STATEMENT OF PURCHASER INTENT 2018-19

Version 1.0

2 October 2017

Planning, Purchasing and Performance
Department of Health and Human Services

Tasmanian Government

Contents

1 Introduction

The objective of the State's public sector health system is to deliver safe, high quality services to improve, promote, protect and maintain the health of Tasmanians.[1] This objective supports the vision for Tasmania to have the healthiest population in Australia by 2025.

As per authority delegated by the Minister for Health, it is the responsibility of the Department of Health and Human Services (the Department), as System Manager, to purchase services (the Purchaser) on behalf of Tasmanians, using funds provided by the Tasmanian and Commonwealth Governments (the Funders) from suppliers of health services (the Service Provider/s).

The Department subsequently has a clear responsibility to the people of Tasmania to ensure that it is able to demonstrate that it is receiving the services it purchases and is obtaining value for money.

The Statement of Purchaser Intent (SoPI) serves a number of functions:

- It is a synthesis of Government priorities and a response to health trends across the State.
- It signals the Department's intentions over the coming five years in order to assist the Provider/s with their forward planning.
- It creates the basis for the Service Agreement between Purchaser and Provider.
- It articulates purchasing intent in specific and measurable terms in order that the Department as Purchaser is able to clearly ascertain and account for what is being purchased.

A key mechanism for system management is through informed, appropriate purchasing. The nature and volume of services purchased will impact on the effectiveness and value-for-money of the Tasmanian health system. However, purchasing is a transactional process, and so must be contextualised to be effective as a mechanism to enact Government policy in health, and to ensure that purchasing decisions reflect the application of a longer term strategy. As part of this purchasing process, the Department must also signal as far as possible its future purchasing intentions to support service providers' planning capacities.

SoPI (18-19) will drive the Service Agreement (SA) by articulating purchasing actions and intents derived from existing government priorities as stated in the White Paper, announcements and initiatives.

The priorities include those that are to be delivered by the Tasmanian Health Service (THS) consistent with the priorities outlined in SoPI (2017-18) and additional priorities that have been agreed between the Department and the THS as part of the 2017-18 SA development process for joint progression.

Consistent with the processes outlined in the *Performance Framework*, progress against the implementation of all priorities will be subject to regular monitoring and reporting throughout the year.

Michael Pervan
Secretary, DHHS

---

[1] As reflected in the *Tasmanian Health Organisations Act 2011*, section 3
http://www.austlii.edu.au/au/legis/tas/num_act/thoa2011510201346/s3.html

2 Executive Summary

The key developments in SoPI 18-19 constitute a more sophisticated and in depth analysis of conditions that provide the greatest burden of disease for Tasmanians. These include:

- Inclusion of Endocrine conditions, specifically Diabetes
- Study of risk factors linked to high burden of Chronic Disease
- Increased support for building capacity in the sub-acute sector
- Introduction of multimorbidity as a key challenge for health system design

Greater detail is provided in three supplementary papers that accompany this SoPI:

  - Supplementary Paper I – Diabetes
  - Supplementary Paper II – Chronic Disease Risk Factors
  - Supplementary Paper III - Multimorbidity

Diabetes did not make the cumulative cut off for the burden of disease in SoPI 17-18 (80% of total burden). Diabetes accounted for 2.5% of non-fatal burden and 2.7% of fatal burden for Tasmanians. However, given the prevalence of Diabetes and the multi system nature of the condition, it was decided to include Diabetes in SoPI 18-19.

SoPI 17-18 focussed on acute activity represented by high burden of disease. In order to continue developing a whole of system response to high burden of disease an in-depth understanding of risk factors is required and the role they play in the development of these conditions in Tasmania.

This response is further supported in two ways; firstly by the ongoing Tasmanian Role Delineation Framework (TRDF) and Clinical Services Profile (CSP) expansion to include the Rural Inpatient Facilities (RIFs); and secondly the use of additional Australian Government: National Partnership Agreement (NPA) funding to support capacity building in the sub-acute sector.

This will take the form of numerous smaller projects and initiatives such as anticipatory care trials, provision of grants to develop and trial new models of care that allow for improved support such as Allied Health Rural Generalists, and outreach support for GPs from the acute sector for those patients addicted to analgesic medicines.

The introduction of multimorbidity marks an important developmental milestone for the SoPI. Patients with complex needs are increasingly acknowledged as presenting challenges for health systems and those who provide services to complex patients. By way of introduction, Supplementary Paper III proposes a methodology for describing and comparing multimorbidity and provides some directions for greater collaboration between services that provide support for patients with particular combinations of conditions. Further work is planned to develop a Multimorbidity Framework in conjunction with clinical providers and patients.

