Health
South Eastern Sydney
Local Health District

ADVANCING SURGICAL SERVICES

SESLHD's Surgical, Anaesthetic and Perioperative Services Clinical Services Plan 2018-2021

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EXECUTIVE SUMMARY

More than 56,000 procedures were performed in South Eastern Sydney Local Health District (SESLHD) in 2016/17. This surgical activity included nearly 34,000 elective and more than 23,000 emergency procedures, across five hospitals - Prince of Wales Hospital (POWH), Sydney / Sydney Eye Hospital (SSEH), St George Hospital (SGH), The Sutherland Hospital (TSH) and the Royal Hospital for Women (RHW).

This activity is projected to increase due to population growth and aging, while changing models of care, new technologies and interventions will also impact on the delivery of surgical services.

To address this demand SESLHD's Surgical, Anaesthetic and Perioperative Committee has prepared this Plan identifying some key projects emphasising:

- Improving and enhancing surgical services
- Optimising patient care
- Fostering safety and
- Continuing to focus on equity.

As such the Plan is aligned with SESLHD's *Journey to Excellence Strategy 2018 – 2021*.

The SESLHD Clinical Stream Committee – Surgery Peri operative and Anaesthetic Services will be responsible for the implementation of this Plan in keeping with their role[1] to:

- Support safe and high-quality patient care, including consistency of quality clinical outcomes across the LHD:
- Lead Service Rationalisation projects by coordinating district wide involvement and spreading local innovations
- Improve equity of outcomes, equity of access and quality across the district at an international, best practice level
- Ensure consistent performance across the District
- Lead strategic direction and service planning
- Develop and assist implementation of Models of Care
- Translate research and innovation
- Drive quality and safety
- Coordinate responses to the Pillars
- Coordinate standardisation of relevant policies and guidelines
- Promote standardisation
- Reduce unwarranted clinical variation
- Provide advice and recommendations regarding the best use and resourcing of medical workforce across the district
- Support site based quality and improvement projects
- Improve the quality of care including policy and procedures, clinical pathways and assisting with redesign of services/processes to improve efficiency, efficacy, access and safety.

[1] SESLHD, 2017, Clinical Governance Framework

BACKGROUND

STRATEGIC CONTEXT

SESLHD *Surgical, Perioperative and Anaesthetic Services Clinical Services Plan 2013 - 2018*

The Surgical Plan provided the strategic direction for a five year period. It focused on surgical sub-specialities, activity and capacity as well as models of care.

While the timeframe for the plan was to 2018, projected activity was through to 2021.

It is timely to review what has been achieved across surgical services and identify the next steps.

SESLHD *Roadmap to Excellence 2014 - 2017*

The Roadmap reflected the pursuit of excellence in improving the health of our communities.

The Journey was developed around the Triple Aim framework prioritising:

- Quality of care
- Health of the population
- Value and financial sustainability.

Major gains have been achieved in all three aims (diagram below).

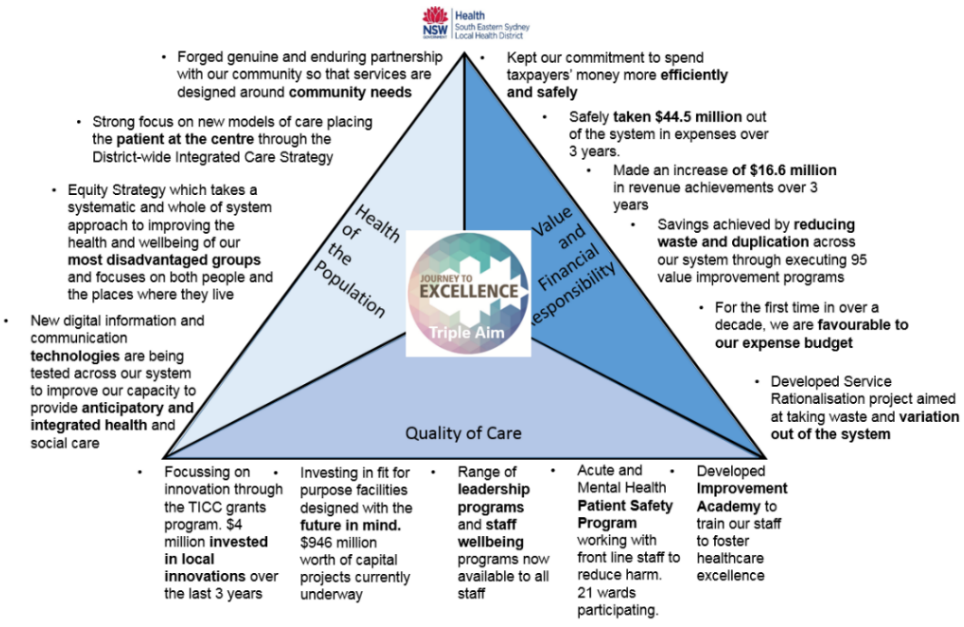
Journey to Excellence 2018 - 2021

After three years of reform and steady improvement on the "road to excellence", SESLHD is beginning a new chapter working to empower communities to optimise their health and wellbeing.

