APPENDICIES

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Appendix 1: Membership of the Clinical Strategy Group

Prof Jeremy Wilson	Chair, Area Clinical Council Head of SWS Clinical School Director, Division of Medicine, Bankstown Hospital Gastroenterologist
Dr Teresa Anderson	General Manager, Liverpool Hospital and Community Health Services
Dr Martin Berry	Director, Cancer Therapy Centre, Liverpool Hospital Area Director, Cancer Service
Dr Neil Berry	Chair, Clinical Council Fairfield Hospital General Surgeon, Fairfield Hospital
Prof Patrick Bolton	Director, Clinical Strategy, SWSAHS
Ms Clair Cameron	Manager, Public Relations, SWSAHS
Mr Matthew Daly	A/Deputy CEO, SWSAHS
Prof Stephen Deane	Director, Division of Surgery, Liverpool Hospital Area Adviser, Surgery
A/Prof Brad Frankum	Director, Division of Medicine, Macarthur Health Service
Dr Kathy Gibson	Director, Rheumatology, Liverpool Hospital
Prof Ken Hillman	Director, Division of Critical Care, Liverpool Hospital Area Adviser, Critical Care
Dr Neil Merrett	Gastrointestinal Surgeon, Bankstown Hospital
Ms Jenny Morris	Area Clinical Nurse Consultant, Emergency
Dr Mark Sheridan	Director, Neurosurgery, Liverpool Hospital
Mr Tim Wills	Director, Health Service Planning, SWSAHS

Appendix 2: Bed Numbers by Facility at March 2004

(excluding Emergency Department and unqualified babies)

Bankstown Hospital

WARD	UTILISED BEDS
Ward 2C - Aged Medical	20
Ward 2G - General Medical	28
Ward 2J - General Medical	28
Ward 3H - Cardiac Stepdown	24
MEDICAL	**100**
Ward 3A - General Surgical	28
Ward 3C – Orthopaedic	28
Ward 3F - General Surgical	28
Perioperative Unit	20
SURGICAL	**104**
AMBULATORY CARE	**6**
Ward 3J – CCU	6
Ward 3K – ICU	7
Ward 3K – HDU	4
HDU / CCU	**17**
OBSTETRICS (Ward 3E)	**20**
SPECIAL CARE NURSERY	**10**
PAEDIATRICS (Ward 2F)	**14**
Ward 2A	20
Ward 2B	20
TOTAL AGED CARE & REHABILITATION	**40**
PSYCHOGERIATRIC (Ward 2D)	**20**
PSYCHIATRIC (Banks House)	**30**
DIALYSIS (Satellite Unit chairs)	**8**
TOTAL	**369**

Fairfield Hospital

WARD	UTILISED BEDS
MEDICAL (Ward 1A)	**30**
Ward 2A Surgical	30
Ward 2B Orthopaedic	30
SURGICAL	**60**
AMBULATORY CARE	**4**
ICU	3
CCU	7
ICU / CCU	**10**
OBSTETRICS (Ward 2D)	**29**
SPECIAL CARE NURSERY	**8**
PAEDIATRIC	**12**
TOTAL	**153**

Liverpool Hospital

WARD	UTILISED BEDS
GGE Haematology/Oncology	24
ACU - Aged Care Unit	20
Cardiac Catheter Lab	5
G1E Renal/Gen Medical	21
G2E Gen Medical	26
G2W Gen & Respiratory Medicine	18
CCU Subacute	20
MAPU-Medical Assessment & Planning Unit	12
CB4E Neurology/Stroke	20
MEDICAL	**166**
G1W-Cardiothoracic Surgery/Medical	30
CBL3 Orthopaedics, Plastics, Trauma	40
CB4W Neurosurgery	20
CB5E Head, Neck, ENT, Eye	20
CB5W Vascular & GI Surgery	30
SAPU-Surgical Assessment & Planning Unit	10
Perioperative (PERIOP)	21
MATG - Gynaecology Ward	14
SURGICAL	**185**
AMBULATORY CARE	**8**
ICU 1	8
ICU 2	4
ICU 3	11
CCU	8
ICU / HDU / CCU	**31**
MATP - Postnatal ward	30
MATA - Antenatal Ward	8
OBSTETRICS	**38**
Newborn Care (NICU Level 2)	15
Newborn Care (NICU Level 3)	8
NEONATAL INTENSIVE CARE	**23**
PAEDIATRIC	**25**
BIU - Brain Injury Unit Ward	16
TLU - Transitional Living Unit	4
Camden Residential	4
REHABILITATION	**24**
PSYCHIATRIC	**30**
Satellite Dialysis (chairs)	17
Renal Dialysis Incentre Unit (chairs)	12
DIALYSIS (chairs)	**29**
TOTAL	**559**

Campbelltown Hospital

WARD	UTILISED BEDS
Medical Ward C	38
Acute Medical Unit	13
MEDICAL	**51**
Surgical – Ward G	26
Peri-Op	18
SURGICAL	**44**
AMBULATORY CARE	**20**
ICU	1
HDU	7
ICU/HDU	**8**
OBSTETRICS	**26**
SPECIAL CARE NURSERY	**15**
Paediatric Ambulatory Care	10
Paediatric Unit	30
PAEDIATRICS	**40**
Waratah House	30
Adolescent Mental Health (Gna Ka Lun)	10
Mental Health Ambulatory Care	10
PSYCHIATRIC	**50**
DIALYSIS (Satellite Unit chairs)	**6**
TOTAL	**260**

Camden Hospital

WARD	UTILISED BEDS
MEDICAL	**20**
SURGERY - Day Surgery Unit	**4**
AMBULATORY CARE	**6**
Nursery	2
Maternity	10
OBSTETRICS	**12**
REHABILITATION	**20**
PALLIATIVE CARE	**10**
TOTAL	**72**

Bowral Hospital

WARD	UTILISED BEDS
Milton Park General	34
Short Stay	7
MEDICAL	**41**
Maternity	12
OBSTETRICS	**12**
HDU	3
CCU	5
HDU / CCU	**8**
SPECIAL CARE NURSERY	**2**
PAEDIATRICS	**10**
PSYCHIATRIC	**2**
TOTAL	**75**

