

2023–2027

Clinical Services Profile

South



June 2023

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Acknowledgements

ACKNOWLEDGEMENT OF COUNTRY

The Department of Health Tasmania respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play and pays respect to Aboriginal Elders past and present.

RECOGNITION STATEMENT

Tasmanian Aboriginal people's traditional lifestyle promoted physical and emotional health and wellbeing, centred around Country, Kin, Community and Spirituality. Aboriginal people continue to value the importance of culture, community connection and being on Country as vital components of health and wellness.

Through colonisation, Aboriginal people experienced displacement and disconnection, which has significantly affected their health and wellbeing.

We recognise Aboriginal people are the knowledge holders and provide best practice in promoting health and wellbeing for Aboriginal people. We acknowledge and learn from the ongoing work of Aboriginal organisations in ensuring continued health and wellness.

We commit to working in partnership with Tasmanian Aboriginal communities and health leaders now and into the future to improve health and wellbeing.



Foreword

The purpose of the Tasmanian Health Service – South (THS South) Clinical Services Profile (the Profile) is to describe how clinical services will be delivered over the next five years. The Profile identifies priority actions which will be used to drive changes needed to respond to the challenges facing our health service in providing safe, high-quality care for the Southern Tasmanian community and for the population of Tasmania as a whole.

The Profile represents the outcome of a collaborative planning process undertaken over the course of 12 months, driven by our clinicians and consumers. There has been significant input into the process by the healthcare professionals who provide services to the community and by those who use health services or have a community interest in them.

The Profile has also been informed by comprehensive data analysis and evidence review*. Future activity projections are based on historical trends, having taken account of the impact of the Covid pandemic on specific specialties and changes in the population size and age mix as projected by the Tasmanian Government based on the 2016 census and updated in 2021.

The Profile sits under the umbrella of the *Long-Term Plan for Healthcare in Tasmania 2040*, and Tasmania's enabling health plans through to 2040, including the *Health Workforce 2040*, a 20-year Infrastructure Strategy and the 10-year program of *Digital Health Transformation – Improving Patient Outcomes*.

* We will update data projections annually to account for any changes in population, burden of disease and service demand.



The *Long-Term Plan for Healthcare in Tasmania 2040* and the three regional Clinical Services Profiles have been developed in response to the shared vision and policy direction set out in *Our Healthcare Future: Advancing Tasmania's Health*. *Our Healthcare Future* is the second stage of the Government's long-term health system reform agenda that commenced in 2014 with the *One State, One Health System, Better Outcomes* (Stage One) reforms. This Profile continues the clinical services plan we implemented in 2015 as a part of the Stage One reforms.

Given the long planning horizon needed for capital and workforce planning, the projected increased growth in demand for health services, both within hospitals and the community, will require further detailed development and implementation of new models of service delivery to meet patient needs.

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Our community



Our population

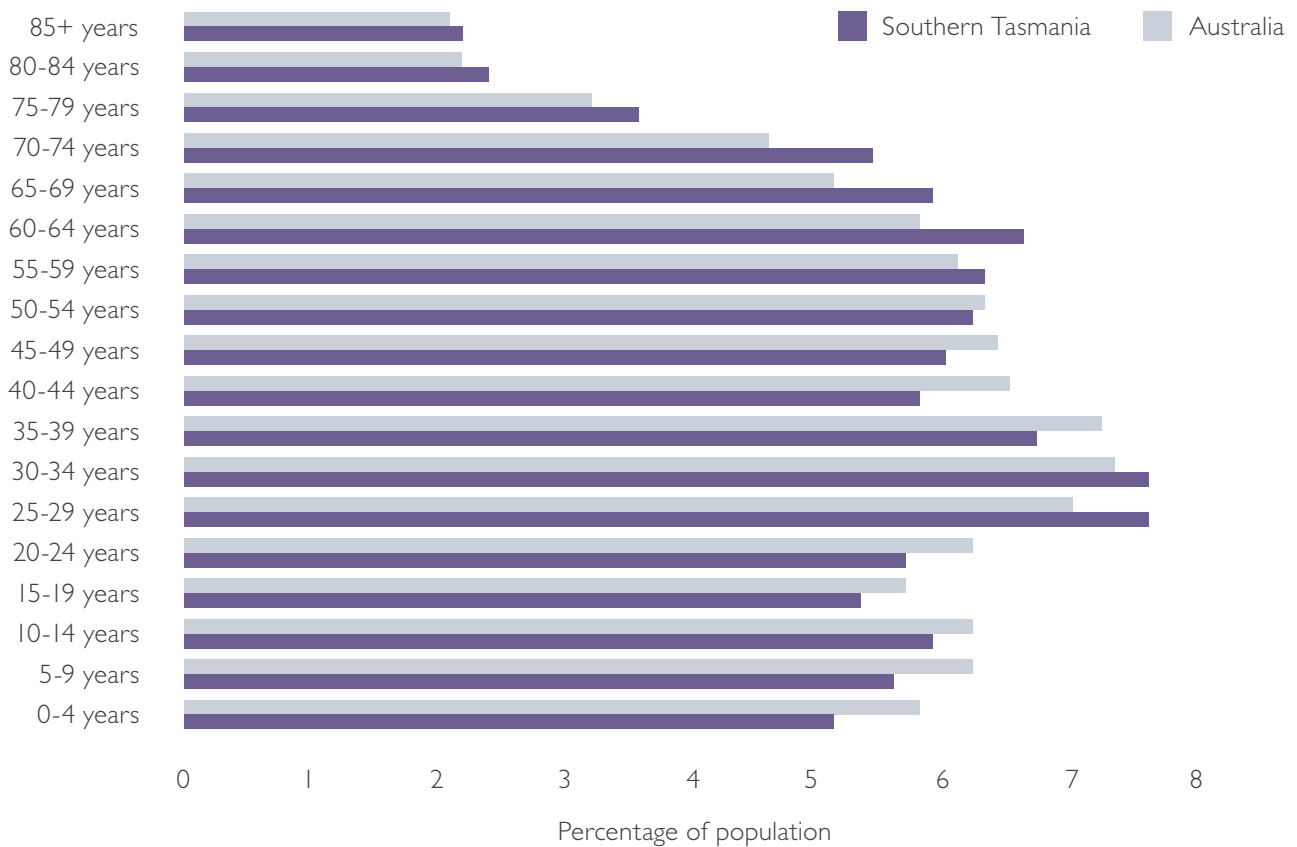
The Southern Tasmanian region encompasses 12 local government areas: the Brighton, Central Highlands, Clarence, Derwent Valley, Glamorgan-Spring Bay, Glenorchy, Hobart, Huon Valley, Kingborough, Sorell, Southern Midlands and Tasman areas. Our population is comprised of two Australian Bureau of Statistics geographical areas (SA4) – the Hobart SA4 area and the South East SA4 area.