SESLHD knows if we do not fundamentally change the way we do business, we will continue on an unsustainable path of increasing demand for hospital services, hospital beds, community services, with more expenditure delivering inequitable health.

On the next stage of its Journey to Excellence, SESLHD is starting its most ambitious stage of transformation.

SESLHD's Journey to Excellence: Gains 2014 - 2017



SESLHD'S STRATEGY 2018 - 2021

OUR PURPOSE

To enable our community to be healthy and well; and to provide the best possible compassionate care when people need it.

OUR VISION

Exceptional care, healthier lives

ONGOING NEED FOR CHANGE

WHY IT'S IMPORTANT

INCREASING DEMAND FOR SURGICAL SERVICES

Population increases result in more people requiring surgery.

Yet, there remains a shortfall of surgical beds, operating theatres and support services across SESLHD.

CHANGING MODELS OF CARE AND NEW TECHNOLOGIES AND INTERVENTIONS

This growing demand is partially offset by the introduction of new interventions and technology and changing models of care leading to many patients having improved recovery time and shorter length of stay.

Continuous change is inevitable and not always predictable.

TIMELY ACCESS TO SURGERY

Most surgery in SESLHD is planned, meaning patients must be on a waiting list.

Waiting too long for care, either for surgery and /or pre- and post-operative clinics, can result in some patients' health deteriorating and poorer outcomes.

EVIDENCE-LED DECISION MAKING

Internationally, nationally and locally there is a plethora of new and evolving models of care, interventions and technologies.

Filtering 'what works' requires ongoing review using evidence-led decision making.

This approach enables ongoing implementation of quality of surgical services.

MORE PEOPLE WITH MULTI-MORBIDITIES

As people age they are more likely to have multi-morbidities.

Patients requiring surgery who have multiple conditions may require a multifaceted approach to their care – prior to admission, during their hospital stay and post-operatively.

Without this approach their multiple conditions may be unnecessarily exacerbated with a longer hospitalisation and recovery.

DELIVERING BETTER VALUE

Increasingly the health system is pursuing efficiencies to manage within financial constraints.

Continuing to deliver high quality health care in this environment requires an ongoing focus on improving value.

UNWARRANTED CLINICAL VARIATION

Unwarranted clinical variation by definition is 'variation that cannot be explained by the condition or the preference of the patient; it is variation that can only be explained by differences in health system performance.'

It can reduce safety, quality, performance effectiveness and efficiency outcomes.

EQUITY

While SESLHD has some of the healthiest people in NSW, not all residents fare equally well in terms of their health, wellbeing and longevity.

"Where systematic differences in health are judged to be avoidable by reasonable action they are, quite simply, unfair."

Transforming our health services to systematically improve equity will take time.

WHAT WE'VE ACHIEVED

There have been some important changes in surgical services over the past five years.

OPHTHALMOLOGY REVIEW

A Service Rationalisation Project was established to identify and investigate cost variances in ophthalmology surgery across SESLHD with a secondary aim, reviewing efficiencies.

Sites included POWH, SSEH and TSH with the focus on lens surgery due to the high volume across SESLHD.

This review resulted in a number of recommendations being implemented.

At SESLHD Surgical Stream level these included:

- Conducting ABM Portal workshops to assist clinicians interrogate data
- Considering using the SSEH's contract and business rule across SESLHD
- Ensuring private health insurance rebates are recovered
- Engaging with procurement team to establish a SESLHD wide price for prosthesis including negotiating a better price for IOL-t.

At the facility level recommendations included:

- Reviewing models including on-call service, anaesthetic and outpatient ophthalmology clinic
- Comparing facility costing (e.g. clinical staffing, ward costs, etc.)
- Reviewing the apportioning and alignment of costs (e.g. anaesthetics, social work, etc.)
- Ensuring appropriate cost recovery
- Ensuring VMO payments are claimed in the correct year.

VASCULAR REVIEW

Similar to the ophthalmology review, a Service Rationalisation Project reviewed select vascular surgical activity to determine why SESLHD's cost is higher than the state price and review clinical variations.

The foci for the Project were Major Reconstructive Vascular Procedures Angioplasty, Thrombectomy, Embolectomy and vein ligation and stripping performed at the POWH, SGH and TSH.

SESLHD clinicians and local performance managers were engaged to review and verify data.

