

Elective Surgery

Hospital Quarterly:

Performance of
NSW public hospitals

October to December 2012

Elective, or planned, surgery is surgery that a patient's doctor considers necessary but that can be delayed by at least 24 hours. Hip replacement, cataract extraction and ligament repairs are examples of elective surgery.

Compared with the same quarter one year ago, 4% more elective surgery was conducted in NSW. Non-urgent surgery increased by 6%, semi-urgent by 4% and urgent by 2%. Staged surgery decreased by 1% compared with last year.

Most patients (93%) continued to receive their surgery on time in NSW. Compared to the same quarter one year ago, the percentage of urgent patients receiving surgery on time improved

by two percentage points. The percentage of semi-urgent and non-urgent patients receiving surgery on time remained largely unchanged.

The July to September 2012 issue of *Hospital Quarterly* saw the introduction of enhanced reporting on elective surgery. *Hospital Quarterly* now reports on patients who are waiting to have their surgery by the specialty of the surgeon, by the most common procedures and by urgency category. See page 2 for more detail about these enhancements.

This is one of three *Hospital Quarterly* modules. For the Emergency Departments and Admitted Patients modules visit www.bhi.nsw.gov.au



During the quarter	Oct-Dec 2012	Oct-Dec 2011	The difference
Elective surgical procedures performed	52,133 procedures	50,173 procedures	1,960 procedures (+4%)
Elective surgery patients treated on time	93% on time	92% on time	+1 percentage point
Urgent elective surgery patients treated on time	96% on time	94% on time	+2 percentage points
Semi-urgent elective surgery patients treated on time	92% on time	91% on time	+1 percentage point
Non-urgent elective surgery patients treated on time	92% on time	92% on time	unchanged
Median waiting time for orthopaedic surgery	110 days	96 days	+14 days (+15%)
Median waiting time for total knee replacement	291 days	302 days	-11 days (-4%)

* Median waiting time: time by which half of patients received surgery. The other half of patients took equal to or longer than this time.

Our approach to elective surgery reporting

If a person and their surgeon believe surgery is required but can be delayed by at least 24 hours, the surgeon will recommend the patient is placed on the waiting list for the procedure and assigns them to one of three urgency categories. Each category has its own target, which specifies the desired maximum time (in days) the patient should wait for their procedure. These are outlined in the box below:

Urgency categories: Elective surgery guidelines	
Category 1 Urgent	Admission within 30 days desirable for a condition that has the potential to deteriorate quickly and become an emergency
Category 2 Semi-urgent	Admission within 90 days desirable for a condition not likely to deteriorate quickly
Category 3 Non-urgent	Admission within 365 days acceptable for a condition unlikely to deteriorate quickly

Explaining staged procedures

There are times when surgery is deemed necessary but should not, or cannot, take place until a clinically appropriate time interval has passed. This is called staged surgery and is an essential concept in managing elective surgery. It allows surgeons to place patients on the surgery booking system but prevents them from being admitted to hospital before it is clinically appropriate. Surgeons use clinical judgement to decide whether a procedure should be categorised as staged or not. The Bureau excludes staged and non-urgent cystoscopy procedures from performance measures.

What we have changed

In the July to September 2012 issue of *Hospital Quarterly*, the Bureau enhanced how it reports on elective surgery waiting times.

To provide a more comprehensive picture of the variation in times that patients waited for surgery, the Bureau now reports the 90th percentile time by which patients received surgery in addition to the median wait time by urgency category. The median waiting time for patients who received surgery is now also presented by the specialty of the surgeon and by common procedures.

The Bureau now reports on patients who are on the waiting list to have their surgery. For these patients, the Bureau reports by urgency category, specialty of the surgeon and most common procedures. The number of patients who have been waiting for more than 12 months is reported for each hospital and by the specialty of the surgeon for NSW.

The Bureau is committed to providing clarity on surgical waiting times in NSW. Further detail on our methods can be found in the Bureau's *Hospital Quarterly Technical Supplement: Elective surgery measures, October to December 2012* available on the Bureau's website at www.bhi.nsw.gov.au

See the **Appendices** section of this report (pages 14 to 15) for more detailed performance information about each public hospital providing elective surgery in NSW. This includes Hawkesbury Private Hospital, which is contracted to supply surgery for public patients.

