

Version 3.1

# Surgery Dashboard Indicators

2011/12

NSW Ministry of Health

March 2012

**Further Information:**

This document supercedes Version 2.1c (2009) and replaces all previous versions of the Surgical KPI Dictionary/Surgery Dashboard Indicator definitions released by the Health Services Performance Improvement Branch or Demand and Performance Evaluation Branch

If you have any queries/comments regarding the Performance Indicators, please contact:

***Policy issues:*** Health Services Performance Improvement Branch

***Data issues:*** Demand and Performance Evaluation Branch

Trim Reference; H12/12496-3

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**WAITING LISTS**

**OVERDUE ELECTIVE SURGERY PATIENTS**

**INDICATOR: 9B5, 9B6 & 9B7**

- Category 1 Ready-for-care patients (RFC) > 30 days (number) (9B5)
- Category 2 Ready-for-care patients (RFC) > 90 days (number) (9B6)
- Category 3 Ready-for-care patients (RFC) > 365 days (number) (9B7)

Previously known as Overdue planned surgical patients on list

**Version number**

6.1

**Scope**

All ready for care patients currently on the NSW Health Waiting Times Collection for elective surgery.

**Goal**

To reduce waiting time for elective surgery in public hospitals.

**Desired outcome**

Better management of waiting lists to minimise waiting time for elective surgery.

**Primary point of collection**

Waiting List/Booking Clerk

**Data Collection Source/System**

Patient Admission System (PAS)/Waiting List Collection On-Line System (WLCOS)

**Primary data source for analysis**

WLCOS

**Indicator definition**

Number of elective surgical patients on the NSW Health Waiting Times Collection whose waiting time (last urgency waiting time for categories 1 and 2, ready for care days for category 3) has exceeded the time recommended in the clinical priority category to which they have been assigned.

- **Number of Category 1 patients waiting >30 days**  
Number of Category 1 surgical patients who have been waiting for elective admission longer than 30 days.
- **Number of Category 2 patients waiting >90 days**  
Number of Category 2 surgical patients who have been waiting for elective admission longer than 90 days.
- **Number of Category 3 patients waiting >365 days**  
Number of Category 3 surgical patients who have been waiting for elective admission longer than 365 days.

***Inclusions***

Ready for Care patients (clinical priority categories 1, 2 and 3) on the surgical waiting list.

***Exclusions***

Not Ready for Care (NRFC) patients are excluded (clinical priority category 4).

**Targets**

Target

0 (Zero) for Category 1 > 30 days  
0 (Zero) for Category 2 > 90 days  
0 (Zero) for Category 3 >365 days

|                                    |   |
|------------------------------------|---|
| <b>Comments</b>                    | <p>Patients should be admitted within the timeframe recommended for the assigned clinical priority category:</p> <p><b>Category 1</b> Admission <b>within 30 days</b> desired for a condition that has the potential to deteriorate quickly to the point that may become an emergency.</p> <p><b>Category 2</b> Admission <b>within 90 days</b> desirable for a condition, which is not likely to deteriorate quickly or become an emergency.</p> <p><b>Category 3</b> Admission <b>within 365 days</b> acceptable for a condition, which is unlikely to deteriorate quickly and which has little potential to become an emergency.</p> |
| <b>Context</b>                     | Elective surgery: The numbers of overdue patients represent a measure of the hospital's performance of elective surgical care.  |
| <b>Related Policies/ Programs</b>  | Clinical Services Redesign Program<br>Waiting Time and Elective Surgery Policy 2012   |
| <b>Useable data available from</b> | July 1994   |
| <b>Frequency of Reporting</b>      | Monthly   |
| <b>Time lag to available data</b>  | Reporting required by the 10 <sup>th</sup> working day of each month, data available for previous month   |
| <b>Business owners</b>             | System Purchasing and Performance Division  |
| Contact - Policy                   | Director, Health Service Performance Improvement Branch   |
| Contact - Data                     | Director, Demand and Performance Evaluation Branch  |
| <b>Representation</b>              |   |
| Data type                          | Numeric   |
| <b>Form</b>                        | Number  |
| Layout                             | NN,NNN  |
| Minimum size                       | 1   |
| Maximum size                       | 6   |
| <b>Related National Indicator</b>  |   |

**INDICATOR: S7**

**ELECTIVE SURGERY PATIENTS ADMITTED WITHIN CLINICALLY APPROPRIATE TIME**

Percentage - %  
Previously known as “planned surgery patients admitted on time”

|   |   |
|---|---|
| <b>Version number</b>                   | 1.2   |
| <b>Scope</b>                            | All elective surgery patients who are admitted and included in the NSW Health Waiting Times Collection  |
| <b>Goal</b>                             | To reduce waiting time for elective surgery in public hospitals.  |
| <b>Desired outcome</b>                  | Better management of waiting lists to minimise waiting time for Elective surgery.   |
| <b>Primary point of collection</b>      | Waiting List/Booking List Clerk   |
| <b>Data Collection Source/System</b>    | Patient Administration System (PAS)/Waiting List Collection On-Line System (WLCOS)  |
| <b>Primary data source for analysis</b> | Waiting List Collection System (WLCOS)  |
| <b>Indicator definition</b>             | The percentage (%) of elective surgery patients on the NSW Health Waiting Times Collection who were admitted within the timeframe recommended for their clinical priority category. |

***Numerator***

|                      |   |
|----------------------|---|
| Numerator definition | Total number of elective surgery patients in the NSW Health Waiting Times Collection who: <ul style="list-style-type: none"> <li>• Have been admitted for treatment within the reporting period, and</li> <li>• were admitted within the timeframe recommended for their clinical priority category.</li> </ul> |
|----------------------|---|

Note: includes:

- Staged patients \*Refer to Policy for management of staged patients
- Emergency admissions for their recorded waitlist procedure

|                        |                   |
|------------------------|-------------------|
| Numerator source       | WLCOS             |
| Numerator availability | Available Monthly |

***Denominator***

|                          |  |
|--------------------------|--|
| Denominator definition   | Total number of surgical patients in the NSW Health Waiting Times Collection who have been admitted for treatment within the reporting period. |
| Denominator source       | WLCOS  |
| Denominator availability | Available,   |

***Inclusions***

|  |   |
|--|---|
| Surgical patients in the NSW Health Waiting Times Collection who have been admitted for treatment, that is where the reason for removal is | <ul style="list-style-type: none"> <li>• 1 Routine admission</li> </ul> |
|--|---|

- 2. Emergency Admissions, where the patient has surgery for the waitlisted procedure OR
- 8 Admission contracted to a private hospital/day procedure centre

**Exclusions**

Patients whose Waiting List Category is not 'Elective Surgery

**Targets**

Target based on the requirements for the National Partnership Agreement are:

|                                   | Category 1 | Category 2 | Category 3 |
|-----------------------------------|------------|------------|------------|
| Baseline<br>Jan 11 to 31 Dec 2011 | 92.3%      | 86.6%      | 89.4%      |
| 2012                              | 96%        | 90.0%      | 92.0%      |
| 2013                              | 100%       | 93.0%      | 95.0%      |
| 2014                              | 100%       | 97.0%      | 97.0%      |
| 2015                              | 100%       | 100.0%     | 100%       |

*Source: Table A5, A6 & A7 National Elective Surgery Targets, National Health Reform Agreement*

**Context**

To ensure timely access for Elective Surgery to achieve the National Elective Surgery targets (NEST) as outlined in the National Performance Agreement (NPA).

