# National Hospital Cost Data Collection

## Public Sector Report 2023–24

June 2026

IHACPA

**NHCDC Public Sector Report 2023–24 – June 2026**

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# 1 Executive summary

## Purpose

This report presents a summary of the National Hospital Cost Data Collection (NHCDC) Public Sector 2023–24 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.

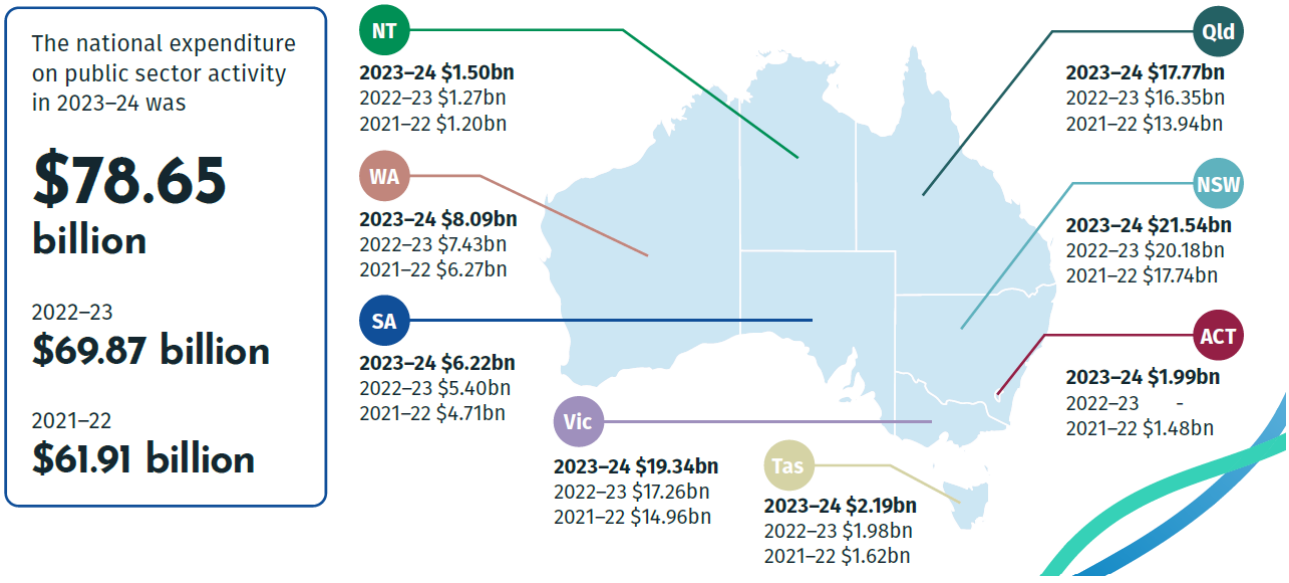
**48,177,939**
**in-scope encounters**

**↑ 9%**
in 2023–24

## Key findings

In 2023–24, the Independent Health and Aged Care Pricing Authority (IHACPA) received NHCDC data that included 48.2 million in-scope encounters across Australia. This is a 9% increase compared to 2022–23. Figure 1 illustrates the total in-scope cost reported for the NHCDC in 2023–24 was $78.65 billion, an increase of 13% from the previous year's $69.87 billion.

Figure 1: National expenditure on public sector activity in 2023–24




Nationally, weighted activity increased between 2022–23 and 2023–24, with total Gross Weighted Activity Units (GWAU)[1] rising by 7% to 10.5 million. Growth in GWAU was lower than the increase in the number of in-scope records, indicating a change in reported casemix over the period. In-scope costs grew faster than weighted activity, resulting in an increase in the casemix-adjusted average

[1] *GWAU was calculated by IHACPA from the 2023-24 National Weighted Activity Unit (NWAU) calculator and applied to both the 2022–23 and the 2023-24 financial years*

cost per GWAU, which rose by 5% to $7,459 in 2023–24. See Table 5 and 7 for full details at a national and activity stream level.

## Activity stream summary

Data that is in scope for the NHCDC 2023–24 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 2022 onwards and discharged within the 2023–24 financial year. Admitted work in progress (WIP) episodes, with an admission date before 1 July 2022 and discharge date within the 2023–24 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.

In 2023–24, public hospital activity and expenditure increased across all major service streams nationally. **Admitted acute** care remained the dominant cost driver, with separations increasing by 7% and expenditure rising by 10% compared with 2022–23, reflecting sustained demand pressures. **Emergency department** services also recorded growth, with presentations increasing by 6% and costs rising by 14%, while non-admitted services showed strong expansion, with activity increasing by 10% and expenditure by 13%, contributing to higher overall system costs.

Subacute, non-acute and mental health services experienced particularly strong growth. **Admitted subacute** and **non-acute** activity increased by 11%, with costs rising by 16%, alongside a 5% increase in average costs per episode. **Admitted mental health** activity and costs both increased by 11%, while average costs per phase remained relatively stable. In contrast**, community mental health** services recorded more modest activity growth of 4%, but a substantial 38% increase in costs, driven by a 34% rise in average cost per phase. Full details can be found in Table 6.

# 2 Introduction

## National Hospital Cost Data Collection

The National Hospital Cost Data Collection (NHCDC) for the 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. 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), which is used for the funding of public hospital services, to develop and maintain classifications and publish benchmarking reports. The NHCDC Public Sector Report 2023–24 presents hospital costs, including health services, submitted by states and territories (jurisdictions) for the following activity streams:

- admitted acute
- admitted subacute and non-acute
- non-admitted
- emergency department
- admitted mental health
- 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 the 6 different patient activity streams, illustrated in Table 1 below.

Table 1: Patient activity streams reported to the NHCDC

| 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. There is 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)<br>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 2023–24 data is prepared in accordance with the Australian Hospital Patient Costing Standards (AHPCS) Version 4.2 available on IHACPA's website. The AHPCS identify the 6 stages of the costing process to ensure the consistent allocation of cost to activity.

## Data revisions and jurisdictional resubmissions

Record counts and associated costs stated in previous cost reports may differ from those published in the NHCDC Public Sector Report, Appendix Tables and infographics due to jurisdictional resubmissions. The dataset has been updated. Therefore, figures from prior years may not correspond with previously published reports.

## Reporting changes from 2022–23

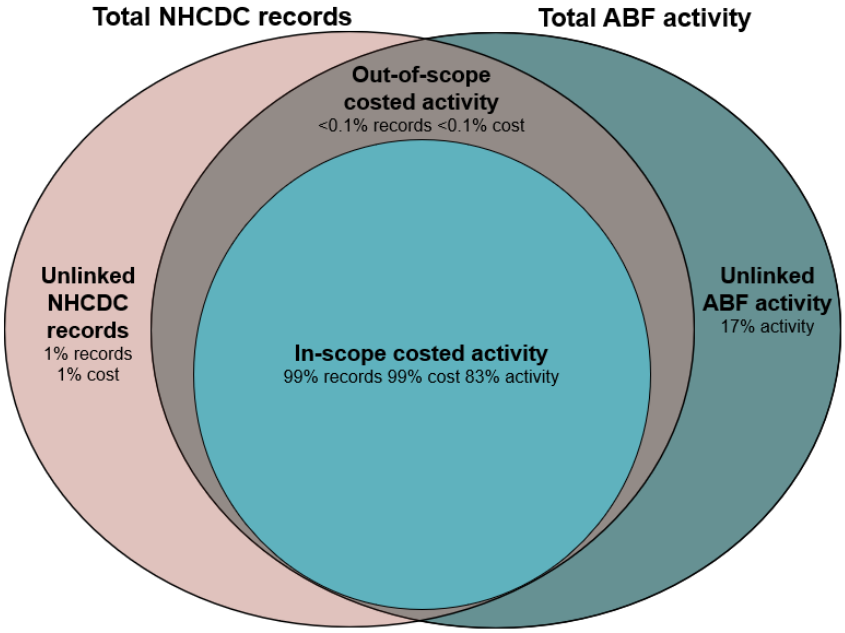
The Data Request Specifications (DRS) 2022–23 was updated to incorporate ABF Source Emergency Virtual Care (EVC) and associated validation rules. This enhancement enables jurisdictions that submit EVC activity to also provide the corresponding cost data.

The EVC data specifications were developed in collaboration with IHACPA's Emergency Care Working Group (EGWG) and represent a voluntary data collection initiative. Introduced in response to the increased utilisation of EVC during and following the COVID-19 pandemic, this change commenced on 1 July 2023.

## In-scope data

Data that is in scope for the NHCDC 2023–24 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 2023–24 financial year, with an admission date after 30 June 2022. Figure 2 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 2: NHCDC records and ABF activity relationship




Each section of the diagram displayed in Figure 2 are defined in Table 2 below:

Table 2: Definitions of NHCDC records and ABF activities

| Section | Description |
|---|---|
| Total NHCDC records | All NHCDC records IHACPA has received from the jurisdictions. |
| Total ABF activity | All ABF activity IHACPA has received from the jurisdictions. |
| 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. |
| 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. |
| Out-of-scope costed activity | Work in progress (WIP) episodes that have an episode start date before 1 July 2022 with a discharge date within the 2023–24 financial year are out of scope for reporting. All costs in the 'exclude' line item are out of scope for reporting, including 'exclude' costs for linked records. |
| In-scope costed activity | NHCDC records that have been linked to ABF activity and have a discharge date within the relevant reporting period. |

Table 3 shows a summary of the total records and cost submitted, the records and cost that are in scope for reporting, and the in-scope ABF activity submitted by jurisdiction.

Table 3: Summary of in-scope records and cost by jurisdiction, 2023–24

| Jurisdiction | Total NHCDC records | Total cost | In-scope NHCDC records | In-scope cost | In-scope ABF activity |
|---|---|---|---|---|---|
| NSW | 15,795,588 | $21,554,404,589 | 15,795,532 | $21,544,469,338 | 19,919,078 |
| Vic | 10,291,783 | $19,615,985,718 | 9,792,105 | $19,341,877,984 | 12,308,798 |
| Qld | 11,754,238 | $17,892,638,338 | 11,747,992 | $17,766,539,187 | 12,897,197 |
| SA | 3,327,065 | $6,233,659,583 | 3,327,059 | $6,223,065,612 | 3,725,612 |
| WA | 4,497,310 | $8,167,243,560 | 4,474,294 | $8,090,613,281 | 5,453,853 |
| Tas | 1,000,240 | $2,211,622,265 | 950,318 | $2,189,812,541 | 1,024,654 |
| NT | 666,310 | $1,557,589,131 | 666,294 | $1,499,739,470 | 908,686 |
| ACT | 1,424,351 | $2,001,027,499 | 1,424,345 | $1,994,914,926 | 1,698,647 |
| **National** | **48,756,885** | **$79,234,170,683** | **48,177,939** | **$78,651,032,338** | **57,936,525** |

There are 2 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 4 shows the in-scope records proportion and the costed activity proportion by jurisdiction, from 2021–22 to 2023–24. The key findings presented in this report utilise in-scope records only.

Table 4: Proportion of in-scope NHCDC records and costed activity by jurisdiction 2021–22 to 2023–24

| Jurisdiction | In-scope records (%) | | | Costed activity (%) | | |
|---|---|---|---|---|---|---|
| | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 |
| NSW | 100 | 100 | 100 | 68 | 81 | 79 |
| Vic | 93 | 93 | 95 | 82 | 81 | 80 |
| Qld | 100 | 100 | 100 | 79 | 91 | 91 |
| SA | 98 | 99 | 100 | 92 | 91 | 89 |
| WA | 90 | 89 | 99 | 83 | 84 | 82 |
| Tas | 97 | 98 | 95 | 67 | 94 | 93 |
| NT | 100 | 100 | 100 | 69 | 70 | 73 |
| ACT | 100 | - | 100 | 97 | - | 84 |
| **National** | **97** | **97** | **99** | **77** | **83** | **83** |

Table 5 presents the variation in in-scope records, GWAU and costs at a national level from 2022–23 to 2023–24. This analysis highlights the following principal findings:

- number of in-scope records submitted in 2023–24 increased 9% compared 2023–24.
- volume of GWAU was 10.5 million in 2023–24. This represented a 7% increase compared to the total GWAU calculated in 2022–23. This increase was lower than the increase in total episodes, indicating a change in the reported casemix between 2022–23 and 2023–24.
- in-scope cost submitted in 2023–24 was $78.65 billion, which was a 13% increase compared to 2022–23.

- submitted in-scope costs increased by more than the increase in GWAU. This meant that the casemix adjusted average cost per unit, as measured by the average cost per GWAU increased by 5% to $7,459 in 2023–24.

Table 5: Change in-scope records, GWAU and in-scope costs, nationally, 2022–23 to 2023–24

| | 2022–23 | 2023–24 | Change |
|---|---|---|---|
| Records | 44,202,615 | 48,177,939 | 9% |
| GWAU | 9,822,635 | 10,544,936 | 7% |
| Cost | $69,866,027,798 | $78,651,032,338 | 13% |
| Average cost per GWAU | $7,113 | $7,459 | 5% |

## Activity stream data

Table 6 shows the total and in-scope records, total and in-scope cost, and average cost, GWAU and average cost per GWAU, by activity stream in 2023–24.

Table 6: NHCDC summary by activity stream, 2023–24

| Activity stream | | Total NHCDC records | Total NHCDC cost ($m) | In-scope NHCDC records | In-scope NHCDC cost ($m) | Average cost | GWAU | Average cost per GWAU |
|---|---|---|---|---|---|---|---|---|
| Admitted acute | Episodes | 6,964,709 | $44,693 | 6,964,697 | $44,681 | $6,415 | 6,497,950 | $6,876 |
| Admitted subacute and non-acute | Episodes | 181,846 | $4,490 | 181,825 | $4,467 | $24,569 | 652,214 | $6,849 |
| | Phases | 73,860 | $592 | 73,858 | $592 | $8,016 | 92,052 | $6,431 |
| Emergency department | Presentations | 9,059,041 | $9,563 | 9,056,784 | $9,557 | $1,055 | 1,274,068 | $7,501 |
| Emergency virtual care | Presentations | 35,355 | $14 | 35,355 | $14 | $399 | - | $0 |
| Non-admitted | Service events | 31,016,052 | $12,924 | 30,448,478 | $12,665 | $416 | 1,646,177 | $7,693 |
| Admitted mental health | Phases | 102,942 | $2,729 | 102,858 | $2,652 | $25,784 | 382,475 | $6,934 |
| | Episodes | 34,570 | $903 | 34,520 | $828 | $23,984 | - | - |
| Community mental health | Phases | 755,730 | $2,294 | 755,730 | $2,293 | $3,034 | - | - |
| | Episodes | 505,586 | $779 | 505,586 | $779 | $1,540 | - | - |
| Ungroupable mental health* | Phases | 7,670 | $144 | 1,210 | $77 | $63,661 | - | - |
| | Episodes | 453 | $19 | 444 | $18 | $41,453 | - | - |
| Other* | Episodes | 19,040 | $90 | 16,594 | $27 | $1,619 | - | - |
| | Phases | 31 | $0.2 | 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.

The admitted acute stream included 7 million separations with a cost of $44.68 billion nationally in 2023–24, a 7% increase and a 10% increase from 2022–23 respectively. The national average cost per separation was $6,415 in 2023–24, a 3% increase from 2022–23.

The admitted subacute and non-acute stream included 181,825 episodes with a cost of $4.47 billion nationally in 2023–24, a 11% and 16% increase from 2022–23, respectively. The national average cost per episode was $24,569, a 5% increase from 2022–23.

The emergency department stream included 9.1 million presentations with a cost of $9.56 billion nationally in 2023–24, a 6% and 14% increase from 2022–23, respectively. The national average cost per presentation was $1,055, an 8% increase from 2022–23.

The non-admitted stream included 30.4 million non-admitted service events with a cost of $12.66 billion nationally in 2023–24, a 10% increase and a 13% increase from 2022–23, respectively. The national average cost per non-admitted service event was $416, a 3% increase from 2022–23.

The admitted mental health stream included:

- 102,858 phases with a cost of $2.65 billion nationally in 2023–24, a 11% increase in both the number of phases and the cost from 2022–23. The national average cost per phase remained relatively stable at $25,784, compared to $25,715 in 2022–23.

