

Independent Hospital Pricing Authority

National Efficient Cost Determination 2022–23

March 2022



IHPA

National Efficient Cost Determination 2022–23 – March 2022

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This Determination is made by the Independent Hospital Pricing Authority under section 131(1) of the *National Health Reform Act 2011* (Cwlth).

Dated 16 March 2022



SEAL OF INDEPENDENT HOSPITAL
PRICING AUTHORITY

Mr David Tune AO PSM
Chair

Mr James Downie
Chief Executive Officer

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1. Overview

1.1 Independent Hospital Pricing Authority

The Independent Hospital Pricing Authority (IHPA) is established under the *National Health Reform Act 2011* (Cwlth) (the Act), and by virtue of section 131(1) of the Act is invested with the following functions relevant to the National Efficient Cost Determination 2022–23 (this Determination):

- a) to determine the national efficient cost for healthcare services provided by public hospitals where the services are block funded
- b) to develop and specify classification systems for health care and other services provided by public hospitals
- c) to determine the public hospital functions that are to be funded in the state or territory by the Commonwealth except where otherwise agreed between the Commonwealth and a state or territory.

This Determination is an output of the performance of those functions by the Pricing Authority.

In this document, 'Pricing Authority' refers to the governing members and 'IHPA' refers to the agency.

1.2 Data quality

In making this Determination, the Pricing Authority has relied on the Local Hospital Networks/ Public Hospital Establishments National Minimum Data Set, the National Hospital Cost Data Collection and the following National Minimum Data Sets (NMDS) and National Best Endeavours Data Sets (NBEDS) to determine the key parameters of the model:

- Admitted patient care NMDS
- Admitted subacute and non-acute hospital care NBEDS
- Non-admitted patient emergency department care NMDS
- Emergency service care NBEDS
- Non-admitted patient NBEDS
- Non-admitted patient care aggregate NBEDS.

The Pricing Authority has determined that the data are adequate to carry out its functions under the Act in 2022–23.

1.3 Terminology

Although the Pricing Authority aims to use plain English to make its documents accessible to a wide audience, the subject matter of this Determination requires the use of some specialist terms. For ease of reference, the meaning of those terms is set out in a glossary available on the [IHPA website](#).

2. Block-funding criteria

Clauses A52–A55 of the Addendum to the National Health Reform Agreement 2020–25 detail the process that the Pricing Authority is required to follow to determine the criteria for block-funded hospitals:

- a) IHPA, in consultation with jurisdictions, develops block-funding criteria and identifies whether hospital services and functions are eligible for block funding only or mixed activity based funding (ABF) and block funding.
- b) States and territories, during the consultation period, assess their hospital functions and services against the block-funding criteria and, if necessary, provide advice to IHPA on the potential impact of the criteria.
- c) IHPA provides the block-funding criteria to the Council of Australian Governments Health Council (CHC)¹ for endorsement.
- d) CHC considers the block-funding criteria proposed by IHPA and either
 - i. endorses the recommendation; or
 - ii. requests IHPA to refine the block-funding criteria and bring it back to CHC.

States and territories provide advice to IHPA on how their hospital services and functions meet the block-funding criteria on an annual basis. For small rural and small regional hospitals, this advice can be provided once every six years, or more frequently at the discretion of the state or territory.

The Pricing Authority provided the following draft block-funding criteria to CHC for consideration.

Public hospitals, or public hospital services, will be eligible for block grant funding if:

- the technical requirements for applying ABF are not able to be satisfied; or
- there is an absence of economies of scale that mean some services would not be financially viable under ABF.

IHPA has also determined ‘low-volume’ thresholds that form part of the draft block-funding criteria for use in 2022–23. Under these thresholds, hospitals are eligible for block funding if:

- they are in a metropolitan area (defined as ‘major city’ in the Australian Statistical Geography Standard (ASGS)) and they provide less than or equal to 1,800 admitted patient national weighted activity units (NWAU) per annum; or
- they are in a rural area (defined as all remaining areas, including ‘inner regional’, ‘outer regional’, ‘remote’ and ‘very remote’ in the ASGS) and they provide less than or equal to 3,500 total NWAU per annum.

Without pre-empting the decision of CHC, IHPA has applied these criteria in making this Determination.

¹ The Council of Australian Governments has been dissolved. The Health Ministers’ Meetings, comprised of all Australian health ministers, has been established as its replacement to consider matters previously brought to the Council of Australian Governments Health Council, including matters relating to the national bodies.

States and territories have provided IHPA with a list of hospitals they consider eligible for block-funding in 2022–23.

IHPA has determined their eligibility using the annual total NWAU, calculated using the IHPA data set specifications in the IHPA Three Year Data Plan. These hospitals are listed at **Appendix A**.

3. National Efficient Cost 2022–23

3.1 National efficient cost for small rural hospitals

The Pricing Authority has determined the efficient cost of a small rural hospital to be the sum of the fixed cost component and the variable cost component.

The fixed component is determined as:

- \$2.265 million for hospitals with an annual national weighted activity unit 2021–22 (NWAU(21)) less than or equal to 194.
- \$2.265 million less 0.029 per cent per NWAU(21) for hospitals with an annual NWAU(21) greater than 194, with an additional loading of 44.1 per cent for ‘very remote’ hospitals.

The fixed component of the efficient cost is determined using the fixed cost base calculated for 2019–20 of \$2.055 million indexed at 3.3 per cent per annum. This indexation rate includes an allowance to account for increases in the minimum superannuation guarantee between 2019–20 and 2022–23.