There were 288,825 people living in Southern Tasmania at the time of the 2021 Census.¹ Around 4.5% of the Hobart SA4 and 7.7% of the South East SA4 population identify as Aboriginal and / or Torres Strait Islander.¹

Compared with the Australian population, our population has a higher percentage of people who are in older age groups (Figure 1).¹

The median age of the population of Southern Tasmania is 39 years in the Hobart SA4 area and 48 years in the South East Tasmania SA4, which is higher than Australia (38 years) as a whole.

Figure 1. Population distribution, Southern Tasmania vs Australia, 2021



Southern Tasmania's regional Socio-Economic Indexes for Areas measure the relative level of socio-economic disadvantage and/or advantage based on a range of population characteristics.

Southern Tasmania is more socio-economically disadvantaged than Australia as a whole. Brighton, Central Highlands and Derwent Valley are the most disadvantaged local government areas in Southern Tasmania.²

Southern Tasmania's disability statistics relate directly to need for assistance due to a severe or profound disability. In 2021, 18,214 people in Southern Tasmania reported needing help in their day-to-day lives due to disability, an increase from 15,804 people in 2016.^{1,2}

Our population is growing rapidly. Between 2022 and 2042 the Southern Tasmania population is projected to increase by over 22%. The percentage of our population aged over 65 years will grow from 20% in 2021 to 23% by 2042.³



Our health

Health indicators are used to monitor various aspects of the health of the population. The indicators that are selected here provide us with an understanding of the main health conditions that cause illness, affect our quality of life and contribute to our need for health services in hospitals and the community.

LIFE EXPECTANCY AND CAUSES OF DEATH

Life expectancy measures how long, on average, a person is expected to live based on current age and sex-specific death rates. Life expectancy in Southern Tasmania is increasing over time. Life expectancy at birth for males is 80.6 years and for females is 84.9 years (2018-2020 estimates).⁴

Between 2015 and 2019 there was an average of 2,200 deaths per year in Southern Tasmania. The leading causes of death were cardiovascular diseases, cancers and dementia (Table 1).⁵

Table 1. Leading causes of death, Southern Tasmania, 2015-2019

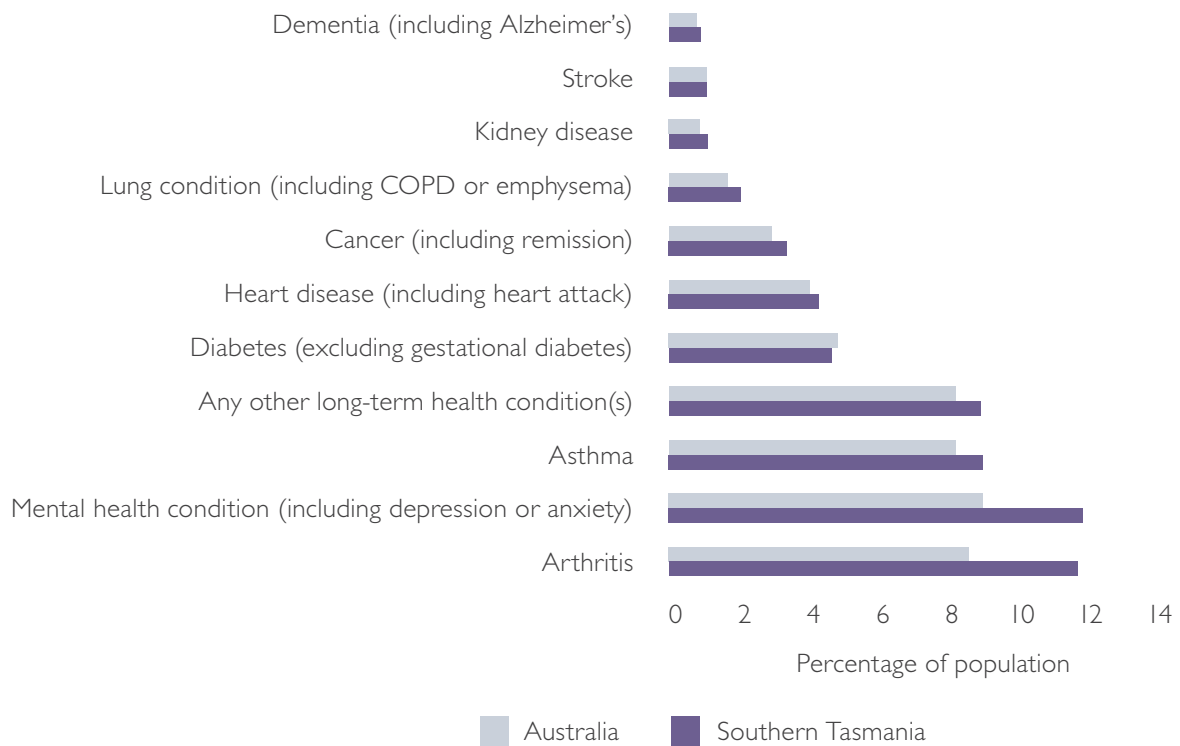
Cause of death (International Classification of Diseases)		Deaths (number)	% of all causes
1	Coronary heart disease (I20–I25)	1,302	11.8
2	Dementia including Alzheimer's disease (F01, F03, G30)	994	9.0
3	Cerebrovascular disease (I60–I69)	676	6.1
4	Chronic obstructive pulmonary disease (COPD) (J40–J44)	555	5.0
5	Lung cancer (C33, C34)	589	5.4
6	Colorectal cancer (C18–C20, C26.0)	360	3.3
7	Diabetes (E10–E14)	319	2.9
8	Influenza and pneumonia (J09–J18)	274	2.5
9	Heart failure and complications and ill-defined heart disease (I50–I51)	272	2.5
10	Accidental falls (W00–W19)	221	2.0

CHRONIC DISEASE BURDEN

Chronic diseases are diseases of usually long duration and generally slow progression. Rates of chronic conditions are higher in Southern Tasmania compared with Australia as a whole.

The most common self-reported chronic conditions experienced by Southern Tasmanian adults are arthritis, mental health conditions and asthma (Figure 2).⁶

Figure 2. Selected long-term chronic conditions, Australia versus Southern Tasmania, 2021



Our health

Effects of an ageing population on chronic disease

Chronic diseases are more common as we grow older. Because our population is ageing, the chronic disease burden in Southern Tasmania will increase, particularly the number of people with arthritis and musculoskeletal conditions (Table 2).⁶

HEALTH RISK FACTORS

Health risk factors are characteristics that increase our likelihood of certain health conditions.

They include smoking, poor nutrition, physical inactivity, alcohol and other drugs use, obesity, mental health conditions, poor oral health and low health literacy. Lifestyle risk factors for chronic disease are common in Southern Tasmania and Tasmania as a whole (Table 3).⁶

Table 2. Projected self-reported chronic disease burden in people aged 65+, selected chronic conditions, Southern Tasmania, 2022 to 2042

	2022 (number)	2042 (number)
Asthma	6,867	10,032
Diabetes	9,228	13,271
Hypertension	21,972	31,597
Heart diseases	9,668	13,903
Stroke	1,318	1,896
Cancer	3,516	5,055
Arthritis	28,564	41,076
Osteoporosis	9,228	13,271
Depression/anxiety	6,701	9,637

Table 3. Selected health risk factors, Southern Tasmania versus Tasmania, 2019

	Southern Tasmania (%)	Tasmania (%)
Current smokers	11.5	12.1
Alcohol intake (short term harm)	37.3	35.1
Alcohol intake (lifetime harm)	20.0	19.1
Overweight / obesity (adults)	55.0	58.5
Insufficient fruit consumption	54	54
Insufficient vegetable consumption	93	93
Insufficient physical activity	59.0	63.6

Mental health is a state of wellbeing in which people are able to realise their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a contribution to their community. Mental health is fundamental to the wellbeing of individuals, their families and the community as a whole.