The community mental health stream included:

- 755,730 phases with a cost of $2.29 billion nationally in 2023–24, representing increases of 4% and 38% from 2022–23, respectively. The national average cost per phase was $3,034, a 34% increase from 2022–23.

In 2023–24, the total GWAU increased by 7% compared with 2022–23. This rate of growth was lower than the increase in total episodes, indicating a shift in the reported casemix between the 2 years. The variation was primarily attributable to slower GWAU growth within the admitted mental health stream relative to the rise in submitted phases and episodes. Table 7 presents the growth in episodes, GWAU, and associated costs by care stream over the same period.

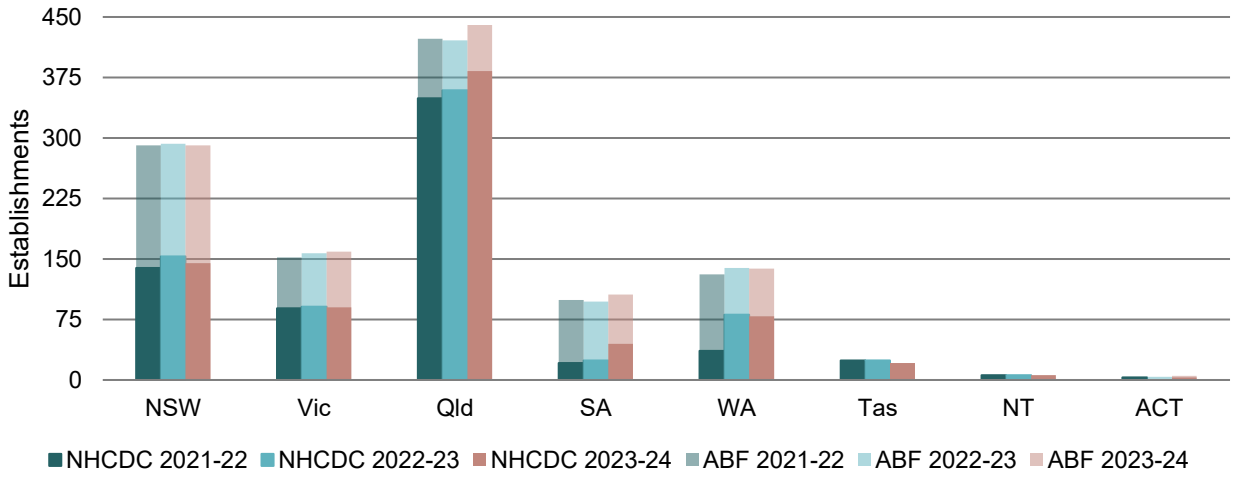
Table 7: Growth in episodes, GWAU and cost by activity stream, 2022–23 to 2023–24

| Stream | Proportion of 2023–24 Episodes (%) | Proportion of 2023–24 Costs (%) | Episodes Growth (%) | GWAU Growth (%) | Cost Growth (%) | Avg Cost/GWAU Growth (%) |
|---|---|---|---|---|---|---|
| Admitted acute | 14.5 | 56.8 | 7.0 | 7.1 | 10.1 | 2.8 |
| Subacute (episodes) | 0.4 | 5.7 | 10.6 | 9.7 | 16.4 | 6.1 |
| Subacute (phases) | 0.2 | 0.8 | 1.3 | -0.1 | 9.0 | 9.0 |
| Emergency department | 18.8 | 12.2 | 5.6 | 6.0 | 9.0 | 7.3 |
| Non-admitted | 63.2 | 16.1 | 9.5 | 14.0 | 13.2 | -0.7 |
| Admitted mental health | 0.2 | 3.4 | 10.7 | -9.5 | 11.0 | 22.6 |

# Participation

IHACPA receives data from public hospitals, including health services, for the ABF activity collection and NHCDC. Figure 3 shows the number of establishments reported in the NHCDC compared to the ABF collection by jurisdiction, from 2021–22 to 2023–24. It should be noted that IHACPA did not receive NHCDC data from the Australian Capital Territory (ACT) for the 2022–23 reporting period. This was due to a significant health information technology infrastructure project that affected the ACT's ability to submit data. While ACT provided data for 2021–22 and 2023–24, the percentage change has not been reflected in the report because of the absence of 2022–23 data.

Figure 3: Number of establishments, nationally, 2021–22 to 2023–24




# Contracted care

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 8 shows the contracted care records and cost by jurisdiction from 2021–22 to 2023–24. Nationally, between 2022–23 and 2023–24, the number of contracted care records increased by 9,174 records (3%), while the associated cost decreased by $48.5 million (4%). Main growth was seen in Victoria (Vic), with an increase of 11,463 records (31%) and a corresponding cost increase of $66.5 million (27%) in 2023–24. South Australia also experienced growth, with 3,598 additional records (14%) and a significant cost escalation of $64.6 million (53%) compared to 2022–23. In New South Wales, the admitted acute stream recorded a substantial decline in both records and costs. The number of records decreased by 19,131 (33%), accompanied by a significant reduction in associated costs of $252.7 million (54%) compared to 2022–23. Conversely, Vic recorded growth in the admitted acute stream, with an increase of 12,704 records (39%) and a corresponding rise in costs of $69 million (37%) compared to 2022–23.

Table 8: Contracted care records and cost, nationally 2021–22 to 2023–24

| Jurisdiction | 2021–22 | | 2022–23 | | 2023–24 | |
|---|---|---|---|---|---|---|
| | Records | Cost | Records | Cost | Records | Cost |
| NSW | 68,587 | $480,422,831 | 80,473 | $514,793,489 | 67,416 | $243,415,921 |
| Vic | 21,293 | $109,670,608 | 36,582 | $249,946,623 | 48,045 | $316,416,100 |
| Qld | 34,886 | $132,400,374 | 40,201 | $151,273,024 | 42,144 | $179,474,675 |
| SA | 16,229 | $46,663,399 | 25,669 | $121,767,615 | 29,267 | $186,408,055 |

| | | | | | | |
|---|---|---|---|---|---|---|
| WA | 106,701 | $87,936,031 | 117,820 | $93,912,812 | 119,887 | $105,022,198 |
| Tas | 9,481 | $59,071,756 | 11,563 | $73,915,073 | 11,076 | $81,724,438 |
| NT | 1,412 | $20,670,286 | 784 | $9,602,849 | 950 | $13,611,466 |
| ACT | 2,036 | $19,702,952 | - | - | 3,481 | $40,594,688 |
| **National** | **260,625** | **$956,538,237** | **313,092** | **$1,215,211,487** | **322,266** | **$1,166,667,539** |

# 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. For example, private patient adjustment.

The criteria for inclusion to the NBP is different to the NHCDC. For example, 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.

# Independent Financial Review

The Independent Financial Review (IFR) was not conducted for the NHCDC 2021–22 and 2022–23 reporting periods. In its place, IHACPA reviewed jurisdictions' submissions and accompanying Data Quality Statements (DQS) and developed the NHCDC Public Sector Review Reports to assess the quality of the NHCDC data.

IHACPA reinstated the IFR for the NHCDC 2023–24. This review, undertaken by an independent consultancy, involves a sample selection of hospitals within each jurisdiction. Activity and financial data are traced from source systems within hospitals through the costing and submission process, to assess the accuracy and completeness of the NHCDC data set.

The IFR Report for 2023–24 is available for review on IHACPA's website.

# 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 2021–22 to 2023–24.

Separations are the administrative process by which a hospital records the treatment, care, and/or accommodation of a patient. An admitted acute care separation represents a formal admission to hospital to receive active, 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 for 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 9 summarises the national results from 2021–22 to 2023–24. In 2023–24, there were 7 million admitted acute care separations nationally, a 7% increase to the 2022–23 figure of 6.5 million. The associated cost in 2023–24 nationally was $44.68 billion, a 10% increase to the 2022–23 figure of $40.59 billion. The national average cost per acute separation was $6,415 for 2023–24, a 3% increase to the 2022–23 national average of $6,238. For Gross Weighted Activity Unit (GWAU) activity, episodes increased from 6.1 million in 2022–23 to 6.5 million in 2023–24, while the GWAU average cost decreased slightly from $6,876 to $6,689.

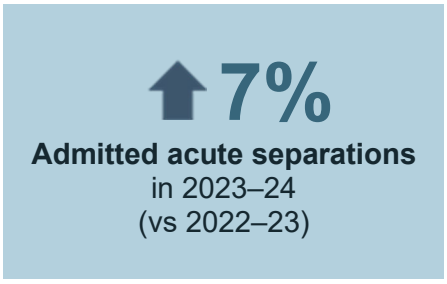


Table 9: Admitted acute national summary, 2021–22 to 2023–24

| | 2021–22 | 2022–23 | 2023–24 |
|---|---|---|---|
| Establishments | 379 | 414 | 428 |
| Separations | 6,224,642 | 6,506,233 | 6,964,697 |
| Cost | $36,146,820,513 | $40,586,906,814 | $44,681,494,799 |
| Average length of stay (days) | 2.44 | 2.47 | 2.41 |
| Average cost per separation | $5,807 | $6,238 | $6,415 |
| Same day average cost | $1,611 | $1,744 | $1,840 |
| Overnight average length of stay (days) | 4.5 | 4.6 | 4.5 |
| Overnight average cost | $11,926 | $12,825 | $13,126 |
| GWAU | - | 6,067,776 | 6,497,950 |
| GWAU average cost | - | $6,876 | $6,689 |

# Admitted acute sample

In 2023–24, 100% of the National Hospital Cost Data Collection (NHCDC) admitted acute records were linked to activity and in scope for NHCDC reporting. Table 10 shows the number of in-scope NHCDC records, activity based funding (ABF) activity, and the proportion of costed activity by jurisdiction, from 2022–23 to 2023–24. In 2023–24, nationally 97% of in-scope activity was linked to cost (costed activity %), an increase from 2022–23 (95%).

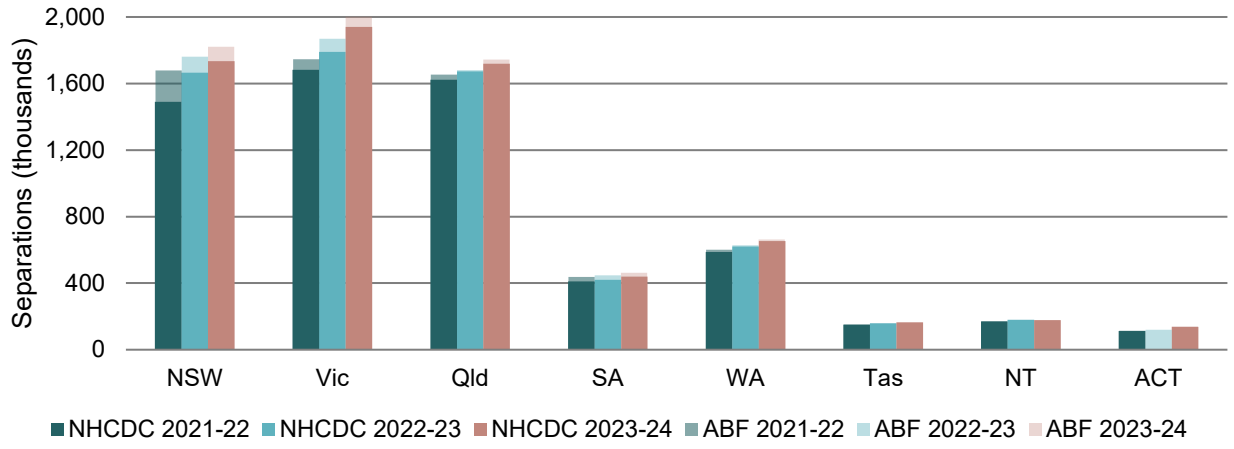
Table 10: Admitted acute sample summary by jurisdiction, 2021–22 to 2023–24

| Jurisdiction | In-scope NHCDC records | | | In-scope ABF activity | | | Costed activity | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 |
| NSW | 1,489,598 | 1,665,294 | 1,734,295 | 1,679,231 | 1,761,161 | 1,820,192 | 89% | 95% | 95% |
| Vic | 1,682,451 | 1,790,031 | 1,940,017 | 1,746,907 | 1,868,878 | 2,007,530 | 96% | 96% | 97% |
| Qld | 1,622,556 | 1,672,228 | 1,719,193 | 1,654,508 | 1,680,747 | 1,744,346 | 98% | 99% | 99% |
| SA | 409,865 | 421,048 | 438,757 | 437,405 | 446,304 | 462,631 | 94% | 94% | 95% |
| WA | 588,309 | 619,908 | 653,809 | 600,836 | 628,514 | 662,868 | 98% | 99% | 99% |
| Tas | 150,054 | 157,799 | 164,156 | 150,146 | 157,853 | 164,197 | 100% | 100% | 100% |
| NT | 169,314 | 179,925 | 177,239 | 169,533 | 179,961 | 177,241 | 100% | 100% | 100% |
| ACT | 112,495 | - | 137,231 | 113,885 | 120,878 | 138,825 | 99% | - | 99% |
| **National** | **6,224,642** | **6,506,233** | **6,964,697** | **6,552,451** | **6,844,296** | **7,177,830** | **95%** | **95%** | **97%** |

# Admitted acute separations

Figure 4 shows the number of admitted acute separations reported in the ABF data against the cost data from 2021–22 to 2023–24. In 2023–24, there were 7 million in-scope NHCDC admitted acute separations nationally, a 7% increase to the 2022–23 figure of 6.5 million. Nationally, in-scope ABF increased by 333,557 separations (5%) from 2022–23 to 2023–24. The national increase in admitted acute separations was most prominent in Victoria (Vic) with an increase of 149,986 records (8%), from 2022–23 to 2023–24. In 2023–24, the number of separations at the jurisdictional level ranged from 137,231 (Australian Capital Territory (ACT)) to 1.9 million (Vic).

Figure 4: Admitted acute ABF and NHCDC separations by jurisdictions, 2021–22 to 2023–24




# Admitted acute expenditure

In 2023–24, admitted acute expenditure reported in the NHCDC was $44.68 billion nationally. Figure 5 shows the cost of admitted acute separations by jurisdiction from 2021–22 to 2023–24. In 2023–24, the cost of admitted acute separations increased $4.09 billion nationally (10%) from the 2022–23 amount of $40.59 billion. The largest percentage increase occurred in the Northen Territory (NT), with an increase of $155.6 million (19%).

**10%**

**Admitted acute total cost** in 2023–24 (vs 2022–23)

In contrast, Vic reported a comparatively modest increase of 13% in 2023–24. However, its absolute impact on total expenditure was significantly greater, due to its increase of $1.39 billion, making it the primary driver of the overall cost escalation. Across jurisdictions in 2023–24, the cost ranged from $963.2 million (NT) to $12.21 billion (Vic).

Figure 5: Cost of admitted acute separations by jurisdiction, 2021–22 to 2023–24

## Admitted acute average cost

Figure 6 shows the average cost of admitted acute separations reported in the cost data from 2021–22 to 2023–24. The variation in average cost may be affected by differences in admission policies, activity complexity, and hospital location. In 2023–24, the national average cost per admitted acute separation was $6,415, a 3% increase from the 2022–23 average of $6,238. In 2023–24, the average cost at the jurisdictional level ranged from $5,434 (NT) to $8,411 (Tasmania (Tas)).

Figure 6: Average cost per admitted acute separation by jurisdiction, 2021–22 to 2023–24


## 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 7 shows the average cost per weighted admitted acute separation from 2021–22 to 2023–24. In 2023–24, the average cost per weighted separation at the jurisdictional level ranged from $5,639 (Queensland (Qld)) to $9,394 (NT).

Figure 7: Average cost per weighted separation by jurisdiction, 2021–22 to 2023–24

## Admitted acute cost buckets

In 2023–24, the national average cost per admitted acute separation was $6,415, a 3% increase from the 2022–23 average of $6,238. Figure 8 shows the top 10 cost buckets contributing to the national admitted acute average cost in 2023–24, in comparison to 2021–22 and 2022–23. These cost buckets account for approximately 85% of average national costs, from 2021–22 to 2023–24. Further detail on all admitted acute cost by cost bucket is available in the Appendix Tables.