The variable component of the efficient cost is determined as \$5,850 per NWAU(21) for hospitals with an annual NWAU(21) greater than 194. This is determined using the National Efficient Price Determination 2022–23 reference cost for 2019–20 of \$5,307 indexed at 3.3 per cent per annum.

3.2 Efficient cost for other hospitals

Other block-funded hospitals, treated separately from the ‘fixed-plus-variable’ cost model, are defined as:

- standalone hospitals providing specialist mental health services (for example, psychiatric hospitals)
- standalone major city hospitals providing specialist services (for example, mothercraft, dental and dialysis)
- other standalone hospitals.

The Pricing Authority has determined that for 2022–23, the efficient cost of these hospitals will be determined in consultation with the relevant state or territory with reference to their total in-scope reported expenditure in the Local Hospital Networks/Public Hospital Establishments National Minimum Data Set in 2019–20. These standalone hospitals are listed at **Appendices B to D**.

4. Impact of COVID-19 on the national efficient cost

4.1 Background

In March 2020, the Commonwealth Government activated the *Emergency Response Plan for Communicable Disease Incidents of National Significance* and the *Australian Health Sector Emergency Response Plan for Novel Coronavirus (Coronavirus disease 2019 (COVID-19))*.

On 13 March 2020, the Commonwealth and all state and territory governments signed the *National Partnership on COVID-19 Response* (the NPA), to provide financial assistance for the additional costs incurred by health services in responding to the COVID-19 pandemic.

The Commonwealth Government committed to a minimum hospital funding guarantee for 2019–20 equivalent to estimated activity volumes for 2019–20. This delivered a \$532 million increase to state and territory funding entitlements under the National Health Reform Agreement.

4.2 National costing and reporting guidelines

In June 2020, IHPA released the [COVID-19 Response – Costing and pricing guidelines](#) to guide costing practitioners on the steps to capturing end-to-end COVID-19 activity and expenses under the NPA.

IHPA also issued the [Rules for coding and reporting COVID-19 episodes of care](#) to facilitate accurate capture of COVID-19 related hospital activity on a nationally consistent basis.

4.3 Assumptions applied in developing this Determination

In developing the National Efficient Cost Determination 2022–23 (this Determination) consideration has been given to the impact of COVID-19. This Determination relies on activity and cost data from the 2019–20 financial year which was impacted by the COVID-19 pandemic.

IHPA has analysed this data and quantified the impact of the COVID-19 pandemic on both expenditure and activity data supplied by the states and territories.

Given the evolving nature of the pandemic response in Australia, IHPA acknowledges that it is not possible to definitively account for the ongoing impact that COVID-19 may have on hospital service delivery and costs in 2022–23.

As such, in the development of this Determination IHPA has modelled the impact of COVID-19 on the development of the national efficient price based on the following assumptions:

- The public hospital system will deliver a volume of national weighted activity unit 2022–23 (NWAU(22)) in line with historical trends in volume growth.
- The NWAU(22) price weight relativities within each stream will not vary significantly compared to 2019–20.
- The increase in costs measured in the National Hospital Cost Data Collection (NHCDC) of 0.2 per cent above the pre-COVID-19 efficient price in the final quarter of 2019–20 are assumed to persist into 2022–23.

- All funding distributed through the National Health Funding Pool for 2019–20 (including the minimum hospital funding guarantee) was expended and allocated to patients, and submitted within the NHCDC.
- Normalised activity, not covered by the Commonwealth’s minimum hospital funding guarantee (and corresponding state and territory contributions), requires a variable cost adjustment.

If any of these assumptions do not eventuate in 2022–23, it may be necessary for this Determination to be reviewed based on actual cost and activity data as it becomes available.

In preparing this Determination, IHPA did not have adequate data to model the impact of any other factors such as:

- Increases in activity arising from the backlog and delivery of postponed elective surgery and other public hospital services.
- Changes to activity and lengths of stay arising from delayed diagnosis and treatment of disease.
- Intermittent regional lockdowns, postponement of elective surgery and other public hospital services.

5. Safety and quality

5.1 Sentinel events

In accordance with a ministerial direction issued to IHPA on 16 February 2017 under section 226 of the *National Health Reform Act 2011* (Cwlth) and consistent with the Addendum to the National Health Reform Agreement 2020–25 (the Addendum) signed by First Ministers in May 2020, any public hospital episodes that include a sentinel event will not be funded.

Definition

Sentinel events are a subset of adverse patient safety events that are wholly preventable and result in serious harm to, or death of, a patient.

In 2017, the Australian Commission on Safety and Quality in Health Care (the Commission) undertook a review of the Australian sentinel events list on behalf of the states, territories and the Commonwealth. The updated Australian sentinel events list (Version 2.0) was endorsed by Australian health ministers in December 2018.

Version 2.0 of the Australian sentinel events list will be used for pricing in 2022–23. Version 2.0 of the Australian sentinel events list, including further information on its development and specifications is available on the [Commission's website](#).

States and territories are required to report these events to IHPA and the Administrator of the National Health Funding Pool. Sentinel events will be deducted from block funding amounts. The amount to be deducted for a sentinel event will be calculated by multiplying the National Efficient Price 2022–23 by the national weighted activity unit (NWAU) 2022–23 (NWAU(22)) for each episode.

5.2 Hospital acquired complications

In accordance with the Addendum, the funding level for admitted acute episodes will be reduced where a hospital acquired complication (HAC) is present. Separate adjustments have been determined for each HAC. Where an episode contains multiple HACs, the HAC with the largest adjustment determines the funding adjustment.

