

Cardiovascular Clinical Stream Service Development Priorities 2014 - 2018

Leading care, healthier communities



Health

South Western Sydney
Local Health District

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Foreword by Clinical Director

The SWSLHD Cardiovascular Stream incorporates a broad range of clinical services including cardiology, cardiac diagnostics, cardiac interventions, cardiac rehabilitation and ambulatory services, cardiothoracic surgery, renal medicine, dialysis services, renal intervention, vascular surgery and vascular diagnostics.

The demand for cardiovascular services in SWSLHD is projected to increase significantly in the next few years due to population growth particularly amongst recent migrants, ageing, increased incidence of diabetes and lower socioeconomic status. The demand for interventional cardiac services is projected to increase by over 40% and renal dialysis by over 50% leading up to 2021/22.

Plans are well underway in expanding interventional cardiac services currently provided at Liverpool Hospital to Campbelltown Hospital with the development of two interventional suites to be commissioned in 2015/16 and to Bankstown Hospital with recent approval to develop an interventional suite. This will significantly increase the capacity for these services in the LHD and bring it closer to the people. This expansion will also provide opportunity to develop a structural heart program at Liverpool Hospital and expand peripheral endovascular services. The demand for cardiothoracic surgery is also projected to increase significantly and will continue to be provided at Liverpool Hospital. The stream would endeavor to develop an integrated high quality interventional cardiovascular service across the LHD.

The renal hub and spoke model of care was recently reviewed by the Stream and will be strengthened to meet the significant projected increased demand for end stage renal therapies in the coming years. Improving the efficiency of the currently funded dialysis chairs by introducing a night time dialysis shift, funding more dialysis chairs and increasing home dialysis will all form part of the strategy in meeting this demand.

Research and teaching will continue to be a focus of the Stream. There has been strong research output from the various departments of the Stream and this will continue to be enhanced by further collaboration with UNSW, UWS and other research entities.

A/Prof Rohan Rajaratnam
Clinical Director, Cardiovascular Stream

Introduction

The health services provided by South Western Sydney Local Health District (SWSLHD) are organized both vertically within an area of geography (hospitals and health centres serving defined population catchments) and horizontally across a service or process (clinical streams). Financial, workforce, activity and performance management is vertically integrated at the facility level. Clinical streams primarily focus on:

- Clinical services planning and the development of clinical networks
- Identifying service gaps and reviewing the appropriateness and configuration of services
- Innovation, research and best practice in models of care
- Maintaining and improving patient access to care
- Flexibility and robustness of clinical systems to respond quickly to changing environments
- Improving consistency and quality of care, safety and clinical governance
- Workforce planning, ensuring the right clinical teams in the right place at the right time
- Strengthening partnerships between facilities within a clinical specialty and between clinical services within a facility

Three strategic planning documents guide the future directions of SWSLHD:

- Strategic and Healthcare Services Plan- *Strategic Priorities in Health Care Delivery to 2021*
- Corporate Plan 2013 – 2017 *Directions to Better Health*
- Summary of Strategic Directions

Together these Plans form the basis of aligning all SWSLHD services to achieving the Vision of **Leading Care, Healthier Communities**. SWSLHD facilities have prepared Operational Plans which outline local corporate strategies and actions. This includes the clinical streams with facility management responsibilities i.e. Mental Health, Oral Health, Community Health, Population Health and Drug Health. These Operational Plans outline how SWSLHD strategic and corporate priorities will be achieved within local vertically integrated facilities.

For those Clinical Streams that have not prepared an Operational Plan a high level *Service Development Priorities* plan outlines the priority actions that will be pursued horizontally in areas of Stream responsibility, to assist in achieving SWSLHD service development and corporate strategies. It outlines high priority actions for the Stream in the eight *Priority Strategic Directions in Service Development* from the Strategic & Healthcare Services Plan and for other core areas of Stream focus from the Corporate Plan i.e. providing high quality health services, community partnerships, developing our staff, supporting business and efficiency and sustainability.

The Strategic and Healthcare Services Plan outlined for each Clinical Stream in the timeframe to 2021, models of care for the future, service development directions and partners in service development. These are included at Attachment A, providing the framework for development of these Service Development Priorities.

Vision, mission, values and primary purpose

The cardiovascular Clinical Stream is committed to achieving the **SWSLHD Vision** of

Leading care, healthier communities

It is also committed to the **SWSLHD Mission** which is to promote the health of the residents of the District and patients using our health services through the delivery of high quality healthcare.

