ADVANCING SURGICAL SERVICES

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

Prepared: SESLHD Clinical Stream Surgery, Perioperative, Anaesthetics Committee
SESLHD Strategy and Planning Unit, DPPHE

May 2018
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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 Perioperative and Anaesthetic Services will be responsible for the implementation of this Plan in keeping with their role1 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.

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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.
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

Our strategic priorities
SESLHD STRATEGY
South Eastern Sydney Local Health District Journey to Excellence Strategy 2018-2021

Enablers

<table>
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<tr>
<th>Partnerships that deliver</th>
<th>Responsive Information Management Systems</th>
<th>Data &amp; Analytics</th>
<th>Fit for purpose infrastructure</th>
<th>A culture of continuous improvement</th>
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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
INTERLUMINAL SURGERY HYBRID MODEL AT SGH

Completion of an 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 Oesophagectomies, 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 specialties
- Investigate management of diabetic patients having surgery
- Investigate metabolic disorders and bariatric surgery.

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 Oesophagectomy
- ERAS - Nephrectomy
- ERAS - Open Oesophagectomy
- ERAS – Trans Urethral Resection of the Prostate (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.

OSTEOPOROSIS REFRACURE 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 specialties to support this Program.

PILOT NSQUIP

American College of Surgeons’ 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

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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

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