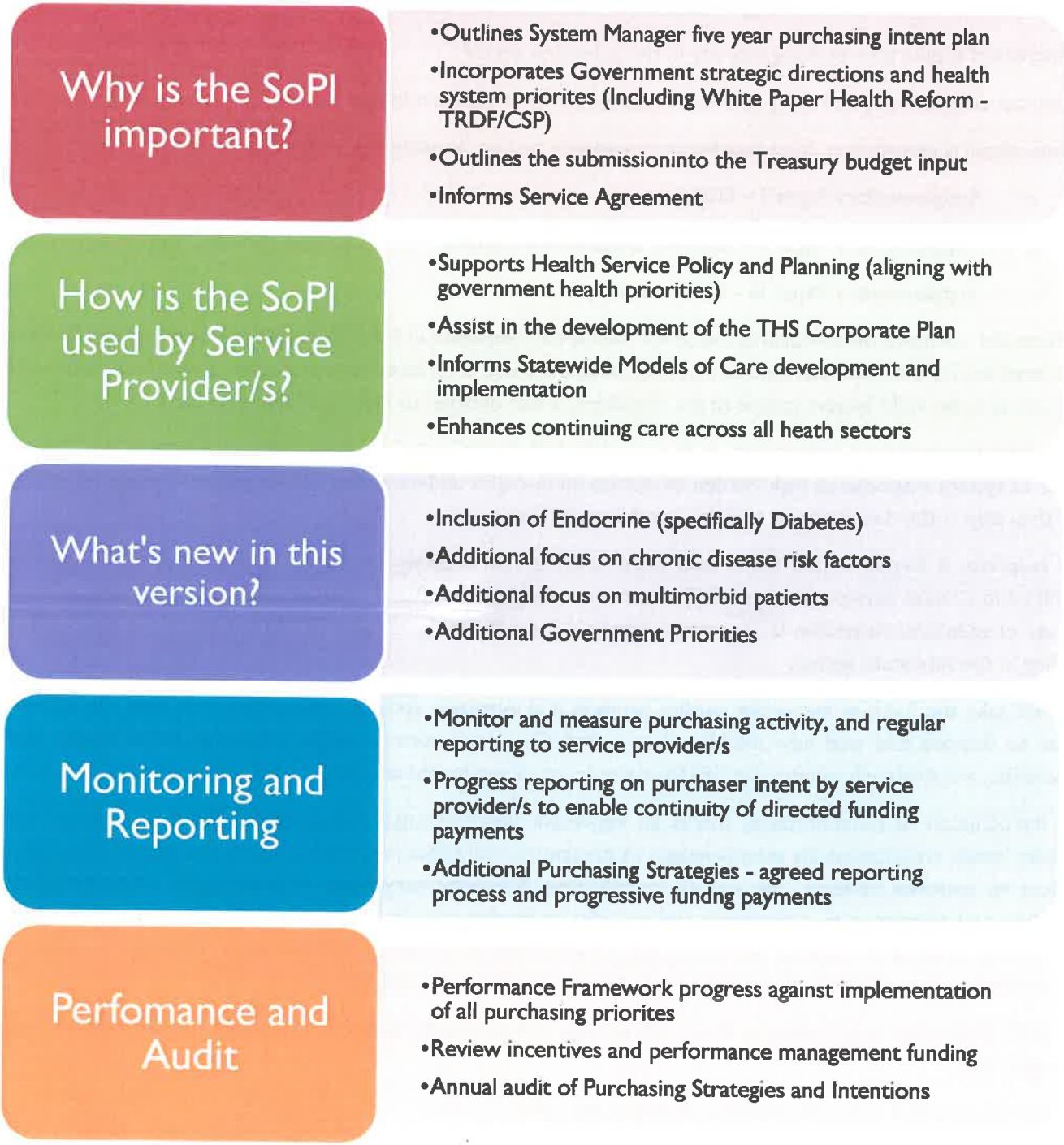
The SoPI 18-19 uses three strategies to actively manage and sustainably balance the elective surgery waitlist. These strategies are:

- Shared modelling and understanding of surgical demand
- Ensuring shorter time to treatment by 'treating patients in turn'
- Addressing variation in five surgical interventions that appear to be higher in Tasmania than clinically evidenced nationally.

3 Context

3.1 Purpose

The SoPI strategic importance to the health system and how it can be best used by the service provider/s is reflected in the figure below:



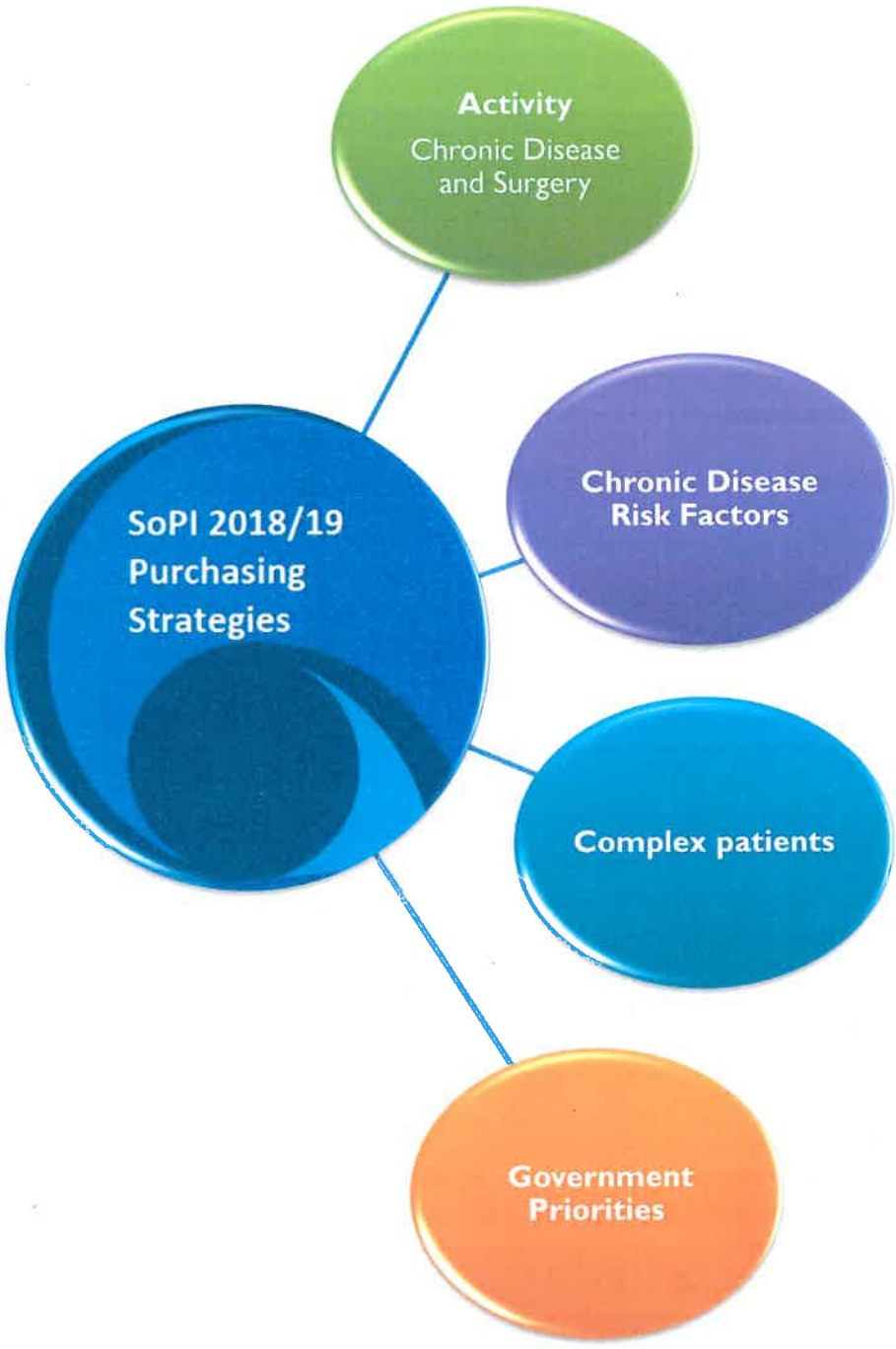
3.2 Scope

The scope of the SoPI relates to State Government funded services purchased by the Department. For services purchased from a provider but subsequently subcontracted to either Government or non-government organisations, broad intentions may be articulated but accountability for legislative and contractual requirements resides with the Provider. Linkages between service providers may be articulated where relevant, particularly where service integration is an objective.

4 Purchasing Strategies

The evolution of SoPI Purchasing Strategies 2018-19 has the following key elements:-

- Activity: The first element builds upon SoPI (2017-18) Purchasing Activity through monitoring and THS, as service provider reporting on delivered chronic disease and surgery activity volumes.
- Chronic Disease Risk Factor Management: The second element brings together the SoPI (18-19) section on Chronic Disease Risk Factors and future purchasing strategies.
- Multimorbidity: The third element brings together the SoPI (18-19) section on multimorbidity and future purchasing strategies.
- Government Priorities: The fourth element evaluates and audits the SoPI (2017-18) Government Priorities purchaser intent, together with supporting the NPA funded proposed initiatives.



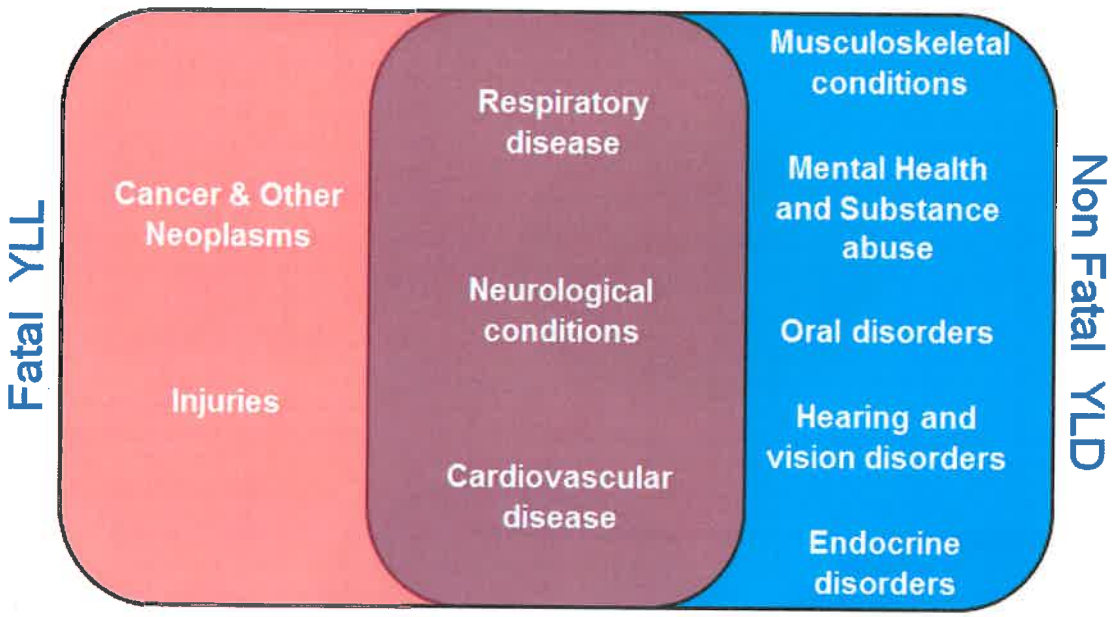
4.1 Activity

4.1.1 Chronic Disease Burden

The SoPI (2017-18) focused on the chronic conditions that provide the greatest burden of disease for Tasmanians.

The following groupings of health conditions account for eighty percent of the burden of disease for the Tasmanian population and purchasing actions will centre on these conditions:

In order to focus purchasing priorities, an analysis was undertaken to understand the Fatal and Non-Fatal burdens of each of the above diseases in Tasmania. The conditions that contribute to one or both are shown in the diagram below:



The analysis revealed that respiratory diseases, neurological conditions and cardiovascular disease contribute significantly to both Fatal and Non-Fatal burdens of disease.

4.1.1.1 Endocrine Disorders: Diabetes

(c.f. Supplementary paper I)

The SoPI (2017-18) identified diabetes as a future priority to review and develop purchasing intentions and activity. The development of the DHHS: PPP - Acute Strategy *"Diabetes Research and Discussion Paper"* summarises and references the available national and Tasmanian prevalence, incidence, and burden of disease data trends, including the impact of co-morbidity, non-fatal and fatal burden, hospitalisations, mortality and associated risk factors.

The use of information and data on the health impacts and distribution of different diseases and risk factors is crucial in providing an evidence base to inform health policy, program and service delivery. In turn, this helps to ensure health resources are directed towards services that are cost-effective, equitable and optimise the health of Tasmanians.

Diabetes can result in a range of short- and long-term complications which are the major causes of associated co-morbidity and mortality in people with diabetes. The presence of complications also greatly increases the cost of managing diabetes. Improving the management and care of diabetes, particularly the early identification and reduction of risk factors, can delay the onset or slow the progression of complications.