We do this by providing health services that are population based, patient-centred and involve families and carers.

We use evidence to inform health practices; and consult, communicate, engage and collaborate with patients, local communities, agencies and care providers to improve the way we plan and provide health care services and programs.

We strive to deliver services that are respectful of personal dignity and autonomy; and sensitive to the needs of people from different cultures.

We emphasise learning and reflection and are committed to continuous quality improvement and innovation in delivering efficient and sustainable health care.

Our culture enables excellence and accountability, values our people and supports positive leadership and teamwork.

Staff in the Clinical Stream uphold the **core values** of

Collaboration

Openness

Respect

Empowerment

The Cardiovascular Clinical Stream focuses on providing high quality of care for patients who require elective or emergency consultation or treatment in the cardiovascular services. This will be timely, safe and in keeping with best practise.

Services provided by the Cardiovascular Clinical Stream

The Cardiovascular Stream covers the specialities of cardiology, cardiothoracic surgery, vascular surgery and renal medicine. The five acute hospitals of the district have coronary care units (or high dependency units) and non invasive diagnostic services. Interventional cardiac services are provided at Liverpool Hospital with plans well underway to expand these services to Campbelltown and Bankstown Hospitals. Cardiothoracic surgery is provided at Liverpool Hospital.

District wide vascular service provides both open and endovascular procedures at Liverpool and Bankstown Hospitals with plans to expand to Campbelltown Hospital.

Satellite dialysis units exist in Bankstown, Fairfield, Liverpool and Campbelltown Hospitals with an in centre dialysis unit at Liverpool Hospital for the acutely unwell patient. There is also an efficient home dialysis program.

Service Summary Table

Specialty or Service	Service Type	Facility or Setting								
		Bankstown	Braeside	Bowral	C'town	Camden	Fairfield	Liverpool	CHC	Other (list)
Cardiology	CCU –Acute	√		√	√		√	√		
	Sub- Acute beds	√			√			√		
	Cardiac Diagnostic Services	√		√	√		√	√		
	Holter monitoring	√			√		√	√		
	Stress Testing	√		√	√		√	√		
	TTE	√		√	√		√	√		
	TOE	√			√			√		
	Coronary Angio							√		
	Coronary Stenting							√		
	Electrophysiology Studies- Diagnostics							√		
	Ablations							√		
	Devise Implantation- defib							√		
	Pacemaker							√		
	Cardiac Ambulatory Service	√		√	√		√	√		
Vascular	Pre admission							√		
	In pt Unit							√		
	Diagnostic Service							√		
	In patient Unit	√			√		√	√		
	Endovascular Interventions	√						√		
	Open procedures	√						√		
	Theatre Sessions	√					√	√		
Cardiothoracic	Cardiac Surgery							√		
	Thoracic Surgery							√		
	Speciality ICU bed							√		
	Pre admission							√		
	Cardiac OT							√		
	Thoracic OT							√		

Cardiovascular Clinical Stream Service Development Statement 2014 - 2018

Specialty or Service	Service Type	Facility or Setting									
		Bankstown	Braeside	Bowral	C'town	Camden	Fairfield	Liverpool	CHC	Other (list)	
		In pt unit								√	
Renal	In patient Specific Unit								√		
	Renal Home Therapies								√		
	Pre dialysis	√			√				√		
	Community Dialysis	√			√		√		√		
	In-centre Dialysis								√		
	Pre + Post Transplant								√		
	Interventional Service								√		
	Renal Clinics	√			√		√		√		

Demographic and health profile of SWSLHD communities

Comprehensive demographic and health status profiles of SWSLHD communities are available at <http://www.swslhd.nsw.gov.au/planning/>. The population of SWSLHD is expected to grow significantly over the period covered by the *Service Development Priorities* plan, with Attachment B outlining the projected population by LGA and age category in 2011, 2016 and 2021.