Appendix 3: Current Hospital Role Delineation

	Bankstown	Fairfield	Liverpool	Campbelltown	Camden	Bowral
Clinical Support Services						
Pathology	6	4	6	4	4	4
Pharmacy	5	4	6	5	4	3
Diagnostic Radiology	5	4	6	5	4	4
Nuclear Medicine	5	3	5	5	3	3
Anaesthetics	5	4	6	5	3	3
Intensive Care	5	3	6	3	3	3
Coronary Care	5	4	6	5	3	3
Operating Suite	6	4	6	6	4	3
Core Services – Medical						
Emergency	5	4	6	5	3	3
General Medicine	5	4	6	5	3	3
Cardiology	5	4	6	5	3	3
Dermatology	4	0	6	4	3	3
Endocrinology	5	4	6	5	3	3
Gastroenterology	6	4	6	5	4	3
Haematology – clinical	5	4	6	3	3	3
Immunology	4	3	6	4	3	3
Infectious Diseases	4	3	6	4	3	3
Neurology	5	4	6	4	3	3
Oncology – Medical	5	3	6	5	3	3
Oncology – Radiation	4	0	6	5	0	4
Renal Medicine	5	3	6	4	3	3
Respiratory Medicine	5	4	6	4	3	3
Rheumatology	5	4	6	4	3	3
Core Services – Surgical						
General Surgery	5	4	6	5	3	3
Burns	2	3	3	3	3	3
Thoracic/Cardiothoracic Surgery	0	0	6	0	0	0
Day Surgery	4	4	6	3	3	3
Ear, Nose and Throat	4	4	6	4	0	0
Gynaecology	4	4	6	4	3	3
Neurosurgery	4	3	6	4	0	0
Ophthalmology	5	0	6	3	3	3
Orthopaedics	5	4	6	5	2	3
Plastic Surgery	5	4	6	4	4	0
Urology	5	4	5	4	3	3
Vascular Surgery	5	4	6	4	3	0
Maternal and Child Services						
Obstetrics	5	4	6	4	3	3
Neonatal	3	3	5	4	2	2
Paediatric Medicine	3	3	6	5	1	3
Paediatric Surgery	3	3	6	4	1	2
Family and Child Health	5	5	6	5	3	3
Child Protection	3	3	6	4	1	3
Integrated Community and Hospital Services						
Adolescent Health	3	1	6	5	1	3
Adult Mental Health	5	3	6	5	0	3
Drug and Alcohol	2	2	6	5	1	3
Geriatrics	5	0[1]	6	5	4	3
Health Promotion	5	5	6	5	4	5
HIV/AIDS	2	1	6	2	2	2
Palliative Care	3	0[1]	6	3	4	3
Rehabilitation	5	0[1]	6	4	5	3

Sexual Assault	4	0	6	3	1	4
Primary Community Health Services						
Aboriginal Health	1	1	6	5	1	1
Community Health – General	6	6	6	5	5	5
Community Nursing	6	6	6	6	6	5
Dental Health	5	3	6	3	3	3
Migrant Health	5	6	6	3	2	1
Sexual Health	2	5	6	2	2	1
Women's Health	3	3	6	4	2	3

1. Level 5 Geriatric, Palliative Care and Rehabilitation services provided at Braeside Hospital on the Fairfield Hospital campus

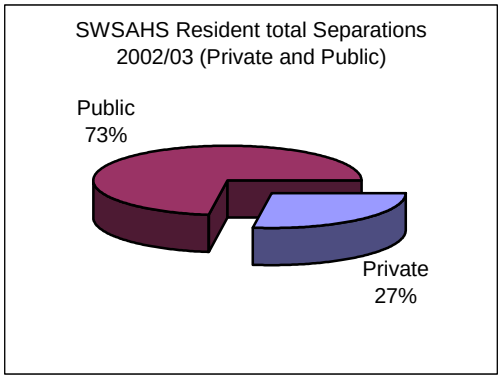
Appendix 4: Key performance indicators 2002-03

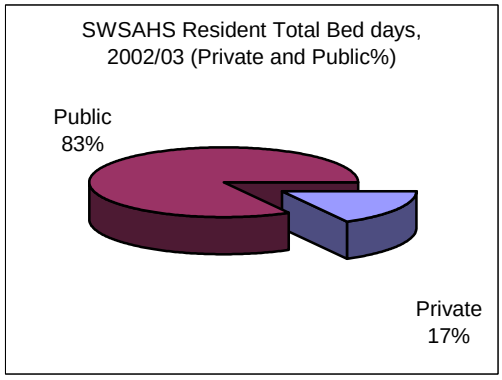
	Bankstown	Fairfield	Liverpool	Macarthur	Wingecarribee	Total for Acute
Staff	1,355.09	757.37	2,510.85	1,235.80	268.6	**7,521.33**
Staff specialists (FTE)	30.9	4	80.75	23.4	2.95	**142.05**
VMOs	83	45	118	50	28	**324**
Admissions	26,225	16,069	55,539	29,419	8,004	**135,256**
CWT seps	28,403	16,031	50,608	24,919	6,818	**126,779**
Occupied bed days	123,619	56,370	202,878	106,266	22,132	**511,265**
Occupancy	89.92%	73.28%	96.33%	84.98%	73.25%	**88.03%**
LOS	4.71	3.50	3.66	3.61	2.76	**4.52**
Babies born	1,853	1,868	3,000	2,673	617	**10,011**
Operations-Theatre	10,743	4,705	15,278	9,384	2,572	**42,682**
Operations-other	0	0	5,171	15,692	48	**20,911**
Non-admitted occasions of service	415,661	283,881	661,905	528,787	89,294	**1,979,528**
Same day admissions	709	4,082	29,149	909	3,554	**38,403**
%same day of total admissions	31.64%	25.40%	52.48%	33.79%	44.40%	**41.02%**

Source: Performance Indicator Reports, 2002/03

Appendix 5: Self Sufficiency and Outflows of Hospital Activity

In 2002/03 there were 193,183 hospital (acute inpatient) separations of SWS residents across the State. Of this 27% or 52,593 separations occurred in the private sector, 73% or 140,610 separations to the public sector hospitals.