Definition

A HAC refers to a complication which is acquired in hospital for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring. The list of HACs was determined by a joint working group of the Commission and IHPA.

The HACs are as follows:

- pressure injury
- falls resulting in fracture or intracranial injury
- healthcare-associated infection
- surgical complications requiring unplanned return to theatre

- unplanned intensive care unit admission²
- respiratory complications
- venous thromboembolism
- renal failure
- gastrointestinal bleeding
- medication complications
- delirium
- incontinence
- endocrine complications
- cardiac complications
- third and fourth degree perineal laceration during delivery³
- neonatal birth trauma⁴.

Further information on the HAC list, including the diagnosis codes used to identify each HAC, is available on the [Commission's website](#).

The funding adjustment for HACs has been risk adjusted to take account of the increased predisposition of some patients to experiencing a HAC during their hospital stay and adjusts the reduction in funding accordingly.

The HAC adjustment is incorporated into the NWAU calculation used for the national efficient cost. The National Efficient Cost Determination 2022–23 uses NWAU 2021–22 (NWAU(21)) calculations. Version 3.0 of the HAC list was used for pricing in 2021–22.

Further information on the risk adjustment model for HACs, including the risk factors for each HAC group is contained in the [National Pricing Model Technical Specifications](#) on the IHPA website.

5.3 Avoidable hospital readmissions

Under the Addendum, IHPA is required to develop a pricing model for avoidable hospital readmissions, for implementation by 1 July 2021.

Definition

An avoidable hospital readmission occurs when a patient who has been discharged from hospital (defined as the index admission) is admitted again within a certain time interval (defined as the readmission) and the readmission is clinically related to the index admission and had the potential to be avoided through improved clinical management or appropriate discharge planning in the index admission. Reducing the number of avoidable hospital readmissions improves patient health outcomes and decreases avoidable demand for public hospital services.

The Commission was tasked with developing and maintaining a nationally consistent definition of avoidable hospital readmissions. The list of clinical conditions considered to be avoidable hospital readmissions was approved by the Australian Health Ministers' Advisory Council in June 2017.

² No funding adjustment for 'unplanned intensive care unit admission' will be applied in 2022–23 as it cannot be identified in current data sets.

³ No funding adjustment for 'third degree perineal laceration during delivery' was applied in NWAU(21) calculations.

⁴ No funding adjustment for 'neonatal birth trauma' will be applied in 2022–23 on the advice of the Australian Commission on Safety and Quality in Health Care.

The avoidable hospital readmission conditions are as follows:

- pressure injury
- infections
- surgical complications
- respiratory complications
- venous thromboembolism
- renal failure
- gastrointestinal bleeding
- medication complications
- delirium
- cardiac complications
- other (constipation, nausea and vomiting).

Further information on the avoidable hospital readmissions list, including the diagnosis codes used to identify each readmission condition, is available on the [Commission's website](#).

The funding adjustment for avoidable hospital readmissions has been risk adjusted to account for the increased predisposition of some patients to experiencing an avoidable hospital readmission during their hospital stay and adjusts the reduction in funding accordingly with use of a risk adjustment factor.

The avoidable hospital readmissions adjustment is incorporated into the NWAU calculation used for the national efficient cost. The National Efficient Cost Determination 2022–23 uses NWAU(21) calculations. Version 1.0 of the avoidable hospital readmissions list was used for pricing in 2021–22.

Further information on the risk adjustment model for avoidable hospital readmissions, including the risk factors for each readmission condition, is contained in the [National Pricing Model Technical Specifications](#) on the IHPA website.

6. National pricing model technical specifications

6.1 Technical specifications

The detailed [National Pricing Model Technical Specifications](#) are available on the IHPA website.

7. Block-funded services

In 2022–23, the Pricing Authority has determined that the following services in activity based funding (ABF) hospitals are eligible for block funding as the technical requirements for applying ABF are not able to be satisfied:

- teaching, training and research
- non-admitted mental health services (excluding child and adolescent mental health services (CAMHS))
- non-admitted CAMHS
- non-admitted home ventilation services (as defined by the Tier 2 Version 7.0 Non-Admitted Services Classification class 10.19)
- A17 List⁵ services not otherwise priced
- other public hospital programs⁶.

The efficient cost of these services has been determined for 2022–23 on the advice of states and territories and is detailed in **Table 1**.

Table 1. Block-funded services

State / territory	Teaching, training and research	Non-admitted mental health (excluding CAMHS)	Non-admitted CAMHS	Non-admitted home ventilation	A17 List	Other public hospital programs ⁶
NSW	\$764,689,911	\$621,935,909	N/A	\$22,210,788	N/A	N/A
Vic	\$347,415,844	\$866,854,324	\$104,308,343	\$11,564,116	\$22,695	N/A
Qld	\$415,629,471	\$615,073,358	\$200,807,056	\$18,861,615	\$7,987,199	N/A
SA	\$120,206,548	\$138,112,987	\$35,012,857	\$2,683,450	\$7,302,154	N/A
WA	\$314,484,079	\$339,301,704	\$77,926,041	\$14,277,619	N/A	N/A
Tas	\$48,948,162	\$64,262,893	\$15,440,183	\$2,861,722	N/A	N/A
NT	\$36,283,092	\$32,136,630	\$4,713,579	\$89,871	N/A	N/A
ACT	\$60,129,325	\$51,281,443	\$11,046,702	\$1,492,097	N/A	N/A

⁵ Under Clause A17 of the National Health Reform Agreement, IHPA has determined a list of services (the 'A17 List') which IHPA is satisfied were provided by a particular hospital in 2010. These services are eligible for Commonwealth funding at the local hospital network indicated in the list at **Appendix A** of the National Efficient Price Determination 2022–23.