**Useable data available from**

July 2005

**Frequency of Reporting**

Monthly/Weekly

**Time lag to available data**

Reporting required by the 10<sup>th</sup> day of each month, data available for previous month

**Business owners**

System Purchasing and Performance Division

Contact - Policy

Health Service Performance Improvement Branch

Contact - Data

Demand and Performance Evaluation Branch

**Representation**

Data type

Numeric

Form

Number, presented as a percentage (%)

Representational layout

NNN.NN

Minimum size

3

Maximum size

6

Date effective

1 July 2008

**Related National Indicator**

PI 34-Waiting times for elective surgery, 2011

<http://meteor.aihw.gov.au/content/index.php?id/421623>

Meteor ID 421623

|   |   |
|---|---|
| <b>Indicator S11</b>                    | <b>ELECTIVE SURGERY PATIENTS ON THE WAITLIST NOT READY FOR CARE</b>   |
| <b>Version number</b>                   | 1.0   |
| <b>Scope</b>                            | All elective surgery patients currently on a waiting list collection for elective surgery.  |
| <b>Goal</b>                             | To reduce waiting time for elective surgery in public hospitals.  |
| <b>Desired outcome</b>                  | Better management of waiting lists to minimise waiting time for elective surgery.   |
| <b>Data Collection Source/s</b>         | Waiting List Clerk  |
| <b>Primary data source for analysis</b> | Patient Admission System (PAS)/Waiting List Collection On-Line System (WLCOS)   |
| <b>Definition</b>                       | <p>The percentage of elective patients booked on a waiting list collection for elective surgery who are recorded as “Not Ready for Care”</p> <p>A <b>Not Ready for Care patient</b> is defined as a patient who is not available to be admitted to hospital until some future date, and is either:</p> <ul style="list-style-type: none"> <li>• <b>staged</b> - not ready for clinical reasons</li> <li>• <b>deferred</b> - not ready for personal reasons</li> </ul> <p>Results should be reported separately for deferred and staged patients.<br/><b>Note:</b> Target applies to deferred patients only.</p> |
| <b><i>Numerator</i></b>                 |   |
| Numerator definition                    | Total number of booked elective surgery patients on the waiting list collection who are recorded as Not Ready for Care for elective surgery.  |
| Numerator source                        | PAS/WLCOS   |
| Numerator availability                  | Available   |
| <b><i>Denominator</i></b>               |   |
| Denominator definition                  | The number of elective surgical patients on the waiting list collection for elective surgery.   |
| Denominator source                      | PAS/WLCOS   |
| Denominator availability                | Available   |
| <b><i>Inclusions</i></b>                | All Not Ready for Care elective surgical patients on the waitlist collection  |
| <b><i>Exclusion</i></b>                 | Non surgical patients on the Waitlist   |
| <b>Reporting</b>                        |   |
| Reporting required by                   | NSW Health  |
| Indicators reported to                  | <ul style="list-style-type: none"> <li>• Surgical Services Taskforce</li> </ul>   |
| Next report due                         | Ongoing, Monthly  |



|                                    |   |
|------------------------------------|---|
| <b>Targets</b>                     | <ul style="list-style-type: none"> <li>• 5% applied to deferred category and</li> <li>• 10% for Total Not Ready for Care Patients</li> </ul>    |
| <b>Context</b>                     |   |
| <b>Related Policies/ Programs</b>  | <ul style="list-style-type: none"> <li>• Clinical Services Redesign Program</li> <li>• Waiting Time and Elective Surgery Policy 2012</li> </ul> |
| <b>Useable data available from</b> | July 2007   |
| <b>Frequency of Reporting</b>      | Monthly   |
| <b>Time lag to available data</b>  | Reporting required by the 10 <sup>th</sup> working day of each month, data available for previous month.  |
| <b>Business owners</b>             | System Purchasing and Performance Division  |
| Contact - Policy                   | Director, Health Service Performance Improvement Branch   |
| Contact - Data                     | Director, Demand and Performance Evaluation Branch  |
| <br>                               |   |
| <b>Representation</b>              |   |
| Data type                          | Numeric   |
| Form                               | Number, presented as a percentage (%)   |
| Representational layout            | NNN.N   |
| Minimum size                       | 3   |
| Maximum size                       | 5   |

**OPERATING THEATRE**

**INDICATOR: 9C7**

**ELECTIVE SURGERY THEATRE UTILISATION:  
OPERATING ROOM OCCUPANCY**

|                                      |  |
|--------------------------------------|--|
| <b>Version number</b>                | Theatre Utilisation For Elective Sessions measured as operating room occupancy, Previously known as “planned surgery utilisation”<br>1.1   |
| <b>Scope</b>                         | Patients treated in dedicated elective theatre sessions.   |
| <b>Goal</b>                          | Maximise the productivity of operating theatres in hospitals, reduce cancellations and improve the flow of patients through the hospital.  |
| <b>Desired outcome</b>               | Efficient access and throughput for emergency and elective surgery patients and reduction in waiting lists.  |
| <b>Primary point of collection</b>   | Operating Theatres   |
| <b>Data Collection Source/System</b> | Patient Administration System (PAS), Operating Theatre Systems eg SurgiNet, Manual Collection.   |
| <b>Primary data source</b>           | Provided directly by LHDs and Networks to Ministry of Health.  |
| <b>Indicator definition</b>          | The percentage of time allocated to elective theatre sessions where the operating theatre (operating room) was occupied by surgery patients receiving active treatment.  |
| <br><i><b>Numerator</b></i>          |  |
| Numerator definition                 | The sum of ([Patient out of operating theatre/operating room date/time] – [Patient in (operating theatre/operating room) date/time]) for all patients treated during an elective theatre session.<br><b>Note:</b> <ul style="list-style-type: none"> <li>• When a patient enters the operating theatre/operating room (within the Theatre suite) before the session start time, the actual session start time should be treated as the [patient in room date/time] for this indicator.</li> <li>• The time spent in the theatre suite <b>but not in the operating theatre/operating room</b> before the session start time is considered “out-of-session” time.</li> <li>• Patient in room time commences when the patient physically enters the operating theatre/operating room assigned to the elective session. This applies even when an anaesthetic or other procedure is commenced prior to the patient entering in the operating theatre/operating room.</li> <li>• Similarly, when a patient leaves the theatre operating room after the allocated session end time, the session end time should be treated as the [patient out of room date/time] for this indicator. (The time spent in the theatre after the session end time is considered “out-of-session” time.)</li> </ul> |
| Numerator source                     | Operating Theatre System   |
| Numerator availability               | Variable across sites  |

