4.4 PATIENT FLOW TO TOOWOOMBA HOSPITAL FROM RESIDENTS OUTSIDE DARLING DOWNS HEALTH

Of the total Toowoomba Hospital separations in 2016/17, 87 percent (38,747 separations, accounting for 111,034 or 88 percent of total bed Days) were residents of Darling Downs Health.

Of all non-Darling Downs Health residents, residents of the West Moreton HHS accounted for the greatest volume of separations and bed days at Darling Downs Health in 2016/17 (3,036 separations and 6,759 bed days). Residents of South West HHS represent 3 percent (1,273) of total separations. Whilst patients from "Other HHS" and "Interstate" accounted for 2% (or less) of separations and bed days.

Table 85: Total Separations by HHS of residence Toowoomba Hospital 2016/17

HHS of Residence	Separations	Bed days	% Total Separation	% Total Bed days
Darling Downs	38,747	111,034	87%	88%
West Moreton	3,036	6,759	7%	5%
South West	1,273	4,364	3%	3%
Other HHS	797	2,267	2%	2%
Interstate	658	2,266	1%	2%
Grand Total	44,511	126,690	100%	100%



Use of Toowoomba Hospital services by residents of the West Moreton, South West HHS and Interstate has been analysed separately within the following Sections 4.4.1 to 4.4.3

4.4.1 WEST MORETON HHS RESIDENTS USE OF TOOWOOMBA HOSPITAL SERVICES

Residents of West Moreton HHS accounted for 3,036 total separations at Toowoomba Hospital in 2016/17. Of these, 16 percent (487 separations) were for SRG Obstetrics, 12 percent (350 separations) were for SRG Diagnostic GI Endoscopy and 11 percent (330 separations) were for the SRG Chemotherapy. Table 87 shows top 10 SRGs based on separations and bed day adjusted when Chemotherapy and Diagnostic GI Endoscopy are removed. In terms of bed days residents of West Moreton accounted for 6,759 bed days at Toowoomba Hospital for 2016/17. Of these 12 percent (804 Bed days) were for SRG Obstetrics (ALOS of 1.7 days) and 11 percent (741 bed days) were of SRG Mental Health (ALOS 7.8 days).

SRG 8	Separations	Bed days	ALOS	% Total Separation	% Total Bed days
Obstetrics	487	804	1.7	16%	12%
Diagnostic GI Endoscopy	350	390	1.1	12%	6%
Chemotherapy	330	330	1.0	11%	5%
Non- Subspecialty Surgery	251	512	2.0	8%	8%
Orthopaedics	199	450	2.3	7%	7%
Cardiology	128	296	2.3	4%	4%
Non- Subspecialty Medicine	122	202	1.7	4%	3%
Ear, Nose and Throat	115	148	1.3	4%	2%
Neurology	112	306	2.7	4%	5%
Gynaecology	99	146	1.5	3%	2%
Other	843	3,175	3.8	28%	47%
TOTAL	3,036	6,759	2.2	100%	100%

Table 86: Top 10 Separations by SRG for West Moreton HHS residents (including Bed days and ALOS), Toowoomba Hospital, 2016/17

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: Includes Public Patients in Private Hospital and Excludes Renal dialysis and unqualified neonates.

Table 87: Top 10 Bed days by SRG for West Moreton HHS residents (including Separations and ALOS), Toowoomba Hospital,2016/17

SRG 8	Separations	Bed days	ALOS	% Total % Total Bed day Separation	
Obstetrics	487	804	1.7	16%	12%
Mental Health	95	741	7.8	3%	11%
Non- Subspecialty Surgery	251	512	2.0	8%	8%
Orthopaedics	199	450	2.3	7%	7%
Qualified Neonate	54	407	7.5	2%	6%
Diagnostic GI Endoscopy	350	390	1.1	12%	6%
Chemotherapy	330	330	1.0	11%	5%
Neurology	112	306	2.7	4%	5%
Respiratory Medicine	87	305	3.5	3%	5%
Cardiology	128	296	2.3	4%	4%
Other	943	2,218	2.4	31%	33%
TOTAL	3,036	6,759	2.2	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: Includes Public Patients in Private Hospital and Excludes Renal dialysis and unqualified neonates.

4.4.2 SOUTH WEST HHS RESIDENT'S USE OF TOOWOOMBA HOSPITAL SERVICES

Residents of the South West HHS accounted for 1,273 total separations at Toowoomba Hospital in 2016/17. Of these, 15 percent (187 separations) were for SRG Orthopaedics, and 11 percent (138 separations) were for SRG Obstetrics and 10 percent (126 separations) were for SRG Chemotherapy. In terms of bed days, residents of South West HHS accounted for 4,364 total bed days at Toowoomba Hospital in 2016/17. Of these, 16 percent (711 bed days) were for SRG Orthopaedics (ALOS of 3.8 days), and 7 percent (313 bed days) were for SRG Obstetrics (ALOS 2.3 days).

SRG 8	Separations	Bed days	ALOS	% Total Separation	% Total Bed days
Orthopaedics	187	711	3.8	15%	16%
Obstetrics	138	313	2.3	11%	7%
Chemotherapy*	126	126	1.0	10%	3%
Diagnostic GI Endoscopy*	107	176	1.6	8%	4%
Ear, Nose and Throat	96	127	1.3	8%	3%
Non- Subspecialty Surgery	90	235	2.6	7%	5%
Respiratory Medicine	62	282	4.5	5%	6%
Urology	37	60	1.6	3%	1%
Neurology	36	275	7.6	3%	6%
Cardiology	35	92	2.6	3%	2%
Other	359	1,967	5.5	28%	45%
TOTAL	1,273	4,364	3.4	100%	100%

Table 88: Top 10 Separations by SRG for South West HHS residents (including Bed days and ALOS), Toowoomba Hospital, 2016/17

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: Includes Public Patients in Private Hospital and Excludes Renal dialysis and unqualified neonates.

Table 89: Top 10 Bed days by SRG for South West HHS residents (including Separations and ALOS), Toowoomba Hospital, 2016/17

SRG 8	Separations	Bed days	ALOS	% Total Separation	% Total Bed days
Orthopaedics	187	711	3.8	15%	16%
Obstetrics	138	313	2.3	11%	7%
Respiratory Medicine	62	282	4.5	5%	6%
Neurology	36	275	7.6	3%	6%
Mental Health	23	247	10.7	2%	6%
Non- Subspecialty Surgery	90	235	2.6	7%	5%
Upper GIT Surgery	30	193	6.4	2%	4%
Qualified Neonate	20	192	9.6	2%	4%
Immunology and Infections	26	184	7.1	2%	4%
Diagnostic GI Endoscopy*	107	176	1.6	8%	4%
Other	554	1556	2.8	44%	36%
TOTAL	1,273	4,364	3.4	100%	100%

4.4.3 INTERSTATE RESIDENT'S USE OF TOOWOOMBA HOSPITAL SERVICES

Residents from Interstate accounted for 658 total separations at Toowoomba Hospital in 2016/17. Of these, 11 percent (72 separations) were for SRG Orthopaedics, and 10 percent (66 separations) were for SRG Non-Subspecialty Surgery and 10 percent (64 separations) were for SRG Ear, Nose and Throat. In terms of bed days, Interstate residents accounted for 2,266 total bed days at Toowoomba Hospital in 2016/17. Of these, 24 percent (552 bed days) were for SRG Mental Health (ALOS 23 days), and 9 percent (204 bed days) were for SRG Orthopaedics (ALOS 2.8 days).

SRG 8	Separations	Bed days	ALOS	% Total Separation	% Total Bed days
Orthopaedics	72	204	2.8	11%	9%
Non-Subspecialty Surgery	66	178	2.7	10%	8%
Ear, Nose and Throat	64	81	1.3	10%	4%
Diagnostic GI Endoscopy	47	52	1.1	7%	2%
Obstetrics	43	88	2.0	7%	4%
Respiratory Medicine	40	178	4.5	6%	8%
Cardiology	33	52	1.6	5%	2%
Non-Subspecialty Medicine	28	85	3.0	4%	4%
Chemotherapy	24	24	1.0	4%	1%
Mental Health	24	552	23.0	4%	24%
Other	217	772	3.6	33%	34%
TOTAL	658	2,266	3.4	100%	100%

Table of	o: To	p 10 Se	parations by	SRG for Inte	erstate resider	ts (including	g Bed days	s and ALOS).	Toowoomba Hos	pital, 20	016/17
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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), 2018Note: Includes Public Patients in Private Hospital for place of treatment and Northern NSW and Other Interstate for place of residents. Excludes Renal dialysis and unqualified neonates.

SRG 8	Separations	Bed days	ALOS	% Total Separation	% Total Bed days
Mental Health	24	552	23.0	4%	24%
Orthopaedics	72	204	2.8	11%	9%
Non- Subspecialty Surgery	66	178	2.7	10%	8%
Respiratory Medicine	40	178	4.5	6%	8%
Rehabilitation (non-acute)	4	143	35.8	1%	6%
Obstetrics	43	88	2.0	7%	4%
Non- Subspecialty Medicine	28	85	3.0	4%	4%
Ear, Nose and Throat	64	81	1.3	10%	4%
Neurology	19	77	4.1	3%	3%
Qualified Neonate	14	58	4.1	2%	3%
Other	284	622	2.2	43%	27%
TOTAL	658	2,266	3.4	100%	100%

Table 91: Top 10 Bed days by SRG for Interstate residents (including Separations and ALOS), Toowoomba Hospital, 2016/17

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: Includes Public Patients in Private Hospital for place of treatment and Northern NSW and Other Interstate for place of residents. Excludes Renal dialysis and unqualified neonates.

4.4.4 ANALYSIS OF FLOWS FROM SOUTH WEST HHS TO BRISBANE HHSS AND PRIVATE METROPOLITAN FACILITIES

In 2016/17, there was a total of 2,001 separations (1,738 adult separations and 263 paediatric separations) provided by metropolitan Brisbane HHS to residents of South West HHS. 56 percent of the total separations were private activity (1,128 separations). 61 percent of the adult separations were private patients and 39 percent were public. Of the total paediatric separations 23 percent were private and 77 percent public.

HHS of Residence	Adult/ Child	Children Health Services	Metro North	Metro North Private	Metro South	Metro South Private	Mater Public Hospitals	TOTAL	% Private
South West	Adult 15+ year old	20	181	703	373	365	96	1,738	61%
	Child <15-year- old	169	25	31	2	29	7	263	23%
TOTAL		189	206	734	375	394	103	2,001	56%

Table 92: Top 10 Bed days by SRG for Interstate residents (including Separations and ALOS), Toowoomba Hospital, 2016/17

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. Treatment is by HHS and will include all hospitals in the respective HHS. Includes Private and Public funded activity.

In 2016/17, a total of 1,738 separations were provided to adult residents of South West HHS by metropolitan Brisbane hospitals. Of these 14 percent (247) were for SRG Orthopaedics, followed by 11 percent (184) for SRG Chemotherapy.

Table 93: Total Adult Separations for South West residents treated in a Metropolitan Hospital 2016/17 including Public and Privat	е
status.	

SRG 8	Children Health Services	Metro North	Metro North Private	Metro South	Metro South Private	Mater Public Hospitals	TOTAL	% Total
Orthopaedics	4	18	138	19	44	24	247	14%
Chemotherapy		35	63	36	43	7	184	11%
Diagnostic GI Endoscopy		1	64	28	28	2	123	7%
Gynaecology		8	60		31	4	103	6%
Interventional Cardiology		10	29	29	6	1	75	4%
Rehabilitation (non-acute)		3	35	11	11	5	65	4%
Non- Subspecialty Surgery	1	12	13	23	10	4	63	4%
Plastic and Reconstructive Surgery		3	26	16	13	3	61	4%
Vascular Surgery		7	32	18	3		60	3%
Neurosurgery		3	25	12	12	7	59	3%
Other	15	81	218	181	164	39	698	40%
TOTAL	20	181	703	373	365	96	1,738	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. Treatment is by HHS and will include all hospitals in the respective HHS including public and private activity. In 2016/17, a total of 263 separations were provided to paediatric residents of South West HHS by metropolitan Brisbane hospitals. Of these 10 percent (26) were for SRG Qualified Neonate, followed by 9 percent (24) for SRG Respiratory Medicine and 8 percent (21) for SRG Ear, Nose and Throat.

Table 94: Top 10 Paediatric SRG separations for South West HHS residents by place of treatment (Metropolitan
Brisbane HHS private and public hospitals), 2016/17

SRG 8	Children Health Services	Metro North	Metro North Private	Metro South	Metro South Private	Mater Public Hospitals	TOTAL	% Total
Qualified Neonate	2	15	1	1	2	5	26	10%
Respiratory Medicine	15	2			6	1	24	9%
Ear, Nose and Throat	6	0	11	1	3		21	8%
Chemotherapy	19	0			0		19	7%
Medical Oncology	18	0			0		18	7%
Neurosurgery	14	0			1		15	6%
Orthopaedics	6	1	3		5		15	6%
Dentistry	4	0	9		1		14	5%
Neurology	8	0	2		3		13	5%
Non- Subspecialty Surgery	9	1			2		12	5%
Other	68	6	5	0	6	1	86	33%
TOTAL	169	25	31	2	29	7	263	100%



5 THE ROLE OF THE DARLING DOWNS HEALTH RURAL FACILITIES

key findings

In 2016/17, the combined rural hospital bed days represented 35 percent of the Darling Downs Health total bed days. The ALOS (average length of stay) for overnight and same day separations in the Darling Downs Health rural hospitals varied from 1.9 days (Tara Hospital) to 27 days (Wondai Hospital) with an overall average across all rural facilities of 2.9 days. It should be noted a small number of rural hospitals have long stay patients that accentuate the ALOS performance.

Same day separations as a percentage of total separations, ranged from 2 percent at Wondai to 57 percent at Dalby Hospital.

Rural planning regions achieve a reasonably high level of self-sufficiency with South Burnett having the highest rate of self-sufficiency (lowest percentage of residents travelling to Toowoomba Hospital for treatment below - see Table below). Dalby Hospital is the hub hospital for both Western Downs and Darling Downs East and therefore the self-sufficiency for these two regions is combined in Table 95 below. The combined self-sufficiency of Darling Downs East / Western Downs is low with almost half of the 2016/17 Darling Downs Health separations treated at Toowoomba Hospital. This may be attributable partly to larger population centres such as Oakey flowing to Toowoomba Hospital rather than Dalby Hospital for treatment. Western Downs however shows that only 6 percent of Western Downs separations flow to Dalby Hospital – indicating that further analysis is required to better understand the relatively low self-sufficiency achieved by the Darling Downs East Western Cluster.

Table 95: Self Sufficiency of Rural Clusters (Western Downs and Darling Downs East combined) – Percentage of patients travelling to Toowoomba Hospital for Treatment 2016/17

Planning Region	Total Separations in Darling Downs Health	Separations to TH	% Seps To TH
South Burnett	9,348	2,389	26%
Goondiwindi	2,525	745	30%
Southern Downs	10,234	3,591	35%
Western Downs and DDE combined	14,183	6,801	48%
Total to Toowoomba	36,290	13,526	37%



Similarly, it is acknowledged that Goondiwindi Hospital, Stanthorpe Hospital, Miles Hospital, Chinchilla Hospital, Dalby Hospital and Kingaroy Hospital receive "flying specialist services" for Obstetrics/ Gynaecology and/or Surgical SRGs and this will be reflected in activity volumes as well as relative utilisation and self-sufficiency ratios.

South Burnett had high levels of self-sufficiency for Obstetric services with only 9 percent (51 overnight and same day separations) treated at Toowoomba Hospital followed by Southern Downs with 39 percent (228 separations overnight and same day) treated at Toowoomba Hospital. The Western Cluster (combined Darling Downs East and Western Downs catchment) had the lowest self-sufficiency for Obstetrics with 47 percent (699 overnight and same day separations) treated at Toowoomba Hospital. Dalby Hospital experienced higher than expected same day antenatal admissions (64 percent, 416 separations). 27 percent of Goondiwindi regional residents were treated at Toowoomba Hospital for obstetrics (overnight and same day separations).

The combined rural facilities have 52 percent level of self-sufficiency for the Mental Health SRG. The Mental Health SRG includes Major Affective Disorders, Other Psychiatry and Schizophrenia. In the South Burnett 45 percent (117 separations) of separations were treated at Toowoomba Hospital. In the Western Cluster (Western Downs and Darling Downs East combined) 62 percent (228 separations) of separations in 2016/17 were treated at Toowoomba Hospital. In the Goondiwindi region 37 percent (36 separations) of separations were treated at Toowoomba Hospital. In the Southern Downs 50 percent (119 separations) were treated at Toowoomba Hospital.

Rural Hospitals generally demonstrated reasonable self-sufficiency for medical SRGs.

SEPARATIONS BY CHARGEABLE STATUS

The Annual growth rate of the chargeable patients by hospital between 2012/13 and 2016/17 is set out in the Table 96 below.

Ten (10) hospitals experienced an increase in growth percentage over four years. The highest increases were: Nanango Hospital (14 percent), Stanthorpe Hospital (9 percent), Chinchilla Hospital (6 percent), Millmerran Multipurpose Health Service (6 percent) followed by Kingaroy Hospital (5 percent). Wondai had nil growth.

Cherbourg, Murgon and Taroom Hospitals experienced a decrease in chargeable growth **and** a net decrease in chargeable and non-chargeable status due to a reduction in separations.

Cherbourg Hospital, Dalby Hospital, Goondiwindi Hospital, Millmerran Multipurpose Health Service, Murgon Hospital, Taroom Hospital, Warwick Hospital and Wondai Hospital experienced a **decrease in chargeable growth**. Seven (7) hospitals experienced **negative (a decrease of) compound growth over four-years (chargeable and non-chargeable status)** due to reduction in separations, namely; Cherbourg Hospital, Inglewood Multipurpose Health Service, Miles Hospital, Murgon Hospital, Oakey Hospital, Taroom Hospital and Texas Hospital.

 Table 96: SRG Separations by Chargeable status for Overnight and Same Day status by Year 2012/13-2016/17 Rural

 Hospitals.

Separations					YEAR			Chango	Chango	
Place of Treatment	Chargeable Status	Stay Type	2012/13	2013/14	2014/15	2015/16	2016/17	(No)	(%)	AGR^
	Chargeable	Overnight+	1	1				-1	-100%	-100%
Cherbourg Hospital	Non-	Overnight+	811	808	748	632	678	-133	-16%	-4%
chargeable	Same Day	342	298	237	228	221	-121	-35%	-10%	
Cherbourg Hosp	oital Total		1154	1107	985	860	899	-255	-22%	-6%
	Chargoablo	Overnight+	132	122	79	101	101	-31	-23%	-6%
Chinchilla	Chargeable	Same Day	15	19	16	16	19	4	27%	6%
Hospital	Non-	Overnight+	528	540	669	696	693	165	31%	7%
chargeable		Same Day	312	300	423	382	435	123	39%	9%
Chinchilla Hospital Total		987	981	1187	1195	1248	261	26%	6%	

Separations					VEAD					
	Chargoablo				ILAK			Change	Change	AGR^
Treatment	Status	Stay Type	2012/13	2013/14	2014/15	2015/16	2016/17	(No)	(%)	Non
	Chargeable	Overnight+	208	388	269	118	177	-31	-15%	-4%
Dalby Hospital		Same Day	113	155	115	69	101	-12	-11%	-3%
Dawy Hoopitat	Non-	Overnight+	1450	1360	1441	1548	1391	-59	-4%	-1%
	chargeable	Same Day	1507	1599	1798	1954	1939	432	29%	7%
Dalby Hospital	lotal 🛛		3278	3502	3623	3689	3608	330	10%	2%
	Chargeable	Overnight+	256	203	220	175	210	-46	-18%	-5%
Goondiwindi		Same Day	134	143	119	65	56	-78	-58%	-20%
Hospital	Non-	Overnight+	961	897	1009	1049	1032	71	7%	2%
	chargeable	Same Day	360	353	364	398	462	102	28%	6%
Goondiwindi Ho	ospital Total		1711	1596	1712	1687	1760	49	3%	1%
	Chargeable	Overnight+	41	23	52	46	37	-4	-10%	-3%
Inglewood		Same Day	8	4	12	12	18	10	125%	22%
Hospital	Non-	Overnight+	247	218	250	181	173	-74	-30%	-9%
	chargeable	Same Day	42	88	93	116	90	48	114%	21%
Inglewood Hosp	oital Total		338	333	407	355	318	-20	-6%	-2%
	Chargeable	Overnight+	42	50	24	55	43	1	2%	1%
Jandowae		Same Day	21	32	6	7	25	4	19%	4%
Hospital	Non- chargeable	Overnight+	120	119	137	155	126	6	5%	1%
	chargeable	Same Day	64	61	104	88	63	-1	-2%	0%
Jandowae Hosp	ital Total		247	262	271	305	257	10	4%	1%
	Chargeable	Overnight+	103	230	142	242	329	226	219%	34%
Kingaroy		Same Day	13	89	111	274	159	146	1123%	87%
Hospital	Non-	Overnight+	2526	2502	2734	2683	2424	-102	-4%	-1%
	chargeable	Same Day	1393	1213	1981	2111	2035	642	46%	10%
Kingaroy Hospit	al Total		4035	4034	4968	5310	4947	912	23%	5%
	Chargeable	Overnight+	70	45	61	80	79	9	13%	3%
Miles Hospital		Same Day	16	11	15	21	13	-3	-19%	-5%
	Non-	Overnight+	522	466	368	366	409	-113	-22%	-6%
	chargeable	Same Day	272	311	311	348	328	56	21%	5%
Miles Hospital T	otal		880	833	755	815	829	-51	-6%	-1%
	Chargeable	Overnight+	36	21	32	22	21	-15	-42%	-13%
Millmerran		Same Day	6	5	14	5	3	-3	-50%	-16%
Hospital	Non-	Overnight+	211	207	177	211	245	34	16%	4%
	chargeable	Same Day	59	65	72	92	129	70	119%	22%
Millmerran Hos	pital Total		312	298	295	330	398	86	28%	6%
	Chargeable	Overnight+	75	111	80	60	48	-27	-36%	-11%
Murgon		Same Day	32	33	29	19	17	-15	-47%	-15%
Hospital	Non-	Overnight+	697	676	712	646	620	-77	-11%	-3%
	chargeable	Same Day	311	309	293	304	277	-34	-11%	-3%
Murgon Hospita	ıl Total		1115	1129	1114	1029	962	-153	-14%	-4%
	Chargeable	Overnight+	9	12	10	18	13	4	44%	10%
Nanango		Same Day	3	1	3		1	-2	-67%	-24%
Hospital	Non-	Overnight+	347	323	381	471	632	285	82%	16%
	chargeable	Same Day	129	114	103	122	164	35	27%	6%
Nanango Hospi	tal Total		488	450	497	611	810	322	66%	14%

Separations					YEAR			Channer	Channer	
Place of Treatment	Chargeable Status	Stay Type	2012/13	2013/14	2014/15	2015/16	2016/17	(No)	Change (%)	AGR^
	Chargeable	Overnight+	37	32	33	85	69	32	86%	17%
Oakey		Same Day	5	12	8	11	19	14	280%	40%
Hospital	Non-	Overnight+	270	236	278	260	189	-81	-30%	-9%
	chargeable	Same Day	96	81	66	58	61	-35	-36%	-11%
Oakey Hospital	Total		408	361	385	414	338	-70	-17%	-5%
	Chargeable	Overnight+	301	311	385	495	450	149	50%	11%
Ctouthowno		Same Day	138	157	200	259	233	95	69%	14%
Hospital	Non- chargeable	Overnight+	1028	1016	1055	1162	1129	101	10%	2%
		Same Day	511	434	658	668	933	422	83%	16%
Stanthorpe Hos	pital Total		1978	1918	2298	2584	2745	767	39%	9%
	Chargeable	Overnight+	29	38	46	73	48	19	66%	13%
		Same Day	9	9	6	14	17	8	89%	17%
Tara Hospital	Non- chargeable	Overnight+	391	398	420	388	399	8	2%	1%
		Same Day	257	282	244	238	242	-15	-6%	-1%
Tara Hospital To	tal		686	727	716	713	706	20	3%	1%
	Chargeable	Overnight+	30	31	24	22	25	-5	-17%	-4%
Taroom		Same Day	2	4	1	2		-2	-100%	-100%
Hospital	Non- chargeable	Overnight+	218	169	192	164	137	-81	-37%	-11%
		Same Day	96	61	70	51	66	-30	-31%	-9%
Taroom Hospita	l Total		346	265	287	239	228	-118	-34%	-10%
	Chargeable	Overnight+	68	70	44	54	53	-15	-22%	-6%
		Same Day	4	4	5	12	10	6	150%	26%
Texas Hospital	Non- chargeable	Overnight+	177	154	121	121	138	-39	-22%	-6%
		Same Day	44	31	34	27	37	-7	-16%	-4%
Texas Hospital T	otal		293	259	204	214	238	-55	-19%	-5%
	Chargeable	Overnight+	814	840	690	596	632	-182	-22%	-6%
Warwick		Same Day	604	581	667	566	484	-120	-20%	-5%
Hospital	Non- chargeable	Overnight+	2317	2057	2370	2344	2395	78	3%	1%
		Same Day	498	364	907	1015	931	433	87%	17%
Warwick Hospita	al Total		4233	3842	4634	4521	4442	209	5%	1%
	Chargeable	Overnight+	8	7	8	7		-8	-100%	-100%
Wondai Hospital	Non- chargeable	Overnight+	37	50	62	50	44	7	19%	4%
		Same Day		2		1	1	1	0%	0%
Wondai Hospita	l Total		45	59	70	58	45	0	0%	0%

^Annual Growth Rate. 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.