This review highlighted significant variation in the price of prosthetics, leading to Project Beacon and other recommendations detailed in 'What's underway'.

REVIEW OF TSH EYE OUTPATIENT SERVICE

Completion of the Ophthalmology review. TSH established the Eye Outpatient Clinic.

CLINICAL CODING SHEETS

Participation in clinical coding audits resulted in the development of 'Clinical Coding sheets' to assist clinicians to improve documentation and maximise Activity Based Funding (ABF) funding.

SURGICAL DASHBOARD

Development of the Surgical Dashboard on Qlik by the Surgical Stream and SESLHD's Business Intelligence Efficiency Unit (BIEU).

The Dashboard is a 'one stop shop' which enhances strategic and operational decision-making showing:

- Waitlist Management – current status
- Operating Theatre Management – utilisation
- Surgical data
- Median wait times
- Emergency Surgery Access Performance.

INTERLUMINAL SURGERY HYBRID MODEL AT SGH

Completion of a interluminal surgery hybrid operating model at SGH that enhances the level 1 trauma department, neurosurgery, vascular, cardiothoracic and gynaecology service.

REVIEW OF LOW VOLUME HIGH COMPLEXITY PROCEDURES

SESLHD conducted an audit and review of low volume high complexity surgery (including Oesphagectomies, Pancreatectomies and Gastrectomies), which was developed into an Implementation Plan.

COMPLETION OF SESLHD CLINICAL PATHWAYS / PROCEDURES GUIDELINES PHASE 1

Developed guidelines, templates and process maps for documenting clinical pathways including:

- Clinical Pathway Guideline
- Clinical Pathway Example Templates
- Clinical Pathway Process Map
- Cataract Day Procedure Clinical Pathway
- Cataract Pre-operative Procedure OPD Clinical Pathway
- Cataract 2nd Eye OPD Clinical Pathway
- Cholecystectomy Clinical Pathway
- Elective Hip Replacement Clinical Pathway
- Elective Knee Replacement Clinical Pathway
- Laparoscopic Appendix Clinical Pathway
- Omalizumab Clinical Pathway
- Unilateral Hernia Repair Clinical Pathway
- Vedolizumab Clinical Pathway
- Administration of Urokinase in Specific Clinical areas- Guideline
- Community Catheterisation Guideline
- Fasting Guideline
- Mobilisation Guideline
- Advanced Recovery Orthopaedic Program (AROP) Elective Hip Pathway
- AROP Elective Knee Pathway
- Day Surgery Pathway
- Hand Surgery Pathway
- Mastectomy Pathway
- Rapid Assessment and Prediction Tool (RAPT) – AROP
- Acute Pain Management of Adults in the Post Anaesthetic Care Unit (PACU)- Protocol
- Gastrografin Prescribing Protocol
- Intravenous Opioid Pain Protocol Learning Package
- Observations for Total and Complete Thyroidectomy
- PACU Discharge Criteria.

CLINICAL SAFETY CHECKLISTS

Development of SESLHD Level 1, 2 and 3 clinical safety checklists, and reports on compliance to policy.

FASTER ROLLOUT OF NEW MODELS OF CARE

Established a committee structure that encourages innovation to improve patient care through implementation of evidence based models of care including:

- Enhanced Recovery After Surgery (ERAS) at SGH
- AROP at POWH.

CONSTRUCTION OF SGH'S ACUTE SERVICES BUILDING

Construction and commissioning of SGH's Acute Services Building has been completed. This new building includes additional surgical beds, operating theatres and supporting infrastructure and equipment.

WHAT'S UNDERWAY

Some of the achievements of the past five years have generated more work that is currently being implemented including:

IMPLEMENT RECOMMENDATIONS FROM VASCULAR REVIEW

Following the vascular review a number of key recommendations emerged.

At SESLHD / Stream level these include:

- Investigating intrastate cost differences with Ministry of Health (MoH)
- Ensuring high cost disposables are mapped to the correct cost bucket
- Reviewing procurement practices through standardisation of pricing and supplier negotiations
- Implementing a governance structure and processes for contractual agreements, tenders, cost of prosthetics, introduction of new products, etc.
- Ensuring private health insurance rebates are recovered.

ADOPT A SESLHD-WIDE APPROACH TO STAFF EDUCATION

SESLHD's approach to staff education, policies, procedures and work health and safety ensures consistency.

The Stream's development of online learning packages through My Health Learning (formerly HETI) include:

- Pain Protocol
- OPERA.

ONGOING ROLL-OUT OF SERVICE RATIONALISATION PROJECTS PHASE 2

Using the principles developed in AROP the Stream will continue to roll out other Service Rationalisation Projects.

This entails reviewing select groups to enhance recovery pathways supported by education packages, clinical pathways and guidelines.

