National Hospital Cost Data Collection

Public Sector Report, 2022-23

May 2025

IHACPA

NHCDC Public Sector Report 2022-23 — May 2025

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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 submitted annually 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).

1 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).

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, 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. 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.

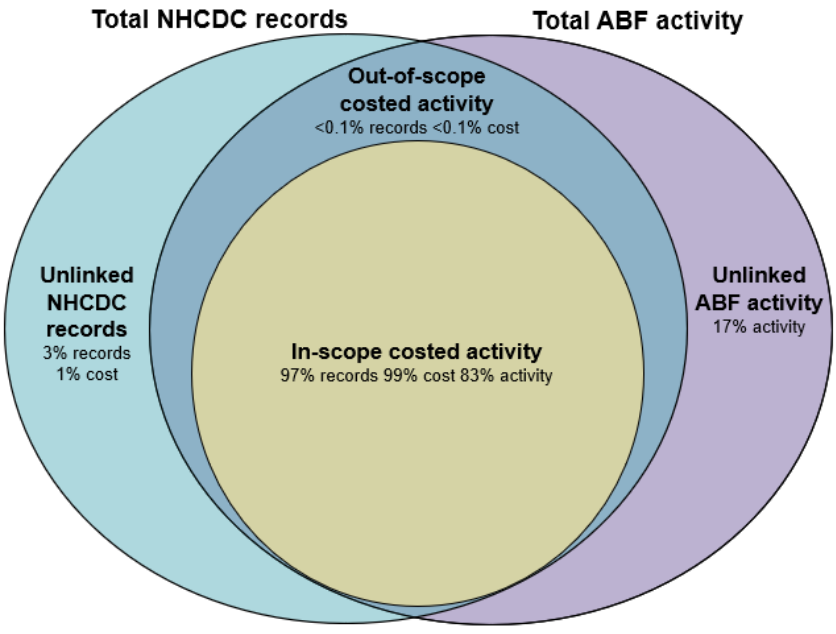
'Unlinked Mental Health' has been renamed to 'Ungroupable Mental Health' to more accurately describe the data in this stream. AMHCC requires several demographic and clinical characteristics for its grouper. If any information is missing the record will default to an ungroupable class. For more information on AMHCC visit IHACPA's website.

These changes are displayed in the NHCDC Data Request Specifications 2022-23 on IHACPA's website 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.

Figure 1: NHCDC records and ABF activity relationship



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.

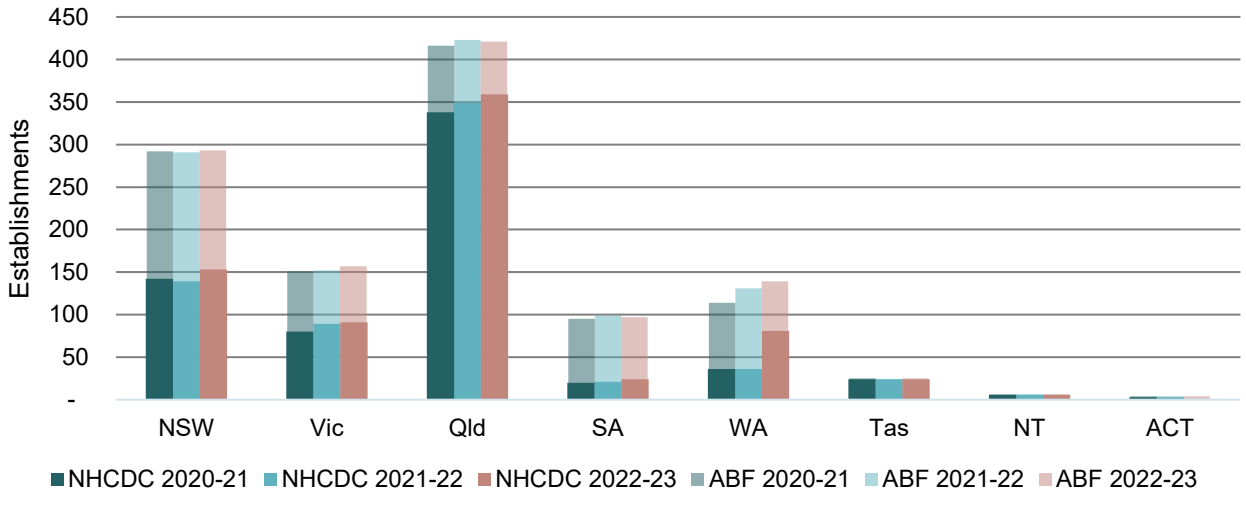
Table 3: Proportion of in-scope NHCDC records and costed activity, 2020-21 to 2022-23

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) 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. 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.

3 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.

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.

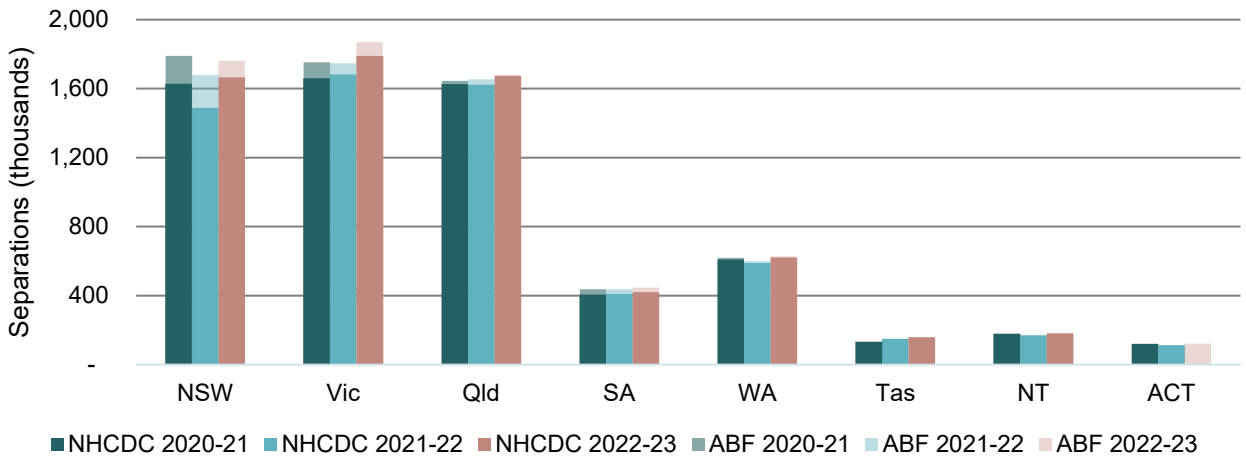
Table 6: Admitted acute sample summary by jurisdiction, 2020-21 to 2022-23

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).

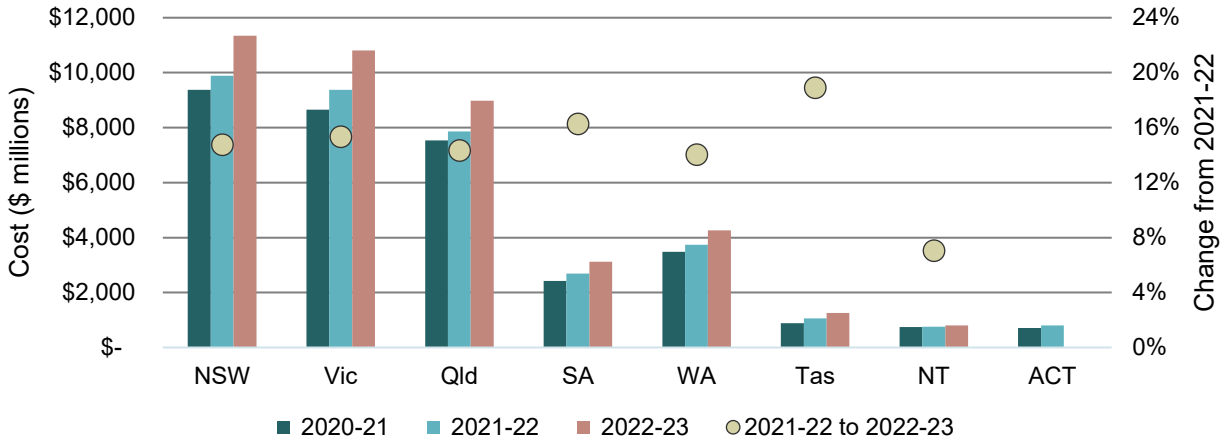
Figure 3: Admitted acute separations ABF and NHCDC, 2020-21 to 2022-23



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.

