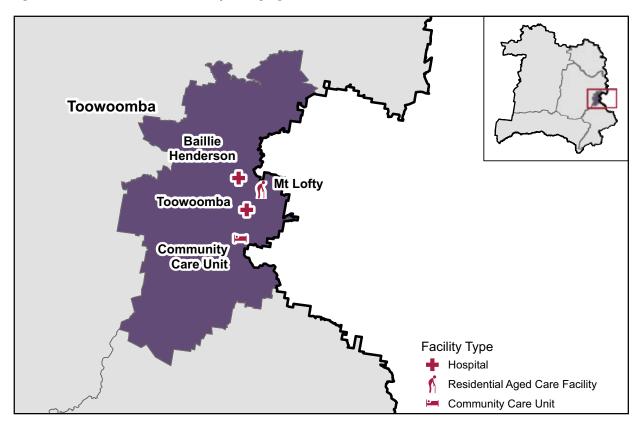
2.1.5 TOOWOOMBA PLANNING REGION

The Toowoomba planning region includes Toowoomba Hospital (TH), Baillie Henderson Hospital and Mt Lofty Heights Nursing Home as well as private facilities (St Andrew's Hospital, St Vincent's Private Hospital, Toowoomba Community Care units, Toowoomba Surgicentre). As a major referral hospital, the TH has three levels of catchment: local, HHS wide and an extended catchment including South-West Queensland.

Figure 6 Local Catchment for Toowoomba planning region



Toowoomba Hospital Separations

Toowoomba Hospital mainly services the local catchment of Toowoomba local planning area accounting for 57 percent (25,116) of the total 44,228 separations in 2016/17. As the major referral hospital in the area, interstate or other HHS residents accounted for 13 percent (5,725) of separations at Toowoomba Hospital.

Table 17 Total separations at Toowoomba Hospital, by place of residence, 2016/17

HHS of Residence	Hospital	Place of Residence	Separations	% of Total Separations
Darling Downs	Toowoomba Hospital	Darling Downs - East	5,383	12%
		Goondiwindi	744	2%
		South Burnett	2,355	5%
		Southern Downs	3,538	8%
		Toowoomba	25,116	57%
		Western Downs	1,367	3%
Other HHS/Interstate			5,725	13%
TOTAL			44,228	100%

Source: AIM Base Case 16/17 and Case Base -Inpatient Projections (Base Year 2016-17,ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018.

Note: excludes Renal Dialysis and Unqualified Neonates. Private Hospital (Public Separations Only)
In 2016/17 there were 200 public separations from St Andrew's Hospital. The majority 35 percent (70) of separations were residents of Toowoomba planning region.

Table 18 Total public separations at St Andrew's Hospital, by place of residence, 2016/17

HHS of Residence	Hospital	Place of Residence	Separations	% of Total Separations
Darling Downs	St Andrew's Toowoomba Hospital (public patients)	Darling Downs - East	24	12%
		Goondiwindi	1	1%
		South Burnett	29	15%
		Southern Downs	39	20%
		Toowoomba	70	35%
		Western Downs	8	4%
Other HHS/Interstate		All	29	15%
TOTAL			200	100%

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates.

In 2016/17 there were 83 public separations from Toowoomba Surgicentre. A majority of 88 percent (73) of separations were residents of Darling Downs Health and the remaining 12 percent (10) came from another HHS or interstate.

Table 19 Total public separations at Toowoomba Surgicentre (private), by place of residence, 2016/17

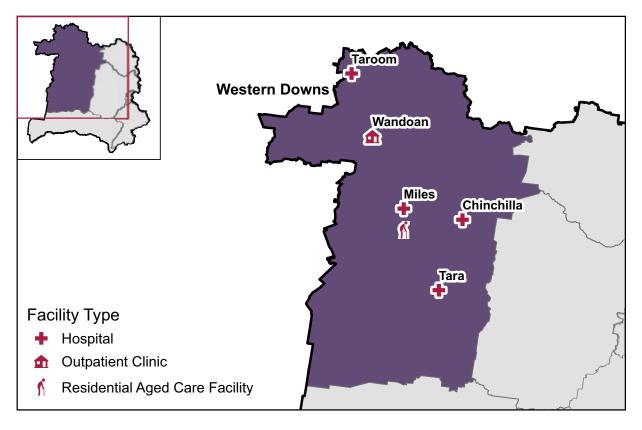
HHS of Residence	Hospital	Place of Residence	Separations	% of Total Separations
Darling Downs	Toowoomba Surgicentre	Darling Downs - East	9	11%
		South Burnett	5	6%
		Southern Downs	14	17%
		Toowoomba	41	49%
		Western Downs	4	5%
Other HHS/Interstate		All	10	12%
TOTAL			83	100%



2.1.6 WESTERN DOWNS PLANNING REGION

The Western Downs planning region consists of six public facilities namely; Chinchilla Hospital, Miles Hospital, Tara Hospital, Taroom Hospital, Wandoan Outpatient Clinic and Milton House Residential Aged Care Facility.

Figure 7: Local Catchment for Western Downs Planning Region



Chinchilla Hospital Separations

Chinchilla Hospital had 1,248 separations for 2016/17. A majority 92 percent (1,152) of the total activity came from residents of Western Downs planning region. Refer to Table 17 and Figure 6.

Table 20: Total separations at Chinchilla Hospital, by place of residence, 2016/17

HHS of Residence	Hospital	Place of Residence	Separations	% of Total Separations
Darling Downs	Chinchilla Hospital	Darling Downs - East	15	1.2%
		South Burnett	5	0.4%
		Southern Downs	1	0.1%
		Toowoomba	11	0.9%
		Western Downs	1,152	92.3%
Other HHS/Interstate			64	5.1%
TOTAL			1,248	100%

Miles Hospital Separations

Miles Hospital had 829 separations for 2016/17. A majority 85 percent (703) of total activity came from residents of Western Downs planning region. Refer to Table 18 and Figure 6.

Table 21: Total separations at Miles Hospital, by place of residence, 2016/17

HHS of Residence	Hospital	Place of Residence	Separations	% of Total Separations
Darling Downs	Miles Hospital	Darling Downs - East	7	0.8%
		South Burnett	5	0.6%
		Southern Downs	1	0.1%
		Toowoomba	9	1.1%
		Western Downs	703	84.8%
Other HHS/Interstate			104	12.5%
TOTAL			829	100%

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates.

Tara Hospital Separations

Tara Hospital had 706 separations for 2016/17. A majority 92 percent (652) of the total activity came from residents of Western Downs planning region. Refer to Table 19 and Figure 6.

Table 22: Total separations at Tara Hospital, by place of residence, 2016/17

HHS of Residence	Hospital	Place of Residence	Separations	% of Total Separations
Darling Downs	Tara Hospital	Darling Downs - East 23		3.3%
		Toowoomba	3	0.4%
		Western Downs	652	92.4%
Other HHS/Interstate			28	4.0%
TOTAL			706	100%

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates.

Taroom Hospital Separations

Taroom Hospital had 228 separations for 2016/17. A majority 88 percent (201) of the total activity came from residents of Western Downs planning region. Refer to Table 20 and Figure 6.

Table 23: Total separations at Taroom Hospital, by place of residence, 2016/17

HHS of Residence	Hospital	Place of Residence	Separations	% of Total Separations
Darling Downs	Taroom Hospital	Darling Downs - East	1	0.4%
		Southern Downs	1	0.4%
		Toowoomba	1	0.4%
		Western Downs	201	88.2%
Other HHS/Interstate			24	10.5%
TOTAL			228	100%

2.2 DARLING DOWNS HEALTH POPULATION PROFILE

The 2016 Australian census estimated resident population for the Darling Downs Health catchment as 281,961 people.

Population split by local planning region shows that Toowoomba local planning region accounts for 48 percent (134,983) of the total catchment population, followed by Darling Downs –East at 15 percent (43,280). The population gender representation was equally distributed in all the local planning regions in Darling Downs Health except Western Downs local planning region (which accounts for 6 percent of total Darling Downs Health Catchment population) in which 48 percent (8,204) of females were estimated compared to 52 percent (8,980) of males.

Table 24: Darling Downs Health Catchment - Population by local planning region, 2016-17

Local planning region	Female	%Female	Male	%Male	Person	% Person
Toowoomba	69,336	51%	65,648	49%	134,983	48%
Darling Downs - East	21,333	49%	21,948	51%	43,280	15%
Southern Downs	20,773	51%	20,142	49%	40,915	15%
South Burnett	17,362	50%	17,217	50%	34,579	12%
Western Downs	8,204	48%	8,980	52%	17,184	6%
Goondiwindi	5,535	50%	5,485	50%	11,020	4%
TOTAL	142,542	51%	139,418	49%	281,961	100%

Source: Australian Bureau of Statistics Catalogue No. 3235.0 - Population by Age and Sex, Regions of Australia; Hospital and Health Service data derived by Statistical Analysis Linkage Team, Health Statistics Unit, Department of Health, Queensland

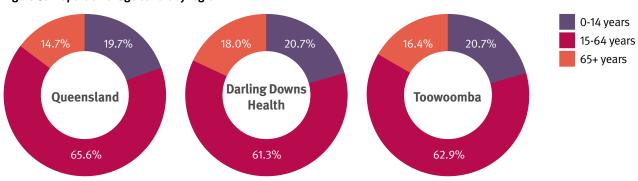
Of the 281,961 persons in the Darling Downs Health catchment, 51 percent (142,542) were female and 49 percent (139,418) were male. A higher proportion 36 percent (102,060) of population were noted among 15-44 year olds. About 12 percent (34,309) of Darling Downs Health catchment population were over 70+ years old age group, and of these 54 percent (18,480) were females.

Table 25: Darling Downs Health catchment - Population age profile, 2016-17

Age	Female	%Female	Male	%Male	Person	% Person
0-14	28,867	49%	29,773	51%	58,641	21%
15-44	51,040	50%	51,020	50%	102,060	36%
45-69	44,155	51%	42,796	49%	86,951	31%
70+	18,480	54%	15,829	46%	34,309	12%
TOTAL	142,542	51%	139,418	49%	281,961	100%

Source: Australian Bureau of Statistics Catalogue No. 3235.0 - Population by Age and Sex, Regions of Australia; Hospital and Health Service data derived by Statistical Analysis Linkage Team, Health Statistics Unit, Department of Health, Queensland

Figure 8: Proportion of age cohort by region



Source: ABS 3235.0, Population by Age and Sex, Regions of Australia

Darling Downs Health has a higher proportion of residents aged over 65 years and a slightly higher proportion of residents under 15 years of age compared to the Queensland rates.

2.3 ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION

This section summaries the population profile for each local planning area including; age, sex and indigenous status.

The South Burnett local planning area had the highest proportion (9 percent) of the Aboriginal and Torres Strait Islander population followed by Goondiwindi local planning region area (7 percent). Aboriginal and Torres Strait Islander children make up 10 percent of the total population of (0-14 years of age) in Darling Downs Health. Refer to Table 26.

Table 26: Darling Downs Health Catchment - percentage of population that identify as Indigenous within the population, by Local planning region, by age, 2015-16.

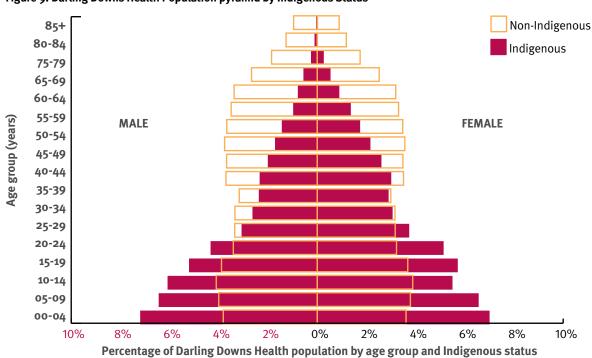
Local planning region	0-14	15-44	45-69	70+	TOTAL
Darling Downs - East	9%	6%	2%	1%	5%
Goondiwindi	12%	7%	4%	1%	7%
South Burnett	17%	13%	5%	1%	9%
Southern Downs	8%	6%	2%	0%	4%
Toowoomba	8%	5%	2%	1%	4%
Western Downs	8%	6%	4%	2%	5%
TOTAL	10%	6%	3%	1%	5%

Source: Australian Bureau of Statistics Catalogue No. 3235.0 - Population by Age and Sex, Regions of Australia; Hospital and Health Service data derived by Statistical Analysis Linkage Team, Health Statistics Unit, Department of Health, Queensland. 08 December 2016

The estimated residential population of Aboriginal and Torres Strait Islander people in Darling Downs Health area was 14,325 people, representing 5 percent of the total Darling Downs Health population. Darling Downs Aboriginal and Torres Strait Islander population represented 7.7 percent of total Aboriginal and Torres Strait Islander population in Queensland.

The proportion of Darling Downs HHS non-Indigenous population had constrictive population pyramid structure with lower birth rates and higher life expectancy. The proportion of Indigenous population living in the Darling Downs Health area had high stationary population pyramid structure with higher birth rates and lower life expectancy. There was an 11.8-year gap in health adjusted life expectancy between Aboriginal and Torres Strait Islander residents of Darling Downs Health region and the total Queensland population. Refer to Figure 9 for population pyramid.

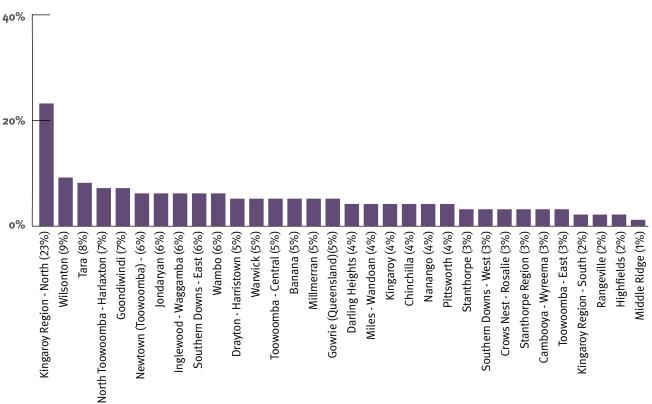
Figure 9: Darling Downs Health Population pyramid by Indigenous Status



SA2 Kingaroy Region – North has the highest number of Aboriginal and Torres Strait Islander people with 2,214 indigenous residents or 15% of the total Darling Downs Health Aboriginal and Torres Strait Islander population (14,325). When looking at individual community's it is useful to identify the proportion of Aboriginal and Torres Strait Islander people living within a community rather than as a percentage of the total Darling Downs Health Indigenous population. Therefore, the following graphic shows the proportion of Aboriginal and Torres Strait Islander people in each of the SA2s. Using the Kingarov Region - North SA2 as an example, the total population for this SA2 is 9,720 therefore Aboriginal and Torres Strait Islander people represent 23 percent of the Kingarov Region - North population. Refer to Figure 10 for the percentage of Aboriginal and Torres Strait Islander people within each SA2 population.



Figure 10: Proportion of Darling Downs Health Aboriginal and Torres Strait Islander population in SA2



While Aboriginal and Torres Strait Islander people constitute 5 percent of the total population in the Darling Downs Health region they account for 9 percent of total public separations. Toowoomba Hospital had the highest percentage of Aboriginal and Torres Strait Islander separations at 57 percent (3,577 separations) followed by Cherbourg Hospital 13 percent (813 separations) and Kingaroy Hospital 7 percent (451 separations). The percentages remain constant based on future projections for 2026/27 and 2036/37.

Table 27: Total Darling Downs Health Separations by Indigenous Status

Indigenous status	Year 2016/2017	Total
Aboriginal and Torres Strait Islander	6,266	9%
Non-Aboriginal and Torres Strait Islander	63,023	91%
TOTAL	69,289	100%

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); HSRAM, System Planning Branch, Qld DoH. Note: excludes Renal Dialysis and Unqualified Neonates.

2.4 RELATIVE DISADVANTAGE

Socio-Economic Indexes for Areas (SEIFA) are a summary measure of the social and economic conditions of geographic areas across Australia measured at each census year.

The indexes rank areas based on residents' socio-economic indicators and the scores are standardized to a distribution. In general, the Darling Downs Health regions had a SEIFA score between 861 to 1,098. More than half of the South Burnett planning region residents (58 percent) and quarter of Western Downs planning region residents were listed as most disadvantaged (decile score of 1). Toowoomba planning region had a mixed SEIFA population profile with both a high proportion of disadvantaged residents as well as the most advantaged residents in the Darling Downs Health region (decile score over 6). The following figure represents SEIFA decile scores by SA2 across the Darling Downs Health catchment area.