Projects include:

- Rollout of AROP across POW and TSH and POW project evaluation
- Review of SESLHD-wide Oral Maxillofacial Surgery
- Expand ERAS principles to all specialities
- Investigate management of diabetic patients having surgery
- Investigate metabolic disorders and bariatric surgery.

COLLABORATIVE CARE ARRANGEMENTS

There is ongoing consideration of the transfer of some surgical services to collaborative care arrangements (where public patients are treated in private hospitals and/or by private providers).

CONTINUATION OF WAITLIST MANAGEMENT PHASE 2

Well-managed waiting lists enable efficient and equitable use of resources and minimise waste, inefficiency and duplication of services.

OPERA, the State's reporting tool for waitlist data (replacing WILCOS), is continuing to be implemented across SESLHD.

The Stream will:

- Complete reconciliation with EDWARD
- Develop a process map for SESLHD
- Prepare user guides and training schedules
- Conduct training in EDWARD and OPERA.

MONITORING CAPACITY

Surgical Capacity meetings will continue to review operating theatre, bed, critical care and support services capacity.

In addition the Stream will use SESLHD's Surgical Dashboard to routinely monitor the key indicators:

- Waiting lists
- Median waiting times
- Operating theatre activity
- Emergency theatre access and
- Surgical admissions.

SURGICAL NETWORKING TO MANAGE WAITING LISTS

SESLHD is managing surgical activity through the transfer of patients between facilities.

This includes establishing a networked waitlist model where 786 patients have had an inter-hospital transfer to reduce their length of time on the waitlist.

EXPANSION OF SESLHD CLINICAL PATHWAYS PHASE 2

Development of guidelines, templates and process maps for documenting clinical pathways by the Stream will include:

- Gastrograffin Guideline
- AROP Anaesthetic Guideline
- Day only Cholecystectomy
- Day only Hernia Repair
- Day only Reflux Surgery
- ERAS Framework
- ERAS - Bowel Resection with Stoma
- ERAS- Bowel Resection without Stoma
- ERAS- Closure of Colostomy
- ERAS- Closure of Ileostomy
- ERAS - Endoluminal Repair of Abdominal Aortic Aneurysm
- ERAS- Femoral Popliteal Bypass Surgery
- ERAS- Gastrectomy
- ERAS- Minimally Invasive Oesphagectomy
- ERAS- Nephrectomy
- ERAS- Open Oesphagectomy
- ERAS – Trans Urethral Resection of the Prostrate (TURP)
- Fractured Hip Pathway
- PACU Discharge Guidelines
- Reviewing Mastectomy / Pathways
- Reviewing Gynaecology Surgical Pathways
- Venous thromboembolism (VTE) assessment tool.

EXPANSION OF THE SURGICAL DASHBOARD

Expansion of SESLHD's Surgical Dashboard: a one stop electronic platform for policies and procedures to include links to:

- Clinical Pathways
- Clinical coding sheets disseminated across SESLHD on the Surgery Sharepoint
- Clinical Excellence Commission (CEC) websites
- Agency for Clinical Innovation (ACI) websites
- MoH website including Surgical KPIs.

MEETING TARGETS

Regular review of Service Level Agreement, then developing plans to ensure targets are met e.g. Hospital Acquired complications, Potentially Preventable Hospitalisations, etc.

CAPITAL PLANNING AT POWH

Detailed capital planning is proceeding at POWH for a major redevelopment including new operating theatres and extra beds with construction due to commence in 2018.

CLINICAL SERVICE PLANNING AT SGH

Clinical service planning is underway for a proposed redevelopment at SGH including High Volume Short Stay Surgery.

INFORMATION SHARING

The Stream will continue to have a key role sharing information including:

- Close collaboration with CEC, ACI, My Health Learning and Bureau of Health Information (BHI)
- Review of policies, procedures and guidelines to ensure safe, high quality services
- Ensure support mechanisms in place to allow adoption of new policies
- Disseminate information
- Assist sites implement new policies, guidelines and procedures
- Collaborate with the sites Hospital Executive, Coders, Performance Units, Finance Units Clinical Councils, Surgical Heads of Departments, and BIEU.

WHAT ELSE WE'LL DO

The landscape of surgical services will continue to be transformed by new surgical techniques, technological changes, innovative models of care, etc. Based on these and other developments, the list of projects below is not necessarily complete. Instead the intent is to outline known projects while leaving sufficient scope to adapt and include others which respond to the inevitable changes in the environment.

IMPROVE & ENHANCE SURGICAL SERVICES

ONGOING SERVICE RATIONALISATION

The Service Rationalisation Project reviews existing clinical services and processes in relation to value, effectiveness and efficiency and facilitates the identification of service development opportunities including new models required to promote effective service provision within SESLHD.