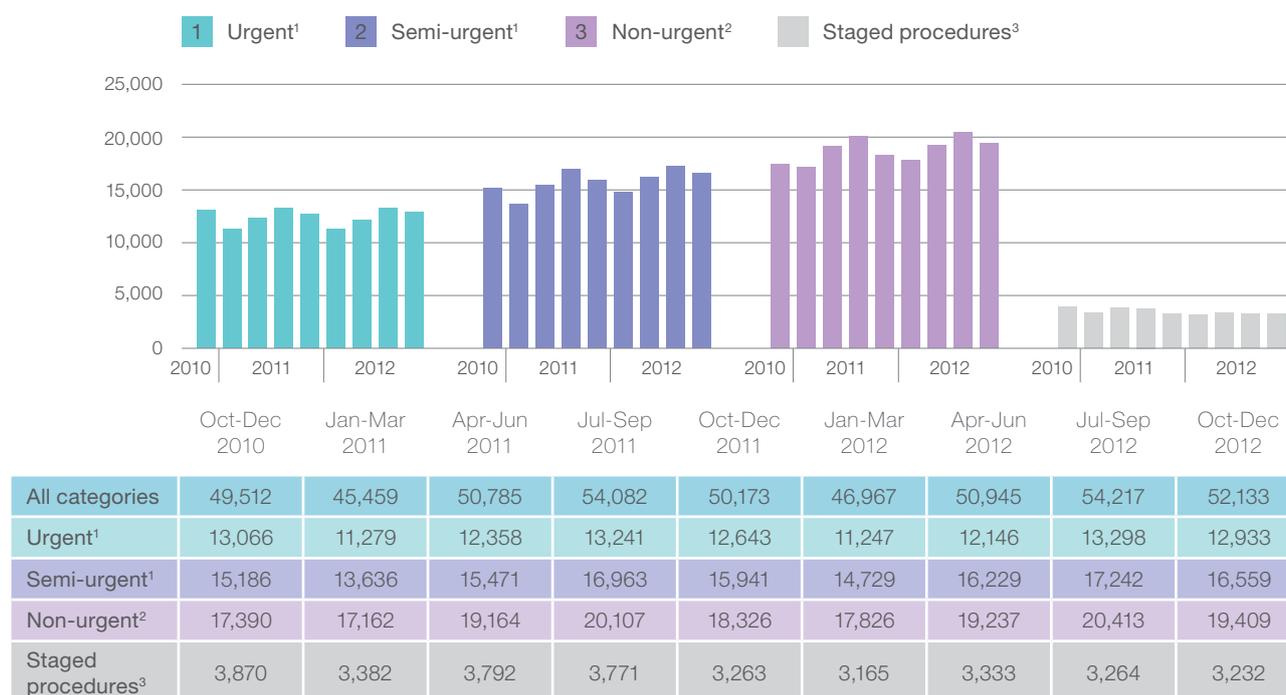
Number of elective surgery procedures performed

During October to December 2012, the Waiting List Collection On-line System (WLCOS) recorded that 52,133 patients were admitted from the waiting list to receive an elective surgery procedure in NSW public hospitals or facilities contracted by NSW hospitals. This is 4% lower than the 54,217 conducted in the previous quarter (in line with the usual seasonal pattern) but 4% higher than the 50,173 surgical procedures completed in the same quarter last year (Figure 1).

In this report, results and figures exclude staged patients and non-urgent cystoscopy, unless otherwise stated.

Note: Due to a major upgrade to the information system at The Children's Hospital at Westmead, results from this hospital have been excluded from NSW current and previous quarters to enable comparisons over time. This hospital accounts for approximately 3% of elective surgery activity but its removal does not have a large effect on waiting times for NSW. Further detail about this analysis can be found in the Bureau's *Hospital Quarterly Technical Supplement: Elective surgery measures, October to December 2012*, available at www.bhi.nsw.gov.au

Figure 1: Total number of elective surgery procedures conducted, by urgency category, October 2010 to December 2012



1. Excluding staged procedures.
2. Excluding staged procedures and non-urgent cystoscopy.
3. Including non-urgent cystoscopy.

Note: Because of changes in methods and reporting, numbers of surgical procedures by urgency category will differ from those reported in previous NSW Ministry of Health's *Quarterly Hospital Performance Reports* and Bureau *Hospital Quarterly* reports published prior to May 2011.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 and October to December 2012 on 31 January 2013. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 19 October 2012. Data extracted for all previous quarters on 15 July 2011.

Only one procedure is recorded in the waiting list and counted in this report for each admission, although some patients have more than one procedure during a single admission. A patient can be admitted more than once in a quarter for elective procedures and each admission is counted.

Urgent surgery: There were 12,933 procedures completed, up 2% compared with one year ago. Urgent procedures made up 25% of all completed elective surgery.

Semi-urgent surgery: There were 16,559 procedures completed, up 4% compared with one year ago. Semi-urgent procedures made up 32% of all completed elective surgery.

Non-urgent surgery: There were 19,409 procedures completed, up 6% compared with one year ago. Non-urgent procedures made up 37% of all completed elective surgery.

Staged surgery: There were 3,232 procedures, down 1% compared with one year ago. Staged procedures made up 6% of all completed elective surgery.

Change over five years

The composition of surgical procedures completed by urgency category has changed over the past five years (Figure 2). Most of this shift in surgical composition occurred during 2008 and early 2009.

Comparing the proportions that the surgical categories make up of all completed procedures, urgent surgery has decreased from 29% of all surgical procedures in November 2007 to 24% in November 2012.

Over the same period, non-urgent procedures have increased from 31% of all surgical procedures to 37%.