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

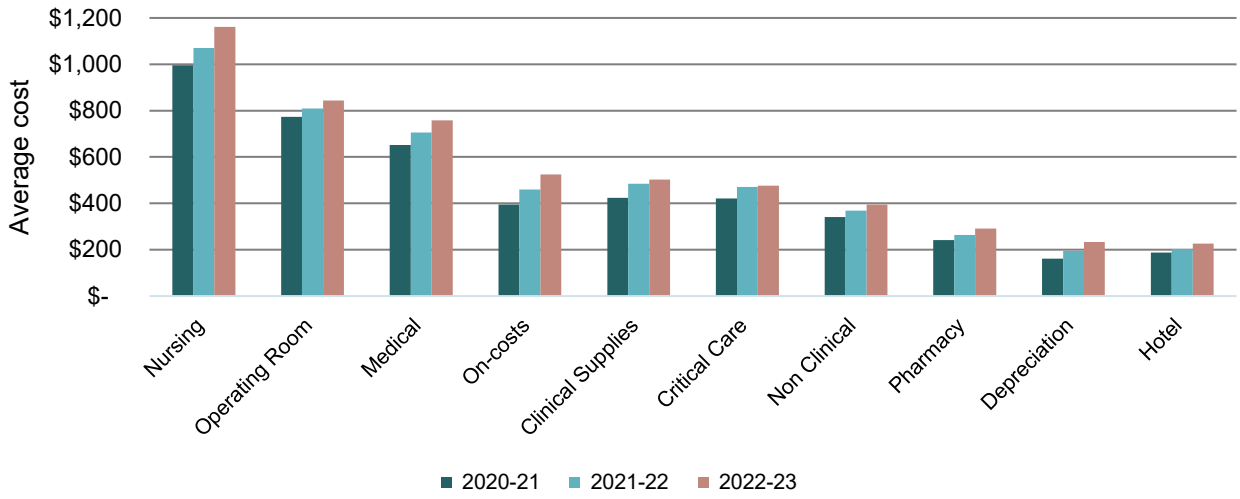


Table 7 shows the average cost for 2021-22 and 2022-23, the distribution of cost in 2022-23, the percentage change and actual change by cost bucket from 2021-22 to 2022-23. The nursing, operating room, medical, on-costs and clinical supplies cost buckets accounted for 61% of the average cost per admitted 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

Cost Bucket	Average cost		Proportion of average cost	Change from 2021-22	Actual change ($)	Proportion of total actual change
	2021-22	2022-23				
Nursing	1,071	1,162	19%	9%	91	21%
On-costs	460	524	8%	14%	64	15%
Medical	706	758	12%	7%	52	12%
Depreciation	195	234	4%	20%	39	9%
Operating Room	809	843	14%	4%	34	8%
Pharmacy	264	291	5%	10%	27	6%
Non Clinical	369	395	6%	7%	27	6%
Hotel	203	227	4%	12%	24	6%
Prosthesis	140	158	3%	13%	18	4%
Clinical Supplies	484	502	8%	4%	18	4%
Pathology	204	213	3%	5%	10	2%
Patient Transport	29	38	1%	32%	9	2%
Allied Health	190	198	3%	4%	8	2%
Critical Care	471	476	8%	1%	5	1%
Imaging	145	150	2%	3%	5	1%
Special Procedure Suite	70	71	1%	1%	1	0%
Total	5,809	6,239	100%	7%	431	100%

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.

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

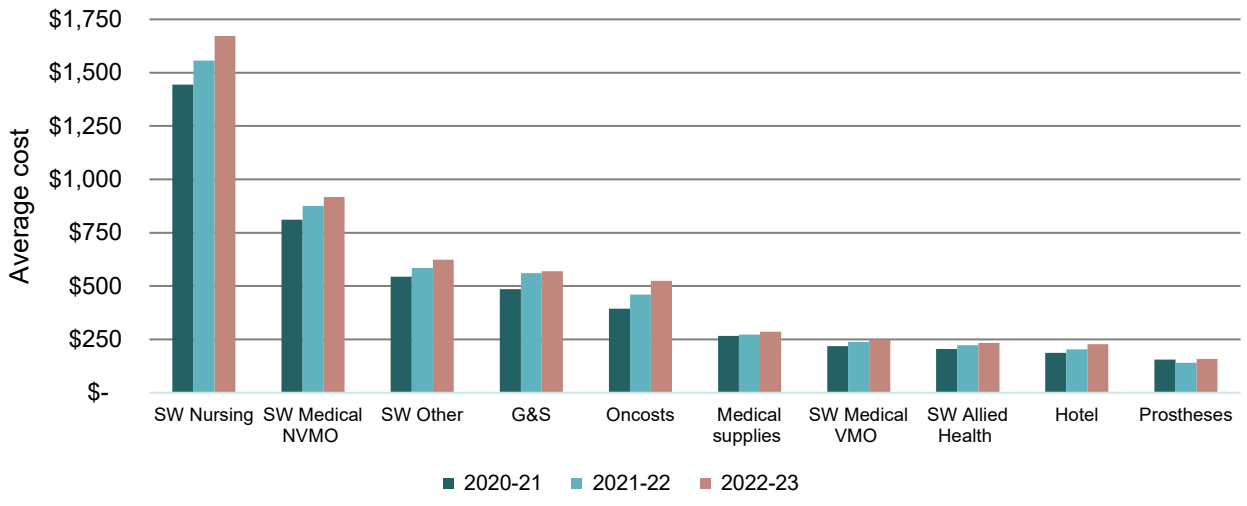


Table 8 shows the average cost for 2021-22 and 2022-23, distribution of cost in 2022-23, percentage change and actual change by line item from 2021-22 to 2022-23. The salary and wages nursing, salary and wages medical (non VMO), salary and wages other, goods and services, and on-costs line items accounted 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

	Average cost		Proportion of average cost	Change from 2021-22	Actual change ($)	Proportion of total actual change
	2021-22	2022-23				
Salary & Wages Nursing	1,557	1,672	27%	7%	115	27%
Oncosts	460	524	8%	14%	64	15%
Salary & Wages Medical (nonVMO)	876	918	15%	5%	42	10%
Salary & Wages Other	585	624	10%	7%	39	9%
Depreciation building	124	154	2%	24%	30	7%
Hotel	203	227	4%	12%	24	6%
Pharmaceuticals PBS	101	120	2%	18%	18	4%
Prostheses	140	158	3%	13%	18	4%
Medical supplies	273	286	5%	5%	13	3%
Salary & Wages Medical (VMO)	238	248	4%	4%	10	2%
Goods and services	560	570	9%	2%	10	2%
Salary & Wages Allied Health	224	233	4%	4%	9	2%
Pathology	119	126	2%	6%	7	2%
Patient Transport	29	35	1%	23%	7	2%
Depreciation equipment	41	47	1%	16%	6	1%
Corporate	31	37	1%	20%	6	1%
Imaging	34	39	1%	14%	5	1%
Pharmaceuticals nonPBS	138	143	2%	3%	5	1%
Patient Transport - Other	0	3	0%	N/A	3	1%
Depreciation right-of-use	9	10	0%	16%	1	0%
Lease	21	22	0%	4%	1	0%
Blood	48	45	1%	-7%	-3	-1%
Total	5,809	6,239	100%	7%	431	100%

