202018.pdf).

These changes are displayed in the NHCDC Data Request Specifications 2022-23 on [IHACPA’s website](https://www.ihacpa.gov.au/health-care/costing/national-hospital-cost-data-collection/national-hospital-cost-data-collection-public-sector) and have been implemented in this report.

### In-scope data

Data that is in scope for the NHCDC 2022-23 includes all patient level activity for publicly funded services, provided in public or private hospitals. For all in-scope admitted activity, the episode or phase of care must have finished within the 2022-23 financial year, with an admission date after 30 June 2021. Figure 1 shows the relationship between ABF activity, NHCDC records and what is in scope for NHCDC reporting. This relationship is the basis for all the results presented in the [Appendix Tables](https://www.ihacpa.gov.au/resources/national-hospital-cost-data-collection-nhcdc-public-sector-2022-23).

Figure 1: NHCDC records and ABF activity relationship

A diagram of a number of activities

Description automatically generated

Each section of the diagram displayed in Figure 1 is defined as:

|  |  |  |  |
| --- | --- | --- | --- |
| **Section** | **Description** | **NHCDC/ABF (million)** | **Cost ($million)** |
| Total NHCDC records | All NHCDC records IHACPA has received from the jurisdictions. | 45.5 | 70,665.4 |
| Total ABF activity | All ABF activity IHACPA has received from the jurisdictions. | 53.3 | - |
| Unlinked NHCDC records | NHCDC records that cannot be linked to a record in the ABF data set and are excluded from the average cost, cost weights, and NEP development. | 1.3 | 530.0 |
| Unlinked ABF activity | ABF activity that cannot be linked to records in the cost data set and are excluded from the average cost, cost weights, and NEP development. | 9.1 | - |
| Out-of-scope costed activity | WIP episodes that have an episode start date before 1 July 2021 with a discharge date within the 2022-23 financial year are out of scope for reporting. All costs in the ‘exclude’ line item are out of scope for reporting, including exclude cost for linked records. | <0.1 | 253.9 |
| In-scope costed activity | NHCDC records that have been linked to ABF activity and have a discharge date within the relevant reporting period. | 44.2 | 69,881.5 |

Table 2 shows a summary of the total records and cost submitted to IHACPA, the records and cost that are in scope for reporting, and the in-scope ABF activity submitted to IHACPA, by jurisdiction.

Table 2: Summary of in-scope records and cost, 2022-23

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Jurisdiction** | **Total NHCDC records** | **Total cost ($)** | **In-scope NHCDC records** | **In-scope cost ($)** | **In-scope ABF activity** |
| NSW | 15,022,290 | 20,195,523,802 | 15,022,250 | 20,181,009,993 | 18,458,723 |
| Vic | 9,896,965 | 17,592,205,044 | 9,176,288 | 17,255,680,923 | 11,295,676 |
| Qld | 11,239,118 | 16,482,787,223 | 11,235,342 | 16,369,887,749 | 12,267,999 |
| SA | 2,931,574 | 5,429,855,833 | 2,915,703 | 5,404,296,061 | 3,207,286 |
| WA | 4,668,346 | 7,587,633,932 | 4,164,108 | 7,426,044,199 | 4,966,458 |
| Tas | 1,032,372 | 2,005,280,643 | 1,011,804 | 1,978,717,255 | 1,075,600 |
| NT | 677,493 | 1,372,132,734 | 677,116 | 1,265,902,339 | 972,105 |
| ACT | - | - | - | - | 1,045,028 |
| **National** | **45,468,158** | **70,665,419,211** | **44,202,611** | **69,881,538,519** | **53,288,875** |

There are two measures used to assess the completeness of the NHCDC:

1. In-scope record percentage is the proportion of all NHCDC records submitted to IHACPA with linked activity that is in scope for NHCDC reporting.
2. Costed activity is the proportion of ABF activity data that has been linked to NHCDC records and is in scope for reporting.

Table 3 shows the in-scope records proportion and the costed activity proportion by jurisdiction, from 2020-21 to 2022-23. The key findings presented in this report utilise the in‑scope records only.

Table 3: Proportion of in-scope NHCDC records and costed activity, 2020-21 to 2022-23

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Jurisdiction** | **In-scope records (%)** | | | **Costed activity (%)** | | | |
| **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** |
| NSW | 100 | 100 | 100 | 68 | 67 | 81 |
| Vic | 93 | 93 | 93 | 84 | 82 | 81 |
| Qld | 100 | 100 | 100 | 85 | 79 | 92 |
| SA | 86 | 98 | 99 | 94 | 92 | 91 |
| WA | 98 | 90 | 89 | 82 | 83 | 84 |
| Tas | 99 | 97 | 98 | 86 | 67 | 94 |
| NT | 100 | 100 | 100 | 70 | 69 | 70 |
| ACT | 99 | 100 | - | 87 | 97 | - |
| **National** | **97** | **97** | **97** | **78** | **77** | **83** |

## Participation

IHACPA receives data from public hospitals (including health services) for the ABF activity collection and NHCDC. Figure 2 shows the number of establishments reported in the NHCDC compared to the ABF collection by jurisdiction, from 2020-21 to 2022-23. In 2022-23, IHACPA received in-scope cost data for 738 establishments and ABF data for 1,142 establishments, an increase of 71 and 12 respectively, from 2021-22 to 2022-23. The increase in NHCDC establishments was driven by Western Australia (WA), increasing by 45 establishments, due to increased reporting of contracted care establishments (mainly haemodialysis) and WA’s first submission of community mental health NHCDC data.

Figure 2: Number of establishments, 2020-21 to 2022-23

## Contracted care

A contracted care activity occurs when a public institution, such as a public hospital, commissions another institution, such as a private hospital, to provide a service. IHACPA uses the following specified data fields in the activity dataset to link the activity records to the cost associated with contracted care and determine the contracting arrangement:

* Records reporting ‘Other hospital or public authority (contracted care)’ under the ‘Funding source for hospital patient’ field identifies instances where a patient’s care is funded from a public source through a contract.
* The ‘Inter-hospital contracted patient status’ field indicates that a patient received contracted care.

Table 4 shows the contracted care records and cost by jurisdiction from 2020-21 to 2022-23. Nationally, contracted care records have increased by 52,467 (or 20%) and the cost increased by $259.9 million (or 27%) from 2021-22 to 2022-23. The increase was driven by Victoria, reporting a larger volume of contracted care with an increase of 15,289 records (or 72%) and $140.3 million cost (or 128%) in 2022-23. The admitted acute stream had the greatest increase of 41,603 records (or 17%) and $212.2 million cost (or 26%).

Table 4: Contracted care records and cost, 2020-21 to 2022-23

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Jurisdiction** | **2020-21** | | **2021-22** | | **2022-23** | |
| **Records** | **Cost ($)** | **Records** | **Cost ($)** | **Records** | **Cost ($)** |
| NSW | 62,785 | 295,385,611 | 68,587 | 480,422,831 | 80,473 | 514,793,489 |
| Vic | 13,974 | 65,466,001 | 21,293 | 109,670,608 | 36,582 | 249,946,623 |
| Qld | 36,293 | 107,897,456 | 34,886 | 132,438,026 | 40,201 | 152,488,367 |
| SA | 14,713 | 33,437,984 | 16,229 | 46,663,399 | 25,669 | 121,767,615 |
| WA | 118,686 | 88,572,624 | 106,701 | 87,936,031 | 117,820 | 93,912,812 |
| Tas | 6,666 | 35,664,947 | 9,481 | 59,071,756 | 11,563 | 73,915,073 |
| NT | 418 | 5,234,820 | 1,412 | 20,670,286 | 784 | 9,602,849 |
| ACT | 2,424 | 26,630,160 | 2,036 | 19,702,952 | - | - |
| **National** | **255,959** | **658,289,603** | **260,625** | **956,575,889** | **313,092** | **1,216,426,829** |

## National Benchmarking Portal

The [National Benchmarking Portal (NBP)](https://www.ihacpa.gov.au/health-care/data/national-benchmarking-portal) presents information on 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, hospitals, peer groups, and other applicable filters. NHCDC data is incorporated into the cost per NWAU set of dashboards, following several NWAU adjustments (e.g., private patient adjustment).