⁶ Programs as approved by the Pricing Authority for inclusion on the General List of In-Scope Public Hospital Services for 2022–23, including telehealth video consultations delivered by emergency departments.

7.1 High cost, highly specialised therapies

Clauses C11–C12 of the Addendum to the National Health Reform Agreement 2020–25 outlines specific arrangements for new high cost, highly specialised therapies recommended for delivery in public hospitals by the Medical Services Advisory Committee. These arrangements include:

- The Commonwealth will provide a contribution of 50 per cent of the growth in the efficient price or cost (including ancillary services), instead of 45 per cent.
- They will be exempt from the national funding cap for a period of two years from the commencement of service delivery of the new treatment.

In 2022–23, the following high cost, highly specialised therapies are recommended for delivery in public hospitals:

- Kymriah[®] – for the treatment of acute lymphoblastic leukaemia in children and young adults.
- Kymriah[®] or Yescarta[®] – for the treatment of diffuse large B-cell lymphoma, primary mediastinal large B-cell lymphoma and transformed follicular lymphoma.
- Qarziba[®] – for the treatment of high risk neuroblastoma.
- Luxturna[™] – for the treatment of inherited retinal dystrophies.
- Tecartus[®] – for the treatment of relapsed or refractory mantle cell lymphoma.

The actual number of patients treated and associated costs are reconciled by the Administrator of the National Health Funding Pool at the end of each financial year.

The indicative costs for the delivery of these high cost, highly specialised therapies have been determined for 2022–23 on the advice of states and territories. These are detailed in **Table 2**.

Table 2. High cost, highly specialised therapies

State / territory	Amounts
NSW	\$19,146,333
Vic	\$37,039,120
Qld	\$33,881,806
SA	N/A
WA	\$5,339,253
Tas	N/A
NT	N/A
ACT	N/A

8. Back-casting

The following back-casting multipliers are for use by the Administrator of the National Health Funding Pool as the base for calculating the growth in Commonwealth funding under the National Health Reform Agreement (NHRA) between 2021–22 and 2022–23.

These multipliers take account of changes in the methodology used to determine the national efficient cost between years and to account for the addition and removal of block-funded services as required by the NHRA.

The Pricing Authority has determined the back-cast National Efficient Cost Determination for 2021–22, for the purpose of estimating Commonwealth growth funding estimated between 2021–22 and 2022–23, is the sum of the fixed component and the variable component.

The fixed component is determined as:

- \$2.193 million for hospitals with an annual national weighted activity unit 2021–22 (NWAU(21)) less than or equal to 194.
- \$2.193 million less 0.029 per cent per NWAU(21) for hospitals with an annual NWAU(21) greater than 194, with an additional loading of 44.1 per cent for 'very remote' hospitals.

The variable component of the efficient cost is determined as \$5,663 per NWAU(21) for hospitals with an annual NWAU(21) greater than 194.

Table 3. Block-funded back-casting multipliers by state and territory

State / territory	Small rural hospital	Teaching, training and research	Non-admitted mental health (excluding CAMHS)	Non-admitted CAMHS	Non-admitted home ventilation	A17 List	Other public hospital programs
NSW	0.9778	1.0000	1.0000	N/A	1.0000	N/A	N/A
Vic	0.9760	1.0000	1.0000	1.0000	1.0000	1.0000	N/A
Qld	0.9848	1.0000	1.0000	1.0000	1.0000	1.0000	N/A
SA	0.9744	1.0000	1.0000	1.0000	1.0000	1.0000	N/A
WA	0.9850	1.0000	1.0000	1.0000	1.0000	N/A	N/A
Tas	0.9773	1.0000	1.0000	1.0000	1.0000	N/A	N/A
NT	N/A	1.0128	1.0308	1.0000	1.0000	N/A	N/A
ACT	N/A	1.0000	1.0000	1.0000	1.0000	N/A	N/A

8.1 Specific back-casting advice

IHPA will work with the Administrator of the National Health Funding Pool and relevant jurisdictions to determine whether a back-casting approach to any of the block-funded amounts specified in **Table 1** is required. A final decision will be included in the National Efficient Cost Supplementary Determination 2022–23.