A mental illness is a clinically diagnosed health problem that significantly affects how a person feels, thinks, behaves and interacts with others. Feelings of anxiety, fear, tension or sadness become so disturbing and overwhelming that people have difficulty coping with day-to-day activities, such as work, leisure and relationships.

Psychological distress is a measure of the presence of mental health conditions in the population. Rates of high and very high psychological distress have increased in the Southern Tasmanian population since 2009, from 10.7% of adults in 2009 to 14.7% in 2019.⁶

Oral health refers to the health of the mouth, including teeth and gums. Poor oral health, including decay and gum disease, can lead to tooth loss, and poor dental health is linked to chronic disease. Regular dental visits are important to maintain oral health and prevent painful dental and gum conditions from developing. About 23% of Southern Tasmanians report their oral health is fair or poor compared with 26.5% of Tasmanians overall.⁶

Health literacy is the skills, knowledge and resources a person has that enable them to access, understand, remember/retrieve and use information to make decisions and take action about their health and healthcare. In 2019, 9.9% of adults in Southern Tasmania had difficulty understanding health information well enough to know what to do and 41.8% reported having difficulty accessing the healthcare providers they need. This is compared with 10.6% and 44.9% respectively for Tasmania overall.⁶

OUR CHALLENGES

Our population is growing, ageing and experiencing an increasing burden of chronic disease and mental health conditions. Psychological distress is affecting more people in our community over time, and some population groups are at higher risk of mental illness and suicide due to social and other factors, including access to services.

Many people have risk factors for chronic disease and poor oral health affects almost one in four people. Difficulties with health literacy affect our ability to navigate the health system and improve our own health.

Going forward, our health services need to address these difficult challenges. We will also need to focus on strategies that reduce the stigma associated with mental ill-health and increase access to appropriate and inclusive services.



Our health services



Our healthcare service system

The determinants of health include the social and economic environment, the physical environment, and, the person's individual characteristics and behaviours. Our healthcare system is a contributor to improving the health and wellbeing of Tasmanians and is comprised of a broad range of public and private health services statewide. The largest healthcare provider in Tasmania is the Tasmanian Health Service.

THE TASMANIAN HEALTH SERVICE

The Tasmanian Health Service – South (THS South) is the primary provider of hospital services to residents of the Southern Tasmania region. In addition, THS South provides statewide clinical services in some disciplines, both within THS South facilities and on an outreach basis and delivers community-based services to Southern residents through its network of Community Health Centres (CHCs). Most of the inpatient hospital care in Southern Tasmania is provided by the Royal Hobart Hospital (RHH).

Royal Hobart Hospital

The RHH is Tasmania's largest hospital and Tasmania's major referral centre, providing acute, subacute, mental health, and aged care inpatient and ambulatory services through its Hobart campus and associated network of subacute, mental health and district hospital campuses and community-based facilities.

Although RHH is a tertiary level service, transfers to interstate hospitals occur for some clinical conditions.

THS South service network

THS South also has a network of CHCs, multipurpose centres and services, and district hospitals. These include:

- Hobart Repatriation Hospital
- New Norfolk District Hospital
- Swansea CHC
- Midlands Multipurpose Centre
- Central Highlands CHC
- Triabunna / Spring Bay CHC
- Bridgewater / Brighton CHC
- Glenorchy CHC
- Clarence Integrated Care Centre
- Sorell CHC
- Clarence Plains / Rokeby CHC
- Kingston CHC
- Huon CHC
- Cygnet CHC
- Bruny Island CHC.

Mental health and alcohol and other drug services are provided through a network of inpatient, community residential and ambulatory services across Southern Tasmania, with a central hub located at St John's Park in New Town.

PRIVATE HEALTH AND HOSPITAL SERVICES

The private health system is a major provider of healthcare to residents of Southern Tasmania and Tasmania as a whole. Our largest private hospital providers are:

- Calvary Hospital (Lenah Valley and St John's Hospital)
- Hobart Private Hospital
- Southern Tasmania also has a network of specialist private day hospitals and facilities for care of patients with surgical, ophthalmology, cancer, mental health, women's health and alcohol and other drugs care needs.

As of June 2022, 41% of the Tasmanian population had private health insurance for hospital treatment. This is compared with 45% of the population nationally.⁷

PRIMARY HEALTHCARE SERVICES

Primary healthcare services include general practice, allied health, pharmacy, nursing, dentistry, health promotion, maternal and child health, women's health and family planning. Strong primary healthcare is an essential component of the health system and contributes to lower rates of hospitalisation and better health outcomes.

General practice is often the first point of contact for someone accessing the health system.⁸ In 2020-21, there were 1,124 general practitioners (GPs) (603.4 FTE) practising across Tasmania.⁹

Our general practice workforce is older than the GP workforce nationally. The proportion of GPs aged 55 years or more in Tasmania is higher (44%) than nationally (41%). Around 15% of Tasmanian GPs are above the age of 64 years.⁹

Access to GPs is lower in rural areas in Tasmania and nationally. There are an estimated 115.1 GPs per 100,000 population in our urban centres of Hobart and Launceston compared with 82.4 GPs per 100,000 population in our small rural towns.⁹

Our use of health services

GENERAL PRACTICE SERVICES

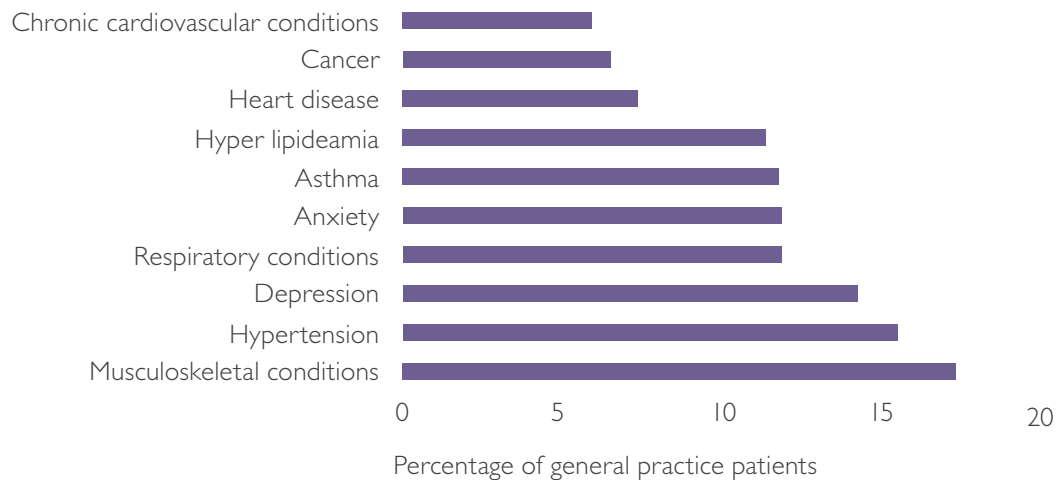
Most of our population see a GP each year. In 2020-2021, 84% of people in Southern Tasmania saw a GP at least once. Rates of GP access ranged from 76.8% of people in inner Hobart to 89.0% of people in the Sorell-Dodges Ferry area.¹⁰

Allied health professionals are healthcare providers that provide a range of diagnostic, therapeutic and support services in healthcare.