4 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

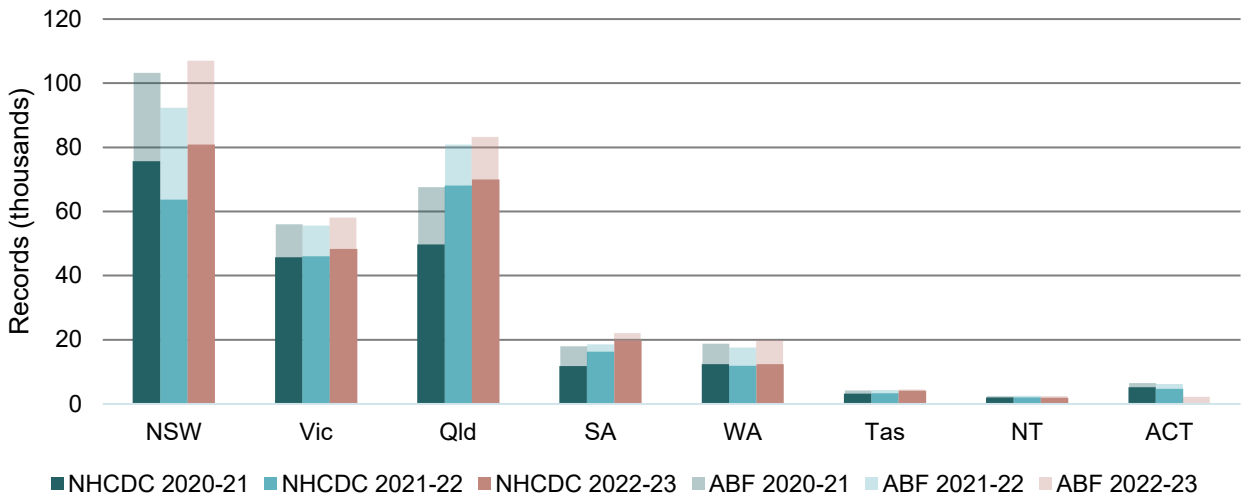
Jurisdiction	In-scope NHCDC records			In-scope ABF activity			Costed activity (%)		
	2020-21	2021-22	2022-23	2020-21	2021-22	2022-23	2020-21	2021-22	2022-23
NSW	30,691	28,082	35,010	35,884	33,854	38,466	86	83	91
Vic	14,969	15,741	15,824	16,470	16,472	16,497	91	96	96
Qld	9,902	15,871	16,822	15,914	16,126	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.

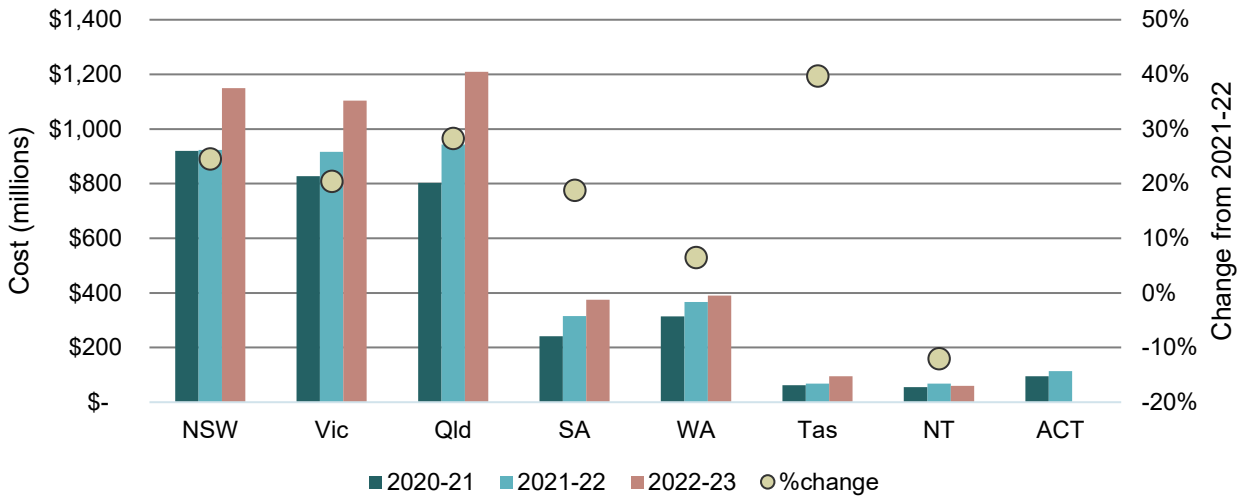
Figure 9: AN-SNAP records in ABF and NHCDC, 2020-21 to 2022-23



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

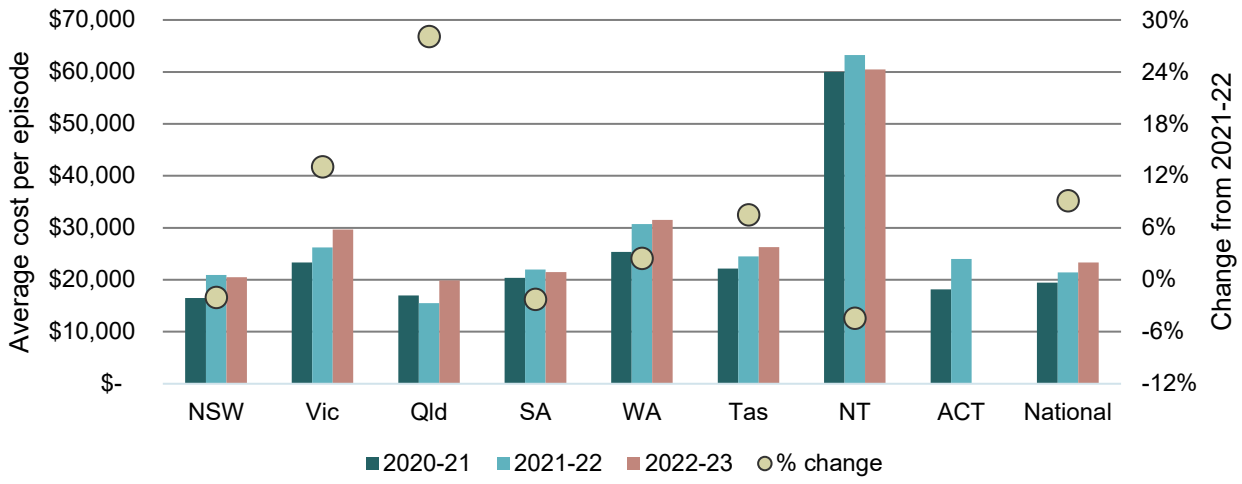
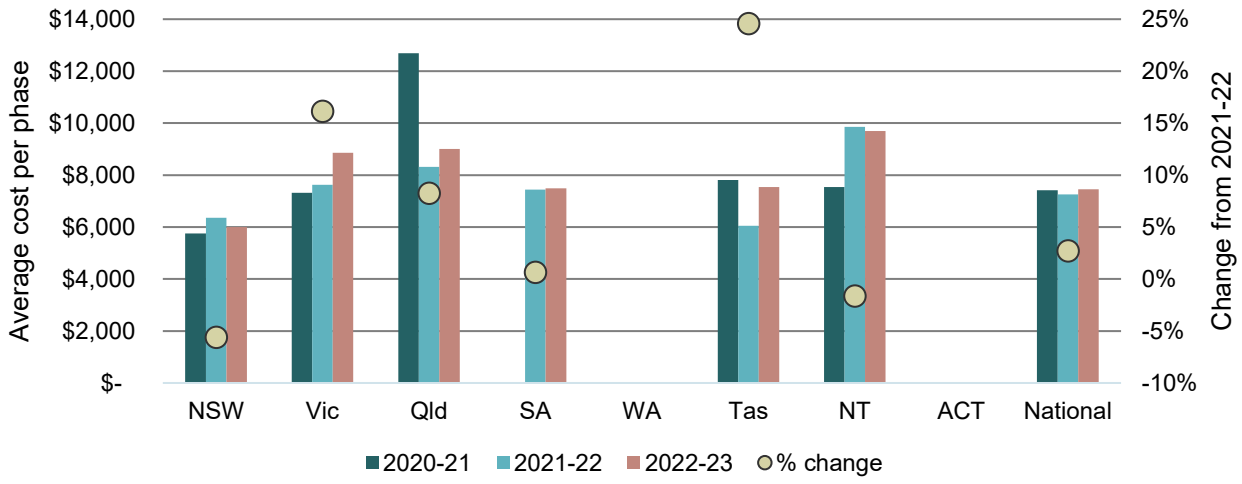


Figure 12 shows the average cost of admitted subacute phases reported in the cost data from 2020-21 to 2022-23. In 2022-23, the national average cost per admitted subacute phase was $7,456, a 3% increase from the 2021-22 figure of $7,258. In 2022-23, the average cost per phase at the jurisdictional level 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.