Over the next three years the Stream will work with clinicians across all specialities to review surgical services with the aim to improve service delivery in line with international best practice.

REVIEW THEATRE UTILISATION

ACI's Operating Theatre Efficiency Guidelines provides recommendations on processes that can be employed to enhance operating theatre efficiency while maintaining a high standard of care.

The Stream will continue assisting the hospitals adopt these guidelines.

COMPARISON OF SURGICAL SERVICES

There are numerous data sources which can be used to compare and monitor variation.

Over the life of this Plan the Stream, in partnership with BIEU and hospitals' Performance and Finance Units, will monitor SESLHD's Surgical Dashboard, Activity Management Portal, National Portal, etc. to safely reduce variation and ensure best practice health care.

NEW INTERVENTIONS ASSESSMENT PROCESS (NIAP)

SESLHD is committed to ensuring all new interventions, interventional procedures, technologies and treatments are subject to appropriate review and assessment prior to their introduction into clinical practice.

The Stream will assess NIAP applications for surgical interventions prior to submission to the District Clinical and Quality Council.

ROBOTIC THEATRES

Robotic surgery is minimally invasive surgery involving the use of a computer to control surgical instruments attached to robotic arms enabling precise and delicate procedures with only small incisions.

The Stream will investigate opportunities for robotic theatres.

ROLLOUT OF hTRAK

Implementing bar code scanning of all surgical products at POWH and RHW commenced in 2016/17.

This rollout will save money by automating purchasing and inventory management for operating theatres and procedure rooms.

Over the next three years this system will be rolled out to TSH, SSEH and SGH.

PROJECT BEACON (PROCUREMENT REVIEW)

Project Beacon focuses on two procurement work streams: sourcing and sustainability.

The aim of this project is to deliver sustainable cost savings across SESLHD without compromising clinical and service quality, while supporting the development of procurement capability and capacity.

In 2017/18 procurement sourcing will generate significant savings across three categories:

- Cardiovascular
- Orthopaedics Trauma
- Orthopaedics Reconstructive.

This has potential to expand to other specialities.

METABOLIC DISORDERS / BARIATRIC SURGERY

The increasing incidence and prevalence of obesity and the resulting comorbidities is well known.

The Stream will collaborate to develop an expression of interest investigating metabolic disorders and the role and implications of providing bariatric surgery in SESLHD.

INTRODUCE eMEDS (ELECTRONIC MEDICATION MANAGEMENT)

eMeds is improving the quality, safety and effectiveness of medication management across NSW hospitals.

This will benefit the surgical stream as it includes providing support for staff to prescribe, order, check, reconcile, dispense and record the administration of medicines.

SESLHD will implement eMeds during the life of this Plan.

INTRODUCE EMR (ELECTRONIC MEDICAL RECORD)

eMR is a state-wide, comprehensive electronic medical record.

SESLHD is progressively implementing it to support patient care including an alert for patients at risk of developing VTE.

Currently eMR has been introduced at POWH with it being implemented at SGH, TSH and SSEH in coming years.

OPTIMISE PATIENT CARE

UTILISE SESLHD ERAS FRAMEWORK

ERAS optimises the patient's condition for surgery and recovery. In particular, the aim is to achieve an earlier discharge from hospital for the patient and a more rapid resumption of normal activities after surgery, without an increase in complications or readmissions.

The Stream has established an ERAS framework to assist broadening the adoption of ERAS principles across all specialities.

OSTEOARTHRITIS CHRONIC CARE PROGRAM (OACCP)

The OACCP, an initiative under Leading Better Value Care (LBVC), was developed in response to long waitlists for elective hip and knee replacement surgery, proliferation of those with poorly controlled or assessed comorbidities, and many on the waiting list who would benefit from conservative care options.

The model looks at a coordinated, multidisciplinary approach, utilising conservative care options such as weight reduction, exercise programs, education, pharmacological pain management, rheumatology clinics etc.

The Stream will support implementation of this model.

ADVANCED RECOVERY ORTHOPAEDIC PROGRAM (AROP)

The introduction of AROP is aimed at providing best practice management for patients undergoing elective Hip and Knee Replacement surgery.

It will change the current model of care by improving the recovery pathway based on enhancements in surgical techniques, combined with an evolving understanding of perioperative care and the coordination of multiple individual elements of patient care into an optimized multimodal approach.

The Stream will support the expansion of AROP from POWH to TSH.

EXPAND MULTIDISCIPLINARY HEALTH CARE

Surgery for people with comorbidities has been shown to lead to better outcomes if provided as multidisciplinary care, both between specialties and disciplines, e.g. orthogeriatrics, pre-habilitation, pre –operative assessment for frailty, etc.