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STRATEGIC QUESTIONS

Have there been any changes to service delivery since 2016/17?

What are the constraints to increasing self-sufficiency at smaller hospitals? Can clinical service capability be increased by providing increased outreach services from Toowoomba Hospital or are additional specialist clinical positions required in these rural hospitals?

.....

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

.....

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 services with critically low volumes that threaten an individual service's sustainability?

.....

Are there opportunities for development of unique service centres. For example - could Cherbourg Hospital become a centre for development of Indigenous health training for nursing, allied health and GP or Generalist Registrar professionals?

.....

What would be required to increase self-sufficiency at Dalby Hospital?

What is best practice for obstetrics – can the same day rate for Warwick and Kingaroy Hospital be increased? How does this rate compare to Toowoomba Hospital?

Is there any benefit in considering building capacity in Mental Health services at Dalby and Warwick –

possibly primary health or allied health / nursing support similar to South Burnett?

.....

Are there any lessons to be learnt from the fact that rural hospitals were consistently self-sufficient for medical SRGS?



The following Service Profile section is based on "place of treatment" activity volumes and therefore capture activity provided by the hospital rather than population activity statistics.

5.1 FACILITIES WITHIN DARLING DOWNS EAST LOCAL PLANNING REGION

There are six (6) facilities within the Darling Downs East local planning region, these being: Oakey Hospital including Dr EAF McDonald Residential Aged Care facility, Millmerran Multipurpose Health Service (MPHS), Dalby Hospital including Karingal Residential Aged Care facility and Jandowae Hospital.



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5.1.1 SERVICE PROFILE DALBY HOSPITAL

Location

Dalby Hospital is a rural hospital located 82 kilometres west of Toowoomba.

Size

Dalby Hospital has 33 inpatient beds (31 beds as at 2019), 12 bed alternatives and 10 cots including an emergency department and a helipad on site. Karingal is an 80-bed residential aged care facility situated on the Dalby Hospital campus.

Capability

Dalby Hospital's Clinical Services Capability Framework (CSCF) is 3. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 3,608 total separations accounting for 8,309 bed days. Of these 2,040 were same day separations and the average length of stay (ALOS) across all separations were 2.3 days.

Obstetrics SRG had the greatest number of separations (19 percent) 669 separations, followed by (11 percent) Non-Subspecialty Surgery (412 separations). SRG Obstetrics had the greatest number of bed days (1,053) followed by Rehabilitation (906) bed days. SRG Other Non-Acute had the longest length of stay (24 days).

Table 97: Top 10 SRGs by total Separations (including Bed days) Dalby Hospital 2016/17

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% Total Seps	% Total Bed days
Obstetrics	238	431	669	64%	1,053	1.6	19%	13%
Non Subspecialty Surgery	151	261	412	63%	600	1.5	11%	7%
Cardiology	152	154	306	50%	567	1.9	8%	7%
Respiratory Medicine	178	89	267	33%	748	2.8	7%	9%
Non Subspecialty Medicine	115	133	248	54%	485	2.0	7%	6%
Orthopaedics	68	147	215	68%	380	1.8	6%	5%
Diagnostic GI Endoscopy	17	179	196	91%	198	1.0	5%	2%
Neurology	73	101	174	58%	397	2.3	5%	5%
Gastroenterology	43	122	165	74%	217	1.3	5%	3%
Immunology and Infections	70	37	107	35%	325	3.0	3%	4%
Other	463	386	849	45%	3,339	3.9	24%	40%
Total	1.568	2.040	3.608	57%	8.309	2.3	100%	100%



5.1.2 SERVICE PROFILE JANDOWAE HOSPITAL

Location

Jandowae Hospital is a rural facility located 132 kilometres north west of Toowoomba and 50km north of Dalby.

Size

Jandowae Hospital has 12 inpatient beds and a helipad on site.

Capability

Jandowae Hospital's Clinical Services Capability Framework (CSCF) is between 1/2. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 257 total separations accounting for 5,676 bed days. Of these 88 were same day separations (34 percent) and the average length of stay (ALOS) across all separations was twenty-two (22) days.

SRG Cardiology had the highest number of separations at 52 (20 percent of total separations) followed by Respiratory Medicine 32 separations (12 percent) and Non Subspecialty Medicine with 29 separations (11 percent of total separations). SRG Other Non-Acute had the greatest number of bed days (4,667) followed by Non-Subspecialty Medicine (182 bed days). Other Non-Acute had the longest average length of stay (56 days). Of the total separations 88 were Same Day separations. Of the Same Day separations SRG Cardiology had the highest volume at 26 separations followed by Orthopaedics 12 separations and Non Subspecialty Surgery 11 separations.

Table 98: Top 10 SRGs by total Separations (including Bed days) Jandowae Hospital 2016/17

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% Total Seps	% Total Bed days
Cardiology	26	26	52	50%	112	2.2	20%	2%
Respiratory Medicine	28	4	32	13%	132	4.1	12%	2%
Non Subspecialty Medicine	22	7	29	24%	182	6.3	11%	3%
Neurology	13	9	22	41%	76	3.5	9%	1%
Non Subspecialty Surgery	9	11	20	55%	54	2.7	8%	1%
Orthopaedics	8	12	20	60%	60	3.0	8%	1%
Immunology and Infections	12	6	18	33%	87	4.8	7%	2%
Other Non-Acute	13		13	0%	4,667	56.2	5%	82%
Gastroenterology	4	3	7	43%	12	1.7	3%	0%
Palliative (non-acute)	5	1	6	17%	94	15.7	2%	2%
Endocrinology	5		5	0%	30	6.0	2%	1%
Medical Oncology	3	1	4	25%	9	2.3	2%	0%
Mental Health	2	2	4	50%	4	1.0	2%	0%
Drug and Alcohol	3		3	0%	13	4.3	1%	0%
Ear, Nose and Throat	3		3	0%	4	1.3	1%	0%
Haematology	1	2	3	67%	34	11.3	1%	1%
Obstetrics	2	1	3	33%	6	2.0	1%	0%
Rheumatology	3		3	0%	22	7.3	1%	0%
Dentistry		2	2	100%	2	1.0	1%	0%
Gynaecology	2		2	0%	3	1.5	1%	0%
Neurosurgery	1	1	2	50%	35	17.5	1%	1%
Dermatology	1		1	0%	1	1.0	0%	0%

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% Total Seps	% Total Bed days
Renal Medicine	1		1	0%	4	4.0	0%	0%
Urology	1		1	0%	2	2.0	0%	0%
Vascular Surgery	1		1	0%	31	31.0	0%	1%
Other	29	9	38	24%	200	5.3	15%	4%
Total	169	88	257	34%	5,676	22.1	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.



5.1.3 SERVICE PROFILE MILLMERRAN MPHS

Location

Millmerran Multipurpose Health Service is a rural facility located 82 kilometres west of Toowoomba and 92km south of Dalby.

Size

Millmerran Multipurpose Health Service has 9 inpatient beds, 2 bed alternatives (3 bed alternatives at 2019) and 5 high care beds and a helipad on site.

Capability

Millmerran Hospital Clinical Services Capability Framework (CSCF) is 2. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 398 separations accounting for 1,896 bed days. Of these, 132 were same day separations (33 percent) and the average length of stay (ALOS) across all separations was 4.8 days.

The SRG with the greatest number of separations was (15 percent) Respiratory Medicine with 58 separations, followed by Non-Subspecialty Surgery (13 percent) with 53 separations. SRG Other Non-Acute had the greatest number of bed days (615) followed by Non-Subspecialty Medicine (273 bed days). SRG Other Non-Acute had the longest average length of stay (36.1 days).

Table 99: Top 10 SRGs by total Separations (including Bed days) Millmerran Hospital 2016/17

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% Total Seps	% Total Bed days
Respiratory Medicine	48	10	58	17%	178	3.1	15%	9%
Non-Subspecialty Surgery	40	13	53	25%	92	1.7	13%	5%
Neurology	10	39	49	80%	102	2.1	12%	5%
Non-Subspecialty Medicine	34	5	39	13%	273	7.0	10%	14%
Cardiology	28	10	38	26%	63	1.7	10%	3%
Haematology	2	24	26	92%	26	1.0	7%	1%
Gastroenterology	15	6	21	29%	50	2.4	5%	3%
Other Non-Acute	17		17	0%	615	36.1	4%	32%
Immunology and Infections	14	1	15	7%	50	3.3	4%	3%
Orthopaedics	11	3	14	21%	111	7.9	4%	6%
Other	47	21	68	31%	336	4.9	17%	18%
Total	266	132	398	33%	1,896	4.8	100%	100%



5.1.4 SERVICE PROFILE DAKEY HOSPITAL

Location

Oakey Hospital is a rural facility located 28 kilometres north west of Toowoomba and 57 km east of Dalby.

Size

Oakey Hospital has 8 inpatient beds and 2 bed alternatives. The Dr EAF McDonald Nursing Home is a 71-bed aged care residential facility located on the Oakey Hospital campus.

Capability

Oakey Hospital's Clinical Services Capability Framework (CSCF) is between 1/2. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 338 total separations accounting for 2,298 bed days. Of these 80 were same day separations (24 percent) and the average length of stay (ALOS) across all separations was 6.8 days.

The SRG with the greatest number of separations was (20 percent) Cardiology with 68 separations, followed by Respiratory Medicine (17 percent) with 57 separations. SRG Other Non-Acute had the greatest number of bed days (923) followed by Non-Subspecialty Medicine (439 bed days). SRG Geriatric Management (non-acute) had the longest average length of stay (35 days).

Table 100: Top 10 SRGs by total Separations (including Bed days) Oakey Hospital 2016/17

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% Total Seps	% Total Bed days
Cardiology	39	29	68	43%	134	2.0	20%	6%
Respiratory Medicine	48	9	57	16%	227	4.0	17%	10%
Other Non-Acute	34	0	34	0%	923	24.7	10%	40%
Non-Subspecialty Medicine	29	4	33	12%	439	13.3	10%	19%
Non-Subspecialty Surgery	21	9	30	30%	79	2.6	9%	3%
Orthopaedics	17	8	25	32%	194	7.8	7%	8%
Neurology	15	3	18	17%	39	2.2	5%	2%
Immunology and Infections	14	2	16	13%	62	3.9	5%	3%
Ear, Nose and Throat	3	6	9	67%	10	1.1	3%	0%
Endocrinology	8	0	8	0%	46	5.8	2%	2%
Other	30	10	40	2	145	3.6	12%	6%
Total	258	80	338	24%	2,298	6.80	100%	100%

5.1.5 LEVELS OF SELF-SUFFICIENCY WESTERN DOWNS, BANANA AND DARLING DOWNS EAST PLANNING REGIONS COMBINED (WESTERN CLUSTER)

The following tables represent the level of local self-sufficiency for the top 10 SRGs for 'Western Cluster' residents by total overnight and same day separations from Darling Downs Health facilities.

In 2016/17 of the top 10 SRGs local self-sufficiency was approximately 52 percent by Western Cluster rural hospitals whilst the remaining 48 percent by Toowoomba Hospital. The top 10 SRGs (Overnight and Same day separations) were: Obstetrics, Non-subspecialty Surgery, Orthopaedics, Respiratory Medicine, Diagnostic GI Endoscopy, Non- Subspecialty Medicine, Chemotherapy and Neurology. Of these Orthopaedics (58 percent), Diagnostic GI Endoscopy (63 percent) and Chemotherapy (100 percent) were provided at Toowoomba Hospital. Therefore, the remaining SRGs were largely provided by Dalby Hospital and other Darling Downs Health hospitals. For example - Toowoomba Hospital provided 47 percent (699 separations) of Obstetric SRG, followed by Dalby Hospital 43 percent (647 separations) and other Darling Downs Health hospitals 10 percent (143 separations). SRG Non-Subspecialty Surgery 41 percent (594 separations) provided at Toowoomba Hospital followed by 34 percent (492 separations) at Other Darling Downs Health hospitals and 26 percent (378 separations) at Dalby Hospital. Cardiology 28 percent at Dalby Hospital (289 separations), Other Darling Downs Health 42 percent (444 separations) and 30 percent (315 separations) at Toowoomba Hospital.

Of the top 10 SRGs for overnight separations Dalby Hospital provided 20 percent (1,501) to Western Cluster residents and Toowoomba Hospital provided 45 percent (3,349) whilst the remaining 34 percent (2,542 separations) were provided by other facilities (Chinchilla, Miles, Tara, Taroom and Jandowae Hospitals) within the Western Cluster ('other Darling Downs Health facility').

In 2016/17 29 percent (1,934) of same day separations provided to Western Cluster residents were provided at Dalby Hospital and 51 percent (3,452) were provided at Toowoomba Hospital. The remaining 21 percent (1,405) were provided by facilities mostly in the Western Cluster. The top SRG for same day separations, was SRG Obstetrics with 60 percent (476) of separations from Dalby Hospital and other facilities (combined total with Dalby alone achieving 53 percent), and 40 percent of separations from (311) Toowoomba Hospital.

	Dalby	Hospital	Toowoomba Hospital		Other DDHHS Hospitals		Total	
SRG 8	Seps	% Seps	Seps	% Seps	Seps	% Seps	Seps	% Total Seps
Non Subspecialty Surgery	141	17%	376	45%	314	38%	831	100%
Respiratory Medicine	171	23%	199	26%	388	51%	758	100%
Obstetrics	233	33%	388	55%	81	12%	702	100%
Cardiology	145	23%	202	32%	279	45%	626	100%
Orthopaedics	64	11%	386	66%	133	23%	583	100%
Non Subspecialty Medicine	108	21%	115	22%	294	57%	517	100%
Neurology	68	17%	181	46%	141	36%	390	100%
Immunology and Infections	63	18%	113	33%	165	48%	341	100%
Mental Health	31	11%	192	68%	60	21%	283	100%
Ear, Nose and Throat	38	16%	138	57%	66	27%	242	100%
Other	439	21%	1,059	50%	621	29%	2,119	100%
Total	1,501	20%	3,349	45%	2,542	34%	7,392	100%

Table 101: Top 10 SRGs for Overnight Separations (percentage Total) for Banana, Western Downs and Darling Downs East Residents by Place of Treatment (Darling Downs Health facilities) 2016/17

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. Outsourced activity undertaken by St Andrews Hospital and Darling Downs (public) is included in Toowoomba Hospital Separations

Figure 31: Top 10 SRG by Total Separations for Overnight Separations Western Cluster Residents



Table 102: Top 10 SRGs by Same Day Separations (percentage Total), Western Downs, Banana and Darling Downs East Residents, by Place of Treatment (Darling Downs Health Facilities), 2016/17

	Dalby I	Hospital	Toowoomba Hospital		Other DDHHS Hospitals		Total	
SRG 8	Seps	% Seps	Seps	% Seps	Seps	% Seps	Seps	% Total Seps
Diagnostic GI Endoscopy	176	21%	529	63%	136	16%	841	100%
Obstetrics	414	53%	311	40%	62	8%	787	100%
Chemotherapy	0	0%	751	100%	0	0%	751	100%
Non Subspecialty Surgery	237	37%	218	34%	178	28%	633	100%
Orthopaedics	142	30%	228	48%	104	22%	474	100%
Cardiology	144	34%	113	27%	165	39%	422	100%
Non Subspecialty Medicine	124	33%	167	44%	88	23%	379	100%
Haematology	44	14%	196	61%	79	25%	319	100%
Neurology	97	36%	51	19%	125	46%	273	100%
Ear, Nose and Throat	53	19%	192	71%	27	10%	272	100%
Other	503	31%	696	42%	441	27%	1,640	100%
Total	1,934	29%	3,452	51%	1,405	20.7%	6,791	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.

Figure 32: Top 10 SRG Same Day Separations Western Cluster Residents



5.2 FACILITIES IN GOONDIWINDI

There are three (3) hospitals in the Goondiwindi regional planning area. These are: Goondiwindi Hospital, Inglewood Multipurpose Health Service and Texas Multipurpose Health Service.



5.2.1 SERVICE PROFILE GOONDIWINDI HOSPITAL

Location

Goondiwindi Hospital is a rural hospital located 221 kilometres south west of Toowoomba and 200km west of Warwick. Located on the Queensland New South Wales border Goondiwindi Hospital treats interstate patients from New South Wales.

Size

Goondiwindi Hospital has 28 inpatient beds, 5 bed alternatives and 4 cots and a helipad on site.

Capability

Goondiwindi Hospital's Clinical Services Capability Framework (CSCF) is 3. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 1,760 total separations accounting for 3,952 bed days. Of these 518 were same day separations and the average length of stay (ALOS) across all separations was 2.2 days.

The SRG with the greatest number of separations was (12 percent) Respiratory Medicine with 207 separations, followed by (10 percent) Non-Subspecialty Surgery with 183 separations. SRG Respiratory Medicine had the greatest number of bed days (578) followed by Non-Subspecialty Medicine (447). SRG Other Non-Acute had the longest length of stay (11.9 days).

Table 103: Top 10 SRGs by total Separations (including Bed days) Goondiwindi Hospital 2016/17

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% Total Seps	% Total Bed days
Respiratory Medicine	177	30	207	14%	578	2.8	12%	15%
Non-Subspecialty Surgery	133	50	183	27%	299	1.6	10%	8%
Cardiology	101	59	160	37%	284	1.8	9%	7%
Obstetrics	117	24	141	17%	293	2.1	8%	7%
Diagnostic GI Endoscopy	9	127	136	93%	137	1.0	8%	3%
Non-Subspecialty Medicine	106	16	122	13%	447	3.7	7%	11%
Immunology and Infections	84	12	96	13%	242	2.5	5%	6%
Orthopaedics	64	24	88	27%	222	2.5	5%	6%
Neurology	58	27	85	32%	161	1.9	5%	4%
Ear, Nose and Throat	67	16	83	19%	170	2.0	5%	4%
Other	326	133	459	29%	1,119	2.4	26%	28%
Total	1,242	518	1,760	29%	3,952	2.2	100%	100%



Location

Inglewood Multipurpose Health Service is a rural facility located 153 kilometres south west of Toowoomba and 110km West of Warwick and 90kms east of Goondiwindi.

Size

Inglewood Multipurpose Health Service provides 8 inpatient beds, 2 bed alternatives, 14 high care beds.

Capability

Inglewood Hospital's Clinical Services Capability Framework (CSCF) is 2. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 318 total separations accounting for 1,000 bed days. Of these 108 were same day separations and the average length of stay (ALOS) across all separations was 3.1 days.

The SRG with the greatest number of separations was Cardiology (13 percent) with 41 separations, followed by Respiratory Medicine (11 percent) with 36 separations. SRG Other Non-Acute had the greatest number of bed days (166) followed by Non-Subspecialty Medicine (157 bed days). Non-Acute had the longest average length of stay (12.7 days).

Table 104: Top 10 SRGs by total Separations (including Bed days) Inglewood Hospital 2016/17

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% Total Seps	% Total Bed days
Cardiology	28	13	41	32%	80	2.0	13%	8%
Respiratory Medicine	31	5	36	14%	149	4.1	11%	15%
Non-Subspecialty Medicine	31	4	35	11%	157	4.5	11%	16%
Non-Subspecialty Surgery	18	17	35	49%	67	1.9	11%	7%
Orthopaedics	5	24	29	83%	54	1.9	9%	5%
Immunology and Infections	12	5	17	29%	50	2.9	5%	5%
Mental Health	12	5	17	29%	37	2.2	5%	4%
Haematology	7	9	16	56%	16	1.0	5%	2%
Neurology	11	3	14	21%	28	2.0	4%	3%
Other Non-Acute	13		13	0%	166	12.7	4%	17%
Other	42	23	65	35%	196	3.0	20%	20%
Total	210	108	318	34%	1,000	3.1	100%	100%



5.2.3 SERVICE PROFILE TEXAS MPHS

Location

Texas Multipurpose Health Service is a rural facility located 187 kilometres south of Toowoomba and 146km south west of Warwick and 114kms south east of Goondiwindi.