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

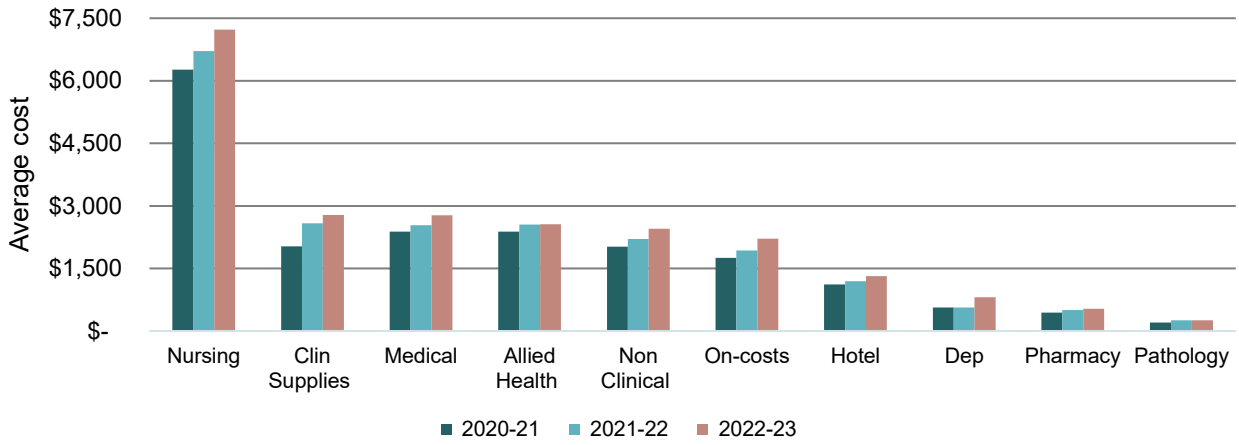


Table 13 shows the average cost for 2021-22 and 2022-23, distribution of cost in 2022-23, percentage change and actual change by cost bucket, from 2021-22 to 2022-23. Nursing, clinical supplies, medical, allied health, and non-clinical supplies accounted for 76% of the average cost per admitted subacute 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

Cost Bucket	Average cost		Proportion of average cost	Change from 2021-22	Actual change ($)	Proportion of total actual change
	2021-22	2022-23				
Nursing	6,714	7,230	31%	8%	516	26%
On-costs	1,927	2,211	9%	15%	284	15%
Depreciation	562	813	3%	45%	251	13%
Non Clinical	2,209	2,455	11%	11%	246	13%
Medical	2,533	2,778	12%	10%	245	13%
Clinical Supplies	2,584	2,782	12%	8%	198	10%
Hotel	1,192	1,315	6%	10%	123	6%
Pharmacy	501	532	2%	6%	31	2%
Patient Transport	145	174	1%	21%	30	2%
Operating Room	29	43	0%	46%	13	1%
Allied Health	2,549	2,560	11%	0%	11	1%
Critical Care	18	24	0%	31%	6	0%
Pathology	255	259	1%	2%	4	0%
Prosthesis	7	7	0%	4%	0	0%
Special Procedure Suite	12	11	0%	-5%	-1	0%
Imaging	166	162	1%	-2%	-4	0%
Total	21,402	23,356	100%	9%	1,953	100%

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.

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

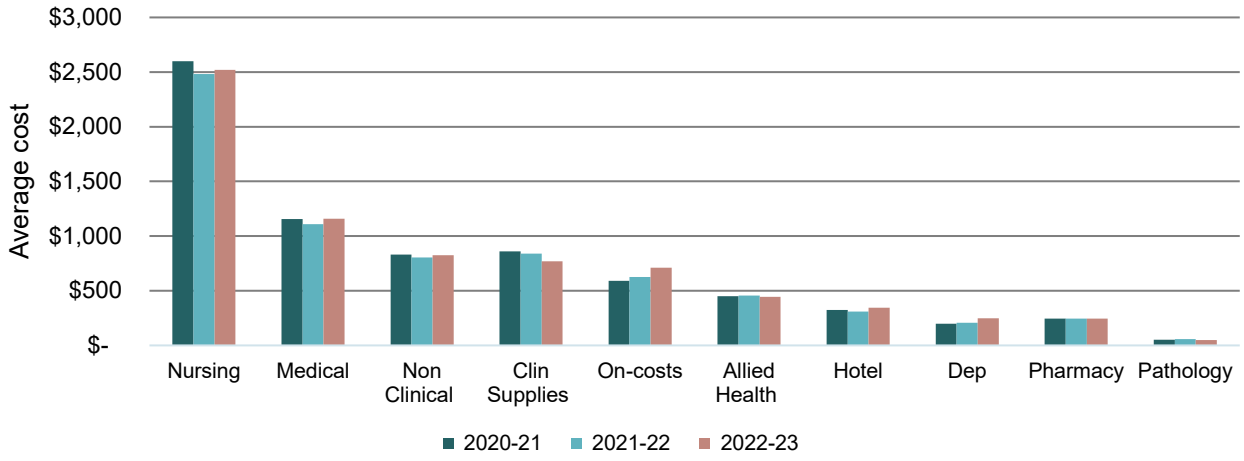


Table 14 shows the average cost for 2021-22 and 2022-23, distribution of cost in 2022-23, percentage change and actual change by cost bucket from 2021-22 to 2022-23. The nursing, medical, non-clinical, clinical supplies, and on-costs cost buckets accounted for 80% of the average cost per admitted subacute 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

Cost Bucket	Average cost		Proportion of average cost	Change from 2021-22	Actual change ($)	Proportion of total actual change
	2021-22	2022-23				
On-costs	625	711	10%	14%	86	43%
Medical	1,108	1,158	16%	5%	50	25%
Depreciation	206	248	3%	20%	42	21%
Nursing	2,483	2,519	34%	1%	36	18%
Hotel	310	345	5%	11%	35	18%
Non Clinical	804	825	11%	3%	22	11%
Patient Transport	26	41	1%	57%	15	8%
Critical Care	34	43	1%	27%	9	5%
Prosthesis	3	5	0%	79%	2	1%
Pharmacy	245	246	3%	0%	1	1%
Operating Room	10	11	0%	4%	0	0%
Special Procedure Suite	6	5	0%	-20%	-1	-1%
Pathology	57	50	1%	-12%	-7	-3%
Imaging	44	35	0%	-20%	-9	-4%
Allied Health	457	444	6%	-3%	-13	-6%
Clinical Supplies	840	769	10%	-8%	-70	-35%
Total	7,258	7,456	100%	3%	198	100%

5 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.

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.

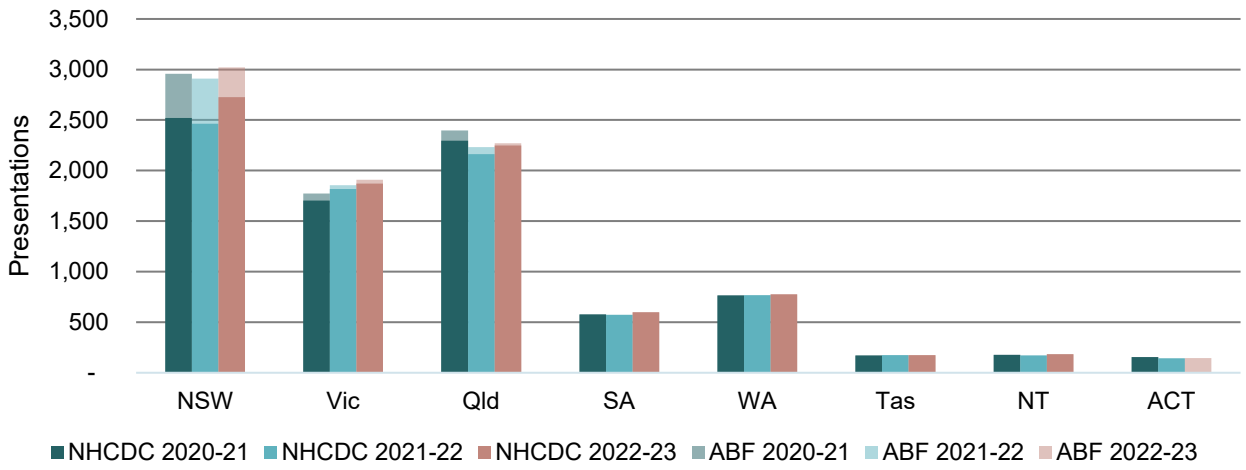
Table 16: ED sample summary by jurisdiction, 2020-21 to 2022-23

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).