Around 42% of the Southern Tasmanian population received Medicare-subsidised allied health services in 2020-2021 compared with 40% for Tasmania as a whole and ranging from 38.2% of the population in Brighton to 44.8% of the population in Hobart – South and West.¹⁰

Much of the work of primary healthcare is management of chronic diseases. The most common chronic diseases affecting patients of GPs in Southern Tasmania are musculoskeletal conditions (including osteoporosis, osteoarthritis, inflammatory arthritis, low back pain), depression and anxiety and chronic lung conditions (Figure 3).¹¹

Figure 3. Chronic conditions of people visiting general practice, Southern Tasmania, to December 2021



HOSPITAL INPATIENT SERVICES

Some patients require admission to hospital to manage their health conditions. In 2021, there were 472 hospital admissions per 1,000 population for people whose residential postcode was in Southern Tasmania. This is higher than admission rates for people who reside in Northern and North West Tasmania (428 and 384 per 1,000 population respectively) (Table 4).

Southern Tasmania has a broad range of specialty and subspecialty clinical services available locally.

This means our health service is highly self-sufficient and few people need to travel interstate to access hospital care.

In 2021, the RHH delivered 99% of all public hospital inpatient services the Southern Tasmanian community needed (Table 4).

Private hospitals deliver a significant proportion of inpatient hospital services needed by the population. People in Southern Tasmania have the highest per capita rate of private hospital admissions of all regions.

Table 4. Hospital admissions per 1,000 population according to postcode of residence, 2021 (excluding renal dialysis)

Region	Public admissions / 1,000 population	Private admissions / 1,000 population	Regional self-sufficiency – All (%)	All admissions / 1,000 population
NW and WC	211	34	73%	384
North and NE	243	159	94%	428
South and SE	231	237	99%	472

*NW = North West, WC = West Coast, NE = North East, SE = South East

Our use of health services

Private hospital admissions are most likely to occur for surgical care needs (Table 5). In 2021, there were more hospital admissions to private hospitals than public hospitals in Southern Tasmania.

The complexity of surgeries that can be performed at RHH is higher than in private hospitals. Some surgical specialty services, including neurosurgery, cardiothoracic surgery and vascular surgery, are provided by RHH as statewide services on behalf of the Tasmanian population as a whole.

Table 5. Selected hospital admissions per 1,000 population by specialty type, Southern Tasmania, 2021 (excluding renal dialysis)

Type of admission	In region public admissions / 1,000 population	Out of region public admissions / 1,000 population	Total public admissions / 1,000 population	All private hospital admissions / 1,000 population	Total admissions / 1,000 population
Surgical	55.5	0.9	56.3	105.3	161.7
Medical	94.6	1.3	95.9	27.4	123.3
Subacute	9.5	0.1	9.6	2.8	12.3

Most people who need hospital admission to access specialties not available in Southern Tasmania are admitted to hospitals in Melbourne.

The most common reason for public hospital admission to Victoria for Tasmanian residents is to access cancer care (Table 6).

Table 6. Average annual Victorian public hospital admissions by major diagnostic group, Tasmania, 2018 to 2020

Specialty area	Annual admissions (number)	Annual bed days (number)
Chemotherapy	333	33
Haematology	164	964
Interventional Cardiology	119	269
General Medicine	105	226
Cardiothoracic Surgery	86	784
GIT Endoscopy	80	139
Medical Oncology	73	118
Neurology	71	354
Other Specialties	700	4,350
Total	1,734	7,237

Our use of health services

HOSPITAL OUTPATIENT SERVICES

Many people access specialist services as outpatients.

The number of outpatient services provided is highest in women's and children's disciplines. Most patients seen reside in Southern Tasmania (Table 7).

Table 7. Specialist outpatient services by volume of activity and region of residence, 2021

Specialty area	Total outpatient episodes (number)	New referrals from Southern region (%)
Antenatal (Medical, Midwifery, Allied Health)	13,420	98
Paediatrics	11,256	96
Orthopaedics	8,212	97
Cardiology	5,352	95
Ophthalmology	4,938	96
Diabetes Nurse Educator / Dietitian	3,765	93
General surgery	3,744	96
Respiratory	2,567	99
Renal Medicine	2,520	98
Gynaecology	2,415	98
Ears, Nose and Throat	2,274	96
Neurology	1,902	95
Gastroenterology	1,791	99
Urology	1,659	97
Rheumatology	1,632	87
Aged Care Assessment	1,567	97

MENTAL HEALTH SERVICES

Table 8 presents separations at specialised mental health wards at the RHH and in Statewide Mental Health Services (SMHS) facilities by age group from 2017-2018 through to 2021-2022. Separation from a healthcare facility occurs anytime a patient (or resident) leaves because of death, discharge, sign-out against medical advice or transfer.

Table 9 presents separations at non-specialised mental health wards at the RHH, by age group, where the patient has a primary mental health diagnosis or has been admitted for mental health care (excluding the RHH emergency department) from 2017-18 through to 2021-22.

Table 8. Separations, specialised mental health wards, 2017-18 to 2021-22 by age group

Hospital	Age (years)	2017-18 (number)	2018-19 (number)	2019-20 (number)	2020-21 (number)	2021-22 (number)	Total (number)
RHH	0-17	9	13	3	11	8	44
RHH	18-24	134	138	206	273	367	1,118
RHH	25-64	645	635	800	1,056	1,143	4,279
RHH	65+	38	34	50	43	43	208
RHH	0-17	-	1	-	-	-	1
SMHS	18-24	12	38	39	27	28	144
SMHS	25-64	482	488	408	357	342	2,077
SMHS	65+	254	176	163	148	106	847

Table 9. Separations, non-specialised mental health wards, patients with a primary mental health diagnosis or mental health care admission type, excluding emergency department, 2017-18 to 2021-22 by age group

Hospital	Age (years)	2017-18 (number)	2018-19 (number)	2019-20 (number)	2020-21 (number)	2021-22 (number)	Total (number)
RHH	0-17	93	131	170	233	209	836
RHH	18-24	43	43	60	89	60	295
RHH	25-64	423	499	602	610	502	2636
RHH	65+	503	545	484	590	636	2758

Our demand for hospital services

The number of hospital inpatient admissions per year across THS South public facilities is projected to increase by 14% by 2027 based on current projections (Table 10). This is mainly due to population growth and ageing. As older people tend to remain in hospital longer, the number of public hospital bed days of inpatient care that people will need is expected to grow by 17% by 2027 if current models of care remain the same.