The Surgical Stream will continue to work with other Clinical Streams to expand multidisciplinary health care.

OSTEOPOROSIS REFRACTURE PREVENTION (ORP)

Another LBVC project is ORP. The model is designed to provide best practice care of osteoporosis for people over the age of 50 who experience a minimal trauma fracture.

The model of care accelerates the diagnosis and optimal clinical management of osteoporosis in people who are at high risk of sustaining minimal trauma refractures with care that is driven, coordinated and provided by a Refracture Liaison Coordinator.

The Stream will support implementation of this model.

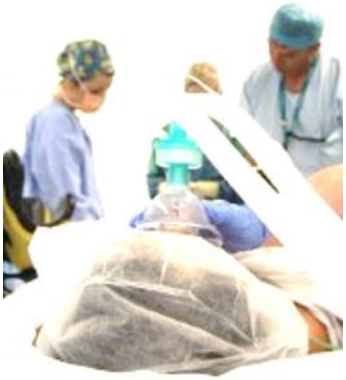
BUILD RELATIONS WITH EXTERNAL PROVIDERS

Ongoing collaboration with NSW MoH, ACI, My Health Learning, CEC, Central & Eastern Sydney PHN and other Local Health Districts is crucial for sharing knowledge, and investigating new initiatives.

RESEARCH

The Stream will review research and publications of various services with a view to providing support.

FOSTER SAFETY



LEADING BETTER VALUE CARE (LBVC)

The LBVC Program seeks to identify and implement opportunities for delivering better value care to the people of NSW within the context of the Institute for Healthcare Improvement's Triple Aim (health of a population, experience of care and the cost per capita).

The Stream will foster ongoing partnerships with other clinical Streams and specialities to support this Program.

PILOT NSQUIP

American College of Surgeon's National Surgical Quality Improvement Program (NSQUIP) is an effective tool to help hospitals measurably improve surgical patient outcomes.

POWH is a pilot site for NSQUIP enabling international comparisons so POWH can develop quality projects to meet best practice.

Funding is provided through to 2018/19.

CONTINUE FOCUS ON EQUITY

RURAL PEOPLE ACCESSING CARE

Rural and regional patients have the right to expect appropriate access to high quality surgical services according to their needs, of a quality comparable to that available in metropolitan areas.

SESLHD has a range of tertiary and quaternary surgical services providing an important role in caring for people from regional, rural and remote NSW.

This care is dependent on providing pathways for escalation of urgent care, de-escalation and back transfer, clinical continuity and supporting regional and rural clinicians in managing patients with chronic / complex illness.

ACCESS OF ABORIGINAL PEOPLE TO SURGICAL SERVICES

Aboriginal and Torres Strait Islander people have higher rates of hospitalisation and higher rates of many diseases but are less likely than non-Aboriginal people to access common surgical procedures (e.g. cataracts and joint replacements) to treat or manage a range of conditions.

The lower procedure rates may be due to a number of factors including recording of Aboriginality.

This means there is an ongoing need for clinicians to confirm identification of Aboriginal people is correct.

INTERPRETER SERVICES

An estimated 19% of SESLHD's surgical patients do not speak English at home.

Therefore interpreter services are essential for communicating effectively with many patients.

In addition the Stream is developing:

- Training videos for junior medical officers
- Online patient information booklet in eight languages for anaesthetic care.

NEXT STEPS

ONGOING REVIEW

The Stream will monitor progress of projects as part of monthly Stream meetings.

As opportunities arise the Stream will showcase projects across SESLHD, NSW, nationally and internationally.

ANNUAL REVIEW

Each year this Plan will be formally reviewed, progress evaluated noting any changes to projects timeframes, scope, etc.

This review will be summarised in a short report and presented to the Stream, Surgical Heads of Department and Hospital's Clinical Council for

- Dissemination to clinicians
- Highlight achievements
- Receive feedback on upcoming projects.

3 YEAR PLAN

Continue to increase engagement with clinical services across the district, leading and supporting on a range of quality and improvement work, such as the Service Rationalisation Projects, service planning initiatives and model of care reviews.

Further expand the relationships with clinical services, integrated care models and facilities which will improve understanding on the type of work the streams can lead and offer support on.

In 2021, the Plan will be reviewed and projects will be identified for inclusion in a new strategic plan.