The criteria for inclusion to the NBP is different to the NHCDC (e.g., depreciation is excluded from the NBP). More detailed information on this criteria is as outlined in the NBP Technical Specifications on [IHACPA’s website](https://www.ihacpa.gov.au/sites/default/files/2024-12/nbp_technical_specifications_v2.1.pdf). The NHCDC data represented in the NBP is restricted to ABF hospitals and episodes of care with funding sources priced by IHACPA, while the NHCDC Public Sector Report considers all cost data, regardless of funding source. The NBP only represents data with activity appropriately measured using NWAU, to support more comparable 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.

# Admitted acute

## Summary

This chapter outlines the in-scope admitted acute separations, cost, average cost per separation, and average cost per weighted separation from 2020-21 to 2022-23.

Separations are the administrative process that a hospital records for the treatment, care, and/or accommodation of a patient. An admitted acute care separation represents a formal admission to hospital to receive active, but short-term treatment that is either same day or overnight, with a goal to:

* 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
* perform diagnostic or therapeutic procedures
* manage labour (obstetrics)
* protect against exacerbation of illness or injury that could threaten life or normal function.

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. For more information about admitted acute care visit [IHACPA’s website](https://www.ihacpa.gov.au/health-care/classification/admitted-acute-care).

Table 5 summarises the national results from 2020-21 to 2022-23. In 2022-23, there were 6.5 million admitted acute care separations nationally, a 5% increase to the 2021-22 figure of 6.2 million. The associated cost in 2022-23 nationally was $40.6 billion, a 12% increase to the 2021‑22 figure of $36.2 billion. The national average cost per acute separation was $6,239 for 2022-23, a 7% increase to the 2021-22 national average of $5,809.

Table 5: Admitted acute national summary, 2020-21 to 2022-23

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2020-21** | **2021-22** | **2022-23** |
| Number of establishments | 375 | 379 | 414 |
| Separations | 6,360,259 | 6,224,642 | 6,506,233 |
| Cost ($) | 33,804,399,137 | 36,155,875,903 | 40,594,865,324 |
| Average length of stay (days) | 2.3 | 2.4 | 2.5 |
| Average cost per separation ($) | 5,315 | 5,809 | 6,239 |
| Same day average cost ($) | 1,498 | 1,611 | 1,745 |
| Overnight ALOS (days) | 4.3 | 4.5 | 4.6 |
| Overnight average cost ($) | 10,824 | 11,929 | 12,826 |

## Admitted acute sample

In 2022-23, 100% of the NHCDC admitted acute records were linked to activity and in scope for NHCDC reporting. Table 6 shows the number of in-scope NHCDC records, ABF activity, and the proportion of costed activity by jurisdiction, from 2021-22 to 2022-23. In 2022-23, nationally 95% of in-scope activity was linked to cost (costed activity %), consistent with 2020-21 and 2021-22.

Table 6: Admitted acute sample summary by jurisdiction, 2020-21 to 2022‑23

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Jurisdiction** | **In-scope NHCDC records** | | | **In-scope ABF activity** | | | **Costed activity (%)** | | | |
| **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** |
| NSW | 1,627,515 | 1,489,598 | 1,665,294 | 1,790,686 | 1,679,231 | 1,761,161 | 91 | 89 | 95 |
| Vic | 1,659,307 | 1,682,451 | 1,790,031 | 1,753,495 | 1,746,907 | 1,868,878 | 95 | 96 | 96 |
| Qld | 1,626,382 | 1,622,556 | 1,672,228 | 1,645,733 | 1,654,508 | 1,680,747 | 99 | 98 | 99 |
| SA | 404,836 | 409,865 | 421,048 | 437,520 | 437,405 | 446,304 | 93 | 94 | 94 |
| WA | 609,839 | 588,309 | 619,908 | 619,557 | 600,836 | 628,514 | 98 | 98 | 99 |
| Tas | 132,792 | 150,054 | 157,799 | 132,841 | 150,146 | 157,853 | 100 | 100 | 100 |
| NT | 179,773 | 169,314 | 179,925 | 179,780 | 169,533 | 179,961 | 100 | 100 | 100 |
| ACT | 119,815 | 112,495 | - | 121,672 | 113,885 | 120,878 | 98 | 99 | 0 |
| **National** | **6,360,259** | **6,224,642** | **6,506,233** | **6,681,284** | **6,552,451** | **6,844,296** | **95** | **95** | **95** |

## Admitted acute separations

Figure 3 shows the number of admitted acute separations reported in the activity based funding (ABF) data against the cost data from 2020-21 to 2022-23. In 2022-23, there were 6.5 million admitted acute separations nationally, a 5% increase to the 2021-22 figure of 6.2 million. Nationally activity increased by 291,845 separations (or 4%) from 2021-22 to 2022-23. The national increase in admitted acute separations was driven by New South Wales (NSW) with an increase of 175,696 records (or 12%), from 2021‑22 to 2022-23. In 2022-23, the number of separations at the jurisdictional level ranged from 157,799 (Tasmania) to 1.8 million (Victoria).

Figure 3: Admitted acute separations ABF and NHCDC, 2020-21 to 2022-23

## Admitted acute expenditure

In 2022-23, the admitted acute expenditure reported in the NHCDC was approximately $40.6 billion nationally. Figure 4 shows the cost of admitted acute separations by jurisdiction from 2020-21 to 2022-23. In 2022-23, the cost of admitted acute separations increased $4.4 billion nationally (or 12%) from the 2021-22 amount of $36.2 billion. The increase was driven by NSW and Victoria, with an increase of $1.5 billion (or 15%) and $1.4 billion (or 15%), respectively. Due to the Australian Capital Territory (ACT) submitting $801.8 million in 2021-22, and no cost data in 2022-23, the national increase was not as significant. In 2022-23, the cost at the jurisdictional level ranged from $807.6 million (Northern Territory (NT)) to $11.3 billion (NSW).

Figure 4: Cost of admitted acute separations by jurisdiction, 2020-21 to 2022-23

### Admitted acute average cost

Figure 5 shows the average cost of admitted acute separations reported in the cost data from 2020‑21 to 2022-23. The variation in average cost may be affected by differences in admission policies, activity complexity and hospital location. In 2022-23, the national average cost per admitted acute separation was $6,239, a 7% increase from the 2021-22 figure of $5,809. In 2022-23, the average cost at the jurisdictional level ranged from $4,488 (NT) to $7,955 (Tasmania).

Figure 5: Average cost per admitted acute separation by jurisdiction, 2020-21 to 2022-23

### Admitted acute weighted average cost

Jurisdiction comparisons should consider the complexity of a jurisdiction’s acute activity profile. More complex activities are typically more expensive than activity of minor complexity, influencing the average cost within each jurisdiction. Weighted averages factor in the complexity of patient activity and provide a more accurate comparison. IHACPA uses the AR-DRG classification to group similar activity in the admitted acute setting. Figure 6 shows the average cost per weighted admitted acute separation from 2020-21 to 2022-23. In 2022-23, the average cost per weighted separation at the jurisdictional level ranged from $5,631 (Queensland) to $7,906 (Tasmania).

Figure 6: Average cost per weighted separation by jurisdiction, 2020-21 to 2022-23

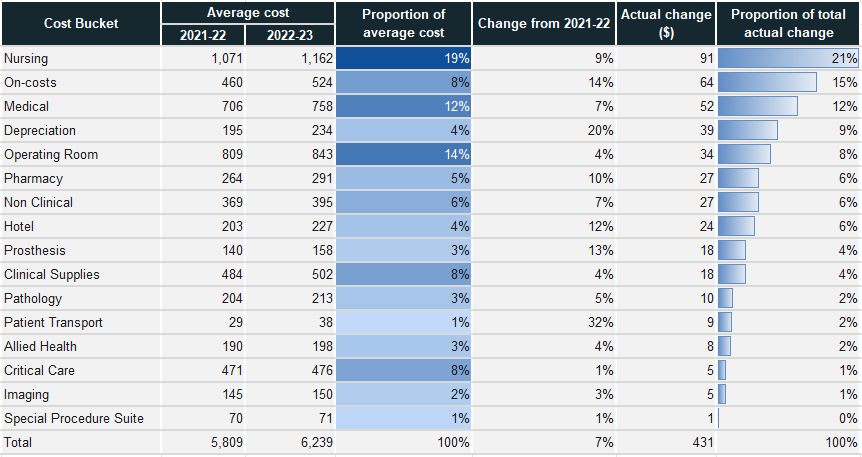
### Admitted acute cost buckets

In 2022-23, the national average cost per admitted acute separation was $6,239, a 7% increase from the 2021-22 average of $5,809. Figure 7 shows the top 10 cost buckets contributing to the national admitted acute average cost in 2022-23, in comparison to 2020-21 and 2021-22. These cost buckets account for approximately 87% of average national costs, from 2020-21 to 2022-23. Further detail on all admitted acute cost by cost bucket is available in the [Appendix Tables](https://www.ihacpa.gov.au/resources/national-hospital-cost-data-collection-nhcdc-public-sector-2022-23).