Taroom Wandoan Cherbourg Kingaroy Wondai Miles Nanango Chinchilla 🚣 Jandowae Dalby Tara Oakey Millmerran Warwick Inglewood Goondiwindi Stanthorpe Texas **SEIFA Deciles** Facility Type Baillie Hospital 1 - Most disadvantaged Multi-Purpose Health Service Mt Lofty ♠ Outpatient Clinic Residential Aged Care Facility Community Care Unit Toowoomba Community 10 - Least disadvantaged Care Unit

Figure 11: Darling Downs Health SEIFA decile score by SA2

Note: Statistical Area Level 2, Indexes, SEIFA 2016.
Scores- a lower score indicates that an area is relatively disadvantaged compared to an area with a higher score. Deciles: all areas are ordered from lowest to highest score, the lowest 10 percent of areas are given a decile number of 1 and so on, up to the highest 10 percent of areas which are given a decile number of 10. This means that areas are divided up into ten groups, depending on their score. Decile 1 is the most disadvantaged relative to the other deciles. Note that deciles have equal number of areas, not people.

Within the Darling Downs Health region Newtown had the largest percentage of one-parent families (25.4 percent) and Kingaroy Region - North SA2 had the highest percentage of families with no parent employed (34.8 percent).

The Darling Downs Health region has a homeless rate of 35.4 per 10,000 persons. The Kingaroy Region - North SA2 had the highest rate of homelessness (175.7 persons per 10,000 persons), followed by Tara SA2 (120.3 persons per 10,000 persons) and Toowoomba Central SA2 (100.2 persons per 10,000 persons).

Source: ABS, Census of Population and Housing, 2016, Place of Enumeration Profile - G03 and ABS 2049.0, Census of Population and Housing: Estimating homelessness, 2016

2.4.1 AGE CARE SERVICES

There were 1,904 aged care service operational places (public and private) in the Toowoomba region as at 30 June 2016 including 653 community care, 1,199 residential care and 52 transition care. Across Darling Downs Health there were (including the Toowoomba region) 3,834 places including 1,118 community care, 2,664 residential care and 52 transition care places. (Source: Australian Government Department of Health and Ageing.)

2.5 POPULATION DENSITY

Population density in the following figure is represented by residents per square kilometer by SA2 across Darling Downs Health.

The least populated locations within the HHS are Western Downs planning region followed by Goondiwindi planning region. The facilities in these locations are located within areas classified according to the Australian Standard Geographical Classification (ASGC) as Remoteness Area (RA) (remote). Refer to Figure 12 below.

Taroom Wandoan Murgon Cherbourg **∔** Wondai Miles Nanango Chinchilla 🚣 Jandowae Dalby Tara Oakey Millmerran Warwick Inglewood Goondiwindi Stanthorpe Texas Residents per Square Kilometre Baillie ___ ≤1 ____ 2 - 10 ____ 11 - 100 Hospital Henderson Outpatient Clinic Mt Lofty 101 - 1000 Residential Aged Care Facility >1000 Community Care Unit Toowoomba Community **⊆**Care Unit

Figure 12: Residents per square kilometre by SA2, Darling Downs Health, 2015

Source data is available from the HSU Infobank
-https://qheps.health.qld.gov.au/__data/assets/
excel_doc/0032/1941692/erp_1216_5yr.xls. Prepared
by Statistical Reporting and Coordination Unit (SRC)
and Statistical Analysis Linkage Unit (SALU), Statistical
Services Branch, Department of Health.

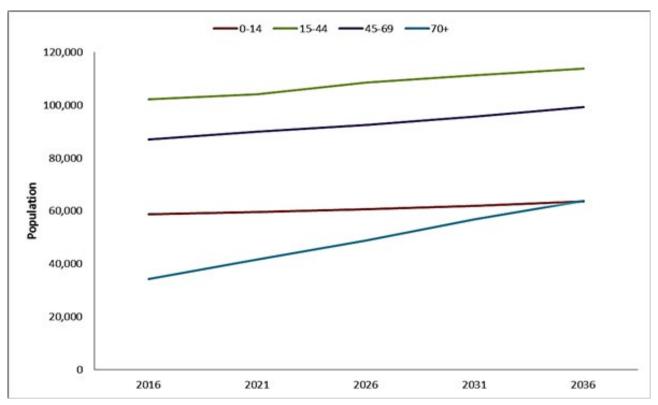
Based on source: Queensland Government Statistician's Office (QGSO) - Australian Bureau of Statistics, 2016 Remoteness Areas, SA2.

2.6 DARLING DOWNS HEALTH POPULATION PROJECTION

The population of the HHS-wide catchment is projected to increase at the simple growth rate of 1.03 each year by 2036.

Over this period the population of Toowoomba planning region will have the highest annual population growth rate of 1.2 percent per year. Goondiwindi local planning region will have the lowest population change rate of 0.18 percent per annum.

Figure 13 Darling Downs Health - wide catchment - Population projections by age, 2016 - 2036



Source: Queensland Government population projections, 2015 edition; Australian Bureau of Statistics, Population by age and sex, regions of Australia, 2014 (Cat no. 3235.0)

Table 28: Darling Downs Health - wide Catchment - Population projection by local planning region, 2016-36

Local planning region	2016	2021	2026	2031	2036	Change (No.)	Change (%)	AGR
Darling Downs - East	43,280	44,668	46,194	47,752	49,309	6,029	14%	0.65%
Goondiwindi	11,020	11,095	11,200	11,313	11,431	411	4%	0.18%
South Burnett	34,579	36,125	37,960	39,824	41,664	7,084	20%	0.94%
Southern Downs	40,915	42,365	43,837	45,301	46,728	5,813	14%	0.67%
Toowoomba	134,983	143,014	152,495	162,087	171,444	36,461	27%	1.20%
Western Downs	17,184	17,824	18,495	19,138	19,735	2,551	15%	0.69%
TOTAL	281,961	295,091	310,183	325,415	340,310	58,349	21%	0.94%

Source: Queensland Government population projections, 2015 edition; Australian Bureau of Statistics, Population by age and sex, regions of Australia, 2014 (Cat no. 3235.0). ^Annual Growth Rate.

Darling Downs Health population is projected to increase 21 percent over 20 years. Among the different age groups, the 70+ group are projected to have the highest change of 86 percent which is estimated to be 30,000 extra people in that age group. It is followed by 45-69 year cohort with 14 percent change rate accounting for 12, 297 extra population in this age cohort over 20 years. According to this population projection by the Australian Bureau of Statistics (ABS), it is clear that Darling Downs Health will be required to meet service needs of an aging population growing at an annual growth rate of 3.15 percent over next 20 years.

Table 29: Darling Downs Health - Catchment - Population projection by age group, 2016-36

Year	0-14	15-44	45-69	70+	Total
2016	58,641	102,060	86,951	34,309	281,961
2021	59,606	103,938	89,992	41,554	295,091
2026	60,530	108,420	92,473	48,759	310,183
2031	61,924	111,222	95,538	56,731	325,415
2036	63,512	113,704	99,248	63,845	340,310
Change 2016-2036	4,871	11,644	12,297	29,536	58,349
% Change 2016-2036	8%	11%	14%	86%	21%
AGR^2016-2036	0.40%	0.54%	0.66%	3.15%	0.94%

Source: Queensland Government population projections, 2015 edition; Australian Bureau of Statistics, Population by age and sex, regions of Australia, 2014 (Cat no. 3235.0). A nnual Growth Rate.



3 THE USE OF HOSPITAL SERVICES BY DARLING DOWNS HEALTH RESIDENTS

KEY FINDINGS

Public hospitals within Darling Downs Health region provided 56 percent of all inpatient separations and 42 percent of same day separations for Darling Downs Health residents in 2016/17.

Private hospitals provided 50 percent of all same day services (excluding renal dialysis) to Darling Downs Health region residents but only 34 percent of overnight separations. Toowoomba Hospital provided 57 percent of total public inpatient separations for Darling Downs residents treated in Darling Downs Health facilities. Warwick Hospital and Kingaroy Hospital provided 9 percent and 8 percent respectively of these services.

Darling Downs Health achieves a self-sufficiency of 85 percent for public services with largest flows to Metro South Hospital (2,895) and Metro North (2,414) and Children's Health Services (1,361).

Local public self-sufficiency for the local planning regions outside of the Toowoomba region ranged from 51 percent for Darling Downs East to 58 percent for the Western Downs. Dalby Hospital provides only 32 percent of Darling Downs East separations. Goondiwindi, Southern Downs and Western Downs achieved rates of 63 percent, 65 percent and 63 percent respectively.

There are less than 300 separations per annum at three facilities (Inglewood, Texas, Wondai, Jandowae and Taroom).

Dalby Hospital (56 percent) and Toowoomba Hospital (52 percent) had the highest percentage of same day separations (excluding renal dialysis). Kingaroy, Miles and Stanthorpe Hospital achieve a rate of approximately 45 percent of same day separations. All other hospitals achieve a rate of 35 percent or less for same day separations.

Relative utilisation (RU) for private and public separations is 93 percent just slightly lower than State average (100 percent). RU for private hospital separations decreased 11 percent in the five years from 2010/11 to 2016/17 from 101.9 percent to 90.7 percent.

For public hospitals RU for overnight separations (103 percent) is higher than RU for same day separations (86.5 percent). The RU for total separations (public and private) for children was 94 percent and similar to the state average, however this is due to a high RU for private hospitals (119 percent) with the RU for public hospital separations for children being 11 percent below State average (89 percent). The RU for public hospital separations for obstetrics was 142 percent noting that this includes antenatal and postpartum separations as well as birthing separations.

SRG orthopaedics had the highest number of separations (9,513) taking all hospitals (private and public) into consideration. For public hospital only, the SRGs with the highest number of separations in 2016/17 were orthopaedics and obstetrics.

There were 2,090 separations in 2016/17 at St Andrews Hospital for renal dialysis for Toowoomba public patients.

STRATEGIC QUESTIONS

What is the current relationship between the public and private hospital sectors in Toowoomba? What is the impact of the current private hospital sector expansion in Toowoomba?

What will be the future relationship between public and private sectors, for example, higher degrees of integration or collaboration? Joint planning for particular specialty services?

The relative utilisation of admitted same day services (excluding renal dialysis) is lower than expected. What are the underlying reasons for that?

At a HHS level, self-sufficiency is slightly lower than the optimal level. Are there known major barriers to Darling Downs Health's ability to increase the level of self-sufficiency? Are there particular specialties that are more vulnerable due to issues of critical mass?

What are the current priorities for increasing local self-sufficiency for the outlying areas of Darling Downs Health? Are there HHS-wide barriers to further increasing local self-sufficiency or are the barriers location specific?

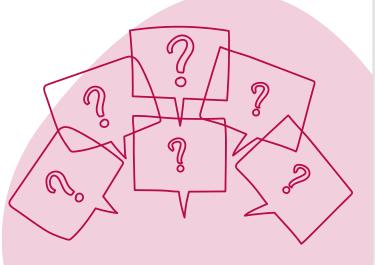
What are the constraints to increasing self-sufficiency related to smaller hospital's clinical service capability or related to the capacity of Toowoomba Hospital to provide outreach?

The key benefit of increasing levels of self-sufficiency is improvement in local access but when total volumes are small the service may not be cost-effective or safety factors may arise. Are there particular specialties for which there would be a major benefit to Toowoomba Hospital to increase capacity or capability of the smaller facilities?

What separations by SRG are Darling Downs Health residents travelling to metro hospitals for?

57 percent of all patients treated at TH were Toowoomba residents – what opportunities are there to reduce inflows from other areas to reduce activity growth at Toowoomba Hospital? 50 percent of separations for residents of Darling Downs East are from Toowoomba Hospital. Can Dalby Hospital services be supported to reduce Darling Downs East inflows to Toowoomba Hospital? Is there any capacity to increase services at Oakey Hospital? What separations by SRG are Darling Downs Health residents outside the Toowoomba area travelling to Toowoomba Hospital for?

.....



3.1 USE OF PUBLIC AND PRIVATE HOSPITALS BY DARLING DOWNS HEALTH RESIDENTS

Implementing changes to the Clinical Services Capability Framework (CSCF) may change patient flow patterns.

A new or higher capability service may see patient flows that currently flow to private services, flow to the public service. This change will be noticeable in the public and private relative utilisations.

SEPARATIONS 2016/17

In 2016/17 there were a total of 126,824 hospital separations for Darling Downs Health residents including public and private facilities throughout Queensland.

Public facilities including facilities outside Darling Downs Health provided 57 percent (72,468) of the total 126,824 separations with 49 percent of these separations at Darling Downs Health facilities and 8 percent at hospitals in other HHSs.

8 percent of Darling Downs Health residents were admitted to public hospitals outside the Darling Downs Health region and this includes the 6 percent of Darling Downs Health residents who were admitted to Brisbane hospitals including the Queensland Children's Hospital (CHQ).

43 percent of separations for Darling Downs Health residents were from private facilities in 2016/17. Toowoomba residents had the highest rate of private admissions (52 percent) and the South Burnett had the lowest rate (26 percent).

Table 30: Total separations for Darling Downs Health residents by place of treatment 2016/17

Place of Treatment										
Place of Residence (Planning Region)	DDHHS Facilities	Metro HHS Facilities	Other HHS Facilities	Private Facilities	Total					
Darling Downs East	9,792	1,087	466	7,822	19,167					
Goondiwindi	2,525	273	118	1,756	4,672					
South Burnett	9,348	1,985	819	4,195	16,347					
Southern Downs	10,234	1,370	377	6,867	18,848					
Toowoomba	25,397	2,594	738	31,451	60,180					
Western Downs	4,381	500	464	2,265	7,610					
Total	61,677	7,809	2,982	54,356	126,824					

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); HSRAM, System Planning Branch, Qld DoH. Note 1: Excludes Renal Dialysis and Unqualified Neonates. Note 2: Metro HHS includes: Queensland Children's Hospital, Mater Adult Public, Mater Mothers' Public Hospital, Princess Alexandra, Royal Brisbane and Women's Hospital, The Prince Charles Hospital, Metro North (public patients), Metro South (public patients).

Table 31: Separations by percentage for Darling Downs Health residents by place of treatment 2016/17

Place of Treatment										
Place of Residence (Planning Region)	DDHHS Facilities	Metro HHS Facilities	Other HHS Facilities	Private Facilities	Total					
Darling Downs East	51%	6%	2.4%	41%	100%					
Goondiwindi	54%	6%	2.5%	38%	100%					
South Burnett	57%	12%	5.0%	26%	100%					
Southern Downs	54%	7%	2.0%	36%	100%					
Toowoomba	42%	4%	1.2%	52%	100%					
Western Downs	58%	7%	6.1%	30%	100%					
Total	49%	6%	2.4%	43%	100%					

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); HSRAM, System Planning Branch, Qld DoH. Note 1: Excludes Renal Dialysis and Unqualified Neonates. Note 2: Metro HHS includes: Queensland Children's Hospital, Mater Adult Public, Mater Mothers' Public Hospital, Princess Alexandra, Royal Brisbane and Women's Hospital, The Prince Charles Hospital, Metro North (public patients), Metro South (public patients).

There were 68,753 same day separations for Darling Downs Health residents in 2016/17 including private patients but excluding renal dialysis admissions and unqualified neonates. The private hospital same day separation rate (50 percent) was comparable to the total public hospital same day rate of 50 percent (42 percent Darling Downs Health facilities and 8 percent other HHS facilities). By planning region, the highest rate of private same day rate admissions was Toowoomba with 57 percent of private separations being same day.

Table 32: Total same day separations for Darling Downs Health residents by place of treatment 2016/17

Place of Treatment										
Place of Residence (Planning Region)	DDHHS Facilities	Metro HHS Facilities	Other HHS Facilities	Private Facilities	Total					
Darling Downs East	5,069	499	277	4,976	10,821					
Goondiwindi	932	95	40	1,084	2,151					
South Burnett	3,747	962	429	2,937	8,075					
Southern Downs	4,285	615	165	4,385	9,450					
Toowoomba	13,266	1,247	312	19,882	34,707					
Western Downs	1,719	199	259	1,372	3,549					
Total	29,018	3,617	1,482	34,636	68,753					

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); HSRAM, System Planning Branch, Qld DoH. Note 1: Excludes Renal Dialysis and Unqualified Neonates. Note 2: Metro HHS includes: Queensland Children's Hospital, Mater Adult Public, Mater Mothers' Public Hospital, Princess Alexandra, Royal Brisbane and Women's Hospital, The Prince Charles Hospital, Metro North (public patients), Metro South (public patients).

Table 33: Total same day separations (percentage) for Darling Downs Health residents by place of treatment 2016/17

Place of Treatment										
Place of Residence (Planning Region)	DDHHS Facilities	Metro HHS Facilities	Other HHS Facilities	Private Facilities	Total					
Darling Downs East	47%	5%	3%	46%	100%					
Goondiwindi	43%	4%	2%	50%	100%					
South Burnett	46%	12%	5%	36%	100%					
Southern Downs	45%	7%	2%	46%	100%					
Toowoomba	38%	4%	1%	57%	100%					
Western Downs	48%	6%	7%	39%	100%					
Total	42.2%	5.3%	2.2%	50.4%	100%					

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); HSRAM, System Planning Branch, Qld DoH. Note 1: Excludes Renal Dialysis and Unqualified Neonates. Note 2: Metro HHS includes: Queensland Children's Hospital, Mater Adult Public, Mater Mothers' Public Hospital, Princess Alexandra, Royal Brisbane and Women's Hospital, The Prince Charles Hospital, Metro North (public patients), Metro South (public patients).