CONSULTATION

SESLHD Clinical Stream Committee- Surgery Perioperative &Anaesthetics
SESLHD Surgical Heads of Department
SESLHD Anaesthetic Directors
SESLHD Clinical Nurse Consultant and Clinical Nurse Educators Working Group
SESLHD Clinical Advisory Committee
SESLHD Executive Council

ENDORSED

SESLHD Quality & Clinical Council

APPENDIX

SESLHD'S SURGICAL ACTIVITY

SESLHD'S PLANNED SURGICAL INPATIENT ACTIVITY BY HOSPITAL, 2012/13 - 2016/17

Values	Hospital Name	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	Trend	Change
Separations	Prince of Wales Hospital	11,271	11,350	11,402	11,350	11,309		38
	Royal Hospital for Women	2,467	2,732	2,742	2,622	2,662		195
	St George Hospital	9,422	9,652	9,940	9,871	10,724		1,302
	Sutherland Hospital	5,579	5,291	5,626	5,564	5,646		67
	Sydney/Sydney Eye Hospital	8,096	8,285	8,400	8,261	8,750		654
	Total Separations	**36,835**	**37,310**	**38,110**	**37,668**	**39,091**		**2,256**
Bed Days	Prince of Wales Hospital	57,269	55,429	57,526	61,082	57,170		-99
	Royal Hospital for Women	7,793	8,560	9,151	8,332	8,825		1,032
	St George Hospital	61,435	58,406	61,785	61,908	64,359		2,924
	Sutherland Hospital	22,194	19,483	21,557	20,365	22,590		396
	Sydney/Sydney Eye Hospital	12,057	12,916	13,110	12,452	12,897		840
	Total Bed Days	**160,748**	**154,794**	**163,129**	**164,139**	**165,841**		**5,093**
ALOS (Days)	Prince of Wales Hospital	5.1	4.9	5.0	5.4	5.1		0.0
	Royal Hospital for Women	3.2	3.1	3.3	3.2	3.3		0.2
	St George Hospital	6.5	6.1	6.2	6.3	6.0		-0.5
	Sutherland Hospital	4.0	3.7	3.8	3.7	4.0		0.0
	Sydney/Sydney Eye Hospital	1.5	1.6	1.6	1.5	1.5		0.0
	Total ALOS	**4.4**	**4.1**	**4.3**	**4.4**	**4.2**		**-0.20**
NWAU 17	Prince of Wales Hospital	29,728	29,455	30,916	31,855	31,092		1,364
	Royal Hospital for Women	3,630	4,114	4,247	3,846	4,292		662
	St George Hospital	30,983	30,585	31,661	31,834	32,847		1,865
	Sutherland Hospital	10,432	9,654	10,602	10,124	11,066		634
	Sydney/Sydney Eye Hospital	6,019	6,402	6,436	6,359	6,705		686
	Total NWAU 17	**80,792**	**80,210**	**83,862**	**84,018**	**86,004**		**5,212**
Ave NWAU 17	Prince of Wales Hospital	2.64	2.60	2.71	2.81	2.75		0.11
	Royal Hospital for Women	1.47	1.51	1.55	1.47	1.61		0.14
	St George Hospital	3.29	3.17	3.19	3.23	3.06		-0.23
	Sutherland Hospital	1.87	1.82	1.88	1.82	1.96		0.09
	Sydney/Sydney Eye Hospital	0.74	0.77	0.77	0.77	0.77		0.02
	Total Ave NWAU 17	**2.19**	**2.15**	**2.20**	**2.23**	**2.20**		**0.01**
PEM 17	Prince of Wales Hospital	31,717	31,485	33,286	34,149	33,686		1,969
	Royal Hospital for Women	4,017	4,557	4,696	4,231	4,734		717
	St George Hospital	33,489	32,946	34,188	34,323	35,507		2,018
	Sutherland Hospital	11,788	10,813	11,889	11,355	12,416		628
	Sydney/Sydney Eye Hospital	6,794	7,267	7,239	7,051	7,470		675
	Total PEM (NWAU 17)	**87,805**	**87,068**	**91,298**	**91,108**	**93,812**		**6,007**
Av PEM 17	Prince of Wales Hospital	2.81	2.77	2.92	3.01	2.98		0.16
	Royal Hospital for Women	1.63	1.67	1.71	1.61	1.78		0.15
	St George Hospital	3.55	3.41	3.44	3.48	3.31		-0.24
	Sutherland Hospital	2.11	2.04	2.11	2.04	2.20		0.09
	Sydney/Sydney Eye Hospital	0.84	0.88	0.86	0.85	0.85		0.01
	Total Ave PEM (NWAU 17)	**2.38**	**2.33**	**2.40**	**2.42**	**2.40**		**0.02**

Based on ABF Service Type Code of Acute Planned Surgery, Acute Other Surgery, Acute Procedural

PEM is Public Equivalent Model, it is a National Weighted Activity Units (NWAU) without the application of private patient status discounts

Note: The number of separations do not equal the number of procedures identified in the this Plan as the number of procedures includes those performed on non-admitted patients plus some inpatients have multiple operations