Size

Texas Hospital has 6 inpatient beds and 16 high care beds and a helipad on site.

Capability

Texas Hospital's Clinical Services Capability Framework (CSCF) is between 1/2. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 238 total separations accounting for 838 bed days. Of these 47 were same day separations (20 percent) and the average length of stay (ALOS) across all separations was 3.5 days.

The SRG with the greatest number of separations was (16 percent) Non-Subspecialty Surgery with 38 separations, followed by Cardiology (14 percent) with 34 separations. SRG Vascular Surgery had the greatest number of bed days (180) followed by Non-Subspecialty Surgery (80 bed days). SRG Vascular Surgery had the longest average length of stay (22 days).

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% Total Seps	% Total Bed days
Non-Subspecialty Surgery	29	9	38	24%	80	2.1	16%	10%
Cardiology	28	6	34	18%	74	2.2	14%	9%
Respiratory Medicine	20	4	24	17%	77	3.2	10%	9%
Neurology	15	4	19	21%	43	2.3	8%	5%
Non-Subspecialty Medicine	16	3	19	16%	53	2.8	8%	6%
Orthopaedics	15	4	19	21%	47	2.5	8%	6%
Gastroenterology	9	4	13	31%	36	2.8	5%	4%
Endocrinology	10	1	11	9%	38	3.5	5%	5%
Urology	10	1	11	9%	32	2.9	5%	4%
Immunology and Infections	5	1	6	17%	19	3.2	3%	2%
Other	34	10	44	23%	339	7.7	18%	40%
Total	191	47	238	20%	838	3.5	100%	100%

Table 105: Top 10 SRGs by total Separations (including Bed days) Texas Hospital 2016/17

5.2.4 LEVELS OF SELF-SUFFICIENCY GOONDIWINDI LOCAL PLANNING REGION

The following tables represent the levels of local self-sufficiency for the top 10 SRGs for residents in the Goondiwindi planning region by total volume of overnight and same day separations from Darling Downs Health facilities. Note that separations for patients at 'Other Darling Downs Health' facilities comprises almost entirely separations from Texas and Inglewood.

In 2016/17, Goondiwindi Hospital provided 52 percent (1,304) of all separations followed by 30 percent Toowoomba Hospital (745). Generally, there is a high level of self-sufficiency i.e. greater than 50 percent for residents when combining the Goondiwindi Hospital and other Darling Downs Health hospitals for SRGs of Respiratory Medicine 90 percent, Cardiology 94 percent and Non-Subspecialty Medicine 83 percent.

The top SRGs provided at Goondiwindi Hospital were Cardiology 68 percent (130 separations), Respiratory Medicine 67 percent (151 separations) and Obstetrics 65 percent (108 separations). Whereas 43 percent (75 separations) of Orthopaedics SRG was provided at Toowoomba Hospital compared with 37 percent at Goondiwindi Hospital (64 separations) and the remaining 20 percent (34 separations) were provided at Inglewood and Texas Hospital.

Of the top 10 SRGs for Overnight separations 57 percent of separations were provided at Goondiwindi Hospital. Obstetrics 73 percent (90 separations), Respiratory Medicine 68 percent (125 separations) and Cardiology 67 percent (85 separations) were provided locally. Orthopaedics and Mental Health had a self-sufficiency of 45 percent and 44 percent respectively at Goondiwindi Hospital and 44 percent and 42 percent at Toowoomba Hospital.

Table 106: Top 10 SRGs for Overnight Separations (percentage Total) for Goondiwindi Residents by Place of Treatment (Darling Downs Health Facilities) 2016/17

	Goondiwin	ndi Hospital	Toowoom	ba Hospital	Other Hos	DDHHS pitals	То	otal	
SRG 8	Seps	% Seps	Seps	% Seps	Seps	% Seps	Seps	% Total Seps	
Respiratory Medicine	125	68%	16	9%	44	24%	185	100%	
Non Subspecialty Surgery	99	56%	44	25%	35	20%	178	100%	
Non Subspecialty Medicine	75	58%	13	10%	42	32%	130	100%	
Cardiology	85	67%	5	4%	37	29%	127	100%	
Obstetrics	90	73%	27	22%	7	6%	124	100%	
Orthopaedics	49	45%	48	44%	11	10%	108	100%	
Mental Health	37	44%	36	42%	12	14%	85	100%	
Neurology	45	53%	24	28%	16	19%	85	100%	
Immunology and Infections	58	77%	5	7%	12	16%	75	100%	
Ear, Nose and Throat	45	71%	16	25%	2	3%	63	100%	
Other	199	46%	132	30%	102	24%	433	100%	
Total	907	57%	366	23%	320	20%	1,593	100%	

Figure 33: Top 10 SRG Overnight Separations Goondiwindi Residents



In 2016/17 the number of same day separations provided to Goondiwindi regional residents was 932 separations. Goondiwindi Hospital provided 43 percent (397) of same day separations and Toowoomba Hospital provided 41 percent (379). The remaining 16 percent (156) were provided mostly by Texas and Inglewood Hospitals. The top SRG for same day separations, was SRG Diagnostic GI Endoscopy with 55 percent (109 separations) from Goondiwindi and 31 percent (62) of separations from Toowoomba Hospital.

Table 107: Top 10 SRGs by Same Day Separations (percentage Total), Goondiwindi Residents by Place of Treatment (Darlin	g
Downs Health Facilities), 2016/17	

	Goondiwi	ndi Hospital	Toowoom	ba Hospital	Other Hos	DDHHS pitals	Т	otal
SRG 8	Seps	% Seps	Seps	% Seps	Seps	% Seps	Seps	% Total Seps
Diagnostic GI Endoscopy	109	55%	62	31%	27	14%	198	100%
Chemotherapy	0	0%	132	100%	0	0%	132	100%
Cardiology	45	69%	7	11%	13	20%	65	100%
Orthopaedics	15	23%	27	42%	23	35%	65	100%
Non Subspecialty Surgery	30	49%	15	25%	16	26%	61	100%
Obstetrics	18	43%	17	40%	7	17%	42	100%
Respiratory Medicine	26	67%	6	15%	7	18%	39	100%
Ear, Nose and Throat	12	34%	22	63%	1	3%	35	100%
Gynaecology	25	74%	8	24%	1	3%	34	100%
Neurology	25	74%	3	9%	6	18%	34	100%
Other	92	41%	80	35%	55	24%	227	100%
Total	397	43%	379	41%	156	17%	932	100%

Figure 34: Top 10 SRG Same Day Separations Goondiwindi Residents



5.3 FACILITIES WITHIN SOUTH BURNETT

South Burnett is quite unique with Kingaroy Hospital surrounded by 4 smaller hospitals (Cherbourg, Murgon, Wondai and Nanango Hospitals) within a 50-km radius.

Kingaroy Hospital is the only hospital in the South Burnett with obstetric services. Cherbourg Hospital is located in an Aboriginal community 7km from Murgon Hospital. Wondai is 30km from Kingaroy and has 5 inpatient beds with nurse led emergency services and 46 nursing home beds. Nanango is 26 kilometres from Kingaroy.



5.3.1 SERVICE PROFILE KINGAROY HOSPITAL

Location

Kingaroy Hospital is a rural hospital located 154 kilometres north of Toowoomba.

Size

Kingaroy Hospital has 41 inpatient beds, 8 bed alternatives, 3 cots, an operating theatre, first and second stage recovery, an emergency department and a helipad on site.

Capability

Kingaroy Hospital's Clinical Services Capability Framework (CSCF) is 3. Service level CSCF ratings are provided in Appendix 1.

Services

The services provided at the facility are provided in Appendix 2.

In 2016/17 there were 4,947 total separations accounting for 9,840 bed days. Of these 44 percent were same day separations with average length of stay (ALOS) across all separations was two (2) days.

The SRG with the greatest number of separations was (13 percent) was Diagnostic GI Endoscopy with 638 separations, followed by SRG Obstetrics (10 percent) with 512 separations. SRG Obstetrics had the greatest number of bed days (1,052) followed by Respiratory Medicine (959). Rehabilitation (non-acute) had the longest average length of stay (10.3 days).

Table 108 : Top 10 SRGs by total Separations (including Bed days) Kingaroy Hospital 2016/17

SRG 8	Overnight+	Same Day	Total Seps	% Same Day	Total Bed days	ALOS (days)	% of Total Seps	% of Total Bed days
Diagnostic GI Endoscopy	53	585	638	92%	680	1.1	13%	7%
Obstetrics	396	116	512	23%	1,052	2.1	10%	11%
Non-Subspecialty Surgery	310	177	487	36%	810	1.7	10%	8%
Cardiology	239	161	400	40%	709	1.8	8%	7%
Respiratory Medicine	298	46	344	13%	959	2.8	7%	10%
Non-Subspecialty Medicine	198	136	334	41%	560	1.7	7%	6%
Orthopaedics	128	177	305	58%	625	2.0	6%	6%
Immunology and Infections	146	113	259	44%	674	2.6	5%	7%
Neurology	129	116	245	47%	434	1.8	5%	4%
Mental Health	91	58	149	39%	252	1.7	3%	3%
Other	765	509	1,274	40%	3,085	2.4	26%	31%
Total	2,753	2,194	4,947	44%	9,840	2.0	100%	100%



5.3.2 SERVICE PROFILE CHERBOURG HOSPITAL

Location

Cherbourg Hospital is a rural hospital located 203kilometres north of Toowoomba or 51km from Kingaroy. The distance between Cherbourg Hospital and Murgon Hospital is 7km.

Size

Cherbourg Hospital has 17 inpatient beds and a helipad on site.

Capability

Cherbourg Hospital's Clinical Services Capability Framework (CSCF) is 2. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 899 total separations accounting for 2,695 bed days. Of these 25 percent were same day separations and the average length of stay (ALOS) across all separations was three (3) days.

The SRG with the greatest number of separations was (15 percent) Respiratory Medicine with 138 separations, followed by (12.6 percent) Non-Subspecialty Surgery with 113 separations. SRG Respiratory Medicine had the greatest number of bed days (429) followed by Non-Subspecialty Medicine (365 bed days). Medical Oncology had the longest average length of stay (12.6 days).

Table 109: Top 10 SRGs by total Separations (including Bed days) Cherbourg Hospital 2016/17

SRG 8	Overnight+	Same Day	Total Seps	% Same Day	Total Bed days	ALOS (days)	% of Total Seps	% of Total Bed days
Respiratory Medicine	123	15	138	11%	429	3.1	15.4%	15.9%
Non-Subspecialty Surgery	89	24	113	21%	365	3.0	12.6%	13.5%
Immunology and Infections	76	16	92	17%	310	3.4	10.2%	11.5%
Cardiology	53	30	83	36%	188	2.3	9.2%	7.0%
Non-Subspecialty Medicine	60	10	70	14%	203	2.9	7.8%	7.5%
Ear, Nose and Throat	30	23	53	43%	78	1.5	5.9%	2.9%
Endocrinology	42	4	46	9%	234	5.1	5.1%	8.7%
Gastroenterology	27	11	38	29%	89	2.3	4.2%	3.3%
Obstetrics	10	23	33	70%	43	1.3	3.7%	1.6%
Neurology	24	6	30	20%	117	3.9	3.3%	4.3%
Other	144	59	203	29%	639	3.1	22.6%	23.7%
Total	678	221	899	25%	2,695	3.0	100%	100%



5.3.3 SERVICE PROFILE MURGON HOSPITAL

Location

Murgon Hospital is a rural facility located 199 kilometres north of Toowoomba. Murgon Hospital is 45 kilometres from Kingaroy Hospital, 7 kilometres from Cherbourg Hospital and 16 kilometres from Wondai Hospital.

Size

Murgon Hospital has 15 inpatient beds and a helipad on site.

Capability

Murgon Hospital's Clinical Services Capability Framework (CSCF) is 2. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 962 total separations accounting for 2,981 bed days. Of these 294 were same day separations (31%) and the average length of stay (ALOS) across all separations was three (3) days.

The SRG with the greatest number of separations was (39 percent) Cardiology with 133 separations, followed by Non-Subspecialty Surgery (37 percent) with 119 separations. SRG Other Non-Acute had the greatest number of bed days (855) followed by Respiratory Medicine (317). Other Non-Acute had the longest average length of stay (25.9 days).

Table 110: Top 10 SRGs by total Separations (including Bed days) Murgon Hospital 2016/17

SRG 8	Overnight+	Same Day	Total Seps	% Same Day	Total Bed days	ALOS (days)	% of Total Seps	% of Total Bed days
Cardiology	81	52	133	39%	200	1.5	13.8%	6.7%
Non-Subspecialty Surgery	75	44	119	37%	246	2.1	12.4%	8.3%
Respiratory Medicine	91	22	113	19%	317	2.8	11.7%	10.6%
Non-Subspecialty Medicine	84	26	110	24%	275	2.5	11.4%	9.2%
Neurology	34	47	81	58%	105	1.3	8.4%	3.5%
Orthopaedics	34	14	48	29%	129	2.7	5.0%	4.3%
Immunology and Infections	40	6	46	13%	155	3.4	4.8%	5.2%
Mental Health	21	24	45	53%	60	1.3	4.7%	2.0%
Gastroenterology	28	12	40	30%	67	1.7	4.2%	2.2%
Other Non-Acute	29	1	30	3%	855	25.9	3.1%	28.7%
Other	151	46	197	23%	572	2.9	20.5%	19.2%
Total	668	294	962	31%	2,981	3.1	100%	100.0%



5.3.4 SERVICE PROFILE NANANGO HOSPITAL

Location

Nanango Hospital is a rural facility located 139 kilometres north of Toowoomba. Nanango Hospital is 26 kilometres from Kingaroy Hospital.

Size

Nanango Hospital has 10 inpatient beds and a helipad on site.

Capability

Nanango Hospital's Clinical Services Capability Framework (CSCF) is 2. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 810 total separations accounting for 2,531 bed days. Of these 165 were same day separations (20 percent) and the average length of stay (ALOS) across all separations was 3.1 days.

The SRG with the greatest number of separations was (16.2 percent) Cardiology with 131 separations, followed by Non- Subspecialty Surgery (15 percent) with 121 separations. SRG Other Non-Acute had the greatest number of bed days (395) followed by Respiratory Medicine (342). SRG Other Non-Acute had the longest average length of stay (20 days).

SRG 8	Overnight+	Same Day	Total Seps	% Same Day	Total Bed days	ALOS (days)	% of Total Seps	% of Total Bed days
Cardiology	109	22	131	17%	249	1.9	16.2%	9.8%
Non-Subspecialty Surgery	94	27	121	22%	183	1.5	14.9%	7.2%
Respiratory Medicine	93	21	114	18%	342	3.0	14.1%	13.5%
Non-Subspecialty Medicine	51	10	61	16%	294	4.8	7.5%	11.6%
Neurology	45	10	55	18%	158	2.9	6.8%	6.2%
Gastroenterology	28	11	39	28%	92	2.4	4.8%	3.6%
Immunology and Infections	25	12	37	32%	103	2.8	4.6%	4.1%
Orthopaedics	27	6	33	18%	171	5.2	4.1%	6.8%
Medical Oncology	22	2	24	8%	78	3.3	3.0%	3.1%
Mental Health	21	3	24	13%	52	2.2	3.0%	2.1%
Other	130	41	171	24%	809	4.7	21.1%	32.0%
Total	645	165	810	20%	2,531	3.1	100%	100%



5.3.5 SERVICE PROFILE WONDAI HOSPITAL

Location

Wondai Hospital is a rural facility located 184 kilometres north of Toowoomba. Wondai is located 30 kilometres from Kingaroy Hospital and 16 kilometres from Murgon Hospital.

Size

Wondai Hospital has 5 inpatient beds and Forest View residential aged care facility has 46 high care beds.

Capability

Wondai Hospital's Clinical Services Capability Framework (CSCF) is 1. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 45 total separations accounting for 1,238 bed days. The average length of stay (ALOS) across all separations was 27.5 days.

The SRG with the greatest number of separations was (62%) Other Non-Acute with 28 separations, followed by Palliative (non-acute) (22 percent) with 10 separations. SRG Other Non-Acute had the greatest number of bed days (782) followed by Palliative non-acute (417). SRG Other Non-Acute had the longest average length of stay (23.3 days).

Table 112: Top 10 SRGs by total Separations (including Bed days) Wondai Hospital 2016/17

SRG 8	Overnight+	Same Day	Total Seps	% Same Day	Total Bed days	ALOS (days)	% of Total Seps	% of Total Bed days
Other Non-Acute	28	0	28	0%	782	23.3	62.2%	63%
Palliative (non-acute)	10	0	10	0%	417	20.1	22.2%	34%
Non-Subspecialty Medicine	3	0	3	0%	28	9.3	6.7%	2%
Respiratory Medicine	2	0	2	0%	9	4.5	4.4%	1%
Medical Oncology	0	1	1	100%	1	1.0	2.2%	0%
Orthopaedics	1	0	1	0%	1	1.0	2.2%	0%
Totals	44	1	45	2%	1,238	27.5	100.0%	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.

5.3.6 LEVELS OF SELF- SUFFICIENCY FOR THE SOUTH BURNETT LOCAL PLANNING REGION (CLUSTER)

Self-sufficiency utilisation excludes those patients treated at hospitals outside Darling Downs Health (out-flows to other HHS's including Metropolitan Hospitals).

The following tables represent the levels of local self-sufficiency for the top 10 SRGs for South Burnett residents by total volume of overnight and same day separations from Darling Downs Health facilities.

In 2016/17 Kingaroy Hospital provided 48 percent of separations (4,527) to South Burnett residents whereas Toowoomba Hospital provided 26 percent (2,389). The remaining 26 percent being largely provided by other Darling Downs Health facilities within the South Burnett. Obstetrics 83 percent, Diagnostic GI Endoscopy 72 percent, Non-Subspecialty Medicine 54 percent and Neurology 54 percent had the highest self-sufficiency at Kingaroy Hospital.

Of the top 10 SRGs (for overnight separations), local self-sufficiency was 45 percent for SRG Non-Subspecialty Surgery, 46 percent Respiratory Medicine and 87 percent for Obstetrics. Orthopaedics (25 percent), Ear Nose and Throat (27 percent) and Mental Health (34 percent) had the lowest rate of self-sufficiency. For these SRGs South Burnett residents travelled to Toowoomba Hospital.

Table 113: Top 10 SRGs for Overnight Separations (% Total) for South Burnett Residents by Place of Treatment (Darling Downs Health Facilities) 2016/17

	Kingaroy	/ Hospital	Toowoomba Hospital		Other DDHHS Hospitals		Total	
SRG 8	Seps	% Seps	Seps	% Seps	Seps	% Seps	Seps	% Total Seps
Non Subspecialty Surgery	288	45%	123	19%	231	36%	642	100%
Respiratory Medicine	282	46%	52	8%	281	46%	615	100%
Cardiology	215	47%	26	6%	216	47%	457	100%
Obstetrics	375	87%	36	8%	18	4%	429	100%
Orthopaedics	106	25%	248	59%	67	16%	421	100%
Non Subspecialty Medicine	181	47%	26	7%	177	46%	384	100%
Immunology and Infections	137	45%	46	15%	122	40%	305	100%
Mental Health	87	34%	117	46%	53	21%	257	100%
Neurology	119	46%	45	18%	92	36%	256	100%
Ear, Nose and Throat	47	27%	73	42%	55	31%	175	100%
Other	710	43%	438	26%	512	31%	1660	100%
Total	2,547	45%	1,230	22%	1,824	33%	5,601	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. Outsourced activity undertaken by St Andrews Hospital and Darling Downs (public) is included in Toowoomba Hospital Separations. Note: excludes Renal Dialysis and Unqualified Neonates.





Of the top 10 Same Day SRGS, 53 percent were provided at Kingaroy Hospital, 31 percent at Toowoomba Hospital and the remaining 16 percent at other Darling Downs Health hospitals.

Of the top 10 Same Day SRGs, 53 percent were provided at Kingaroy Hospital, 31 percent at Toowoomba Hospital and the remaining 16 percent at other DDH hospitals. High levels of self-sufficiency were for SRG Diagnostic GI Endoscopy 74 percent (539 separations) followed by the SRG Cardiology with 58 percent (155 separations), Obstetrics 70 percent (97 separations) and Non- Subspecialty Surgery 54 percent (145 separations).

Table 114: Top 10 SRGs by Same Day Separations (% Total),	South Burnett Residents,	by Place of Treatment (Darli	ng Downs Health
Facilities), 2016/17			

	Kingaroy	/ Hospital	Toowoomba Hospital		Other DDHHS Hospitals		Total	
SRG 8	Seps	% Seps	Seps	% Seps	Seps	% Seps	Seps	% Total Seps
Diagnostic GI Endoscopy	539	74%	185	25%	3	0%	727	100%
Chemotherapy	2	1%	342	99%	0	0%	344	100%
Non Subspecialty Surgery	145	54%	41	15%	82	31%	268	100%
Cardiology	155	58%	12	5%	99	37%	266	100%
Orthopaedics	134	58%	73	32%	23	10%	230	100%
Immunology and Infections	112	54%	65	31%	31	15%	208	100%
Non Subspecialty Medicine	131	66%	30	15%	36	18%	197	100%
Neurology	99	66%	8	5%	43	29%	150	100%
Haematology	77	55%	42	30%	22	16%	141	100%
Obstetrics	97	70%	15	11%	27	19%	139	100%
Other	489	45%	346	32%	242	22%	1077	100%
Total	1,980	53%	1,159	31%	608	16%	3,747	100%





5.4 FACILITIES IN SOUTHERN DOWNS

There are two (2) hospitals in Southern Downs: Stanthorpe Hospital and Warwick Hospital.



5.4.1 SERVICE PROFILE STANTHORPE HOSPITAL

Location

Stanthorpe Hospital is a rural facility located 143 kilometres south of Toowoomba and 61km south of Warwick. Stanthorpe is situated approximately 36km from the New South Wales border and provides services to interstate patients from New South Wales.

Size

Stanthorpe Hospital has 42 inpatient beds, 3 bed alternatives and 4 cots and a helipad on site.

Capability

Stanthorpe Hospital's Clinical Services Capability Framework (CSCF) is 3. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 2,745 total separations accounting for 7,821 bed days. Of these 1,166 were same day separations (42 percent) and the average length of stay (ALOS) across all separations was 2.8 days.

The SRG with the greatest number of separations was (11 percent) Diagnostic GI Endoscopy with 301 separations, followed by Cardiology (10 percent) with 282 separations. SRG Other Non-Acute had the greatest number of bed days (1,270) followed by Rehabilitation (non-acute) (812) bed days. SRG Other Non-Acute had the longest average length of stay (24) bed days.