Further monitoring and surveillance of diabetes is crucial for guiding preventive measures, determining clinical care and informing health policy and service planning. Diabetes has a significant impact on Australia's health and productivity that research efforts need to be further focused on strengthening evidence-based practice for the prevention of diabetes and its complications, identifying a cure for diabetes, informing health policy decisions and potentially offering more timely access to newer and improved medications.

The figure below represents high level purchasing strategies that could be considered by the service provider/s and service delivery planner in collaboration with all health sectors, including acute, community and primary care:

4.1.2 Elective Surgery

There are three purchasing strategies for elective surgery:

- Maintenance of agreed existing activity volumes
- Ensuring accessibility to treatment
- Addressing variation of service delivery in targeted specialties

4.1.2.1 Volumes

The DHHS will undertake work to improve our understanding of real demand. Until a better understanding of "demand" and "capacity" is achieved and what the drivers are for demand in Tasmania, current volume expectations will remain.

Understanding "demand" is being confounded by low compliance with Treat in Turn and admission within recommended times. Surgical service providers should supply the volumes of activity as agreed in their Service Agreement. The DHHS as system manager will continue to work with service providers to better understand and model true demand.

4.1.2.2 Accessibility

A primary focus of the DHHS as system manager is accessibility to treatment. Treat in Turn rates will be monitored as a Key Performance Indicator (KPI) within the Service Agreement, in order to ensure standardisation and fairness in the management of the Elective Surgery Wait List (ESWL).

It is expected that 60% of patients will be treated in turn as per the Royal Australasian College Surgeons (RACS) endorsed project for 'National Definitions for Elective Surgery Urgency Categorisation' (AIHW, 2012).

The 2015 RACS National Elective Surgery 'usual' Urgency Categorisation Guideline supports the Treat in Turn principle and KPI. The purpose of the guideline is to promote national consistency and comparability in urgency categorisation and improve access for patients.

The DHHS as system manager will ask service providers to demonstrate how they are working with their clinicians to achieve the nationally agreed 'Treat in Turn' target and 'usual' Urgency Categorisation.

4.1.2.3 Variation

Tasmania is exhibiting significant variations in practice in five surgical interventions (ACSQHC, 2017):

- Lumbar spinal decompression
- Spinal Fusion (>18 year olds)
- Laparoscopic cholecystectomies
- Appendectomies
- Cataract surgeries (40 years and over)

These five surgical interventions represent higher than expected hospitalisations for these procedures.

The DHHS as system manager will work with service provider/s to address these variations.

4.2 Chronic Disease Risk Factors

(c.f. Supplementary paper II)

The SoPI (18-19) focuses on the outcomes of the key health drivers in Tasmania, including contributory health conditions, such as chronic disease risk factors. The development of the DHHS: PPP - Acute Strategy SoPI 2018-19 Supplementary Paper 11: *"Chronic Disease and Risk Factors Research and Discussion Paper"* summarises and references the available national and Tasmanian data.

Many factors influence people's health. Some function on an individual level, for example, health behaviours or genetic make-up, while others function at a broader societal level, such as the availability of health services, vaccination programs or a clean and healthy environment.

All these factors are collectively known as determinants of health. Health determinants can influence our health in either a positive or negative way. Determinants affecting health in a negative way are commonly referred to as risk factors.

Risk factors carry different levels of burden for our health system. The benefits of reducing risk factors vary for individuals and the community. The DHHS recognises the benefit in systematically targeting a reduction in health risk factors that impact on the burden of chronic disease/s.

Some examples of risk factors that will be addressed are:

- Smoking
- Overweight and obesity
- Alcohol consumption
- Dietary risks
- Physical inactivity, and
- Environmental risks.

The diagram on page 11 represents high level purchasing strategies that could be considered by the service provider/s and service delivery planner in collaboration with all health sectors, including acute, community and primary care to reduce the greatest burden of disease for communities and individuals:

4.3 Complex Patients

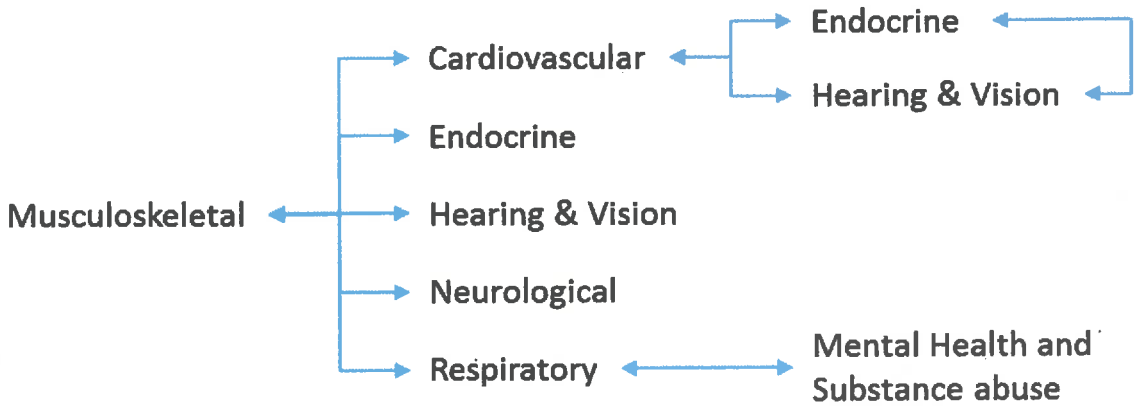
(c.f. Supplementary Paper III)

A significant challenge for healthcare systems is the increasing complexity presented by multimorbid patients. The prevalence of multimorbidity is well documented as are the impacts and high cost to the health system. Multimorbid patients experience increased health utilisation, higher rates of mortality, and greater difficulty managing their complex needs on an ongoing basis.