Figure 8: Top 10 cost buckets in admitted acute separations, nationally, 2021–22 to 2023–24

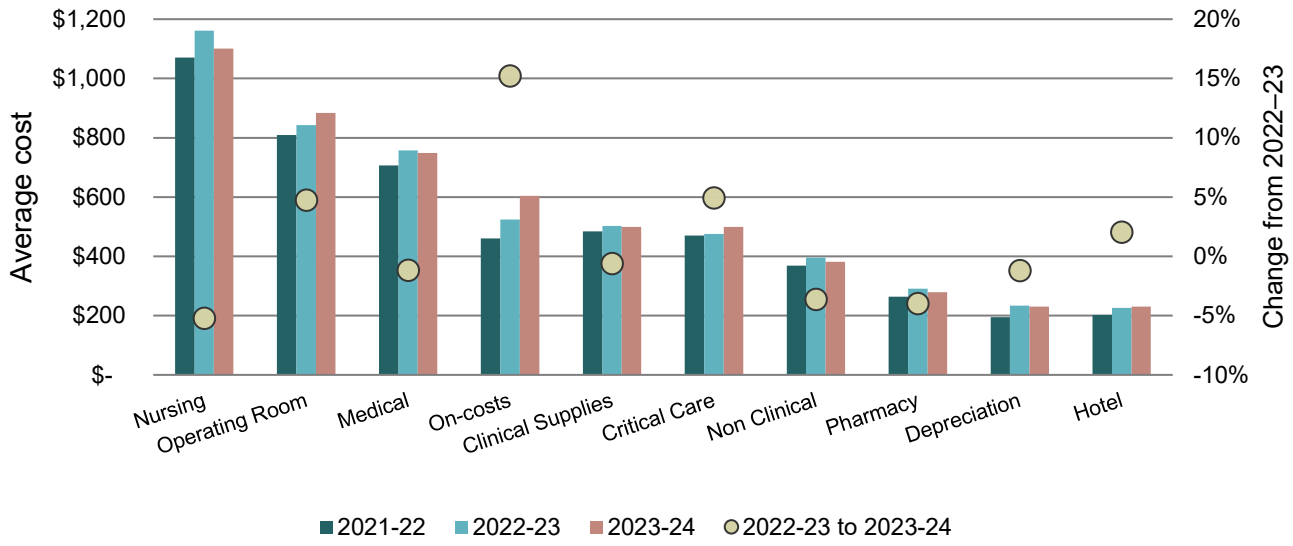



Table 11 presents the key costs buckets that contributed most significantly to the overall proportion of actual change from 2022–23 to 2023–24. Special procedure suite, nursing, operating room, on-costs, and critical care cost buckets together accounted for 51% of the national average cost per admitted acute separation in 2023–24. The final two column shows the most significant changes in cost bucket and their share of the total actual change. Special procedure suites accounted for $111 (62%), on-costs accounted for $80 (45%), and operating room for $40 (23%). Critical care contributed $23 (13%), while nursing decreased by $61 (-34%).

Table 11: Key cost buckets in admitted acute separation by change, nationally, 2022–23 to 2023–24

| Cost bucket | Average cost | | Proportion of average cost | Change from 2022-23 | Actual change | Proportion of actual change |
|---|---|---|---|---|---|---|
| | 2022-23 | 2023-24 | | | | |
| Special Procedure Suite | $ 71 | $ 181 | 3% | 157% | 111 | 62% |
| On-costs | $ 524 | $ 604 | 9% | 15% | 80 | 45% |
| Nursing | $ 1,162 | $ 1,101 | 17% | -5% | -61 | -34% |
| Operating Room | $ 843 | $ 883 | 14% | 5% | 40 | 23% |
| Critical Care | $ 476 | $ 499 | 8% | 5% | 23 | 13% |
| **Total*** | **$ 6,238** | **$ 6,415** | **100%** | **3%** | **$ 177** | **100%** |

**Total figures include all cost buckets*

## Admitted acute line items

Figure 9 shows the top 10 line items contributing to the national admitted acute average cost for 2023–24, in comparison to 2021–22 and 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, consistent with 2022–23. Further detail on all admitted acute cost by line item is available in the Appendix Tables.

Figure 9: Top 10 line items in admitted acute separations, nationally, 2021–22 to 2023–24

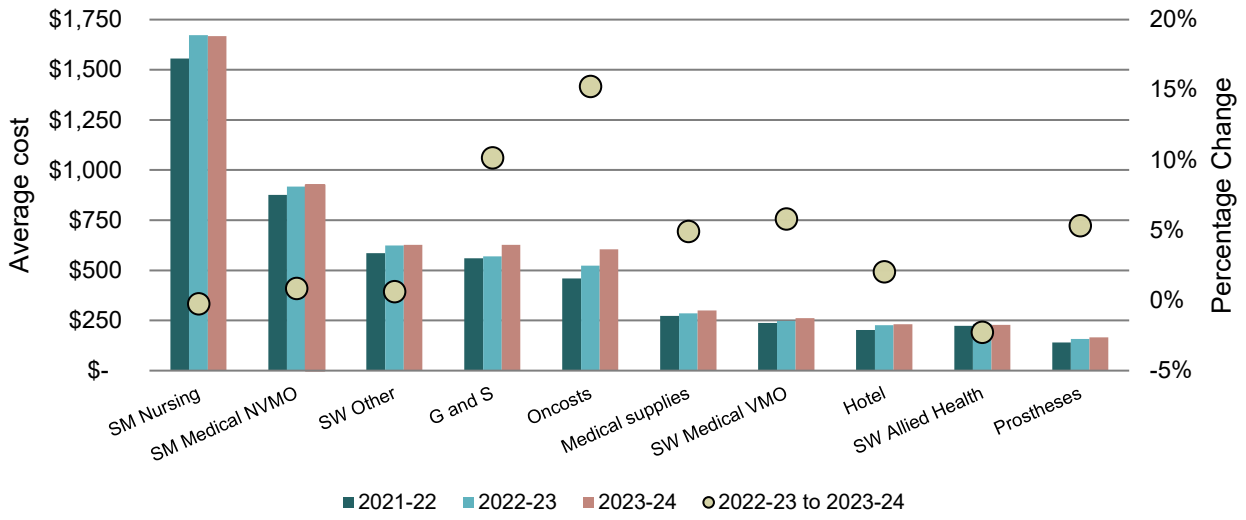



Table 12 presents the key line items that contributed most significantly to the overall proportion of actual change from 2022–23 to 2023–24. Goods and services, on-cost, medical supplies, salary and wages medical and prostheses line items together accounted for 31% of the national average cost per admitted acute separation in 2023–24. The final column highlights the proportion that key line items contributed the most to the overall change. Collectively, these 5 line items (on-costs, goods and services, salary and wages medical (VMO), medical supplies and protheses) contributed $174 (98%) of the $178 increase in national average cost per admitted acute separation. On-costs accounted for $80 (45%), goods and services $58 (32%), salary and wages medical and medical supplies each contributed $14 (8%). Prostheses added $9 (5%), while other line items had minimal impact.

Table 12: Key line items in admitted acute separation by change, nationally, 2022–23 to 2023–24

| Line item | Average cost | | Proportion of average cost | Change from 2022-23 | Actual change | Proportion of actual change |
|---|---|---|---|---|---|---|
| | 2022-23 | 2023-24 | | | | |
| Oncosts | $ 524 | $ 604 | 9% | 15% | $ 80 | 45% |
| Goods and services | $ 569 | $ 627 | 10% | 10% | $ 58 | 32% |
| Salary and Wages Medical (VMO) | $ 248 | $ 262 | 4% | 6% | $ 14 | 8% |
| Medical supplies | $ 286 | $ 300 | 5% | 5% | $ 14 | 8% |
| Prostheses | $ 158 | $ 167 | 3% | 6% | $ 8 | 5% |
| **Total*** | **$ 6,238** | **$ 6,416** | **100%** | **3%** | **$ 178** | **100%** |

**Total figures include all line items*

# 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 2021–22 to 2023–24. 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, 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) 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.

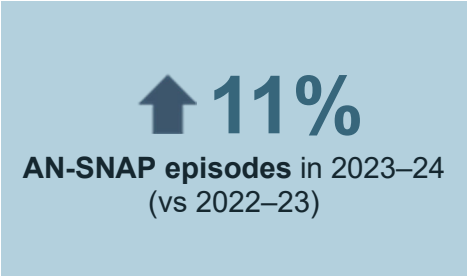



Table 13 summarises the national AN-SNAP episode results from 2021–22 to 2023–24. In 2023–24, there were 181,825 AN-SNAP episodes reported nationally, a 11% increase from 2022–23, with a total cost of $4.47 billion, an 16% increase from 2022–23. The national average cost per AN-SNAP episode was $24,569 for 2023–24, a 5% increase to the 2022–23 national average of $23,351. In addition, Gross Weighted Activity Unit (GWAU) episodes increased by approximately 10% (57,627), and the cost per GWAU rose by 6% ($392), indicating growth in weighted activity and associated expenditure.

Table 13: AN-SNAP episodes summary, nationally, 2021–22 to 2023–24

| | 2021–22 | 2022–23 | 2023–24 |
|---|---|---|---|
| Establishments | 340 | 350 | 350 |
| Episodes | 151,706 | 164,415 | 181,825 |
| Cost | $3,246,307,781 | $3,839,227,653 | $4,467,259,415 |
| Average cost per episode | $21,399 | $23,351 | $24,569 |
| GWAU | - | 594,587 | 652,214 |
| GWAU average cost | - | $6,457 | $6,849 |

Table 14 summarises the national AN-SNAP phase results from 2021–22 to 2023–24. In 2023–24, there were there were 73,858 AN-SNAP phases reported nationally, a 1% increase from 2022–23, with a total cost of $592 million, a 9% increase from 2022–23 ($543.4 million). The national average

cost per AN-SNAP phase was $8,016 for 2023–24, a 7% increase to the 2022–23 national average of $7,455. The number of GWAU phases remained stable, decreasing slightly from 92,114 in 2022–23 to 92,052 in 2023–24, while the average cost per GWAU increased by 9%, rising from $5,899 to $6,431 over the same period.

Table 14: AN-SNAP phases summary, nationally, 2021–22 to 2023–24

| | 2021–22 | 2022–23 | 2023–24 |
|---|---|---|---|
| Establishments | 214 | 248 | 248 |
| Phases | 64,477 | 72,889 | 73,858 |
| Cost | $467,835,333 | $543,376,704 | $592,015,863 |
| Average cost per phase | $7,256 | $7,455 | $8,016 |
| GWAU | - | 92,114 | 92,052 |
| GWAU average cost | - | $5,899 | $6,431 |

# Admitted subacute and non-acute sample

In 2023–24, 100% of the National Hospital Cost Data Collection (NHCDC) AN-SNAP episode records were linked to activity and in scope for NHCDC reporting. Table 15 shows the number of in-scope NHCDC records and activity based funding (ABF) activity, and the proportion of costed activity by jurisdiction, from 2022–23 to 2023–24. In 2023–24, nationally 78% of in-scope activity was linked to cost (costed activity %), an increase from 75% in 2022–23.

Table 15: AN-SNAP episode sample summary by jurisdiction, 2021–22 to 2023–24

| Jurisdiction | In-scope NHCDC records | | | In-scope ABF activity | | | Costed activity | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 |
| NSW | 35,623 | 45,876 | 48,288 | 58,449 | 68,514 | 71,865 | 61% | 67% | 67% |
| Vic | 30,342 | 32,473 | 34,468 | 39,147 | 41,609 | 43,948 | 78% | 78% | 78% |
| Qld | 52,240 | 53,214 | 56,687 | 64,778 | 66,292 | 72,314 | 81% | 80% | 78% |
| SA | 13,363 | 16,261 | 17,757 | 15,396 | 18,416 | 20,217 | 87% | 88% | 88% |
| WA | 11,914 | 12,383 | 13,581 | 12,365 | 12,799 | 14,011 | 96% | 97% | 97% |
| Tas | 2,593 | 3,394 | 3,851 | 3,605 | 3,761 | 4,221 | 72% | 90% | 91% |
| NT | 900 | 814 | 901 | 1,341 | 1,268 | 1,413 | 67% | 64% | 64% |
| ACT | 4731 | - | 6,292 | 4,731 | 5,767 | 6,295 | 100% | - | 100% |
| **National** | **151,706** | **164,415** | **181,825** | **199,812** | **218,426** | **234,284** | **76%** | **75%** | **78%** |

In 2023–24, 100% of the NHCDC AN-SNAP phase records 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 by jurisdiction, from 2022–23 to 2023–24. In 2023–24, nationally 79% of in-scope activity was linked to cost (costed activity %), a decrease from 84% in 2022–23. It should be noted that Western Australia (WA) and the Australian Capital Territory (ACT) do not submit phase level cost data.

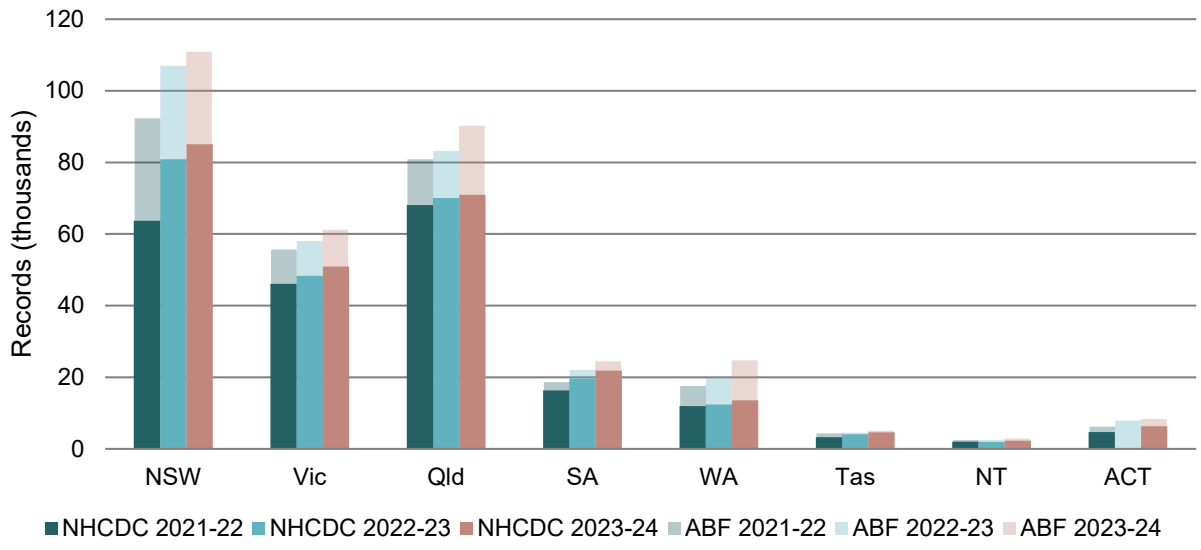
Table 16: AN-SNAP phase sample summary by jurisdiction, 2021–22 to 2023–24

| Jurisdiction | In-scope NHCDC records | | | In-scope ABF activity | | | Costed activity | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 |
| NSW | 28,082 | 35,010 | 36,822 | 33,854 | 38,466 | 39,032 | 83% | 91% | 94% |
| Vic | 15,741 | 15,824 | 16,462 | 16,472 | 16,497 | 17,271 | 96% | 96% | 95% |
| Qld | 15,871 | 16,822 | 14,271 | 16,126 | 16,929 | 17,904 | 98% | 99% | 80% |
| SA | 2,918 | 3,397 | 4,088 | 3,223 | 3,665 | 4,203 | 91% | 93% | 97% |
| WA | - | - | - | 5,179 | 7,108 | 10,663 | - | - | - |
| Tas | 713 | 716 | 797 | 736 | 733 | 834 | 97% | 98% | 96% |
| NT | 1,152 | 1,120 | 1,418 | 1,152 | 1,158 | 1,491 | 100% | 97% | 95% |
| ACT | - | - | - | 1,451 | 2,170 | 2,106 | - | - | - |
| **National** | **64,477** | **72,889** | **73,858** | **78,193** | **86,726** | **93,504** | **82%** | **84%** | **79%** |

# Admitted subacute and non-acute episodes and phases

Figure 10 shows the number of AN-SNAP records reported in the NHCDC against the ABF activity submitted from 2021–22 to 2023–24. In 2023–24, there were 255,683 AN-SNAP records nationally, an 8% increase to the 2022–23 figure of 237,304. Jurisdictions reporting highest growth rates are Northern Territory (NT) and Tasmania (Tas) with 20% and 13% respectively. However, the largest absolute increase in AN-SNAP records at a jurisdictional level was reported by New South Wales (NSW), increasing by 4,224 (5%), contributing 23% of the national increase in AN-SNAP records from 2022–23 to 2023–24. In 2023–24, the number of AN-SNAP records at the jurisdictional level ranged from 2,319 (NT) to 85,110 (NSW). WA and the ACT do not submit phase level cost data.