Figure 7: Top 10 cost buckets in admitted acute separations, 2020-21 to 2022-23

Table 7 shows the average cost for 2021-22 and 2022-23, the distribution of cost in 2022-23, the percentage change and actual change by cost bucket from 2021-22 to 2022-23. The nursing, operating room, medical, on-costs and clinical supplies cost buckets accounted for 61% of the average cost per admitted acute separation nationally. The last column shows the proportion the actual change in each cost bucket contributes to the total actual change between 2021-22 and 2022-23. The nursing, on-costs, and medical cost buckets accounted for $207 (or 48%) of the $431 increase in average cost per admitted acute separation nationally.

Table 7: National average cost per admitted acute separation by cost bucket, 2022-23



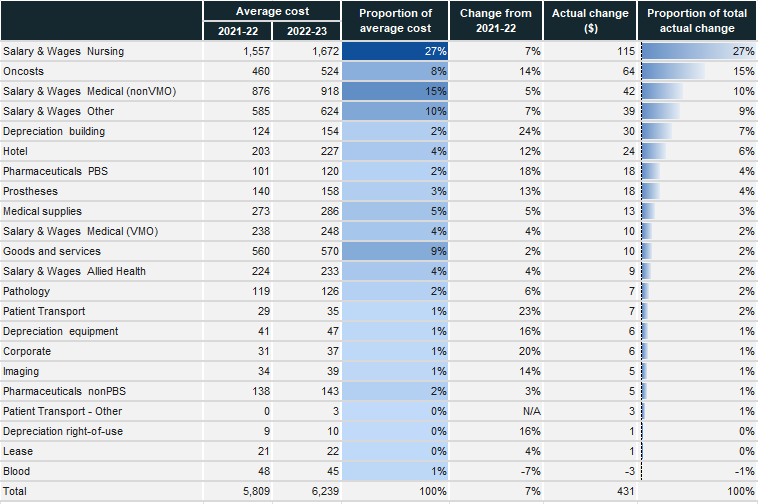
### Admitted acute line items

Figure 8 shows the top 10 line items contributing to the national admitted acute average cost for 2022-23, in comparison to 2020‑21 and 2021-22. Further detail on all admitted acute cost by line item is available in the [Appendix Tables](https://www.ihacpa.gov.au/resources/national-hospital-cost-data-collection-nhcdc-public-sector-2022-23).

Figure 8: Top 10 line items in admitted acute separations, 2020-21 to 2022-23

Table 8 shows the average cost for 2021-22 and 2022-23, distribution of cost in 2022-23, percentage change and actual change by line item from 2021-22 to 2022-23. The salary and wages nursing, salary and wages medical (non VMO), salary and wages other, goods and services, and on-costs line items accounted for 69% of the average cost per admitted acute separation nationally. The last column shows the proportion the actual change in each line item contributes to the total actual change between 2021-22 and 2022-23. In 2022-23, salary and wages nursing, salary and wages medical (non VMO), and on-costs line items accounted for 64% of the $431 increase in average cost per admitted acute separation.

Table 8: National average cost per admitted acute separation by line item, 2022-23



# Admitted subacute and non-acute

## Summary

This chapter outlines the in-scope admitted subacute and non-acute activity, cost, and average cost per episode or phase, from 2020-21 to 2022-23. 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. 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 Version 5.0) was used to prepare the episode and phase level results in this report. AN-SNAP 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.

Table 9 summarises the national AN-SNAP episode results from 2020-21 to 2022-23. In 2022-23, there were 164,415 AN-SNAP episodes reported nationally, an 8% increase from 2021-22, with a total cost of $3.8 billion, an 18% increase from 2021-22. The national average cost per AN-SNAP episode was $23,356 for 2022-23, a 9% increase to the 2021-22 national average of $21,402.

Table 9: AN-SNAP episodes national summary, 2020-21 to 2022-23

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2020-21** | **2021-22** | **2022-23** |
| Number of establishments (episodes) | 333 | 340 | 350 |
| Episodes | 148,487 | 151,706 | 164,415 |
| Cost ($) | 2,893,061,845 | 3,246,832,888 | 3,840,002,934 |
| Average cost per episode ($) | 19,484 | 21,402 | 23,356 |

Table 10 summarises the national AN-SNAP phase results from 2020-21 to 2022-23. In 2022-23, there were 72,889 AN-SNAP phases reported nationally, a 13% increase from 2021-22, with a total cost of $543.5 million, a 16% increase from 2021-22. The national average cost per AN-SNAP phase was $7,456 for 2022‑23, a 3% increase to the 2021-22 national average of $7,258.

Table 10: AN-SNAP phases national summary, 2020-21 to 2022-23

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2020-21** | **2021-22** | **2022-23** |
| Number of establishments (phases) | 214 | 214 | 248 |
| Phases | 57,445 | 64,477 | 72,889 |
| Cost ($) | 426,194,166 | 467,947,476 | 543,455,301 |
| Average cost per phase ($) | 7,419 | 7,258 | 7,456 |

## Admitted subacute and non-acute sample

In 2022-23, 100% of the NHCDC AN-SNAP episode records were linked to activity and in scope for NHCDC reporting. Table 11 shows the number of in-scope NHCDC records and ABF activity, and the proportion of costed activity by jurisdiction, from 2021-22 to 2022-23. In 2022-23, nationally 75% of in-scope activity was linked to cost (costed activity %), a decrease from 76% in 2021-22.

Table 11: AN-SNAP episode sample summary by jurisdiction, 2020-21 to 2022-23

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Jurisdiction** | **In-scope NHCDC records** | | | **In-scope ABF activity** | | | **Costed activity (%)** | | | |
| **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** |
| NSW | 45,016 | 35,623 | 45,876 | 67,343 | 58,449 | 68,514 | 67 | 61 | 67 |
| Vic | 30,786 | 30,342 | 32,473 | 39,579 | 39,147 | 41,609 | 78 | 78 | 78 |
| Qld | 39,850 | 52,240 | 53,214 | 51,723 | 64,778 | 66,292 | 77 | 81 | 80 |
| SA | 11,840 | 13,363 | 16,261 | 14,316 | 15,396 | 18,416 | 83 | 87 | 88 |
| WA | 12,396 | 11,914 | 12,383 | 12,857 | 12,365 | 12,799 | 96 | 96 | 97 |
| Tas | 2,587 | 2,593 | 3,394 | 3,528 | 3,605 | 3,761 | 73 | 72 | 90 |
| NT | 765 | 900 | 814 | 1,209 | 1,341 | 1,268 | 63 | 67 | 64 |
| ACT | 5,247 | 4,731 | - | 5,248 | 4,731 | 5,767 | 100 | 100 | - |
| **National** | **148,487** | **151,706** | **164,415** | **195,803** | **199,812** | **218,426** | **76** | **76** | **75** |

In 2022-23, 100% of the NHCDC AN-SNAP phase records were linked to activity and in scope for NHCDC reporting. Table 12 shows the number of in-scope NHCDC records and ABF activity, and the proportion of costed activity by jurisdiction, from 2021-22 to 2022-23. In 2022-23, nationally 84% of in-scope activity was linked to cost (costed activity %), an increase from 82% in 2021‑22.