Projections made in this document are based on: trends in activity since 2016-17, with particular emphasis on the 2020-21 financial year, while having regard for the impact of the Covid pandemic on specific clinical specialties; and changes in the population size and age mix as projected by the Tasmanian government based on the 2016 census and updated in 2021.

Table 10. Projected public hospital inpatient activity growth, RHH, 2021 to 2027

2020-21 admissions actual (number)	2026-27 admissions projected (number)	2020-21 bed days actual (number)	2026-27 bed days projected (number)	2020-21 – 2026-27 Growth admits (%)	2020-21 – 2026-27 Growth bed days (%)
78,824	90,000	220,096	258,338	14	17

Most of the projected growth in public hospital inpatient activity will be in the subacute (rehabilitation, palliative care, geriatric evaluation and management, and older persons mental health) and adult medicine specialty areas, where almost 14,000 and 11,000 additional bed days

respectively per year will be required by 2027 (based on current projections and models of care) (Table II). A more detailed breakdown of the projected growth in public hospital inpatient activity at RHH by clinical speciality and sub-speciality is provided at Appendix I.

Table II. Projected acute and subacute inpatient activity growth, RHH, 2021 to 2027 (bed days)

Specialty clinics	2020-21 Bed days (number)	2026-27 Bed days (number)	Change 2020-21 – 2026-27 (%)
Medicine			
Adult Medicine	63,816	74,558	17
Surgery			
Adult Surgery	46,803	51,095	9
Paediatrics			
Total Paediatrics	10,515	11,524	10
Obstetrics and Gynaecology			
Obstetrics	6,924	6,575	0
Gynaecology	2,280	2,433	7
Adult Mental Health and Alcohol / Other Drugs			
Drug and Alcohol	1,462	1,646	13
Psychiatry	17,283	21,083	22
Subacute			
Total subacute	34,934	48,786	40

Our demand for hospital services

Demand for emergency department services is also expected to increase. If ways of delivering emergency services remain the same, growth is projected in emergency department presentations in all triage categories at RHH by 2027 (Table 12).

Table 12. Emergency department presentations, Royal Hobart Hospital, 2017 to 2027

	2016-17 (number)	2020-21 (number)	2026-27 (number)	Change 2020-21 – 2026-27 (%)
Triage 1	452	580	651	12
Triage 2	6,221	10,364	11,847	14
Triage 3	20,849	27,466	30,498	11
Triage 4	25,821	25,938	27,574	6
Triage 5	8,433	7,372	7,537	2
Total	61,776	71,720	78,107	9

Our demand for mental health services

Table 13 presents projected inpatient separations and bed days (by bed type) across the Southern region for all facilities and age groups for 2027-28. These projections have been derived from the National Mental Health Services Planning Framework (NMHSPF).

Table 13. National Mental Health Service Planning Framework (NMHSPF) inpatient estimates for separations and bed days by bed type, Southern region, 2027-28 – all ages

Inpatient Mental Health Service Type	NMHSPF estimated separations (number)	NMHSPF estimated bed days (number)
Acute Inpatient Mental Health Services	1,764	25,441
Subacute Inpatient Mental Health Services	267	8,109
Non-Acute Inpatient Mental Health Services	65	22,907
Total Inpatient	2,096	56,457

Our demand for mental health services

Table 14 presents NMHSPF projected ambulatory occasions of service and client related staff hours across the Southern region for all facilities and age groups for 2027-2028.

Table 14. National Mental Health Service Planning Framework (NMHSPF) ambulatory estimates for occasions of service and client-related staff hours by service type, Southern region, 2027-28 – all ages

Program	Occasions of service (number)	Client-related staff hours (number)
Acute care services	19,225	24,483
Adult continuing care and Mobile Intensive Treatment Teams (MITT)	134,607	85,314
Consultation liaison	7,541	13,869
Consultation Liaison – Specialist Rural Outreach	4,167	4,391
Children of Parents with Mental Illness (COPMI) and school-based early intervention	8,776	7,089
Eating disorders top up	1,104	10,088
First episode psychosis	17,226	13,419
Infant and child	10,241	11,902
Older persons	51,066	26,628
Youth	77,949	72,646

OUR CHALLENGES

Our healthcare system is facing unprecedented demand pressures due to our growing population, population ageing and an increasing chronic disease burden. It is expected that there will be continued increasing need for specialist services for older persons in Tasmania as the population ages.

Our general practice workforce is ageing and people in rural areas have less access to primary care. We need to continue to partner with other key funders, commissioners, and providers in rural areas, including across mental health services, to ensure appropriate service access. There is also opportunity to consider the workforce mix and distribution to better address recruitment and retention challenges in these services, for example, prioritising the Lived Experience workforce (Peer Workforce).

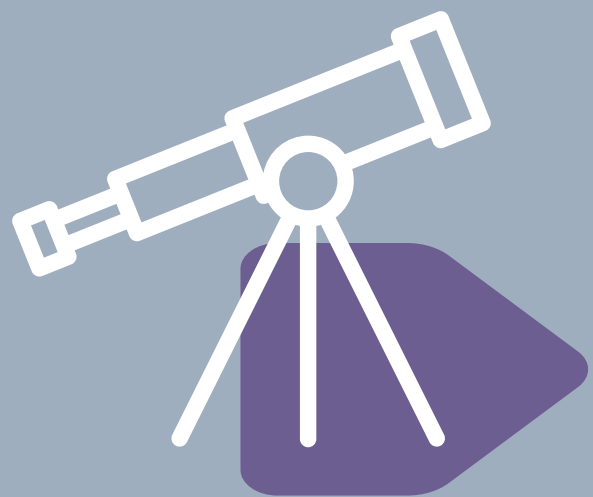
A truly integrated system responds effectively to all the health needs an individual may be experiencing. For example, at least one in three people with a substance use disorder also have an anxiety or mood disorder, often resulting in poorer overall health and wellbeing and significant personal strain. Our health services need to respond effectively to comorbidity, particularly across alcohol and drug services and mental health services where there is increasing demand in non-government services, to ensure appropriate access to services.

Southern Tasmanian hospitals are managing growing numbers of patients, particularly for people with subacute care needs. Going forward, our health services need to address these difficult challenges.





Going forward



Priority planning actions

Our actions going forward were identified through extensive data analysis and consultation undertaken in 2022, and in response to the shared vision and policy direction set out in *Advancing Tasmania's Health*. Consultation occurred through Regional Clinical Services Reference Groups, the Tasmanian Clinical Networks and a Statewide Health Summit. The following actions will be implemented alongside the reforms set out in the *Long-Term Plan for Healthcare in Tasmania 2040*.

DELIVERING CARE ACCORDING TO OUR CLINICAL SERVICES PROFILE

The THS South Clinical Services Profile describes the required service capability of specialty services to deliver care to our community to 2027 (Table 15). Services are classified according to the *Tasmanian Role Delineation Framework for Health Services* (2023), which describes resource and workforce requirements for delivering services at each level. Smaller rural facilities are generally classified at lower levels, reflecting the constraints of delivering healthcare where population size is smaller, and the health workforce is less available. In contrast, the RHH is classified at higher levels, reflecting the broader range of specialist services that are available in this facility.