**Denominator**

|                          |  |
|--------------------------|--|
| Denominator definition   | The time allocated to elective theatre sessions. |
| Denominator source       | Operating theatre data collection                |
| Denominator availability | Variable across sites                            |

**Inclusions**

Surgical patients treated in operating theatres during elective sessions.

**Exclusions**

- Surgery performed outside elective surgery sessions.
- Periods of anaesthesia that occurred outside the operating room allocated to the session.

**Targets**

80%

Comments

- This indicator is intended as a measure of operating theatre/operating room use during sessions routinely allocated for elective surgery only. Activity performed outside of the operating theatre/operating room and these sessions is not included in the indicator.
- The indicator specifically relates to the time the patient is physically in the operating theatre/operating room, if the patient is anaesthetised outside the actual operating theatre/operating room, (e.g. in the anaesthetic bay/room) before the patient enters the theatre, the time is NOT counted towards utilisation of the session.

**Context**

In order to estimate operating theatre productivity and efficiency, a number of performance indicators are required. Surgery cannot be performed without a number of support activities, which need to be viewed in combination for a true picture of utilisation to be obtained. Operating theatre/operating room, occupancy during elective session hours is just one of a number of indicators of theatre utilisation.

**Related Policies/ Programs**

- Clinical Services Redesign Program
- Waiting Time and Elective Surgery Policy 2012

**Useable data available from**

Variable across site. State-wide collection commenced June 2006

**Frequency of Reporting**

Monthly

**Time lag to available data**

Reporting required by the 10<sup>th</sup> working day of each month, data available for previous month

**Business owners**

System Purchasing and Performance Division

Contact - Policy

Director, Health Service Performance Improvement Branch

Contact - Data

Director, Demand and Performance Evaluation Branch

**Representation**

Data type

Numeric

Form

Number, presented as a percentage (%)

Representational layout

NNN.N

Minimum size

3

Maximum size

5

**Indicator S8**

**FIRST CASE ON TIME THEATRE PERFORMANCE**

1.1

**Version number**

**Scope**

Theatre sessions

**Goal**

Better monitoring and continuous improvement of theatre resources.

**Desired outcome**

Shorter waiting times for elective non-emergency care. Better forecasting utilisation and management of surgical activity in operating theatres.

**Data Collection Source/s**

Operating theatres

**Primary data source for analysis**

Operating Theatre Information System e.g. SurgiNet, Manual.

**Definition**

The percentage of theatre sessions where the first case done in the session is commenced at (or before) the session start time.

***Numerator***

Numerator definition

Number of theatre sessions where the “patient in room (operating theatre/operating room,) time” for the first case is equal to or before the scheduled start time for the session

- Patient in room time commences when the patient physically enters the operating theatre/operating room, assigned to the session. This applies even when an anaesthetic or other procedure is commenced prior to the patient entering in the operating/theatre room.

Numerator source

Operating Theatre Information Systems, Manual

Numerator availability

Variable across sites

***Denominator***

Denominator definition

Total number of theatre sessions for the period

Denominator source

Operating Theatre Information Systems, Manual

Denominator availability

Variable across sites

***Inclusions***

Theatre sessions occurring in the reporting period

***Exclusions***

Planned emergency sessions

**Reporting**

Reporting required by

- Clinical Services Redesign Program
- Waiting Time and Elective Surgery Policy 2012

Indicators reported to

- Surgical Services Taskforce

**Targets**

Target

95%

- Comments
- If the “in room time” occurs earlier than the scheduled session time it is also considered “on time”.
  - Except in an emergency, the patient should not enter the operating theatre/operating room, until such time as the nursing staff are ready for the patient to enter the room, active patient care will commence immediately after entry into the room (including moving the patient onto the operating table and anaesthetic preparation), and that the surgical team are available to start the planned procedure without delay.

**Context**

|                                    |  |
|------------------------------------|--|
| <b>Useable data available from</b> | 2008   |
| <b>Frequency of Reporting</b>      | Monthly  |
| <b>Time lag to available data</b>  | Reporting required by the 12th calendar day of each month, data available for previous month |
| <b>Business owners</b>             | System Purchasing and Performance Division   |
| Contact - Policy                   | Director, Health System Performance Improvement Branch                                       |
| Contact - Data                     | Director, Demand and Performance Evaluation Branch   |

**Representation**

|                         |                                       |
|-------------------------|---------------------------------------|
| Data type               | Numeric                               |
| Form                    | Number, presented as a percentage (%) |
| Representational layout | NNN.N                                 |
| Minimum size            | 3                                     |
| Maximum size            | 5                                     |
| Date effective          | 1 July 2008                           |

|   |  |
|---|--|
| <b>Indicator S6</b>                     | <b>NUMBER OF THEATRE ATTENDANCES</b>   |
| <b>Version number</b>                   | 4.8  |
| <b>Scope</b>                            | Patients treated in an Operating Theatre   |
| <b>Goal</b>                             | Shorter waiting times for elective non-emergency care, Better monitoring and continuous improvement of theatre resources.  |
| <b>Desired outcome</b>                  | Better forecasting utilisation and management of surgical activity in operating theatres.  |
| <b>Primary point of collection</b>      | Operating theatres   |
| <b>Data Collection Source/s</b>         | Operating Theatre Information System, Manual, Patient Administration System (PAS)  |
| <b>Primary data source for analysis</b> | HIE  |
| <b>Definition</b>                       | <p>Number of theatre attendances where the commencement time was within the reporting period.</p> <p>Where:</p> <ul style="list-style-type: none"> <li>• Each discrete theatre attendance by a patient is counted as one attendance, irrespective of the number of procedures performed during that attendance.</li> <li>• Where a theatre attendance continues past midnight, the attendance is counted in the day it commenced.</li> </ul> |
| Data Source                             | Operating Theatre Information System   |
| Data Availability                       | Variable at sites  |
| <b>Inclusions</b>                       | All emergency and elective theatre attendances for surgery, other therapeutic procedures or other medical intervention e.g. dental extraction in children.   |
| <b>Exclusions</b>                       | Nil  |
| <b>Reporting</b>                        |  |
| Indicators reported to                  | <ul style="list-style-type: none"> <li>• Surgical Services Taskforce</li> </ul>  |
| <b>Targets</b>                          |  |
| <b>Context</b>                          |  |
| <b>Related Policies/Programs</b>        | <ul style="list-style-type: none"> <li>• Clinical Services Redesign Program</li> <li>• Waiting Time and Elective Surgery Policy 2012</li> </ul>  |