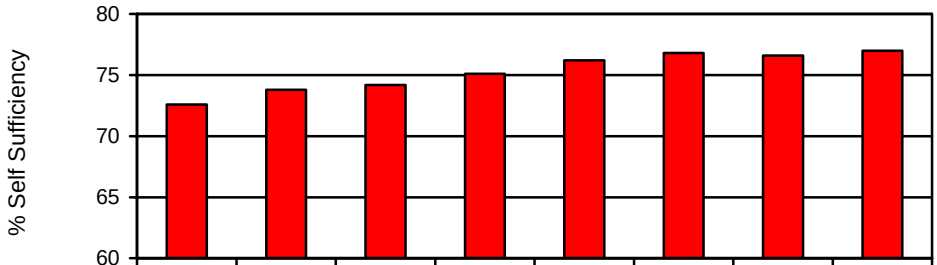


Private Sector activity (52,573 separations) has a length of stay of 1.8 days, and the bed days occupied are 17.4% of total SWS resident bed days. Of the 52,593 separations the top 5 activity fields in the private sector are:

- Diagnostic GI endoscopy 10,055 separations
- Gynaecology 5,853 separations
- Orthopaedic 5,588 separations
- Ophthalmology 3,988 separations
- General Surgery 2,941 separations

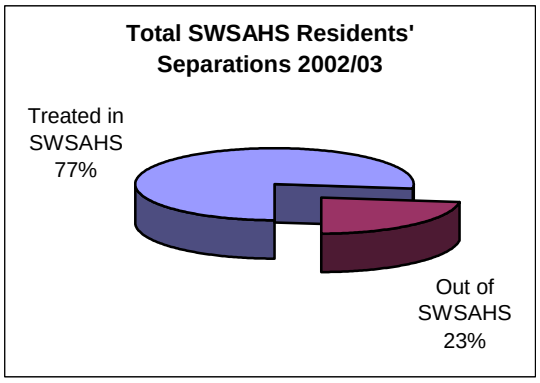
Public Sector hospitals treated 140,610 separations, which accounted for 470,937 bed days. Of these, 77% occurred in SWSAHS, or 108,326 separations. This is called our level of self-sufficiency. Each year this position has been slowly improving:
Source: FlowInfo version 5.1

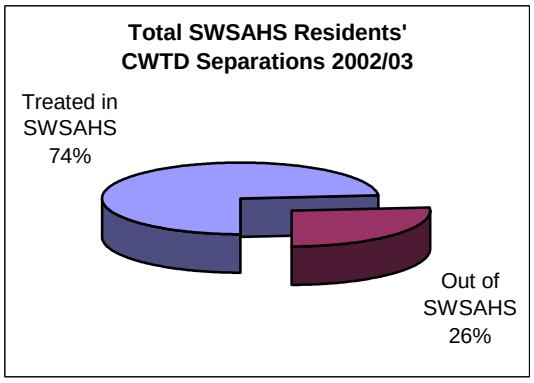
% Self-Sufficiency in SWSAHS
1995/96 -2002/03



	1995/96	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03
Self Sufficiency	72.6	73.8	74.2	75.1	76.2	76.8	76.6	77

In 2002/03, the activity for SWS residents that occurs outside SWSAHS is 32,284 separations occupying 104,627 bed days or 301-337 beds at 95% and 85% occupancy respectively. Most outflows originated from Bankstown (39%), Fairfield (20%) and Liverpool (17%) sectors and they combined account for 76.4 % of the total Area's outflows.





Source: FlowInfo version 5.1

Whilst the outflow of resident activity is 23% of all public sector activity, it is 26% of cost incurred, indicating that the outflow contains activity that includes expensive treatment. SWSAHS has no transplant units, no burns unit and children's super specialty services are provided at specialist children's hospitals.

Services labeled as "tertiary" in the table below are the small volume, high cost super specialty services. Whilst they are about 4.5% of volume they are 31% of cost. "Non-tertiary" is a resource consumption label, not an indicator of skills needed to treat a patient, but in general this is work that could be performed in SWSAHS.

Outflow of Inpatient Activity, CWTU 2002/03

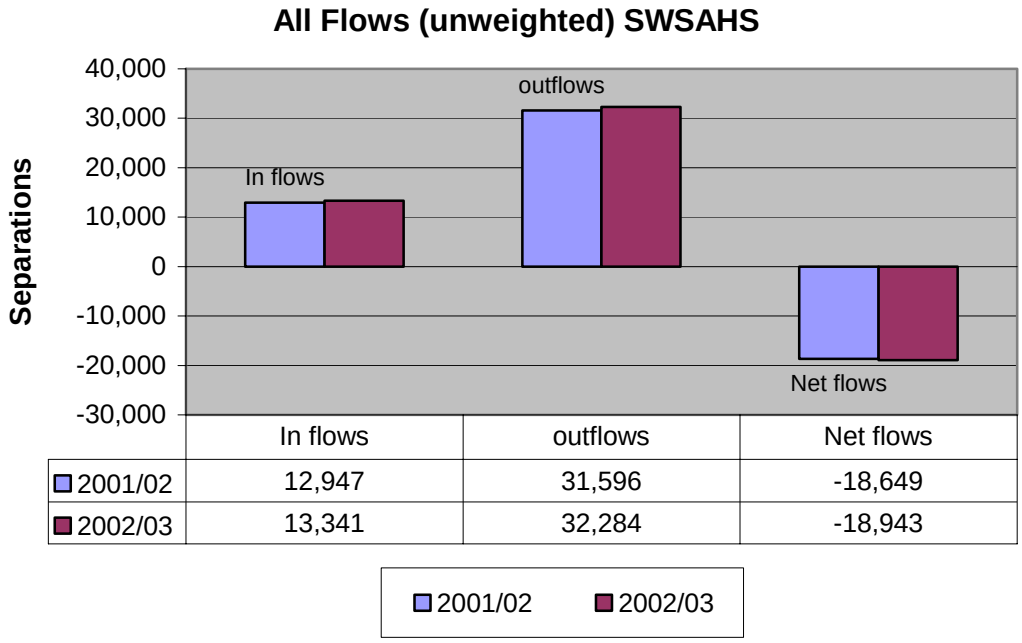
	Tertiary	Non Tertiary	Total
No of separations	1,455	32,542	33,997
No of CWT seps	12,704	27,447	30,151
Cost @ $2,700	$34.3M	$74.1M	81.4M

Source: FlowInfo version 5.1

What level of self-sufficiency SWSAHS should aspire to is influenced by geography and the artificial nature of Area Health boundaries. Referral patterns of GPs likewise play a role, but when new services have been established in SWSAHS (eg cancer care, cardiothoracic surgery) levels of outflow have reduced rapidly, suggesting referrals will change if a credible service is locally available.