We will assess each of our clinical services to ensure the resources (service requirements and workforce requirements) at each level of service are in place.

Where gaps exist between our stated role delineation and the resources required to deliver the service, we will prioritise addressing these.

We have a significant gap in our subacute service capability. This is in the context of a rapidly increasing demand for subacute services.

Whilst the RHH Masterplan originally proposed a rebuild of the Hobart Repatriation Hospital, THS South's current hub for specialist subacute services, this infrastructure is currently fully occupied with no readily available decant solution in place.

We will prioritise redevelopment of St Johns Park in New Town to transform it into a contemporary Health and Wellbeing Precinct, providing expanded mental health, subacute and community-based services to meet projected future demand for these services in Southern Tasmania. The Precinct will deliver palliative care, rehabilitation, geriatric evaluation and management, and mental health services in new purpose-built and refurbished facilities across the site.

Public consultation on a new masterplan for St Johns Park will help to refine the proposed redevelopment, which will see services delivered in dedicated clinical and support service zones, aimed at promoting connectivity, safety, and efficiencies.

The purpose-designed Southern Health and Wellbeing Precinct will enhance access to, and coordination of, inpatient, outpatient, community and home-based subacute care. It will also support the provision of individually tailored care delivered by expert staff working in multidisciplinary care teams.

STRENGTHENING THE TERTIARY REFERRAL ROLE OF RHH

Residents from Northern and North West Tasmania rely on services in the South to meet many of their care needs. This is particularly the case in specialty areas where the South has the only specialist service in Tasmania.

One of the most strategic issues for the RHH is the need to strengthen recognition of its role as the major tertiary referral hospital for Tasmania.

For tertiary services, RHH is the major centre for trauma and retrieval services, intensive care, cardiothoracic surgery and some interventional cardiology procedures, neurosurgery / neuro-interventional radiology / vascular surgery, neonatology and paediatric intensive care.

Some paediatric subspecialties, gynaecologic oncology and hyperbaric medicine.

Tertiary-level services are high cost, lower volume services which must be underpinned by a critical mass of population. They require the ability to recruit and retain clinicians with highly specialised skills. For these reasons, it is necessary for Tasmania's health system to redirect, wherever possible, tertiary patient flows from interstate and North / North West Tasmania to the South.

We will strengthen tertiary services at RHH with a focus on:

- Progressively implementing targeted redirection of patients from interstate and / or North / North West Tasmanian services to RHH for selected tertiary outpatient and inpatient services in surgical, medical and paediatrics disciplines.
- Expand outreach services to the North and North West, working with THS North and THS North West to identify preferred locations, service and workforce models for subspecialty service provision, building outreach services and telehealth capability to support patient management in other Tasmanian locations and reduce patient travel burden to RHH.
- Leading the development of a statewide cardiac services plan with input from the Tasmanian Cardiac Clinical Network and private cardiology services licensed by the Tasmanian government against a detailed service scope.
- Developing a statewide paediatric services plan with input from the Tasmanian Women's and Children's Clinical Network.

Some people will continue to need to access specialist care interstate. We will formalise partnerships and service delivery arrangements with our interstate providers to ensure our local clinicians can work with interstate providers for planning, communication and information sharing, ensuring continuity of care for the patient.

MANAGING HOSPITAL DEMAND BY CHANGING MODELS OF CARE

We must respond quickly to rapidly increasing demand for hospital services in Southern Tasmania. It is increasingly recognised that traditional hospital-based models of care may not provide optimal health outcomes particularly for older people and those with multiple chronic diseases. Robust evidence exists to support providing acute care outside the acute hospital setting.

There are many different models of care that reduce overall demand for hospital services and / or the length of time spent in hospital. These models can avoid or substitute acute hospital inpatient care for care in the community.

Models of care that provide alternatives to lengthy hospitalisations for frail older people and people with chronic diseases and mental health conditions will have the largest influence on hospital demand for THS South.

Our plan for managing increasing demand for hospital admissions includes:

- Increasing the delivery of community-based care by expanding the availability of community services and streamlining referral pathways for access.
- Providing emergency department diversion solutions, including Ambulance Tasmania secondary triage services and Police, Ambulance and Clinicians Early Response acute mental health services.
- Expanding and reconfiguring home-based and virtual hospital services such as hospital in the home and community-based rapid response services to increase the volume of patients cared for, including streamlining referral and intake assessment processes.
- Increasing outreach of specialist services into residential aged care and community care settings, including palliative care, dementia care and older persons mental health. We will work with aged services providers to support the delivery of more complex care within residential aged care facilities.
- Growing urgent and after hours care services as an alternative to hospital.

Priority planning actions

We will establish central virtual care hubs to support the provision of personalised home and community-based care, including intermediate care, specialised subacute care and hospital-in-the-home. Care will be provided by a multidisciplinary team working collaboratively to deliver a range of healthcare services according to each patient's need.

Care teams may consist of providers from both primary and hospital care and across various care organisations. We will repurpose community-based assets where required for delivery of central virtual care hubs.

We will continue to improve the efficiency and 'flow' of patients through our services. We will increase resources in our Access and Flow Program to enhance the ability of our service to provide care to patients in the right place and the right time, and minimise unnecessary, long hospitalisations.

We will improve our capacity to manage patient flow with the establishment of a System-Wide Integrated Operational Centre. This will create a real-time view of service demand and capacity across the Tasmanian health system and direct the flow of patients and resources to better use our state's network of healthcare services.

WORKING WITH PRIVATE HOSPITALS TO SUSTAINABLY DELIVER HEALTHCARE

In recent years, growth in the private sector in Australia has been related mainly to increasing numbers of small specialist hospitals and some major expansions by the major operators. The smaller facilities tend to focus on non-critical care often in a day only or short stay setting. Services provided in these facilities commonly include orthopaedics, gastroenterology and endoscopy, oral and maxillofacial surgery, plastic and reconstructive surgery. Private mental health and rehabilitation units have also been expanding.

In Hobart, there is ongoing growth in selected services in the private sector including

short-stay surgery, mental health, day cancer services and eye surgery.

THS South will continue to work with the private sector to partner in the delivery of clinical services. Partnering may include seeking joint clinical appointments, integrated use of available infrastructure and developing sustainable service models.

WORKING WITH PRIMARY HEALTHCARE TO SUSTAINABLY DELIVER HEALTHCARE

Our vision is to support the delivery of comprehensive, timely primary healthcare to address chronic diseases within the population as early as possible. By taking a proactive approach to managing chronic disease, we can improve health outcomes and reduce avoidable hospitalisations.