Table 12: AN-SNAP phase sample summary by jurisdiction, 2020-21 to 2022-23

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Jurisdiction** | **In-scope NHCDC records** | | | **In-scope ABF activity** | | | **Costed activity (%)** | | |
| **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** |
| NSW | 30,691 | 28,082 | 35,010 | 35,884 | 33,854 | 38,466 | 86 | 83 | 91 |
| Vic | 14,969 | 15,741 | 15,824 | 16,470 | 16,472 | 16,497 | 91 | 96 | 96 |
| Qld | 9,902 | 15,871 | 16,822 | 15,914 | 16,126 | 16,929 | 62 | 98 | 99 |
| SA | - | 2,918 | 3,397 | 3,713 | 3,223 | 3,665 | 0 | 91 | 93 |
| WA | - | - | - | 5,980 | 5,179 | 7,108 | 0 | 0 | 0 |
| Tas | 626 | 713 | 716 | 649 | 736 | 733 | 96 | 97 | 98 |
| NT | 1,257 | 1,152 | 1,120 | 1,257 | 1,152 | 1,158 | 100 | 100 | 97 |
| ACT | - | - | - | 1,301 | 1,451 | 2,170 | 0 | 0 | 0 |
| **National** | **57,445** | **64,477** | **72,889** | **81,168** | **78,193** | **86,726** | **71** | **82** | **84** |

## Admitted subacute and non-acute episodes and phases

Figure 9 shows the number of AN-SNAP records reported in the NHCDC against the ABF activity submitted from 2020-21 to 2022-23. In 2022-23, there were 237,304 AN-SNAP records nationally, a 10% increase to the 2021-22 figure of 216,183. The national increase in AN-SNAP records was driven by NSW, increasing by 17,181 (or 27%) from 2021-22 to 2022-23. In 2022-23, the number of AN-SNAP records at the jurisdictional level ranged from 1,934 (Australian Capital Territory (ACT)) to 80,886 (New South Wales (NSW)). It should be noted that Western Australia (WA) does not submit phase level cost data.

Figure 9: AN-SNAP records in ABF and NHCDC, 2020-21 to 2022-23

## Admitted subacute and non-acute expenditure

In 2022-23, the admitted subacute and non-acute cost reported in the NHCDC was approximately $4.4 billion nationally. Figure 10 shows the cost of admitted subacute and non-acute by jurisdiction from 2020-21 to 2022-23. From 2021-22 to 2022-23, the cost of admitted subacute and non-acute episodes increased $668.7 million nationally, an 18% increase to the 2021‑22 figure of $3.7 billion. The increase was driven by Queensland, increasing $1.2 billion (or 28%) from 2021-22 to 2022-23. In 2022-23, the cost of admitted subacute and non-acute at the jurisdictional level ranged from $60.1 million (Northern Territory (NT)) to $1.2 billion (Queensland). Tasmania’s total cost increased 40%, due to an increase in the non-clinical cost bucket. It should be noted that WA and ACT have not reported phase level cost data for the last 3 years.

Figure 10: Cost of AN-SNAP records by jurisdiction, 2020-21 to 2022-23

## 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 2020-21 to 2022-23. In 2022-23, the national average cost per admitted subacute and non-acute episode was $23,356, a 9% increase from the 2021-22 figure of $21,402. In 2022‑23, the average cost per episode at the jurisdictional level ranged from $19,885 (Queensland) to $60,459 (NT).

Figure 11: Average cost per AN-SNAP episode by jurisdiction, 2020-21 to 2022-23

Figure 12 shows the average cost of admitted subacute phases reported in the cost data from 2020‑21 to 2022-23. In 2022-23, the national average cost per admitted subacute phase was $7,456, a 3% increase from the 2021-22 figure of $7,258. In 2022-23, the average cost per phase at the jurisdictional level ranged from $6,002 (NSW) to $9,694 (NT). From 2021-22 to 2022-23, Tasmania’s average cost increased by 25% due to the smaller sample size and high-cost outliers skewing the average cost. It should be noted that WA and ACT have not reported phase level cost data for the last 3 years.

Figure 12: Average cost per AN-SNAP phase by jurisdiction, 2020-21 to 2022-23

### Admitted subacute and non-acute episodes cost buckets

In 2022-23, the national average cost per admitted subacute and non-acute episode was $23,356, a 9% increase from the 2021-22 figure of $21,402. Figure 13 shows the top 10 cost buckets contributing to the national admitted subacute and non‑acute episode average cost for 2022-23, in comparison to 2020-21 and 2021-22. Further detail on all admitted subacute and non-acute episode cost by cost bucket is available in the [Appendix Tables](https://www.ihacpa.gov.au/resources/national-hospital-cost-data-collection-nhcdc-public-sector-2022-23).

Figure 13: Top 10 cost buckets in AN-SNAP episodes, 2020-21 to 2022-23

Table 13 shows the average cost for 2021-22 and 2022-23, distribution of cost in 2022-23, percentage change and actual change by cost bucket, from 2021-22 to 2022-23. Nursing, clinical supplies, medical, allied health, and non‑clinical supplies accounted for 76% of the average cost per admitted subacute and non-acute episode nationally. The last column shows the proportion the actual change in each cost bucket contributes to the total actual change between 2021-22 and 2022-23. The nursing, on-costs, and depreciation cost buckets accounted for 54% of the increase in the average cost per admitted subacute and non-acute episode from 2021‑22 to 2022‑23.

Table 13: National average cost per AN-SNAP episode by cost bucket, 2022-23

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### Admitted subacute phases cost buckets

Figure 14 shows the AN-SNAP phases average cost of the top 10 cost buckets of 2022‑23 reported in the cost data from 2020-21 to 2022-23. In 2022-23, the national average cost per AN-SNAP phase was $7,456, a 3% increase from the 2021-22 figure of $7,258. Further detail on all admitted subacute and non-acute phase cost by cost bucket is available in the [Appendix Tables](https://www.ihacpa.gov.au/resources/national-hospital-cost-data-collection-nhcdc-public-sector-2022-23).

Figure 14: Top 10 cost buckets in AN-SNAP phases, 2020-21 to 2022-23

Table 14 shows the average cost for 2021-22 and 2022-23, distribution of cost in 2022-23, percentage change and actual change by cost bucket from 2021-22 to 2022-23. The nursing, medical, non-clinical, clinical supplies, and on-costs cost buckets accounted for 80% of the average cost per admitted subacute phase nationally. The last column shows the proportion the actual change in each cost bucket contributes to the total actual change between 2021-22 and 2022-23. In 2022-23, the on-costs, medical, and depreciation cost buckets accounted for 89% of the increase in the average cost per admitted subacute phase nationally.

Table 14: National average cost per AN-SNAP phase by cost bucket, 2022-23

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# Emergency department

## Summary

This chapter outlines the in-scope emergency department patient presentations, cost, and average cost per patient presentation from 2020-21 to 2022-23. 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 ED activity visit [IHACPA’s website](https://www.ihacpa.gov.au/health-care/classifications/emergency-care).

The Australian Emergency Care Classification (AECC) Version 1.2 was used to prepare this report. The AECC has 3 hierarchical levels, which classify ED patient presentations into end-classes. The complexity levels are based on a score assigned to each patient 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.

Table 15 summarises the national results from 2020-21 to 2022-23. In 2022-23, there were 8.6 million ED presentations nationally, a 4% increase to the 2021-22 figure of 8.3 million. The associated cost in 2022-23 nationally was $8.4 billion, a 14% increase to the 2021‑22 figure of $7.4 billion. The national average cost per ED patient presentation was $980 for 2022‑23, a 10% increase to the 2021-22 national average of $891.

Table 15: ED national summary, 2020-21 to 2022-23

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2020-21** | **2021-22** | **2022-23** |
| Number of establishments | 263 | 261 | 275 |
| Presentations | 8,362,442 | 8,270,175 | 8,574,940 |
| Cost ($) | 6,607,898,418 | 7,366,799,103 | 8,400,951,793 |
| Average cost per presentation ($) | 790 | 891 | 980 |

## Emergency department sample

In 2022-23, 99% of the NHCDC ED patient presentations were linked to activity and in scope for NHCDC reporting. Table 16 shows the number of in-scope NHCDC records and ABF activity, and the proportion of costed activity from 2021-22 to 2022-23. In 2022-23, nationally 94% of in-scope activity was linked to cost (costed activity %), consistent with 2021-22.