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% Total Seps	% Total Bed days
Diagnostic GI Endoscopy	20	281	301	93%	311	1.0	11%	4%
Cardiology	163	119	282	42%	584	2.1	10%	7%
Respiratory Medicine	222	33	255	13%	709	2.8	9%	9%
Non-Subspecialty Surgery	154	77	231	33%	413	1.8	8%	5%
Haematology	35	160	195	82%	245	1.3	7%	3%
Non-Subspecialty Medicine	148	40	188	21%	507	2.7	7%	6%
Orthopaedics	76	96	172	56%	384	2.2	6%	5%
Neurology	85	78	163	48%	290	1.8	6%	4%
Obstetrics	132	30	162	19%	383	2.4	6%	5%
Immunology and Infections	86	14	100	14%	386	3.9	4%	5%
Other	458	238	696	34%	3,609	5.2	25%	46%
Total	1,579	1,166	2,745	42%	7,821	2.8	100%	100%

Table 115: Top 10 SRGs by total Separations (including Bed days) Stanthorpe Hospital 2016/17



5.4.2 SERVICE PROFILE WARWICK HOSPITAL

Location

Warwick Hospital is a rural facility located 84 kilometres south of Toowoomba.

Size

Warwick Hospital has 55 inpatient beds,14 bed alternatives, 4 cots and a helipad on site.

Capability

Warwick Hospital's Clinical Services Capability Framework (CSCF) is 3. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 4,442 total separations accounting for 15,303 bed days. Of these 1,451 were same day separations (32 percent) and the average length of stay (ALOS) across all separations was 3.4 days.

The SRG with the greatest number of separations was Diagnostic GI Endoscopy with 601 separations (14 percent), followed by Cardiology (11 percent) with 476 separations. SRG Other Non-Acute had the greatest number of bed days (3,397) followed by Rehabilitation (non-acute) (1,301) bed days. SRG Other Non-Acute had the longest average length of stay (24 days).

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% Total Seps	% Total Bed days
Diagnostic GI Endoscopy	23	578	601	96%	605	1.0	14%	4%
Cardiology	358	118	476	25%	1,089	2.3	11%	7%
Non-Subspecialty Surgery	320	77	397	19%	878	2.2	9%	6%
Respiratory Medicine	352	28	380	7%	1,240	3.3	9%	8%
Non-Subspecialty Medicine	227	45	272	17%	742	2.7	6%	5%
Neurology	188	62	250	25%	590	2.4	6%	4%
Obstetrics	204	26	230	11%	511	2.2	5%	3%
Immunology and Infections	156	42	198	21%	640	3.2	4%	4%
Orthopaedics	144	45	189	24%	515	2.7	4%	3%
Other Non-Acute	128	1	129	1%	3,397	24.0	3%	22%
Other	927	393	1,320	30%	5,096	3.9	30%	33%
Total	3,027	1,415	4,442	32%	15,303	3.4	100%	100%

Table 116: Top 10 SRGs by total Separations (including Bed days) Warwick Hospital 2016/17

5.4.3 LEVELS OF SELF-SUFFICIENCY SOUTHERN DOWNS PLANNING REGION

The following tables represent the levels of local self-sufficiency for the top 10 SRGs for residents in the Southern Downs planning region by total volume of overnight and same day separations from Darling Downs Health facilities. Note that separations for 'Other Darling Downs Health facilities' comprise almost entirely separations from Stanthorpe Hospital.

In 2016/17 Warwick Hospital provided 41 percent (4,174 separations) of overnight and same day separations whereas Toowoomba Hospital provided 35 percent (3,591 separations). The top 10 SRGs were Diagnostic GI Endoscopy 48 percent (566 separations) followed by Cardiology 55 percent (450 separations) and Non Subspecialty Surgery 45 percent (365 separations).

Of the Overnight stays the top 10 SRGs achieved self-sufficiency above 70 percent; Cardiology (89 percent), Respiratory Medicine (87 percent) and Non-Subspecialty Medicine (86 percent). The lowest rate of self-sufficiency was Orthopaedics (58 percent, 260 separations), Mental Health (54 percent, 114 separations) and Ear, Nose and Throat (52 percent, 103 separations) receiving overnight treatment at Toowoomba Hospital.

Table 117: Top 10 SRGs for Overnight Separations (percentage Total) for Southern Downs Residents by Place of Treatment (Darling Downs Health Facilities) 2016/17

	Warwick	Hospital	Toowoomba Hospital Other DDHHS Hospitals		Total			
SRG 8	Seps	% Seps	Seps	% Seps	Seps	% Seps	Seps	% Total Seps
Respiratory Medicine	336	54%	81	13%	201	33%	618	100%
Non Subspecialty Surgery	294	50%	161	27%	137	23%	592	100%
Cardiology	337	61%	62	11%	155	28%	554	100%
Obstetrics	197	44%	147	33%	106	24%	450	100%
Orthopaedics	121	27%	260	58%	64	14%	445	100%
Non Subspecialty Medicine	211	52%	59	14%	138	34%	408	100%
Neurology	175	53%	71	22%	84	25%	330	100%
Immunology and Infections	149	54%	51	19%	74	27%	274	100%
Mental Health	75	35%	114	54%	23	11%	212	100%
Ear, Nose and Throat	54	27%	103	52%	41	21%	198	100%
Other	885	47%	586	31%	397	21%	1,868	100%
Total	2,834	48%	1,695	28%	1,420	24%	5,949	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. Outsourced activity undertaken by St Andrews Hospital and Darling Downs (public) is included in Toowoomba Hospital Separations





Warwick Hospital provided 31 percent (1,340) of same day separations and Toowoomba Hospital provided 44 percent (1,896). The remaining 24 percent (1,049) were provided mostly by Stanthorpe Hospital. The top SRGs for same day separations, was SRG Diagnostic GI Endoscopy with 69 percent (764 separations) provided at Warwick and Stanthorpe Hospitals and 31 percent (347 separations) from Toowoomba Hospital.

Table 118: Top 10 SRGs by Total Separations for Same Day Separations (percentage Total), Southern Downs Residents by Place	of
Treatment (Darling Downs Health Facilities), 2016/17	

	Warwick	Hospital	Toowoomba Hospital Other DDHHS To Hospitals		Other DDHHS Hospitals		tal	
SRG 8	Seps	% Seps	Seps	% Seps	Seps	% Seps	Seps	% Total Seps
Diagnostic GI Endoscopy	546	49%	347	31%	218	20%	1111	100%
Chemotherapy	0	0%	480	100%	0	0%	480	100%
Haematology	111	30%	96	26%	157	43%	364	100%
Orthopaedics	40	15%	135	50%	95	35%	270	100%
Cardiology	113	42%	43	16%	113	42%	269	100%
Non Subspecialty Surgery	71	32%	79	36%	69	32%	219	100%
Neurology	60	33%	46	25%	75	41%	181	100%
Ear, Nose and Throat	6	4%	135	89%	10	7%	151	100%
Gynaecology	41	28%	75	52%	28	19%	144	100%
Obstetrics	23	17%	81	61%	28	21%	132	100%
Other	329	34%	379	39%	256	27%	964	100%
Total	1,340	31%	1,896	44%	1,049	24%	4,285	100%





5.5 FACILITIES WITHIN WESTERN DOWNS

There are six (6) facilities within Western Downs: Chinchilla Hospital, Tara Hospital, Taroom Hospital, Wandoan Outpatients Clinic, Miles Hospital and Milton House Residential Aged Care facility.



5.5.1 SERVICE PROFILE CHINCHILLA HOSPITAL

Location

Chinchilla Hospital is a rural hospital located 165 kilometres west of Toowoomba and 82km west of Dalby.

Size

Chinchilla Hospital has 17 inpatient beds (15 inpatient beds as at 2019), 1 bed alternative and 2 cots and a helipad on site.

Capability

Chinchilla Hospital's Clinical Services Capability Framework (CSCF) is 2. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 1,248 total separations accounting for 2,710 bed days. Of these 36 percent (454) were same day separations and the average length of stay (ALOS) across all separations was 2.2 days.

The SRG with the greatest number of separations was (13 percent) Non-Subspecialty Surgery with 162 separations, followed by (12 percent) Respiratory Medicine with 154 separations. SRG Non-Subspecialty Medicine had the greatest number of bed days (481) followed by Respiratory Medicine (308). Other Non-Acute had the longest average length of stay (27 days).

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% Total Seps	% Total Bed days
Non-Subspecialty Surgery	86	76	162	47%	280	1.7	13%	10%
Respiratory Medicine	125	29	154	19%	308	2.0	12%	11%
Non-Subspecialty Medicine	93	31	124	25%	481	3.9	10%	18%
Cardiology	70	43	113	38%	175	1.5	9%	6%
Obstetrics	56	34	90	38%	162	1.8	7%	6%
Orthopaedics	48	34	82	41%	171	2.1	7%	6%
Immunology and Infections	67	10	77	13%	183	2.4	6%	7%
Neurology	41	32	73	44%	177	2.4	6%	7%
Neurosurgery	16	33	49	67%	49	1.0	4%	2%
Drug and Alcohol	21	20	41	49%	55	1.3	3%	2%
Other	171	112	283	40%	669	2.4	23%	25%
Total	794	454	1,248	36%	2,710	2.2	100%	100%

Table 119: Top 10 SRGs by total Separations (including Bed days) Chinchilla Hospital 2016/17



Location

Miles Hospital is a rural facility located 210 kilometres west of Toowoomba and 128km west of Dalby and 45km west of Chinchilla.

Size

Miles Hospital has 13 inpatient beds. Milton House is a 14-bed residential aged care facility situated on the Miles Hospital campus.

Capability

Miles Hospital's Clinical Services Capability Framework (CSCF) is 2. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 829 total separations accounting for 1,712 bed days. Of these 341 were same day separations (41 percent) and the average length of stay (ALOS) across all separations was two (2) days.

The SRG with the greatest number of separations was (16 percent) Non-Subspecialty Surgery with 131 separations, followed by Diagnostic GI Endoscopy (15 percent) with 126 separations. SRG Non-Subspecialty Medicine had the greatest number of bed days (245) followed by Respiratory Medicine (221). Other Non-Acute had the longest average length of stay (15 days).

able 120: Top 10 SRGs by total Separations (including Bed days) Miles Hospital 2016/17									
SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% Total Seps	% Tota Bed day	
Non-Subspecialty Surgery	92	39	131	30%	202	1.5	16%	12%	
Diagnostic GI Endoscopy	9	113	122	93%	126	1.0	15%	7%	
Cardiology	50	25	75	33%	135	1.8	9%	8%	
Respiratory Medicine	58	11	69	16%	221	3.2	8%	13%	
Non-Subspecialty Medicine	51	17	68	25%	245	3.6	8%	14%	
Neurology	30	20	50	40%	92	1.8	6%	5%	
Ear, Nose and Throat	34	10	44	23%	75	1.7	5%	4%	
Orthopaedics	22	20	42	48%	117	2.8	5%	7%	
Gastroenterology	30	10	40	25%	82	2.1	5%	5%	
Dermatology	3	33	36	92%	42	1.2	4%	2%	
Other	109	43	152	28%	375	2.5	18%	22%	
Total	488	341	829	41%	1,712	2.07	100%	100%	


5.5.3 SERVICE PROFILE TARA HOSPITAL

Location

Tara Hospital is a rural facility located 172 kilometres west of Toowoomba and 92km south west of Dalby.

Size

Tara Hospital has 12 inpatient beds and 3 bed alternatives.

Capability

Miles Hospital's Clinical Services Capability Framework (CSCF) is 2. Service level CSCF ratings are provided in Appendix 1.

In 2016/16 there were 706 total separations accounting for 1,362 bed days. Of these 259 were same day separations (37 percent) and the average length of stay (ALOS) across all separations was 1.9 days.

The SRG with the greatest number of separations was (14 percent) Non-Subspecialty Medicine with 96 separations, followed by Non-Subspecialty Surgery (13 percent) with 91 separations. SRG Non-Subspecialty Medicine had the greatest number of bed days (190) followed by Respiratory Medicine (165). Dermatology had the longest average length of stay (11 days).

Table 121: Top 10 SRGs by total Separations (including Bed days) Tara Hospital 2016/17

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% Total Seps	% Total Bed days
Non-Subspecialty Medicine	68	28	96	29%	190	2.0	14%	14%
Non-Subspecialty Surgery	50	41	91	45%	124	1.4	13%	9%
Respiratory Medicine	58	19	77	25%	165	2.1	11%	12%
Cardiology	47	29	76	38%	149	2.0	11%	11%
Immunology and Infections	43	3	46	7%	121	2.6	7%	9%
Gastroenterology	24	18	42	43%	57	1.4	6%	4%
Orthopaedics	25	14	39	36%	154	3.9	6%	11%
Neurology	26	9	35	26%	57	1.6	5%	4%
Endocrinology	22	12	34	35%	54	1.6	5%	4%
Mental Health	16	13	29	45%	52	1.8	4%	4%
Other	68	73	141	52%	239	1.7	20%	18%
Total	447	259	706	37%	1,362	1.9	100%	100%



Location

Taroom Hospital is a rural facility located 338 kilometres north west of Toowoomba and is 129km from Miles, 175km from Chinchilla and 257km from Dalby.

Size

Taroom Hospital has 13 inpatient beds (10 inpatient beds at at 2019) and a helipad on site.

Capability

Taroom Hospital's Clinical Services Capability Framework (CSCF) is 2. Service level CSCF ratings are provided in Appendix 1.

In 2016/17 there were 228 total separations accounting for 601 bed days. Of these 66 were same day separations (29 percent) and the average length of stay (ALOS) across all separations was 2.6 days.

The SRG with the greatest number of separations was (18 percent) Non-Subspecialty Surgery with 40 separations, followed by Cardiology (15 percent) with 34 separations. SRG Non-Subspecialty Medicine had the greatest number of bed days (133) followed by Non-Subspecialty Surgery (55). SRG Other Non-Acute had the longest average length of stay (12 days).

Table 122: Top 10 SRGs by total Separations (including Bed days) Taroom Hospital 2016/17

SRG 8	Overnight	Same Day	Total Seps	% Same Day	Total Beddays	ALOS	% Total Seps	% Total Bed days
Non-Subspecialty Surgery	24	16	40	40%	55	1.4	18%	9%
Cardiology	19	15	34	44%	45	1.3	15%	7%
Non-Subspecialty Medicine	27	4	31	13%	133	4.3	14%	22%
Respiratory Medicine	20	4	24	17%	53	2.2	11%	9%
Neurology	8	6	14	43%	17	1.2	6%	3%
Endocrinology	11	1	12	8%	44	3.7	5%	7%
Drug and Alcohol	7	2	9	22%	13	1.4	4%	2%
Gastroenterology	9		9	0%	37	4.1	4%	6%
Neurosurgery	2	7	9	78%	9	1.0	4%	1%
Immunology and Infections	4	4	8	50%	19	2.4	4%	3%
Other	31	7	38	18%	176	4.6	17%	29%
Total	162	66	228	29%	601	2.6	100%	100%



Location

Wandoan outpatient clinic is a rural facility located 279 kilometres north west of Toowoomba, 70km north of Miles and 197km north east of Dalby. The clinic has a helipad on site.

Capability

Service level CSCF ratings are provided in Appendix 1.

5.5.6 LEVELS OF SELF-SUFFICIENCY FOR WESTERN DOWNS LOCAL PLANNING REGION

The following tables represent the level of local self-sufficiency for the top 10 SRGs for Western Downs and Banana residents by total volume of overnight and same day separations from Darling Downs Health facilities.

In 2016/17 63 percent of Western Downs residents (2,745 separations) were treated locally followed by 32 percent (1,385 separations) at Toowoomba Hospital and 6 percent (261 separations) were treated at Dalby Hospital. The top SRGs were Non Subspecialty Surgery 11 percent of total separations (487 separations) followed by Obstetrics 8 percent (369 separations) and Respiratory Medicine 8 percent (360 separations). The majority of Obstetric services were provided at Toowoomba Hospital 38 percent (142 separations) whereas 32 percent (117 separations) were provided by other Darling Downs Health hospitals (Chinchilla, Miles, Tara or Taroom Hospital) and 30 percent (110 separations) at Dalby Hospital.

Similarly, the highest Overnight stay SRGS were Non-Subspecialty Surgery 81 percent (257 separations), Respiratory Medicine 81 percent (231 separations), followed by Orthopaedics 87 percent (200 separations) provided by local hospitals. Residents of Chinchilla, Miles and Tara requiring overnight care that cannot be provided in their local hospital are more likely to be transferred to Toowoomba Hospital rather than Dalby. 16 percent of overnight separations for residents of Western Downs were treated in Toowoomba Hospital, the majority of residents, 80 percent were treated at Chinchilla, Miles, Taroom and Tara with 4 percent of overnight separations at Dalby Hospital.

	Dalby	Hospital	Toowoom	ba Hospital	Other DDHHS Hospitals		Total	
SRG 8	Seps	% Seps	Seps	% Seps	Seps	% Seps	Seps	% Total Seps
Non Subspecialty Surgery	13	4%	46	15%	257	81%	316	100%
Respiratory Medicine	3	1%	51	18%	231	81%	285	100%
Non Subspecialty Medicine	5	2%	63	27%	169	71%	237	100%
Orthopaedics	5	2%	26	11%	200	87%	231	100%
Obstetrics	50	24%	4	2%	156	74%	210	100%
Cardiology	5	3%	47	24%	142	73%	194	100%
Immunology and Infections	3	2%	42	28%	105	70%	150	100%
Neurology	3	2%	22	16%	115	82%	140	100%
Gastroenterology	0	0%	24	25%	72	75%	96	100%
Mental Health	1	1%	16	17%	79	82%	96	100%
Other	27	4%	81	11%	606	85%	714	100%
Total	115	4%	422	16%	2,132	80%	2,669	100%

Table 123: Top 10 SRGs by Total Separations for Overnight Separations for Western Downs and Banana residents by place of treatment (Darling Downs Health facilities) 2016/17.



Figure 39: Top 10 SRGs by Total Separations for Overnight Separations Western Downs and Banana Residents.

58 percent of Same day SRGS were provided locally at either Chinchilla, Tara, Taroom or Miles Hospitals. 33 percent were provided at Toowoomba Hospital and the remaining 8 percent at Dalby Hospital.

Based on volume of separations, the highest levels of local self sufficiency were for SRG Non-Subspecialty Surgery 79 percent of separations (135 separations) followed by SRG Diagnostic GI Endoscopy with 48 percent of separations (110 separations).

38 percent of Obstetrics separations (60 separations) were provided at Dalby Hospital with 29 percent (46 separations) at Toowoomba Hospital compared with 33 percent (53 separations) at other Darling Downs Health hospitals demonstrating reasonable levels of self-sufficiency for Obstetric services within the region.

Table 124: Top 10 SRGs by Total Separations for Same Day Separations for Western Downs and Banana residents by place	e of
treatment (Darling Downs Health facilities) 2016/17.	

	Dalby	Hospital	Toowoomba Hospital Other DDHH Hospitals		DDHHS pitals	Total		
SRG 8	Seps	% Seps	Seps	% Seps	Seps	% Seps	Seps	% Total Seps
Diagnostic GI Endoscopy	30	13%	87	38%	110	48%	227	100%
Non Subspecialty Surgery	4	2%	32	19%	135	79%	171	100%
Obstetrics	60	38%	46	29%	53	33%	159	100%
Chemotherapy	0	0%	137	100%	0	0%	137	100%
Cardiology	5	4%	8	7%	99	88%	112	100%
Orthopaedics	9	8%	37	34%	63	58%	109	100%
Haematology	1	1%	41	46%	48	53%	90	100%
Non Subspecialty Medicine	2	2%	16	18%	70	80%	88	100%
Neurology	5	7%	8	11%	62	83%	75	100%
Respiratory Medicine	4	5%	15	20%	56	75%	75	100%
Other	26	5%	143	30%	310	65%	479	100%
Total	146	8%	570	33%	1,006	58%	1,722	100%

Figure 40: Top 10 SRG by Total Separations for Same Day Separations for Western Downs and Banana residents by place of treatment (Darling Downs Health) 16/17.



6 RENAL DIALYSIS SERVICES

key findings

While Aboriginal and Torres Strait Islander people comprise 5 percent of the total Darling Downs Health population they accounted for 22 percent of renal dialysis separations in Darling Downs Health facilities in 2016/17.

West Moreton HHS residents accounted for 7 percent and South West HHS residents accounted for 2 percent of Darling Downs Health renal dialysis separations. Other HHS residents and interstate residents accounted for 1 percent of Darling Downs Health renal dialysis separations.

Residents of Darling Downs Health utilised renal dialysis public services at a relative utilization rate of 82 indicating a lower level of take up for renal dialysis services by Darling Downs Health residents.

The projected annual growth rate from 2016/17 to 2036/37 for renal dialysis services provided by DDH is 3.4 percent increase per year.



STRATEGIC QUESTIONS

What are the options to increase satellite haemodialysis at Dalby Hospital to decrease pressure on Toowoomba Hospital? (Note high rate of dialysis required for the Darling Downs East population compared to Southern Downs). _____ What are the options to increase use of other forms of dialysis to allow people to remain at home? Are there opportunities to increase existing partnerships with private providers? What is the relationship with the Aboriginal Medical Services to promote early intervention and pathways for chronic disease management? To what extent is primary care contributing to a comprehensive model of care to prevent chronic kidney disease in high risk groups? What model of care and level of resourcing for CKD programs are required to impact population level projected demand? Are there opportunities to promote early intervention and management through established partnership pathways? What is the likelihood of greater availability of renal transplantations?

What capacity is there to support travel options for rural patients?

.....

Is there any capacity to reverse flows from West Moreton HHS residents to Darling Downs Health to decrease pressure on Toowoomba Hospital? Similarly, South West resident flows will continue to Darling Downs Health despite capital infrastructure investment of Roma Hospital in 2019 (Roma Hospital has a CSCF for Renal Services of 1).



6.1.1 2016/7 ACTIVITY PROFILE

In 2016/17, Darling Downs Health provided a total of 11,043 separations for SRG Renal Dialysis. Of these, 22 percent (2,422) were provided to Aboriginal and Torres Strait Islander people. 7 percent (820) of total SRG Renal Dialysis separations were provided to residents of West Moreton HHS and 2 percent (237) of the total SRG Renal Dialysis separations were provided to the South West HHS. A higher proportion of these separations (78 percent, 8621 separations) were provided to non- Aboriginal and Torres Strait Islander people. Residents of Darling Downs HHS were provided 90 percent (9,888 separations) of the total SRG Renal Dialysis separations in 2016/17.