There is movement of residents across boundaries, which will remain, and it reflects geography. This "natural flow" has been studied for some time and is consistently about 12% each year. With the super specialty outflow of a few percent, 85% self-sufficiency has always been seen as the maximum possible aspirational target for SWSAHS.

SWSAHS also receives cross border flow coming inwards to our facilities – mostly from Canterbury LGA to Bankstown Hospital. In fact the "loss" from Bankstown is balanced by the inflow. Inflow levels of 13,341 separations (5,696 to Bankstown) have remained roughly constant recently, off an increasing trend from the mid 1990's.



Source: FlowInfo Version 5.1.

Acute Inpatient Outflows of SWSAHS Residents 2002/03

Adults and Paediatrics combined 2002/03

LGA	Separations	Beddays	CWTD	Costed at $2,700
Total	32,284	104,627	39,386	$106.3M
Bankstown	12,598	38,313	13,636	$37.0M
Fairfield	6,676	21,461	8,275	$22.0M
Liverpool	5,390	17,476	6,853	$18.5M
Campbelltown	3,860	14,111	5,374	$14.5M
Wollondilly	1,436	5,242	1,909	$5.2M
Wingecarribee	1,329	4,941	2,080	$5.6M
Camden	995	3,083	1,259	$3.4M

Source: FlowInfo version 5.1

Top 5 Outflows from Bankstown LGA 2002/03

Hospital	Seps	Beddays	CWTD
Total	12,598	38,313	13,636
Concord	2,588	5,951	1,882
Auburn	1,509	5,000	1,631
Royal Prince Alfred	1,472	5,367	2,123
St. George	1,342	4,352	1,472
Children's Hospital, Westmead	1,111	3,095	1,056
Canterbury	1,070	3,489	1,095

Source: FlowInfo V5.1

Top 5 Outflows from Fairfield LGA 2002/03

Hospital	Seps	Beddays	CWTD
Total	6,676	21,461	8,275
Westmead	1,838	6,871	2,175
Children's Hospital, Westmead	1,433	4,046	1,552
Concord	605	2,068	933
Auburn	595	1,502	527
Royal Prince Alfred	482	1,998	893

Source: FlowInfo V5.1

Top 5 Outflows from Liverpool LGA 2002/03

Hospital	Seps	Beddays	CWTD
Total	5,390	17,476	6,853
Children's Hospital, Westmead	1,033	3,506	1,470
Westmead	684	2,445	934
St. George	577	1,272	446
Royal Prince Alfred	481	2,153	865
Concord	464	1,080	450

Source: FlowInfo V5.1

Top 5 Outflows from Campbelltown LGA 2002/03 (Macarthur Sector includes Campbelltown, Camden and Wollondilly LGAs)

Hospital	Seps	Beddays	CWTD
Total	3,860	14,111	5,374
Children's Hospital, Westmead	701	2,550	947
St. George	510	1,057	355
Sydney Children's	343	1,190	533
Royal Prince Alfred	339	1,291	511
Westmead	323	2,049	676

Source: FlowInfo V5.1

Top 5 Outflows from Camden LGA 2002/03

Hospital	Seps	Beddays	CWTD
Total	995	3,083	1,259
Children's Hospital, Westmead	139	395	146
Sydney Children's	100	286	127
Royal Prince Alfred	96	369	161
St. George	76	228	81
Westmead	75	265	138

Source: FlowInfo V5.1

Top 5 Outflows from Wollondilly LGA 2002/03

Hospital	Seps	Beddays	CWTD
Total	1,436	5,242	1,909
Nepean	418	1,761	524
Prince of Wales	154	666	251
Children's Hospital, Westmead	149	309	151
Westmead	102	479	204
Sydney Children's	78	171	86

Source: FlowInfo V5.1

Top 5 Outflows from Wingecarribee LGA 2002/03

Hospital	Seps	Beddays	CWTD
Total	1,329	4,941	2,080
Wollongong	167	574	186
Westmead	126	710	254
Royal Prince Alfred	123	790	351
Children's Hospital, Westmead	114	286	160
St. Vincent's Public	106	527	226

Source: FlowInfo V5.1

Top 10 Outflows by Service Related Group (SRG) 2002/03

SRG	Seps	Beddays	CWTD	Costed at $2,700
Total	32,284	104,627	39,386	$1.06M
Renal Dialysis	4,870	4,870	857	$2.3M
Non Subspecialty Surgery	2,474	7,459	2,354	$6.4M
Orthopaedics	2,051	7,558	3,553	$9.6M
Obstetrics	1,801	5,958	1,500	$4.1M
Non Subspecialty Medicine	1,736	4,075	1,137	$3.1M
Urology	1,557	3,338	1,531	$4.1M
Gynaecology	1,484	2,814	1,223	$3.3M
Respiratory Medicine	1,383	6,558	1,854	$5.0M
Haematology	1,136	4,393	1,600	$4.3M
Cardiology	1,076	3,389	964	$2.6M

Source: FlowInfo V5.1

Top 10 Enhanced Service Related Group (ESRG) Outflows 2002/03

ESRG	Seps	Beddays	CWTD
Total	32,284	104,627	39,386
Renal Dialysis	4,870	4,870	857
Other Non Subspecialty Medicine	1,030	2,232	599
Other Non-specialty Surgery	976	3,807	1,346
Vaginal Delivery	925	3,034	784
Other Orthopaedics - Surgical	813	3,550	1,507
Other Urological Procedures	724	2,054	1,041
Other Respiratory Medicine	634	3,222	1,020
Injuries - Non-surgical	586	1,022	308
Septicaemia, Viral and Other Infectious Diseases	576	1,609	495
Other Colonoscopy	544	959	299

Source: FlowInfo V5.1

Appendix 6: SWSAHS Population Projections by Local Government Area

Local Government Area	2001	2006	2011	2016
Bankstown	171,994	180,011	185,272	190,266
Camden*	45,454	55,167	70,182	71,880
Campbelltown*	150,154	154,884	153,718	164,085
Fairfield	189,034	189,284	187,290	186,231
Liverpool	159,046	173,393	197,736	212,858
Wingecarribee	42,740	46,567	50,218	53,940
Wollondilly*	38,424	42,899	47,206	50,247
Total SWSAHS population	**796,846**	**842,206**	**891,622**	**929,507**
*Macarthur Sector Campbelltown, Camden & Wollondilly LGAs	235,032	252,950	271,106	286,212

Source: NSW Health Interim Population Projections, April 2003

Appendix 7: Major Capital Works

Projects on Asset Acquisition program and in Progress:

Liverpool Hospital

Acute Mental Health (on Asset Acquisition Program) ($29.9M)
A new 50-bed acute inpatient mental health unit is due to complete by December 2005. Co-located will be the community mental health team thereby creating a Centre. The Project comes about as a result of an Area-wide mental health Plan for adults wherein it was identified the need to expand beds and community based service delivery mostly in the Liverpool Fairfield Local Government Areas, as first priority.