SESLHD'S PLANNED SURGICAL INPATIENT SEPARATIONS BY SERVICE RELATED GROUP, 2016/17

Values	SRG V4 Code and Name	POW	RHW	SGH	TSH	SSEH	Total
Separations	11 Cardiology	26		41	25	2	94
	12 Interventional Cardiology	1,432		816	559	1	2,808
	15 Gastroenterology	317	2	542	323	40	1,224
	16 Diagnostic GI Endoscopy	698	1	566	360	70	1,695
	17 Haematology	28		51	1		80
	18 Immunology and Infections	3		5			8
	21 Neurology	63		25	8		96
	22 Renal Medicine	23		20	2		45
	24 Respiratory Medicine	210		397	145	12	764
	26 Pain Management	17		8			25
	27 Non Subspecialty Medicine	3		13	4		20
	41 Breast Surgery	104	105	278	17		504
	42 Cardiothoracic Surgery	478	1	369	13		861
	43 Colorectal Surgery	419	9	680	218	9	1,335
	44 Upper GIT Surgery	418	8	535	236		1,197
	46 Neurosurgery	734		341	8	23	1,106
	47 Dentistry	49		34	10		93
	48 ENT & Head and Neck	366		267	272	165	1,070
	49 Orthopaedics	2,364	2	1,101	1,357	2,122	6,946
	50 Ophthalmology	221		11	245	5,600	6,077
	51 Plastic and Reconstructive Surgery	779	9	453	110	358	1,709
	52 Urology	967	8	1,328	568		2,871
	53 Vascular Surgery	389	6	392	119	13	919
	54 Non Subspecialty Surgery	992	60	1,217	662	326	3,257
	61 Transplantation	50					50
	62 Extensive Burns	1		1			2
	63 Tracheostomy	94		171	55		320
	71 Gynaecology	13	2,330	991	309		3,643
	72 Obstetrics		4	2	1		7
	73 Qualified Neonate			5	2		7
	75 Perinatology		115				115
	82 Psychiatry - Acute			5			5
	99 Unallocated	51	2	59	17	9	138
	Total Separations	**11,309**	**2,662**	**10,724**	**5,646**	**8,750**	**39,091**

Based on ABF Service Type Code of Acute Planned Surgery, Acute Other Surgery, Acute Procedural

SESLHD'S PLANNED SURGICAL INPATIENT BED DAYS BY SERVICE RELATED GROUP, 2016/17

Values	SRG V4 Code and Name	POW	RHW	SGH	TSH	SSEH	Total
Bed Days	11 Cardiology	353		457	273	12	1,095
	12 Interventional Cardiology	5,852		3,592	1,663	12	11,119
	15 Gastroenterology	1,736	10	2,643	1,750	76	6,215
	16 Diagnostic GI Endoscopy	1,182	2	1,499	891	89	3,663
	17 Haematology	371		851	7		1,229
	18 Immunology and Infections	27		53			80
	21 Neurology	424		294	46		764
	22 Renal Medicine	260		165	63		488
	24 Respiratory Medicine	1,481		2,992	1,317	60	5,850
	26 Pain Management	74		8			82
	27 Non Subspecialty Medicine	13		94	43		150
	41 Breast Surgery	137	278	421	21		857
	42 Cardiothoracic Surgery	6,037	8	3,974	57		10,076
	43 Colorectal Surgery	2,963	116	6,811	1,206	9	11,105
	44 Upper GIT Surgery	3,326	42	3,803	957		8,128
	46 Neurosurgery	5,598		3,415	49	24	9,086
	47 Dentistry	69		46	12		127
	48 ENT & Head and Neck	709		536	303	167	1,715
	49 Orthopaedics	11,122	6	9,866	7,137	2,682	30,813
	50 Ophthalmology	283		13	275	8,456	9,027
	51 Plastic and Reconstructive Surgery	2,135	52	1,685	209	695	4,776
	52 Urology	2,132	16	2,522	1,089		5,759
	53 Vascular Surgery	2,394	12	2,689	805	45	5,945
	54 Non Subspecialty Surgery	4,451	224	6,504	1,726	553	13,458
	61 Transplantation	722					722
	62 Extensive Burns	12		9			21
	63 Tracheostomy	2,747		6,198	1,901		10,846
	71 Gynaecology	42	4,630	1,977	493		7,142
	72 Obstetrics		14	9	3		26
	73 Qualified Neonate			127	8		135
	75 Perinatology		3,410				3,410
	82 Psychiatry - Acute			5			5
	99 Unallocated	518	5	1,101	286	17	1,927
	Total Bed Days	**57,170**	**8,825**	**64,359**	**22,590**	**12,897**	**165,841**