HHS of Residence	Place of Residence	ATSI	Non-ATSI	Total	% Indigenous	% Total
Other HHS/ Interstate	Total Other HHS/ Interstate	51	47	98	52%	0.89%
West Moreton	Esk		14	14	0%	0.13%
	Gatton	27	462	489	6%	4.43%
	Lockyer Valley		317	317	0%	2.87%
West Moreton Total		27	793	820	3%	7.43%
South West	Roma		66	66	0%	0.60%
	Roma Region	1	43	44	2%	0.40%
	South West remainder	7	120	127	6%	1.15%
South West Total		8	229	237	3%	2.15%
Darling Downs	Darling Downs - East	176	916	1,092	16%	9.89%
	Goondiwindi		22	22	0%	0.20%
	South Burnett	1,183	1,033	2,216	53%	20.07%
	Southern Downs	60	389	449	13%	4.07%
	Toowoomba	917	5,097	6,014	15%	54.46%
	Western Downs		95	95	0%	0.86%
Total Darling Downs HHS		2,336	7,552	9,888	24%	89.54 %
Total all HHS		2,422	8,621	11,043	22%	100.00%

Table 125: Darling Downs Health Renal dialysis separations by HHS and Place of Residence, by Aboriginal and Torres Strait Islander Status, 2016/17

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.

In 2016/17, residents of Darling Downs Health used total public inpatient renal dialysis services at a lower rate than Queensland with relative utilisation of 82.

Table 126: Public Relative Utilisation Darling Downs Health residents, Renal Dialysis, 2016/17

SRG	Public	
Renal Dialysis	11,145	82

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.

In 2016/17, 16 percent (1,810) of the total SRG renal dialysis separations were chargeable patients. The 85+age group had the highest proportion of chargeable patients (100 percent, 294 chargeable separations). The age group receiving the greatest volume of services in 2016/17, was the 45-69-year age group (6,089 separations).

Table 127: Darling Downs Health Renal Dialysis Separations by age group, by chargeable status, 2016/17

Age Group	Chargeable	Non-chargeable	Grand Total	% Chargeable
15-44	128	1,782	1,910	7%
45-69	663	5,426	6,089	11%
70-84	725	2,025	2,750	26%
85+	294		294	100%
Grand Total	1,810	9,233	11,043	16%

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.







6.1.2 PROJECTED DEMAND FOR RENAL DIALYSIS SERVICES

Historical inpatient activity

Figure 42 shows that between 2010/11 and 2016/17, separations for SRG Renal Dialysis within Darling Downs Health facilities increased from 6,959 separations, to 11,043 separations. A sharp increase in separations can be seen between the years 2012/13 and 2014/15. The year 2016/17 had fewer Renal Dialysis separations compared to 2015/16.



Figure 42: Historical and Projected Renal Dialysis Separations, Darling Downs Health, 2010/11 – 2016/17

Source: Historical separations from the Cross-Section file (2015/16 Base supplied by DoH 2017) for admitted renal dialysis cannot be used for comparison with projected renal dialysis treatments below. The projected demand for treatments includes all modalities of treatment (admitted and non-admitted). 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.

Future renal dialysis activity – all modalities (in centre and home based)

Projected future renal dialysis activity is only available as a total for all modalities in including inpatient and home-based treatments. Historically Toowoomba Hospital has maintained a rate of 40 percent or more home-based treatments.

Figure 43 shows projected future renal dialysis treatments all modalities for Darling Downs Health. Total treatments are projected to increase from 32,693 separations in 2021/22 to 50,231 separations in 2036/37 (importantly, this includes all home based and in-centre dialysis, with a home or community based dialysis modality target of 40 percent not yet applied). This represents an annual growth rate of 2.9 percent per year for total renal dialysis separations.



Figure 43: Projected Renal Dialysis Treatments All Modalities, Darling Downs Health, 2021/22 - 2036/37

Source: Projected Renal Dialysis Separations sourced from Renal Dialysis Adult Separations 2017. 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.

Projected growth in separations can also be reviewed by HHS of residence. Between the years 2021/22 and 2036/37,

separations for SRG Renal Dialysis are projected to increase at the greatest rate for residents of Darling Downs Health (13,541 separations increase or 49 percent). This represents an annual growth rate of 2.9 percent over the period.

HHS of Residence	2021-22	2026-27	2031-32	2036-37	Change (No)	Change (%)	AGR ^
Darling Downs	27,765	32,160	36,720	41,305	13,541	49%	2.68%
South West	2,771	3,190	3,607	4,023	1,252	45%	2.52%
West Moreton	2,157	2,880	3,788	4,902	2,745	127%	5.62%
TOTAL	32,693	38,230	44,115	50,231	17,538	54%	2.90 %

Table 128: Projected Darling Downs Health Renal Dialysis Separations by HHS of Residence, 2021/22-2036/27

Source: Projected Renal Dialysis Separations sourced from Renal Dialysis Adult Separations 2017, provided by Health Service Research, Analysis and Modelling Unit, Queensland Health.

Figure 44: Projected Darling Downs Health Renal Dialysis Separations by HHS of Residence, 2016/17 - 2036/37



Source: Projected Renal Dialysis Separations sourced from Renal Dialysis Adult Separations 2017, provided by Health Service Research, Analysis and Modelling Unit, Queensland Health.



7 PROJECTED DEMAND

key findings

Based on currently available projection modelling, the population level demand for public hospital services for residents of Darling Downs Health has an annual growth rate of 3.2 percent for separations and 2.9 percent for bed days between 2016/17 and 2036/37.

When analysed by Medical, Surgical and Procedural specialty groupings, the most significant growth in demand for Darling Downs Health residents will be for Medical SRG's. In 2036/37, there is projected to be additional volume of just over 55,417 separations and 150,423 bed days for the combined Medical SRG's compared to the volumes in 2016/17. In contrast, by 2036/37, separations for Surgical SRG's are projected to increase by almost 3,804 separations and 9,002 bed days.

Use of hospitals in Darling Downs Health by residents of other HHS's is also projected to increase in volume from just over 7,000 separations in 2016/17 to approximately 14,736 in 2036/37. As a percentage of total separations from Darling Downs Health facilities, use by residents from other HHS's (including northern NSW and interstate residents) will remain constant at 11 percent of the total through to 2036/37. Bed day use by residents of other HHS's will remain constant at 11 percent of the total through to 2036/37.

Darling Downs Health Residents Aged 70+

Across Darling Downs Health public separations for patients in the age group 70+ made up 26 percent of total separations in 16/17. Admissions for this age group are projected to grow to 40 percent of total Darling Downs Health admissions by 2036/37. Cherbourg Hospital has the smallest proportion of public separations for this age group, with 70+ separations making up 10 percent of total separations in 16/17 (projected to 16 percent by 2036/37).

The greatest increases in Darling Downs Health resident demand will be for the 85+ age group in both separations and bed days. The annual growth rate for the 85+ age group is projected to be 7.3 percent for separations and 5.6 percent for bed days.

By 2026/27, people aged 70 years and over will account for 33 percent of total separations from Darling Downs Health facilities increasing to 40 percent by 2036/37. In 2016/17, residents aged 70 years and over accounted for 26 percent of total separations from Darling Downs Health facilities.

In terms of volume of separations, SRG's with the largest projected numbers of separations of 70+ aged residents include SRG Non-Subspecialty Surgery, SRG Non-Subspecialty Medicine, SRG Cardiology and SRG Respiratory Medicine.

In terms of bed days, SRG's with the largest projected numbers of bed days used by 70+ aged residents include SRG Respirator Medicine, SRG Other Non-Acute, SRG Geriatric Management and SRG Orthopaedics.

Darling Downs Health Residents Aged 0-14

Separations from Darling Downs Health facilities for patients aged 0-14 years are projected to increase by 22 percent between 2016/17 and 2026/27, and then by 18 percent between 2026/27 and 2036/37. Bed day increases are projected to be relatively small, increasing by only 20 percent by 2026/27 and a further 11 percent by 2036/37.

As a percentage of total resident separations from Darling Downs Health facilities, the proportion of 0-14-year-old separations will decline from accounting for 8 percent of total separations in 2016/17 to 7 percent in 2026/27 and 6 percent for 2036/37.

The percentage of same day separations is projected to increase from 38 percent in 2016/17 to 42 percent in 2026/27 and 45 percent in 2036/37. ALOS for overnight separations is projected to remain constant at 2.6 days.

In 2016/17, Aboriginal and Torres Strait Islander children accounted for 18 percent of total separations for Darling Downs Health residents aged 0-14 years. This proportion is projected to remain constant through to 2036/37.

STRATEGIC QUESTIONS

The most significant pressure in terms of future demand will be for medical services driven by the ageing population and the increasing incidence of multiple co-morbidities. Deconditioning is increasingly known to be a major risk for older people admitted into acute inpatient settings. These factors are recognised as a major challenge to traditional subspecialty models of care and work is occurring in many places nationally and internationally to develop more integrated models of care.

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What are the major barriers to implementing care in alternative settings for older people such as home, primary care settings, and community based services? What are the known opportunities?

The projections for use of hospital services by children assume an increasing proportion of same day services and relatively small increases in overnight bed days. What is the likelihood of this being achievable based on current models of care?

What is the current status of partnerships with other public, private and non-government providers in terms of planning for the future? Which of these have the greatest future potential?

What are the opportunities for disinvestment of services (e.g. old technologies) and investment in new models of care?

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7.1 PROJECTED PUBLIC HOSPITAL DEMAND FOR DARLING DOWNS HEALTH RESIDENTS

Total public hospital separations for Darling Downs Health residents are projected to increase from 69,289 separations (210,423 bed days) in 2016/17, to 98,200 separations (288,338 bed days) in 2026/27, then to 131,611 separations (373,724 bed days) in 2036/37.

This represents an annual compound growth rate of 3.26 percent for separations and 2.91 percent for bed days. Same Day activity is projected to increase at the greatest rate, with an annual growth rate of 3.81 percent. The following tables and figures provide further detail of future projected demand including SRG volumes (refer to Table 130 for the latter).

Table 129: Projected Public Hospital Separations and Bed days, by Same Day and Overnight, Darling Downs Health Residents,2016/17 - 2036/37

	Stay Type			Year	Change			Change	AGR^
		2016/17	2021/22	2026/27	2031/32	2036/37	(No.)	(%)	
Separations	Overnight+	36,617	42,502	49,332	55,490	62,631	26,014	71%	2.72%
	Same Day	32,672	39,543	48,868	58,705	68,979	36,307	111%	3.81%
Total Separations		69,289	82,045	98,200	114,195	131,611	62,322	90%	3.26%
Beddays	Overnight+	177,751	207,772	239,470	270,781	304,744	126,993	71%	2.73%
	Same Day	32,672	39,543	48,868	58,705	68,979	36,307	111%	3.81%
Total Beddays		210,423	247,316	288,338	329,486	373,724	163,301	78%	2.91%

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. ^Annual Growth Rate – compound

Figure 45: Projected Public Hospital Separations by Same Day and Overnight stay type, DDH Residents, 2016/17 - 2036/37



Darling Downs Health Separations



Projected Public Hospital Bed days, by Group, Same day and overnight, 2016/17 - 2036/37

— Total

Table 130: Darling Downs Health Total Separation Projection by SRG

Separations			Year		
	2016/17	2021/22	2026/27	2031/32	2036/37
Breast Surgery	231	279	327	368	411
Cardiac Surgery		0	0	0	1
Cardiology	4,922	5,926	6,954	8,006	9,134
Chemotherapy	3,869	4,143	4,947	5,856	6,797
Colorectal Surgery	351	415	471	521	572
Dentistry	496	531	566	588	620
Dermatology	309	387	477	519	598
Diagnostic GI Endoscopy	5,711	6,354	7,041	7,772	8,499
Drug and Alcohol	820	1,099	1,364	1,642	1,931
Ear, Nose and Throat	2,665	2,779	3,172	3,545	3,972
Endocrinology	1,151	1,424	1,762	2,122	2,530
Extensive Burns	28	29	30	31	32
Gastroenterology	1,552	1,954	2,404	2,817	3,285
Geriatric Management (non-acute)	163	270	384	546	746
Gynaecology	1,712	1,869	2,029	2,110	2,213
Haematological Surgery	46	52	56	60	64
Haematology	1,719	2,294	3,168	4,144	5,137
Head and Neck Surgery	172	193	214	231	249
Immunology and Infections	2,237	2,854	3,723	4,653	5,711
Interventional Cardiology		1	3	5	8
Maxillo Surgery	41	40	42	43	43
Medical Oncology	613	690	792	808	825
Mental Health	2,585	3,177	3,895	4,640	5,416
Neurology	3,245	4,350	5,637	7,009	8,578
Neurosurgery	773	985	1,221	1,501	1,814
Non Subspecialty Medicine	3,734	4,949	6,394	8,007	9,827

Separations			Year		
	2016/17	2021/22	2026/27	2031/32	2036/37
Non Subspecialty Surgery	6,413	7,859	9,467	11,163	13,043
Obstetrics	7,009	7,105	7,806	7,672	7,795
Ophthalmology	137	174	223	280	346
Orthopaedics	4,979	6,031	7,202	8,380	9,483
Other Non-Acute	642	680	744	817	889
Palliative (non-acute)	506	630	733	858	1,008
Plastic and Reconstructive Surgery	742	857	975	1,082	1,181
Prolonged Ventilation	52	55	59	64	66
Qualified Neonate	741	772	841	825	867
Rehabilitation (non- acute)	364	482	614	767	936
Renal Medicine	695	946	1,173	1,442	1,579
Respiratory Medicine	4,518	5,358	6,435	7,630	8,938
Rheumatology	268	345	439	545	625
Thoracic Surgery	74	80	94	108	122
Transplantation		0	0	0	0
Unallocated		0	0	0	0
Upper GIT Surgery	1,188	1,325	1,482	1,624	1,778
Urology	1,538	1,974	2,447	2,936	3,430
Vascular Surgery	278	328	390	459	513
Grand Total	69,289	82,045	98,200	114,195	131,611

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.

Projected demand for services has been analysed by activity groups to demonstrate the variance in annual growth rates between Medical, Surgical, and Procedural (Other) services.

Of these groups, Medical separations are projected to increase at the greatest rate, from 54,048 separations (177,404 bed days) in 2016/17, to 79,346 separations (248,289 bed days) in 2026/27, then to 109,465 separations (327,827 bed days) in 2036/37. This represents an annual compound growth rate of 3.59 percent for separations and 3.12 percent for bed days.

Table 131: Projected Public Hospital Separations and Bed days	, by Group (Medical,	Surgical, Procedural),	Darling Downs Health
Residents, 2016/17 - 2036/37			

Activity	Group			Year			Change	Change	AGR^
		2016/17	2021/22	2026/27	2031/32	2036/37	(No.)	(%)	
Separations	Medical	54,048	65,026	79,346	93,700	109,465	55,417	103%	3.59%
	Procedural (Other)	6,218	6,930	7,702	8,510	9,319	3,101	50%	2.04%
	Surgical	9,023	10,090	11,152	11,984	12,827	3,804	42%	1.77%
Total Separations		69,289	82,045	98,200	114,195	131,611	62,322	90 %	3.26%
Beddays	Medical	177,404	210,769	248,289	286,437	327,827	150,423	85%	3.12%
	Procedural (Other)	7,781	8,739	9,685	10,676	11,656	3,875	50%	2.04%
	Surgical	25,238	27,807	30,364	32,373	34,240	9,002	36%	1.54%
Total Beddays		210,423	247,316	288,338	329,486	373,724	163,301	78 %	2.91 %

Procedural activity includes dental, endoscopy, bronchoscopy, interventional cardiology and some urology such as cystourethroscopy.



Darling Downs Health Separations



— Surgical

Project Public Hospital Bed days, by Group (Medical, Surgical, Procedural), DDH Residents, 2016/17 - 2036/37



The age group of Darling Downs Health residents that is projected to have the greatest rate of growth in public hospital separations and bed days is the 85+ years age group. Separations for this age group are projected to increase from 4,059 separations (27,498 bed days) in 2016/17 to 7,971 separations (45,200 bed days) in 2026/27, then to 16,760 separations (81,570 bed days) in 2036/37. This represents an annual compound growth rate of 7.35 percent for separations and 5.59 percent for bed days.

In terms of separation volumes, the 70-84 years age group is projected to have the greatest growth, increasing from 13,995 separations (52,291 bed days) in 2016/17, to 24,502 separations (78,758 bed days) in 2026/27, then to 35,330 separations (97,648 bed days) in 2036/37. This represents an annual compound growth rate of 4.74 percent for separations and 3.17 percent for bed days.

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Table 132: Projected Public Hospital Separations and Bed days, by Age Group, Darling Downs Health Residents, 2016	6/17 -
2036/37	

Activity	Age Group			Year			Change	Change	AGR^
		2016/17	2021/22	2026/27	2031/32	2036/37	(No.)	(%)	
Separations	0-14	5,640	6,256	6,899	7,457	8,121	2,481	44%	1.84%
	15-44	22,918	25,181	28,598	30,765	33,035	10,117	44%	1.85%
	45-69	22,677	26,247	30,230	34,033	38,366	15,689	69%	2.66%
	70-84	13,995	18,843	24,502	30,182	35,330	21,335	152%	4.74%
	85+	4,059	5,520	7,971	11,758	16,760	12,701	313%	7.35%
Total Separations		69,289	82,045	98,200	114,195	131,611	62,322	90%	3.26%
Beddays	0-14	11,336	12,479	13,582	14,123	15,114	3,778	33%	1.45%
	15-44	58,307	64,331	72,337	77,807	83,954	25,647	44%	1.84%
	45-69	60,991	70,072	78,461	86,433	95,437	34,446	56%	2.26%
	70-84	52,291	65,961	78,758	89,741	97,648	45,357	87%	3.17%
	85+	27,498	34,473	45,200	61,381	81,570	54,072	197%	5.59%
Total Beddays		210,423	247,316	288,338	329,486	373,724	163,301	78%	2.91 %

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. . ^Annual Growth Rate – compound

Figure 47: Projected Public Hospital Separations by Age Group, Darling Downs Health Residents, 2016/17 - 2036/37



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Darling Downs Health Separations

Projected Public Hospital Bed days, by Age Group, DDH Residents, 2016/17 - 2036/37



The top 10 SRGs with the greatest projected growth (in terms of change in the number of separations) are indicated in Table 132. The SRG Non-Subspecialty Surgery is projected to account for the greatest increase in public hospital separations, from 6,413 separations in 2016/17, to 9,467 separations in 2026/27, then to 13,043 separations in 2036/37. This represents a total projected growth of 6,630 separations, and an annual compound growth rate of 3.61 percent over the time period. From the top 10, the SRG with the greatest growth in terms of percent change, is Haematology (199 percent, 3,418 additional separations by 2036/37) followed by SRG Neurology 164 percent (5,333 separations increase by 2036/37) and Non-Subspecialty Medicine 163 percent (6,093 separations by 2036/37).

Table 133: Projected Public Hospital Separations, by SRG (Top 10 Change No.), Darling Downs Health Residents, 2016/	17 -
2036/37	

	2016/17	2021/22	2026/27	2031/32	2036/37	Change (No)	Change (%)	AGR ^
Non Subspecialty Surgery	6,413	7,859	9,467	11,163	13,043	6,630	103%	3.61%
Non Subspecialty Medicine	3,734	4,949	6,394	8,007	9,827	6,093	163%	4.96%
Neurology	3,245	4,350	5,637	7,009	8,578	5,333	164%	4.98%
Orthopaedics	4,979	6,031	7,202	8,380	9,483	4,504	90%	3.27%
Respiratory Medicine	4,518	5,358	6,435	7,630	8,938	4,420	98%	3.47%
Cardiology	4,922	5,926	6,954	8,006	9,134	4,212	86%	3.14%
Immunology and Infections	2,237	2,854	3,723	4,653	5,711	3,474	155%	4.80%
Haematology	1,719	2,294	3,168	4,144	5,137	3,418	199%	5.63%
Chemotherapy	3,869	4,143	4,947	5,856	6,797	2,928	76%	2.86%
Mental Health	2,585	3,177	3,895	4,640	5,416	2,831	110%	3.77%
Other	31,068	35,103	40,376	44,706	49,548	18,480	59%	2.36%
Grand Total	69,289	82,045	98,200	114,195	131,611	62,322	90%	3.26%

Figure 48: Projected Public Hospital Separations, by SRG (Top 10 Change No.), Darling Downs Health Residents, 2016/17 - 2036/37



The top 10 SRGs with the greatest projected growth in terms of change in the number of bed days are indicated in Table 133. The SRG Mental Health is projected to account for the greatest increase in total bed days, from 34,700 bed days in 2016/17, to 48,483 bed days in 2026/27, then to 63,814 bed days in 2036/37. This represents a total projected growth of 29,114 bed days, and an annual compound growth rate of 3.09 percent over the time period. SRG Geriatric Management is projected to increase from 3,327 bed days in 2016/17, to 6,760 bed days in 2026/27, then to 13,255 bed days in 2036/37. This represents a total projected growth of 9,928 bed days, and an annual compound growth rate of 7.16 percent over the time period.

Table 134: Projected Public Hos	pital Bed davs. b	v SRG (Top 10 Chans	ge No.). Darling Do	wns Health Residents.	2016/17 - 20 ⁻	36/37
		,	30			J-1 J1

	2016/17	2021/22	2026/27	2031/32	2036/37	Change (No)	Change (%)	AGR ^
Mental Health	34,700	41,210	48,483	55,936	63,814	29,114	84%	3.09%
Respiratory Medicine	13,802	16,805	19,920	23,311	26,764	12,962	94%	3.37%
Neurology	8,699	11,375	14,024	16,870	19,913	11,214	129%	4.23%
Non Subspecialty Medicine	9,819	12,093	14,779	17,717	21,013	11,194	114%	3.88%
Non Subspecialty Surgery	12,768	15,487	18,158	20,922	23,919	11,151	87%	3.19%
Orthopaedics	13,879	16,659	19,420	22,200	24,867	10,988	79%	2.96%
Geriatric Management (non-acute)	3,327	4,764	6,760	9,649	13,255	9,928	298%	7.16%
Immunology and Infections	7,495	9,582	11,955	14,348	16,929	9,434	126%	4.16%
Rehabilitation (non- acute)	7,209	8,937	10,776	12,717	14,742	7,533	104%	3.64%
Other Non-Acute	18,519	19,423	21,132	23,112	24,977	6,458	35%	1.51%
Other	80,206	90,980	102,932	112,704	123,533	43,327	54%	2.18%
Grand Total	210,423	247,316	288,338	329,486	373,724	163,301	78%	2.9 1%

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.. ^Annual Growth Rate – compound



Figure 49: Projected Public Hospital Bed days, by SRG (Top 10 Change No.), Darling Downs Health Residents, 2016/17 - 2036/37





7.2. PROJECTED DEMAND AT DARLING DOWNS HEALTH FACILITIES (ALL)

Projected demand at all Darling Downs Health facilities (combined) is projected to increase from 69,289 separations (210,423 bed days) in 2016/17, to 98,200 separations (288,338 bed days) in 2026/27, then to 131,611 separations (373,724 bed days) in 2036/37.

Separations provided to Darling Downs Health residents and residents of other HHS are both projected to grow, and the proportion of separations and bed days provided to Darling Downs Health residents will remain consistent with a slight increase in Same Day services to out-of-HHS residents.