Emergency Department (on Asset Acquisition Program) ($9.1M)
The project involves both a refurbishment and new build of the current outmoded ED and Trauma Service. By the end of 2005 there will be a total of 65 treatment spaces. The spaces will be opened incrementally to match the availability of recurrent funding.

Child Care Centre ($500,000)
Refurbishment to allow additional spaces. Plans also to change policy to accommodate children of SWSAHS staff only.

Campbelltown Hospital

Campbelltown Hospital is due to fully commission by 2006/07. Campbelltown is being redeveloped as a comprehensive, major metropolitan hospital at an estimated cost of $108.667M.

The construction phase of the Campbelltown Hospital Component of the Macarthur Sector Strategy is due to complete in 2005, Stage 3 phase 3 includes (phase 3a lower ground stores converted into clinical information) and conversion of the old theatres/CSD to maternity wards and Old ICU converted into new NICU. The last stage will be the top floor consisting of a medical ward and a cardiology ward but depends on the availability of $3.5M in 2005/06. An ambulatory care strategy has been an integral part of the planning for the facility.

The proposed development will include new diagnostic services (such as nuclear medicine) as well as new operating theatres and the appropriate range of clinical support services.

The redeveloped hospital will contain new aged care and acute psychogeriatric services (in recognition of the ageing of the population) and improved allied health, day only and outpatient services. Education and research facilities will be considerably upgraded.

Mental Health Non-Acute accommodation (on Asset Acquisition Program for $6.0M)
Both a Procurement Feasibility Plan and a Project Definition Plan (PDP) has been completed. The PDP is waiting approval. The proposal will see a 20-bed non-acute mental health unit established on the Campbelltown Hospital Campus. This unit will help to unblock the acute adult unit. Currently there are no non-acute mental health beds in SWSAHS. The Area requires approximately 130 beds to meet the needs of the population to 2011.

Identified Capital Works Priorities and requirements as identified in Clinical Services Plan not on Asset Acquisition Program

The Area needs to make a number of strategic adjustments to ensure:

- Maximisation of existing bed and operating room capacity at hospitals in the Area to permit Liverpool Hospital to strengthen its role as a tertiary institution;
- Enhanced services such as aged care and rehabilitation and community-based services. This will require additional physical bases for staff and equipment required for more acute and invasive care (for example, administration of chemotherapy, cannulation and so on);
- Access to current levels of expected treatment and diagnostic technology (both current and new technologies);

- Networking of services;
- Changing clinical practice, including greater ambulatory care. These developments have a major impact on the requirement for overnight inpatient beds but also have major implications for existing SWS facilities in terms of adequate space for outpatient and day only services, waiting and transit areas, office areas for increased staff specialists, car parking spaces and road access to the campus;
- Community expectations for convenient, accessible and high quality services; and
- Adequate infrastructure to support essential information technology in all facilities and services.

Liverpool Hospital

Liverpool Stage 2. (refer to *Liverpool Master Development Control Plan, June 2001* for further information). Is considered to be the main area for asset improvements for SWSAHS over the next 10 years. A Master Development Control Plan was completed for Liverpool in June 2001. In addition, a Strategic Resource Plan has also been completed for the Area identifying Liverpool Hospital Stage 2 as the highest priority for consideration on the future NSW Health's Asset Acquisition Program. Stage 2 redevelopment for Liverpool has major implications and flow on effects for all the Health Services in SWS. The preferred option in the MDCP identifies the major components as:

- The expansion of the following facilities within the existing Clinical Services Block:
  - Emergency/Trauma Units (in progress- construction phase);
  - Medical Imaging to incorporate MRI (completed);
  - CCU & Cardiology expansion;
  - Nuclear Medicine to incorporate future PET scanner (completed); and
  - Operating Suites to incorporate storage & equipment requirements,

- The development of a new Clinical Services Building extension to incorporate:
  - Integrated Paediatric Ambulatory Care and Allied Health facilities;
  - Adult Ambulatory Care – Ophthalmology;
  - Neurophysiology Unit relocation;
  - Centralised Renal Unit;
  - Endoscopy Unit;
  - Expanded outpatient clinic space; and
  - Clinical offices

- The development of new inpatient facilities to incorporate:
  - Paediatric inpatient wards;
  - The Paediatric wards will be linked to the Paediatric Ambulatory Care and Allied Health Unit; and
  - Medical inpatient units to allow existing facilities to be used for ambulatory care.

- The development of new mental health facility incorporating (in progress – construction phase):
  - Psychiatric inpatient facilities;
  - Mental health ambulatory care facilities; and
  - Mental health research and administrative units.

- New research facilities.

- Planned re-use of existing Alex Grimson Facility for:
  - Planned expansion of cancer services;
  - Women's Health Ambulatory Care Services; and
  - Ambulatory Care Service.

- Planned re-use of the Health Services Building as impacted by the proposed / possible co-location of the SWS Research Centre.

- Other impacts as noted in submitted strategies:
  Stereotactic, neuro-endoscopy operating microscope equipment - impact on theatre will need to be determined.

Bankstown Hospital
A Master Development Control Plan has recently been completed for Bankstown Hospital. A consultancy was contracted to complete this plan to identify both short and long term facility solutions for ambulatory care, medical oncology, renal dialysis and ICU accommodation and reconfiguration of other clinical services. Three options have been identified for creating additional capacity.

Fairfield
Further site expansion or reconfiguration may be required as clinical networks develop (e.g. transitional care, renal dialysis, mental health).

Bowral
Significant refurbishment of old capital stock is required. Further planning required to explore utilisation of co-located private sector. It is considered that most likely a major rebuild of the entire public hospital is required.

Campbelltown Hospital
Further future development of the sites may be required.

