

## 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. NAUSP reports include aggregate comparator rates for hospital peer groups to provide a relevant benchmark for contributors to compare usage of agents and classes of antimicrobials.

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 AIHW peer groups to which NAUSP contributors are assigned are used by NAUSP for reporting purposes. For reporting purposes, where a hospital has not yet been assigned to an AIHW peer group, NAUSP determines an appropriate peer grouping in collaboration with the contributor hospital based on hospital size, location and types of services offered, until a peer group is assigned by the AIHW.

### AIHW hospital peer groups

The AIHW publication [Australian hospital peer groups](https://www.aihw.gov.au/reports-data/health-welfare-services/hospitals) describes each public and private hospital peer group. The list of Australian hospitals and their peer groupings is updated annually by the AIHW; it 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 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 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. They are among the largest hospitals, but provide a narrower range of services than principal referral hospitals. They have a range of specialist units, including bone marrow transplant, coronary care and oncology units.

**Public acute group B hospitals** - provide a narrower range of services than principal referral and public acute group A hospitals, but do not 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.

1. Australian Institute of Health and Welfare. Hospital resources 2016-17: Australian hospital statistics. 2018. <https://www.aihw.gov.au/reports/hospitals/ahs-2016-17-hospital-resources/data>.

**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 usually have more than 4% of separations for surgery, an obstetric unit and an emergency department, or accident and emergency service.

**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 a number of 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 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.

### How NAUSP assigns private hospitals to peer groups for benchmarking

NAUSP does not currently publish separate aggregate usage data for private hospitals due to the relatively small number of contributors in each peer group. As the cohort increases, this approach will be reviewed.

At present, acknowledging that public and private hospital peer groups are not directly comparable, private hospitals are allocated to a public hospital equivalent peer group to assist them with benchmarking. NAUSP determines an appropriate peer group, based on hospital size, location and types of services offered, in consultation with the contributor.

### 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 you have queries regarding the peer group to which your hospital is assigned, you should liaise with your manager and your hospital executive.

## For more information

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