Figure 10: AN-SNAP records in ABF and NHCDC by jurisdiction, 2021–22 to 2023–24



# Admitted subacute and non-acute expenditure

In 2023–24, the admitted subacute and non-acute cost reported in the NHCDC was approximately $5.06 billion nationally. Figure 11 shows the cost of admitted subacute and non-acute by jurisdiction from 2021–22 to 2023–24. From 2022–23 to 2023–24, the total reported cost of admitted subacute and non-acute episodes and phases was $676.7 million nationally, with a 15% increase to the 2022–23 figure of $4.38 billion. The distribution of this increase varies significantly across individual jurisdictions. Compared to 2022–23, the NT experienced the highest percentage increase at 37%, representing an additional $22.5 million in cost. In contrast, Queensland (Qld) reported a comparatively modest 12% increase in 2023–24; however, its $142 million rise in total expenditure, partly driven by an increase in reporting establishments, makes it the primary driver of overall cost escalation. WA and the ACT have not reported phase level cost data for the last 3 years.

**↑ 15%**

**Admitted subacute and non-acute total cost** in 2023–24 (vs 2022–23)

Figure 11: Cost of AN-SNAP records by jurisdiction, 2021–22 to 2023–24

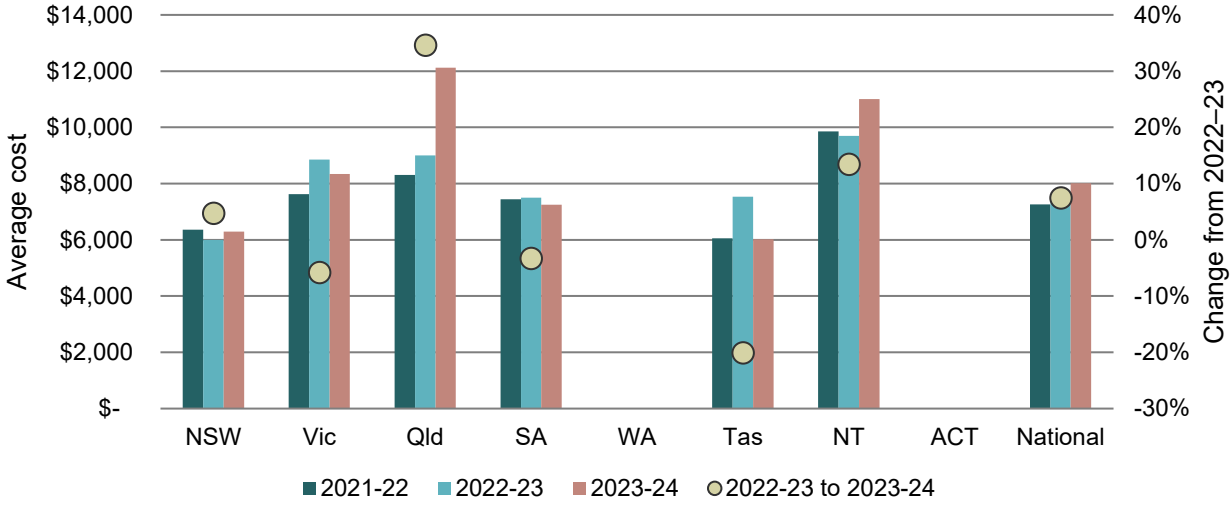

# Admitted subacute and non-acute average cost

Figure 12 shows the average cost of admitted subacute and non-acute episodes reported in the cost data from 2021–22 to 2023–24. The national average cost per admitted subacute and non-acute episode was $24,569, a 5% increase from the 2022–23 figure of $23,351. In 2022–23, the average cost per episode at the jurisdictional level ranged from $20,776 (Qld) to $74,287 (NT).

Figure 12: Average cost per AN-SNAP episode by jurisdiction, 2021–22 to 2023–24


Figure 13 shows the average cost of admitted subacute phases reported in the cost data from 2021–22 to 2023–24. In 2023–24, the national average cost per admitted subacute phase was $8,016, a 7% increase from the 2022–23 figure of $7,455. In 2023–24, the average cost per phase at the jurisdictional level ranged from $6,288 (NSW) to $12,127 (Qld). From 2022–23 to 2023–24, Qld's average cost per phase increased by 35% due to the high-cost outliers such as nursing and non-clinical skewing the average. WA and ACT have not reported phase level cost data for the last 3 years.

Figure 13: Average cost per AN-SNAP phase by jurisdiction, 2021–22 to 2023–24




## Admitted subacute and non-acute episodes cost buckets

In 2023–24, the national average cost per admitted subacute and non-acute episode was $24,569. Figure 14 shows the top 10 cost buckets contributing to the national admitted subacute and non-acute episode average cost for 2023–24, in comparison to 2021–22 and 2022–23. Further detail on all admitted subacute and non-acute episode cost by cost bucket is available in the Appendix Tables.

Figure 14: Top 10 cost buckets in AN-SNAP episodes, nationally, 2021–22 to 2023–24

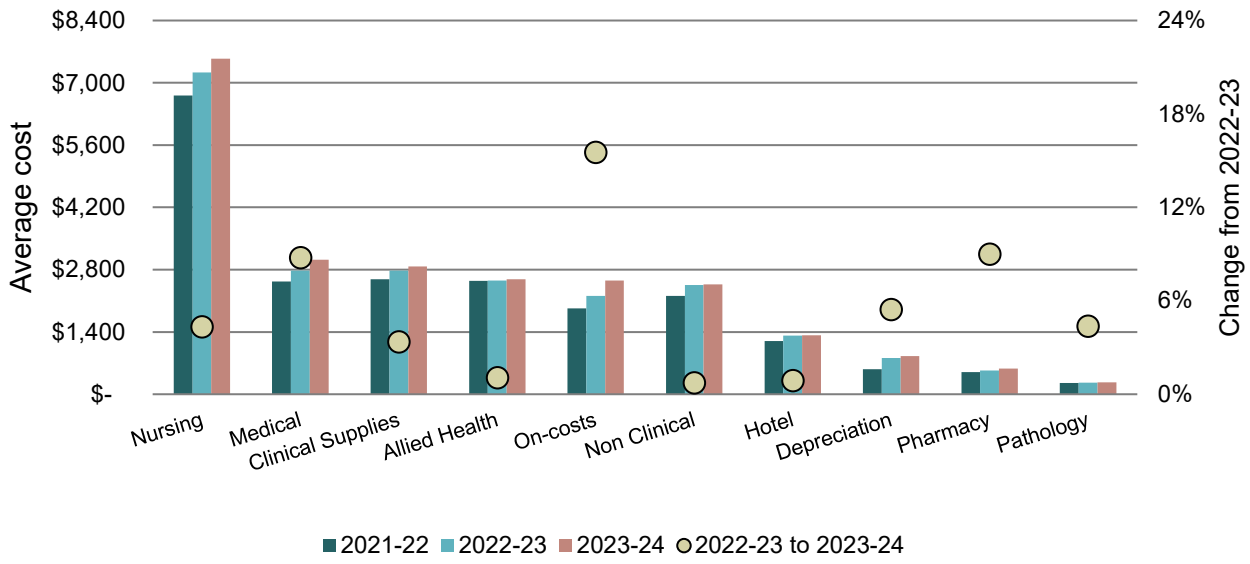



Table 17 presents the key costs buckets that contributed most significantly to the overall proportion of actual change from 2022–23 to 2023–24. On-costs, nursing, medical, clinical supplies and special procedure suite cost buckets accounted for 65% of the national average cost per AN-SNAP episode in 2023–24. The final column shows the most significant changes in cost bucket share of the total actual change. Collectively, these 5 cost buckets (on-costs, nursing, medical, clinical supplies and special procedure suite) contributed $1,047 (86%) of the $1,218 increase in the national average cost per AN-SNAP episode. On-costs accounted for $344 (28%), nursing for $314 (26%), while medical accounted for $244 (20%). Clinical supplies contributed $94 (8%), while special procedure suite contributed $51 (4%).

Table 17: Key cost buckets in AN-SNAP episodes by change, nationally, 2022–23 to 2023–24

| Cost bucket | Average cost | | Proportion of average cost | Change from 2022-23 | Actual change | Proportion of actual change |
|---|---|---|---|---|---|---|
| | 2022-23 | 2023-24 | | | | |
| On-costs | $ 2,211 | $ 2,554 | 10% | 16% | $ 344 | 28% |
| Nursing | $ 7,230 | $ 7,544 | 31% | 4% | $ 314 | 26% |
| Medical | $ 2,778 | $ 3,022 | 12% | 9% | $ 244 | 20% |
| Clinical Supplies | $ 2,781 | $ 2,875 | 12% | 3% | $ 94 | 8% |
| Special Procedure Suite | $ 11 | $ 63 | 0% | 449% | $ 51 | 4% |
| **Total*** | **$ 23,351** | **$ 24,569** | **100%** | **5%** | **$ 1,218** | **100%** |

**Total figures include all cost buckets*

## Admitted subacute phases cost buckets

Figure 15 shows the AN-SNAP phases average cost of the top 10 cost buckets of 2023–24 reported in the cost data from 2021–22 to 2023–24. In 2023–24, the national average cost per AN-SNAP phase was $8,016. Further detail on all admitted subacute and non-acute phase cost by cost bucket is available in the Appendix Tables.

Figure 15: Top 10 cost buckets in AN-SNAP phases, nationally, 2021–22 to 2023–24

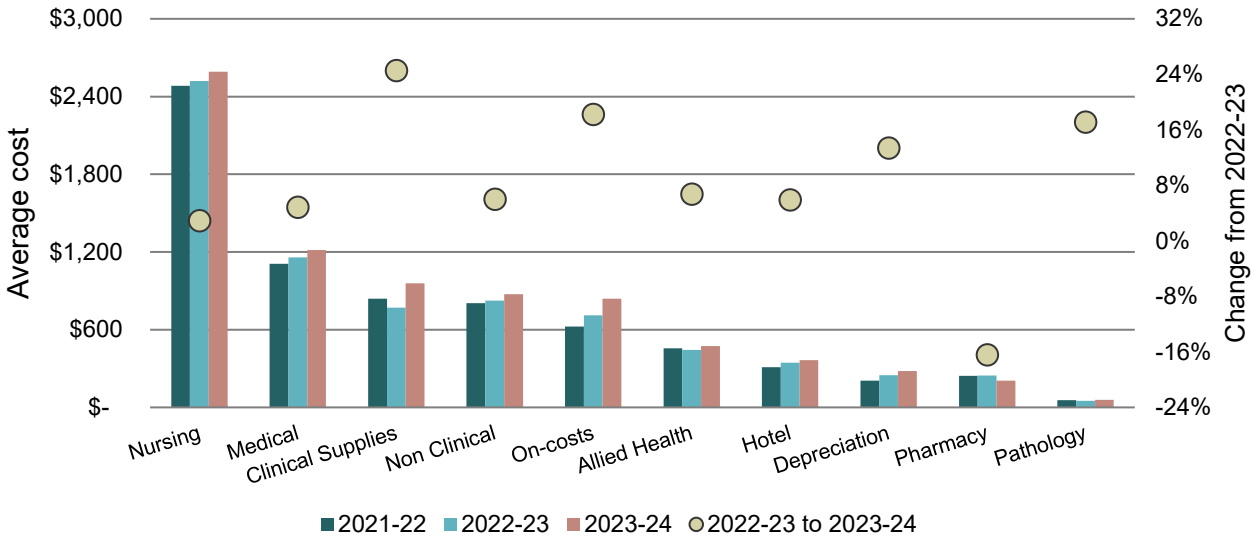



Table 18 presents the key costs buckets that contributed most significantly to the overall proportion of actual change from 2022–23 to 2023–24. Clinical supplies, on-costs, nursing, medical, and non-clinical cost buckets accounted for 81% of the national average cost per AN-SNAP phase. The final column shows the most significant changes in cost bucket share of the total actual change. Collectively, these 5 cost buckets (clinical supplies, on-costs, medical, nursing, non-clinical) contributed $498 (89%) of the $561 increase in the national average cost per AN-SNAP phase. Clinical supplies accounted for $189 (34%), on-costs for $130 (23%), and nursing for $74 (13%). Medical contributed $56 (10%) while non-clinical contributed $50 (9%).

Table 18: Key cost buckets in AN-SNAP phases by change, nationally, 2022–23 to 2023–24

| Cost bucket | Average cost | | Proportion of average cost | Change from 2022-23 | Actual change | Proportion of actual change |
|---|---|---|---|---|---|---|
| | 2022-23 | 2023-24 | | | | |
| Clinical Supplies | $ 769 | $ 958 | 12% | 25% | $ 189 | 34% |
| On-costs | $ 711 | $ 840 | 10% | 18% | $ 130 | 23% |
| Nursing | $ 2,519 | $ 2,593 | 32% | 3% | $ 74 | 13% |
| Medical | $ 1,158 | $ 1,214 | 15% | 5% | $ 56 | 10% |
| Non Clinical | $ 825 | $ 875 | 11% | 6% | $ 50 | 9% |
| **Total*** | **$ 7,455** | **$ 8,016** | **100%** | **8%** | **$ 561** | **100%** |

**Total figures include all cost buckets*

# 5 Emergency department

## Summary

This chapter outlines the in-scope emergency department patient presentations, cost, and average cost per patient presentation from 2021–22 to 2023–24. 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 5 (one being the most urgent and 5 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.

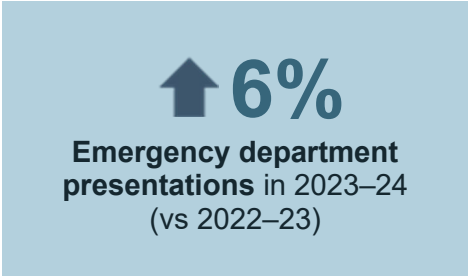



Table 19 summarises the national results from 2021–22 to 2023–24. In 2023–24, there were 9.1 million ED presentations nationally, a 6% increase to the 2022–23 figure of 8.6 million. The associated cost in 2023–24 nationally was $9.56 billion, a 14% increase to the 2022–23 figure of 8.4 billion. The national average cost per ED patient presentation was $1,055 for 2023–24, an 8% increase to the 2022–23 national average of $980. The number of Gross Weighted Average Unit (GWAU) episodes increased by 6% (72,564) in 2023–24, while the average cost per GWAU rose by 7%, from $6,992 to $7,501 over the same period.

Table 19: ED national summary, 2021–22 to 2023–24

| | 2021–22 | 2022–23 | 2023–24 |
|---|---|---|---|
| Establishments | 261 | 275 | 291 |
| Presentations | 8,270,175 | 8,574,940 | 9,056,784 |
| Cost | $7,364,697,013 | $8,400,444,207 | $9,557,416,686 |
| Average cost per presentation | $891 | $980 | $1,055 |
| GWAU | - | 1,201,504 | 1,274,068 |
| GWAU average cost | - | $6,992 | $7,501 |

# Emergency department sample

In 2023–24, 100% of the National Hospital Cost Data Collection (NHCDC) ED patient presentations were linked to activity and in scope for NHCDC reporting. Table 20 shows the number of in-scope NHCDC records and activity based funding (ABF) activity, and the proportion of costed activity from 2022–23 to 2023–24. In 2023–24, nationally 95% of in-scope activity was linked to cost (costed activity %), an increase from 94% in 2022–23.