The majority of overnight separations for Darling Downs Health residents in 2016/17 were from facilities within Darling Downs Health accounting for 56 percent (32,659) of the total number of overnight separations (including public and private separations). 34 percent of overnight admissions for Darling Downs Health residents were in private facilities

Table 34: Total overnight separations for Darling Downs Health residents by place of treatment 2016/17

Place of Treatment										
Place of Residence (Planning Region)	DDHHS Facilities	Metro HHS Facilities	Other HHS Facilities	Private Facilities	Total					
Darling Downs East	4,723	588	189	2,846	8,346					
Goondiwindi	1,593	178	78	672	2,521					
South Burnett	5,601	1,023	390	1,258	8,272					
Southern Downs	5,949	755	212	2,482	9,398					
Toowoomba	12,131	1,347	426	11,569	25,473					
Western Downs	2,662	301	205	893	4,061					
Total	32,659	4,192	1,500	19,720	58,071					

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); HSRAM, System Planning Branch, Qld DoH. Note 1: Excludes Renal Dialysis and Unqualified Neonates. Note 2: Metro HHS includes: Queensland Children's Hospital, Mater Adult Public, Mater Mothers' Public Hospital, Princess Alexandra, Royal Brisbane

Table 35: Total overnight separations (percentage) for Darling Downs Health residents by place of treatment 2016/17

	Place of Treatment										
Place of Residence (Planning Region)	DDHHS Facilities	Metro HHS Facilities	Other HHS Facilities	Private Facilities	Total						
Darling Downs East	57%	7%	2.3%	34%	100%						
Goondiwindi	63%	7%	3.1%	27%	100%						
South Burnett	68%	12%	4.7%	15%	100%						
Southern Downs	63%	8%	2.3%	26%	100%						
Toowoomba	48%	5%	1.7%	45%	100%						
Western Downs	66%	7%	5.0%	22%	100%						
Total	56%	7%	2.6%	34%	100%						

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); HSRAM, System Planning Branch, Qld DoH. Note 1: Excludes Renal Dialysis and Unqualified Neonates. Note 2: Metro HHS includes: Queensland Children's Hospital, Mater Adult Public, Mater Mothers' Public Hospital, Princess Alexandra, Royal Brisbane and Women's Hospital, The Prince Charles Hospital, Metro North (public patients), Metro South (public patients).

3.1.1. SELF-SUFFICIENCY

Darling Downs Health operates at a relatively high rate of self-sufficiency. Self-sufficiency is an indicator of the local accessibility of health services. It is calculated:

Separations for residents within their catchment

Separations for residents in all hospitals in Queensland

A high rate of self-sufficiency and a high rate of utilisation can result in a higher number of bed days when benchmarked against regions with low self-sufficiency and utilisation.

Table 36: Darling Downs Health residents self-sufficiency public hospitals only 13/14 to 16/17

Year	2013/14	2014/15	2015/16	2016/17
Separations In HHS	44,835	54,139	56,248	61,677
Separations Out of HHS	8,297	8,808	9,094	10,791
Total separations	53,132	62,947	65,342	72,468
Self Sufficiency	84.4%	86.0%	86.1%	85.1%

Source: AIM Cross Sectional Inpatient Projections (Base Year 16/17). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health. Published by the State of Queensland (Queensland Health), 2018. Note 1: excludes Renal Dialysis and Unqualified Neonates Note 2: 2016/17 includes Chemotherapy as admitted patient activity.

Darling Downs Health achieves a self-sufficiency of 85 percent for public services for Darling Downs Health residents treated within the hospital and health service. This represents 61,677 separations (for Darling Downs Health residents treated within the Darling Downs) compared with 72,468 separations (Darling Downs residents treated at any Queensland hospital).

Table 37: Self-sufficiency public hospitals all stay types 2016/17

Separations		2016/17						
DDHHS Facilities	Metro HHS Facilities	Metro HHS Facilities Other HHS Facilities Total						
61,677	7,809	2,982	72,468					

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); HSRAM, System Planning Branch, Qld DoH. Note 1: Excludes Renal Dialysis and Unqualified Neonates. Note 2: Metro HHS includes: Queensland Children's Hospital, Mater Adult Public, Mater Mothers' Public Hospital, Princess Alexandra, Royal Brisbane and Women's Hospital, The Prince Charles Hospital, Metro North (public patients), Metro South (public patients).

3.2 ANALYSIS OF DARLING DOWNS HEALTH RESIDENT FLOWS TO FACILITIES WITHIN DARLING DOWNS HEALTH

Toowoomba Hospital provided 62 percent (38,503) of the total Darling Downs Health resident separations. 65 percent of all patients treated at Toowoomba Hospital were Toowoomba residents.

Kingaroy Hospital was the next hospital providing the greatest number of separations for Darling Downs Health residents with 8 percent (4,710) of the total separations, followed by Warwick with 7 percent (4,252) of total separations.

55 percent (5,383) of the total separations for Darling Downs East residents were at Toowoomba Hospital. This was much higher than the other four rural planning regions with 25 percent to 35 percent of the total separations for their resident population occurring at Toowoomba Hospital. The Goondiwindi Hospital and the Kingaroy Hospital provided 52 percent and 48 percent respectively of the total separations for their respective catchment planning regions (Goondiwindi and South Burnett) whereas Dalby provided only 32 percent of the total separations for the Darling Downs East population. Less than 300 separations were recorded in 2016/17 for Inglewood, Jandowae, Taroom, Texas and Wondai Hospitals.

Table 38: Total separations Darling Downs Health residents treated in Darling Downs Health by place of residence 2016/17

			Р	lace of Resider	ıce		
Place of Treatment	Darling Downs - East	Goondiwindi	South Burnett	Southern Downs	Toowoomba	Western Downs	Total
Cherbourg Hospital	3		861		1		865
Chinchilla Hospital	15		5	1	11	1,152	1,184
Dalby Hospital	3,174	4	10	1	23	260	3,472
Goondiwindi Hospital	5	1,304	3	4	11	13	1,340
Inglewood Hospital	6	281	1	6	2		296
Jandowae Hospital	234		9	1		9	253
Kingaroy Hospital	167		4,527	3	5	8	4,710
Miles Hospital	7		5	1	9	703	725
Millmerran Hospital	359	2		4	15		380
Murgon Hospital	2		798	1	2	1	804
Nanango Hospital	95		687	1	3		786
Oakey Hospital	273		2	1	56		332
Private (public patients)	33	1	34	53	111	12	244
Stanthorpe Hospital	2	21	2	2,440	5	1	2,471
Tara Hospital	23				3	652	678
Taroom Hospital	1			1	1	201	204
Texas Hospital	1	125	1	4	1	1	133
Toowoomba Hospital	5,383	744	2,355	3,538	25,116	1,367	38,503
Warwick Hospital	9	43	3	4,174	22	1	4,252
Wondai Hospital			45				45
Grand Total	9,792	2,525	9,348	10,234	25,397	4,381	61,677

Table 39: Total separations (percentage) Darling Downs Health residents by place of treatment within Darling Downs Health facility by place of residence 2016/17

	Place of Residence						
Place of Treatment	Darling Downs - East	Goondiwindi	South Burnett	Southern Downs	Toowoomba	Western Downs	Total
Cherbourg Hospital	0%	0%	9%	0%	0%	0%	1%
Chinchilla Hospital	0%	0%	0%	0%	0%	26%	2%
Dalby Hospital	32%	0%	0%	0%	0%	6%	6%
Goondiwindi Hospital	0%	52%	0%	0%	0%	0%	2%
Inglewood Hospital	0%	11%	0%	0%	0%	0%	0%
Jandowae Hospital	2%	0%	0%	0%	0%	0%	0%
Kingaroy Hospital	2%	0%	48%	0%	0%	0%	8%
Miles Hospital	0%	0%	0%	0%	0%	16%	1%
Millmerran Hospital	4%	0%	0%	0%	0%	0%	1%
Murgon Hospital	0%	0%	9%	0%	0%	0%	1%
Nanango Hospital	1%	0%	7%	0%	0%	0%	1%
Oakey Hospital	3%	0%	0%	0%	0%	0%	1%
Private (public patients)	0%	0%	0%	1%	0%	0%	0%
Stanthorpe Hospital	0%	1%	0%	24%	0%	0%	4%
Tara Hospital	0%	0%	0%	0%	0%	15%	1%
Taroom Hospital	0%	0%	0%	0%	0%	5%	0%
Texas Hospital	0%	5%	0%	0%	0%	0%	0%
Toowoomba Hospital	55%	29%	25%	35%	99%	31%	62%
Warwick Hospital	0%	2%	0%	41%	0%	0%	7%
Wondai Hospital	0%	0%	0%	0%	0%	0%	0%
Grand Total	100%	100%	100%	100%	100%	100%	100%

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates.

69 percent of all same day separations occurred at Toowoomba Hospital (excluding renal dialysis). Outside of the Toowoomba planning region, 56 percent of the same day separations were for residents in Darling Downs East, followed by 43 percent of same day separations for residents of the Southern Downs.

Table 40: Total same day separations Darling Downs Health residents (by planning region) by Darling Downs Health public hospital of treatment 2016/17

	Place of Residence						
Place of Treatment	Darling Downs - East	Goondiwindi	South Burnett	Southern Downs	Toowoomba	Western Downs	Total
Cherbourg Hospital			209				209
Chinchilla Hospital	7		2	1	3	407	420
Dalby Hospital	1,788	3	6		13	146	1,956
Goondiwindi Hospital	2	397		2	5	1	407
Inglewood Hospital	1	89	1	3	1		95
Jandowae Hospital	80		2	1		3	86
Kingaroy Hospital	90		1,980	3	2	3	2,078
Miles Hospital	3		2		4	302	311
Millmerran Hospital	122			1	1		124
Murgon Hospital	1		235	1	1	1	239
Nanango Hospital	9		147	1	1		158
Oakey Hospital	71		1		7		79
Private (public patients)	31	1	28	49	107	10	226

	Place of Residence						
Place of Treatment	Darling Downs - East	Goondiwindi	South Burnett	Southern Downs	Toowoomba	Western Downs	Total
Stanthorpe Hospital	2	14	1	1,033		1	1,051
Tara Hospital	8				2	232	242
Taroom Hospital	1			1	1	55	58
Texas Hospital		25		2	1		28
Toowoomba Hospital	2,851	378	1,131	1,847	13,114	558	19,879
Warwick Hospital	2	25	1	1,340	3		1,371
Wondai Hospital			1				1
Grand Total	5,069	932	3,747	4,285	13,266	1,719	29,018

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates.

Table 41: Total same day separations (percentage) Darling Downs Health residents (by planning region) by Darling Downs Health public hospital of treatment 2016/17

				Place of Residence				
Place of Treatment	Darling Downs - East	Goondiwindi	South Burnett	Southern Downs	Toowoomba	Western Downs	Total	
Cherbourg Hospital	0%	0%	6%	0%	0%	0%	1%	
Chinchilla Hospital	0%	0%	0%	0%	0%	24%	1%	
Dalby Hospital	35%	0%	0%	0%	0%	8%	7%	
Goondiwindi Hospital	0%	43%	0%	0%	0%	0%	1%	
Inglewood Hospital	0%	10%	0%	0%	0%	0%	0%	
Jandowae Hospital	2%	0%	0%	0%	0%	0%	0%	
Kingaroy Hospital	2%	0%	53%	0%	0%	0%	7%	
Miles Hospital	0%	0%	0%	0%	0%	18%	1%	
Millmerran Hospital	2%	0%	0%	0%	0%	0%	0%	
Murgon Hospital	0%	0%	6%	0%	0%	0%	1%	
Nanango Hospital	0%	0%	4%	0%	0%	0%	1%	
Oakey Hospital	1%	0%	0%	0%	0%	0%	0%	
Private (public patients)	1%	0%	1%	1%	1%	1%	1%	
Stanthorpe Hospital	0%	2%	0%	24%	0%	0%	4%	
Tara Hospital	0%	0%	0%	0%	0%	13%	1%	
Taroom Hospital	0%	0%	0%	0%	0%	3%	0%	
Texas Hospital	0%	3%	0%	0%	0%	0%	0%	
Toowoomba Hospital	56%	41%	30%	43%	99%	32%	69%	
Warwick Hospital	0%	3%	0%	31%	0%	0%	5%	
Wondai Hospital	0%	0%	0%	0%	0%	0%	0%	
Grand Total	100%	100%	100%	100%	100%	100%	100%	

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates

Dalby Hospital achieves the highest rate of same day admissions as a percentage of total separations (56 percent, excluding renal dialysis), followed by Toowoomba Hospital (52 percent), Kingaroy Hospital (44 percent) and Miles Hospital (43 percent).

Table 42: Percentage of same day separations Darling Downs Health residents by public hospital of treatment 2016/17

Hospital of Treatment	Total
Cherbourg	24%
Chinchilla	35%
Dalby	56%
Goondiwindi	30%
Inglewood	32%
Jandowae	34%
Kingaroy	44%
Miles	43%
Millmerran	33%
Murgon	30%
Nanango	20%
Oakey	24%
Public patients treated at private facility	93%
Stanthorpe	43%
Tara	36%
Taroom	28%
Texas	21%
Toowoomba	52%
Warwick	32%
Wondai	2%

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates. Percentage calculation is hospital same day separations as a percentage of total separations for the same facility.

54 percent (2,532) of the overnight separations for Darling Downs East residents were at Toowoomba Hospital. This was much higher than the other four rural planning regions with 22 percent to 30 percent of the total separations for their resident population occurring at Toowoomba Hospital. The Goondiwindi Hospital provided 57 percent of the total overnight separations for their respective catchment planning region whereas Dalby provided only 29 percent of the total separations for the Darling Downs East population.

Table 43: Total overnight separations Darling Downs Health residents (by planning region) by Darling Downs Health public hospital of treatment 2016/17

			Р	lace of Resider	ıce		
Place of Treatment	Darling Downs - East	Goondiwindi	South Burnett	Southern Downs	Toowoomba	Western Downs	Total
Cherbourg Hospital	3		652		1		656
Chinchilla Hospital	8		3		8	745	764
Dalby Hospital	1,386	1	4	1	10	114	1, 516
Goondiwindi Hospital	3	907	3	2	6	12	933
Inglewood Hospital	5	192		3	1		201
Jandowae Hospital	154		7			6	167
Kingaroy Hospital	77		2,547		3	5	2,632
Miles Hospital	4		3	1	5	401	414
Millmerran Hospital	237	2		3	14		256
Murgon Hospital	1		563		1		565
Nanango Hospital	86		540		2		628
Oakey Hospital	202		1	1	49		253
Private (public patients)	-	-	-	-	-	-	-

	Place of Residence						
Place of Treatment	Darling Downs - East	Goondiwindi	South Burnett	Southern Downs	Toowoomba	Western Downs	Total
Stanthorpe Hospital		7	1	1,407	5		1,420
Tara Hospital	15				1	420	436
Taroom Hospital						146	146
Texas Hospital	1	100	1	2		1	105
Toowoomba Hospital	2,532	366	1,224	1,691	12,002	809	18,624
Warwick Hospital	7	18	2	2,834	19	1	2,881
Wondai Hospital			44				44
Grand Total	4,723	1,593	5,601	5,949	12,131	2,662	32,659

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates.

Table 44: Total overnight separations (percentage) Darling Downs Health residents (by planning region) by Darling Downs Health public hospital of treatment 2016/17

		Place of Residence					
Place of Treatment	Darling Downs - East	Goondiwindi	South Burnett	Southern Downs	Toowoomba	Western Downs	Total
Cherbourg Hospital	0%	0%	12%	0%	0%	0%	2%
Chinchilla Hospital	0%	0%	0%	0%	0%	28%	2%
Dalby Hospital	29%	0%	0%	0%	0%	4%	5%
Goondiwindi Hospital	0%	57%	0%	0%	0%	0%	3%
Inglewood Hospital	0%	12%	0%	0%	0%	0%	1%
Jandowae Hospital	3%	0%	0%	0%	0%	0%	1%
Kingaroy Hospital	2%	0%	45%	0%	0%	0%	8%
Miles Hospital	0%	0%	0%	0%	0%	15%	1%
Millmerran Hospital	5%	0%	0%	0%	0%	0%	1%
Murgon Hospital	0%	0%	10%	0%	0%	0%	2%
Nanango Hospital	2%	0%	10%	0%	0%	0%	2%
Oakey Hospital	4%	0%	0%	0%	0%	0%	1%
Private (public patients)	0%	0%	0%	0%	0%	0%	0%
Stanthorpe Hospital	0%	0%	0%	24%	0%	0%	4%
Tara Hospital	0%	0%	0%	0%	0%	16%	1%
Taroom Hospital	0%	0%	0%	0%	0%	5%	0%
Texas Hospital	0%	6%	0%	0%	0%	0%	0%
Toowoomba Hospital	54%	23%	22%	28%	99%	30%	57%
Warwick Hospital	0%	1%	0%	48%	0%	0%	9%
Wondai Hospital	0%	0%	1%	0%	0%	0%	0%
Grand Total	100%	100%	100%	100%	100%	100%	100%

3.3 ANALYSIS OF DARLING DOWNS HEALTH RESIDENT FLOWS TO BRISBANE METROPOLITAN HOSPITALS

In 2016/17 there were 7,809 total overnight and same day separations for residents of Darling Downs Health provided by hospitals located in the Brisbane metropolitan area.