Aspects of the demographic and health status profile and projected growth of SWSLHD communities of particular importance for the Cardiovascular Clinical Stream include:

- A 55% increase in the year 2011-2021 of people aged 70+ years across the LHD which will have a significant impact on all cardiovascular service demands
- SWS LHD has higher incidence of smoking, obesity and diabetes leading to increased incidence of cardiovascular diseases and demand for services

With population growth, demands on the clinical stream are expected to grow significantly. This will include demands for the provision of care as hospital inpatients, outpatients and care provided in the community. Attachment C illustrates the projected growth in demand for inpatient care at SWSLHD hospitals by Service Related Group, a combination of DRGs that align with clinical specialties. Aspects of projected demand of particular importance for the Clinical Stream include:

- 51% increase in demand for renal dialysis from 2010/11 to 2021/22
- 42% increase in demand for interventional cardiology services over the same time period
- Significant increase in inpatient activity for cardiology and renal medicine
- Significant increase in demand for cardiothoracic surgery and vascular surgery

Delivering on priority strategic directions in service development

The SWSLHD Strategic and Healthcare Services Plan- *Strategic Priorities in Health Care Delivery to 2021* identified eight priority strategic directions to underpin service development, enhancing the way health care is delivered and organizations partner for better health in local communities. The following identifies priority areas where the Clinical Stream will contribute to delivering on the eight strategic directions.

Build capacity to effectively service growing demands for health care

- Establish interventional cardiovascular suites at Campbelltown and Bankstown Hospitals and ensure high quality outcomes in service delivery
- Build a networked integrated model of care for vascular services across the District
- Increase the capacity of cardiothoracic surgery at Liverpool Hospital to improve access and timely care
- Develop cardiovascular ICU pod to ensure good outcome
- Increase capacity for both inpatient and satellite dialysis and further enhance home dialysis

Redesign of services bringing them closer to people and their communities

- Commence interventional cardiovascular services at Campbelltown and Bankstown Hospitals.
- Increase heart failure services across the District to ensure people have access to specialised services within the community
- Introduction of a heart failure service at Miller community centre and expand to Thurawal Aboriginal Medical services
- Review model of care for cardiac rehabilitation services to ensure that it is meeting the community needs
- Increase home dialysis and explore commencing satellite dialysis with Primary Health Networks

Integrated action with primary care providers and regional primary health organisations

- Collaborate with rural services to ensure timely care for patients requiring emergency cardiovascular intervention
- Engage GPs and Primary Health Networks in primary and secondary prevention strategies
- Engage primary care providers in the chronic and complex outpatient heart failure program
- Collaborate with GPs and engage with the community to support and increase home dialysis and peritoneal dialysis services

Partnering with external providers to deliver public health care

- Development of an early discharge process to support patients in their home in collaboration with GPs and Community services
- Maintain and strengthen professional links with various professional bodies of the specialities represented within the stream
- Engage with Universities and research organisations to assist, participate and develop research in all facilities across the cardiovascular stream
- Engage with MoH to explore private/public funding models

Enhancing service networks and growing centres of excellence

- Establish high quality, integrated interventional cardiovascular services across the LHD
- Commence structural interventional heart program at Liverpool Hospital
- Establish a District Vascular service with enhancement of services at Bankstown and Campbelltown Hospitals
- Ensure timely access for cardiothoracic patients by increasing capacity, commissioning of a cardiothoracic ICU pod and implementation of reverse triage across the District
- Grow current renal hub-and-spoke model to ensure ease of patient flow and access to specialised services across the District

Shared access to unified information for all the health care team

- Develop and implement new Cerner Cardiology eMR across SWSLHD
- Implement renal eMR in all inpatient and outpatient settings
- Strengthened ABF reporting of all clinic services and review current billing procedures

An integrated focus on primary prevention for patients and communities

- Improved links with GPs and community groups to identify high risk groups for education and implementation of effective primary prevention strategies
- Enhance community based services for heart failure and vascular services
- Review nursing and allied health services to focus on risk mitigation of those at risk of renal failure

Embedding education and research within service delivery

- Further enhance undergraduate and postgraduate teaching across the stream specialities at all facilities
- Improve research links with the Ingham Institute, UNSW, UWS and other research entities for all stream specialities
- Creation of a Chair in Cardiovascular Medicine.

Working with facilities on corporate enabling strategies

The SWSLHD Corporate Plan 2013 – 2017 *Directions to Better Health* identified eight areas of corporate action where organizational values and vision can be included in the day to day operation of health services. The corporate areas of action are underpinned by the eight priority strategic directions identified in the SWSLHD Strategic and Healthcare Services Plan. Implementation of the corporate actions is primarily the responsibility of facilities and the way this will be achieved is outlined in each facility's Operational Plan.