|                                    |   |
|------------------------------------|---|
| <b>Major existing uses</b>         | <ul style="list-style-type: none"> <li>• State Plan</li> <li>• LHD and Network Performance Agreements/ Reviews</li> <li>• Annual Report</li> <li>• Finance Risk and Performance Management Committee (monthly)</li> </ul> |
| <b>Useable data available from</b> | 2008  |
| <b>Frequency of Reporting</b>      | Monthly   |
| <b>Time lag to available data</b>  | Reporting required by the 12th calendar day of each month, data available for previous month.   |
| <b>Business owners</b>             | System Purchasing and Performance Division  |
| Contact - Policy                   | Director, Health System Performance Improvement Branch  |
| Contact - Data                     | Director, Demand and Performance Evaluation Branch  |
| <b>Representation</b>              |   |
| Data type                          | Numeric   |
| Form                               | Number  |
| Representational layout            | N,NNN,NNN   |
| Minimum size                       | 1   |
| Maximum size                       | 7   |
| Date effective                     | 1 July 2007   |

**INDICATOR: S**

**SURGICAL SEPARATIONS**

1. Number Year to Date
2. Variance Year to date previous year

|   |  |
|---|--|
| <b>Version number</b>                   | 1  |
| <b>Scope</b>                            | Acute admitted patients, all public hospitals  |
| <b>Goal</b>                             | High quality patient outcomes and effective surgery service management   |
| <b>Desired outcome</b>                  | To monitor and manage Health Services  |
| <b>Primary point of collection</b>      | Patient Medical Record   |
| <b>Data Collection Source/System</b>    | Hospital PAS system, Admitted Patient Data Collection  |
| <b>Primary data source for analysis</b> | HIE/IQ server.   |
| <b>Indicator definition</b>             | <p>The total number of surgical <b>separations</b> occurring during the reference period. Where:</p> <ul style="list-style-type: none"> <li>• The separation is counted at the episode level and includes both formal and statistical separations.</li> <li>• Records are defined as a surgical separation based on the partitioning defined in the Australian Refined Diagnosis Related Groups V6. I.e. the assigned ANDRG second and third characters are in the range 01 to 39.</li> <li>• Excludes Caesarian procedures</li> </ul> <p>And is reported as:</p> <ol style="list-style-type: none"> <li>1. Number Year to Date</li> <li>2. Variance Year to date to previous year presented as a percentage: where               <ul style="list-style-type: none"> <li>• The YTD figure is the updated count, not the previous year published YTD. i.e. includes records uncoded or not submitted at the time the previous year data was originally reported.</li> </ul> </li> </ol> |
| Data source                             | HIE  |
| Data availability                       | Data is extracted to the HIE weekly but data entry into source systems may not be up-to-date.  |
| <b>Inclusions</b>                       | <p>All Acute Separations:<br/>Both formal and statistical separations<br/>All Service Categories<br/>Patients who separated from hospital more than once in the period will be counted more than once in the data set</p>  |
| <b>Useable data available from</b>      | 2000/2001  |
| <b>Frequency of Reporting</b>           | Monthly  |
| <b>Time lag to available data</b>       | Weekly extraction to HIE weekly, but data entry and coding may be several months late.   |



|                        |   |
|------------------------|---|
| <b>Business owners</b> | System Purchasing and Performance Division              |
| Contact - Policy       | Director, Health Service Performance Improvement Branch |
| Contact - Data         | Director, Demand and Performance Evaluation Branch      |

**Representation**

**YTD**

|                            |                                       |
|----------------------------|---------------------------------------|
| a) Representational layout | NN,NNN,NNN(no decimals)               |
| Data type                  | Numeric                               |
| Form                       | Number                                |
| Minimum size               | 1                                     |
| Maximum size               | 8                                     |
| Date effective             | 01/07/2011                            |
| b) Representational layout | NNN.N                                 |
| Data type                  | Numeric                               |
| Form                       | Number, presented as a percentage (%) |
| Minimum size               | 3                                     |
| Maximum size               | 5                                     |

|   |   |
|---|---|
| <b>Indicator S2</b>                     | <b>CANCELLATIONS ON DAY OF SURGERY</b>  |
| <b>Version number</b>                   | 5.0   |
| <b>Scope</b>                            | All elective surgical patients in NSW Health Waiting Times Collection with a Planned Procedure Date within the reporting period.  |
| <b>Goal</b>                             | Shorter waiting times for elective non-emergency care. To minimise the rate of cancellations on the day of planned surgery for surgical patients on the Waiting List.   |
| <b>Desired outcome</b>                  | To effectively reduce surgery cancellations on the planned day of elective surgery for patients on the Waiting List and provide greater certainty for patient care.   |
| <b>Primary point of Collection</b>      | Requires appropriate data collected at time of booking and /or at time of procedure cancellation.   |
| <b>Data Collection Source/System</b>    | Waiting Times Collection On-Line System (WLCOS), Patient Administration System (PAS), Operating Theatre Information System eg SurgiNet, Manual  |
| <b>Primary data source for analysis</b> | Currently no single data source for all base calculation requirements. Health Services will provide aggregate data to the Ministry for Health for reporting.  |
| <b>Definition</b>                       | <p>Percentage of elective surgical patients in the NSW Health Waiting Times Collection whose surgery was cancelled* on the planned day of elective surgery.</p> <p>*Cancellation refers to the non-performance of planned surgery for any reason; The reason for cancellation should be recorded using the standard set of cancellation reason provided at the end of this definition.</p> <p style="margin-left: 40px;">Data will be reported by</p> <ul style="list-style-type: none"> <li>• Patient related and</li> <li>• System related (OT related, Surgeon related, Anaesthesia related and Bed availability)</li> </ul> |
| <b>Numerator</b>                        |   |
| Numerator definition                    | <p>Number of elective surgical patients in the NSW Health Waiting Times Collection with a Planned Procedure Date within the reporting period, whose surgery was cancelled on the Planned Procedure Date.</p> <p>This includes all patients who had their surgery cancelled, whether or not the patient was formally admitted at the time of cancellation.</p>   |
| Numerator source                        | Manual, PAS, Operating Theatre Information System   |

Numerator availability                      Date of cancellation is not universally reported and is not accommodated in the HIE extract. Will require manual reconciliation between theatre scheduling information and the Ministry reportable Waiting Times information.