Table 16: ED sample summary by jurisdiction, 2020‑21 to 2022-23

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Jurisdiction** | **In-scope NHCDC records** | | | **In-scope ABF activity** | | | **Costed activity (%)** | | |
| **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** |
| NSW | 2,520,197 | 2,463,075 | 2,725,997 | 2,958,710 | 2,910,511 | 3,022,015 | 85 | 85 | 90 |
| Vic | 1,704,061 | 1,817,818 | 1,870,367 | 1,772,271 | 1,856,242 | 1,910,712 | 96 | 98 | 98 |
| Qld | 2,297,035 | 2,163,308 | 2,249,422 | 2,397,890 | 2,233,663 | 2,271,122 | 96 | 97 | 99 |
| SA | 576,703 | 572,455 | 597,643 | 580,575 | 572,931 | 598,666 | 99 | 100 | 100 |
| WA | 763,051 | 765,477 | 775,837 | 767,873 | 768,875 | 777,152 | 99 | 100 | 100 |
| Tas | 170,287 | 173,276 | 173,888 | 170,287 | 173,276 | 173,888 | 100 | 100 | 100 |
| NT | 177,652 | 171,415 | 181,786 | 177,699 | 171,416 | 181,815 | 100 | 100 | 100 |
| ACT | 153,456 | 143,351 | - | 153,716 | 143,700 | 145,707 | 100 | 100 | - |
| **National** | **8,362,442** | **8,270,175** | **8,574,940** | **8,979,021** | **8,830,614** | **9,081,077** | **93** | **94** | **94** |

## Emergency department presentations

Figure 15 shows the number of ED patient presentations reported in the cost data compared to ABF data from 2020-21 to 2022-23. In 2022-23, there were 8.6 million ED patient presentations nationally, a 4% increase to the 2021-22 figure of 8.3 million. The national increase in patient presentations was driven by New South Wales (NSW), increasing by 262,922 presentations (or 11%). The number of patient presentations at the jurisdictional level ranged from 173,888 (Tasmania) to 2.7 million (NSW).

Figure 15: ED presentations in ABF and NHCDC, 2020-21 to 2022-23

## Emergency department expenditure

In 2022-23, the ED cost reported in the NHCDC was $8.4 billion nationally. Figure 16 shows the cost of ED presentations by jurisdiction from 2020-21 to 2022-23. The cost of ED presentations increased $1.0 billion nationally, a 14% increase to the 2021-22 figure of $7.4 billion. The national increase in the cost was driven by NSW, increasing $363.5 million (or 16%) from 2021‑22 to 2022‑23. In 2022-23, the cost at the jurisdictional level ranged from $193.2 million (NT) to $2.6 billion (NSW).

Figure 16: Cost of ED presentations by jurisdiction, 2020-21 to 2022-23

## Emergency department average cost

Figure 17 shows the average cost of ED patient presentations reported in the cost data from 2020-21 to 2022‑23. In 2022-23, the national average cost per ED patient presentation was $980, a 10% increase from the 2021‑22 figure of $891. In 2022-23, the average cost per patient presentation at the jurisdictional level ranged from $858 (Queensland) to $1,373 (Tasmania).

Figure 17: Average cost per ED presentations by jurisdiction, 2020-21 to 2022-23

### Emergency department cost buckets

Figure 18 shows the top 10 cost buckets contributing to the national ED patient presentation average cost for 2022-23, in comparison to 2020‑21 and 2021-22. In 2022-23, the national average cost per ED patient presentation was $980, a 10% increase from the 2021-22 figure of $891. Further detail on all emergency department cost by cost bucket is available in the [Appendix Tables](https://www.ihacpa.gov.au/resources/national-hospital-cost-data-collection-nhcdc-public-sector-2022-23).

Figure 18: Top 10 cost buckets in ED presentations, 2020-21 to 2022-23

Table 17 shows the average cost for 2021-22 and 2022-23, distribution of cost in 2022-23, percentage change and actual change by cost bucket from 2021-22 to 2022-23. The medical, nursing, imaging, clinical supplies, and non-clinical cost buckets accounted for 73% of the average cost per ED patient presentation nationally. The last column shows the proportion the actual change in each cost bucket contributes to the total actual change between 2021-22 and 2022-23. The nursing, medical, and on-costs cost buckets accounted for 62% of the $89 increase in the average cost per ED patient presentation nationally, from 2021-22 to 2022-23.

Table 17: National average cost per ED presentation by cost bucket national, 2022-23

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# Non-admitted

## Summary

This chapter outlines the in-scope non-admitted service events, cost, and average cost per service event from 2020-21 to 2022-23. 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 Non-Admitted Services Classification (Tier 2) Version 7.0 was used to prepare this report. Tier 2 categorises a hospital’s non-admitted services into classes which are generally based on the nature of the service provided and the type of clinician providing the service. For more information about the Tier 2 Classification activity visit [IHACPA’s website](https://www.ihacpa.gov.au/health-care/classification/non-admitted-care/tier-2-non-admitted-services-classification).

Tier 2 is built around the concept of clinics. Clinics are classified to one of the groups below based on the predominant nature of the service provided:

* procedures (10 series)
* medical consultation services (20 series)
* diagnostic services (30 series)
* allied health or clinical nurse specialist intervention services (40 series).

Table 18 summarises the national results from 2020-21 to 2022-23. In 2022-23, there were 27.8 million non-admitted service events nationally, a 14% decrease from the 2021-22 figure of 32.4 million. The associated cost in 2022-23 nationally was $11.2 billion, a 7% increase to the 2021‑22 amount of $10.5 billion. The national average cost per non-admitted service event was $403 for 2022-23, a 24% increase to the 2021-22 national average of $324.

Table 18: Non-admitted national summary, 2020-21 to 2022-23

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2020-21** | **2021-22** | **2022-23** |
| Number of establishments | 407 | 421 | 439 |
| Service events | 28,199,096 | 32,394,791 | 27,799,857 |
| Cost ($) | 9,627,491,457 | 10,504,288,028 | 11,194,442,480 |
| Average cost per service event ($) | 341 | 324 | 403 |

## Non-admitted service events sample

In 2022-23, 96% of the NHCDC non-admitted service event records were linked to activity and in‑scope for NHCDC reporting. Table 19 shows the number of in-scope NHCDC records and ABF activity, and the proportion of costed activity from 2021-22 to 2022-23. In 2022-23, nationally 81% of in-scope activity was linked to cost (costed activity %), an increase from 73% in 2021-22.

Table 19: Non-admitted sample summary by jurisdiction, 2020-21 to 2022-23

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Jurisdiction** | **In-scope NHCDC records** | | | **In-scope ABF activity** | | | **Costed activity (%)** | | |
| **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** |
| NSW | 10,363,280 | 9,923,216 | 10,329,842 | 16,432,690 | 15,749,109 | 13,003,855 | 63 | 63 | 79 |
| Vic | 4,393,960 | 4,726,182 | 4,962,830 | 5,251,448 | 6,164,187 | 6,201,824 | 84 | 77 | 80 |
| Qld | 6,774,890 | 8,554,330 | 6,998,983 | 8,220,724 | 11,564,435 | 7,878,981 | 82 | 74 | 89 |
| SA | 1,960,074 | 3,534,331 | 1,862,756 | 1,971,189 | 3,772,911 | 1,976,341 | 99 | 94 | 94 |
| WA | 2,683,334 | 2,829,078 | 2,673,077 | 3,369,377 | 3,494,375 | 3,362,971 | 80 | 81 | 79 |
| Tas | 699,461 | 835,257 | 660,413 | 858,232 | 1,394,955 | 710,473 | 82 | 60 | 93 |
| NT | 357,560 | 306,629 | 311,956 | 650,857 | 582,837 | 591,172 | 55 | 53 | 53 |
| ACT | 966,537 | 1,685,768 | 0 | 1,134,228 | 1,688,638 | 733,578 | 85 | 100 | 0 |
| **National** | **28,199,096** | **32,394,791** | **27,799,857** | **37,888,745** | **44,411,447** | **34,459,195** | **74** | **73** | **81** |

## Non-admitted service events

Figure 19 shows the number of non-admitted service events reported in the cost data from 2020‑21 to 2022-23. In 2022-23, there were 27.8 million non-admitted service events nationally, a 14% decrease from the 2021-22 figure of 32.4 million. The national decrease in non-admitted service events was driven by Australian Capital Territory (ACT) not submitting NHCDC records in 2022‑23, previously submitting 1.7 million records in 2021-22. In 2022-23, the number of service events at the jurisdictional level ranged from 311,956 (Northern Territory (NT)) to 10.3 million (New South Wales (NSW)).