Appendix A – Block-funded small rural hospitals

Table 4. Block-funded small rural hospitals in 2022–23

State / territory	Hospital name	Australian Statistical Geography Standard region
NSW	Balranald Multi Purpose Service	Outer Regional
NSW	Baradine Multi Purpose Service	Remote
NSW	Barham Koondrook	Outer Regional
NSW	Barraba Multi Purpose Service	Outer Regional
NSW	Batlow-Adelong Multi Purpose Service	Outer Regional
NSW	Bellinger River	Outer Regional
NSW	Berrigan Multi Purpose Service	Outer Regional
NSW	Bingara Multi Purpose Service	Outer Regional
NSW	Blayney Multi Purpose Service	Inner Regional
NSW	Boggabri Multi Purpose Service	Outer Regional
NSW	Bombala Multi Purpose Service	Outer Regional
NSW	Bonalbo	Outer Regional
NSW	Boorowa Multi Purpose Service	Inner Regional
NSW	Bourke Multi Purpose Service	Remote
NSW	Braidwood Multi Purpose Service	Inner Regional
NSW	Brewarrina Multi Purpose Service	Very Remote
NSW	Bulahdelah - Myall Lakes	Inner Regional
NSW	Campbell Coraki	Inner Regional
NSW	Canowindra	Inner Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
NSW	Cobar	Remote
NSW	Collarenebri Multi Purpose Service	Remote
NSW	Condobolin	Outer Regional
NSW	Coolah Multi Purpose Service	Outer Regional
NSW	Coolamon Multi Purpose Service	Inner Regional
NSW	Coonabarabran	Outer Regional
NSW	Coonamble Multi Purpose Service	Remote
NSW	Cootamundra	Inner Regional
NSW	Corowa Multi Purpose Service	Inner Regional
NSW	Crookwell	Inner Regional
NSW	Culcairn Multi Purpose Service	Inner Regional
NSW	Delegate Multi Purpose Service	Outer Regional
NSW	Denman Multi Purpose Service	Inner Regional
NSW	Dorrigo Multi Purpose Service	Outer Regional
NSW	Dunedoo Multi Purpose Service	Outer Regional
NSW	Dungog	Inner Regional
NSW	Eugowra Multi Purpose Service	Outer Regional
NSW	Finley	Inner Regional
NSW	Gilgandra Multi Purpose Service	Outer Regional
NSW	Glen Innes	Outer Regional
NSW	Gloucester	Inner Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
NSW	Goodooga	Very Remote
NSW	Gower Wilson Multi Purpose Service	Very Remote
NSW	Grenfell Multi Purpose Service	Outer Regional
NSW	Gulargambone Multi Purpose Service	Outer Regional
NSW	Gulgong Multi Purpose Service	Outer Regional
NSW	Gundagai Multi Purpose Service	Inner Regional
NSW	Gunnedah	Outer Regional
NSW	Guyra Multi Purpose Service	Outer Regional
NSW	Hay	Outer Regional
NSW	Henty Multi Purpose Service	Inner Regional
NSW	Hillston Multi Purpose Service	Remote
NSW	Holbrook Multi Purpose Service	Inner Regional
NSW	Ivanhoe Health Service	Very Remote
NSW	Jerilderie Multi Purpose Service	Outer Regional
NSW	Junee Multi Purpose Service	Inner Regional
NSW	Kiama	Inner Regional
NSW	Kyogle Multi Purpose Service	Inner Regional
NSW	Lake Cargelligo Multi Purpose Service	Remote
NSW	Leeton	Outer Regional
NSW	Lightning Ridge Multi Purpose Service	Remote
NSW	Lockhart Multi Purpose Service	Outer Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
NSW	Manilla Multi Purpose Service	Outer Regional
NSW	Menindee Health Service	Very Remote
NSW	Merriwa Multi Purpose Service	Outer Regional
NSW	Milton and Ulladulla	Inner Regional
NSW	Molong	Inner Regional
NSW	Murrumburrah-Harden Multi Purpose Service	Inner Regional
NSW	Murrurundi	Outer Regional
NSW	Narrabri	Outer Regional
NSW	Narrandera	Outer Regional
NSW	Narromine	Outer Regional
NSW	Nimbin Multi Purpose Service	Inner Regional
NSW	Nyngan Multi Purpose Service	Remote
NSW	Oberon Multi Purpose Service	Inner Regional
NSW	Pambula	Outer Regional
NSW	Peak Hill	Outer Regional
NSW	Portland	Inner Regional
NSW	Prince Albert Tenterfield	Outer Regional
NSW	Quirindi	Outer Regional
NSW	Riverlands Drug and Alcohol Centre	Inner Regional
NSW	Rylstone Multi Purpose Service	Outer Regional
NSW	Scott Memorial Scone	Inner Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
NSW	Temora	Outer Regional
NSW	Tibooburra Health Service	Very Remote
NSW	Tingha Multi Purpose Service	Outer Regional
NSW	Tocumwal	Inner Regional
NSW	Tomaree Community	Inner Regional
NSW	Tottenham Multi Purpose Service	Remote
NSW	Trangie Multi Purpose Service	Outer Regional
NSW	Trundle Multi Purpose Service	Outer Regional
NSW	Tullamore Multi Purpose Service	Outer Regional
NSW	Tumbarumba Multi Purpose Service	Outer Regional
NSW	Tumut	Inner Regional
NSW	Urana Multi Purpose Service	Outer Regional
NSW	Urbenville Multi Purpose Service	Outer Regional
NSW	Vegetable Creek Multi Purpose Service	Outer Regional
NSW	Walcha Multi Purpose Service	Outer Regional