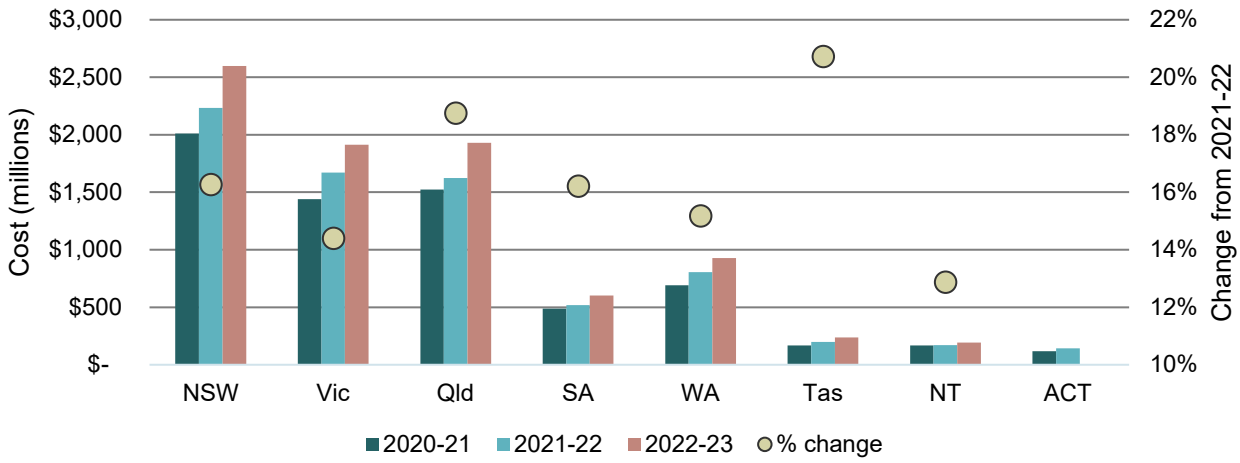
Figure 15: ED presentations in ABF and NHCDC, 2020-21 to 2022-23



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).

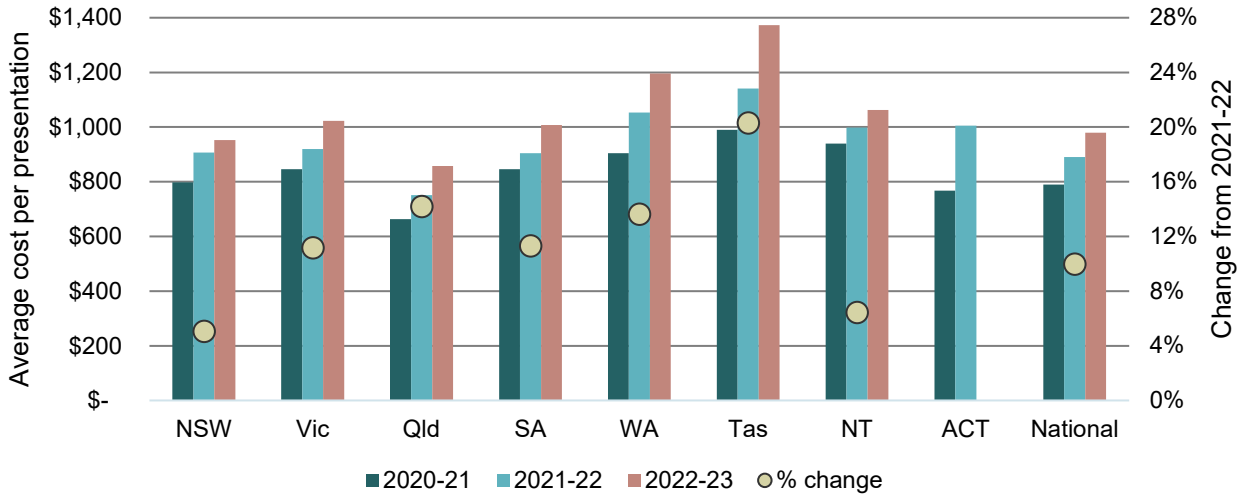
Figure 16: Cost of ED presentations by jurisdiction, 2020-21 to 2022-23



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.

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

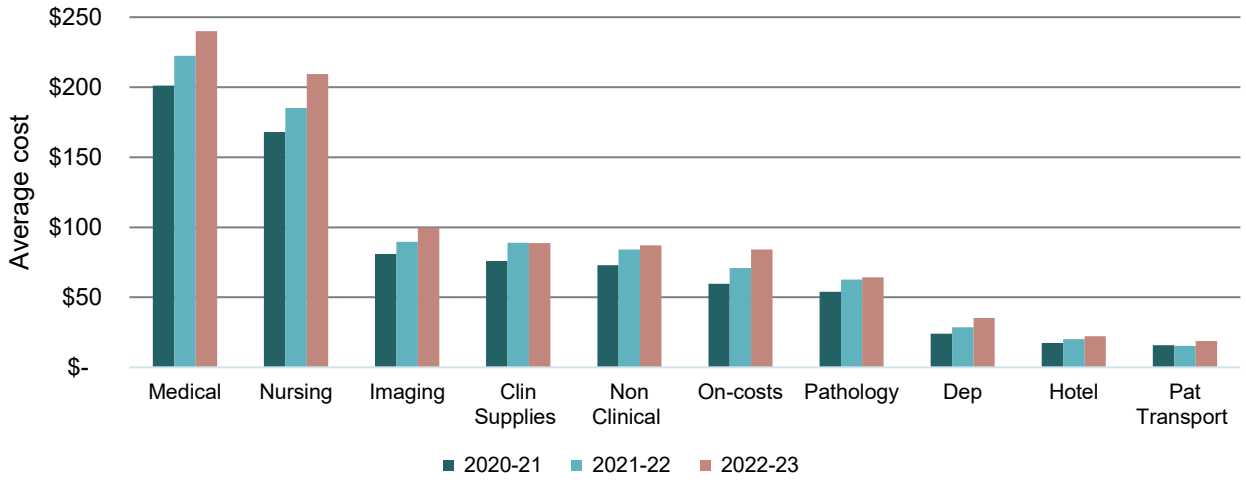


Table 17 shows the average cost for 2021-22 and 2022-23, distribution of cost in 2022-23, percentage change and actual change by cost bucket from 2021-22 to 2022-23. The medical, nursing, imaging, clinical supplies, and non-clinical cost buckets accounted for 73% of the average cost per ED patient presentation 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

Cost Bucket	Average cost		Proportion of average cost	Change from 2021-22	Actual change ($)	Proportion of total actual change
	2021-22	2022-23				
Nursing	185	209	21%	13%	24	27%
Medical	222	240	24%	8%	18	20%
On-costs	71	84	9%	19%	13	15%
Imaging	90	100	10%	11%	10	11%
Depreciation	29	35	4%	23%	7	7%
Critical Care	0	6	1%	1239%	5	6%
Patient Transport	15	19	2%	22%	3	4%
Non Clinical	84	87	9%	4%	3	4%
Hotel	20	22	2%	10%	2	2%
Pathology	63	64	7%	3%	2	2%
Pharmacy	12	14	1%	8%	1	1%
Allied Health	9	10	1%	3%	0	0%
Operating Room	0	1	0%	56%	0	0%
Prosthesis	0	1	0%	38%	0	0%
Special Procedure Suite	0	0	0%	43%	0	0%
Clinical Supplies	89	89	9%	0%	0	0%
Total	891	980	100%	10%	89	100%

6 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.

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.

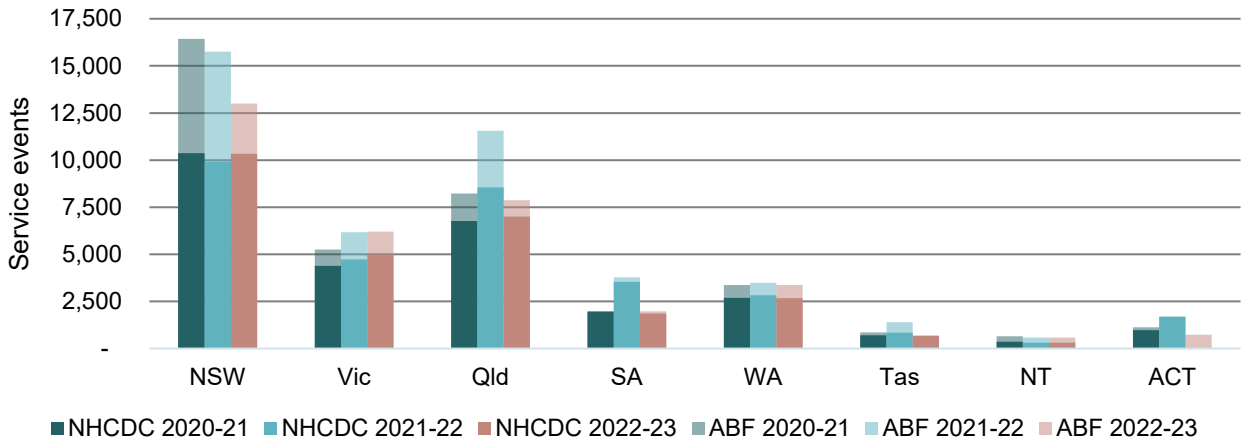
Table 19: Non-admitted sample summary by jurisdiction, 2020-21 to 2022-23

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)).

