

Appendix 4: Service Related Groups

Introduction

The Service Related Group (SRG) classification is based on Australian Refined Diagnosis Related Group (AR-DRG) aggregations and categorises admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist in planning services, analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services.

The AR-DRG system was not considered appropriate for this purpose as it contains too many classes. Both the Major Diagnostic Categories (MDC) and the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) were also considered unsuitable as they generally relate to body systems rather than services.

An example illustrating the assignment of selected procedures to SRGs is shown below. These examples illustrate the differences between categorising procedures on the basis of ICD-10-AM chapters, MDCs and SRGs.

Procedure	ICD-10-AM chapter	MDC	SRG
Extraction of wisdom teeth	Diseases of the digestive system	MDC 3: Ear, nose and throat	Dentistry
Endoscopic retrograde cholangiopancreatography (ERCP)	Diseases of the digestive system	MDC 6: Digestive system	Gastroenterology
Excision of haemorrhoids	Diseases of the digestive system	MDC 6: Digestive system	Colorectal surgery

For the *Australian hospital statistics* 2001–02 to 2004–05 reports, this analysis used a method based on AR-DRG version 4.2, originally developed by the New South Wales Department of Health and the Australian Government Department of Health and Ageing.

A different methodology was used from *Australian hospital statistics* 2005–06 to the current report (AIHW 2007, 2008, 2009, 2010a), which assigned SRGs based on AR-DRG versions 5.0, 5.1 and 5.2 and was developed by the New South Wales Department of Health (unpublished). For more information on the methodology used to assign SRGs, see Table A4.6 (which accompanies this report online).

SRGs were allocated using the data in the National Hospital Morbidity Database. The method largely involves aggregations of AR-DRG information. However, the assignment of some separations to SRGs is based on other information, such as procedures, diagnoses and care types. Separations with non-acute care are allocated to separate SRG categories according to the type of care, because the main service type of these separations cannot be ascertained from their diagnoses or procedures.

For public hospitals, separations may also have been assigned to certain specialist SRGs depending on whether or not the hospital had a specialist neurosurgery, perinatology (neonatal intensive care unit) or cardiothoracic unit, as appropriate, as reported to the National Public Hospital Establishments Database (see *Chapter 4*). An 'unallocated' SRG is assigned for separations with an *Error DRG* (see *APC_DRGs additional tables* which accompany this report online).

The classification also incorporates non-specialist SRGs, which are used for smaller hospitals that do not have the specialist services or specialist equipment. There are 50 SRGs as presented in *Chapter 4*.

State and territory overview

Tables A4.1 to A4.5 (which accompany this report online) present more detailed SRG information by state and territory.

Table A4.1 contains the number of establishments with more than 50 separations, and the number of establishments with more than 360 patient days in each SRG by state and territory and by remoteness area for public hospitals only. This has been included as an indicative measure of the number of specialty units. The best indicative measure of the number of units varies between SRGs and between uses of the measure. For example, for *Maintenance* (SRG 87), 81 hospitals provided more than 50 separations a year and 259 hospitals provided more than 360 patient days, while for *Gastroenterology* (SRG 15) these measures were 349 and 205 hospitals respectively. *Cardiothoracic surgery* (SRG 42) showed no difference between the two different measures, with 30 units under both measures.

Cardiology (SRG 11) and *Surgery, no definitive subspecialty* (SRG 54) had the greatest number of establishments, with more than 50 separations at 380 hospitals each. *Respiratory medicine* (SRG 24) and *Orthopaedics* (SRG 49) had the greatest number of establishments with more than 360 patient days a year, with 305 and 260 hospitals respectively.

Tables A4.2 and A4.3 contain the number of separations in each SRG category by state and territory for all public and private hospitals respectively. *Renal dialysis* (SRG 23) had the largest number of separations in public hospitals with over 920,000. This was followed by *Obstetrics* (SRG 72) with almost 308,000. In the private sector, *Diagnostic gastrointestinal endoscopy* (SRG 16) recorded the highest number of separations with over 340,000, followed by *Orthopaedics* (SRG 49) with 296,000.

Tables A4.4 and A4.5 summarise the number of patient days in each sector by SRG and state and territory. In the public sector, *Rehabilitation* (SRG 84) recorded the highest number of patient days with 1,530,000, followed by *Acute psychiatry* (SRG 82) with 1,520,000. For private hospitals, *Rehabilitation* (SRG 84) recorded the highest number of patient days with 877,000 days, followed by *Orthopaedics* (SRG 49) with 822,000.