Figure 19: Non-admitted services events in ABF and NHCDC, 2020-21 to 2022-23

## Non-admitted service events expenditure

In 2022-23, the non-admitted service event cost reported in the NHCDC was approximately $11.2 billion nationally. Figure 20 shows the cost of non-admitted service events by jurisdiction from 2020‑21 to 2022-23. From 2021-22 to 2022-23, the cost of non-admitted service events increased $690.2 million nationally, a 7% increase to the 2021-22 figure of $10.5 billion. The national increase in the cost of non-admitted service events was driven by Queensland, increasing $352.2 million (or 13%) from 2021-22 to 2022-23. In 2022-23, the cost at the jurisdictional level ranged from $162.4 million (NT) to $3.6 billion (NSW).

Figure 20: Cost of non-admitted service events by jurisdiction, 2020-21 to 2022-23

## Non-admitted service events average cost

Figure 21 shows the average cost of non-admitted service events reported in the cost data from 2020‑21 to 2022-23. In 2022-23, the national average cost per non-admitted service event was $403, a 24% increase from the 2021-22 figure of $324. In 2022-23, the average cost per service event at the jurisdictional level ranged from $346 (NSW) to $543 (South Australia (SA)).

Figure 21: Average cost per non-admitted service event by jurisdiction, 2020-21 to 2022-23

## Non-admitted service event series changes

Table 20 shows the change between records, cost, and average cost for in each Tier 2 series, from 2021-22 to 2022-23. In 2022-23, Tier 2 series 10 decreased by 4.6 million records and $182.5 million in cost, while series 20 increased $607.3 million in cost.

Table 20: Changes in non-admitted service events by Tier 2 series, 2021-22 to 2022-23

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Series** | **2021-22** | | | **2022-23** | | | **Change** | | |
| **Records** | **Cost ($)** | **Av cost** | **Records** | **Cost ($)** | **Av cost** | **Records** | **Cost ($)** | **Av cost** |
| 10 | 6,152,648 | 1,557,674,602 | 253 | 1,556,074 | 1,375,153,467 | 884 | - 4,596,574 | - 182,521,135 | 631 |
| 20 | 11,338,179 | 5,052,698,638 | 446 | 11,760,618 | 5,659,957,533 | 481 | 422,439 | 607,258,894 | 36 |
| 30 | 921,648 | 119,480,675 | 130 | 322,460 | 121,463,629 | 377 | -599,188 | 1,982,954 | 247 |
| 40 | 13,982,038 | 3,774,195,384 | 270 | 14,160,705 | 4,037,867,852 | 285 | 178,667 | 263,672,468 | 15 |
| **Total** | **32,394,513** | **10,504,049,300** | **324** | **27,799,857** | **11,194,442,480** | **403** | **- 4,594,656** | **690,393,180** | **78** |

Table 21 shows the Tier 2 end-classes that contributed the most to the reduction in service events, from 2021-22 to 2022-23. In 2022-23, the total service events COVID-19 Vaccination (10.21) was 60,806, decreasing by 4.5 million records, from 2021-22.

Table 21: Top 5 Tier 2 end-classes with greatest change in service events, 2021-22 to 2022-23

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tier 2 Code** | **Description** | **2022-23** | **2021-22** | **Change** |
| 40.53 | General Medicine | 116,658 | 248,016 | -131,358 |
| 20.57 | COVID-19 response | 23,923 | 200,778 | -176,855 |
| 30.09 | COVID-19 response diagnostics | 61,322 | 696,921 | -635,599 |
| 40.63 | COVID-19 response | 161,978 | 1,120,122 | -958,144 |
| 10.21 | COVID-19 Vaccination | 60,806 | 4,572,906 | -4,512,100 |

Table 22 shows the Tier 2 end classes that contributed the most to the increase in total cost, from 2021-22 to 2022-23. In 2022-23, the total cost for Endoscopy – Gastrointestinal (10.06) was $346.2 million, increasing by $124.0 million cost, from 2021-22.

Table 22: Top 5 Tier 2 end-classes with greatest change in total cost, 2021-22 to 2022-23

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tier 2 Code** | **Description** | **2022-23 ($)** | **2021-22 ($)** | **Change ($)** |
| 10.06 | Endoscopy - Gastrointestinal | 346,219,972 | 222,238,531 | 123,981,441 |
| 20.20 | Respiratory - Cystic Fibrosis | 266,968,699 | 145,850,030 | 121,118,669 |
| 40.28 | Midwifery and Maternity | 532,028,860 | 479,484,754 | 52,544,107 |
| 40.07 | Pre-Admission and Pre-Anaesthesia | 184,326,650 | 140,842,312 | 43,484,338 |
| 20.42 | Medical Oncology (Consultation) | 539,911,405 | 499,933,468 | 39,977,937 |

Table 23 shows the top 5 Tier 2 end-classes with the greatest increase in average cost, from 2021-22 to 2022-23. In 2022-23, the average cost per service event for Respiratory – Cystic Fibrosis (20.20) was $12,863, increasing by $5,253 per service event, from 2021-22.

Table 23: Top 5 Tier 2 end-classes with greatest average cost change, 2021-22 to 2022-23

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tier 2 Code** | **Description** | **2022-23 ($)** | **2021-22 ($)** | **Change ($)** |
| 20.20 | Respiratory - Cystic Fibrosis | 12,863 | 7,610 | 5,253 |
| 10.19 | Ventilation - Home Delivered | 2,376 | 1,456 | 920 |
| 10.06 | Endoscopy - Gastrointestinal | 2,186 | 1,804 | 382 |
| 10.05 | Angioplasty/Angiography | 2,240 | 2,020 | 220 |
| 10.15 | Renal Dialysis - Haemodialysis - Home Delivered | 2,486 | 2,282 | 204 |

### Non-admitted cost buckets

Figure 22 shows the top 10 cost buckets contributing to the national non-admitted service event average cost in 2022-23, in comparison to 2020-21 and 2021-22. The medical, pharmacy, and nursing cost buckets accounted for 50% of the increase in the average cost per non-admitted service event from 2021-22 to 2022-23. Further detail on all non-admitted cost by cost bucket is available in the [Appendix Tables](https://www.ihacpa.gov.au/resources/national-hospital-cost-data-collection-nhcdc-public-sector-2022-23).

Figure 22: Top 10 cost buckets in non-admitted service events, 2020-21 to 2022-23

Table 24 shows the average cost for 2021-22 and 2022-23, distribution of cost in 2022-23, percentage change and actual change by cost bucket change from 2021-22 to 2022-23. The medical, pharmacy, nursing, allied health, and non-clinical cost buckets accounted for 66% of the average cost per non-admitted service event nationally. The last column shows the proportion the actual change in each cost bucket contributes to the total actual change between 2021-22 and 2022-23. The pharmacy, medical and allied health cost buckets accounted for 52% of the $78 increase in the average cost per non-admitted service event nationally, from 2021-22 to 2022‑23.

Table 24: National average cost per Tier 2 service event by cost bucket, 2022-23

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# Admitted mental health

## Summary

This chapter outlines the in-scope admitted mental health activity, cost, and average cost per phase and episode from 2020-21 to 2022-23.

A mental health episode of care is defined as the period between the commencement and completion of care, characterised by the care type. The patient may be admitted to a general ward, or a designated psychiatric unit, in a general hospital or a psychiatric hospital. 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. There are 5 phases of care: assessment only, acute, functional gain, intensive extended and consolidating gain. The classification also provides for ‘unknown phase’.

Due to separate methods for the linking of episodes and phases, the results for phases and episodes are presented separately. The Australian Mental Health Care Classification (AMHCC) V1.0 is the preferred method for reporting admitted mental health data in 2022-23 and is used to classify phase level data. In the absence of phase level data, episodes are classified under the Australian Refined Diagnosis Related Groups (AR-DRGs) V11.0.

Table 25 summarises the national phase results from 2020-21 to 2022-23. In 2022-23, the national results for admitted mental health phases included 92,898 phases with an associated cost of $2.4 billion, a 16% and 25% increase from 2021-22, respectively. The average cost per phase was $25,720, an 8% increase from the 2021-22 amount of $23,888 per phase.