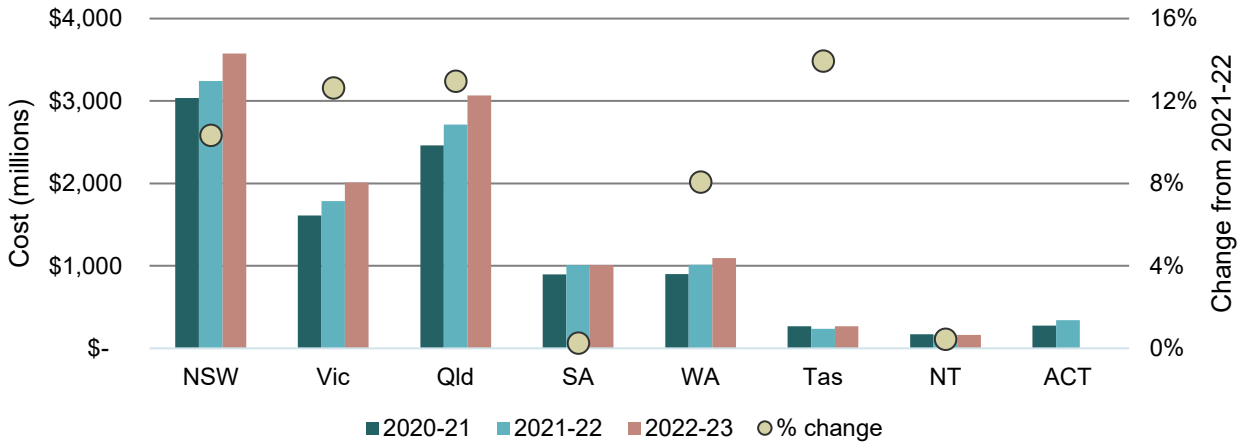
Figure 19: Non-admitted services events in ABF and NHCDC, 2020-21 to 2022-23



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).

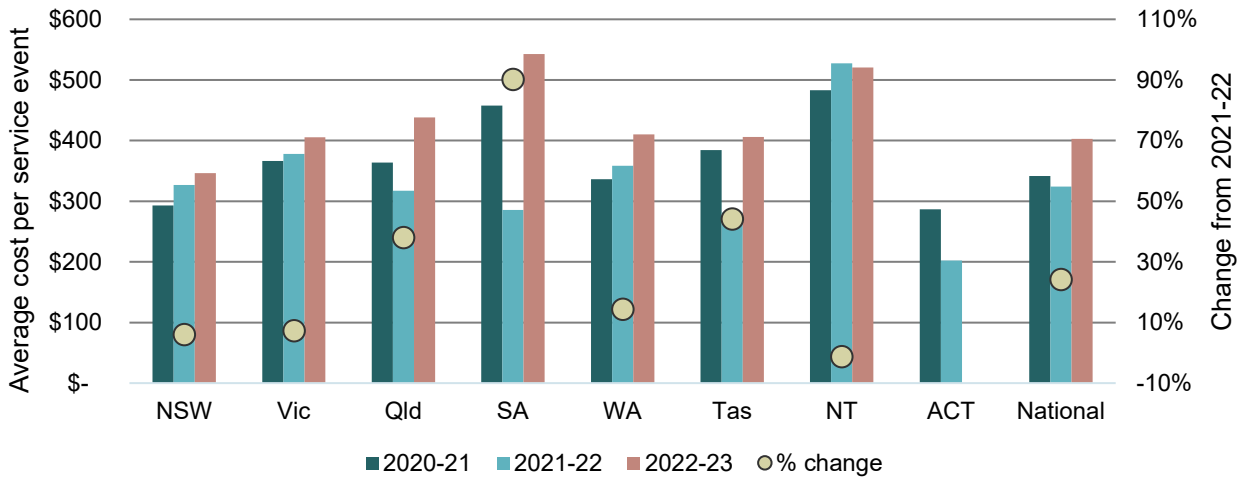
Figure 20: Cost of non-admitted service events by jurisdiction, 2020-21 to 2022-23



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.

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

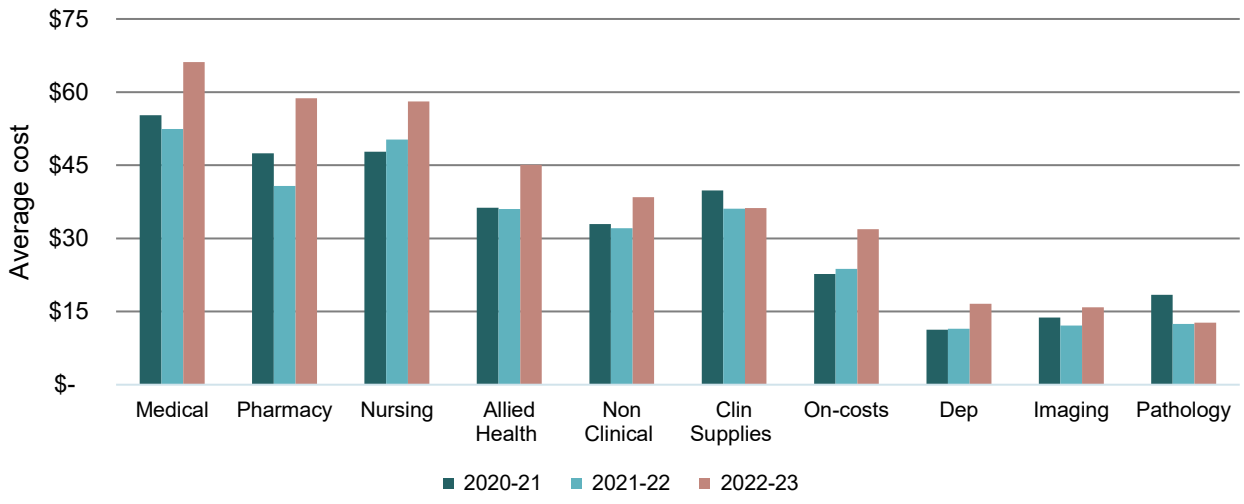


Table 24 shows the average cost for 2021-22 and 2022-23, distribution of cost in 2022-23, percentage change and actual change by cost bucket change from 2021-22 to 2022-23. The medical, pharmacy, nursing, allied health, and non-clinical cost buckets accounted for 66% of the average cost per non-admitted 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

Cost Bucket	Average cost		Proportion of average cost	Change from 2021-22	Actual change ($)	Proportion of total actual change
	2021-22	2022-23				
Pharmacy	41	59	15%	44%	18	23%
Medical	52	66	16%	26%	14	17%
Allied Health	36	45	11%	25%	9	12%
On-costs	24	32	8%	34%	8	10%
Nursing	50	58	14%	16%	8	10%
Non Clinical	32	38	10%	20%	6	8%
Depreciation	12	17	4%	44%	5	6%
Imaging	12	16	4%	31%	4	5%
Special Procedure Suite	6	9	2%	38%	2	3%
Operating Room	4	6	2%	49%	2	3%
Hotel	5	6	1%	14%	1	1%
Patient Transport	0	1	0%	139%	1	1%
Prosthesis	1	1	0%	65%	0	0%
Pathology	12	13	3%	2%	0	0%
Clinical Supplies	36	36	9%	0%	0	0%
Critical Care	0	0	0%	-21%	0	0%
Total	324	403	100%	24%	78	100%

7 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.