Integrated Health Centres
The need for increased community based facilities in future urban growth areas will be explored to expand community based service delivery and stand-alone services (e.g. day surgery, renal dialysis and chemotherapy).

Appendix 8 : Acute Services Co-ordinating Centre

Objective

The main objective of this Centre would be to arrange transport of seriously ill and at-risk patients to an appropriate ICU/HDU through a network arrangement across South Western Sydney Area Health Service (SWSAHS).

Background

Designated hospitals in SWSAHS will have concentrated resources for caring for the seriously ill, e.g. Liverpool Hospital will have a level 3 ICU, while Bankstown and Campbelltown will have a level 2 ICU. Sophisticated cardiac interventional services and cardiothoracic surgery are provided at Liverpool Hospital. Neurosurgery and high-level Trauma services are also provided at Liverpool. Bankstown and Campbelltown hospitals will care for non-tertiary patients. This is not only cost-effective but concentrates expertise and experience in designated areas in order to provide the safest treatment for patients. Currently transfer arrangements are largely conducted in an ad-hoc fashion; which is disjointed and difficult to access.

Overview

The objective of this service is to provide a "24/7" single telephone call system to clinicians across SWSAHS. Thus clinicians in hospitals without sophisticated acute care resources will have access to those resources in the most appropriate location in SWSAHS. If resources are not available at that time, the service will arrange transfer to another Area.

Users and Sites

It is envisaged that clinicians across the Area will have access to this service, no matter at what level they are or where they are sited. At the same time it is important that the specialist in charge of the patient is informed of the proposed transfer.

Sites from where patients may be transferred include EDs, general wards and even from one ICU to another.

Receivers

Receivers would include areas such as ICUs, EDs and cardiac services. Receiving specialists would have to be informed of the transfer and accept responsibility for the patient.

Types of Patients

Patients using this service would include those with:

- Trauma requiring tertiary level service
- Cardiac patients requiring urgent interventions
- Patients requiring urgent Intensive Care/High Dependency services
- Patients requiring urgent tertiary care surgical and medical intervention

The Centre

- Staffed 24/7 nursing staff, preferably with experience in acute services (eg ICU and ED).]
- Designated area in close proximity to Liverpool ICU, as this would be the service eventually accepting most of the transfers.
- Co-ordinated by a senior manager with experience in acute services with clerical and data management support.

Role of Centre

- To receive all calls from clinicians requiring assistance with transfer of at-risk and seriously ill patients.
- To work within protocols for advice and transfers.
- To interact with other services, e.g. state-wide transport services; Ambulance services; specialists at the receiving services; specialists requesting patient transfer; other services where necessary, e.g. diagnostic, operating theatres, EDs.
- To liaise with Area network with regard to bed availability within the Area and if necessary, outside the Area.

Centre Manager

A manager of the Centre will be appointed at a HSM4 or higher level with the support of a full-time clerical assistant and data manager. Responsibilities would include:

- Overall responsibility for the functioning of the Centre.
- To provide appropriately trained staff on a '24/7' basis to the Centre.
- To develop appropriate protocols and procedures in order for the Centre to operate effectively.
- To be responsible for the Centre's budget.
- To work with General Managers in each Sector to establish protocols and procedures within each hospital to ensure awareness of the service as well as easy access to it.
- To liaise with State transport organisations and NSW Ambulance to ensure appropriate transport arrangements are available.
- To work with SWSAHS in establishing 24/7 transfer system with appropriate resources, infrastructure, protocols and communication.
- To liaise with the Area in establishing protocols for appropriately trained staff to accompany patients.
- To work with SWSAHS in establishing an on-going organisational structure to ensure appropriate interaction with the services and infrastructure necessary to effect safe and effective transport.
- To provide data on all transfers including demographics, sender, recover, diagnosis, transport mode, accompanying staff and problems.
- To establish and operate an effective data system which will target relevant information to all users of the system.
- To be responsible for clinical governance of the Centre.
- To provide data on capacity issues in the Area (e.g. ICU, Trauma, tertiary surgical services) to the Area Executive in order for appropriate service expansion to occur.
- To be part of the SWSAHS peak organisational committees, e.g. Critical Care, Trauma, ED, Intensive Care, Clinical Council.
- To liaise directly with tertiary specialists on issues and problems associated with the service.
- To provide rosters of all relevant specialties and real-time bed availability across the Area in order to operationalise service.

ABBREVIATIONS

ACAT	Aged Care Assessment Team
AHS	Area Health Service
ALOS	Average Length of Stay
APACHE	Acute Physiology and Chronic Health Evaluation
APPI	Activity Projections Plus Interventions
BiPAP	Binary Positive Airway Pressure (2 pressure ventilator)
CCU	Coronary Care unit
CHD	Coronary Heart Disease
CHW	The Children's Hospital at Westmead
CMO	Career Medical Officer
CNC	Clinical Nurse Consultant
CNE	Clinical Nurse Educator
CNS	Clinical Nurse Specialist
COMPACKS	Community Packages
COPD	Chronic Obstructive Pulmonary Disease
CPAP	Continuous Positive Airway Pressure (Ventilator)
CRTG	Colorectal Tumour Group
CT	Computerised Tomography
CTC	Cancer Therapy Centre
DCG	Department of Clinical Genetics, Liverpool Hospital
DNA	Deoxyribonucleic Acid
DRG	Diagnosis Related Group
DSA	Digital Subtraction Angiography
ECR	Electronic Client Record
ED	Emergency Department
EEG	Electro-Encephlogram
EMG	Electro-Myleogram
EMU	Emergency Medicine Unit
ENT	Ear, Nose and Throat
EPS	Electrophysiology Services
ERCP	Endoscopic Retrograde Colangiopancreatogrophy
ESRG	Extended Service Related Group
EST	Exercise Stress Test
FRACP	Fellow of the Royal Australian College of Physicians
FRCPA	Fellow of the Royal College of Pathology of Australasia
FTE	Full Time Equivalent
GAP	Government Action Plan
GI	Gastrointestinal
GMTT	Greater Metropolitan Transition Taskforce
GP	General Practitioner
GSAC	Genetic Services Advisory Centre
HDU	High Dependency Unit
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
IM&IT	Information Management and Information Technology
IT	Information Technology
IV	Intravenous
JMO	Junior Medical Officer
LCTC	Liverpool Cancer Therapy Centre
LGA	Local Government Area
LINAC	Linear Accelerator
LOS	Length Of Stay
MDTC	Multi Disciplinary Tumor Clinics