Of these, 3,617 (46 percent) were same day separations. The greatest volume of same day separations was from the Metro North HHS Hospitals (1,344). Of the 4,192 total overnight separations, the greatest volume (1,838) were provided at Metro South HHS hospitals followed by Metro North hospitals (1,070).

Table 45: Total Same Day Separations Darling Downs Health Residents (by Darling Downs Health Planning Region), by Place of Treatment Brisbane Metropolitan facilities, 2016/17

	Place of Treatment					
Place of Residence (Planning Region)	Children's Health Services	Mater Public Hospitals	Metro North Hospitals	Metro South Hospitals	Total	
Darling Downs - East	113	46	169	171	499	
Goondiwindi	16	21	32	26	95	
South Burnett	113	180	478	191	962	
Southern Downs	119	79	184	233	615	
Toowoomba	286	184	412	365	1,247	
Western Downs	42	17	69	71	199	
Total	689	527	1,344	1,057	3,617	

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); HSRAM, System Planning Branch, Qld DoH. Note: excludes Renal Dialysis and Unqualified Neonates. Hospitals include: Queensland Children's Hospital, Mater Adult Hospital, Mater Mothers (public) Hospital, Metro North (public patients), The Prince Charles Hospital, Royal Brisbane and Women's Hospital, Princess Alexandra Hospital, Metro South (public patients).

Table 46: Total Overnight Separations Darling Downs Health Residents (by Darling Downs Health Planning Region), by Place of Treatment Brisbane Metropolitan facilities, 2016/17

Place of Treatment					
Place of Residence (Planning Region)	Children's Health Services	Mater Public Hospitals	Metro North Hospitals	Metro South Hospitals	Total
Darling Downs - East	99	92	109	288	588
Goondiwindi	51	30	31	66	178
South Burnett	161	95	451	316	1,023
Southern Downs	71	137	149	398	755
Toowoomba	240	227	258	622	1,347
Western Downs	50	31	72	148	301
Total	672	612	1,070	1,838	4,192

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); HSRAM, System Planning Branch, Qld DoH. Note: excludes Renal Dialysis and Unqualified Neonates. Hospitals include: Queensland Children's Hospital, Mater Adult Hospital, Mater Mothers (public) Hospital, Metro North (public patients), The Prince Charles Hospital, Royal Brisbane and Women's Hospital, Princess Alexandra Hospital, Metro South (public patients).

The tables below indicate the top 10 SRGs for overnight and same day separations provided to Darling Downs Health residents by Brisbane Metropolitan hospitals.

Table 47: Top 10 SRGs, by total separations for Darling Downs Health residents flow to Brisbane Metropolitan facilities 2016/17

SRG 8	HHS of Treatment - Childrens Health Services
Non Subspecialty Surgery	135
Respiratory Medicine	134
Orthopaedics	127
Ear, Nose and Throat	89
Urology	85
Neurology	77
Diagnostic GI Endoscopy	74
Chemotherapy	55
Non Subspecialty Medicine	54
Neurosurgery	47
Other	484
Total	1,361

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates. HHS of Treatment includes: Queensland Children's Hospital.

Table 48: Top 10 SRGs, by total separations for Darling Downs Health residents flow to Brisbane Metropolitan facilities 2016/17

SRG 8	HHS of Treatment - Mater Public Hospitals
Urology	234
Chemotherapy	143
Obstetrics	136
Qualified Neonate	95
Gynaecology	63
Ophthalmology	57
Diagnostic GI Endoscopy	52
Non Subspecialty Surgery	41
Medical Oncology	37
Non Subspecialty Medicine	36
Other	245
Total	1,139

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates. HHS of Treatment includes: Mater Adult Hospital and Mater Mothers (public) Hospital.

Table 49: Top 10 SRGs, by total separations for Darling Downs Health residents flow to Brisbane Metropolitan facilities 2016/17

SRG 8	HHS of Treatment - Metro North
Ophthalmology	494
Chemotherapy	204
Orthopaedics	170
Interventional Cardiology	131
Cardiology	105
Haematology	101
Obstetrics	98
Respiratory Medicine	95
Neurology	78
Plastic and Reconstructive Surgery	68
Other	870
Grand Total	2,414

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates. HHS of Treatment includes: Metro North (public patients), Royal Brisbane and Women's Hospital and The Prince Charles Hospital.

Table 50: Top 10 SRGs, by total separations for Darling Downs Health residents flow to Brisbane Metropolitan facilities 2016/17

SRG 8	HHS of Treatment - Metro South
Interventional Cardiology	353
Chemotherapy	206
Diagnostic GI Endoscopy	172
Ophthalmology	164
Renal Medicine	162
Plastic and Reconstructive Surgery	159
Orthopaedics	140
Vascular Surgery	138
Cardiology	133
Cardiac Surgery	129
Other	1139
Grand Total	2,895

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); HSRAM, System Planning Branch. Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates. HHS of Treatment includes: Metro South (public patients) and Princess Alexandra Hospital.

3.4 RELATIVE UTILISATION OF SERVICES

Relative utilisation (RU) is the ratio of services used by residents of a region, irrespective of where services are accessed to the expected number of admissions.

The expected number of admissions is calculated based on the State average (notionally 100 percent). The use of services may be influenced by burden of disease and socioeconomic profile. Relative utilisation is a measure of inpatient services only. The following services are excluded from the analysis:

- Chemotherapy and radiotherapy
- Diagnostic GI endoscopy
- Renal dialysis
- Interventional cardiology
- Extensive burns
- Transplantation

The RU for Darling Downs Health residents (public and private) is 93.8 percent demonstrating that the Darling Downs Health population uses hospital services at a rate 6.2 percent less than the State average in 2016/17 (refer to Table 52). The RU for public hospital services is 96.2 percent demonstrating that the rate for public services is below the expected rate of utilisation or state average (refer to Table 51). The overall trend since 2010/11 is that public RU fluctuated over the five-year period (ranging from a high of 99 [2011/12] to 96.24 [2016/17]) while at the same time private RU decreased from 101.9 to 90.7 or a reduction of 11.2 percent.

The utilisation of services requiring same day admissions is at a rate much lower than the Queensland average but this is offset by a higher than average use of services requiring an overnight stay.

Table 51: Darling Downs Health RU public hospitals only 2010/11 -2016/17

				Year			
Stay Type	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Overnight+	106.9	107.2	105.9	104.8	105.7	105.1	103.73
Same Day	81.4	84.8	82.8	84.5	89.2	89.5	86.50
Grand Total	97.7	99.0	97.2	96.9	98.9	98.6	96.24

Table 52: Darling Downs Health RU public and private hospitals 2010/11 -2016/17

		Year							
Hospital Type	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17		
Overnight+	101.9	99.8	100.8	98.1	95.4	91.4	90.17		
Same Day	97.7	99.0	97.2	96.9	98.9	98.6	96.24		
Grand Total	99.5	99.4	98.7	97-4	97.5	95.6	93.83		

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018.

Table 53: Public Private Relative Utilisation Darling Downs Health residents by Same day and Overnight stays for Adults and Children 2016/17

	Private		P	ubilc	All hospitals	
Stay Type	RU	Separations	RU	Separations	RU	Separations
Overnight- Adult aged 15 years +	104.64	17,112	104.98	33,334	104.86	50,446
Overnight - Child aged 0-14 years	130.43	891	95.64	3,939	100.59	4,830
Same Day - Adult aged 15 years+	79.41	20,354	87.17	22,400	83.29	42,754
Same Day - Child aged 0-14 years	110.33	943	80.51	2,544	86.86	3,487
Grand Total	90.30	39,300	96.12	62,217	93.78	101,517

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: Excludes Chemotherapy, Diagnostic Endoscopy, Interventional Cardiology, Extensive Burns, Renal Dialysis, Transplantation, Unallocated and Unqualified Neonates.

Of the top 15 SRG's by total volume of separations (private and public), an RU of close to 100 (96.4-102) is achieved for orthopaedics, non-subspecialty surgery, respiratory medicine, cardiology, gynaecology and urology. This indicates that these services are used at a similar rate to the State average. The services with a high RU (> 110) are Obstetrics, Haematology, Ear Nose and Throat and Immunology and Infections indicating services are used at a rate much higher than the State average. Services with a low RU (<90) are Mental Health and Plastic and Reconstructive Surgery indicating a usage lower than State average.

While orthopaedics had the highest number of separations for all hospitals used by Darling Downs residents, for public hospitals it ranked as the third highest SRG in terms of total separations. Obstetrics and general surgery had the highest number of separations for public hospitals and obstetrics also had the highest RU at 142, indicating a 42 percent higher than expected number of separations for obstetrics at public hospitals. An analysis of separations within this SRG shows that 2,660 separations were for birthing DRGs and 3,866 separations were for antenatal / postpartum DRGs at public hospitals.

The RU for mental health at private hospitals is 37.3 and is well below the state average. This low level of utilisation in private hospitals is most likely driving the high RU for mental health in public hospitals. Despite the high RU for public hospital, overall mental health RU remains well below the state average.

Table 54: Public Private RU Darling Downs residents - Top 15 SRGs by total separations 2016/17

	Private		Р	ubilc	All hospitals		
SRG 8	RU	Separations	RU	Separations	RU	Separations	
Orthopaedics	107.53	5,210	93.01	4,994	99.90	10,204	
Non Subspecialty Surgery	109.78	2,039	97.49	6,258	100.25	8,297	
Obstetrics	112.89	1,104	142.67	6,526	137.43	7,630	
Non Subspecialty Medicine	108.88	2,753	86.60	3,787	94.76	6,540	
Respiratory Medicine	99.05	1,818	95.52	4,575	96.49	6,393	
Cardiology	101.99	1,049	102.62	4,932	102.51	5,981	
Ophthalmology	93.62	3,935	70.42	1,220	86.85	5,155	

	Pri	ivate	Р	ubilc	Allh	ospitals
SRG 8	RU	Separations	RU	Separations	RU	Separations
Haematology	145.48	2,704	100.17	1,794	123.24	4,498
Neurology	83.17	1,006	88.44	3,345	87.16	4,351
Gynaecology	102.28	2,563	97.55	1,730	100.32	4,293
Urology	109.36	2,004	87.71	1,959	97.46	3,963
Ear, Nose and Throat	108.40	1 , 357	116.54	2,563	113.59	3,920
Mental Health	37.30	1,259	107.83	2,475	65.85	3,734
Immunology and Infections	126.23	1,493	91.59	2,233	102.91	3,726
Plastic and Reconstructive Surgery	65.36	1,331	73.86	944	68.64	2,275
All other SRGs		7,675		12,882		20,557
Grand Total	90.30	39,300	96.12	62,217	93.78	101,517

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: Excludes Chemotherapy, Diagnostic Endoscopy, Interventional Cardiology, Extensive Burns, Renal Dialysis, Transplantation, Unallocated and Unqualified Neonates.

The following tables show total RU for Darling Downs Health residents who are adults aged 15 years and over and children aged 0 to 14 years. Total RU for Darling Downs Health adults is 93.7 with public hospital RU of 97 and private hospital RU of 89.

Table 55: Public Private RU Darling Downs Health residents aged 15 years and over - Top 15 SRGs by total separations 2016/17

	Pr	ivate	Pi	ubilc	All ho	ospitals
SRG 8	RU	Separations	RU	Separations	RU	Separations
Orthopaedics	107.04	5,044	93.15	4,469	100.03	9,513
Obstetrics	112.89	1,104	142.60	6,520	137.36	7,624
Non Subspecialty Surgery	108.40	1,912	98.97	5,600	101.21	7,512
Non Subspecialty Medicine	109.22	2,683	89.74	3,390	97.41	6,073
Cardiology	101.95	1,048	102.82	4,902	102.67	5,950
Respiratory Medicine	97.59	1,737	95.59	3,436	96.25	5,173
Ophthalmology	93.66	3,910	69.89	1,151	86.94	5,061
Haematology	145.50	2,700	102.65	1,747	125.00	4,447
Gynaecology	102.30	2,556	97.90	1,715	100.49	4,271
Neurology	82.48	990	89.21	3,177	87.52	4,167
Urology	109.23	1,962	87.54	1,848	97.51	3,810
Mental Health	37.31	1,259	104.40	2,298	63.79	3 , 557
Immunology and Infections	125.99	1,475	91.61	1,980	103.69	3,455
Ear, Nose and Throat	104.00	785	120.76	1,667	114.84	2,452
Plastic and Reconstructive Surgery	65.01	1,304	73.20	895	68.12	2,199
All other SRGs		6,997		10,939		17,936
Grand Total	89.24	37,466	97.01	55,734	93.73	93,200

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: Excludes Chemotherapy, Diagnostic Endoscopy, Interventional Cardiology, Extensive Burns, Renal Dialysis, Transplantation, Unallocated and Unqualified Neonates.

Total RU for Darling Downs Health children aged 0 to 14 years is 94 with public hospital RU of only 89 and a private hospital RU of 119. SRG's with total RU notably higher than Queensland average are mental health and dentistry. Within the Top 15 SRGs, high levels of RU (>100) for public hospitals were Mental Health, Ear Nose and Throat followed by Neurosurgery. Whereas in private hospitals high levels of RU (>150) were Gastroenterology, Neurology, Immunology and Infections. Overall the SRGs with the lowest RU (<90) within the top 15 SRGs were Gastroenterology, Endocrinology, Neurology, Non-subspecialty Medicine, Qualified Neonates and Thoracic Surgery.

Table 56: Public Private RU Darling Downs Health residents o to 14 years - Top 15 SRGs by total separations 2016/17

	Pr	ivate	P	ubilc	All h	ospitals
SRG 8	RU	Separations	RU	Separations	RU	Separations
Ear, Nose and Throat	115.09	572	109.41	896	111.56	1,468
Respiratory Medicine	146.03	81	95.29	1,139	97.54	1,220
Qualified Neonate	63.49	96	86.71	850	83.60	946
Non Subspecialty Surgery	135.77	127	86.49	658	91.88	785
Orthopaedics	124.76	166	91.79	525	98.01	691
Dentistry	148.51	360	74.08	142	115.64	502
Non Subspecialty Medicine	97.35	70	66.69	397	69.99	467
Immunology and Infections	149.81	18	91.48	253	93.90	271
Neurosurgery	147.13	8	103.60	249	104.56	257
Gastroenterology	207.00	39	54.54	157	63.91	196
Neurology	172.67	16	75.97	168	79.86	184
Mental Health	-	-	188.01	177	187.28	177
Thoracic Surgery	104.59	81	69.11	73	84.12	154
Urology	115.41	42	90.58	111	96.26	153
Endocrinology	134.75	19	74.70	125	79.37	144
All other SRGs		139		563		702
Grand Total	119.26	1,834	89.07	6,483	94.33	8,317

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); HSRAM, System Planning Branch, Qld DoH. Note: Excludes Chemotherapy, Diagnostic Endoscopy, Interventional Cardiology, Extensive Burns, Renal Dialysis, Transplantation, Unallocated and Unqualified Neonates.

A detailed analysis of the RU of same day hospital services by Darling Downs Health adult residents aged 15 years and over is shown in the Table below. The greatest number of same day separations for public and private hospitals was in Ophthalmology. This was due to a very high number of private separations – three times greater than the public number of separations. The RU for public ophthalmology was only 32 percent lower than the State average and the private RU for ophthalmology was 11 percent below the State average. Orthopaedics, Non-subspecialty medicine, cardiology, urology and immunology and infections had higher than State average RU for private same day separations and lower than the State average for public same day separations. Haematology, Dentistry and Obstetrics exceeded the State average in both public and private hospitals. Mental Health and Plastic and Reconstructive Surgery were significantly less than the state average in both public and private (470).