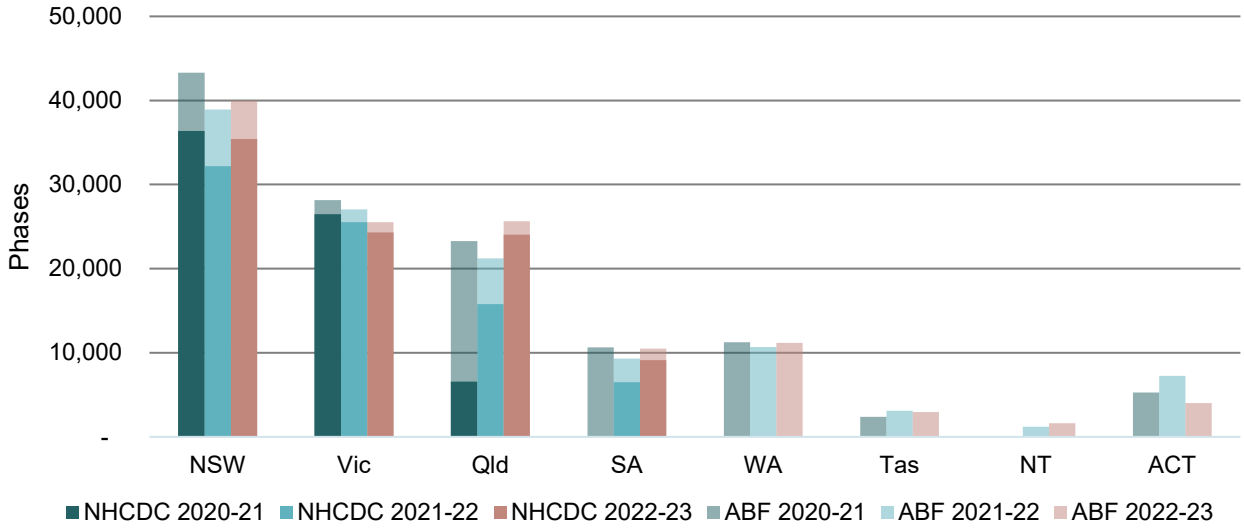
Table 28: Admitted mental health episode sample summary, 2020-21 to 2022-23

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

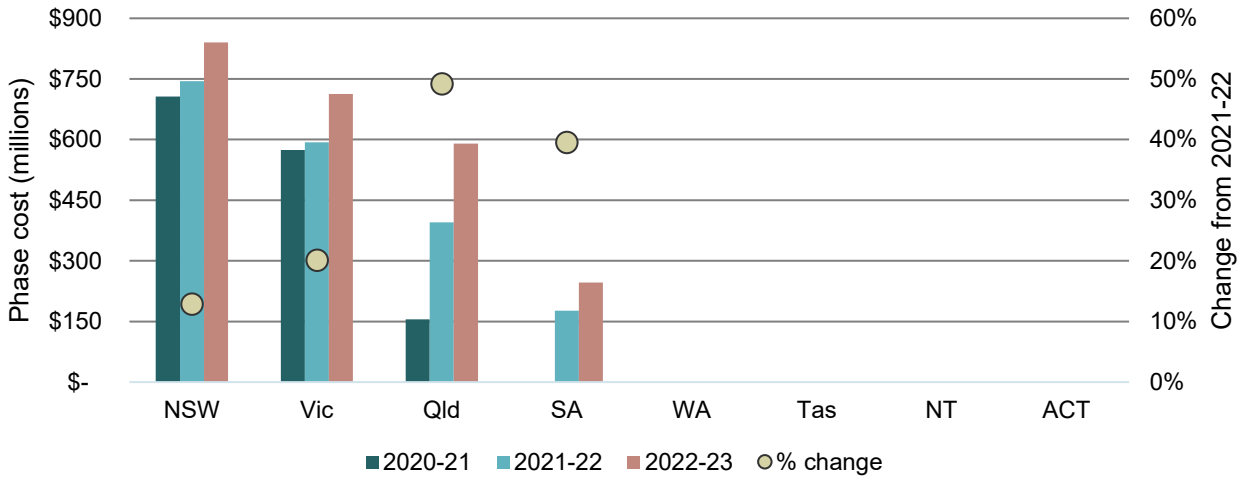


In 2022-23, there were 29,812 admitted mental health episodes nationally, a 7% increase to the 2021-22 figure of 27,918. The national increase was driven by SA, increasing from 5 records in 2021-22 to 5,423 records (or 108,360%) from 2021-22 to 2022-23. In 2022-23, the number of episodes at the jurisdictional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

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

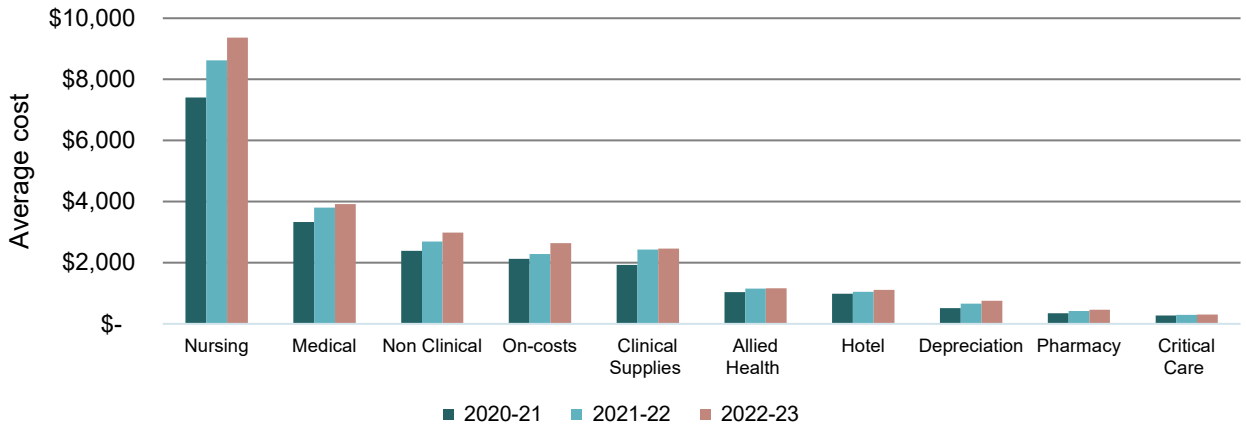


Table 29 shows the admitted mental health phase average cost for 2021-22 and 2022-23, distribution of cost in 2022-23, percentage change and actual change by cost bucket from 2021-22 to 2022-23. Nursing, medical, non-clinical, on-costs, and clinical supplies accounted for 83% of the average cost per 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

Cost Buckets	Average Cost		Proportion of average cost	Change from 2021-22	Actual change ($)	Proportion of total actual change
	2021-22	2022-23				
Nursing	8,625	9,364	36%	9%	739	40%
On-costs	2,283	2,644	10%	16%	361	20%
Non Clinical	2,690	2,991	12%	11%	301	16%
Medical	3,803	3,922	15%	3%	119	6%
Depreciation	660	757	3%	15%	97	5%
Hotel	1,050	1,116	4%	6%	65	4%
Pharmacy	415	460	2%	11%	44	2%
Pathology	198	231	1%	17%	33	2%
Clinical Supplies	2,431	2,458	10%	1%	27	1%
Special Procedure Suite	21	34	0%	60%	13	1%
Patient Transport	60	72	0%	19%	12	1%
Critical Care	295	306	1%	4%	11	1%
Operating Room	117	126	0%	8%	9	0%
Allied Health	1,157	1,162	5%	0%	5	0%
Prosthesis	2	3	0%	63%	1	0%
Imaging	81	76	0%	-7%	-5	0%
Total	23,888	25,720	100%	8%	1,832	100%

8 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.

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.

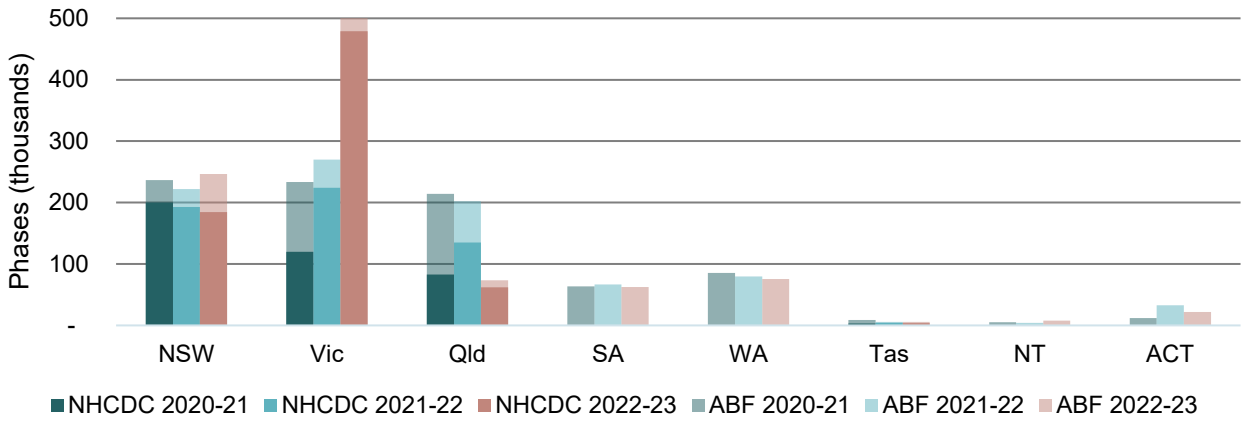
Table 32: Community mental health phases by jurisdiction, 2020-21 to 2022-23

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.