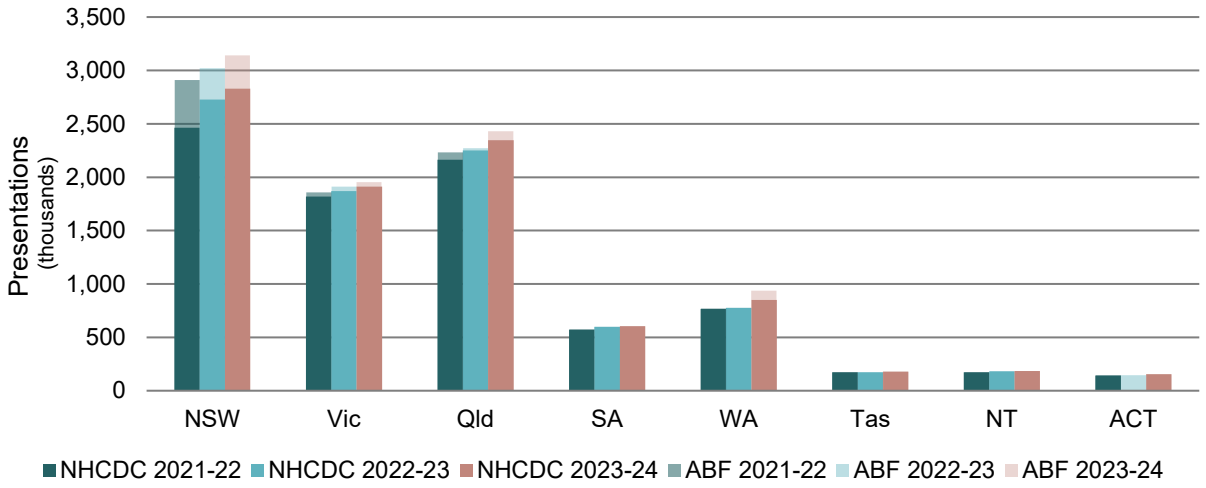
Table 20: ED sample summary by jurisdiction, 2021–22 to 2023–24

| Jurisdiction | In-scope NHCDC records | | | In-scope ABF activity | | | Costed activity | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 |
| NSW | 2,463,075 | 2,725,997 | 2,829,061 | 2,910,511 | 3,022,015 | 3,139,936 | 85% | 90% | 90% |
| Vic | 1,817,818 | 1,870,367 | 1,911,676 | 1,856,242 | 1,910,712 | 1,953,548 | 98% | 98% | 98% |
| Qld | 2,163,308 | 2,249,422 | 2,345,430 | 2,233,663 | 2,271,122 | 2,429,414 | 97% | 99% | 97% |
| SA | 572,455 | 597,643 | 603,729 | 572,931 | 598,666 | 605,725 | 100% | 100% | 100% |
| WA | 765,477 | 775,837 | 849,062 | 768,875 | 777,152 | 936,230 | 100% | 100% | 91% |
| Tas | 173,276 | 173,888 | 177,643 | 173,276 | 173,888 | 177,643 | 100% | 100% | 100% |
| NT | 171,415 | 181,786 | 184,561 | 171,416 | 181,815 | 184,561 | 100% | 100% | 100% |
| ACT | 143,351 | - | 155,622 | 143,700 | 145,707 | 155,999 | 100% | - | 100% |
| **National** | **8,270,175** | **8,574,940** | **9,056,784** | **8,830,614** | **9,081,077** | **9,583,056** | **94%** | **94%** | **95%** |

# Emergency department presentations

Figure 16 shows the number of ED patient presentations reported in the cost data compared to ABF data from 2021–22 to 2023–24. In 2023–24, there were 9.1 million ED presentations nationally, a 6% increase to the 2022–23 figure of 8.6 million. The national increase in patient presentations was most pronounced in Western Australia (WA), increasing by 73,225 presentations (9%). The number of patient presentations at the jurisdictional level ranged from 155,622 (Australian Capital Territory (ACT)) to 2.8 million (New South Wales (NSW)).

Figure 16: ED presentations in ABF and NHCDC by jurisdiction, 2021–22 to 2023–24

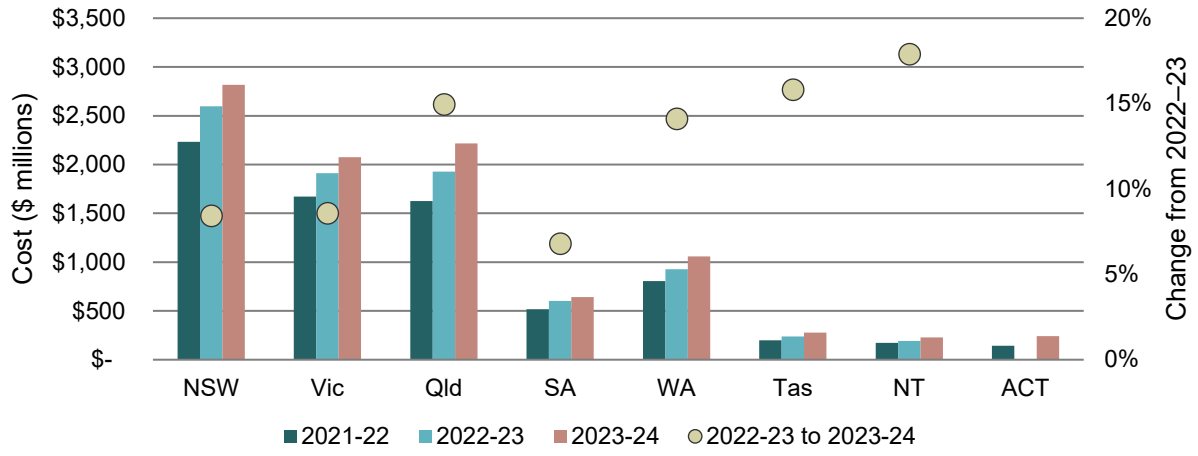


# Emergency department expenditure

In 2023–24, the ED cost reported in the NHCDC was $9.56 billion nationally. Figure 17 shows the cost of ED presentations by jurisdiction from 2021–22 to 2023–24. The cost of ED presentations increased $1.16 billion nationally, a 14% increase to the 2022–23 figure of $8.4 billion. The Northen Territory (NT) and Tasmania (Tas) had the highest percentage increase in cost from 2022–23 to 2023–24, with their costs increasing $34.6 million (18%) and $37.7 million (16%) respectively. In 2023–24, the cost at the jurisdictional level ranged from $227.7 million (NT) to $2.82 billion (NSW).

**↑14%**
**Emergency department total cost** in 2023–24 (vs 2022–23)

Figure 17: Cost of ED presentations by jurisdiction, 2021–22 to 2023–24




# Emergency department average cost

Figure 18 shows the average cost of ED patient presentations reported in the cost data from 2021–22 to 2023–24. In 2023–24, the national average cost per ED patient presentation was $1,055, an 8% increase from the 2022–23 figure of $980. In 2023–24 the average cost per patient presentation at a jurisdictional level ranged from $946 (Queensland (Qld)) to $1,556 (Tas).

Figure 18: Average cost per ED presentations by jurisdiction, 2021–22 to 2023–24

## Emergency department cost buckets

Figure 19 shows the top 10 cost buckets contributing to the national ED patient presentation average cost for 2023–24, in comparison to 2021–22 and 2022–23. In 2023–24, the national average cost per ED patient presentation was $1,055, an 8% increase from the 2022–23 figure of $980. Further detail on all emergency department cost by cost bucket is available in the Appendix Tables.

Figure 19: Top 10 cost buckets in ED presentations, nationally, 2021–22 to 2023–24

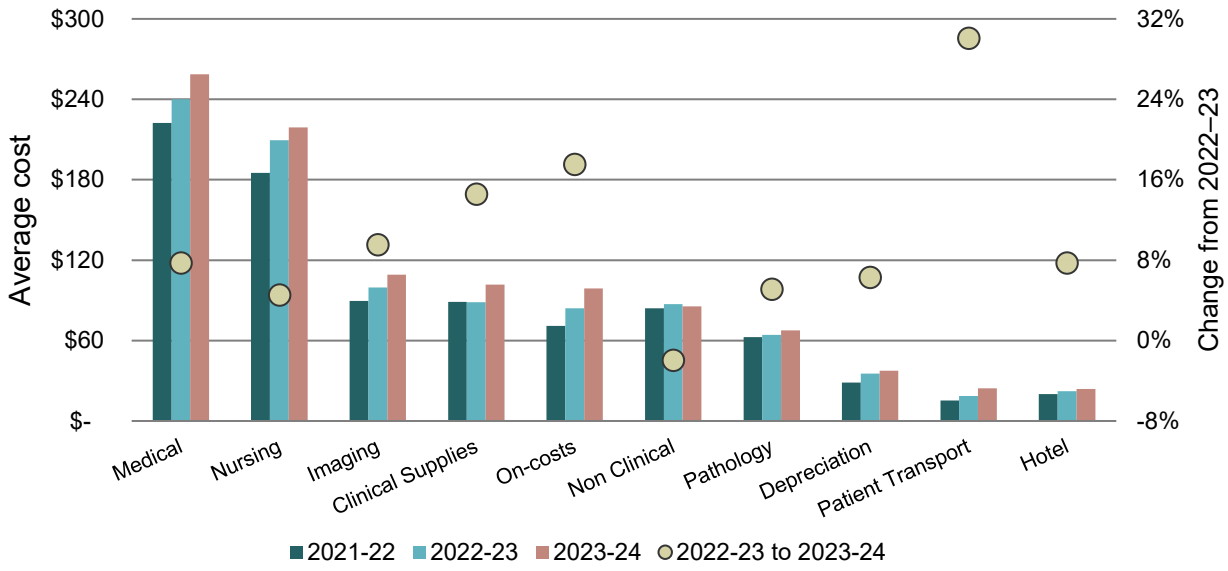



Table 21 presents the costs buckets that experienced the most significant changes in the proportion of actual change from 2022–23 to 2023–24. Medical, on-costs, clinical supplies, nursing and imaging accounted for 75% of the national ED patient presentation average cost for 2023–24. The final column shows the most significant changes in cost bucket share of the total actual change. Collectively, these 5 cost buckets (medical, on-costs, clinical supplies, nursing and imaging) contributed $66 (86%) of the $76 increase in the national ED patient presentation average cost. Medical accounted for $19 (24%), on-costs for $15 (19%), and clinical supplies for $13 (17%). Nursing contributed $10 (13%) while imaging contributed $9 (13%).

Table 21: Key cost buckets in ED presentations by change, nationally, 2022–23 to 2023–24

| Cost bucket | Average cost | | Proportion of average cost | Change from 2022-23 | Actual change | Proportion of actual change |
|---|---|---|---|---|---|---|
| | 2022-23 | 2023-24 | | | | |
| Medical | $ 240 | $ 259 | 25% | 8% | $ 19 | 24% |
| On-costs | $ 84 | $ 99 | 9% | 18% | $ 15 | 19% |
| Clinical Supplies | $ 89 | $ 102 | 10% | 15% | $ 13 | 17% |
| Nursing | $ 209 | $ 219 | 21% | 5% | $ 10 | 13% |
| Imaging | $ 100 | $ 109 | 10% | 10% | $ 9 | 13% |
| **Total*** | **$ 980** | **$ 1,055** | **100%** | **3%** | **$ 76** | **100%** |

**Total figures include all cost buckets*

# 6 Non-admitted

## Summary

This chapter outlines the in-scope non-admitted service events, cost, and average cost per service event from 2021–22 to 2023–24. 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 22 summarises the national results from 2021–22 to 2023–24. In 2023–24, there were 30.5 million non-admitted service events nationally, a 10% increase to the 2022–23 figure of 27.8 million. The associated cost in 2023–24 nationally was $12.66 billion, a 13% increase to the 2022–23 figure of $11.19 billion. The national average cost per non-admitted service event was $416 for 2023–24, a 3% increase to the 2022–23 national average of $402. Between 2022–23 and 2023–24, Gross Weighted Activity Unit (GWAU) episodes grew by nearly 14% (201,939), while the average cost per GWAU fell slightly by 1% (-$54).

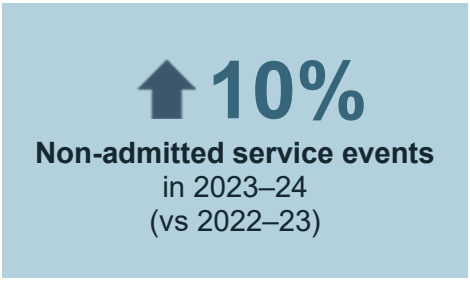



Table 22: Non-admitted national summary, 2021–22 to 2023–24

| | 2021–22 | 2022–23 | 2023–24 |
|---|---|---|---|
| Establishments | 421 | 439 | 445 |
| Service events | 32,394,791 | 27,799,857 | 30,448,478 |
| Cost | $10,501,308,163 | $11,188,957,001 | $12,664,722,364 |
| Average cost per service event | $324 | $403 | $416 |
| GWAU | - | 1,444,239 | 1,646,177 |
| GWAU average cost | - | $7,747 | $7,693 |

# Non-admitted service events sample

In 2023–24, 98% of the National Hospital Cost Data Collection (NHCDC) non-admitted service event records were linked to activity and in-scope for NHCDC reporting. Table 23 shows the number of in-scope NHCDC records and activity based funding (ABF) activity, and the proportion of costed activity from 2022–23 to 2023–24. In 2023–24, nationally 81% of in-scope activity was linked to cost (costed activity %), consistent with the proportion reported for 2022–23.

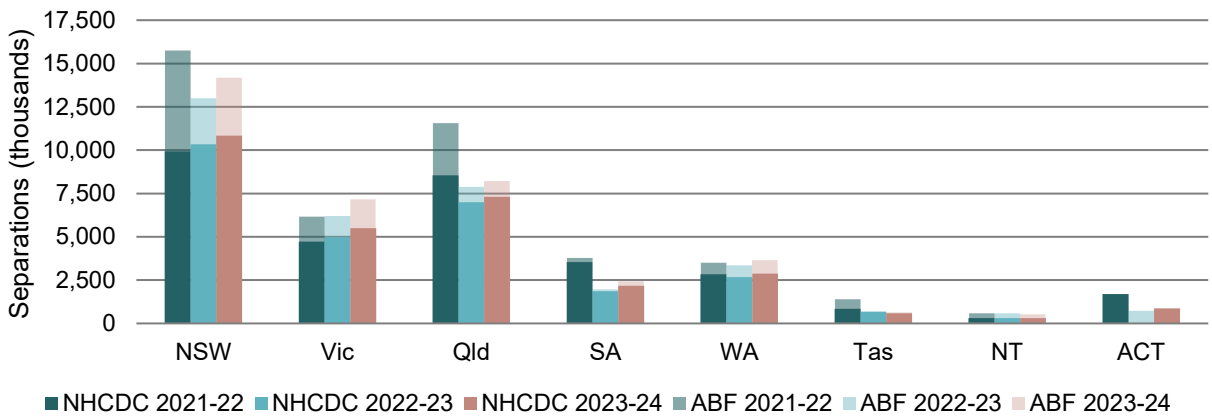
Table 23: Non-admitted sample summary by jurisdiction, 2021–22 to 2023–24

| Jurisdiction | In-scope NHCDC records | | | In-scope ABF activity | | | Costed activity | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 |
| NSW | 9,923,216 | 10,329,842 | 10,834,326 | 15,749,109 | 13,003,855 | 14,172,761 | 63% | 79% | 76% |
| Vic | 4,726,182 | 4,962,830 | 5,502,177 | 6,164,187 | 6,201,824 | 7,157,893 | 77% | 80% | 77% |
| Qld | 8,554,330 | 6,998,983 | 7,314,568 | 11,564,435 | 7,878,981 | 8,204,782 | 74% | 89% | 89% |
| SA | 3,534,331 | 1,862,756 | 2,176,597 | 3,772,911 | 1,976,341 | 2,432,534 | 94% | 94% | 89% |
| WA | 2,829,078 | 2,673,077 | 2,874,529 | 3,494,375 | 3,362,971 | 3,646,239 | 81% | 79% | 79% |
| Tas | 835,257 | 660,413 | 578,542 | 1,394,955 | 710,473 | 644,367 | 60% | 93% | 90% |
| NT | 306,629 | 311,956 | 300,743 | 582,837 | 591,172 | 524,298 | 53% | 53% | 57% |
| ACT | 1,685,768 | - | 866,996 | 1,688,638 | 733,578 | 876,515 | 100% | - | 99% |
| **National** | **32,394,791** | **27,799,857** | **30,448,478** | **44,411,447** | **34,459,195** | **37,659,389** | **73%** | **81%** | **81%** |

# Non-admitted service events

Figure 20 shows the number of non-admitted service events reported in the cost data from 2021–22 to 2023–24. In 2023–24, there were 30.4 million non-admitted service events nationally, a 10% increase to the 2022–23 figure of 27.8 million. South Australia (SA) recorded the highest percentage increase in non-admitted service events at 17% (313,841 separations). However, Victoria (Vic) had the largest overall increase in volume, with 539,347 (11%) additional service events. Conversely, Tasmania (Tas) had a decrease of 12% in their non-admitted service events, with 578,542 service events in 2023–24, down from 660,413 in 2022–23. In 2023–24, the number of non-admitted service events at the jurisdictional level ranged from 300,743 (Northern Territory (NT)) to 10.8 million (New South Wales (NSW)).