People with multimorbidity and complex healthcare needs often receive care that is fragmented, incomplete, inefficient and ineffective (Boyd, 2010). Whilst significant work is still required to build on the existing work, this

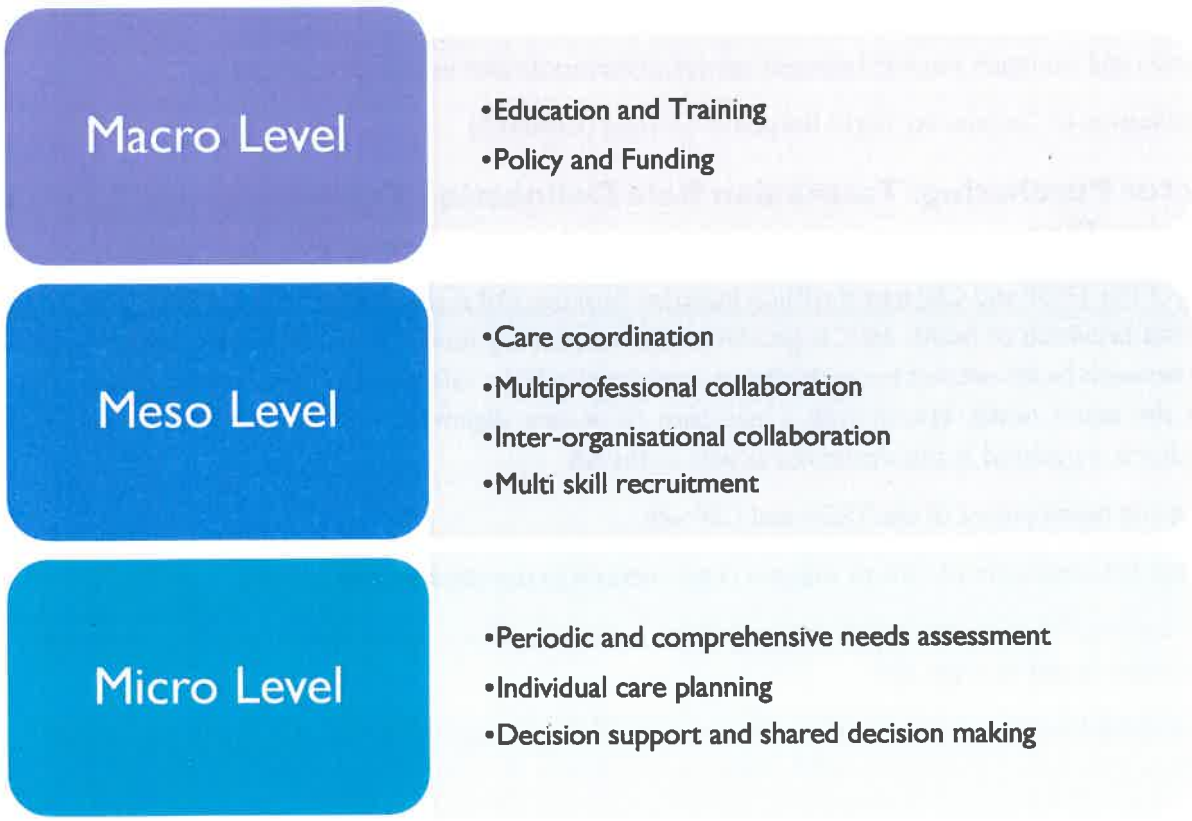
SoPI opens the discussion on multimorbid patients by putting forward two proposals (1) identifying which conditions have the strongest relationships and (2) putting forward broad policy directions for multimorbidity.

Providers should create opportunities for increased collaboration to understand the following combinations of conditions as these conditions not only provide the highest burden of disease but also reflect the most common combinations of conditions across the State:



These conditions represent those conditions that provide the greatest burden of disease for Tasmanians and have been demonstrated as having the strongest (OR > 1.25) and statistically significant ($p<0.05$) co morbid relationships across the State in the acute sector. Further work will be undertaken to investigate the primary care sector and the development of a Multimorbidity Framework over the next two years.

Policy responses to multimorbidity could be articulated using the following model proposed by Rijken et al. (2017). These will be explored further in the development of the Framework.



4.4 Government Priorities

4.4.1 Injuries – Suicide Reduction

As referenced in SoPI 17-18, ensuring deliberate self-harm or suicide attempt patients, when discharged from the acute hospital (either Emergency Department or inpatient setting), are assessed and referred for follow up in post discharge community care within 48 hours of discharge.

4.4.2 Musculoskeletal conditions – Pain Management and Rheumatology Services

As referenced in SoPI 17-18 and in accordance with TRDF and CSP to increase Pain Management and Rheumatology services in the North West Region from a no level service to a Level 4 service.

The Service Agreement 2017-18 states that by 30 June 2018 the THS will have established Level 4 Pain Management and Rheumatology services in the North West of the State.

4.4.3 Sub-Acute and Community based care capacity building

Building and maintaining capability along the continuum of care, especially in the sub-acute and community sectors is a high priority. In order to continue supporting capability building in the sub-acute sector, the DHHS will work collaboratively with service providers on a number of initiatives that will support the enhancement of existing capability. Examples of initiatives include (but are not limited to) the following:

- Anticipatory Care and complex patients
- Rural Inpatient Facilities
- Allied Health and Medical workforce capability development
- SoPI /TRDF focussed activities
- Collaboration and outreach support between service providers and/or health care sectors
- Operationalisation of Community Rapid Response Services (ComRRS)

4.4.4 Sector Purchasing: Tasmanian Role Delineation Framework and Clinical Service Plan

The expansion of the TRDF and CSP into the Rural Inpatient Facilities (RIFs) enables increased sophistication in the configuration and provision of health care. It provides a future planning foundation to articulate service delivery requirements between health sectors for each clinical specialty enabling a safer transition along the care spectrum. This provides the public health system with a structure to ensure alignment with the subsequent purchasing strategies which are articulated in this document as well as the SA.