Figure 2: Patients who received elective surgery, by urgency category, by month, October 2007 to December 2012



1. Excluding staged procedures.
2. Excluding staged procedures and non-urgent cystoscopy.
3. Including non-urgent cystoscopy.

Note: Because of changes in methods and reporting, numbers of surgical procedures by urgency category will differ from those reported in previous NSW Ministry of Health's *Quarterly Hospital Performance Reports* and *Bureau Hospital Quarterly reports* published prior to May 2011.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 and October to December 2012 on 31 January 2013. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 19 October 2012. Data extracted for all previous quarters on 15 July 2011.

Patients admitted on time for elective surgery

In the October to December 2012 quarter, 93% of all patients who were admitted to a public hospital for elective surgery were admitted within the time frame recommended by their surgeon (Figure 3), similar to the preceding quarter (93%) and the same quarter in 2011 (92%).

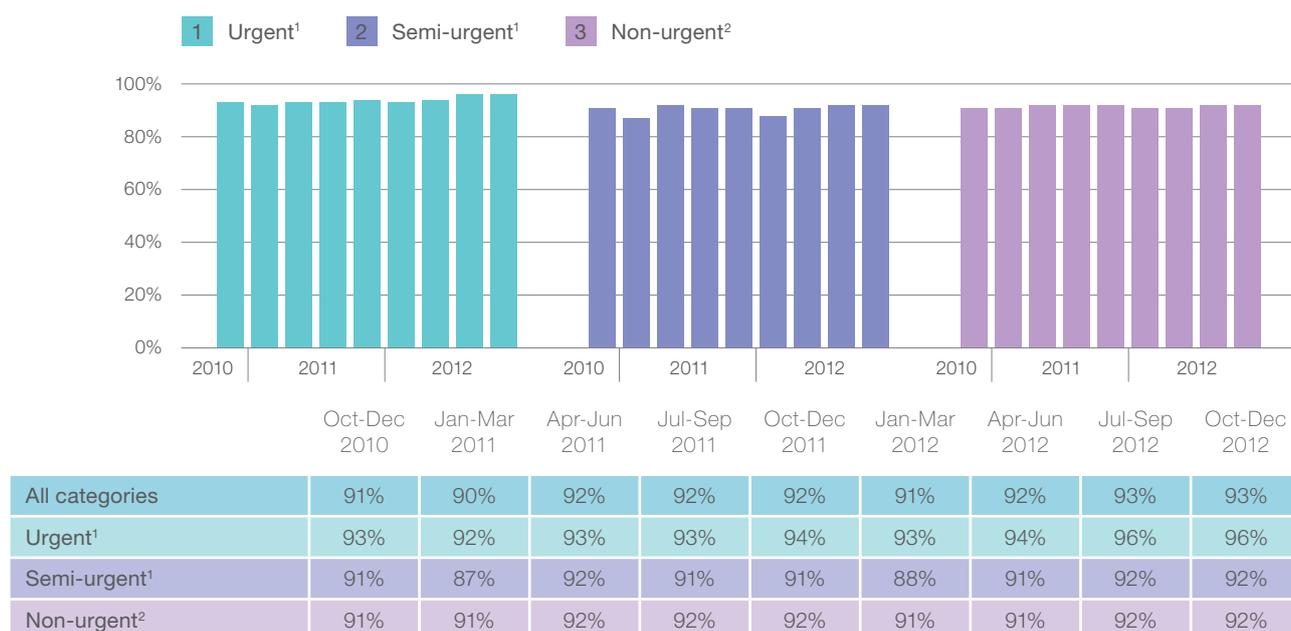
Figure 3 presents the percentage of patients in each surgical category who received their surgery on time for the most recent nine quarters. These results exclude staged patients and non-urgent cystoscopy procedures.

Urgent surgery: 96% of patients were admitted within the recommended 30 days, the same as the last quarter and up two percentage points compared with the same quarter in 2011.

Semi-urgent surgery: 92% of patients were admitted within 90 days, the same as last quarter and up one percentage point compared with the same quarter in 2011.

Non-urgent surgery: 92% of patients admitted within 365 days, the same as last quarter and the same quarter in 2011.

Figure 3: Percentage of elective surgery patients treated within recommended waiting time, by urgency category, October 2010 to December 2012



1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

Note: Because of changes in methods and reporting, numbers of surgical procedures by urgency category will differ from those reported in previous NSW Ministry of Health's *Quarterly Hospital Performance Reports* and *Bureau Hospital Quarterly reports* published prior to May 2011.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 and October to December 2012 on 31 January 2013. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 19 October 2012. Data extracted for all previous quarters on 15 July 2011.

Median waiting times for elective surgery

Median wait time is the number of days by which half of patients received surgery. The other half took equal to or longer than the median.

Figure 4 presents the median waiting time to be admitted for surgery for the current quarter and the eight quarters prior to this. These results exclude staged patients and non-urgent cystoscopy procedures.