MET	Metropolitan Emergency Team
MRI	Magnetic Resonance Imaging
MRU	Medical Retrieval Unit
MTS	Major Trauma Service
NICU	Neonatal Intensive Care Unit
NIOOS	Non-Inpatient Occasions of Service
NSW	New South Wales
PACS	Picture Archive Communication System
PACS	Paediatric Ambulatory Care Service
PCI	Percutaneous Coronary Intervention
PET	Positron Emission Tomogrophy
POCCS	Point of Care Clinical System
POS	Paediatric Outreach Service
RACGP	Royal Australian College of General Practitioners
RFA	Radio Frequency Ablation
RIS	Radiology Information System
RMO	Resident Medical Officer
RNS	Royal North Shore (Hospital)
RPA	Royal Prince Alfred (Hospital)
SRG	Service Related Group
SWAPS	South Western Area Pathology Service
SWS	South Western Sydney
SWSAHS	South Western Sydney Area Health Service
SWSCS	South Western Sydney Cancer Service
STD	Sexually Transmitted Disease
TB	Tuberculosis
TCM	Traditional Chinese Medicine
TOE	Transoesophageal echocardiography
TTE	Transthoracic echocardiography
UNSW	University of New South Wales
VMO	Visiting Medical Officer
VRSE	Vancomycin-Resistant Staphylococci Epidermidis
24/7	24 hours a day, 7 days a week, 365 days a year
16/7	16 hours a day, 7 days a week, 365 days a year
12/7	12 hours a day, 7 days a week, 365 days a year

GLOSSARY

Access

The capacity or potential to obtain a quality service. Access incorporates notions of geographical access, cultural access, service appropriateness, affordability and so on.

Activity

Refers to the work done by health services measured as hospital inpatient separations and outpatient occasions of service.

Activity Projections Plus Interventions (APPI) Model

A forecasting tool for hospital inpatient activity developed by NSW Health.

Acute

Acute care is where the principal clinical intent is to do one or more of the following: manage labour (obstetric); cure illness or provide definitive treatment of injury; perform surgery; relieve symptoms of illness or injury (excluding palliative care); reduce the severity of an illness or injury; protect against exacerbation and/or complications of an illness and/or injury which could threaten life or normal function; perform diagnostic or therapeutic procedures.

Hospitals are grouped into “acute” and “non acute” on the basis of the types of patients treated and the type of care delivered. Psychiatric hospitals and nursing homes are considered to be "non-acute" by definition, since the majority of patients in these institutions are receiving types of care other than acute. The type of care delivered in rehabilitation and aged care hospitals or hospices is usually considered to be “sub acute”.

Programs are service delivery areas, which are identified and separately funded in budgets. These can be also be classified as acute, non acute and sub acute.

Admissions

The administrative process by which a hospital records the commencement of an episode of care, whether is be same day or overnight. Admissions can be planned or unplanned or via the emergency department.

Ambulatory Care

Non-inpatient care provided in settings such as outpatients departments, community care and the home.

Asset Acquisition Program

The NSW Health Department’s Capital Works Program which lists what new building and major equipment will be acquired year by year.

Available Beds and Bed Days

A bed or a treatment chair (e.g. dialysis, endoscopy, chemotherapy) which is immediately available to be used for treatment of admitted patients in a hospital, that is, resourced with services and staff and is located in a suitable place for care.

Available bed days are the assessed number of bed days, which were available for inpatient care during the year. Same day inpatients are recorded as one inpatient bed day.

Average Length of Stay (ALOS)

The average (or mean) length of stay for a group of inpatients, less leave days.

Bed Capacity

Refers to the ability of SWSAHS to meet current and forecast demand.

Bed Occupancy Rate

The percentage of available beds, which have been occupied over the year. The bed occupancy rate is a measure if the intensity of the use of hospital resources by inpatients. It is calculated as Occupied Bed Days- Unqualified Babies Bed Days/Available Bed Days x 100.

Benchmark

A process of comparison of like processes, outputs or outcomes.

Best Practice

The care, which will lead to the maximum benefit for an individual or a population after balancing cost, equity and outcomes.

Capital

Refers to assets including buildings, equipment and land.

Casemix

Casemix is a method of describing the different types of patients treated by the health system and recognising that different types of patients require different levels of resources. Acute inpatients are measured by Diagnosis Related Groups (DRGs).

Clinical Academic

A Professor appointed to the Health Service.

Clinical Governance

The process by which the health system is accountable for continuously improving the quality of services and safeguarding high standards of care.

Clinician

Refers to Allied Health, Nursing and Medical professionals.

Cost per Inpatient

The total cost of inpatient care divided by the number of inpatients.

Cost Weight

One of the most useful aspects of Diagnosis Related Groups (DRGs) is the ability to determine the relative resource requirements of patients across the different groups. This is achieved through the development of cost weights. Cost weights aim to describe the average cost (and complexity) of patients within particular DRGs as compared to the average for all DRGs, which is 1.

Cross-Accreditation

The appointment of doctors at multiple hospital sites across the Area Health Service.

Demand

Refers to the requirement for health services from the community. Demand for health services is increasing due to population growth and ageing, technology, community expectations and changing clinical practice. Population factors are the most significant driver of demand. Growth in demand varies between Area Health Services due to variations in population growth and ageing affects. SWS residents' demand can be met through access to services provided within SWSAHS, elsewhere in NSW or in some cases, interstate.

Diagnosis Related Group (DRG)

A DRG is a group of inpatient codes that consume similar hospital resources. An inpatient code describes the diagnosis assigned to a patient for the admission.

District Hospital C1

Acute hospital treating 5,000 or more but less than 10,000 acute casemix weighted separations per annum.

Divisions of General Practice

Local organisations of general practitioners whose role is to support General Practitioners in providing better services to the community. Divisions of General Practice have roles in liaison and health planning, professional development, practice support, population health and addressing local health needs. Divisions are funded by the Australian Government Department of Health and Ageing under an outcomes based approach, which recognises local and national health priorities.

Equity

Is defined as equal opportunity for access to services for equal or similar need.

Effectiveness

Is the benefit achieved as a result of a service, intervention or process.

Efficiency

Generally means best value for money and making the best use of limited resources.