Table 25: Admitted mental health phases (AMHCC) national summary, 2020-21 to 2022-23

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2020-21** | **2021-22** | **2022-23** |
| Number of establishments (phases) | 107 | 106 | 122 |
| Phases | 69,419 | 79,935 | 92,898 |
| Cost ($) | 1,436,908,662 | 1,909,506,077 | 2,389,377,995 |
| Average cost per phase ($) | 20,699 | 23,888 | 25,720 |

Table 26 summarises the national episode results from 2020-21 to 2022-23. In 2022-23, the national results for admitted mental health episodes included 29,812 episodes with an associated cost of $625.3 million, a 7% increase and 6% decrease from 2021-22. The average cost per episode was $20,975, a 12% decrease from the 2021-22 amount of $23,910 per episode.

Table 26: Admitted mental health episodes (AR-DRG) national summary, 2020-21 to 2022-23

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2020-21** | **2021-22** | **2022-23** |
| Number of establishments (episodes) | 140 | 133 | 136 |
| Episodes | 45,096 | 27,918 | 29,812 |
| Cost ($) | 842,093,482 | 667,520,990 | 625,295,881 |
| Average cost per episode ($) | 18,673 | 23,910 | 20,975 |

## Admitted mental health sample

In 2022-23, 100% of the NHCDC admitted mental health phase records were linked to activity and in scope for NHCDC reporting. Table 27 shows the number of in-scope NHCDC records and ABF activity, and proportion of costed activity by jurisdiction, from 2021-22 to 2022-23. In 2022-23, nationally 77% of in-scope activity was linked to cost (costed activity %), an increase from 67% in 2021-22.

Table 27: Admitted mental health phase sample summary, 2020-21 to 2022-23

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Jurisdiction** | **In-scope NHCDC records** | | | **In-scope ABF activity** | | | **Costed activity (%)** | | |
| **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** |
| NSW | 36,387 | 32,181 | 35,432 | 43,292 | 38,942 | 39,532 | 84 | 83 | 90 |
| Vic | 26,470 | 25,507 | 24,295 | 28,160 | 27,057 | 25,516 | 94 | 94 | 95 |
| Qld | 6,562 | 15,763 | 24,036 | 23,281 | 21,221 | 25,561 | 28 | 74 | 94 |
| SA | - | 6,484 | 9,135 | 10,653 | 9,310 | 10,502 | - | 70 | 87 |
| WA | - | - | - | 11,269 | 10,676 | 11,166 | - | - | - |
| Tas | - | - | - | 2,388 | 3,086 | 2,934 | - | - | - |
| NT | - | - | - | - | 1,192 | 1,636 | - | - | - |
| ACT | - | - | - | 5,264 | 7,254 | 4,034 | - | - | - |
| **National** | **69,419** | **79,935** | **92,898** | **124,307** | **118,738** | **120,881** | **56** | **67** | **77** |

In 2022-23, 100% of the NHCDC admitted mental health episode records were linked to activity and in scope for NHCDC reporting. Table 28 shows the number of in-scope NHCDC records and ABF activity, and proportion of costed activity by jurisdiction, from 2021-22 to 2022-23. In 2022-23, nationally 21% of in-scope activity was linked to cost (costed activity %), an increase from 20% in 2021-22.

Table 28: Admitted mental health episode sample summary, 2020-21 to 2022-23

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Jurisdiction** | **In-scope NHCDC records** | | | **In-scope ABF activity** | | | **Costed activity (%)** | | |
| **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** |
| NSW | 527 | 94 | 5 | 42,398 | 38,950 | 41,067 | 1 | 0 | 0 |
| Vic | 423 | 448 | 631 | 34,902 | 33,855 | 31,640 | 1 | 1 | 2 |
| Qld | 17,667 | 7,991 | 6,172 | 32,492 | 30,785 | 30,430 | 54 | 26 | 20 |
| SA | 6,344 | 5 | 5,423 | 16,080 | 14,200 | 15,726 | 39 | 0 | 34 |
| WA | 12,839 | 12,458 | 12,436 | 12,856 | 12,458 | 12,474 | 100 | 100 | 100 |
| Tas | 3,297 | 3,133 | 3,632 | 3,914 | 3,692 | 3,784 | 84 | 85 | 96 |
| NT | 1,377 | 1,332 | 1,513 | 1,377 | 1,332 | 1,513 | 100 | 100 | 100 |
| ACT | 2,622 | 2,457 | - | 2,623 | 2,457 | 2,773 | 100 | 100 | - |
| **National** | **45,096** | **27,918** | **29,812** | **146,642** | **137,729** | **139,407** | **31** | **20** | **21** |

## Admitted mental health phases and episodes

Figure 23 shows the number of admitted mental health phases reported in the cost data against activity based funding (ABF) data from 2020-21 to 2022-23. In 2022-23, there were 92,898 admitted mental health phases reported nationally, a 16% increase to the 2021-22 figure of 79,935. The national increase in admitted mental health phases was driven by Queensland, increasing by 8,273 records (or 52%) from 2021-22 to 2022-23. In 2022-23, the number of phases at the jurisdictional level ranged from 9,135 (South Australia (SA)) to 35,432 (New South Wales (NSW)). It should be noted that Western Australia (WA), Tasmania, and Northern Territory (NT) and the Australian Capital Territory (ACT) have not reported phase level cost data for the last 3 years.

Figure 23: Admitted mental health phases in ABF and NHCDC, 2020-21 to 2022-23

In 2022-23, there were 29,812 admitted mental health episodes nationally, a 7% increase to the 2021-22 figure of 27,918. The national increase was driven by SA, increasing from 5 records in 2021‑22 to 5,423 records (or 108,360%) from 2021-22 to 2022-23. In 2022-23, the number of episodes at the jurisdictional level ranged from 5 (NSW) to 12,436 (WA).

## Admitted mental health expenditure

Figure 24 shows the cost of admitted mental health phases by jurisdiction from 2020-21 to 2022‑23. In 2022-23, the admitted mental health phases cost reported in the NHCDC was $2.4 billion nationally, a 25% increase to the 2021-22 figure of $1.9 billion. In 2022-23, the cost at the jurisdictional level ranged from $246.3 million (SA) to $840.2 million (NSW). It should be noted that WA, Tasmania, NT, and the ACT have not reported phase level cost data for the last 3 years.

Figure 24: Cost of admitted mental health phases by jurisdiction, 2020-21 to 2022-23

In 2022-23, the admitted mental health episodes cost reported in the NHCDC was approximately $625.3 million nationally, a 6% decrease to the 2021-22 figure of $667.5 million. The national decrease in the cost of admitted mental health episodes was driven by Queensland, decreasing costs by $86.1 million (or 75%) from 2021-22, due to a shift in phase level costing. In 2022-23, the cost at the jurisdictional level ranged from $70,480 (NSW) to $392.3 million (WA).

## Admitted mental health average cost

Figure 25 shows the average cost of admitted mental health phases reported in the cost data from 2020‑21 to 2022-23. In 2022-23, the national average cost per admitted mental health phase was $25,720, an 8% increase from the 2021-22 figure of $23,888. In 2022-23, the average cost per phase at the jurisdictional level ranged from $23,713 (NSW) to $29,346 (Victoria). It should be noted that WA, Tasmania, NT, and the ACT have not reported phase level cost data for the last 3 years.

Figure 25: Average cost per admitted mental health phases by jurisdiction, 2020-21 to 2022-23

In 2022-23, the national average cost per admitted mental health episode was $20,975, a 12% decrease from the 2021-22 figure of $23,910. In 2022-23, the average cost per episode at the jurisdictional level ranged from $4,589 (Queensland) to $45,299 (Victoria).

### Admitted mental health phase cost buckets

Figure 26 shows the top 10 cost buckets contributing to the national admitted mental health average cost for 2022-23, in comparison to 2020-21 to 2021-22. In 2022-23, the national average cost per admitted mental health phase was $25,720, an 8% increase from the 2021-22 figure of $23,888. Further detail on all admitted mental health phase cost by cost bucket is available in the [Appendix Tables](https://www.ihacpa.gov.au/resources/national-hospital-cost-data-collection-nhcdc-public-sector-2022-23).