Figure 20: Non-admitted services events in ABF and NHCDC, nationally, 2021–22 to 2023–24



# Non-admitted service events expenditure

In 2023–24, the non-admitted service event cost reported in the NHCDC was approximately $12.66 billion nationally. Figure 21 shows the cost of non-admitted service events by jurisdiction from 2021–22 to 2023–24. From 2022–23 to 2023–24, the cost of non-admitted service events increased by 13%, from $11.19 billion in 2022–23. The increase was primarily attributable to SA, with a significant increase from $1.01 billion in 2022–23 to $1.24 billion in 2023–24 (23% increase). In 2023–24, the cost at the jurisdictional level ranged from $173.8 million (NT) to $3.88 billion (NSW).

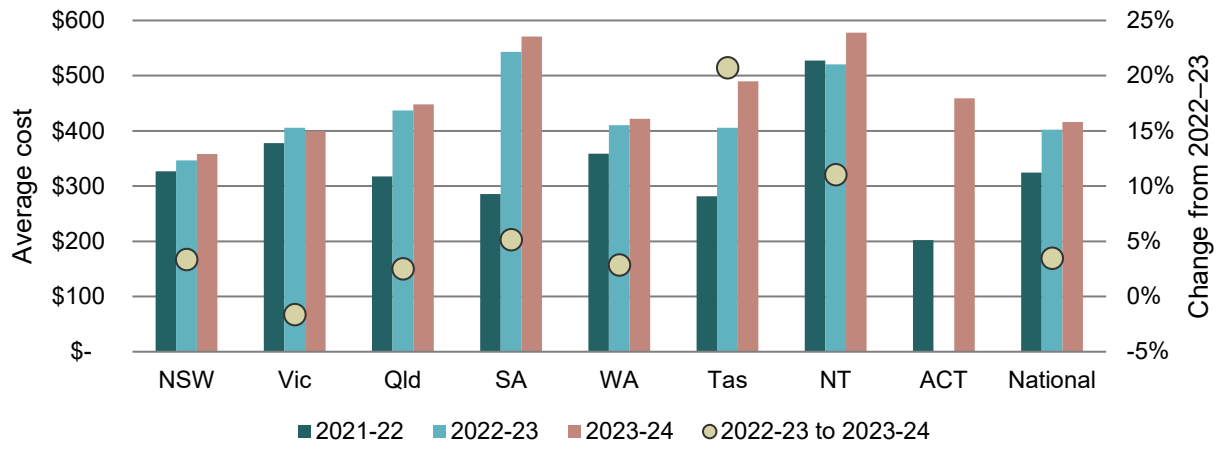
**↑13%**
**Non-admitted total cost** in 2023–24 (vs 2022–23)

Figure 21: Cost of non-admitted service events by jurisdiction, 2021–22 to 2023–24


# Non-admitted service events average cost

Figure 22 shows the average cost of non-admitted service events reported in the cost data from 2021–22 to 2023–24. In 2023–24, the national average cost per non-admitted service event was $416, a 3% increase from the 2022–23 figure of $402. In 2023–24, the average cost per service event at the jurisdictional level ranged from $358 (NSW) to $578 (NT).

Figure 22: Average cost per non-admitted service event by jurisdiction, 2021–22 to 2023–24



# Non-admitted service event series changes

Table 24 shows the change between records, cost, and average cost for in each Tier 2 series, from 2022–23 to 2023–24. In 2023–24, Tier 2 series 10 increased by 158,743 records and $156.5 million in cost whilst series 20 increased by 536,582 records and $388 million in cost.

Table 24: Changes in non-admitted service events by Tier 2 series, nationally, 2022–23 to 2023–24

| Series | 2022–23 | | | 2023–24 | | | Change | | |
|---|---|---|---|---|---|---|---|---|---|
| | Records | Cost | Av cost | Records | Cost | Av cost | Records | Cost | Av cost |
| 10 | 1,556,074 | $1,374,597,669 | $883 | 1,714,817 | $1,531,058,940 | $893 | 158,743 | $156,461,271 | $10 |
| 20 | 11,760,618 | $5,658,701,663 | $481 | 12,297,200 | $6,046,708,275 | $492 | 536,582 | $388,006,612 | $11 |
| 30 | 322,460 | $121,441,434 | $377 | 69,010 | $27,745,193 | $402 | -253,450 | -$93,696,241 | $25 |
| 40 | 14,160,705 | $4,034,216,236 | $285 | 16,367,451 | $5,059,209,956 | $309 | 2,206,746 | $1,021,342,104 | $24 |
| **Total** | **27,799,857** | **$11,188,957,001** | **$402** | **30,448,478** | **$12,664,722,364** | **$416** | **2,648,621** | **$1,475,765,363** | **$14** |

Table 25 shows the Tier 2 end-classes that contributed the most to the change in service events, from 2022–23 to 2023–24. In 2023–24, the total service events Primary Health Care (40.08) was 407,106 decreasing by 794,833 records (-66%), from 2022–23, whereas Paediatrics (40.55) reported the greatest increase in total service events from 257,306 in 2022–23 to 892,713 (247%) in 2023–24.

Table 25: Top 5 Tier 2 end-classes with greatest change in service events, nationally, 2022–23 to 2023–24

| Tier 2 Code | Description | 2022–23 | 2023–24 | Change |
|---|---|---|---|---|
| 40.08 | Primary Health Care | 1,201,939 | 407,106 | -794,833 |
| 40.55 | Paediatrics | 257,306 | 892,713 | 635,407 |
| 40.58 | Hospital Avoidance Programs | 587,140 | 933,130 | 345,990 |
| 40.53 | General Medicine | 116,658 | 400,150 | 283,492 |
| 40.28 | Midwifery and Maternity | 2,117,558 | 2,368,730 | 251,172 |

Table 26 shows the Tier 2 end-classes that contributed the most to the increase in total cost, from 2022–23 to 2023–24. In 2023–24, the total cost for Paediatrics (40.55) was $242.6 million, increasing by $158.8 million (190%) in cost, from 2022–23.

Table 26: Top 5 Tier 2 end-classes with greatest change in total cost, nationally, 2022–23 to 2023–24

| Tier 2 Code | Description | 2022–23 ($) | 2023–24 ($) | Change ($) |
|---|---|---|---|---|
| 40.55 | Paediatrics | 83,747,777 | 242,580,090 | 158,832,313 |
| 40.08 | Primary Health Care | 272,868,232 | 134,771,338 | -138,096,895 |
| 40.58 | Hospital Avoidance Programs | 201,832,861 | 315,133,045 | 113,300,184 |
| 40.28 | Midwifery and Maternity | 531,991,526 | 637,656,523 | 105,664,996 |
| 30.08 | Clinical Measurement | 112,052,448 | 20,107,513 | -91,944,935 |

Table 27 shows the top 5 Tier 2 end-classes with the greatest change in average cost, from 2022–23 to 2023–24. In 2023–24, the average cost per service event for Respiratory - Cystic Fibrosis (20.20) was $9,806, decreasing by $3,057 per service event (-24%), from 2022–23.

Table 27: Top 5 Tier 2 end-classes with greatest average cost change, nationally, 2022–23 to 2023–24

| Tier 2 Code | Description | 2022–23 ($) | 2023–24 ($) | Change ($) |
|---|---|---|---|---|
| 20.20 | Respiratory - Cystic Fibrosis | 12,863 | 9,806 | -3,057 |
| 40.34 | Specialist Mental Health | 244 | 1,229 | 985 |
| 10.19 | Ventilation - Home Delivered | 1,653 | 2,376 | -723 |
| 40.27 | Family Planning | 350 | 693 | 343 |
| 10.14 | Pain Management Interventions | 1,127 | 805 | -322 |

## Non-admitted cost buckets

Figure 23 shows the top 10 cost buckets contributing to the national non-admitted service event average cost in 2023–24, in comparison to 2021–22 and 2022–23. The medical, nursing, pharmacy, and allied health cost buckets accounted for 55% of the average cost per non-admitted service event from 2022–23 to 2023–24. Further detail on all non-admitted cost by cost bucket is available in the Appendix Tables.

Figure 23: Top 10 cost buckets in non-admitted service events, nationally, 2021–22 to 2023–24

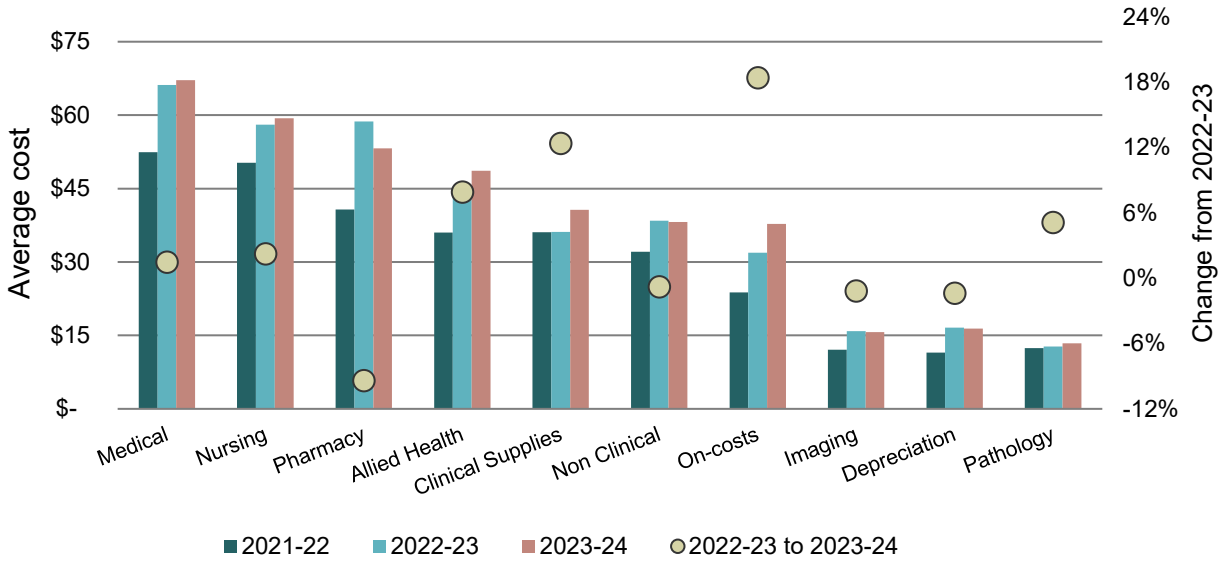



Table 28 presents the costs buckets that experienced the most significant changes in the proportion of actual change from 2022–23 to 2023–24. On-costs, pharmacy, clinical supplies, allied health and special procedure suite accounted for 46% of the national average cost per non-admitted service event for 2023–24. The final column shows the most significant changes in cost bucket share of the total actual change. Collectively, these 5 cost buckets (on-costs, pharmacy, clinical supplies, allied health and special procedure suite) contributed 84% of the proportion of total actual change in non-admitted service event average cost. The change in reported costs from 2022–23 showed that on-costs increased 18% ($6), clinical supplies increased 12% ($4), and allied health increased 8% ($4). SPS had a significant increase of 29% ($3) whereas pharmacy had a decrease of 9% ($-6).

## Table 28: Key cost buckets in non-admitted service events by change, nationally, 2022–23 to 2023–24

| Cost bucket | Average cost | | Proportion of average cost | Change from 2022-23 | Actual change | Proportion of actual change |
|---|---|---|---|---|---|---|
| | 2022-23 | 2023-24 | | | | |
| On-costs | $ 32 | $ 38 | 9% | 18% | $ 6 | 45% |
| Pharmacy | $ 59 | $ 53 | 13% | -9% | -$ 6 | -42% |
| Clinical Supplies | $ 36 | $ 41 | 10% | 12% | $ 4 | 35% |
| Allied Health | $ 45 | $ 49 | 12% | 8% | $ 4 | 28% |
| Special Procedure Suite | $ 9 | $ 11 | 3% | 29% | $ 3 | 19% |
| **Total*** | **$ 402** | **$ 416** | **100%** | **3%** | **$ 13** | **100%** |

**Total figures include all cost buckets*

# 7 Admitted mental health

## Summary

This chapter outlines the in-scope admitted mental health activity, cost, and average cost per phase and episode from 2021–22 to 2023–24.

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 2023–24 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.

**↑11%**
**Admitted mental health phases** in 2023–24 (vs 2022–23)

Table 29 summarises the national phase results from 2021–22 to 2023–24. In 2023–24, the national results for admitted mental health phases included 102,858 phases with an associated cost of $2.65 billion, an 11% increase in both the number of phases and the cost from 2022–23. The average cost per phase was $25,784, remaining relatively stable from the 2022–23 amount of $25,715 per phase. Between 2022–23 and 2023–24, admitted mental health Gross Weighted Activity Unit (GWAU) phases decreased by 9% (39,941), while average cost per GWAU rose by 23% ($1,279), suggesting fewer but more complex or resource-intensive phases. It should be noted that Western Australia (WA), Tasmania (Tas), and Northern Territory (NT) and the Australian Capital Territory (ACT) have not reported phase level cost data for the last 3 years.

Table 29: Admitted mental health phases (AMHCC) national summary, 2021–22 to 2023–24

| | 2021–22 | 2022–23 | 2023–24 |
|---|---|---|---|
| Establishments | 106 | 122 | 129 |
| Phases | 79,935 | 92,898 | 102,858 |
| Cost | $1,909,398,198 | $2,388,885,401 | $2,652,066,391 |
| Average cost per phase | $23,887 | $25,715 | $25,784 |
| GWAU (phases) | - | 422,416 | 382,475 |
| GWAU average cost | - | $5,655 | $6,934 |

Table 30 summarises the national episode results from 2021–22 to 2023–24. In 2023–24, the national results for admitted mental health episodes included 34,520 episodes with an associated cost of $827.9 million, an increase of 16% and 32% respectively when compared to 2022–23. The average cost per episode was $23,984, a 14% increase from the 2022–23 amount of $20,974 per episode.

Table 30: Admitted mental health episodes (AR-DRG) national summary, 2021–22 to 2023–24

| | 2021–22 | 2022–23 | 2023–24 |
|---|---|---|---|
| Establishments | 133 | 136 | 145 |
| Episodes | 27,918 | 29,812 | 34,520 |
| Cost | $667,430,964 | $625,284,096 | $827,926,165 |
| Average cost per episode | $23,907 | $20,974 | $23,984 |

# Admitted mental health sample

In 2023–24, 100% of the National Hospital Cost Data Collection (NHCDC) admitted mental health phase records were linked to activity and in scope for NHCDC reporting. Table 31 shows the number of in-scope NHCDC records and activity based funding (ABF) activity, and proportion of costed activity by jurisdiction, from 2021–22 to 2023–24. In 2023–24, nationally 76% of in-scope activity was linked to cost (costed activity %), a decrease from 77% in 2022–23.