Episode of Care

A phase of treatment during which the patient receives a particular type of care (e.g. acute, rehabilitation etc). When that type of care is concluded the episode of care is ended and the patient undergoes either a type change separation to a different type of care or a formal separation and leaves the hospital.

FlowInfo Version 5.1

Inpatient database produced by the NSW Department of Health that enables analysis of where residents of a Health Service are treated.

General Surgeon

Is a registered Medical Practitioner whose training has been acknowledged by the award of a Fellowship in General Surgery in the Royal Australasian College of Surgeons, or one who holds an equivalent postgraduate qualification accepted by the College, and holds a hospital appointment as a specialist surgeon.

General Surgeon (credentialed for a specialist interest in a subspecialty)

Is a General Surgeon as defined, whose training has included areas of surgical practice additional to the current training program in general surgery and who has been granted privileges by the hospital credentials committee to practice in those additional fields. The current training program in general surgery includes alimentary surgery (upper gastrointestinal surgery, heptobiliary/pancreatic surgery and colorectal surgery), head and neck surgery, vascular surgery, endocrine and breast surgery and endoscopy and other diagnostic procedures.

Health Outcome

Is a change in health that is due to a health service intervention program of some type. This change can refer to individuals, or groups of people, or a population. Health outcome/gain indicators are specific, measurable indicators related to each goal and allow monitoring of change occurring.

High Cost Complex DRGs

A list of DRG's developed on empirical grounds with clinical input that is concentrated usually within major teaching and referral hospitals.

Hospital/Community Interface

Refers to the meeting point between a community setting for care and a hospital setting for care e.g. Patients referred by GPs to hospitals or hospitals discharging patients back into GP care.

Incidence

The rate of occurrence of health problems/disease in a population.

Inflows

People who are not residents of an Area Health Service who receive care within that Area Health Service's hospitals.

Inpatient

A patient admitted to a hospital or health service facility.

Intake

Intake is the process by which patient and consumer referrals for health services are received by the Area Health Service.

Intern

A Medical Officer serving in a hospital prior to his/her obtaining full registration pursuant to the *Medical Practice Act 1992*.

Macarthur

Campbelltown, Camden and Wollondilly local Government areas.

Major Metropolitan Hospital B1

An acute hospital treating 10,000 or more acute casemix weighted separations per annum, but having less than 25,000 acute casemix weighted separations or an average casemix weight of less than 1.

Morbidity

Refers to illness episodes. Morbidity data is data on illness/health problems in a community/group. In Australia this usually refers to data on hospital separations and health centre usage.

Mortality

Refers to death. Mortality data is data on the numbers and causes of death, collected in each state.

Natural Flow

Movement of an Area's residents across an Area Health Service border that occurs usually because a hospital or service in the neighbouring area is more easily accessed.

Non-Inpatient

A patient who receives services from a health service facility without being admitted e.g. outpatient, accident and emergency service or community health services.

Non-Inpatient Occasions of Service (NIOOS)

The number of occasions on which health care services are delivered to non-inpatients. An occasion of service may be an examination, consultation, diagnostic test, treatment or other service provided to a patient in each functional unit of a health service. Services may be provided to an individual or a group. A group occasion of service would typically show the number of participants.

Non-Tertiary

Hospital care that does not consume large inputs of health resources.

Occupancy

The percentage of a hospital's beds filled at a specific time, or in a specific period.

Outflow

People resident of an Area Health Service who receive hospital services outside their Area Health Service.

Patient

A person in contact with the health system seeking attention for a health condition.

Patient Acuity

Refers to the severity of a patient's illness.

Patient Flow

The movement of a patient through the hospital system.

Primary Care

Health care provided by a health professional which is a client's first point of entry into the health system.

Principal Referral Hospital Group A

An acute hospital treating over 25,000 or more acute casemix weighted separations per annum, with an average cost weight of greater than 1 and having more than 1 specialty service.

Principal Referral Hospital Group B

An acute hospital treating over 25,000 or more acute casemix weighted separations per annum, with an average cost weight of greater than 1 and 1 or fewer specialty services.

Procurement Feasibility Plan

A Plan which examines the business case for meeting an identified need through a capital investment. The Plan describes the current levels of health services and the current state of the existing assets and equipment, forecasts the future service catchment and activity, develops options for meeting needs, assesses all options and develops a recommended strategy.

Registrar

A medical officer in a hospital who has had at least 3 years post graduate experience in public hospital service.

Resident Medical Officer

A medical officer who has obtained full registration.

Residential Aged Care Facility

A hostel, nursing home or retirement village caring for the aged.

Role Delineation

Is a process which determines the support services, staff profile, minimum safety standards and other requirements to ensure that clinical services are provided safely and appropriately. The roles range from 1 (lowest level) to 6 (highest level and most comprehensive service).

Safety

The extent to which potential risks are avoided and inadvertent harm is minimised in care delivery processes.

Same Day

A same day separation results when an inpatient is admitted and separated on the same calendar day. It includes inpatients who are transferred to another hospital or inpatients who have died.

Self-sufficiency

Local residents treated locally i.e. the number of SWS residents treated within SWSAHS as a proportion of all SWS resident demand. This is usually expressed as a percentage.

Separations

A separation is a death, transfer or discharge of a patient from or in a hospital.

Specialist General Physician with Subspecialty Interest

A physician who has completed a learned College approved training program with the award of a fellowship, and who has successfully undertaken additional approved training programs in the indicated sub-specialty.

Subspecialty Surgeon

Is a surgeon who has successfully completed a college approved training program with the award of a fellowship in a specialty, or subsequent to the award of a fellowship in general surgery, has undertaken successfully the approved post fellowship training in a surgical subspecialty, or a surgeon whose training has been accepted by the appropriate college. Subspecialty surgeons include urologists, gynaecologists, opthalmologists, orthopaedic surgeons, vascular surgeons, plastic surgeons etc.

Supply

Refers to the total hospital activity provided by SWSAHS to both SWS residents and out-of-Area residents.

South Western Sydney

Comprises the Bankstown, Fairfield, Liverpool, Camden, Campbelltown, Wollondilly and Wingecarribee Local Government Areas.

Tertiary

Refers to medical and related services that consume large inputs of health resources, usually on patients of high complexity.

Triage

A method of ranking sick or injured people according to the severity of their sickness or injury in order to ensure that medical and nursing staff facilities are used most efficiently.