Clinical streams will work with facilities on corporate actions which have close alignment to the areas of focus of the Streams. The earlier identification of priority areas where the Clinical Stream will contribute to delivering on the eight strategic directions also identifies the Stream's contribution to three corporate action areas – seamless networks; research and innovation; and enhancing assets and resources. Clinical Streams will also contribute to delivering on the remaining five corporate areas of action – providing high quality health services; community partnerships; developing our staff; supporting business; and efficiency and sustainability. The following identifies priority areas where the Clinical Stream will contribute to delivering on these five areas of corporate action.

Providing high quality health services

- Ensure that the cardiovascular Interventional suites are fully operational at Campbelltown and Bankstown Hospitals and build an integrated high quality interventional service across the LHD
- Develop a structural heart program at Liverpool Hospital
- Ready access to high quality cardiothoracic surgical services at Liverpool Hospital
- Increase access to vascular surgery at Liverpool, Bankstown and Campbelltown Hospitals
- Increase renal dialysis capacity across all facilities and enhance home dialysis

Community partnerships

- Cardiovascular website development for community information
- Increase aboriginal liaison heart failure position to Tharawal Medical Centre
- Engage community groups at high risk of cardiovascular diseases for risk mitigation
- Engage community in local media events for awareness such as Kidney week and Heart week

Seamless Networks

- Maintain the hub-and-spoke model for renal service across the District
- Work with NSW ambulance service on the State Cardiac Reperfusion strategy
- Link with local GP services and community health to ensure safe transition of care for patients with chronic cardiovascular diseases

Developing our staff

- Provide cross credentialing of interventional cardiovascular medical staff across Liverpool, Campbelltown and Bankstown Hospitals
- Develop opportunities for further training and research
- Review nursing education for interventional cardiology, renal and vascular services to ensure competence
- Promote career opportunities locally

Supporting business

- Develop and implement Powerchart Cardiology eMR across all facilities in SWSLHD
- Implement and continue to develop renal eMR

Efficiency and sustainability

- Enhance understanding and documentation of data related to Activity based funding (ABF) models
- Outline and minimise risk when commissioning Campbelltown and Bankstown interventional suites
- Increase dialysis capacity within the existing resources and facilitate home dialysis
- Private/public partnership funding models

Attachment A Models of care, service development directions and partners

Increasingly Cardiovascular Services will develop in a hub and spoke model, which is already well-developed for both Renal and Cardiology services. In both Cardiothoracic and Vascular services, this will be facilitated by the funded and further proposed enhancements at Campbelltown Hospital and the proposed development of Interventional Endovascular (cardiology/vascular) units at Bankstown and Campbelltown hospitals. To support this model there will increasingly be LHD-wide and cross hospital appointments of medical, sonographer, allied health and nursing positions. Within this hub and spoke framework emerging models of care will be explored including:

- The development of public-private partnerships, for Cardiology/Endovascular Interventional units and potentially Diagnostic Services within the Cardiology and Vascular Service
- Emerging technologies in surgical practice widening the scope of interventions, increasing the demand for overnight beds across all clinical services within the Stream
- Continuing focus within the renal service on optimising home training and self-management within the home environment where safe and practicable, with an outreach service for renal patients to support them through home therapy modalities
- Development of early discharge processes within relevant services to support patients at home, including allied health
- Disease prevention and disease management services that are easily accessible for patients under a risk management stratification
- Improved links with the SW Medicare Local to facilitate care management plans that are integrated and patient centred
- Enhanced community based services to facilitate integrated care across care settings
- Enhancement to cardiology services through development of a Cardiology on call roster for Bowral and Fairfield hospitals
- Improved access to rehabilitation and palliative care services to optimise patient outcomes

Service Development Directions

Immediate priorities for service development within Cardiovascular Services include:

- The commissioning of cardiac step-down beds at Liverpool Hospital
- Ensuring adequate resources for thoracic and cardiac surgery across the District, including cardiothoracic theatre sessions at Liverpool Hospital
- Establishing a Cardiology roster for the HDU at Fairfield Hospital
- Increase access to Vascular Surgical theatre list at Liverpool and Bankstown hospitals
- Increased access to ICU/HDU beds at Liverpool hospital for cardiothoracic and vascular surgery patients commensurate with increased theatre sessions
- Continuing refurbishment of renal dialysis units and staged implementation of dialysis chair enhancements consistent with high demand growth

In the medium term priorities for service development within Cardiovascular Services include:

- Ensuring Cardiology/Endovascular Interventional Suites are fully resourced and operational at Campbelltown and Bankstown
- Ensure the development of a comprehensive vascular surgery service at Campbelltown Hospital

