

# National Health Performance Authority, Hospital Performance: Comparable Cost of Care, 2015

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# National Health Performance Authority, Hospital Performance: Comparable Cost of Care, 2015

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	Comparable Cost of Care
<b>Synonymous names:</b>	CCC
<b>METEOR identifier:</b>	602633
<b>Registration status:</b>	<a href="#">National Health Performance Authority (retired)</a> , Retired 01/07/2016
<b>Description:</b>	Comparable Cost of Care measures the relative efficiency of major and large Australian hospitals by using comparable costs and weighted 'units of activity'. Comparable costs refer to the subset of costs attributable to acute admitted patients that are considered to be nationally comparable across hospitals. Admitted patient admissions are weighted based on the complexity of the patient as well as other patient specific costs drivers.
<b>Indicator set:</b>	<a href="#">National Health Performance Authority: Hospital performance: 2011-16</a> <a href="#">National Health Performance Authority (retired)</a> , Retired 01/07/2016
<b>Outcome area:</b>	<a href="#">Hospital and Related Care</a> <a href="#">Health</a> , Standard 07/07/2010 <a href="#">National Health Performance Authority (retired)</a> , Retired 01/07/2016

## Collection and usage attributes

<b>Computation description:</b>	Comparable Cost of Care is derived from the National Hospital Cost Data Collection Round 16 (2011-12). This collection is managed by the Independent Hospital Pricing Authority. The full dataset specification can be found at <a href="http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/nat-hosp-cost-data-collection-round-16">http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/nat-hosp-cost-data-collection-round-16</a>  Hospital admissions are in-scope for Comparable Cost of Care and Total 'units of activity' if: <ul style="list-style-type: none"><li>• The patient is classified as an acute admission</li><li>• The patient was admitted and discharged within the 2011-12 financial year</li><li>• The patient has a non-error AR-DRG 6.x</li></ul>
<b>Computation:</b>	Total in-scope costs ÷ Total 'units of activity'
<b>Numerator:</b>	Comparable Costs are derived from the National Hospital Data Collection (NHDCDC) Round 16 (2011-12). Admitted patient costs are attributed to cost buckets based on the type of cost incurred, including whether it is deemed to be a 'direct' cost or an 'overhead' cost.

The following costs are in-scope for Comparable Cost of Care:

### Description

	Direct	Indirect
Allied Health Cost Bucket	Include	Include
Critical Care Cost Bucket	Include	Include
Emergency Department Cost Bucket	Include	Include
Emergency Department PRO Cost Bucket	Include	Include
Hotel Cost Bucket	Include	Include

Imaging Cost Bucket	Include	Include
Non-Clinical Cost Bucket	Include	Include
Oncost Cost Bucket	Include	Include
Operating Room Cost Bucket	Include	Include
Pathology Cost Bucket	Include	Include
Pharmacy Cost Bucket	Include	Include
Prosthetic Cost Bucket	Include	Include
Specialised Procedure Suite Cost Bucket	Include	Include
Ward Supplies Cost Bucket	Include	Include
Ward (Medical) Cost Bucket	Include	Include
Ward (Nursing) Cost Bucket	Include	Include

The following patients (funding sources) are in-scope for Comparable Cost of Care:

- Australian Healthcare agreement
- Private Health Insurance
- Self-funded
- Workers compensations
- Motor vehicle accident insurance
- Other compensation
- Department of Veterans' Affairs (DVA)
- Department of Defence
- Correctional facility
- Other hospital or public authority Reciprocal HCA
- Other
- No charge raised
- Unknown

#### Emergency Department costs

For patients that are admitted to the hospital through the Emergency Department (ED), the costs incurred during the patients stay in the ED have been added to the costs incurred during the patient's admission.

#### Private Patients

In some instances, private patient costs may not be fully recorded in the hospital's general ledger and subsequently not be accounted for in the NHCDC. To improve the comparability of hospitals with differing private and public patient casemixes, Comparable Cost of Care inflates the costs submitted to the NHCDC based on a hospital's percentage of private patients. This approach models the percentage of private patient costs that are not reported in the general ledger based on analysis of the Hospital Casemix Protocol dataset.

#### **Denominator:**

Indicator: National Health Performance Authority, Hospital Performance: Total 'units of activity', 2011-12.

Total 'units of activity' measures the weighted activity units that are in-scope for the Comparable Cost of Care indicator. To enable fair comparisons, admitted patients are weighted based on the complexity of the patient as well as other patient specific cost drivers.

For the specification for this indicator see;

</content/index.phtml/itemId/602645>

#### **Disaggregation:**

Hospital

**Disaggregation data elements:**

**Data Element / Data Set**

[Establishment—organisation identifier \(Australian\), NNX\[X\]NNNNN](#)

## Representational attributes

**Representation class:** Mean (average)  
**Data type:** Monetary amount  
**Unit of measure:** Currency  
**Format:** Presented values are rounded to the nearest \$100

## Indicator conceptual framework

**Framework and dimensions:** [PAF-Efficiency](#)

## Accountability attributes

**Reporting requirements:** National Health Performance Authority - Performance and Accountability Framework  
**Release date:** 30/04/2015

## Source and reference attributes

**Submitting organisation:** National Health Performance Authority  
**Origin:** Hospital Performance