Future planning and development of the TRDF and CSP will:

- articulate the full continuum of care to support cross sectoral (integrated) models of care
- create the opportunity to be more sophisticated in the purchasing intent and be able to purchase community and primary care based services, and
- delineate all clinical service provider/s of the Department of Health and Human Services in this framework.

5 Future Purchasing Intentions and Strategies

Future SoPIs will consider the development of purchasing intentions and strategies in the following areas:

- Australian Commission on Safety and Quality in Healthcare *"Australian Atlas of Healthcare Variation"* to improve the quality, value and appropriateness of health care including:
    - Identifying any specific and achievable purchasing actions for exploration and quality improvement;
    - Additional priorities for investigation and action including hospitalisation rates for specific populations with chronic conditions.
- Additional Government Priorities integrating Australian Government funded initiatives and projects.
- Build on the further development of Elective Surgery Strategies.
- Chronic Disease Risk Factor Management to increase health promotion capacity building with service provider/s, as well as strategies to reduce lifestyle-related risk factors which align with the chronic diseases that contribute to 80% of the burden in Tasmania.
- Innovative mechanisms to address social determinants of health, such as educational programs and health literacy.
- New and emerging technologies – e.g. new cancer chemotherapy targeted treatment to reduce chemotherapy chair treatment time for patients and provide greater efficiency.
- Education, training and research as both costs of and drivers for health service delivery.

6 Purchasing Actions

6.1 Purchase Activity

To provide acute admitted activity (medical only) (acute admitted RAW episodes – refer '*Appendix B: Chronic Disease – Mapping*' definition) as specified below for the following chronic diseases that contribute to 80% of the burden in Tasmania.

NWAU projection values: based on Hardes projected numbers and costing NWAU values. Calculated on 2015-16 baseline date and using NWAU 2016 calculations.

The NWAU activity reflected by the Hardes projected modelling for the Rural Inpatient Facilities (RIFs) is block funded which is referenced in the Service Agreement.

The full list of the Major Acute Hospitals and RIFs is provided at *Appendix C.*

Cardiovascular Disease

NWAU	2017-18	2018-19	2019-20	2020-21	2021-22
Acute Hospitals	6541	6773	7004	7236	7467
RIFs	343	358	374	389	405

Neurological conditions

NWAU	2017-18	2018-19	2019-20	2020-21	2021-22
Acute Hospitals	5576	5753	5930	6107	6284
RIFs	445	461	478	495	511

Respiratory Disease

NWAU	2017-18	2018-19	2019-20	2020-21	2021-22
Acute Hospitals	7275	7545	7815	8086	8356
RIFs	613	635	657	679	701

Musculoskeletal conditions

NWAU	2017-18	2018-19	2019-20	2020-21	2021-22
Acute Hospitals	2473	2564	2655	2747	2838
RIFs	246	257	267	278	289

Mental Health and Substance Abuse

NWAU	2017-18	2018-19	2019-20	2020-21	2021-22
Acute Hospitals	923	952	981	1011	1040
RIFs	38	41	43	45	48

Cancer and other Neoplasms

NWAU	2017-18	2018-19	2019-20	2020-21	2021-22
Acute Hospitals	4898	5049	5200	5352	5503
RIFs	656	697	738	779	820

Injuries

NWAU	2017-18	2018-19	2019-20	2020-21	2021-22
Acute Hospitals	1865	1918	1971	2024	2077
RIFs	52	55	58	61	63

Oral Disorders

NWAU	2017-18	2018-19	2019-20	2020-21	2021-22
Acute Hospitals	570	586	603	620	636
RIFs	3	3	3	3	3

Hearing and Vision Disorders

NWAU	2017-18	2018-19	2019-20	2020-21	2021-22
Acute Hospitals	130	135	140	144	149
RIFs	3	4	4	4	4

Endocrine Disorders (Diabetes)

NWAU	2017-18	2018-19	2019-20	2020-21	2021-22
Acute Hospitals	618	626	634	641	649
RIFs	36	38	39	41	43

Elective Surgery

Elective Surgery Volume

Purchase sufficient Elective surgery activity volume to maintain a stable waiting list, in accordance with supply stated activity.

2017-18	2018-19	2019-20	2020-21	2021-22
16 200 cases pa (Baseline)	16 200 Baseline + Pop growth to be agreed	2018_19 + Pop growth to be agreed	2019_20 + Pop growth to be agreed	2020_21 + Pop growth to be agreed

Treat in Turn and Categorisation

It is expected by the Purchaser that 60% of patients will be 'treated in turn' following the National Definitions for Elective Surgery Urgency Categories project 'treat in turn' principle.

It is expected by the Purchaser that all patients on the Elective Surgery Waiting List will be consistently categorised in accordance with the National Elective Surgery Urgency Categorisation Guideline.

The referenced Categorisation Guideline and Categorisation project were endorsed by AHMAC, RACS, 12 Australasian surgical colleges and the AIHW in 2015 and 2014 respectively..

Attain Treat in Turn KPI as below:

2017-18	2018-19	2019-20	2020-21	2021-22
60%	60%	60%	60%	60%

6.2 Government Priorities

Evaluate and audit the SoPI Government priorities.

Musculoskeletal conditions - Pain Management and Rheumatology Services

In accordance with TCSP/TRDF, increase Rheumatology services in the NW Region from a no level service to a Level 4 service. It is anticipated this service will be more cost effective, reduce waiting time and possibly eliminate the need for surgery.

Service Agreement states that by 30 June 2018 the THS will have established Level 4 Pain Management and Rheumatology services in the North West of the State.

2017-18	2018-19	2019-20	2020-21	2021-22
TRDF/CSP	TRDF/CSP - Audit	Service implementation and monitoring	Service monitoring and evaluation	Service monitoring and audit

Injuries – Suicide Reduction

Deliberate self-harm or suicide attempt patients, when discharged from the Acute Hospital (either Emergency Department or inpatient setting), are assessed and referred for follow up post discharge community care within 48 hours of discharge.