Table 31: Admitted mental health phase sample summary, 2021–22 to 2023–24

| Jurisdiction | In-scope NHCDC records | | | In-scope ABF activity | | | Costed activity | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 |
| NSW | 32,181 | 35,432 | 35,787 | 38,942 | 39,532 | 41,278 | 83% | 90% | 87% |
| Vic | 25,507 | 24,295 | 30,014 | 27,057 | 25,516 | 32,415 | 94% | 95% | 93% |
| Qld | 15,763 | 24,036 | 26,670 | 21,221 | 25,561 | 28,024 | 74% | 94% | 95% |
| SA | 6,484 | 9,135 | 10,387 | 9,310 | 10,502 | 12,398 | 70% | 87% | 84% |
| WA | - | - | - | 10,676 | 11,166 | 13,010 | - | - | - |
| Tas | - | - | - | 3,086 | 2,934 | 1,835 | - | - | - |
| NT | - | - | - | 1,192 | 1,636 | 1,663 | - | - | - |
| ACT | - | - | - | 7,254 | 4,034 | 5,262 | - | - | - |
| **National** | **79,935** | **92,898** | **102,858** | **118,738** | **120,881** | **135,885** | **67%** | **77%** | **76%** |

In 2023–24, 100% of the NHCDC admitted mental health episode 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 2023–24. In 2023–24, nationally 25% of in-scope activity was linked to cost (costed activity %), an increase from 21% in 2022–23.

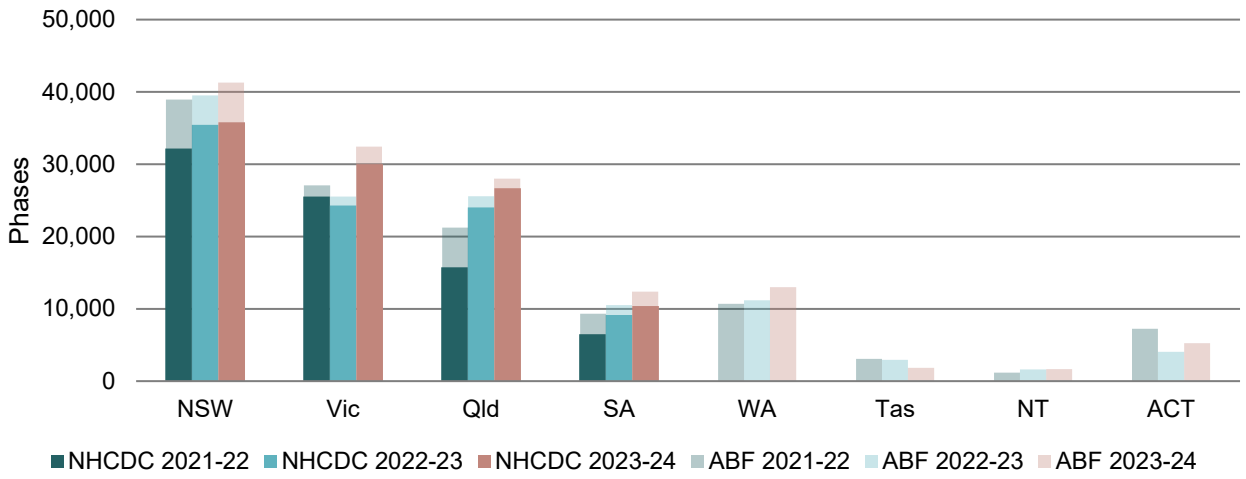
Table 32: Admitted mental health episode sample summary, nationally, 2021–22 to 2023–24

| Jurisdiction | In-scope NHCDC records | | | In-scope ABF activity | | | Costed activity | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 |
| NSW | 94 | 5 | 6 | 38,950 | 41,067 | 40,491 | - | - | - |
| Vic | 448 | 631 | 825 | 33,855 | 31,640 | 28,738 | 1% | 2% | 3% |
| Qld | 7,991 | 6,172 | 6,531 | 30,785 | 30,430 | 30,209 | 26% | 20% | 22% |
| SA | 5 | 5,423 | 6,196 | 14,200 | 15,726 | 16,678 | - | 34% | 37% |
| WA | 12,458 | 12,436 | 12,199 | 12,458 | 12,474 | 12,560 | 100% | 100% | 97% |
| Tas | 3,133 | 3,632 | 4,192 | 3,692 | 3,784 | 4,198 | 85% | 96% | 100% |
| NT | 1,332 | 1,513 | 1,428 | 1,332 | 1,513 | 1,428 | 100% | 100% | 100% |
| ACT | 2,457 | - | 3,143 | 2,457 | 2,773 | 3,144 | 100% | - | 100% |
| **National** | **27,918** | **29,812** | **34,520** | **137,729** | **139,407** | **137,466** | **20%** | **21%** | **25%** |

# Admitted mental health phases and episodes

Figure 24 shows the number of admitted mental health phases reported in the cost data against ABF data from 2021–22 to 2023–24. In 2023–24, there were 102,858 admitted mental health phases reported nationally, a 11% increase to the 2022–23 figure of 92,898. The highest increase in admitted mental health phases was reported by Victoria (Vic), increasing by 5,719 records (24%) from 2022–23 to 2023–24. In 2023–24, the number of phases at the jurisdictional level ranged from 10,387 (South Australia (SA)) to 35,787 (New South Wales (NSW)). WA, Tas, and NT and the ACT have not reported phase level cost data for the last 3 years.

Figure 24: Admitted mental health phases in ABF and NHCDC, nationally, 2021–22 to 2023–24




In 2023–24, there were 34,520 admitted mental health episodes nationally, a 16% increase to the 2022–23 figure of 29,812. The percentage change was predominant in Vic, increasing from 631 records in 2022–23 to 825 records (31%) in 2023–24. WA and the NT reported a decrease in admitted mental health episodes compared to 2022–23 with reductions of 2% and 6% respectively. In 2023–24, the number of episodes at the jurisdictional level ranged from 6 (NSW) to 12,199 (WA).

# Admitted mental health expenditure

Figure 25 shows the cost of admitted mental health phases by jurisdiction from 2021–22 to 2023–24. In 2023–24, the admitted mental health phases cost reported in the NHCDC was $2.65 billion nationally, a 11% increase to the 2022–23 figure of $2.39 billion. In 2023–24, the cost at the jurisdictional level ranged from $241.2 million (SA) to $944.7 million (NSW). WA, Tas, NT, and the ACT have not reported phase level cost data for the last 3 years.

**↑11%**
**Admitted mental health (phases) total cost** in 2023–24 (vs 2022–23)

Figure 25: Cost of admitted mental health phases by jurisdiction, 2021–22 to 2023–24

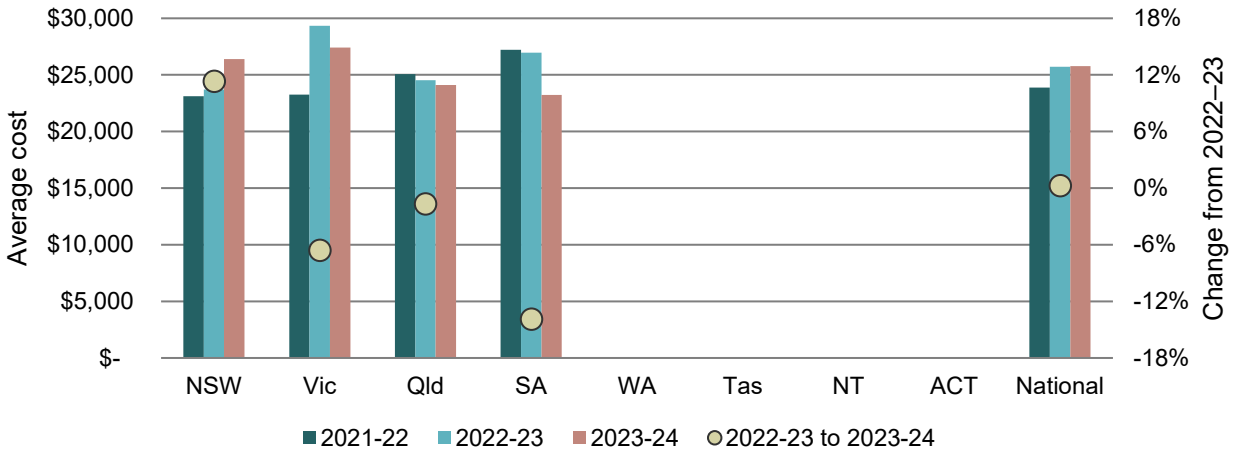

In 2023–24, the admitted mental health episodes cost reported in the NHCDC was approximately $827.9 million nationally, a 32% increase to the 2022–23 figure of $625.3 million. Although reporting the lowest total expenditure, the percentage increase in cost of admitted mental health episodes was most prevalent in NSW, increasing by 166% ($117,108). In 2023–24, the cost at the jurisdictional level ranged from $187,588 (NSW) to $427.8 million (WA).

**↑32%**
**Admitted mental health (episodes) total cost** in 2023–24 (vs 2022–23)

# Admitted mental health average cost

Figure 26 shows the average cost of admitted mental health phases reported in the cost data from 2021–22 to 2023–24. In 2023–24, the national average cost per admitted mental health phase was $25,784, remaining relatively stable from the 2022–23 figure of $25,715. While NSW reported an 11% increase in the average cost per phase, the national average for admitted mental health phases in 2023–24 remained stable due to decreases in average costs reported by Vic, Queensland (Qld), and SA of -7%, -2%, and -14%, respectively. In 2023–24, the average cost per phase at the jurisdictional level ranged from $23,224 (SA) to $27,418 (Vic). WA, Tas, NT, and the ACT have not reported phase level cost data for the last 3 years.

Figure 26: Average cost per admitted mental health phases by jurisdiction, 2021–22 to 2023–24




In 2023–24, the national average cost per admitted mental health episode was $23,984, a 14% increase from the 2022–23 figure of $20,974. The increase in cost per admitted mental health episodes was most prevalent in NSW, increasing by 122% ($17,165). In 2023–24, the average cost per episode at the jurisdictional level ranged from $4,838 (Qld) to $43,236 (Vic).

## Admitted mental health phase cost buckets

Figure 27 shows the top 10 cost buckets contributing to the national admitted mental health average cost for 2023–24, in comparison to 2021–22 and 2022–23. In 2023–24, the composition of the top 10 cost buckets remained consistent with 2021–22 and 2022–23, with nursing, medical and non-clinical services continuing to represent the 3 largest contributors to overall cost. Further detail on all admitted mental health phase cost by cost bucket is available in the Appendix Tables.

Figure 27: Top 10 cost buckets in admitted mental health phases, nationally, 2021–22 to 2023–24

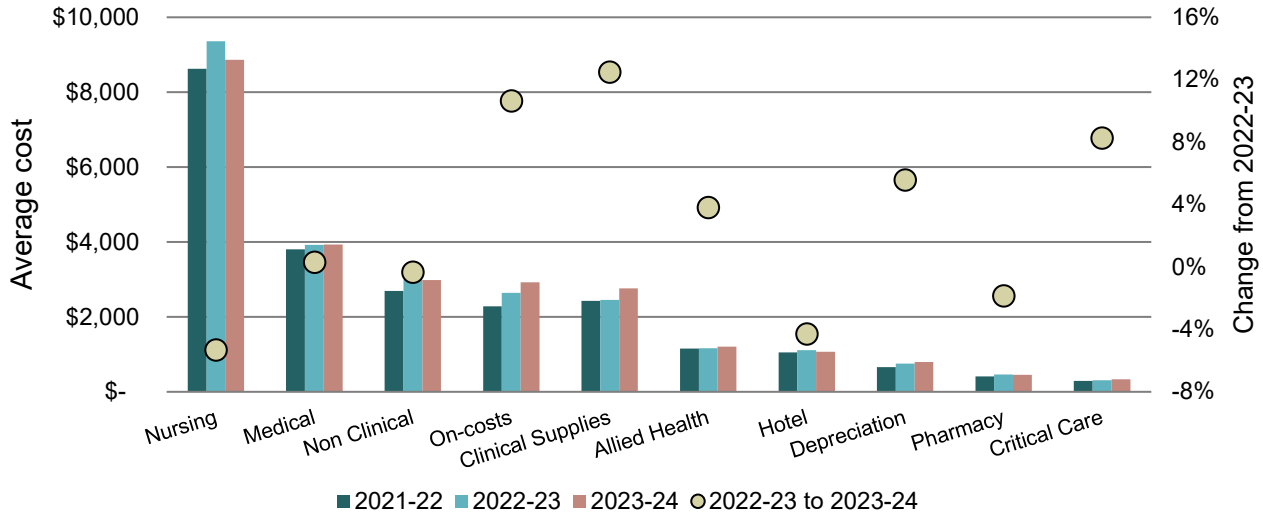



Table 33 presents the key costs buckets that contributed most significantly to the proportion of actual change from 2022–23 to 2023–24. In 2023–24, nursing, clinical supplies, on-costs, hotel and allied health collectively accounted for 65% of the national average cost per admitted mental health phase nationally. Nursing remained the largest cost component at 34%, followed by both clinical supplies and on-costs at 11% each, allied health at 5%, and hotel services at 4%.

Within the individual cost buckets, in 2023–24 the largest increase in average cost compared to 2022–23 was seen in clinical supplies and on-costs (13% and 11%, respectively) whereas, nursing decreased by 5%.

The proportions in the final column of Table 33 indicate that nursing costs had a significant negative influence on the overall change between 2022–23 and 2023–24 (-721%). In contrast, clinical supplies (444%), on-costs (408%) and allied health (64%) all contributed positively to the movement, while hotel costs showed a modest negative contribution (-69%). The large negative movement in nursing costs effectively offset the combined positive contributions from other cost buckets, limiting the national increase in average cost per admitted mental health phase to $69.

Table 33: Key cost buckets in admitted mental health phases by change, 2022–23 to 2023–24

| Cost bucket | Average cost | | Proportion of average cost | Change from 2022-23 | Actual change | Proportion of actual change |
|---|---|---|---|---|---|---|
| | 2022-23 | 2023-24 | | | | |
| Nursing | $ 9,364 | $ 8,867 | 34% | -5% | -$ 498 | -721% |
| Clinical Supplies | $ 2,453 | $ 2,760 | 11% | 13% | $ 307 | 444% |
| On-costs | $ 2,644 | $ 2,926 | 11% | 11% | $ 282 | 408% |
| Hotel | $ 1,115 | $ 1,067 | 4% | -4% | -$ 48 | -69% |
| Allied Health | $ 1,162 | $ 1,207 | 5% | 4% | $ 44 | 64% |
| **Total*** | **$ 25,715** | **$ 25,784** | **100%** | **0%** | **$ 69** | **100%** |

**Total figures include all cost buckets*

# 8 Community mental health

## Summary

This chapter outlines the in-scope community mental health activity, cost, and average cost per phase and episode from 2021–22 to 2023–24. 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 34 summarises the national results from 2021–22 to 2023–24. In 2023–24, nationally there were 755,730 phases, a 4% increase to the 2022–23 amount of 729,446 phases. There was $2.29 billion in cost, a 38% increase to the 2022–23 amount of $1.66 billion. The average cost per phase was $3,034, a 33% increase to the 2022–23 amount of $2,273 per phase.

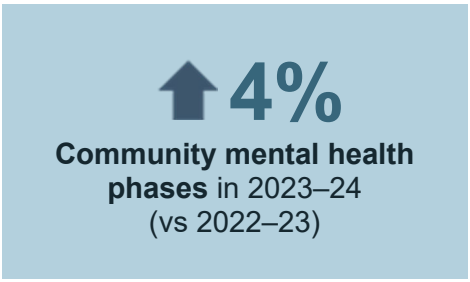



Table 34: Community mental health phases summary, nationally, 2021–22 to 2023–24

| | 2021–22 | 2022–23 | 2023–24 |
|---|---|---|---|
| Establishments | 208 | 224 | 249 |
| Phases | 555,828 | 729,446 | 755,730 |
| Cost | $1,510,354,334 | $1,657,770,139 | $2,293,124,569 |
| Average cost per phase | $2,717 | $2,273 | $3,034 |

In 2023–24, 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 35 shows the national community mental health episodes and cost received by end-class in 2023–24.