Separations/Bed		(Overnight-	F		Same Day			Total			
days		2016/17	2026/27	2036/37	2016/17	2026/27	2036/37	2016/17	2026/27	2036/37		
Separations	DDHHS	32,659	44,102	55,973	29,018	43,438	60,902	61,677	87,541	116,874		
	Out-HHS	3,958	5,230	6,659	3,654	5,430	8,078	7,612	10,659	14,737		
Total Separations		36,617	49,332	62,631	32,672	48,868	68,979	69,289	98,200	131,611		
Beddays	DDHHS	161,336	217,783	277,289	29,018	43,438	60,902	190,354	261,221	338,190		
	Out-HHS	16,415	21,686	27,456	3,654	5,430	8,078	20,069	27,116	35,534		
Total Bed days		177,751	239,470	304,744	32,672	48,868	68,979	210,423	288,338	373,724		
Separations (%)	DDHHS	89%	89%	89%	89%	89%	88%	89%	89%	89%		
	Out-HHS	11%	11%	11%	11%	11%	12%	11%	11%	11%		
Total Separations (%)		100%	100%	100%	100%	100%	100%	100%	100%	100%		
Bed days %	DDHHS	91%	91%	91%	89%	89%	88%	90%	91%	90%		
	Out-HHS	9%	9%	9%	11%	11%	12%	10%	9%	10%		
Total Bed days		100%	100%	100%	100%	100%	100%	100%	100%	100%		

Table 135: Projected Separations and Bed days treated at Darling Downs Health Facilities or other facilities 2016/17 - 2036/37

Figure 50: Projected Separations and Bed days Darling Downs Health Facilities by HHS of Residence, 2016/17 to 2036-2037



Bed days





7.3. PROJECTED DEMAND FOR OLDER PERSONS

In 2016/17, 26 percent (18,054) of the total separations from Darling Downs Health facilities were for patients or consumers aged 70 years and over.

By 2026/27, separations aged 70+ will account for 33 percent (32,473) of total separations from Darling Downs Health facilities, increasing to 40 percent (52,090) by 2036/37. All hospitals will experience an increase in the number and proportion of separations for patients or consumers aged over 70 years.

There is projected to be a very significant increase in the number of separations for patients or consumers aged 70 years from TH, increasing from 10,114 in 2016/17 to 18,666 by 2026/27 and 30,436 by 2036/37.

Place of Treatment					ΔΙΙ Δαρς		% ZOT VOSIS			
r tace of freatment	2016/1-	2026/2=	2026/27	2016/1-	All Ages	2026/2-	2016/1-	2026/2=	2026/2-	
	2010/17	2020/27	2030/37	2010/17	2020/27	2030/37	2010/17	2020/27	2030/37	
Cherbourg Hospital	88	148	226	899	1,134	1,393	10%	13%	16%	
Chinchilla Hospital	352	605	960	1,248	1,726	2,276	28%	35%	42%	
Dalby Hospital	808	1,567	2,596	3,608	5,014	6,636	22%	31%	39%	
Darling Downs (public patients)	23	37	51	83	111	139	28%	33%	37%	
Goondiwindi Hospital	402	587	832	1,760	2,188	2,620	23%	27%	32%	
Inglewood Hospital	150	235	339	318	457	610	47%	51%	56%	
Jandowae Hospital	111	191	292	257	380	522	43%	50%	56%	
Kingaroy Hospital	1,354	2,421	3,817	4,947	7,074	9,403	27%	34%	41%	
Miles Hospital	256	389	552	829	1,110	1,417	31%	35%	39%	
Millmerran Hospital	167	298	471	398	623	891	42%	48%	53%	
Murgon Hospital	448	823	1,336	962	1,501	2,174	47%	55%	61%	
Nanango Hospital	366	611	940	810	1,185	1,652	45%	52%	57%	
Oakey Hospital	169	308	515	338	518	761	50%	59%	68%	
St Andrew's Toowoomba Hospital (public patients)	45	80	119	200	255	301	23%	31%	40%	
Stanthorpe Hospital	1,091	1,941	3,092	2,745	4,089	5,650	40%	47%	55%	
Tara Hospital	190	319	458	706	990	1,283	27%	32%	36%	
Taroom Hospital	86	148	241	228	333	468	38%	44%	51%	
Texas Hospital	103	151	212	238	320	415	43%	47%	51%	
Toowoomba Hospital	10,114	18,666	30,436	44,228	62,856	84,457	23%	30%	36%	
Warwick Hospital	1,701	2,907	4,543	4,442	6,280	8,467	38%	46%	54%	
Wondai Hospital	30	42	60	45	58	74	67%	74%	80%	
Total Bed days	18,054	32,473	52,090	69,289	98,200	131,611	26%	33%	40%	

Table 136: Public Separations Aged 70+ years, by Overnight and Same Day Stay type from Darling Downs Health Facilities 2016/17 - 2036/37

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 137 below shows SRG's with greater than 50 percent of total Darling Downs Health separations projected to be for residents aged 70 years and over by 2036/37. Over 75 percent of separations for Geriatric Management (non-acute) (97 percent, 720 separations), SRG Other Non-Acute (88 percent, 780 separations) with the largest overall increases in Haematology 60 percent (3,107 separations) and Renal Medicine (58 percent, 920 separations).

Table 137: Separations from Darling Downs Health Facilities - SRG's with > 50 percent separations aged 70+ years by 2036/37

SRG 8		7	o+ yeaı	ſS			1	All Age	5		% 70+ years				
	2016/17	2021/22	2026/27	2031/32	2036/37	2016/17	2021/22	2026/27	2031/32	2036/37	2016/17	2021/22	2026/27	2031/32	2036/37
Geriatric Management (non- acute)	146	248	361	522	720	163	270	384	546	746	90%	92%	94%	96%	97%
Other Non-Acute	524	563	630	705	780	642	680	744	817	889	82%	83%	85%	86%	88%
Rehabilitation (non-acute)	236	336	448	585	735	364	482	614	767	936	65%	70%	73%	76%	79%
Palliative (non- acute)	319	425	523	643	787	506	630	733	858	1,008	63%	68%	71%	75%	78%
Haematology	809	1,181	1,726	2,370	3,107	1,719	2,294	3,168	4,144	5,137	47%	51%	54%	57%	60%
Renal Medicine	324	479	606	769	920	695	946	1,173	1,442	1,579	47%	51%	52%	53%	58%
All Other SRGs	15,696	21,130	28,180	36,347	45,040	65,200	76,742	91,384	105,621	121,316	24%	28%	31%	34%	37%
Total Bed days	18,054	24,362	32,473	41,940	52,090	69,289	82,045	98,200	114,195	131,611	26%	30%	33%	37%	40%

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 greatest number of separations from Darling Downs Health facilities for patients or consumers aged 70 and over will be for SRG Non-Subspecialty Surgery with 2,848 separations in 2026/27 increasing to 4,828 by 2036/37. Other SRG's projected to have large volumes of separations for older people include SRG Non Subspecialty Medicine (2,693 by 2026/27 and 4,681 by 2036/37), SRG Cardiology (3,147 by 2026/27 and 4,572 by 2036/37), SRG Respiratory Medicine and (2,695 by 2026/27 and 4,436 by 2036/37).

Table 138: Separations from Darling Downs Health Facilities - SRG's with > 1000 separations aged 70+ years by 2036/37

SRG 8		7	o+ yea	rs	•		1	All Ages	5		% 70+ years				
	2016/17	2021/22	2026/27	2031/32	2036/37	2016/17	2021/22	2026/27	2031/32	2036/37	2016/17	2021/22	2026/27	2031/32	2036/37
Non Subspecialty Surgery	1,482	2,076	2,848	3,779	4,828	6,413	7,859	9,467	11,163	13,043	23%	26%	30%	34%	37%
Non Subspecialty Medicine	1,328	1,932	2,693	3,626	4,681	3,734	4,949	6,394	8,007	9,827	36%	39%	42%	45%	48%
Cardiology	1,951	2,517	3,147	3,836	4,572	4,922	5,926	6,954	8,006	9,134	40%	42%	45%	48%	50%
Respiratory Medicine	1,492	1,985	2,695	3,530	4,436	4,518	5,358	6,435	7,630	8,938	33%	37%	42%	46%	50%
Neurology	1,259	1,818	2,539	3,409	4,362	3,245	4,350	5,637	7,009	8,578	39%	42%	45%	49%	51%
Orthopaedics	1,362	1,817	2,371	3,003	3,676	4,979	6,031	7,202	8,380	9,483	27%	30%	33%	36%	39%
Diagnostic Gl Endoscopy	1,434	1,848	2,320	2,828	3,304	5,711	6,354	7,041	7,772	8,499	25%	29%	33%	36%	39%
Chemotherapy	1,290	1,584	2,099	2,680	3,257	3,869	4,143	4,947	5,856	6,797	33%	38%	42%	46%	48%
Haematology	809	1,181	1,726	2,370	3,107	1,719	2,294	3,168	4,144	5,137	47%	51%	54%	57%	60%
Immunology and Infections	721	1,022	1,476	2,019	2,640	2,237	2,854	3,723	4,653	5,711	32%	36%	40%	43%	46%
Urology	465	673	920	1,194	1,460	1,538	1,974	2,447	2,936	3,430	30%	34%	38%	41%	43%
Gastroenterology	443	581	744	927	1,125	1,552	1,954	2,404	2,817	3,285	29%	30%	31%	33%	34%
Endocrinology	340	469	632	819	1,028	1,151	1,424	1,762	2,122	2,530	30%	33%	36%	39%	41%
All Other SRG's	3,678	4,860	6,262	7,919	9,614	23,701	26,574	30,618	33,700	37,219	16%	18%	20%	23%	26%
Grand Total	18,054	24,362	32,473	41,940	52,090	69,289	82,045	98,200	114,195	131,611	26%	30%	33%	37%	40%

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.

SRG Respiratory Medicine is projected to have the greatest volumes of overnight bed days in Darling Downs Health facilities for patients or consumers aged 70 and over with 10,838 by 2026/27 and 16,061 by 2036/37.

Large volumes of overnight bed days for patients and consumers aged 70 and over are also projected for SRG Other Non-Acute (12,169 in 2026/27 increasing to 13,883 in 2036/37) followed by Geriatric Management (non-acute) (6,370 in 2026/27 to 9,252 by 2036/37) and Orthopaedics (8,369 in 2026/27 increasing to 11,358 in 2036/37).

Table 139: Overnight Bed days, Patients or Consumers aged 70+ years, Darling Downs Health Facilities, 7	Гор 10 SRGs by 2026/27
and 2036/37	

SRG 8		7	o+ yeaı	ſS			1	All Ages	5			%	70+ yea	ars	
	2016/17	2021/22	2026/27	2031/32	2036/37	2016/17	2021/22	2026/27	2031/32	2036/37	2016/17	2021/22	2026/27	2031/32	2036/37
Respiratory Medicine	6,437	8,509	10,838	13,478	16,061	12,779	15,468	18,231	21,217	24,229	50%	55%	59%	64%	66%
Other Non-Acute	10,478	11,214	12,169	13,130	13,883	13,637	14,114	15,142	16,182	17,036	77%	79%	80%	81%	81%
Geriatric Management (non- acute)	2,935	4,378	6,370	9,252	12,848	3,327	4,762	6,757	9,646	13,250	88%	92%	94%	96%	97%
Orthopaedics	5,646	6,967	8,369	9,911	11,358	11,831	14,041	16,151	18,266	20,372	48%	50%	52%	54%	56%
Non Subspecialty Medicine	4,741	5,869	7,299	8,997	10,858	8,346	9,951	11,807	13,797	16,031	57%	59%	62%	65%	68%
Neurology	4,272	5,726	7,268	9,035	10,838	7,355	9,386	11,285	13,364	15,500	58%	61%	64%	68%	70%
Rehabilitation (non-acute)	4,498	5,816	7,256	8,849	10,466	7,158	8,854	10,654	12,544	14,505	63%	66%	68%	71%	72%
Non Subspecialty Surgery	3,926	4,998	6,207	7,567	9,029	10,138	12,044	13,818	15,598	17,508	39%	41%	45%	49%	52%
Immunology and Infections	2,843	3,999	5,323	6,782	8,337	6,866	8,711	10,754	12,770	14,923	41%	46%	50%	53%	56%
Cardiology	4,944	5,752	6,368	6,963	7,534	8,013	8,993	9,632	10,260	10,852	62%	64%	66%	68%	69%
All Other SRGs	17,629	21,985	26,157	30,642	34,835	72,281	83,947	95,353	104,680	115,367	24%	26%	27%	29%	30%
Grand Total	68,349	85,213	103,625	124,606	146,046	161,731	190,270	219,584	248,324	279,573	42%	45%	47%	50%	52%



7.4. PROJECTED DEMAND FOR PAEDIATRIC PATIENTS

In 2016/17, there were 5,640 separations from Darling Downs Health facilities for patients aged 0-14 years. The number of separations for children is projected to increase by 22 percent (an additional 1,259 separations) by 2026/27 and a further 18 percent (1,222 additional separations) by 2036/37. The majority of paediatric separations are from Toowoomba Hospital (3,720 separations in 2016/17 increasing to 4,637 in 2026/27 and 5,531 in 2036/37.

	Se	eparations by Y	ear	Change	in Seps	Change in Seps %		
Place of Treatment	2016/17	2026/27	2036/37	2016/19 - 2026/27	2026/27 - 2036/37	2016/16 - 2026/27	2016/17 - 2026/27	
Cherbourg Hospital	167	187	208	20	21	12%	11%	
Chinchilla Hospital	129	147	167	18	20	14%	14%	
Dalby Hospital	312	377	442	65	65	21%	17%	
Goondiwindi Hospital	206	230	248	24	18	12%	8%	
Inglewood Hospital	10	12	15	2	2	24%	17%	
Jandowae Hospital	9	11	13	2	2	21%	17%	
Kingaroy Hospital	450	523	591	73	68	16%	13%	
Miles Hospital	81	97	115	16	18	20%	18%	
Millmerran Hospital	20	22	25	2	2	12%	10%	
Murgon Hospital	65	80	95	15	15	23%	19%	
Nanango Hospital	26	36	46	10	10	38%	28%	
Oakey Hospital	5	6	7	1	1	23%	13%	
St Andrew's Toowoomba Hospital (public patients)	2	2	3	0	0	16%	16%	
Stanthorpe Hospital	143	187	228	44	41	31%	22%	
Tara Hospital	45	53	62	8	10	17%	18%	
Taroom Hospital	25	27	29	2	2	7%	9%	
Texas Hospital	18	21	23	3	3	15%	13%	
Toowoomba Hospital	3,720	4,637	5,531	917	894	25%	19%	
Warwick Hospital	207	242	273	35	31	17%	13%	
Grand Total	5,640	6,899	3	1,259	1,222	22%	18%	

Table 140: Patient Separations Aged 0-14 years from Darling Downs Health Facilities 2016/17 - 2036/37

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 projected increase in the volume of separations for children increases by 22 percent (1,259 separations) by 2026/27 and 18 percent (1,222 separations) by 2036/37.

In 2016/17, there were 11,241 bed days used in Darling Downs Health facilities by Darling Downs Health residents aged 0-14 years. The number of bed days for children is projected to increase by 20 percent (an additional 2,228 bed days) by 2026/27 and a further 11 percent (1,507 additional bed days) by 2036/37. The majority of bed days for Darling Downs Health residents aged 0-14 years are from TH (8,504 bed days in 2016/17 increasing to 10,276 in 2026/27 and 11,477 in 2036/37.

Place of Treatment	Se	eparations by Y	ear	Change	in Seps	Change in Seps %		
	2016/17	2026/27	2036/37	2016/16 - 2026/27	2026/27 - 2036/37	2016/16 - 2026/27	2026/27 - 2036/37	
Cherbourg Hospital	341	344	361	3	17	1%	5%	
Chinchilla Hospital	149	184	201	35	16	24%	9%	
Dalby Hospital	433	495	565	62	70	14%	14%	
Goondiwindi Hospital	299	338	345	39	7	13%	2%	
Inglewood Hospital	10	13	15	3	2	27%	16%	
Jandowae Hospital	14	14	15	-0	1	-1%	6%	
Kingaroy Hospital	659	733	801	74	67	11%	9%	
Miles Hospital	105	132	149	27	17	26%	13%	
Millmerran Hospital	20	22	25	2	2	12%	10%	
Murgon Hospital	76	94	109	18	15	24%	16%	
Nanango Hospital	27	37	47	10	10	38%	27%	
Oakey Hospital	5	6	7	1	1	23%	13%	
St Andrew's Toowoomba Hospital (public patients)	2	2	3	0	0	16%	16%	
Stanthorpe Hospital	198	275	317	77	42	39%	15%	
Tara Hospital	47	79	86	32	8	68%	10%	
Taroom Hospital	30	33	35	3	1	12%	4%	
Texas Hospital	23	28	30	5	3	20%	9%	
Toowoomba Hospital	8,504	10,276	11,477	1,772	1,201	21%	12%	
Warwick Hospital	299	364	390	65	26	22%	7%	
Grand Total	11,241	13,469	14,976	2,228	1,507	20%	11%	

Table 141: Paediatric Bed Days Aged 0-14 years from Darling Downs Health Facilities 2016/17 - 2036/37

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.

As a percentage of total Darling Downs Health separations from Darling Downs Health facilities, the proportion of 0-14-year-old patients will decline from representing 8 percent (5,640) of total separations in 2016/17 to 7 percent (6,899) in 2026/27 and 6 percent (8,121) in 2036/37. The Darling Downs Health facility with the greatest percentage of separations for 0-14 year olds is Cherbourg Hospital for which children accounted for 19 percent (167) of total separations in 2016/17.

Table 142: Paediatric separations as percentage of Total Darling Downs Health Separations from Darling Downs Health Facilities 2016/17 -2036/37

Place of Treatment	o-14 years				All Ages		% 0-14 years			
	2016/17	2026/27	2036/37	2016/17	2026/27	2036/37	2016/17	2026/27	2036/37	
Cherbourg Hospital	167	187	208	899	1,134	1,393	19%	17%	15%	
Chinchilla Hospital	129	147	167	1,248	1,726	2,276	10%	9%	7%	
Dalby Hospital	312	377	442	3,608	5,014	6,636	9%	8%	7%	
Darling Downs (public patients)				83	111	139	0%	0%	0%	
Goondiwindi Hospital	206	230	248	1,760	2,188	2,620	12%	11%	9%	
Inglewood Hospital	10	12	15	318	457	610	3%	3%	2%	
Jandowae Hospital	9	11	13	257	380	522	4%	3%	2%	
Kingaroy Hospital	450	523	591	4,947	7,074	9,403	9%	7%	6%	
Miles Hospital	81	97	115	829	1,110	1,417	10%	9%	8%	
Millmerran Hospital	20	22	25	398	623	891	5%	4%	3%	
Murgon Hospital	65	80	95	962	1,501	2,174	7%	5%	4%	

Place of Treatment		o-14 years			All Ages		% o-14 years			
	2016/17	2026/27	2036/37	2016/17	2026/27	2036/37	2016/17	2026/27	2036/37	
Nanango Hospital	26	36	46	810	1,185	1,652	3%	3%	3%	
Oakey Hospital	5	6	7	338	518	761	1%	1%	1%	
St Andrew's Toowoomba Hospital (public patients)	2	2	3	200	255	301	1%	1%	1%	
Stanthorpe Hospital	143	187	228	2,745	4,089	5,650	5%	5%	4%	
Tara Hospital	45	53	62	706	990	1,283	6%	5%	5%	
Taroom Hospital	25	27	29	228	333	468	11%	8%	6%	
Texas Hospital	18	21	23	238	320	415	8%	6%	6%	
Toowoomba Hospital	3,720	4,637	5,531	44,228	62,856	84,457	8%	7%	7%	
Warwick Hospital	207	242	273	4,442	6,280	8,467	5%	4%	3%	
Wondai Hospital				45	58	74	0%	0%	0%	
Grand Total	5,640	6,899	8,121	69,289	98,200	131,611	8%	7%	6%	

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 percentage of same day separations from Darling Downs Health facilities aged 0-14 years is projected to increase from 38 percent (2,170) in 2016/17 to 42 percent (2,891) in 2026/27 and 45 percent (3,654) in 2036/27.

SRG's with greater than 40 percent projected same day activity by 2026/27 include SRG Ear Nose and Throat, SRG Orthopaedics, SRG Neurosurgery, SRG Mental Health, SRG Non-Subspecialty Medicine, SRG Dentistry and SRG Neurology.

Table 143: Top 10 SRG Same Day Darling Downs Health Separations Aged 0-14 years 2015/6 as percentage of Total Darling Down
Health all Separations 0-14 years 2016/17 - 2036/37

Separations		o-14 years		All Sep	arations o-1	4 years		% 0-14 years		
	2016/17	2026/27	2036/37	2016/17	2026/27	2036/37	2016/17	2026/27	2036/37	
Ear, Nose and Throat	383	469	581	865	1,066	1,283	44%	44%	45%	
Respiratory Medicine	327	488	663	1,059	1,249	1,446	31%	39%	46%	
Non Subspecialty Surgery	276	340	419	583	706	845	47%	48%	50%	
Orthopaedics	205	271	331	473	541	601	43%	50%	55%	
Neurosurgery	157	231	298	214	307	394	73%	75%	75%	
Mental Health	126	168	202	205	261	321	61%	64%	63%	
Non Subspecialty Medicine	125	201	298	332	492	666	38%	41%	45%	
Dentistry	112	112	104	130	130	123	86%	86%	85%	
Immunology and Infections	89	101	114	230	294	366	39%	35%	31%	
Neurology	50	63	71	106	123	132	47%	51%	54%	
All Other SRGs	320	446	575	1,443	1,728	1,944	22%	26%	30%	
Grand Total	2,170	2,891	3,654	5,640	6,899	8,121	38%	42%	45%	

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 average length of stay (ALOS) for overnight separations from Darling Downs Health facilities for patients aged 0-14 years is projected to marginally decrease from 2.6 (2016/17) to 2.5 days by 2036/37. Of the top 10 SRG's by volume of overnight separations, ALOS is projected to remain constant for the majority of SRGs with ALOS.