**Denominator**

Denominator definition                      Number of elective surgery patients in the NSW Health Waiting Times Collection with a Planned Procedure Date within the reporting period including those who were cancelled on the day of their planned procedure.

Denominator source                              Waiting Times Collection On-Line System (WLCOS)/Patient Administration System ( PAS)

Denominator availability                      Planned Procedure Date is not a mandatory field in the Waiting Times Collection however it is recorded for more than 90% of Waiting List patients who have been allocated a planned Admission Date.

**Inclusions**

Surgical patients in the NSW Health Waiting Times Collection who have been allocated a Planned Procedure Date

**Exclusions**

Patients whose Waiting List Category is not 'Elective Surgery'

**Reporting**

Reporting required by                              Surgical Services Taskforce

Indicators reported to

- Finance Risk and Performance Management Committee (Monthly)
- LHD and Networks Performance Agreements/Reviews
- Annual Report

Next report due                                      Ongoing, Monthly

**Targets**

Target    <2%

**Comments**

- This indicator is a comparative rate based indicator, which addresses the process of patient care.
- Waiting Times Collection patients are those public and private patients who are in the Waiting Times Collection and treated in a public hospital or under contract to a private hospital.

**Context**

The efficient management of surgical waiting list minimises cancellations on the day of planned surgery and ensures patient flow and predictable access. Cancellations should only occur occasionally, e.g. in response to an acute change in patients' medical condition.

|                                    |  |
|------------------------------------|--|
| <b>Related Policies/Programs</b>   | <ul style="list-style-type: none"><li>• Clinical Services Redesign Program</li><li>• Waiting Time and Elective Surgery Policy 2012</li></ul> |
| <b>Useable data available from</b> | 2006   |
| <b>Frequency of Reporting</b>      | Monthly  |
| <b>Time lag to available data</b>  | Reporting required by the 12th calendar day of each month, data available for previous month   |
| <b>Business owners</b>             | System Purchasing and Performance Division   |
| Contact – Policy                   | Director, Health System Performance Improvement Branch   |
| Contact – Data                     | Director, Demand and Performance Evaluation Branch   |

**Representation**

|                         |                                       |
|-------------------------|---------------------------------------|
| Data type               | Numeric                               |
| Form                    | Number, presented as a percentage (%) |
| Representational layout | NNN.NN                                |
| Minimum size            | 1                                     |
| Maximum size            | 6                                     |
| Date effective          | 1 July 2007                           |

**DAY OF SURGERY CANCELLATION REASONS**

**PATIENT RELATED**

SN Patient No Show  
 SN PT Unfit (pre-exist medical condition)  
 SN PT Unfit (acute medical condition post arrival)  
 SN PT Not fasted  
 SN PT Not adequately prepared for surgery - other  
 SN PT Refused surgery  
 SN PT No longer required surgery  
 SN PT Related - other  
 WL PT Treated elsewhere  
 WL PT Not contactable  
 WL PT Deceased

**OPERATING THEATRE RELATED**

SN OR List overbooked  
 SN OR Preceding case/s overrun  
 SN OR Preceding case/s delayed  
 SN OR Emergency case/s displace routine  
 SN OR Surgical nursing staff shortage  
 SN OR PACU nursing shortage/closure  
 SN OR Patient delayed in ward  
 SN OR Theatre orderly shortage/delay  
 SN OR Radiographer unavailable  
 SN OR Equipment/Instrument problem/unavailability  
 SN OR Blood product shortage/unavailable  
 SN OR Related - other

**SURGEON RELATED**

SN SU Surgeon unavailable  
 SN SU Surgical assistants unavailable  
 SN SU Surgeon late  
 SN SU Consent form not completed  
 SN SU Wrong operation booked  
 SN SU Surgeon related other

**ANAESTHESIA-RELATED**

SN AN Anaesthetist unavailable  
 SN AN Anaesthetic assistant not avail  
 SN AN Anaesthetist late  
 SN AN Perfusionist not available  
 SN AN Anaesthetic nurse/tech unavailable  
 SN AN Anaesthetic equipment not available  
 SN AN Anaesthesia-related

**BED AVAILABILITY**

SN Bed No DO/EDO bed available  
 SN Bed No ward bed available  
 SN Bed No HDU bed available  
 SN Bed No ICU bed available  
 SN Bed No CCU bed available  
 SN Bed No isolation bed available  
 SN Bed Other

**EMERGENCY THEATRE ACCESS**

**Indicator S9**

**EMERGENCY SURGERY ACCESS**

|   |   |
|---|---|
| <b>Version number</b>                   | 1.1   |
| <b>Scope</b>                            | Emergency Theatre Attendances   |
| <b>Goal</b>                             | Better monitoring and continuous improvement of theatre resources.  |
| <b>Desired outcome</b>                  | Better forecasting utilisation and management of surgical activity in operating theatres.   |
| <b>Data Collection Source/s</b>         | Operating theatres  |
| <b>Primary data source for analysis</b> | Operating Theatre Information System, Manual, Patient Administration System (PAS)   |
| <b>Definition</b>                       | <p>The percentage of patients within each of the Emergency Surgery priority categories (provided below), where the time between the theatre booking request and patients arrival in the theatre suite is equal to or less than the recommended time for that category.</p> <p>The Emergency Surgery priority categories are:</p> <ul style="list-style-type: none"> <li>• <b>Immediate Life threatening</b> - The patient is in immediate risk of loss of life , shocked or moribund, resuscitation not providing positive physiological response (Recommended time to theatre – within 15 minutes)</li> <li>• <b>Life threatening</b> - The patient has a life threatening condition but is responding to resuscitative measures. (Recommended time to theatre – within 1 hour)</li> <li>• <b>Organ/limb threatening</b> - The patient is physiologically stable but there is immediate risk of organ survival or systemic decomposition. (Recommended time to theatre – within 4 hours)</li> <li>• <b>Non critical, emergent</b> - The patient is physiologically stable but the surgical problem may undergo significant deterioration if left untreated. (Recommended time to theatre – within 8 hours)</li> <li>• <b>Non critical, non emergent, urgent</b> - The patient's condition is stable. No deterioration is expected. (Recommended time to theatre – 24 hours)</li> <li>• <b>Semi urgent, not stable for discharge</b> - The patient's condition is stable. No deterioration is expected but the patient is not suitable to be discharged. (Recommended time to theatre – within 72 hours)</li> </ul> |

**Numerator**

Numerator definition                      Number of Emergency Surgery patients where time between the theatre “booking time” and the patients arrival in the theatre suite is less than or equal to the time recommended for the allocated Emergency Surgery priority category.