- Establishment of a Cardiology roster for the HDU at Bowral
- Increasing the bed base across the Cardiovascular Stream to meet demand from population growth and ageing
- Continuing staged implementation of dialysis chair enhancements consistent with high demand growth
- Establishing after-hours dedicated medical cover at Liverpool Hospital
- The development of PPP arrangements for Cardiology/Endovascular Interventional Suites
- Development of a Centre of Excellence for Cardiology and Renal Services, which would include an Academic Chair in Cardiology
- Improved community based services to improve disease management that is community focussed and patient centred to assist with hospital avoidance, including allied health
- Post-discharge support services readily accessible from patient residences and linked to specialist advice from the acute sector, to support patients at home and prevent readmission
- Enhance the Interventional component of the renal service,
- Enhanced education focus through increased learning modules and supporting the implementation of patient education services for primary and tertiary prevention
- Development of an Asset register and management plan. This should include not only equipment but also a database for service contracts and tender renewals with access to the relevant personnel
- Improved access to anaesthetic support for non- theatre sessions within each clinical group

Partners in Service Development

To implement this model of care and service developments Cardiovascular Services will work with a range of core partners including:

- Collaboration with ACI / CEC to increase the awareness of current initiatives
- Increased involvement & participation with national and international professional bodies with conference planning, patient education, and accreditation
- Improved links to community partners to ensure enhancement of services to support disease prevention and disease management concepts
- NSW Ambulance Service on the State Cardiac Reperfusion Strategy (SCRS)
- Increased involvement and participation with professional and research institutions
- Increased involvement with consumers and patient participation in the development of education material, care planning, and community outreach.
- Measuring patient satisfaction
- Ambulatory Services in terms of Medical governance
- Cardiac ambulatory services to broaden the scope of services to incorporate other clinical specialties such as vascular paths as well.
- SWS Medicare Local – improving GP access to management plans, supporting seamless care across the continuum

Attachment B Projected population of SWSLHD communities 2016 and 2021

Population projections	SWSLHD			Bankstown		
	2011	2016	2021	2011	2016	2021
0 - 4 yrs	63,172	73,317	80,383	14,291	15,979	16,546
5 - 14 yrs	125,198	133,606	149,714	26,276	27,861	30,526
15 - 44 yrs	371,889	400,104	428,701	79,512	81,425	84,949
45 - 69 yrs	246,607	274,788	298,218	51,713	55,762	59,348
70 - 84 yrs	57,062	68,380	87,866	15,071	15,663	18,409
85+ yrs	11,835	15,942	19,065	3,988	4,834	4,971
All ages	875,763	966,137	1,063,947	190,851	201,523	214,749

Population projections	Camden			Campbelltown		
	2011	2016	2021	2011	2016	2021
0 - 4 yrs	4,678	6,110	8,585	11,118	13,499	15,095
5 - 14 yrs	9,326	12,974	15,932	21,558	22,983	26,739
15 - 44 yrs	25,499	38,139	47,235	65,809	71,687	77,402
45 - 69 yrs	15,115	21,298	27,282	44,008	47,798	50,674
70 - 84 yrs	3,045	4,685	7,030	7,307	10,037	14,549
85+ yrs	776	1,204	1,614	1,373	1,830	2,310
All ages	58,439	84,409	107,680	151,173	167,834	186,768

Population projections	Fairfield			Liverpool		
	2011	2016	2021	2011	2016	2021
0 - 4 yrs	12,736	14,680	15,085	14,407	17,017	18,882
5 - 14 yrs	26,337	26,318	28,653	28,611	30,359	34,330
15 - 44 yrs	84,114	84,237	86,146	84,603	92,302	100,482
45 - 69 yrs	56,978	61,545	64,396	49,085	56,654	63,815
70 - 84 yrs	13,826	15,627	19,228	9,809	12,367	16,091
85+ yrs	2,488	3,527	4,367	1,573	2,512	3,353
All ages	196,479	205,933	217,875	188,088	211,212	236,953

Population projections	Wingecarribee			Wollondilly		
	2011	2016	2021	2011	2016	2021
0 - 4 yrs	2,696	2,482	2,510	3,246	3,551	3,680
5 - 14 yrs	6,171	5,997	5,864	6,919	7,114	7,669
15 - 44 yrs	14,361	14,211	13,966	17,991	18,103	18,522
45 - 69 yrs	16,229	16,928	16,997	13,479	14,803	15,706
70 - 84 yrs	5,490	6,690	8,123	2,514	3,311	4,436
85+ yrs	1,179	1,433	1,675	458	603	776
All ages	46,126	47,741	49,134	44,607	47,485	50,789