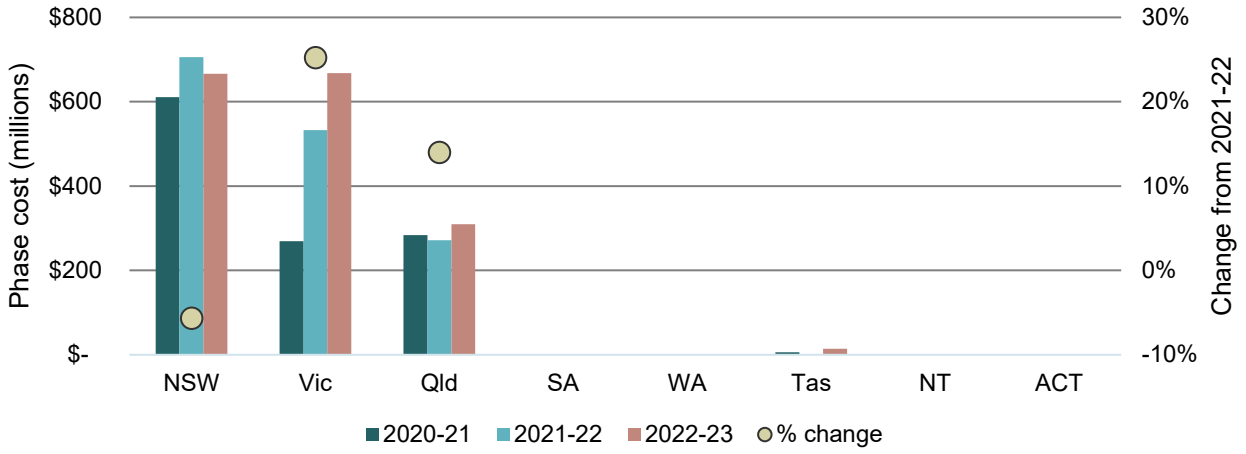
Figure 27: Community mental health phases in ABF and NHCDC, 2020-21 to 2022-23



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.

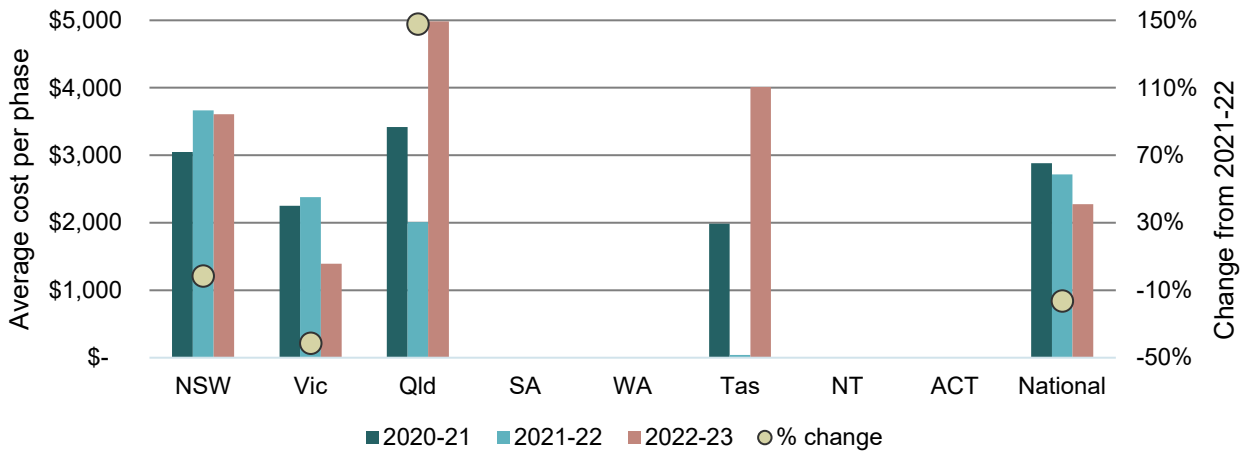
Figure 28: Cost of community mental health phases by jurisdiction, 2020-21 to 2022-23



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.

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

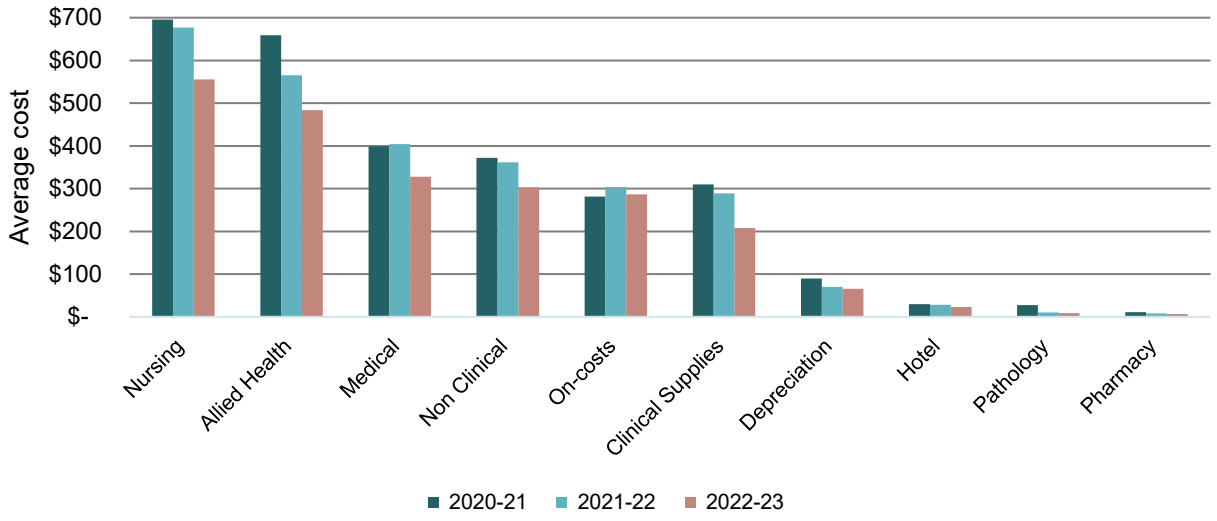


Table 33 shows the average cost for 2021-22 and 2022-23, distribution of cost for 2022-23, percentage change and actual change by cost bucket from 2021-22 to 2022-23. Nursing, allied health, medical, non-clinical, and on-costs accounted for 86% of the average cost per phase nationally in 2022-23. The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

Cost Bucket	Average cost		Proportion of average cost	Change from 2021-22	Actual change ($)	Proportion of total actual change
	2021-22	2022-23				
Nursing	677	555	24%	-18%	-121	27%
Allied Health	565	483	21%	-14%	-82	18%
Clinical Supplies	289	208	9%	-28%	-81	18%
Medical	404	328	14%	-19%	-76	17%
Non Clinical	361	303	13%	-16%	-59	13%
On-costs	304	287	13%	-6%	-17	4%
Hotel	28	23	1%	-17%	-5	1%
Depreciation	70	65	3%	-7%	-5	1%
Pathology	10	8	0%	-19%	-2	0%
Pharmacy	8	7	0%	-16%	-1	0%
Operating Room	0	0	0%	-97%	0	0%
Critical Care	0	-	0%	-100%	0	0%
Imaging	1	1	0%	2%	0	0%
Special Procedure Suite	0	0	0%	228%	0	0%
Prosthesis	0	0	0%	613%	0	0%
Patient Transport	2	5	0%	123%	3	-1%
Total	2,718	2,273	100%	-16%	-445	100%

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