Our immediate priorities include the delivery of primary healthcare services for people with chronic conditions and with mental health and alcohol and other drugs care needs. THS South will work with primary healthcare providers to:

- Expand and strengthen collaborative care models in which medical specialists and general practitioners work together to care for people with complex chronic disease conditions in the community. We will employ general practitioners in key clinical areas where this skill set will help our teams better meet patients' care needs.
- Better address people's mental health and alcohol and other drugs care needs in the community by establishing community-based, patient-centred, integrated care hubs that provide a broad spectrum of mental health services from day-support to short-term recovery beds and connect people living with mental illness to a variety of health, community and social services. The Southern hub will be located in the Hobart region.
- Implementing a single, statewide intake and assessment service for mental health, alcohol and other drug services that integrates with Tasmania's existing state-based systems.

Our service enablers

We are reliant on our workforce and our infrastructure to deliver care. These enablers have longer planning horizons than five years – it takes a long time to grow a health workforce and to build facilities. Tasmania's *Health Workforce 2040*, the *Digital Health Transformation – Improving Patient Outcomes*, the RHH Masterplan, together with a 20-Year Health Infrastructure Strategy describe our long-term strategy to shape the workforce and infrastructure we need.

Within our five-year profile, our priorities are to:

- Deliver and expand new workforce roles, including rural generalist providers, nurse practitioners, allied health assistants, nurse assistants and pharmacy technicians, and expand the role of paramedics in community service delivery.
- Increase the capacity within the existing health workforce and address workforce gaps as outlined in our Clinical Services Profile.
- Improve ICT infrastructure through the implementation of the Digital Health Transformation Strategy over the next 10 years.
- Reshape our services to take an innovative, contemporary approach to care that allows for flexible, cohesive services that can be stepped up or down according to individuals' changing mental healthcare needs.
- Continue to strengthen our infrastructure to deliver improved access to mental health services and specialised subacute services, through Stage Three of the RHH Redevelopment.



Implementing the profile

The *Tasmanian Role Delineation Framework for Health Services (2023)* (TRDF) describes the breadth of health services that Tasmanians require. Level 1 describes generalist health services delivered by primary healthcare providers, for example health checks provided by a local GP.

Higher levels describe increasing specialisation, up to Level 6, which describes highly complex services delivered in tertiary hospitals with specialised equipment and expert staff, for example complex heart surgery.

Extensive consultation with clinicians, consumers and health services managers has enabled a complete refresh of the TRDF. The TRDF is a dynamic document that will continue to be updated as clinical services evolve.

We have assessed services we provide against the TRDF, including those provided on our behalf by other providers in the health system, and interstate partners. The TRDF also assists us in understanding the capacity of the private hospital sector, which through licensing and partnership arrangements is also being assessed against the TRDF. This enables a comprehensive understanding of our capability and capacity across the State and identifies further opportunities for partnership and collaboration.

Using the TRDF, we can see the strengths and opportunities in our system, areas where services are working in harmony across the State and gaps in service provision. Informed by this system-wide view, our service development priorities and future investments will be directed toward strengthening, integrating and balancing the entire statewide health system.

To maintain an accurate view of our health system capability in the future, we will ensure that all our services continue to be delivered against the TRDF so that each service area continues to meet the requirements of its designated role.

The *Tasmanian Role Delineation Framework for Health Services (2023)* can be viewed here: www.health.tas.gov.au/TRDF

Implementing this profile will deliver better health services for Tasmanians. Where our profile requires expanded capability in clinical areas designated in our Clinical Services Profile (Table 15), we will work with clinicians, consumers and policymakers to identify new resources to support our delivery of services and identify where existing resources can be reallocated to these priority areas.

Table 15. THS South Clinical Services Profile, 2027

	RHH	Hobart Repat	New Norfolk	Midlands MPC	May Shaw	Tasman MPHC	Esperance MPC
Medical							
General medicine	6	-	3	3	3	3	3
Allergy and immunology	5	-	-	-	-	-	-
Cardiology	6	-	1	3	1	1	1
Clinical genetics	6	-	-	-	-	-	-
Endocrinology	6	-	3	1	1	1	1
Gastroenterology	6	-	2	2	-	-	-
Infectious diseases	6	-	3	3	3	3	3
Nephrology	5	-	-	-	-	-	-
Neurology	5	-	2	2	1	1	1
Acute stroke	6	-	-	-	-	-	-
Persistent pain	5	-	-	-	-	-	-
Respiratory and sleep	6	-	2	2	2	2	2
Rheumatology	6	-	-	-	-	-	-
Surgical							
General surgery	6	-	-	-	-	-	-
Burns	6	-	-	-	-	-	-
Cardiothoracic (adult)	6	-	-	-	-	-	-
Ears, Nose and Throat	6	-	-	-	-	-	-
Hyperbaric and diving	6	-	-	-	-	-	-
Neurosurgery (adult)	6	-	-	-	-	-	-
Ophthalmology	6	-	-	-	-	-	-
Oral and maxillofacial	6	-	-	-	-	-	-
Orthopaedics	6	-	-	2	-	-	-
Plastic and reconstructive	6	-	-	-	-	-	-
Trauma	6	-	-	-	-	-	-
Urology	6	-	-	-	-	-	-
Vascular	6	-	-	-	-	-	-

	RHH	Hobart Repat	New Norfolk	Midlands MPC	May Shaw	Tasman MPHC	Esperance MPC
Core							
Emergency medicine	6	-	-			-	
Paediatric emergency	5	-	-	-	-	-	-
Adult critical care	6	-	-	-	-	-	-
Medical imaging	6	-		-	-	-	-
Pathology	6	-	2	2	2	2	2
Medication services	6	3					
Anaesthetics	6	-	-	2	2	-	2
Women and Children							
Maternity	6	-	-		-	-	-
Neonatology	6	-	-	-	-	-	-
Community paediatrics	4	-	2	2	-	-	-
Paediatric medicine	5	-	-	-	-	-	-
Paediatric critical care	6	-	-	-	-	-	-
Paediatric rehab	5	-	-	-	-	-	-
Surgery for children	5	-	-	-	-	-	-
Children's cancer service	4	-	-	-	-	-	-
Children's radiation oncology	5	-	-	-	-	-	-
Gynaecology	6	-	-	-	-	-	-
Child and family	-	-	2		-	-	-
Youth health	5	-	3	-	-	-	-
Cancer							
Clinical haematology	5	-	-	-	-	-	-
Medical oncology	6	-	-	-	-	-	-
Radiation oncology	6	-	-	-	-	-	-
Subacute, Intermediate and Primary							
Palliative care	-	6	4	3	3	3	3
Adult rehabilitation	-	5	2				
Geriatric medicine	4	6	4	3	2	2	2
Home-based hospital	6	6					
Urgent primary healthcare	6	-		4	4		

Table 16. Mental Health Services Southern Clinical Services Profile (Regional), 2027

Adult Mental Health Services	
Adult Ambulatory Services	6
Adult Acute Inpatient Services	6
Adult Non-Acute Inpatient Services	5
Child and Adolescent Mental Health Services	
Child and Adolescent Ambulatory Services	4
Child and Adolescent Acute Inpatient Services	4
Child and Adolescent Non-Acute Inpatient Services	-
Older Persons Mental Health Services	
Older Persons Ambulatory Services	5
Older Persons Inpatient Services	5
Statewide and Other Targeted Services	
Adult Forensic Inpatient Services	6
Adult Forensic Ambulatory Service	6
Eating Disorders Service	6
Perinatal and Infant Services	3

Notes: The above THS South Clinical Services Profile should be read in conjunction with the *Tasmanian Role Delineation Framework for Health Services (2023)*, which describes resource and workforce requirements for delivering services at each level.