Numerator source                              Operating theatre system

Numerator availability

**Denominator**

Denominator definition                      Total number of Emergency Surgery patients

Denominator source                            Operating theatre system

Denominator availability

**Inclusions**

Patients who have been allocated an Emergency Surgery priority category and whose surgery commenced in the reporting period.

**Exclusions**

**Reporting**

Reporting required by                          Surgical Services Taskforce

- Indicators reported to
- Finance Risk and Performance Management Committee (Monthly)
  - LHD and Networks Performance Agreements/Reviews
  - Annual Report

**Targets**

- Target
- Immediate Life threatening (within 15 minutes)                      100%
  - Life threatening (within 1 hour)    100%
  - Organ/limb threatening (within 4 hours)                                      85%
  - Non critical, emergent (within 8 hours)                                      85%
  - Non critical, non emergent, urgent (within 24 hours)                      85%
  - Semi urgent, not stable for discharge (within 72 hours)95%

Time frame for target

Lower /upper age limit                          N/A

Sex    N/A

Geographical area of interest                      Hospital/Area/State

**Related Policies/Programs**

- Clinical Services Redesign Program
- Waiting Time and Elective Surgery Policy 2012

|                                    |   |
|------------------------------------|---|
| <b>Major existing uses</b>         | <ul style="list-style-type: none"> <li>• State Plan</li> <li>• Performance Agreements/ Reviews</li> <li>• Annual Report</li> <li>• Finance Risk and Performance Management Committee (monthly)</li> </ul> |
| <b>Useable data available from</b> |   |
| <b>Frequency of Reporting</b>      | Monthly   |
| <b>Time lag to available data</b>  | Reporting required by the 12th calendar day of each month, data available for previous month  |
| <b>Business owners</b>             | System Purchasing and Performance Division  |
| Contact - Policy                   | Director, Health System Performance Improvement Branch  |
| Contact - Data                     | Director, Demand and Performance Evaluation Branch  |
| <b>Representation</b>              |   |
| Data type                          | Numeric   |
| Form                               | Number, presented as a percentage (%)   |
| Representational layout            | NNN.NN  |
| Minimum size                       | 3   |
| Maximum size                       | 6   |
| Date effective                     | 1 July 2008   |



## ADMISSION

|   |  |
|---|--|
| <b>Indicator S1</b>                     | <b>DAY OF SURGERY ADMISSIONS</b>   |
| <b>Version number</b>                   | 5.0  |
| <b>Scope</b>                            | All elective surgical patients in the NSW Health Waiting Times Collection whose intended length of stay is overnight.  |
| <b>Goal</b>                             | Better management of waiting lists.  |
| <b>Desired outcome</b>                  | To improve management of waiting lists and clinical outcomes for patients waiting for elective procedures.   |
| <b>Primary point of collection</b>      | Waiting List / Booking List Clerk  |
| <b>Data Collection Source/System</b>    | Waiting List Collection On-Line System (WLCOS)<br>Patient Administration System (PAS)  |
| <b>Primary data source for analysis</b> | Health Information Exchange (HIE), WLCOS   |
| <b>Definition</b>                       | The percentage of surgical patients in the NSW Health Waiting Times Collection whose discharge intention is 'overnight', and who are intended to be admitted on the day of their elective surgery.   |
| <b>Numerator</b>                        |  |
| Numerator definition                    | Number of surgical patients in the NSW Health Waiting Times Collection whose discharge intention is 'overnight', and who are intended to be admitted on the day of their planned surgery (Planned Admission Date (PAD)/To Come In (TCI) = Planned Procedure Date). |
| Numerator source                        | WLCOS / PAS  |
| Numerator availability                  | Monthly  |
| <b>Denominator</b>                      |  |
| Denominator definition                  | Number of surgical patients in the NSW Health Waiting Times Collection whose discharge intention is 'overnight'.   |
| Denominator source                      | WLCOS / PAS  |
| Denominator availability                | Monthly  |
| <b>Inclusions</b>                       | Surgical patients in the NSW Health Waiting Times Collection whose discharge intention is 'overnight'.   |
| <b>Exclusions</b>                       | Patients whose Waiting List Category is not 'Elective Surgery'<br>Patients whose intended length of stay is 'Same Day'.  |
| <b>Reporting</b>                        |  |
| Reporting required by                   | NSW Health   |
| Indicators reported to                  | <ul style="list-style-type: none"> <li>• Surgical Service Taskforce</li> </ul>   |

|                                    |   |
|------------------------------------|---|
| Next report due                    | Ongoing, Monthly  |
| <b>Targets</b>                     |   |
| Target                             | 90%   |
| Time frame for target              | N/A   |
| Lower/upper age limit              | N/A   |
| Sex                                | N/A   |
| Geographical area                  | Whole State/AHS   |
| Comments                           |   |
| <b>Context</b>                     | Admitting patients on the day of their procedure means that they don't have to spend unnecessary time in hospital before surgery.   |
| <b>Related Policies/Programs</b>   | <ul style="list-style-type: none"> <li>• Clinical Services Redesign Program</li> <li>• Waiting Time and Elective surgery policy 2012</li> </ul>   |
| <b>Major existing uses</b>         | <ul style="list-style-type: none"> <li>• State Plan</li> <li>• Performance Agreements/ Reviews</li> <li>• Annual Report</li> <li>• Finance Risk and Performance Management Committee (monthly)</li> </ul> |
| <b>Useable data available from</b> | July 2000   |
| <b>Frequency of Reporting</b>      | Monthly   |
| <b>Time lag to available data</b>  | Reporting required by the 12th calendar day of each month, data available for previous month.   |
| <b>Business owners</b>             | System Purchasing and Performance Division  |
| Contact – Policy                   | Director, Health System Performance Improvement Branch  |
| Contact – Data                     | Director, Demand and Performance Evaluation Branch  |
| <b>Representation</b>              |   |
| Data type                          | Numeric   |
| Form                               | Number, presented as a percentage (%)   |
| Representational layout            | NNN.NN  |
| Minimum size                       | 1   |
| Maximum size                       | 6   |
| Date effective                     | 1 July 2007   |