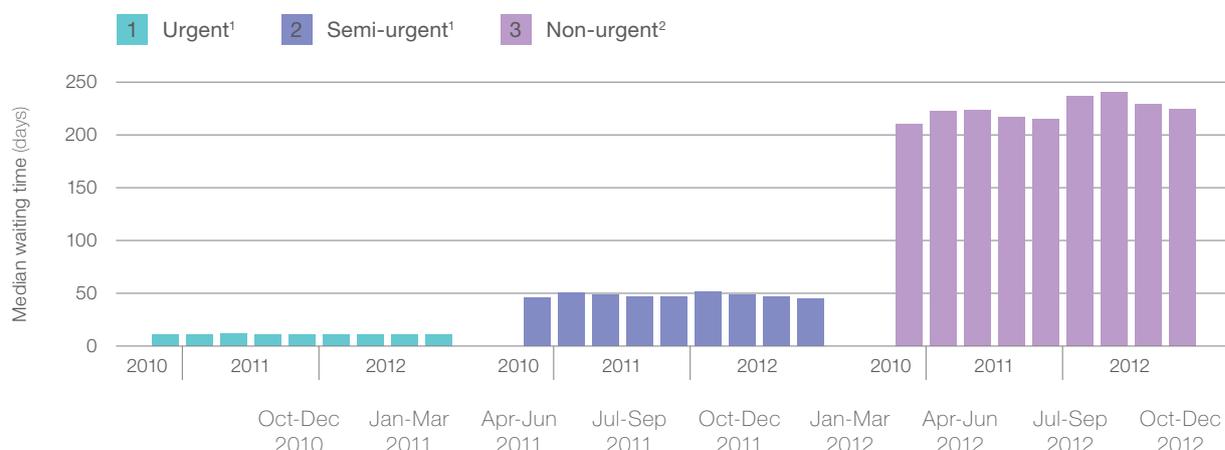
Urgent surgery: The median wait was 11 days – largely unchanged over the past two years, when the median wait time ranged from 11 to 12 days.

Semi-urgent surgery: The median wait time for this category was 45 days, two days less than the same quarter in 2011 (47 days) and one day less than the same quarter in 2010 (46 days).

Non-urgent surgery: The median wait time for this category was 224 days, 9 days more than the same quarter in 2011 (215 days).

In part due to the longer wait times, non-urgent median waiting times appear as the most volatile of the three urgency categories. Over the past nine quarters, non-urgent procedure wait times have ranged from 210 days in October to December 2010 to 240 in April to June 2012.

Figure 4: NSW elective surgery median waiting time (days), by urgency category, October 2010 to December 2012



1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

Note: Because of changes in methods and reporting, numbers of surgical procedures by urgency category will differ from those reported in previous NSW Ministry of Health's *Quarterly Hospital Performance Reports* and Bureau *Hospital Quarterly reports* published prior to May 2011.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 and October to December 2012 on 31 January 2013. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 19 October 2012. Data extracted for all previous quarters on 15 July 2011.

90th percentile waiting times for elective surgery

The 90th percentile wait time is the number of days by which 90% of patients received surgery. The final 10% took equal to or longer than this time.

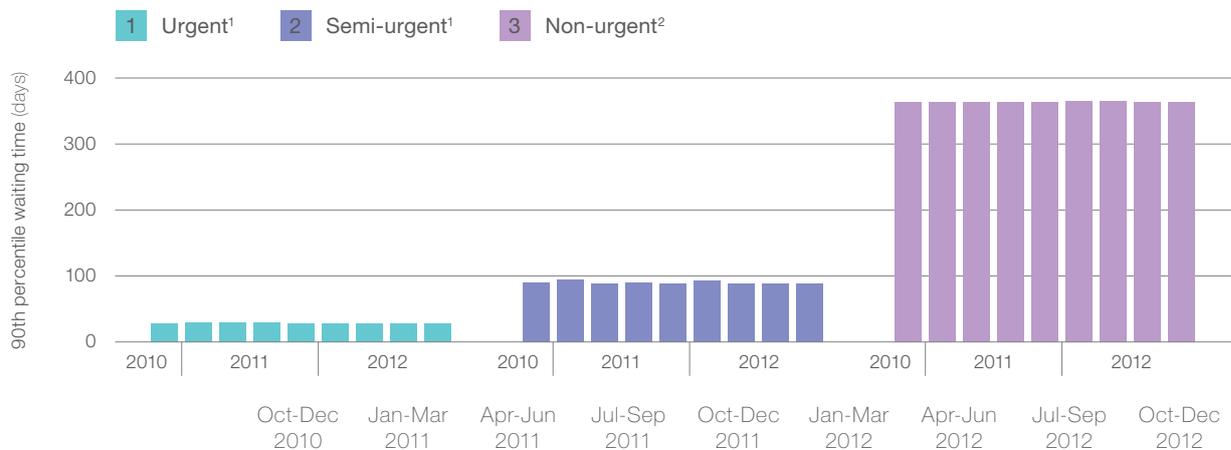
Figure 5 presents the 90th percentile waiting time to be admitted for surgery for the current quarter and the eight quarters prior to this. These results exclude staged patients and non-urgent cystoscopy procedures.