Due to significant service reform work underway in Mental Health Services, service levels have been estimated at a regional level. Mental Health Services are shifting towards contemporary models of care that allow for flexible, cohesive services that can be stepped up or down according to individuals' changing mental healthcare needs and are available to all Tasmanians regardless of their age or residential location.



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Appendices

Appendix I. Projected Inpatient Activity Growth (Same day and Overnight+ admissions), RHH, 2021 to 2027 (bed days)

ROYAL HOBART HOSPITAL SUMMARY

	Total admissions			Bed days			
	2020-21 (number)	2026-27 (number)	Change (%)	2020-21 (number)	2026-27 (number)	Change (%)	Change bed days (number)
Adult Medicine	29,622	33,662	14	53,792	62,686	17	8,894
Adult surgery	14,115	15,211	8	40,690	44,583	10	3,893
Paediatrics	6,301	6,740	7	9,223	10,087	9	864
Obstetrics	2,385	2,408	1	5,894	5,529	-6	-364
Gynaecology	1,427	1,511	6	1,194	1,239	4	45
Drug and Alcohol	338	406	20	1,286	1,447	13	161
Psychiatry	2,674	3,190	19	16,373	20,151	23	3,778
Subacute	2,483	3,161	27	34,870	48,715	40	13,845

Appendices

ROYAL HOBART HOSPITAL ADULTS: 18+ YEARS

	Total admissions			Bed days			
	2020-21 (number)	2026-27 (number)	Change (%)	2020-21 (number)	2026-27 (number)	Change (%)	Change bed days (number)
Orthopaedics	3,691	3,888	5	10,912	11,146	2	234
General Surgery	2,831	3,190	13	7,813	8,961	15	1,148
Cardiothoracic Surgery	474	587	24	4,226	5,856	39	1,630
Neurosurgery	962	1,003	4	5,589	5,459	-2	-130
Vascular Surgery	695	791	14	2,548	2,763	8	215
Colorectal Surgery	380	387	2	2,456	2,549	4	93
Upper GIT Surgery	453	490	8	2,033	2,334	15	301
Urology	1,281	1,357	6	1,793	1,917	7	125
P&R Surgery	907	944	4	1,214	1,311	8	97
Other	2,442	2,573	5	2,107	2,286	8	179
Surgery Total	14,115	15,211	8	40,690	44,583	10	3,893
General Medicine	4,935	5,302	7	9,573	11,530	20	1,957
Neurology	4,478	5,278	18	9,353	11,028	18	1,675
Respiratory Medicine	2,251	2,701	20	7,950	9,363	18	1,414
Gastroenterology	3,291	3,899	18	5,092	5,649	11	557
GIT Endoscopy	3,855	3,832	-1	2,163	2,573	19	410
Cardiology	2,851	3,308	16	4,935	5,879	19	944
Interventional Cardiology	1,000	1,099	10	1,970	2,259	15	289
Haematology	2,178	2,780	28	2,226	2,650	19	424
Medical Oncology	790	865	9	1,965	2,267	15	302
Endocrinology	1,160	1,535	32	2,089	2,652	27	563
Rheumatology	1,467	1,508	3	1,225	1,514	24	289
Renal Medicine	817	947	16	895	950	6	55
Other	548	607	11	4,357	4,371	0	14
Medicine Total	29,622	33,662	14	53,792	62,686	17	8,894

ROYAL HOBART HOSPITAL: ADULTS 18+ YEARS (CONT.)

	Total admissions			Bed days			
	2020-21 (number)	2026-27 (number)	Change (%)	2020-21 (number)	2026-27 (number)	Change (%)	Change bed days (number)
Palliative Care	637	771	21	5,381	6,818	27	1,437
Rehabilitation	347	362	4	7,959	8,038	1	79
Maintenance Care	739	1,250	69	12,481	23,366	87	10,885
Boarders	444	460	4	947	985	4	38
Other Non-Acute	310	313	1	8,060	9,473	18	1,413
Subacute Total	2,483	3,161	27	34,870	48,715	40	13,845
Drug and Alcohol	338	406	20	1,286	1,447	13	161
Psychiatry	2,674	3,190	19	16,373	20,151	23	3,778
Chemotherapy	6,037	7,920	31	nr	nr	nr	nr
Renal Dialysis	11,329	13,611	20	nr	nr	nr	nr

Appendices

ROYAL HOBART HOSPITAL PAEDIATRICS: 0-17 YEARS (NEONATES PRESENTED SEPARATELY BELOW)

	Total admissions			Bed days			
	2020-21 (number)	2026-27 (number)	Change (%)	2020-21 (number)	2026-27 (number)	Change (%)	Change bed days (number)
Medicine	3,132	3,384	8	3,543	3,886	10	344
Surgery	2,089	2,162	3	2,801	2,885	3	84
Psychiatry / Drug and Alcohol	296	354	20	1,649	1,996	21	347
Other (Obs/Gynae/ Subacute/RD/CT)	784	840	7	1,230	1,319	7	89
Paediatrics Total	6,301	6,740	7	9,223	10,087	9	864
General Surgery	561	596	6	899	947	5	48
Orthopaedics	490	512	4	591	593	0	2
Ears, Nose and Throat	223	277	24	227	271	20	44
Urology	257	257	0	242	242	0	1
Other	557	521	-6	843	832	-1	-10
Surgery Total	2,089	2,162	3	2,801	2,885	3	84
General Medicine	1,190	1,352	14	1,100	1,212	10	112
Respiratory Medicine	315	321	2	660	709	7	49
Gastroenterology	375	404	8	414	430	4	16
Endocrinology	202	206	2	353	398	13	45
Neurology	354	369	4	294	321	9	27
Haematology	194	215	11	234	312	33	78
Medical Oncology	63	59	-5	120	131	9	11
Other	440	458	4	368	374	2	6
Medicine Total	3,132	3,384	8	3,543	3,886	10	344
Chemotherapy	175	208	19				
Renal Dialysis	90	90	0				
Obstetrics	265	267	1	655	614	-6	-40
Gynaecology	118	134	13	92	150	63	58
Subacute (CCC Care)	136	141	3	482	554	15	72
Other Total	784	840	7	1,230	1,319	7	89

ROYAL HOBART HOSPITAL NEONATES

	Total admissions			Bed days			
	2020-21 (number)	2026-27 (number)	Change (%)	2020-21 (number)	2026-27 (number)	Change (%)	Change bed days (number)
Perinatology	208	210	1	5,075	5,100	0	25
Well Baby	281	281	0	1,065	972	-9	-93
Unqualified Neonates	1,733	1,806	4	3,459	3,320	-4	-139
Total	2,222	2,297	3	9,599	9,391	-2	-208