|   |   |
|---|---|
| <b>Indicator S4</b>                     | <b>EXTENDED DAY ONLY PERFORMANCE FOR TARGETED PROCEDURES</b>  |
| <b>Version number</b>                   | 5.0   |
| <b>Scope</b>                            | All patients who were admitted to hospital for elective surgery.  |
| <b>Goal</b>                             | To maximise the utilization of bed occupancy, efficiency of operating theatres and provide patients with flexible admission times.  |
| <b>Desired outcome</b>                  | To provide certainty in the availability of resources to carry out elective surgery and reduction of waiting lists.   |
| <b>Primary point of collection</b>      | Completion of front sheet/discharge summary at the end of an inpatient episode.   |
| <b>Data Collection Source/s</b>         | Patient Administration System (PAS), Inpatient Data Collection  |
| <b>Primary data source for analysis</b> | HIE   |
| <b>Definition</b>                       | <p>The percentage of all elective admitted patient episodes with a DRGs in the target group* who were treated as Day Only or Extended Day Only (EDO).</p> <p>* The target group of DRGs are those identified in Policy PD2011_045 and are provided at the end of this definition. This group of DRGs has been identified as being suitable for EDO admission and is not exclusive. Other DRGs may appropriately be admitted as EDO.</p> |
| <b><i>Numerator</i></b>                 |   |
| Numerator definition                    | The number of elective admitted patient episodes with a DRG in the target group who were admitted and separated within 28 hours i.e. [discharge_date_time] – [admission_date_time] <= 27 hours 59 minutes   |
| Numerator source                        | Admitted Patient Data Collection  |
| Numerator availability                  | Monthly   |
| <b><i>Denominator</i></b>               |   |
| Denominator definition                  | The number of elective admitted patient episodes with a DRG in the target group   |
| Denominator source                      | Admitted Patient Data Collection  |
| Denominator availability                | Available, Monthly  |
| <b><i>Inclusions</i></b>                | Admitted patient episodes with a DRG in the target group  |
| <b><i>Exclusions</i></b>                | Emergency Admissions  |
| <b>Reporting</b>                        |   |
| Reporting required by                   | NSW Health  |

|                                   |   |
|-----------------------------------|---|
| Indicators reported to            | Surgical Services Taskforce   |
| Next report due                   |   |
| <b>Targets</b>                    |   |
| Target                            | 80%   |
| Time frame for target             | N/A   |
| Lower /upper age limit            | N/A   |
| Sex                               | N/A   |
| Geographical area of interest     | Whole State/LHDS and Networks   |
| <b>Context</b>                    | To ensure that people have predictable and timely access to appropriate surgical services.  |
| <b>Related Policies/Programs</b>  | <ul style="list-style-type: none"> <li>• Clinical Services Redesign Program</li> <li>• Extended Day Only Admission Policy PD2011_045</li> <li>• Waiting Time and Elective Surgery Policy 2012</li> </ul>  |
| <b>Major existing uses</b>        | <ul style="list-style-type: none"> <li>• State Plan</li> <li>• Performance Agreements/ Reviews</li> <li>• Annual Report</li> <li>• Finance Risk and Performance Management Committee (monthly)</li> </ul> |
| <b>Time lag to available data</b> | Reporting required by the 12th calendar day of each month, EDO coded data may be 3 (three) months behind, depending on clinical coding completeness at individual facilities                              |
| <b>Business owners</b>            | System Purchasing and Performance Division  |
| Contact - Policy                  | Director, Health System Performance Improvement Branch  |
| Contact – Data                    | Director, Demand and Performance Evaluation Branch  |
| <b>Representation</b>             |   |
| Data type                         | Numeric   |
| Form                              | Number, presented as a percentage (%).  |
| Representational layout           | NNN.NN  |
| Minimum size                      | 3   |
| Maximum size                      | 6   |
| Date effective                    | 1 July 2007   |

: EXTENDED DAY ONLY (EDO) ADMISSION POLICY PROCEDURES

Source: PD2011\_045 Issue date: July 2011

**AN\_DRG Version 6 Descriptions of Diagnosis Related Groups identified as suitable for Extended Day Only Admission**

A12Z Insertion of Neurostimulator Device  
B05Z Carpal Tunnel Release  
B06A Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W CC  
B06B Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W/O CC  
B07B Peripheral and Cranial Nerve and Other Nervous System Procedures W/O CC  
C01Z Procedures for Penetrating Eye Injury  
C02Z Enucleations and Orbital Procedures  
C03Z Retinal Procedures  
C04Z Major Corneal, Scleral and Conjunctival Procedures  
C05Z Dacryocystorhinostomy  
C10Z Strabismus Procedures  
C11Z Eyelid Procedures  
C12Z Other Corneal, Scleral and Conjunctival Procedures  
C13Z Lacrimal Procedures  
C14Z Other Eye Procedures  
C15A Glaucoma and Complex Cataract Procedures  
C15B Glaucoma and Complex Cataract Procedures, Sameday  
C16Z Lens Procedures  
D01Z Cochlear Implant  
D02C Head and Neck Procedures W/O Malignancy W/O CC  
D04A Maxillo Surgery W CC  
D04B Maxillo Surgery W/O CC  
D06Z Sinus and Complex Middle Ear Procedures  
D10Z Nasal Procedures  
D11Z Tonsillectomy and/or Adenoidectomy  
D12Z Other Ear, Nose, Mouth and Throat Procedures  
D13Z Myringotomy W Tube Insertion  
D14Z Mouth and Salivary Gland Procedures  
D15Z Mastoid Procedures  
E02B Other Respiratory System OR Procedures W Severe or Moderate CC  
E02C Other Respiratory System OR Procedures W/O CC  
F01B Implantation or Replacement of AICD, Total System W/O Catastrophic CC  
F02Z Other AICD Procedures  
F09C Other Cardiothoracic Procedures W/O CPB Pump W/O CC  
F10B Interventional Coronary Procedures W AMI W/O Catastrophic CC  
F12B Implantation or Replacement of Pacemaker, Total System W/O Catastrophic CC  
F14B Vascular Procs Except Major Reconstruction W/O CPB Pump W Sev or Mod CC  
F14C Vascular Procs Except Major Reconstruction W/O CPB Pump W/O CC  
F15A Interventional Coronary Procs W/O AMI W Stent Implantation W Cat or Sev CC  
F15B Interventional Coronary Procs W/O AMI W Stent Implantation W/O Cat or Sev CC  
F16A Interventional Coronary Procedures W/O AMI W/O Stent Implantation W CC  
F16B Interventional Coronary Procedures W/O AMI W/O Stent Implantation W/O CC  
F17A Insertion or Replacement of Pacemaker Generator W Catastrophic or Severe CC  
F17B Insertion or Replacement of Pacemaker Generator W/O Catastrophic or Severe CC