Urgent surgery: The 90th percentile wait was 27 days, one day less than the same quarter in 2011 and 2010.

Semi-urgent surgery: The 90th percentile wait time for this category was 88 days, one day less than the same quarter in 2011 (89 days) and two days less than the same quarter in 2010 (90 days).

Non-urgent surgery: The 90th percentile wait time for this category was 363 days, similar to the same quarter in 2011 (363 days) and the same quarter in 2010 (364 days).

Figure 5: NSW elective surgery 90th percentile waiting time (days), by urgency category, October 2010 to December 2012



	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011	Jul-Sep 2011	Oct-Dec 2011	Jan-Mar 2012	Apr-Jun 2012	Jul-Sep 2012	Oct-Dec 2012
Urgent ¹	28	29	29	29	28	28	28	28	27
Semi-urgent ¹	90	95	89	90	89	93	89	88	88
Non-urgent ²	364	364	364	363	363	365	365	363	363

1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

Note: Because of changes in methods and reporting, numbers of surgical procedures by urgency category will differ from those reported in previous NSW Ministry of Health's *Quarterly Hospital Performance Reports* and Bureau Hospital *Quarterly reports* published prior to May 2011.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 and October to December 2012 on 31 January 2013. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 19 October 2012. Data extracted for all previous quarters on 15 July 2011.

Cumulative wait time

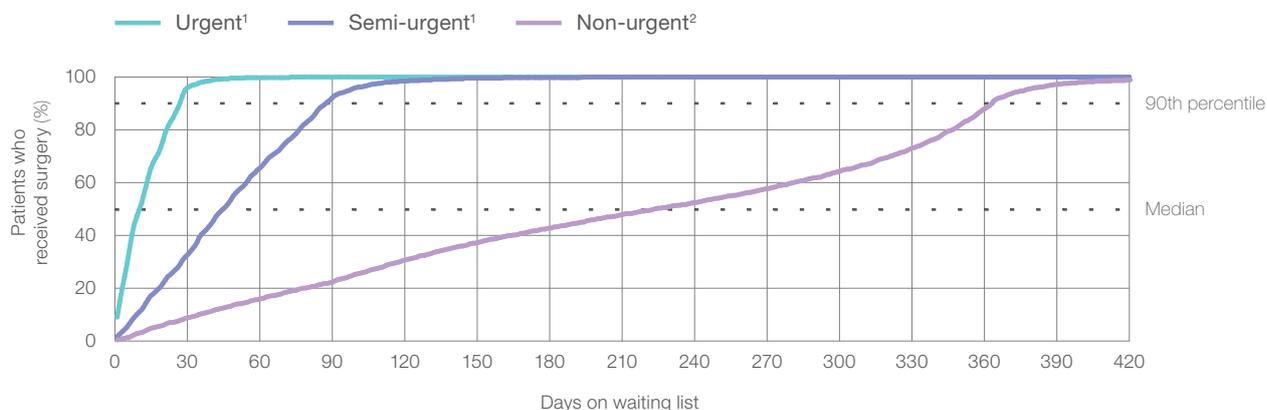
Greater detail on how long people waited to be admitted for their elective surgery during October to December 2012 is presented in [Figure 6](#).

The graph's slopes indicate the rate at which patients were admitted for surgery. A steep slope indicates a high rate of completion of patients'

surgery over the period shown. A flat slope shows a lower rate of completion of patients' surgery over the period.

Urgent patients have the most rapid rate of admission and almost all patients are admitted for surgery within 45 days. Non-urgent patients are admitted at a slower rate with almost all patients admitted within 420 days.

Figure 6: Cumulative percentage of patients who received elective surgery, by waiting time (days), October to December 2012



1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

Note: Excludes the total number of days the patient was coded as 'not ready for care'.

Source: Waiting List Collection On-line System, NSW Health. Data extracted on 31 January 2013.

Small number suppression

Some hospitals conduct few surgical procedures. Small numbers in any group need to be treated cautiously to protect patients' identities. The Bureau suppresses information based on very few patients. If there are fewer than five patients in any group, patient numbers are displayed as <5. For measures reported by urgency category, counts have been pooled with another urgency group. Because the staged procedure category is excluded from performance measure calculations, low counts in this group are not suppressed (Appendix table 1). If there are fewer than 10 patients in any group, on-time performance and median waiting times are suppressed (Appendix tables 2 and 3). If there are fewer than 100 patients in any group, the 90th percentile is suppressed (Appendix table 3).

Median waiting times by specialty

Figure 7 presents the median waiting times for patients who received elective surgery and the number of patients who received elective surgery, by the specialty of the surgeon. The specialty of the surgeon describes the area of clinical expertise held by the doctor who performed the surgery.