NSW	Walgett Multi Purpose Service	Remote
NSW	Warialda Multi Purpose Service	Outer Regional
NSW	Warren Multi Purpose Service	Outer Regional
NSW	Wauchope	Inner Regional
NSW	Wee Waa	Outer Regional
NSW	Wellington	Outer Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
NSW	Wentworth	Outer Regional
NSW	Werris Creek Multi Purpose Service	Inner Regional
NSW	Wilcannia Multi Purpose Service	Very Remote
NSW	Wingham	Inner Regional
NSW	Wyalong	Outer Regional
NSW	Yass	Inner Regional
NSW	Young	Inner Regional
Vic	Alexandra District Hospital	Inner Regional
Vic	Alpine Health (Bright)	Outer Regional
Vic	Alpine Health (Mount Beauty)	Inner Regional
Vic	Alpine Health (Myrtleford)	Inner Regional
Vic	Beaufort and Skipton Health Service (Beaufort)	Inner Regional
Vic	Beaufort and Skipton Health Service (Skipton)	Inner Regional
Vic	Beechworth Health Service	Inner Regional
Vic	Boort District Health	Outer Regional
Vic	Casterton Memorial Hospital	Outer Regional
Vic	Cobram District Hospital	Inner Regional
Vic	Cohuna District Hospital	Outer Regional
Vic	Creswick District Hospital	Inner Regional
Vic	Daylesford District Hospital	Inner Regional
Vic	East Wimmera Health Service (Birchip)	Outer Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
Vic	East Wimmera Health Service (Charlton)	Outer Regional
Vic	East Wimmera Health Service (Donald)	Outer Regional
Vic	East Wimmera Health Service (St Arnaud)	Outer Regional
Vic	East Wimmera Health Service (Wycheproof)	Outer Regional
Vic	Edenhope and District Memorial Hospital	Outer Regional
Vic	Heathcote Health	Inner Regional
Vic	Hesse Rural Health Service (Winchelsea)	Inner Regional
Vic	Heywood Rural Health	Outer Regional
Vic	Inglewood and District Health Service	Inner Regional
Vic	Kerang District Health	Outer Regional
Vic	Kooweerup Regional Health Service	Inner Regional
Vic	Kyneton District Health Service	Inner Regional
Vic	Lorne Community Hospital	Inner Regional
Vic	Maldon Hospital	Inner Regional
Vic	Mallee Track Health and Community Service (Ouyen)	Outer Regional
Vic	Manangatang and District Hospital	Outer Regional
Vic	Mansfield District Hospital	Outer Regional
Vic	Moyne Health Services (Port Fairy)	Inner Regional
Vic	Nathalia District Hospital	Inner Regional
Vic	Numurkah and District Health Service	Inner Regional
Vic	Omeo District Health	Outer Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
Vic	Orbost Regional Health	Outer Regional
Vic	Otway Health (Apollo Bay)	Inner Regional
Vic	Robinvale District Health Services	Outer Regional
Vic	Rochester and Elmore District Health Service	Inner Regional
Vic	Rural Northwest Health (Hopetoun)	Outer Regional
Vic	Rural Northwest Health (Warracknabeal)	Outer Regional
Vic	Sea Lake & District Health Service Inc.	Outer Regional
Vic	Seymour District Memorial Hospital	Inner Regional
Vic	South Gippsland Hospital (Foster)	Inner Regional
Vic	Tallangatta Health Service	Outer Regional
Vic	Terang and Mortlake Health Service (Terang)	Inner Regional
Vic	The Kilmore and District Hospital	Inner Regional
Vic	Timboon and District Healthcare Service	Outer Regional
Vic	Upper Murray Health and Community Services (Corryong)	Outer Regional
Vic	West Wimmera Health Service (Dunmunkle)	Outer Regional
Vic	West Wimmera Health Service (Jeparit)	Outer Regional
Vic	West Wimmera Health Service (Kaniva)	Outer Regional
Vic	West Wimmera Health Service (Nhill)	Outer Regional
Vic	West Wimmera Health Service (Rainbow)	Remote
Vic	Western District Health Service (Coleraine District Health Service)	Outer Regional
Vic	Yarram and District Health Service	Inner Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
Vic	Yarrawonga District Health Service	Inner Regional
Vic	Yea and District Memorial Hospital	Inner Regional
Qld	Alpha Hospital	Very Remote
Qld	Augathella Hospital	Very Remote
Qld	Ayr Hospital	Outer Regional
Qld	Babinda Hospital	Outer Regional
Qld	Bamaga Hospital	Very Remote
Qld	Baralaba Hospital	Outer Regional
Qld	Barcaldine Hospital	Very Remote
Qld	Biggenden Hospital	Outer Regional
Qld	Biloela Hospital	Outer Regional
Qld	Blackall Hospital	Very Remote
Qld	Blackwater Hospital	Outer Regional
Qld	Boonah Hospital	Inner Regional
Qld	Bowen Hospital	Outer Regional
Qld	Charleville Hospital	Very Remote
Qld	Charters Towers Hospital	Outer Regional
Qld	Cherbourg Hospital	Inner Regional
Qld	Childers Hospital	Inner Regional
Qld	Chinchilla Hospital	Outer Regional
Qld	Clermont Hospital	Remote