F18A Other Pacemaker Procedures W CC  
F18B Other Pacemaker Procedures W/O CC  
F19Z Trans-Vascular Percutaneous Cardiac Intervention  
F20Z Vein Ligation and Stripping  
F21B Other Circulatory System OR Procedures W/O Catastrophic CC  
G07B Appendectomy W/O Malignancy or Peritonitis W/O Cat or Sev CC  
G10B Hernia Procedures W/O CC  
G11Z Anal and Stomal Procedures  
G12B Other Digestive System OR Procedures W Severe or Moderate CC  
G12C Other Digestive System OR Procedures W/O CC  
H02C Major Biliary Tract Procedures W/O Catastrophic or Severe CC  
H05B Hepatobiliary Diagnostic Procedures W/O Catastrophic CC  
H06B Other Hepatobiliary and Pancreas OR Procedures W/O Catastrophic CC  
H08B Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC  
I02B Skin Graft W/O Catastrophic or Severe CC, Excluding Hand  
I11Z Limb Lengthening Procedures  
I12C Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W/O CC  
I13B Humerus, Tibia, Fibula and Ankle Procedures W/O CC  
I16Z Other Shoulder Procedures  
I17A Maxillo-Facial Surgery W CC  
I17B Maxillo-Facial Surgery W/O CC  
I18Z Other Knee Procedures  
I19B Other Elbow or Forearm Procedures W/O CC  
I20Z Other Foot Procedures  
I21Z Local Excision and Removal of Internal Fixation Devices of Hip and Femur  
I23Z Local Excision and Removal of Internal Fixation Devices Excl Hip and Femur  
I24Z Arthroscopy  
I25A Bone and Joint Diagnostic Procedures Including Biopsy W CC  
I25B Bone and Joint Diagnostic Procedures Including Biopsy W/O CC  
I27B Soft Tissue Procedures W/O CC  
I28B Other Musculoskeletal Procedures W/O CC  
I29Z Knee Reconstruction or Revision  
I30Z Hand Procedures  
J06Z Major Procedures for Breast Conditions  
J07Z Minor Procedures for Breast Conditions  
J08A Other Skin Graft and/or Debridement Procedures W CC  
J08B Other Skin Graft and/or Debridement Procedures W/O CC  
J09Z Perianal and Pilonidal Procedures  
J10Z Skin, Subcutaneous Tissue and Breast Plastic OR Procedures  
J11Z Other Skin, Subcutaneous Tissue and Breast Procedures  
J12C Lower Limb Procs W Ulcer/Cellulitis W/O Cat CC W/O Skin Graft/Flap Repair  
J13B Lower Limb Procs W/O Ulcer/Cellulitis W/O Cat CC W/O (Skin Graft and Sev CC)  
K04B Major Procedures for Obesity W/O CC  
K05B Parathyroid Procedures W/O Catastrophic or Severe CC  
K06B Thyroid Procedures W/O Catastrophic or Severe CC  
K08Z Thyroglossal Procedures  
K09C Other Endocrine, Nutritional and Metabolic OR Procedures W/O CC  
L02B Operative Insertion of Peritoneal Catheter for Dialysis W/O Cat or Sev CC  
L04C Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W/O Cat or Sev CC  
L06B Minor Bladder Procedures W/O Catastrophic or Severe CC

L07A Transurethral Procedures Except Prostatectomy W CC  
L07B Transurethral Procedures Except Prostatectomy W/O CC  
L08A Urethral Procedures W CC  
L08B Urethral Procedures W/O CC  
L09B Other Procedures for Kidney and Urinary Tract Disorders W Sev CC  
L09C Other Procedures for Kidney and Urinary Tract Disorders W/O Cat or Sev CC  
M03Z Penis Procedures  
M04Z Testes Procedures  
M05Z Circumcision  
M06A Other Male Reproductive System OR Procedures W CC  
M06B Other Male Reproductive System OR Procedures W/O CC  
N05B Oophorectomies & Complex Fallopian Tube Procs for Non-Malig W/O Cat or Sev CC  
N06B Female Reproductive System Reconstructive Procs W/O Catastrophic or Severe CC  
N07Z Other Uterine and Adnexa Procedures for Non-Malignancy  
N08Z Endoscopic and Laparoscopic Procedures for Female Reproductive System  
N09Z Conisation, Vagina, Cervix and Vulva Procedures  
N10Z Diagnostic Curettage or Diagnostic Hysteroscopy  
N11Z Other Female Reproductive System OR Procedures  
O03B Ectopic Pregnancy W/O CC  
O04A Postpartum and Post Abortion W OR Procedure W Catastrophic or Severe CC  
O04B Postpartum and Post Abortion W OR Procedure W/O Catastrophic or Severe CC  
O05Z Abortion W OR Procedure  
Q02A Other OR Procedure of Blood and Blood Forming Organs W Cat or Sev CC  
Q02B Other OR Procedure of Blood and Blood Forming Organs W/O Cat or Sev CC  
R01B Lymphoma and Leukaemia W Major OR Procedures W/O Catastrophic or Severe CC  
R03B Lymphoma and Leukaemia W Other OR Procedures W/O Catastrophic or Severe CC  
R04A Other Neoplastic Disorders W Other OR Procedures W CC  
R04B Other Neoplastic Disorders W Other OR Procedures W/O CC  
T01C OR Procedures for Infectious and Parasitic Diseases W/O CC  
X02A Microvascular Tiss Transfer or (Skin Graft W Cat/Sev CC) for Injuries to Hand  
X02B Skin Graft for Injuries to Hand W/O Catastrophic or Severe CC  
X04B Other Procedures for Injuries to Lower Limb W/O Catastrophic or Severe CC  
X05A Other Procedures for Injuries to Hand W CC  
X05B Other Procedures for Injuries to Hand W/O CC  
X06B Other Procedures for Other Injuries W/O Catastrophic or Severe CC  
X07B Skin Graft for Injuries Ex Hand W/O Microvascular Tiss Tfr W/O Cat or Sev CC  
Y02B Other Burns W Skin Graft W/O CC  
Y03Z Other OR Procedures for Other Burns