By 30 June 2018, ensure that a minimum of 90% of deliberate self-harm or suicide attempt patients, when discharged from the acute hospital (either Emergency Department or inpatient setting), are assessed and referred for follow up in post discharge community care within 48 hours of discharge.

2017-18	2018-19	2019-20	2020-21	2021-22
Monitoring & Reporting (existing SoPI 2017-18)	Audit a representative sample statewide patient records to ensure a minimum of 90% patients are referred for follow up 48 hours within discharge	Monitoring & Reporting	Monitoring & Reporting	Monitoring & Reporting

Injuries – Trauma (NPA funded initiative)

Provision of funding for resources to establish and implement a safe, high quality and evidence based state-wide Trauma Service and clinical governance framework, underpinned by major trauma criteria, guidelines and policies and supply of statewide training programs to build trauma capability along the full continuum of care for trauma patients.

As referenced in the Service Agreement (2017-18), in the years 2017-18 and 2018-19, $165 000 is provided for the development of Trauma related capacity along the full continuum of care from retrieval through to and including rehabilitation post discharge. This funding is to be used at the discretion of the Statewide Trauma Service to build capacity to improve care for trauma patients across the State and across all clinical disciplines that provide care to Trauma patients.

2017-18	2018-19	2019-20	2020-21	2021-22
Resource Funding - $165,000 (Capacity building)	Resource Funding - $165,000 (Capacity Building)	Achieve RACS – Trauma Accreditation	Maintain RACS – Trauma Accreditation	Maintain RACS – Trauma Accreditation

Sector Purchasing – TRDF and CSP

Connect our acute hospitals and health care services with the community by:

- Supporting people with chronic conditions to manage their condition at home and in their community.
- Fostering coordinated care and chronic condition management through developed coordinated care models for people with chronic conditions.
- Reducing likelihood of developing a chronic condition, disease or disorder.

2017-18	2018-19	2019-20	2020-21	2021-22
Policy Development	TRDF/CSP expansion into RIFs Socialise TRDF/CSP RIF activity data included in SoPI 18-19	Facilitate acute hospital avoidance and TRDF/CSP continuity of care pathways Audit TRDF/CSP for acute hospitals Explore further expansion of TRDF/CSP to Community Health Sector	Audit TRDF/CSP for RIFs	Explore further expansion of TRDF/CSP to all clinical service providers of the DHHS

Works Cited

ACSQHC, 2017. *The Second Australian Atlas of Healthcare Variation,* s.l.: Australian Commission on Safety and Quality in Healthcare.

AIHW, 2012. *National Definitions for Elective Surgery Urgency Categories,* s.l.: AIHW.

Boyd, C., 2010. Future of Multimorbidity Research: How should understanding of multimorbidity inform health system design?. *Public Health Reviews,* 2(32), p. 451.

Rijken, M, Struckmann, V, van der Heide, I, Hujala, A, Barbabella, F, van Ginneken, E & Schellevis, F 2017, *How to improve care for people with multimorbidity in Europe?*, Health Systems and Policy Analysis, Policy Brief 23, ICARE4U, The Kings Fund, viewed 10 May 2017,

Appendix A: Disease and Injury List

Infectious diseases

Barmah Forest virus
Campylobacteriosis
Chlamydia
Dengue
Diphtheria
Gonorrhoea
HIV/AIDS
Haemophilus influenzae type-b
Hepatitis A
Hepatitis B (acute)
Hepatitis C (acute)
Influenza
Lower respiratory infections
Malaria
Measles
Meningococcal disease
Other gastrointestinal infections
Other infections
Other meningitis and encephalitis
Other sexually transmitted infections
Otitis media
Pertussis
Pneumococcal disease
Ross River virus
Rotavirus
Rubella
Salmonellosis
Syphilis
Tetanus
Trachoma
Tuberculosis
Upper respiratory infections
Varicella-zoster

Infant and congenital conditions

Birth trauma and asphyxia
Brain malformations
Cardiovascular defects
Cerebral palsy
Cleft lip and/or palate
Down syndrome
Gastrointestinal malformations
Neonatal infections

Infant and congenital conditions (continued)

Neural tube defects
Other chromosomal abnormalities
Other congenital conditions
Other disorders of infancy
Pre-term birth and low birthweight complications
Sudden infant death syndrome
Urogenital malformations

Cancer and other neoplasms

Benign and uncertain brain tumours
Bladder cancer
Bowel cancer
Brain and central nervous system cancer
Breast cancer
Cervical cancer
Ductal carcinoma in situ (breast)
Gallbladder cancer
Hodgkin lymphoma
Kidney cancer
Laryngeal cancer
Leukaemia
Liver cancer
Lung cancer
Melanoma of the skin
Mesothelioma
Mouth and pharyngeal cancer
Myeloma
Non-Hodgkin lymphoma
Non-melanoma skin cancer
Oesophageal cancer
Other benign, in situ and uncertain neoplasms
Other lymphohaematopoietic (blood) cancers
Other malignant neoplasms (cancers)
Ovarian cancer
Pancreatic cancer
Prostate cancer
Stomach cancer
Testicular cancer
Thyroid cancer
Unknown primary
Uterine cancer

Cardiovascular diseases

Aortic aneurysm
Atrial fibrillation and flutter
Cardiomyopathy
Coronary heart disease
Hypertensive heart disease
Inflammatory heart disease
Non-rheumatic valvular disease
Other cardiovascular diseases
Peripheral vascular disease
Rheumatic heart disease
Stroke

Respiratory diseases

Asthma
COPD
Interstitial lung disease
Other respiratory diseases
Pneumoconiosis
Sarcoidosis
Upper respiratory conditions

Gastrointestinal disorders

Abdominal wall hernia
Appendicitis
Chronic liver disease
Diverticulitis
Functional gastrointestinal disorders
Gallbladder and bile duct disease
Gastro oesophageal reflux disease
Gastroduodenal disorders
Inflammatory bowel disease
Intestinal obstruction (without hernia)
Other gastrointestinal diseases
Pancreatitis
Vascular disorders of intestine