Table 57: Public Private Relative Utilisation, Darling Downs Health residents by same day separations aged 15 years and over - Top 15 SRG's - 2016/17

	Pr	ivate	P	ubilc	Allh	ospitals
SRG 8	RU	Separations	RU	Separations	RU	Separations
Ophthalmology	89.16	3,644	68.61	999	83.76	4,643
Orthopaedics	104.66	2,238	85.08	1,854	94.78	4,092
Haematology	152.17	2,445	105.63	1,423	130.95	3,868
Non Subspecialty Medicine	106.27	1,937	66.59	1,333	85.50	3,270
Obstetrics	118.27	128	163.81	2,988	161.26	3,116
Gynaecology	89.39	1,735	95.44	1,044	91.57	2,779
Non Subspecialty Surgery	89.56	373	85.38	2,195	85.97	2,568
Cardiology	146.98	341	90.49	1,932	96.03	2,273
Urology	107.41	1,050	73.95	823	89.60	1,873
Neurology	76.07	485	77.30	1,307	76.96	1,792
Immunology and Infections	145.86	1,167	77.58	557	113.57	1,724

	Private		P	ubilc	All hospitals		
SRG 8	RU	Separations	RU	Separations	RU	Separations	
Mental Health	32.08	907	68.66	517	39.78	1,424	
Plastic and Reconstructive Surgery	50.08	805	70.01	619	57.15	1,424	
Dentistry	147.42	1,183	108.36	221	139.50	1,404	
Ear, Nose and Throat	59.07	179	115.63	915	99.97	1,094	
All Other SRGs		1,737		3,673		5,410	
Grand Total	79.41	20,354	87.17	22,400	83.29	42,754	

Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: Excludes Chemotherapy, Diagnostic Endoscopy, Interventional Cardiology, Extensive Burns, Renal Dialysis, Transplantation, Unallocated and Unqualified Neonates.

The following table provides an overview of utilisation and separations based on planning region for Darling Downs Health residents.

Table 58: Comparison of separations by planning region and population by planning region

Place of Residence	DDHHS Resident separations as a total of DDHHS separations 16-17	DDHHS Resident separations as a percentage (%) of total DDHHS separations 16-17	Percentage (%) of total DDHHS population	% of DDHHS resident separations provided at hospitals in Planning region
Darling Downs - East	9,792.00	16%	15%	7%
Goondiwindi	2,525.00	4%	4%	3%
South Burnett	9,348.00	15%	12%	11%
Southern Downs	10,234.00	17%	15%	11%
Toowoomba	25,397.00	41%	48%	41%
Western Downs	4,381.00	7%	6%	4%

Note: planning region separations as a percentage of total DDHHS separations does not total 100 percent due to a percentage of patients treated outside the planning region. Source: AIM Inpatient Projections (Base Year 16/17; ASGS 2011); Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Chemotherapy, Diagnostic Endoscopy, Interventional Cardiology, Extensive Burns, Renal Dialysis, Transplantation, Unallocated and Unqualified Neonates.



4 THE ROLE OF TOOWOOMBA HOSPITAL

KEY FINDINGS

In 2016/17, the SRG Mental Health accounted for the greatest number of adult bed days (25.4 percent of total bed days, 32,752), followed by the SRG Orthopaedics (7.7 percent of total bed days, 9,875) and the SRG Obstetrics (7.0 percent of the total bed days, 9,058).

Within the top 10 SRGS for total adult Bed Days, two SRG have an ALOS more than 10 days. These were SRG Other Non-Acute (ALOS 18.17 days) and SRG Mental Health (ALOS 12.21 days).

Half (53 percent, 21,741) of all Toowoomba Hospital adult separations were same day separations. The SRG Chemotherapy had the highest percentage of same day separations (100 percent same day, 3,826) followed by the SRG Diagnostic GI Endoscopy (90 percent same day, 3,339) and the SRG Haematology (82 percent same day, 864)

The SRG Obstetrics accounted for the greatest number of adult separations (12.5 percent of total separations, 5,113), followed by the SRG Chemotherapy (9.4 percent of total separations, 3,826) and the SRG Diagnostic GI endoscopy (9.1 percent of total separations, 3,704). The high number of obstetric admissions is of interest, given on average there are 2,000 births at Toowoomba Hospital indicating a high number of prenatal admissions. Further investigations on postcode and health status of mothers (obesity) may be of interest.

Of the total adult separations at Toowoomba Hospital in 2016/17, 12 percent (4,904) were chargeable separations. The SRG Geriatric Management (non-acute) accounted for the greatest percentage of chargeable separations (41 percent of total SRG separations, 38), followed by rehabilitation (non-acute) (27 percent of total SRG separations, 33) and the SRG Other non-acute (27 percent of total SRG separations, 64).

In 2016/17, there were 3,722 total paediatric separations from Toowoomba Hospital, which accounted for a total of 8,506 total bed days. Of these, 36 percent (1,342) were same day separations and the ALOS across all patients were 2.3 days. The SRG Ear, Nose and Throat accounted for the greatest number of paediatric separations (17.8 percent of total separations, 662), followed by the SRG Qualified Neonate (17.7 percent of total separations, 659) and the SRG Respiratory Medicine (15 percent of total separations, 557).

Annual growth (compound) from 2009/110 to 2016/17 was 7 percent per annum for Toowoomba Hospital and this is significantly higher than AIM projections (see next section). Since 2009/10 emergency separations at Toowoomba Hospital increased at an annual rate of 9 percent per annum compared to nonemergency separations at a rate of 6 percent per annum.

SRG Non-Subspecialty Surgery had the greatest growth between 2012/13 to 2016/17 (excluding SRG Diagnostic GI Endoscopy and SRG Chemotherapy due to admission practice changes) with a total increase in annual separations from 2,286 to 3,750 or 64 percent increase (additional separations 1,464 including outsourced activity).

Emergency separations increased by 13 percent per annum (annual growth) and non-emergency separations increased by 5 percent per annum for the SRG Non-Subspecialty Surgery over seven-year period from 2009/10 to 2016/17.

At Toowoomba Hospital, Average Length of Stay (ALOS) for the Top 10 SRG of greatest total volume (in separations) at Toowoomba Hospital in 2016/17, showed a reduction between 2012/13 and 2016/17, with an exception of SRG Neurology.

While separations for the SRG Ophthalmology and SRG Palliative (non-acute) have increased since 2012/13, the overall trend over the five-year period was a decline in volume.

Five SRGs namely SRG Ophthalmology, SRG Rehabilitation (non-acute), SRG Qualified Neonate, SRG Geriatric Management (non-acute) and SRG Palliative (non-acute), were identified as having a lower number of total separations in 2016/17 than in 2012/13.

The annual growth rate of the chargeable patients between 2012/13 and 2016/17 was 16 percent increase. The total chargeable patients have grown by 107 percent (2,785), with a noticeable 120 percent change (1,264) and 17 percent annual growth rate for chargeable same day patients for the period. The change percentage for overnight chargeable patient was 98 percent (1,521).

STRATEGIC QUESTIONS

The majority of increased separations at Toowoomba Hospital is for emergency admissions. Is the increase in emergency activity limiting our ability to undertake elective work? How will the proposed new Day Surgery assist? Has theatre 7 made a difference or has the additional capacity merely been absorbed by the increase in emergency surgery? Will this result in elective surgery being capped in the future due to number of theatres available?

Which areas will the ageing population most impact on e.g. rehabilitation (non-acute) geriatric management, emergency orthopaedics, non-subspecialty surgery, cardiology or neurology?

Are programs such as Hospital in the Home, Hospital in the Nursing Home, community based rehabilitation, primary care and prevention programs sufficiently resourced to make an impact at a whole of population level? What are the barriers to expanding their capacity to meet future demand? Are these services efficient in rural areas, given the distances required to be travelled?

To what extent does Toowoomba Hospital assume the role of 'referral hospital'? Certainly, there are a high number of separations at Toowoomba Hospital for residents from other HHSs.

Given the rate of chargeable separations – are there gaps in our private provider services in Toowoomba? What capacity is there for chargeable overnight patients to be admitted at private facilities to reduce the demand on Toowoomba Hospital beds?

Why did the number of separations for SRGs Rehabilitation (non-acute) and Geriatric Management decrease in the five years to 2016/17? Are the predictions for large percentage increases in these SRGs as relevant as they seem in terms of future bed days required?



4.1 SERVICE PROFILE



Location

Toowoomba Hospital is a tertiary referral hospital.



Size

302 beds, 70 bed alternatives and 10 cots and a helipad.



Capability

Toowoomba Hospital Clinical Services Capability Framework (CSCF) is 5. Service level CSCF ratings are provided in Appendix 1.



Services

provided at the facility are provided in Appendix 2.

4.2 CURRENT SERVICE PROVISION

The service profile for Toowoomba Hospital includes public patients treated in private facilities (outsourced patients). This is included to provide information on the total services provided by Toowoomba Hospital.

Overview

In 2016/17 there were 44,511 total separations (including adults and children) from Toowoomba Hospital, accounting for 137,660 total bed days. Of these 52 percent were same day separations (23,083 separations) and the Average Length of Stay (ALOS) across all adult patients was 3.09 days.

The SRG Obstetrics accounted for the greatest number of separations (11 percent of total separations, 5,119), followed by the SRG Chemotherapy (8.7 percent of total separations, 3,867). The SRG Mental Health had the greatest number of bed days (33,508) followed by SRG Orthopaedics (10,415). Rehabilitation (non-acute) had the longest average length of stay (25.89).

Table 59: Top 10 SRGs by total separations Toowoomba Hospital 2016/17

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% of Total Seps	% of Total Bed days
Obstetrics	2,567	2,552	5,119	50%	9,070	1.77	11.5%	6.6%
Chemotherapy		3,867	3,867	100%	3,867	1.00	8.7%	2.8%
Non-Subspecialty Surgery	2,119	1,631	3,750	43%	7,941	2.12	8.4%	5.8%
Diagnostic GI Endoscopy	370	3,347	3,717	90%	5,129	1.36	8.4%	3.7%
Orthopaedics	2,218	1,412	3,630	39%	10,415	2.87	8.2%	7.6%
Cardiology	1,376	1,044	2,420	43%	5,131	2.12	5.4%	3.7%
Respiratory Medicine	1,523	644	2,167	30%	6,961	3.21	4.9%	5.1%
Ear, Nose and Throat	911	1,203	2,114	57%	2,659	1.26	4.7%	1.9%
Mental Health	1, 553	451	2,004	23%	33,508	11.37	4.5%	24.3%
Neurology	1,096	772	1,868	41%	5,816	3.11	4.2%	4.2%
Other	7,695	6,160	13,855	44%	47,163	3.40	31.1%	34.3%
Total	21,428	23,083	44,511	52%	137,660	3.09	100%	100%

4.2.1 SERVICES FOR ADULTS (15+ YEARS)

In 2016/17 there were 40,789 total adult separations from Toowoomba Hospital, which accounted for 129,059 total bed days. Of these 53 percent (21,741) were same day separations and the Average Length of Stay (ALOS) across all adult patients was 2.9 days.

The SRG Obstetrics accounted for the greatest number of separations (12.5 percent of total separations, 5,113), followed by the SRG Chemotherapy (9.4 percent of total separations, 3,826) and the SRG Diagnostic GI endoscopy (9.1 percent of total separations, 3,704).

Table 60: Top 10 SRGs by total adult separations (including bed days), Toowoomba Hospital, by SRG by stay type, 2016/17

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% of Total Seps	% of Total Bed days
Obstetrics	2,564	2,549	5,113	6%	9,058	1.77	12.5%	7.0%
Chemotherapy		3,826	3,826	9%	3,826	1.00	9.4%	3.0%
Diagnostic GI Endoscopy	365	3,339	3,704	8%	5,116	1.37	9.1%	4.0%
Non- Subspecialty Surgery	1,914	1,487	3,401	4%	7,421	2.18	8.3%	5.8%
Orthopaedics	1,977	1,267	3,244	3%	9,875	3.04	8.0%	7.7%
Cardiology	1,373	1,040	2,413	3%	5,118	2.12	5.9%	4.0%
Mental Health	1,485	327	1,812	1%	32,752	12.21	4.4%	25.4%
Neurology	1,059	744	1,803	2%	5,732	3.18	4.4%	4.4%
Non- Subspecialty Medicine	796	901	1,697	2%	3,900	2.30	4.2%	3.0%
Respiratory Medicine	1,150	460	1,610	1%	6,095	3.79	3.9%	4.7%
Other	6,365	5,801	12,166	14%	40,166	3.29	29.8%	31.1%
TOTAL	19,048	21,741	40,789	53%	129,059	2.90	100.0%	100.0%

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates.

The SRG Mental Health (25.4 percent of total bed days, 32,752) accounted for the greatest number of adult bed days followed by the SRG Orthopaedics (7.7 percent of total bed days, 9,875) and the SRG Obstetrics (7.0 percent of the total bed days, 9,058).

Within the top 10 SRGs for the total adult Bed days, two SRG had an ALOS in excess to 10 days. These are SRG Other Non-Acute (ALOS 18.17 days) and SRG Mental Health (ALOS 12.21 days).

Table 61: Top 10 SRGs by total adult bed days (including separations), Toowoomba Hospital, by SRG by stay type, 2016/17

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% of Total Seps	% of Total Bed days
Mental Health	1,485	327	1,812	18%	32,752	12.21	4.4%	25.4%
Orthopaedics	1,977	1,267	3,244	39%	9,875	3.04	8.0%	7.7%
Obstetrics	2,564	2,549	5,113	50%	9,058	1.77	12.5%	7.0%
Non- Subspecialty Surgery	1,914	1,487	3,401	44%	7,421	2.18	8.3%	5.8%
Respiratory Medicine	1,150	460	1,610	29%	6,095	3.79	3.9%	4.7%
Neurology	1,059	744	1,803	41%	5,732	3.18	4.4%	4.4%
Cardiology	1,373	1,040	2,413	43%	5,118	2.12	5.9%	4.0%
Diagnostic GI Endoscopy	365	3,339	3,704	90%	5,116	1.37	9.1%	4.0%
Other Non-Acute	238	1	239	0%	4,493	18.17	0.6%	3.5%
Non- Subspecialty Medicine	796	901	1,697	53%	3,900	2.30	4.2%	3.0%
Other	6,127	9,626	15,753	61%	39,499	3.11	38.6%	30.6%
TOTAL	19,048	21,741	40,789	53%	129,059	2.90	100.0%	100.0%

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates.

In 2016/17, 53 percent (21,741) of all Toowoomba Hospital adult separations were same day separations. The SRG Chemotherapy had the highest percentage of same day separations (100 percent same day, 3,826) followed by the SRG Diagnostic GI Endoscopy (90 percent same day, 3,339) and the SRG Haematology (82 percent same day, 864).

Table 62: Top 15 SRGs for percentage same day adult separations, Toowoomba Hospital, by Stay type, 2016/17

SRG 8	Overnight	Same Day	Total Seps	% Same Day
Chemotherapy		3,826	3,826	100%
Diagnostic GI Endoscopy	365	3,339	3,704	90%
Haematology	185	864	1,049	82%
Dermatology	31	110	141	78%
Dentistry	62	176	238	74%
Ophthalmology	21	49	70	70%
Gynaecology	446	845	1,291	65%
Plastic and Reconstructive Surgery	196	342	538	64%
Ear, Nose and Throat	556	896	1,452	62%
Neurosurgery	138	159	297	54%
Non- Subspecialty Medicine	796	901	1,697	53%
Renal Medicine	244	247	491	50%
Obstetrics	2,564	2,549	5,113	50%
Urology	515	499	1,014	49%
Vascular Surgery	112	102	214	48%
Other	12,817	6,837	19,654	35%
Total	19,048	21,741	40,789	53%

Source: AIM Base Case 16/17 and Base Case - Inpatient Projections (Base Year 2016-17, ASGS 2011). Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: excludes Renal Dialysis and Unqualified Neonates.

Of the total adult separations at Toowoomba Hospital in 2016/17, 12 percent (4,904) were chargeable separations. Within the SRG groupings SRG Geriatric Management (non-acute) accounted for the greatest percentage of chargeable separations (41 percent of Geriatric Management SRG separations, 38), followed by Rehabilitation (non-acute) (27 percent of Rehabilitation SRG separations, 33) and the SRG Other non-acute (27 percent of Other non-acute SRG separations, 64).

From the Top 14, the greatest volumes of chargeable patients were for SRG Cardiology (613 separations accounting for 25 percent of total SRG separations), and SRG Non-Speciality Surgery (523 separations accounting for 15 percent of total SRG separations).

Table 63: Top 14 for SRGs adult separations, Toowoomba Hospital, by chargeable status, 2016/17

SRG 8	Chargeable	Non-Chargeable	Total	% Chargeable
Geriatric Management (non-acute)	38	54	92	41%
Rehabilitation (non-acute)	33	89	122	27%
Other Non-Acute	64	175	239	27%
Cardiology	613	1,800	2,413	25%
Rheumatology	28	91	119	24%
Neurology	421	1,382	1,803	23%
Non- Subspecialty Medicine	335	1,362	1,697	20%
Immunology and Infections	179	823	1,002	18%
Palliative (non-acute)	42	198	240	18%
Respiratory Medicine	278	1,332	1,610	17%
Neurosurgery	51	246	297	17%
Non- Subspecialty Surgery	523	2,878	3,401	15%
Haematological Surgery	6	37	43	14%
Gastroenterology	91	578	669	14%
Other	2,202	24,840	27,042	8%
Total	4,904	35885	40789	12%

4.2.2 SERVICES FOR CHILDREN (0-14 YEARS)

In 2016/17, there were 3,722 total paediatric separations from Toowoomba Hospital, which accounted for a total of 8,506 total bed days. Of these, 36 percent (1,342) were same day separations and the ALOS across all patients were 2.3 days.

