

## Fact Sheet

# Acute hospital peer groups and NAUSP

Hospital peer groups are used in Australia and internationally for analysing and interpreting hospital statistics and performance information. Hospitals that share similar characteristics are grouped together to provide a basis for meaningful comparisons. The Australian Institute of Health and Welfare (AIHW) assigns Australian public and private hospitals to peer groups based on data from a range of sources, including state and territory health departments.<sup>1</sup>

The National Antimicrobial Utilisation Surveillance Program (NAUSP) utilises AIHW peer groups when reporting aggregated antimicrobial usage rates at national level, such as in annual reports. This enables more appropriate and meaningful interpretation of antimicrobial usage across different clinical practice settings. Peer groups are also applied to contributor hospitals for the purpose of benchmarking, enabling comparison of a hospital's usage data against aggregate rates of similarly grouped hospitals. Other benchmarking options include jurisdiction or AIHW remoteness.

In general, NAUSP contributors are assigned the published AIHW peer group for reporting purposes. Where a hospital has not yet been assessed and assigned an AIHW peer group, NAUSP will determine an appropriate peer grouping in collaboration with the contributor hospital based on hospital size, location and types of services offered.

### AIHW hospital peer groups

The AIHW publication [Australian hospital peer groups<sup>1</sup>](#) describes the acuity and services provided by each public and private hospital peer group. The list of Australian hospitals and their peer groupings is available as a downloadable Excel file from <https://www.aihw.gov.au/reports-data/health-welfare-services/hospitals>.

Private hospital peer groups are not directly comparable with public hospital peer groups. The characteristics of the main public and private acute hospital peer groups relevant to NAUSP contributors are as follows:

**Principal Referral hospitals** provide a very broad range of services, including some very sophisticated services, and have very large patient volumes. Most include an intensive care unit, a cardiac surgery unit, a neurosurgery unit, an infectious diseases unit, a burns unit, a bone marrow and organ (kidney, liver, heart, lung or pancreas) transplant unit, and a 24-hour emergency department.

**Public Acute Group A hospitals** provide a wide range of services to a large number of patients and are usually in metropolitan centres or inner regional areas. Most have an intensive care unit and a 24-hour emergency department, along with coronary care and oncology units. They are among the largest hospitals but provide a narrower range of services than Principal Referral hospitals.

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<sup>1</sup> Australian Institute of Health and Welfare (2015), Australian hospital peer groups. Health services series no. 66. Cat no. HSE 170. Canberra: AIHW.

**Public Acute Group B hospitals** provide a narrower range of services than Principal Referral and Public Acute Group A hospitals, and have a 24-hour emergency department. They usually perform elective surgery and have a range of specialist units, including obstetrics, paediatrics, psychiatric and oncology units.

**Public Acute Group C hospitals** do *not* have the service characteristics of the Principal Referral hospitals, Public Acute Group A hospitals and Public Acute Group B hospitals, but provide surgical services, an obstetric unit and an emergency department, or accident and emergency service.

**Public Acute Group D hospitals** are generally located in regional and remote areas, have 200 or more separations per year, and provide a narrower range of services than other public acute groups.

**Specialist Women's hospitals** specialise in the treatment of women, children, or both.

**Private Acute Group A hospitals** are acute hospitals that have a 24-hour emergency department and an intensive care unit and provide several other specialised services such as coronary care, special care nursery, cardiac surgery and neurosurgery.

**Private Acute Group B hospitals** are acute hospitals that do *not* have a 24-hour emergency department but do have an intensive care unit and a number of other specialised services including coronary care, special care nursery, cardiac surgery and neurosurgery.

**Private Acute Group C hospitals** are acute hospitals that do *not* have an emergency department or an intensive care unit, but do provide a number of other specialised services including coronary care, special care nursery, cardiac surgery and neurosurgery.

**Private Acute Group D hospitals** are acute hospitals that do *not* have an emergency department or intensive care unit, do *not* provide services across a range of clinical specialities, but do have 200 or more separations per year.

## AIHW process for assigning hospitals to peer groups

The AIHW assigns public hospitals to peer groups based on data it receives from a range of sources, including state and territory health departments. If your hospital undergoes a substantial change in services offered, or if you have queries regarding the peer group to which your hospital is assigned, you should liaise with your manager and your hospital executive.

Please contact the NAUSP team if your AIHW-assigned peer group has changed.

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## For more information

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