The median waiting time does not include the time waited for the initial appointment with the specialist.

Ophthalmology (183 days), ear, nose and throat surgery (131 days) and orthopaedic surgery (110 days) were the surgical specialties with the longest median waiting times in October to December 2012. These specialties also had the longest median waiting times in the same quarter last year.

Cardio-thoracic surgery (22 days), vascular surgery (18 days) and other medical² (18 days) had the shortest median waiting times. These specialties also had the shortest median waiting times in the same quarter last year.

General surgery (13,771 patients), orthopaedic surgery (7,829 patients) and gynaecology (6,954 patients) were the surgical specialties with the highest number of patients receiving elective surgery in the October to December 2012 quarter.

Cardio-thoracic surgery (863 patients) and other medical² (432 patients) had the lowest number of patients receiving elective surgery.

Figure 7: Median¹ waiting time (days) for patients who received elective surgery, by specialty, October to December 2012



1. This is the number of days it took for half the patients who received elective surgery during the period to be admitted and receive their surgery. The other half took equal to or longer than the median to be admitted for surgery.
2. Other medical refers to surgery performed by a non-specialist medical practitioner.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 and October to December 2012 on 31 January 2013. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 19 October 2012. Data extracted for all previous quarters on 15 July 2011.

Median waiting times by common procedures

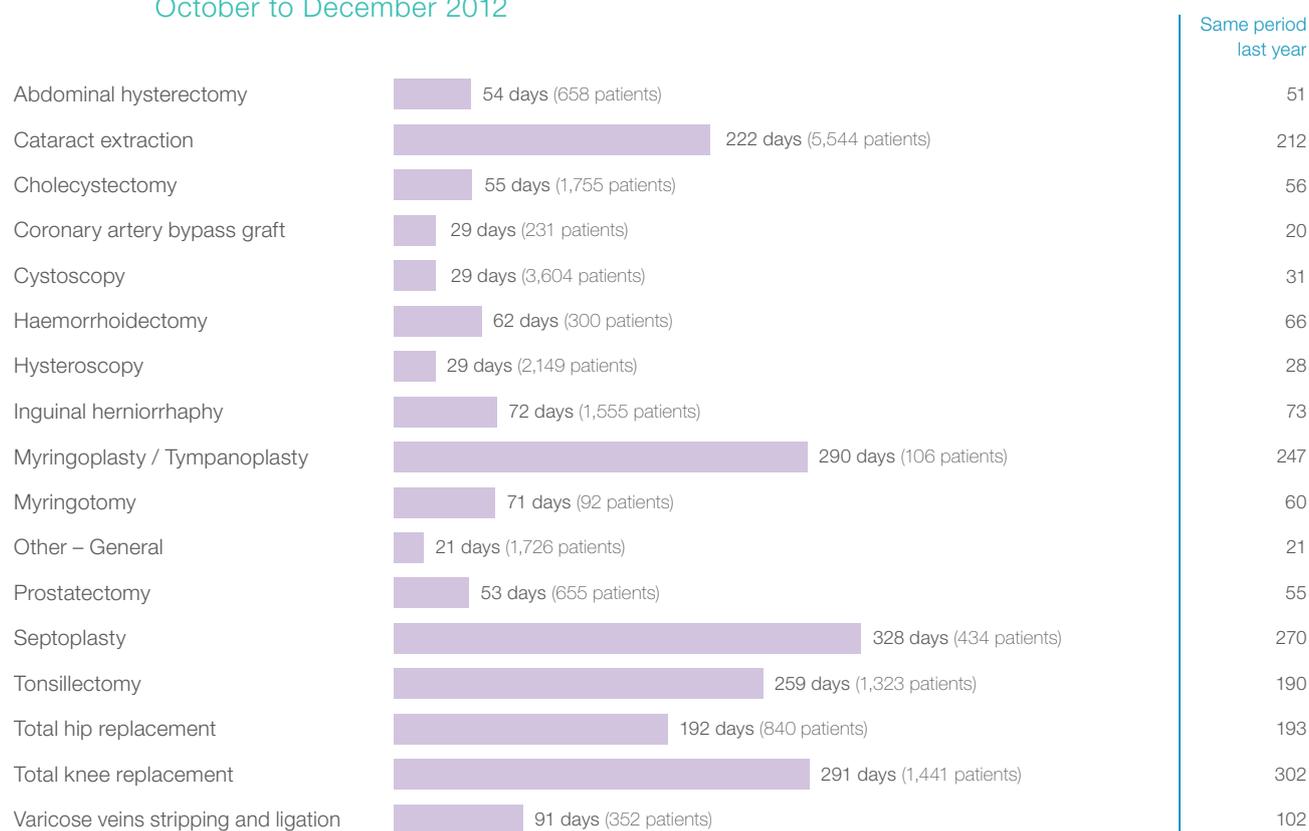
Figure 8 presents the median waiting times for patients who received elective surgery and the number of patients who received elective surgery, by common procedures. The procedure is the treatment the patient receives when admitted to hospital for elective surgery.