The SRG Ear, Nose and Throat accounted for the greatest number of separations (17.8 percent of total separations, 662), followed by the SRG Qualified Neonate (17.7 percent of total separations, 659) and the SRG Respiratory Medicine (15 percent of total separations, 557). Refer to Table 64, which represents the Top 10 SRGs in terms of total separations at Toowoomba Hospital in 2016/17.

Table 64: Top 10 SRGs by total Paediatric separations (including bed days), Toowoomba Hospital, by SRG by stay type, 2016/17

SRG 8	Overnight+	Same Day	Total Seps	% Same Day	Total Bed days	ALOS (days)	% of Total Seps	% of Total Bed days
Ear, Nose and Throat	355	307	662	46%	770	1.16	17.8%	9.1%
Qualified Neonate	638	21	659	3%	3,850	5.84	17.7%	45.3%
Respiratory Medicine	373	184	557	33%	866	1.55	15.0%	10.2%
Orthopaedics	241	145	386	38%	540	1.40	10.4%	6.3%
Non- Subspecialty Surgery	205	144	349	41%	520	1.49	9.4%	6.1%
Mental Health	68	124	192	65%	661	3.44	5.2%	7.8%
Non- Subspecialty Medicine	102	53	155	34%	225	1.45	4.2%	2.6%
Neurosurgery	23	102	125	82%	133	1.06	3.4%	1.6%
Dentistry	9	72	81	89%	86	1.06	2.2%	1.0%
Immunology and Infections	66	14	80	18%	162	2.03	2.1%	1.9%
Other	300	176	476	37%	693	1.46	12.8%	8.1%
TOTAL	2,380	1,342	3,722	36%	8,506	2.29	100.0%	100.0%

Source: AIM Base Case - Inpatient Projections (Base Year 2016-17) (Published by the State of Queensland (Queensland Health), 2018. Note: Includes public patients in private hospital and Excludes Renal dialysis and unqualified Neonates.

The SRG Qualified Neonate (45.3 percent of total bed days, 3,850) accounted for the greatest number of bed days followed by the SRG Respiratory Medicine (10.2 percent of total bed days, 866) and the SRG Ear, Nose and Throat (9.1 percent of the total bed days, 770).

Within the top 10 SRGs for the total paediatric bed days, two SRG had an ALOS in excess of two (2) days. These are SRG Other Qualified neonate (ALOS 5.84 days) and SRG Mental Health (ALOS 3.44 days).

Table 65: Top 10 SRGs by total Paediatric bed days (including separations), Toowoomba Hospital, by SRG by stay type, 2016/17

SRG 8	Overnight+	Same Day	Total Seps	% Same Day	Total Bed days	ALOS (days)	% of Total Seps	% of Total Bed days
Qualified Neonate	638	21	659	3%	3,850	5.84	17.7%	45.3%
Respiratory Medicine	373	184	557	33%	866	1.55	15.0%	10.2%
Ear, Nose and Throat	355	307	662	46%	770	1.16	17.8%	9.1%
Mental Health	68	124	192	65%	661	3.44	5.2%	7.8%
Orthopaedics	241	145	386	38%	540	1.40	10.4%	6.3%
Non- Subspecialty Surgery	205	144	349	41%	520	1.49	9.4%	6.1%
Non- Subspecialty Medicine	102	53	155	34%	225	1.45	4.2%	2.6%
Immunology and Infections	66	14	80	18%	162	2.03	2.1%	1.9%
Neurosurgery	23	102	125	82%	133	1.06	3.4%	1.6%
Endocrinology	52	15	67	22%	131	1.96	1.8%	1.5%
Other	257	233	490	48%	648	1.32	13.2%	7.6%
Grand Total	2,380	1,342	3,722	36%	8,506	2.29	100.0%	100.0%

Source: AIM Base Case - Inpatient Projections (Base Year 2016-17) (Published by the State of Queensland (Queensland Health), 2018. Note: Includes public patients in private hospital and Excludes Renal dialysis and Unqualified Neonates.

In 2016/17, 36 percent (1,342) of all Toowoomba Hospital paediatric separations were same day separations (refer to Table 66 below). The SRG Chemotherapy had the highest percentage of same day separations (100 percent same day, 41) followed by the SRG Haematological surgery (100 percent same day, 1) and the SRG Dentistry (89 percent same day, 72).

From the top 15 SRGs for same day paediatric separation, the greatest volumes of same day patients were for SRG Ear, Nose and Throat (307 same day separations accounting for 46 percent of total SRG separations), and SRG Mental Health (124 same day separations accounting for 65 percent of total SRG separations).

Table 66: Top 15 SRGs for percentage same day paediatric separations, Toowoomba Hospital, by Stay type, 2016/17

SRG 8	Overnight	Same Day	Total Seps	% Same Day
Chemotherapy		41	41	100%
Haematological Surgery		1	1	100%
Dentistry	9	72	81	89%
Neurosurgery	23	102	125	82%
Mental Health	68	124	192	65%
Ophthalmology	3	5	8	63%
Diagnostic GI Endoscopy	5	8	13	62%
Plastic and Reconstructive Surgery	7	10	17	59%
Cardiology	3	4	7	57%
Drug and Alcohol	12	16	28	57%
Head and Neck Surgery	5	5	10	50%
Obstetrics	3	3	6	50%
Ear, Nose and Throat	355	307	662	46%
Dermatology	10	8	18	44%
Neurology	37	28	65	43%
Other	1,840	608	2,448	25%
Grand Total	2,380	1,342	3,722	36%



4.3 HISTORICAL TRENDS IN SERVICE PROVISION

Historical trend for Toowoomba Hospital includes public patients treated in private facilities (outsourced patients). This was included to find the actual demand for the Toowoomba Hospital.

The top 10 SRGs of greatest volume at Toowoomba Hospital in 2016/17 were reviewed over the period 2012/13 to 2016/17 (the 'base year').

Of these SRGs, the SRG with the greatest growth in terms of the total number of separations was SRG Chemotherapy (3,855 separation increase), followed by SRG Diagnostic GI Endoscopy (3,288 separation increase) followed by SRG Non-Subspecialty Surgery (1,464 separation increase). In earlier years SRG Chemotherapy and SRG Diagnostic GI Endoscopy were coded as outpatient occasions of services, however subsequently these were coded as inpatient episode of care.

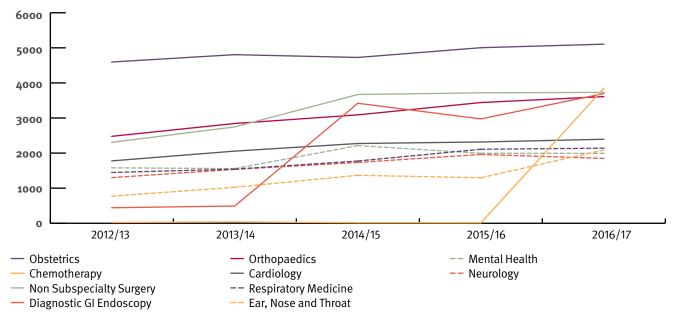
Table 67: Change in separations, top 10 SRG with greatest total volume of separations in 2016/17, Toowoomba Hospital, by SRG by year (2012/13 – 2016-17)

Stay Type	2012/13	2013/14	2014/15	2015/16	2016/17	Change (No.)	Change (%)	AGR^
Obstetrics	4,567	4,795	4,708	5,010	5,119	552	12%	3%
Chemotherapy	12	27	4	2	3,867	3,855	32125%	324%
Non Subspecialty Surgery	2,286	2,739	3,688	3,738	3,750	1,464	64%	13%
Diagnostic GI Endoscopy	429	479	3,437	2,987	3,717	3,288	766%	72%
Orthopaedics	2,457	2,836	3,091	3,455	3,630	1,173	48%	10%
Cardiology	1,759	2,058	2,290	2,336	2,420	661	38%	8%
Respiratory Medicine	1,431	1,531	1,778	2,133	2,167	736	51%	11%
Ear, Nose and Throat	757	1,020	1,371	1,299	2,114	1,357	179%	29%
Mental Health	1,565	1,540	2,240	2,006	2,004	439	28%	6%
Neurology	1,284	1 , 534	1,745	1,988	1,868	584	45%	10%
Other	9,233	10,435	12,215	13,538	13,855	4,622	50%	11%
TOTAL	25,780	28,994	36,567	38,492	44,511	18,731	73%	15%

^{*}Change in admission practice for SRG Chemotherapy from 2016/17 and SRG Diagnostic GI Endoscopy from 2014/15. ^ Annual Growth Rate. Source: Cross Section – Inpatient Projections, Base Year 2015/16 Published by the State of Queensland (Queensland Health), 2017 and Base case - Inpatient Projections, Base Year 2016/17 Published by the State of Queensland (Queensland Health), 2018. Note: Includes public patients in private hospital and excludes Renal dialysis and Unqualified neonates.

When this data is represented in figure form (rather than table form), highest volume of separations for 2016/17 can be seen for the SRG Obstetrics (5,119 total separations, representing 12 percent change), SRG Chemotherapy (3,867 total separations, representing >100 percent due to admission practice change) and SRG Non-Subspecialty Surgery (3,750 total separations, representing 64 percent change) between the years 2012/13 and 2016/17.

Figure 14: Change in separations, top 10 SRGs with greatest total volume of separations in 2016/17, Toowoomba Hospital, by year (2012/13 - 2016/17)



Source: Cross Section – Inpatient Projections, Base Year 2015/16 Published by the State of Queensland (Queensland Health), 2017 and Base case - Inpatient Projections, Base Year 2016/17 Published by the State of Queensland (Queensland Health), 2018. Note: Includes public patients in private hospital and excludes Renal Dialysis and Unqualified Neonates.

When the SRGs Chemotherapy and SRG Diagnostic GI Endoscopy are removed, the total change percentage between 2012/13 and 2016/17 is reduced from 73 percent to 46 percent, and the SRG Non-Specialty Medicine and SRG Gynaecology are moved to top ten high total volume separations.

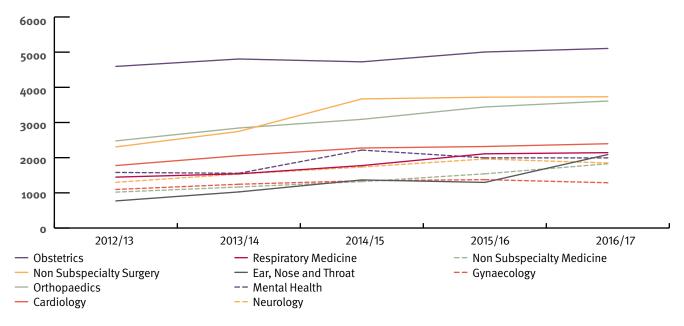
The SRG with the greatest growth in terms of the total number of separations were the SRG Non-Subspecialty Surgery (1,464 separation increase, representing 64 percent change), followed by SRG Ear, Nose and Throat (1,357 separation increase, representing 179 percent change) and the SRG Orthopaedics (1,173 separation increase, representing 48 percent change). For SRG Ear, Nose and Throat, a marked increase is noted between 2015/16 and 2016/17. This might mean several different things (including a change in admission practice), and consequently requires discussion with local staff prior to any conclusions being drawn. The SRG with the greatest growth as a percentage of change was the SRG Ear, Nose and Throat (179 percent) followed by SRG Non-Specialty medicine (84 percent) and SRG Non-Subspecialty surgery (64 percent).

Table 68: Change in separations, top 10 SRG with greatest total volume of separations in 2016/17, Toowoomba Hospital, by year (2012/13 - 2016-17). Excluding high volume procedures.

Stay Type	2012/13	2013/14	2014/15	2015/16	2016/17	Change (No.)	Change (%)	AGR^
Obstetrics	4,567	4,795	4,708	5,010	5,119	552	12%	3%
Non Subspecialty Surgery	2,286	2,739	3,688	3,738	3,750	1,464	64%	13%
Orthopaedics	2,457	2,836	3,091	3,455	3,630	1,173	48%	10%
Cardiology	1,759	2,058	2,290	2,336	2,420	661	38%	8%
Respiratory Medicine	1,431	1,531	1,778	2,133	2,167	736	51%	11%
Ear, Nose and Throat	757	1,020	1,371	1,299	2,114	1,357	179%	29%
Mental Health	1,565	1,540	2,240	2,006	2,004	439	28%	6%
Neurology	1,284	1,534	1,745	1,988	1,868	584	45%	10%
Non Subspecialty Medicine	1,006	1,159	1,320	1,553	1,852	846	84%	16%
Gynaecology	1,082	1,252	1,367	1,403	1,301	219	20%	5%
Other	7,145	8,024	9,528	10,582	10,702	3 , 557	50%	11%
TOTAL	25,339	28,488	33,126	35,503	36,927	11,588	46%	10%

When this data is represented in figure form (rather than table form), the highest volume of separations can be seen for the SRG Obstetrics (5,119 total separations, representing 12 percent change), SRG Non-Subspecialty Surgery (3,750 total separations, representing 64 percent change) and SRG Orthopaedics (3,630 total separations, representing 48 percent change) between the years 2012/13 and 2016/17.

Figure 15: Change in separations, top 10 SRGs with greatest total volume of separations in 2016/17, Toowoomba Hospital, by year (2012/13 - 2016/17)



Source: Cross Section – Inpatient Projections, Base Year 2015/16 Published by the State of Queensland (Queensland Health), 2017 and Base case - Inpatient Projections, Base Year 2016/17 Published by the State of Queensland (Queensland Health), 2018. Note: Includes public patients in private hospital and Excludes Chemotherapy, Diagnostic GI Endoscopy, Renal Dialysis and Unqualified Neonates.

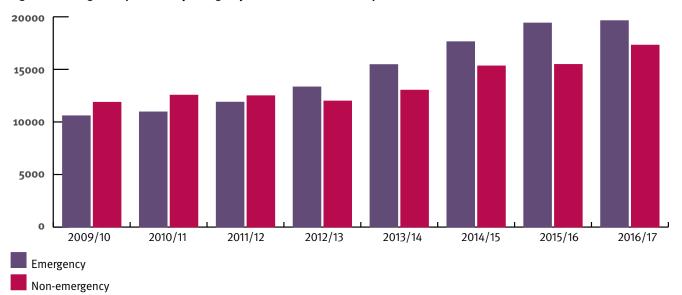
Emergency admissions increased at an annual growth rate of 9 percent compared to the non-emergency admissions at Toowoomba Hospital which increased at a rate of 6 percent over the seven year period (2009/10 to 2016/17).

Table 69: Change in separations by Emergency status – Toowoomba Hospital

Emergency Status	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Change (No.)	Change (%)	AGR^
Emergency	10595	10963	11891	13335	15456	17626	19400	19624	9029	85%	9%
Non-emergency	11878	12555	12498	11998	13029	15328	15470	17303	5425	46%	6%
Grand Total	22473	23518	24389	25333	28485	32954	34870	36927	14454	64%	7%



Figure 16: Change in separations by Emergency status - Toowoomba Hospital



Source: Cross Section – Inpatient Projections, Base Year 2015/16 Published by the State of Queensland (Queensland Health), 2017 and Base case - Inpatient Projections, Base Year 2016/17 Published by the State of Queensland (Queensland Health), 2018. Note: Includes public patients in private hospital and Excludes Chemotherapy, Diagnostic GI Endoscopy, Renal Dialysis and Unqualified Neonates.

4.3.1 SRG OBSTETRICS

The following tables and figures take a closer look at SRG Obstetrics, SRG Non-Subspecialty Surgery and SRG Orthopaedics at the ESRG level.

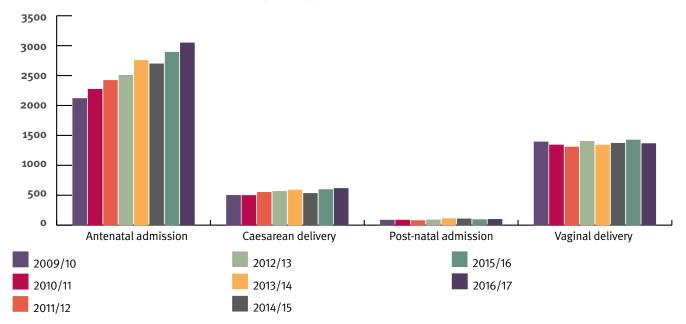
SRG Obstetrics is a grouping of four separate ESRG. The ESRG with the greatest volume of separations in each year from 2009/10 to 2016/17 is ESRG Ante-natal Admission followed by ESRG Vaginal Delivery. The ESRG with the lowest volume of separations in each year from 2009/10 to 2016/17 is ESRG Post-Natal Admission.