Table 144: Top 10 SRGs Overnight Separations and Overnight Average Length of Stay (ALOS) Aged 0-14 years from Darling Downs Health Facilities 2016/17 - 2036/37

SRG 8	0	-14 years C	vernight+	Separatio	ns			ALOS		
	2016/17	2021/22	2026/27	2031/32	2036/37	2016/17	2021/22	2026/27	2031/32	2036/37
Respiratory Medicine	732	743	761	770	784	1.8	1.7	1.6	1.6	1.5
Qualified Neonate	703	733	801	782	822	5.7	5.8	5.8	5.8	5.8
Ear, Nose and Throat	482	532	597	648	702	1.4	1.3	1.3	1.3	1.3
Non Subspecialty Surgery	307	336	366	395	427	1.7	1.8	1.8	1.8	1.7
Orthopaedics	268	271	270	270	271	1.6	1.6	1.6	1.7	1.7
Non Subspecialty Medicine	207	250	291	328	367	1.6	1.7	1.6	1.6	1.6
Immunology and Infections	141	163	193	221	252	2.3	2.3	2.2	2.2	2.1
Gastroenterology	102	102	101	98	94	1.5	1.7	1.7	1.7	1.8
Mental Health	79	83	94	106	119	7.0	7.3	7.0	6.8	6.6
Endocrinology	77	83	92	101	110	2.0	2.7	2.6	2.5	2.4
All Other SRGs	372	408	443	481	519	n/a	n/a	n/a	n/a	n/a
Grand Total	3,470	3,704	4,008	4,200	4,466	2.6	2.7	2.6	2.6	2.5

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.

Aboriginal and Torres Strait Islander Darling Downs Health patients aged 0-14 years accounted for 19 percent (1,055) of separations of children from Darling Downs Health facilities in 2016/17. Whereas the numbers of separations for ATSI children is projected to increase slightly to 1,261 by 2026/27 and 1,468 by 2036/37. The proportion of total separations they represent will reduce slightly to 18 percent in 2026/27 and 18 percent in 2036/37. The greatest volumes of separations for ATSI children will be for SRG Respiratory Medicine (214 separations in 2026/27 increasing to 247 in 2036/37) and SRG Ear, Nose and Throat (206 separations in 2026/27 increasing to 241 in 2036/37). Almost 50 percent of the 0-14 age group separations for SRG Immunology and Infections are for ATSI children accounting for 50 percent (115) in 2016/17 and 41 percent (151) in 2036/37.

Table 145: Top 10 SRGs Aboriginal and Torres Strait Islander Aged 0-14 years Separations as percentage of Total 0-14 yea	rs
Separations from Darling Downs Health Facilities 2016/17 - 2036/37	

Separations	ATSI Sej	oarations o-	14 years	All Sep	arations o-1	4 years		% ATSI	
	2016/17	2026/27	2036/37	2016/17	2026/27	2036/37	2016/17	2026/27	2036/37
Respiratory Medicine	185	214	247	1,059	1,249	1,446	17.5%	17.1%	17.1%
Ear, Nose and Throat	172	206	241	865	1,066	1,283	19.9%	19.3%	18.8%
Immunology and Infections	115	132	151	230	294	366	50.0%	45.0%	41.2%
Qualified Neonate	115	130	135	741	841	867	15.5%	15.4%	15.5%
Non Subspecialty Surgery	99	125	154	583	706	845	17.0%	17.7%	18.3%
Orthopaedics	65	75	83	473	541	601	13.7%	13.8%	13.8%
Non Subspecialty Medicine	59	87	118	332	492	666	17.8%	17.7%	17.7%
Gastroenterology	46	58	68	151	197	242	30.5%	29.2%	28.2%
Neurosurgery	41	56	69	214	307	394	19.2%	18.1%	17.5%
Dentistry	26	24	21	130	130	123	20.0%	18.7%	17.1%
All Other SRGs	132	155	182	862	1,075	1,287	15.3%	14.4%	14.1%
Grand Total	1,055	1,261	1,468	5,640	6,899	8,121	18.7%	18.3%	18.1%

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.

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Aboriginal and Torres Strait Islander patients aged 0-14 years accounted for 19 percent (2,203) of bed days of children from Darling Downs Health facilities in 2016/17. The numbers of bed days for Aboriginal and Torres Strait Islander children is also projected to increase to 2,534 by 2026/27 and 2,804 by 2036/37, the proportion of total bed days they represent will remain constant at 18 percent in 2026/27 and 2036/37. The greatest volumes of bed days for Aboriginal and Torres Strait Islander children will be for SRG Qualified Neonate (919 bed days in 2026/27 increasing to 967 in 2036/37) followed by SRG Respiratory Medicine (286 bed days in 2026/27 increasing to 303 in 2036/37). SRG Immunology and Infection had the highest proportion of bed days for Aboriginal and Torres Strait Islander children accounting for 52 percent (215) in 2016/17.

Table 146: Top 10 SRGs Indigenous Aged 0-14 years Darling Downs Health Bed days as percentage of Total Darling Downs Health
Bed days from Darling Downs Health Facilities 2016/17 - 2036/37

Separations	ATSI Sej	oarations o-	14 years	All Sep	arations o-1	4 years		% ATSI	% ATSI				
	2016/17	2026/27	2036/37	2016/17	2026/27	2036/37	2016/17	2026/27	2036/37				
Qualified Neonate	lified Neonate 790 909 967		4,078	4,709	4,821	19.4%	19.3%	20.1%					
Respiratory Medicine	285	5 286 303		1,615	1,704	1,846	17.6%	16.8%	16.4%				
Immunology and Infections	215	227	252	412	531	640	52.2%	42.7%	39.4%				
Ear, Nose and Throat	205	241	277	1,052	1,242	1,459	19.5%	19.4%	19.0%				
Non Subspecialty Surgery	127	, 161 193		789	996	996 1,158		16.1%	16.7%				
Orthopaedics	101	106	112	637	717	781	15.9%	14.8%	14.3%				
Non Subspecialty Medicine	88	137	178	458	672	868	19.2%	20.4%	20.5%				
Gastroenterology	62	75	83	203	269	313	30.5%	28.0%	26.7%				
Dermatology	51	48	51	87	93	101	58.6%	52.1%	50.5%				
Neurosurgery	44 61 74		74	222	322	409	19.8%	19.0%	18.1%				
All Other SRGs	235	283	313	1,688	2,214	2,580	13.9%	12.8%	12.1%				
Grand Total	2,203	2,534	2,804	11,241	13,469	14,976	19.6%	18.8%	18.7 %				

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Darling Downs Health

Clinical Services Capability Framework (CSCF)

Summary - May 2010

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APPENDIX 7 - CLINICAL SERVICES CAPABILITY FRAMEWORK (CSCF)
North Tmba Hospital (HHB)											4		4		3	4					с		4	-									
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SHdW pooməlbul					2															1	2	2	2	1									
Millmerran NPHS					2															-	2	2	2	-									
aewobneL IstiqeoH					1																2	-	2	-									
Oakey Hospital					1															1	2	-	2	-									
Taroom Hospital					2															1	2	2	2	1									
Tara Hospital					2															1	2	2	2	-									
ognsnsN IstiqsoH					2																2	2	2	1									
Murgon Hospital					2																2	2	2	-									
Riles Hospital					2															1	2	2	2	1									
Cherbourg Hospital					2															1	2	2	2	-		2				1			
Chinchilla Hospital					2															2	2	2	2	1		3				3			
Stanthorpe Hospital					3			Е		2		3			2					3	3	2	2	3		3							
ibniwibnooĐ BriqsoH		4	Yes		3															3	3	3	2	3		3				3			
Warwick Hospital		4	Yes		3			3	3	3	4	4	3		2	3				3	3	3	3	3		4				4			
Kingaroy Hospital		5			e			3	3	2	4	3	3		2	ი				3	e	з	ю	з		4				4			
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RomoowooT IstiqsoH	5	£	Yes		2	4		5	5	4	4	4	5			5	4	5	4	4	5	4	5	5		5	5	4		5	5		
CSCF 3.2 Service	 Cardiac Rehabilitation- Inpatient 	 Cardiac Rehabilitation- Outpatient 	 Cardiac Rehabilitation- 	Ongoing prevention & maintenance	Emergency	Emergency-Children's	Geriatric	 Emergency geriatric care 	 Geriatric acute inpatient 	 Ambulatory 	 Cognitive impairment 	 Consultation liaison 	 Geriatric evaluation & 	management	 Interim care 	 Geriatric rehabilitation 	 Ortho-geriatric 	Intensive Care	Intensive Care-Children's	Maternity	Medical	Medical-Children's	Medication	Medical Imaging	Mental Health-Adult	 Ambulatory 	 Acute inpatient 	 Non-acute inpatient 	Mental Health-Child & Youth	 Ambulatory 	 Acute inpatient 	 Non-acute inpatient 	Page 2 of 3

Darling Downs Health



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Darling Downs Health

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APPENDIX 2 - FACILITY PROFILES

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Emergency Department	1				1																Legend
Emergency care centres	-	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	✓ = service provided
Coronary Care	1																				F = fortnightly
Ear Nose and Throat	1														v						T/M= Twice monthly
Geriatric services	1	1					1								1						M = Monthly
Geriatric Adult Rehabilitation and Stroke Service	-																				Q = Quarterly
	-																				AR = services provided as required or
General Medicine	1	1	✓	1	~	1	✓	1	1	1	1		✓	1	1	1	~	~	1	~	referred
Flying Surgeon								VM	VM										VM		P = Private Provider
General Surgery	1	~					1	1	1						1	1			1		V= Visiting
Ophthalmology	1										Р										
																					Note: the listed services are subject to
																					change based on one or more of the
																					following factors: facility capability
																					and/or clinician availability and/or
																					patient demand. Further, the services
Perioperative	1	~					1	1	1						1	1			1		were a "point in time" snapshot.
Palliative services	1	1	1	1	1	1	1	1	1	1	1		✓	1	1	1	1	1	1	1	
Paediatrics (supplied by Paediatrician)	1	v			v																
Renal Medicine	1	1					1														
Rehabilitation	1	1					1	1	1	1	1		✓	1	1	1	1		1	1	
Flying Obstetrics and Gynaecology		VM					VM	VM								VM			VM		
Obstetric and Gynaecology Services	1																				
Maternity Service -antenatal and postnatal	1	1	1				1	1	1	1	1			1	1	1	1	1	1	1	
Birthing facility	1	1					✓								1	1			1		
Healthy Hearing	1	1					1								1	1			1		
Alcohol and Other Drugs	1																				
Mental Health	1																				
Nurse Navigator	1	1		v	v	v	✓	V	V	v	V		V	v	1	v	v	v	v	v	
Pathology - specimen and blood collection service				1	1	1		1	1	1	1	1	✓	1		1	1	1	1	1	
Pathology - onsite laboratory (CSCF level 3-6)	1	1					1								1						
Medical Imaging - Xray			✓	1	1			✓	1	~	✓		✓	1			~	1		✓	
Medical Imaging - Xray and limited services provided locally																					
either publicly or privately Medical Imaging bigher level convices (CSCE level 2 and							~								D/on				D/on		
above)	1	1													site	1			cito		
Pharmacy			1	1	1	1		1	1	1	1	1	1	1	Site	1	1	1	1	1	
Pharmacy - on site Pharmacist (CSCE level 3-6)	1	1		1	1		1	· ·					-		1						
						Outp	atient C	linics													
Healthy Hearing	1	 ✓ 			1																
Cardiac Rehabilitation	1	1		-			1								1	1			1		
Geriatric services	1	1		1			-								1	1			-		
Renal	1	1	1	1			1								1	1					
Evolve Therapeutic Services	1	1	1	1			-														
MIRT (Mobile Intensive Rehabilitation Team)	1	1		-																	
Mental Health Services - Adult	1	1	1	-			1	1	v			AR			1	1			1		
Mental Health Services - CYMHS	1	1	1	1			1	1							1				1		

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Clinical Services		mba	Hos	18 TH	HOSY	10°	HOSP	Spite	113 HO	spite	pita	4050	1 24	/ etho	1050	HOST	/ s)	131 ⁵⁵	-od Mr.	wind an	M.
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Mental Health Services - Older Persons	1											AR			✓						
Alcohol and other Drugs	1	~	1				1	1				AR	_		~						
Diabetes				V																	
Palliative Care	✓	~		V			✓														
						All	ied Hea	lth													
Nutrition/Dietetics	~	~	V	v	V		~	V	V	V	V	VM	V	V	~	v	V	V		V	
Occupational Therapy	1	✓	V	V	V		~	1	V	V	V	VM	V	V	~	1	V	V	1	v	
Physiotherapy	1	✓	V	V	V		~	V	V	V	V	VF	V	V	~	1	V	V	1	v	
Podiatry	1	~									VPM	VPM	_				V				
Psychology	1	~	1	V					-	-	V		V	-					1		
Social Work	1	✓	1				1	V	V	V	V	AR	v	V	✓	1	V	V	1	V	
Speech Pathology	1	✓		V	۷		✓	V	V	V	V	VF	V	V	✓	V	V	V	V	V	
						Co	ommuni	ty													
Audiology	1								-	-	-		_	-							
Mental Health Services - Adult	1	✓	1				1	1		V	V				✓	1			1		
Mental Health Services - CYMHS	1												_								
Mental Health Services - Older Persons	1												_								
Alcohol and other Drugs	1	✓	~				~	1	_		V		_		~						
Oral Health Services	1	✓					1			V			_		1	1	V	V			
Deadly Ears			1																		
Deserta series includes as bile and includes and leastings	1	,	1			1				1	1	1	1	1			1	1		,	
Genuical Cancer Prevention includes mobile services to rural locations	~	•	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	v	~	
locations	1	1	1	1	1	1	1	1	1	1	~	1	1	1	1	1	1	1	1	1	
Sexual Assault Program	1					· ·				Ľ.	1									-	
Communicable Disease	1									-			-								
Refugee Health Programs	1									-			-								
Child Health includes services to rural locations	1	1	1			1	1	1	1	1			-	1	1	1			1	1	
			1			ľ	1	1	Ľ	Ľ	1			Ľ		1					
School Based Youth Nurse includes services to rural locations	1	~					1			v					1	1					
Community Health	1	1		1	1	1	1	1	1	1	V		1		1	1	V	1	1	✓	
Community Maternal Service	1	✓					1		VM												
Home and Community Care	1							1	1						1	1	1	1	1		
Aged Care Assessment Team	1				AR		VM		VM					VM		AR					
Indigenous Respiratory Outreach Care (Prince Charles Hospital)			twice y	early																	
Cardiology Clinic (Princess Alexandra Hospital)			AR										_								
Respite Care						1			1		1		~	1							
Residential Aged Care beds available		✓				1	1		1					1	1		1	1		✓	
Flying Skin Cancer												PQ.									
RAHT (Rural Allied Health Team) servicing the greater DDH for c	lients >65	years.																			
Transition Care Program	1	✓	1	1	1	1	1	1	AR				AR	1	1	1				1	
Telehealth services provided to all sites																					

APPENDIX 3 - GLOSSARY OF KEY WORDS

Key Words	Explanation
AIM Base Case	The Acute Inpatient Modelling (AIM) tool is the endorsed source of projected activity for a number of admitted health services (in particular medical, surgical and maternity services).
	The AIM tool projects future admitted patient activity based on historical trends of separation rates and lengths of stay, place of residence variations in utilisation of services and patient flow patterns. The tool generates a base case (or status quo) model of projected activity which assumes that current patient flow patterns will continue and that place of residence variations in utilisation will reduce over time.
Average Length of stay (ALOS)	The ALOS is often used as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. The ALOS refers to the average number of days that patients spend in hospital.
Bed days	A bed day is a day during which a person is confined to a bed and in which the patient stays overnight in a hospital.
Clinical services Capability Framework (CSCF)	The CSCF for Public and Licensed Private Health Facilities provides a standard set of minimum capability criteria for service planning and delivery. The current version (v3.2), published in December 2014, has been designed to guide a coordinated and integrated approach to health service planning and delivery in Queensland. It applies to both public and licensed private health facilities and will enhance the provision of safe, quality services by providing health service planners and service providers with a standard set of minimum capability criteria. The CSCF's purpose is to:
	 describe a set of capability criteria that identifies minimum requirements by service level provide a consistent language for healthcare providers and planners to use when describing and planning health services assist health services to identify and manage risk guide health service planning provide a component of the clinical governance system, credentialing and scope of practice of health services
	 instil confidence in clinicians and consumers services meet minimum requirements for patient safety and guide health service planning.
Community Health	Services provided by Community Health Service clinics. This activity does not fit the criteria prescribed in General list of in-scope public hospital services. Community Health Services are often designated as "Non-ABF Service Categories". These may include: Care Co-ordination, rehabilitation, child and youth health, chronic disease, communicable disease, palliative care, offender health services, primary health care. (Monthly Activity Collection Manual, Statistical Services Branch 2018-19 pg 4)
ESRG	A level below the Service Related Group classification, Enhanced Service Related Group (ESRG) are based on DRG aggregation and categories admitted patient episodes into groups representing clinical divisions of hospital activity.
Population Density	The number of people per square kilometre that make up the population of the area defined.
Remoteness Index	The Accessibility/Remoteness Index of Australia (ARIA+) is an index of the accessibility of places to service centres, or conversely of remoteness of places. Geographical areas are given a score based on the road distance to service towns of different sizes.
	This index measures remoteness in terms of access along the road network from populated localities to five categories of service centres (localities with a population of more than 1000 persons). Remote areas are considered to have very restricted accessibility of goods, services and opportunities for social interaction. Very remote areas are considered to have very little accessibility of goods, services and opportunities for social interaction social interaction.
SA2	Statistical Areas Level 2 (SA2) 2016 – are small areas, commonly suburb size, generally having a population range of 3,000 to 25,000 persons There are 528 SA2 regions that cover the state of Queensland. The SA2 boundaries are based on the 2016 ASGS and are the latest available
SA3	SA3 Statistical Areas Level 3 (SA3) 2016 – are aggregations of SA2 areas, generally having a population range of 30,000 and 130,000 persons. There are 82 SA3 regions that cover the state of Queensland, These SA3 boundaries are based on the 2016 ASGS and are the latest available.
SEIFA Index	Socio-Economic Indexes for Areas (SEIFA) is a suite of four indexes that have been developed by the Australian Bureau of Statistics (ABS) from social and economic Census information. Each index ranks geographic areas across Australia in terms of their relative socio-economic advantage and disadvantage. The four indexes each summarise a slightly different aspect of the socio-economic conditions in an area. The indexes can be used for a number of different purposes, including targeting areas for business and services, strategic planning and social and economic research. For each index, every geographic area in Australia is given a SEIFA score which measures how relatively 'advantaged' or 'disadvantaged' that area is compared with other areas in Australia
Self-Sufficiency	Self-sufficiency is an indicator of the local accessibility of health services. The self-sufficiency index or capture rate is used to describe the degree to which the population in a catchment area depends on a local facility. It is one way of estimating how well the facility meets the designated catchment's health service needs.
SRG	Service Related Group classification is the highest level of DRG aggregation and categories admitted patient episodes into groups representing clinical divisions of hospital activity

APPENDIX 4 - DARLING DOWNS HEALTH ORGANISATIONAL CHART

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		ecutive	pared ness rrance Vudit & Risk	ations and nent	Strait Islander Health al Practices	Executive L Workfg	Havia Ha	Goverr
	18	Office of the Chief Ex - Legal Services - Starlegy and Planning > Service Planning	 Emergency Prep Emergency Prep Emergency Emergence Governance and Assum Compliance Manager Manager Internal A Bound Support Assumd Support 	Media, Communicate Media, Communicat	 Aboriginal and Torres Indigenous Cultura Digital Hospital Team 	Chief Finance Officer	Jane Ranger Final Gama Rautoy Repairs Rautoy Repairs Rautoy Repairs Rautoy Repairs Result Rest	
	ctober 20:					Executive Director Infrastructure	Dr Paul Cloyton Anthemates & Eigherening Associationaries & Eigherening and Associationaries Associationaries Eigherening structure Eigherening structure Associationaries Eigherening structure	
	tructure O					Executive Director Toowoomba Hospital	Shirler-Anne Gardiner energine (Composition) (2012)	
	sational St	for Health	ital and Health Board	L Chief Executive or <i>Gillies</i>		Executive Director Mental Health	Greg Netlson Auto Care Service Auto Care Service Press Service Research Auto Care Care Research Auto Care Research Auto Auto Care Research Auto Auto Auto Care Research Auto Auto Auto Care Research Auto Auto Auto Care Research Auto Auto Auto Auto Auto Auto Auto Auto	 western bowns South Burnett Cherbourg Aboriginal and Torres Strait Islander MHADDS
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	vns Health				-	Executive Director Rural Health	Joanne Shaw Sauhan Cluate - Stanton Cluate - Stantonce - Stantonce	
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10	Δ		De			Executive Director Medical Services	Dr Martin Byrne Metal Wakers Metal Wakers 1 Uhry 1	
Darling Down Health						Executive Director Queensland Rural Medicat Service	Dr Hwee Sin Chorg spealitis Phanyas a Caunty Prattie a county Prattie a realsh Artilisme Ratedra a realsh Pragam Article Education and Thaining Medical Education and Thaining	

APPENDIX 5 - PLANNING AND POLICY CONTEXT

Planning and Policy Summary – January 2018

Plan/Policy	Description	Key Deliverables	Source / HHS Map
National Healthcare	Agreement 2018 and National Health Refo	orm Agreement (2011)	
There are nine Health Priority Areas: • cancer control, • cardiovascular health, • injury prevention, • mental health, • diabetes, • asthma, • obesity, • dementia, • arthritic/ • musculoskeletal conditions	 The National Healthcare Agreement affirms the agreement of all governments that Australia's health system should: be shaped around the health needs of individual patients, their families and communities; focus on the prevention of disease and injury and the maintenance of health, not simply the treatment of illness; support an integrated approach to the promotion of healthy lifestyles, prevention of illness and injury, and diagnosis and treatment of illness across the continuum of care; and provide all Australians with timely access to quality health services based on their needs, not ability to pay, regardless of where they live in the country. Performance is measured through: National Performance Framework Australian Commission on Safety and Quality in Health Care 	 The objective of the Agreement is: 'Through this Agreement, the Parties commit to improve health outcomes for all Australians and ensure the sustainability of the Australian health system' (clause 12). The outcomes of the Agreement are: Australians are born and remain healthy; Australians receive appropriate high quality and affordable primary and community health services; Australians receive appropriate high quality and affordable hospital and hospital related care; Older Australians receive appropriate high quality and affordable health and aged care services; Australians have positive health and aged care experiences which take account of individual circumstances and care needs; Australians have a health system that promotes social inclusion and reduces disadvantage, especially for Indigenous Australians; and Australians have a sustainable health system. 	 Commonwealth Objective HC:, deliver quality evidence based healthcare for our patients and clients
Related Plans	The National Framework for Rural and Remote Health (2012)	promotes a national approach to policy, planning and delivery of rural and remote health services	 Commonwealth Strategy E1: Collaborate with
	The National Strategic Framework for Chronic Conditions 2017	sets the directions and outcomes to achieve its Vision that "all Australians live healthier lives through effective prevention and management of chronic conditions."	and leverage other providers to reduce the impact of chronic disease