State / territory	Hospital name	Australian Statistical Geography Standard region
Qld	Cloncurry Hospital	Remote
Qld	Collinsville Hospital	Remote
Qld	Cooktown Hospital	Remote
Qld	Cunnamulla Hospital	Very Remote
Qld	Dirranbandi Hospital	Very Remote
Qld	Doomadgee Hospital	Very Remote
Qld	Dysart Hospital	Outer Regional
Qld	Eidsvold Hospital	Outer Regional
Qld	Esk Hospital	Inner Regional
Qld	Gatton Hospital	Inner Regional
Qld	Gayndah Hospital	Outer Regional
Qld	Gin Gin Hospital	Outer Regional
Qld	Goondiwindi Hospital	Outer Regional
Qld	Gordonvale Hospital	Outer Regional
Qld	Herberton Hospital	Outer Regional
Qld	Home Hill Hospital	Outer Regional
Qld	Hughenden Hospital	Very Remote
Qld	Ingham Hospital	Outer Regional
Qld	Inglewood Hospital	Outer Regional
Qld	Injune Hospital	Remote
Qld	Jandowae Hospital	Outer Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
Qld	Joyce Palmer Health Service	Remote
Qld	Julia Creek Hospital	Very Remote
Qld	Kilcoy Hospital	Inner Regional
Qld	Laidley Hospital	Inner Regional
Qld	Longreach Hospital	Very Remote
Qld	Maleny Hospital	Inner Regional
Qld	Miles Hospital	Outer Regional
Qld	Millmerran Hospital	Inner Regional
Qld	Mitchell Hospital	Very Remote
Qld	Monto Hospital	Outer Regional
Qld	Moranbah Hospital	Outer Regional
Qld	Mornington Island Hospital	Very Remote
Qld	Mossman Hospital	Outer Regional
Qld	Mount Morgan Hospital	Inner Regional
Qld	Moura Hospital	Outer Regional
Qld	Mundubbera Hospital	Outer Regional
Qld	Mungindi Hospital	Remote
Qld	Murgon Hospital	Inner Regional
Qld	Nanango Hospital	Inner Regional
Qld	Normanton Hospital	Very Remote
Qld	Oakey Hospital	Inner Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
Qld	Quilpie Hospital	Very Remote
Qld	Richmond Hospital	Very Remote
Qld	Sarina Hospital	Outer Regional
Qld	Springsure Hospital	Remote
Qld	St George Hospital	Remote
Qld	Stanthorpe Hospital	Outer Regional
Qld	Surat Hospital	Remote
Qld	Tara Hospital	Outer Regional
Qld	Taroom Hospital	Remote
Qld	Texas Hospital	Outer Regional
Qld	Theodore Hospital	Outer Regional
Qld	Tully Hospital	Outer Regional
Qld	Weipa Hospital	Very Remote
Qld	Winton Hospital	Very Remote
Qld	Wondai Hospital	Outer Regional
Qld	Woorabinda Hospital	Remote
SA	Angaston District Hospital	Inner Regional
SA	Balaklava Soldier's Memorial District Hospital	Inner Regional
SA	Baramba Health Service	Outer Regional
SA	Booleroo Centre District Hospital and Health Services	Outer Regional
SA	Bordertown Memorial Hospital	Outer Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
SA	Burra Hospital	Outer Regional
SA	Ceduna District Health Service	Very Remote
SA	Central Yorke Peninsula Hospital (Maitland)	Outer Regional
SA	Clare Hospital	Inner Regional
SA	Cleve District Hospital and Aged Care	Remote
SA	Coober Pedy Hospital and Health Service	Very Remote
SA	Cowell District Hospital and Aged Care	Remote
SA	Crystal Brook and District Hospital	Outer Regional
SA	Cummins and District Memorial Hospital	Remote
SA	Elliston Hospital	Very Remote
SA	Eudunda Hospital	Inner Regional
SA	Gumeracha District Soldiers' Memorial Hospital	Inner Regional
SA	Hawker Memorial Hospital	Outer Regional
SA	Jamestown Hospital and Health Service	Outer Regional
SA	Kangaroo Island Health Service	Remote
SA	Kapunda Hospital	Inner Regional
SA	Karoonda and District Soldiers' Memorial Hospital	Outer Regional
SA	Kimba District Hospital and Aged Care	Remote
SA	Kingston Soldiers' Memorial Hospital	Outer Regional
SA	Lameroo District Health Service	Remote
SA	Laura and District Hospital	Outer Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
SA	Loxton Hospital Complex	Outer Regional
SA	Mannum District Hospital	Inner Regional
SA	Meningie and Districts Memorial Hospital and Health Services	Outer Regional
SA	Millicent and Districts Hospital and Health Service	Outer Regional
SA	Mount Pleasant District Hospital	Inner Regional
SA	Naracoorte Health Service	Outer Regional
SA	Orroroo and District Health Service	Outer Regional
SA	Penola War Memorial Hospital	Outer Regional
SA	Peterborough Soldiers' Memorial Hospital	Outer Regional
SA	Pinnaroo Soldiers' Memorial Hospital	Remote
SA	Port Broughton and District Hospital and Health Service	Outer Regional
SA	Quorn Health Service	Outer Regional
SA	Renmark Paringa District Hospital	Outer Regional
SA	Riverton District Soldiers' Memorial Hospital	Inner Regional
SA	Roxby Downs Health Service	Remote
SA	Snowtown Hospital and Health Service	Outer Regional
SA	Southern Yorke Peninsula Health Service (Yorketown)	Remote
SA	Strathalbyn and District Health Service	Inner Regional
SA	Streaky Bay Hospital	Remote
SA	Tailem Bend District Hospital	Inner Regional
SA	Tanunda War Memorial Hospital	Inner Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
SA	Tumby Bay Hospital and Health Services	Remote
SA	Waikerie Health Service	Outer Regional
SA	Wudinna Hospital	Very Remote
WA	Augusta Hospital	Inner Regional
WA	Beverley Hospital	Outer Regional
WA	Boddington Hospital	Inner Regional
WA	Boyup Brook Soldiers Memorial Hospital	Outer Regional
WA	Bridgetown Hospital	Inner Regional
WA	Bruce Rock Memorial Hospital	Remote
WA	Carnarvon Hospital	Very Remote
WA	Collie Hospital	Inner Regional
WA	Corrigin Hospital	Remote
WA	Dalwallinu Hospital	Remote
WA	Denmark Hospital	Outer Regional
WA	Dongara Multi Purpose Health Centre	Outer Regional
WA	Donnybrook Hospital	Inner Regional
WA	Dumbleyung Memorial Hospital	Remote
WA	Exmouth Hospital	Very Remote
WA	Fitzroy Crossing Hospital	Very Remote
WA	Gnowangerup Hospital	Remote
WA	Goomalling Hospital	Outer Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
WA	Halls Creek Hospital	Very Remote
WA	Harvey Hospital	Inner Regional
WA	Kalbarri Health Centre	Remote
WA	Katanning Hospital	Outer Regional
WA	Kellerberrin Memorial Hospital	Outer Regional
WA	Kojonup Hospital	Outer Regional
WA	Kondinin Hospital	Remote
WA	Kununoppin Hospital	Remote
WA	Lake Grace Hospital	Remote
WA	Laverton Hospital	Very Remote
WA	Leonora Hospital	Very Remote
WA	Margaret River Hospital	Inner Regional
WA	Meekatharra Hospital	Very Remote
WA	Merredin Hospital	Outer Regional
WA	Moora Hospital	Outer Regional
WA	Morawa Hospital	Remote
WA	Mullewa Hospital	Remote
WA	Nannup Hospital	Outer Regional
WA	Narembeen Memorial Hospital	Remote
WA	Narrogin Hospital	Outer Regional
WA	Newman Hospital	Very Remote