Source: NSW Department Planning and Infrastructure, New South Wales State and Local Government Area Population Projections: 2014 Final

Attachment C Growth in demand for inpatient care at SWSLHD hospitals to 2016 and 2021**Projected separations of SWSLHD residents at all hospitals by Service Related Group**

Service Related Group	2010-11	2016-17	% Δ to 10-11	2021-22	% Δ to 10-11
Acute Care					
11 Cardiology	10,655	11,897	11.66%	13,769	29.23%
12 Interventional Cardiology	4,346	5,219	20.09%	6,176	42.11%
13 Dermatology	783	820	4.70%	915	16.89%
14 Endocrinology	1,154	1,376	19.27%	1,586	37.43%
15 Gastroenterology	18,573	21,836	17.57%	25,079	35.03%
16 Diagnostic GI Endoscopy	14,184	16,345	15.24%	19,089	34.58%
17 Haematology	1,645	1,958	19.02%	2,199	33.66%
18 Immunology and Infections	2,067	2,252	8.96%	2,537	22.73%
19 Oncology	1,573	2,155	37.02%	2,565	63.04%
20 Chemotherapy	2,396	3,200	33.55%	4,021	67.80%
21 Neurology	6,695	7,536	12.57%	8,634	28.97%
22 Renal Medicine	2,383	2,666	11.87%	3,201	34.34%
23 Renal Dialysis	42,543	53,799	26.46%	64,444	51.48%
24 Respiratory Medicine	12,471	13,878	11.28%	15,769	26.45%
25 Rheumatology	1,032	1,368	32.57%	1,587	53.81%
26 Pain Management	1,380	1,362	-1.27%	1,559	12.98%
27 Non Subspecialty Medicine	10,686	12,256	14.69%	14,257	33.41%
41 Breast Surgery	1,615	1,833	13.47%	2,047	26.77%
42 Cardiothoracic Surgery	936	981	4.76%	1,094	16.89%
43 Colorectal Surgery	4,585	5,209	13.60%	5,823	27.00%
44 Upper GIT Surgery	4,486	4,862	8.39%	5,433	21.11%
46 Neurosurgery	4,129	4,617	11.82%	5,299	28.35%
47 Dentistry	3,098	3,607	16.45%	4,150	33.94%
48 ENT & Head and Neck	8,485	9,511	12.10%	10,676	25.82%
49 Orthopaedics	18,859	21,466	13.82%	24,743	31.20%
50 Ophthalmology	9,314	12,210	31.10%	15,496	66.37%
51 Plastic and Reconstructive Surgery	5,446	6,101	12.02%	7,023	28.95%
52 Urology	9,662	11,015	14.00%	12,665	31.08%
53 Vascular Surgery	2,669	2,781	4.20%	3,245	21.59%
54 Non Subspecialty Surgery	14,553	15,876	9.09%	17,819	22.44%
61 Transplantation	56	49	-12.73%	53	-4.86%
62 Extensive Burns	52	68	31.06%	75	44.15%
63 Tracheostomy	342	444	29.71%	519	51.81%
71 Gynaecology	10,690	11,634	8.83%	12,771	19.47%
72 Obstetrics	17,434	19,566	12.23%	21,132	21.21%
73 Qualified Neonate	2,739	2,981	8.83%	3,342	22.01%
74 Unqualified Neonate	10,623	12,145	14.33%	13,300	25.20%
75 Perinatology	617	578	-6.33%	657	6.47%
81 Drug and Alcohol	1,828	1,975	8.04%	2,126	16.31%
99 Unallocated	413	413	0.00%	413	0.00%
Total Acute all Hospitals	267,197	309,846	15.96%	357,288	33.72%
Sub and Non Acute Care					
84 Rehabilitation	12,153	17,395	43.14%	22,580	85.80%
85 Psychogeriatric Care	142	133	-6.46%	160	13.00%
86 Palliative Care	1,477	1,835	24.26%	2,095	41.87%
87 Maintenance	583	888	52.35%	1,106	89.77%
Total Sub and Non Acute all Hospitals	14,355	20,252	41.08%	25,943	80.72%
Grand Total all Hospitals	281,552	330,097	17.24%	383,231	36.11%



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