Neurological conditions

Dementia
Epilepsy
Guillain-Barré syndrome
Migraine
Motor neurone disease
Multiple sclerosis
Other neurological conditions
Parkinson disease

Mental and substance use disorders

Alcohol use disorders
Anxiety disorders
Attention deficit hyperactivity disorder
Autism spectrum disorders
Bipolar affective disorder
Conduct disorder
Depressive disorders
Drug use disorders (excluding alcohol)
Eating disorders
Intellectual disability
Other mental and substance use disorders
Schizophrenia

Endocrine disorders

Diabetes
Other endocrine disorders

Kidney and urinary diseases

Chronic kidney disease
Enlarged prostate
Kidney stones
Other kidney and urinary diseases

Reproductive and maternal conditions

Early pregnancy loss
Endometriosis
Genital prolapse
Gestational diabetes
Hypertensive disorders of pregnancy
Infertility
Maternal haemorrhage
Maternal infections
Obstructed labour
Other maternal conditions
Other reproductive conditions
Polycystic ovarian syndrome
Uterine fibroids

Musculoskeletal conditions

Back pain and problems
Gout
Osteoarthritis
Other musculoskeletal
Rheumatoid arthritis

Hearing and vision disorders

Hearing loss
Other hearing and vestibular disorders
Other vision disorders
Vision loss

Skin disorders

Acne
Dermatitis and eczema
Other skin disorders
Psoriasis
Skin infections (including cellulitis)
Ulcers

Oral disorders

Dental caries
Other oral disorders
Periodontal disease
Severe tooth loss

Blood and metabolic disorders

Cystic fibrosis
Haemolytic anaemias
Haemophilia
Iron-deficiency anaemia
Other blood and metabolic disorders
Protein-energy deficiency

External causes of injury

All other external causes of injury
Drowning
Falls
Fire, burns and scalds
Homicide and violence
Other land transport injuries
Other road traffic injuries
Other unintentional injuries
Poisoning
Road traffic injuries – motor vehicle occupants
Road traffic injuries – motorcyclists
Suicide and self-inflicted injuries

Nature of injury

Burn injuries
Dislocations
Drowning and submersion injuries
Hip fracture
Humerus fracture
Internal and crush injury
Other fractures
Other injuries
Poisoning
Soft tissue injuries
Spinal cord injury
Tibia and ankle fracture
Traumatic brain injury

Appendix B: Chronic Disease – Mapping

Chronic Disease	SRG	Relevant ESRG
Cancer & Other Neoplasms	12 Haematology	039 Red Blood Cell Disorders
		040 Lymphoma and Non-Acute Leukaemia
		041 Haematological Surgery
		042 Other Haematology
	15 Medical Oncology	050 Respiratory Neoplasms
		051 Digestive Malignancy
		052 Other Medical Oncology
	16 Chemotherapy & Radiotherapy	053 Chemotherapy
Cardiovascular disease	01 Cardiology	001 Chest Pain
		002 Unstable Angina
		003 Heart Failure and Shock
		004 AMI W/O Invasive Cardiac Inves Proc
		005 Other Cardiology
	02 Interventional Cardiology	006 Percutaneous Coronary Angioplasty W AMI
		007 Percutaneous Coronary Angioplasty W/O AMI
		008 Invasive Cardiac Inves Proc
		009 Other Interventional Cardiology
Hearing & Vision disorders	14 Ophthalmology	049 Non-procedural Ophthalmology
Injuries	27 General Surgery	090 OR Procedures for injuries
		091 Injuries - Non-surgical
	35 Burns	117 Extensive Burns, Medical
		118 Extensive Burns, Surgical
Mental Health & Substance Abuse	36 Psychiatry	119 Major Psychiatric Disorder
		120 Other Psychiatry
	37 Drug & Alcohol	121 Drug & Alcohol
Musculoskeletal conditions	17 Rheumatology	054 Rheumatology
	23 Orthopaedics	069 Non-surgical Back and Neck Problems
		070 Other Orthopaedics - Non-Surgical
Chronic Disease	**SRG**	**Relevant ESRG**

Neurological conditions	07 Neurology	023 Dementia, Delirium and Non-traumatic Stupor/Coma
		024 Stroke
		025 TIA
		026 Seizures
		027 Headache
		028 Other Neurology
Oral disorders	20 Dentistry	058 Dental Extractions and Restorations
		059 Dental and Oral Disease excluding Extractions
Respiratory diseases	04 Respiratory Medicine	012 Bronchitis and Asthma
		013 Chronic Obstructive Airways Disease
		014 Respiratory Infections/Inflammations
		015 Sleep Apnoea
		016 Other Respiratory Medicine
Endocrine Conditions (Diabetes)	09 Endocrinology	034 Diabetes

Definition:

Chargeable_Status	(All)
Age_Group	(All)
Stay_Type	(All)
ComplexSurg	(All)
Hospital_Type	Public
Place_of_Treatment	(RHH, LGH, NWRH)
ED_Flag	(All)
SSU_Flag	(All)
Multiple_Morbidity	(All)
Place_of_Residence (SA3)	(All)
Rural Hospitals	(All)

Appendix C: List of Hospitals (purchase activity)

List of Major Acute Hospitals
Royal Hobart Hospital
Launceston General Hospital
North West Regional Hospital
Mersey Community Hospital
List of Rural Inpatient Facilities
St Helens District Hospital
St Mary's Hospital
Smithton District Hospital
New Norfolk District Hospital
North Eastern Soldiers Memorial Hospital - Scottsdale
Flinders Island MPC
George Town Hospital
King Island MPC
Deloraine District Hospital
Campbell Town Hospital
Midlands MPC –Oatlands
HealthWest-West Coast District Hospital
Beaconsfield District Hospital