The procedures with the longest median waiting times in the October to December 2012 quarter were septoplasty (328 days), total knee replacement (291 days) and myringoplasty/

tympaanoplasty (290 days). The procedures with the shortest median waiting times were other – general (21 days), coronary artery bypass graft, cystoscopy and hysteroscopy (29 days). These procedures also had the longest and shortest median waiting times in the same quarter last year.

Cataract extraction was the most common procedure (5,544 patients) performed in the October to December 2012 quarter.

Figure 8: Median¹ waiting time (days) for patients who received elective surgery, by procedure,² October to December 2012



1. This is the number of days it took for half the patients who received elective surgery during the period to be admitted and receive their surgery. The other half took equal to or longer than the median to be admitted for surgery.

2. For a description of these procedures see *Elective Surgery Glossary of Common Procedures, December 2012*.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 and October to December 2012 on 31 January 2013. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 19 October 2012. Data extracted for all previous quarters on 15 July 2011.

Elective surgery waiting list

The following three pages are about patients who have not received surgery but are waiting for elective surgery and are ready for surgery.

At the start of the October to December 2012 quarter, there were 67,438 patients waiting for elective surgery at the start of the quarter, up 3% compared with one year ago. During the quarter, patients were added to and removed from the waiting list. Patients can be removed from the waiting list because they received the surgery they were waiting for, or for other reasons such as the surgeon or patient deeming that the surgery is no longer required.

At the end of the October to December 2012 quarter, there were 66,450 patients waiting for elective surgery, up 1% compared with the same quarter last year. A breakdown of patients waiting for elective surgery by urgency category shows that 83% were assigned as non-urgent, 15% as semi-urgent and 1% as urgent. The number of patients waiting for urgent surgery decreased by 13%, semi-urgent remained unchanged and non-urgent increased by 2%.

As at 31 December 2012, there were 12,014 patients not ready for surgery on the waiting list, up 5% compared with the same quarter last year.

Figure 9: Elective surgery waiting list, October to December 2012

Patients ready for surgery on waiting list at start of quarter: 67,438 patients

Patients ready for surgery on waiting list at end of quarter: 66,450 patients

Patients not ready for surgery¹ on waiting list at end of quarter: 12,014 patients

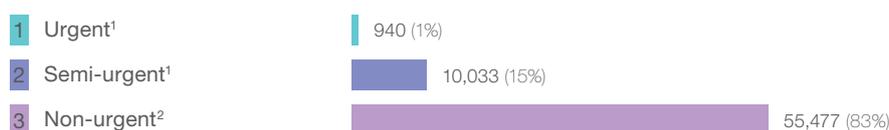
	Same period last year	Change since one year ago
Patients ready for surgery on waiting list at start of quarter	65,647	3%
Patients ready for surgery on waiting list at end of quarter	65,705	1%
Patients not ready for surgery ¹ on waiting list at end of quarter	11,462	5%

1. Includes staged procedures, non-urgent cystoscopy and patients currently not available for personal reasons.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 and October to December 2012 on 31 January 2013. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 19 October 2012. Data extracted for all previous quarters on 15 July 2011.

Figure 10: Elective surgery waiting list, as at 31 December 2012

Patients ready for surgery on waiting list by urgency category: 66,450 patients



	Same period last year	Change since one year ago
Urgent ¹	1,078	-13%
Semi-urgent ¹	9,999	0%
Non-urgent ²	54,628	2%

1. Excluding staged procedures.

2. Excluding staged procedures and non-urgent cystoscopy.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 and October to December 2012 on 31 January 2013. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 19 October 2012. Data extracted for all previous quarters on 15 July 2011.

Elective surgery waiting list by specialty

Figure 11 presents the number of patients on the waiting list and those patients who have been waiting more than 12 months, by the specialty of the surgeon. The specialty of the surgeon describes the area of clinical expertise held by the doctor who is to perform the surgery.

The time waiting does not include the time waited for the initial appointment with the specialist.

Orthopaedic surgery (17,185 patients) and ophthalmology (15,404 patients) were the surgical specialties with the highest number of patients waiting for surgery as at 31 December 2012.

Cardio-thoracic surgery (283 patients) and other medical (204 patients) had the lowest number of patients waiting for elective surgery.

Orthopaedic surgery (131 patients) and ear, nose and throat surgery (148 patients) were the surgical specialties with the highest number of patients waiting more than 12 months as at 31 December 2012. Cardio-thoracic surgery, gynaecology, other medical and vascular surgery had less than five patients waiting in NSW more than 12 months.