Plan/Policy	Description	Key Deliverables	Source / HHS Map
Consumer Priorities f	or a National Health Plan		
Issues paper by the Consumers Health Forum of Australia, funded by the Australian Government as the peak healthcare consumer organisation under the Health Peak and Advisory Bodies Programme	Consumer experience can accelerate change and inform the development of practical and local health and social care solutions	 Principles of consumer-centred care Care is accessible and affordable with access determined by health need Care is appropriate and meets the needs and preferences of individuals and is also evidence based, high quality and safe Care looks at the whole-person and takes into account people's lives and personal and cultural needs and values. It is also inclusive of family and carers. Care is comprehensive and coordinated with a multi-disciplinary approach. There is trust and respect at all times between consumers and health service providers Support is provided to enable informed decision making including access to clear and understandable information about treatment options, risk and costs – including provider costs and performance outcomes Consumers are involved at all levels of planning, system design, and service development and in key governance structures 	 National Strategy E3: Engage the community and health care consumers including promoting health literacy
National Aboriginal a	nd Torres Strait Islander Health Plan 201	2-2023	
The Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.	Iargeted, evidence-based action that will contribute to achieving equality of health status and life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians by 2031 (one of the six Closing the Gap targets).	 Principles: Health equality and a human rights approach ATSI community control and engagement Partnership Accountability 	 Commonwealth Strategy HC4: Work to deliver Aboriginal and Torres Strait Islander health and support services in line with Closing the Gap

Plan/Policy	Description	Key Deliverables	Source / HHS Map
National Strategic Fra Wellbeing 2017-2023	amework for Aboriginal and Torres Strait	Islander Peoples' Mental Health and Soci	al and Emotional
Framework provides a dedicated focus on Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health. It sets out a comprehensive and culturally appropriate stepped care model that is equally applicable to both Indigenous specific and mainstream health services.	Designed to complement the Fifth National Mental Health and Suicide Prevention Plan and contribute to the vision of the National Aboriginal and Torres Strait Islander Health Plan 2012- 2023	 sets out a comprehensive and culturally appropriate stepped care model that is equally applicable to both Indigenous specific and mainstream health services. Designed to complement the Fifth National Mental Health and Suicide Prevention Plan 	 Commonwealth Strategy HC4
Closing The Gap Targ	ets		
'Closing the Gap' refers to reducing the gap in inequalities that exist between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander Australians.	The Closing the Gap targets address the areas of health, education and employment, and provide an important snapshot of where progress is being made and where further efforts are needed.	 The Council of Australian Governments (COAG) targets, covered by the Closing the Gap strategy, in the National Indigenous reform agreement are to: close the life expectancy gap within a generation (by 2031) halve the gap in mortality rates for Indigenous children under five within a decade (by 2018) ensure access to early childhood education for all Indigenous four year olds in remote communities within five years (by 2013) halve the gap in reading, writing and numeracy achievements for children within a decade (by 2018) halve the gap for Indigenous students in year 12 attainment rates (by 2020) halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (by 2018). 	 Commonwealth Strategy HC4
Queensland Health A	boriginal and Torres Strait Islander Cultu	ral Capability Framework 2010 – 2033	
Focused on the provision of culturally appropriate health services to Aboriginal and Torres Strait Islander consumers and communities	The Framework, while fully acknowledging the distinct requirements of many other culturally diverse peoples, excludes generic cultural capabilities in relation to culturally and linguistically diverse consumers and communities, which are addressed in the Queensland Health Organisational Cultural Competency Framework.	'cultural capabilities' refer to the 'skills, knowledge and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner'.	CommonwealthStrategy HC4

Plan/Policy	Description	Key Deliverables	Source / HHS Map							
Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021										
Elimination of the gap in mental health outcomes between Aboriginal and Torres Strait Islander Queenslanders and non-Indigenous Queenslanders	The objective of this strategy is to strengthen Queensland Health services for Aboriginal and Torres Strait Islander Queenslanders with severe mental illness	 Actions against four result areas will help achieve this vision: Developing culturally capable mental health services. Connecting healthcare. Partnering for prevention and recovery. Enhancing the evidence base 	 Queensland Health Strategy HC4 							
Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2022										

Investment strategy 2015-2018

Queensland Health's overarching framework for closing the life expectancy gap within a generation (by 2033)

This strategy outlines Queensland Health's investment priorities for Aboriginal and Torres Strait Islander health.

Queensland - male Indigenous life expectancy trajectory



Queensland - female Indigenous life expectancy trajectory



The National Disability Insurance Scheme

The NDIS will provide all Australians under the age of 65 who have a permanent and significant disability with the reasonable and necessary supports they need to enjoy an ordinary life

By 2019, the NDIS will support about 460,000 Australians with disability

As an insurance scheme, the NDIS takes a lifetime approach, investing in people with disability early to improve their outcomes later in life



 Commonwealth
 E4 Establish and maintain relationships with the community and partners that enable responsiveness to legislative changes and social reform

 Queensland Health

Strategy HC4

Priority actions include: addressing the risk factors for chronic disease through preventive strategies and multidisciplinary management of existing chronic disease

- improving child health and education outcomes through effective antenatal care, parenting support, and ear and hearing health services
- improving service responsiveness for Aboriginal and Torres Strait Islander people with a mental illness
- embedding cultural capability into mainstream health service delivery
- strengthening our partnership with the Aboriginal and Torres Strait Islander community controlled health sector at both strategic and service delivery levels
- implementing initiatives that will improve access to health services and strengthen referral pathways between primary and acute care services

Plan/Policy	Description	Key Deliverables	Source / HHS Map
National Safety and (Quality Health Service Standards		
The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure minimum standards of safety and quality are met, and a quality improvement	Accreditation is recognised as an important driver for safety and quality improvement and Australia's health accreditation processes are highly regarded internationally. The Standards are integral to the accreditation process as they determine how and against what an organisation's performance will be assessed.	 The Standards address the following areas: Governance for Safety and Quality in Health Service Organisations Partnering with Consumers Preventing and Controlling Healthcare Associated Infections Medication Safety Patient Identification and Procedure Matching Clinical Handover Blood and Blood Products Preventing and Responding to Clinical Deterioration in Acute Health Care Preventing Falls and Harm from Falls 	 National Objective HC:, Deliver quality evidence based healthcare for our patients and clients
mechanism that allows health services to realise aspirational or developmental goals.	The six actions in the National Safety and Quality Health Service Standards that focus specifically on meeting the needs of Aboriginal and Torres Strait Islander people	 The health service organisation works in partnership with <i>Aboriginal and</i> <i>Torres Strait Islander communities</i> to meet their healthcare needs The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients The health service organisation demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people The health service organisation has mortante of cultural beliefs and practices of Aboriginal and Torres Strait Islander people The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems 	 National Strategy HC4: Work to deliver Aboriginal and Torres Strait Islander health and support services in line with Closing the Gap

Plan/Policy	Description	Key Deliverables	Source / HHS Map
Queensland Governm	nent Our Future State Advancing Queensl	and Priorities	
The Government will work closely with all Queenslanders to create jobs and a strong economy, to give children a great start, keep Queenslanders healthy, keep communities safe, protect the great barrier reef and be a responsive government.	Integrity, accountability and consultation underpin everything the Queensland Government does. The Government will regularly report the outcomes achieved against these objectives for the community. HHS Mapping: Multiple – see Appendix 6	Our Future State Advancing Queensland's Priorities	POTECT THE CALLY FAMILY
My health, Queensla	nd's future: Advancing health 2026		
Advancing health 2026 was developed to guide Queensland government investment into health over the longer term and to reorient our system to be flexible and innovative in taking advantage of new technologies, while improving health outcomes for the population at large.	Four Directions: 1. Promote wellbeing 2. Delivering healthcare 3. Connecting healthcare 4. Pursuing innovation HHS Mapping: 1 Promote wellbeing – E5 2 Delivering healthcare – HC 3 Connecting healthcare – E1, E2, E4 4 Pursuing innovation – L5	<section-header></section-header>	In the healthiest people in the world Constant Constan
The strategy is a key element of Queensland Health (QH)'s commitment to setting the strategic direction for the Queensland public health system under My Health, Queensland's Future: Advancing Health 2026.	 The strategy identifies key improvements that can be made to the patient journey. By 2020: GPs will be able to refer you electronically to your local hospital. More specialist outpatient appointments will be available at your hospital so you will be seen sooner. You will have access to new models of care, for example allied health teams delivering care targeted to your diagnosis. You will have access to enhanced telehealth services allowing rural, regional and remote patients to access specialist care closer to home. You will be able to book your appointment online giving you more flexibility and choice. 		 Health HC Deliver quality evidence-based healthcare for our patients and clients Strategy E2: lead the integration of primary healthcare consumers, including promoting health literacy

Plan/Policy	Description	Koy Deliverables	Source / HHS Man			
South Fast Queensla	nd Emergency Care Action Plan	Rey Deliverables	Source / Tins Map			
The strategy is a key element of QH's commitment to setting the strategic direction for the Queensland public health system under My Health, Queensland's Future: Advancing Health 2026	The Queensland Government's \$10 million investment under the South East Queensland Emergency Care Action Plan directs funding to ensure emergency patients receive timelier and better coordinated care in the most appropriate clinical environment	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	 Queensland Health HC Deliver quality evidence-based healthcare for our patients and clients 			
Telehealth strategic	plan 2015-2018					
Provides a pathway to strengthen existing telehealth capabilities and support structure foundations, expand uptake and transition to mainstream service delivery.	The Telehealth strategic plan 2015 -2018 articulates a vision to embed telehealth into every day services as an accepted and supported enabler of health care for all Queenslanders.	 Developing and implementing required changes to policy and standards to create a consistent and well understood environment for the use of telehealth Strengtheneing the telehealth infrastructure components that need to be in place to enable delivery of the telehealth capabilities Undertaking the activities required to encourage and extend the use of telehealth across Queensland within the public and private health sector and in the community Maintaining a governance model and governance constructs required to coordinate and govern the execution of the strategy 	 Queensland Health HC Deliver quality evidence-based healthcare for our patients and clients 			
Endoscopy Action Plan						
The purpose of this plan is to improve the health of Queenslanders by delivering sustainable, equitable access to high quality gastrointestinal endoscopy services	Ensure people receive timely and equitable access to gastrointestinal endoscopy services across Queensland	Initiatives include: • Expand services • Increase access • Promote equity • Focus on outcomes • Improve the system	 Queensland Health HC Deliver quality evidence-based healthcare for our patients and clients 			

Plan/Policy	Description	Key Deliverables	Source / HHS Map		
Queensland Mental Health Drug and Alcohol Services Plan Connecting care to recovery 2016-21					
 Multiple plans and updates Connecting Care to Recovery Drug and Alcohol Strategic Plan 2014–2019 Your Voice, one vision Consultation report 2017 	 Released by Minister for Health and Minister for Ambulance Services 10.10.2016 Connecting Care to Recovery 	 Five priority areas: access to appropriate services as close to home as practicable and at the optimal time workforce development and optimising skills and scope better use of ICT to enhance clinical practice information sharing, data collection and performance reporting early identification and intervention in response to suicide risk strengthening patient's rights under the Mental Health Act 2016 	 Queensland Health HC Deliver quality evidence-based healthcare for our patients and clients 		
	 Released by Qld Mental Health Commission: Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019 and Your Voice, one vision Consultation report 2017, a renewal of the MHDA Strategic Plan 14-19 	 The Commission commenced reviewing the Strategic Plan in February 2017, focusing on five main issues improving and increasing the engagement of people with lived experience, their families, carers and support people in the mental health, alcohol and other drug and suicide prevention sectors improving the mental health and wellbeing of Queenslanders preventing and reducing the impact of mental illness preventing and reducing the impact of problematic alcohol and other drug use preventing and reducing suicide. 			

The Queensland Department of Health Strategic Plan 2016-2020

The Queensland Department of Health's Priorities are:

To provide leadership and direction, and to work collaboratively to enable the health system to deliver quality services that are safe and responsive for Queenslanders The Queensland Department of Health's Strategic Plan aligns to, and is the Department's contribution to realising the aims of *My health, Queensland's future: Advancing Health 2026*



- Supporting Queenslanders to be healthier: promoting and protecting the health of Queenslanders
- Enabling safe, quality services: delivering and enabling safe, clinically effective, high quality health services
- Equitable health outcomes: improving health outcomes through better access to services for Queenslanders
- High performance: responsive, dynamic and accountable management of the department, and of funding and service performance
- Broad engagement with partners: harnessing the skill and knowledge of our partners
- Dynamic policy leadership: drive service improvement and innovation through a collaborative policy cycle
- Engaged and productive workforce: foster a culture that is vibrant, innovative and collaborative

- Queensland Health
- HC Deliver quality evidence-based healthcare for our patients and clients
- E Engage, communicate and collaborate with our partners to ensure we provide integrated, patient-centred care

Plan/Policy	Description	Key Deliverables	Source / HHS Map			
Chief Health Officer Report The Health of Queenslanders 2016						
The Queensland's Chief Health Officer captures a broad range of information at state and regional level about the health status of Queenslanders. It identifies key causes of health burden, how these are changing and opportunities to improve the health of the population	 We are making progress: Living longer Gaining from prevention Slowing the risk factor burden Gradually improving outcomes for Indigenous Queenslanders 	 Challenges ahead: Increasing burden associated with ageing and disability Growing hospitalisation rates High obesity rates Life expectancy gap for Indigenous Queenslanders Disparity in regional health outcomes Adverse effect of socioeconomic factors Diversity of health needs 	• Queensland Health			
eHealth Investment S	trategy					

The Strategy is a comprehensive view of the collectively identified ICT investment priorities across the health system

Working with HHSs, the ICT Portfolio Office has introduced a new process for facilitating the definition and development of ICT strategies, plans and roadmaps.

Individual HHS and collective health system challenges, risks and ICT priorities have been collaboratively identified through the contributions from HHB members, HSCEs, chief information officers, executive teams, clinicians and community representatives. Some of the relevant global innovation opportunities include:

- Electronic medical records—patients and clinicians can access appropriate medical information at the point of care, throughout the life of the patient and across the continuum of care.
- Portals—these provide the basis of integrated information exchange across the healthcare system and a mechanism to access services, patient information and preventative health information.
- Information interoperability—the secure exchange of information between care settings and providers improves the health system's ability to work with health service partners and improves the integration of health services across care settings.
- Mobile health—remote and mobile monitoring of patient telemetry and other vital signs can increase patient safety, reduce the risk of adverse medical events and potentially reduce unnecessary hospitalisation.
- Mobile telecommunications technologies— deliver health services in, or as close to home as possible reducing travel costs for patients and providers, as well as offer access to a more equitable distribution of health services.
- Integrated scheduling and eReferrals— streamline the patient pathway with options for patient input and the transfer of patients

 Queensland Health
 R5 Strengthen and enhance ICT capacity and

capability

Plan/Policy	Description	Key Deliverables	Source / HHS Map			
All Abilities Queensla	nd Opportunities For All State disability	plan 2017–2020				
To create an inclusive society that enables people with disability to fulfil their potential as equal citizens	Commitment to building a fairer, more inclusive Queensland where people with disability, their families and carers, are able to access opportunities on the same basis as everyone else.	The plan has five priorities for action to support the achievement of the vision of opportunities for all Queenslanders: • Communities for all • Lifelong learning • Employment • Everyday services • Leadership and participation.	• Queensland Government			
Statewide strategy fo	or end-of-life care 2015	· · ·				
This strategy is aimed at helping people who are dealing with failing health, helping clinicians dealing with death and dying in the health system, and in caring for people of all ages as they face the end of their life	The strategy recognises the pivotal role of individuals being empowered to undertake Advanced Care Planning (ACP) and to make informed decisions about their own healthcare, and the role of all health professionals in the identification of patient needs and supporting the delivery of high-quality end-of-life care	 Four service directions have been developed: Expand knowledge of end-of-life care throughout public health organisations and include comprehensive awareness of the benefits in the planning and delivery of end-of life care and availability of supporting services/resources within and between health services Routinely identify as early as possible patients who will or are anticipated to have shortened life expectancy as a result of known health conditions, together with timely ACP and the initiation of coordinated planning of end-of-life care. End-of-life-care delivered in Queensland public services consistently responds to the needs of patients throughout their illnesses and meets established clinical safety and quality standards. The strategic capability and configuration of end-of-life care services is strengthened to maximise system health service delivery and performance so as to provide access to appropriate services for the projected population, while making the most effective use of available resources. 	• Queensland Government			
Advancing health service delivery through workforce A strategy for Queensland 2017-2026						
This strategy sets out the overarching priorities and strategies for building the future health workforce for Queensland	Queensland's health workforce is skilled and responsive to patient needs and demand sensitive to the role of emerging technologies and changing models of care and delivered efficiently with the best use of resources.	 Focus areas: Designing the workforce Enabling the workforce Strengthening the workforce Keeping connected 	 Queensland Health WF: Value develop and engage our workforce to promote professional and personal wellbeing and to ensure dedicated delivery of services 			

Plan/Policy	Description	Key Deliverables	Source / HHS Map			
QH Workforce Diversity and Inclusion Strategy 2017-2022						
The purpose of the strategy is to drive greater workforce diversity and inclusion across the organisation by encouraging inclusive strategies and practices in particular areas such as recruitment and career pathways	The strategy takes an active approach towards increasing representation from priority group's in line with Queensland public sector foundational workforce targets for 2022	 The following are the priority groups over the life of the strategy: People with a disability Non-english speaking background Aboriginal and Torres Strait Islander peoples Gender equity LGBTIQ+ Youth (under 25) Mature age (over 45) 	• DDHHS			

The DDHHS Strategic Workforce Plan involves developing an understanding of our current workforce, the environment in which we operate now and in the future, and identifying the necessary skills, capabilities and aptitudes that will be required to achieve our	Align business and workforce strategy		Profile current and future workforce design		Transition plan developed to achieve the desired future workforce		Review by embedding in to annual strategic planning and pedormance measurement cycles	• DDHHS
business outcomes in an ever changing environment								
Darling Downs Hospit	al and Health Serv	ice T	AMP 2017					
The Darling Downs Hospital and Health Service (DDHHS) 2017 Total Asset Management Plan (TAMP 4) is an integrated asset management plan that aligns the DDHHS service priorities and priorities and	The DDHHS estate buildings valued a One hundred and these buildings ea Replacement Valu \$1 million.	con: it \$1, twen ich h e (AR	sists of 416 020,845,953. hty three of lave an Asset RV) in excess of	- - - - - - - - - - - - - - - - - - -	 The investment ness outlined below Delivery - Kingal Redevelopment Kingaroy hospit as a delivery pri Funding (in ordel. Toowoomba Hospenewal, endorsed t 2. Baillie Henderson day surgery Bural accommod 	eed p roy H t \$62 al ren ority er of bital i bital i hrou n star	riorities for DDHHS ospital Million allocated. mains on the TAMP priority) nfrastructure gh gate one by IRC. nd-alone two theatre	• DDHHS

DDHHS service priorities and projections to the required capital infrastructure and maintenance investment needs over a 15-year

horizon.

 Rural accommodation does not meet community or staff expectations in most cases and affecting the DDHHS ability to attract and retain clinical staff.
 Baillie Henderson Hospital buildings can

be refurbished for non-clinical services in line with an administration precinct within the hospital master plan and will provide maintenance of the heritage listed buildings 5. Oakey Hospital redevelopment to improve patient care models and patient living conditions.

6. Toowoomba Hospital Car parking - a 2015 traffic report recommend an additional 1,000 parking spaces.

7. Warwick, Chinchilla, Dalby, Taroom, Tara, Jandowae, Stanthorpe, Cherbourg, Texas, Goondiwindi, Millmerran, Nanango, and Murgon hospitals require significant investment in order to renew the capital stock of the sites.

APPENDIX 6 - QUEENSLAND GOVERNMENT OBJECTIVES MAPPING

DDHHS Strategic Plan 2016-2020	Queensland Government Objective					
HC Deliver quality evidence-based healthcare for our patients and clients						
HC1 Deliver core health services	Keep Queenslanders healthy					
HC2 Improve access to services	Keep Queenslanders healthy					
HC3 Ensure safe and quality health outcomes	Keep Queenslanders healthy					
HC4 Work to deliver Aboriginal and Torres Strait Islander health and support services in line with Closing the Gap	Keep Queenslanders healthy					
HC5 Deliver more care locally	Keep Queenslanders healthy					
HC6 Enhance patient experience and increase confidence in the health system	Keep Queenslanders healthy					
R Ensure sustainable resources through attentive financial and asset adminis	tration					
R1 Focus on efficient business practices including effective and appropriate cost management	Strengthening our public health system					
R2 Engage effectively with funders and explore resourcing opportunities	Strengthening our public health system					
R3 Strengthen and enhance ICT capacity and capability	Strengthening our public health system					
R4 Invest in planning around asset optimisation, asset maintenance and asset replacement or expansion	Delivering new infrastructure and investment					
E Engage, communicate and collaborate with our partners and communities to en	sure we provide integrated, patient-centred care					
E1 Collaborate with and leverage other providers to reduce the impact of chronic disease	Providing responsive and integrated govt. services					
E2 Engage the community and health care consumers including promoting health literacy	Providing responsive and integrated govt. services					
E3 Establish and maintain relationships with the community and partners that enable responsiveness to legislative changes and social reform	Providing responsive and integrated govt. services					
E4 Provide a leadership role in fighting the obesity epidemic	Providing responsive and integrated govt. services					
P Plan and maintain clear and focused processes to facilitate effective corporate and clinical governance						
P1 Review and improve operational planning and service delivery planning	Strengthening our public health system					
P2 Maintain processes to ensure business continuity and emergency preparedness	Strengthening our public health system					
P3 Identify, monitor and respond to environmental risks and issues to ensure environmental responsibility and sustainability	Protecting the environment					
P4 Ensure quality and consistency in our processes through compliance with appropriate standards, legislative and regulatory requirements	Strengthening our public health system					
P5 Remain vigilant and contribute appropriately to emerging social responsibilities/issues	Supporting disadvantaged Queenslanders					
L Demonstrate a commitment to learning, research, innovation and education in rural and regional healthcare						
L1 Embed the application of evidence-based practice and research into the organisation	Strengthening our public health system					
L2 Enhance relationships with the tertiary education sector	Achieving better education and training outcomes					
L3 Develop collaborative research partnerships	Achieving better education and training outcomes					
L4 Identify, develop and implement innovative health initiatives	Strengthening our public health system					
WF: Value, develop and engage our workforce to promote professional and personal wellbeing, and to ensure expert and dedicated delivery of services						
WF1 Embed a values-based culture	Ensuring safe, productive and fair workplaces					
WF2 Engage the workforce to improve the service	Ensuring safe, productive and fair workplaces					
WF3 Plan, recruit and retain an appropriately skilled workforce	Ensuring safe, productive and fair workplaces					
WF4 Develop, educate and train our workforce and future leaders	Ensuring safe, productive and fair workplaces					
WF5 Promote and support the health and well-being of our staff	Ensuring safe, productive and fair workplaces					

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Darling Downs Health