Table 35: Community mental health episodes summary, nationally, 2023–24

| AMHCC | Description | Episodes | Cost |
|---|---|---|---|
| 201Z | Community, Assessment Only, 0-17 years | 39,955 | $107,825,379 |
| 202Z | Community, Assessment Only, 18-64 years | 158,554 | $274,568,529 |
| 203Z | Community, Assessment Only, 65+ years | 17,779 | $36,984,948 |
| 291Z | Community, Unknown Phase, 0-17 years | 33,265 | $86,655,720 |
| 292Z | Community, Unknown Phase, 18-64 years | 232,113 | $240,424,122 |
| 293Z | Community, Unknown Phase, 65+ years | 23,918 | $1,343 |
| 999Z | Ungroupable (Missing Setting and/or Age Group) | 2 | $1263 |
| **Total** | | **505,586** | **$778,591,046** |

# Community mental health phase sample

In 2023–24, 100% of the National Hospital Cost Data Collection (NHCDC) community mental health phase records were linked to activity based funding (ABF) and in scope for NHCDC reporting. Table 36 shows the number of in-scope NHCDC records and ABF activity, and proportion of costed activity by jurisdiction, from 2022–23 to 2023–24. In 2023–24, nationally 61% of in-scope activity was linked to cost (costed activity %), a decrease from 66% in 2022–23.

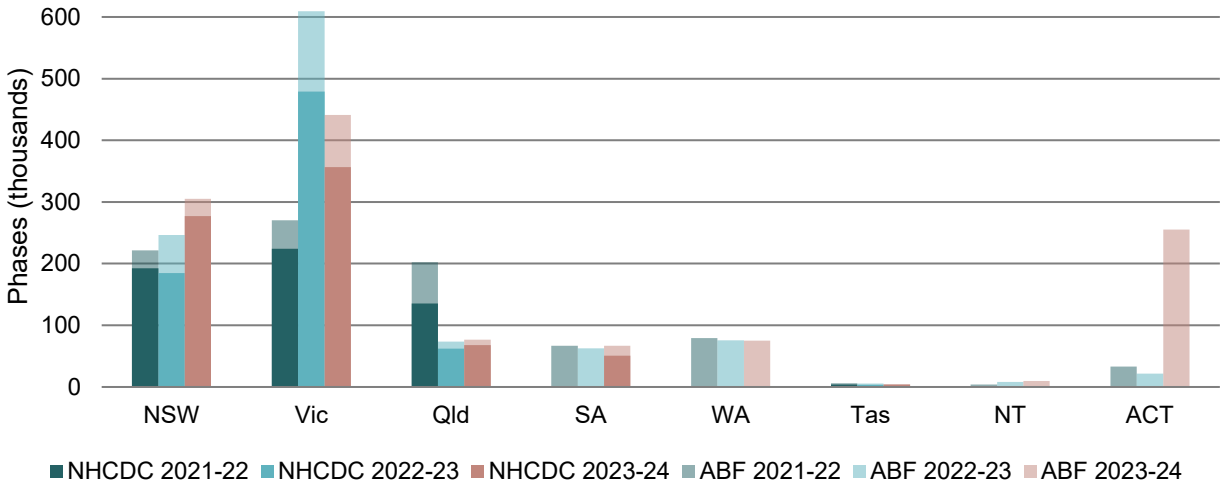
Table 36: Community mental health phases by jurisdiction, 2021–22 to 2023–24

| Jurisdiction | In-scope NHCDC records | | | In-scope ABF activity | | | Costed activity | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 | 2021–22 | 2022–23 | 2023–24 |
| NSW | 192,668 | 184,699 | 276,866 | 221,779 | 246,451 | 305,049 | 87% | 75% | 91% |
| Vic | 223,996 | 478,974 | 356,303 | 270,156 | 609,144 | 441,070 | 83% | 79% | 81% |
| Qld | 135,181 | 62,189 | 67,705 | 202,344 | 73,328 | 76,918 | 67% | 85% | 88% |
| SA | - | - | 50,890 | 66,836 | 62,692 | 66,965 | - | - | 76% |
| WA | - | - | - | 79,848 | 75,662 | 75,321 | - | - | - |
| Tas | 3,983 | 3,584 | 3,966 | 5,849 | 5,499 | 3,991 | 68% | 65% | 99% |
| NT | - | - | - | 4,284 | 7,993 | 9,770 | - | - | - |
| ACT | - | - | - | 32,999 | 21,831 | 255,050 | - | - | - |
| **National** | **555,828** | **729,446** | **755,730** | **884,095** | **1,102,600** | **1,234,134** | **63%** | **66%** | **61%** |

# Community mental health phases

Figure 28 shows the number of community mental health phases reported in the cost data against ABF data, from 2021–22 to 2023–24. In 2023–24, there were 755,730 community mental health phases nationally, a 4% increase to the 2022–23 figure of 729,446. The national increase in community mental health phases was driven by New South Wales (NSW), increasing 92,167 records from 2022–23 to 2023–24. In 2023–24, the jurisdictional level ranged from 3,966 phases (Tasmania (Tas)) to 356,303 phases (Victoria (Vic)). Western Australia (WA), Northern Territory (NT), and the Australian Capital Territory (ACT) have not reported phase level cost data for the last 3 years, while South Australia (SA) for the previous 2 years.

Figure 28: Community mental health phases in ABF and NHCDC, nationally, 2021–22 to 2023–24



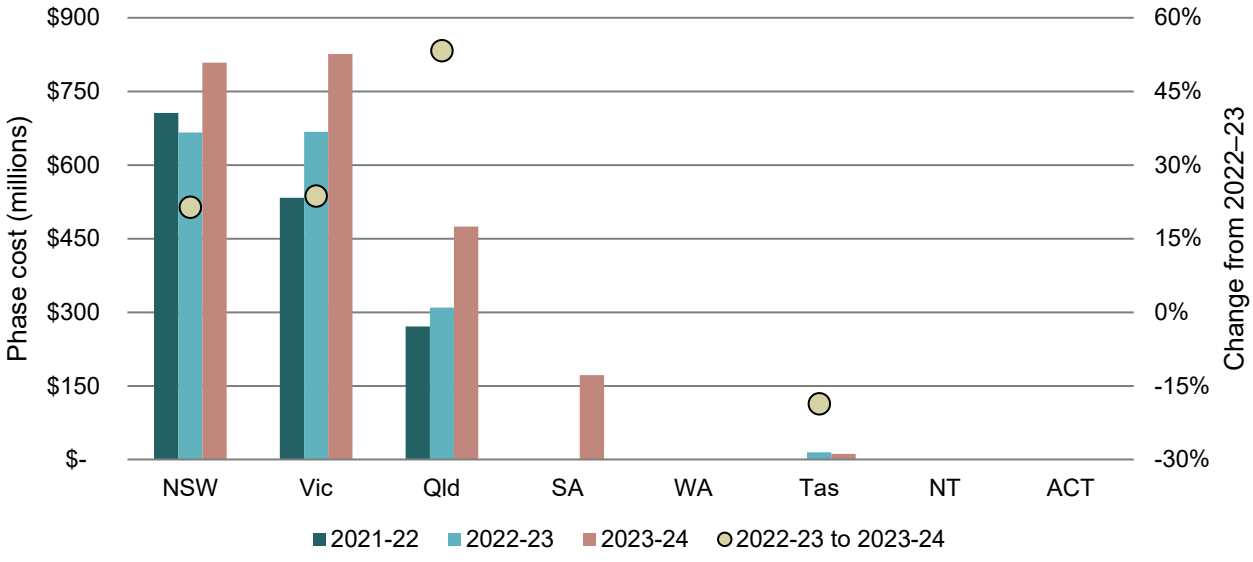

# Community mental health phase expenditure

Figure 29 shows the cost of community mental health phases by jurisdiction from 2021–22 to 2023–24. From 2022–23 to 2023–24, the cost of community mental health phases was approximately $2.29 billion nationally, a $635.4 million (38%) increase to the 2022–23 figure of $1.66 billion. The national increase was predominantly driven by Queensland (Qld), increasing cost by $165.1 million (26%). In 2023–24, the cost at the jurisdictional level ranged from $11.7 million (Tas) to $826.1 million (Vic). SA reported community mental health phases for the first time in 2023–24. WA, the NT, and the ACT have not reported phase level cost data for the last 3 years.

**38%**

**Community Mental Health (phases) total cost** in 2023–24 (vs 2022–23)

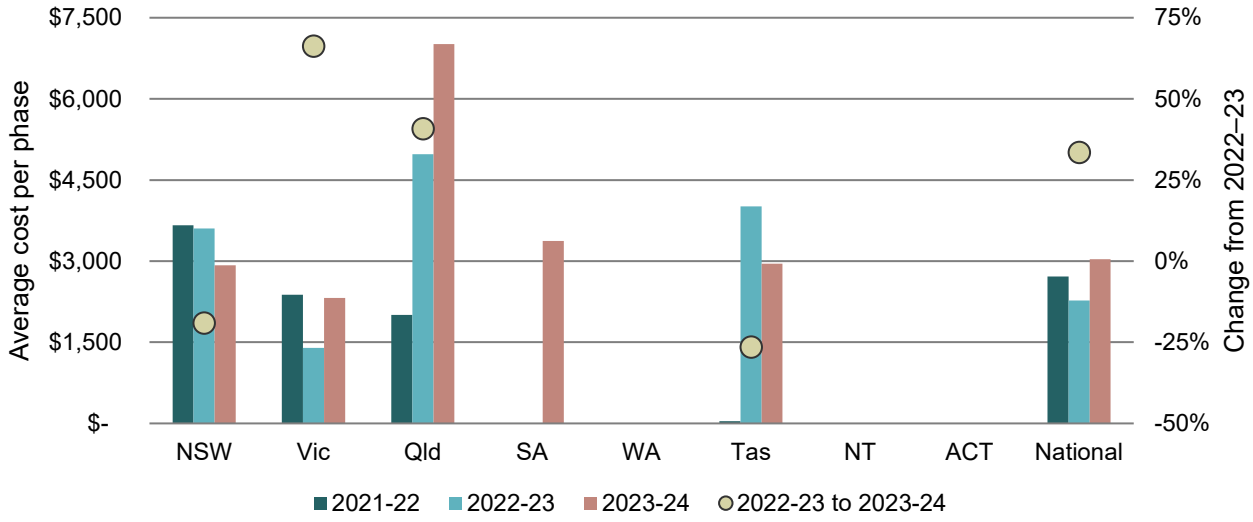
Figure 29: Cost of community mental health phases by jurisdiction, 2021–22 to 2023–24



# Community mental health phase average cost

Figure 30 shows the average cost of community mental health phases reported in the cost data from 2021–22 to 2023–24. In 2023–24, the national average cost per phase was $3,034, a 33% increase from the 2022–23 figure of $2,273. In 2023–24, the average cost per phase at the jurisdictional level ranged from $2,319 (Vic) to $7,012 (Qld). SA reported community mental health phases for the first time in 2023–24. WA, the NT, and the ACT have not reported phase level cost data for the last 3 years.

Figure 30: Average cost per community mental health phase by jurisdiction, 2021–22 to 2023–24




## Community mental health phase cost buckets

Figure 31 shows the top 10 cost buckets contributing to the national community mental health phase average cost for 2023–24, in comparison to 2021–22 to 2022–23. In 2023–24, the national average cost per phase was $3,034, a 34% increase from 2022–23. Further detail on all community mental health phase cost by cost bucket is available in the Appendix Tables.

Figure 31: Top 10 cost buckets in community mental health phases, nationally, 2021–22 to 2023–24

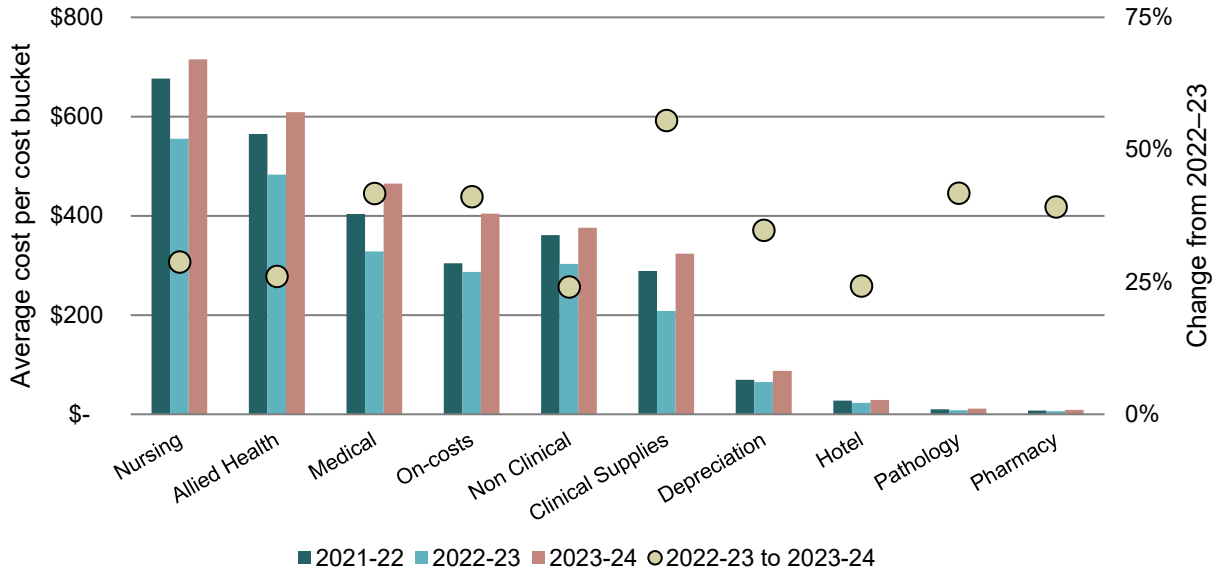


Table 37 presents the key costs buckets that experienced the most significant changes in the proportion of actual change from 2022–23 to 2023–24. Nursing, medical, allied health, on-costs and clinical supplies together accounted for 83% of the national average cost per community mental health phase in 2023–24. The final column shows the most significant changes in cost bucket share of the total actual change. Collectively, these 5 cost buckets (nursing, medical, allied health, on-costs and clinical supplies) contributed $656 (86%) of the $762 increase in the national average cost per community mental health phase. Nursing accounted for $160 (21%), medical for $137 (18%), and allied health for $126 (17%). On-costs contributed $118 (15%), while clinical supplies contributed $115 (15%).

## Table 37: Key cost buckets in community mental health phases by change, nationally, 2022–23 to 2023–24

| Cost bucket | Average cost | | Proportion of average cost | Change from 2022-23 | Actual change | Proportion of actual change |
|---|---|---|---|---|---|---|
| | 2022-23 | 2023-24 | | | | |
| Nursing | $ 555 | $ 715 | 24% | 29% | $ 160 | 21% |
| Medical | $ 328 | $ 465 | 15% | 42% | $ 137 | 18% |
| Allied Health | $ 483 | $ 609 | 20% | 26% | $ 126 | 17% |
| On-costs | $ 287 | $ 405 | 13% | 41% | $ 118 | 15% |
| Clinical Supplies | $ 208 | $ 323 | 11% | 56% | $ 115 | 15% |
| **Total*** | **$ 2,273** | **$ 3,034** | **100%** | **34%** | **$ 762** | **100%** |

**Total figures include all cost buckets*

# 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 (AHPCS). The standards 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 a National Hospital Cost Data Collection (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.

**Gross Weighted Activity Unit** (GWAU) is a casemix standardised unit of activity used to measure and compare activities across care streams and financial years.

**In-scope data** is 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 2022 onwards and discharged within the 2023–24 financial year.

**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. This means multiple continuous periods of contacts between a client and different service providers.

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

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

**Work in progress** (WIP) episodes with an admission date before 1 July 2022 and discharge date within the 2023–24 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.

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