Figure 26: Top 10 cost buckets in admitted mental health phases, 2020-21 to 2022-23

Table 29 shows the admitted mental health phase average cost for 2021-22 and 2022-23, distribution of cost in 2022-23, percentage change and actual change by cost bucket from 2021-22 to 2022-23. Nursing, medical, non-clinical, on-costs, and clinical supplies accounted for 83% of the average cost per AMHCC phase nationally. The last column shows the proportion the actual change in each cost bucket contributes to the total actual change between 2021-22 and 2022-23. The nursing, on‑costs, non-clinical, and medical cost buckets accounted for 83% of the increase in the average cost per admitted mental health phase from 2021‑22 to 2022‑23.

Table 29: National average cost per admitted mental health phase by cost bucket, 2022-23

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# Community mental health

## Summary

This chapter outlines the in-scope community mental health activity, cost, and average cost per phase and episode from 2020-21 to 2022-23. 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. A community mental health episode of care can be split into defined mental health phases of care. Jurisdictions are encouraged to submit phase level data, representing a single phase of care, to allow for more accurate benchmarking. The Australian Mental Health Care Classification (AMHCC) V1.0 was used to prepare the results in this chapter, for more information visit [IHACPA’s website](https://www.ihacpa.gov.au/sites/default/files/2022-01/Australian%20Mental%20Health%20Care%20Classification%20%28AMHCC%29%20v1.0%20User%20manual%202018.pdf).

Table 30 summarises the national results from 2020-21 to 2022-23. In 2022-23, nationally there were 729,442 phases, a 31% increase to the 2021-22 amount of 555,828 phases. There was $1.7 billion in cost, a 10% increase to the 2021-22 amount of $1.5 billion. The average cost per phase was $2,273, a 16% decrease to the 2021-22 amount of $2,718 per phase.

Table 30: Community mental health phases national summary, 2020-21 to 2022-23

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2020-21** | **2021-22** | **2022-23** |
| Number of establishments (phases) | 198 | 208 | 223 |
| Phases | 405,815 | 555,828 | 729,442 |
| Cost ($) | 1,169,383,249 | 1,510,855,710 | 1,657,969,982 |
| Average cost per phase ($) | 2,882 | 2,718 | 2,273 |

In 2022-23, IHACPA received cost for community mental health episodes that could not be split into single phases. The results for community mental health episodes have been excluded from this report. Not all jurisdictions are able to report community mental health at the phase level, resulting in high cost episodes consisting of multiple phases and does not allow for accurate comparison. Table 31 shows the national community mental health episodes and cost received by end‑class in 2022-23.

Table 31: Community mental health episodes national summary, 2022-23

|  |  |  |  |
| --- | --- | --- | --- |
| **AMHCC** | **Description** | **Episodes** | **Cost ($)** |
| 201Z | Community, Assessment Only, 0-17 years | 32,799 | 84,566,398 |
| 202Z | Community, Assessment Only, 18-64 years | 137,812 | 260,679,244 |
| 203Z | Community, Assessment Only, 65+ years | 14,671 | 35,600,802 |
| 291Z | Community, Unknown Phase, 0-17 years | 5,642 | 53,220,205 |
| 292Z | Community, Unknown Phase, 18-64 years | 22,162 | 154,927,390 |
| 293Z | Community, Unknown Phase, 65+ years | 3,093 | 23,950,216 |
| **Total** | | **216,179** | **612,944,256** |

## Community mental health phases

### Community mental health phase sample

In 2022-23, 100% of the NHCDC community mental health phase records were linked to activity and in scope for NHCDC reporting. Table 32 shows the number of in-scope NHCDC records and ABF activity, and proportion of costed activity by jurisdiction, from 2021-22 to 2022-23. In 2022-23, nationally 66% of in-scope activity was linked to cost (costed activity %), an increase from 63% in 2021-22.

Table 32: Community mental health phases by jurisdiction, 2020-21 to 2022‑23

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Jurisdiction** | **In-scope NHCDC records** | | | **In-scope ABF activity** | | | **Costed activity (%)** | | |
| **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** | **2020-21** | **2021-22** | **2022-23** |
| NSW | 200,186 | 192,668 | 184,699 | 236,491 | 221,779 | 246,451 | 85 | 87 | 75 |
| Vic | 119,841 | 223,996 | 478,974 | 233,530 | 270,156 | 609,144 | 51 | 83 | 79 |
| Qld | 82,904 | 135,181 | 62,185 | 214,448 | 202,344 | 73,328 | 39 | 67 | 85 |
| SA | - | - | - | 63,633 | 66,836 | 62,692 | - | - | - |
| WA | - | - | - | 85,649 | 79,848 | 75,662 | - | - | - |
| Tas | 2,884 | 3,983 | 3,584 | 8,707 | 5,849 | 5,499 | 33 | 68 | 65 |
| NT | - | - | - | 5,323 | 4,284 | 7,993 | - | - | - |
| ACT | - | - | - | 11,921 | 32,999 | 21,831 | - | - | - |
| **National** | **405,815** | **555,828** | **729,442** | **859,702** | **884,095** | **1,102,600** | **47** | **63** | **66** |

### Community mental health phases

Figure 27 shows the number of community mental health phases reported in the cost data against ABF data, from 2020-21 to 2022-23. In 2022-23, there were 729,442 community mental health phases nationally, a 31% increase to the 2021-22 figure of 555,828. The national increase in community mental health phases was driven by Victoria, increasing 254,978 records (114%) from 2021-22 to 2022-23. In 2022-23, the jurisdictional level ranged from 3,584 phases (Tasmania) to 478,974 phases (Victoria). It should be noted that South Australia (SA), Western Australia (WA), Northern Territory (NT), and the Australian Capital Territory (ACT) have not reported phase level cost data for the last 3 years.

Figure 27: Community mental health phases in ABF and NHCDC, 2020-21 to 2022-23

### Community mental health phase expenditure

Figure 28 shows the cost of community mental health phases by jurisdiction from 2020-21 to 2022‑23. From 2021-22 to 2022-23, the cost of community mental health phases was approximately $1.7 billion nationally, a $147.1 million (or 10%) increase to the 2021-22 figure of $1.5 billion. The national increase was driven by Victoria, increasing costs by $134.6 million (or 25%). In 2022‑23, the cost at the jurisdictional level ranged from $14.4 million (Tasmania) to $667.6 million (Victoria). It should be noted that SA, WA, NT, and the ACT have not reported phase level cost data for the last 3 years. Further, the figure does not display Tasmania’s increase of 9,284% due to axis limits.

Figure 28: Cost of community mental health phases by jurisdiction, 2020-21 to 2022-23

### Community mental health phase average cost

Figure 29 shows the average cost of community mental health phases reported in the cost data from 2020‑21 to 2022-23. In 2022-23, the national average cost per phase was $2,273, a 16% decrease from the 2021-22 figure of $2,718. In 2022-23, the average cost per phase at the jurisdictional level ranged from $1,394 (Victoria) to $4,983 (Queensland). Note the figure does not display Tasmania’s increase of 10,329% due to axis limits. Note SA, WA, NT, and the ACT have not reported phase level cost data for the last 3 years.

Figure 29: Average cost per community mental health phase by jurisdiction, 2020-21 to 2022-23

### Community mental health phase cost buckets

Figure 30 shows the top 10 cost buckets contributing to the national community mental health phase average cost for 2022-23, in comparison to 2020-21 to 2021-22. In 2022-23, the national average cost per phase was $2,273, a 16% decrease from the 2021-22 figure of $2,718. Further detail on all community mental health phase cost by cost bucket is available in the [Appendix Tables](https://www.ihacpa.gov.au/resources/national-hospital-cost-data-collection-nhcdc-public-sector-2022-23).

Figure 30: Top 10 cost buckets in community mental health phases, 2020-21 to 2022-23

Table 33 shows the average cost for 2021-22 and 2022-23, distribution of cost for 2022-23, percentage change and actual change by cost bucket from 2021-22 to 2022-23. Nursing, allied health, medical, non-clinical, and on-costs accounted for 86% of the average cost per phase nationally in 2022-23. The last column shows the proportion the actual change in each cost bucket contributes to the total actual change between 2021-22 and 2022-23.

Table 33: National average cost per community mental health phase by cost bucket, 2022-23

A screenshot of a graph

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