Table 70 shows that over this period, three of the four ESRGs have increased in volume of separations, while the remaining one has remained steady. The ESRG with the greatest volume increase over the period is ESRG Antenatal Admission. Whilst caesarean deliveries made up 26% of deliveries in 2009/10 this has increased to 31% of deliveries in 2016/17. Caesarean delivery as a proportion of caesarean and vaginal delivery, has increased by 5% between 2009/10 and 2016/17.

Table 70: Change in separations, SRG Obstetrics, by ESRG by year (2009/10 to 2016/17)

ESRG 8	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Ante-natal Admission	2116	2270	2420	2506	2754	2696	2891	3044
Caesarean Delivery	499	497	551	567	589	533	598	614
Post-natal Admission	85	86	80	91	112	108	96	98
Vaginal Delivery	1391	1340	1308	1403	1340	1371	1425	1363
TOTAL	4091	4193	4359	4567	4795	4708	5010	5119

Figure 17: Change in separations SRG Obstetrics, by ESRG by year (2009/10 to 2016/17)



Source: Cross Section – Inpatient Projections, Base Year 2015/16 Published by the State of Queensland (Queensland Health), 2017 and Base case - Inpatient Projections, Base Year 2016/17 Published by the State of Queensland (Queensland Health), 2018. Note: Includes public patients in private hospital and Excludes Chemotherapy, Diagnostic GI Endoscopy, Renal dialysis and unqualified neonates.

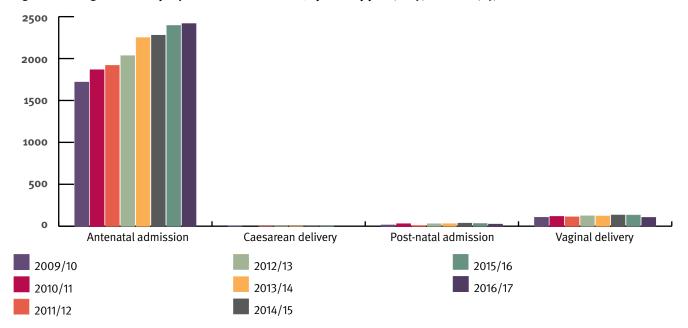
Table 71, Table 72 and Figure 18 and Figure 19 show these total volumes split between same day separations and overnight separations.

For same day separations, a steady rise in the trendline for ESRG Ante-natal admission can be seen from 2009/10 to 2016/17. This might mean several different things, and consequently requires discussion with local area staff prior to any conclusions being drawn.

Table 71: Change in same day separations, SRG Obstetrics, by ESRG by year (2009/10 to 2016/17)

ESRG 8	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Ante-natal Admission	1,718	1,865	1,918	2,034	2,249	2,277	2,393	2,414
Caesarean Delivery	1		1	1	1	1	1	
Post-natal Admission	19	34	14	35	36	42	38	29
Vaginal Delivery	110	121	117	129	127	139	138	109
TOTAL	1,848	2,020	2,050	2,199	2,413	2,459	2,570	2,552

Figure 18: Change in same day separations SRG Obstetrics, by ESRG by year (2009/10 to 2016/17)



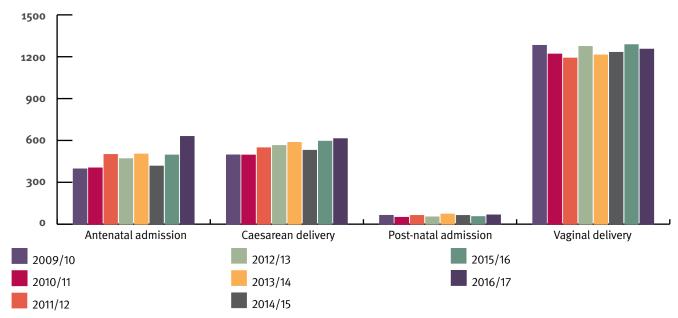
Source: Cross Section – Inpatient Projections, Base Year 2016/17 (file supplied by Qld DoH, November 2018) and AIM Base Case 16/17 (File supplied by Qld DoH, November 2018). Note: Includes public patients in private hospital

For overnight separations, a relatively constant trendline (growth or decline) pattern across all ESRGs except ESRG Ante-natal admission. For ESRG Ante-natal admission there has been greater growth (in terms of volume of separations) in same day separations than overnight separations. This consisted of a total of 3,044 separations (630 overnight separations and 2,414 same day separations for 2016/17.

Table 72: Change in overnight separations, SRG Obstetrics, by ESRG by year (2009/10 to 2016/17)

ESRG 8	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Ante-natal Admission	398	405	502	472	505	419	498	630
Caesarean Delivery	498	497	550	566	588	532	597	614
Post-natal Admission	66	52	66	56	76	66	58	69
Vaginal Delivery	1,281	1,219	1,191	1,274	1,213	1,232	1,287	1,254
TOTAL	2,243	2,173	2,309	2,368	2,382	2,249	2,440	2,567

Figure 19: Change in overnight separations SRG Obstetrics, by ESRG by year (2009/10 to 2016/17)



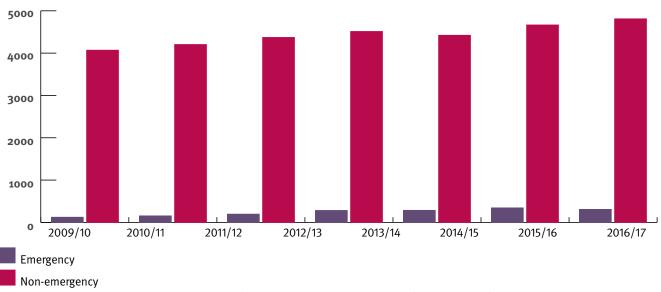
Emergency admissions for SRG Obstetrics increased at an annual growth rate of 11 percent per annum compared to the non-emergency admissions at Toowoomba Hospital which increased at a rate of 3 percent per annum over the seven-year period (2009/10 to 2016/17). Table 73 illustrates that the majority of the Obstetrics admission were non-emergency type over the years.

Table 73: Change in separations for SRG Obstetrics by Emergency status - Toowoomba Hospital

Emergency Status	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Change (No.)	Change (%)	AGR^
Emergency	153	124	156	197	284	287	345	309	156	102%	11%
Non-emergency	3,938	4,069	4,203	4,370	4,511	4,421	4,665	4,810	872	22%	3%
Grand Total	4,091	4,193	4,359	4,567	4,795	4,708	5,010	5,119	1,028	25%	3%

Source: Cross Section – Inpatient Projections, Base Year 2015/16 Published by the State of Queensland (Queensland Health), 2017 and Base case - Inpatient Projections, Base Year 2016/17 Published by the State of Queensland (Queensland Health), 2018. Note: Includes public patients in private hospital and Excludes Chemotherapy, Diagnostic GI Endoscopy, Renal dialysis and unqualified neonates.

Figure 20: Change in separations for SRG Obstetrics by Emergency status - Toowoomba Hospital



4.3.2 SRG NON-SPECIALTY SURGERY

SRG Non-Specialty Surgery is a grouping of eight separate ESRGs. The ESRG with the greatest volume of separations in each year from 2009/10 to 2016/17 is ESRG Digestive System Diagnosis incl. GI obstruction, followed by ESRG Abdominal pain. The ESRG with the lowest volume of separations in each year from 2009/10 to 2016/17 is ESRG Peritoneal Adhesiolysis.

Figure 21 shows that over this period, the ESRG with the greatest volume increase is ESRG Digestive System Diagnosis incl. GI Obstruction, with a relatively large jump in separations between 2014/15 and 2015/16 (growth from 750 separations in 2014/15 to 906 separations in 2015/16). This is closely followed by ESRG Abdominal Pain.

Table 74: Change in separations, SRG Non-Specialty Surgery, by ESRG by year (2009/10 to 2016/17)

ESRG 8	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Abdominal Pain	247	266	294	427	608	872	985	867
Appendectomy	212	197	235	205	271	254	245	289
Digestive System Diagnoses incl GI Obstruction	381	440	436	548	670	750	906	944
Hernia Procedures	248	248	137	177	158	462	238	251
Injuries - Non-surgical	349	348	407	460	538	693	691	714
Other Non-Specialty Surgery	205	219	212	178	227	248	293	302
Peritoneal Adhesiolysis	43	71	77	97	77	108	80	96
Post-operative Infections and Sequlae of Treatment	115	126	142	193	190	293	300	287
Grand Total	1,800	1,915	1,940	2,285	2,739	3,680	3,738	3,750

Source: Cross Section – Inpatient Projections, Base Year 2015/16 Published by the State of Queensland (Queensland Health), 2017 and Base case - Inpatient Projections, Base Year 2016/17 Published by the State of Queensland (Queensland Health), 2018. Note: Includes public patients in private hospital and Excludes Chemotherapy, Diagnostic GI Endoscopy, Renal dialysis and unqualified neonates.

Figure 21: Change in separations SRG Non-Specialty Surgery, by ESRG by year (2009/10 to 2016/17)

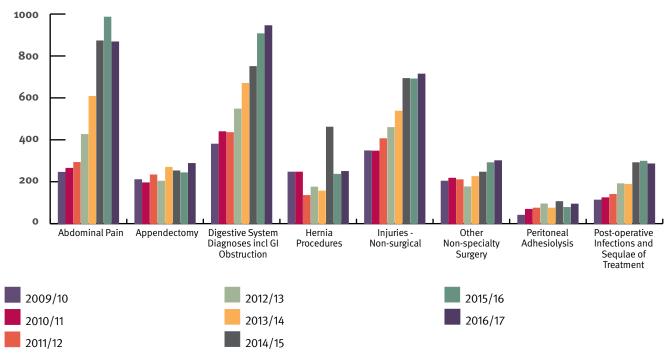


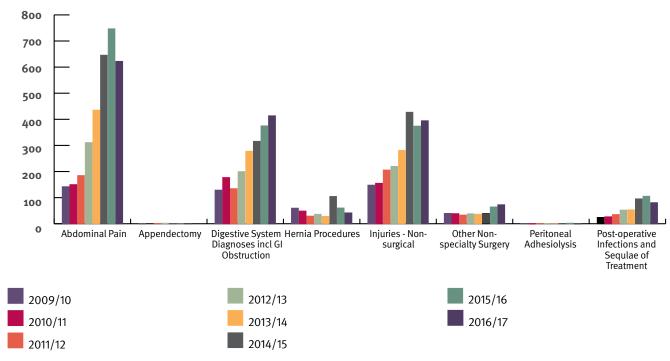
Table 75, Table 76 and Figure 22 and Figure 23 show these total volumes split between same day separations and overnight separations. The ESRG with the greatest volume of same day separations is ESRG Abdominal pain. Same day separations have been growing for the ESRG Digestive Systemic Diagnosis including GI Obstruction across the period.

Table 75: Change in same day separations, SRG Non-Specialty Surgery, by ESRG by year (2009/10 to 2016/17)

ESRG 8	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Abdominal Pain	143	151	186	312	436	646	747	622
Appendectomy	1		3	4	2	1	2	
Digestive System Diagnoses incl GI Obstruction	130	178	136	201	279	317	376	414
Hernia Procedures	61	50	31	38	30	106	62	43
Injuries - Non-surgical	149	156	207	221	282	428	375	395
Other Non-Specialty Surgery	41	40	35	40	38	41	66	74
Peritoneal Adhesiolysis	2	1	3	3	2	3	4	1
Post-operative Infections and Sequlae of Treatment	26	28	37	54	55	97	107	82
Grand Total	553	604	638	873	1,124	1,639	1,739	1,631

Source: Cross Section – Inpatient Projections, Base Year 2015/16 Published by the State of Queensland (Queensland Health), 2017 and Base case - Inpatient Projections, Base Year 2016/17 Published by the State of Queensland (Queensland Health), 2018. Note: Includes public patients in private hospital and Excludes Chemotherapy, Diagnostic GI Endoscopy, Renal dialysis and unqualified neonates.

Figure 22: Change in same day separations SRG Non-Specialty Surgery, by ESRG by year (2009/10 to 2016/17)



Source: Cross Section – Inpatient Projections, Base Year 2015/16 Published by the State of Queensland (Queensland Health), 2017 and Base case - Inpatient Projections, Base Year 2016/17 Published by the State of Queensland (Queensland Health), 2018. Note: Includes public patients in private hospital and Excludes Chemotherapy, Diagnostic GI Endoscopy, Renal dialysis and unqualified neonates.

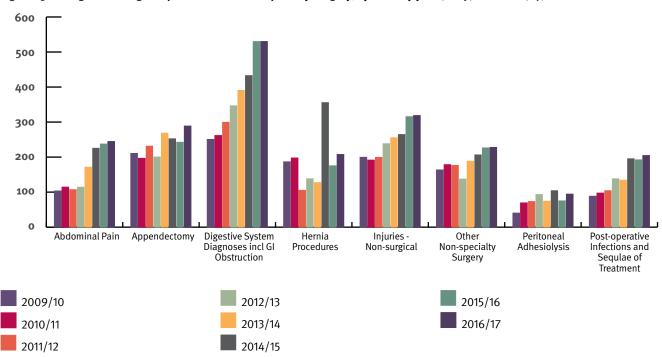
For overnight separations, a relatively constant trendline across all ESRGs can be seen, except for ESRG Hernia procedures, which increased considerably in volume in 2014/15 and declined in 2015/16. The ESRG with significant volumes of overnight separations is ESRG Digestive System Diagnosis incl. GI Obstruction with 530 overnight separations for 2016/17.

Table 76: Change in overnight separations, SRG Non-Specialty Surgery, by ESRG by year (2009/10 to 2016/17)

ESRG 8	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Abdominal Pain	104	115	108	115	172	226	238	245
Appendectomy	211	197	232	201	269	253	243	289
Digestive System Diagnoses incl GI Obstruction	251	262	300	347	391	433	530	530
Hernia Procedures	187	198	106	139	128	356	176	208
Injuries - Non-surgical	200	192	200	239	256	265	316	319
Other Non-specialty Surgery	164	179	177	138	189	207	227	228
Peritoneal Adhesiolysis	41	70	74	94	75	105	76	95
Post-operative Infections and Sequlae of Treatment	89	98	105	139	135	196	193	205
Grand Total	1,247	1,311	1,302	1,412	1,615	2,041	1,999	2,119

Source: Cross Section – Inpatient Projections, Base Year 2015/16 Published by the State of Queensland (Queensland Health), 2017 and Base case - Inpatient Projections, Base Year 2016/17 Published by the State of Queensland (Queensland Health), 2018. Note: Includes public patients in private hospital and Excludes Chemotherapy, Diagnostic GI Endoscopy, Renal dialysis and unqualified neonates.

Figure 23: Change in overnight separations SRG Non-Specialty Surgery, by ESRG by year (2009/10 to 2016/17)



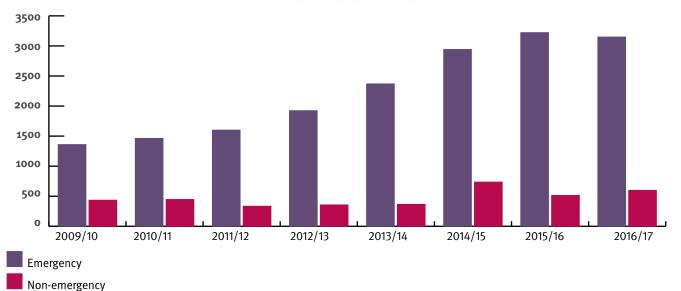
Source: Cross Section – Inpatient Projections, Base Year 2015/16 Published by the State of Queensland (Queensland Health), 2017 and Base case - Inpatient Projections, Base Year 2016/17 Published by the State of Queensland (Queensland Health), 2018. Note: Includes public patients in private hospital and Excludes Chemotherapy, Diagnostic GI Endoscopy, Renal dialysis and unqualified neonates.

Emergency admissions for SRG Non-Specialty Surgery increased at an annual growth rate of 13 percent compared to the non-emergency admissions at Toowoomba Hospital which increased at a rate of 4.6 percent over the seven-year period (2009/10 to 2016/17). Figure 24 illustrates that a majority of the SRG Non-Sub Specialty Surgery admission were emergency type over the years.

Table 77: Change in separations for SRG Non-Sub Specialty Surgery by Emergency status - Toowoomba Hospital

Emergency Status	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Change (No.)	Change (%)	AGR^
Emergency	1,362	1,465	1,602	1,925	2,370	2,941	3,221	3,148	1,786	131%	13%
Non-emergency	438	450	338	360	369	739	517	602	164	37%	5%
Grand Total	1,800	1,915	1,940	2,285	2,739	3,680	3,738	3,750	1,950	108%	11%

Figure 24: Change in separations for SRG Non-Sub Specialty Surgery by Emergency status - Toowoomba Hospital



4.3.3 SRG ORTHOPAEDICS

SRG Orthopaedics is a grouping of seven separate ESRG. The ESRG with the greatest volume of separations in each year from 2009/10 to 2016/17 is ESRG Other Orthopaedics - Non-Surgical followed by Other Orthopaedics - Surgical. The ESRG with the lowest volume of separations in each year from 2009/10 to 2016/17 is ESRG Local Excision and Removal of Internal Fixation Device excluding Hip and Femur.