Figure 11: Patients waiting for elective surgery and patients waiting more than 12 months, by specialty, as at 31 December 2012

	Patients waiting	Patients waiting (same time last year)	Change since one year ago	Patients waiting more than 12 months	Patients waiting more than 12 months (same time last year)
All specialties	66,450	65,705	1%	343	247
Cardio-thoracic surgery	283	288	-2%	< 5	0
Ear, nose and throat surgery	9,355	8,806	6%	148	11
General surgery	11,543	11,857	-3%	18	73
Gynaecology	5,397	5,360	1%	< 5	0
Neurosurgery	1,106	1,163	-5%	11	21
Ophthalmology	15,404	15,243	1%	7	0
Orthopaedic surgery	17,185	17,188	0%	131	137
Other medical ¹	204	238	-14%	< 5	0
Plastic surgery	2,102	1,938	8%	12	< 5
Urology	3,098	2,886	7%	9	< 5
Vascular surgery	773	738	5%	< 5	< 5

1. Other medical refers to surgery performed by a non-specialist medical practitioner.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 and October to December 2012 on 31 January 2013. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 19 October 2012. Data extracted for all previous quarters on 15 July 2011.

Elective surgery waiting list by common procedures

Figure 12 presents the number of patients on the waiting list by common procedures. The procedure is the treatment the patient will receive when admitted to hospital for elective surgery. Only common procedures are listed.

Cataract extraction was the most common procedure (13,689 patients) that patients were waiting for as at 31 December 2012.

Of the most common procedures, the procedures that had the least number of patients waiting were coronary artery bypass graft (84 patients) and myringotomy (174 patients).

Figure 12: Patients waiting for elective surgery by procedure,¹ as at 31 December 2012

	Patients waiting	Patients waiting (same time last year)	Change since one year ago
Abdominal hysterectomy	721	1,020	-29%
Cataract extraction	13,689	13,627	0%
Cholecystectomy	1,692	1,928	-12%
Coronary artery bypass graft	84	87	-3%
Cystoscopy	921	1,180	-22%
Haemorrhoidectomy	336	392	-14%
Hysteroscopy	1,149	1,107	4%
Inguinal herniorrhaphy	2,112	2,158	-2%
Myringoplasty / Tympanoplasty	336	323	4%
Myringotomy	174	172	1%
Other – General	995	979	2%
Prostatectomy	576	610	-6%
Septoplasty	1,533	1,325	16%
Tonsillectomy	3,421	3,452	-1%
Total hip replacement	1,971	2,025	-3%
Total knee replacement	4,795	4,754	1%
Varicose veins stripping and ligation	570	643	-11%

1. The procedures included in this list are procedures which are high volume; some may be associated with long waiting periods. For a description of these procedures see *Elective Surgery Glossary of Common Procedures, December 2012*.

Source: Waiting List Collection On-line System, NSW Health. Data extracted for July to September 2012 and October to December 2012 on 31 January 2013. Data extracted for July to September 2011, October to December 2011, January to March 2012 and April to June 2012 on 19 October 2012. Data extracted for all previous quarters on 15 July 2011.

Appendix: activity by hospital and local health district

Appendix table 1a presents elective surgery activity for major hospitals in NSW. The table is ordered by local health district and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. These hospitals account for 98% of all elective surgery recorded as complete in the NSW booking system. Surgery information from smaller hospitals is presented for each local health district under the *'other'* category.

Appendix table 3a presents the median and 90th percentile waiting times (in days) of elective surgery admissions for each urgency category for this quarter. The table is ordered by local health district and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. Surgery information from smaller hospitals is presented for each local health district under the *'other'* category.

Appendix table 2a presents the percentages of elective surgery admissions within the clinically recommended time for each urgency category for October to December 2012. The table is ordered by local health district and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. Surgery information from smaller hospitals is presented for each local health district under the *'other'* category.

Appendix: activity by hospital and peer group

Appendix table 1b presents elective surgery activity for major hospitals in NSW. The table is ordered by peer group and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. These hospitals account for 98% of all elective surgery recorded as complete in the NSW booking system. Surgery information from smaller hospitals is presented for each peer group under the *'other'* category.

Appendix table 3b presents the median and 90th percentile waiting times (in days) of elective surgery admissions for each urgency category for this quarter. The table is ordered by peer group and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. Surgery information from smaller hospitals is presented for each peer group under the *'other'* category.

Appendix table 2b presents the percentages of elective surgery admissions within the clinically recommended time for each urgency category for October to December 2012. The table is ordered by peer group and includes all principal referral (A1), paediatric specialist (A2), ungrouped acute – tertiary referral (A3), major (B) and district groups 1 (C1) and 2 (C2) hospitals that conduct elective surgery. Surgery information from smaller hospitals is presented for each peer group under the *'other'* category.

Download our reports

The report, *Hospital Quarterly: Performance of NSW public hospitals, October to December 2012* and related reports are available at www.bhi.nsw.gov.au

The suite of products includes:

- *At a Glance* summarising the three core modules
- Three core modules titled *Admitted Patients, Elective Surgery and Emergency Departments*
- Activity and performance profiles about emergency department care and elective surgery for more than 60 hospitals and NSW as a whole
- *Data Quality Assessments and Data Completeness Reports*
- *Technical Supplements*



About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at www.bhi.nsw.gov.au for any amendments.