State / territory	Hospital name	Australian Statistical Geography Standard region
WA	Norseman Hospital	Very Remote
WA	North Midlands Hospital	Remote
WA	Northampton Hospital	Outer Regional
WA	Onslow Hospital	Very Remote
WA	Paraburdoo Hospital	Very Remote
WA	Pemberton Hospital	Outer Regional
WA	Plantagenet Hospital	Outer Regional
WA	Quairading Hospital	Outer Regional
WA	Ravensthorpe Hospital	Very Remote
WA	Roebourne Hospital	Remote
WA	Southern Cross Hospital	Remote
WA	Tom Price Hospital	Very Remote
WA	Wagin Hospital	Outer Regional
WA	Warren Hospital	Outer Regional
WA	Wongan Hills Hospital	Outer Regional
WA	Wyalkatchem-Koorda and Districts Hospital	Outer Regional
WA	Wyndham Hospital	Very Remote
WA	York Hospital	Inner Regional
Tas	Beaconsfield District Health Service	Outer Regional
Tas	Campbell Town Multi Purpose Centre	Outer Regional
Tas	Deloraine District Hospital	Outer Regional

State / territory	Hospital name	Australian Statistical Geography Standard region
Tas	Esperance Multi Purpose Centre	Outer Regional
Tas	Flinders Island Multi Purpose Centre	Very Remote
Tas	George Town Hospital and Community Centre	Outer Regional
Tas	Huon Eldercare	Outer Regional
Tas	King Island District Hospital and Health Centre	Very Remote
Tas	May Shaw Health Centre	Remote
Tas	Midlands Multi Purpose Health Centre	Outer Regional
Tas	New Norfolk District Hospital	Inner Regional
Tas	North East Soldiers Memorial Hospital and Community Services Centre	Outer Regional
Tas	Smithton District Hospital	Outer Regional
Tas	St Helens District Hospital	Outer Regional
Tas	St Marys Health Centre	Outer Regional
Tas	Tasman Multi Purpose Centre	Outer Regional
Tas	Toosey Aged and Community Care	Inner Regional
Tas	West Coast District Hospital	Remote

Appendix B – Standalone hospitals providing specialist mental health services

Table 5. Standalone hospitals providing specialist mental health services in 2022–23

State / territory	Hospital name	Australian Statistical Geography Standard region
NSW	Coral Tree Family Centre	Major City
NSW	Cumberland Hospital	Major City
NSW	Forensic Hospital	Major City
NSW	Illawarra Mental Health Services	Major City
NSW	James Fletcher - Morisset	Major City
NSW	Kenmore Hospital	Inner Regional
NSW	Macquarie Hospital	Major City
NSW	Nolan House at Albury Base Hospital	Inner Regional
NSW	Orange Base Hospital (mental health wards only)	Inner Regional
NSW	Rivendell Child, Adolescent and Family Unit	Major City
NSW	Wentworth Psychiatric Services	Major City
Qld	Baillie Henderson Hospital	Inner Regional
Qld	Charters Towers Rehabilitation Unit	Outer Regional
Qld	Jacaranda Place - Queensland Adolescent Extended Treatment Centre	Major City
Qld	Kirwan Rehabilitation Unit	Outer Regional
Qld	The Park - Centre For Mental Health	Major City
Tas	Alcohol and Drug Services Detoxification Unit (SMHS)	Inner Regional
Tas	Millbrook Rise (SMHS)	Inner Regional
Tas	Mistral Place (SMHS)	Inner Regional
Tas	Peacock Centre (SMHS)	Inner Regional
Tas	Roy Fagan Centre (SMHS)	Inner Regional
Tas	Tolosa Street (SMHS)	Inner Regional
Tas	Wilfred Lopes Centre (SMHS)	Inner Regional

Appendix C – Standalone major city hospitals providing specialist services

Table 6. Standalone major city hospitals providing specialist services in 2022–23

State / territory	Hospital name	Australian Statistical Geography Standard region
NSW	Karitane	Major City
NSW	RNS - Sydney Dialysis Centre	Major City
NSW	Sydney Dental	Major City
NSW	Tresillian Family Care Centre - Belmore	Major City
NSW	Tresillian Nepean (Kingswood)	Major City
NSW	Westmead Centre for Oral Health	Major City
Qld	Ellen Barron Family Centre	Major City
WA	Central Drug Unit (Next Step)	Major City
ACT	QEII Family Centre	Major City

Appendix D – Other standalone hospitals

Table 7. Other standalone hospitals in 2022–23

State / territory	Hospital name	Australian Statistical Geography Standard region
Qld	Thursday Island Hospital	Very Remote

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