Table 78 shows that over this period, four of the eight ESRGs have increased in volume of separations, while the remaining had changes over years. The ESRG with the greatest volume increase over the period is ESRG Other Orthopaedics - Non-Surgical followed by SRG Other Orthopaedics - Surgical and SRG Hip and Knee Replacement.

Table 78: Change in separations, SRG Orthopaedics, by ESRG by year (2009/10 to 2016/17)

ESRG 8	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Hip and Knee Replacement	292	252	247	209	318	294	423	428
Humerus, Tibia, Fibula and Ankle Procedures	199	196	214	244	210	212	227	253
Injuries to limbs - Medical	234	241	222	204	262	300	332	364
Knee Procedures	185	191	202	111	199	177	193	197
Local Excision and Removal of Internal Fixation Device Excl Hip and Femur	146	126	203	253	206	137	141	154
Other Orthopaedics - Non- Surgical	440	473	561	585	704	916	934	984
Other Orthopaedics - Surgical	563	500	543	562	600	630	683	737
Wrist and Hand Procedures incl Carpal Tunnel	435	318	397	289	337	423	522	513
Grand Total	2,494	2,297	2,589	2,457	2,836	3,089	3,455	3,630

1000 800 600 400 200 Hip and Knee Humerus, Tibia, Injuries to limbs -Local Excision and Other Other Wrist and Hand **Knee Procedures** Fibula and Ankle Medical Removal of Internal Orthopaedics -Orthopaedics -Procedures incl Procedures Fixation Device Non-Surgical Surgical Carpal Tunnel Excl Hip and Femur 2009/10 2012/13 2015/16 2010/11 2016/17 2011/12

Figure 25: Change in separations SRG Orthopaedics, by ESRG by year (2009/10 to 2016/17)

Table 79, Table 80 and Figure 26 and Figure 27 show these total volume split between same day separations and overnight separations.

For same day separations, a steady rise in the trendline for ESRG Other Orthopaedics - Non-Surgical can be seen from 2009/10 to 2016/17. ESRG Other Orthopaedics - Non-Surgical had highest number of same day separations. This might mean several different things, and consequently requires discussion with local area staff prior to any conclusions being drawn. ESRG Hip and Knee Replacement, ESRG Humerus, Tibia, Fibula and Ankle Procedures and ESRG Injuries to limbs - Medical had the lowest number of same day separations.

Table 79: Change in same day separations, SRG Orthopaedics, by ESRG by year (2009/10 to 2016/17)

ESRG 8	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Hip and Knee Replacement		1						
Humerus, Tibia, Fibula and Ankle Procedures	2	2	4	5	6	9	12	16
Injuries to limbs - Medical	2	4	2	2	2	12	9	3
Knee Procedures	101	104	129	55	102	78	114	137
Local Excision and Removal of Internal Fixation Device Excl Hip and Femur	111	101	178	227	193	114	116	122
Other Orthopaedics - Non- Surgical	319	367	434	459	555	710	716	767
Other Orthopaedics - Surgical	59	49	63	53	53	75	92	108
Wrist and Hand Procedures incl Carpal Tunnel	197	148	197	121	158	203	269	259
Grand Total	791	776	1,007	922	1,069	1,201	1,328	1,412

800 700 600 500 400 300 200 100 0 Hip and Knee Humerus, Tibia, Injuries to limbs - Knee Procedures Local Excision and Other Other Wrist and Hand Replacement Fibula and Ankle Medical Removal of Internal Orthopaedics -Orthopaedics -Procedures incl Procedures Fixation Device Non-Surgical Surgical Carpal Tunnel Excl Hip and Femur

Figure 26: Change in same day separations SRG Orthopaedics, by ESRG by year (2009/10 to 2016/17)

2015/16

2016/17

For overnight separations, a relatively constant trendline (growth or decline) pattern across all ESRG except ESRG Knee Procedures. For ESRG Other Orthopaedics - Non-Surgical there has been greater growth (in terms of volume of separations) in same day separations than overnight separations. This consisted of a total separation of 984 separations (217 overnight separations and 767 same day separations for 2016/17).

Table 80: Change in overnight separations, SRG Orthopaedics, by ESRG by year (2009/10 to 2016/17)

2012/13

ESRG 8	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Hip and Knee Replacement	292	251	247	209	318	294	423	428
Humerus, Tibia, Fibula and Ankle Procedures	197	194	210	239	204	203	215	237
Injuries to limbs - Medical	232	237	220	202	260	288	323	361
Knee Procedures	84	87	73	56	97	99	79	60
Local Excision and Removal of Internal Fixation Device Excl Hip and Femur	35	25	25	26	13	23	25	32
Other Orthopaedics - Non- Surgical	121	106	127	126	149	206	218	217
Other Orthopaedics - Surgical	504	451	480	509	547	555	591	629
Wrist and Hand Procedures incl Carpal Tunnel	238	170	200	168	179	220	253	254
Grand Total	1,703	1,521	1,582	1,535	1,767	1,888	2,127	2,218

Source: Cross Section – Inpatient Projections, Base Year 2015/16 published by the State of Queensland (Queensland Health), 2017 and AIM Base Case 16/17 (File supplied by Qld DoH, November 2018). Note: Includes Public Patients in Private Hospital

2009/10

2010/11

2011/12

800 700 600 500 400 300 200

Local Excision and

Removal of Internal

Fixation Device

Other

Orthopaedics -

Surgical

Wrist and Hand

Procedures incl

Carpal Tunnel

Other

Orthopaedics -

Non-Surgical

Figure 27: Change in overnight separations SRG Orthopaedics, by ESRG by year (2009/10 to 2016/17)



Medical

Injuries to limbs - Knee Procedures

100

0

Hip and Knee

Replacement

Humerus, Tibia,

Fibula and Ankle

Procedures

Source: Cross Section – Inpatient Projections, Base Year 2015/16 published by the State of Queensland (Queensland Health), 2017 and AIM Base Case 16/17 (File supplied by Qld DoH, November 2018). Note: Includes Public Patients in Private Hospital

Emergency separations for SRG Orthopaedics increased at an annual growth rate of 8 percent compared to the non-emergency separations at Toowoomba Hospital which increased at a rate of 3 percent over the seven-year period (2009/10 to 2016/17). Figure 28 illustrates that emergency separations for SRG orthopaedics had increased over time with higher proportions of emergency separations to non-emergency separations from 2014/15.

Table 81: Change in separations for SRG Orthopaedics by Emergency status - Toowoomba Hospital

Emergency Status	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Change (No.)	Change (%)	AGR^
Emergency	1,147	1,055	1,139	1,197	1,380	1,619	1,813	1,931	784	68%	8%
Non-emergency	1,347	1,242	1,450	1,260	1,456	1,470	1,642	1,699	352	26%	3%
Grand Total	2,494	2,297	2,589	2,457	2,836	3,089	3,455	3,630	1,136	46%	6%

Source: Cross Section – Inpatient Projections, Base Year 2015/16 published by the State of Queensland (Queensland Health), 2017 and AIM Base Case 16/17 (File supplied by Qld DoH, November 2018). Note: Includes Public Patients in Private Hospital

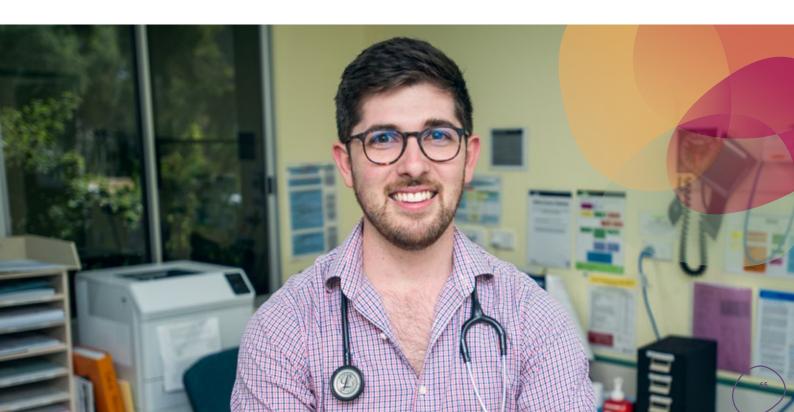
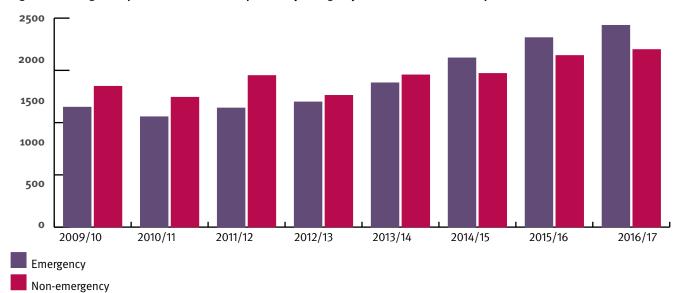


Figure 28: Change in separations for SRG Orthopaedics by Emergency status – Toowoomba Hospital



Source: Cross Section – Inpatient Projections, Base Year 2015/16 published by the State of Queensland (Queensland Health), 2017 and AIM Base Case 16/17 (File supplied by Qld DoH, November 2018). Note: Includes Public Patients in Private Hospital.

4.3.4 AVERAGE LENGTH OF STAY

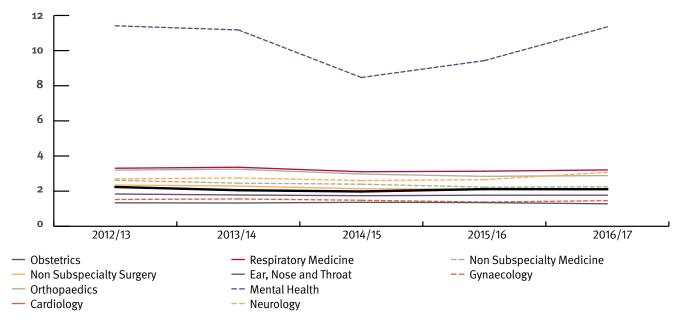
Table 82 and Figure 29 show that between 2012/13 and 2016/17, ALOS for the Top 10 SRG of greatest total volume (in separations) at Toowoomba Hospital in 2016/17 has reduced. The single exception for this is for SRG Neurology, which has increased slightly by 0.42 days over the period.

Table 82: ALOS for Top 10 SRGs with Greatest Total Volume of Separations in 2016/17, Toowoomba Hospital, by SRG by Year (2012/13 – 2016/17)

SRG 8	2012/13	2013/14	2014/15	2015/16	2016/17	Change (ALOS)
Cardiology	2.28	2.05	1.96	2.13	2.12	-0.16
Ear, Nose and Throat	1.36	1.34	1.41	1.38	1.26	-0.10
Gynaecology	1.56	1.60	1.50	1.36	1.47	-0.09
Mental Health	11.43	11.19	8.43	9.41	11.37	-0.06
Neurology	2.69	2.75	2.58	2.64	3.11	0.42
Non- Subspecialty Medicine	2.66	2.47	2.40	2.21	2.23	-0.44
Non- Subspecialty Surgery	2.39	2.32	2.12	2.09	2.12	-0.28
Obstetrics	1.88	1.79	1.72	1.77	1.77	-0.10
Orthopaedics	3.23	3.29	2.97	2.82	2.87	-0.36
Respiratory Medicine	3.33	3.40	3.08	3.12	3.21	-0.12

Note: SRG Chemotherapy and SRG Diagnostic GI Endoscopy were removed from the top 10 selections as data source is not the tool for projection of these two SRGs and there was a change in admission practice for SRG Chemotherapy from 2016/17 and SRG Diagnostic GI Endoscopy from 2014/15. Source: Cross Section – Inpatient Projections, Base Year 2016/17 (file supplied by Qld DoH, November 2018) and AIM Base Case 16/17 (File supplied by Qld DoH, November 2018). Note: Includes Public Patients in Private Hospital.

Figure 29: ALOS for Top 10 SRGs with Greatest Total Volume of Separations in 2016/17, Toowoomba Hospital, by SRG by Year (2012/13 - 2016/17)



Source: Cross Section – Inpatient Projections, Base Year 2016/17 and Base case - Inpatient Projections, Base Year 2016/17 Published by the State of Queensland (Queensland Health), 2018. Excludes Prolonged Ventilation, Renal Dialysis, Unqualified Neonates.

4.3.5 SRG WITH DECLINING VOLUMES

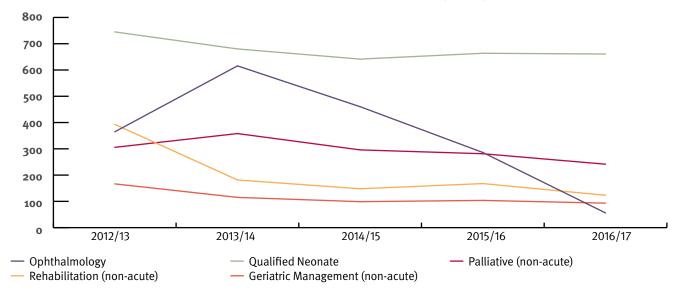
Five SRGs were identified as having a lower number of total separations in 2016/17 than in 2012/13. While separations for the SRG Ophthalmology increased in 2013/14 the overall trend over the four-year period remains one of decline for these SRGs. Refer Table 83 and Figure 30.

Table 83: SRG with a Declining No. of Total Separations, Toowoomba Hospital, by SRG by Year (2012/13 - 2016/17)

	2012/13	2013/14	2014/15	2015/16	2016/17	Change (No)	Change (%)	AGR^
Ophthalmology	365	617	461	286	55	-310	-85%	-38%
Rehabilitation (non-acute)	395	181	147	167	122	-273	-69%	-25%
Qualified Neonate	746	679	639	662	659	-87	-12%	-3%
Geriatric Management (non-acute)	169	115	98	103	92	-77	-46%	-14%
Palliative (non-acute)	306	360	296	281	240	-66	-22%	-6%

Source: Cross Section – Inpatient Projections, Base Year 2016/17 and Base case - Inpatient Projections, Base Year 2016/17 Published by the State of Queensland (Queensland Health), 2018. Excludes Prolonged Ventilation, Renal Dialysis, Unqualified Neonates. The table above excludes outsourced activity and would notably affect Ophthalmology figures. ^Annual Growth Rate.

Figure 30: Change in Separations, SRG with Declining Volumes, Toowoomba Hospital, by SRG by Year (2012/13 - 2016/17)



Source: Cross Section – Inpatient Projections, Base Year 2016/17 and AIM Base Case 16/17 Published by the State of Queensland (Queensland Health), 2018. Excludes Prolonged Ventilation, Renal Dialysis, Unqualified Neonates. The table above excludes outsourced activity and would notably affect Ophthalmology figures. Note: Includes Public Patients in Private Hospital.

4.3.6 SEPARATIONS BY CHARGEABLE STATUS

The Annual growth rate of the chargeable patients between 2012/13 and 2016/17 was 15 percent increase. The total chargeable patients have grown by 107 percent (2,785), with a noticeable 120 percent change (1,264) and 22 percent annual growth rate for chargeable same day patients for the period. The change percentage for overnight patient was 98 percent (1,521).

Table 84: SRG by Chargeable and Overnight and Same Day Status, Toowoomba Hospital, by Year (2012/13 - 2016/17)

Chargeable Status	Stay Type	2012/13	2013/14	2014/15	2015/16	2016/17	Change (No)	Change (%)	AGR^
Chargeable	Overnight+	1,558	2,284	2,577	3,009	3,079	1521	98%	19%
	Same Day	1,057	1,643	2,337	2,095	2,321	1,264	120%	22%
	Chargeable Total	2,615	3,927	4,914	5,104	5,400	2,785	107%	20%
Non-chargeable	Overnight+	14,839	15,578	16,581	17,855	18,349	3,510	24%	5%
	Same Day	8,272	9,321	13,279	14,840	20,762	12,490	151%	26%
	Non-chargeable Total	23,111	24,899	29,860	32,695	39,111	16,000	69%	14%
Grand Total		25,726	28,826	34,774	37,799	44,511	18,785	73%	15%

^Annual Growth Rate. Source: Cross Section – Inpatient Projections, Base Year 2016/17 and AIM Base Case 16/17 Data prepared by Health Service Research, Analysis and Modelling Unit (HSRAM), System Planning Branch, Strategy, Policy and Planning Division (SPPD), Department of Health, Queensland. Published by the State of Queensland (Queensland Health), 2018. Note: Includes Public Patients in Private Hospital and Excludes Renal dialysis and unqualified neonates.